Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Afghanistan Office: June, 2020

Country Name	**Urban Health System Strengthening Project**
Islamic Republic of Afghanistan	

I. Project Outline

Background	The Government of Afghanistan was promoting the Basic Package of Health Services (BPHS) as the minimum requirement of healthcare services. While the BPHS coverage was increasing in rural areas with financial support from development partners, urban healthcare services had not been supported because of relatively better health indicators compared to those of rural areas. However, urban health care services had specific problems such as high population density and mobility of the population, considerable disparity among households, and the growing urban poor including internally displaced people.		
Objectives of the Project	Through interventions to selected health facilities and strengthening of management capacity (planning and budgeting, monitoring and evaluation (M&E), and data collection and analysis) of the Kabul Provincial Health Directorate (KPHD), the project aimed at strengthening the urban health system in Kabul, thereby having urban health services effectively and efficiently provided in Kabul. 1. Overall Goal: Urban health services are effectively and efficiently provided in Kabul. 2. Project Purpose: The urban health system is strengthened in Kabul.		
Activities of the Project	1. Project Site: Urban Kabul (17 districts) 2. Main Activities: (1) Interventions to strengthen the urban health system, namely, (i) improving Maternal and Child Health (MCH) service at Comprehensive Health Center (CHC) with Delivery (CHCwD), (ii) expanding immunization coverage (EPI) using Public and Private Partnership (PPP), and (iii) piloting Community Health Workers (CHWs) for community-based health care (CBHC) in urban Kabul; (2) Management capacity development of the KPHD (training, improvement of reporting, etc.) 3. Inputs (to carry out above activities)[1] Japanese Side 1. Experts: 25 persons (Short-term) 2. Equipment: Medical equipment, essential drugs, and medical supplies for CHCs, etc. 3. Operation cost Afghanistan Side 1. Staff allocated: 40 persons 2. Land and facilities: Project office at KPHD		
Project Period	December 2009 – December 2012	Project Cost	(ex-ante) 380 million yen, (actual) 387 million yen
Implementing Agency	Ministry of Public Health (MoPH) Kabul Provincial Health Directorate (KPHD)		
Cooperation Agency in Japan	System Science Consultants, Inc.		

II. Result of the Evaluation

< Special Perspectives Considered in the Ex-Post Evaluation >

- The project did not set a target value for the Project Purpose Indicator 2, "No. of female and under five children visited out-patient department of Urban-BPHS facilities." This ex-post evaluation judged this indicator in the following way:
  - Status by the time of project completion: judged as achieved if an increase in the actual values during the project implementation period is confirmed.
  - Status of continuation by the time of ex-post evaluation: judged as continued if the actual values during the post-project period did not worsen.
- The project did not set a target value for the Overall Goal Indicator, "Proportion of health facilities with the scores above national average in the balanced score card survey." Also, the said "proportion" could not be calculated as scores of individual health facilities surveyed were not available. Therefore, this ex-post evaluation compared the average score of Kabul to the national average.

1 Relevance

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

Both at the time of ex-ante evaluation and project completion, the project was consistent with the Afghanistan National Development Strategy (ANDS) (2008-2013), in which expansion of basic health services was one of the priorities of the health sector development.

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

At the time of ex-ante evaluation, the project was consistent with the needs for improving urban health care services as described in "Background" above. No drastic changes in the project context were observed during the project period; thus, the mentioned needs seem to have continued to the time of project completion.

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

This project was consistent with "basic living condition" including education and health, one of the four priority fields of assistance that the Japanese government confirmed with the Economic Cooperation Policy Agreement in Afghanistan in July 2009.[2]

<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 achieved by the time of project completion. As a result of the capacity development of the KPHD officers, the

[1] Besides the inputs described below, the "Kabul Urban Health Project (KUHP)," in April-December 2012 using the Japan Social Development Fund (JSDF) of the World Bank, provided financial cooperation to support part of the training and intervention activities of this project.

[2] Japan's ODA Databook 2009.

number of M&E visits to urban health facilities increased and the implementation rate of the plan reached 100% in 2012 (Indicator 1). Among the interventions to the urban health system, strengthening of MCH services at CHCwD and of CHWs on CBHC proved effective, and 24-hour delivery service started at the four CHCwD (in four districts) that received renovation and other support (such as promotion of Information, Education and Communication (IEC)) by the project. Regarding CHW on CBHC, community members recognized CHW and were satisfied with their activities. As a result of these interventions, the number of female and under-five children's visits to outpatient departments of urban BPHS facilities increased, while many of them were still in short of staff and supply to be regarded to be providing a full BPHS due to lack of budget (Indicator 2).

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

The project effects have continued to the time of ex-post evaluation. While the number of planned M&E visits by the KPHD was reduced and the implementation rate fluctuates after project completion due to lack of transportation facilities and officers being busy in other works such as meetings and training, the average rate in past three years is on the same level as that of the project period. The number of female and under-five children's visits to outpatient departments of urban BPHS facilities is increasing. The 24-hour delivery and IEC have continued at the mentioned four CHCwD, which received further facility improvement and other support by projects funded by other donors as well as continued support of the services by MoPH's own operation budget after project completion. The total number deliveries at these CHCwD increased from 118 in 2012 to 1,293 in 2018. Other nearby districts also benefit from the CHCwD services. Regarding support of CHWs on CBHC, on the other hand, the MoPH and the KPHD have not integrated the activities in the KPHD's routine operation and budget. A total of 65 CHWs were trained before and during the project, and 80 other CHWs were trained after that. According to the KPHD, only 120 out of those CHWs are partly active, and the active CHWs do not receive any kit or refresher training recently.

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

The Overall Goal has been partially achieved by the time of ex-post evaluation. The proportion of health facilities with the scores above national average in the balanced score card survey (the performance measurement and management tool for the BPHS in Afghanistan) in Kabul Province reached the target in 2018, but the score of urban Kabul only (i.e., excluding rural Kabul, where the BPHS has been supported by development partners) is not available (According to the results of the 2018 balanced score card survey, financial system in Kabul Province has improved, resulting in the score way above national average. However, "client counseling index" and "time spend with clients index" showed lower scores than those of national averages). Nevertheless, the KPHD commented that this project had started a wave of improvements in the services that were being further strengthened, although not fully built upon the outcomes of this project, by projects funded by other donors and by consistent operation of the KPHD.

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

No negative impacts of the project were observed. As a positive impact on gender, access of women to MCH services has been improved as already mentioned.

<Evaluation Result>

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

Achievement of Project Purpose and Overall Goal

<table>
<tr><th>Aim</th><th>Indicators</th><th>Results</th></tr>
<tr><td>(Project Purpose)
The urban health system is strengthened in Kabul.</td><td>1. Proportion of monitoring and evaluation (M&E) visits implemented as planned.</td><td>Status of the Achievement: achieved (continued)
(Project Completion) (Ex-post Evaluation)
Planned and actual number of M&E visits to urban healthcare facilities by KPHD
<table>
<tr><th></th><th>Apr 2010-Mar 2011</th><th>Apr 2011-Mar 2012</th><th>Apr 2012-Aug 2012</th><th>2016</th><th>2017</th><th>2018</th></tr>
<tr><td>Planned [A]</td><td>24</td><td>133</td><td>116</td><td>100</td><td>100</td><td>100</td></tr>
<tr><td>Actual [B]</td><td>23</td><td>59</td><td>116</td><td>74</td><td>69</td><td>100</td></tr>
<tr><td>Implementation rate [B/A]</td><td>96%</td><td>44%</td><td>100%</td><td>74%</td><td>69%</td><td>100%</td></tr>
<tr><td>Average</td><td colspan="3">80%</td><td colspan="3">81%</td></tr>
</table></td></tr>
<tr><td></td><td>2. No. of female and under five children visited out-patient department of Urban-BPHS facilities.</td><td>Status of the Achievement: achieved (continued)
(Project Completion) (Ex-post Evaluation)
Number of female and under-five children visited outpatient departments of urban BPHS facilities in Kabul (Note: These facilities do not necessarily provide full BPHS.)
<table>
<tr><th>2009</th><th>2010</th><th>2011</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th></tr>
<tr><td>85,748</td><td>124,740</td><td>176,401</td><td>200,655</td><td>250,621</td><td>263,928</td><td>296,876</td><td>268,364</td><td>284,973</td><td>371,522</td></tr>
</table></td></tr>
<tr><td>(Overall Goal)
Urban health services are effectively and efficiently provided in Kabul.</td><td>Proportion of health facilities with the scores above national average in the balanced score card survey*.</td><td>(Ex-post Evaluation) partially achieved
The scores of the 2018 balanced score card survey was as follows.
National average: 59.3
Kabul Province average: 59.7 (including both urban and rural Kabul)</td></tr>
</table>

Source: Terminal Evaluation Report, MoH, KPHD

* Balanced score card survey: External evaluation in the form of the random sampling survey supported by Johns Hopkins University Bloomberg School of Public Health and Indian Institute of Health Management Research. As the performance measurement and management tool for the BPHS, it evaluates the quality of service performance at primary care facilities.

3 Efficiency

While the project period was within the plan, the project cost slightly exceeded the plan (ratio against the plan: 100% and 102%, respectively). The Outputs of the project were produced as planned. Therefore, the efficiency of the project is fair.

4 Sustainability

<Policy Aspect>

No specific policy for urban health has been drafted. One package of urban health[3] was drafted based on which the MoPH implemented some initiatives, but it has not been endorsed as a policy yet.

<Institutional Aspect>

The KPHD clearly defines and assigns personnel to urban health-related tasks. It has the Urban Health Unit with 47 officers besides the rural health section. The KPHD also has sections specialized in particular services, but some areas such as EPI have enough staff (8 officers) and other areas such as Reproductive Health and CBHC have a fewer number of staff members (2 officers and 1 officer, respectively). Supervision in such areas is conducted by other officers that visit health facilities. For rural Kabul, the shortage of staff has been covered by the outsourcing of BPHS with external support, but for urban Kabul, the MoPH is still planning to implement the urban health package as mentioned above. Personnel are assigned for Kabul CBHC but they are mostly busy with rural Kabul, as there is no budget to support CBHC; the focus of staff is not on urban CBHC. Each heath facility has a Community Health Supervisor (CHS) but they use it as a nurse of health facility rather than CHS.

<Technical Aspect>

According to the KPHD, the staff used to receive training on management, monitoring and other aspects of expanding the health care system in Kabul in the past, and the MoPH used to implement many programs to strengthen the urban health system in Kabul urban areas (although those were ad hoc and vertical interventions, for example, nutrition, EPI, RH etc. rather than a full package for urban Kabul). At the time of ex-post evaluation, the KPHD has no specific plan to conduct capacity building of staff mainly due to lack of resources, while for rural Kabul area, the BPHS implementers (NGOs supported by external projects) conduct their own training. Nevertheless, about 80% of the personnel of the KPHD who received technical transfer under this project still work on the urban health system in Kabul.

<Financial Aspect>

According to the KPHD, the current fund comes from the operation budget of the MoPH which covers salaries, transportation, house rent (for some clinics), renovation, medicine and supplies, stationary, and maintenance heating. As already mentioned, the budget seems not sufficient, but detailed information is not available.

<Evaluation Result>

In light of the above, some problems have been observed in terms of the policy/institutional/technical/financial aspects of the implementing agency. Therefore, the sustainability of the effectiveness through the project is fair.

5 Summary of the Evaluation

The project achieved the Project Purpose of strengthening of the urban health system in Kabul and partially achieved the Overall Goal of providing urban health services effectively and efficiently. Regarding the sustainability, some problems were observed in the policy, institutional, technical, and financial aspects mainly due to insufficient arrangements specifically for urban healthcare. As for the efficiency, the project cost slightly 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:

- The KPHD is recommended to work with the MoPH either to increase the funding through operational budget or find a donor to upgrade the urban health services at the level of full BPHS.
- There is a potential to improve the quality of services in urban health as qualified staff can be hired, access to health facilities are good and literacy and access to information is better. The KPHD is recommended to pay more attention to make use of such advantages to improve primary health services to improve the quality and avoid underutilization of primary health services and over utilization of tertiary services at the national hospitals.[4]
- The KPHD is recommended to keep the balance between urban and rural Kabul by paying more attention to and increasing efforts for the urban Kabul. The rural Kabul BPHS is contracted out to NGO which has better funding for Monitoring and capacity building and the staff of KPHD is more interested to work in rural Kabul rather than urban Kabul.

Lessons Learned for JICA

- Detachment and lack of follow up from JICA side let to diluting of project achievements. While such detachment was inevitable due to difficulties in rolling out activities as the security situation in Afghanistan deteriorated rapidly after project completion, JICA should have continued engagement, though even at the low level, including follow-up actions whenever appropriate to make sure the project funded by other donors such as the World Bank have built up on the outcomes of the project. Thus, the continuation of engagement after the termination of a project should be well considered to ensure the project outcomes be maintained and even expanded.
- The project activities were mostly done by the project staff and consultants and so were the similar interventions by other donors. As a result, there exists no sense of ownership by KPHD and MoPH. In order to increase sustainability, the project should have engaged KPHD and the MoPH staff, who should take charge of the activities after project completion, as the actual implementers of the project activities. As such, projects should be designed so as to ensure the ownership of a partner country.
- Given the fact that MPH has yet to draft a policy for urban health, the project should have included drafting of policies for urban as part of its activities. If there is weak institutional framework, assistance to policy making should be included to secure sustainability of a project.

[3] The package means a full package of type and level of services, the type of equipment, number of staff, types of medicine and supplies. It can be used as the specification for procuring services from NGOs as MoPH does in rural areas.

[4] The referral system should work in a way that if patients need normal services like normal delivery services, the lower level primary health care services should provide it and difficult cases should be referred to the specialized hospitals. However, due to low quality and lack of confidence in primary health services, patients prefer to go to specialized hospitals which makes the hospitals very busy and they cannot focus on difficult cases. This needs to be changed.

Delivery room of Kasaba CHC with delivery

Waiting area of Hoodkhil CHC with delivery