Ex post evaluation – Indonesia

Sector: 12230 Basic health infrastructure
Programme/Project: CP Health sectoral programme (BMZ No. 2003 66 401)*
Implementing agency: Ministry of Health

Ex post evaluation report: 2015

		(Planned)	(Actual)
Investment costs (total)	EUR million	10.35	10.14
Counterpart contribution	EUR million	1.35	1.27
Funding	EUR million	9.00	8.87
of which BMZ budget funds	EUR million	9.00	8.87

*) Random sample 2015

Summary: This health care programme – carried out in conjunction with GIZ – was designed to overcome equipment deficits in health care infrastructure throughout the districts of the peripheral provinces Nusa Tenggara Timur and Nusa Tenggara Barat. This mainly involved financing medical devices to improve basic and reproductive health care.

Objectives: The programme objective was to improve basic health services in the programme provinces through the additional equipping of public health facilities with sterilisers, gynaecologist chairs and birthing beds, etc., to contribute to their intensive use and in particular to prevent complications during pregnancy and childbirth. The ultimate objective of the project was to contribute to improving the basic health of the population in the programme area, with a focus on reproductive health.

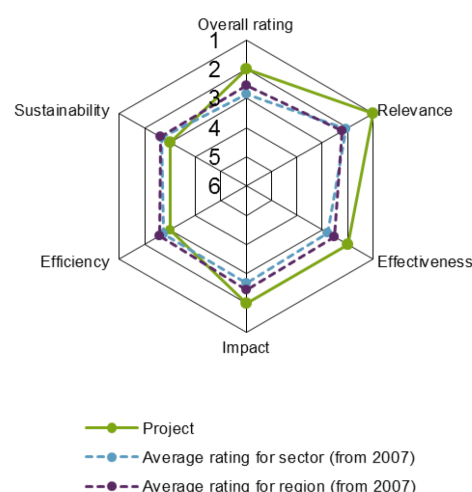
Target group: The target group was primarily the poorer parts of the population who cannot afford private health care. The low-income target group has no health care alternative to the public health facilities equipped as part of the project.

Overall rating: 2

Rationale: Within this archipelago of roughly 17,000 islands, the two provinces far to the east are structurally disadvantaged regions lying below the Indonesian average in terms of economic and social indicators. The project led to quality improvements in health centres, to greater user satisfaction and higher use of health services. The equipment is largely in use, but the assessment of maintenance is rather average.

There is a significant nationwide improvement in mother and child health thanks to the continued definition of priorities by the Indonesian government. The project aligned very well with the national focus and contributed to systemic effects.

Highlights: High patient satisfaction and good use of health-care institutions.



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Rating according to DAC criteria

Overall rating: 2

Relevance

Despite the decentralisation process initiated in 1994, development-related indicators decrease with increasing distance from the centre of Indonesia, the island of Java. The two provinces Nusa Tenggara Timur (NTT) and Nusa Tenggara Barat (NTB) were identified as the most disadvantaged at the programme appraisal (PA), falling below the Indonesian average in terms of economic and social indicators. While the proportion of absolute poverty at the national level is 13.3 %, it is 17 % for NTB and 20 % for NTT. At the appraisal, maternal mortality rate in Indonesia was around 250 per 100,000 live births. At the national level, this number dropped to around 190 in 2013. While the actual average fertility rate for the whole of Indonesia (number of children per woman) is 2.6 (with the desired rate being 2), fertility rates in NTB and NTT are 2.8 and 3.3 respectively (Demographic and Health Survey, DHS). On the one hand this illustrates a positive trend, but on the other it is also indicative of (i) the peripheral situation of the provinces and (ii) the continuity that is needed to bring about changes in the field of reproductive health, something which Indonesia has striven towards with great consistency since 1970. The decision to invest in these regions was the right one in order to counteract the discrepancy between the central and peripheral areas. As is explained in more detail under "Overarching developmental impact", the results chain on which the concept was based was also correct in principle: the availability of high-quality, well-equipped health centres leads to better utilisation of health services, and thus to improving the health of the population, and reproductive health in particular, which was the focus of the project.

The project was in line with Indonesian objectives. In 1970, when Indonesia was one of the poorest countries in Asia and the fertility rate was 5.5 children, the government recognised a link between poverty and population dynamics. It consequently designed a major programme aimed at promoting basic health, including reproductive health and family planning. For two generations, the country has consistently focused on the three elements of prenatal screening, medically assisted births and family planning, including the provision of contraception. This continuity is certainly a key factor for success in the field of reproductive health, where changes in behaviour can only be achieved over the longer term. Indonesia's results, which are outstanding in an international comparison, attracted significant attention, and as a result Indonesia actively participated in the post-2014 Review Process for the International Conference on Population and Development 1994. Aware of the importance of persevering in its efforts, Indonesia will continue this focus. At the PA, health was a priority sector of the German-Indonesian development cooperation, with the result that the project was consistent with the development policy objectives of the German federal government.

Relevance rating: 1

Effectiveness

The programme objective was to improve basic health services in NTT and NTB through the additional equipping of public health facilities, to contribute to their intensive use and in particular to prevent complications during pregnancy and childbirth. In this context, all primary level health centres throughout the provinces were provided with supplementary equipment under the programme. Indicators (1) to (4) were defined at the project appraisal (PA) for measuring the achievement of objectives.

The first indicator – a 10 % increase in the patient numbers of the supported facilities – does not seem very ambitious at first glance. It should be taken into account that the project was limited to improving the equipment of existing facilities without expanding capacity. Secondly, it should be noted that the network of health care facilities in both regions was expanded in parallel with the programme measures. Against this background, the indicator and the target value appear acceptable. As a temporal dimension was lacking, we interpret the indicator as the number of patients after completion of the measures (2012) in comparison to the number of patients at the programme appraisal.

As part of the ex-post evaluation, the contraceptive prevalence rate was also taken into consideration in order to measure the efforts made in the field of family planning (Indicator 5). The programme objective indicators and their achievement can be summarised as follows:

Indicator	Status at project appraisal (2002 figures)		Status at evaluation (2012 figures)		
	NTB	NTT	NTB	NTT	
(1) The number of patients in health-care facilities rises by at least 10 % (time frame not specified)	2.7 million patients	No data	3.24 million patients	No data	Achieved
(2) At least 30 % of births occur in health-care facilities*	27 %	13 %	75 %	41 %	Achieved or exceeded
(3) At least 60 % of births are assisted by skilled personnel*	50 %	36 %	82 %	57 %	Achieved
(4) At least one antenatal care visit to take place in 95 % of pregnancies*	91 %	88 %	98 %	92 %	Achieved in NTB, only partially achieved in NTT**
(5) Contraceptive prevalence rate (modern methods)	53 %	28 %	55 %	38 %	Increased

* Source: Demographic and Health Survey Indonesia (2002 and 2012).

** According to the DHS 2012, 92 % of all pregnant women in NTT had at least one antenatal care visit. According to the Provincial Health Statistic 2013, 124,000 women became pregnant in the previous year. The Indonesian public health system provides four free medical check-ups ("K1" to "K4"). The two most important examinations, K1 and K4, were utilised a total of 192,000 times.

*** Proportion of married women aged between 15 and 49 who use modern contraceptive methods.

Although a general lack of hygiene was observed in the health centres along with the associated health risks, it appears, based on the indicators, that the programme objective has been reached. Some indicators (proportion of births in health facilities and proportion of medically assisted births) were even significantly exceeded, especially in NTB. The equipment funded by the FC has contributed to quality improvements in the health centres. However, this should be qualified by the fact that concrete project measures were not carried out in the facilities until 2009, and so the development of the indicators since the PA cannot be attributed exclusively to the FC programme. A decisive factor for the achievement of objectives lies in the continued focus on reproductive health which has been evident in Indonesia since the mid-1970s. The status of reproductive health in Indonesia is reflected not only in the above-mentioned indicators, but also in the types of contraceptive products used. It is noteworthy in this regard that the particularly cost-effective and thus very widespread long-term methods (IUD, implant, vasectomy and sterilisation) account for one-third of the methods used (other methods offered include the pill, the contraceptive injection and condoms). Nevertheless, the importance of activities continuing is particularly relevant: in Indonesia there is an unmet demand for contraceptives of 11 %, with Indonesia only recording demand amongst married women.

The local surveys of 700 households showed very high user satisfaction. Based on the health centre satisfaction rating of 8 out of 10, these are well attended. Depending on the commitment of management, special activities are also carried out in some cases in order to increase the attractiveness of the health

centre and to make it a greater focus of public attention. For example, some private cosmetics consultants offer presentations in the waiting areas.

Effectiveness rating: 2

Efficiency

As mentioned above, under the present project in Indonesia, additional equipment was firstly provided throughout the provinces. In view of the geographical and topographical conditions (many islands, some jungle and mountainous regions), this was an extremely complex logistical task. A total population of around 8.5 million people benefited from the 1,260 health-care facilities which were supplied with additional equipment.

The lengthy needs assessments for the medical equipment involved participatory processes. The discussions surrounding tender procedures with the different levels of government became very laborious. Needs analyses and the clarification of tender procedures dragged on over the years 2006 to 2008. Only after personnel changes were made on the part of the programme-implementing agency and on the consultant side in 2009 did the programme gain momentum. When it came to delivery of equipment, which predominantly took place over the years 2010 and 2011, great efforts were made to make the acceptance and handover of the deliveries at all supplied health-care facilities as instructive as possible through the provision of staff training measures. Including a period of fault rectification, the equipment and devices in NTT and NTB were finally inspected and approved in 2012. Taking the logistical challenges into account, we evaluate the implementation efficiency as acceptable.

The procurement of the equipment was carried out as part of an international public invitation to tender at appropriate prices and at a high level of quality in order to minimise the subsequent need for maintenance.

The dimensioning of the equipment can be rated as appropriate. Under the project, it was important for both KfW and the consultants that the facilities were not provided with devices and equipment which were complicated to use and which had complex spare parts requirements. It was confirmed at the ex-post evaluation (EPE) that even a low level of technical complexity led to the equipment not being exploited to its full potential. Although there were insufficient stocks of medicines and disposables in some cases and these had to be supplemented by patient purchases in private pharmacies, the medicine cabinets were generally filled. Antibiotics, in particular, were available.

As the project integrated well into the overall reproductive health system in Indonesia and a significant developmental impact was achieved (see the following section), the allocation efficiency can be assessed positively.

Efficiency rating: 3

Impact

The ultimate objective of the project was to contribute to improving the basic health of the population in the programme area, with a focus on reproductive health. The MDGs of improving maternal health and reducing child mortality in particular were to be addressed in this regard. Indicators were not defined at the PA. The rates of maternal and infant mortality should be taken into account in the present evaluation.

Indicator	Status at PA	2010	Ex-post evaluation
(1) Maternal mortality rate (per 100,000 live births)	250	210	190
(2) Infant mortality rate (<1 year, per 1,000 live births)	34	28	26

The development of the indicators has been clearly positive at the national level. According to the World Health Organization, the maternal mortality rate fell from 250 in 2005 to 190 in 2013 (per 100,000 live births), and the infant mortality rate fell from 34 in 2005 to 26 in 2012 (per 1,000 live births). Provincial data in the Demographic Health Survey of Indonesia is available only for the infant mortality rate. Between 2002 and 2012, this fell from 59 to 45 in NTT and from 74 to 57 in NTB, in line with the national trend. As a result of the positive trend in the use of health-care facilities and the positive development in the programme region of the programme objective indicators relevant for reproductive health, we expect the project to have a positive impact on health.

Impact rating: 2

Sustainability

With regard to sustainability, there are two different aspects to consider:

1. Sustainability of equipment and devices

A general lack of hygiene and maintenance is to be found in this context. Aside from the health risks associated with a lack of hygiene, this also has a disadvantageous effect on the service life of the equipment. Instead of continuous maintenance, repairs are carried out ad hoc. However, these repairs often do not occur when the necessary staff, budget or replacement parts are not available. No provisions are made for replacement investments. In the programme, training measures were carried out upon delivery of equipment and devices to enable the staff to operate the equipment properly and to perform minor maintenance works themselves. Due to the frequent staff rotations experienced by the districts and provinces, this knowledge has been lost in many health centres. With a view to the maintenance and hygiene of the devices and equipment, the sustainability is assessed as just satisfactory.

2. Systemic sustainability

As pointed out above, Indonesia has focused on reproductive health for two generations. During this period, the country – which has the largest number of Muslim inhabitants – has demonstrated greater continuity than many other developing countries and even than many donors, where reproductive health and family planning in particular are more susceptible to changing trends. Thanks to this continuity, it has been possible to achieve remarkable impacts in the fields of maternal and child health and family planning, with this success receiving international recognition. It can be assumed that this positive systemic impact will persist and intensify: in NTB, the number of health-care facilities grew from 147 to 158 between the years 2009 and 2013, which corresponds to an increase of 7 %. The financing of maternal and child health increased from IDR 35 million to IDR 514 million between the years 2009 and 2014 (nominal values; average inflation rate: 16 %). In the case of NTT, no corresponding figures have been available thus far, but those in charge stress that they follow the increase in the financing of primary health care. According to the Provincial Health Offices of the two provinces, this emphasis on reproductive health will be continued. The systemic sustainability is assessed as good.

Taking into consideration both maintenance-related and systemic sustainability, the overall sustainability is assessed as satisfactory.

Sustainability rating: 3

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Notes on the methods used to evaluate project success (project rating)

Projects (and programmes) are evaluated on a six-point scale, the criteria being **relevance, effectiveness, efficiency** and **overarching developmental impact**. The ratings are also used to arrive at a **final assessment** of a project's overall developmental efficacy. The scale is as follows:

Level 1	Very good result that clearly exceeds expectations
Level 2	Good result, fully in line with expectations and without any significant shortcomings
Level 3	Satisfactory result – project falls short of expectations but the positive results dominate
Level 4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
Level 5	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
Level 6	The project has no impact or the situation has actually deteriorated

Rating levels 1-3 denote a positive assessment or successful project while rating levels 4-6 denote a negative assessment.

Sustainability is evaluated according to the following four-point scale:

Sustainability level 1 (very good sustainability): The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The **overall rating** on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Rating levels 1-3 of the overall rating denote a "successful" project while rating levels 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (level 3).