Malawi: Improvement of Health Services in Chitipa District

Ex post evaluation

OECD sector	12230/Basic health infrastructure	
BMZ project ID	1998 66 542	
Project executing agency	Ministry of Health	
Consultant	GITEC Consult GMBH, KANJERE and Associates	
Year of ex-post evaluation report	2009 (2009 sample)	
	Project appraisal (planned)	**Ex-post evaluation (actual)**
Start of implementation	Q 3 1999	Q 2 2000
Period of implementation	3 years	6 years
Investment costs	EUR 2.81 million	EUR 2.83 million
Counterpart contribution	-	EUR 0.02 million
Financing, of which Financial Cooperation (FC) funds	EUR 2.81 million	EUR 2.81 million
Other institutions/donors involved	GTZ	GTZ
Performance rating	3	
• Relevance	2	
• Effectiveness	2	
• Efficiency	3	
• Overarching developmental impacts	3	
• Sustainability	3	

Brief description, overall objective and project objectives with indicators

The project was to make a contribution to improving the health of the population, particularly women and children, in the outermost north-western part of Malawi (overall objective). The project objective was to improve public health service delivery to the population in Chitipa District (about 185,000 inhabitants). The project was carried out in cooperation with GTZ. The FC measures largely comprised the repair and functional reorganisation of Chitipa District Hospital and the rehabilitation of 6 health centres. The GTZ component provided further training to medical staff, drafted district health plans and supervised health centres. Furthermore, measures were taken to improve transport for patients, supply medication and maintain medical facilities. At project appraisal, no indicators were set for the overall objective achievement. The project objective indicator required that two years after implementation the already high bed occupation rate in the district hospital (90% according to the figures) remained at least constant compared with 1997.

Project design/major deviations from original planning and main causes

The construction measures at the district hospital financed from FC funds included the following building works: 1 administrative building, 1 X-ray and laboratory building, 1 operating building, wards for men, women and malnourished children, 1 delivery and maternity ward, a building for a kitchen, laundry, generator and workshop, 1 waiting hall for outpatients, 1 morgue, 1 store room and 1 washroom for staff. Eight well-preserved buildings were rehabilitated and fitted out in part for other purposes than originally intended. Altogether, bedding capacity was increased from 120 to 170 and an emergency reserve of 48 additional beds installed. A water tower was also erected, a generator as well as a toilet water disposal facility with treatment tank were installed and a wall was built around the whole hospital compound. All units were also provided with medical and non-medical facilities and equipment, so that the hospital was fully set up and operational after project implementation.

Besides the extension and restoration of the hospital, 6 health centres were also rehabilitated as part of the FC project. Depending on the condition of the individual buildings, these were renovated or replaced. The scope and standard of the works in the centres were generally much less extensive than in the district hospital. The activities in all 6 health centres entailed the following: maternity ward with attached bed wing, outpatients department, housing for personnel, installation of latrines, new drinking water supply facility, with the exception of Misuku, where no well could be bored. In individual cases, the warden's house was built or rehabilitated. Medical equipment and furniture and fittings were also supplied.

Carried out by 2 German doctors, the TC project, Improvement of Health Services in Chitipa District, consisted in holding a number of different further training events, devising management instruments (e.g. supervisions, schemes for drugs and vaccine supply, maintenance, transport and communications) and cooperating with KfW in planning and rehabilitating the hospital and the health centres. Solar-run fridges were also provided by TC for the improved storage of vaccines as well as other equipment for communication.

The FC project was implemented to plan with only minor changes. Altogether, the package of measures appears to be highly appropriate, both in terms of operation and maintenance.

Key results of impact analysis and performance rating

As anticipated at project appraisal, the main impact of the project has been to maintain and improve medical care at primary level. Considering the frequent use of the facilities, more effective health care, particularly for poorer sections of the population, would seem plausible as compared with the situation had the project not been implemented. If the project had not been carried out, the alternative for the population would have been confined to two smaller church health centres in Chitipa District or health care facilities in remote districts. The church health centres would have been far from capable of substituting for the facilities promoted by the project and the fully occupied hospitals and health stations in other districts would not have afforded a realistic alternative due to distance alone. Without the project, there would have been an increase in disease and deaths as compared with the present situation.

Disease and persistent ill health are major causes of poverty. The project extended and improved health infrastructure and with that increased the use of free public health services by the largely poor rural population, particularly women and children.

We assess overall developmental efficacy as follows:

Relevance: The overall objective of the project conforms with the Millennium Development Goals of reducing infant mortality, improving maternal health and combating HIV/AIDS, malaria and other serious diseases and hence the key aims of German development cooperation in Malawi. The results chain appears plausible: improving public health services in Chitipa by rehabilitating the very poor primary and secondary health facilities and providing basic equipment and thus making a contribution to improving the health of the population in Chitipa District. At the time of project planning, only the World Bank and the Malawi Social Action Fund were engaged in Chitipa and the project participants consulted with these donors. Altogether, the relevance of the project is rated as satisfactory (Subrating 2).

Effectiveness: The project appraisal report merely defined the project objective indicator as at least 90% occupation of the extended bedding capacity in the district hospital. Applying the current bed occupation ratio, this target would seem very excessive from today's standpoint as it only amounted to 51% before appraisal. At 80% in 2008/9 and 79% in 2007/8, the actual bed occupation rate in the hospital must rate as very high in comparison. The number of patients in the outpatient wards of the hospital has almost doubled compared with 1997 and the number of deliveries increased by 72% between 2001/2 and 2008/9. No indicators were set at project appraisal for the impacts of rehabilitating the health centres. Taken together, the 6 health centres recorded roughly double the number of treatments both for deliveries and outpatients between 2001/2 and 2008/9. While the quantitative utilisation of capacity well exceeded the forecast, there have been deficiencies in the quality of services delivered. Altogether, the effectiveness of the project is nevertheless rated as satisfactory (Subrating 2).

Efficiency: The project design is adequate to the needs of the population and does not make any heavy demands on operation and maintenance. Considering the remoteness of the region, the costs of the building measures would seem reasonable. Amounting to 35%, the share of the consultancy costs is clearly too high, however. The reason for this was the doubling of construction time, which was due to the inadequate performance of the selected building contractor and several amendments to the layout towards the end of the construction period. Operating costs per patient have trended downward due to the very high capacity utilisation. Neglected maintenance of medical and non-medical facilities, in contrast, has contributed to rising operating costs (and/or reducing the quality of the services). In view of the high costs for a single project in a remote region, a more comprehensive approach with lower specific costs would have been more expedient. Primarily due to the very high capacity utilisation, efficiency is, however, rated as sufficient overall (Subrating 3).

Overarching developmental impacts: No specific indicators were defined for the overall objective at project appraisal in 1998. Millennium Development Goals 4, 5 and 6 could be adduced as indicators by today's standards. Little data is, however, currently available on the relevant period for Malawi in general. Maternal mortality points to a positive trend. According to the Malawi Demographic Health Survey (DHS) of 2000, it was estimated at 1,120/100,000 and at 984/100,000 in 2004. The Multi Indicator Cluster Survey (MICS) of 2006 estimated maternal mortality at 807 cases per 100,000 live-births. Child and infant mortality improved drastically between 1992 and 2006. HIV prevalence in pregnant women attending prenatal care dropped slightly from 14.3% in 2005 to 12.3% in 2008/9. Other major socio-economic factors besides health care generally exert a marked influence on the attainment of MDG 4, 5 and 6, such as drinking water supply, general hygiene, the economic situation and literacy. Due to the heavy use made of the enlarged and improved health care facilities in Chitipa District, the project can be expected to have made a beneficial contribution to improving the health of the population. Overall, we assess the overarching developmental impacts as sufficient (Subrating 3).

Sustainability: While the buildings at the district hospital are in a good condition, the medical and non-medical facilities/equipment there reveal clear maintenance deficits. The hospital has nevertheless been able to continue to provide its regular services till now. Altogether, though, the maintenance deficits in the health centres were more severe. Both the buildings and equipment showed many signs of lack of maintenance. Altogether, the personnel situation has improved considerably since project appraisal. The supply of medication is generally assured through a government funding, procurement and distribution system. Public health services are free of charge for the population and there are no plans at present to make any changes to this. The Malawian Government is of course basically obliged to replace the current foreign donor contribution to the health budget of approx. 50% with financial resources of its own in the long term. In view of the very high priority the Malawian Government and the foreign donors attach to this sector, it is estimated that finance for basic health services is assured for at least the next 10 years. Despite the persistent shortcomings and risks, we assess the sustainability of the project as sufficient (Subrating 3).

We rate project performance overall as sufficient (Rating 3).

General conclusions

In view of the high specific costs (costs for inpatient and outpatient treatment capacity) for a small project in a remote region, a broader regional approach with lower specific costs would have been more expedient. Considering the developments over the last 3 years (harmonisation efforts, sector-wide approach), the approach adopted should not be repeated in Malawi.

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

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

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

A rating of 1 to 3 is a positive assessment and indicates a successful project while a rating of 4 to 6 is a negative assessment and indicates a project which has no sufficiently positive results.

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 an improvement is very unlikely. 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. A rating of 1 to 3 indicates a “successful” project while a rating of 4 to 6 indicates an “unsuccessful” project. In using (with a project-specific weighting) the five key factors to form an overall rating, it should be noted that a project can generally only be considered developmentally “successful” if the achievement of the project objective (“effectiveness”), the impact on the overall objective (“overarching developmental impact”) and the sustainability are considered at least “satisfactory” (rating 3).