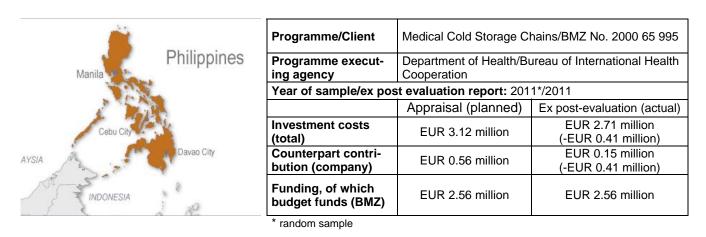


Ex Post-Evaluation Brief Philippines: Medical Cold Storage Chains



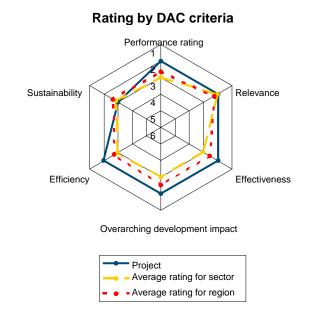
Project description: The programme aimed at modernising and improving the medical cold-storage chain in 57 of 88 Philippine provinces as a contribution to the reduction of infectious diseases and deaths, particularly among infants, children and youth. The programme measures were intended to ensure an efficient cold storage chain for the storage of vaccines needed for carrying out the nationwide Expanded Programme on Immunisation (EPI), which is implemented by the Philippine Department of Health (DoH) with support from WHO and UNICEF.

Objective: The overall objective was to make a contribution to improving the health of infants and small children through the reduction of contagious diseases and deaths (overall objective indicators: 1) reduction in infant and child mortality rates, 2) reduction of diseases to be prevented by EPI). The programme objective was defined in the evaluation as improving the national immunisation rate (programme objective indicators: 1) raising the vaccination rate and 2) raising the immunisation rate in 80% of districts to 80%)

Target group: all children aged three months to 15 years in the provinces supported by the programme.

Overall rating: 2

The FC programme has high developmental relevance and intervened at a central point for the successful implementation of vaccination programmes - the cold-storage chain. The vaccination programmes increased immunisation rates and therefore made a contribution to improving the health of infants and children. Further measures are needed, however, to ensure the sustainability of the cooling units, as follow-on maintenance contracts have not been concluded till now and no binding maintenance scheme is in place. **Rating: 2**



EVALUATION SUMMARY

Overall rating: Weighing up the subratings described in the following, we arrive at the overall assessment of good. **Rating: 2**

Relevance: In view of the relatively high child and infant mortality rates, the national vaccination programme (Expanded Programme on Immunisation, EPI) addressed a major developmental problem. The existing cold-storage chain was in strong need for modernization at programme appraisal, so that FC intervened at an essential point for the successful implementation of the vaccination measures. The results chain of the programme was plausible: to contribute to a higher national immunisation rate and hence to a reduction of contagious diseases and deaths and to improving the state of health of children through the rehabilitation of the cold-storage chain and the successful implementation of vaccination campaigns. The programme was suitably aligned with that of the World Bank and ADB, which concentrated on the three regions that did not benefit from FC programme. It also formed part of the national EPI supported by WHO and UNICEF. The promotion of public health programmes, including combating vaccine-preventable diseases, is one of five central elements of the health reform agenda adopted in 1999, so that at appraisal the programme was very relevant from the partner country viewpoint. The current strategic programme for implementing the reform agenda, FOURmula ONE for Health, also aims at eliminating vaccine-preventable diseases. In addition, the programme was in keeping with the MDGs, particularly MDG 4 (reducing child mortality, improving child health) and MDG 6 (reducing the incidence of HIV/AIDS, malaria and TB). At appraisal, health was a priority sector of German cooperation with the Philippines. In the future, the focus will be on peace building and conflict transformation. We assess the relevance of the programme as good (Sub-rating: 2).

Effectiveness: The programme objective of improving the national immunisation rate was largely achieved. It improved between 1998 and 2008 from 72.8% to 79.5%. The original target of 95% was not achieved, but is also viewed as unrealistic in hindsight due to the difficulty and high financial costs of reaching remote sections of the population. The immunisation rates in the districts were recorded as follows: The nationwide proportion of districts with an immunisation rate of more than 80% increased from 50% in 2004 to 72% in 2009. The record for this indicator cannot be assessed since programme start for lack of available data. Visible progress has, however, been made in recent years. Based on the improved indicators, we assess programme effectiveness as good (Sub-rating: 2).

Efficiency: The procurement of equipment was far less costly than expected so that residual funds were available amounting to about EUR 638,000, which were used for additional investments. The original programme lasted only 24 instead of the planned 30 months, but due to lengthy decision-making processes on the allocation of the residual funds completion was delayed by almost another four years. This also resulted in higher consultancy costs of EUR 222,000 compared with the budgeted EUR 115,000. For lack of sufficient

official data, no exact assessment can be made of the results indicators concerning the quality of cold-storage chain management. The local expert responsible for data collection in the context of this evaluation reported, however, that the cold-storage chain is still operational in the areas inspected and that vaccine loss rates as a rule are not due to problems in the cold chain but to the use of fragile and/or multi-dose ampoules which often incur high rates of loss. It is also plausible to assume that the improvement of the national immunisation rate would not have been possible without a well functioning cold-storage chain. As studies show, vaccines are internationally regarded as cost-effective and cost-efficient health measures. Currently, the Philippine Department of Health estimates that providing a child with full vaccination in the Philippines costs US\$ 8, which is very inexpensive by standards both in and outside the region. We assess programme efficiency as good (Subrating: 2).

Overarching developmental impact: The overall objective of reducing contagious diseases and deaths to make a contribution to improving health, particularly among infants and small children, was largely achieved. Incidence (of diphtheria, polio, tetanus, measles and whooping cough) diminished between 1999 and 2004 by about 85%, just below the target of 90%. As the number of measles infections has risen again recently, incidence in the whole evaluation period (up to 2009) diminished by about 70%. The infant/child mortality rates fell from 36/55 cases per 1,000 live-births to 26/32 cases per 1,000 live-births between 1998 and 2010. Despite a lack of empirical studies on the connection between the EPI and its overarching impacts specifically in the Philippines, the programme can be assumed to have made a contribution to reducing infant and child mortality, although overarching impacts are generally influenced by several factors. The overarching developmental impacts of the programme are assessed as good (Sub-rating: 2).

Sustainability: Health economists generally estimate that costs per fully vaccinated child and/or per death prevented by vaccination rise the higher the planned vaccination coverage rate is as a substantially higher financial and organisational input is usually needed to reach unvaccinated children. The introduction of new vaccinations also increase costs (higher vaccine costs, greater need for cooling units, increased transport costs, training of staff etc.). According to EPI managers, the Philippine Department of Health plans to introduce new vaccinations in 2012 (also against pneumococci and rotaviruses), which is likely to overstretch the planned capacities of the available cold-storage chain. We could not determine which solutions are envisaged for this problem. As the standard vaccinations are financed in full from the Philippine budget, there is, however, no dependency on external finance in this respect. The local expert found minor operational and care deficits primarily in the health facilities at the local level. Follow-on maintenance contracts have not been concluded so far in the local government units visited. A binding maintenance guideline has not yet been issued by the Department of Health. Although budgets are available for smaller maintenance measures in the supplied health care facilities, the absence of follow-on maintenance contracts with the suppliers and the lack of clear maintenance guidelines will increasingly impair equipment operation in future. We therefore assess the sustainability of the programme as satisfactory (Sub-rating 3). No general conclusions have been drawn.

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

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

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

Ratings 1-3 denote a positive or successful assessment while ratings 4-6 denote a not positive or unsuccessful assessment

<u>Sustainability</u> 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 <u>overall rating</u> on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Ratings 1-3 of the overall rating denote a "successful" project while ratings 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" (rating 3).