

Tanzania: Christian Social Services – Sector Programme Health I

Ex-post evaluation

OECD sector	12230 / Infrastructure in the field of basic health care	
BMZ project number	1993 65 743	
Project-executing agency	Christian Social Services Commission (CSSC)	
Consultant	None	
Year of evaluation	2002	
	Project appraisal (planned)	Ex-post evaluation (actual)
Start of implementation	Q 2/1994	Q 3/1994
Period of implementation	Max. 36 months	40 months
Investment costs	EUR 2.35 million	EUR 2.35 million
Counterpart contribution	None	None
Financing, of which Financial Cooperation (FC) funds	EUR 2.35 million	EUR 2.35 million
Other institutions/donors involved	GTZ, German churches (EED, Misereor/KZE)	GTZ, German churches (EED, Misereor/KZE)
Performance rating	3	
• Significance / relevance	2	
• Effectiveness	3	
• Efficiency	3	

Brief Description, Overall Objective and Project Purposes with Indicators

The overall objective of the project was to improve health care for the rural population, in particular for women and children. The programme goal was to improve health care at the church-related health care facilities through close cooperation between church-related and governmental health care services. Originally, indicators based on the use of the facilities (use of health services at hospitals and dispensaries, rates of use of out-patient services at basic health care centers, rates of transfer for obstetrical emergencies, bed occupancy rate at the hospitals, etc.) were used to measure achievement of the programme goal, as was the intensity of the cooperation between governmental and church health care facilities.

In Phase I of the health programme Financial Cooperation (FC) funds were applied nationwide to acquire medications and simple medical equipment. In a district component, the funds were mainly used to rehabilitate health care facilities and to finance the construction of housing for medical staff. In connection with a financing agreement Technical Cooperation (TC) supported the qualification of health care staff in technical and organizational matters, and also the

introduction of better management methods. The German churches provided funds through their development cooperation institutions EED and Misereor/KZE, thus covering most of the costs incurred by the project-executing agency, the Christian Social Services Commission (CSSC).

The total cost of the FC project – not including any funds from GTZ or financial contributions from the German or Tanzanian churches – amounted to EUR 2.35 million.

Major Deviations from the original Project Planning and their main Causes

The following measures funded through FC were implemented:

District component: Thirty-three health care facilities offering primary health care were rehabilitated in 4 pilot districts. Additionally, repairs were made to the Sengerema district hospital. Each district received a vehicle for the project coordinator. In Tundura the supervisor also received a vehicle.

Nationwide component: On the basis of a survey of individual needs, 67 church hospitals and 600 church and state health care facilities offering primary health care were supplied with essential drugs and simple medical instruments. Books and working materials (e.g. microscopes) were acquired for 23 church training centers.

Personnel component: In connection with the measures to encourage motivation and improve the living conditions for the health care personnel, 33 staff residences were financed throughout the country.

There were no deviations from the project planning worth mentioning.

Key Results of the Impact Analysis and Performance Rating

The programme achieved success primarily by including the church-related health care network in the reform process of Tanzania's health care sector. Although initially the churches were not interested in participating, CSSC succeeded in building up a joint representative office at the state agencies, not only to serve as official representatives but also to take part in numerous associations and committees on the professional level. This is clearly shown by the distribution of the funds from the donor-funded *basket fund*, which benefited both the state and church facilities on the district level.

Some of the project's contributions on the sector level were its activities in four pilot districts to develop model district plans and to introduce revolving drug funds.

Primarily women and children benefit from the programme's impacts in the form of health care during pregnancy and vaccination programmes. By focusing on rural areas, the programme enabled a large number of poor people to access the services offered. However, a temporary decline was noted in the rise in user fees.

Overall the project's effectiveness is judged to be sufficient (rating 3). Although the cooperation between the state and the churches worked well, at times admirably well, owing to the very broad range of application of the measures, it is not possible to register an improvement in the health care for the population being served by the church health facilities (see above for indicators).

Due to this broad distribution – which was politically desired – the construction and rehabilitation costs were relatively high, and there were delays in the implementation. As a result, we classify its efficiency overall as sufficient (rating 3).

The project greatly improved the traditionally difficult cooperation between governmental and church health services. Here CSSC was able to play an important role in the representation of

interests. This was also facilitated by generally favourable sector conditions, the result of broad support for the sector by the donors. Yet, the financing of the structure of CSSC is problematic, since nearly 90% stems from grants from German churches. In summary we classify the significance / relevance of the project as satisfactory (rating 2).

Under consideration of the partial criteria, the overall developmental effectiveness of the sector programme Health I is rated sufficient (rating 3).

General Conclusions applicable to all Projects

None

Legend

Developmentally successful: Ratings 1 to 3	
Rating 1	Very high or high degree of developmental effectiveness
Rating 2	Satisfactory degree of developmental effectiveness
Rating 3	Overall sufficient degree of developmental effectiveness
Developmental failures: Ratings 4 to 6	
Rating 4	Overall slightly insufficient degree of developmental effectiveness
Rating 5	Clearly insufficient degree of developmental effectiveness
Rating 6	The project is a total failure

Criteria for the Evaluation of Project Success

The evaluation of a project's "developmental effectiveness" and its assignment during the final evaluation to one of the various levels of success described below in more detail concentrate on the following fundamental questions :

- Are the **project objectives** reached to a sufficient degree (aspect of project **effectiveness**)?
- Does the project generate sufficient **significant developmental effects** (project **relevance** and **significance** measured by the achievement of the overall development-policy objective defined beforehand and its effects in political, institutional, socio-economic and socio-cultural as well as ecological terms)?
- Are the **funds/expenses** that were and are being employed/incurred to reach the objectives **appropriate** and how can the project's microeconomic and macroeconomic impact be measured (aspect of efficiency of the project conception)?
- To the extent that undesired (**side**) **effects** occur, are these tolerable?

We do not treat **sustainability**, a key aspect to consider for project evaluation, as a separate category of evaluation but instead as a cross-cutting element of all four fundamental questions on project success. A project is sustainable if the project-executing agency and/or the target group are able to continue to use the project facilities that have been built for a period of time that is, overall, adequate in economic terms or to carry on with the project activities on their own and generate positive results after the financial, organizational and/or technical support has come to an end.