

**Tanzania: District Health Care in Mtwara Region I**

**Ex-post evaluation report**

<b>OECD sector</b>	12230/Basic health infrastructure	
<b>BMZ project ID</b>	1996 65 605	
<b>Project executing agency</b>	Regional Medical Officer (RMO), Ministry of Health	
<b>Consultant</b>	Not applicable, due to cooperation with DED	
<b>Year of ex-post evaluation report</b>	2009 (2009 sample)	
	<b>Project appraisal (planned)</b>	<b>Ex-post evaluation (actual)</b>
<b>Start of implementation</b>	Q 3 1996	Q 3 1997
<b>Period of implementation</b>	36 months	Approx. 50 months
<b>Investment costs</b>	EUR 1.68 million	EUR 1.68 million
<b>Counterpart contribution</b>	EUR 0.15 million	EUR 0.15 million
<b>Finance, of which FC funds</b>	EUR 1.53 million	EUR 1.53 million
<b>Other institutions/donors involved</b>	DED	DED
<b>Performance rating</b>	3	
• <b>Relevance</b>	2	
• <b>Effectiveness</b>	3	
• <b>Efficiency</b>	3	
• <b>Overarching developmental impacts</b>	3	
• <b>Sustainability</b>	3	

**Brief Description, Overall Objective and Project Objectives with Indicators**

The ex-post evaluated project is the first phase of a two-phase Financial Cooperation district health programme in the Mtwara region. It was intended to help improve the state of health of the population of about 1 million predominantly poorer people in the geographically and economically underprivileged Mtwara region in South Tanzania (overall objective).

The project objective was to bring about a sustainable quantitative and above all qualitative improvement of health care in the regional districts. The project was carried out in cooperation with the German Development Service (DED). FC concentrated on financing the planning, construction and goods delivery services for improving primary health care facilities and selective support for district hospitals in all five districts of the Mtwara region. DED assigned development aid workers to provide personnel and technical support: a project coordinator at regional level and experts for construction and medical technology as well as physicians for advice at district level. While no indicators were set for the overall objective at project appraisal due to inconsistent data and objective measurement problems, the indicators for the project objective were specified and quantified as follows:

- Increased bed occupation rate at the district hospitals (target: 58%)
- Shorter average lengths of stay in district hospitals (target: 5.8 days)
- Higher user rates for primary facilities (target: 0.6 consultations per patient)

- Higher quality of services in the rehabilitated health care facilities (target for primary facilities: 71% of supervisions positive; target for hospitals: 82% of supervisions positive)
- Adequate maintenance of the delivered medical-technical equipment and the rehabilitated health care facilities (target: 80% of equipment and facilities adequately serviced and operational).

### **Project Design/Major Deviations from Original Planning and Main Causes**

The project aimed at upgrading the physical health infrastructure and equipment to support the efforts of the Tanzanian Government in improving health care. Financial Cooperation supported the following measures:

- Repair or structural extension of 23 primary health care facilities (25% of all primary facilities in Mtwara)
- Development and introduction of incineration plants at 13 primary health care facilities
- Building and operational maintenance measures at three district hospitals and the Ligula Regional Hospital
- Construction of 12 and renovation of 7 personnel housing units at rehabilitated dispensaries and at Ligula Hospital
- Procurement of appropriate basic medical equipment, including consumables for the rehabilitated primary health care facilities and for district hospitals
- Equipment for the existing governmental repair workshop in Mtwara
- Procurement of medical drugs for financial bottlenecks and emergencies
- Provision of infrastructure for management, supervision and further training; consultancy inputs and training to support project
- Conduct of project studies.

The development workers assigned by DED provided personnel and technical assistance, including:

- A programme coordinator for preparing and steering the district health plans (DHPs) and coordinating project activities among the government agencies involved at district, regional and central government levels as well as between DED and KfW
- Specialists for construction and medical engineering, workshop supervision, the development of a medium-term maintenance scheme and support for planning and implementing the FC measures
- Physicians to advise the district health management (DHM) teams in planning and implementing the DHPs, mainly in needs analyses and organisational and supervisory tasks.

The project measures were carried out largely to plan. Minor deviations were warranted and made based on needs analyses. The package of measures and overall design were adequate.

### **Key Results of Impact Analysis and Performance Rating**

Despite persistent problems, the project accomplished its objective in part. Major causes for the inadequate use of the facilities and the insufficient quality of the services provided have been remedied, thus paving the way for improved health care. How far the attainment of the project objective is attributable to the project activities cannot be measured due to structural changes beyond its scope. For example, the Tanzanian Government and bilateral and multilateral donors stepped up their efforts, but a larger number of foundations and church and non-governmental organisations also got engaged at local level in the Mtwara region during the project. Not least, Phase II of the programme also had an influence on project objective achievement.

The main impact of the project has been to maintain and improve medical care at primary level. The beneficiaries are rural parts of the population, whose income is below or just above the national poverty line. Women and their children in particular make use of the primary health services, which has contributed to a substantial decrease in maternal, child and infant mortality. Poor people, however, are frequently unable to make any or full use of the health services due to user fees. The Tanzanian health service provides for exempting poor people from payment, but this is not observed consistently everywhere. User fees are not, however, the only obstacle to access for poor people; costly and difficult transport poses an additional problem in rural areas.

We assess overall developmental efficacy as follows:

The project supported Tanzanian health strategies and reforms. It made contributions to attaining the Millennium Development Goals (MDGs) of reducing child mortality, improving maternal health and combating serious diseases. The postulated results chain of improving public health care in Mtwara and with that to making a contribution to raising the health status of the population by rehabilitating primary and secondary health care facilities and providing basic equipment would appear plausible. The measures and their results were appropriate for addressing the problems in Mtwara. Cooperation with DED was satisfactory. Altogether, the relevance of the project is rated as good (Subrating 2).

Despite persistent problems, the project accomplished its objective of making a contribution to the qualitative and quantitative improvement of the health care system, at least in part. The average user rate in the rehabilitated health centres has increased by 34%, which significantly exceeds the target of 20%. The bed occupation rate in the district hospitals has been raised by 16% as compared with the target of 5%, although the major increase occurred in Phase II of the programme. Average length of stay at the hospitals visited was reduced from 6.4 to 5.4 days, surpassing the target of 5.8 days and at Ligula and Newala hospitals it was shortened to as much as 4.5 and 3 days respectively. The quality of public health services is measured with the help of supervision check lists. The ratio of positive supervisions was increased from 59% to 70% at primary level and from 68% to 75% in the hospitals. The project fell just short of the targets in two cases only. Spot checks found that about 80% of the equipment procured by the project was operational. Marked wear and tear was, however, noted particularly at primary level. We assess the effectiveness of the project as satisfactory altogether (Subrating 3).

Compared with other projects and building schemes in Tanzania, the costs of the construction measures, which met quality standards and were properly conducted, can rate as reasonable. FC incurred no consultancy costs due to cooperation with DED. The planned building measures were executed with a delay of 10 months, due to local conditions (rainy season, water shortage and temporary lack of transport facilities). The layout of the new buildings and equipment and drugs procurement met the specifications and standards of the Ministry of Health. The facilities rehabilitated by the project are still in adequate use today. We therefore assess efficiency as satisfactory (Subrating 3).

No specific indicators were defined for the overall objective at project appraisal. MDGs 4, 5 and 6 can be adduced as references. From 1999 to 2005, child and infant mortality diminished by a distinct margin for the whole of Tanzania. Life expectancy is still low and maternal mortality is still high. As other major socio-economic factors besides health care exert a marked influence on the attainment of MDGs 4, 5 and 6, such as drinking water supply, general hygiene, the economic situation and literacy, no direct connection can be drawn with the services rendered under the project. Reliable current health data is also missing for the project area. The discernible health trends in the Mtwara region, however, indicate that the project has also helped raise the standard of health of the population thanks to its contribution to the qualitative and quantitative improvement in health care. The patients and the paramedical and medical staff

questioned confirm this. Altogether, we assess the overarching developmental impacts as satisfactory (Subrating 3).

A quarter of the health care facilities rehabilitated by the project are in good condition, a quarter are in need of larger repairs and approximately half require smaller repairs. The maintenance workshop in Mtwara operates cost-effectively. There appears to be greater awareness of the need to have a maintenance system both for the building measures and equipment. Some systems of incentives are being applied to recruit and retain qualified staff in the Mtwara region. A supervision system has been introduced, but it has not yet been put to sufficient use for improving quality. There is still a lack of personnel and financial resources and little readiness to respond to identified shortcomings, seek joint remedies and provide support. Own resources from patient contributions and insurance systems are still small. The council health development plans are regularly updated but are not being carried out with any great determination. To safeguard sustainability further improvements are needed, in managing financial resources, for example. We assess the sustainability of the project as satisfactory (Subrating 3).

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

### **General conclusions**

Besides the ongoing development of medical infrastructure and sufficient specialist personnel, sustainable and equitable health care for men and women in poor rural areas requires special efforts, including systematic health education, contributions to removing cultural barriers to access, promotion of a maintenance culture as well as monetary and career incentives that contribute to the continued availability of enough qualified personnel.

A regional comparison inside Tanzania shows that approaches for building health service capacity and developing initial health insurance cover (community health funds) have been significantly more successful in the relatively prosperous Kilimanjaro region than in the remote and economically poor border region with Mozambique. Suitable support measures should be taken to offset locational disadvantages until regional disparities have been narrowed.

### **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).