Uganda: District Health Project

Ex-post Evaluation Report

OECD sector	12220/Basic health care	
BMZ project ID	1995 652 27	
Project executing agency	Ministry of Health	
Consultant	EPOS Health Consultants	
Year of ex-post evaluation report	**2008**	
	Programme appraisal (planned)	**Ex-post evaluation (actual)**
Start of implementation	1st quarter 1996	3rd quarter 1997
Period of implementation	5 years	5.5 years
Investment costs	EUR 6.65 million	EUR 6.64 million
Counterpart contribution	EUR 0.26 million	EUR 0.45 million
Financing, of which FC funds	EUR 6.39 million	EUR 6.19 million
Other institutions/donors involved	World Bank, SIDA	World Bank, SIDA
Performance rating	3	
• Relevance	3	
• Effectiveness	2	
• Efficiency	3	
• Overarching developmental impact	3	
• Sustainability	3	

Brief Description, Overall Objective and Programme Objectives with Indicators

The District Health Services Pilot and Demonstration Project (DHSP) carried out nationwide by the Ugandan Government together with the World Bank, DFID, SIDA and German FC comprised measures to guarantee low-cost basic health services at district level in the primary health sector. These were centred around an essential health package (EHP) to cater for the most urgent care needs using the most cost-effective and sustainable methods.

The overall objective was to make a contribution to improving the state of health of the population in the project region. The project objective was to improve the quality of basic health services for the target group, particularly mothers and children. At project appraisal, the overall objective indicators were not defined; in ex-post evaluation, maternal and infant mortality rates were applied. The project objective indicator was an increase in suitable basic health service coverage from about 20% to 60% in the project region. The criteria applied were at least one patient contact per inhabitant every year and an increase in the number of outpatients. The target group consisted in the whole, predominantly poor, rural population in the catchment areas, with some components of the essential health package taking special account of women and children (mother-child care, family planning).

Programme Design/Major Deviations from the Original Planning and the Main Causes

The DHSP measures comprised:

- Construction/rehabilitation/expansion and equipment of district health administrations, warehouses, health centres, hospitals and training centres
- Provision of health centres with an initial inventory of essential drugs
- Training measures (capacity building in the Ministry of Health and district authorities)
- Financing overheads

The FC project financed the construction/rehabilitation and equipment of more than 200 larger-scale construction units (warehouses, school buildings, housing, maternity wards as well as outpatient and medical stations) as well as approx. 450 smaller construction works (landfills, latrines, etc.) for a total of 55 health centres, two training centres and three warehouses in altogether nine districts in the country. The rehabilitation and equipment of some 190 health care facilities in 10 districts was envisaged at project appraisal. The much smaller number of health centres supported was largely due to the enlarged scope of support for the individual centres in the form of personnel housing and maternity wards at the request of the partners.

Key Results of Impact Analysis and Performance Rating

The anticipated results of the project were the improved quality of basic health services for the population in the project districts. Better access for the population, particularly for women and children, was expected to improve the health situation (overall objective). The overall objective indicators defined afterwards also show a positive trend: maternal mortality fell from 527 to 510 per 100,000 live-births and infant mortality dropped from 147 to 136 per 1,000 live-births. How far the project measures contributed to this result is, however, difficult to quantify, since the epidemiological data cannot be directly assigned to the FC project and no valid figures can be inferred from comparing districts.

The project target group were poor sections of the population in the catchment areas, particularly children and women. The poor make up approx. 36% of the population in Uganda and the ratio is far higher in rural areas. Rehabilitating and extending rural health stations ought therefore to have reached the poor population above all. The project for providing health services has gradually improved the conditions of life for the poor, so the ODP marker is still warranted.

Infrastructure and equipment especially aimed at improving women's health (delivery rooms and beds, instruments) are priority project components; women and children are cited as a special target group in the project appraisal report (marker: G1).

The decentralisation of the health care system was an important aim of the overall DHSP. Decision-making procedures were shifted to the lower levels. By introducing various management instruments (including a health management information system - HMIS), the intention was also to make the procedures in the ministry more transparent and efficient. Although this was done via the World Bank project components, the classification as PD/GG 1 remains unchanged.

To dispose of medical waste, landfills were built, which apart from two exceptions were operational and in use. The reclassification to the new marker ER 0 remains valid.

We assess overall developmental efficacy as follows:

Relevance: Rehabilitating health infrastructure and training health personnel was highly relevant after the unrest in Uganda and in connection with further measures by DHSP it also addressed a priority development problem from an ex-post standpoint. DHSP as a whole contributed to improving donor coordination. The project objectives conformed with the intentions of the partner country as set out in the Strategic Plan of the Health

Sector Support Programme and with the priorities of the German Government. At present, the health sector is not a priority in development cooperation with Uganda. The postulated results chain of improving the functionality of basic health service facilities leading to the qualitative improvement in health care and hence a better state of health of the population is plausible. The measures of the overall project aimed at sectoral organisation were not extensive enough, however, to remedy capacity problems (management, current finance and organisation of operating inputs). We therefore assess the relevance of the project as sufficient (Subrating 3).

Effectiveness: The indicator for the project objective of increasing service coverage was met by a comfortable margin. The average number of new outpatients at the station per day and unit increased from 25 in 1999 (start of building work) to 29 in 2001 (completion). Measuring the provision of health services by the rate of use of the health care facilities recorded by HMIS (number of new patient contacts/inhabitant), this increased on national average since 2002 from 0.6 to 0.83 in 2004 alone, reaching 0.9 in 2006. The increase in rates of use ought also to be attributable in part to the abolition of patient fees in 2001, without which some sections of the population would have been unable to gain access to health care facilities at all. The improved quality of the health centres is also unlikely to have been the sole decisive factor in increased rates of use, since the supplies of medicine, laboratory reagents and other consumables is still not ideal and staff in remote areas are often poorly qualified. Altogether, though, the facilities are put to extensive use, because they are the first and often only contact point for the poor rural population. The two rehabilitated training centres have recorded high growth rates. The renovated housing is used intensively. We assess the effectiveness of the project overall as good (Subrating 2).

Efficiency: The layout of the rehabilitated facilities was largely adequate and they were designed to minimise maintenance costs, so that the microeconomic effects of the FC project were positive. To assess the macroeconomic effect today, account must also be taken of the marked expansion of health infrastructure as of about 2000, which overstretches the limited financial and human resources to the detriment of health care. This development took place independently of and for the most part after the completion of the project. In all, we assess project efficiency as sufficient (Rating 3).

Overarching developmental impact: At project appraisal, the overall objective was defined as improving the state of health of the population, without specifying an indicator, due to the complex causal chain. A slightly beneficial effect has been achieved if maternal and child mortality are taken as retrospective indicators. Judging by the figures, the quality in the two rehabilitated training centres is higher than in other national schools and all trainee leavers so far have been admitted to the public health service. Altogether, we assess the overarching developmental impact of the project as sufficient (Subrating 3).

Sustainability: In hindsight, the long-term impact seems restricted in view of the current sectoral organisation. Administrative decentralisation has been implemented with support from the World Bank components, but is not yet fully effective. Particular deficits are apparent in the organisation of maintenance, the availability of medicine and the requisite budget. Ownership was currently better in the schools and the sustainability of investments appears greater. Sustainability overall is judged to be sufficient (Subrating 3).

Weighing up these aspects, altogether, we attest the programme sufficient developmental efficacy (Subrating 3).

General Conclusions and Recommendations

Limited investment funds should be concentrated regionally instead of nationwide to enable more exact monitoring and possible finance for complementary measures (supply of medication, maintenance, etc.) to raise ultimate effectiveness.

In decentralisation efforts in countries with weak administrations and limited human resources, more attention should be directed to the lower tiers and transition possibly supported with intensive medium-term to long-term resources to prevent long-term adverse effects on the whole system.

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).