

Overview of Terminal Evaluation Survey Results

<b>1. Outline of the Project</b>	
<b>Country :</b> Republic of Kenya	<b>Project title :</b> May 2001 to March 2003: Research and Control of Infectious Parasitic Disease Project April 2003 to April 2006: Eastern and Southern Africa Centre of International Parasite Control (ESACIPAC) Project
<b>Issue/Sector :</b> Health	<b>Cooperation scheme :</b> Technical cooperation
<b>Division in charge :</b> Infectious Disease Control Team, Group 4, Human Development Department, JICA	<b>Total cost (at evaluation) :</b> 723 million yen*
<b>Period of Cooperation</b>	<b>(R/D):</b> May 1, 2001 to April 30, 2006
	<b>Partner Country's Implementing Organization :</b> Kenya Medical Research Institute (KEMRI), Ministry of Health, Ministry of Education
	<b>Supporting Organization in Japan :</b> Keio University, Nagasaki University, Tokyo Medical and Dental University, Ministry of Health, Labour and Welfare, International Medical Center of Japan, Japan Association of Parasite Control
<b>Other Related Cooperation:</b> Infection and Parasite Control Facility Construction Plan (2004)	
<b>1-1 Background of the Project</b>	
<p>The Kenya Medical Research Institute (KEMRI) is a core medical institute in the Republic of Kenya (hereinafter referred to as Kenya). Japan provided cooperation from May 1990 to April 2001 to control hepatitis, diarrhea, AIDS, and acute respiratory infections, a major cause of death among children, through the Infectious Disease Control Project Phases 1 and 2. The project was followed by the Research and Control of Infectious Parasitic Disease Project which was launched in May 2001 with purposes to provide support for controlling HIV/AIDS and viral hepatitis, in relation to their blood safety and support for opportunistic infection and to develop human resources and build information network for parasite control in Kenya and its neighboring southeastern African countries, as part of the Global Parasite Control Initiative.</p> <p>The initiative was proposed by a former Prime Minister Hashimoto at the Denver Summit in 1997. At the Birmingham Summit in the following year, Japan proposed to set up centers for human resources development and international networking in Asia (Thailand) and Africa (Kenya and Ghana) for effective parasite control. It was supported by other G8 leaders. The initiative is based on an idea that parasite control through school health education is effective, an idea Japan learned from its experience. It aims to promote prevention of reinfection of parasitic diseases through school health education for children rather than random mass deworming. JICA has implemented technical cooperation projects in Thailand, Kenya and Ghana to materialize the initiative. In Kenya, it constructed the Eastern and Southern Africa Centre of International Parasite Control (ESACIPAC) within KEMRI and launched the Research and Control of Infectious Parasitic Diseases Project in May 2001. For more effective cooperation, this project was divided into the Eastern and Southern Africa Centre of International Parasite Control (ESACIPAC) Project and KEMRI Research and Control of Infectious Diseases Project which targeted for HIV/AIDS, viral hepatitis and opportunistic infections.</p>	

\* Cost for cooperation for the period from May 2001 to March 2003 under the name of the Research and Control of Infectious Parasitic Disease Project was divided into cost for the International Parasite Control Project and cost for the Research and Control of Infectious and Parasitic Diseases Project at the Kenya Medical Research Institute (KEMRI). The cost for dispatching long-term experts (chief advisor and operational coordinator) involved in the entire project was posted in duplicate as cost for each project.

## 1-2 Project Overview

The project was implemented to launch the ESACIPAC, develop a parasite control model through school health education, hold training and workshops, and build information network in order to materialize the Global Parasite Control Initiative at the KEMRI.

### (1) Overall Goal

Control programmes and applied field research on parasite control are strengthened through capacity

### (2) Project Purpose

ESACIPAC performs the role of the centre for human resource development and human/information network establishment in Kenya and participating countries in order to strengthen effective control of the targeted parasitic diseases.

### (3) Outputs

1. ESACIPAC as an international centre is strengthened to carry out its mandates effectively
2. Appropriate strategies for control of targeted parasitic diseases, for which school health-based model is being established in Kenya, are developed.
3. Policy makers and concerned members of the participating countries are sensitised and committed to the project.
4. Appropriate training to enhance human capacity is undertaken.
5. Information and human network on parasite control is developed with the participating countries, ACIPAC, WACIPAC, international organizations and other institutions.
6. Applied field research activities are undertaken, including application / development of appropriate tools.

### (4) Inputs (at evaluation)

#### Japanese side :

Long-term Expert: 9

Short-term Expert: 14

Trainees received: 5

Equipment: 62.040 million JPY

Local cost: 121.929 million JPY

#### Kenyan Side :

Counterpart (C/P): 36

Local cost: Ksh.15,983,566 (equivalent to 25.573 million JPY)

Land and Facilities: Office, training facility

## 2. Evaluation Team

<b>Members of Evaluation Team</b>	Team Leader: Dr. Akira HASHIZUME, Senior Advisor, Human Development Dept., JICA Parasite Control: Dr. Tsutomu TAKEUCHI, Professor, Dept. of Tropical Medicine and Parasitology, School of Medicine, Keio University Evaluation Planning: Mr. Kohei TAKIMOTO, Staff, Infectious Disease Control Team, Group 4, Human Development Dept. JICA Evaluation Analysis: Ms. Keiko KITA, Researcher, Global Link Management Inc.
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<b>Period of Evaluation</b>	Jan.24, 2005 to Feb. 18, 2005
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<b>Type of Evaluation</b> : Terminal Evaluation
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## 3. Results of Evaluation

### 3-1 Verification of Outputs

#### (1) Achievement of Project Purpose

From the PDM-based evaluation viewpoint, it is fair to say that the project purpose was mostly fulfilled as the following four indicators were achieved to a good degree: 1) human resources development in Kenya and its neighboring countries, 2) building and use of ESACIPAC-based information network, 3) development of guidelines for parasite control in Kenya, and 4) applied field research on parasite control.

Indicators 1) human resources development in Kenya and its neighboring countries and 3) development of guidelines for parasite control in Kenya had significantly remarkable outputs. As for 1), a total of 56

policy personnel and project managers from the Ministry of Health and the Ministry of Education in Kenya and 7 neighboring countries participated in 3 international training sessions on parasite control after 2003. Although concrete effects of the sessions in neighboring nations are yet to appear, development and enhancement of partnership between the two ministries in Kenya led to the development of a more comprehensive model that combines deworming, school health education, and environment and sanitation in a pilot project in Mwea division. As for 3), the project led to the development of guidelines for school deworming. The guidelines were recognized as national guidelines by education and health ministries. As for 2), ESACIPAC-related information is shared via various media formulated by ESACIPAC. As for 4), applied survey and research on parasite control is conducted at several sites.

## **(2) Achievement of Outputs**

All activities planned under 6 outputs had been already completed at the time of the terminal evaluation. The degree of achievement differs by outputs. Judging from the survey results from review of existing document, interviews and questionnaire survey with concerned parties, the degree of achievement of Output 2 (pilot project in Mwea division in particular) and degree of satisfaction of involved parties are the highest. As for Output 4 (international training), however, training programs for technologists that were originally planned are still in the planning stage. As for Output 3 (awareness campaign and pilot project in neighboring countries), the achievement level is limited as the pilot project is yet to be carried out. As for Output 1 (of enhancement of functions of the ESACIPAC, function of conducting training sessions in particular) and Output 5 (construction of information network), with regard to organizational management and promotion of personnel exchange with other parasite control centers (in Asia and West Africa), their quality need to be further improved. As for Output 6 (applied survey and research on parasite control), it is fair to say that it is achieved as applied research directly connected with parasite control was carried out smoothly and the result was approved as a research paper by the KEMRI.

## **(3) Implementation Process**

During the five years of cooperation period, the project was carefully carried out for the first two years (May 2001 to April 2003) before it was divided into two. It is mainly because allocation of Kenyan counterparts in charge of logistics of training required several months and no fulltime ESACIPAC director was assigned. Allocation of a fulltime center director in June 2003 accelerated the project. Project monitoring was conducted regularly through the JCC (Joint Coordination Committee) and the PIC (Project Implementation Committee). No mid-term evaluation was conducted as the direction of the project was being consulted when it was divided into two projects.

## **3-2 Summary of Evaluation Results**

### **(1) Relevance**

This project is highly relevant. It was launched in accordance with the Global Parasite Control Initiative (Hashimoto Initiative) proposed by the Japanese government and agreed on by leaders of member states at the Birmingham Summit (May 1998). Thus, it is highly consistent with Japan's priority policies.

Because the infection rate of the target diseases (malaria, soil-transmitted parasite, bilharziasis, and filaria) is high in Kenya and its 7 neighboring countries, it also matches the needs of the area and target group. National laws and national programs related to parasite control or school health education had been already developed in some of the 7 countries before the implementation of this project. The project assisted such local efforts. In Kenya, for example, national programs to control malaria, soil-transmitted parasite and filaria had been already formulated. Zambia also had made such programs to control malaria and filaria. Tanzania and Uganda had already launched a national program and a national action plan, respectively, to control soil-transmitted parasites. Tanzania and Botswana already had school health education programs.

It was also relevant to choose the research institute of KEMRI as a counterpart. Because the KEMRI has had experiences in domestic training programs and it has many parasitologists, it has comparative superiority as it is capable of utilizing the result of applied research in Mwea district to design various activities in pilot projects. The KEMRI provides sufficient personnel and financial support for the ESACIPAC that was established in the KEMRI. Thus, it is fair to say that the implementation system of the project is reasonable.

## **(2) Effectiveness**

The accomplishment level of the 6 outputs was effective to achieve the project purpose. This project is also effective in terms of its contribution to Kenya itself. Effectiveness in terms of its contribution to its neighboring countries needs to be improved when it is judged from its contribution to the ESACIPAC's capacity to 1) provide international training programs and 2) contribute to local human resources development.

As for 1), the effect of technical transfer of management and provision of training sessions for ESACIPAC counterparts was limited. Although the training committee was launched in the ESACIPAC, programs were mainly carried out under the initiative of the director of the center and the committee needs to improve its function to manage and provide such programs. The training module that reflects the Global Parasite Control Initiative was yet to be completed at the time of the evaluation, which is a future task. As for 2), according to answers of the questionnaire by training attendees from Kenya and its neighboring countries, the training programs gained high marks and nearly 50 percent answered that they taught their colleagues what they learned at the training through in-house training and OJT programs. Thus, ESACIPAC's international training contributed to human resources development in the neighboring countries.

## **(3) Efficiency**

There is room for improvement of efficiency of the project. From the answers of interviews and questionnaire, Japanese experts and Kenyan counterparts said that the expertise field of some experts and timing and duration of dispatching them did not meet the needs in some cases. During the 5-year project, 5 counterparts were dispatched to Japan for training. However, its contents and relationship with the project were not clear and it was difficult to make use of the results for the project in some cases. Thus their contribution to the project was limited at the time of the evaluation.

As for provision of equipment, its quality, volume, type and timing were all appropriate, according to opinions from Kenyan counterparts. One example is that when scales, body height meters, and cabinets to store students' health cards were provided to a participating elementary school in the pilot project, follow-up activities were conducted properly in the school, as an instruction manual was developed and instructions were given for correct use of scales and height meters.

## **(4) Impact**

Some positive impacts were recognized in Kenya. The impacts on policies and programs of parasite control of the Ministry of Health and school health education of the Ministry of Education were: 1) the ESACIPAC introduced the concept of school health education, a school health program was introduced in the Kenya Education Sector Support Program: 2005-2010, and a decision was made to provide a subsidy of Ksh. 55,000 annually to improve school environmental health all over the nation after 2005; 2) the Ministry of Health decided to implement a deworming program in 6 districts within the framework of the Second National Health Sector Strategic Plan of Kenya: 2005-2010; and 3) the School Health Law is at the final stage toward enactment.

The pilot project in Mwea district had the following impacts: 1) the infection rate of bilharziasis and soil-transmitted parasitic diseases decreased by more than 70 percent as a result of the first deworming session. As the students' health condition was improved, their absence rate declined, which resulted in better academic performance; 2) health education helped increase the rate of students (and their parents and siblings) wearing shoes and changed students' behaviors—more students wash their hands and they use the toilet neatly, for example; 3) raising awareness of teachers who play an important role in health education led them to hold health clubs and health day voluntarily; and 4) residents' awareness was raised in the process of toilet construction, which helped them understand the importance of sanitation. No negative impact was reported.

Regarding the achievement level of the overall goal, the impacts in neighboring countries are likely to be limited. However, if policy and financial support is provided and the ESACIPAC is enhanced continually for project sustainability, human resources development and research capacity improvement in this field can be expected.

## **(5) Sustainability**

It is fair to say that the base for the maintenance and development of the outputs of the project is

established. The key to its sustainability is the continuation and acceleration of policy, financial and organizational support for the ESACIPAC from the KEMRI and financial support from the international community for international training programs offered by the ESACIPAC and projects to be carried out by their participants in the target countries.

According to the budget allocation during the project and the budget for the next 3 years, policy and financial support for the ESACIPAC is likely to be continued. The parasite control activities is one of the goals of KEMRI master plan (Strategic Master Plan: 2005-2015), which is in line with the National Health Sector Strategic Plan: 2005-2010.

As for financial support, the project budget provided for the ESACIPAC by the KEMRI has increased year by year for the last 3 years and it is planned to further increase for the next 3 years. The KEMRI is accelerating its efforts to enhance its organizational capacity. For example, it is increasing its manpower for the ESACIPAC and the local training committee was set up within the ESACIPAC in 2005.

The training center constructed in the KEMRI with grant from Japan is slated to open in March 2006. The ESACIPAC is likely to enhance its presence as a local center not only in Kenya but in the neighboring countries.

### **3-3 Factors that Promoted Realization of Effects**

#### **(1) Factors concerning to Planning**

No specific factor

#### **(2) Factors concerning to the Implementation Process**

- The KEMRI provided sufficient support for the ESACIPAC for its operation.
- The current ESACIPAC director who assumed the post in June 2003 was very committed to the project.
- Participation of staff members of other centers in the KEMRI in the project made its operation more smooth.

### **3-4 Factors that Impeded Realization of Effects**

#### **(1) Factors concerning to Planning**

- Because the first 2 years of the project consisted of infection control and the Research and Control of Infectious Parasitic Disease Project, the contents that were later divided into two projects were carried out concurrently.
- Because the indicators for outputs in PDM that was modified when the project was divided into two indicated the achievement of the project activities rather than outputs as a result of the activities, it impeded common recognition among members involved in the project.
- The training module that reflects the Global Parasite Control Initiative was yet to be completed when the project was evaluated, because (i) the pilot project in Mwea district was finally presented to the participants as a model at the 3<sup>rd</sup> international training program (February 2005), and (ii) ESACIPAC personnel who had participated in the international training programs at other centers (Asian Center of International Parasite Control (ACIPAC) and West Africa Centre for International Parasite Control (WACIPC) had little involvement in the formulation process of the training module and curriculum.

#### **(2) Factors concerning to the Implementation Process**

- There was no fulltime ESACIPAC director until the project was separated into two (April 2003), either being temporary or serving concurrently as the KEMRI director.
- It took time to have common understanding for the project purpose and the concept of the Global Parasite Control Initiative shared among the ESACIPAC project team members (including Japanese short-term experts and KEMRI staff members who were given the double duties).
- Responses to the decision of the pilot project site and delay of the completion of the training center were not always swift.
- Some Japanese experts and Kenyan C/P mentioned in the interview or questionnaire that the expertise and timing and duration of the dispatch of some experts did not meet the needs.

### **3-5 Conclusion**

Because the PDM-based evaluation recognized outputs in general, it is fair to conclude that the project purpose was mostly achieved. Because the KEMRI has established a system to support ESACIPAC's

operation, sustainability of the project can be expected.

The significant output of the project was the parasite control efforts through school health education especially in the pilot project site. The model is expected to be established as a package program that can be applied in the neighboring countries to be spread through the third country training for further promotion of parasite control through school health education.

### **3-6 Recommendations**

- (1) Japanese and Kenyan sides need to conduct joint review of the international training module to revise it as a module that includes the concept of the Global Parasite Control Initiative.
- (2) The pilot project in Mwea district (Output 2) that was finally presented at the international training program in February 2005 needs to be made into a report and the standing of the model program in international training programs need to be clarified before the termination of the project.
- (3) As part of efforts to improve ESACIPAC's ability to provide international training, the methods of effective follow-up for participants in international training programs should be studied.
- (4) Development in neighboring countries that was limited should be examined in terms of how to utilize support from international and support organizations.

### **3-7 Lessons Learnt**

- (1) The effectiveness of the approach via school health education for parasite control was recognized through the pilot project.
- (2) When the Mwea model is introduced to participants in international training programs, it is important to show its validity together with substantial data obtained through operational research.
- (3) PDM's indicator for the output should not indicate the achievement level of the project activities. It is important to set up indicators that show the outputs as a result of the activities.
- (4) When C/P training is conducted, it is important to clarify its standing in the overall project plan and select appropriate participants so that the training effects can be utilized.

### **3-8 Follow-up Situation**

After the termination of the project, cooperation through the third country training is planned so that ESACIPAC's function of providing training for human resources development for parasite control in Kenya and its neighboring countries will be enhanced.

