Zimbabwe

The Infectious Disease Control Project

Project Sites Harare City, 8 Districts (UMP, Hurungwe, Mt. Darwin, Lupane, Bulilimamangwe, Gukwe, Chipinge, and Mweneji)

1. Background of Project

In Zimbabwe, infectious diseases have been among the top causes of deaths to people of all ages, and the control of these diseases has been placed as one of the most urgent issues of Zimbabwe's national plan. To promote government projects on the prevention of infectious diseases, the Government requested of Japan a project-type technical cooperation in 1995. The requested cooperation was in areas of epidemiological survey, the development of a nation-wide diagnosis and analysis system, and strengthening of the Ministry of Health and Child Welfare (MOHCW) and its inspection stations for malaria, TB, schistosomiasis, HIV, and Acute Respiratory Infections (ARI). In response, the Government of Japan implemented this Project in order to strengthen capabilities on epidemic tests, diagnosis and epidemiological data analysis for schistosomiasis and malaria.

2. Project Overview

(1) Period of Cooperation

1 July 1996 – 30 June 2001

(2) Type of Cooperation

Project-type Technical Cooperation

(3) Partner Country's Implementing Organization

Ministry of Health and Child Welfare (MOHCW)

(4) Narrative Summary

1) Overall Goal

The major infectious disease control activities of the concerned sections of the MOHCW are strengthened.

2) Project Purpose

a) Major specified infectious diseases such as malaria and schistosomiasis are controlled in the eight model districts.

b) The existing draft of the National Schistosomiasis Control Policy is formalized based on the Project's experiences.

3) Outputs

a) In malaria control,1) case management is improved,2) community awareness and participation are improved, and 3) insecticide treated mosquito net (ITMn) is promoted.

b) In schistosomiasis control, 1) the existing draft of the National Schistosomiasis Control Policy is formalized and adopted by Provincial Medical Directors, 2) case management is improved, and 3) awareness and participation of school children are improved.

4) Inputs

Japanese Side

Long-term experts	8
Short-term experts	9
Trainees received	11
Equipment	167 million yen
Local cost	37 million yen

Zimbabwean Side

Counterparts
Equipment
Land and facilities
Local cost

3. Members of Evaluation Team

Team Leader/Malaria:
Hiroshi TANAKA, Professor Emeritus, Tokyo University

Schistosomiasis:
Yoshiki AOKI, Professor, Department of Parasitology, Institute of Tropical Medicine, Nagasaki University

Evaluation & Analysis:
Kimiko ABE, International Development Center of Japan

Cooperation Planning:
Hiroko TANAKA, Second Medical Cooperation Division, Medical Cooperation Department, JICA

4. Period of Evaluation

3 December 2000 − 21 December 2000

5. Results of Evaluation

(1) Relevance

The project purpose was consistent with the policies of Zimbabwe as well as the needs of the people; it is therefore considered relevant.

(2) Effectiveness

As a result of technology transfer, activities to control malaria and schistosomiasis in the model districts have strengthened.

It is notable that "School, Screening, Treatment and Education" (SSTE) [1] was implemented. SSTE was widely accepted by counterparts as a reasonable and easy approach for schistosomiasis control. Experts provided SSTE training to the staffs of all 131 local health centers in model districts, and to district and provincial level health officers. These trained staffs conducted SSTE at 78.9% of all 631 primary schools in the model districts within the period of two years. Moreover, 83.9% out of 102 thousand enrolled school children underwent screening, and 99.4% of infected children were treated.

Also, with the project's appeal, a policy measure on a national schistosomiasis control was formalized for the final draft, thus the effectiveness of this project can be seen.

It will take time until the ITMn promotion shows any effects, since the people had never used mosquito nets before 1994.

(3) Efficiency

The inputs were generally efficient, but some factors hindered efficiency: the time required for selecting model districts and activities, reluctance on the Zimbabwe side to bear local costs for schistosomiasis control, and travel restrictions to rural area due to political instability and lack of fuel.

(4) Impact

Provincial health officers participated in project activities and therefore have the potential to expand similar activities to non-model districts in the province.

The MOHCW decided to use the health education materials and rapid diagnosis kit for malaria outside the model districts, and is planning to promote infectious disease control activities on a nationwide basis.

The MOHCW recognized the effect of schistosomiasis medicine used by the Project, and gave permission to stock it at health-center levels, instead of at district hospital levels. This change has enabled a wider perspective of SSTE activities.

A staff handing out cups for urine testing

(5) Sustainability

Malaria control will be sustainable since the MOHCW has secured a permanent staff and program and the budget with WHO support. However, the organizational and operational sustainability of schistosomiasis control has not been completely assured since the Government has not yet adopted the policy on a formal basis. Positive aspects are the remaining possibility of a formal adoption of the policy, and the high motivation of local personnel in charge of SSTE implementation.

6. Lessons Learned and Recommendations

(1) Lessons Learned

At the early stages of the project, experts were classified broadly into two categories, epidemiologist and parasitologist, which caused each scope of the work to be too broad and unclear. In the later half, focus was given to malaria and schistosomiasis control, resulting in more effective activities. Clarification of the area of the project from the beginning is necessary for a more effective project management.

(2) Recommendations

A follow-up survey to understand the effectiveness of the SSTE is recommended to encourage the approval of the Policy.

[1] The basic flow of SSTE activity is as follows: The health center staff (health lab technicians or nurses) visit concerned primary schools, collecting urine from pupils, testing through the urine paper test method, and distributing medications to schistosomiasis positive children.

Zimbabwe

Construction of Pediatric Facilities of Harare Central Hospital

Project Sites Harare

1. Background of Project

Child mortality in Zimbabwe can be as high as 73 out of 1000 live births (in 1998), and it is an urgent issue for the Government of Zimbabwe to improve the capability of the medical services for children. Under such circumstances, the Ministry of Health and Child Welfare established a policy to decrease child mortality to less than 50 out of 1000. As the concrete measure for the policy, a plan was made for the maintenance and the expansion of the facilities of the Harare Central Hospital pediatrics in the capital Harare. As for phase one, the construction of the facilities for the outpatient and the parts of the facilities such as the intensive care unit were completed by the cooperation of Canadian International Development Agency (CIDA). Regarding the phase two, the original plan was for the Government of Zimbabwe itself to construct the facilities and obtain the medical equipment. However, it was not possible due to a lack of the budget. Therefore, the request for the Grant Aid was made to Japan.

2. Project Overview

(1) Period of Cooperation

FY 1995 − FY1997

(2) Type of Cooperation

Grant Aid

(3) Partner Country's Implementing Organization

Ministry of Health and Child Welfare
Harare Central Hospital

(4) Narrative Summary

1) Overall Goal

Child mortality is reduced around Harare city

2) Project Purpose

Child medical services are improved at the Harare Central Hospital.

3) Outputs

a) Pediatrics facilities at the Harare Central Hospital are constructed.

b) Supply of medical equipment to the Harare Central Hospital pediatrics is procured.

4) Inputs

Japanese Side

Grant 1310 million yen (E/N amount)

Zimbabwean Side

Land and facilities

3. Members of Evaluation Team

JICA Zimbabwe Office
(Commissioned to Ernest and Young Associates (Private) Limited)

4. Period of Evaluation

February 2001

5. Results of Evaluation

(1) Relevance

Since January 2001, the Government of Zimbabwe has given full exemption for medical service expenses for children of less than five years old. From this also, the strength of the concern of the Government of Zimbabwe about the child medical services can be observed. Since this project has the objective of reducing the child mortality of Zimbabwe, it can be evaluated as being in accordance with the stated policy of the Government of Zimbabwe on child medical care.

Moreover, high child mortality had been recorded in the Harare Central Hospital pediatrics, and therefore, the

installation of the medical facility and equipment were also the desires from the circumference residents and the pediatrics staff. From this also, the relevance of this project is extremely high.

(2) Effectiveness

By this project, medical facilities such as operating rooms and wards were built, and the number of the beds increased from 81 to 102 in the internal medicine department ward, and from 45 to 51 in the surgical ward. Medical equipment such as an operating table and an X-ray inspection device are also made available. Accordingly, the number of child deaths decreased year-by-year, from 1,242 in 1999 to 1,164 in 2000. The rate of discharge from hospital was also improved by approximately 8% every year.

However, when observing the actual state of the practical use of the facilities and the equipment, a tendency can still be seen of depending on the facilities and the equipment that they are used to. This is because the staff of the pediatrics do not understand fully how to use the equipment, and there is equipment provided that has not been used. At the time of evaluation, when six months have passed after project completion, 35% of pediatric operations were conducted in the newly constructed operating room and 44% of equipment is used.

There is no doubt that a certain level of improvement was made in child medical service due to the project. However, regarding the establishment of the system on efficient operation and maintenance of the facilities and the equipment, room to improve still remains.

(3) Efficiency

Regarding the pediatrics facilities construction work, it was possible to complete all the work within the planned period.

As for the procurement of medical equipment, there was no delay in the delivery schedule, and equipment were delivered as ordered in terms of quality and quantity. Based on the above, no problems occurred in procurement of equipment.

(4) Impact

The consultation efficiency of the pediatrics has been improving, and the average number of consultations per day increased from 87.3 in 1999 to 95.3 in 2000. The number of outpatients has also been increasing. This indicates that this project is having a positive impact on the child medical needs of the area inhabitants.

On the other hand, when observing the sickbed operating rates, we can see that shortages are becoming clear, in the increase from 108% in 1999 to 111% in February 2001, and the tendency of one bed to be shared among several people is getting stronger with the year. This high bed operating rate is caused also by external factors such as the change of government policy that made medical service free for children of under five years of age, and the patients was concentrated to the Harare Central Hospital, which does not require the letter of introduction. Therefore, the capacity of the pediatrics was not able to catch up with the increase in the number of patients.

A procured ambulance

(5) Sustainability

When the increase in the number of sickbeds, the decline tendency of the child mortality, and so on, were observed after the cooperation is implemented, the meaning of the existence of the Harare Central Hospital pediatrics in the area will become even greater. In terms of continuing to be supported by the local people, the future sustainability of the pediatrics is recognized.

However, in terms of institutional sustainability, it is necessary for the pediatrics staff to manage the facilities and the equipment more efficiently. Gaining enough public financial support for the future maintenance of the condition of the facilities and equipment are important as well.

6. Lessons Learned and Recommendations

(1) Lessons Learned

Regarding training in operation of the equipment, the effect is small if it is not carried out just before the actual use. Since there are situations such as staff transfers, follow-up to execute the planned training even after the implementation of the project is necessary.

(2) Recommendations

In order to improve the inefficient use of the facilities and equipment, it is necessary to arrange training opportunities for pediatrics staff members.