

Evaluation Summary Sheet

Evaluation conducted by: JICA Ethiopia Office

1. Outline of the Project																	
Country Federal Democratic Republic of Ethiopia	Project Title Laboratory Support for Polio Eradication (LAST) Polio Project																
Issue/Sector Health	Cooperation scheme Project –type technical cooperation																
Division in charge Human Development Dept.	Total cost 245,650,000 yen																
Period of Cooperation 12 April, 2001- 11 April, 2004	Partner Country's Implementing Organization Ethiopian Health and Nutrition research Institute (EHNRI) Supporting Organization in Japan National Institute of Infectious Diseases, Japan																
Related Cooperation	NA																
<p>1-1 Background of the Project In response to the request of the Ethiopian Government, Japan International cooperation Agency (JICA) initiated the laboratory support for the polio eradication, called LAST polio project as part of technical assistance in collaboration with the Africa Polio Laboratory Network Initiative in 2001. The three-year project was terminated in April 2004. The ultimate goal of the project was to eliminate wild polioviruses in Ethiopia while the immediate objective and strategy were to strengthened and expand the national polio reference laboratory at the Ethiopian Health and Nutrition Institute (EHNRI). The "Mid-Term Evaluation" and "Final Evaluation" conducted on December 2002 and December 2003, respectively, verified JICA's Accomplishment. The terminal evaluation was undertaken before the project ended its cooperation. The evaluation report pointed out that the project implementation greatly contributed to improve the capacity of the national polio laboratory. A better polio laboratory was constructed, laboratory facilities (building and equipment) and preventive maintenance were strengthened, skills and knowledge of polio laboratory staff was improved and specimen collection improved.</p> <p>1-2 Project Overview The "Last Polio Project" to strengthen the polio lab at the Ethiopian Health and Nutrition Institute (EHNRI) was successfully accomplished particularly in terms of facilities and manpower. Planned inputs were executed without problem and the accreditation as national referral laboratory (NRL) by world health organization (WHO) has been awarded every year since 2001. The dedication by the Japanese experts and the Ethiopian counterparts in the project implementation process has contributed a lot for the realization of the project. When the project was phasing out some recommendations were forwarded to sustain the project. These include: keeping the technical level of cell cultivation, virus isolation and identification; improving the maintenance system of the lab equipment; supporting human resources and finance within EHNRI; strengthening collaboration with WHO to obtain necessary advice and support and JICA continue to participate in Interagency Coordination Committee (ICC). The purposes of the present Ex-Post Evaluation are to assess the impact and sustainability of the project and summarize recommendations and lessons learned from the result of evaluation</p> <p>Overall Goal To eliminate wild poliovirus from Ethiopia</p> <p>Project Purpose To strengthen the capacity of the National Polio Laboratory belonging to the Ethiopian Health and Research Institute (EHNRI) and accredited by WHO.</p> <p>Outputs</p> <ul style="list-style-type: none"> • Constructing Better polio laboratory • Strengthening laboratory facilities (building and equipment) and preventive maintenance • Improving skills and knowledge of polio laboratory staff • Improving specimen collection <p>Inputs (as of the Project's termination)</p> <p>Japanese side</p> <table border="0"> <tr> <td>Long-term Expert</td> <td><u>2</u></td> <td>Equipment</td> <td>33,681,000 Yen</td> </tr> <tr> <td>Short-term Expert</td> <td><u>5</u></td> <td>Local cost</td> <td>35,838,000 Yen</td> </tr> <tr> <td>Trainees received</td> <td><u>11</u></td> <td></td> <td></td> </tr> <tr> <td>Counterpart</td> <td><u>17</u></td> <td>others: local cost borne by EHNRI: Land, facilities, equipment and utilities</td> <td></td> </tr> </table>		Long-term Expert	<u>2</u>	Equipment	33,681,000 Yen	Short-term Expert	<u>5</u>	Local cost	35,838,000 Yen	Trainees received	<u>11</u>			Counterpart	<u>17</u>	others: local cost borne by EHNRI: Land, facilities, equipment and utilities	
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2. Evaluation Team																	
Members of Evaluation Team	Hailegnaw Eshete (MS, MPH), Lead Consultant Tilahun Teka (MD, Pediatrician), Assistant Consultant																
Period of Evaluation	Day/ month/ Year - Day/ month/ Year 14/09/2006-30/11/2006																
	Type of Evaluation Ex-post																

3. Results of Evaluation

3.1 Summary of Evaluation Results

(1) Impact

The surveillance and response system of wild poliovirus has continued to be effective and successful after the project was phased out; the polio project has influenced the surveillance response system of communicable diseases, other than wild poliovirus; the existing institutional health infrastructures and workforce have been participating and supporting the surveillance activities at all levels; there are inter-sectoral linkages for successful implementation of the surveillance activities wherein Polio eradication is still given high priority by the government and donors and maintained in the national agenda. All the necessary facilities, infrastructure and trained personnel are in place to conduct the surveillance activities in the country. All in all polio interventions in the entire country would have been jeopardized if it were not for this crucial lab.

(2) Sustainability

Capacity improvement/development was observed at institutions level: Federal Ministry of Health (FMoH), EHNRI, Regional Health Bureau (RHB), Zonal Health Bureau (ZHB) and Woreda Health Office (WorHO); community sensitization for strengthening AFP surveillance is still in place and incorporated in to the national Integrated Diseases Surveillance Response (IDSR); NID and SNIDs (mop-up campaigns) are still going on across the county based on the surveillance report; financial support continues to flow from WHO for AFP; the laboratory facilities are adequate and quality control is maintained; strong working relationships with polio laboratories in Uganda, South Africa and (Center for Disease Control) CDC, exit accreditation is regularly given by WHO; the project has been involved in joint coordination and advisory committees of the National Polio Certification Committee and National Polio Expert Committee. It is also represented in the non-governmental organizations (NGO)/donor group chaired by the MoH.

3-2. Factors that have promoted project

(1) Impact

Factors that promote the project include: the availability of qualified personnel in the polio lab to facilitate quick response; adequate laboratory facilities and high-tec are in place for quality assurance and reliability of results; donors, government, other stakeholders and the community still consider polio as an important public health problem; surveillance report has become crucial by MoH at the federal level for planning NIDs; government has given special importance to IDSR as it has for polio; focal persons for AFP surveillance and IDSR have been assigned at the regional, zonal and woreda levels; incentive given by WHO has encouraged personnel to be energetic, more committed and actively involve in AFP surveillance.

(2) Sustainability

Many short-term trainings courses and orientation/sensitisation programs have been organized by the RHB in collaboration with WHO; the community is now aware of health benefits of immunization after repeated campaigns; medical surveillance officers have been hired by WHO to coordinate AFP surveillance activities; most of the time it is the donors' interest that has contributed to securing financial resources; new personnel have been added to the polio lab to share duties and responsibilities; there is a smooth working relationship among EHNRI, MoH, RHB and donors particularly WHO; accreditation has been given by WHO

3.3 Factors that have inhibited project

(1) Impact

Such constrained factors include: the physical vastness of the country work against community mobilization and sensitization; there is lack of transportation and electricity in some remote affecting for AFP surveillance; lack of training and replacement of focal persons for AFP surveillance; late identification of cases, loose linkages between surveillance officers and focal persons and lack of incentives for focal persons and lack of an active surveillance system in some areas and misdiagnosis of cases.

(2) Sustainability

Low motivation of the part of some of the technical staff working in the polio lab; lack of incentives (top-up) for technical staff working in the measles lab; lack of advanced training at MS and PhD levels, high attrition rate because of the availability of better opportunities; not competent enough maintenance technicians to undertake preventive maintenance and government's inability to allocate a budget for AFP surveillance.

(3) Others

- Lack of incentive mechanisms to minimize staff turn over and high attrition rate.

3.4 Conclusions

The polio lab at EHNRI is functioning with its full capacity in wild poliovirus isolation under adequate AFP surveillance. The impact and sustainability of the project have been critically reviewed since it greatly influences the polio eradication campaign in the country. The laboratory apparatus and equipment are in good working condition. The majority of the people trained by JICA continue to work in the laboratory. There was no interruption on laboratory work for a single day two years after the project has phased out. The intersectoral linkages of the polio lab with the MoH, RHB, ZHD and WorHO, other donors and stakeholders have been noted to be in a good condition. WHO and CDC have certified the AFP surveillance.

Major problems encountered to affect impact and sustainability include, physical vastness of the country, high attrition of trained personnel, limitation of continued training and refreshment courses for focal persons (IDS officers), lack of strong supervision, lack of motivation and incompetent maintenance technician to undertake preventive maintenance.

3-5 Recommendations

All levels (Federal, Regional, Zonal, Woreda)

- Long and short training and refresher courses should be organized frequently to overcome problems related to attrition and replacement of leaving, for one reason or another, of focal persons;
- Supervision at all levels should be re-instituted in order to strengthen it;
- Improve data collection, analysis and dissemination.

EHNRI

- Existing data at the polio lab should be analyzed and the information disseminated before it becomes outdated;
- Give due consideration for strengthening preventive maintenance and upgrading the polio lab facilities;
- Maintaining if not increasing the motivation of the technical staff also needs attention;
- Provide refresher and advanced training for the lab personnel;
- Integration of polio lab with measles in the future.

Federal level

- Donor dependency should be minimized and the government needs to allocate earmarked budget for polio eradication
- Improve immunization coverage by intensifying NID and SNID programs.

Regional level/Zonal level

- Develop community training manual for AFP;
- Achieve uniformity of quality of surveillance;
- Work with local media on AFP surveillance to improve community sensitization.

Woreda level

- Strengthen supervision in areas where AFP surveillance reporting is weak;
- Encourage AFP focal person to spend more time in the field.

Community level

- Improve community participation;
- Establish community structure to participate in AFP surveillance.

Donors/Stakeholders level

- Provide financial and technical support to strengthen NIDs and SNIDs to increase immunization coverage;
- Increase participation in the Inter-agency Coordinating Committee;
- Provide assistance to purchase equipment and supply when requested by the polio lab.

3.6 Lessons Learned

The Federal Ministry of Health initiated Integrated Diseases Surveillance (IDS) focusing on 17 priority diseases in 1996. At present, data is collected primarily from health centers and hospital on 22 priority diseases including polio. The AFP surveillance quality at national level continues to show progressive improvement from year to year. However, achieving uniform quality of surveillance at the lower level of the administration system in the country, especially at zonal and woreda levels, where transportation facilities are inaccessible remains a great challenge. Improving surveillance activities in the remotest part of the county is crucial for ruling out undetected transmission of poliovirus. Community participation in IDSR/AFP/ surveillance needs to be strengthened through strengthening community level information exchange, effective social mobilization and collaboration with faith based organizations and traditional healers.

High staff turnover and attrition of trained personnel including IDS focal persons was the major challenge among others hampering the surveillance program. Retaining of human resources is critical issue in the health sector that requires policy intervention. Special emphasis should be given to strengthen the surveillance activities in priority areas through long term human resource development to ensure the availability AFP/IDS focal persons at all levels.

3-7 Follow-up Situation

Recommendations in this report are based on critical review of the ex-post evaluation and drawn from the lessons that can be learned from this evaluation study are forwarded not to one single institution but to all stakeholders that are engaged in the polio eradication program in Ethiopia. Recommendations forwarded in this report at various levels should be given due consideration to intensify the ongoing eradication program. Thus, active surveillance and regular supervisory support from national and regional levels is encouraged in addition to strengthening of the routine vaccination program particularly OPV3.

Some of the issues for follow up activities at the polio lab include: Maintenance of the existing lab, expansions of the work by introducing new techniques and provision of equipment and supply, strengthening preventive maintenance and human resource.