

添付資料 4-1 評価結果要約表(英語およびネパール語)

(1) 英語

Summary

Evaluation conducted by: Kyoko KOJIMA

1 .Outline of the Project		
Country: Nepal		Project title: Community Tuberculosis and Lung Health Project
Issue/Sector: Health/Medical care		Cooperation scheme: Project type technical cooperation
Division in charge: Human Development Department		Total cost: about 489 million yen
Period of cooperation	(R/D) 2000.9.25～ 2005.9.24	Partner country's implementing organization: National Tuberculosis Centre (NTC), Child Health Division of Health Service Department (CHD/DHS), and National Health Education, Information and Communication Centre (NHEICC); (above there under the Ministry of Health and Population: MOHP)
		Supporting organization in Japan: Japan Anti-Tuberculosis Association / Research Institute of Tuberculosis
Related Cooperation:	Grant Aid for West Region Public Health Control Project (1976-1986) Grant Aid for National Tuberculosis Centre (1987-1989) Project type technical cooperation for The National Tuberculosis Control Project Phase I (1987-1994) Project type technical cooperation for The National Tuberculosis Control Project Phase II (1994-2000)	
1-2 Background of the Project		
<p>Japan had been assisting the Government of Nepal to further the National Tuberculosis (TB) Control Program since 1987. The preceded '<i>National Tuberculosis Control Project Phase I</i>' was the comprehensive technical cooperation including the adaptation of DOTS strategy in 1996 as well as the linkage of other two Grant Aids, i.e., the development of National Tuberculosis Centre (NTC) in Kathmandu and West Region Tuberculosis Control Centre in Pokara. The said cooperation enabled the Nepal to have consistent tuberculosis control over the nation, and the regional TB control was greatly enhanced. Improvement of cured rate was shown at the following Phase II with the achievement of DOTS treatment outcomes. On the other hand, TB control in urban and hard-to-reach areas still remained to be improved along with high prevalence rate of lung diseases, the effective measures to improve the lung and respiratory health were the issues. In this respect, Nepal Government requested Japan to implement the evaluated technical cooperation '<i>Community Tuberculosis and Lung Health Project</i>' (hereinafter referred to as 'the Project') and the Project was jointly implemented from September 2000 to September 2005 (five years).</p>		
1-2 Project Overview		
(1) Overall goal		
Lung health among the people is improved		

<p>(2) Project purpose</p> <p>1. Overall performance of NTP is further improved</p> <p>2. Functional Models for improved community ling health care are established</p> <p>(3) Outputs</p> <p><Outputs for the project purpose -1 ></p> <p>A The managerial capacity of the NTP is further strengthened</p> <p>B Management system for the laboratory and logistics of the NTP is made sustainable</p> <p>C Models for TB control in urban and hard to reach areas are established</p> <p><Outputs for project purpose -2 ></p> <p>D Case management of children with ARI is improved in selected areas</p> <p>E Case management of adults with respiratory illnesses is improved in selected areas</p> <p>F Communities adopted measures for anti-smoking</p> <p>(4) Inputs (as the Project's termination)</p> <p>【Japanese side】</p> <ul style="list-style-type: none"> • Long-term experts : five persons (133.8 M/M for Chief advisor, Coordinator and Lung health) • Short-term experts: 14 persons (13.8M/M for TB control, Epidemiology, Lung health, Laboratory technology, Logistics management) • C/P Training: 15 persons (6 in Japan and 9 in other countries) • Equipment provision: about 4.3 Million Yen • Total cooperation cost : about 489 million yen (including 9.6 million yen for local activities) <p>【Nepalese side】</p> <ul style="list-style-type: none"> • Assigned personnel: 23 persons from NTC, Kathmandu Public Health Department of MOHP, Kathmandu City Public health and Social Welfare Division, DOTS volunteers, Rupandehi Public Health Department, Health workers, Female community health workers etc.) • Facilities for activities: NTC (including office spaces for JICA experts)、Office at Rupandehi Public Health Department, and other local site. • Cost for local activities: NTP budget, and others. 	
2 Evaluation team	
Member	Evaluation Analysis Kyoko KOJIMA Senior Consultant, Social Development Department, INTEM Consulting Inc.
Period of evaluation (in Nepal): 25 May, 2009 to 7 June 2009	Type of evaluation: Ex-post
3 Project Performance	
<p>3-1 Performance of Project Purpose</p> <p>Clear achievement was found in terms of project purpose -1: Overall performance of NTP is further improved and proper achievement was recognized in terms of project purpose -2. Functional Models for improved community ling health care are established. The status after the completion of the Project is summarized as follows:</p> <p>In reference to the project purpose -1, i.e., TB control area, DOTS was introduced in whole 75 districts within the period and the DOTS centre and sub-centre have been increasing even to date: Nepal has currently 1079 DOTS centre (391 in 2005) and 3147 sub-centre, and has achieved the 4226 in total during</p>	

FY 2008/09. Success (cured) rate among registered TB patients accounts for 89% and 86% in new smear positive patients, which are over the target set by WHO. NTP achieved the almost all the indicators set by the Project on the aspects of hardware (facility) as well as software (technology) and has been developing their performance of national level.

In reference to the project purpose -2, i.e., Lung health area, the ratio of severe pneumonia children in IMCI by health facilities (HF-IMCI) has not shown the big change from 2004 to 2006, the accessibility of patient children to health care can be said improved as the registration numbers including treatments and follow-ups for severe pneumonia children has been increased along with the expansion of IMCI activities.

3-2 Achievement related to Overall goal

Morbidity and mortality rates of TB were greatly improved in the past two decades: Morbidity rate against 100,000 changed from 640 in 1990, 260 in 2004, to 260 in 2004, to 240 in 2007. Mortality rate against 100,000 changed from 51 in 1990, 25 in 2004 to 23 in 2007. In terms of DOTS treatment outcomes, the national proportion rates of smear positive, smear negative and extra-pulmonary have almost achieved the target by WHO together with improvement of national level success rate. This achievement shows the clear outcomes of TB control in Nepal, although some regional divide found.

In terms of IMCI, the scale and activities of its registration have been expanded and the importance of CB-IMCI and its activities have been continued as the Project period. As more patient children have been registered, more patient children have received the professional care (follow-up and medical treatment etc) : this shows the expansion of accessibility to IMCI health services by children.

3-3 Follow-up of the Recommendations by Terminal Evaluation Study

The followings are the part of measures taken.

(1) NTC is to examine the change in the sampling size for EQA to new QC system of WHO/IUATLD

Sampling size had been changed and NTP has been under standardization in all districts.

(2) NTC cooperating with MOHP provides training for the maintenance of microscope

National Public Health Laboratory (NPHL) of MOHP periodically implements the microscope training to laboratory professionals such as medical technologist with 7-days training for microscope operation and maintenance. NTC also conducts the microscope and analysis training for regional laboratory technologists.

4 Result of evaluation

4-1 Summary of evaluation results

(1) Relevance

Relevance was highly recognized as the Project had the effective approach meeting the needs of beneficiaries and target groups, and it was very consistent with Nepalese health sector policy as well as the JICA's assistance policy to Nepal. The methodology taken was outstandingly proper: in urban area TB control the Project activated the public and private community / regional human resources working together to improve the accessibility and referral. Concerning IMCI, the Project focused on community resources for promoting CB-IMCI to expand the IMCI treatment and health services. Regarding tobacco control, the

Project made health workers got involved in the activities and enabled schools and health institutions to work together for anti-tobacco promotion and lung health. These measures taken based on national policies and beneficiaries needs with special concerns on regional characteristics were effective approach and it is also recognized important approach for health system enhancement of the country.

(2) Effectiveness

Effectiveness of both NTP (TB control) and ARI components was good, and the effectiveness of anti-tobacco component was appropriate meeting to the scale of input (period and activities). In TB control, the Project enhanced DOTS treatment outcomes by committing the world standardized strategy DOTS which is recognized its high cost-effectiveness. NTP improved and has been improving their performance in both hardware (facility) and software (technology) aspects in terms of adaptation of DOTS in the all 75 districts, success rate, smear positive patient finding rate, agreement rate and false positive/negative rates in smear test etc.

The Project made a contribution in IMCI introduction by Nepal and served monitoring by District Public Health Department, health faculties (HF-IMCI), and female community health volunteer (CB-IMCI) especially in Acute respiratory infection (ARI) control which enabled the improvement of follow-ups.

Concerning anti-smoking component, while knowledge expansion and positive change of action were found among teachers and health volunteers and workers at health centers, the 1 direct positive effects against tobacco users were quite small.

(3) Efficiency

Achievement by outputs was satisfactory level to considerable extent in TB control and IMCI/ARI components, and some extent in anti-smoking component. Scale, field and timing of inputs were highly appropriate and the technology targeted also met the needs. In general, the efficiency of the Project was recognized satisfactory level.

In general, the inputs by both sides were done as planned in terms of scale, fields, quality and timing. The level of transferred technology met the needs of Nepalese side, although there were some delays on JICA expert dispatch, C/P assignment including NTC staff which affected the smooth use of laboratory / research equipment procured. The Project also paid special concerns in coordinating with other stakeholders so as to escape the duplication of activities.

(4) Impact

Although it is hard to tell how far the Project directly contributed the fulfillment of overall goal, clear enhancement TB control and expansion of IMCI have been recognized.

There is great improvement in morbidity and mortality rates on TB in two decades, which indicates the outcomes of TB control of Nepal in the past thirty years. NTP has achieved the WHO target in most of the categories of national level DOTS treatment outcome in FY2008/09.

The Project helped Nepal to introduce the WHO standardized IMCI system including ARI control methodology. IMCI has been adopted in 64 districts and the number of registered cases is currently more than two times in comparison with five years ago. Registration, treatment and followed-up ARI cases have been also expanded, which indicates the more accessibility to professional care by patient children.

Tobacco use is known as one of measure causes in TB, it is hard to scientifically verify if the short period of commitment of the Project affected the morbidity or mortality of lung / respiratory patients, as there are no statistical data for it.

Positive effects found are: Information provision on TB helped the people in regional or rural areas to rid off their conventional bias on TB, which encouraged the people to access TB treatment in health facilities, and use of public hospital were correspondingly increased

(5) Sustainability

Sustainability is highly recognized from policy and financial aspects, as the Government commitment is strong and their initiative is high on TB control, IMCI and Anti-Tobacco control. Sustainability would also be anticipated from institutional or technology aspects provided that they would take proper measures to challenges they are currently facing. The following are the summary by component.

【TB control】

In the new *Long Term Plan 2010-2015, March 2009* targeting 2015, NTP has recently raised the indicator figures on DOTS treatment outcomes such as finding rate of new smear positive patients or success rate, along with the upgrade the different technical components and so on. The Government's initiative is high and their commitment is strong in TB sector. They recognize the significance of PPP and Community DOTS and develop the DOTS strategy with active use of community human resources, in which national or foreign assistance organizations are one of great contributions.

Budget scale of NTP has shown the big increase compared to previous fiscal year in the past three years: 19.1% increase in FY2007, and 68.7% increase in FY2008/09. The budget in FY2008/09 accounts for about NPR. 263.1 million (about 322.82 million yen), the 76% of sources is from GFATM(Global Fund). NTP has made steady progress in DOTS treatment outcomes and to ensure the supports of GFATM, Norwegian Association of Heart and Lung Patients (LHL) and other, and it is considered that they would not have big issues from policy and financial aspects at present.

Remaining concern from institutional or technology aspect is Urban DOTS. In Kathmandu, it is noted especially that default rate has increased from 4% in 2005 to 7% in 2008, transferred rate also has tended to continuously increase in 9 years, and success rate has decreased 84% in 2005 to 79% in 2008. It seems to be crucial issue for Nepal to create a particular mechanism on urban DOTS with special concerns on the mentioned urban factors or characteristics.

【IMCI/ARI】

IMCI (HF-IMCI and CB-IMCI) including ARI is currently one of main public child health services methodology by MOHP. IMCI system has been expanded in 64 district in FY 2008/09 which was 35 districts in 2005/2004. The Government budget for IMCI has been scaled up while financial supports by assistance outside organizations have scaled down; the high initiative by the Government is clearly identified.

The big share of CB-IMCI is shown among total IMCI in Nepal and the Government recognized the importance of CB-IMCI and exerts to ensure the community resources. One concern shown by Nepalese side is that the training of community health workers has been decreased along with the down size of donor assistance and the Government could be facing the issue of quality control of community workers for IMCI.

【Anti-smoking】

The Government's initiative on anti-tobacco control is highly recognized such as ratification of WHO convention, promotion of package policy, socio-economical research on tobacco, media campaign for knowledge expansion on tobacco risk or quit, and 'Tobacco Control Bill' submitted to congress and so on. According to NHEICC, there some children in age of 9 or 10 to start using tobacco in rural areas, information provision is one of important activities on anti-tobacco and health education related to tobacco targets both adults and schools and educators. The information provision on tobacco is included in the health education together with other topics such as TB. The Government is encouraged to follow the technical advices of WHO and promote their effective strategy or program of anti-tobacco.

4-2 Factors that have promoted project

NTP has been making exertions to expand DOTS centers including laboratories with microscopic smear test and improving their performance which made them possible to ensure the increase of assistances from GFATM and LHL. This comprehensive development including financial as well as strategic efforts by NTP has contributed the positive impact and sustainability.

4-3 Factors that have inhibited project

Political instability and frequent strikes have been the factors affecting the movement of people and commodities, and both health service provision and access to the health services. Moreover, on TB control in Kathmandu district, it seems that complex factors such as accelerated urbanization, increase of multi-drug resistance TB patients, increase of HIV/AIDS, and expansion of urban poverty have affected the DOTS development.

4-4 Conclusions

In TB control component, the Project committed the world standardized DOTS by NTP and showed the outstanding outcomes. The Country of Nepal would realize the decrease of morbidity and mortality rates provided that they continue to make efforts to improve their performance as they have done so far. They would probably need to formulate a specific strategy in terms of urban DOTS including financial and human resource topics, and to take proper measures to control the MDR-TB and DOTS Plus, and also the coordinating activities with organization working for HIV/AIDS control.

In terms of IMCI/ ARI, system introduction and capacity development of community human resources through training of female community health volunteers and others were the most outstanding outcome. It is no scientific or realistic to anticipate the decrease of morbidity and mortality rate of ARI in national level from the Project activities targeting one district, however, the further promotion of professional treatment by HF-IMCI and CB-IMCI to patients together with expansion of follow-up activities, would contribute the fulfillment of goal of lung and respiratory health in the long-term future.

In terms of anti-smoking, one of outcomes of the Project were the awareness of community based participation to anti-tobacco such as expansion of anti-smoking areas and knowledge of people on tobacco risk, although the scale of input and activities were quite small. It would be anticipated that the policy and institutional commitment by Nepal would help the decrease of morbidity and mortality rates due to TB, lung

or respiratory patients in the future.

4-5 Recommendations

4-5-1 Urban DOTS mechanism creation and its effective model development

The remaining challenges found by the study are: 1) both rates of default and transferred show a tendency to increase while the success rate shows a tendency to decrease after the completion of the Project, 2) PPP expanded by the Project has been stagnated or weakened after the completion of the Project, and 3) there is no particular system to secure manpower or financial resources of activities on urban DOTS. It seems that the number 1) and 2) directly affect the number 3). For TB control in urban areas, analysis to consider the characteristics of urban area is essential, i.e., strategy should be identified through medical, socio-cultural, socio-psychological, stakeholders, and needs analysis. It would also need to consider the update of budget estimation (personnel and activities) by reflecting the above mentioned analysis result from the current estimation method of population/population density basis. The estimation would also consider other factors such as plan by Department of Health Service or other useful data of targeted urban areas.

4-6 Lessons learned

4-6-1 Project design to have special consideration on input-effectiveness and risk factors in the recipient country

The Project had two projects purposes, three implementing organizations with different mandates, three fields for technology transfer, target areas of whole nation and especially five districts, which eventually required the big scale of issues addressed and its activities. Such big scale of issues and complicity in the design seems to have affected the outputs and achievement related to especially project purpose-2. Therefore, it is suggested to JICA future preparatory studies that factors such as period and feasible manpower should be well enough considered at the planning of technical cooperation projects.