Evaluation on EDCF Health Sector Support

– Executive Summary –

March 2023

1. Overview of Evaluation

1.1 Background of Evaluation

- EDCF's support in the health sector increases both in absolute and relative terms. With this trend, EDCF now faces the challenge of identifying partner countries' public health care needs for better allocation of its resources.

- EDCF mainly targets tertiary-level hospitals. To enhance the developmental effectiveness of EDCF's health sector support, firstly the contribution and limitations of EDCF's health sector interventions should be analyzed. Based on the results of the evaluation, the recommendations for more effective and coherent support in the health sector were made.

- Since the COVID-19 Emergency Response Program, introduced in EDCF in 2020, is a different modality from EDCF's other healthcare sector support, a new evaluative approach is needed.

1.2 Purpose of Evaluation

- (Health Sector Support) The evaluation aimed to derive useful suggestions for the development and support of the health sector in the future by applying selected OECD/DAC evaluation criteria (i.e. relevance, coherence, effectiveness, impact, sustainability) and cross-cutting issues such as gender equality and protection of vulnerable groups.

- (COVID-19 Emergency Response Program) The evaluation aimed to 1) define and apply selected OECD/DAC evaluation criteria for COVID-19 Emergency Response Program) and 2) evaluate the operation and preliminary outcomes of the emergency assistance program, and derive useful suggestions for future operation and evaluation.

1.3 Method of Evaluation

- (Scope of Evaluation) This evaluation includes 54 EDCF-supported healthcare projects and 8 COVID-19 Emergency Response Programs. All projects and programs were approved between 2004 and 2021. This evaluation has two parts; 1) EDCF's health sector support evaluation and 2) COVID-19 Emergency Response Program evaluation.

- (Health Sector Support Evaluation) 5 OECD DAC evaluation criteria, comprising relevance, coherence, effectiveness and impact, and sustainability, were used to evaluate the sector. Original Terms of Reference for the evaluation suggested partner institutions' performance as one of the evaluation criteria. However, the evaluation team determined the concept of the suggested criterion was included in the relevance criterion and evaluated this aspect as part of relevance. Additional criterion (i.e. other cross-cutting issues) was added to evaluate gender and vulnerable group protection.

- (COVID-19 Emergency Response Programs Evaluation) The evaluation focused on relevance, coherence, effectiveness, and other cross-cutting issues.

- Among the OECD DAC 6 criteria, efficiency was not included. The intent of COVID-19 Emergency Response Programs was to provide rapid support reflecting the partner country's needs. Therefore the timeliness aspects were more appropriate to be included in relevance rather than efficiency. Impact, sustainability, and efficiency criteria were not applied in the COVID-19 Emergency Response Programs evaluation wherein only two projects among 8 projects were completed.

- The evaluation was carried out using a desk review of pertinent documents(such as Project Appraisal Report, Evaluation Report, etc.); the interviews with domestic and international experts and field(case) research complemented the issues requiring reconfirmation or unidentifiable documents.

2. Results of Evaluation

2.1 Evaluation on Health Sector Support

- (Relevance) EDCF's support appeared to be relevant and reflective of the partner countries' need for health care. Also, EDCF-supported projects were highly relevant to the MDGs and SDGs. Changes in project implementation plans and governance occurred frequently. However, the changes were deemed appropriate for improving the achieving goals.

- (Coherence) Internal coherence of EDCF support appeared to be relatively high. EDCF-supported projects were aligned with the Country Partnership Strategy, the ODA strategy of the Korean government to the specific partner country. Furthermore, synergies between EDCF-supported projects were identified in Bosnia and Herzegovina, and Uzbekistan. The evaluation results indicated that EDCF-supported projects had a high level of external coherence in the countries where other donors provided support in primary health care, public health administration, and education. This result also indicated that EDCF's support by itself would not be able to achieve a significant impact on strengthening the health system in the partner country.

- (Effectiveness and Impact) Among output indicators "Increase in the Supply of Medical Resources" was achieved. However, the Health Facility Readiness Indicators, originally developed in 2015 as a standardized output indicator for the EDED-supported health sector project, were not utilized. The evaluation results showed that EDCF support improved the quality of medical services, access to medical services, and user satisfaction. In terms of impact, the improvement in overall (quantitative) national health indicators appeared difficult to identify but the high degree of satisfaction of stakeholders in partner countries was observed.

- (Sustainability) The results in sustainability appeared to be mixed. Projects which supplied medical equipment had no problem securing medical staff since they usually targeted already existing hospitals. However, most of the projects of hospital construction experienced difficulty in securing new medical staff. And the level of sustainability appeared low due to the limitations in financial support typically induced by characteristics of developing countries requiring sustainable national finance which was attributable to low medical fees in national hospitals. In addition, the difficulty in the procurement of spare parts for Korean medical equipment was identified as an enduring issue. To improve sustainability, the supply chain for medical equipment parts should be established and maintained after the project's completion.

- (Cross-cutting issue) Only 4 projects out of 56 projects of the health sector, presented the objectives related to gender equality in the appraisal report. This lack of consideration means a lack of information on EDCF's intent on gender equality in the health sector. However, the hospital data and interviews in the project sites indicated that there was no difference between the gender in terms of access to healthcare and healthcare worker training in EDCF-supported healthcare facilities. EDCE also supported the establishment of health facilities for the vulnerable population, in clouding maternal health clinics.

2.2 Evaluation of COVID-19 Emergency Response Program

- (Relevance) The results indicated that EDCF support strategies were relevant to the partner countries' COVID-19 response plan. Furthermore, EDCF's programs were provided within an average of 5.8 months after loan requests, responding to the emergency in partner countries.

- (Coherence) Four out of eight programs were co-financed with other MDBs, indicating a high level of coherence. The other four programs were provided bilaterally. EDCF's program provided a necessary budget for partner countries and partner countries decided where to spend the budget.

- (Effectiveness) EDCF's COVID-19 Emergency Response Program was deemed effective since programs completed output(policy actions) and outcomes.

- (Cross-cutting issue) Two out of eight programs included the protection of vulnerable populations and gender equality. Compared to the COVID-19 support provided by MDBs which included health and socio-economic components, EDCF's COVID-19 Emergency Response Program tended to focus solely on health. Therefore, EDCF's COVID-19 Emergency Response Program appeared to be weak in the protection of vulnerable populations and gender equality.

3. Lessons Learned and Recommendations

☐ Developing a Comprehensive Approach to Strengthen the Health Care System of the Partner Country

- The partner country needs to establish a master plan for health sector development that guides a comprehensive approach to health care system strengthening.
- To help this process, EDCF may consider partnering with existing programs such as KSP(provided by the Ministry of Economy and Finance).
- It is recommended to identify priorities in health care system development and opportunities for cooperation during the pre-feasibility study.
- EDCF need to consider the context of the partner country's health care system focusing on the referrals from primary and secondary level health facilities to EDCF-supported tertiary level hospitals. Such project design process may facilitate the raise of effectiveness of EDCF by creating good practice model appropriate the development phase of the partner country.
- EDCF's planning can benefit be better to improve utilization of local experts during the feasibility study for analysis of partner country's health care policy, governance system, needs for specific health services, and statistics.

☐ Developing Cooperative Systems with Various Development Partners

- (Preparation Phase) During the initial stage of project planning including the feasibility studies, the project design should include the division of roles between EDCF and its development partners and capacity building of the partner country government.
- (Capacity Building for Medical Staff) It is recommended for EDCF to partners such as KOICA or KOFIH which can provide technical assistance and capacity building for medical staff.
- Since health system strengthening requires long-term large-scale intervention, the limitations in projects implemented by EDCF solely are inevitable. Hence, EDCF should consider partnering with various Korean and international partners, such as multilateral development banks.

☐ Defining success and Enhancing Sustainability of EDCF Health Sector Support

- It is necessary to strengthen program theory between output and outcome of EDCF-supported health sector intervention. The evaluation results indicated that often EDCF supported the project successfully building a health facility but the outcome and impact of such interventions were not so satisfactory which lead to a lack of sustainability. This is attributable to the poorly constructed logic between the outputs and outcomes of the interventions. This problem can be addressed by Health Facility Readiness Indicators which measure the facilities' capacity for sustainable operation.
- Modified and complemented suggestions for each indicator are presented in the following table. After the field test, a review on the appropriateness of indicators will be needed in the future.

< Output – Reviews on Detailed Indicators of the Readiness of Operation >

No.	Indicators	Reviews
1	Preparedness of Infrastructure (*electrical facilities, water supply system, toilets, and ambulances etc.)	Part of indicators of other outputs (such as number of beds in hospital and medical equipment and materials) are being overlapped however the evaluation is required for these indicators focus on the availability of facilities prepared.
2	Preparedness of Goods for Prevention of Infection (*sterilization equipment, storage of waste, latex glove, disposable syringes, soaps etc.)	These goods are the fundamental ones for medical institution; part of them are being overlapped with other output indicators (such as medical equipment and supplies etc.)
3	Preparedness of Medical Equipment and HIS (Actual Preparations compared to Original Plans)	This indicator can also be regarded as the overlapped one with indicators of the other outputs (such as number of beds in hospital and the supply of medical equipment and materials).
4	Training/Education of Medical Staff (Actual Performance compared to Planned Ones)	This indicator has been exploited as an indicator of evaluation in the contracted service of feasibility study of projects in health sector after 2015.
5	Training/Education of Manpower for the Maintenance of Medical Equipment (Actual Performance compared to Planned Ones)	This indicator has been exploited as an indicator of evaluation in the contracted service of feasibility study of projects in health sector after 2015.
6	(Number of) 24 Hour Emergency Medical Staff among Entire Medical Staff in the Hospital Targeted by the Project	A Review on the Appropriateness as a Generalized Indicator is Required. Application of the indicator can be unavailable depending on the scale or characteristics of medical institution; the degree of conduciveness as an indicator appears low.
7 (New Indicators)	Ratio of Medical Staff for Medical Practices (such as Doctors, Nurses, and Medical Technologists etc.) among Entire Staff in the Hospital	Significance of the indicator is being emerged with regard to the secure and sustainability of medical staff who are essential for the operation of medical institution thus, additional review thereon is plausible, and it can be regarded as following indicator associated with "Preparedness of the Service provided by Medical Institutions".
8 (New Indicators)	Creation of Statistical Data Related with Medical Service*	Presence of medical data, generated in medical institutions (such as statistics of the enrollment of patients, monthly report etc.), is to be examined to find and appraise the basic infrastructure of operation system for medical institutions. Development and use of hospital information system would enable easy creation of statistical data which are to be appraised indirectly.
9	Presence of the Service Provided by Medical Institutions (Details are to be determined according to the coverage of medical practices)	Demarcation of the coverage (=scope) of key medical services would be enabled according to the functions of medical institution set in the FS stage, and accordingly, the configuration of pertinent indicators can be enabled (ex.: presence of each type of medical practices set in the plan, presence of medical manpower deployment to provide optimum level of medical services etc.)
10 (New Indicators)	Presence of the Guidelines to Provide Medical Service (Practices)	An indicator, associated with the previously proposed "presence of key medical services of medical institutions" by which, it is exploited as an indicator of preliminary evaluation of medical institutions to develop pertinent SOPs (standard operation procedure) in advance of opening of medical institutions according to each coverage of medical services. Considering the characteristics of health care systems in partner countries, the limitations, in preparing the opening of medical institutions, might be present.

*Source: USAID & MEASURE Evaluation, Guidance for selecting and using core indicators for Cross-country comparisons of health facility readiness to provide services, 2007.09

- (Applying of Health Facility Readiness Indicators) The Health Facility Readiness Indicators can be classified into Output from EDCF's Input(Set 1), Outputs from the Partner country's Input(Set 2), and Output from EDCF and Partner country's Joint Inputs(Set 3): Set 3 can be measured after set 1 and set 2 are fulfilled. For the application of indicators, it is suggested to follow the evaluation procedure by considering the precedence of indicators at each stage.

Set 1 No. 1~5	Presence of Preparedness (Readiness) of Outputs from EDCF Inputs	This indicator focuses on the evaluation of readiness to use inputs, although part of them is overlapped with direct outputs from EDCF inputs. Fundamentally, the evaluation on direct outputs is essential after which the evaluation on presence of the preparedness (readiness) would be enabled.
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Set 1 No. 6~8	Presence of Preparedness (Readiness) of Outputs from Inputs of Partner Countries	This indicator corresponds to the Outputs to be created by Inputs of Partner Countries, by which the presence of medical staff or operation system for hospitals can be evaluated. Although this is not an EDCF input, it corresponds to the one of essential requirements for the operation of hospital, by which the evaluation on preparedness is validated.
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Set 1 No. 9~10	Presence of Preparedness (Readiness) of Outputs from Joint Inputs of EDCF and Partner Countries	This is an indicator to be exploited for the evaluation of outputs after complete derivation of the 1st (NO.1~5) and 2nd (No.6~8) outputs; this also is an indicator to be evaluated almost simultaneously with the secondly derived indicators No. 6 and 7.

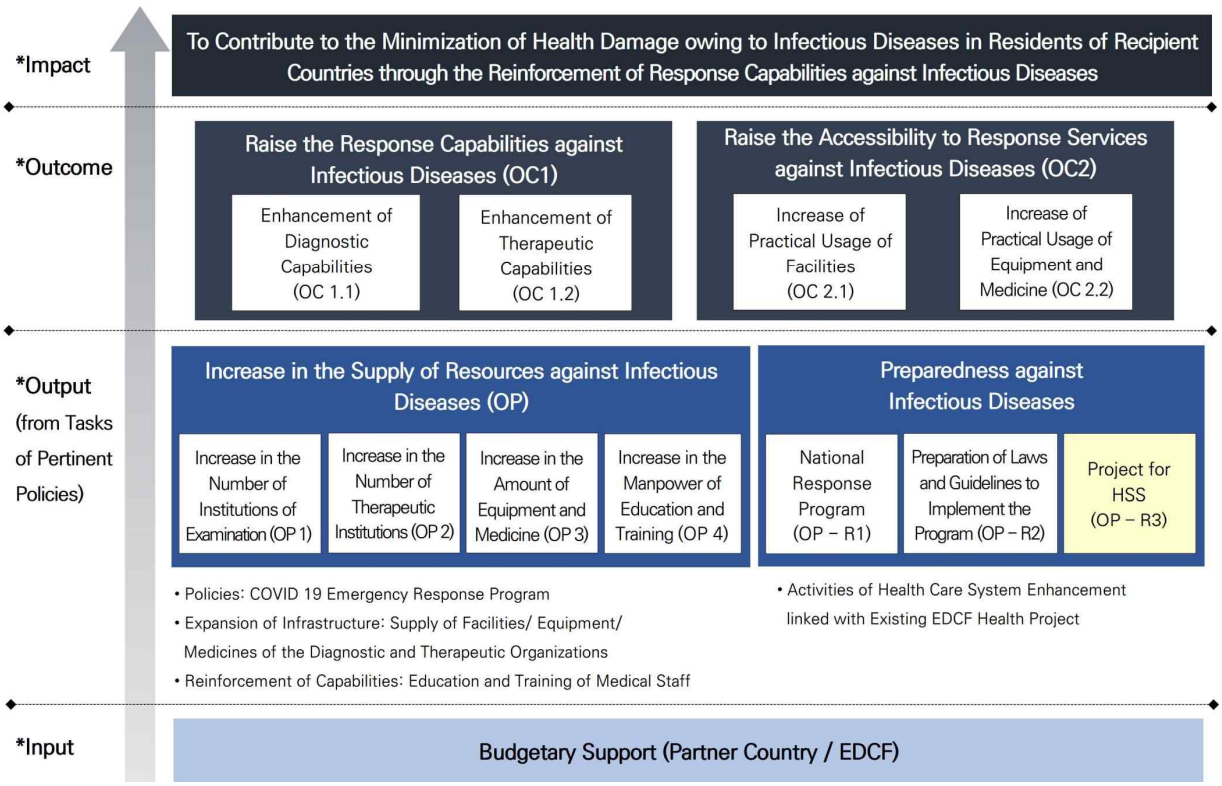
□ Suggested standard Logical Framework for COVID-19 Emergency Response Program

- The EDCF loan for COVID-19 Emergency Response Program is characterized by its simplified program design and performance evaluation to enable prompt support. The key outputs are the development and implementation of tasks in pertinent policies.

- However, the current bilateral COVID-19 Emergency Response Program of EDCF appeared to have inconsistent program theory and weak logical framework. Therefore the evaluators proposed an improved program theory and a logical framework developed based on the cases in the Philippines and Bangladesh.

- In addition, the objectives of the loan for the emergency response program and the characteristics of EDCF project in the health sector were reviewed and reflected in the development of a logical framework to secure its validity. Further improvement may be required after its field application.

<Logical Framework (a Proposition) for COVID-19 Emergency Response Program>



< Logical Framework (a Proposition) for EDCF COVID-19 Emergency Response Program >
- (Ex.) The Program Loan Aiming for the Reinforcement of COVID-19 Response Capabilities -

Performance Chain	Performance Indicator(s)	Evidential Instrument	Assumptions and Threats
Medium-and Long-term Impact			
Minimizing Health Damages caused by Infectious Diseases	Number of COVID-19 Mortality	Mortality Statistics (WHO, Ministry of Health and Welfare)	Absence of pandemic caused by mutation
Outcomes			
OC1. Enhancement of Response Capabilities against Infectious Diseases	Daily Count of the People of COVID-19 Inspection	Investigative or Statistical Data (Ministry of Health and Welfare, Pertinent Facilities)	Continuous Monitoring and Improvement on the input and utilization of medical resources.
	Number of Inpatients of COVID-19		
	Consequences of COVID-19 Treatment (deaths, recoveries, complications etc.)		
OC2. Improved Accessibility to Response Services against Infectious Diseases	Utilization Rate of Isolation Beds for COVID-19 Patients Utilization Rate of Isolation Bed for COVID-19 Critical (Serious) Patients	Investigative or Statistical Data (Ministry of Health and Welfare, Pertinent Facilities)	
	Waiting Period for COVID-19 Inspection (Days)		
	Waiting Period for COVID-19 Hospital Admission (Days)		
Outputs / Tasks of Pertinent Policies and Activities			
OP1. Increase in the supply of resources responding to Infectious Diseases	Number of Inspection Institutions per 100,000 Population	Investigative or Statistical Data (Ministry of Health and Welfare, Pertinent Facilities)	Input of Proper Resources and Implementation of Activities under the Plan.
	Number of Isolation Beds (ordinary vs. critical patients) per 100,000 Population (assignment of beds by taking gender of patients into account)		
	Number of Equipment / Medicines (Vaccines)		
	Number of Medical Staff taking Education / Training Courses related with COVID-19		
OP2. Preparedness against Infectious Diseases	Development of National Response Plan against COVID 19 (Health Sector)	Investigation (Ministry of Health and Welfare)	
	Presence of the Budget and Laws/ Guidelines etc. to Implement Pertinent Plans		
	Preparedness of Implementation of Healthcare System Strengthening Project		
(Policy Action) ·Policies: National Response Plan against COVID-19 ·Expansion of Infrastructure: Supply of Facilities/Equipment/Medicines (Vaccines) of the Diagnostic and Therapeutic Organizations ·Reinforcement of Capabilities: Education and Training of Medical Staff ·Activities of Health Care System Enhancement linked with Existing EDCF Health Project			
Inputs			
· Budgetary Support (Partner Country / EDCF)			

<Evaluation Matrix (a Proposition) for EDCF COVID-19 Emergency Response Program>
- (Ex.) The Program Loan Aiming for the Reinforcement of COVID-19 Response Capabilities -

Evaluation Criteria	Items for Evaluation	Questions for Evaluation	Indicators and Pertinent Evidential Data	Investigation Methodology
Relevance	Conformance to Strategies	- Did the Program comply with the Response Strategy against COVID-19 of Partner Countries? - Did the Program comply with pertinent National EDCF Support Strategies and Policies? - Did the Program comply with Objectives of the SDGs Health Sector Development Plans?	Documents of Response Plan of Partner Countries EDCF Support Strategies SDGs Reports	Literature Investigation and Interview(s)
	Conformance to Demands/ Needs	- Were demands/needs for the Responses against COVID-19 of Partner Countries reflected properly in the Development of Policy Tasks and Supports?	COVID-19 Statistics in Partner Countries COVID-19 Data	
	Appropriateness of Project Implementation	- Was the Program in Partner Countries implemented in a timely manner? - Was the length of period from appraisal to approval of each project reasonable? (sufficient and prompt enough)	Report(s) Associated with EDCF Projects Result Report of Each Activity	
Coherence	External Coherence	- Did the Program comply with those in partner countries (presence of observed positive- or negative associations between projects)?	Policies of Other Organizations developed to Support the Recovery from COVID-19	
Effective-ness	Degree of Achievement of Objectives	- Was the Program completed with expected outputs? (Definition of Output: ① List and the amount of medical supplies and equipment associated with COVID-19 ② Preparedness for Implementation of COVID-19 Emergency Response Program - including Policies and Guidelines) - Was the Program completed with expected outcomes? (Definition of Performance: Plausible Counts of Daily Inspection against COVID-19 etc.) - What were the causes of the achievement or failure of performance?	Report(s) Associated with EDCF Projects Statistics Associated with COVID-19 Academic Materials related to supporting recovery from COVID-19	
Cross-cutting issue	Protection of the vulnerable group Gender Mainstreaming	- Did the Program contribute to the Protection of Specified vulnerable group (Fragile Class)? - Did the Program contribute to the Resolution of Gender Mainstreaming and Discrimination?	Report(s) Associated with EDCF Projects	