

Terminal Evaluation

Asia

1. Outline of the Project

Country:

Philippines

Project title:

Phase 2 of the Family Planning and Maternal and Child Health Project in the Philippines

Issue/Sector:

Population Family Planning

Cooperation scheme:

Project-type Technical Cooperation

Division in charge:

First Medical Cooperation Division, Medical Cooperation Department

Total cost:

962 million yen

Period of Cooperation 1 April 1997 - 31 March 2002

Partner Country's Implementing Organization:

Department of Health, Reproductive Health Program Committee, Provincial Governments in central Luzon

Supporting Organization in Japan:

Kyoto University, Osaka University, Association of Medical Doctors of Asia (AMDA)

Related Cooperation:

Dispatch of Japan Overseas Cooperation Volunteers "Frontline Incentive"

Grant Aid "The project for Upgrading of Facilities and Equipment in Selected Filed Health Units in Region 3"

Population and Family Planning Special Equipment Donation (Multilateral-bilateral cooperation with UNFPA)

Community Empowerment Program

Grassroots Grant Aid

1-1 Background of the Project

The health index of the Philippines, such as an infant mortality rate of 33 deaths per 1,000 births and a maternal mortality rate of 280 deaths per 100,000 births, has ranked between middle to low among ASEAN (Association of Southeast Asian Nations) countries. Additionally, the population growth rate has been 2.0 percent, vastly exceeding the average rate (1.6%) of the countries whose Human Development Index (*) was defined as "middle rank".

Under these circumstances, the Government of the Philippines announced a new population policy in 1994 which placed importance on the individual while respecting the values of the traditional family. In the past, the population policies of most developing countries were macro-level policies that seldom addressed the importance on women's health and position. Reflecting on past policies, the Government of the Philippines implemented the family planning policy which gave consideration to Reproductive Health, the central concept of the Cairo Population Conference.

The Government of Japan implemented five-year Project-type Technical Cooperation, "the Family Planning and Maternal and Child Health Project in the Philippines", from 1992 aiming at improving activities for family planning and maternal and child health in Tarlac province of central Luzon. Afterwards, the Government of the Philippines requested further cooperation from Japan for the diffusion of the Project's accomplishment over a wider area of the Philippines.

*Human Development Index is defined as the United Nations Development Program which measures the diversity of human development by placing special emphasis on health and education.

1-2 Project Overview

The Project comprehensively promotes maternal and child health and reproductive health, and supports the activities of

community based organizations, aiming at raising awareness of primary health care (PHC) in central Luzon (6 provinces in Region 3).

(1) Overall Goal

To improve health status through the DOH's reproductive health strategy in Region 3.

(2) Project Purpose

Awareness of primary health care including reproductive health is improved in the pilot area in Region 3 through improved primary and reproductive health care.

(3) Outputs

- 1) Improved management and objective evaluation of project.
- 2) Developed manpower resources through formal/informal skills training, mutual exchange of information with other health workers and technical transfer by experts in relevant fields.
- 3) Facilities and equipment are upgraded.
- 4) Community-based health related activities are developed and activated.
- 5) IEC materials are smoothly disseminated through development and production of materials.

(4) Inputs

Japanese side:

Long-term Experts	10	Equipment	166 Million yen
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Short-term Experts	26	Local Cost	157 Million Yen
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Trainees received	15		
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Philippine Side:

Counterparts	45		
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Local Cost

2. Evaluation Team

Members of Evaluation Team Leader: Toshitaka NAKAHARA, Professor, Graduate School of Medicine, Kyoto University
District Health: Shigeru SUGANAMI, Chairperson, Asuka-kai Medical Inc.
Evaluation Plan: Hisakazu HIRAOKA, First Medical Cooperation Division, Medical Cooperation Department, JICA
Project Evaluation: Maki HAMAOKA, Planning Section, Japan Techno Co., Ltd.

Period of Evaluation 11 November 2001 - 30 November 2001

Type of Evaluation:
Terminal Evaluation

3. Results of Evaluation

3-1 Summary of Evaluation Results

(1) Relevance

Japan announced in 1994 "Global Issues Initiative on Population and AIDS (GII)", in which the Philippines is one of the prioritized countries. The government of the Philippines also promoted reproductive health in its health-sector policy, "Philippine Population Management Programme" in 1996 and "Philippine Reproductive Health Program" in 1998. In view of the above, the Project is considered as relevant.

(2) Effectiveness

The following survey results show a significant difference between pilot areas and non-pilot areas. The results may indicate that pregnant women and mothers in pilot areas have a relatively positive attitude toward PHC and RH and are more aware of the importance of PHC and RH, compared with those in non-pilot areas.

	Pilot areas	Non-pilot areas
First visit for prenatal check-up (month of pregnancy)	1.8	2.3
Prenatal check-up (No.)	4.3	1.7
Under Five Clinic (UFC) check-up rate	59.0	12.0

This shows that the beneficiaries, especially pregnant women and mothers, have a raised awareness as a result of improvement in the skills of the health personnel and strengthening of the participatory activities, through introducing a check list to monitor the baby's health check-ups including use of a mother and child handbook, through setting up meetings among doctors, nurses, and midwives to discuss the progress of the activities and their concerns, and through developing various kind of IEC materials.

(3) Efficiency

As for the Japanese side, three long-term experts were dispatched to three regional offices, and each covered two provinces. As the experts stayed near the target areas, they were able to provide detailed assistance and conduct efficient management and guidance. The short-term experts have been dispatched efficiently for a variety of different activities in various fields. The input of human resources has been efficiently implemented with review and revision activities. The equipment was chosen with priority on the fact that medical equipment was often unavailable on-site, provided as planned, and utilized efficiently.

On the Philippine side, inputs include assignment of health personnel including highly motivated health volunteers in the community. The promotion of project activities has been characterized by a good relationship and smooth communication between the Philippines and Japan side, which were established during the Phase 1 of the Project.

(4) Impact

Some positive impact was seen, such as health centers in non-pilot areas implemented health programs similar to those of the Project. Additionally sociocultural and environmental positive impacts were confirmed. For example, Medicine revolving fund (Botika Binhi) enhanced the solidarity among the people. Males who took the training course for male health volunteers contributed to promotion of male participation in family planning and parenting. Also, setting up portable toilets expanded community consciousness toward sanitation, which is closely linked with health.

(5) Sustainability

The activities of the demand-side approach will be continued, as they have been implemented smoothly with a limited budget. However, for health center administration and maintenance of the quality of health care services, it will be necessary to enhance the ability of each health center in negotiation and management, and reinforce the cooperation among the Department of Health, Provincial Health Offices, District Hospitals and other related organizations in each community. The Philippines also has faced the serious financial constraints engendered by Cost Reduction Local Government Code No.5 issued in March 2001.

Furthermore, with the introduction of Local Government Code in 1992, health care service delivery at the municipality level was transferred to the local government. The quality of health service depends on the financial status of each province and municipality and the policy of local executives, which creates a gap among provinces. Therefore, there is some concern about the sustainability of health service.

3-2 Factors that promoted realization of effects

(1) Factors concerning Planning

N/A

(2) Factors concerning the Implementation Process

- 1) The high evaluation of Phase 1 at Tarlac and the relationship of mutual trust between the Philippines and Japan led to the high motivation and energetic activities of the counterparts, which made the Project effective.
- 2) In implementing the Project, linkages between the different schemes such as Grant Aid and the Team Dispatch of Japan Overseas Cooperation Volunteers have affected the positive impacts.
- 3) It is meaningful for the Project to seek the most effective approach through trial and error based on the partner country's needs. In the implementation process, the Project has always been aware of the concept of the health promotion approach, emphasizing health education and improving the basis and environment to promote health care activities in the process of focusing on maternal and child health. As a result the activities by people in the community took root and contributed to the improvement of the people's health as a whole.

3-3 Factors that impeded realization of effects

(1) Factors concerning Planning

N/A

(2) Factors concerning the Implementation Process

N/A

3-4 Conclusion

In the Project, the Inputs from the Japan side and the Philippine side were effectively implemented, and a variety of activities were smoothly implemented. The improvement of awareness and changes in behavior relating to primary health care including family planning in the pilot areas was recognized. This is the result of the appropriate monitoring by improving objective assessment of the Project, improvement of health care services by developing human resources and facilities and equipment, support for community participation and development of IEC materials. However, it is a cause for concern that the quality of health care services became deteriorated as a result of the effect of the decentralization.

3-5 Recommendations

N/A

3-6 Lessons Learned

- (1) Linkage between different schemes of cooperation such as the Grant Aid and the dispatch of Japan Overseas Cooperation Volunteers has contributed to efficient and effective implementation of the Project. It is recommended that a similar approach be taken from now on.
- (2) The Project aimed to promote health care by community participation. In cooperating or community health care, it is important to emphasize the concept of the health promotion approach through community participation.

3-7 Follow-up Situation

N/A