

# Terminal Evaluation

## Asia

### 1. Outline of the Project

**Country:**

Laos

**Project title:**

Pediatric Infectious Disease Prevention Project

**Issue/Sector:**

Health (Infectious Diseases Control)

**Cooperation scheme:**

Project-type Technical Cooperation

**Division in charge:**

First Medical Cooperation Division, Medical Cooperation Department

**Total cost:**

438 Million yen

**Period of Cooperation** 1 October 1998 - 30 September 2001

**Partner Country's Implementing Organization:**

Ministry of Health (MOH)

**Supporting Organization in Japan:****Related Cooperation:**

Project-type Technical Cooperation "Primary Health Care Project"

#### 1-1 Background of the Project

In Laos, one of the major causes of infant death has been infectious diseases, including measles, neonatal tetanus, and diphtheria, all of which can be prevented by immunization. These infectious diseases not only cause death, but also have serious aftereffects. In 1985, there were more than 500 polio victims in Laos. JICA had been supporting the Expanded Program on Immunization (EPI) as part of its "Primary Health Care Project 1992-1998" and attained successful results.

Under these circumstances, the Laotian government requested the Government of Japan to implement Project-type Technical Cooperation that would eradicate poliomyelitis and that would focus on practical activities to prevent infectious diseases such as measles and neonatal tetanus, by taking advantage of the EPI activities and the monitoring system (a system of monitoring patients for the emergence of these diseases and diagnosing the virus).

#### 1-2 Project Overview

To eradicate poliomyelitis and enhance the preventive activities of EPI targeting infectious diseases, the Project, with Luangprabang Province as the pilot area and all of the Lao PDR as the activity area, maintains and enforces various EPI surveillance, improves the Cold Chain and Logistics (vaccine distribution and storage management system), and enforces the EPI related maternal and child health care activities (ZZS; Zone Zero Social Mobilization Strategy), targeting patients and the children under five the target.

##### (1) Overall Goal

Morbidity and mortality from EPI target diseases are greatly reduced.

##### (2) Project Purpose

Prevention system for EPI target diseases except TB, with the focus on Poliomyelitis, is strengthened.

##### (3) Outputs

- 1) Vaccination by regular "out-reach service (vaccination delivery service)" in villages is improved.
- 2) Surveillance system for EPI target diseases, especially poliomyelitis (AFP) and measles, is improved.
- 3) EPI service in zone zero (areas within 3 km from the v medical facilities which can provide vaccination) is improved through MCH activities.
- 4) Cold Chain and Logistics system are improved.

- 5) Basic warehouse management, especially for EPI, is strengthened.  
 6) Awareness and knowledge of EPI by the Laotian people are improved.

(4) Inputs

Japanese side:

Long-term Experts	6	Equipment	1,005,841 US Dollars (134 Million Yen)
Short-term Experts	22	Local Cost	46 Million Yen
Trainees received	9		

Lao side:

Counterparts	41		
Local Cost		198.8 Million Kip (3 Million Yen)	

**2. Evaluation Team**

**Members of Evaluation Team** Team Leader/General: Makoto DOI, Director General, International Medical Center of Japan  
 Infectious Disease Control: Yasuo CHIBA, Director of Dispatch Division 2, International Medical Center of Japan  
 Evaluation Analysis: Makiko KOMASAWA, Sekkei Keikaku Architects Inc.  
 Cooperation Planning: Riko SAITO, First Medical Cooperation Division, Medical Cooperation Department, JICA

**Period of Evaluation** 9 May 2001 - 19 May 2001 **Type of Evaluation:** Terminal Evaluation

**3. Results of Evaluation**

**3-1 Summary of Evaluation Results**

(1) Relevance

The Project Purpose and Overall Goal were relevant to addressing the issues Laos has faced, such as a high rate of child mortality (9.2%) and pandemic infectious diseases. From that point, the Project in line with the needs of the Laotian people. The entire Project plan was consistent with Japan's international cooperation policy toward Laos, because basic human needs (BHN) was a prioritized area.

(2) Effectiveness

Each system of immunization protection against diseases other than tuberculosis was enhanced. For example, the implementation rate of Zone Zero Social Mobilization (\*) was steadily increasing, and the EPI surveillance system was improved. The number of requests for vaccine increased as a result of introducing the Cold Chain and Logistics system. Based on these facts, Laos addressed the eradication of poliomyelitis. In October 2000, the Western Pacific Region of WHO officially approved the eradication. Thus, the Project Purpose was fully achieved.

\*Zone Zero Social Mobilization: The strategy to implement efficient health service by increasing the vaccination rate. For that strategy, immunization is promoted at local facilities within three kilometers of the health facilities which provide vaccination, and, at the same time, the opportunity to offer the maternal and child health service is increased.

(3) Efficiency

Inputs from the Japanese side were generally appropriate in terms of timing, quality and quantity. Only three Japanese Long-term Experts were dispatched during the cooperation period; however, the dispatch of Short-term Experts was timely and their support offset the insufficiency of Long-term Experts. Counterparts highly evaluated the experts, and the dispatch of well-balanced Short-term Experts and long-term experts was efficient. There were some problems on the Laotian side. One-third of

counterparts changed positions, and the techniques were hardly settled. Excellent doctors were allocated to the counterparts at the chief level, but the information and techniques were not well transferred to the lower levels. The absence of counterparts at chief level led to confusion in Project activities.

#### (4) Impact

The infant mortality rate, under five-year-old mortality rate, and the maternal mortality rate have decreased over the past five years. The reasons for the improvement were that the number of infectious diseases episodes was decreased because the prevention system for the EPI target diseases was enhanced by the Project and maternal and child health was enhanced as one of the Project activities.

	1995	2000
infant mortality rate (per 1,000 births)	104	82
under 5 mortality rate (per 1,000 births)	170	106
maternal mortality rate (per 100,000 births)	656 (1993)	530

There were also other positive impacts; (1) the vaccine application system from each District which was developed in the Project became the Lao PDR national guideline, (2) IEC activities contributed to the Laotian people's awareness of public health and (3) Development of a basic documentation and enforcement of the management system contributed to bottom-up management capability of MOH. Before Project implementation, MOH as a whole did not have a tradition of keeping records, and because of the inadequacy of the documentation, the vaccination recipient rate from UNICEF had hovered at a low level.

#### (5) Sustainability

The Laotian government will politically support the Project for the future. However, the Laotian government financially depends on international agencies, and the financial situation changes depending on the intention of the aid organizations. Therefore, the Laotian government should make further efforts to show its policy clearly. The techniques and organization were mostly developed at the central level and in the pilot area. However, it is necessary to expand the opportunities whereby the acquired techniques can be applied for more staff strained. Among concerns are there is no system to transfer the acquired techniques from the chief level to lower levels, and sectionalism among departments is strong. Financial sustainability is not ensured because funding from the Laotian government to the total EPI budget was extremely low (4.9% in 2001).

### 3-2 Factors that promoted realization of effects

#### (1) Factors concerning Planning

N/A

#### (2) Factors concerning the Implementation Process

N/A

### 3-3 Factors that impeded realization of effects

#### (1) Factors concerning Planning

N/A

#### (2) Factors concerning the Implementation Process

There remain some concerns on the efficiency of the technical transfer and the financial sustainability because of insufficient inputs from the Laotian side (the number of counterparts and local cost).

### 3-4 Conclusion

The Project has successfully achieved its initial purpose. In addition to achievement of the Project Purpose, the Project has contributed to bottom-up administrative management and the operational system in the Lao PDR.

### **3-5 Recommendations**

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- (1) It is necessary to improve the capability of all of the sections. For example, the counterparts at the chief level should try to transfer the acquired knowledge and techniques to the lower levels and collaborate with other staff.
- (2) It is necessary to enhance communication among the related personnel of the Project (EPI and surveillance, Cold Chain and Logistics system, and storage management).
- (3) Further countermeasures are necessary to maintain the effects of the Project, such as the effects of EPI and eradication of poliomyelitis.
- (4) To improve the primary health care, especially maternal and child health, it is necessary to continue the cooperation mainly to the EPI, as well as other infectious diseases. The improvement of the health environment, especially primary health care, mainly the maternal and child health, is important for improvement of the infant mortality rate. It is necessary to maintain the effects of the eradication of poliomyelitis and EPI, and to continue the cooperation to further improve primary health care, mainly maternal and child health.

### **3-6 Lessons Learned**

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- (1) It is not a final conclusion even if the infectious diseases are eradicated in one country but still remain elsewhere in the world. In settling the objective of infectious diseases control, it is important that the neighboring countries and international organizations understand its importance, and that the implementing country cooperates and puts emphasis on its importance with those countries and organizations.
- (2) It is necessary to enhance the administrative capabilities of the Central Government and Regional Governments at least the necessary bottom-up primary healthcare in cooperation with the least less developed countries.

### **3-7 Follow-up Situation**

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To sustain and develop the effects of the Project, the five-year Project-type Technical Cooperation, "The Project for Strengthening Health Services for Children", started from November 2002. With the aims of enforcement of the administrative capacity of MOH, the project has implemented activities to improve the child health services widely.

JICA has provided vaccines through UNICEF as a special equipment provision against infectious diseases since 1991. Approximately, 40 million vaccines including polio vaccine are provided annually.