

Terminal Evaluation

Asia

1. Outline of the Project

Country:

Indonesia

Project title:

Technical Cooperation Project for Ensuring the Quality of MCH Services Through MCH Handbook

Issue/Sector:

Maternal and Child Health

Cooperation scheme:

Technical Cooperation Project
(former Project-type Technical Cooperation)

Division in charge:

First Medical Cooperation Division,
Medical Cooperation Department

Total cost:

700 million yen

Period of Cooperation 1 October 1998 - 30
September 2003

Partner Country's Implementing Organization:

Ministry of Health (MOH)

Supporting Organization in Japan:

Osaka University, Department of Health and Human Service of
Saitama Prefecture

Related Cooperation:

Project-type Technical Cooperation; "Family Planning and Maternal and Child Health (FP/MCH)"
Dispatch of Expert; "Maternal and Child Health"

1-1 Background of the Project

In Indonesia, the maternal mortality rate and infant mortality rate were higher than those of other ASEAN countries. The Indonesian government prioritized the improvement of maternal and child health care services. The Japanese government implemented a Five-year project, "Family Planning and Maternal and Child Health (FP/MCH)" from November 1989, setting Central Java province as a model region. The Project aimed at improving quality in health conditions of infants and pregnant and parturient women and enhancing service provided to support those activities. Maternal and Child Health Handbook (MCH handbook) activities which had been developed and introduced experimentally by the project, were taken over by the dispatched Expert in Mother and Child Health (May 1995 - August 1997). After the follow-up and the final evaluation study, the MCH Handbook was found to be effective as a textbook for maternal and child health education and tool for health care services.

Upon the effect of the project, the Indonesian government requested to the Japanese government for project-type technical cooperation aiming at the improvement of maternal and child health care services through MCH handbook activities. Upon the request, the government of Japan commenced the Five-year Project in October 1998.

After a while, the Project Consultation Team dispatched in October 2000 confirmed that the MCH handbook activities were smoothly conducted in North Sulawesi and West Sumatra where the activities were mainly implemented as model areas since the commencement of the Project, and the number of provinces which actively promoted MCH handbook activities was on the increase with the cooperation of other donors.

Therefore, to enhance the MCH handbook activities in provinces other than the two focused provinces, it was agreed upon through the Project that the cooperation activities were going to be expanded to six other provinces; Jogjakarta, Bali, West Nusa Tenggara (NTB), East Java, South Sulawesi and Bengkulu, as sub-focused areas in May 2001.

1-2 Project Overview

The cooperation activities implemented by the project include various different seminars and training and revision of the MCH

handbook with the aims that mothers and children can receive high quality maternal and child health care services, and the awareness and behaviors for healthy life of mothers are improved through the dissemination of the MCH handbook in Indonesia.

(1) Overall Goal

- 1) Status of MCH is improved in the selected two provinces.
- 2) Mothers, children and their families in Indonesia receive the benefit of better quality MCH services related to the MCH handbook and improve their awareness and behavior for a healthy life.

(2) Project Purpose

Mothers, children and their families in the selected two provinces receive the benefit of better quality MCH services related to the MCH handbook and improve their awareness and behavior for a healthy life.

(3) Outputs

- 1) Activities of the Project are monitored and evaluated at each level in the two provinces.
- 2) MCH handbook is introduced to all district municipalities in the two provinces.
- 3) MCH technical knowledge and skills of health personnel are improved in the two provinces.
- 4) Mothers' knowledge of MCH is improved with community involvement for recognition of MCH handbook in the two provinces.
- 5) Establishment of financial system of MCH handbook is proposed.
- 6) National version of MCH handbook is revised, and training module is developed to apply to many provinces.
- 7) MCH handbook is used in various areas through various organizations (both in public and private sectors including those supported by other donors).

(4) Inputs

Japanese side:

Long-term Experts	15	Equipment	112 million yen
Short-term Experts	38	Local Cost	196 million yen
Trainees received	20		

Indonesian side:

Counterparts

Land and Facilities

Local Cost 109 million yen

2. Evaluation Team

Members of Evaluation Team Team Leader/General: Kayoko MIZUTA, Special Technical Advisor, JICA
 Maternal and Child Health: Yasuhide NAKAMUREA, Professor, Faculty of Human Sciences, Osaka University
 Community Health: Masayuki HAYASHI, Professor, Faculty of Nursing, Fukushima Medical University
 Evaluation Planning: Maki MUROI, Staff, First Medical Cooperation Division, Medical Cooperation Department, JICA
 Evaluation Analysis: Chiaki NAKAMURA, Global Link Management, Inc.

Period of Evaluation 15 March 2003 - 31 March 2003 **Type of Evaluation:** Terminal Evaluation

3. Results of Evaluation

3-1 Summary of Evaluation Results

(1) Relevance

Both Overall Goal and Project Purpose are consistent with the Health policy of Indonesia, "Healthy Indonesia 2010", which states improvement in quality of Health Services and health condition. The Overall Goal and the Purpose are also in line with Japan's Official Development Assistance (ODA) Policy for Indonesia which holds basic health service promotion as one of the priority cooperation areas for Indonesia. The Project matched the needs of beneficiaries (mothers and health personnel) as well. Therefore, the Project had relevance to current status. However, there were some inappropriate points such as that the high level of a target was settled at focused provinces, and cooperation period, target level, contents of activities and some of the Inputs at sub-focused provinces were inappropriate.

(2) Effectiveness

The outputs of the projects were mostly accomplished at the two focused provinces. As a result, the communication between health personnel and mothers was improved. Also maternal and child health services and the awareness and behaviors of mothers were improved in some points in West Sumatra such as that the rate of mothers who gave breast milk just after the childbirth was increased. In addition, the delivery of the MCH handbook was implemented gradually at sub-focused provinces, therefore, the project purpose of sub-focused provinces (mothers utilize MCH handbook) was mostly accomplished. Therefore, the project purpose will be accomplished by the end of the cooperation period.

(3) Efficiency

As for the inputs to the project, there were some inappropriate points on the dispatch of experts, provision of equipment and support for local cost. However, the inputs were mostly utilized appropriately and contributed to the accomplishment of the outputs of the project. The supporting system of the project in particular, such as the Central Coordinating Committee Meeting (CCCM) and Provincial Coordinating Committee Meeting (PCCM), and the collaboration with Japan Overseas Cooperation Volunteers (JOCV) and other organizations, contributed to the improvement of efficiency of the project.

(4) Impact

Further survey is necessary to measure the possibility of accomplishment of the Overall Goal, "Status of MCH is improved in the selected two provinces", in the future. However, through the implementation of the project, there were some positive impacts realized such as that MCH handbook was more cost-effective than the existing MCH card, and the MCH handbook was widely expanded to other areas than target areas of the project.

(5) Sustainability

As for the organizational sustainability, judging from the facts that both the central government and the local governments were continuously willing to support MCH handbook activity, and the operational and management system of MCH handbook mostly functioned, the sustainability of the project was extremely high. Also the technical sustainability was high, judging from the technical capacity of counterparts and the retention rate of them to the organization. As for the financial sustainability, some local governments and district/municipal governments allocated the budget to publish MCH textbooks. However, because of the financial deterioration after the economic crisis and delegation of authority to local governments by decentralization, there remained some concerns on the financial sustainability for the future.

3-2 Factors that promoted realization of effects

(1) Factors Concerning the Planning

N/A

(2) Factors concerning the Implementation Process

1) Following factors contributed to realize the widening of MCH handbook activities.

- a) There is a strong political commitment at the high level of the Ministry of Health with enthusiasm and a sense of ownership to promote MCH handbook activities.
- b) Multiple core counterparts of the Indonesian side were not drastically changed and continuously engaged in the Project activities throughout the Project cooperation period.
- c) MCH handbook activities were recognized as a national program of Ministry of Health.
- d) The Japanese Government continuously supported the Indonesian through the dispatch of experts to MCH handbook program in Central Java and the project since 1993.

e) The project has been enhancing collaboration with related organizations such as multi/bi-lateral aid organization professional organizations such as the medical association and midwife association, private organizations, and NGOs, which promoted the distribution of the MCH handbook in wide areas.

f) In developing the MCH handbook, the project took the racial and cultural diversity which was the characteristics of Indonesia into consideration, and made the handbook easy to be utilized by mothers and kader (health volunteers).

2) Following factors contributed to enhance the sustainability.

a) The training on MCH handbook activities to kader, midwives and other health providers was conducted aiming at improvement of quality in MCH services utilizing MCH handbooks.

b) The training manuals and guideline were developed to establish a system so that each province and district/municipality could implement training on MCH handbook activities.

c) As a result of the decentralization, the province, district and municipalities have authority to allocate the budget, the project implemented active advocacy to the provinces and districts/municipalities. The advocacy activities were conducted to the aid organizations, NGOs and professional organizations through the holding of donor conferences on the MCH handbook and seminars to professional organizations.

d) At the commencement of the Project, a leader and a coordinator were allocated to the JICA Jakarta Office, and two experts were allocated at each of the two focused provinces. Since then, the role of the Central Office has become bigger, but, throughout the cooperation period of the project, the communication between the Central Office and the offices at two focused provinces was smoothly carried out.

e) At the six sub-focused provinces without experts, JOCV's in the public health sector together with health personnel at district and municipal levels, implemented activities utilizing the MCH handbook, aiming at direct instruction to local people and improvement of health care education.

f) At each level of province, district, and municipality and health center, the periodical monitoring system was established on printing and distribution of the MCH handbook and utilizing condition.

g) Mothers' class was implemented aiming at the improvement in quality of MCH services at two focused provinces.

h) Basic training on utilizing methods of the MCH handbook and health education, and health care volunteer conferences were implemented aiming at promoting the participation of kader.

3-3 Factors that impeded realization of effects

(1) Factors Concerning the Planning

N/A

(2) Factors concerning the Implementation Process

1) As a result of economic crisis, the poverty population increased, and health indicators mainly for infants were lowered. Due to the economical deterioration, especially those who are suffering from poverty had difficulties to utilize the health services.

2) As a result of decentralization, the central government lost the control over the local governments, and the success or failure of the health related projects were largely dependent on the capacity of provinces, district and municipality.

* However, to minimize the negative impacts to the MCH handbook as a result of decentralization, MOH made various efforts such as to settle the "Minimum Service Standard" or establish the organization which gave advice to provinces. To cope with the economic crisis, MOH implemented various activities such as (1) to enhance the targeting method especially to those who require the service and who are suffering from poverty, (2) to implement more effective and efficient programs, (3) to prohibit trial projects, and (4) to implement programs based on the standard, avoiding excessive activities such as over utilization.

3-4 Conclusion

The Outputs of the project have mostly been accomplished, and the project purpose is expected to be accomplished by the termination of the cooperation period. With proactive involvement of concerned personnel on the Indonesian side, MCH handbook activities will be continuously developed and contribute to the achievement of the overall goal of the improvement of MCH from now on. However, because of the financial deterioration after the economic crisis and the transfer of authority to local governments as a result of decentralization, there remained some issues on the financial sustainability.

3-5 Recommendations

(1) Short-term Recommendations

1) It is recommended to conduct a joint study with WHO to measure the effectiveness of the MCH handbook.

2) It is recommended to promote the MCH handbook to be integrated into the health policy of the MOH or the health systems.

3) It is recommended to continue advocacy activities for provincial and district/ municipal governments on MCH handbook activities for the continuous utilization of the MCH handbook.

- 4) It is recommended to build up a closer collaboration with private sectors, especially professional organizations in order to disseminate the MCH handbook to the beneficiaries of other than public organizations.
- 5) Recently, other donors have paid attention to "newborn care" and birth certificate system and have conducted brisk activities. Therefore, it is recommended to build up a closer cooperation with other donor organizations in the field of maternal and child health.

(2) Mid and Long-term recommendations

- 1) It is recommended to advocate to the local governments in order to formulate a plan of action of the MCH handbook activities and allocate budget for printing the MCH handbook.
- 2) It is recommended to update the MCH handbook to be more suitable to each regions condition, considering cultural and regional diversity in Indonesia.
- 3) It is recommended to build up the capacity of health personnel to improve the quality of MCH through the promotion of utilization of the MCH handbook at community level.
- 4) It is recommended to integrate the MCH handbook indicators into the existing health information system and surveys to make the evaluation of effectiveness of the MCH handbook possible.
- 5) It is recommended to enhance intersectional collaboration with other health programs and the MCH handbook activities because, for the improvement of MCH, it is necessary to integrate the MCH handbook into the existing system and to systematically connect it to other services as a part of the system.

3-6 Lessons Learned

- (1) To gain appropriate indicators at evaluation, it is favorable to improve by ex-ante evaluation study before implementing of a project and prepare more accurate indicators.
- (2) To get consensus of the counterparts on planning, operation and management of a project, it is favorable to manage the project using participatory method at each step (planning, implementation, monitoring and evaluation) of the project.
- (3) It is favorable to explore and examine alternative evaluation methods for the outputs which cannot be measured appropriately by the quantitative indicators.
- (4) It is favorable to have sufficient discussions and detailed analysis in such case that a project needs to be modified during the implementation period.
- (5) For more effective implementation and wider development of JICA project-type technical cooperation, it is favorable to collaborate with other JICA cooperation schemes.

3-7 Follow-up Situation

For the future follow-up, in order to implement the activities requested by the Indonesian side more effectively, concerned parties (concerned personnel on the Indonesian side, JICA Indonesia Office, the Embassy of Japan, the Ministry of Foreign Affairs and the JICA Headquarters) are now discussing.