

## Summary

### 1. Outline of the Project

Country: Myanmar

Project Title: The Project for Primary Health Care for Mothers and Children

Issue/Sector: Healthcare and medical care

Cooperation Scheme: Development Partnership Program

Division in Charge: Reproductive Health Team, 4th Group (Health II), Human Development Department, JICA

Total cost (as of the time of evaluation): 180.797 million Japanese yen

Period of Cooperation (Duration):

July 1, 2002-June 30, 2005

Partner Country's Implementing Organization: Department of Health, Ministry of Health (MOH/DOH), DOH in Nyaung-Oo, Meiktila and Pakokku Townships

Supporting Organization in Japan: Association of Medical Doctors of Asia (AMDA)

Related Cooperation: None in particular

#### 1-1 Background of the Project

The mortality rate of infants in Myanmar is 110 out of 1,000 births. Primary Health Care (PHC) is one of the important tasks that must be addressed in order to cope with problems such as illness caused by nutritional deficiencies and unsanitary water, lack of basic knowledge on healthcare, defects in basic healthcare service and inadequate health post.

In the middle area of Myanmar called the "Dry Zone," which is the region covered by this project, annual precipitation is limited to around 500-600mm. It is said that it is the region wherein economic development is notably lagging behind in Myanmar, because of this climatic environment. Respiratory diseases and skin diseases are frequently found. There are also many cases of waterborne infectious disease such as diarrhea and dysentery due to lack of drinking water and water for daily life; and healthcare and sanitation conditions are poor. Accessibility to healthcare and medical care facilities is low, and in many cases healthcare service are insufficient. Due to a lack of communication and means of conveyance, transportation to emergency medical care facilities is also a significant problem. For the poor, food shortage and lack of nutritional knowledge among mothers in particular are also problems.

The Association of Medical Doctors of Asia (AMDA), to which this project is consigned, had implemented the "Primary Health Care Project" in collaboration with the UNDP

and WHO from 1997 in the Dry Zone. It also implemented the “Mother and Child Health Care Project,” a Development Welfare Assistance Program by JICA, from 1999 in the Meiktila Township. Achievements by AMDA are highly regarded by the national government of Myanmar, and the AMDA is expected to further develop its past achievements through this Development Partnership Program.

(1) Implementing agencies

Association of Medical Doctors of Asia (AMDA)

(2) Project duration

3 years (July 1, 2002–June 30, 2005)

(3) Budget size

180.797 million Japanese yen

(4) Targeted area

Five villages each from Nyaung-Oo and Meiktila Townships in the Mandalay Division and Pakokku Township in the Magway Division; targeted to 100,000 people in total

1-2 Project Overview

(1) Overall Goal

To reduce maternal and child mortality in the targeted area

(2) Project Purpose

To improve and enhance the health conditions of mothers and children in the targeted area

(3) Project Outputs

1. Qualities of and opportunities for available healthcare services increase in the targeted area.

2. Nutritional conditions of mothers and children and the environmental sanitation improve.

3. Knowledge and skills of health personnel engaged in MCH services are enhanced.

(4) Project Inputs (as of this terminal evaluation)

1) Japanese side:

Long-term experts	4 persons
Short-term experts	8 persons
No. of trainees received in Japan	none
Equipment supply	35.256 million yen
Local cost	49.711 million yen
Others (training cost)	3.476 million yen

## 2) Myanmar Side:

Health personnel allocation            92 persons

Procurement of land and facility for the Project

Manpower of residents offered for construction work            Approx. 450 persons

## 2. Evaluation Team Overview

Members of the evaluation team

(Area in charge: name, title)

Leader: Toru Rikimaru (Senior advisor, JICA)

Project evaluation: Kazuhiro Tanaka (Program Officer, AMDA)

Evaluation planning: Yukichi Usui (Reproductive Health Team, Human Development Department, JICA)

Evaluation Period

From May 29, 2005 to June 9, 2005

Evaluation type: Terminal evaluation

## 3. Overview of Evaluation Results

### 3-1 Achievements

#### (1) Project Purpose Achievements

As for the project purpose, namely “to maintain and improve the health conditions of mothers and children in the targeted area,” although the valid data was unavailable for the health conditions of mothers, an environment was established in which the cooperation between the residents and health administration would help to improve the health conditions of mothers and children. In addition, judging from the following four indexes, the purpose was generally achieved.

- 1) Incidence of diarrhea decreased among children during the project period.
- 2) Cases of children’s malnutrition decreased due to the implementation of the feeding program.
- 3) Mothers’ knowledge on nutrition, healthcare and sanitary practices improved due to the implementation of health education activities.
- 4) Access to quality medical services at the community level increased.

#### (2) Output Achievements

- 1) Output 1: Qualities of and opportunities for available healthcare services increase.

Qualities of and opportunities for healthcare services have significantly increased, such as the access to primary healthcare centers becoming about 9 times greater, through activities such as the improvement of the medical care environment through the establishment/renovation of medical/health facilities and the provision of medical equipments, the collaborative mobile clinic activities and the increasing opportunities for emergency transportation of patients.

2) Output 2: Nutritional conditions of mothers and children and the environmental sanitation improve.

A total of 2,435 undernourished children participated in the feeding program in the targeted area, and 56% of them recovered to the standard level. However, the nutritional status of the mothers could not be determined due to unavailability of valid data. Also, enhanced knowledge on nutrition and healthcare/sanitary and behavioral changes (including the diffusion of toilet constructions) among local residents were confirmed through the survey by implementing organization and interviews in this evaluation. The fact that voluntary health education activities are carried out by mothers' groups that were formed through this project is largely contributing to the achievement of this output.

3) Output 3: Knowledge and skills of health personnel engaged in MCH services are enhanced.

A total of 577 health personnel participated in training courses implemented under this project (training course for midwives, traditional medicine training course and training on the use of medical equipment). It was confirmed through the follow-up survey, by implementing organization and interviews in this evaluation, that those who participated in the training courses utilized the knowledge and skills obtained through the courses in providing healthcare services.

### 3-2 Summary of Evaluation Results

#### (1) Relevance

According to the "National Health Plan (2001-2006)" developed by Myanmar's Ministry of Health, community healthcare is one of the top priorities. In order to improve the level of community healthcare, it is important to broaden opportunities to receive health services at the primary level and to improve nutritional status and the sanitary environment in the communities. The promotion of healthcare activities under the initiative of residents also accords with the concept of "Human Security," which JICA adopts. Furthermore, it was confirmed through interviews at the time of

evaluation that the need for quality health services is high in the targeted area. Therefore, the relevance of this project is high.

#### (2) Effectiveness

As already mentioned in 3-1 (1) above, although the valid data was unavailable for the health conditions of mothers, the project purpose is considered to have been achieved, in general. The achievement of the project purpose is also considered to be closely connected with the achievement of project outputs. The achievements of project outputs are generating a synergic effect, such as the fact that the connection between health administration and residents was enhanced through the implementation of mobile clinic services, or voluntary activities in the community, such as self-help healthcare groups including mothers commenced/were promoted. These factors are considered to have contributed to the achievement of the project purpose. Therefore, this project is judged to have been highly effective.

#### (3) Efficiency

Input for this project is considered to be reasonable in light of the achievement of the project purpose. Project activities are carried out according to the planned schedule, so the timings of the inputs were also appropriate. Therefore, this project is considered to have been efficient. All the health facilities have been constructed or renovated in accordance with the standard of Myanmar's Ministry of Health. Medical equipments and tools were suitable in terms of quality and quantity for the level of respective facilities. The project utilized the local resources and procured goods from local companies, considering the cost-effectiveness and the convenience of maintenance. However, expected utilization was not confirmed for some of the inputs, such as the newly constructed station hospital and some the tractors provided.

#### (4) Impact

Although it was too early at the time of this final evaluation to judge the extent of the achievement of the project in terms of the overall goal, "to reduce maternal and child mortality in the targeted area" in the long term, it is expected to contribute to the attainment of the overall goal in terms of the improved health awareness in the community and increased opportunities to receive medical services at the primary level. Also, through the organization of community groups, such as mother self-help groups, the project made a positive impact, such as the empowerment and unity of the communities. As for the spreading effect of the project to non-targeted areas, facts such

as the residents of non-targeted areas visiting the mobile clinic were confirmed.

#### (5) Sustainability

Although the sustainability was not considered to be enough at the beginning of the project, based on the results of the interim evaluation by the implementing organization, the project put emphasis on ensuring sustainability by adopting a participatory approach for implementing activities in the latter half of the project period.

The collaborative mobile clinic activities at primary levels are sustainable with the cooperation of basic healthcare personnel and the community residents. However, regarding the feeding program, it is financially difficult to sustain activities that are similar to those implemented under the project. The sustainability of the transportation of emergency patients depends on whether the tractors can be used to generate enough income for maintenance. Although the activities are considered to be sustained in many villages, there are some villages that are finding it difficult to do so. Activities such as nutrition and health education by self-help groups including mothers are sustainable if the initiative of the communities is maintained. The sustainability of station hospitals completely depends on the availability of medical doctors.

Thus, the sustainability of this project differs by activities. It is difficult to evaluate at the moment, and will depend heavily on the level of community empowerment and the cooperation of healthcare personnel.

### 3-3 Factors Contributed in the Production of Effect

#### (1) Planning

It was effective for an NGO with past achievements in the targeted area to implement this project under the scheme of the Development Partnership Program.

#### (2) Implementation Process

One thing that contributed to the production of the effect of this project is the fact that the implementing organization implemented interim evaluation by itself, recognized the problems given in 3-4 (1) below, and took countermeasures thereof.

### 3-4 Problems and Factors that Raised Problems

#### (1) Planning

“To how many people the medical service can be provided” was emphasized at the planning stage, and the perspective of the participation by community residents who serves as the basis of primary healthcare was not sufficiently incorporated, which had a negative effect on the sustainability of the project.

## (2) Implementation Process

Nothing specifically

## 3-5 Conclusion

The relevance, effectiveness and efficiency of the project are confirmed. The project is also producing positive impacts in terms of community empowerment. The method to promote active participation by health personnel and residents of the community that had been employed in the latter half of the project period was considered to be particularly effective. Upon the implementation of such methods, the past experiences of the implementing organization in the area in question (or in other countries) were considered to have been fully utilized. However, ensuring the sustainability of the project is the current challenge. To what extent the effect produced can be sustained in the future relies largely on the level of the effectiveness of community organization and the extent of the continuation and the promotion of activities under cooperation with health administration.

## 3-6 Recommendations (Specific Measures, Recommendations and Advices on this Project)

(1) The sustainability of this project largely depends on the empowerment of the communities. Therefore, it is encouraged that the community group activities after the end of the project be monitored to ensure sustainability.

(2) Experiences of and lessons learned from the project may serve as a leading model to promote community healthcare in the rural area of Myanmar. Therefore, documentation of the project process is strongly recommended for sharing such experiences and lessons.

(3) In one station hospital constructed and equipped by this project, the facilities were not utilized for a long period before a medical doctor was assigned, owing to the absence of human resources in Myanmar’s Ministry of Health. Therefore, it is recommended

that the Ministry of Health ensure the adequate assignment of health personnel.

(4) Some tractors provided through the project were defective in terms of performance, durability and maintenance system provided by local companies, and expected utilization was not confirmed for these inputs during the project period. In the selection and procurement of machine and equipment, sufficient information on the performance of items, maintenance system and guarantee system should have been collected and confirmed.

### 3-7 Lessons Learned (Matters Helpful for Discovering/Forming Similar Projects Derived from this Project and Implementation, Operation and Administration Thereof)

(1) The participatory approach employed in this project is considered to be effective for the promotion of PHC on the condition wherein access to medical service is quite limited.

(2) Through mother groups established in the implementation process of the feeding program, mothers implemented health education activities as well as obtained opportunities to communicate and implement voluntary activities. These activities are considered to have contributed not only to enhancing mothers' knowledge but also to enhancing their social empowerment.

(3) The "service-provision activities" carried out especially in the first half of the project period contributed to promoting the behaviors of community residents to seek health services themselves. On the other hand, if the participatory approach had been planned from the beginning of the project, the sustainability of the project could have been promoted further.

(4) The achievements of the purpose and outputs of the project could have been assessed more accurately if more relevant indicators had been set from the beginning of the project and the supporting data had been available.

(5) The recovery rate of undernourished children who participated in the feeding program was not always high. If a more appropriate approach had been employed in the feeding programs, which were based on a consultation with nutrition experts, the effectiveness of the program could have been higher.



(6) The project was implemented in the “dry zone” area, where people reside in a severe natural environment, and the security of household food is quite vulnerable. Therefore, under such conditions, the significance of the feeding program that supported changes in mothers’ behaviors and improvement in the nutrition of children was quite high from the humanitarian point of view, even if the sustainability of the program itself was not.

## Chapter 1: Overview of the Evaluation

### 1-1 Background and Purpose of Dispatching the Evaluation Team

The Evaluation Team was dispatched from May 29 to June 8, 2005, upon the completion of “The Project for Primary Health Care for Mothers and Children,” implemented with the scheduled period from July 1, 2002 to June 30, 2005 in the Union of Myanmar (hereinafter referred to as “Myanmar”). The purpose of the said Evaluation is to understand and summarize the project performance, as well as to implement evaluation based mainly on the five criteria of evaluation, in order to contribute to the future cooperation of Myanmar and Japan and future collaboration with NGOs.

### 1-2 Members of the Evaluation Team and Evaluation Period

#### 1-2-1 Members of the Evaluation Team

Area in charge	name	title
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Leader

Toru Rikimaru

Senior advisor, JICA

Project evaluation

Kazuhiro Tanaka

Program Officer, AMDA

Evaluation planning

Yukichi Usui

Reproductive Health Team, Human Development Department, JICA

#### 1-2-2 Evaluation Schedule

Schedule	Time	Process	Accommodation
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May 29 (Sun)

Arrive Yangon

May 30 (Mon)

AM

Meeting at JICA Myanmar Office

PM

Visit and hold meeting with the Director of Public Health Division, Department of Health, Ministry of Health of Myanmar

Visit the Director General of the Department of Health, Ministry of Health

Visit the Director General of the Department of International Affairs, Ministry of Health

Yangon

Traders Hotel

May 31 (Tue)

AM

Transition (from Yangon to Nyaung Oo)

Visit AMDA Nyaung Oo Office

Transition (from Nyaung Oo to Pakokku)

Visit AMDA Bangkok Office

Visit Bei Gyi to inspect activities and interview residents

PM

Visit KanTaw to inspect activities and interview residents

Transition (from Pakokku to Nyaung Oo)

Visit Let Pan Che Paw RHC (Rural Health Center) and inspect equipments provided  
Nyaung Oo

Thante Hotel

June 1 (Wed)

AM

Transition (From Nyaung Oo to Meiktila)

Visit Ahle Ywar Station Hospital, inspection and interview

Visit Meiktila Medical Office

PM

Visit Kyun Khin Gyee to inspect activities and interview residents

Meiktila

Winzin Hotel

June 2 (Wed)

AM

Visit Nyaun Za to inspect activities and interview residents

PM

Transition (to Nyaung Oo)

Visit Nyaung Oo District Hospital, Visit DMO (District Medical Officer) and hold meeting

Inspect the children's ward of Nyaung Oo District Hospital and hold interviews

Nyaung Oo

Thante Hotel