

## Summary of Terminal Evaluation

I. Outline of the Project	
Country : Lao P.D.R.	Project title : Project for Strengthening Health Services for Children
Issue/Sector : Health	Cooperation scheme : Technical Cooperation Project
Division in charge : JICA Laos Office	Total cost : 585 Million JPY
Period of Cooperation	(R/D):2002/8/30
	Partner Country's Implementing Organization : Ministry of Health, Oudomxay and Vientiane Provinces Supporting Organization in Japan : International Medical Center of Japan
Related Cooperation : Pediatric Infectious Disease Prevention Project(PIDP)	
<p>1 Background of the Project</p> <p>JICA had been assisting the health and medical sector of Lao P.D.R. since early 1990s through the Public Health project (1992-98) and PIDP(1998-2001). After the PIDP, the Ministry of Health of Lao P.D.R. made the official request for the continuous support including infectious disease prevention and school health promotion. According to the request, JICA had conducted the short survey and concluded the necessity of improving the health system from the district level. JICA conducted the further preparatory survey and signed the Record of Discussion(R/D) to commence the project.</p> <p>The Project for Strengthening Health Services for Children was commonly known as the name, "KIDSMILE" and it commenced in November, 2002. The project had the unique characteristics such as the enhancing the ownership, health system strengthening and the capacity development approach. The Project design matrix (PDM) had the larger flexibility comparing with other project and the project had modified the project contents by referring the process and situation of the project, even those aspects had caused some confusion and misunderstandings in the early project stage. The monitoring mission in 2003 had made the advices on the PDM and the Mid-term evaluation had suggested the further modification. These processes had made the project objective and principles more clearly among Lao and Japanese sides. This terminal evaluation was conducted on the PDM 2 modified based on the mid-term evaluation.</p> <p>2 Project Overview</p> <p>(1) Overall Goal</p> <ol style="list-style-type: none"> <li>1. The health standard of children is improved in target provinces</li> <li>2. Practical systems established by Project are utilized beyond the central level and target provinces.</li> </ol> <p>(2) Project Purpose</p> <p>Management system for child health services is strengthened among the MOH and target provinces with various levels' participation.</p> <p>(3) Outputs</p> <ol style="list-style-type: none"> <li>1) Training Information System is established at target provinces and at central level.</li> <li>2) The Network System is strengthened at target provinces and at central level.</li> <li>3) MR and IMCI are established at target provinces and at central level.</li> <li>4) Capacity of Information, Education and Communication is improved at target provinces and at central level.</li> <li>5) Activity Cycle of planning, implementation, monitoring, evaluation and feedback are carried out at</li> </ol>	

<p>target provinces and central level.</p> <p>(4) Inputs</p> <p>Japanese side :</p> <p>Long-term Expert; 8    Short-term Expert; 37    Equipment    39,185,886 Yen</p> <p>Local cost    682,225.16 US dollars    Trainees received; 42</p> <p>Total Cost; 585 Million JPY(As of the terminal evaluation)</p> <p>Lao Side :</p> <p>Counterpart; 72 (in Central and Provinces)</p> <p>Land and Facilities; Office, Training Facility</p> <p>Local Cost    217,958,480 Kip</p>	
<p>II. Evaluation Team</p>	
<p>Members of Evaluation Team</p>	<p>(1) The Japanese team</p> <p>Mr. Senya Mori, Resident Representative of Laos Office, JICA</p> <p>Dr. Tomohiko Sugishita, Senior Advisor (Health/Medicene), JICA</p> <p>Dr. Tamotsu Nakasa, International Medical Center of Japan</p> <p>Dr. Yoichi Horikoshi, Adviser to Ministry of Health of Lao P.D.R.</p> <p>Ms. Noriko Furutani, Global Link Management, Inc.</p> <p>Mr.Hiroaki Asaoka, Assistant Resident Representative of Laos Office, JICA</p> <p>(2) The Lao team</p> <p>Dr. Nao Boutta, Deputy Director, Cabinet, MOH</p> <p>Ms. Sengchanh Kounnavong, National Institute of Public Health</p> <p>Dr.Khampheth Manivong, Acting Director, Department of Planning and Budgeting, MOH</p> <p>Mr.Khampheng Chittavong, Vice Governor, Oudomxay Province</p> <p>Mr.Khammeung Phongthady, Vice Governor, Vientiane Province</p>
<p>Period of Evaluation</p>	<p>7/May/2007~ 13/June/ 2007</p> <p>Type of Evaluation : Terminal Evaluation</p>
<p>III. Results of Evaluation</p>	
<p>1 Achievement</p> <p><u>Output 1: Training Information System is established at target provinces and at central level.</u></p> <p>Activities for Output 1 were conducted and on the progress, but did not reach to the original target at time of terminal evaluation. There is room to be improved.</p> <p>The magnitude of utilization for human resource management is not sufficient as originally expected. There are still difficulties in maintenance of database program, data collection, further utilization, etc.</p> <p><u>Output 2: The Network System is strengthened at target provinces and at central level.</u></p> <p>The achievement level of this output is high. The performance of VVC(Voice to Voice Communication) and FFC are mostly achieved as targeted. Information sharing through this regular meeting and DHO meeting was also pointed out as the one of the important improvements.</p> <p><u>Output 3: MR and IMCI are established at target provinces and at central level.</u></p> <p>Output 3 can be described as achieved because of the following facts. The achievement degree of MR of all district's objectives is more than 80% as targeted. The number of staff who received the IMCI (Integrated Management of Childhood Illness) training in target provinces is more than target figure, 247</p>	

in total. The implementation rate of IMCI is increasing. According to the result of the detailed IMCI evaluation; clinical skill of staff trained for IMCI is improving.

Output 4: Capacity of Information, Education and Communication is improved at target provinces and at central level.

The achievement level of this output is high. According to Media planner evaluation (Capacity assessment by 5 grade in needs survey, planning/media development/ implementation/evaluation of activity) for CIEH-MOH, the score on average has been increased from 2.3 in 2003 to 4.2 in 2006. According to the result of KAP survey, conducted in 2006 and 2007, positive changes in Knowledge, Attitude and Practice of participants in Campaign has clearly been observed.

Output 5: Activity Cycle of planning, implementation, monitoring, evaluation and feedback are carried out at target provinces and central level.

Output 5 has been achieved, judged from the following facts. Implementation status of activities that set in annual plan is almost 80%. The proposal form, designed and distributed by May 2004, is used. The degree of submission of activity report utilizing the proposal form designed is becoming to almost 100%.

Project Purpose: Management system for child health services is strengthened among the MOH and target provinces with various levels' participation.

The project purpose is mostly achieved at the time of terminal evaluation, judging from the following points.

- 1) The trend of number of the population under 5 who receive the health services at provincial and district health facilities is steadily increasing by the contribution from the project and other factors.
- 2) Dissatisfaction rate of health services users at provincial and district health facilities has been decreased.
- 3) MR (Minimum Requirements) is functioning well in two target provinces in the sense that it is implemented with other KIDSMILE system such as FFC (Face to Face Communication), DHO (District Health Office) meeting although some points have not been sufficient.

In addition, more initiatives from districts and bottom-up decision-makings, based on information sharing, frank discussion and the closer linkage of various organizations both vertically and horizontally, have been brought about.

Overall Goal: 1. The health standard of children is improved in target provinces, 2. Practical systems established by Project are utilized beyond the central level and target provinces.

It is estimated, at the time of evaluation, that overall goal will be achieved within several years from now if some conditions are met.

Indicator for overall goal 1 is mortality rate of children under 5 years old in the target provinces, but it is difficult to obtain the quantitative data in exact figure to prove the projection of mortality rate of children under 5 year-old since there is no statistical data of mortality by province and national census is only conducted every 10 years. However, all the counterpart personnel interviewed believe that mortality rate of children under 5 in target provinces will be reduced within 3-5 years with the positive effects from the Project outputs. Regarding with indicator for overall goal 2, at least one of the practical systems established by the Project and could be extended to other provinces than target areas is MR. Currently, MR is under review towards the creation of MR guideline.

## 2 Summary of Evaluation Results

### (1) Relevance

The Project has been highly relevant with the development needs on the child health problems, and Lao Policies such as NSEDP and Health Strategy up to 2020. It is also consisted with Japanese ODA policy to Lao P.D.R.

### (2) Effectiveness

The effectiveness of the Project is high by referring the degree of achievement of the project purpose and outputs. All the outputs have been contributing to achievement of the project purpose.

### (3) Efficiency

The efficiency level of the Project is sufficient. Input by both Japanese and Lao sides were mostly necessary and sufficient to produce the intended outputs in terms of the timing, quality and quantity of the dispatch of Japanese experts, the time and content of counterpart training courses and the provided equipment. The number of counterparts allocated by Lao side was sufficient.

### (4) Impact

Impact of the Project is highly positive. Overall goal 1 “The health standard of children is improved in target provinces” will be realized if the external conditions are met with in several years. As for overall goal 2, “Practical systems established by Project are utilized beyond the central and target provinces” is depending on the actions to be taken by MOH at central level. No negative impacts are observed.

### (5) Sustainability

The sustainability of the Project was analyzed from the following two points, namely continuity of the outcome in two target provinces (vertical sustainability) and the MOH’s sustainability in terms of extension of the KIDSMILE approach nationwide (horizontal sustainability) towards the overall goal. The sustainability of the Project outcome in the two target provinces can be judged as high at certain level. On the other hand, it was judged by the Team that the possible extension of benefits from the Project nationwide (horizontal sustainability) depends on the coming actions to be taken by MOH at central level. If the financial aspect is back up further, sustainability would be strengthened.

The reasons for the above statement is as follows,

#### 1) Organizational sustainability

The current support at the policy level seems to continue after the Project. The five-year plan of health sector, covering for 2006-2010, of Vientiane province stipulates better quality health service by using MR as a district hospital strategy in priority direction. Besides, the probability of the replication of the practical systems, attained in the Project, to other areas than target provinces, can be said as high because the preparation for MR extension nationwide is under way at central level.

#### 2) Financial sustainability

It is highly regarded that counterpart personnel especially at provincial level and below has been making great efforts on cost effective performance as well as finding financial resources. However, the initial investment necessary to start MR and to keep the total mechanism of MR together with FFC require some financial resources that is not easy for provincial level and below. If the budget limitation of MOH will be overcome, consequently sustainability of the Project from financial aspect is going to be secured.

### 3) Technical sustainability

The sustainability of the Project from the technical aspect is high based on the following points; (i) Increase in knowledge and skills, (ii) Coordination among various organizations, (iii) Positive changes in implementers' consciousness.

### 3 Factors that promoted/impeded realization of effects

#### (1) Factors concerning to Planning

##### 1) Interaction of all outputs;

Although it was not originally intended, one of the possible factors that promoted to achieve the project purpose is the interaction of outputs. They are closely related each other and produced synergy effect towards the project purpose.

##### 2) Flexibility of the project design;

The project had the large flexibility on the project design, which was important for the project. However, it can be said that the flexibility made some confusion and misunderstanding among the relevant persons in the early stage.

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

The below issues has produced the positive effects on the project implementation and outcomes.

- 1) Cost sharing and utilization of existing resources
- 2) "Intensive Discussion"
- 3) Allocation of Japanese long-term expert at provincial level
- 4) Training followed by practice

### 4 Conclusion

The Project is highly relevant and the effectiveness of the Project is also high. The efficiency level of the Project is sufficient while the impact of the Project is positively high. The Team judged the sustainability of the Project in terms of continuity of the outcome in target provinces (vertical sustainability) is high at certain level. On the other hand, it was judged by the Team that the possible extension of benefits from the Project nationwide (horizontal sustainability) depends on the coming actions to be taken by MOH at central level.

### 5 Recommendations

#### (1) Measures to be implemented before the termination of the Project

For the continuity of MR in the target provinces;

- 1) The Project reviews the whole mechanism of MR and shares among central, provincial and district level.
- 2) DOC monitors over two provinces and provides supervisory visits upon necessity.
- 3) The Project prepares the feasible plan, specifying the responsibility, role, procedure and budget of MR continuation.

For the extension of MR to the other provinces than target provinces;

- 4) The Project holds discussion meeting to make agreement on the extension of MR to other provinces than target provinces with consideration on the following points;
  - a) To identify the facility's functions to be strengthened at district level respecting the items of actual MR.

b) To prepare the feasible plan, specifying the responsibility, role, procedure and budget of MR extension.

5) The Project reconfirms the significance and direction of TIS after the termination of the Project. TIS is functional only if sector-wide coordination works well.

6) The Project plans the gradual withdrawal of Japanese expert as a part of exit strategy to secure the sustainability after the termination of the Project.

(2) Measures to be taken for after the termination of the Project

1) MOH promotes application of the model of Child Health Campaign to the existing activities in other provinces.

6 Lessons Learned

1) Developing capacities in management system at central and provincial levels contributes to the improvement in service provision of child health.

2) Esteeming of initiatives of counterpart personnel fosters a sense of motivation, commitment and responsibility.

3) “Flexible” process in designing and modifying project components provides opportunities to encourage capacity development.

4) Practice of “activity cycle” changes minds and attitudes of health administrators and service providers.

5) Providing opportunities of interactive communication intensifies commitments from various actors towards improving child health.

6) MR is an innovative device to improve quality of service delivery in child health.

(END)