

## Summary of the Evaluation

<b>I. Outline of the Project</b>	
<b>Country</b> : Kingdom of Morocco	<b>Project title</b> : Project for the Improvement of Maternal Health Care in the Rural Area
<b>Issue/Sector</b> : Healthcare and medical care	<b>Cooperation scheme</b> : Technical Cooperation Project
<b>Division in charge</b> : Human Development Department <b>Division</b>	<b>Total cost</b> (as of the time of evaluation): 302 million Japanese yen
<b>Period of Cooperation</b> (R/D): November 15, 2004 - November 14, 2007 (Extension): (F/U) : (E/N) (Grant Aid)	<b>Partner Country's Implementing Organization</b> : National Population Department, Ministry of Health, Regional and Prefectural Health Service Delegation of the Ministry of Health
	<b>Supporting Organization in Japan</b> : The Japanese Red Cross Kyushu International College of Nursing Related Cooperation: Munakata City, Kyushu
<b>Related Cooperation :</b>	
<p><b>1 Background of the Project</b></p> <p>In Morocco, the maternal mortality rate was as high as 230 in 0.1 million childbirths (State of World's Children 2000, UNICEF) and is regarded as a problem to be solved urgently. In particular, a remarkable regional difference was observed: the maternal mortality rate in rural villages was 307 compared to that of 125 in urban areas (survey in 1997 by the Ministry of Health). In order to improve the situation, enhancement of the quality of medical staff was an issue to be solved, but a system for this purpose had not been established. Therefore, the Project was started in November 2004 to build a practical and continuing education system for midwives and nurses.</p> <p><b>2 Project Overview</b></p> <p><b>(1) Overall Goal</b></p> <ol style="list-style-type: none"> <li>1. The health conditions of the women of reproductive age in the target areas (rural areas) are improved.</li> <li>2. Maternal health service system developed in Pilot Provinces is disseminated in the project target regions.</li> </ol> <p><b>(2) Project Purpose</b></p> <p>Appropriate healthcare services are provided for the women of reproductive age in the pilot prefectures (Prefecture of Sefrou in Fès-Boulemane Region, Prefecture of Ifrane in Meknès-Tafilalet Region).</p> <p><b>(3) Outputs</b></p> <ol style="list-style-type: none"> <li>1. Continuous education system to improve the practical skills, knowledge, and awareness of the staff members of the Ministry of Health, concerning the care of pregnant, is established in the pilot prefectures.</li> <li>2. The capability of the prefectural branches of the Ministry of Health in the pilot prefectures to manage the project for mother and child healthcare (MCH) is established.</li> <li>3. Adequate programs utilizing Information Education and Communication (IEC) regarding maternal care in rural area is implemented</li> <li>4. Appropriate and sufficient mobile clinic services for pregnant women in the rural areas are implemented in the pilot prefectures.</li> </ol>	

#### (4) Inputs (as of the time of evaluation)

##### Japanese side :

**Long-term Expert :** Total 5 people      **Equipment :** About 37.57 million yen  
(1 DH = 15 yen)

**Short-term Expert :** Total 9 people      **Local cost :**  
**Trainees received :** 60 people      **Others :**

**Total Cost** \_\_\_\_\_

##### Moroccan Side :

**Counterpart :** Total 60 people      **Equipment :** Gas for mobile clinic, accommodation  
and lunch for continuing education at  
prefectural level from 2007

**Land and Facilities :** Project office, electricity      **Local Cost :**  
**Others :**

#### II. Evaluation Team

<b>Members of Evaluation Team</b>	<b>Leader:</b>	Yojiro Ishii, Group Director, Group III, Human Development Department, JICA
	<b>Training evaluation:</b>	Miku Okada, Program Team II, Kyushu International Center, JICA
	<b>Evaluation plan:</b>	Yuko Nakakubo, Junior Advisor, Reproductive Health Team, Group III, Human Development Department, JICA
	<b>Evaluation analysis:</b>	Chiaki Kido, System Science Consultants Inc.

**Period of Evaluation** June 3 - 20, 2007

**Type of Evaluation :**  
Terminal evaluation

#### III. Results of Evaluation

##### 1. Achievements

###### (1) Implementation of Project Inputs

The input of long-term experts was delayed due to the difficulty in securing the experts. All planned activities, however, have been carried-out and, other than the long-term experts, all the inputs have been provided as scheduled.

###### (2) Achievement of each Project Output

- Project Output 1: Continuous education system to improve the practical skills, knowledge, and awareness of the staff members of the Ministry of Health, concerning the care of pregnant, is established in the pilot prefectures.

One hundred percent of the target value has been achieved for the implementation of training provided to the scheduled number of trainees and for the realization of the scheduled number of training sessions in the Prefectures of Sefrou and Ifrane. In addition, it was confirmed that the skills of the participants of the training sessions and the degree of satisfaction of pregnant women, who are the beneficiaries, have been improved. Project output 1, therefore, can be evaluated as being fully achieved.

- Project Output 2: The management capability of the prefectural branches of the Ministry of Health in the pilot prefectures, on the care of pregnant women is established.

The management capability of the prefectural branches of the Ministry of Health means management on planning, securing and implementing the budget for three activities: continuing education, IEC activity, and mobile clinics. In the Prefecture of Sefrou, appropriate plans were formulated for the three activities.

On the other hand, in the Prefecture of Ifrane, there was a problem in the planning of continuing education and the mobile clinic, and it was decided to strengthen the plan near the project's completion. Securing and implementing the budget are done appropriately in both prefectures.

- Project Output 3: Adequate programs utilizing Information Education and Communication (IEC) regarding maternal care in rural area is implemented  
One hundred percent achievement is targeted for the realization of the scheduled amount of IEC, but so far there is no plan to implement IEC at each health center. Therefore, formulating a plan for the year and increasing the capability to formulate a plan of prefectural branches of the Ministry of Health are necessary.

- Project Output 4: Appropriate and sufficient mobile clinic services for pregnant women in the rural areas are implemented in the pilot prefectures.  
In the Prefecture of Sefrou, mobile clinic implementation in the latter half of 2006 was achieved completely. On the other hand, in the Prefecture of Ifrane, the implementation rate was 58 percent due to snow falls and the influence of strikes. Regarding the implementation of antenatal health checks of pregnant women by mobile clinics, the target implementation rate was 100 percent, but the actual implementation rates in 2006 were 29 percent in the Prefecture of Sefrou and 2 percent in the Prefecture of Ifrane. At the time of this evaluation, activities have just moved into full swing in both prefectures, and the activities need to be promoted near the project's completion.

### **(3) Project Purpose Achievement**

- Project Purpose: Appropriate healthcare services are provided for the women of reproductive age in the pilot prefectures.

A 70 percent rate of birth assistance by medical staff, which was the indicator for the project purpose, could not be achieved in the Prefectures of Sefrou and Ifrane. It is considered that, there is an influence of charging for deliveries in the secondary medical facilities, which were introduced in March 2005. As for the other indicators, rates of diagnosis and care of high risk pregnancies, it was difficult to make a judgment by comparing the data of 2005 and that of this evaluation due to the change in the definition of high risk pregnancy in 2006. However, according to the information gained by the survey at the site, including interviews, morals of the staff members of the branches of the Ministry of Health are valued. In addition, mothers' childbirth classes, which had not been held in Morocco, are considered to have increased pregnant women's satisfaction.

### **(4) Overall Goal achievement**

- Overall Goal 1: The health conditions of the women of reproductive age in the target areas (rural areas) are improved.

- Overall Goal 2: Maternal health service system developed in Pilot Provinces is disseminated in the project target regions.

Regarding Overall Goal 2, forums have already been held in each region to discuss the timing and which organization will take charge of dissemination. Thus preparation has started. After the dissemination in other prefectures, the implementation of the care of pregnant women is considered to improve the health conditions of the women of reproductive age in the target regions.

The directors of the prefectural health service delegation of the Ministry of Health are expected to take action for dissemination in other prefectures of their regions, since they attended training sessions in Japan and understand the project activities well. To achieve the dissemination, however, follow-up by the Ministry of Health and JICA are considered necessary.

## **2. Summary of Evaluation Results**

### **(1) Relevance**

The Project conforms to the policy of the Ministry of Health, as the support for systematic implementation of continuing education to cope with the Moroccan government's priority in the field of MCH, namely, "enhancement of the care of pregnant women in villages." In the JICA Country-Specific Implementation Plan for Morocco, cooperation in the field of healthcare and medical care, considering the disparity between urban areas and rural areas, and improvement in the mortality rates of pregnant women and infants are pointed out. The project, which targets pregnant women in rural areas, fully conforms to the Country-Specific Implementation Plan. In addition, since 2002, Japan has continued to implement grant aids and country-specific training in the field of MCH in Morocco, and the follow-up of the results by this project was highly relevant.

In the two prefectures selected as pilot prefectures of the project (the Prefectures of Sefrou and Ifrane), as the population of agricultural villages occupies more than half of the entire population, the selection for the pilot prefectures was appropriate for this project that aimed at improving the care of pregnant women in villages.

### **(2) Effectiveness**

Omissions in medical records of pregnant women in health centers and hospitals have decreased due to the implementation of the Project, and the progress of pregnancies is now able to be accurately understood. The capability to diagnose risky childbirths has been enhanced and appropriate references have been made. Thus, the quality of the care of pregnant women in the pilot prefectures is considered to be improving. Regarding the relationship between project outputs and the project purpose, it is considered that Project Output 1 (achievement of continuous education system) and Project Output 2 (establishment of management capability of the branches of the Ministry of Health in the pilot prefectures on MCH projects) are considered to have improved the capability of diagnosis and motivation of medical staff, and these outcomes have increased the degree of achievement of the project purpose. Also, mothers' childbirth classes and women's health handbooks, which have been introduced by the people who were trained in Japan, are playing big roles in the improvement of services for pregnant women. Thus, effectiveness is thought to be high.

### **(3) Efficiency**

Although the difficulty in securing long-term experts and the changes of people due to bad physical conditions caused a delay in the project plan, all planned activities have been implemented at the time of this evaluation. The Moroccan side thought the change of experts as a defect in the system of the Japanese side, but continuous inputs of short-term experts made up for the problem.

As for the training, it integrated with the building of the continuous education program in Morocco and was also provided in Japan at the Japanese Red Cross Kyushu International College of Nursing, to which short-term experts belong.

It has brought about a synergetic effect in project implementation, and efficient

training was provided as scheduled. As for the equipment, minimum amount was provided according to the needs at the site.

#### **(4) Impact**

A model for continuous education has been completed by the Project, and the implementation of the training based on this model has improved the motivation of nurses and midwives involved in the care of pregnant women. Regarding the relationship between the achievement of the project purpose and the overall goal, considerations are made of timing and which organization is responsible for spreading the project outputs of the pilot prefectures, including the continuing education system established in the prefectures. The formulation of this plan is considered to increase the possibility of achieving the overall goal. In addition, features such as "health handbooks for women" and "mothers' childbirth classes," for which the people who were trained in Japan voluntarily made efforts, are spreading and making a major impact in the improvement of the care of pregnant women.

#### **(5) Sustainability**

As of June 2007, there is no move in the Ministry of Health to make systems for the continuing education model, standardized IEC activity, or mobile clinics. However, key people in the Ministry of Health, regions, and prefectures are committed to continuing the activities, and the Ministry of Health has decided to provide vehicles as a part of support for the activities in the pilot prefectures. Yet there are some causes for concern, including the budget necessary for activities being undecided at state and regional levels and in the Prefecture of Ifrane, the insufficiency of creativity needed to solve problems such as a lack of vehicles and a shortage of staff. However, sustainable activities are expected to be continued in the future, since key people in the project, including directors of the prefectural branches of the Ministry of Health, have assured the continuation of activities and nursing schools, and college hospitals are offering cooperation.

With the project, continuing education has been implemented by using Moroccan personnel, and personnel with high expertise in the field of MCH have been fostered. Since the members of the working group are scheduled to remain in the current position for another 3 to 4 years, technical sustainability is evaluated as secured.

### **3. Factors Contributing in the Production of Effect**

#### **(1) Content of the Plan**

It is noteworthy that the pilot prefectures, the Prefecture of Sefrou and the Prefecture of Ifrane, have had monthly meetings to exchange opinions, and have promoted the activities by confirming respective efforts, outcomes, and changes in indicators, and have built up a relationship of cooperation by learning from each other's experiences.

#### **(2) Implementation Process**

Human relationships, built up among the staff of prefectural hospitals and health centers through the activities of the project, have contributed to the facilitation of duties, including the references from health centers and subsequent feedback from prefectural hospitals, and have led to the improvement in the quality of care.

#### **4. Problems and Factors that Raised Problems**

##### **(1) Content of the Plan**

The Province of Guelmim in the south, which is one of the project target areas, is geographically distant from the capital city and the other two target regions. It is undeniable that this fact caused difficulty for Japanese experts in providing support under the time pressure.

##### **(2) Implementation Process**

An obstacle to project implementation was securing long-term experts. Although the original plan of the project called for two experts, the project could not help but start with one person, which resulted in a delay of almost one year in the activity for continuing education.

#### **5. Conclusion**

The project was to cope with the issues in the field of MCH in Morocco, which is a systematic implementation of continuous education for midwives and nurses, and it also conforms to Japan's assistance policy. Since there was a delay in the project implementation schedule, the project purpose and outputs have not been achieved as the time of the evaluation, but they are expected to be almost achieved in several years. It is considered that, by the project implementation, changes have been brought about including improvement in midwives' and nurses' motivation, realization of appropriate references, and improvement in the quality of the care of pregnant women. The activities have expanded as well, such as ideas of the health handbook for women and the establishment of mothers' childbirth classes. Regarding sustainability of the continuous education model, while there is no problem at pilot prefecture level with an established administration system, the strong initiative of the Ministry of Health and its regional branches is necessary when expanding the model to other regions, and future follow-up by JICA is desirable.

#### **6. Recommendations**

##### Short term

- Prefecture of Ifrane: Strengthening the management system to promote the activities of continuing education, IEC activity, and the mobile clinics in the pilot prefectures is expected.
  
- JICA, Ministry of Health: Morocco has human resources with high expertise in the field of MCH, and has enough facilities and equipment necessary for training. Since there are strong needs in the field of MCH in the French-speaking countries of Africa that have similarities with Morocco in language and culture, it is considered effective to efficiently use the resources of Morocco and to implement training in third countries in the field of MCH, by further cooperation between Morocco and Japan.
  
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##### Medium and long term

- Ministry of Health: An implementation system, for prefecture-level continuing education that is implemented in the pilot prefectures, has been established in prefectural branches of the Ministry of Health. On the other hand, training for Emergency Obstetric and Neonatal Care (SONU) that uses the resources of college hospitals are implemented by donor support. It is desirable that the Ministry of Health take initiatives to secure the budget to implement SONU.

- Ministry of Health (Fès-Boulemane Region, Meknès-Tafilalet Region): It is desirable to visualize the dissemination of the continuing education model within the regions.
- Trainees returned from Japan (to Fès-Boulemane Region, Meknès-Tafilalet Region, and Province of Guelmim): Implementation of the continuing education model led by the trainees and the promotion of activities such as mothers' childbirth classes, by enhanced networking among the trainees returned from Japan is recommended.
- Health centers, representatives of residents: It would be advantageous to increase knowledge on antenatal health checks and hospital deliveries, by improving the cooperation between health centers and community leaders.
- Ministry of Health (and other ministries such as the Ministry of Youth and Sports): For the improvement of the care of pregnant women, also thinking in terms of education and gender rather than only healthcare, it is effective to make efforts to disseminate knowledge on the care of pregnant women by targeting adolescents in collaboration with the Ministry for Youth and Sports. The enhancement of cooperation with other sectors, therefore, is desirable.
- JICA: The project activities have just moved into full swing in the pilot prefectures. It is thought that, if monitoring and guidance of individual experts can be obtained, the activities can be established and spread to other prefectures.

## **7. Lessons Learned**

- Deciding on two pilot prefectures meant that it took a long time to make adjustments between the prefectures. However, by holding monthly meetings to exchange opinions, and promoting the activities by confirming respective efforts, outcomes, and changes in indicators, a cooperative relationship of learning mutually has been cultivated and a synergetic effect has been brought about.
- Effective program implementation was realized since the Japanese Red Cross Kyushu International College of Nursing, the domestic supporting organization for the project, has provided consistent support. This support included the short-term dispatch of experts, program building for the training in Japan that was integrated with the contents of the project developed in Morocco, and post-training follow-up.
- It is said that private "person-to-person" connection is important whenever you do something in Morocco. With the Project, the network that the long-term experts have built in the Ministry of Health has effectively functioned as the base for the project implementation.