

Evaluation Summary

1. Outline of the Project	
Country : Syrian Arab Republic	Project title : The Project for Strengthening Reproductive Health in Syria
Issue/Sector : Health-Reproductive Health	Cooperation Scheme : Technical Cooperation Project
Division in Charge : Reproductive Health Division, Human Development Department	Total Cost : 260 million yen
Period of Cooperation	June 2006 to March 2009
	Partner Country's Implementing Organizations : Primary Health Care (PHC) Directorate of the Ministry of Health (MOH) and PHC Directorate of Aleppo Governorate Supporting Organization in Japan : Nil
<p>1-1 Background of the Project</p> <p>The Syrian Arab Republic (hereinafter referred to as "Syria") belongs to the Middle Eastern Region with a population of 20 million. In Syria, there exist large gaps in health outcomes, as well as in wealth distribution, between urban/rural areas. Bridging such gaps is one of the policy priorities of the Ministry of Health and this issue is also addressed in the Japan International Cooperation Agency (JICA)'s Country Program for Syria.</p> <p>JICA conducted a project formation survey in February 2003. It then implemented a preparatory study from January to March, 2005, after which both JICA and the Syrian side had agreed on the framework of the Project and had exchanged the Minutes of Meeting (M/M). Further, JICA and the Syrian Authorities had a consultation on the details of the Project on October 11, 2005, and signed the Record of Discussions (R/D).</p> <p>Manbej District in Aleppo Governorate is the target area of the Project. Manbej has lower Reproductive Health (RH) indicators than the national average; there are more needs of RH than other areas. The Project purpose is to increase utilization of quality and satisfactory Maternal and Child Health (MCH) &RH services in Manbej District, Aleppo Governorate with the following outputs : (1). Improve the quality of MCH&RH services at Health centers (HCs) in Manbej District, (2). Raise awareness, and promote RH behavioral changes among community members in the 3 pilot areas (Manbej, Al-Khafse, and Maskane), (3). Advocate on the project activities and MCH&RH issue at the central level, governorate level and district level and (4). Strengthen monitoring and evaluation of project activities in Manbej District. The Project activities include trainings for medical staffs, formulation of performance standards, improvement in health center environment, recruitment and training of health volunteers in communities, advocacy activities for RH, advocacy activities on the project activities and MCH&RH issues at the central level, governorate level and district level, and publicity on the project activities. The Project team has been carrying out the cooperation activities scheduled for 3 years in collaboration with the Primary Health Care Directorate of the MOH and PHC Directorate of Aleppo Governorate as counterpart organizations since June 2006.</p>	
<p>1-2 Project Overview</p> <p>(1) Overall Goal</p> <p style="padding-left: 20px;">Improve the MCH & RH status in Manbej District, Aleppo Governorate.</p> <p>(2) Project Purpose</p> <p style="padding-left: 20px;">Increase utilization of quality and satisfactory MCH&RH services in Manbej District, Aleppo Governorate.</p>	

- (3) Outputs
- 1) Improve the quality of MCH&RH services at HCs in Manbej District.
 - 2) Raise awareness, and promote RH behavioural changes among community members in the 3 pilot areas (Manbej, Al-Khafse, and Maskane)
 - 3) Advocate on the project activities and MCH&RH issue at the central level, governorate level and district level.
 - 4) Strsngthen monitoring and evaluation of project activities in Manbej District.

(4) Inputs (as of the final evaluation)

1) Syrian side :

- Government staff as Project staff and their salary (16 in total)
- Office space, facilities, basic furniture and equipment
- Administrative and operational costs for the Project
- Land, buildings and other facilities necessary for the implementation of the Project
- Repair of damages in health centers in the Project site
- Maintain and try to increase the number of health personnel in key health centres
- Provision of equipment for health centers
- Allocation of consumables for RH and MCH services at health centers

2) Japanese side :

- Experts (technical, management and coordinator) : 17 in total
- Training for staff (Number of trainees : 894 in total, number of participants in workshops : 413 in total)
- Provision of 1) equipment (basic equipment to the selected health centers and part of office equipment for the Project team) and 2) other construction fee
- Provision of ultrasound machine (Procurement by JICA)
- Activity costs for workshops and trainings (including training in Japan)

2. Evaluation Team			
Members of Evaluation Team	Team Leader	Mr. Hideki Tanabe	Senior Representative, JICA Syria Office
	Reproductive Health	Ms. Keiko Osaki	Senior Advisor (Health), JICA
	Cooperation Planning	Ms. Noriko Kudo	Associate Expert, Reproductive Health Division, Human Development Department, JICA
	Evaluation and analysis	Mr. Akira Ogasawara	Construction Project Consultants, inc.
Period of Evaluation	October 31, 2008 to November 21, 2008		Type of Evaluation : Final Evaluation

3. Results of Evaluation

3-1 Achievement Level

(1) Achievement of the Outputs

1) Output 1 : Improve the quality of MCH&RH services at HCs in Manbej District.

Output 1 is being achieved. Output 1 was evaluated by the indicators such as the result of HC performance assessment, improved quality of HC's services through supportive supervision and monthly meetings, number of HCs which obtained the certificate by MOH and Aleppo Govner's Office.

According to the result of HC Performance Assessment dated July 2008, 6 HCs out of 14 targeted HCs

reached 80% of total score which was the standard qualified by the Project. The frequency of supportive supervision has increased from 8 times in Japanese Fiscal Year of 2006 to 34 times in Japanese Fiscal Year 2007 and 44 times in Japanese Fiscal Year 2008 (as of August 2008). It is confirmed by the mission that monthly meeting and supportive supervision have been contributing to improve the quality of services provided at HCs. From the above, most of the indicators have been achieved, however, the certificate system of HCs by MOH and Aleppo Governor's Office has not been established yet and the Project has begun to implement periodical HC Performance Assessment with the intention of maintaining quality of HC services, which can be an alternative or the first step toward the certificate system from MOH and Aleppo Governor's Office.

Technical skills (antenatal care (ANC), postnatal care (PNC), family planning (FP) methods and Intrauterine Contraceptive Device (IUD)) and communication skills among midwives (MW) and doctors have improved through the several trainings. In terms of trainings outside the country, the training for medical doctors in Egypt improved their capacity of health management.

Provision of equipment by the Project has contributed to improve the condition of HCs. The Project has started to provide equipments to HCs from basic ones. Curtain tissues, office desks, iron chairs and some other equipments have also been placed by the initiative of the Syrian side. These equipments are almost properly used.

The mother's card was developed and introduced by the Project in order to encourage women to receive ANC and it is expected to build a linkage between public and private sectors.

- 2) Output 2 : Raise awareness, and promote RH behavioural changes among community members in the 3 pilot areas (Manbej, Al-Khafse, and Maskane)

Output 2 had almost been achieved. Four indicators, which are number of women referred to HCs through home visit, women's knowledge of RH (e.g. FP and female-specific cancer), husbands' disagreement on FP and FP usage, are judged as almost achieved. In terms of raising community people's awareness, the Project concentrated on establishing the sustainable community-based health education mechanism, which consist of three sessions; mass education at HCs, out-reach education activities in communities and individual education by community health volunteers (CHVs). The impacts can be seen in the results of KAP survey, which shows 35.5% of women responded that they changed their behaviour toward RH after receiving some of health education sessions.

- 3) Output 3 : Advocate on the project activities and MCH&RH issue at the central level, governorate level and district level.

Output 3 has been achieved. The Project has been introduced 43 times by newspaper, TV and magazine in total since 2006 and its frequency has been increasing.

The Project manager and the director of Manbej Health District Office (MHDO) were invited to the MOH workshop in which CHV program for home visit was discussed with RH heads from all governorates and made presentations on the Project experiences. At the central level, the MOH began to prepare a comprehensive community-based home visit program whose idea was originally taken from CHV program of the Project in four governorates. The training programs and Information, Education and Communication (IEC) materials, which were developed by the Project, are introduced and distributed to other districts in the governorate respectively. From the above, the project activities and MCH&RH issues have started being introduced and supported at central, governorate and district level.

- 4) Output 4 : Strengthen monitoring and evaluation of project activities in Manbej District.

Output 4 has been achieved. PDM-related data has been collected and baseline and end line KAP

survey have been conducted. The results and data have been reported in annual reports and progress reports twice a year. In terms of monitoring, the results have been shared and discussed at monthly meeting of MHDO. Sharing problems and solutions among staffs led to improve the quality of services at HCs.

(2) Achievement of the Project Purpose

Project Purpose : Increase utilization of quality and satisfactory MCH&RH services in Manbej District, Aleppo Governorate.

The Project purpose is almost achieved. Six indicators; 1) % of clients who receive services other than vaccination at HCs, 2) % of pregnant women who receive ANC at least 4 times, 3) % of pregnant women who receive ANC with correct knowledge, 4) % of mothers who receive PNC during pregnancy, 5) % of mothers who receive PNC with correct knowledge, and 6) % of people who are satisfied with RH services at HCs, were used for the evaluation. All the indicators except for 4) have increased significantly. The Project has been trying to strengthen ANC and FP prior to PNC and this circumstance is thought to influence the progress of indicator 4).

(3) Achievement of Overall Goal

Overall Goal : Improve the Maternal and Child Health (MCH) & Reproductive Health (RH) status in Manbej District, Aleppo Governorate.

The evaluation indicators of Overall Goal are implicating rather positive trend.

3-2 Summary of Evaluation Results

(1) Relevance

According to the following view points, the Project is judged to be high in relevance.

The Overall Goal of the Project is consistent with the goal of the health sector in the Tenth Five-Year Plan 2006-2010, which are : public health enhancing, improving performance of health services system, developing the health sector's management, planning and supervision, and modernizing the medicinal sector. The Project complies with health related policies, which focus on PHC especially in MCH and RH.

The Project Purpose also has conformity with Japan's Official Development Assistance (ODA) Policy and JICA's plan for country-specific program implementation in Syria. Expansion of social services is considered as one of the priority areas by the Japanese Government based on the policy consultation between the Japan ODA task force and the Syrian Government. The Project is consistent with the priority area of Japan.

(2) Effectiveness

Effectiveness of the Project is high since each output is judged to contribute to the achievement of the Project purpose.

Output 1 aims to strengthen RH and MCH services at HCs. The Project identified three activity areas; 1) introduction of management concept, 2) increasing and maintaining staff technical skill and motivation, and 3) making visible positive change in services such as improving HCs service environment.

Output 2 focuses on raising awareness of communities and behavior change. The Project conducted 3 different health education sessions for communities; 1) mass education at HCs, 2) out-reach education activities in communities and 3) individual education by community health volunteers (CHVs). More over,

the mechanism which can sustain health education for communities is sought to be developed through setting and functioning community-based working group (CBWG).

Monitoring and evaluation efforts (Output 4) through establishing PSC, PTC and Manbej PTC provide basis and system of monitoring to make those two pillars stand on. Advocacy (Output 3) is inevitable to secure the above approaches to be in the proper context of the policy and to increase possibility to be sustained in and expanded beyond the Project site. As described above, each output has contributed to the achievement of the Project purpose.

In this report, above approaches as a whole, which the Project took, we call as “Manbej Model” as the Project calls. We can say these approaches still stay in the trial phase in the Project site and are to be examined as a Model in its applicability in rural Syria in the process of diffusion and expansion. However, “Manbej Model has already attracted enough attentions of MOH and the Aleppo Health Directorate to expand this beyond the Project site. This intention itself is a kind of evidence of effectiveness of these approaches. The client number on the registration books at HCs and the data on the KAP surveys present the fact that more clients have accessed to HCs and more clients have looked for services other than vaccination at HCs. Those demonstrate that HC strengthening by the Project has succeeded in serving the potential needs of the community.

(3) Efficiency

From the following viewpoints, the Project is judged to be high in efficiency.

Inputs by both the Syrian side and the Japanese side were sufficient to produce the expected outputs. It was also verified that the provided equipments were properly used and the equipments provided by the Project, such as signboards and room plates contributed to improve HC environment.

PSC, PTC and Manbej PTC were established and functioned well and these have been helping to implement the Project efficiently.

Combination of periodical meetings with heads of HCs at MHDO and sub-supervision by peers to HCs influenced HCs’ staffs to change. Inputs by the Syrian side were efficient. Office spaces for the Project at Aleppo Health Directorate and MHDO enabled the Project to keep communication well among key players of the Project.

(4) Impact

Behavior change of HCs’ staff and establishment of local committee were identified as impacts by the Project. Some MWs expressed their confident about their own skill after training, which lead them to be proud of their job. Under the authorization of Aleppo Health Directorate, Manbej PTC was set up by District Health Officers so as to monitor the activities at the district level more efficiently. By that, District Officers in the District feel more ownership on the Project activities. The indicators of the Overall Goal are implicating rather positive trend so far.

(5) Sustainability

The Syrian side acknowledges the importance of the Project as well as RH issues, and has been trying to ensure the sustainability. However, there remain the following challenges in organizational, operational and financial aspects.

1) Organizational and Operational Sustainability

MOH and Aleppo Health Directorate maintain their priority in RH, therefore, efforts taken by the Project are likely to continue with their ownership. Organizational sustainability is still a challenging

issue under the condition of frequent replacement of health personnel.

The issue of transport may affect the sustainability of sub-supervision after the Project termination. CBWG was restructured and its function was clarified so that it would contribute to sustain the Project's activities at community level. For example, outreach health education session is carefully designed to be conducted by community resource person without depending much on external resource. However, it is too early to judge sustainability of CBWG as it has been newly restructured. CHV program may have some difficulties in human resource recruitment and maintenance of their motivation.

2) Financial Sustainability

Aleppo Health Directorate and Director of MHDO are well aware of the importance of the Project and the applicability of Manbej Model. They mentioned that the budget for CHV program and outreach health education activities in communities, which had concerns about the sustainability, would be secured hereafter. At this point, however, it is still not sure whether enough budget for all kinds of activities to be secured or not.

3-3 Conclusion

Inputs and activities of the Project have been well implemented based on the plan set by the Project. The Project purpose and Outputs are to be achieved by the end of the Project with two points (PNC and the certificate system for HCs) which need to be taken into account.

The two main pillars of Manbej Model have started to work on so far. The steps forward need to be considered with the sustainability of the model in the Project area and its expansion to other areas.

3-4 Recommendation

The following recommendations are provided.

(1) Project Purpose and Outputs

1) PNC

The Project needs to explore strategies with MOH, Aleppo Health Directorate and MHDO to strengthen PNC, such as linking RH with other services like vaccination.

2) Means of Performance Standardization of HC

The Project needs to continue the discussion on sustainable strategy to standardize the HCs performance with MOH and Aleppo Health Directorate since the HC Performance Assessment developed by the Project can be the first step to standardize it.

(2) Sustainability and Expansion of Manbej Model

1) Efforts of MOH, Aleppo Health Directorate and MHDO

Sub-supportive supervision was evaluated as efficient. However, transportation for sub-supervision still remains as challenges. MOH, Aleppo Health Directorate and MHDO are highly expected to take measures on this issue.

2) Involvement of Aleppo Governorate with the Project

Beside Aleppo Health Directorate, the Project should consider the active involvement of Aleppo Governor's Office to secure necessary budget.

3) CBWG and CHVs

The initiative of MDHO to sustain CBWG is inevitable. To sustain CHVs activities, the Project should start to take practical measures to address dropouts of CHV and its sustainable training system.

4) Points to be Considered for Expansion of Manbej Model

It is not necessary to implement all the activities included in the Manbej Model at the beginning when the Model is introduced into other areas. But it is suggested that at least one activity from each two main pillars to be taken.

(3) Others

1) Linkage between RH and Vaccination Services

Like many other countries, in Syrian public health services, vaccination services are the top runner among services at HCs. Linkage between RH and vaccination services may be effective to strengthen both services mutually. For example, occasions of vaccinations can be utilized to provide PNC. Also, information on vaccinations may be provided to clients who come to receive ANC.

2) Consideration for active use of Mother's Card

Home-based record such as Mother's card can encourage pregnant women to receive regular check-ups and to keep all the information with them. It can also make linkage between the public and private sectors. As Mother's card was newly developed by the Project, MOH would be recommended to follow it up. And if the time comes, Mother's card could be extended its period to be MCH card so that it could cover maternal, newborn and child health (MNCH) period continuously.

3) Discussion with the Related Departments of MOH for Strengthening HCs

Some aspects like management and environment improvement of HCs have been addressed by the Project through the improvement of MCH and RH services. Although, the substantial issues which HCs have, such as frequent replacement of staffs, standardizing performance of HCs and maintenance of equipment at good enough condition cannot be tackled only by the Project. MOH needs to begin discussion with the related departments of MOH in order to resolve the issues above.

4) CHVs for RH to be CHVs for PHC in the Future

In the Project, CHVs are expected to convey specific and selected messages regarding MCH & RH. More messages can be added unless it does not give too much burden on CHVs. For that, the Syrian Government needs to start to consider the role of CHVs in the health system.

3-5 Lessons Learnt

Following recommendations are provided as a result of the evaluation of the Project.

(1) Combination of Strengthening HC and Raising Peoples' Awareness

Two main pillars of Manbej Model present the effectiveness of combination of approaches. In other words, it was effective to combine strengthening supply side (HC strengthening) and demand side (raising peoples' awareness).

(2) Active Involvement of Supporting Organization in Syria

Collaboration with the cooperative organizations such as Syrian Family Planning Association (SFPA) and Agakhan Foundation contributed to bring the outcomes effectively.

(3) Establishing Manbej PTC

Establishing Manbej PTC facilitated the ownership of MHDO. It is noticeable that the favorable relationship between the Project and Aleppo Health Governorate enabled Manbej PTC to work effectively.

(4) Application of Different Approaches to Community Health Education Session

The Project activities were implemented effectively by applying three different approaches; which were mass education at HCs, out-reach education activities in communities and individual education by CHVs at the community level.

(5) Carrying out Order-made Trainings

Order-made trainings which met the needs of participants were efficient rather than ready-made trainings to achieve outputs of the Project. The topics of trainings were modified based on the needs, capacity and experiences of HC staffs and the results of supportive supervision were also reflected to the contents of the trainings. This cycle led to develop and improve the contents of the trainings.