

Summary of the Evaluation Results

1. Outline of the Project	
Country: The Philippines	Project title: Mother and Child Health Project
Issue/Sector: Health/Mother and Child Health	Cooperation scheme: Technical Cooperation
Division in charge: JICA Philippine Office	Cooperation expenditure: 372 million yen as of end of August 2009
Period of Cooperation: March 2006 ~ March 2010	Partner Country's Implementing Organization: Department of Health (DOH) , Local Government Units, Provincial Health Offices of Ifugao and Biliran Provinces
	Japanese Cooperating Organization (s) : None.
	Related Cooperation: Expert in Mother and Child Health: 2003~05)
<p>1-1 Background of the Project</p> <p>The Republic of Philippines (hereinafter referred to as “the Philippines”) has reduced its Maternal Mortality Ratio (MMR) and Infant Mortality Rates (IMR) over the last several decades. However, compared with neighboring ASEAN countries, like Vietnam and Indonesia, the Philippines' rate of improvement has been slower. To achieve the Millennium Development Goals (MDGs) , of reducing MMR from 209 to 52.3 and IMR from 57 to 19, the country is required to make further efforts. Under the decentralization policy in the Philippines, the Department of Health (DOH) has implemented the Health Sector Reform. In 2005 DOH enforced FOURmula one strategy with clear direction and procedures for strengthening comprehensive health services provision with strong harmonization with development partners.</p> <p>It was in the above conditions that JICA launched the technical cooperation project named, "Maternal and Child Health Project (MCH project) " for a four year period beginning in March 2006. The Project aims at improvement of maternal and child health and focuses on introducing an emergency obstetric care system and improving general MCH services quality. The MCH project targets two project areas: AMADHS-Inter Local Health Zone covering 3 municipalities (Alfonsolista, Mayoyao, Aginaldo) in Ifugao province (CAR) and Biliran province (Region VIII) covering 8 municipalities.</p> <p>1-2 Outline of the Project</p> <p>Overall Goal:</p> <p>In the framework of the National Goal of Improving Women’s and Children’s Health, organizational capacity at the central and provincial levels to implement effective MCH strategies is strengthened; and the quality and quantity of MCH services is enhanced.</p> <p>Project Purpose:</p> <p>In the project target areas, the health and safety of mothers and neonates in the pre-natal, during delivery and post partum periods is improved through improving the quality of care and increasing the utilization of service provided.</p> <p>Outputs:</p> <ol style="list-style-type: none"> (1) Implementation mechanism and capacity of the central level to enhance Emergency Obstetric Care (EmOC) in all levels is strengthened (2) The MCH services and EmOC are strengthened in the project target areas (3) Supportive mechanisms for mothers and babies in the communities are strengthened 	

- (4) Management and supportive mechanisms are in place for Women's Health Teams (WHTs) and Rural Health Midwives (RHMs) to improve quality of service and their work environment in the project target area
- (5) Lessons learned from the MCH project implementation contribute to dialogues at the national and the provincial levels and in MCH policy discussions, and are reflected to the MCH policy formulation
- 1-3 Inputs (as of September 2009)
- Japanese side:

Japanese Experts	Long-term 3 persons (121.2 MM)	Equipments	24,133,821 peso
	Short-Term 5 persons (6.5 MM)	Local Costs	41,181,000 peso (Costs above were as of August 2009)
Training in Japan	18 persons (including 7 for group trainings)	Others	N/A
<u>Philippine side:</u>			
Counterparts	22 positions (33 in total)	Equipments	N/A
Land/Facilities	Project Offices (3 offices)	Cost Sharing	Travel Allowance, Meetings, Telephone/Electricity, Upgrading of healthcare facilities, etc.
Others	N/A		

2. Outline of the Terminal Evaluation

Evaluation Team	<ol style="list-style-type: none"> 1. Leader, Harumi Kitabayashi, Visiting Senior Advisor, JICA 2. Cooperation Planning, Yuko Ishida, Associate Expert, Health Systems and Reproductive Health Group, Human Development Department, JICA 3. Evaluation Analysis, Makiko Komasaawa, Specialist in International Health, Earth and Human Corporation 		
Period	October 5 ~ 27, 2009	Type of Evaluation:	Terminal

3. Summary of Evaluation Results

3-1 Achievements

NB: The indicators of the Project in the Project Design Matrix ver.3 (PDM3) did not have target values. Thus, we have assessed achievement levels based on the changes in values recorded in each of the indicators.

Degree of Achievements: Outputs

Output 1: Implementation mechanism and capacity of the central level to enhance EmOC in all levels is strengthened

Output 1 has been achieved. A series of training materials on Basic Emergency Obstetric Care (BEmOC) was developed (Indicator 1-1). "Community-Managed Maternal and Newborn Care (CMMNC)" was also developed and became ready to be used in order to improve the clinical skills of MCH service providers and introduce the community based MCH care just before and after the project commencement. Development of these materials was initiated by DOH and collaboratively supported by development partners and the Philippine Obstetrics and Gynecology Society. By using the developed materials, trainers for BEmOC and CMMNC trainings were trained nationwide (Indicator 1-2: 184 trainers were trained with collaboration of other development partners, half of all expensis were contributed by the Project) . The project also supported "Dr. Fabella Memorial Hospital" to set-up a core national training institute. BEmOC training materials have been widely utilized and became the national standard.

Regarding the monitoring and supervision tools, the Project utilized existing tools, such as “Field Health Services Information Statistics (FHSIS)” and “Target Clients List (TCL),” instead of developing a new tool (Indicator 1-3) .

Output 2: The MCH services and EmOC are strengthened in the project target areas

Output 2 has been achieved. Skilled Birth Attendants (SBAs) at the district hospital and RHU levels in the target areas were trained for both BEmOC (Indicator 2-1: all target, 60 SBAs in total) and CMMNC (Indicator 2-2: 143 persons trained) . Then, 143 Rural Health Midwives (RHMs) of BHSs in target areas were also trained to upgrade their midwifery skills in local settings (Indicator 2-3: 62 persons trained) . This led to the strengthening of the MCH services and EmOC at municipal and barangay levels.

Increased accessibility of facility-based delivery in rural areas has been achieved, both RHUs and BHSs which were selected by the DOH, have been equipped with the obstetric equipment in accordance with the PhilHealth Guideline for Maternity Care Package (MCP) accreditation. As a result, all designated facilities (8 RHUs in Biliran and 3 RHUs in Ifugao) obtained PhilHealth MCP accreditation (Indicator 2-4) . Then, numbers of BEmOC facilities became 9 in Biliran province and 6 in AMADHS (Indicator 2-5) . Further, numbers of facility providing normal delivery centers became 15 in Biliran province and 6 in AMADHS. Some municipalities adopted ordinances or resolutions which decided introduction of user fees, creation of trust fund and how to make use of the fund. Improved skills, working environment, and incentives from LGUs and the trust funds motivated the staffs and enabled them to offer better services on a 24 hour-basis. These improvements made possible the transition of facility-based delivery and higher accessibility to better MCH services. However, it was recognized that claims and reimbursements of MCP benefits had not been accelerated and necessity of exploration of its reasons.

Based on the improvement of above, the most important indicator “Percentage of deliveries assisted by a SBA” (Indicator 2-7) was drastically improved, from 44% (2005) to 92% (2008) in Biliran and from 54%(2005) to 71% (2008) in AMADHS. “Percentage of facility deliveries”(Indicator 2-8) also improved from 25% (2005) to 89% (2008) in Biliran and from 19% (2005) to 34% (2008) in AMADHS.

Output 3: Supporting mechanism for mothers and babies by community members in the project target areas is enhanced

Output 3 encouraged community-based health activities and raised community people’s awareness towards healthy motherhood and further supporting environment for pregnant women. Women’s Health Teams (WHTs) were formed from the existing barangay human resources in health field, including barangay health workers, barangay nutrition scholars, and hilots (traditional birth attendants) . In Biliran, 374 WHTs were organized and 1,122 persons joined from all 132 barangays. In AMDHS, 96 WHTs were organized with 321 members from all 63 barangays (Indicator 3-1) . Under the supervision of midwives of BHSs, WHT members provided MCH information to pregnant women, encouraged pre/post natal care and facility delivery, accompanied to a delivery place, tracking all progress of pregnancy and delivery in communities. In Biliran, “Parent class” was held by WHTs and midwives almost weekly and in AMADHS “Fathers class” was held 11 times for far (Indicator 3-2) .

WHT and male leaders together made birth planning for each pregnant woman and emergency support plans for a whole community were prepared in each barangay (Indicator 3-3) .

In AMADHS, the WHT evolved into AYOD community health teams including male member and expanded into province-wide. Since 2008, a new training program named “Active Male’s Movement against Violence and for AYOD ”(AMMA) was introduced in Ifugao province and AYOD male members were trained as peer trainers and provided health education sessions for over 500 male community members.

Output 4: Management and supportive supervision mechanisms are in place for WHTs and rural health midwives (RHMs) to improve the quality of service and their work environment in the project target areas

Output 4 succeeded to improve the quality of services and to encourage community support of activities based

on the results of Output 2 and Output 3. At BHS weekly meetings between midwives and WHTs (or AYOD in Ifugao) are conducted in which they share the pregnant women's tracking results and discuss issues they are facing (Indicator 4-1). Municipal health offices (MHOs) hold a monthly meeting with all staff including midwives assigned to BHSs and share the results of WHT reports (Indicator 4-1). Over 90% of WHT members are satisfied with working as a member (Indicator 4-4).

MHOs conducted regular meetings as well as irregular supportive supervision and monitored all midwives' activities (Indicator 4-3). The Provincial health office (PHO) monitored MHO and BHS through TCL and made supportive supervision visits to rural health units (RHUs). MHO also set-up maternal death review (MDR) procedures and implemented them soon after incidents were reported (Indicator 4-2).

Output 5: Lessons learned from the MCH project implementation contribute to dialogues at the national and the provincial levels MCH policy discussions and is reflected to the MCH policy formulation

Overall, it is acknowledged by DOH that the project made possible an effective translation of the "Maternal, Neonatal and Child Health and Nutrition" (MNCHN) policy into practices. The Project shared its experiences in successful establishment of WHTs and AYODs in all barangays with other provinces in Region VIII and CAR, through the Centers for Health Development (CHDs). Furthermore, the Project member participated in the meeting between DOH and development partners in order to discuss the MCH policies and issues at central level (Indicator 5-1).

Various textbooks and teaching materials that were developed were provided to the FOURmula One for Health convergence sites (provinces and municipalities) and USAID sites, outside the Project target areas for replication of activities (Indicator 5-2) and utilized.

The Project conducted/participated in various meetings and conferences, 12 times in total up to October 2009 (Indicator 5-3). It is worth mentioning that document titled "TEAMING UP for Safe Motherhood" was produced, which described step-by-step process of Project implementation including actions taken by the various stakeholders such as DOH-central, LGUs, PHOs, and the communities. This document was distributed to all PHOs and MHOs of CAR and Region VIII at the occasion of a regional meeting organized by CHDs. It was also shared with development partners active in health sector reform at the launching ceremonies held in Ifugao and Biliran in 2008 (Indicator 5-3).

Degree of Achievements: the Project Purpose

Project Purpose: In the project target areas, the health and safety of mothers and neonates in pre-natal, during delivery and post partum period is improved through improving the quality of care and increasing the utilization of service provided.

One of the important indicators of the Project Purpose "percentage of deliveries assisted by the SBAs in target areas" has rapidly increased from 44% in 2005 to 92% in 2008 in Biliran and 54% in 2005 and 71% in 2008 in AMADHS. The other indicator, "percentage of facility-based deliveries", has dramatically increased in Biliran from 25% (2005) to 89% (2008), which exceeded the national goal, and moderately increased in AMADHS, from 19% (2005) to 34% (2008).

Regarding the indicator of receiving prenatal care, it should be pointed out that there are huge differences between the number of the national FHSIS and the provincial FHSIS. Inconsistency was observed in terms of frequency of visits (3 or 4) in national statistic for Ifugao. Thus, the Evaluation Team concluded these data are less likely reliable. However, if we assume the numbers in 2008 are reliable, they are considerably lower than the national goal (2010) of 80% set by Administrative Order (No.2008-0029). Further effort is required to increase prenatal visits starting from the 1st trimester. It is not possible to judge that there are any significant changes in maternal and infant mortality because the number of deaths is so small in target areas.

Achievement of the Overall Goal

Overall goal: In the framework of the National Goal of Improving Women's and Children's Health, the central and provincial levels of organizational capacity to implement effective MCH strategies is strengthened and the

quality and quantity of MCH services is enhanced.

It is difficult to foresee exact achievement of overall goal due to unavailability of appropriate data. However, it can be said that the national goal of 80 percent of facility-based deliveries assisted by SBA will hardly be achieved and it requires intensified nationwide implementation of MNCHN strategy. The FHSIS data for maternal and neonatal mortalities indicates the situations are far from achieving MDGs goals and require urgent and wide interventions.

3-2 Results as per the Five Evaluation Criteria

(1) Relevance

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

The Government of the Philippines committed to attaining its MDGs targeted to reduce the maternal and neonatal mortality and DOH adopted the Administrative Order (No. 79 s. 2000) known as Safe Motherhood Policy. In 2008, DOH updated the previous administrative order and set MNCHN strategy. It emphasized its community-based approach including enhancement of conveniently located health facilities as birthing places. The project purpose and design is consistent with the Philippine policies and strategy.

The project concept and strategy are also consistent with Japan's Country Assistance Program (2008) .

The Project target areas (AMADHS and Biliran ILHZ) were selected from 16 F1 convergent provinces as a first stage of the Health Sector Reform implementation and by consideration of socio-economic and health status. The selection of the Project sites is appropriate.

(2) Effectiveness

The Project was effective because it produced the targeted result which is represented as the increase of facility-based deliveries.

First, the project developed and standardized training courses and instruction materials which gave clear direction and technical backstop for service delivery and trained trainers for it. It is worth mentioning that collaboration with Dr. Jose Fabella Memorial Hospital and the Philippines Obstetrics and Gynecology Society in the development and provision of qualified trainings contributed to the training module and these materials became national standards.

Second, the project activities contributed to the enhancement of delivery services and quality of services at primary care facilities. Provision of trainings in BEmOC, LSS and CMMNC contributed to improvement in knowledge and skills of SBAs at RHUs and midwives and BHSs. The project provided equipments for BEmOC services. In addition, LGU made efforts to improve staff rotation and increase staff numbers and also to introducing a user-fee system.

Third, the project realized the community mobilization and strengthened the community support system. Establishment of WHT, strengthening linkage between the communities and primary care facilities, and community leader supports for WHT and BHSs, as well as tracking of pregnant women.

Rigorous mobilization of communities at the barangay level through organization of the WHT strengthened the cooperative relationship between communities and primary health care facilities (RHUs and BHSs) .

Orientation and monitoring by staff of RHUs together with active involvement of local chief executive officers promoted rapid launching of WHTs. Members of WHT facilitated behavioural change of mothers and utilization of services through pregnancy tracking, birth plan, personal support and assistance to pregnant women such as escorting them to health facilities.

(3) Efficiency

Under the FOURmula One (Health Sector Reform Agenda) and based on the discussion on the MCH program with other development partners (UNFPA, UNICEF, WHO, EU, GTZ) , JICA designed and developed the project. Even before the Project launching, JICA and other development partners assisted DOH to develop the BEmOC training module in 2005 as a national training program. In addition, training tools were

provided to the Fabella hospital in Manila as one of the national training centers. Having the established BEmOC training program as the national standard enabled the Project to have an immediate and smooth start to the activities right after the launching.

(4) Impact

There is a slow but steady increase in facility-based delivery attended by skilled birth attendants at the national level. To achieve the national goal of 80 percent facility-based deliveries, intensified nationwide implementation of MNCHN strategy is required. Available data could not tell that the overall goal can be achieved in 3-5 years after the project termination. At least the project provided good practices in improving mother and family health status and influenced the national MCH program.

Various good practices such as WHT, AYOD community health teams, Family Health Diary, were taken up by the CHDs (Region VIII and CAR) and were expanded to other areas outside target Project areas. These are positive impacts.

No negative Impacts have been observed.

(5) Sustainability

1) Political aspect

Political commitment at all levels towards achieving MDGs on maternal and infant deaths is likely to be sustained irrespective of administration changes. Some concerns remain regarding continuing commitment and support to MNCHN programs by the LGUs if there is change in political leadership.

2) Organizational Aspect

The Project was implemented by the existing local health system at region and province levels. Through the implementation of the Project to provide quality MNCHN services, the coordination mechanism of stakeholders became functional, and the capacity of the respective members engaged in the Project was enhanced for coordination of the complex structure of DOH-CHD-PHO-public health service providers-community as well as the LGUs.

At the moment of the Project terminal evaluation, this integrated mechanism is effectively working. The mechanism will be sustainable with encouragement from the central DOH.

3) Financial Aspect

As for the financial sustainability, the Public Health Development Program Fund (PHDPF) and "Health Facilities Enhancement Program" budget of DOH are expected to add a major capital contribution to implement the PIPH (2005~2010), and significantly boost the expansion and upgrading of facilities and equipment. PhilHealth MCP reimbursement and user fees, if enforced appropriately, would contribute to sustaining operation and maintenance of facilities and motivating health workers and communities.

4) Technical Aspect

Knowledge and skills required to provide MNCHN service package were well standardized in the training modules (BEmOC, CMMNC and LSS), and proven effective in the rural settings of the Philippines. Technical sustainability will be high with systematic implementation of continuous re-training and supportive supervision by PHOs/CHDs.

3-3 Promoting and Inhibiting Factors

(1) Promoting Factors

Integrated coordination mechanism of complex stakeholders can be considered as one of the promoting factors of the project's success. There are two important players, namely health care providers and political leaders. Coordination of these two players created synergetic effects and maximized outcomes. Regarding the LGU

side, the project activities have been promoted by various political commitments. Their most outstanding commitment is adoption of political decisions including provincial executive orders and resolutions and municipal and barangay resolutions.

(2) Inhibiting Factors

There is a gap among municipalities in terms of increases of SBA-assisted deliveries and facility-based deliveries. Municipalities with less improvement are facing a lack of health staff and frequent staff turn-over. These conditions lessened the effectiveness of the project.

3-4 Conclusion

In general, the Project accomplished its objectives. It is acknowledged as an effective translation of MNCHN policy into practice. Various good practices produced in the target areas were disseminated nationwide. Considering that high sustainability can be expected, the Evaluation Team concluded the Project can be successfully terminated as planned.

3-5 Recommendations

1) Governance

To LGU Executives: Continuous political supports are urged to sustain the Project outcomes in LGUs. Even if the executives are changed the supports should be taken over by new administration.

2) Service delivery

To LGU Executives: To provide effective services and create closer relationship with community, it is recommended LGUs make efforts to recruit midwives, preferably from the assigned community. Furthermore, assigning one midwife per BHS is desirable.

To PHOs and MHOs: Maintaining facility and equipment is essential for keeping better EmONC services. To do so, maintenance systems should be established under the supervisions of PHOs from the technical and financial view points.

Increasing facility-based deliveries were successfully achieved, but more attention should be paid to enhancing other MNCHN services, such as promotion of prenatal care, postnatal care, nutrition and family planning.

To DOH and CHDs: For strengthening the monitoring and evaluation function, existing tools, such as FHSIS and TCL, should be improved and effectively utilized. The process of data collection and analysis at BHSs and RHUs and compilation at PHOs should be supervised, and appropriate and timely feedback should be provided when the weakness is found in order to formulate better evidence-based action plans.

To PHOs and CHDs: Regarding maternal death reviews, even though it was strengthened in the Project target areas, there still remains some weakness in the following aspects: holding a timely review session, documentation of medical records and the findings, and feedback of the results to community members.

The Evaluation Team recommends PHOs with the CHD technical assistance enforce the DOH procedure of MDR thoroughly and utilize the analysis for continuous improvement of services to prevent further maternal mortality.

3) Finance

To CHDs: One of the important strategies the Project took was promoting MCP accreditation of facilities and health personnel under the PhilHealth scheme in order to accelerate access to better facility based-services, including prenatal care, delivery and newborn care. However, at this evaluation moment women and even health facility staffs were not well aware of the benefits, and the utilization rate was quite low in the target sites. There might be fundamental problems behind such circumstances. Thus, it is recommended that CHDs with DOH assistance should conduct a study to explore reasons for low usage of PhilHealth MCP (See Annex 13 for details) .

To PhilHealth: It is strongly recommended to PhilHealth offices i) to raise awareness of health workers and communities about PhilHealth membership and MCP benefits, ii) to facilitate MCP claims to be made by health facilities, iii) to fast-track reimbursement procedures for RHUs and BHSs.

To LGUs: To increase MCP utilization, sustained enrollment of indigent families in PhilHealth needs to be ensured by LGUs.

To sustain and encourage the activities by community actors, especially WHT/AYOD members, some kinds of compensation for transportation expenses related to WHT activities should be taken into consideration.

3-6 Lessons Learned

Through the experiences of the Project, active involvement of LGUs in project implementation was proved effective in mainstreaming the maternal and child health in local development agenda.

Rigorous interaction and mutual learning by health officers at all levels streamlined local health service deliveries responding to community needs in a consistent manner with the national strategy.

Under the decentralized health systems of the Philippines, a project which aims at improvement of health status of the rural population should be designed taking into consideration coordination of multi-layer and multi-sector stakeholders.