

Summary

I. Outline of the Project	
Country: The Republic of Madagascar	Project title: The Project for Improvement of Maternal, Newborn and Child Health Service in the Republic of Madagascar
Issue/sector: Health-Maternal and Child Health /Reproductive Health	Cooperation scheme: Technical Cooperation
Division in charge: Reproductive Health Division, Health Systems and Reproductive Health Group, Human Development Department	Total cost (as of evaluation): 250 million Yen
Period of Cooperation	22 January, 2007 – 31 January, 2010 (R/D: 27 October 27, 2006)
	Partner Country's Implementing Organization: Ministry of Health and Family Planning / Regional Office for Public Health, Boeny Region / Mahajanga University Hospital Center
	Supporting Organization in Japan: International Medical Center of Japan
Related Cooperation Project: Grant Aid “The Project for the Provision of Biomedical Treatment Equipment for Mahajanga University Hospital Center” (FY1999), Grant Aid “The Project for Improving Maternal and Child Health Facilities in Mahajanga Province” (FY2005), Technical Cooperation “The Project for Global Improvement of Mahajanga University Hospital” (1999-2004), Technical Cooperation “The Improvement of Provincial Mother and Child Health by Utilizing the Function of the Majunga University Center Hospital” (2005-2006)	
<p>1. Background of the Project</p> <p>In the Republic of Madagascar (Madagascar), maternal mortality ratio and under five infant mortality rate are both high, with indicating fecundity with high mortality. Mahajanga Province is located in north-west part of Madagascar, and 84.3% of its population lives with below poverty line, i.e. 1 dollar per day. Also, inhabitants of Mahajanga Province live in rather remote area with low density, and many people have financial and geographical difficulty to access basic health services. Mahajanga University Hospital Center (<i>Centre Hospitalier Universitaire de Mahajanga</i>, CHUM) is located in Mahajanga Province as top referral hospital as well as one of the two university hospital centers in Madagascar. Japanese government supported through grant aid and technical cooperation for the expansion and improvement of the facility of CHUM under “The Project for the Provision of Biomedical Treatment Equipment for Mahajanga University Hospital Center” (FY1999) and “The Project for Global Improvement of Mahajanga University Hospital” (1999-2004). This has contributed to the improvement of health care service in CHUM as well as the increase number of referral cases; on the other hand, it was identified that the major portion of the referred patients were mother, newborn and child.</p> <p>Therefore, the Government of Madagascar has requested the grant assistance to improve the situation of mother, newborn and child in Mahajanga Province. With response to such request, grant aid “The Project for Improving Maternal and Child Health Facilities in Mahajanga Province” for the construction of Maternal and Child Health Center (<i>Complexe mère et enfant</i>, CME) in the ground of CHUM was agreed, and CME construction was completed in 2007. Also, as the preparation for further technical cooperation, “The Improvement of Provincial Mother and Child Health by Utilizing the Function of the Majunga University Center Hospital” was conducted. Based on this study, technical cooperation “The Project for Improvement of Maternal, Newborn and Child Health Service” (the Project) was formulated with the project purpose of providing high quality maternal and child health service based on evidence-based medicine (EBM) to the people in Boeny Region*. The Project design also reflected the experience of participation by Ministry of Health and Family Planning (MOH) officials in the JICA training programme of “Maternal and Child Health for French-Speaking African Countries” which started from fiscal year 2003 in JICA Tokyo.</p> <p>(*) Mahajanga Province was divided into four regions in 2005 with decentralization policy, and Boeny Region is located in the central of the area.</p> <p>2. Project Overview</p> <p>(1) Overall Goal</p> <p>Government health policies and health programs especially in the field of improvement of maternal and child health service is reinforced in Madagascar.</p> <p>(2) Project Purpose</p> <p>High quality maternal and child health service based on evidence-based medicine is provided to the people in Boeny Region.</p>	

<p>(3) Outputs</p> <ol style="list-style-type: none"> Human resource development system is established to provide humanized care and evidence-based medicine in Boeny Region. The model for community health system which reflects humanized care is established. The model for maternal and child health service is established in Boeny Region at the respective activity level**. <p>(**) Respective activity level refers to region (university hospitals), district (district hospitals, health centers), and community (communes and villages).</p> <p>(4) Inputs (as of evaluation)</p> <p>Japanese side:</p> <ul style="list-style-type: none"> Long-term expert: Total 5 experts Short-term expert: Total 17 experts (plus 2 (plan)) Total for long-term and short-term 127.17 Man/Month Acceptance of Malagasy trainees: 44 trainees (plus 1 (plan)) Provision of equipment: 12,842 thousand Japanese Yen Project operation cost: 51,452 thousand Japanese Yen <p>Malagasy side:</p> <ul style="list-style-type: none"> Counterpart personnel: approximately 60 persons and supporting staff Project offices (incl. utility expenses) and vehicles for field trips 		
II. Evaluation Team		
Members of Evaluation Team	<p>Ms. Tomoko TAKEUCHI, Director, Reproductive Health Division, Human Development Department, JICA</p> <p>Dr. Yasuo SUGIURA, International Medical Center of Japan</p> <p>Ms. Sonoko TAKAHASHI, Assistant Director, Reproductive Health Division, Human Development Department, JICA</p> <p>Mr. Izumi SAKAYA, Consultant</p>	
Period of Evaluation	18 October, 2009 - 7 November, 2009	Type of Evaluation: Terminal
III. Results of Evaluation		
1. Project Performance		
(1) Project Purpose		
<p>The Project Purpose would be mostly achieved at the time of completion of the Project in January 2010, because 5 of 6 indicators (No. 1, 2, 3, 5, 6) generally show satisfactory results. The satisfaction level of users of maternal and child health service, the remaining one indicator, did not show positive result for CME at the time of evaluation, while positive results were shown for health center (<i>Centre de santé de base</i>, CSB), and further examination is required.</p> <p><Indicators></p> <ol style="list-style-type: none"> Increasing rate of practice of humanized care during delivery/birth in the pilot zone of Boeny Region Decrease in inappropriate medical intervention for normal delivery in the pilot zone of Boeny Region Increasing rate of appropriate use of medicines for delivery in the pilot zone of Boeny Region Increase in satisfaction level of users of maternal and child health service in the pilot zone of Boeny Region Improvement in capacity of service providers for maternal and child health service in the pilot zone of Boeny Region Increasing rate of Caesarean section by absolute maternal indications in Boeny Region 		
(2) Outputs		
1) Output 1		
<p>“Study Group” was formulated as a platform for planning and implementing project activities, including training activities, and trainers’ group was also voluntarily formulated by Malagasy counterpart (C/P). A set of training modules, including evidence-based care and humanized care, was formulated. Most of maternal and child health (MCH) service providers in the pilot zone received training on evidence-based care, and other training courses were duly practiced. All 4 indicators show that Output 1 has been mostly achieved.</p> <p><Indicators></p> <ol style="list-style-type: none"> 1.1 Establishment of organization for continuous in-service training in the field of maternal and child health, under the collaboration among Regional Office for Public Health (DRSP), District Office for Public Health (SDSP) and CME 1.2 Formation of training modules of evidence-based care by the above-mentioned organization for training (for each job category) 1.3 Number of trainees who completed the training course for evidence-based care among the MCH service providers in the pilot zone of Boeny Region 		

1.4 Number of other training courses practiced and the number of trainees who completed the course

2) Output 2

Community Integrated Management of Childhood Illness (IMCI) and newborn care has been well utilized. Follow-up by medical staff for activities by community health agents and follow-up of joint activities by DRSP, Boeny Region, SDSP and communities have been appropriately practiced. Quality of activities by community health agents and quality of joint activities with communities have both improved. The number of villages where sensitization activities of humanized care are practiced accounts for 15. On the other hand, registered number of delivery at home is not known at the time of evaluation. With 7 out of 8 indicators showing positive results, Output 2 has been mostly achieved.

<Indicators>

- 2.1 Number of sites where community IMCI and newborn care are practiced
- 2.2 Usage rate of community IMCI and newborn care
- 2.3 Number of follow-up by medical staff for activities by community health agents
- 2.4 Number of follow-up of joint activities by DRSP, SDSP and communities, and number of its evaluation
- 2.5 Degree of quality improvement in activities by community health agents
- 2.6 Degree of quality improvement in joint activities with communities
- 2.7 Number of *Fokontany* (village) where sensitization activities of humanized care are practiced
- 2.8 Registered number of delivery at home

3) Output 3

Many recommendations and plans were formulated at the supervision. Improvement of environment in humanized care was clearly observed. A model for community referral system to the emergency obstetric and neonatal care was, at the time of evaluation, being developed in one district. URSR (Unit for Reinforcement of Referral System) activities have been suspended and the professional code of skilled birth attendant (SBA) has not been drafted yet. Since only 2 out of 6 indicators show satisfactory results, the achievement of Output 3 is limited.

<Indicators>

- 3.1 Number of recommendations and plans formulated at the supervision
- 3.2 Number of models for community referral system to the emergency obstetric and neonatal care
- 3.3 Degree of functioning of community referral system to the emergency obstetric and neonatal care
- 3.4 Number of minutes of meetings and reports of URSR (Unit for Reinforcement of Referral System) activities
- 3.5 Professional code of SBA
- 3.6 Improvement of environment for humanized care

2. Summary of Evaluation Results

(1) Relevance

Relevance of the Project is high.

- The Overall Goal of the Project is completely relevant to national policies of maternal and child health, such as "Health Sector Development Plan 2007-2011," "Roadmap to Reduction of Maternal and Child Mortality, and National Policy of Child Health," which aims to improve MCH.
- The Project Purpose and the Overall Goal are also relevant to needs of the beneficiaries, namely, inhabitants of Boeny region and the staff involved in maternal and child health care. Most of C/P, CSB staffs, community agents, and inhabitants of pilot zone show satisfaction about the Project activities. Also, since Boeny region is active in formulating regional health program with collaboration between DRSP and health facilities, the selection of Boeny region was justified as Project area at the time of ex-ante evaluation. The situation remains same at the terminal evaluation, and the Project meets the needs of beneficiaries.
- The Project is consistent with the basic policy for Japan's ODA to Madagascar, in which Japan aims to extend cooperation in the field, among others, of human resources development for education and health sectors, for Madagascar to achieve poverty reduction by economic growth.
- Japan has an advantage for humanized care based on its experience in maternity clinic in Japan, project experience in Brazil, and training programme of Maternal and Child Health for French-Speaking African Countries, and the Project has proceeded appropriately with utilizing the above experience.

(2) Effectiveness

Effectiveness of the Project is reasonably high.

- The project purpose would be mostly achieved at the time of completion of the Project (3-1 (1)).
- All of Project outputs have effectively contributed to the achievement of the Purpose (3-1 (2)).
- Several factors are observed that have contributed to smooth operation and effectiveness of the Project (3-3)

(3) Efficiency

The Project has been sufficiently efficient.

- Japanese Experts have contributed much to the Project outputs by transferring skills/knowledge with which most of

C/P are satisfied.

- Machinery and equipment for the Project have been appropriately installed, operated and duly utilized.
- The training programs in Japan and in the third countries, in which a large number of C/P participated, were carried out mostly as scheduled and many of the participants have transferred what they acquired in training to other Malagasy staff after they returned.
- The allocation of C/P in the Project has been appropriate and their capability is good enough to conduct activities.
- As for outputs, the level of achievement is generally high, despite some indicators not fully achieved, reasonably corresponding to the inputs.
- Some activities not explicitly mentioned in the PDM (such as trial introduction of mother and child health handbook and regular mama class activity) have contributed to the achievement of the output.

(4) Impact

It has been noticed that MOH has intention to include the concept of humanized care into its policy for MCH. However, some actions and approaches would need to be taken such as further promotion of the concept of EBM and humanized care to achieve the Overall Goal within a few years after the completion of the Project. There have been other positive impacts of the Project, as follows:

- Humanized care has been reflected to national training modules of “emergency obstetric and newborn care” administered by the MOH.
- Promotional activities of EBM and humanized care by the Project were reported in international workshop, attracting attentions.
- Training on EBM and humanized care brought about favorable changes in attitude of C/P.
- Unexpected negative impacts were hardly observed during the evaluation. However, it was pointed out by some C/P that in CME there is a gap in attitudes towards humanized care between those staff who had training and those who did not.

(5) Sustainability

The sustainability of the Project is not firmly secured because there are a number of factors which may cause hindrance to continuity of the Project.

1) Policy aspect

The concept of EBM and humanized care has already been incorporated into the national health training program to certain extent. Further, the Government has intention to incorporate humanized care into its National Reproductive Health Policy. However, it is not still confirmed that the national health policy will validate and officially include the concept.

2) Technological aspect

C/P has technical capability to continue training on EBM and humanized care by itself after the completion of the Project. Humanized care is included in the curriculum of the medical school of Mahajanga University, while the concept of humanized care is already being taught in all 6 paramedical schools of the country, which will contribute to technical sustainability.

3) Institutional aspect

Although “Study Group” has been playing a central role in planning, implementing and evaluating training activities, it is uncertain whether “Study Group” will be able to continuously function as before even after the Project is completed, while examination by C/P to continue its function has already started. On the other hand, the training unit of CME has been essential in implementing in-service training in collaboration with other organizations under the Project, but its role and function after the completion of the Project is not well defined yet, and its role together with that of “Study Group” should be followed up.

4) Financial aspect

It is necessary to seek financial resources from either the Government or other partner organizations in order to continue Project activities including training after the completion of the Project, as have been practiced during the Project. However, such resources have not been confirmed at present. The Malagasy side has already received some support from other development partners; however, C/P’s further efforts for securing budget after the official inclusion of humanized care in national policy, and managing to continue activities within available budget with utilizing trainers and know-how trained by the Project are required.

3. Factors Promoting Better Sustainability and Impact

(1) Factors concerning to Planning

- C/P training programs in Japan and in the third countries were useful and the participants’ skills/knowledge were transferred to other staff after they returned, contributing much to the Project.
- The role of “Study Group” was quite essential in the Project, functioning as platform for planning and implementation of activities including training.

- Trainers' group of C/P has formulated core curriculum of training course on humanized care and EBM, contributing to achievement of Project Output and Project Purpose.

(2) Factors concerning to the Implementation Process

- Communication between Japanese Experts and Malagasy C/P was quite proper and frequent to smoothly implement activities.

4. Factors Inhibiting Better Sustainability and Impact

(1) Factors concerning to Planning

- Because of instable political conditions since government change in March 2009, dispatch of some Japanese Short Term Experts was postponed or cancelled; motivation in the work of Malagasy staff diminished; and main personnel posts of MOH were frequently changed, all of which caused some difficulty in Project operation.

(2) Factors concerning to the Implementation Process

N/A

5. Conclusion

- The Project Purpose will be mostly achieved at the completion in January 2010 as most of the indicators already show the positive results.
- Although some activities have not been fully implemented up to the time of the evaluation, Malagasy C/P showed intention to continue their effort to accomplish those activities, and it is expected that some effects would be achieved.
- From the viewpoint of five evaluation criteria, the Project has fairly high "relevance," "effectiveness" and "efficiency."
- As for "impact," it is not very clear that Overall Goal would be achieved after a few years of the completion of the Project, because it would be dependent on sustainability. However, some positive impacts were further observed.
- Whereas policy sustainability is secured to some extent and technical sustainability is fairly high, institutional sustainability is not highly assured and need to be followed up and financial sustainability is not guaranteed at the moment and further efforts of Malagasy side are required.

6. Recommendations

[For the Project in general]

- Since "Study Group" has well functioned as a key and unique group to implement project activities, the roles and activities borne by "Study Group" should be continued after the completion of the Project.
- The Project should provide procedures about training activities including the preparation of trainings such as managing budget, finding trainers, and recruiting trainees, so that the Malagasy C/Ps could further conduct such training in a self-reliant manner or with the possible support of other partners.
- Since a lot of C/P personnel of the Project participated in the training in Japan and third countries such as Brazil, the trained staffs and lessons learned by each participant of such training would be precious assets for Malagasy counterparts, and other staffs in CME and CSB could share the experience of participants. Malagasy side should also explore the way to prepare training of trainers (TOT) in order to continue, maintain and expand training activities for various targeting groups for trainees in Boeny Region and other regions of Madagascar in the future.
- The Project should prepare information for public relations for its activities during the Project remaining period, in order to effectively explain the outcome and achievements of the Project and further scale up after the completion of the Project.

[For activities in hospital]

- The Project should advise that CME would clearly include humanized care and EBM under its visions and perspectives. It is further suggested that CHUM would have its visions and perspectives which include humanized care and EBM as an organization whole. Moreover, the introduction of humanized care and EBM is not an issue of CHUM solely, but it is expected that this issue will be considered in all health facilities.

[For community activities]

- The Project should share success cases for community activities during the the Project remaining period, so that community activities could be continued after the completion of the Project in a self-reliant manner.
- The Project should further explore the way to improve collaboration among CSB and key actors in community such as traditional birth attendant (TBA), community agent (CA), *fokontany* (village) chief, traditional leader, religious leader, and traditional healer.

[For commitment of MOH]

- While MOH has started its work to revise National Reproductive Health Policy to include humanized care and EBM, MOH should complete such revision, since it would help improving maternal, newborn and child health. Especially, the concepts and strategy developed under the Project should be authorized by MOH to expand

humanized care and EBM not only in Boeny Region but also in other regions of Madagascar.

- Notion of humanized care has been included in medical education and paramedical education in Mahajanga, and also MOH has included such concept for paramedical education all over Madagascar. MOH should coordinate with concerned organizations to further develop the content of humanized care in such education.

7. Lessons Learned

- The Project demonstrates that a key to success is the well preparation for community activities including the appointment of CA through close coordination between *fokontany* (village) chiefs and CSB.
- The Project demonstrates that the well organized training activities in Japan and Brazil for humanized care during delivery and birth contributed a lot to acquire necessary skill and attitude to realize humanized care in Madagascar and play a role as a key trainer in humanized care training in Madagascar.
- The Project demonstrates that the organizational mechanism developed by C/P own efforts could function well as an actor to implement project activities even though it is not formal organization, i.e. “Study Group” in the Project.
- The Project demonstrates that utilization of laboratory method contributed to the recognition of humanized care as personal experience for Malagasy counterparts and preparation for tailor-made effective training activities as well.
- The Project demonstrates that partnership with UNICEF contributed for effective implementation of community health activities.