

Summary of Final Evaluation

1. Outline of the Project														
Country: Lao People's Democratic Republic		Project title: The technical cooperation on capacity development for sector-wide coordination in health (CD-SWC)												
Issue/Sector: Health sector		Cooperation scheme: Technical cooperation												
Division in charge: JICA Laos Office		Total cost: 160 Million Japanese Yen												
Period of Cooperation	August 2006 - August 2010	Partner Country's Implementing agencies: Ministry of Health (MOH)												
		Supporting Organization in Japan: National Center for Global Health and Medicine, Japan												
		Related Cooperation:												
<p>1.1 Background of the Project Prior to CD-SWC, the health sector in Laos had been struggling with numerous stand-alone projects and programs of various Development Partners (DPs) without a clear, strategic and long-term program framework. This caused fragmented and overlapping roles and functions of the departments in the MOH and reduced aid efficiency and effectiveness of DP assisted interventions.</p> <p>1.2 Project Overview (1) Overall goal: All programs in the health sector are implemented systematically to achieve MDGs with government leadership, single sector policy and harmonization among the MOH and all health related partners. (2) Project purpose: Organizational capacity of the MOH for the sector wide coordination is enhanced in collaboration with all health related partners. (3) Outputs: 1) Coordination Mechanism is strengthened. 2) The single health sector policy framework is identified and agreed as the platform for coordination by the MOH and development partners. 3) Program management tool of the single health sector policy framework is developed through Coordination Mechanism. 4) Coordination practice in the MCH program is facilitated and fed back in Coordination Mechanism.</p> <p>1.3 Input Japanese side (as of June 2010): Experts: 114.8MM Equipment: 40,425 US dollars Local cost: 228,608 US dollars Training: Technical exchange program with Cambodia on sector-wide initiatives (1 week) participated by coordination unit members and meeting facilitation skill development (1 week) participated by SWC core members. Lao side: Allocation of MOH members as follows:</p> <table border="1" style="width: 100%;"> <tr> <td>Sector-Wide Working Group (Policy) (SWG-P)</td> <td>9 members including the Minister, Vice Minister and directors of MOH departments</td> </tr> <tr> <td>Sector-Wide Working Group (Operation) (SWG-O)</td> <td>10 members including Vice Minister and directors of MOH departments</td> </tr> <tr> <td>Coordination unit (CU)</td> <td>8 members chaired by Deputy Director of Cabinet, including other organizations</td> </tr> <tr> <td>Health Planning and Finance Technical Working Group (HP&F-TWG)</td> <td>12 members consisting of Director of DPF, Deputy directors and Chiefs of other departments</td> </tr> <tr> <td>Human Resources for Health Technical Working Group (HRH-TWG)</td> <td>18 members including deputy directors of MOH departments and central hospitals and university and college</td> </tr> <tr> <td>Maternal and Child Care/ Expanded Program on Immunization Technical Working Group (MCH/EPI-TWG)</td> <td>8 members from Departments of Hygiene and Prevention and Health Care, and other relevant departments</td> </tr> </table> <p>Development Partners: Technical assistance and budgetary support for technical working groups and task forces (WHO, UNFPA, WB, etc)</p>			Sector-Wide Working Group (Policy) (SWG-P)	9 members including the Minister, Vice Minister and directors of MOH departments	Sector-Wide Working Group (Operation) (SWG-O)	10 members including Vice Minister and directors of MOH departments	Coordination unit (CU)	8 members chaired by Deputy Director of Cabinet, including other organizations	Health Planning and Finance Technical Working Group (HP&F-TWG)	12 members consisting of Director of DPF, Deputy directors and Chiefs of other departments	Human Resources for Health Technical Working Group (HRH-TWG)	18 members including deputy directors of MOH departments and central hospitals and university and college	Maternal and Child Care/ Expanded Program on Immunization Technical Working Group (MCH/EPI-TWG)	8 members from Departments of Hygiene and Prevention and Health Care, and other relevant departments
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2. Evaluation Team		
Members of Evaluation Team	(1) Mr. Masato TOGAWA (Leader), Chief Representative, JICA Laos Office (2) Dr. Mitsuhiro USHIO (Advisor on Health Policy), Executive Technical Advisor, JICA HQ (3) Dr. Chiaki MIYOSHI (Advisor on Health System), National Center for Global Health and Medicine, Japan (4) Ms. Yuki YOSHIMURA (Cooperation Planning), Focal Point of Health Section, Representative, JICA Laos Office (5) Ms. Ayumi MIZUNO (Cooperation Planning), Health Division-3, Health Group-2, Human Development Department, JICA HQ (6) Mr. Kaneyasu IDA (Evaluation Analysis), Senior Consultant, Inter-works Co., Ltd (7) Dr. Phasouk VONGVICHIT (Laos Evaluator), Department of Planning & Finance, Ministry of Health (8) Dr. Viengmany BOUNKHAM (Laos Evaluator), Department of Planning & Finance, Ministry of Health (9) Dr. Toumlakhone RATTANAVONG (Laos Evaluator), Cabinet, Ministry of Health	
Period of Evaluation	May 26 - June 19, 2010	Type of Evaluation: Final evaluation
3. Results of Evaluation		
3.1 Achievements of the Project		
The main achievements of the Project in accordance with the Project Design Matrix are shown in the table below:		
Indicator for Project Purpose: SWG (O) can convey coordination of essential interventions (activities and resource allocation) for maternal, neonatal and child health based on the monitoring outputs with the developed sector common monitoring framework.		
<ul style="list-style-type: none"> • SWG (O) has been organized six times. It functions well in terms of sharing views of the MOH and DPs and reviewing progress of coordination efforts. Yet, its function as the consensus and decision making body for concrete action needs to be strengthened. • SWG (O) played a significant role in addressing priority agendas and tasks to TWGs. The cases in point include its role to enable MCH/EPI-TWG to be actively engaged in planning and setting a framework for MNCH and coordinate with PF-TWG to prioritize MCH in the Health Financing Strategy. 		
Indicator for Output 1: The MOH in the partnership with DPs sets up meeting agenda, organizing meetings and facilitates coordinating discussions in meetings under coordination mechanism.		
<p>SWGs/TWGs have regularly organized meetings and monitor progress according to their Annual Work Plan. The main achievements of the respective TWGs can be summarized as follows:</p> <p>HP&F-TWG:</p> <ul style="list-style-type: none"> • Formulation of Health Financing Strategy and Health Information System Strategic Plan • Drafting National Health Insurance Decree • Consolidation of Laos Reproductive Health Survey, Multiple Indicator Cluster Survey and National Health Survey into Lao Social Indicator Survey • Introduction of standard formats for HMIS • MOH now keeps the data of approximately 85% of the DPs interventions in terms of their inputs and types of activities. Prior to the CD-SWC, MOH kept only 30% of such records. <p>HRH-TWG:</p> <ul style="list-style-type: none"> • Formulation of National Policy on Human Resources • Clarification on the roles and responsibilities of six departments of MOH, Provincial Health Department and District Health Office - ongoing • Reviewing the functions of medical education institutions and medical facilities with stakeholders - ongoing <p>MCH/EPI-TWG:</p> <ul style="list-style-type: none"> • Formulation of Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Services 2009-2015 • Development of Skilled Birth Attendant (SBA) strategic development Plan • Actual coordination activities with DPs to integrate with MNCH package on the resource mapping table 		
Indicator for Output 2: The 7th Five year HSDP is jointly developed with satisfaction of MOH and DPs with the development process.		
<ul style="list-style-type: none"> • Through a number of discussions and consultations with departments of MOH, provincial health departments and district health offices and DPs, MOH has drafted the 7th five year HSDP. • According to the interviews conducted by the evaluation team to SWGs/TWGs and DPs, the drafting of the 7th plan was highly evaluated as it was based on the review of the 6th plan and relevant information from the provinces/districts and also it was developed in consultation with DPs although it took nearly one year until actual 		

drafting started after SWG (O) announced the drafting of the 7th plan in partnership with DPs.
Indicator for Output 3: SWGs revise the developed sector common monitoring framework with information collected with a common format.
<ul style="list-style-type: none"> • The SCWMF and its guidance were developed in consultation with DPs. The SCWMF has been used as a monitoring tool and revised and updated since May 2009. • The version 2 of SCWMF was used not only as a monitoring tool in the 7th SWG(O) but also as a planning framework tool in the Retreat workshop for the 7th 5Y HDP formulation. • The NGO version of SCWMF was also developed.
Indicators for Output 4: (1) MCH Program development is realized through coordination mechanism. (2) MCH/EPI-TWG regularly reports to SWG(O) and Secretariat monitoring outputs of program strategy implementation and TWG coordination practice.
<ul style="list-style-type: none"> • MOH formed MCH/EPI-TWG and task forces to develop a Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services 2009-2015 (MNCH package) and it was endorsed by the Steering Committee in March 2009. • TWG had monitored and reported progress of preparatory works for MNCH Package to the SWG Secretariat, SWG (O) and (P). • A consolidated work plan was developed based on the collected data on existing and planned interventions of relevant DPs. • TWG has been making efforts to integrated MCH/EPI related activities of DPs into the MNCH package. Several DPs have already aligned their interventions with the MNCH package. • TWG is introducing a concept of Program-based approach and Integration in Provinces and Districts.

3.2 Summary of Evaluation Results

(1) Relevance

The relevance of CD-SWC is judged to be very high. The sixth five-year health sector development plan (2006 - 2010) indicates the importance of coordinating international assistance to improve aid efficiency. Because MOH heavily depends on foreign capital for interventions - accounting for 53% of the total expenditure of the MOH in 2009, the capacity development of the MOH and creation of functioning coordination mechanism to improve aid effectiveness are strongly supported by all the stakeholders in MOH as well as DPs. Also, Japan is one of the major development partners in terms of its volume of aid to Lao PDR and also co-chairs the policy level SWG. Aid coordination is an important agenda for the Japanese ODA.

(2) Effectiveness

The most important achievement of the CD-SWC is that it helped the MOH create and develop an formal, functional sector-wide coordination mechanism in accordance with a single policy framework. Necessary implementation structure and system for SWC has been built and the developed coordination mechanism has provided a good platform and interface between and among the MOH and DPs for sharing information and consultation. From the perspective of capacity development of MOH, inter-department cooperation has been significantly improved and MOH is now confident in handling day to day coordination activities, yet they are not confident enough to lead coordination activities and negotiate with DPs. Also, the MOH is still not experienced enough to systematically run the cycle from planning to monitoring and evaluation of coordination activities.

(3) Efficiency

CD-SWC made clearly that all activities should be conducted in a participatory, consultative and transparent manner. This greatly helped the fostering of MOH ownership and involvements of DPs. Particularly, MOH's decision to share policy documents with DPs greatly helped set a single policy framework and also encouraged DPs to align their aid policies with the development plan. Active participation of DPs and their technical and budgetary support also facilitated progress of TWG activities. Because the CD-SWC has been implemented as a capacity development project with a process-oriented approach, it is not only difficult but also risky to set an elaborate time frame and result-oriented indicators. The CD-SWC revised the PDM to flexibly accommodate changes in both internal and external environments. Communication gap between MOH staff and DPs somehow

made coordination activities difficult due to unstable internet access and limited use of email by MOH staff.

(4) Impact

Some tangible impacts of the CD-SWC on aid effectiveness has been recognized as follows:

- Three separate health surveys have been consolidated into one survey.
- An increasing number of DPs has adopted and aligned with the developed the MNCH package and SBA development plan.
- Coordination of logistic support among DPs (e.g. EPI and family planning for outreach activities)
- Utilizing resource maps, DPs are able to reduce time and costs for the preparation of their interventions.

A much greater impact is expected when alignments and harmonization are made in the procedures of monitoring and planning, budgeting and financial management, reporting and procurement, covering not only the central level but also the provincial and district levels.

One significant, unanticipated impact is that the coordination mechanism provides good opportunities for DPs to promote and scale up outputs produced by their respective interventions.

(5) Sustainability

At the policy level, aid coordination and harmonization is well accepted by the MOH and VD CAP mandates the SWG to implement the action plan in the health sector. Therefore, the sustainability of the Government would likely be ensured after the project duration. The organizational sustainability is also positive as the coordination mechanism has been well entrenched in the MOH and strongly supported by DPs and MOH. Limited personnel capacity and financial support are identified as risk factors to ensure sustainability because the performance of TWGs heavily depends on the managerial capacity of the core members in the MOH, and the costs for coordination activities are currently shouldered by different DPs and it is not yet clear how to cover such expenses after the project duration.

3.3 Conclusions

The relevance of the CD-SWC is very high because CD-SWC reflects the strong needs for coordination of the MOH and DPs. The CD-SWC has greatly helped the MOH build foundation for conducting coordination activities and created a platform for information sharing and communication among all stakeholders. The evaluation team has identified a number of actual evidence and facts to judge that the developed coordination mechanism is functional although the capacity development of the MOH is still at a rudimentary stage to fully lead and manage coordination activities. Now, the necessary enabling environment for SWC has been built. SWC should move to a new phase. A much greater impact on aid effectiveness is expected when the developed coordination mechanism is effectively used to harmonize and align procedures of DP assisted interventions, and also coordination mechanism is built at provincial and district levels. The institutional sustainability of the developed coordination mechanism is likely ensured because of the consistent policy support and strong commitments of both the MOH and DPs. Yet, the limited human and financial resources to manage SWG/Secretariat/TWG activities are the main risk factor for sustainable development of the coordination mechanism.

3.4 Recommendations

- MOH should allocate at least one full time assistant coordinator who can act as the manager and focal point with DPs.
- The MOH should review the current structure of the coordination mechanism as well as the roles and functions of respective groups in order for each group to perform their roles more effectively and institutionalize the coordination unit in the organizational structure of MOH.
- Because the role of the DPF is vitally important in the Coordination Unit to effectuate the purposes of coordination and harmonization, it needs to take the lead role in facilitating coordination activities of TWGs in the financial and planning aspects.

- MOH should consult with NGOs and clarify measures to involve more NGOs and other organizations (e.g. the private sector and societies) in the coordination mechanism.
- MOH should devise measures to improve the quality of group meetings. MOH also should consult with relevant agencies to ensure stable internet accessibility.

3.5 Lessons learned

- In implementing aid coordination, the key to success is that all activities must be conducted in a collective, transparent, consultative and accountable manner.
- In the CD-SWC, a number of taskforces were formed to facilitate TWG activities. Yet, some taskforces were not made functional because the tasks were beyond the available resources and capacity of MOH. It is important to assess the implementation capacity and available resources before a task force is formed.
- In capacity development support, the effectiveness of the PDM may be reduced when it is rigidly used because the project team is pressured or tempted to achieve narrowly defined goals by intensifying technical assistance. When technical cooperation is intended for capacity development of the recipient organizations, the PDM should be used flexibly and it should be monitored and revised periodically, corresponding to the changes of their capacity as well as accommodating changes in the internal and external environments in the course of the cooperation period.