

Country Name	Project for Improving Reproductive Health with a Special Focus on Maternal and Child Health
Palestine	

## I. Project Outline

Project Cost	205 million yen	
Project Period	August, 2005 – July, 2008	
Implementing Agency	Primary Health Care (PHC) Department of Ministry of Health (MOH), Palestinian National Authority	
Cooperation Agency in Japan	Health and Development Service (HANDS)	
Related Projects (if any)	<p>Japan's cooperation:</p> <ul style="list-style-type: none"> <li>-The project for Improving the Control of Infectious Diseases and the Nutritional Status of Palestinian Children (through UNICEF) (Grant Aid, 2005)</li> <li>-Emergency Health Programme in the Gaza Strip and West Bank (through UNRWA) (Grant Aid, 2006)</li> <li>-Emergency Health Programme Mother and Child Care (through UNFPA) (Grant Aid, 2007)</li> <li>-Improving Reproductive Health with a Special Focus on Maternal and Child Health (Phase 2) (Technical Cooperation, 2008-2012)</li> </ul>	
Background	<p>The Palestinian territories of the West Bank and the Gaza Strip have been occupied by the Israeli government. Around the time of planning of this project, the exchange of violence in the second Intifada and the curfew following the military incursions had continued. Women's action had been restricted with the control of people's movement and access by the separation wall and many checkpoints within the West Bank. Together with poverty caused by the poor economic activities, this had seriously affected maternal health. The Ministry of Health (MOH) of the Palestinian National Authority aimed to upgrade health services with priority to primary health care (PHC) and public health care services, which became a major issue of its medium-term goals announced in 2006, and set up MCH/PHC Centers as bases of maternal and child health (MCH) and reproductive health (RH) services. Against such background, the National Authority requested the Japanese government for the implementation of this project.</p>	
Inputs	Japanese Side	Palestinian Side
	<ol style="list-style-type: none"> <li>1. Experts: 2 for Long term, 8 for Short term</li> <li>2. Trainees Received in Japan: 31 persons</li> <li>3. Third-Country Training: 28 persons</li> <li>4. Equipment: 28 million yen</li> <li>5. Local Cost: 43 million yen</li> </ol>	<ol style="list-style-type: none"> <li>1. Staff allocated: 18 persons</li> <li>2. Office at Central Laboratory of MOH; one driver</li> </ol>
Project Objectives	<p><b>Overall goal</b> The situation of children's health as well as women's reproductive health is improved in the West Bank and the Gaza Strip.</p>	
	<p><b>Project Objective(s)</b>  <ol style="list-style-type: none"> <li>1. Maternal and child health (MCH) and reproductive health (RH) services are upgraded in the West Bank and the Gaza Strip.</li> <li>2. More women and children use upgraded MCH/RH services in the pilot area (Jericho governorate and part of Ramallah governorate).</li> </ol> </p>	
	<p><b>Output(s)</b></p> <ul style="list-style-type: none"> <li>• Output 1: Management and technical capacity of MOH health providers for MCH/RH services at MCH centers are improved in Pilot area.</li> <li>• Output 2: The MCH handbook guideline is provided to all health providers in the West Bank and the Gaza Strip</li> <li>• Output 3: MCH Handbooks are produced and used in the pilot area (Jericho and part of Ramallah) and later at national level.</li> <li>• Output 4: Both MOH staffs and Community recognize the importance of awareness raising and community-participation in MCH/RH issues</li> <li>• Output 5: Outcomes and Lessons learned are shared among concerned ministries, local governments, communities and donors at the national level through seminars and media.</li> </ul>	

## II. Result of the Evaluation

Summary of the Evaluation
<p>In the Palestinian territories, poverty and health conditions of women and children were deteriorating due to such factors as the recent conflicts and movement restriction. The MCH services faced challenges including: (i) different service contents by institution due to lack of standardization of ante/post-natal, delivery, newborn and infant care; (ii) lack of standardized antenatal examination items and ways of record-keeping among different institutions despite the circumstances where majority of women visit more than one institutions according to stage of pregnancy; (iii) low attendance rate for ante/post-natal and infant examinations due to low level of awareness of- and interest in maternal risks and infant growth among women and other people as well as the existence of the separation wall and curfew.</p> <p>This project developed the MCH handbook and deployed the services based on the handbook. For the project purposes of upgrading MCH/RH services and enhancing service usage, it achieved (i) the improvement of the utilization of- and</p>

satisfaction with the services by users in the pilot area by the time of the project completion, and (ii) expansion of the services to the entire territories after the project completion, through the actions of MOH and the support from the Phase 2 of this project. The MCH handbook is used and the services based on it are provided at most of the health care institutions under MOH, UNRWA and partner NGOs in the West Bank and Gaza. The overall goal has been mostly achieved as well, for the trend of the indicators shows the improvement of mothers' and children's health conditions (except some indicators that showed the downward trend due to the special circumstances in Gaza). As for sustainability, some problems have been observed in terms of the implementing agency's financial aspect due to the challenge in ensuring budget for the future as the chronic budget shortage of the National Authority is anticipated.

For relevance, the project has been highly relevant with Palestine's development policy, development needs as well as Japan's ODA policy. For efficiency, the project cost slightly exceeded the plan.

In the light of above, this project is evaluated to be satisfactory.

## 1 Relevance

This project has been highly relevant with Palestine's development policy (social sector development as set in the Medium-Term Development Plan (2005-2007 and 2008-2011) and enhancement of PHC services as set in the medium-term goals of MOH), development needs (upgrading of MCH/RH services), as well as Japan's ODA policy (humanitarian assistance as one of the assistance priorities for Palestine in 2005), at the time of both ex-ante evaluation and project completion. Therefore, relevance of this project is high.

## 2 Effectiveness/Impact

This project has achieved the project purposes of (i) upgrading MCH/RH services in the entire Palestinian territories (the West Bank and Gaza) and (ii) use of the upgraded MCH/RH services by more women and infants in the pilot area (Jericho and part of Ramallah). The project had developed and distributed the MCH handbook, and supported the start of the services based on the handbook as well as the awareness-raising activities (promotion of health consultation). As a result, the second purpose (better services in the pilot area) was achieved by the time of the project completion through the improvement of the utilization of- and satisfaction with the services by users in the pilot area.

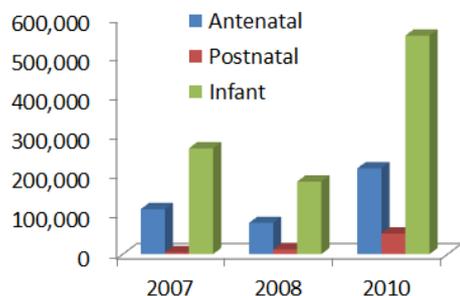
As for the first purpose of expanding the services to the entire territories, although developing the MCH handbook and the MCH handbook guidelines had been completed by the end of the project period, the use of them had not been firmly initiated in the non-pilot area until the Phase 2 of this project supported the operation of the handbook<sup>1</sup>. In Gaza, while the political instability<sup>2</sup> led to the withholding of the training on the MCH handbook guidelines for health service personnel, the handbook was distributed through UNICEF, UNRWA and other organizations. Consequently, the handbook has been used and the services based on it have been provided at almost all primary-level health care institutions (health centers, etc.) under MOH, UNRWA as well as partner NGOs in the West Bank and Gaza. According to a survey in 2010, the rates of mothers who (i) retained the MCH handbook and (ii) brought the handbook to health care institutions were high at (i) 72% and (ii) 98%, showing the progress of territory-wide standardization of MCH services. Another survey in the West Bank for the terminal evaluation of the Phase 2 of this project (2012) also revealed the wide use of the handbook as children's growth records by health care institutions as well as mothers, with the high rates of recording in and satisfaction with the handbook. Meanwhile, the introduction of the handbook to secondary level health care institutions has been done at hospitals under MOH but not yet to other secondary institutions such as private and NGO hospitals.

For the overall goal of improving children's health and women's reproductive health, since the project completion maternal mortality rate and under-five mortality rate have shown downward trends in the entire territories, and prevalence of women and under-five children with anemia has decreased in the West Bank. Although anemia rate has increased in Gaza presumably due to the special circumstances of the area (such as the socio-economic decline following the conflict and blockade), the overall situation is considered to be improving. Underweight children under five has increased but remains within the allowable range. From these trends it is deemed that the overall goal has been achieved.

Therefore, effectiveness/impact of this project is high.

<sup>1</sup> The Phase 2 of this project aimed to consolidate the use of the MCH handbook introduced by the Phase 1 (this project) as well as to promote self-financing for the production and delivery of the handbook, thereby expanding the MCH/RH services that had been upgraded in the pilot area in terms of both quality and area coverage.

<sup>2</sup> Since the birth of the Hamas administration in 2006, there have been temporary suspensions of donor assistance. Access of Gaza by those working on assistance activities has been restricted due to tightening of the blockade and the destruction in the whole Gaza Strip with the military incursion by Israel. The control of movement and access within the West Bank has been largely reduced, and the curfew is rarely enforced nowadays. However, the construction of the separation wall is going on, and there are increasing cases where the gateways of the villages that oppose to the separation wall are sealed off. Also, the construction of the settlement has continued/progressed except during a certain period in 2010, resulting in frequent closures of roads following violence by the settlers.



Source: Ministry of Health

Number of antenatal, postnatal and infant checkups (at Ministry of Health clinics in the West Bank and Gaza)



A mother and her child who were attending an infant checkup. She brought the MCH handbook and said, "I always carry this handbook when I visit health institutions."



A nurse and a midwife explaining the effectiveness of the MCH handbook, saying, "the handbook is easy to use. It tells when to provide immunization, and is useful for health education, too."

### 3 Efficiency

While the inputs were mostly appropriate for producing the outputs of the project and the project period was within the plan (ratio against the plan: 100%), the project cost was higher than the plan (ratio against the plan: 128%) because the dispatch of long-term experts became necessary in addition to the originally-planned short-term experts. Therefore, efficiency of the project is fair.

### 4 Sustainability

This project has been consistently important in terms of the policy background from the project implementation period until present time. The structure of the implementing agency has been strengthened by the establishment of the National Coordination Committee for the MCH Handbook<sup>3</sup>, the key organization to the institutional aspect of the project sustainability, during the Phase 2 of this project. While participation from Gaza to the said Committee and technical training is still difficult, that is considered as no problem in a way that it has not affected the dissemination and consolidation of the use of the MCH handbook there. In the technical aspect, the techniques that were transferred through the trainers' training and in-service training under this project have been utilized after the project completion, and extended to the training in the entire West Bank through Phase 2. In the financial aspect, the government has faced the chronic fiscal difficulties since the implementation period of this project, and thus it will be difficult for MOH to secure its own budget source. Nevertheless, it is likely that the government will continue to receive financial support from external sources such as foreign donors.

Therefore, since the project has some problems in the financial aspect of the implementing agency, sustainability of the effects of this project is fair.

## III. Recommendations & Lessons Learned

### Recommendations for Implementing agency

The upgrading of MCH/RH services with the MCH handbook as a standard tool has been smoothly expanded and consolidated at the primary level health care institutions (e.g., health centers). In order to further promote the standardization of the use of the handbook in the existing services, it is highly effective and important for MOH to take initiative to complete the dissemination of the handbook at the secondary level. The scope of the dissemination should not be limited to ensuring proper entry of information (such as infant growth data) in the handbook at MOH hospitals where the handbook has already been introduced, but it should also include the introduction/ dissemination of the handbook to private and NGO hospitals. In addition, it is important that MOH keep seeking for its own budget sources as well as utilizing donor assistance to ensure necessary budget for distribution of the MCH handbook and to maintain and strengthen the MCH handbook system

### Lessons learned for JICA

When implementing a project in divided areas like Palestine, which was equivalent to a conflict-affected country at the time of the project implementation, institution building across the area (or country) by introducing a standardized tool (MCH handbook and guidelines in case of this project) is highly effective. In addition, this project showed that the standardized tool could play a role of a media for collaboration among UN organizations and NGOs, each of which has different targets and programs, by enabling them to utilize their own advantages (areas of specialty) to bring synergy effects.

Also, project planning and implementation that are responsive to the needs of the partner country could enhance the motivation and ownership of the stakeholders, and result in an effective implementation of the project. In case of this project, participation of the stakeholders in the existing health care system, namely, MOH, UN organizations and NGOs, from the very first stage of the design of the MCH handbook led to high motivation and ownership of not only the implementing agency but also of the cooperation agencies, which brought the project outcomes.

<sup>3</sup> The National Coordination Committee for the MCH Handbook was set up in 2009 as a forum where the stakeholders such as MOH, UN and NGOs discuss strategies and activities related to the MCH handbook and conduct monitoring. In 2010, the chairperson of the Committee approved the MCH Handbook Manual, which defined the ways of utilization and stock control of the handbook as well as the reporting system.