

Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Philippine office: December, 2013

<table border="1"> <tr> <td data-bbox="108 114 437 147">Country Name</td> <td data-bbox="437 114 1474 147" rowspan="2">Maternal and Child Health Project (SIKAT: Strengthening, Integration, Knowledgeable, Accessible, Team-work)</td> </tr> <tr> <td data-bbox="108 147 437 215">Republic of the Philippines</td> </tr> </table>	Country Name	Maternal and Child Health Project (SIKAT: Strengthening, Integration, Knowledgeable, Accessible, Team-work)	Republic of the Philippines								
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I. Project Outline											
Background	<p>In the Philippines, the maternal mortality ratio (MMR) and the infant mortality rate (IMR) had been steadily decreasing for past decades. However, degree of the improvement has been slower than in the neighboring countries. The key issue was quality of maternal and child health care (MCH) services, such as knowledge and skills of health service providers, facilities for emergency obstetric and newborn care, functionality of referral system for high risk pregnancy, number of skilled birth attendants (SBAs) in remote areas and technical trainings of Emergency Obstetric Care (EmOC) for SBAs. Also, the limited public awareness of maternal and child health care is related to low rate of delivery attended by SBAs and delay in seeking for treatment in case of emergency. Under the situation, the Department of Health had been promoting the health sector reform under the decentralization policy in order to improve maternal and child health care in the country.</p>										
Objectives of the Project	<ol style="list-style-type: none"> Overall Goal: In the framework of National Goal of Improving Women and Child Health, the central and provincial levels organizational capacity to implement effective MCH strategies is strengthened; and the quality and quantity of MCH services is enhanced. Project Purpose: In the project target areas, the health and safety of mothers and neonates during the pre-natal, delivery and postpartum periods is improved by ensuring the quality of care and increasing the utilization of services provided. Logical flow of how the project responses to development issues: The project strengthens EmOC system (note 1), enhances skills and knowledge of the target health service providers on MCH (note 2), and develops community support mechanism for maternal and newborn care. By implementing the improved EmOC system and practicing the improved MCH skills, the project aims at improvement of quality of perinatal care in the target provinces. Through the dissemination of good practices and findings of the project, organizational capacity to implement effective MCH strategies and quality of MCH services are strengthened at national level. (note 1) The system to cope with emergency at perinatal period, including the caesarean sections and blood transfusion at higher medical institutions, vacuum extraction at lower medical institutions, the referral system at community and so on. (note 2) SBAs, Health Volunteers (HVs) and Traditional Birth Attendants (TBAs) 										
Project Information	<ol style="list-style-type: none"> Project site: Biliran Province and municipalities of Alfonsolista, Mayoyao and Aguinaldo (AMADHS Inter Local Health Zone) in Ifugao Province Main activities: Delivery of trainings of trainers and for the health staff for Community Managed Maternal and Newborn care (CMMNC), provision of equipment, dissemination of MCH related materials, establishment of Women's Health Team (WHT) and community based multi-sectoral group as well as management and supportive supervision mechanisms for WHT, and reactivation of MCH Technical Working Group (TWG) Inputs: <table border="0" data-bbox="341 1429 1474 1653"> <tr> <td data-bbox="341 1429 874 1462">Japanese Side</td> <td data-bbox="874 1429 1474 1462">Philippine Side</td> </tr> <tr> <td data-bbox="341 1462 874 1525">1) Experts: 4 for Long term, 5 for Short term</td> <td data-bbox="874 1462 1474 1525">1) Staff allocated: 33 persons</td> </tr> <tr> <td data-bbox="341 1525 874 1559">2) Trainees received: 18 persons</td> <td data-bbox="874 1525 1474 1559">2) Land and facilities: project office, electricity and water supply</td> </tr> <tr> <td data-bbox="341 1559 874 1653">3) Equipment: Ambulance, vehicles, medical equipment and apparatus, PCs, projectors, etc..</td> <td data-bbox="874 1559 1474 1653">3) Local cost, salaries to counterpart personnel, upgrading of healthcare facilities, cost of meetings</td> </tr> </table> 			Japanese Side	Philippine Side	1) Experts: 4 for Long term, 5 for Short term	1) Staff allocated: 33 persons	2) Trainees received: 18 persons	2) Land and facilities: project office, electricity and water supply	3) Equipment: Ambulance, vehicles, medical equipment and apparatus, PCs, projectors, etc..	3) Local cost, salaries to counterpart personnel, upgrading of healthcare facilities, cost of meetings
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Project Period	March, 2006 – March, 2010	Project Cost	372 million yen								
Implementing Agency	Department of Health (DOH), Biliran Provincial Government, Ifugao Provincial Government, Biliran Provincial Health Office, Ifugao Provincial Health Office, municipal governments and municipal health offices in the 2 target provinces										
Cooperation Agency in Japan	TAC International										
Related Projects	<p><u>Japan's cooperation:</u> (Technical Cooperation: TA, Grant Aid: GA)</p> <ul style="list-style-type: none"> Family Planning and Maternal and Child Health Project I/II (TC, 1992-2002) Development of training materials for EmOC (Dispatch of Long-term Expert of Maternal and Child Health, 2005) Project for Strengthening Maternal and Child Health Services in Eastern Visayas (TC, 2010-2014) Project for Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services (TC, 2012-2017) <p><u>Other donors' cooperation:</u></p> <ul style="list-style-type: none"> BEmOC and CMMNC training development (UNFPA, UNICEF, WHO, and Plan International) 										

II. Result of the Evaluation¹

1 Relevance

This project has been highly consistent with the Philippines' development policy, such as reduction of MMR and IMR specified under "the Integrated Woman's Health Service Initiative (2004)" and "the Philippine Development Plan (PDP) 2011-2016", and development needs to improve maternal and child health care and promotion of safe maternity particularly in the rural areas, as well as Japan's ODA policy to support reduction of poverty and regional disparities, including the health sector. Therefore, relevance of this project is high.

2 Effectiveness/Impact

[Achievement of the Project in the Project Design Matrix] The project focuses on improvement of maternal and newborn care in the target provinces through trainings of basic EmOC (BEmOC) for SBAs and health staff, improvement of health facilities to accommodate normal delivery and to provide BEmOC, establishment of WHT or AYOD (in Ifugao local language) for community activities and strengthening local health administration including elaboration of Emergency Preparedness Plan. As a result, the Project Purpose was mostly achieved by the increases in health facility deliveries and deliveries assisted by SBAs, both in Biliran and Ifugao. As for the overall goal, the national target of health facility deliveries has not been achieved, but the proportion of deliveries assisted by SBA in the country reached 92.2% in 2011. The proportion of pregnant women having more than 4 times of prenatal checkups at national level was still limited: 34% in 2011. The gap of MCH service delivery level of each region hampered improvement of those indicators at national level.

[Dissemination of the good practices, findings and positive impacts of the project] Good practices for MCH, including adaption of local setting for community involvement in MCH such as AYOD, maternal death reviews, and layered monitoring system, have been disseminated through study tours from other provinces, trainings, seminars and workshops at national and regional levels. In addition, the training materials such as CMMNC delivered by the Project have been still utilized. Furthermore, in the target province, MMR reduced in the both provinces: in Ifugao, MMR 67 per 100,000 live births in 2008 to 28 in 2012, and in Biliran, 157 in 2008 to 51 in 2012. Improvement of the neonatal mortality rate cannot be verified due to the limitations on the reliability and accuracy of available data. Therefore, effectiveness/impact of the project is high.

Achievement of project purpose and overall goal

Aim	Indicators	Results
(Project Purpose) Improvement of maternal and newborn health and safety during the perinatal period in the target provinces	(Indicator 1) % of health facility deliveries in the target provinces. [Target Value] Ifugao:80%, Biliran:80%	<u>Terminal Evaluation:</u> Achieved in Biliran (90.2%) but not achieved in Ifugao (49%). <u>Ex-post Evaluation:</u> Further improvement in Biliran (95.35%) and in Ifugao (70.75%) since the project completion.
	(Indicator 2) % of deliveries assisted by SBA in the target provinces. [Target Value] Ifugao 75%, Biliran: No target	<u>Terminal Evaluation:</u> Mostly achieved in Ifugao (73%). (92% in Biliran). <u>Ex-post Evaluation:</u> Further improvement in Ifugao (85.29%) and Biliran (96.55%)
	(Indicator 3) % of pregnant women received prenatal care at least 4 times during pregnancy in the target provinces. [Target Value] 80% (Note 1)	<u>Terminal Evaluation:</u> Mostly achieved in Ifugao (65%) and Biliran (69%). <u>Ex-post Evaluation:</u> Decreased in Ifugao (40.89%) and increased in Biliran (73.5%).
	(Indicator 4) % of pregnant women who received prenatal care in the 1 st trimester in the target provinces.	<u>Terminal Evaluation:</u> Data not available in Ifugao and 31% in Biliran. <u>Ex-post Evaluation:</u> N.A.
(Overall goal) Strengthening of organizational capacity at the central and provincial levels to implement effective MCH strategies and for enhancement of quality and quantity of MCH service	(Indicator 1) % of health facility deliveries in the country [Target value] 80%	<u>Ex-post Evaluation:</u> Not achieved. (57.07% in 2011)
	(Indicator 2) % of deliveries assisted by SBA in the country [No target]	<u>Ex-post Evaluation:</u> 92.2% in 2011.
	(Indicator 3) % of pregnant women who received prenatal care in the country (Note 2) [No target] (Note 2)	<u>Ex-post Evaluation:</u> 34.38% in 2011.

Source : Terminal Evaluation Report, Biliran Annual Health Report, Ifugao MNHCN (Maternal, Newborn, Child, and Nutrition) indicators, the Field Health Service Information System (FHSIS)

Note 1: The numbers of both provinces have been affected by the modification of DOH's definition of "% of women who received prenatal care" in 2008. Before 2008, the number of prenatal care was defined as 3 times or more but DOH made it 4 times or more in 2008 and years thereafter.

Note 2: It is verified by % of pregnant women having more than 4 times of prenatal check-ups, with her first check-up in 1st semester of pregnancy.

3 Efficiency

While the inputs were appropriate for producing the outputs of the project and the project period with in the plan (ratio against the plan: 100%), the project cost was slightly higher than the plan (ratio against the plan: 109%).

¹ MMR and NMR in the target provinces and in the country are set to verify achievements of the Project Purpose. However, the indicators cannot directly verify improvement of quality of MCH care. In addition, for example, since MMR shows the estimated number of female death during pregnancy, child birth and post-pregnancy period per 100,000 live births. Therefore, in the limited size of area with the limited number of births, change of MMR can be greatly changed by a single death case. Therefore, these data should be utilized not as indicators but as reference to assess impacts of improvement of MCH care by the Project.

Therefore, efficiency of this project is fair.

4 Sustainability

In the policy aspect, the improvement of MCH care services has been continuously prioritized in PDP 2011-2016. In addition, the provincial and municipal governments in the target areas have strong commitment and support to the MCH activities introduced by the project. For the institutional aspect, the multi-layer coordination mechanism of health sector administration and local administration for the MCH service delivery has been sustained. Also, the sufficient number of Rural Health Midwives (RHMs) and SBAs has been deployed and trained on BEmOC and CMMNC in the target provinces. The number of WHTs increased to 386 in Biliran and 185 in Ifugao in 2012. The facilities and equipment for MCH have been maintained in the target provinces as well. From the technical aspect, textbooks and training materials have been utilized as technical references in the target provinces and in other region. In addition, trainings of BEmOC for SBAs have been continued in the target provinces. However, trainings for CMMNC were suspended because some inconsistencies with the concept of BEmOC were found in the training contents. On the other hand, the trainings for WHT members have been hampered by the lack of training plan and inadequate budget allocation by the municipal governments. As for the financial aspect, DOH has been allocated sufficient budget for the MCH-related activities. Also, the governments of the target provinces have allocated 20-30% of their total budget to the health sector and the municipal governments in the target provinces have allocated around 10% of their budget as well. However, the budget for continuous trainings for WHT members and RHM has not been secured. In addition, since most BHSs are not yet accredited for Maternity Care Package (MCP) by the Philippine Health Insurance Corporation (PhilHealth), they cannot receive reimbursements to cover the maintenance cost of facilities and the payroll of health staff. It is difficult for the BHS to obtain accreditation due to several paper works and the yearly renewals. Therefore, sustainability of this project effect is fair.

5 Summary of the Evaluation

This project has mostly achieved the project purpose to increase deliveries at health facility and deliveries attended by SBAs in the target province. Also, the good practices of the project have been disseminated to other regions. As for sustainability, the MCH activities is endorsed by the health sector policy and the institutional mechanism providing MCH-related services in the target provinces has been well-functioning despite some problems in technical and financial aspects (e.g. limited training opportunities for WHT members and the uncertainty of the training budget). As for efficiency, the project cost was slightly exceeded the plan. In the light above, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

[MHOs and PHOs in Biliran and Ifugao]

- It is recommended to facilitate the formulation of training plans for SBAs and RHMs and W/CHT or AYOD members to ensure continued updating of knowledge and skills on MCH care at provincial and municipality level. The formulation of training plans may start with a training needs assessment and analysis at the BHS level, the results of which shall become the basis for formulating the training plans. The training plans shall then be the basis of budget allocation by the municipal government. DOH Center for Health Development (CHD) shall technically guide PHO to formulate and realize training plan.

[DOH and CHDs]

- It is also recommended that the DOH through the CHDs continues to secure necessary budget for the training requirements of PHOs and MHOs
- It is further recommended that a dialogue between PhilHealth representatives and PHOs, MHOs (RHUs) and RHMs (BHS) be organized and conducted to solve issues about continuity of MCP accreditation of RHUs and BHSs. This dialogue may be led or convened by the CHD-Provincial Health Teams.

Lessons learned for JICA:

- Organizing and empowering community-based mechanisms like the WHT or AYOD teams in culturally appropriate way is an effective strategy in implementing central government programs on MCH in rural areas
- In planning similar projects in the future, it is important to clarify the project's intended contributions to expected national level outcomes especially if project activities are aligned with the activities of the implementing agency and other donors. It is likewise important to clarify and establish indicators that directly link the Project Purpose and the Overall Goal thus avoiding unrealistic targets at the outcomes and impact levels.



Birthing equipments in Capinahan BHS (Naval, Biliran)



Ubao BHS, Aguinaldo, Ifugao