

# Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Myanmar office: August, 2013

Country Name		Community-Oriented Reproductive Health Project in the Union of Myanmar											
Republic of the Union of Myanmar													
I. Project Outline													
Background	The reproductive health indicators of Myanmar such as Maternal Mortality Ratio (360 per 100,000 live births) and Infant Mortality Rate (71 per 1,000 live births) were high compared to other neighboring counties in the South-East Asia due to insufficient number of health service providers and health facilities, and insufficient knowledge and skill of health service providers. In addition, those issues such as lower contraceptive prevalence rate, lower percentage of deliveries attended by skilled health personnel, and high maternal mortality due to illegal abortions were serious obstacles to promote reproductive health in Myanmar. Within the country, the State of Northern Shan and Eastern Shan had the highest needs among the different districts and states, with higher MMR of 500 than national average.												
Objectives of the Project	<div>1. Overall Goal: Reproductive health status is improved in the project areas and expanded areas <sup>(Note 1)</sup> of the Union of Myanmar.</div> <div>2. Project Purpose: Utilization of quality reproductive health services increases in the project areas.</div> <div>3. Assumed steps for achieving the project goals: The project implements training for RH service providers <sup>(Note 2)</sup>, development of guideline and materials for RH, and renovation of rural health centers. Through these activities, project improves capacity of medical/health workers including management capacity of the Department of Health (DOH), and promotes awareness and knowledge on RH issues among community people. By improved capacity of medical/health staff, the project aims to improve RH service in the target areas based on the Community-Oriented RH (CORH) approach <sup>(Note 3)</sup>. Then this will improve RH status in the project areas and the CORH approach will be disseminated to the other areas in Myanmar.</div> <div>Note 1: Expanded area: The area where community-oriented RH approach is applied.</div> <div>Note 2: RH service providers includes: (i) Basic Health Staff (BHS) who are the government officers belong to DOH including Township Medical Officer (TMO), Midwife (MW) and Health Assistant (HA), (ii) Volunteer Health Worker (VHW) includes Auxiliary Midwife (AWM), Trained Traditional Birth Attendant (TTBA) and Maternal and Child Health Promoter (MCHP), and (iii) Health Volunteer includes community leaders and local NGOs who engage in health promotion activities.</div> <div>Note 3: Community-Oriented RH approach can be defined as combination of the following three approaches: (i) Improvement in provision of RH service through capacity development of BHS and improvement of health facilities, (ii) Improvement of awareness and knowledge on RH issues among community people and establishment of community-based supporting system for RH, and (iii) Improvement of management capacity of DOH and concerned health institutions' staff</div>												
Activities of the project	<div>1. Project site: Kyaukme Township (approximately 184,000 populations) and Naungcho Township (approximately 120,000 populations) in Shan State</div> <div>2. Main activities Training to medical/health workers and volunteers, establishment of the guideline and materials for reproductive health, and renovation health facilities and provision of basic RH equipment.</div> <div>3. Inputs (to carry out above activities) <table><tr><td>Japanese Side</td><td>Myanmar Side</td></tr><tr><td>1) Experts: 10 persons (3 persons for Long term, 7 persons for Short term)</td><td>1) Staff allocated: 18 persons</td></tr><tr><td>2) Trainees received: 20 persons</td><td>2) Land and facilities: project office, electricity, water supply, telecommunication</td></tr><tr><td>3) Equipment: Equipment and materials for training and workshop, basic medical equipment and medicine, office facilities (PC, printer, photocopy machine, etc.)</td><td></td></tr><tr><td>4) Others: Renovation of 19 rural health centers and sub-rural health centers</td><td></td></tr></table></div>			Japanese Side	Myanmar Side	1) Experts: 10 persons (3 persons for Long term, 7 persons for Short term)	1) Staff allocated: 18 persons	2) Trainees received: 20 persons	2) Land and facilities: project office, electricity, water supply, telecommunication	3) Equipment: Equipment and materials for training and workshop, basic medical equipment and medicine, office facilities (PC, printer, photocopy machine, etc.)		4) Others: Renovation of 19 rural health centers and sub-rural health centers	
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Project Period	February 2005 – January 2010	Project Cost	461 million yen										
Implementing Agency	<div>• Department of Health (DOH), Ministry of Health (MOH)</div> <div>• Kyaukme Township and Naungcho Township</div>												
Cooperation Agency in Japan	Japanese Organization for International Cooperation in Family Planning (JOICFP)												
Related Projects	<div>Japan's cooperation:</div> <div>• Project for Primary Health of Mother and Children (JICA partnership program with AMDA, 2002-2005)</div> <div>• Child Health Nutrition Project (JICA partnership program with Save the Children(SCJ) Japan, 2006-2009)</div> <div>• Maternal and Child Health Project (Japanese Cooperation for Maternal and Child Health through</div>												

UNICEF, 1998-2003)

- Project for Reproductive Health (Japan/UNFPA Multi-bilateral Cooperation for Population and Family Planning through UNFPA, 2001-2003)

## II. Result of the Evaluation<sup>1</sup>

### 1 Relevance

This project has been highly relevant with Myanmar's development policy ("improvement of reproductive health status in Myanmar" in the Five Year Strategic Plan for Reproductive Health 2004-2009 and 2009-2013), development needs ("improvement in accessibility to reproductive health service in the areas with highest needs"), as well as Japan's ODA policy for Myanmar with the priority area of humanitarian assistance with urgency through improvement of reproductive health status, at the time of both ex-ante evaluation and project completion. Therefore, relevance of this project is high.

### 2 Effectiveness/Impact

This project focuses on improvement of quality and availability of RH service in the target areas based on the Community-Oriented RH approach. There was an improvement in Contraceptive Prevalence Rate (CPR), the percentage of women who received 4 and more times for Antenatal Care (ANC), and the percentage of deliveries attended by skilled health personnel (see the details in the table below). Meanwhile, the percentage of pregnant women referred to higher level once decreased from 7.7% (2005) to 6.4% (2009) in Kyaume as well as from 9.4% (2005) to 5.3% (2009) in Naungcho. However, they recovered to 2005 level or more in 2012. Regarding the coverage of Tetanus Toxoid (TT) vaccination among the pregnant women, there was an increased in Naungcho, but Kyaume slightly decreased it. According to the Township Medical Office (TMO) of Kyaume, some side effects of TT immunization occurred in Kyaume and community people became reluctant to take immunization after this event. According to the interview results with BHS and MCHPs in two townships, they recognized the improvement in accessibility and quality of RH services and increased awareness of community people on RH in cooperation was an important factor to such improvement. They also pointed out that support by WHO under Annual Contribution (AC) budget in the two townships may have some positive effects on improvement of RH status.

As for overall goal, although the data for MMR in the two township is not available, the number of maternal death reduced from 12 (2005) to 2 (2012) in two townships. The data for number of pregnancies with complication and number of deliveries with complication in the two townships were not available. However, it was confirmed that the CORH approach applied in Kyaume and Naungcho townships has been still well functional at present. Based on the experience of this project, MOH has introduced the CORH approach to other 30 townships nationwide (2 townships of each 16 states and regions in Myanmar except Shan State). Among them, MOH observed that two (2) Townships of Kyaung Kone and Kyone Phaw in Ayerwaddy Division are successful in introduction of the approach. In these two townships, BHS made fund by themselves by donating Ks.1000 per month from their own money and the fund are used for community on RH services such as transportation fees for MCHPs when they accompany with pregnant women for delivery at rural health centers or hospitals, and uniforms for MCHPs. MOH has taken initiatives to disseminate the good practice learned from the CORH approach to national level through on-going application of the CORH approach to other 30 townships, however, it was not identified whether the reproductive health status in other 30 townships were improved or not afterward. According to the interview results with BHS and MCHPs, the following positive impacts were observed such as: (i) reduction in illegal abortion case due to increasing awareness on contraceptive, (ii) reduction in financial burden of households due to control of number of children, and (iii) increase of mothers' awareness on child care and nutrition.

In this way, this project has sufficiently achieved the project purpose and partially achieved the overall goal. Therefore, effectiveness of the project is fair.



Interview to Midwives

#### Achievement of project purpose and overall goal

Aim	Indicators	Results			
(Project Purpose) Reproductive health status improves in the project areas and expanded areas of the Union of Myanmar.	Contraceptive Prevalence Rate (CPR) is increased.	(Project Completion) Increased			
		(Ex-post Evaluation) Increased			
			2005	2009	2012
	No. of women who received 4 and more times for Antenatal Care (ANC) is increased.	Kyaume	41.1%	56.9%	73.5%
		Nauncho	41.3%	49.1%	72.6%
		(Project Completion) No data available.			
		(Ex-post Evaluation) No data available.			
		(Reference) % of women who received 4 and more times for ANC			
			2005	2009	2012
		Kyaume	49.0%	44.4%	55.2%
		Nauncho	39.2%	50.5%	91.8%

<sup>1</sup> Constraint of Evaluation: The ex-post evaluation reexamined the appropriateness of the indicators for project purpose and overall goal, and modified their indicators by adding and replacing to alternative indicators in order to assess their achievement appropriately.

	No.of deliveries attended by skilled health personnel is increased.	(Project completion) No data available. (Ex-post Evaluation) No data available. (Reference) % of deliveries attended by skilled health personnel		
		2005	2009	2012
	Kyaume	65.4%	71.6%	80.0%
	Nauncho	65.4%	80.6%	59.87%
	Coverage of Tetanus Toxoid (TT) vaccination among the pregnant women is increased.	(Project Completion) It increased from 76.8% (2005) to 86.4% (2009) in Nauncho, but it decreased from 78.7% (2005) to 76.5% (2009) in Kyaume. (Ex-post Evaluation) It increased to 94.7% (2012) in Nauncho, but it decreased to 71.3% (2012) in Kyaume.		
(Overall goal) Utilization of quality reproductive health services increases in the project areas.	Maternal mortality rate is reduced.	(Ex-post Evaluation) No data available. Declining trend of the number of maternal death is observed.		
	No. of pregnancies with complication is reduced.	(Ex-post Evaluation) No data available.		
	No. of deliveries with complication is reduced.	(Ex-post Evaluation) No data available.		

Source : Baseline Survey (2005), Endline Assessment Study (2009) Project Completion Report, Interviews with counterparts.

Note: The indicators for overall goal and project purpose are original ones stipulated in Project Design Matrix at ex-ante evaluation. The data of Endline Assessment Study (2009) were considered as the results of the project completion.

### 3 Efficiency

The outputs of the project were produced as planned, the project cost was within the plan (ratio against the plan: 83%) and the project period was as planned (ratio against the plan: 100%). Therefore, efficiency of this project is high.

### 4 Sustainability

In policy aspect, this project is given important in the new development policy such as the Strategic Plan for Reproductive Health (2014-2018) being prepared by MOH. Regarding the institutional aspect, most of BHS, AMWs and MCHPs trained by the project have been engaged in RH activities continuously and they back up the role of MWs despite there is a shortage of manpower in MWs. The quality management and monitoring of RH services have been undertaken by TMOs. The Township Working Group and Village Tract Working Group have been functioning and collaborating with BHS in case of necessity. Generally, the systems and institution setting necessary for the CORH approach are still maintained. Regarding the technical aspect, BHS continues to provide guidance to AMW and MCHPs for Information, Education and Communication (IEC)/Behavior Change Communication (BCC) activities on RH issues as well as to conduct health education session on RH and disease for community people every month. The refresher training for MWs, AMWs and MCHPs is organized yearly. The IEC/BCC materials and Implementation Guide for CORH Approach have been utilized by DOH, BHS, AMWs and MCHPs. The health facilities renovated by the project are still in good condition. Regarding financial aspect, although current budget allocation does not fully cover the necessary cost, the budget for the minimum training and maintenance of the major facilities are secured and it does not seriously affect to maintain the system.

This project has no problem in policy background, institutional, technical and financial aspects, hence sustainability of this project effect is high.

### 5 Summary of the Evaluation

The project has significantly achieved the project purpose and partially achieved overall goal. The project successfully improved accessibility and quality of RH services in two townships. For example, more people became to practice a contraceptive, pregnant women had a change to receive more antenatal care, and to be transferred to higher level medical institutions. As a result, the number of maternal death reduced from 12 (2005) to 2 (2012) in two townships. The CORH approach developed by this project was now introduced to other 30 townships in Myanmar, however, the specific improvement in the reproductive health status in other 30 townships has not been identified so far. In addition, the project brought about positive impacts such as reduction in illegal abortion case, reduction in financial burden of households and increase of mothers' awareness on child care and nutrition. As for sustainability, there is no problem in policy background, institutional, technical and financial aspects. As for efficiency, both the project cost and period was within the plan.

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

## III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

- BHS should explain community on side effect of immunization to avoid unnecessary misunderstanding by community.
- According to evaluation data, MCHPs are very much supportive to BHS. So should continue refresher training for MCHPs by increasing functional support on that training.
- Department of Health expanded the CORH approach to 30 Townships in Myanmar. That is partially fulfilled to Project Overall Goal. If Department of Health has exacted data of result for those expanded areas, that will be very much support to learn on difficulties, strong points and weak points for further process.