

Country Name	Reproductive Health Project in the State of Madhya Pradesh (Phase 2)
India	

I. Project Outline

Background	The State of Madhya Pradesh, like other northern provinces in the country, has been considered as less developed and still suffered from high rates of maternal and neonatal mortality. Especially the situation in the rural area was very severe. To tackle these issues, the Government of India has made efforts under the National Rural Health Mission (NRHM) 2005-2012 and implemented the program named "Reproductive and Child Health (RCH)." To support this program in the State of Madhya Pradesh, JICA implemented the Project for Reproductive Health and Women's Empowerment (2005-2006) in the pilot areas in Sagar Division. Scaling up the results of the above project to other areas in the state was needed.												
Objectives of the Project	1. Overall Goal: The State health sector ensures quality mother and new born child health services. 2. Project Purpose: To increase the number of pregnant women and mothers who receive quality maternal health (MH) services by the nursing cadres, with special emphasis on the Auxiliary Nurse Midwives (ANMs).												
Activities of the project	1. Project site: State of Madhya Pradesh 2. Main activities: Training of ANMs and related cadres on (i) health facility management, (ii) procedure for data management, (iii) development of IEC (Information Education and Communication)/BCC (Behavior Change Communication) materials and (iv) awareness raising of community people. Dissemination of the pilot areas' results to other areas in the State 3. Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese Side</td> <td style="width: 50%;">Indian Side</td> </tr> <tr> <td>1) Experts: 4 persons</td> <td>1. Staff allocated: Officers from the levels of state, region, district, block and sectors.</td> </tr> <tr> <td>2) Trainees received: 8 persons</td> <td>2. Land and facilities: Information not available.</td> </tr> <tr> <td>3) Equipment: None</td> <td>3. Local cost: Cost for printing MH cards, renovating health facilities, and implementing training, salaries to counterpart personnel, etc.</td> </tr> </table>					Japanese Side	Indian Side	1) Experts: 4 persons	1. Staff allocated: Officers from the levels of state, region, district, block and sectors.	2) Trainees received: 8 persons	2. Land and facilities: Information not available.	3) Equipment: None	3. Local cost: Cost for printing MH cards, renovating health facilities, and implementing training, salaries to counterpart personnel, etc.
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Ex-Ante Evaluation	2006	Project Period	January 2007 to January 2011	Project Cost	200 million yen								
Implementing Agency	State Government of Madhya Pradesh (GoMP), Department of Health and Family Welfare (DoHFW)												
Cooperation Agency in Japan	None.												

II. Result of the Evaluation¹

1 Relevance
<p>This project has been highly relevant with India's development policy of "improvement of maternal and child health (MH) services" as set in policy documents including the 10th Five Year Plan (2002-2007), 11th Five Year Plan (2007-2012) and NRHM (2005-2012) at the time of both ex-ante evaluation and project completion, as well as development needs for quality MH services through training on ante-natal care (ANC) services. It was also relevant also with Japan's ODA policy: JICA's Country Assistance Program (2006) and Health and Development Initiative (2005) which showed Japan's commitment in MH assistance at the time of ex-ante evaluation.</p> <p>Therefore, relevance of this project is high.</p>
2 Effectiveness/Impact
<p>The project aimed to increase the number of pregnant women and mothers who receive quality MH services provided by ANMs and other related cadres² in Sagar Division³ of Madhya Pradesh State, through the capacity development of ANMs and other related cadres regarding MH services, health facility management, data management and communication skills with community people. By disseminating the achievements in the Sagar division to other divisions, it was expected to strengthen mother and new born child health services in the State.</p> <p>By the time of project completion, the number of pregnant women and mothers who received quality MH services in Sagar Division has been perceived increasing by the produced outputs such as i) trained health workers on SBA (Skilled Birth Attendant) and ANC, ii) strengthened systems for the regular supportive supervision of ANMs by block program manager and ANMs' reporting capacity and iii) strengthened ANM's communication capacity. However, ANMs who participated in the training on SBA were less than 22% of the total ANMs in Sagar Division. Further, this SBA training was not conducted in Sagar District. As for ANC training, 74-84% of ANMs/LHVs of the three districts were trained, but this ANC training was not organized in Chattarpur and Sagar Districts⁴. As for the number of pregnant women who had at least three ANC checkups, it increased only</p>

¹ Constraint of Evaluation: The project did not set quantitative target in the indicators for the Outputs, Project Purpose and Overall Goal.

² Related cadres include Lady Health Visitors (LHV), Multi-Purpose Workers-male (MPW-M) and Male Supervisors.

³ Project activities were implemented in all of the five Districts of Sagar Division, but some activities were focused on in the two pilot districts (Damoh and Tikamgarh).

⁴ The ANC Trainings were not organized in Chattarpur District due to the time constraints. Since the District has 8 blocks with 180-200 ANMs

in Sagar and Panna Districts. The reasons why the number in Sagar District where training was not conducted increased and why that of other districts with training did not increase are unclear. One assumption for the latter is that the project's activity of awareness raising for pregnant women to see doctors might not be sufficient enough to increase the number. It is also suggested that indicator of the Project Purpose might not be appropriate to measure the outcome of each output.

After the completion of the project, all of the Community Health Centers in Damoh, Chattarpur and Sagar continue to utilize 5 trays and 4 corners⁵ introduced by the project. Besides, it was observed in Sagar and Damoh Districts that the referral of the pregnant women with high risks to higher level facilities was increased with the use of referral slip which contains medical information about the woman referred. Among the 19 interviewed pregnant women and mothers in Sagar, Chattarpur and Damoh Districts, 18 are satisfied with treatment and communication manners of ANMs and other related cadres and health facility equipment. As for the institutional delivery rate, it has been kept the same from 2012 to 2014 in the five target districts. Only in Damoh and Sagar Districts, improvement has been observed: Damoh 75% to 87%, Sagar 75% to 80%. The number of pregnant women who have at least three ANC checkups by utilizing the project outputs of the ANC trainings has not been confirmed by the data and/or survey although the interviewed medical officers perceived that the number has been increasing.

Regarding the Overall Goal, mother and new born child related health services in Madhya Pradesh State has been improved. The state average of the maternal mortality ratio (MMR) decreased from 339 in 2006 to 227 in 2013. Also the division average (Sagar) decreased from 397 in 2011 to 322 in 2013. These might be contributed by increased ANC registrations and checkups by skilled health workers, according to the Deputy Director of MH at the State level and other officials. Moreover, the neonatal mortality rate has decreased in all of the five target districts, as well as in the state too. It was difficult to specify the contributing factors to this improvement, but the interview conducted at the ex-post evaluation indicates that the project outputs such as skilled health workers, improved facility equipment and transportation somehow contributed to the improvement. Efforts were made to disseminate the guidelines, developed under the project, to other Divisions by the State and District officials. The materials are used in the States of Bihar and Rajasthan, too. Also, the impact survey conducted during the project revealed that ANMs have deepened the connections and relationships with communities as well as pregnant women, and further strengthened their skills in dealing with ANC cases at the field level. There have been no negative impacts observed. There was no land acquisition and resettlement.

In sum, the Overall Goal's indicator has been achieved at the time of ex-post evaluation, while it was difficult to firmly confirm how much the project has contributed to this achievement. Achievement of the Project Purpose was partial at the time of completion and at the time of ex-post evaluation. Therefore, effectiveness/ impact of the project is fair.

Achievement of project purpose and overall goal

Aim	Indicators	Results																														
(Project Purpose) To increase the number of pregnant women and mothers who receive quality MH services by the nursing cadres, with special emphasis on the ANMs	Number of pregnant women who received at least three ANC checkups.	(Project Completion) Partially increased. - The number of pregnant women who received at least three ANC checkups from 2008 to 2011 and the ratio are as follows:																														
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it was difficult to conduct 6-day training for all during the limited project period and with the limited number of project staff. Thus, a 2-day Training of Trainers was conducted towards the end of 2009. In Sagar District, since it is a geologically huge district, the project couldn't cover all the blocks. Regarding SBA training, it was not conducted in Sagar District, neither, because it has been provided by the State Health Department since 2005.

⁵ Idea of 5 trays (delivery tray, episiotomy tray, baby tray, medicine tray for delivery, emergency drug tray) and 4 corners (observation corner, service station, labour corner, newborn corner) was introduced to rearrange the labor room for smooth functioning of delivery activities during the Project period.

			79%	72%	74%	73%
		Panna	9719	22,537	20,377	20,901
			29%	81%	80%	71%
		* These figures from HMIS report might include some improperly registered				
(Overall goal) The State health sector ensures quality mother and new born child health services	MMR (maternal mortality ratio) of the State level.	(Ex-post Evaluation) Decreased.				
			2006	2011	2012	2013
		MMR in Madhya Pradesh State	339	310	277	227
		MMR in Sagar Division	not available	397	386	322

Source: HMIS Report, Report, Interviews with counterparts

3 Efficiency

Both the project cost and the project period were within the plan (ratios against the plan: 63% and 100%, respectively). Therefore, efficiency of the project is high.

4 Sustainability

In the policy aspect, the project is still given importance in the current development policy such as the 12th Five-Year Plan (2012-2017) and National Health Mission (2013 onwards). MH services prioritized in these policies have been supported by the national program, Reproductive, Maternal, Newborn and Child Health and Adolescent.

Institutionally, for provision of MH services, functions/demarcations of ANMs and other related cadres have remained almost the same with the functions/demarcations of the project period. Further at the time of the ex-post-evaluation, ANMs are in charge of the data collection on causes of maternal and neonatal mortality and facility-wise on-line reporting, which were introduced after the project. The referral system in MH services has been improved after free ambulatory services were introduced. However, there is a shortage in assigned ANMs and also other related cadres in Sagar Division, mainly caused by the lengthy procedure of recruitment and selection and also other problems such as shortage of candidates and low retention rate. Supportive Supervisions are conducted every week by the Chief Medical and Health Officers, District Health Officers and District Immunization Officers to understand the situation. It sometimes hampers health workers' MH services because while attending the monitoring activities, ANMs need to stop providing services to mothers and children. Therefore, in order to fully provide health services, the problem of the personnel shortage needs to be addressed.

Regarding the technical aspect, health workers have kept applying techniques introduced by the project including 5S⁶. It was not possible to confirm how many personnel who worked for the project still remain in the same position, but for the new ANMs/LHVs who joined after the project, it is confirmed that training on SBA and ANC was irregularly provided. This training is provided also for senior ANMs as refresher courses at the block and district level. The training manuals and other materials developed by the project are still utilized. They, together with materials prepared by other donors, are sufficient to cover training needs.

In the financial aspect, the budget for training health workers, upgrading facilities, data management and implementing community activities come from NRHM, and they are sufficient, according to District and Block level-officers. However, there is a minor problem. The budget execution rate is low as the RCH budget and expenditure for 2013 were 7,777 million Rs. and 7,051 (execution rate: 90%), and the NRHM budget and expenditure for 2013 were 7,051 and 4,649 million Rs. (execution rate: 65%). Reportedly, this is caused by long and complex procurement procedure, and the late disbursement of the budget from the State Government to RCH/NRHM also makes the execution difficult.

From these findings, it is considered that the project has some problems in institutional and financial aspects of the implementing agency; therefore, sustainability of the project is fair.

5 Summary of the Evaluation

The project has partly achieved the Project Purpose and Overall Goal. As for the indicator of the Project Purpose, the ratio of pregnant women who had at least three ANC checkups increased only in two of the five target districts. For the Overall Goal, both MMR and NMR decreased at the level of both Division and State but it is difficult to confirm how much the project has contributed to this decrease. As for sustainability, provision of MH services has been still given importance in the current development policy. However, there are some problems in institutional and financial aspects, such as insufficient allocation of health workers and low budget execution.

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

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

To DoHFW, GoMP:

- To ensure the sufficiency of ANMs and other cadres, it is recommended to minimize irregular and frequent transfers of the assigned health workers and place the adequate number of the personnel to fully provide the health service, for instance, by improving the recruitment process.
- It is necessary to enhance and improve the pace of disbursement of allocated budget from the State Government RCH/NRHM so that the pace of execution would be improved.
- It is important to continue conducting periodic follow-up and refresher course of the health workers at the block and district

⁶ 5S stands for Seiri (orderliness), Seiton (neatness & tidiness), Seiso (cleaning), Seiketsu (cleanliness), and Shitsuke (good manner).

level. In particular, it is important to regularize SBA trainings.

Lessons learned for JICA:

- While materials developed by the project have been utilized in other states, if more activities to enhance recognition of the project had been conducted, sustainability and visibility of the project effects could have been further strengthened. Therefore, it is recommended that similar project put more efforts on dissemination activities and include them into the project strategy.
- In this project, while the Overall Goal's indicator, "MMR (maternal mortality ratio) of the State level", is improved at the time of the ex-post evaluation, it is difficult to assess the causes for this improvement due to existence of other factors. Therefore, it is strongly recommended to set an indicator which is able to properly measure the contribution of the project to the Overall Goal in the baseline survey. Moreover, the "quality MH services" in the Project Purpose should be defined with explanations and shared among the related stakeholders, and its indicators need to be well elaborated at the time of the project planning stage.
- Indicators of the project and project activities should be related well each other to measure the outcome of the activities properly.



(ANM taking history from the pregnant woman before starting ANC Check-up)



(ANM checking Blood Pressure using instrument provided by the project)