

Summary of Evaluation result

1. Outline of the Project		
Country : Socialist Republic of Vietnam		Project for Implementing Maternal and Child Health Handbook for Scaling Up Nationwide
Issue/Sector : Health		Cooperation Scheme : Technical Cooperation Project
Division in charge: JICA Vietnam Office		Total Cost (at the time of Evaluation): Approximately JPY200mil.
Term of Cooperation	Feb. 14, 2011 to Feb. 13, 2014 (3 years)	Implementing organization : Maternal and Child Health Department, Ministry of Health
		Project sites: Dien Bien Province, Hoa Binh Province, Thanh Hoa Province, and An Giang Province
		Supporting Organization in Japan : N/A
		Related cooperation project : Project for Improvement of the Quality of Human Resources in Medical Services System (Aug 2010-Jul 2015)

1.1 Background and Purpose of the Terminal Evaluation

In Viet Nam, the average of health basic indexes have been recently improving, however, there is a big gap in the health basic index among different socio-economic and geographical areas; especially these of the poor, those living in rural areas and the minority groups are lower than the average. The Government and donors have developed and introduced different booklets, cards and pamphlets aiming to record data and monitor the status of maternal and child health, which is called home-based record (formats). Ministry of Health (hereafter referred to as MOH) considered this situation as a hindrance to improving maternal and child health care services since problems such as existence of sub-standard formats, parallel existence of different materials, difficulty of monitoring period covering from pregnancy of mothers to infancy period, and so on.

With this background, MOH took notice of the effectiveness and development potential of the Mother and Child Health Handbook (hereafter referred to as MCHHB) that had been piloted by a Japanese Non-Governmental Organization (NGO), then the Government of Viet Nam requested Japanese Government a technical cooperation in Project for Implementing the Maternal and Child Health Handbook for Scaling up Nationwide (hereinafter referred to as 'the Project').

In the Project, a MCHHB has been introduced to the four provinces of Dien Bien (hereafter referred to as DB), Hoa Binh (hereafter referred to as HB), Thanh Hoa (hereafter referred to as TH) and An Giang (hereafter referred to as AG), representing those with regional and social groups with different conditions. Departments of Health (DOH) in 4 provinces take a leading part to strengthen functions of management of health administrative system, implementing training and monitoring, and evaluation of implementation process and effectiveness thorough the process of the MCHHB development and dissemination. Finally, based on experiences of 4 pilot provinces and evaluation of the MCHHB development and dissemination, a standardized MCHHB and guidelines are finalized and submitted to MOH for further promotion and advocacy for nationwide expansion.

1.2 Overview of the Project

- (1) Super Goal: Health status of mothers and children in the country improves
- (2) Overall Goal: Maternal and child health care services improve by using MCHHB nationwide
- (3) Project Purpose: A standardized MCHHB for nationwide scaling-up is developed
- (4) Output:

1. Management and monitoring capacity of the MCHHB implementation is strengthened at all levels.
2. The MCHHB is operationalized by respecting the health system and plan in four provinces.
3. Experience and knowledge of the MCHHB implementation are summarized.

(5) Inputs (as of the time of the terminal evaluation)

(Japanese side)

- 1) Long-term expert:3 (total), Short-term expert: 4 (total)
- 2) Provision of Equipment: equivalent to USD 99,541.74
- 3) Training in Japan: 10 people /1 time for about 2 weeks
- 4) Local cost: equivalent to USD 902,124.67

(Vietnamese side)

- 1) Counterpart allocation: Central Project Management Unit (CPMU) : 2 posts (3 people), DB PMU: 4 posts (5 people) HB PMU: 11 posts (12 people), TH PMU: 12 posts (12 people), AG PMU: 12 posts (12 people)
- 2) Counterpart local operation cost: equivalent to USD 74,180.08 from CPMU and all Provincial Project Management Units (PMUs).

2. Members of the Evaluation Team

Name	Title	Organization
Fumihiko OKIURA	Team leader	Senior Representative, JICA Vietnam Office
Keiko OSAKI	Mother and Child Health	Senior Advisor, JICA HQ
Chu Xuan Hoa	Cooperation Planning (1)	Programme Officer, JICA VietNam Office
Sangnim LEE	Cooperation Planning (2)	Programme Officer, Health Division 3, Human Development Department, JICA HQ
Harumi KOBAYASHI	Evaluation Analysis	KD Tech Co., Ltd.

Period: from 29 September-12 October, 2013 | Type of evaluation: Terminal Evaluation

3. Evaluation Results

3.1 Project Achievements

Project Purpose: A standardized MCHHB for nationwide scaling-up is developed.

Indicator : MCHHB is approved by JCC then proposed to MOH for scaling up nationwide

The Project purpose is likely to be achieved. The latest version of the MCHHB (Version 2.0) is most likely to be submitted to JCC after minor revisions and approval by the Technical Working Group (TWG).

Output 1: Management and monitoring capacity of the MCHHB implementation is strengthened at all levels.

Indicator 1.1 90% of managerial PMU staff are trained on project management

Achieved. (91.7%). 22 PPMUs managerial staff out of 24 had been trained in 5 management training courses in total.

Indicator 1.2 P-PMU meetings are conducted quarterly

Considered achieved. Each PPMU meets every quarter to report and discuss about the progress of MCHHB, except for one PPMU that combined 2 quarter meetings into one once.

Indicator 1.3 70% of supervisors in 4 provinces take Monitoring and Evaluation (M&E) training

Almost achieved. (65.9%). The number of supervisors who have undertaken M&E training is 108 out of 164. Supplemental measures have been applied in case a staff was not receiving M&E training, she / he was accompanied by those who got M&E training as a pair.

Indicator 1.4 M&E report on the MCHHB is quarterly submitted from 4 P-PMUs to C-PMU.

Considered achieved since all PPMUs submitted the latest reports including the report during Apr-Jul 2013.

Output 2: The MCHHB is operationalized by respecting the health system and plan in four provinces.

Indicator 2.1 90% of provincial trainers received training of trainers (TOT).

Achieved (90%). The number of trainers of all 4 provinces is 120, and 108 trainers had finished training at least once.

Indicator 2.2 70% of Health Workers (HWs) and Volunteer Health Workers (VHWs)/ Health Volunteers (HVs) are trained on the use of the MCHHB.

Based on the indicators agreed among PPMUs, it is 150.7%. PPMUs had agreed that 3 HWs from each Commune Health Centre (CHC) would take this training. In fact, many CHCs sent more than 3 HWs to the training.

Indicator 2.3 90% of pregnant women and mothers receive the MCHHB.

Nearly achieved (80.1%). The report from PPMUs shows that total number of pregnant women/mothers with child < 1year of age who received MCHHBs in 2013 was 331,717 among 413,922 pregnant women /mothers with child < 1year of age.

Indicator 2.4 100% of PPMUs organized Information Education Communication (IEC) / Behavior Change Communication (BCC) campaign events for MCHHB promotion at least once a year.

Achieved (100%). All 4 provinces conduct IEC/BCC campaign event each year at least once.

Indicator 2.5 Three-time Antenatal Care (ANC) information is recorded by HWs on 80% of the MCHHB held by mothers after delivery.

It takes time to achieve this target. The end line survey, which was conducted in July – August 2013 targeting districts of the first activity year, showed that full or partial record of three time ANC was made in 66% of MCHHB.

Indicator 2.6 Delivery information is recorded on 65 % of the MCHHBs held by mothers.

It takes time to achieve this target. The end line survey results showed that full or partial record of delivery was made in 49% of MCHHB.

Indicator 2.7 Child immunization information is recorded by HWs on 80% of the MCHHB held by mothers.

Achieved (89%). The results of the end line survey showed that 89% of MCHHB had full or partial record of child immunization.

Indicator 2.8 Child development information is recorded by mothers on 60% of their MCHHB.

The end line survey results showed the result varies depending on the age of children. The result was that 70% of MCHHB had full or partial record on monitor/care for children aged from 2- 3 months. The rate was becoming smaller as a child grows. Only 46% of MCHHB had full or partial monitor/care for children aged from 13-18 months.

Output 3: Experience and knowledge of the MCHHB implementation are summarized.

Indicator 3.1 90% of HWs responsible for Mother and Child Health (MCH) are confident in using the MCHHB.

Since this indicator was subjective, therefore, a proxy indicator, how skilful HWs are in using the MCHHB, was suggested at the end-line survey. The result shows that 62% of HWs can promptly open and identify the pages of ANC, delivery, child immunisation and child health check-up. Judging from this figure and the fact that the end line survey does not cover the Group 2 and 3, it could be anticipated that it is difficult to reach the target of 90%.

Indicator 3.2 Availability of the final report submitted to JCC

The contents of the "Final Report" were agreed, and the end line survey results are important source of information for the 'Final Report'. The final report is an important result of the Project, and it is likely to be ready for submission to final JCC.

3.2 Results of Evaluation based on the Five Evaluation Criteria

(1) Relevance

The Project is considered highly relevant. The MOH's 'Five-year Health Sector Development Plan 2011-2015' includes narrowing down the gap in maternal and child health care indicators across regions, between segments of population and achieving the MDGs for MCH in its objectives, and one of the priority areas of the Japan's assistance policy for Vietnam is to help develop the health-care system as a response to fragility. The project is in line of these policies since the MCHHB helps improve knowledge and attitudes of users, including HWs and mothers. Japan is one of the best countries to support Vietnam to adapt the MCHHB system due to its long history of MCHHB's utilisation and support to developing countries.

(2) Effectiveness

The Project is judged relatively effective in terms of the achievement of the project purpose. However, more attention and support are needed for the Group 3. Many output indicators are likely to be achieved/already achieved except for those involve in behaviour changes, and MCHHB is expected to be used more widely as its effectiveness is understood among users. The MCHHB Version 2.0 will have minor revisions and most probably be approved by the TWG, and ready for submission to the final JCC. However, the activities for the Group 3 just have been put in place only about 4 months at the time of the terminal evaluation, and the M&E activities, which have been done for the Groups 1 and 2, may not finish for the Group 3 before project termination. The ownership and commitment at all levels have become higher as the Project progresses, which promotes achievement of the project purpose.

(3) Efficiency

It was found that the Project is adequately efficient. Input from Japanese side was appropriate and the selection of the basic equipment to all CHCs was done for improvement of accuracy of data of mother and child health, which contribute to overall reliability of data. PPMUs conducted many training courses for all CHCs in 4 provinces in a short period of time utilizing TOT and supervisor training. The Project has also utilized opportunities of study tours or joint monitoring in order to share experiences and lessons of other target provinces.

(3) Impact

The prospect of achieving the overall goal can be judged only after the MOH approves nationwide scaling-up of the MCHHB and implements scaling-up activities. In doing so, it is necessary to verify causal relationship between the introduction of the MCHHB and the improvement of the MCH care services.

As for the impact, both positive and negative impacts have been observed.

Positive impacts include:

- In An Giang province, introducing the MCHHB led to efficiency in HWs' work since MCHHB took the place of other existing two home-based record forms. Consultation time is reduced for HWs since the MCHHB provides treatment history of pregnant women and mothers. It was reported that knowledge of HWs, pregnant women and mothers have been improved. The MCHHB is serving as a communication tool between health staff and pregnant women and among pregnant women. At some project sites, songs and poems were produced and presented to community to make MCHHB more attractive to the project target groups.

The negative impacts that were observed are as follows:

- Confusion and increase of workload among HWs are observed since they have to copy the same information from several home-based record formats and spend longer time than before to explain about pregnancy, delivery and child care to mothers. However, many of HWs answered that the amount of workload increased due to MCHHB was acceptable. On the other hand, different indicators were being used among the Project M&E, PDM, and the existing reporting indicators of Information System of the National MCH programme; which caused extra burden to those who needed to collect indicators.

A factor which hinders the achievement of the Overall Goal was observed.

The end line survey targeted 28 provinces revealed that 14 different home-based record formats were being used. The existence of these formats may hinder nationwide scaling-up of the MCHHB. In one province, a relatively large private sector is being pointed out as a challenge to achieve the overall goal if the MCHHB is not used in those private health facilities.

(5) Sustainability

Sustainability largely depends on financial resources for mass printing MCHHB and conducting training courses, how to reduce increased amount of workload such as training, and if the MCHHB is included in the National Target Programme (NTP). The MOH has 'National Target Programme (NTP)', for which the government allocates its own budget, and the sustainability of MCHHB would be strengthened if the MCHHB is included in the NTP. The evaluation team concluded that the financial sustainability was not certain at the time of the terminal evaluation. Technical sustainability at the managerial level is judged high, but that of the commune level is less certain. Two positive factors for sustainability were confirmed, namely i) visiting other provinces to learn their system, experiences, skills, and knowledge is a common practice in the county, and ii) personnel rotation does not happen so often in Vietnam.

3.3 Factors that promote realization of effects

(1) Factors concerning to planning

No major factors were observed.

(2) Factors concerning to implementation process

The Project took a gradual expansion step to disseminate the MCHHB. Project activities were planned to be conducted in 1/3 of each targeted province in each project year. The first 1/3 in the first project activity year is called Group 1, the second 1/3 is called Group 2, and the last 1/3 is called Group 3. Experiences of

the Group1 were utilised upon implementing activities for the following Groups respectively.

3.4 Factors that impede realization of effects

(1) Factors concerning to planning

The Project intends to scale up a standardized MCHHB nationwide, however, at the current Project Design Matrix (PDM), it lacks activities relating to introduction of a nationally used document, such as approval and announcement by the MOH, budget mobilization, review of job description, coordination with relevant stakeholders, training at all levels for health workers and so on.

(2) Factors concerning to implementation process

It needs to mention that the scheduling of the Project might be too ambitious. The original project schedule allocated just about 5 months to 'Edit, print and distribute MCHHB and guidelines to PMUs', assuming that the Project would 'adapt' a MCHHB that had been introduced in one province in Vietnam. In reality, it took nearly one year to complete the first version of the MCHHB and its guide for HWs. This delay put extra strain to especially the latter half of the Project period.

In the Project, supervision, refresher training, and monitoring and other activities are done after the first training was conducted in a target area. This approach and the above delay resulted in 1) the workload become heavier in the third year due to training for first-timers in the Group 3 and the refresher training and monitoring for other two Groups, and 2) there is not enough time for M&E and follow-up activities for the Group 3 in the third project year. Due to this situation, CPMU and all PPMUs have submitted request letters for a project extension up to the 31st December, 2014.

3.5 Conclusion

The MCHHB which was developed in the Project is most likely submitted to the MOH as a standardized MCHHB for a nationwide scale-up after minor revisions, and improvement has been observed in PMUs management and monitoring capacity of the MCHHB implementation through project activities. But some indicators remain unachieved especially for those need behaviour changes including appropriate use of the MCHHB.

Some HWs/VHWs felt that their workload had reduced due to the introduction of the MCHHB, while others felt their workload had increased. Many of them felt that the amount of workload was acceptable even though it had increased. It was reported that the MCHHB helped improve the knowledge and communication among HWs/VHWs, mothers and pregnant women. On the other hand, a factor which hinders the achievement of the Overall Goal was observed, that is the existence of other home-based records.

Sustainability largely depends on financial resources for mass printing MHCHB and conducting training courses, how to reduce increased amount of workload such as training, and if the MCHHB is included in the National Target Programme (NTP).

Delay in implementation at the initial project stage and ambitious project design caused many project activities to be implemented in a shorter-than-planned time, which would result in incompleteness of activities for the Group 3. Observing this situation, CPMU and all PPMUs have submitted request letters for a project extension up to the 31st December, 2014, and the Terminal Evaluation Team suggested the extension of the Project period.

3.6 Recommendation

The Team proposes the following recommendations and shares the lessons learned to both the Project and the MOH, in order to sustain the effectiveness of the Project and to prepare for nationwide scaling-up of the MCHHB.

- (1) The Team recommends that the project implementation period be extended for additional 10 months (i.e. up to 13th December 2014), on condition that MOH expresses a certain commitment to nationwide scaling-up of the MCHHB.
- (2) The Team recommends MOH to take the following initiatives:
 - To take necessary steps to integrate the MCHHB into the NTP during the project period.
 - To take specific actions to encourage the utilization of MCHHB at remaining 59 provinces, by i) presenting project result at seminars / meetings of MCH, ii) issue the Ministerial letter encouraging the MCHHB use to 59 and iii) promote the MCHHB use to potential DPs.
 - To seek complementary external financial resources for the MCHHB nationwide operation (e.g. printing, distributing, training of HWs, and M&E), and
 - To open a series of dialogues with relevant departments and institutes of the MOH, for gradual shifting from several existing MCH home-based records into the MCHHB.
- (3) The Team recommends following actions to 4 pilot provinces:
 - To ensure the financial and technical sustainability of the MCHHB operation, particularly for M&E.
 - To more actively disseminate the MCHHB to pregnant women and mothers, promoting the involvement of Women's Union, teachers and husbands.
- (4) The Team recommends that the Project develop and implement specific interventions during project implementation period to address the challenges such as inadequate utilisation of the MCHHB among ethnic and less literate groups and at hospitals and private health facilities and insufficient IEC/BCC (Information Education Communication / Behaviour Change Communication) activities.
- (5) The Team recommends that the current version of PDM to be changed to include estimation of financial requirements for printing and distribution of the MCHHB and proposal of several optimal scenarios of training on the MCHHB use.

3.7 Lessons Learned

- (1) When designing a nationwide scaling-up project, it is essential to include development of the scaling-up strategies within the project scope.
- (2) The amount of preparatory works at the initial stage of the project should be thoroughly considered.

- end-