

## Summary of the Results of the Terminal Evaluation

<b>1. Outline of the Project</b>	
<b>Country</b> : Lao People's Democratic Republic	<b>Project title</b> : Strengthening Integrated Maternal, Neonatal and Child Health Services in Lao PDR
<b>Issue/Sector</b> : Health	<b>Cooperation Scheme</b> : Technical Cooperation
<b>Division in Charge</b> : JICA Head Office	<b>Total cost</b> Total: 340 Million Yen
<b>Period of Cooperation</b> : May 2010 ~ May 2015	<b>Partner Country's Implementing Organization</b> : Ministry of Health, Provincial/District Health Offices of Champasak, Salavan, Sekong and Attapeu Provinces
	<b>Supporting Organization in Japan</b> : National Center for Global Medicine
<p><b>1-1 Background of the Project</b></p> <p>In Lao People's Democratic Republic (Lao PDR), the national health status had been improving steadily over the past decades. Despite the progress made, Maternal Mortality Ratio (MMR) and Under Five Mortality Rate (U5MR) still remained the highest among ASEAN countries, where the estimation of MMR to be 220 per 100,000 live births and U5MR to be 71.4 per 1,000 live births (2013). Improvement of health care services, especially for maternal and child health had been the priority issue to be addressed by the Lao PDR Government as well as achieving health related MDGs.</p> <p>In response to the circumstances, the "Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Services 2009-2015(MNCH Integrated Service Strategy)" was developed through the maternal, neonatal and child health (MNCH) Technical Working Group to accelerate reducing maternal, neonatal and child mortality, as well as maternal and child malnutrition in cooperation with various development partners (DPs), such as WHO, UNFPA, UNICEF, The World Bank, as well as JICA.</p> <p>In line with this MNCH Integrated Service Strategy, the Project for Strengthening Integrated Maternal, Neonatal and Child Health Services (hereafter referred to as "the Project") has been implemented since May 2010 for the period of five years. The Project aims to improve the coverage of MNCH services targeting four southern provinces (Champasak, Salavan, Sekong and Attapeu) with the framework described below.</p> <p><b>1-2 Project Overview</b></p> <p>&lt; Overall Goal&gt;</p> <p>Maternal, neonatal and child mortality is reduced in the four southern provinces, i.e., Champasak, Salavan, Sekong, and Attapeu.</p> <p>&lt;Project Purpose&gt;</p> <p>Coverage of the maternal, neonatal and child health (MNCH) services is improved in the four southern provinces.</p> <p>&lt;Outputs&gt;</p>	

Output1: The MNCH Program is appropriately managed by the Provincial and District Health Offices (PHOs and DHOs).

Output2: Capacity to provide integrated MNCH services is improved.

Output3: Utilization of integrated MNCH services is promoted in collaboration with the community and local organizations

### 1-3 Inputs (As of December 2014)

<Japanese Side>

Long-term experts: 10 (Chief Adviser, Community Health, Nursing and midwifery, MCH Administration, Coordinator, etc.)

Short-term experts: 5 (Health Education, MNCH Strategy, Architectural Planning, etc.)

Training in Japan: 24

Equipment procured: 55,272,100 Yen

Local expenses: 75,449,200 Yen

<Laos Side>

Counterparts: Related departments in Central and Provinces

Office space in each Provincial Health Office

Necessary space and facilities for training, workshops and other activities

Operational expenses such as supply of water, electricity, gas and furniture for the Project office, and other running expenses necessary for the Project operation

## 2. Evaluation Team

<b>Members of Evaluation Team</b>	<ol style="list-style-type: none"> <li>Ms. Hiroe ONO, Leader, Director, Health Division 4, Health Group 2, Human Development Department, JICA</li> <li>Dr. Yasuo SUGIURA, Director, Division of Partnership Development, Department of Global Network and Partnership, Bureau of International Medical Cooperation, National Center for Global Health and Medicine</li> <li>Ms. Nami KISHIDA, Staff, Health Division 4, Health Group 2, Human Development Department, JICA</li> <li>Ms. Erika FUKUSHI, MOE Consulting, Inc.</li> <li>Dr. Sengpraseuth VANTHANOUVONG, Chief of MCH sector, Department of Hygiene and Health Prevention, Ministry of Health</li> <li>Mr. Vilasack XAYAPHET, Technical Officer, Asia-Pacific and Africa Division, Department of International Cooperation, Ministry of Planning and Investment</li> </ol>	
<b>Period of Study</b>	22 January 2015 ~ 11 February 2015	<b>Type of Evaluation:</b> Terminal Evaluation Study

## 3. Results of Evaluation

### 3-1 Summary of Project Achievement

#### (1) Achievement of the Outputs

Project activities have been carried out according to the current PDM (Ver. 1) as well as the AIPs developed by the respective PHOs/DHOs. Through developing a realistic AIPs by prioritizing the

activities, the implementation rate of the planned activities is increasing in all of the four provinces. As a result of better planning, monitoring and trainings provided by the Project, the number of integrated service outreach activities and health education events has increased dramatically. However, some of the activities such as managerial/technical supervisions and the trainings for 1<sup>st</sup> Level MNCH Core Services (Module 1,2,3) were not implemented as planned due to unavailability of budget or external supports from DPs.

**(2) Achievement of the Project Purpose**

The achievement of the project purpose was measured by the nine MNCH indicators identified in the PDM. In summary, the results indicate that coverage of the MNCH services has been gradually improved in the four provinces between 2010 and 2014, although several indicators remain under the national targets of 2015, which were set at high level compared with the National average in the last decade. Further analysis unnecessary, in particular a comparison of the indicators in the four provinces with the national average in 2014 as well as trends of the indicators between 2010 and 2014 to assess the effectiveness and impact of activities in the four provinces.

**(3) Achievement of the Overall Goal**

Some more years and efforts seem to be necessary to attain the overall goal, especially U5MR with the target of 55 per 1,000 live births. Difficulty in obtaining timely the accurate data on number of maternal deaths and U5MR especially for the provincial level is a concern to capture current situation and monitor the progress.

### **3-2 Implementation Process**

The four-province meetings were held every 6 months to share their experiences, good practices and challenges, and they motivated PHOs in implementing the MNCH Integrated Service Strategy.

The Project was formulated in line with the MNCH Integrated Service Strategy, and described in PDM or Log Frame, which clearly link activities, outputs and targets. The AIP which was also developed based on the MNCH Integrated Service Strategy is useful for monitoring their activities.

If the PDM was utilized more effectively, it could have helped the PHOs/DHOs further strengthen their managerial capacity by linking day-to-day activities with the project goal, and monitor the current progress objectively.

Communication for sharing information between the Project in the four provinces and the project director/the project manager in Vientiane was not always smooth due to physical distance. The results of the Project may have had more opportunities to feedback for more effective implementation of the MNCH Integrated Service Strategy. Delayed notification of information from MOH hindered implementation of MNCH services.

### **3-3 Evaluation Results**

**(1) Relevance – High**

This Project is relevant in view of consistency with national policies (“The Seventh National Socio-Economic Development Plan (2011-2015)” and the “Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Services (2009-2015).”), Japan’s

cooperation policy (“Japan’s Country Assistance Strategy for Lao PDR (April, 2012)”) and the needs of the target groups.

## **(2) Effectiveness - Moderate**

Most of the selected MNCH service coverage indicators for mothers and children have been improved during the Project period in the four target provinces though several indicators are yet to reach the national target of 2015. Integration of MNCH and EPI services contributed to the improvement though further analysis is necessary on the sustainable effect and points to be considered for the integration.

Development of management capacity made it possible for the PHOs/DHOs to make more realistic plans, raise activity implementation rate, and manage to operate integrated health services. Also, it assisted to make the supervision more systematic and improve its quality.

The MNCH-TWGs/SWGs have a function of problem solving and coordination for increasing the MNCH service coverage.

There are also various measures experimented by the PHOs/DHOs and the health centers. Some of the examples were health staffs together with the village health committees, trying to accumulate information of pregnant women to deliver MNCH services timely and involvement of husbands and community groups in health education events and outreach activities encouraged women and minority people to access to health services.

## **(3) Efficiency - Moderate**

Linkage among provinces, districts, health centers and different sections was strengthened through collaborative activities such as AIP planning, monitoring/supervision, various meetings, and health education events.

Utilizing AIP made it possible to implement MNCH services efficiently by conducting some different activities together and avoiding duplication of activities among development partners.

The Project facilitated efficient integration of MNCH and EPI services at outreach and facilities by combining recording forms, developing manuals and providing trainings.

Knowledge and expertise were shared and utilized among four target provinces and their motivation was enhanced through joint meetings and exchange visits, etc.

In Sekong and Attapeu, SWGs made it possible to identify important activities of PHOs and increase allocation for MNCH activities by formulating one AIP for each PHO. Also, essential medicine and equipment for MNCH services have been more properly managed. Furthermore, it has become easier to get support from other sections in implementation of MNCH activities.

Contrarily, the 1<sup>st</sup> Level MNCH Core Services (module 1-3), which was initially planned to be provided by another DP, were not conducted. Even with the monitoring of the AIP, effective actions were not taken on time because of insufficient assessment and communication between central and provincial levels. This hinders improvement of capacity to provide MNCH services. Also, unstable finance for the integrated outreach activities affected the smooth implementation of the integrated MNCH services.

## **(4) Impact - Moderately High**

Some more years and efforts would be necessary to attain the overall goal. Difficulty in obtaining the

accurate data on number of maternal deaths and U5MR especially for the provincial level is a concern to monitor the progress.

Apart from the intended long term objective, the AIP developed and utilized through the persistent effort of the Project will serve as a reference to the National Annual Operation Plan (AOP), which is now under preparation. It is a remarkable achievement actualized through the collaboration with other projects, especially with “Capacity Development for Sector-wide Coordination in Health Phase 2” of JICA.

#### **(5) Sustainability - Moderately High**

##### **<Technical Sustainability>**

The AIP was introduced to all of the PHOs/DHOs in the four target provinces at the initial stage of the Project (in 2010-2011). Since then, they have developed their AIPs five times. Through this experience, they have acquired skills as well as confidence to formulate and monitor their AIPs without the Project assistance, though some DHOs may still need the support from PHOs.

According to the interviews with the PHOs and selected DHOs, all the PHOs and some of the DHOs are also quite confident in organizing/supporting/supervising health education events and outreach activities. The increased numbers of the events and the attendants proves their ability to manage these activities. However, managerial supervision from the DHOs to the health centers is not fully standardized for effective operation.

##### **<Organizational Sustainability>**

All of the four PHOs have established either MNCH-TWG or SWG to facilitate coordination among different sections and development partners. The discussions at the MNCH-TWG/SWG meetings have gradually enabled them to analyze their problems.

If necessary, the MNCH-TWGs/SWGs involve community groups and leaders to solve them, which also have strengthened organizational capacity.

However, turnover of some key persons may affect sustainability because some PHOs/DHOs have limited number of staffs who can continue managing MNCH services.

##### **<Financial Sustainability>**

Some of the Project activities such as the MNCH-TWG meetings, AIP planning and health education events are being operated mainly with the budget from Lao side.

In the process of formulating the AIPs, the PHOs/DHOs evaluate the priority of the activities and its financial feasibility. Together with more realistic AIPs and negotiation skills for fund mobilization, they would manage to select activities and continue operating them after the termination of the Project.

However, with the limited budget, there is a concern that some critical activities, such as supervision and integrated service outreach activities may be postponed or canceled.

### **3-4 Conclusion**

The Project aligns with the national objectives and MNCH integrated service strategy. The Project is successful in improving the coverage of most of MNCH services, although some of the indicators have not reached the national target in 2015. The Project has developed a mechanism that the PHOs/DHOs fulfil their responsibility and manage their task towards the national goal. One of the most remarkable

achievements is improvement of management capacity through applying the PDCA cycle. It accelerated provision of integrated MNCH services and community involvement, which contributed to improvement of MNCH service coverage.

By further enhancing PHOs'/DHOs' monitoring/supervision and activities of health centers to reach out to the people, the coverage and quality of health services would effectively increase and MMR/U5MR would decrease in the long run.

### **3-5 Recommendations**

<For the Project>

1. Further analysis is recommended to assess the effectiveness and impact of the Integrated MNCH Services to service coverage as follows; (1) A comparison of the indicators in the four provinces with the national average in 2014, (2) A comparison of trends of the indicators in the four provinces with the national average between 2010 and 2014.
2. Sharing the results of analysis and good practices of the Project with MOH, DPs and the four provinces is recommended for the next MNCH strategy and development projects.
3. Development of simple manuals for management of MNCH activities is recommended.
4. Monthly MNCH reports should be monitored closely by PHOs/DHOs (Ex, using checklists) for timely submission.
5. Sharing the effective measures adopted for conveying messages to minority people among the four provinces is recommended.

<For PHO >

1. It is recommended to develop AIP in consistency with budget plan and authorized by the directors of PHOs/DHOs.
2. It is recommended to implement supervision more regularly for capacity building, improvement of service and quality of data.
3. It is recommended to collect the number of MNCH services provided at outreach and facilities separately to measure the contribution of integration.
4. On-the-job training at health facility is important. For example, exchange personnel between provincial hospitals/district hospitals and health centers for short-term training would be useful. It is also effective to allocate newly graduated health staffs to health facilities with appropriate supervisors.
5. It is recommended to properly operate information system on training and human resources management.

<For MOH>

1. MNCH indicators should be more clearly defined and shared at all the levels.
2. It is recommended that the MOH collects and analyzes the indicators to review the MNCH Integrated Service Strategy and to develop the future plan.
3. The MOH is planning to introduce the National Annual Operational Plan (AOP) starting in some pilot provinces. It is effective to utilize human resources of the four provinces for smooth implementation.
4. It is recommended to provide information on centrally-planned policies and programs well in

advance, for inclusion in the Provincial Plan.

### **3-6 Lessons Learned**

1. Exchange of experiences and results among the four provinces was effective for enhancing motivation and analytical thinking.
2. Strengthening of management capacity of PHOs/DHOs at the initial stage of the Project accelerated implementation of integrated MNCH services.
3. Coordination with other sectors is effective for the smooth implementation of the integrated MNCH services and improvement of capacity to solve problems.
4. The results of monitoring of the AIPs should be shared and discussed at meetings to make a timely decision on taking countermeasures when necessary to achieve the set goals, and the solutions should be monitored until problems are solved.
5. As for the future project, alternative approaches should be carefully examined in order to expand the activities to the districts, health centers and the community, and benefit the local people to the fullest. These would include the utilization of national staff members as primary implementers or the joint implementation of the project with the NGOs who have expertise in the locality.