

Summary

I Outline of the Project		
Country: Tajikistan		Project title: Project for Improving Maternal and Child Health Care System in Khatlon Oblast
Issue/Sector: Mother and Child Health		Cooperation scheme: Technical cooperation
Division in charge: Health Team 4, Health Group 2 Human Development Department		Total cost (as of the terminal evaluation): 327,655,000 Japanese Yen
Period of Cooperation	(R/D): March 2012~March 2016 (4years)	Partner Country's Implementing Organization: Ministry of Health and Social Protection of Tajikistan, Khatlon Health Department
		Supporting Organization in Japan: Non
		Related Cooperation: Grant Aid "The project for improvement of Medical Equipment and Facilities for Maternal and Child Health Care in Republic of Tajikistan (2012)"

1. Background of the Project

Republic of Tajikistan (hereinafter referred to as Tajikistan) has a higher MMR (64 per 100,000) compared to the neighboring countries in Central Asia followed by Kyrgyzstan and Turkmenistan. The IMR under 5-year-old (43 per 1,000 livebirth) and the IMR under 1-year-old (32 per 1,000 livebirth) are the highest in the region (source "The Demographic and Health Survey 2012"). Problems in health care service on the provider side are: deterioration of health facilities and equipment from former Soviet Union, lack of water and electricity supply, and a shortage of budget. Problems in health care service on the receiver side are: lack of knowledge and awareness of population towards hygiene and available health services. These are the inhibiting factors to promote MCH care. In Tajikistan, the health indicators in Khatlon province need to be improved with continuing effort. After the civil war, quality of health services deteriorated and numerous health practitioners drained to abroad. Thus, improvement of the health care services in rural areas is an urgent issue.

Given the above circumstances, upon receiving a request from Tajikistan, JICA is implementing a "Project for Improving Maternal and Child Health Care System in Khatlon Oblast" (hereinafter referred to as the project) from March 2012 to March 2016.

The project targets at central district hospitals and for each of them one numeral hospital as well as the health centers under the selected numeral hospitals in four districts (Jomi, Rumi, Vakhsh and Shartuz) in Khatlon province. The counterpart organizations of the project are Mother and Child and Family Planning Department of Ministry of Health and Social Protection for People, and Khatlon Health Department. The project aims at improvement of MCH services, consisting of three components; 1. Equipping maternal and neonatal departments with medical equipment along with skills in equipment maintenance, 2. Strengthening health practitioners in maternal and infant care through training, and 3. Increasing awareness of the population about maternal and infant care.

The project will end in March 2016. The terminal evaluation is to verify progress of the activities, evaluate outcome of the project and to make recommendations and derive lessons learned for other similar project.

2. Project Overview

(1) Overall Goal

Maternal and Child Health conditions are improved in four target districts in Khatlon Oblast.

(2) Project Purpose

Maternal and Child Health care services at target health facilities are utilized more properly in four target districts in Khatlon Oblast.

(3) Outputs

- Output 1. Medical facilities handling maternal and neonatal care in four districts are appropriately equipped and maintained to provide better services.
- Output 2. Medical facilities handling maternal and neonatal care in four target districts enhance capacity to provide better services.
- Output 3. Awareness of maternal and child health care is enhanced among general population in target districts.

(4) Inputs

Japanese side :

- ① 8 Japanese short-term Experts (MCH, Neonatal Care, Health Promotion, Medical Equipment Management, Training Management)
- ② Equipment: Office equipment, Medical Equipment (approx. 60 million yen)
- ③ Activity cost: workshops, meeting, local consultants, printing guidelines, expansion of the office of C/CGDES etc. (approx. 50 million yen)

Tajikistan side:

- ① 36 Counterparts
- ② Office space with utilities, space for trainings in target hospitals

II Evaluation Team

Members of Evaluation Team	Leader	Mr. YONEYAMA Yoshiharu	Deputy Director General, and Group Director for Health 2, Human Development Department, JICA
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	Evaluation Planning	Ms. TERUYA Emi	Health Team 4, Health Group 2, Human Development Department, JICA
	Cooperation Planning	Ms. HASHIZUME Aki	Associate Expert, Health Team 4, Health Group 2, Human Development Department, JICA
	Evaluation Analysis	Ms. ABE Kumiko	Fujita Planning Co., Ltd.
Period of Evaluation	17/11/2015 ~ 06/12/2015		Type of Evaluation: Terminal Evaluation

III Results of Evaluation

1. Project Performance

(1) Outputs of the project

Output 1: Medical facilities handling maternal and neonatal care in four districts are appropriately equipped and maintained to provide better services

All the procured medical equipment have been being properly utilized, and they are maintained well by keeping the maintenance book (Indicator 1, Indicator 2).

The “Equipment Plan” needed to be changed along with an unexpected change of Equipment plan of KfW. Additional equipment will be installed before the end of the project. The maintenance of the procured equipment has been managed to satisfactory level, therefore, coming equipment is expected to be taken care to the same level..

Output2: Medical facilities handling maternal and neonatal care in four target districts enhance capacity to provide better services.

Regarding the result of trainings (indicator 1 and Indicator2), the medical staff confirmed their improvement in skill and knowledge. They are now able to manage more cases of, such as eclampsia, pregnancy hypertension than before, applying skill and knowledge acquired from the trainings. The quality of medical service is definitely improved.

As for control of infection (indicator 3 and Indicator 4), committee is established and importance of hand-wash has been emphasized and spread in all facilities.

The case conference on maternal and infant mortality (Indicator 5) has been conducted in each CDH according to the national standard, but the project recognized some technical problems in the conference procedure. In order to directly improve technical skills and knowledge, the project has introduced “Beyond the Numbers” (BTN) meeting, which is aimed at examination and discussion about technical malpractice. The effectiveness of this BTN meeting is recognized by the medical staff, and so they continue the BTN meeting on a regular base by themselves. It is also contributing to establish a cooperative relationship among medical staff through an open discussion, which includes discussions about malpractice.

Output3: Awareness of maternal and child health care is enhanced among general population in target districts.

Health Education sessions implemented by health and medical staffs have been actively established as routine works (Indicator 1). The Micro planning introduced by the project helps organize the session schedule efficiently.

The baseline and endline survey on knowledge about MCH among general populations, pregnant women and their families (Indicator 2) did not show a positive result in all items. This could be attributed to the very short interval (10 months) between the two surveys to see the result of the awareness activities. On the other hand, during the interview it was confirmed that the education sessions produced positive outcome that more pregnant women started to visit for antenatal and postnatal cares, and home delivery has decreased. Furthermore, the educational materials are well introduce for its usefulness.

(2) Project Purpose

Maternal and Child Health care services at target health facilities are utilized more properly in four

target districts in Khatlon Oblast

Regarding the achievement is limited when evaluated based on indicator 1; “More than 80% of pregnant females receive 7 times of ANC and 4 times of PNC”. ,the result was 33.1% .but it was 0% at the time of mid-term review. However when compared to the non-target area, the project outcome is significant in the target are , which pregnant women who received ANC have risen from 1.6% to 33.1 % and the medical staff recognized that pregnant women are more likely to receive ANC as well as PNC after the activities conducted by the project. The indicator has not met project goal but the project intervention can be concluded as effective compared to the region which has not implemented the Project .The goal setting for the indicator 1 has likely to be set ambitious which can conclude as our lesson learned.

The number of home delivery has decreased by 33% which cleared the target of 10% (Indicator 2).

Indicator 3 “More than 90% of pregnant females who need pre-delivery hospitalization are properly admitted to adequate hospitals” was considered “achieved” based on the information derived from health staff even though it is hard to take the strictly adequate data of the complication of the pregnancy which required admission as a denominator of the indicator ,

(3) Overall Goal

Maternal and Child Health conditions are improved in four target districts in Khatlon Oblast.

IMR in the target 4 districts is decreased by 13% since 2011 (Indicator 1). When the project activities are expanded to all areas of the 4 districts, the target of 30% will likely be achieved.

MMR in the target 4 districts is decreased from 8cases in 2011 to 5 cases in 2015 (Indicator 2). When the project activities are expanded to all areas of the 4 districts, the number is expected to decrease further.

2. Summary of Evaluation Results

(1) Relevance : Very High

In the « National Development Strategy of the Republic of Tajikistan for the period until 2015 (NDS)» which was established in 2006, Maternal and Child Health (MCH) is emphasized as one of the priority area. Followed by NDS, “National Health Strategy, Republic of Tajikistan 2010-2020 (NHS)” was developed in 2010, in which giving importance to ANC, PNC and prevention of children’s disease is clearly stated.

In the “Aid policy for Republic of Tajikistan (December 2012)” of the Japanese government, reducing poverty is an overall goal, taking MDGs into major consideration. Improvement of health care system is one of the priorities, providing safe water supply and MCH services. Furthermore, Khatlon province is recognized as a priority area for improvement of social services, stated in the JICA’s country analysis paper of Tajikistan (2013).

Thus, a high level of relevance of the project is recognized to Tajikistan’s development policy and Japan’s aid policy.

(2) Effectiveness : High

Regarding achievement of Project purpose, the effectiveness is high. Most of the target facilities suffered from lack of electricity and water, but now they have generators and water supply tanks, which enable the maternal department to provide a hygienic environment for delivery and to provide a high quality treatment using installed medical equipment with electricity. Even having small equipment such as a scale and/or a thermometer is very much appreciated because these equipment are indispensable for MCH care. Portable incubator is also highly appreciated because it is helping to save newborns. This increase of service quality

brings more patients, even from other districts. Furthermore, the level of medical skills and knowledge among medical staff has increased a great deal as a result of trainings and BTN meetings. Especially it was revealed that the medical staff is now able to manage reanimation of newborns, eclampsia and Postpartum Hemorrhage of pregnant women.

Causal association between project purpose and outputs is valid. The combination of three outputs is designed to intervene from both service provider side and service receiver side. So these three outputs are adequate to attain the project purpose. On the other hand, some indicators are not very appropriate, having too ambitious goal and setting an unobtainable data.

(3) Efficiency : High

The provision of equipment in Rumi CDH and Vakhsh CDH has been delayed due to a schedule change of KfW activities. The project took action requesting for additional equipment for training for these two hospitals. The equipment will be procured by the end of this year, and a part of the training has already been provided. So the achievement of Output 1 is ensured by the end of the project.

(4) Impact : High

Prospect of achievement of overall goal is high. Both two indicators, IMR and MMR have a slight tendency to decrease since 2011. Since the extension of the project activities in all 4 districts is expected, it is possible to attain the target indicators.

Three positive impacts which multiply the project outcome were found;

- ① In Tajikistan, most of the medical staff does not have a chance to receive training because it is always only one representative who is invited to Dushanbe for training. Therefore, when the project provided trainings to many staff all together, it created a sense of solidarity through leaning the same skills and knowledge all together in the group. The participants started to work more closely and their attitude toward health services and organization in the maternal department has improved as a whole.
- ② Furthermore, some trainings were provided to staff from different districts together: it was a good opportunity for them to create a network among district hospitals. After the training, they continue consulting each other about medical technics. So, a learning network over districts have been established
- ③ It was found that health volunteers have increased their knowledge about maternal and child health dramatically through conducting the baseline and end-line survey. The training provided for the survey was not aimed at improvement of their knowledge but this activity became a good opportunity for them to learn

(5) Sustainability : High

Sustainability in government policy in MCH is highly ensured. All the documents developed in the project have been already authorized as national documents, and the Tajikistan side is willing to utilize them and spread them to other districts when such opportunity comes. The case conference of mortality and BTN meeting were already ordered by government decree. Regarding training system, Human Resource Development Department of MOHSPP has developed “Human Development Strategy” in which the system of in-site training for medical personnel is referred.

Sustainability in organizational aspect is high. At facility level, all the activities implemented by the project are becoming their routine work, such as medical equipment maintenance, case conference of mortality, BTN meeting, infection control, and social awareness activities. A good sense of ownership

is observed during interviews. Monitoring of skills and knowledge of medical staff after the training is a part of the routine work of Khatlon PHD. Regarding training for medical staff, the project has organized everything including invitation of national trainers and covered all necessary expenses. In order to sustain the project outcome, Institutionalized training system shall be established.

In financial aspect, during the mid-term review, it was recommended to manage to find expenses for the equipment maintenance and consumables by coordinating with local government. These expenses are already allocated in the regular hospital budget, but it is not always sufficient, especially in winter when the generator is used on a regular basis. The government has been already making an effort to provide priority of electricity supply to the maternal/neonatal department in health facilities (called “red-line”). It was also observed that some health facilities allocate these expenses from the collected medical fees from their patients. Since electricity is indispensable for all the procured equipment, proper management of the budget at health facility level is expected as well as a support from local government, in order to continue the good health care services

(6) Factors promoting better sustainability and impact

① Effective Teaching Method of training and theme selection

Themes of training were not always something totally new to the medical staff. However, the training program was developed totally based on the staff’s needs, catching their weak points through pre-test. Also the training was very easy to follow because all details were given step by step using a familiar situation as an example. Teaching was repeated until the trainees fully understood. Therefore, this teaching approach contributed a great deal to strengthened skills and knowledge of the medical staff.

② Planning based on needs

Selection of procured equipment and theme of the training was made after a needs survey at every target health facility. This approach contributed not only to adequate support but also to gain a great confidence of medical staff in the project. It had an impact on their cooperative attitude and smooth communication for all the project activities.

③ Comprehensive Approach of the project

Project approach was very comprehensive, starting with provision of equipment, providing necessary trainings, close monitoring and supervision, and involvement of health staff in various technical meetings. A series of these activities steadily produced a sense of ownership and improved skills and knowledge.

④ Training for all

In Tajikistan, training is usually provided in Dushanbe, so only one representative from hospital participates. As to the training of the project, it was provided within the facilities themselves for many medical staff together. Learning same skills together with their colleagues contributed to building a solidarity: the colleagues started working more closely, helping with each other. It was an unexpected positive impact and it ultimately made a change in organization of the maternal/neonatal departments as a whole.

Likewise, training with staff from other districts played an important role for building networking among different district hospitals. It is creating a technical support for each other.

⑤ Supporting the existing system

All the project activities are programed within the existing systems and regulations of MOHSPP. That ensures the ownership of Tajikistan side and also political sustainability

⑥ Introduction of PNC check-sheet

PNC check-sheet enabled health staff work more efficiently because of its easiness to work with. It contributed to increase the number of PNC.

(7) Factors inhibiting better sustainability and impact

- ① The change in Equipment Procurement Plan of KfW caused some delays in the activities of Output 1. The project took action to avoid negative impact on overall outcome. However, the delay caused some inequality in health care services between the facilities.

3-5 Conclusion

Overall result of the evaluation is good. The project is highly appreciated by Tajikistan side as well. Among the five evaluation criteria, the results in relevance, effectiveness, sufficiency and impact are good. As for the result in sustainability, technical aspect is highly ensured. Budget for fuel for the generators and consumables of medical equipment shall be secured.

The project contributed a great deal to improvement of maternal and child health. High competence of the project team and the comprehensive approach was well accepted by the Tajikistan side. All the target health facilities improved their quality of services and came to attract more patients from other districts. They are saving lives of mothers and infants.

3-6 Recommendations

(1) For the project

- ① Installing the rest of the medical equipment and ensuring necessary skills and knowledge of its utilization by the end of the project is recommended

(2) For MOHSPP, Khatlon PHD, and the target health facilities

- ① Completion of the transfer of the medical equipment to the proper facility level (from numeral hospitals to CDH) is recommended according to the national standard by the end of the project.
- ② Regarding training for medical staff, an institutionalized system needs to be established in order to continue the outcome of the project.
- ③ Monitoring and supervision of the medical services at health facilities needs to be continued and strengthened.
- ④ All the documents such as IEC materials and PNC check sheet, etc. developed by the project have been already authorized as national documents. Since their quality and usefulness are highly recognized, MOHSPP is expected to support its continuous utilization especially when the activities are extended to other districts and regions.
- ⑤ Health facilities, with the support from the local government, Khatlon PHD and MOHSPP, need to ensure the necessary maintenance cost of the medical equipment and fuel for the generators, especially during winter period.
- ⑥ In the project activity, progress is seen regarding education in community level. However, much more progress could have been achieved such as danger sign of pregnancy. Introduction and utilization of MCH handbook can be a great help.
- ⑦ The outcome of the project is expected to be expanded to all areas of the four target districts, in order to achieve the overall goal.

3-7 Lessons Learned

① Effectiveness of mutual Approach of the Project

The three outputs were designed to intervene from both service provider side and service receiver side. It was very comprehensive and effective

② Effectiveness of Comprehensive Approach

A series of activities of the project provided a comprehensive support from all aspects; the procurement of the medical equipment followed by providing necessary trainings; a close monitoring and supervision to ensure sufficient skills and knowledge; organizing various technical meetings such as TWG, a case conference and a committee of infection control, and other activities . It could be summarized in a package with these three elements: Equipment, skills/knowledge, and opportunities for open discussions. This comprehensive approach proved to be effective according to the achievement of project purpose.

③ Cross-district Training

In addition to the comprehensive approach mentioned above, the cross-district training was found to serve as a good opportunity to establish a network among the medical personnel of different districts. They started helping each other when they need technical advice. This network will help to further sustain and improve their skills and knowledge.

④ Planning exclusively based on needs

All activities were planned based on the result of a detailed needs-survey; selection of medical equipment, theme and topic of the trainings and the social awareness activities. Training program was adapted to the level of the trainees after finding a weak point during a pre-test. Furthermore, this method was effective not only for efficient intervention but also for gaining trust from the health facilities' staff.