

Country Name	Project for Implementing Maternal and Child Health Handbook for Scaling Up Nationwide
Socialist Republic of Viet Nam	

I. Project Outline

Background	<p>In pursuit of reducing a big gap in basic health indicators among areas with different socio-economic and geographical conditions, the Government of Viet Nam (GOV) and donors had developed and introduced booklets, cards and pamphlets aiming to record data and monitor the status of maternal and child health (MCH), which was called home-based records (HBRs) in general. Ministry of Health (MOH) considered this situation as a hindrance to improving maternal and child health care services due to problems such as the existence of sub-standard formats, parallel existence of different materials, the difficulty of monitoring period covering from pregnancy of mothers to childhood period, and so on. With this background, MOH took notice of the effectiveness and development potential of the maternal and child health handbook (MCHHB) that had been piloted by a Japanese NGO; and the GOV requested the Japanese Government to develop a nationally standardized HBR for its possible nationwide scaling up.</p>												
Objectives of the Project	<p>Through finalizing and distributing MCHHB and capacity development of health personnel involved in MCH care on the use of MCHHB in the four pilot provinces, the project aimed at preparing a standardized MCHHB for nationwide distribution, thereby improving maternal and child care services in the whole country with the use of MCHHB.</p> <ol style="list-style-type: none"> Overall Goal: Maternal and child health care services improve by using MCHHB nationwide. Project Purpose: A standardized MCHHB for nationwide scaling-up is developed. 												
Activities of the Project	<ol style="list-style-type: none"> Project Site: Dien Bien Province, Hoa Binh Province, Thanh Hoa Province, and An Giang Province Main Activities: Training for central and provincial Project Management Units (PMUs) on project management; training for health workers (HWs), village health workers (VHWs) / health volunteers (HVs) and private sectors involved in MCH on the use of MCHHB; finalizing and distributing of MCHHB and users' guide; IEC (Information, Education and Communication) on MCHHB; etc. Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese Side</td> <td style="width: 50%;">Viet Nam Side</td> </tr> <tr> <td>1) Experts: 7 persons</td> <td>1) Staff allocated: 44 persons</td> </tr> <tr> <td>2) Trainees received: 10 persons</td> <td>2) Local expenses: part of training cost</td> </tr> <tr> <td>3) Equipment: computers, weighing scales, measures, stethoscopes, etc.</td> <td></td> </tr> <tr> <td>4) Local expenses</td> <td></td> </tr> </table> 			Japanese Side	Viet Nam Side	1) Experts: 7 persons	1) Staff allocated: 44 persons	2) Trainees received: 10 persons	2) Local expenses: part of training cost	3) Equipment: computers, weighing scales, measures, stethoscopes, etc.		4) Local expenses	
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Project Period	February 2011 – December 2014 (extension period: February 2014 – December 2014)	Project Cost	(ex-ante) 150 million yen ¹ , (actual) 271 million yen										
Implementing Agency	Maternal and Child Health Department (MCHD), Ministry of Health (MOH)												
Cooperation Agency in Japan	-												

II. Result of the Evaluation

< Special Perspectives Considered in the Ex-Post Evaluation >

- Assessing Continuation Status of Effectiveness: Instead of verifying the Indicator for the Project Purpose (MCHHB being ready for scaling-up), which is not something that continues, this ex-post evaluation will examine whether the outputs of the project (primarily MCHHB) have been continuously disseminated nationwide including the pilot provinces.
- Target Year for Overall Goal: The Project Design Matrix (PDM) does not mention the target year for the Overall Goal. Having analyzed the scenarios proposed during the project implementation, this ex-post evaluation set the target year to be 2020 and examined the interim result as of 2018 and prospects for 2020.

1 Relevance

<Consistency with the Development Policy of Viet Nam at the Time of Ex-Ante Evaluation and Project Completion>

Both at the times of ex-ante evaluation and project completion, the project was consistent with the MOH's "Five-year Health Sector Development Plan 2011-2015" that included narrowing down the gap in maternal and child health care indicators across regions, between segments of population and achieving the Millennium Development Goals for MCH in its objectives.

<Consistency with the Development Needs of Viet Nam at the Time of Ex-Ante Evaluation and Project Completion >

As mentioned in "Background" above, there was a need to standardize home-based record formats for improving MCH services. There were no drastic changes in the project context during project implementation.

<Consistency with Japan's ODA Policy at the Time of Ex-Ante Evaluation>

"Country Assistance Program for Viet Nam" (2009) held "Improvements in Living and Social Conditions and Corrections of Disparities" as one of its four priority areas, and aims under this area at "strengthening health and medical care systems at the provincial level, with an emphasis on dissemination and development of good practices."

¹ Estimation by JICA Viet Nam Office, as the ex-ante Evaluation Sheet does not mention the planned project cost.

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement of the Project Purpose at the time of Project Completion>

The Project Purpose was achieved by the time of project completion. The project developed the standardized MCHHB (Version 2.2) as well as related materials such as the HWs' guide, training guide, the operation guide, etc. These were approved by the Joint Coordinating Committee (JCC) of the project and submitted to the Vice Minister in charge of MOH for nationwide scaling-up (Indicator 1).

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

The project effects have continued by the time of ex-post evaluation. Those submitted documents have been acknowledged by Vice Minister in charge of maternal and child health care. By this time being, the handbook, its user guide and IEC materials (posters, leaflets) have been revised once in February 2017, by adding updated information on MCH care and more friendly and attractive illustrations. The operation guide is also in use as the official guidance from MOH to 63 provinces /cities nationwide on how to implement the MCHHB. Up to date, MOH has issued 2 ministerial letters to 63 provinces / cities, recommending the implementation the MCHHB.

So far, MCHHB is being implemented in 41 provinces, but at different scale, either in whole provinces (4 JICA supported provinces, Tay Ninh, Ben Tre, etc.) or in partial areas (Hung Yen, Lao Cai, etc.). Due to budgetary constraints at both central and provincial level, MOH still cannot instruct to implement the MCHHB as compulsory. However, MOH leaders expressed willingness to expand nationwide coverage by 2020. MOH is taking promotional actions² as follows: (i) from a target program on health and population 2016-2020 (approved on July 31, 2017), MOH allocated small amount to several training courses related to the MCHHB; (ii) in order to promote MCHHB implementation as a routine work, MOH integrated its contents into the "National Guideline on Reproductive Health care" and put the MCHHB usage as awarded point into the annual evaluation of reproductive health care; (iii) MCHD/MOH has been calling supports from other partners for the MCHHB implementation, including development partners and private companies³.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

The Overall Goal has been partially achieved by the time of ex-post evaluation. Although data were not available from all the provinces, by reviewing the data of 4 JICA piloted provinces and data collected from other 12 provinces, it could be said that these important indicators on MCH services are improved year by year. In JICA piloted provinces, through the questionnaires and direct interviews made at Hoa Binh and Thanh Hoa, both HWs and users expressed their opinions that MCHHB helped to improve mother's essential knowledge and practice on MCH care. HWs always keep reminding mothers to bring MCHHB when taking children to health facilities and getting immunization.

In other provinces where MCHHB is being implemented, it may be too early to give proper judgment on effects of MCHHB to MCH care. Even so, through direct interview and observation at 2 visited provinces of Hung Yen and Ninh Binh, positive comments such as trained HWs are providing enthusiastic consultation about the role of MCHHB to user, reminding mothers to keep and bring to health facilities, and mothers expressed their love to the "Pink book" very much. In addition, several other impact evaluations show positive impacts of the MCHHB on behavior and knowledge of mothers⁴.

Regarding prospects for the achievement of the Overall Goal by the target year of 2020, leaders of MCHD/MOH shared strong desire to reach nationwide coverage. Several ideas are being considered such as issuance of official regulation on compulsory usage of MCHHB as replacement of medical book, using for pregnant women and children under 6 year old. The MCHD/MOH is now collecting comments and opinions from local provinces, including those provinces where MCHHB is sold, as evidence to convince Health Minister to issue such regulation. Therefore, the Overall Goal is likely to be achieved by the target year.

<Other Impacts at the time of Ex-post Evaluation>

No negative impacts were observed. Regarding positive impacts, surveyed provinces commented that "MCHHB helps to change their knowledge, attitude and practice on MCH care of pregnant women, mother with small child and HW at grassroot level" and "Mothers got useful information on how to take care of mother and child, danger signs during pregnancy and first aid skills, particularly who are living in rural remote areas with limited access to literature". In addition, the above-mentioned impact evaluations and other analyses/assessments of the project's interventions were presented at several international academic conferences: thus, this project not only brought about evidenced impact on MCH in Viet Nam, but also significantly contributed to increasing JICA's presence in global health communities.

<Evaluation Result>

Therefore, the effectiveness/impact of the project is high.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results
(Project Purpose) A standardized MCHHB for nationwide scaling-up is developed.	Availability of the MCHHB recommended by Joint Coordinating Committee (JCC) for nationwide scaling-up.	Status of the Achievement: achieved (continued) (Project Completion) The MCHHB and related materials approved by JCC on October 28, 2014 and submitted to the Vice Minister in charge of MOH. (Ex-post Evaluation) MOH has updated the MCHHB and related materials and distributed to all of the Viet Nam's 63 provinces/cities with strong recommendation for the implementation.
(Overall Goal) Maternal and child health	1. Proportion of mothers keeping the MCHHB (%)	(Ex-post Evaluation) partially achieved Status of distribution of MCHHB

² These actions were recommended from Terminal Evaluation of this project.

³ During 2016-2017, MOH had mobilized support from partners (WB, EU, Child Fund) and Vietnamese and foreign private companies (Bayer, Wakodo, VIMOS) to support for MCHHB in selected provinces across the country.

⁴ Aiga, H., et. al. (2018). Cost savings through implementation of an integrated home-based record: a case study in Vietnam. *Public Health*, 156, 124-131.
Aiga, H., et. al. (2016). Knowledge, attitude and practices: assessing maternal and child health care handbook intervention in Vietnam. *BMC Public Health*, 16, 129.

Aiga, H., et. al. (2016). Fragmented implementation of maternal and child health home-based records in Vietnam: need for integration. *Global Health Action*, 9, 29924.

care services improve by using MCHHB nationwide.		(Total of 16/20 provinces that responded to the survey)		
		2015	2016	2017
	No. of districts where MCHHB was distributed (out of total 177 districts in 16 provinces)	59	69	95
	No. of pregnant women per year	420,535	433,223	494,949
	No. of copies of MCHHB distributed	104,094	112,408	199,800
	Approximate % of pregnant women who received MCHHB of which, the pilot provinces (average)	25% 70%	26% 63%	40% 61%
2. Proportion of health facilities trained on the use of the MCHHB (%)		(Ex-post Evaluation) partially achieved Status of training on MCHHB (Total of 16/20 provinces that responded to the survey)		
		2015	2016	2017
	No. of districts where health facilities were trained on MCHHB (out of total 177 districts in 16 provinces)	21	46	134
	No. of HWs trained on MCHHB	1,356	1,436	3,229
	Approximate % of health institutions trained on MCHHB of which, the pilot provinces (average)	n/a 100%	n/a 100%	n/a 100%
	3. Indicators of antenatal care (ANC), delivery, postpartum, and newborn and child health care (for children under 6 year-old) improve in provinces where the MCHHB has been introduced.		(Ex-post Evaluation) achieved Status of MCH service delivery (Average 16/20 provinces that responded to the survey)	
		2015	2016	2017
Percentage of pregnant women received at least 4 time ANC (%)		51.5%	60.0%	69.1%
Percentage of pregnant women received tetanus vaccine		92.2%	94.0%	95.7%
Percentage of pregnant women delivered at health facilities		93.3%	93.4%	94.0%
Percentage of mother and newly born babies received post-delivery care at home		87.5%	88.0%	89.7%
Percentage of children got full immunization		96.9%	97.7%	96.3%
		(Average of 4 pilot provinces)		
		2015	2016	2017
Percentage of pregnant women received at least 4 time ANC (%)		58.9%	64.6%	72.8%
Percentage of pregnant women received tetanus vaccine		86.5%	92.8%	94.3%
Percentage of pregnant women delivered at health facilities		87.7%	87.6%	88.7%
Percentage of mother and newly born babies received post-delivery care at home		90.7%	92.0%	93.6%
Percentage of children got full immunization		95.0%	95.9%	92.8%

Source : Final Report, MCHD/MOH, 16 provinces that responded to the survey, field visits

3 Efficiency

The project period exceeded the plan (ratio against the plan: 127%) as the project was extended due to delays in some activities and addition of a few activities for developing nationwide scaling-up strategies. The project cost significantly exceeded the plan (ratio against the plan: 181%) due to the extension of the project period, modification of assignment of some experts (from short-term to long-term), additional counterpart training in Japan⁵, and increase in expenses for on-site activities. Therefore, the efficiency of the project is low.

4 Sustainability

<Policy Aspect>

Relevant important plan such as the “Five-year Socio Economic Development Plan” (2016-2020) and the “Five-year Plan for People’s Health Protection, Care and Promotion” (2016-2020) raise the needs of improving MCH care as one of the important tasks. However, despite the issuance of ministerial letters as mentioned in “Effectiveness/Impact” above, using the MCHHB as a mandatory tool is not yet mentioned at any document.

<Institutional Aspect>

MCHD at the central level and Reproductive Health Care Centers (RHCCs) of Department of Health (DOH) at the provincial level are responsible for dissemination and operation of the MCHHB. The number of staff in charge of such tasks is two officials and one contracted staff hired by JICA at MCHD and two to three staff at each RHCC. MCHD and RHCC are capable for MCHHB implementation because close coordination network among central – provincial – district – commune. A concern is about re-structuring of the health network at the

⁵ Additional counterpart training in Japan was considered necessary to provide them with actual experience of Japan in implementing MCHHB and MCH care.

provincial level. With request from GOV on streamlining and more effective work, MOH issued a Circular in 2017 regarding the establishment of “Center of Disease Control” (CDC), which combines several existing centers (preventive medicine center, HIV/AIDS prevention center, RHCC, and so on), under DOH. Accordingly, RHCC should be merged into this new CDC by January 1, 2021. This change would somehow affect MCHHB promotion because leaders of newly set up CDC may not know well about MCHHB and therefore may not fully support it.

<Technical Aspect>

Based on the interviews to MCHD and the provinces visited, MCHD officials and provincial trainers have good understanding of basic contents of the MCHHB since all the contents in MCHHB are in line with National Guideline on reproductive health care. During the period between 2016 and 2017, estimated about 240 provincial trainers attended trainers training (TOT) co-organized by MOH and JICA (as the follow-up activity of this project and as part of the individual expert (Health Policy Advisor))⁶. No information was available about skill level of HWs, while training for HWs on the MCHHB is on-going in many provinces as mentioned above. At both central and provincial levels, some or most of the counterpart personnel remain in the organization.

<Financial Aspect>

Budget for mass dissemination is the biggest challenge in scaling-up of MCHHB. According to the survey to 16 provinces, funds are allocated from Provincial People’s Committees (PPCs), MOH for the national Population-Health Program, DOHs, or external sources such as development partners and private companies. Among them, the major local funding source is PPC. The average budget amount allocated for the MCHHB among these provinces (excluding zero allocation) as well as the number of provinces where PPC allocates budget are increasing: 25 million VND in 2015 (1 province), 102 million VND in 2016 (6 provinces) and 257 million VND in 2017 (13 provinces). The data of the pilot and non-pilot provinces visited is presented in the table below. The amount varies, but it is often limited to print sufficient copies of the MCHHB, distribute them and provide necessary training.

Financial resource for MCHHB in the provinces visited (Unit: VND)

Province	Allocated in 2015	Allocated in 2016	Allocated in 2017	Allocated in 2018	Required in 2018
Dien Bien (Pilot)	0 (MCHHB provided by JICA in stock)	0 (MCHHB provided by JICA in stock)	240,000,000 (from PPC)	242,000,000 (from PPC)	Total: 637,616,349 Printing: 162,474,474
Hoa Binh (Pilot)	0 (MCHHB provided by JICA in stock)	0 (MCHHB provided by JICA in stock)	0 (using Child Fund support to print MCHHB)	320,000,000 (from PPC)	Total: 708,353,642 Printing: 193,655,461
Thanh Hoa (Pilot)	0 (MCHHB provided by JICA in stock)	0	800,000,000 (from PPC; for free MCHHB in poor districts only. In 16 remaining districts, CHC provided black –white copied version)	800,000,000 (same as 2017)	Total: 1,888,896,842 Printing: 698,364,075
An Giang (Pilot)	271,740,000 (from PPC)	116,640,000 (from PPC)	429,910,000 (from PPC)	Still waiting for approval from PPC for printing 40,000 HBs	Total: 920,249,282 Printing: 386,440,267
Hung Yen (Non-pilot)	100,000,000 (from PPC)	100,000,000 (from PPC)	600,000,000 (from PPC)	n/a	Total: 683,150,571 Printing: 206,289,073
Ninh Binh (Non-pilot)	0	0	0 (in-kind support from the World Bank and a private company)	n/a	Total: 561,425,208 Printing: 203,461,396

Source: Provinces (actual allocation in 2015-2018); Calculation by a consultant prior to project completion (required budget in 2018).

<Evaluation Result>

Therefore, the sustainability of the effects through the project is fair.

5 Summary of the Evaluation

The project achieved its Project Purpose of developing a standardized MCHHB by the end of the project period. After project completion, the project effect has continued as the number of provinces where the MCHHB is implemented at least in some districts / communes significantly increased from 4 to 41 out of 63 provinces / cities by the time of ex-post evaluation. The Overall Goal of improving MCH services is likely to be achieved by the target year of 2020. For the sustainability, some problems were found on policy, institutional, and financial aspects mainly due to insufficient budget for printing the handbook to distribute in the entire country and non-issuance of official regulation on compulsory usage of the MCHHB. For the efficiency, both the project period and project cost exceeded the plan.

Considering all of the above points, this project is evaluated to be partially satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

1) Observations at fields and interview with both HWs and users as well as existing impact studies have confirmed the important role of MCHHB in promoting continued MCH care. Efforts of both central ministry and local provinces in implementing MCHHB are highly appreciated, particularly in the circumstance of budget constraints.

In order to achieve the target nationwide coverage in 2020, it is strongly recommended that MOH to issue legal document which regulate the implementation of MCHHB as compulsory.

In addition, a policy / guidance from MOH on financial mechanism, for example, MCHHB is NOT distributed free, but with certain fee (selling at approximately 10,000 VND (approx. 50 yen) as the case of Long An, Dong Nai) should be made so that local province can follow.

⁶ From FY 2018, it is included in another on-going technical cooperation project titled “Project for Strengthening Clinical Training System for New-Graduate Nurses” (2016-2020).

2) Restructure of the healthcare system at provinces by the establishment of CDC is being implemented, therefore, we do expect that the new CDC will continue focusing on MCH care activities, along with other preventive medicine activities.

Lessons Learned for JICA:

We can see that the project design was not soundly carried out, leading to modification in project length and budget. Furthermore, expected scenario on future expansion at the time of project completion was set too high. Therefore, at the time of detailed planning, the examination of both technical contents as well as necessary budget should be carefully made. Furthermore, in case of introducing new thing – as MCHHB, scenario on further development should be practical and applicable for the recipient country.



Mothers with MCHHB at Nhan Nghia commune, Tan Lac District, Hoa Binh Province



Nurse in Tan Lac District Hospital is recording delivery information into MCHHB