

## Evaluation Summary

<b>1. Outline of the Project</b>	
Country: Plurinational State of Bolivia	Project Title: Maternal and Child Health Network Improvement Project in Potosi
Issue/Sector: Health	Cooperation Scheme: Technical Cooperation
Division in charge: JICA Bolivia Office	Total Cost : 250 million JPY
Period of Cooperation (R/D): June 28, 2013 – June 27, 2017	Partner Country's Implementing Organization: Ministry of Health and Department of Health Service in Potosi Prefecture
	Supporting Organization in Japan: Juntendo University
	Other Related Projects:
<p><b>1-1. Background</b></p> <p>Among the Latin-American countries, the Plurinational State of Bolivia (hereinafter referred to as “Bolivia”) has the second-worst maternal mortality rate and mortality rate of children under 5, beside the Republic of Haiti; maternal mortality rate is 190 (per 100,000 live births) and mortality rate of the children under 5 is 51 (per 1,000 live births) (WHO, 2013). Especially in the altiplanos of Bolivia where the Potosi prefecture is situated, indices of maternal and child health (hereinafter referred to as “MCH”) are even worse than other areas of Bolivia, due to the combined factors such as difficulties in accessing to health services of health facilities, skill shortage of health personnel, and lack of knowledge and awareness of health in community population.</p> <p>Under these circumstances and based on the request of the Government of Bolivia, a technical cooperation project entitled the “Maternal and Child Health Network Improvement Project in Potosi” (hereinafter referred to as “the Project”) has been implemented for four years from 2013 to 2017. Considering the regional characteristics of project sites, Uyuni Health Network and Tupiza Health Network, it has been implemented activities such as improvement of maternal and child health services at health facilities, health promotion activities with community participation, and strengthening health administrative management skill at municipality level with a main counterpart of the Department of Health Service of Potosi Prefecture (hereinafter referred to as “SEDES-Potosi”) by referencing previous technical cooperation projects of JICA, strengthening Health Network Projects (hereinafter referred to as “FORSA projects”).</p> <p>As the Project is reaching the closing phase, it is conducted the Terminal Evaluation to review and evaluate the project performances and achievements, as well as to extract recommendations and lessons learnt from the Project to be utilized in other similar projects in the future.</p>	
<p><b>1-2. Project Overview</b></p> <p>The Project is to contribute to improve the maternal and child health situation in Potosi by reducing the health risks of pregnant women and children under age 5 through the improvement of maternal and child</p>	

health services in primary health facilities, conducting the health promotion activities with community participation and the strengthening health administration capacity at municipality level at the two target areas of the Uyuni Health Network and the Tupiza Health Network.

(1) Overall Goal

MCH situation is improved in Potosi.

(2) Project Purpose

Health risks are reduced in the pregnant women and children under age five at the Project sites.

(3) Outputs

- 1) The health human resource at the Project sites has enough skill to care for pregnant women and children under age five.
- 2) The health staff and community generate a process of finding on “Living Together Well” for pregnant women and children under age five at the Project sites.
- 3) The health information of the Project sites has timely, reliable and properly analyzed for decision making at the municipal level.

(4) Input (at the time of this Evaluation)

The Japanese Side

- Dispatch of Experts (Long-term): 2 persons (Project Coordinator/Community Participation and Project Coordinator/Training Management); (Short-term) : 4 persons (Chief Advisor, Health Information Analysis, Neonatal Care, and Evaluation and Analysis)
- Provided Equipment: approx. USD 395,000
- Overseas Activities Cost: approx. USD 750,000

The Bolivian Side

- Allocation of Counterpart Personnel: 27 persons
- Facilities, materials and equipment: project office spaces in SEDES-Potosi, Uyuni Health Network Office and Tupiza municipal office, personal computers, office supplies, etc.
- Local Costs: approx. 73,000 USD (domestic travel costs, etc.)

**2. Terminal Evaluation Team**

Members	Mr. Hajime TSUBOI	Leader	Senior Representative, JICA Bolivia Office
	Ms. Mie AOKI	Cooperation Planning	Representative, JICA Bolivia Office
	Dr. Cesar MIRANDA	Community Health	Program Officer (Health Sector), JICA Bolivia Office
	Dr. Yoichi INOUE	Evaluation and Analysis	Senior Consultant, Consulting Division, Japan Development Service Co., Ltd.
Period of Evaluation	February 13, 2017 – March 3, 2017		Type of Evaluation: Terminal Evaluation

### 3. Summary of Evaluation Results

#### 3-1. Achievements

##### (1) Output 1

The Project has strengthened the capacity of health personnel in the following 6 themes: 1) improvement of MCH services; 2) strengthening referral and counter-referral system in maternal and child care; 3) improvement of medical equipment maintenance; 4) improvement of biosafety in health facilities; 5) improvement of integrated supervision; and 6) early childhood development.

The medical skills and health environment of health facilities are considered to be improved to some extent in the area of MCH services, medical equipment maintenance, biosafety and early childhood development as of the Terminal Evaluation and it is necessary to develop capacity continuously. In terms of referral and counter-referral system, it is confirmed that the quality of referral has been enhanced by introducing the criteria of “AJO” (A stands for “Appropriateness”, J stands for “Relevance” and O is for “Timeliness” in Spanish). With proper function of the integrated supervision, it is expected to continuously improve the technical skills.

For these reasons, the achievement level of the Output 1 is acceptable as of the Terminal Evaluation.

##### (2) Output 2

The Project has strengthened the capacity of health personnel and enhanced activities with community participation in the following 3 themes: 1) introduction of the Education for Life component; 2) reinforcement of participatory project; and 3) early childhood development in families.

A total of 153 teams of Education for Life have been organized. Eighty-three (83) of these teams created their own action plans, and 21 completed their activities in accordance with the plans as of the Terminal Evaluation. Additionally, 9 teams have already moved on to another activity cycle; thus, it shows that the Education for life component is being adopted in community activities.

Meanwhile, community activities in addition to daily duties can be a huge burden for health personnel. As an example, by implementing the Education for Life program and supporting communities to conduct their activities, health personnel visit communities after work hours or on weekends, which leads to a limitation to expand community activities. Therefore, it is necessary to improve the implementation system or mechanisms for health personnel in order to introduce and conduct technical follow-up of Education for Life in an effective and efficient manner to the communities performing their daily duties.

For these reasons, the achievement of the Output 2 is basically appropriate as of the Terminal Evaluation.

##### (3) Output 3

The Project developed capacity in the following 2 themes: 1) improvement of the health information quality; and 2) improvement of CAI methodology (CAI stands for “health information analysis committee” in Spanish) for municipalities to strengthen CAI and health project cycle.

With the technical assistance of the Project, action plans are created with stakeholders’ participation (i.e. community residents), and proper monitoring of their progress. Furthermore, 8 out of 11 target

municipalities of the Project created 5-year health plans with community participation in accordance with the guidelines of the Ministry of Health. This municipal health plan is based on the result of problem analysis matrix. The health plans were referenced in the Integrated Community Development Plan for Living Together Well (PTDI: the abbreviation of the plan in Spanish), which is promoted by the government of Bolivia; the health-related field of the PTDI is planned on the basis of the realistic needs of the community.

The municipal health plans and annual action plans are based on various information sources including CAI. However, one of the continuous challenges is needing improvements in the analysis itself.

For these reasons, the achievement of the Output 3 is regarded to be appropriate basically as of the Terminal Evaluation.

#### (4) Project Purpose

It is difficult to define the causal relation between the indicators of Project Purpose and the intervention of the Project; however, as described above in the achievements of Outputs, the Project established the basis to improve and maintain technical skills and the problem-solving capacity of health personnel. The community activities by health personnel and community people, based on the Education for Life, are being established and expanded. Furthermore, the Project has supported the Ministry of Health to revise the “Local Guide of Education for Life” as well as developed and introduced other various materials such as “CAI Simple Guide” and the “Referral and Counter-referral Guide” to apply AJO criteria, some of which were approved as prefectural ordinances and were applied to whole areas of Potosi. For these reasons, it is considered that the Project has established a foundation to achieve the Project Purpose: to reduce the health risks in pregnant women, nursing mothers and under-5 children in the target areas as of the Terminal Evaluation. It is worth noting that the benefits of the Project are being expanded and disseminated to non-targeted areas of the Project.

Furthermore, by validating the evidence, the Project has confirmed that the intervention of the activity with community participation improved health-related Quality of Life (QOL). The intervention of the Project has contributed to achieving the Project Purpose. It is recognized as a significant outcome since there is scientific proof of a causal relationship between health promotion activities and the improvement of health-related QOL. In addition, the Project has provided health personnel many training opportunities and trained many facilitators for sustainable implementation of activities.

Even though there are still challenges, it is regarded that a foundation was established to improve MCH in the future; therefore, the achievement of the Project Purpose is appropriate at the time of the Terminal Evaluation.

### 3-2. Summary of Evaluation Results

#### (1) Relevance

The implementation of the Project is highly relevant.

Bolivia has been suffering from high maternal mortality rate and high under-5 mortality rate; especially in

the Potosi prefecture, MCH-related health indices are even worse than other areas of Bolivia. Therefore, the need to improve the health situation in these communities as well as access to health services is still high. Under these circumstances, the Ministry of Health has been implementing the SAFCI policy (SAFCI stands for “Family Community Intercultural Health” in Spanish) with an emphasis on enhancing access to health services, and health promotion approach. This was done instead of the traditional health facility based approach in favor of respecting multiple cultures and communities to further improve the health of rural and agricultural areas, mothers and children, and the indigenous people. Since the Project is aligned with health policy of Bolivia, the implementation of the Project was a high priority for the Ministry of Health.

Regarding Japan’s aid policy for Bolivia, it is clearly stated that “Japan will extend cooperation, bearing in mind the needs of improving access to health services for the poor, taking note of the remaining internal disparities” in Japan’s global health policy document of “Basic Design for Peace and Health” (September 2015). Therefore, it is consistent in the Project Purpose to improve the access of health services, especially in rural and remote areas.

In addition, it is noted that the insufficient skills of health personnel as well as low awareness of community for health and improper administrative health management are factors of health risks for pregnant women, nursing mothers and under-5 children in the target areas of the Project. The Project applied the necessary approach to solve these issues with the following 3 outputs: 1) improve the skills and knowledge of health personnel to improve the quality of MCH care, 2) enhance health promotion with community participation, and 3) improve planning based on reliable analysis and its implementation.

## (2) Effectiveness

The implementation of the Project is basically effective.

All the Outputs of the Project (1, 2 and 3) are mostly achieved and it is scientifically demonstrated that the intervention of health promotion improved the health-related issues. For these reasons, the implementation of the Project is basically effective considering that it has established a foundation to achieve the Project Purpose, and health risks are reduced in pregnant women and children under age five at the Project sites, and the effectiveness of the Project is expected to be maintained and improved with integrated supervision.

In terms of information analysis, even though the Project supported a needs assessment utilizing the problem analysis matrix and analysis of integrated supervision results, improvement is still needed in the following areas: how to organize information and data acquired by analysis to be made useful for specific purposes, how to recognize the significance of this information, and how to analyze the implication of this information to the planning activities and its implementation.

## (3) Efficiency

It was relatively efficient to implement the Project.

The progress of some project activities was affected by unexpected external factors. However, the Project made effort to have discussions with stakeholders and to adjust and modify activities as needed. Therefore, completion of all of the planned activities by the end of the project period is expected. With regard to

inputs, the training contents and methodology of implementation of Output 1 were designed by local project consultants and has not reviewed by JICA expert(s), so it seemed to be an insufficient input and additional technical advice by experts was desired.

In relation to collaboration with other resources, the Japan Overseas Cooperation Volunteers (JOCV) were assigned in several health facilities and communities in the target 2 Health Networks. It was an efficient collaboration with regard to sharing information and follow-ups of activities, which contributed to the progress of the Project to some extent.

#### (4) Impact

Several positive impacts are observed or expected.

Concerning the expansion of the benefits of the Project to non-targeted areas, the Project has developed several materials such as guides and are defined as official documents to be used, even in the non-targeted areas in the Potosi. The SEDES-Potosi appreciates the project approach and took the initiative to promote its application to the non-targeted areas. Therefore, it is expected to sustain the activities even after the end of the project period.

Additionally, there has been collaboration with other developing partners in conducting training with the guide developed by the Project. It is considered a “spillover” effect and is a positive impact. Also, it was confirmed that collaboration and cooperation were made with other sectors of the JICA projects.

#### (5) Sustainability

The sustainability of the Project is expected to be relatively high.

Political and Institutional Aspect: The SAFCI policy is the basic health policy of Bolivia; it is expected to be maintained after the end of the project period. Also, the SEDES-Potosi has appreciated the approach of the Project and took initiative to promote its application to the entire Potosi under the collaboration with other development partners. Therefore, it is highly expected that the benefits of the Project will be sustained in terms of political and institutional aspects. To ensure its sustainability, the Ministry of Health and the SEDES-Potosi would take some desired measures such as the establishment of a system for health personnel to conduct community activities effectively, and address the issue of high turnover of health personnel.

Financial Aspect: The SEDES-Potosi stated a strong will to maintain and even extend current activities under the initiative of the SEDES-Potosi after the end of the project period. The SEDES-Potosi has already extended some activities and allocated budget for necessary activities within the project period.

However, budget allocation at the target municipality is not sure, and it has resulted in negative influences on the activities such as biosafety in health facilities. Although the proper process of evidence-based health activity planning at municipalities is being established, it is recommended to further strengthen the capacity of planning based on adequate analysis of health information and cost from the perspective of financial sustainability.

Technical Aspect: The Project has developed various materials to implement the SAFCI policy, and most of

them were officially approved by the SEDES-Potosi. Since the SEDES-Potosi has started applying the guides to the non-targeted areas of the Project already, it is expected that skills and techniques mentioned in those guides will be sustained after the end of the project. All the training is aligned with the actual guidelines and protocols of the Ministry of Health, thus the technical skills of health personnel will be maintained if they continue improving their skills and applying integrated supervision.

### 3-3. Factors that promoted the achievement of the Project

#### (1) Factors concerning planning

The Project was supposed to be implemented by utilizing experiences and achievements of previous FORSA projects. The local consultants, who had been engaged in the previous FORSA projects, utilized their knowledge and experience to actively implement project activities. It is considered to be one of the factors promoting the enhancement of the Project's effectiveness utilizing experienced consultants as master trainers.

#### (2) Factors concerning the implementation process of the Project

The SEDES-Potosi showed significant ownership and demonstrated a dedicated commitment to the Project by approving materials developed by the Project and promoting its application to the entire prefecture. This is regarded as a positive factor to enhance effectiveness of the Project.

### 3-4. Factors that impeded the achievement of the Project

#### (1) Factors concerning planning

The trained facilitators should have provided training to the health personnel. However, the Project did not plan the operation of the training well by not considering the daily duties of the facilitators who work at health facilities. Thus, the trainings were conducted by local consultants instead of facilitators.

This has hindered the efficiency of the Project to a certain extent, considering the aspect of making good use of human resources effectively and the efficient planning and implementation of training.

#### (2) Factors concerning the implementation process of the Project

No major obstacles have been observed.

### 3-5. Conclusions

The Project has been strongly consistent with the health policy of Bolivia and the Country Assistance Policy of Japan; in addition, there was a huge need regarding maternal and child health in the project site, Potosi. The Project is aimed at reducing the health risks of pregnant women and children under age of five at the project sites utilizing the experiences accumulated in the previous FORSA projects which were implemented in various places in Bolivia. The Project was focused on the health services provided by primary health facilities, which are mostly for pregnant women, mothers and children. Therefore, the project approach--comprised of the following three components--was adequate to improve maternal and child health: 1) strengthening technical skills of health personnel at health facilities, 2) health promotion

activities with community participation lead by health personnel, and 3) strengthening the capacity of administrative management at municipalities to improve the provision of health services at primary health facilities. In terms of efficiency, the Project applied the approach acquired from previous FORSA projects and the input of local consultants who had significant knowledge and experience.

In regard to the progress of the Project, even though there have been some difficulties, it is expected to complete all the activities based on the modified plan of activities and it is expected to achieve all the outputs before the end of the Project. It was observed that some indicators for the Project Purpose were not adequate to measure the achievement, thus it is desirable for new adequate indicators to be established. However, at the time of the Terminal Evaluation, it is considered that the Project has contributed to reduce the health risk of pregnant women and children under age five based on the achievement of outputs of the Project.

With respect to management of the Project, there were difficulties because the project site was extensive and far from SEDES-Potosi office. The Project established its office in the SEDES-Potosi office and each Health Network to facilitate coordination with SEDES-Potosi and ensure smooth implementation of the Project. Since the beginning of the Project, there has been close cooperation with SEDES-Potosi to implement it, and therefore the members of the SEDES-Potosi have a deep understanding and strong ownership of knowledge about the Project. Some materials developed by the Project were approved officially, and SEDES-Potosi requested that other development partners apply the same approach as the Project; it is expected to ensure the spillover effect and sustainability widely in the Potosi.

### 3-6. Recommendations

#### (1) Ministry of Health

- Analyze and discuss the Project contents with related departments, considering that a proven result of the Project is that it is effective to implement the SAFCI policy.

#### (2) SEDES-Potosi

- Ensure budget to sustain and improve the activities conducted by the Project.
- Implement the integrated supervision developed by the Project on a continuous basis to maintain and improve the technical skill and capacity.
- Expand the achievements of the Project to the entire Potosi prefecture.

#### (3) 11 municipalities under the Project sites

- Allocate budget for the health-related activities of the annual plan of operation and execute budget based on the plan.
- Improve the accuracy of analysis since the Project supported creating a municipal health plan and annual plan of operation based on various information analyses including CAI.

#### (4) Project Team

- Consider and establish adequate indicators for the Project Purpose with SEDES-Potosi.

### 3-7. Lessons Learned

#### (1) System of project monitoring of the Project and timely readjustment of the plan

The Project was implemented by several Japanese experts and Bolivian local consultants. Each had some understanding about the progress of their respective activities. However, methodology of the monitoring and management of the project has not been consolidated among them, which interrupted a timely readjusting and modifying the plan of activities. One of the factors that caused difficulty to monitor the Project includes having many local consultants at a given moment (In total 18 consultants). It is important that all of the stakeholders have a common understanding of not only about implementation of the activities but also about the management such as methodology and frequency of monitoring and providing feedback of the results of the monitoring.

#### (2) Collaboration with SEDES-Potosi

The ownership of the SEDES-Potosi has enhanced because the Project shared information frequently and conducted activities with collaboration of the SEDES-Potosi from the beginning of the Project. The SEDES-Potosi has a deep understanding of the Project and is trying to expand the activities to the entire prefecture. A strong ownership of the counterparts ensures sustainability and the spillover effect. Therefore it is confirmed that the project approach was adequate and effective.

#### (3) Utilizing the previous cooperation

The Project has been following the approach of the previous FORSA projects which were implemented at various sites of Bolivia since 2001. It enabled effective and efficient implementation of the Project by utilizing not just the framework but also the achievements and the human resources such as Bolivian local consultants.