Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Philippine Office: May, 2021

Country Name	**Strengthening Maternal and Child Health Services in Eastern Visayas**
Republic of Philippines	

I. Project Outline

Background	In the Philippines, the government made efforts to reduce the maternal mortality ratio and the infant mortality ratio to attain the Millennium Development Goal 4 (MDG 4) of "Reduce child mortality" and the MDG 5 of "Improve maternal health" by 2015. Among the regions in the country, the Eastern Visayas region, which is located on the southeast part of the country, had the high level of the maternal mortality and the infant mortality ratios, and more than half of infant mortality happened within seven days after birth. While there were many high-risk deliveries, the deliveries with skilled health professionals (SHPs) and/or at health facilities were quite limited. Under the situation, it was necessary to set up facilities to provide birth assistance, prenatal and postnatal care and Basic Emergency Obstetric and Neonatal Care (BEmONC) services.		
Objectives of the Project	Through provision of medical equipment to rural health units (RHUs)/district health centers (DHCs) and community hospital/municipal hospital for BEmONC and maternity care package accreditation, trainings on BEmONC for the SHPs from the target facilities, implementation of regular maternal death review and neonatal death review, monitoring and supervisions of BEmONC/Maternal, Newborn, Child Health and Nutrition (MNCHN) services for the target facilities, and establishment of community health teams (CHTs) and promotion of its activities, the project aimed at increasing the number of pregnant women and newborns receiving safe pregnancy, safe delivery and postpartum care services, thereby contributing to reductions in maternal mortality and neonatal mortality in the target areas. 1. Overall Goal: Maternal mortality and neonatal mortality in the target areas are reduced. 2. Project Purpose: Pregnant women and newborns receiving safe pregnancy, safe delivery and postpartum care services in the target area are increased.		
Activities of the Project	1. Project Site: Leyte Province and Ormoc City 2. Main Activities: 1) Provision of medical equipment to RHUs/DHCs and community hospital/municipal hospital for BEmONC and maternity care package accreditation, 2) Trainings on BEmONC for the SHPs from the target facilities, 3) Implementation of regular maternal death review and neonatal death review, 4) Monitoring and supervisions of BEmONC/MNCHN services for the target facilities, 5) Establishment of the CHTs and promotion of their activities, and so on. 3. Inputs (to carry out above activities) Japanese Side 1) Experts: 6 persons 2) Trainees Received: 12 persons 3) Equipment: printer, photocopier, multi-purpose delivery table, obstetric model with fetal doll, etc. 4) Local expenses: cost for project activities Philippine Side 1. Staff Allocated: 141 persons 2. Land and facility: project offices in Leyte province and Ormoc city 3. Local expenses: utility costs, communication costs, travel costs for participants in trainings and workshops, costs for project activities, etc.		
Project Period	July 2010 – July 2016 (Extended period: July 2014 – July 2016)	Project Cost	(ex-ante) 420 million yen, (actual) 505 million yen
Implementing Agency	The Department of Health (DOH), The Department of Health Regional Office VIII (Eastern Visaya), Provincial Health Office (PHO) (Leyte Province), The City Health Office (CHO) (Ormoc City)		
Cooperation Agency in Japan	-		

II. Result of the Evaluation

<Constraints on Evaluation>

・ Due to COVID-19 pandemic, the implementing agencies have been very busy; thus, the collection of information and data for this ex-post evaluation became challenging. Field visits and actual observation on the facilities were also not conducted due to domestic travel restrictions. Therefore, the evaluation team attempted to obtain the necessary information and data through questionnaires and online interviews. However, online interviews also had limitations in terms of availability of key respondents and duration of the interviews, which affected the quantity and quality of collected information and data.

<Special Perspectives Considered in the Ex-Post Evaluation >

・ The project sets "45% of pregnant women received prenatal care at least 4 times during pregnancy (including once in 1st trimester)" as the indicator 2 of the Project Purpose and "80% of women who gave birth have postpartum visits at least twice" as the indicator 3. At the time of project completion, the indicators were verified with their concerned data adopting estimated pregnant or delivered women as denominator. However, according to the Project Completion Report, estimated pregnant or delivered women tends to be overestimated in comparison with actual deliveries; as a result, their concerned data are underestimated. Therefore, in this ex-post evaluation, the data adopting actual deliveries as denominator are used to verify the indicator 2 and the indicator 3.

1 Relevance

<Consistency with the Development Policy of the Philippines at the Time of Ex-Ante Evaluation >

The project was consistent with the Philippines' development policy of Administrative Order No.2008-0029 "Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality" (2008) promoting the improvement of the quality of delivery care

service.

<Consistency with the Development Needs of the Philippines at the Time of Ex-Ante Evaluation >

The project was consistent with the Philippines' development needs of setting up facilities to provide birth delivery assistance, prenatal and postnatal care and BEmONC services as mentioned in the background.

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

The project was consistent with "The Country Assistance Program for the Republic of the Philippines" (2008) positioning "Rectification of disparities (alleviating poverty and redressing regional disparity)" as one of the three priority areas, including expansion of basic social services.

<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. Through the project, maternal and child health (MCH) services (birth deliveries at health facilities, prenatal care and postpartum visit) were promoted in the target areas. As a result, overall, the percentages of women who receive such services soared in the target areas. The proportion of deliveries at health facilities (Indicator 1) improved from the 2010 baseline of 56% in Leyte Province and 65% in Ormoc City to 93% and 97% respectively in 2015 just before the project completion. The proportion of prenatal care (Indicator 2) also improved from the 2010 baseline of 22% in Leyte Province and 29% in Ormoc City to 47% and 63% respectively in 2015. As for postpartum visit (Indicator 3), its percentage in Leyte Province reached 72% in 2015 from 53% at the 2010 baseline, and the one in Ormoc City went up to 75% from 61% during the same time period.

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

The project effects have been continued since the project completion. Even after the project completion, the proportion of birth deliveries at health facilities have remained at a quite high level of more than 95% in both Leyte Province and Ormoc City. The main reason is that the circumstances where women have easier access to such facilities have been set up. For example, both in Leyte Province and Ormoc City, almost all Local Government Units (LGUs) or the city government passed ordinances aiming to promote birth deliveries at health facilities. Furthermore, in Leyte Province, the number of birthing facilities significantly increased from 20 in 2015 to 41 in 2019 with the addition of BEmONC-capable private birthing homes while, in Ormoc City, although the facility number dropped from 5 in 2015 to 1 in 2016 due to the strong earthquake in 2017 which rendered the four facilities unsafe to use or inability to provide BEmONC services, Barangay Health Workers (BHWs), a successor team of the CHTs trained by the project, have spread information about delivery at health facility and closely monitored pregnant women. The proportion of pregnant women who receive prenatal care at least four times during pregnancy improved in both Leyte Province and Ormoc City, comparing the one in 2016 to in 2019, even though dropping in 2017. With regard to women who give birth and have postpartum visit at least twice, its percentage dropped from 97.3% in 2016 to 73.7% in 2019 in Leyte Province because there are some mothers who do not come back to their facilities one week after giving birth due to lack of transportation for those who are living in far-flung areas and lack of skilled health personnel to remind mothers on the importance of going back to the RHUs one week after delivery for post-partum care services. In Ormoc City, although decreasing from 82.3% in 2016 to 59.5% in 2017, the percentage of women who give birth and have postpartum visit at least twice improved thereafter. The CHO reported that the improvement resulted from the close monitoring and follow-up to postpartum mother by the BHWs. For instance, in a case where the mothers who are supposed to revisit RHUs for checkup one week after giving birth do not come back to RHUs within the expected period for some reason, the BHWs visit their home and provide postpartum care services.

Maternal death cases have been reviewed at 100% in Leyte Province since 2017 and in Ormoc City from 2016 to 2018 because the capacity of Inter Local Health Zones (ILHZ) has been enhanced to conduct the reviews and these activities have been highly prioritized by the PHO or the CHO. However, in Ormoc City, the number of maternal death cases reviewed in 2019 was 0. With regard to neonatal death review, the proportion of reviewed neonatal death cases to the number of actual neonatal death cases had been around or less than 20% in both Leyte Province and Ormoc City. According to the PHO and the CHO, the reason why the maternal or neonatal death cases had 0 or had remained at a low level is that maternal or neonatal death come from similar causes and reviewing repeated cases is not necessary. Furthermore, as for minutes taking and distribution rates, such activities have been given a high priority in Leyte Province so that the rates have been in an increasing trend. With the same reason, in Ormoc City, the rates have remained at 100% since 2015.

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

The Overall Goal has been achieved at the time of ex-post evaluation. The maternal mortality ratio in 2019 was 29 in Leyte Province and 26 in Ormoc City, which was under the 2010 baseline data (Leyte Province: 74.5, Ormoc City: 64.2) (Indicator 1). The neonatal mortality rate in 2019 was 2.9 in Leyte Province and 2.6 in Ormoc City (Indicator 2). In Leyte Province, any improvement in the rate had not been confirmed since 2015. On the other hand, Ormoc City has experienced a decrease in the rate from 6.2 at the 2010 baseline. The infant mortality ratio improved from 6.0 at the 2010 baseline to 3.5 in 2019 in Leyte Province and from 10.3 to 7.2 during the same time period in Ormoc City (Indicator 2). Also, the number of maternal death cases was reduced from 23 at the 2010 baseline to 9 in 2019 in Leyte Province and from 3 to 1 during the same time period in Ormoc City (Indicator 3). The newborn death cases in Leyte Province did not change, comparing 61 cases in 2015 and 61 cases in 2019, while the ones in Ormoc City notably went down from 102 in 2015 to 1 in 2019 (Indicator 4). Also, the infant death cases had decreased from 146 in 2015 to 75 in 2019 in Leyte Province and from 126 in 2015 to 52 in 2019 in Ormoc City (Indicator 4). In terms of birth deliveries at health facilities, as described in Continuation Status of Project Effects at the time of Ex-post Evaluation, the percentages of birth deliveries at health facilities have remained at a quite high level of more than 95% in both Leyte Province and Ormoc City (Indicator 5). Taking into account the continuous status of the project effects, it can be concluded that such project effects have contributed to achieving the Overall Goal.

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

A positive impact was confirmed at the time of ex-post evaluation. Through the project, LGUs recognized the importance of ensuring the health and safety of women and newborns. As a result, new ordinances on promoting birth deliveries at health facilities were passed in both of the target areas. No other positive or negative impacts were confirmed.

<Evaluation Result>

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

Achievement of Project Purpose and Overall Goal

<table>
<tr><th>Aim</th><th>Indicators</th><th>Results</th></tr>
<tr><td rowspan="3">(Project Purpose)
Pregnant women and newborns receiving safe pregnancy, safe delivery and postpartum care services in the target area are increased.</td><td>1. 80% of birth deliveries are handled at health facilities (Baseline cleaned 2010 data: Leyte 56%, Ormoc City 65%).</td><td>Status of the Achievement: Achieved (Continued)
(Project Completion)
• The percentages of birth deliveries at health facilities in Leyte Province and Ormoc City increased and exceeded the target value.
[Percentage of birth deliveries at health facilities (Unit: %)]
<table>
<tr><th>Place/Year</th><th>2010</th><th>2011</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th></tr>
<tr><td>Leyte Province</td><td>56</td><td>73</td><td>81</td><td>86</td><td>91</td><td>93</td></tr>
<tr><td>Ormoc City</td><td>65</td><td>75</td><td>86</td><td>89</td><td>91</td><td>97</td></tr>
</table>
(Ex-post Evaluation)
• Even after the project completion, the percentages of birth deliveries at health facilities have remained at a quite high level of more than 95% in both Leyte Province and Ormoc City.
[Percentage of birth deliveries at health facilities (Unit: %)]
<table>
<tr><th>Place/Year</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr>
<tr><td>Leyte Province</td><td>95.4</td><td>97.9</td><td>97.7</td><td>99.7</td></tr>
<tr><td>Ormoc City</td><td>97.8</td><td>98.0</td><td>98.4</td><td>98.0</td></tr>
</table></td></tr>
<tr><td>2. 45% of pregnant women received prenatal care at least 4 times during pregnancy (including once in 1st trimester) (Baseline cleaned 2010 data: Leyte 22%, Ormoc City 29%).</td><td>Status of the Achievement: Achieved (Continued)
(Project Completion)
• The percentages of pregnant women who receive prenatal care at least four times during pregnancy in Leyte Province and Ormoc City increased and exceeded the target value.
[Percentage of pregnant women who receive prenatal care at least four times during pregnancy (Unit: %)]
<table>
<tr><th>Place/Year</th><th>2010</th><th>2011</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th></tr>
<tr><td>Leyte Province</td><td>22</td><td>28</td><td>31</td><td>32</td><td>40</td><td>47</td></tr>
<tr><td>Ormoc City</td><td>29</td><td>89</td><td>42</td><td>40</td><td>57</td><td>63</td></tr>
</table>
(Ex-post Evaluation)
• The percentage of pregnant women who receive prenatal care at least four times during pregnancy had been in a downward trend from 2016 to 2018 but went beyond the original level of 2016 in 2019.
[Percentage of pregnant women who receive prenatal care at least four times during pregnancy (Unit: %)]
<table>
<tr><th>Place/Year</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr>
<tr><td>Leyte Province</td><td>70.0</td><td>67.6</td><td>68.5</td><td>79.4</td></tr>
<tr><td>Ormoc City</td><td>63.5</td><td>49.0</td><td>58.5</td><td>85.9</td></tr>
</table>
Note: actual delivery is used as denominator.

[Reference: Percentage of pregnant women who receive prenatal care at least four times during pregnancy (Unit: %)]
<table>
<tr><th>Place/Year</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr>
<tr><td>Leyte Province</td><td>49.0</td><td>41.3</td><td>39.7</td><td>51.3</td></tr>
<tr><td>Ormoc City</td><td>56.3</td><td>54.9</td><td>51.9</td><td>66.0</td></tr>
</table>
Note: estimated pregnant women is used as denominator.</td></tr>
<tr><td>3. 80% of women who gave birth have postpartum visits at least twice (Baseline cleaned 2010 data: Leyte 53%, Ormoc City 61%)</td><td>Status of the Achievement: Achieved (Partially Continued)
(Project Completion)
• The percentages of women who give birth and have postpartum visit at least twice in Leyte Province and Ormoc City increased and exceeded the target value.
[Percentage of women who give birth and have postpartum visit at least twice (Unit: %)]
<table>
<tr><th>Place/Year</th><th>2010</th><th>2011</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th></tr>
<tr><td>Leyte Province</td><td>53</td><td>61</td><td>61</td><td>64</td><td>66</td><td>72</td></tr>
<tr><td>Ormoc City</td><td>61</td><td>64</td><td>75</td><td>70</td><td>79</td><td>75</td></tr>
</table>
(Ex-post Evaluation)
• Although the percentage of women who give birth and have postpartum visit at least twice in Leyte Province had remained at more than 95% from 2016 to 2018, it largely dropped to 73.7% in 2019. While, even though being almost halved between 2016 and 2017, the percentage of women who give birth and have postpartum visit at least twice in Ormoc</td></tr>
</table>

City rebounded in 2018 and improved in 2019.

[Percentage of women who give birth and have postpartum visit at least twice (Unit: %)]

Place/Year	2016	2017	2018	2019
Leyte Province	97.3	95.2	97.8	73.7
Ormoc City	82.3	59.5	72.2	94.3

Note: actual delivery is used as denominator.

[Reference: Percentage of women who give birth and have postpartum visit at least twice (Unit: %)]

Place/Year	2016	2017	2018	2019
Leyte Province	68.0	57.5	55.5	42.7
Ormoc City	72.9	66.7	65.1	78.5

Note: estimated delivered women is used as denominator.

(Overall Goal)
Maternal mortality and neonatal mortality in the target areas are reduced.

1. Maternal mortality ratio in the target areas is reduced (2010 baseline: Leyte 74.5, Ormoc City 64.2).

*Maternal mortality ratio is defined as the number of maternal deaths, excluding accidental and incidental ones, during a given time period per 100,000 livebirths.

(Ex-post Evaluation) Achieved

- The maternal mortality ratio in 2019 was 29 in Leyte Province and 26 in Ormoc City, which was under the 2010 baseline data.

[Maternal mortality ratio]

Place/Year	2015	2016	2017	2018	2019
Leyte Province	41.9	57.3	36.3	53.4	29.0
Ormoc City	185.2*	134.0*	88.6	25.0	26.0

* A key factor for maternal mortality ratio exceeding 100 is that pregnant women who reside outside Ormoc City but die within the City are counted in the number of maternal deaths.

2. Neonatal mortality rate/infant mortality rate in the target areas is reduced (2010 baseline: <NMR> Leyte N.A., Ormoc 6.2, <IMR> Leyte 6.0, Ormoc City 10.3).

*Neonatal mortality rate is defined as the number of deaths during the first 28 days of life per 1,000 livebirths.

**Infant mortality ratio is defined as the number of infant deaths during a given time per 1,000 livebirths.

(Ex-post Evaluation) Achieved

- In Leyte Province, any improvement had not been confirmed since the project completion. On the other hand, Ormoc City had experienced a decrease from 6.2 at the 2010 baseline or even after 2016.
- The big drop in the neonatal mortality ratio was due to several factors including: increase in the percentage of birth deliveries at health facilities; presence of skilled and BEmONC-trained health personnel in the health facilities; better access to antenatal care and postpartum care services by women, newborns and infants, and regular conduct of maternal and neonatal death reviews. Also, Ormoc City had a much higher the neonatal mortality ratio in 2015 and 2016 compared to Leyte Province, so there was a big room for improvement.

[Neonatal mortality ratio]

Place/Year	2015	2016	2017	2018	2019
Leyte Province	2.1	4.7	3.3	3.9	2.9
Ormoc City	14.5	6.3	1.0	4.3	2.6

- The infant mortality ratio improved to 3.5 in 2019 in Leyte Province and 7.2 in Ormoc City.

[Infant mortality ratio]

Place/Year	2015	2016	2017	2018	2019
Leyte Province	5.6	4.7	3.2	4.7	3.5
Ormoc City	18.0	10.5	6.8	8.3	7.2

3. Trend of reduction in annual number of maternal deaths in the target areas (2010 baseline: Leyte 23, Ormoc City 3).

(Ex-post Evaluation) Achieved

- The maternal deaths cases in both Leyte Province and Ormoc City reduced in comparison to the baseline.

[Maternal death cases]

Place/Year	2015	2016	2017	2018	2019
Leyte Province	12	7	3	1	9
Ormoc City	13	7	6	1	1

4. Trend of reduction in annual number of neonatal deaths in the target areas (2010 baseline: Leyte N.A., Ormoc City 29).

(Ex-post Evaluation) Partially Achieved

- The newborn deaths cases in Leyte Province did not change so much, comparing the ones in 2015 and 2019, while the ones in Ormoc City significantly went down from 102 in 2015 to 1 in 2019.

[Newborn deaths cases]

Place/Year	2015	2016	2017	2018	2019
Leyte Province	61	94	90	55	61
Ormoc City	102	33	7	17	1

- The infant deaths cases in both Leyte Province and Ormoc City had decreased since the project completion.

[Reference: Infant deaths cases]

Place/Year	2015	2016	2017	2018	2019
Leyte Province	146	101	107	62	75
Ormoc City	126	55	46	51	52

5. 90% of birth deliveries are handled at

(Ex-post Evaluation) Achieved

- The percentage of birth deliveries at health facilities in Leyte Province

	health facilities in the target area (Baseline cleaned 2010 data: Leyte 56%, Ormoc City 65%).	and Ormoc City had stayed at a quite high level of more than 95%. [Percentage of birth deliveries at health facilities (Unit: %)]

Place/Year	2016	2017	2018	2019
Leyte Province	95.4	97.9	97.7	99.7
Ormoc City	97.8	98.0	98.4	98.0

Source：Terminal Evaluation Report, Interview and questionnaire to the DOH, the Department of Health Regional Office VIII, the PHO and the CHO

3 Efficiency

Both of the project cost and period exceeded the plan (ratio against the plan: 120% and 152%, respectively). However, as for the project period, due to Typhoon Yolanda, the project activities were suspended for four months from November 2013 to February 2014; therefore, the period was taken into account, and the ratio against the plan was admitted to be 144%. The outputs were produced as planned. Therefore, the efficiency of the project is fair.

4 Sustainability

<Policy Aspect>

"National Objectives for Health" (2017-2022) sets reduction of maternal and neonatal mortality as a key objective and part of indicators under the goal of "better health outcomes". As the project aimed at reducing maternal and neonatal mortality, it has been endorsed by the national policy.

<Institutional/Organizational Aspect>

[National level]

There have not been any changes in the institutional/organizational structure to promote the MCH services. Two divisions, Women/Men Health Division and Child Health Division of the Disease Prevention and Control Bureau under the DOH, have been responsible to perform the function of promoting the MCH services. According to the DOH, the divisions have 30 staff in total, and as most of their activities involve coordination of field operations, they consider the number as sufficient.

[Leyte Province]

The PHO has taken responsibilities to perform the function of promoting the MCH services. According to the office, they have 13 personnel including 5 program cluster coordinators in charge of coordinating MCH activities in 40 municipalities and 1 city. Because the number of skilled health personnel has not been sufficient due to lack of budget, staff augmentation is being practiced through the Human Resource for Health Program of the DOH where nurses and midwives are deployed by the DOH to the province to address the lack of the SHPs, especially at the community/barangay level.

[Ormoc City]

The CHO has taken responsibilities to perform the function of promoting the MCH services. According to the office, they have 3 doctors, 10 nurses and 24 midwives but still have unfilled positions including 3 nurses and 10 midwives due to lack of budget. Thus, they consider the number of the staff insufficient. Similarly with Leyte Province, the staff augmentation has been practiced.

[ILHZ]

The ILHZ (the City Health Office in the case of Ormoc City) have been in charge of reviewing maternal and neonatal death cases and giving their feedbacks to health service providers in the MCH services in order to identify their problems and improve the services.

[CHTs]

As mentioned in the Continuation Status of Project Effects at the time of Ex-post Evaluation, the CHTs were succeeded to the BHWs. They deliver the MCH services and other health-related services at the community level in Leyte Province and Ormoc City. As mentioned above, the number of the staff has been insufficient since staff augmentation is being practiced.

[Referral system]

The referral system introduced by the project has been functional in both Leyte and Ormoc City even after the project although some difficulties were observed in a few cases when health workers are unable to fill up the referral return slips or retrieve the referral return slips from the referred level to the referring facility. Retrieval of the referral slips is important in order to keep the referral system functional.

<Technical Aspect>

[National level]

The staff of Women/Men Health and Child Health Divisions have sustained and even enhanced the knowledge and skills necessary to promote the MCH services. According to them, they sometimes receive training programs provided by the Department of Health and such international donors as the United States Agency for International Development and the World Health Organization.

[Leyte Province]

The staff of the PHO have sustained and even enhanced the knowledge and skills necessary to promote the MCH services through the quarterly Supportive Supervision (SSV) when BEmONC experts within the SSV team provide on-the-job mentoring to health workers in RHUs. The regular trainings by the DOH Center for Health Development in Region VIII have also been contributing to the knowledge and skill enhancement of health workers involving in the promotion of the MCH services.

[Ormoc City]

The staff of the CHO have sustained and even improved the knowledge and skills necessary to promote the MCH services through the SSV and regular training activities of the DOH Center for Health Development in Region VIII.

[Tools/Book/Manual]

The SSV tools have continued to be used for monitoring RHUs and private birthing facilities by the SSV team. These tools have been updated and expanded to include additional checklist about family planning.

The Mother and Child Book has continued to be used in both Leyte Province and Ormoc City. In Leyte Province, as the DOH published an enhanced version of the Book, it is widely used by health workers involving in the MCH services. On the other hand, it is still common for health workers in Ormoc City to use the original version of the Book.

As the CHTs were succeeded to the BHWs, the BHW manual prepared by the DOH started to be used. However, according to the PHO and the CHO, some of the former CHTs, who now belong to the BHWs, still continue to use the CHT manual prepared by the project as reference.

<Financial Aspect>
[National level]

The budget of the DOH was not confirmed at the time of ex-post evaluation. However, for the costs for BEmONC trainings and maternal and neonatal death review as some of MCH service activities, a certain amount of budget has been allocated depending on requests from LGUs. For example, in 2020, the budget of Philippine peso (Php) 2,500,000 was appropriated for BEmONC trainings even though the budget was re-aligned to the countermeasure fund for COVID-19. Considering that the project effects have been sustained, the Overall Goal has been achieved and the sufficient number of staff has been secured, the budget of the DOH is considered to have been sufficiently secured.

[Leyte Province]

For Common Health Trust Fund to support 10 ILHZ, an annual budget of Php 2,050,000 has been allocated. The budget has been spent not only for project implementation review, maternal and neonatal death review, SSV and operation of ILHZ but also for the overall service of MNCHN activities implemented by the ILHZs. The annual budget for each of the ILHZs ranges from Php 30,000 to Php 100,000. Also, 40 municipalities and 1 city have continuously allocated a budget for the monthly incentives of BHWs. However, as mentioned in the institutional/organizational aspect, as the number of staff has been inadequate, even though a certain budget has been secured, it cannot be sufficient.

[Ormoc City]

The government in Ormoc City has earmarked a certain amount of budget for the promotion of the MCH service and for the honoraria of BHWs as shown in the table below. However, similarly with Leyte Province, although the budget has been secured to some extent, it cannot be sufficient.

Budget for the MCH service and BHWs in Ormoc City

(Unit: Php)

Purpose / Year	2016	2017	2018	2019	2020
Budget for the MCH service	2,025,000	2,169,948	2,408,662	2,212,980	2,800,000
Budget for the honoraria of BHWs	7,470,000	8,130,000	8,490,000	8,790,000	9,090,000

<Evaluation Result>

In light of the above, some problems have been observed in terms of the institutional/organizational and financial aspects. Therefore, the sustainability of the effectiveness through the project is fair.

5 Summary of the Evaluation

The project achieved the Project Purpose aiming at increasing the number of the pregnant women and newborns receiving safe pregnancy, safe delivery and postpartum care services in the target areas and the Overall Goal aiming at reducing the maternal mortality and neonatal mortality in the target areas. As for the sustainability, the number of the staff and the budget have been lacked at regional and city levels. As for the efficiency, the project cost and period exceeded the plan.

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

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

- For Leyte PHO and Ormoc CHO, it is better to improve the referral system by having regular discussions on referral issues at ILHZ meetings aimed at promoting closer coordination between the referring facility and the referred facility and devising effective methods for tracking of referral slips.
- For LGUs, it is better to prioritize the filling up of vacant positions at the PHO, CHO and RHUs in order to beef up the skilled health manpower at the provincial/city and municipal level.

Lessons Learned for JICA:

- The maternal and neonatal death review mechanism promoted by the project is viewed as one of the contributing factors for the reduction of maternal and neonatal deaths. The importance of determining the causes of maternal deaths and learning how to avoid similar cases in the future through the conduct of maternal and neonatal death reviews has been fully appreciated by project stakeholders such that maternal and neonatal death reviews are being conducted for all new maternal death cases in Leyte province and Ormoc City. Therefore, for a project aiming to enhance the ability of health or medical workers to deliver MCH services in target areas, incorporating a component to instill reviews on death cases and distribute the results is effective.

SSV conducted by Abuyog District Hospital on November 25, 2020

Maternal and Neonatal Death Review
conducted by Ormoc City Health Office on July 15, 2019