

Internal Ex-Post Evaluation for Technical Cooperation Project and Grant-Aid Project combined

conducted by Laos Office: April, 2021

Country Name	Technical Cooperation Project (TC): Project for Strengthening Integrated Maternal, Neonatal, and Child Health Services in Lao PDR
Lao People's Democratic Republic	Grant-Aid Project (GA): Project for Strengthening Health Service Network in Southern Provinces

I. Project Outline

Background	In Laos, although the Maternal Mortality Rate (MMR) and the Under-5 Mortality Rate (U5MR) were improved, the indicators remained at the highest level in the Southeast Asian countries. According to the Population and Housing Census 2005, MMR was 405 per 100,000 live births and U5MR was 98 per 1,000 live births. In particular, MMR and U5MR of the four southern provinces, Champasak, Salavan, Sekong and Attapeu, were higher than the national average. The main causes were the limited access to the basic health services due to the underdeveloped transport infrastructure and cultural barriers and the low quality health service distrusted by the people. Under those situations, the extension of the health services to cover remote areas was the urgent issues for the four provinces. On the other hand, for better provision of Maternal and Child Health (MCH) services, the Ministry of Health prepared "the Health Strategy 2020" and promoted integration of services under the MCH Program and the Expanded Program on Immunization (EPI) as well as integration of coordination mechanism for service promotion. Many donors, including JICA, supported packaging of the Maternal, Neonatal and Child Health service (the Integrated MNCH Package).
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[TC Project]

Objectives of the Project	Through capacity development of district health offices (DHOs) and health centers (HCs) for delivery of the integrated MNCH service package and enhancement of technical supervisions for DHOs and HCs, the project aimed at improvement of the coverage of MNCH services in the target southern provinces, and thereby contributing to reduction of maternal, neonatal and child mortality in the target southern provinces. <ol style="list-style-type: none"> Overall Goal: Maternal, neonatal and child mortality is reduced in the four southern provinces, i.e. Champasak, Salavan, Sekong and Attapeu. Project Purpose: Coverage of the maternal neonatal and child health (MNCH) services is improved in the four southern provinces 								
Activities of the Project	<ol style="list-style-type: none"> Project site: Four southern provinces of Champasak, Salavan, Sekong, and Attapeu. Main activities: i) Preparation of Provincial and District MNCH Annual Plans and provision of technical supervisions to DHOs by Provincial Health Office (PHOs) and to HCs by DHOs, ii) Delivery of trainings of Skilled Birth Attendant (SBA) for staff of district hospitals (DHs) and HCs and trainings of the outreach activities under the integrated MNCH service package for staff of DHOs and HCs, iii) Delivery of trainings of IEC (Information, Education and Communication) activities for staff of DHO and HCs and implementation of the IEC activities, 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%;">Lao Side</td> </tr> <tr> <td>1) Experts: persons: 15 persons</td> <td>1) Staff allocated: 81 persons</td> </tr> <tr> <td>2) Trainees received: 24 persons</td> <td>2) Land and facilities: Office spaces in PHOs in Champasak, Salavan, Sekong and Attapeu</td> </tr> <tr> <td>3) Equipment: Vehicles, PCs, Delivery beds, maternal health care tools, etc.</td> <td>3) Operation cost: cost for water supply, electricity, gas, office furniture, other running expenses</td> </tr> </table> 	Japanese Side	Lao Side	1) Experts: persons: 15 persons	1) Staff allocated: 81 persons	2) Trainees received: 24 persons	2) Land and facilities: Office spaces in PHOs in Champasak, Salavan, Sekong and Attapeu	3) Equipment: Vehicles, PCs, Delivery beds, maternal health care tools, etc.	3) Operation cost: cost for water supply, electricity, gas, office furniture, other running expenses
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Project Period	May, 2010 – May, 2015	Project Cost	(ex-ante) 410 million yen, (actual) 359 million yen						
Implementing Agency	Ministry of Health, Provincial Health Offices (PHOs) and District Health Offices (DHOs) in provinces of Champasak, Salavan, Sekong and Attapeu								
Cooperation Agency in Japan	National Center for Global Medicine								

[GA Project]

Objectives of the Project	To improve access of primary health care, including the integrated maternal and child health services and health facilities and environment in the target provinces by provision of equipment for the district hospitals, new construction and renovation of health centers and staff houses, thereby contributing to enhancement and quality improvement of health service.
Contents of the Project	<ol style="list-style-type: none"> Project Site: Provinces of Champasak, Salavan, Sekong, and Attapeu Japanese side: <ol style="list-style-type: none"> Construction of wells (21 sites) Construction and renovation of health centers and staff houses (47 sites) Procurement of equipment for health centers and district hospitals (delivery beds, delivery tools, auto craves, motorbikes etc.) (73 sites) Lao side: <ol style="list-style-type: none"> Securing the necessary land,

	ii) Securing UXO (Unexplored Ordinance)-free certificate iii) Site clearance iv) Connection of electric power, v) Provision of furniture and household equipment for staff houses, etc.			
Project Period	E/N Date	March 26, 2013	Completion Date	January 7, 2016 (Handover of equipment of the lot 4 for the 3 rd batch)
	G/A Date	March 26, 2013		
Project Cost	E/N Grant Limit / G/A Grant Limit: 741 million yen		Actual Grant Amount: 736 million yen	
Executing Agency	Department of Health Care, Ministry of Health			
Contracted Agencies	Main Contractor(s): (Construction of wells) Lot 1 and Lot 2: Phounethavy Construction Co., Ltd., (Construction of health centers) Lot 1: Sokxaisana Construction Co., Ltd., Lot 2 and Lot 3: Vannavong Constuction Ltd., Lot 4: ST Construction Co., Ltd., Lot 5: Samakhixay Construction Co., Ltd., Lot.6 Khamphouang Construction Co., ltd. Lot 7 Sokxaisana Construction Co., Ltd., Lot 8 Samakhixay Construction Co., Ltd., Lot 9 Khamphouang Construction Co., Ltd., Additional batch: Khamphouang Construction Co., Ltd., (Procurement of equipment) a) Medical equipment: (Batch 2) Lao Medical Services Co., Ltd., (Batch 3) CBF Pharma Co., Ltd., b) Motorbikes: (Batch 2 and 3) Santiphap Suzuki Lao Factory, c) Nameplate: (Batch 2 and 3) Central Sign-Trading Co., Ltd. Main Consultant(s): Oriental Consultants Global Co., Ltd, Fujita Planning Co., Ltd. (Joint Venture)			

II. Result of the Evaluation

< Special Perspectives Considered in the Ex-Post Evaluation >

[Evaluation Framework]

This study evaluated the TC and GA projects together in the following way: for Relevance, evidence is confirmed for each project, based on which the two projects are evaluated as combined; for Effectiveness/Impact, the status of achievement of the project objectives was judged for each project using each whole set indicators mentioned in the terminal evaluation report (TC) and the Ex-ante Evaluation Sheet (GA), based on which the two projects are evaluated as combined; for Efficiency, plan vs actual comparison is made for each project, based on which the two projects are evaluated as combined; for Sustainability, the two projects are evaluated as combined.

[Continuation status of the Project Effects (Indicators for the Project Purpose of TC) and the Quantitative Effects and the Expected Impact by the GA Project]

Two indicators for the quantitative effects of the GA project, (Ante Natal Care (ANC) and Measles vaccination coverage) overlap with the indicator for the Project Purpose of the TC project. Those indicators were verified as the continuation of the Project Effects of the TC project because the coverage of HCs by the TC project was larger than the GA project but it was necessary to carefully analyze effects of the newly constructed HCs by the GA project on the changes in ANC and measles vaccination coverage. In addition, the expected impact by the GA project is “enhancement and improvement of health services” which is not clearly defined by any quantitative indicators but it can be interpreted as “enabling provision of the integrated MNCH services”. Therefore, the expected impact by the GA project was verified as a part of the continuation of the project effects by the TC project.

[Verification of achievement level of the Overall Goal]

The Overall Goal of the TC project is reduction of maternal and child mortality in the four target provinces. It was assumed that the GA project would have contributed to improvement of the MNCH services which was expected to improve the maternal and child health and to reduce the maternal and child mortality indirectly. Therefore, the Overall Goal of the TC project can be considered as a part of the indirect impacts by the GA project.

*Although the target value for U5MR is 55% by project design, U5MR should be expressed as “per 1,000 live birth” instead of percentage, the ex-post evaluation use “per 1,000 live birth”.

1 Relevance

<Consistency with the Development Policy of Lao PDR at the Time of Ex-Ante Evaluation (TC project) (GA project)>

The TC project was consistent with the Lao PDR’s development policies, including the “Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Service” (2009-2015) and the “Skilled Birth Attendance Development Plan” (2008-2012) prioritizing improvement of the integrated package of MNCH services in particular in rural areas at the time of ex-ante evaluation.

The GA project was also consistent with the Lao PDR’s development policies prioritizing MCH, such as the “Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Service” (2009-2015) and “The 7th National Health Sector Development Plan” (2011-2015) at the time of ex-ante evaluation.

<Consistency with the Development Needs of Lao PDR at the Time of Ex-Ante Evaluation (TC project) (GA project)>

The TC project and the GA project were consistent with the needs of improvement of maternal and child health in the target provinces through improvement of quality and access to MNCH service as mentioned in the background.

<Consistency with Japan’s ODA Policy at the Time of Ex-Ante Evaluation (TC Project) (GA Project)>

The TC project was consistent with the “Country Assistance Program for Laos” (2006) prioritizing six areas such as support for improvement of health services including maternal and child health services in order to attain the Millennium Development Goals (MDGs) of 4 and 5.

The GA project was consistent with the “Country Assistance Policy for Laos” (2012) to support improvement of health services including MCH service in order to attain MDGs as one of the priority areas.

<Evaluation Result>

In light of the above, the relevance of the projects as combined is high.

2 Effectiveness/Impact

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

The Project Purpose was partially achieved at the time of project completion. In Champasak, Salavan and Attapeu, 9 out of 16 service coverage indicators achieved 80% of the MDG target. 8 indicators in Sekong achieved the 80% of the target.

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

The project effects have been partially continued since the project completion. The service coverage indicators in the four target provinces have been partially improved. Although the limited number of those indicators achieved the target of 2015 in the year of 2015, many indicators have improved and reached and/or exceeded the target of 2015 in the four target provinces in the year of 2018. In particular, the proportion of the pregnant women with ANC and the proportion of facility delivery and the birth assisted by health professionals have been improved to the target of 2015. The contraceptive prevalence rate in the four target provinces and Vitamin A distribution have been sustained at around the target of 2015 or further improved from the target of 2015. The immunization coverage for Measles rubella and Hep B improved in 2018 from the level in 2015. On the other hand, the proportion of women with PNC has limitedly improved and the coverage rate of Tetanus toxoid vaccine for pregnant women decreased in the four target regions. Also, the improvement level of those indicators has been slower in Sekong. Those improvements can be attributed to continuous implementation of the integrated outreach activities conducted by HCs and the education events by the health facilities which had been introduced by the TC project.

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

The Overall Goal has been achieved at the time of the ex-post evaluation. U5MR in the target four provinces greatly improved from the baseline data in 2005 to the data for the period from 2015 to 2018 and attained the target of 2015 (Indicator 1). The number of maternal deaths in the target four provinces shows the downward trend though it had fluctuated year by year (Indicator 2). According to the interviews with PHOs, DHOs, DHs and HCs, the project contributed to the improvements of child and maternal mortality through capacity development of health staff by the TC project as well as the construction of the health facilities by the GA project.

Table 1: Achievement of Project Purpose and Overall Goal of the TC Project

Aim	Indicators	Results																																																																								
(Project Purpose) Coverage of the maternal neonatal and child health (MNCH) services is improved in the four southern provinces	Selected service coverage indicators for monitoring the integrated MNCH Strategy reach the target value of 2015: 1. Contraceptive Prevalence Rate 2. Antenatal Care (ANC) 1/ANC 4 3. TT for pregnant women 4. Iron tablet for pregnant women 5. Facility delivery 6. Birth assisted by health professionals 7. Postnatal Care (PNC) 1 week, 6 weeks 8. PNC Vitamin A* 9. Immunization coverage for Children, 10. Vitamin A deworming for children *PNC Vitamin A was excluded because WHO changed their recommendations on the maternal health.	Status of the Achievement: partially achieved (partially continued) (Project Completion)																																																																								
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		5. Facility delivery	30	48.3	50.7	41.3	31.9	
		6. Birth assisted by health professionals	50	57.6	52.2	43.9	34.5	
		7. PNC 2 days	50	31	48.3	39.1	35.7	
		PNC 3-42 days	60	37.7	39.7	37.2	35	
		8. Immunization coverage for children Measles rubella	95	*For 2018: 85.1%	84.9	90.1	66.2	74.9
		DTP1 (Penta 1)	95	88.8	89.8	70.1	81	
		DTP3 (Penta 3)		93.8	92.5	72	81.7	
		Polio 1	95	88.7	89.8	69.5	85.7	
		Polio 3		93.2	92.8	71.5	84.5	
		BCG	95	76.7	85.4	70.9	70	
		Hep B	65	49.5	63.8	46.1	34.6	
		9. Vitamin A distribution children <5 years (Round 1)	95	81.3	104.3	83.3	74	
		Vitamin A distribution children <5 years (Round 2)	95	66.9	120.1	44.1	63.8	
		10. % Children 12-59 months received Deworming (Round 1)	95	82.5	169.5	88.6	102.8	
(Overall Goal) Maternal, neonatal and child mortality is reduced in the four southern provinces, i.e. Champasak, Slavan, Sekong and Attapeu.	Indicator 1. Under five mortality rates are reduced to 55 per 1,000 live birth by 2015 and maintained at the same level in 2020 in the target four provinces. (Baseline: LRHS 2005)	Status of the Achievement: Achieved. (Ex-post Evaluation) [U5MR]						
			Baseline 2005	Target 2015	2015	2016	2017	2018
		Champasak	88	55	6	19	34	30
		Salavan	56	55	18	29	30	31
		Sekong	59	55	4	10	10	14
		Attpeu	91	55	5	25	24	19
	Indicator 2. Number of maternal deaths in the target four provinces turns to decreasing trend.	Status of the Achievement: Achieved. (Ex-post Evaluation) [Number of maternal deaths]						
			2015	2016	2017	2018		
		Champasak	8	12	8	6		
		Salavan	13	2	3	3		
		Sekong	10	5	14	8		
		Attpeu	7	3	4	6		
		Total	38	22	29	23		

Source: Preparatory Survey Report of the GA project; Terminal Evaluation Report of the TC project; Data provided by PHOs, DHOs, DHs, HCs in Champasak, Salavan, Sekong and Attapeu.

[GA Project]

<Effectiveness>

The project objectives have been partially achieved at the time of ex-post evaluation. The proportion of the population covered by the newly constructed HCs in the four target provinces has not reached as a whole of the four target provinces nor each target province (Indicator 1). That might be due to the overestimated total population for year from 2016 to 2018 and problems of accessibility of the population in the target remote areas to HCs either by car or motorbikes. In addition, the lower proportion than the target value may be caused by the limited outreach and educational activities in the remote areas with difficult access, the insufficient budget allocation for those activities, and their customarily believes and traditionally behavior. On the other hand, the number of outpatients in the four target provinces dramatically increased and reached to the target value in 2018 (Indicator 2). The HCs constructed by the GA project and facilities and equipment installed by the GA project have been in good conditions to provide the MCH services. The improvement of health facilities and the health staff, in particular the increase in the number of skilled birth attendants, contributed to the increase in the number of outpatients.

The qualitative effects, which were expected improvements of the MCH services, have been achieved. The solar power systems which were installed in the HCs in Sekong and Attapeu only, have not been utilized anymore because the most of HCs have been connected to the national electricity grid. However, before that, the solar power system functioned for the medical treatment and services in the night time as well as for the storage of vaccines. Those solar power systems have been officially transferred to other HC or utilized for other purposes such as lighting. The water supply system constructed by the GA project have been utilized and improving hygiene environment of the target HCs.

<Impact>

As mentioned above, the health services at the four southern provinces as well as for mother and neonatal health services have been greatly improved at the time of ex-post evaluation study. Those circumstances can be attributed to improvement of the quality and availability of health facilities provided through the GA project in addition to the capacity development of the health staff by the TC

projects.

Table 2: Quantitative Effects of the GA project

	Baseline before the Project (2009/2010)	Target Value (2018)	Actual 2016	Actual 2017	Actual 2018
(Indicator 1) % of the population covered by the newly constructed HCs	74.0%*	79.4%*	40.94%	41.61%	39.73%
(Indicator 2) No. of outpatients in the four target provinces	376,978	536,535	734,761	866,000	978,348

Source: National health Statistics Report FY2009-2018

Note: The figures are different from the ex-ante evaluation sheet because of the decrease in the number of HCs newly constructed by the GA project.

[TC and GA Projects]

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

Some positive impacts by the TC and GA projects have been observed at the time of ex-post evaluation. For example, the “planning tools for outreach activities” developed by the TC project have been utilized by most of HCs as routine outreach planning process. There was no negative impact by the projects on natural and social environment at the time of ex-post evaluation.

<Evaluation Result>

Therefore, the effectiveness/impact of the projects as combined is high.

3 Efficiency

The efficiency of the TC project is high. The both of the project cost and the project period were within the plan (ratios against the plan: 100% and 88%, respectively). The Outputs of the project was produced as planned.

The efficiency of the GA project is fair. While the project cost was within the plan (ratio against the plan: 99%), the project period exceeded the plan (ratio against the plan: 135%). The number of sites for construction and renovation of the health centers and staff houses as well as the number of wells constructed decreased due to the changes in the exchange rate.

Combining these results, the efficiency of the two projects as combined is fair.

4 Sustainability

<Policy Aspect>

The MNCH care and services have been aligned to the “Health Sector Reform Phase II” (2016-2020) and “the 8th Five-year Health Sector Development Plan” (2016-2020). The main focus of these health sector policies is improvement of maternal and child health including maternal and child mortality.

<Institutional Aspect>

(Administrative Level)

PHOs in the four target provinces have conducted the managerial supervisions to all the DHOs and the technical supervisions on all the HCs. All the PHOs in the four target provinces have the sufficient number of staff for the managerial supervisions to DHOs (3 health staff in Attapeu and 4 each in Champasak, Salavan and Sekong) and PHOs of Sekong and Attapeu have the sufficient number of staff for the technical supervision to HCs (4 in Sekong and 7 in Attapeu). Although PHOs of Champasak and Salavan have 8 each of staff, the number of staff has not been sufficient against the volume of their activities for the MCH services to cover the larger population compared to the other two target provinces. . DHOs in the four target provinces have also conducted the technical supervisions to HCs on a quarterly basis with sufficient number of staff (8 each in Champasak and Salavan and 4 each in Sekong and Attapeu).

(Service Provider Level)

For the delivery of the integrated MNCH services, DHs in the four target provinces have deployed the staff (4 each in Champasak and Salavan, 3 each in Sekong and Attapeu). Also, HCs have deployed 3 for the integrated MNCH services in the four target provinces. DHs and HCs have the sufficient number of staff for the integrated MNCH services except DHs in Salavan.

(O&M of DHs and HCs)

All the DHs equipped by the GA project have sufficient number of staff for operation and maintenance (O&M) of the facilities and equipment. Also, all the HCs equipped by the GA project have sufficient number of staff for O&M of the facilities and equipment.

<Technical Aspect>

The PHO staffs in Champasak, Sekong and Attapeu have sustained the skills and knowledge for the managerial supervisions to DHOs and technical supervisions to HCs but not in Salavan. Also, while all the DHO staffs in Champasak, Seong and Attapeu have sustained the necessary knowledge and skills for the technical supervisions to HCs, 4 DHOs do not in Sekong because of the lack of specialist in the MNCH services. On the other hand, the technical level of the DH staff and HC staff for the integrated MNCH services differs by province. While some DHs in Sekong and Attapeu have the sufficient technical level but one each DH in Sekong and Attapeu has inadequate SBA, respectively, most of the DHs in Champasak and Salavan do not. At the HC level, only the HC staff in Champasak has the sufficient technical skill but the HC staff in other three provinces do not because of the lack of SBAs. For O&M of the DHs and HCs equipped by the GA project, they have no problem on their technical level.

<Financial Aspect>

All PHOs and DHOs in the four target provinces have continuously had sufficient budget allocation by MOH for both management and technical supervisions at the provincial and district level. Also, all the DHs and HCs have sufficient budget for O&M of the facilities and equipment installed by the GA project. However, while DHs and HCs in Salavan and Sekong have had sufficient budget for the integrated MNCH services including the outreach activities and educational events, DHs and HCs in Champasak and Attapeu have not.

The Sector-wide Coordination Mechanism has functioned effectively for budget allocation to the activities aiming to promote and improve the integrated MNCH services in the four target southern provinces of Laos. For example, in Salavan province, contributors included the Global Fund, the United Nations Children Fund (UNICEF), the World Bank (WB), the Asian Development Bank (ADB),

WHO, JICA, Plan, RAI and other donors with total budget allocated of 11,5 billion kips in 2017, slightly down in year 2018 with about 9,9 billion kips.

Table. Budget of PHOs for the management of the integrated MNCH services
(Unit million kip)

	2015	2016	2017	2018	2019
Champasak	N/A	N/A	N/A	2,213	1,987
Salavan	N/A	N/A	59.56	55.92	N/A
Sekong	272	345	533	473	303
Attapeu	200	1,017	1,133	389	365

<Current Status of Operation and Maintenance>

As mentioned above, the facilities and equipment installed in DHs and HCs by the GA project have been in good conditions and well maintained.

<Evaluation Result>

In light of the above, some problems have been observed in terms of the organizational, technical and financial aspects of the implementing agency. Therefore, the sustainability of the project effects is fair.

5 Summary of the Evaluation

The TC project partially achieved the Project Purpose for improving the coverage of MNCH services in the four target provinces and achieved the Overall Goal for reducing maternal, neonatal and child mortality in the four target provinces. The GA project partially achieved the project objectives for improving accessibility of the population to the health services in the four target provinces. The both projects have contributed to improvement of maternal, neonatal and child health. As for sustainability, the promotion of MNCH services has been endorsed by the national policy and the sufficient number of staffs have been deployed at each level of PHO, DHO, DH and HC but technical level and budget allocation have not been sufficient for delivery of the MNCH services. As for the efficiency, the project period of the GA project exceeded the plan. Considering all of the above points, these projects as combined is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

- Budget allocation for outreach and health educational activities by DHOs, DHs and HCs should be made to enable MNCH services to cover the targeted populations more effectively. In addition, the budget allocation for all health facilities (DHs and HCs) needs to cover the annual cost in order to allow the health staff for the MNCH services covering all the target population.
- Capacity building for health staffs at DHOs, DHs and HCs are necessary to improve their skills and knowledge on the integrated MNCH services. In addition, they should exchange experiences and learn learnt from good-practiced provinces to come up with more effective integrated outreach activities especially for customarily believes and traditionally behavior in local areas.

Lessons Learned for JICA:

- It is found that MOH as well as the central government of Laos take the TC and GA project as the important role for the health sector, especially MCH services in Lao PDR i.e. they have been adapted the results of the TC and GA Project to the development policies and strategy. Well-coordinated programmatic cooperation by technical cooperation for capacity development of service providers and grant aid for construction of health facilities is very effective and sustainable to improve integrated health services for better health status of the population.
- Good maintenance and well-functioning of medical equipment and facilities that provided by the GA project led to good sustainability. TC project also contributed to them through the capacity building of health staff. On the other hand, in this project, overestimation of the total population for the target setting made the project could not reach the target value of the indicator for the Overall Goal. Owing to this fact, at the project formation/planning stage, designing the expected project target in some indicators require to consider the weak reporting system of the country. In addition, it is preferable to carefully consider and review the related data affecting the performance of the indicators, including projected population at the time of project planning and the time to set the target values for the indicators. Also, it is essential to carefully monitor the performance of the indicators as well as such related data.
- Lao government as well as MOH have had allocated the budget effectively to the integrated MCH services using the Sector-wide Coordination Mechanism in some targeted provinces after project completion. JICA should continue to support the functioned Sector-wide Coordination Mechanism for MOH in order to sustain the integrated MNCH services including the outreach activities under the budget constraints.



Delivery Table at Donchan Health Center, Lamam District, Sekong Province



Examination lamps at Phonthong Health Center, Phonthong District, Champasak Province



Staff of PHO at Attepu province



Staff at the outpatient department at the Vang Peui Health Center, Laongam District, Salavan Province