conducted by Afghanistan Office, September, 2021

Country Name	**[Phase 1] Reproductive Health Project** **[Phase 2] Reproductive Health Project in Afghanistan Phase 2**
Islamic Republic of Afghanistan	

I. Project Outline

Background	In Afghanistan, access to reproductive health (RH) services was difficult, being associated with the social, cultural, and physical issues unique to Islamic society, lack of skills of health and medical personnel, and weak health systems. Under these circumstances, it was urgent to improve RH policies and guidelines and strengthen policy implementation structures. The Ministry of Public Health (MoPH) established the Reproductive Health Directorate (RHD) in January 2004 to address such issues, and Phase 1 of this project (2004–2009) was implemented to improve the capacity of RH officers (mainly RHD staff) and service providers in the capital Kabul. However, further improvement of the management capacity of the RHD and RH officers in provinces was found necessary, and Phase 2 (2010–2015) was implemented.
Objectives of the Project	The project aimed to enhance the effectiveness and efficiency of RH program management by RHD through establishing the National RH Program, establishing the in-service training mechanism, enhancing the RH system in Urban Kabul, and strengthening the capacities of RHD and Provincial Reproductive Health Officers (PRHOs), thereby enhancing the quality of RH services. [Phase 1] 1. Overall Goal: The coverage of quality maternal and newborn health services is expanded. 2. Project Purpose: The capacity of RHOs and RH service providers to provide necessary services based on the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) is improved. [Phase 2] 1. Overall Goal: The quality of RH service is enhanced. 2. Project Purpose: RHD and PRHOs manage the RH program more effectively and efficiently.[1]
Activities of the Project	1. Project Site: Afghanistan 2. Main Activities: [Phase 1] (1) National RH program: develop job descriptions of central RH officers (RHOs) and PRHOs; conduct training for central RHOs and PRHOs; develop a mechanism of- and implement supportive supervision; implement a quality assurance program of Kabul BPHS facilities; develop technical protocols for EPHS; etc. (2) In-service Training (IST) mechanism: establish the Training Department in Malalai Hospital and the Training Center in Dasht-e Barchi District Hospital; develop the Continuum of Care (COC) Learning Resource Package (training materials); develop the Guideline for Quality Management for IST; etc. (3) RH system in Urban Kabul: develop the Urban Health Plan in Kabul City; conduct monitoring and supervision (M&S); etc. [Phase 2] (1) Policy formulation capacity: revise the National RH Policy, the National RH Strategy, and RH-related guidelines/protocols with development partners; monitor and supervise the implementation of them; etc. (2) Coordination capacity: strengthen the coordination mechanism within MoPH and with development partners; etc. (3) Monitoring and evaluation (M&E) capacity: develop the M&E Guideline and tools with development partners; conduct M&E (not implemented); etc. (4) IST capacity: review the Guideline for Quality Management for IST and develop the National IST Guide; develop the National Reproductive Health Training Management Strategy; develop the training needs assessment (TNA) mechanism; plan and implement annual IST plans (not implemented); etc. 3. Inputs (to carry out above activities) Japanese Side [Phase 1] * As of Terminal Evaluation 1) Experts: (Long-term) 8 persons; (Short-term) 13 persons 2) Trainees received: (Japan) 21 persons; (Cambodia, Indonesia, Pakistan) 18 persons 3) Equipment: Vehicles; photocopier; training materials; drug supplies; etc. 4) Operation cost [Phase 2] * As of Terminal Evaluation 1) Experts: (Long-term) 2 persons; (Short-term) 1 person; (Local consultants) 4 persons 2) Trainees received: 11 persons Afghanistan Side [Phase 1] 1) Staff allocated: 38 persons 2) Land and facilities: Office for Japanese experts 3) Operation cost: Cost for materials and consumables [Phase 2] 1) Staff allocated: 49 persons 2) Land and facilities: Office space for Japanese experts and local consultants; Meeting

[1] As for the Project Purpose, the agreement with the Afghan side (in English) on Phase 2 states that "RHD manages the RH program more effectively and efficiently," without mentioning PRHOs. However, the Japanese translation of the same purpose in the Japanese reports mentions "RHD and PRHOs," and both the English and Japanese versions of the project plan include an indicator to measure the administrative management capacity of PRHOs. Therefore, in this report, the Project Purpose is as in the JICA reports in Japanese.

	3) Equipment: Equipment for emergency obstetrics at 5 hospitals and technical training and training management at regional training centers 4) Operation cost		Rooms 3) Operation cost: personnel costs, electricity and heating expenses
Project Period	[Phase 1] September 2004 – September 2009 [Phase 2] May 2010 – May 2015	Project Cost	[Phase 1] (ex-ante) 500 million yen, (actual) 622 million yen [Phase 2] (ex-ante) 350 million yen, (actual) 260 million yen
Implementing Agency	Reproductive Health Directorate (RHD)* of Ministry of Public Health (MoPH); Kabul Provincial Health Directorate (KPHD) (Phase 1 only) * RHD was reorganized to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Directorate after project completion.		
Cooperation Agency in Japan	International Medical Center of Japan (Phase 1 only)		

II. Result of the Evaluation

<Constraints on Evaluation>

- Due to the COVID-19 pandemic, we were unable to conduct a field survey. Therefore, this evaluation is based on the information provided by the implementing agency and secondary data. For the same reason, detailed information was not available. Therefore, indicators for which sufficient data for verification were not available were determined to be "not verifiable."

<Special Perspectives Considered in the Ex-Post Evaluation>

- Since Phase 1 and Phase 2 have more or less similar Overall Goals (RH service enhancement) and Project Purposes (RH capacity building), respectively, we evaluated the two phases together by regarding them as an integrated project. We used the Overall Goal and Project Purpose of Phase 2 as those of the integrated project. To assess the achievement of these objectives, we used the indicators for Phase 2 with the use of the indicator for Phase 1 as the supplementary information.

1 Relevance

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

At the time of ex-ante evaluation of Phase 1, this project was consistent with the MoPH's basic policy (2002), namely, "providing basic health services broadly and equally," and the following six priority areas: 1) Reduce under-five infant mortality; 2) Reduce maternal mortality; 3) Control malnutrition; 4) Control infectious diseases; 5) Health care services; 6) Capacity building of human resources necessary to provide effective and efficient health care services. At the time of ex-ante evaluation of Phase 2, this project was consistent with the Afghanistan National Development Strategy (2008–2013), in which the reproductive and child health program was given high priority.

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

At the time of ex-ante evaluation of Phase 1 and Phase 2, this project was consistent with the developing needs for improving the capacity of central and provincial RH officers as described in "Background" above.

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

At the time of ex-ante evaluation of Phase 1, assistance in the health sector was a sub-area of "reconstruction and restoration," one of the three priority areas of Japanese assistance for Afghanistan as of 2004. At the time of ex-ante evaluation of Phase 2, based on the economic cooperation policy dialogue in July 2009, the Japanese Government announced the four priority areas of assistance, one of which was "basic living such as education and health."[2]

<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 partially achieved by the time of project completion. During the Phase 1 period, the capacity of RHD was improved as manifested by the outputs such as the development of the National RH Program (for the implementation of the National RH Strategy (2006–2009)) including monitoring and supportive supervision, and a proposal on IST mechanism. Indicators for RH services provision and management became better collected and reported, while the data analysis by RHD was not thoroughly conducted reportedly due to lack of personnel (Supplementary Information). By the end of Phase 2, RHD, with the support of this project and other development partners, revised the National RH Policy and Strategy (2010–2015) to the National RH Policy and Strategy (2012–2016) and reviewed and revised national RH guidelines subsequently (Indicators 1 and 2). At the provincial level, however, no information is found on whether PRHOs started M&E according to the M&E Guideline developed by the project (Indicator 3). Also, IST based on the new guideline developed by the project was not commenced during the project period since the National IST Guide, the new guideline, was still in editing, and annual training plans based on the Guide were not prepared by the time of project completion (Indicator 4).

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

The project's effects partially continued to the time of ex-post evaluation. After project completion, RMNCAH Directorate (previously RHD) was involved in monitoring activities and reviewing RH-related policies and related activities. At the provincial level, PRHOs conducted monitoring using checklists of MoPH/RMNCAH Directorate, which was possibly part of the project's M&E Guideline. Regarding training, RMNCAH Directorate established an active training department and continuously conducted IST based on the National IST Guide with development partners' financial support. Malalai Hospital, where Phase 1 of the project had established a training center, also continued to provide the IST.[3] At the same time, it is not clear to what extent this training enabled the deployment of skilled birth attendants at public primary health care facilities in Afghanistan.

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

The Overall Goal was achieved by the time of ex-post evaluation. The Health Management Information System (HMIS) data show improvement in all the designated indicators (related to RH services quality), mostly achieving the targets. According to RMNCAH

[2] Source: Ministry of Foreign Affairs, ODA Country Data Book 2004, 2009.

[3] However, Dasht-e Barchi District Hospital (the other hospital where Phase 1 of this project established a training center) did not continue the IST as it was handed over to Médecins Sans Frontières (MSF).

Directorate, the improved RMNCAH capacity in M&E paved the way for improving services. Among the indicators, the percentage of women receiving antenatal care (ANC) four times (Indicator 4) increased sharply from 2018 to 2019 (although the degree of improvement before and after the project could not be verified due to different data sources). One of the reasons for this increase could be that the MCH Handbook, which JICA disseminated in cooperation with other development partners, was launched in 2018, ensuring that multiple ANC is recorded. The project contributed to improving this indicator by developing a coordination mechanism among partners for the dissemination of the MCH Handbook, as shown in the next section.

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

No adverse impacts have been observed. As a positive impact, RMNCAH Directorate pointed out that some of the outputs of this project, i.e., RH Task Force and Technical Advisory Group (TAG), paved a way to engage all partners in the RH sub-sector to be engaged, contribute, and learn, which led to the enhanced efficiency of maternal and child health (MCH) projects. As a notable example, the TAG meeting of the MCH Handbook not only attracted partners but also worked as a platform to link different departments of MoPH to work together. At the same time, RMNCAH Directorate is taking a more proactive role in the management and monitoring of projects with the capacity to plan and execute radical projects. As a result, the MCH Handbook implementation took place in a short time, and RMNCAH Directorate was able to expand it to most parts of Afghanistan, which is unique among the countries that implemented the same initiative at a relatively slow pace.

<Evaluation Result>

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

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results
(Project Purpose) RHD and PRHOs manage the RH program more effectively and efficiently.	Indicator 1: Based on the results of M&E, the RH strategy and planning document are reviewed periodically and revised by RHD when necessary.	Status of the Achievement: achieved (continued) (Project Completion) - RHD revised the National RH Policy and Strategy (2010–2015) to the National RH Policy and Strategy (2012–2016) based on Afghanistan Mortality Survey (AMS) 2010 with the support of this project and other development partners. (Ex-post Evaluation) - RMNCAH Directorate reviewed the RH Strategy, policies on MNH, and the RMNCAH communication strategy based on the results of M&E.
	Indicator 2: RHD is involved in policy planning and research protocol making related to RH.	Status of the Achievement: achieved (continued) (Project Completion) - RHD reviewed and revised RH national guidelines in individual fields (maternal and newborn health (MNH), national maternal and neonatal death review (M&NDR), pregnancy, childbirth, postpartum and newborn care (PCPNC), clinical gynecology protocols, and M&E), which were approved by MoPH/RHD, with the support of this project and other development partners. (Ex-post Evaluation) - RMNCAH Directorate was involved in developing tools such as Balanced Scorecard, Demographic and Health Survey, Afghanistan Health Survey, BPHS/EPHS revision, and Quality of Care Assessment.
	Indicator 3: M&E (including Monitoring and Supervision) is conducted by PRHOs according to the M&E guideline in 80% of 34 provinces.	Status of the Achievement: not verifiable (not verifiable) (Project Completion) - The Dari version of the new M&E Guideline was completed, while the Pashto version was in process. RHD introduced the Guideline to PRHOs at a workshop in December 2014 mainly supported by UNICEF and this project. - PRHOs were assigned in 30 out of 34 provinces (88.2%), but there is no information on how many of them used the new M&E Guideline. (Ex-post Evaluation) - The Pashto version of the new M&E Guideline was not completed reportedly due to lack of resources (i.e., financial resources to outsources for the translation and human resources to do the final editing and proof reading). - Although the exact numbers were not be able to be confirmed, PRHOs conducted monitoring at the provincial levels, and RMNCAH Directorate received their reports accordingly. It was reported that they used an available checklist prepared by MoPH/RMNCAH Directorate that was finalized in 2014. Therefore, although it is most likely that it was part of the M&E Guideline developed under this project, there is no solid proof.
	Indicator 4: 90% of public primary health care facilities have skilled attendants who have been trained according to the RHD's in-service training guidelines.	Status of the Achievement: not achieved (not verifiable) (Project Completion) - The project supported the intensive training courses on emergency obstetric care three times with 80 participants for capacity building of skilled birth attendants in 2014. - However, as National IST Guide was still in editing, annual IST plans were not prepared. Accordingly, IST based on the Guide was not commenced. The work was delayed due to the time taken for the policy formulation support activities. (Ex-post Evaluation) - RMNCAH Directorate established a training department and continuously conducted 26 modules of the IST based on the National IST Guide with development partners' financial support. From 2015 to date, the IST was provided to participants from 34 provinces of Afghanistan. - From 2015 to date, a cumulative total of 7,124 midwives received RMNCAH-related training,

<table>
<tr><td></td><td></td><td>but it is not clear how much they contributed to the achievement of this indicator due to lack of data.
- The National Reproductive Health Training Management Strategy developed under the project was not used. After the project completion, MoPH made a general training guide, and RMNCAH was asked to use that instead.</td></tr>
<tr><td rowspan="5">(Overall Goal)
The quality of RH service is enhanced.</td><td>Indicator 1: The percentage of institutional deliveries increase from 32.4% (AMS 2010) to 45% (2016).</td><td>(Ex-post Evaluation) achieved
<table><tr><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr><tr><td>55%</td><td>58%</td><td>61%</td><td>71%</td><td>76%</td></tr></table>Source: HMIS</td></tr>
<tr><td>Indicator 2: The percentage of deliveries attended by skilled birth attendants increase from 34% (AMS 2010) to 50% (2016).</td><td>(Ex-post Evaluation) achieved
<table><tr><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr><tr><td>57%</td><td>60%</td><td>62%</td><td>63%</td><td>78%</td></tr></table>Source: HMIS</td></tr>
<tr><td>Indicator 3: The percentage of health facilities with SBA (HMIS 2010). Baseline 2012: 68%, Target 2016: 80%</td><td>(Ex-post Evaluation) achieved
<table><tr><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr><tr><td>90%</td><td>94%</td><td>93%</td><td>99%</td><td>92%</td></tr></table>Source: HMIS</td></tr>
<tr><td>Indicator 4: The percentage of women receiving antenatal care (ANC) four-time increases from 16.1% (AMS 2010) to 30% (2016).</td><td>(Ex-post Evaluation) not verifiable
<table><tr><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr><tr><td>2.30%</td><td>2.59%</td><td>2.05%</td><td>1.89%</td><td>9.94%</td></tr></table>Source: HMIS
Note: According to Afghanistan Demographic and Health Survey 2015, 18% of women had at least four ANC visits national average from which in urban settings it is 32%.
The data presented in the above table is from HMIS. There is a general problem of data quality. Many women who come for ANC visit lose their visiting cards and the health providers do not bother to find the past record. So even it is the second or third time of ANC, it is considered the first visit. Because of this the number of first ANC is always high but the 4+ is always low. From this and the trend of other indicators (such as Indicator 1), it can be inferred that there has been improvement for this indicator as well, but this cannot be verified from the data.</td></tr>
<tr><td>Supplementary Information: No. of people who have benefited from the RH services at Comprehensive Health Centers (CHCs), CHCs+, District Hospitals (DHs) and hospitals</td><td>(Ex-post Evaluation) achieved
<table><tr><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr><tr><td>2,939,195</td><td>3,150,248</td><td>3,134,314</td><td>3,301,790</td><td>4,157,152</td></tr></table>Source: HMIS</td></tr>
</table>

Source: Terminal evaluation reports, questionnaire and interviews with RMNCAH Directorate, HMIS data

3 Efficiency

While the project period was as planned, the project cost slightly exceeded the plan (ratio against the plan: 100% and 104%, respectively). The Outputs were produced as planned. Therefore, the efficiency of the project is fair.

4 Sustainability

<Policy Aspect>

Current policies such as the Afghanistan National Peace and Development Framework 2017–2021, the National Health Strategy 2016–2020, and the RMNCAH Strategy 2017–2021 support the activities of RMNCAH.

<Institutional/Organizational Aspect>

Under MoPH, RHD was changed to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Directorate by a merger of RHD and Child Health Department. According to RMNCAH Directorate, this new structure is working, but the staff is not sufficient. At the central level, due to the low level of salary of civil servants, qualified staff cannot be hired. At the provincial level, the number of staff is not sufficient; for example, there are around 200 health facilities for one RH officer, which is difficult to be adequately monitored.

<Technical Aspect>

According to RMNCAH Directorate, the technical level of relevant personnel to sustain the project effects are partially secured. There is some high-quality staff with a good set of skills and knowledge that is mainly supported by development partners. However, there is some other staff that is civil servants in the regular budget payroll. They are either with no experience or with low motivation.

<Financial Aspect>

According to RMNCAH Directorate, the financial condition to sustain the project effects is partly secured with MoPH's regular budget, which is not sufficient, and the contribution of development partners such as UNICEF, WHO, JICA, USAID, UNFPA, and AFGA.

<Evaluation Result>

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

5 Summary of the Evaluation

This project, consisting of Phase 1 and Phase 2, partially achieved the Project Purpose of enhancing the effectiveness and efficiency of RH

program management by RHD (currently RMNCAH Directorate) by the time of Phase 2 completion. The project's effects have partially continued after project completion, especially in terms of program management and training capacity of RMNCAH Directorate. The achievement of the Overall Goal of enhancing the quality of RH services was then achieved. Regarding the sustainability, problems have been observed in terms of the institutional/organizational, technical, and financial aspects of the implementing agency, such as insufficient personnel and budget. As for the efficiency, the project cost slightly 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:

- Using of monitoring data to show progress, celebrate achievements and taking action based on the finding is a good incentive for people involved in monitoring (monitors and clinical staff). It encourages provincial RMNCAH staff to engage in more systematic monitoring and data collection processes and use of guidelines to developed by the project.

Lessons Learned for JICA:

The RMNCAH task forces and Technical Advisor Groups not only engages development partners to be part of it but also facilitate communication between different directorates of MoPH. On the other hand, the task forces and TAGs helps the management capacity of RMNCAH as a result of extracting the experience of partners as well as taking facilitating role by RMNCAH in such meetings. Although the predecessors of these coordination mechanism between MoPH and development partners existed before the project, the project set as one of its outputs the strengthening of the coordination capacity of the implementing agency, which was not sufficient in the existing mechanism. The project supported the implementing agency to take initiatives (planning and convening meetings, preparing reports, etc.) as their daily work in the reorganized mechanism. At the same time, the project also supported the review of proposals by the implementing agency by ensuring that proposals for new RH activities in Afghanistan are examined and discussed in task force meetings before approval for implementation by MoPH. In this way, designing the support for coordination by the agency in charge by building on existing coordination mechanisms, making it a routine task for the agency, and thereby facilitating that the agency's coordination capacity would increase as it carried out the task, were effective in areas where the cooperation of many development partners was essential (such as MCH/MCH Handbook).

- One of the Project Purpose indicators could not be verified because there was not enough information in the existing reports prepared before the completion of the project. On the other hand, although the quality of some of the data should be questioned, data for the Overall Goal indicators were available from established health statistics. In order to correctly grasp the project effects and fulfill accountability, project implementers should try to obtain and report data exactly as specified in the indicators during the M&E work, and also establish indicators and a monitoring system that enables easy monitoring of the data after the completion of the project.

A woman received her MCH HANDBOOK in a Heath Facility in Badghis Province