conducted by Philippine Office: March, 2022

Country Name	**The Project for Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services**
Republic of the Philippines	

I. Project Outline

Background	Cordillera region, located in the northern part of the Philippines, has indigenous groups with a different language and culture which has accounted for 70% of the population. As resided in mountain areas and was geographically isolated, they had limited access to health services. For the reasons, the Ministry of Health (MOH) considered the region as a "geographically isolated and disadvantaged area" and as a prioritized area for health programs. However, MOH had faced difficulty providing effective programs due to the following reasons from the provider side: insufficient skilled personnel, equipment, medical supply, and budget allocation for health; and the following from the recipients: the culture-religion, finances, lack of knowledge. As such, promoting universal health care for all was an urgent issue, and it was necessary to improve health services across the whole region targeting multiple provinces.		
Objectives of the Project	Through establishment of a mechanism on utilization of common health trust fund for Inter-Local Health Zone (ILHZ), trainings on setting up and monitoring barangay health emergency and preparedness for Provincial Health Offices (PHOs) and Municipal Health Offices (MHOs), trainings on Basic Emergency Obstetric and Neonatal Care (BEmONC) for health care professionals and midwifes, provision of medical and non-medical equipment for target health facilities, and sharing of lessons learned and good practices of the project, the project aimed at strengthening local health system in the region to deliver effective and efficient Maternal and Child Health services, thereby improving the health status of people, particularly of women and children, in the region. 1. Overall Goal: Health status of people in the region is improved, particularly of women and children. 2. Project Purpose: Local health system in the region is strengthened to deliver effective and efficient Maternal and Child Health (MCH) services.		
Activities of the Project	1. Project Site: the whole area of Cordillera region (six provinces and Baguio city) 2. Main Activities: 1) Establishment of a mechanism on utilization of common health trust fund for ILHZ, 2) Trainings on setting up and monitoring barangay health emergency and preparedness for PHOs and MHOs, 3) Trainings on BEmONC for health care professionals and midwifes, 4) Provision of medical and non-medical equipment for target health facilities, 5) Sharing of lessons learned and good practices of the project, etc. 3. Inputs (to carry out above activities) Japanese Side 1) Experts: 10 persons 2) Trainees received: 17 persons 3) Equipment: electric generator set for hospital, delivery table with footstool, instrument cabinet, etc. 4) Local expense: costs for project activities		Philippine Side 1) Staff allocated: 89 persons 2) Land and facility: project offices in Department of Health – Cordillera Administrative Regional Office, Abra province, and Apayao province 3) Local expense: utility costs, transportation cost, etc. United States Agency for International Development (USAID) side Local expense: N/A
Project Period	(ex-ante) February 2012 – January 2017 (actual) February 2012 – February 2017	Project Cost	(ex-ante) 480 million yen (actual) 566 million yen
Implementing Agency	Department of Health (DOH), Department of Health – Cordillera Administrative Regional Office (DOH-CAR)		
Cooperation Agency in Japan	System Science Consultant, Inc.		
Related Project	Other donors' cooperation: USAID: Community Maternal Neonatal Child Health and Nutrition Scale up Follow-on (CMSU2), 2016-2019		

II. Result of the Evaluation

< Special Perspectives Considered in the Ex-Post Evaluation >

- The data collection method/reliability of facility-based delivery, Antenatal care (ANC) and Postnatal care (PNC) is significantly different before and after 2016. Health personnel was not able to track all pregnant women or those who gave birth in some private facilities did not captured after 2016.
- The data collected during the project implementation cannot be compared with the one collected after the project, since the project calculated ANC and PNC rates based on actual deliveries, while after the project, Center for Health Development, Cordillera Administrative Region (CHD-CAR)/PHOs calculated ANC/PNC rates based on estimated number of pregnant women set by the Field Health Service Information System (FHSIS). Therefore, simply comparing baseline values and results in 2017 is not relevant and the baseline data is referred as a supplemental information.
- Regarding achievement for project purpose, it is evaluated as "achieved" in case that the indicators at project completion exceeded 80% of the target value.

1 Relevance

<Consistency with the Development Policy of Philippines at the time of Ex-ante Evaluation>

The project was consistent with the Philippines' development policies such as "Universal Health Care for All Filipinos" (2010-2016) aiming at strengthening of maternal and child health and its health system and the "Maternal, Neonatal and Child Health and Nutrition"

(2009) setting a maternal and child health sector as one of the most priority policies.
<Consistency with the Development Needs of Philippines at the time of Ex-ante Evaluation>
The project was consistent with the Philippines' development needs for promoting universal health care for all especially including geographically isolated and disadvantaged area and improving health services across the whole region targeting multiple provinces.
<Consistency with Japan's ODA Policy at the time of Ex-ante Evaluation>
The project was consistent with the Japan's ODA policy for Philippines. "The Country Assistance Program for the Republic of the Philippines" (2008) prioritized "Rectification of disparities (alleviating poverty and redressing regional disparity)" including expansion of basic social services for socially vulnerable people such as women, children, and indigenous peoples.
<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. All the three target provinces achieved 80% of the target value for each province and are equal with or improved the facility-based delivery rates compared to the baseline values (Indicator 1). Regarding prenatal and post-partum care completion rate, 2 provinces except Apayao achieved the target value. Apayao province did not achieve 80% of the target value by 2017 and less than the baseline value (Indicator 2 and 3). The number of functioning ILHZs had increased from 7 in 2011 to 19 in 2017 (Indicator 4). All 6 provinces and Banguio city started Maternal and Neonatal Death Review (MNDR) in 2013 and had continued it (Indicator 5). The number of BEmONC capable health facilities had increased from 0 in 2011 to 193 in 2017 (Indicator 6). The number of Rural Health Units (RHUs) and Barangay Health Stations (BHSs) with Maternal Care Package (MCP) accreditation had increased from 12 in 2011 (12 RHUs) to 141 in 2017 (51 RHUs and 93 BHSs) (Indicator 7).
<Continuation Status of Project Effects at the time of Ex-post Evaluation>
The project effects have partially continued. Facility-based delivery (FBD) rates improved in both target and non-target areas (see overall goal indicator 3) after project completion mainly due to sustained local government unit (LGU) policy (e.g., local ordinances and incentives), improved quality of MCH services, increased awareness and closer monitoring of pregnant women, and the expansion of coverage of MCP from Philhealth. Prenatal care and post-partum care completion rates in target provinces were below target mainly due to (1) more stringent monitoring of pregnant/post-partum mothers and improved data cleaning and data quality checking at the provincial and municipal level, (2) pregnant mothers seeking ANC and PNC services from private practitioners within and outside the province are not captured by the DOH reporting system, and (3) some pregnant mothers relocating to other provinces not completing the required number of Antenatal Care (ANC)/ Postnatal Care (PNC) visits. Number of ILHZs and number of provinces conducting MNDRs were sustained as ILHZs and MNDRs have been institutionalized as part of the Maternal, Newborn, Child Health and Nutrition (MNCHN) strategy. Number of BEmONC-capable RHUs and BHSs, and number of RHUs and BHSs with MCP accreditation declined since 2018 due to more stringent DOH requirements for securing License-to-Operate for birthing facilities.
<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>
The Overall Goal has been partially achieved at the time of ex-post evaluation based on the data collected for three indicators.
Indicator 1 was not achieved. Maternal mortality ratio (MMR) went up from 45 per 100,000 livebirths in 2015 to 67 in 2019 due to late referral of cases and improved monitoring of death cases during the period. However, a declining trend in MMR was observed from 2016 to 2018.
Indicator 2 was achieved. Infant mortality rate declined from 11 per 1,000 livebirths in 2015 to 4 per 1,000 livebirths in 2019 due to increased facility-based delivery rate and closer monitoring of pregnant women and post-partum mothers in the region.
Indicator 3 was achieved. Overall facility-based delivery rate in the region improved from 92% in 2015 to 97% in 2019.
<Other Impacts at the time of Ex-post Evaluation>
Some positive impacts were observed at the time of ex-post evaluation, according to result of questionnaire survey and online interviews. As positive impacts related to gender, women were empowered to seek and avail of quality health services for herself and her children, LGUs recognized the importance of ensuring the health and safety of women and newborns, and quality of MCH services of birthing facilities in the region was perceived by respondents of MCH services to have significantly improved. The capacity of LGUs to deliver MCH services was also enhanced through the intensive training of personnel from RHUs and BHSs on various topics such as BEmONC. The referral system developed under the project for MCH was expanded to other services being delivered by DOH-CAR such as family planning and adolescent health services.
No negative impacts were observed.
<Evaluation Result>
Therefore, the effectiveness/impact of the project is fair.

Achievement of Project Purpose and Overall Goal

<table>
<tr><th>Aim</th><th>Indicators</th><th>Results</th><th>Sources</th></tr>
<tr>
<td>(Project Purpose)
Local health system in the region is strengthened to deliver effective and efficient MCH services.</td>
<td>Indicator 1: 85% of deliveries of pregnant women in the target sites are conducted in health facilities [Baseline (2012): 3 target sites total 79%. Provincial baseline (2012) / Target (2017): Abra (6 municipalities) 73%/85%, Apayao 67%/80%, Benguet</td>
<td><u>Status of the Achievement: Achieved (Continued)</u>
(Project Completion)
• All the three target provinces achieved 80% of the target value for each province and improved the facility-based delivery rates compared to the baseline values.
• However, the facility-based rates in the three target provinces showed downward trends in after improving for the period from 2013 to 2015, due to MCH data collection and reporting issues during the period 2016 to 2017 (e.g., health personnel was not able to track all pregnant women or those who gave birth in some private facilities were not captured during the period 2016 to 2017).
[Facility-based delivery rate in the target provinces (Unit: %)]
<table>
<tr><th>Province / Year</th><th>2012 (BL)</th><th>2017 (Target)</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th></tr>
</table>
</td>
<td>Project Completion Report, DOH FHSIS System Monitoring Data, Interview with DOH Counterparts, questionnaire survey, remote interviews</td>
</tr>
</table>

	83%/90%].	Abra province* | 73 | 85 | 86 | 95 | 97 | 74 | 75 Apayao province | 67 | 80 | 80 | 84 | 88 | 83 | 78 Benguet province | 83 | 90 | 87 | 90 | 93 | 88 | 83 (Ex-post Evaluation) [Facility-based delivery rate in the target provinces (Unit: %)] Province / Year | 2018 | 2019 Abra province | 70 | 97 Apayao province | 79 | 92 Benguet province | 83 | 95	
	Indicator 2: 80% of pregnant women in the target sites receive prenatal care at least 4 times during pregnancy [Baseline (2012): 3 target sites total 90%. Provincial baseline (2012)/target (2017): Abra 45%/70%, Apayao 89%/90%, Benquet 93%/95%].	Status of the Achievement: Partially achieved (Not verified) (Project Completion) • The one province (Apayao) did not achieve 80% of the target value by 2017 and less than the baseline value due to (i) highly mobile population; (ii) pregnant mothers seeking ANC services from private practitioners within and outside the province not captured by the DOH reporting system; and (iii) MCH data collection and reporting issues during the period 2016 to 2017 arising from varied interpretation and understanding of health personnel about ANC completion rates by pregnant women and post-partum mothers. • Abra and Benguet province exceeded targets due to increased awareness of pregnant mothers on the need for prenatal care resulting from the information dissemination and close monitoring by Community Health Teams (CHTs). [Prenatal care completion rate in the target provinces (Unit: %)] Province / Year | 2012 (BL) | 2017 (Target) | 2013 | 2014 | 2015 | 2016 | 2017 Abra province* | 45 | 70 | 80 | 84 | 84 | 117 | 124 Apayao province | 73 | 85 | 79 | 77 | 85 | 57 | 60 Benguet province | 62 | 80 | 72 | 81 | 84 | 100 | 125 Note: Some rates exceeding 100% may be due to pregnant mothers who moved to other provinces during the course of pregnancy and thus had ANC records in more than 1 area or they may be pregnant women who have not yet delivered at the end of the reporting period. (Ex-post Evaluation) [Prenatal care completion rate in the target provinces (Unit: %)] Province / Year | 2018 | 2019 Abra province | 129 | 57 Apayao province | 47 | 56 Benguet province | 103 | 58 • Prenatal care completion (ANC) rates significantly decreased in 2019 in Abra and Benguet provinces. In case of Abra province, it is because of the improvement of pregnancy tracking and data reporting including conduct of more stringent data quality checks and data reconciliation at the provincial and municipal level. In case of Benguet province, it is because of (i) more stringent monitoring of pregnant mothers and improved data validation at the provincial and municipal level; (ii) pregnant mothers seeking ANC services from private practitioners within and outside the province are not captured by the DOH reporting system; (iii) and some pregnant mothers relocating to other provinces not completing the required number of ANC visits. • However, the data collected during the project implementation cannot be compared with the one collected after the project, since the project calculated ANC rates based on actual deliveries, while after the project, CHD-CAR/PHOs calculated ANC rates based on estimated number of pregnant women set by the FHSIS.	Project Completion Report, DOH FHSIS System Monitoring Data, Interview with DOH Counterparts, questionnaire survey, remote interviews
	Indicator 3: 90% of post-partum women in the target sites receive post-partum care at least 2 times [Baseline (2012): 3 target sites total 90%. Provincial baseline (2012)/target (2017): Abra 66%/80%,	Status of the Achievement: Partially achieved (Not verified) (Project Completion) • The one province (Apayao) did not achieve 80% of the target value by 2017 and less than the baseline value due to the same reasons as indicator 2. • Abra and Benguet province exceeded targets due to the same reasons as indicator 2. [Post-partum care completion rate in the target provinces (Unit: %)] Province / Year | 2012 (BL) | 2017 (Target) | 2013 | 2014 | 2015 | 2016 | 2017 Abra | 66 | 80 | 97 | 100 | 99 | 100 | 85	Project Completion Report, DOH FHSIS System Monitoring Data, Interview with DOH Counterparts, questionnaire

<table>
<tr>
<td></td>
<td>Apayao 89%/90%, Benguet 93%/95%].</td>
<td>
<table>
<tr><td>province*</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Apayao province</td><td>89</td><td>90</td><td>92</td><td>92</td><td>97</td><td>61</td><td>64</td></tr>
<tr><td>Benguet province</td><td>93</td><td>95</td><td>97</td><td>98</td><td>98</td><td>81</td><td>132</td></tr>
</table>
(Ex-post Evaluation)
[Post-partum care completion rate in the target provinces (Unit: %)]
<table>
<tr><th>Province / Year</th><th>2018</th><th>2019</th></tr>
<tr><td>Abra province</td><td>91</td><td>58</td></tr>
<tr><td>Apayao province</td><td>59</td><td>57</td></tr>
<tr><td>Benguet province</td><td>123</td><td>66</td></tr>
</table>

Post-partum care completion (PNC) rates significantly decreased in 2019 in Abra and Benguet provinces due to the same reasons as indicator 2.
However, the data collected during the project implementation cannot be compared with the one collected after the project due to the same reasons as indicator 2.

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<td>survey, remote interviews</td>
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<td>Indicator 4: Number of functioning ILHZs is increased in CAR [baseline 7 ILHZs in 2011].</td>
<td>
<u>Status of the Achievement: Achieved (Continued)</u>
(Project Completion)

The number of functioning ILHZs had increased from 7 in 2011 to 19 in 2017.
Number of functioning ILHZ was maintained at 19 in 2017 due to the sustained support of LGUs to ILHZ activities.

(Ex-post Evaluation)
<table>
<tr><th>Indicator</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr>
<tr><td>No. of functioning ILHZs</td><td>19</td><td>19</td><td>19</td><td>19</td></tr>
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<td>Project Completion Report, questionnaire survey, remote interviews</td>
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<td>Indicator 5: MNDR is conducted in all 6 provinces and Baguio city in CAR [baseline: no MNDR was conducted in CAR in 2011].</td>
<td>
<u>Status of the Achievement: Achieved (Continued)</u>
(Project Completion)

All 6 provinces and Baguio city started MNDR in 2013 and had continued it.

(Ex-post Evaluation)

All 6 provinces and Baguio city continued the conduct of MNDR after project completion.

<table>
<tr><th>Indicator</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr>
<tr><td>No. of provinces that conduct MNDR</td><td>All 6 provinces Baguio city</td><td>All 6 provinces</td><td>All 6 provinces</td><td>All 6 provinces</td></tr>
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<td>Project Completion Report, questionnaire survey, remote interviews</td>
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<td>Indicator 6: Number of BEmONC capable health facilities (hospitals, RHUs and BHSs) is increased in CAR [baseline: 0 facility in 2011; target 177 facilities by 2017 (37 hospitals, 50 RHUs and 90 BHSs)].</td>
<td>
<u>Status of the Achievement: Achieved (Partially Continued)</u>
(Project Completion)

The number of BEmONC capable health facilities had increased from 0 in 2011 to 193 in 2017 (36 hospitals, 52 RHUs and 105 BHSs).
The number of BEmONC capable health facilities was maintained at 193 in 2017.

(Ex-post Evaluation)
<table>
<tr><th>Indicator</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr>
<tr><td>No. of BEmONC capable hospitals, RHUs and BHSs</td><td>193 facilities (36 hospitals, 52 RHUs 105 BHSs)</td><td>193 facilities (36 hospitals, 52 RHUs 105 BHSs)</td><td>125 facilities (36 hospitals, 37 RHUs 52 BHSs)</td><td>123 facilities (36 hospitals, 35 RHUs 52 BHSs)</td></tr>
</table>
</td>
<td>Project Completion Report, questionnaire survey, remote interviews</td>
</tr>
<tr>
<td></td>
<td>Indicator 7: Number of RHUs and BHSs with MCP accreditation is increased in CAR [baseline: 12 facilities in 2010; target 131 facilities by 2017 (53 RHUs and 78 BHSs)]</td>
<td>
<u>Status of the Achievement: Achieved (Partially Continued)</u>
(Project Completion)

The number of RHUs and BHSs with MCP accreditation had increased from 12 in 2011 (12 RHUs) to 141 in 2016 (51 RHUs and 93 BHSs).
The number of health facilities with MCP accreditation was maintained at 141 in 2017.

(Ex-post Evaluation)
<table>
<tr><th>Indicator</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr>
<tr><td>No. of RHUs and BHSs with MCP accreditation</td><td>141 facilities (51 RHUs and 90 BHSs)</td><td>141 facilities (51 RHUs and 90 BHSs)</td><td>125 facilities (36 Hospitals, 37 RHUs and 52 BHSs)</td><td>123 facilities (36 hospitals, 35 RHUs and 52 BHSs)</td></tr>
</table>
</td>
<td>Project Completion Report, questionnaire survey, remote interviews</td>
</tr>
<tr>
<td>(Overall Goal) Health status of people in the region is improved,</td>
<td>Indicator 1: Maternal Mortality Ratio (per 100,000 live births)</td>
<td>
<u>Status of the Achievement: Not achieved</u>
(Ex-post Evaluation)

Reduction in MMR from 2016 to 2018 is primarily due to increase in facility-based delivery rate, improved pregnancy tracking by BEmONC-trained personnel, conduct of regular death reviews and improved referral system.

</td>
<td>questionnaire survey and remote interviews, DOH MNCHN Strategy Manual</td>
</tr>
</table>

particularly of women and children.		• The significant increase in MMR in 2019 may be attributed to the late referral of cases and improved monitoring of death cases during the period. Indicators | 2017 | 2018 | 2019 Maternal Mortality Ratio | 43 | 40 | 67	of Operations, 2011
	Indicator 2: Infant Mortality Rate (per 1,000 live births)	Status of the Achievement: Achieved (Ex-post Evaluation) • Infant mortality rate decreased from 11 per 1,000 live births in 2015 to 4 per 1,000 live births in 2019 which may be attributed to increased facility-based delivery rate and closer monitoring of pregnant women and post-partum mothers in the region. Indicators | 2017 | 2018 | 2019 Infant Mortality Rate | 9 | 9 | 4	questionnaire survey and remote interviews, DOH MNCHN Strategy Manual of Operations, 2011
	Indicator 3: Facility-based delivery rate (of all deliveries occurred in CAR)	Status of the Achievement: Achieved (Ex-post Evaluation) • Overall facility-based delivery rate in the region improved from 92% in 2015 to 97% in 2019. Indicators | 2017 | 2018 | 2019 Facility-based delivery rate | 74 | 74 | 97	questionnaire survey and remote interviews, DOH MNCHN Strategy Manual of Operations, 2011

3 Efficiency

Although the project period was as planned (ratio against the plan: 100%), the project cost exceeded the plan (ratio against the plan: 118%). Outputs were produced as planned. Therefore, the project efficiency is fair.

4 Sustainability

<Policy Aspect>

The project was consistent with the Philippines' development policies such as DOH Administrative Order No. 2008-0029, aimed to rapidly reduce maternal and neonatal mortality through local implementation of an integrated MNCHN strategy, at the time of ex-post evaluation.

< Institutional/Organizational Aspect>

The organizational structure required to sustain the activities and benefits arising from MCH has maintained. At the DOH-Center for Health Development of the Cordillera Administrative Region and the provincial level, there are no changes in organizational structure. The unit in charge of MCH continued to perform its function. The unit in charge of MCH at CHD is composed of 4 regular employees and 2 temporary (job order) personnel, which is deemed sufficient. On the other hand, 2 personnel per province are in charge of coordinating delivery of MCH services at the provincial level. While health manpower complement at the provincial level might be deemed insufficient due to local budgetary constraints, this issue was currently being addressed by hiring temporary personnel on job order-basis and the Human Resources for Health (HRH) program of DOH. In addition, the use of MNCHN referral guideline and BEmONC monitoring system developed by the project was sustained in the 6 provinces and 1 city in the region.

<Technical Aspect>

The level of technical knowledge and skills of health personnel responsible for promoting MCH services in CAR has been sustained and enhanced through the on-the-job mentoring and coaching during the quarterly BEmONC Monitoring and Supervision visits (SSV) and regular trainings being provided by CHD and PHOs. The manuals and tools were still being used although the RBTCL manual was not being used as the region was using the updated FHSIS manual.

<Financial Aspect>

Financial support for the promotion of MCH activities have been continuously provided by the national and local governments. These regular budgetary allocations sustained key MCH-related activities such as conduct of SSVs, MNDRs, ILHZ meetings, and so on. In addition, the municipal LGUs have continuously allocated budget for the monthly incentives of CHT volunteers delivering frontline MCH services at the barangay level.

<Evaluation Result>

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

5 Summary of the Evaluation

The project partially achieved the Project Purpose and the Overall Goal to improve health status of people in the region, particularly of women and children, through the strengthening local health system in the region to deliver effective and efficient Maternal and Child Health services. Regarding sustainability, although there had been slight problems in allocating sufficient number of staff to promote MCH services in CAR, the necessary knowledge, skills, and manual/guidelines were sustained and adequate budgets were secured. As for efficiency, the project cost exceeded the plan.

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

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

[For CHD-CAR]

Regarding ANC and PNC data, inconsistencies were observed in CHD-CAR data arising from (i) varied interpretation and understanding of health personnel about ANC/PNC completion rates by pregnant women and post-partum mothers; (ii) inability of the reporting system to capture pregnant mothers seeking ANC services from private practitioners within and outside the province; and (iii) calculation of ANC/PNC completion rates based estimated number of pregnant women. Therefore, it is recommended that CHD-CAR continue the conduct of orientation for health personnel using online/virtual platforms on the proper counting of PNC visits, raise awareness of pregnant mothers on the proper timing of ANC visits, and use the actual number of deliveries for calculating ANC and PNC.

[For LGUs]

Regarding staffing at the provincial level, only 2 personnel per province were in charge of coordinating delivery of MCH services at the municipal level due to local budgetary constraints, and the stuffing was insufficient. 2 additional personnel or position per province are required to be filled. It is recommended LGUs advocate for the filling up of vacant positions at the provincial level as a means of improving MCH services and achieving MCH indicator targets.

Lessons Learned for JICA:

The level of technical knowledge and skills of health personnel responsible for promoting MCH services in CAR has been sustained and enhanced through the on-the-job mentoring and coaching during the quarterly BEmONC Monitoring and Supervision visits. Thus, it is essential to incorporate institutionalization of the supportive supervision for quality improvement of MCH services at BEmONC-capable facilities into the project design at the time of project preparation in order to introduce effective MCH contributing to improvement of facility-based delivery rates in target areas.

Pre-natal check-ups of mothers in Apayao

Post-partum visit of a midwife to a mother in Apayao