

Country Name	Maternal and Child Health Network Improvement Project in Potosi
Plurinational State of Bolivia	

I. Project Outline

Background	Among the Latin-American countries, Bolivia had the second-worst maternal mortality rate (190 per 100,000 live births) and under-5 child mortality rate (51 per 1,000 live births), beside Haiti (2013). Especially in the altiplanos of Bolivia where Potosi prefecture is situated, indicators of maternal and child health (MCH) were even worse than other areas of Bolivia, due to the combined factors such as difficulties in accessing to health services at health facilities, skill shortage of health personnel, and lack of knowledge and awareness of health in community population.										
Objectives of the Project	Through improvement in MCH services at health facilities, health promotion activities with community participation and the strengthening health administration capacity at municipality level at the two target areas of the Uyuni Health Network and the Tupiza Health Network, the project aimed at reducing health risks in the pregnant women and children under age five, thereby contributing to improvement of MCH situations in the Department of Potosi.										
	1. Overall Goal: MCH situation is improved in Potosi. 2. Project Purpose: Health risks are reduced in the pregnant women and children under age five at the Project sites.										
Activities of the project	1. Project site: 5 municipalities in the Health Networks of Tupiza (Tupiza, Atocha, Mojinete, San Pablo de Lipez, San Antonio de Esmoruco) and 6 municipalities in the Health Network of Uyuni (Uyuni, Colcha "K", San Pedro de Quemez, Llica, Tahua, and San Agustin). 2. Main activities: Training of the health personnel on care services for pregnant women and under-five children, strengthening the referral/counter referral system, conducting the supervision and monitoring to the health facilities and communities, etc. 3. Inputs (to carry out above activities). <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Japanese Side</td> <td style="width:50%;">Bolivian Side</td> </tr> <tr> <td>1) Experts from Japan: 6 persons</td> <td>1) Staff allocated: 27 persons</td> </tr> <tr> <td>2) Equipment: Vehicles, fetal Doppler, echo, birth simulator oxygen inhaler incubator, etc.</td> <td>2) Land and facilities: Office space, PC, officer supplies, etc.</td> </tr> <tr> <td>3) Local cost: hiring local consultants, activity operational expenses, etc.</td> <td>3) Local cost: travel costs, etc.</td> </tr> </table>			Japanese Side	Bolivian Side	1) Experts from Japan: 6 persons	1) Staff allocated: 27 persons	2) Equipment: Vehicles, fetal Doppler, echo, birth simulator oxygen inhaler incubator, etc.	2) Land and facilities: Office space, PC, officer supplies, etc.	3) Local cost: hiring local consultants, activity operational expenses, etc.	3) Local cost: travel costs, etc.
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Project Period	(ex-ante) January 2013 to December 2016 (actual) June 2013 to June 2017	Project Cost	(ex-ante) 288 million yen, (actual) 268 million yen								
Implementing Agency	Ministry of Health and Sports, Department of Health Service of Potosi (SEDES).										
Cooperation Agency in Japan	Juntendo University.										

II. Result of the Evaluation

< Special Perspectives Considered in the Ex-Post Evaluation >

- Indicators 1-3 of the Project Purpose (percentage of the pre- and post-natal check-ups and the number of institutional deliveries) were not used for verification the continuation of the project effects. As these indicators were not the result of the project's direct intervention, the appropriateness of these indicators was questioned in the Terminal Evaluation. In the ex-post evaluation, these indicators were used for verification of other impacts, but no relevant data were confirmed.

- For verification of Indicator 5 of the Project Purpose, effects of the participatory community activities on self-efficacy, social capital and quality of life of the community residents were statistically analyzed in the Terminal Evaluation. In the ex-post evaluation, since the same data collection and analysis were difficult due to the time and resource constraints, the continuity of the community activities were surveyed and analyzed. However, it was not used for evaluation judgement.

1 Relevance

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

The "Health Sector Development Plan" (2010-2020) prioritized strengthening social organizations that support multicultural community family health policies and health systems, with a primary focus on universal access to health care services. Also, the "National Strategic Plan for Improving Maternal and Newborn Health" (2009-2015) included concrete measures such as comprehensive health management from newborn to adolescence. Thus, the project was consistent with the development policy of Bolivia at the time of ex-ante evaluation.

<Consistency with the Development Needs of Bolivia at the time of Ex-ante Evaluation>

One of the issues in the Health Networks of Tupiza and Uyuni was the permanent shortage of doctors and nurses. Another issue was that assistant nurses did not have sufficient medical knowledge and skills. In the Department of Potosi with 11 Health Networks, the maternal mortality rate was the second highest in the Tupiza Health network at 321 (100,000 live births) and the fourth highest in the Uyuni Health Network at 245 (100,000 live births), while the infant mortality rate was the fourth highest in the Uyuni Health Network at 16 (1,000 live births) and the sixth highest in the Tupiza Health Network at 7 (1,000 live births) (2011). Thus, the project was consistent with the development needs of Bolivia at the time of ex-ante evaluation.

<Consistency with Japan's ODA Policy at the time of Ex-ante Evaluation>

In the "Country Assistance Policy for Bolivia" (2012), one of the priority areas was social development centered on human resource

development, and one of the development issues was health and medical care. It had a basic principle of strengthening the health network with a focus on the reduction of the maternal mortality rate and infant mortality rate. Thus, the project was consistent with Japan's ODA policy at the time of ex-ante evaluation.

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

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

The Project Purpose was achieved by the time of project completion. In the Health Networks of Tupiza and Uyuni, health risks for pregnant women and under-five children were reduced. There was an increase in the pre-natal (Indicator 1), post-natal check-ups (Indicator 3) and institutional deliveries (Indicator 2), though the project's contribution could not be strictly confirmed. On the other hand, the number of developmental health check-ups for under-five children increased (Indicator 4), and self-efficacy, social capital and quality of life of the residents were statistically judged as improved (Indicator 5). Most of the target municipalities came to formulation their municipal health plan in a participatory way (Indicator 6).

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

The project effects have partially continued. Developmental health check-ups for under-5 children have been continuously conducted in the Health Networks of Tupiza and Uyuni (Indicator 4), although the number decreased in 2019 and 2020, respectively. In Uyuni, although the control of child growth and development has continued to be prioritized, there has been a personnel shortage due to the limited support from the municipal government. In such a situation, more priority was placed on emergency cases in 2019. The number also decreased due to the pandemic COVID-19 in both networks in 2020. Community health activities related to hygiene, waste management, sexually transmitted infections, etc. have been implemented by the Education for Life Teams in Tupiza but not Uyuni (Indicator 5), because of frequent changes in municipal health officers. All of the five municipalities of the Tupiza Health Network have prepared and implemented their Municipal Health Plans, while four of the six municipalities in the Uyuni Health Network have done so (Indicator 6). The Municipalities of Uyuni and Llica have not prepared their Municipal Health Plans due to the personnel and budget shortages.

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

The Overall Goal has been partially achieved. The government of Potosi has made efforts to diffuse the project experience to other Health Networks (40 municipalities) through the materials prepared by the project, such as "Information Analysis Committee (CAI) Simplified Guide for All," "Referral Guide with A.J.O. (Adequate, Justified and Timely)," "Supervision Guide," and "Education for Life Guide." As a result, at the department level, the number of maternal deaths decreased to 9 in 2019 (Indicator 1), although it increased in 2020 due to the pandemic of COVID-19. No decreasing trend could be confirmed in the target Health Networks. The absolute number of under-five deaths in the Department of Potosi decreased from 115 in 2017 to 59 in 2020 (Indicator 2). The situation has been improved in the Uyuni Health Network. There was no under-five death at the department level in 2019, but the reason and the data reliability could not be confirmed in the ex-post evaluation survey. The reason why the under-five mortality was not affected by the pandemic of COVID-19 could not be confirmed in the ex-post evaluation survey. The number of neonatal deaths in the Department of Potosi decreased after the project completion but increased in 2020 (Indicator 3). However, comparing to the figure before the project, it decreased much at the department level. As well as the under-five mortality, the situation of neonatal mortality has been improved in the Uyuni Health Network, but not Tupiza. The reason could not be confirmed. The data of the under-five mortality ratio and the neonatal mortality ratio were not available, as they were calculated in the census every five years. The Ministry of Health and Sports has annually managed the absolute number of mortalities, which were used in the ex-post evaluation. The data of the proportion of chronically malnourished under-two children were not available due to the change in the National Health Information System (SNIS). As supplemental data, the proportion of chronically malnourished under-five children increased in 2018 but decreased after 2019, which was still larger than the data in 2017 (Indicator 4). In the Health Networks of Uyuni and Tupiza, the number or percentage has been fluctuating.

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

Several positive impacts have been confirmed. First, the gender approach has been considered within the Municipal Health Plans and the Education for Life Plans. Specifically, most of the trained community health leaders were female. Thus, the training of female leaders and their incorporation into the structure of health services and the education for life teams have made it possible to reflect their needs and viewpoints more than before. Second, through CAI, municipalities have become more aware of health obligations and improved their planning capacity, according to the health promotion officer of SEDES Potosi and Coordinators of Health Networks, and their developed health plan have succeeded in achieving access of the population living in remote areas to health care, providing health education and promotion activities through the Education for Life Teams at the community level. Some municipalities have purchased biosafety supplies, biosafety material, and others.

No negative impact on the natural environment has been caused, as the Biosafety Committees were formed and trained, and there has been improvement in the classification of waste until final storage. The use of incineration as the final method of waste disposal has been reduced.

<Evaluation Result>

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

Achievement of the Project Purpose and Overall Goal

Aim	Indicators	Results	Source
(Project Purpose) Health risks are reduced in the pregnant women and children under age five at the Project sites.	1. The percentage of the pregnant women with four pre-natal check-up increases in the target area.	<p><u>Status of achievement: Achieved (Not verified)</u> (Project Completion)</p> <ul style="list-style-type: none"> - The percentage of the pregnant women with four pre-natal check-up increased both in Uyuni and Tupiza. - On the other hand, the percentage in the Department of Potosi increased more. Therefore, the intervention effects could not be confirmed. Also, the project did not implement activities to directly promote the pre-natal check-ups. - It was pointed out by the Terminal Evaluation Team that the indicator was not 	Terminal Evaluation Report.

		appropriate because the causal linkage was not clear for verification.																																																								
2. The number of institutional deliveries increases in the target area.	<p><u>Status of achievement: Achieved (Not verified)</u> (Project Completion)</p> <ul style="list-style-type: none"> - The number of institutional deliveries and the percentage of the deliveries assisted by the health personnel slightly increased and remained mostly same after 2014 in Uyuni, and the figures increased in Tupiza. - However, the project did not implement activities to directly promote the institutional deliveries. - It was pointed out by the Terminal Evaluation Team that the Indicator was not appropriate because the causal linkage was not clear for verification. 		Terminal Evaluation Report.																																																							
3. The percentage of the pregnant women with post-natal check-up increases in the target area.	<p><u>Status of achievement: Partially achieved (Not verified)</u> (Project Completion)</p> <ul style="list-style-type: none"> - The percentage of the pregnant women with post-natal check-up increased in Tupiza. There was a comparable raise in the Department of Potosi. The percentage of the pregnant women with post-natal check-ups decreased in Uyuni. - It was pointed out by the Terminal Evaluation Team that the Indicator was possibly not appropriate because the causal linkage was not clear for verification. 		Terminal Evaluation Report.																																																							
4. The number of developmental health check-ups for under-5 children increases in the target area.	<p><u>Status of achievement: Achieved (Partially continued).</u> (Project Completion)</p> <ul style="list-style-type: none"> - The number of developmental health check-ups for under-5 children increased to approximately 3,900 in Tupiza. The number slightly increased to approximately 2,600 in Uyuni. The number did not change in the Department of Potosi. - However, the project started the activities related to child development in the last year, so it was considered that the project gave a limited impact, as pointed out by the Terminal Evaluation Team. 		Terminal Evaluation Report.																																																							
	<p>(Ex-post Evaluation)</p> <ul style="list-style-type: none"> - The number of developmental health check-ups for under-5 children increased until 2019 but decreased in 2020 in Tupiza. The number was on a decreasing trend in Uyuni. <p>Table: Number of developmental health check-ups for under-5 children</p> <table border="1"> <thead> <tr> <th></th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>Potosi Department</td> <td>58,896</td> <td>59,890</td> <td>48,908</td> <td>40,665</td> </tr> <tr> <td>Uyuni Network</td> <td>3,083</td> <td>3,253</td> <td>2,439</td> <td>2,378</td> </tr> <tr> <td>Tupiza Network</td> <td>6,207</td> <td>6,231</td> <td>6,951</td> <td>3,936</td> </tr> </tbody> </table>		2017	2018	2019	2020	Potosi Department	58,896	59,890	48,908	40,665	Uyuni Network	3,083	3,253	2,439	2,378	Tupiza Network	6,207	6,231	6,951	3,936		NIS, SEDES.																																			
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5. Indicators of self-efficacy, social capital and quality of life of the randomly selected residents in the community which participated in the implementation of the Educational Guidebook for the Life are improved.	<p><u>Status of achievement: Achieved (Not verifiable).</u> (Project Completion)</p> <ul style="list-style-type: none"> - Indicators of self-efficacy, social capital and quality of life of the randomly selected residents improved, especially that of social capital. - The health-related quality of life (QOL) index also showed a large increase compared to the control group. It was considered that there was an impact of education for daily life on the health of residents. 		Terminal Evaluation Report.																																																							
	<p>(Ex-post Evaluation)</p> <ul style="list-style-type: none"> - In the surveyed municipalities of Tupiza, community health activities have been continuously implemented, and new community health leaders have been annually trained. Efforts have been sustained for improving self-efficacy, social capital and quality of life, although their attribution could not be strictly confirmed. On the other hand, no community health activities have been implemented in the surveyed municipalities of Uyuni. <p>Table: Number of community health activities</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Tupiza Network</td> <td>Tupiza</td> <td>250</td> <td>263</td> <td>230</td> <td>78</td> </tr> <tr> <td>Atocha</td> <td>79</td> <td>45</td> <td>26</td> <td>63</td> </tr> <tr> <td rowspan="2">Uyuni Network</td> <td>Uyuni</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Colcha "K"</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>Table: Number of trained community health leaders</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Tupiza Network</td> <td>Tupiza</td> <td>24 (21)</td> <td>26 (24)</td> <td>30 (22)</td> <td>32 (23)</td> </tr> <tr> <td>Atocha</td> <td>43 (31)</td> <td>14 (10)</td> <td>17 (17)</td> <td>42 (33)</td> </tr> <tr> <td rowspan="2">Uyuni Network</td> <td>Uyuni</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Colcha "K"</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>			2017	2018	2019	2020	Tupiza Network	Tupiza	250	263	230	78	Atocha	79	45	26	63	Uyuni Network	Uyuni	0	0	0	0	Colcha "K"	0	0	0	0			2017	2018	2019	2020	Tupiza Network	Tupiza	24 (21)	26 (24)	30 (22)	32 (23)	Atocha	43 (31)	14 (10)	17 (17)	42 (33)	Uyuni Network	Uyuni	0	0	0	0	Colcha "K"	0	0	0	0	
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6. The number of the municipalities which have the Municipal	<p><u>Status of achievement: Achieved (Continued).</u> (Project Completion)</p> <ul style="list-style-type: none"> - By 2016, eight of the 11 target municipalities developed the health plans 		Terminal Evaluation Report.																																																							

	Health Plan in implementation.	through a participatory process in accordance with the regulations of the Ministry of Health and Sports regulations. At the time of the terminal evaluation survey, one was in the process of developing the plan. (Ex-post Evaluation) - All of the five municipalities of the Tupiza Health Network have prepared and implemented their Municipal Health Plans. - Four of the six municipalities in the Uyuni Health Network have prepared their Municipal Health Plans.	Tupiza Health Network, Uyuni Health Network.																																							
(Overall goal) MCH situation is improved in Potosi.	1. The number of maternal deaths in the Department of Potosi decreases from 89 in the 2002 post-censuses.	<u>Status of achievement: Achieved.</u> (Ex-post Evaluation) - The number of maternal deaths in the Department of Potosi decreased to 9 until 2019 and increased to 18 in 2020. Table: Number of maternal deaths <table border="1"> <thead> <tr> <th></th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>Potosi Department</td> <td>17</td> <td>12</td> <td>9</td> <td>18</td> </tr> <tr> <td colspan="5">Supplemental information</td> </tr> <tr> <td>Uyuni Network</td> <td>0</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tupiza Network</td> <td>NA</td> <td>NA</td> <td>2</td> <td>2</td> </tr> </tbody> </table>		2017	2018	2019	2020	Potosi Department	17	12	9	18	Supplemental information					Uyuni Network	0	2	1	2	Tupiza Network	NA	NA	2	2	SNIS, SEDES.														
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	4. The proportion of chronically malnourished children under two years of age in the Department of Potosi decreases from 18.6% in 2012.	<u>Status of achievement: Not achieved.</u> (Ex-post Evaluation) - The data of the proportion of chronically malnourished under-two children were not available. - As supplemental information, the proportion of chronically malnourished under-five children increased in 2018 but decreased after 2019. Table: Number/percentage of chronically malnourished under-five children <table border="1"> <thead> <tr> <th></th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>Potosi Department (%)</td> <td>0.5</td> <td>2.9</td> <td>2.4</td> <td>2.4</td> </tr> <tr> <td colspan="5">Supplemental information</td> </tr> <tr> <td>Uyuni Network</td> <td>Tupiza (number)</td> <td>213</td> <td>212</td> <td>NA</td> <td>219</td> </tr> <tr> <td></td> <td>Atocha (number)</td> <td>97</td> <td>73</td> <td>NA</td> <td>81</td> </tr> <tr> <td>Tupiza Network</td> <td>Uyuni (%)</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td></td> <td>Colcha K (%)</td> <td>1.1</td> <td>1.2</td> <td>1.2</td> <td>1.8</td> </tr> </tbody> </table>		2017	2018	2019	2020	Potosi Department (%)	0.5	2.9	2.4	2.4	Supplemental information					Uyuni Network	Tupiza (number)	213	212	NA	219		Atocha (number)	97	73	NA	81	Tupiza Network	Uyuni (%)	NA	NA	NA	NA		Colcha K (%)	1.1	1.2	1.2	1.8	SEDES.
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3 Efficiency

Both of the project cost and period were within the plan (ratio against the plan: 93% and 100%, respectively). Outputs were produced as planned. Therefore, the project efficiency is high.

4 Sustainability

<Policy Aspect>

Promotion of MCH care has been prioritized in the national and department policies, including “Continuous Quality Improvement

Cycles” (2016-), “Integrated Care to the Life Care Course” (2013-), “Plan for the Accelerated Reduction of Maternal Mortality” (2016-), and so on.

<Institutional/Organizational Aspect>

The organizational structure for promoting MCH in the Department of Potosi has not changed. The Network Coordination has been responsible for ensuring the implementation of health programs in the municipalities and performed follow-up activities. CAIs have been sustained at the both Network and municipal levels. Also, the Municipal Health Committees have been conducted to prepare the Municipal Health Plan in all municipalities except two municipalities in the Uyuni Health Network due to the difficulty of its internal coordination. Referral has been conducted in most municipalities based on A.J.O. SEDES of Potosi has sustained the supervision of the services of the Health Networks of Tupiza and Uyuni with the tools developed by the project, and these Health Networks have supervised the municipalities. Also, preventive maintenance of the medical equipment has not been carried out in the Uyuni Health Network because the person in charge has not been assigned.

<Technical Aspect>

The personnel of the health network of Tupiza have sustained necessary knowledge and skills on MCH services, referral/counter referral, equipment maintenance, bio safety, child development, and so on. The training center has provided training to the existing and new personnel in the Municipality of Tupiza, and the more experienced personnel have given feedback to the new personnel in Atocha. However, in the Municipality of Uyuni, there have been many personnel changes, and no training has been conducted to the new personnel. Activities of the educators for early childhood development have not continued. Because this component was carried out for so short period in the project that it has not taken root in the communities.

<Financial Aspect>

The annual budget of SEDES of Potosi for MCH has been mostly stable. However, according to SEDES, it has not been sufficient, and this shortage has limited the preparation of technical documents and conduct of supervision activities.

During the project period, SEDES reserved a budget for both Health Networks for implementing the project activities. However, since the time of project completion, any budget has not been assigned from SEDES to these Health Networks. The budget of the Uyuni Health Network has been on a decreasing trend, and it has been used only for the purchase of office supplies, fuel for vehicles, and other minor expenses. The financial data of the Tupiza Health Network were not available in the ex-post evaluation.

<Evaluation Result>

In the light above, there have been issues in the institutional/organizational, technical and financial aspects. Therefore, the sustainability of the effects is fair.

Budget of SEDES Potosi for Comprehensive Care Unit for Women, Sexual and Reproductive Health and the Continuous Care Area for the Life Course (Bolivianos)

	2017	2018	2019	2020
Budget	57,500.00	56,964.00	56,888.00	60,113.00

Source: SEDES of Potosi.

Budget of Uyuni Health Network (Bolivianos)

	2017	2018	2019	2020
Budget	50,380.40	9,652.00	8,219.00	20,359.60

Source: Uyuni Health Network.

5 Summary of the Evaluation

The Project Purpose was achieved, and the project effects partially continued. Health risks of the pregnant women and under-five children were reduced, and the efforts such as health check-ups of the under-five children and municipal health planning have continued. As a result, MCH conditions were improved after the time of project completion, but the year 2020 was affected by the pandemic of COVID-19. Regarding sustainability, both Health Networks have had a budget shortage. And, there have been issues related to preventive maintenance of the equipment and capacity building of the new personnel in the Uyuni Health Network, while the Tupiza Health Network has sustained training and have not faced these issues.

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

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

- It is recommended to the Health Networks of Tupiza and Uyuni to include the training activities for MCH and maintenance of the medical equipment in their Annual Operational Plan to ask the budget from SEDES of Potosi. The facilitators trained at the Eduardo Eguia Hospital in Tupiza could be trainers, and the guidebook developed by the project could be used as training materials.
- It is recommended to the Health Networks of Tupiza and Uyuni to include the activities for early childhood development in their Annual Operational Plan to ask the budget from SEDES of Potosi, so that the facilitators should train educators for the activities.
- It is recommended to the Health Networks of Uyuni to strengthen community health activities by utilizing resources of the “My Health” Program of the Ministry of Health and Sports. Specifically, the health team assigned to each municipality could carry out part of the life education activities.

Lessons for JICA:

- In the project, health problems were identified together with community residents and incorporated into the municipal health plan and Network Annual Operation Plan through CAI, which allowed the community not only to take ownership of the health problems and become aware of the need to implement actions for improvement, but also to develop their close relation with the health personnel. For designing the project activities, it is very important to involve service beneficiaries in the process of problem identification and needs assessment and also make them as part of agents for improvement of their problems.
- Indicators of the Project Purpose are necessary for verification of the continuity of the project effects in the time of ex-post evaluation. However, in this project, four of the six indicators were not utilized for that purpose. Three had been judged inappropriate because they did not measure the project direct intervention, and the other was difficult to carry out the same data collection and statistical analysis in the simplified internal ex-post evaluation with time and cost constraints. Appropriateness and practicability of indicators should be examined and they should be modified, if necessary, during the project period. In addition, the indicators to be utilized in the ex-post evaluation should be confirmed at the time of project completion. If there are inappropriate or difficult indicators, recommendations should be made for JICA on alternative indicators or alternative data source.



Improved Neonatal Care



Strengthened waste management