

Country Name	<b>Project for Improving Maternal, Newborn and Child Health in Lagos State</b>
Federal Republic of Nigeria	

**I. Project Outline**

Background	<p>The maternal mortality rate in Lagos State, Nigeria, had been improving; however, there were still various problems. The Lagos State Ministry of Health (LSMOH) developed the Lagos State Economic Empowerment and Development Strategy (LASEEDS), which included the Federal Ministry of Health's Integrated Maternal, Newborn and child Health Strategy (IMNCH Strategy), and started to improve maternal and child health service by strengthening the functions of Primary Health Centers (PHCs). However, the provision of maternal health care, especially delivery service, was still inadequate due to the lack of PHC facilities, equipment, and human resources.</p> <p>Although 34 PHCs had been established in the six Local Government Areas (LGAs) of the project area, utilization of PHCs was low due to reasons such as lack of 24-hour service, low morale of health care workers, lack of medical equipment, and poor environment including unstable electricity supply. In addition, among the eight secondary health care facilities in the target area, the Lagos Island Maternity Hospital (LIMH) was the final destination for maternal referrals, but most emergency obstetric patients were seriously ill, and the maternal mortality rate at the hospital was extremely high. In addition, there was a high concentration of patients visiting secondary care facilities directly without PHC, and the emergency obstetric department at the hospital was unable to keep up with demand.</p>												
Objectives of the Project	<p>Through (i) enhancing the capacity of LSMOH, PHCB and LGA in planning, executing and monitoring MNCH services provided by the target PHCs, (ii) improving basic MNCH services (not including EmOC) at the Lagos Island Maternity Hospital, and (iii) improving the MNCH services at the target PHCs, the project aims at providing MNCH services at the target facilities, thereby contributing to improving MNCH in the Lagos State.</p>												
	<p>1. Overall Goal: MNCH is improved in the Lagos State.</p> <p>2. Project Purpose: MNCH services are provided at the target facilities.</p>												
Activities of the project	<p>1. Project site: Six (6) LGAs (Lagos Mainland, Lagos Island, Eti-Osa, Aieromi-lfelodum, Surulere and Apapa) in the Lagos State (Target group: Lagos Island Maternity Hospital (LIMH) and fifteen (15) PHCs)</p> <p>2. Main activities: (i) enhancing the capacity of LSMOH, PHCB and LGA in planning, executing and monitoring MNCH services provided by the target PHCs, (ii) improving basic MNCH services (not including EmOC) at the Lagos Island Maternity Hospital are improved, and (iii) improving the MNCH services at the target PHCs</p> <p>3. Inputs (to carry out above activities) (as of July 2013)</p> <table><tr><td>Japanese Side</td><td>Nigerian Side</td></tr><tr><td>1) Experts: 8 persons</td><td>1) Staff allocated: 32 persons</td></tr><tr><td>2) Trainees received: 25 persons</td><td>2) Land and facilities: Project office space and utility costs</td></tr><tr><td>3) Equipment: two (2) vehicles for project activities, equipment necessary for antenatal care (ANC), postnatal care (PNC) and delivery services such as stethoscope, fetal phonocardiograph (Doppler), obstetric vacuum extractor (suction machine), etc.</td><td>3) Operating expenses for project activities</td></tr><tr><td>4) General operating expenses</td><td></td></tr></table>			Japanese Side	Nigerian Side	1) Experts: 8 persons	1) Staff allocated: 32 persons	2) Trainees received: 25 persons	2) Land and facilities: Project office space and utility costs	3) Equipment: two (2) vehicles for project activities, equipment necessary for antenatal care (ANC), postnatal care (PNC) and delivery services such as stethoscope, fetal phonocardiograph (Doppler), obstetric vacuum extractor (suction machine), etc.	3) Operating expenses for project activities	4) General operating expenses	
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Project Period	(ex-ante) January 2009-December 2012 (actual) February 2010-January 2014	Project Cost	(ex-ante) 361 million yen, (actual) 307 million yen										
Implementing Agency	Lagos State Ministry of Health (LSMOH) Lagos Island Maternal Hospital (LIMH)												
Cooperation Agency in Japan	-												

**II. Result of the Evaluation**

- <Constraints on Evaluation>

<Special Perspectives Considered in the Ex-Post Evaluation>

## 1. Continuation status of Project Effects

The indicators for the Project Purpose were considered not appropriate for verifying continuation status of project effects. However the continuation status of the project effects were verified by the current status of the project outputs such as good practices related to MNHC services introduced by the project as factors affecting the achievement level of the Overall Goal.

## 2. Overall Goal.

- The terminal evaluation report regarded the indicators set for the Overall Goal were inappropriate. However, the terminal evaluation report mentioned that "rolling out of outcome of the project, strengthening activities for community awareness raising, improving medical

treatment skills of perinatal care (including emergency obstetric care) and involving private health facilities can be recognized as areas to be addressed in order to realize "Reduction of MMR and IMR" in the future." Therefore, this ex-post evaluation tried to study how the project effects/activities are rolled out and to what extent that aspect contributed to the reduction of MMR and IMR.

-Indicator 3 (Case fatality rate at the Lagos Island Maternity Hospital) was not verified, considering its ambiguity, such as unclear definition of case.

## 1 Relevance/Coherence

### [Relevance]

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

The project was consistent with the development policy of Nigeria at the time of ex-ante evaluation. Maternal and child health was one of the priority areas under the "National Economic Empowerment and Development Strategy" (NEEDS), and continued to be in the priority area under the NEEDS II (2008-2011) (Draft). It was also one of the priority areas under the "Lagos State Health Sector Reform Law" (January 2006) and "Lagos State Economic Empowerment and Development Strategy (LASEEDS)". LASEEDS incorporated Integrated Maternal, Newborn and Child Health (IMNCH) Strategy by the Federal Ministry of Health.

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

The project was consistent with the development needs of Nigeria at the time of ex-ante evaluation. As mentioned above ("background"), the provision of maternal health care, especially delivery service was inadequate due to the lack of PHC facilities, equipment, and human resources, and the referral system needed to be improved.

#### <Appropriateness of Project Design/Approach>

The project design/approach was appropriate.

As for the consideration for vulnerable and equality, access to services was nondiscriminatory, irrespective of class or status. The capacity of staff (especially midwives) was built to triage and ensure with exception to emergency cases, every client was provided with the same quality standard of service.

No problem attributed to the project design/approach was confirmed.

#### <Evaluation Result>

Considering the above, the relevance of the project is ③<sup>1</sup>.

### [Coherence]

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

The project was consistent with the Japan's ODA policy to Nigeria at the time of ex-ante evaluation. Health was one of the priority areas for ODA to Nigeria<sup>2</sup>.

#### <Collaboration/Coordination with other JICA's interventions>

The collaboration between the project and Asia-Africa Knowledge Co-Creation Program (AAKCP) was planned, especially in LIMH where 5S-KAIZEN-TQM was implemented. At the time of ex-post evaluation, positive effects have been confirmed. In terminal evaluation, the Project experts in collaboration with ex-participants of AAKCP formulated Facilitator Guideline, field visits, refresher training, and so on. These collaborated activities contributed to the implementation of the Project with high efficiencies.

#### <Cooperation with other institutions/ Coordination with international framework>

At the time of ex-ante evaluation, the possible collaboration with USAID was proposed as the part of targeted areas was overlapped. However, during the project, the collaboration with DIFID, UNICEF and WHO had been initiated in the form such as the coordination of training program, periodical meeting for progress and related information sharing. The training programs for Mid-wives and Traditional Birth Attendants(TBAs) were integrated.

#### <Evaluation Result>

In light of the above, the coherence of the project is ③.

### [Evaluation Result of Relevance/Coherence]

In the light above, the relevance/coherence of the project is ③.

## 2 Effectiveness/Impact

### <Status of Achievement of the Project Purpose at the Time of Project Completion>

At the time of project completion, the Project Purpose was partially achieved. The terminal evaluation concluded that the indicators set at the time of ex-ante evaluation were not appropriate, and therefore were not verified. Instead, the terminal evaluation judged that the Project Purpose was partially achieved based on the results of outputs. The human resources development system geared to improving MNCH services (preparation of curriculums, manuals and teaching materials, training of training instructors, and so on) was established and this led to the capacity building of midwives, nurses, Local Government Health Authorities (LGHA) and Ward Health Committee (WHC). As a result of initiatives to improve the facility environment based on 5S and to enhance communication skills, there were a certain degree of improvement in the environment surrounding provision of healthcare services including the work attitude of staff. Moreover, because the LSMOH and PHC Board autonomously implemented measures geared to improving MNCH services in Lagos State, it may be said that the foundations for providing quality MNCH services was laid.

### <Continuation Status of Project Effects at the Time of Ex-Post Evaluation>

The project effects have been partially continued because some good practices for the MNHC services introduced by the project have been partially disseminated since the project completion. The details are referred to "Status of Achievement of the Overall Goal".

### <Status of Achievement of the Overall Goal at the Time of Ex-Post Evaluation>

At the time of ex-post evaluation, the Overall Goal has been partially achieved. MMR rate in LIMH has decreased while no data was obtained for Lagos State as a whole (Indicator 1). As mentioned above, supplementally, whether services such as attended antenatal care (ANC), postnatal care (PNC), vaccination, births attended by Skilled Birth Attendants (SBAs) improved or not was analyzed. COVID-19 Pandemic had an effect in the temporary reduction of numbers of patients who attend the ANC in 2020-21. LIMH provides PNC in 2 weeks after the delivery by cesarian and in 6 weeks in case of normal delivery as it is the top referral hospital in the area. Accordingly, the

<sup>1</sup> ④ : very high, ③ : high, ② : moderately low, ① : low

<sup>2</sup> Source: MOFA, ODA Databook 2009

number of patients who take PNC within 2 days of delivery cannot be collected, while PHCs provide PNC in 3 days after the delivery in general. LIMH has a system of tracing and tracking as their electronic medical record system that has been set up in the past 6 years, as such they have been able to reduce the number of unvaccinated kids over time to 0. On the other hand, LSPHCB with the support from NPHCDA and development partners has started vaccination campaign since 2017 to Hard-to-Reach (HTR) areas by using micro-mapping based upon GIS technologies. In addition, given the existence of many babies and infants who could not take necessary vaccination due to COVID-19 pandemic, LSPHCB has implemented massive vaccination campaign since 2021, tried to reduce the number of unvaccinated babies and infants. Lastly at LIMH, all births have been attended by an SBA, LSPHCB also has a high number of SBAs present at birth even though there has been a slight decline over the years due to talent drain within the system.

Nonetheless, some good practices introduced under the project have been scaled up. LPHCB scaled up training on active management of labor to strengthen the capacity of PHCs for better management of labor process and to minimize the burden of so many patients referred to LIMH. Same goes for the essential newborn care training course. Training manuals on ANC, PNC created during the project have been incorporated into state manuals and training plans. The facilitator guide for 5S-KAIZEN-TQM have been also utilized.

#### <Other Impacts at the Time of Ex-Post Evaluation>

No negative impacts on the natural environment have been observed.

There were positive impacts on gender as this project ensured the inclusion of men education in terms of family planning and fertility which made it easier to approach the women and reemphasize the important of both.

#### <Evaluation Result>

In light of the above, the effectiveness/impact of the project is ②.

#### Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results	Source																				
(Project Purpose) MNCH services are provided at the target facilities.	Indicator 1 Increase in the number of normal deliveries at the target PHCs	Status of the Achievement (Status of the Continuation): not verified (Project Completion) - Increase in the number of facility deliveries is given as the indicator of "high quality MNCH services," however, due to the social and cultural background of Nigeria, whereas medical facilities are relatively frequently used for ANC and PNC, actual births often take place in faith-based facilities or traditional birth attendants (TBA) on the basis of religious beliefs. Against such a backdrop, since this indicator is subject to a major impact from external factors, it has been found to be inappropriate as an indicator. Moreover, because current data cannot be obtained due to survey limitations, this indicator cannot be used in evaluation. For reference purposes, the data sets from July 2010 to June 2011 and from July 2011 to June 2012 are indicated below. -The number of deliveries conducted at the 13 surveyed PHCs remained almost static at 1,602 and 1,515 over the said periods (coverage of estimated pregnant women in the managed areas: 2.7% and 2.4% respectively). In terms of the number of deliveries at each PHC, there was a significant increase at some PHCs but a decrease in a similar number of others. Almost the same trend could be recognized in the interview surveys conducted at the time of the Terminal Evaluation.	JICA documents																				
	Indicator 2 Increase of satisfaction among patients (pregnant women and mothers)	Status of the Achievement (Status of the Continuation): not verified (Project Completion) - Survey of satisfaction among LIMH users and PHC users was conducted states "satisfaction among patients," however, because the survey target of this indicator is the same as that of the output and the definition of targets is unclear, this indicator cannot also be directly used to measure achievement of the Project Purpose. - Although there are constraints in terms of the survey conditions, timing and sample sizes, the survey of satisfaction among LIMH users and PHC users indicated that there has been a certain degree of improvement in satisfaction among patients.	JICA documents																				
(Overall Goal) MNCH is improved in the Lagos State.	Indicator 1 Reduction in MMR and IMR in the Lagos State	(Ex-Post Evaluation) partially achieved 1. MMR rates in LIMH <table border="1"> <tr> <td></td><td>2019</td><td>2020</td><td>2021</td></tr> <tr> <td>MMR</td><td>1443</td><td>1059</td><td>965</td></tr> </table> 2. Utilization of services <table border="1"> <tr> <td>LIMH</td><td>2019</td><td>2020</td><td>2021</td></tr> <tr> <td>1)% of woman aged 15-49 with a live birth in the past one year who attended antenatal care (ANC) four or more than four times during their most recent pregnancy</td><td>89%</td><td>85%</td><td>85%</td></tr> <tr> <td>2)% of mothers and babies who received postnatal care within two days of</td><td colspan="3">Post-natal service in LIMH is done 2 weeks after delivery by</td></tr> </table>		2019	2020	2021	MMR	1443	1059	965	LIMH	2019	2020	2021	1)% of woman aged 15-49 with a live birth in the past one year who attended antenatal care (ANC) four or more than four times during their most recent pregnancy	89%	85%	85%	2)% of mothers and babies who received postnatal care within two days of	Post-natal service in LIMH is done 2 weeks after delivery by			LIMH & DHIS, LSPHCB
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		childbirth	cesarian and 6 weeks by normal delivery. In case of possible high risk at the delivery or emergency during the delivery, a patient will be transferred to the specialist hospital.		
		3) % of unvaccinated children in the past one year	0%	0%	0%
		4) % of births attended by SBAs in the past one year	100%	100%	100%
		LSPHCB	2019	2020	2021
		1)% of women aged 15-49 with a live birth in the past one year who attended antenatal care (ANC) four or more than four times during their most recent pregnancy	80.42%	86.07%	77.9%
		2)% of mothers and babies who received postnatal care within two days of childbirth In Lagos state, data available is for less than 3 days	73.48.%	73.82%	
		3) % of unvaccinated children in the past one year	45.10%	58.30%	42.20%
		4) % of births attended by SBAs in the past one year	98.40%	95.47%	86.82%
	Indicator 2 Number of good practice developed by the project has been introduced in the other states	(Ex-Post Evaluation) partially achieved - Training on active management of labor for nurses and doctors across all LGAs (80 participants), Interpersonal Communication Course (IPCC) for CHEWs/CHOs (40 participants), Essential Newborn Care Course (ENCC) (46 participants) - Aspects of the training manuals on ANC, PNC created during the project have been incorporated into state manuals and training plans for active management of third stage of labor and ENCC. The facilitator guide for 5S-KAIZEN-TQM has been used to train staff in general hospitals			
	Indicator 3 Case fatality rate at the Lagos Island Maternity Hospital	(Ex-Post Evaluation) not verified			

LSPHCB & LIMH

### 3 Efficiency

Both project cost and project period were within the plan (The ratio against the plan: 85%, 100%). Outputs were produced as planned. In the light above, the efficiency of the project is ④.

### 4 Sustainability

#### <Policy Aspect>

In Federal level, the federal government has introduced a series of policies.

- National Health Act in 2014: establishment of Basic Health Care Provision Fund,
- National Health Policy in 2016: promote UHC, service delivery of primary healthcare, protection of people in poverty from financial risk
- National Health Financing Policy and Strategy in 2017: allocate 5% of national budget to Health sector for improving UHC,
- National Strategic Health Development Plan II 2018-22 (NSHDP II): promote further UHC with particular emphasis on improvement of Primary Healthcare service, to protect people in poverty from financial burden/risk with increase in training for mid-wife and free medical service for Maternal and Child Healthcare,
- National Health Promotion Policy in 2019: increase the efficiency of medical personnel as well as management of health sector institutions, especially clarifies the role, tasks, and management system of Ward Development Committee (WDC) as well as LGAs, State governments,
- National Health Insurance Authority Act in 2022: implementation of mandatory health insurance for all population in Nigeria through BHCPF and PPP.

Under such initiatives of Federal level, Lagos State Government took measures including Lagos State Health Scheme in 2015: based upon National Health Act in 2014, to facilitate the BHCPF application in Lagos, established Lagos State Health Management Agency (LASHMA) as the implementation agency. LASHMA has started insurance program for those in informal sector and people in poverty since 2018 as the organ to manage the state's insurance scheme.

Also, the LSMOH and LASHMA introduced new PPP scheme in state insurance program "the Eko Social Health Alliance (EkoSHA)" in 2020. The program is an alliance of private institutions, public institutions, development and multilateral partners and individuals, and 1% of the State's Consolidated Revenue Fund (CRF) is allocated as an equity fund to pay for residents who cannot afford to pay health

insurance for themselves. About 7.5 million Naira was disbursed as equity fund in addition to BHCPF in 2020 and provided free health insurance coverage to 230 thousand vulnerable population in Lagos by 2022. In 2022, the service contents was extended to the welfare and empowerment programs for beneficiaries.

#### <Institutional/Organizational Aspect>

After operationalization of LSPHCB in 2010, there had been some overlapping tasks and subsequent management issues between LSMOH and LSPHCB (especially in field level) had been observed by the Project. However, by 2019, the management system and clarification of tasks in respective institution had been completed.

The organizational structure in LSPHCB who is in charge of primary healthcare has developed to 19 directions and units. Through the experiences of Ebola outbreak in West Africa in 2014, Medical Laboratory Service Direction was created while Community Health Service Direction became independent division to proceed the liaison between TBA and PHC, as well as to manage efficiently various vaccination campaigns. LSPHCB is responsible to supervise PHCs and budget for PHCs will be allocated from LSPHCB and from Health Authority of LGAs who is responsible to monitor and to supervise plan and activities in PHCs.

The National Health Promotion Policy of 2019 sets the responsibility and function of Ward Health Committee (WHC), as Ward Development Committee (WDC), to set the priority of local health related issues and challenges in collaborate with local PHCs, and to facilitate the resource mobilization both to LGA authority and to local community. During the Project, the inadequate level of actions taken by some committees was identified, the effort to re-activate these committees and prepared for the training concerning services in PHCs. However, given the prevision of 2019 Health Promotion Act, NPHCDA, for reducing the maternal, newborn, infant mortality rate, has introduced Community Health Influencer and Promoter Services (CHIPS) program where WDC is one of the monitoring organ of CHIPS agent in collaboration with local PHC staffs. In Lagos, all the basic training for CHIPS has been completed by 2022 and will start the field activities in 2023 after the Presidential and Governors' election in February to March 2023.

Understanding the crucial role of TBAs, LSPHCB has been collaborating with Traditional Medicine Board (TMB) to sustain data collection through Community Health Management Information System (CHMIS) from TBAs. TMB was without a board for a while which hampered the effectiveness, but a board is now in place and looking to address all the challenges.

The two-way referral between PHC and secondary health facilities is firmly in place, the state has also established a state Maternal Perinatal Death Surveillance Response (MPDSR) which engages all relevant stakeholders when any maternal or newborn death occurs (from TBC, PHC staff to secondary health facility staff). In addition, as mentioned in Policy section, effort to increase the referral facilities has continued and "one ward one MCC" effort has been in progress after the introduction of the "Project for construction of Maternal and Childcare Centres (MCC) under the Maternal, Child Mortality Reduction Strategies in 2019.

#### <Technical Aspect>

At LIMH, the training of 5S-KAIZEN-TQM, including its personnel as well as midwives and health workers, has continued. The trainings for technical skills of personnel in PHCs, as well as for concerned Health and Medical programs have been continued through the technical support program of NPHCDA in collaboration with LSPHCB. Also, although there was the delay of training program due to COVID-19 pandemic, through the introduction of CHIPS and involvement of WDC in its system, the effort to strengthen the community-level health activities has been implemented. As mentioned in the section "overall goal", the manuals developed during the Project has been internalized and further developed in the State's manuals through the continuing support by development partners and have been utilized.

Given the National Health Promotion Policy in 2019 where the position and function of WDC was clarified, the delay of clarifying the division of labor among concerned institutions in Primary Healthcare Administration, and introduction of new CHIPS training in collaboration with WDC the training program for WDC (then WHC) which started during the Project is in re-examination under the new system currently.

On the other hand, in relation to Maternal, Child Mortality Reduction Strategies in 2019, LSMOH in collaboration with LSPHCB and TMB has implemented the sensitization and training programs for traditional medical personnel, including TBA. Those include the facilitation to register as the medical practitioners of the State, to link with local PHCs, etc. For TBAs, the 6 week intensive training at the 2<sup>nd</sup> level health facilities has been implemented. Also, Lagos State Aids Control Agency (LSACA), with the support from USAID, implements the training to TBAs at the 2<sup>nd</sup> level health facilities, in order to avoid infection of HIV from mothers to babies. In collaboration with NPHCDA, LSPHCB started the training for personnel in charge of data collection and management for developing the Human Resource for Health Information System (HRHIS).

#### <Financial Aspect>

Currently, the passages of budget allocation for health care from Federal level is organized as following: National Health Insurance Scheme (NHIS) receives the budget from Federal Government, then, it allocates to State level, State Social Health Insurance Scheme (SSHIS). State Government, after receiving the budget from Federal Government, allocates the budget to State Ministry of Health, State Primary Healthcare Board, as well as SSHIS (as the subsidies from state). The LGAs authority receives the budget from State Governments (from the State, 10% of State budget) and allocates the part of this budget to PHCs through its Health department. On the other hand, SPHCB receives the budget from BHCPF and NPHCDA, and then, allocates the part of that budget to respective PHC. Although there was a delay due to COVID-19 pandemic, the budget of BHCPF to LSPHCB finally started in May 2022. This budget is used for Basic Healthcare package for vulnerable people.

Lagos state has been very keen on MNCH as such has had a couple of budget lines in the yearly state budget relating to MNCH. Lagos, as a state, also has had support from development partners like Clinton Health Access Initiative (CHAI) and Bill and Merinda Gates Foundation (BMGF) focused on strengthening MNCH in the state.

Budget/Funding	
Source of Budget	Scheme or Procedure of receiving budget
State Govt	PHCB Budget for consumables
	LSMoH budget for MNCH

	LSMoH budget for Safe Motherhood
Partner	MPDSR funds from project financial management unit

<Environmental and Social Aspect>

No risks have been found on environmental and social aspect.

<Evaluation Result>

In light of the above, slight problems have been observed in terms of the institutional/organizational, technical aspects of the implementing agency, however, they are expected to be improved/solved. Therefore, the sustainability of the project effects is ③.

### 5 Summary of the Evaluation

In this Project, the Project purpose was evaluated as partially achieved as the Project contributed to the consolidation of the foundation to provide quality maternal and child health services to certain extent. The overall goal is also judged as partially achieved given the gradual improvement of MMR in LIMH, as well as of utilization of maternal and child health services. In addition, the results of collected information from related organizations presented the progress especially in terms of Sustainability. For policy aspects, a series of new policies and actions had been introduced both in federal and state levels, while the clarification of mandates among related organizations had been progressed for institutional / organizational aspects.

Considering all the above points, although the targeted period of evaluation had been in COVID-19 pandemic and there were widespread reluctance among the population to go to medical facilities, the continuation of the effectiveness of Project outputs and improvement of indicators in overall goal have been recognized. Accordingly, the Project is evaluated to be satisfactory.

### III. Non-score Items

Additionality and Creative Values:

The interventions based on unique knowledges and experiences of Japan brought about better results. Using the maternal and child health notebook, it guided in the development of training materials and the birth attendant reporting book that are used by LSPHCB.

### IV. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

1. There is an issue that the information sharing among concerned stakeholders including TBA is not enough. This causes the consequence of inefficient services delivery. Accordingly, LSPHCB needs to facilitate further information sharing with concerned stakeholders. For example, it is recommended to establish a system where TBA can refer to the reports of other TBA.
2. LSPHCB needs to extend support and provide training to WHC. WHC will create support and potentially improve awareness of PHC services in their locality which in turn will result in an increase in PHC services uptake

Lessons Learned for JICA:

- JICA should have created more awareness of activities in the state as many of the stakeholders were unfamiliar with the project at the time of ex-post evaluation. For example, JICA should have facilitated the involvement of high-ranking personnel of LSMoH and LSPHCB by periodic meetings with them, sharing the progress, issues, lessons, as well as outputs of the Project. This would increase the active involvement and understandings of high-level personnel of concerned institutions, which contribute to the continuation of project activities in self-sustaining manner and assure the sustainability of the project. After the project ends, there are many cases that the projects activities are not continued because it was not embedded in the plan of the state government as such budget was not allocated for it.
- It is strongly recommended to set the indicators of PDM considering their availabilities as the Project found out that some of them were not available.