

ANNEX

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TNP - 7/10/00*

ANNEX A: Schedule of Evaluation Study

- Dec. 16 Arrival to Hanoi (Study member 6)
- Dec. 17 Moving to Vinh City (Study member 6)
Arrival to Ho Chi Ming (Study member 2)
- Dec. 18 Meeting with Cho Lai Hospital (Study member 2)
- Dec. 19 Arrival to Hanoi (Study member 1, 2, 3, 4, 5, 7)
- Dec. 20 Courtesy call to JICA, Embassy of Japan, Ministry of Health,
Ministry of Planning and Investment;
Moving to Vinh City. (Study member 1,2,3,4,5,7)
Preparation of Evaluation Workshop. (Study member 6)
- Dec. 21 Evaluation Workshop: Discussion on 5 aspects of the evaluation with
provincial project staff members.
- Dec. 22 Evaluation Workshop: Group discussions with District People's
Committees, District Health Centers, District Women's Unions, and
CHC midwives in the project target area.
- Dec. 23 Field visit at CHCs in Thanh Chuong District.
(Study member 1,2,3,4,5,7)
- Dec. 24 Conclusion of evaluation; Signing of the Evaluation Report
- Dec. 25 (plan) Moving to Hanoi
- Dec. 26 (plan) Internal meeting.
Leaving Hanoi (Study member 1)
- Dec. 27 (plan) Signing of the M/M at Ministry of Health.
- Dec. 28 (plan) Leaving Hanoi (All the other study members)

ANNEX B: Composition of the Japanese Evaluation Team

Dr. Taro TAMADA (Team Leader)
Professor Emeritus, Jichi Medical University.

Dr. Akira HAHIZUME (Cooperation Planning)
Director, First Medical Cooperation Division, Medical Cooperation Department,
Japan International Cooperation Agency.

Ms. Yasuko AOKI (Midwifery Education)
Professor of Nursing and Midwifery, Kiryu Junior College,

Ms. Sumie ISHII (Project Management)
Director, Planning and Development Division, JOICFP.

Mr. Ryoichi SUZUKI (NGO Collaboration)
Director, Information Division, JOICFP.

Mr. Tsuyoshi ITO (Project Evaluation)
Researcher, IC Net Ltd.

Ms. Yoshie NASU (Interpreter)
Training Coordinator, Japan International Cooperation Center.

ANNEX C: List of Participants of the Evaluation Workshop

1. Participant of the first day Workshop

1) Japanese side

No.	Name of participant	Title
1	Dr. Taro TAMADA	Team Leader/ Professor Emeritus, Jichi Medical University.
2	Dr. Akira HAHIZUME	(Cooperation Planning) Director, First Medical Cooperation Division, Medical Cooperation Department, Japan International Cooperation Agency.
3	Ms. Yasuko AOKI	(Midwifery Education) Professor of Nursing and Midwifery, Kiryu Junior College,
4	Ms. Sumie ISHII	(Project Management) Director, Planning and Development Division, JOICFP.
5	Mr. Ryoichi SUZUKI	(NGO Collaboration) Director, Information Division, JOICFP.
6	Mr. Tsuyoshi ITO	(Project Evaluation) Researcher, IC Net Ltd.
7	Ms. Yoshie NASU	(Interpreter) Training Coordinator, Japan International Cooperation Center.
8	Mayumi Katsube	Team Leader of JICA Reproductive Health Project in Nghe An Province
9	Shinya Iwayanagi	Administrative Coordinator of JICA Reproductive Health Project in Nghe An Province
10	Kazuyo Watanabe	Long-term expert in midwifery education of JICA Reproductive Health Project in Nghe An Province

2) Vietnamese side

2.1 Provincial level

No.	Name of participant	Title
1	Mrs. Nguyen Thi Chau	Chairperson, Provincial Women's Union
2	Dr. Pham Ung	Director, Provincial Health Service
3	Dr. Nguyen Thi Thien	Vice-director, Provincial Health Service
4	Dr. Do Thi Mui	Director, MCH/FP Center
5	Dr. Nguyen Ba Tan	Vice-director, MCH/FP Center
6	Dr. Tran Quang Phong	Acting Head of Planning, Finance and Accountant Department, MCH/FP Center

2.2 District level

No.	Name of participant	Title	Name of district
2	Cao Thi Hue	Chairperson, Women's Union	Dien Chau
3	Dr. Nguyen Ngoc Ly	Vice-director, District Health Center	
4	Dr. Vo Thi Vinh	Deputy of OB/GYN department, District Health Center	
5	Nguyen Bang Toan	Vice-chairperson, People's Committee	Nghien Loc
6	Dr. Tran Ba Khanh	Director, District Health Center	
7	Dr. Le Ke Tu	Head of OB/GYN department, District Health Center	Nam Dan
8	Dr. Nguyen Van Tua	Director, District Health Center	
9	Dr. Le Xuan Hoang	Head of OB/GYN department, District Health Center	

2. Participant of the second day Workshop

1) People's Committee

No.	Name of participant	Position	Name of district
1	Hoang Tran Ky	Chairperson	Dien Chau
2	Nguyen Bang Toan	Vice-chairperson	Nghi Loc
3	Nguyen Vuong Loc	Vice-chairperson	Nam Dan
4	Vi Van Dinh	Vice-chairperson	Nghia Dan

2) Women's Union

No.	Name of participant	Position	Name of district
1	Cao Thi Hue	Chairperson	Dien Chau
2	Phan Thi Tri	Chairperson	Yen Thanh
3	Nguyen Thi Hien	Chairperson	Nghi Loc
4	Tran Thi Hong	Chairperson	Nam Dan
6	Truong Thi Chep	Chairperson	Nghia Dan

3) CHC midwives

No.	Name of participant	Position	Name of district
1	Nguyen Thi Hoan	Primary Midwife	Dien Chau
2	Vo Thi Mai	Secondary Midwife	Yen Thanh
3	Nguyen Thi Xuan Phuong	OB/GYN Assistant Doctor	Nghi Loc
4	Nguyen Thi Ly	OB/GYN Assistant Doctor	Nam Dan
5	Le Thi Lien	OB/GYN Assistant Doctor	Thanh Chuong
6	Le Thi Hao	General Assistant Doctor	Nghia Dan
7	Lang Thi Tuyen	OB/GYN Assistant Doctor	Con Cuong

4) DHC

No.	Name of participant	Position	Name of district
1	Dr. Nguyen Ngoc Ly	Vice-director	Dien Chau
2	Dr. Vo Thi Vinh	Deputy of OB/GYN department	
3	Dr. Tran Ngoc Hanh	Vice-director	Yen Thanh
4	Dr. Phan Thi Ngoi	Head of OB/GYN department	
5	Dr. Tran Ba Khanh	Director	Nghi Loc
6	Dr. Le Ke Tu	Head of OB/GYN department	
7	Dr. Nguyen Van Tua	Director	Nam Dan
8	Dr. Le Xuan Hoang	Head of OB/GYN department	
9	Dr. Nguyen Canh Tien	Vice-drector	Do Luong
10	Dr. Nguyen Thi Minh	Staff of OB/GYN department (Secretary of District Steering Committee)	
11	As. Dr. Thai Thi Mai	Deputy of OB/GYN department	
12	Dr. Hoang Thuy Xuan	Vice-director	Thanh Chuong
13	Dr. Nguyen Tri Nam	Head of OB/GYN department	
14	Dr. Le Dinh Van	Director	Nghia Dan
15	Dr. Nguyen Dinh Son	Vice-director	Con Cuong

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal: Reproductive Health (RH) of women is improved in Nghe An Province	1. Maternal mortality rate in project area is reduced to 155/100,000 live births by 2000 from 165/100,000 live births in 1995 2. % of low weight birth in project area is reduced by 1% annually between 1997 and 2000	Data from Provincial Health Office, Statistics Office, and Provincial Committee on Population and Family Planning (PCPFF)	Continuous economic development will be maintained. High commitment and activities by local authorities, health sector and social organizations will be continued and expanded to the other districts in Nghe An Province.
Project Purpose: Reproductive Health of women of reproductive age with special focus on commune women in the intensive area is improved in Nghe An Province.	1. The average number of prenatal examination per pregnant women in the project area is increased to 3 or more by the end of the project 2. % of the pregnant women received prenatal examination in project area is increased to 93% by the end of the project 3. % of deliveries at CHC in project area is increased to 85% by the end of the project 4. No. of women received gynecological examination and treatment in project area is increased by 2.5% annually between 1996 and 2000 5. No. of deliveries in project area is reduced by 2% annually between 1996 and 2000 6. % of pregnant women received TT/2 is increased by 2% annually between 1996 and 2000 7. No. of abortions including MR in project area is reduced by 6% annually between 1996 and 2000 8. Modern contraceptive prevalence rate in project area is increased by 3% annually between 1996 and 2000	Data from Statistics office, Commune Health Center (CHC), District Health Center (DHC) and CHC: 1-4, 6,7 PCPFF and District Committee on Population and Family Planning (DCPFF), Statistics Office and DHC: 5 PCPFF and DCPFF DHC: 8	
Outputs: 0. Project Unit (PU) is established at all levels (National, Provincial, District and Commune)	0.1 Staffing of PU and Provincial MCH/FP Center is continuously fulfilled as planned 0.2 Meetings at PU are organized regularly 0.3 No. of trained staff of PU and Provincial MCH/FP Center as planned 0.4 No. of equipments supplied for PU and Provincial MCH/FP Center as planned 0.5 Reports are made and submitted regularly by PU to higher PU	Reports from PU at all levels (Provincial, district and commune) 0.1 - 0.5	
1. Quality of health personnel with focus on commune level is improved	1.1 No. of health personnel in RH trained and examined at least 90% of those pass the examination 1.2 No. of training materials produced as planned 1.3 No. of workshops organized and participants attended as planned 1.4 No. of study tours organized as planned 1.5 No. of follow-ups conducted and trained personnel covered	Reports from PU at all levels 1.1 - 1.5	
2. Necessary medical equipment is improved	2.1 No. of equipments supplied and operated as planned 2.2 No. of training for maintenance conducted and participants attended as planned	Reports from PU at all levels 2.1 - 2.2	
3. Necessary health facilities are improved	3.1 No. of facilities upgraded according to the standard set by the project 3.2 No. of facilities received community contribution of least 30% of cost value for upgrading	Reports from IEC at all levels: 3.1 People's Committee Office at all levels: 3.2	Necessary materials will be provided by Vietnamese side
4. Capacity of mobile team is strengthened	4.1 No. of services provided based on the operation plan	Reports from PU and District IEC	
5. Necessary drugs and contraceptives are provided sufficiently	5.1 Amount of necessary drugs and contraceptives provided as planned	Reports from provincial PU and District IEC	Necessary drugs and contraceptives will be provided by Vietnamese side
6. Information, education and communication (IEC) for RH is improved	6.1 No. of IEC staff trained as planned 6.2 No. of IEC materials produced and distributed as planned 6.3 No. of IEC equipment provided as planned 6.4 No. of meetings held and participants attended	Reports from provincial PU and Women's Union at all levels: 6.1 - 6.4	
Activities:		Inputs	Unexpected serious natural disaster will not hit the project area.
0.1 Function and responsibility of PU at different levels are defined		Vietnam (Nghe An Province)	Japan
0.2 PU at different levels are established		1. Building and facilities including: project office, training room, delivery room, laboratory, incubator, transformer and other necessary facilities VND1100million/3years	1. Experts
0.3 Plan of capacity building of Provincial MCH/FP Center as a focal point of project implementation is formulated		2. Local cost: Costs for administration, IEC, transportation, mobilizing and other necessary cost for the project to be borne by Vietnamese side will be indicated later	1-4 Long term Chief Advisor (Administrative Officer) / Nurse-Midwife
0.4 Situation analysis is conducted			1-2 Short term Reproductive Health, Health service management, IEC, etc
0.5 Equipment for PU and Provincial MCH/FP Center is provided			Equipment: ¥30-40million/3years
0.6 Detailed project plan of operation is formulated			3. Training: Training of C/P in Japan (7-9 (3years) Local training ¥15million/3years
0.7 Training of staff of PU and Provincial MCH/FP Center on planning, management and statistics is conducted			
0.8 Coordination, monitoring and evaluation are conducted regularly			
1.1 Needs assessment on training is conducted			
1.2 Training plan for health personnel is formulated			
1.3 Teaching materials are produced			
1.4 Training for health personnel is conducted			
1.5 Monitoring, supervision and follow up of trained personnel are conducted regularly			
1.6 Evaluation and reporting are conducted regularly			
2.1 Needs assessment on equipment is conducted			
2.2 Plan for equipment is formulated			
2.3 Procurement and supply of equipment are carried out			
2.4 Protocol/manual for using and maintenance is formulated			
2.5 Training on utilization and maintenance of equipment is carried out			
2.6 Maintenance of equipment is conducted regularly			
3.1 Needs assessment is conducted			
3.2 Plan of upgrading of facilities is formulated			
3.3 Upgrading of facilities, e.g. delivery room, FP service/counseling room, water source, bathroom, toilets, at CHC is carried out			
3.4 Monitoring and evaluation is conducted			
4.1 Operation plan of mobile team is formulated			
4.2 Means of transportation and necessary equipments are provided			
4.3 Service and supervision are regularly conducted			
4.4 Recording and reporting are carried out regularly			
5.1 Needs assessment is conducted			
5.2 Plan for supply of necessary drugs and contraceptives is prepared			
5.3 Procurement and distribution of necessary drugs and contraceptives are carried out			
5.4 Proper record on supply and usage is kept by pharmacist			
5.5 Monitoring and supervision are carried out regularly			
6.1 Needs assessment is conducted			
6.2 Plan for IEC work is formulated			
6.3 Appropriate IEC equipment is provided			
6.4 IEC materials are produced and distributed			
6.5 Training for IEC workers and motivators is carried out			
6.6 Festival and meetings are organized			
6.7 Recording and reporting are carried out regularly			
			Pre-conditions High commitment of local authorities, health sector and social organization especially Women's Union is ensured Women in reproductive age do not oppose the project

ANNEX E: Tentative Schedule of Implementation

Reproductive Health Project in Nghe An Province

Project Purpose:	Reproductive Health (RH) of women of reproductive age with special focus on commune women in the intensive area is improved in Nghe An Province.											
Schedule	1st Year				2nd Year				3rd Year			
Activities:												
0 Project Unit (PU) is established at all levels (National Provincial, District and Commune)												
0.1 Function and responsibility of PU at different levels are defined	—											
0.2 PU at different levels are established	—											
0.3 Plan of capacity building of Provincial MCH/FP Center as a focal point of project implementation is formulated	—											
0.4 Situation analysis is conducted	—											
0.5 Equipment for PU and Provincial MCH/FP Center is provided	—											
0.6 Detailed project plan of operation is formulated	—											
0.7 Training of staff of PU and Provincial MCH/FP Center on planning, management and statistics is conducted	—											
0.8 Coordination, monitoring and evaluation are conducted regularly	—											
1. Quality of health personnel with focus on commune level is improved												
1.1 Needs assessment on training is conducted	—											
1.2 Training plan for health personnel is formulated	—											
1.3 Teaching materials are produced.	—											
1.4 Training for health personnel is conducted	—											
1.5 Monitoring, supervision and follow-up of trained personnel are conducted regularly	—											
1.6 Evaluation and reporting are conducted regularly	—											
2. Necessary medical equipment is improved												
2.1 Needs assessment on equipment is conducted	—											
2.2 Plan for equipment is formulated	—											
2.3 Procurement and supply of equipment are carried out	—											
2.4 Protocol/manual for using and maintenance is formulated	—											
2.5 Training on utilization and maintenance of equipment is carried out	—											
2.6 Management of equipment is conducted regularly	—											

Tentative Schedule of Implementation

Reproductive Health Project in Nghe An Province

Schedule	1st Year	2nd Year	3rd Year
Activities:			
3. Necessary health facilities are improved			
3.1 Needs assessment is conducted	—		
3.2 Plan of upgrading of facilities is formulated	—		
3.3 Upgrading of facilities, e.g. delivery room, FP service/counseling room, water source, bathroom, toilets, at CHC is carried out		—	
3.4 Monitoring and evaluation is conducted			—
4. Capacity of mobile team is strengthened			
4.1 Operation plan of mobile team is formulated	—		
4.2 Means of transportation and necessary equipment are provided		—	
4.3 Service and supervision are regularly conducted		—	
4.4 Recording and reporting are carried out regularly		—	
5. Necessary drugs and contraceptives are provided sufficiently			
5.1 Needs assessment is conducted	—		
5.2 Plan for supply of necessary drugs and contraceptives is prepared	—		
5.3 Procurement and distribution of necessary drugs and contraceptives are carried out		—	
5.4 Proper record on supply and usage is kept by pharmacist		—	
5.5 Monitoring and supervision are carried out regularly		—	
6. Information, education and communication (IEC) for RH is improved			
6.1 Needs assessment is conducted	—		
6.2 Plan for IEC work is formulated	—		
6.3 Appropriate IEC equipment is provided	—		
6.4 IEC materials are produced and distributed	—		
6.5 Training for IEC workers and motivators is carried out		—	
6.6 Festival and meetings are organized		—	—
6.7 Recording and reporting are carried out regularly		—	

Tentative Schedule of Implementation

Reproductive Health Project in Nghe An Province

Schedule	1st Year	2nd Year	3rd Year
Activities:			
1 Inputs by Japanese side			
(1) Dispatch of Long term Japanese Experts			
① Chief Advisor	—————		
② Coordinator	—————		
③ Nurse/Midwife	—————		
④ Others mutually agreed upon as necessary	—————		
(2) Dispatch of Short term Japanese Experts			
① Situation analysis/Research methodology	—————		
② Health service and management	—————	—————	—————
③ Health information management	—————		
④ OB/GYN	—————	—————	
⑤ IEC	—————	—————	
⑥ Project management	—————	—————	
⑦ Health administration and management	—————	—————	
⑧ Midwifery education		—————	—————
⑨ Others mutually agreed upon as necessary			—————
(3) Provision of Equipment	—————	—————	—————
(4) Training of Vietnamese personnel in Japan			
① Health administration and management	② —————	—————	—————
② Health service and management	—————	—————	—————
③ Health information management	—————	—————	—————
④ Midwifery education	—————	—————	—————
⑤ Reproductive health	—————	—————	—————
(5) Training of Middle Level Manpower	—————	—————	—————
(6) Dispatch of Japanese Mission	—————	—————	—————
2 Inputs by Viet Nam			
(1) Services of the Vietnamese counterpart and administrative personnel	—————	—————	—————
(2) Land, building and facilities	—————	—————	—————
(3) Supply drugs	—————	—————	—————
(4) Local cost(management,monitoring,etc)	—————	—————	—————
(5) Publish annual progress report		—————	—————

ANNEX F: Program of the Evaluation Workshop

**Reproductive Health Project
Evaluation Workshop
(December 21 and 22, 1999)**

Day 1

- | | |
|---|---------------|
| 1. Opening | 8:30 – 8:45 |
| 2. Briefing on the method of the evaluation | 8:45 – 9:15 |
| 3. Discussion on the “Achievement”, “Efficiency”, and “Relevance” of the Project. | 9:15 – 11:30 |
| 3-1. Presentation on the results of the pre-investigation (by Ito) | |
| 3-2. Discussion on the results. | |
| Lunch | 11:30 – 13:30 |
| 4. Discussion on the “Impact” of the Project | 13:30 – 14:30 |
| 4-1. Presentation on the evidence of the “Impact” (by the Project) | |
| 4-2. Discussion on the conclusion of the presentation. | |
| 5. Discussion on the “Sustainability” of the Project | 14:30 – 16:30 |
| 5-1. Presentation on the evidence of the “Sustainability” (by the Project) | |
| 5-2. Discussion on the conclusion of the presentation.. | |
| 6. Summing up of the Day 1 | 16:30 – 17:00 |

Day 2

- | | |
|---|---------------|
| 7. Focused Group Discussions | |
| 7-1 Discussion with District People’s Committee members | 8:30 – 10:00 |
| 7-2 Discussion with Women’s Union members | 10:00 – 11:30 |
| Lunch | 11:30 – 13:30 |
| 7-3 Discussion with Commune health workers | 13:30 – 15:00 |
| 7-4 Discussion with District Health Center staff | 15:00 – 16:30 |
| 8. Summing up and Closing | 16:30 – 17:00 |

HEALTH SERVICE
MCH/FP CENTER

SOCIALIST REPUBLIC OF VIET NAM
Independence - Freedom - Happiness
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Vinh, Dec.18, 1999

IMPACT

According to the Record of Discussion of the Project, the duration of the Project is 3 years (May, 1997 - May, 2000). Actually, the project has been implemented for two years and two months so far. Therefore, the improvement of activities can not be seen by the indicators. On the other hand, the statistical system in Vietnam has big problems. We have to improve and solve these problems in the coming years. However, when we look at the districts and commune which covered by the project, there have been many good changes. Especially, MCH/FP Center staff have condition to work directly day by day with Japanese experts, so we have learnt many things from them. The technical changes, the changes in the way of working and social changes have been observed in many districts and other offices of the Nghe An Health Sector. Especially, there has been some good impact to other provinces through the Inter-provinces Exchange Evaluation on last November, 1999.

1. Change of the situations related to the "Overall Goal"

To be proved by the comparison of changes the value of some indicators.

2. Social changes:

- The members of Steering Committee at provincial level and district level, key persons at MCH/FP Center, the members of district Mobile Teams increased their awareness toward management area (including various aspects, there is not only the technical management.) Many old thinking of women in project area as well as other districts have been changed. For instance: they are not on diet during pregnancy and breast feedings, not so many deliveries, and son preference, etc.
- The pregnant women have recognized the importance of pregnant check up for 4 times during pregnancy, receive T.T2, nutrition, hygiene, contraceptive method, health care for themselves. However, the health workers in charge of MCH care and the members of Women's Union who were participated in IEC workshops should provide with more information to community people.
- CHCs and DHCs staff were very happy when they were invited to participate in the training course. After the training course all the trainees have become more confident, and returned to their CHCs with high spirit and continue to make efforts to apply what they have learnt from the training course in order to improve MCH care activities at CHCs as well as clean environment, so that commune people have good impression to their CHC.

3. Political changes

The activities of the project have been implemented very smoothly so far due to the support and high commitment of People's Committee at all level, Health Service;

- The Nghe An People's Committee provided counterpart budget to build new quarter for project office, training room, delivery room, etc. at MCH/FP Center.
- The members of PC have participated in workshops conducted by JICA to improve their management skills and to understand the project's activities.

- The Health Service also located counterpart budget for training, even though its budget is limited.
- The People's Committee at district and commune level motivated to contribute additional fund and the labor cost for construction/renovation of hygienic facilities at CHCs. They have realized the contribution is their responsibility.
- The members of Steering Committee at all level have not been paid any incentive for the project works but they are very cooperative and happy that they have been involved.
- The doctors, midwives, assistant-doctors, the members of mobile team of DHCs, the members of Women's Union are willing to work hard whenever the project requested.

4. Economical changes

The implemented duration is not so long. Therefore, we are not able to evaluate clearly. In the future, the qualification of health staff who have been trained will be improved. The medical equipment have been supplied, facilities have been constructed/renovated so that the number of clients will increase. Then the income of health centers will increase and the life of staff will be improved. The people will receive the examination and treatment, so that their health will be better. Many productions will be increased for betterment life of people.

5. Technical changes

1) at the MCH/FP Center

The parents class has been opened regularly at the Center. The trainees from DHCs who participate the training courses supported by GTZ project have observed this classes. They are very interested in and they said they are going to open this kind of class in their districts. The class impressed by the member of the Inter - Provinces Exchange Evaluation between Thanh Hoa, Ha Tinh Province very much.

2) at the DHCs

There have been many good changes at DHCs, especially DHCs in the project area. Through the Quarterly District Group Meeting in 1999, those districts out of project area have learnt many things from the districts in project area. For instance, Hung Nguyen DHC has learnt Nam Dan DHC, Vinh City Health Center has learnt Nghi Loc DHC, Ky Son DHC and Tuong Duong DHC have learnt Con Cuong DHC, Quynh Luu DHC has learnt Yen Thanh the following issues:

a) Pregnant management

- How to file pregnancy record so that the times of prenatal check up for a pregnant woman can be followed easily.
- Preparation of twelve months box for pregnancy management
- The utilization of patograph

b) Infection control, clean environment around CHCs and DHCs in project area

6) Changes of the way of working to improve the quality service at MCH/FP Center

Work with scientific thinking

- Apply 5 "S" for every activities

SEIRI: Throw away that is not needed

SEITON: Place everything in order

SEISOU: Clean up environment

SEIKETSU: Clean yourself and things around

SYUKAN: Form the habit of SEIRI, SEITON, SEISOU, SEIKETSU

- Apply Quality Control method

- Apply Quality Control method

Summary: With the above mentioned changes in the way of working and new technique, the MCH/FP Center of Nghe An has gotten the highest points in 28 Northern provinces, that is 92 out of 100 as the results of the inter-provincial exchange evaluation which led by the MOH this year. The MCH/FP Center is only one organization which has been appointed to received the Flag from Government by the Competition Committee of Health Sector. Our Center has got these achievements, because the Board of Directors and all center staff have been working very hard. It is also due to very big impact from the project to Center. Therefore, this Center is a model of Nghe An Health Sector as well as the MCH/FP Center in the whole country.

**The Provincial Steering Committee
Reproductive Health Project**

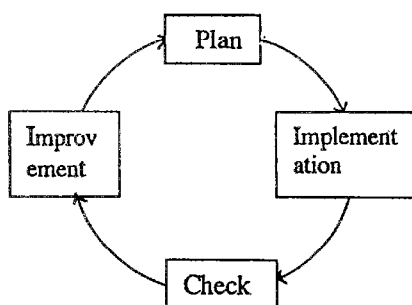
Vinh, Dec. 18, 1999

SUSTAINABILITY

After the termination of the project, the Vietnamese side (Nghe An) has to sustain the project activities in term of three following aspects:

- "Financial sustainability"
- "Institutional sustainability"
- "Technical sustainability"

In order to maintain the project's activities, we have to work with scientific thinking to improve the quality.



1. The project activities should be continued and expanded into whole Nghe An Province.

1) Training

The MOH has made plan for education of health staff mainly on FP since 1990. There has been very little budget located for MCH. However, the MCH/FP Center thinks this is a very important area to be emphasis on, so the plan for this activities has been made every year.

a/ Target: Provincial level
District level
commune level

b/ Subject: Management
Knowledge and skill
IEC
Monitoring
Statistic

c/ Content of education

- As for the staff who is in charge of management, management skills should be improved in all areas such as the management of MCH activities, the capacity building, the management of equipment, facilities, financial management. In the past, our put emphatic mainly on technical services.
- To upgrade level of staff and to improve the knowledge, practical skills and follow-up, monitoring system on MCH/FP and counseling activities.

- To improve the quality of reporting and recording system for statisticians, so that figures and indicators will be improved. In the coming year, the MCH/FP Center will improve the report forms and send feedback information to grassroots level. The MIS workshop was organized in 1999 supported by the project to train for the staff who are in charge of statistical area. However, they should be trained more in the coming years to be qualified.

2) Effective utilization and maintenance of equipment

During the project duration, MCH/FP Center, DHCs and CHCs in project area have been provided enough equipment. However, the plan should be made by MCH/FP Center to follow:

- The medical equipment have to be utilized effectively and maintained property.
- To repair equipment or change the broken parts.
- To supply the necessary equipment for grassroots according to the assessment of needs at every level (This is an experience that we have learnt during project duration from experts). In the past we supplied according to our plan without any assessments of the needs at grassroots.

3) Construction/Renovation of facility

- Construction of new buildings (depend on the local budget).
- Strengthen and maintain the facilities supported by the project e.g. toilets, bathrooms, delivery rooms.
- Provincial level and district level have to follow - up the utilization of hygienic facilities commune level.
- Encourage the contributions from community.

4) Follow up, monitoring activities

- To make plan of monitoring at provincial level yearly.
- To continue the district- group meeting activities (once a quarter).
- To send groups of doctor and midwives to districts and communes to conduct follow up activities which available checklist and content, support them technical services, share information and experiences on management for CHCs staff.
- DHCs staff (especially the members of Mobile Team have been trained) continue to follow up and improve CHC activities with available check list. These activities at provincial and district level still have to be more improved the quality.

2. Vietnamese side will have many difficulties if all the current role of Japanese side would disappear.

- Management skill: The duration of implemented project is not long enough for us to learn the experiences from Japanese experts. The provincial Steering Committee is the direct counterpart of JICA office, however some of its members have been changed. Therefore, we need more time to be familiar with the works.
- Budget from Nghe An Province is limited. There is a very little budget from the Government allocated for MCH. The local budget from PC is about 200 - 300 million VND.
- The members of Provincial and district SC and the member of mobile teams should learn more experiences on monitoring, sharing information system, make plan for any activities from Japanese experts.

3. Financial sustainability

After the termination of the project, the financial sustainability for the project activities of Vietnamese side will have many difficulties because the budget from central level is mostly for FP activities.

- In order to sustain necessary budget for the continuing activities, The MCH/FP Center will request budget from Health Service and People's Committee (there will be the opinion from Health Service in the workshop). DHCs and CHCs request budget from People's Committee at district and commune level. (it depends on every district and commune)
- Besides the budget from Government, International support and local budget, the contribution from community people should be encouraged. Some fund was contributed by commune people to conduct construction/renovation activities at CHCs;

For example: Ngoc Son commune, Thanh Chuong district:	VND 6,000,000
Da Son Commune, Do Luong district:	VND 6,580,000
Nghi Loc district, Quan Hanh town:	VND 15,500,000
Nghi Trung commune:	VND 15,000,000
Nghi Hoa commune:	VND 10,000,000

This contribution has shown their awareness toward the health. This activity should be maintained and motivated in the future so that some fun will be available to repair the facilities, to buy HBMR, etc.

- The plan should be made for spending money effectively according to the target and purpose, priority activities for which the budget provided by Health Service, People's Committee or the contribution of community people.

4. Institutional sustainability

- 1) Chart (see the attached chart)
- 2) Numbers of staff members of the Project have been changed:
 - a) Moving: Dr. Vo Thuy Phuong, who used to be the Chairperson of Provincial Steering Committee moved to PCPFP as a Vice chairperson.
 - b) Staff of Steering Committees at provincial level and district level, who are now on the training course.
 - Dr. Cao Phi Nga, secretary of Provincial SC, Master training course in America.
 - Dr. Bui Dinh Long, member of Provincial SC, Vice Director of MCH/FP Center is on the training course in Ha Noi
 - Ds. Nguyen Thi Vinh, secretary of District SC of Dien Chau and Dr. Hoang Tri Nam, secretary of District SC of Thanh Chuong are the same training course with Dr. Long in Ha Noi
 - Ms. Nguyen Phuong Thuy, assistant doctor, staff of Planning Division, Interpreter, MCH/FP. Vacation after delivery
 - c) Retired staff: 3 people are going to retired by the year 2000.
- 3) Health staff at district and commune level is stable. If there is any change, it is due to some staff are retired.
- 4) The monitoring system of project: (see the attached chart)
 - This system won't be changed after the termination of project. However, the experiences and skill on monitoring management of Vietnamese Side have to be improved a lot.
 - During monitoring process, experiences and feedback information need to be shared at all levels. The existing problems should be solved, e.g. the activities have to be conducted regularly, knowledge and practical skill for health staff at grassroots level have to be.
 - Make plan for monitoring activities every year. (Regular meeting at provincial level, and district - group meeting once in every three months)

5. Technical sustainability

1) The planned technical transfer from the Japanese experts to the Vietnamese counterpart has not been completed yet. We expect gain more experiences by the end of the project. The members of Provincial SC have been changed, therefore we need more time to learn experiences from experts in the following areas such as:

- The way of making plan for certain activities
- Management skill (especially for the members of the Board of directors)
- Follow - up and monitoring skill

2) The mechanisms to promote the information sharing among staff at provincial, district, commune level.

This issue should be paid more attention and improved. We have learnt various experiences from Japanese experts as well as in Japan during the counterpart training course, that information should be given through many ways e.g. direct communication: face to face, meeting, written documents, fax, telephone, post. Especially, when the message has been sent, we have to follow up. The sharing information has been improved in 1999.

3) The mechanisms to promote continuing training/education for the staff

At provincial;

- 1) The MCH/FP Center consults with Health Service to make plan for training of staff in charge of MCH care whole district.
- 2) To send staff for training at central level, or/and training courses or programs supported by International project.
- 3) Since the beginning of 1999, the Center staff have trying to learn English. However, more time need to be allocated and a part of fee should be covered to learn extensively for certain staff so that they will be able to command English as the working language at the Center.
- 4) In -service training course has been organized to improve knowledge and monitoring skills.
- 5) The staff who received the training course at central level have been sharing the experience and information to others so that they can learn each other.
- 6) At the Quarter Group District Meeting, the necessary and updated information has been shared among the MCH/FP Center and DHCs.
- 7) The Vice director in charge of training together with Planning Division has made plan for training of health at district and commune level every year. This plan has to be approved by the Board of Directors
- 8) The methodology, content, pre - test and post test of the training courses have been revised and improved after every training course. The curriculum also has revised in term of proportion of time allocation for lecture, exercise, and practical training.

At commune level

- 1) To send staff whenever training course has been opened at provincial level.
- 2) The plan has been made to trained of CHCs at DHCs. The health workers at district and commune level has been sent to the MCH/FP Center to receive training on MCH care in a small group of one to three staff each time. The budget for the trainees comes from district and commune people's committee. This kind of training should be improved and maintained in the coming years.
- 3) The necessary information on knowledge, practical skills as well as management skills has been shared at the Regular Meeting of Midwives at DHCs. However, this activity should be conducted more regularly and the detailed plan should be prepared for every meeting.

- 4) After the training course, the staff share information. This activity should be more improved.
- 5) The plan for certain days training courses should be made by DHCs to refresh the knowledge and practical skill for the staff who have been trained by provincial level.

4. We have sufficient equipment to practice the new technique and to utilize the new knowledge gained during the Project. For example, at CHCs all items of essential equipment were provided and CHCs staff have been trained how to utilized and maintained them. However, the training in advanced knowledge of the utilization of ultrasound, computer and X-ray should be provided.

- For the ultrasound:

- The diagnosis of digestive system and cardiac vascular system by ultrasound
- The diagnosis of breast tumor or cancer by ultrasound

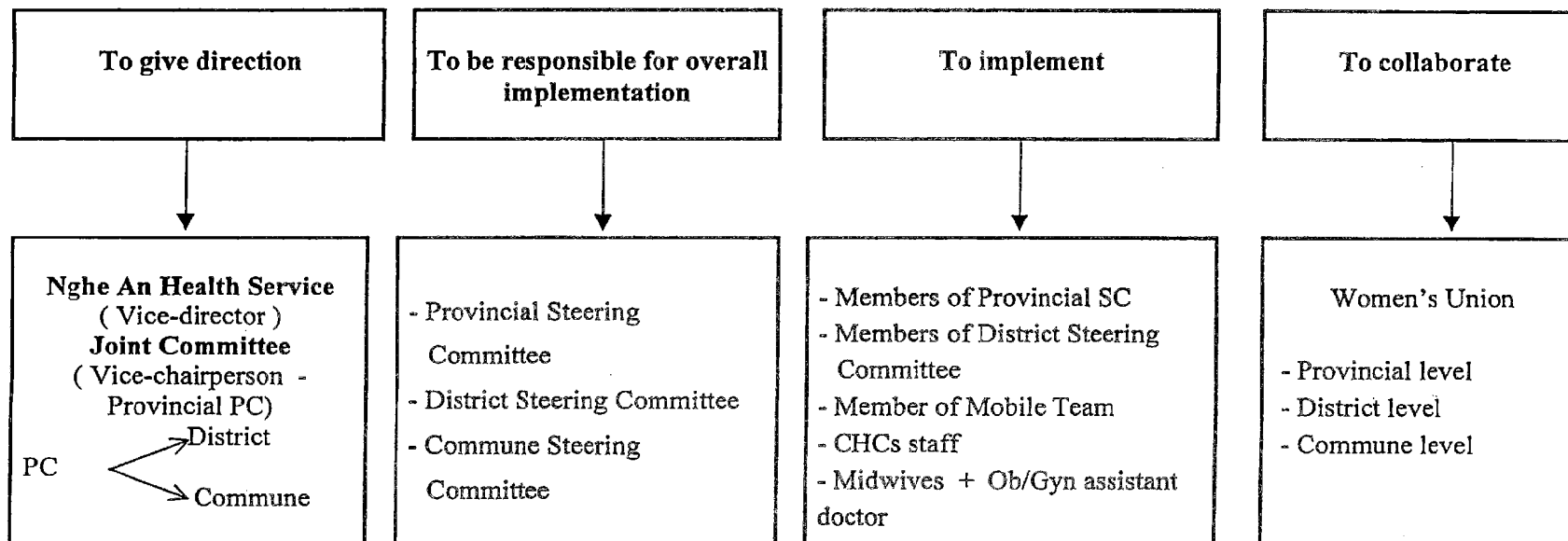
For the X-ray:

- Checking of red light system on the machine during utilization.
- Some standard constants of the machine
- How to maintain

For the Computer:

- Training on Microsoft Excel
- Statistical Programs

Institutional sustainability



- Idea for the year 2000 : The provincial Women in collaboration with the MCH/FR Center will implement pilot in some communes of project area. A group of 20 households will be established and a woman will be pointed as a head. She will be responsible to follow-up the as follows:

- + To encourage pregnant to go for check up*
- + To remind people to apply contraceptive method*
- + To encourage people to deliver at CHCs*
- + To follow up TT2 for pregnant women.*

*Health insurance card and a part of treatment fee in the hospital will be covered for the head of groups.
(Idea of Dr. Mui and Mrs. Chau after the Counterpart Training Course in Japan)*

ANNEX H: Summary Table of the Evaluation

(1) Achievement of the Project Purpose and Overall Goal

Narrative Summary	OVI	Achievement	Priority	Evaluation	
Overall Goal Reproductive Health (RH) of women is improved in Nghe An Province	1. Maternal mortality rate in the project area is reduced to 155/100,000 live births by 2000 from 165/100,000 live birth in 1995.	No reliable data available.		E	E
	2. % of low weight birth in project area is reduced by 1% annually between 1997 and 2000.	1997 to June 1999: 2.4, 2.9, 6.9. Increase in the figure observed. Rates of the target districts from 1996 to June 1999: 5.8, 6.8 6.2, 6.0. Reliability of the data is questionable.		E	
Project Purpose RH of women of reproductive age with special focus on commune women in the intensive area is improved in Nghe An Province.	1. The average no. of prenatal examination per pregnant women in the project area is increased to 3 or more by the end of the Project.	Average figure for the project area is 3.3 in 1999. 1996 to June 1999: 2.0, 2.3, 2.6, 3.3. Rapid increase in 1999. Comparison with other districts raise data problems.	1	A	C
	2. % of the pregnant women received prenatal examination in project area is increased to 95% by the end of the Project.	Average figure for the project area is 88.2 in 1999. 1996 to June 1999: 82.5, 86.9, 91.9, 88.2. Decrease in 1999. Extent of the achievement widely varies among the target districts.	2	C	
	3. % of deliveries at CHC in project area is increased to 85% by the end of the Project.	Average figure of for the project area from 1996 to June 1999: 59.5, 72.9, 78.2, 81.1. Constant increase	3	C	
	4. No. of women received gynecological examination in the project area is increased by 2.5% annually between 1996 and 2000. (Original OVI was "No. of women received gynecological examination and treatment in project area is increased by 2.5% annually between 1996 and 2000.")	Total number of women received examination and treatment in the project area from 1996 to June 1999: 40432, 48173, 51846, 37433. Annual increase rate of the number between 1996 and 1997; 1997 and 1998: 19.1% and 7.6%	8	B	
	5. Crude Birth Rate in the project area is reduced. (Original OVI was "No. of deliveries in project area is reduced by 2% annually between 1996 and 2000.")	CBR in the project area from 1996 to June 1999: 22.1, 19.0, 17.4, 9.4. Substantial decrease was observed.	6	A	
	6. % of pregnant women received T/T2 is increased by 2% annually between 1996 and 2000.	Average increase in % of T/T2 received from 1996 to June 1999: -5.9, 1.0, 7.5. Constant increase and average of increase rate is 0.87%	4	C	
	7. No. of abortion including MR in project area is reduced by 6% annually between 1996 and 2000.	Aggregate data are not available (missing data for MR). 7 out of 8 target districts showed substantial decrease.	5	E	
	8. Modern contraceptive prevalence rate in project area is increased by 3% annually between 1996 and 2000.	Average increase in prevalence rate of modern contraceptives in project area from 1996 to June 1999: 0.9, 10.7, -0.1. Average increase rate during this period is 3.83.	7	A	

A: Purpose or Goal is achieved.

B: Purpose or Goal is expected to be achieved by the end of the Project.

C: Purpose or Goal is not expected to be achieved by the end of the Project, but effect of the Project was observed in some extent.

D: Purpose or Goal is not expected to be achieved by the end of the Project, and effect of the Project was not observed significantly.

E: Unable to evaluate.

ANNEX H: Summary Table of the Evaluation (2)

Achievement: Output

(A: Purpose or Goal is achieved; B: Purpose or Goal is expected to be achieved by the end of the Project; C: Purpose or Goal is not expected to be achieved by the end of the Project, but effect of the Project was observed in some extent; D: Purpose or Goal is not expected to be achieved by the end of the Project, and effect of the Project was not observed significantly; E: Unable to evaluate.)

Contents	OVI	Provincial level	District level	Commune level	
0. Project Unit (PU) is established at all levels.	A	0.1 Staffing of PU and MCH/FP Center is continuously fulfilled as planned.	1 JC and 1 Provincial SC were formulated.	8 District SC were formulated at all districts.	244 Commune SC was formulated.
		0.2 Meetings at PU are organized regularly.	Joint Committee Meeting was organized annually for revision and authorization of the project annual plan, and progress monitoring and necessary discussions. Weekly meeting for Provincial SC and JICA experts. From April 1999, quarterly joint meeting were organized under the initiative of MCH/FP Center.	From April 1999, quarterly joint meeting were organized under the initiative of MCH/FP Center.	SC meetings were organized as necessary.
		0.3 No. of trained staff of PU and MCH/FP Center as planned.	43 Provincial SC members received briefing on the Project. All MCH/FP Center staff (70) were trained (3 weeks x 3 times) on management and SS movement. 30 Provincial SC, Provincial Health Service were trained on Community-based MCH/FP promotion. 8 JC and Provincial SC were trained on MCH/FP, Community health administration, Midwifery training, community-based IEC in Japan. 28 Provincial SC members and MCH/FP Center traveled to exchange information with Central and South Provinces. 16 Provincial Hospital and MCH/FP Center staff were trained on basic demography. 6 Provincial SC members attended exchange seminar with south Provinces. ACCUMULATED TOTAL OF ABOVE ALL: 341 persons	22 District SC members received briefing on the Project. 29 District SC members were trained on planning and project management. 21 District SC members joined traveling seminar to the South Provinces. 40 officers and staff of 19 provinces attended training seminar on basic demography. 15 District SC members attended exchange seminar with south Provinces. ACCUMULATED TOTAL OF ABOVE ALL: 147	732 members of Commune SC were received briefing on RH project.
		0.4 No. of equipment supplied for PU and MCH/FP Center as planned.	New quarter for the Project was constructed. 2 vehicles were procured for MCH/FP Center. Necessary equipment for Japanese experts were procured.		244 CHCs received a white board.
		0.5 Reports are made and submitted regularly by PU to higher PU.	Self assessment format was formulated and joint project progress assessment was conducted.		
1. Quality of health personnel with focus on commune level is improved.	A	1.1 No. of health personnel in RH trained and at least 90% of them pass the examination.	19 Provincial hospital and MCH/FP Center staff were trained at TOT planning workshops (2 times).	24 DHC staff were trained on the new educational methodology, and each district prepared an educational plan.	235 persons were trained in one-month retraining program (9 were trained by other program of a NGO). Additional retraining of CHC staff are made available. 244 CHC staff received refresher training.
		1.2 No. of training materials produced as planned.	Training materials (DHP, handouts, pregnancy calendar etc.) for one-month retraining course was provided to MCH/FP Center. MCH/FPA refresher training manual was printed for distribution. Lecturer prepared various hand-made reference materials. Lecturer prepared teaching plans. Check list for simulation practice for retraining was completed. 27 kinds of medical textbooks were provided to MCH/FP Center. 2 times revision of trainer's manual. Curriculum was revised in terms of proportion of time and allocation of lecture exercise and practical training, and training models were developed.	Retraining manual for CHC staff and other reference materials were provided to DHC. 27 kinds of medical textbooks were provided to all the DHCs.	All trainees were received 2 copies of training manuals (1 for trainee and 1 for CHC). 244 CHCs received 19 kinds of medical textbooks for reference.
		1.3 No. of workshops organized and participants attended as planned.	Redundant indicator (1.1)		
		1.4 No. of study tours organized as planned.	4 member of Management Team of CHC staff retraining were sent to Thailand for technical information exchange.		
1.5 No. of follow-ups conducted and trained personnel covered.	C			Total of 141 CHCs are to be jointly monitored and follow-upped by the end of April 2000 (8 CHCs per month.) DHC mobile teams conducted follow-ups regularly.	
			Monthly meetings for Provincial and District SCs and JICA experts.	Monthly meetings between CHC and DHC are conducted.	
2. Necessary medical equipment is improved.	A	2.1 No. of equipment supplied and operated as planned.	Medical equipment for MCH/FP Center was provided.	One set of basic medical equipment and patient bed were supplied. Medical equipment will be supplied to all the DHCs.	244 CHCs received basic medical equipment, a mattress for patient bed, and consumable materials.
		2.2 No. of training for maintenance conducted and participants attended as planned.	2 MCH/FP Center staff were trained on ultrasound operation and maintenance. 1 MCH/FP Center staff was trained on X-ray operation and maintenance.	9 Doctors at 8 DHC trained on ultrasound diagnostics.	244 CHC staff were trained through retraining course, mobile team follow-ups, and DHC as necessary. 244 CHCs were received manual/catalogue for the medical equipment. 244 CHCs were improved their sanitary facilities.
3. Necessary health facilities are improved.	A	3.1 No. of facilities upgraded according to the standard set by the Project.			Average amount of community contribution was about US\$250 which was about 31% of the total value of the upgrading.
		3.2 No. of facilities received community contributions at least 30% of cost value for upgrading.			
4. Capacity of mobile team is strengthened.	A	4.1 No. of mobile team members trained; other outputs for capacity strengthening. (Original OVI was "No. of services provided based on the operation plan.")		40 mobile team staff of all districts were trained on monitoring and management. 41 mobile team staff of all districts attended workshop on monitoring and evaluation. Advanced course on monitoring is to be held for mobile team staff. Monitoring checklist was developed.	
5. Necessary drugs and contraceptives are provided.	A	5.1 Amount of necessary drugs and contraceptives proved as planned.		8,880,259 VD was allocated for procurement of drug and contraceptives for DHCs and CHCs.	
6. IEC for RH is improved.	A	6.1 No. of IEC staff trained as planned.		48 district SC members were trained on CB MCH/FP promotion at 8 times 2-days seminar.	31 courses of 3-day IEC workshops were conducted and 1,953 IEC workers of 244 communes were trained and 2 kinds of posters were developed. 8 times 1-day seminar on CB MCH/FP promotion (introduction of Japanese case) were conducted and 732 commune SC members were trained. 33 courses of 4-day IEC workshop were conducted and 1,316 IEC workers of 244 communes were trained and a song book was developed. ACCUMULATED TOTAL OF ABOVE ALL: 4001 persons.
		6.2 No. of IEC materials produced and distributed as planned.	260 photos and 200 slides were produced. 20,000 calendars, 70,000 HBMR, 1,000 pregnancy calendar, 10,000 RH song books, 10,000 posters, 150,000 pamphlets in 3 kinds, 10,000 JICA pamphlets were developed. Monthly newsletter of JICA RH project was issued (14 volumes, 1,200 copies, as of Nov. 1999) and distributed.	Calendars, posters, pamphlets, personal health record, song book on RH, etc. were produced and distributed to all the districts. Magnet kits and Maggie aprons were distributed to 15 DHCs. Monthly newsletter from the Project was issued and distributed.	3,300 sets of IEC materials (book case, 43 copies of 9 kinds of books) distributed to 3,300 hamlets in all the communes. Calendar, poster, pamphlets, personal health record, song book on RH, etc. were distributed. 244 CHCs received a Maggie apron. Monthly newsletter was issued and distributed.
		6.3 No. of IEC equipment provided as planned.	A PA system was provided to provincial WU.	IEC equipment (VTR, OHP/screen and PA system) was provided to all the districts. 19 PA systems were provided to district WUs.	
		6.4 No. of meetings held and participants attended.	Quiz contests at International Women's Day will be organized by provincial WU.	Quiz Contests are to be organized at International Women's Day in March 2000 by district WUs.	Quiz Contests are to be organized at International Women's Day in March 2000 by commune WUs.
Monthly meeting was conducted by district and commune WUs.					

