

## Summary of the Evaluation

<b>I. Outline of the Project</b>	
<b>Country</b> : Socialist Republic of Viet Nam	<b>Project title</b> : Reproductive Health Project (Phase II)
<b>Issue/Sector</b> : Healthcare and medical care	<b>Cooperation scheme</b> : Technical Cooperation Project
<b>Division in charge</b> : Reproductive Health Team, Human Development Department	<b>Total cost</b> (as of the time of evaluation): 814 million Japanese yen
<b>Period of Cooperation</b> (R/D): September 1, 2000 – August 31, 2005 (Extension): (F/U) : N/A (E/N) : N/A Grant Aid)	<b>Partner Country's Implementing Organization</b> : Ministry of Health, Nghe An Province (Nghe An Provincial People's Committee, Health Bureau, Nghe An Center for the Mother and Child Protection and Family Planning, Committee for Population, Family and Children, Women's Association)
	<b>Supporting Organization in Japan</b> : Japanese Organization for International Cooperation in Family Planning (JOICFP)
<b>Related Cooperation</b> : Reproductive Health Project Phase I (1997 - 2000), Dispatch of Japan Overseas Cooperation Volunteers, Grass-roots grant aid	
<b>1 Background of the Project</b>	
<p>The Socialist Republic of Viet Nam set out in 1986 the "Doi Moi (reform)" line, and has introduced market economy principles and, accordingly, has achieved various economic and social changes. Under these circumstances, important challenging issues in the field of healthcare and medical care are expansion of the healthcare network and medical care services, and improvement in quality of services. Improvement of local healthcare, including mother and child healthcare, is also required from the viewpoint of solving regional divisions, which is another important issue challenging the country.</p> <p>Based on this background, the Vietnam government requested support from Japan in providing healthcare to mothers and children in Nghe An Province, which has a particularly impoverished economy and a low level of healthcare, even for Vietnam. In response to this, JICA has carried-out Reproductive Health Project Phase I, for three years from 1997 to 2000, in 8 of 19 districts in Nghe An Province, and has greatly contributed to safe and clean child-births in Nghe An Province.</p> <p>The Vietnam government, which has highly evaluated the outcome of Phase I, requested Japan to implement Phase II for the purpose of expanding the outcome of Phase I all over Nghe An Province. In response to this request, JICA started Reproductive Health Project Phase II in September 2000. In addition to spreading the project outputs of Phase I throughout the province, JICA has taken on new tasks, such as decreasing the abortion rate and constructing a healthcare information management system.</p>	

## **2 Project Overview**

### **(1) Overall Goal**

Reproductive health (RH) of the women in the reproductive age group in Nghe An Province is improved.

### **(2) Project Purpose**

RH services in Nghe An Province are improved.

### **(3) Outputs**

#### Project Output 0:

Management committees are established at all levels, and function periodically and regularly with an eye to further integration of RH services and family planning (FP) services.

#### Project Output 1:

Safe and clean delivery is promoted in communes.

1-1 Antenatal care in communes is improved.

1-2 Delivery in communes is improved.

1-3 Postnatal care in communes is improved.

1-4 Basic medical equipment is used in all Commune Health Centers (CHCs).

1-5 Sanitation facilities in CHCs including delivery rooms, toilets, and shower rooms are constructed.

1-6 Integration of RH and FP is promoted and improved at all levels.

#### Project Output 2:

Monitoring capability of the Center for the Mother and Child Protection and Family Planning (MCH/FP Center) and of selected district health centers is improved.

#### Project Output 3:

In MCH/FP Center and selected districts, the number of abortions, including those as a result of menstrual control, decreases.

#### Project Output 4:

Ability to detect (diagnose) Reproductive Tract Infection (RTI) and ability to make preventive strategies are improved at the MCH/FP Center.

#### Project Output 5:

For promoting RH, the quality of IEC activities that aim to change the behavior of women, men, and service providers, such as MCH/FP Centers in selected districts, the Women's Association, and District Health Centers (DHCs), is improved.

#### Project Output 6:

6-1 The system to record, compile, and report healthcare information is improved.

6-2 The Healthcare Management Information System (HMIS) hardware is improved.

6-3 The capability of the person in charge of HMIS is improved.

6-4 HMIS-related activities are evaluated periodically.

6-5 HMIS data is used appropriately.

#### (4) Inputs (as of the time of evaluation)

##### Japanese side :

**Long-term Expert:** 9 people (259 man-months) **Equipment :** 124.42 million Japanese yen  
(about 1,162,765 US dollar)

**Short-term Expert :** 48 people (24 man-months) **Local cost :** 42.91 million Japanese yen  
(about 401,000 US dollar)

**Trainees received :** 44 people (51 man-months)

**Participants to technical exchange :** 8 people (Thailand)

**Total Cost** \_\_\_\_\_

##### Vietnamese Side :

**Counterpart :** 36 people

**Equipment :** N/A

**Land and Facilities :** Office and training facilities **Local Cost :** 431.15 million dong  
(about 27,589 US dollar)

**Others :**

## II. Evaluation Team

<b>Members of Evaluation Team</b>	(1) Summary: <b>Dr. Hirofumi Ando</b> , Professor, Advanced Research Institute for the Sciences and Humanities, Nihon University (2) Project management: <b>Ryoichi Suzuki</b> , Deputy Executive Director, JOICFP (3) Reproductive health: <b>Dr. Tomoko Saotome</b> , Head, Department of Obstetrics and Gynecology, Yokohama Fureai Hospital (4) Evaluation plan: <b>Kenta Sasaki</b> , Reproductive Health Team, Human Development Department, JICA (5) Evaluation analysis: <b>Yoko Ogawa</b> , Researcher, Social Development Dept., Global Link Management Inc. (6) Interpreter: <b>Ran Nagai</b> , Training Supervisor, Japan International Cooperation Center
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<b>Period of Evaluation</b>	June 8 - 24, 2005	<b>Type of Evaluation :</b> Terminal evaluation
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## III. Results of Evaluation

### 1. Achievements

#### (1) Project Purpose Achievement

It can be said that the project purpose has been achieved, since each indicator of the project purpose clearly shows a tendency of improvement, and the quality of RH services available to the women in Nghe An Province has been improved. This achievement is thought to be a result of the synergetic effect of the improvement in RH services at Commune Health Centers and the enlightenment activity, to stress the importance of RH care, which the local community took the initiative to implement. As a result of the improvement in quality of RH services, rates of maternal mortality, neonatal mortality, low birth weight and abortion are all in downward trends, and the rate of pregnancy complications has dramatically dropped. Thus RH of women in Nghe An Province is tending to improve. However, the situation in mountain areas is still inferior to lowland areas, and further improvement in the quality of services is necessary in the future.

## **(2) Project Outputs Achievement**

In all project outputs, improvements are observed both quantitatively and qualitatively. Although cases where, due to access problems, limited implementation or effect of activities are seen in some mountain or remote areas, the achievement of project outputs as a whole remains high. The achievement of each Project Output is as follows.

### Project Output 0:

Four organizations—namely, the Nghe An Provincial People's Committee, the healthcare sector, the Women's Association, and the Committee for Population, Family and Children—are participating actively in the project management committee of each administration level of province, district, and commune. These organizations are voluntarily involved in the promotion of project activities and problem solving, and are playing a central role in supporting project implementation.

### Project Output 1:

Through the comprehensive intervention combining human resource development, facility improvement, and equipment provision to CHCs, a system to provide high-quality RH services has been established, and clean, safe deliveries at the commune level have been promoted. Local residents sense that CHC's services are more reliable and safe.

### Project Output 2:

Through the implementation of training on monitoring and the hands-on training given by Japanese experts, the monitoring capability of the staff at the MCH/FP Center and DHCs has been improved in general, and monitoring has been established as a regular activity. Healthcare staff, and also members of the Nghe An Provincial People's Committee, the Women's Association, and the Committee for Population, Family and Children are participating in the monitoring. The formation of monitoring teams has been established, which is resulting in comprehensive monitoring of CHCs and solving of problems.

### Project Output 3:

On the themes such as modern methods of contraception and the risks of abortion, the Women's Association is taking the lead to implement regional healthcare education activities, and is promoting the dissemination of knowledge and information on abortion and birth control. The supplies of contraceptives at healthcare facilities have been increased, and a method of birth control that satisfies people's needs has become easier to use. As a result, the diffusion rate of modern contraception methods in Nghe An Province has become higher than the average of the whole country, and the number of abortions per 100 births has decreased from 27.9 in 2000 to 21.6 in 2004.

### Project Output 4:

A survey on RTI was conducted and the situation of RTI in Nghe An Province has been clarified. Based on the survey results, a means of instruction on RTI checks and diagnosis was formulated, and training was provided to the technical staff of the examination room at the MCH/FP Center and obstetricians and gynecologists of DHCs. As a result, clinical RTI inspection skills have been improved, and appropriate treatments based on correct diagnosis are now being carried-out.

#### Project Output 5:

Training on the IEC method was provided and equipment and teaching materials for IEC were distributed. As a result, the ability to implement IEC activities of the MCH/FP Center and of the Women's Associations at provincial and district levels has been improved. In addition, equipment and teaching materials for IEC were distributed to all CHCs, and Women's Association staff in all communes received training on RH and the IEC method. Grass-roots activities have also been revitalized. These have resulted in earlier first antenatal checkups, and the number of checkups per pregnant woman is tending to increase.

#### Project Output 6:

The system of healthcare statistics reports, which had been calculated manually, has been computerized, and technical training necessary for the system was implemented. As a result, recording, totaling, and reporting of healthcare statistics in general and of the data related to MCH/FP at DHCs, the MCH/FP Center, and the provincial Health Bureau have become more efficient and accurate. The capability of the person in charge of statistics at provincial and district levels has been improved, and they have become able to teach CHC staff how to record, compile, and report data.

### **(3) Implementation Process**

As for the project management system, project management committees have been established at each administration level of province, district, and commune, and almost 2,000 committee members in total are bearing the responsibility of project management and implementation. Such establishment of management committees has resulted in local residents giving strong support to the project, and also a wide variety of people concerned in the project gaining a sense of commitment and ownership. Furthermore, by periodic monitoring activities and various survey activities, project achievements and problems have been verified, and activity plans are made based on the results of the verification.

Regarding the technology transfer methods, by the effective combination of expert dispatches and acceptance of trainees, the capability of the MCH/FP Center staff, which plays the major role in the project, has been greatly improved. The improvement of their capabilities in technical guidance and monitoring has brought about an improvement in the capability of healthcare staff at district and commune levels.

## **2. Summary of Evaluation Results**

### **(1) Relevance**

Both the project purpose and the overall goal conform to the healthcare policy of Viet Nam, meet the needs of Nghe An Province, and are in line with Japan's assistance plan for individual countries. Therefore, the project's relevance is high. The project approach of focusing on the commune level and involving various political and social organizations, has enabled appropriate understanding of and tending to the needs of the ultimate beneficiaries and issues of the region.

### **(2) Effectiveness**

Since each indicator of the project purpose is tending to improve, it can be said that the quality of the RH services available to the women of Nghe An Province is steadily improving and that the degree of project purpose achievement is high. The degree of achievement in all seven project outputs is high, which is considered to have contributed to the achievement of the project purpose.

### **(3) Efficiency**

Improvement has been observed in both quantitative and qualitative aspects in all seven project outputs, and the achievement of each project output was generally high. It is considered that the reasons for this are that: the related organizations of province, district, and commune have promoted their activities in close cooperation; the relevance and achievement of inputs have been continuously verified by periodic monitoring; activities were planned and implemented based on the results of verification. Quality, quantity, and timing of the inputs for the activities were also appropriate.

### **(4) Impact**

With the indicators of the overall goal, rates of maternal mortality, neonatal mortality, and low birth weight are all in downward trends, and the rate of pregnancy complications has dramatically dropped. The diffusion rate of modern contraception methods is rising, and the total fertility rate decreased during the period from 2000 to 2003. Thus, RH of the women in Nghe An Province has clearly been improving and the degree of overall goal achievement is high.

### **(5) Sustainability**

The staffs of various organizations that participated in the project now have a stronger sense of responsibility, not only in technical aspects but also in working for beneficiaries, and it has resulted in the enhancement of organizational capability. Particularly, the improvement of the MCH/FP Center is remarkable, and the center is expected to play a leading role in the continuation of activities after the project is completed. The sense of ownership regarding the project in the people at the grass-roots level and the commitment of political and social leaders are strong. Therefore, sustainability is high.

## **3. Factors Contributing in the Production of Effect**

The major factors that contributed to the achievement of the project purpose are as follows.

- 1) A strong sense of ownership has been fostered in the C/P of Viet Nam through the experiences of Phase I.
- 2) From the start of Phase I, the C/P of Viet Nam have shown a strong political commitment.
- 3) The enlightenment activities related to RH promotion had been implemented on various related organizations; political and social leaders, and men in general have understood the project and have given their support.
- 4) A relationship of mutual trust and teamwork between the Japanese experts and the Vietnamese C/P has been built up since the time of Phase I.
- 5) By focusing on the improvement in the services at the commune level, activities the women in villages can directly benefit from were provided; thereby the support of local residents for the project was able to be gained.
- 6) A project management committee has been established at each administration level of province, district, and commune, thereby the cooperation among related existing organizations that play important roles in RH promotion has been strengthened from the provincial to the grass-roots level.
- 7) Three points were cooperated on: human resource development, provision of equipment by the project, and facility improvement by grass-roots grant aid.
- 8) Thanks to the existence of the strong network of residential organizations such as the Women's Association, dissemination of knowledge and skills among local residents has been implemented smoothly under the women's initiative.
- 9) The people of Nghe An Province were industrious, were able to positively apply new knowledge and plans, and made coordinated and practical efforts.

#### **4. Problems and Factors that Raised Problems**

The major factors preventing the achievement of the project purpose are as follows.

- 1) Easy access to healthcare facilities is not possible in mountains.
- 2) Cultural and religious beliefs that oppose RH promotion exist.
- 3) There is a lack of basic knowledge on health and illness, especially among the residents in mountains.
- 4) Financial resources of Nghe An Province are not abundant, and securing funds for activities is not always easy.
- 5) Some members of C/P left the project due to retirement or personnel changes.

#### **5. Conclusion**

In spite of difficult economic, financial, and geological conditions, the degree of achievement of all project outputs, the project purpose, and the overall goal is high, and the result of this project is highly valued.

With this project, due to the gaining of strong commitment from all the sectors of Nghe An Province, the activities for improving RH services are continuing and expanding. In addition, participation in the activities by a variety of social organizations and individuals, including at the grass-roots level, has been promoted.

RH comprises many interdependent elements including antenatal care, FP services, and RTI prevention/treatment. To protect women's health, these elements need to be integrated. With this project, the strong political commitment of Nghe An Province, and the steady promotion of the fusion of project outputs, contributed to better results being brought about.

A challenging issue in the future is to make further effort to give mountain areas the benefits equivalent to the ones this project has provided to lowland areas. Meanwhile, the experience gained by the project needs to be used further for the improvement of RH, not only in Nghe An Province but also in the entire country of Viet Nam.

#### **6. Recommendations**

##### (1) Recommendation for the project

- 1) To continue the current activities by using the experience and know-how gained during the project, after the project is completed.
- 2) To cope with the challenging tasks left for each project output and to further promote the efforts. Specifically, such tasks include: carrying out second postnatal visits, securing financial support necessary for monitoring activities, further strengthening FP activity, implementing IEC activities by using traditional events in mountain areas, and further using the results of analysis on HMIS data.

##### (2) Recommendation to share project experiences with other provinces

- 1) It would be useful to establish a new RH care center in Nghe An Province as a model center that can play a leading role in spreading the project experiences to other provinces.
- 2) To smoothly and effectively implement a new technical cooperation project for the purpose of sharing the experiences of this project with other provinces.
- 3) To disseminate all over Viet Nam, at an early stage, the MCH/FP statistics reporting software that was developed by the project.
- 4) To compile project-related documents such as a training manual and IEC teaching materials.

## **7.Lessons Learned**

- 1) When C/P's have a great sense of ownership of project implementation from the beginning, project sustainability improves.
- 2) Establishing project management committees, consisting of main organizations related to the project, improves the total performance of the project and makes it easy to gain commitment from the parties concerned, including political leaders.
- 3) Continuous implementation of monitoring activities, various surveys, and third-party evaluations of the project, promotes the improvement of the project activities by grasping the concrete needs of beneficiaries and also shows the degree of project achievement internally and externally.
- 4) Enhancing cooperation between IEC activities and RH services effectively promotes the use of services that have been improved through the project.
- 5) Inputting, at appropriate times, the minimum number of experts necessary to achieve project outputs leads to securing project effect.
- 6) C/P training implemented in groups has advantages in solving language problems and also in team-building, promoting follow-up activities after returning to home countries, settling within an organization, and making a system of the content that is learned through training.
- 7) Comprehensive input of human resource development, the provision of equipment, and facility improvement, increases service quality without fail and also promotes the use of services, and thus is an effective approach.

## **8.Outlook of future cooperation**

A new technical cooperation project, for the purpose of sharing the experiences of Nghe An Province with other provinces, is scheduled to start in FY 2006.