

6. SUMMARY OF THE PROJECT REVIEW

6.1 Confirmation of Project Approach

At the planning stage of the Project, approaches to whole Boeny region, especially to enormous size of remote areas, is not well established. Therefore, limited pilot districts have been defined in order to explore and find out possible approaches in the areas. By reviewing the achievements of the Project, Both sides confirmed that certain activities would contribute to achieve Project Purpose and ultimately to improve maternal and child health in Madagascar. It has also confirmed that the project continues to apply some approaches in to the Boeny region to establish feasible and effective measures.

6.2 Selection of Further Pilot Areas

The issues, which should be considered in selection of pilot areas, are the vast surface and wide range of diversities of the region Boeny. Therefore, unit of pilot area is not always necessarily to be considered as “district”, but also as villages (fokontany) and communes (kaominina) could be pilot areas. It must be considered that possibilities for application of confirmed activities and accumulated knowledge and experiences in the areas.

6.3 Review of Overall Goal

Overall Goal: Contribuer au renforcement des politiques/programmes de santé à Madagascar, notamment à l'amélioration des services de santé maternelle et infantile

Achievements

The achievement of the overall goal is not to be measured at the time of the project consultation

6.4 Review of Project Purpose

Project Purpose: Offrir aux habitants de la région de Boeny, les services de santé maternelle et infantile de qualité fondés sur le niveau de preuve (Evidence)

Achievements

Several workshops for EBM and humanized care were conducted by Group de'étude which is a platform to share the concept of EBM and consisted of the members from CHUM/CME, DRSPF (Direction Regionale de Sante et du Planning Familial) and Mahajanga I /II health offices.

At the time of the project consultation, the Project Purpose has not been achieved yet; however, the concept of EBM has put into practice through the activities of Group de'étude.

6.5 Review of Outputs

The project has been reviewed through assessing the status of each output.

Output 1: Un système de formation de personnel de la santé maternelle et infantile reflétant les services fondés sur le niveau de preuve (Evidence) sera constitué autour du CME de la province de Mahajanga (マジンガ州母子保健施設を中心として、根拠に基づいたケアの考え方を反映した母子保健人材育成システムが構築される)

Achievements

- “Training Department” and “Cellule de formation”, engaged in in-service training for medical staff, have been established in CME and DRSPF Boeny, respectively.
- The study group has been organized for the training and WS for realizing the humanized care reflecting the reality of the field.
- “Care in normal birth” was translated by Group de'étude.

Recommendation

- ✓ A sustainable mechanism of organizing training program for EBM need to be formulated.

Output 2: Le système des services de santé maternelle et infantile à la DRSPF de Boeny est renforcé
(ブエニ県保健家族計画局での母子保健サービスシステムが強化される)

Achievements

- Officials of DRSPF conducted workshops for EBM as members of Group de'etude
- “Cellule de formation”, engaged in in-service training for medical staff, was established in DRSPF Boeny.
- Collaboration on training between DRSPFPS Boeny and CME Mahajanga has been established in the region Boeny.

Recommendation

- ✓ It is not appropriate to expect the strengthening of all the maternal and child health services of Boeny health bureau. In this context, the expression of output 2 “Le système des services de santé maternelle et infantile à la DRSPF de la région de Boeny est renforcé” stated in PDM ver. 1 would need to be considered to reflect the above.

Output 3: Un système est construit pour que les habitants de la région et les prestataires de santé collaborent dans la zone pilote de la région de Boeny

(ブエニ県のパイロット地区において、地域住民と保健医療従事者が協働するためのシステムが構築される)

Achievements

- Good examples of collaboration between CSB staff and Community Agents (AC) / TBAs are observed. (ACs recommend pregnant women to receive ANC and vaccination in CSB, TBAs report delivery cases to CSB and etc.)
- Several discussions were conducted between UNICEF and the Project to consider how PCIMEC, PCCMN and the Project can collaborate. The project proposed technical recommendations to MOHFP on the possibility of feasible intervention of PCIMEC and PCCMN.

Recommendations

- ✓ It is important to define how to intervene health care service providers at community level so that health care service which reflects EBM would be provided to the people in the communities.
- ✓ The involvement of TBA in maternal and child health services, especially in remote areas, is confirmed by MOHFP. However, it should be considered how health care providers collaborate with TBA.

Output 4: La charge financière pour l'utilisation des services aux patients atteints de maladies graves (notamment les démunis) dans le domaine maternel et infantile est allégée dans le CME de la province de Mahajanga.

(母子領域における重症患者、特に貧困者の財政的負担がマジンガ州母子保健施設において軽減される)

The achievements of Output 4 are limited, because of the change of the external condition.

Output 4 was designed on the assumption of re-activation of equity fund system, however, “Systeme Tiers Payant (STP)” was introduced with the policy change of Ministry of Health in Boeny region.

Achievements

- Situation of the medical expenses in the pilot areas and situation of equity fund were studied.

Recommendation

- ✓ Revise project design accordingly to reflect the above.
- ✓ For the moment, the project is satisfied with the progress of STP in CHUM. However, the STP does not cover transportation costs, which would be a huge burden for indigents. Alternative social assistance should be considered.
- ✓ The STP could increase unnecessary caesarean sections with in appropriate diagnosis. Audit mechanism should be introduced and performance of the STP should be evaluated.

7. PERFORMANCES OF THE PROJECT

7.1. Achievement of the Activities

Activities	Performances
<p>Output 1 Un système de formation de personnel de la santé maternelle et infantile reflétant les services fondés sur le niveau de preuve (Evidence) sera constitué autour du CME de la province de Mahajanga</p> <p>マジヤンガ州母子保健施設を中心として、根拠に基づいたケアの考え方を反映した母子保健人材育成システムが構築される。</p>	
<p>1-1. 研修のモジュールに関する中央省庁との調整</p>	<p>- The training module is in the process of development. The project is planning to combine the training module for the care in normal birth and emergency obstetric care.</p>
<p>1-2. CHUM とブエニ県保健家族計画局で研修の組織化</p>	<p>- “Training Department” is established in CME. - “Cellule de formation”, engaged in in-service training for medical staff, is established in DRSPF Boeny.</p>
<p>1-3. CHUM/CME で EBM に基づいた産科・新生児科臨床の実施</p>	<p>- Regarding obstetrics, the guidance for cesarean section, focusing on EBM, is in the process of development. - Activities regarding neonatal has not been started yet.</p>
<p>1-4. Care in normal birth の研修実施</p>	<p>- Translation of “Care in Normal Birth” to Malagasy has finished. It is in the process of approval by DRSPF Boeny. - Workshop for “Evidence based pregnancy care” is executed in Mahajanga and Antananarivo in August 11 and 14, 2007. 179 participants joined the seminar - TOT for “Prise en charge couple mere nouveau-ne” was conducted.</p>
<p>1-5. Humanized maternity care の研修実施</p>	<p>- Workshop for “Humanized maternity care” is executed in Mahajanga in September 2007. 54 participants joined the seminar. - 6 C/Ps joined the training on midwifery care in Brazil in March 2008. - “Training of Trainers (TOT)” for humanized care was conducted in July 2008. 3 trainers were trained.</p>
<p>1-6. コミュニケーション・組織マネジメントの研修実施</p>	<p>- “thinking humanized care through reflecting my experience” was conducted for the members of “Groupe d’étude” in March 2008. - “Training Cycle Management” was conducted in Japan in May 2008. 4 C/Ps were trained.</p>
<p>1-7. パイロット施設での母子保健サービス実施に最低限必要な機材の予防的保守点検管理システムに関する研修実施</p>	<p>- Manual for “preventive maintenance and management for facility and equipments” was developed. - Seminar for “preventive maintenance and management for facility and equipments” was executed.</p>

Output 2 Le système des services de santé maternelle et infantile à la DRSPF de Boeny est renforcé ブエニ県保健家族計画局での母子保健サービスシステムが強化される	
2-1. ブエニ県保健家族計画局で統合的スーパービジョンの強化・改善	- The activity 2-1 is yet to be started.
2-2. ブエニ県保健家族計画局でリファラルのモニターと評価システムの強化	- The activity 2-2 is yet to be started.
2-3. ブエニ県保健家族計画局でSBA登録システムの導入	- Midwives are registered in midwife association. According to the midwife association, the number of midwife is 160 (another 30 midwives are going t to be registered) in Mahajanga I and II districts as of June 2008.
2-4. ブエニ県保健家族計画局でSBAの配置・育成・研修に関する情報管理と計画策定	- “Cellule de formation”, engaged in in-service training for medical staff, is established in DRSPF Boeny.
2-5. ブエニ県保健家族計画局母子保健家族計画課でプロジェクトに関連する年間活動計画(PTA)の策定	- Plan de Travail Annuel (PTA) was developed by DRSPF de Boeny. Training plan for EBM is included in PTA.
2-6. 自宅分娩の介助に関するSBAの業務規定の策定	- Professional regulation of SBA for home-birth is under planning. The project has been studying the current situation of home-birth cared by SBA.
2-7. 人材育成・配置システムに関する中央省庁との調整	- The activity 2-7 is yet to be started.
Output 3 Un système est construit pour que les habitants de la région et les prestataires de santé collaborent dans la zone pilote de la région de Boeny ブエニ県のパイロット地区において、地域住民と保健医療従事者が協働するためのシステムが構築される	
3-1. ブエニ県保健家族計画局でTBAをはじめとする地域での人材の登録システムの導入	- The project and UNICEF will start to make the list of feasible human resource (CA and TBA) with the initiative of SDSPS in three communes; Belobaka, Boanamary, and Betsako, where are comparatively accessible areas. The list includes necessary information (Name, Address, Age, Education level, History of training, Career (working years and numbers of delivery attendance), Availability, Acceptance by community, etc).

<p>3-2. CSB と地域での人材や Fokontany との協働事例の発掘と共有化</p>	<p>- Good examples of collaboration between CSB staff and Community Agents (AC) / TBAs are observed. (ACs recommend pregnant women to receive ANC and vaccination in CSB, TBAs report delivery cases to CSB and etc.)</p>
<p>3-3. 地域での出産登録と、CSB が保持する出産情報等との調整・情報共有</p>	<p>- It was confirmed that the delivery registration system of commune is not working.</p>
<p>3-4. 人口省・人口登録システムと、保健家族計画省・人口推計に関する調整</p>	<p>- It was confirmed that the population registration system of Ministry of Population is not working.</p>
<p>Output 4 La charge financière pour l'utilisation des services aux patients atteints de maladies graves (notamment les démunis) dans le domaine maternel et infantile est allégée dans le CME de la province de Mahajanga 母子領域における重症患者、特に貧困者の財政的負担がマジヤンガ州母子保健施設において軽減される</p>	
<p>4-1 CHUM/CME において、産婦人科・新生児科領域の重症貧困患者に対する経済的支援システムの確立</p>	<p>- Studies for the situation of the medical expenses in the pilot areas were conducted.</p>
<p>4-2 CHUM/CME 医療経済に対する EBM の観点からのモニタリング・評価の実施</p>	<p>- Situation of medical interventions was studied and relevance of the intervention was evaluated in terms of EBM.</p>
<p>4-3 CHUM での貧困者対策システムのモニタリング・評価の強化</p>	<p>- This activity is not conducted because “Systeme Tiers Payant (STP)” was introduced with the policy of Ministry of Health in Boeny region.</p>
<p>4-4 CHUM での貧困者対策システムに関する情報の住民と衛生行政担当者の両方に対する提供</p>	<p>- This activity is not conducted because “Systeme Tiers Payant (STP)” was introduced with the policy of Ministry of Health in Boeny region.</p>
<p>4-5 CHUM での貧困者対策システム運営に関する中央省庁との調整</p>	<p>- This activity is not conducted because “Systeme Tiers Payant (STP)” was introduced with the policy of Ministry of Health in Boeny region.</p>