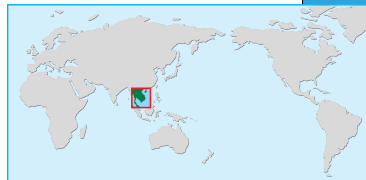


Chapter 3

Terminal Evaluation

Maternal and Child Health Project



Project Site Phnom Penh

1. Background of Project

The Government of Japan dispatched a long-term expert as a medical advisor to the Ministry of Health in Cambodia for three years from 1992, to gain an understanding of the medical and health situation in Cambodia, and determine how to cooperate in this sector. The project revealed that the country's health status, especially maternal and child health (MCH), is worse than that of its neighboring countries, and needed to be improved. The Government of Cambodia, having shifted into the new political regime, drew up the National Maternal and Child Health Program, based on which the Government of Cambodia requested the Government of Japan to implement technical cooperation with the purpose of improving the MCH status, as well as Grant Aid to construct an MCH Center as the implementing organization.

2. Project Overview

(1) Period of Cooperation

1 April 1995-31 March 2000

(2) Type of Cooperation

Project-type Technical Cooperation

(3) Partner Country's Implementing Organizations Ministry of Health

National Maternal and Child Health Center (NMCHC)

(4) Narrative Summary

- 1) Overall Goal
The status of maternal and child health in the Kingdom of Cambodia is improved.
- 2) Project Purpose
The services of NMCHC as the implementing center of the National Maternal and Child Health Program are improved.
- 3) Outputs
 - a) The management capabilities of NMCHC are

improved.

- b) The training activities of NMCHC are strengthened.
- c) The clinical care activities of NMCHC are improved.
- d) The supervision activities of NMCHC are strengthened.
- e) The promotion activities of NMCHC are strengthened.

4) Inputs

Japanese Side

Long-term experts	12
Short-term experts	26
Trainees received	19
Equipment	approx. 130 million yen
Local cost	approx. 62 million yen

Cambodian Side

Counterparts	288
Buildings and Facilities	
Local cost	

3. Members of Evaluation Tea

Team Leader:

Shigehiko KAMOSHITA, President, International Medical Center of Japan

Management:

Katsuhiro YOSHITAKE, Director, Expert Service Division, International Cooperation Bureau, International Medical Center of Japan

Obstetrics and Gynecology:

Shigeki MINOURA, Director, Obstetrics and Gynecology Department, International Medical Center of Japan

Nursing Management:

Toshiko SUZUKI, Director, Nursing Department, International Medical Center of Japan

Cooperation Planning:

Ryuji MATSUNAGA, Deputy Director, First Medical

Cooperation Division, Medical Cooperation Department,
Japan International Cooperation Agency

Project Evaluation:

Chiaki NAKAMURA, Global Link Management, Inc.

4. Period of Cooperation

1 August 1999-14 August 1999

5. Results of Evaluation

(1) Efficiency

The dispatch of long-term experts in Maternal Nursing and Laboratory Technology was much later than the requested time due to the political change in Cambodia in 1997 and the difficulty in identifying qualified experts. Also, the input of equipment was delayed due to the poor transportation and distribution system in Cambodia. However, on the whole, the timing, quality and quantity of the inputs were appropriate on both the Japanese and Cambodia sides. The cooperation with international organizations, such as UNICEF, UNFPA and WHO, contributed to the efficient development of textbooks for MCH education.

(2) Effectiveness

All of the expected outputs were achieved. The data in March 1999 comparing with the data in March 1997 revealed that the number of outpatients per month increased from 2,324 to 7,244; the number of childbirths from 282 to 542; and the percentage of occupied beds from 60 percent to 74 percent in NMCHC. The rate of collected user fees to total revenue of NMCHC also increased from 47 percent (1997) to 70 percent (2nd half of 1998). Furthermore, the projects gave NMCHC a good reputation, which then resulted in the dramatic increase in the number of inpatients, outpatients and participants in mother's classes. For all the reasons above, it was concluded the project purpose was achieved as a whole.

(3) Impact

The project introduced a system to collect user fees for the first time in Cambodia, which represents 60 percent to 80 percent of the revenue of the center. Therefore, the Government of Cambodia adopted this system as a model to be introduced in other hospitals.

(4) Relevance

The improvement of MCH was one of the important targets in Cambodia. The Ministry of Health gave priority to decreasing the maternal and child mortality rate. Thus, the project purpose, which was to improve the services of NMCHC, was quite relevant, checked with the policy of the Ministry, since NMCHC was expected to be an implementing organization of the National MCH program.



An expert lectures on medical check-up techniques for pregnant women

(5) Sustainability

It was expected that the government would continue to support NMCHC, as its activities matched the government policy. Organizational sustainability could be confirmed since an organizational management system was nearly established and the management capacity of counterparts improved. However, the management system should be further strengthened to enhance the motivation of counterparts by continuing the training for management that was introduced in the project. Meanwhile, it should be noted that financial support from the government is limited because of its fiscal capacity. Revenue from user fees was not sufficient to cover all the running costs of NMCHC. Fiscal sustainability would be ensured by further effort of the Cambodian side.

6. Lessons Learned and Recommendations

(1) Recommendations

From a short-term perspective, important measures would be the strengthening of the management system of NMCHC, establishing a clinical care system both in inpatient and outpatient sections of NMCHC, and extending training at the provincial level. From a long-term perspective, it was recommended desirable to ensure reliable funding sources, quality management of medicines, integrating health information system, especially a hospital information system, establishing a referral system, and regular supervision activity in the provinces and districts.

Phase I of the project would be completed in March 2000, and Phase II was to start in 2000, aiming to expand the outcomes of the project throughout the nation, and to strengthen and complete the training program.

7. Follow-up Situation

Responding to the above recommendation, the five-year second phase of the project started from 1 April 2000 and runs through to 31 March 2005.