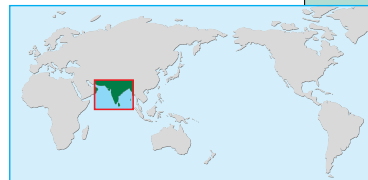


The Maternal and Child Health Project



Project Sites Islamabad

1. Background of Project

In Pakistan, the health conditions for pregnant and parturient women have been poor, as indicated by their maternal mortality rate (500 out of 100,000 births). Under these circumstances, the Government of Pakistan placed maternal health as high priority in its national health policy. Consequently, the improvement of the quality and quantity of Lady Health Workers (LHWs), Lady Health Volunteers (LHVs), and Traditional Birth Attendants (TBAs) became a pressing need.

In order to overcome this situation, the Government of Pakistan requested grant aid from Japan to construct the Maternal and Child Health Center (MCH), and a project-type technical cooperation to retrain female medical workers such as LHWs, LHVs, and TBAs in 1996.

2. Project Overview

(1) Period of Cooperation

15 June 1996 – 14 June 2001

(2) Type of Cooperation

Project-type Technical Cooperation

(3) Partner Country's Implementing Organization

Ministry of Health, Pakistan Institute of Medical Sciences (PIMS)

(4) Narrative Summary

1) Overall Goal

The maternal mortality rate is reduced through enhancing the knowledge of pregnant and parturient women and improving the practice for improving maternal health.

2) Project Purpose

The educational function in maternal health for health care providers (HCPs) in the target area is improved.

3) Outputs

- The MCH staff understand the present situation on maternal health and are aware of the importance of solving problems.
- The MCH Center's training section develops and manages training plans effective for HCPs to improve maternal health situation.
- The MCH Center is established as a training institute for improving the maternal health situation.
- The MCH Center is functioning as a training institute.

4) Inputs

Japanese Side

Long-term experts	10
Short-term experts	31
Trainees received	13
Equipment	
Local cost	

Pakistani Side

Counterparts	9
Local cost	

3. Members of Evaluation Team

Team Leader:

Shigehiko KAMOSHITA, Director, San-Ikukai Hospital

Regional Health:

Seiki TATENO, Director, First Expert Service Division, International Medical Center of Japan

Human Development:

Takako NAKAHATA, Associate Director, Nursing Department, International Medical Center of Japan

Health Education:

Miyuki ADACHI, Professor, Graduate School of Nutrition Sciences, Kagawa Nutrition University

Project Operation Management:

Naoyuki KOBAYASHI, Deputy Director, First Medical Cooperation Division, Medical Cooperation Department, JICA

4. Period of Evaluation

9 March 2001 – 15 March 2001

5. Results of Evaluation**(1) Relevance**

The Government of Pakistan has placed maternal health care as an important issue in its national health policy, emphasizing especially the training of health related personnel. Therefore this project is in line with the Pakistani policy, and it can be said that the relevance is high.

(2) Effectiveness

Training plans of HCPs concerning maternal health were consistently carried out, and the number of patients introduced to hospitals by LHWs, LHV, and TBAs has risen significantly. Also, 67% of pregnant women in the target area have come to receive health education, indicating that the project was effective.

(3) Efficiency

With the local staff taking the initiative, the MCH Center conducted trainings where all LHWs and LHV and some 146 TBAs in the target area attended. An improvement of knowledge by the participants was identified through pre- and post-training tests. The percentage of correct answers by LHWs increased by 17.3% on average in the training held in 2000. Considering that all training participants conducted education for many pregnant women and their spouses, it could be judged that the efficiency was high.

(4) Impact

In 1998, the maternal mortality in the target area was 334 in 100,000, while the number in 1999 declined to 308, and 246 in the year 2000. The result of the KAP survey¹⁾ shows that knowledge of both HCPs and pregnant women is improving. Therefore, the improvement in knowledge resulting from the project brought significant positive impact to HCPs and pregnant women's behavior.

(5) Sustainability

The sequence of the training process (planning-implementation-monitoring-evaluation) has already been established, therefore it is considered sustainable. However, from the financial aspect, since expenditures have exceeded



Demonstration of teaching materials for nutrition

revenues, and all the current income made by the MCH Center are paid to the Ministry of Finance, there is a possibility of negative affects on sustainability.

6. Lessons Learned and Recommendations**(1) Lessons Learned**

In projects where extension plays a major role in achieving the project purpose, concentration on the efforts toward creating a training system will create a strong possibility for enhancing sustainability. It is also important that the counterparts will be able to work as a cooperative team through HRT (human-relations training) sessions. To make training sessions most effective, it is necessary to thoroughly research the local circumstances and develop teaching materials in conformity with them.

(2) Recommendations

For the improvement of obstetrics medical service at the community level, strengthening of systematic cooperation between the MCH Center and surrounding areas in Islamabad is required. It is also necessary to make changes to the aforementioned financial system, which payment of training fees is made to the Ministry of Finance. The profits should, even if only partially, remain at the center as a budget source.

7. Follow-up Situation

A hospital management advisor is under dispatch as a counterpart of the president of the PIMS, in order to make management proposals for the MCH Center.

¹⁾ An abbreviation for the Knowledge, Attitude and Practices Survey. The KAP survey is used in order to acquire qualitative information that is hard to define clearly as a number.