

**Cambodia: Reproductive Health Care**

**Ex post evaluation report**

<b>OECD sector</b>	13020/Reproductive health care	
<b>BMZ project ID</b>	2002 66 619	
<b>Project executing agency</b>	Ministry of Health/Kampot Regional Training Centre	
<b>Consultant</b>	GFA	
<b>Year of ex-post evaluation report</b>	2009 (2009 sample)	
	<b>Project appraisal (planned)</b>	<b>Ex-post evaluation (actual)</b>
<b>Start of implementation</b>	Q 2 2003	Q 4 2003
<b>Period of implementation</b>	36 months	39 months
<b>Investment costs</b>	EUR 5.34 million	EUR 5.33 million
<b>Counterpart contribution</b>	EUR 0.23 million	EUR 0.15 million
<b>Financing, of which Financial Cooperation (FC) funds</b>	EUR 5.11 million	EUR 5.18 million
<b>Other institutions/donors involved</b>	GTZ	GTZ
<b>Performance rating</b>	2	
• <b>Relevance</b>	2	
• <b>Effectiveness</b>	2	
• <b>Efficiency</b>	2	
• <b>Overarching developmental impacts</b>	2	
• <b>Sustainability</b>	2	

**Brief description, overall objective and programme objectives with indicators**

The overall objective of the FC/TC cooperation programme as defined in the appraisal report was to make a contribution to the progressive quality improvement of health care facilities used by the Cambodian population, particularly mothers, children and the poor. The programme objective was to improve the access of the target group to modern family planning methods and demand-led public health services for reproductive health and family planning. The main component of the FC programme was the sale of injectable and oral contraceptives and IUDs via the public sector and oral contraceptives as a social marketing (SM) product between 2004 and 2006 (contraceptives component). Another component included the improvement of infrastructure at the Regional Training Centre for nurses, male nurses and midwives in Kampot, also with support from GTZ and DED (infrastructure component). For the programme objectives, the following indicators were defined at appraisal: increase in the contraceptive prevalence rate (CPR) for modern family planning methods and rise in user numbers at the health care facilities providing reproductive health services and employing graduates of the supported training centre. The target group was the entire sexually active population of reproductive age in Cambodia.

Total costs amounted to about EUR 5.33 million, of which EUR 5.17 was financed from FC funds and EUR 0.15 million from the Cambodian counterpart contribution.

## **Programme design/major deviations from original planning and main causes**

The following measures were planned at appraisal:

- Supply of oral and injectable contraceptives and IUDs for distribution via the public health sector
- Supply of oral contraceptives for distribution via the SM approach
- Supply of 300 sets for proper use of contraceptive coils
- Conducting a promotion campaign for contraceptives
- Support for the Essential Drug Bureau (EDB) in supervision and monitoring
- Assessment of contraceptive use
- Structural improvement measures at the Regional Training Centre (RTC) in Kampot.

The anticipated results consisted in higher availability of and demand for modern family planning methods and improvements in the contraceptives logistics as well as in the teaching and learning conditions at RTC Kampot. Some deviations from plan occurred in the implementation of the measures. Altogether, the supply of contraceptives provided for 1.6 million couple years protection (CYP), i.e. 127,550 CYP more than expected in the appraisal report. In comparison with the appraisal report, 300,000 additional CYP through oral contraceptives were financed, 38,000 CYP through condoms and 4,000 CYP through further contraceptives. On the other hand, 190,000 fewer CYP through injectable contraceptives and 23,000 CYP through IUDs were financed than planned. The differences in comparison with the appraisal report are because oral contraceptives are most in demand and users are very sceptical of IUDs.

As provided for in the appraisal report, an information campaign was carried out based on a study of the barriers to contraceptive use (also financed from FC funds). TV commercials were broadcast three times a day and radio commercials four times a day for more than three months. According to the evaluation study by a local consultant, the campaign had a positive and statistically significant influence on knowledge about contraceptives, but there would seem to be room for improvement in sustainability: Only 42% of the questioned women could remember the TV commercials and only 12% the radio commercials.

At RTC Kampot, a two-storey training building with five classrooms and three offices, a two-storey student hostel with accommodation for 64 students and a single-storey kitchen facility were financed. In addition to what was planned at appraisal, training material, computers, desks and a fax and copy machine were also financed. Added to this were consulting services for executing the measures.

During the period of implementation, DED financed a nurse in the hospital who supported GTZ in preparing curricula for the trainees. Separate implementation consultants were assigned for the infrastructure and contraceptives components.

## **Key results of impact analysis and performance rating**

We assess overall developmental efficacy as follows:

Relevance: The Cambodian Government considers reproductive health care as essential for future national development. While special emphasis was already placed on reproductive health in the first national health plan 2003-2007, the Ministry of Health now cites the reduction of infant, child and maternal mortality through improved reproductive health as one of the primary objectives of the current strategy 2008-13 (Health Sector Strategic Plan - HSSP 2). Furthermore, the programme contents conform with the Millennium Development Goals, to which high priority is attached by the German Federal Government and other donor countries when granting foreign aid. Health promotion is one of the priorities of German-Cambodian cooperation. The German Government is still the major donor in contraceptives finance. The relevance of the programme is rated as good (Subrating 2).

Effectiveness: The objective of the FC programme was to improve the access of the target group to modern family planning methods and demand-led public health services for reproductive health and family planning. Programme objective indicators were: First, the CPR for modern contraception methods increases by two percentage points every year. Second, user rates for health care facilities employing graduates from RTC Kampot have increased by 50% by 2005. Altogether, the CPR among married women (modern methods) increased from 19% at programme appraisal to 27% in 2007. Since German FC was the main donor for modern contraceptives in the implementation period, the increase in the user rate for modern family planning methods can also be ascribed to the programme. The second indicator is difficult to measure as not all graduates of the Kampot training centre remain in the province and only 66% work in the public service after training, the remainder opting for private clinics or NGOs. Presumably for this reason, the indicator was also not monitored during implementation. As an alternative indicator for training centre use, the number of trainees enrolled or the number of graduates after the commissioning of the buildings will be applied. In the year of programme appraisal, altogether 214 trainees were enrolled and in 2007 the figure was 260. From 2001 to 2005, the graduate numbers varied between 49 and 88. The numbers of graduates were considerably higher as of 2006 (2006:138 graduates, of whom 102 girls, 2007: 125 graduates of whom 86 girls, 2008: 172 graduates of whom 135 girls). The greater use of the training centre and the resultant contribution by the programme to improved training of health personnel are verifiable. Altogether, effectiveness is assessed as good (Subrating 2).

Efficiency: Considerable savings were made in procuring oral and injectable contraceptives. The consultancy costs for the programme were more than twice as high as estimated in the design phase. This would, however, seem warranted as additional measures were financed and had to be coordinated. Thanks to the cost savings in supply and the comparatively low costs per CYP for the social marketing agency, Population Services International (PSI), in the contraceptives component, programme efficiency is gauged as good. The sale of public contraceptives via private vendors deserves critical attention. Despite the increased costs, the cost effectiveness of the infrastructure component for RTC Kampot is still assessed as good, since the additional training material provided an added benefit. Altogether, we assess programme efficiency as good (Subrating 2).

Overarching developmental impacts: The overall objective defined at programme appraisal was to make a contribution to the progressive improvement of quality in health care facilities used by the Cambodian population, particularly mothers, children and the poor. Applying current standards for similar FC projects/programmes, the ex post evaluation adduced the reduction of unwanted pregnancies and the reduction of the total fertility rate as overall objective indicators, which declined during implementation. The fertility rate dropped from an average of four births to 3.4 per woman between 2000 and 2005. It is higher among women with low income and poorer education. Since the programme was the main source of modern contraceptives between 2004 and 2006, we can ascribe to it a contribution to reducing the fertility rate. The overarching developmental impacts can thus be gauged as good (Subrating 2).

Sustainability: Finance for nationwide modern contraceptives demand and support for EDB is assured to 2012 by the current ongoing or planned programme Phases II and III. Moreover, PSI plans to change its pricing policy to raise cost recovery by 2010 (related to procurement and packaging of contraceptives). PSI is also holding talks with the pharmaceuticals company Bayer on the provision of generics for the middle-income bracket. The sustainability of RTC Kampot can be assessed as good owing to the increased funding and because it now has its own budget. Altogether, we assess sustainability as good (Subrating 2).

Weighing up these aspects, altogether, we attest the programme good overall performance (Subrating 2).

#### General conclusions

The concurrent sale of contraceptives via public health sector institutions and the SM programme aimed at increasing access to reproductive public health services and

contraceptives. As both the supply of and demand for contraceptives are relatively small in Cambodia in comparison with other countries, the concern was to make use of all possible channels (public and SM) to provide access and coordinate them with each other as well as possible. Thanks to the close contact and good relations between the Ministry of Health (MoH) and the SM agency, PSI, which are based on a contractual relationship between the two under which MoH transmitted FC funds to PSI, this was largely successful in Cambodia.

While market segmentation and target group differentiation played a minor role as aims in this programme, in other programmes where supply of and demand for reproductive health services are already more advanced, prior consideration must be given to whether parallel programmes with different subsidies are advisable at all or whether they may detract from each other.

#### **List of abbreviations**

CPR	Contraceptive prevalence rate
CYP	Couple year protection
DED	German Development Service
EDB	Essential Drug Bureau
FC	Financial Cooperation
GTZ	Gesellschaft für Technische Zusammenarbeit
MoH	Ministry of Health
PSI	Population Services International
RTC	Regional Training Centre
SM	Social marketing
TC	Technical Cooperation

#### **Notes on the methods used to evaluate project success (project rating)**

Projects are evaluated on a six-point scale, the criteria being relevance, effectiveness (outcome), "overarching developmental impact" and efficiency. The ratings are also used to arrive at a final assessment of a project's overall developmental efficacy. The scale is as follows:

- 1 Very good rating that clearly exceeds expectations
- 2 Good rating fully in line with expectations and without any significant shortcomings
- 3 Satisfactory rating – project falls short of expectations but the positive results dominate
- 4 Unsatisfactory rating – significantly below expectations, with negative results dominating despite discernible positive results
- 5 Clearly inadequate rating – despite some positive partial results the negative results clearly dominate
- 6 The project has no positive results or the situation has actually deteriorated

A rating of 1 to 3 is a positive assessment and indicates a successful project while a rating of 4 to 6 is a negative assessment and indicates a project which has no sufficiently positive results.

#### **Sustainability is evaluated according to the following four-point scale:**

Sustainability level 1 (very good sustainability)

The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability)

The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected.)

Sustainability level 3 (satisfactory sustainability)

The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability)

The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and an improvement is very unlikely. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The overall rating on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. A rating of 1 to 3 indicates a “successful” project while a rating of 4 to 6 indicates an “unsuccessful” project. In using (with a project-specific weighting) the five key factors to form an overall rating, it should be noted that a project can generally only be considered developmentally “successful” if the achievement of the project objective (“effectiveness”), the impact on the overall objective (“overarching developmental impact”) and the sustainability are considered at least “satisfactory” (rating 3).