Philippines: Women's Health and Family Planning

Ex post-evaluation report

OECD sector	12230/Basic health infrastructure	
BMZ project number	1994 66 533	
Project executing agency	Department of Health	
Consultant	GITEC, Düsseldorf	
Year of ex-post evaluation	**2006**	
	Project appraisal (planned)	**Ex-post evaluation (actual)**
Start of implementation	3rd quarter 1995	1st quarter 1996
Period of implementation	6 years	6 years
Investment costs	EUR 136.4 million	EUR 78.1 million
Counterpart contribution	EUR 26.6 million	EUR 2.5 million
Finance, of which FC funds	FC: EUR 14.2 million ADB: EUR 54.0 million WB: EUR 18.0 million EU: EUR 13.0 million AusAID: EUR 10.6 million	FC: EUR 12.4 million. ADB: EUR 27.0 million WB: EUR 11.0 million EU: EUR 16.7 million AusAID: EUR 8.5 million
Other institutions/donors involved	See cofinanciers	See cofinanciers
Performance rating	4	
Significance/Relevance	4	
Effectiveness	4	
Efficiency	4	

Brief Description, Overall Objective and Project Objectives with Indicators

The Women's Health and Safe Motherhood Project (WHSMP) aimed at improving the health of women of reproductive age and newborn children and infants in selected provinces in the Philippines (overall objective). The project objective was to contribute to improving the quantity and quality of integrated public services for women's health and family planning in approx. 40 provinces. The FC activities were carried out under a parallel finance arrangement amongst the Department of Health (DoH), the World Bank, the Asian Development Bank (ADB), AusAID (Australia) and the EU. Key measures in the overall project included the provision of medical equipment, instruments and medicine for women's health and family planning, commissioning health and family planning facilities, training health personnel and improving management capabilities in health authorities at central and provincial level. The FC contribution was allocated for the procurement of equipment, instruments and medicine for women's health and family planning and the requisite consultancy services.

Indicators for overall objective achievement were reductions in maternal, newborn and infant deaths as well as the fertility rate. The yardstick for project objective achievement was an improvement in the following indicators three years after completion, i.e. at the end of 2005 as compared with situation at the outset in 1995:

- Number of professional examinations and treatments in outpatient and inpatient gynaecology/obstetrics
- Number of births attended by qualified personnel
- Number of professional voluntary sterilizations
- Number of patients treated with infections of the female genital tract

Project Design/Major Deviations from Original Planning and Main Causes

The project formed part of a joint programme which was planned together but then largely carried out by each partner separately. The programme objectives and indicators chosen by the partners thus differed; some curtailed their contributions heavily in the course of implementation (reduction in overall costs from approx. EUR 136 to 78 million) and considerable changes were made to all the individual components. The overall project (WHSMP) consisted of four key components: improvement in service delivery, institutional development, partnerships between NGOs and communities and a small research component. In quantitative terms, the first component (service delivery) financed jointly by ADB, the World Bank and FC was the largest. Generally, the partners ADB and the World Bank were concerned with structural rehabilitation and in differing measure also with the provision of equipment in selected provinces, which were complemented by the FC contributions. Medicine, consumables and expendables were also supplied for women's health and family planning.

The objectives of the FC project in the first main component (service delivery) were to be achieved by the following measures:

- Provision of high quality gynaecological/obstetric equipment (for selected provincial and district hospitals in 41 provinces financed from ADB funds) and basic equipment for midwives and their assistants (for all 77 provinces) to improve obstetric, prenatal and perinatal care for women and newborn babies
- Delivery of basic gynaecological/obstetric equipment (for selected rural basic health centres in all 77 provinces) to improve family planning services
- Supply of medicine primarily for sexually transmitted diseases (in 10 selected provinces) to improve services for the diagnosis and treatment of infections of the female genital tract
- Delivery of additional ultrasonic apparatus, air-conditioning units for maternity rooms, gynaecological stirrups, sterilizing forceps, colposcopes and automatic voltage regulators
- Assignment of a consultant originally for occasional support only under the call to tender and contract for goods and services, which was then enlarged to backstopping the project for almost the whole term (resulting in much higher consultancy costs)

Due to deficits in administration by the project management office, delays and underachievement of output targets, the donors, particularly the World Bank and ADB, were critical of project implementation in the midterm review in May 1998, which resulted in changes to the design and cuts in finance. In their implementation completion reports, the World Bank and ADB assessed implementation as marginally satisfactory because the project had contributed to raising the quality and quantity of public health services for women.

The conceptual design of the project should have focused more sharply on the demand side through suitable measures (e.g. information, education and communication measures/IEC) and the supply side (e.g. targeted training measures) as its central concern.

Key Results of Impact Analysis and Performance Rating

Some quite expensive equipment from the FC-financed component have still not been unpacked or used five years after delivery (e.g. autoclaves and generators) because the health facilities consider the equipment available prior to the project to be more suitable. In many cases also, the incubators delivered are not in use for lack of qualified personnel. About 40% of all the equipment supplied was no longer in operation at the time of final inspection because

there were no spare parts in the country (e.g. halogen bulbs for the surgical lights) or because the units could not be serviced properly.

Responsibility for operating all health facilities supported by the project still lies with the respective local government units/LGUs in charge. In field visits to health facilities in 4 provinces in the Philippines, the commitment of the LGUs to running the health facilities differed greatly. With few positive exceptions, the LGUs evidently provide the health facilities with far too little funding to meet operating costs, with the result that medical supplies were insufficient in most of the health facilities visited and the patients often had to obtain medicine from pharmacies. There is no standard, obligatory maintenance scheme for the health facilities. The national Department of Health (DoH) can do hardly anything to improve this unsatisfactory situation, being essentially dependent on the priorities set by the mayors and governors elected for a limited term. General contracts were concluded with the LGUs on supporting the project but these put no figures to sufficient funds for meeting running costs. Operations can be expected to be sustained, though below the desirable level.

Indicators for overall objective achievement were reductions in the deaths of mothers, newborn babies and infants as well as the fertility rate. While infant mortality between 1998 and 2003 altered only marginally from 35 to 34 per 1,000, maternal mortality reportedly remained unchanged at the relatively high figure of 200 out of 100,000. The fertility rate between 1998 and 2003 as well only declined from 3.7 to 3.5 children per woman, which is still high by regional standards. So the indicators for the overall objective attest to small improvements only.

No initial figures were stipulated for the programme objective indicators mentioned above. Nor was it ever decided what change in indicators would constitute a satisfactory improvement. Regardless of this, a question that needs posing is to what extent the programme objectives and indicators address the actual problems in reproductive health on the Philippines. A rise in attended births is certainly an important indicator for contributing to a reduction in maternal mortality. However, the question arises of why apart from irreversible sterilizations no other indicators were chosen for the successful implementation of family planning measures. This meant forgoing the option of raising contraceptive prevalence though more use of reversible contraceptive methods, which might have received greater acceptance. Objectives and indicators are also lacking for an improvement in the use made of the health facilities and patient satisfaction. If we take the 60% of the FC-financed equipment and instruments available at final inspection and the relatively low patient contacts (0.2 contacts per capita and year) as proxy indicators, the FC contribution to meeting the objectives indicators must rate as distinctly limited.

The overall project has rehabilitated selected health facilities nationwide and expanded their range of services in reproductive health by a large margin, resulting in better health service delivery above all for poorer women and children. The diagnosis and treatment resources provided can improve service delivery by the promoted health facilities in infant and prenatal care, in birth attendance and in family planning and contribute to reducing infant and maternal mortality in the country. The ratio of births attended by specialist staff has increased from 56% to 64%.

While the prosperous strata of the population largely make use of the extensive private health care services, the poorer sections have no option but to avail themselves of the public services. For these, which make up approximately half of the total population, health care has been enlarged by the project measures. As they are officially exempt from paying fees, they are not deprived access to health services in general. This exemption does not apply everywhere yet, however, but the project nevertheless has a strong bearing on poverty in effect.

Generally, the health services are available to men and women. By virtue of the pronounced concentration on extending the range of services for treating pregnant women and birth atten-

dance, gender equality was a prime concern of the project. In hindsight though, despite addressing gender equality aspects, it did not focus enough on family planning. The gender approach adopted by the EU component in particular was very general (including working conditions for women, violence against women). Not enough attention was paid to how women can be helped to voice their own reproductive wishes, if, for example, they decide to have fewer children than their partner, which is frequently the case. Suitable awareness work would have been needed here. The contraceptives mix also plays an important role in strengthening women's negotiating position. A workable option in particular here are injectable contraceptives (monthly injections), where women wield comparatively large decision-making power due to the discreet administration. Compared to the total range of contraceptives, only a small amount of these are available, however. Also, men as decision-makers in reproductive matters were not sufficiently addressed, as the unchanged rate for male strerilization over the last 10 years attests. Family planning and reproductive health are still regarded as women's concerns on the Philippines. Not enough use was made of the project's scope to bring about changes here, partly due to a lack of focus on the central issues.

The project was not aligned with participatory development/good governance and did not pursue any environmental objectives. The main environmental pollution caused by the project has to do with treating medical waste. In all the health facilities we visited, medical waste was collected separately and disposed of in a suitable way.

Based on the criteria effectiveness, efficiency and significance/relevance, we judge the developmental efficacy of the FC project as follows:

- For lack of quantitative targets, it is difficult to assess project effectiveness. Based on the indicators set, the only improvement that can be ascertained is the rise in the ratio of births attended by physicians, nurses and midwives from 56% to 64% between 1998 and 2005. Nor has access to public health services been eased in recent years. Limited surveys on patient satisfaction do not point to any significant improvements. The substantial reduction of contributions by the Filipino partners meant that some major support for increased utilization of the infrastructure provided through IEC and training measures was not forthcoming. For this reason, it is doubtful whether the programme has made a relevant contribution to alleviating the core problems in reproductive health. In view of the unsatisfactory use of equipment and instruments along with the relatively low patient contacts, we gauge the effectiveness of the project overall, also from a sustainability standpoint, to be less than sufficient (Subrating 4).
- Due to the complexity of the project and the contributions made by other development partners, it is difficult to attribute the outputs to the financial contributions. As in general, though, the key indicators for reproductive health have remained at far too low a level, the considerable financial funds for the overall project have evidently had little effect. Another point of criticism is that many measures were implemented with considerable delays because the requisite complementary contributions by other development partners were not provided on time, incurring higher costs for consultancy services. The fact that some equipment has never been or is no longer being used indicates an inefficient allocation of donor funds. We therefore rate efficiency as insufficient (Subrating 4).
- Essentially, the project design of improving reproductive health by investing in health infrastructure is an important approach, particularly for the health status of vulnerable groups of people (pregnant women and babies) and makes a contribution to the Millennium Development Goals (MDGs) in health (relevance). Its significance could have been considerably enhanced if the partners had made their contributions in a more concerted way, if the LGUs had secured the sustainability of the programme by providing sufficient finance for operating and maintenance costs and if suitable measures to generate demand had raised acceptance on the part of the target groups. From project start until now, key indicators for the improvement of reproductive health, such as maternal mortality, the fertility rate and contraceptives prevalence, have largely stagnated at an unsatisfactory level by regional standards

due to the small use made of the health facilities. For this reason, we rate the relevance/significance of the project as insufficient (Subrating: 4).

The improvement of selected health infrastructure in the government sector of the Philippines merits a positive assessment overall. This has not, however, brought about the anticipated growth in demand. The project objectives were not specified and quantified adequately, so that it is difficult to verify objectives achievement. As key indicators for reproductive health have stagnated at an unacceptable level since project start to the present, the project has achieved little in this respect. One reason for this is that the contributions of the (overall) project were too heavily geared to improving infrastructure and paid too little attention to the improvement of services and to the demand side. The other reason is that despite improved infrastructure the local partners did not make the services attractive enough for the target group due to inadequate finance for operating costs and a broad lack of mechanisms for personnel supervision. Another very critical issue is sustainability. Lack of servicing reduces the lifespan of buildings and equipment. Because of these weaknesses we assess the developmental efficacy of the project as a whole as insufficient (Rating 4).

General Conclusions

We can draw the following general conclusions:

- The ex-post evaluation of this project highlights the importance of clearly specified, relevant objectives. Setting suitable indicators and quantifying the baseline and targets is also crucial for performance assessment. Other lessons learnt from the project are the need for concerted and as far as possible coherent objectives for an effective donor syndicate and clear arrangements on deadlines for the various donors to provide key contributions. It is unrealistic to expect Frankfurt to manage more than a part of development partner dialogue. Programmes with a comparatively complex donor setup, as is the case here, call for intensive local coordination. It is also essential to specify critical complementary contributions to be made by the national partners.
- The project was appraised shortly after decentralization in the health sector. The risks for project implementation were cited in the appraisal report and should have been addressed accordingly in the design. It was therefore no longer enough to concentrate on central government, which had no powers to finance operating costs and medicine or arrange for personnel supervision following decentralization. To assure adequate finance for operating costs and mechanisms for personnel supervision and the performance of complementary measures such as preventive and after-care examinations and vaccinations for pregnant women and infants, arrangements should have been made for binding agreements between central and local government.
- In programmes with a large equipment procurement component, the planning and equipment specifications and in particular the procurement consultant should make sure that the equipment and instruments actually meet the needs of the facilities, are suitable for the local power supply and can be serviced and provided with spare parts locally. Standardized procurements are not always appropriate because if they are not tailored to the specific conditions they may not be used or fall into disuse after a relatively short time.
- On the supply side, attention needs to be paid to the quality of services as well as improving infrastructure. If service quality is to be improved through training measures, these must be closely aligned with the programme objectives.
- Moreover, a programme in reproductive health, whose success depends a lot on changes in behaviour and attitudes in the target group, attention has to be paid to the demand side besides the improvement of infrastructure. Key here are discriminate awareness and educational measures accounting for gender and an appropriate contraceptives mix to meet needs.

Assessment criteria

Developmentally successful: Ratings 1 to 3	
Rating 1:	Very high or high degree of developmental efficacy
Rating 2:	Satisfactory developmental efficacy
Rating 3:	Overall sufficient degree of developmental efficacy
Developmental failures: Ratings 4 to 6	
Rating 4:	Overall slightly insufficient degree of developmental efficacy
Rating 5:	Clearly insufficient developmental efficacy
Rating 6:	The project is a total failure.

Performance evaluation criteria

The evaluation of the "developmental effectiveness" of a project and its classification during the ex-post evaluation into one of the various levels of success described in more detail below concentrate on the following fundamental questions:

- Have the **project objectives** been achieved to a sufficient degree (project **effectiveness**)?
- Does the programme generate sufficient significant **developmental effects** (project **relevance** and **significance** measured in terms of the achievement of the overall developmental policy objective defined beforehand and its effects in political, institutional, socio-economic and socio-cultural as well as ecological terms)?
- Are the **funds/expenses that were and are being employed/incurred appropriate** with a view to achieving the objectives and how can the programme's microeconomic and macroeconomic impact be measured (**efficiency** of the programme design)?
- To the extent that undesired **(side) effects** occur, can these be tolerated?

We do not treat **sustainability**, a key aspect to consider when a project is evaluated, as a separate evaluation category, but rather as an element common to all four fundamental questions on project success. A programme is sustainable if the programme executing agency and/or the target group are able to continue to use the programme facilities that have been built for a period of time that is, overall, adequate in economic terms, or to carry on with the project activities on their own and generate positive results after the financial, organizational and/or technical support has come to an end.