MID-TERM REVIEW

Of the Maternal and Child Health in Binh Dinh (VIE/03/P20)

By
The Research and Training Center
for Community Development (RTCCD)

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Executive summary

With the financial support of the New Zealand Government's International Aid and Development Agency (NZAID), the United Nations Population Fund (UNFPA) in collaboration with the Binh Dinh People's Committee is implementing a US$3 million project on maternal and child health in the period 2004-2007. The project is being implemented throughout Binh Dinh, to 11 districts and 155 communes. It aims to contribute to the attainment of a higher quality of life for women and children in Binh Dinh, especially for those who live in mountainous and remote areas, adolescents and ethnic minority groups, with a special focus on improving the quality and utilization of maternal and child health services provided by health care networks in the province.

By June 2006, the project had been running for over 2 years and it is expected, by Binh Dinh, that the project will be extended to June 2008. It was proposed that a Mid-Term Review (MTR) should be conducted, with the aims of identifying lessons learned from the project, suggesting areas for improvement in response to the needs of the local people and increasing capacity of the local authorities. Under the authorization of NZAID and UNFPA, and with agreement from Binh Dinh provincial People's Committee, the MTR of the project 'Maternal and Child Health in Binh Dinh' (code VIE/03/P20) was carried out in August 2006 by the Research and Training Center for Community Development (RTCCD) - an independent research institution with 10 years experience in conducting research into health systems and poverty in Viet Nam - with participation from the UNFPA and local staff from Binh Dinh. The MTR applied qualitative research methods to collect information via two surveys (field survey and mailed survey). Below are some of the key findings of the MTR and recommendations for the second half of the project.

The project has six major strengths:

- This is a large-scale project, implemented throughout the province of Binh Dinh, generating changes in MCH/RH services and in the community as a whole.

- The project was successfully integrated into the existing government system of primary health care and mass organizations from province to villages. The tenet "*this is neither UNFPA's nor NZAIDS's project. This is the work of our existing system and for the people of Binh Dinh. The project just provides supportive funds and we have to implement activities at the highest standard*" was disseminated through every channel. Unlike other projects, this project only has one Project Management Board (PMB) at provincial level and sub-contracts were signed with 12 mass organizations so that they integrated the project work into their system without monthly management and staff costs. No PMB was established at district or commune level.

- The management system reached agreement vertically (from province to communes) and horizontally (between People's Committee, DoH, DoET, MCH/FC and other mass organizations).

- The project successfully involved all mass organizations and institutions in Binh Dinh.

- The Project Management Board of the project is strong in terms of management and technical knowledge. The project director was the former director of DoH, therefore she has a high level of understanding about who is best for each position, ways to connect institutions/mass organizations for collaborative work and the weakness/strengths of the Binh Dinh health system. The project manager is also a respected person who is very good at management and willing to challenge the consultant team during discussions.

- The project was born in a right time: First the National Standards and Guidelines for Reproductive Health Services were established, which fostered improvement of the local healthcare system to a 'gold standard'. Second, some provinces had implemented similar projects and paid for their lessons. Binh Dinh was able to learn from their lessons and adapt accordingly. Third, under the UNFPA family, the Binh Dinh project benefited from training courses offered by project P10 while the Project Document was written. Therefore, when the project was approved, Training of the Trainer (TOT) had been completed and a team of provincial core trainers were ready to implement the project activities at district and commune levels.

The project has four main challenges:

- The project was designed with many activities to be implemented in parallel following the project launch. To meet deadlines, the project office and mass organizations had to expedite preparation for each activity and work very hard - "*we have not had annual leave for two years since the project started*"- and as a result, had less time for monitoring and supervision in 2005. In the short term, any impact on the project quality is not apparent but in the long-term, quality training and BCC/IEC at community levels will be significantly affected.

- In mountainous and remote communes, there was a lack of human resources able to implement project activities at community level. Thus provincial and district staff had to *work for* communal staff when a community event was planned.

- Implementation of the Health Management Information System (HMIS) was delayed due to incompatibility of the software developed by MoH. The delay limited quality management and planning in the Binh Dinh health sector. However, a way forward was found and by the mid-term review the HMIS was operational. More details regarding the HMIS will be described in section 3.3.5.

- As a large-scale project, Binh Dinh was required to follow the National Execution Manual (NEX) with all project procurement. However, there has been some confusion and contradictory instructions from ministries, which consumed time and made it difficult for the PMB.

Overall comments of the project implementation:

- Although this is a large-scale project with many activities running in parallel, most activities have been implemented according to plan, with exceptions of the HMIS, upgrading of MCH/FC building and small delays in community education and material adaptation.

- The distribution and rate of expenditure of the budget is good. From the beginning, the project has been serious and clear about the financial management regulations.

- Quality control of activities was well understood by PMB and was put into action during implementation. However, due to work overload, adequate quality of supervision and quality control of training was beyond the time and human resources available to the project.

Recommendations to the donor and UNFPA

- ***Recommendation 1:*** To increase the role of local managers in terms of revising and managing the project plan towards reaching the defined objectives for the disadvantaged areas. It is believed that the Binh Dinh project team understands well the challenges in the disadvantaged communes and can provide solutions to the problems. Therefore, they should be allowed to find a way to integrate this project into their socio-economic development plan in these communes. A budget management plan must support their action plan and be developed based on keeping the total project budget unchanged from the original project plan.

- ***Recommendation 2:*** To extend the project implementation time until June 2008 will ensure all project activities are integrated smoothly into the existing system; "one body one mind".

- ***Recommendation 3:*** Given the excellent management environment for the project in Binh Dinh, UNFPA and the donor should take this chance to make Binh Dinh a case study on implementation of the Hanoi Core Statement at provincial level in the RH sector. In doing so, NZAID and UNFPA would have the opportunity to create a strong model that can be replicated in other provinces of Vietnam that have similar strengths, challenges and resource limitations.

- ***Recommendation 4:*** To provide complete information about the Hanoi Core Statement to the Binh Dinh People's Committee so that they have sufficient understanding regarding its contents to decide whether or not Binh Dinh will be a pioneer in implementing the Hanoi Core Statement.

- ***Recommendation 5:*** To enhance the sustainability of the project after its completion, the question was raised as to whether there should be a change in budget norms in the next two years? Currently the project is following the norms of projects under the UNFPA umbrella. There are three options to consider: (1) Apply the Hanoi Core Statement and place the remaining funds into the Binh Dinh financial basket, allowing them to revise and manage activities. Of course, there must be close supervision from external agencies like UNFPA, MOH, MOF, MPI and NZAID to ensure transparency and accountability: (2) Follow the budget norm as set by the UNDP family including UNFPA in 31 December 2005 (the newly signed Country Program 7 of UNFPA did follow this norm): (3) Reduce the norm to the level expected by NZAID and UNFPA. However there will be a trade-off which must be born in mind. From the viewpoint of the team, we strongly support option 1, placing the hard work on the shoulders of the province. This will be an opportunity for Binh Dinh to challenge their capacity in management, need assessments of the local people, priority setting, planning, implementation, evaluation and problem-solving. This also provides UNFPA, NZAID, MOH and other ministries with a valuable opportunity to observe how the Hanoi Core Statement can function in the contemporary Vietnamese context with favorable conditions.

- ***Recommendation 6:*** Keeping the role of UNFPA as an independent agency which monitors project transparency and accountability rather than as a co-execution agency should be seen as an objective for the remainder of the project.

Recommendations to the Binh Dinh Project Management Board

- ***Recommendation 7:*** To adjust the project plan towards meeting the project objectives for disadvantaged communes. Specific needs for refurbishment of commune health centers and training of communal health staff in disadvantaged communes in Binh Dinh must be responded to if the project goal is to be achieved.

- ***Recommendation 8:*** RH technical support by experienced specialists from the national level is needed to teach supportive supervision in the RH system. Training in supportive supervision for those who have not been trained but are currently conducting the supervision is very much needed.

- ***Recommendation 9:*** A continuous and up-to-date learning environment should be established at all levels, especially for staff at commune and village levels, to equip them via self-learning with updated knowledge and skills in communication for education. This learning environment will increase opportunities for activities to be sustained after the project is completed.

- ***Recommendation 10:*** All communication for education by the health sector and mass organizations should move towards being richer in content, accessing the poor and vulnerable population, enhancing men's involvement and creating an environment for behaviour change.

- ***Recommendation 11:*** Training TBA and providing clean delivery packages to them should be seen as a priority investment in ethnic minority and remote communes. Otherwise, a strategy to promote trained CHC staff joining TBA during home delivery should be applied. In addition, BCC communication using a *positive deviance approach* might be a good experiment (Save the Children US applied this approach widely in nutrition for over a decade and started implementing the approach in MCH in recent years).

- ***Recommendation 12:*** Re-identifying strategies and setting priorities for children's activities, in response to public health and social problems of children in Binh Dinh, should be seen as a key focus.

- ***Recommendation 13:*** The PMB should carefully consider whether it is worth investing in the Youth Counseling Centre or whether it should be closed, with the money saved to be directed to other activities.

- ***Recommendation 14:*** On the background of the ARH phenomenon in Binh Dinh brought about by the current project P20 and with a high level of identified needs of young people in ARH information access, the province should develop ARH into a new project after P20 is completed. Thus, P20 should provide some successful models for a future project to reach a wide area. As such, expanding the successful model of Youth Friendly Corners to other selected communes, introducing adapted YFCs into schools or trialing other models should be seen as an important task of the project, to test the acceptability, accessibility and quality of the services.

Abbreviations

ANC	Antenatal Care
ARH	Adolescent Reproductive Health
BCC	Behavior Change Communication
CHC	Commune Health Centre
COPE	Client-Oriented Provider Efficiency
DHC	District Health Centre
DOCI	Department of Culture and Information (provincial level)
DOET	Department of Education and Training (provincial level)
DOH	Department of Health (provincial level)
DPI	Department of Planning and Investment (provincial level)
FF	Fatherland Front
FGD	Focus Group Discussion
FU	Farmers' Union
HMIS	Health Management Information System
HW	Health Worker
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
MCH/FP	Maternal and Child Health and Family Planning
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MPI	Ministry of Planning and Investment
MTR	Mid-Term Review
NCPFC	National Commission for Population, Family and Children
NZAID	The NewZealand Government's International Aid & Development Agency
PCPFC	Provincial Committee for Population, Family and Children
PM	Project Manager
PMB	Project Management Board
PPC	Provincial People's Committee
RH	Reproductive Health
RTCCD	the Research and Training Centre for Community Development
TBA	Traditional Birth Attendant
UNFPA	The United Nations Population Fund
VHW	Village Health Worker
VSA	Volunteer Service Abroad
WU	Women's Union
YFC	Youth Friendly Corner
YU	Youth Union

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