

1. SUMMARY

The non-profit organization People in Need (PIN) implemented in 2008-2012 two health projects in Cambodia, which is one of the priority countries of the Czech development cooperation. The first two year project *“Increasing Availability of Health Care in Cambodia” (2008-2009)* received a donation of CZK 3 250 000 from the Ministry of Foreign Affairs of the Czech Republic (MFA). The consequent three year project *“Improving quality and access to health care in Cambodia” (2010–2012)* received a total donation of 6 220 000 the Czech Development Agency which supervised the project.

Cambodia belongs to the countries with the highest child (especially infant and neonatal) mortality in the world, although there is a certain trend in improvement the last years; however the high maternal mortality rate still prevails. In 2008, many women were giving birth at home due to financial reasons, long distance to the health centres (HC), and lack of trust in the HC etc. The underlying reason was the lack of quality of antenatal, obstetric and post delivery care in many of the HC.

PIN project therefore aimed at decreasing high maternal mortality rate and improving the quality of care for mothers and their children in the public HC. Takeo province was chosen. The solution strategy aimed at the following areas of activities:

- Training of the HC personnel in field of quality care for both mother and child (antenatal, obstetric and post delivery)
- Material and technical equipment for the chosen HC (access to drinking water, electricity, medical material etc.)
- Educational campaigns for the local women (hygiene, prevention of diseases, nutrition, safe birth etc)
- Enabling access to health care for poor families by creating “Health Equity Funds”
- Special trainings for HC management

Our evaluation questions were based on the DAC evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability):

- To which extent did the project respond to the needs of the target group?
- To which extent were the project goals and outputs fulfilled?
- To which extent did the chosen strategy fulfil requirements for effectiveness and efficiency?
- What impact did the project have on the target groups (positive/negative, planned/unplanned)?
- To which extent did the project manage to solve the identified issues and which solutions are sustainable even after the project ended?

1.1. Major findings and conclusions

Below is a summary of evaluation conclusions according to the evaluation criteria.

Evaluation criteria	Technical support for the HC	Midwives' training	Training for the HC management	Education for the local women	Health equity funds	Total for project
Relevance	High					
Effectiveness	Rather high	High	Rather high	High	Rather high	Rather high
Efficiency	High	High	High	Rather high	Rather high	High
Impact	Rather high	High	N/A	High	Rather high	Rather high
Sustainability	High					

<i>Cross-cutting principles of the Czech ODA</i>						
Gender	High					
Environment	High					
Governance	High					
Visibility	High	Rather high	High	Rather high	Rather high	High

Evaluation scale

High	Rather high	Rather low	Low	N/A
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Relevance

The project contributed to solving the problem of poor quality care for mothers and children, which was reflected in the high maternal and infant mortality. The official documents show that the project targeted the relevant problems of the country in the health sector. It reflected the official priorities in this area and tried adequately to provide for the needs of the local people. Our evaluation team appreciated the procedure of PIN who had elaborated a study about health and social needs in Takeo province even before acquiring the donation.

Relevance of the project was evaluated as **high**.

Effectiveness

Effectiveness of the selected solutions was evaluated as “high” or “rather high”. The higher mark was given to the midwives’ training, followed by the very appreciated „on-the-job“ trainings and to educational campaigns for local women using the local capacities. As “high” was evaluated also effectiveness of technical equipment delivery, especially of equipment that does not require electricity. Effectiveness of other technical support (access to water and electricity) was evaluated as “rather high” (quantitative indicators were fulfilled, the qualitative only in some cases). Effectiveness of trainings for HC management was evaluated as “rather high”; some of the indicators were not measurable. Effectiveness of support of the poor people through the HEF was regarded as “rather high” especially because of the disputable selection of the beneficiaries. The data was not reliable and sources differed, therefore it was not possible to conclusively evaluate the fulfilment of project goals based on the set indicators. Our evaluation team dissented with the PIN calculations in their closing project report and presumed that such indicators should have been selected on the goals’ level that would have been measurable by the project termination.

The effectiveness of the project was evaluated as **rather high**.

Efficiency

The efficiency of solutions leading to the improvement of services of the project HC (first goal) was evaluated as “high”. Activities leading to increasing of demand for HC (second goal) were evaluated as rather efficient. In case of the educational campaigns, many respondents were not able to remember them, it is therefore not clear if their relatively good knowledge was acquired from the regular checks at the HC and/or from the TV campaigns. The overall and continuous effort of PIN for cost saving can be seen especially in budget items, e.g. staff payment, office costs and Life Saving Skills training (LSS). A great advantage for the efficiency of project funds is also the permanent mission of PIN in Cambodia.

The overall efficiency of the project was evaluated as **high**.

Impact

The positive impact predominates over the possible negative impact. The evaluation team did not find any crucial negative impact. Talking to the local community, the only doubts were over the distribution of the cards for free health care (HEF). It is important to note that this part was not a responsibility of PIN. In case of providing technical equipment, the question is if this form of assistance does not support dependency on more material aid. The positive impact can be summarized in the following points:

- The quality of provided health care improved (HC regularly sterilize their equipment which reduced infections and increased the delivery safety, pregnant women attend in average 4-6 antenatal care checks, most HC staff is available for 24 hours).
- The LSS and „on-the-job“ trainings had a significant impact on everyday praxis of the midwives. Their self-confidence was increased, their knowledge enriched (e.g. in topics of manual removal of placenta, solution of preeclampsia and bleeding etc.).
- During the last 3 years, home births almost ceased in Takeo province and happen in the HC.
- Most of the harmful traditions are no longer being practiced (e.g. lighting a fire under the mother's bed, postponing breastfeeding for several days after the baby is born), women practice them in a rather symbolic manner.
- In the last 3 years the number of maternal deaths was reduced. Even though the statistical data is unreliable and there can be a statistical mistake of small numbers, it is clear that a good trend was initiated.

It is important to note that this positive development is a result of cumulative effort of dozens of other foreign donors, local authorities and national TV campaigns, also the factor of a tolerant mainstream religion and widespread use of family planning. It is not possible to exactly measure to which extent the evaluated project contributed to this overall positive development.

The impact of the project was evaluated as **high**.

Sustainability

PIN established a quality base for sustainability by their extensive cooperation with the local authorities and organizations and by utilizing their capacity. PIN supported many activities financially and at the same time delegated their realization. This was a case of e.g. educational campaign in the communities (the trainings were organized by the individual HC using the official leaflets of the Ministry of Health), supporting the access of poor people to health care (implemented by the partner organization Buddhism for Health), LSS trainings etc. PIN also supported an efficient management of the HCs. All was happening with the goal to support the financial independence of the HC. Sustainability of some outputs corresponds with their nature, e.g. it is necessary to repeat trainings within the life time education. The sustainability is higher in cases of material support that do not require electricity (frequent blackouts) compared to those that require it.

Sustainability was evaluated as **rather high**.

The cross-cutting principles of the Czech ODA

Environment:

Evaluation team did not find any case of environment damage caused by the project. On the positive side, purchasing of solar panels shall be mentioned and therefore support of renewable sources of energy. We appreciated the goodwill of PIN in environment protection (e.g. by not using air conditioning in their offices). Other possible ecological aspects of the project (e.g. waste disposal, transport of the women to the HCs) were not analyzed.

Gender:

The project beneficiaries were mainly women (mothers, pregnant women and midwives) with the exception of trainings for HC management (all were male) and supporting the HEF (men and women). Positive side effect of the project was the support of patient rights and an overall improvement in the approach to the patients. Our evaluation team did not see that anyone would be treating women rudely; the husbands were very supportive and were taking care of their wives after they had given birth. Also the main evaluator, a female, was always treated with respect.

Good governance

The HC directors and their deputies seemed to be working very hard and responsibly, they were knowledgeable and strived for a proactive approach. The PIN management trainings were aiming to contribute to the more efficient governance of the HC.

Visibility

The official Czech ODA logo was found on all construction of lasting character (water tanks, the post delivery rooms) and on all provided equipment (beds, cabinets, solar panels and batteries). The Provincial Hospital in Takeo is perceived as a "Czech" hospital. The PHD directors in both provinces, the director of Mother and Child care department and directors of individual HC know the project funds

come from the Czech Republic. Most of the midwives were not able to answer correctly about the donor. The same case were the HC patients and women in the nearby communities.

1.2. Recommendations

Recommendations towards the project and continuation of the development cooperation

Type of recommendation	Recommendation	The main addressee	Severity
Towards the project	Continue the (already set) trend of shifting from providing the material equipment towards education. Continue training of midwives, especially those from remote and less accessible rural HC.	PIN	1
Towards the project	Cooperate with RACHA (Reproductive and Child Health Alliance) in organizing LSS trainings.	PIN	1
Towards the project	Take part in meeting other donors and local stakeholders more actively (sharing and learning from others, mainstreaming, fundraising, visibility).	PIN	1
Towards the project	Consider cooperating with the private sector (e.g. in fight against child malnutrition, vitamin enriched products can be promoted).	PIN CDA	1
Towards the project	Set measurable indicators which can be verified by the time of project termination already. Thoroughly analyse the key assumptions and risks of each project (on all levels of project logics).	PIN CDA	2
Procedural	Consult the timing of evaluation with the implementing party or other stakeholders. Adequate time needed for the whole evaluation process.	MFA	1
Systemic	Implement English as the official language of evaluation reports.	MFA	2