

Assessment of the Implementation of Maternal, Newborn, Child Health and Nutrition Health Systems Strengthening for Indigenous Cultural Communities in Selected UNICEF Areas

Janet M Arnado

Social Development Research Center

De La Salle University- Manila



Relevant Point

Community-based approaches that address hunger and malnutrition

Study is more about health systems strengthening, i.e., service delivery network

While hunger and malnutrition will not always be addressed specifically, the project is applicable to nutrition.

Will mention only relevant aspects of the assessment



Purpose and scope of the evaluation

Provides an overall independent assessment of the performance of the project.

Covers the two phases of the programme.

- Phase 1 (January-September 2017) covers scoping and designing MNCHN Service Delivery Network (SDN) for indigenous cultural communities
- Phase 2 (April 2018-September 2019) includes the development of the MNCHN SDN and process for sustainable implementation of a community-determined priority to strengthen health systems for indigenous peoples

Three barangays:

- Tamban in Malungon, Sarangani
- Datu Wasay in Kalamansig, Sultan Kudarat
- Datu Inda in President Roxas, North Cotabato.

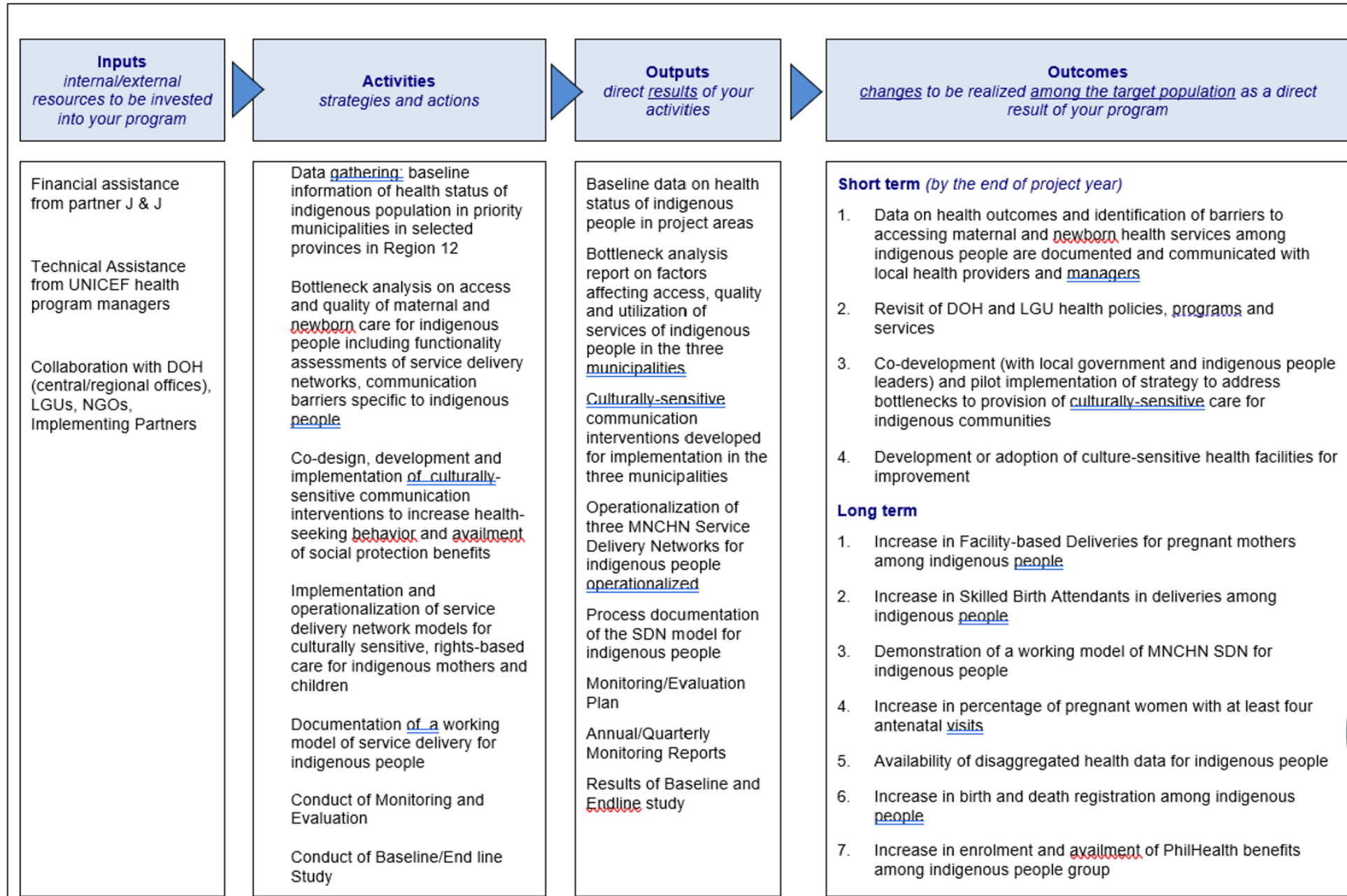


Evaluation Framework

- Relevance
 - Is the intervention doing the right thing
- Effectiveness
 - Is the intervention achieving its outcomes
- Efficiency
 - Did the project deliver its outputs on budget
- Sustainability
 - Will the intervention and benefits last



Conceptual Logic Model for Maternal, Newborn, Child Health and Nutrition Health Systems Strengthening for Indigenous Cultural Communities



Methodology

Mixed methods: desk review, focus group discussions, and key informant interviews.

Forty-four stakeholders participated in the assessment.

- National, regional, provincial, municipal, and barangay organizations and the indigenous communities represented by a core group called “LEAD”

Processing, Analysis, and Validation

- Data were transcribed and subjected to thematic coding.
- Desk review were triangulated with the primary data to answer the assessment questions
- The stakeholders of this project were sent the zero draft by email and were given a week to send comments. Those who did not reply were called by phone to solicit their feedback. IP LEAD group was contacted by phone.



FINDINGS

Relevance

Finding 4. The use of participatory approach was both successful and inadequate in the different phases and aspects of the project.

The project's framework indicates a participatory approach but the implementing partner only followed a participative process

The participatory approach was largely employed in the implementation and monitoring of the project but not in the design stage.

Participative - The IP LEAD groups were only considered beneficiaries of the project

- No details on IP monitoring of the project

The participatory approach was given more emphasis on the indigenous communities and less on the stakeholders.

- The one-sided application of this approach had repercussions in the outputs of the project

The participatory approach facilitated in creating a sense of ownership among the indigenous peoples.

Findings 1. There are limited indications of health system improvement. Of the 21 observed areas with available data, 12 show improvement while 4 indicate deterioration. This gives a net improvement score of 8 out of 21 areas. It means that an improvement of the health system is observed in 38% of the observed indicators in the three barangays.

Table 3 Utilization of MNCHN services and health outcomes (2017-2020) in the project barangays

Health Indicators		Health Outcomes											
		<u>Datu Inda</u>				<u>Datu Wasay</u>				<u>Tamban</u>			
		2017	2018	2019	2020	2017	2018	2019	2020	2017	2018	2019	2020
1	Number of Facility-based delivery in pregnant mothers among IPs (FBD)	20	15	19	10	11	12	15	12	139	173	139	125
2	Number of Skilled Birth Attendance in the deliveries among IPs (SBA)	20	15	19	10	11	12	15	12	139	173	139	125
3	Total number of livebirths registration	20	15	19	10	23*				161 ^{ab}	172 ^{ab}	165 ^{ab}	136 ^{ab}
4	Total number of death registration												
5	Number of enrolments of PhilHealth benefits among indigenous peoples	158	194	248		89*		337*		154	716	919	919
6	Percentage of pregnant women with at least 4 antenatal visits (QAP)	59%	72%	98%	51%	25%	16%	13%	9%				
7	Number of pregnant women with at least 4 antenatal visits (QAP)							13*	9*	146 ^{ab}	159 ^{ab}	153 ^{ab}	105 ^{ab}

Notes: Datu Inda data came from BLHSD and from a Public Health Nurse (PHN). Datu Wasay data came from a PHN except those with () which came from BLHSD. Tamban data came from RHU Malungon except those with (a) which came from a midwife and nurse contact in the area. Tamban data with (b) are not IP disaggregated.*

Table 4 Indications of Health System Improvement in the Three Barangays: 2017 and 2019

	Indicators	Indications of Health System Improvement		
		<u>Datu Inda</u>	<u>Datu Wasay</u>	<u>Tamban</u>
1	Increase in the number of Facility-based delivery in pregnant mothers among IPs (FBD)	↓	↑	No change
2	Increase in the number of Skilled Birth Attendance in the deliveries among IPs (SBA)	↓	↑	No change
3	Increase in the total number of livebirths registration	↓	No Data	↑
4	Increase in the total number of death registration	No Data	No Data	No Data
5	Increase in the number of enrolments of PhilHealth benefits among indigenous peoples	↑	↑	↑
6	Increase in percentage/number of pregnant women with at least 4 antenatal visits	↑	↓	↑
7	Availability of IP-specific data	↑	↑	↑ partial
8	Demonstration of a working model of MNCHN SDN in IPs	?	↑	?
	Net Improvement (increase-decrease)	0/7 (0%)	4/6 (67%)	4/7 (57%)

Summary:

Total score (8 indicators x 3 barangays): 24

Total possible score (24 – 4 without data) = 20

Number of increases = 12

Number of decreases = 4

Net improvement (increase-decrease) = 8

Score = 8/20 (40%)

Effectiveness

Finding 2. An improvement in access to and utilization of MNCHN services for indigenous peoples in the three barangays was observed in a third (33%) of the data used. Net improvements in these MNCHN services were 0%, 50%, and 50% in Datu Inda, Datu Wasay, and Tamban, respectively. This indicates a limited improvement.

Table 5 Improvements in Access to MNCHN Services Among Indigenous Peoples in Three Barangays in 2017 and 2019

	Indicators of MNCHN Services	Change in MNCHN Services Access and <u>utilization</u> between 2017 and 2019		
		<u>Datu Inda</u>	<u>Datu Wasay</u>	<u>Tamban</u>
1	Number of Facility-based delivery in pregnant mothers among IPs (FBD)	↓	↑	-
2	Number of Skilled Birth Attendance in the deliveries among IPs (SBA)	↓	↑	-
3	Number of enrolments of PhilHealth benefits among indigenous peoples	↑	↑	↑
4	Percentage/Number of pregnant women with at least 4 antenatal visits (QAP)	↑	↓	↑
	Net improvement (increase – decrease)	0/4 (0%)	2/4 (50%)	2/4 (50%)
<p>Summary: Total possible score (with data) = 12 Number of increases = 7 Number of decreases = 3 Net improvement (increase-decrease) = 7-3 = 4 Score = 4/12 (33%)</p>				

Finding 2, cont'd

We distinguish between barriers to access to and barriers to utilization of MNCHN services.

- Access pertains to structural, administrative or bureaucratic conditions or procedures, whereas utilization is agentic and decided by the health seeker.
- Barriers to access include geographical isolation, transportation limitation, and lack of money and PhilHealth benefits, whereas barriers to utilization are more about cultural differences.
- social discrimination/prejudice, financial constraints and PhilHealth non-membership, and geographical isolation and transportation woes

Finding 3. When the project ended, 5 out of 8 community implementation plans were fully completed, while the other three were partially completed. Two of the uncompleted projects were considered as major projects, such as setting up of a water system and procurement of an emergency vehicle.

Table 6 Completion of Community-implemented Projects

Area	Plans	Implemented as Planned
<u>Datu Inda</u>	Construction of Water System	X
	DIWASA	✓
	WASH IEC materials	✓
<u>Datu Wasay</u>	PhilHealth enrollment	✓
	PhilHealth IEC materials and dissemination	✓ / X
	IP Caravan	✓
<u>Tamban</u>	Community-managed emergency transport vehicle	X
	Reactivation of Barangay Health Board (BHB)	✓
<p>Summary</p> <p>Total outputs = 8 completed projects = 5 Major projects completed = 1 out of 3</p>		

Efficiency (excluded)

Sustainability

Finding 1. There are indications that some interventions will be continued beyond the lifetime of the supported project. The community's sense of ownership and capacity to maintain the outputs may facilitate sustainability; however, inadequate financial resources and indifference from barangay local officials pose a challenge.

- Likely to be sustained: Water system and PhilHealth registration
- Emergency vehicle was not achieved
- Datu Inda completed the water system after project's timeline and implementing partner's support. In this case, there is an indication of community-driven support even on their own.
- Non-involvement of the barangay captain in Tamban was seen as a major deterrent to accomplish and sustain of the project. His lack of sense of ownership resulted in coordination difficulties with higher officials.

Finding 2. Significant progress has been made in developing capacity within the community. This capacity has been manifested in the communities preparing plans for the sustainability of their projects.

- IP LEADs are now knowledgeable on how to address their health concerns.
 - know the persons in government and non-government organizations to approach for assistance as well as the strategies to approach these people
- Two examples of community initiatives focused on the importance of community and organizational capacity to deliver and sustain the intervention.
 - One was the creation of the Datu Inda Water and Sanitation Association (DIWASA). Having this association would ensure that the water system infrastructure that the community intended to put up would be managed by the association beyond the lifetime of the project. Second was the reactivation of the Barangay Health Development Board to work on the health concerns of the IPs in Tamban.
- Long-term plan sustain the availability of water (Inda): (1) protection of water source by planting trees and declaring water source as a protected area; (2) assessing the quality and quantity of the water supply; (3) addressing future water problems by scouting for additional water sources, including rainwater collection systems.

Finding 3. Unsustainable areas of the project include continuous funding, unrealized emergency vehicle, and participation from the stakeholders. These may be addressed by “persisting” to continue the work of coordination and collaboration with concerned government and non-government agencies, through a well-established leadership among the IP groups.

- No funds, no participation, no sustainability
- While the IP LEAD indicated ownership of the project, the level of ownership was not sufficient to encourage continuity beyond the project duration.
- Funding and participation may be addressed by enhancing the sense of ownership among the IP LEAD and the barangay LGUs before leaving the project. Sense of ownership can be enhanced by furthering community participation in the planning for sustainability and by further involving the barangay leadership. Improving the working and social relationship between the LEAD members and the barangay will also help. The community had been given a capacity to write proposals, so they can apply for funding opportunities for their projects.
- The LEAD members’ roles were limited to active participation in the project intervention and that there was no strategy to develop their leadership potential. Community leaders are important in the sustainability of any project.

Conclusions

- The overall score of the project is 2.77, indicating partial to large achievements.
- Rated highest is relevance (3.66, approaching full achievement), followed by efficiency (3.0, large achievement), sustainability (2.66, partial to large achievement).
- The lowest score for this project is effectiveness with a score of 1.55, which approaches very limited achievement.

Lessons on Participatory Approach

Key Considerations for Participatory Projects

- **Limiting Participation:** In this project, the participatory approach was restricted to implementation, referred to as "participative" due to indigenous communities not being part of the project design.
- **Enhancing Participation:** To make it truly participatory and promote full ownership, consider including a representative from indigenous communities in the project design team.

Balancing Attention to Stakeholders

- **Stages of Participation:** Decide which project stages require community participation and clarify the reasons for their involvement.
- **Levels of Participation:** Determine the necessary degree of involvement, ranging from beneficiaries to co-implementers, to effectively contribute to project outcomes.

Role of Experts in Community Projects

- **Balancing Stakeholder Focus:** Reconsider the distribution of attention between indigenous communities and partner groups, especially Barangay Local Government Units (BLGUs), to maximize project benefits.
- **Local Government Support:** Emphasize that community-driven projects require local government support for success and sustainability.

Role of Experts in Community Projects

- Highlight the importance of expert guidance to ensure community decisions align with project goals.
- Example: In Datu Inda, the water project aimed to address health facility water supply, but it didn't connect with the health system's service delivery network. Addressing water issues doesn't necessarily increase facility-based service utilization.

Thank you!