Evaluating Impact: From Promise to Evidence

Maternal/Child Health and Nutrition Improvement in Lao PDR

East Asia Regional Impact Evaluation Workshop
May 5 – 9, 2014, Seoul, South Korea

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1. Intervention Summary

A. Brief description of program activities and outputs:

The objectives of the project is to assist the GOL in improving maternal and child health and nutritional status of children under five years old and improving the coverage of effective multi-sectoral interventions with a focus on the poor villages.
**Intervention Summary (continued)**

**Activities (Project components)**

- Free maternal and child health/nutrition services at health centers and hospitals, as well as outreach (including food supplementation, immunization, provision of vitamin A, deworming pills, iron tablets, folic acid tablets, micro-nutrients)
- Strengthening health/nutrition/sanitation-related infrastructure
  - Construction and renovation of health centers
  - Construction of clean water supply and sanitation infrastructure, in collaboration with WASH
- Capacity building
  - Training of health personnel and village health workers, including training of nutrition/MCH counselor
  - Particular emphasis will be given to village ethnic groups who do not speak Lao
- Conditional cash transfer for poor pregnant and lactating mothers to come and receive ANC, PNC, family planning services, nutrition education, growth monitoring, birth deliveries, as well as use of household sanitation facilities
- Setting up of community-based/led village health, nutrition, and sanitation center
- Behavior change communication
- Monitoring and evaluation

*Impact evaluation will focus on selected project components in red color*
Intervention Summary (continued)

Who is targeted? Be detailed on the number and target beneficiaries
Poor pregnant and lactating mothers as well as children under five

Where is it conducted?
The overall project is expected to target 1,500 villages in 26 poor districts in 7 provinces.

When is it conducted?
October 2015-December 2020

Name(s) of implementing organization(s)?
Ministry of Health, Department of Hygiene and Health Promotion, Lao PDR
<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
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<tbody>
<tr>
<td>Money, manpower</td>
<td>CCT: Register; monitor; distribute funds.</td>
<td>Increase in the number of pregnant and lactating mothers enrolled in the program</td>
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<tr>
<td>Money, manpower, trainers and guidelines</td>
<td>Community-based/led village nutrition/MCH centers (VNMC)</td>
<td>Increase in the number of village health workers and volunteers and VNMCs. Increase number of visits by health volunteers.</td>
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<tr>
<td>Inputs</td>
<td>Activities</td>
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<tr>
<td>Money, equipment, supplies,</td>
<td>Free MCH Services</td>
<td>Health facilities are well equipped with sufficient and quality health</td>
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<tr>
<td>manpower</td>
<td></td>
<td>workers, equipment, and supplies</td>
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<tr>
<td>Money, manpower, training</td>
<td>Training of health workers</td>
<td>Increase the number of trained and quality health workers, particularly</td>
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<tr>
<td>modules</td>
<td></td>
<td>among various ethnic groups</td>
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<tr>
<td>Money and materials</td>
<td>Strengthening of health/nutrition/san</td>
<td>Increase in the number of well-functioning health centers/WASH</td>
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<td></td>
<td>tation infrastructure</td>
<td>facilities in targeted remote areas</td>
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<tr>
<td>Money, manpower, materials</td>
<td>Behavior Change Communication</td>
<td>Increase in high quality communication materials and interventions for</td>
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<tr>
<td></td>
<td></td>
<td>behavior change</td>
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<tr>
<td>Money and equipment</td>
<td>Clean water/toilets</td>
<td>Increase in the number of villages/households/health centers that have</td>
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<tr>
<td></td>
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<td>access to clean water and toilets</td>
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<tr>
<td>Manpower, HMIS</td>
<td>M&amp;E</td>
<td>Availability of functioning M&amp;E system</td>
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2. Results Chain

Maternal/Child Health and Nutrition improvement in Lao PDR

PROGRAM

- Increase in:
  - the number of mothers receiving health/nutrition services (ANC, PNC, family planning, delivery at facility, delivery by skilled birth attendants)
  - the number of children receiving health/nutrition services (immunization, deworming pills, micro-nutrient supplements)
  - the knowledge and skills of health workers/volunteers
  - the participation of community in nutrition/MCH multi-sectoral collaboration for MCH/nutrition outcomes, leading to more efficient use of resources by government

INTERMEDIATE OUTCOME

- Decrease in:
  - maternal and child mortality/morbidity rate
  - Decrease in stunting, wasting and underweight rate among U2 children

Outcome

- Decrease in diarrhea among U5 children
3. Research Questions

• Does an **integrated model** of CCT combined with community-based village health, nutrition, sanitation center (VHNSC) lead to lower maternal mortality, U5 children mortality/morbidity, and stunting, underweight and wasting among children under 2?

• Does the community-based VHNSC itself have an impact on above-stated outcomes, or should it be combined with a CCT program?

• Does the CCT program by itself have an impact on above-stated outcomes, or should it be combined with the community-based participation?
4. Impact Evaluation Design

A. Describe the intervention in the (add treatment arms, if applicable):

- **Treatment:**
  
  **Group 1 will receive**
  
  - Conditional cash transfer (CCT) conditional on regular visits to health facilities for ANC, PNC, birth delivery, nutrition counseling, growth monitoring, immunization, and family planning (for at least two years)
  
  - Community-based village health, nutrition, and sanitation center (VHNSC) (for at least two years)
4. Impact Evaluation Design (continued)

- **Treatment:**
  
  **Group 2 will receive**
  
  - Conditional cash transfer (CCT) in exchange for regular visits to health facilities for ANC, PNC, birth delivery, nutrition counseling, growth monitoring, immunization, and family planning (for at least two years) only

  **Group 3 will receive**
  
  - Community-based village health, nutrition, and sanitation center (VHNSC) (for at least two years) only

- **Control:**
  
  - Do not receive CCT and community-based VHNSC for at least two years
## 4. Impact Evaluation Design (continued)

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<td>1 (50)</td>
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<td>4 (50)</td>
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4. Impact Evaluation Design

B. Describe the sample size (using health center cluster as a unit – comprises approximately 7 villages)
   - Treatment 1: 50 health center clusters
   - Treatment 2: 50 health center clusters
   - Treatment 3: 50 health center clusters
   - Control: 50 health center clusters

C. Describe the program assignment rule: (e.g. random selection of schools)
   - Randomized phased in of health center clusters to one of the three treatment arms.
5. Data Collection

A. List program indicators to be collected:

**Outcome indicators**

Reduce by 33% of:

- maternal mortality rate
- infant mortality rate
- U5 children mortality
- stunting rate among U2 children
- underweight rate among U2 children
- wasting rate among U2 children
5. Data Collection

A. List program indicators to be collected:

**Intermediate indicators**
- Percentage of children 9-23 months of age immunized against measles
- Percentage of children under 1 year of age who received DPT3
- Percentage of children under 1 week of age who received Hep B
- Percentage of pregnant women received TT2
- Percentage of birth attendants by trained health personnel
- Percentage of women practicing modern contraceptive methods obtained from public health facilities
- Number of pregnant women with 4 antenatal care contacts with trained health personnel
5. Data Collection (continued)

**Intermediate indicators**

- Number of pregnant women who attended antenatal care services during the first trimester of pregnancy where they will receive health/nutrition counseling and food supplements (high CCT will be used to incentivize mothers)

- Number of pregnant women who delivered at a health facility

- Number of lactating women with 2 postnatal care contact with trained health personnel (Week 1 and Week 6)

- Number of lactating women who practice 6-month exclusive breastfeeding
5. Data Collection (continued)

**Intermediate indicators**

- Percentage of infants under six months of age who are fed exclusively with breast milk
- Percentage of villages receiving outreach according to the agreed schedule
- Number of operational Community-led Integrated Health/Nutrition/Sanitation Centers
- Percentage of children between 6 and 59 months who received vitamin A and micro-nutrient supplement during the last year
- Percentage of women of reproductive age who received weekly dose of iron supplements in the last year
- Percentage of pregnant women who received daily dose of iron and folic acid supplements during the last month
5. Data Collection (continued)

Intermediate indicators

- Percentage of lactating women who received daily dose of iron and folic acid supplements during the last month (within 3 months of delivery)
- Percentage of women or caregivers with appropriate hand washing behaviors
- Percentage of children between 6 and 23 months of age who receive foods from four or more food groups
- Percentage of children under five years of age with diarrhea in the past two weeks (diarrhea is defined as more than three loose stools in 24 hours)
- Number of children that came for growth monitoring and receive nutrition/MCH counseling (both outreach and facilities)
5. Data Collection (continued)

A. Method of data collection (e.g. electronic health worker interviews, admin data, etc.):
   • Baseline survey, annual surveys, and end-line survey
   • Administrative data (from health centers)

B. Frequency of data collection:
   • Survey is conducted annually
   • Administrative data is collected by health centers regularly (monthly)

C. Who will collect the data:
   • Administrative data will be collected by health centers and health care providers and village health volunteers
   • Institute of Public Health will be hired to conduct baseline, annual, and end line survey
Thank you