

**MANAGEMENT RESPONSE TO THE PROJECT PERFORMANCE EVALUATION
REPORT FOR WOMEN'S HEALTH AND SAFE MOTHERHOOD PROJECT IN THE
PHILIPPINES
(Loan 1331-PHI[SF])**

On 17 September 2007, the Director General, Operations Evaluation Department, received the following response from the Managing Director General on behalf of Management:

I. General Comments

1. We appreciate OED's evaluation of the Women's Health and Safe Motherhood Project in the Philippines. The Women's Health and Safe Motherhood Project (the project) was ADB's first health sector project in the Philippines, and also ADB's first project designed exclusively for improving women's reproductive health and well-being. ADB provided leadership, mobilized significant donor resources and prepared the project in close collaboration and partnership with other key development partners working in the country.

2. We note that the Project Performance Evaluation Report (PPER) rated the project "partly successful", which is one level lower than the rating of the Project Completion Report (PCR). We also note the PPER's observation that the difference in rating is due to (i) the changes in assigned weights as a result of reduced numbers of evaluation criteria and (ii) the downgrading of rating for relevance by one level.

3. **Revised PPER Rating Criteria.** Under the revised PPER rating assessment framework the project was rated on 4 criteria whereas the PCR used a 5-criteria rating scheme. The exclusion of one criterion—"institutional development and other impacts" meant the substantial progress achieved by the project in these areas, and acknowledged by the PPER, were not fully captured and factored into the assigned weights and resulting PPER rating.

4. **Relevance.** The only variance between the PPER and the PCR rating was in the "relevance" criterion with the PPER downgrading the rating by one level from "highly relevant" to "relevant." The PPER acknowledges the project correctly identified a critical need to improve the quality and coverage of maternal health services, even ahead of the MDGs, and was consistent with government priorities and ADB's country strategy and program. It still remains relevant and is a priority sector of the government. Despite the project's relevance, the PPER downgraded the "relevance" criterion on project design issues such as ambitious spatial coverage, inadequate consultation during project preparation and some coordination and implementation problems given the multiple co-financing partners. Issues of project design were also dealt with under the "effectiveness" criterion.

II. Comments on Lessons and Follow-up Actions

5. We agree with OED that spatial coverage was ambitious and some outcome indicators, such as 100% supervised deliveries, were unrealistic. We appreciate the PPER's finding that despite this, "the project made substantial progress towards meeting the outcome targets." The PPER observed that the project achieved some impressive results such as: (i) increased proportion of deliveries supervised by trained birth

attendants and in health facilities; (ii) decreased maternal mortality rates over time; (iii) improved capacity of rural health units and barangay health stations for service delivery; (iii) manuals developed by the project for mid-wives becoming the most frequently used reference in the primary health care facilities, and (iv)) both the frequency and quality of prenatal services increased over time in project areas.

6. We acknowledge that the project encountered some implementation difficulties due to problems of coordination, management, and limited capacity of local government units. These difficulties were perhaps inevitable given the multiple partners, both grant and loan modalities and the newly introduced decentralized system in the Philippines. We note that subsequent projects, such as the Health Sector Development Program (Loan 2136/2137-PHI), have taken steps to strengthen local government units project management capacity; strengthen monitoring and evaluation systems that are integrated within the larger systems at the central and local government levels, and work closely and comprehensively with as few as 3–5 provinces at a time.

7. We also agree with OED's overall recommendations for supporting the sector by (i) building comprehensive policies, (ii) conducting needs assessments and feasibility studies before identifying investments for projects and subprojects, and (iii) strengthening financial management and procurement management systems.

8. ADB is working closely with the government and other development partners in all of these areas under the Health Sector Development Program. ADB is also actively engaged in policy dialogue with the Department of Health, and will continue to be engaged in the coming years, including in strengthening the country's maternal health policy and the overall health system.