Evaluating Impact: From Promise to Evidence

“Improving women's and children's health in DPRK” Project of WHO

East Asia Regional Impact Evaluation Workshop
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1. Intervention Summary

A. Brief description of program activities and outputs

“Improving women’s and children’s health in DPRK” project, performed by WHO during 2006-2007, was conducted as one of humanitarian aid plan of Korean Government, funded by Inter-Korean Cooperation Fund (IKCF). The purpose of this project is to improve the quality of medical service in order to lower maternal mortality and enhance infants’ nutrition status. The main activities are:

i) Provision of nutritional supplements to clinics

ii) Provision of technical training to medical staffs (doctors, nurses)
1. Intervention Summary

B. Who is targeted?

• **Target population:** Clinics\(^1\) in regions with relatively high fertility level in DPRK (except Pyongyang)
  
  ➤ **Doctors & Nurses Training:** 60 designated clinics (= 4709 doctors & nurses)
  ➤ **Nutritional Supply:** 60 designated clinics
  ➤ **Nutritional Supply + Training:** 60 clinics

D. When is it conducted?

• From 2006 to 2007

E. Names of implementing organizations?

• **Implementation:** WHO / **Funding:** IKCF of Korea Eximbank

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\(^1\): Each clinic covers one district “Li”
2. Results Chain

**Input**
- Money: 760,000 USD
- Medical staffs

**Activities**
- Provision of nutritional supplements
- Medical staffs’ technical training

**Outputs**
- # of clinics received nutritional supplements
- # of medical staffs trained

**Nutritional Supplements**
- Proportion of mothers & infants took nutritional supplements

**Technical Training**
- Proportion of medical staffs used trained technique in practice

**Outcome**
- Child morbidity indicators (weight, height, cognitive skills, diarrhea)
- Maternal morbidity indicators (Hb & Cholesterol level)
- Maternal & infant mortality rate
3. Research Questions

• Does an increase in availability of nutritional supplements in the local clinic lower the maternal & infant morbidity and mortality rate?

• Does an increase of clinic with technically trained medical staffs lower the maternal and infant morbidity and mortality rate?

• Does an increase of clinic with technically trained medical staffs and nutritional supplements lower the maternal and infant morbidity and mortality rate?
4. Impact Evaluation Design

A. Describe the intervention in the (add treatment arms, if applicable):
   - **3 Treatment Arms:** i) Provision of nutritional supplements; ii) Technical training of medical staffs; iii) Provision of nutritional supplements and technical training
   - **Control:** No provision of nutrition supplements & no technical training

B. Describe the sample size
   - **Clinic Sample:** 240 clinics randomly sampled from all clinics with relatively high fertility level in nationwide (except Pyongyang)

C. Describe the program assignment rule:
   Randomly assigned treatment groups among total 240 samples
   (Treatment: 60 clinics per each treatment group/Control: 60 clinics)
5. Data Collection

A. List program indicators to be collected:
   - **Intermediate outcomes:** i) Proportion of mothers & infants took nutritional supplements, ii) Proportion of medical staffs used trained technique in practice
   - **Outcomes:** i) Child morbidity indicators (weight, height, cognitive skills, diarrhea), ii) Maternal morbidity indicators (Hb & Cholesterol level), iii) Maternal & infant mortality rate

B. Method of data collection:

<table>
<thead>
<tr>
<th></th>
<th>Intermediate Outcome</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of mothers &amp; infants took nutritional supplements</td>
<td>% of medical staffs used trained technique</td>
</tr>
<tr>
<td><strong>Clinic</strong></td>
<td>Inventory check</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Medical Staffs(^1)</strong></td>
<td>N/A</td>
<td>Paper survey</td>
</tr>
<tr>
<td><strong>Mothers &amp; Infants(^2)</strong></td>
<td>Home-visit paper survey</td>
<td>Home-visit paper survey</td>
</tr>
</tbody>
</table>

1: All medical staffs who received technical training
2: Randomly sampled mothers & infants who live in surrounding village (district “Li”) covered by each clinic
5. Data Collection (Cont’)

C. **Frequency of data collection:** Yearly collection

D. **Who will collect the data:**
   - Person in charge: WHO workers & local government officials
   - Data collector: Village leaders
6. What We Learned

- Impact evaluation should be concerned from the BEGINNING of project
- More data, better evaluation
- More budget, better evaluation
- Impact evaluation is important
- Impact evaluation is REALLY important
감사합니다

Thank You

Grazie

Danke

Ευχαριστίες

Dalu

Кöszönöm

Tack

Спасибо

Dank

Gracias

Merci

谢谢你

Obrigado

ありがとう