1. Project Overview

Japan has supported the Santa Cruz General Hospital, a core provider of health and medical-care services in Eastern Bolivia, through Grant Aid for the construction of hospital buildings; and Project-type Technical Cooperation for five years from 1987 with the aim of enabling the hospital to provide basic health and medical-care services, establishment of its functions as a tertiary hospital that practices advanced medicine and the improvement of hospital management. The cooperation mostly achieved the initially planned objective and thus was terminated in November 1992. However, issues such as strengthening the emergency outpatient unit, which has become increasingly important every year, and expanding hospital activities related to community medicine remained to be addressed in the future.

Against this background, the Government of Bolivia requested Japan to provide Project-type Technical Cooperation based in the Santa Cruz General Hospital with the aims of upgrading the emergency outpatient system and the provision of primary-care services as well as strengthening the hospital administration section for further financial sustainability and expansion of clinical divisions.

2. Project Overview

(1) Period of Cooperation
15 December 1994-14 December 1999

(2) Type of Cooperation
Project-type Technical Cooperation

(3) Partner Country's Implementing Organizations
Ministry of Health and Social Prevision
Santa Cruz General Hospital (Hospital Japan)

(4) Narrative Summary
1) Overall Goal
Functioning of the health and medical-care system in the city of Santa Cruz is improved for better service to citizens, especially the poor.

2) Project Purpose
Santa Cruz General Hospital, as part of the regional health and medical-care system, provides appropriate health and medical care services to the citizens of Santa Cruz, especially the poor.

3) Outputs
a) Management of the Hospital is improved.
b) Health and medical-care services provided by the Hospital are improved.
c) Human resources development is promoted.
d) The health and medical-care delivery system of the City of Santa Cruz is improved.

4) Inputs
Japanese Side
Long-term experts 12
Short-term experts 45
Trainees received 21
Equipment approx. 260 million yen
Local cost approx. 40 million yen

Bolivian Side
Counterparts 32
Land and facilities
Local cost

3. Members of Evaluation Team

Team Leader:
Takafumi FUKUHARA, Director, Medical Cooperation Department, JICA

Community Medicine:
Seiki TATENO, Bureau of International Cooperation, International Medical Center of Japan

Hospital Management:
Yoshio IDE, Deputy Director, St. Mary's Hospital

Nursing Education:
Yoko KONISHI, Deputy Director, Nursing Department, International Medical Center of Japan

Evaluation Planning:
Akihiro MATSUMOTO, Deputy Director, Second Medical Cooperation Division, Medical Cooperation Department, JICA
Participatory Planning:
Kaoru IWAKAWA, PADECO, Co., Ltd.

4. Period of Evaluation
10 July 1999-22 July 1999

5. Results of Evaluation
(1) Efficiency
Although there were some problems in project implementation such as a delay in the expansion of the building accommodating the emergency outpatient section, other inputs by both Japanese and Bolivian sides were implemented as planned, and led to the achievement of outputs. However, since the health-related data of the target area was not adequately collected in advance, making it necessary to construct the project's plan of operations during the implementation period, the start of some activities and the achievement of some outputs were behind schedule.

(2) Effectiveness
The Hospital was well managed even with 52 percent of the inpatients being poor. Outputs such as the improvement of the quality of health and medical-care services, human resources development through residency and the improvement of the health and medical-services delivery system in Santa Cruz were all achieved. As a result, the Hospital strengthened its expected function as the central hospital in federal area in such aspects as emergency care, referral system and operation and maintenance of equipment in comparison with the situation before the project. Therefore, it was judged that effectiveness of the project was high.

(3) Impact
Through accepting a number of residents, the Hospital contributed to the improvement of health and medical care throughout the country. Also, the Hospital supported the city of Santa Cruz in the implementation of the pilot project for strengthening the referral system and the establishment of the emergency medical-care system in the city in coordination with prefecture health services and municipal health directions and thus contributed to the upgrading of the regional health and medical-care system.

(4) Relevance
The overall goal of the project was consistent with the national health policy aimed to provide equitable health-care services to the poor, and thus relevant.

(5) Sustainability
With regard to hospital administration and management, since the Hospital came to improve its financial status, sustainability would likely be ensured. Meanwhile, most of the medical equipment provided through earlier grant aid was becoming obsolete, and thus sustainability in this aspect would depend on how the Bolivian authorities would upgrade the equipment. Also, although the Hospital was in the process of establishing a cooperative structure with the province and the city of Santa Cruz in delivering health and medical-care services, further efforts would be necessary to improve the regional health and medical-care system.

6. Lessons Learned and Recommendations
(1) Lessons Learned
When designing a project that intends to expand activities to the region (e.g., strengthening of the referral system), the planners should conduct thorough research not only on the target hospital but also on the situation of the health-care system in the region prior to project implementation.

(2) Recommendations
It was considered desirable that further actions to improve the regional health-care system be carried out by the Bolivian side through its own efforts. However, considering that the improvement of regional health care systems is a high priority of the Bolivian government, the Japanese side could also consider a continuation of cooperation in this field based on needs.

7. Follow-up Situation
Japan has contributed, through Grant Aid and Project-type Technical Cooperation, to the strengthening of the advanced-medicine functions of the Santa Cruz Central Hospital as a tertiary health institution. However, since there is a growing need for the strengthening of the functions of primary health institutions in the city and the upgrading of administrative capacity of the provincial and city organizations in charge of health care, Project-type Technical Cooperation "the Project for Strengthening Regional Health Network for Santa Cruz Department" is going to be implemented for five years from 1 November 2001.
1. Background of Project

The Government of Bolivia regarded development in the health sector as one of the most important policies, but progress at the provincial level was slow due to the lack of human and financial resources and public health education.

Considering the problem, the Government of Bolivia requested the Government of Japan to provide cooperation in order to disseminate public health information, including diarrhea and parasite control, to residents in the rural areas of Warnes Province, near the second biggest city in the country, Santa Cruz, and to enhance the capacities of the health administration focusing on Maternal and Child health (MCH) and infectious disease control.

Because many Japanese Bolivians reside in Santa Cruz, the sister city of Okinawa Prefecture, the project was formulated as a community cooperation project with support from Okinawa Prefecture.

2. Project Overview

(1) Period of Project
1 November 1996-31 October 1999

(2) Type of Cooperation
Experts Team Dispatch Program

(3) Partner Country’s Implementing Organization
Health Service Department of Santa Cruz

(4) Narrative Summary

1) Overall Goal
Public health in Warnes province is improved.

2) Project Purpose
The system of Primary Health Care (PHC) focusing on MCH is established.

3) Outputs
a) Dynamic statistics of population are utilized.
b) A permanent health education and counseling system is established.
c) Community Organization Activities are promoted.
d) MCH Handbook is utilized.
e) Project implementation is properly achieved.

4) Inputs
Japanese Side
Long-term experts 4
Short-term experts 8
Trainees received 5
Equipment 28 million yen
Local cost

Bolivian Side
Counterparts

3. Members of Evaluation Team

Team Leader:
Takeshi TAKANO, Director, Planning Division, Regional Department III, JICA

Health Administration:
Masako KINJO, Deputy Director of Health and Welfare Department of Okinawa Prefecture

Nursing:
Atsuko SHINZATO, Okinawa Prefectural Nursing Association

Clinical Examination:
Zensho UKUDA, Director of Health and Welfare Policy Division, Department of Health and Welfare, Okinawa Prefectural Government

Evaluation Planning:
Katsutoshi FUSHIMI, Program Division, Okinawa International Center, JICA

4. Period of Evaluation
30 August 1999-13 September 1999
5. Results of Evaluation

(1) Efficiency

The scale of inputs from Japan was appropriate. But at the beginning of cooperation, the project did not progress smoothly because the team leader among the experts was not appointed and counterpart personnel were transferred, including the Director of the Department of Health service in Warnes Province, because of the change of the regime in the government of Bolivia.

Okinawa Prefecture provided the total support system by dispatching experts and accepting the trainees, and the Japan-Bolivia Association of Okinawa in Okinawa colony of Warnes Province cooperated in home vegetable gardening, while Warnes Province and Santa Cruz shared the costs for toilet building and drug provision. These contributions led to the achievement of the outputs. Moreover, collaboration with the Project-type Technical Cooperation titled "Health and Medical Care Delivery System in Santa Cruz" which started from December 1994, led to the development of the MCH handbook and information dissemination also enhanced the efficiency of the project.

(2) Effectiveness

Five project sites were selected to implement the project activities. In each pilot site, based on the health posts, the collection of the health information of the residents, recording of the family register book, and nutrition and health education on the basis of the total infant medical check and its results were achieved. Thus, the project purpose of "To establish a system of Primary Health Care (PHC) focusing on MCH" was achieved. A total of 2,229 residents in the five pilot sites were the direct beneficiaries.

(3) Impact

Through the project, the local administration recognized the importance and efficiency of PHC. As a result, it was decided that the Department of Health Service in Warnes Province continue the activities in the five project sites and would also start new activities in another nine pilot sites. In the pilot sites, children no longer went barefoot, and every household built a toilet on their own with the support of the Grant Assistance for Grassroots Projects by the Government of Japan. According those involved, the residents in the pilot sites became more active regarding their health compared with people in other communities, and thus the residents were sensitized and changed their behavior.

(4) Relevance

As the improvement of public health in rural areas of Bolivia has been one of the most important issues since the initiation of the project, the project had relevance to the policy above. Also, the fact that the project got several types of support from Okinawa Prefecture was a significant example of "Collaboration with local governments in overseas technical cooperation projects" promoted by the Ministry of Foreign Affairs and JICA.

(5) Sustainability

As mentioned above, the PHC activities introduced by the project continued to be implemented and expand to new areas. However, the Japan side continued to play a leading role, so there was uncertainty about self-reliance on the Bolivian side. Also, unless the frequent transfer of counterpart personnel who received training ends, the techniques and know-how will not be built up, and thus, it will be difficult for them to be self-reliant institutionally and technically. Financially, as the activities of PHC can be implemented with little cost, sustainability from this aspect did not seem to be a problem.

6. Lessons Learned and Recommendations

(1) Lessons Learned

In the Experts Team Dispatch Program, it was not always specified who the team leader was at the time experts were dispatched. In order to implement the project smoothly, it is necessary to appoint the leader before the dispatch.

(2) Recommendations

It is expected that Bolivia will continue to expand the activities in the future. But as there was no clear initiative of activities by the Bolivian side, and uncertainty about the establishment of techniques transferred, it was thought that additional time was required for Bolivia to become self-reliant, and therefore, additional cooperation was recommended. For the time being, it was suggested to dispatch Individual Experts and short-term volunteers of JOCV.

7. Follow-up Situation

A joint study team for project formulation in collaboration with Okinawa Prefecture was dispatched in February 2001 in order to develop another community health project. In response to the results of the study team, the Project-type Technical Cooperation "The Project for Strengthening the Regional Health Network for Santa Cruz Department" has been implemented from 1 November 2001 to 31 October 2006. This project includes introduction of the MCH handbook which was developed for experimental use in former project.