

Population and Health Sector in the Philippines under JICA / USAID Collaboration : Part 1 (Reproductive Health)



Project Sites Philippines (nationwide)

1. Background and Objectives of Evaluation

The Japanese government is actively involved in the population and health sector, with participation in the 1994 Global Issues Initiatives (GII) on Population and AIDS, and the 2000 Okinawa Infectious Diseases Initiative. Japan-U.S. partnership has been promoted since the 1993 Japan-U.S. Common Agenda¹⁾ Announcement, and the Philippines had been a major target for Japan-U.S. ODA. Under these circumstances, JICA has implemented cooperation for the Philippines in the population and health sector, specifically family planning and maternal and child health fields, as well as infectious disease fields such as AIDS, Tuberculosis, and Malaria.

In this evaluation (Part 1), the fields of family planning and maternal and child health were targeted, and the achievement of Japan's cooperation was comprehensively evaluated. Furthermore, based on evaluation results and with the help of USAID, which has a wealth of achievements and knowledge on this sector in the Philippines, the following lessons and recommendations were derived:

- 1) lessons and recommendations for future cooperation policies of JICA for the subjected sector in the Philippines;
- 2) lessons and recommendations for introducing the program approach for future JICA projects; and
- 3) lessons and recommendations for project formulation and evaluation in future coordination with the U.S. and other donors.

Lessons and recommendations for introducing the program approach.

2. Evaluated Projects

This evaluation targeted JICA projects implemented from April 1992 to February 2000, as shown in Table 1. Also included were the grant aid "Project for upgrading of

Facilities and Equipment in Selected Field Health Units" and 23 grassroots grant projects as reference. The evaluation focused on projects after 1992 in order to selectively evaluate projects implemented after the Common Agenda Announcement.

In addition, rather than evaluating each project individually, the report considers the coordination between projects with common goals as "cooperation programs," and evaluated them experimentally as "programs."

3. Evaluation Framework

(1) Evaluation items and procedures

Evaluation items and procedures are as follows:

- 1) Analysis of conditions and policies regarding reproductive health (RH) in the Philippines
- 2) Achievements and evaluation by JICA cooperation scheme
- 3) Experimental evaluation of cooperation programs
Experimental evaluation of the cooperation programs is implemented as follows:
 - a) organize all projects targeted in evaluation as one cooperation program;
 - b) prepare a Program-approach Logic Model (PLM) as a matrix to show the logical framework for the cooperation program;
 - c) use the aforementioned PLM, and comprehend achievements; and
 - d) using the PLM, conduct evaluation based on the five evaluation criteria.

(2) Study method

In gathering information, interviews were held with the

¹⁾ Formally, "U.S.- Japan Common Agenda for Cooperation in Global Perspective"

related divisions of JICA headquarters, the JICA Philippine office, the Japanese Embassy in the Philippines, USAID, the United Nations Population Fund (UNFPA), the Asia Development Bank (ADB), the Philippines Department of Health, regional health departments, NGOs, long-term experts in Project-Type Technical Cooperation, and Japan Overseas Cooperation Volunteers (JOCV). The study group also visited the project sites and interviewed long-term experts and counterparts. Local consultants carried out questionnaires and focus-group interviews to determine the project's impact.

Evaluation indicators used in experimental evaluation of cooperation programs were based on data obtained from existing statistics and informal questionnaires. The questionnaires targeted "direct beneficiary areas" and "non-beneficiary areas" as the "cooperation program" quasi-control group. The direct beneficiary area was the six Rural Health Units (RHU; 180 people) from the pilot RHU of the "Family

Planning and Maternal and Child Health Project," while the non-beneficiary area was one RHU (30 people) which had less benefits from the "cooperation program."

4. Study Participants

Group leader:

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Table 1 Projects Targeted for Evaluation

Scheme name (Managing division)	Project name	Targeted site	Implementation period
Project-type Technical Cooperation (First Medical Cooperation Division, Medical Cooperation Department)	"Family Planning and Maternal and Child Health, Project" Phase 1	Tarlac	1 April 1992—31 March 1997
Same as above	"Family Planning and Maternal and Child Health Project" Phase 2	Region III (six provinces)	1 April 1992—31 March 1997
In-Country Training Program (Southeast Asia Division, Regional Department I)	"Gender and Development towards Improvement of Women's Health and Family Welfare"	All regions in the Philippines	1994—1998
JOCV: individual dispatch (Second Overseas Assignment Division, Secretariat of Japan Overseas Cooperation Volunteers)	No specific name; (coordination with Equipment Supply Program for Population and Family Planning)	All regions in the Philippines	1994—1998
JOCV: group dispatch (Second Overseas Assignment Division, Secretariat of Japan Overseas Cooperation Volunteers)	Front Line Initiative on Population and Family Health Project (coordination with Equipment Supply Program for Population and Family Planning)	Region III (six provinces)	1 October 1998—30 September 2002
Population and Family Planning Special Equipment Donation (Planning Division, Medical Cooperation Department)	Multilateral-bilateral cooperation with UNFPA	All regions in the Philippines	1994—2002
Community Empowerment Program (Southeast Asia Division, Regional Department I)	"Comprehensive Reproductive Health Promotion Package Program" (PNGOC)	Manila metropolitan area, region III	7 February 1999—15 August 1999
Community Empowerment Program (Southeast Asia Division, Regional Department I)	"Strengthening Maternal and Child Health Program in the Municipality of Plaridel, Bulacan" (Regina Carmeli University)	Region III	5 January 1998—30 March 2001
Community Empowerment Program (Southeast Asia Division, Regional Department I)	"Pinaod Community Comprehensive Health Clinic" (Philippine Infant Hospital)	Region III	5 January 1999—30 March 2001
(For reference) Grant Aid (Ministry of Foreign Affairs)	"The Project for Upgrading of Facilities and Equipment in Selected Field Health Units"	Region III	January 1998 (pre-study implementation)—March 2001 (completion)
(For reference) Grassroots Grand Aid (Ministry of Foreign Affairs)	Total of 23 projects (only projects related to relevant fields)	All regions in the Philippines	1995—2000

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5. Period of Evaluation

19 February – 2 March 2001

6. Achievements of Japan's Cooperation by Scheme

(1) Project-Type Technical Cooperation

JICA implemented the "Family Planning and Maternal and Child Health Project" Phase 1 from 1992 to 1997 in the central Luzon Island (Region III) province of Tarlac. To extend these results further, Phase 2 has been underway throughout region III (six provinces) since 1997 and will run for five years.

The project activities have gradually shifted their emphasis from family planning to control the population at the beginning of Phase 1, to RH in Phase 2 (especially after 1999), in response to results of the International Conference on Population Development (ICPD). In Phase 1, methods of activities primarily focused on Information, Education and Communication (IEC) and community organization support, but in Phase 2, the focus is shifting to maternal and child health activities.

At the time of evaluation, projects consisted of the three fields of "maternal and child health," "RH promotion," and "community organization support."

The project is characterized by actively utilizing other JICA schemes and NGOs, as well as functions as a coordinating body among them, and leads to form a "cooperation program."

(2) JOCV

After 1994, JOCV members were dispatched to work in the Philippines' population and health sector in collaboration with the above-mentioned "Philippine Family Planning and Maternal and Child Health Project" Phase 1 focusing on region III. Work related to equipment supply, carried out by experts and project coordinators, was transferred to senior volunteers in FY1997. The senior volunteers' participation in selecting and procuring equipment, and coordinating with JOCV facilitated the team's activi-

ties. From September 1998, the "Front Line Initiative on Population and the Family Health Project" started and the JOCV dispatch and equipment supply began to be formally conducted under the initiative.

(3) In-country Training Program

The in-country training program "Gender and Development towards Improvement of Women's Health and Family Welfare" was conducted by the Population Committee once a year for approximately three weeks over a five-year period starting in FY1996. The levels of the training management, instructors, and program planning ability were very high, and thus the training was highly evaluated by the participants.

(4) Multilateral-bilateral Cooperation with UNFPA

JICA supplied basic medical equipment and instruments to medical facilities such as hospitals and rural health units (RHUs), targeting 21 provinces and one municipality in conjunction with UNFPA's fourth and fifth country program. According to standards of the Department of Health, equipment was selected under the initiative of UNFPA and the technical guidance of JICA. Equipment storage, management, and monitoring methods are also secured.

(5) Community Empowerment Program

1) "Pinaod Community Comprehensive Health Clinic": (Philippine Infant Hospital)

The Philippine Infant Hospital provides cooperation in dispatching doctors to the Pinaod Region General Medical Center in San Ildefonso City, Bulacan Province. From FY1998 to FY2000, the hospital was provided with JICA assistance, such as construction of pharmacies and laboratories, upgrading of medical equipment, supply of medical products, and assistance with training expenses for health service personnel in the region.

2) "Strengthening Maternal and Child Health Program" in the Municipality of Plaridel, Bulacan (Regina Carmeli University)

Regina Carmeli University offers out-patient medical treatment at the Plaridel Regional Hospital in Plaridel City, Bulacan Province. JICA assistance was offered from FY1998 for a three-year period in order to improve its functions as the region's primary medical care institution. The project involved assistance with the management of Plaridel Regional Hospital, provision of maternal and child health care, training, and education programs.

3) Comprehensive Reproductive Health Promotion Package Program (Philippine NGO Council on Population, Health and Welfare (PNGOC))

Working with an NGO centered in region III, this project assisted in activities to improve education and services related to reproductive health. Activities focused on ① equipment supply, ② distribution of maternal and child health kits to midwives (150 sets), ③ preparation and distribution of reproductive health education kits (200 sets) and ④ preparation and distribution of puberty peer counseling manuals (400 copies).

(6) Other projects in reference

1) Grant Aid

The grant aid "Project for Upgrading Facilities and Equipment in Selected Field Health Units" built a total of 83 buildings in region III, consisting of 5 maternal and child health care centers, 18 RHUs, and 60 Barangay²⁾ health centers, and provided equipment.

It should be noted that ① project-formulation was encouraged by the "Family Planning and Maternal and Child Health Project," ② cooperation with the project was built (guidance regarding operations and technology) into the plan and led to success; and ③ small-scale facilities - the focus of regional activities - were built throughout Region III.

2) Grassroots Grant Aid

Grassroots grant aid in the Philippines amounted to 140 million yen in FY2000. In the past few years, approximately 30 projects have been chosen every year from about 700 applications. Interviews and existing documents show that the "Family Planning and Maternal and Child Health Project" has directly contributed to the development, formulation and assistance of 23 grassroots grant aid project from 1995 to 2000.

7. Experimental Evaluation of "Cooperation Programs"

(1) Outline of program

In an experimental evaluation of the cooperation program, the program outline is summarized as follows:

1) Overall Goal

Basic health conditions in Region III is improved

2) Program Purpose

Reproductive health condition in Region III is improved

3) Outputs

1. Foundation for delivering RH services is laid.



Practice at a maternal and child health care center. (Grant aid cooperation)

2. Quality of health workers providing RH services is improved.
3. Services are offered in RH field.

(2) Results of Evaluation

1) Relevance

The overall goal and the program purpose both corresponded to the Philippines' medium-term development plan and the Department of Health's policies, and are considered relevant at this point in time. Furthermore, the high quality of the counterparts at the pilot site level also reinforced relevance. However, the results of questionnaires for women of reproductive age, who were considered as the ultimate beneficiaries, indicated that they were interested in services such as "violence toward women," "legal services regarding medical treatment," and "psychological counseling." If these approaches had been added, the program would have shown higher relevance.

2) Effectiveness

The program purpose was measured by "member of a couple who decides the number of children," "percentage of breast-feeding mothers," "number of prenatal check-ups," and "number of postnatal check-ups." Results showed that the direct beneficiary areas were in a better condition than non-beneficiary areas, suggesting the achievement of the project purpose to a certain extent (Table 3).

Changes in "infant mortality rate" and "mortality rate of children under five" indicators, measuring the extent to which the overall objectives were achieved over five years (1993 to 1998), indicated that region III had worsened. On the contrary, the national average for

²⁾ Barangay: The smallest administrative unit in the Philippines, which consists of 50~100 households.

Table 2

Program Approach Logic Model (PLM): Philippine Reproductive Health Program
 Targeted Regions: Region III; targeted beneficiaries: women of reproductive years, married women and their children; period for cooperation:

Overall objective	Indicator	Program goal	Indicator	Result
Basic health conditions in region III is improved.	S-1 Infant mortality rate S-2 Mortality rate of children under five	RH in region III is improved.	P-1 Birth control use rate, birth control methods	Result 1: Foundation has been laid to ensure service delivery in the RH field.
			P-2 Current number of children, desired number of children	Result 2: Quality of service providers in RH field is improved.
			P-3 Determinant of number of children	
			P-4 Percentage of breast-feeding mothers	Result 3: Services are provided in the RH field.
			P-5 Number of medical appointments before and after childbirth	

Table 3 Primary Indicators for Program Purpose and Results

Item	Direct beneficiary area	Indirect beneficiary area
Current number of children	2.5	3.2
Desired number of children	3.4	3.7
Proportion in which there is gap between above numbers	64%	53%
Reason (all applicable reasons were marked)	1. Financial difficulty, 33%; 2. In the process of completing family, 25%; 3. To be able to rear children properly, 9%, etc.	1. Financial difficulty, 44%; 2. Desire large family, 19%; 3. No Family Planning available, 13%; 4. Desire one more boy or girl, 13%; 5. To be able to rear children properly, 13%.
Percentage practicing contraception ¹	70%	67%
Birth control methods ²	1. Injection, 26%; 2. Pills, 23%; 3. Withdrawal, 19%; 4. Other natural methods, 20%	1. Pills, 50%; 2. Withdrawal, 28%; 3. Other natural methods, 17%
Who determines the number of children in a couple	Both , 85%	Both , 67%
Percentage of breast-feeding mothers	93%	79%
Number of prenatal check-ups	More than 5 times, 73%	More than 5 times, 55%
Number of postnatal check-ups	More than one time, 56%	More than one time, 41%

Notes: 1. Women who were not pregnant at the time were the parameters for birth control methods (direct beneficiary area: 139 people, indirect beneficiary area: 27 people).

2. In this survey, many were pregnant and therefore it is assumed that none had undergone surgery for sterilization.

Source: Questionnaire results

1999 - 2002

Indicator	Primary Projects Receiving Input
1-1 Appropriate allocation of RHU 1-2 Appropriate waiting time for appointments 1-3 RHU facilities 1-4 Sufficient RHU staff 1-5 Sufficient RHU medicine	1. Project-type Technical Cooperation "Family Planning and Maternal and Child Health Project," phase 1 2. Project-type Technical Cooperation "Family Planning and Maternal and Child Health Project," phase 2 3. Community Empowerment Program "Pinaod Community Comprehensive Health Clinic" (Philippine Infant Hospital)" 4. Community Empowerment Program "Strengthening Maternal and Child Health Program in the Municipality of Plaridel, Bulacan" (Regina Carmeli University)" 5. Grant aids 6. Grassroots grants (eight projects)
2-1 Appropriate RHU appointments 2-2 Appropriate RHU treatment 2-3 Sufficient information provided by RHU employees	1. Project-type Technical Cooperation "Family Planning and Maternal and Child Health Project," phase 1 2. Project-type Technical Cooperation "Family Planning and Maternal and Child Health Project," phase 2 3. On-site domestic research 4. Community Empowerment Program "Pinaod Community Comprehensive Health Clinic" (Philippine Infant Hospital)" 5. Community Empowerment Program "Strengthening Maternal and Child health Program in the Municipality of Plaridel, Bulacan" (Regina Carmeli University)" 6. Community Empowerment Program "Comprehensive Reproductive Health Promotion Package Program (PNGOC)" 7. Grassroots grants (one project)
3-1 Childbirth assistant 3-2 Rate of use of maternity passbook and growth chart 3-3 Access to IEC	1. Project-type Technical Cooperation "Family Planning and Maternal and Child Health Project," phase 1 2. Project-type Technical Cooperation "Family Planning and Maternal and Child Health Project," phase 2 3. JOCV 4. Community Empowerment Program "Pinaod Community Comprehensive Health Clinic" (Philippine Infant Hospital)" 5. Community Empowerment Program "Strengthening Maternal and Child health Program in the Municipality of Plaridel, Bulacan" (Regina Carmeli University)" 6. Community Empowerment Program "Comprehensive Reproductive Health Promotion Package Program (PNGOC)" 7. Grassroots grants (ten projects)

both indicators had improved, and thus the cooperation program had yet to have significant impact on the overall goal (Table 4).

Regarding output 1, it was clear that the direct beneficiary areas had a higher level of satisfaction with RHU "facilities" and "medication" among residents, but there was little difference in "waiting time before medical examinations" or "number of RHU staffers." It showed that items showing immediate results due to input appeared to have a high degree of achievement, but other items did not (Table 5).

Regarding output 2, there was essentially no difference in the degree of satisfaction with RHU among direct beneficiary areas and indirect beneficiary areas; therefore it must be concluded that the contribution of the project was not significant. (Table 6).

Regarding output 3, the indicators "ratio of maternity passbook usage" and "ratio of growth chart usage" were much higher in direct beneficiary areas. Satisfaction with the access to IEC activities was also higher in direct

Table 4 Indicators for Overall Goals and Results

	Infant mortality rate		Mortality rate of children under 5	
	1993	1998	1993	1998
Region III	22.2	28.7	54.9	39.4
Domestic average	38.4	36.0	63.5	54.9

Note: Units are per thousand births

Source: DOH, National Demographic Survey 1993, National Demographic Survey 1998

Table 5 Primary Indicators for Output 1 and Results

Item	Direct beneficiary area	Indirect beneficiary area
Distance to RHU	3.05	3.17
Waiting time until consultation	2.06	3.03
Facilities of RHU	3.07	2.50
Number of RHU staffers	3.01	2.90
Delivered drugs	2.74	2.27

Note: "Very satisfied," "satisfied," "relatively satisfied," and "dissatisfied" received scores of 4, 3, 2 and 1, respectively.

Source: Questionnaire results

beneficiary areas. As these services were main activities of Project-type Technical Cooperation and JOCV, the difference in satisfaction could be attributed to the cooperation program (Table 7).

Outputs 1 and 3 showed a certain level of achievement. However, it is clear that family values and birth

control methods remained unchanged. The reasons could be an unsatisfactory achievement in output 2 as shown in the primary indicators for the program purpose. In addition, the strong influence of Catholicism worked as an inhibiting factor.

3) Efficiency

The amount of cooperation program input was approximately 3.3 billion yen (excluding the expenses for dispatch of a short-term experts training program in Japan, and in-country training). The amount of input was estimated to be approximately 1.9 billion yen for output 1, 50 million yen for output 2, and 250 million yen for output 3, with the remaining 1.1 billion yen beyond classification among outputs. As just described, the ratio allocated to output 1 for facility upgrades was comparatively large, and the input for human resource development in output 2 was small. Although it is not appropriate to assume that the extent of achievement is in proportion to the amount of input, it could be considered as one reason for the low achievement of output 2. Also, while it is natural that output 1 should show a high degree of achievement given its large input for basic facilities, it will be a future issue to examine whether such large input was really necessary, by referring to the evaluations results of similar programs.

A past chronological performance of input shows that initial input was very limited, and schemes apart from Project-Type Technical Cooperation began to be implemented in 1995. If facilities with grant aid had been completed a couple of years earlier, technical assistance and monitoring from Project-type Technical Cooperation, "Family Planning and Maternal and Child Health Project," and JOCV, would have been implemented and would have probably led to more significant results. When designing future program plans, the type, scale, and timing of inputs should be carefully considered.

This cooperation program had various combinations among the schemes, including a coordination between Project-type Technical Cooperation and grant aid, Project-type Technical Cooperation and JOCV, JOCV and a special provision of medical equipment, Project-type Technical Cooperation and grassroots grants aid, and JOCV and grassroots grant aid. The series of coordination was confirmed to have had synergy effects, and contributed to high efficiency.

The cooperation program also had on-site coordination with other donors. There was collaboration with USAID in creating educational materials for health workers. USAID distributed 100,000 maternity pass-

Table 6 Primary Indicators for Output 2 and Results

Item	Direct beneficiary area	Indirect beneficiary area
RHU consultation	3.13	2.97
RHU treatment	3.13	3.07
Information provided by RHU staff	3.07	2.50

Note: "Very satisfied," "satisfied," "relatively satisfied," and "dissatisfied" received scores of 4, 3, 2 and 1, respectively.

Source: Questionnaire results

Table 7 Primary Indicators for Output 3 and Results

Item	Direct beneficiary area	Indirect beneficiary area
Delivered location	1. Hospital 52%	1. Hospital 41%
	2. Home 47%	2. Home 59%
Childbirth assistant	1. Midwife 55%	1. Midwife 59%
	2. Medical Doctor 36%	2. Medical Doctor 41%
	3. Nurse 1%	
Use of maternity passbook	69%	38%
Use of Growth Chart	73%	44%
Extent of access to IEC ¹⁾	1294%	683%
IEC institutions :RHU ²⁾	1294%	683%
IEC institutions :schools	152%	107%
IEC topics	1. Family Planning 166%	1. Family Planning 100%
	2. Nutrition 149%	2. Nutrition 77%

Notes: 1) Extent of greater access to all institutions offering methods and topics

2) Extent of greater access to all institutions offering all topics.

Source: Questionnaire results



Waiting room of RHU (RHU III, Lubao, Pampanga Province)

books made by JICA Project-type Technical Cooperation, in their program. Also, UNFPA distributed videos made by "Family Planning and Maternal and Child Health Project," and exchanges of technology between counterparts of the both sides were often seen.

However, coordination with other donors was not seen in the second half of Phase 2 in "Family Planning and Maternal and Child Health Project." It is because the coordination relied on individual networks and efforts, and was not based on a systematic and long-term plan.

4) Impact

The program still had not led to an achievement of the overall goal as explained in 2). Some unexpected impacts also came about. The video made in the "Family Planning and Maternal and Child Health Project" acquired a favorable reputation, and more than 200 videos were distributed at the request of health and medical facilities nationwide. Counterparts in the Philippines, Indonesia, and Thailand doing projects in the same field visited each other's project sites, leading to an active technical exchange. Also, the participatory activities that were developed through Project-type Technical Cooperation had drawn attention and received an unexpectedly high number of observation groups and study teams from Japan.

5) Sustainability

Although some concerns remained, sustainability in policy and technical aspects could be expected. However, there is uncertainty in institutional sustainability since health care administration could largely be affected by the attitude of local governors and the RHU directors. Meanwhile, it would be difficult to secure financial sustainability since it would be difficult to obtain the same amount of financial resources once the cooperation has been completed.

8. Lessons and Recommendations

Lessons and recommendations for future assistance based on these evaluation results are listed below.

(1) Lessons and recommendations for future JICA cooperation policies for the sector in subject for the Philippines

1) Reconsideration of program design

Since human resource development for service providers in the reproductive health field did not yield the expected results, input amounts and methods should be reconsidered. As extensive use of IEC as means to



Instructional material for health workers, which was jointly created by the "Family Planning and Maternal and Child Health Project" and UNFPA



Instructional material of the "Family Planning and Maternal and Child Health Project"

improve women's awareness and promote changes in behavior was not effective, improving the quality of service providers through human resource development could be a better way to achieve the same goal.

With regard to the IEC activities, the following activities should be added since there was demand for IEC in services in areas such as "violence toward women," "legal services regarding medical treatment," and "psychotherapy counseling."

2) Necessity for an approach covering multiple sectors

Comprehensive efforts involving various related sectors will yield greater outcomes in the reproductive health field. Accordingly, JICA's cooperation should make more effective use of schemes that extend across more than one JICA department, allowing these projects to work closely together.

It is also important to consider the dispatch of experts in areas of development, economics, and administration, in order to strengthen the project's management system and for capacity-building in counterpart institutions.

To accomplish this, further introduction of the program approach would be effective. Meanwhile, the existing projects should be organized as a cooperation program for a temporary measure, and efforts should be made to coordinate in order to yield greater results and greater effectiveness.

3) Cooperation approaches for countries promoting decentralization

Initially, the "Family Planning and Maternal and Child Health Project" was designed to expand the scope of beneficiaries by using results gained at the project site as a model, and expanding activities throughout the

country using counterpart institutions in the central government. However, the Philippines had been in a process of decentralization, delegating the Department of Health's authority and function to local governments; and since the local governments responsible for health administration have not had sufficient administrative capacity, the whole structure has yet to start functioning. Similar conditions in other recipient countries taking steps toward decentralization are expected, therefore new approaches must be developed in order to diffuse technology in decentralizing countries.

4) Coordination with NGOs

In the Philippines, where NGOs play important roles as providers of social services, it is effective to cooperate with NGOs. In current JICA schemes, it is difficult to directly assist NGOs, other than through the Community Empowerment Program. Therefore schemes should be, improved in this regard.

5) Establishment of plans based on long-term perspective

In cooperation fields that require changes in public awareness and behavior such as reproductive health, plans must be established from a long-term perspective. As a project, planning should be done by the five-year period, whereas as a project, it could be done with objectives based on a long-term perspective over ten years.



Dentist's Office at RHU



Equipment provided to RHU

(2) Lessons and recommendations for introducing program approaches for future JICA projects

1) Necessity of program implementation

European, U.S. and international aid organizations are promoting a framework that emphasizes results-based management.

Currently, JICA needs to organize projects as cooperation programs, and readjust future development plans. Effective and efficient programs should be formulated based on the "country-specific project implementation plan."

2) Organizing program implementation structure

A comprehensive understanding of on-site information and close coordination with counterparts is essential for implementing effective and efficient programs. Thus authorities should be transferred to overseas offices and regional departments.

Also, before introducing a full-scale program, it is an urgent task to build up an integrated system for program formation, implementation, monitoring and evaluation. When creating such system, the points outlined below should be given due consideration.

a) Strengthening ownership

It is essential to have a mechanism for counterparts to take initiative in planning when implementing a program, in order to strengthen their ownership. To ensure this, it is necessary to present guidelines on mechanisms for project finding and formation, and on how experts should be involved in a program.

b) Utilization of local experts

The appointment of local experts should be considered, as it would bring greater effectiveness to the program and strengthen ownership. These experts would be program officers who have local networks and would be able to make decisions from their respective expertise.

c) Establishment of program management and coordination functions

In the cooperation program targeted in this report, the Project-type Technical Cooperation virtually played the role of management and coordination. In full-scale programs, these management and coordination roles are essential. The counterpart should play the coordinating role.

3) Improvement of the environment for program implementation

The most important and pressing issue for reform is establishing a system for documenting JICA projects. Project documentation should preferably be in a standardized format.

Also, it is desirable to organize information of human resources to correspond to the Knowledge Management system currently being introduced by JICA, which would help to secure experts.

Furthermore, since experts will be expected of further comprehensive knowledge and leadership, the pre-dispatch group training of experts needs to be upgraded, and a system that provides necessary information and support to experts during the period of dispatch is required. Flexibility in dispatch period is also needed, so that the initial period of a maximum two years could be extended if necessary.

4) Establishment of monitoring and evaluation methods

When implementing a program, after management and coordination functions of the programs are handed over to regional departments and overseas offices, a concrete monitoring and evaluation method should be established. For management and coordination, all schemes should use a unified form for project documentation and an integrated method for monitoring and evaluation.



RHU busy with patients. (RHU I, Abucy, Bataan province)

(3) Lessons and recommendations for project formation and evaluation in future coordination with the US and other donors

1) Japan-U.S. coordination (USAID coordination)

The coordination in the Family Planning and Maternal and Child Health field in this report significantly depended on the network of individual experts, and the experience and lessons acquired from the collaboration were not adequately recorded. As a result, once the experts changed, active coordination did not function.

There are many that can be learned from USAID, such as strategies strictly based on result-based management, methods to strengthen ownership, and a monitoring and evaluation system. Considering the financial conditions of ODA in both countries, it is important for JICA and USAID to complement each other's activities, and build a stronger organizational coordination framework.

2) Coordination with other donors

Coordination among donors is originally the responsibility of the Filipino central government. However, since the current Department of Health does not have sufficient authority or ability, opportunities for discussion and coordination among donors are limited. Even if other donors want to obtain information on JICA activities, since the contact is not formalized, opportunities for coordination are lost. Therefore, a system for coordination and cooperation should be promptly established to bring forth greater effectiveness and efficiency.
