Part 4 Country-program Evaluation and Thematic Evaluation

Part 4 ■ Country-program Evaluation and Thematic Evaluation

Chapter 1 of Part 4 provides the outline of program-level evaluations implemented by JICA in FY 2001. The program-level evaluations are mainly conducted by the Office of Evaluation and Post Project Monitoring, Planning and Evaluation Department, JICA. As "strengthening of country-specific and thematic approaches" is a priority issue in JICA cooperation and "developing and improving evaluation methods" is indispensable to implementation of high quality evaluation, the program-level evaluations are respond to these two topics.

Table 4-1 describes title, evaluation category, country targeted for evaluation, and evaluators of 11 program-level evaluations conducted in FY 2001.

Chapter 2, 3 and 4 summarizes the results of three program-level evaluations, "the Country-Program Evaluation for Honduras," "the Thematic Evaluation: the Population and Health Sector in the Philippines under JICA/USAID Collaboration: Part 2 (Infectious Diseases Control Field)," and "the Synthesis Syudy of Evaluation: Population and Health", as examples of country-program evaluation and thematic evaluation which used the new evaluation methods (the Program Approach Logic Model and the Meta-evaluation).

Chapter 1 ● Outline of Program-level Evaluation Conducted in FY 2001

1-1 Features of Program-level Evaluations conducted in FY 2001

The program-level evaluations conducted in FY 2001 focused on strengthening of country-specific and thematic approaches and development of program-level evaluation methods.

(1) Strengthening Country-Specific Approach

For strengthening of country-specific approaches, JICA implemented three country-program evaluations in FY 2001. The countries targeted for evaluation were Sri Lanka, Honduras and Panama. In Sri Lanka, ten years had passed since the prioritized cooperation sectors of JICA cooperation were decided, and it was time to summarize the achievements in each sector. Honduras and Panama were the poorest countries in Central America where JICA had not conducted any country-program evaluations. As for Honduras and Panama, JICA made an effort to improve the accuracy of analysis on the cooperation effects to the specific country as a whole by applying the Program Approach

Table 4-1 Program-level Evaluations Conducted FY2001

Category	Country	Title	Evaluator
Country-program Evaluation	Honduras	Country-program Evaluation for Honduras	External Institution
	Panama	Country-program Evaluation for Panama	External Institution
	Sri Lanka	Country-program Evaluation for Sri Lanka	External Institution
Thematic Evaluation	Philippines	Population and Health Sector in the Philippines under JICA/USAID Collaboration: Part2 (Infectious Disease Control Field)	JICA
	Indonesia	NGO Collaboration Work Review (Indonesia)	JICA
	Vietnam	NGO Collaboration Work Review(Vietnam)	JICA
	–	Country-focused Group Training	JICA
	Philippines, Thailand, Senegal, Malawi	Evaluation, Analysis and Research on Team Dispatch of Japan Overseas Cooperation Volunteers	JICA
	Indonesia, Cambodia, Bangladesh, Kenya, Zambia, Tanzania, Guatemala, Mexico	JICA-USAID Aid Collaboration	Joint Evaluation
	Cambodia	Joint Canada-Japan Peace-building Learning Project	Joint Evaluation
Synthesis Study of Evaluation	–	Synthesis Study of Evaluations: Population and Health	JICA

Logic Model. The past projects under the various schemes were compiled into matrices as programs ex-post using Program Approach Logic Model.

On the other hand, JICA needs to understand the features of various cooperation schemes and conduct its cooperation strategically in order to implement more effective cooperation thereby promoting country-specific approach. In this regard, evaluation is required to play a role of clarifying features of each cooperation scheme through the verification of past achievements. From this point of view, in FY 2001, JICA conducted an evaluation on the "Country-Focused Group Training" which invites multiple participants from one country. In order to promote the country-specific approach, JICA has increased the number of Country-Focused Group Training every year and has tried to cope with specific development issues carefully that each developing country faces. Therefore, JICA conducted evaluation on the County-Focused Group Training in FY 2001 as JICA had not conducted evaluation to grasp the achievements and the present situation and to draw lessons its effective use of Country-Focused Group Training.

(2) Enhancement of Thematic Approach

In recent years, JICA has promoted the "program approach" in which multiple projects with a common objective in a specific sector or development issue are planned and implemented. Therefore, in evaluation, JICA emphasizes program-level evaluation as well as project-level evaluation.

As described above, JICA tries to apply the Program Approach Logic Model as one of the program-level evaluation methods, to measure the cooperation effects to the targeted country as a whole, or the program-by-program effects on specific sectors. In FY 2000, the model was utilized for the evaluation of "Population and Health Sector in the Philippines under JICA/USAID Collaboration: Part 1 (Reproductive Health)". In FY 2001, the experience was developed to implement the thematic evaluation on the "Population and Health Sector in the Philippines under JICA/USAID Collaboration: Part 2 (Infectious Diseases Control Field)" and JICA improved the program-level evaluation methods.

As a part of the thematic approach, it is also a major subject of how concretely the lessons and recommendations obtained from the results of monitoring and evaluation of the past projects in specific sectors are reflected to the similar projects in the future. As described in 2-3 "Study Results on Feedbacks of Evaluation Results", Chapter 2, Part 2, for the purpose of utilizing the evaluation results as a learning tool for the organization and improving its cooperation, it is necessary to provide information which includes not only the results of individual evaluations but also information which is sorted out by certain criteria such as the sector. Therefore, in FY 2001, in the health sector, one of the major sectors for JICA cooperation, a synthesis study of evaluations was conducted. In the process of synthesizing, existing multiple evaluation results were collected and reanalyzed, common or significant trends were identified, and the specific measures for improvement in the future cooperation were discussed. JICA has started to conduct the synthesis of evaluation results of each major issue in the sectors of agriculture, education and information technology thus far.

(3) Development of Evaluation Methods for Public-participation Programs

In FY 2001, JICA evaluated the NGO collaboration programs and Japan Overseas Cooperation Volunteer (JOCV) Program.

In promoting public-participation programs of Japanese citizens such as an NGO collaboration program, it is necessary to consider the evaluation methods suitable for grass-roots cooperation, which directly provides benefits to local residents. JICA conducted joint evaluation with Japanese NGOs on NGO collaboration programs implemented in Indonesia and Vietnam as a trial and worked on "Expanding the Coverage of Evaluation" (Refer to the 2-2 Chapter 2, Part 1 for details).

JICA has also conducted evaluations to verify the effects of the specific cooperation schemes such as the "Team Dispatch of JOCVs", the dispatch of multiple volunteers, with common action, which are comprehensively aimed to develop the region and improve the living standard .

(4) Evaluation on the Global Issues

JICA also implemented joint evaluations with other aid organizations of other countries in FY 2001. Under the common understanding that not a single country approach but multiple donors must supplement their respective cooperation, such as Japan-U.S. or Japan-Canada collaboration, targeting global issues such as Infectious Diseases and Peace Building, JICA has conducted evaluations on aid coordination projects implemented along with USAID and CIDA.

Chapter 2, 3, and 4 briefly describe the outline and results of the program-level evaluations. These chapters provide the summaries of "the Country-Program Evaluation for Honduras," "the Thematic Evaluation: Population and Health Sector in the Philippines under JICA/USAID Collaboration: Part 2 (Infectious Diseases Control Field)," and "the Synthesis Study of Evaluations: Population and Health" as the example of evaluations conducted in FY 2001 and the brief summaries of other evaluations.

1-2 The State of Efforts to Feedback the Results of Program-level Evaluation

(1) Feedback of the Evaluation Results

The program-level evaluation results are reported to the concerned departments within JICA and the evaluation reports are distributed widely and made available to the public, including to the JICA Library where the reports are freely accessible. The reports are also posted on the JICA Website for public reading.

Also, evaluation seminars are held in Japan for the general public, to make the results of the major ex-post evaluations widely known and to exchange opinions with external experts. Furthermore, for "strengthening the country-specific and thematic approaches", JICA makes efforts to promote feedback of the results of evaluation through seminars and workshops in the targeted countries for evaluation or for those concerned departments of JICA that are likely to use the evaluation results. (See BOX 13)

Specifically, for country-program evaluation in the FY2001, seminars were held in Honduras and Panama to exchange opinions and share evaluation information with the concerned local parties. Meanwhile, in Japan, seminars entitled "the Evaluation Method for Country-Program Evaluation and its Future Challenges" were held based on the country-program evaluation for Honduras, Panama and Sri Lanka in order to providing evaluation information to revise JICA Country Programs.

Likewise, effective feedbacks were provided through seminars and other activities for the thematic evaluation. For example, in March, 2003, a seminar entitled "JICA's Cooperation and Peace-Building" was held and the latest cooperation issues discussed with external experts based on Joint Canada-Japan Peace-building Learning Project. Moreover, a seminar entitled "Evaluation Method for NGO Collaboration Program" was held in January 2001, to exchange opinions with the general public on the evaluation method for NGO programs.

At the same time, in order to promote the program approach, internal workshops and seminars within JICA were held to discuss how to share information and provide feedback to the projects with the concerned departments.

(2) Feedback of Issues and Improvements in Evaluation Methods

JICA is making efforts toward "developing and improving the evaluation method" through conducting country-program evaluations and thematic evaluations, involving the external experts and institutions that are familiar with development assistance and evaluation methods. However, some challenges remain.

The country-program evaluations have been conducted by external institutions, and during the course, some issues have been posed. Therefore, synthesis of the results of the country-program evaluations in the past is planned to improve the evaluation methods.

As regards the program-level evaluation method, JICA held a public seminar titled "Towards the Enhancement of the Program Approach" referring to the case of the "Population and Health Sector Cooperation under JICA/USAID Collaboration: Part 2 (Infectious Diseases Control Field)", and discussed how to promote the approach with experts.

Meanwhile, JICA conducted the "Synthesis Study of Evaluations: Population and Health" of 55 cases of terminal evaluations in health sector, which was the first trial for JICA to collect a number of past evaluation results and reanalyze them to determine the lessons. In the process, constraints on analysis were identified such as no uniformity with the information contained in the terminal evaluation reports. There were also some other problems in methods of analysis pointed out, such as selection of the projects to be reviewed and the triangulation of various analytical methods. After this study, synthesis studies of evaluations targeting different fields have been conducted by JICA, using evaluation methods that took the above findings into consideration.

BOX 13 "The Country-Program Evaluation for Honduras" (Feedback of Evaluation Results)

JICA has conducted Country-program Evaluation for Honduras in FY 2001 and 2002 and has evaluated the 33 projects that were conducted for 10 years from 1991 - 2000 by sectors/projects and cross-sectors (evaluations by regions and modalities, and from the viewpoints of poverty and gender.)

In this evaluation, the final evaluation results were widely released through the open seminar for about two days, widely inviting not only the concerned governmental officials of Honduras, but also other aid organizations and the press. Since the catastrophic disaster of Hurricane Mitch in 1998, aid coordination among aid organizations has actively been carried out and major aid countries such as U.S.A., Sweden, Spain and Canada announced their respective aid policies to Honduras. Under these circumstances, this evaluation seminar was a perfect opportunity to expose the effects and points of past cooperation by JICA to be improved, and JICA received extremely high evaluation as a highly transparent aid organization.

To actively reflect the lessons and recommendations brought from this evaluation survey to the JICA Country Program, discussions were held repeatedly among the Honduras ODA task force composed of the staff of the Japanese Embassy in Honduras and concerned personnel of the JICA Honduras Office. And some items have already set directions for the future.

As for the recommendation "it is favorable to further narrow down challenging subjects," making the "selection and concentration" its slogan and considering Japan's technical superiority in the major development issues in Honduras and the status of cooperation from other aid organizations, JICA has not only further narrowed down the priority sectors since then, but has also clarified the sub-sectors that Japan should support in each sector. Although JICA has implemented nationwide cooperation in the country so far, it has also decided to set priority areas and to concentrate the input on the areas as much as possible to achieve higher effectiveness and efficiency through the cooperation.

The evaluation also identified the lessons that the sustainability of the transferred techniques could not be ensured because concerned personnel related to the Honduras government including middle-class engineers were reassigned every four years due to the change of government. With the "Millennium Development Goal (MDG) local seminar" that was jointly hosted by JICA and UNDP as a start, utilizing the effects of the technical transfer, the direction that the techniques had been mainly transferred to the middle-class engineers in the governmental organizations was changed to directly and actively support the local organizations and local communities (organizations of multiple municipalities that were confederated based on common benefits) that are less likely to be affected by the change of government. The JICA Honduras Office is currently organizing a local development project focusing on the support based on the "Poverty Reduction Strategic Paper (PRSP)" of Honduras and is planning to directly strengthen the organization, develop human resources and so on, toward the major actors related to the development of poor villages in the Project.

Open seminar on evaluation results held in Honduras.

BOX 14 "Joint Canada-Japan Peace-building Learning Project" (Feedback of Evaluation Results)

<The result of Evaluation>

The major objectives of "the Joint Canada-Japan Peace-building Learning Project" are to review the experiences on peace-building projects by both Japan and Canada as well as to examine feasibility based on utilizing the peace-building needs assessment methods on trial and to make recommendations for practical applications. Peace-building needs assessment methods is a tool including "the view of conflict prevention" which prevents accelerating, triggering and reoccurring of conflicts at respective stages of planning, implementing/monitoring and evaluating a project. (JICA currently calls the method PNA; Peace-building Needs and Impact Assessment.)

The on-site survey in Guatemala utilized the method under development by Canada on trial, and observed and evaluated peace-building projects. The on-site survey in Cambodia utilized the Japanese-version of the method that was jointly developed by JICA and NGOs and conducted site visits and evaluations on some projects. Through the on-site surveys, know-how in utilizing the assessment tool was obtained as well as following recommendations were offered to improve the Japanese-version PNA.

(a) The PNA should include the time-series-changes of needs for reconstruction assistance that are commonly observed among the countries that have experienced conflicts.
(b) The PNA should be modified so as to be able to utilize it for not only post-conflicts but also countries with potential of conflicts.
(c) The PNA should accumulate experiences and gather the common subjects that should be concerned in implementing projects in the countries that experienced conflicts.
(d) The PNA should include the views from end beneficiaries or local people in the analyzing process.
(e) A manual of the PNA should be developed.

<Status of Utilizing Evaluation Results>

Upon the recommendations, after the on-site surveys, JICA held review meetings to improve the method several times and worked on revising the PNA. Other than (a) to (e) described above, JICA promoted the revision of the method so that the PNA would be included in the regular project formation and implementing process and that they would be simplified by the process. JICA also developed a manual so that the PNA could be practically utilized widely.

In addition to the revision of PNA held in JICA headquarters, JICA has decided to work on to include the "view of preventing conflicts" that was not always included systematically into its cooperation, in applying the PNA at the planning stage of projects in the countries targeted for peace-building support.

For project formulation studies in Sri Lanka at the end of 2002, JICA utilized the PNA for the first time at the planning stage. In utilizing the PNA, JICA analyzed the structural factors that caused the conflict in Sri Lanka, the factors that prolonged the conflicts, the unsolved factors and newly occurred issues. Through the analysis, JICA identified the issues that made the society uneasy or would cause conflicts again. With these facts, JICA is reviewing the contents of future projects and cooperation approaches intending to introduce the view of "preventing conflicts" into projects in a cross-sectoral manner in the future. JICA is considering analyzing the conflicts by this method in East Timor, Nepal, Indonesia/Ache, and examining the approach of the future projects.

<For the Future Introduction of PNA>

Aiming at conducting cooperation that contributes to prevention of outbreak and reoccurrence of conflict, JICA is taking a policy to plan, implement, monitor and evaluate its cooperation utilizing the PNA in supporting peace building. Through utilization of the PNA, JICA is making efforts to improve the method and develop human resources, which can utilize the PNA inside and outside of JICA for applying the PNA in wide practical use.

Chapter 2 ● Country-program Evaluation for Honduras

2-1 Outline of Evaluation Study

(1) Background and Objective of Evaluation Study

Honduras is one of the countries with lowest income in Central and South America, with a per capita GDP of US$899 (estimated for 2000 by the Central Bank). This country is also one of the countries to which the debt relief initiative for Heavily Indebted Poor Countries[1] (HIPCs)[2] is applicable, and for which a Poverty Reduction Strategy Paper (PRSP)[3] has been formulated; the country is the target of international action to reduce poverty. The country has recently struggled to recover from the damage caused by the Hurricane Mitch, which hit the country in 1998 and took many lives and destroyed the people's livelihood, set as the priority development issue. The Government of Japan has a record of Grant Aid Cooperation and Technical Cooperation in a number of sectors, including agriculture and health. Japan provided disaster relief at the time of the hurricane, and has since provided support for restoration.

Under these circumstances, the objectives of the study are to carry out a comprehensive evaluation of the contribution made by JICA projects to the development of Honduras and to extract lessons learned and recommendations from the results of the study for the improvement of JICA Country Programs (the establishment of development issues/programs), as well as to extract lessons and recommendations for formulation and implementation of cooperation program/projects.

1) HIPCs is an acronym for Heavily Indebted Poor Countries and means the poorest developing countries with the heaviest debts. In 1996, IMF and the World Bank made the standard for HIPCs of (1) less than 695 dollars GNP per capita in 1993, and (2) the total debt at present value is equal to or more than 2.2 times its total exports, or equal to or more than 80 percent of its GNP in 1993.
2) The initiative was agreed at the Cologne Summit in 1999. The initiative expands the "HIPC Initiative" which is an existing international debt relief initiative to heavily indebted poor countries (HIPCs) with "quicker, wide and deeper" relief.
3) PRSP is an acronym for Poverty Reduction Strategy Paper and is a document that enables the World Bank and the IMF board to determine if the country in question should be applicable for debt reduction and is fulfilling basic prerequisites such as policy reform. The PRSP includes the country's economic policies and measures to alleviate poverty.

(2) Outline of Evaluation Survey Team

Team leader/ Evaluation analysis method/ Human Resources development (1):
Ryujiro SASAO, IC Net Limited.
Vice-team leader/ Development life infrastructure (health care)/ Environment prevention:
Takaharu IKEDA, IC Net Limited
Agriculture, fishery, animal industry/ Human Resources Development (2):
Takeaki TOMIOKA, IC Net Limited.
Infrastructure (including disaster prevention):
Hajime SONODA, IC Net Limited.
Coordinator:
Hideko MIYAGAWA, IC Net Limited.
Interpreter:
Yoshiyuki TSUKADA
Supervisor (preliminary study):
Norihiko MATSUMOTO, Special Technical Assistant to the President, JICA
Supervisor (preliminary study):
Hajime NAKAZAWA, Office of Evaluation and Post Project Monitoring, Planning and Evaluation
Supervisor (full-scale study):
Kazuhide NAGASAWA, Director, Office of Evaluation and Post Project Monitoring, Planning and Evaluation Department, JICA
Supervisor (full-scale study):
Tomomi KOZAKI,Professor, Department of Economics, Senshu University
Regional support member for Central America and Caribbean areas

(3) Period for Study

FYs 2001 - 2002
Preliminary Study:
17 November 2001 – 26 November 2001
Full-scale Study:
23 March 2002 – 4 May 2002
Evaluation Seminar:
17 September 2002 – 21 September 2002

Table 4-2 List of Projects by Sectors/Cooperation Schemes

Cooperation Scheme \ Sectors	1. Infrastructure Development	2. Social Infrastructure Development	3. Agriculture/ Fishery	4. Human Resources Development	5. Environmental Preservation	6. Others	Total
Grant Aid	12	7	4	1	1	0	24
Project-type Technical Cooperation	0	2	4	2	2	1	11
Expert Team Dispatch/Research Cooperation Development Study	5	3	3	0	2	0	13
Acceptance of Trainees	1	3	0	0	1	1	6
Equipment Supply	0	0	0	0	0	18	18
Dispatch of Individual Experts (person)	6	3	6	8	1	210	234
Dispatch of Japanese Overseas Cooperation Volunteers (JOCV)/Senior Volunteers (person)	0	0	40	30	0	1031	1101
Project Confirmation Study	0	1	0	0	0	0	1
Grant Aid for Increased Food Production	0	0	1	0	0	0	1
Project Formulation Study	2	1	0	2	0	0	5
Total*2	25	20	57	43	7	1261	1413

Note*1 The followings are excluded; 1) Project formulation advisors 2) Overseas special coordinator 3) U.N. Volunteers 4) Acceptance of trainees (general) 5) Grant Aid for Cultural Activities 6) Grant Assistance for grassroots projects 7) Resource development study
Note*2 Acceptance of trainees" shows the number of " in-country training programs," " third-country training programs," and " region-focused training programs."

Table 4-3 List of Projects for Evaluation

Sector	Sub-sector	Program	Scheme	Project Name
Infrastructure Development	Transportation	Road Traffic	Development study	The Tegucigalpa Urban Transport Study
			Grant aid cooperation	Project for Construction of New Choluteca Bridge
	Sediment Control	Disaster Prevention	Individual experts*	Sabo Works and Flood Control: 3 Experts
			Development Study	The Master Plan Study on the Erosion and Sediment Control in the Pilot River Basin, Choloma, San Pedro Sula, Corte in the Republic of Honduras
			Grant Aid Cooperation	Project for Flood Control on Cholima River
			Grant Aid Cooperation	Project for the Erosion and Sediment Control of Choloma River
Social Infrastructure Development	Sanitation	Health Care Enhancement	Development Study	The Study on the Strategies and Plans for the Upgrading of Health Status
			Grant Aid Cooperation	Project to Improve the Metropolitan Hospital Network
			Individual expert	Planning Development for Health Service: 2 experts
			Project-type Technical Cooperation	The Project on the Fortification of Nursing Education
		Enhancement of Nursing Education	Acceptance of trainees (local in-country training)*	In-country Training Program for Nursing Education Staff
	Waterworks/Water Resource Development	Water supply	Grant Aid Cooperation	Project for Water Supply in Marginal Areas in Tegucigalpa City
Agriculture/ Fisheries	Agriculture	Technology Irrigation and Drainage	Grant Aid Cooperation	The Agricultural Development and Training Center (CEDA) Construction Project
			Project-type Technical Cooperation	The Agriculture Development Training Center Project
			Individual experts (long-term)*	Irrigation Engineering 3 experts
			Project-type Technical Cooperation	The Technology Development Project on Irrigation and Drainage in Honduras
			Development Study	The Feasibility Study on the Irrigated Agricultural Development Project in Jesus de Otoro, Intibuca Department
			Development Study	Feasibility Study on the Irrigated Agricultural Development Project in Comayagua Valley
	Stock Raising	Swine Production Development	Project-type Technical Cooperation	The Swine Production Development Project in Honduras
			Individual experts (long-term)*	Extension in Swine Technology
	Fishery	Small Scale Fisheries development on the North Cost	Team dispatch of individual expert teams*	Local Fishery Modernization Project of the Coastal Area of Torgillo
			Individual experts (long-term)*	Fisheries Development
			Development study (master plan)	The Master Plan Study on the Small Scale Fisheries Development Project on the North Coast
			Grant aid cooperation	Project to Modernize the Artisanal Fisheries of the North Coast
			Individual experts (long-term)*	Administration of Small Scale Fisheries on the North Coast
Human Resources Development	Primary Education	Primary Education	Project formulation study	Project Formulation Study on Primary Education in Honduras
			Grant Aid Cooperation	Construction of the National Institute for Research and Education Training (INICE)
			Research cooperation	Joint Study Project on In-Service Training for Teachers of Elementary and Secondary Education
			Dispatch of individual experts*	Long-term Expert 2 persons: 1. Educational research plan 2. Educational engineering (computer education) Short-term Expert 6 persons: 1. Educational research (2 persons) 2. Teachers education (2 persons) 2. Science and mathematics education (2 persons)
			Dispatch of Japanese Overseas Cooperation Volunteers (JOCV) (Group Dispatch)*	(Arithmetic Project) 30 persons
Environmental Preservation	Waste Control	Solid Waste Management	Grant Aid Cooperation	Project for the Improvement of the Metropolitan Cleaning Service
			Development Study	The Study on Solid Waste Management of the Urban Area of Tegucigalpa's Central District
			Acceptance of trainees*	Central American Area Specially Offered Training (Waste Management Techniques): 5 trainees

(Note1) Projects numbered as P1, P2, etc., in the Program column are strongly inter-related, so projects marked with the same number are evaluated together as a single program.
(Note2) Blue-colored cell signifies that the program was subjected to survey of local residents in this evaluation. An asterisk (*) indicates a cooperation in which a questionnaire survey was carried out using local consultants.

2-2 Framework for Evaluation

(1) Subject of the Evaluation Study

1) Priority Sectors for Evaluation

The prioritized sectors for evaluation in the study were the following five sectors.

- Infrastructure development (roads and bridges, as well as disaster prevention)
- Development of social infrastructure (health and sanitation facilities)
- Development of basic industries such as agriculture and fisheries
- Human resources development (education and vocational training)
- Environmental preservation

2) Evaluated Period

The period covered by the evaluation is ten years from 1991 to 2000 (the 1990s).

3) Evaluated Programs/Projects

The study covers all the projects implemented during the evaluation period(Refer to Table4-2, 4-3). The evaluation by sector covers all the projects implemented during the above-mentioned evaluation period, among which 33 projects were evaluated individually.

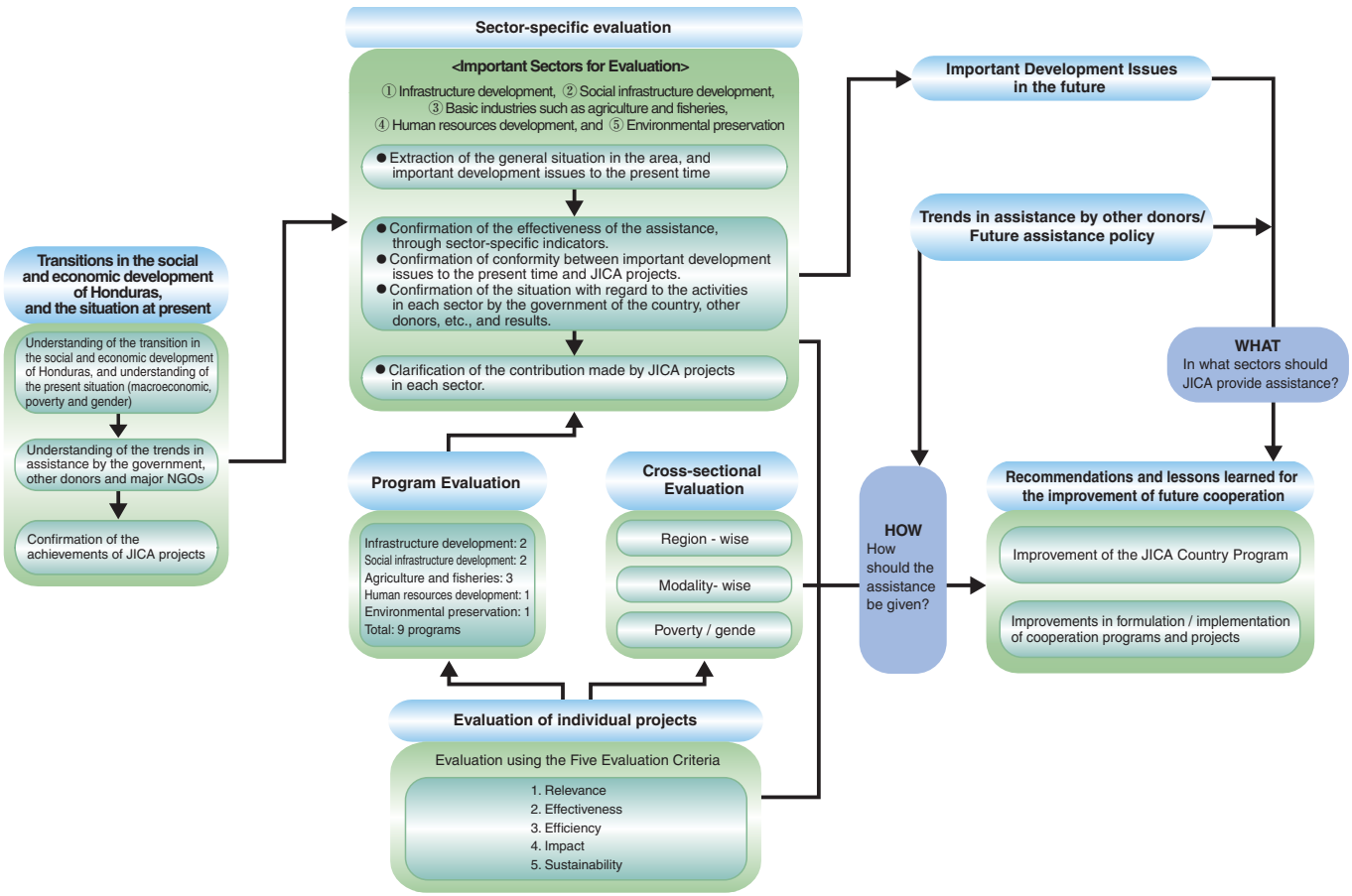
(2) Evaluation Methods

The framework of evaluation in this evaluation study is shown in Figure 4-1 below. Using this framework, this evaluation study carries out a comprehensive evaluation of the contribution made by JICA projects to the development of Honduras in order to draw lessons learned and recommendations for the improvement of JICA country programs (the establishment of development issue/programs), as well as for formulation and implementation of cooperation program/projects. The adopted study/evaluation methods are described below.

1) Understanding the Transition in the Social and Economic Development of Honduras and the Present Situation

As a prerequisite of the evaluation, the study clarified the transition in the social and economic development of Honduras and the present situation, trend of aid by other

Figure 4-1 Framework of Country Program Evaluation for Honduras



donors and major NGOs, and the achievement of JICA projects.

2) Sector Evaluation

In order to clarify the general situation in each sector over the past ten years, the study conducted a hearing to the government bodies on the important sectors described above in 2-2 (1) "1) Priority Sectors for Evaluation", and reviewed the study reports by the World Bank and international organizations. At the same time, confirmation was made on the principal development issues ("important development issues to the present") during this period, i.e., the 1990's to evaluate (1) the development effects by sector / sub-sector indicators and (2) the relevance of the JICA projects. "The relevance of JICA projects" was based on program evaluation and evaluation of individual evaluations implemented by this study.

3) Cross-sectonal Evaluation

A cross-sectonal evaluation of the sectors was conducted based on the results of the evaluation of individual projects and the evaluation by sector, and the results were reorganized from three viewpoints: (1) region-wise evaluation, (2) evaluation from the viewpoint of poverty and gender, and (3) modality-wise evaluation.

4) Lessons and Recommendations for Improvement of the Future Cooperation

The lessons and recommendations obtained from the results of each evaluation were organized from the standpoint of WHAT (in what sectors JICA should provide assistance) and HOW (how the assistance should be provided) in the future.

2-3 Evaluation Results

(1) Sector-wise Evaluation

1) Development of Infrastructure (including disaster prevention)

In this sector, the principal issues have been "the efficient provision of a quality economic infrastructure service" and "the reduction of human casualties and economic damage from flood and landslide disasters". The degree of accomplishment for the former varies from sub-sector to sub-sector. Roads and bridges have been more or less fully restored after the damage caused by Hurricane Mitch, or have been repaired to a relatively satisfactory level.

Mudslide-control dam by the "Project for Flood Control along the Choloma River".

However, no major improvement in city traffic in the Tegucigalpa Metropolitan Area has been observed. The railways play a small role. The water supply and drainage facilities have become more widespread, but the quality of service in urban water supply is still low. With regard to the latter issue, various efforts to reduce socioeconomic vulnerability to disaster have been made in the aftermath to Hurricane Mitch, and it is considered that progress has been made to a certain degree.

JICA projects in this sector have concentrated on the road traffic and disaster prevention sub-sectors, both of which are principal issues for the sustainable growth of the Honduran economy. In this regard, Japan's assistance in this sector has been relevant. As can be seen from the very small proportion of the government budget allocated to disaster prevention, however, it is considered in the economic development policies of the 1990's, that flood and sediment control projects were not necessarily among priority issues compared to other economic infrastructure, such as roads.

As for the effectiveness of JICA projects, in the road traffic sub-sector, the Master Plan formulated in "The Tegucigalpa Urban Transport Study" was not of sufficient quality. The project proposed in this study has been partly implemented, but has not necessarily turned out as planned. The Grant Aid Cooperation, the "Project for Construction of New Choluteca Bridge" was completed as planned and functioned as a part of the bypass for Choluteca City on the Pan-American Highway for half a year until its access road was destroyed by Hurricane Mitch. The total investment for both projects implemented was only about 1 percent of the gross investment made in the 1990's.

In the erosion and sediment control sub-sector, the costs for the solutions proposed in the "Master Plan Study on the Ero-

sion and Sediment Control in the Pilot River Basin, Choloma, San Pedro Sula, Cortes" were high, and there is no prospect for their realization except for the emergency programs that were partly implemented under Grant Aid Cooperation projects ("Project for Flood Control on Cholima River and Project for the Erosion and Sediment Control of Choloma River"). The only examples that were directly connected to the reduction of vulnerability to Honduran socioeconomic damage from flood and sediment disasters were the "Project for Flood Control on Cholima River" and the "Project for the Erosion and Sediment Control of Choloma River" (Grant Aid Cooperation projects).

2) Social Infrastructure Development (Health and Sanitation)

In this sector, there are three major areas of effort for Honduras: "Improvement of health standards", "Expansion of the population with access to safe water" and "Greater protection of the poor and the socially weak". For the "Improvement of health standards", several health indicators showed that efforts had been successful to a certain extent. Indicators such as infant mortality rate, mortality rate of children under five, maternal mortality rate and life expectancy at birth had been improved. For the "Expansion of the population with access to safe water", the percentage of the population with access to safe water rose from 90 percent in 1992 to 94 percent in 1998 in urban areas and from 53 percent in 1992 to 70 percent in 1998 in rural areas. However, during the dry season the water supply quality is low and the quantity insufficient. For the "Greater protection of the poor and the socially weak", the major success during the 1990s has been the establishment and spread of both FHIS (Funds of Honduras Investment to Society) and PRAF (Program for Assistance of Family).

Interview with local residents in the "The Project to Improve the

JICA projects in Social Infrastructure Development (Health and Sanitation) can be divided into two sectors: "the health and sanitation sector" and "the waterworks and water resource development." In the health and sanitation sector, JICA projects covered a wide range of programs from the establishment and equipping of a hospital network, and the enhancement of nursing education to development studies of health, as well as the procurement of medical equipment and enhancement of regional health administration. In the waterworks and water resources development sector, deep wells and a water supply system were provided under Grant Aid. In order to improve the health condition, it is necessary to construct public healthcare facilities as well as to improve the quality of service at the facilities and to increase the satisfaction of its people. In the early 1990s, reflecting on past experience, it was recognized that to increase the overall local health condition was needed more, through the efforts of cooperation am-ong hospitals, than the provision of facilities and equipment for individual hospitals. The "Project to Improve the Metropolitan Hospital Network" is one of these efforts to establish a network among facilities for emergency and obstetrical cares.

As nursing assistants and nurses are the direct service providers to the local health centers, the improvement of basic nursing education was necessary to improve the quality. The development of a Master Plan made by "the Study on the Strategies and Plans for the Upgrading of Health Status" can be considered as relevant since it aims to serve as the system to maintain coherency under the frequent change in personnel. However, the coverage of the Plan was too huge. Other projects under this sector were also relevant for they aimed to solve the health issue which is one of the important development issues.

In waterworks and water resources development, with the aim of increasing the percentage of the population with access to safe water, efforts were concentrated on the development of water resources especially in regions such as Comayagua, and the provision of a water supply system in the poorer districts of the Metropolitan Area in the 1990s. Japan's assistance in this sector can be said to have been relevant.

The JICA projects that can be categorized into three programs in this sector have had the following effects. The "enhancement of nursing education" program, on the one

Harvesting of rice in the test field of "The Technology Development

hand, had only a small impact on each healthcare service facility. However, by raising the level of nursing education throughout the country, the program had a positive influence on the entire nation, so the impact seems to be large as a whole. On the other hand, in the "health care enhancement" program, while Grant Aid Cooperation and development studies had hardly any synergy effect, some impact can be observed if only for the Metropolitan Area. No information for the "water supply" program was available outside the Metropolitan Area in this study, but in those districts in the Metropolitan Area where access to safe water during the dry season had been very bad, a positive impact, improved access has been observed.

3) Agriculture/Fisheries

This sector consists of four sub-sectors: "Agriculture", "Stockbreeding", "Fisheries" and "Forest resources management". The production in agriculture fell in 1999 and 2000 because of Hurricane Mitch, but seen over the period

Organizing Fishermens' Association :selecting their representatives. ("The Master Plan Study on Small-scale Fisheries Development Project along the Northern Coast").

of ten years, it has grown steadily. Exports of beef have fallen, and its share of the GDP within the sector has decreased. Hence, the stockbreeding sub-sector has stagnated or fallen over the decade. The increased production of cultivated lobsters for export improved the GDP in fisheries. However, lobster farming is conducted by commercial enterprises, and does not bring any improvement to the living standards of small-scale fishermen.

Although the production of firewood and charcoal has increased drastically over the decade, forestry's share of the GDP within the sector is falling. The reduction of the forests close to the urban areas indicates that forest resources are not being managed efficiently.

The JICA projects in this sector concentrated on irrigated agriculture and small-scale fisheries on the north coast. In addition, a sizable amount of aid was provided for swine husbandry breeding and vegetable cultivation. JICA cooperation in the field of forestry was limited to one development study and the dispatch of individual experts. However, this smallness in scale partly stemmed from the existence of many other donors' activities, including GTZ, providing assistance for forestry. Also, as the JICA projects were aimed at realizing the principal development issues, it could be said that JICA narrowed down the development issues for which JICA could provide assistance.

It may be considered appropriate to look at relevance by program in this section. In "the technology irrigation and drainage" program, the current condition can be highly evaluated because of the fact that the training of irrigation technicians and farmers has been implemented without problems since completion of the JICA cooperation. The facilities and equipment have been maintained in good condition and made effective use of in the training. However, the ripple effect on agricultural production and the irrigation facilities has been limited. In the "swine production development" program, the spread of improved breeds among the small-scale farmers, which was the good of the program, has not yet been realized, and the number of farmers benefiting from the program is limited to about 400 at the time of this study. In the "small scale fisheries development on the North Coast" program, the number of beneficiaries (small-scale fishermen) over the entire North Coast area is limited to only a few hundred households, so the impact of this program has been limited in terms of the fisheries industry or the low-income households in Honduras as a whole; but the fact that the program has been of great benefit to individual beneficiaries is an indication

of the effectiveness of this program. Therefore, it retains significance as a model project for the reduction of poverty.

4) Human Resources Development

In this sector, there are four main issues, aimed at realizing the uppermost goal of "development of human resources to play central roles in society". These are "Rectification of regional disparities", "Improvement of primary education", "Improvement of education at other levels" and "Improved efficiency in educational administration".

With regard to "Rectification of regional disparities", there is still obvious regional disparity in the literacy rate. While there has been a little growth in the literacy rate in urban areas over the decade, there was a growth of about 10 percent in rural areas, meaning that the urban-rural disparities are steadily narrowing. With regard to "Improvement of primary education", the school enrollment rate was already at a high level at the beginning of the 1990s, and has continued to improve steadily throughout the 1990s. Internal efficiency, however, is not sufficient, considering that for every 1,000 pupils enrolled, only 509 graduated in 1998. With regard to "Improvement of education at other levels", the priority has been lower because in Honduras. most of the effort has been made in primary education; but some issues need to be addressed in secondary education and vocational education. Not enough information on the degree of improvement about "Improved efficiency in educational administration" made during the 1990s was available.

The JICA projects were implemented in two groups of projects both focusing on the education of teachers. One group of projects was intended for the re-education of teachers in a facility, the "National Educational Practice Research Institute (INICE)", constructed under Grant Aid from Japan. The other was the group dispatch[4] of JOCV members for the re-education (arithmetic project) of teachers at elementary schools. This education of teachers (including the development of teaching materials) is aimed at realizing the above-mentioned principal development issues, and the degree of conformity to this purpose was high.

Considering the effectiveness of JICA projects, of the above-mentioned two groups of projects, it was difficult to evaluate accurately the results of the training of teachers by INICE because no survey on the training impact on teachers undergoing the training could be conducted. It appears that there has been no great impact for the following reasons; the cascade system, which expects trained teachers to transfer knowledge and techniques learned to their colleagues, did not function well and the effects were limited to the teachers who were directly trained; arithmetic and mathematics, to which importance had been attached originally, are not taught much recently. In addition, positive evaluations could not be observed from interviews with those concerned.

However, the arithmetic project may be thought to have had a relatively high impact, according to the survey carried out as part of the project. In achievement tests conducted on about 30,000 pupils in classes taught by Honduran teachers who had been trained by JOCV members or by Honduran teachers (instructors) trained by the JOCV members, these pupils clearly achieved higher scores than pupils who had not been so taught. In addition, the teaching methods promoted by this project were adopted for the workbooks distributed by the Ministry of Education throughout the country, and the officials concerned in the Ministry of Education commented favorably on the project.

5) Environmental Preservation

In this sector, there were two major issues: "Preservation of forest resources" and "Environmental improvement in residential areas".

With regard to "Preservation of forest resources", reforestation has not increased notably, and approximately 550km^2 of forest per year are still being lost due to the slash-and-burn farming. However, the importance of forest preservation was recognized widely in the 1990s, the national parks and protected forest districts have been clearly defined and expanded, and a major impact was observed in the progress made in the legal system and management and organizational structures.

With regard to the achievements in "Environmental improvement in residential areas", while experiments such as the introduction of lead-free gasoline were approved in the 1990s, and there is a momentum to work on the improvement of air quality, the pollution of water resources continued, and no progress was made nationwide in waste disposal. Environmental hygiene has tended to deteriorate.

JICA projects in the 1990s dealt mainly with solid waste

4) Group Dispatch of JOCV differs from Team Dispatch of JOCV in severalconditions but is similar in having a group of volunteers under a sharedgoal.

management, forest management and pollution prevention. Of the issues relating to environmental preservation in Honduras, forest preservation has been clearly the most important issue, but the second most important issue has been water pollution. Waste management is one of the causes of water pollution, and, is one of the environmental pollution issues that has been assigned more importance in recent years. Thus, JICA's assistance in tackling these issues may be considered relevant.

As for the effectiveness of JICA projects in this sector, the following can be said based on the results of individual project evaluation under this study that was included the three waste management projects. It turned out that regular refuse collections have been made for about 100,000 people in illegal residential districts, though this did not cover all such areas. This would not have been conducted without a project review and organizational enhancement resulting from the Grant Aid Cooperation "Project for the Improvement of the Metropolitan Cleaning Service" and the development study, "The Study on Solid Waste Management of the Urban Area of Tegucigalpa's Central District". This implied that the impact of these projects is not small. However, while existing services were improved as a result of the development study, other new projects, such as a system of charges for collection, have not been implemented.

(2) Cross-sectonal Evaluation

1) Region-wise Evaluation

① Relevance of Region Selection

JICA has placed emphasis on the flowing four regions. Each of the four regions has its priority sectors.

a. Olancho region (Olancho department): Health care, stockbreeding
b. North coast region (Atlantida and Colon departments): Fisheries
c. Esperanza region (Esperanza city, Intibuca department): Agriculture
d. Metropolitan area (Tegucigalpa city, Francisco Morazan department): Education, environmental hygiene, health care

If we look at the JICA situation with regard to all the departments within the above four regions, first of all, there is a moderate correlation between the need for development[5] and the level of poverty[6] on the one hand, and the scale of input by JICA on the other. Thus, assistance is deemed to aim at the regions where it is needed.

Figure 4-2 Map of Honduras

Concerning the priority regions (departments), however, while the input matches the need for development and the level of poverty in the Metropolitan area and Olancho, the input is greater compared to the need for development and the level of poverty in the North coast region (especially the Colon department) and in Intibuca department.

② Overall Evaluation of JICA Projects by Region

To sum up the (four) important regions, the relevance of projects was high except in the Olancho department and, in many cases, projects that matched the priority sectors of each region were carried out. The effectiveness (whether the JICA projects achieve project purposes as a whole or not) would appear to be rather high, as far as information collected through this study is concerned. Efficiency (how was the achievement of project purpose against inputs) could probably be evaluated as moderate, although, again, sufficient information could not be acquired. Impact (overall impact of JICA projects) seems to vary more among projects than among regions. Sustainability also seems, generally speaking, to be middling.

2) Modality-wise Evaluation

Interviews and questionnaire survey were implemented on the projects of "Project-type Technical Cooperation (including team Dispatch of Individual Expert and Research Cooperation)", "Grant Aid" and "Development Study", and they were evaluated by the Five Evaluation Criteria of "Relevance", "Efficiency", "Effectiveness", "Impact" and "Sustainability".

① Project-type Technical Cooperation

In this modality, planning was generally reasonable; the appropriateness of input and operation and management was relatively high, but the achievement of project purpose was average. The reason for moderate achievement seems to be the problems within the projects, because the external environment was mostly identified as having little adverse effect on the realization of the project purpose. Since the external environment had also limited influence on the realization of the overall goals, the achievement of project purpose reflected directly on the overall goals. There have been hardly any negative impacts. Sustainability of the counterpart implementing organizations was middling.

② Grant Aid

In this modality, planning was generally reasonable; the appropriateness of input and operation and management were relatively high, and the achievement of project purpose was at the satisfactory level. The external environment had little adverse influence on the realization of project purpose. Sustainability of the implementing organizations was middling. However, the achievement level of overall goals and other impacts was held back because of the influence of external impediments to the realization of overall goals. There have been hardly any negative effects. By and large, the evaluation was satisfactory.

③ Development study

With regard to the relevance of these studies, the level of conformity with the needs of Honduras, the adequacy of formulation of plans, which are the output of the studies, and etc., were high. The level of materialization of the suggested projects in the plans by and large was low, partly because the achievement of the purpose of the study was given only a middling rating, added to which the "confirmation of the external conditions necessary for the project purpose to link up with the overall goal" was rather weak. The organizational strength of the implementing organizations at the completion of the study was evaluated harshly by those concerned with the project, and thus sustainability in this evaluation study was given a rather low rating.

3) Poverty/gender Evaluation

① Poverty

In Honduras, a considerable part of the total project number or budget was directed toward poverty reduction. JICA cooperation in Honduras can overall be regarded as with strong orientation toward poverty alleviation since even the programs that are not directly aimed at poverty reduction also included the poor for their beneficiaries, on top of their high conformity with respective development needs. According to the evaluation of the impact of individual programs, three of the four projects identified as poverty reduction projects "showed significant impact", and one project "some impact". Therefore, the JICA projects seem to have promoted poverty reduction to some degree not only in their intention, but also in actual achievement.

5) The level of development of each department in this study is defined as follows: development needs are identified by subtracting 1 from the UNDP Human Development Index of each department in Honduras. By multiplying the obtained number by the population of each department, the study created the indicator for the level of development of the department.

6) As the indicator of the level of poverty, this study used the UNDP Human Poverty Index multiplied by the population of each department.

② Gender

While not many JICA projects implemented in Honduras are distinctly aimed at reducing the gender gap, a certain degree of consideration is given to the gender problem. According to the impact evaluation for individual programs, all three projects judged to be projects directly aimed at narrowing the gender-gap "showed significant impact".

2-4 Lessons and Recommendations for Future Cooperation

(1) Review of the JICA Country programs

In this section, the basic directionality of development in Honduras is confirmed; and the principal issues in which JICA should support Honduras (priority issues in which Japan should provide assistance) is clarified; then those issues were reviewed taking into account the direction of other donors and the final version of "priority issues in which Japan should provide assistance" is formulated. In this way, an attempt was made to classify the issues as Table 4-5, through collating the "priority issues in which Japan should provide assistance" and the "JICA Country

Table 4-4 Classification of Issues (definition by categories)

Category	Definition	Recommendation
Category A	Development issues that are indicated in the "JICA Country Program" and also come under the "priority issues in which Japan should provide assistance".	Principal issues, which should remain development issues as at present.
Category B	Development issues that are indicated in the "JICA Country Program" but do not come under the "priority issues in which Japan should provide assistance".	Grounds for strongly promoting the issues as "development issues / programs" are weak, in the view of the study team.
Category C	Development issues that are not indicated in the "JICA Country Program" but do come underhigh priority in the "priority issues in which Japan should provide assistance".	Addition of these issues to development issues should be considered.

Table 4-5 Priority Sectors and Issues in the JICA Country Program in Honduras

Development issue		Name of JICA program	Priority issues in which Japan should provide assistance	Category
(1)Revitalization of economic activities	Development of economic infrastructure	Transport and traffic network development program	○	A
		Public works plan and administrative system enhancement program	–	B
	Fostering of comparatively superior industries	Participation-type community development program	–	B
		Product distribution system improvement program	–	B
		Appropriate technological development and produce diversification program	◎	A
		Stock-raising promotion program	–	B
		Small-scale fisheries promotion program	◎	A+
		Mining promotion program*	–	–
		Tourism development program*	–	–
(2) Improvement of residents' living standards	Improvement of health care	Regional medical standards improvement program	○	A
		Health care service improvement program	○	A
		Nursing personnel enhancement program	○	A+
		Sustainable water supply system development program	◎	A+
	Beefing-up of efforts on environmental measures	Living environment improvement program	○	A
		Natural environment preservation program	◎	A
		Disaster prevention capability improvement program	◎	A
	Enhancement of elementary education	Local education system enhancement program	–	B
		Educational method improvement program	◎	A+
		Educational environment improvement program	◎	A+
(3) Skills development for the poorer classes	Assistance for economic self-sufficiency of the poor	Employment opportunity expansion program	◎	A
		Female empowerment program*	–	–
	Assistance for the socially vulnerable	Physically handicapped people support program*	–	–

Note) programs with (*) were not examined thoroughly as they did not belonged to the target sectors for evaluation in this study

Program".[7]

As a result of the review of 22 programs in seven development issues in three sectors that come under the JICA Country Program, 13 out of the 22 programs were confirmed to be important, as Category A issues; and it is considered appropriate to continue providing assistance.

However, there is also a possibility that coordination between donors, and the narrowing-down of sectors for which each donor has charge, may be considered in the process of implementing the current PRSP. Also, the total number of issues given above seems to be a little excessive in terms of cost effectiveness. It is desirable that these issues be narrowed down through future coordination between donors and through thorough consideration regarding the sectors that are Japan's forte. Therefore, the Study Team picked out and rated as (A+) those issues in which Japan has technical prowess and for which the conditions to promote the issue are considered to be ready, among those in Category A.

(2) Formulation of Cooperation Projects / Improvement of Implementation

1) Lessons at Program Level

① Establishment of a Framework and Methods

As JICA moves its emphasis from cooperation based on requests or individual schemes, as has been the case up until now, to a program approach, it is necessary to establish a sound framework and methods. Specifically, a standard process is needed from the drawing up of the program, its operation, to monitoring and evaluation, as well as concrete methods for each phase.

② Stronger Linkage and Coordination between Projects

The "proper combination of projects" making up the program correlates to the size of the impact of the program as a whole. This indicates that in order to formulate a program with impact, it is necessary to define clearly the role not only of the main project but also of the supporting projects that contribute to the main project.

③ The Need for a Program Leader or Coordinator

An overview of the evaluation results for each program shows that how efficiently the planning and implementation of individual projects can be coordinated also significantly influences the success of the program. In a number of programs targeted for this study, individual experts are dispatched in between individual projects. These experts, acting as program coordinators in the planning, implementation, and follow-up phases of the program, are effective in bringing about a high degree of effectiveness, efficiency and impact of the program. The problem here is that, in the actual implementation of a program, although the role of such individual experts is exceedingly important, it is not institutionalized as a system. In the future, a clearly defined role should be established for dispatched experts as coordinators.

④ Combination of "Technical Development" and "the Extension of Techniques"

In Honduras, the structural reforms have been carried out in the 1990s. Especially in the agricultural sector, the reform meant that the administrative function of the government specialized in research and development while "the extension of techniques" was entrusted to the private sector. As a result, the quality of extension services to farmers deteriorated. With regard to the "irrigated agriculture" and "swine husbandry" programs that were evaluated in the study, when a program was planned, "the spread of techniques" was not planned as an internal activity. The weakening of extension activities resulted from the reform seems to have pulled down the efficiency of the entire program. In contrast, in the "fisheries development" program extension activities were incorporated into the program plan, and thus methods of extension, such as training unique to the program and through gatherings of the beneficiaries, were planned and established. For the future, it is recommended that "technical development" and "extension services" should be planned as consecutive components within the program activities, for the enhancement of extension services directed to the end-beneficiaries.

2) Lessons at the Project Level

① Development Study

a. Review of revenue sources for the realization of suggested projects by the study, the trend towards privatization, national plan and legal system, the legal standing of the proposed plan etc., need to be enhanced. The implementation of a development study should be determind only after these have been confirmed.

b. In consideration of securing sustainability, care must be taken that the proposed plan does not involve an excessive input for a development study that presupposes Grant Aid, and full consideration must be given to alternative proposals.

7) This study is made on the assumption that even after the full-scale commencement of PRSP, the Government of Japan can implement technical cooperation in specific-sectors/issues.

c. In the country in question, where the counterparts are frequently replaced due to changes in the government, and the procurement of funds depends on the intentions of the donors, a plan covering ten years or more has little likelihood of being realized. The focus on specific short- and mid-term plans will improve efficiency. When a long-term plan is necessary, the plan must first be institutionalized as a formal national plan that will not be affected by a regime change.

d. It is advantageous that the plan be formulated not by the Japanese side only, but through collaborative work with the counterparts through discussions. Through this process, the counterparts can be strengthened,and the can review the plan later by themselves, when needed.

② Project-type Technical Cooperation

a. Combined with inadequate monitoring, an ambiguous project purpose gives rise to ad hoc activities and discrepancies in the directionality of activities by the experts, and does not lead in the end to the accomplishment of a satisfactory development effect. The project purpose and its indicators should be set as precisely as possible, and monitoring should be rigidly enforced.

b. Looking at the results of the modality-wise evaluation, there are a number of cases for which the external conditions for the achievement of the overall goal needed to be examined beforehand. As the link between project purpose and overall goal was not ascertained sufficiently, it is thought that this has an adverse effect on the impact. There is a need to gain a sound understanding of the external conditions necessary for the accomplishment of the purpose, at the time the project is planned.

c. There were observed cases in which a counterpart in the project left his/her post. In the future, it will be necessary to work with the implementing organizations on measures that presuppose the loss of a certain percentage of the counterparts who will have received technical transfer.

d. Training Centers and other similar institutions were in financially difficult circumstances. The improvement of management control to raise financial sustainability after completion of a project must be an important and integral part of the project.

③ Grant Aid

a. Equipment procured by Grant Aid needs funds for renewal in the future. Therefore, it is necessary that such preparations in terms of the system should be made carefully.

b. It is important to enhance the organizational analysis of organizations that provide services using the materials, equipment and facilities obtained through Grant Aid, and to define the direction of the organizational enhancement. Planning the follow-up providing technical services after completion is also effective in raising the impact and sustainability.

c. In the Tegucigalpa Water Supply Project, some local residents who would receive the water supply service organized a Water Committee, which planned to raise funds for the maintenance and management expenses through the collection of charges. Measures for establishing such organization before the implementation of the project will be necessary for similar Projects in the future.

④ Acceptance of Trainees

As was observed in the nursing education enhancement project, In-country training can have many trainees participate. This may be considered an effective way to enhance capabilities through Project-type Technical Cooperation, etc., and for the updating of those techniques. However, the detailed training needs must be communicated from the target country to JICA; and if a Japanese instructor is most appropriate, advice must also be given as to where the instructor can be recruited in Japan. Therefore, long-term experts are needed to carry out coordination in the beneficiary country.

⑤ Japan Overseas Cooperation Volunteers

Even when volunteers are dispatched in a group, it is advisable to prepare a system in line with team dispatch[8], so that volunteers, JICA and agencies of the counterpart country can share a full understanding of the plan and of the aims of the volunteers' activities.

8) When a number of volunteers are dispatched together with the shared and condact octivities aim with local resident cooperation both systematically and comprehensively, to attain a greater impact than an ordinary dispatch. In a team dispatch of volunteers, the team leader (a senior member) and the TOR of the project are clearly determined. Usually, a consensus document is organized between JICA and the government of recipient country.

Chapter 3 ● Population and Health Sector in the Philippines under JICA/USAID Collaboration Part2 (Infectious Diseases Control Field)

3-1 Outline of Evaluation Study

(1) Background and Purpose of Evaluation Study

JICA's Country Program for the Philippines has set the population and health sector in "Improvement in Basic Human Needs", the subcategory under the purpose of "Correction in Disparities", which is one of four prioritized areas.

Among the sector, JICA is focusing on the areas of "Reproductive Health" and "Infectious Diseases Control (HIV/AIDS, Tuberculosis and Malaria)" and conducting various cooperation combining such schemes as Project-type Technical Cooperation, Dispatch of Experts, Equipment Provision, Grant Aid, Dispatch of Japan Overseas Cooperation Volunteer, Community Empowerment Program, and In-country Training Program.

In the meantime, JICA is promoting the "program[1] ", which is a set of multiple projects under a common purpose in a specific sector or development issue. In order to promote the "program approach", "program-level evaluation" has increased its importance to effectively use ODA resources, in addition to conventional "project-level evaluation". In this study, "program evaluation" organizes multiple projects which have a common purpose in a specific sector or development issue as one program ex-post and evaluates a set of the policy structure consisting of policy, programs and projects. This is due to the fact that the evaluated projects were not formulated as a program ex-ante, as JICA was not systematically introduced program approach at that time.

Under the circumstances, JICA carried out program evaluations in the areas of "Reproductive Health" and "Infectious Diseases Control" in FY2000 and in FY 2001. This report introduces the evaluation on "Infectious Diseases Control" conducted in FY2001.

(2) Evaluation Viewpoints

This Evaluation drew recommendations and lessons from the following three viewpoints:

1) Recommendations and lessons for JICA's cooperation strategies in the field of Infectious Diseases in the Philippines.
2) Recommendations and lessons for "program approach"and its evaluation methods.
3) Recommendations and lessons for the collaboration with the United States Agency for International Development (USAID) in the future.

The collaboration with USAID was included in the evaluation for the following reasons:

1) The Philippines was set as one of the target countries in the "Japan-U.S. Common Agenda" (July, 1993), where Japan and the USA declared to collaborate in dealing with global development issues.
2) Coinciding with this evaluation survey by JICA (2000-2001), USAID planned an evaluation on the projects for HIV/AIDS, which had been implemented in collaboration with JICA Project at the Project site. Consequently, these evaluations were carried out in the form of joint evaluation, in which each participated in the Evaluation of the other.

(3) Study Participants

Team Leader:

Koichi MIYOSHI, Director, Office of Evaluation and Post Project Monitoring, Planning and Evaluation Department, JICA

Evaluation on Transmitted Diseases:

Etsuko KITA, Professor, Japanese Red Cross College of Nursing / Visiting Professor, Waseda University Institute of Asia-Pcific Studies

Evaluation Planning:

Hajime NAKAZAWA, Office of Evaluation and Post Project Monitoring, Planning and Evaluation Department, JICA

1) Program is a group of individual projects related to each other and planned/implemented under a common objective and target.

Evaluation Management:
Yoshika HIRATA, Associate Specialist, Office of Evaluation and Post Project Monitoring, Planning and Evaluation Department, JICA
Evaluation Analysis:
Kazuyo WADA, Researcher, Global Link Management
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The evaluation team also obtained the cooperation of Dr. Jed MELINE (Deputy Chief) and Dr. Corazon R. Manaloto (Public Health Advisor, Office of Population, Health and Nutrition) from USAID mission in the Philippines.

(4) Period of Evaluation

28 January 2002 - 1 March 2002

(5) Project Targeted for Evaluation

This study evaluated the projects dealing with HIV/AIDS, Tuberculosis and Malaria, from 1992, right before the announcement of Japan-U.S. Common Agenda to the time of this Evaluation. The projects implemented earlier than 1992 were not regarded as study subjects and only reviewed to grasp the background of targeted projects. Table 4-6 is a list of projects targeted for this evaluation. They include eight projects related to HIV/AIDS, four to Tuberculosis, and three to Malaria.

Health-Care Center in Cebu City and its staff strengthened by the "Tuberculosis Control Project" in the Philippines.

3-2 Framework and Methods of the Evaluation

(1) Data Collection Methods

Through domestic and field studies, the evaluation team conducted interview surveys on key-informants (people concerned to the Projects) and questionnaire surveys via the Snowball Sampling Method[2] using e-mails. In the field study, the evaluation team carried out exit interview at the heath centers using observational research and questionnaires, and Focus Group Discussion[3].

(2) Evaluation Methods

In this study, the evaluation team organized the projects with various cooperation schemes under one policy structure (purpose-oriented structure), or the Program Models. More precisely, the projects were regarded as an ex-post facto Program and organized as a Program Approach Logic Model (PLM)[4] based on the program theory[5]. Based on the PLM, the Evaluation Questions listed in Table 4-7 were set. Process evaluation, program evaluation were conducted and result of each project were confirmed and from which lessons and recommendations were obtained.

The PLM was formulated with the following process.

Step 1: Review the outlines of each project.
Step 2: The Projects were categorized by disease and summarized into PLM1 (Table 4-8).
Step 3: PLM1 was developed into PLM2, where the projects were organized as a program addressing each infectious disease (Table 4-9).

Although the PLM2 complied in this study made by assembling projects in the past into an policy structure, it

2) A sampling method often used in interview survey, where the researcher approaches the interviewee based on the information or introduction of the previous interviewee. In this Survey, the evaluation team asked the research respondents to forward the e-mail-questionnaire to others, who they regard are possible to answer.
3) A research method, where the researcher lets people with a certain profile discusses a theme and derives information for the presented opinions and comments. This is suitable to learn the related persons" recognition on a theme.
4) Program Approach Logic Model is an ex-post facto logic model at the program-level, developed by reorganizing and classifying the project level logic models (e.g., PDM: Project Design Matrix).
5) The program theory refers to project rationales, i.e., causal relationship among the constituting elements (inputs, activities, outputs, project purpose, and overall goal).

Table 4-6 Projects Targeted for the Evaluation

	Project Name	Cooperation Scheme	Cooperation Period
HIV/AIDS	HIV Control	Dispatch of Expert	February1995 - June 1996
	Project for Prevention and Control of AIDS	Project-type Technical Cooperation	July 1996 - June 2001
	AIDS Control and Blood Tests	Equipment Supply Program	FY 1996 - 1997
	Workshop on the Laboratory Diagnosis and Research Techniques in Acute Respiratory Infections (ARI), Diarrheal Diseases(DD), and Human Immunodeficiency	Third-country Training Program	FY 1987 - 1996
	Laboratory Diagnosis of HIV and Opportunistic Infections in AIDS	Third-country Training Program	FY 1997 - 2001
	Diagnosis and Management of HIV Infection / AIDS and Other STDs	In-country Training Program	FY 1995 - 1999
	Assistance Program for Bahay Lingap (The Facility for the Rehabilitation of HIV Positive Patients)	Community Empowerment Program	December 1998 - March 1999
	NGO Assistance Program for AIDS, STDs, and Reproductive Health	Community Empowerment Program	December 1998 - March 1999
Tuberculosis	Public Health Development Project	Project-type Technical Cooperation	September 1992 - August 1997
	Tuberculosis Control Project in the Philippines	Project-type Technical Cooperation	September 1997 - August 2002
	Relief Program of Indigent Tuberculosis Patients	Community Empowerment Program	January 1999 - January2002
	National Tuberculosis Program	In-country Training Program	FY 1999 - 2003
Malaria	Malaria Control	Dispatch of Expert	March 1997 - March 1998
	Malaria Control	Dispatch of Expert	April 1999 - April 2002
	The Project for Malaria Control	Grant Aid	FY 1998

Table 4-7 Evaluation Questions

Type of Evaluation	Evaluation Questions	Data Collection Methods
Process Evaluation	How did the concerned parties recognize respective project?	Interview, e-mail and questionnaire surveys on the related personnel both in the Philippines and Japan
	How did the recognition change at the stage of formulation, planning, implementation and evaluation?	
	What kind of differences existed in above-mentioned recognition among the concerned personnel?	
Program Evaluation	What is the impact of JICA's intervention?	Data collection from various documents related with infectious diseases, exit Interview, focus group discussion, observation, resource research
	Is the impact sustainable?	
	Was the timing, the targeted level (policies, programs, projects), and the targeted organization of JICA's intervention was appropriate?	
Results of Each Project	To what extent project purpose was achieved? Was the balance between the Input and the outputs appropriate?	Secondary data collection, interviews with related person

can show the "overall framework of cooperation or the program theory of the policy structure" in the field of infectious diseases in the Philippines.

3-3 Evaluation Results[6]

(1) Process Evaluation

1) Project Selection: Recognition of the Japanese Side

According to the interviews with the concerned parties on the Japanese side, it became clear that many of them recognized the importance of more comprehensive strategy to cope with the issues in the field of infectious diseases in the Philippines. Comments as follows were given in the interviews; "JICA lacks the verification to justify the priority of the cooperation in the field of health in the Philippines"; "Being planed and implemented on a cooperation scheme basis, JICA projects are not linked to each other. The problem is that the overall scenario is so vague that it is difficult to understand the positioning of a certain project."

It was revealed that the concerned personnel in Japan did not have a clear idea about the overall purpose of the cooperation in the field of infectious diseases, because each project had been planed and implemented by different departments of JICA and with a different cooperation scheme. This problem boosted recognition among the concerned personnel on the Japanese side that criteria and verification to judge the priority of the projects were unclear in planning projects in the field of infectious diseases control in the Philippines.

6) It must be noted that this analysis is on a contrast between the JICA Country Program at the time of evaluation and the results of program evaluation based on compiled ex-post program of the projects which were completed before the development of Country Program. Also this summary focuses on tuberculosis and AIDS.

Table 4-8 Projects Related to HIV/AIDS / PLM1 (Program Approach Logic Model 1)

	Project Name (scheme, title, term, implementing organization)	Overall Goal	Project Purpose	Outputs	Inputs	
					Items	Cost (Thousand Peso)
A	Equipment Supply Program: AIDS Control and Blood Tests (1994-2001:nationwide) Implementing Organization: Department of Health			1. To disseminate and improve the diagnosis and treatment techniques and the research capacities on HIV/AIDS.	Blood testing equipment for HIV/AIDS	76,026
B	In-country training: Diagnosis and Management of HIV Infection / AIDS and Other STDs (1995-1999: nationwide) Implementing Organization: Department of Health		Capabilities of prevention and management on HIV/AIDS and other sexually transmitted diseases are improved for doctors, nurses, social workers and laboratory technicians in the Philippines.	1. Participants acquire general knowledge on pathogenesis and epidemiology on HIV/AIDS and other sexually transmitted diseases.		
				2. Participants acquire appropriate knowledge and techniques on prevention, diagnosis and management of HIV/AIDS and other sexually transmitted diseases.		
				3. Participants understand social, economic, ethical and medicolegal issues on HIV/AIDS and other sexually transmitted diseases.		
				Overall	Training cost	9,800
B	Dispatch of Expert: HIV Control (1995-1996: nationwide) Implementing Organization: Department of Health	STD/AIDS prevention and control strategies are enhanced.	A number of programs on HIV/AIDS related issues in Philippines are adjusted and managed.	1. To coordinate Medical Equipment Supply Program.		
				2. To prepare strategy for administration on blood and bloodproducts.		
				3. To examine the requests for cooperation in the field of HIV/AIDS.		
				4. To coordinate Counterpart Training		
				5. To manage In-country Training "Diagnosis and Management of HIV Infection / AIDS and Other STDs"		
				Overall		1 person
D	Project-type Technical Cooperation : Project for Prevention and Control of AIDS (1996-2001: Metro Manila) Implementing Organization: Department of Health		National and local capacities to address STD/AIDS concern are strengthened.	1. Diagnostic capabilities for STD/AIDS of the STD and AIDS Cooperative Central Laboratory (SACCL) are fully established.	Total number of Long-term expert Infrastructure development cost	8,800
				1. Diagnostic capabilities for STD/AIDS of the STD and AIDS Cooperative Central Laboratory (SACCL) are fully established.	Developing Assistant cost on Appropriate techniques of AIDS	7,806
				1. Diagnostic capabilities for STD/AIDS of the STD and AIDS Cooperative Central Laboratory (SACCL) are fully established.	Provision of Equipment	70,000
				2. In accordance with the administrative order, the SACCL is incorporated into San Lazaro Hospital(SLH) of the Department of Health		
				3. Referral system is prepared.		
				4. SACCL training function on STD/AIDS prevention, diagnosis, and treatment are recognized accredited and training courses are implemented.	Middle-class engineers training cost	5,850
				5. SACCL Research contributions are maximized.	Cost on Technical development and research	3,399
				5. SACCL Research contributions are maximized.	Cost on technical exchange	437
				6. Selected Social Health Clinics (SHCs) are upgraded in terms of experiments, lb testing, education/extension, and STD/AIDS management.	Educational and dissemination activities cost	4,469
				(Support on prevention of STD/AIDS to NGO)	Cost on promoting Grass-root activities	2,674
				6. Selected Social Health Clinics (SHCs) are upgraded in terms of experiments, lab testing, education/extension, and STD/AIDS management.	Textbook development cost	5,003
				6. Selected Social Health Clinics (SHCs) are upgraded in terms of experiments, lab testing, education/extension, and STD/AIDS management.	Localization cost	3,453
				Overall	General local activity cost	12,136
				Overall	Total number of Long-term experts	11persons (19.4man/year)
				Overall	Total number of Short-term experts total	30persons (10man/month)
				Overall	Total number of Training in Japan	17persons (54man/month)
E	Community Empowerment Program: Assistance Program for Bahay Lingap (The facility for the rehabilitation of HIV positive patients) (1998-1999: Metro Manila)Implementing Organization: Pinoy Plus Association Inc.	To rehabilitate HIV positive patients.	To support protection and rehabilitation for HIV positive person and improve their health condition and quality of life.	1. Health condition of HIV positive patients is improved by improvement in living and health environment at protective *Bahay Lingap* (Home of Care)	Cost on environmental maintenance	598
				2. Living condition of HIV positive patients is improved by maintaining the domestic noncommercial water facilities at *Bahay Lingap* (Home of Care)	Maintenance of the well and own pumping system	230
				3. Income of *Bahay Lingap* (Home of Care) is increased by implementing the income generating activities.	Livelihood generating / enlightment activities	717
F	Community Empowerment Program: NGO assistance program for AIDS, STDs, and reproductive health (1998-1999: Metro Manila / Leyte Island) Implementing Organization:PSPI (Population Service Phililinas Inc. (NGO))	The numbers of HIV positive person as well as the mortality rates of pregnant/parturient women and infants are decreased.	The services related to genitally and sexually transmitted infection for the socially vulnerable at the targeted areas.	1. Facilities of targeted clinics are improved and reinforced.	Various basic medical equipments	593
				2. Techniques of staffs of concerned clinic will improve.	Staff Training	185
				3. The number of cured patients with genitally/sexually transmitted infection is increased at target areas.	Drags and medicine purchase	1,631
				4. Early diagnosis on sexually transmitted infection/ cervical cancer is implemented.	Enlightment/publication activities to local people	210
				5. Referral System between Public Medical Facilities and NGO clinics is established.		

Table 4-9 Projects Related to HIV/AIDS / PLM2 (Program Approach Logic and Model 2)

Overall Goal	Program Purpose	Outcome			Input	
		Mid-term Outcome	Short-term Outcome (related project refer to PLM 1)		Items	Cost (Thousand Peso)
The health condition of people in the Philippines is improved.	The number of HIV infection does not increase	The infection rate of population covered by the public sector (Governmental Organizations) in the Project site does not increase and rate of sexually transmitted disease decrease.	<Organizational capacity building> The basis for HIV/STIs Program (facility, equipment, system, IEC) exists.	1. To coordinate Medical Equipment Supply Program. (Project C)		
				2. To prepare strategy for administration on blood and blood products. (Project C)		
				1. Diagnostic capabilities for STD/AIDS of the STD and AIDS Cooperative Central Laboratory (SACCL) are fully established. (Project D)	Infrastructure development cost	8,800
				1. Diagnostic capabilities for STD/AIDS of the STD and AIDS Cooperative Central Laboratory (SACCL) are fully established. (Project D)	Developing assistant cost on appropriate techniques of AIDS	7,806
				1. Diagnostic capabilities for STD/AIDS of the STD and AIDS Cooperative Central Laboratory (SACCL) are fully established. (Project D)	Provision of Equipment	70,000
				2. In accordance with the administrative order, the SACCL is incorporated into San Lazaro Hospital(SLH) of the Department of Health. (Project D)		
				3. Referral system is prepared. (Project D)		
				5. SACCL Research contributions are maximized. (Project D)	Cost on Technical development and research	3,399
				5. SACCL Research contributions are maximized. (Project D)	Cost on technical exchange	437
				6. Selected Social Health Clinics (SHCs) are upgraded in terms of experiments, lab testing, education/extension, and STD/AIDS management.(Project D)	Textbook development cost	5,003
				6. Selected Social Health Clinics (SHCs) are upgraded in terms of experiments, lab testing, education/extension, and STD/AIDS management.(Project D)	Educational and disseminating activities cost	4,469
				1. To disseminate and improve the diagnosis and treatment techniques and the research capacities on HIV/AIDS. (Project A)	Blood testing equipment for HIV/AIDS	76,026
					Subtotal	175,940
			<Capacity building of human resource > The knowledge and techniques on HIV/STIs of Health Service providers are improved.	1. Participants acquire general knowledge on pathogenesis and epidemiology on HIV/AIDS and other sexually transmitted diseases. (Project B)		
				2. Participants acquire appropriate knowledge and techniques on prevention, diagnosis and management of HIV/AIDS and other sexually transmitted diseases. (Project B)		
				3. Participants understand social, economical, ethical and medicolegal issues on HIV/AIDS and other sexually transmitted diseases. (Project B)		
				Overall (Project B)	Training Cost	9,800
				4. To coordinate Counterpart Training. (Project C)		
				5. To manage In-country Training "Diagnosis and Management of HIV Infection / AIDS and Other STDs". (Project C)		
				4. SACCL training function on STD/AIDS prevention, diagnosis, and treatment are recognized accredited and training courses are implemented. (Project D)	Middle-class engineers training cost	5,850
				6. Selected Social Health Clinics (SHCs) are upgraded in terms of experiments, lab testing, education/extension, and STD/AIDS management. (Project D)	Localization cost	3,453
					Subtotal	19,103
			<Promotion of the use of service among the people> The local people benefit from health service on HIV/STIs.			
					Subtotal	0
		The infection rate of population covered by the private sector (NGO) in the Project site does not increase and rate of sexually transmitted disease decrease.	<Organizational capacity building> The basis for HIV/STIs Program (facility, equipment, system, IEC) exists.	1. Health condition of HIV positive patients is improved by improvement in living and health environment at protective *Bahay Lingap* (Home of Care). (Project E)	Cost on environmental maintenance	598
				2. Living condition of HIV positive patients is improved by maintaining the domestic noncommercial water facilities at *Bahay Lingap* (Home of Care). (Project E)	Maintenance of the well and own pumping system	230
				← Transfer to Program Purpose level (Project F)	Drags and medicine purchase	1,631
				5. Referral System between Public Medical Facilities and NGO clinics is established. (Project F)		
					Subtotal Cost	2,459
			<Capacity building of human resource > The knowledge and techniques on HIV/ STIs of Health Service providers are improved.	2. Techniques of staffs of concerned clinic will improve. (Project F)	Staff Training	185
				(Support on prevention of STD/AIDS to NGO) (Project D)	Cost on promoting Grass-root activities	2,674
					Subtotal Cost	2,859
			<Promotion of the service use> The local people benefit from health service on HIV/STIs.	4. Early diagnosis on sexually transmitted infection/ cervical cancer is implemented. (Project F)	Enlightment/publication activities to local people	210
				3. Income of *Bahay Lingap* (Home of Care)is increased by implementing the income generating activities. (Project E)	Income generating /educational activities	717
					Subtotal Cost	927
		Input which cannot be divided among Outputs		Overall (Project D)	General local activity cost	12,136
				Overall (Project D)	Total number of Long-term experts	11 (19.4 man/year)
				Overall (Project D)	Total number of Short-term experts total	30 (10man / month)
				Overall (Project D)	Total number of Training in Japan	17(54man/month)
					Subtotal	12,136

2) Project Selection: Recognition of the Philippines Side and Other Aid Agencies

The evaluation team obtained such comments as follows from the Philippines' interviewees; "The advantage of the Japanese cooperation is that projects are implemented smoothly, once they are approved (snip). On the other hand, the planning stage takes a very long time until launching a project. It is also a problem that there is no way to know what is being discussed in Japan after the cooperation request form is submitted to Japan (ex-official of the Department of Health of the Philippines)"; "If the authority had been transferred to the overseas offices, the activities could have been carried out more smoothly and swiftly (snip). As almost everything is decided by JICA Headquarters in Tokyo, it took very long time (The concerned personnel of other aid organization)".

The concerned parties of the Philippines side and other aid organizations recognized that JICA's planning process was unclear and took more time than other aid organizations, because the overseas office has had limited decision making authority. They also had the impression that the Japan's decision making process was very difficult to understand from the outside and was also difficult to know what is actually going on, since the actual decision makers are different in each case.

3) Recognition of the Response to Cope with the Problems and the Decision Making System

As for the response to deal with the problems, concerned person in Japan pointed out the ambiguity in the authorities and responsibilities among the project teams; the overseas office, JICA headquarters, supporting committee in Japan, the Japanese Embassy, Ministry of Foreign Affairs, and other concerned organizations such as Ministry of Health and Welfare. This caused confusion in coping with problems. The followings are some of their comments; "JICA should identify what the problem is and have clear idea how to deal with the problem."; "The project team was expected to deal with problems (snip) once it started. However, it was unclear whether it would be approved, if the project team had changed the direction of the Project independently."

4) Conclusion

These results indicates the following points to enhance the impacts of the cooperation; (1) to establish the program framework based on the long-term perspective, (2) to clarify the authority and responsibility in each level, i.e., the program purpose level and the output level. The latter is particularly important to enable concerned parties (the divisions or department in charge, the experts and cooperative organizations) to recognize their own positions and the importance of their task in the project plan.

This study proved that it is possible to grasp the concerned parties' recognitions on the basis of the causal relationship between the purpose and measures identified in PLM2.

(2) Program Evaluation: Analysis on the Financial Input and Impact

The evaluation team attempted to evaluate the impact of and examined the Japanese intervention in the policy structure of the government of the Philippines for infectious diseases control, by and comparing the JICA's input structure with that of USAID using PLM2.

1) Evaluation on the Input Structure for Infectious Diseases Control as a Program

As shown in Table4-10, in the field of Japanese cooperation to HIV/AIDS countermeasures, 77.8 percent of the financial input is used for the infrastructure (laboratory, clinic and IEC equipment and teaching materials) to manage the HIV/STIs program. Then 14.1 percent is input into the improvement of the knowledge and skills of the health service providers.

High risk group, which is the core target of HIV/AIDS countermeasures in the Philippines, can be divided into two groups, (1) legal group consists of registered commercial sex workers who use public health clinics run by the local governments (city, municipality and *barangay*), and (2) illegal group of freelance sex industry workers and drug addicts. The Japanese input focused on the former.

Comparing the inputs into the infectious diseases control by Japan and those of USAID between 1992 and 2001, the trend in input was reflecting the initial agreement on collaborative cooperation to the area of HIV/AIDS between Japan and USAID. As shown in Table 4-11, Japan provided public centers with HIV testing equipment and facilities to strengthen the organizational capacities ("Organizational Capacity Building") and trained the human resources to apply those facilities ("Capacity Building of Human Resource"). On the other hand, USAID carried out HIV surveillance using the equipments and facilities, and human resources upgraded by Japanese cooperation. In

Table 4-10 Input Structure of HIV/AIDS Countermeasures

Overall Goal	Program Purpose	Outcome		Input			Main Projects included the activitiy (see table 4-8)
		Mid-term Outcome	Short-term Outcome	Activity	Estimated amount (Thousand Peso)	Percentage in the overall cost of	
The health condition of people in the Philippines is improved.	The number of HIV infection does not increase	The infection rate of population covered by the public sector (Governmental Organizations) in the Project site does not increase and rate of sexually transmitted disease decrease.	<Organizational capacity building> The basis for HIV/STIs Program (facility, equipment, system, IEC) exists.	Facilities and Equipments of Laboratory/Clinic Development of IEC material IEC material	166,477 4,469 5,003		Project C Project D Project A
				Total Cost	175,940	77.8%	
			<Capacity building of human resource > The knowledge and techniques on HIV/STIs of Health Service providers are improved.	Training for health service providers	31,960		Project B Project C Project D
				Total Cost	19,103	14.1%	
			<Promotion of the use of service among the people> The local people benefit from health service on HIV/STIs.				
				Total Cost	-	-	
		The infection rate of population covered by the private sector (NGO) in the Project site does not increase and rate of sexually transmitted disease decrease.	<Organizational capacity building> The basis for HIV/STIs Program (facility, equipment, system, IEC) exists.	Facilities for HIV positive patients Medication for STIs and facilities of Laboratory / Clinic	837 1,631		Project E Project F Project A
				Total Cost	2,459	1.0%	
			<Capacity building of human resource > The knowledge and techniques on HIV/STIs of Health Service providers are improved.	Training for health service providers	185 2,674		Project F Project D
				Total Cost	2,859	1.3%	
			<Promotion of the use of service among the people> The local people benefit from health service on HIV/STIs.	Diagnosis for cervical cancer Diagnosis for sexually-transmitted disease Livelihood generation in HIV positive patients	210 717		Project F Project E
				Total Cost	927	0.4%	
		The input that cannot be classified to the outputs		Project Cost Dispatch of Long-term Experts Training in Japan Dispatch ShortÂ]term Experts	12,136 19.4man/year 10man/month 54man/month		Project D
				Total Cost	12,136	5.4%	
Total Input				Monetary Input	226,281	100%	
				Personnel Input	Long-term Experts : 19.4man /year Short-term Experts : 54man/month Participants : 10man/month		

Table 4-11 Comparison of Inputs between USAID and Japan: HIV/AIDS Countermeasures in the Philippines

		USAID(1993-2002)		Japan(1992-2002)	
		Thousand Dollars		Thousand Peso	
Public Sector (Governmental health organizations)	Organizational capacity building			175,940 (15,995)	77.8%
	Capacity building of human resource			19,103 (1,736)	14.1%
	Promotion of the use of service amang the people				
	Grasping condition of HIV Transmission Grasping HIV Risk Activities of High Risk Groups (Surveillance)	9,000 (900)	75%		
Private Sector (NGO)	Organizational capacity building			2,459 (224)	1.0%
	Capacity building of human resource			2,859 (256)	1.3%
	Promotion of the use of service	3,000 (300)	25%		
Total		12,000 (1,200)	100%	226,281 (20,571)	100%

the private sector, local NGOs supported by USAID have conducted training using the teaching materials and equipment provided by Japan and offered preventive education for HIV with the high-risk group.

2) Impact Evaluation

In order to assess the impact of the cooperation by Japan, the evaluation team set two subject groups for comparison, one is the areas where JICA had conducted cooperation projects and the other is a control group, an area where no cooperation was provided. For instance, in order to examine the impact of cooperation in the field of Tuberculosis, for example, the cities of Cebu and Manila were selected. Many implementing organizations of two Project-Type Technical Cooperation projects ("Public Health Development Project" and "Tuberculosis Control Project in the Philippines") are located in Cebu, while JICA had not conducted any cooperation in Manila, which had similar socioeconomic conditions to that of Cebu.

Japanese cooperation contributed to the development of the basis for Tuberculosis countermeasures of health organizations in public and private sectors, and to the improvement in the capacity of the health service providers in Cebu. As a result, the cure rate of Tuberculosis in the Cebu marked higher than that of the comparison group. However, because JICA's Tuberculosis countermeasures covered only a part of the country, it was impossible to judge the impact on the improvement in the Tuberculosis condition of the whole country.

In HIV/AIDS countermeasures, some impacts were observed in the public sector. The basis for HIV/AIDS countermeasures were developed in the public health centers in Metro Manila and Cebu. The technical levels of health service providers were improved and the local people's knowledge and attitude were improved through HIV/STIs services. Similar impacts were observed in the private sector, but it was also difficult to verify the mid-term results or impact on the program purpose.

As for the examining the intervention, it was highly evaluated that Japanese input has effectively complemented the areas which lacked the Philippines" own input. However, analyzing the intervention under each policy level, it was revealed that Japanese cooperation is not efficiently provided to the local governments, though the Philippines is a highly decentralized country.

IEC material created by Community Empowerment Program"Relief Program of Indigent Tuberculosis Patients".

(3) Results of Each Project

The evaluation team assessed the achievement of the project purpose and outputs and the amount of the inputs of each individual project. Then placed the achievements of the Japanese cooperation in the infectious disease control over the past 10 years in the context of the Philippines' infectious disease control policy, and compared them with the activities of other aid agencies.

1) Achievement and Input of Each Project

In tuberculosis countermeasures, the projects did not share the common overall goal, even though they were under tuberculosis control program. In case of the Project-type Technical Cooperation Project ("Public Health Development Project"), it was "to develop a public heath service system in the defined model area with the focus on the Tuberculosis Control Program", but that of the following project ("Tuberculosis Control Project in the Philippines") was to "tuberculosis in the Philippines is controlled". That of the Community Empowerment Program, "Relief Program of Indigent Tuberculosis Patients", was "to improve the health conditions of local people by lowering the mortality rate caused by tuberculosis in the target area". This shows that overall goals differ in each project, even though they were targeted at the same disease. Moreover, there were many projects with difficulty in measuring the achievements of the overall goal and project purposes. It was also difficult to grasp the causal relationship between the inputs and outputs, since each input was not targeted on a specific output in the plan.

2) Positioning in Infectious Disease Control by the Philippines

Japan had planed, formulated and implemented cooperation projects based on discussions with the central government, the Department of Health. However, given the Philippines' decentralization, this traditional approach was becoming unsuitable. For instance, in the field of Malaria, it became difficult for the officials of the Department of Health to work closely with the Japanese side, because Malaria Control Service of DOH was discontinued, the number of personnel working on the issue reduced, and the workload for those remaining in the Department increased greatly: Regional Health Offices has come to have stronger authority than the Department of Health: The budgets, organization and personnel of the Public Health Centers and Health Clinics are under the control of the local governments. That is, the Department of Health can present the guidelines for infectious disease control to Regional Health Offices of DOH and the local governments, but does not have the authority to force them to comply with the guidelines.

JICA needs to shift the focus of cooperation from the central government to the local governments, which makes it even more difficult to set up overall goals and project purposes. As has been pointed out, proper overall goals and project purposes are essential to clarify the cooperation effects.

3) Collaboration between JICA and USAID

The study on the collaboration between Japan and USAID in the fields of HIV/AIDS and Tuberculosis countermeasures revealed the following: The actual collaboration has been conducted by (1) sharing the responsibilities of the cooperation target (e.g. Japan; focusing on public sector, USAID; on private sector), (2) complementing the each other's cooperation program (e.g. USAID carried out examination and education, utilizing the equipment provided by Japan), and (3) covering different regions. These indicated that Japanese cooperation has focused on the organizational development in the public sector and human resources development, which do not overlap with the focus of other donor countries and thereby enhancing the presence of Japan. However, it is also pointed out that Japan attempted to support the private sector, but it was not systematic, except for the case of Malaria countermeasures projects.

Malaria Control Manual for health workers produced by the "Malaria Control" expert.

3-4 Recommendations and Lessons Learned

(1) Recommendations for Infectious Disease Countermeasures in the Philippines

1) Each project must be planned in line with the JICA Country Program. In case of the JICA Country Program for the Philippines, health sector is set as a subordinating goal to achieve one of the four prioritized development issues "Correction of Disparity". As for all the projects of the infectious diseases control, activities and target areas and groups must be regarded as a measure to achieve the goal. JICA must have a reasonable explanation about the selection of cooperation contents and targets, which can be understood by third parties.
2) The Philippines have been decentralized especially in the health sector, which must be taken into account in planning cooperation; e.g., a local government may be selected as the counterpart organization instead of the Department of Health.
3) As Japan has not established a strategy for collaboration with the private sector such as NGOs and private enterprises in the cooperation targeting infectious diseases control, its cooperation for the private sector is sporadic and unsustainable. If Japan is to continue its cooperation to private sectors, a long-term strategy is necessary. It is also possible for Japan to concentrate on the cooperation to the public sectors, leaving private sectors to other aid countries, which have superiority in the cooperation toward the private sectors.

4) Among the targeted projects for evaluation, "Tuberculosis Control Project in the Philippines", took a form close to outsourcing to the Research Institute of Tuberculosis of Japan Anti-tuberculosis Association, and implemented in an ideal condition. As one institution supported the project, whole activities were thoroughly integrated with consistency; the data collected during the implementation were accumulated and utilized effectively; process of the recruitment of the experts, their good relationship, and the coordination with the related organizations in the Philippines and other aid agencies were favorable; and the dispatched experts were consistently qualified for development cooperation. If the outsourcing like this case becomes more common, the market mechanism will work effectively among the consignees and improve the quality of Japanese cooperation for infectious diseases control.

5) Japanese cooperation is mainly categorized into two types; one is the "Model Type" which is aimed at establishing effective model or measures, and the other is the "Extension Type" which is aimed at disseminating the established model to other areas. However, the difference has not been recognized among the related persons including JICA staff and the Japanese experts or has not been stated clearly in the documents. This makes the roles and responsibility of the experts, project plan and the evaluation criteria ambiguous. When planning a new project in the field of infectious diseases, it is necessary to attain a clear consensus among the related personnel and to document the consensus whether to design the project based on one of the two models or to shift from the "Model Type" to the "Extension Type" in the course of the project.

NGO staff received training and IEC material created by the "Project for Prevention and Control of AIDS".

(2) Lessons on Program Approach

Many aid agencies have already shifted from the traditional project approach to the comprehensive program approach, in order to conduct more effective and efficient development aid. Japan is required to change its ODA policy from project-base cooperation to that of a long-term strategy. In promoting the program approach, JICA needs to take the following recommendations into consideration.

1) It is not practical to start planning a program from scratch when there are some projects under implementation. As shown in this study, it is practical and effective to form a program framework ex-post by organizing the overall goals, project purposes, outputs and inputs of the recent projects in the same field over the past approximate 10 years or so, including those under implementation.
2) To integrate projects into a program, it is indispensable for JICA to define the role of the "Program Officer", who is responsible for managing and operating the whole program. It is also required to demarcate the responsibility in the each level in the program framework. Table 4-12 is an example.
3) This study is the first attempt for JICA to evaluate a program. The evaluation methods and framework are still under development and should be discussed continuously. The Results and Future Tasks (Table 4-13), which were obtained in the process of this study, may become useful as a basis for the future discussion.

(3) Lessons on Collaboration with Aid Origination

1) This study identified significant impacts of the collaboration with other aid agencies, especially with USAID. It is very meaningful for Japan and the USA as the world's leading donors, to collaborate applying the partner's advantages to conduct qualified development assistance.
2) For successful donor collaboration, each agency should not conduct cooperation program in the same field, but should share the tasks, by target groups, contents, and target areas.
3) The aid collaboration is arranged through discussions between the representatives in the recipient countries.

However, JICA's overseas offices do not have the authority to make important decisions which interferes with efficient aid collaboration. In order to promote aid collaboration, JICA needs to transfer its authority to the oversea offices, as well as deploy sector experts.

Table 4-12 Predicted Demarcation of Responsibilities

Range of Responsibility	Location of Responsibility
Country Strategy	Regional Department of JICA
Program Purpose	
Project Purpose	Department in charge of Project implementation in JICA
Outputs	Project Leader
Activities	
Inputs	

Table 4-13 Results and Future Tasks

Evaluation Type	Evaluation Method		Evaluation Results and Future Tasks
Process Evaluation	Evaluation on recognition among people concerned in each process of projects	Results	Several important issues that should be taken into consideration developing Program Approach in the future were identified by comparative analysis of the awareness of those who were related with the project implementation process (formulation, planning, implementing and evaluation) on both the Japanese side and the Philippines side.
		Task	It is desirable if the viewpoints of the beneficiaries are included.
Program Evaluation	Impact evaluation for examination group vs. control group	Results	Through the impact evaluation of the two subject groups, the examination group and the control group, it was identified that there was a causal relation between the inputs and outputs as a program.
		Task	It is desirable if the targeted group for evaluation includes the Inputs and the achievements by other aid agencies.
	Comparative Evaluation of Input Structure in Area of Infectious Diseases by the Philippines, Japan and USAID	Results	The relationship between the input by Japan and USAID, and the input by the government of the Philippines (in public sector) was identified.
		Task	More accurate comparative evaluation will be attainable, if the targeted level of the Input by Japan became clear (e.g., the central government, local government).It is necessary to study how to examine the Input to the private sectors.
Results of Each Project	Evaluation on project purpose, achievement and input	Results	By organizing overall Goal, project purposes, outputs and inputs of each project, the linkage among the projects were identified.
		Task	It is necessary to reorganize and reconsider the input structure in the project plan, so that it can be possible to confirm that each impact is linked to a specific output and the targets of the inputs are identified (e.g. the central government, local government). It is desirable if the causal relationship between the achievement of the overall goals and the achievement of country specific issues are examined.
	Evaluation on trend in development context of Projects	Results	The vale of Japan's cooperation toward the field of infectious disease control in the Philippines was clarified by positioning it in comparison with activities of the Department of Health and other aid countries.
		Task	It is desirable if it can be compared with the activities of the private sector.

Chapter 4 ● Synthesis Study of Evaluations: Population and Health

4-1 Outline of Evaluation Study

(1) Background and Objectives of Evaluation Study

JICA monitors and evaluates each of its cooperation project, aiming at improving project management. Recently, these evaluations targeting individual projects are increasingly expected to provide lessons for planning similar projects, policy or strategies at a superior level, from a mid- or long-term perspective. Hence, evaluation studies need to be improved not only qualitatively in order to provide the necessary information, but also in ways that information is supplied in a user-friendly manner. In response to the above, this study is aimed at extracting the lessons to improve project implementation, synthesizing the 55 evaluation results in the Population and Health sector and conducting case studies.

(2) Task Force for Evaluation

Advisors:

Takusei UMENAI, Managing Director, Institute of International Cooperation, Kibi International University

Etsuko KITA, Professor, the Japanese Red Cross Kyushu International College of Nursing

Task Force:

Nine JICA staff belonging to the Medical Cooperation Department at the time of, or before evaluation joined the task force. Two staff from the Office of Evaluation and Post Project Monitoring served as secretariat of the Evaluation.

Consultants:

Mika MATSUMURA, Koei Soken Ltd.

Mariko SHIOHATA, Koei Soken Ltd.

(3) Viewpoint of the Evaluation

This survey aimed at analyzing and grasping the general tendencies and problems of JICA projects in the Population and Health sector with meta-analysis, and illustrates good-practices by way of case studies.

(4) Period of Evaluation

Fiscal Year 2001

4-2 Evaluation Methods

(1) Target of Evaluation

1) Selection of the Field and Projects

The Population and Health sector was selected as the target of this evaluation for the following reasons. Firstly, it is a sector that Japan emphasizes, as seen in "Japan-US Common Agenda for Cooperation in Global Perspective", "Global Issues Initiative (GII) on Population and AIDS" and "Okinawa Infectious Diseases Initiative". Secondly, JICA has a long history of cooperation in the sector, gained through cooperation schemes such as Project-type Technical Cooperation and Dispatch of Experts, and thus can provide a large number of study cases. The subject of this study is the 55 projects and evaluation results all in the Population and Health sector, for which JICA conducted an evaluation studies between 1997 and 2000.

2) Subject of this Study

See Table4-14.

(2) Methodology

The evaluation consists of meta-analysis on all the projects and case studies of two projects. The procedure of data collection and evaluation is as follows.

1) Evaluation Methods

① Meta-analysis

The evaluation conducted meta-analysis through recounting of problems that were mainly identified in evaluation reports and statistical analysis. As for the former, the evaluation team found the cross-cutting patterns and tendencies through reviewing and recounting project contents and 55 evaluation results. As for the latter, the evaluation task force rated 48 items on a five-point scale for each project. By taking the average of the rated scores, the structural problems which affect every project were identified; similarly, the existence of idiosyncratic problems was identified by the large standard deviation of those scores. (The larger the standard deviation, the wider the distribution of the scores which means the item is a problem for some projects but not for others, and thus staff in charge might want to pay attention to this item). In the statistical analysis, the

Table 4-14 Subject of This Study

No.	Country	Project Name	Period	Cooperation Scheme	Type of Report	Publication	Sub-sector
1	Indonesia	The Project for Construction of the Tropical Disease Center of Airlanga University	1997	Grant Aid	Terminal	2000	HMS
2	Cote d'Ivoire	Basic Health Equipment Project	1992	Grant Aid	Ex-post	1998	HMS
3	Myanmar	The Research on Treatment of Infectious Diseases of the Alimentary System	1986-1991	P-type	Ex-post	1997	HMS
4	Sri Lanka	The Project for the Development of the Rural Hospitals	ph1:1987 ph2:1994	Grant Aid	Ex-post	1997	HMS
5	Thailand	Community Health Project in the Kingdom of Thailand	1991-1996	P-type	Ex-post	1999	Community Health
6	Samoa	Project for Reconstruction of the Tuasivi Hospital	1993	Grant Aid	Ex-post	1998	HMS
7	Samoa	Filariasis Control Project	1976-1998	JOCV Senior OV Dispatch	Ex-post	1998	Infection
8	Tanzania	Malaria Control Programme	1980-1993	Grant Aid	Ex-post	1998	Infection
9	Samoa	Project for Reconstruction of the Rural Hospitals	1982	Grant Aid	Ex-post	1998	HMS
10	India	ELISA Reader and ELISA Washer Supply Project	1996	Equipment Supply	Ex-post	1998	Infection
11	Turkey	Project for Promotion of Population Education	1993-1998	P-type	Terminal	1998	P&RH
12	China	Tianjing Pharmaceutical Inspenction Center Project	1993-1998	P-type	Terminal	1998	HMS
13	Laos	The Primary Health Care Project	1992-1998	P-type	Terminal	1998	Community Health
14	Paraguay	Community Health Project in Paraguay	1994-1999	P-type	Terminal	1999	Community Health
15	Malaysia	Project for Upgrading of the Emergency Care Services in Sarawak	1992-1997	P-type	Terminal	1997	HMS
16	Tunisia	Project for the Promotion of Family Planning Education in Tunisia	1993-1998	P-type	Terminal	1997	P&RH
17	Yemen	The Tuberculosis Control Project (Phase 2)	1993-1998	P-type	Terminal	1997	Infection
18	Malawi	Community Health Sciences Project	1994-1999	P-type	Terminal	1999	Community Health
19	Egypt	The Project for the High Institute of Nursing,Cairo University	1994-1999	P-type	Terminal	1999	Medical/Nursing Education
20	Kenya	The Population Education Promotion Project(Phase 2)	1993-1998	P-type	Terminal	1998	P&RH
21	Tanzania	Malaria Control	1993-1997	2-Training	Terminal	1998	Infection
22	Thailand	Dermatology	1994-1997	3-Traing	Terminal	1998	HS
23	Thailand	Master's Degree Program in Primary Health Care Management	1993-1997	3-Traing	Terminal	1998	Community Health
24	Nepal	Medical Education Project in Tribhuvan University	ph1:1980-89 ph2:1996	P-type	Country	1998	Medical/Nursing Education
25	Nepal	The family Planning and Maternal and Child Health	1985-1991	P-type	Country	1998	P&RH
26	Zambia	Project for Improvement of the Department of Pediatrics and Child Health of University Teaching Hospital	1996	Grant Aid	Terminal	1999	HS
27	China	Polio Control Project ('91-'96; '96-'99)	1991-1999	P-type	Terminal	1999	Infection
28	China	The Clinical Medical Education Project for the China-Japan Medical Education Center	1995-2000	P-type	Terminal	2000	Medical/Nursing Education
29	Nepal	The Primary Health Care Projec (Follow-up)	1998-1999	P-type	Terminal	1998	Community Health
30	Philippines	The Public Health Development Project	1992-1997	P-type	Terminal	1997	Community Health
31	Vietnam	The Cho Ray Hospital Project	1995-1999	P-type	Terminal	1998	HS
32	Costa Rica	The Project for the Early Detection of Gastric Cancer	1995-2000	P-type	Terminal	2000	HS
33	Bolivia	Health and Medical Care Delivery System in Santa Cruz	1994-1999	P-type	Terminal	1999	HS
34	Cambodia	Maternal and Child Health Project	1995-2000	P-type	Terminal	1999	P&RH
35	Indonesia	Project for Strengthening District Health Services in Sulawesi	1995	Grant Aid	Terminal	1998	HMS
36	Honduras	Project to Improve the Metropolitan Hospital Network	1996	Grant Aid	Terminal	1999	HMS
37	Egypt	Clinical Immunology of Infectous Diseases and Introduction to Molecular Biology	1996-1998	3-Training	Terminal	1997	Infection
38	Philippines	Diagnosis and Management of HIV Infection/ AIDs and other STDs	1996-1999	2-Training	Terminal	2000	Infection
39	Brazil	Quality Control of the Measles Vaccine	1993-1997	3-Training	Terminal	1997	HS
40	Brazil	Geriatrics	1994-1998	3-Training	Terminal	1997	HS
41	Vietnam	The Reproductive Health Project in Nghe An Province (Phase II)	1997-2000	P-type	Terminal	2000	P&RH
42	Thailand	Project for Strengthening of Food Sanitation Activities	1994-2000	P-type	Terminal	2000	HS
43	Jordan	Medical Equipment Maintenance Training for Palestinians	1995-1997	3-Training	Terminal	1998	HS
44	Ghana	Laboratory Diagnosis of Yellow Fever and Other EPI Viral Diseases (Polio and Measles)	1997-1998	2-Training	Terminal	1998	Infection
45	India	Improvement of Medical Equipment for the Institute of Child Health and Hospital for Children in Madras	1996	Grant Aid	Ex-post	2001	HS
46	Kenya	The Kenya Medical Research Institute（KEMRI） Technical Cooperation Project	1985-1990	P-type	Ex-post	2001	HS
47	Argentina	Population Statistics Project	1995-2000	P-type	Terminal	2000	P&RH
48	Honduras	Health and Medical Services		P-type	Thematic Evaluation	1999	HS
49	Philippines	Project for Prevention and Control of AIDS	1996-2001	P-type	Terminal	2000	Infection
50	Zambia	Infectous Disease Control Project	1995-2000	P-type	Terminal	1999	Infection
51	Zimbabwe	The Project of Infectious Diseases Control	1996-2001	P-type	Terminal	2001	Infection
52	Nepal	The National Tuberculosis Control Project(Phase 2)	1994-1999	P-type	Project Evaluation	2000	Infection
53	Philippines	Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS	1997-2001	3-Traing	Terminal / Meeting Materials	2000	Infection
54	Indonesia	The Project for Upgrading the Emergency Medical Care System of the Dr. Soetomo Hospital in Surabaya/East Java	1995-2000	P-type	Terminal	1999	HS
55	Jordan	The Project for Family Planning and Gender in Development	1997-2000	P-type	Terminal	1999	P&RH

Abbreviations 2-Training / In-country Training 3-Training / Third-country Training Country / Country-program Evaluation Ex-post / Ex-post Evaluation by Overseas Offices HS / Health Service Infection / Infectious Disease Control P&RH / Population and Reproductive Health P-type / Project-type Technical Cooperation Terminal / Terminal Evaluation ph / Phase

latent factor analysis was carried out to examine the implication of the correlation among the items and to reveal causality of planning, activities and the results.

② **Case Study**

In the case study, literature review and interviews with the people concerned were carried out in order to analyze the problems that were identified with the meta-analysis and to learn lessons from good practices.

2) Data Collection Methods

① **Meta-Analysis**

For meta-analysis, rather than conducting field surveys or interviews for each of the targeted projects, this evaluation relied on the evaluation reports of each project. Because of data constraints, such as insufficiency of numerical data or common indicators, rigorous quantitative analyses were not possible. Hence, the analysis is based on qualitative data.

For the study, JICA organized a task force whose members have health-project experience. Members were interviewed and involved in periodical discussions held during the course of the study, which contributed to reflecting their awareness based on their experience and were fed back with study results during those discussions and interviews. The applied approach of the evaluation may hinder the objectivity of the analysis; however, it was useful to grasp the overall tendencies of problems, lessons and so forth.

② **Case Studies**

For case studies, the evaluation team interviewed people concerned with the projects.

4-3 Evaluation Results

(1) Meta-Analysis: Recounting of Problems

1) Patterns of Problem Occurred

This section looks at the following six categories of problem/issues identified in evaluation reports: (1) planning, (2) material & facilities, (3) counterparts, (4)ripple effect, (5) usage of transferred techniques, and (6) awareness-raising activities.

① **Problems Concerning Planning**

Projects in the Population and Health sector tend to have many stakeholders with complex relationships. In order to achieve the project purpose, it is necessary to focus efforts on the social and institutional aspects of a project as well as on the technical aspects. As this requires a complicated project plan, it is very important to define the "Project Purpose" and "Outputs" clearly and to conduct an evaluation objectively.

② **Problems Concerning Materials & Equipment**

In this category, there are three problems; i.e., the delayed delivery, their compatibility with the use, and insufficiency of operation and maintenance budgets. Evaluation reports often raise concern over the last issue from the view of sustainability.

③ **Problems Concerning Counterparts**

Many reports refer to the commitment of the counterparts toward the projects. The lack of initiative on their part and reshuffling of personnel often impede the project effects.

④ **Problems Concerning Ripple effect**

There are cases with no consensus among the related personnel as to whether a project should aim at and plan for "ripple effect" as a part of its activities or not, thereby causing confusion. Some of the personnel believe that the projects should focus only on direct influence on the target group, while others believe that they should treat the project achievements as a model to be promoted over a broader area (this is usually called a "ripple effect").

⑤ **Problems Concerning the Usage of Transferred Techniques**

JICA is making efforts to contribute to an increase in the number of healthcare personnel and to improve their quality in the recipient countries. However, there is fluctuation in terms of the relevance of transferred techniques and their quality.

⑥ **Awareness-raising Activities**

Many projects include the provision of information, education and communication as part of the activities. However, there are hardly any evaluation reports evaluating their output and effects.

2) Problems Analysis by Project Profile

In the review of evaluation reports of target projects, the common problems of a project implementation process were identified for each of projects grouped by the four project profiles; i.e., cooperation scheme, sub-sector, activity type and country/region.

① **Problem by Cooperation schemes**

In the aspect of cooperation scheme, the projects were categorized into four groups; i.e., Project-type Technical Cooperation, Grant Aid, In-country/Third-country Training, and Dispatch of Japan Overseas Cooperation Volunteers (JOCV). The frequency in the occurrence of the

six problems is summarized in the Table4-15 below. The results show that "(3) counterpart" related issues are always a problem influencing project effects, excluding the cases of Grant Aid, where there are no counterparts. In cases of Project-type Technical Cooperation and Grant Aid, "(2) material & equipment" is an important problem area.

② Problem by Sub-sector

In the aspect of sub-sectors, the projects were categorized into groups, such as, "infectious diseases", "population" and "reproductive health". There was no significant tendency observed in the frequency of problem occurrence. This may have been caused by following factors: the definition of each sub-sector is unclear, the evaluation reports do not often mention technical issues and thus provide little information that serves to identify differences by sub-sector.

③ Problem by Project Approach (Concentrated and Dispersed)

In terms of project approach, the projects were categorized into two groups, i.e., "Concentrated type" and "Dispersed type". The former refers to project activities carried out at a specific site, such as at hospitals and research institutes. The latter, on the other hand, refers to activities carried out over a wide area, as in case with public health and community health care projects. The frequency in the occurrence of the six problems is summarized in the Table4-16.

The difficulties or problems of concentrated-type projects lie in transferring and settling techniques to improve quality, while those for dispersed-type projects are in promoting a method/service/system over a wide area. This difference seems to be causing the difference in the frequency of problem occurrence as well as the awareness of parties concerned. That is, the former tends to have issues on technical transfer and its actual use, and thus the concerns are shared among those involved over whether there is a ripple effect and the level of utilization of transferred techniques. Conversely, the latter poses challenges on how to interact with local residents, social and cultural background, and, hence, members tend to care more for activities that raise awareness of the local community.

④ Problems by Countries and Regions

Although the evaluation team categorized the projects by countries and regions, it could not identify any significant tendency in problem occurrence.

(2) Meta-Analysis: Statistics Analysis

1) 48 Items for Evaluation and Their Rating

The evaluation team set 48 items and analysed 55 evaluations. Each case was rated on a five-point scale for each of the 48 items. The average score and standard diviation of 55 evaluations for each of the 48 items are showed in the Table4-17.

The items with a low standard deviation indicate that these items tend to have common problems or characteristics across projects. The items with a high standard deviation refer to the issues whose of problem occurrence depends on the project. For example, problems concerning training participants (No.12, 13), and budget/finance (No.23, 24), whose standard deviation is low, are considered to be common and structural problems applicable to many projects. These may require fundamental solutions. On the other hand, operation and maintenance of the materials and equipment (No.31), which have a high standard deviation, is regarded as an area where some projects have serious difficulty but others do not. These are the issues which the people in charge of each project need to seek counter measures, respectively.

2) Causality of Planning, Activities and Achievements

In order to clarify the causal relationship among the 48 items, the evaluation team analyzed the correlation among the following items, hypothesized as each group of items representing "Planning", "Activity" and "Achievements".

Table4-15 Frequency of Problem Occurrence by Cooperation Scheme

Problems/Issues	Cooperation Types			
	Project-type Technical Cooperation	Grant Aid	In-country- & Third-country-Training Program	Dispatch of JOCVs
(1) Planning	***			
(2) Material & Equipment	**	***		
(3) Counterparts	***		***	***
(4) Ripple effect		**	***	
(5) Usage of transferred techniques				
(6) Awareness-raising activities				

***: Very frequent **: Frequent

Table4-16 Frequency of Problem Occurrence by Project Approach

Problems/Issues	Project Approach	
	Concentrated	Dispersed
(1) Planning	**	***
(2) Material & Equipment	***	***
(3) Counterparts		
(4) Ripple effect	***	
(5) Usage of transferred techniques	***	***
(6) Awareness-raising activities		

***: Very frequent **: Frequent

● **Representing items for 'Planning'**
"Beneficiary selection (No.1)", "Project purpose setting (No.2)", "Consistency with the National Policy (No.3)" "Consistency with ODA Policy (No.4)"

● **Representing items for 'Activity'**
"Contents of input (No.9)", "Contents of activities (No.15)", "Collaboration (No.30)", "Enthusiasm of the staff (No.21)"

● **Representing items for 'Achievements'**
"Accomplishment degree (No.46)", "Utilization degree (No.47)", "Impacts (No.48)"

The result of covariance structure analysis (Figure4-3) shows the probability level at 0.234, which is not sufficient enough to fully support the hypothesis. However, it is possible to draw the following conclusions, on the basis of the obtained correlation coefficients, which are showed in the figure as the numbers alongside the arrows.

"Activities" and "Achievements" are highly correlated with a coefficient of 0.83. The score of "Activities" is defined by "Contents of input", "Contents of activities", "Collaboration" and "Enthusiasm of the staff", the former two, in particular.

Hence, 'Achievements' is defined mainly by "Contents of input" and "Contents of activities".

(3) Case Studies

1) Maternal and Child Health Project in the Kingdom of Cambodia

① Project Outline

Japan started cooperation in Cambodia in the health sector in 1992 with the dispatch of an advisor to the Ministry of Health to study the country's overall health condition and the possibility of Japanese cooperation. In November, 1993, Cambodia formulated the National Policy on Maternal and Child Health and established the National Maternal and Child Health Center (NMCHC) to implement the policy. Japan provided a Grant Aid for the construction of NMCHC facilities, and in 1995, launched a five-year Project-type Technical Cooperation to improve

Table4-17 The Summary of the evaluation on the 48 items

No.	Items	Average Score	Standard Deviation	No.	Items	Average Score	Standard Deviation
1	Beneficiary Selection	3.491	0.735	25	Decision Making Process	3.105	0.772
2	Project Purpose Setting	3.614	0.750	26	Activity Status	3.491	0.685
3	Consistency with National Policy	4.000	0.802	27	Dissemination of Transferred Techniques in the country	3.105	0.880
4	Consistency with ODA Policy	3.632	0.957	28	Ripple Effect in the neighboring area	3.281	0.940
5	Technical Superiority of Japan in the field	3.140	0.581	29	Information Management	3.000	0.732
6	Fairness of Resource Allocation	3.456	0.734	30	Collaboration	3.228	1.000
7	Scale of Cooperation Plan	3.140	0.480	31	Maintenance and Management of Provided Equipment	2.983	0.896
8	Target Area Selection	3.561	0.732	32	Number of Patient Beneficiaries	3.105	0.489
9	Contents of Inputs	3.404	0.799	33	Health care	3.316	0.659
10	Number of Dispatched Experts	2.842	0.649	34	Cost Burden by Beneficiaries	2.965	0.499
11	Specialized Area of Dispatched Experts	3.246	0.714	35	Development of Legal System	3.088	0.391
12	Number of Training Participants	2.877	0.569	36	Care for gender issue	3.298	0.597
13	Selection of Participants	2.895	0.646	37	Care for Human Rights	3.140	0.398
14	Capacity of Counterparts	3.211	0.796	38	Care for Wealth Gap	3.140	0.441
15	Contents of Activities	3.456	0.734	39	Care for Environment	3.070	0.320
16	Timing of Input	2.983	0.834	40	Collaboration with Other Donors	3.088	0.931
17	Continuity of Policy Support	3.158	0.882	41	Utilization of Feedback	2.860	0.611
18	Spare Parts	3.140	0.789	42	Political Turmoil	2.684	1.020
19	Personnel Allocation	3.105	0.673	43	Economic Crisis	2.719	0.978
20	Number of Staff	2.807	0.480	44	Natural Disasters	2.386	0.940
21	Enthusiasm of Staff	3.579	0.778	45	Publication Effects of Aid	2.860	0.766
22	Budget Assurance	2.983	0.744	46	Accomplishment Degree	3.702	0.706
23	Financial Independence	2.877	0.653	47	Utilization Degree	3.807	0.854
24	Financial Management	2.983	0.767	48	Impacts	3.684	0.760

its management system. The major activities are listed below.

- Improvement of capacity on maintaining and managing hospitals: Establishment of independent management division, nursing division, and various committees, Introduction of new systems (e.g., registration of patients).
- Human Resources Development: Training for midwifes and doctors in state hospitals, Local promotion of the training
- Improvement on the level of clinical medicine: Education within the hospital (e.g., Introduction of magnesium treatment, reeducation on proper usage of Oxytocin), Expansion of case examination meetings
- Awareness-raising Activities: Antenatal care, maternal classes, expansion of education on postnatal care, distribution of pamphlets on nutrition.

② **Evaluation Results**

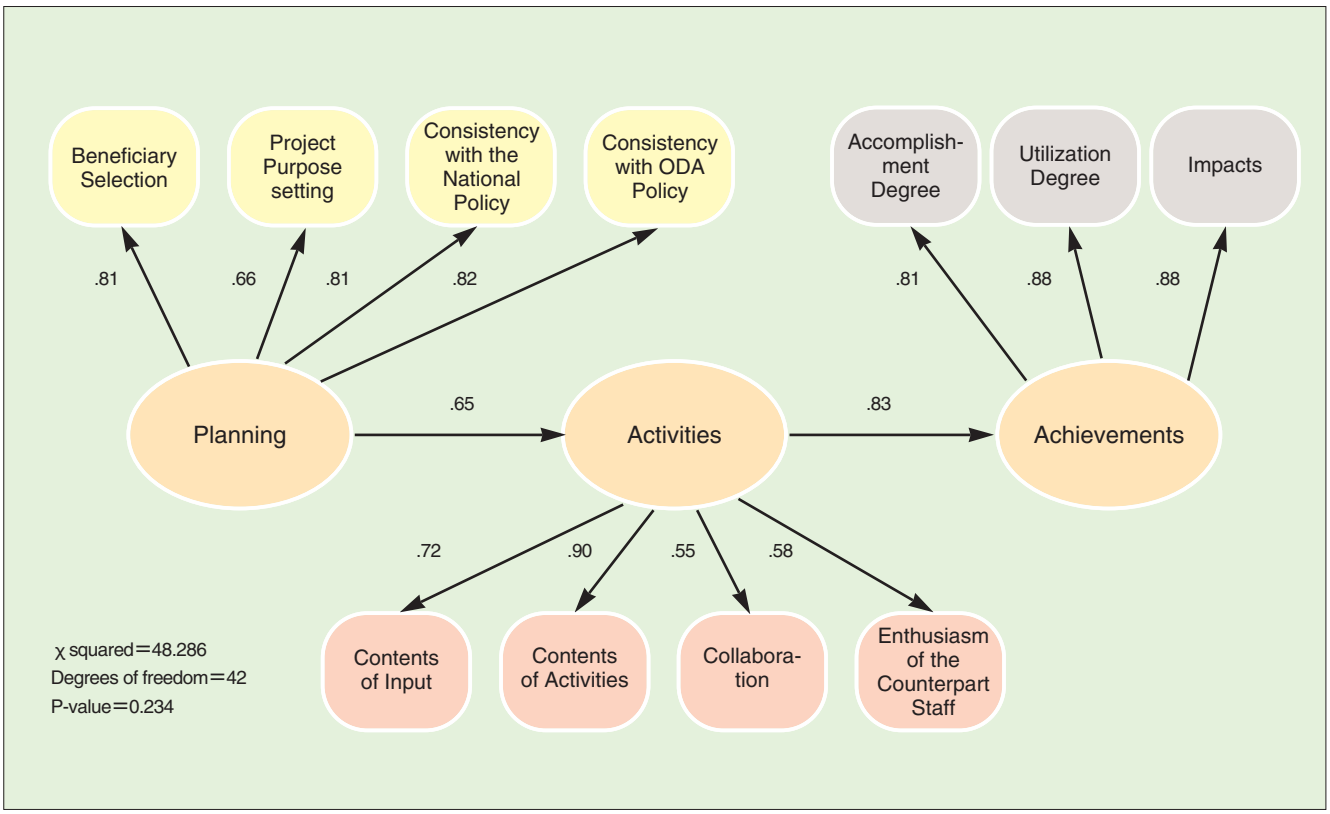
This project had a clear concept, which was "technical transfer and reinforce ownership relating to maternal and child health", throughout the implementation period. It contributed to the project success, causing a synergy effects with the following factors; (1) Clear positioning of the Project in the country's health policy and division of roles with other donors; (2) Clearly-delineated plan; (3) Commitment and support of the supporting committee in Japan for activities from project formulation to the expert dispatch and acceptance of the trainees; (4) Emphasis on the project management; (5) Introduction of a system for fair burden on beneficiaries to ensure the project's sustainability; (6) Introduction of modern facilities and equipment through Grant Aid.

2) Primary Health Care Project in the Kingdom of Nepal

① **Project Outline**

The local government of Saitama Prefecture in Japan held the "Saitama Public Health Summit" with WHO in 1991. This project was launched as a follow-up of this summit, setting the two districts of Bhaktapur and Nuwakot in the Kingdom of Nepal as target areas. This was the first case for a Japanese local government to have its public health department dispatch experts to a JICA project on a continuous basis. The major activities are listed below.

Figure4-3 Causality of Planning to Activities and Outcomes



- Baseline studies: e.g., practices and behavior relating to health at the household level, awareness of health facilities
- Strengthening of information collection and processing abilities of district hospitals, health offices, health posts (HP), Village Development Committees (VDC)
- Repair of HPs and installation of equipment
- Strengthening of collaboration between the hospitals and HPs in the field of pediatrics, maternal and child health care: e.g., health checkups for children under five years of age, periodic prenatal checkups, development of maternity passbook (conducted in the Bhaktapur district)
- Introduction and implementation of a drug scheme (Medication Supply Plan)
- Surveys on eating habits, water quality (conducted only in the Bhaktapur district) and nutrition guidance
- Implementing and providing information on health and hygiene and education activities using "health education cars"

② Evaluation Results

The project was a "first case" of support by one of Japanese local governments rather than the central government. This provides us with opportunities for reflection and drawing lessons together with the fact that the project activities covered a wide range of topics.

For instance, the project experienced difficulty in narrowing down the approaches and activities partly due to insufficient attention on the institutional and geographic constraints, political environment and needs of the local community, at the time of planning.

In addition, as PDM was not formulated initially, the results of the baseline studies were not utilized in monitoring, reviewing of the project plan, and evaluating the project.

4-4 Lessons Learned

(1) Lessons Learned from the Case Studies

1) Participation in Policy Formulation and Division of Roles among Other Donors

In order to maintain the consistency with the national policy of the recipient countries, JICA held discussions with their high level officials of the recipient country and WHO on the overall picture of the healthcare sector, in two projects subjected to case study. Based on the discussions, JICA focused on the fields where Japan is strongly positioned and should be supported by ODA, while dividing roles with other donor countries. These preparatory discussions provided the projects with a foundation for smooth implementation of the projects, both in terms of personnel and facilities. Hence, the importance of the following was identified; the preparatory period which enables understanding of the recipient country on planning and implementation, and clear division of roles with other donors.

2) Clarification of the Position of the Project and its Approach

In order to ensure the achievement of project purpose, unerring judgments at the initial period play a crucial role: e.g., clarifying the position of a project in the country's overall policy by participating from the policy formulation, making the direction and purpose of the project clear from the stage of planning, and structuring the project activities logical enough to attain those purposes.

3) Emphasis on Project Management in the Implementation Stage

Japanese experts' capability in negotiations, coordination, administration and management at the project site is the key factor for project performance, more than their technical knowledge, skills and experience as experts, in cooperation projects in developing countries.

4) Emphasis on Management that Ensures Sharing Project among Parties Concerned and Raising Ownership

In order to secure sustainability, the consensus must be shared among the parties concerned that the project is not for research and medical examination by Japanese experts but for their educating counterparts (local health personnel). To raise the ownership of counterparts, it is important for the experts to reflect and utilize their comments in improvement of the system, through such occasions as deciding the rules of the workshops and the beneficiary payment system.

5) Approach toward Structural Factors Preventing Assignment of Counterparts

A tight state budget makes it difficult to secure counterparts. Under such circumstances, the key to stable project management would be to take such approaches as introducing a beneficiary payment system with a certain part of the income used to pay wages in order to ensure staff remuneration and other management expenses.

6) Enhancement of Support System in Japan

It is useful for effective project implementation to secure a support system in Japan for selecting the experts to dispatch, providing information in advance, and accepting training participants. Securing the condition to monitor the project and immediately coping with its problems are also significant.

7) Efficient Implementation of Counterparts Assignments

The assignment of counterparts is sometimes difficult because of factors such as installation of a new policy and organizational reform. In case the implementing organizations cannot cope with the issue by itself, JICA should consider an alternative plan at an early stage and ensure efficient project implementation.

8) Clarifying the Positioning of Baseline Studies

Although baseline studies are important to formulate a detailed plan based on the status of the target area, the methods applied and the time consumed for this must be balanced taking the use of its results and functions in the project into account.

(2) Lessons to Improve Project Management

This study was aimed at improving the quality of evaluation study and examined the project management methods for monitoring and evaluation used in 55 evaluations in the population and health sector. The lessons below were learned through this study.

1) The PDM has become a common document or tool for planning, monitoring and evaluation. However, some PDMs represent vague logic in terms of the relation between "Outputs" and "Project Purpose" and others document "Project Purpose" without sufficient considerations. There were also projects where the PDM was formulated but not reviewed or utilized during the implementation. JICA needs to improve the quality of PDMs and ensure their full utilization.

2) Although JICA makes it a rule to conduct internal monitoring every six months for each project, it does not have a unified method, content and feedback methods. JICA must standardize the monitoring methods and share them so that the personnel concerned can share and cope with problems better.

3) There are many sub-sectors in the population and health sector, such as "infectious diseases" and "family planning". The projects under such sub-sectors can be composed of various activities according to their purpose and target levels. However, in order to grasp the issues and ensure quality and efficiency, those project components should be standardized to some extent as packages for each sub-sector.

4) In order to improve project management, JICA should promote the exchange of information among the people concerned in various projects.

5) It is worth considering production of a reference material consisting of "good practices", case studies and well-written PDMs.

Summaries of Other Program-level Evaluations

Evaluation of NGO Collaboration Projects (Indonesia)

Outline: In collaboration with NGOs, JICA has become active recently in projects that directly benefit the people in the area. The evaluation method, however, has not yet been established for these projects. JICA and the NGOs have conducted a joint evaluation survey on "Technical Cooperation Project for Improvement of District Health Services in South Sulawesi" in Indonesia as a trial evaluation. The project was among the development and welfare support projects that JICA commissions to local NGOs; and a local NGO was appointed to do the project. Project participants were instructed to improve organization and economic activities through a self-supporting group organized by local people and to increase the income of people living in poverty in South Sulawesi by improving the network among concerned organizations.

Results: In line with the DAC's Five Evaluation Criteria, the project was evaluated to have met the needs of its beneficiaries and the government of Indonesia. Therefore, the value of doing the project is high. The project's approach, however, indicated that some of its content did not necessarily reflect proactive decision making by the local people. Looking at effectiveness, project purposes were mostly met, though there was some disparity among different groups. The other three criteria efficiency, impact, and sustainability were all given a generally high evaluation. Regarding operation and the management system, it was found that fostering resident organizations and improving operation and management capabilities of economic activities in groups was achieved to a high degree, although the progress of each activity varied. The local NGO improved operation and management capability through the project.

For future NGO collaboration projects, there are three main lessons leaned from this evaluation study: (1) It is necessary to include activities that improve the capability of NGO staff in case they do not have sufficient skills or techniques, (2) Community development includes activities performed directly by the people in the community, and such activities are expected to be solved not by the NGO but by the people themselves supported by the NGO, and (3) When evaluating NGO collaboration projects, the evaluation should be brief, focusing on relevance, effectiveness, and efficiency in a terminal evaluation done from the viewpoint of the taxpayer. One to two years after completion of the project, the project should be evaluated in detail, focusing on sustainability and impact to draw lessons for use in future project planning and review.

Commercial activities in Community Empowerment Program in South Sulawesi.

Evaluation of NGO Collaboration Project (Viet Nam)

Outline: In addition to cooperation through the central government to meet the various needs of developing countries, JICA has been active in collaborations with NGOs that have a grass roots network in the target area that enables them to directly support the improving of local living standards. There are two types of projects in JICA: The Community Empowerment Program conducted in collaboration with local NGOs and the JICA Partnership Program conducted in collaboration with Japanese NGOs. These are distinctive from other cooperation schemes in the following ways: (1)JICA implements collaboration projects with NGOs, (2) JICA entrusts NGOs with the whole project operation, including its management, under a blanket contract, and (3) In the JICA Partnership Program, JICA sometimes "offers" the recipient country the project plan based on proposals submitted by Japanese NGOs. This study takes three projects implemented in Viet Nam as case studies to verify to what extent the objectives of these schemes had been achieved, their advantages and disadvantages, and the lessons for future improvement and development of similar projects.

Results: The three projects targeted for the study had accomplished or were expected to accomplish their respective objectives. This is mainly because JICA designated the organizations that had proposed the projects as the implementing organizations, enabling the following: The implementing organizations were able to provide its own know-how and philosophy, the projects were developed with the participation of residents in cooperation with the recipient country's government, and the projects presented a clear "withdrawal strategy" to the recipient countries. On the other hand, JICA, in partnership with NGOs, could proactively work on those projects featuring a participatory approach. Also, JICA was able to take advantage of preceding NGO activities in the recipient countries to target such issues as adult literacy education, nutrition improvement, and cultural property preservation, as well as to expand those efforts as NGO-JICA collaboration projects. To further develop ODA projects, JICA should push information sharing with NGOs and reinforce the function for selecting quality projects in order to fully make use of the merits of the Partnership Program such as proposal and implementation package.

Evaluation and Analysis Study on Dispatch of Japan Overseas Cooperation Volunteers

Outline: JICA has been developing the "team dispatch" program as part of the Japan Overseas Cooperation Volunteers (JOCV) Dispatch Program. The JOCV "individual dispatch" program dispatches one volunteer to the designated place to individually perform an activity. The "team dispatch" program dispatches a team of two or more volunteers whose activities aim at achieving the common objective of developing the local economy and society and improving local living standards. This cross-sectional evaluation survey evaluating six team dispatch projects in the Philippines, Thailand, Senegal, and Malawi was conducted to improve the effectiveness and efficiency of the Team Dispatch Program. Considering that the focus is volunteer projects, this evaluation was conducted from the three perspectives of project effect, human resource development, and mutual understanding.

Results: Team dispatch projects, that attained clear project planning and fostered ownership within the counterpart organizations accomplished their respective objectives to a great extent. Compared to individual dispatch projects, team dispatch projects had the advantage of larger inputs and thus could have a more significant impact on the beneficiary countries. The team dispatch projects are more appealing because they directly approach the local people who more readily appreciate their benefits, which, in many cases, promoted sustainability.

From the perspective of human resource development, ex-volunteers of team dispatch programs, who tend to work more in the international cooperation field, acquire management capacity and leadership.

From the viewpoint of mutual understanding, team dispatch volunteers are slightly less willing to introduce Japan to the people of the recipient countries. Due to the great impact of the cooperation itself, however, many local people understand and become friendly toward Japan. At the same time, it was pointed out that the supporting system and management methods for the team dispatch volunteers were basically the same as individual dispatch. It is necessary to develop a system for team dispatch projects that includes the establishment of a Steering Committee in Japan for projects and for the recruitment system for volunteers.

For more effective and efficient management of team dispatch projects, the evaluation study pointed out the following lessons learned: (1) Lessons for the planning stage stress the importance of sufficient advance research and selection of target areas that have significant needs, (2) Lessons for the implementation phase stress the importance of development of an effective back-up system, and (3) Lessons for the project evaluation stage stress the importance of viewpoints from participatory evaluation and the need to ensure the feedback system for evaluation results.

Focused Group Interview with targeted youth group of JOCV Team Dispatch "Medical Project at Goudiry in Senegal".

Evaluation of "JICA–USAID Collaboration"

Outline: Under "the Common Agenda for Cooperation in Global Perspective (the U.S.-Japan Common Agenda)" issued in 1993, JICA has been promoting collaboration with the United States Agency for International Development (USAID), in several fields including "Population/Health", "Women in Development (WID)", "Global Environment Protection" and "Civil Society and Democratization". The framework of the U.S.-Japan Common Agenda was completed due to the change in U.S. Administration in 2001. As U.S.-Japan collaboration has reached a turning point, JICA conducted the study to confirm the cooperation scheme, achievements, and impeding factors of JICA-USAID collaboration and to discuss the future direction of JICA-USAID Collaboration. Since many of the projects targeted for this study were still under implementation, the evaluation study focused on effectiveness, relevance, and coordination effects.

Results: Collaboration on Cooperation has been implemented between the Japanese government and the US government and between JICA and USAID respectively to develop a cooperation system in countries where it has not previously existed. As a result of the cooperation system, the content and activities of the cooperation have been refined through the mutual support in areas where one of the two has better expertise, knowledge was shared between both parties, and project scales (especially target group) were expanded. The evaluation study also found the advantages and disadvantages of Japanese ODA by comparing them with those of USAID. In addition, the study found that JICA-USAID collaboration systems and frameworks need to develop a effective implementation system based on mutual understanding, such as a consistent follow-up system, and a system for sharing experience and knowledge. JICA would need to enforce such efforts to reform organizational structures and gain understanding from other donors about Japanese ODA schemes.

Country-focused Group Training

Outline: In order to meet various development needs, which differ in each developing country, and pursue effective cooperation, JICA has a strategy to promote a country-specific approach. Based on this strategy, JICA has increased the number of "Country-focused Group Training Programs" aimed at coping with particular development issues of a country at a given point in time in which JICA accepts multiple participants (i.e. trainees) from one country. JICA, however, has not conducted evaluations of its achievements and on the status quo of these programs. Consequently, to effectively use programs promoting a country-specific approach, this evaluation analyzed the current implementation status of Country-focused Group Training as well as its effects and promoting and impeding factors.

Results: Country-focused Group Training Programs have a comparatively large number of participants, all from the same country, who simultaneously work for organizations related to each other and in line with the country's development policy and needs. The advantage of this type of training is that participants working close together in their country can use the skills and knowledge they acquire to tackle issues as a group, which is different from other training schemes where the participants work individually. Although the training should aim for a "group effect", it has not yet been formally recognized within JICA. Therefore, there is no concrete guidance to help a training course to practically achieve the "group effect" through better design and management.

In order to use Country-focused Group Training more effectively, it is necessary to clearly position a Country-Focused Group Training, aiming at producing "group effects", as a component within the whole picture of a cooperation plan. The study presents several "types" of positioning in the plan. Furthermore, it is necessary to clarify the objectives of cooperation, improve the selection process of applicants, and enforce information gathering for curriculum development based on the position of the Country-focused Training Course within the whole cooperation context.

Country-focused Group Training on "Support for Reform of National Police in Indonesia". Crime lab staff demonstraing the collection of footprints by gypsum to participants from Indonesia.

Evaluation of Joint Japan-Canada Peace-Building Program

Outline: At the "Joint Canada-Japan Peace-Building Symposium" in 1999, held in Tokyo, it was agreed to conduct joint review of public and private sectors peace-building projects of the two countries to share experience between Japanese and Canadian governmental organizations and NGOs as a way to improve the quality of their peace-building projects and strengthen cooperation. The joint review project, called the Joint Canada-Japan Peace-building Learning Project, was divided into three phases. For its evaluation, the on-site survey in Cambodia, Phase 3 of the learning project, mainly targeted eight of JICA's relief and recovery projects and three of the projects implemented by Japanese and Canadian NGOs in Cambodia. The learning project aimed to learn lessons and recommendations from two points of view for future reconstruction assistance on peace-building activities: (1) What was the impact on reconstruction and peace-building?, and (2) How did the planning and implementation stages of the project contribute to the project? The learning project in Cambodia applied the "Japanese Peace and Conflict Impact Assessment (JPCIA) framework, which the Japanese side was developing, on a trial basis, in order to study the applicability of, and further improve, the methods at the on-site level.

Results: Since the concept of peace building itself is quite a new idea, the eight JICA projects taken as case studies did not have peace building as their project purpose. However, the project's set purpose and overall goals are consistent with the needs of reconstruction and relief defined in the JPCIA. In addition, it is difficult for a project to have an impact on peace-building since the significance of the impact differs depending on when and under what circumstances the project was implemented. Moreover, it was difficult to verify which individual projects made the impact since many donors beside Japan have supported Cambodia in related fields.

The project in Cambodia have shared three positive features of Japanese recovery and relief projects in Cambodia: (1) The projects were implemented at an earlier stage than other organizations after the peace agreement, with Japan having an especially high profile in the areas of infrastructure development and in initiatives in new fields such as tuberculosis countermeasures and formulating laws and regulations, (2) the project focused its target areas on Phnom Penh and its surroundings due to safety concerns, and (3) when implementing projects, Japan paid attention to the recovery of human resources lost in the conflict and accomplished specific results in human development and organizational enforcement.

Considering the applicability of JPCIA, the learning project confirmed that it was highly effective from two points in particular: (1) Deriving the needs of relief and recovery in order to link them to development and recurring factors after the conflict, and (2) The checklist, for peace-building and prevention of conflict recurrence, which should be considered when formulating or implementing a project, made it possible to consider indirect impacts that were not thought to be necessarily related to peace-building/post-conflict projects, such as infrastructure development and disease countermeasures.