JICA Program Evaluation

"Program for the Improvement of Health Status of People Living in Upper West Region" in Ghana

1. Summary of Evaluation Study

(1) Background and Objectives

Upper West Region is one of the three poor northern regions in Ghana, and the health conditions of children and pregnant women there are considered the worse among the country's 10 regions, making the improvement of access and quality of health services a major issue. The Government of Ghana launched the national program of "Community-Based Health Planning and Services" (CHPS) for the purpose of providing its people with easy access to basic health services. The program intends to build 190 clinics for CHPS[12] in the Upper West Region by 2010. However, there were only 24 CHPS clinics in service as of 2006, suggesting that access to health services in the region remains difficult.

To cope with this situation, in 2005 JICA conducted a joint preliminary study with grant aid, a technical cooperation project, and Japan Overseas Cooperation Volunteers (JOCV), and also began formulating a program for improving the health of the region's residents. However, since the needs survey has not gone through the formative process of "problem analysis, purpose analysis, and selection of an organic combination of projects effective for problem solving," evaluating the program strategy has limitations.

This evaluation study was conducted for the purpose of drawing up recommendations regarding a review of scenario, as well as operation and management toward strengthening the strategy of the "Program for the Improvement of Health Status of People Living in Upper West Region." Since the only project being implemented among those constituting the program at the time of this evaluation study was the technical cooperation project, and because the program was at a stage where its outcomes were not yet generated, this evaluation study focused on program "positioning" and "strategy."

(2) Evaluation Study Period and Team

1) Evaluation Study Period

From December 2006 to March 2007
(Field study: January 20 - February 4, 2007)

2) Evaluation Study Team

With JICA's Regional Department IV (Africa) as a supervising body, an Evaluation Study Committee composed of the Ghana Office, JICA's related departments (Planning and Coordination Department, Human Development Department, Grant Aid Management Department, Secretariat of the JOCV, Training Affairs and Partnership Promotion Department, and Institute for International Cooperation), senior advisor, external advisors (evaluation advisors), and consultants was established. A final report was prepared based on discussions at the committee and the results of a field study.

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(3) Scope of Evaluation

The "Program for the Improvement of Health Status of People Living in Upper West Region" (Fiscal 2005-2009) is intended to improve the health status of residents of the Upper West Region through improved access to health services and health improvement activities undertaken by those residents. Table 3-7 lists the four projects that constitute the program.

At the first stage of the program, the technical cooperation project (i) fosters administrators and community health officers (CHOs) involved in CHPS, (ii) improves the referral system[13] among hospitals, and (iii) strengthens the regional health system through community-based improvement of living conditions, such as sanitation and nutrition, undertaken by JOCV, with the participation of residents. At the second stage, the outputs achieved by JOCV in the first stage are spread to other districts, thus improving the health status of Upper West Region residents. Grant aid aims to upgrade the medical service system (including the referral system) and educational environment by providing health equipment and materials to primary and secondary medical institutions, and training schools for nurses by 2007. At the middle stage of the program, coordination experts become involved for giving feedback concerning coordination of the program, policies, and systems for program outcomes and related systems at the central government level.

(4) Evaluation Period Covered

From fiscal 2005 to 2006

2. Current Situation and Activities of the Health Sector in Ghana

(1) Development Issues and Policies

In Ghana's health sector, infant mortality, maternal health, HIV/AIDS, malaria, and the outbreak of other infectious diseases remain primary development issues.

12. Each district was divided into zones and the Community Health Committee (CHC) led by community leaders was established in each zone. Each CHC takes the initiative in building clinics and stationing a community health officer (CHO) in their zone. The officer visits each household, giving health guidance and basic medical treatment, or making referrals to a doctor where necessary.
13. Health and medical institutions in Ghana are divided into primary institutions (CHPS public health centers, clinics, maternity clinics, district hospitals), secondary institutions (regional hospitals), and tertiary institutions (educational hospitals). The country has a system of transferring serious cases from low-ranking hospitals to high-ranking hospitals, with high-ranking hospitals supervising low-ranking hospitals and providing counseling and training.

Table 3-7 Constituent Projects of "Health Improvement Program for Upper West Region Residents" in Ghana

	Constituent Projects	Implementation Period	Summary
1	Project for the Scaling up of CHPS Implementation in Upper West Region (Technical Cooperation Project)	March 2006 - February 2010	This is aimed at improving access to basic health services for residents by expanding the health clinics, based on national policy. Its activities include upgrading the capabilities of district health officials, training community health nurses (CHNs), promoting citizen participation, and improving the referral and supervisory systems.
2	The Project for Improvement of Medical Equipment in Upper West Region (Grant Aid)	May 2006 - December 2007	The purpose is to improve the region's health services centered on primary and secondary health by providing medical equipment to regional and district hospitals, health centers, and CHN training schools. It is also aimed at helping to foster CHNs to be dispatched to health clinics by providing medical equipment to training schools for CHNs. Contents of the project include providing medical equipment to regional/district hospitals and health centers, educational equipment and materials to CHN training schools, and ambulances and radio communication systems.
3	Japan Overseas Cooperation Volunteers (Program members)	April 2007 - December 2008	In addition to giving support for health workers including CHNs, they contribute to strengthening regional health services by providing support for regional residents, such as running community health committees and improving residents' lives and sanitation.
4	Experts on Aid Coordination	August 2007 - December 2008	They will be dispatched for the purpose of improving the policies and systems related to the expansion of CHPS. They will help coordinate at the central government level to implement the program, and give feedback concerning policies and systems for the outcomes of program implementation.

The infant mortality rate and under age 5 mortality rate in the Upper West Region not only exceeded the national averages by substantial margins, but also became worse. With the rate of malnourished children at 25.9 percent, the region ranks third highest among all 10 regions. The lack of health personnel, poor health infrastructure, inadequate medical equipment, and lack of transportation are considered the major factors.

To address these problems, the Ghanaian government in its higher-level policy paper "Ghana Poverty Reduction Strategy" called for enhanced access to health services and the prevention of malaria and HIV/AIDS as the three most important agendas for the health sector, and devised detailed strategies to address these needs. The "Second Health Sector 5-Year Program" (2002-2006), calling for a policy goal of "all Ghanaians making effort in cooperating to enjoy fairness and good health," clearly expresses five strategies to achieve the goals of: 1) improving the quality of health services, 2) expanding access to health services, 3) enhancing the efficiency of providing health services, 4) fostering partnerships to upgrade health and medical services, and 5) improving financial resources for health.

(2) Efforts of Other Aid Agencies

The major aid agencies, in line with the above national plans, are providing assistance focused on improving access and quality of health services, as well as eradicating HIV/AIDS. In the Upper West Region, Danish International Development Assistance (DANIDA), the United Nations Children's Fund (UNICEF), and United Nations Population Fund (UNFPA) are giving assistance aimed at expanding access to health services and upgrading the quality thereof. In 2006, UNICEF launched an intervention package ("Program for Accelerated Child Survival and Development (ACSD)") and a national strategy to reduce incidents of disease and mortality/malnutrition rates among children, aiming to implement it at the national level by 2010. In the reproductive health sector, UNFPA is providing a district-level health authority and Ghana Health Services (GHS), with assistance focused on emergency care services for pregnant women. DANIDA allocates 75 percent of its assistance to general support and 25 percent to the national health insurance budget program, which is mainly used to train district-level staff for the national health insurance system.

(3) Efforts of Japan

Japan's assistance performance for Ghana in the health and medical sector after fiscal 2005 included the (i) provision of polio vaccines by grant aid, (ii) the improvement of regional health services, parasitic diseases control, and eradication of Guinea worms by a technical cooperation project, (iii) construction of maternal and child health centers, and provision of mosquito nets through Grant Assistance for Grass-roots Human Security projects.

Cooperation in the Upper West Region began with a joint preliminary study of grant aid, technical cooperation, and JOCV in May 2005 after the on-site preparatory study in November 2004. In December 2005, a record of discussions on the technical cooperation project was exchanged, and the project was launched in March 2006. Then the program implementation plan (draft) was formulated in November 2006.

3. Evaluation Results

(1) Program Positioning

1) Japanese Policy

The "Japan's Country Assistance Program for the Republic of Ghana" (revised in September 2006) views the "revitalization of rural areas" and "fostering of industry" as the important issues and sets up four strategic programs. This program is positioned as one targeting the "improvement of regional health and infectious disease control," seen as important areas of cooperation under the "program for improving basic living conditions in poverty areas," one of the four strategic programs noted above.

The principal policy of the "JICA Country Program for the Republic of Ghana" (revised in March 2006) is to provide cooperation focused on areas related to the poor and cooperation in which assistance can reach local residents. The "JICA Regional Program for Africa" calls for health and medical services as an overriding issue.

As stated above, this program deals with the stated overrid-

ing issues in pursuing Japan's higher-level policies and JICA's assistance policies.

2) Development Planning of the Ghana Side

In this survey, "The Ghana Health Sector 5 years Programme of Work 2002-2006" and "Growth and Poverty Reduction Strategy II" (GPRSII: 2006-2009) are considered development programs that become the basis of "positioning." The purpose of this program conforms to "improving the quality of health services" and "expanding access to health services," two of the five strategies prescribed in "The Ghana Health Sector 5 years Programme of Work 2002-2006." This 'programme' treats "reproductive health and the maternal and child health sector" as one of the 10 priority sectors, citing as its strategies "support for the implementation of CHIPS" and "establishment of an effective referral system," which are the main activities of this program.

The "Growth and Poverty Reduction Strategy II" lists "access to health services" as one of three overriding issues and based on these issues, calls for "improvement of CHPS" and "expansion of community-based health services" as its strategies to address these issues. As seen above, the program is not only consistent with the above noted development strategies, but also offers support for the priority sectors of Ghana.

(2) Program Strategy (Plan and Outcomes)

1) Planning as a Program (Consistency)

This evaluation analyzed the relevance of the program with respect to its process in achieving program goals based on three aspects: (a) program structure, (b) design of collaboration, and (c) chronological deployment of outcomes from project purpose achievement to program goal achievement.

a. Program structure

Program structure consists of project-type assistance called technical cooperation projects and grant aid, and the dispatching of JOCV and aid coordination experts. In other words, it is based on a scenario for achieving the program goals through two approaches: "bringing about outcomes while individually heading toward the program goals" and "generating synergistic outcomes through three other projects centered on the technical cooperation project." However, aside from the program goal of "improving Upper West Region residents' health" being the same as the overall goal of the technical cooperation project, the period of the program is five years, the same as that of the technical cooperation project. Theoretically speaking, this period is too short to achieve the program goal. Moreover, the scale of support by JOCV is small, and it is not easy to attain positive results that affect the achievement of the program goal. Regarding the target area, although the program targets eight all districts of the Upper West Region, compared to two districts in the technical cooperation project, there is no comprehensive intervention plan based on a combination of projects for the remaining six districts. Consequently, program outputs in the entire Upper West Region would be modest at best.

b. Design of collaboration

The design refers to the concept of spreading the established CHPS implementation model to other districts by improving the referral system through coordination of the technical cooperation project, grant aid, and functioning CHPS through the technical cooperation project and JOCV. Regarding the project, technical cooperation targets the primary medical institution (CHPS), while grant aid targets secondary medical institutions (regional hospitals) and the primary medical institutions (district hospitals and health centers). In this regard, it is clear that there is a complementary relationship for building up the referral system (involving CHPS, health centers, district hospitals, and regional hospitals) between the primary and secondary medical institutions. The technical cooperation project assumes cooperation for referral between CHPS and health centers. However, the existing framework only plans to prepare a referral guideline and conduct orientation with the referral system, without including activities necessary for improving that system. In addition, medical institutions - the objects of grant aid - are not provided with cooperation for the development of human resources. Therefore, the existing framework is inadequate not only from the standpoint of improving the referral system, but also in terms of maintaining and managing medical equipment. With regard to the latter, there are only two districts among the eight where intervention by coordination is available, with the remaining six districts mainly supported by the activities of JOCV. Consequently, those six districts could not expect the same outputs as the other two districts.

The issues to be solved in order to attain the program goal, regardless whether outside the scope of cooperation, must be addressed through collaboration or cooperation. However, there has been no clear coordination up to now with the Ghanaian government or other aid agencies in this program. For instance, this project is aimed at making high-quality medical services available to residents by helping CHPS to function in the target areas. However, the scope of JICA's cooperation covers fostering human resources involved in CHPS and promoting resident participation in CHPS activities. The construction of CHPS clinics and securing safe water for those clinics are left to the discretion of the Ghanaian government. Throughout this evaluation study, the delayed response of the Ghanaian government has proved a factor in impeding the goals of the technical cooperation project and expansion of a functioning CHPS. It could be said that cooperation taking this factor into account must have been designed and involved as a program. JICA's future response is stated in "4. Recommendations."

c. Chronological deployment of outcomes from project purpose achievement to program goal achievement

The area in the first stage where the technical cooperation project (the core of this program) intervenes includes two of the eight districts in the Upper West Region. Then to achieve the program goals, the outputs and models gained from the project are spread to the remaining six districts through efforts of JOCV, with individual experts giving feedback to the policies and system of the central government. As stated above, cooperation for the six districts is aimed at giving guidance to the CHPS zones by dispatching CHNs, nurses, and JOCV. However, since assistance is limited and basically left to self-help on the Ghanaian side, it would not lead to achieving the targeted

indicators in the six districts. As a result, the project and program goals may be difficult to achieve.

As seen in items (a) through (c) above, there are strategic problems with the planning itself. It was found that the opposite process was taken, that is, the project shaped loosely as related to the health sector was programmed in a way whereby it was later positioned as a strategic framework to achieve the mid- and long-term program goals of the sector. In the process of forming the program, considerable attention seems to have been paid to generating synergy effects through collaboration. A field survey was also conducted at the time of the preliminary study for forming the project for grant aid, followed by a joint study conducted by the departments concerned, along with ongoing negotiations with the Ghanaian government. However, the reasons for some strategic problems could be attributed to inadequate discussions on what area, with which aid agency, and in what way this program was supposed to be coordinated. The reasons also include how to achieve the strategic development goals, while playing what role within the common framework of development issues facing the health sector, as well as a lack of negotiations with the Ghanaian government and aid agencies. For example, the technical cooperation project was formed through the PCM workshop run by local administrators and the related personnel of aid agencies, but central government officials were not involved. This is why the program failed to gain sufficient understanding and support by the central government. Moreover, in deciding the target areas, JICA was unaware that UNICEF and UNFPA began extending assistance to the health sector. Although JICA obtained the information from a participant at the above noted PCM workshop, the program was pushed ahead without adjustments being made at the planning stage. After the project started, however, it was found that there were many instances of JICA's counterparts being overlapped. Therefore, JICA made efforts to adjust the project so that its activity period did not overlap with program efficiency secured by reducing the burden. The project was formulated after ensuring that it did not overlap with the USAID, which was deploying similar cooperation across the country except in the three northern regions.

Residents participating in the CHPS committee

2) Program Outcomes

The activities of this technical cooperation project, the only project being implemented at the time of this evaluation, have been making steady progress. However, outcomes have yet to be generated since the project is about to enter the implementation stage. The technical cooperation project plays an important role and how to ensure sustainability after the end of cooperation during the project period holds the key to achieving the program goals. To ensure sustainability, it is important to establish an efficient and effective implementation model of CHPS activities, particularly a process of encouraging residents to participate in those activities[14] by the end of the project.

4. Recommendations

This section attempts to make recommendations concerning the methods of raising the degree of achieving JICA program goals and elevating the degree of JICA program's contributions to achieving the Ghanaian government's strategic development goals, as well as the operational and implementation systems necessary for smoothly implementing the program.

(1) Change of JICA Program Goals and Review of the Scenario

The present JICA program is a “sector level” program with long-term goals and indicators for reducing the maternal mortality rate and under age 5 mortality rate. However, this specific goal is apparently not attainable by 2010. It is therefore suggested that the current goal of improving the health status of Upper West Region residents be changed to a longer-term goal that allows regional residents to enjoy quality primary health care.

At the same time, it is necessary to rewrite a more strategic scenario to achieve this goal. First, coordination among projects of the current program must be strengthened. Secondly, the program must be supplemented by collaboration and cooperation with Japanese aid schemes other than those of JICA. With respect to the first recommendation, activities that do not involve the JICA program, or those involving training for the maintenance/management of grant aid equipment, creating a mechanism for building a system of referring patients from CHPS to health centers, and building an infrastructure for expanding the models established in the two target districts to other districts, must be added. For the second recommendation, it may be possible to supplement issues that have the potential to impede achievement of the technical cooperation project's goals, or issues of addressing the Ghanaian government's delay in constructing CHPS clinics and securing safe water by making most of the “Grant Assistance for Grass-roots Human Security Projects.”

(2) Review of the Scenario for Achieving the Goals of Ghana's Development Strategy

When reviewing the scenario for attaining the goals, what must be discussed in addition to paragraph (1) above is the collaboration with other aid agencies. Under the present program

14. A process whereby residents, as community volunteers, continuously support CHPS activities by participating in such community activities as resident meetings, health education, sanitary activities, and the maintenance/management of CHPS facilities.

there is no concrete aid coordination with other aid agencies. To increase the degree of contribution to achieving the goal of Ghana's development strategy, the scenario for the JICA program must be reviewed within the framework of a common goal for "improving access to health services" by coordinating with UNICEF[15] and UNFPA,[16] which are offering cooperation in the Upper West Region. Specifically, health and medical services must be considered a series of "health service delivery systems" from community-level health providers (including households) to primary, secondary, and tertiary medical institutions. And each aid institution must offer assistance to medical institutions of all levels, improve the referral system, and ensure the development of capacity for providing preventive medicine. The indirect cooperation with other aid agencies through JOCV can also be considered. One example would be tying the construction of wells supported by the World Bank to the expansion of CHPS by the technical cooperation project. Securing water supply in the CHPS compounds is a major issue. If the JOCV are able to serve a role in connecting the selection of construction sites and construction of wells with the construction of CHPS compounds, an effective approach to expanding CHPS and promoting residents participation will be provided.

(3) Cooperation with Other Sectors

When formulating a long-term program such as the one with the aforementioned program goals, it is indispensable to implement cooperation that combines multiple projects for multiple sectors, not just the health sector, but also including the rural development sector for road construction and repairs to secure transportation access, and the water and hygienic sector to improve access to safe water.

(4) Effective inputs of the Japan Overseas Cooperation Volunteers

The JOCV represent a type of individual human resource input, but the scale of individual outcome compared to that of project-type assistance is very small. It is therefore important to consider developing a deploying strategy that generates synergy effects by collaborating with others.

(5) Strengthening the Program Implementation System

Since a program achieves a goal only when combining multiple projects and collaborating with other aid agencies, upgrading its implementation system is crucial. When the program targets areas far away from the capital, such as the Upper West Region, it is important to build a program-controlling function by making the most of existing local functions. The issues of attaining program goals may also include the assignment of a coordinator to link Japan Overseas Cooperation Volunteers to the technical cooperation project by utilizing existing plans and monitoring functions at the locale, and activities aimed at making the Ghanaian government and other aid agencies more aware of the JICA program.

A student portrays the importance of washing hands in a sanitary education drama.

5. Lessons Learned

(1) Lessons Concerning Program Formation and Implementation

In formulating a program, projects having similar purposes must be combined in line with the goals of development strategy after systematically analyzing the issues of the target sectors. Even if a cooperation program targets specific areas, adequate discussion and coordination with the recipient government and major aid agencies are indispensable for smooth implementation of the program. In addition, obtaining advice and cooperation from experts in the sectors concerned are important in developing a strategic scenario, and monitoring and evaluating the program.

(2) Lessons Concerning Program Evaluation Study

There would be various timings for conducting program evaluation. However, it must be planned and conducted when the program is already underway, with considerable time to spare, taking into account the timing of the review of PDM, so that evaluation results are reflected in future activities. To conduct an evaluation study efficiently within a limited study period, it is important that JICA headquarters coordinate with its overseas offices beforehand, create an efficient study schedule, and utilize local personnel after fully explaining to them a summary of the study. When a specific area is targeted, much of the study period could be spent in the target area, with ample information necessary for evaluation being collected, provided that a minimum of time is spent at the central government in the capital.

15. UNICEF has been implementing activities, such as system improvements related to child disease control (IMCI+) through its "Program for Accelerated Child Survival and Development and High Impact Rapid Delivery (ACSD/HIRD)" approaches, upgrading the skills of personnel engaged in health services, and making health improvements in the community and individual households.
16. UNFPA has been conducting advocate activities including the provision of medical equipment for emergency deliveries to district hospitals and health centers, family planning for the community, and the referral system.

JICA Program Evaluation

"Health Sector Program" in Afghanistan

1. Summary of Evaluation Study

(1) Background and Objectives

Afghanistan's health situation has been in a deteriorated condition due to conflict spanning more than two decades. In particular, the health and nutrition indicators for its women and children remain at the worst levels in the world. In an attempt to improve its health services at the initial stage of reconstruction, the government of Afghanistan has been providing basic health services across the country since 2002 thanks to the assistance of international aid agencies. Under such circumstances and based on its basic study of the country's health sector conducted in August 2002, JICA has been providing cooperation focused on "tuberculosis control," "reproductive health," and "development of human resources" since fiscal 2004. This evaluation study, with strengthening program strategy as its primary objective, was conducted in order to identify issues requiring careful consideration, draw lessons in implementing programs in Afghanistan, and recommend the program plan including new projects in the program.

(2) Evaluation Study Period and Team

1) Evaluation Study Period

From December 2006 to March 2007 (Field study: January 20 - February 4, 2007 and March 9 - 18, 2007)

2) Evaluation Study Team

With JICA's Regional Department V (Middle East and Europe) taking a central role, an Evaluation Study Committee composed of the JICA Afghanistan Office, related departments (Planning and Coordination Department and Human Development Department), external advisors (evaluation advisors), and consultants was organized to discuss the framework of evaluation and the design of evaluation study. A final report was compiled based on discussions at the committee and the field study.

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(3) Scope of Evaluation

This study is targeted at the program for the health sector in Afghanistan and consists of the five projects listed in Table 3-8. Two technical cooperation projects have been implemented since 2004. One is aimed at promoting the framework for the Directly Observed Treatment, Short Course (DOTS) in the field of tuberculosis control; the other project is targeted at fostering regional administrators and health workers in the reproductive health sector. In the field of developing human resources, a technical cooperation project for fostering midwives and general practitioners was launched in 2005, combining the dispatching of an expert to the Ministry of Public Health (MPH). This evaluation was conducted in order to strengthen the strategies of these projects as programs, since effective coordination among these projects was not necessarily reviewed at the project planning stage in accordance with the Basic Package of Health Services (BPHS) now provided across the country.

(4) Evaluation Period Covered

From April 2002 to December 2006

2. Current Situation and Activities of the Health Sector in Afghanistan

(1) Development Issues and Policies and Activities of International Aid Agencies

While Afghanistan has been achieving strong economic growth with annual GDP growth rates exceeding 10 percent in urban areas including Kabul, its regional disparities and the gap between rich and poor have been expanding. The majority of its people are still forced to live below the poverty line,[17] with their rights to live in a peaceful and stable society not guaranteed. The country's medical services remain among the worst in the world due to the outflow of medical personnel, collapse of medical facilities, and shortage of medical drugs and equipment caused by its long-running conflicts. The maternal mortality rate is 1600 (per 100,000 live births)[18], under-five mortality rate is 257 (per 1000 live births), and 15,000 people die from tuberculosis each year.[19,20] The country's widening regional disparity is also a serious problem. In order to build a society where citizens can live healthy and safe lives without being exposed to life-threatening risks, it is important to expand basic health services and improve the quality thereof based on the concept of human security. It is also important to provide medical services by restoring destroyed hospitals, and take measures against infectious diseases, the country's major cause of death.

To address these situations, the international community decided in 2002 to provide the country with comprehensive support for priority issues, including 1) the improvement of administrative capacities, 2) education, 3) health, 4) infrastruc-

17. Per capita living standard of less than one dollar per day
18. Interim-Afghanistan National Development Strategy
19. JICA technical project website
20. Interim-Afghanistan National Development Strategy

Table 3-8 Main Projects Constituting the Programs Targeted for Evaluation

	Project Title	Implementation Period	Outline
1	Health Cooperation Planning (Individual Expert)	December 2005 - March 2007	Supports efforts of the Afghan Ministry of Public Health (MPH) to formulate plans and develop human resources, as well as implementing Japan's assistance in this sector.
2	Tuberculosis Control Project (Technical Cooperation Project)	September 2004 - September 2009	Aimed at promoting the spread of the Directly Observed Treatment, Short Course (DOTS) across the country by buttressing the headquarters of Afghanistan's National TB Control Program (NTP), which promotes the country's tuberculosis control and training of staff for tuberculosis control.
3	Reproductive Health Project) (Technical Cooperation Project)	September 2004 - September 2009	Targeted at helping foster personnel of the MPH engaged in the reproductive healthcare sector, this project provides on-the-job training for central and local administrative officials and medical service providers (midwives and nurses) who work in the field.
4	Midwife Training Program at Kandahar (Technical Cooperation Project)	April 2004 - July 2007	The program supports educational activities of the Institute of Health Sciences in Kandahar, a core educational institution in the country's southern region, toward fostering midwives through a local NGO.
	Medical Education Project (Technical Cooperation Project)	July 2005 - June 2008	In order for Kabul Medical University - the country's most important institute for training medical doctors - to train general practitioners (GP) working in local areas, the project aims to improve teaching methods, the ability to develop teaching materials and curriculums, and introduce a new medical education system.

tural improvements, 5) rebuilding of the economic system, and 6) development of agriculture and rural communities. In the health sector, the support program called for balancing of the quick impact project (QIP) and the issue-by-issue, disease-by-disease project focused on cultivating human resources. Basic health and medical care for 11 health issues centered on maternal and child care, including emergency obstetric care, child malnutrition, tuberculosis, and diarrheal disease were defined as the "Basic Package of Health Services (BPHS)." And the international community launched a program to expand BPHS to primary medical facilities across the country[21] and introduced international standards issue-by-issue such as Directly Observed Treatment, Short-course (DOTS) for anti-tuberculosis measures.[22]

The Afghan government, on the other hand, announced the Afghanistan Millennium Development Goals (AMDGs) in 2005 that set goals of reducing infant mortality, improving women's health, and eradicating HIV/AIDS, malaria, and tuberculosis. The Interim Afghanistan National Development Strategy (I-ANDS) announced in 2006 consisted of three main issues ("governance," "security" and "socioeconomic development"). With regard to socioeconomic development, emphasis was placed on the health sector. More specifically, it calls for efforts toward 1) implementing BPHS at health facilities centered on the healthcare center,[23] 2) delivering the Essential Package of Hospital Services (EPHS)[24] at special hospitals in provinces, districts, and townships, 3) taking anti-disease measures against tuberculosis, malaria, and HIV/AIDS, including vaccinations, and 4) managing human resources in the health sector, with indicators and numerical goals set for each program to achieve by 2010.

(2) Activities of Japan

Japan's cooperation for Afghanistan's health sector is aimed at improving unbalanced access to health services due to gender and geographical reasons, and securing equal health services. To achieve these goals, the basic framework of cooperation calls for 1) the development of human resources, 2) improving the capacities of MPH and its affiliated organizations, 3) support for expanding basic health services by strengthening the referral system, and 4) coordination and cooperation with other related institutions and groups. On the basis of the framework, Japan has provided various cooperation as of the end of 2006 by placing importance on four areas (improvement of women's health, preventive measures for childhood diseases, infectious disease control focused on tuberculosis, and strengthening implementation and management capacities related to the delivery of health services). This includes providing and improving medical equipment and vaccines through grant aid cooperation, funding international institutions to support BPHS, constructing clinics through grassroots-level support grant aid, and improving healthcare and supporting medical faculties through Japanese NGO grant aid.

Since fiscal 2002, JICA has dispatched experts to coordinate with other aid agencies, build the capacity of MPH, transfer medical technology, advise on maternal health, formulate projects for tuberculosis control and reproductive health, and support the management of medical equipment. In addition, JICA accepted Afghan trainees in Japan in the field of infectious disease control focused on tuberculosis, maternal health, and health administration. After fiscal 2004, JICA launched four technical cooperation projects focused on reproductive health, tuberculosis conrol, and the development of human resources in accordance with the four core fields noted above.

21. Implemented by the World Bank, European Commission, and U.S. Agency for International Development
22. Implemented by the World Health Organization
23. It consists of the Comprehensive Health Center (CHC), a core of BPHS, and Basic Health Center (BHC), the primary medical facilities in local communities.
24. It aims to encourage hospitals to deliver basic medical services for treating pregnant women, inpatients, and emergency outpatients, as well as blood transfusion service.

3. Evaluation Results

(1) Program Positioning

1) Japanese Policy

Japan has yet to formulate a Country Assistance Program for Afghanistan. However, it has announced support programs for the peace process, national reconciliation, and human development following disintegration of the Taliban regime in 2001, offering assistance focused on rebuilding the country's education and health systems, repatriating and resettling refugees, women's empowerment, and clearing land mines. "Reconstruction and Humanitarian Assistance," one of three key components of the "Consolidation of Peace" concept announced in May 2002 by Yoriko Kawaguchi, former Minister of Foreign Affairs, stressed the importance of visible, people-oriented assistance to Afghans. It further refers to Japan's assistance to the country's health sector, noting that Japan should provide assistance focused on improving basic infrastructure, such as roads and transportation, and support for the health and education sector, as well as cultural assistance.

JICA's cooperation subject to this evaluation was formulated along with JICA's "Basic Study on Health Sector." "Improvement of women's health" will be addressed through the Reproductive Health Project and Midwife Training Program at the Institute of Health Sciences (IHS) in Kandahar. As seen in the high maternal mortality rate, Afghan women live under the world's most difficult conditions, partly due to difficulties to recruit female health workers. Both projects are aimed at redressing these issues. With respect to infectious disease control, the Tuberculosis Control Project has been underway. In Afghanistan, the very high mortality rate of working-age people due to tuberculosis is an important issue in the country's social and economic development. As JICA has been giving the assistance for controlling tuberculosis since the past, it began providing assistance for strengthening the headquarters of the National TB Control Program and establishing the DOTS model. JICA plans to deal with the shortage of medical workers through the Medical Education Project for fostering general practitioners at Kabul Medical University, the country's most important institute for training medical doctors, and the Midwife Education Program in IHS Kandahar.

As seen above, JICA's cooperation is highly consistent with Japan's aid policies.

2) Development Planning of the Afghanistan Side

The goals of I-ANDS, a national development plan, are to reduce the Afghan people's morbidity and mortality rates by providing a package of health and hospital services, implementing special programs, and developing human resources. As noted, its detailed efforts call for the expansion of BPHS and EPHS, measures by disease, and human resource management.

In order to contribute to reducing Afghanistan's maternal mortality rate and improving overall maternal health conditions, the reproductive health project, one of JICA's cooperation projects, aims to develop the capacities of health and medical workers engaged in reproductive health in connection with BPHS and EPHS. The Tuberculosis Control Project responds to tuberculosis control measures as noted in the disease control measures in I-ANDS. This project is intended to establish health institutions, regulations and systems, and build DOTS models, aiming at making tuberculosis-related services utilizing DOTS available to medical institutions across the country. The project is utilizing the National Tuberculosis Institute (NTI) restored by the "Study on Urgent Rehabilitation Support Program in Kabul" in 2003. The Medical Education Project and Midwife Training Program at the IHS in Kandahar are intended to nurture medical workers, strengthen health organizations, and build health systems in accordance with the human resource management policy in I-ANDS. An expert assigned to the Ministry of Public Health is engaged in strengthening its organizations, supporting the formulation of policies, and developing human resources. Activities of the expert are aimed at improving women's health, including improvement of reproductive health services and the fostering of midwives, taking into account the gender issue, which is a cross-sectional issue of I-ANDS. Thus, JICA has been providing cooperation for reproductive health, infectious disease control, and the development of health-related organizations and personnel, all of which are important components of I-ANDS.

(2) Program Strategy (Planning and Outcomes)

1) Program Planning (Consistency)

JICA has dealt with the three issues of tuberculosis control, reproductive health, and development of human resources. Due to the keen competition for assistance among aid agencies, compounded by security problems, JICA could only address these three issues, while continuing to share roles with international institutions and other aid agencies. This consequently proved an appropriate selection, however, since these priority issues are not only relevant to issues now facing Afghanistan's health sector (i.e., improving the quality of its health services, increasing diagnostic and cure rates for tuberculosis, fostering medical workers, strengthening health organizations and systems), but are also a field where Japan has an advantage utilizing its experience.

Although Afghanistan faces an array of diverse issues, JICA has been promoting aid coordination with other aid agencies for issues that JICA alone cannot address, thus providing more effective assistance to Afghanistan. The collaboration with agencies was not intended to achieve synergy effects from the beginning, however. While JICA was proceeding aid coordination with these agencies, more effective assistance was consequently realized for improving the country's health sector. For example, while other aid agencies were promoting implementation of BPHS in local communities through NGOs as an emergency response, JICA focused on capacity building (in terms of policy support and development of human resources) in the health sector, and cooperated from the perspective of mid- and long-term sustainability. Furthermore, in the Tuberculosis Control Project, JICA collaborated with the World Health Organization (WHO) in creating a guideline for tuberculosis control and providing technical assistance for DOTS implementation. And in the Reproductive Health Project, vaccines and the training of local administrative officials are provided with financial assistance from UNICEF and EC. There are also plans for JICA to build training centers in medical facilities, while UNICEF provides the training equipment.

As seen above, it could be said that JICA has made an appro-

priate choice of issues for Afghanistan's health sector and implemented the projects in coordination with other institutions. However, because JICA has not provided cooperation as a program from the beginning of assistance, there was no specific scenario for its cooperation. As a result, there were cases where the consistency of cooperation was not fully maintained, as in the case of insufficient coordination with other aid schemes, and insufficient coordination between the Medical Education Project under the Ministry of Higher Education (MHE) and JICA's cooperation under MPH due to the feud between MHE and MPH.

2) Program Outcomes

Activities toward achieving outcomes are being implemented steadily under each project. In the Tuberculosis Control Project, DOTS has been introduced to all districts, allowing 81 percent of the residents to consult doctors and undergo treatment for tuberculosis. The number of reported cases of tuberculosis increased to 70 percent from the beginning of the project. In the Reproductive Health Project, a clinical technology guideline for maternal and child health was developed, and a national-level supervising and implementation system was established through the training of provincial administrative officials. Newly graduated midwives from the Kandahar school of the IHS have begun working for maternity hospitals in the city. At Kabul Medical University, a new education system was developed and 20 percent of its teachers have received practical training. With regard to health policies, JICA continues to coordinate with other aid agencies in formulating strategic plans for the health sector.

(3) Program Contribution

JICA's cooperation addresses only a limited number of problems now facing Afghanistan's health sector. However, JICA's approach has been focusing on capacity building, while that of other aid agencies focuses on urgenct assistance through NGOs. JICA's cooperation addresses various issues in Afghanistan, such as the shortage of qualified health personnel (especially women), inadequate personnel training, lack of proper infrastructure, cultural constraints, and lack of education and considerations for gender equality as stated in I-ANDS. In other words, with its contributions to strengthening the institution of the MPH being responsible for implementing BPHS in the future and securing the quality and sustainability of BPHS, JICA's cooperation can be considered to assure the future development sustainability of Afghanistan, where the stages of emergency relief and reconstruction overlap. Since there are no assistance for BPHS provided by international institutions and other aid agencies in Kabul's urban area, the Reproductive Health Project is expected to achieve significant contributions to the improvement of health services in the area.

With regard to EPHS, it is important to support primary and secondary hospitals from the perspective of building a nationwide referral system in the future. With its Reproductive Health Project, JICA has been providing assistance to strengthen the management of Malalai Maternal Hospital and improve its maternal care. Assistance to strengthen its organization by coordinating with cooperation to deliver the services of BPHS provided by other aid agencies may succeed in reducing the maternal mortality rate - the overall goal of EPHS.

With respect to infectious disease control, the current issues are not only to reduce the infection rates of diseases (such as tuberculosis and malaria) and improve their cure rates, but also to integrate the activities with BPHS in order to upgrade medical treatment systems in the field. JICA has concentrated its cooperation on tuberculosis control among infectious disease control. While promoting tuberculosis treatment using DOTS across the country, JICA has the potential to contribute to infectious disease control by supporting policies for integration with BPHS, building systems, and applying the treatment to other diseases.

Afghanistan's health sector currently has wide-ranging issues and it is apparent that JICA alone cannot achieve the development goals of the sector. Consequently, it is necessary to promote aid coordination among donors on the basis of their strengths, while ensuring the MPH assumes ownership.

4. Recommendations

This evaluation, as already noted, was conducted for the purpose of strengthening the program strategy of overall JICA cooperation. This section, based on the evaluation results, attempts to make recommendations for the program goal and the scenario for achieving the goal.

First, while following up on past cooperation for the MPH regarding institution building and developing human resources, the main program goal is focused on BPHS (an important package under I-ANDS) based on the concept of Japan's "Human Security" and defined as follows:

"Based on the concept of 'Human Security,'" JICA is to implement program support for Afghanistan's health policies centered on BPHS, in the concept of self-reliance and self-determination."

Secondly, by taking into account the activities of international institutions and other aid agencies, JICA recommends addressing the following five components in order to attain the above goal. Figure 3-5 shows the relationship between each component and the program for Afghanistan's health sector development strategy.

■ Component 1 - Strengthening policy support

This component is aimed at enhancing the MPH's ownership and ensuring more effective program management and practical policy making by dispatching policy advisors to the MPH continuously, strengthening institutional capacities of the MPH, and coordinating with other aid agencies.

■ Component 2 - Contribution to extending tuberculosis control across the country

In addition to strengthening activities carried out under the current Tuberculosis Control Project for achieving its outcomes, tuberculosis conrol activities are to be extended across the country by giving assistance to the MPH for its aid coordination and policy making targeted at integrating infectious disease control into BPHS.

■ Component 3 - Strengthening reproductive health services

In addition to strengthening activities carried out under the current Reproductive Health Project, the quality of “maternal and newborn child care” (a BPHS program) is to be improved by fostering medical workers and strengthening the health system in coordination with international institutions, such as UNICEF and UNFPA.

■ Component 4 - Support for regional health services in Kabul's urban area

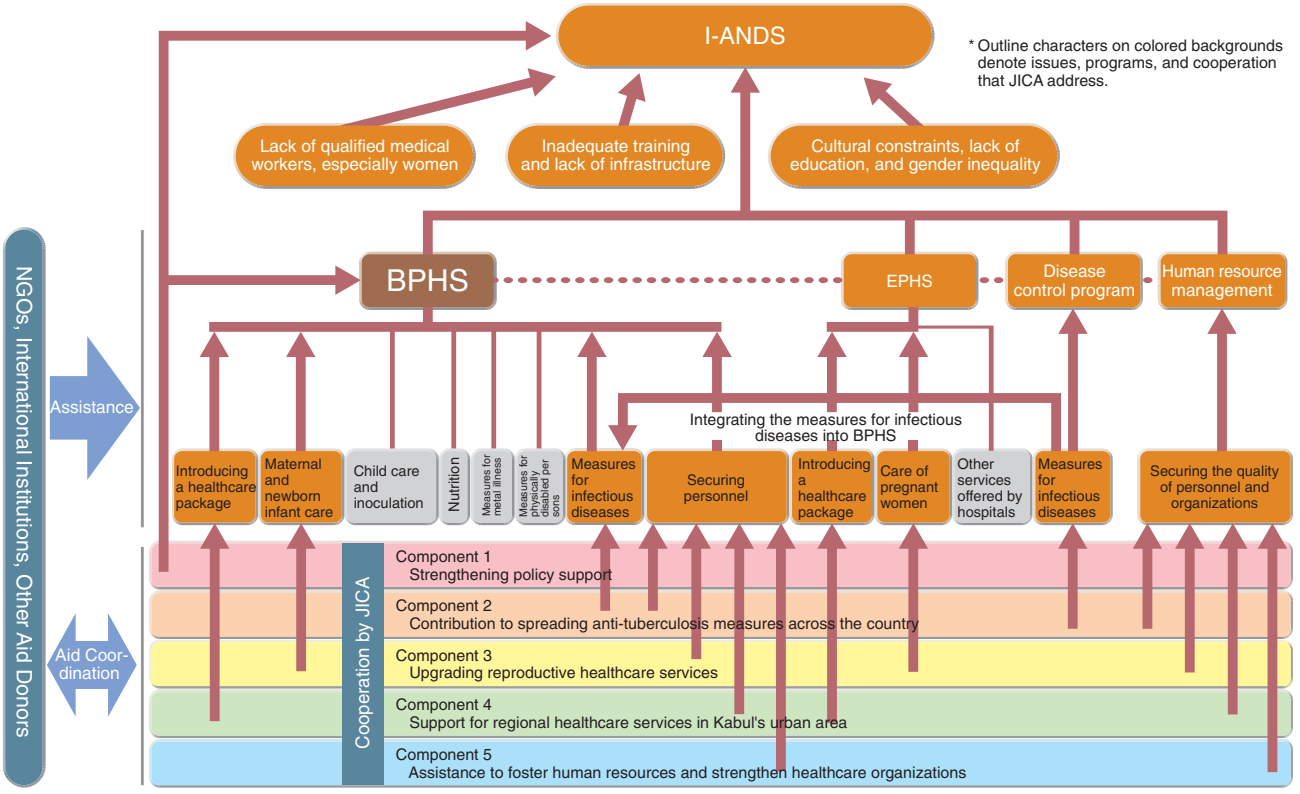
This support is intended to upgrade and expand BPHS and EPHS in Kabul's urban area by improving medical facilities and equipment there, strengthening the management capacities of the MPH, and enhancing the system for urban community health workers in coordination with other aid agencies, the Japan Social Development Fund (JSDF) of the World Bank, and the Japan Fund for Poverty Reduction (JFPR) of the Asian Development Bank. It also aims to establish a model urban health system, including a referral system in the future.

■ Component 5 - Assistance to foster the MPH's human resources and strengthen institutions

In addition to support for the Afghanistan Public Health Institute (APHI), which will become responsible for monitoring the country's health sector and human resource development in the future, and strengthen its institution and related systems, this assistance is intended to foster many personnel who will support the country's health policies at the MPH and training institutions for regional health workers.

As described above, if the JICA program's main goal is aimed at implementing program support for health policies such as BPHS, it is necessary to carefully examine details of the program plan and develop a program scenario by considering the situation of progress in the health sector and the achievements of each project, and analyzing issues related to health policies like BPHS. It is also necessary to design a program for enhancing sustainability in collaboration with other aid agencies so that medical workers, medicinal drugs, and medical equipment and supplies are consistently provided.

Figure 3-5 Cooperation Diagram of Afghanistan's Health Sector



5. Lessons Learned

(1) Implementation of technical cooperation in consideration of emergency relief

As a result of a long-running civil war, Afghanistan's administrative functions are devastated, making it difficult to secure administrative officials. For this reason, there is considerable need for emergency relief by NGOs in extending BPHS. However, unless assistance for future development is provided in conjunction with solving present issues, the sustainability of development cannot be secured. JICA should therefore flexibly consider to incorporate emergency relief assistance into its programs, in addition to its mid- and long-term development assistance for developing human resources and creating health institutions and systems.

(2) Institutional building

Since the country's policy-making and budgetary preparations have been handled by foreign advisors, its ministries and agencies have a lack of ownership. If officials sufficiently collaborate with the experts dispatched to their ministries and agencies, they would become able to address such common issues as enhancing institutional capacities.

(3) Aid coordination with international institutions and other aid agencies

In coordinating assistance and collaboration among aid agencies, they should allow sufficient time for coordination, make expeditious decisions, and build an implementation system as well as securing flexibility for their aid modalities. When assigning local officials to important posts, their salaries and employment conditions must be decided upon careful consideration and coordination among the aid agencies involved.

(4) Support for facilities, materials, and equipment

When providing assistance to a country lacking planning and administrative capabilities, developing the capacities of administrative agencies with mid- and long-term bilateral assistance is the top-priority issue. However, in a country that chronically lacks medical facilities, assistance for medical institutions and equipment necessary to protect the people's health should be flexibly provided.

(5) Securing experts

When implementing cooperation to a country in need of emergency relief, dispatching experts who meet the country's needs is important. For this purpose, a proper system to dispatch experts should be established, such as simplifying the dispatch procedures and listing candidates for experts.

(6) Coordination with NGOs

As seen in the Midwife Training Program at the Institute of Health Sciences (IHS) in Kandahar, wide-ranging aid activities in countries lacking information could be possible by coordinating with NGOs versed in local information and needs.

(7) Coordination with grant aid and ODA loan, and contribution to international institutions

This program is not coordinated with other Japanese aid schemes or contribution to international institutions. In order to effectively implement Japan's cooperation, coordination among schemes is essential, and providing assistance that combines infrastructure, equipment and human resources achieves significant outcomes. Consequently, it is necessary to make a cooperative plan that not only considers coordination among aid schemes, but also coordination with contribution to international institutions.

(8) Addressing security issues

In a country with a very unstable security situation, utilizing local resources and such schemes as a third-country training program or long-term training, all of which are not influenced by the security situation, must be considered. Conversely, flexible measures must be taken for necessary visits to dangerous areas (along with evacuation instructions) in order to address local needs, in a speedy and flexible manner with discretion.