Summary of the Evaluation Survey
Population and Health Sector in the Philippines under JICA/USAID Collaboration
Part2 (Infectious Diseases Control Field)

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1. Outline of Evaluation Study

1-1 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 Program, Dispatch of Japan Overseas Cooperation Volunteer, Community Empowerment Program, and In-country Training Program.

In the meantime, JICA is promoting the "program[1] approach", which is a set of multiple projects under a common purpose in a specific sector or development issue. In order to promote the 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

1-2 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

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

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.

1-3 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 Graduate School Atlantic Ocean Research Center
Evaluation Planning	Hajime NAKAZAWA	Office of Evaluation and Post Project Monitoring, Planning and Evaluation Department, JICA
Evaluation Management	Yoshika HIRATA	Associate Specialist, Office of Evaluation and Post Project Monitoring, Planning and Evaluation Department, JICA
Evaluation Analysis	Kazuyo WADA Malilyn N.Gorra	Researcher, Global Link Management HEWSPECS, INC

The evaluation team also obtained the cooperation of Dr. Jed MELINE (Deputy Chief) and Dr. Corazon R. Manaloto (Public Health Advisor, Office of Population and Health and Nutrition) from USAID mission in the Philippines.

1-4 Period of Evaluation

28 January 2002 - 1 March 2002

1-5 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 1 is a list of projects targeted for this evaluation. They include eight projects related to AIDS, four to Tuberculosis,

and three to Malaria.

Table 1 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	Fiscal Year 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	Fiscal Year 1987 - 1996
	Laboratory Diagnosis of HIV and Opportunistic Infections in AIDS	Third-country Training Program	Fiscal Year 1997 - 2001
	Diagnosis and Management of HIV Infection / AIDS and Other STDs	In-country Training Program	Fiscal Year 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	Fiscal Year 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	Fiscal Year 1998

2. Framework and Methods of the Evaluation

2-1 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 on-site surveys, the evaluation team carried out exit interview at the heath centers using observational research and questionnaires, and Focus Group Discussion[3].

2-2 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) [3] based on the program theory[5]. Based on the PLM, the Evaluation Questions listed in Table 2 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 a table (PLM1) (Table 3).

Step 3: PLM1 was developed into PLM2, where the projects were organized as a program addressing each infectious disease (Table 4)

Although the PLM2 complied in this study made by assembling projects in the past into a policy structure, it can show the "overall framework of cooperation or the program theory of the policy structure" in the field of infectious diseases in the Philippines.

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[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

[3] 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 2 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 Philippine and Japan
	How did the cognition 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

Table 3　Projects related to HIV/AIDS / PLM1（Program Approach Logic Model 1）

	Project Name (scheme, title, term, implementing org.)	Overall Goal	Project Purpose	Outputs	Inputs	
					Items	Quantity (thousand Pesos)
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
C	Dispatch of Expert: HIV Control (1995-1996: nationwide) Implementing Organization: Department of Health		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 blood products.		
				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	total number of Long-term expert	1 person
D	Project-type technical cooperation: Project for Prevention and Control of AIDS (1996-2001: Metro Manila) Implementing Organization: Department of Health	STD/AIDS prevention and control strategies are enhanced.	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.	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	11 persons (19.4man/year)
				Overall	Total number of Short-term experts total	30 persons (10man/month)
				Overall	Total number of Training in Japan	17 persons (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.(NG))	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 Projects related to HIV/AIDS / PLM2 (Program Approach Logic and Model2)

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 dose 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 (SACCXL) 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	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)	Cost on promoting Grass-root activities	2,674
					Subtotal Cost	**2,859**
			<Promotion of the use of service among the people> 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**

3. Evaluation Results[6]

3-1 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.

(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 another 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

[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.

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 Affair, 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 survey 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.

3-2 Program Evaluation: Analysis on the Finaicial 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 Table 4-10, 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*[4]), 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 ("Establishment of Organizational Capacities") and trained the human resources to apply those facilities ("Human Resource Development"). On the other hand, USAID carried out HIV surveillance utilizing the equipments and facilities, and human resources upgraded by Japanese cooperation. In the private sector, local NGOs supported by USAID have conducted training utilizing the teaching materials and equipment provided by Japan and offered preventive education for HIV with the high-risk group.

4 Smallest administrative unit in the Philippines

Table5 Input Structure of HIV/AIDS Countermeasures

Overall Goal	Program Purpose	Outcome		Input			Main Projects included the activity (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 dose 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 Short-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 6 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				
	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	3,000 (300)	25%	2,859 (256)	1.3%
	Promotion of the use of service				
Total		12,000 (1,200)	100.0%	226,281 (20,571)	100.0%

(2) Impact Evaluation

In order to assess the impact of the cooperation and intervention 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 Manilla 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 improvement in the capacity of the health service providers in Cebu City. 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 city. 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.

3-3 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 ("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 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.

4. Recommendations and Lessons Learned

4-1 Recommendations for Infectious Disease Countermeasures in 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, 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 out-sourcing like this case becomes more common, the market mechanism 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.

4-2 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 on 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 survey, it is practical and effectively to form an ex-post facto program framework 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.

Table 7 Predicted Demarcations of Responsibilities

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

(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 8), which were obtained in the process of this study, may become useful as a basis for the future discussion.

Table 8 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.

4-3 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.