

Summary of the Evaluation Survey
Synthesis of Evaluation Results: Population and Health

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1. Outline of Evaluation Study

1-1 Background and Objectives of Evaluation Study

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

1-2 Task Force for Evaluation

Advisors

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Task Force Members

Nine JICA staff belonging to the Medical Cooperation Department at the time of evaluation or before joined the task force.

Two staff from the Office of Evaluation and Post-project Monitoring served as secretariat of the Evaluation.

Consultants

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1-3 Viewpoint of the Evaluation

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

1-4 Period of Evaluation

Fiscal Year 2001

2. Evaluation Methods

2-1 Target of Evaluation

(1) Selection of the Field and Projects

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

(2) Evaluated Projects and Evaluations

See following table.

Evaluated Projects and Evaluations

No	Country	Project Name	Period	Cooperation Scheme	Type of Report	Publication	Sub-sector
1	Indonesia	The Project for Construction of the Tropical Disease Center of Airlangga University	'97	Grant Aid	Terminal	'00	HMS
2	Cote d'Ivoire	Basic Health Equipment Project	'92	Grant Aid	Ex-post	'98	HMS
3	Myanmar	The Research on Treatment of Infectious Diseases of the Alimentary System	'86 -'91	P-type	Ex-post	'97	HMS
4	Sri Lanka	The Project for the Development of the Rural Hospitals	PH1:'85 PH2:'92	Grant Aid	Ex-post	'97	HMS
5	Thailand	Community Health Project in the Kingdom of Thailand	'91-	P-type	Ex-post	'99	Community Health
6	Samoa	Project for Reconstruction of the Tuasivi Hospital	'93	Grant Aid	Ex-post	'98	HMS
7	Samoa	Filariasis Control Project	1976-	JOCV Senior OV Dispatch	Ex-post	'98	Infection
8	Tanzania	Malaria Control Programme	'80-	Grant Aid	Ex-post	'98	Infection
9	Samoa	Project for Reconstruction of the Rural Hospitals	'82	Grant Aid	Ex-post	'98	HMS
10	India	ELISA Reader and ELISA Washer Supply Project	'96	Equipment Supply	Ex-post	'98	Infection

No	Country	Project Name	Period	Cooperation Scheme	Type of Report	Publication	Sub-sector
11	Turkey	Project For Promotion Of Population Education	'93-	P-type	Terminal	'98	P&RH
12	China	Tianjing Pharmaceutical Inspection Center Project	'93-	P-type	Terminal	'98	HMS
13	Laos	The Primary Health Care Project	'92-	P-type	Terminal	'98	Community Health
14	Paraguay	Community Health Project in Paraguay	'94-	P-type	Terminal	'99	Community Health
15	Malaysia	Project for Upgrading of the Emergency Care Services in Sawarak	'92-	P-type	Terminal	'97	HMS
16	Tunisia	Project for the Promotion of Family Planning Education in Tunisia	'93-	P-type	Terminal	'97	P&RH
17	Yemen	The Tuberculosis Control Project (Phase 2)	'93-	P-type	Terminal	'97	Infection
18	Malawi	Community Health Sciences Project	'94-	P-type	Terminal	'99	Community Health
19	Egypt	The Project for the High Institute of Nursing,Cairo University	'94-	P-type	Terminal	'99	Medical/Nursing Education
20	Kenya	The Population Education Promotion Project(2)	'93-	P-type	Terminal	'98	P&RH
21	Tanzania	Malaria Control	'93-	2-Training	Terminal	'98	Infection
22	Thailand	Dermatology	'94-	3-Traing	Terminal	'98	HS
23	Thailand	Master's Degree Program in Primary Health Care Management	'93-	3-Traing	Terminal	'98	Community Health
24	Nepal	Medical Education Project in Tribhuvan University	PH1:'80 - '89	P-type	Country	'97	Medical/Nursing Education
25	Nepal	The family Planning and Maternal and Child Health	'85-	P-type	Country	'97	P&RH
26	Zambia	Project for Improvement of the Department of Pediatrics and Child Health of University Teaching Hospital	'96	Grant Aid	Terminal	'99	HS
27	China	Polio Control Project ('91-'96; '96-'99)	'91-	P-type	Terminal	'99	Infection

No	Country	Project Name	Period	Cooperation Scheme	Type of Report	Publication	Sub-sector
28	China	The Clinical Medical Education Project for the China-Japan Medical Education Center	'95-	P-type	Terminal	'00	Medical/Nursing Education
29	Nepal	The Primary Health Care Project (Follow-up)	'98-	P-type	Terminal	'98	Community Health
30	Philippines	The Public Health Development Project	'92-	P-type	Terminal	'97	Community Health
31	Vietnam	The Cho Ray Hospital Project	'95-	P-type	Terminal	'98	HS
32	Costa Rica	The Project for the Early Detection of Gastric Cancer	'95-	P-type	Terminal	'00	HS
33	Bolivia	Health and Medical Care Delivery System in Santa Cruz	'94-	P-type	Terminal	'99	HS
34	Cambodia	Maternal and Child Health Project	'95-	P-type	Terminal	'99	P&RH
35	Indonesia	Project for Strengthening District Health Services in Sulawesi	'95	Grant Aid	Terminal	'98	HMS
36	Honduras	Project to Improve the Metropolitan Hospital Network	'96	Grant Aid	Terminal	'99	HMS
37	Egypt	Clinical Immunology of Infectious Diseases and Introduction to Molecular Biology	'96-	3-Training	Terminal	'97	Infection
38	Philippines	Diagnosis and Management of HIV Infection/ AIDs and other STDs	'96 -99	2-Training	Terminal	'00	Infection
39	Brazil	Quality Control of the Measles Vaccine	'93 -97	3-Training	Terminal	'97	HS
40	Brazil	Geriatrics	'94 -98	3-Training	Terminal	'97	HS
41	Vietnam	The Reproductive Health Project in Nghe An Province (Phase II)	'97 -00	P-type	Terminal	'00	P&RH
42	Thailand	Project for Strengthening of Food Sanitation Activities	'97 -00	P-type	Terminal	'00	HS
43	Jordan	Medical Equipment Maintenance Training for Palestinians	'95 -97	3-Training	Terminal	'98	HS
44	Ghana	Laboratory Diagnosis of Yellow Fever and Other EPI Viral Diseases (Polio and Measles)	'97 -98	2-Training	Terminal	'98	Infection

No	Country	Project Name	Period	Cooperation Scheme	Type of Report	Publication	Sub-sector
46	Kenya	The Kenya Medical Research Institute (KEMRI) Technical Cooperation Project	'85 -'90	P-type	Ex-post	'01	HS
47	Argentina	Population Statistics Project	'95-	P-type	Terminal	'00	P&RH
48	Honduras	Health and Medical Services		P-type	Thematic Evaluation	'99	HS
49	Philippines	Project for Prevention and Control of AIDS	'96 -'01	P-type	Terminal	'00	Infection
50	Zambia	Infectious Disease Control Project	'95 -'00	P-type	Terminal	'99	Infection
51	Zimbabwe	The Project of Infectious Diseases Control	'96 -'01	P-type	Terminal	'01	Infection
52	Nepal	The National Tuberculosis Control Project (Phase 2)	'94 -'99	P-type	Project Evaluation	'00	Infection
53	Philippines	Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS	'97 -'01	3-Training	Terminal / Meeting Materials	'00	Infection
54	Indonesia	The Project for Upgrading the Emergency Medical Care System of the Dr. Soetomo Hospital in Surabaya/East Java	'95 -'00	P-type	Terminal	'99	HS
55	Jordan	The Project for Family Planning and Gender in Development	'97 -'00	P-type	Terminal	'99	P&RH

Abbreviations

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

2-2 Methodology

The Evaluation consists of meta-analysis on all the cases and Case Studies of two Projects. The procedure of data collection and evaluation is as follows.

(1) Evaluation Methods

1) Meta-analysis

The evaluation conducted meta-analysis through recounting of problems that were mainly

identified in evaluation reports and statistical analysis. As for the former, the evaluation team found the cross-cutting patterns and tendencies through reviewing and recounting contents and 55 evaluation reports. As for the latter, the evaluators rated 48 items on a five-point scale for each project. By taking the average of the ratings, the evaluation task force identified the existence of structural problems which affect every project; similarly, the large standard deviation identifies the existence of idiosyncratic problems. (The larger the standard deviation, the wider the distribution of the scores, which means the item is a problem for some projects but not for others, and thus persons in charge who might want to pay attention to this item). In the statistical analysis, the latent factor analysis was carried out to examine the implication of the correlation among the items and reveal causality of planning, activities and the results.

2) Case Study

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

(2) Data Collection Methods

1) Meta-Analysis

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

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

2) Case Studies

For Case Studies, the evaluation team interviewed people concerned with the projects.

3. Evaluation Results

3-1 Meta-Analysis: Recounting of Problems

(1) Patterns of Problem occurred

This section looks at the following six categories of problem areas identified in evaluation reports (i) planning, (ii) material & facilities, (iii) counterparts, (iv) ripple effect, (v) usage of transferred techniques, and (vi) awareness-raising activities.

1) Problems concerning Planning

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

2) Problems concerning Materials & Equipment

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

3) Problems concerning Counterparts

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

4) Problems concerning Ripple effect

There are cases with no consensus among the related personnel as to whether a project should aim at and plan for 'ripple effect' as a part of its activities, thereby causing confusion. Some of the personnel believe that the projects should focus only on direct influence on the target group, while others believe that they should treat the project achievements as a model to be promoted over a broader area (this is usually called a "ripple effect").

5) Problems concerning the Usage of Transferred Techniques

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

6) Awareness-raising Activities

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

(2) Problems Analysis by Project Profile

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

1) Problem by Cooperation schemes

In the aspect of cooperation scheme, the projects were categorized into four groups; i.e. , Project-type Technical Cooperation, Grant Aid, In-country/Third-country Training, and Dispatch of Japan Overseas Cooperation Volunteers (JOCV). The frequency in the occurrence of the six problems is summarized as showed in the table below. The results show that ‘(iii) counterpart’ related issues are always a problem influencing project effects, excluding the cases of Grant Aid, where there are no counterparts. In cases of Project-type Technical Cooperation and Grant Aid, ‘(ii) material & equipment is an important problem area.

Frequency of Problem Occurrence by Cooperation Scheme

Problems/Issues	Cooperation Types			
	Project-type Technical Cooperation	Grant Aid	In-country - & Third-country - Training Program	Dispatch of JOCVs
(i) Planning	***			
(ii) Material & equipment	**	***		
(iii) Counterparts	***		***	***
(iv) Ripple effect		**	***	
(v) Usage of transferred techniques				
(vi) Enlightenment activities				

***: Very frequent **: Frequent

2) Problem by Sub-sector

In the aspect of sub-sectors, the projects were categorized into groups, such as, ‘infectious

diseases’, ‘population’ and ‘reproductive health’. There was no significant tendency observed in the frequency of problem occurrence. This may have been caused by following factors: The definition of each sub-sector is unclear: the evaluation reports do not often mention technical issues and thus provide little information that serves to identify differences by sub-sector.

3) Problem by Project Approach (Concentrated and Dispersed)

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

Frequency of Problem Occurrence by Project Approach

Problems/Issues	<u>Project Approach</u>	
	Concentrated	Dispersed
(i) Planning	**	***
(ii) Material & Equipment	***	***
(iii) Counterparts		
(iv) Ripple effect	***	
(v) Usage of transferred techniques	***	
(vi) Enlightenment activities		***

***: Very frequent **: Frequent

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

4) Problems by Countries and Regions

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

3-2 Meta-Analysis: Statistics Analysis

(1) 48 Items for Evaluation and Their Rating

The evaluation team set 48 items and evaluated 55 projects. Each project was rated on a 5-point scale for each of the 48 items. The average score and standard deviation of 55 projects for each of the 48 items are showed in the table below.

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

The Summary of the evaluation on the 48 items

Items	Average Score	Standard Deviation	Items	Average Score	Standard Deviation
1 Beneficiary Selection	3.491	0.735	25 Decision Making Process	3.105	0.772
2 Project Purpose Setting	3.614	0.750	26 Activity Status	3.491	0.685
3 Consistency with National Policy	4.000	0.802	27 Dissemination of Transferred Techniques in the country	3.105	0.880
4 Consistency with ODA Policy	3.632	0.957	28 Ripple Effect in the neighboring area	3.281	0.940
5 Technical Superiority of Japan in the field	3.140	0.581	29 Information Management	3.000	0.732
6 Fairness of Resource Allocation	3.456	0.734	30 Collaboration	3.228	1.000
7 Scale of Cooperation Plan	3.140	0.480	31 Maintenance and Management of Provided Equipment	2.983	0.806
8 Target Area Selection	3.561	0.732	32 Number of Patient Beneficiaries	3.105	0.489
9 Contents of Inputs	3.404	0.799	33 Health care	3.316	0.659
10 Number of Dispatched Experts	2.842	0.649	34 Cost Burden by Beneficiaries	2.965	0.499
11 Specialized Area of Dispatched Experts	3.246	0.714	35 Development of Legal System	3.088	0.391
12 Number of Training Participants	2.877	0.569	36 Care for gender issue	3.298	0.597
13 Selection of Participants	2.895	0.646	37 Care for Human Rights	3.140	0.398
14 Capacity of Counterparts	3.211	0.796	38 Care for Wealth Gap	3.140	0.441
15 Contents of Activities	3.456	0.734	39 Care for Environment	3.070	0.320
16 Timing of Input	2.983	0.834	40 Collaboration with Other Donors	3.088	0.931
17 Continuity of Policy Support	3.158	0.882	41 Utilization of Feedback	2.860	0.611
18 Spare Parts	3.140	0.789	42 Political Turmoil	2.684	1.020
19 Personnel Allocation	3.105	0.673	43 Economic Crisis	2.719	0.978
20 Number of Staff	2.807	0.480	44 Natural Disasters	2.386	0.940
21 Enthusiasm of Staff	3.579	0.778	45 Publication Effects of Aid	2.860	0.766
22 Budget Assurance	2.983	0.744	46 Accomplishment Degree	3.702	0.706
23 Financial Independence	2.877	0.653	47 Utilization Degree	3.807	0.854
24 Financial Management	2.983	0.767	48 Impacts	3.684	0.760

(2) Causality of Planning, Activities and Achievements

In order to clarify the causal relationship among the 48 items, the evaluation team analyzed the correlation among the following items, hypothesized as representing ‘planning’, ‘activity’ and ‘achievements’.

Representing items for ‘Planning’

“Beneficiary selection (no.1)”, “Project purpose setting (no.2)”, “Consistency with the National Policy (no.3)” “Consistency with ODA Policy (no.4)”

Representing items for ‘Activity’

““Contents of input (no.9)”, “Contents of activities (no.15)”, “Collaboration (no.30)”, “Enthusiasm of the staff (no.21)”

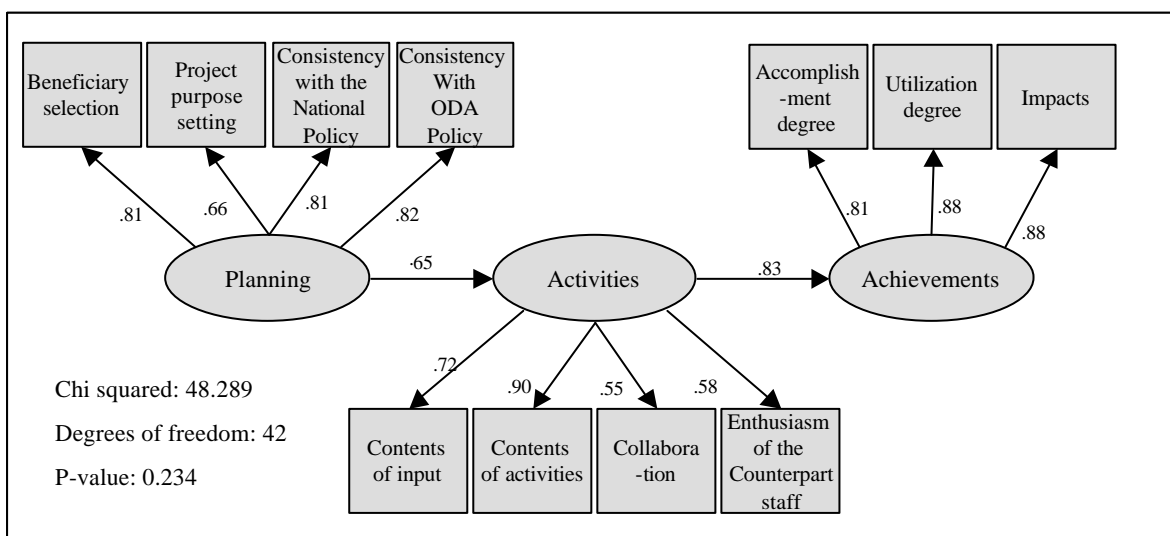
Representing items for ‘Achievements’

“Accomplishment degree (no.46)”, “Utilization degree (no.47)”, “Impacts (no.48)”

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

- ✓ “Activities” and “Achievements” are highly correlated with a coefficient of 0.83.
- The score of ‘Activities’ is defined by “Contents of input”, “Contents of activities”, “Collaboration” and “Enthusiasm of the staff”, the former two, in particular.
- ✓ Hence, ‘Achievements’ is defined mainly by “Contents of input” and “Contents of activities”.

Causality of Planning to Activities and Outcomes



3-3 Case Studies

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

1) Project Outline

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

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

2) Evaluation Results

This project had a clear concept, which was “technical transfer and reinforce ownership relating to Maternal and Child Health”, throughout the implementation period. It contributed to the project success, causing a synergy effects with the following factors:

- (1) Clear positioning of the Project in the country's health policy and division of roles with other donors
- (2) Clearly-delineated plan
- (3) Commitment and support of the supporting committee in Japan for activities from project formulation to the expert dispatch and acceptance of the trainees
- (4) Emphasis on the Project management
- (5) Introduction of a system for fair burden on beneficiaries to ensure the project's sustainability
- (6) Introduction of modern facilities and equipment through Grant Aid

(2) Primary Health care Project in the Kingdom of Nepal

1) Project Outline

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

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

2) Evaluation Results

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

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

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

4. Lessons Learned

4-1 Lessons Learned from the Case Studies

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

In order to maintain the consistency of projects studied as cases with the national policy of the recipient countries, JICA held discussions with their high level officials and WHO on the overall picture of the healthcare sector. Based on the discussions, JICA focused on the fields where Japan is strongly positioned and should be supported by ODA, while dividing roles with other donor countries. These preparatory discussions provided the projects with a foundation for smooth implementation of the projects, both in terms of personnel and facilities.

Hence, the importance of the following was identified; the preparatory period which enables understanding of the recipient country on planning and implementation, and clear division of roles with other donors.

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

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

3) Emphasis on Project Management in the Implementation Stage

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

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

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

5) Approach toward Structural Factors Preventing Assignment of Counterparts

A tight State Budget makes it difficult to secure counterparts. Under such circumstances,

the key to stable project management would be to take such approaches as introducing a beneficiary payment system with a certain part of the income used to pay wages in order to ensure staff remuneration and other management expenses.

6) Enhancement of Support System in Japan

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

7) Efficient Implementation of Counterparts Assignments

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

8) Clarifying the Positioning of Baseline Studies

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

4-2 Lessons to Improve Project Management

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

- 1) The PDM has become a common document or tool for planning, monitoring and evaluation. However, some PDMs represent vague logic in terms of the relation between 'Outputs' and 'Project Purpose' and others address 'Project Purpose' without sufficient considerations. There were also projects where the PDM was formed but not reviewed or utilized during the implementation. JICA needs to improve the quality of PDMs and ensure their full utilization.
- 2) Although JICA makes it a rule to conduct internal monitoring every six months for each Project, it does not have a unified method, content and feedback methods. JICA must standardize the monitoring methods and share them so that the personnel concerned can share and better cope with problems.

- 3) There are many sub-sectors in the Population and Health sector, such as “infectious diseases” and “family planning”. The projects under such sub-sectors can be composed of various activities according to their purpose and target levels. However, in order to grasp the issues and ensure quality and efficiency, those project components should be standardized to some extent as packages for each sub-sector.
- 4) In order to improve project management, JICA should promote the exchange of information among the people concerned in various projects.
- 5) It is worth considering production of a reference material consisting of “Good Practices”, case studies and well-written PDMs.