Chapter 4 ● Synthesis Study of Evaluations: Population and Health

4-1 Outline of Evaluation Study

(1) Background and Objectives of Evaluation Study

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

(2) Task Force for Evaluation

Advisors:

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

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

Task Force:

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

Consultants:

Mika MATSUMURA, Koei Soken Ltd.

Mariko SHIOHATA, Koei Soken Ltd.

(3) Viewpoint of the Evaluation

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

(4) Period of Evaluation

Fiscal Year 2001

4-2 Evaluation Methods

(1) Target of Evaluation

1) Selection of the Field and Projects

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

2) Subject of this Study

See Table4-14.

(2) Methodology

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

1) Evaluation Methods

① Meta-analysis

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

Table 4-14 Subject of This Study

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

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

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

② **Case Study**

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

2) Data Collection Methods

① **Meta-Analysis**

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

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

② **Case Studies**

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

4-3 Evaluation Results

(1) Meta-Analysis: Recounting of Problems

1) Patterns of Problem Occurred

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

① **Problems Concerning Planning**

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

② **Problems Concerning Materials & Equipment**

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

③ **Problems Concerning Counterparts**

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

④ **Problems Concerning Ripple effect**

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

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

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

⑥ **Awareness-raising Activities**

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

2) Problems Analysis by Project Profile

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

① **Problem by Cooperation schemes**

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

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

② Problem by Sub-sector

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

③ Problem by Project Approach (Concentrated and Dispersed)

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

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

④ Problems by Countries and Regions

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

(2) Meta-Analysis: Statistics Analysis

1) 48 Items for Evaluation and Their Rating

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

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

2) Causality of Planning, Activities and Achievements

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

Table4-15 Frequency of Problem Occurrence by Cooperation Scheme

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

***: Very frequent **: Frequent

Table4-16 Frequency of Problem Occurrence by Project Approach

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

***: Very frequent **: Frequent

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

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

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

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

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

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

(3) Case Studies

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

① Project Outline

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

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

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

its management system. The major activities are listed below.

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

② **Evaluation Results**

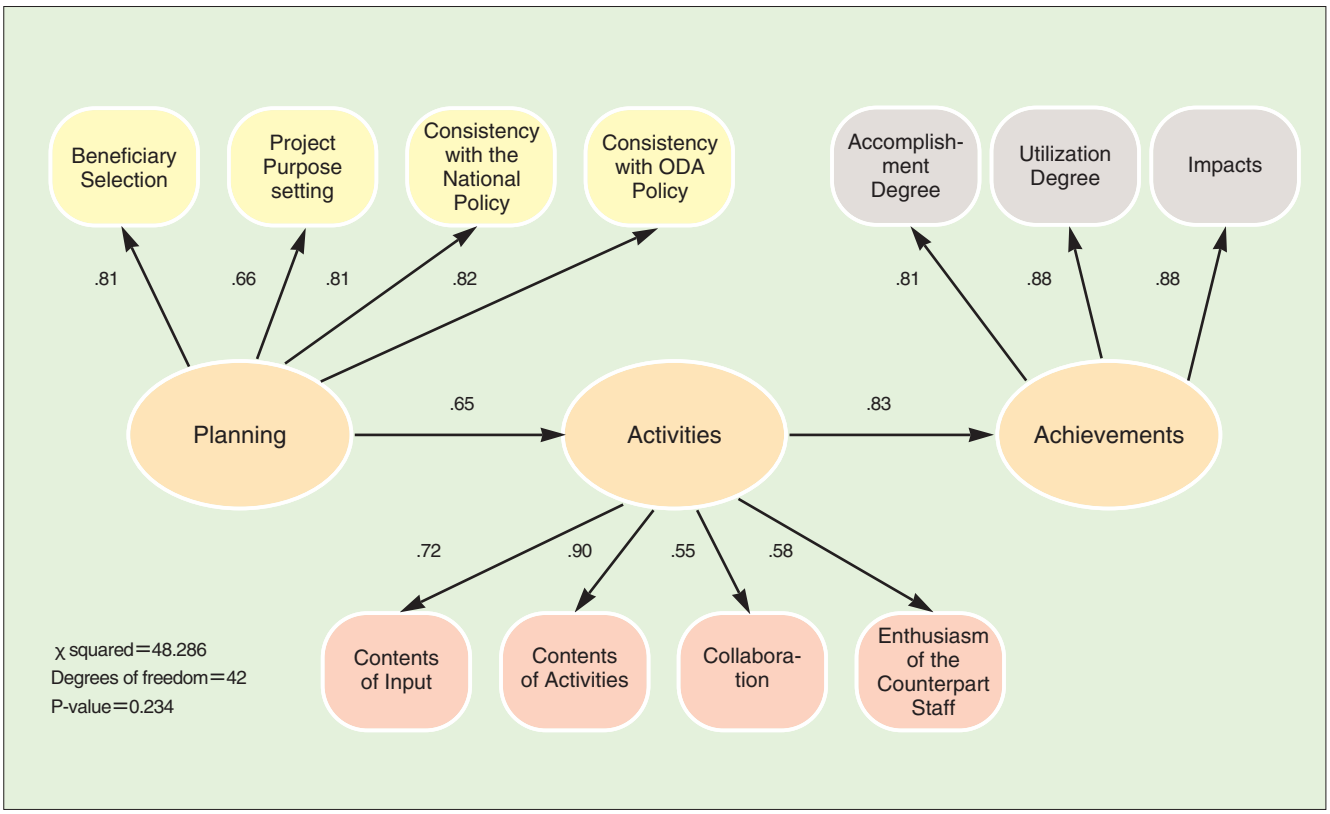
This project had a clear concept, which was "technical transfer and reinforce ownership relating to maternal and child health", throughout the implementation period. It contributed to the project success, causing a synergy effects with the following factors; (1) Clear positioning of the Project in the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

2) Primary Health Care Project in the Kingdom of Nepal

① **Project Outline**

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

Figure4-3 Causality of Planning to Activities and Outcomes



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

② Evaluation Results

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

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

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

4-4 Lessons Learned

(1) Lessons Learned from the Case Studies

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

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

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

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

3) Emphasis on Project Management in the Implementation Stage

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

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

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

5) Approach toward Structural Factors Preventing Assignment of Counterparts

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

6) Enhancement of Support System in Japan

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

7) Efficient Implementation of Counterparts Assignments

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

8) Clarifying the Positioning of Baseline Studies

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

(2) Lessons to Improve Project Management

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

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

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

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

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

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

Summaries of Other Program-level Evaluations

Evaluation of NGO Collaboration Projects (Indonesia)

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

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

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

Commercial activities in Community Empowerment Program in South Sulawesi.

Evaluation of NGO Collaboration Project (Viet Nam)

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

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

Evaluation and Analysis Study on Dispatch of Japan Overseas Cooperation Volunteers

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

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

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

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

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

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

Evaluation of "JICA–USAID Collaboration"

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

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

Country-focused Group Training

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

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

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

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

Evaluation of Joint Japan-Canada Peace-Building Program

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

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

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

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