

Terminal Evaluation

Asia

1. Outline of the Project

Country:

Thailand

Project title:

Master's Degree Programme in Primary Health Care Management (M.P.H.M)

Issue/Sector:

Health

Cooperation scheme:

Third-Country Training

Division in charge:

Second Southeast Asia Division,
Regional Department 1 (Southeast Asia)

Total cost:

53 million yen

Period of Cooperation FY 1998 - FY2002

Partner Country's Implementing Organization:

ASEAN Institute for Health Development, Mahidol University (AIHD)
Department of Technical and Economic Cooperation of Thai
Government, Ministry of Foreign Affairs

Supporting Organization in Japan:

None

Related Cooperation:

Grant Aid; "ASEAN Training Center for Primary Health Care"

Project-type Technical Cooperation; "ASEAN Training Center for Primary Health Care"

Third-Country Training Program; "Primary Health Care Management" Phase 1, Phase 2

1-1 Background of the Project

To promote Primary Health Care (PHC) in Thailand as well as in ASEAN countries, the government of Japan implemented Grant Aid to construct the Training Center for Primary Health Care (changed its name to ASEAN Training Center for Primary Health Care (AIHD)) in Thailand in 1982 and the Project-type Technical Cooperation that conducted educational training to PHC instructors and health promoters and research on PHC and developed its model. In this way, the Japanese government contributed to the improvement of the health level in Thailand. On the other hand, the government of Thailand has conducted a one-month seminar to PHC related persons from ASEAN countries every year at AIHD. To expand the quality and quantity of the seminar, the Government of Thailand requested the Government of Japan to support implementation of the seminar as a third-country training program. Under these circumstances, the Japanese Government implemented the third-country training program, "Primary Health Care Management Phase 1" in fiscal years 1987 to 1991, to help middle-class officer candidates to obtain a Master's degree. Then the course was extended by five years (Phase 2), after which the course was decided to be extended again, and now Phase 3 of the course is being implemented.

1-2 Project Overview

The Government of Japan implemented transferred technique related to PHC toward the participants from ASEAN countries at AIHD

(1) Overall Goal

Primary health care services of the relevant countries are improved.

(2) Project Purpose

Ex-participants develop leadership, knowledge and skills in Primary Health Care to carry out their work properly in Primary Health Care planning, programming and the management of related fields.

(3) Outputs

- 1) Participants acquire knowledge and skills to work as a leader of primary health care.
- 2) Ex-participants are assigned a suitable position to carry out the acquired knowledge and skills in the course.
- 3) Ex-participants disseminate or exchange acquired knowledge and skills.

(4) Inputs

Japanese side:

Short-term Experts	2
Local Cost	19.3 million baht (630 million yen)

Thai Side:

Land and Facilities	
Local Cost	5.8 million baht (190 million yen)

Lecturers for 13 subjects/year

(5) Participant Countries

Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Kenya, Laos, Malawi, Malaysia, Pakistan, Nepal, The Philippines, Sri Lanka, Thailand and Vietnam

2. Evaluation Team

Members of Evaluation Team Evaluation Analysis: Hideo SAKAMOTO, Padeco Co. Ltd.

Period of Evaluation	23 February 2003 - 12 March 2003	Type of Evaluation:
		Terminal Evaluation

3. Results of Evaluation

3-1 Summary of Evaluation Results

(1) Relevance

In the participating countries, many indicators on social development such as the average life expectancy and infant mortality rate have been marked low, and it is one of the major issues in the national policy of those countries to improve its health service. It was appropriate that Thailand, not one of the developed countries, was selected as the implementing country because the participants could acquire the knowledge and techniques in the environment which is similar to that of their respective countries. Therefore it was relevant to implement the third-country training program targeting surrounding countries.

(2) Effectiveness

Many of the ex-participants are in the position which enables them to transfer the knowledge and techniques obtained in the training in their respective countries and also play active roles. In some countries, the ex-participants are not permanently engaged in PHC because of the personnel relocation at the Ministry of Health. Some of them left their jobs. It is not a major problem because they have changed their jobs that are related to PHC in their respective countries.

(3) Efficiency

Inputs from both the Thai and Japanese side were appropriately carried out because AIHD, the implementing organization, has a long history of implementing training courses. So far AIHD has conducted 15 PHC training courses and attained good capability to operate and manage the training and conduct research. The cost efficiency is relatively high compared to the training courses conducted in developed countries, because AIHD can implement the appropriate training course based in line with conditions of neighboring countries.

(4) Impact

One to two participants a year are sent to the training by a participating country. Therefore it takes time to realize the effects of the overall goal. However, the participating countries have been improving its health services with their efforts to improve PHC services and support from aid organizations. Some of the participants have played an active role under these conditions. Aid organizations other than JICA have also sent participants to the training. This confirms that the training has contributed to human resource development in the field of PHC.

(5) Sustainability

There is almost no problems in terms of the sustainability of the course operation by AIHD. The financial sustainability is assured, because AIHD has conducted training courses other than this project with the financial support provided by other aid organizations. In implementing this Project, AIHD has not actively accepted the participants with the support of other aid organizations than JICA. Although it is difficult for participant countries to dispatch their respective trainees at their own expense without the support from JICA, AIHD itself has funding abilities.

The Ministry of Health of Laos and Vietnam have established a course for the Master's degree of related subjects. In addition, the self-reliance efforts of the participating countries have resulted in activities to their own human resource development.

3-2 Factors that promoted realization of effects

(1) Factors Concerning the Planning

High quality training was realized as a result of a twenty-year cooperation with the implementing organization started from the Grant Aid cooperation of constructing facilities. The long-term cooperation contributed to the realization of effects.

(2) Factors concerning the Implementation Process

The project was focused on the fields of the participants, and the contents of the training was always being reviewed and adjusted according to the actual condition. Therefore, the project was highly evaluated by the participants and the organizations the participants worked for.

3-3 Factors that impeded realization of effects

(1) Factors Concerning the Planning AIHD did not try to enhance the financial sustainability of this project by finding donors for more financial support other than JICA.

(2) Factors concerning the Implementation Process

Department of Technical and Economic Cooperation of the Thai government notified the participating countries of the information on application for the training. At the same time, the Ministry of Health of respective countries selected the participants. Institutionally, JICA Overseas Offices of the participant countries were not involved in the selecting process, and the ex-participants were not involved in the JICA projects other than by accident. Thus there was no contact between the JICA cooperation and the participants.

3-4 Conclusion

The planning and implementation process of the project are highly appropriate, judging from the Five Evaluation criteria.

3-5 Recommendations

(1) JICA should continue the support to AIHD for five more years and cut down the scope of support year by year, so that AIHD can be financially sustainable.

(2) JICA Overseas Offices in the participating countries should strengthen their authority in selecting participants and monitoring activities of the ex-participants.

(3) AIHD should strengthen the publication to the Ministry of Health of the surrounding countries and to the aid organizations. AIHD should also enhance the marketing activities such as gathering participants.

3-6 Lessons Learned

Through the long-term cooperation with JICA, the implementing organization became dependent on JICA in terms of the financial resources to implement the project. Therefore, it is also necessary for AIHD to foster its own marketing ability to find other financial resources.

3-7 Follow-up Situation

The project is decided to be extended by five more years.