

Terminal Evaluation

Latin America and the Caribbean

1. Outline of the Project

Country:

Jamaica

Project title:

The Project for Strengthening of Health Care in the Southern Region

Issue/Sector:

Health/Medicare

Cooperation scheme:

Project-type Technical Cooperation

Division in charge:

Second Medical Cooperation Division, Medical Cooperation Department

Total cost:

540 million yen

Period of Cooperation

1 June 1998 - 31 May 2003

Partner Country's Implementing Organization:

Ministry of Health (MOH),
South Regional Health Authority (SRHA)

Supporting Organization in Japan:

Hirosaki University, Aomori Prefecture

Related Cooperation:**1-1 Background of the Project**

Health indicators of Jamaica are at relatively good levels (infant mortality rate was 24.5 against 1,000, and the life expectancy at birth was 72 years in 2001) compared with other Central and South American countries. However, chronic lifestyle diseases (CLD) such as hypertension and diabetes have been increasing along with negative lifestyle changes and the aging society. The difference of health care services between the metropolitan areas where more than 40% of its population is concentrated and other areas was the major issue in Jamaica.

Under these circumstances, the project was commenced at the southern region (three pilot parishes of Manchester, St. Elizabeth and Clarendon) whose health care was substandard compared to other areas, to improve the health of the people in this region with the aims of enhancing a medical health care system focusing on the education in health care related to CLD and preventing diseases.

1-2 Project Overview

To enhance the regional health systems in Jamaica, the project implemented the cooperation activities to the health workers through cooperating activities such as organizing disease prevention programs, physical examination, counseling activities, organizing textbooks on health care education to prevent CLD and implementing events for enlightenment.

(1) Overall Goal

The health status of the population of Jamaica is improved by strengthening the function of the regional health systems.

(2) Project Purpose

The health care system in the southern region is strengthened, focusing on the prevention of CLD.

(3) Outputs

- 1) The administrative/organizational capacity of the Southern Regional Health Authorities is improved.
- 2) The functions of parish health center facilities are improved.
- 3) Human resource skills are improved.

- 4) A CLD prevention model is developed and implemented in the pilot parish, Manchester.
 5) The CLD prevention model is extended to St. Elizabeth and Clarendon.

(4) Inputs

Japanese side:

Long-term Experts	13	Equipment	85 million yen
Short-term Experts	15	Local Cost	29 million yen
Trainees received	18		

Jamaican Side:

Counterparts	22
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Land and Facilities

Local Cost

2. Evaluation Team

Members of Evaluation Team

General: Kei SAITOH, Professor, Institute of Neurological Diseases, School of Medicine, Hirosaki University
 Regional Health Care: Michi SHIBATA, Assistant Coucilo, Department of Health and Welfare, Aomori Prefecture
 Cooperation Planning: Yasuyo OKUMOTOãSecond Medical Cooperation Division, Medical Cooperation Department, JICA
 Project Evaluation: Kenji FUJITA, Japan Productivity Center for Socio-Economic Development

Period of Evaluation	16 November 2002 - 7 December 2002	Type of Evaluation:	Terminal Evaluation
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3. Results of Evaluation

3-1 Summary of Evaluation Results

(1) Relevance

Chronic Lifestyle Diseases (CLD) have been major factors to mortality and morbidity in Jamaica. The Ministry of Health (MOH) has been promoting a healthy lifestyle among the population and the prevention of CLD as one of the national health priority goals. Moreover, South Regional Health Authority (SRHA) is preparing a five-year strategic plan(2003 - 2007)at southern health areas, the target areas of this project. The prevention of CLD is one of its priorities and a budget is allocated for this operation Therefore, the project is consistent with the policy of the Jamaican government. The project took the approach where the model was firmly established in Manchester and extended to St. Elizabeth and Clarendon. The concentrated input made the early extension to the other two areas possible, and the project plan in the target areas was appropriate.

(2) Effectiveness

Based on the interviews with the people in the region, it was confirmed to a large extent that their lifestyle had been changed and that the project purpose, "the health care system in the southern region is strengthened, focusing on prevention of CLD" was accomplished. In the process of the project, the administrative/organizational systems were amended at first, the techniques and willingness of staff were improved, and finally a model was developed to accomplish the project purpose. The most important promoting elements were the change in the perception of health factors of the Jamaican health staff involved in the project, and their greater level of commitment and appreciation for a healthier lifestyle.

(3) Efficiency

Three external factors described in the Project Design Matrix (PDM, a project plan) did not interfere with the project implementation. Through the project, friendly relationships were established with outside organizations such as the Diabetes Association of Jamaica, the Heart Foundation of Jamaica and the University of West Indies, and they cooperated through the dispatch of lecturers. As for the Jamaican staff, the allocation of doctors was delayed, but 23 workers were allocated in the end, and the number of the staff was adjusted to an appropriate level. As for the inputs provided by the Japanese side, the first allocation of equipment took much time, but the quality and quantity of the equipment provided were appropriate.

(4) Impact

As for the overall goal, "the health status of the population of Jamaica is improved by strengthening the function of the regional health systems", the Wellness/Mobile Clinic services (health check activities at clinics or medical examination cars) were not implemented outside the three pilot areas at the stage of terminal evaluation. However, as for the implementation of the project, health workers in other areas and public insurance companies expressed interest in the project activities, which showed that there were needs to the project in other areas. Therefore, the dissemination is expected to be carried out voluntarily. By having a check-up through Wellness/Mobile Clinic services, diseases other than CLD were detected early in some cases.

(5) Sustainability

The counterparts involved in the projects had high awareness, and the activities which are now being implemented in southern areas will continue to be carried out. However, more improvement is necessary for the maintenance of equipment due to the lack of staff and equipment management. As for the distribution of the effects of the project, a budget is not yet assured. However, as MOH highly evaluated the project, the technical support can be expected. Most of the clients of the Wellness/Mobile Clinic regard the health-screening fees as affordable, and if the regional health authorities can utilize them as activity cost, there will be no financial problem.

3-2 Factors that promoted realization of effects

(1) Factors Concerning the Planning

As the mid-evaluation focused on the prevention of LCD, the activity became simple and a care system was settled. Japan has abundant experience in the field, so the effects on the participants were especially favorable.

(2) Factors concerning the Implementation Process

- 1) As regard to the expenses of the Wellness/ Mobile Clinic, the share of the Jamaican side was gradually increased which enabled the Jamaican side to share the cost with the Japanese side.
- 2) As a result of continuous request for staff on the Jamaican side, the doctors in charge were appointed.
- 3) As the Steering Committee was established for monitoring and evaluating the project activities and functioned effectively, the ownership of the Jamaican side (SRHA) was enhanced throughout the project period.

3-3 Factors that impeded realization of effects

(1) Factors Concerning the Planning

N/A

(2) Factors concerning the Implementation Process

As the doctors in charge of the Wellness/ Mobile Clinic were not appointed for a long time at St. Elizabeth and Clarendon, the commencement of health screening was delayed.

3-4 Conclusion

The project has achieved the original objective for the most part. The Wellness/ Mobile Clinic launched by the project was the first health screening system run by a public organization in Jamaica. The model of the Wellness/ Mobile Clinic was first established in Manchester, and then was introduced in St. Elizabeth and Clarendon. The awareness of CLD among the members of the communities was increasing steadily, and an improvement in their lifestyle was observed.

3-5 Recommendations

- (1) It is necessary to take budgetary actions such as allocating the income of the Wellness/ Mobile Clinic to the project activities for the sustainability and expansion of activities.

(2) Fostering personnel of other areas by conducting training in the Southern area to the staff of other areas should be encouraged.

(3) In order to make people conscious of the prevention of CLD, it is necessary to promote free check-ups (a simple health screening at no charge) as the priority subject for the preventive health screening of CLD.

(4) For the follow-up process of the project, the Japanese side should dispatch the follow-up specialists in the field of health screening and a medical care information system.

(5) It is also important to carry out prevention activities of CLD in other Caribbean countries. Therefore, to offer the effects of the project, it is recommended to introduce the third-country training for Caribbean countries in Jamaica.

3-6 Lessons Learned

(1) To make the early development of a technical model to the whole target areas, it is effective to take the approach of the first technical transfer concentrating on one area before it is gradually expanded to other areas.

(2) For the appropriate information exchange and decision making of the policy, it is recommended that the working-level consultation meeting is held periodically.

(3) To plan equipment transfer and staff education without error, it is effective to have a sufficient preparation period between signing the Minutes of Discussion and the commencement of the cooperation to gain flexibility in the process.

(4) It is necessary to settle a project purpose which is not only consistent with policies, but also meets the needs of its people in order to establish grounds for the activities introduced by the project in the beneficiary country.

3-7 Follow-up Situation

Upon the evaluation described above, a third-country training (on CLD) is implemented over a three-year period from FY 2003. The short-term experts will also be dispatched in FY 2003 to distribute the activity model for the prevention of CLD developed in southern areas in Jamaica to the surrounding Caribbean countries where similar diseases are observed.