

Terminal Evaluation

Asia

I. Project Summary

- Country: The People's Republic of China
- Project name: Anhui Province Primary Health Care Technical Training Center Project
- Sector: Health and medical care Aid form: Technical cooperation project
- Oversight: Medical Care Cooperation Department, Medical Care Cooperation Section
- Cooperation funds (at time of evaluation): 494,886 yen
- Cooperation period

(R/D):

August 1, 1999-July 31, 2004

(Extension):

August 1, 2004 - April 30, 2005

(F/U):

(E/N)

(No charge)

- Recipient-related organizations: Anhui Province Department of Public Health/Science and Technology Agency
- Cooperating organizations:

Japan side:

National Institute of Public Health, Japan Association for Development of Community Medicine, Kochi Prefecture Health and Social Affairs Division and Culture and Environment Division

Other related cooperation:

1-1 Cooperation Background and Summary

In its Eighth Five-Year Plan (1991-1995), the government of The People's Republic of China (referred to below as "China") set the objective of every citizen enjoying primary health care (PHC) by 2000, and worked to expand and improve PHC. The condition of PHC-related facilities and service systems in rural areas remained inadequate, however, and China's government again established the objective of improving PHC in its Ninth Five-Year Plan (1996-2000), and has sought particularly to enhance PHC in rural areas. Under these circumstances, China's government requested the Japanese Government to implement a project for the education of PHC employee human resources at the PHC Technical Training Center in Anhui Province, a typical rural area in China. This request was accepted, and the project was initiated on August 1, 1999 in cooperation with the Anhui Province Science and Technology Agency as the project management organization and the Department of Public Health as the organization implementing the project.

1-2 Cooperation Details

(1) Primary objectives

- 1) Improve the level of PHC in rural villages in Anhui Province.
- 2) Establish Anhui Province as a model province for PHC human resources education in China.

(2) Project objective

Improve the training techniques for human resources education at the Anhui Province PHC Technical Training Center and establish a training organization.

(3) Results

- 1) A PHC project office was established.
- 2) A training organization was created.

- 3) A series of PHC management and technology teaching materials was compiled.
- 4) Teaching materials for education and training and equipment for clinical training were improved.
- 5) Instructor training techniques were improved.
- 6) The activity level of the training recipients (PHC managers and technicians) was improved.

(4) Staffing, equipment and funding (at the time of evaluation)

Japan side:

Long-term specialists dispatched	6	Equipment grant	146,140,000 yen
Short-term specialists dispatched	17	Local cost burden	70,883,000 yen
Trainees hosted	16	Other	

China side:

Counterpart placement	Placed according to need (Resident: 2)
Local cost burden	5,050,000 yuan
Provision of land and facilities	
Other	

II. Summary of Evaluation Committee

Investigators:

Leader:

Shinozaki Hideo, National Institute of Public Health, Director

Community healthcare:

Ieyasu Hidetaka, Kochi Prefecture Health and Social Affairs Division, Medical Care Policy Section, Section Chief

Public health:

Ishikawa Shizukiyo, Jichi Medical School, Division of Community and Family Medicine, Physician

Evaluation plan:

Takahashi Yohei, Japan International Cooperation Agency, Medical Care Cooperation Department, Medical Care Cooperation First Section

Interpreter

Kato Yoko, Japan International Cooperation Center

Evaluation analysis:

Ose Yasuko, Global Link Management Co., Ltd.

Evaluation period:

February 6, 2004-February 20, 2004

Evaluation category:

Final evaluation

III. Summary of Evaluation Results

3-1 Confirmation of Results

All six results expected for this project were achieved as planned and the project objective to "Improve the training techniques for human resources education at the Anhui Province PHC Technical Training Center and establish a training organization" also has already been achieved. With regard to the primary objectives, the committee evaluates the results to be moving positively toward achievement of the primary objective"1) Improve the level of PHC in rural villages in Anhui Province", because the project objective was achieved and the knowledge and techniques the training participants acquired through training at No. 1 Training Center and No. 2 Training Center are being put to use in an effort to expand PHC in rural villages. Moreover, with

regard to the second primary objective to "2) Establish Anhui Province as a model province for PHC human resources education in China," the government plans to hold an international seminar in Anhui Province in fiscal 2004 as a venue to announce the project results. By holding this seminar, the sense of "ownership" towards the project by the individuals related to the Anhui Province project is expected to increase, which is likely to provide strong motivation to make Anhui Province a model province for human resources education in China in the near future.

3-2 Summary of the Evaluation Results

(1) Validity

When the evaluation committee looked at project validity from the perspective of (a) consistency with the development policies of China's government, (b) consistency with the aid policies of Japan's government, (c) appropriateness of selection of the target group and (d) appropriateness of selection of the project target region (Anhui Province), we evaluated the project's validity to be high for the following reasons.

First, with regard to (a), in its Eighth Five-Year Plan (1991-1995) and Ninth Five-Year Plan (1996-2000) China's government set the objective that every citizen living in rural villages should enjoy PHC, and has been making an effort to improve PHC. Today, enhancement of rural village PHC is cited as a top priority in the Tenth Five-Year Plan (2001-2005), and the orientation sought by this project is consistent with the policy of China's government. With regard to (b), the objectives of this project are also very consistent with the aid policies of Japan's government because the Japanese government has enumerated the elimination of differences between urban and rural areas and support for the healthcare sector covering the poorest segment of the population as a top priority issue for Japan's aid policy toward China. With regard to (c), we judged the project is moving steadily towards accomplishing the primary objective to "improve the level of PHC in rural villages in Anhui Province" by focusing on both the PHC managers and technicians, the individuals to whom the project appeals directly, and on rural village residents, who will be the ultimate beneficiaries, as the target groups. Moreover, a province designated as poor by the central government was selected by priority when the selection of 15 branch offices was made, and the approach of putting top priority on the poorest segment of the population was judged to be appropriate. Finally, when evaluating (d), the committee believes implementing the PHC human resources education project for Anhui Province was appropriate, based on considerations such as the fact Anhui Province is a typical agricultural province, where approximately 80% of the population is engaged in agriculture, and the fact several well-known PHC-related human resource education institutions exist in the province, including Anhui Medical University and Anhui Medical College.

(2) Effectiveness

As indicated in "3-1 Confirmation of Results," the project objectives were achieved according to the initial plan. When reviewing the achievements, the committee judged that the accomplishment of each result contributed substantially to the achievement of the project objective and the primary objectives through the use of various devices for the human resources education process, including (a) selecting as trainees individuals suitable to become instructors after the participants had attended the lectures, (b) advising the instructors to enable them to respond to differences in the level of the trainees and (c) using a participatory approach and visual teaching materials to improve the effectiveness of the training. Moreover, in this project the trainees who attended the training did not take a leave from their work, but continued in their current positions, and were able to put the knowledge and techniques learned to use in their present activities. The trainees also held presentations to convey their knowledge to the medical care staff in country hamlets and villages, and the committee judged the results of the human resources education have been firmly linked to the achievement of the project objective and the primary objectives, and so evaluates the effectiveness of this project very positively.

(3) Efficiency

With regard to staffing, equipment and funding, aspects of the program such as the number of long-term and short-term specialists dispatched, their specializations and the timing and length of their dispatch were evaluated by both the specialists and their counterparts as appropriate. In particular, the combination of short-term dispatches of specialists and training in Japan earned high marks. Because the specialists whose counterparts received training in Japan were afterwards dispatched to local areas as short-term specialists, this enabled the counterparts to select appropriate trainees beforehand when these same specialists provided training locally. Moreover, for the short-term specialists as well, this made it possible to prepare technical instructions that would be effective in the local areas in advance, before being dispatched to the local areas, because the short-term specialists already understood their counterparts' knowledge, technical level and needs. Moreover, with regard to counterpart placement, two counterparts were assigned to the project office overseeing the entire project, and project offices were also set up at the 15 branches of the Anhui Province Department of Public Health and an individual responsible for the project was assigned to each office. This type of organization proved effective in ensuring instructions from the central project office to each prefecture concerning project activities were thoroughly provided. Furthermore, the equipment provided to the No. 1 Training Center and No. 2 Training Center and the vehicles used to disseminate the healthcare training that were supplied by the province were managed and maintained appropriately, and these equipment and vehicles helped to extend PHC to the residents in rural villages. For the reasons mentioned above, the efficiency of this project is evaluated very positively.

(4) Impact

A number of results can be cited as the positive impact from implementation of this project, including (1) improvement of the knowledge and technical level of the PHC staff in hamlet public health clinics and village public health offices, (2) change in rural village residents' attitudes concerning health as a result of the dissemination of health and hygiene education and (3) indications of medical care and prevention being integrated into healthcare measures. With regard to (1), as a result of implementing this project the PHC-related individuals at the province level who attended the PHC-related training at the No. 1 Training Center and No. 2 Training Center became instructors themselves after attending the training and are providing training for individuals engaged in PHC in hamlets and villages. As a result, the knowledge and technical skills of the PHC staff in hamlet public health clinics and village public health offices have improved, and rural village residents can enjoy a higher level of PHC services than before. With regard to (2), concerns about the health of rural village residents have increased because of negative events such as SARS and flooding that are impossible to anticipate, and this was linked to an emphasis on health education in the second half of the project. The service to provide visiting medical examinations to rural villages using the vehicles for disseminating healthcare education is popular among rural village residents, and residents' health awareness continues to grow. With regard to (3), the concept of prevention continues to spread among residents along with the dissemination of health education, and the integration of medical care treatment and prevention approaches continues to spread for PHC measures as well.

(5) Development of self-reliance

The committee judged the development of self-reliance through this project to generally be high when evaluated after the project completion from perspectives such as (1) policy aspects, (2) organizational capabilities of the implementing institutions, (3) technique retention rate and (4) management and maintenance of equipment and the vehicles used to disseminate healthcare education. With regard to (1), as mentioned previously China's government has declared the enhancement of PHC in rural villages as a top priority in its Tenth Five-Year Plan (2001-2005), and government support concerning PHC measures is expected to be continued in the future. With regard to (3), the trainees who received training through the project are giving courses to share the knowledge and techniques learned with the PHC staff at hamlet public health clinics and village public health offices, without resigning their positions. Because the PHC human resources education provided by the project is contributing in this manner to the spread of new PHC-related knowledge and techniques to rural villages, the development of self-reliance from a technical aspect also is judged to be excellent. With regard to (4) as well, the equipment donated so far is being managed and maintained properly, and the institutions are expected to provide management and maintenance in the same manner in the future. For the vehicles to disseminate healthcare education, training in Japan concerning procedures for using the medical examination vehicles is scheduled to be held in May 2004 for staff at the provincial level. The individuals who attend this training will be responsible for the operation and management of the health education vehicles in the future, and are deemed capable of performing management and maintenance appropriately in the future. For the reasons indicated above, the development of self-reliance through this project is generally evaluated to be excellent. With regard to (2), however, although a system to continue similar PHC human resources education in the future has been established, the outlook for ensuring sufficient funding to maintain this organization faces some difficulties, and securing ongoing funding is a future issue.

3-3 Factors that contributed to the results shown

A number of unanticipated negative events occurred during the project period, including an outbreak of SARS in April 2003, floods in June of the same year and avian influenza in January 2004. There was a silver lining, however, because local residents' interest in public health and preventive care was spurred by SARS and the epidemics resulting from the flood damage, and the heightened need for health education in Anhui Province was a positive result. Therefore such unanticipated "negative" events became a factor promoting the spread of health education, causing the counterparts to emphasize health education in the latter half of the project, and simultaneously served to create greater interest in public health and preventive care among rural village residents as well.

3-4 Problems and causative factors

Because several unanticipated negative events such as SARS, flooding and avian influenza occurred, the project team was compelled to make changes in the initially planned training schedule. Through steps such as adding a course on nosocomial infections to the training during the period of the SARS outbreak, however, the counterparts were able to respond flexibly to the unanticipated negative factors as well. As also described in "3-3 Factors that contributed to the results shown," residents' interest in health was heightened by the occurrence of negative factors such as SARS and flooding, and the counterparts linked this to the dissemination of health education.

3-5 Conclusions

All six results expected for this project have been achieved nearly as planned, and a PHC human resources education system has already been established at the provincial and state levels. Therefore the project objective to "Improve the PHC human resources education at the Anhui Province PHC Technical Training Center" is judged to have been achieved. In addition, the health education activities that began to be emphasized from the latter half of the project are proceeding well, and the creation of a system to expand this activity is a future issue.

3-6 Proposals (specific measures, proposals and advice concerning said project)

(1) New medium to long-term objectives to be met 5-10 years after the project ends should be established because the infant mortality rate, vaccine immunization rate and facilities birth rate indicators set as the primary objectives have already been achieved.

(2) Additional support will be necessary after the project ends in order to expand rural village PHC, including health education.

(3) For the international seminar scheduled in 2004, plans should be made to announce the project results domestically and internationally, so they will be beneficial for future rural village PHC activities in Anhui Province.

3-7 Training (Matters that will serve as a reference for the identification/formation, implementation and operation and management of other similar projects derived from a said project)

(1) For training implemented as a human resources education project activity, effective training can be achieved by flexibly combining lecture formats and types of participation according to content and the individuals being trained.

(2) An outlook that can convert unanticipated negative factors that are encountered into positive factors is required (example: the outbreak of SARS and occurrence of floods became an opportunity to place emphasis on health training).