

別添 2-1 結果要約表 (英文)

Summary

Evaluation conducted by: the Foundation for Advanced
Studies on International Development (FASID)

Report date: June 2009

1. Outline of the Project	
Country: People's Republic of China	Project Title: Anhui Primary Health Care Technical Training Center Project
Issue/Sector: Health	Cooperation Scheme: Technical Cooperation
Division in Charge: First Medical Cooperation Division, Medical Cooperation Department	Total Cost: JPY 853,059,000
Period of Cooperation	August 1, 1999 – April 30, 2005 (Extended Period of Cooperation: August 1, 2004 – April 30, 2005)
	Partner Country's Implementing Organization: Anhui Provincial Public Health Department, Anhui Provincial Commission of Science and Technology Supporting Organizations in Japan: National Institute of Public Health, Japan Association for Development of Community Medicine, Department of Health and Welfare / Department of Cultural and Environmental Affairs of Kochi Prefecture, Jichi Medical University
Other Related Cooperation: None	
1-1. Background and Summary of the Project	
<p>One of the objectives that the Chinese Government set in their Eighth Five-year Plan (1991-1995) was to ensure all citizens the access to Primary Health Care (PHC) by 2000; efforts were made both at the central and local levels for the promotion of PHC. However, although the objective was more or less achieved in urban areas, in rural areas, there were still insufficient PHC-related facilities and service systems. Hence, in the Ninth Five-Year Plan (1996-2000), the Chinese Government defined the continual improvement of PHC as a targeted goal, particularly in rural areas.</p> <p>Under the given situation, the Chinese Government requested the cooperation of the Japanese Government for the implementation of a training project for PHC workers in the PHC Technical Training Center Project in Anhui Province, a typical agricultural province where approximately 80% of the population engaged in agriculture. The PHC Technical Training Center is a collective term for selected provincial and prefectural training institutions, consisting of three branches; Center I (College of Health Administration, Anhui Medical University) and Center II (Anhui Medical College) are provincial institutions, and the 15 sub-centers (medical schools in 15 different prefectures) are centers at the prefectural level.</p> <p>Upon the request of the Chinese Government, the Japan International Cooperation Agency (JICA hereafter) initiated a technical cooperation project in August 1999, with an expected duration period of five years.</p>	
1-2. Project Overview	
(1) Overall Goal	
<ol style="list-style-type: none"> 1. To improve the rural PHC level in Anhui Province 2. To allow Anhui Province to serve as a model of human resources development for PHC that could eventually be replicated in other provinces in the People's Republic of China 	
(2) Project Purpose	
To enhance human resources development at the Anhui PHC Technical Training Center	
(3) Outputs	

1. A PHC Project implementation office is established
2. A training implementation structure is developed
3. Training materials for PHC management and skills are developed
4. Equipments and facilities for classroom training and clinical training are provided
5. Teachers' training skills are improved
6. The operational levels of trainees (PHC managerial staff and technicians) are improved

(4) Inputs

Japanese Side:

- Long-term experts: 6 persons
- Short-term experts: 21 persons
- Training of Counterparts in Japan: 30 persons
- Provision of equipment and machinery: JPY 340,000,000
- Local costs: JPY 70,000,000
- Other expenses: JPY 20,000,000

Total Cost JPY 850,000,000

Chinese Side:

- Counterpart Personnel: 2 persons, full-time (Others assigned when needed)
- Construction/Research Costs: N/A
- Administrative Costs: 5,050,000 Yuan (JPY 70,000,000)
- Provision of land/facilities
- Other Expenses

2. Evaluation Team

Members of Evaluation Team	Evaluation Analysis: Naomi Okada (Director, Department of Planning and Program, FASID) Evaluation Analysis: Rie Fusamae (Program Officer, Department of Planning and Program, FASID) Analysis Assistant: Zhao Haidong		
Period of Evaluation (Field Study)	March 29, 2009 – April 11, 2009 (including two other ex-post evaluation studies)	Type of Evaluation	Ex-post Evaluation

3. Project Performance

3-1. Performance of the Project Purpose

The Project Purpose, “to enhance human resources development at the Anhui PHC Technical Training Center,” was evaluated as having been achieved by the completion of the project. Indicator 1 (the number of PHC-related articles or research papers written by teachers to reach 80) marked only 74 at the final evaluation by the time of the terminal evaluation, however, calculating from the number of papers (123) published by the ex-post evaluation study, it is assumed that Indicator 1 had reached 80 by the end of the project. Regarding Indicator 2 (one third (3,000 persons) of all assigned personnel in the 15 sub-centers being trained within the project duration), by the end of the Project there were 3,060 persons in training, thus the Project Purpose was accomplished. By the ex-post evaluation, 4,546 persons had received training.

3-2. Achievements related to the Overall Goal

The targeted levels of the indicators of the first Overall Goal (to improve the rural PHC level in Anhui Province) such as the infant mortality rate, the Expanded Program on Immunization (EPI) vaccination rate and the rate of delivery at maternity clinics/facilities were inappropriately set, hence they had already been accomplished before the start of the project or by the middle of it. Regarding the second Overall Goal (to allow Anhui Province to serve as a model of human resources development for PHC that could eventually be replicated in other provinces in the People’s Republic of China), since there had not been any indicators set, there were four substitute indicators set for the ex-post evaluation purposes. The four

alternative indicators were: (1) how the methods/training materials of human resources development employed/developed under the Project have diffused to other provinces, (2) the human resources development of other provinces that have taken in the training methods of this project, (3) the effects of the international seminar held in 2004 (its effects on participants from other provinces) and (4) examples of the Anhui Province project being introduced nationwide. Although the impacts of the project could not be observed in other provinces, a number of examples of Indicator (4) were seen, and those involved in the Project are working hard towards Anhui becoming a model province.

3-3. Follow-up of the Recommendations of the Terminal Evaluation Study

(1) Proposal 1 (Establishment of a new mid/long-term goal to be met in 5-10 years subsequent to project termination)

After the Project ended, “The Eleventh Health Service Five-Year Plan (2006-2010)” was initiated in Anhui Province, and two new goals were established to be met by 2010; a 9% reduction in the infant mortality rate and a 16% reduction in the maternal mortality rate.

(2) Proposal 2 (Additional post-project assistance for the enhancement of rural PHC, including health education)

The Central Government of China and the Anhui Provincial Government are giving assistance in rural medical and health workers and managerial staff training, and in the employment of rural PHC staff and the dispatching of PHC personnel to rural areas. JICA carried out a grass-roots technical cooperation project from 2006 through 2008, dispatching experts and training counterparts in Japan, for the promotion of health education.

(3) Proposal 3 (Presenting the outcomes of the Project in an international seminar)

Due to this proposal, the duration of the Project was extended by nine months for the preparation of the seminar. The Ministry of Health and 10 provinces of Midwestern China were invited, and altogether approximately 120 people participated in the seminar. The Project outcomes were presented in line with the main topics of the seminar, “human resources development” and “health education,” and the post-project plans of Anhui Province were presented by the director of the Public Health Department.

4. Results of Evaluation

4-1. Summary of Evaluation Results

(1) Relevance

The aim of this Project was in line with the Tenth National Economic and Social Development Five-Year Plan (2001-2005), one of China’s fundamental policies that placed importance on the improvement of PHC in rural areas, and also with the Anhui Province Tenth National Economic and Social Development (2001-2005). It was also consistent with Japan’s Economic Cooperation Program for China, which gives priority to areas such as education and health, and focuses on improving the livelihood of the poor. Furthermore, because the Project’s approach may contribute to the accomplishment of the Millennium Development Goals (MDGs) or other goals of the Chinese Government policies, it is evaluated that this Project was still highly relevant.

(2) Effectiveness

Since the expected Outputs were all produced as planned, and since the Project Purpose was also accomplished by the end of the project, the anticipated effects were able to be observed. However, the Project Purpose can be acknowledged as a restatement of the Outputs, therefore the achievement of the Outputs did not necessarily contribute to the achievement of the Project Purpose. Consequently, based on the PDM and viewpoints given in the JICA evaluation guidelines, the Project cannot be evaluated as highly effective.

(3) Efficiency

Both the content and the timing of the inputs of experts, counterpart training and the placement of the counterparts are evaluated as being appropriate. However, it is not certain whether a subset of the provided machinery and equipment was actually essential. In addition, the health education promotion car was supplied in the initial project termination period, which was later than planned, though unexpected events such as the outbreaks of SARS and avian flu and flooding affected activities under the project. Taking these factors into consideration, the overall efficiency of the Project is evaluated as relatively low.

(4) Impact

The actual achievement of the Overall Goal in terms of indicator values largely exceeded the numerical targets set in the PDM, and a moderate spillover effect was observed, such as the diffusion of health education in rural areas. Despite this, there was a huge gap between the Project Purpose and the Overall Goal, and since governmental measures other than the Project are likely to have contributed to the accomplishment of the Overall Goal, it is difficult to establish to what degree the Project affected the outcome of the Overall Goal. No negative impact of the Project was confirmed in this ex-post evaluation.

(5) Sustainability

Although different from the training implementation structure of the Project, a personnel training is still executed, utilizing the Project's training materials, and taught mainly by teachers that were trained in the Project. The policy environment has been favorable for the continual capacity development of rural personnel, the initiatives of the Anhui Provincial Government have been demonstrated, and the capacity of human resources at training institutions at both the provincial and prefectural levels have improved, thus the project is evaluated as being highly sustainable. However, a number of institutions at the prefectural level are short of their training budgets, and for the effects of the Project to reach the village and township levels, a sufficient budget for personnel training needs to be secured at the prefectural level.

4-2. Factors that have promoted the Project

(1) Impact

The policies implemented by the Chinese Government, along with the increase in inputs, have contributed significantly to the impact of the Project. The Indicators of the first Overall Goal (the infant mortality rate, the EPI vaccination rate and the rate of delivery at maternity clinics/facilities) are shared with or were closely related to the Government's policy goals and the MDGs' indicators, thus the government's PHC-related facilities are presumed to have largely contributed to the accomplishment of the first Overall Goal.

In addition to the fact that project counterparts and trainees fully recognized the essential project principles on health education, there were other factors that led to its diffusion. The breakout of SARS and avian flu brought about a movement to place more importance on health education, the Anhui Government implemented the "Health Education and Health Promotion Plan (2007-2010)", and especially in prefectures facing financial difficulties, the fact that health education had a higher cost-performance than regular medical practice, are all factors that are thought to have contributed to widespread health education.

(2) Sustainability

The main reason that the Project's sustainability has been able to be maintained is because both the Chinese and Anhui Governments' policies place importance on rural PHC and health/medical human resources development. Another crucial factor is that within the Anhui Provincial Public Health Department, project counterparts have been promoted to important posts such as the director of the department, hence human resources development has been given priority. The Public Health Department will not only continue to apply experiences from the project to their present system/environment, but they also have plans to further enhance the effects of the project.

4-3. Factors that have inhibited the Project

(1) Impact

None in particular.

(2) Sustainability

Issues to do with budget shortages for training and a lack of human resources in less developed prefectures were deterrents to the Project sustainability for the prefectures in question. Training budgets at the prefectural level largely differ amongst prefectures, hence training activities that are able to be implemented also largely vary. Furthermore, for the effects of the Project to be sustained, the fact that village health workers have low training participation rates and little motivation to be trained needs to be paid attention to, as the issue could become a deterring factor for the sustainability of the Project.

4-4. Conclusion

From observing the achieved outputs, the Project can be evaluated as being highly effective. However, although a minor spillover effect was perceived, judging from the five evaluation criteria and from JICA's project evaluation guidelines, an integrated evaluation result was not derived on the impact of the Project, the most important focal point of the ex-post evaluation, due to there being a large gap between the Overall Goal and the Project Purpose. The project's sustainability, another important item in ex-post evaluation, is highly evaluated because the environment needed for the project's effects to be sustained was present. However, deterring factors such as the training budget issue at the prefectural level were also confirmed.

4-5. Recommendations

(1) Monitoring of training activities at the prefectural level by the provincial government and providing assistance in less developed prefectures

For further rural PHC development in Anhui Province, the enhancement of human resources at the village and township levels is essential; however, in less developed prefectures, the training budget is scarce and this is acting as a constraint towards training activities. The training conditions of each prefecture should be monitored by the Provincial Government to promptly detect such issues, and providing assistance for these regions should be considered.

(2) Establishment of a common understanding about the idea of a “model province for the human resources development for rural PHC,” the implementation of activities based on the idea and the measurement of their effects

The Anhui Government has maintained a high consciousness for becoming a model province for PHC human resources development; however, there is no common understanding as to what constitutes a model province amongst concerned officials. A more concrete image of a “model province” is needed, and it is anticipated that specific targets are set for its achievement and the effects of the set goals are measured.

(3) Reconsidering the managerial staff training system

After the termination of the Project, managerial staff training at the provincial level has not been implemented on a regular basis. Presently, managerial staff training is being carried out by different institutions irregularly. So, as to maintain the quality of the training, and to appropriately administer training for the right audience at the right timing, there is a need to reconsider the managerial staff training system.

(4) Assistance for personnel development at the village/township levels

For Anhui to become a model province for rural PHC personnel development, the effects of the

Project ought to extend further to the lowest levels (village and township levels). At present, the Chinese Government is promoting infrastructural development for the enhancement of services at the lowest levels, but the personnel development in these areas is insufficient. For the realization of a model province, the human resources development system at the lowest levels needs to be enhanced, the quality of the training must be improved, and it is anticipated that Japan's technical cooperation in these areas is considered.

4-6. Lessons Learned

(1) Importance of comprehensive planning / reviewing the project

The indicators of the Project Purpose were set as the number of trainees, which is actually one of the Outputs of project activities, and the number of published papers to indicate the level of the teachers. Although monitoring for the training effects was performed in the 15 sub-centers at the prefectural level, and a lot of equipments were provided for these sub-centers, the degree of accomplishment of the Project Purpose was only measured by the indicators related to Center I and II, the provincial institutions. The illogicality in the PDM itself is not an issue, however, there is a risk of the project aim becoming vague. Therefore, it is important for those involved in the project to articulate the project objectives and revise PDM as necessary throughout the project implementation period.

(2) The Importance of setting appropriate indicators

The targeted indicators set prior to the project should be reconsidered by the project team and of course, the mid-term evaluation team, within the duration of the project. In addition, for project members to be able to have a common, clear understanding of the aim of the project, indicators for the Overall Goal should also be set within the project; this is crucial for achieving a higher impact.

(3) How the project should deal with unexpected external factors

Though the breakout of SARS, avian flu and severe flooding occurred within the duration of this Project, these external factors were dealt with in a flexible manner, and through health education, the Project was able to support the Provincial Government's measures for these affairs. By flexibly and effectively addressing such issues, the significance of the project will be enhanced, and this could in turn result in positive spillover effects.