

## Evaluation Summary

1. Outline of the Project	
Country: People's Republic of China	Project Title: Project for Capacity Building of Reproductive Health and Family Care Service in Central and Western Region
Issue/Sector: Health – Health System	Cooperation Scheme: Technical Cooperation Project
Division in Charge: JICA China Office	Total Cost: 269 million yen
Period of Cooperation: April 1, 2006 to March 31, 2009	Partner Country's Implementing Organizations: National Population and Family Planning Commission of China
	Related Cooperation: Grant Aid "The Project for Improvement of Equipment for Reproductive Health/Family Health Training Center"
<p>1-1 Background of the Project</p> <p>As a result of promoting family planning representing one-child policy in China, it led to maintain a low birthrate and to curb accelerated population growth. National Population and Family Planning Commission of China (NPFPC), which is the highest organ on family planning, gradually changes the policy from curbing population growth to improvement in the quality of healthy life and works on comprehensive health promotion service including family planning, maternal and child health, prevention of parasite and nutrition improvement. Recently, it is needed to expand such a health promotion service to central and western region in China. where less progress has been made in the economic growth, and to deal with new issues such as infectious diseases, fluid population and aging society. Therefore, it is necessary to develop human resources in central and western region and to strengthen the existing family health services center which becomes a base for activities.</p> <p>In response to the situations described above, in 2003, the Chinese Government made a request to the Government of Japan for technical cooperation aiming at improvement of reproductive health and family care services in the central and western 20 provinces, autonomous regions and municipality through strengthening the training capacity in China Training Center of Reproductive Health and Family Care (CTC) which was supported by Japanese grant aid. JICA launched the “Project for Capacity Building of Reproductive Health and Family Care Service in Central and Western Region” , scheduled for three years from April 2006.</p>	
<p>1-2 Project Overview</p> <p>(1) Overall Goal Situation of the reproductive health and family health are improved in the central and western regions in China.</p> <p>(2) Project Purposes Capacity for provision of the reproductive health and family health service are improved in the central and western regions in China, through strengthening the training capacity of CTC.</p> <p>(3) Outputs 1. The training on reproductive health and family health service to meet needs in the target regions is appropriately implemented in CTC.</p>	

2. The implementation system for the service enhancement is strengthened in the service organization in the model sites.
3. The experiences in the model sites are shared with the target regions through support of CTC.
4. Provincial level staff in the central and western 20 provinces in China is able to lead the service organizations to spread family health service.

(4) Inputs

Japanese side:

1. Dispatch of long-term experts: 2 people in total
2. Dispatch of short-term experts: 20 people in total
3. Trainees received in Japan: 39 people in total
4. Equipment supply: Approx. 6.28 million RMB (94.2 million JPY)
5. Local Cost

Chinese side:

1. Assignment of counterparts
2. Facilities provision (project office for experts in CTC)
3. Local cost

2. Evaluation Team

Members of Evaluation Team	Leader/Health System Planning: Dr. HAYASHI Kenji Vice President, National Institute of Public Health, Japan Capacity Development: Ms. HORII Satoko Associate Expert, Reproductive Health Division, Human Development Department, JICA Evaluation Planning: Mr. SAKAMOTO Yoshimasa Representative, China Office, JICA Evaluation and Analysis: Mr. TSURUTA Hirofumi Chief Consultant, Binko International ltd.	
Evaluation Period	November 15, 2008 to December 5, 2008	Type of Evaluation: Terminal Evaluation

3. Results of Evaluation

3-1 Achievement Level

(1) Achievement of the Outputs

1) Output 1

It is considered that Output 1 has been sufficiently achieved. In CTC, 15 training courses receiving 381 trainees in total have been conducted between the launch of the project and the terminal evaluation. 94% of courses implemented in CTC were based on curricula organized through activities of this project. In addition, It was confirmed by capacity test after trainings in CTC that all of trainees who participated in trainings of trainers acquired necessary knowledge.

2) Output 2

It is confirmed that Output 2 has been achieved from both hardware and software aspects. On hardware aspect, it is confirmed through monitoring that 99% of supplied equipments are utilized. In

addition, construction of facilities and equipment supply were also implemented by resources of Chinese side. On software aspect, service center in the model sites not only formulated their own operation plan through trainings but also shared experience of training in CTC with 5961 staffs in total, who were confirmed to fully understand those contents.

### 3) Output 3

Output 3 is almost achieved and the system to share the experience based on the support of CTC was developed. The opportunities for 20 provinces to gather for sharing the experience have been properly offered. Moreover, the homepage is regularly updated and the newsletter is periodically issued. These contributed to construction of the system to share the experience of the model sites.

### 4) Output 4

Although the data of each indicator on PDM is not fully collected, it is considered from the progress situation that Output 4 has been achieved. Until now, the approach for provincial level staff to understand the concepts of family health and the services has been taken. Through these activities, promotion of strengthening of the monitor and the assessment capacity was confirmed and plans were formulated. Furthermore, it worked to construct and promote the implementation system for the family health service through issuing guideline etc., and organizing the structure to achieve outputs was promoted.

## (2) Achievement of the Project Purposes

It is considered that the Project Purposes has been achieved. At the time of this terminal evaluation, 8 provinces with model sites have determined the spreading sites other than project sites and have started introducing family health service there. In addition, 12 provinces without model site have also determined 11 spreading sites, and 7 sites of them have formulated the plans for introducing the family health service. These results show exceeding the target value of the project.

## 3-2 Summary of Evaluation Results

### (1) Relevance

It can be said that the relevance of the project was high. This project is not only contributing to correcting the disparities that is the current biggest challenge in China but also contributing to the development strategy in China. In addition, it meets with the approach of the government of Japan such as Economic Cooperation Program for China and Health and Development Initiative.

### (2) Effectiveness

It can be said that the effectiveness of the project is high. Through this project, "Strengthening the capacity of CTC" was promoted and CTC is highly evaluated as a domestic and international training base. Moreover, it was supported on software aspects through such as the training of CTC and on hardware aspects like the equipment supply. And, it improved "Capacity for service provision in central and western region" as a result of steady promotion of the family health service in central and western region based on the leadership of NPFPC.

### (3) Efficiency

After the mid-term evaluation, the project inputs were carried out according to the plan and it can be

said that it contributed to producing the project outputs. At the later stages of the project, respective roles of related officials became clear by the cooperation among the Japanese side experts, NPFPC, CTC, and Chinese side experts etc. and it was improved efficiency of the project management and organic interaction among major components of this project, which are the training in China, the training in Japan and the equipment supply.

#### (4) Impact

The system for strengthening the capacity of staffs and organization engaged in the family health service and for promoting such services system has been established through this project. It is expected that the structure established by this project will contribute to the improvement of the health and the medical situation described on the overall goal with enhancement and promotion of family health service in the future.

#### (5) Sustainability

Through this project, the concept of family health has been established and the service promoting system has been developed. Furthermore, CTC has been strengthened the capacity as the base of training, information and research, and the capacity of 8 model sites has been steadily strengthened. As mentioned above, the capacity of individuals, organization, system and society was overall and spontaneously improved, and it established the concept of family health and the base of service promotion. Such capacity ensures the sustainability of this project for the future.

### 3-3 Contributing Factors

#### (1) Project Planning

- On the NPFPC side, there were the strong will to promote the project, network which have ever been constructed, spontaneous activities and technological base etc.
- Chinese side experts provided their expertise and technology, and Taicang City family health service center offered their service model.
- CTC, whose foundation was supported by the Japanese grant aid cooperation, performed the function of the training base.

#### (2) Implementation Process

- The concept of "family health" was established as 3 x 3 matrix which consisted on three fields; maternal and child health, adolescence health and health for the elderly, and three measures; health education, health checks and health counseling. Moreover, the direction of project activities was determined.
- Development of the monitoring system and the management system were selectively carried out.

### 3-4 Obstacles

#### (1) Project Planning

- "Strengthening the training capacity of CTC" and "Improvement of the capacity for provision and promotion of services" were included in components of this project and 20 provinces were target regions. Therefore, project purposes and targets were high.

## (2) Implementation Process

- No experts had been assigned for three months after starting the project.
- Even after experts were assigned, it took a long time to share directions of the implementation process and recognition of each role among officials.

## 3-5 Conclusion

Through project activities for three years, it was recognized that the training capacity of CTC was strengthened and practical capacity of related organizations in central and western regions was improved due to it, therefore the effectiveness of the project is high. The first contributing factor of this project is that the concept of family health reflecting needs of health issues in China and the basic system for family health service, 3 x 3 matrix, have been established by NPFPC which played a central role. The second factor is that the base of implementation system for promotion of family health service in central and western regions have been developed through utilizing network from central government to grass-root. Finally, it is also included in factors that effective trainings were implemented through improvement of the capacity of training management in CTC. As mentioned above, the capacity of system, organization and human resource on family health was overall improved, therefore it can be said that this project is valuable from aspect of sustainability.

## 3-6 Recommendations

### (1) Improvement of quality of family health service

From now on, it is required that each organization related to training will try to improve capacity of human development for improving respective expertise on providing services and also that the system development for its support will be strengthened further.

### (2) Strengthening capacity for monitoring

On the process of promoting family health services, activities mentioned below are required; to set indicators for appropriate evaluation, to strengthen the capacity for monitoring such as data management and to establish a monitoring system.

### (3) Promoting family health services

Provinces with model sites are required to regularly hold workshops with other 12 provinces for promoting family health services. And also provincial level staffs in each province are required to strengthen the constant supervision to respective family health service centers for promoting.

### (4) Future expansion of adolescence health and health for the elderly

Regarding adolescence health, it is required to expand activities regardless of conventional frame, such as including contents against the comprehensive health problem, collaboration with school health and so on. Regarding health for the elderly, preparing for aging society with a falling birthrate, it is needed to focus on prevention of disease and health improvement and to develop the system of health education, health examination and consultation to encourage individual health action.

## 3-7 Lessons Learned

### (1) Aspect of capacity development

Individual capacity, organization capacity and development of social system were improved together on the process of this project. As a result, it is considered that implementation of family health service in target regions was accelerated and base for promoting was established. Since China has achieved high economic growth and has been required shift in healthcare policy, the future cooperation in healthcare field are required to include an aspect of capacity development focused on training human resource and strengthening healthcare system like this project.

(2) Potential of family health

Although approach against individual health problem is generally intervention only for individual target, family health takes an approach to treat a family sharing life base as one unit. The approach of family health in units of families, which was considered Chinese culture and established through this project, is an innovative idea, so it is expected that this approach will have impact to all of developing countries.