

## Summary of Evaluation Study Result

1. Project Overview	
Country: Federative Republic of Brazil	Project Title: Healthy Municipality Project in the Northeast Brazil
Field: Public health, community health and community development	Type of Cooperation: Technical Cooperation Project
Competent Department: JICA Brazil Office	Cooperation Amount (estimate at the time of evaluation: JY 400 million (JY 405,142,000))
Cooperation Period	(R/D): December 1, 2003 to November 30, 2008
	Agencies Involved on the Brazilian Side: Center for Public Health and Social Development, Federal University of Pernambuco (NUSP/UFPE); and State Agency of Planning and Research, Secretariat of Planning and Management, State of Pernambuco (ACF/SEPLAG)
	Cooperating Agencies on the Japanese Side: International Medical Center of Japan (IMCJ)
	Other Cooperating and Related Agencies: Juntendo University (Japan), Shirai City (Chiba Prefecture, Japan), etc.
1-1 Background and Overview of Cooperation	
<p>Northeast Brazil is the poorest region in the country. Especially in the inland and the peripheral areas of the big cities, an inadequate public health infrastructure, combined with the lack of local inhabitants' basic knowledge of sanitation, widespread diseases are caused by parasitic insects and other reasons. Poverty and malnutrition lead to a high infant mortality rate. Furthermore, the low educational standard of the locals worsens the overall situation. To deal with these problems, from 1995 to 2000 the Federal University of Pernambuco (UFPE) together with the State Government of Pernambuco conducted the "Public Health Development Project for Northeast Brazil in Pernambuco" with the support of JICA's project-type technical assistance. This project brought some good effects, as for example a decreased infant mortality rate on the pilot site. However, Northeast Brazil, including the State of Pernambuco still holds one of the lowest health and social development indices compared to the Brazil's national averages. Under these circumstances, the Brazilian Government requested the Japanese Government for a Technical Cooperation Project aimed to develop a model of social mechanism necessary for improving human development indices in the region. The Brazilian Government required that this project should be based on the experience, know-how and relationship with the agencies concerned including local governments, obtained from the aforementioned "Public Health" project, and should involve not only the health sector but other sectors as well. The five-year "Healthy Municipality Project in the Northeast Brazil" started in December 2003, and had the UFPE and the State Government of Pernambuco as its</p>	

Brazilian counterparts (C/Ps). By taking a health-promotion approach, this project aims to improve the health and quality of life of the local inhabitants of the project site. The PDM was amended three times during the project implementation period after discussions with all the parties concerned. This is because when the project was launched considerable time was spent coordinating the opinions of those involved as well as changing the people's awareness to establish a project concept and to develop methodology, and also because the establishment of indices and target values were difficult in this project that focused on local people's participation, where changes were not easily quantified. These are later referred to in 'Lessons Learned' (3) and (4) as issues to be taken into account when designing a similar project.

#### 1-2 Contents of Cooperation

The purpose of this project is to establish an effective mechanism of "Healthy Municipalities" in the municipalities supported by UFPE and the State Government of Pernambuco, with these agencies acting as counterparts.

(1) Overall Goal:

To improve the quality of life of the participating municipalities' inhabitants within the State of Pernambuco, where "Healthy Municipalities" activities are implemented.

(2) Project Goal:

To establish a mechanism in the State of Pernambuco by which local people and administrative authorities work together to implement "Healthy Municipalities".

(3) Output:

- 1) The capacity of UFPE and the State of Pernambuco to support "Healthy Municipalities" in joint effort is improved.
- 2) The capacity of local people and administrative authorities in the pilot communities to work together to implement "Healthy Municipalities" is improved.
- 3) The concept and methodology of "Healthy Municipalities" is spread to regions other than the pilot communities.

(4) Investment (as of July 2008)

Japanese side: total investment amount (estimate) JY 400 million (JY 405,142,000)

Provision of equipment: JY 37,207,000

Number of long-term experts dispatched: 7

Number of short-term experts dispatched: 26

Local cost (estimate) : JY 56,839,000

Number of trainees accepted: 30

Brazilian side:

Number of counterparts appointed: 30

Provision of land and facility: provision of offices for Japanese experts

## 2. Outline of Evaluation Study Mission

Mission Member	(Specified area: Name Position)
	1. Mission leader/general affairs: Masahiro Kobayashi Director, JICA Brazil Office
	2. Health planning: Seiki Tateno Manager, First Dispatch Cooperation Division, Bureau of International Cooperation, International Medical Center of Japan
	3. Social development: Hiroshi Sato Director, Research Support Department, Institute of Developing Economies, Japan External Trade Organization (JETRO)
	4. Participatory development: Miki Okada Health Administration Division, Human Development Department, JICA
	5. Assessment and analysis: Noriko Furuya Researcher, Global Link Management Co., Ltd.
	6. Cooperation planning: Hiromi Takemoto JICA Brazil Office
Study Period	August 11-28, 2008
	Type of Evaluation: Evaluation at completion

## 3. Summary of Evaluation Result

### 3-1 Confirmation of Achievements

#### Output

**Output 1:** At the time of this evaluation, the capacity of UFPE and the State of Pernambuco to support “Healthy Municipalities” in joint effort in municipalities has improved. The reasons are as follows: First, the budget secured for supporting “Healthy Municipalities” has been steadily increasing (**indicator 1-1**). For example, a budget for designing a comprehensive development plan has been allotted to the pilot municipalities. The Ministry of Health has also allocated a budget for developing 500 human resources in the period of two years for “Healthy Municipalities.” Secondly, UFPE and the State Government regularly meet to promote their collaboration (**indicator 1-2**). They have established the Joint Coordination Committee and Monthly Project Executive Committee, which are scheduled to meet on a regular basis to further promote their ways of collaboration. Discussions at a workshop held from November 2007 to March 2008 helped to clearly define the roles to be played and responsibilities of the respective agencies. It was agreed that NUSP should focus on training and human resource development while ACF on dissemination. This has improved the relationship between the agencies concerned and enabled each of them to make the most of its capabilities. Thirdly, more than ten books, leaflets and videotapes that give systematic explanation of “Healthy Municipalities” have been published (**indicator 1-3**). Lastly, it was confirmed in all the pilot municipalities that local parties involved in the project highly appreciated the ability of UFPE and the State Government to support “Healthy Municipalities.” The degree of satisfaction of local parties concerned suggests that the two counterpart agencies have improved their ability to support “Healthy Municipalities” (**indicator 1-4**).

**Output 2:** We evaluate based on the following reasons that the ability of local people and administrative authorities in the five pilot municipalities to work together to implement “Healthy Municipalities” has improved. First, the number of promoters that was 25 at the time of mid-term evaluation has increased to a total of 130, due to smooth implementation of training. From what we heard from parties concerned, 70-80% of all the promoters seem to be active at the time of this evaluation. This means that the indicator of “Both supervisors and facilitators trained are active at least for a year in average” has been achieved (**indicator 2-1**). Some of the promoters trained at the first training session have become major and regular promoters, continuing activities and recruiting new promoters. Second, local people have been engaged in various voluntary and continuous activities, working with administrative authorities and other agencies in some cases and on their own in other cases. These activities include environmental education at school (Bonito); prevention of pregnancy at a very young age (Barra de Guabiraba); organizing nature walks designed to teach people about ecology (Camocim de São Félix); tree planting (Sairé); and production and sales of handicraft pieces based on local women’s skill in making fishing nets (São Joaquim do Monte). At least one voluntary community activity (including bamboo activity) is continuously implemented in each city (**indicator 2-2**). Third, as to the target value of using at least once a week EAPPPS (Center for Collaborative Promotion of Healthy Public Policies, which is usually called “Bamboo Space”), it has been confirmed that also this target was met (**indicator 2-3**). According to the record concerning the number of times that the centers were used during the month before this evaluation, it has been confirmed that the centers were used 7 times in Bonito, 11 times in Barra de Guabiraba, 10 times in Sairé, and 8 and 14 times as regards the two existing centers in São Joaquim do Monte.

In what concerns the output 2, it can be said that it has been also achieved, given fact such as the participation of representatives from “Healthy Municipalities” in the Regional Collaboration Committee; adoption of “Healthy Municipalities” plans by city assemblies; local people’s capability to communicate their hopes to administrative authorities and to negotiate with them; active social participation of local people, with a few of them even running for city assembly elections; and efforts of some of the promoters who have been involved in the “Healthy Municipalities” project from its initial stage to recruit new participants and promoters; and a shift within administrative systems from intra-sector to cross-sector cooperation such as collaboration between educational, social activity and health bureaus.

**Output 3:** The concept and methodology of “Healthy Municipalities” is actually spreading beyond the

pilot municipalities. Firstly, more and more municipalities other than the five pilot municipalities are joining “Pernambuco Healthy Municipalities Network” meetings. One of the targets stipulated that more than 30% of the total municipalities in the State of Pernambuco, that is to say 53 municipalities, should participate in the meetings. At the time of this evaluation, the number of participating municipalities was 47 (**indicator 3-1**). Another target laid down that more than 10% of all the municipalities, that is five municipalities, should participate in both the said meetings and related seminars and lectures; the number of current participants is seven (**indicator 3-2**). These seven distributed over three regions (Zona da Mata, Agreste and Sertão) out of a total of four regions in the State, what suggests a good possibility of wide dissemination around the State. These seven municipalities are also scheduled to participate in Healthy Municipalities Promoter Training Course in September 2008.

#### Project Goal

A mechanism by which local people and administrative authorities in the State of Pernambuco work together to implement “Healthy Municipalities” has been established.

**Indicator 1:** In every pilot municipality, there are more than one public projects resulting of “Healthy Municipalities”. This means that the target value of at least one public project per municipality has been achieved. Many public projects are implemented, including open school on weekends (Bonito); a health educational program on a local radio (Sairé); placement of garbage cans (São Joaquim do Monte); provision of health educational lectures with cooperation from educational, health and other bureaus (Barra de Guabiraba); and a campaign against child labor (Camocim de São Félix). Of the five pilot municipalities, the city assemblies of Bonito, Sairé and São Joaquim do Monte have adopted “Healthy Municipalities” plans.

**Indicator 2:** The target value of at least one municipality other than the pilot municipalities which attended the Network meetings launching “Healthy Municipalities” activities is likely to be achieved. Seven municipalities other than the pilot municipalities have already officially joined the Network and plan to participate in CGG (Project Management Committee) from October. They are expected to start “Healthy Municipalities” activities before this project ends. Our interviews in Limoeiro, a new member city of the Network, have confirmed that they are preparing for implementation, combining existing specific activities with “Healthy Municipalities” and taking their own cost into account.

**Indicator 3:** There are state projects for “Healthy Municipalities” in the municipalities engaged in “Healthy Municipalities.” Municipalities of more than 20,000 inhabitants have the legal obligation to design a comprehensive development plan (Plano Diretor). Bonito has already designed one. Although the other four municipalities do not yet meet this demographic condition, Sairé has determined to design

a plan, inspired by the training in Japan, and has already made one. São Joaquim do Monte has voluntarily started to design a plan, while Barra de Guabiraba and Camocim de São Félix have also launched the effort after discussion with the state authorities. The comprehensive development plan has been designed with locals' participation and provides for the implementation of "Healthy Municipalities" activities. In some of the five pilot municipalities, individual activities such as handicraft production are regarded as state projects and the state government allots budgets to them. A Regional Collaboration Committee has been established to reflect local opinions in "Todos por PE," the State development strategy for 2006-2010. "Healthy Municipalities" promoters can attend Regional Collaboration Committees to reflect the concept of "Healthy Municipalities" in their discussion. In this way, state "Healthy Municipalities" projects are expected to be employed more by the municipalities engaged in "Healthy Municipalities" activities.

#### Overall Goal

It is highly expected that the quality of life of those living in the area of Pernambuco where "Healthy Municipalities" project has been implemented will improve.

**Indicator 1:** General feeling of satisfaction with everyday lives of people living in the pilot areas, and people's enhanced concerns with health has been observed. Testimonies such as "We can see that as a result of the 'Health Municipalities' project the number of infected people with dengue fever has decreased," or "I feel a new pleasure in enjoying my life, after having contributed to my community through the activities of the 'Health Municipalities' project, " etc, indicate that health condition and the quality of life of the locals has been improved.

**Indicator 2:** The number of communities implementing the "Healthy Municipalities" is on the increase. As of July 2008, 47 municipalities had participated in the "Healthy Municipalities Network" meetings, seven had formally joined the "Pernambuco Healthy Municipalities Network"; also municipal administration representatives as well as inhabitants of the pilot communities are expected to take part in the Healthy Municipalities Promoter Training Course, what indicates that in all probability the indicator will be fulfilled.

### 3-2 Summary of Evaluation Result

#### (1) Relevance

The relevance of this project is high. It can be said from the facts that its project goal and overall goal correspond with the Development Strategy of the State of Pernambuco, which aims at reducing poverty and improving people's quality of life by the means of democratic actions and local participation without neglecting characteristics peculiar to its different regions; the Federal University of

Pernambuco's policy of directing the focus of its activities to the inland areas of the State of Pernambuco and contributing to the betterment of local communities; similar initiatives implemented in other regions of Brazil, the local needs of the pilot municipalities and also its adequacy of the Japanese assistance policy towards Brazil.

(2) Effectiveness

This project is highly effective. The effects of the "output 3", which were not identifiable at the time of mid-term evaluation, were present, and the project goal is achieved as a result of generation of the three outputs. Thus, the capacity of the organizations supporting the "Healthy Municipalities" has increased (Output 1); at the same time inasmuch as the municipalities' implementation capability has been incremented (Output 2), the project's overall goal, that is to say, a mechanism to implement "Healthy Municipalities" has been attained. Besides, as a result of the created structure being fit for application in regions other than the pilot ones, and in view of the fact that it is actually being implanted in other areas (Output 3), the project design's effectiveness proves to be high. Also, Output 3 suggested dissemination of the project's ideas generated a strong synergy between Outputs 1 and 2, thus contributing to the attainment of the proposed goals.

(3) Efficiency

In this project no expensive equipment has been provided to the municipalities involved. Some costly equipment was, however, donated to the Federal University and State Government of Pernambuco, yet they were thoroughly employed in the project's activities. As regards the results of the training courses held in Japan, it must be said they effectively contributed to the outcome of the project. A good synergy was derived from the interaction of the policy-makers and city mayors, local inhabitants and administrative officers that were invited to participate in the training. The training participants from UFPE designed the "Healthy University" program (see 'Impact'). All this leads us to conclude that this project is efficient.

(4) Impact

According to some local people, sewage cleaning and education on water for living as part of "Healthy Municipalities" activities have improved local people's health conditions. This is a sign of improved quality of life for the people. Moreover, it must be mentioned that the "Health University" program proposed by the Federal University of Pernambuco is now being implemented; this is an unexpected result to be counted as a positive impact of the "Healthy Municipalities" project. The fruit of this project has already transcended the State of Pernambuco's borders and is influencing other health promotion programs in other regions of Brazil. The Brazilian Ministry of Health has allotted a budget to finance the development of human resources for the "Healthy Municipalities" project. No negative impacts have

been observed.

(5) Sustainability

The sustainability of this project's purpose, i.e., to establish a mechanism to implement “Healthy Municipalities”, can be described as follows:

There has been established not only a mechanism in which there is a clear specification of the roles to be played by each participating organization, but also the basis that will enable the project's activities to go on in a sustainable way even after JICA's cooperation period has reached its term. Particularly because the State of Pernambuco's development strategies and the ideal of “Healthy Municipalities” project presently agree, it is certain that as long as the actual government policies last there is a high sustainability in terms of macro policy. In addition, as far as the issues to be mentioned below come to be solved, sustainability will be reinforced.

The first task to be dealt with is the harmonizing of opinions sponsored by those involved in the process of disseminating the project throughout the State of Pernambuco. Presently the mechanism is stable. The definition of roles inside the mechanism is based on the consensus achieved after deliberations involving the State Government of Pernambuco, the Federal University of Pernambuco, municipalities' representatives, as well as JICA's specialists. To allow this mechanism work sustainably, it is extremely important to keep the continuous effort of the State Government of Pernambuco and the Federal University of Pernambuco directed to the collaboration, including coordination of other important organizations such as the Association of Local Governments of Pernambuco (AMUPE).

The second task for the sustainability is a state government's consistent policy. Since there presently is coherence between the state government's development plan and the ACF/SEPLAG, as our counterpart, the project has a strong cross-sectoral connection linking the Health Bureau and the Education Bureau as well as others state government's sectors, it can be said that the project is in a very strong position. Therefore, insofar as the “Healthy Municipalities” projects ideals permeate departments and agencies in all sectors of the state government which keep objective programs of activities, and their “Healthy Municipalities” programs come to be implemented as the comprehensive development plan, the sustainability of the “Healthy Municipalities” is certain to increase.

As a third task, mention must be made of the necessity of keeping up the level of the personnel working as the promoters who act as a driving force of the “Healthy Municipalities” activities and also of ensuring the number of promoters for dissemination to other municipalities. Presently there is a budget of Ministry of the Health allotted to the fostering of 500 personnel in two years, which assures sustainability for some time to come even after the end of the project. If the Federal University keeps up



a fostering and training program of new personnel to be involved in the “Healthy Municipalities” activities, the project's sustainability in terms of human resources can be further extended.

The fourth task is to avoid a particular political context at the municipal level which interferes negatively with “Healthy Municipalities” activities. At the municipality level, ownership and motivation of local inhabitants, including promoters, is high. Taking into account the inhabitants’ everyday lives, the “Bamboo Method” was used in order to give concreteness to the project's activities on the municipal level, which brought visible positive answers and an overall feeling of satisfaction, in both the promoters and the ordinary community member. As a result, confidence was boosted, an enhanced bargaining capability before the public administration was acquired, and some of the participants registered as candidates for the Municipal Assembly's election; these positive impacts also strengthen sustainability of the project. The “Bamboo Space” was created based on the principle of political neutrality, and as long as this principle is respected, the project can be accounted as highly sustainable. At present, inhabitants of different political tendencies join forces and work together, because health is generally considered of great importance by all. Although the State Government and the Federal University cannot directly intervene in the municipalities’ political problems, it is important to make an effort to define clear rules of utilization of the “Bamboo Space,” so that no one is prevented to “Healthy Municipalities” activities due to his political views.

### 3-3 Factors that have Contributed to Project Outputs

#### (1) Concerning the Contents of the Plan

- One of the contributing factors which has multiplied project effects is the interaction between the outputs, or strategies for achieving the project purpose. Activities to achieve output 3 (i.e., the concept and methodology of “Healthy Municipalities” is spread to regions other than the pilot communities) has helped the success of outputs 1 and 2 (i.e., to improve the ability of the two supporting agencies and of those in the pilot municipalities who promote the activities).

#### (2) Concerning the Implementation Process

- Other factors that contributed to the project effects are: the high motivation of the local promoters; the introduction of the “Bamboo Method,” which focuses on positive aspects in community activities that aim to change everyday life; after participating in training courses in Japan, those influential people involved with the project showed a greater disposition to help. As a result, visible positive results were achieved, which gave new dynamics to the activities and roles performed by the inhabitants, as well as supporting administrative authorities and the project's counterparts.
- An early implementation of “Healthy Municipalities” in Itambé, which was subject to partial intervention, has been introduced into the “Bamboo Method”, because the case demonstrates the

importance of inter- and intra-agency collaboration.

### 3-4 Problems and Their Causes

#### (1) Concerning the Contents of the Plan

- None.

#### (2) Concerning the Implementation Process

- None. Although this is not an obstructive factor at this moment, it is possible that political factors might eventually hinder the smooth development of the “Healthy Municipalities” activities.

### 3-5 Conclusion

As of the time of this final evaluation, we conclude that the project goal has been fully achieved. The overall goal is also highly likely to be achieved, since there are already signs that the quality of life of people living in the municipalities engaged in “Healthy Municipalities” activities has improved.

We conclude that a mechanism by which local people and administrative authorities work together to implement “Healthy Municipalities” has been established based on the following reasons. First, there are public projects designed as a result of “Healthy Municipalities” in the pilot municipalities (indicator 1). Second, seven municipalities other than the pilot municipalities have joined the Pernambuco Healthy Municipalities Network and are launching “Healthy Municipalities” activities (indicator 2). Third, there are state projects for “Healthy Municipalities” in the municipalities engaged in “Healthy Municipalities” (indicator 3). This project has a high relevance, effectiveness, and efficiency as well as a great positive impact. Sustainability can be attained if certain conditions are met. These conditions include enhanced collaboration between the agencies involved; shared monitoring systems and dissemination strategies; continued efforts by the agencies for dissemination and human resource development; and due regard to regional and political circumstances. This project is unique in two aspects. First, it developed structural mechanisms in micro, meso and macro levels together with a positive method (the “Bamboo Method”); second, the formulation and implementation of healthy public policies are derived from the partnership between the State Government of Pernambuco and the Federal University of Pernambuco. As a result, the project came to receive the attention of actors at various levels who are interested in “Healthy Municipalities”.

### 3-6 Recommendations (specific measures, suggestions and advice on this project)

To ensure the sustainability of this project, it is recommended as to the following issues that measures already taken should be continued and developed, and that newly suggested measures should be

discussed by parties concerned and implemented.

(1) To promote “Healthy Municipalities,” UFPE and the State of Pernambuco should maintain and enhance their mutual collaboration. This collaboration includes the activity of the Project Executive Committee that includes important dissemination partners such as PROPESC (Research and Graduate School Division, Federal University of Pernambuco), PROEXT (Community Activity Division, Federal University of Pernambuco) and AMUPE. UFPE and the State Government of Pernambuco should review concrete measures to implement the following issues, summarize them in writing by the time the project ends, share them with all the other parties concerned, including the representatives of implementing agencies, and implement them.

- 1) Information and experience sharing between the agencies concerned (including the construction of a database)
- 2) Means to enhance dissemination (including experience sharing and study tours between municipalities)
- 3) Ensuring a monitoring system and its quality
- 4) Structure of the Project Executive Committee
- 5) Securing a project budget

(2) The State of Pernambuco should transmit information on “Healthy Municipalities” to all its departments which have specific projects, encouraging them to implement “Healthy Municipalities” initiatives upon request from municipalities.

(3) UFPE should continue to improve and enhance a mechanism for developing human resources that promote “Healthy Municipalities.”

(4) In order to communicate and disseminate the result of this project to other states in Brazil, Latin American countries and Portuguese-speaking regions in Africa, JICA should take measures including Third Country Training Programs (TCTPs) and follow-ups.

(5) Efforts should be kept to prevent regional and political factors from slowing down the already planned “Healthy Municipalities” activities.

3-7 Lessons Learned (from this project that are applicable to the identification, formation, implementation, management and control of other similar projects)

(1) In a project like this, the key to success is in the construction of social capital. An appropriate understanding of the involved agencies' and actors' interests (political interests included) is crucial for planning and implementing the activities of the project.

- (2) In projects involving a number of agencies, it is important to build up relationships of trust. During the initial stage of this project, executives of the counterpart agencies were invited to Japan for training, which proved to be of great help in establishing a trust relationship between the parties concerned and led to the smooth implementation of the project.
- (3) In a project that, in order to achieve sustainability, gives priority to the actual participation of local inhabitants in the formation of the project's concept and methodology, much time must be employed in collectively identifying the project's targets, responsibilities and activities. Thus, time management and allocation must be seriously considered when making a PO for this type of project.
- (4) The establishment of concrete or numerical targets is difficult to achieve in a project that focuses on local people's participation, where changes are not easily quantified. Therefore, when setting indicators to appraise whether the project goal and outputs have been achieved, it is necessary to ensure that the adopted qualitative indicators reflect the social changes and can be realistically available.
- (5) In a Regional Development Project, a dual-track approach that reaches out to both administrative authorities and local people is effective.
- (6) It is easier to bring out a cooperative attitude in the resolution of problems when a Potential Capacity Development Type project is adopted, since it focuses on the positive aspects of mutual collaboration, not on pursuing an individual's responsibility, as is the case with Problem Finding Type projects.
- (7) Taking the concept of health a broad sense, it is possible for a health promotion project to attain its goals without the direct mediation of the public health sector authorities.

3-8 Follow-up

None.