

評価調査結果要約表（英文）

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| I. Outline of the Project | | |
| Country : Republic of Indonesia | | Project title : Improvement of District Health Management Capacity in South Sulawesi Province Project |
| Issue/Sector : Health | | Cooperation scheme : Technical Cooperation Project |
| Division in charge : JICA Indonesia Office (Makassar Field Office) | | Total cost : 384 Million Yen |
| Period of Cooperation | 17/02/2007—16/02/2010 (3 years) | Partner Country's Implementing Organization : -Ministry of Health -Provincial Government of South Sulawesi -District Governments of Barru, Bulukumba and Wajo |
| 1. Background of the Project | | |
| <p>While enjoying the rapid economic growth as a whole nation, the widening development gap among regions, particularly between the western region and the eastern region, has become an urgent issue in Indonesia. Japan has been supporting the effort of the Government of Indonesia (GoI) to close the gap among regions through the implementation of the “South Sulawesi Province Regional Development Program”. South Sulawesi Province is expected to be the driving force for the development of the whole eastern region.</p> <p>Improvement has been observed in the health sector in Indonesia lately, however, the main health indicators are still worse than those of other major neighboring Southeast Asian countries. The rapid decentralization in Indonesia caused damage in the quality of health services in some regions, and the widening gap of the service quality among regions has been recognized. In order to solve these problems, the GoI is making serious effort to improve the community health through the capacity development of the community.</p> <p>Under these circumstances, the GoI requested the Government of Japan for technical cooperation on developing a community health model in South Sulawesi Province. Thus the “Improvement of District Health Management Capacity in South Sulawesi Province Project” (hereinafter referred to as “the Project”) was launched in February, 2007.</p> | | |
| 2. Project Overview | | |
| <p>The Project aims to develop a model in which community takes the initiative in improving the local health environment through the capacity development of stakeholders at each level of community, health center, district and province.</p> | | |
| (1) Overall Goal | | |
| Management capacity of primary health care in the health sectors of target districts is improved | | |
| (2) Project Purpose | | |
| Community-oriented health promotion model is developed in the target districts | | |

(3) Outputs

Output 1: Community-oriented health activities are conducted with community participation

Output 2: Support of Health Center (Puskesmas) towards sub-district/ village PHCI Team is improved

Output 3: Capacity of the target district health offices to conduct PHCI activities is improved

Output 4: Provincial capacity of facilitating good primary health care practices is improved

(4) Inputs**Japanese side :**

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| Short-term Expert | 10 Experts (72.33MM) | Equipment | 2,048,000 Yen |
| Local Consultant | 13 Consultants (370.5MM) | Block Grant for community activities | 65,941,000 Yen |
| Participants in Training Programs | 12 Participants | Other Local Cost | 39,075,000 Yen |

Indonesian Side :

Counterpart

Project Manager (Head of Provincial Health Office)

Provincial Health Office Staff who completed Facilitator Training: 6 members

District Implementation Team: 34 members(Barru District 7, Bulukumba District 17, Wajo District 10)

Land and Facilities

Provincial Project Office (in the Provincial Health Office)

District Project Office (in the health offices of each target district)

Other Local Cost 781 million Rupiah

II. Evaluation Team

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|-----------------------------------|--------------------------|-----------------------|--|
| Members of Evaluation Team | Leader | Mr. Kiichi Tomiya | Senior Representative, JICA Indonesia Office |
| | Health Policy | Dr. Kazuhiro Kakimoto | International Medical Center of Japan |
| | Community Health | Ms. Yutori Sadamoto | Health System Division, Human Development Department, JICA |
| | Cooperation Planning (1) | Mr. Chigiru Yamashita | JICA Makassar Field Office, Project Formulation Advisor |
| | Cooperation Planning (2) | Ms. Sufatma | JICA Makassar Field Office, Assistant Program Officer |
| | Evaluation and Analysis | Mr. Yasunori Minagawa | Senior Consultant, Consulting Department, System Science Institute Co., Ltd. |
| Period of Evaluation | 14/11/2009~ 4/12/2009 | | Type of Evaluation : Terminal Evaluation |

III. Results of Evaluation**1. Summary of Evaluation Results**

(1) Relevance: High

Since the drastic decentralization started in 2001, the GoI has been making effort to strengthen the function and authorities of the local government in regional development. At the same time, the practice of community participation and bottom-up approach is strongly required in development planning. The Project is in line with these efforts of the GoI as it aims at strengthening the capacity of the local governments and developing a practical bottom-up development model with community participation. The Program is also in line with Japan's Country Assistance Strategy for Indonesia in which assistance for "building a democratic and fair society" is prioritized. The Project is one of the main components of the "South Sulawesi Regional Development Program" which is a cooperation framework to support the realization of the "democratic and fair society" through tackling the development issue of "poverty reduction".

(2) Effectiveness: High

As a result of the Project activities, the guidelines have been developed, the capacity of the stakeholders has been strengthened, the district governments and communities are showing their willingness to continue the PHCI activities¹, which demonstrate that the 3 target districts are becoming ready to continuously practice the PHCI activity model. Thus, it can be said that the Project Purpose of developing a community-oriented health promotion model in the target district will be achieved within the cooperation period. The capacity development of the stakeholders at each level of community (Output 1), health center (Output 2) and local governments (Output 3, 4) enabled the development of the model in which community takes the initiative in implementing PHCI activities with the support of the local government (Project Purpose). Thus, it can be said that the Outputs were appropriate to achieve the Project Purpose.

(3) Efficiency: Rather High

The inputs and activities were implemented as planned which contributed to produce the Outputs. Particularly, the dispatch of Japanese short-term experts with appropriate specialty, the provision of the block grant from Japanese side which enabled the community to actually practice the PHCI activities, the utilization of capable local human resources, and the application of the outcomes and experiences from other cooperation projects have contributed to facilitate the achievement of the Outputs. However, the provision of the block grant from the Japanese side has left the challenge for the local governments to find sustainable financial resources in order to continue supporting the PHCI activities. Besides, the short-term dispatch style of the Japanese Experts might have caused difficulty in providing continuous and careful technical assistance to the counterparts.

(4) Impact: Medium

In some areas, improvement has been reported in the health related indicators such as the percentage of households with clean water source and family toilets, and the number of dengue fever cases. This shows the possibility to achieve one of the indicators of the Overall Goal which is the decrease of incidence rates of diarrhea and dengue fever. The district governments' on-going efforts to disseminate the PHCI activity model to other areas will contribute to the achievement of the other indicator which is the increase of the number of villages implementing the model. Thus, it can be said that the Overall Goal has big possibility to be achieved in near future. As another positive impact, the health center and the village health post in the target area have been awarded the first prize in the Annual Provincial Contest.

¹ Primary Health Care Improvement Activities which are small scale activities aiming at improving the local health condition and environment. Some examples of the activities are: construction of toilets and water tanks; construction of village health posts; health classes; and health contests. Community takes the initiative in the whole PHCI activity cycle which consists of planning stage, implementation stage and evaluation stage, with the support from the government.

(5) Sustainability: Midium

The political support to the Project has strong possibility to be sustained since the Project is in line with the political priority of the GoI to promote the decentralization and the bottom-up approach with community participation in development planning. The stakeholders show their will to maintain the organization of PHCI teams (sub-district and village levels) and the District Implementation Teams in order to continue the PHCI activities. The target district governments have started to consider how they can integrate the PHCI activity model into the existing local governance system in order to secure the sustainability. Regarding the financial aspect, how to secure the financial resources for the PHCI activities which have been provided by the Japanese side remains a big challenge. Regarding the technical aspects, it can be said that the capacity of community members (PHCI Team members) has been developed enough to continuously practice the PHCI activity cycle, however, the capacity of district government and health center staff needs to be further strengthened in order to become fully capable to support the community technically and administratively.

2. Factors that promoted realization of effects

- (1) PHCI activity cycle was designed to be as simple as possible to enable community to easily implement the activities on their own initiative
- (2) After participating in the training, the opportunity to practice what they had learned in the training was secured for the stakeholders. This combination of training and practice facilitated the capacity development of the stakeholders.
- (3) The transparent financial management raised the satisfaction and motivation of the community to participate in the PHCI activities.
- (4) Self-monitoring and evaluation activity which was set into the PHCI activity cycle enabled the community to realize the outcomes of the PHCI activities.
- (5) Knowledge and experience sharing occasions such as communication forum and technical exchange program facilitated the peer learning among the stakeholders.

3. Factors that impeded realization of effects

- (1) The long distance among Makassar City where the Provincial Project Office was located and the 3 target districts, and the insufficient budget became obstacles especially for the Provincial Government to conduct regular monitoring activities on the Project.

4. Conclusion

The relevance of the Project is high as it is consistent with the national policy of Indonesia which prioritizes decentralization and bottom-up development planning with community participation. The progress of the Project is generally smooth and the outputs are produced as planned. In the target districts, the capacity development of the community health stakeholders at each level of community, health center and local government have led to the implementation of the PHCI activities on the initiative of the community. Improvement in health related indicators have been reported in some target areas, and both community and local government recognize the effectiveness of the PHCI activities. Thus, it can be said that the Project Purpose of developing a model in which community takes

initiative in improving the local health condition and environment will be achieved. However, some challenges still remain to secure the sustainability such as securing the financial resources for the PHCI activities and the further capacity development of health center and local government.

5. Recommendations

- (1) The Project shall continue the effort to further strengthen the capacity of the health center and the district government staff .
- (2) Since the PHCI activity model is demonstrating its effectiveness in the target areas, the provincial and district governments shall develop a concrete plan to disseminate the model to other areas as soon as possible.
- (3) The provincial and district governments shall provide a clear guidance for the communities on the financial resources they can use for PHCI activities and how they shall manage the financial resources in order to facilitate the communities to continue PHCI activities.
- (4) The provincial and district governments shall apply the experience of the Project on bottom-up development planning with community participation to other health policies and programs for the purpose of improving the quality of health administration services.
- (5) The practical model in which community and government work together can be applied to other sectors in order to improve the quality of administration services in each sector. It is recommended that the Project, the provincial government and the district governments widely share the experience and outcomes of the Project with the stakeholders of development in other sectors as well for the purpose of facilitating the regional and sectoral development in Indonesia.

6. Lessons Learned

- (1) Providing block grant for the communities was an effective approach to develop their capacity through securing the opportunity to actually practice the activities and to demonstrate the effectiveness of the activities. However, if the block grant is provided by an outsider including donors, it is important to have a clear exit strategy in order to secure the sustainability after the support from the outsider ends.
- (2) When assisting the community development or the capacity development of the community, it is effective to approach not only the community but also the local government at the same time as the object of capacity development in order to produce synergistic effect and secure the sustainability of the community activities.
- (3) When assisting the capacity development of local government staff or the improvement of the local governance system, it usually takes a lot of time and efforts to change the mindset of the staff, and in many cases, the practice or implementation of local governance is not consistent with the original system or plan. In such circumstances, it is necessary to be patient and provide close and careful technical assistance at the right timing. Thus, in order to make this kind of assistance meaningful, it is important to secure enough time for the Japanese experts so that they can build trust with the counterparts and provide technical assistance flexibly according to the needs of the counterparts.