

Country Name	Project for Capacity Building of Reproductive Health and Family Care Service in Central and Western Region
People's Republic of China	

I. Project Outline

Background	<p>The implementation of family planning policy by the Chinese government since the 1970s had contributed to maintaining the birth rate at a low level. In consequence, the focus of government policy had gradually been shifted from the “population control” focusing on its management and supervision (audits) to “family planning” valuing health and quality-of-life improvement for the people. In case of the people in the central and western region, because of lagging economic development, they had not fully enjoyed services of reproductive health (RH) and family health (FH), and had even faced other emerging issues, such as the prevalence of infectious diseases, the increase of migrant population and rapid aging of the population. In order to make RH/FH services available for wider areas of this region as well as to upgrade the service contents, it was imperative to enhance the staff's capacity of those family planning field who engaged in the comprehensive RH/FH services in central and western region, and to strengthen the institutional capacity of existing FH service institutions (FH service centers) that were responsible for directly rendering the services to the people.</p>												
Objectives of the Project	<p>In 20 provinces of the central and western region in China, the project aims to improve the institutional capacities for providing RH/FH services, through implementing training at the Central Training Center (CTC)⁽¹⁾ on RH/FH services to support the local needs, strengthening the implementation system of the RH/FH service centers at the model sites, sharing experiences gained in the model sites among the service centers, and capacity development of provincial-level officers to supervise the service centers, thereby improving the situation of RH/FH in the central and western region.</p> <p>(1) CTC is an affiliated body of the National Population and Family Planning Commission of China. The facility of CTC was constructed by Taicang City Government and their equipment was donated under a Japanese grant aid. CTC was inaugurated in October 2005 right before the onset of the project.</p> <ol style="list-style-type: none"> Overall Goal: Situation of the reproductive health and family health are improved in the central and western region in China. Project Purpose: Capacity for provision of the reproductive health and family health service are improved in the central and western region in China, through strengthening the training capacity of CTC. 												
Activities of the Project	<ol style="list-style-type: none"> Project Site: 20 Provinces/Autonomous Regions/Municipality in the central and western region of China: Anhui Province, Jiangxi Province, Shanxi Province, Hebei Province, Henan Province, Hubei Province, Hunan Province, Guangxi Zhuang Autonomous Region, Hainan Province, Inner Mongolia Autonomous Region, Ningxia Hui Autonomous Region, Shanxi Province, Chongqing Municipality, Gansu Province, Qinghai Province, Sichuan Province, Guizhou Province, Yunnan Province, Xinjiang Uyghur Autonomous Region, Tibet Autonomous Region <u>Model sites in 8 Counties</u> : Yuci District of Puzhong City in Shanxi Province, Jian County of Jian City in Jiangxi Province, Xingyang City of Zhengzhou City in Henan Province, Heshan District of Yiyang City in Hunan Province, Chengmai County in Hainan Province, Yongchuan City in Chongqing Municipality, Luoping County of Qujing City in Yunnan Province, Lezhou District of Tianshui City in Gansu Province Main Activities: <ol style="list-style-type: none"> Implementing training on RH/FH services at CTC to support the local needs, (2) Strengthening the implementation system of the RH/FH service centers at the model sites, (3) Providing opportunities of sharing knowledge gained in the model sites among the RH/FH service centers, (4) Capacity development of provincial-level officers to supervise the RH/FH service centers. Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese Side</td> <td style="width: 50%;">Chinese Side</td> </tr> <tr> <td>1) Experts: 28 persons (Long-term: 2 persons, Short-term: 26 persons)</td> <td>1) Staff allocated: 46 persons</td> </tr> <tr> <td>2) Trainees Received: 40 persons</td> <td>2) Facilities and equipment: Office space, equipment, utilities</td> </tr> <tr> <td>3) Equipment: Vehicles, Medical equipment such as bone densitometer, ultrasound, uteroscope</td> <td>3) Local expenses: 10.26 million Chinese yuan</td> </tr> <tr> <td>4) Local expenses: 52 million yen</td> <td></td> </tr> </table> 			Japanese Side	Chinese Side	1) Experts: 28 persons (Long-term: 2 persons, Short-term: 26 persons)	1) Staff allocated: 46 persons	2) Trainees Received: 40 persons	2) Facilities and equipment: Office space, equipment, utilities	3) Equipment: Vehicles, Medical equipment such as bone densitometer, ultrasound, uteroscope	3) Local expenses: 10.26 million Chinese yuan	4) Local expenses: 52 million yen	
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Project Period	April 2006 – March 2009	Project Cost	(ex-ante) 387 million yen, (actual) 290 million yen										
Implementing Agency	National Population and Family Planning Commission of China (NPFPC)*, Central Training Center (CTC), Provincial Population and Family Planning Commissions *It was known as National Health and Family Planning Commission of China (NHFP) after the Administrative Reform in 2013 and has been renamed as National Health Commission of the People's Republic of China since 2018.												
Cooperation Agency in Japan	-												

II. Result of the Evaluation

<Constraints on Evaluation>

(Effects of the subsequent project)

- Among the targeted provinces, in 4 provinces and 1 municipality (Hebei Province, Anhui Province, Henan Province, Hubei Province and Chongqing Municipality), another JICA project, i.e. “Project for Strengthening of Health Education for Prevention of Infectious Diseases through Family Health”, focusing on FH services was implemented from January 2011 for the period of 5 years. It should be noted that the outcome of the project, studied under

this ex-post evaluation, includes effects of this subsequent JICA project.

(Limitation of data collection)

- The evaluation study of the project was carried out based only on the data collected through websites of the implementing agencies and other publicly available information. No field survey was carried out. (Some information obtained from interview with implementing agencies on the ex-post evaluation study for the subsequent project conducted during the same period was utilized.) Therefore, there was a limitation of the current data and information about CTC, which played the vital role of the project implementation, as well as RH/FH service centers in the targeted provinces. Evaluation made by the study could be subject to this limitation.

< Special Perspectives Considered in the Ex-Post Evaluation >

(Evaluating the continuation status of the Project Effects)

- The project aimed to improve the institutional capacities for providing RH/FH services, through strengthening the training capacity of CTC on RH/FH services. Since the contents of RH/FH services were replaced by those of FH services introduced by the subsequent project, the continuation status of the effects of this particular project needs to be assessed by taking into accounts of the continuation status of CTC's training capacity as well as the institutional capacity of RH/FH service centers. For this reason, this ex-post evaluation study use the Supplementary Information 1 and 2, namely: "The number and the participants of TOT (Training of Trainers) courses on FH services at CTC, and implementation status of training in accordance with the curriculum developed by the project"; and "Status of periodical supervision, monitoring and evaluation of FH service centers conducted by provincial-level officers".

(Indicators of the Overall Goal)

- During the terminal evaluation study, the provincial-level data were not available for several indicators, and proxy indicators were used. In this ex-post evaluation study, the same proxy indicators are used for the same reasons. For Indicator 2, "The incidence of diarrhea and pneumonia for children under five", the proxy indicator is set as "In the central and western region in China, the percentage of under-five children who suffer from moderately severe cases of malnutrition decreases". For Indicator 3, "Mortality from cerebral vascular disease", the proxy indicator is set as "In the central and western region in China, mortality from cerebral vascular disease decreases for men and women in the menopausal stage (in comparison of those aged over 40 and over 50 between urban and rural areas)". For Indicator 4, "The incidence of trichomonas vaginitis among women in reproductive age", no proxy indicator is used as there is no corresponding data available. Nonetheless, the prevalence rate of trichomonas vaginitis is examined under Indicator 1, though not exclusively for women in reproductive age.

(Target year of the Overall Goal)

- The target year for the Overall Goal is not specifically stated in the existing documents. Considering the statement, "the ex-post evaluation is to be carried out 3 years after the project completion", in the ex-ante evaluation sheet, the target year of the Overall Goal is set as March 2012. However, the achievement status of the Overall Goal is examined based on the available data of 2017, since the data of 2012 was not available.

1 Relevance

<Consistency with the Development Policy of China at the Time of Ex-Ante Evaluation and Project Completion >

At the time of ex-ante evaluation, the project was consistent with the Chinese white paper on population, namely "China's Population and Development in the 21st Century(2000)". It stipulates (1) Improvement in the health standard for women and children by development of maternal and child health programs, and improvement in child-rearing practice by strengthening of reproductive health services", "(2) Improvement in health literacy of farmers by exercising health education activities in rural areas" and "(3) Improvement in quality of life by strengthening of age-appropriate health care services". At the time of project completion, the project was consistent with "promotion of family health services" and "promotion of community health services and improvement in its delivery system" referred in one of the five priority issues, "development of urban and rural areas", under the "Eleventh Five-Year Plan (2006-2010)".

<Consistency with the Development Needs of China at the Time of Ex-Ante Evaluation and Project Completion >

At the time of ex-ante evaluation, as described in "Background" above, the project was consistent with the development needs to strengthen the administration in charge of comprehensive RH/FH services in the central and western region, as well as to strengthen the existing FH service centers. At the time of project completion, the needs to spread FH services focused on residents continued in the central and western region.

<Consistency with Japan's ODA Policy at the Time of Ex-Ante Evaluation >

The project was consistent with the "Economic Cooperation Program for China (October, 2001)", which focuses on support to benefit the poor in case of "cooperation which aim to improve the public welfare in regions with large populations in poverty". Furthermore, the project was consistent with the concrete measures specified by the "Health and Development Initiative (2005)", such as capacity building for health workers, strengthening health systems, and assistance to achieve the health-related Millennium Development Goals.

<Evaluation Result >

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement of the Project Purpose at the time of Project Completion >

The Project Purpose, "Capacity for provision of the reproductive health and family health service are improved in the central and western region in China, through strengthening the training capacity of CTC", was achieved by the time of project completion. All the 8 provinces with the model sites, developed the plans to introduce the health education, health checkups and health counseling on FH services, and started FH services in the selected target counties other than the project sites, though specific names and the number of those counties were not disclosed (Indicator 1). In 12 provinces without the model sites, it was confirmed that 7 out of the 11 targeted counties developed the plans to introduce FH services, thus achieving the target, "at least 3 counties to develop the FH service plans" (Indicator 2).

<Continuation Status of Project Effects at the time of Ex-post Evaluation >

During the ex-post evaluation study, it was confirmed that CTC had continuously conducted the training related to FH services up to now. However, under the condition that neither actual data nor information on training course contents and the number of participants at CTC is available, it is difficult to assess how CTC, the focal point of the project, has contributed to the capacity development of RH/FH service centers of each targeted province. On the other hand, it was found through the study that the implementation of national-level projects known as "New Family Plan Project" and "Project for Establishing Happy Families" had brought some changes such that, in 5 out of the 8 provinces with the model sites, the number of counties implementing FH-related activities had increased, and in 10 out of the 12 provinces without the model sites, some counties had been implementing FH services or had developed the plans of FH services. Therefore, it can be said that the project effects have partially continued. Presumably, some effects of the subsequent JICA project, which carried on the FH service contents introduced as the replacement of RH/FH services of this project, cannot be ruled out.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation >

The Overall Goal, "Situation of the reproductive health and family health are improved in the central and western region in China", has

been partially achieved. As shown in the achievement table, all of 4 indicators (including proxy indicators) used to examine the level of achievement indicate the improvement of status compared with before the project in the 8 provinces with the model sites. In case of the 12 provinces without the model sites, though the status before the project is not known, the status at the time of ex-post evaluation is mostly as favorable as that of the 8 provinces with the model sites. On another front, without qualitative data and information from the implementing agencies, etc., it is unverifiable how the project has contributed to the favorable status presented by these indicators.

<Other Impacts at the time of Ex-post Evaluation>

Other impacts have not been observed since no field survey was carried out under this ex-post evaluation.

<Evaluation Result>

Therefore, the effectiveness/impact of the project is fair.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results																																																														
Project Purpose: Capacity for provision of the reproductive health and family health service are improved in the central and western region in China, through strengthening the training capacity of CTC.	Indicator 1: In each of the 8 provinces with the model sites, at least 1 county*-level FH service institution (outside of the project site) starts providing either of the FH services: health education, health checkups or health counseling for Maternal and Child Health, Middle-aged and Adolescents. * Interpreted as "county" from the context, though it is stated as "province" in the source text.	Status of the Achievement: Achieved (continued) (Project Completion) • Though specific names and the number of those countries were not disclosed, it was confirmed by the Terminal Evaluation Study Team that all of targeted provinces selected the target counties other than project sites to start FH services, (Ex-post Evaluation) • According to the former head of NPFPC, in Jiangxi Province, Henan Province, Chongqing Municipality, Gansu Province and Shanxi Province, the number of counties to start providing FH services has increased under the implementation of national-level projects, namely "New Family Plan" and "Project for Establishing Happy Families". In Hunan Province, with the notice issued in April 2016, it is expected that "New Family Plan Project" will start in the model sites. In Yunnan Province, the same is expected with the notice dated November 2017.																																																														
	Indicator 2: At least 3 county-level FH service centers among those under 12 provinces develop the plans to introduce either of the FH services: health education, health checkups or health counseling for Maternal and Child Health, Middle-aged and Adolescents, with supervision by provincial-level officers.	Status of the Achievement: Achieved (continued) (Project Completion) • Though the specific names of the counties were not disclosed, it was confirmed by the Terminal Evaluation Study Team that 7 out of 11 targeted counties developed the plans to introduce FH services. (Ex-post Evaluation) • No data was obtained from Guangxi Zhuang Autonomous Region and Tibet Autonomous Region. In other provinces and districts, however, it was confirmed that FH service-related activities have been progressed, such that FH services were selected as one of the model activities under the framework of the national program, i.e. "New Family Planning Project". The proportion of number of counties with FH Service Plan developed to the total number of counties in the targeted provinces <table border="1" data-bbox="576 1220 1552 1937"> <thead> <tr> <th></th> <th>12 provinces /autonomous regions (without the model sites)</th> <th>Total number of counties</th> <th>Number of Counties with FH Service Plan developed as of 2018</th> <th>Related information</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Anhui</td> <td>105</td> <td>40 (38%)</td> <td rowspan="3">FH services have been in progress.</td> </tr> <tr> <td>2</td> <td>Hebei</td> <td>172</td> <td>N/A</td> </tr> <tr> <td>3</td> <td>Hubei</td> <td>6</td> <td>6 (100%)</td> </tr> <tr> <td>4</td> <td>Guangxi Zhuang</td> <td>64</td> <td>N/A</td> <td>No information</td> </tr> <tr> <td>5</td> <td>Inner Mongolia</td> <td>69</td> <td>N/A</td> <td>It was confirmed in 2015 that FH services would be progressed under the "New Family Plan Project".</td> </tr> <tr> <td>6</td> <td>Ningxia Hui</td> <td>11</td> <td>N/A</td> <td>Yinchuan City</td> </tr> <tr> <td>7</td> <td>Shanxi</td> <td>75</td> <td>N/A</td> <td>Xian City</td> </tr> <tr> <td>8</td> <td>Qinghai</td> <td>34</td> <td>N/A</td> <td>Haidong City</td> </tr> <tr> <td>9</td> <td>Sichuan</td> <td>115</td> <td>N/A</td> <td>Chengdu City</td> </tr> <tr> <td>10</td> <td>Guizhou</td> <td>66</td> <td>N/A</td> <td>Gulyang City</td> </tr> <tr> <td>11</td> <td>Xinjiang Uyghur</td> <td>68</td> <td>N/A</td> <td>Xinjiang City</td> </tr> <tr> <td>12</td> <td>Tibet</td> <td>68</td> <td>N/A</td> <td>No information</td> </tr> </tbody> </table>		12 provinces /autonomous regions (without the model sites)	Total number of counties	Number of Counties with FH Service Plan developed as of 2018	Related information	1	Anhui	105	40 (38%)	FH services have been in progress.	2	Hebei	172	N/A	3	Hubei	6	6 (100%)	4	Guangxi Zhuang	64	N/A	No information	5	Inner Mongolia	69	N/A	It was confirmed in 2015 that FH services would be progressed under the "New Family Plan Project".	6	Ningxia Hui	11	N/A	Yinchuan City	7	Shanxi	75	N/A	Xian City	8	Qinghai	34	N/A	Haidong City	9	Sichuan	115	N/A	Chengdu City	10	Guizhou	66	N/A	Gulyang City	11	Xinjiang Uyghur	68	N/A	Xinjiang City	12	Tibet	68	N/A
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	Supplementary Information 1: The number and the participants of TOT courses on FH services at CTC, and implementation status of training in accordance with the curriculum developed by the project.	(Ex-post Evaluation) • At CTC, it is confirmed that the following activities have been in progress. Information is not available on whether the curriculum developed by the project have still been used. It is confirmed, however, that training on FH services have been carried out. Numerical data set for this Supplementary Information is not available. <table border="1" data-bbox="576 2083 1552 2143"> <thead> <tr> <th colspan="2">Activity overview of CTC</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Implementation of management training on RH/FH and health services</td> </tr> </tbody> </table>	Activity overview of CTC		1	Implementation of management training on RH/FH and health services																																																										
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		2	Implementation of international conferences and training on RH/FH in developing countries or through South-South cooperation on population and development									
		3	Research on development of health and reproductive health industries									
	Supplementary Information 2: Status of periodical supervision, monitoring and evaluation of FH service centers conducted by provincial-level officers	(Ex-post Evaluation) • It is clearly stated in the notification issued by provinces such as Yunnan Province on implementation of FH services that it is mandatory for each supervisor to carry out the operation, management and monitoring. It is likely that the periodical monitoring has been carried out under the framework of “New Family Plan Project” since the management thinking is considered as one of important subjects in the trainings conducted under the “New Family Plan Project”,										
Overall Goal: Situation of the reproductive health and family health are improved in the central and western region in China.	Indicator 1: In the central and western region in China, the incidence of one of major gynecological diseases (trichomonas vaginitis) decreases.	(Ex-post Evaluation) Achieved • As for the incidence of one of major gynecological diseases (trichomonas vaginitis), the inspection rate and the prevalence rate in average for the 8 provinces with the model sites changed from 31.1% and 8.7% respectively (before the project in 2003) to 54.4% and 16.3% respectively (as of 2017). The increase of the prevalence rate can be explained by the increase of the inspection rate, which means that more diseases are detected because of more inspections conducted. Both of the inspection rate and the prevalence rate in average for the 12 provinces without the model sites in 2017 were 59.1% and 14.0% respectively, showing the same level with those of the 8 provinces with the model sites.										
Inspection rate and Prevalence rate of Trichomonas vaginitis (%)												
		#	20 targeted provinces		Before project 2003		Start of Project 2006		Target year 2012		Ex-post Evaluation 2017	
			Inspection rate	Prevalence rate	Inspection rate	Prevalence rate	Inspection rate	Prevalence rate	Inspection rate	Prevalence rate	Inspection rate	Prevalence rate
		1	Shanxi	35.7	11.6	33.5	11.6	N/A	N/A	42.5	15.7	
		2	Jiangxi	22.9	6.4	18.4	6.7	N/A	N/A	56.8	21.6	
		3	Henan	40.2	8.1	38.3	7.8	N/A	N/A	52.4	14.8	
		4	Hunan	31.2	11.3	32.7	11.0	N/A	N/A	80.9	17.2	
		5	Hainan	13.8	2.9	21.9	3.1	N/A	N/A	43.3	11.0	
		6	Chongqing	47.4	7.2	35.3	6.1	N/A	N/A	61.6	10.6	
		7	Yunnan	19.0	6.5	14.4	6.2	N/A	N/A	26.4	20.5	
		8	Gansu	38.4	15.9	44.3	15.3	N/A	N/A	71.1	18.8	
			Average for 8 provinces with model sites	31.1	8.7	29.9	8.5	N/A	N/A	54.4	16.3	
		9	Anhui	N/A	N/A	N/A	N/A	N/A	N/A	50.7	18.2	
		10	Hebei	N/A	N/A	N/A	N/A	N/A	N/A	64.5	11.4	
		11	Hubei	N/A	N/A	N/A	N/A	N/A	N/A	80.2	16.5	
		12	Guangxi Zhuang	N/A	N/A	N/A	N/A	N/A	N/A	51.9	13.0	
		13	Inner Mongolia	N/A	N/A	N/A	N/A	N/A	N/A	68.8	12.1	
		14	Ningxia Hui	N/A	N/A	N/A	N/A	N/A	N/A	80.7	17.5	
		15	Shanxi	N/A	N/A	N/A	N/A	N/A	N/A	58.0	15.4	
		16	Qinghai	N/A	N/A	N/A	N/A	N/A	N/A	51.3	14.1	
		17	Sichuan	N/A	N/A	N/A	N/A	N/A	N/A	67.0	11.1	
		18	Guizhou	N/A	N/A	N/A	N/A	N/A	N/A	48.3	11.6	
		19	Xinjiang Uyghur	N/A	N/A	N/A	N/A	N/A	N/A	35.9	17.0	
		20	Tibet	N/A	N/A	N/A	N/A	N/A	N/A	52.1	10.3	
			Average of 12 provinces without model sites	N/A	N/A	N/A	N/A	N/A	N/A	59.1	14.0	
	Indicator 2: The incidence of diarrhea and pneumonia for children under five	(Ex-post evaluation) Not possible to examine because provincial-level data was not available.										

<p><u>Proxy Indicator</u> :</p> <p>In the central and western region in China, the percentage of under-five children who suffer from moderately severe cases of malnutrition decreases.</p>	<p>(Ex-post Evaluation) Achieved</p> <ul style="list-style-type: none"> The percentage of under-five children who suffer from moderately severe cases of malnutrition, in average for the 8 provinces with the model sites, decreased from 4.43% (before project in 2003) to 1.67% (as of 2017). The percentage in average for the 12 provinces without the model sites in 2017 was 1.67%, showing figures as favorable as those of the 8 provinces with the model sites. 																																																																																																																																													
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<p>Indicator 3: Mortality from cerebral vascular disease</p> <p><u>Proxy Indicator</u> :</p> <p>In the central and western region in China, mortality from cerebral vascular disease decreases for men and women in the menopausal stage (in comparison of those aged over 40 and over 50 between urban and rural areas).</p>	<p>(Ex-post evaluation) Unverifiable since no provincial-level data was available.</p>																																						
	<p>(Ex-post evaluation) Achieved</p> <ul style="list-style-type: none"> Mortality from cerebral vascular disease decreased for men and women in the menopausal stage. Comparison between the data before the project and as of the ex-post evaluation revealed that mortality decreased in both urban and rural areas. <p>Mortality from cerebrovascular disease (%)</p> <table border="1"> <thead> <tr> <th rowspan="2">Age group</th> <th colspan="2">Before project 2003</th> <th colspan="2">Onset of the project 2006</th> <th colspan="2">Target year 2012</th> <th colspan="2">Ex-post Evaluation 2017</th> </tr> <tr> <th>Over 40</th> <th>Over 50</th> <th>Over 40</th> <th>Over 50</th> <th>Over 40</th> <th>Over 50</th> <th>Over 40</th> <th>Over 50</th> </tr> </thead> <tbody> <tr> <td>Urban area</td> <td>18.53</td> <td>74.49</td> <td>15.93</td> <td>52.09</td> <td>N/A</td> <td>N/A</td> <td>6.89</td> <td>36.41</td> </tr> <tr> <td>Rural area</td> <td>15.78</td> <td>73.43</td> <td>17.28</td> <td>73.27</td> <td>N/A</td> <td>N/A</td> <td>14.60</td> <td>69.05</td> </tr> </tbody> </table>					Age group	Before project 2003		Onset of the project 2006		Target year 2012		Ex-post Evaluation 2017		Over 40	Over 50	Over 40	Over 50	Over 40	Over 50	Over 40	Over 50	Urban area	18.53	74.49	15.93	52.09	N/A	N/A	6.89	36.41	Rural area	15.78	73.43	17.28	73.27	N/A	N/A	14.60
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<p>Indicator 4: The incidence of trichomonas vaginitis among women in reproductive age</p>	<p>(Ex-post evaluation) Unverifiable since no provincial-level data was available.</p> <ul style="list-style-type: none"> No proxy indicator available, and left unexamined. Though not exclusively for women in reproductive age, the prevalence rate of trichomonas vaginitis is examined under Indicator 1. 				
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<p>Indicator 5: In the central and western region in China, the rate of hospital delivery increases.</p>	<p>(Ex-post evaluation) Achieved</p> <ul style="list-style-type: none"> Before the project (2003), the ratio of hospital delivery in the 8 provinces with the model sites ranged from 62% to 90% in the city areas, and from 40% to 92% in the county areas. The ratio for all the 20 provinces greatly improved to the range between 91% and 100% at the time of ex-post evaluation (as of 2017) for both city and county areas. 				
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Source: Terminal Evaluation Report, Health Statistical Yearbook, Websites of implementing agencies, Results of Interview with implementing agencies conducted on the ex-post evaluation study for the subsequent project

3 Efficiency
The project period was as planned, and the project cost was within the plan (ratio against the plan: 100% and 75%, respectively). The Outputs of the project were produced as planned. Therefore, the efficiency of the project is high.

4 Sustainability
<Policy Aspect>
The “Thirteenth Five-Year Hygiene and Health Plan (2015-2020)” stipulates the goal to build “healthy communities, healthy work places, healthy schools and healthy households”. The plan promotes health at the household level, by putting more focus on health education especially for those with high risk to suffer from lifestyle-related diseases. “Healthy China 2030 (2015-2030)” is likewise promoting the

healthy lifestyle nationwide by putting more focus on households. In addition, “Notification of structural reform of National Health Commission March 2019)” stipulates the roles of CTC as a training institution for FH services. CTC is responsible to conduct training on health and hygiene especially on RH/FH services. Thus, the sustainability in the policy aspect has been secured.

<Institutional Aspect>

Due to the Administrative Reform, “Population (Family Planning) Division” and “Health Division” were merged. As a result, “Population and Family Planning Commission” in the provincial and district levels have reorganized as “Health Commission” and in the county level as “Health and Population Commission”. Consequently, while the roles and functions of related agencies in each administrative level have been reorganized, the services have become more user-friendly, because the institutional system has been strengthened and services once provided by different agencies have been integrated. It is anticipated that roles of FH-related organizations in each administrative level will be regarded as even more important, since “health” is the major issue in the national policy. Though no quantitative data on staff of CTC and other related organizations was obtained, the fact that FH services have been continuously provided implies that the institutional system to promote FH services has been established. It is likely that there are some factors behind to secure the institutional sustainability, which is that RH/FH services first introduced by the project was later replaced by FH services under the subsequent project. These FH services have been currently in progress under the national-level project, namely “New Family Plan Project”.

<Technical Aspect>

It is confirmed from websites of related institutions that FH service-related activities have been continuously carried out, and from the internet that training on FH has also continued under “New Family Plan Project” as well as county-level training programs. However, the number of trainees and the frequency of training to sustain the technical level of RH/FH services have not been confirmed. The staff number of each institution and its change as well as the current utilization level of equipment and manuals introduced by the project have not been confirmed.

<Financial Aspect>

It is presumed that a certain level of budget has been secured since the activities have been carried out. However, nothing can be said about the sufficiency as no budgetary data is obtained.

<Evaluation Result>

In light of the above, some problems (uncertainties) have been observed in terms of the technical and financial aspects of the implementing agency. Therefore, the sustainability of the effectiveness through the project is fair.

5 Summary of the Evaluation

The Project Purpose, “Capacity for provision of the reproductive health and family health service are improved in the central and western region in China, through strengthening the training capacity of CTC”, was achieved. The effects of the project have partially continued after the project completion, and the Overall Goal to improve the status of RH/FH in the targeted provinces has been partially achieved. Presumably, there are some effects behind, such that the subsequent JICA project carried on FH service contents as the replacement of RH/FH services after the project completion, and the currently on-going national-level project, “New Family Plan Project” under the supervision of the National Health Commission of the People’s Republic of China, has been providing FH services since 2013. Regarding the sustainability, no sufficient information was obtained in the technical and financial aspects, but no problem was observed in policy and institutional aspects. As for the efficiency, both the project cost and the project effect were within the plan.

Considering all of the above points, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Lessons Learned for JICA:

This ex-post evaluation study was carried out 9 years after the project completion. The evaluation was only based on the data collected through websites of the implementing agencies and other publicly available information, since it was not possible to obtain the cooperation of implementing agencies (Some information from interviews with implementing agencies on the ex-post evaluation study for the subsequent project conducted during the same period was utilized.) Thus, the limitation of data and information had some influence on the results of evaluation. In principle, an ex-post evaluation is to be carried out 3 years after the project completion. In order to obtain the information necessary for evaluation judgement, it is necessary that ex-post evaluation studies should be carried out as scheduled.