

Country Name	Project for Strengthening of Health Education for Prevention of Infectious Diseases through Family Health						
People's Republic of China							
I. Project Outline							
Background	<p>Thirty years had passed since the implementation of family planning policy in the People's Republic of China. In consequence, the birth rate had decreased, while some issues had emerged, such as the disproportionate ratio of male to female, and a drastic increase in migrant population. In other words, population issues had changed from a quantitative to a qualitative issue. In terms of health administration, the family planning system, which controls the family planning as well as the narrowly-defined “reproductive health⁽¹⁾”, had a full-fledged network from the central down to the village level. Meanwhile, the health care system, which controls the maternal and child health as well as public health services, had some weaknesses in networks of rural areas. In this regard, the National Population and Family Planning Commission (hereafter, “NPFPC”) started to take some roles in promoting the maternal and child health as well as public health services, and their services were to reach to individual households of the entire population.</p> <p>Under the circumstances, the JICA technical cooperation project, namely “Project for Capacity Building of Reproductive Health and Family Care Service in Central and Western Region (2006-2009)” was carried out, which aimed at health improvement of the rural population by establishing family health services⁽²⁾ as well as the capacity enhancement of health care providers at the NPFPC. Throughout the project implementation, it was identified that there were growing needs to establish a standardized model⁽³⁾ for family health services through further enhancement of capacity improvement of those health care providers, due to emerging needs for infectious disease control and for health improvement of the middle-aged population.</p>						
	<ul style="list-style-type: none"> (1) Reproductive health : A state of complete physical, mental and social well-being in all matters relating to the reproductive system and its function and processes (2) Family health services: Three kinds of preventive health services, (health education, health checkups (screening) and health counselling) are provided for each household and its members of three age groups, i.e. children and early adolescence (age range from 0 to 19), reproductive age group (age range from 15 to 49) and middle-aged and older group (45 and over). In other words, three kinds of preventive health services are provided for three types of age groups (“three by three framework”), which was initially developed under the preceding project. (3) Model: A propitable mechanism to implement the family health services, based on the above-mentioned “three by three framework”, in the form of “plan, do, see (PDCA cycle)” in collaboration with related agencies. 						
Objectives of the Project	<p>In the pilot areas of Central and Western Region in China, the project aims to establish a standardized model of family health services to support the local needs; through streamlining the protocols of family health services, enhancement of management capacity of regional family health planning, capacity development of those in charge of family health services and awareness raising among the local population, thereby expanding the model, and thus strengthening health education for disease prevention in a systematic manner in the targeted provinces.</p> <ol style="list-style-type: none"> 1. Overall Goal: In the targeted provinces, through providing family health services, health education for disease prevention is strengthened in a systematic manner. 2. Project Purpose: A standardized model of family health services to support the local needs is established in the pilot areas of the targeted provinces. 						
Activities of the Project	<ol style="list-style-type: none"> 1. Project Site: Central and Western Regions Project targeted provinces: Hebei Province, Anhui Province, Henan Province, Hubei Province and Chongqing Municipality Pilot areas (12 counties/county-level cities/district in 5 provinces): Hebei Province (Qinghe County, Qianxi County), Anhui Province (Wuwei County, Huoshan County), Henan Province (Nanle County, Xingyang County, Neihuang County), Hubei Province (Jingshan County, Anlu County-level City, Zengdu District), Chongqing Municipality (Rongchang County, Beibei District) 2. Main Activities: (1) Streamline the protocols of family health services, (2) Enhancement of management capacity of regional family health planning, (3) capacity development of those in charge of family health services, (4) awareness raising of health care among the local population 3. Inputs (to carry out above activities) <table> <tr> <td>Japanese Side</td> <td>Chinese Side</td> </tr> <tr> <td> <ol style="list-style-type: none"> 1. Experts: 20 persons (Long-term) 5 persons, (Short-term) 22 persons* *cumulative number 2. Trainees received: 110 persons 3. Equipment: Medical equipment such as ultrasound, electrocardiogram, bone densitometer, mammography 4. Local expenses: 147 million yen </td> <td> <ol style="list-style-type: none"> 1. Staff allocated: 182 persons 2. Chinese Experts: 9 persons Staff of NPFPC (ex-CP)、staff of National Research Institute for Family Planning, professors for Nanjing University of Posts and Telecommunications. 3. Facilities and equipment: Office space, equipment, utilities and vehicles, etc. 4. Local expenses: 42.99 million Chinese yuan </td> </tr> </table>			Japanese Side	Chinese Side	<ol style="list-style-type: none"> 1. Experts: 20 persons (Long-term) 5 persons, (Short-term) 22 persons* *cumulative number 2. Trainees received: 110 persons 3. Equipment: Medical equipment such as ultrasound, electrocardiogram, bone densitometer, mammography 4. Local expenses: 147 million yen 	<ol style="list-style-type: none"> 1. Staff allocated: 182 persons 2. Chinese Experts: 9 persons Staff of NPFPC (ex-CP)、staff of National Research Institute for Family Planning, professors for Nanjing University of Posts and Telecommunications. 3. Facilities and equipment: Office space, equipment, utilities and vehicles, etc. 4. Local expenses: 42.99 million Chinese yuan
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Project Period	January 2011 - January 2016	Project Cost	(ex-ante) 550 million yen, (actual) 592 million yen				
Implementing Agency	National Population and Family Planning Commission of China (at the time of ex-post evaluation, this is known as National Health and Family Planning Commission of China)						

	(hereafter as "NHFPC") after the Administrative Reform in 2013 and has been renamed as National Health Commission of the People's Republic of China since 2018.)
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Cooperation Agency in Japan	National Institute of Public Health
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II. Result of the Evaluation

<Constraints on Evaluation>

(Effects of the preceding project)

- It should be well noted that the outcome of the project, studied under this ex-post evaluation, include effects of the preceding JICA project, i.e. "Project for Capacity Building of Reproductive Health and Family Care Service in Central and Western Region" implemented in the same provinces from April 2006 to March 2009.

< Special Perspectives Considered in the Ex-Post Evaluation >

(Assessment on continuation status of project effects and achievement status of the Overall Goal)

1) Utilization status of the standardized model (Continuation status of Outputs)

- In order to examine the continuation status of project effects, it is necessary to confirm whether the standardized model of family health services established by the project has continuously been functioning. Therefore, "Has the operation and management capacity been sustained or further improved through monitoring and supervision after the project completion?" is examined as "Supplementary Information 1". "Monitoring and supervision" is conducted by Chinese experts in order to periodically review and supervise the management of family health services and technical levels of service providers, as well as to examine the implementation status of in-serving trainings, etc. Data and information are obtained through the national level project, namely "New Family Plan Project" into which all pilot areas under the project have been incorporated since 2013.

2) Continuation status of Project Purpose

- Given the limited time for this ex-post evaluation study, it is difficult to obtain the data for "Indicator 2" of the Project Purpose, "Residents' satisfaction toward the family health services is improved". Since the continuation status of the Project Purpose can be examined by the other two indicators, neither data collection nor examination is done for "Indicator 2".
- Given the limited time for this ex-post evaluation study, it is difficult to obtain the data for "Indicator 3" of the Project Purpose, "The percentage of the residents with basic health literacy increases in the pilot areas, which can contribute to resolving the priority issues of family health". Accordingly, data and information of other sources such as "New Family Plan Project" are utilized. Under the project, "basic health literacy" can be rephrased as the human capacity to make full use of information to maintain the health status.

3) Achievement status of the Overall Goal

- It is likewise difficult to obtain the data for "Indicator 3" of the Overall Goal, "The percentage of the residents with basic health literacy increases in the targeted provinces, which can contribute to resolving the priority issues of family health". Data and information of other sources such as "New Family Plan Project" are utilized.

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 Notification as of March 2009 for the "Draft Bill on the Implementation of Major Health and Medication Institutional Reform (2009-2011)". Among its five pillars, two pillars were "to restore the soundness of health and medical service system at the rural and peripheral areas", and "to promote the equalized provision of essential public health services in a step-by-step manner". At the time of project completion, the project was consistent with "the promotion of family health services" referred in the "Twelfth Five-Year National Population Development Plan (2011-2015)".

<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 systematic preventive health through providing family health services. At the time of project completion, there were continuing needs of such systematic preventive health as an appropriate approach to cope with the rapidly aging population in China, where social security costs needed to be limited.

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

The project was consistent with infectious disease control aimed under the "Cooperation towards resolving environmental and other global issues", one of the priority areas referred in the "Economic Cooperation Program for China (October, 2001)". 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, "A standardized model of family health services to support the local needs is established in the pilot areas of the targeted provinces", was achieved by the time of project completion. Among the five targeted provinces, the administrative orders to promote family health services were issued by only two provinces (Indicator 1). However, the standardized model for family health services was established in each of all 12 pilot areas, and the satisfaction of residents toward the family health services improved in these areas. A remarkable improvement was that the percentage of people who had a health checkup in a year increased for all age groups by 73 to 140% compared with that of the baseline study (Indicator 2). In each pilot area, the percentage of the residents with basic health literacy also increased, which could contribute to resolving the priority issues of family health. The noticeable increase in literacy was identified on smoking (for reproductive age group) and on blood pressure (for middle-aged and older group) by more than 30% respectively (Indicator 3).

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

The project effects have continued since the project completion. At the time of ex-post evaluation, it is confirmed that the national level project, namely "New Family Plan Project (2013-2020)", which incorporates family health into one of the components, has been in progress by the Family Development Bureau of the National Health Commission of the People's Republic of China. Administrative orders on family health services have not been issued in all targeted provinces. All pilot areas, however, have currently been under "New Family Plan Project", thus family health related activities have been in progress in many counties, county-level cities and district of every targeted province. Furthermore, under "New Family Plan Project", it is judged that the standardized model established by the project has

continuously been functioning, and the monitoring and supervision introduced by the project for the purpose to enhance staff's capacity for family health services have continuously been conducted. As for eight items among the measures of basic health awareness which had shown little progress during the project period, a study conducted in Nanle County (one targeted county) revealed that the percentage of the residents with basic health literacy had been increasing for all eight items by 9% on average per annum. The noticeable improvement was identified related to sexually transmitted diseases, AIDS as well as oral health.

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

The Overall Goal, "In the targeted provinces, through providing family health services, health education for disease prevention is strengthened in a systematic manner" was achieved. Family health services are explicitly stipulated in the policy documents, such as "Thirteenth Five-Year Hygiene and Health Plan (2015-2020)" and "Healthy China 2030 (2015-2030)" (Indicator 1). The number of counties practicing the family health services have increased in the targeted provinces. In Hubei Province and Chongqing Municipality, the family health services have been practiced in all counties (100%). In case of Anhui Province, 40 out of the 105 counties (38%) have practiced the services. In Hebei and Henan Provinces, family health services have been practiced at the lower administrative units under the county, namely community and village. As a reference, on the assumption that the family health services have been carried out in only one community or village per county in Hebei and Henan Provinces, the percentage of number of counties carrying out the services against the total number of counties of the province is calculated at 16.8% and 25.1% respectively. This means that the target value of "at or above 40%" has not been achieved. However, taking into accounts that the family health services have been carried out even in the lower administrative levels, it is expected that the family health services will spread further (Indicator 2). Quantitative data for the percentage of the residents with basic health literacy was not available in the targeted provinces. However, it is assumed that such percentage is in an increasing trend in view of several responses from provinces obtained through questionnaire surveys (Indicator 3). The target year of the Overall Goal is originally set as five years after the project completion, which is the year of 2021. Not all of indicators examined at the ex-post evaluation study have achieved the original targets. However, the importance of providing the family health services had been well understood by those of concerned agencies heavily involved in project activities such as seminars, and this served as the impetus for incorporating the family health services into "New Family Plan Project". In this respect, the effects of this JICA-assisted project have been generated more than expected, and hence it is likely that the Overall Goal will be achieved by the target year.

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

Throughout the study, various positive impacts of practicing the family health services have been observed. It was commented by those concerned that the literacy level of residents about health issues had been greatly improved, such that the ratio of rural women received a regular health checkup had increased, and less severe disease cases had been observed thanks to earlier detection with breast and uterine cancer screening or individual counseling targeted for the poor women. Thoughtful mental care has also contributed to improving their literacy levels. Furthermore, strengthening of preventive care services for infectious diseases such as HIV/AIDS and tuberculosis as well as strengthening of immunization program have eventually contributed to less cases of serious infectious diseases. In Anhui Province, the impact on the policy aspect has been observed, such that the health checkup before the pregnancy has become mandatory in the basic public health services for women.

<Evaluation Result>

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

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results	
Project Purpose: A standardized model of family health services to support the local needs is established in the pilot areas of the targeted provinces.	Indicator 1: Administrative orders to promote the family health services are issued in all targeted provinces.	Status of Achievement: Achieved (continued) (Project Completion) <ul style="list-style-type: none"> The administrative orders to promote the family health services were issued in Henan Province and Hubei Province. In Chongqing Municipality, promotion of family health services was declared at the beginning of the project implementation. On the other hand, no administrative orders of this kind were issued in Hebei Province and Anhui Province. (Ex-post Evaluation) <ul style="list-style-type: none"> By the time of ex-post evaluation, the administrative orders on family health services were issued in Anhui Province, Henan Province and Hubei Province. In other targeted provinces, no administrative orders have been issued, but projects related to family health have been in progress. 	
Province/ Municipality		At the project completion (2016)	Ex-post Evaluation (2018)
Hebei		No administrative order to promote the family health services was issued.	No document on the subject has been issued in the form of administrative order. However, in 2016, activities related to the "New Family Plan Project" commenced in 20 selected villages on a trial basis. (The number of villages increased to 29 in 2017 and all are on-going.)
Anhui		Same as above	In April 2016, "Notice of implementation plan of Anhui Health and Family Planning Commission Family Development 'ten of happy family model, hundreds of new family plan center, thousands of family development center'" was issued. Under this document, promotion of family health services was referred in "Document No. 147 on family health (2016) (confidential)"
Henan		"Twelfth Five-Year Population Development Plan"	Notice of implementation of "New Family Plan Project" (2016-2017) by Family Health of Henan Province
Hubei		Notification of 'Healthy Hubei' all people participation action by leader group No. 2 (2013)	It is planned that the family health services will be practiced by incorporating them into "New Family Plan Project" and "National Basic Public Health Services".

		Chongqing	No administrative order to promote the family health services was issued, but it was declared that the Municipality would promote the family health services at the beginning of the project.	No document related to the subject has been issued, however, the family health related activities have been in progress in all counties of the Municipality in 2018.																																							
	Indicator 2: Residents' satisfaction toward the family health services is improved.		Status of Achievement: Achieved (Project Completion) <ul style="list-style-type: none"> According to the survey targeted for approximately 7,820 households (in both 12 pilot areas and 2 control areas), it was identified that the satisfaction level (examined through 16 items) was improved compared with that of the baseline study by 50.6% in average. The remarkable improvement was identified in the item that “percentage of people who had a health checkup in a year” is 1.7 times to 2.4 times that of baseline for all the three age groups, i.e. children, reproductive age as well as middle-aged and older. 																																								
	Indicator 3: The percentage of the residents with basic health literacy increases in the pilot areas, which can contribute to resolving the priority issues of family health.		Status of achievement: Achieved (continued) (Project Completion) <ul style="list-style-type: none"> As for the 62 items on family health activities related to “Chinese Awareness on Health - Basic Knowledge and Skill”, it was confirmed by the results of the baseline and the endline studies that the ratio of the residents with basic health literacy increased by 16.7% on average. Especially, items on smoking (for reproductive age) and blood pressure (for middle-aged and older) improved by more than 30% compared with that of the baseline study. (Ex-post Evaluation) <ul style="list-style-type: none"> Among 62 items referred on the above, a study targeted for five counties was done on 8 items (nutrition management, psychology, prevention of STI/HIV, dental health, obesity prevention, prevention of myopia, health checkup and health counselling) which showed little progress during the project period. It revealed that the ratio of literacy had been improving for the period from the project completion to the ex-post evaluation. One of the targeted counties, Nanle County of Henan Province, the ratio improved for all eight items (by 9% on average per annum). The noticeable improvement was identified in the items on sexually transmitted diseases, AIDS as well as oral health. 																																								
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	Indicator 3: The percentage of the residents with basic health literacy increases in the targeted provinces, which can contribute to resolving the priority issues of family health.		(Ex-post Evaluation) Achieved Having examined through a questionnaire survey in each province; <ul style="list-style-type: none"> It was identified that health discipline of people has been improved since they have given much attention to nutrition management as well as lifestyle, such as taking low sodium and low fat and more vegetables in daily life, and no smoking and no alcohol as well as with physical exercise. (Anhui Province) Overall trend examined in Nanle County indicated the improvement of basic health literacy. (Henan Province) Basic health literacy has been improved, especially in the field of child's dental health, preventive care for near-sightedness for the youth, and mental health among the middle-aged. (Hubei Province) 																																								

Source: Terminal Evaluation Report, Questionnaire and interview with implementing agencies at the time of ex-post evaluation

While the project period was as planned, the project cost slightly exceeded the plan (ratio against the plan: 100% and 107%, respectively). The Outputs of the project were produced as planned. Therefore, the efficiency of the project is fair.

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 especially promotes health at the household level, and emphasizes the health education for family health service recipients as well as a high-risk population, i.e. socially vulnerable people including the poor. “Healthy China 2030 (2015-2030)” is likewise promoting the healthy lifestyle nationwide by putting more focus on households. In this way, the sustainability of the project effects in the policy aspect is secured.

<Institutional Aspect>

At the national level, Department of Family Development of National Health Commission of the People’s Republic of China and China Population Welfare Foundation are responsible to promote the family health services. They have been promoting family health by implementing the national projects, namely “New Family Plan Project” and “Project for Establishing Happy Families”. At the provincial level, Health Commission of Province has developed the provincial health policy and has supervised the lower level institutions in collaboration with Municipal Health Commission. At the county level, Bureau of health and family planning in county level is in charge of planning health projects and supervising the operation. At the lower level, Bureau of Maternal and child health/ family planning in county level (renamed after 2015) are responsible for implementing health checkups and health education for women in reproductive age, as well as implementing “New Family Plan Project” in collaboration with organizations supervising the family health services, such as Home Affairs Bureau, Education Bureau, China Women’s Federation and Financial Bureau. Furthermore, Home Affairs Bureau has incorporated the health education and health counselling into the social services for the elderly and the poor. It also provides the health checkup services for couples before marriage. China Women’s Federation has been providing health education and services for rural women and women in reproductive age. Education Bureau and Physical Education Bureau have been implementing the health education for the youth. In this way, family health related services have been delivered in each administrative level.

Due to the administrative reform, some staff have been internally transferred. However, the results of the questionnaire survey in each province has revealed that family health related activities have been progressed in provinces and counties. Thus, it can be judged that the sufficient number of staff to promote the family health services have been secured. Inter-departmental meetings to share and exchange information to promote the family health services have been carried out upon needs. Therefore, it is considered that institutional sustainability is secured.

<Technical Aspect>

At the beginning of the project implementation, a Chinese expert team consisted of 9 members including staff of NPFPC(ex-CP), staff of National Research Institute for Family Planning, professors for Nanjing University of Posts and Telecommunications, was formed, who conducted the periodical monitoring and training to promote the capacity development and system building. Then, the team played a vital role in the development of a national level project, namely “New Family Plan Project” which has eventually led to the expansion of effects of the project. After the administrative reform, some of the Chinese experts in the targeted provinces and municipality were assigned to other offices. However, it was confirmed by the study that those currently in charge have taken leadership to carry out various activities to further expand the project effects. According to the questionnaire and interviews, the staff of Health and Family Planning Commission in provincial and municipal level have sufficient skills to understand the local needs, to develop the annual plan and to conduct the monitoring and evaluation etc., while some commented that challenges in terms of the technical level of staff had remained in some provinces. As for the staff of the Health and Family Planning Commission of the pilot areas in five provinces, they have acquired sufficient skills. In terms of capacity development and training to further improve the technical level, the national level training in relation to “New Family Plan Project” is carried out once a year. In the county level, under the leadership of Maternal and Child Health Center, training on maternal and child health is carried out four times a year for those working in townships (Huoshan County in Anhui Province). Training under “New Family Plan Project” is carried out twice a year for those working in townships and villages (Xinyang County in Henan Province). In this way, training is organized by each county. Management (monitoring) training is also periodically carried out for the staff of the family health center in each county except for some counties. According to the field study, a bone densitometer (allocated in Anlu County-level City in Hubei Province) was once repaired but was not usable, thus left unused. Other equipment provided under the project has still been utilized. It was confirmed by the study that the guidelines and manuals developed under the project had been reprinted by the staff themselves and effectively utilized.

<Financial Aspect>

The budget for family health services of each province (shown in the table on the right) has been secured as one of the components for “New Family Plan Project” or Public Health. In the county level, it is said that the budget is not sufficient to implement activities, according to the questionnaire survey. They have some difficulties to obtain financial resources to carry out activities. According to the questionnaire survey, no budget is available in the provincial level in Henan Province. In Hubei Province, the budget is sufficient, but is inclusive with other projects such as Family Development and Public Health. In Chongqing Municipality, the budget is also sufficient, but they carry out activities in collaboration with Family Development and Public Health, etc.

<Evaluation Result>

In light of the above, some problems 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

In the pilot areas (12 counties, county-level cities or districts) of the five targeted provinces, the Project Purpose to establish a standardized model for family health services to support the local needs was achieved. The effects of the project have continued at the time

Province/Municipality	Ex-ante Evaluation (2016)	Ex-post Evaluation (2018)
Hebei	N/A	N/A
Anhui	100,000 yuan	100,000 yuan
Henan	N/A	N/A
Hubei	N/A	N/A
Chongqing	200,000 yuan	200,000 yuan

Source: Results of questionnaire survey from implementing agencies

of ex-post evaluation, and the Overall Goal to strengthen the health education for disease prevention in a systematic manner has been achieved. Most importantly, it is confirmed that the effects of the project have been sustained through the on-going national level project. Regarding the sustainability, there are some problems in the technical and financial aspects in the county level, but no problems in policy and institutional aspects. As for the efficiency, the project cost slightly exceeded the plan.

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

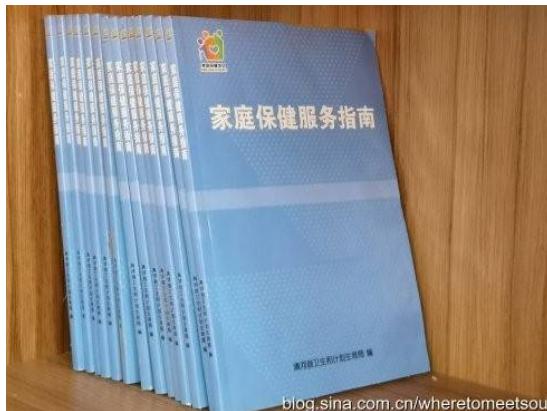
III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

- In the county level, full-fledged training has been carried out for the purpose to improve the knowledge and capacity on family health. However, few trainings have been done on the operation and management (monitoring) aspects in some counties. In view of the importance to review and evaluate the on-site activities, the operation and management aspects should be more focused in the training. Therefore, it is recommended that proper instruction on monitoring the progress of activities should be given to the lower level administrations by the provincial staff, so that they can operate and manage activities by themselves.

Lessons Learned for JICA:

- At the beginning of the project implementation, the institutional framework to proceed the activities was established by forming the Chinese expert team which was consisted of those who had a trusting relationship through working together with the implementing agency. This made it easier to continuously carry out activities after the project completion.
- During the project implementation, the project effectively got the related organizations and departments involved in the project activities. Consequently, their activities have been incorporated into the national level project and family health services have become valued in the national policy. This explains that it is effective for project sustainability, even during the project period, to create a built-in mechanism to carry out activities by a team of partner government members alone and to get major institutions involved.



The guidelines were reprinted mainly by those who worked for the project in the Health and Family Planning Commission of Qinghe County in Hebei Province.



The health education has regularly been carried out for the middle-aged by the Health and Family Planning Commission of Qinghe County in Hebei Province.