

Evaluation Study on Global Issues Initiative on Population and HIV/AIDS (GII)

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Extract

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Preface

This is an evaluation study report on the Global Issues Initiative on Population and AIDS (GII). The study was commissioned to International Development Center of Japan (IDCJ) in October 2001 by the Ministry of Foreign Affairs of Japan.

The Japanese Government launched the "Global Issues Initiative on Population and AIDS" aiming at strengthening its Official Development Assistance (ODA) in the field of population and HIV/AIDS for the seven-year period from FY1994 to FY2000, with a budget goal of US\$ 3 billion. The initiative achieved the budget goal during the first five years ending in FY1998. Following the close of the initiative in the end of FY2000, this evaluation study aims at reviewing achievement under the GII and distilling lessons learned.

The GII, in its various aspects, put emphases on strengthening partnership between Japanese ODA and NGOs and governmental partnership between Japan - U. S. Because of these, two participants from the Open Regular Dialogues of MOFA/NGO on GII/IDI conducted an evaluation on partnership with NGOs under the GII. U.S. Agency for International Development (USAID) also joined in this evaluation, and a US-based consultant who was selected by USAID conducted evaluation on the Japan-US partnership.

The evaluation team made field studies for this evaluation study in October 2001 for Asia and in January 2002 for Africa. Three countries were selected in Asia; Bangladesh, Indonesia, and Thailand, and Zambia for Africa, for first-hand observations and interviews with the relevant information sources.

The evaluation team consists of the following members:

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Ms. Ikegami and Ms. Takahashi wrote Chapter 6 and 2.1.1 (in Chapter 2) and Ms. Huber wrote Chapter 4.

We are most grateful to the Ministry of Foreign Affairs of Japan for all the support in completing this evaluation study. We would like to express our sincere appreciation to the Japanese Embassies, overseas offices of the Japan International Cooperation Agency (JICA), representative offices of Japan Bank for International Cooperation (JBIC), and other relevant organizations in Bangladesh, Indonesia, Thailand, and Zambia for their kind assistance extended to our field studies. The important technical advice from Center for Population, Health and Nutrition of USAID and Donor Coordination Division, Planning and Evaluation Dept. of JICA is gratefully acknowledged.

Lastly, the views expressed in this report are those of the IDCJ study team and do not necessarily reflect official policies of the Ministry of Foreign Affairs of Japan.

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Chapter 8 Evaluation Results and Recommendations for IDI

8.1 Evaluation Results

8.1.1 Achievements of the GII and Priority Approaches

(1) Achievements

a. Achievements in Monetary Values

Indirect Cooperation for Population accounted for 82% of the total achievements in terms of monetary value; Direct Cooperation for Population accounted for 16%; and Cooperation for HIV/AIDS Pandemic accounted for the remaining 2%. In terms of annual monetary achievements, Direct Cooperation for Population doubled from 1994 to 2000, and Cooperation for HIV/AIDS Pandemic tripled in the same period.

b. Achievements by Scheme

In Direct Cooperation for Population, contributions to the United Nations (UN) organizations were significant, accounting for about 40% of the total, followed by technical assistance and Grant Aid. In Cooperation for HIV/AIDS Pandemic, contributions to UN organizations were large enough to account for about 65% of the total.

In Indirect Cooperation for Population, unlike the other two fields, Grant Aid and ODA Loan Assistance combined made up 80% in total. The Grant Aid includes assistance for basic health and medicine (53.5%), primary education (32.8%), and vocational training for women and girls' education (8.6%).

c. Achievements by Region

Most of the GII projects took place in Southeast Asia, where nearly half of all the projects were implemented. In terms of monetary value, Southeast Asia is the largest recipient of the assistance, accounting for more than 60% of the entire budget.

(2) Priority Approaches

a. Collaboration with Other Donors

The GII as a whole:

Bilateral collaborations between JICA and other donors were primarily conducted in Indirect Cooperation for Population. The major collaborating partners were USAID, AusAID, and France. In many projects, Japan provided the so-called hardware such as vehicles and supplies through grant assistance, and collaborating partners were in charge of the so-called software aspects such as

marketing. In some collaborative projects with USAID, parallel cooperation efforts were conducted in the same fields, and in others, both parties assisted NGOs. In staff exchange efforts, both dispatch and acceptance of personnel were conducted. Of all persons accepted by Japan, almost half (eight) were sent from Korea International Cooperation Agency.

Major collaborative partners with Japan among UN organizations were UNICEF and UNFPA.

In many collaborative projects with these two UN organizations, Japan provided equipment and supplies, while the UN organizations provided technical assistance for maintenance and management. Collaborative efforts with UNICEF, for polio eradication and EPI activities included in Indirect Cooperation for Population (Japan's role was to supply vaccines, etc.), were realized in the family planning and maternal and child health fields (Japan supplying contraceptives/pills, and medical equipment for maternal and child health. In addition, there were collaborations with the World Bank (in the primary education field) and UNDP (in Cooperation for HIV/AIDS Pandemic).

Countries Where Field Studies Were Conducted (Indonesia, Thailand, Bangladesh, Zambia):

While collaborations with other donors were implemented in the countries where the field studies of the GII Evaluation Study were conducted, the significance of these collaborative projects differed, depending on various factors in respective countries. Collaborations with the other donors generally contributed to making the assistance more effective and efficient. Specifically, when the comparative advantages of Japan and collaboration partners were mutually complementary, and the collaboration reflects this situation sufficiently, efficiency and effectiveness were improved.

On the individual project level, there were some collaboration projects other than Japan supplying hardware and the other donors taking care of software¹.

Realization of collaborations with donors had much to do with expertise of the personnel in charge of the health sector in the Japanese embassies and JICA offices. Countries and periods in which health-sector specialists were available had more progresses in donor collaborations. In countries where Japan played the largest role as the ODA provider, compared with the other donors, collaborations with them were not actively promoted.

b. Collaboration with NGOs

Evaluations on collaborations with NGOs in the GII were conducted by NGO representatives in this study, and their findings were written in the Chapter 6 of this report. Please refer to Chapter 6 for detailed evaluations and results.

¹ In the Project for Ensuring Quality of MCH through MCH Handbook in Indonesia, collaborations with the World Bank, ADB, and UNICEF were promoted through the Indonesian Ministry of Health. These donors contributed the handbook's printing costs to aid in the distribution of the healthcare handbooks and the system

The GII as a Whole:

Collaborations with NGOs were promoted in the forms of Grant Assistance for Grassroots Projects and Development Partnership Program, Community Empowerment Program, and NGO Project Subsidy for Japanese NGOs. In some cases, continuous or standalone collaborations were conducted with NGOs on individual project levels.

Countries Where Field Studies Were Conducted:

Thanks to collaborations with NGOs, Japanese assistance efforts have been made accessible at the community level, as well as to high-risk groups and minorities and people in remote locations, where may have difficulty being covered by Project-type Technical Cooperation. Thus, collaborations with NGOs contributed to improved relevance and efficiency of Japan's assistance efforts. On the other hand, due to different operational methods of NGOs and Japan's ODA programs (different fiscal years adopted, etc.), some cases needed more time for clerical procedures.

In Cooperation for HIV/AIDS Pandemic, collaborations with NGOs were rather active, realizing collaborations under Community Empowerment Program and Grant Assistance for Grassroots Program.

c. Comprehensive Approach

Case studies in the GII Evaluation Study have revealed that mutually complementary relationships between projects of Direct Cooperation for Population and those of Indirect Cooperation for Population were not always maintained sufficiently. Mutually complementary relationships among the case study projects turned out to be lacking about their timing and locations for implementation as well as their content. This is because projects of Direct/Indirect Cooperation for Population were not recognized as those belong to one program in the field of so-called population assistance and because the projects were not formulated, or not implemented according to logical flow starting at setting targets, formulating strategies for realization of the targets, and designing program and projects (for more details, refer to 7.2.4 of Chapter 7 of this report).

(3) Others

a. Strategic Characteristics

The GII as a Whole:

Japanese input in the GII fields exceeded \$3 billion which was the target-amount announced, but more funds were spent on Indirect Cooperation for Population than on Direct Cooperation for Population or Cooperation for HIV/AIDS Pandemic, as explained above. These funds were also dispersed among multiple sub-programs within Indirect Cooperation for Population. As a result,

(software) in their target areas. Refer to Chapter 3 for more details.

although there were certain achievements on the level of individual projects, comprehensive outcomes or effects of Japan's assistance in the reproductive health² and Cooperation for HIV/AIDS Pandemics were difficult to detect, except for the monetary amounts. These situations have been derived from the fact that the GII lacked strategic approaches. With appropriate strategies, efficiencies in assistance projects would have been much more improved.

Countries where Field studies were conducted:

Even without strategies, in those countries where the personnel of the Japanese Embassy and the JICA office who were in charge of field implementation understood the significance of the GII, and were equipped with capabilities and the authority to reflect the significance in actual assistance projects, it was possible to establish certain directions in the assistance in the health sector for the target countries. Also, countries where, in such Japanese entities, stronger top-down leadership and incentives for the promotion and implementation of Japan-US collaboration for the GII existed, it was possible to set similar directions. However, as strategic approaches were insufficient, consistent directions tended to disappear due to transfer of the personnel who led the reflection of the GII there.

b. Numerical Targets

The only numerical targets in the GII were target achievements in monetary values and implementation periods. It was thus difficult to quantitatively evaluate any improvements in development challenges, which were derived from the GII inputs, from various aspects both during and after the implementation period.

8.1.2 Evaluation Results

(1) The GII as a Whole

The GII was introduced in 1994 when preparations were underway for the International Conference on Population and Development (ICPD) by the United Nations, in addition, it was increasingly necessary for international society to take immediate actions against HIV/AIDS problems, particularly those in developing countries. Since the ICPD, governments, UN organizations, NGOs and the other entities have been promoting their cooperation within the more comprehensive field of reproductive health than the field of family planning, population assistance, and maternal and child health. Efforts for fighting against HIV/AIDS such as national programs and international assistance have also been expanding since those days. In this sense, introduction of the GII in 1994 can be viewed as a timely and relevant move for development challenges internationally recognized as crucial.

² As input in Cooperation for HIV/AIDS Pandemic accounted for only about 2% of the total monetary values in

One of the positive by-products of the implementation of the GII has been a change in Japan's assistance approaches in the health sector. Prior to the introduction of the GII, Japan's assistance in the health sector centered on construction/renovation of facilities of national general or specialized hospitals, providing them with medical equipment, or technology transfers in Project-type Technical Cooperation supplemental to the construction/renovation and equipment. However, with the introduction of the GII, the community-level interventions regarded as important in the GII fields (improvement of care for pregnant women and AIDS prevention, etc.) became actively incorporated into Japan's assistance.

(2) Evaluation Results in Each GII Field

a. Direct Cooperation for Population

The GII as a whole

In terms of sub-program categories (types of interventions), cooperation efforts for safe motherhood accounted for the largest number of projects. The same trend can be observed in the results analyzed for different regions (Southeast Asia, South Asia, and Africa). As cooperation projects are usually initiated by recipients' requests, this trend can be interpreted as indicating that requests in this field outnumbered those in the other fields but another possible interpretation is that Japan had a comparative advantage in this field. But this interpretation requires more detailed analysis. In the cooperation projects for safe motherhood, various human resources development efforts were frequently made for the clinical staff including Health Center staff and TBAs. On the other hand, in family planning field, few direct assistance projects were performed in IEC-related fields by Japan³.

Countries Where Field Studies Were Conducted:

a) Relevance

Japan's cooperation efforts were quite relevant, judging from the development challenges and governmental policies in Direct Cooperation for Population in the recipient countries.

b) Efficiency

(i) On-going projects have been implemented as scheduled, and no major delay was not found in the implementation.

(ii) Continual Japanese support has been provided to some assistance projects initiated in the latter half of the 1980s, continuing to accumulate achievements. Through continual assistance, efficiency in procedures and other aspects in project implementation were improved. Thus, this contributed to these projects' pursuing targets.

GII, the effects of the input are not included in this argument.

³ Yet, in Kenya, the Kenya Population/Education Promotion Project II was implemented through a project-type technical cooperation from 1993 through 1998.

(iii) In the specific area (development of human resources who are involved in providing services for safe motherhood), development challenges were efficiently improved by multiple projects with different schemes (Grant Aid, Project-type Technical Cooperation, Community Empowerment Program) undertaken intensively.

(iv) Combinations of various schemes helped to enhance project efficiency.

(v) Collaboration with NGOs including Grant Assistance for Grassroots projects contributed to improving efficiency,.

c) Effectiveness

Major health indicators of the reproductive health field cannot be improved over a short period, and are influenced by input from fields other than the health sector. To measure these impacts, detailed examinations are necessary, but this study was restricted in terms of both time and scale and could not afford to provide them. As for the indicators for this field in Bangladesh, it is still too early to measure impact, as the programs there have begun relatively recently.

d) Sustainability

In countries where Project-type Technical Cooperation efforts were implemented, the sustainability of technology and practical knowledge, which Japan intended to transfer through cooperation, was maintained. Yet, as for maintenance and operation of the supplied medical equipment and improved facilities, the sustainability has not been sufficiently confirmed from the perspective of finance and technology.

b. Indirect Cooperation for Population

The GII as a whole

Indirect Cooperation for Population comprises sub-programs such as Basic Health and Medicine,

Primary Education, Vocational Training for Women and Girls' Education. In the Primary Education field, many cases were dedicated to construction/improvement of primary school facilities. Large cooperation cases in terms of monetary values include construction of primary school buildings with Grant Aid. Most of the remaining cases were constructions/modifications of primary school buildings through Grant Assistance for Grassroots projects. As for Vocational Training for Women and Girls' Education, as in cooperation in the Primary Education field, vocational training facilities were constructed or renovated through Grant Aid and Grant Assistance for Grass-roots projects. In terms of the number of projects, Grant Aid projects were about half of those implemented for the Primary Education field.

Countries Where Field Studies were conducted

a) Relevance

Japan's cooperation efforts were quite relevant, judging from the development challenges and governmental policies for Indirect Cooperation for Population in the recipient countries. Assistance projects in actions for eradication of polio were relevant in terms of global promotion of polio-eradication activities.

b) Efficiency

In Indirect Cooperation for Population, it was possible to evaluate in a relatively clear manner the efficiency for Japan's assistance in EPI and polio eradication (specifically, supplies of medical items, such as vaccines) implemented in Bangladesh and Zambia in order to improve children's health. In these assistance projects, close collaborations with UNICEF were realized through so-called Multi-bi cooperation and mutually complementary collaborations were made possible by utilizing UNICEF'S practical knowledge to achieve high efficiency.

Furthermore, collaboration with NGOs and appropriately organized collaborations among various schemes also improved efficiency.

c) Effectiveness

Japan's cooperation in EPI and polio eradication activities was significant financially and was performed over relatively long periods of time, thus greatly contributing to EPI and polio eradication activities in recipient countries. However, in the countries where the field studies were conducted in the GII Evaluation Study, rates of immunization against certain diseases have not been increased sufficiently. It was thus difficult for Japan's cooperation, which centered on physical supplies, to realize tangible effects. To rectify these problems, Japanese personnel dispatches were initiated.

In Bangladesh, as UNICEF, Japan's collaborator, utilized its practical knowledge in public relations, Japan's cooperation was widely recognized by the government of the country, the people, and the other donors.

d) Sustainability

As supplies from Japan for EPI and polio eradication activities were mostly consumables, no problem in sustainability was detected.

In countries where Project-type Technical Cooperation projects were deployed, the technologies and practical knowledge to be transferred through Japan's cooperation were sustainable. Maintenance and management of medical equipment and renovated buildings were not sufficiently sustainable, neither financially nor technically.

c. Cooperation for HIV/AIDS Pandemic

The GII as a whole

As stated earlier, the cooperative input to Cooperation for HIV/AIDS Pandemic in the GII was only 2% of the entire GII input. Of the 16 GII priority countries, some had relatively subdued AIDS activities while in other projects, only a few Grant Assistance for Grassroots Projects were provided for local NGOs. Technical assistance in Cooperation for HIV/AIDS Pandemic was performed primarily in Thailand, the Philippines, and Kenya.

Except for collaborative efforts with NGOs (Grant Assistance for Grassroots Projects and Community Empowerment Program and Development Partner Program), Japan's Cooperation for HIV/AIDS Pandemic in the 16 priority countries in the GII can be broadly categorized into (a) assistance for securing blood safety, (b) assistance for research and development, and (c) assistance for improving examination/diagnostic techniques. In the developing countries where the government is responsible for supplying blood for transfusion operations, Japan's assistance in supplying items for blood screening in order to secure safe blood supply was relevant and highly effective in the prevention of HIV infection through blood transfusion.

For (b) and (c) above, many HIV/AIDS-related activities were included in a group of Project-type Technical Cooperation efforts implemented as research study cooperation in the field of infectious disease-related assistance for top-level research institutes or top-referral laboratories in a country, prior to implementation of the GII. Partly because there were more HIV/AIDS cases in those countries than in Japan, achievements of the research studies assisted by Japan were realized at the individual activity level.

Assistance to research study usually requires relatively extensive funding and longer input periods. In assistance to research study through ODA, research capabilities should be established within the recipient countries, and human resource development for researchers should also be promoted there. However, sufficient arguments have not been made as to how research achievements realized by Japan's ODA should be evaluated. Contentious points include whether such assistance should be directed at improvement of health-related problems regarded as high priority health problems of the people in the country for short term period or whether they may be beneficial to only a small number of people, or whether they may be made clinically applicable over a longer period of time. It was not clarified, either, to what extent research capabilities should be developed and how much human resource development for researchers should be promoted.

In control programs against HIV/AIDS, on the other hand, as for R&D activities such as development of vaccines, discussions concerning efficiency, and ethics such as issues of equity and human rights have recently been quite energetic around the world, which include a view point of benefiting vulnerable people to HIV/AIDS, especially concerning role allotments and resource distributions among governments of donors and developing countries, as well as the private sector, including pharmaceutical companies. Japan's conventional approaches for assistance to research study

were based on the premise that large-scale inputs should be provided the projects conducted with governmental research institutes or laboratories for extended periods. In this sense, it cannot be denied that Japan's stance has been somewhat distanced from the discussions mentioned above.

Collaborations with NGOs were realized in the forms of Community Empowerment Program and Grant Assistance for Grassroots Projects. In addition, these collaborations covered high-risk and minority groups in spite of the fact that it is usually difficult for Japan's Project-type Technical Cooperation to cover. Approaches suitable for the characteristics of the target groups were also adopted.

Countries where Field Studies were conducted

a) Relevance

Japan's assistance in Cooperation for HIV/AIDS Pandemic in Thailand and Zambia was, for the most part, relevant as a program in terms of the challenges in Cooperation for HIV/AIDS Pandemic within the countries and their governmental policies. In Indonesia and Bangladesh, as the governments have not yet recognized the needs for support from Japan to their HIV/AIDS controls (though both countries would presumably enhance their efforts), Japan has not initiated to implement full-scale cooperation in this field.

b) Efficiency

Through collaborative efforts with NGOs, community-level activities were conducted in both HIV infection prevention and AIDS patient care. As community-level activities were generally regarded as significant in HIV/AIDS control programs, high efficiency was attained in this regard. In addition, AIDS education activities were implemented for high-risk groups, which were viewed as target groups of infection prevention education, and in this regard, the efficiency of the efforts was also rated quite high.

c) Effectiveness

Considering the fact that the direct objectives of cooperation for researches in Thailand were studies of drug resistance and development of vaccines, it will take more time that the impacts of this aid scheme emerge. Only a few years have passed since the Project for Model Development of Comprehensive HIV/AIDS Prevention and Care which conducts community-level activities started, therefore it is still too early to review the nationwide results in Thailand. In Zambia as well, the projects in Cooperation for HIV/AIDS Pandemic are still too early to evaluate the effects of any cooperation in Cooperation for HIV/AIDS Pandemic as a program.

8.2 Recommendations for IDI

The Okinawa Infectious Disease Initiative (IDI) announced by the Japanese government at the 2001 Kyushu/Okinawa Summit proposed implementation and enhancement of actions against infectious diseases (HIV/AIDS, TB, malaria, parasitic disease, and polio), promotion of public health, establishment of research networks, basic education, and cooperation in water supply. As there are many similarities between IDI and the GII⁴, recommendations derived from evaluations of the GII are expected to contribute to the improvement of various aspects of IDI.

These recommendations are summarized below, so that those derived from the GII evaluations can be effectively utilized in promotion of IDI activities.

The greatest lesson learned from the evaluation of the GII is that strategic approaches were indispensable for the enhancement of assistance effects. Challenges emerging from the lack of strategic approach have been mentioned at multiple points in this report. It must also be determined how to operate, or put into action under these strategies. Therefore, the following recommendations focus on the formulation and operation of assistance strategies.

At present, because individual projects are being implemented only sporadically in priority fields⁵, it is still difficult to secure efficiency in terms of effective utilization of resources necessary to meet developmental challenges. In addition, it is difficult to enhance effectiveness through these sporadic implementations of individual projects. To rectify these problems, cooperation should be implemented as part of programs. In order to implement assistance for the entire healthcare sector, as explained above, strategies should first be developed, and then, based on these strategies, programs should be compiled. Projects should then be allocated as components of these programs. Based on this concept, following recommendations are presented for programs and projects from the perspectives of formulation and operation. Projects are treated separately as there are multiple recommendations for operations in this report.

Some recommendations include concrete action plans. However, concrete action plans should be made not only by the evaluators but also by administrative organizations being in charge of ODA, based on recommendation derived from this evaluation study.

⁴ These two initiatives have similarities in that 1) both are cooperation efforts for emergency measures against infectious diseases, 2) actual targets overlap in the two initiatives, and 3) implementations are promoted through various assistance formats.

⁵ Sporadically because they are based on requests.

Recommendations for Development

	Strategy	Program Level		
Formulation	Development of Explicit Strategies, Programs in Accordance with the Strategies, and Allocation of Programs			
	Establishment of Clear Numerical Targets			
	<p>*Numerical targets other than monetary values and implementation periods should also be established. Clearly defined numerical targets will contribute to smooth, practical IDI implementations. Without targets set, it is impossible to evaluate any operations or indicate effects after implementation.</p> <p><Concrete Actions> Establish benchmarks, that is, by what year Japan should implement how many projects in the target fields (IEC for prevention with HIV and mother to child infection prevention, etc.). As cooperation efforts add up to reach those benchmarks, the strategic approaches of Japan's assistance efforts can be more explicitly revealed.</p>			
	Inclusion of Horizontal Issues in International Cooperation in the Health Sector			
	<p>*The relevancy of Japan's assistance efforts should be maintained while considering sector reforms and SWAP.</p> <p><Concrete Actions> Cooperation in the health sector are becoming increasingly cooperation non-vertical approaches, but horizontal and integrated approaches(e.g., as in HIV/AIDS). Supplies of commodities , collaborations with NGOs and civil society, establishment of basic healthcare infrastructure, and the role of the private sector in R&D, should also be included.</p>			
	Promotion of Socio-cultural and Anthropological Considerations, Environmental/Gender-Related Considerations, Promotion of Participatory Development			
			In-Depth Reviews of Project Designs	
			<p><Concrete Actions> Clear indication of project targets and downsizing of large scope of projects to attain the targets more efficiently</p>	
			In-Depth Reviews of Project Approaches	
			<p><Concrete Actions> Review whether the following approaches should be adopted for future projects.</p> <ol style="list-style-type: none"> 1) Verify the replicability of results achieved through intensive inputs by projects to the targeted area as these projects are pilot/model projects 2) Review the efficiency of such intensive and continuous inputs for specific organizations under the Ministry of Health (particularly, cooperation projects to research study and the extent to which ODA should be provided with support to research study). 	
Communication of Strategies and Programs				
<p>*Public relations concerning strategies and programs are indispensable for discussions with recipient countries on selection of assistance cases. For promoting collaboration with other donors, they can often contribute to improvement of aid efficiency and effectiveness, and will also raise the visibility of Japan's assistance.</p> <p>*Through internal communication of strategies and programs can contribute to selective project formulations and collaborations with other development partners at the field level.</p>				

<Concrete Actions> may be implemented for short periods

Proposals for Operation

	Strategy	Program Level	Project Level
Operation	Active Provision of Information Concerning Japan's Assistance		
	<p><Concrete Actions> Regular Information Provision on Site At the local office levels (JICA overseas office and Japanese embassy), regular (once a year) workshops are to be held for the other donors and the local governments to provide basic information about assistance trends including Japan's strategies, policies, emphases, cooperation schemes (such as multi/bilateral cooperation), and introduction of the relevant personnel, so that collaborations between Japan and these partners could be promoted.</p> <p><Concrete Actions>Communication About Role Allotments Between Japanese Embassy and JICA Overseas Office External parties, particularly the other donors, found it quite difficult to properly understand how roles were allocated between the Japanese embassy and JICA Overseas Office. It is thus necessary to explain this point through periodical public relations efforts for the other donors.</p>		
	Promotion of Collaboration With the Other Development Partners		
	Enhanced Strategic Approaches through Collaboration		
<p><Concrete Actions> Realization of Mutually Complementary Collaborations through Thoroughly Checking Comparative Advantages of Japan and the Other Donors Past Japan's conventional cooperation in the health sector, which was made up primarily of vertical disease control, was less competent in reflecting priorities among health issues and identifying the target groups based on epidemiology. On the other hand, many of the other donors have comparative advantages in these aspects. By thoroughly reviewing comparative advantages of Japan and the other donors, it is important to construct collaborations which ensure that Japan's comparative advantages are effectively complemented. By positioning personnel with background of international health on the Japanese side, the intentions of Japan and of the other donors in the collaborations can be effectively realized in a well-balanced manner.</p>			
Collaboration with the Other Donors in where SWAP Has Been Advanced			
<p>*Promotion of Well-Balanced Collaborations with the Other Donors In countries where sector reforms and SWAP are adequately developed, it is very important for Japan to balance in promoting collaborations with specific donors and actively participating in sector-level donor meetings to exchange information with all the relevant donors, including those involved in SWAP and the common baskets. In some countries, sufficient communication has not been achieved between donors inputting in common baskets and those not contributing inputs to the baskets. This has possibility to affect overall aid efficiency in these countries. It is necessary to carefully review the significance and impact of Japan's collaborations with specific donors under this circumstance, since Japan's such action is influential in the aid community and aid politics in these countries if Japan is one of the main donors in the health sector of these countries.</p>			
Well-timed Responses Through Advanced Decentralization			
<p>*Enhanced Delegation of Authorities to Local Organizations (Japanese Embassy, JICA Overseas Office) Due to different paces of organizational decision-making in Japan and the other development partners, collaboration cases may not always progress as planned. This is because the authorities of the Japanese embassy and JICA Overseas Office are limited, and most decisions are made at the headquarters and often are time-consuming. Japanese embassy and JICA overseas offices are constantly exposed to local situations, and often accumulate sufficient information to make various decisions. Therefore, their limited authority must be addressed and changed to increase the aid efficiency.</p>			

	Strategic Level	Program Level	Project Level
Operation	Promotion of Collaboration with Other Development Partners		
	(Cont.)		<p style="text-align: center;">Promotion of Collaboration with NGOs</p> <p>Through collaborations with NGOs, Japan's assistance can reach the community level. In addition, because NGOs' activities often have specific comparative advantages, strategic collaborations with NGOs should be promoted in Japan's IDI to improve its effects. Some of the advantages of collaboration with NGOs are:</p> <ul style="list-style-type: none"> a. Enhancement of the relevancy, efficiency, and effectiveness of projects, through NGO's adoption of project designs based on adequate understanding of community characteristics and participatory approach. b. Becoming capable to provide social groups not accessible by the government (such as drug addicts, sex workers, illegal workers, illegal residents, etc.) with health services. c. Becoming capable of increasing efficiency through NGO's utilizing various local resources (including human and other material resources). <p>However, as NGOs implement activities based on their own credos and policies, some of those involved in the health sector do not necessarily follow national programs and strategies. NGOs' credos and policies can be different from those of their governmental counterparts in specific points (Note 1). Under these circumstances, collaborations with NGOs do not always lead to improved efficiency or effectiveness. Some NGOs have only ambiguous numerical targets for projects (Note 2), insufficient monitoring and evaluation process or limited accounting capabilities.</p> <p>In some cases, the beneficiaries of NGO projects may be limited to relatively small areas and groups of people. In collaborating with NGOs, it is thus necessary to obtain detailed information on them and carefully review the intended collaborations. It will be effective to receive detailed NGO information from local UN organizations and other bilateral collaboration donors who have with long collaborative experience with the NGOs.</p>
	Adjustment of Systemic Differences		
<p><Concrete Actions> Differences Due to Single-Year Accounting System</p> <p>Most of Japan's ODA activities operate in a single-year accounting system, which is lacking in flexibility compared with other donors' multiple-year-accounting systems. In this regard, Japan has thus been viewed as a difficult development partner to work with. Restrictions on payments of daily wages and travel expenses for project counterparts are also regarded issues. However, changes of these things are often difficult to make over short periods. It is thus necessary to attempt to seek the understanding of the collaborators and other stakeholders about Japanese systems and regulations through discussions from the early stages of collaborative efforts. If problems arise related to these systems and regulations, proactive measures should be taken. In the long term, it will be necessary to make the accounting systems more flexible.</p>			

(Note 1) Some NGOs have policies of promoting maternal health but intentionally excluding family planning from their activities, or of actively making HIV infection prevention efforts but disapproving of the use of condoms, and so on.

(Note 2) Depending on their organizational magnitudes, experiences, policies/credos, NGOs have different emphases or attach different values to the achievements of development projects. For example, some NGOs emphasize spiritual/qualitative achievements rather than physical/quantitative achievements. Some of them emphasize residents' willingness to participate in community development projects and nurturing community spirit among residents and NGO staff rather than, for example, increased production amount of crops.

Project Level	
Operation	Increasing Effects of Technical Cooperation (promotion of "Cooperation with Japanese faces")
	Implementation of Highly Strategic Technical Cooperation
	*In the transition from project assistance to program assistance, technical cooperation should be highly strategic along the lines of SWAP.
	Securing Japanese Resources and Additional Flexibility in Procedures for Technical Cooperation Procedures
	In developing countries with advanced SWAP, in the transition from project assistance to program assistance particularly among European donors, technical cooperation through dispatches of Japanese Experts should be strategically implemented along the lines of SWAP. To implement these technical cooperation cases, it is necessary to actively collect SWAP-related information, obtain proper resources on the Japanese side (experts and technical prowess), and secure procedural flexibility in schemes and implementation timing/period.
	Review of Short-Term Dispatches of Japanese Experts
	Some experts were dispatched for short periods of only about two weeks, and as a result technologies to be transferred had some limitations. As these experts have full-time jobs in Japan, this two-week period is the longest they can be away from their primary responsibilities. However, the dispatch periods of experts should be reviewed. Moreover, if multiple experts are dispatched for a specific project, there is a major concern about declined cost-effectiveness due to the cost incurred by such dispatches.
Enhancement of Selection of Responsive Japanese Experts to Requirements from Recipient Countries	
Japan's cooperation activities emphasize long-term dispatches of Japanese Experts because they can contribute to making Japan's cooperation more visible, "Cooperation with Japanese Faces." However, certain recipient countries have concluded from their experiences that sufficient technical transfers cannot be attained by foreign experts. Moreover, they hold that cost of hiring foreign experts is often too expensive, inefficient in terms of technical transfer, and absorbs relatively large portions of entire budget of the project. Some even argue that foreign experts should be replaced by national experts/consultants. <Concrete Actions> Based on these arguments, when dispatching Japanese Experts, it is necessary to select the personnel equipped not only with technical expertise, but also sufficient experience in working in the target countries and linguistic capabilities.	
Development of a Long-Term Expert Dispatch Policy that Satisfies Needs	
<Concrete Actions> Field studies of GII Evaluation Study have revealed that the need for Long-term Japanese Experts to be dispatched depends on local technical expertise levels and management capabilities. Project counterparts may sometimes expect long-term Japanese Experts to provide support for project management, rather than technical transfers. In such cases, the number of Experts need not be large or stay in the project sites.	

Project Level

Increasing Effects of Technical Cooperation (promotion of "Cooperation with Japanese faces")

(Cont.)

Maintenance and Operation of Facilities and Equipment Provided Through Grant Assistance

It is also necessary to consider the financial and technical abilities of the counterparts so that facilities and equipment provided through Japan's Grant Assistance can be properly maintained and operated.

In a country where SWAPs or decentralization has been advanced, the central government may not be able to determine the budgets for maintenance and management at its own discretion, or the jurisdictions of the facilities constructed/renovated by Grant Assistance may have changed. These circumstances include possibility to become issues for the budget acquisitions for maintaining and operating facilities constructed/renovated with Japan's Grant assistance. In this regard, Japan should make the best effort to establish clear perspectives for future prospects through analyzing mid-to-long-term financial policies and budget allocation plans in such countries.

When Japan offers technical cooperation, the recipient governments are usually required to share certain budget (assignment of counterparts and operation cost, etc.) in the implementation of the projects, but it should be noted that in the cases of some LLDCs, even when the governments agreed to share the budgets, they frequently failed to do so due to budget constraints.

<Concrete Actions> It is important that the Japanese side should supply equipment for which the counterparts can procure parts easily and should also provide training in maintenance and operation skills for technical personnel within the counterpart organization.

Expansion of Sustainability and Review of Continuous Assistance

In Japan's cooperation in the health sector, intensive inputs were sometimes made in specific areas as pilot/model projects. However, the replicability of most of these pilot/model projects has not so far been sufficiently confirmed. Intensive and continual inputs were also made in specific areas even though they cannot be categorized as pilot/model projects. This trend can be also observed in the projects of other donors, including NGOs. However, in the case of Japan, intensive and continual inputs tended to be made often for a limited number of tertiary-level organizations under the Ministry of Health of a recipient country (particularly in projects for improving research capabilities).

While intensive and continual inputs may facilitate the attainment of project targets, it is necessary to fully consider how to handle the growing gaps between the areas/organizations covered by such Japanese cooperation and those not covered by them. It is also necessary to review to what extent long-term projects with intensive and continual inputs should be made as ODA projects from the view point of sustainability. This should be particularly emphasized regarding cooperation projects to research study, including considering means/funds other than ODA to be utilized for these projects.

Operation