

Evaluation Study
on
Multilateral/Bilateral Technical Cooperation

- Summary Report -

1. Outline of Evaluation Study on Multilateral/Bilateral Technical Cooperation

1-1 Background and Purpose of Evaluation Study

In collaboration and cooperation with the United Nations Children's Fund (hereinafter called "UNICEF") and the United Nations Population Fund (hereinafter called "UNFPA"), Japan has implemented its "Multilateral/Bilateral technical cooperation" in developing countries for the purpose of improving the conditions of health care, population and family planning, and promoting self-reliance in this sector through supply of vaccines to prevent infectious diseases, cold chain, contraceptives and other basic medical equipment.

Japan has pursued its cooperation in collaboration with UNICEF in total 35 countries for a period of 13 years (1989-2001), as well as in collaboration with UNFPA in 19 countries for 8 years (1994-2001). Nevertheless, the policies for these Multilateral/Bilateral cooperation programs have never comprehensively been reviewed. Accordingly, the impact and effect of this assistance have not been grasped satisfactorily nor the advantages and disadvantages or problems have been examined.

Taking into consideration the above circumstances, this evaluation study aims to bring forward recommendations or lessons to promote more effective and efficient cooperation in the future.

1-2 Basic Principles of Evaluation Study

In this evaluation study, the Multilateral/Bilateral cooperation implemented by Japan up to now is defined as the "programs" in Japan's overall ODA policy. Based on the program theory, and with various existing data and results by interviews with the concerned people, it was analyzed what objectives are and what logic (cause-effect relationship) is used to implement Multilateral/Bilateral cooperation in each recipient country (frameworks are shown in Figure 1-1 and Figure 1-2). Then, in accordance with this framework, comprehensive analyses for evaluation are made from the following three viewpoints:

- 1) The "theory" laid in the background of the program
- 2) The "process" to implement the program
- 3) The "effect" of the program

Summary Report

Most of the data used for evaluation of Multilateral/Bilateral cooperation are the information on the activities and achievements of cooperation up to now as well as on its current executive system, collected and compiled through the domestic studies and the field studies (in three Asian countries and two African countries) as shown in Figure 1-3. A survey using a questionnaire was conducted in all of the countries in which Multilateral/Bilateral cooperation projects have been implemented. Consequently, some common tendencies identified in the five countries might be endorsed by the results of the survey. Thus, some qualitative data may be supplemented so that the outcome of this evaluation study may be more generalized.

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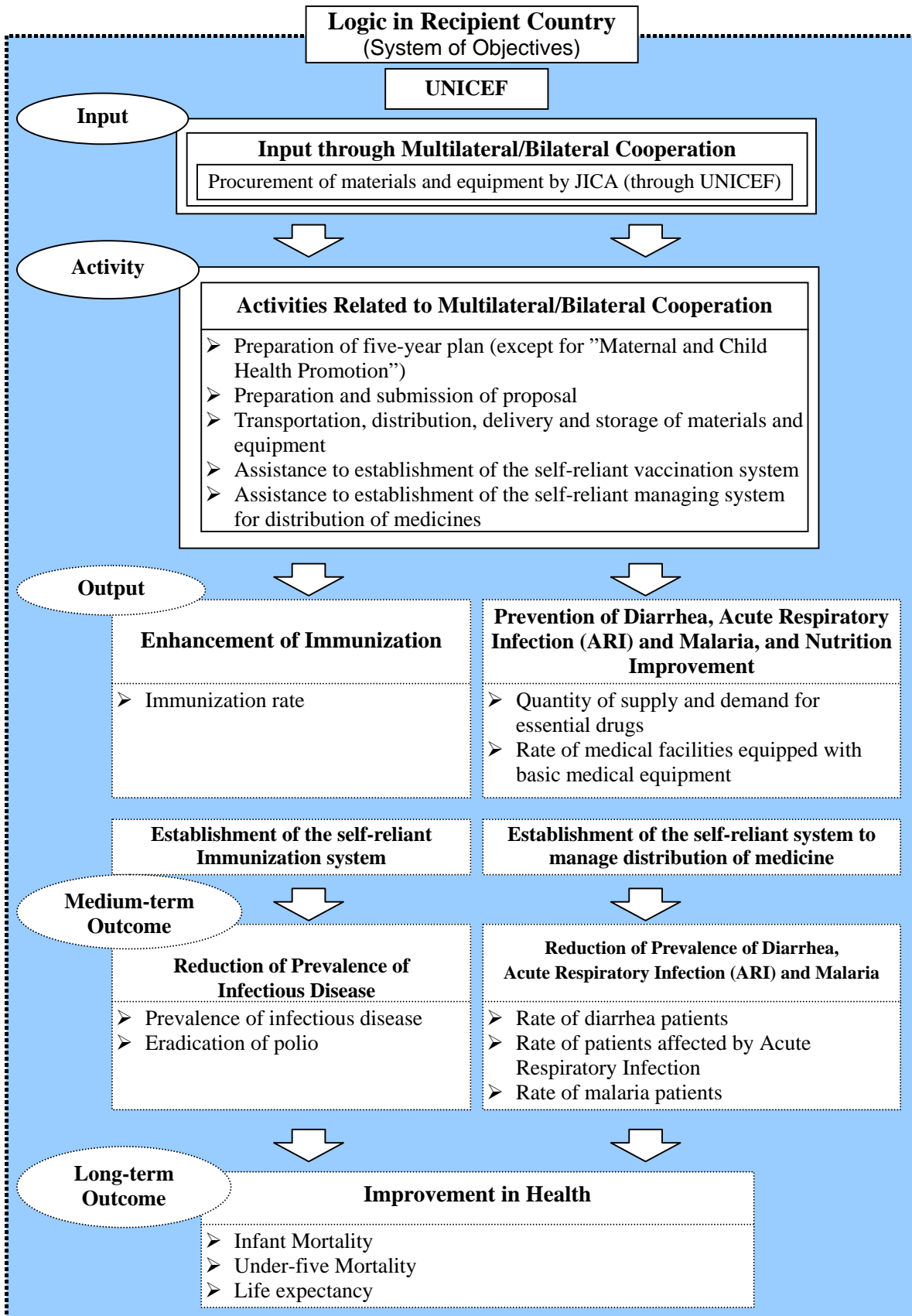


Figure 1-1 Flow chart to explain the logic of Multi-Bilateral cooperation in collaboration with UNICEF

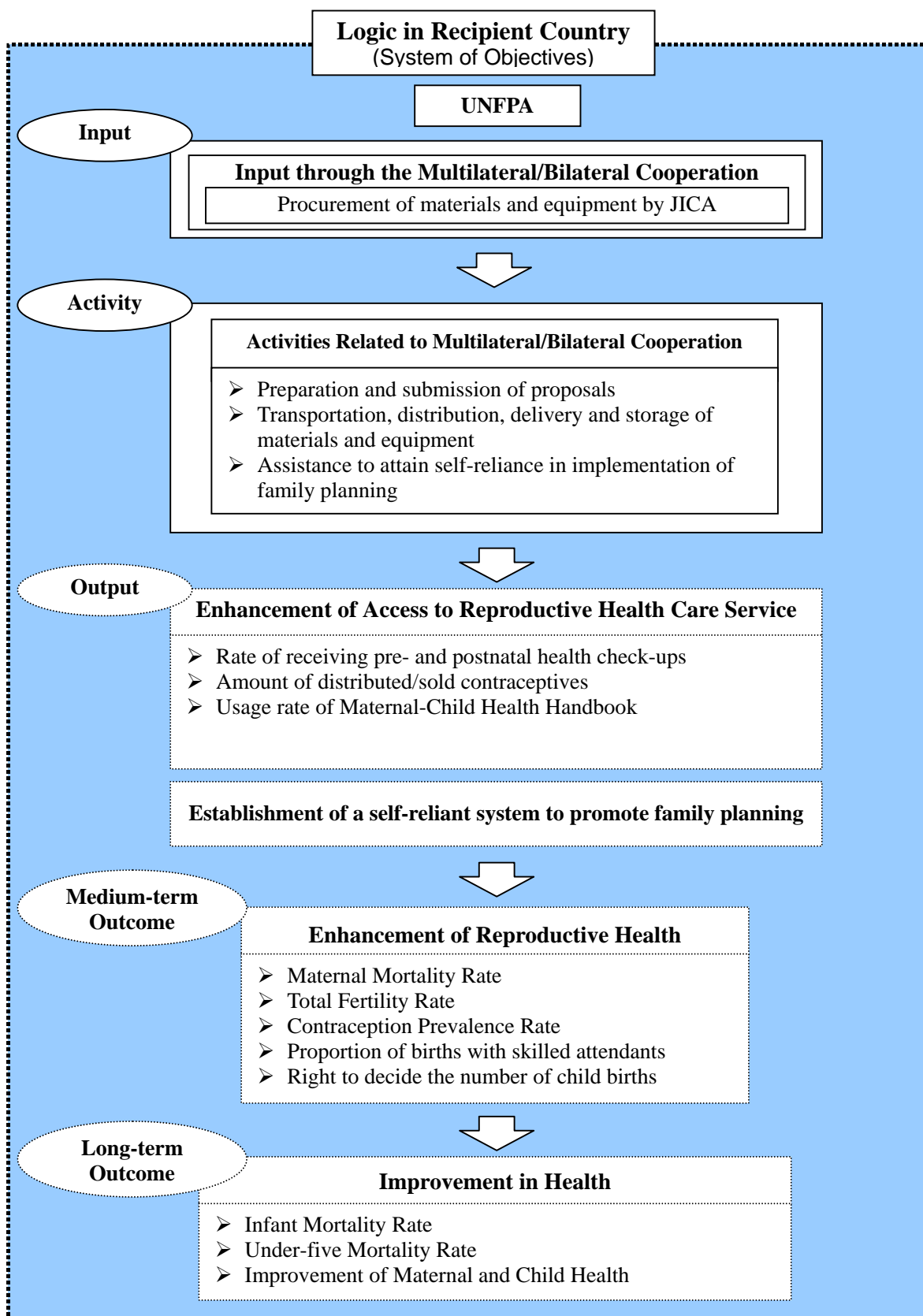
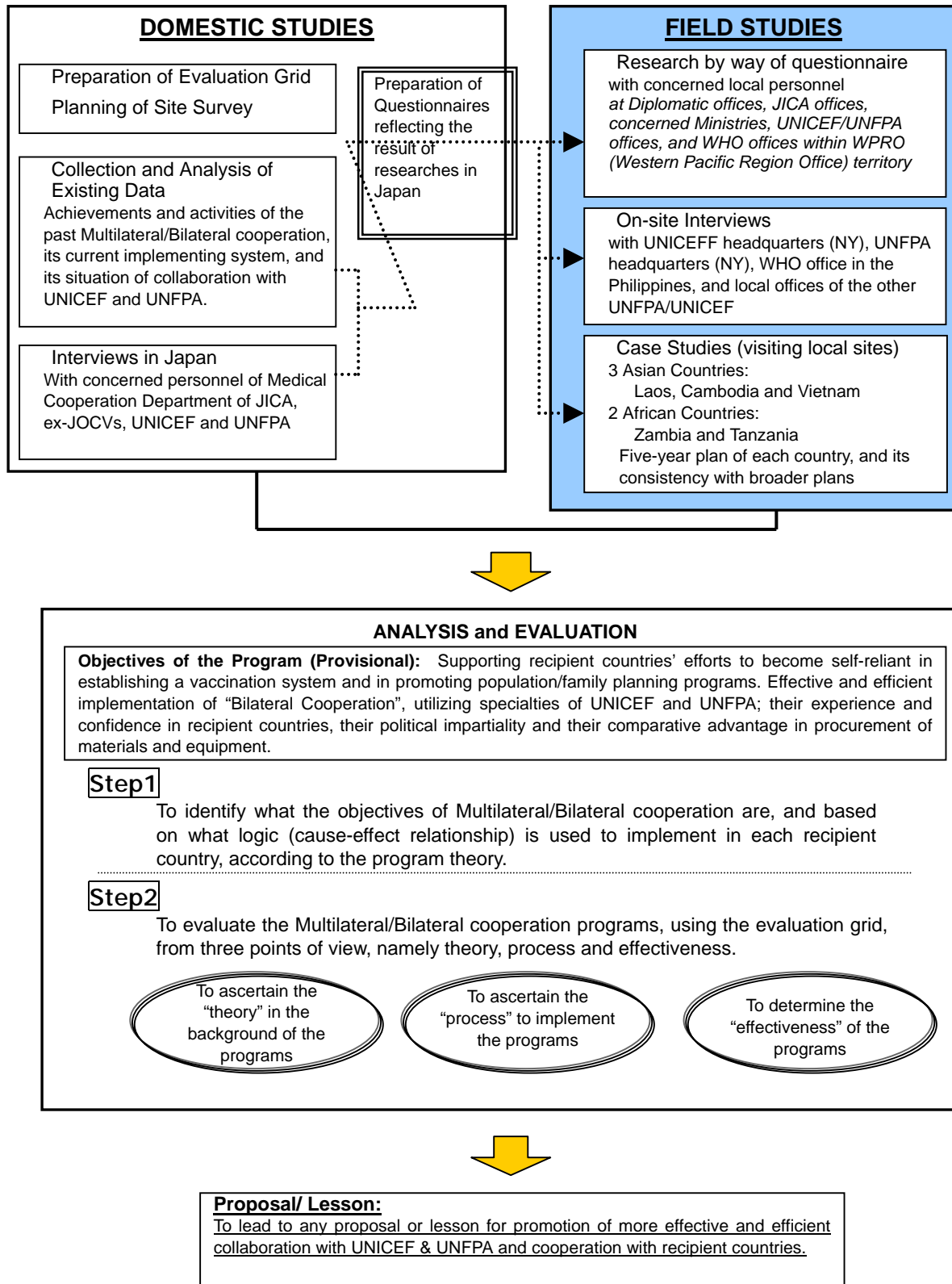


Figure 1-2 Flow charts to explain the logic of Multi-Bilateral cooperation in collaboration with UNFPA



Remark: Since the objectives of the program are not mentioned clearly in the agreement on Multilateral-Bilateral Technical Cooperation scheme, the above-mentioned objectives of the programs are provisional.

Figure 1-3 Flow charts for evaluation of Multi-Bilateral cooperation

2. Overview of Multilateral/Bilateral Cooperation

2-1 History of Multilateral/Bilateral Cooperation

The Multilateral/Bilateral cooperation in collaboration with UNICEF started against the following backgrounds: In 1974, the World Health Organization (hereinafter called “WHO”) adopted the Expanded Program on Immunization (EPI) with the view of vaccinating all children worldwide against six major diseases, namely diphtheria, whooping cough, tetanus, measles, polio and tuberculosis; and WHO, at its 41st general assembly in 1988, set a goal of eradicating polio worldwide by the year 2000. In those days, while Japan could not provide consumable supplies through bilateral cooperation as a general rule, the Multilateral/Bilateral Cooperation programs of 1989 were the first scheme, which enabled Japan to provide vaccines, and other consumable supplies through collaboration with multilateral cooperation programs carried out by UNICEF.

The demographic policy has drastically shifted its focus from a macro level (national level) to a micro level (individual level), since the International Conference on Population and Development (ICPD) in Cairo in September 1994, adopted the concept of reproductive health and rights as the main subject of the meeting to address population problems. For improvement of reproductive health and rights, supply of consumable items such as contraceptives is essential. Accordingly, the need for those consumables is very high. Under the above circumstances, Japan started its Multilateral/Bilateral cooperation in collaboration with UNFPA in order to provide the consumable goods (i.e. contraceptives) and equipment including basic medical equipment all of which had been excluded from Japan’s equipment supply programs.

To summarize features of the above mentioned history of Multilateral/Bilateral cooperation implemented in collaboration with UNICEF and UNFPA, this scheme of cooperation started with the aims; i) to address various issues of international societies through collaboration and coordination with UN Organizations; ii) to make it possible for Japan to supply consumable items, which Japan’s ODA had not permitted until then, through bilateral cooperation in the form of equipment supply; iii) to utilize the provided supplies and equipment more effectively and efficiently in recipient countries; and iv) to make Japan’s contributions more widely acknowledged worldwide by establishing its presence as one of leading donors in developing countries. In addition, Japan’s firm participation in the UNICEF’s/UNFPA’s original programs will be of great advantage for UNICEF and UNFPA as well, to expedite implementation of the programs and to secure sufficient funds.

Table 2-1 Outline of Multilateral/Bilateral Cooperation

In collaboration with UNICEF
Equipment Provision for Infectious Disease Control (EPI, Eradication of Polio, Specific Infectious Diseases)
<p>■ Details of Cooperation In principle, about 40 million Yen worth of the following supplies and equipment are annually provided to a country for five years.</p> <ol style="list-style-type: none"> 1. Vaccines 2. Supplies and equipment necessary for vaccination; Syringes, syringe disposal boxes, sterilizers, etc. 3. Cold chain equipment (for safe transport and storage of vaccines); Refrigerators, freezers, coolers, cold boxes, etc.
<p>■ Role of the Recipient Country The recipient country (the Ministry of Health or others) prepare a request letter for the program (to be annually prepared in A4 format), as well as a “five-year plan” describing how it will utilize vaccines and other supplies/equipment provided by Japan, toward the establishment of its independent immunization system. It also proceeds with its plan of Expanded Program on Immunization (EPI) toward establishment of self-reliant immunization system, under the guidance of Japan and UNICEF.</p>
<p>■ UNICEF’s Role UNICEF provides technical assistance to the recipient country for the preparation of a five-year plan and a request letter and for the acceptance, distribution and maintenance of the delivered supplies and equipment. UNICEF also offers guidance to the training of local personnel for promotion of immunization and eventually to the establishment of self-reliant immunization system. Within the region of WHO/WPRO, WHO’s local office in each country cooperates with UNICEF and gives their support, too.</p>
Equipment Provision for Maternal and Child Health
<p>■ Details of Cooperation In principle, about 20 million Yen worth of the following supplies and equipment are annually provided to a country for five years.</p> <ol style="list-style-type: none"> 1. Diarrhea Control; Oral Rehydration Solution (ORS), intravenous drip equipment, diagnostic instruments, essential drugs, etc. 2. Acute Respiratory Infection (ARI) Control; Diagnostic equipment, respirometers, oxygen generators, essential drugs, etc. 3. Nutritional Needs; Trace nutrients (iodine, vitamin A, iron, etc.) 4. Malaria Control; Mosquito nets, mosquito repellent, diagnostic equipment, etc.
<p>■ Role of the Recipient Country In cooperation with UNICEF, the recipient country (the Ministry of Health or others) works out a five-year plan for establishment of self-reliant system of distribution and management of essential drugs and other medical supplies, and submits it together with its request for the program. The recipient country also submits to JICA an annual report summarizing how the donated equipment and supplies are being used.</p>
<p>■ UNICEF’s Role UNICEF provides technical assistance to the recipient country for training of local personnel in charge of maternal/child health care, and also for preparation of a five-year plan and annual request for the Program as well as for acceptance, distribution and maintenance of the delivered supplies and equipment. Within the region of WHO/WPRO, WHO’s local office in each country cooperates with UNICEF and gives their support, too.</p>
In Collaboration with UNFPA
Equipment Provision for Population and Family Planning
<p>■ Details of the Cooperation In principle, about 20 million Yen worth of the following supplies and equipment are annually provided to a country for four years.</p> <ol style="list-style-type: none"> 1. Contraceptive devices and agents; Condoms, intrauterine devices (IUDs), pessaries, spermicide, foaming contraceptive agent, etc. 2. Essential medical equipment, supplies and drugs to improve the health of mothers and infants (for safe delivery and proper child care); Weight scales, height scales, thermometers, blood pressure manometers, home delivery kits, essential drugs, etc. 3. Equipment for education and enlightenment; Audio-visual equipment, teaching materials, etc.
<p>■ Role of the Recipient Country To receive the provision of supplies and equipment, the recipient country (the Ministry of Health or others) must prepare and submit an annual request for the Program (in A4 format), under the guidance of Japan and UNFPA. The country is also required to utilize effectively the granted supplies and equipment and to promote education, diffusion of family planning and maternal/child health.</p>
<p>■ UNFPA’s Role UNFPA provides advice and guidance to the recipient county on its efforts to establish the idea of family planning among the nation, to lower mortality rates of parturient/pregnant women and infants and eventually to control population growth. UNFPA also offers technical cooperation in the process of preparation of a request for the program as well as acceptance, distribution and maintenance of the delivered supplies and equipment, so that the granted materials and equipment may be effectively utilized.</p>

Source of reference: “Promoting Self-Reliance”, a pamphlet published by Medical Cooperation Department of JICA

2-2 Implementation Process of Multilateral/Bilateral Cooperation

Table 2-1 shows outlines of several Multilateral/Bilateral cooperation projects that this evaluation study has targeted. These are the “Equipment Provision for Infectious Disease Control¹” and the “Equipment Provision for Maternal and Child Health” both in collaboration with UNICEF, and the “Equipment Provision for Population and Family Planning” in collaboration with UNFPA. Each recipient country, as a principal party, shall work out its request for the program, and shall be responsible for acceptance, distribution and maintenance of the delivered supplies and equipment, while the UNICEF/UNFPA shall provide proper assistance to the recipient country at every relevant process. The main difference between UNICEF and UNFPA in their execution of Multilateral/Bilateral cooperation is that UNICEF is entrusted with the entire procedure from procurement up to delivery to the recipient countries of the provided vaccines and many other materials², while in the case of UNFPA, Japan is entirely responsible for the procurement of all materials and equipment, whether it be procured in Japan or locally, necessary for Population and Family Planning projects.

2-3 Performance of Multilateral/Bilateral Cooperation

Since 1989, when Japan and UNICEF started their Multilateral/Bilateral cooperation, they have implemented it in thirty-five countries until its 14th anniversary in 2002. Another Multilateral/Bilateral cooperation by Japan and UNFPA began in 1995, and has covered 19 countries until now. Figure 2-1 shows yearly performance of Multilateral/Bilateral cooperation by Japan and UNICEF/UNFPA, indicating that the Multilateral/Bilateral cooperation has steadily increased performance from the beginning. Particularly, cooperation with UNICEF has shown rapid increase of yearly performance after 1993 when it started cooperation in the project of polio control, and, after some decline from the peak in 1996, it has resumed its upward trend being encouraged by commencement of its cooperation in the project to control specific infectious diseases. On the other hand, increase of budget amount of cooperation with UNFPA is rather mild. Accordingly, amounts of cooperation with UNICEF and UNFPA up to now aggregate to 10.16 and 1.46 billion yen respectively, with a large difference between the accumulated sums of each organization.

¹ Three programs undertaken are the “Expanded Program on Immunization (EPI)”, the “Polio Eradication Program” and the “Control of Specific Infectious Diseases”. Under the “Control of Specific Infectious Diseases”, vaccines against measles, neonatal tetanus and lymphatic filariasis are provided.

² Exceptionally, Japan is involved in procurement of materials and equipment for the “Equipment Provision for Maternal and Child Health”.

Judging from regional records (aggregate amounts) of Multilateral/Bilateral cooperation, both UNICEF and UNFPA have the same tendency to allocate the majority of their respective cooperation to the Asian region, and about 40% to the African region. In case of UNICEF, however, about 70% of its efforts to eradicate polio have been directed toward the Asian region, suggesting that such Multilateral/Bilateral cooperation has been implemented under the clear policy of Japan to “eradicate polio in the Asian region.”

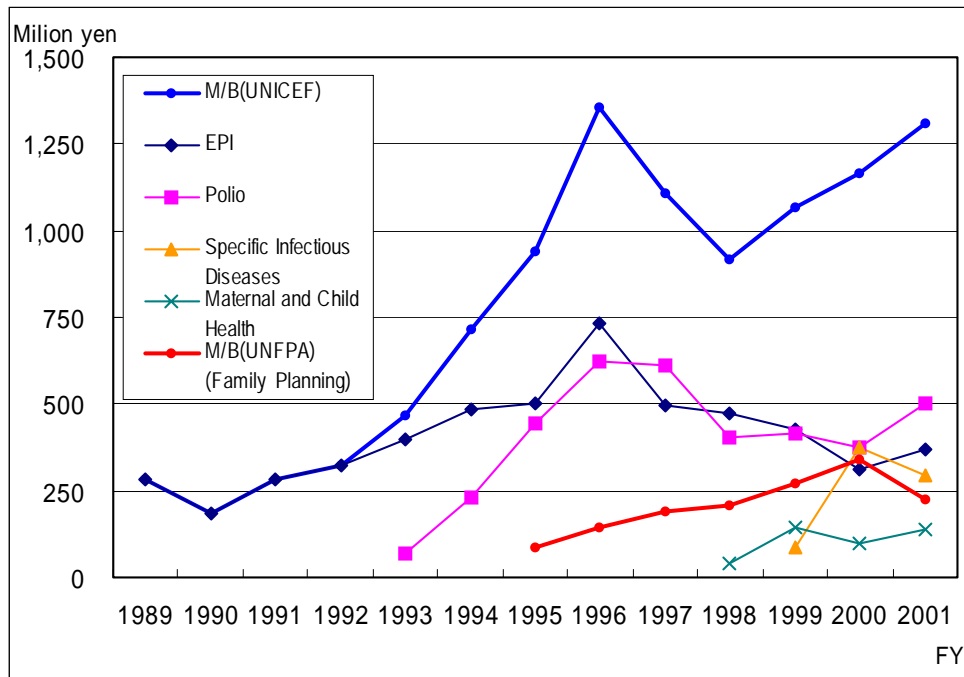


Figure 2-1 Development of Yearly Contributions to Multilateral/Bilateral Cooperation by Japan and UNICEF/UNFPA

3. Evaluation Result of Multilateral/Bilateral Cooperation

3-1 Theory

The purpose of Japan's Multilateral/Bilateral cooperation does comply with one of the five priority issues of the ODA Charter ("Approach to Global Problems" or "Basic Human Needs") and also with the purposes of Millennium Development Goals, WHO's Expanded Program on Immunization (adopted in 1974), International Conference on Population and Development (held in 1994) and other current worldwide efforts.

Japan has declared its policy to attach importance to the "Human Development" in its ODA scheme in accordance with these global trends of development strategy. In 1994, Japan announced the Global Issues Initiative (GII) to provide its positive assistance and cooperation to the issues of population, AIDS and children's health. After completion of GII, Japan continued its comprehensive assistance to address the issues of infectious diseases, by announcing the Infectious Diseases Initiative (IDI) in 2000. Multilateral/Bilateral cooperation with UNICEF and UNFPA meets Japan's strategy of such assistance.

Japan may obtain benefits from UNICEF/UNFPA by using their existing systems and may have some visible effects directly from that cooperation; more concretely, collaboration with UNICEF and WHO/WPRO (West Pacific Regional Office), especially in the West Pacific Region, allows Japan to make use of their comprehensive immunization system (planning, procurement, distribution of vaccines, vaccination and administration and management system), well established through their long history of activities, and Japan may establish its local system of assistance in collaboration with UNICEF and WHO/WPRO. Especially, UNICEF has the advantage to supply 40% of all vaccine needed in the world, which means UNICEF can procure stable supply of good quality vaccine with reasonable price. Meanwhile, through collaboration with UNFPA to identify local needs for contraceptives and other items related to reproductive health, Japan has contributed to the enhancement of quality and quantity of assistance in the field of reproductive health which has so far rather limited in the past records of technical assistance.

For the Ministry of Foreign Affairs, this scheme of Multilateral/Bilateral cooperation enables continuous supply of a certain level of materials and equipment to the countries in the world where such assistance is needed, without any due procedure usually required by the scheme of general grant aid, such as dispatching of a governmental survey team for every individual project. Supply of polio vaccine by Multilateral/Bilateral cooperation could also pave the way to the supply of mass quantities

of vaccine by general grant aid, thus it has contributed positively to the achievement of the polio eradication in the West Pacific Region in 2000.

Unlike any other multilateral cooperation, this Multilateral/Bilateral cooperation allows Japan to take its own strategic methods by applying its cooperation to certain selected countries or fields where Japanese assistance policy put priority and consequently Japan can monitor the local utilization of supplied goods and equipment in the recipient countries, keeping the transparency of the effect of Japanese assistance. At the same time, this scheme enables UNICEF and WHO/WPRO to procure supply of equipment and a part of the huge volume of vaccines, necessary for development of vaccination systems. In addition, UNICEF appreciates what Multilateral/Bilateral cooperation could do to trailblaze the supply of large amounts of vaccines by general grant aid. UNFPA can also secure supply of basic furnishings and large quantities of contraceptives, necessary for enhancement of services for maternal and child health and reproductive health. In this sense, Multilateral/Bilateral cooperation deserves to be a model scheme which leads Japanese ODA to more pioneering programs.

The implementation process of this scheme has facilitated Japan to have closer communications with UNICEF and UNFPA respectively and broader opportunities for coordinated assistance and collaboration in the recipient countries.

3-2 Process

In each recipient country, UNICEF has established through its long experience a status of its Multilateral/Bilateral cooperation where job-sharings and workflows have been already set up among the participants. A vaccination plan is worked out at a meeting of the Interagency Coordination Committee (ICC) meeting or other meetings for coordination of donors, to which the Ministry of Health of the recipient country, JICA, UNICEF and WHO (in case of West Pacific Region) participate. Thus, the planning process at the local level is considered to be reasonable. According to field studies, systems to implement the Expanded Program on Immunization (EPI) program in the surveyed countries are nearly established on the basis of their long time experience in this field, and in accordance with the five-year EPI plans which the countries are obliged to make by themselves. Each process of EPI program is successfully carried out with reasonable efficiency. Exceptionally, however, the system for the “Maternal and Child Health Promotion” projects, which started in 1998 and is being implemented in eight countries as of the fiscal year 2001, is not fully established yet, and so JICA is engaged in the procurement of materials and equipment.

On the other hand, it is widely pointed out that UNFPA Multilateral/Bilateral cooperation

programs lack sufficient consultation between Japan, each recipient country and UNFPA at the stage of project formation. Further, it is also noted that considering small amount of budget (on up to twenty million yen per project), a comparatively large volume of clerical work and heavy work burden to each staff member are required for coordination and procedures. Among the five countries where field studies were conducted, four countries except Vietnam are reported to have experienced some cases of delay (6 to 18 months) or mishandling in procurement of materials and equipment.

In Vietnam, no serious problem has occurred for procurement of goods and equipment, thanks to fairly few variety of supplied goods and equipment, less-complex procedure for procurement, and proper coordination among JICA local office, government of Vietnam and UNFPA.

Details of process-related problems and their solutions are referred to in Chapter 4 “Proposals to Multilateral/Bilateral Cooperation”.

3-3 Effect

The expected output of the collaboration with UNICEF is the “enhancement of the vaccination rate”. Among the countries where field studies were conducted, Vietnam and Zambia have reached very high levels of vaccination rates (refer to Table 3-1). In these countries, since most vaccines are supplied through Multilateral/Bilateral cooperation, this Multilateral/Bilateral cooperation can be considered as a main direct contributor to the achievement of set objective of each country. Above all, remarkable outcome are the declaration of the West Pacific Region as polio-free in October 2000, and the scheduled global polio-free declaration in 2005. These outcomes are easy to understand, and also emphasize the presence of Japan as a donor country and make the world acknowledge how great a contribution Japan has made.

Table 3-1 Vaccination Rate (%)

		1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Laos	Polio	22	27	26	58	65	69	69	64	61	57	55
	DTP	22	23	25	48	54	58	60	53	52	52	40
	BCG	34	34	42	69	59	62	58	54	59	58	60
Vietnam	Polio	-	-	-	-	-	94	95	94	93	96	96
	DTP	-	-	-	-	-	94	95	94	93	96	96
	BCG	-	-	-	-	-	95	96	94	95	94	97
Cambodia	Polio	-	-	-	-	-	75	70	64	65	71	72
	DTP	-	-	-	-	-	74	70	64	64	71	72
	BCG	-	-	-	-	-	88	82	76	78	83	80
Tanzania	Polio	70	80	83	84	79	73	79	75	74	-	-
	DTP	76	83	83	84	81	72	79	74	76	-	-
	BCG	93	99	94	92	88	80	82	83	87	-	-
Zambia	Polio	94	60	67	89	85	93	78	73	72	-	-
	DTP	95	61	61	86	82	83	82	70	92	76	-
	BCG	98	88	92	100	98	100	94	86	87	100	-

Source of reference: Data of the Ministry of Health of each recipient country, and data of WHO

The expected output of Multilateral/Bilateral cooperation in collaboration with UNFPA is the “enhancement of access to reproductive health care service”, the indicators for the output are the rate of receiving pre- and postnatal health check-ups, amount of distributed or sold contraceptives, enhancement of access to reproductive health care services (such as the number of women who have received family planning services, and contraception prevalence rate), proportion of births with skilled attendants, and so on. However, no data is available for evaluation basically due to bad maintenance of statistics concerning health care services in recipient countries. According to qualitative information which was available, in Tanzania and Zambia, the equipment supplied by cooperation could expand the scope of services which raised the confidence of people in their health care service centers and also increased access of pregnant and parturient women, and infants to those health centers. This information suggests that expanding supply of equipment and services have led to the realization of expected output, the “enhancement of access to reproductive health care service”. Thus, some progress can be seen toward achievement of the expected outcome of the program.

Certain limit is set to the budget allocated to each recipient country, namely maximum 40 million yen (up to five years) for collaboration with UNICEF and maximum 20 million yen (up to four years) for collaboration with UNFPA. Although these budgets are far smaller than those of general grant aid, both Japan and UNICEF/UNFPA have successfully exerted their comparative advantages to achieve a common outcome. Nevertheless, each process has still some issues and weaknesses or shortcomings. In order to further exert comparative advantages of UNICEF and UNFPA, to increase the effects of assistance and to enhance the presence of Japan in the future, the following measures are proposed.

4. Proposals for Multilateral/Bilateral Cooperation

4-1 Proposals to be applied commonly for Multilateral/Bilateral Cooperation in Collaboration with both UNICEF and UNFPA

(1) Intensify Policy Dialogues between the Japanese Government (the Ministry of Foreign Affairs), the Headquarters of Related Organizations and UNICEF/UNFPA

The Government of Japan (the Ministry of Foreign Affairs) and UNICEF have maintained dialogues at annual meetings. Also, the UNICEF office in Japan has played an important role in communication among the Ministry of Foreign Affairs, JICA and the Headquarters of UNICEF. On the other hand, UNFPA has had no regular annual meeting yet with the Government of Japan on Multilateral/Bilateral cooperation. However, such regular meetings are essential. UNFPA has set up its office in Tokyo in September 2002, which is expected to play a role as a hinge for policy dialogues between the Japanese Government and the Headquarters of UNFPA.

Annual meetings between the Japanese Government (the Ministry of Foreign Affairs) and each secretariat of UNICEF/UNFPA and WHO (in WPRO region) are indispensable for effective and efficient implementation of Multilateral/Bilateral cooperation. Such meetings are required to be further intensified.

(2) Improve Local Monitoring and Reporting to the Japanese Government

For the programs in collaboration with UNICEF and UNFPA, a monitoring system should be established to enable their local offices to submit any useful reports to the Ministry of Foreign Affairs of Japan in order to make their meetings more effective. It will be sufficient to arrange two or more chances to check upon local implementing conditions and achievements. All local organizations concerned (including the Ministry of Health and other implementing organizations) should check their actual monitoring systems and seek more effective use, and confirm the role of each organization making best use of the existing monitoring process. It is especially important to have common acknowledgement about monitoring among the concerned persons in the formative stage of individual program.

(3) Clarify Roles of Local Offices and Organization and Establish Implementation System

Every recipient country has different implementation bodies with different systems at the local level. Every organization (the Ministry of Health, local offices of JICA, UNICEF/UNFPA and WHO (in WPRO region)) should fully understand the content of the scheme and acknowledge their

respective roles to play. Concrete Terms of Reference (TOR) should be arranged in writing. The scheme should be systematized into, for example, an interconnected “planning-designing-implementation-feedback” system.

(4) Carry out Joint Evaluation

In order to clarify any matter which is unidentifiable at the individual local case, it is recommended that the Ministry of Foreign Affairs of Japan and UNICEF/UNFPA make a joint evaluation study from overall view points of advantages and disadvantages or issues encountered, if any, of the scheme of Multilateral/Bilateral cooperation. This will bring about closer communications, enhance the sense of mutual ownership and provide effective feedback.

Such joint evaluation should be taken into consideration from the beginning, for example, when policy dialogues are held or when a plan for every cycle is worked out. At the same time, the necessary budget should be secured.

(5) Elaborate the scenario for Self-Advancement

In this evaluation study, the scheme of Multilateral/Bilateral cooperation is assessed as having made certain contribution to the progress of improving capacities of recipient countries.

Nevertheless, recipient countries still have a long way to go to achieve financial independence. Therefore, they need to have strategic scenarios based on their actual situations in order to “graduate” this scheme. As an example, Vietnam is one of the lowest-income countries but is considered to be advancing its technical capacity by them, so that Japan is considering to limit its assistance to the supply of vaccines only. In the future when it becomes financially independent, Japan will cease the supply of vaccine as well. Thus, the most required are the long-term scenarios for sustainability.

(6) Cope with Recipient Countries where SWAPs (Sector Wide Approaches) are promoted

Even for SWAPs and other programs adopting a sector-wide approach to recipient countries, individual activities are indispensable. The most important thing is that the Multilateral/Bilateral cooperation should secure its consistency within SWAPs. Moreover, Multilateral/Bilateral cooperation covers highly needed fields such as children’s health, reproductive health, where needs for Japanese financial assistance and technical superiority of UNICEF/UNFPA will remain unchanged. In order to take advantage of this superiority of Multilateral/Bilateral cooperation in the SWAPs promoting countries, it is most essential to have sufficient policy dialogues with the government of each recipient country (including local government).

(7) Cope with the Reform Movement of Health Sector and Decentralization

Currently many developing countries are promoting reform of their health sectors. This evaluation has clarified that weakness of local health administrations is the major cause inhibiting the sustainability of the health sector programs in recipient countries. Budgetary strength and personnel capacities of the recipient government are to be carefully checked for making a plan of Multilateral/Bilateral cooperation. However, it must be emphasized that the Multilateral/Bilateral cooperation is the scheme that may be implemented directly with the local governments and that has already achieved some apparent effect on improvement of their capacity of policymaking.

(8) Synergy Effect by Collaboration with Other Schemes

This evaluation study has identified various kinds of synergic effect as a result of collaboration between this Multilateral/Bilateral cooperation and other schemes of Japanese technical cooperation (e.g. project-type technical cooperation, Japan Overseas Cooperation Volunteers, etc.) and international NGOs of Japan. Effects made by such collaboration are: the enhanced visibility of Japan, the enriched communication between JICA and UNICEF/UNFPA, and the capacity building of personnel of recipient countries. This Multilateral/Bilateral cooperation is expected to produce synergic effects, if the assistance under this scheme is formulated in the context of the Japanese assistance for overall program approach in the health sector (Multilateral/Bilateral cooperation plus bilateral cooperation). Other forms of collaboration with any international NGO or UN Volunteers should be taken into consideration in the future.

(9) Clarify TOR for JICA Personnel

The field studies have identified some problems in JICA's procurement process which had caused a long delay in distribution of equipment by UNFPA. JICA is now transferring some of its powers from headquarters to overseas offices, and it is required that JICA clarifies TOR for personnel of overseas offices and establish an effective working system.

(10) Improve Country-specific aid implementation program (Country program) and Strengthen JICA Overseas Office

When JICA makes its Country Program, it should take a sector approach considering the possibility to collaborate with this scheme of Multilateral/Bilateral cooperation. In addition, such Country Program should consider dispatch of experts who are familiar with the local needs as well as other donors' policies and programs, together with the decentralization for transfer of both powers and budgets to field offices. JICA is now in the process of transferring its powers from headquarters to

local staff members, strategic implementation of Multilateral/Bilateral cooperation can be expected and, therefore, further efforts and budgetary supports are required in this respect. JICA must also consider assigning policy advisors who are currently delegated to the Ministry of Health in recipient countries as well as experts in the JICA offices.

It is desired that JICA headquarters establish its comprehensive knowledge management system to absorb and accumulate all information about local conditions.

4-2 Proposals for Multilateral/Bilateral Cooperation in Collaboration with UNICEF

(1) Model Participation in UNICEF's Comprehensive Approach

Based on the experience of Multilateral/Bilateral cooperation in collaboration with UNICEF, Japan might possibly consider the development of a new cooperation model in fields other than "EPI" and "Maternal and Child Health Promotion". For example, the "Immunization Plus" is one of the priority issues of UNICEF in its mid-term strategy for the years of 2002-2005, and Japan is expected to enter into partnership with UNICEF to that extent. However, when applying a Multilateral/Bilateral scheme to a new area, the process will become more complex than ever, and more flexible measures will be required. At the same time, any possibility of Multilateral/Bilateral cooperation should be carefully checked by reviewing its advantages in comparison with multilateral cooperation or bilateral cooperation alone.

(2) Promote Cooperation for "Equipment Provision for Maternal and Child Health"

The "Equipment Provision for Maternal and Child Health" is a new scheme started in 1998, and still at the stage of trial and error. Some problems are pointed out, such as; i) delay in procurement of materials and equipment, ii) increased clerical work due to diversity of supplied materials and equipment, and iii) monitoring not yet undertaken so far. It is necessary to simplify and systematize the process of procurement, including selection and packaging of materials and equipment. In future the possibility of UNICEF's participation in the procurement process could be considered through making use of UNICEF's comparative advantage with its worldwide market network and have them participate in negotiate with manufacturers or suppliers to obtain reasonable prices and assured shipments of the materials and equipment.

4-3 Proposals for Multilateral/Bilateral Cooperation in Collaboration with UNFPA

(1) Selective and Intensive Supply

The reason for the success of Multilateral/Bilateral cooperation in collaboration with UNICEF is that Japan has concentrated in the immunization program and limited the supply items provided by Japan to vaccines and their related materials only. UNFPA, with much more limited budgets than UNICEF's, is recommended to take also selective and intensive measures and narrow down the variation of materials and equipment to be supplied as well to carefully select recipient countries. More concretely, noting the high needs for the donor support for contraceptive supply, one approach would be that UNFPA is to concentrate in supplying contraceptives which have strong needs and a comparative advantage in price. Another recommendation is a package deal of most frequently used contraceptives and related materials and equipment.

(2) Incorporate in Country Program

For efficient implementation of Multilateral/Bilateral cooperation in collaboration with UNFPA, it is essential to incorporate this Multilateral/Bilateral cooperation in the Country Program of each recipient country. For this purpose, it is important for UNFPA's local office to set up its supporting system for implementation of Multilateral/Bilateral cooperation and also for Japan to make a commitment in advance not only in its term but also in input. Japan must search for any proper form of commitment including estimation of approximate amount to be allocated for multiple years, so that UNFPA may reflect it to its Country Program. It may also be considered to design a plan of Multilateral/Bilateral cooperation in accordance with the cycle of UNFPA's five-year Country Program.

(3) Make Use of Technical Superiority of UNFPA

In order to make use of UNFPA's comparative superiority, it is considerable to assign to UNFPA the task of procuring materials and equipment such as contraceptives, subject that the Ministry of Foreign Affairs, JICA and UNFPA should make a detail review on the feasibility of UNFPA's comparative superiority, its justifiability including costs and benefits and its compliance with JICA's procurement contract conditions.