

**Joint Evaluation 2007
The Ministry of Foreign Affairs of Japan
The United States Agency for International Development**

**USAID-Japan Joint Evaluation of
“The US-Japan Partnership for Global
Health” in Zambia**

March 2008

Preface

This Evaluation of “The US-Japan Partnership for Global Health” in Zambia was undertaken by the USAID-Japan Joint Evaluation Team requested by the International Cooperation Bureau of the Ministry of Foreign Affairs of Japan.

Japan’s Official Development Assistance (ODA), since its commencement in 1954, has contributed to addressing the international and domestic issues which vary with the times. Recently, there have been increased domestic and international calls for more effective and efficient implementation of assistance. The Ministry of Foreign Affairs, as the coordinating ministry for ODA, has been conducting ODA evaluation mainly at the policy level with two main objectives: to support the implementation and management of ODA and to ensure its accountability.

This evaluation study was conducted to evaluate the US-Japan Partnership activities in the health sector from 2002 to the present using Zambia as a case study by reviewing the collaboration between the United States and Japan, assessing the benefits and challenges of the Partnership activities, and highlighting the important factors contributing to the success of the Partnership, to obtain lessons and make suggestions for enhancing policy formulation and implementation of development interventions in the future.

The evaluation team was composed of officials from the United States Agency for International Development (USAID) and the Ministry of Foreign Affairs of Japan to reflect the respective viewpoints of their organizations and to improve objectivity in evaluation. It was commissioned to conduct an evaluation and to report results and recommendations to the International Cooperation Bureau of the Ministry of Foreign Affairs.

The Ministry of Foreign Affairs, Japan International Cooperation Agency (JICA), UN agencies, and ODA Taskforces gave the evaluation team their cooperation. Survey cooperation provided by the Government of Zambia, multilateral institutions, local implementing agencies and partners were highly appreciated. The evaluation team would like to take this opportunity to express its sincere gratitude to all those who were involved in this study. The ODA Evaluation Division of the International Cooperation Bureau of the Ministry of Foreign Affairs was in charge of coordination. All other supportive works, including information collection, analysis and report preparation, were provided by TA Networking Corporation under commission of the Ministry of Foreign Affairs.

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Evaluation of “USAID-Japan Partnership for Global Health” in Zambia: 2002 to present

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List of Abbreviations

AIHA	American International Health Alliance
APCA	African Palliative Care Association
ART	Antiretroviral Treatment
BSS	Behaviour Surveillance Survey
CBCGP	Community-Based Child Growth Promotion
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism
CDC	U.S. Centers for Disease Control and Prevention
CHAMP	Comprehensive HIV/AIDS Management Programme
CIDA	Canadian International Development Agency
COC	Center of Concern
COH	Corridors of Hope
CP	Cooperating Partner
CRS	Catholic Relief Services
CSW	Community Social Worker
DATFs	District AIDS Task Forces
DCOF	Displaced Children and Orphan Fund
DFID	Department for International Development
DHS	Demographic Health Survey
DHMTs	District Health Management Teams
DOL	Division of Labour
DOTS	Directly Observed Therapy
EAYPI	Empowering Africa's Young People Initiative
EPI	Expanded Programme on Immunization
EU	European Union
FHI	Family Health International
FNDP	Fifth National Development Plan
GAP	Global AIDS Program
GAVI	Global Alliance on Vaccine and Immunisation
GFATM	Global Fund for AIDS, TB and Malaria
GH	Global Health
GHAJ	Global HIV/AIDS Initiative
GRZ	Government of the Republic of Zambia
HBC	Home-Based Care
HCIP	Health Capital Investment Plan
HIP	Harmonization in Practice
HLF	High Level Forum
HNSP	National Health Strategic Plan
IFIs	International Financing Institutions
IMCI	Integrated Management of childhood Illness
JASZ	Joint Assistance Strategy for Zambia
JICA	Japan International Cooperation Agency
JOCV	Japanese Overseas Cooperation Volunteers
JPFM	Joint Project Formulation Missions
KNCV	Royal Netherlands Tuberculosis Foundation
LDHMT	Lusaka District Health Management Team
LLIN	long-lasting insecticide-treated mosquito nets

M&E	Monitoring and Evaluation
MARPs	Most At Risk Populations
MCA	Millennium Challenge Account
MCH	Mother and Child Health
MDGs	Millennium Development Goals
MISP	Medical Injection Safety Project
MIS	Malaria Indicator Survey
MOFA	Ministry of Foreign Affairs
MoFNP	Ministry of Finance and National Planning
MOU	Memorandum of Understanding
MOH	Ministry of Health
MORs	Minutes of Records
MTEF	Medium Term Expenditure Framework
NAC	National HIV/AIDS, STD, TB Council
NDP	National Development Plan
NHSP	National Health Strategic Plan
NMCC	National Malaria Control Council
NMCP	National Malaria Control Programme
ODA	Official Development Assistance
OVC	Orphans and Vulnerable Children
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PfMs	Project Formulation Missions
PHN	Population, Health and Nutrition
PLWHA	People Living With HIV/AIDS
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
PSI	Population Services International
QA	Quality Assurance
SAG	Sector Advisory Group
SFH	Society for Family Health
SHARe	Support to the HIV/AIDS Response in Zambia
SIDA	Swedish International Development Agency
SO	Strategic Objective
STI	Sexually Transmitted Infection
SWAPs	Sector-Wide Approaches
TBCAP	USAID Tuberculosis Control Assistance Program
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USG	United States Government
UTH	University Teaching Hospital
VCT	Voluntary Counselling & Testing
WHIP	Wider Harmonization in Practice
WHO	World Health Organization
WVZ	World Vision Zambia
ZPCT	Zambia Prevention, Care and Treatment Partnership

Executive Summary

This evaluation was initiated by the International Cooperation Bureau of the Ministry of Foreign Affairs (MOFA) of Japan and the Bureau for Global Health of the United States Agency for International Development (USAID) to review the “US-Japan Partnership for Global Health,” using Zambia as a case study.

The objectives of this evaluation were to:

1. Review the collaboration between USAID and Japan in the health sector in Zambia from 2002 to the present;
2. Assess the benefits and challenges of working jointly in Zambia;
3. Highlight the most important factors contributing to the success of the partnership in Zambia;
4. Discuss recommendations and lessons learned for the partnership in Zambia; and
5. Provide a case study to contribute to the overall review of the US-Japan Partnership for Global Health that will take place in 2008 in revising the Partnership’s Action Plan.

Advantages and disadvantages of collaboration at multiple levels

The evaluation team identified both advantages and challenges that U.S. and Japan collaboration faced at each of four levels: 1) Policy level; 2) National Coordination level; 3) Strategic Planning level; and 4) Project level.

Policy Level

Both the United States and Japan have worked closely to harmonize policies in the health sector and develop complementary programs and projects under the US-Japan Common Agenda and the subsequent US-Japan Partnership for Global Health. Given that the United States and Japan have held similar stances on key policy issues, such as responses to HIV/AIDS and other infectious diseases, the US-Japan Partnership in Zambia has enabled the two countries to be mutually supportive of policy recommendations that complement and strengthen their individual policies. In addition, at both the headquarters and country levels, there is diplomatic significance to the partnership since the partnership is basically in accordance with the principles of the Paris Declaration.

The main advantages of working jointly at this policy level have been an enhanced ability to advocate on key policy issues, and the diplomatic value of the partnership.

While these advantages are important, the new donor environment has presented a key challenge. Not only are there different funding priorities for each of the two countries, but there is also strengthened overall donor collaboration that did not previously exist. Therefore, while the United States and Japan may still support each other on key policy issues, it is currently in the context of overall donor input. The main challenge is adapting the Partnership to the new donor environment that exists in Zambia.

National Coordination Level

The United States and Japan participate as Cooperating Partners (CPs) in both HIV/AIDS and health at the National Coordination level. In Zambia, coordination among CPs has become increasingly active through donor meetings and the activities of the Technical Working Groups. The main advantage of the partnership at this level is the ability to identify opportunities for collaboration between the two donors through the various coordinating bodies and working groups for enhancement of aid efficiency and effectiveness.

The challenge, given the current emphasis on donor harmonization and the strong overall donor coordination, is that the partnership may be perceived as being exclusionary of other donors, and not aligned with the basic framework of Joint Assistance Strategy for Zambia (JASZ).

Strategic Planning Level

Joint strategic planning has taken place in Zambia through the identification of common areas of work since 1997. More recently, strategic planning has taken place more at a project implementation level. By joint planning and implementation of the project between the United States and Japan, the US-Japan Partnership is capable of utilizing comparative advantages of the respective partner countries, enhancing synergy effects of the Partnership activities. Through information sharing at the field level, it has become possible to provide inputs into the project according to the priorities and the aid policies of both countries.

A key advantage of joint strategic planning is the potential to produce a greater health impact. Corridors of Hope (COH) is an excellent example of producing greater health impact through joint strategic planning. Through COH, the United States and Japan used their individual comparative advantages to create a more comprehensive program.

The main challenges to joint strategic planning are that the United States and Japan have different aid approaches and mechanisms such as planning, reporting, and funding cycles, and different amounts of available resources which make it difficult to plan strategic and concrete partnership activities.

Project Level

At the project level, the advantages of U.S.-Japan collaboration include more comprehensive programming, utilization of comparative advantages, potential for better health outcomes, and reduced transaction costs.

The support for an HIV/AIDS and TB laboratory is an example of more comprehensive programming through U.S.-Japan collaboration. JICA's "Project for Strengthening HIV/AIDS Laboratory Network Services" and the USAID-assisted ZPCT project and CDC activities have produced greater impacts by coordinated programming of two projects. Thus, between the two donors, there will be comprehensive strengthening of Zambia's laboratory system.

Utilization of respective comparative advantages of the United States and Japan has generated value-added to the Partnership activity. For example, Japan's provision of STI drugs and collaboration with Corridors of Hope demonstrated the effective utilization of comparative advantages, as well as improved health outcomes. Joint monitoring and implementation decreased the individual transactional costs for the two donors.

The challenges to collaboration at the project-level are the lack of formalized fora for discussion, the necessary time commitment, and the need for flexibility. Also there is still limited awareness of Partnership to promote and improve recognition that the collaborative activities aim at enhancing the impacts by better utilization of comparative advantages of both donors.

Recommendations and Conclusions

1) Limited Strategic Relevance of Bilateral Partnership in Zambia

While there may be benefits to a bilateral partnership between the United States and Japan at a central level and at the field level, the current bilateral partnership has limited strategic relevance in Zambia, given the strong donor collaboration structures that exist in Zambia where the United States and Japan have aligned as CPs within the JASZ framework.

2) Need to revisit partnership framework

Given the new priorities for U.S. and Japanese foreign assistance goals in the health sector, and the commitment of all donors in Zambia to harmonization and collaboration among donors, there is a need for updated guidance on expectations for field-driven collaboration at each level (policy, national coordination, strategic planning, and project) under the bilateral partnership. This framework may outline expectations for communication and information sharing between the United States and Japan to help understand the current aid policies and priorities, and outline a framework within the larger donor harmonization context. This may include meetings between Japan's ODA task force and USAID local staff, or meetings between partners at an implementation level.

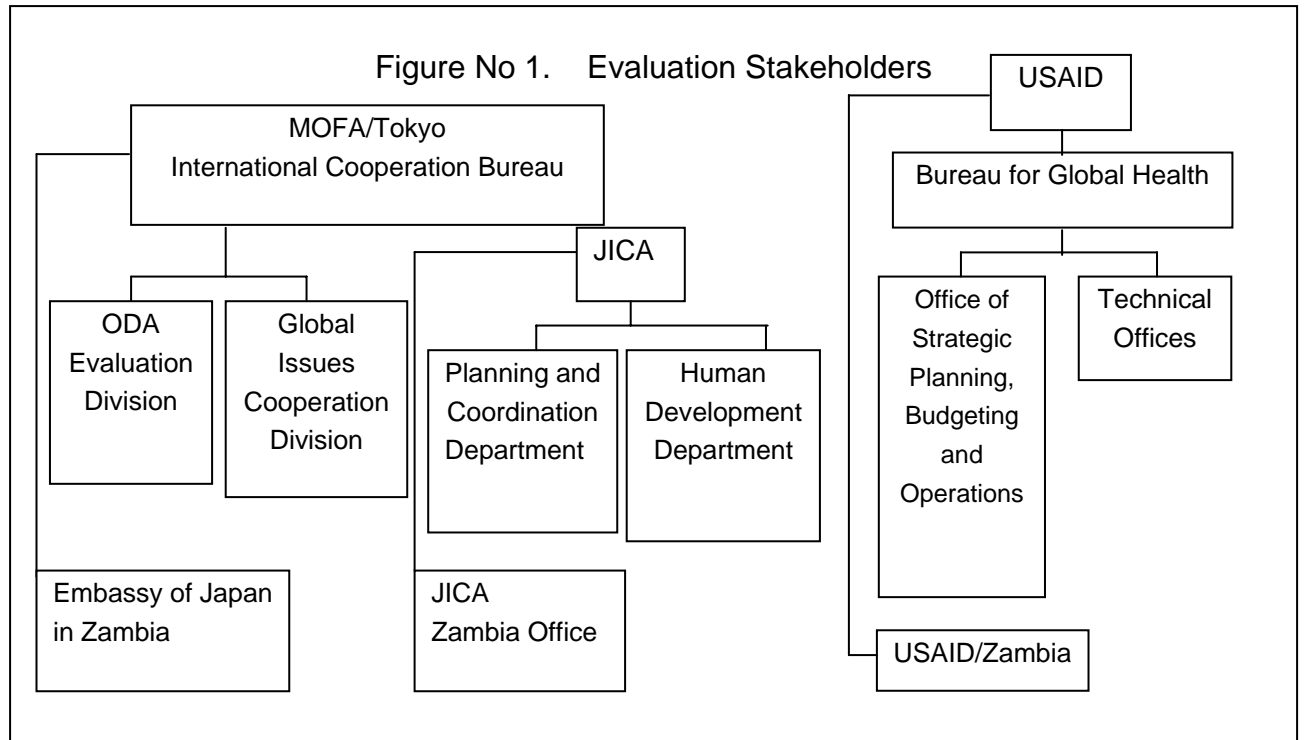
3) Need for Additional Evaluations

Given that this evaluation was based on Zambia, which may have a unique donor environment, there need to be additional evaluations to provide overarching recommendations for the US-Japan partnership overall. In particular, it would be useful to evaluate the partnership in countries with other models of donor collaboration.

Chapter 1 Introduction

1-1 Purpose of Evaluation

This evaluation was initiated by the International Cooperation Bureau of the Ministry of Foreign Affairs (MOFA) of Japan and the United States Agency for International Development (USAID) Bureau for Global Health to review the “US-Japan Partnership for Global Health,” using Zambia as a case study.



1-2 Objectives of Evaluation

The objectives of this evaluation were to:

1. Review the collaboration between USAID and Japan in the health sector in Zambia from 2002 to the present;
2. Assess the benefits and challenges of working jointly in Zambia;
3. Highlight the most important factors contributing to the success of the partnership in Zambia;
4. Discuss recommendations and lessons learned for the partnership in Zambia;

and

5. Provide a case study to contribute to the overall review of the US-Japan Partnership for Global Health that will take place in 2008.

1-3 Evaluation Criteria

The Joint Evaluation Team reviewed key documents, conducted interviews with key stakeholders, reviewed activities and achievements, and evaluated the Partnership at four levels: 1) Policy level; 2) National Coordination level; 3) Strategic Planning level; and 4) Project level.

These levels of collaboration were defined as follows:

1. **Policy level** refers to collaboration on policy design and advocacy to increase aid effectiveness;
2. **National Coordination level** refers to collaboration through meetings and discussions facilitated by the Government of the Republic of Zambia (GRZ);
3. **Strategic Planning level** refers to collaboration during the design and formulation of strategic plans; and
4. **Project level** refers to joint planning and implementation of projects. Project level collaboration can be divided into two sub-levels: (i) project planning, and (ii) project implementation, monitoring and evaluation.

1-4 Evaluation Team Members

The Joint Evaluation Team organized by MOFA and USAID conducted a field survey in the Republic of Zambia from 10 to 21 December 2007. (See Annex 1: Zambia Trip Schedule)

The evaluation was conducted by a team of the following five members:

- Eriko Jibiki, Global Issues Cooperation Division, International Cooperation Bureau, MOFA Japan
- Janean Martin, Office of HIV/AIDS, Bureau for Global Health, USAID
- Emiko Nishimura, US-Japan Collaboration Adviser, USAID (JICA Staff Seconded)
- Shigeki Taniho, Consultant, TA Networking Corporation
- Tatsuyuki Ota, Consultant, TA Networking Corporation

1-5 Data Collection

The Evaluation Team interviewed the staff at both headquarters as well as the Zambia in-country teams of MOFA, JICA, and USAID. In addition, interviews were

held with staff of GRZ, and other donors, stakeholders, and partners. (See Annex 2. Interviewees List)

In addition, key documents were reviewed at all four levels: policy, national coordination, strategic planning, and project (See Annex 3: Document List)

Chapter 2 Background

2-1 History of US-Japan Partnership

2-1-1 US-Japan Partnership for Global Health

Table No.1 Chronological Development of US-Japan Partnership

Year	Topic
July 1993	The United States and Japan launched the “Common Agenda for Cooperation in Global Perspective”
January 2002	Global fund to fight HIV/AIDS, Tuberculosis and Malaria was established
June 2002	“US-Japan Partnership for Global Health” was signed between the Bureau for Global Health, USAID and the Economic Cooperation Bureau, Ministry of Foreign Affairs, Japan.
January 2003	Announcement of the United States President’s Emergency Plan for AIDS Relief (PEPFAR)
May 2003	1 st Partnership Review Meeting held in Washington and Action Plan Framework adopted for the partnership
April 2004	2 nd Partnership Review Meeting held in Tokyo
June 2005	Declaration of Health and Development Initiative (Japan)
January 2006	3 rd Partnership Review Meeting held in Tokyo and adopted 2006-07 Action Plan for US-Japan Partnership for Global Health
March 2008	4 th Partnership Review Meeting held in Tokyo

Since the early 1990s, the United States and Japan have maintained a strong bilateral partnership. This partnership was formalized in 1993, when the “US-Japan Common Agenda” was signed, providing a political and diplomatic framework for the collaboration in eighteen technical areas, including health, environment, and gender. Under the Common Agenda, the United States and Japan worked closely to harmonize policies in the sector and develop complementary programs and projects in more than thirty countries. When Japan initiated the “Global Issues on Population and AIDS” in 1994, health became a priority sector for the Partnership. Since then, MOFA Japan, JICA, and USAID have selected the following countries for Joint Project Formulation Missions (JPFM) to identify areas of common interest for U.S.-Japan collaboration in the health sector:

Table No.2 US-Japan JPFM for Global Health

Year	Country
November 1994	Kenya
December 1998	Zambia
February 2000	Bangladesh
June 2000	Cambodia
December 2001	Tanzania
March 2002	Nigeria
July 2002	Nepal
April 2003	Bolivia
April 2003	Honduras

During the 2000 G8 Kyushu Okinawa Summit, in which the Government of Japan declared the Okinawa Infectious Disease Initiative for fighting HIV/AIDS, tuberculosis, malaria and other parasitic diseases, and other infectious diseases, Japan and the United States began looking at ways to strengthen this important collaboration. Then, in 2001, the United States and Japan began a comprehensive review of the collaborative impact of their development assistance policies and programs.

On June 11, 2002, the Economic Cooperation Bureau of MOFA Japan and the Bureau for Global Health of USAID signed an agreement for the “US-Japan Partnership for Global Health” with the following vision, strategic approaches and areas of focus:

Vision:

The goal of our work together is to improve the Population, Health and Nutrition (PHN) status of people in developing countries, based on the understanding that through synergy we can have the greatest beneficial impact. We will accomplish this through our joint promotion and support of appropriate PHN policies, services and practices in host countries. In this regard, we recognize that host country ownership is critical, and host country goals and interests – both public and private – serve as the foundation of our level of consultation and collaboration in the planning, implementation and evaluation of programs and projects at the global, regional and country levels.

Strategic Approach:

- Field-driven Collaboration
- Strategic Planning
- Management Support
- Communication, Information Sharing and Knowledge Management
- Monitoring & Evaluation
- Multisectoral/Integrated Approach
- International Fora and Global Alliances

Areas:

- HIV/AIDS
- Tuberculosis
- Malaria and other parasitic diseases
- Other Infectious Diseases
- Polio / EPI
- Micronutrients / Nutrition
- Reproductive Health / Family Planning
- Maternal and Child Health

On May 27, 2003, an Action Framework for the Partnership was set up between the Bureau for Global Health of USAID, the Economic Cooperation Bureau of MOFA Japan and the Medical Cooperation Department of JICA, with the following key components:

Field-driven Collaboration

- Assignment of health officers to the field
 1. JICA and USAID will designate field staff/advisers in charge of joint project formulation in the PHN sector in the field.
 2. Both sides will provide these field staff/advisers with relevant information on each other's programs and the Partnership.
 3. Where appropriate, USAID will support and track field level communication.
 4. Where appropriate, JICA will send experts to support collaboration.

Strategic Planning

- Mini Project Formulation Missions (PFMs) and Joint Teams
 5. Where appropriate, both sides will regularly share schedules of upcoming health-related planning, study and implementation missions to be dispatched from headquarters to seek possible coordination/collaboration.
 6. Both sides will relay this to Field Missions/Offices and share any relevant feedback.
 7. Both sides will coordinate possible meetings in the field and explore and promote participation in each other's teams in order to share information and plans, and to improve coordination.
 8. In addition to primary contacts, both sides will build and support linkages between relevant offices/departments/divisions within our respective organizations.
- Full PFMs
 9. Develop a concrete schedule of Joint Project Formulation and other Missions to: 1) respond to field missions that express interest in collaboration; and 2) support current Minutes of Records (MORs).
 10. Work to dispatch teams within the fiscal year.

Management Support

- Regular update of the Action Plan
 11. Both sides will continuously update the country and issue matrices by gathering information from the field and the HQ and

coordinating/facilitating relevant internal and external stakeholders to support field offices/missions and to advance next steps in these matrices.

12. Hold annual review meeting to monitor and enhance the progress of the Partnership.
- Web-based tracking system
13. Find a host server to run this system.
14. Launch web-based tracking system and share the progress among relevant officers at HQ level.
15. Routinely update and upload relevant and new information to the system.
- Staff exchange
16. Explore future possible short-term staff exchanges (field and HQ) in addition to the current long-term staff exchange.

Communication, Information Sharing and Knowledge Management

- Field level communication
17. Appoint contact staff in field missions to promote better communication/information sharing.
18. Develop lists of contact persons in the field, and distribute as appropriate.
19. Encourage field level meetings for (initial) information sharing.
20. In addition to primary contacts, both sides will build and support linkages between relevant offices/departments/divisions within our respective organizations.
- Advocacy
21. Develop/disseminate materials on success stories of USAID-Japan collaboration in PHN.
22. Both sides will develop Partnership information kits for mission members to assist presentations to relevant persons in the field to promote joint activities.

Monitoring and Evaluation

- Monitoring of the Partnership
23. Develop evaluation criteria to measure the effectiveness and impact of the Partnership.
- Demographic Health Survey (DHS)
24. Explore collaboration to support data gathering and analysis (i.e., Demographic Health Surveys).
25. Share list of upcoming DHSs.
26. Look into joint meeting with UNDP and others for collaboration on data and M&E.
27. Consider a template proposal to UNDP for financial support for DHS.

Multisectoral/Integrated Approach

28. Look into PHN integration into other sectors in which we are working (e.g., HIV/AIDS and education).

International Fora and Global Alliances

29. To utilize major international PHN-related conferences, both sides will work to share information and develop policy and technical

harmonization, and to set up side meetings to discuss and disseminate USAID-Japan collaboration and achievements.

30. Share upcoming health related international conference lists with participants from both sides and update quarterly, as feasible.

During a review conference held on January 24, 2006, the 2006-2007 Action Plan Framework was designed by MOFA Japan, JICA, JBIC and USAID, with the following priorities (regions):

- Polio / EPI (Africa, Asia)
- Avian Influenza (SE Asia)
- HIV/AIDS / TB (Africa, Asia)
- Malaria (Africa, Asia)
- MCH / Reproductive Health
- Health System Support / M&E

Box No.1

United States President's Emergency Plan for AIDS Relief (PEPFAR)

In his State of the Union address on January 28, 2003, President Bush announced PEPFAR. It is the largest commitment ever by any nation for an international health initiative dedicated to a single disease -- a five-year, \$15 billion, multifaceted approach to respond to the pandemic around the world.

The United States now leads the world in its level of support for the fight against HIV/AIDS.

On February 23, 2004, one month after the first congressional appropriation of resources for PEPFAR, the U.S. Global AIDS Coordinator submitted the U.S. Five-Year Global HIV/AIDS Strategy to Congress. The Five-Year Strategy set forth in detail the goals of PEPFAR and strategies for achieving those goals.

Through PEPFAR, the U.S. Government is working with international, national and local leaders worldwide to support integrated prevention, treatment and care programs.

PEPFAR supports the multisectoral national responses in host nations through the principles known as the "Three Ones": one national plan, one national coordinating authority, and one national monitoring and evaluation system. Rather than mandating that all contributors do the same things in the same way, the Three Ones facilitate complementary and efficient action in support of host nations.

Health and Development Initiative (HDI)

Through the Infectious Disease Initiative (IDI) announced at the Kyushu-Okinawa G8 Summit in 2000, Japan has implemented assistance in health-related areas that considerably exceeds US\$ 3 billion, the amount pledged in 2000 in the five years between FY2000 and FY2004. The initiative not only helped the international community acknowledge the importance of infectious disease control, but led the way for the establishment of the Global Fund to fight AIDS, Tuberculosis and Malaria, thus realizing the concept of public-private partnership. Looking also to the past, in 1994 Japan announced the "Global Issue Initiative on Population and AIDS" in collaboration with the United States, and gave comprehensive support to actions against HIV/AIDS as well as family planning and population control.

With the completion of IDI in March 2005 and the importance of MDG-related measures, and in view of the convening of the United Nations High-level Plenary Meeting on the Millennium Declaration, the Government of Japan launched the "Health and Development Initiative (HDI)", to continue and further enhance its active contribution in the health-related sector through ODA, with an emphasis on the achievement of MDGs by 2015.

2-1-2 USAID-Japan Partnership for Global Health in Zambia

Zambia is one of the poorest countries in Africa and the world, ranking 165 out of 177 in the Human Development Index (UNDP, 2006). According to the Human Development Report, 73 percent of the population is living under the national poverty line. The HIV/AIDS epidemic has affected all aspects of social and economic growth of the country.

Table No.3 Zambia Health Indicators

Indicator			Year	Resource
Population		11,900,000	2006	WB
Total Fertility Rate (TFR)		5.3 (Urban: 4.3, Rural: 6.9)	2002	ZDHS
Maternal Mortality Rate (MMR)		729/100,000 live births	2002	ZDHS
U5MR		168/1000 live births	2006	UNICEF
DPT Immunized		82%	2005	UNICEF
Gross National Income (GNI) per capita		US\$630	2006	WB
Absolute Poverty Rate (APR) (less than US\$1 per a day)		63.8%	2005	HDR/UNDP
HIV pre- valence	Adults aged 15 to 49	15.6%	2002	ZDHS
	Urban (male/female)	19.2% / 26.3%	2002	ZDHS
	Rural (male/female)	8.9% / 12.4%	2002	ZDHS
	Pregnant women	18.7%	2004	HSS

Both USAID and Japan started to support Zambia in the health sector in the early 1980s. Japan began a technical cooperation project in support of the pediatric surgical department of the University Teaching Hospital (UTH) in 1980, and USAID operated health programs such as family planning and diarrheal disease control.

Table No.4 Chronological Development of U.S.-Japan Cooperation in Zambia

Year	Topic
December 1998	Joint Project Formulation Mission in Zambia
April 2003	Review of Activities (Japan Embassy, JICA/Zambia, USAID/Zambia, and CDC/Zambia)
April 2003	HIP Framework for Action
April 2004	Wider Harmonization in Practice (WHIP) MOU
June 2006	MOU between MOH and CPs
April 2007	JASZ

The US-Japan partnership in Zambia was built upon the US-Japan Global Frameworks for Cooperation. In December 1997, USAID and Japan signed a Memorandum of Understanding (MOU) which identified initial areas to pursue in Zambia under the Common Agenda. USAID/Zambia and the Embassy of Japan (EOJ) were committed to providing all support in the health sector as part of the GRZ's health sector reform program. Priorities in the health sector identified for potential US-Japan cooperation under the Common Agenda included:

1. Malaria control, through implementation of a community-based insecticide-treated mosquito net intervention, based on principles of cost-sharing and social marketing;
2. Support for the national effort to fortify all domestically-consumed sugar with Vitamin A and Vitamin A supplementation programs; and
3. Expanded delivery of home chlorination technologies to complement ongoing community-based activities to improve water quality.

After the MOU was signed in 1997, a joint Japan-US Project Formulation Mission (PFM) was dispatched in December 1998, as a means of supporting the local partnership and developing activities in Zambia, as well as to follow up to the 1998 Tokyo International Conference on African Development (TICAD II). The following areas were determined to be the most appropriate for collaboration:

1. HIV/AIDS Community-Based Activities: VCT and STD interventions
2. HIV/AIDS High Risk Groups
3. Integrated Reproductive Health
4. EPI/Polio Surveillance
5. School Health and Nutrition
6. Water Chlorination
7. DHS
8. Health Management Information Systems (HMIS)
9. Basket Funding

Following the PFM, annual reviews were held among the stakeholders, and Memoranda for the Record were signed in 2003 between JICA/Zambia, USAID/Zambia and CDC/Zambia, identifying key areas of collaboration as follows:

1. HIV/AIDS Community and Clinic Based Activities
2. HIV/AIDS High Risk Groups
3. HIV/TB Co-infection: JICA-CDC collaboration
4. Integrated Reproductive Health
5. EPI/Polio Surveillance
6. School Health and Nutrition
7. Safe Water
8. Malaria Control Program
9. DHS
10. HMIS

In addition to the US-Japan collaboration, in June 2006, both the United States and Japan signed a Memorandum of Understanding with all cooperating partners (donors) to confirm their commitment to support the GRZ National Health Strategy Plan (NHSP) and National Development Plan (NDP). Then, in April 2007, the cooperating partners (CPs) signed the Joint Assistance Strategy for Zambia (JASZ) for donor harmonization with GRZ in all development sectors.

2-2 Environment of Donor Collaboration / Partnership in Zambia

In early 2002, the GRZ finalized and adopted a full Poverty Reduction Strategy Paper (PRSP) covering the period 2002-04, which aimed to promote growth and diversification in production and exports, to improve delivery of social services, and to foster appropriate policies for HIV/AIDS responses, while addressing gender inequality and protecting the environment. In consultation with stakeholders, the period covered by the original PRSP was extended by one year to coincide with Zambia's Transitional National Development Plan (TNDP).

The harmonization program in Zambia was initiated shortly after the Rome High-Level Forum by seven donors in the Like-Minded Donor Group (LMDG): Denmark, Finland, Ireland, The Netherlands, Norway, Sweden, and United Kingdom. In March 2003, the GRZ, in collaboration with interested CPs, developed a common agreement on the way forward: a Framework for Harmonization in Practice (HIP).

The overall approach was guided by the following principles to which both government and donors subscribed: 1) leadership coordination and guidance by the government; 2) commitment to civil service reform; 3) public financial management reform; 4) commitment to using PRSP as basis for strategic planning and monitoring; and 5) commitment to adoption of SWAPs and possible movement toward direct budget support. HIP prioritized actions were:

- Development and implementation of aid policy;
- Movement towards increased commitments to SWAPs and preparation for direct budget support;
- Improvement of aid predictability; and
- Development of common planning, monitoring reporting procedures.

The HIP Framework for Action was signed in April 2003, and a Wider Harmonization in Practice (WHIP) MOU was signed in April 2004. Almost all CPs active in Zambia (e.g., African Development Bank (AfDB) Canada, Denmark, EU, Finland, Germany, Ireland, Japan, the Netherlands, Norway, Sweden, UK, UN family, and World Bank) signed or indicated interest in participating informally (IMF and USAID) in the HIP initiative along with the GRZ. The WHIP MOU focused on aid effectiveness and included the increased use of direct budget support, establishment of more SWAPs, increased reliance on government systems for procurement, fund management and auditing, use of technical assistance pools, and preparation of a Joint Assistance Strategy for Zambia (JASZ) with an improved division of labour. During 2005-2006, a new NDP for the period 2006-2010 replaced the PRSP and other overall planning frameworks.

There are SWAPs in health and education. In these sectors, CPs have pooled funds to support the Zambian Ministry of Health (MOH) and Ministry of Education (MOE). Nine countries (Canada, United States, Ireland, UK, Norway, Sweden, Denmark, Finland and the Netherlands) and one multilateral organization participate in at least

one of these programs. The funds are managed by MOE and MOH, respectively, providing un-earmarked support to the ministries for annual work plans and budgets.

In April 2007, the JASZ was published by the GRZ with participation of 12 bilateral CPs, together with the International Financing Institutions (IFIs), EU and UN systems, with the following key objectives:

- Establish a shared vision and guiding principles for CPs support to the objectives of the Fifth National Development Plan (FNDP);
- Articulate priorities for support;
- Replace or better align CP country strategies (including resource allocations) with FNDP priorities, targets and country systems;
- Improve aid delivery by achieving a more effective division of labour and allocation of CP resources;
- Deepen the results focus of assistance programmes;
- Simplify aid management and improve aid predictability; and
- Reduce transaction costs for the GRZ.

The JASZ seeks to improve the effectiveness of aid through joint, harmonized and aligned practices. The CPs have committed themselves to jointly develop a set of principles to maximize the impact of available resources and to improve on past performance. In addition, with strong GRZ leadership, a new division of labor was finalized in June 2006.

Table No.5 Cooperating Partners (CPs) of JASZ in Health & HIV/AIDS Sectors

Donor		Sector		MoU signer with MoH (June,2006)
		Health	HIV/AIDS	
Multilateral	AfDB			
	EU	Active CP		EU
	UN Systems	Lead CP	Lead CP	WHO
	WB	Active CP	Active CP	
	GFATM			GFATM
	GAVI			GAVI
Bilateral	Canada	Active CP	Background CP	CIDA
	Denmark	Phasing out		DANIDA
	Ireland	Phasing out	Background CP	Irish Aid
	Japan	Active CP	Active CP	E. of Japan
	Netherlands	Active CP	Active CP	RNE
	Norway		Active CP	
	Sweden	Lead CP		SIDA
	UK	Lead CP	Lead CP	
	USA	Active CP	Lead CP	USAID

Source: GRZ, *Joint Assistance Strategy for Zambia (JASZ) 2007-2010 and MOU between the GRZ/MOH and CPs, 2007*

The Zambia National Health Strategic Plan 2006-2010 (NHSP) is the over-arching policy document for all health services, setting out the strategy for the development

of the health sector within the broader framework of the FNDP. The aid policy is the product of a series of consultations within the GRZ and with many stakeholders, including the CPs. CPs committed to support the NHSP as confirmed by the signing of the MOU between the GRZ and CPs. The purpose of the MOU is to present the jointly agreed terms and procedures for support of the NHSP. The MOU serves as a coordinating framework for consultation between the MOH and the CPs, for joint reviews of performance, and for various common management arrangements.

The Economic and Technical Cooperation Department within the Ministry of Finance and National Planning (MoFNP) is responsible for overall aid coordination and for negotiating financing agreements with CPs in the context of the FNDP, the Medium Term Expenditure Framework (MTEF) and the Ministries budget, including that of the MOH. The existing mechanisms for coordination and implementation of the FNDP in the health sector include the MoFNP, the Health Sector Advisory Group (SAG), the MoH headquarters, statutory boards, Provincial health offices, District Health Management Teams, and health facilities (provincial, mission and district hospitals, health centers, and health posts). Each of these institutions has specific coordination and implementation functions as follows:

- Annual Consultative Meeting: The purpose of this annual consultative meeting held most recently in November 2007, was to review annual action plans / MTEF for the following year as submitted by the MOH, including financial commitments and pledges from all CPs.
- Health Sector Advisory Group (SAG) (formerly known as Health Sector Committee): This SAG has been established to 1) support Government ownership and leadership for the NHSP and encourage strong MOH-led coordination; 2) promote coordinated sector-wide policy dialogue and technical support on strategic issues in health with the MOH, the CPs and all stakeholders; and 3) ensure that the support of CPs to health is increasingly provided to the GRZ in a harmonized and coordinated manner. The Health SAG is responsible for overall steering of the implementation process, and meets quarterly to review progress, recommend solutions to identified bottlenecks, and build consensus on the overall strategic direction of the FNDP.
- Monthly Policy Meeting: Policy meetings between MOH and CPs are held every month, and serve to identify and review areas of concern that impede implementation of health services and require immediate policy interventions.

Furthermore, there are Technical Working Groups (WGs) in which CPs can participate to coordinate each sub-sector in the health sector (see Annex: CP Sub-sector collaboration)

In Zambia, all CPs in the HIV/AIDS sub-sector subscribe to the “Three Ones Principle”: One Coordinating Body, One Strategic Framework, and One Monitoring and Evaluation System. In 2002, the National HIV/AIDS/Tuberculosis/STI Council (NAC) was created by the GRZ to coordinate and implement the national HIV/AIDS control programme.

2-3 USAID and Japan Health Sector Support in Zambia

Both Japan and USAID regard the health sector as one of the principal areas for assistance in Zambia, as shown in the table below:

Table No.6 USAID & Japan Country Assistance Strategic Framework for Zambia

		Strategic Objective / Priority Issues
USAID	<ul style="list-style-type: none"> • <u>Global Health</u> • Economic Growth, Agriculture and Trade • Democracy, Conflict and Humanitarian Assistance 	<ul style="list-style-type: none"> • SO5: Increased Private Sector Competitiveness in Agriculture and Natural Resources • SO6: Improved Quality of Basic Education for More School-Age Children, Phase II • <u>SO7: Improved Health Status of Zambians</u> • SO8: Government id Held More Accountable • <u>SO9: Reduced HIV/AIDS Transmission and Impact Through Multisectoral Response</u>
Japan	<ul style="list-style-type: none"> • Poverty Reduction • Sustainable Growth • Addressing Global Issues • Peace-Building 	<ul style="list-style-type: none"> • Assistance for Poverty Alleviation with Main Focus on Rural Development • <u>Assistance for Cost-Effective Public Health and Medical Services</u> • Assistance for the Formation of Well-Balanced Economic Structure • Human Resource Development and Institution Building Aimed at Self-reliant Development • Promotion of Regional Cooperation

Source: USAID/Zambia, *Country Strategic Plan FY2004-2010*, 2003
 MoFA, *Japan's Official Development Assistance Charter*, 2003,
Country Assistance Program for Zambia, 2002

2-3-1 USAID Health Sector Support

The Global Health assistance of USAID/Zambia is divided into two sectors included in the Zambia National Development Plan (NDP): Health and HIV/AIDS.

Table No.7 USAID Assistance Framework in Zambia for the Health Sector

Strategic Objective	Intermediate Results
SO7. Improved Health Status of Zambians	1. Zambians Taking Action for Health
	2. Achievement & Maintenance of High Coverage for Key Health Interventions
	3. Health Services Strengthened
SO9. Reduced Impact of HIV/AIDS Through Multisectoral Response	1. Reduced HIV/AIDS Transmission
	2. Improved Care and Support for People living with/affected by HIV/AIDS
	3. Strengthened capacity of key sectors to mitigate the HIV/AIDS Impact
	4. Improved Policy and Regulatory Environment

Source: USAID/Zambia, *Country Strategic Plan FY2004-2010*, 2003

USAID's PHN program supports Zambia's National Health Strategic Plan to combat malaria and tuberculosis; improve maternal and child health; promote family planning and reproductive health; and address prevention, care, and treatment of HIV/AIDS (see Annex 5: Detailed description of USAID PHN Activities). USAID supports capacity development to promote behaviour change, increase demand for and access to quality health services, strengthen the health system, and procure key commodities. USAID works through partners that provide direct assistance to the public and private sectors throughout Zambia.

Since 2005, PEPFAR has been providing significant financial resources to fight the HIV/AIDS epidemic and increase prevention, care and treatment services in Zambia. PEPFAR is implemented through an interagency team that includes USAID, CDC, DOD, Peace Corps and the State Department, under leadership of the U.S. Ambassador.

PEPFAR targets in Zambia are:

- 398,000 new HIV infections averted by 2010
- 600,000 individuals affected by HIV/AIDS receiving care including people living with HIV/AIDS (PLWHAs) and Orphans, and Vulnerable Children (OVCs) by 2008
- 120,000 individuals with advanced AIDS receiving ART by 2008

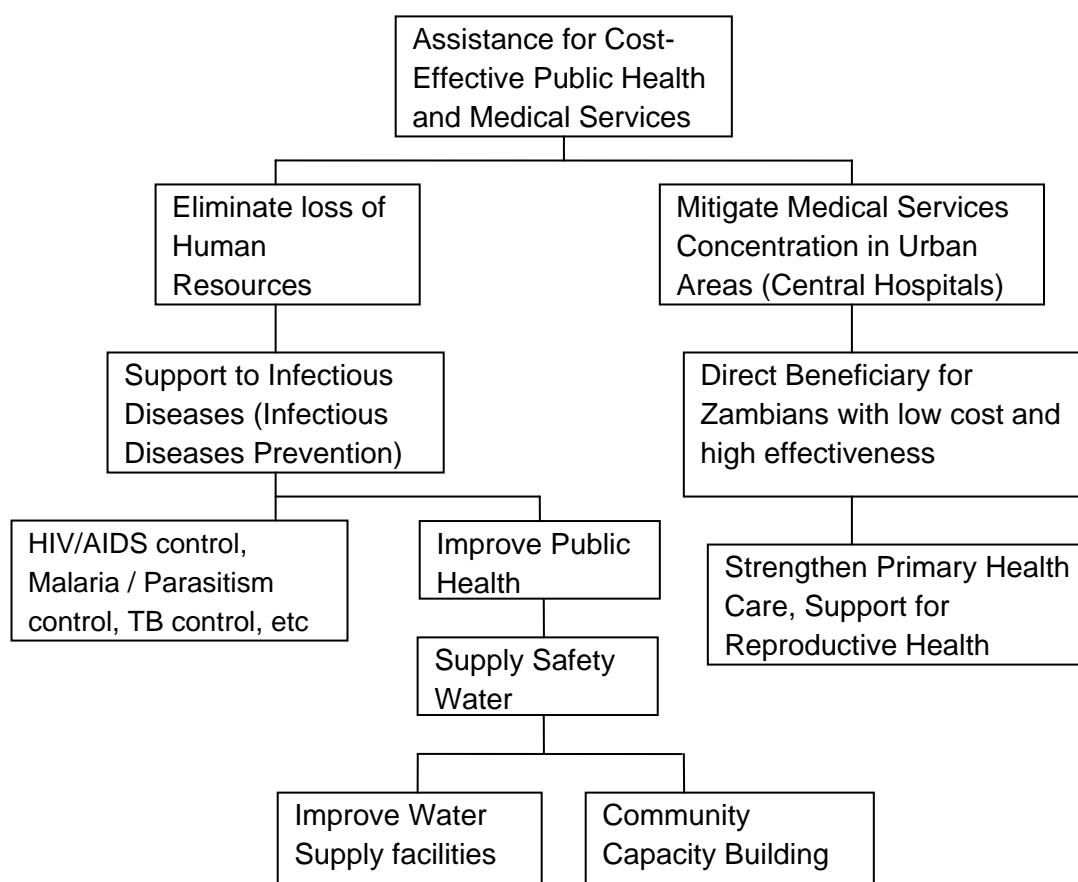
All HIV/AIDS activities in the mission are funded through PEPFAR. USAID's HIV/AIDS multi-sectoral program is aimed at reducing HIV/AIDS transmission and impact through multi-sectoral responses. This team coordinates PEPFAR planning, monitoring and evaluation with other U.S. agencies and other partners (see Annex 6: Detailed description of HIV/AIDS Multi-sectoral Activities).

2-3-2 Japan Health Sector Support

Japan's bilateral ODA has two principal schemes; grant aid and technical cooperation. The EOJ in Zambia operates grant aid projects in health sector under the control of MOFA Japan, and the JICA/Zambia operates technical cooperation projects of health sector along with JICA HQ in Tokyo of planning, monitoring and evaluation. The EOJ and the JICA/Zambia organized a Japan ODA Task Force for local coordination.

According to the Country Assistance Program Evaluation of Zambia, the objective tree of Japan's ODA in health sector is as shown in the following figure;

Figure No.2 Objective Tree of Japan's ODA in the health sector



MOFA, *Country Assistance Program Evaluation of Zambia, FY 2006*

According to ODA Task Force of Zambia, Japan has three development programs in the health sector. Japan's ODA of grant aid and technical cooperation projects are categorized in the programs below.

Table No.8 Japan Assistance Framework in Zambia for the Health Sector

Priority area	Development Issue	Programs	Target of the JICA Program
Assistance for Cost-Effective Public Health and Medical Services	Support to infectious diseases control such as HIV/AIDS	Programme on Measures against HIV/AIDS and Tuberculosis	Strengthening the comprehensive systems for HIV/AIDS and TB control, including advocacy, prevention, and laboratory services such as drug resistance, quality assurance, diagnosis and treatment.

		Programme on Support to Mother and Child Health (MCH)	Strengthening systems for prevention and diagnosis in Malaria and other parasite disease control Improvement of child health through support EPI programme and C-IM
	Expansion of access to health and medical services	Programme on Strengthening the Capacity in Health Administration	Strengthening the capacity of health planning through the capital investment plan support by using HFC Strengthening the capacity of MOH in health administration under the framework of CP coordination such as procurement and logistics, financial management, and human resource management and development

ODA Task Force of Zambia, *Country Strategy in Health Sector, 2007*

See Annex 7 for a detailed description of Japan's programs.

Chapter 3 Key findings

The Evaluation Team had five main key findings:

1. Description of types of collaboration used by the United States and Japan;
2. The advantages and challenges of collaboration between the United States and Japan at multiple levels;
3. Limited awareness of the partnership;
4. Impact of the evolving donor environments of the United States and Japan;
and
5. Lack of a concrete framework for the bilateral partnership in the context of overall donor harmonization.

3-1 Types of Collaboration

The Evaluation Team identified three types of collaboration between the United States and Japan during the 2002-2006 period in Zambia's health sector: 1) Joint planning and implementation; 2) Coordinated planning and implementation; and 3) Complementary planning and implementation. An example activity for each type of collaboration is described below.

3-1-1 Joint Planning and Implementation: Corridors of Hope

In 1999, USAID started a regional transport corridor initiative, Corridors of Hope, through its Southern Africa Regional Program to address HIV/AIDS high-risk populations. FHI, funded by USAID, led the implementation of the project activities, which included behaviour change communication (BCC) through outreach and peer educators, social marketing of condoms, and quality STI and VCT services. The project covered ten sites in Zambia, including seven border towns.

While USAID was the main funding source for almost all project activities, JICA supplied World Vision Zambia with STI drugs for its service activities, as well as the assistance of a JICA expert for technical assistance. While there were some initial challenges, COH was able to reach and provide quality services to a large target population. In addition, a joint monitoring and reporting system through one common quarterly report contributed not only to achieving higher efficiency of the project management but also to reducing the management burden on the host country.

According to the Behavioral Surveillance Survey (BSS) in 2006, prevalence rates of sexually transmitted infections among commercial sex workers and partners of commercial sex workers (long distance truck drivers) showed a decrease at the time of the final evaluation of COH. The rate of condom usage between commercial sex workers and partners increased, the introduction of peer educators improved the knowledge of sexually transmitted infections and HIV, and the incorporation of VCT improved the user rate of VCT services among commercial sex workers.

Table No.9 Results in the Community Empowerment Program

Indicators (in parentheses: %)		2000 baseline	2003 mid-term figure	2006 final figure
Sex workers	Genital discharge	107/401 (26.6)	217/574 (38.4)	211/736 (27.3)
	Genital ulcers	128/399 (31.4)	214/575 (37.2)	212/727 (36.8)
Partners of sex workers	Genital discharge	36/562 (6.4)	32/565 (5.7)	24/901 (4.9)
	Genital ulcers	30/562 (5.3)	47587 (5.6)	25/901 (2.8)
Use of condom in last sexual intercourse		200/403 (49.6)	313/573 (54.6)	575/732 (78.6)
Correct knowledge on HIV		248/399 (62.2)	333/564 (59.0)	502/719 (69.8)
User rate of VCT services among commercial sex workers		55/398 (13.7)	86/569 (15.1)	363/729 (49.8)

MOH, BSS 2006, 2006

Box No. 2 Corridors of Hope (COH)



Corridors of Hope (COH), a joint USAID and JICA funded cross-border project, targets high-risk populations in border and selected towns along major truck routes in Zambia. The project aimed to reduce HIV infection through the provision of appropriate, sustainable and cost effective interventions.

The implementers of COH, Family Health International (FHI), World Vision Zambia (WVZ), Society for Family Health (SFH), and

Zambia Health Education and Communication Trust (ZHECT), worked in collaboration with District Health Management Teams (DHMT), District AIDS Task Forces (DATF) and other local partners.

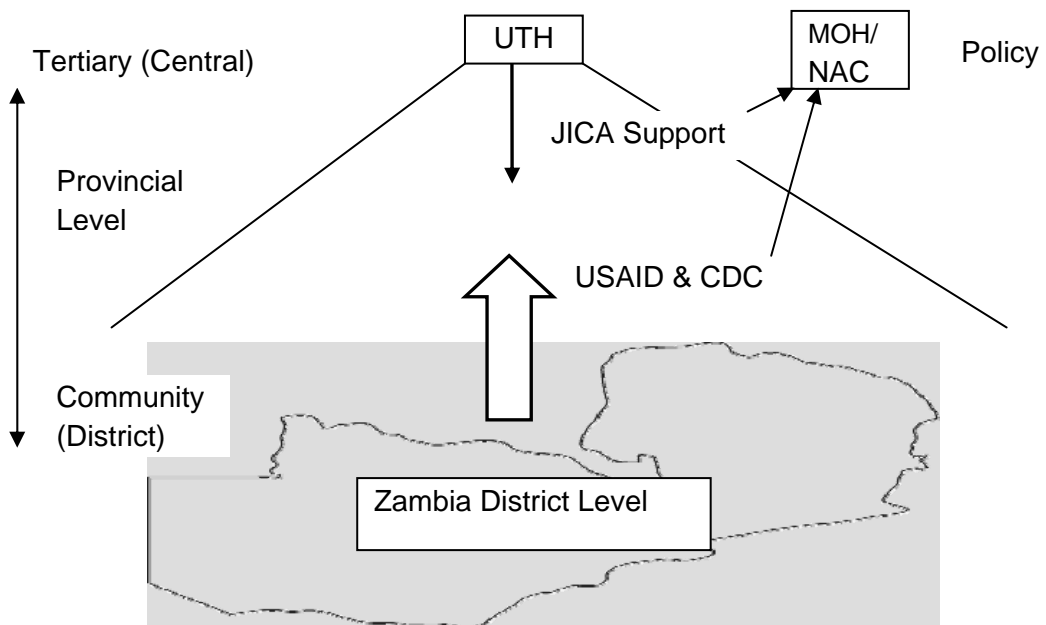
FHI had the overall responsibility for ensuring that the project achieved its objectives by providing technical expertise, managing the monitoring, evaluation, research and reporting systems and coordinating the COH steering committee. WVZ was responsible for providing STI and VCT services at the site level as well as administrative and financial management of the sites. SFH was responsible for the BCC activities, including a youth component and social marketing of condoms. ZHECT was entrusted with implementing the workplace initiative.

Results: Gauging from the empirically verifiable reduction in the prevalence of STIs and reported appreciation of services among the target population, the project was successful. The quality of STI service was rated to be high. There was reported behavior change with both the target and wider communities. Through COH activities, CSWs were utilized as community resources for health education and access to healthcare at COH drop-in centers. Finally, there was increased uptake of VCT services.

3-1-2 Coordinated Planning and Implementation: HIV/TB Laboratory Network Support

HIV/AIDS and TB Laboratory Network Supports is an example of USAID-JICA coordinated planning and implementation. While JICA is supporting the establishment of a national laboratory quality assurance (QA) system for HIV-related testing through the top referral laboratory in UTH to the provincial level, USAID through the work of ZPCT, is supporting laboratory services at the district level. In addition, CDC is supporting MOH and NAC activities and the remaining districts. Thus the coordination among JICA, USAID and CDC supports HIV/AIDS and TB diagnosis services at all levels of the national health system.

Figure No.3 US-Japan Collaboration in Laboratory Services



Box No. 3

Project for Strengthening HIV/AIDS Laboratory Network Services

The project aims at establishing the national laboratory QA system for HIV/AIDS based on the 'Operational Plan for the National Laboratory'. Outputs: 1) Manuals and guidelines are developed and monitored in order to standardize testing procedures. 2) Internal laboratory quality assurance systems are established and strengthened. 3) External QA systems are strengthened at national and provincial levels. 4) Stakeholders at the national level are well coordinated for effective implementation of the 'Operational Plan for the National Laboratory'.

Zambia Prevention, Care & Treatment Partnership (ZPCT)

Managed by Family Health International, ZPCT works in concert with the MOH to strengthen and expand comprehensive HIV/AIDS services in the Central, Copperbelt, Luapula, North-Western, and Northern Provinces. This partnership focuses on services provided at health facilities, supports referral linkages between communities and the health system, and assists the MOH and National AIDS Council (NAC) to develop strategies, guidelines, HIV counselling and testing, anti-retroviral therapy and other treatment and care, TB/HIV, health worker and counsellor training, and lab and pharmacy support.

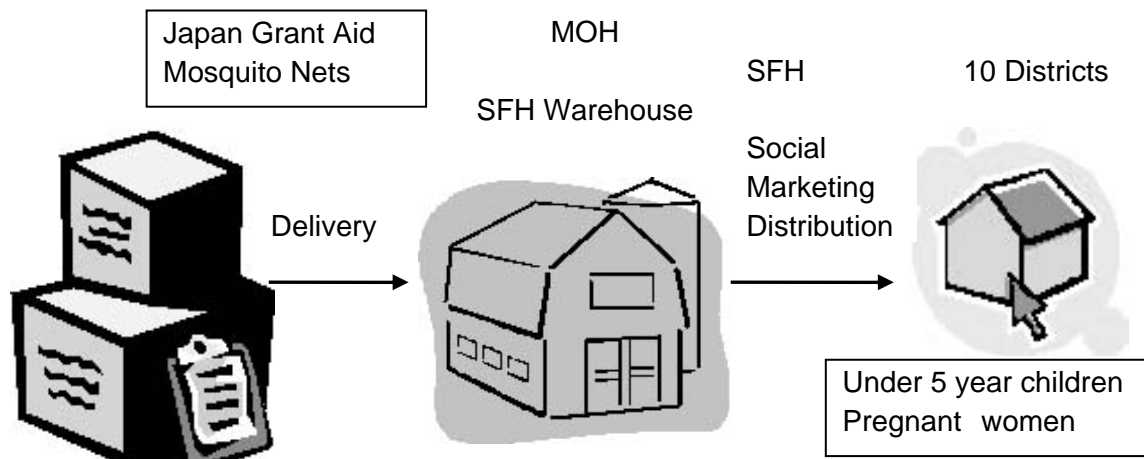
3-1-3 Complementary Planning and Implementation: LLIN distribution

The provision of long-lasting insecticide treated nets (LLIN) is an example of US-Japan collaboration with complementary planning and implementation.

The Japan Grant Aid "Project for Malaria Control" provides 366,000 LLINs. These nets were planned for distribution to project sites through the social marketing system of the Society for Family Health (SFH) for children under 5 years old and pregnant women. While this is not a direct partnership between the United States and Japan, given that SFH is a USAID partner, it represents collaboration at the implementation level.

Japan has transported the LLINs to the SFH warehouse in Lusaka, and SFH will complement this by distributing them from Lusaka to the District Health Management Teams of target districts.

Figure No.4 Distribution of Japan Grant-Aided Malaria Nets



Box No.4 Malaria Net Distribution and Social Marketing

“Project for Child Health Integrated Malaria Control Initiative Phase 2” is a Japan grant aid to support Zambia in strengthening its malaria control program through procurement of 366,000 long-lasting insecticide-treated mosquito nets (LLINs) in order to contribute to the reduction of morbidity and mortality caused by malaria among children under 5 years old and pregnant women. The distribution plan for project sites (Mwinilunga, Kaputa, Chingla, Senanga, Chibombo, Samfya, Isoka, Chongwe, Chipata, and Kalomo districts) is exploited by the Social Marketing Approach supported by SFH, the USAID’s implementation partner.

The social marketing approach addresses both supply and demand issues. Programmes utilize the existing commercial infrastructure to make products available to low-income consumers when they are needed.

3-2 Advantages and disadvantages of collaboration at multiple levels

As noted in the Introduction, the evaluation team identified four levels at which the United States and Japan collaborate: 1) Policy level; 2) National Coordination level; 3) Strategic Planning level; and 4) Project level. The team identified both advantages and challenges faced by the two donors at each of these levels.

3-2-1 Policy Level

Since the early 1990s, the United States and Japan have worked closely to harmonize policies in the health sector and develop complementary programs and projects under the US-Japan Common Agenda and the subsequent US-Japan Partnership for Global Health. The main advantages of working jointly at this policy level have been the enhanced ability to advocate on key policy issues, and the diplomatic value of the partnership. The main challenge is adapting the partnership to the new donor environment that exists in Zambia.

Given that the United States and Japan have held similar stances on key policy issues in the past, such as the limited participation in the JFA, the US-Japan Partnership in Zambia has enabled the two countries to be mutually supportive of policy recommendations that complement and strengthen their individual policies. In addition, at both headquarters and the country level, there is diplomatic significance to the partnership, since the partnership is basically in accordance with the principles of the Paris Declaration.

While these advantages are important, the new donor environment has presented a key challenge. As described above, the donor environment in Zambia has changed since the US-Japan partnership was initiated. Not only are there different funding priorities for each of the two countries, but there is also strengthened overall donor collaboration that did not previously exist. Therefore, while the United States and Japan still support each other on key policy issues, it is currently in the context of overall donor input.

3-2-2 National Coordination Level

At a national coordination level, both the United States and Japan participate as Cooperating Partners in both HIV/AIDS and health. In addition, a Japanese expert has been placed within the NAC to assist with coordination among the CPs, including USAID and other U.S. agencies. Finally, coordination among CPs has become increasingly active through donor meetings and the activities of the Technical Working Groups.

The main advantage of the partnership at this level is the ability to identify opportunities for collaboration between the two donors through the various coordinating bodies and working groups. The challenge, given the current emphasis on donor harmonization and the strong overall donor coordination, is that the

partnership may be perceived as being exclusionary of other donors, and not aligned with the basic framework of JASZ.

3-2-3 Strategic Planning Level

Joint strategic planning has taken place in Zambia through the identification of common areas of work since 1997. More recently, strategic planning has taken place more at a project implementation level.

A key advantage of joint strategic planning is the potential to produce a greater health impact. Corridors of Hope (COH) is an excellent example of producing greater health impact through joint strategic planning. Through COH, the United States and Japan used their individual comparative advantages to create a more comprehensive program. Joint planning and implementation resulted in a decreased number of HIV-positive pregnant women, increased knowledge about HIV/AIDS and STIs in the general population, and an increased number of patients treated for STIs.

The main challenges to joint strategic planning are that the United States and Japan have different planning, reporting and funding cycles, and different amounts of available resources. The main distinctions are described in the table below.

Table No.10 Distinctions between U.S. and Japanese assistance

	Japan	US
Central vs. field driven	Most grant aid and technical cooperation projects are planned by Embassy of Japan and JICA country offices, in discussion with line ministries for official approval; however, Japan has been making efforts to strengthen functions at the field level, mainly through the use of the in-country ODA Task Force.	USAID continues to use a mixture of both centrally and field-based initiatives.
Method of support	In the case of grant aid, Japan dispatches consultants from Japan to lead the assistance (e.g., construction, equipment installation, training, maintenance) in collaboration with the host country government. In the case of technical cooperation, Japanese experts work together with counterparts of implementing organizations for project implementation.	USAID implements its foreign assistance activities by utilizing the expertise of other key government agencies, as well as supporting implementing organizations. PEPFAR has been implemented in Zambia with a substantial amount of financial resources by a joint agency team that includes USAID, CDC, DOD, Peace Corps and the State Department under the leadership of the U.S. Ambassador. USAID utilizes cooperative agreements and contracts to achieve results that

		contribute to the agency's performance goals.
Type of support	Historically, Japan has provided a great deal of infrastructure support, such as hospital construction, medical equipment supply, and cold-chain supply for EPI. Programs such as the "Human Security Grass-roots Project" and "JICA Partnership Programme" provide support for small programmes such as construction of clinics and schools, and small-scale equipment procurement.	In collaboration with the GRZ, the United States has developed an intense, integrated and coordinated response through multi-sectoral approaches in a variety of areas.
Budget	Japan's input in the health sector, especially in HIV/AIDS and malaria control, has been comparatively small.	Through initiatives such as PEPFAR and PMI, the U.S. budget in the health sector has greatly increased. The United States provides 65% of the overall budget for HIV/AIDS activities in Zambia.
Timing	Japanese Fiscal Year is April through March, and its budget is strictly executed during the fiscal year.	U.S. Fiscal Year is October – September, and the United States budgets most projects for several years

3-2-4 Project Level

There has been a great deal of collaboration between the United States and Japan at the project level. The table below provides examples of some of the project-level activities planned and implemented during 2002-06.

Table No.11 Project-Level Collaboration between USAID and Japan

Area	Activity	Description of Collaboration
HIV/AIDS	Corridors of Hope (COH)	USAID supported the implementing partners such as SFH, and JICA supported STIs drug supply and local cost for training, etc., with joint M&E.
	Strengthening HIV/AIDS Laboratory Network Services	Both ZPCT and JICA Coordinator assist the MOH and the National AIDS Council (NAC) to develop strategies and guidelines for various responses to HIV/AIDS. While ZPCT and TBCAP support referral linkages between communities and the health system, and TB/HIV laboratories at district (primary) level, the JICA Project supports the national top referral laboratory in UTH

		for quality control. USAID and CDC support activities at the district level.
Malaria	Child Health Integrated Malaria Control Initiative	The Japan Grant Aid Project is providing 366,000 mosquito nets (LLIN) through a design study of project sites. The nets were to arrive in Zambia in an SFH warehouse in December 2007, and are scheduled to deliver to project sites through the social marketing system supported by SFH according to the project objectives.
Population, Health System	MEASURE-Demographic & Health Survey	USAID provides funding to conduct the Demographic and Health Survey every five years; the 2007 survey is currently underway. USAID decided to co-fund ZDHS (Zambian Demographic Health Survey) in 2006 together with DFID and other CPs. JICA committed to supply in-kind support for ZDHS 2006-2007 jointly supported by USAID, UNFPA, etc. Possible use of Health Capital Investment Plan (HCIP) support project achievements for ZDHS.

At the project level, the advantages of US-Japan collaboration include more comprehensive programming, utilization of comparative advantages, potential for better health outcomes, and reduced transactional costs.

The support for HIV/AIDS and TB laboratory support is an example of more comprehensive programming through US-Japan collaboration. JICA's "Project for Strengthening HIV/AIDS Laboratory Network Services" aims to provide services from the top referral laboratory to provincial clinics, while the USAID-assisted ZPCT project and CDC activities are linking testing services at the district level throughout Zambia. Thus, between the two donors, there will be comprehensive strengthening of Zambia's laboratory system.

As mentioned previously, Japan's provision of STI drugs and collaboration with Corridors of Hope demonstrate the effective utilization of comparative advantages, as well as improved health outcomes. Finally, joint monitoring and implementation decrease the individual transactional costs for the two donors.

The challenges to collaboration at the project-level are the lack of formalized fora for discussion, the necessary time commitment, and the need for flexibility.

In Zambia most Japanese staff at implementing institutions and experts are heavily engaged in various working group operations in addition to project management and implementing activities. This heavy workload may make it rather hard for those staff

to plan and push positively the Partnership activities although, admittedly, those opportunities for freer exchange of information have increased between the two countries.

USAID-aided projects are usually entrusted with the implementing partners for implementation as mentioned before. Some of the Partnership activities were actually undertaken with the participation of JOCVs, but they will not be regarded as Partnership activities unless the USAID field office properly acknowledges them as such.

3-3 Limited Awareness of Partnership

There is generally limited awareness of the US-Japan Partnership, both at the partner and donor levels. Although some partners and donors are aware of the activities of the United States and Japan, very few seem to know that those projects were implemented under the framework of the US-Japan Partnership.

Some possible factors accounting for limited awareness at the partner level include:

1. The size and volume of US/USAID commitment to cooperation in Zambia is far larger than that of Japan/JICA,
2. There have not been any activities to publicize the US-Japan Partnership.

3-4 Dynamic Donor Environment

One of the most significant changes that has taken place in Zambia related to the present Partnership framework is the change in the donor environment. Changes in donor environment in the United States are greater than those in Japan in light of introduction of such initiatives as PEPFAR and PMI by the U.S. Government.

Moreover because of these newly introduced U.S. initiatives, the amount of ODA by the United States has rapidly increased whereas ODA by Japan has recently been decreasing.

3-5 Lack of Framework for Bilateral Partnership in the Context of Donor Harmonization

There have been many changes in the donor environment since 2001, yet the current framework for the US-Japan Partnership has not been updated. As described in the Background section, some of the key structures formed as part of the Action Framework developed at a central level in 2003 included tracking field-level communication, sharing schedules of upcoming health-related planning, providing regular updates to the Action Plan, developing information kits to assist relevant persons in the field to promote joint activities, and developing evaluation criteria to measure the effectiveness and impact of the partnership. In addition, in Zambia, Memoranda for the Record were signed in 2003 between JICA/Zambia, USAID/Zambia and CDC/Zambia.

The work to create these structures and solidify the partnership occurred prior to the development of the JASZ and the MOU between the GRZ/MOH and CPs that reinforced overall donor harmonization. It also occurred prior to the implementation of key U.S. Presidential Initiatives, such as PEPFAR and PMI, which drastically changed the operation of U.S. assistance in health. Finally, it occurred prior to Japan's transition from funding procurement and construction to a focus on support for health systems. There are no updated documents defining the framework for the US-Japan partnership that can be utilized by these donors.

Chapter 4 Recommendations and Conclusions

The objectives of this evaluation were to review the collaboration between USAID and Japan in the health sector in Zambia from 2002 to the present; assess the benefits and challenges of working jointly; highlight the most important factors contributing to the success of the partnership; discuss recommendations and lessons learned for the partnership in Zambia; and provide a case study to contribute to the overall review of the US-Japan Partnership for Global Health. Based on the findings of the evaluation team, there are four overall recommendations / conclusions:

1. There is limited strategic relevance of the bilateral partnership in Zambia;
2. There is a need to revisit the partnership framework; and
3. There is a need for additional evaluations to provide broader recommendations for the global partnership.

4-1 Limited Strategic Relevance of Bilateral Partnership in Zambia

While there may be benefits to a bilateral partnership between the United States and Japan at a central level, at the field level, the current bilateral partnership has limited strategic relevance in Zambia, given the strong donor collaboration structures that exist in Zambia where the United States and Japan as CPs have aligned them with the JASZ framework, and the Partnership needs to be enhanced within this framework.

4-2 Need to revisit partnership framework

Given the new priorities for U.S. and Japanese foreign assistance goals in the health sector, and the commitment of all donors in Zambia to harmonization and collaboration among donors, there is a need for updated guidance on the expectations for field-driven collaboration at each level (policy, national coordination, strategic planning, and project) under the bilateral partnership.

This framework may outline expectations for communication and information sharing between the United States and Japan to help understand the current aid policies and priorities, and outline a framework within the larger donor harmonization context. This may include meetings between Japan's ODA task force and USAID local staff, or meetings between partners at an implementation level.

4-3 Need for Additional Evaluations

Given that this evaluation was based on Zambia, which may have a unique donor environment, there need to be additional evaluations to provide overarching recommendations for the US-Japan partnership overall. In particular, it would be useful to evaluate the partnership in countries with other models of donor collaboration.

Annexes

Annex 1. Zambia Trip Schedule

Evaluation Survey of US-Japan Partnership for Global Health Itinerary in Zambia

Day			Time	Schedule	Met by	Venue	MOFA Ms. E. Jibiki	Consultants Mr. S. Taniho Mr. T. Ota	USAID Ms. J. Martin Ms. E. Nishimura
	8-Dec-07	Sat	18:40 22:50 23:50					Narita (NH911) Hong Kong Hong Kong (SA287)	
	9-Dec-07	Sun	07:10 11:10 13:10					Johannesburg Johannesburg (SA062) Lusaka	
Day 1	10-Dec-07	Mon	9:00	Courtesy call	Mr.Katayama	Embassy of Japan		X	
			10:00	Courtesy call to USAID/USG and discussion on USAID/USG Health Programme in Zambia	Dr.Kolstad(USAID) Ms.Levitt-Dayal(USG)	USAID/USG		X	
			14:30	Interview Canceled		MOH			
			16:30	Interview with JICA Advisor on HIV/AIDS and TB	Ms.Seko	NAC		X	
Day 2	11-Dec-07	Tue	11:00	Visit to WHO	Dr Magda Robalo C.e Silva, Acting Representative	WHO Zambia		X	
			15:00	MOH Interview Canceled		JICA Zambia			
			16:30	Discussion on JICA's Health Programme in Zambia	Mr.Kikuchi	JICA Zambia		X	
			19:00	Discussion on JAPAN's ODA Programme in Health for Zambia	Mr.Katayama			X	
Day 3	12-Dec-07	Wed		Documentation Analysis, Hotel Change					
Day 4	13-Dec-07	Thu	9:00	Visit to DFID	Dr. D. Kasungami, Human Development Advisor	Embassy of UK		X	
				Documents Collection		National Statistics Center, etc			
Day 5	14-Dec-07	Fri	8:00-18:00	Impact Study of Beneficiaries in Chirundu (border city with Zimbabwe) and Shavonga (capital of South Province)		Chirundu and Shavonga		X	
Day 6	15-Dec-07	Sat	9:00	Impact Study of Beneficiaries in University Teaching Hospital (UTH)		UTH	18:40 Narita (NH911) 22:50 Hong Kong 23:50 Hong Kong (SA287)	X	
				Documentation Analysis					
Day 7	16-Dec-07	Sun	13:00 & 21:00	Pick-up at Airport			07:10 Johannesburg 11:10 Johannesburg (SA062) 13:10 Lusaka	X	21:00 Arrive at Lusaka (SA066) (Martin, Nishimura)

Day 8	17-Dec-07	Mon	8:30-10:00	Visit to SFH (Society for Family Health)	Cynde Robinson, Chief of Party	SFH	X	X	X
			10:30-12:00	Visit to HCP (Health Communication Partnership)	Lynn Lederer, Chief of Party	HCP	X	X	X
			15:30-17:00	COH (Corridors of Hope)	Leslie Long, Chief of Party,	COH	X	X	X
Day 9	18-Dec-07	Tue	9:00	Visit to UNAIDS	Dr.C.SOZI, Country Coordinator	UNAIDS	X	X	X
			10:30-12:00	Visit to HSSP (Health Services and Systems Program)	Cosmas Musumali, Chief of Party	HSSP	X	X	X
			14:30-16:30	Joint interview with JICA/ ZPCT/JSI about Laboratory Support	Mr.Matsuura/Dr.MUYANGA(JICA) Catherine Thompson(ZPCT) Walter Proper(JSI)	ZPCT	X	X	X
Day 10	19-Dec-07	Wed	9:00-19:00	Information Sharing within Evaluation Team		Embassy of Japan	X	X	X
Day 11	20-Dec-07	Thu	8:30-9:30	Interview with Directorate of Planning and Development, Ministry of Health	Mr.N.Chikwenya, Deputy Director,(Donor Coordinator),Directorate of Planning and Development	MOH			
			10:00-15:00	Discussion on the draft presentation		Embassy of Japan	X	X	X
			15:00-24:00	Preparation and Discussion on the draft presentation		EOJ & Hotel	X	X	X
Day 12	21-Dec-07	Fri	8:30	Presentation of the final report to USAID and EOJ		USAID	X	X	X
			10:30	Discussion on Reporting Schedule		USAID	X	X	18:10 Depart from Lusaka (SA8165) (Martin)
	22-Dec-07	Sat	07:20 09:25 17:00				Lusaka (SA067) Johannesburg Johannesburg (SA286)		14:10 Depart from Lusaka (SA063) (Nishimura)
	23-Dec-07	Sun	12:15 15:25 20:15				Hong Kong Hong Kong (NH910) Narita		

Accommodations : Taj Pamodzi Hotel Church Road, P.O. Box 35450, Lusaka, 10101, Zambia
 TEL: +260-211-254455
 FAX: +260-211-250995

Annex 2. Interviewees List

1. In Japan

- (1) Embassy of USA
- Charles R. Aanenson Counselor International Development, USAID
 - Rie Yamaki USAID
- (2) MOFA
- Taro Yamamoto Global Issues Cooperation Division, ICB¹
 - Yoko Takushima Global Issues Cooperation Division, ICB
 - Tae Takita Grant Aid and Technical Cooperation Division, ICB
 - Junshi Arimura Second Country Assistance Planning Division, ICB
 - Taro Tsutsumi Deputy Director, Aid Policy Planning Division, ICB
 - Keiko Ishihara Deputy Director, Non-Government Organizations Cooperation Division, ICB
- (3) JICA
- Naoko Ueda Team Director, Infection Disease Control Team, HDD²
 - Tomomi Ibi Infection Disease Control Team, HDD
 - Ken Kubokura Reproductive Health Team, HDD
 - Tomoya Yoshida Senior Program Officer, Health Team, Grant Aid Management Department
 - Junko Yamada Infection Disease Control Team, HDD
 - Ikuo Takizawa Chief, Health Administration Team, HDD
 - Junya Hiroshima Health Administration Team, HDD
- (4) International Medical Center of Japan
- Tamotsu Nakasa Director, 2nd Expert Service Division, Bureau of International Cooperation
- (5) UNFPA
- Kiyoko Ikegami Director, Tokyo Office
- (6) UNICEF
- Kunihiko Hrabayashi Vice-Director, Tokyo Office

2. In Zambia

- (1) Embassy of Japan
- Takahito Katayama Second Secretary
 - Kaoru Tsurita Counsellor
- (2) USAID/Zambia
- Sheila Lutjens Deputy Mission Director
 - P. Randy Kolstad Population, Health & Nutrition Director

¹ International Cooperation Bureau

² Human Development Department

<ul style="list-style-type: none"> • Marta Levitt-Dayal 	Team Leader – HIV/AIDS Multisector Office
(3) JICA/Zambia	
<ul style="list-style-type: none"> • Shiro Nabeya • Taro Kikuchi • Motoko Seko • Tomoko Zama 	Resident representative Assistant Resident Representative HIV/TB Programme Coordinator/ NAC advisor Former HIV/TB Programme Coordinator
(4) MOH	
<ul style="list-style-type: none"> • N. Chikwenya 	Deputy Director (Donor Coordinator), Directorate of Planning and Development
(5) WHO Zambia	
<ul style="list-style-type: none"> • Magda Robalo • Helen Mutambo • Kasonde Mwinga • Fred Masaniga 	Acting Representative Routine Immunization Adviser Child and Adolescent Health Adviser Malaria National Professional Officer Adviser
(6) UNAIDS	
<ul style="list-style-type: none"> • Catherine Sozi 	UNAIDS Country Coordinator
(7) DFID	
<ul style="list-style-type: none"> • Dyness Kasungami 	Human Development Advisor
(8) SFH	
<ul style="list-style-type: none"> • Cynde Robinson 	Executive Director
(9) HCP	
<ul style="list-style-type: none"> • Lynn Lederer 	Chief of Party
(10) COH II	
<ul style="list-style-type: none"> • Leslie Long • Joseph Kamanga 	Family Health International (FHI) Chief of Party Prevention Services Advisor
(11) HSSP	
<ul style="list-style-type: none"> • Cosmas Masumali • Donna Vivio 	Chief of Party Senior Reproductive Health Advisor
(12) ZPCT	
<ul style="list-style-type: none"> • Catherine Thompson • Prisca Kasonde 	Chief of Party, FHI Country Director Associate Director, Technical Support
(13) JSI	
<ul style="list-style-type: none"> • Walter Proper 	Country Director
(14) UTH/JICA	
<ul style="list-style-type: none"> • Shinya Matsuura • Jubra Muyanga 	Project Coordinator Project Director

Annex 3. Documents List

1. Japan

- MOFA Japan (2001) 'Fight Against HIV/AIDS Pandemic'
- MOFA Japan (2002) 'Japan's ODA Country Assistance Plan, Zambia'
- MOFA Japan (2003) 'Japan's Official Development Assistance Charter'
- MOFA Japan(2005) 'Japan's Medium-Term Policy on Official Development Assistance'
- MOFA Japan (2005) 'Health and Development Initiative (HDI)'
- MOFA Japan (2007) 'Country Assistance Program Evaluation of Zambia'
- JICA (2002) 'JICA-USAID Collaboration Review Report'
- JICA (2003) 'US-Japan Collaboration Handbook for Global Health'
- JICA (2004) 'Basic Design Report: The Project for Infectious Control Phase II'
- JICA (2006) 'Basic Design Report on the Project for Malaria Control in Zambia'

2. U.S.

- USAID (2005) 'Policy Guidance: Mitigating the Development Impacts of HIV/AIDS'
- USAID (2006) 'Strategic Framework for Africa'
- USAID (2005) 'Status of Presidential Initiative FY2004'
- USAID (2006) 'Health-Related Research and Development Activities at USAID'
- U.S. Department of State and USAID (2007) 'Strategic Plan 2007-2012'
- USAID/Zambia (1997) 'Country Strategic Plan'
- USAID/Zambia (2003) 'Country Strategic Plan FY2004-2010'

3. Zambia

- GRZ (2002) 'Zambia Poverty Reduction Strategy Paper 2002-2004'
- GRZ (2006) 'Fifth National Development Plan 2006-2010'
- GRZ (2007) 'Joint Assistance Strategy for Zambia (JASZ) 2007-2010'
- MOH (2001) 'National Health Strategic Plan, 2001-2005'
- MOH (2002) 'Zambia National Health Accounts 2002: Main Findings'
- MOH (2005) 'MOU between GRZ/MOH and CPs'
- MOH (2005) 'Zambia HIV/AIDS Service Provision Assessment Survey'
- Central Statistical Office (2004) 'Living Conditions Monitoring Survey Report'
- Central Statistical Office (2005) 'Zambia Sexual Behaviour Survey'
- Central Statistical Office (2005) 'Zambia HIV/AIDS Epidemiological Projections'
- ZIHP (2003) 'The HMIS in Zambia'
- FHI/IMPACT (2006) 'Qualitative Assessment / Documentation, Corridor of HOPE'

4. Others

- OECD DAC High Level Forum (2005) 'Paris Declaration on Aid Effectiveness'
- OECD (2006) 'Guidance for Managing Joint Evaluations'
- UNAIDS (1998) 'Social Marketing: An Effective Tool in the Global Response to HIV/AIDS'

Annex 4. CP Cooperation Mapping in Health Sector

Sub-Sectoral	Focal Point Sub-sectoral Lead	Reference Group Active	Background Information
Human Resources	SIDA, USAID , EU, DFID	CIDA, JICA , RNE, UNPFA, WB, WHO, UNAIDS	UNICEF
Procurement & Supplies / MSL	CIDA, DFID	EU, JICA , RNE, SIDA, UNICEF, UNFPA, RNE	UNAIDS, UNFPA
HMIS/ Surveillance/ M&E	USAID , DFID, EU, WHO	JICA , WB, SIDA, UNICEF, UNFPA, RNE	UNAIDS, CIDA
Infrastructure, transport & maintenance	JICA	SIDA, DFID, WHO	UNAIDS, UNICEF, USAID , WB, CIDA, EU, UNFPA,
Planning, expanded basket, Health financing, resource allocation, audit	SIDA, DFID, EU, WB	RNE, WHO, CIDA, USAID	JICA , UNAIDS, UNICEF, CIDA, UNFPA
Hospital Reform	SIDA, JICA	WB, WHO, USAID	DFID, RNE, UNAIDS, UNICEF, CIDA, EU, UNFPA
SWAp management, sector performance monitoring, general CP Coordinator	DFID	SIDA, EU, JICA , RNE, UNPFA, UNICEF, USAID , WB, WHO	CIDA, UNIAIDS
HIV/AIDS and Global Fund	UNAIDS, USG , DFID, JICA , WHO	SIDA, UNFPA, RNE, IA, WB, EU	CIDA, UNICEF
Gender	SIDA, CIDA, UNICEF	UNFPA, WHO, USAID , DFID, RNE, WB, JICA , UNAIDS, EU	
Reproductive Health	UNFPA, USAID , WHO	RNE, WB, SIDA, DFID, UNAIDS, JICA , UNICEF	CIDA, EU
Child Health	UNICEF, USAID , CIDA, WHO	WB, JICA	DFID, SIDA, UNAIDS, EU, UNFPA, RNE
TB	CDC, JICA , WHO	WB, USAID	CIDA, DFID, EU, SIDA, UNAIDS, UNFPA, UNICEF
Malaria	USAID , WHO, MACEPA	UNICEF, WB, JICA	DFID, SIDA, UNAIDS, UNFPA, EU, CIDA, RNE
Nutrition	UNICEF, EU	USAID , WB, JICA , WHO	DFID, SIDA, UNAIDS, CIDA, RNE, UNFPA
Avian Influenza	WHO	USAID , WB, EU	SIDA, RNE, JICA , CIDA, UNFPA, UNICEF, DFID

Source: MOH, *Health Sub-sectoral DOL*, 2007

Annex 5. Detailed description of USAID PHN Activities

1. Health Communication Partnership (HCP)

Partners: the Johns Hopkins University Center for Communication Programs, Save the Children, and International HIV/AIDS Alliance

Activity: HCP uses community mobilization and communication tools to promote better health-seeking behaviour. The program strengthens community organizations and leadership around key health issues in 22 districts. It also supports national health information, education and communication campaigns by developing job aids, radio programs, health talk lines and video- and poster-based media. Two HIV/AIDS-related videos produced by HCP, Tikambe and Road to Hope, have won international awards.

2. Better Health for Zambians through Social Marketing

Partner: Society for Family Health (SFH)

Activity: Population Services International, through its Zambian affiliate, SFH aims to increase demand for a variety of health products and services via social marketing campaigns and subsidized process, making them accessible to all Zambians. Products and services include: Chlorine home water purification solution, Mama Safe Nite insecticide-treated bed nets, Safe Plan oral contraceptives, and Maximum Classic male and Care female condoms, and the New Start HIV counselling and testing network.

3. Zambia Prevention, Care & Treatment Partnership (ZPCT)

Partners: Management Sciences for Health, Churches Health Association of Zambia, Kara Counselling & Training Trust, and Expanded Church Response

Activity: Managed by Family Health International, ZPTC works in concert with the MOH to strengthen and expand comprehensive HIV/AIDS services in the Central, Copperbelt, Luapula, North-Western, and Northern Provinces. This partnership focuses on services provided at health facilities, supports referral linkages between communities and the health system, and assists the MOH and National AIDS Council (NAC) to develop strategies, guidelines, and child transmission, HIV counselling and testing, anti-retroviral therapy and other treatment and care, TB/HIV, health worker and counsellor training, and lab and pharmacy support.

4. Health Service & System Program (HSSP)

Partners: Abt Associates, JHPIEGO, International Science & Technology Institute and Save the Children

Activity: HSSP, led by Abt Associates, works in partnership with the MOH at all levels to support increased access to quality health services and to strengthen health system. HSSP assists the MOH to strengthen ante-natal, post-abortion, and emergency obstetric care; address childhood immunization and micronutrient needs; integrate management of childhood illnesses; and, expand long-term family planning methods. HSSP also provides significant assistance to the National Malaria Control Center in rolling out the national indoor residual spraying program and in strengthening case management of malaria in children and presumptive treatment for pregnant women. HSSP also supports the underlying systems that are required to make a public health service function. This includes the health management information

system and health sector planning. Lastly, HSSP provides support for human resources: pre-service training, human resource planning and management, and the rural retention scheme.

5. Indoor Residual Spraying (IRS)

Partner: Research Triangle International (RTI)

Activity: RTI procures insecticides and commodities for the MOH / National Malaria Control Center's national IRS program. It also assists the National Malaria Control Program in developing systems and monitoring for environmental compliance related to IRS.

6. USAID/DELIVER & Partnership for Supply Chain Management System

Activity: USAID/DELIVER provides the MOH with technical assistance in national supply-chain management for HIV-related commodities. The project will also procure malaria commodities, such as long-lasting insecticide-treated bed nets, rapid diagnostic tests, and artemisinin-based combination therapy. The Partnership for Supply Chain Management Systems procures all U.S. Government-funded anti-retroviral drugs, HIV test kits, and HIV-related lab supplies for the public sector.

7. Central Contraceptive Procurement (CCP)

Activity: CCP is the mechanism through which USAID procures oral contraceptives and male and female condoms for social marketing.

8. Tuberculosis Control Assistance Program (TBCAP)

Partner: Royal Netherlands Tuberculosis Foundation (KNCV)

Activity: TBCAP supports the delivery of tuberculosis services by the MOH in the Copperbelt, Luapula, and North-Western Provinces. TBCAP also works closely with ZPCT on integrating TB and HIV/AIDS services throughout Zambia.

9. Youth & Children with Health Options Involving Community Engagement Strategies (Y-CHOICES)

Partner: PACT/Zambia

Activity: Y-Choices is a USAID/Washington multi-country PEPFAR award that builds capacity of and administers small grants to local community- and faith-based organizations to promote abstinence and behaviour change among youth aged 10-24 in Luapula, North-Western, Central, Western, and Southern Provinces.

10. Empowering Africa's Young People Initiative (EAYPI)

Partners: International Youth Foundation in seven provinces

Activity: Funded by a USAID/Washington multi-country PEPFAR award, EAYPI promotes abstinence and behaviour-change programs for youth aged 10-24 through local community- and faith-based organizations. EAYPI also focuses on capacity-building on these organizations.

11. Medical Injection Safety Project (MISP)

Activity: MISP supports the MOH in injection safety and infection prevention.

12. Chikankata Child Survival Project

Partner: Salvation Army World Service Organization

Activity: This project, supported by a USAID/Washington Child Survival & Health Grants Program, is to improve child health and nutrition in the Mazabuka and Shavonga districts in Southern Province.

13. MEASURE-Demographic & Health Survey

Partner: Macro International Inc.

Activity: USAID provides funding to conduct the Demographic & Health Survey every five years; the 2007 survey is currently underway.

14. Sector Program Assistance

The Sector Program Assistance agreement is an ongoing, non-project assistance grant to Zambia's Ministry of Finance & National Planning. U.S. Government funds are leveraged to help fund the MOH for health-care operations, including preventive and curative health services in all 72 districts. Sector Program Assistance also supports local organization capacity development. Funds are used to support interventions in tuberculosis, malaria prevention and control, maternal and child health, family planning and reproductive health.

15. Participant Training Support (Nursing tutors scholarship)

USAID has been funding one class of the training institution at a time for a three-year program, which includes all aspects of maternal and child health and family planning and reproductive health. Upon graduation, nursing tutors work at various nurse training institutions throughout the country for minimum of 36 months.

Annex 6: Detailed description of USAID HIV/AIDS Multisectoral Activities

1. RAPIDS

Partners: World Vision International, Africare, Catholic Relief Services (CRS), Expanded Church Response (ECR), Salvation Army, World Vision Zambia, and Population Council

Activity: This is a six-year (2004-2010) Program. RAPIDS covers 53 districts throughout Zambia to provide home- and community-based care for people living with AIDS, care and support for Orphans and vulnerable children (OVCs), youth livelihood and promotion of abstinence among youth, and household resilience and improved food security for those affected by HIV/AIDS. In addition, RAPIDS provides policy and programmatic support at the National Level for OVCs.

2. SHARe

Partners: JSI Research and Training Institute, Initiative Inc., Abt. Associates, ZHECT, CHAMP

Activity: The purpose of the SHARe is to: 1) expand access to HIV prevention, treatment and services through workplace programs that will result in increased use of prevention, care and treatment services leading to reduced employee absenteeism; 2) strengthen the capacity of coordinating bodies in the public and private sector at the national, provincial and district level as well as faith-based, community-based and other local organizations, to plan, implement, monitor and evaluate HIV/AIDS activities; and 3) strengthen the policy and regulatory environment to protect PLWHA and those affected by HIV/AIDS. SHARe works to make religious, political, and traditional leaders (including among PLWHA) to be a driving force in the HIV/AIDS responses.

3. BizAIDS

Partner: International Executive Service Corp (IESC)

Activity: BizAIDS is a three-year (2005-2008) project. The project has three interrelated components: 1) basic HIV/AIDS information/workplace program, 2) business planning in light of prevention, mitigation and care and support. It provides information to business owners and their employees on how they can protect themselves from contracting HIV, plan their business in light of HIV/AIDS, and on how they can access legal services to deal with the challenges brought by HIV/AIDS in the business operations, including the role of Wills on protecting business enterprises from collapse in case of death of the owner. BizAIDS promotes HIV Counselling and Testing among owners and employees of micro and small businesses in Eastern, Southern, and Western Provinces and trains local trainers through the District Business Associations.

4. SUCCESS "RETURN TO LIFE"

Partners: Catholic Relief Services (CRS), American Health Alliance (AIHA), Zambia Palliative Care Association (PCAZ), African Palliative Care Association (APCA)

Activity: SUCCESS is a two-year (2006-2008) project, and prioritizes building local capacities to: first, increase access to comprehensive home-based care (HBC) and support; and second, increase the capacity of

SUCCESS partners to implement and manage sustainable, effective HBC programs. SUCCESS HBC partners with the Catholic Dioceses in Mongu, Mansa, Mpika and Solwezi for implementation of SUCCESS activities and is expanding to three additional Dioceses. Though the support of USAID and PEPFA, SUCCESS strengthens services offered as well as logistical support to faith-based hospices and fostering linkages with other USG-funded programs for support to OVCs and for ART.

5. AFRICA KIDSAFE (AKS)

Partner: Project Concern International (PCI)

Activity: AKS is a three-year (2004-2007) program. The primary purpose of this program is to consolidate and expand a safety net of Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs) that work with communities and families to effectively meet the immediate and long-term needs of street and at-risk children throughout Zambia. Funding for this program was provided by Displaced Children and Orphan Fund (DCOF) in Washington DC. Activities include: 1) building the capacity of local NGOs and CBOs to design, implement, evaluate, and sustain effective programs meeting the need of street children and those at risk of ending up on streets; 2) reducing the movement of at-risk children to the streets by increasing the care-giving capacity of families; 3) reducing the number of children on the streets, through outreach, family tracing and re-integration; and 4) meeting the basic needs of street children through on-going service provision on the streets and at AKS centers.

6. Zambian Corridor of Hope (COH)

Partners: Family Health International (FHI), World Vision, Society for Family Health (SFH), Zambia Health Education and Communication Trust (ZHECT)

Activity: COH is a three-year project (2003-2006). The project activities targets are residents of the border and corridor communities and most at risk populations (MARPs). Services include counselling and testing (CT) services, STI screening and treatment, condom social marketing, interpersonal counselling for behaviour change, outreach work, and youth prevention activities for in- and out-of-school youth. In addition, COH works with the District Health Management Teams (DHMTs), District AIDS Task Forces (DATFs), and other service delivery teams. The project sites are Chirundu, Kapiri Mposhi, Kasumbalea and Livingstone.

7. Zambian Corridor of Hope HIV/AIDS Prevention Initiative (COH II)

Partners: Research Triangle Institute (RTI), Family Health International (FHI), Zambia Health Education and Communication Trust (ZHECT), Afya Mzuri, Zambia Interfaith Networking Group (ZINGO)

Activity: COH II also is three-year project (2006-2008). The project concentrates on seven of the highest HIV prevalence border and transport corridor areas in Zambia: Livingstone, Kazungula, Chipata, Katete, Kapiri Mposhi, Chirundu, and Ndola. The contents of activities are same as the COH.

8. World Concern³
Partners: six faith-based organizations in Zambia
Activity: The program provides quality services to OVCs such as education, healthcare service. The program also trains church and community leaders on sustainability of OVC programs. Families/caregivers for OVCs are trained in home-based care for OVCs and Income Generation.
9. Opportunity International
Partner: Christian Enterprise Trust of Zambia (CETZAM)
Activity: Opportunity International in partnership with Habitat for Humanity is working to improve the ability of OVCs and their caretakers to obtain secure livelihoods and address basic shelter needs. The major portion of funding will be used for renovation and construction of shelter for 120 OVC families.
10. CRS CHAMP OVC Project
Activity: This project improves the lives of children and their guardians affected HIV/AIDS in three CRS SUCCESS home-based care project areas to integrate OVC support and palliative care services. The project provides psychosocial support to OVCs, trains guardians on parenting skills, mobilizes communities to meet the needs of OVCs, and provides comprehensive, high quality services such as education, health care, psychosocial, nutrition, economic and legal support.
11. Christian Aid
Partners: Ndola Diocese, Lusaka Diocese, FHT
Activity: This is a 5-year project whose objective is to strengthen, develop and expand effective community-based approaches to support and care that lead to improved quality of life for boy and girl OVC.
12. FHI FABRICS
Activity: The objectives of this project are to increase implementing partners' technical and management capacity to implement OVC programs and also to increase community support for OVC and their families. This project strengthens the economic status of OVC households.
13. Hope Worldwide
Activity: This project increases comprehensive and integrated care and support for OVC. It also increases the capacity of affected families to care for and support OVC.
14. Hope for African Children Initiative (HACI)
Activity: The objectives of this project are to improve access to quality education, psychosocial support and community-based care for children and families affected by HIV/AIDS and, increase the capacity of OVC, families and communities to best mobilize and manage the resources needed for outreach.
15. PCI BELONG Project
Activity: This project increase the availability of critical OVC support services, including formal or informal education, literacy/numeracy training, life skills education, medical care, nutritional support of older OVC and of

³ From No.8 to No.15 are centrally funded projects.

households providing care for OVC to support themselves and their children through economic empowerment initiatives.

Annex 7: Detailed List of Japan Activities in Zambia

1. Programme on Measures against HIV/AIDS and Tuberculosis

(1) HIV High-Risk Group Education Activity Project

Period of Cooperation: 1/4/1999~31/3/2003

Project Type: This was a new scheme project named “JICA Community Empowerment Program (CEP)” with strategic goals; 1) Poverty Reduction, 2) Reduction of Infant Mortality, and 3) Reduction of Maternal Mortality. This Program started under the “Initiative for a Caring World” which was declared by the Japanese Government for Lyon Summit in 1996, and its feature was to promote use of Japanese NGOs.

Project Purpose: 1) Management of the treatment of sexually transmitted infections (STIs) was reinforced. 2) Educational activities for behaviour change was provided. And the use of condoms was promoted for those deemed to be in the high-risk group: sex trade workers, long-distance truck drivers and other partners.

(2) HIV/AIDS and Tuberculosis Control Project

Period of Cooperation: 30/3/2001~29/3/2006

Project Purpose: Laboratory services for diagnosis and surveillance for HIV/AIDS and TB in the Republic of Zambia are strengthened.

Outputs: 1) Performance of laboratory techniques in central laboratories for HIV/AIDS and TB surveillance are strengthened. 2) Performance and quality of peripheral labs for HIV/AIDS and TB test is improved. 3) Utilization of lab service by clinicians is improved. 4) Diagnosis and surveillance data generated by the project is utilized widely by all stakeholders (i.e. GRZ, other donors, health workers, etc). And 5) Collaboration with HIV/AIDS and TB working groups is institutionalized.

(3) Cross Border Initiative Project (Corridor of Hope)

Period of Cooperation: 6/6/2003~31/3/2006

Project Purpose: To reduce the transmission of HIV among high-risk groups and the bridging population at border sites.

Outputs: 1) Increased access to and use of condoms amongst Commercial Sex Workers. 2) Increased access to and use of quality STI services amongst Commercial Sex Workers. 3) Increased knowledge about HIV prevention; including condom use and early health seeking behaviour for STI treatment amongst secondary target groups.

(4) Integrated HIV and AIDS Care Implementation Project at District Level

Period of Cooperation: 1/4/2006~31/3/2009

Project Purpose: HIV and AIDS care services are improved and accessible at target districts.

Outputs: 1) Access to HIV counselling and testing is improved in order to detect HIV infection more and earlier. 2) District hospitals and referral health centers are strengthened to provide appropriate care services to PLWHAs. 3) Standard ART services are decentralized and scaled-up. 4) Quality of TB and TB/HIV services are improved. 5) Necessary management capacities of DHMTs to strengthen HIV and AIDS care services are enhanced. 6) Innovative approaches to improve the

HIV/AIDS situation are identified through Operational Research (OR). And 7) Networking with concerned organizations is strengthened at central level.

(5) Project for Strengthening HIV/AIDS Laboratory Network Services

Period of Cooperation: 1/6/2007~31/5/2010

Project Purpose: National laboratory QA system for HIV/AIDS is established based on 'Operational Plan for the National Laboratory'.

Outputs: 1) Manuals and guidelines are developed and monitored in order to standardize testing procedures. 2) Internal laboratory quality assurance systems are established and strengthened. 3) External QA systems are strengthened at national and provincial level. And 4) The stakeholders at national level are well coordinated for effective implementation of 'Operational Plan for the National Laboratory'.

(6) Project for Infectious Diseases Control

JFY: 2004

Objective: To improve the infectious disease control service through procurement of medicines.

Project sites: TB drugs and reagents; 22 districts, i.e. Kabwe, Kasama, Ndola, Mansa, Mongu, Chipata, Solwezi, Lusaka, Livingstone, Lundazi, Lukulu, Kapiri-Mposhi, Mumbwa, Luanshya, Masaiti, Petauke, Kakonde, Nchelenge, Kafue, Choma, Mufumbwe, Kasempa / Health Center Kit; 10 districts, i.e. Chingola, Chililabombwe, Luanshya, Kalulushi, Kitwe, Mufulira, Ndola, Kabwe, Lusaka, Livingstone

Contents: Anti-TB medicine; Rifampicin (16,863,000 tab.), etc. / Health center kits (54 items) (6,540 kits)

(7) Project for Infectious Disease Control Phase 2

JFY: 2005

Objective: To improve the infectious disease control service through procurement of medicines and so on.

Project sites: TB reagents; all districts in Southern, Copperbelt, Lusaka provinces / Health center kits; 10 districts, i.e. Chingola, Chililabombwe, Luanshya, Kalulushi, Kitwe, Mufulira, Ndola, Kabwe, Livingstone

Items: Microscope slide (1,733,000 sheets), health center kits (7,180 kits), etc

(8) Project for Infectious Disease Control Phase 3

JFY: 2007

Objective: To reduce morbidity and mortality caused by infectious diseases in Zambia through procurement of Health Center Kit.

Project sites: Health centers throughout Zambia

Items: health center kits (8,000 kits)

2. Programme on Support to Mother and Child Health (MCH)

(1) Lusaka District Primary Health Care Project, Phase II

Period of Cooperation: 15/7/2002~14/7/2007

Project Purpose: To improve the health status of under 5 children through the establishment of effective and sustainable community-based health activities in selected Health Centre catchments areas.

Outputs: 1) Community-based child growth promotion (CBCGP) is enhanced. 2) Community-based environmental health activities are improved. 3) Community referral services for under-5 children are enhanced. 4) The planning and financing capacity of the LDHMT and Health Centres in support of community-based health activities is strengthened. 5) The management capacity of CBOs is strengthened to ensure the sustainability of community-based health activities.

(2) Project for Integrated Malaria Control Initiative (Child Health)

Japan Fiscal Year (JFY): 2000

Objective: To contribute to the construction of malaria prevention system in epidemic communities, and to reduce serious case and fatality rates among patients (in particular infants of less than five and pregnant women) by establishing effective diagnosis and treatment setups.

Project sites: Five model districts (Chipata, Lundazi, Chama, Kitwe and Samfya districts)

Equipment and supplies: Prevention of malaria infections; Mosquito nets (103,400 pcs.) / Treatment of malaria patients; Oral antimalaria drugs (sulfadoxine 2,900,000 tab., etc.), Intravenous injection antimalaria drugs (quinine 19,500 amp., etc.) / Malaria diagnosis; Microscope (48 units), laboratory consumables / Transportation; Vehicles (8 units), Motorcycles (29 units)

(3) Project for Malaria Control

JFY: 2006

Objective: To support Zambia in strengthening its malaria control program through procurement of necessary equipment in order to contribute to the reduction of morbidity and mortality caused by malaria among under 5 years old and pregnant women.

Project sites: Mwinilunga, Kaputa, Chingla, Senanga, Chibombo, Samfya, Isoka, Chongwe, Chipata, and Kalomo districts

Direct effect: As a result of the implementation of the Project, the use of mosquito nets among the pregnant women and children under the age of 5 in the 10 target districts will reach the national target that "80% of persons sleep under the mosquito net" by the end of 2008. And as a result of the proper use of mosquito nets, malaria nets, malaria prevalence (383 cases per 1,000 persons in population) and mortality rate (33 cases per 1,000 in-patients with malaria) will decrease.

Items: LLIN (Q'ty: 366,000 pcs.)

(4) Project for improvement of Expanded Programme on Immunization (EPI) through rehabilitation of Cold Chain, 2nd Phase

JFY: 2006

Objective: To support the Government of Zambia to improve the vaccine management by rehabilitating the cold chain system through provision of cold chain equipment to health facilities nationwide in order to contribute to the reduction of morbidity and mortality caused by vaccine preventable diseases in Zambia.

Project sites: Health facilities, District and Provincial Health Offices throughout Zambia

Items: 18 electric refrigerators/freezers , 9 voltage regulators and 9 maintenance tools to 9 provincial health offices, 72 voltage regulators to 72 district health offices as well as equipping 580 health centres with 194 electric refrigerators, 154 kerosene/electric refrigerators, 51 gas/electric refrigerator, 181 solar refrigerators and 194 voltage regulators.

3. Programme on Strengthening the Capacity in Health Administration

(1) Health Capital Investment Plan (HCIP) Project

Period of Cooperation: 1/2/2006~31/1/2008


Project Purpose: Improved capacity at all levels of public health management system (Ministry of Health, Provincial Health Office, and District Health Office) to plan and implement capital investment in the health sector within the framework of the National Health Strategic Plan (NHSP).

Outputs: 1) Improved availability of information on health facility status in the country. 2) Increased capacity at all levels of public health system to use health facility data for planning of health capital investment. 3) Strengthened capacity at all levels of public health system for management of capital investment projects in the health sector. 4) Strengthened integration of capital investment with other national development plans at all levels. And 5) Strengthened integration of health sector investment with other national development plans at all levels.

Annex 8. Presentation Material in Zambia

Date: 21 December 2007

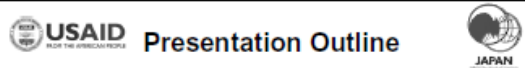
Place: USAID/Zambia



**Evaluation of
“USAID-Japan Partnership for Global Health”
in Zambia: 2002 – Present**

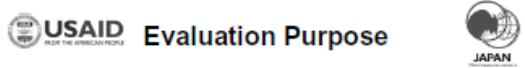
December 2007

Eriko Jibiki, MOFA
Emiko Nishimura, JICA secondee to USAID
Janean Martin, USAID
Stan Taniho, TA Networking Corporation
Tatsuyuki Ota, TA Networking Corporation



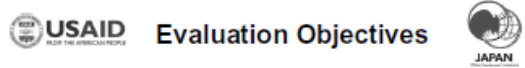
Presentation Outline

- Introduction
 - Evaluation Purpose
 - Evaluation Objectives
 - List of Interviewees
- Background
 - USAID & Japan Health Sector Support
 - History of USAID-Japan Partnership
 - Donor Collaboration in Zambia
- Key Findings
- Lessons Learned
- Recommendations



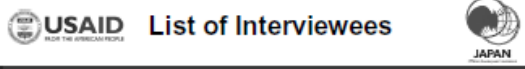
Evaluation Purpose

Conduct a joint evaluation of USAID-Japan
collaboration in the health sector in Zambia from
2002 – present



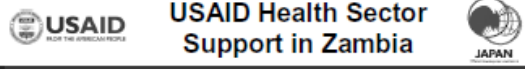
Evaluation Objectives

- To review the collaboration between USAID and Japan in the health sector since 2002
- To assess the benefits and challenges of working jointly
- To highlight the most important factors contributing to the success of the partnership
- To discuss recommendations and lessons learned for the partnership in Zambia
- To provide a case study to contribute to the overall review of the USAID-Japan Partnership for Global Health



List of Interviewees

Embassy of Japan • Takahito Katayama	JICA • Taro Kikuchi • Motoko Seko	MOH • Nicolas Chikwenya
USAID • Randy Kolstad • Marta Levitt-Dayal • Carroll Vasquez • Ngaitila Phiri • Jason Wright	WHO • Magda Robalo • Correia de Silva	UNAIDS • Catherine Sozi
SFH • Cyndy Robinson • George Sinyangwe	DFID • Dyness Kasungami	HSSP • Cosmas Masumali • Bright Waacha • Donna Vvivo
COH • Leslie Long • Joseph Kamanga	ZPCT • Catherine Thompson • Prisca Kasonde • Gail Bryan • Asha Basnyat • Kellock Hazemba	JSI Deliver & SCMS • Walter Proper
		UTH/JICA • Shinya Matsuura • Jubra Muyanga
		HCP • Lynn Lederer



USAID Health Sector Support in Zambia

Strategic Objectives

- Improved health status of Zambians
- Reduced impact of HIV/AIDS through a multisectoral response

Priority Areas

- HIV/AIDS
- Tuberculosis
- Malaria
- Maternal and Child Health
- Family Planning and Reproductive Health

Relevant Presidential Initiatives

- PEPFAR
- Presidential Malaria Initiative
 - Women's Justice and Empowerment Initiative
 - African Education Initiative

USAID **Japan Health Sector Support in Zambia** **JAPAN**

Priority Area: Assistance for Cost-Effective Public Health and Medical Services

- Strengthening comprehensive systems for HIV/AIDS and TB control
 - Prevention, Laboratory QA, diagnosis, treatment
- Support to Mother and Child Health (MCH)
 - Malaria, EPI, Child Health
- Strengthening the Capacity in Health Administration

USAID **USAID-Japan Partnership for Global Health** **JAPAN**

USAID-Japan Partnership (Global)

- June 2002 : "USAID-Japan Partnership for Global Health"
- January 2003: "PEPFAR" announcement in U.S.
- March 2005: "Paris Declaration"
- June 2005: Japan launched "Health and Development Initiative"
- January 2006: Reaffirmed Commitment to the US-Japan Partnership for Global Health

USAID-Japan Partnership in Zambia

- April 2003: MOU on US-Japan Joint Project Activities in Zambia
- July 2003: Field Visit by both US and Japan Ambassadors
- June 2006: MOU between MOH and CPs
- April 2007: Joint Assistance Strategy for Zambia (JASZ)

USAID **Donor Collaboration in Zambia** **JAPAN**

Health Sector

UN
DFID SIDA

Active CP:
USAID, Japan, Netherlands, EC, WB

HIV/AIDS

USG
UNADS DFID

Active CP:
Japan, Netherlands, Norway, WB

16 TWGs

- Semi-Annual Health Sector Committee meetings
- Annual Consultative meeting
- Monthly MOH-CP Policy meeting
- Technical Working Groups
- Sub-Committee meetings
- Extraordinary meetings

USAID **Key Findings** **JAPAN**



- 1) Multiple Levels of Collaboration
- 2) Several Types of Collaboration
- 3) Dynamic Donor Environment
- 4) Limited Awareness of Partnership
- 5) Lack of Framework for Bilateral Partnership in Context of Donor Harmonization

USAID **Key Findings** **JAPAN**

- 1) **Multiple Levels of Collaboration**
 - Policy Level: USAID-Japan MOU
 - National Coordination Level: WGs, CPs
 - Strategic Planning Level
 - Project Level: Corridors of Hope I



USAID **Key Findings** **JAPAN**

- 2) **Several Types of Collaboration**
 - Joint Planning and Implementation
Corridors of Hope I (2003.6-2006.3)
 - Coordinated Planning and Implementation
HIV/AIDS laboratory support: JICA, ZPCT, JSI
 - Complementary Planning and Implementation
Mosquito net (LLIN) distribution

 **Key Findings** 

3) Dynamic Donor Environment

- Zambia
 - Commitment to donor harmonization (NDP, JASZ, Paris Declaration)
 - GRZ Ownership
- Japan
 - Construction → Equipment → Cold Chain → Consumables → National level support/capacity building
- USAID
 - Emphasis and funding for single disease
 - "One USG"
 - Participation in JFA
 - Transformational Development



 **Key Findings** 

4) Limited Awareness of Partnership
- Donor, partner and beneficiary level

5) Lack of Clear Guidance for this Bilateral Partnership in Context of Donor Harmonization



 **Lessons Learned** 

1) Advantages of USAID-JICA Partnership
2) Challenges of USAID-JICA Partnership
3) Factors contributing to Partnership Success
4) Potential Areas of Future Collaboration

 **Lessons Learned** 

1) Advantages of Partnership

- **Policy Level**
 - Joint advocacy on key policies (eg: basket)
 - Diplomatic value
- **National Coordination Level**
 - Opportunities for joint collaboration

 **Lessons Learned** 

Advantages of Partnership, cont.

- **Strategic Planning Level**
 - Potential for greater impact
 - Fill in gaps (eg: DHS)
 - Provide input on funding priorities
- **Project Level**
 - More comprehensive programming
 - Utilization of comparative advantages (eg: STI provision in COH)
 - Potential for better health outcomes
 - Lower transactional costs through joint monitoring and implementation

 **Lessons Learned** 

2) Challenges of Partnership

- **Policy Level**
 - Centrally controlled agenda at respective Agencies
 - Change in donor environment (eg: JFA participation; Japan support for national capacity building)
- **National Coordination Level**
 - Commitment to donor harmonization

USAID **Lessons Learned** **JAPAN**

Challenges of Partnership

- Strategic Planning Level
 - Differences in planning, reporting, and funding cycles
 - Collaborate without exclusion of other USG Agencies and other donors
 - Differences in available resources in each area
- Project Level
 - Lack of formalized discussion fora
 - Requires time (eg: COH annual planning meeting; monthly meetings; decisions through consultation)
 - Requires flexibility (eg: USAID partners within workplans; time/results pressure)

USAID **Lessons Learned** **JAPAN**

Factors Contributing to Partnership Success

- Both central and field commitment to communication and information sharing
- Information sharing at the project level
- Understanding of updated donor priorities/environment
- Funding transparency
- Flexibility to adapt program strategies to changing environment

USAID **Lessons Learned** **JAPAN**

Potential Areas for Future Collaboration

- DHS and JICA health facility survey
- Grassroots funding from Embassy of Japan
- IEC materials, esp. malaria and child health
- Provision of infrastructure and equipment for health facilities
- Linkages with JOCVs

USAID **Recommendations/Conclusions** **JAPAN**

- While there may be benefits to a bilateral partnership between USAID and Japan at a central level, at the field level, the current bilateral partnership has limited strategic relevance in countries that have strong donor collaboration structures, such as Zambia
- There is a need for new guidance on the expectations for field-driven collaboration at each level (policy, national coordination, strategic planning, project) under the USAID-Japan bilateral partnership given the:
 - New priorities of US and Japan foreign assistance goals in the health sector
 - Commitment of all donors in Zambia on overall harmonization and collaboration in alignment with the NDP, NHSP, and JASZ

USAID **Recommendations/Conclusions** **JAPAN**

- Given the different situation around donor harmonization in each country, it is recommended that the effectiveness of the USAID-Japan bilateral partnership be evaluated in countries with weaker donor harmonization to assess the value
- There should be a renewed commitment to share information at the project level across donors

USAID **Thank you!!** **JAPAN**

