

Study Report on Multi-Sector Collaboration for Achievement of MDGs

- Fiscal Year 2011: Research Committee Report
on Multi-Sector Collaboration for Achievement of MDGs -

Commissioned by Ministry of Health, Labour and Welfare, Government of Japan

2012/03/30

Japan International Corporation of Welfare Services (JICWELS)

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on Multi-Sector Collaboration for Achievement of MDGs
(FY2011 Research Committee Report
on Multi-Sector Collaboration for Achievement of MDGs)

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1. Preface

Approximately 900 million people in the world do not have access to safe drinking water. One of the United Nations Millennium Development Goals (hereinafter referred to as “MDGs”) set out in 2000 regarding poverty reduction in developing countries is to “Halve, by 2015, the proportion of people without sustainable access to safe drinking water.”

In relation to this goal, the Japan International Corporation of Welfare Services (Hereinafter referred to as “JICWELS”) has been examining the current conditions and needs of developing countries in order to propose the future direction of international cooperation on water supply sector, on consignment from the Ministry of Health, Labour and Welfare (Hereinafter referred to as “MHLW”).

JICWELS also serves as an agency of implementation to undertake the issue-specific trainings, such as “Countermeasures for Communicable Diseases”, “Promotion of the Collaboration between Child Welfare and Maternal and Child Health”, “Improvement of the Social Welfare System” and “Improvement of Social Insurance System” as addressed by the Japan International Cooperation Agency (hereinafter referred to as “JICA”) in an effort to contribute to the achievement of health related MDGs and poverty reduction.

With the MDGs deadline fast approaching in 2015, progress toward the achievement of MDGs is not necessarily steady, and there are still many goals which are likely not to be achieved if situations continue to persist. In order to achieve the main goal of the MDGs – the reduction of poverty in developing countries – it will be necessary to improve and enhance areas including water supply, healthcare and education – all of which are set in the MDGs.

It will also be necessary to implement effective and efficient international cooperation efforts through multi-sector collaboration. These concerns are taken up in various reports and outcome documents. Various activities by international organizations and aid agencies in consideration of collaboration among multi-sectors have been also promoted.

In FY2011, MHLW commissioned JICWELS to establish the “Research Committee on Multi-Sector Collaboration for Achievement of MDGs” (hereinafter referred to as the “Research Committee”) to analyze and examine following issues;

First, JICWELS consolidated links between MDGs and the respective sectors of water supply, health and social security including social welfare, and analyzed the relevance among sectors and the necessity of the multi-sector collaboration based on existing outcome documents.

Next, projects of related sectors that have already been completed or are currently on-going in respective developing countries were reviewed based on literature. Among the projects, the good practices of multi-sector collaboration were further examined, and desired types of collaboration were identified. Questionnaire surveys and field surveys were conducted for Vietnam and Lao PDR among the South-Eastern Asian countries to verify the good practices of multi-sector collaboration. Lastly, consideration of a future vision regarding multi-sector collaboration toward the achievement of the MDGs was added.

The discussion regarding international goals setting after achievement of the MDGs in 2015 (post -MDGs) was also taken into consideration to examine the topics stated above.

The Research Committee members are as follows:

(Research Committee members)

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(◎ Chairperson)

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Haruka Sakamoto, Section Chief

Research Committee meetings were held as follows:

1st meeting Monday, December 19, 2011

2nd meeting Monday, January 30, 2012

3rd meeting Monday, March 12, 2012

The Report, which summarizes discussions at the Research Committee meetings and results of field surveys, was produced by JICWELS while on consignment from MHLW, and subsequently submitted to the ministry.

Tetsuji Nishiyama
Secretary General, JICWELS

March 30, 2012

2. Background

2-1 MDGs and Progress Status

MDGs were formulated based on the International Development Goals (IDGs) which were adopted during the OECD-DAC New Development Strategy sessions in 1996 in accord with debates held at summit meetings and international conferences in 1990s. MDGs were adopted at the United Nations Millennium Summit in September, 2000 as an attempt to set clear goals for international development, focusing on poverty reduction – to be shared among nations –, and to reactivate efforts toward development. MDGs set 8 goals comprising 21 targets and 60 indicators, which are to be accomplished by 2015.

Various efforts have been made by national governments and international organizations toward the attainment of the MDGs. Since 2005, the United Nations has been compiling annual status reports on the achievement of MDGs. As of 2011, progress status varies depending on goals. However, it appears to be extremely difficult to achieve all goals by 2015, and further improvement is required in multiple sectors.

Goals in several sectors are expected to be achieved by 2015. MDG 1 (eradication of extreme poverty and hunger), for example, is expected to be achieved when considering developing countries as a whole. This is due to steady economic growth that has been noted in developing countries and regions. Especially, China and India achieved remarkable economic development has been achieved in which accounted for 60% of the poverty population (proportion of population below \$1 per day) in the world in 1990. Among MDG 7, the access to safe drinking water target was achieved at the end of 2010 as a result of the increased number of improved water sources, mainly in rural areas.

On the other hand, achievement of health related MDGs, such as reduction in child mortality rate, improvement in maternal health, and reduction in the incidence of HIV/AIDS, malaria and other infectious diseases, lags behind, and it is therefore in need of continuous and expanded assistance. With respect to education, although the enrollment ratio in primary education in the poorest countries has risen, 72 million children are still not in school, and progress of eliminating the gender gap in the out-of-school population is also stagnated.

Looking at the data on a regional basis, countries in East Asia have been relatively making headway toward the achievement of MDGs while sub-Saharan Africa and South Asia are experiencing major stagnation as a whole. Even within a single region, the progress varies depending on the country. And even within a single country, internal disparities are apparent between urban and rural areas.

In addition to geographical internal disparities in achievement between urban and rural areas, inequality in inhabitants in urban slums, inhabitants in remote areas, women, elderly, people with disabilities, and minorities is deeply embedded. It has been pointed out that MDGs are hard to achieve without adequate approaches to such vulnerable populations¹.

Furthermore, various issues including climate change and food security were not envisaged at the time MDGs were formulated in 2000. The discussions on setting up new international indexes with regard to how to address such issues after the 2015 MDGs deadline have also begun.

¹ The Millennium Development Goals Report 2010, United Nations, 2010

2-2 The Need for Multi-Sector Collaboration²

International cooperation at one time referred to assistance mainly by international organizations and bilateral cooperation. However, the formulation of MDGs in 2000 has changed the aspect entirely. The amount of aid to areas of global development has increased dramatically, a variety of partnerships has been established, and participation by private sectors and nongovernmental organizations as well as allocation of funds has increased over the last 10 years.

As activities in the areas have increased, new issues, such as the overlap of activities, and the whole concept of effective allocation of funds and human resources, have emerged. In addition, net official development assistance worldwide has reached a ceiling due to effects of the global financial crisis in recent years. With the 2015 MDGs target date fast approaching, more effective and efficient assistance is sought through collaboration across multiple sectors.

Not being able to secure safe drinking water has become a global disease burden as well as other serious public health problems (unsanitary toilet facilities, air pollution, etc.). Traditionally, the water supply sector alone provided assistance to address problems related to waterworks. However, it has been shown empirically that providing health services in conjunction with water supply as well as combining them with social security including social welfare leads to an increase in efficient utilization of human resources and funds resulting in an improvement in the health status of local inhabitants. This approach is vital in the effort to improve hygienic conditions in the rural communities and in urban slums.

As the present status of the progress toward achieving each MDG has been analyzed by international organizations, internal disparities of the progress have surfaced as a new challenge. To further accelerate efforts toward achieving the MDGs, effective aid to vulnerable populations – those who are classified as people for whom “support is hard to reach” – is required.

Given these facts, it is necessary to promote multi-sector collaboration in order to solve cross-sectional problems in developing countries.

² In this report, the term “collaboration” is broadly interpreted to mean as sharing of information/experience, partial sharing of resources/projects, and joint project management.

3. Methods and Results of Case Survey on Multi-Sector Collaboration

3-1 Survey Methods (Literature Review)

Although the importance and effectiveness of multi-sector collaboration has been recognized empirically, detailed and systematic studies in a sufficient number of actual cases have not necessarily been conducted. In this study, three sectors, water supply, health and social security including social welfare were targeted.

Literature review was made for the cases of three-sector collaboration or cases with collaboration of either two of the three sectors in order to verify actual types of collaboration and the achievements and lessons of the cases.

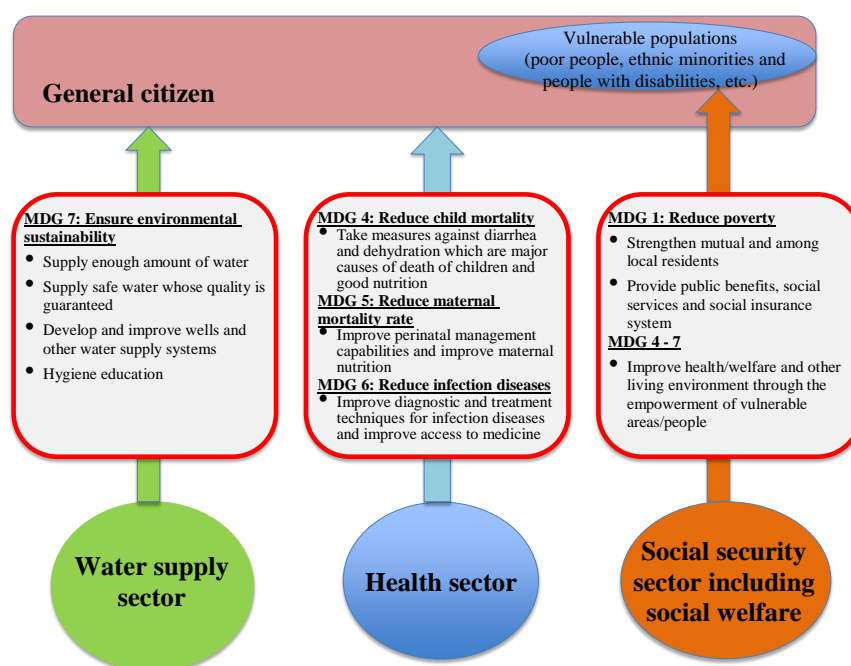
In practice, working groups were formed, under the Research Committee, to review each case respective sectors concerning water supply, health and social security including social welfare, and types of collaboration, achievements and lessons were examined in each case.

As for the subject of the case studies, cases of cooperation program under JICA were mainly examined, but those by international organizations and NGOs were also widely included.

3-2 Survey Results

When an issue exists, and is need to be solved, it is general to find out a solution based on the idea of seeking a possible solution within the framework of assigned responsibilities, and in many cases, a project is carried out within a single sector. It is usual to determine a counterpart for a recipient country and the content of the project may be limited within the scope possible to be handled by a sole government organization of the country.

For these reasons, in many cases where projects by more than one donor are concurrently carried out, cooperation is not likely to occur at the scenes of project implementation. They are being conducted in parallel without collaboration, therefore effective projects are not always carried out, and such aid is not always reached out evenly to people who need it (Figure 1).



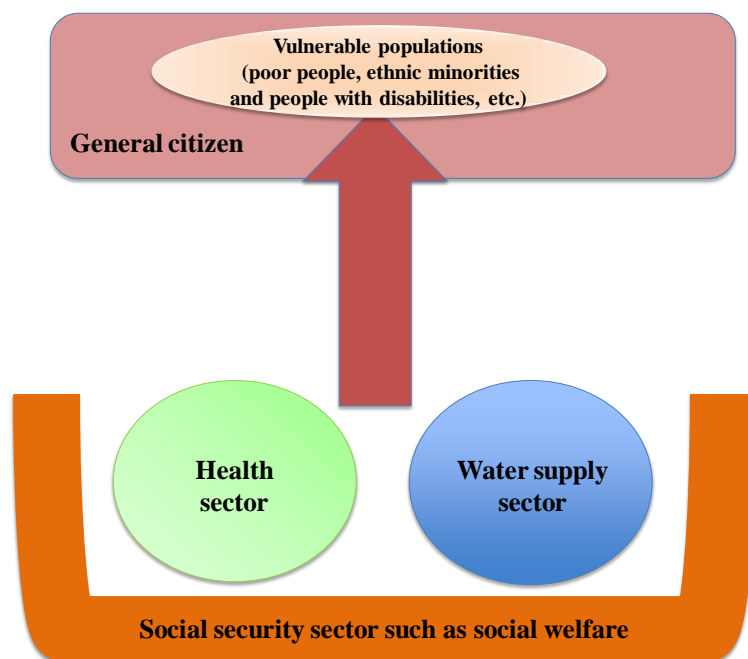
(Figure 1: Example of support by a single sector)

Of the three sectors (water supply sector, health sector and social security sector including social welfare), under this study, water supply and health sectors are clearly determined as the goals in the MDGs (water sector is MDG 7 and health sector is MDGs 4 – 6). These are the sectors for which Japan has been extended support for a long time. There are also many donors globally in these sectors and great progresses have been made after the establishment of the MDGs, and the achievements made in each single sector are considerable. However, neither one of the MDGs 4 – 7 has been achieved completely. Moreover, even in countries whose achievements of the MDGs can be expected as a whole, there still remain many problems; for example, it has been pointed out that there are internal disparities within the countries.

To further accelerate efforts toward achieving the MDGs, it is necessary to work harder for the vulnerable populations who are classified as people to whom “support is hard to reach.” In this study, it was positioned as “collaboration with social security sector including social welfare”, for cases with a focus placed on improvement of health, welfare and other living environments through empowerment of socially vulnerable people and areas, as well as for cases where mutual aid, public support, benefit plan and other social security approaches were used as means of improving access to water supply and health service.

Based on this positioning, we made verification on what achievements and lessons were seen through the cases of three-sector collaboration or where collaboration of either two of the three sectors concerning water supply, health and social security including social welfare. Moreover, we identified desirable types of collaboration as shown in 3-2-1 to 3-2-5 below.

3-2-1 Types of Collaboration between Water Supply Sector, Health Sector and Social Security Sector including Social Welfare



(Figure 2: Example of implementation by three-sector collaboration)

Through collaboration between water supply sector and health sector, more effective aid is provided than aid through a single sector. In addition, it was confirmed through analysis of documents that aid provided through collaboration between water supply sector and health sector can be more effective and efficient by giving consideration to vulnerable populations and using social welfare approach (Figure 2).

Types of collaboration identified from cases

- For the areas where drinking water quality is not sufficient, development of the system for supplying safe drinking water (as assistance in water supply sector) is conducted together with comprehensive improvement of social safety nets, such as 1) guidance on lifestyle improvements by the local inhabitants themselves, 2) early detection and treatment of diseases by health and medical service providers (as assistance in health sector), and 3) the provision of livelihood support for the poor people by the government administration (as assistance in social security sector including social welfare), .
- The levels of living, health and hygiene in the areas where many poor people live can be improved efficiently and effectively, by carrying out improvements for: 1) systems of livelihood improvement support and mutual/public aid (as assistance in social security sector), 2) health and medical systems (as assistance in health sector) and 3) water supply system (as assistance in water supply sector) in an integrated manner.

3-2-2 Types of Collaboration between Water Supply Sector and Health Sector

It was found that synergetic effects can be gained by executing water supply projects (for securing water volume and improvement of water quality) and health projects (such as hygiene education and health facility development) concurrently. This is more effective than executing single-sector projects.

Types of collaboration identified from cases

- For the areas where women and/or children must go too far to get water because of inadequate development of water supply facilities, or for the areas with deteriorated hygiene environment, development of water supply facilities (as assistance in water supply sector) should be carried out together with health and hygiene education (as assistance in health sector).
- Diarrhea and other waterborne diseases are the major causes of infant mortality. For preventing such diseases, the improvement of hygiene environment including supply of safe drinking water is essential. Adequate rehydration is also important for treatment of such diseases. Thus, securing both the quality and quantity of water is essential for improving their level of health.

3-2-3 Types of Collaboration between Health Sector and Social Security Sector including Social Welfare

Considering the provision of assistance for the building of health and medical system, it is encouraged to include “the populations to whom support can hardly reach,” and development and improvement of social security system, such as livelihood improvement support and mutual/public aid, should be carried out concurrently. This is to effectively improve the living level and health level of the recipient area as a whole.

Types of collaboration identified from cases

- In order to improve the health of the people in poverty, it is considerable to provide assistance for introducing a mechanism to cover cost burden for using health and medical services, such as mutual aid system in communities, public aid and social insurance (as assistance in social security sector) and for securing medical services both qualitatively and quantitatively (as assistance in health sector). By adding conditions of receiving mother-child physical checkup when providing public allowance or other benefits, their income is secured as well.
- In order to improve the health of the people in poverty, it is considerable to provide assistance for health and medical services (as assistance in health sector), together with assistance for improving the method with which the government identify poverty households and for developing database of poverty households (as assistance in social security sector).
- To provide health and medical services to every citizen, people who are regarded as part of vulnerable populations are encouraged to participate (as assistance in social security sector) in the planning and implementation of the project improving those services.

3-2-4 Types of Collaboration between Social Security Sector including Social Welfare and Water Supply Sector

Types of collaboration identified from cases

- To secure access to safe drinking water for socially vulnerable people, identify the areas such as urban slums and rural areas where people with limited access to safe drinking water due to economic and/or other reasons concentrate (as assistance in social security sector) and develop water supply facilities and water management associations (as assistance in water supply sector).

3-2-5 Efforts on the Nation Level to Promote Multi-Sector Collaboration

In response to the proposal of the World Welfare Plan that Japan had advocated in the Lyons summit in 1996, MHLW held the East Asian Meeting of High-Level Officials on Caring Societies annually from 1997 to 2002 in order to strengthen the regional cooperation among East Asian countries in social security sector.

Based on the past success, since 2003, MHLW has also held the ASEAN & Japan High Level Officials Meeting on Caring Societies³ each year to strengthen the development of human resources in each sector of social welfare and health and medical services and to further promote collaborative relationships between the ASEAN countries and Japan.

In the wake of participation in these meetings, efforts have been actively made in ASEAN countries to strengthen collaboration between health sector and welfare sector.

Regarding support for people with disabilities, for example, many countries have established a joint committee by relevant ministries/agencies on the national level, while some countries have developed the mechanism to promote collaboration on a regional level. In particular, every countries show high interest toward Japan's collaborative efforts between health and social welfare sectors regarding early detection of children with disabilities and they are developing tools for early detection of children with disabilities through collaboration between health and welfare sectors by utilizing Japanese experiences.

Also, the improvement of social services for the elderly is recognized to be important not only for countries in which an aging society is rapidly progressing but also for countries with a low aging population in order to cope with future change in population structure. Japan's community general care system has drawn a high degree of attention and some countries have already worked on a similar system through health-welfare collaboration.

3-3 Discussion

Through case studies, achievements and lessons of projects through multi-sector collaboration toward achieving the MDGs were identified and the main points are described as follows;

³ <http://www.mhlw.go.jp/english/policy/affairs/asean/index.html>

1: Necessity of multi-sector collaboration and ex-ante evaluation for potential effects and barriers

Before proceeding with collaboration among sectors, it is important to recognize the necessity of collaboration and identify the effects to be acquired and barriers to be posed through collaboration among sectors.

If perspective of collaboration among sectors doesn't exist, it is unlikely to be conscious of collaboration in carrying out actual activities, even though collaboration may take place eventually. For this reason, it is necessary to have a perspective, from the stage of formulating a plan, including: to what extent implementation is possible by a single sector and in what part of the plan cooperation with other sector(s) is needed.

When collaboration is to be made, stakeholders will be difficult to work together unless clear benefits are perceived among them. Because of this, it is necessary to fully refer to past cases and to examine: things which can be realized through single-sector efforts; things which cannot be realized without collaboration; and things which can achieve better results through collaboration although achievement is possible through single-sector efforts, etc. An explicit merit such that collaboration brings about more financial/human resources than the case of a project carried out by a single sector will be also needed.

Barriers to be posed through collaboration among sectors greatly differ depending on country or area where projects are carried out and the content of aid activities. For instance, potential barriers are different between the case where, like Japan, three sectors of water supply, health and social security including social welfare are under the jurisdiction of a single government ministry/agency and the case where, like Vietnam, the sectors are under jurisdictions of three different ministries/agencies.

In addition, it is an important factor to know what types of donors and NGOs exist besides governmental organizations in executing collaboration among sectors. Therefore, ex-ante evaluation is necessary to well understand actual conditions of relevant country or area and types of potential barriers.

2: Setting up a mechanism for multi-sector collaboration

In executing a project through multi-sector collaboration, benefits of local inhabitants can be expanded by setting up and utilizing a joint committee or taskforce on each level of central and local government and community as a mechanism to form shared recognition among personnel concerned.

Formulation of such mechanism is effective not only for multi-sector collaboration but also intra-sectoral collaboration. Even within the Health Ministry, for example, when the organization is divided into sections of maternal and child health, infection disease control, nutrition and environment sanitation, etc., each sector separately takes own approach in many cases. However, programming can be undertaken by holding a discussion in a taskforce that focuses on "reduction of infant mortality."

If a target and index are not shared clearly among personnel concerned, the direction of activities to be taken by each agency cannot be arranged well, which not only makes it difficult to utilize the existing mechanism effectively but also just wastes time and labor in managing a task force, etc. and operations become inefficient on the contrary in some cases.

For the above reasons, it is necessary to consider well in advance and share among associated personnel regarding “why we collaborate (confirmation on the necessity of multi-sector collaboration)” and “what results is expected through collaboration among sectors.”

3: Clarification of roles and responsibilities assumed by each sector

Clarification of roles and responsibilities assumed by each sector is necessary as several sectors are involved in collaboration. In case of activities by a single sector, a project is responsibly carried out by an organization in charge of relevant sector. When activities are in collaboration by several sectors, on the other hand, it is usually unclear for an agency in charge of a specific sector to assume responsibilities or unclear which agency takes the initiative. While it appears to be equal collaboration among sectors in such a case, operations are not directed well on the actual activity level, and it is not rare that projects are carried out in inefficient manner on the contrary.

4: Promotion of multi-sector collaboration through empowerment of socially vulnerable people

It is only a few cases where needs of individual inhabitant in a community are limited to a particular sector. In many cases, issues are multiple and compound of multi-sector such as health, water supply and social welfare. For example, some people may be in a situation of poverty without a job, have sick families or children, or families or children with disabilities, and be inaccessible to safe drinking water.

People having such problems often don't have much influence in local communities, and they don't even sometimes thoroughly recognize their own issues and needs, to begin with.

By changing awareness and attitude of socially vulnerable people gradually by reaching to them through participatory approaches and by enhancing their capabilities (empowerment) to communicate with relevant administrative bodies, collaboration among sectors is expected to be promoted since those socially vulnerable people become aware of their own issues and approach to relevant administrative bodies in their resident area.

With regard to the methods to reach socially vulnerable people, there are awareness programs, proposal of role models, promotion to participate in projects (including status analysis for project formation), promotion of systematization and holding participatory workshops, etc.

In addition to motivation and empowerment of inhabitants through a rural development approach, such as comprehension of state of community inhabitants for identifying their needs and planning of necessary services, a social welfare approach, such that coordination is made within the community so that existing systems can be utilized effectively, is also effective.

5: Strengthening of roles of administration at a field level

In most cases reviewed in this study, collaboration among sectors tended to have been made more efficiently at a level of local organization and community than that of central government.

This is considered to be attributable to actual needs where a holistic approach is essential, because the more the level of an organization is close to a community the more

necessity arises where the organization directly faces with individual inhabitants and respond their compound needs. On the other hand, at a central government level, operations of a sector in charge are required to be done within the scope of responsibilities and authorities for each ministry/agency/department, which is rigorously determined in advance.

In order to expand effective approaches implemented at community level to the nationwide scale, it is essential to understand the need of collaboration among sectors at a central government level and encourage other areas to take such collaborative approaches. Also, in the country where centralization of power is strong, understanding of central organizations are necessary in many cases when executing a new project at a local level.

In enhancing recognition at a central government level concerning multi-sector collaboration and promoting collaboration between central organizations, it is effective to be approached by foreign aid agencies or international organizations and it is the role that such international organizations are expected to play.

Many projects by foreign aid agencies are implemented as a model project on a community basis in particular areas. A policy formulation after the completion of project and a step for expanding the project to other areas or nationwide are not covered by the project activities. In many cases, such a project is transferred to a government of partner country in consideration of sustainability, and when the project was done across sectors, in particular, collaboration among sectors tends to decline after transferring to the government of partner country. It is necessary to intervene into a policy level from an early stage of the project and make a project plan taking into consideration of nationwide expansion after the project.

6: Verification of effects acquired through multi-sector collaboration

There are not many projects that were verified by using specific indices to evaluate which is more effective when comparing the case under single sector to the case through collaboration of more than two sectors. Thus evidence to measure “the effect of qualitative improvement through collaboration among sectors” is still insufficient.

Ideally, comparison should be made by executing an project through multi-sector collaboration after executing a single-sector project and then, verification should be made on to what extent health indices of local inhabitants were changed specifically between the projects and to what extent indices of the MDGs were improved, etc.

When the socially vulnerable people whom a project aimed are not large, such as ethnic minorities, the outcome doesn't necessarily lead to improvement of health indices of a nation or an area as a whole. However, it should be highly valued that support itself is reached to such socially vulnerable people. Even if the outcome is not appeared as the change of indices, it is necessary to verify whether or not support is appropriately reached to vulnerable population.

Instead of a simple comparison between multi-sector collaboration and single-sector intervention, the contents of collaboration should be evaluated, if achievements through collaborative intervention are not expected so much.

Consideration should be made to measure effects of multi-sector collaboration as a part of assistance project. In Zambia, for example, there was a case where health indices were not improved when a project was carried out in a water supply sector alone but

succeeding implementation of hygiene education, etc. led to improvement of health indices. It can be said that the effect of collaboration among sectors in this case was verified through a series of implementation across sectors.

In a project assuming multi-sector collaboration, the objectives and methods are designed in a compound manner from the stage of project planning, and the perspective for appraisal also becomes cross-sectional. The timing when effects of collaboration appear in each sector differs depending on indices to be set up and resources and the objectives of resources to be loaded.

Generally speaking, improvement of some indices such as household income appears as medium and long-term effect, and therefore, it is important to design an appraisal at the timing tuned to respective index.

4. Methods and Results of Questionnaire and Field Surveys

In order to verify the actual status of fields concerning each point identified through literature review, we conducted questionnaires and interviews for the personnel concerned, regarding the present state, efforts and challenges for inter-sector collaboration toward achieving the MDGs.

Questionnaire and field surveys were conducted in two countries; Vietnam and Lao PDR where projects, etc. implemented were, through literature review, found out to be apparently good practices of multi-sector collaboration.

4-1 Questionnaire Surveys

Prior to visit to the fields, we conducted questionnaire surveys at the relevant government organizations of respective country, international organizations which have local offices there and Japanese NGOs which are engaging in activities, in order to understand the current status on each sector of water supply, health and social security including social welfare of the two countries and formulate specific contents of interviews, etc. at visiting fields.

Questionnaire forms were sent at the end of December 2011 and collected during February 2012.

4-2 Field Surveys

In Vietnam and Lao PDR, we visited the government organizations relevant to the sectors of water supply, health and social security including social welfare, local offices of international organizations and NGOs engaging in activities at the field.

At interviews with the relevant government organizations, we asked officials in charge at each organization to gather to hold a joint meeting and conducted interviews to hear about the progress toward achieving the MDGs as well as efforts and challenges on multi-sector collaboration.

Also we visited local offices of international organizations and NGOs to interview the current status and achievements and lessons of multi-sector collaboration, etc. Furthermore, we visited some sites of the projects which seem to be good practices of multi-sector collaboration were carried out and interviewed local personnel concerned there.

In addition to each point identified through literature review, perspectives indispensable to proceeding with multi-sector collaboration in the future toward achieving the MDGs are sorted out as follows, based on the result of these field surveys.

1: Securement of financial/human resources etc. in the recipient countries

This time, two countries -- Vietnam and Lao PDR --- were the subject to the surveys, however, Vietnam which is achieving remarkable growth in economics and all other aspects and Lao PDR which is still positioned as one of the least developed countries greatly differed not only in the progress of achieving the MDGs but also the status of multi-sector collaboration.

Though there are still a lot of difficulties within government organizations in Vietnam, the mechanism for collaboration among sectors has been in place and several projects promoting collaboration among sectors have been actually on going.⁴

In Lao PDR, the foundation for collaboration between the relevant ministries has been in place following legislation concerning development and improvement of water supply. However, because of constraint on distribution of national budget, each projects/activities tend to complete within respective ministry⁵, which have not yet led to formation of a permanent mechanism for collaboration among ministries.

When international organizations or NGOs took the initiative on securing financial resources or providing human resources, there were a few cases of collaboration across ministries for supporting people with disabilities and protecting children though specific practices of such collaboration were quite limited.

It is considered that the factor of such discrepancy is the difference of the amount of available resources, such as financial/human resources, between the two countries. In Vietnam, as the country develops, national budget is also increasing and the government is becoming able to afford additional financial/human resources. In Lao PDR, on the other hand, financial/human resources themselves available for government projects are still insufficient and the present status is that allocation of financial/human resources for effective and efficient collaboration among sectors is not yet within their scope.

For a country which has economic power to the level of Vietnam, it is necessary to examine well about allocation of a part of financial/human resources to collaborative projects. If assistance projects are dependent on foreign resources (such as international organizations, international NGOs and bilateral donor), like Lao PDR, certain assistances by such donor groups are needed for promoting collaboration among sectors, for the time being.

2: Governmental high-level and strong leadership and ownership

When we visited government organizations of both Vietnam and Lao PDR, international organizations and NGOs, they pointed out governmental high-level and strong leadership and ownership as an important factor to promote collaboration among sectors. Government officials of the both countries presented some collaborative cases in which more than two ministries/agencies are involved. In every cases, high-level commitment has been obtained from government executives, such as programs put directly under the Prime Minister and a project in which Vice Prime Minister was appointed as the project leader.

Vietnam and Lao PDR are the countries under the socialist system. Even now, foreign organizations and NGOs, etc. cannot carry on project activities unless permits are acquired from the government and the government designates the project sites. Based

⁴ Concerning actual collaborative conditions in Vietnam, a mechanism for collaboration among sectors exists within the relevant government organizations and effective efforts have been progressing. As specific practices, there are “National Target Plan” (NTP) on water supply and “National Target Programme on Poverty Reduction” (NTPPR). On the other hand, some international organizations pointed out that it is difficult to say that their collaboration among sectors is sufficient and effective.

⁵ In carrying out a project, a meeting is held by asking attendance of officials from other relevant government organizations. However, the meeting is not for sharing the project activities to be assumed but is merely an occasion for hearing comments from other organizations.

on this point, it is also essential that the central government recognizes the significance of multi-sector collaboration.

3: Strengthening of secretariat functions to execute multi-sector collaboration

In order to promote robust collaboration among sectors, it is desirable to establish a secretariat for exclusively arranging collaborative work where all relevant organizations would participate.

As the result of literature review, we pointed out the necessity to clarify demarcation of each personnel concerned and its responsibilities assumed by each. Through our field surveys, we found that there is a secretariat handling the collaborative work exclusively in the cases where multi-sector collaboration functions well. It is the mechanism to assume division of roles and responsibilities.

There are comments by an official at the field office of international organization that, although many hours and budget have already been allocated under the motto “Coordination,” it sometimes becomes unclear about what is specifically “Coordination” for. To execute multi-sector collaboration effectively, it is important to clarify specific goals to be achieved, budget to be allocated and implementation period, etc.

As secretariat functions for collaboration, various methods can be considered including the case of setting up an exclusive secretariat and the case of clarifying the demarcation by holding periodical joint committee meetings. In what way such functions are feasible differs case by case, but it is necessary that the setting-up of secretariat itself shouldn’t consume too much financial resources and time and that personnel burden shouldn’t be incurred on the secretariat work.

4: Identification of person and organization which take a key part within the recipient population

In both Vietnam and Lao PDR, there are local community leaders and organizations playing central roles in projects through active participation when project activities are carried out in their local communities.

In the Project SWAN⁶, and the Nutrition Project by the Save the Children Japan⁷ in Vietnam, we have observed the stakeholders of the People’s Committee of local community and the Women’s League took part in the formulation process of a plan for actual project implementation.

When interviewing officials of international organizations in Lao PDR, we also asked about groups which take a key part in executing a project for socially vulnerable people. Most of organizations expressed that cooperation is necessary from organizations, such as village mayor, the Women’s League, Youth Union and Lao Front for National Construction. These key persons and organizations gain trust from community inhabitants on a daily basis. It is essential to ask for cooperation from community leaders and active organizations in order to encourage inhabitants’ participation in a project activity and promote a bottom-up approach.

⁶ This is a collaboration project between water supply sector and health sector implemented by International Life Sciences Institute Japan (ILSI Japan), which is a Japanese branch of ILSI, a global NGO.
http://www.ilsijapan.org/ILSIJapan/COM/CHP/Project%20SWAN_Final%20Report_Email%20Distribution.pdf

⁷ A project led by a Japan branch (SCJ) of an international NGO, Save the Children. It is the program for nutrition improvement and maternal and child health in poverty areas targeting minorities in Vietnam (a case of multi-sector collaboration between health and social security including social welfare).

5: Utilization of existing frameworks

In the situation where financial/human resources are not readily available at project sites, in particular, it is indispensable to utilize existing frameworks.

In the Nutrition Project by SCJ, the Project Management Committee was set up in a community of the project site. The Committee was not set up solely for SCJ to carry out the project. Instead, a regional committee which existed for discussing on issues within the community was utilized, and SCJ asked the committee to integrate the project in the process of discussion widely extended from health management to the culture of agricultural products.

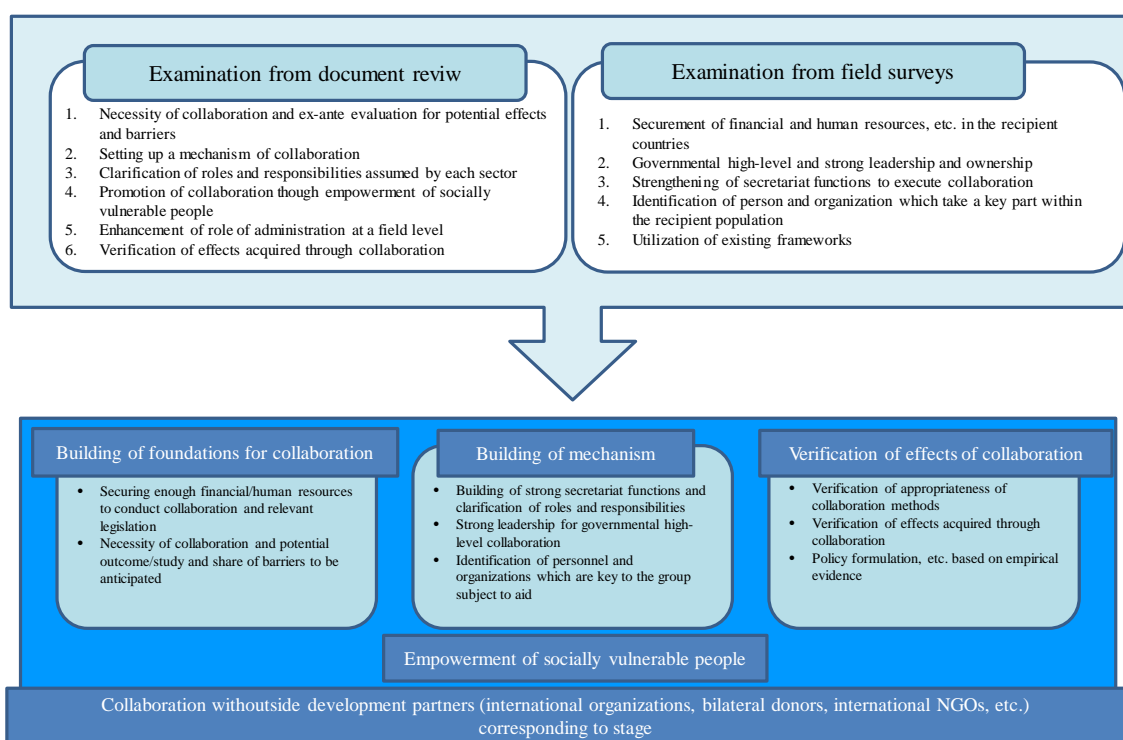
In the Project SWAN, although resources allocated by ILSI Japan for the project were limited, they provided appropriate technical support to form a cross-sectional team with plural government organizations by utilizing existing administrative structures and systems. And then, by expanding and strengthening vertical administrative capacity from central to local organizations, ILSI Japan successfully and effectively drew out abilities of parties concerned to supply safe drinking water and improve public health which community inhabitants needed.

It occurs frequently that the framework built for a project disappears when the project is completed. However, the local system which was originally built by community inhabitants based on their recognition of necessity, will withstand even after the completion of the project. It is necessary to utilize existing frameworks and promote a community-based approach from a perspective of sustainability as well.

5. Future Vision for Multi-Sector Collaboration for Achievement of MDGs

This study has examined key components for the effective promotion of multi-sector collaboration, by widely covering efforts of various organizations including assistance not only by Japanese government but also by international organizations, assistance organizations of other countries and relevant national governments.

Six components from the literature review and five components from the field surveys were identified. It is possible to condense them into three stages of (1) building of the foundations for multi-sector collaboration, (2) building of the mechanism to execute multi-sector collaboration projects and (3) verification of effects to conduct better multi-sector collaboration projects. (Refer to Figure 3)



(Figure 3: Key components to promote multi-sector collaboration effectively toward achieving the MDGs)

(1) Building of the foundations for multi-sector collaboration

Building of the foundations before starting multi-sector collaboration includes securing of enough financial/human resources allocation for the collaboration and relevant legislation. Development and improvement of overall infrastructure of the sectors of water supply, health and social security including social welfare are also included in the foundations.

In countries which have achieved a certain degree of economic growth such as Malaysia, whose case was examined in the literature review, and Vietnam which we visited for field surveys, it is possible to secure financial/human resources to be allocated for the development of own country. It is desirable to encourage proper development of resource allocation for multi-sector collaboration.

In least developed countries like Lao PDR, on the other hand, it is usually difficult to promote collaboration among sectors only with their own financial/human resources. However, multi-sector collaboration has been carried out also in least developed countries, though limited, under initiative of international organizations and/or through collaboration with NGOs, thus it is necessary that international organizations and NGOs actively mobilize their resources for multi-sector collaboration.

In addition, as identified through the field surveys, collaboration among sectors doesn't always lead into effective development and efficient project implementation when "collaboration" become as an end goal. It can be more effective and efficient when the project is carried out by a single sector in such cases. Before commencing a collaborative project, it is necessary to coordinate and share recognition among parties concerned regarding: why collaboration among sectors is necessary; what effect is expected through collaboration among sectors; and what barriers are anticipated when executing such collaboration, etc.

(2) Building of the mechanism to execute multi-sector collaboration projects

What is needed after building the foundations for multi-sector collaboration is building the mechanism to execute multi-sector collaboration project. For this purpose, strong leadership of the governmental executives plays an important role.

On that basis, expecting results should be shared and roles and responsibilities should be clarified among the personnel and organizations concerned, and local leaders and organizations playing central roles⁸ in the community where project activities are carried out should be encouraged to participate in actual project activities and the formulation process of a plan for project implementation. It is also necessary to examine methods of utilizing existing mechanism effectively and maximally.

It is more desirable if an exclusive secretariat promoting collaboration among sectors exists.

In this study, we made consideration on the support to socially vulnerable people and empowerment of themselves from a viewpoint of collaboration with social security sector including social welfare. How support is delivered to socially vulnerable people is a critical issue not only for the purpose of achieving the MDGs but also for any and all people in the world to lead a healthy life. Empowerment of socially vulnerable people, including encouraging them to participate a project development as a stakeholder, is also important in order to link the mechanism for execution of multi-sector collaboration to the achievement of the MDGs. From such a perspective, it is very significantly useful to compile the study cases at this time and the practical ways of collaboration between social security sector including social welfare and other sectors. We would like to expect this Report to be utilized in many situations in the future.

From the stage of building the foundations to building a mechanism for execution of multi-sector collaboration projects, it is a significant role for international organizations and NGOs in cooperate with recipient country to empower socially vulnerable people.

MHLW provides financial contributions to WHO and UNAIDS. It is necessary to relay the Report precisely to the international organizations so that multi-sector

⁸ Village mayor and the women's league are exemplified in the field surveys.

collaboration integrated in their cooperation programs in a counterpart country will be promoted effectively and efficiently.

As an example of the projects contributed by Japan, there is a WHO/ILO collaboration project on occupational health. Under the said project, occupational health in Vietnam is being promoted through collaboration between health sector (Ministry of Health) and labor sector (Ministry of Labor, Invalids and Social Affairs). The project aims to improve labor environment in local areas and health indices generated from such environmental improvement, not only by promoting collaboration between sectors on the central ministry/agency level but also by promoting collaboration between WHO and ILO under the concept of “One UN” as well as collaboration on the province and district level between health section and labor section of each. In this project, it is also expected that the way of effective collaboration will be studied further in the future at each segment (international organizations, central ministries/agencies and local (province and district level) administrative bodies).

Medium and long-term assistance is needed to promote multi-sector collaboration at each national, local and community level toward achieving the MDGs.

MHLW has been carrying out policy dialogue concerning the collaboration among sectors of health, welfare and employment, etc. by holding the “ASEAN & Japan High Level Officials Meeting on Caring Societies” since 2003. It is expected that discussion will be made concerning effective multi-sector collaboration at the Meeting by utilizing the results of this study for reference. For example, as one of the components to promote multi-sector collaboration effectively, there is “empowerment of socially vulnerable people.” It is possible to adopt this as concept for the Meeting and establish the concept as theme of the Meeting⁹ so that efforts for collaboration among sectors of health, welfare and employment, social protection for socially vulnerable people and community empowerment, etc. take shape in ASEAN countries.

In addition to these, MHLW has been carrying out “Project Formation Program in Water Supply Sector” every year. This year, JICWELS, under consignment from MHLW, conducted surveys on human resource development to promote sound management of water supply, and provided advisory guidance for relevant organizations regarding collaboration between water supply sector and health sector toward supplying safe drinking water, from the aspect of Water Safety Plans of Da Nang City Water Supply Company, Vietnam Socialist Republic. It is expected that such efforts conscious of multi-sector collaboration will be actively considered in this projects and promoted when necessary in the future.

(3) Verification of effects of collaboration

When implementation of multi-sector collaboration projects is on course, it is necessary to conduct verification of effects of multi-sector collaboration efficiently in order to promote effective collaboration further. If any outcome from collaborative work were not found through the evaluation, evaluation should always have a perspective concerning appropriateness in the application of collaboration. Also, it is important that verified results are utilized for policy proposal or improvement of project management accordingly.

⁹ Creation of community supporting people with disabilities and elderly people, and social protection for the poverty population, etc.

In Health and Labour Sciences Research Grants at MHLW, “Project for Research on Global Health Issues” is the one which is related to international cooperation. Until now, researches on multi-sector collaboration have been implemented, for example, “Research on Total Assistance Methodology in International Cooperation for Water Supply Sector” and “Research on Strengthening of Health Human Resources to Achieve the UN Millennium Development Goals”. It is expected that researches on the way of effective assistance for multi-sector collaboration will be promoted in the future also by utilizing such research grants.

Lastly, the following recommendations were made by the members of the Research Committee so that study results will be widely utilized.

- At various international conferences, the number of opportunities has been increasing year by year where matters related to water supply, health and social security including social welfare are put on the agendas. In addition, technical cooperation and other official assistance through JICA are weighted dominantly, as a method for Japanese government to engage in international cooperation in these sectors. When MHLW is sought to give advices as an organization of technical expert in such opportunities as international conferences or international cooperative activities, the Report should be thoroughly referred to.
- This study covers only three sectors of water supply, health and social security including social welfare. But there are many other sectors such as labor, education, agriculture and environment, which contribute to improvement of health and welfare. From a viewpoint of comprehensive regional development, it is necessary to evolve collaborative relationship by clarifying the sectors from which more effective results can be expected further.
- Facing the 2015 deadline to achieve MDGs, discussion on post-MDGs has already began. Although no specific post-MDGs issues are decided at this time, it seems that the way of providing effective and efficient assistance, approach to socially vulnerable people as the concept overarching and containing the whole and the necessity of multi-sector collaboration will become more important. When MHLW participates in discussion on the establishment of such post-MDGs issues, it is expected that they will respond based on the Report.

Japan International Corporation of Welfare Services (JICWELS) was established with the sanction of the Minister for Health, Labour and Welfare in July 1983 and implements international technical cooperation programmes with purpose of contributiing to the promotion of health and social welfare activities in the friendly nations.

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