

**What is the result of the efforts to change the original project design to adapt to the local conditions of the commune staffs?
What can be said from the case of JICA reproductive health?**

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Decentralization, project design matrix, community capacity building, leadership

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List of Abbreviations

AID	Assistance in Development
AIDS	Acquired Immune Deficiency Syndrome
Baseline survey:	Survey conducted at the beginning of the project
CCD	Community capacity development
CHC	Commune Health Center
T/T2	Immunization injection
CP	Counterpart
DAC	Development Assistance Committee
DCH	District Health Center
FASID	Foundation for Advance Studies on International Development
FDI	Direct Foreign Investment
FGD	Focus Group Discussion
FGD:	Focus Group Discussion
GDP	General Planning Department
GO	Government
HMIS	Health Management Information System
IDI:	In-depth Individual Interview
IEC	Information, education, and communication
INGO:	International Non-government Organization
IPD	In-patient Department
JICA	Japanese International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteer
JOICFP	Japan Organization for International Cooperation in Family Planning
LBD	Learning By Doing
MCH/FP	Mother and Child Health and Family Planning Center
MOFA	Japan's Ministry of Foreign Affairs
MOH	Ministry of Health
MoU:	Memorandum of Understanding
MR	Abortion
NGO	Non-governmental organization
ODA	Japanese Official Development Assistance
OECF	Oversea Economic Cooperation Fund
PCC:	Project Coordination Committee
PCM	Project Cycle Management
PDM	Project Design Matrix
RH	reproductive health
RTI	Reproductive Track Infection
STD:	Sexually transmitted Diseases
UNDP	United Nations Development Program
UN	United Nations
WB	World Bank
WU	Women union

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What can be said from the case of JICA reproductive health?**

Abstract

The research is a study case on the JICA reproductive health project in Nghe An province, Viet Nam, which consists of the three parts: conceptual framework, case, and implications. Research question is: what is the result of the efforts to change the original project design to adapt to the local conditions of the commune staffs? What can be said from the case of JICA reproductive health? Research objective is to deduct the result of the efforts of the grassroots people to fit with the grassroots context. Having experience from the case, we want to confirm that Chaskin morality is true in this case. The methodology is qualitative with its typical tools such as interview, participating observation, and focus group. Our case analysis includes the subcases, showing the results of the work done by the commune people. Those subcases describe how the commune staffs change the project design to adapt to the local conditions, such as: how the equipment facilitation and facility upgrade are applied to the commune level, which brings better performance of commune health centers; how the safe and hygienic delivery model, particularly, client friendly service technique is applied to grassroots level, bringing in better functioning of the commune staffs; how the IEC Aiiku han model is applied to hamlet level, which results in the better functioning of hamlet health coordinator; how the HMIS model is applied to grassroots level, bringing in the better acknowledgement of the local staffs, etc. Our implication is sixfold: the case is a good experience for decentralization strategy application because the results, that is the difference between phase 1 and phase 2 of the reproductive health project can be seen, that is phase 2 is more suitable with the local context; experience from leaders shows that leadership building is the process of decentralization in our case, meaning decentralization does bring in the centralized power; context means everything if we view context as the reason for decentralization; empirical norm with its decentralization strategy is a good tool for project leadership building in our experience; Morality of Chaskin is true observing the case.