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① 協議議事録

② How to Conduct Monitoring & Evaluation

③ 本調査団にかかる新聞記事

① 協議議事録

THE MINUTES OF THE MEETING
BETWEEN
THE JAPANESE PROJECT CONSULTATION TEAM
AND
THE AUTHORITIES CONCERNED OF THE REPUBLIC OF ZAMBIA
ON
THE JAPANESE TECHNICAL COOPERATION
FOR
THE LUSAKA DISTRICT PRIMARY HEALTH CARE PROJECT

The Japanese Project Consultation Team (hereinafter referred to as "the Team") organized by Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Prof. Takusei Umenai, visited the Republic of Zambia from the 12th to 24th March, 2001 for the purpose of the project evaluation and the review of the implementation plan for the remaining period of the Lusaka District Primary Health Care Project (hereinafter referred to as "the Project").

During its stay in the Republic of Zambia, the Team exchanged views and had a series of discussions with the authorities concerned of the Government of the Republic of Zambia (hereinafter referred to as "Zambian Authorities") regarding the activities and implementation of the Project.

The Joint Coordinating Committee Meeting of the Project was held between the Republic of Zambia and Japan in Lusaka on the 22nd March, 2001, and both sides came to an agreement on the matters referred to in the document attached hereto.

Lusaka, Zambia
23rd March, 2001

Takusei Umenai
Leader
Project Consultation Team
Japan International Cooperation Agency
Japan

Kashiwa Bulaya
Permanent Secretary
Ministry of Health
The Republic of Zambia

Moses Sinkala
District Director of Health
Lusaka Urban District Health Management Team
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Attached Document

Attendants of the Joint Coordinating Committee

1. Japanese Side

(1) Project Consultation Team

Prof. Takusei Umenai	Professor, Department of Health Policy and Planning, Faculty of Medicine, The University of Tokyo
Prof. Hiroshi Suzuki	Professor, Department of Public Health, School of Medicine, Niigata University
Dr. Shigeru Suganami	President, Association of Medical Doctors of Asia (AMDA)
Mr. Goro Yamada	Associate Expert, Second Medical Cooperation Division, Medical Cooperation Department, JICA
Ms. Erika Fukushi	Programme Planning and Evaluation Consultant

(2) Japanese Experts

Mr. Kuniyoshi Matsuo	Chief Advisor
Mr. Satoshi Sasaki	Coordinator
Ms. Miki Senoo	Expert on Health Education
Dr. Mami Hirota	Expert on Public Health
Mr. Toshiharu Okayasu	Expert on Primary Health Care
Dr. Aya Hiraoka	Expert on Health Planning

(3) JICA Zambia Office

Mr. Etsuji Yoshimura	Assistant Resident Representative

2. Zambian Side

Mr. Vincent Musowe	Director Planning, Ministry of Health
Dr. Brian Chituwo	Director Clinical Services/Deputy Executive Director, University Teaching Hospital (UTH)
Prof. Ganapati Bhat	Head, Department of Paediatrics and Child Health, UTH
Dr. Moses Sinkala	District Director of Health, Lusaka Urban District Health Management Team (LDHMT)
Mrs. Mary Banda	Maternal and Child Health Coordinator, LDHMT

1. Summary

The Project started on the 17th March, 1997 with a cooperation period of five (5) years. The purpose of the Project is to improve the primary health care management system in Lusaka District in line with the Zambian Health Reform Policy and the Strategic Plan.

Lusaka District Health Management Team (hereinafter referred to as "LDHMT") has played a role for implementing the Project as the principal implementing organization with support of the other Zambian cooperative partners in cooperation with JICA.

In accordance with the Record of Discussion (hereinafter referred to as "R/D") dated 19th February, 1997 and the Project Design Matrix (PDM) modified on the 16th March, 1998, the Team and the Zambian Authorities reviewed the achievement of activities and plans with respect to the future implementation of the Project.

The Joint Coordinating Committee Meeting of the Project was held on the 22nd March, 2001, and both the Team and Zambian Authorities confirmed the continuous cooperation between Japanese and Zambian governments for further progress of the Project, based on the mutual understanding of the present status of the Project.

2. Review of Progress

In accordance with the outputs and activities in the PDM, the detailed implemented and future activities are summarized and referred to in Annex 1. The main achievements up to March 2001 are summarized as follows:

Nutrition

Fifty-one (51) Community Health Workers and twenty-eight (28) Nutrition Promoters were trained in George as community health providers. They have been conducting community based Growth Monitoring and Promotion (GMP) activities in collaboration with Health Centre staff, in order to identify under-weight children for early intervention and create awareness among caretakers. A reporting and information system has been established between the community and Health Centres, and their skills of data collection and record keeping have been improved. So far the number of attendants in GMP has been increased nearly two times from the time the Project was inaugurated. The community health providers are also promoting social marketing of soya beans as a high protein supplement for under-nourished children through follow-up visits. From July 1999 to March 2000, 1288 households in George were visited by community health providers, and 83% of all households obtained proper knowledge in terms of benefit of soya bean supplement. Ten percent (128) of all households are currently using soya beans. From the time the community health providers started to participate in GMP and soya bean promotion, some committees such as the School Health Committee and Health Campaign Committee have been organized as a way of empowering community in planning, implementation and evaluation of health activities.

However, the community health providers have insufficient financial support from the Health Centre/LDHMT. This is a major impediment to perform effective community activities. Furthermore, the community health providers lack financial management skills.

Therefore, they are facing a problem of how to account for and sustain their finances after the end of the Project.

Environmental Health

The Japanese government has provided communal water taps in George Complex. The introduction of safe water supply has resulted in the dramatic reduction in cholera cases. However, this initiative is not sufficient to improve sanitary conditions in George. Through Participatory Hygiene And Sanitation Transformation (PHAST) workshops, health related community leaders identified problems such as solid waste management, lack of proper drainage, human waste management, and insufficient access to safe water as the major impediments to improvement of environmental health. In order to solve these problems, community leaders have formed George Environmental Health Committee (GEHC). Through this committee, the community has made action plans and implemented various activities including construction of 12 Ventilated Improved Pit (VIP) latrines. Each VIP latrine is being shared among five households. The other on-going activities are weekly garbage collection, drainage clearance twice a week, and door-to-door health education with the promotion of home water chlorination. In addition, a public fee-paying flush toilet "KOSHU" has been constructed. The money raised from this toilet is used for its maintenance.

The community is seriously working out ways of sustaining environmental health activities. These include social marketing, selling of home water chlorine disinfectant solution, and charging for garbage collection and for VIP latrine maintenance. More than K1,000,000 has been raised through the above activities.

Referral System

The UTH-LDHMT Paediatric Data System has been developed and is in operation at the UTH Paediatric Department. This has been done in collaboration with the UTH, LDHMT, the Project, University of Miami and University of Nebraska. The data being collected is used for monitoring and evaluation of:

- Appropriateness of the referrals from Health Centres to UTH; and
- The functions of each level and inter-level communications.

In order to strengthen the skills of Health Centre staff in case management, trainings have been conducted. Over 100 LDHMT staff have been trained in public health, primary health care and Integrated Management of Childhood Illnesses (IMCI). The Zambian counterparts have shown a strong commitment to continue these trainings beyond the Project.

School Health

Eight pilot primary schools, one from each zone, were selected in 1999. Since then, trainings of health coordinators have been conducted once a year. The following are the achievements of the school health programme:

- Development of guidelines for implementing school health programme;
- Training of 142 health workers, teachers and community representatives as school health coordinators;
- Development of a school health card which is now in use at all pilot schools. This card has proved to be very useful tool; and
- Launching of deworming programme supported by Parents Teachers Association (PTA) from each pilot school.

3. Monitoring and Evaluation Workshop

A joint project monitoring and evaluation was carried out in a 2-day participatory workshop with the project implementers, and future strategies were discussed. The results of the workshop are attached in Annex 2.

4. PDM

Indicators of the PDM were revised to enable the project staff and related personnel to monitor and evaluate the Project more effectively through the participatory workshop. The revised PDM is attached in Annex 3.

The modifications of the PDM are as follows:

- The third output "School heath services are effectively in operation" and the activities for this output were added. School health component was launched as one activity to achieve the output "The community based PHC programmes are improved". In January 1999, when the Japanese Advisory Team visited the project site, it was strongly recommended that the school health programme should be strengthened. As a result, the selection of pilot schools was extended beyond the pilot compound (George). Therefore, a description on school health as an output was also added in the PDM.
- Indicators of the project purpose and outputs were revised to be more specific, realistic, and reasonably obtainable to measure the achievements of the Project.

5. Main Points of Discussions

The Project members and the Team further discussed on the future strategies based on the results of the monitoring and evaluation workshop at the Joint Evaluation Meeting and the Joint Coordinating Committee Meeting. The followings were recognized as actions to be considered to improve health care services at community level:

- In order to ensure effective utilization of public funds, such as Zambian Social Investment Funds (ZAMSIF) and Community Innovative Funds (CIF), as well as community-organised funds, the following were strongly recommended:
  - Capacity building of community in financial management with transparency and accountability
  - Sensitisation of community on how they can develop project proposals and obtain funds from ZAMSIF and other CIF sources.
- With regard to utilization of user fees, it was strongly recommended that 80% of user fees collected at Health Centres should start being channelled back to communities for implementation of community initiated health related activities as soon as possible.
- In view of erratic supply of essential drugs at the primary health centres, drug supply management system should be strengthened, including possible establishment of

community pharmacies and revolving funds on drugs at the health centre, both of which should be exempted from taxation.

- In order to improve delivery of health education to community, it is recommended that a deliberate programme should be developed, targeting women and mothers.

Annex 1 Plan of Operations
Annex 2 Monitoring and Evaluation Matrix
Annex 3 Revised PDM

The Plan of Operation of the Lusaka District Primary Health Care Project

Duration of the Project implementation : from March 17, 1997 to March 16, 2002

Activities on the PDM	Output	Executer	Duration of the Project																			
			Fiscal Year of 1997				Fiscal Year of 1998				Fiscal Year of 1999				Fiscal Year of 2000				Fiscal Year of 2001			
			1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
(1) a To review the current status of the existing PHC programmes																						
(1) b To execute baseline surveys including socio-economic aspects in the pilot compound(s)	The base line survey was conducted in George, Chawama and Chaisa compound. The total number of the samples were 600, that was randomly selected from each compound. The outcomes of the survey was analyzed and published to be distributed the concerned authorities	Mr. Saito Mr. Oikawa Mr. Okamoto	◆	→																		
	In the last fiscal year of the project, a baseline survey in a pilot area is planned to be conducted. The analysis of the survey will be published attached with the final report of the project.																		◆	·····		→
(1) c To execute community based PHC Programmes in the pilot compound in collaboration with district health staff, community groups, NGOs, and other international donor agencies	①Management and prevention of malnutrition and diarrhoea																					
	CHW's meetings with health staff have been held fortnightly for reporting, discussion of problems and feedback.	Ms. Tembo Ms. Shimada Ms. Senoo					◆	→										→		·····		→
	Manuals and curriculum for the training of CHWs corresponding the integrated heath service package were designed and published by CBoH in collaboration with USAID(BASICS) and JICA PHC	Ms. Tembo Ms. Shimada Ms. Senoo					◆	→														
	GMP sessions have been organized with the participation by CHWs at 7 churches in George Compound and nearby area after the mass on Sunday and have been continued by in-charge CHWs	Ms. Tembo Ms. Shimada Ms. Senoo					◆	→										→		·····		→
	Soya beans revolving fund was established and cooking demonstration has been held to introduce soya beans as supplement food for under-grown children. Sales of soya beans were started at HC with publicity.	Ms. Tembo Ms. Shimada Ms. Senoo					◆	→														
	Trainings of Trainers in Community Health have been conducted . Ten health staff at DHMT/HC have been trained.	Ms. Tembo Ms. Shimada Ms. Senoo						◆→				◆→				◆→						

Activities on the PDM	Output	Executer	Duration of the Project																			
			Fiscal Year of 1997				Fiscal Year of 1998				Fiscal Year of 1999				Fiscal Year of 2000				Fiscal Year of 2001			
			1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
	Training for CHWs was conducted in order to allocate 2 CHWs in each 12 zone and 7 churches in George Compound. Twenty-five new CHWs were trained for 6 weeks and 23 existing CHWs were retrained for 3 weeks. Uniforms, shoes, bags and ID cards were provided to reinforce their motivation for the activities..	Ms. Tembo Ms. Senoo							◆	→												
	Health talks sessions have been held at OPD/MCH in George HC by trained CHWs for 5 days in a week in order to provide health information for community people. These sessions shall continue to be held several days in a week.	Ms. Tembo Ms. Senoo							◆	→	→	→	→	→	→	→	→	→	⇢	⇢	⇢	→
	Health talks sessions have been held by trained CHWs at AMDA/JICA tailoring classes in order to provide health information for the students twice in a week.	Ms. Tembo Ms. Senoo							◆	→	→	→	→	→	→	→	→	→	⇢	⇢	⇢	→
	Monthly refresher workshops for CHWs/NHC have been conducted. A committee shall be organized to introduce self management method including planning, preparation and accounting.	Ms. Tembo Ms. Senoo									◆	→	→	→	→	→	→	→	⇢	⇢	⇢	→
	All households in pilot area were visited by CHWs/NHC in order to collect information/data of families and their living condition (family structure, water resources, sanitary condition etc). All the collected information was recorded on registration books.	Ms. Tembo Ms. Senoo									◆	→										
	Zonal GMP sessions have been conducted. The sessions include immunization by health staff/trained CHWs to mobilize more people. The GMP also aim: 1) to monitor child growth; 2)to identify under-developed children in early stage; and 3) to provide counseling for caretakers and health education by drama performance.	Ms. Tembo Ms. Senoo										→	→	→	→	→	→	→	⇢	⇢	⇢	→

Activities on the PDM	Output	Executer	Duration of the Project																			
			Fiscal Year of 1997				Fiscal Year of 1998				Fiscal Year of 1999				Fiscal Year of 2000				Fiscal Year of 2001			
			1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
	Literacy classes for Nyanja language have been conducted in collaboration with AMDA 3 times in a week. The area covered includes skills of GMP (reading of scale, plotting on a card, tallying) for CHWs .	Ms. Tembo Ms. Senoo										◆→		◆→								
	Trainings for CHWs in other 4 areas (Chawama, Kanyama, Chipata, Mtendere) were conducted. In total 98 CHWs were trained in order to perform PHC activities in their community.	Ms. Tembo Ms. Senoo											◆▶	◆▶			◆▶	◆▶				
	Monthly refresher workshops for CHWs have been held in other 5 areas where CHWs are working (Chawama, Kanyama, Chipata, Mtendere, Ngombe).	Ms. Tembo Ms. Senoo												◆→				◆→				◆→
	Four-day trainings of supervisors on community-based GMP have been held. Ten health staff from 4 areas (George, Chawama, Kanyama, Ngombe) have been trained. Follow up visiting to those 4 areas will be conducted to observe their performance.	Ms. Tembo Ms. Senoo														◆▶		◆▶				◆→
	Joint meetings with CHWs, HC staff and DHMT staff have been held quarterly. They make presentation of activity and discuss problems.	Ms. Tembo Ms. Senoo																	◆▶	◆▶	◆▶	◆→
	Health Promotion Campaign focused on nutrition/safe water has been conducted by CBO's members in pilot area quarterly. The campaign will mobilize community people and provide health education through dance, song, drama and quiz.	Ms. Tembo Ms. Senoo												◆▶	◆▶	◆▶	◆▶	◆▶	◆▶	◆▶	◆▶	◆▶
	The School Health Committee was organized by CBO's members. A School Health Campaign was held at schools in George Compound in order to provide information/knowledge focused on nutrition and sanitation to pupils through poster and performance competitions.	Ms. Tembo Ms. Senoo														◆▶	◆▶					

Activities on the PDM	Output	Executer	Duration of the Project																			
			Fiscal Year of 1997				Fiscal Year of 1998				Fiscal Year of 1999				Fiscal Year of 2000				Fiscal Year of 2001			
			1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
	An orientation in soya beans promotion was held at George HC. Twenty-eight Nutrition Promoters, 15 health staff, 50 CHWs and 9 drama group members participated. Lectures and skill training of cooking demonstration were given. Participants understood objectives and their roles in this activity	Ms. Tembo Ms. Senoo									◆▶											
	The contents of the soya beans promotion activity have been revised. Sales of soya beans were started by Nutrition promoters in 6 pilot zones in stead of the sales at HC.	Ms. Tembo Ms. Senoo										◆▶										
	Soya beans promotion activity by Nutrition promoters was initiated in 12 zones. Nutrition promoters participated at GMP session to provide counseling and cooking demonstration.	Ms. Tembo Ms. Senoo											◆	→				▶				
	Monthly workshop for 30 nutrition promoters will be conducted in order to brush up their knowledge and skills. They will organize planning and preparation for the workshop for themselves. Subjects will include counseling, community nutrition and soya beans promotion in association with the community farm management.	Ms. Tembo Ms. Senoo																◆				▶
	Nutrition promoters in other 3 areas will be trained so that the activities which have been being performed in George will be introduced to these areas.	Ms. Tembo Ms. Senoo																◆			▶	
	Twenty community groups were organized for the backyard vegetable garden activity for improvement of nutrition status of George residents. Essential equipment and seeds for initiation of the activity were provided by JICA/PHC.	Mr. Saito Mr. Oikawa Mr. Okamoto								◆	→											
	②Improvement of Environmental Health																					
	In collaboration with Neighborhood Health Committee and succor team, garbage collection campaing was executed in George compound	Mr. Oikawa									◆▶											
	A six-day workshop was conducted for promotion of safe water use in George. Forty-eight community representatives and owners of shallow wells participated. Subjects included water borne diseases, water and sanitation, community participation and cost sharing. Both theoretical and practical sessions were provided..	Ms. Tembo Ms. Senoo										◆▶										

Activities on the PDM	Output	Executer	Duration of the Project																			
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			1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
	Fee-paying public toilet has been constructed at Lilanda Market, George compound. The toilet plays an important role to improve the condition of the hygiene. The management of the toilet is handled by the fee-paying toilet committe members with the target of sustainability	Mr. Oikawa Mr. Sasaki												◆→				→	·····	·····	·····	····→
	A baseline survey was conducted on safe water use and environmental health of the residents of George Compound. A sample of 1038 residents were randomly picked and surveyed on water use and the status of hygienic behavior. Data was analyzed and the results have been effectively applied on the current project activities.	Dr. Hirota Mr. Okayasu															◆→	→				
	The Environmental Health workshop was organized in George Proper area using the participatory approach called PHAST (Participatory Hygiene and Sanitation Transformation). Community leaders attended the workshop and discussed the water and sanitation problems the community faced. They came up with the community action plan. At the end of the workshop George Environmental Health Committee(GEHC) was established with the participants' initiatives.	Mr. Okayasu Mrs. Tamara															◆→	→				
	The Environmental Heath Committee formed on the workshop took initiative and constructed a communal VIP (Ventilated Improved Pit) latrine in each zone in George Proper. Between 3 and 5 households share each latrine and its maintenance cost. It is planned to construct 2 VIP latrines for each zone of the pilot area in the final year.	Mr. Okayasu Mrs. Mwamulowe															◆→	→	·····	·····	····→	
	Committee members of GEHC have been exercising the garbage collection campaign in George Proper on every Wednesday. GEHC started to collect fee from the beneficiaries in order to sustain the garbage collection without donor assistances in the future.	Mr. Okayasu Mrs. Mwamulowe															◆→	→	·····	·····	·····	····→
	Japanese government has provided communal tap water for George Complex residents . However, some of them still use shallow well water for drinking and other purposes because of the water fee and the limitation of taps opening time. Door-to-door health education visits have been implemented in the pilot area which promote home chlorination especially during the rainy season.	Mr. Okayasu Mrs. Mwamulowe																◆→			◆···	···→

Activities on the PDM	Output	Executer	Duration of the Project																			
			Fiscal Year of 1997				Fiscal Year of 1998				Fiscal Year of 1999				Fiscal Year of 2000				Fiscal Year of 2001			
			1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
	The result of water and sanitation survey conducted at George Proper in 2000 shows that using soap for handwashing is associated with prevention of diarrhea. Based on this result, proper handwashing method using soap has been promoted. In addition, a training in domestic soap production will be provided for the community people who can not afford to purchase commercial soap which is too expensive for them.	Mr. Okayasu Mrs. Mwamulowe															◆	→	·····	·····	·····	▶
	In 2000 another Environmental Workshop was organized in the pilot area. The participants prioritized the drainage problem in the community and decided to clean and rehabilitate drainages in George Complex. In the remaining project period the solution for sustainability of this activity will be sought for.	Mr. Okayasu Mrs. Mwamulowe															◆	→	·····	·····	·····	▶
	The institution building training in the pilot area will be organized mainly for Environmental Health Committee and CBOs related to PHC project. The components of training is the financial management, the establishment of community fund, proposal writing etc in order to build capacity to sustain CBOs activities.	Mr. Okayasu Mrs. Mwamulowe																	◆	◆	◆	◆
	In George Proper there are many shallow well users and some of them even use it for the drinking purpose. JICA/PHC have been conducting regular sampling and testing (bacterial cultures) of shallow well water in the pilot area and inform the community of the result to encourage their use of safe water.	Dr. Yamamoto Dr. Hirota Mr. Okayasu Mrs. Mwamulowe											◆	→			◆	→	·····	·····	·····	▶
	Participatory Approach PHAST (Participatory Hygiene and Sanitation Transformation) is a method to prevent diarrheal diseases and to promote sanitation condition in the community. This approach was introduced to the community of George and showed an effective result. Following the success, a PHAST facilitators training workshop was organized for Environmental Health Technologists, Health Center staff and community leaders upon LDHMT's request.	Mr. Okayasu Mrs. Tamara Mr. Njobvu																	◆	◆	◆	◆
	There is no functional hand washing basins (HWBs) in most of basic schools in Lusaka due to lack of funds or poor maintenance. Some HWBs will be constructed in some of the pilot schools of Lusaka and proper handwashing method will be promoted.	Mr. Okayasu Mrs. Tamara															◆	→	·····	·····	·····	▶

Activities on the PDM		Output	Executer	Duration of the Project																			
				Fiscal Year of 1997				Fiscal Year of 1998				Fiscal Year of 1999				Fiscal Year of 2000				Fiscal Year of 2001			
				1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
		③Vocational training for poverty reduction																					
		A tailoring school was established in George Compound for women in poverty. It is intended to support their voluntary and independent income-generating activities. Each session is two hours long and the course is six months duration.	Mr. Oikawa Mr. Sasaki							◆	→							→					
		④Joint project for health promotion																					
		A parcel of property in George Compound was acquired from Lusaka City Council. A Community Farm was developed on the property for the purpose of providing food necessary to supplement for malnourished children. Soybeans and other crops have been harvested. Currently the management and operation of the farm is organized by AMDA Zambia.	Mr. Oikawa									◆	→										
		⑤Mapping of George population and their environmental status																					
		A map of George Compound was created with the geographic information system (GIS). The map summarized the information on environmental health such as: population distribution of the pilot area, locations of taps of safe water, garbage compilation, and water reservoirs that could become breeding sites of mosquitoes.	Dr. Yamamoto						◆	→													
		A zonal social map was made by CHWs/NHC in collaboration with the community of George. Location of houses and other facilities were plotted on the map. This map was utilized to identify high risk area.	Ms. Tembo Ms. Senoo									◆	→										
(1) d	To strengthen the capacity of district health staff who are engaged in PHC programmes	Selected LDHMT staff were sent for the counterpart trainings in Japan. The trainings included: 1) individual trainings on primary health care organized by the Steering Committee members (Tokyo and Niigata Universities and AMDA), and 2) group courses facilitated by JICA. It is expected that 15 staff will have been trained by the end of the project.					◆	→											→			⇢	→
		Using the scheme of " the Middle Level Manpower Training ", a twelve-week training course on primary health care was conducted at Chainama Hill College for Health Center staff. For the FY1998 and 1999 trainings, eight HC staff participated respectively with the funding support by the JICA/PHC Project and LDHMT. Responding to the request by LDHMT, the number of the participants was increased to 10 for the 2000 training.	Dr. Hattori Dr. Hirota						◆	→			◆	→			◆	→			◆	⇢	→

Activities on the PDM		Output	Executer	Duration of the Project																			
				Fiscal Year of 1997				Fiscal Year of 1998				Fiscal Year of 1999				Fiscal Year of 2000				Fiscal Year of 2001			
				1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
		A short term expert in medical equipment maintenance was dispatched to transfer the technology to LDHMT staff. The expert made frequent visits on ten of the 23 HCs managed by LDHMT and trained the staff in maintenance and repair of the equipment. In addition, a workshop on medical equipment use was conducted for HC staff.	Mr. Kadono Mr. Musiwa															◆	→				
(1) e	To strengthen the basic health management system in Lusaka District	In order to improve registration of the patients transferred from health centers to UTH, a computer-based patient registration system was introduced. The patient registration form was revised at the UTH pediatric ward. The new computerized system provided more accurate, useful and objective information.	Dr.Yamamoto Dr.Hirota												◆	→		→					
		Based on the discussion between LDHMT, UTH and JICA/PHC Project members, the entire plan for the district patient information system was established. This plan included the HC Patient Information System and the UTH Pediatrics & OBGYN (obstetrics & gynecology) Registration System. The primary objective of the plan is strengthening and improving the referral system.	Dr.Yamamoto Dr.Hirota												◆	→		→					
		Four desktop computers and a server were donated to the Pediatrics Ward of UTH for the purpose of the establishment of the pediatric patient registration system. By connecting these terminals with the existing administrative computers at UTH Pediatrics, a referral information management system (MIS) for the Pediatrics Department was initiated. There is a plan to provide four more work stations to the Obstetrics and Gynecology (OBGYN) Department and pilot health centers, which will complement the pediatric component to provide a profile of the patients transferred between health centers and UTH.	Dr.Hirota															◆	→		◆	⇢	
		In order to promote functional MIS, training courses were conducted for UTH and LUDHMT staff. The First End-user Workshop was held with the participation of 10 UTH and 4 DHMT staff. The First MIS Workshop trained 7 UTH and 2 DHMT staff. It is planned that 20 more be trained in the FY 2001.	Dr.Hirota																→		◆	⇢	

Activities on the PDM		Output	Executer	Duration of the Project																			
				Fiscal Year of 1997				Fiscal Year of 1998				Fiscal Year of 1999				Fiscal Year of 2000				Fiscal Year of 2001			
				1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
		Using the information system of the UTH Pediatrics Department, it is planned to conduct cleaning and analyzing the data, produce routine reports, and provide feedback of the patient information to the referring health centers, for the purpose of improving the referral system.	Dr.Hirota																◆▶	┈┈	┈┈	┈┈	▶
		The plans include: 1) establishing the patient management system at pilot health centers (George and Matero Reference) by installing computers and training staff; 2) designing and refining the patient registration form and database; 3) analyzing the data; and 4) producing routine reports. This will enhance the communication of patient referral information between UTH and DHMT.	Dr.Hirota																		◆	┈┈	▶
		The plan includes expanding the patient information system to the OBGYN Department. Following the procedure taken in the development of the system at the Pediatrics Department,1) the OBGYN patient registration form will be designed2) the database will be modified for the OBGYN information3) the data will be analyzed4) routine reports will be produced, and5) feedback of the information will be provided to the referring health centers.	Dr.Hirota																		◆	┈┈	▶
(2) a	To review the current status of the referral system between different levels and of health care in Lusaka District	Current status of the clinical laboratory testing at health centers (HCs) was investigated through observation of the referral pattern of the 23 HCs of LDHMT and by interviews with the clinical lab technicians at 9 HCs.As a result, it was concluded that it is necessary: a) to improve "soft" aspects such as staff education, b) to improve the lab testing system and technicians' skills, and c) to strengthen the functions of reference health centers.	Dr. Hattori					◆	▶															
(2) b	To strengthen the capacity of district health staff through several training programmes including UTH's outreach activities	Lectures and clinical trainings for case management in malnutrition, diarrhea, malaria and respiratory diseases were held at UTH Pediatric Ward. Three days were spent on management of each disease and HC staff in Lusaka District were trained. Twenty-three clinical officers from respective HCs participated each year for two years.	Dr. Hattori							◆	▶			◆	▶								
		Tables and chairs were donated for the Outreach Center of the UTH Pediatric Ward. They were donated for the purpose of strengthening the function of the center and its effective use. The center will be used for the "reverse outreach" activities such as trainings and workshops of the health center staff.	Dr. Hiraoka																◆▶				

Activities on the PDM		Output	Executer	Duration of the Project																			
				Fiscal Year of 1997				Fiscal Year of 1998				Fiscal Year of 1999				Fiscal Year of 2000				Fiscal Year of 2001			
				1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
		Manpower Training", Primary Health Care Workshops were held in 1998 and 1999. The sessions were divided into each disease section such as diarrhea and malnutrition. For the year 2000, the training module has been changed to the IMCI(Integrated Management of Childhood Illnesses) workshop. It trained 17 health center staff from 15 health centers, DHMT and UTH. They were trained to be able to comprehensively diagnose common and important childhood illnesses such as diarrhea, measles and pneumonia.	Dr. Hiraoka														◆→				◆→		
(2) d	To improve the referral system in collaboration with relevant department and institutions	Basic lab testing equipment was provided to clinical laboratories of 9 HCs in Lusaka District. General treatment equipment was provided for George, N' gombe and Lilanda HCs.	Dr. Hattori								◆→												
		An X-ray machine was provided for Matero HC for the purpose of upgrading it to be the "first referral HC" that covers the area including George, the Project's pilot area. USAID constructed the building for the machine.	Dr. Hattori												◆→								
		Media for bacterial culture and reagents for clinical laboratory tests were provided to the first referral HCs. The purpose was to help improve the referral system by establishing the lab testing system and improving the testing skills. It is also planned to dispatch a short term expert in clinical laboratory technology for training.	Laboratory Technologist														◆→		◆⋯→				
		Follow-up investigation and evaluation will be conducted regarding effective use of:- the basic lab test equipment- the treatment equipment- the X-ray machine, and - the clinical lab test consumables which have been provided by JICA/PHC. The personnel will be instructed on appropriate use of this equipment and these materials.	Dr. Hirota Dr. Hiraoka																◆⋯→				
(3) a	To review the current status of school health programmed	The school health survey was conducted in order that the current situation of the school health activities was analyzed. The outcomes of the survey was utilized to develop school health programmed.	Dr, Hattori Mr. M'paka					◆→															

Activities on the PDM	Output	Executer	Duration of the Project																			
			Fiscal Year of 1997				Fiscal Year of 1998				Fiscal Year of 1999				Fiscal Year of 2000				Fiscal Year of 2001			
			1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
(3) b To select pilot primary school in Lusaka	Eight pilot schools (George Central, New Kanyama, Chelston, Mahatoma Ghandi, Chakunkula, Chipata Muyooma, Chimwemwe, Kamwala) for the school health activities were selected	Dr. Hattori Mr. M'paka							◆→													
(3) c To conduct school health workshop for school health coordinators	The three-day School Health Workshop has been held as one of the training components of the "Middle Level Manpower Training" since 1997. The 48 participants in the workshop consist of teachers at 8 pilot primary schools and health center staff in charge of school health. At the workshop the participants have been trained as school health coordinators. They evaluate school health activities of the current year and plan the activities of the next fiscal year.	Dr. Hattori Dr. Hiraoka Mr. M'paka								◆→				◆→				◆→				◆→
	Materials for school health activities such as weighing scales, measuring rods and first aid kits were donated to the 8 pilot primary schools. As a follow up, an assessment was conducted in 2000 regarding how the materials were used and how effective they were in the activities.	Dr. Hattori Dr. Ogiwara Mr. M'paka										◆→				◆→						
(3) e To execute school health activities including deworming and physical examination in pilot schools	Health examinations were conducted at three of the 8 pilot primary schools (George, Chakunkula and New Kanyama). A school health card was designed and used for an individual record so that the examinations could be carried out efficiently. Physical examinations, general health examinations, stool examinations for diagnosis of worm infestation, and urine tests were included. Immunization was also administered and drugs were given to the pupils who were positive for worm eggs and they were followed up with a repeat stool test. Annual health examinations should enable us to analyze a causal relationship between the improvement in the pupils' condition and the school health activities.	Dr. Hattori Dr. Hiraoka Mr. M'paka											◆→			◆→				◆⇢		
	The deworming program was planned for the 8 pilot primary schools. DHMT staff, school health coordinators and PTA members discussed and decided to give anti-worm drugs twice a year. PTA should pay for the drugs and JICA/PHC support the cost of IEC for health education. As a follow up, stool examinations are planned three months and six months after giving the drugs	Dr. Hiraoka Mr. M'paka																◆→		◆⇢	◆⇢	

Annex 2

Zambia Lusaka District PHC Project
Monitoring & Evaluation Workshop

Date: March 14-15, 2001
Place: Fairview Hotel
Participants: Project implementation team

Workshop Schedule

	Day 1: March 14		Day 2: March 15	
8:30a.m.	Opening	Mr.Matsuo Dr.Sinkala	Review of Day 1	
	Objectives of the Project Consultation Team	Mr.Yamada	Plenary session -Presentation of group work -Q&A	Ms.Fukushi
	Introduction -Workshop objectives -Tools & rules -Self-introduction	Ms.Fukushi		
	Plenary session -What is PCM? -Review of PDM (Narrative Summary)		Group work -Review of PDM (Indicators for outputs)	
10:30	(Tea break)		(Tea break)	
10:45	Group work -M&E of project activities		Plenary session -Presentation of group work -Q&A	
12:30				
2:00p.m.	Group work -M&E of project activities (continued)		Plenary session -Review of PDM (Indicators for project purpose)	
3:30	(Tea break)		(Tea break)	
3:45	Group work -Strategic plan for achieving the project purpose/outputs		Preparation for presentation at the Joint Evaluation Meeting	
4:45			Closing	

List of Participants in Workshop

14-15, 2000
8:30-16:45
Faireview Hotel

No.	Name	Designation	JICA/PHC	Group
1	Dr. Moses Sinkala	Director, DHMT	Mr. Matsuo	-
2	Dr. Makasa Chikoya	Manager Planning and Development, DHMT	Mr. Matsuo	School Health
3	Prof. Bhat	Director, Department of Paediatrics, University Teaching	Dr. Hirota	Referral System
4	Dr. Kankasa	Department of Paediatrics, UTH	Dr. Hirota	Referral System
5	Mr. James Campbell	International Training of Medical Informatics, UTH	Dr. Hirota	Referral System
6	Mr. Mulenga Philip	Environmental Health Officer, DHMT	Dr. Hirota	Environmental Health
7	Mr. Derrick M'paka	School Health, DHMT	Dr. Hiraoka	School Health
8	Mrs. Mary Banda	Maternal and Child Health, DHMT	Ms. Senoo	Nutrition
9	Mrs. Evelyn Tembo	Maternal and Child Health, George Health Centre	Ms. Senoo	Nutrition
10	Mrs. Mavis Kalumba	Lusaka City Counsel, DHMT	Ms. Senoo	Nutrition
11	Mr. Nkole Mfula	Community Health Worker, George Health Centre	Ms. Senoo	Nutrition
12	Mr. Jonathan Mofu	Nutritionist, George Health Centre	Ms. Senoo	Nutrition
13	Mrs. Tamara Mwamulowe	Environmental Health Technologist, George Health	Mr. Okayasu	Environmental Health
14	Mr. Kennedy Njovu	Environmental Health Technologist, Matero Reference	Mr. Okayasu	Environmental Health
15	Mr. Nixon Tembo	Neighbourhood Health Committee, George Health Centre	Mr. Okayasu	Environmental Health
16	Mrs. Catherine Ng'uni	Sister in Charge, Matero Reference Health Centre	Dr. Hiraoka	Referral System
17	Mr. Evans Muduli	Laboratory Technologist, DHMT	Dr. Hiraoka	Referral System
18	Mr. Gelsom Sakala	George Central Basic School	Dr. Hiraoka	School Health
19	Mrs. Lubinda Mukumbuta	Mutendere Health Centre	Dr. Hiraoka	School Health
20	Mrs Jean Botha	Kanyama Health Centre	Dr. Hiraoka	School Health
21	Mr. Emmanuel Musiwa	Medical Equipment Maintenance, DHMT	Mr. Kadono	Referral System
22	Mr. Kuniyoshi Matsuo	Chief Advisor, JICA/PHC Project	-	-
23	Mr. Satoshi Sasaki	Coordinator, JICA/PHC Project	-	-
24	Ms. Miki Senoo	Health Education, JJICA/PHC Project	-	Nutrition
25	Dr. Mami Hirota	Public Health, JICA/PHC Project	-	Environmental Health
26	Mr. Toshiharu Okayasu	Primary Health Care, JICA/PHC Project	-	Referral System
27	Dr. Aya Hiraoka	Health Planning, JICA/PHC Project	-	School Health
28	Mr. Goro Yamada	Medical Cooperation Development, JICA	-	-
29	Ms. Erika Fukushi	Project Management Consultant	-	-

M & E Matrix

for Zambia Lusaka PHC Project

1. Community based PHC programme (Nutrition)

List of activities	Outputs of activities	Problems to be solved (Constraints)	Sustainability* (appropriate technology & skills)	Sustainability* (organisational management)	Sustainability* (finance)	Strategies to be taken in a year left
Growth Monitoring and Promotion (GMP)	-Early identification of malnutrition for treatment -Promotion of the well child -Create awareness among caretakers on child growth/nutrition	-Some mothers still not coming to GMP at all -Some mothers default -Some caretakers only come for immunisation -Children bring fellow children for GMP -Inadequate information given to caretakers on their catchment area -No proper sites for GMP sessions -Inadequate IEC materials -Caretakers lack knowledge on growth status interpretation -Counsellors are not qualified well	**4** -Trained staff and Community Health Workers (CHWs) available -Equipment available	**4** -Well organised management structure is in place (CHWs)	**1** -No fund at all	Fund raising -Provide drama -Sublet carts to marketers -Hire out a tent for special events -Make a project proposal and apply for community innovative fund
Soya beans promotion	-People obtained knowledge on soya beans	-Poor accountability for financial management -Small portion of soya beans is difficult to obtain at the market -Poor motivation of Nutrition Promoters (NPs) -Inadequate technology and skills	**2** -Insufficient training for NPs	**2** -DHMT has no proper structure	**3** -Have small revolving fund, but don't know how to manage	-Provide NPs with training on business management -Provide NPs with one day workshops on community nutrition monthly -Establish a community fund -Large scale growing of soya beans at community farm
Follow ups	-Promote and maintain good growth of the child -Registration for follow up is done by CHWs	-Difficulty in tracing defaulters (House number is not given in order) -Poor motivation of providers (CHWs, NPs) -No resources at some household level (money /food)	**3** - Insufficient training for CHWs & NPs	**2** -Poor reporting system 1)Community to HCs 2)Outpatient department (OPD) to Maternal and Child	**1** -No financial support	-Training of health providers in technical skills and Health Management Information System (HMIS) -Professional staff to

		-Some caretakers have no confidence in health workers at Health Centres (HCs)		Health (MCH)		accompany community health providers
Health Education	-Awareness on health matters increased -Some community people change attitude and behaviour	-Inadequate IEC materials -Lack of presentation skills (CHWs, NPs) -Some people have traditional beliefs	**3** -Insufficient practical training for CHWs and NPs	**4** -Well supported by DHMT/HCs	**4** -Well supported by DHMT/HCs except for IEC materials	-Production of IEC materials -Practical training for CHWs/NPs in presentation skills

* Ranking of sustainability: 5=most sustainable, 1=least sustainable

M & E Matrix
for Zambia Lusaka PHC Project

2. Community based PHC programme (Environmental Health)

List of activities	Outputs of activities	Problems to be solved (Constraints)	Sustainability* (appropriate technology & skills)	Sustainability* (organisational management)	Sustainability* (finance)	Strategies to be taken in a year left
Solid waste management	-Reduced indiscriminate disposal of refuse -Reduction in rodent population	-Inadequate transport facilities to carry garbage to the final disposal point -Lack of final dumping sites -Ground water table is high in some areas -Poor community participation from non Community based Organisations' (CBOs') members -Inadequate space to dig refuse pits	**4**:Incineration of dry refuse -The method is easy and cheap, and most of the refuse produced is combustible **3**:Refuse pits -The method is easy to use and cheap, and does not require transport **2**:Maiden box -It can help to centralise the garbage but it's expensive to construct and requires transport **2**:Sacks -They are cheap and easy to use but they require transport	**4**:Existing CBOs **3**:DHMT	**3**:CBOs -Community contributions and clorin sales **2**:DHMT -Community initiative funds	-Community sensitisation on the importance of a clean environment -Construction of six maiden boxes -Increasing fees for community contributions to raise more money
Drainage clearing and construction	-Reduced rain overflow and stagnant pools around and within residential premises -Reduced mosquito breeding sites	-Some people still dump their garbage in the existing drains -Poor community participation from non CBOs' members -Poor drainage structures	**5**:Draingage clearing -Only need tools but not much of technical skills **2**:Drainage construction -It's expensive and requires technical skills	**4**:Drainage clearing -CBOs and DHMT **4**:Drainage construction -CBOs:the community can provide labour	**2**:Clearing -A small amount of money from clorin sales can be used for incentives to sustain the programme	-Construction of some permanent drainage system -Receiving some contributions from the community for maintenance of constructed drainage -Intensify health education on the importance of maintaining clean drainage
VIP latrine construction	-Reduced indiscriminate disposal of human waste -Introduction of a new	-Expensive to construct and it requires skilled supervisors -Ground water table is high in certain areas	**5** -The technology is appropriate and the construction skill & labour are there	**4**: DHMT/CBOs -CBOs can provide labour and tools -DHMT can provide technical expertise	**1**:DHMT/CBOs for construction **3**:DHMT/CBOs for maintenance of	-Increase the number of VIP latrine -Contributions for VIP latrine maintenance to be properly monitored

	hygienic and user friendly technology				existing structures	
Water sampling	-increased understanding on the dangers of using water from the shallow wells -Increased use of home chlorination	-It's expensive and requires skilled manpower -Lack of sampling kits/transport	**3** -Matero Ref. Health Centre can do the water sample analysis and the simple testing kits can also be used at times	**4** -DHMT/CBOs can provide manpower and the technical expertise	**2** -DHMT will provide transport to UTH food and drugs lab for analysis	-Procurement of water sample analysis reagents to Matero Ref' lab' and provide training for staff -Procurement of simple water sampling test kits
Promotion of home chlorination	-Easy access to home chlorination and information on the proper use	-Lack of coordination to reach consensus on the provision of clorin either for sale or for free -Acceptance among people who use piped water is not very good	**5** -Skill to promote home chlorination is there	**5** -DHMT/CBO for supervision of sales accountability	**4** -CBOs sustainability from revolving funds raised as a result of the initial seed supply	-Proper financial management for the revolving funds -Provide a small incentive from the profits of the sales of clorin
Promotion of health education	-Increased knowledge and understanding of environmental health issues affecting the community -Health awareness campaigns organised and community mobilised -Noticeable behavioural change e.g. reduced indiscriminate disposal of refuse and human waste	-Lack of transport and IEC materials -Lack of communication skills among some trained CBOs' members -Lack of incentives to motivate participation	**3** -Lack of communication skills with community people for some trained CBOs' members	**3** -DHMT has capacity to train more health related CBOs	**3** -DHMT has capacity to sustain depending on activities planned by health centres	-Procurement of bicycles to CBOs for transport -Recording of health message on tape to be played on publicity systems with a water tank speaker -Development of sample of IEC materials
Contact tracing	-Control of further spread of some preventable diseases e.g. cholera	-Lack of adequate transport to effectively conduct the programme -Lack of protective clothing for staff and CBOs -Lack of sprayers	**4** -CBOs and DHMT staff have the skills	**4** -DHMT/CBOs have capacity for management and organisation	**2** -DHMT assigns no specific and adequate transport for the programme	-Procurement of bicycles -Provision of protective clothing and spraying equipment
Introduction and training of staff/ community in PHAST concept (PHAST: Participatory	-Staff and community people trained in PHAST approach -Community is able to identify their own problems and come	-Lack of finance for organising a workshop and procurement of tool kits -Lack of finance for implementing some interventions identified	**4** -DHMT/some members of the community have been given the skill to use the approach	**4** -DHMT/trained CBOs have the capacity to organise and manage the programme except for tools when	**2** -DHMT would fund the workshop cost depending on activities planned by HCs	-DHMT develop PHAST tool kits -Seek for funds to conduct more PHAST community workshops and implementation

Hygiene and Sanitation Transformation)	up with own solutions			demand for funds		
Construction of Hand Washing Basins (HWBs) and promotion of proper hand washing methods	-Construction of HWBs at schools (under construction) -People who practice proper hand washing methods are increasing	-Construction cost is expensive -Some people stick to traditional hand washing -Difficult for community people to afford soap	**3**:Construction of HWBs -Structure strong enough against vandalism is required **4**:Promotion -Skill is easy	**3**:Construction -Some PTA members made proposal -community provide labour **4**:Promotion -DHMT/CBOs can promote proper hand washing method	**2**:Construction -Expensive **3**:Promotion -Lack of incentive for CBOs	-Training on soap making -Community sensitisation

* Ranking of sustainability: 5=most sustainable, 1=least sustainable

M & E Matrix
for Zambia Lusaka PHC Project

3. Referral system

List of activities	Inputs	Outputs of activities	Problems to be solved (Constraints)	Sustainability* (appropriate technology & skills)	Sustainability* (organisational management)	Sustainability* (finance)	Strategies to be taken in a year left
Procurement of equipment and training of special staff to assure the level of care at secondary health centres	X-ray machine at Matero Referral Health Centre	25-35 patients/day are examined	-Maintenance is difficult due to lack of expertise and transportation -Lack of radiologist	**1** -Lack of system for maintenance	**4** -Radiologist should be assigned on regular basis	**2** -Not enough budget for films and developing chemicals	-Train radiologist
	Electrolyte machine at 8 HCs	0-1 patient/month/HC are examined	-Medical Doctors do not request for the test -Lack of maintenance and quality control due to lack of expertise -Patient do not prefer to pay for Electrolyte test	**1** -Lack of capacity for maintenance	**3**	**1** -Not enough budget	-Organise workshops for clinicians on use of the test -Train maintenance staff
	Blood cell counters at 4 HCs	5-7 patients/day/HC are examined	-Lack of maintenance	**1** -Lack of capacity for maintenance	**3**	**2** -Some money available	-Train maintenance staff
Middle level manpower training		-27 DHMT staff were trained in public health -50 DHMT staff were trained in primary health care -16 DHMT staff were trained in Integrated Management of Childhood Illnesses (IMCI) -46 DHMT staff were trained in Medical	-Systematic follow-up is not in place -Even trained, difficult to apply skills due to shortage of resources (medicine, supply, equipment, etc.)	**4** -Follow-up should be done	**5**	**2** -Budget should be put into district plan	-Develop system for follow-up of trained staff -Involve Centre Board of Health for increased fund allocation

		Equipment Usage					
Planning and operation of UTH-DHMT paediatrics data system	Computers and server at UTH Laptops donated for HC communication	-22 personnel (17 UTH and 5 DHMT staff) were trained -Patient data from Feb 2000 have been collected at UTH	-No consumables (e.g. paper) budgeted -Need massive training especially for HC staff -Lack of telephone lines (for internet purposes) at HCs	**5** -Skilled people are available (at UTH)	**4** -Good commitment by UTH and DHMT	**3** -Specifically allocate consumable cost (e.g. paper, printer cartridge)	- District install telephone lines at the 1st referral health centres -Develop feedback system between UTH and Health Centres -Investigate means of communications (i.e. telephone, satellite, radio link)
Medical equipment management and repair		Inventory of equipment at 23 HCs was completed -Repair of the faulty equipment was done	-Limited transportation for visiting HCs or transferring equipment -Lack of spare parts	**3** -Need more training	**3** -Limited transportation, no spare time	**3** -Limited transportation	-Train staff -Schedule regular maintenance

* Ranking of sustainability: 5=most sustainable, 1=least sustainable

M & E Matrix

for Zambia Lusaka PHC Project

4. School health

List of activities	Outputs of activities	Problems to be solved (Constraints)	Sustainability* (appropriate technology & skills)	Sustainability* (organisational management)	Sustainability* (finance)	Strategies to be taken in a year left
Deworming	-Funds sourced for the purchase of medicine from parents/caretakers -Posters and leaflets for advertisement produced	-Some parents are not cooperative in collection of funds -Lack of policy -Apathy by some teaching staff towards the programme	**5** -Qualified technologists to detect intestinal parasites and personnel to administer available	**3** - The school health staff and community need to be organised	**4** -Some parents have shown willingness to pay for necessary drugs	-To accelerate community contribution towards school health activities -To deworm eight schools twice this year -To undertake stool examination as a follow up this year
Physical examination	-School health card (draft) developed and distributed -Tools for physical examination became available -Pupils identified with health problems are referred	-School health card yet to be finalised -Lack of transportation -Lack of health/school staff motivation -Health /school networking in the 8 zones to be improved -Increase the frequency and time allocated for physical examination -Referred pupils expected to be attended for free of charge at the clinic -Parents are not willing to pay for medical care for their children	**3** -More teaching staff to be involved -Need for capacity building of teaching staff -Able to diagnose and refer accordingly	**5** -The structure is in place	**2** -Limited funding for transportation, lunch allowance, etc,	-Carry out school health services that will involve physical examination -To undertake physical examination once a year
Training of school health coordinators	-Four training sessions so far done -Communication among health and teaching staff facilitated during training -Capacity building on	-To increase the number of training sessions/staff to cater for those leaving (i.e. voluntary separation, transfer) -Some staff are passive, can hardly carry out programmes unless told	**5** -Adequate knowledge acquired during the training	**4** -Facilitators are not enough (system of selection is questionable)	**2** -The programme is not in DHMT Action Plan, hence no funding allocated to it (first year-LDHMT sponsored, 2-4 year JICA/PHC funded)	-Encourage networking among the trained coordinators

	going	to do so				
Health education	-Effective as from 1998 by DHMT, later supported by JICA/PHC (i.e. first aid kits, oral models) -Using available accessories, health education has been conducted to pupils who convey messages to the community	-Lack of teaching and learning aids -Inadequate health facilities to provide health education to pupils	**4** -Lack of IEC aids i.e. flip charts, audio visual, etc.	**4** -Usually health staff are quite busy and understaffed to serve but can rely on community people	**3** -Little attention to production of IEC aids for health education	-Intensify health education and procure productions of IEC materials -Conduct impact evaluation for health education
Environmental health inspection	-Inspection on school buildings/sanitation /environment has been done	-Need to share this component with 3 schools -Head teachers are not cooperative for the activity -Fear to be reported to educational officer and school	**3** -Lack of availability or adequate Environmental Health Technologists (EHTs) in our health centres -Lack of EHT tools	**3** -Need for each health centre to have an EHT and equip them with necessary requirements	**2** -Limited funding	-To recommend to DHMT to increase the number of EHTs and procurement of utility tools

* Ranking of sustainability: 5=most sustainable, 1=least sustainable

Project Design Matrix for the Lusaka District Primary Health Care Project

Narrative Summary	Verifiable Indicators	Means of Verification	Assumptions
Overall goal The overall health status of people in the community of the Lusaka District will be improved.	Improvement of health indicators in Lusaka District	Health Report by Ministry of Health or LDHMT	Economic and political situation in the Republic of Zambia will be stable
Project Purpose The primary health care management system will be improved in Lusaka District in line with the Zambian Health Reform Policy and the Strategic Plan	Improvement of capability of LDHMT staff, co-medical with the Project in pilot area	1. DHMT Annual Report 2. Focus group discussion	The role and function of LDHMT will not change
Outputs 1. The community based PHC programmes are improved	1-1 Improvement of capacity and capability of community members to conduct community based health activities in nutrition and environmental health 1-2 Knowledge and behavioural change in pilot areas	1-1 Observation and evaluation by Health Centre staff and JICA Experts 1-2 Knowledge, Attitude and Practice (KAP) survey	1. LDHMT will maintain local budget for sustainable PHC activities and in-service training 2. Referral system established will be enforced smoothly
2. The referral system between the different level health care in Lusaka District is operated effectively	2-1 Existence of a system to measure appropriateness of referral 2-2 Existence of systems to evaluate - reliability of equipment - skills and training of Health Centre staff	2-1 Report of UTH-DHMT Paediatric Data System 2-2 Report of DHMT medical equipment management, Report of staff training and skills evaluation	
3. School heath services are effectively in operation	3-1 Improvement of capability and knowledge of school health coordinators on specific components of the school health programmes 3-2 Prevalence of worm infestation in primary school children in the pilot schools	3-1 Pre- and post-training tests, report by school health team to DHMT, performance assessment by DHMT 3-2 Stool examination survey	
Activities 1-a To review the current status of the existing PHC programmes 1-b To execute baseline surveys including socio-economic aspects in the pilot compound(s)	Inputs - Japanese Side - 1. Dispatch of Japanese Experts <Long-term> Chief Advisor Coordinator	- Zambian Side - 1. Counterparts Project Director Project Coordinator Counterparts for Japanese Experts	Counterpart personnel will continue to work for the project

1-c To execute community based PHC programmes in the pilot compound(s) in collaboration with district health staff, community groups, NGOs, and other international donor agencies 1-d To strengthen the capacity of district health staff who are engaged in PHC programmes 1-e To strengthen the basic health management information system in Lusaka District 1-f To monitor and evaluate the effects of the programmes mentioned above 2-a To review the current status of the referral system between different levels of health care in Lusaka District 2-b To strengthen the capacity of district health staff through several training programmes including UTH's outreach activities 2-c To strengthen the basic health management information system in Lusaka District 2-d To improve the referral system in collaboration with relevant department and institutions. 3-a To Review the current status of school health programme 3-b To select pilot primary schools in Lusaka 3-c To conduct school health workshops for school health coordinators 3-d To develop the guideline document for school health programme 3-e To execute school health activities including deworming and physical examinations in pilot schools 3-f To monitor and evaluate the effects of the school health programme	Primary Health Care Health Planning Public Health Health Education <Short-term> Health Programming and Planning Medical Equipment Maintenance Social Research/Sociology Medical Laboratory Community Development Primary Health Care Other related field mutually agreed upon as necessary 2. Provision of Machinery and Equipment 3. Training of the Counterparts in Japan	Administrative personnel 2. Provision of land and facilities for the Project 3. Appropriation of local cost for the Project	Pre-condition The Zambian Government maintains PHC policy for the improvement of health status.

② How to Conduct Monitoring & Evaluation

HOW TO CONDUCT MONITORING & EVALUATION

1. List on cards all of your activities in your group.

2. Examine the outputs of each activity and write them in the M&E matrix.

3. Examine the problems to be solved and write them in the M&E matrix.

4. Discuss sustainability of each activity in terms of skills & technology, organisational management and finance. Give a rank (1~5) to each activity and write the reasons of your analysis below the rank.

5. Discuss how you can make your activities more efficient and more effective within a year left before the project termination.

Sustainability:
How much sustainability you can ensure for the activity after the project termination.
5 is the highest score and 1 the lowest.

- Skills and technology=Examine if you have obtained necessary skills to continue the activity on your own and if required technology is appropriate for you to sustain the activity after the project termination.

- Organisational management=Examine if the related organisations have enough capability and are willing to manage and/or support the activity after the project termination.

- Finance=Examine if you can obtain necessary funds to implement the activity after the project termination.

③ 本調査団にかかる新聞記事

Zambia Daily Mail (2001.3.24)

Zambia, Japan sign health care pact

By ING'UTU HIMANJE

ZAMBIA and Japan yesterday signed a primary health care agreement for Lusaka Urban District which will provide primary health services at a cost of US $120, 000 to the eight health zones under the Lusaka District Health Management Team (LDHMT).

The project will seek to provide accelerated health services to the community. The project will run for five years but subject to review annually.

Signing on behalf of the Japanese government was Professor Takuseei Umenai who was impressed with the willingness of local people to join the project by contributing money in form of health schemes even though the economic situation in the country was harsh.

Professor Umenai was impressed with the way the George compound project was going on and commended the Ministry of Health and the LDHMT officials for the commitment shown so far.

He expressed hope that the project will provide a good example of how to tackle the problem of limited health facilities faced with a growing population especially in urban areas.

Health permanent secretary, Dr Kashiwa Bulaya, signed on behalf of the Zambian Government and said this was the third agreement between the two countries in the health sector.

He said the project will reduce, among other things, the infant mortality rate which has been on the increase and provide basic health services to the people.

Dr Bulaya also said the Zambian Government will make an appeal to their Japanese counterparts to extend the same project to rural areas. He praised Japan for being an all-weather friend of Zambia.

Times of Zambia (2001.3.26)

CBoH pats JICA on back

By Times Reporter

THE Central Board of Health (CBoH) has praised Japan through the Japanese International Cooperation Agency (JICA) for uplifting health standards in Zambia.

CBoH director general Gavin Silwamba said in Lusaka that the reduction of cholera cases in Lusaka could in some way be attributed to the intervention of JICA's Primary Health Care (PHC) programme.

Dr Silwamba said CBoH and Government appreciated the wisdom of the Japanese people in assisting Zambian communities in areas where people had a lot of problems.

"We don't necessarily need money but wisdom to bring some of these projects. We have observed a lot of success in the project being undertaken in George township," Dr Silwamba said.

He said the five months project for the promotion of PHC had attracted community participation to a large extent.

And JICA PHC chief advisor Kuniyoshi Matsuo said the cooperation his team had received from the community was overwhelming.

He said the main objective of the project was the promotion of community based health care, the improvement of clinical referral system and the incorporation of health programmes in schools.

He said his team had realised that there was a lot to be done to financially sustain the people in the township.

He wondered if the residents of George township would be able to sustain themselves after the project came to an end.

"We wonder if these people will continue with the project after we leave in March next year. We need to sit and consider people's sustainability after we leave," he said.

He explained that they would set up other small projects to improve the financial viability of the people in the pilot project.

"We know there is still much to be done under the project but the contract is coming to an end. We shall have to sit with the Zambian Government if there will be any need to extend or review the project," he said.