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1. ミニッツ(写)

MINUTES OF MEETINGS
BETWEEN THE JAPANESE MID-TERM EVALUATION TEAM AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE KINGDOM OF CAMBODIA
ON JAPANESE TECHNICAL COOPERATION
FOR THE PHASE II OF THE MATERNAL AND CHILD HEALTH PROJECT

The Japanese Mid-term Evaluation Team (hereinafter referred to as “the Team”), organized by the Japan International Cooperation Agency (hereinafter referred to as “JICA”) and headed by Dr. Yoshio YAZAKI, visited the Kingdom of Cambodia from September 29 to October 18, 2002. The purpose of the Team was to monitor the activities and evaluate the achievements made so far in the Phase II of the Maternal and Child Health Project (hereinafter referred to as “the Project”).

During its stay, both the Team and authorities concerned of the Kingdom of Cambodia (hereinafter referred to as “both sides”) had a series of discussions and exchanged views on the Project. Both sides jointly monitored the activities and evaluated the achievement based on the Project Design Matrix (hereinafter referred to as “PDM”).

As a result of the discussions, both sides agreed to the matters referred to in the documents attached hereto, and the result of evaluation were compiled in the Joint Evaluation Report with mutual understanding.

Phnom Penh, October 18, 2002



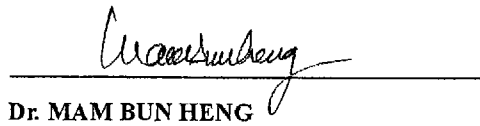
Dr. Yoshio YAZAKI

Leader

The Mid-term Evaluation Team

Japan International Cooperation Agency

Japan



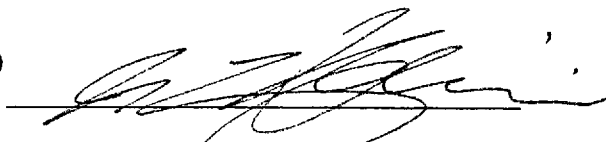
Dr. MAM BUN HENG

Secretary of State for Health

Ministry of Health

The Kingdom of Cambodia

(witnessed by)



Mr. Juro CHIKARAISHI

Resident Representative

Japan International Cooperation Agency

Japan

ATTACHED DOCUMENT

1 Introduction:

The Joint Coordinating Committee (hereinafter referred to as “the JCC”) of the Project has reviewed the Summary of Mid-term Evaluation Report, initially prepared by the Team, based on the survey, presentation by the Project, and the discussions with the related authorities.

2 Evaluation Results:

Through monitoring and analysis of activities, the JCC authorized the results of the mid-term evaluation as follows:

The Project is relevant to Cambodian needs and policy as well as Japanese assistance policy. The Project is effective in achievement of the purpose and outputs as well as the overall goal and the super goal, and also conducted efficiently. In terms of Impact, there is high possibility that the Project may develop positive impact by the end of the Project. Moreover, positive effects of the Project will be sustained.

Therefore, it is concluded that the Project makes progress steadily since the beginning of the Project. Activities of the Project are contributing to development of human resources, and improvement of maternal and child health services.

3 Revision of PDM1:

Through Mid-term Evaluation, both sides agreed to rearrange and to modify the PDM1 which had been modified in July 2001. As the Project activities had progressed, its activities came to have been specified, and the PDM1 needed to be rearranged. Therefore, PDM2 was developed in accordance with current activity, and authorized by JCC. The details and PDM2 are attached in Annex1

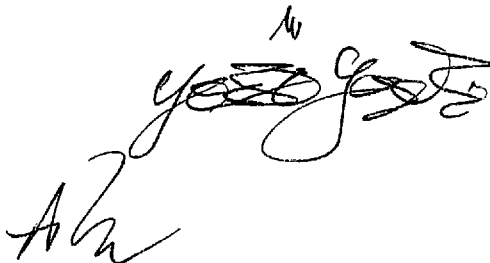
4 Plan for the remaining term of the Project (until March 31, 2005):

Both sides agreed to keep cooperating and to maximize all efforts for the successful implementation of the Project, according to PDM2.

5 Recommendations:

Based on the results of the mid-term evaluation, both sides confirmed the following recommendations.

- 1) The outcome of the Project should contribute to the health policy of Ministry of

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Health

- 2) Training activities should be continued
- 3) Training budget should be secured continuously
- 4) Collaboration with MOH on hospital facility management should be strengthened
- 5) PDM2 should be utilized as a management tool for the remaining period of activities.

(detailed contents of recommendations are described in the Joint Evaluation Report)

6 Discussions:

The JCC had following discussions.

- 1) The results and recommendations of mid-term evaluation were agreed.
- 2) The Department of Human Resource Development stated appreciation to the NMCHC for their close cooperation in training, and JCC confirmed to strengthen training system of NMCHC more in order to expand outcome to whole country.
- 3) Regarding to cost sharing of training, Japanese experts appreciate continuous effort from Cambodian side, and the Team added the importance of sharing cost not only for training implementation, but also for the whole cycle of training including preparation, monitoring, and supervision. JCC agreed to keep trying to find out the solution.
- 4) The chief advisor of the Project requested Cambodian side to consider subsidization of exemption, in the context of the function of NMCHC as a top referral hospital. JICA Cambodia office suggested to consider the introduction of equity fund using not only the budget from donors but also the national budget.
- 5) JCC agreed that collaboration with MOH and other donors is very important.

Annex 1) Details on revision of PDM1, and PDM2

2) Joint Evaluation Report

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Details on Revision of PDM1

It became necessary to revise PDM1 and to develop PDM2 in order to show the real situation of this project with it. PDM1 can hardly be utilized to describe the real situation because the activities have been specified and put into effect since the beginning of this project. Basically, there is no necessity to modify PDM1 a lot to change the direction of this project but it needs to be rearranged to describe the project in an easier way.

In accordance with outputs in PDM1, each current activity was divided into four categories to specify, which became cores of outputs in PDM2 to show the real situation easier than PDM1. It is still possible to include all activities and to describe them using four new outputs to rearrange PDM1 (Table1). In PDM2, these new outputs replace previous outputs and all current and future activities were followed by new outputs.

Revision of PDM1 was discussed in Workshop 2 to share and to exchange ideas from the participants after the explanation about the way to be revised using Table 1. Finally, PDM2 was developed (Table 2) after obtained the consensus in the workshop.

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Table 1. Relationship between PDM1 and PDM2

PDM1 \ PDM2	Output 1 NMCHC as a top referral hospital	Output 2 NMCHC as a national training center	Output 3 NMCHC as national program implementation and collaboration organization	Output 4 Hospital facility management at NMCHC, national hospitals and referral hospitals
<p>Output 1 NMCHC as the national top referral hospital and training center is further strengthened</p>	<ul style="list-style-type: none"> -Improve general management by sufficient use management cycle -Train staff for accounting skills / knowledge -Establish system of appropriate drug and material management at hospital -Establish hospital maintenance system -Provide Health education for patients/families -Standardize patient care -Strengthen in-service training -Introduce new paraclinic tests -Strengthen clinical and nursing divisions at NMCHC -Rearrange patient document management -Strengthen clinical activities for the referred or poor cases -Strengthen newborn care at NMCHC 	<ul style="list-style-type: none"> -Make a plan for training including needs assessment, monitoring, follow-up and evaluation -Provide training for DRs, MWs, and other health staffs -Train student for MW course (pre-service training) -Strengthen training division at NMCHC -Train health personnel for health promotion 	<ul style="list-style-type: none"> -Conduct refresher training (DRs, MWs, other health staffs) -Implement "Prevention of mother to child transmission of HIV" National program at NMCHC and expand to other provinces 	<ul style="list-style-type: none"> -Conduct seminar on Medical equipment management -Conduct training of hospital facility management
<p>Output 2 MCH capabilities of operational districts (referral hospitals and health centers) are improved</p>	<ul style="list-style-type: none"> -Revise job description -Strengthen safe blood committee activities -Carry out human relations training to staffs and others 	<ul style="list-style-type: none"> -Perform supervision including supervisor training, check list revision, and information feedback -Conduct TOT to NMCHC staffs and others -Disseminate care standard to national/province level -Disseminate newborn care -Conduct training for laboratory technician in provinces based on CPA 	<ul style="list-style-type: none"> -Conduct refresher training (DRs, MWs, other health staffs) -Implement "Prevention of mother to child transmission of HIV" National program at NMCHC and expand to other provinces 	<ul style="list-style-type: none"> -Establish national workshop for medical equipment at NMCHC -Make guidelines for hospital facility management and disseminate them -Carry out medical equipment services for other hospitals
<p>Output 3 Collaboration between NMCHC and HRD/National hospitals/Operational districts in MCH is strengthened</p>	<ul style="list-style-type: none"> -Train staff for accounting skills / knowledge 	<ul style="list-style-type: none"> -Strengthen coordination for student training -Establish regular meetings/conferences among hospitals 	<ul style="list-style-type: none"> -Collaborate on "Safe Motherhood" with National Reproductive Health Program -Implement "Prevention of mother to child transmission of HIV" National program at NMCHC and expand to other provinces -Collaborate on "Infant and Young Child Feeding" with National Nutrition Program 	<ul style="list-style-type: none"> -Cooperation with MOH for medical equipment management

Table 2. PDM2 of The Phase II of the Maternal and Child Health Project in the Kingdom of Cambodia

Target group : Women and Children
 Duration : April 1, 2000 to March 31, 2005
 Revised on: 11-Oct-02

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Super Goal The status of maternal and child health in the Kingdom of Cambodia is improved	<ul style="list-style-type: none"> - Maternal Mortality Ratio - Infant Mortality Rate 	<ul style="list-style-type: none"> - National Health Statistics Report 	
Overall Goal Quality of service for maternal and child health in the Kingdom of Cambodia is improved.	<ul style="list-style-type: none"> - Percentage of births attended by trained health personnel in Cambodia - Ante-natal check-up rate in Cambodia - Return rate of Ante-natal Care 	<ul style="list-style-type: none"> - National Health Statistics Report 	<ul style="list-style-type: none"> - Accessibility will not be worse furthermore
Project Purpose Human resource development for the improvement of MCH, including community health, is strengthened.	<ul style="list-style-type: none"> - Number of births attended by trainees (Drs & Mws) - Ante-natal care number by trainees (Drs & Mws) - Reputations/evaluation by external evaluators 	<ul style="list-style-type: none"> - Supervision & questionnaire - Supervision & questionnaire - External evaluation committee (including Cambodians and foreigners) - Interview 	<ul style="list-style-type: none"> - Staffs, who received training at NMCHC, remain at public sectors - MCH national programs will be well coordinated
Outputs 1 The National Maternal and Child Health Center as the national top referral hospital is further strengthened. 2 The National Maternal and Child Health Center as the national training center is further strengthened. 3 Functions of the National Maternal and Child Health Center as national program implementation and collaboration organization are strengthened to support national policy making.	1-1 Number of referred cases to NMCHC 1-2 Number of ICU patients 1-3 Number of cesarean section by province 1-4 Exemption amount, rate 1-5 Number of clients using NMCHC services 1-6 Number of meetings and conferences with other hospitals 2-1 Number of training session 2-2 Number of trainers at NMCHC and others 2-3 Number of trainees (Drs, Mws, other health staffs) 2-4 Number of training cycle 3-1 Number of deliveries of referral hospitals 3-2 Number of supervisors on EOC 3-3 Number of trainees for refresher course (Drs, Mws, other health staffs) 3-4 Number of VCT clients in the PMTCT program	1-1 Technical Bureau Report 1-2 Technical Bureau Report 1-3 Technical Bureau Report 1-4 Controller Report 1-5 Technical Bureau Report 1-6 Technical Bureau Report 2-1 TOT report 2-2 TOT report 2-3 TOT report 2-4 TOT report 3-1 National Health Statistics Report 3-2 Report of reproductive health national program 3-3 TOT report 3-4 PMTCT program report	<ul style="list-style-type: none"> - Ministry of Health provides Drug /Materials properly

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
4 Hospital facility management at NMCHC, national hospitals and referral hospitals are improved.	4-1 Medical equipment/facility utilizing rate at NMCHC 4-2 Number of national and referral hospital produced inventory list 4-3 Medical equipment/facility utilization rate at national and referral hospitals	4-1 NMCHC engineering section report 4-2 Engineering report of national and referral hospitals 4-3 Engineering report of national and referral hospitals	

Narrative Summary	Inputs	Important Assumptions
Activities 1 (Activities for strengthening of NMCHC as Top referral hospital) 1-1 Improve general management by sufficient use management cycle 1-2 Revise job description 1-3 Train staff for accounting skills / knowledge 1-4 Establish system of appropriate drug and material management at hospital 1-5 Establish hospital maintenance system 1-6 Provide Health education for patients/families 1-7 Standardize patient care 1-8 Strengthen in-service training 1-9 Introduce new paraclinic tests 1-10 Strengthen clinical and nursing divisions at NMCHC 1-11 Strengthen infection control committee activities 1-12 Strengthen safe blood committee activities 1-13 Rearrange patient document management 1-14 Strengthen clinical activities for the referred or poor cases 1-15 Strengthen newborn care at NMCHC 1-16 Carry out human relations training to staffs and others 1-17 Improve the communication among divisions at NMCHC 1-18 Conduct clinical research	Japanese side 1 Dispatch of experts (a) Long-term Chief advisor Coordinator Obstetrics and gynecology Midwife Maintenance expert of medical equipment Clinical laboratory technologist others (b) Short-term Neonatologist, Anesthesiologist, Radiologist, Radiology technician, Hospital accounting expert, OT/NEO nursing, Nursing management expert, Hospital management expert, Maintenance expert of hospital facility, Pharmacist, Health education/training expert, Hospital information expert, HIV/AIDS counselor others	Cambodian side 1 Assignment of counterparts 2 Arrangement of buildings and facilities 3 Sharing of expenses for project implementation - NMCHC main staff who have received training remain at NMCHC

Narrative Summary	Inputs		Important Assumptions
<p>2 (Activities for strengthening of NMCHC as National Training center)</p> <p>2-1 Make a plan for training including needs assessment, monitoring, follow-up and evaluation</p> <p>2-2 Provide training for DRs, MWs, and other health staffs</p> <p>2-3 Perform supervision including supervisor training, check list revision, and information feedback</p> <p>2-4 Strengthen coordination for student training</p> <p>2-5 Train student for MW course (pre-service training)</p> <p>2-6 Strengthen training division at NMCHC</p> <p>2-7 Conduct TOT to NMCHC staffs and others</p> <p>2-8 Disseminate care standard to national/province level</p> <p>2-9 Disseminate newborn care</p> <p>2-10 Establish regular meetings/conferences among hospitals</p> <p>2-11 Conduct training for laboratory technician in provinces based on CPA</p> <p>2-12 Train health personnel for health promotion</p>	<p>2 Counterpart training Obstetrics and gynecology, Clinical laboratory technician, Hospital management and finance, Anesthesiologist, Radiologist/Technician, Hospital management, ICU nurse, OT nurse, Hospital accounting, Echographist, OPD nurse others</p>		
<p>3 (Activities for national program implementation and collaboration organization)</p> <p>3-1 Conduct refresher training (DRs, MWs, other health staffs)</p> <p>3-2 Collaborate on "Safe Motherhood" with National Reproductive Health Program</p> <p>3-3 Implement "Prevention of mother to child transmission of HIV" National program at NMCHC and expand to other provinces</p> <p>3-4 Collaborate on "Infant and Young Child Feeding" with National Nutrition Program</p>	<p>3 Provision of machinery and equipment</p> <p>4 Cost sharing for local</p>		<p>Pre-conditions</p>

Narrative Summary	Inputs		Important Assumptions
<p>4 (Activities for hospital facility management)</p> <p>4-1 Cooperation with MOH for medical equipment management</p> <p>4-2 Establish national workshop for medical equipment at NMCHC</p> <p>4-3 Conduct seminar on Medical equipment management</p> <p>4-4 Make guidelines for hospital facility management and disseminate them</p> <p>4-5 Carry out medical equipment services for other hospitals</p> <p>4-6 Conduct training of hospital facility management</p>			