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1．ミニッツ (本文、合同評価報告書、PDM1、2003 年度活動計画)

MINUTES OF MEETINGS
BETWEEN THE JAPANESE MID-TERM EVALUATION TEAM
AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE UNION OF MYANMAR
ON JAPANESE TECHNICAL COOPERATION
FOR THE LEPROSY CONTROL AND BASIC HEALTH SERVICES 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. Kiyoshi Tanaka visited the Union of Myanmar from February 12, 2003 to February 26, 2003, The purpose of the Team was to monitor the activities and evaluate the achievements made so far in the Leprosy Control and Basic Health Services Project (hereinafter referred to as "the Project").

During its stay, both the Team and authorities concerned of the Union of Myanmar (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.

Yangon, February 26, 2003

田中喜代史

Dr. Kiyoshi Tanaka, M.D.
Leader
Mid-term Evaluation Team
Japan International Cooperation Agency
Japan

26/2/2003.

Dr. Hla Pe
Acting Director General
Deputy Director General (Medical Care)
Department of Health
Ministry of Health
The Union of Myanmar

ATTACHED DOCUMENT

1. Introduction:

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

2. Result of Evaluation

1) Relevance

In consistency with global priority, the Project meets the global priority addressing public health problem of leprosy in Myanmar.

In consistency with national policy, the Project meets the priority areas in disease control in Myanmar. Also, focus on basic health services meets the national health priority, and emphasis on POD, POWD, and rehabilitation becomes more significant in planning for post elimination era of Myanmar's leprosy control.

In consistency with needs of the pilot project area, while having achieved leprosy elimination, accelerated efforts are still necessary to sustain the elimination at national level, achieve elimination in endemic areas, and provide care to patients. Also, the Project site rests on the endemic area of leprosy in Myanmar.

In consistency with Japan's assistance strategy, assistance in leprosy control meets the JICA's country assistance strategy in Myanmar.

2) Effectiveness

For the progress towards the outputs of the Project, the Project achieved training programmes for enhancing capacity of BHS, microscope tests and reconstructive surgery. Providing training for vertical staff and staff of township hospitals is the next step to fulfill the plan.

3) Efficiency

In eextent to which the inputs have been converted to the outputs, there is little discrepancy between inputs and outputs. More inputs produced more activities and outputs defined in PDM.

In efficient approach made, the project creates collaborative activities with non-governmental organizations (NGO) for the sewing training and MCR footwear project. Also, efficient coordination is made with all the partners in leprosy control to avoid duplication both in area and activity wise.

In timing of the inputs, activities, and the outputs achieved, most of the Project's activities maintain their schedule. In some cases, procuring training equipments took long time, which resulted in implementation of training without those equipments

4) Impacts

Extent to which overall goals are likely to be achieved

On efforts made by the projects for possible expansion of the project achievements to wider areas, the Project invites some relevant participants for the training programme from outside the pilot project area. This would allow the Project's achievement to expand to wider areas. Also, the Project is making optimal efforts to introduce the activities and share its experience both nationally and internationally.

On changes made to the Project's beneficiaries, sewing training might initiate socio-economic rehabilitation activities among PALs with their own efforts. Three divisional meeting acts as driving force for strengthening divisional commitment for leprosy control. Also, training programmes increased motivation among BHS.

5) Sustainability

On organizational sustainability, Myanmar leprosy control programme established well-organized structure for elimination, while creating service providing system for POD, POWD and rehabilitation is still on its process.

On financial sustainability, the Myanmar counterparts took responsibility of bearing recurrent costs for operation and maintenance of facilities and equipment supported by the Project. Proportion of the public expenditure of Myanmar government increases in the total expenditure of leprosy control programme, while international partners still play significant role.

* Conclusion

The Project has been successfully underway as planned and remarkable achievement has already been made within the 2 years and 10 months after its initiation.

The Project is high in relevance, maintains its schedule to achieve effectiveness, takes efficient measures, while securing sustainability and wider impact is the key issue for the next half of the implementation period.

The Project addresses highly significant areas in leprosy control with emphasis on POD, POWD and rehabilitation. The Project was able to maintain its schedule. The operational structure and implementation cycle of the Project are the two major factors to allow the Project perform smoothly its activities in time. The Joint Coordination Committee and the Joint Meeting of the Three Divisions on Leprosy and Basic Health Services are great opportunity for dialogue with counterparts both at central and implementation level. Sustainability and impact are the major challenges for future implementation of the Project.

3. Revision of PDM

Through Mid-term Evaluation, both sides agreed to modify the PDM0 to PDM1, which was developed and authorized by the JCC. The PDM1 is attached in Annex.

Points of the modification of the PDM0 is to specify the description of the Project site, institutions concerned, target group and of the narrative summary, verifiable indicators, means of verification, important assumptions, and prediction, in logical and suitable way for being accordance with current activities and future monitoring and evaluation of the Project.

4. Action Plan of 2003 JPY (April 2003-March 2004)

Both sides agreed with Action Plan of 2003 JPY, which was developed and authorized by the JCC. The Plan is attached in Annex.

5. Recommendations

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

It is to be noted that the Japanese Project Team and the Myanmar counterparts are implementing the Project in a collaborative manner.

1) The Project should continue to support leprosy control (towards elimination at divisional/township level) and other basic health services by using appropriate strategies.
2) The Project needs more intimate collaboration with vertical staff and TMOs to develop the referral system of POD/POWD and rehabilitation in the action plan 2003/2004. The closer relationship of hospitals at different level and leprosy hospitals with specialized and divisional hospitals would open more chances for leprosy patients to use general health services as referrals.
3) In initiating POD/POWD and rehabilitation program, the Project should use appropriate sustainable tools, which are low cost, using locally available resources and acceptable by the local community.
4) The Project should promote integrated health care services further by effective use of health information, good planning and implementation through close coordination among infectious disease control programs at each administrative level.
5) Revision of PDM (from PDM0 to PDM1) includes an additional concerned institution of the Project, which is Mayanchaung station hospital in Yangon Division. It should be strengthened as a pilot site of outcomes of the Project activities, such as self-care, footwear and reconstructive surgery and referral, which might become the best practice for other hospitals.
6) Equipments should be procured and provided timely with project's training activities.
7) The Mandalay project office is to be moved to the Regional Leprosy Office there in possible shortest time in order to have close communication between NLCP and JICA expert.
8) For sustainability, strategic actions are necessary for organizing each activity to expand the possible impacts of the Project achievement. The strategic action should include (1) modeling the pilot project experience, (2) creating the 'essential package' for POD, POWD, and rehabilitation for leprosy patients based on the Project experience, and (3) encouraging community participation.
9) The Project recognizes the importance of supporting operational research in the scope of PDM in order to sustain and improve the leprosy control activities in Myanmar.

Annex: Joint Evaluation Report
PDM1
Action Plan of 2003 JFY

JOINT EVALUATION REPORT ON THE JAPANESE TECHNICAL COOPERATION FOR THE LEPROSY CONTROL AND BASIC HEALTH SERVICES PROJECT IN THE UNION OF MYANMAR

Contents

I. Outline of the Mid-term Evaluation Study

1. Definition and Objectives

Mid-term evaluation is defined as an assessment performed towards the middle of the period of implementation of the intervention and intended to improve its performance.[1] It examines an ongoing project, programme or policy on its design, implementation process, and performance. Based on the results of the assessment, recommendations are made to direct the course of the project so that the Project purpose and overall goal would be consecutively achieved when the outputs of the activities are fulfilled.

2. Evaluation Team

1. Project Title	The Leprosy Control and Basic Health Services Project
2. Period of Cooperation	1 April 2000 – 31 March 2005
3. Executing Agency	Department of Health, Ministry of Health, the Union of Myanmar
4. Period of Mid-term Evaluation	12 February 2003 – 26 February 2003
5. Team Members	<JAPANESE> Team Leader Dr. Kiyoshi TANAKA Former Director General, Bureau of International Cooperation, International Medical Centre of Japan, Ministry of Health, Labour and Welfare Senior Advisor, The Mizuho Bank Ltd, Mizuho Financial Group Leprosy Control Dr. Masanao MAKINO Director General, National Sanatorium Oku-Komyoen,

[1] DAC Working Party on Aid Evaluation. 2002. Glossary of Key Terms in Evaluation and Results Based Management. OECD.

	Ministry of Health, Labour, and Welfare Infectious Disease Control Dr. Yasuo CHIBA Director, The 2nd Expert Service Division, Bureau of International Cooperation, International Medical Centre of Japan, Ministry of Health, Labour, and Welfare Infectious Disease Control Dr. Shigefumi NAKANO Director, Planning Division, Bureau of International Cooperation, International Medical Centre of Japan, Ministry of Health, Labour, and Welfare Cooperation Planning Mr. Tsunenori AOKI First Medical Cooperation Division, Medical Cooperation Department, Japan International Cooperation Agency Evaluation Analysis Ms. Ayako HONDA Analyst, International Development Centre of Japan <MYANMAR> Dr. Ye Myint Director (Disease Control), Department of Health, Ministry of Health Dr. Kyaw Nyunt Sein Deputy Director (Leprosy), Department of Health, Ministry of Health

	Dr. Kyaw Myint Assistant Director (Leprosy), Department of Health, Ministry of Health Dr. Zaw Win Assistant Director (Leprosy), Department of Health, Ministry of Health Dr. Kyaw Lwin National Consultant, World Health Organization Dr. Tin Myint National Consultant, World Health Organization Dr. Maung Maung Gyi National Consultant, World Health Organization

3. Methodology

The PCM (Project Cycle Management) method is employed for the evaluation. The evaluation is conducted by comparing the design and outcome of the project through 5 evaluation criteria, i.e., relevance, effectiveness, efficiency, impact and sustainability. The Project Design Matrix (PDM) shows the project design. Modifications made on the PDM, documents and reports were reviewed to produce a PDM for evaluation (PDMe) that summarizes the project design set during the 34-month cooperation period (April 2000 – February 2003).

To compare the outcome of the Project with its design, an evaluation grid is produced. For each of the above criteria, self-administered questionnaires are prepared, and the method of data collection is decided. This report contains an analysis through 5 evaluation criteria based on the data and information designed to be collected.

4. Definition of Five Criteria for Evaluation[2]

4-1 Relevance

The extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partner's and donor's policies.

4-2 Effectiveness

The extent to which the development intervention's objectives were achieved, or are expected to be achieved taking into account their relative importance.

4-3 Efficiency

A measure of how economically resources/inputs (funds, expertise, time, and so forth) are converted to results.

4-4 Impact

Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.

4-5 Sustainability

Possibility of the continuation of benefits from a development intervention after major development assistance has been completed.

II Background

In the Union of Myanmar (hereinafter referred to as Myanmar) infectious diseases accounts for most leading causes of mortality and morbidity and are counted as one of the top priority in the National Health Plan. In terms of leprosy, Myanmar is considered to be one of the six endemic countries in the world.

The Myanmar government started to launch Anti-Leprosy Campaign as early as 1950-51. Partial integration of the national leprosy control with People's Health Plan started in 1977. In 1988 MDT Programme was started in six hyper-endemic regions and

[2] DAC Evaluation Group. DAC Evaluation Criteria. OECD. http://www1.oecd.org/dac/Evaluation/html

it was integrated to Basic Health Services (BHS) in 1991 and completed in 1995.[3] With strong commitment and great efforts made by the government, the prevalence rate was remarkably reduced from 53.4/10,000 in 1987 to 5.5/10,000 within six years of MDT implementation. However, slower reduction of prevalence from 5.5/10,000 (1994) to 2.02/10,000 (2001) was observed while new case detection rate increased from 19.7/100,000 (1994) to 61.8/100,000 (1999) due to special campaigns like LEC and NLEC.[4] The Government of Japan dispatched the Basic Study Team on Infectious Diseases in October 1998 and the Study Team identified the importance of technical assistance in the field of infectious diseases in the country, especially for leprosy control.

Under these circumstances, the Union of Myanmar requested the Government of Japan for a project-type technical cooperation aiming at strengthening infectious disease control, especially for leprosy and enhancing capacity of BHS who deliver health care services directly to community.

(1) Preliminary Study

Receiving the request from Myanmar, in July 1999, the Preliminary Study Team was dispatched to study and discuss the outline of the project. The PCM Workshop was conducted to formulate the framework of the project. The Study Team had a series of discussion with the Myanmar authorities concerned on components of the Japanese technical assistance, measures to be taken by the Myanmar side, and administration of the Project. In this occasion, both Japanese and Myanmar sides agreed upon the dispatch of Japanese specialists for supplementary study prior to the exchange of the Record of Discussion (R/D) in order to discuss and study the details of the Project.

(2) Supplementary Study

As agreed upon during the Preliminary Study, a group of Japanese specialists were dispatched for supplementary study between September and November 1999.

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[3] Dr. Kyaw Nyunt Sein. 2003, *Progress Towards Elimination of Leprosy in Myanmar (2001-2002).* Progress Towards Leprosy Elimination in Myanmar (50 years Journey) 1952-2002.Leprosy Control Programme. Department of Health. Ministry of Health. Yangon, Myanmar.

[4] Ministry of Health, Myanmar. 2002. Health in Myanmar 2002. Yangon, Myanmar.

The expertise of the specialist team included infectious disease control, leprosy control, nursing, clinical laboratory test, physiotherapy, prosthesis and shoes making. They studied the status of leprosy control in Myanmar, formulated five-year plan of the Project, selected the Project site, and designed the details of the Project.

(3) Implementation Study

Based on the supplementary study made by the Japanese specialists, in January 2000, the Implementation Study Team was dispatched. The Study Team exchanged views and had a series of discussion with the Myanmar authorities concerned on desirable measures to be taken by both government for successful implementation of the Project. Formulating the master plan of the Project, the Study Team and Myanmar signed Record of Discussions (R/D) and Tentative Schedule of Implementation (TSI).

(4) Management Consultation

One and half year after the Project started, the Management Consultation Team was dispatched in order to review the activities of the Project and discuss the future implementation plan. In this occasion, both Japanese and Myanmar sides agreed upon that the Project has been well established and started implementation of programme as planned. The Management Consultation Team approved the proposed plan of actions for FY 2002 and made recommendations on enhancement of leprosy hospitals, development of tools for awareness raising for community, and the Project office move.

III Evaluation

1. Preparation of Project Design Matrix for Evaluation (PDMe)

Overall Goal

1. Elimination of leprosy is achieved and sustained in the project site.
2. POD, POWD, and rehabilitation services are widely available for Persons Affected by Leprosy (PALs) in the project site.
3. Comprehensive leprosy control program including case finding, treatment and rehabilitation is enhanced throughout Myanmar.

Project Purpose

Leprosy control program including new case finding, treatment, POD, POWD and rehabilitation is conducted effectively with a sustainable referral system, together with technical improvement of BHS not only for leprosy but also for the control of other disease such as tuberculosis (TB), malaria, and EPI, in the project site.

Outputs

1. Capacity for new case finding of leprosy is enhanced among BHS, vertical staff, staff of leprosy hospitals, and that of township hospitals.
2. Capacity for treatment of leprosy including MDT, side effects and reactions is enhanced among BHS, vertical staff, staff of leprosy hospitals, and that of township hospitals.
3. Capacity for POD, POWD and rehabilitation is enhanced among BHS, vertical staff, staff of leprosy hospitals, and that of township hospitals.
4. Capacity of BHS for control of other major diseases including EPI, malaria, TB is enhanced.
5. Program management capacity is enhanced among Regional Leprosy Officers, Team Leaders and Township and District Medical Officers for leprosy control.

Inputs

Japanese side

1. Experts
2. Counterpart training in Japan
3. Provision of equipment
4. Construction and renovation of facilities
5. Local operating costs

Myanmar side

1. Personnel
2. Provision of facilities for the project operation
3. Local transportation costs of the project-provided equipment
4. Recurrent costs of the project-provided equipment
5. Recurrent costs of the facilities constructed and renovated by the project

Activities

1. Provide training on New Case Finding
2. Provide training on Treatment
3. Provide training on POD, POWD and Rehabilitation
4. Provide training on other diseases for Basic Health Staff (BHS)
5. Provide training on program management
6. Enhance functions of leprosy hospitals
7. Perform other necessary activities

2. Achievements of the Project

2-1. Inputs

(1) Inputs by Japan

As of FY 2002, nine long-term and twenty-nine short-term Japanese experts were dispatched to the Project. Number and duration by expertise is shown in the below table.

Experts dispatched to the Project (as of FY2002)

Expertise		No of experts	M/M
Long-term Experts			
Chief-Advisor		2	35
Leprosy Control		3	28
Nursing		2	35
Coordinator		2	34
Total		9	132
Short-term Expert			
Clinical laboratory		3	7.1
Leprosy control		5	2.4
Nursing		5	9.5
Rehabilitation			
	Reconstructive surgery	2	1.2
	Physiotherapy	3	3.7
	Prosthesis & shoe making	3	4.5
Other diseases			
	EPI	1	0.3
	Malaria	2	1.3
	TB	3	1.1
IEC / School health		2	1.9
Total		29	33

As of FY 2001, JPY 86 million (approximately USD 730 thousand[5]) was spent for provision of equipment. For FY 2002, approximately JPY 41.7 million (USD 353 thousand) of equipment is committed to be provided. In the first two years, large portion of the total amount went for uplifting function of Yenanthar Leprosy Hospital, while for FY 2002, training activities account for 76% of the total amount.

[5] The rate of one USD equivalent to JPY 118 (February 2003) is used for calculation.

Provision of equipment by institutions and purposes as of FY2002

FY	Purpose	Amount (yen)	%
2000	Project office	14,640,930	33.3
	Training activities	12,807,875	29.1
	Yenanthar Leprosy Hospital	15,190,395	34.5
	Central Special Skin Clinic in Yangon	206,000	0.5
	Shipping & local procurement	1,154,800	2.6
	Total	JPY 44,000,000 (USD 373,000)	100.0
2001	Training activities	16,689,800	39.7
	Yenanthar Leprosy Hospital	18,779,990	44.7
	Central Special Skin Clinic in Yangon	52,000	0.1
	Special Skin Clinic in Mandalay	458,500	1.1
	Shipping & local procurement	6,019,710	14.3
	Total	JPY42,000,000 (USD 356,000)	100.0
2002*	Foot wear project	6,704,000	16.1
	Training activities	31,799,000	76.2
	Yenanthar Leprosy Hospital	583,000	1.4
	Central Special Skin Clinic in Yangon	2,653,000	6.36
	Total	JPY 41,739,000 (USD 353,000)	100.0

* Amount for FY 2000 is calculated at commitment bases.

The table below shows the number of persons by type who received the counterpart training in Japan. In 2000 and 2002, three persons were sent to Japan each year, while four persons sent in 2001.

C/P training in Japan by type as of FY2002

Type	No. of persons trained
Leprosy program management	1
Leprosy control	6
Leprosy medical treatment	1
EPI	1
TB	1
Total	10

As a part of the Project activities to enhance functions of leprosy hospitals, a training centre was built in the YLH and some parts of YLH and MSSC were renovated. Construction of the training centre accounts for approximately 80 % of the total expenditure for construction and renovation.

Construction and renovation of facilities*

FY	Purpose	Amount (1,000 yen)	%
2000	Construction of the training centre at Yenanthar Leprosy Hospital (YLH)	23,700	81.2
	Set-up of the project office	906	3.1
	Sub-total	24,606	
2001	Renovation of laboratory at YLH	1,422	4.9
	Renovation of operating theatre at YLH	2,124	7.3
	Renovation of Special Skin Clinic in Mandalay	1,026	3.5
	Sub-total	4,572	
	Total	29,178	100.0

* Costs for construction and renovation of facilities are parts of the local operating costs of the Project

The project operating costs are presented by item in the table below. Expenditure for construction and renovation of facilities stated above is also a part of the project operating costs.

Other local operating costs of the Project (1,000 yen)

Item	2000	2001	2002
Running costs	7,545	9,713	9,317
Training costs	Materials for BHS training 8,314	Materials for BHS training; Implementation of BHS training 5,731	Materials for BHS training; Implementation of BHS training 13,874
Others			Participating international conference 1,955
Total	15,859	15,444	25,146

(2) Inputs by Myanmar

As agreeing upon in the R/D, the Myanmar government bears the following personnel as the counterparts of the Project:

Position/Function in the Project	Person Assigned
Project Director	Director General, DOH
Deputy Project Director	Deputy Director General (Public Health/Disease Control)
Project Manager	Director (Disease Control)
Deputy Project Manager	Deputy Director (Leprosy)

Position/Function in the Project	Person Assigned
Leprosy Control, DOH (HQ)	2 Assistant Directors 3 Medical Officers
Divisional Level	3 Divisional Health Directors
Regional Offices, Leprosy, in 3 Div.	3 Regional Officers (Leprosy)
Team Leaders, Leprosy, in 48 Ts.	9 Team Leaders (Leprosy)
Yenanthar Leprosy Hospital	1 Medical Superintendent 2 Assistant Surgeons 3 Nurses 1 Laboratory Technician
Central Special Skin Clinic, Yangon General Hospital	1 Specialist, Leprosy 1 Medical Officer 1 Laboratory Technician
Other Diseases: Collaboration in BHS Training	Deputy Director, EPI Deputy Director, TB Deputy Director, Malaria Medical Officer, EPI Medical Officer, TB

Aside from personnel, the Myanmar government provides the Project with project offices both in Yangon and Mandalay where electricity, water, telephone lines and other necessary facilities are supplied by the government.

With regards to the equipment provided by the Project, the Myanmar government takes responsibility for local transportation costs and recurrent costs of the project-provided equipment. The government also bears recurrent costs of the facilities constructed and rehabilitated by the Project.

2-2. Activities

Activities performed by the Project as of February 2003 are summarized in the tables below in accordance with activity categories stated in the PDMe.

(1) Provide training on new case finding

As for new case finding, by April 2000 when the Project started, the Myanmar government has already completed the 1st round of training for BHS and vertical staff on the subject with technical assistance by WHO. In order to avoid duplication in activities, the Project modifies its original plan of providing training programme on new case finding and made the Project's training programme for BHS serve as a refresher training course on this subject.

Activities on PDM	Achievement as of Feb 2003
1-1 Produce IEC materials	• Produced poster for Leprosy Awareness Campaign (LAC)
1-2 Produce training materials	• Produced textbook for BHS training on leprosy (contents include new case finding, treatment, and rehabilitation) • Produced a set of pictorial teaching chart (contents include new case finding, diagnosis, and referral system)
1-3 Provide training	The Myanmar government initiated staff training on new case finding under the National Leprosy Elimination Programme with assistance of WHO before the Project started. • Held the 1st combined BHS training on leprosy, TB, and EPI • Held the 2nd combined BHS training on leprosy, TB, and EPI
1-4 Improve information system	• Provided computers for regional leprosy offices, team leader offices, YLH, YCSSC, and MSSC. • Provided training on Epi-Info for regional leprosy offices, team leader offices, YLH, YCSSC, and MSSC. • Provided photocopy machine with DOH, HQ and regional leprosy offices.
1-5 Establish surveillance system	In 2000-01, the Myanmar government implemented Leprosy Elimination Campaign (LEC) as active case detection. In 2001, the Myanmar government implemented 'data cleaning' to secure accuracy on registered prevalence rate.

(2) Provide training on treatment

Activities on PDM	Achievement as of Feb 2003
2-1 Make plan and curriculum	• Prepared curriculum for combined BHS training on leprosy, TB, and EPI. • Prepared curriculum for combined microscope training on leprosy, TB, and malaria.
2-2 Prepare training materials	• Produced textbook for BHS training on leprosy (contents include new case finding, treatment, and rehabilitation). • Produced a set of pictorial teaching chart (contents include new case finding, diagnosis, and referral system). • Produced handouts of microscope training on leprosy.
2-3 Provide necessary equipment for training	• Provided OHP, screen, video, TV, and projector with township hospitals for BHS training. • Provide microscope, skin smear kit, and reagent for participants of microscope training.
2-4 Implement training of trainers (TOT)	• Held 1st TOT for skin smear • Held 2nd TOT for skin smear • Held 3rd TOT for skin smear • Held TOT training for 1st BHS training • Held TOT training for 2nd BHS training

Activities on PDM	Achievement as of Feb 2003
2-5 Implement training courses	• Held 1st batch combined microscope training on leprosy, TB, malaria • Held 2nd batch combined microscope training on leprosy, TB, malaria • Held 3rd batch combined microscope training on leprosy, TB, malaria • Held the 1st combined BHS training on leprosy, TB, and EPI • Held the 2nd combined BHS training on leprosy, TB, and EPI
2-6 Assess the trainees' learning	• Performed pre- and post-test for combined microscope training for leprosy, TB, and malaria • Performed pre- and post-test for combined BHS training on leprosy, TB, and EPI • Performed sample monitoring on microscope training • Performed sample monitoring on BHS training

(3) Provide training on prevention and rehabilitation

Activities on PDM	Achievement as of Feb 2003
3-1 Make plan and curriculum	• Prepared curriculum for BHS training on leprosy, TB, and EPI. • Prepared training curriculum on reconstructive surgery. • Designed sewing training program. • Designed training programme for shoes-makers. • Designed MCR sandal project.
3-2 Prepare training materials	• Produced textbook for BHS training on leprosy (contents include new case finding, treatment, and rehabilitation) • Produced a set of pictorial teaching chart (contents include new case finding, diagnosis, and referral system) • Produced self-care training materials including video and poster
3-3 Provide necessary equipment for training	• Provided OHP, screen, video, TV, and projector with township hospitals for BHS training. • Provided equipment and materials for producing MCR sandals.
3-4 Implement training of trainers (TOT)	• Held TOT training for 1st BHS training • Held TOT training for 2nd BHS training
3-5 Implement training courses	• Held the 1st combined BHS training on leprosy, TB, and EPI • Held the 2nd combined BHS training on leprosy, TB, and EPI • Held training on reconstructive surgery for orthopaedic surgeons • Held training on reconstructive surgery for leprosy hospital staff. • Provide shoe-making training for staff of YCSSC and Mawlamyaing Hospital • Held 1st batch sewing training in collaboration with NGO • Held 2nd batch sewing training in collaboration with NGO • Held 3rd batch sewing training in collaboration with NGO
3-6 Assess the trainees' learning	• Performed pre- and post-test for combined BHS training on leprosy, TB, and EPI • Performed questionnaire survey on reconstructive surgery training • Performed sample monitoring on BHS training

(4) Provide Training on Other diseases

Activities on PDM	Achievement as of Feb 2003
4-1 Prepare BHS training curriculum and materials for other diseases.	• Produced BHS training materials on TB • Produced microscope training materials on TB • Prepared microscope training materials on Malaria • Prepare BHS training materials on EPI
4-2 Implement TOT	• Held 1st TOT for skin smear • Held 2nd TOT for skin smear • Held 3rd TOT for skin smear • Held TOT training for 1st BHS training • Held TOT training for 2nd BHS training
4-3 Implement training of other diseases for BHS as a part of the leprosy-related training opportunities	• Held 1st batch combined microscope training on leprosy, TB, malaria • Held 2nd batch combined microscope training on leprosy, TB, malaria • Held 3rd batch combined microscope training on leprosy, TB, malaria • Held the 1st combined BHS training on leprosy, TB, and EPI • Held the 2nd combined BHS training on leprosy, TB, and EPI
4-4 Assess the trainees' learning	• Performed pre- and post-test for combined microscope training on leprosy, TB, and malaria • Performed pre- and post-test for combined BHS training on leprosy, TB, and EPI • Performed sample monitoring on microscope training • Performed sample monitoring on BHS training

(5) Provide training on program management

The Project provided computers for regional leprosy offices, team leader offices, YLH, YCSSC, and MSSC, followed by training on Epi-info for them in order to enhance the capacity of problem finding and solving through epidemiological statistics. In addition, counterpart training in Japan includes the subject of enhancing management capacity of leprosy control programme. The Project, however, has not yet started most of the activities in this area. On the other hand, Myanmar government held a human resource development workshop for leprosy control at regional level in 2002.

(6) Enhancement of hospital function

Activities on PDM	Achievement as of Feb 2003
6-1 Enhance functions of YLH	• Constructed a training centre and dormitory • Renovated operation theatre • Renovated laboratory • Provided equipment with operation theatre, laboratory, rehabilitation room, prosthesis factory, footwear workshop and patient ward • Introduced standardized system of patient records including inpatient and outpatient wards, physiotherapy room, operation theatre, and laboratory • Introduced operative nursing care including pre-operation check-list and orientation form for patients
6-2 Enhance functions of YCSSC	• Renovated training room, operation theatre for minor surgery, and laboratory. • Provided equipment with training room, operation theatre, physiotherapy, and laboratory.
6-3 Enhance functions of MSSC	• Renovated the clinic building • Provided equipment for laboratory test and furniture.

2-3. Progress of the Output as of FY 2002

The outputs achieved by the Project as of February 2003 are summarized in the below tables by type of training, training and IEC materials produced and degree of knowledge and skills attained by the training participants.

(1) Combined BHS Training on Leprosy, TB, & EPI

TOT and BHS training held as of February 2003

FY	Title	Content	Days*	Participants (persons)		Type
2001	TOT for BHS Training	Teaching Method	3	Vertical Staff	11	Teaching method
2001	TOT for BHS Training	Leprosy	3	Vertical Staff	13	Leprosy
2001	TOT for BHS Training	TB	2	Vertical Staff	13	Other disease
2002	TOT for BHS Training	Leprosy	3	Vertical Staff	18	Leprosy
2002	TOT for BHS Training	TB	2	Vertical Staff	12	Other disease
2002	TOT for BHS Training	EPI	2	Vertical Staff	12	Other disease
Total number of persons received TOT for BHS training: 79 vertical staff						
2001	1st BHS Training	Leprosy	1	BHS in 48 townships	3,091	Leprosy
		TB	1			Other disease
		EPI	1			Other disease
2002	2nd BHS Training	Leprosy	2	BHS in 48 townships	3,119	Leprosy
		TB	1			Other disease

FY	Title	Content	Days*	Participants (persons)		Type
		EPI	1			Other disease
Total number of persons received BHS training: 6,210 BHS						

*For the details on date of training courses, please see the Annex 2.

(2) Combined Microscope Training on Leprosy, TB and Malaria

TOT and microscope training held as of February 2003

FY	Title	Content	Days*	Participants (persons)		Type
2001	1st TOT for Lab. Tech	Skin smear	12	Vertical Staff	9	Treatment
2001	2nd TOT for Lab. Tech	Skin smear	12	Vertical Staff	12	Treatment
2001	3rd TOT for Lab. Tech	Skin smear	12	Vertical Staff	6	Treatment
2001	TOT for Lab Tech on TB	TB	7	Vertical Staff	9	Other disease
2001	TOT for Lab Tech on Malaria	Malaria	10	Vertical Staff	6	Other disease
Total number of persons received TOT for microscope training: 41 vertical staff						
2002	1st Combined training for Lab. Tech	Leprosy	5	Lab Tech of Township Hospital	15	Treatment
		TB				Other disease
		Malaria				Other disease
2002	2nd Combined training for Lab. Tech	Leprosy	5	Lab Tech of Township Hospital	16	Treatment
		TB				Other disease
		Malaria				Other disease
2002	3rd Combined training for Lab. Tech	Leprosy	5	Lab Tech of Township Hospital	15	Treatment
		TB				Other disease
		Malaria				Other disease
Total number of persons received microscope training: 46 lab. technicians of township hospitals						

*For the details on date of training courses, please see the Annex 2.

(3) Reconstructive Surgery Training

Training on reconstructive surgery held as of February 2003

FY	Category	No of operations	Days*	Participants (persons)		Type
2001	Orthopoedic Surgeons	17 cases	25	Doctors	5	Rehabilitation
				Physiotherapists	2	
				Nurses	3	
2002	Staff of Leprosy Hospital	26 cases	19	Doctors	6	Rehabilitation
				Physiotherapists	3	
				Nurses	4	
Total number of persons received training for reconstructive surgery: 11 doctors, 5 physiotherapists, and 7 nurses						

*For the details on date of training courses, please see the Annex 2.

(4) Sewing Training

Sewing training sessions held as of February 2003

FY	Title	Days*	Participants (persons)		Type
2001	1st Sewing Training	12	PALs and their family	22	Rehabilitation
2002	2nd Sewing Training	12	PALs and their family	19	Rehabilitation
2002	3rd Sewing Training	12	PALs and their family	23	Rehabilitation
Total number of persons received sewing training: 64 patients, ex-patients, and their family					

*For the details on date of training courses, please see the Annex 2.

(5) Training and IEC Materials

Textbooks produced for BHS and microscope training

	Type	Language
1	Textbook for BHS training on leprosy	Myanmar
2	Textbook for BHS training on TB	Myanmar
3	Textbook for BHS training on EPI (for supervisors)	Myanmar
4	Textbook for BHS training on EPI (for TOT)	Myanmar
5	Textbook for BHS training on EPI (for BHS)	Myanmar
6	Handouts for microscope training on leprosy	Myanmar

IEC materials for leprosy control produced by the Project

	IEC material	Target	Quantity Produced
1	Pamphlet for volunteer health workers (VHW)	VHW, all areas	100,000
2	Pamphlet for community	general population, all areas	1,000,000
3	Poster (1), art paper	general population, project area	6,000
4	Poster (2), art paper	general population, project area	6,000
5	Poster (3), art paper	general population, all areas	8,000
6	Poster (1), normal paper	general population, all areas	10,000
7	Poster (2), normal paper	general population, all areas	10,000
8	Poster (3), normal paper	general population, all areas	20,000
9	Guide for VHW	VHW, project area	10,000
10	Self care manual	BHS, vertical staff, project area	10,000
11	Pictorial teaching chart for leprosy	health centre, vertical staff, project area	2,000
12	Pictorial teaching chart for self care	health centre, vertical staff, project area	2,000

Training and IEC materials for other diseases produced by the Project

	Training & IEC material	Language	Quantity Produced
1	Handbook on TB for health workers	Myanmar	4,500
2	Flowchart for diagnosis and treatment of TB	English	4,000
3	Laboratory handbook on TB	Myanmar	1,000
4	TB-DOTS Sticker	Myanmar	10,000
5	Pamphlets on TB	Myanmar	25,800
6	TB fact sheet	Myanmar	10,000
7	Poster for TB control	Myanmar	2,500
8	Poster for EPI (1)	Myanmar	2,500
9	Poster for EPI (2)	Myanmar	2,500
10	Textbook for microscope training on Malaria (Myanmar version of the WHO/UNDP textbook, reprinted by the Project)	Myanmar	70
11	Handouts on the summary of malaria status and its control in Myanmar	English	70
12	A set of five laminated pictorial charts on malaria control (WHO materials reprinted and laminated by the Project)	English	1,000

(6) MCR footwear project

As a part of POD activities, the Project is supporting the development of low-cost, local-made, and socially acceptable MCR footwear and their distribution channels. The Project aims a) to develop appropriate footwear (low-cost, local-made, and socially acceptable), b) to develop sustainable distribution system of the footwear in the pilot area with acceptable user-fee from those who need, and c) to promote POD practices with the footwear in order to keep foot without any problem or prevent further deformities.

In the course of this activity, the JICA short-term experts technically assisted shoes-makers of Yenanthar Leprosy Hospital to become a trainer of the MCR footwear for other leprosy hospitals in Myanmar. In 2002, those shoes-makers of YLH conducted training on MCR foot wear twice, one for shoes-maker from Yangon Central Special Skin Clinic and the other from Christian Leprosy and Reconstructive surgery Hospital in Mawlamyaing.

The MCR footwear project started developing standard-type MCR sandals and currently in the trial period to improve the quality.

(7) Degree of knowledge and skills attained by training participants

The Project conducts a short-form quiz before and after a training programme in order to assess to what extent the participants learned knowledge and skills from the

training programme. The table below presents the results of the pre- and post-test the Project conducted for the participants of the second BHS training on leprosy (n=2800).

Result of pre- and post- test of BHS training on leprosy (n=2800)

Issues asked	Pre-test score (av. %)	Post-test score (av. %)
Q 1 General	70.7	72.5
Q 2 Examination of the patch	54.9	61.6
Q 3 Classification	78.0	95.2
Q 4 Treatment	87.7	80.2
Q 5 Reaction	46.2	25.4
Q 6 Soles of the feet and Self-care	63.2	69.7
Q 7 Eyes, hands, and feet	44.0	48.0
Q 8 Disability	15.8	16.2
Q 9 Referral system	46.0	45.9
Total score	56.3	57.2

Source: Baba. H. 2003. Presentation material on BHS training.

The figures on the table imply that the overall knowledge on leprosy was slightly increased among the participants. For most of the issues, especially patch test and classification, the participants seems to have gained knowledge from the training, while they seems to have some confusion on the issues of reaction and referral system. Further analysis is to be made for the results.

The Project performs the same assessment for the microscope training. Most of the participants marked full-score after the microscope training and the comparison of the results between pre- and post-tests revealed the participants fully attained what they were taught in the training programme.[6]

The Project performed sample survey to monitor knowledge and practice of the training participants after the training. The survey aims to assess the knowledge level of the training participants after the training programme and to examine whether they actually practice the knowledge and skills they learned from the training programme. The Project conducted the structured interview in December 2002 and January 2003 with seven microscope training participants and fifty-nine BHS training participants. The results of the interview are summarized in the tables below. The participants of the BHS training marked high score for questions inquiring knowledge on leprosy (Q1 to Q6 in the left raw of the table below), while they marked rather lower score for questions on skills of providing care for leprosy patients (Q7 and Q8 in the left raw of the table below). The participants of the microscope training marked almost perfect for questions asking knowledge on leprosy, TB and Malaria. However, the

[6] Suzuki. Y. 2002. Report of the JICA short-term expert on microscope training on skin smear for the Leprosy Control and Basic Health Service Project, The Union of Myanmar.

Project also learned from the interview that the microscope training participants have less opportunity to practice skin smear test for leprosy as classification mainly based on clinical ground.

Results of the Sample Survey for BHS Training on Leprosy & EPI (n=59)

No.	% of BHS who marked correct answer	
	Leprosy (%)	EPI (%)
Q1	98.3	79.3
Q2	98.3	65.5
Q3	100	67.2
Q4	100	62.1
Q5	93.1	29.3
Q6	72.4	87.9
Q7	63.8	79.3
Q8	41.4	82.8
Q9		43.1
Q10		60.3
Q11		1.7

Source: Baba. H. 2003. Presentation material on BHS training.

Results of the Sample Survey for BHS Training on TB (n=59)

No.	Ave. Score (10 = full score)
Q1	7.0
Q2	8.2
Q3	4.1
Q4	6.6
Q5	5.1

Source: Baba. H. 2003. Presentation material on BHS training.

3. Implementation Process

3-1 Stakeholders

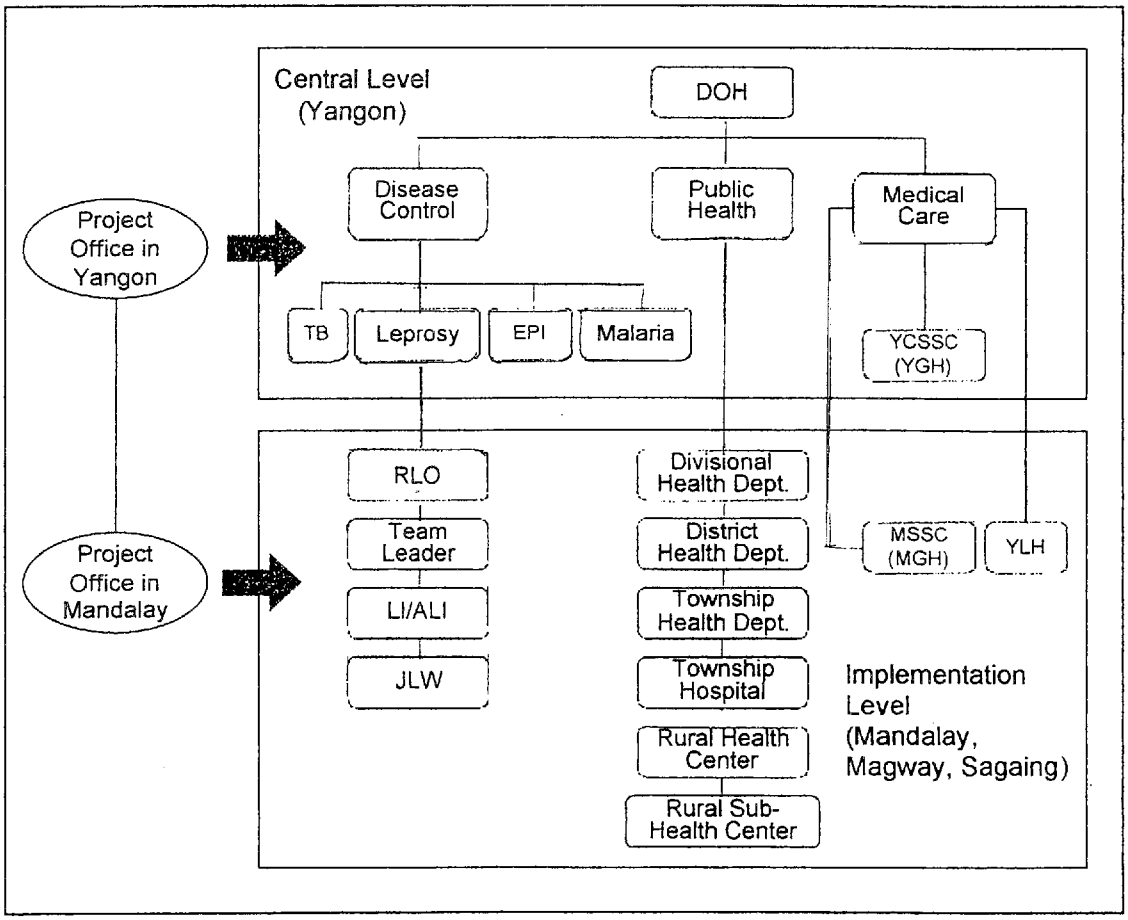
Stakeholders of the Project are summarized in the below table.

Category	Stakeholders
Implementing agency	Department of Health, Ministry of Health
Counterparts	Director General, DOH Deputy Director General (Public Health / Disease Control) Director (Disease Control) Director (Public Health) Director (Medical Care) Deputy Director (Leprosy) 3 Deputy Directors (TB, Malaria, EPI) 3 Divisional Health Directors 2 Assistant Directors (Leprosy) 3 Medical Officer (Leprosy) 3 Regional Leprosy Officers in Mandalay, Magway, and Sagaing 9 Team Leaders (Leprosy) in 48 townships of the above division
Institutions concerned	Yenanthar Leprosy Hospital, Central Special Skin Clinic in Yangon, Special Skin Clinic in Mandalay
Target group of	• Township hospital staff including medical doctors, nurses and

Category	Stakeholders
intervention	laboratory technicians • Vertical staff for leprosy control program including Leprosy Inspector, Assistant Leprosy Inspector, Junior Leprosy Worker, and Laboratory Technician • Basic Health Staff (BHS) including Health Assistant, Public Health Supervisor I, Lady Health Visitor, Midwife, and Public Health Supervisor II

3-2 Operational Structure

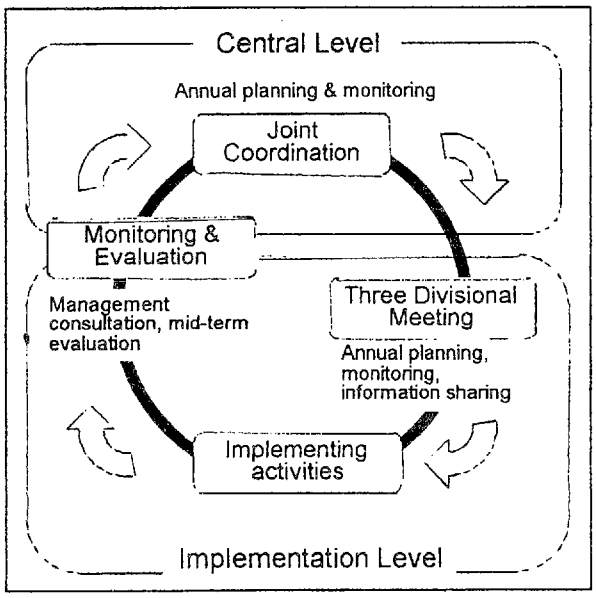
The chart below shows the operational structure of the Project. The Project has two offices, one in Yangon and the other in Mandalay. The chief advisor and the coordinator of the Project stay in the Yangon office, and two experts, one in nursing and the other in leprosy control stay in Mandalay. This organizational structure enables the Project to keep good communication with both the central and implementation level.



3-3 Planning, Implementation and Monitoring

At central level, the Project organizes the Joint Coordination Committee that consists of all the Myanmar counterparts at the central level, the Japanese team of the Project, resident representative of the JICA Myanmar office and the Mission from Japan, if any. The Joint Coordination Committee is responsible for drawing up the annual plan, assessing the progress of the activities, and discussing necessary issues.

On the other hand, at implementation level, the Project calls for annually the Joint Meeting of the Three Divisions (Magway, Mandalay, and Sagaing) on Leprosy and Basic Health Services where the Project discusses annual plan with all the counterparts in the pilot project area. The counterparts from the three different divisions can also exchange their views and experience in taking this opportunity.



As for the monitoring and evaluation of the Project, in 2002 the management consultation was conducted to assess the progress of the Project and to make necessary reorientation. For monitoring and evaluation of training programmes which consist the major parts of the Project's activities, pre- and post test are performed to monitor the degree to which training participants attained skills and knowledge from the training. In addition, sample monitoring survey was performed in December 2002 and January 2003 to monitor the knowledge and practice of the training participants after the training programme.

4. Evaluation by the Five Criteria

4-1 Relevance

(1) Consistency with global priority

The Project meets the global priority addressing public health problem of leprosy in Myanmar.

Regarding leprosy as public health problem, WHO set an international goal of reducing registered prevalence rate of leprosy below one per 10,000 population by the year 2000. Despite great efforts, eighteen endemic countries in the world were not able to meet the international goal of leprosy by 2000. Myanmar is one of the fourteen endemic countries according to the 2002 data. To promote political commitment, leadership by ministries of health in endemic countries and partners' support for leprosy elimination, the Global Alliance for Elimination of Leprosy (GAEL) was created in 1999. The Project keeps with this action to address the global priority of eliminating leprosy. At the end of January 2003, elimination goal was achieved at the national level in Myanmar.

(2) Consistency with national policy

The Project meets the priority areas in disease control in Myanmar.

The latest National Health Plan (2001-2006) regards leprosy as one of the 13 priority areas of disease control. Besides, Myanmar's long-term health development plan, "Myanmar Health Vision 2030" aims to make communicable diseases no longer public health problems. In this regard, the Project addressing the leprosy control meets the priority of the national health policy of the Union.

Focus on basic health services meets the national health priority.

Community health care, especially strengthening of district and rural health development is the top priority in the latest National Health Plan (2001-2006). The Project addresses the public health problem of leprosy with human resource development throughout the basic health services, emphasizing on township hospitals and BHS. This approach is keeping with the direction of the national health priority.

Emphasis on POD, POWD, and rehabilitation becomes more significant in

planning for post elimination era of Myanmar's leprosy control.

The Myanmar government recently announced the elimination of leprosy at national level. The leprosy control programme in the country is, then, moving towards eliminating leprosy at district level, sustaining the elimination at national level, and formulating community based rehabilitation. Five divisions are left as endemic areas of leprosy. The government, while continuing the strategy of early detection followed by MDT in those endemic areas, is now entering into a new phase and beginning to design service delivery system of comprehensive and good quality care to leprosy patients. The Project focuses on activities to enhance POD, POWD, and rehabilitation for persons affected by leprosy (PALs). The Project's activities are gaining more significance now when the government is beginning to plan for the post elimination period.

(3) Consistency with needs of the pilot project area

While having achieved leprosy elimination, accelerated efforts are still necessary to sustain the elimination at national level, achieve elimination in endemic areas, and provide care to patients.

Six countries including Myanmar account for 90 % of the leprosy prevalence in the world in early 2002.[7] Although elimination of leprosy is achieved at the national level, there are still some endemic areas of leprosy in the country. It has been recognized that accelerated efforts are necessary to achieve elimination at district level, sustain the elimination at national level and provide care for leprosy patients. In this regard, the Project's intervention addresses the health need of the country.

The Project site rests on the endemic area of leprosy in Myanmar.

Approximately 60 % of leprosy patients reside in Magway, Mandalay, and Sagaing divisions in Myanmar where the Project mainly performs pilot activities. Mandalay and Sagaing are among the five divisions whose registered prevalence rate of leprosy is between 1 and 2 per 10,000 and considered as endemic area. Therefore, the Project addresses the need of the project site.

[7] WHO. 2003. LEPROSY, Fact Sheet No. 101.

(4) Consistency with Japan's assistance strategy

Assistance in leprosy control meets the JICA's country assistance strategy in Myanmar.

The JICA's country assistance strategy considers health sector as one of the six key areas[8] of the Japan's development cooperation in Myanmar. Infections diseases, being leading causes of mortality and morbidity in the country, is set as the top priority area of the JICA's cooperation in health sector.[9] In this respect, the Project's addressing the public health problem of leprosy goes along with the JICA's assistance strategy in Myanmar.

4-2 Effectiveness

(1) Progress towards the outputs

The Project achieved training programmes for enhancing capacity of BHS, microscope tests and reconstructive surgery. Providing training for vertical staff and staff of township hospitals is the next step to fulfil the plan.

As shown in the table below, in the first half of the implementation period, the training activities of the Project focused on the combined BHS training on leprosy, TB and EPI, microscope training on leprosy, TB, and Malaria, training on reconstructive surgery, and training on rehabilitation including shoe-making and sewing. The training which vertical staff received was mainly training of the trainers (TOT). To fulfil the project purpose of securing good quality health service system for leprosy patients with sustainable referral system, enhancing the capacity of township hospitals and vertical staff through training programmes should be the immediate action to be taken next. In addition, the Project should pay more attention to the issue of strengthening programme management capacity. The national programme has already started to strengthen the program management capacity and for focusing on the reduction of endemicity, initiating the community based rehabilitation, and like to coordinate and collaborate with the Project for further strengthening the management capacity.

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[8] The six key areas of the Japan's development cooperation in Myanmar are (1) economic development, (2) agriculture and industry, (3) health, (4) education, (5) basic infrastructure, and (6) global issues (JICA. 2002. JICA Country Assistance Strategy in Myanmar).

[9] JICA. 2002. JICA Country Strategy for the Health Sector in Myanmar (2002-2005).

Training activities and their outputs as of FY2002

*Figures in apprentices indicate the total number of person trained.

	Basic Health Staff	Vertical Staff	Township Hospital	Leprosy hospital and others
New case finding	The Myanmar government already initiated staff training on new case finding before the Project started under the National Leprosy Elimination Programme. The Project contributed in this area through: Combined BHS training (6,210) and TOT on BHS training (79)			
Treatment	Combined BHS training (6,210)	TOT on microscope training (41) TOT on BHS training (79)	Microscope training (46)	On the job training through activities of enhancing function of leprosy hospitals
POD, POWD & rehabilitation	Combined BHS training (6,210)	TOT on BHS training (79)		Training on reconstructive surgery (23) Shoe-making training (2) Sewing training (64)
Other diseases	Combined BHS training (6,210)		Microscope training (46)	On the job training through activities of enhancing function of leprosy hospitals
Program management				Counterpart training in Japan for personnel in DOH

(2) Progress towards the project purposes

Indicator	1998	1999	2000	2001
Magway				
Registered Prevalence Rate (10,000)	5.2	9.5	3.4	2.8
NCDR (10,000)	64.3	96.9	34.5	30.1
RFT (No.)	2204	2260	4232	1671
Mandalay				
Registered Prevalence Rate (10,000)	2.7	7.2	3.5	2.6
NCDR (10,000)	37.8	96.2	34.5	37.6
RFT (No.)	2362	2456	5026	2968
Sagaing				
Registered Prevalence Rate (10,000)	3.7	6.3	2.9	2.6
NCDR (10,000)	41.3	65.9	29.1	28.3
RFT (No.)	1861	2235	3254	1764

4-3 Efficiency

(1) Extent to which the inputs have been converted to the outputs

There is little discrepancy between inputs and outputs. More inputs produced more activities and outputs defined in PDM.

Based on the analysis of the achievements made by the project, the areas

where the Projects made more inputs produced more activities and outputs. For instance, larger inputs of short-term experts were made in the areas of nursing, rehabilitation, and clinical laboratory test. Major achievements of the project so far is the BHS training, microscope training, training on reconstructive surgery, and enhanced function of YLH and those achievements were made possible through activities of the short-term experts in the above mentioned areas.

In terms of inputs of equipments, during the first two-year period, larger inputs (approximately 35% of the total provision of equipment in 2000, 46% in 2001) made to enhance functions of leprosy hospitals including YLH, YCSSC, and MSSC. On the other hand, in 2002, training activities accounts for approximately 76% of the total provision of equipment (commitment bases). The Project made more efforts for preparation of training activities in the first two years with building capacity of leprosy hospitals and since the middle of 2001, the Project set its way of providing training activities and thus strengthening capacity at township level to provide good care for leprosy patients. In due consideration of this process, the inputs of equipments keeps with the flows of activities and outputs made by the Project.

(2) Efficient approach made

The project creates collaborative activities with non-governmental organizations (NGO) for the sewing training and MCR footwear project.

The Project assisted social rehabilitation activities, i.e. sewing training, in collaboration with non-governmental organization. The participants of this sewing training are patients, ex-patients and their family. Activities directly targeting PALs are not within the scope of PDM. However, the Project finds the sewing training important in lights of both socio-economic and physical rehabilitation for leprosy patients and thus, it created collaboration with NGO in providing sewing training for PALs. In this way, the Project was able to optimise the opportunity in providing social rehabilitation services with minimum inputs.

Another collaboration with NGO is created for the MCR footwear project. The Project is monitoring trials of the MCR sandals to develop standardized ones in collaboration with International Federation of Anti-Leprosy Associations (ILEP) in Bago Division and Christian Leprosy and Reconstructive Surgery Hospital in Mawlamyine.

Efficient coordination is made with all the partners in leprosy control to avoid duplication both in area and activity wise.

There is no duplication of activities with other donors in the areas where the Project performs pilot activities. The Myanmar government efficiently coordinates the donors' activities to make optimal use of the development resources in leprosy control. In activity wise, while the national programme focuses on elimination, the Project puts emphasis on POD, POWD and rehabilitation.

(3) Timing of the inputs, activities, and the outputs achieved

In some cases, procuring training equipments took long time, which resulted in implementation of training without those equipments.

Although the Project makes procurement plan well ahead of the time, in some cases procuring training equipments took quite some time and in such cases the Project was obliged to implement training activities without those equipment.

4-4 Impacts

(1) Extent to which overall goals are likely to be achieved

Indicator	1998	1999	2000	2001
National				
Reg. prevalence rate (per 10,000)	2.5	5.9	2.2	1.61
New case detection rate (per 100,000)	30.7	61.8	21.6	18.88
Children proportion (% in NCD)	9.3	7.8	9.0	8.62
Proportion of voluntary reporting	82.6	90.97	67.71	72.93
Magway				
Reg. prevalence rate (per 10,000)	5.2	9.5	3.4	2.80
New case detection rate (per 100,000)	64.3	96.95	34.46	30.09
Children proportion (% in NCD)	10.1	9.4	11.54	7.71
Proportion of voluntary reporting	86.25	90.37	66.28	54.14
Mandalay				
Reg. prevalence rate (per 10,000)	2.41	7.2	3.5	2.62
New case detection rate (per 100,000)	37.8	96.2	35.75	37.6
Children proportion (% in NCD)	11.7	8.4	8.87	9.99
Proportion of voluntary reporting	91.42	64.7	59.3	78.61
Sagaing				
Reg. prevalence rate (per 10,000)	3.7	6.3	2.9	2.56
New case detection rate (per 100,000)	41.3	65.94	29.04	28.32
Children proportion (% in NCD)	8.7	9.9	10.74	9.59
Proportion of voluntary reporting	82.47	88.58	66.62	81.04

(2) Efforts made by the projects for possible expansion of the project achievements to wider areas

The Project invites some relevant participants for the training programme from outside the pilot project area. This would allow the Project's achievement to expand to wider areas.

The Project invites some relevant participants outside the project sites for training courses. For instance, the Project invited participants from Yangon Orthopaedic Hospital, Mandalay General Hospital, National Rehabilitation Hospital in Yangon, Mayanchaung Station Hospital and Christian Leprosy and Reconstructive Surgery Hospital in Mawlamyine for the training programme on reconstructive surgery. The Project also provides training on MCR footwear for a staff of Christian Leprosy and Reconstructive Surgery Hospital in Mawlamyine. These hospitals are important focal points in providing health care services for leprosy patients in their surrounding area. In this way, the strategy, approach, and achievement of the Project seem to be being spread to wider areas, though in a gradual manner in the country.

The Project is making optimal efforts to introduce the activities and share its experience both nationally and internationally.

The government of Myanmar holds annually the Leprosy Elimination Co-ordination Committee Meeting where all partners in leprosy control gather to discuss their activities, the progress, and future actions. The Project takes part in this meeting and presents its activities. In addition, the Project introduced its footwear project at the 16th International Leprosy Congress held in Brazil last year. Although the Project performing its activities mainly in the pilot area, these efforts would possibly make the achievement of the Project expand to contribute in reducing public health of leprosy at national level. The activities of the Project were also introduced at the meeting of the Global Alliance for Elimination of Leprosy (GAEL) that took place in Myanmar in February 2003.

(3) Changes made to the Project's beneficiaries

Sewing training might initiate socio-economic rehabilitation activities among PALs with their own efforts.

Participants of the sewing training supported by the Project are about to start their own sewing activities in Nanthar Myaing Village with assistance from non-governmental organization. This implies the small-scale pilot activities of the Project could gradually expand to the community by the own efforts made by the beneficiaries.

4-5 Sustainability

(1) Organizational sustainability

Myanmar leprosy control programme established well-organized structure for elimination, while creating service providing system for POD, POWD and rehabilitation is still on its process.

Myanmar has not yet started for creating service providing system of POD, POWD and rehabilitation for leprosy patients since the elimination has been the top priority in leprosy control in the country. Recognizing the significance and needs for leprosy patients, the Project has been challengingly addressing the issue of POD, POWD and rehabilitation through enhancing human resource capacity with training programmes. Although Myanmar created the well-organized structure for elimination of leprosy, setting up service providing system for POD, POWD and rehabilitation is still on its way. Creating the path to such system is the key whether the achievements of the Project will continue after the completion on the Project.

(2) Financial sustainability

The Myanmar counterparts took responsibility of bearing recurrent costs for operation and maintenance of facilities and equipment supported by the Project.

In terms of equipment and facilities supported by the Project, the Myanmar counterparts take full responsibility of bearing recurrent costs for their operation and maintenance. It should be noted that quality of some construction works of the facility supported by the Project seems to be behind what was expected and that it caused the counterparts of the Project several occasions of repairing facilities. Nonetheless, the Myanmar counterparts have managed to produce resources even for those costs of fixing some parts of facility with their own budget.

Proportion of the public expenditure of Myanmar government increases in the total expenditure of leprosy control programme, while international partners still play significant role.

Expenditure of the Myanmar government in leprosy control programme shows increasing trend, especially since the year 2000. Nonetheless, UN agencies and international NGOs plays significant role in contributing funds for the leprosy control programme. Activities of POD, POWD and rehabilitation on which the Project focuses are more diverse and some activities require constant supply of materials or equipment. It is critical for the Project to create a system to secure constant supply of those necessary materials for rehabilitation activities introduced by the Project in order for the achievements of the Project to continue to grow after its completion.

Project Inputs from UN Agencies and International NGOs during the year 1995-2002

Year	Project inputs in relation to funding agencies						Total
	Government (Mil. Kyats)	UNDP (US $)	WHO (US $)	ALM (US $)	SMHF (US $)	NLR (US $)	
1994-95	13.26	710,000	172,890	-	-	-	US $ 882,890 Ks 13.26 M
1995-96	14.47	266,060	60,250	-	-	-	US $ 326,310 Ks 14.47 M
1996-97	13.89	-	322,645	551,936	468,847	482,300	US $ 1,825,728 Ks 13.89 M
1997-98	17.36	-	38,100	-	-	13,695	US $ 51,796 Ks 17.36 M
1998-99	18.87	-	80,000	125,000	160,000	99,343	US $ 464,343 Ks 18.87 M
1999-00	18.86	-	445,803	200,000	73,517	80,360	US $ 799,680 Ks 18.86 M
2000-01	49.61	-	452,540	101,399	170,000	78,814	US $ 802,753 Ks 49.61 M
2001-02	48.74	-	175,750	104,242	-	17,900	US $ 297,847 Ks 48.74 M
Total	195.06	976,060	17,47,933	10,82,577	872,364	772,412	US $ 5,451,346 Ks 195.06 M

Source: Leprosy Elimination Programme, Department of Health

5. Conclusions

The Project has been successfully underway as planned and remarkable achievement has already been made within the 2 years and 10 months after its initiation.

The Project is high in relevance, maintains its schedule to achieve effectiveness, takes efficient measures, while securing sustainability and wider impact is the key issue for the next half of the implementation period.

The Project addresses highly significant areas in leprosy control with emphasis on POD, POWD and rehabilitation.

As shown above, the Project is high in relevance. It responds to meet the global priority, keeps with the national health policy of Myanmar, and addresses the need of the pilot project site.

Furthermore, the Project's approach with emphasizing on POD, POWD, and rehabilitation is gaining significance. The Myanmar government has made its great efforts to fight against the public health problem of leprosy since early 1950's. In order to optimise the limited resources, the government prioritised the leprosy elimination and has focused on the elimination strategy, i.e. case detection and MDT. In this course, POD, POWD, and rehabilitation were the areas where the programme paid relatively small attention and were second priority. Recently, the Myanmar government announced the elimination of leprosy at national level and will be achieving the elimination at divisional level by 2005. Now is the time when the programme is about to start planning for leprosy control strategy in the post-elimination era in viewing enhancement of rehabilitation services for leprosy patients. In this sense, what the Project has introduced for POD, POWD and rehabilitation is increasing its importance and is expected to contribute to strategy formulation for these areas of leprosy control in Myanmar.

The Project was able to maintain its schedule.

In the first half of the implementation period, the Project performed its activities centring around the training programmes. What it has achieved so far was the combined BHS training on leprosy, TB and EPI, microscope training on leprosy, TB, and Malaria, training on reconstructive surgery, and training on rehabilitation including shoe-making and sewing. These achievements of activities account for about the half of

the Project implementation plan. The areas to be left for the next half of the implementation period are training programmes for vertical staff and staff of township hospitals, and capacity building of programme management.

The operational structure and implementation cycle of the Project are the two major factors to allow the Project perform smoothly its activities in time.

The Project placed two offices, one in Yangon and the other in Mandalay. The chief advisor and the coordinator of the Project stay in the Yangon office, while two specialists, one in nursing and the other in leprosy control, stay in Mandalay. As pointed above, this structure enables the Project to keep good communication with both the central and implementation level. The Japanese chief advisor handles communication with the counterparts in the Department of Health at central level, while being based in the Mandalay office, two Japanese specialists keep activities of the Project going in hand with the Myanmar counterparts at implementation level in the project site. As early as 1978, the Myanmar government integrated leprosy control programme in its basic health services and has employed both vertical and horizontal approaches together for leprosy control in the country. The operational structure of the Project goes along with and makes optimal use of this integrated approach of Myanmar for leprosy control. This factor can be attributed as one driving force for efficient implementation of the Project.

The Joint Coordination Committee and the Joint Meeting of the Three Divisions on Leprosy and Basic Health Services are great opportunity for dialogue with counterparts both at central and implementation level.

The similar aspect is pointed out for the Project implementation cycle. The Project organizes the Joint Coordination Committee that consists of all the Myanmar counterpart at the central level, the Japanese Project Team, resident representative of the JICA Myanmar office and the Mission from Japan, if any. The Joint Coordination Committee is responsible for drawing up the annual plan, assessing the progress of the activities, and discussing necessary issues. On the other hand, at implementation level, the Project annually calls for the Joint Meeting of the Three Divisions (Magway, Mandalay, and Sagaing) on Leprosy and Basic Health Services where the Project discusses the annual plan with all the counterparts in the pilot project area. The

counterparts from the three different divisions can exchange their views and experience in taking this opportunity. Besides, this Three Divisional Meeting allows verticals staff in different disease control, i.e. leprosy, TB, Malaria, and EPI to discuss community health as a whole.

Sustainability and impact are the major challenges for future implementation of the Project.

The Project has been challengingly addressing the issue of POD, POWD and rehabilitation through enhancing human resource capacity with training programmes. These are the areas where the Myanmar government has not yet addressed and thus, setting up service providing system is still on its way. Creating the path to such system is the key whether the achievements of the Project will continue after the completion on the Project.

While the commitment of the Myanmar government is strong for leprosy control, especially for elimination, international partners including UN agencies and international NGOs play significant role in funding for the leprosy control programme. Activities of POD, POWD and rehabilitation on which the Project focuses are more diverse than the elimination strategy with case detection and MDT, and some activities require constant supply of materials or equipment. It is critical for the Project to create a system to secure constant supply of those necessary materials for each activity of POD, POWD and rehabilitation introduced by the Project in order for the achievements of the Project to continue to grow after its completion.

6. Recommendation

It is to be noted that the Japanese Project Team and the Myanmar counterparts are implementing the Project in a collaborative manner.

1. The Project should continue to support leprosy control (towards elimination at divisional/township level) and other basic health services by using appropriate strategies.
2. The Project needs more intimate collaboration with vertical staff and TMOs to develop the referral system of POD/POWD and rehabilitation in the action plan 2003/2004. The closer relationship of hospitals at different level and leprosy hospitals with specialized and divisional hospitals would open more chances for leprosy patients to use general health services as referrals.
3. In initiating POD/POWD and rehabilitation program, the Project should use appropriate sustainable tools, which are low cost, using locally available resources and acceptable by the local community.
4. The Project should promote integrated health care services further by effective use of health information, good planning and implementation through close coordination among infectious disease control programs at each administrative level.
5. Revision of PDM (from PDM0 to PDM1) includes an additional concerned institution of the Project, which is Mayanchaung station hospital in Yangon Division. It should be strengthened as a pilot site of outcomes of the Project activities, such as self-care, footwear and reconstructive surgery and referral, which might become the best practice for other hospitals.
6. Equipments should be procured and provided timely with project's training activities.
7. The Mandalay project office is to be moved to the Regional Leprosy Office there in possible shortest time in order to have close communication between NLCP and JICA expert.
8. For sustainability, strategic actions are necessary for organizing each activity to expand the possible impacts of the Project achievement. The strategic action should include (1) modeling the pilot project experience, (2) creating the 'essential

package' for POD, POWD, and rehabilitation for leprosy patients based on the Project experience, and (3) encouraging community participation.

9. The Project recognizes the importance of supporting operational research in the scope of PDM in order to sustain and improve the leprosy control activities in Myanmar.

Annex A. Implementation of Dispatched Experts (As of FY2002)

Long Term / Short Term	Field		Name	Term
L	Chief Advisor	Dr.	Kazuo Hikita	08/05/2000 - 07/05/2002
L	Chief Advisor	Dr.	Yutaka Ishida	01/05/2002 - 31/03/2005
L	Leprosy Control	Dr.	Kentaro Hatano	08/05/2000 - 07/05/2002
L	Leprosy Control	Dr.	Eiji Nagao	27/05/2001 - 26/05/2002
L	Leprosy Control	Dr.	Yoshinori Aoki	10/10/2002 - 09/04/2004
L	Nursing	Ms.	Chiyoko Hashimoto	12/06/2000 - 30/11/2001
L	Nursing	Ms.	Hiroko Baba	01/11/2001 - 30/04/2003
L	Coordinator	Ms.	Yoshiko Taniguchi	08/05/2000 - 07/05/2002
L	Coordinator	Mr.	Hidemoto Tanaka	01/06/2002 - 31/05/2004
S	Nursing	Ms.	Hisako Ebina	05/02/2001 - 04/03/2001
S	Clinical Examination	Mr.	Keiji Suzuki	05/02/2001 - 04/03/2001
S	Physio Therapy	Mr.	Shoichi Miyaguchi	05/02/2001 - 04/03/2001
S	Prosteses and Shoe Making	Mr.	Yoshiharu Hashiguchi	05/02/2001 - 04/03/2001
S	Tuberculosis Control	Dr.	Katsunori Osuga	26/02/2001 - 03/03/2001
S	Leprosy Control	Dr.	Osamu Mikami	26/02/2001 - 07/03/2001
S	Nursing	Ms.	Mutsuyo Ichihara	26/02/2001 - 26/03/2001
S	Tuberculosis Control	Ms.	Akiko fujiki	05/08/2001 - 20/08/2001
S	Malaria Control	Dr.	Shigeyuki Kano	07/08/2001 - 29/08/2001
S	Clinical Examination	Mr.	Kazunori Tamamura	15/07/2001 - 14/10/2001
S	Reconstructive Surgery	Dr.	Kentaro Hatano	15/01/2002 - 12/02/2002
S	Physiotherapy	Mr.	Ituo Nogami	15/01/2002 - 05/02/2002
S	Leprosy Control	Dr.	Reiko Nogami	19/02/2002 - 05/03/2002
S	Prosteses and Shoe Making	Mr.	Takeshi Yamaguchi	15/01/2002 - 12/02/2002

S	Nursing	Ms.	Chieko Morozumi	15/01/2002 - 12/02/2002
S		Dr.	Yutaka Ishida	22/01/2002 - 02/02/2002
S	Clinical Examination, microscopic diagnosis on leprosy	Mr.	Keiji Suzuki	16/07/2002 - 15/10/2002
S	Nursing	Ms.	Chiyoko Hashimoto	01/08/2002 - 29/11/2002
S	Malaria Control	Dr.	Shigeyuki Kano	12/08/2002 - 29/08/2002
S	Diagnosis of leprosy, differential diagnosis and silent neurities	Dr.	Norihisa Ishii	08/09/2002 - 28/09/2002
	Nursing for leprosy patients and management of nursing	Ms.	Mieko Yamashita	02/09/2002 - 29/11/2002
	Prosteses Engineering	Mr.	Takeshi Yamaguchi	02/09/2002 - 29/11/2002
	School Health Education	Dr.	Hideko Yoshimura	08/09/2002 - 18/09/2002
	Information, Education, Communication	Mr.	Keiji Kojima	16/09/2002 - 02/11/2002
	Physiotherapy	Mr.	Itsuki Nagato	01/10/2002 - 29/11/2002
	Reconstructive Surgery	Dr.	Chikahiro Nakatani	02/11/2002 - 10/11/2002
	Leprosy Control	Dr.	Kazuo Hitita	27/01/2003 - 15/02/2003
	EPI	Dr.	Yasuo Chiba	03/02/2002 - 27/02/2002
	Tuberculosis Control	Dr.	Norio Yamada	02/03/2003 - 15/03/2003

Annex B. List of Training Activities JFY 2001

JFY 2001

Title		Trainers	Participants	Period	Participants Nos.	Contents	Location	Materials by JICA
Training courses for treatment	Leprosy	・Medical Officers and Laboratory Technicians from CSSC and Yenanthar Leprosy Hospital	Laboratory Technicians among vertical staff (national level)	30/07/01 - 11/08/01 03/09/01 - 15/08/01 17/09/01 - 29/09/01	9 12 6	TOT Microscopy	Yenanthar Leprosy Training Center	Guidebook
Training courses for prevension and rehabilitation	Methodology	MOH	Vertical staff (Leprosy, TB, EPI)	14/05/01 - 16/05/01	11	TOT	CSSC in Yangon	
	Leprosy (TOT of BHS)	・Medical Officers in CSSC, YGH ・JICA Project Consultant ・RLO ・WHO Consultants (Leprosy) ・JICA Experts	Leprosy verticla staff (RLO, TL,LI)	09/07/01 - 11/07/01	13	TOT, Schedule and methodology of BHS training	CSSC in Yangon	
	Leprosy (BHS Training)	・Leprosy (RLO,TL,LI) ・JICA Experts	BHS In 48 Townships	08/07/01 - 08/10/01	3091	Self care	48 Township Hospitals	Guidebook Pamphlet
	Sewing	・HITO center (NGO) ・Yenanthar Leprosy Hospital staff	Ex-patients and families in Nantha Myaing village	03/12/01 - 14/12/01	23	Sewing methods	Yenanthar Leprosy Training Center	
	Reconstructive Surgery	・Medical Officers in CSSC, YGH ・JICA Project Consultant ・JICA Experts	Orthopedist (Divisional level)	14/01/02 - 08/02/02	7	Practical	Yenanthar Leprosy Training Center	
Training courses for other diseases	TB	TB vertical staff	TB vertical staff	06/07/01 - 07/07/01	13	TOT for training	TB office in Yangon	
	TB and EPI	TB and EPI vertical staff	BHS In 48 Townships	18/07/01 - 10/08/01	3091	DOTS reflesh course	48 Township Hospitals	Guidebook Pamphlet Poster
	TB	・JICA Experts ・Vertical staff	Laboratory Technicians (township and zone level)	09/08/01 - 16/08/01	9	TOT: Microscopy	Yenanthar Leprosy Training Center	Guidebook
	Malaria	・JICA Experts ・Vertical staff	Laboratory Technicians among vertical staff	15/08/01 - 28/08/01	5	TOT: Microscopy	Yenanthar Leprosy Training Center	

Annex B. List of Training Activities JFY 2002

Title		Period	Trainers	Participants	Nos.	Contents	Location	Teaching Materials by JICA
TOT for BHS Training	TB	10/06/02 - 11/06/02	DOH HQ (TB Zone Officers)	Medical Officer (MO), TBTeam Leader (TL)	12	Teaching Module on Dot`s Strategy	TB, DOH	・Guidebook (reprnt) ・Pamphlet (reprnt) ・Poster (reprnt) ・Sticker (reprnt)
	EPI	28/05/02 - 29/05/02	DOH HQ(Desease Control, EPI Program Manager,)	Special Desease Control Unit (Divisional Level), TL	12	Teachin Module on Immunization in practice	EPI, DOH	・Guidebook (reprnt)
	LEP (POD	17/06/02 - 19/06/02	DOH HQ(LEP) , CSSC, JICA Consultant, JICA Experts	Regional Leprosy Officer (RLO), Team Leader (TL), Leprosy Inspecter (LI), Assistant Leprosy Inspector (ALI)	18	Teachin Module on prevention of disabilities	Central Skin Clininc (CSSC), Yangon General Hospital	・Guidebook (reprnt) ・Developped dairy use utencils for disabled (new)
BHS Training	Sagaing Division (19 TS)	July to August 2002, covering 19 townships with the round of sessions	14 number of RLO, TL, LI, HA, divided into 2 teams	Basic Health Staff (BHS) including Junior Leprosy Worker (JLWs) from Sagaing, Shwebo, and Monywa District	1226	LEP: Prevension of disabilities EPI: Immunization in practice TB: Dot`s Strategy	19 Township Hospitals in Sagaing Div.	・Guidebook (reprnt) ・Pamphlet (reprnt) ・Poster (reprnt+new) ・Pictorial Teaching Chart (new) ・Developped dairy use utencils for disabled (new)
	Magway Division (25 TS)	July to August 2002, covering 25 townships with the round of sessions	21 number of RLO, TL, LI, HA, divided into 3 teams	Basic Health Staff (BHS) including JLWs from Pakokku, Thayet, Magway, and Minbu District	1654	LEP: Prevension of disabilities EPI: Immunization in practice TB: Dot`s Strategy	25 Township Hospitals in Magway Div.	
	Mandalay Division (selected 4 TS)	August to September 2002, covering 4 townships with the round of sessions	7 number of RLO, TL, LI, HA	Basic Health Staff (BHS) including JLWs from selected 4 townships of Mandalay Div.	239	LEP: Prevension of disabilities EPI: Immunization in practice TB: Dot`s Strategy	4 Township Hospitals in Magway Div.	

Combined Training on Laboratory Technician	1st batch	06/08/02 – 22/08/02	2 from TB HQ 2 from LEP HQ + YLH 2 from Malaria HQ JICA Experts	Lab Technician from Magway Div.	15	Microscopy for Leprosy, TB, and Malaria (skin smear, staining, microscope handling, BI and MI) (Practice and Lecture)	Yenanthar Leprosy Hospital (YLH)	・Microscopes, tools, chemicals ・Guidebook (reveised) ・Comprehensive charts & pictures for Diagnosis of Malaria and TB (new)
	2nd batch	23/08/02 – 09/09/02	2 from TB HQ 2 from LEP HQ + YLH 2 from Malaria HQ JICA Experts	Lab Technician from lower Sagaing Div.	16			
	3rd batch	10/09/02 – 26/09/02	2 from TB HQ 2 from LEP HQ + YLH 2 from Malaria HQ JICA Experts	Lab Technician from Mandalay Div. & remaining from Magway Div.	15			
Sewing Training	1st batch	01/04/02 – 12/04/02	2 from HITO Center(NGO), 2 from YLH	Patients, (ex)patients and their famiry from Mandalay Div. and YLH	19	Sewing methods (Practice)	YLH	
	2nd batch	02/12/02 – 13/12/02	2 from HITO Center(NGO), 2 from YLH	Patients, (ex)patients and their famiry from Mandalay Div. and YLH	23	Sewing methods (Practice)		・Wall posted on self-care
Project on POD/POWD for anesthetic foot dus to leprosy with local made, low cost MCR foot wears in Myanmar		01/09/02 – 1 year as promary stage	(nucleous resources and sites) 1. OPD, Dep. of foot wear, YLH 2.OPD, Yangon Central Speial Skin Clinic, 3. Christian Leprosy and Reconstructive Surgery Hospital, Mawlamyine 4. Pyay Township, DOH Project 5. OPD, Mandalay Speial Skin Clinic		5	1. Development of proper foot wears for different impairment / deformity of leprosy foot. 2. Development of a sustainable provision system in the pilot area for the foot wears with acceptable price to those who need 3. Promotion of POD practices in order to keep foot without any problem or prevent further deformities	YLH, YSSC, MSSC, Pyay	・Tools, devices, and materials ・Guideline
Reconstructive Surgery		04/11/02 – 22/11/02	・2 from DOH, HQ ・YLH Superintendent ・JICA Consultant ・JICA Experts	MO (6), Physiotherapists (3), and Nurses (4) from YGN , MDY, Mayanchaung, Mawlamyine Hosp. and YLH	13	Reconstructive Surgery (hand, foot, eye) & Physiothetapy (Practice and Lecture)	YLH	・Text(reprnt) ・POD Poster (new)

Annex C. Provision of Equipment (FY2000)

Tentative Planning Budget : [Total] ¥ 44,000,000- (Including shipping cost and local procurement)

No.	Items	Quantity	Amount ¥	Location	Purpose
A) Equipment for Project Office					
1	Color Printer	3 Sets	241,230	Project Office	For Project Office Management
2	Computer	3 Sets	1,044,000	Project Office	
3	Computer (Note Book, Toshiba Satellite 2230 CDS)	1 PCS	190,000	Project Office	
4	Copier NP-7160 Canon	1 PCS	330,000	Project Office	
5	Copier NP-7210 Canon	2 PCS	1,520,000	Project Office	
6	Generator	2 Sets	714,000	Project Office	
7	Multimedia Projector 3M	2 Sets	576,000	Project Office	
8	O/H Projector Euro 5000 Portable		130,000	Project Office	
9	Scanner	1 PCE	115,800	Project Office	
10	Toyota Hiace 4-Door Std Commuter Bus	1 Unit	1,989,900	Project Office	For supproting Japanese Experts activities
11	Toyota Land Cruiser Station Wagon, 4200	3 Unit	7,788,000	Project Office	
B) Equipment for Vertical Staff Training					
11	Mini Component Cassette with Microphone	28 PCS	1,444,000	T/S Hospital	For supproting Vertical Stuff activities
12	O/H Projector (2000 Lumens) Euro 2000	27 PCS	1,087,000	T/S Hospital	
13	Television (21")	29 PCS	1,334,000	T/S Hospital	
14	Tripod & Screen	27 Sets	311,000	T/S Hospital	
15	Vedio Cassette Player (HIFI)	29 PCS	678,000	T/S Hospital	
16	Color Printer Epson Stylus 670	14 Sets	274,000	Team Leader's office	
17	Computer IBM Compatible	13 PCS	1,137,000	Team Leader's office	
18	UPS 600 VA	17 Nos.	137,000	Team Leader's office	
19	Alchol Lamp	25 PCS	35,000	Township Hospital (Training)	For uplifting the function of Township Hospitals
20	Diamond Pen With Cap	25 PCS	78,750	Township Hospital (Training)	
21	Microscope	25 PCS	3,321,250	Township Hospital (Training)	
22	Scalder	25 PCS	37,500	Township Hospital (Training)	
23	Scaple Holder & Sterile Scaple Blades	25 PCS	124,750	Township Hospital (Training)	
24	Slide Glass	25 Boxes	13,500	Township Hospital (Training)	
25	Whiteboard	25 PCS	2,053,125	Township Hospital (Training)	
C) Equipment for Yenanthar Leprosy Hospital					
26	Bone Curette	10 PCS	66,000	Yenanthar H. (Operating Theater)	For uplifting the function ofbOperating Theater in Yenanthar Leprosy Hospital
27	Bone Rongeur	10 PCS	140,000	Yenanthar H. (Operating Theater)	
28	Dissecting Forceps	50 PCS	252,300	Yenanthar H. (Operating Theater)	
29	Hemostatic Forceps	66 PCS	303,600	Yenanthar H. (Operating Theater)	
30	Needle Holder	10 PCS	56,000	Yenanthar H. (Operating Theater)	
31	Retractor	10 PCS	81,000	Yenanthar H. (Operating Theater)	
32	Rubber Belt	10 PCS	13,000	Yenanthar H. (Operating Theater)	
33	Scalpel Holder & Sterile Scalpel Blades	10 PCS	85,000	Yenanthar H. (Operating Theater)	
34	Sterilizing Case	10 PCS	48,000	Yenanthar H. (Operating Theater)	
35	Suture Needle	100 PCS	10,000	Yenanthar H. (Operating Theater)	
36	Air Conditioner RAS-18 CP2 (2 HP) Split	8 PCS	911,000	Yenanthar Hospital (Laboratory)	For uplifting the function of Laboratory in Yenanthar Leprosy Hospital
37	Alchol Lamp	5 PCS	7,000	Yenanthar Hospital (Laboratory)	
38	Balance	1 PCE	19,800	Yenanthar Hospital (Laboratory)	
39	Beaker	30 PCS	15,050	Yenanthar Hospital (Laboratory)	
40	Blood Sedimentator	2 pcs	8,400	Yenanthar Hospital (Laboratory)	
41	Brush for Washer	15 PCS	4,200	Yenanthar Hospital (Laboratory)	
42	Cabinet For Chemicals & Applinces	1 PCE	230,000	Yenanthar Hospital (Laboratory)	
43	Centrifuge.	2 sets	322,400	Yenanthar Hospital (Laboratory)	
44	Dish, Maker : TGK	5 PCS	600	Yenanthar Hospital (Laboratory)	
45	Erienmeyer Flask	25 PCS	18,925	Yenanthar Hospital (Laboratory)	
46	ESR Pipette	2 PCS	28,000	Yenanthar Hospital (Laboratory)	
47	Funnel	15 PCS	155,000	Yenanthar Hospital (Laboratory)	
48	Hand Tally Counter	5 PCS	4,500	Yenanthar Hospital (Laboratory)	
49	Hemacytometer	5 pcs	157,500	Yenanthar Hospital (Laboratory)	
50	Hemglobin Meter	3 PCS	64,650	Yenanthar Hospital (Laboratory)	
51	Holder, Sude Glass	1 Box	5,400	Yenanthar Hospital (Laboratory)	
52	Hole Slide Glass	5 PCS	23,000	Yenanthar Hospital (Laboratory)	
53	Luckocytometer	1 PCE	135,000	Yenanthar Hospital (Laboratory)	
54	Measuring Cylinder	20 PCS	374,000	Yenanthar Hospital (Laboratory)	
55	Micro Pipette	2 PCS	81,000	Yenanthar Hospital (Laboratory)	
56	Microscope.	3 sets	1,198,800	Yenanthar Hospital (Laboratory)	
57	Pipette Holder	5 PCS	4,500	Yenanthar Hospital (Laboratory)	
58	Pipette Komagome.	6 Boxes	21,800	Yenanthar Hospital (Laboratory)	
59	Reagent Bottle.	20 PCS	25,200	Yenanthar Hospital (Laboratory)	
60	Refractometer	1 PCE	18,000	Yenanthar Hospital (Laboratory)	
61	Specimen Box	54 PCS	315,700	Yenanthar Hospital (Laboratory)	
62	Spoid	4 Boxes	1,020	Yenanthar Hospital (Laboratory)	
63	Spoid	2 Boxes	1,100	Yenanthar Hospital (Laboratory)	
64	Test Tube	2 PCE	7,900	Yenanthar Hospital (Laboratory)	
65	Tube Stan.	5 PCS	7,650	Yenanthar Hospital (Laboratory)	
66	Tweezers Standard Type	20 PCS	22,400	Yenanthar Hospital (Laboratory)	
67	Vessel For Dye	20 PCS	16,000	Yenanthar Hospital (Laboratory)	
68	Volume Flask	7 Box	63,200	Yenanthar Hospital (Laboratory)	
69	Volumetric Pepette	7 Boxes	35,400	Yenanthar Hospital (Laboratory)	
70	Wash Bottle	5 PCS	900	Yenanthar Hospital (Laboratory)	
71	Bedding Material	6 PCE	388,000	Yenanthar Hospital (Prosthesis)	For uplifting the function of Prosthesis section in Yenanthar Leprosy Hospital
72	Cork	1 PCE	276,000	Yenanthar Hospital (Prosthesis)	
73	Foot Imprint System (60400000) Berke	1 Set	111,600	Yenanthar Hospital (Prosthesis)	
74	Generator Model TLG-13SPY " Denyo "	1 Set	1,287,000	Yenanthar Hospital (Prosthesis)	
75	Imprint Form	6 Sets	102,000	Yenanthar Hospital (Prosthesis)	
76	Leg Length Gauge (00102) Asrslev	1 Set	17,500	Yenanthar Hospital (Prosthesis)	
77	Lining Material	10 PCS	52,000	Yenanthar Hospital (Prosthesis)	
78	Pelvis Spirit	1 Set	36,000	Yenanthar Hospital (Prosthesis)	

79	Shoe Sizing Measuring Scale	2 Sets	3,000	Yenanthar Hospital (Prosthesis)	
80	Sprinther Oven "Minke"	1 Set	460,000	Yenanthar Hospital (Prosthesis)	
81	Thermoformin Machine	1 Set	1,690,000	Yenanthar Hospital (Prosthesis)	
82	Thermoplastic Plate (321015)	5 PCS	102,500	Yenanthar Hospital (Prosthesis)	
83	Button Aid,	50 PCS	75,000	Yenanthar Hospital (Rehabilitation)	For uplifting the function of Rehabilitation section in Yenanthar Leprosy Hospital
84	Exercise Putty,	1 PCE	38,000	Yenanthar Hospital (Rehabilitation)	
85	Goniometer,	1 PCE	104,000	Yenanthar Hospital (Rehabilitation)	
86	Grip Dynamometer	1 PCE	16,000	Yenanthar Hospital (Rehabilitation)	
87	Parallel Bar,	1 PCE	615,000	Yenanthar Hospital (Rehabilitation)	
88	Pinch Exerciser With Glass Ball	1 PCE	60,000	Yenanthar Hospital (Rehabilitation)	
89	Posture Correction Mirror	1 PCE	265,000	Yenanthar Hospital (Rehabilitation)	
90	Quito, With A Pound Loop (Color)	1 PCE	33,300	Yenanthar Hospital (Rehabilitation)	
91	Spoon Holder, L10 x W 25 mm	20 PCS	76,000	Yenanthar Hospital (Rehabilitation)	
92	Tool Cabinet,	1 PCE	70,000	Yenanthar Hospital (Rehabilitation)	
93	Walker With Caster	1 PCE	82,000	Yenanthar Hospital (Rehabilitation)	
94	Weight Band	1 PCE	359,000	Yenanthar Hospital (Rehabilitation)	
95	Wheel Chair, Standard Type	2 PCS	90,000	Yenanthar Hospital (Rehabilitation)	
96	Work Table	1 PCE	346,500	Yenanthar Hospital (Rehabilitation)	
97	Zigsaw Puzzle Set	4 sets	132,000	Yenanthar Hospital (Rehabilitation)	
98	Forcepa	210 PCS	750,000	Yenanthar Hospital (Ward)	For uplifting the function of Wards in Yenanthar Leprosy Hospital
99	Forceps Stand	5 PCS	6,000	Yenanthar Hospital (Ward)	
100	Jar	15 PCS	21,000	Yenanthar Hospital (Ward)	
101	Kidney Dish	25 PCS	27,500	Yenanthar Hospital (Ward)	
102	Probe	50 PCS	5,500	Yenanthar Hospital (Ward)	
103	Scalpel Holder &	50 PCS	245,000	Yenanthar Hospital (Ward)	
104	Scissors	50 PCS	180,000	Yenanthar Hospital (Ward)	
105	Sphygmomanometer	3 PCS	15,600	Yenanthar Hospital (Ward)	
106	Sponge Forces	10 PCS	36,000	Yenanthar Hospital (Ward)	
107	Spoon	100 PCS	430,000	Yenanthar Hospital (Ward)	
108	Sterilizing Case	5 PCS	12,500	Yenanthar Hospital (Ward)	
109	Trolly For Bound	5 PCS	665,000	Yenanthar Hospital (Ward)	
110	Whete Type Forceps	10 PCS	33,000	Yenanthar Hospital (Ward)	
111	For Condition HAS-13 02M (1.5 HP) Split	4 PCS	316,000	Yenanthar Training Center	
D) Equipment for Community Midwives					
112	Care Set:Plobe, Forceps, Dissecting Scissors, Scalpel Handles, Nail Cutter and	50 Sets	52,000	(Health Center)	For supporting Midwives activities
113	Sphygomanometer + Stetoscope	400 Set	690,000	(Health Center)	
E) Equipment for CSSC in Yangon					
114	Television (29")	1 PCS	84,000	CSSC YGN	For uplifting the function of SSC in Yangon
115	Typewriter for English Language	1 PCS	55,000	CSSC YGN	
116	Typewriter for Myanmar Language	1 PCS	67,000	CSSC YGN	

Annex C. Provision of Equipment (FY2001)

Tentative Planning Budget : [Total] ¥ 42,000,000- (includeing shopping cost and local procurement)

No.	Items	Quantity	Amount ¥	Location	Purpose
A) Equipment for Vertical Staff Training					
1	Computer	5	500,000	Team Leader's office	For supproting Vertical Stuff activities
2	Printer	5	152,500	Team Leader's office	
3	Stabilizer	5	12,500	Team Leader's office	
4	UPS	5	50,000	Team Leader's office	
5	21-Inch Color Television	23	690,000	Township Hospital (Training)	For uplifting the function of Township Hospitals
6	Diamond Pen	23	75,900	Township Hospital (Training)	
7	Microphone Set	23	1,035,000	Township Hospital (Training)	
8	Microscope	23	3,415,500	Township Hospital (Training)	
9	OHP	23	920,000	Township Hospital (Training)	
10	Printing Machine	25	1,500,000	Township Hospital (Training)	
11	Scalpel Handles	23	27,600	Township Hospital (Training)	
12	Scaplel Handle Blades	23	75,440	Township Hospital (Training)	
13	Screen	23	782,000	Township Hospital (Training)	
14	Slide Glass	23	6,440	Township Hospital (Training)	
15	Spilit Cotton Case	23	32,200	Township Hospital (Training)	
16	Spirit Lamp	23	28,520	Township Hospital (Training)	
17	Typewriter	25	1,250,000	Township Hospital (Training)	
18	Typewriter	25	1,250,000	Township Hospital (Training)	
19	Video	23	701,500	Township Hospital (Training)	
20	White Board	26	1,778,400	Township Hospital (Training)	
21	Copy Machine	3	87,300	Regional Leprosy Office	
B) Equipment for Yenanthar Leprosy Hospital					
22	Air Conditionor	2	120,000	Yenanthar H. (Operating Theater)	For uplifting the function of Operating Theater in Yenanthar Leprosy Hospital
23	Air tourniquet	1	71,700	Yenanthar H. (Operating Theater)	
24	Automatic Autoclave	1	398,000	Yenanthar H. (Operating Theater)	
25	Bone Holding Forceps	2	30,400	Yenanthar H. (Operating Theater)	
26	Bone Nibbler	16	256,000	Yenanthar H. (Operating Theater)	
27	Chesel	5	55,000	Yenanthar H. (Operating Theater)	
28	Curette	23	181,500	Yenanthar H. (Operating Theater)	
29	Delicate Scissors	11	96,800	Yenanthar H. (Operating Theater)	
30	Delicate Tissue Forceps	22	166,100	Yenanthar H. (Operating Theater)	
31	Dissecting Forceps	107	774,300	Yenanthar H. (Operating Theater)	
32	Dissecting Scissors	46	313,900	Yenanthar H. (Operating Theater)	
33	Drill & Burs	1	68,000	Yenanthar H. (Operating Theater)	
34	Esmarch	25	30,000	Yenanthar H. (Operating Theater)	
35	Foot drop positioning splint	10	30,000	Yenanthar H. (Operating Theater)	
36	Giggli saw & Handle	1	13,000	Yenanthar H. (Operating Theater)	
37	Haemostatic Forceps	384	1,973,570	Yenanthar H. (Operating Theater)	
38	Handle for Giggli Saw	2	12,000	Yenanthar H. (Operating Theater)	
39	Kirshner's Wire	70	212,000	Yenanthar H. (Operating Theater)	
40	Kuutscher	15	79,000	Yenanthar H. (Operating Theater)	
41	Needle Holder	38	225,350	Yenanthar H. (Operating Theater)	
42	Nylon Hummer	1	10,500	Yenanthar H. (Operating Theater)	
43	operational light	2	1,032,000	Yenanthar H. (Operating Theater)	
44	operational table	1	1,480,000	Yenanthar H. (Operating Theater)	
45	Plaster saw	10	177,000	Yenanthar H. (Operating Theater)	
46	Plaster spledder	1	21,000	Yenanthar H. (Operating Theater)	
47	Plier	1	11,000	Yenanthar H. (Operating Theater)	
48	Raspatories	1	24,600	Yenanthar H. (Operating Theater)	
49	Retractor	99	692,900	Yenanthar H. (Operating Theater)	
50	Round cast	60	246,240	Yenanthar H. (Operating Theater)	
51	Rubber Welts	5	50,000	Yenanthar H. (Operating Theater)	
52	Scalpel Handle	70	100,500	Yenanthar H. (Operating Theater)	
53	Scissor for splint bandage	1	14,000	Yenanthar H. (Operating Theater)	
54	Sterile Scalpel Blades	72	295,200	Yenanthar H. (Operating Theater)	
55	Surgical Scissors	36	212,400	Yenanthar H. (Operating Theater)	
56	Suture Needle	410	45,100	Yenanthar H. (Operating Theater)	
57	Tendon forceps	21	436,800	Yenanthar H. (Operating Theater)	
58	Tendon Tunneller	24	2,177,400	Yenanthar H. (Operating Theater)	
59	Tendow Seizing Forceps	6	555,700	Yenanthar H. (Operating Theater)	
60	Towel Clamp	168	638,400	Yenanthar H. (Operating Theater)	
61	Trolley for Instruments	1	54,400	Yenanthar H. (Operating Theater)	
62	Trolley for Patient	1	115,200	Yenanthar H. (Operating Theater)	
63	Microscope	3	1,480,500	Yenanthar Hospital (Laboratory)	For uplifting the function of Laboratory in Yenanthar Leprosy
64	Air-Grinder	1	31,600	Yenanthar Hospital (Prosthesis)	For uplifting the function of Prosthesis section in Yenanthar Leprosy Hospital
65	Cork	20	42,000	Yenanthar Hospital (Prosthesis)	
66	Counter Material	5	101,000	Yenanthar Hospital (Prosthesis)	
67	Cushioning Materials	5	80,000	Yenanthar Hospital (Prosthesis)	
68	Foot Model	1	16,500	Yenanthar Hospital (Prosthesis)	
69	Mini-Rasp Set	4	14,400	Yenanthar Hospital (Prosthesis)	
70	Orthopedic Shoe Press Machine	1	998,830	Yenanthar Hospital (Prosthesis)	
71	Rubber Welts	5	50,000	Yenanthar Hospital (Prosthesis)	
72	Shoe Repair Press Machine	1	1,337,200	Yenanthar Hospital (Prosthesis)	
73	Sole Sheets	50	340,000	Yenanthar Hospital (Prosthesis)	
74	THERMIT RX (Thermoplastic)	5	79,000	Yenanthar Hospital (Prosthesis)	
75	Tool Set Meister	2	400,000	Yenanthar Hospital (Prosthesis)	
76	Weaving Machine, Table Type	3	255,000	Yenanthar Hospital (Rehabilitation)	For uplifting the function of Rehabilitation section in Yenanthar Leprosy Hospital
77	Weaving Thread Set	3	57,000	Yenanthar Hospital (Rehabilitation)	

C) Equipment for Community Midwives					
	Care Set:Plobe, Forceps, Dissecting Scissors, Scalpel Handles, Nail Cutter and	100	104,000	(Health Center)	For supporting Midwives activities
	Mirror	1800	180,000	(Health Center)	
	Motor Cycle	5	1,000,000	(Health Center)	
	Sphygomanometer + Stetoscope	600	1,035,000	(Health Center)	
E) Equipment for CSSC in Yangon and Mandalay					
	Computer	1	100,000	CSSC MDY	For uplifting the function of SSC in Yangon
	Microphone Set	1	45,000	CSSC MDY	
	OHP	1	70,000	CSSC MDY	
	Printer	1	30,500	CSSC MDY	
	Screen	1	40,000	CSSC MDY	
	Stabilizer	1	2,500	CSSC MDY	
	TV	1	30,500	CSSC MDY	
	Typewriter(Myanmar)	1	50,000	CSSC MDY	
	Typewriter(English)	1	50,000	CSSC MDY	
	UPS	1	10,000	CSSC MDY	
	Video	1	30,000	CSSC MDY	
	Book Shelf	1	52,000	CSSC YGN	

Project Design Matrix (First Revision, PDM1)

Project title:	The Leprosy Control and Basic Health Service Project
Country:	The Union of Myanmar
Implementing agency:	Department of Health, Ministry of Health
Project period:	April 2000 – Mar 2005
Project site:	48 townships in the Division of Magway (25 TSs), Mandalay (4TSs) and Sagaing (19TSs), Number of beneficiaries: 8.9 million (17.5% of the total population in Myanmar)
Institutions concerned:	(1) National Yenanthar Leprosy Hospital, (2) Special Skin Clinics in Yangon and Mandalay, (3) Mayanchaung Station Hospital and (4) Basic Health Service facilities including rural health centers (sub-rural health centers), township (station hospitals), district hospital, and top referral specialized hospitals in the project site, Yangon and Mandalay.
Target group:	(1) Township hospital staff including medical doctors, nurses and laboratory technicians, (2) Vertical staff for leprosy control program including Team Leader, Leprosy Inspector, Assistant Leprosy Inspector, Junior Leprosy Worker, and Laboratory Technician, and (3) Basic Health Staff (BHS) includng Health Assistant, Public Health Supervisor I, Lady Health Visitor, Midwife, and Public Health Supervisor II.
Date of revising PDM1:	25 February 2003

Narrative summary	Verifiable indicators	Means of verification	Important assumptions
Overall goal 1. Elimination of leprosy is achieved and sustained in the project sites. 2. Comprehensive leprosy control program including case finding, treatment and rehabilitation is enhanced in every region of Myanmar. 3. POD, POWD, and rehabilitation services are widely available for Persons Affected by Leprosy (PALs) in the project sites. 4. Monitoring and evaluation system on POD/POWD is established.	For 1-2 Registered prevalence rate is sustained below 1/10,000. New case detection rate shows the trend of constant decrease. Children rate shows decreasing tendency. No. of voluntary reporting cases among new cases increases. For 3- 4 No. of person who got new disability decrease every year	For 1-2 Monthly and annual reports of leprosy Control Program (LCP) of Dept. of Health (DOH). Special reports of DOH. Annual reports of LCP (or sample surveys in independent evaluation). For 3-4 Special survey	
Project purpose Leprosy control program including new case finding, treatment, POD, POWD and rehabilitation is conducted effectively with a sustainable referral system, together with the technical improvement of BHS not only for leprosy control but also for the control of other diseases such as tuberculosis (TB), malaria, and EPI, in the project sites.	At the end of the project, 1. Registered Prevalence Rate has the decreasing trend every year, preferably reaches and maintains less than 1 per 10,000 at most of project townships. 2. New case detection rate shows the decreasing tendency every year 3. Treatment completion rate remains high level (90-95%) 4. MDT coverage is sustained at 100%.	For indicators 1, 2, 3, and 4: Monthly and annual reports of LCP. Annual reports of LCP. Monthly and annual reports of LCP. Special reports of DOH. For indicator 6: Sample survey For indicator 5, 7, and 8:	1. Achievement of the project is transferred to other areas. 2. National health policy of Myanmar continues to set priority for leprosy control program even after the achievement of the international goal at national level. 3. Efforts of other development partners on Myanmar's leprosy control continue.

Narrative summary	Verifiable indicators	Means of verification	Important assumptions
	5. Coverage of POD practices (Self-care, Footwear etc) and Medical & Social Rehabilitation processes is increased. 6. No. of leprosy patients who receive treatment for side effects or leprosy reactions increase. 7. No. of reconstructive surgery increase. 8. Coverage of leprosy patients who receive self care education by BHS increase.	Hospital records. Records of BHS. Project documents.	4. Governmental and other international support to the medical sector is not weakened.

Narrative summary	Verifiable indicators	Means of verification	Important assumptions
Outputs 1. Capabilities of staff of the concerned institutions (see above) to conduct leprosy case finding are increased. 2. Capabilities of staff of the concerned institutions to conduct treatment (MDT, side effects, reactions and so on) are increased. 3. Capabilities of staff of the concerned institutions and vertical staff to conduct POD, POWD and rehabilitation are increased. 4. Capabilities of Basic Health Staff to conduct control of other diseases such as EPI, malaria, TB are improved. 5. Capabilities of Regional Leprosy Officers, Team Leaders and Medical Officers of district and township levels to manage leprosy control program are improved.	For 1-5 on the left, training activities are effectively carried out with the following scale: 1 Types of training; 2 Number of training; 3 Duration of training (number of days); 4 Number of staff trained 5 Degree of acquired knowledge and skills of training participants. Other indicators for output 3: 3-1. Number of IEC materials for self-care distributed by BHS among leprosy patients increases. 3-2. Number of MCR sandals distributed increases. 3-3. Number of reconstructive surgery performed increase.	Indicator 1-4 on the left are available through: 1. Project related reports 2. List of training courses implemented by the project Indicator 5 is available from: 5-1. Results of pre- and post-t test assessment. 5-2. Results of monitoring the trainees' performance. For indicator 3-1, 3-2, 3-3 are available through: 3-1. Records of BHS 3-2. Hospital records 3-3. Project documents	1. Participants of training programs remain as a staff of the concernet institutions in Myanmar after the completion of training. 2. Consumption goods such as drugs, materials for rehabilitation are provided sufficiently. 3. Medical staff in the project sites does not decrease in number. 4. Concerned medical facilities are maintained in the project sites.
Activities 1 Support for New Case Finding. 1-1 Support for producing IEC materials. 1-2 Produce training materials. 1-3 Provide training. 1-4 Improve information system by creating the data storage throughout Regional Leprosy Offices, Team Leaders' offices, National Leprosy Hospital, and Special Skin Clinics. 1-5 Establish surveillance system. 2 Provide Training on Treatment. 2-1 Make plan and curriculum. 2-2 Prepare training materials. 2-3 Provide necessary equipment for training. 2-4 Implement training of trainers (TOT). 2-5 Implement training courses (see the attached matrix for training plan). 2-6 Assess the trainees' learning. 3 Provide Training on Prevention and Rehabilitation 3-1 Make plan and curriculum.	Inputs Japanese side 1. JICA experts 2. Counterpart training in Japan 3. Provision of equipment. 4. Construction and renovation of facilities. 5. Local operating cost. Myanmar side 1. Personnel 2. Provision of facilities for project operation. 3. Local transportation cost of the project-provided equipment. 4. Recurrent cost of the project-provided equipment. 5. Recurrent cost of the facilities constructed and renovated by the project.		1. Equipment procured from Japan arrives in the project sites on time. 2. Safety is secured in remote area of the project. Preconditions 1. Support from central and local government of Myanmar is available in terms of finance, personnel and facilities. 2. Project activities are accepted by the target group and beneficiaries in the project sites. 3. Basic infrastructure such as water, electricity, tele-communication and roads is available in the project sites.

Narrative summary	Verifiable indicators	Means of verification	Important assumptions
3-2 Prepare training materials. 3-3 Provide necessary equipment for training. 3-4 Implement TOT. 3-5 Implement training courses (see the attached matrix for training plan). 3-6 Assess the trainees' learning. 4 Provide Training on Other Diseases 4-1 Prepare training curriculum of other diseases. 4-2 Implement TOT. 4-3 Implement training of other diseases as a part of the above leprosy-related training opportunities. 4-4 Assess the trainees' learning. 5 Provide Training on Program Management 5-1 Make plan and curriculum. 5-2 Prepare training materials. 5-3 Provide necessary equipment for training. 5-4 Implement TOT. 5-5 Implement training courses (see the attached matrix for training plan). 5-6 Assess the trainees' learning 6 Enhance Functions of Leprosy Hospitals 6-1 Construct training center at YLH. 6-2 Renovate laboratory at YLH. 6-3 Renovate operation theater at YLH. 6-4 Renovate SSCM building. 7 Other Necessary Activities 7-1 Formulate overall and annual plans of project operations. 7-2 Carry out monitoring of the entire project regularly. 7-3 Carry out administrative work such as financial management and personnel management of the project. 7-4 Carry out Joint Coordinating Committee Meeting every year.			

Summary of Joint Action Plan with JICA in FY 2003
(revised on 25th Feb. 2003)

A. Leprosy Control

1. Capacity Building of Basic Health Staff (BHS)
   (Continued, Leprosy, TB, EPI, Malaria will be considered for next year)
2. Follow up of Microscope training course 2002
   (Joint meeting for monitoring and promotion of microscopy at each township hospital)
3. Capacity building for vertical staff
   (To build up the skills of vertical staff for program management, epidemiological analysis and POD/POWD & rehabilitation[1].)
4. Capacity Building of 48 TMOs
   (To strengthen the referral system of leprosy control and leprosy patient care including POD/POWD at township level for those who have complicated plantar ulcer, severe leprosy reaction, adverse reaction of medicine, eye problem, poor general condition and other conditions related to leprosy. Management of complicated foot ulcer, foot wear for POD/POWD and reconstruction of foot drop are specially highlighted.)
5. Capacity building of specialized personnel on POD/POWD & rehabilitation
   (reconstructive surgeon, physiotherapist & nurse)
6. Foot wear program
   (continued from FY 2002, focusing on development of delivery system in 48 townships etc)
7. Sewing training Course
   (continued from FY 2001, three batches)
8. Strengthening of functions for referral institutions of leprosy and referral system itself;
   National Yenanthar leprosy hospital, Yangon CSSC, Mandalay SSC, and Mayanchaung Station Hospital.

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[1] To conduct "disability survey" in their own area. After training course, participants will conduct "disability survey" in their own area and JICA experts will join the survey

9. Capacity building of supporters in general health services for strengthening leprosy referral systems
   (Shoe / prostheses makers, lab technicians (EMG etc) & physiotherapists etc)
10. Integrated IEC/School Health
   (continued from FY 2001)

B. Tuberculosis Control as Basic Health Services

1. Capacity Building of Basic Health Staff (BHS)
   (Continued; TOT training in Yangon and one day will be allocated for TB at each township training course)
2. Follow up of Microscope training course 2002
   (Joint meeting for monitoring and promotion of microscopy at each township hospital)
3. Dispatch of a short term expert to supervise project activities

C. Malaria control as Basic Health Services

1. Capacity Building of Basic Health Staff (BHS)
   (Continued; TOT training in Yangon and one day will be allocated for malaria control at each township training course)
2. Follow up of Microscope training course 2002
   (Joint meeting for monitoring and promotion of microscopy at each township hospital)
3. Dispatch of a short term expert to supervise project activities

D. EPI as Basic Health Services

1. Capacity Building of Basic Health Staff (BHS)
   (Continued; TOT training in Yangon and one day will be allocated for relevant EPI topics at each township training course)
2. Promotion and monitoring of EPI service in the project area.
3. Dispatch of a short term expert to supervise project activities

Tentative Schedule, f.y. 2003

25-Feb-03

No.	Subject	4	5	6	7	8	9	10	11	12	1	2	3
1	TOT、BHS training (At Township level)												
2	Follow up of microscope training (At Township level)												
3	Sewing training		2 weeks			2 weeks					2 weeks		
4	Capacity building for vertical staff												
5	Disability Survey												
6	Capacity building for TMOs												
7	Capacity building for specialized personnel on POD/POWD & rehabilitation												
8	Capacity building of supporters in general health services												
9	MCR foot wear												
10	School Health Education					1 week							
11	IEC				2 months								
12	Strengthening of functions for Mayanchaung / YLH / CSSC / MSSC												
13	3 Divisions Meeting												○

Dispatch of Short Term Experts FY 2003

No.	Subject	4	5	6	7	8	9	10	11	12	1	2	3
1	Malaria												
2	TB												
3	EPI												
4	Physiotherapy												
5	Shoe maker												
6	Nursing												
7	School Health Education												
8	IEC												
9	Laboratory												
10	Leprosy Control												
11	Epidemiologist/Program management												
12	Reconstructive surgery												

Tentative Schedule of C/P training in Japan, f.y.2003

No.	Subject	4	5	6	7	8	9	10	11	12	1	2	3
1	Management of Leprosy Control program												
2	Management of Leprosy Control program												
3	POD/POWD & Rehabilitation												
4	School Health Education/Social science												

Training in SLR&TC, Karigiri, South India, FY 2003

No.	Subject	4	5	6	7	8	9	10	11	12	1	2	3
1	Health Education in Leprosy												
2	Health Education in Leprosy												
3	Health Education in Leprosy												

Procurement of equipments which are considered necessary will be considered in FY 2003