# 付　属　資　料

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1．協議議事録（Minutes of Meeting：M／M）

# MINUTE OF MEETINGS BETWEEN JAPANESE PROJECT CONSULTATION TEAM AND THE MINISTRY OF HEALTH OF THE LAO PEOPLE'S DEMOCRATIC REPUBLIC ON THE PROJECT FOR STRENGTHENING HEALTH SERVICES FOR CHILDREN

The Japanese Project Consultation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Seiki TATENO, visited the Lao People's Democratic Republic (hereinafter referred to as "the Lao PDR") from November 10, 2003 to November 28, 2003.

During its stay, the Team exchanged views and had a series of discussions with the Lao authorities concerned to review the activities and to give consultation on the Project for Strengthening Health Services for Children (hereinafter referred to as "the Project").

As a result of the discussions, the Team and the Ministry of Health (hereinafter referred to as "both sides") agreed upon the matters referred to in the document attached hereto.

Vientiane, November 27, 2003

Dr. Seiki TATENO
Leader,
Project Consultation Team,
Japan International Cooperation Agency,
Japan

Dr. Douangchanh KEOASA
Director,
Department of Hygiene and Prevention,
Ministry of Health,
Lao People's Democratic Republic

THE ATTACHED DOCUMENT

1. GENERAL REVIEW

The Project started on November 1, 2002 for the purpose of strengthening the central and local services on child health with efforts of all persons involved.

As it has past one year since the Project started, the Team was dispatched to review the past achievement during the first year, to discuss about current problem, and to give some consultation about future direction of the Project.

Through the field study and discussion with people concerned, the Team confirmed that most of the Project activities implemented as planned, and made steady progress. It was acknowledged that the Lao ownership was strengthening owing to active participation of Lao counterparts.

2. REVISION OF PDM

Both sides agreed to modify the PDM-0 which had been authorized in September 4, 2002 by the Record of Discussions. As the Project activities had progressed, its activities came to have been specified, and the PDM-0 needed to be rearranged. The PDM-1 was developed in accordance with current activities to strengthen monitoring activity of the Project. The PDM-1 was authorized by the Joint Coordinating Committee (hereinafter referred as "the JCC"), and is attached in ANNEX 1.

The major changing points from PDM-0 to PDM-1 are following.

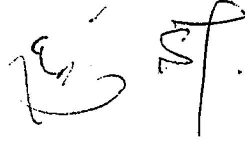
(1) Definition of words given special meaning are written in the footnote of PDM-1.

(2) Two Overall Goal are set up; the geographically targeted are for the Overall Goal in PDM-0 is reduced to the two target provinces, and another Overall Goal which aims at spreading the practical systems established by the Project is added.

(3) The management systems expressed "vertical" and "horizontal" in Outputs 2 and 3 in PDM-0 are clarified as human resource development system and the Health Network System in Output 1 and 2 in PDM-1 respectively, according to actual activities of the Project.

(4) Expression of Output 3 in PDM-1 follows the widely accepted definition of IMCI.

(5) Output 4 in PDM-1 shows a Project's approach covering the area of Information, Education, and Communication.



(6) Output 5 in PDM-1 stresses the importance of completion of the cycle of the activities supported by the Project, including activities in Oudomxay and Vientiane Provinces.

(7) Activities of PDM-0 are changed into those of PDM-1 according to the changes in the Outputs between the two PDMs.

(8) Indicators of PDM-1 include the amount of changes to be achieved and the timing when the indicators be realized.

3. OTHER ISSUES DISCUSSED

The Team and the Project discussed following things with Lao authorities, and these were confirmed in the JCC.

(1) Implementation of Cost Sharing

The Team appreciated the effort made by the Lao side on the introduction of Cost Sharing. In the view of sustainability, continuous endeavor of the Lao side on budget allocation for the Project activities is essential.

(2) Full time counterparts from the Lao side

In order to make smooth coordination between the Lao side and Japanese side, one or two counterparts will be accordingly dispatched from the Ministry of Health, as a coordinator who work in the Project office constantly.

In addition, the Lao side will nominate one staff as a translator for promoting mutual understanding of the Project.

ANNEX 1 PDM-1

ANNEX 1

**Project Name:** MOH - JICA project for Strengthening Health Services for Children in the Lao P.D.R.

**Duration:** 2002 – 2007

PDM-1
Dated : Nov.26. 2003

**Target Group:** Children (<15 years old)

| Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Important Assumptions |
|---|---|---|---|
| **Overall Goal**<br><br>1. The health standard of children is improved in Target Provinces<br>2. Practical systems established by Project are utilized beyond the Central Level and Target Provinces | 1. Mortality rate of children under 5 years old in Target Provinces is reduced.<br>2. Number of practical systems established by the Project, utilized beyond Central Level and Target Provinces. | - Annual statistics of Target Provinces<br>- Record of Ministry of Health (MOH) | a. National development policy of Lao P.D.R. is sustained |
| **Project Purpose**<br><br>The central and local health services for children are strengthened with participation of various levels of stakeholders | 1. Access of under 15 population to health services at Provincial and District health facilities is increased.<br>2. 80% of Minimum Requirements (MR) is achieved at District Health Offices and District Hospitals.<br>3. More than five activities with other collaborators are conducted annually. | - Records of Provincial and District Health facilities<br>- Evaluation sheet for MR<br>- Records of Project | a. Serious epidemic outbreaks do not occur |
| **Outputs**<br><br>1. Capacity building in management systems of human resource development is improved at Target Provinces and at Central Level. | 1-1. More than 90% of Trained Personnel Information System (TPIS) is updated annually.<br>1-2. Collected TPIS data is analyzed annually.<br>1-3. Collected Training Course Information System (TCIS) is analyzed and distributed to related organizations annually. | - TPIS annual report in Target Provinces<br>- TPIS annual report in Target Provinces<br>- TCIS annual report by Department of Organization and Personnel | a. Trained health staff continue to work for the health services<br>b. The community does not oppose the participation<br>c. Other organizations do not oppose the cooperative relationship with Project<br>d. The local government does not oppose Project activities |
| 2. The Health Network System is strengthened in Target Provinces and at Central Level. | 2-1. Voice to Voice Communication (VVC) is conducted and recorded 90% of the time except when unavoidable factors interfere with the communication.<br>2-2. Face to Face Communication (FFC) is conducted at least 6 times per year.<br>2-3. Meeting records are distributed to related organizations. | - Records of VVC<br>- Records of FFC<br>- Meeting records | |

| | | | |
|---|---|---|---|
| 3. Treatment for and prevention against major childhood diseases such as diarrhoea, malaria and ARI are intensified in Target Provinces. | 3-1. Evaluation sheet for MR is formulated by September 2004.<br>3-2. 80 % of each District's objectives based on MR is achieved.<br>3-3. The number of children under 5-years who come to use services at Provincial and District Level is increased.<br>3-4. More than 150 members of staff in Target Provinces are trained for IMCI. | - Records of Project<br>- Records of evaluation sheets<br>- Record of Provincial and District health facilities<br>- Records of Project | |
| 4. Information, education and communication for child health services is improved in Target Provinces. | 4-1. More than 15 activities supported by the Project are conducted each year.<br>4-2. IEC evaluation scores are increased. | - Records of Project<br>- IEC evaluation sheet | |
| 5. Health service management through planning, implementation, monitoring, evaluation and feedback are improved at Target Provinces and Central Level. | 5-1. Proposal form is designed and distributed by May 2004.<br>5-2. At least 70% of the activity cycle, comprised of planning, implementation, monitoring, evaluation and feedback steps, is completed in all activities by May 2007.<br>5-3. Evaluation for each step of the activity cycle | - Proposal form<br>- Evaluation sheet<br>- Evaluation sheet | |

<table>
<tr><th>Activities</th><th>Inputs</th><th>Pre-Conditions</th></tr>
<tr><td>1-1. Set up and implement Training Information System (TIS)<br>1-1-1 Set up and implement TPIS<br>1-1-2 Set up and implement TCIS<br>1-2. Hold regular TIS technical meetings<br>1-3. TIS supervised by Department of Organizations and Personnel<br>2-1. Establish VVC in Target Provinces<br>2-2. Establish FFC<br>2-3. Hold regular meetings<br>2-3-1 Hold regular meetings at Central Level<br>2-3-2 Hold regular meetings at Provincial Level<br>2-3-3 Hold "Intensive Discussion" regularly between Central and Provincial Level<br>2-3-4 Hold additional meetings to coordinate project activities<br>3-1. Establish MR<br>3-2. Improve child health service based on MR<br>3-2-1 Implement and evaluate IMCI training<br>3-2-2 Conduct other activities based on MR<br>4-1. Strengthen capabilities of Center for Information, Education, and Health (CIEH)<br>4-1-1 Improve management capacity of CIEH<br>4-1-2 Enhance technical capacity of CIEH for producing IEC materials<br>4-1-3 Support collaboration between CIEH and Target Provinces on IEC regarding MR<br>4-2. Support SSPP and pilot activities relating to school health<br>5-1. Design a proposal form<br>5-2. Promote activity cycle comprised of planning, implementation, monitoring, evaluation, and feedback based on the proposal form<br>5-3. Improve accuracy of health statistics in project activities</td><td>1. Lao side<br>(The central and local Levels)<br><br>1-1. Personnel<br>- Project Manager<br>- Project Coordinator<br>- Specific Health Staff (MOH and provincials)<br>- Others<br><br>1-2. Facilities<br>- Office room<br>- Furniture for new office<br>- Others<br><br>1-3. Local cost<br>- Project implementation<br>- Project management<br>- Specific budget<br>- Others<br><br>1. Japan Side<br><br>2-1. Personnel<br>1) Long term experts:<br>- Chief Advisor<br>- Project Coordinator<br>- Community Health Advisor<br>- Others<br>2) Short term experts:<br>- as required<br><br>2-2. Equipment<br>- Specific equipment to be required by the implementation of the project</td><td>- National health policy supports the project<br>- The MOH master policy supports the project<br>- MOE and the local educational authorities do not oppose the project</td></tr>
</table>

*Note: By discussion between the Lao side and the Japanese side, the PDM can be modified in accordance with the progress of the project.*

*Project; KIDSMILE Project*
*Local, Target Provinces, Provincial; Oudomxay Province and Vientiane Province* *District; districts in Oudomxay Province and Vientiane Province*
*Health Network System; vertical and horizontal networks for sharing health information and giving feedback*
*TIS; Training Information System is a management system for information on training courses and trained personnel using a database. TIS consists of TPIS and TCIS.*
*TPIS; Trained Personnel Information System is a management system for the training history of personnel using a database.*
*TCIS; Training Course Information System is a management system for information on training courses using a database.*
*VVC; In VVC, each district health office reports to the provincial health office daily using communication devices such as wireless radio.*
*FFC; In FFC, the provincial health office staff team visits the district health office regularly to supervise activities.*
*MR; Minimum Requirements gives 10 conditions that should be achieved at each district health facility.*
*SSPP: Small Scale Pilot Project*

2．コストシェアリング覚書

# MEMORANDUM OF UNDERSTANDING
# ON
# THE IMPLEMENTATION OF THE COST SHARING

With the reference of the policy of Japan International Cooperation Agency (JICA), the idea of the Cost Sharing is essential aspect on the activities of KIDSMILE Project for the purpose of sustainability and self-reliance made by Lao side. We hereby prescribe the important articles in this Agreement as the principles and take into account on the implementation of the Project activities.

In addition, the contents or the ratio of sharing shall be reconsidered and revised annually through the mutual agreement between Lao and Japanese sides.

October 31, 2003, Vientiane

Dr. Yasuo Sugiura
Chief Advisor,
The Project for Strengthening Health Services for Children (KIDSMILE Project)

Mrs. Chanthanom Manodham
Director of Cabinet,
Ministry of Health,
Lao PDR

Witness:

Mr. Hidetaka Nishiwaki
Resident Representative
JICA Laos Office

Attached sheet

MEMORANDUM OF UNDERSTANDING
ON
THE IMPLEMENTATION OF THE COST SHARING
UNDER
THE ACTIVITIES OF KIDSMILE PROJECT

(Purpose)

Article 1 In order to promote sustainability and self-reliance of Lao side on the Project activities, the idea of the cost sharing system is hereby introduced into a part of those activities.

"The project activities" means all the activities of the Project for Strengthening Health Services for Children ; KIDSMILE Project (hereinafter referred to as "the Project").

"Lao side" means Ministry of Health, Oudomxay Province, Vientiane Province and all other Lao organizations concerned to the Project.

(Definition of cost sharing)

Article 2 "Cost sharing" means the sharing of expenditures between Lao side and Japanese side on necessary cost for the project activities. The ratio of sharing by Lao side is to be increased year by year in order to enable of expending all by Lao side after the termination of the project.

(Sharing ratio)

Article 3 In principle, the sharing ratios from FY 2003 up to FY 2007 and after the termination of the Project shall be adjusted annually through the discussion and consideration between Lao and Japanese sides.

The ratio for JFY2003 is set as following:

<Sharing Ratio>

| JFY2003 | |
|---|---|
| Lao side | Japan side |
| 10% | 90% |

*JFY = Japanese Fiscal Year, start from April until March

With consideration of the case that Lao or Japanese sides may have difficulty to manage to require necessary budget, this sharing ratio is not always enforceable their prescribed ratio rigidly. However, both sides must pay the best attention and the effort in order to execute the Project activities properly in the view of sustainability.

(Object of cost sharing)

Article 4 Above sharing ratio shall be applied to any activities of the Project except administration costs for the Project offices such as salary for the Project's national staff, telephone charge of the Project offices, and equipment necessary for technical advices done by Japanese experts.

(Revision of contents)

Article 5 Throughout the implementation of the Project activities during due period, this agreement may be reconsidered and revised its contents such as the sharing ratio due to the actual status of budget and achievement. On the revision, however, both Lao side and Japanese side shall pay the best attention onto a relevance and adequacy toward the perfection of the Project purpose.

(Period of enforcement)

Article 6 This Agreement shall be valid from November 1, 2003.

3．JCC出席者リスト

## Participant List for JCC Meeting

## on November 26, 2003

| No. | Name | Position | Organization |
|---|---|---|---|
| 1 | Dr. Nao Boutta | Deputy Director | Cabinet, MOH |
| 2 | Dr. Khemphet Vanthanouvong | Director | HCSC with JAPAN |
| 3 | Dr. Souvankham Phommaseng | Technical Staff | DHP, MOH |
| 4 | Dr. Bouakhan | Chief CHD Section | Curative Dep. MOH |
| 5 | Dr. Saveangvong | Deputy Director | Food and Drug Dep., MOH |
| 6 | Dr. Kotsaythoun | Chief | Planing Division, MOH |
| 7 | Dr. Phiou Taibouavone | Deputy Director | PHO, Oudomsay Province |
| 8 | Ms. Vanthong | Chief of MCH Center | PHO, Oudomsay Province |
| 9 | Dr. Soukphathai Sopaseut | Director | PHO, Vientiane Province |
| 10 | Dr. Viengmany | Chief of MCH Section | PHO, Vientiane Province |
| 11 | Dr. Bouakham | Technical Staff | CMPE, MOH |
| 12 | Dr. Manivong | Technical Staff | CIEDH |
| 13 | Dr. Bounleua | Deputy Director | MCH, MOH |
| 14 | Dr. Khanthong | Technical Staff | MCH, MOH |
| 15 | Dr. Chansay | Technical Staff | EPI, MOH |
| 16 | Dr. Latsadavanh | Technical Staff | Primary Health Care |
| 17 | Mr. Kazunori KAWADA | 1st Secretary | Embassy of Japan |
| 18 | Mr. Shuichi IKEDA | Deputy Resident | JICA Laos Office |
| 19 | Ms. Tomoni IBI | ARR | JICA Laos Office |
| 20 | Dr. Yoshiaki OKUDA | Chief Advisor | L-J SHIP |
| 21 | Dr. Chiaki Miyoshi | MOH Advisor | MOH |
| 22 | Dr.Seiki TATENO | Team Leader | JICA Mission Team |
| 23 | Ms. Kimio ABE | JICA Staff | JICA Mission Team |
| 24 | Ms. Naoko SUGITANI | | JICA Mission Team |
| 25 | Dr. Yasuo Sugiura | Chief Advisor | KIDSMILE |
| 26 | Mr. Kazuhiro Otsuki | Project Coordinator | KIDSMILE |
| 27 | Ms. Noriko Kato | Expert in Community Health | KIDSMILE |
| 28 | Ms. Kazue Sone | Expert in Community Health | KIDSMILE |
| 29 | Dr. Shuko NAGAI | Technical Staff | KIDSMILE |
| 30 | Mr. Anoulack Chanthavisouk | Technical Staff | KIDSMILE |
| 31 | Mr. Khampasong Sayavong | Project Assistant | KIDSMILE |
| 32 | Dr. Keoketthong | Translator | |

4．R／D署名式出席者リスト

## Participant List for Signing ceremony of R/D on SHSC in Nov/27/2003

| No. | NAME | Position | ORGANIZATION |
|---|---|---|---|
| 1 | HE. Mr. Itsuo HASHIMOTO | Ambassor | Embassy of Japan |
| 2 | Mr. Kazunori KAWADA | 1st Secretary | Embassy of Japan |
| 3 | Ms. Yuko FUTAMOTO | 3rd Secretary | Enbassy of Japan |
| 4 | Mr. Khamhoung Heungvongsy | Vice Minister | Ministry of Health2 |
| 5 | Dr. Nao BOUTTA | Deputy Director | Cabinet, MOH |
| 6 | Dr. Douangchanh KEO-ASA | Director, Dept | Department of Hygiene & Prevention, MOH |
| 7 | Dr. Somchith AKKHAVONG | Deputy Director | Department of Hygiene & Prevention, MOH |
| 8 | Mrs. Chanpheng VIRAVONG | Director | Dept. of Organization and Personnel |
| 9 | Dr. Vilayvang PHIMMASONE | Director | Dept. of Food and Drug, MOH |
| 10 | Dr. Sysavath | Techncial Staff | MOH |
| 11 | Ms. Inpanh | Techncial Staff | MOH |
| 12 | Ms. Sony | Techncial Staff | MOH |
| 13 | Dr. Khamphiou Taibouavone | Deputy Director | PHO, ODY |
| 14 | Ms. Vanthong | Chief of MCH Center | PHO, ODY |
| 15 | Dr. Soukphathai SOPASETH | Deputy Director | PHO, VT |
| 16 | Dr. Viengmany | Chief of MCH Center | PHO, VT |
| 17 | Dr. Bountheuang MOUNLASY | Director General | DIC |
| 18 | Dr. Seiki TATENO | Team Leader | JICA Mission Team |
| 20 | Ms. Naoko SUGITANI | | JICA Mission Team |
| 21 | Ms. Kimiko ABE | | JICA Mission Team |
| 22 | Mr. Hidetaka NISHIWAKI | Resident Representative | JICA Laos Office |
| 23 | Ms. Tomomi IBI | ARR | JICA Laos Office |
| 24 | Mr. Sophonh KOUSONSAVATH | JICA Staff | JICA Laos Office |
| 25 | Dr. Chiaki MIYOSHI | Advisor | MOH |
| 26 | Ms. Mochizaki | Expert | MOH |
| 27 | Dr. Dean A. Shuey | Program Management Officer | WHO |
| 28 | Dr. Yasuo SUGIURA | Chief Advisor | KIDSMILE |
| 29 | Dr. Shuko NAGAI | Expert | KIDSMILE Project |
| 30 | Ms. Noriko KATO | Expert | KIDSMILE Project |
| 31 | Mr. Kazuhiro OTSUKI | Coordinator | KIDSMILE Project |
| 32 | Ms. Kazue SONE | Expert | KIDSMILE Project |

# 附属資料５　PDM改定 ワークショップ報告書

開催日時：2003年11月13、14日　8:30～16:00
場所：保健省医療機材サービスビルディング
参加者：参加者名簿（Appendix 1参照）
ファシリテーター：阿部貴美子

## 1. ワークショップ作業報告

第1日目

Day 1
1 Introduction
2 Purpose of Workshop
3 Schedules
4 Activities

### 1.1. 導入

1）ファシリテーター（阿部）自己紹介

2）ワークショップに対する期待
　参加者がこれまでのプロジェクトでの経験をシェアする場にしたい。
　プロジェクトがこれまで達成したものを大切にする場にしたい。
　プロジェクトの将来に向けて、経験や成功例の活用方法を考える場にしたい。

3）参加者自己紹介

### 1.2. ワークショップの目的説明

1）ワークショップの概要
　過去1年間の活動の経験と教訓、明らかになってきた重点事項、すでに決まっている今後の計画等に基づいて、PDMの「成果」と「活動」、「指標」を改定する。この作業を通じて、プロジェクトについての知識も深めることが出来る。ここでのディスカション内容は、他の人にもシェアしてほしい。

２）ワークショップで使用する方法論説明

問題の原因を分析し、解決方法を探っていく方法は、過去に使われることが多かった。これに対して、このワークショップでは、これまでの成功体験や自分が考える最も良かったことを振り返り、成功や最も良かったことにつながった取り組みと能力をこれからも活用しよう、という方法論を応用して使う。これは過去の問題から分析をはじめる手法では議論が行きづまりがちで、適確な解決方法が見つかりにくいという経験から、アメリカで開発された手法[1]である。何故成功できたのか、成功のために使った能力は何かを考えていく。

3) 参加型を採用している理由と作業方法

このワークショップでは、誰の意見でも尊重される。意見は自由に述べることが出来る。他の参加者の考え方を知り、他の参加者と一緒に考えることで、考えを深め、新たな考えを引き出す。さらに他の参加者と協力して、考えをまとめる。各グループの参加者は順番で全員に向けて、討議結果を発表する。各参加者は、考えを必ず小さい紙に書き、それを基にグループ内で話し合い、表を作って発表する。

## 1.3. 日程説明（Appendix 2参照）

## 1.4. 作業

1) プロジェクトにおける参加者のこれまでの活動報告（参加者個別作業）

| What have you done in KIDSMILE Project?<br>1) Quick explanation of category of your activities (Example: Human resource development, IMCI, Face to Face Communication)<br>2) What have you done |
|---|

参加者からは、ウドムサイ県と、ヴィエンチャン県におけるVVCやFFCの活動、TPIS、TCIS、IEC活動等のプロジェクトの主要な活動が紹介された。

[1] David L., Cooperrider, Diana L. Whitney, Jacqueline M. Stavros (2003) Appreciative Inquiry Handbook: The First in a Series of AI Workbooks for Leaders of Change, Lakeshore Communications, Ohaio、Malcolm J. Odell,http://connection.cwru.edu/ai/community/他。

2) 参加者のプロジェクトにおけるこれまでの成功の経験、自分が一番良いと感じている事柄の報告（参加者個別）

| What was the best thing you have done in your activity in KIDSMILE? |
|---|

参加者からの主要報告事項（詳細は Appendix 3 参照）

- TPIS と TCIS は、トレーニングの効果を高める。
- TCIS は、政策と戦略の策定に貢献する。
- VVC と FFC によって県と郡の間での調整やコミニュケーションが改善された。
- FFC によって報告書フォームが統一され、下位レベルからの報告書の質も向上した。
- VVC によって、治療や感染症の流行の状況、郡保健局の活動が報告されている。薬の使い方や治療法について問い合わせも行われた。
- VVC によって、郡保健局の活動の強みと弱みが把握された。
- MCH 分野でスタッフの IMCI トレーニングが行われた。
- IEC では、中央からヘルスセンターレベルまでカバーされている点とモデル県の全ての群がカバーされている点が好ましい。

3) 「子どもための保健サービスを高める」ために今後取るべき「ステップ」を見つける（グループ作業）

| How do you want to realize your dream?<br>1) Use your best experiences<br>2) Find steps to realize your dream |
|---|

グループ内での作業を行い、自分たちの考えた「ステップ」を発表する。「ステップ」の優れた点に対する参加者からの理解を得られるよう、説明する。全グループの発表後、どのグループのデザインが優れているか、検討する。

作業結果概要（詳細は Appendix 4-1～4-3 参照）

- 活動にあたっては、ニーズの把握、計画、実施、モニタリング、評価、フィードバックというサイクルを踏んで行くことの重要性が確認された。
- 活動に必要な Step（計画から評価まで）の中では、計画段階が一段階詳細に書かれていた。「情報収集」、「問題分析」、「問題確定」、「予算計画」、「詳細な計画」、「責任者の明確化」という、具体的なプロセスまで挙げられた。

・ ネットワークやミーティングを重要ファクターとするステップと、IEC、母子保健分野の活動をコアにするステップが示された。
・ プロジェクトの既存のPDMにない新しい活動として、「ファースト・エイド」、「村の薬剤キット配布」、「薬剤の適正使用（rational drug use)」、「経験の共有」が挙がった。

4) PDMの説明

PDMのロジック：「成果」と「活動」の関係

「プロジェクト目標」に達するための「成果」が本プロジェクトの場合は、1から5までである。これらを達成することで「プロジェクト目標」を達成しようとしている。次に「成果」の達成のために、「活動」を行っていく必要がある。（配付資料Appendix 5-1)。

PDMの縦のロジック：「前提条件」と「活動」、「外部条件」と「成果」、「プロジェクト目標」との関係

「前提条件」が満たされて、プロジェクトが始まる。「活動」が実施されて、かつ「外部条件」が満たされれば、「成果」が達成される。「成果」が達成されて、その横の「外部条件」が満たされれば、「プロジェクト目標」が達成される。「成果」の達成の度合いについては、「成果」の脇にある「指標」で見る。「プロジェクト目標」の達成具合は、その横にある「指標」で見る（配付資料Appendix 5-2)。

5) 前段階の作業で把握された今後取るべき「ステップ」と現状PDMの違いを明確化し、そこから現状PDMに関して変更すべき点や疑問点をまとめる（グループ作業)。

What do you want to change PDM based on your steps?
1) Comparison
2) Changes you want

グループ内で、「成果」に関して考え方そのものと表現の相違点、相違理由を検討する。どちらがいいと考えるのか、そしてその理由は何故かを検討する。上記の点を検討後に、PDMに関して変更すべき点を決定する。PDM記述への追加や表現を改定することも可能である。

第2日目

Day 2
1 Report from Day 1
2 Activities
3 Review of Workshop
4 Closing

## 1.5 第1日目のレビュー

## 1.6 作業

1) 第1日目の作業1.4の5)の続き（グループ作業）

前日の作業の続きを行い、結果をグループごとに発表した。2日目は、衛生予防局および計画局からの参加者が欠席したため、両名が参加していたグループの人数が少なくなり、グループ2に吸収された。発表では、下記事項に加えて、これまでの活動に対するコメントも表明された。

各グループからの主要発表事項（詳細はAppendix 6参照）

- プロジェクトの活動実施場所の拡大を求める（遠隔地への拡大など）。
- 下位レベル施設（ヘルスセンター）のプロジェクトへの巻き込みを求める。
- 機材供与が必要である。
- 「成果 3」で挙がっている３つの疾患以外の疾患に対する対応と、重大でない子どもの疾患に対するサービスへの関与はどうなるのか。
- MRのself-evaluationのスコアは、正確に現状を反映していない。
- 「成果4」では、ラオス語翻訳がIECの意味になっていない。
- 異なるレベル間のフィードバックが重要である。
- 他プロジェクトの経験からの学習が重要である。
- プロジェクト活動のために県として必要となる予算についての情報は、予算

申請手続き時期の関係から早めに入手したい。プロジェクトの「コスト・シェアリング」に関する情報もほしい（本項は口頭発表されなかったが、表には書かれていたため、内容をファシリテイターから質問した）。

上記報告事項に関する杉浦専門家からの説明

- 全ての県で活動を行うことは出来ない。「成果１」では、TCIS と TPIS が県レベルから郡、ヘルスセンターレベルまでカバーしている。「成果 3」でも、郡レベルをカバーする。
- 「成果 3」は IMCI で対象としている疾患の対策を、IMCI トレーニングを通じて強化することを中心としていくという意味である。
- 機材供与は、現在準備中である。
- スタディ・ツアーの実施も検討している。
- PDM に書かれていない活動でも、内容がプロジェクトの主旨に沿うものであり、実施が必要と理解されるものであれば、プロジェクトの活動として実施していく可能性はある。

2) PDM 改定（全員での作業）

全員の前で PDM 全体を見ながら、1)の作業に基づいて改定を提案した。それに先立ち、PDM による計画策定段階でプロジェクトの内容（アプローチ）を決める際に留意すべき事項について説明した（配付資料 Appendix 7-1）。PDM の「指標」については、「指標」は何がどのくらい、あるいはどのように変わるかを測るものであり、いつまでにという時間の設定も大切である、同じ「指標」を PDM の異なるレベルにある事項に使うことはできない、収集に高いコストがかかるような「指標」は採用しない、などを説明した（配付資料 Appendix 7-2）。

参加者からの主要改定提案事項（詳細は Appendix 8 参照）

- 「成果」には、プロジェクトがヘルスセンターレベルまで活動対象として含めていることを明記した方がいい。
- 「活動」にも、ヘルスセンターレベルまで含めるべき活動がある。
- 「成果 1、2」の活動の内、定期会議の開催数を減らす方がいい。
- 「成果 2、5」の活動に関して、上位レベル機関からのフィードバックがほしい。

・「成果３」の活動に追加して、村へ入る活動、村へのモバイル・チーム派遣や薬剤キット配置も実施した方がいい。
・「成果３」の活動を実施する前に、ベースライン的な調査が必要である。
・「成果 4」の活動においては、他セクターとの連携が必要である（中央レベルから郡レベルまで）。
・上位目標については、地理的対象がラオス全体となっていて広すぎる。

3)「指標」の設定（グループ作業）

PDM の「指標」設定に関する留意事項振り返りの後、一般的なモニタリングのための指標選定とモニタリングシステム構築の際に重要な留意事項について説明した（配付資料 Appendix 9）。

作業では、各「成果」について 3 つぐらい、「プロジェクト目標」、「上位目標」のそれぞれについて 3 つぐらい設定してほしい旨依頼した。

「指標データ入手手段」を決める作業では、どこに所在する、どのような記録から取るのか詳しく書くこととし、例えば「県保健局の記録簿」ではなく、その下の詳細レベルまで「県保健局母子保健部の何の記録」記載することを依頼した。

各グループからの主要提案「指標」、提案内容の特徴（詳細は Appendix 10 参照）
・提案された「指標」は、実施された活動そのものの回数（例：IEC 実施回数等）よりも、一段階上の、活動の結果起こった変化（いわゆる outcome）を見る「指標」が多く提案された（例：TPIS の登録率、子どもの死亡数、患者数、サービスを受けた子どもの数、トレーニングを受けた人の知識の変化等）。
・既存の統計とプロジェクト記録からは取れない「指標」も提案された（例：トレーニングを受けた人の知識の変化、健康教育に関する子どもからのインタビュー等）。
・「指標」の取り方とタイミングに関しては、ほとんどの「指標」について、どこのセクションにある記録を見ればよいか、どれくらいの期間ごとに見ればよいかまで具体的に提案された。

## 1.7 ワークショップのレビュー

1) 2 日間の作業の振り返り

2) ファシリティターの感想

多くの参加者が積極的に発言し、これまでのプロジェクトの成功の経験や一番良いこと、また自分の考えや知識を他の参加者と共有できたことが素晴らしかった。特に地方からの参加者の貢献が大きかった。PDM についての知識も深まり、PDM 改定の提案も抽出することができた。

このワークショップを通じて、参加者はプロジェクトのこれまでの活動や方向性について詳しく知ることが出来たと考える。また、今後の活動の方向性や計画、PDM へのそれらの反映のされ方についても知ることが出来たと考える。それらを同僚たちと共有してほしい。

2. 全体所感

- 予想以上にラオス側の参加者が活発に意見を述べた。ワークショップにおけるこれまでのプロジェクトにおける自分の成功体験の振り返りと、自分と異なる活動分野の参加者との経験のシェアから、参加者はプロジェクトの活動内容や方針について以前よりも知識を高めることが出来たと考える。また、当事者意識も高まったものと考える。
- 実務者レベルの人員や、実際に活動が動いている部局や地域の人員が、ワークショップにもっと参加できると良かった。
- 母子保健局から本ワークショップで作業をするに適当な人材が参加できれば、「成果３」の活動進展や今後の見通しが、他の参加者と共有できたと思われる。
- 「指標」設定に関しては、さらに時間をかければ「成果」をはかるために重要な「指標」が参加者によって見つけ出され、それを取るための作業過程や「指標」決定に必要な事項が明確になったものと考えられる。

Appendix

Appendix 1　PDM改定ワークショップ参加者名簿
Appendix 2　PDM改定ワークショッププログラム
Appendix 3　プロジェクトにおける成功経験
Appendix 4　子どもの保健サービスを改善するステップ
Appendix 5-1　PDMのロジック・ツリー
Appendix 5-2　PDMの縦の論理
Appendix 6　グループ策定「ステップ」との相違点とPDMの変更すべき点
Appendix 7-1　プロジェクト内容策定時の留意事項
Appendix 7-2　指標策定時の留意事項
Appendix 8　参加者からのPDM改定要望事項
Appendix 9　モニタリングのための指標選定とモニタリングシステム作成における一般的留意事項
Appendix 10　参加者から提案された「指標」と「指標データ入手手段」

**Appendix 1：PDM改訂ワークショップ参加者名簿**

KIDSMILE PDM ワークショップ（2003年11月13日、14日）　参加者名簿
（於：ラオス保健省保健機材サービスビルディング2階会議室）

| | 出席者 | 役職 | 所属 |
|---|---|---|---|
| | 11月13日 | | |
| 1 | Dr. Phiou Taibouavone | 副局長 | ウドムサイ県保健局 |
| 2 | Mr. Khamla | 技術職員 | ウドムサイ県保健局母子保健課 |
| 3 | Dr. Viengmany | 主任 | ヴィエンチャン県保健局母子保健課 |
| 4 | Mr. Souvanpheng | 技術職員 | ヴィエンチャン県保健局計画課 |
| 5 | Mrs. Keophouthone | 技術職員 | 保健省マラリア・寄生虫・疫学センター |
| 6 | Dr. Souvankham | 技術職員 | 保健省計画衛生予防局 |
| 7 | Dr. Manivong | 技術職員 | 保健省保健情報教育センター |
| 8 | Dr. Bouakhan | 主任 | 保健省治療局 |
| 9 | Dr. Sthaphone | 次長 | 保健省組織人材局 |
| 10 | Dr. Chanlap | 技術職員 | 保健省計画予算局 |
| 11 | Mr. Souksomkhoun | 技術職員 | 保健省食品薬品局 |
| 12 | 杉浦専門家（チーフアドバイザー） | | KIDSMILE Project |
| 13 | 大槻専門家（調整員） | | KIDSMILE Project |
| 14 | 加藤専門家（長期） | | KIDSMILE Project |
| 15 | 曽根専門家（長期） | | KIDSMILE Project |
| 16 | 阿部 | コンサルタント | 運営指導調査団 |
| 17 | 三好専門家 | | ラオス保健省アドバイザー |
| 18 | Mr. Anoulack | ナショナルスタッフ | KIDSMILE |
| 19 | Mr. Khampasong | ナショナルスタッフ | KIDSMILE |
| 20 | 衣斐職員 | 所員 | JICAラオス事務所 |
| 21 | Mr. Sophon | ナショナルスタッフ | JICAラオス事務所 |
| 22 | Ms. Vanphila | 通訳 | |
| | 11月14日 | | |
| 1 | Dr. Phiou Taibouavone | 副局長 | ウドムサイ県保健局 |
| 2 | Mr. Khamla | 技術職員 | ウドムサイ県保健局母子保健課 |
| 3 | Dr. Viengmany | 主任 | ヴィエンチャン県保健局母子保健課 |
| 4 | Mr. Souvanpheng | 技術職員 | ヴィエンチャン県保健局計画課 |
| 5 | Mrs. Keophouthone | 技術職員 | 保健省マラリア・寄生虫・疫学センター |
| 6 | Dr. Manivong | 技術職員 | 保健省保健情報教育センター |
| 7 | Dr. Bouakhan | 主任 | 保健省治療局 |
| 8 | Dr. Sthaphone | 次長 | 保健省組織人材局 |
| 9 | Mr. Souksomkhoun | 技術職員 | 保健省食品薬品局 |
| 10 | 杉浦専門家（チーフアドバイザー） | | KIDSMILE Project |
| 11 | 大槻専門家（調整員） | | KIDSMILE Project |
| 12 | 加藤専門家（長期） | | KIDSMILE Project |
| 13 | 曽根専門家（長期） | | KIDSMILE Project |
| 14 | 阿部 | コンサルタント | 運営指導調査団 |
| 15 | 三好専門家 | | ラオス保健省アドバイザー |
| 16 | 衣斐職員 | 所員 | JICAラオス事務所 |
| 17 | Mr. Anoulack | ナショナルスタッフ | KIDSMILE |
| 18 | Mr. Khampasong | ナショナルスタッフ | KIDSMILE |
| 19 | Ms. Vanphila | 通訳 | |

Appendix 2: PDM改訂ワークショッププログラム

# JICA KIDSMILE Project Workshop on Project Design Matrix (PDM)

"What do we want to do for improving health service for children in Project?"

**Program**

Date: November 13 and 14, 2003

Time: 8:30~16:00

Venue: Conference Room, 2nd Floor, Medical Equipment Service Building, Ministry of Health, Vientiane, Lao P.D.R.

**Objectives of Workshop:**

To find out the future direction of project activities and suitable indicators for the future project activities.

"What kind of outputs(i.e., groups of activities) do we want to have?", "What are suitable indicators for our activities?"

**Schedule:**

Day 1

8:00~ Registration

8:30~

1. Introduction of participants
2. Explanation of objectives of workshop, Schedule,

9:00~

3. Activities
    - 3.1 Review of our past activities: "What we have achieved? What is the best thing among our achievement?"
    - 3.2 Dream of future: "What do we want to achieve?"
    - 3.3 Design of steps for the future
    - 3.4 Comparison with PDM

10:00~10:20 **Tea Break**

10:20~

3. Activities
    - 3.5 Comparison with PDM (cont'd)

12:00~13:00 **Lunch**

13:00~14:45

3. Activities

3.6 Making PDM for our project (Outputs, Overall Goal, etc.)

14:45~15:00 **Tea Break**

15:00~15:30

3. Activities

3.7 (cont'd)

15:30~16:00

4. Review of Day 1

16:00 5. closing remarks for Day 1

Day 2

8:30~

1. Report from Day 1 by participants (What we achieved yesterday)
2. Activities

2.1 "What are suitable indicators for our activities? Why?"
"Data collection, How many times in one year?"

10:00~10:20 **Tea Break**

10:20~12:00 2.2 "Who will collect data for the indicators?"
2.3 "How can the person responsible for collection collect the data?"

12:00~13:00 **Lunch**

13:00~14:45

2. Activities

2.4 "How can the person responsible for collection collect?" the data?"(cont'd)

14:45~15:00 **Tea Break**

15:00~15:30

2. Activities

2.5 Activities (cont'd)

15:30~16:00

3. Review of Workshop

16:00

4. Closing remarks for Workshop

Appendix 3:プロジェクトにおける成功経験

| Success/The Best | Reason |
|---|---|
| **CIEH** | |
| Project started from the central level, and has covered Provincial, District, and Health Center Levels. Project is covering every district (in the target provinces). | New experiences |
| Community Health Education | 1) People enjoyed, health staff participated.<br>2) People will have good health |
| Health staff have got experiences in providing Health Gaining knowledge | Encouraging villagers to change attitude and behavior |
| **Dep.of Hygiene Prevention (About Future)** | |
| Training for IMCI | 1) who received IMCI training will work on their best in their responsible areas.<br>2) Produce qualified technical staff for child treatment<br>3) Children can have good health |
| **Oudomxay Provincial Health Office** | |
| "Network" | Reporting system, coordination, and communication between province and district were improved and became closer. |
| Success in installing system in 7 district | Daily reports from every district were conducted on situation of curative, observation of situation to prevention against epidemic, and activities of DHOs. |
| Face to Face | Epidemic of typhoid and problems of hospital were reported |
| Child Health Care | |
| IMCI | |
| Health Education | |
| Collecting basic data on the demand/needs | |
| Training | |
| Organizing meetings | |
| **Dep. of Organization and Personnel** | |
| Improving Training Information System | Base for data collection was created |
| | A form for collecting data on training was created and used |
| | Increasing effectiveness of management of training courses |
| | Can utilize the data for making policies, strategies, and plans for human resource development. |
| | Setting up Technical Team which includes different sections |
| | Training the staff of the Dept. of Organization and Personnel on how to use data. |
| **Vientiane Provincial Health Office** | |
| Getting better reports from District and HC to province | Reporting system got better among Province, District, HC |
| | Staff asked how to use drug and about treatment |
| | A committee in charge was organized |
| | Having unified report forms |
| | Having meetings for reviewing the implementation |
| Network system (form and person in charge) has | PHO developed the contents of the system by themselves |
| | Monitoring strength and weakness |
| | PHO and DHO improved the weak point in the system at the meeting and quickly solved problems (EPI, lack of drug ). They will call and Province can send drug immediately |
| | Curative, epidemic |
| IMCI (children have good health) | Staff get more knowledge |
| | Quickly solving problem |
| Others | EPI, Drug, Curative, Epidemic |

| What you want to do in KIDSMILE |
|---|
| Following departments have not started activities in the project, therefore, they expressed what they wanted to do in the project and how they can contribute in the best way to the project. |
| **Parasite Control** |
| Having a want to make children know about the serious dangers of all kind of parasites.<br>To make children know how to protect or prevent themselves from getting diarrhea and malaria |
| **Curative** |
| Upgrade/improve treatment, Giving a clear/correct diagnosis, Providing training for medical doctors for common<br>Providing training for nurses on how to take care patients, Providing training for health staff responsible for |
| **Food and Drug** |
| People and children have better health<br>Providing knowledge for people on how to use drug appropriately through T.V., radio, and magazine.<br>People do not have enough knowledge on the goodness and dangerous of drug.<br>Lack of good news writers about food and drug, Producing more news writers for Dept. of Food and Drug<br>Increasing time for news announcement and advertisement on newspapers, 2 times a month. |
| **Budget and Planning** |
| Having a want children have a good health, Good education, Providing guidance and feedback from central to local |

Appendix 4-1 子どもの保健サービスを改善するステップ（Group 1）

Group 1

**Improve Health Services for Children**

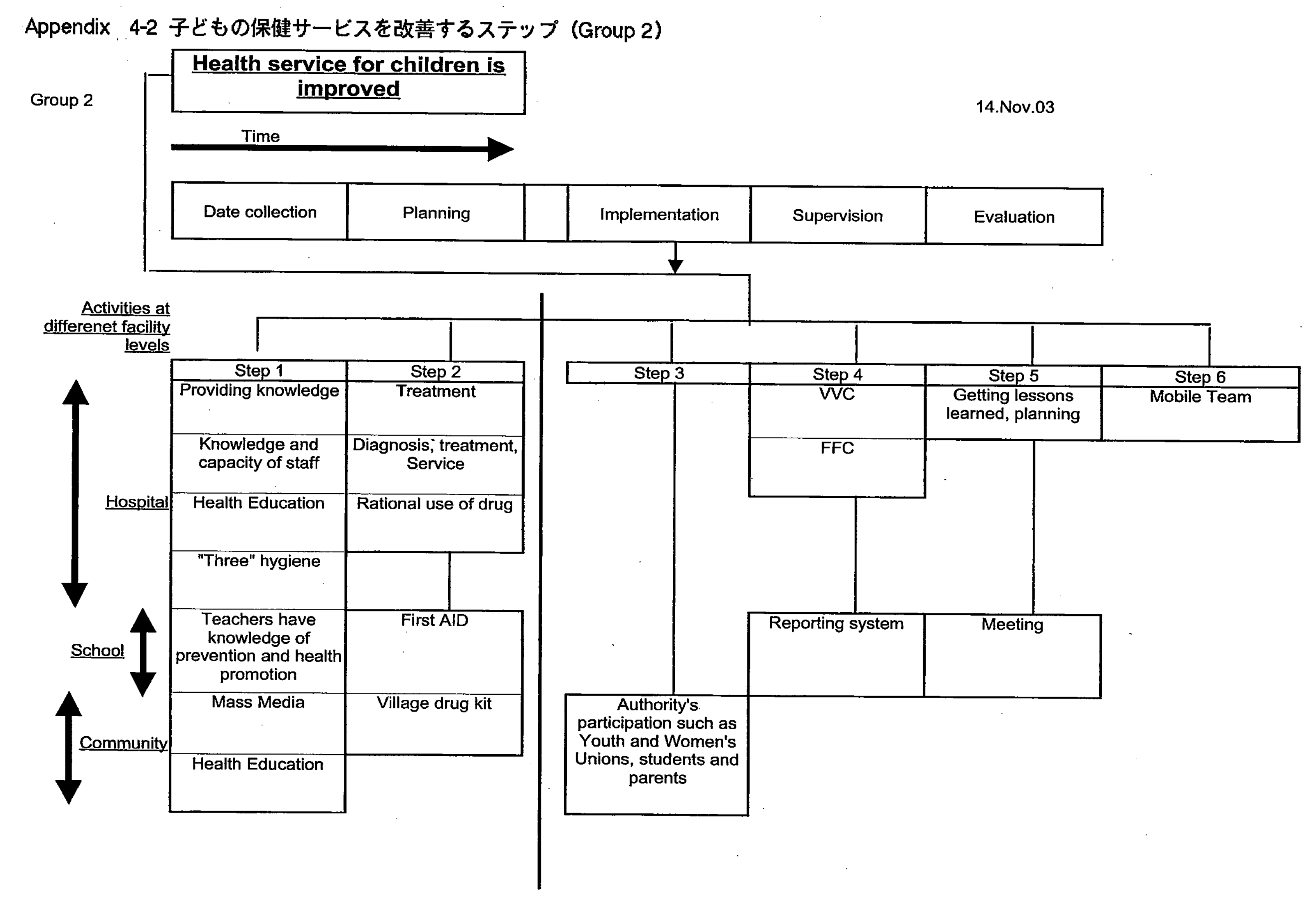
14.Nov.03

| Network | Integrate patient _ocumentation with "Voice to Voice" | Holing a meeting | Regular Face to Face communication |
|---|---|---|---|

Time →

| Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 |
|---|---|---|---|---|---|
| Clarifying problems | Planning | Setting up team work | Implementing | Follow -up, monitoring | Evaluation |
| Date collection, Analysing problems, Identifying problems, | Having meetings for committees | Making a budget plan with details of content | Implementing the detailed plan | Monitoring the implementation of the plan | Holding a team meeting to revise the plan |
| Establishing a committee team | Making a form | Assigning a person in charge for reporting system | Training for staff | | |
| Report the situation of patients in a Hospital(< 15 years) | Using the form (pilot) | If it is good, continuing the implementation | Implementing activities in a pilot project | | |
| Holding a meeting to discuss the use of the form | | TOT of IMCI (provincial level) | | | |
| Introducing how to use the form | | TOT of IEC | | | |

## Appendix 4-2 子どもの保健サービスを改善するステップ（Group 2）



Appendix 4-3 子どもの保健サービスを改善するステップ（Group 3）

Group 3

14.Nov.03

**<u>improve Health Services for Children</u>**

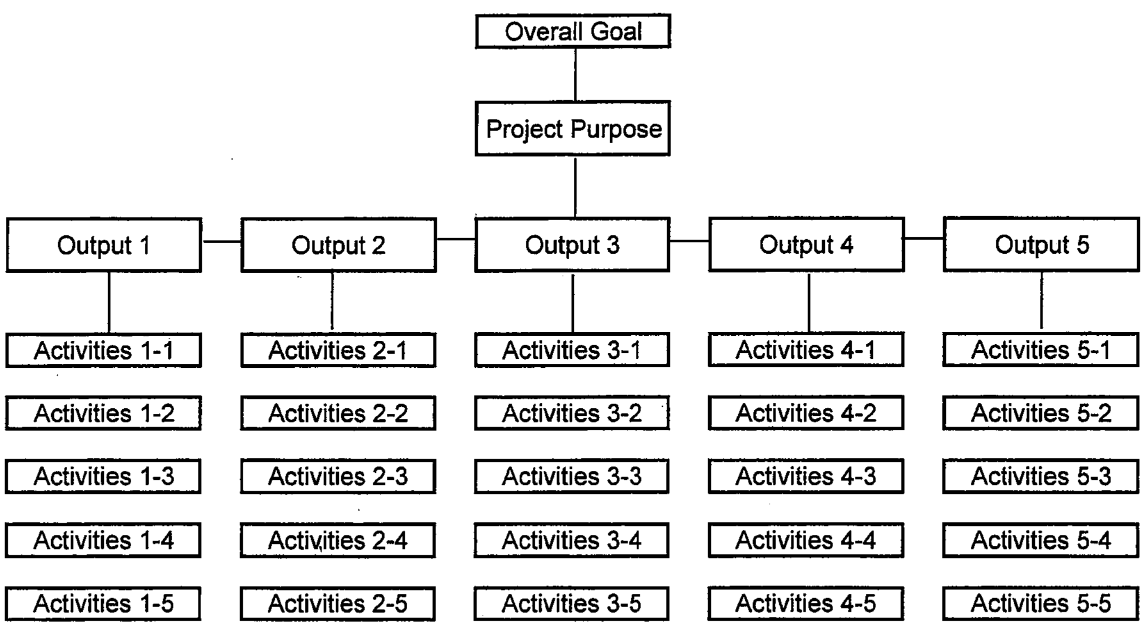
↓

| Step 1 | Step 2 | Step 3 |
|---|---|---|
| Providing knowledge | VVC | FFC |
| Knowledge and capacity of staff | TPIS | IEC |
| | TCIS | School Health |

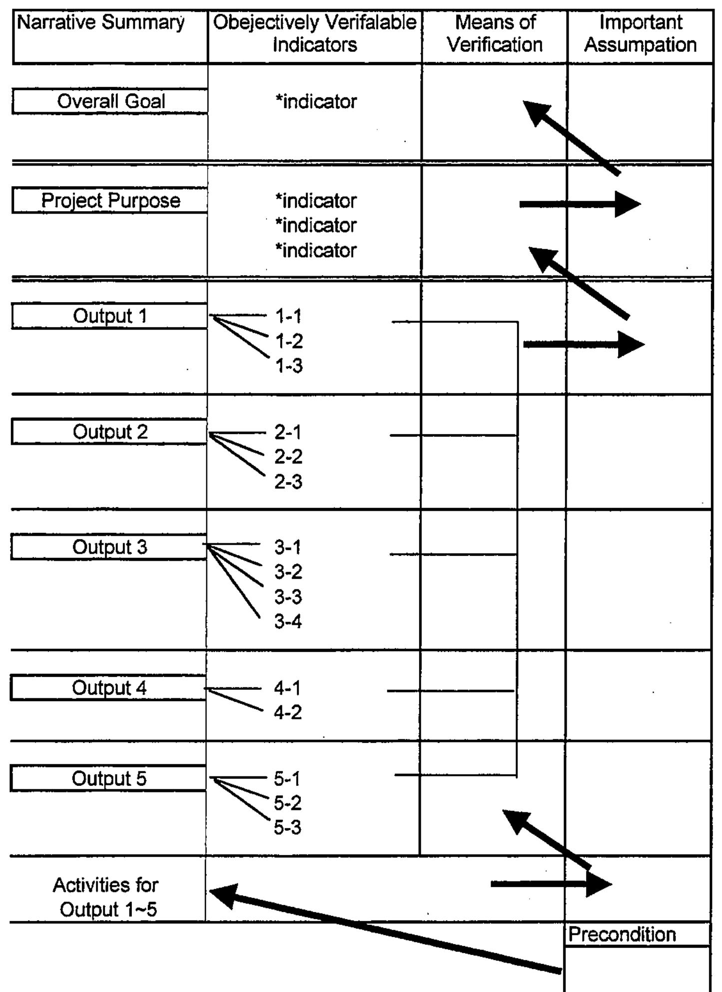
Time →

| Planning Details | Implementing | Regular meeting PHO-DHO | Monitoring | Evaluation |
|---|---|---|---|---|
| Assigning a committee paying attention and having responsibility | | Monthly meeting DHO-HC | | |
| | | Regular meeting | | |

Appendix 5-1 : PDM のロジック・ツリー（ワークショップ配付資料）




Appendix 5-2: PDM の縦の論理（ワークショップ配付資料）



Appendix 6:（グループ策定「ステップ」との）相違点とPDMの変更すべき点（ワークショップ配付資料）

| Differences | Changes wanted | Reasons | Others |
|---|---|---|---|
| **Group 1** | | | |
| **Outputs** | | | |
| | Output 1. Improve health services at Central, Provincial, District, Health Center, and village levels. | | |
| | Output 2. Improve two-way reporting system between Central and Province, between Province and District. | | Village level covered by VVC. |
| | Output 3. Promotion of prevention against major child diseases in remote areas in 2 target provinces. | | Village level covered by Output 3? |
| | Output 1-4 should cover village level. | | |
| | Others: Making footnote to explain that "Target Provinces" mean Vientiane and Oudomxay provinces. | To make it clear. | |
| **Activities** | | | |
| 1-2-2 (is different ) | "Regular Meeting" should be held once in 3 months. | It is good to have meetings regularly. | |
| Old plan of KIDSMILE; no actual plan (activity), no organization in charge, no budget, can not be evaluated | | | |
| **Group2** | | | |
| **Overall Goal** | "Lao P.D.R." in Overall Goal should be target provinces. | Project is implemented in 2 provinces only. | |
| | Network could cover central, provincial, district, H.C. and village levels. | Real activities are implemented at district. | |
| **Activities** | | | |
| Mobile team | | | |
| Rational use of drug | | | |
| Basic child care in school | | To improve problematic conditions. | |
| Village drug kit | | Children in remote areas can receive the services. | |
| Feedback from central to province, from province to district | | Lacking medical equipment | |
| | | To treat children in not serious conditions | |
| | | Gaining new experiences | |
| Network form district to province | | | |
| **Group 3** | | | |
| **Outputs** | | | |
| | Reporting system | Districts do not know the situation of province. | |
| | Analysis and feedback | Better quality of data | |
| | | Feedback | |
| | | Method of monitoring and supervision | |

## Appendix 7-1: プロジェクト内容策定時の留意事項（ワークショップ配布資料）

### 1 Important things in deciding contents of project in JICA PDM

*Input: Can Project put necessary Input?

*Technology: Is the level of technology appropriate? Sustainable?

*Target group: Is the scale of project appropriate to the target group?
Suitable for gender balance of the target group?

*Social factors: culture, gender, others

*Environment:

*Economic aspect: cost-benefit, amount of project

*Possibility for achieving goals:

*Others: coordination with other donors

Source: FASID, MANAGEMENT TOOL FOR DEVELOPMENT ASSITANCE: Participatory Planning.

## Appendix 7-2: 指標策定時の留意事項（ワークショップ配布資料）

### 2 Important things in deciding "Objectively Verifiable Indicators" of JICA PDM

*"Objectively Verifiable Indicators" are showing what will be changed, how much, in a what way.

Example: "Number of car accidents is decreased by 50% by 2004."
"Meetings among directors is held 24 times in 2004".

*Should not use the same indicators for different levels.

*If necessary, system for collecting data for indicators should be established.

*Avoid selecting indicators which need high cost for collection.

*Think about the second best.

Source: FASID, MANAGEMENT TOOL FOR DEVELOPMENT ASSITANCE: Participatory Planning.

Appendix 8: 参加者からの PDM 改定要望事項

**Project Name:** MOH - JICA project for Strengthening of Health Services for Children in the Lao P.D.R.
**Duration:** 2002 – 2007 **Target Area:** Oudomxay, Vientiane Provinces **Target Group:** Children (≦13 years old)

| Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Important Assumptions |
|---|---|---|---|
| **Overall Goal**<br><br>Health standard of children is improved in the Lao P.D.R.<br>*Child health in Central and project target provinces is improved.<br>* Morbidity and mortality rates of major diseases of children | - Mortality rate of major child diseases<br>*Morbidity and mortality rates of major diseases of children | - National Statistic Center<br>- MOH | - The national health policy continually remains unchanged on child health |
| **Project Purpose**<br><br>The central and local health services for children are strengthened with participation of various levels of stakeholders<br>* To reduce the mortality and morbidity rate of children<br>* Standard of child and mother health is improved in 2 target provinces | - Number of District Health Office and District Hospital satisfying with minimum requirements<br>- Number of under 15 population's access to district hospitals<br>- Number of child health check up | - MOH<br>- HC | - The EPI activities are continually implemented<br>- Unexpected serious epidemic outbreak does not occur |
| **Outputs**<br><br>1. Capacity building in management of human resource development to provide better health services is improved at the target provinces and the central level.<br><br>2. Present functions on health network systems are strengthened in the target provinces and the central level.<br>*Present functions on health network systems are strengthened in the target provinces and the central level including H.C. level<br><br>3. Preventive and care activities against such major child diseases as diarrhoea, malaria and pneumonia are intensified in the model provinces<br><br>4. Information, education and communication for child health is improved in the target provinces.<br>*Health education on MCH is improved in central and target provinces.<br><br>5. Participatory approach at planning, implementation, monitoring, and evaluation stage are introduced and curried out. | 1-1-. Registration rate of TPIS<br>1-2-. Operational rate of TPIS<br>1-3-. Rightness of participants for each training<br>1-4-. Registration rate of TCIS<br>1-5-. Operational rate of TCIS<br>1-6-. Regular report of the results from data analysis<br>2-1. Reporting rate of VVC daily report and delay reporting rate<br>2-2. Reporting rate & feedback rate of VVC from PHO to central MOH<br>2-3. Number of FFC implementation(once in a month)<br>2-4. Feedback rate of FFC report from central MOH to PHO, PHO to DHO<br>3-1. Self evaluation score of the Minimum Requirements<br>3-2. Number of patients at provincial and district hospitals<br>3-3. Number of the participants of the training supported by the project (100 people per year)<br>4-1. Number of activities implemented by CIEH<br>4-2. Numbers of school, students and teachers participating hygiene education<br>5-1. Quality and quantity of the activities | - MOH<br>- MOIC<br>- MOE<br>- Provincial Health Offices<br>- Health Centers<br>- Women's Union<br>- Youth Union<br>- M/M of specific meetings<br>- Records of specific campaigns<br>- Records of educational programs | - Public cooperation does not decrease<br>- Trained health staff continue working for the health services<br>- Improved systems continue working for child health in MOH |

*(Note: In nature of the project cycle management, the PDM can be modified in accordance with the project progress by participatory process)*

| Activities | Inputs | |
|---|---|---|
| 1-1. Establishment of Training Personal Information System (TPIS) at the project model provinces.<br>* Having regular meeting on TPIS at provincial level once in 3 months.<br>1-2-1 Establishment of Training Course Information System (TCIS) at the central MOH<br>*Promoting two way communication between provincial and district levels as well as between district and H.C. levels.<br><br>1-2-2 Monthly technical team meeting for TCIS<br>1-2. Others<br><br>2-1. Establishment of voice to voice communication (VVC) using wires radio; daily communication between provincial health office (PHO) and district health office (DHO)<br>*Giving feedback to related sections (DHO and HC) and inform the plan of PHO for next month<br>2-2. Establishment of face to face communication(FFC) using vehicle; monthly visit from PHO to DHO<br>*Regular Meeting between province and central level monthly<br>2-3. Holding the regular meeting<br>2-4. Holding different kind of coordination meeting<br>2-5. Feeding back necessary information toward other levels or sections<br><br>3-1. Establishment of Minimum Requirements (MR)<br>*Upgrade quality of health staff<br>3-2. Improvement of child health service based on the MR<br>*Collect data from target children<br>3-3. Implementation and evaluation of IMCI training.<br>*Exchange lessons learned in the country and abroad (study tour)<br>*Providing necessary medical equipment to Provincial and District Hospitals and H.C.<br>*Dispatching a mobile team which conducts different kind of activities including those for child health and health education.<br>*Drug revolving fund for District and Health Center level, and villages.<br>*Training of VHV for referring patients to a facility at higher level | **1. Lao side**<br>(The central and local levels)<br><br>1-1. Personnel<br>- Project Manager<br>- Project Coordinator<br>- Specific Health Staff (MOH and provincials)<br>- Others<br><br>1-2. Facilities<br>- Office room<br>- Furniture for new office<br>- Others<br><br>1-3. Local cost<br>- Project implementation<br>- Project management<br>- Specific budget<br>- Others | **1. Japan Side**<br><br>2-1. Personnel<br>1) Long term experts:<br>- Chief Advisor<br>- Project Coordinator<br>- Community Health Advisor<br>- Others<br>2) Short term experts:<br>- as required<br><br>2-2. Equipment<br>- Specific equipment to be required by the implementation of the project |

- The Women's Union dose not oppose the cooperative relation
- The Youth Union dose not oppose the cooperative relation
- Community does not oppose the participation
- The international agencies do not oppose the cooperative relation

**Pre-Conditions**

- National health policy supports the project
- The MOH master plan policy strategy toward 2005 supports the project
- MOE and the local educational authorities do not oppose the project

| | | |
|---|---|---|
| 4-1. Improvement of designing and management at CIEH<br>*Activities for prevention using health education in villages, schools, and hospitals for prevention activities<br>4-2. Strengthening of hygiene education at primary schools<br>*Improve health education and management in central, target provinces, and districts<br>4-3. Support of SSPP activity<br>*Cooperation with other sectors at central, province, and district level (cooperation within MOH and outside MOH)<br>*Despatching a mobile team which conducts different kind of activities including those for child health and health education<br><br>5-1. Making a proposal form<br>*Increase feedback from central to province, province to District, and district to village levels<br>5-2. Promotion of an activity cycle following planning, implementation, monitoring and evaluation based on the proposal form<br>*Develop forms for making action plan<br>5-3. Arrangement and management of health information | | |

*(Note: In nature of the project cycle management, the PDM can be modified in accordance with the project progress by participatory process)*

**Appendix 9: モニタリングのための指標選定とモニタリングシステム作成における一般的留意事項**
（ワークショップ配布資料）

Nov.17,03(K.ABE)

1 Indicator
could be mixture of qualitative and quantitative, project participants know the best

Capacity building
task specific capacity
overall capacity

Monitoring
1) Indicators

| | | | | | | Usefullness for outside pe | | Applicability for other purpose | |
|---|---|---|---|---|---|---|---|---|---|
| *Focusing on important things | *Validity of the assumptions behind the original plan | *Decide the extent objectives are achieved (evaluation) | *Simpleness | *Accuracy | *Who collects, how many figures | * Persons outside Project, uses | *Quantity of data collected to people, or to front-line staff | *Easiness of the data to be assimilated | *Extracting other type useful of data from it |

2) monitoring system

| | | Usefullness | | Applicability for other purpose | | |
|---|---|---|---|---|---|---|
| *Accuracy: check and balance to verify information collected | *Responsible person for monitoring system, monitoring the monitoring | *Feedback to following phases | * Persons outside Project understand sytem | *Use by all staff (out of Project activities) | | *Improvement of capacity |

Source: Prepared by the author based on Debora Eade(1997), "Capacity Building: An Approach to People-Centered Development", Oxfam GB, Oxford.

# Appendix 10: 参加者から提案された指標と指標データ入手手段

**Proposed Objectively Verifiable Indicators, Means of Verification, and other by Lao Participants**

Group 1

| Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Section (Person to Collect) | Times | Procedures |
|---|---|---|---|---|---|
| Project Purpose | | | | | |
| Output 1 Human resource | Number of staff received training and registered in TPIS (registered/trained) | Annual Meeting and training Plan | Monthly report | Annual Plan | Check report of training and meetings |
| Output 2, Network | Feedback<br>12 times of FFC to all district (1 time/month) | Record of province<br>Record of province | Administrative Office<br>Administrative Office | Every month<br>Every month | Check monthly report<br>Governor and Director of PHO check |
| Output 3, Child Health | Number of children came to get services | Record Book at MCH Section | MCH Section | Daily record book for out patient | Check monthly report |
| Output 4, IEC | Number of participant in IEC activities in schools, among students, at villages | Health Education Report | Technical staff of Administrative Office | Every time when staff carry out IEC activities | Check annual Report |
| Output 5 | | | | | |

Group 2

| Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Section (Person to Collect) | Times | Procedures |
|---|---|---|---|---|---|
| Project Purpose | | | | | |
| Output 1 | Registration rate of TPIS | Computer file | Organization and Personnel Section | 1 times/year | Count forms and date put in computer, and calculate the rate. |
| Output 2 | | | | | |
| Output 3 | Number of deaths of children by major diseases (Follow-up of IMCI) | ARI form | | | |
| | Number of treated | ARI form | | | |
| | Knowledge of trainees | CMCH | CMCH | Before and after training | Conducnt pre and post-test |
| | Number of patients of PHS and DHS | Record book (OPD, IPD, ER) | OPD, IPD, and ER staff in the Section | monthly | Count number of patients on the form of VVC |
| | Case management | Record of case management | MCH section at central and provincial levels. | Quarterly | MCH section at central and provincial levels go to PHS and DHS. |
| Output 4 | Knowledge of trainees | CIEH | CIEH | Before and after training | Conducnt pre and post-test |
| | Interview from children | | | | |
| | Number of health education activities | | | | |
| | In 2004, every district in target provinces will have IEC as minimum. | IEC Record of IEC Unit at district level | IEC Unit at district level | 1 times/year | VVC and FFC |
| Output 5 | | | | | |

## 6．ウドムサイ県関係者へのPDM改定説明会

### ウドムサイ県保健局関係者に対するPDM改訂説明ミニ・ワークショップ

開催日時2003年11月20日16:30~17:50
場所：ウドムサイ県保健局会議室
参加者（ウドムサイ県保健局 KIDSMILE テクニカル・チーム）
Ms. Phim, Assistant, Statistics
Ms. Vanhthong, Chief of MCH Division
Mr. Somphone, Chief of Curative Division
Mr. Kamphai, Planning Division
Dr. Thongphet, Head of Provincial Hospital
Dr. Khemphew, Deputy Director, Provincial Health Office
ファシリティター：阿部貴美子
Mr. Sophon, JICA Laos Office（通訳として参加）
ウドムサイ県プロジェクトスタッフ２名

**1. ミニ・ワークショップ開催の経緯と目的（ファシリティター）**

先週実施された PDM ワークショップで、ラオス側参加からプロジェクト の PDM に対して、様々な意見や要望が表明された。それを受けて、日本人専門家の間で討議が実施された。ラオス側参加者の要望の PDM 上での反映の仕方は、プロジェクトの基本方針と今後の計画に基づいて検討した。このミニ・ワークショップの場は、その結果を説明し、現場に携わる関係者から意見を聴取する場である。

**2　PDM の説明（ファシリティター）**

2.1 PDM そのものの簡単な説明
2.2 PDM 各コラムをつなぐロジックの関係
「プロジェクト目標」と「成果」、「活動」との関係。「成果」と「指標」の関係（「指標」は、「活動」による変化を測るためのものではなく、「成果」を測るものであること)。「指標」と「指標データ入手手段」となる記録や評価表との関係。

**3　改訂されたPDM の説明**

（「成果」ごとの「活動」、「指標」、指標のデータを採取する記録簿や評価表の検討）
「活動」内容、「指標」、「指標データ入手手段」（指標数値をとる記録や評価表）が、適正かどうかについて PDM 記述内容を声に出して読んで内容を確認した上で、適正さについて質疑応答の形式で検討した。参加者の PDM に関する知識があまり高くないことを想定して、参加者がなるべく具体的な経験に基づいて適正さの検討を出来るように、ウドムサイ県で実施が進んでいる「成果２」から検討を開始し、その後「成果１」、「成果３」「成果４」,「成果５」を質疑応答形式で検討した。

<u>質疑応答</u>
1)「成果 2」について
1)-1
<u>質問</u>：VVC の達成率に関して通信を阻害する天候状態、バッテリーの充電状態に対する配慮はあるのか。

回答：天候やバッテリーの状況などやむを得ず通信できない状況は、評価の際に考慮する。

1)-2
質問：FFC は年間 12 回行いたいが、6 回とするとそれしか出来ないのではないか。
回答：評価の指標の数値は、プロジェクトが到達しようとする状態を示したものであり、その数値以上の実施を禁じているものではない。6 回以上実施できれば、それは成功をさらに重ねた状態と言える。

2)「成果 3」について
2)-1
質問：「3-3」の「service」という言葉は、治療 と予防の両方を含むのか。
回答：両方を含む。

2)-2
質問：「3-4」の IMCH トレーニングの今後の重点とカバーするスタッフのレベルは、どのようなものか。
回答：現在、プロジェクトは、2 県の郡のスタッフを中心にトレーニングを実施中である。今後、ヘルス・センターレベルのスタッフも対象とすることが検討されている。一方、IMCI のトレーニングには、フォローアップや TOT も含まれる。現在実施中の 2 県でのトレーニングの教訓の抽出は今後行われるが、最終的には、これらの点を踏まえて、今後の重点とカバーするべきスタッフのレベルが決まっていく。

3) プロジェクトのターゲットグループ
質問：プロジェクトのターゲットグループは、以前は 15 歳であったはずだが、「PDM-1 (Draft))」では 13 歳となっている。その理由は何か。
回答：プロジェクトでは学校保健を実施しているが、そこで対象としている子ども達が 13 歳以下となるため、13 歳とした。

4) プロジェクト目標
4)-1
質問：プロジェクト目標では、指標は 13 歳以下の人口グループについて見ることに対して、上位目標では、人口グループをさらに絞って 5 歳未満の子どもについて見るのは、おかしいのではないか。
回答：上位目標の 1 に含まれている「小児保健」の状況についてもっとも一般的に利用されている指標は、「5 歳未満の子どもの死亡率」である。それに基づいて、この指標を採用している。さらに、上位目標は、プロジェクトとしての直接的な働きかけによって起こりうる変化について見るものではない。プロジェクト目標は、上位目標の達成のための一つのインパクトという位置付けにある。このプロジェクトで直接的に達成しようとしているのは、プロジェクト目標であり、そこにプロジェクトの学校保健活動も含めた各種活動を通じて変化を出そうとしている。

4)-2

質問：ラオスの小児科では、14 歳までの子どもを対象としているが、それではプロジェクトのターゲットグループの年齢と一致しない。
回答：この点は、プロジェクト専門家と十分協議する。

4)-3
質問：指標を「13 歳以下」とすると、データを集める時に既存の統計について新たな作業が必要になるが、14 歳とすれば、追加作業は必要なく、既存の統計が使える。
回答：評価のために新たな作業が増えないように配慮するという点は、重要であるため、その点からも 13 歳以下にするか 14 歳以下とするかは、プロジェクト専門家と協議する。

5)ターゲットグループ
質問：プロジェクトの実施によって病院のサービスが向上すれば、子どもだけでなく、その母親や家族の便益も向上するため、ターゲットグループは、子どもの家族、もしくは一般の人々ではないか。
回答：ターゲットグループは、プロジェクトから直接的に便益を得ているグループである。プロジェクトは、子どもをターゲット・グループとしてとらえ、小児保健分野での活動を実施している。一方、子どもの家族等もプロジェクトの活動によって何らかの便益を得ているが、それは「プロジェクトから間接的に便益が得られている」という状況である。

**4　今後の作業課程説明（ファシリティター）**

この場で出た検討事項は、今後日本人専門家の間で検討する。その後、25 日には、13 日と 14 日のワークショップの参加者に対する最終的報告、26 日には MOH との最終討議が行われる。それまでに本日の参加者の中で、質問や意見等持った場合は、是非、プロジェクトに持ち込んでほしい。
以上

# JICA KIDSMILE Project
# New PDM (Project Design Matrix)

November 25, 2003
Vientiane, Lao P.D.R.

K. ABE (Consultant, KIDSMILE Project)

## KIDSMILE PDM
## Process of modification

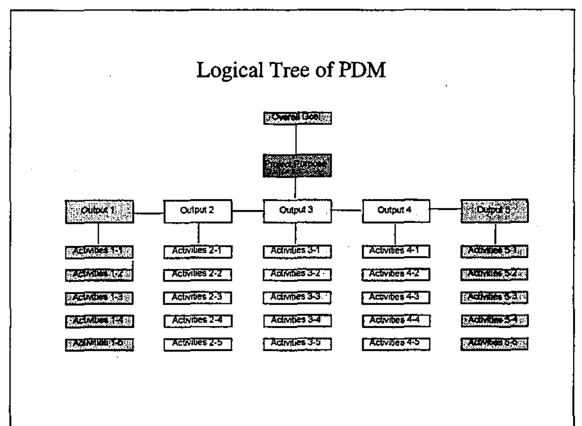
1. PDM Workshop (date: November 13, 14)
   Participants:19 (Lao Project participants=10)
2. Review of PDM based on ideas and opinions expressed in PDM Workshop (date: November 15~19)
   Participants: Japanese Experts
3. Consultation with Two Provinces about revised PDM (date: November 20, 24)
4. Consultation with MOH Members (date: November 24)
5. New PDM Workshop (date: November 25)

## Logic of PDM

Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Important Assumption

Overall Goal — Indicator
Project Purpose — Indicator, Indicator, Indicator
Output 1 — 1-1, 1-2, 1-3
Output 2 — 2-1, 2-2, 2-3
Output 3 — 3-1, 3-2, 3-3, 3-4
Output 4 — 4-1, 4-2
Output 5 — 5-1, 5-2, 5-3
Activities for Output 1-5
Precondition

## Logical Tree of PDM




## Basic Ideas about Modification of PDM

- Possibility of supporting various kinds of activities at H.C. level and village level, if they matches to objectives of KIDSMILE,
  ⇨ not written in PDM
- Some of future activities which have been already decided and approved
  ⇨ not written in PDM

## Points modified 1

- Definition of words used: Target Province, Central, Health Network System, etc. → Last page
- Target Group: Age 13 →15
- Structure of PDM (number of outputs)
  → Not changed
- Overall Goal:
  2 Overall Goals
  1) about two provinces; geographical area → narrowed
  2) use of KIDSMILE management systems beyond two province

## Points modified 2

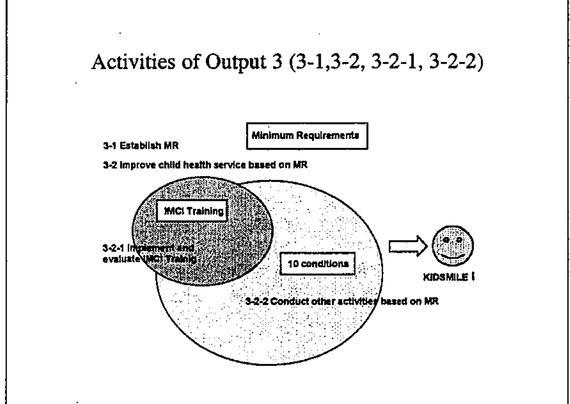
- *Outputs*
- Output 2 — clarified KIDSMILE "Health Network System"
- Output 3 — followed widely accepted expression about IMCI including names of diseases
- Output 5 — emphasized

1) KIDSMILE activities in Oudomxay and Vientiane provinces by Ms. Kato and Ms. Sone;
2) KIDSMILE approach about the cycle (planning, implementation, monitoring, evaluation, and feedback)

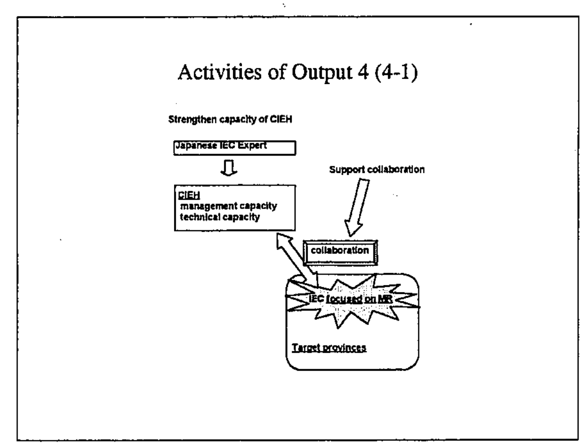
## Points modified 3

- *Activities*
- Output 1 — clarified contents of TIS and activities relating TPIS and TCIS; added supervision
- Output 2 — clarified levels at which meetings are held; added "Intensive Discussion" (effective and important eg.Luangprabang Meeting )

## Activities of Output 3 (3-1,3-2, 3-2-1, 3-2-2)

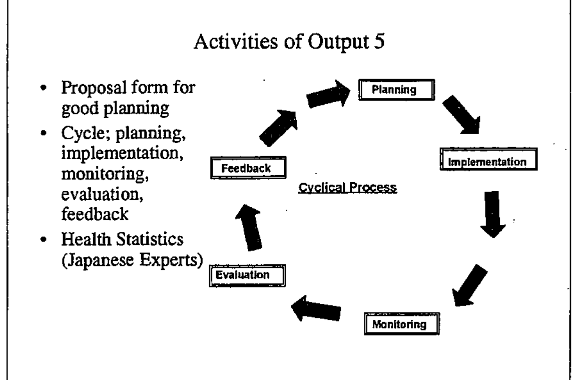



## Activities of Output 4 (4-1)




## Activities of Output 5

- Proposal form for good planning
- Cycle; planning, implementation, monitoring, evaluation, feedback
- Health Statistics (Japanese Experts)




## Indicators for Outputs

- "Objectively Verifiable Indicators" are showing what will be changed, how much , in a what way.
- Should not use the same indicators for different levels.
- If necessary, system for collecting data for indicators should be established.
- Avoid selecting indicators which need high cost for collection.
- Think about *the second best*.

| | | | | | |
|---|---|---|---|---|---|
| •Focusing on important things | •Validity of the assumptions behind the original plan | •decide the extent objectives are achieved (evaluation) | •Simpleness | •Accuracy | who collects, how many figures |
| Usefulness for outside persons | | Applicability for other purpose | | | |
| • Persons outside Project, uses | •Quantity of data collected to people, or to front-line staff | •Easiness of the data to be assimilated | •extracting other type useful of data from it | | |

## Indictors for Outputs 1, 2

- Output 1
- Annual update of TPIS(90%) and TPIS
- Annual analysis of TCIS, distribution of results of analysis

- Output 2
- 90% of VVC
- (based on experiences in Oudomxay and Vientiane provinces)
- 6 times of FFC
- Meetings for feedback, etc.

## Indicators for Output 3

- Evaluation sheet for MR September 2004
- 80% of each District's objectives about MR
- Number of children under 5-years who come to use services
- IMCI training; more than 150 staff members
- (One year 58 x 4 years x 0.8)

"Example" of Evaluation Sheet: District Hospital 1

| | A | B | C | D | E |
|---|---|---|---|---|---|
| 10 conditions | 0-20 | 21-40 | 41-60 | 61-80 | 81-100 |
| 1. 24 hours open hospital | | | | | |
| 2. Welcomes to patients | | | | | |
| 3. Essential Drugs | | | | | |
| | | | | | |
| | | | | | |
| 5. | | each Distrct's objectives | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |
| Grand total | | | | | |

## Indicators for Output 4, 5

- Output 4
- 15 activities supported by Project
- IEC evaluation score
- CIEH supervise and give guidance to IEC units at provincial and district level in Target province

- Output 5
- Proposal form
  May 2004
- Advancement of processes; planning, implementation, monitoring, evaluation, and feedback
  How far? = 70%
- Advancement of processes
  How was it done?

## Indicators for Output 5 (5-2, 5-3)

Example of Evaluation Sheet for 5-2

| | 1 | 2 | 3 | 4 | 5 | | |
|---|---|---|---|---|---|---|---|
| | Planning | Implementation | Monitoring | Evaluation | Feedback | | |
| Activity I | | | | | | Total score | Calculation of rate |
| score | 5 (highest score) | 5 | 5 | 5 | 5 | 25 | 25/25=100% |
| Activity II | | | | | | Total score | Calculation of rate |
| score | 4 | 4 | 3 | 0 | 0 | 9 | 11/15=73% |

Example of Evaluation Sheet for 5-3

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| | Planning | Implementation | Monitoring | Evaluation | Feedback |
| Activity I | | | | | |
| score | A | A | B | B | A |
| Narrtive description | | | | | |

| A | B | C | D | E |
|---|---|---|---|---|
| 0-20 | 21-40 | 41-60 | 61-80 | 81-100 |

## Indicators for Project Purpose

- Access of under 15 population
  age group: international standard for child health
- 80% of *Minimum Requirements*
  See Output 3, indicator 3-2
- 5 activities with partners (donors, JOCV, SV, NGOs, etc.)

## Indicators for Overall Goals

- Under 5 mortality rate in Target provinces
- Number of management systems established by KIDSMILE and used in other areas

8．JCC資料（PDM改定）

# JICA KIDSMILE Project
# New PDM (Project Design Matrix)

November 26, 2003
Vientiane, Lao P.D.R.

K. ABE (Consultant, KIDSMILE Project)

## KIDSMILE PDM
## Process of modification

1. PDM Workshop (date: November 13, 14)
   Participants:19 (Lao Project participants=10)
2. Review of PDM based on ideas and opinions expressed in PDM Workshop (date: November 15~19)
   Participants: Japanese Experts
3. Consultation with Two Provinces about revised PDM (date: November 20, 24)
4. Consultation with MOH Members (date: November 24)
5. New PDM Workshop (date: November 25)
   Participants:15 (Lao Project participants=9)

## Modification of PDM

- PDM was modified based on the current activities
- Indicators were selected, with consideration that they are easy to collect and do not require much cost and efforts

## Overall Goal

2 Overall Goals

1. About two provinces; geographical area → reduced
2. Use of KIDSMILE management systems beyond two provinces

## Indicators for Overall Goals

1. Under 5 mortality rate in Target provinces
2. Number of management systems established by KIDSMILE and used in other areas

## Project Purpose

- The central and local health services for children are strengthened with participation of various levels of stakeholders

## Indicators for Project Purpose

1. Access of under 15 population to health services
2. 80% of *Minimum Requirements*
3. More than 5 activities with other collaborators

## Output 1

- Capacity building in management systems of human resource development is improved at Target Provinces and at Central Level.

## Indicators for Output 1

1-1. Annual update of TPIS( ≥ 90%)

1-2. Annual analysis of TPIS

1-3. Annual analysis of TCIS and distribution of the results

## Output 2

- The Heath Network System is strengthened in Target Provinces and at Central Level.

  - Clarified KIDSMILE "Health Network System"

## Indicators for Output 2

2-1. 90% of VVC record, monthly

2-2. At least 6 times of FFC per year

2-3. Distribution of meeting records

## Output 3

- Treatment for and prevention against major childhood diseases such as diarrhoea, malaria, and ARI are intensified in Target Provinces.

  - followed widely accepted definition of IMCI

## Indicators for Output 3

3-1. Formulate evaluation sheet for MR by September 2004

3-2. 80% of each District's objectives based on MR

3-3. Number of children under 5-years who come to use services

3-4. IMCI training; more than 150 staff members

"Example" of Evaluation Sheet: District Hospital 1

| | A | B | C | D | E |
|---|---|---|---|---|---|
| 10 conditions | 0-20 | 21-40 | 41-60 | 61-80 | 81-100 |
| 1. 24 hours open hospital | | | | | |
| 2. Welcomes to patients | | | | | |
| 3. Essential Drugs | | | | | |
| | | | | | |
| | | | | | |
| 5. | | each District's objectives | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |
| Grand total | | | | | |

## Output 4

- Information, education and communication for child health services is improved in Target Provinces.

## Indicators for Output 4

- 4-1. More than 15 activities supported by Project
- 4-2. IEC evaluation score

## Output 5

- Health service management through planning, implementation, monitoring, evaluation and feedback are improved at Target Provinces and Central Level.

  - emphasized KIDSMILE activities in the two provinces and KIDSMILE approach

## Indicators for Output 5

- 5-1. Design proposal form by May 2004
- 5-2. At least 70% of activity cycle (planning, implementation, monitoring, evaluation, and feedback) is completed by May 2007
- 5-3. Evaluation of each step of the activity cycle

## Activities for Output 1 (Capacity Building)

- 1-1. Set up and implement Training Information System (TIS)
  - 1-1-1 Set up and implement TPIS
  - 1-1-2 Set up and implement TCIS
- 1-2. Hold regular TIS technical meetings
- 1-3. TIS supervised by Department of Organizations and Personnel

## Activities for Output 2 (Health Network System)

- 2-1. Establish VVC in Target Provinces
- 2-2. Establish FFC
- 2-3. Hold regular meetings
  - 2-3-1 Hold regular meetings at Central Level
  - 2-3-2 Hold regular meetings at Provincial Level

## Activities for Output 2 (Health Network System)

- 2-3. (Continued)
  - 2-3-3 Hold "Intensive Discussion" regularly between Central and Provincial Level
  - 2-3-4 Hold additional meetings to coordinate project activities

## Activities for Output 3 (Child Health)

- 3-1. Establish MR
- 3-2. Improve child health service based on MR
  - 3-2-1 Implement and evaluate IMCI training
  - 3-2-2 Conduct other activities based on MR

## Activities for Output 4 (IEC)

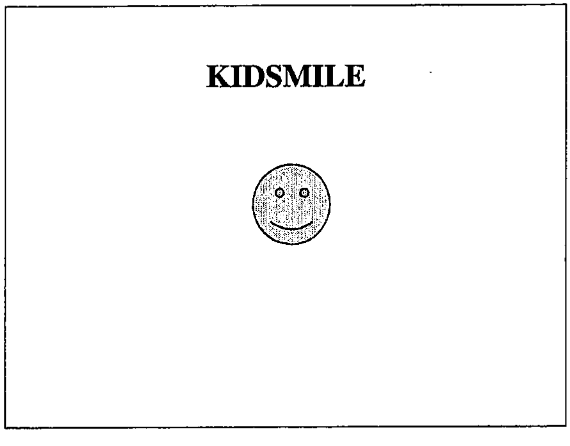
- 4-1. Strengthen capabilities of Center for Information, Education, and Health (CIEH)
  - 4-1-1 Improve management capacity of CIEH
  - 4-1-2 Enhance technical capacity of CIEH for producing IEC materials

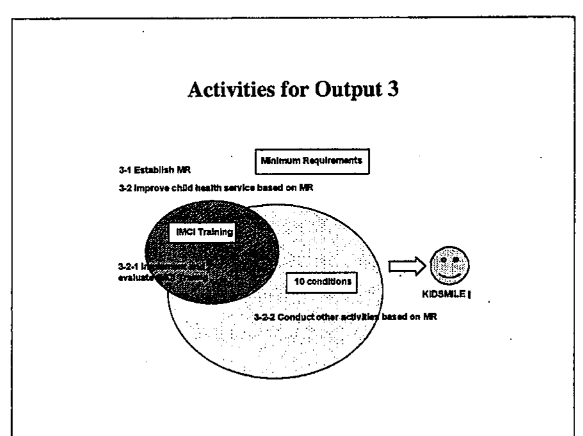
## Activities for Output 4 (IEC)

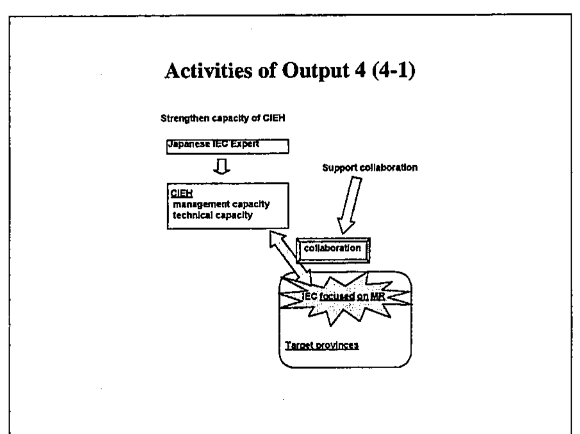
- 4-1. (continued)
  - 4-1-3 Support collaboration between CIEH and Target Provinces on IEC regarding MR
- 4-2. Support SSPP and pilot activities relating to school health

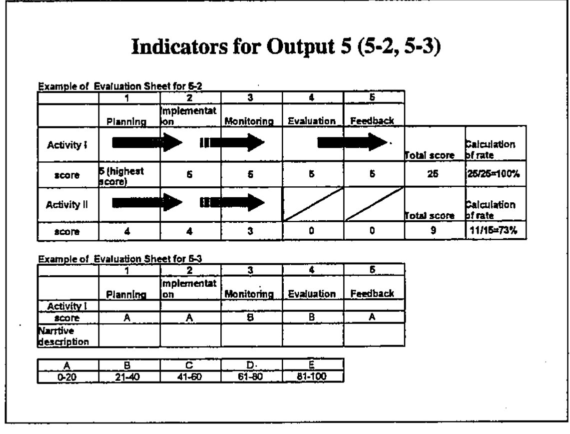
## Activities for Output 5

- 5-1. Design a proposal form
- 5-2. Promote activity cycle comprised of planning, implementation, monitoring, evaluation, and feedback based on the proposal form
- 5-3. Improve accuracy of health statistics in project activities




Example of Evaluation Sheet for 5-2

| | 1 | 2 | 3 | 4 | 5 | | |
|---|---|---|---|---|---|---|---|
| | Planning | Implementation | Monitoring | Evaluation | Feedback | | |
| Activity I | → | → | → | → | → | Total score | Calculation of rate |
| score | 5 (highest score) | 5 | 5 | 5 | 5 | 25 | 25/25=100% |
| Activity II | → | → | → | | | Total score | Calculation of rate |
| score | 4 | 4 | 3 | 0 | 0 | 9 | 11/15=73% |

Example of Evaluation Sheet for 5-3

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| | Planning | Implementation | Monitoring | Evaluation | Feedback |
| Activity I | | | | | |
| score | A | A | B | B | A |
| Narrtive description | | | | | |

| A | B | C | D | E |
|---|---|---|---|---|
| 0-20 | 21-40 | 41-60 | 61-80 | 81-100 |

## 9. 活動サイクルの質的評価に関する提案

Nov.17,'03 (K.ABE, IDCJ)

**Process of planning**

| Process | Factors covered | Necessary consideration |
|---|---|---|
| 1 Collecting data for analysis of needs, problems | health problem, service problem, resources, health management, community/district/province characteristics | Involving people at operational level, ensuring commitment from decision-making level |
| 2 Prioritisation | | |
| 3 Setting targets | | |
| 4 Deciding steps/actions | gathering best practices and other experiences | Formulating simple plans based on experiences of organization |
| 5 Putting plan into action | find staff and resources to do<br>setting up organization<br>training (if necessary )<br>decide way of supervision and start | |

**Process of monitoring**

| Process |
|---|
| 1 Deciding objects of monitoring and timing |
| 2 Deciding way to monitor |
| 3 Prepare a checklist |
| 4 Monitoring |
| 5 Finding problems |
| 6 Finding cause of the problems |
| 7 Finding solution |
| 8 Feedback (introducing solution ) |
| 9 Monitoring the solution |

**Obtaining data**

| Procedure | Example of Detailed Action, object |
|---|---|
| Interview | |
| Questionnaires | |
| Rating | comparing |
| Observation | normal flow of work |
| Record data analysis | diaries, |
| Stock taking , making inventory | |

## 10. PDM-0

**Project Name: MOH - JICA project for Strengthening of Health Services for Children in the Lao P.D.R.**
**Duration:** 2002 – 2007 **Target Area:** Oudomxay, Vientiane Provinces **Target Group:** Children (≦15 years old)

| Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Important Assumptions |
|---|---|---|---|
| **Overall Goal**<br><br>Health standard of children is improved in the Lao P.D.R. | - Mortality rate of major child diseases | - MOH | - The national health policy continually remains unchanged on child health |
| **Project Purpose**<br><br>The central and local health services for children are strengthened with participation of various levels of stakeholders | - Number of District Health Office and District Hospital satisfying with a minimum standard<br>- Number of under 15 population's access to health services<br>- Mortality rate of major child diseases (diarrhoea, malaria and pneumonia) in model provinces | - MOH<br>- HC | - The EPI activities are continually implemented<br>- Unexpected serious epidemic outbreak does not occur |
| **Outputs**<br><br>1. Capacity building to provide better health services for children<br><br>2. Present functions on vertical (Central – Locals) health systems for children are strengthened in MOH<br><br>3. Present functions on horizontal health systems for children are strengthened in the model provinces<br><br>4. Preventive and care activities against such major child diseases as diarrhoea, malaria and pneumonia are intensified in the model provinces<br><br>5. Health education is improved<br><br>6. The central and local capacity to establish supportive relationships and coordinate with such partners as national authorities, bilateral donor agencies, and international organizations is promoted | 1-1. Number of activities based on participatory approaches<br>1-2. Number of feed back activities (monitoring and evaluation)<br>2-1. Prevailing a minimum standard<br>2-2. Number of supervise visiting<br>2-3. Number of standardized reports<br>2-4. Number of training<br>2-5. Number of trained persons<br>2-6. Number of communication (number of people exchanges, number of use of communication devices)<br>2-7. Number of activities and programs at health center supported by district hospital<br>3-1. Number of coordinated training<br>3-2. Number of meetings organized by multi-centers<br>4-1. Number of training<br>4-2. Number of preventive and care activities in the model provinces<br>4-3. Rate of appropriate use of formats<br>5-1. Number of school involved<br>5-2. Number of school student involved<br>5-3. Number of campaigns<br>6-1. Number of cooperative activities | - MOH<br>- MOE<br>- Provincial Health Offices<br>- Health Centers<br>- Women's Union<br>- Youth Union<br>- M/M of specific meetings<br>- Records of specific campaigns<br>- Records of educational programs | - Public cooperation does not decrease<br>- Trained health staff continue working for the health services<br>- Improved systems continue working for child health in MOH |

*(Note: In nature of the project cycle management, the PDM can be modified in accordance with the project progress by participatory process)*

| Activities | Inputs | | |
|---|---|---|---|
| 1-1. To develop a system (problem identification, analysis, planning, implementation, monitoring, and evaluation) at central and local levels for providing better health services for children through a participatory approach.<br><br>2-1. Assist to formulate a minimum standard on child health services at central and local level<br>2-2. Improve the existing central-local interactive communication systems<br>2-3. Improve the existing health data and the processing systems<br>2-4. Implement training programs on child health services<br>2-5. Improve the existing health information dissemination activities<br><br>3-1. Create coordinating functions among the existing vertical health services (MCH, IEC, Malaria etc.)<br><br>4-1. Strengthen health services to be required at each level in accordance with minimum standard for children<br>4-2. Implement training programs for health staff of district level<br><br>5-1. Build a close relationship between MOH – MOE for school health activities<br>5-2. Implement school health activities at elementary schools in cooperation with the ACIPAC (Asian Center of International Parasite Control) project<br><br>6-1. Cooperate with Women's and Youth Unions<br>6-2. Build cooperative relationship with international agencies such as WHO, ADB, and World Bank | **1. Lao side**<br>(The central and local levels)<br><br>1-1. Personnel<br>- Project Manager<br>- Project Coordinator<br>- Specific Health Staff (MOH and provincials)<br>- Others<br><br>1-2. Facilities<br>- Office room<br>- Furniture for new office<br>- Others<br><br>1-3. Local cost<br>- Project implementation<br>- Project management<br>- Specific budget<br>- Others | **2. Japan Side**<br><br>2-1. Personnel<br>1) Long term experts:<br>- Chief Advisor<br>- Project Coordinator<br>- Community Health Advisor<br>- Others<br>2) Short term experts:<br>- as required<br><br>2-2. Equipment<br>- Specific equipment to be required by the implementation of the project | - The Women's Union dose not oppose the cooperative relation<br>- The Youth Union dose not oppose the cooperative relation<br>- Community does not oppose the participation<br>- The international agencies do not oppose the cooperative relation<br><br>**Pre-Conditions**<br>- National health policy supports the project<br>- The MOH master plan policy strategy toward 2005 supports the project<br>- MOE and the local educational authorities do not oppose the project |

*(Note: In nature of the project cycle management, the PDM can be modified in accordance with the project progress by participatory process)*

# 11. 和文PDM-1

PDM-1（和文）　　　　　　　　　　　　　　　　　　　　　　　　改定PDM-1（2003年11月）

Project Name: MOH - JICA project for Strengthening of Health Services for Children in the Lao P.D.R.

Duration: 2002 - 2007　　　　Target Area: Target Group: Children (<15 years old)

| Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Important Assumptions |
|---|---|---|---|
| **上位目標**<br>1. モデル県における子どもの健康水準が改善される | 1. モデル県における5歳未満児の死亡率が減少する | ーモデル県の年次統計書 | a. ラオスの国家開発政策が保持される |
| 2. プロジェクトによって設立された実用的なシステムが中央レベルとモデル県を越えて活用される | 2. 中央レベルとモデル県を越えて活用されるようになった、プロジェクトによって設立された実用的なシステムの数 | ー保健省の記録 | |
| **プロジェクト目標**<br>中央と地方の子どものための保健サービスが、様々なレベルの関係者の参加型協力によって強化される | 1. 県と郡の保健施設が提供するサービスへの、15歳未満のアクセスが増加する | ー県及び郡保健施設の記録 | a. 深刻な感染症の流行が起こらない |
| | 2. MRの80%が郡保健局と郡保健病院で達成される | ーMRの達成状況を測る評価シート（MR評価シート） | |
| | 3. 他の協力者と連携した活動が毎年5案件以上実施される | ープロジェクトの活動記録 | |
| **成果** | 1-1. 90%以上のTPISが毎年更新される | ーモデル県におけるTPIS年次報告書 | a. 研修を受けた保健スタッフが保健サービスに従事し続ける |
| 1. 人材育成マネージメントシステムの能力強化がモデル県と中央レベルにおいて改善する | 1-2. 集められたTPISデータが毎年分析される | ーモデル県におけるTCIS年次報告書 | b. コミュニティーがプロジェクト活動への参加に反対しない |
| | 1-3. 毎年TCIS分析され、その結果が関連機関に配付される | ー保健省人材育成局より出されるTCIS 年次報告書 | c. 他組織がプロジェクトとの協力的な関係に反対しない |
| | | | d. 地方政府がプロジェクト活動に反対しない |
| 2. ヘルスネットワークシステムがモデル県と中央レベルにおいて強化される | 2-1. VVCが、通信実施を阻む避けがたい事態の発生時を除いた90%の（通信すべき）時間において実施、記録される | ーVVC専用の記録簿 | |
| | 2-2. FFCが少なくとも年間6回実施される | ーFFC専用の記録簿 | |
| | 2-3. （VVCやFFCの実施から得られた情報の分析やフィードバックを含む）会議記録が関連機関に配付される | ー会議記録 | |

| | | | |
|---|---|---|---|
| 3．下痢、マラリア、ARI等の主要小児疾患に対する治療と予防が、モデル県において強化される | 3-1.　2004年9月までにMRに関する評価シートが作成される<br>3-2.　MRに基づいた各郡の目標が80%達成される<br>3-3.　県と郡レベルで保健サービスを利用する5歳未満児の数が増加する<br>3-4.　モデル県で150人以上の職員がIMCIトレーニングを受ける | ―プロジェクトの活動記録<br>―MR評価シートの記録<br>―県及び郡保健施設の記録<br>―プロジェクトの活動記録 | |
| 4．小児保健サービスに関連する情報、教育、コミュニケーションがモデル県において改善する | 4-1.　プロジェクトが支援する活動が、毎年15以上実施される<br>4-2.　IEC評価シートの点数が増加する | ―プロジェクトの活動記録<br>―IEC評価シート | |
| 5．モデル県と中央レベルにおいて、計画、実施、モニタリング、評価、及びフィードバックを通じて保健サービスマネージメントが改善される | 5-1.　2004年4月までにプロポーザルフォームが策定、配布される<br>5-2.　2007年5月までに、計画、実施、モニタリング、評価、フィードバックから構成される活動サイクルの少なくとも70%がすべての活動において終了する<br>5-3.　活動サイクルの各段階を評価する | ―策定されたプロポーザルフォーム<br>―活動サイクル評価シート<br>―活動サイクル評価シート | |

| 活動 | 投入 | | 前提条件 |
|---|---|---|---|
| 1-1. 研修情報システム（TIS）を設立、実施する<br>1-1-1 研修員情報管理システム（TPIS）を設立、実施する<br>1-1-2 研修コース情報管理システム（TCIS）を設立、実施する<br>1-2. 定例TIS技術会議を開催する<br>1-3. TISが組織人材局によって監督される<br>2-1. VVC をモデル県で設立する<br>2-2. FFCを設立する<br>2-3. 定例会議を開催する<br>2-3-1 中央レベルで定例会議を開催する<br>2-3-2 県レベルで定例会議を開催する<br>2-3-3 集中討議（Intensive Discussion）を中央と県レベルの間で定期開催する<br>2-3-4 その他プロジェクト活動調整のための会議を開催する<br>3-1. MRを設立する<br>3-2. MRに基づいて小児保健サービスを改善する<br>3-2-1 IMCIトレーニングを実施、評価する<br>3-2-2 MRに基づいて他の活動を実施する<br>4-1. 保健情報教育センター（CIEH）の能力を強化する<br>4-1-1 CIEHのマネージメント能力を改善する<br>4-1-2 CIEHのIEC教材作成のための技術力を強化する<br>4-1-3 MRに関するIEC活動について、CIEHとモデル県間の連携を支援する<br>4-2. SSPPと学校保健に関するパイロット活動を支援する<br>5-1. プロポーザルフォームを策定する<br>5-2. プロポーザルフォームに基づいて、計画、実施、モニタリング、評価、フィードバックから構成される活動サイクルの実施を促進する<br>5-3. プロジェクト活動における保健統計の精度を改善する | 1 ラオス側<br>(中央および地方レベル)<br>1-1. 人員<br>ープロジェクト・マネージャー<br>ープロジェクト調整員<br>ー特定の保健関連職員(保健省と県)<br>ーその他<br>1-2. 施設<br>ープロジェクト事務所<br>ー新事務所の家具<br>ーその他<br>1-3. ローカルコスト<br>ープロジェクト活動実施<br>ープロジェクト運営管理<br>ー特別予算<br>ーその他 | 2 日本側<br>2-1. 人員<br>1) 長期専門家：<br>ーチーフ・アドバイザー<br>ープロジェクト調整員<br>ー地域保健アドバイザー<br>ーその他<br>2) 短期専門家：<br>ー必要に応じて<br>2-2. 機材<br>ー プロジェクト実施によって必要となる特定の機材 | ー国家開発政策がプロジェクトを支持する<br>ー保健省の重要政策がプロジェクトを支持する<br>ー教育省と地方教育行政がプロジェクトに反対しない |

注：ラオス側と日本側の協議に基づき、プロジェクトの進捗に合わせてPDMは変更することができる。

プロジェクト：KIDSMILEプロジェクト
地方、モデル県、県：ウドムサイ県とヴィエンチャン県　　郡：ウドムサイ県とヴィエンチャン県下の郡
ヘルスネットワークシステム：中央ー地方（垂直）及び部署間（水平）で情報共有とフィードバックを行うためのシステム
TIS:研修コースと研修員情報をデータベースによって管理するシステム。TPISとTCISから構成される。
TPIS：個人の研修受講履歴をデータベースによって管理するシステム　　TCIS：研修コースをデータベースによって管理するシステム
VVC:各郡保健局が県保健局に対し、毎日の報告を無線などの通信手段によって行うこと
FFC:県保健局職員がチームで郡保健局を訪問し、定期的な巡回指導を行うこと
MR:各郡の保健施設が達成すべき10項目の必須最小限サービス
SSPP:（タイ国際寄生虫対策プロジェクトの）小規模パイロットプロジェクト