付　属　資　料

１．ミニッツ・合同評価レポート

２．PDM-1（和文）

３．PDM 改定案（和文）

４．評価グリッド

５．ワークショップ報告

６．日本人専門家インタビュー結果

７．ラオス C/P インタビュー結果

８．ドナーインタビュー結果

９．実施プロセス重視事例

MINUTES OF MEETING BETWEEN THE JAPANESE MID-TERM EVALUTATION TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE LAO PEOPLE'S DEMOCRATIC REPUBLIC ON JAPANESE TECHNICAL COOPERATION FOR THE PROJECT FOR STRENGTHENING HEALTH SERVICES FOR CHILDREN

The Japanese Mid-term Evaluation Study Team (hereinafter referred to as "the Team") organized by the Laos Office of the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. Shuichi IKEDA, the Deputy Resident Representative of JICA Laos Office, had a series of discussions with the Lao authorities concerned for the purpose of reviewing the activities and conducting jointly the mid-term evaluation concerning the Project for Strengthening Health Services for Children (hereinafter referred to as "the Project"), and discuss the future directions of the Project.

As a result of the discussions, the Team and the Lao authorities concerned agreed upon the matters referred to in the document attached hereto.

Vientiane city, July 21st, 2005

Mr. Shuichi IKEDA
Deputy Resident Representative
Japan International Cooperation Agency
Laos Office

Ms. Chanthanom MANODHAM
Director of Cabinet
Ministry of Health
Lao People's Democratic Republic

THE ATTACHED DOCUMENT

I INTRODUCTION

The Project started on November 1st, 2002 with the cooperation period of five (5) years. The purpose of the Project is to strengthen the central and local health services for children with participation of various levels of stakeholders.

II MID-TERM EVALUATION

The mid-term evaluation was carried out in accordance with the Project Design Matrix (PDM) 1 dated on November 26th, 2003 as attached as Annex 1. The both sides reviewed the achievement of the activities and the outputs of the Project through the workshops at Vientiane province, the MOH and Oudomxay province.

The result of the evaluation was described in the Mid-term Joint Evaluation Report as shown in Annex 3. It's based on the result of the workshops, interviews with the personnel concerned with the Project and the Project records.

III THE FUTURE DIRECTIONS

Both sides agreed on the future directions of the Project for the remaining period as follows (See Annex 2);

(1) Overall Goal

Overall Goal remains the same as follows;

1. The health standard of children is improved in Target Provinces.

2. Practical systems established by Project are utilized beyond the Central Level and Target Provinces

(2) Project Purpose

The Project continues to put a priority to the improvement of the management system for child health services. So as to share this concept

clearly with all concerned, the Project Purpose should be changed as follows;

(Before)

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

(After)

Management system for child health services is strengthened among the MOH and model provinces with various levels' participation.

In order to clarify the target level of the Project Purpose, the indicators to measure the achievement of the Project Purpose should be revised as follows;

Indicator 1: Access of under 5 population to health services at Provincial and District health facilities is increased.

Indicator 2: Dissatisfaction rate of health services users at Provincial and District health facilities is decreased.

Indicator 3: MR is institutionalized at district, provincial and central levels.

(3) Target Group

The Project's direct beneficiaries are health personnel at the MOH and the model provinces.

The target beneficiaries were "children under 15 years old". Both sides agreed to modify it to "children especially under 5 years old" because the Project should focus on more vulnerable generation, which are children under 5 years old.

(4) Outputs

1) Clarification of Outputs

The Outputs should be modified in order to make them clear as the following;

<Output 1>

(Before) *Capacity building in management systems of human resource development is improved at model provinces and at central level.*

(After) *Training Information System is established at model provinces and at central level.*

<Output 2>

(Before) *The Health Network System is strengthened in Target Provinces and at Central Level.*

(After) *The Network System is strengthened at model provinces and at central level.*

<Output 3>

(Before) *Treatment for and prevention against major childhood diseases such as diarrhea, malaria and ARI are intensified in Target Provinces.*

(After) *MR and IMCI are established at model provinces and at central level.*

<Output 4>

(Before) *Information, education and communication for child health services is improved in Target Provinces.*

(After) *Capacity of Information, Education and Communication is improved at model provinces and at central level.*

<Output 5>

(Before) *Health service management through planning, implementation, monitoring, evaluation and feedback are improved at Target Provinces and Central Level.*

(After) *Activity Cycle of planning, implementation, monitoring, evaluation and feedback are carried out at model provinces and central level.*

2) Major Principles

The Project aims to improve child health services through strengthening management of child health systems. Both sides will utilize the outcome of the two and a half years activities such as Network and Training Information System (TIS) to achieve Output 3,4 and 5 for the latter half of the Project's cooperation term.

The first priority is to establish the Minimum Requirements (MR).

The Project supports to improve the management at central, provincial and district levels. The Project can also support health center activities (phony and IMCI) to strengthen the management by the districts.

The major principles for the outputs and activities are as follows;

<Output 1>

- The priority should be put to the completion of Training Course Information System (TCIS) at central level and Training Personnel

Information System (TPIS) at model provinces.

<Output 2>

- Ongoing Voice to Voice Communication (VVC) and Face to Face Communication (FFC) activities should be continued. The quality of data collection through VVC and FFC should be pursued.

<Output 3>

- The concept of the MR should be shared more among central, provincial and district levels.
- Close review of the MR should be done so that MR can be clarified and utilized easily.

<Output 4>

- The project should promote Information, Education and Communication (IEC) activities at model provinces with collaboration of the Center for Information and Education for Health (CIEH).
- Activities for school health will be integrated into other JICA's schemes.

<Output 5>

- The Project should consider how to utilize the annual plan and proposal form.

(5) Revision of the PDM-1

Based on the result of the discussions and the workshops, the PDM-1 should be revised within four months after the evaluation through close consultation such as the intensive discussion between the Lao C/P and the Japanese Experts.

IV RECOMMENDATION

1. General
    1) Good communication and close daily exchanges are necessary for smooth operation of the project.
    2) It is necessary to clarify the roles (TOR) of central and provinces.
    3) Considering the different situations between Oudomxay and Vientiane provinces, different approaches to each province should be taken for further effective implementation of project activities.
    4) Each ongoing activity should be modified for sustainability.
    5) The Lao side should make efforts for securing the recurrent budget to

continue the regular work which the Project is strengthening.

2. Output level

1) It should be recognized that the aim of establishing Training Information System is to utilize those data for making better training plan of human resources development. Collecting and inputting data into the TIS database should not be a goal.
2) How to implement the FFC (number of members, duration, frequency and FFC form) should be modified for sustainability.
3) It is necessary to be clarified which activities should be reported to the MOH and fed back to the model provinces.
4) It is necessary to ensure that trainees of IMCI training use the skills at their site.
5) It is necessary for the Department of Hygiene and Prevention (DHP) to advocate IEC strategy, as CIEH has activities working together with provinces.
6) The MOH should consider financial sustainability of IEC materials by CIEH. Since it requires large amounts of budget, various means of income generation by CIEH should be explored.

Annex 1 Project Design Matrix (PDM) -1
Annex 2 Comparative Table of PDM
Annex 3 The Mid-term Joint Evaluation Report

ANNEX I

Project Name: MOH - JICA project for Strengthening Health Services for Children in the Lao P.D.R.
Duration: 2002 – 2007

PDM-I
Dated : Nov.26. 2003

Target Group: Children (<15 years old)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal 1. The health standard of children is improved in Target Provinces 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. 2. Number of practical systems established by the Project, utilized beyond Central Level and Target Provinces.	- Annual statistics of Target Provinces - Record of Ministry of Health (MOH)	a. National development policy of Lao P.D.R. is sustained
Project Purpose 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. 2. 80% of Minimum Requirements (MR) is achieved at District Health Offices and District Hospitals. 3. More than five activities with other collaborators are conducted annually.	- Records of Provincial and District Health facilities - Evaluation sheet for MR - Records of Project	a. Serious epidemic outbreaks do not occur
Outputs 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. 1-2. Collected TPIS data is analyzed annually. 1-3. Collected Training Course Information System (TCIS) is analyzed and distributed to related organizations annually.	- TPIS annual report in Target Provinces - TPIS annual report in Target Provinces - TCIS annual report by Department of Organization and Personnel	a. Trained health staff continue to work for the health services b. The community does not oppose the participation c. Other organizations do not oppose the cooperative relationship with Project 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. 2-2. Face to Face Communication (FFC) is conducted at least 6 times per year. 2-3. Meeting records are distributed to related organizations.	- Records of VVC - Records of FFC - 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. 3-2. 80 % of each District's objectives based on MR is achieved. 3-3. The number of children under 5-years who come to use services at Provincial and District Level is increased. 3-4. More than 150 members of staff in Target Provinces are trained for IMCI.	- Records of Project - Records of evaluation sheets - Record of Provincial and District health facilities - 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. 4-2. IEC evaluation scores are increased.	- Records of Project - 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. 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. 5-3. Evaluation for each step of the activity cycle	- Proposal form - Evaluation sheet - Evaluation sheet	

Activities	Inputs		Pre-Conditions
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 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 2-3-3 Hold "Intensive Discussion" regularly between Central and Provincial Level 2-3-4 Hold additional meetings to coordinate project activities 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 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 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 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	1. Lao side (The central and local Levels) 1-1. Personnel - Project Manager - Project Coordinator - Specific Health Staff (MOH and provincials) - Others 1-2. Facilities - Office room - Furniture for new office - Others 1-3. Local cost - Project implementation - Project management - Specific budget - Others	1. Japan Side 2-1. Personnel 1) Long term experts: - Chief Advisor - Project Coordinator - Community Health Advisor - Others 2) Short term experts: - as required 2-2. Equipment - Specific equipment to be required by the implementation of the project	- National health policy supports the project - The MOH master policy supports the project - MOE and the local educational authorities do not oppose the project

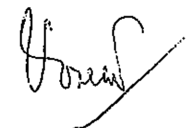
Note: By discussion between the Lao side and the Japanese side, the PDM can be modified in accordance with the progress of the project.

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

Comparative Table of PDM

Target Area: Old	Target Area: New	Target Group: Old	Target Group: New
	MOH, Oudomxay and Vientiane Provinces	Children (<15 years old)	Direct Beneficiary: Health personnel at MOH and Model Provinces Target Beneficiary: Children (especially <5 years old)
Narrative Summary: Old	**Narrative Summary: New**	**Objectively Verifiable Indicators: Old**	**Objectively Verifiable Indicators: New**
Overall Goal 1. The health standard of children is improved in Target Provinces 2. Practical systems established by Project are utilized beyond the Central Level and Target Provinces	No change	1. Mortality rate of children under 5 years old in Target Provinces is reduced. 2. Number of practical systems established by the Project utilized beyond Central Level and Target Provinces	No change
Project Purpose The central and local health services for children are strengthened with participation of various levels of stakeholders	Project Purpose Management system for child health services is strengthened among the MOH and model provinces with various levels' participation.	1. Access of under 5 population to health services at Provincial and District health facilities is increased. 2. 80% of Minimum Requirements (MR) is achieved at District Health Offices and District Hospitals. 3. More than five activities with other collaborators are conducted annually.	1. Access of under 5 population to health services at Provincial and District health facilities is increased. 2.Dissatisfaction rate of health services users at Provincial and District health facilities is decreased. 3.MR is institutionalized at district, provincial and central levels.
Outputs 1. Capacity building in management systems of human resource development is improved at model provinces and at central level.	Outputs 1. Training Information System is established at model provinces and at central level.	1-1. More than 90% of Trained Personnel Information System (TPIS) is updated annually. 1-2. Collected TPIS data is analyzed annually. 1-3. Collected Training Course Information System (TCIS) is analyzed and distributed to related organizations annually.	
2. The Health Network System is strengthened in Target Provinces and at Central Level.	2. The Network System is strengthened at model 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. 2-2. Face to Face Communication (FFC) is conducted at least 6 times per year. 2-3. Meeting records are distributed to related organizations.	

Narrative Summary: Old	Narrative Summary: New	Objectively Verifiable Indicators: Old	Objectively Verifiable Indicators: New
3. Treatment for and prevention against major childhood diseases such as diarrhoea, malaria and ARI are intensified in Target Provinces.	3. MR and IMCI are established at model provinces and at central level.	3-1. Evaluation sheet for MR is formulated by September 2004 3-2. 80 % of each District's objectives based on MR is achieved 3-3. The number of children under 5 years who come to use services at Provincial and District Level is increased 3-4. More than 150 members of staff in Target Provinces are trained for IMCI	
4. Information, education and communication for child health services is improved in Target Provinces.	4. Capacity of Information, Education and Communication is improved at model provinces and at central level.	4-1. More than 15 activities supported by the Project are conducted each year 4-2. IEC evaluation scores are increased	
5. Health service management through planning, implementation, monitoring, evaluation and feedback are improved at Target Provinces and Central Level.	5. Activity Cycle of planning, implementation, monitoring, evaluation and feedback are carried out at model provinces and central level.	5-1. Proposal form is designed and distributed by May 2004 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 5-3. Evaluation for each step of the activity cycle	



THE MID-TERM JOINT EVALUATION REPORT
ON THE PROJECT
FOR STREANGTHENING HEALTH SERVICES FOR
CHILDREN (KIDSMILE)

July 21, 2005

List of Abbreviations

CIEH	Center for Information and Education for Health
C/P	Counterpart
DOC	Department of Curative Medicine
DHP	Department of Hygiene and Prevention
DHO	District Health Office
DOP	Department of Organization and Personnel
FDD	Department of Food and Drug
FFC	Face to Face Communication
HC	Health Center
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
MCHC	Mother and Child Health Center
MOH	Ministry of Health
MR	Minimum Requirement
ODY	Oudomxay Province
PHO	Provincial Health Office
TCIS	Training Course Information System
TIS	Training Information System
TPIS	Training Personnel Information System
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VP	Vientiane Province
VVC	Voice to Voice Communication
WHO	World Health Organization

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1. Introduction

1-1 Preface

JICA has collaborated with the government of the Lao People's Democratic Republic in implementing the Project for Strengthening Health Services for Children (herein after referred to as "the Project").

The Project started on November 1st, 2002 with the cooperation period of five (5) years. The purpose of the Project is to strengthen the central and local health services for children with participation of various levels of stakeholders.

Since the first half of the cooperation period has passed, the Japanese Mid-term Evaluation Team has been organized from June 30th to July 22nd, for the purpose of evaluating the achievements of the Project. The evaluation has been jointly undertaken by the Lao and the Japanese participants.

1-2 Objectives of the evaluation

Objectives of the evaluation are as follows;

(1) To review the achievement of the Activities and the Outputs of the Project

(2) To assess the implementation process

(3) To carry out a comprehensive evaluation on the Project from the viewpoints of five criteria

(4) To confirm the future directions of the second half of the cooperation period

1-3 Evaluation participants

<Japanese Side>

Team Leader	Mr. Shuichi Ikeda	Deputy Resident Representative, JICA Laos Office
Community Health	Dr. Tamotsu Nakasa	Director, Second Expert Service Division, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health, Labor & Welfare
Cooperation Planning	Ms Tomomi Ibi	Assistant Resident Representative, JICA Laos Office
Evaluation and Analysis	Ms Yuki Todoroki	Researcher, Social Development Department, Global Link Management

<Lao Side>

Central Level		
The Project Director	Mrs. Chanthanom Manodham	Director of Cabinet, Ministry of Health
The Deputy Project Manager	Dr. Nao Boutta	Deputy Director of Cabinet, Ministry of Health
	Dr. Bounfeng The Phoummalaysith	Deputy Director of Cabinet, Ministry of Health
The Deputy Project Director	Dr. Douangchan Keo-asa	Director, the Department of Hygiene & Disease Prevention, Ministry of Health
The Project Manager and Project Administrator	Dr. Somchith Akkavong	Deputy Director, the Department of Hygiene & Disease Prevention, Ministry of Health
	Dr. Chanphomma Vongsomphanh	Deputy Director, the Curative Department, Ministry of Health
	Mrs. Champheng Viravong	Director, the Department of Personnel and Organization, Ministry of Health
	Dr. Phouthone Vangkonevilay	Deputy Director, the Department of Personnel and Organization, Ministry of Health
	Dr. Saveangvong Douangsavanh	Deputy Director, the Department of Food & Drug Control, Ministry of Health

	Dr. Khampheth Manivong	Deputy Director, the Department of Planning & Budgeting , Ministry of Health
	Dr. Khamvieng Viraphanh	Deputy Chief, the Primary Health Care Section in the Cabinet, Ministry of Health
	Dr. Khamphong Phommachanh	Technical Staff of Cabinet, Ministry of Health
Project Coordinator	Dr. Latsamy Thammavong	Technical Staff, Department of Hygiene & Disease Prevention, Ministry of Health
Ditto	Dr. Souvankham Phommaseng	Technical Staff, Department of Hygiene & Disease Prevention, Ministry of Health
	Dr. Anothay Kongsayasak	Dirctor, Center of Imformation Education for Health, Ministry of Health
	Dr. Bounleua Oudavong	Deputy Director of Mother and Child Hospital
	Dr. Khampew Sihakhang	Deputy Director, Mother and Child Health Center
Oudomxay Province		
	Dr. Khamphanh Xayavong	Director of Provincial Health Office, Oudomxay Province
	Mr. Chantha Si-Onkeo	Deputy Director, Provincial Health Office, Oudomxay Province
Project Coordinator	Dr. Sounthone Louangxaysy	Chief of Techniical Administration Section, Provincial Health Office, Oudomxay Province
Vientiane Province		
	Dr. Soukphathay Sorpasert	Director of Provincial Health Office, Vientiane Province
Project Coordinator	Dr. Bounnao Phachomphonh	Deputy Chief of Technical Section Administration, Provincial Health Office, Vientiane Province
	Dr. Viengmany Keomahavong	Chief of Mother and Child Health Section, Provincial Health Office, Vientiane Province

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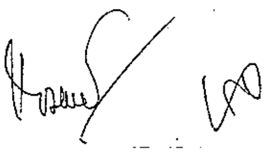
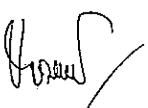


1-4 Schedule of the evaluation

Date	Activity
June 30 (Thu)	09:30 Consultant (Ms. Todoroki) Arrive in Vientiane 14:00 Meeting among the Project, JICA Office and Consultant
July 1 (Fri)	Preparation for workshop, Interview to Experts, Collecting Questionnaires and Analyzing
July 2 (Sat)	Preparation
July 3 (Sun)	Preparation
July 4 (Mon)	Preparation for workshop, Interview to Expert, Finding the factors that inhibited or promoted the achievements
July 5 (Tue)	Evaluation Workshop (VP 1)
July 6 (Wed)	Evaluation Workshop (VP 2)
July 7 (Thu)	Evaluation Workshop (Central 1)
July 8 (Fri)	Evaluation Workshop (Central 2)
July 9 (Sat)	10:30 Ms. Todoroki & Ms.IBI move to ODY 11:20 Arrive in ODY
July 10 (Sun)	Preparation
July 11 (Mon)	Preparation for workshop, Interview to C/Ps, Finding the factors that inhibited or promoted the achievements
July 12 (Tue)	Evaluation Workshop (ODY 1)
July 13 (Wed)	Evaluation Workshop (ODY 2)
July 14 (Thu)	09:30 Dr. Nakasa arrives in Vientiane 15:30 Evaluation Team and Project Meeting
July 15 (Fri)	09:00 Evaluation Team and Project Meeting 13:30 Project Internal Meeting 15:30 Interview to UNFPA (Ms Padaphet) Drafting the results of evaluation
July 16 (Sat)	Preparation
July 17 (Sun)	Preparation
July 18 (Mon)	09:00 Discussion on the results of the evaluation with the MOH (1) 14:30 Interview to WHO (Dr. Dean& Dr.Craig) 15:30 Interview to UNICEF (Ms Southaluk)
July 19 (Tue)	09:00 Evaluation Team and Project Meeting
July 20 (Wed)	09:00 Discussion on the draft of minutes and Evaluation report (2) Preparing the joint evaluation report, finalizing the minutes
July 21 (Thu)	14:00 Joint Coordinating Committee (JCC) Sign of Minutes of Discussion
July 22 (Fri)	Report to JICA & Japanese Embassy
July 23 (Sat)	10:30 Departure from Vientiane



2. Methodology of the Evaluation

The mid-term evaluation of the Project was performed based on the JICA's Project Evaluation Guideline. Evaluation methodology was as follows:

2-1 Points to evaluate

(1) Project achievement based on the Project Design Matrix (PDM)-1

The PDM-1 was formulated in November 2003, one year after the commencement of the Project. Based on the PDM-1, the implementation status of Activities and the achievement of Outputs were evaluated. Along with such evaluation, problems in implementing the project activities were identified, and the solutions were discussed.

(2) Implementation process

Since not only the "achievement" but also the "process" is considered important in the Project, appropriateness of the implementation process was assessed.

(3) Five evaluation criteria

A comprehensive evaluation was carried out on the Project from the viewpoints of the five criteria as follows.

Relevance	Whether the Project Purpose and project design are in accordance with the policy and necessity of the Lao P.D.R.
Effectiveness	The extent to which the Project Purpose is likely to be achieved.
Efficiency	How efficiently the Inputs are converted into the Outputs.
Impact	The extent to which the Overall Goal is likely to be achieved.
Sustainability	The extent to which the achievements of the Project are likely to continue, after the Project ends.

2-2 Collection methods of information and data

(1) Documents review

(2) Interviews with several C/Ps, Japanese Experts and other donors (WHO, UNICEF, UNFPA)

(3) Three evaluation workshops

The outline of the three workshop programs is as follows. C/Ps, Japanese Experts and the Evaluation Team members participated in each workshop.

	Place	Schedule	Workshop Objectives
1	Vientiane PHO	July 5-6	1) To review the Project achievement (Activities and Outputs) 2) To identify the problems in implementing the Project Activities 3) To discuss the solutions for the problems.
2	Ministry of Health (MOH)	July 7-8	1) To review the achievement of the Project Outputs 2) To confirm the TORs (specific roles) of the MOH in implementing the Project Activities, and identify the difficulties and solutions to pursue them. 3) To identify the issues for the MOH to expand the management systems introduced by the Project.
3	Oudomxay PHO	July 12-13	Same as Vientiane PHO

3. Results of the Evaluation

3-1 Project achievement

(1) Inputs

The status of main Inputs of the Project is as shown in APPENDIX 1, 2 and 3. ("Assignment of Japanese Experts", "Counterpart Training", and "Project Costs for Operation and Equipment".)

(2) Activities

The implementation status of the Project Activities is as shown in APPENDIX 4.

(3) Outputs

The achievement of the Outputs is as shown in APPENDIX 5, which includes the suggestions and discussions on the Output Indicators during the three workshops.

Other workshop discussions are summarized in APPENDIX 6.

3-2 Implementation Process

The Project introduced the basic approaches such as (1) promoting the ownership of the Lao side, (2) improving the existing systems, (3) sharing the cost, and (4) communicating closely between the Lao and Japanese sides. In the process of the Project's implementation, these approaches have been applied. The history of the MR is attached in APPENDIX 7 as an example of such approach.

(1) Promoting the ownership of the Lao side

The Lao side seems to recognize that the Project is of the Lao's not of the Japanese side's. Especially at the provincial level, the Lao side considers themselves as the core implementer of the activities. Some of the Lao C/Ps think that the promotion of ownership will contribute to the sustainability

because the management capacity is improved and can be utilized after the Project. The approach of the Japanese Experts to let the Lao side think by themselves first seems to contribute to promote the initiative and the ownership of the Lao side.

On the other hand, it is the fact that there are some cases that the Japanese side makes final decisions on the activity plans. According to the interviews with the Lao C/Ps, sometimes the Lao side got confused or disappointed because the criteria for decision making by the Japanese side was not clearly delivered to the Lao side and the Japanese side didn't accept the proposed plans.

(2) Improving the existing systems

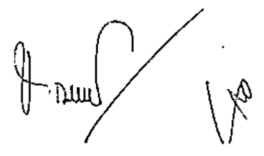
The Lao side sees that the Project is improving the working procedures or systems of the activities which had been already implemented before the Project. It can be said that the approach to utilize the existing systems helps the Lao side think that the Project's activities are built into the Lao side's regular work and not additional tasks driven by donors.

The phony system which had been inactive before came to be used. The reporting by the phonies is being conducted every day, which improves the communication between the PHO and the DHO.

(3) Sharing the cost

In the model provinces the concept of the cost sharing is being well recognized and carried out to some extent as shown in APPENDIX 3. The cost sharing seems to help the Lao side be aware that they should commit themselves and the Project's activities are their own jobs. There are some cases that, so as to share the cost by the Lao side, they try to think about the appropriate budget and activity plans. This process could contribute to the management capacity development.

At the central level, the cost is shared mainly by the affiliated centers such as CIEH and MCHC as shown in APPENDIX 3.



(4) Communicating closely between the Lao and the Japanese sides

The human relations of the Project are fairly good. It contributes to the smooth implementation of the Project.

At the provincial level, the both sides have a close daily communication. Due to the busy schedule of the Lao C/Ps especially in the MOH, however, the Project faces the difficulties in smooth and close coordination between the Lao and Japanese sides. In the JCC Meeting in October 2003, the MOH agreed on allocating full time C/Ps but this is not yet realized.

It is also difficult to link the MOH with the PHO in all the Project activities. The PHOs send the reports to the MOH, but rarely get the feedback. It is necessary to clarify to what extent the MOH should supervise and support the PHOs in each activity, for more efficient implementation of the Project.

The Intensive Discussions (i.e. three-day intensive discussions held at a province gathering the main C/Ps from the MOH and model provinces) is considered to be good because all personnel concerned from the MOH and model provinces and the Japanese Experts meet and take time for discussions. The Project activities have been known among the MOH since the deputy directors of the MOH's departments began to attend it. Sometimes the staff who are not deeply involved in the Project participated in the Intensive Discussions. It is desirable that the same staff who are involved in the Project deeply should join every time.

3-3 Evaluation by Five Criteria

(1) Relevance

The relevance of the Project is high in terms of its purpose, but the project design needs to be clarified for the latter half of the Project.

Appropriateness of the Project Purpose

The Project aims to strengthen the management systems for child health services among the MOH and the model provinces (Oudomxay and

Vientiane Provinces). Such Project Purpose is in accordance with the national and provincial health policies. Moreover, as mentioned in "3-2 Implementation Process", the Project has a basic approach to improve the management of the regular work through utilizing existing facilities. The rationale for such approach is that the health personnel do not necessarily utilize what they already have. According to the interview results, such approach is considered important among C/Ps.

Appropriateness of the project design

The project framework was not determined firmly at the beginning of the Project, in order to promote initiatives of the Lao side to implement what they think can do. Such approach was unique and enabled the implementation of various activities considered necessary at each stage of the Project. On the other hand, such approach made the project scope unclear and difficult for C/Ps to understand what can and cannot be done within the Project. This is high time for the Project to determine its clear scope and reaching point, and to plan a schedule by the end of the project period.

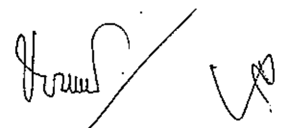
(2) Effectiveness

In order to enhance the effectiveness of the Project, the quality of each management system (Output) needs to be improved and linked with other systems. Moreover, the Project Purpose needs to be clarified with specific indicators.

Achievement of each output in terms of quality

As shown in APPENDIX 5, most of the Output indicators are likely to achieve their targets. Many of those indicators, however, do not necessarily show the quality of the activities. The following table shows the qualitative status of each Output, which reveals both the achievements and points to be improved.

	Qualitative Status
TIS	• Continuous technical support is necessary for data analysis and publishing booklets. • It is desirable to start utilizing TIS data for the effective planning of training courses.
VVC	• The project has intensified the communication between the PHO and the DHO by activating existing phonies. • Through VVC, the breakout of infections and other emergencies are shared immediately between the PHO and the DHO.
FFC	• FFC has enabled the on-site monitoring of the DHO activities by the PHO. Such activity is the role of the PHO, but not had been implemented due to the financial constraints. This is a remarkable change. • The quality and feedback of FFC activities still need to be improved.
MR	• MR is considered as a good system to measure the efforts of district hospitals for better management, regardless of their different levels of facilities. • On the other hand, the MR system is considered complicated and difficult to utilize easily. • Some opinions exist that the MR cannot measure whether the quality of services is improved or not. (Especially in Vientiane Province)
IMCI	• A follow-up for the IMCI training was conducted for 23 trainees in August 2004, which revealed the improvement of their skills in diagnosis. • On the other hand, not all the IMCI trainees (84 so far) seem to utilize the methods learned.
IEC	• The capacity of the CIEH has been strengthened, while that of provincial level needs to be strengthened further with the assistance of the CIEH. • "School Health Campaign 2004" benefited 473 schools in the model provinces, and the KAP survey revealed the change in children's knowledge regarding "Three Cleans". • "Child Health Campaign 2005" provided a child check-up to 5,552 children and other 12,658 people participated in the event.
Activity Cycle	• Proposal Forms and Annual Activity Plans are utilized as the effective tools for planning. • Monitoring, evaluation and feedback of each activity needs to be strengthened.



Clarification of the Project Purpose

It is necessary to clarify the Project Purpose with specific indicators, in other words, to clarify what is meant by "the strengthening of management system". Since the MR is considered as the most important management system in the Project, its institutionalization could be one of the indicators.

Relationship between the Outputs and the Project Purpose

It is noteworthy that there is synergy among five Outputs for the achievement of the Project Purpose. For example, TIS could be utilized to select the appropriate trainees for IMCI training. Implementation of the MR has been monitored through FFC. IEC activities are effective to strengthen a part of the MR activities, such as promoting children to come to hospitals for well-baby check up. For the all activities, the feedback to improve the next activities is important (Output 5: Activity Cycle).

It is important to link the five Outputs (management systems) effectively to achieve the Project Purpose.

(3) Efficiency

Efficiency of the Project is quite high, reflecting its basic approach.

Since the Project's basic approach is to improve the regular work of health personnel without many inputs, the amount of equipment costs, equivalent to 300,000 dollars, is relatively small. Utilization of existing facilities such as inactive phonies has brought wide benefits among the PHO and the DHO. This is a noteworthy example of high efficiency. Moreover, the cost sharing promotes the efficient use of a limited amount of budget.

(4) Impact

The following two Overall Goals are set as the long-term objectives (impact) of the Project. There is some prospect of achieving those Goals several years after the Project ends.

Expansion of the management systems introduced by the Project

Some of the management systems start to expand beyond the project. The TIS is one of the examples. With the initiative of the Lao side, the TIS Technical Committee was established to expand the system outside of the model provinces. As a result, the DOP introduced the system in Champasack Province with the assistance of UNICEF in June 2005. Moreover, the MR Committee was established, and the DOC is interested in expanding the MR to other relatively poor provinces. Regarding school health activities, the implementation of the Small Scale Pilot Project (SSPP) resulted in the establishment of the Central Taskforce Team. The Team drafted the National School Health Policy, which was approved by the both Ministers of Education and Health.

Improvement of the health standard of under-5 year old children in model provinces

The under-5 mortality rate decreased from 170 in 1990 to 106 in 1999 according to the national census. A new census is now under process, and this will show such figures in each province. It is needless to say that only the Project cannot contribute to the decrease in the under-5 mortality rate, and there are many external factors. Yet, it is important to be aware that the management improvement will eventually contribute to the decrease in the under-5 mortality rate, which is the most prioritized national challenge in child health.

(5) Sustainability

Due to the financial constraints after the Project, sustaining the Project activities in the same scale would be difficult in the model provinces. There is, however, a high possibility that some of the introduced systems will be continued as a part of the C/Ps' regular work.

Incorporation of the Project activities into the regular work

The Project basic approach is to strengthen the management of the regular work of health personnel. Therefore, most of the Project activities are what they had been already doing, but needed to be more

systematized. In this sense, the Project activities are likely to be incorporated into their regular work even after the Project. Especially, VVC is already considered as their important regular work.

Financial aspects

The cost sharing is one of the unique features of the Project, which has enhanced the management capacity of the Lao Side. The shared cost by the Lao Side, however, is not disbursed from the recurrent budget of the Provincial Government. Therefore, it will be quite difficult to ensure the budgetary support to continue any activities after the Project. Especially, the FFC activities require a sizable amount of budget. According to the interviews with the C/Ps at the PHOs, however, they would like to continue the FFC twice a year.

Moreover, the material development for IEC activities requires a large amount of budget, therefore various means of income generation by the CIEH should be considered for future sustainability.

Technical aspects

On the other hand, the TIS and the MR activities will require less amount of budget once they are established. Those activities, however, need more technical support to improve their contents before discussing the sustainability.

APPENDIX:

1. Assignment of Japanese Experts
2. Counterpart Training
3. Project Costs for Operation and Equipment
4. Implementation Status of Project Activities
5. Achievement of Project Outputs (Including Suggestions for Indicators at Workshops)
6. Summary of Workshop Discussions
7. History of the MR

APPENDIX 1

Status of Input (1)

Assignment of Japanese Experts

UP DATED : 20/July/2005

Year: JFY 2002 (months 11 12 1 2 3), JFY 2003 (4 5 6 7 8 9 10 11 12 1 2 3), JFY 2004 (4 5 6 7 8 9 10 11 12 1 2 3), JFY 2005 (4 5 6 7 8 9 10 11 12 1 2 3)

Category	Field	Expert	Period
Long-term Expert	Chief Advisor	Yasuo SUGIURA	02.Nov.'02 - 19.Dec.'04
	Coordinator	Kazuhiro OTSUKI	02.Nov.'02 - 14.Dec.'04
	Community Health (ODY)	Noriko KATO	02.Nov.'02 - 30.Oct.'04
	Community Health (VP)	Kazue SONE	2.Nov.'03 - 30.Oct.'05
	Chief Advisor (Successor)	Azusa IWAMOTO	05.Nov.'04 - 02.Nov.'06
	Coordinator (Successor)	Kei SUZUKI	11.Nov.'04 - 08.Nov.'06
	Community Health (Successor / ODY)	Kinuyo IKEDA	18.Nov.'04 - 15.Nov.'05
	Child Health	*Under recruitment*	*(Sep.'05 - Nov.'07)*
Short-term Expert	Communication Devices	Kenichi SOBUE	18.Jan.'03 - 15.Mar.'03
	Infectious Disease (Malaria)	Ataru TSUZUKI	25.Feb.'03 - 22.Apr.'03
	Child Health	Azusa IWAMOTO	05.Apr.'03 - 02.Jun.'03
	Community Health	Kazue SONE	02.May.'03 - 30.Jul.'03
	Planning for Human Resource Development	Shinobu MAMIYA	27.May.'03 - 08.Jul.'03
	Communication Devices	Kenichi SOBUE	06.Sep.'03 - 03.Mar.'04
	Child Health	Shuko NAGAI	14.Oct.'03 - 07.Dec.'03
	GIS Information Management	Dairiku HOZUMI	16.Dec.'03 - 23.Dec.'03
	IEC	Ayako NAKAZATO	16.Jan.'04 - 15.Jul.'04
	Infectious Disease (Malaria)	Shigeyuki KANO	21.Feb.'04 - 29.Feb.'04
	IEC	Tomoyasu MAEKAWA	15.Mar.'04 - 02.Apr.'04
	Training Information System	Ayako NAMURA	09.Jun.'04 - 01.Aug.'04
	IEC	Yoichi KOGURE	25.Aug.'04 - 14.Sep.'04
	Child Health	Shuko NAGAI	26.Jul.'04 - 22.Sep.'04
	Communication Devices	Kenichi SOBUE	04.Sep.'04 - 02.Mar.'05
	IEC	Ayako NAKAZATO	10.Sep.'04 - 08.Aug.'05
	School Health	Masamine JIMBA	13.Sep.'04 - 28.Sep.'04
	Health Information Management	Dairiku HOZUMI	25.Sep.'04 - 10.Oct.'04
	Child Health	Masayoshi YANAGISAWA	14.Feb.'05 - 19.Feb.'05
	School Health	Masamine JIMBA	28.Feb.'05 - 23.Mar.'05
	Child Health	Kenzo TAKAHASHI	06.Mar.'05 - 04.May.'05
	Training Information System	Ayako NAKAZATO	03.Apr.'05 - 02.Jun.'05
	Health Service Management	Shinobu MAMIYA	23.May.'05 - 26.Jun.'05
	School Health	*Masamine JIMBA*	*21.Jul.'05 - 14.Aug.'05*
	Community Health	*Kijyo DEURA*	*24.Jul.'05 - 10.Aug.'05*
	Child Health (MR)	*Kenzo TAKAHASHI*	*31.Aug.'05 - 30.Sep.'05*

Assignment of Japanese Experts

UP DATED : 20/July/2005

	Field / Year, Month	JFY 2002 (11 12 1 2 3)	JFY 2003 (4 5 6 7 8 9 10 11 12 1 2 3)	JFY 2004 (4 5 6 7 8 9 10 11 12 1 2 3)	JFY 2005 (4 5 6 7 8 9 10 11 12 1 2 3)
	IEC (Management of CIEH)				*Ayako NAKAZATO 05.Oct.'05 - 05.Aug.'06*
	IEC (Material Production)				*Tomoyasu MAEKAWA Nov.'05 - Dec.'05*
Others	Local Consultant (Baseline Survey)	Etsuko HARADA 06.Jan.'03 - 05.Mar.'03			
Others	NGO (School Health in Oudomxay)		JADDO 01.Jul.'03 - 28.Feb.'04		

APPENDIX 2

Status of Input (2)

Counterpart Training

UP DATED : 20/July/2005

	Field / Year	JFY 2002	JFY 2003	JFY 2004	JFY 2005
	Month	7 8 9 10 11 12 1 2 3	4 5 6 7 8 9 10 11 12 1 2 3	4 5 6 7 8 9 10 11 12 1 2 3	4 5 6 7 8 9 10 11 12 1 2 3
Individual Course in Japan	Health Management	Ms. Chanthanom MANODHAM/ 12. Mar.'03 - 04.Apr.'03 Director of Cabinet, MOH			
Individual Course in Japan	Health Service Management		Dr. Latsamy THAMMAVONG / 10.Nov.'03 - 27.Dec.'03 Dept. of Hygiene & Prevention, MOH Dr. Khamphiane VANHMANY / 10.Nov.'03 - 27.Dec.'03 Deputy Director, Vientiane PHO Dr. Paokoualee LEANU / 10.Nov.'03 - 27.Dec.'03 Chief of Administration Sec., Vientiane PHO Mr. Chantha THI-ONKEO / 10.Nov.'03 - 27.Dec.'03 Chief of Administration Sec., Oudomxay PHO Dr. Sounthone LUANGXAYSY / 10.Nov.'03 - 27.Dec.'03 Chief of Technical Sec., Oudomxay PHO		
Individual Course in Japan	Human Resource Development		Ms. Sthaphone INSISIENGMAY / 13.Jan.'04 - 14.Mar.'04 Deputy Chief, Div.of Training & Education, DOP, MOH Dr. Khanthong SIHARATH / 13.Jan.'04 - 14.Mar.'04 Chief of Training Sec., MCH Center		
Individual Course in Japan	IEC			Dr. Manivong KHAYGNAVONG / 11.May.'04 - 21.Aug.'04 Chief of AV Sec., Center for Information & Education for Health	
Individual Course in Japan	Health Service Management			Dr. Nao BOUTTA / 05.Jul.'04 - 23.Jul.'04 Deputy Director of Cabinet, MOH Ms. Chanpheng VIRAVONG / 05.Jul.'04 - 23.Jul.'04 Director, Dept.of Personnel & Organization, MOH Dr. Douangchanh KEOASA / 05.Jul.'04 - 23.Jul.'04 Director, Dept.of Hygiene & Prevention, MOH Dr. Khamphanh XAYAVONG / 05.Jul.'04 - 23.Jul.'04 Director, Oudomxay PHO Dr. Soukphathay SOPASEUTH / 05.Jul.'04 - 23.Jul.'04 Director, Vientiane PHO	
Individual Course in Japan	Child Health			Dr. Panome VILAYHONG / 09.Feb.'05 - 12.Mar.'05 Technical Staff, MCH Center Dr. Viangmany KEOMAHAVONG / 09.Feb.'05 - 12.Mar.'05 Chief of MCH Sec., Vientiane PHO Dr. Chankham TENBLIACHEU / 09.Feb.'05 - 12.Mar.'05 Technical Staff, MCH Center, Oudomxay PHO	
Individual Course in Japan	Community Health			Dr. Sommone PHOUNSAVATH / 08.Feb.'05 - 02.Mar.'05 Director, Dept.of Curative, MOH Dr. Phouthone VANKONGVILAY / 08.Feb.'05 - 02.Mar.'05 Deputy Director, Dept.of Personnel & Organization, MOH	
Individual Course in Japan	IEC				*Sep.'05 - Nov.'05* *4 Staff of CIEH, MOH*
Individual Course in Japan	Health Administration				*Jan.'06 - Feb.'06 Governors of ODY and VP, Deputy Directors of DHP, DOC, FDD*
Individual Course in Japan	Health Service Management				*Jan.'06 - Feb.'06* *5 staff of ODY, VP, DOP, DOC, FDD*
Group Cource	Asian Maternal and Child Health			Dr. Kopkeo SOUPHANTHONG / 11.Oct.'04 - 03.Nov.'04 Manager of CDD/ARI/RH, MCH Center	
Training in Thailand	Child Health Care Management (Khon Kaen University)			11.Jul.'04 - 31.Jul.'04 For 15 Medical Staff in VP	*11.Sep.'05 - 01.Oct.'05* *For 15 Medical Staff in VP*
Training in Thailand	Child Health Care Management (Chiang Mai University)			12.Sep.'04 - 01.Oct.'04 For 15 Medical Staff in ODY	*26.Sep.'05 - 16.Oct.'05* *For 15 Medical Staff in ODY*

Project Costs for Operation and Equipment (1/2)

(1) Cost Sharing for Operational Expenses (since Feb 2003)

(1-1) Sharing between Lao and Japanese Side

	Lao Side		Japanese side		Total	
	$	Kip	$	Kip	$	Kip
Amount	0	91,369,180	44,587.43	954,355,010	44,587.43	1,045,724,190
% of sharing		8.7%		91.3%		

(1-2) Sharing among the Lao Side

	DHP, DOP, DOC, FDD, Cabinet	CMCH	CIEH	ODY	VP	Other	Total
Amount (Kip)	124,000	14,008,000	14,260,400	24,566,000	35,175,780	3,235,000	91,369,180
% of sharing	0.1%	15.3%	15.6%	26.9%	38.5%	3.5%	100%

1/2

Project Costs for Operation and Equipment (2/2)

(2) Japanese Side Operational Expenses (including Office Management Expenses)

Year	2002 (Nov. 2002~)	2003	2004	2005 (estimate)	2006	2007	TOTAL
YEN	4,068,000	19,098,160	22,143,633	20,237,000			¥65,546,793
in US$	38,317.84	169,933.84	204,318.82	185,473.38			US$598,043.88

(3) Equipment Costs

Year	2002 (Nov. 2002~)	2003	2004	2005	2006	2007	TOTAL
YEN	15,743,630	12,360,884	4,642,940				¥32,747,454
Items	Vehicles Telephone system Fax Printers Computers Projectors TV/Video sets OHP Cameras	Phonies Computers Printers Faxes TV/Video Set Microphone Set Photo copies Tractors Motorbikes Generators Projectors Visual presenters OA boards	Phonies Computers Printers Fax Video editing set Radio editing set Hematocrit centrifuge Dental check equipment	Under procurement			

Implementation Status of Project Activities

	Activities	Implementation Status	
OUTPUT 1	Activities 1-1 Set up and implement Training Information System	Set up and implement Training Personnel Information System (TPIS)	Oudomxay and Vientiane PHO input collected data into the database (collection coverage are more than 90%). Based on the database, each PHO made several graphs to make the first edition summary report.
		Set up and implement Training Course Information System (TCIS)	TIS Technical Team was established in June 2003. With it's support, DOP constructed the database of TCIS, made/distributed/collected TCIS form, and conducted training. After that procedure, DOP input collected data into database, published the first edition summary report on 30th May 2005, and distributed to 20 donors and NGOs.
	Activities 1-2 Hold TIS Regular Technical Meetings.	DOP has held TIS Technical Meetings 6 times irregularly at MOH .	
	Activities 1-3 TIS is supervised by Department of Organizations and Personnel	DOP monitored and supervised the progress of TPIS at target provinces in April-May 2005.	
OUTPUT 2	Activities 2-1 Establish VVC in Target Provinces	The average of daily communications ratio was 95.6% (November 2004-April 2005) in Oudomxay and 59.3% (November 2004-march 2005). DHP monitored VVC system irregularly by phony of DHP, Maintenance Manual, Evaluation Manual, and Plant Record.	
	Activities 2-2 Establish FFC	Each target province made their management policy of FFC, and designed/revised FFC form. After these procedures, Oudomxay PHO had FFC 9 times, and Vientiane PHO had 4 times. The results of FFC were summarized to the reports, reported in the regular meetings at each target provinces, and submitted to DHP. PHO also shared the results of FFC with DHO staff in the wrap-up meeting after FFC.	
	Activities 2-3 Hold Regular meetings	DHP held Regular Meetings 50 times at MOH, and each target provinces held Regular Meetings at PHO. "Intensive Discussion" were also held 6 times. Moreover, four staff of DHP were appointed as the responsible persons for each province to share the current situation of each provinces in the regular meetings at MOH.	
OUTPUT 3	Activities 3-1 Establish and implement MR	Establish MR	10 contents of MR were decided after the baseline survey conducted in Oudomxay province in May 2003. Based on the drafts from each target provinces, the definition of MR was confirmed in July 2003. Each PHO decided each Strategy, and held the meeting to make each district's Activity. Curative Department of MOH established "MR Committee" and the committee decided how to supervise PHO.
		Implement MR	Each DHO started each activity since October 2004, and conducted self-monitoring monthly. Target provinces regularly monitored them through FFC, summarized the results, and feed backed them at the wrap-up meetings to all DHOs.
	Activities 3-2 Improve child health service based on MR	IMCI clinical training, TOT, Follow-up, and refreshers training were conducted in target provinces. All district hospitals, some health centers, provincial hospitals, and Oudomxay MCH center implemented IMCI. And also, some other activities based on MR were conducted, like Malaria training, making of Essential Drug List in district hospitals, Child Health Care Management Training targeted district staff in Thailand, and so on.	

Implementation Status of Project Activities

	Activities	Implementation Status	
OUTPUT 4	**Activities 4-1** Strengthen capabilities of Center for Information, Education, and Health (CIEH)	Capacity of Center for Information, Education and Health (CIEH) as Media Planner is developed.	CIEH introduced "Champaign methodology" , conducted IEC activities like "School health campaign 2004", "Child health campaign 2005", in collaboration with related organizations, and produced various IEC materials such as campaign song, poster, video, on the needs, as Media Planner. CIEH also made capacity evaluation sheet by itself.
		Target Provinces conduct IEC activities in collaboration with CIEH	Target provinces introduced "campaign methodology" with the technical guidance of CIEH based on the needs of each province. All districts of target province conducted IEC activities and each province monitored the activities of districts.
	Activities 4-2 Support SSPP and pilot activities relating to school health	Support SSPP in Xiengkhouang, Vientiane and Oudomxay Provinces.	After entrusting of school health activities of JADDO in Oudomxay province, stakeholders meetings were conducted to set up Taskforce team both at provincial and district level. Taskforce team conducted de-worming activities and health education training for teachers, promoted participation of communities, monitored health education classes, produced/distributed materials, supported contraction of latrine and water supply at model schools, and finally summarized the results.
		Support School Health Taskforce.	Central Taskforce team made the draft of national school health policy and guidelines. That team also conducted baseline survey for the guidelines in March 2005. The policy was approved by both Minister of Education and Health in 22 April 2005.
OUTPUT 5	**Activities 5-1** Design a proposal form	The draft Proposal Form was introduced to Vientiane province in May 2003, and to Oudomxay.province in June 2004. The contents of Proposal Form was considered and approved at the regular meeting in 14 February 2005 at MOH.	
	Activities 5-2 Promote activity cycle comprised of planning, implementation, monitoring, evaluation, and feedback based on the proposal form	Make Annual Activity Plan.	The form of Annual Activity Plan was designed and revised in 2003. Each department/center or PHO submitted the plans to DHP, and DHP examined the contents of each center or PHO. These plans were approved at the regular meeting at MOH after revision by each department/center or PHO. They requested the budget based in each annual activity plan.
		Carry out the activity cycle.	Each department/center or PHO made a proposal with ideas based on activity cycle, and submitted it to DHP. After the implementation that activity, they submitted the report and try to make use of the lessons learnt for the next activity.
	Activities 5-3 Improve accuracy of health statistics in project activities.	Health Information Management training was conducted in December 2003, and November 2004.	

Achievement of Project Outputs (Including Suggesions for Indicators at Workshops)

OUTPUT		Indicators	Achievement as of Mid-term Evaluation	Difficulies	Suggestions/ Discussions on Indicators		
					MOH	Vientiane PHO	Oudomxay PHO
OUTPUT 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.	% of recorded staff numbers out of total Central: 0% Oudomxay: 91.3% (* DOP said the figure is 60%) Vientiane: 98.4%		DOP would like to start TPIS in 2006.Before that, evaluation of TCIS is necessary. 95% is better for the target. (We don't want to lose 10%)		
	1-2	Collected TPIS data is analyzed annually.	Central: None Oudomxay: Several graphs (still on-going) Vientiane: Several graphs (Still on-going)				
	1-3	Collected Training Course Information System (TCIS) is analyzed and distributed to related organizations annually.	Central: First edition report (published in May 30 and distributed to 20 donors and NGOs) Oudomxay: None (44 data collected) Vientiane: None (7 data collected)	✓		PHO would like to establish TCIS, but only 7 training data have been collected for the past 2 years. PHO will prioritize TPIS rather than TCIS, since MOH mainly conducts training.	44 training data are collected. However, this indicator is difficult to be achieved, due to no training for TCIS analysis.
OUTPUT 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.	Oudomxay: 80% (2004 average) --> 95% (2005 average) Vientiane: 60% (2004 average) --> 57% (2005 average)			90% for districts having only phonies. 70% for districts having both phonies and telephones. Frequency of monitoring (everyday?) is another issue.	
	2-2	Face to Face Communication (FFC) is conducted at least 6 times per year.	Oudomxay: 5.1 times per year (9 times since 2003 July) Vientiane: 3.4 times per year (4 times since 2004 Feb)	✓	4 times per year (6 times are too tight. Quality of monitoring is more important.)	4 times per year	4 times per year
	2-3	Meeting records are distributed to related organizations.	Central: Information not available Oudomxay: Information not available Vientiane: Information not available	✓	Meetings records are done, but not distirubuted. Needs to improve reporting system.	Meeting records are sent to MOH, but not known if they are received. Needs to make monitoring system of sent documents.	Have to distribute the record of regular meeting to the related organizations 4 times a year.

Achievement of Project Outputs (Including Suggesions for Indicators at Workshops)

OUTPUT		Indicators	Achievement as of Mid-term Evaluation	Difficulies	Suggestions/ Discussions on Indicators		
					MOH	Vientiane PHO	Oudomxay PHO
OUTPUT 3 Treatment for and prevention against major childhood diseases such as diarrhea, malaria and ARI are intensified in Target Provinces.	3-1	Evaluation sheet for MR is formulated by September 2004.	Oudomxay: District-level monitoring sheet (2004 Sept.) Vientiane: District-level monitoring sheet (2004 Sept)				Revise (simplify) provincial evaluation sheet.
	3-2	80 % of each District's objectives based on MR is achieved.	Average of all districts Oudomxay: Achieved by 5 out of 7 district hospitals (9th FFC in March 2005) Vientiane: Achieved by 7 out of 12 district hospitals (4th FFC in Feb 2005)			Every district hospital select different MR activities. Difficult to monitor. Only MR cannot measure the quality of district hospitals.	
	3-3	The number of children under 5-years who come to use services at Provincial and District Level is increased.	Monthly average based on VVC report Oudomxay: 520 children (2003Oct. - 2005 May) Vientiane: 879 children (2004 July - 2005 May) Daily average per hospital Oudomxay: 1.9 children (8 hospitals +MCH Center) Vientiane: 2.4 children (12 hospitals)	✓	Need the baseline data before the project, in order to measure the change. Need the total number of U5 children in the province/ district (denominator).	Data collection and report of "sick children" are not implemented actively at every level. The number of U5 children is likely to increase, due to the project (especially due to IEC activities).	Recording and reporting system for U5 children have to be improved. Data from VVC and monthly report of MCH section are not the same. Need to have specific target for the achievement (e.g. x% -> Y%)
	3-4	More than 150 members of staff in Target Provinces are trained for IMCI.	Oudomxay: 36 members Vientiane: 48 members Total: 84 members		Need to know the total number of staff who need to be trained. Number of trainees will be achieved. But trained staff don't utilize the learnings. (They don't check children)	Number of trainees will be achieved. But trained staff don't utilize the learnings. (They don't check children)	
OUTPUT 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.	Various activities such as campaign songs, videos, posters and pamphlets. 2003:7 activities 2004:35 activities 2005:31 activities		The indicator cannot measure the quality of activities. We want to know the behavior change of people. We want to know the target population.	More than 15 activities/ year/province Number of people who have participated in the activities.	
	4-2	IEC evaluation scores are increased.	IEC evaluation sheet is being formulated.	✓	"IEC Evaluation Sheet" not yet finalized. We don't know about 5W1H of the evaluation procedures. Needs to formulate IEC policy and strategy, before evaluation.	What is "IEC Evaluation Sheet"?? IEC monitoring 4 times/ year	Number of people who changed on Knowledge, Attitude, Behaviour before and after IEC activities (E.g. pre-test, post-test, after 3 months)

Achievement of Project Outputs (Including Suggesions for Indicators at Workshops)

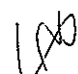
OUTPUT		Indicators	Achievement as of Mid-term Evaluation	Difficulies	Suggestions/ Discussions on Indicators		
					MOH	Vientiane PHO	Oudomxay PHO
OUTPUT 5 Health service management through planning, implementation, monitoring, evaluation and feedback are improved at Target Provinces and Central Level.	5-1	Proposal form is designed and distributed by May 2004.	Central: Approved in 2005 February Oudomxay: Being used since 2004 June Vientiane: Being used since 2003 May				
	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.	Evaluation Sheet is not formulated.	✓	Nobody in charge of evaluating the activities written in the proposal form. "Wrap up small activities into an annual report" could be an idea.	Monitoring sheet to monitor each element of the proposal form. Each activity has evaluation sheet (such as FFC, MR). Do we need another sheet to monitor overall activities?	
	5-3	Evaluation for each step of the activity cycle	Evaluation Sheet is not formulated.	✓			

Summary of Workshop Discussion

MOH's TOR (Specific Activities) in KIDSMILE Activities

(Discussion at "Mid-term Evaluation Workshop at Ministry of Health" dated July 7-8, 2005)

	Presentation		Discussion
	In Charge	TOR	
Output 1 TPIS, TCIS	• DOP • Every department concerned	• Create forms and make an implementation plan • Conduct trainings • Monitor and supervise at central and provincial level • Computerize and analyze data • Publish booklets • Hold technical meetings	• TPIS is important for DOP. DOP wants to start it in 2006. • Before starting TPIS, evaluation of TCIS (training courses) has to be done. Important to assess the quality of trainings.
Output 2 VVC, FFC, Regular Meetings	• DHP	VVC • Install phony • Check usage of phony • Evaluate the quality of the work done by phony staff FFC • Check and give feedback to the FFC activities done by provincial and district level. Regular meetings • Prepare and implement the meetings and report the results.	• Does DHP implement or monitor FFC? What is the specific role? • If DHP finds any problems at the district level through FFC, please report them at the regular meetings.
Output 3 MR, IMCI	• DOC • FDD • MCH Center (DHP)	MR (DOC) • Make MR and indicator plan for MR • Advise the way to implement MR • Monitor and evaluate MR activities • Monitor drug usage. (FDD) IMCI (MCH Center) • Conduct IMCI training including TOT • Follow-up training • Follow-up visit • Make the essential drug list (FDD)	
Output 4 IEC	• CIEH • DHP	• Campaign methodology • Production of IEC materials • Media planner • Evaluation • Campaign guide to PHO	• What is the role of DHP? → Formulate strategy for the area of hygiene and disease prevention, approve and facilitate the activities.
Output 5 Activity Cycle	• DHP • Cabinet Office • Dept of Planning & Budget (Planning Division)	• Check proposal report (DHP) • Follow up the Annual Activity Plan (DHP) • Put the annual report of KIDSMILE into MOH Annual Report (Cabinet/ Planning Division) • Supervise and give feedback for improving the project (Cabinet/ Planning Division)	• At present, nobody is in charge of evaluating the activities proposed by "Proposal Form" • We have to decide "how" and "who" for monitoring "Activity Cycle"



MOH's Problems and Solutions in Conducting KIDSMILE Activities

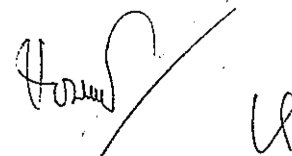
(Discussion at "Mid-term Evaluation Workshop at Ministry of Health" dated July 7-8, 2005)

	Presentation		Discussion
	Problems/ Difficulties	Measures to Be Taken	
Output 1 TPIS, TCIS	1) Contents of TCIS are not satisfactory. 2) TCIS forms are not filled completely. 3) No specific person in charge of TIS in central and provincial level.	1) Revise the TCIS form and make it clearer. 2) Hold meetings to suggest the way of filling out the form. 3) Assign specific person in charge of TIS.	• Changing the TCIS form is not easy. JICA is now requesting one short-time expert for TIS technical cooperation. (Commented by Dr. Iwamoto) • TCIS booklet has to be revised annually. (Dr. Iwamoto)
Output 2 VVC, FFC, Regular Meetings	1) VVC and FFC monitoring by DHP is not done, according to the plan. 2) Attendance to regular meetings is low. People ignore the meetings.	1) VVC/ FFC monitoring should follow the plan. 2) Twice a month is too much. Once a month is enough. Meetings need to be more practical. Agenda have to be informed clearly before hand. Results should be shared.	• MOH's monitoring method for VVC/ FFC needs to be reconsidered. (Dr. Iwamoto) • Regular meetings are conducted already once a month. Is it a most effective way for "coordination"? (Ms. Suzuki)
Output 3 MR, IMCI	1) Drug prescription is not appropriate at district hospitals. 2) Trainees of IMCI training do not use the skills. 3) IMCI recoding sheets are not enough.	1) Drug Therapeutic Committee (at FDD and DOC) provides advice. 2) Select appropriate persons for IMCI training according to the specific criteria. 3) Record diagnosis/ classification into patient recording books.	• Can't TIS be used for selecting the appropriate persons for training? (by Dr. Iwamoto) • IEC (health education) should be included in MR. Hospitals need to provide health education. (Dr. Anothay) → Rather, IEC intensifies MR. (Dr. Somchith)
Output 4 IEC	1) Not enough financial support. 2) Don't have baseline data in MOH. (Not knowing the present status of IEC activities in each province) 3) Poor coordination in related sections in provincial level 4) Lack of technical staff 5) Lack of skills on campaign method	1) Make guideline on how to get budget 2) Collect data by using certain forms. 3) Advocacy coordination meeting 4) Training of IEC technique 5) OJT	• Baseline data needs to be collected by CIEH. Messages delivered through IEC activities are sometimes wrong. (Dr. Somchith) • IEC activities are very wide. CIEH cannot do everything. We need the support from other departments. (Ms. Nakazato)
Output 5 Activity Cycle	1) We cannot understand the meaning of "Activity Cycle" 2) Don't have enough time for discussion. 3) The participants of the project are quite limited in the center and province.	1) Make a guideline 2) Discuss in the Intensive Discussion 3) KIDSMILE should promote donor coordination. Strong coordination by Cabinet/ PHO is necessary.	• These points were reported by Dr. Iwamoto.

Oudomxay PHO's Problems and Solutions in Conducting KIDSMILE Activities

(Discussion at "Mid-term Evaluation Workshop at Oudomxay PHO dated July 12-13, 2005)

	Presentation		Discussion
	Problems	What PHO Can DO Underline shows "What PHO needs assistance"	
Output 1 TPIS, TCIS	1) No responsible staff in DHO. 2) No experience for using computer and English skill. 3) No training for computer data recording to DHO levels.	1) Set up a committee in DHO. 2) This is difficult to conduct computer and English training by the project. Improve our skills by OJT through cooperation between Personnel Organization and Statistics Division. 3) This is out of the project scope.	• We will make TPIS summary report one a year. This is the first priority rather than TCIS.
Output 2 VVC, FFC, Regular Meetings	1) Phonies are installed at 10 Health Centers (HCs) out of 39. We want to install phonies at 10 more HCs. 2) There is no daily recording form from 10 HCs yet. 3) Number of monitoring for phony maintenance is not enough (once a year). 4) DHO staff (including persons in charge of phonies) have many responsibilities. 5) Time for implementing FFC is not enough.	1) Installation of phonies is basically finished by the project. We have to think about how we use those phonies at HCs. 2) Discuss how to conduct VVC activities of 10 HCs with phonies. (DHO meeting in Aug. 2005) 3) Monitor twice a year (<u>Budget support from the project</u>). 4) Reconsider roles/ responsibilities, and check their task through FFC. 5) <u>Make the FFC form shorter</u>.	• Regarding the additional installation of phonies, let the project consider. • VVC has already achieved 90% in Oudomxay Province. Collecting accurate data is another objective from now on. (By Ms. Ikeda) • If we increase the time for FFC, it costs more. We have to think how to implement FFC more efficiently and effectively.
Output 3 MR, IMCI	1) No MR Committee in DHO and PHO level. 2) VVC data on U5 children coming to hospitals are different from that of MCH Section. 3) Percentage of U5 children and pregnant women in Zone 0 are not accurate.	1) Setting up MR Committee has to be considered by PHO Board by August 2005. 2) DHO MCH unit staff give data to phony person in charge every day. PHO staff has to compare the VVC data with monthly data report of MCH Center. 3) Conduct the survey.	• Conducting the survey for U5 children and pregnant women in Zone 0 was not approved by Annual Activity Plan. Therefore, the project cannot implement such activity. → PHO and DHO want to implement it as their own activities.
Output 4 IEC	1) Lack of participation among the sections through IEC activities. 2) Don't understand and no experience on IEC management. 3) Health staff could not give health education well.	1) Assign roles/ responsibilities to each concern sections on IEC integration in PHO and DHO. 2) Planning of IEC management training for PHO and DHO. (<u>Budget support for training</u>) 3) Trained staff should not change their duties after training. Inform DHO to select the person with basic skills and knowledge.	• KIDSMILE first priority is to conduct IEC activities with PHO. Later, the activities will be implemented at the district level. (Dr. Iwamoto) • School Health Activities will be handed over to another Japanese Expert and JOCV centers. (Dr. Iwamoto)
Output 5	Not discussed separately		



Vientiane PHO's Problems and Solutions in Conducting KIDSMILE Activities

(Discussion at "Mid-term Evaluation Workshop at Vientiane PHO dated July 5-6, 2005)

	Presentation		Discussion
	Problems	What PHO Can DO Underline shows "What PHO needs assistance"	
Output 1 TPIS, TCIS	1) DHO staff do not understand how to fill in the TPIS form. 2) No training for data recording to DHO level 3) Only 7 data have been collected for TCIS.	1) PHO: Advise how to fill in the form during DHO mtg. 2) PHO: Computer training for DHO staff by acquiring budget from Lao 015 (Lux) 3) Re-check whether TCIS form is attached with the training proposal.	• Do we need the computer training for DHO? It is more realistic that PHO staff input the data collected from DHO. • Vientiane PHO would like to continue TCIS, but TPIS is the first priority. Needs to "utilize" TPIS.
Output 2 VVC, FFC, Regular Meetings	1) No specific person in charge of reporting in DHO. 2) Phony is not in emergency rooms. 3) Lack of person in charge of phony maintenance at DHO 4) Information collected through VVC are not shared and utilized with other sections. 5) FFC form design is not appropriate for the section concern.	1) Allocate rule and responsibility to each phony staff in VVC committees in DHO. 2) Move phonies 3) Maintenance training for DHO staff 4) Set up "received and sent data system" at sections concern. 5) Discuss and share ideas with FFC team and sections concern.	• The project already trained main staff at DHO how to maintain phonies. From now on, PHO has the responsibility to train DHO staff for maintenance. (By Dr. Iwamoto) • Does phony reporting have to be "everyday"? (By Ms. Sone)
Output 3 MR, IMCI	1) Every district hospital selects different MR activities, therefore difficult to evaluate by PHO. 2) FFC member staff change and don't understand every activity for monitoring MR. 3) Examination of sick children is not good. Trained (IMCI) staff do not always check children. 4) Data on U5 children coming to hospitals are not accurate.	1) PHO and DHO join discussions in order to identify appropriate activity for each district. (Budget from the project) 2) Before FFC implementation, teams discuss the working process. 3) PHO set up criteria to select the person of training, then let DHO consider. 4) District pediatric section sends a summary report to MCH section.	• MR activities are different in each district. This is the concept for MR. (Dr. Iwamoto) →We would like to set the appropriate activities according to the different levels of each district. (Dr. Viengmany)
Output 4 IEC	1) The activities of each section is not integrated. 2) Monitoring activity is not done continuously. 3) Poor participation of people and community because the people are still poor.	1) Organize a meeting to disseminate the result of allocating staff's responsibility. 2) Set up the appropriate monitoring system in the provincial and district level. 3) Assign specific staff to give health education to the local people regularly.	• People's participation needs to be promoted by ourselves.
Output 5 Activity Cycle	1) The section involved can't use the lessons leant from the last activity to improve the next idea. 2) Never get feedback from central level.	1) Set up feedback system. Set up a tool to monitor activity cycle. (Needs ideas from the experts.) 2) Needs supervision from the central level.	• Each activity has an evaluation sheet. Do we need another sheet to monitor overall activities?

APPENDIX 7

History of MR (Chronology)

April---June 2003 Formulation of MR

According to the results of baseline survey in Oudomxay province, MR was formulated as a practical system to improve child health at district level.

March---July 2004 Discussion on the definition of MR

In 2nd Intensive Discussion in March 2004, the participants decided that each PHO would confirm the definitions for each 10 MR based on the style of "5W1H", and each idea would be discussed. After this Intensive Discussion, Oudomxay and Vientiane PHOs submitted each idea for the definitions to DHP by June 2004, and that was confirmed in the final meeting for MR in July 2004.

August 2004 Confirmation of provincial Strategy and district activities for each MR

In August 2004, "MR Workshop" was held in each PHO with participation of all DHOs and the central staff of Curative department, MOH. In this workshop, each PHO decided each Strategy for MR, and all districts made deferent activity plans.

October 2004- Implementation of MR at district and provincial level

Each DHO started each activity since October 2004, and conduct self-monitoring monthly. Each PHO regularly monitors them through FFC, summarizes the results, and feed backs them at the wrap-up meetings to all DHOs.

December---May 2005 Discussion on the central MOH's role for MR

Since 5th Intensive Discussion in December 2004, the central role for MR began to be discussed. At central level, "MR Committee" was established in January 2005, with leadership of Curative department. The committee members discussed how to supervise MR, and confirmed the guideline on how to review the results of PHO's FFC for MR. This guideline can be used for all provinces. According to the guideline, MOH will decide all Strategies for each MR, and each PHO will select adequate strategy for each MR based on their real situations. In May 2005, this guideline was introduced by a staff of Curative department in 6th Intensive Discussion.

August 2005--- Review of experiences for one year and planning of next years activities

Curative department will set the strategies since August 2005. After that, PHOs will hold the 1st Anniversary meetings for MR in September 2005, to review the results of first year. In this meeting, all DHOs will decide next years plans which follow provincial strategy.

2. PDM-1（和文）

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			a. ラオス国の国家開発政策が保持される
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.	―モデル県の年次統計書	
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	―保健省の記録	
プロジェクト目標 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	―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	―MRの達成状況を図る評価シート（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	―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	―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	―モデル県におけるTCIS年次報告書	b. コミュニティ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	―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	―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	―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	―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MRIに関する評価シートが作成される	―プロジェクトの活動記録	
	3-2.　MRIに基ずいた各郡の目標が80%達成される	―MR評価シートの記録	
	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	―県及び郡保健施設の記録	
	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	
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	―プロジェクトの活動記録	
	4-2.　IEC評価シートの点数が増加する	―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	―策定されたプロポーザルフォーム	
	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%が全ての活動において終了する	―活動サイクル評価シート	
	5-3.　活動サイクルの各段階を評価する	―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	1 ラオス側	2 日本側	一国家開発政策がプロジェクトを支持する
1-1-1 研修員情報管理システム（TPIS）を設立、実施する	(中央および地方レベル)		一保健省の重要政策がプロジェクトを支持する
1-1-2 研修コース情報管理システム（TCIS）を設立、実施する	1-1. 人員	2-1. 人員	一教育省と地方教育行政がプロジェクトに反対しない
1-2. 定例TIS技術会議を開催する	一プロジェクト・マネージャー	1) 長期専門家：	
1-3. TISが組織人材局によって監督される	一プロジェクト調整員	一チーフ・アドバイザー	
2-1. VVC をモデル県で設立する	一特定の保健関連職員（保健省と県）	一プロジェクト調整員	
2-2. FFCを設立する	一その他	一地域保健アドバイザー	
2-3. 定例会議を開催する		一その他	
2-3-1 中央レベルで定例会議を開催する	1-2. 施設	2) 短期専門家：	
2-3-2 県レベルで定例会議を開催する	一プロジェクト事務所	一必要に応じて	
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	一新事務所の家具		
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	一その他	2-2. 機材	
3-1. MRを設立する		一プロジェクト実施によって必要となる特定の機材	
3-2. MRに基づいて小児保健サービスを改善する	1-3. ローカルコスト		
3-2-1 IMCIトレーニングを実施、評価する	一プロジェクト活動実施		
3-2-2 MRに基づいて他の活動を実施する	一プロジェクト運営管理		
4-1. 保健情報教育センター（CIEH）の能力を強化する	一特別予算		
4-1-1 CIEHのマネージメント能力を改善する	一その他		
4-1-2 CIEHのIEC教材作成のための技術力を強化する			
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			
4-2. SSPPと学校保健に関するパイロット活動を支援する			
5-1. プロポーザルフォームを策定する			
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			
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			

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：中央一地方（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ー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ー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ー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

3. PDM改定案（和文）

<PDM改訂案>

プロジェクト名：ラオスにおける子どものための保健サービス強化

期間： 2002 – 2007　　Target Area: 保健省およびウドムサイ県、ビエンチャン県　　直接受益者：中央・モデル県の保健医療・保健行政従事者　　最終受益者：子ども（特に５歳未満）

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
上位目標			a. ラオス国の国家開発政策が保持される
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	―モデル県の年次統計書	
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	―保健省の記録	
プロジェクト目標 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。 小児保健サービスを改善するためのマネジメント・システムが中央とモデル県において関係者の積極的な参加により強化される。	1. 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	―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. 受益者のサービスに対する不満度が下がる。	―郡病院における利用者の出口調査	
	3. MRが郡、県、中央レベルにおいて達成される。	―プロジェクトの活動記録	
成果	1-1. DOPが中央と県のTISモニタリング報告書を毎年作成する。	―保健省人材育成局より出されるモニタリング報告書	
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. 研修情報システムがモデル県と中央レベルにおいて確立される。	1-2. 中央において毎年TCIS分析され、その結果が関連機関に配付される	―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
	1-3. モデル県において TPISデータが毎年更新、サマリーが作成される。	―モデル県におけるTPIS年次報告書	
	1-4. プロジェクト終了時までにTCIS年次報告書に評価結果が掲載される。	―保健省人材育成局より出されるTCIS 年次報告書	
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. 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	―VVC専用の記録簿	~~b. コミュニティがプロジェクト活動への参加に反対しない~~
	2-2. FFGが少なくとも年間４回実施される	―FFG専用の記録簿	~~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~~
	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）会議記録が関連部署・関連機関に配付される 2-3. 定例会が開催される。	―会議記録	~~d. 地方政府がプロジェクト活動に反対しない~~

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．MRとIMCIがモデル県と中央で確立する。	3-1. 2004年9月までにMRに関する自己評価シートが作成される 3-2. MRに基づいた全郡の目標が80%達成される 3-3. モデル県で150人以上の職員がIMCIトレーニングを受ける 3-4. IMCIの実施率（IMCIのフォームを用いた診断数/小児受診者数）が改善する 3-5. IMCIフォローアップの結果	―プロジェクトの活動記録 ―MR評価シートの記録 ―県及び郡保健施設の記録 ―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．中央とモデル県においてIEC機能が向上する。	~~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。~~ 4-1. メディアプランナーの評価シートのスコアーがあがる。 ~~4-2. 年2回調整会議を開催する。~~ ~~4-3. 年2回、関係機関に対してニュースレターを配付する~~ ~~4-2. IEC評価シートの点数が増加する。~~ ~~4-4. データベース本が作成される。~~ 4-5. 県のIEC活動評価シートのスコアーがあがる。 4-6. 毎年、各モデル県とCIEHが連携し、５つ以上の活動を実施する。 4-7. キャンペーンに参加した参加者の知識と行動が改善する。	―プロジェクトの活動記録 ―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．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の活動サイクルが実施される。	5-1. 年間計画にあげられている活動の80%が実施される。 5-2. 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 5-3. プロポーザルフォームに沿った報告書が100%提出される。 5-4. "小さな改善"(Good Practice)の数が増える。 ~~5-3. 活動サイクルの各段階を評価する~~ ~~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%が全ての活動において終了する~~	~~―策定されたプロポーザルフォーム~~ ―プロジェクトの活動記録 ~~―活動サイクル評価シート~~ ―策定されたプロポーザルフォーム ~~―活動サイクル評価シート~~	

4. 評価グリッド

ラオス国　子どものための保健サービス強化プロジェクト　中間評価グリッド

	調査項目	必要なデータ・情報	調査方法（右欄は情報源） WS＝ワークショップ	プロジェクト資料	専門家	保健省の主要CP	県保健局の主要CP	保健省WS	県保健局WS	日本側の協議（専門家、調査団）	ラオス側との協議（ミニッツ締結前）
「実績確認」および「問題点と対処策の検討」	1 アウトプットの達成度	1.1 PDM-1の指標に基づく達成度	文献資料調査、WS協議	●				●	●		
		1.2 PDM-1の指標に表れない達成度	文献資料調査、WS協議、インタビュー	●	●			●	●		
		1.3 アウトプット指標の代替案	WS協議					●	●		
	2 活動実績	2.1 活動実績	文献資料調査、WS協議	●					●		
	3 活動実施にあたっての問題点と対処策の検討	3.1 活動にあたっての問題点	WS協議、インタビュー		●			●	●		
		3.2 問題に対する具体的な対処策	WSでの協議					●	●		
	4 投入の実績	4.1 日本側及びラオス側の投入実績	文献資料調査	●							
実施プロセスの確認	1 プロジェクトの基本姿勢は、ラオス側、日本側にどう認識されているか。	1.1 4つの基本姿勢の認識・評価 ①ラオス側のオーナーシップの尊重 （ラオス側がまず考え、活動内容を決める） ②既存システムの改善・活用 ③コストシェアリング ④緊密なコミュニケーション	専門家による「実施プロセス」事例、インタビュー	●	●	●	●				
	2 上記の基本姿勢によって、プロジェクト実施中、終了後にどのような効果が生じるか。	2.1 実施中の効果	インタビュー		●	●	●				
		2.2 活動定着の見込みと、基本姿勢がそれに及ぼした影響	インタビュー		●	●	●				
	3 プロジェクト内容の変遷の経緯	3.1 PDMの変更経緯を確認し、基本姿勢①の実施状況を確認	文献資料調査、インタビュー	●	●	●	●				
	4 プロジェクト実施体制の確認	4.1 各部署の連携状況（タテ・ヨコの繋がりの強化）	文献資料調査　（間宮短期専門家ワークショップ結果報告）	●							
		4.2 カウンターパートの配置の適切性	インタビュー		●	●	●				

	調査項目	必要なデータ・情報	調査方法(右欄は情報源) WS＝ワークショップ	プロジェクト資料	専門家	保健省の主要CP	県保健局の主要CP	保健省WS	県保健局WS	日本側の協議(専門家、調査団)	ラオス側との協議(ミニッツ締結前)
妥当性	1 プロジェクトの基本姿勢や活動内容の適切性	－	「実施プロセスの確認」結果より判断								
	2 プロジェクト計画の妥当性	2.1 「日本側が大まかなプロジェクトの骨組みは示すが、ラオス側が主体的にその内容を決める」というプロジェクト計画(デザイン)の適切性	同上								
	3 本プロジェクトの中央・県の保健政策との整合性	－	文献資料調査(間宮短期専門家ワークショップ結果報告)	●							
有効性	1 プロジェクト目標の明確化と共有化	1.1 明確化されたプロジェクト概要(Narrative Summary)と指標	関係者との協議							●	●
	2 プロジェクト目標の達成度の見込み	2.1 各アウトプットの達成見込みとプロジェクト目標との関係	「アウトプットの達成度」より判断								
効率性	1 投入に見合ったアウトプットが達成されているか	－	「投入の実績」と「アウトプットの達成度」より判断								
	2 基本姿勢の「コストシェアリング」や「既存システムの改善」は資源の効率的活用に役立っているか	－	「実施プロセスの確認」結果より判断								
インパクト(主に対象地域外への波及効果)	1 上位目標の達成の見込み＝対象地域外への波及効果	1.1 本プロジェクトによって改善された実用的なシステムが他で導入された事例	文献資料調査、インタビュー、WS協議	●	●			●			
		1.2 今後、本プロジェクトで導入されたシステムが保健省に導入されるために、実施すべきことは何か。 例：MRの政策化、IMCIの国家政策化	WS協議、インタビュー		●			●			
	2 上位目標の達成の見込み＝モデル県における子どもの健康水準の改善	2.1 指標「モデル県における5歳未満の死亡率低下」の位置づけ(スーパーゴールか)	関係者との協議、実績値の確認	●						●	●
自立発展性(対象地域での継続可能性)	1 プロジェクト終了後の活動継続性の見通し(通常業務として取り込まれる見込み)	－	インタビュー		●	●	●				
	2 財政的側面	2.1 経常予算の確保の見込み	インタビュー、投入実績 (コストシェアリング)	●	●	●	●				●
		2.2 各活動にかかる費用の確認	インタビュー、投入実績 (活動費)	●	●	●	●				
	3 技術的側面	3.1 移転された技術のカウンターパートへの定着の見込み	インタビュー		●	●	●				

中間評価ワークショップ報告

本中間評価では、保健省（中央）、ウドムサイ県保健局、ヴィエンチャン県保健局の３箇所で、C/P を対象にワークショップを実施した。作業のグループ分けはアウトプット（１～５）毎とし、各グループの発表に対して、専門家を含めた活発な意見交換がなされた。なお、アウトプット５については別立てで議論することの難しさが見受けられたため、ウドムサイ県では、アウトプット１～４に対応した４グループとした。

中央ワークショップの総括

（内容）

１）アウトプットの実績確認（三段階評価）
２）プロジェクトの活動方針の共有化[1]（岩本チーフアドバイザーより説明）
３）活動別の役割確認、役割遂行にあたっての課題の抽出、対処策の検討
４）プロジェクト終了後に普及したい活動の列挙、課題の抽出　（全員で）

（特記事項）

上記３）の役割確認では、具体的な活動を実施しているアウトプット１（人材育成局のTIS）、アウトプット３（治療局・薬食品局のMR、MCHセンターのIMCI）、アウトプット４（CIEH のIEC）は、具体的なカードが挙げられ議論も活発であった。それとは対照的に、アウトプット２（衛生予防局のネットワーク）、アウトプット５（衛生予防局、官房、予算計画局の活動サイクル）は、すぐに議論が行き詰まってしまった。その後、上記４）の「普及したい活動」には、活動分野の全てが挙げられたが、これは参加者が自分の担当分野をカードに記入したためである。しかし、TIS と MR が「普及したい活動」として最も多く挙げられ、これらの普及のためには、技術支援の継続が必要である旨が意見された。

２県ワークショップの総括

（内容）

１）活動の実績確認（三段階評価）
２）アウトプットの実績確認（三段階評価）
３）プロジェクトの活動方針の共有化（岩本チーフアドバイザーより説明）
４）活動実施における課題の抽出・分析と自分達でできる対処策の検討

[1] 専門家と主要 C/P との間で決定した活動方針で、今回ワークショップを機に C/P 全員と共有した。

（特記事項）

２県とも、熱心なグループ作業の後、活発な議論が行われた。活動実績の確認については、専門家が事前に列挙した詳細なプロジェクト活動について、「完了」「（プロジェクト終了まで）続行可能」「続行不可能」の３段階でチェックを行った。しかし、２県とも「続行不可能」には全くチェックが入らなかったため、「続行可能」な活動のうち「難しい活動（課題）」に○をつけてもらった。そして、それらについて難しい理由を考え、「自分達（保健局）が出来ること」を中心に対処策を検討した。全般的に、議論の内容は「自分達が日々直面している具体的なもの」となり、対処策も「自分達が出来ること」を参加者なりによく見出していた。

ワークショップ資料

ワークショップ資料１：　参加者リスト
ワークショップ資料２：　プログラム
ワークショップ資料３：　ワークショップ協議内容一覧表（和文）

ワークショップ資料４：　中央ワークショップ作成物①（アウトプット実績確認）
ワークショップ資料５：　中央ワークショップ作成物②（役割確認、課題抽出、対処策検討）
ワークショップ資料６：　中央ワークショップ作成物③（普及したい活動の列挙）

ワークショップ資料７：　ウドムサイ県ワークショップ作成物①（アウトプット実績確認）
ワークショップ資料８：　ウドムサイ県ワークショップ作成物②（活動実績確認、課題抽出、対処策検討）

ワークショップ資料９：　ヴィエンチャン県ワークショップ作成物①（アウトプット実績確認）
ワークショップ資料 10：　ヴィエンチャン県ワークショップ作成物②（活動実績確認、課題抽出、対処策検討）

ワークショップ資料 11：　プロジェクトの活動方針（岩本チーフアドバイザー発表資料）

※　ワークショップ資料４、７、９（アウトプット実績確認）については、合同評価レポートの APPENDIX 5 に、ワークショップ資料５、８、10（課題抽出、対処策検討）については、同レポートの APPENDIX 6 に要約を掲載している。

ワークショップ資料1

参加者リスト

（1）　中央（保健省）ワークショップ：C/P　計17名

Gp	No	Name	Position
1	1	Dr. Phouthone Vangkonevilay	Deputy Director, the Department of Personnel and Organization, MOH
	2	Dr. Novansy Keovanphy	Technical Staff, the Department of Personnel and Organization, MOH
	3	Dr. Chansawang Vongkhamsao	ditto
2	4	Dr. Latsamy Phathommavong	Technical Staff, Department of Hygiene & Disease Prevention, MOH
	5	Dr. Latsada Phamouang	ditto
	6	Dr. Souvankham Phommaseng	ditto
3	7	Dr. Chanphomma Vongsomphanh	Deputy Director, the Curative Department, MOH
	8	Dr. Sommana Lattana	Technical Staff, the Curative Department, MOH
	9	Dr. Kongmany Nammavongmysay	Technical Staff, Food & Drug Control Department, MOH
	10	Dr. Bounleua Oudavan	Deputy Director of Mother and Child Hospital
	11	Dr. Phanom Vilaythong	Technical Staff, Mother and Child Health Center
4	12	Dr. Anouthay Kongxayasack	Director, Center of Information Education for Health, MOH
	13	Dr. Khamphithoun Somsamouth	Chief of Audio-Visual Section, Center of Information Education for Health, MOH
	14	Dr. Manivong Khaingavong	Chief of Technical Administration, Center of Information Education for Health, MOH
5	15	Dr. Bounfeng Phoummalaysith	Deputy Director of Cabinet, MOH
	16	Dr. Somchith Akkavong	Deputy Director, the Department of Hygiene & Disease Prevention, MOH
	17	Dr. Khampheth Manivong	Deputy Director, the Department of Planning & Budgeting, MOH
	18	Ms.Latsadavanh	Technical Staff, PHC
JICA Side	19	Dr. Azusa Iwamoto	Chief Advisor of KIDSMILE Project
	20	Ms. Kei Sizuki	Project Coordinator KIDSMILE Project
	21	Ms. Ayako Nakazato	Expert in KIDSMILE Project
	22	Ms Yuki Todoroki	Consultant, Mid-term Evaluation Team
	23	Ms Tomomi Ibi	JICA Laos, Mid-term Evaluation Team
	24	Mr. Vangxay Phonelameuang	JICA Laos
	25	Ms Pornphai Putthakeo	National Staff, KIDSMILE Project
	26	Ms Manivone Sonevilaysack	ditto
	27	Mr. Mai Souvannaphengsy	ditto
	28	Mr. Anoulack Chanthavisouk	ditto

（2） ウドムサイ県ワークショップ：C/P 計 18 名

Gp	No	Name	Section/Dept	Title
1	1	Dr.Khamphanh	PHO	Director
	2	Ms.Somsouk	Personnel &Org Office	Technical
	3	Mr.Xayphone	Statistics, PHO	Chief
	4	Ms.Phim	Statistics, PHO	Technical
2	5	Dr.Sounthone	Technical Office	Chief
	6	Mr.Nikhom	Statistic	Technical
	7	Mr.Oudomphone	Planning, PHO	Technical
	8	Mr.Somdy	Phony, PHO	Technical
3	9	Dr.Kingphet	Provincial Hospital	Deputy director
	10	Ms.Vanthong	MCH, PHO	Chief
	11	Dr.Somphone	Malaria, PHO	Chief
	12	Dr.Chieu	F/D, PHO	Chief
	13	Dr.Chankham	MCH center	Technical
	14	Ms.Bouahong	Provincial Hospital	Board of Nursing
	15	Dr.Bounmy	Provincial Hospital	Board of Technical
4	16	Mr.Chantha	PHO	Deputy Director
	17	Mr.Khamla	MCH, PHO	Deputy chief
	18	Mr.Somsanit	IEC, PHO	Chief
JICA Side	19	Dr.Iwamoto	KIDSMILE Project	Chief advisor
	20	Ms.Ikeda	KIDSMILE Project, ODY	Expert
	21	Ms.Todoroki	Mid-tern evaluation team	Consultant, Facilitator
	22	Ms.Ibi	Mid-tern evaluation team/ JICA	Assistant Resident Rep.
	23	Mr.Vanhxay	JICA office	Assistant program officer
	24	Mr.Khampasong	KIDSMILE Project, VTE	National Staff
	25	Ms.Phonephai	KIDSMILE Project, VTE	National Staff
	26	Mr.Somloth	KIDSMILE Project, ODY	National Staff
	27	Mr.Chanthy	KIDSMILE Project, ODY	National Staff

（3） ヴィエンチャン県ワークショップ：C/P 計 16 名

Gp	No	Name	Section/ Dept.	Title
1	1	MA. Bouavanh	Personal & organization	Staff
	2	Dr. Houalern	Statistic and planning	Staff
	3	MA. Somsanith	Personal & organization	Staff
2	4	Mr. Bounphathay	Phony	Staff
	5	Dr. Khamsouk	Food and drug	Chief
	6	Dr. Phimphone	TB	Chief
	7	Mr. Somsavath	Water supply	Staff
3	8	Dr. Seangduan	MCH section	Staff
	9	Dr. Phetsamone	MCH provincial hospital	Chief
	10	Dr. Viengmany	MCH section	Chief
4	11	Dr. Souvanhpeng	IEC sect	Chief
	12	MA. Sakhone	PHC section	Chief
	13	MA. Khambay	Malaria station	Deputy
5	14	Dr. Khampein	PHO	Vice director
	15	Dr. Paokouly	PHO	General administration
	16	Dr. Bounnao	PHO	Technical administration
JICA Side	17	Ms. Ibi	Mid-term Evaluation Team	JICA Laos Officer
	18	Dr. Iwamoto	KIDSMILE project	Chief advisor
	19	Ms. Sone	KIDSMILE project	Expert
	20	Ms. Todoroki	Mid-term Evaluation Team	Consultant
	21	Mr. Vangsay	JICA officer	Assistant Program Officer
	22	Mr. Anoulack	KIDSMILE project	National staff
	23	Ms. Manivone	KIDSMILE project	National staff
	24	Ms. Phonephay	KIDSMILE project	National staff
	25	Ms. Phutsady	KIDSMILE project	National staff
	26	Mr. Bunchuai	Lux-development	PH expert

ワークショップ資料２

プログラム

（１） 保健省（中央）ワークショップ

Workshop Objectives:

1) To review what we have done and achieved in the Project.
2) To confirm the TORs of MOH in each activity, and identify difficulties to pursue them.
3) To identify the issues for MOH to expand the KIDSMILE activities.

Schedule:

July 7: from 8:30 a.m. to 4:00 p.m.
July 8: from 8:30 a.m. to 12:00 a.m.

DAY 1：

TIME	PROGRAM
8:15～8:30	◆ **Registration**
8:30～8:45	◆ **Opening Remarks**
8:45～9:00	◆ **Session1: Introduction** - What is the mid-term evaluation? - PDM and Project Outline - Five Evaluation Criteria - Workshop Objective and Program
9:00～9:45	◆ **Session 2: Review of Outputs Achievement** - Explanation of group work (Language, Group formation) **Group Work** - Write down all "Indicators." - Put the "Achievement Grades" based on the "achievement as of mid-term evaluation." - If any targets are "difficult to be achieved by the end of the project", discuss the reasons. - Any suggestions for indicators?
9:45～10:00	Coffee Break
10:00～11:00	◆ **Session 3: Presentation of Outputs Achievement** - Presentation by each group - Q and A
11:00～11:15	◆ **Session 4: Sharing Policy/ Principle** - Explanation by Chief Advisor, Dr. Iwamoto

11:15～12:00	◆ **Session 5: Confirmation of TORs** **Group Work** - Write down the activities - Review what we have done by reading "Present Status" for each activity - Write down the departments or centers "in charge" of each activity. - Identify the "TORs" for each department or center "in charge"
12:00～13:00	Lunch Break
13:00～13:30	- Continued (Session 5)
13:30～14:45	◆ **Session 6: Presentation of TORs** - Presentation by each group - Q and A/ Discussion
14:45～15:00	Coffee Break
15:00～16:00	◆ **Session7: Identification of Difficulties and Measures to Be Taken** **Group Work** - Identify difficulties/ problems to pursue the TORs - Identify specific measures against the problems. - Identify who can take the measures.

DAY 2:

TIME	PROGRAM
8:15 ～8:30	◆ **Registration**
8:30～9:30	◆ **Session 8: Presentation of Difficulties and Measures** - Presentation by each group - Q and A/ Discussion
9:30～10:00	◆ **Session 9: Identification of Issues for MOH to Expand the KIDSMILE Activities** - Brief explanation of PDM Overall Goal - What activities do you like to expand in MOH and other provinces? **Group Work** - What have to be done? - By whom? - Any difficulties?
10:00～10:15	Coffee Break
10:15～10:45	Continued (Session 9)
10:45～11:45 (60 min)	◆ **Session 10: Presentation and discussions on the expansion of KIDSMILE activities** - Presentation by each group - Q and A/ Discussion
11:45～12:00 (15 min)	◆ **Closing Session** - Summary of 2-day workshop - Closing Remarks

（2） 県ワークショップ（ウドムサイ県、ヴィエンチャン県）

Workshop Objectives:

1) To review what we have done and achieved in the Project.
2) To identify problems in implementing the Project activities.
3) To discuss the solutions for the problems.

Schedule:

Date: July 5 and 6 (Vientiane), July 12 and 13 (Oudomxay)

Time: From 8:30 a.m. to 4:00 p.m. (Vientiane), From 8:00 a.m. to 4:30 p.m. (Oudomxay)

DAY 1：（ウドムサイ県の時間割。ヴィエンチャン県はこれより30分前倒しで昼食が1時間）

TIME	PROGRAM
7:45～8:00	◆ **Registration**
8:00～8:15	◆ **Opening Remarks**
8:15～8:30	◆ **Session 1: Introduction** - Workshop Objectives - What is a mid-term evaluation? - PDM and Project Outline
8:30～9:30	◆ **Session 2: Review of Activities** - Explanation of group work (Group Formation) **Group Work** - Write down all "Activities" - Check the progress of "Activities" - Add "Activities" if necessary - If any activities are "difficult to be implemented", discuss the reasons.
9:30～9:45	Coffee Break
9:45～10:15	- Continued
10:15～11:30	◆ **Session 3: Presentation of Activities Reviews** - Presentation by each group - Questions and answers
11:30～13:30	Lunch Break
13:30～13:45	◆ **Energizer**
13:45～15:00	◆ **Session 4: Review of Outputs Achievement** - Presentation on the achievement of indicators **Group Work**

	- Write down all "Indicators" - Write down the achievement by Oudomxay Province - Check the achievement of "Outputs" - If any targets are "difficult to be achieved by the end of the project", discuss the reasons. - Any suggestions for indicators?
15:00~15:15	Coffee Break
15:15~16:30	◆ **Session 5: Presentation of Outputs Achievement** - Presentation by each group - Questions and answers

DAY 2:

TIME	PROGRAM
7:45 ~8:00	◆ **Registration**
8:00~8:15	◆ **Session 6: Sharing Policy/ Principle** - Explanation by Chief Advisor, Dr. Iwamoto
8:15~9:15	◆ **Session 7: Identification of Problems** **Group Work** - Identify problems in implementing the project activities. - Identify reasons
9:15~9:30	Coffee Break
9:30~10:30 (60 min)	◆ **Session 8: Presentation of Problems** - Presentation by group - Questions and answers
10:30~11:30 (60 min)	◆ **Session 9: Discussion of the solutions – what you can do** **Group Work** - Discuss solutions that you can do. Try to find them. - Write other solutions (that you need assistance) in another column.
11:30~13:30	Lunch Break
13:30~13:45	◆ **Energizer**
13:45~14:45	◆ **Session 10: Presentation of Solutions** - Presentation "What we can do" by each group
14:45~15:00	Coffee Break
15:00~16:00	◆ **Session11: Discussions on the Identified Solutions**
16:00~16:30	◆ **Closing Session** - Summary of 2-day workshop - Closing Remarks

ワークショップ資料３

ワークショップ協議内容一覧表（和文）

	中央	ヴィエンチャン県	ウドムサイ県
ｱｳﾄﾌﾟｯﾄ 1 (TIS)	• DOP は、TPIS を 2006 年から整備したいと考えている。しかし、まずは TCIS の改善（研修の計画に基づいて作成しているので、今後実績の記載が必要）が先であることを、岩本 CA がリマンド。 • TPIS のデータ入力・更新率を 95%にしたいという案が出た。 • 「プロジェクト終了後に他県に普及したい活動」として第一に挙げられた。そのために、技術支援の継続が必要とのこと。 • 保健省内で TIS を制度化するには、なんらかの省令(decree)が必要。	• TCIS も整備したい旨が表明された（データは未だ７つしか集まっていない）。しかし、まずは①TPIS を着実に実施すること、②TPIS の活用を考えること、に優先順位がある旨を専門家より提言し、合意を得た。 • 郡保健局による TPIS フォームの記入に間違いが多い。県が郡を指導する必要あり。 • TCIS のデータがなかなか集まらない。研修申込手続きの際に TCIS フォームの添付を徹底する必要がある。	• TCIS につき、既に 44 のデータを収集しているものの、今後の作業が困難であると表明された。(理由はトレーニングを受けていないため。)「TPIS を優先しつつ、TCIS も最終年に１回作成したい」というのが池田専門家の意見。 • TPIS につき、郡保健局に責任者がいないため、委員会を作る必要あり。 • 県保健局レベルで、コンピューターおよび英語研修の要望あり。OJT で学ぶよう専門家より意見。 • 郡レベルにもコンピューターを導入したいという要望が出たが、専門家よりプロジェクトでは対応できない旨意見。
ｱｳﾄﾌﾟｯﾄ 2 (Network)	• FFC の実施目標を年４回にしたい。 • VVC と FFC に対する中央（衛生予防局）の役割が不明確。 • 定例会の効率的･効果的な運営方法を要検討。	• FFC の実施目標を年４回にしたい。 • FFC メンバー間の引継ぎの改善が必要。 • VVC：電話の無い郡は 90%、電話のある郡は 70%の目標値としたい。 • 議事録を送っても保健省による受領が確認できない。確認するシステムが必要。 • 無線を emergency room の近くへ移す必要あり。 • 郡レベルでの無線メンテナンスが不十分。郡スタッフのトレーニングを行ってほしい。→専門家より、「郡へのトレーニングは県が行ってほしい」旨伝えた。	• FFC の実施目標を年４回にしたい。 • 39 ヘルスセンター（HC）のうち 10HC のみに無線が入っている。追加で 10HC に無線を入れたいという要望あり。→後日、専門家より「プロジェクトでは、これ以上無線の追加はできない」と伝えられた。 • HC と郡保健局間の VVC について、そのフォームや方法が確立していない。→郡の定例会（2005 年８月）で協議予定。 • FFC を効率的に行うために、FFC フォームを改良する必要がある。 • 無線の定期メンテを年２回実施するべき。

	中央	ヴィエンチャン県	ウドムサイ県
ｱｳﾄﾌﾟｯﾄ 3 (MR, IMCI)	• IMCI 研修の受講者が、幼児の診察にあたっていない場合がある。→適切な人選が必要。 • 5歳未満時の受診数につき、プロジェクト実施前のベースラインがなければ、プロジェクトによる効果が測れない。 • IMCI 研修の受講者数（150 名）とは、受講すべきスタッフの何割を網羅しているのか。 • IMCI シートの改訂（台帳化）が必要。（プロジェクトとしても支援の方向） • 郡病院では薬が適切に処方されておらず、FFD と DOC からなる委員会で指導していく必要がある。 • MR を他 4 県に拡大したい。	• IMCI 研修の受講者が、幼児の診察にあたっていない場合がある。→適切な人選が必要。 • MR の活動が各郡病院で異なるので、複雑でモニターしにくい。MR の活動項目について、県・郡共同で改善していきたい。 • MR の目標に到達したからといって、病院のサービスが良くなったかどうかわからない。 • 5歳未満児の受診数につき、各群病院の記録・報告が不定期。特に number of sick children。 • （「5 歳未満児の受診数はプロジェクトにより増えるか」という問いに対し、）「IEC キャンペーンによって増加する」との回答あり。	• MR 委員会を県・郡レベルで設置する必要がある。 • 県レベルの MR 評価シートの改善が必要。 • VVC による 5 歳未満児のデータを、より正確に記録するシステムが必要。MCH セクションの記録と異なる。 • ゾーン・ゼロ地域（郡病院周辺地域）の妊婦と 5 歳未満児の数を調査する必要あり。→プロジェクトでは行う予定がない旨、専門家より伝えられた。 • 5歳未満児受診数に関する目標値が欲しい。 • 様々なトレーニングをやりっぱなしにせず、評価をして次回の改善につなげる必要がある旨、池田専門家より意見。
ｱｳﾄﾌﾟｯﾄ 4 (IEC)	• PDM-1 では、“Activity”は「CIEH の強化」であるのに対し、”Output”は「県の IEC 改善」となっており、整合性がない。（専門家より） • プロジェクトは、まずは CIEH の強化を、その後、県・郡の強化を目指すことを確認。 • 指標として、活動数だけではなく、「人々の行動変化」「参加者にかかる数値（活動参加者数、カバー率）」がほしい。質を問う指標がほしい。 • 「IEC 評価シート」が未定。CIEH の機能強化をどのように測るのか決めたい。また、そのためには、CIEH の戦略を定める必要あり。 • 予算不足や関連部署との連携不足が問題。 • 各県の IEC 活動の現況把握が必要。 • DHP の役割が不明確。	• 指標として、活動数だけではなく、「人々の行動変化」「参加者にかかる数値（活動参加者数、カバー率）」がほしい。質を問う指標がほしい。 • IEC 関連部署の連携、担当者責任の明確化が必要。 • 「IEC 評価シート」とは何かわからない。県レベルでは、年 4 回モニタリングを実施して、IEC 活動を評価したい。県・郡活動のモニタリングシステムが必要。	• 指標として、活動数だけではなく、「人々の行動変化」「参加者にかかる数値（活動参加者数、カバー率）」がほしい。質を問う指標がほしい。 • IEC 関連部署の連携、担当者責任の明確化が必要。 • （IEC 担当者（2名）のキャパシティが不十分な点が懸念される。）

	中央	ヴィエンチャン県	ウドムサイ県
ｱｳﾄﾌﾟｯﾄ 5 (Activity Cycle)	• アクティビティ・サイクルに対する共通理解が不十分。 • プロポーザルフォームが出された各活動について、モニタリング・評価の担当・方法を明確化する必要あり。 • （１日目の午後はメンバーが抜けてしまい、発表は岩本 CA が行った。）	• 「Output１～４の活動で提出されたプロポーザルフォームについて、活動のモニタリング・評価が実施されているかをチェックするシートを作る」という案が出された。 • これに対し、「IEC キャンペーンや FFC など、各活動そのものにモニタリング・評価・フィードバックは含まれており、さらに何をモニターするのか」という議論も呈された。 • コストシェアリングにつき、県からの予算（現金）の遅配が問題。 • レポートを中央に提出しても、中央からフィードバックがない。	• （別項目で議論していない。）

中央ワークショップ作成物① ： アウトプット実績確認

ワークショップ資料４

OUTPUT		Indicators	Achievement as of Mid-term Evaluation	Achievement Grades			Reason for "Impossible to achieve"	Any Suggestions for Indicators
				Already achieved	Possible to achieve	Impossible to achieve		
OUTPUT 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.	% of recorded staff numbers out of total Central: 0% Oudomxay: 91.3% Vientiane: 98.4%		✓		* Staff did not submit the TPIS form. * Staff did not remember how many training they attended. * Staff at provincial and district levels don' t understand how to fill out the TPIS form.	* Increase monitoring activities and tell them the way of filling out the form. * 95% is better for the target. (We don't want to lose 10%.)
	1-2	Collected TPIS data is analyzed annually.	Central: None Oudomxay: Several graphs (still on-going) Vientiane: Several graphs (Still on-going)		✓			
	1-3	Collected Training Course Information System (TCIS) is analyzed and distributed to related organizations annually.	Central: First edition report (published in May 30 and distributed to 20 donors and NGOs) Oudomxay: None Vientiane: None		✓		* Not many TCIS form were collected. * Mostly province organized trainings.	
OUTPUT 2 The Health Network System is strengthened in Target Provinces and at Central Level.	2-1	VVC is conducted and recorded 90% of the time except when unavoidable factors interfere with the communication.	Oudomxay: 80% (2004 average) --> 95% (2005 average) Vientiane: 60% (2004 average) --> 57% (2005 average)		✓			
	2-2	Face to Face Communication (FFC) is conducted at least 6 times per year.	Oudomxay: 5.1 times per year (9 times since 2003 July) Vientiane: 3.4 times per year (4 times since 2004 Feb)			✓	The time is too tight	* FFC activity should be done 4 times per year. * Improve the quality of monitoring.
	2-3	Meeting records are distributed to related organizations.	Central: Information not available Oudomxay: Information not available Vientiane: Information not available			✓	Meeting records are done but not distributed to related orgnanizations	To improve reporting system.
OUTPUT 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.	Oudomxay: District-level monitoring sheet (2004 Sept.) Vientiane: District-level monitoring sheet (2004 Sept)	✓	✓			
	3-2	80 % of each District's objectives based on MR is achieved.	Average of all districts Oudomxay: 79% (8th FFC), 79% (9th FFC) Vientiane: 73% (3rd FFC), 82% (4th FFC)	✓	✓			
	3-3	The number of children under 5-years who come to use services at Provincial and District Level is increased.	Monthly average based on VVC report Oudomxay: 499 children* (2003Oct. - 2005 May) Vientiane: 879 children (2004 July - 2005 May) * Data not available for Provincial Hospital and MCH center for 5 months. Daily average per hospital Oudomxay: 1.9 children (8 hospitals +MCH Center) Vientiane: 2.4 children (12 hospitals)		✓	Number of child health services may not be increase	Not have information to compare	* We sholud have information data of child hdealth service before project implementation (data is not clear). * Children are able to access health service through out the country.
	3-4	More than 150 members of staff in Target Provinces are trained for IMCI.	Oudomxay: 36 members Vientiane: 48 members Total: 84 members		✓			

OUTPUT		Indicators	Achievement as of Mid-term Evaluation	Achievement Grades			Reason for "Impossible to achieve"	Any Suggestions for Indicators
				Already achieved	Possible to achieve	Impossible to achieve		
OUTPUT 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.	Various activities such as campaign songs, videos, posters and pamphlets. 2003:7 activities 2004:35 activities 2005:31 activities	✓				* This indicator cannot measure the quality of activities. * Should category the indicators. * How many % of target population?
	4-2	IEC evaluation scores are increased.	IEC evaluation sheet is being formulated.		✓		We don't clear about 5W1H of the evaluation precedures.	* Meeting with other technical team to discuss how to make the evaluation sheet. * Formulate the clearly indicators. * Formulate IEC policy and strategy.
OUTPUT 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.	Central: Approved in 2005 February Oudomxay: Being used since 2004 June Vientiane: Being used since 2003 May	✓				
	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.	Evaluation Seet is not formulated.		✓		* Not yet make it. * The team in charge to set up this form not take the real owership (central level).	* Annual action plan. * Annual report.
	5-3	Evaluation for each step of the activity cycle	Evaluation Seet is not formulated.		✓		* Not yet collect form. * There is 5 year plan to improve the monitoring system. * There is the project to improve the coordination.	

中央ワークショップ作成物② ： 役割確認、課題抽出、対処策検討

ワークショップ資料５

OUTPUT 1	Present Status		In Charge	TOR	Difficulties/ Problems	Measures to Be Taken	By Whom
Activities 1-1 Set up and implement Training Information System	Set up and implement Training Personnel Information System (TPIS)	Oudomxay and Vientiane PHO input collected data into the database (collection coverage are more than 90%). Based on the database, each PHO made several graphs to make the first edition of summary report.	DOP (+ departments and centers, hospitals, schools and PHOs)	* Create TPIS and make a plan to implement TPIS activities. * Hold the training on how to use the form. * Monitor and supervise at central and provincial level. * Computerize (input) data. * Make data analysis and make a booklet and distribute to related organizations.	* The contents of the forms cannot cover all the data/ information we need. * The forms were not filled completely. Some sector have not submitted form yet.	* Train on using computer of the program can be used for analysis * Hold a meeting to suggest the way of filling out the form * Number of monitoring activity should be increased	DOP/KIDSMILE expert
	Set up and implement Training Course Information System (TCIS)	TIS Technical Team was established in June 2003. With it's support, DOP constructed the database of TCIS, made/distributed/collected TCIS form, and conducted training. After that procedure, DOP input collected data into database, published the first editi	DOP (+ departments and centers, hospitals, schools and PHOs)	* To implement TCIS * To computerize data * Make analysis and publish a booklet and distribute to related organizations.	* The contents of the forms cannot cover all the data/ information we need. * The forms were not filled completely. Some sector have not submitted form yet.	* Revise the TCIS form to make it clearer * Train on using computer of the program can be used for analysis * Hold a meeting to suggest the way of filling out the form * Number of monitoring activity should be increased	DOP/KIDSMILE expert
Activities 1-2 Hold TIS Regular Technical Meetings.	DOP has held TIS Technical Meetings 6 times irregularly at MOH .		* DOP, Department, Centers, Hospitals (Central level) * PHO, DOP,DHO and other sections (provincial level)	* Summary the data for the confirmation. * Solve problems	* No specific person in charge in provinces and central * People coming to meeting not regularly * Participants of meeting always change * After meeting participants did not disseminate result of the meeting to colleagues	Assign specific person in charge of TIS	DOP/KIDSMILE expert
Activities 1-3 TIS is supervised by Department of Organizations and Personnel	DOP monitored and supervised the progress of TPIS at target provinces in April-May 2005.		* DOP, departments, hospitals, schools * VP, ODY	* Monitor the progress of TPIS implementation * Instruct the way of problem solution	Monitoring activity was not done regularly and not follow the original plan	Make regular monitoring plan	DOP/KIDSMILE expert

OUTPUT 2	Present Status	In Charge	TOR	How	Difficulties/ Problems	Measures to Be Taken	By Whom
Activities 2-1 Establish VVC in Target Provinces	The average of daily communications ratio was 95.6% (November 2004-April 2005) in Oudomxay and 59.3% (November 2004-march 2005) in Vientiane. DHP monitored VVC system irregularly by phony of DHP, Maintenance Manual, Evaluation Manual, and Plant Record.	DHP	* Install phony * Check the usage of phony * Evaluate the quality of the work done by phony staff	* Check the place wehre phonies should be installed. * Check private use or official use. * Chek the maintenance of phonies. * Check phonies twice a year.	No monitoring system	Should follow a plan	KIDSMILE DHP
Activities 2-2 Establish FFC	Each target province made their management policy of FFC, and designed/revised FFC form. After these procedures, Oudomxay PHO had FFC 9 times, and Vientiane PHO had 4 times. The results of FFC were summarized to the reports, reported in the regular meetin	DHP	* Check the activities done by sections at provincial and district levels * Feedback/ report the result of monitoring to PHO and DHO.		FFC activity is not done according to a plan		KIDSMILE DHP
Activities 2-3 Hold Regular meetings	DHP held Regular Meetings 50 times at MOH, and each target provinces held Regular Meetings at PHO. "Intensive Discussion" were also held 6 times. Moreover, four staff of DHP were appointed as the responsible persons for each province to share the current	DHP	Prepare regular meetings.	* Prepare agenda * Prepare place. * Prepare list of target participants. * Report the result of previous meetings.	* Not so many participants attanded meeting * Staff ignore the meeting * Meeting records are not distributed to related organizations * Lack of office equipment	* Should assign specific person to attend the meeting * Should pay more attention to the meeting * Take turn to be chairperson of the meeting * Meeting once a month better? * Another way for coordination than meeting? * Meeting needs to be practical	* Everybody who is responsible for each activity * In case meeting will be postponed DHP will be responsible to inform

OUTPUT.3	Present Status		In Charge	TOR	Difficulties/ Problems	Measures to Be Taken	By Whom
Activities 3-1 Establish and implement MR	Establish MR	10 contents of MR were decided after the baseline survey conducted in Oudomxay province in May 2003. Based on the drafts from each target province, the definition of MR was confirmed in July 2003. Each PHO decided each Strategy, and held the meeting to make each district's Activity. Curative Department of MOH established "MR Committee" and the committee decided how to supervise PHO.	Curative Dept.	* Make MR plan and indicator for MR. * Advise the way to implement MR activity at provincial and district level. * Monotoring and evaluate MR activity.	Should have coordinate with involve section.	Discussion meeting how to implement MR	Minister of MOH DOC,DHP,MCH center, FDD
			FDD	Monotoring for rational drugs	Prescription is not appropriate	Drug Therapeutic Committee provides advice to improve the prescription writing.	FDD and DOC
	Implement MR	Each DHO started each activity since October 2004, and conducted self-monitoring monthly. Target provinces regularly monitored them through FFC, summarized the results, and feed backed them at the wrap-up meetings to all DHOs.	PHO	Make a plan with Central level.	Some province, district not understand about MR activity.	Discussion meeting between MOH,PHO DHO to fit with the district hospital situation.	DOC, FDD, PHO, DHO
			DHO	* 10 MR Implementation * Submit report to PHO.	MR report is irrigularly submit.	Intergreted MR in to Standard Therapeutic Guideline.	
Activities 3-2 Improve child health service based on MR	IMCI clinical training, TOT, Follow-up, and refreshers training were conducted in target provinces. All district hospitals, some health centers, provincial hospitals, and Oudomxay MCH center implemented IMCI. And also, some other activities based on MR were conducted, like Malaria training, making of Essential Drug List in district hospitals, Child Health Care Management Training targeted district staff in Thailand, and so on.		FDD,PHO,DHO	Essential drugs for district hospital.	Durgs is not appropriate with disease in that areas.	Formulating essential drugs list for each district, based on FDD policy	FDD,PHO,DHO
			Curative Dept. DHP, MCH Center MCH Hospital	* Training clinical IMCI * TOT of IMCI * Follow-up training * Follow visit * Reedit modeule * Report IMCI activities to MOH partners. * Plan IMCI activities	* Select participants for the training course is not appropriate. * Skills do not use * Should have many study cases for demonstration during the training * IMCI recording sheet not enough.	* Training participants should be more appropriate select. * Record diagnosis/ classification into a patient recording book.	MCH hospital, MCH, PHO, DHO IMCI team, DHP, DOC
			PHO	* Planing of IMCI activities. * Training * Meeting			
			DHO	* Select MR activity in the hospital			

OUTPUT4	Present Status		Detail activities	In Charge	TOR					Difficulties/ Problems	Measures to Be Taken	By Whom
Activities 4-1 Strengthen capabilities of Center for Information, Education, and Health (CIEH)	Capacity of Center for Information, Educaiton and Health (CIEH) as Media Planner is developed.	CIEH introduced "Campaign methodology", conducted IEC activities like "School health campaign 2004", "Child health campaign 2005", in collaboration with related organizations, and produced various IEC materials such as campaign song, poster, video, on th	1. campaign methodology	DHP	1.Central committee coordination meeting+PHO	2. Monitoring of total campaign		4. Feedback for the further planning		Lack of the theory for campaign method and management. Not enough financial support	Training on the activities management (OJT). Make guideline on how to get budget	IEC expert DHP CIEH PHO
				CIEH			3. Report to central committee					
			2. The production of IEC material.	DHP		2. Approve for the IEC material production				Lack of technical staffs Not enough financial support	Training of IEC technique. Make guideline on how to get budget for materials production	IEC expert DHP CIEH PHO Dept of planning and budgeting
				CIEH	1.Design IEC materials		2. Production of IEC materials	3. Evaluation of IEC materials				
			3. Media Planner	DHP			3. Technical working group(TWG) in MOH for IEC management + coordination	Advocacy activities (MOH)		We don't have IEC data based in MOH. Cannot follow our strategy plan now. Office data management poor.	Collect data by using form and the management Update our strategy plan.	DHP+CIEH
				CIEH	1. Collect CIEH data bases (all IEC data)	2. Data analysis and publish	3. Round table meeting 4. Skill development of all health staffs 5. Publication through mass media					
			4. Evaluation sheet.	DHP	1. Consultative meeting (5W1H)		3. Approval for the evaluation sheet	4. Start to use evaluation sheet		Less experiences. No evaluation team	Set up the team Make evaluation sheet and use it.	DHP+CIEH
				CIEH		2. Design evaluation sheet			Publication			
	Target Provinces conduct IEC activities in collaboration with CIEH	Target provinces introduced "campaign methodology" with the technical guidance of CIEH based on the needs of each province. All districts of target province conducted IEC activities and each province monitored the activities of districts.	5. Campaign guide for PHO	DHP	-	Facilitation and support			Evaluation of total campaign.	Guideline campaign method not clear	Set up the guideline of campaign	DHP+CIEH+ PHO
				CIEH	Provincial committee coordination meeting	Campaign IEC training for PHO+DHO	Monitoring PHO IEC activities.	Impact survey of capaign				
			6. PHO campaign methodology	PHO	District committee coordination meeting	Monitoring of DHO IEC activities	Evaluation of DHO campaign	Report to the central committee	Feedback for the further planning	Provincial IEC section poors on coordination and management. Not enough finanical support.	Advocacy coordination meeting. On job training (OJT). Make guideline on how to get budget.	PHO+CIEH
			7. IEC activity by DHO	DHO	Implemented IEC activities	Report of IEC activities to PHO				No experience on campaign	On job training (OJT).	DHO+ PHO

OUTPUT 5	Present Status		In Charge	TOR	HOW	Difficulties/ Problems	Measures to Be Taken	By Whom
Activities 5-1 Design a proposal form	The draft Proposal Form was introduced to Vientiane province in May 2003, and to Oudomxay province in June 2004. The contents of Proposal Form was considered and approved at the regular meeting in 14 February 2005 at MOH.		DHP	Check proposal report	* To receive proposal form from each department, Center, PHO. * To approve extra proposal form in the regular meeting. * To receive report.	We can not understand the meaning of 'Activity cycle'	To make guileline	Cabinet DPB
Activities 5-2 Promote activity cycle comprised of planning, implementation, monitoring, evaluation, and feedback based on the proposal form	Make Anuual Activity Plan.	The form of Annual Activity Plan was designed and revised in 2003. Each department/center or PHO submitted the plans to DHP, and DHP examined the contents of each center or PHO. These plans were approved at the regular meeting at MOH after revision by each department/center or PHO. They requested the badget based in each annual activity plan.	DHP	Follow-up annual activity		We don't have enough time for discussion. Some members don't know about PDM.	To discuss in Intensive Discussion To discuss in regular meeting	Department Concerns KISMILE Com.members
	Carry out the activity cycle.	Each department/center or PHO made a proposal with ideas based on activity cycle, and submitted it to DHP. After the implementation of that activity, they submitted the report and try to make use of the leassons learnt for the next activity.	Cabinet of MOH. Dept. of planing and budget (Planing Division)	Put annual report of KIDSMILE in to MOH annual report To supervise Give feedback for improving the project		The participants to the project is quite limited in the centre and province	KIDSMILE shold promote donor coordination (specially schedule) Strong coordination by Cabinet/PHO	KIDSMILE Cabinet/PHO
Activities 5-3 Improve accuracy of health statistics in project activities.	Health Information Management training was conducted in December 2003, and November 2004.		Finish					

ワークショップ資料６

中央ワークショップ作成物③：　普及したい活動の列挙

What activities do you like to expand in MOH and other provinces after KIDSMILE Project ends?

	Activities to Expand	What Have to Be Done to Expand	By whom	Difficulties
TIS	• TIS data collection • TPIS and TCIS analysis • TIS evaluation	• Training for other provinces • Consultation • MOH decree/ announcement • Set up responsibilities of TIS committees.	• DOP • Departments concerned • KIDSMILE • Other JICA project	• Needs some support and supervision • Needs to seek finance
MR	• MR Activities	• Integrate MR into roles of district hospitals in each province. • Disseminate the contents of MR to other provinces. • Expand to: 1) Sekong Province 2) Xeng Kousang Province 3) Louang Namtha Province 4) Phongsaly Province 5) Vientiane Municipality	• DOC • FDD • MCH Hospital • PHO • DHO	• Needs some support and supervision • Not having experts any more • Budget allocation
IMCI	• IMCI Activities	• IMCI Training for other provinces, districts and Health Centers • Follow- up visit	• IMCI Center • Hospitals • DHP • DOC • Other partners	• IMCI Recording Sheets are not enough.
IEC	• IEC health campaign at provincial and district level • Health education in schools • Health education in hospitals • Health education in communities	• National IEC Policy formulation • Revitalize IEC sectors at provincial and district level • More collaboration with other organizations	• CIEH • Others concerned	• IEC network (coordination with related sections) not strong • Lack of financial support
FFC/ VVC		• Dissemination meetings to others provinces • Training for persons in charge	• Ownership by provincial levels • No more needs for JICA experts	• Needs budget • Needs follow-up