

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

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%	✓			Agree for 90% per year	
	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		✓		* No training for TCIS Analyze * No budget for making books	
	1-4 Number of training 1 time/year (Added Indicator)			✓		To discuss progress of TIS	
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)	⊙			* All reports have to go to DHO and check every day * Report receiver has to recheck, if that report was not agreed by DHO head office * Monthly report summary have to recheck again together with DHO * Sometime if priority has problem and they have to record in to recording form then send to PHO	
	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)		⊙		* Six time a year is too often * Staff is not enough to participate * Can not making action plan on time	
	2-3 Meeting records are distributed to related organizations.	Central: Information not available Oudomxay: Information not available Vientiane: Information not available	⊙			* Each meeting have to be recorded (Result of each meeting has to be recorded) * Each meeting has to be recorded by the meeting chair man * Each meeting recorded have to be distributed to section concerned * Quarterly meeting was started 4/05	

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 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.)	✓				Revise provincial evaluation sheet (separate each district)
	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* (2003 Oct. - 2005 May) Vientiane: 879 children (2004 July - 2005 May) * Data not available for Provincial Hospital and MCH center for 5 months.		⊙			To improve recording and reporting system
		Daily average per hospital Oudomxay: 1.9 children (8 hospitals + MCH Center) Vientiane: 2.4 children (12 hospitals)		✓			
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 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		⊙		Cooperate with CIEH	
	4-2 IEC evaluation scores are increased.	IEC evaluation sheet is being formulated.		⊙		Cooperate with CIEH and concerned parts.	Numbers of people who changed on Knowledge, Attitude, Behaviour before and after IEC activities. Ex 1. Pre-test before health education 2. Post-test after health education 3. After health education 3 months

(注) チェックを囲む〇は、「達成可能」ではあるが課題(問題点)があることを示す。

ウダ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

Activities 1.1 Set up and implement Training Personnel Information System (TPIS)	Detailed Activities	Progress Grades		Problem	Causes	What you (PHO) can do	By whom	By when	What you need assistance
		Totally completed	Impossible to continue						
	1-1-1 DOP sets up the Technical Taskforce.	✓							
	1-1-2 Construct the database of TPIS.	✓							
	1-1-3 Make TPIS form.	✓	⊙		- Not yet set up committee in DHO - Staff not play responsibility for sending the TPIS form	Set up committee	PHO	In Aug/05	
	1-1-4 Distribute and collect TPIS form.	✓							
	1-1-5 Conduct TPIS training.	⊙	✓		- Basic for computer using is too low - No English training	- Training for computer using (by PHO)	PHO - KIDSMILE (English)	1 time / year	- Need trainer - Request budget English training
	1-1-6 Conduct computer training.	⊙	✓						
	1-1-7 Input the collected TPIS data into the database.	✓							
	1-1-8 Summarize the collected TPIS data at each category.	⊙	✓		No experience for analyze	Try to Analyze	Statistic Section, PHO	1 time / year (on Oct)	
	1-1-9 Make graphs of collected TPIS data.	⊙	✓		No experience for marking the graphic				
	1-1-10 Report the progress of TPIS at Provincial Regular Meeting.	✓							
	1-1-11 Report the result of TPIS to DHP, MOH.	✓							
	1-1-12 Update TPIS data annually.	✓							
	1-1-13 Distribute summary of collected TPIS data to related organizations annually. (Addition) Hold TIS technical term Meeting every 3 months	✓							
	1-1-14 Construct the database of TCIS.	✓		Date collection is too late	Management for TPIS and TCIS is not clear				
	1-1-15 Make TCIS form.	✓							
	1-1-16 Distribute and collect TCIS form.	✓							
	1-1-17 Conduct the TCIS training.	✓							
	1-1-18 Conduct the Computer training.	⊙	✓	no experience for using computer	Lack of computer skill	Training for computer	PHO	1 time / year	Need trainer
	1-1-19 Input the collected TCIS data into the database.	✓							
	1-1-20 Summarize the collected TCIS data at each category.	✓	✓		No TCIS data analyze training			1 time / year (Sep/O5)	Budget for training
	1-1-21 Make graphs of collected TCIS data.	⊙	✓	Not yet receive training for Analyze graphic	No experience for marking the graphic				
	1-1-22 Make annual report of collected TCIS data.	✓							
	1-1-23 Distribute annual report of collected TCIS data to related organizations.	✓							
	1-1-24 Hold the report meeting.	✓							
	1-1-25 Update TCIS data annually.	✓							
Activities 1.2 Hold TIS Regular Technical Meetings.	1-2-1 DOP holds TIS Regular/Technical Meetings.								
Activities 1.3 TIS is supervised by Department of Organizations and Personnel	1-3-1 DOP Monitors the progress of TIS at Target Provinces and at Central Level.								

(注) 網抜の活動(例: 1-2-1)は、中央(保羅省)のみ行うもの。
(注) チェックを囲む○は、「執行可能」ではあるが課題(問題点)があることを示す。

OUTPUT2	Detailed Activities	Progress Grades			Problems	Causes	What you can do	Solutions		What you need assistance
		Totally completed	Possible to continue	Impossible to continue				By whom	By when	
Activities 2-1 Establish VVC in Target Provinces	2-1-1. Install additional Phony system at Target provinces.	✓	✓	Health network are expanded. And on ODY there are 39 HCs, so we want to install phony at more 10 HCs						
	2-1-2. Carry out maintenance of Phony system in both Provincial and District level.		✓	Number of monitoring is not enough, need more time for follow up (time/year)	Because of plan for follow up and project's budget are limited	Have to discuss with the concern parts.	Phony technician (PHO)	Follow activity plan 2 times a year, every April and October		Budget support from the project
	2-1-3. Make Phony Plant record.	✓								
	2-1-4. Make Maintenance and Management Manual of Phony system.	✓								
	2-1-5. Conduct on-the-job training of Phony system in both Provincial and District level.		✓							
	2-1-6. Conduct training for maintenance and management of Phony system.		✓							
	2-1-7. Design and revise daily report form.	✓		* There is no daily recording form for HC yet * No activity in HC	HC staff was not trained yet	* Design daily recording form for HC level * Set up time for report (using phony) between DHO and HC	Make draft daily report form by DHO and HC and supervise by PHO	By the end of september/05		Get the consensus from 7 DHO+HC
	2-1-8. Carry out daily report.		✓	* Person in charge has many work responsibility * Because of phony always has a problem	DHO staff is not enough	Reconsider about role/responsibility and check their task.	By PHO and DHO personnel and organization office	By 12th FFC		Budget support from the project
	2-1-9. Conduct regular monitoring.		✓	* In charge person always change position	PHO has many responsibility	Have to train for other staffs not only a PIC	By PIC from PHO and DHO	By November/05		Budget support from the project+ government budget
	(Addition) Phony technician training in PHO (Addition) Design daily recording form for HC									
Activities 2-2 Establish FFC	2-2-1. Decide the management policy of FFC.	✓								
	2-2-2. Design and revise FFC form.	✓	✓	* Time for implementing FFC is not enough * Questionair form for interview is too long	Project assign only one day/draft for implementing each FFC. There are many things to do at the same time	Have to improve and considering about form again. How to make it shorter	PHO	Refer to Annual plan		Budget support from the project
	2-2-3. Conduct FFC based on the policy.		✓	* Some section delays to submit action plan	* Health staffs don't understand how to make proposal * Health staff in each section has many jobs to coordinate with other sections	Each section submit the proposal form to PHO at least before 02 weeks of FFC	By chief of concerning section	Every quarterly		Budget support from the project
	2-2-4. Make summary of the results of FFC.		✓							
	2-2-5. Report the summary of the results in regular meeting at Target Provinces.		✓							
	2-2-6. Submit the summary of the results to DHP, MOH.		✓							
Activities 2-3 Hold Regular meetings	2-3-1. Hold Regular meetings at Central level.									
	2-3-2. Hold Regular meetings at Provincial level.		✓	* Coordination committee and section members are not always available	PIC are always busy	Project committee should make Monthly plan Network committee should make more responsible on their work	Project committee in provincial level	Refer to annual plan		Budget support from the project
	2-3-3. Hold "Intensive Discussion" regularly between Central and Provincial level.		✓							
	2-3-4. Hold additional meetings to coordinate project activities.		✓	* Participants are always busy * Set up meeting overlap with other project	PIC has many responsibilities Not include in project's FY plan	Do not fix name list of participant	PHO	Refer to annual plan		Budget support from the project+ government budget
	2-3-5. Appoint the persons in charge of Target Provinces in DHP.									

OUTPUT3	Detailed Activities	Progress Grades		Problems	Cause	Solutions						
		Totally completed	Possible to continue			Impossible to continue	What you can do	By whom	By when	What you need assistance		
Activities 3.1 Establish and implement MR	3-1-1 Conduct baseline survey.	✓	✓									
	3-1-2 Conduct Mothers' Perception Survey for District Hospitals and Health Care Seeking Behavior.		✓									
	3-1-3 Conduct participatory workshop for deciding 10 conditions of MR.		✓									
	3-1-4 Decide 10 conditions of MR.		✓									
	3-1-5 Decide MR definition with SWTH.		✓									
	3-1-6 Decide the MR Strategy at Target Provinces.		✓									
	3-1-7 Decide MR activities at each district in Target Provinces.		✓									
	3-1-8 Set up MR Committee at Central level											
	3-1-9 Settle on Roles of the Central level											
	3-1-10 Central Level Decide strategies for each MR											
	3-1-11 In every year, Target Provinces select strategies for each MR.			✓								
	3-1-12 In every year, each hospital (including MCH center) decides activities according to the strategies for each MR.			✓								
	3-1-13 Implement MR activities at each district in Target Provinces.			⊙	* Medical staff at Lu and Bing DHO have no medical clothes. * No MR committee in DHO and PHO level.	* DHO lack of budget (cash) * No MR committee at PHO and DHO.	It should be considered by PHO board.	PHO	by August 2005.			
	3-1-14 Each district conducts self monitoring monthly.			⊙	No MR committee in DHO and PHO level.	Not yet setting up MR committee at PHO and DHO.						
	3-1-15 Target Provinces regularly monitor MR activities at each district through FFC.			✓	Always change member of follow up team. District select different activity, difficult to evaluate and have not consensus.							
	3-1-16 Target Provinces summarize the monitoring results through FFC.			✓	Some MR can't achieve because have not a budget.							
	3-1-17 Target Provinces do feedback on the monitoring results at DHO Meetings.			✓								
	3-1-18 Target Province report the monitoring results to DHP.			✓								
	3-1-19 DHP report the monitoring results to DDC.			✓								
	3-1-20 DDC Conduct monitoring of activities at Target Provinces twice a year. (Addition) Set up MR committee at provincial and district level			⊙	There is no MR coordination committee.							
(Addition) Collect data of U 5 and pregnant women in zone 0 of each district.			⊙	Percentage of U 5 children and pregnant women that serviced for health not accurate.	No collect the real situation data of children and pregnant women target because of budget lacking (cash)	MCH section in PHO make the form for data collection	Each district MCH Unit in DHO	Jul and Aug. 2005		Ask budget from MID, P.J		
Activities 3.2 Improve child health service based on MR	3-2-1 Conduct Malaria Training.		✓									
	3-2-2 Make essential drug list. (VP)		✓									
	3-2-3 Conduct well-baby check up training.		✓									
	3-2-4 Conduct and Evaluate IMCI training.		⊙	There is no specific IMCI evaluation form.	No follow up training for IMCI	PHO and DHO select staff to train for IMCI follow up	MCH centre (VTE)	Aug. 2005		To ask budget from MID, P.J		
	3-2-5 Conduct Child Health Management Training targeted District Staff in KKU and CMU, Thailand		✓									
	3-2-6 Continuously Collect the number of children under 5-years who come to use services at Provincial and District level.		✓	Data from VVC and monthly report of MCH section not same	Not so good cooperation between Phony in charge person and MCH staff at PHO and DHO level.	DHO MCH unit staff have to give data of children serviced to Phony in charge person every day. Phony in charge person at provincial level have to compare the VVC data to monthly data report every end of month.	* MCH at provincial and district level. * Phony in charge person at provincial and district level.	Aug. 2005				
	(Addition) IMCI follow up training		✓									
	(Addition) Follow up for IMCI		✓									
	(Addition) Feed back. IMCI follow up result to districts.		✓									

Activities	Detailed Activities	Progress Grades		Problems	Cause	Solutions					
		Totally completed	Impossible to continue			What you can do	By whom	By when	What you need assistance		
OUTPUT4 Capacity of Center for Strengthen capabilities of Information, Education and Health (CIEH) as Media Center for Information, Education, and Health (CIEH)	4-1-1: CIEH Introduce Campaign Methodology to related organizations.										
	4-1-2: CIEH Conduct activities in collaboration with related organizations.										
	4-1-3: CIEH Introduce the database for effective management.										
	4-1-4: CIEH Make capacity evaluation sheet as Media Planner.										
	4-1-5: CIEH Produce effective IEC material based on the needs.										
	4-1-6: Target Provinces introduce Campaign Methodology.		✓								
	4-1-7: CIEH Provide technical guidance based on the needs of Target Provinces.										
	4-1-8: Districts of Target Provinces conduct IEC activities.		✓								
	4-1-9: Target Provinces Monitor IEC activities of Districts.		✓								
	4-1-10: CIEH Monitor IEC activities of Target Provinces.										
Activities 4.2 Support SSFP in Xingzhouang, Vientiane and Oudomay Provinces.	(Addition) Organize the coordination meeting among PHO and DHO levels.		⊙	Lack of participation among the sections through IEC activities.	Poor coordination among the sections in PHO and DHO levels.	# Put IEC activities to integrate with secretariat in each level. # Improve IEC organization with PHO and DHO. # Assign roles/responsibilities to each concern sections on IEC integration in PHO and DHO	PHO, IEC Assign responsibilities to provincial and district level.	11/05	Budget support from Kidsmile for organizing the meeting with provincial MCH secretariat and the budget support for monitoring and supervision.		
	(Addition) IEC management training for PHO		⊙	Don't understand and no experience on IEC management	There is no IEC management training before	Planning of IEC management training for PHO and DHO	CIEH+IEC PHO	12/05	Budget support for training		
	(Addition) IEC basic technical training for PHO and DHO		⊙	Health staffs could not give health education well.	# The staffs always change responsibility # They do not have basic knowledge and skill + their implementation plan.	# Trained staffs earned charge duty/responsibility at least 2 years after training. # Inform the DHO before the training to select the person who has good basic knowledge and skill and know how to implement on IEC activities well. # Planning of IEC was	DHO, CIEH, IEC of PHO	2/06	Budget support of training from Kidsmile		
	4-2-1: Entrust School Health Activities to JADDO in Oudomay Province.		✓								
	4-2-2: Conduct stakeholders meetings.										
	4-2-3: Set up taskforces both at Provincial and District level.		✓		No budget support for stool test and physical examination	Because JADDO project finished					
	4-2-4: Conduct de-worming activities (stool examination, physical examination, drug distribution).		⊙		There is no budget support through the community level	There is no Kidsmile's policy support to the community level.					
	4-2-5: Conduct health education training for teachers.		✓		There is no budget support for monitoring	Because JADDO project finished					
	4-2-6: Support activities to promote participation of community people.		⊙		There is no budget support	Because JADDO project finished					
	4-2-7: Monitor health education classes.		✓		There is no budget support	Because JADDO project finished					
4-2-8: Produce and distribute educational materials.		⊙		Because there are the importances for the health center level to get the information but there is not mentioned in the project PDM.							
4-2-9: Support construction of latrine and water supply at model schools.		✓									
4-2-10: Summarize the activities results.		✓									
Support School Health Taskforce.	(Addition) The health promotion activities that support the participatory at the health center level, especially the health centers that had installed phony set supported by Kidsmile project.		⊙								
	4-2-11: Strengthen capacity of School Health Taskforce.										
	4-2-12: Support Workshop on drafting National Health Promoting School Policy										
	4-2-13: Make National Health Promoting School Policy and Guideline.										
4-2-14: Conduct baseline survey for the Guidelines on Health Promoting School.		✓									

We stopped to discuss on this school health activities because it will shift from Kidsmile to the JICA school health expert soon.

ヴァ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 9

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%	✓		Train of data recording into computer for the DHO level		
	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	✓		* Likely to be achieved. But the PHO hold the training a few time, mainly central level hold the training at the PHO. * Continues collect TCIS data		
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)	✓		Wave is problem. Some time voice not clear	90% for districts having only phonies. 70% for districts having both phonies and telephones.	
	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)		✓	Follow up is too many. Can't summary, analysis & inform the result to section concern	Should be 4 times a year	
	2-3 Meeting records are distributed to related organizations.	Central: Information not available Oudomxay: Information not available Vientiane: Information not available	✓			Make monitoring system of received and send the document.	
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 YVC 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)	✓		Data collection and data report of sick children are not implemented actively at every level		
	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		
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		✓		IEC activities that supported by the project have been implemented more than 15 activities/year/province.
	4-2 IEC evaluation scores are increased.	IEC evaluation sheet is being formulated.		✓		IEC monitoring 4 times/year
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.		✓		Monitoring sheet to monitor each element of proposal form (See below)
	5-3 Evaluation for each step of the activity cycle	Evaluation Seet is not formulated.		✓		

Monitoring sheet of activities (proposal form)

NO	Content	Plan		Implementation		Monitoring		Evaluation		Feedback	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	ITIS										
2	Network										
3	Child health (MR, IMCI)										
4	IEC										

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ヴァ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

OUTPUT 1	Detailed Activities	Progress Grades			Problems	Causes	What you can do	By when	By whom	What you need assistance	
		Totally completed	Possible to continue	Impossible to continue							
Activities 1.1 Set up and implement Training Information System (TPIS)	1-1-1 DOP sets up the Technical Taskforce.	✓									
	1-1-2 Construct the database of TPIS.	✓									
	1-1-3 Make TPIS form.		⊙		The staff dis-understand to write the form.	Because the staff didn't train and guide to write the the TPIS form	Advice how to fill the TPIS form	During the DHO meeting in Jul/2005	Person in charge in province level		
	1-1-4 Distribute and collect TPIS form.										
	1-1-5 Conduct TPIS training.	✓									
	1-1-6 Conduct computer training.	✓			Not train the data recording to DHO level yet.	Have to train how to record data in to computer to person in charge in DHO level	OJT, to DHO staff how to record TPIS data	During the personnel & organization activity monitoring DHO on Aug/2005	Person in charge in province level	Budget from Lao O15 (Lux)	
	1-1-7 Input the collected TPIS data into the database.		✓								
	1-1-8 Summarize the collected TPIS data at each category.		✓								
	1-1-9 Make graphs of collected TPIS data.		✓								
	1-1-10 Report the progress of TPIS at Provincial Regular Meeting.		✓								
	1-1-11 Report the result of TPIS to DHP, MOH.		✓								
	1-1-12 Update TPIS data annually.		✓								
	1-1-13 Distribute summary of collected TPIS data to related organizations annually.		✓								
	1-1-14 Construct the database of TCIS.		✓								
	1-1-15 Make TCIS form.		✓								
Activities 1.2 Hold TIS Regular Technical Meetings.	1-1-16 Distribute and collect TCIS form.				Because charge of training not attached the TCIS form with training proposal.	The section responsible to hold the training not care of write TCIS form.	Recheck training proposal with secretary every month start in Jul/2005	Before join the regular meeting every month start in Jul/2005	Person in charge in province level		
	1-1-17 Conduct the TCIS training.	✓									
	1-1-18 Conduct the Computer training.	✓									
	1-1-19 Input the collected TCIS data into the database.		✓								
	1-1-20 Summarize the collected TCIS data at each category.		✓								
	1-1-21 Make graphs of collected TCIS data.		✓								
	1-1-22 Make annual report of collected TCIS data.		✓								
	1-1-23 Distribute annual report of collected TCIS data to related organizations.		✓								
	1-1-24 Hold the report meeting.		✓								
	1-1-25 Update TCIS data annually.		✓								
	1-2-1 DOP holds TIS Regular Technical Meetings.										
	Activities 1.3 TIS is supervised by Department of Organizations and Personnel	1-3-1 DOP Monitors the progress of TIS at Target Provinces and at Central Level.									

(注) 網田の活動(例: 1-2-1)は、中央(県庁)のみ行うもの。
 (注) チェックを囲む○は、「執行可能」ではあるが課題(問題点)があることを示す。

OUTPUT2	Detailed Activities	Progress Grades		Problems	Causes	What you can do	By when	By whom	What you need assistance
		Totally completed	Possible to continue						
Activities 2.1 Establish VVC in Target Provinces	2-1-1. Install additional Phony system at Target provinces.		✓	Place for phony installation is not appropriate Communication by phony is not all day(24h)	Phony is not in emergency room	Have staff to install and move phony	Quarterly I/2005 (Oct-Dec)	Person in charge of phony in provincial level	Change phony in to emergency room
	2-1-2. Carry out maintenance of Phony system in both Provincial and District level.		✓	Lack of person in charge of technical and maintenance phony in district level Budget to implement is not on time	In case of the phony have problem no body solve	Establish committees responsible for technical in district level	Quarterly I/2005 (Oct-Dec)	DHO	Train phony staff on technique of phony maintenance
	2-1-3. Make Phony Plant record.	✓							
	2-1-4. Make Maintenance and Management Manual of Phony system.	✓							
	2-1-5. Conduct on-the-job training of Phony system in both Provincial and District level.		✓						
	2-1-6. Conduct training for maintenance and management of Phony system.		✓						
	2-1-7. Design and revise daily report form.	✓			No specific person in charge to report in district level. The staff always changing the responsibility.	Person in charge to report responsible many activities	Allocate role and responsibility to each phony staff in VVC committees in district level.	Quarterly IV/2005(Jul-Sep)	Person in charge of phony in provincial level
	2-1-8. Carry out daily report.		⊗		Communication between provincial hospital and district is not so good.				DHO
	2-1-9. Conduct regular monitoring.		✓		Haven't monitoring system and utilize data from VVC	Data is not shared with other section	Set up receive and send data system to section concern	Quarterly IV/2005(Jul-Sep)	Person in charge of phony in provincial level
	(Addition) Establish VVC committees in provincial level		✓		Establish VVC committees in DHO level.				
Activities 2.2 Establish FFC	2-2-1. Decide the management policy of FFC.	✓							
	2-2-2. Design and revise FFC form.	✓		Form design and improve is not appropriate for the section concern The person join FFC team lack of experience	Form is not been revised yet	Discuss and share idea with FFC team and section concern to improve form Next FFC team have to share idea and draw lesson learnt from the previous team	Quarterly IV/2005(Jul-Sep)	PHO	
	2-2-3. Conduct FFC based on the policy.		✓						
	2-2-4. Make summary of the results of FFC.		✓						
	2-2-5. Report the summary of the results in regular meeting at Target Provinces.		✓						
	2-2-6. Submit the summary of the results to DHP, MOH.		✓						
Activities 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.		✓						
	2-3-5. Appoint the persons in charge of Target Provinces in DHP.		✓						

OUTPUTS	Detailed Activities	Progress Grades		Problems	Causes	What you can do	By when	By whom	What you need assistance
		Totally completed	Impossible to continue						
Activities 3-1 Establish and implement MR	3-1-1. Conduct baseline survey.								
	3-1-2. Conduct Mothers' Perception Survey for District Hospitals and Health Care Seeking Behavior.	✓							
	3-1-3. Conduct participatory workshop for deciding 10 conditions of MR.	✓							
	3-1-4. Decide 10 conditions of MR.	✓							
	3-1-5. Decide MR definition with SWTH.	✓							
	3-1-6. Decide the MR Strategy at Target Provinces.	✓							
	3-1-7. Decide MR activities at each district in Target Provinces.	✓							
	(Addition) Set up MR committee in district and province level	✓							
	3-1-8. Set up MR Committee at Central level.								
	3-1-9. Set up MR Committee at Central level.								
Implement MR	3-1-10. Central Level Decide strategies for each MR.		✓						
	3-1-11. In every year, Target Provinces select strategies for each MR.		✓	every district hospital select different MR activity	provincial can not select MR activity for district to implement.	PHO and DHO join discussion in order to identify appropriate activity for each district.	5-Oct	PHO and DHO	Budget from the project to organize meeting with district level.
	3-1-12. In every year, each hospital (including MCH center) decides activities according to the strategies for each MR.		✓						
	3-1-13. Implement MR activities at each district in Target Provinces.		✓						
	3-1-14. Each district conducts self monitoring monthly.		✓						
	3-1-15. Target Provinces regularly monitor MR activities at each district through FFC.		✓	FFC member staff do not understand every activity	one staff response many activity FFC member always change	before FFC implementation team work discuss on working process	Aug-05	PHO	Budget from project
	3-1-16. Target Provinces summarize the monitoring results through FFC.		✓	Some MR can't achieve because have not a budget					
	3-1-17. Target Provinces do feedback on the monitoring results at DHO Meetings.		✓						
	3-1-18. Target Province report the monitoring results to DHP.		✓						
	3-1-19. DHP report the monitoring results of Target Provinces to DOC.		✓						
Activities 3-2 Improve child health service based on MR	3-1-20. DOC Conduct monitoring of activities at Target Provinces twice a year.								
	3-2-1. Conduct Malaria Training.	✓							
	3-2-2. Make essential drug list. (VP)	✓							
	3-2-3. Conduct well-baby check up training.		✓	examination of sick children is not so good	not enough staff in every district	regularly monitoring	every 3month/4times/year	provincial MCH	
	3-2-4. Conduct and Evaluate IMCI training.		✓		trained staff don't check the child	PHO set up criteria to select the person of training, then send to DHO to consider	before every training	provincial MCH	
			✓		don't follow IMCI method	organize IMCI training for OPD pediatric at district level	Oct-05	provincial and MCH center facilitator	
3-2-5. Conduct Child Health Management Training targeted District Staff in KKU and CMU, Thailand.		✓	the data/information that reported were not clear	trained staff don't continue on job training to other staffs	district pediatric section send summarize report to district and MCH section	Aug-05	MCH and pediatric staff		
3-2-6. Continuously Collect the number of children under 5-years who come to use services at Provincial and District level.		✓		there is no standard report from form the MCH center, MOH statistic					
(Addition) Set up IMCI responsibility committee		✓							
(Addition) child health promotion day		✓							

Activities 4.1 Strengthen capabilities of Center for Information, Education, and Health (CIEH)	OUTPUT4 Capacity of Center for Information, Education and Health (CIEH) as Media Planner is developed.	Detailed Activities	Progress Grades		Problems	Causes	What you can do	By when	By whom	What you need assistance		
			Totally completed	Impossible to continue								
Activities 4.2 Support SSFP and pilot activities relating to school health	Support SSFP in Xienghouang, Vientiane and Oudomxay Provinces, and Oudomxay Taskforce.	4-1-1. CIEH introduce Campaign Methodology to related organizations.										
		4-1-2. CIEH Conduct activities in collaboration with related organizations.										
		4-1-3. CIEH introduce the database for effective management.										
		4-1-4. CIEH Make capacity evaluation sheet as Media Planner.										
		4-1-5. CIEH Produce effective IEC material based on the needs.										
		4-1-6. Target Provinces Introduce Campaign Methodology.			✓		Province does not have sufficient IEC materials to implement activities	No support from other sections				
		4-1-7. CIEH Provide technical guidance based on the needs of Target Provinces.			✓		Establish mobile team, allocate responsibility	There is specific team in charge of IEC activity	Organize a meeting to disseminate result of approaching staff's responsibility	2005/6/9	Adm + IEC team	The central level supervises for the strategy in some activities.
		4-1-8. Districts of Target Provinces conduct IEC activities.			⊙		Monitoring activity is not done continuously	No monitoring system from each level	Set up the appropriability monitoring system in the provincial and district level.	Every month	Adm + IEC section	
		4-1-9. Target Provinces Monitor IEC activities of Districts.			✓		The activities of each section are not integrated	Each section implement activities independently	Discussion Meeting to set up the specific team in charge.	8/2005	Tec section	
		4-1-10. CIEH Monitor IEC activities of Target Provinces.			⊙		Poor coordination	The way of implementing activity is not appropriate	Training to improve knowledge and skill of management (management training) for the staffs.	Nov-Dec of every year.	PHO committee + Tec section	Budget support for training by KDS/MILE and Lao OIS project.
		(Addition) Basic IEC training for DHO			✓							
		(Addition) Improve IEC organization			✓							
		4-2-1. Entinal School Health Activities to JAODO in Oudomxay Province.			✓							
		4-2-2. Conduct stakeholders meetings.			⊙							
4-2-3. Set up taskforces both at Provincial and District level.			✓									
4-2-4. Conduct de-worming activities (sool examination, physical examination, drug distribution).			✓									
4-2-5. Conduct health education training for teachers.			✓									
4-2-6. Support activities to promote participation of community people.			⊙		Poor participatory of people and community because the people is still poor.	People don't understand and are careless about participation	Assign specific staff to give health education to the local people regularly.	1005-10/07	IEC team+PHO+DHO			
4-2-7. Monitor health education classes.			✓		Monitoring activity is not done in all district	Limited time for monitoring	PHO-project together set up the targeted areas.	2005/10/11	PHO-DHO+Prject+PEO+DEP			
4-2-8. Produce and distribute educational materials.			✓									
4-2-9. Support construction of latrine and water supply at model schools.			✓									
4-2-10. Summarize the activities results.			⊙		Report of activities is not done continuously and is delayed	Report form has many topics and it difficult to fill out	Meeting with the project to revise the report form	7/5/2005	Project+ Tec-th person involved			
(Addition) Handover school health activities to PEO			✓									
(Addition) De-worming fund for the targeted schools			✓		It is difficult to get contribution from parents	Because some people do not understand the purpose of contribution and they get low income	Dissemination meeting to explain the de-worming fund to the caretakers	2005/9/10	PHO-DHO+PEO+DEO+parent association			
4-2-11. Strengthen capacity of School Health Taskforce.												
4-2-12. Support Workshop on drafting National Health Promoting School Policy.												
4-2-13. Make National Health Promoting School Policy and Guidelines.												
4-2-14. Conduct baseline survey for the Guidelines on Health Promoting School.			✓									

OUTPUTS	Detailed Activities	Progress Grades			Problems	Causes	What you can do	By when	By whom	What you need assistance
		Totally completed	Possible to continue	Impossible to continue						
Activities 5-1 Design a proposal form	5-1-1 Consider contents of proposal form.		✓							
	5-1-2 Use the draft form.									
	5-1-3 Approve the proposal form at the regular meeting in the Central level.									
	5-2-1 Design and revise the form of annual activity plan.		✓		The sections involved don't make a good summary or the monthly, quarterly and annual plans as the documents base or evidences base for the references (in 4 activities)	Some sections cant make a good summary because they lack of high responsibility. One staff has many responsibilities and not enough time to do every activity. Not follow the job descriptions in the section.	Review and revise the roles/responsibility of staffs in each section Make check-list to monitor each activity that summarized by each section.	10/2205 10/2206	PHO organization & personal section Adm & Tec section	Get some ideas from the experts
	5-2-2 Each Department or PHO summarizes annual activity plan prepared by each section.		✓							
	5-2-3 PHO and each Department submit the annual activity plans to DHP.		✓							
	5-2-4 DHP examines the contents of all the annual plans.									
	5-2-5 Re-examine the contents of the annual plans at Provincial and Central level.		✓							
	5-2-6 Approve the annual activity plans at the regular meeting in the Central level.		✓							
	5-2-7 Request the budget based on the annual activity plan.		⊙		Cost-sharing from the government cant get on time.	The provincial cash budget is limited sometimes.	Set up the cash budget to keep in PHO 5 at least 2 million kip/month for every month.	1/10/200	Financial section	
	5-2-8 Make a proposal with ideas based on the activity cycle.		✓							
	5-2-9 Submit the proposal form for each activity.		✓							
5-2-10 Approve each proposal.		✓								
5-2-11 Submit the report after the activity.		✓								
5-2-12 Make use of the lessons learnt for the next activity.		⊙		The section involved cant use the lessons learnt from the last activity to improve the next activity.	There is no feedback system to utilize the lessons learnt. Ex: FFC Limited knowledge and skill of staffs. Limited budget.	Set up feedback system. Set up tool to monitor activity cycle (please see the example of monitoring sheet)	4/2006	Adm & Tec section	Get some ideas from the experts.	
(Additional) Feedback from MOH		⊙		Never get feedback from central level.						Supervision from the central level.
Activities 5-3 Improve accuracy of health statistics in project activities.	5-3-1. Conduct the training on Health Statistics	✓								

PDM and Policy/Principle

Project Purpose	Policy/principle of KIDSMILE activity(1)
<p>The central and local health services for children are strengthened with participation of various levels of stakeholders.</p>	<p>For improvement of management,</p> <ol style="list-style-type: none"> 1) We utilize existing system and resources as possible. 2) Activities of the project should not be special for KIDSMILE, but be included into the original activities of MOH or PHO. 3) We can select adequate activities related to child health according to the real situation of each province. 4) We should get enough communication through discussion in the regular meeting and Intensive Discussion, to think together.

PDM1 and Policy/Principle

Project Purpose	Policy/principle of KIDSMILE activity(2)
<p>The central and local health services for children are strengthened with participation of various levels of stakeholders.</p>	<ol style="list-style-type: none"> 1. The main target group is Under Five years old. 2. We use existing outcome of first two years activities (network, TIS, IMCI, etc). 3. Our first priority is to promote institutionalization of MR.

Output 1	Management system of Human Resource Development
1. Capacity building in management systems of human resource development is improved at Target Provinces and at Central Level.	<p>1) We continue to provide support to complete current activity (central TCIS, provincial TPIS).</p> <p>2) We support utilization of existing data.</p> <p>3) We support code setting (categorization) of data.</p> <p style="text-align: center;">~If we can complete 1)2)3),~</p> <p>4) We will find and identify the possibility of TPIS in MOH.</p> <p>5) We will find and identify the possibility of TCIS in PHO.</p> <p>6) We will find and identify the possibility of the link between TCIS and TPIS.</p>

Output 2	Network
2. The Health Network System is strengthened in Target Provinces and at Central Level.	<p>1) We follow whether radio-phony maintenance will be checked according to maintenance manual regularly (every six month from MOH, once a year from PHO).</p> <p>2) We need to confirm the role of MOH in VVC and FFC. VVC is a kind of infrastructure which PHO mainly utilizes. In case of problems or follow-up, PHO can ask the responsible person in MOH, and it should be reported in Regular Meeting.</p> <p>3) Main decision maker for contents of VVC and FFC is PHO, and MOH will give them technical support.</p> <p>4) We support collecting data (including how to manage documents).</p>

Output 3	Child Health
3. Treatment for and prevention against major childhood diseases such as diarrhea, malaria and ARI are intensified in Target Provinces.	<ol style="list-style-type: none"> 1) We support adoption the of MR into national health policy (five years plan, annual action plan, etc). 2) We support MOH in supervision and monitoring of PHO activity (FFC etc). 3) Project should show enough data or evidence for (1) baseline, (2) goal for achieve MR, (3) legitimacy that if we achieve MR, more patients under five years old come to health facilities. 4) We support the adaption of IMCI into child health policy in Laos. 5) We support the modification of IMCI original guideline (ex. Development of IMCI registration notebook).

Output 4	IEC
4. Information, education and communication for child health services is improved in Target Provinces.	<ol style="list-style-type: none"> 1) We promote to build information network of IEC from provinces and communities. 2) We support CIEH for functioning as "Media Planner". 3) We exploit "Champaign strategy" to complete activity cycle for IEC. 4) Main decision maker for contents is provincial staff, and CIEH gives them technical support by making materials. 5) We should utilize the existing medium in Laos. 6) The main target of the materials which CIEH will develop is U5y (Under five years old) children including all kids who cannot access health facilities.

Output 5	Health service management
<p>5. Health service management through planning, implementation, monitoring, evaluation and feedback are improved at Target Provinces and Central Level.</p>	<ol style="list-style-type: none"> 1) We utilize Proposal Form as the tool to promote not only planning and implementation but also monitoring, evaluation, and feedback. 2) We will discuss the design of Proposal Form if we have problem, and if necessary, we will be able to modify it. 3) We will welcome to discuss contents of Proposal Form if the person who uses it has something unclear. 4) We would like to share and utilize Monitoring sheet more. 5) We will monitor whether each Proposal Form is suitable for the direction of project. 6) We will consider the balance and level of decision making between central and provincial.

実施プロセス・自立発展性に係る専門家インタビュー結果

【実施プロセス】

基本姿勢	良い点	あまり良くない点・課題
<p>コストシミュレーション</p>	<p>1) 「予算計画を立てる、その中で活動を実施する」ということはマネジメントそのもの。マネジメントの良い実践になる。</p> <p>2) 「自分たちの活動」という認識が高まる。他のJICAプロジェクトにはない画期的なこと。</p> <p>3) 「会場代をまけてもらう」など、交渉能力が培われる。これもマネジメントの能力の一部。</p>	<p>1) 予算確保の労力が大変。ビエンチャン県では、多くのドナーが援助しているため、労力はお金をくれるところに使いたいという風潮もある。</p> <p>2) コストシミュレーションを求めらることで、活動の規模が縮小されたり、とりやめになったりする。</p> <p>3) 「お金を出す」ことそのものが重視されがち。疑問に感じることもある。</p>
<p>ラオス側の主体性の重視(ラオス側がまず考えて活動を決定)</p>	<p>「プロジェクトの良い話」参照。</p>	<p>1) 「まずは考えよう」という主体性を重んじ、ラオス側が上げてきた計画を日本側で却下するということが多かった。ラオス側としては「一生懸命考えたのに、」という不満が残る。</p> <p>2) 特にプロジェクト前半では、方針・方向性を十分に示さずにラオス側に考えさせたので、上記のような混乱があった。マネジメント重視としながら、「どこまでのインプット」ならプロジェクトが出すのか、明確でなかった。</p> <p>3) ウドムサイ県の場合、県が一番やりたいことはアウトリーチの活動。しかし、プロジェクトの方針としては認められていない。そういった観点では、本プロジェクトが「ラオス側の主体性を重んじている」とどこまで言えるか疑問。</p> <p>4) プロジェクト前半では、活動を広げてきた。後半では、よりフォーカスを絞ろうとしている。しかし、広げてしまった部分の扱いについては、疑問が残る。(例：県立病院の歯科巡回キットの導入。現在のプロジェクト活動と関連なし。)</p> <p>5) これまでプロジェクトは活動を問うてこなかった。これは、一つに「ラオス側が考え、やれるところまでやる」という姿勢があったからと思われる。しかし、これが果たしてよいか、疑問がある。</p>
<p>既存のシステムを使う</p>	<p>1) 「あるもの」を用いてより良く使う、という本プロジェクトの姿勢は、投入型のドナープロジェクトが多いラオスにおいて重要。誰かがやらなければならなかったこと。</p>	<p>1) 他方、ラオス側からは、「あるものをより良く使う」ことよりも、「よりよい機材がほしい。より高度の技術を身につけたい」という希望があり、ビエンチャン県ではその傾向が顕著。その中で、このプロジェクトの姿勢が理解されにくい。(例：「既存の機材を使ってマラリヤ検査をより良くやること」よりも、「尿蛋白検査ができるようになるため、機材を導入したい」等。)しかし、「あるものをより良く使う」ことは、プロジェクトが言い続けなければならないことかもしれない。</p>

【自立発展性】

- 現在、県負担のコストシミュレーションは、県の通常予算から出されていない。したがって、プロジェクト終了後の予算確保は不透明である。「コストシミュレーション→自立発展性」と直結するものではない。FFCはお金がかかるので、どれくらい規模で続けられるかは課題。なお、IECは教材作成のための予算確保をCIEHが自ら行うようにはできればベスト。
- 他方、確かに本プロジェクトの内容の多くは通常業務に近いいため、終了後に残る可能性はある。特に、VVCについては既に日常業務として認識されていると思う。
- TISは技術的にまだ不十分、MRは定着化のために改善が必要。

Summary of the Interviews to the Lao C/P

Interviewees:

1. Dr. Somchit and Dr. Latsamy, Department of Hygiene & Prevention, The Ministry of Health
2. Dr. Paokoualy, Dr. Bounnao and Dr. Viengmany, Provincial Health Office, Vientiane province
3. Mr. Khamphanh, Mr. Chanthha and Dr. Sounethone, Provincial Health Office, Oudomxay province

Interviewer: Ms. Tomomi IBI and Mr. Vanxay, JICA Laos office

Questions	Major Answers
<p>1. How do you evaluate the basic approaches of KIDSMILE 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 the Japanese side.</p>	<p>1) .</p> <ul style="list-style-type: none"> ✦ Understand and agree on the concept of KIDSMILE. ✦ Think that KIDSMILE is our project. ✦ Think that the promotion of the ownership will contribute to the sustainability because the management capacity is improved and can be used after the Project. ✦ There are some cases that the Japanese side makes final decisions on the activity plans. We got confused or disappointed because the criteria for decision making by the Japanese side was not clearly delivered to us and the Japanese side refused the proposed plans. <p>2)</p> <ul style="list-style-type: none"> ✦ The Project is improving the working procedures or systems of the activities which

	<p>had been already implemented before the Project.</p> <ul style="list-style-type: none"> # 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 phony is being conducted every day, which improves the communication between the PHO and the DHO. <p>3)</p> <ul style="list-style-type: none"> # Understand the concept of the cost sharing # The cost sharing helps the Lao side be aware that we should commit ourselves and the Project's activities are our own jobs. <p>4)</p> <ul style="list-style-type: none"> # Communication between the Lao and the Japanese sides are fairly good. # The Intensive Discussions are good because all personnel concerned from the MOH and model provinces and the Japanese experts meet and take time for discussions. # Sometimes the staff who is not deeply involved in the Project participated in the Intensive Discussions. # There are fewer participants to the regular meeting than the Intensive Discussion. <p>Included in the above.</p>
<p>2. What do you think is a good impact by these basic approaches?</p> <p>(To the provincial level)</p> <p>3-1. Which activities of PDM's Outputs 1-5 are built into the regular work of the Lao side?</p>	<ul style="list-style-type: none"> # The activities of the Project are built into the PHO's regular work. The Project is improving the working procedures or systems of the activities which had been

<p>3-2. Do you think it is likely that you can continue them after the Project? Do you want to continue them?</p> <p>3-3. Which activities do you especially want to continue? Please prioritize. (To the central level)</p> <p>3 Do you think that the management systems introduced by the Project will be institutionalized in the MOH?</p>	<p>already implemented before the Project.</p> <ul style="list-style-type: none"> * Think that we can continue some activities which don't need cost. * MR will be sustainable. * Think that we can continue some activities such as VVC if we change the plan. * Output 5/ Output 3/ Output 1 is the first priority to continue. * Some items of the MR should be modified.
<p>4 What are the good points of the cost sharing? Do you think you can continue sharing the cost which is covered by the provincial budget?</p>	<ul style="list-style-type: none"> * 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. * The provincial level tries not to waste the budget.
<p>5 Are the participants of the training courses done by the Project utilizing their skills? Do they really acquire the ability? Do you think that the management capacity of yours and your organization is improved through the C/P trainings in Thailand and Japan and the activities of the Project?</p>	<ul style="list-style-type: none"> * The participants of IMCI training use the skills after the training. * Some of the participants were transferred to other sections and cannot use the skills. * Capacity of management is being improved through the Project's activities. * Attitude towards their jobs are also changed.
<p>6. What do you expect the MOH to do regarding the activities of the Project?</p>	<ul style="list-style-type: none"> * Need continuous support from the MOH to give assistance to the PHO's staff, monitor and evaluate the activities. * Want the MOH's team to come to the province at least twice a year. * Few or delayed response from the MOH
<p>7. What do you think about the difference of achievement level between two provinces due to the difference of the poverty and input by other donors?</p>	<ul style="list-style-type: none"> * It is difficult to do the same due to the difference between the two provinces. * Different approach should be taken.

Summary of interviews to donors

Objective: To get information to evaluate the KIDSMILE Project and determine its future direction in mid-term evaluation of the project

Organization	WHO	UNICEF	UNFPA
Interviewee	Dr. Dean A. Shuey (Programme Management Officer, Health System) Dr. Craig (in charge of EPI program)	Ms. Southalak Sisaleumsak (Assistant Project Officer, Water, Environment and Sanitation)	Dr. Padabphet Boutdara (Program Officer)
Interviewer	Dr. Tamotsu Nakasa (International Medical Center of Japan) Dr. Hironori Okabayashi (International Medical Center of Japan)	Dr. Tamotsu Nakasa (International Medical Center of Japan) Dr. Hironori Okabayashi (International Medical Center of Japan)	Dr. Tamotsu Nakasa (International Medical Center of Japan) Ms. Tomomi Ibi (JICA Lao PDR Office) Dr. Hironori Okabayashi (International Medical Center of Japan)
Recognition of the KIDSMILE Project	<ul style="list-style-type: none"> • They know the project's activities of all outputs, however, the details of each activities are not well-known. • They highly evaluated TIS. They pointed out the problem that the same person receive trainings repeatedly and they think that TIS would be useful to solve such kind of problem. • They are interested in the project's activity to establish a network system, but no specific comments on it. • They appreciate MR and they are interested in its supervise system (it means FFC?). • They know that the project has activities on IMCI. • They appreciated the concert held by the project (it means campaign?). 	<ul style="list-style-type: none"> • She knows that KIDSMILE has two model provinces and it is working for school health, however, the other project's activities are not known. • UNICEF's counterparts in Vientiane Province are the same as KIDSMILE's counterparts, however UNICEF and KIDSMILE do not communicate each other. The project is thought that it is working in a few districts in Vientiane Province. • She appreciates 'Kamishiba' which the project produced for health education in schools. 	<ul style="list-style-type: none"> • She knows some of the project's activities such as TIS and IEC. • She appreciates active work in IEC of the project and expects the project to train staff of CIEH to make more attractive IEC materials. • She highly evaluates TIS, especially TPIS of provincial level. She thinks it is very important to select trainee for the trainings in grass-roots level and it should be expanded nationwide.
Collaboration with the KIDSMILE Project	<ul style="list-style-type: none"> • They have communicated with the project and they know the project's activities of all outputs more or less. However, they did not mention what they did in collaboration with the project. 	<ul style="list-style-type: none"> • UNICEF asked the project for comments on their IEC materials (Blue Box). 	<ul style="list-style-type: none"> • Nothing has been done in collaboration with UNFPA so far.
Opinion on IMCI/MR	<ul style="list-style-type: none"> • They think that IMCI works well though it is a little complicated. They want to expand the IMCI training into more districts. They think that it is difficult to introduce community IMCI to Lao PDR. • They are interested in MR but no specific comments on it. They are also interested in changes of hospital's health services as a result of MR. 	<ul style="list-style-type: none"> • No interview on IMCI. • MR is not known. 	<ul style="list-style-type: none"> • No specific comments on IMCI. • MR is not known.
Others	<ul style="list-style-type: none"> • They recommend that KIDSMILE works not only for child health but also other MCH issues because the project is working in district level. 	<ul style="list-style-type: none"> • She thinks that a coordination meeting of technical level on health should be hold 	<ul style="list-style-type: none"> • She expects that KIDSMILE works for maternal health, too.

実施プロセス重視事例

<全体、中央保健省>

1) Intensive Discussion (合宿) の継続

プロジェクト開始当時、プロジェクトにおいて重要な役割を担うはずのカウンターパート達は皆、複数ドナーを担当しており、100%本プロジェクトに関わる人材がいなかった。この状況は現在も変わらないが、その打開策として2泊3日で通常の職場を離れて、他県で缶詰になってプロジェクトに関する話し合いを行う「合宿 (Intensive Discussion)」を2003年6月から開始した。1回目の合宿では、プロジェクトへの疑問や問題点等が自由に話し合われた。この合宿は3-4か月に1回の割合で実施され、各参加部局が持ち回りで幹事を務め、幅広い層のプロジェクト関係者（特に中央保健省スタッフ）がプロジェクト内容をより深く理解するための重要な機会となっている。また次第に保健省各局の decision maker である副局長レベルが参加するようになり、プロジェクト活動が保健省全体に知られるという効果も生み出している。2005年10月には、①中間評価の結果を反映した改訂PDM(PDM2)の最終決定、②2006年度年間計画表の最終確認、の2点をテーマに第7回合宿を開催する予定である。

2) TIS (人材育成情報システム) の開発と広がり

2003年5月に人材育成計画の短期専門家が派遣された際、中央保健省を対象とした人材育成に関する制度分析・組織分析が参加型手法を用いて行われた。その結果、トレーニング情報集約システム導入こそ、各種トレーニングの開催申請手続きに関係する多くの関係者が必要としているものであることが判明した。人材育成局の局長をはじめとしたスタッフの熱意に保健省副大臣（元人材育成局長）の迅速な承認が加わり、活動開始後2週間という異例の早さで、テクニカルチームの編成が完了した。同チームは人材育成局を中心にその後も継続的に機能しており、ラオス側が真に必要としている活動であれば、様々な困難があってもラオス側のペースで継続発展して行くことを証明した。なお、2005年6月に人材育成局はUNICEFの支援で、同システムをチャンパサック県に拡大導入した。

3) FFC (Face to Face Communication: 県保健局による郡への巡回指導)

各県保健局の本来業務であるが、資金がなく実現していなかった活動である。プロジェクトとのコストシェアリングにより、日本人専門家不在時も含めて継続実施されている。プロジェクト終了後も継続可能な回数や規模を、ラオス側が考慮する姿勢が見え始めている。ウドムサイ県では、当初の計画では毎月実施であったが、実現不可能であることを認識し現在では3か月に1回のペースで行われている。また内容に関しても、県・郡合同の話し合いの際に出た郡からの意見を反映して、必要な修正が実施されている。

4) IMCI トレーニングと IEC 活動の導入

2003年5月に実施した、ウドムサイ県における参加型ワークショップにおいて、小児保健分野における優先活動計画を策定した。その結果全郡が「小児疾患の診断と治療のトレーニング」を最優先活動に、その次に「子どもの両親に対する健康教育」を挙げ、その後のプロジェクトの中心的活動決定の根拠となった。

5) 学校保健協調会議の年次開催

同会議は、2002年度は保健省アドバイザー主導で、2003年度は本プロジェクト及びACPACがタスクフォースグループを支援して開催された。2004年度には企画段階から全てタスクフォースグループが開催するようになった。

6) 強化合宿において、プロジェクトの年間活動計画の必要性がラオス側から提案され、次年度から作成されるようになった。

<IEC>

7) 教材管理

「管理」というとすぐにコンピューターでデータベースを作成することと発想するラオス側に、最初からそれを導入するのではなく清掃を含む倉庫管理、教材の整理整頓、教材カードの作成等、機材がなくてもできることがあるとプロジェクトから問題提起したところ、「データベース」とは単にコンピューターにデータを打ち込むことだけではなく、それに伴う様々な仕事があることに気付いた。それによってデータベース導入前に自分たちでできることを役割分担し、行うことができた。つまり教材管理の一部の技術だけを特定のスタッフに導入するのではなく、時間はかかったが彼ら自身が順をおって、自分達自身の業務だと理解しながら実施することが可能となった。

8) キャンペーン手法の導入

当初、カウンターパートの年間計画は個々の活動にあまり関連性がなかった。そこで、キャンペーン手法を用いた活動の導入を提案したところ、この活動一つ一つを経験しながら、関連性のある効果的な年間計画が立てられるようになってきた。

9) フィードバックへの認識向上

キャンペーンの一連の作業の中でモニタリング・評価を重視したことによって、教材の見直し等のフィードバックにも時間をかけるができるようになってきた。

10) コストシェアリングの導入によって、中央に活動資金の要請が行えるようになり、CIEHに保健省から独自の活動予算がつくようになってきた。

11) CIEH (IECセンター) が教材開発において、以前は対象者より管理者の意向を重視する傾向が黙認されてきたが、プロジェクトの介入により、それに対してちがうと声に出し

て発言できるスタッフがでてきた。また、CIEHの運営上の問題点（年間計画が綿密に作成されていないことやIEG戦略が十分に浸透していないこと、適正な人材配置がなされていないこと等）に対して技術レベルのカウンターパートも意見を言えるようになってきた。

12) キャンペーンモデルイベントの反省点を生かして、その後他郡でのイベントが改善された。

(例 1) トラコム郡でのキャンペーンの際、ごみが散乱していたところが反省され、以降各郡でのイベントの際にはごみ箱が設置されるようになった。

(例 2) 学校保健キャンペーンの対象校が、その後同様の活動を自主的に実施した。

<ウドムサイ県>

13) カウンターパート研修後のチャンカム医師による乳児健診研修の実践

日本でのカウンターパート研修後、県立母子保健センターのチャンカム医師は積極的にプロジェクト業務に関わりを持つようになり、バントン母子保健課長が病休中であったにもかかわらず、企画、運営において責任を持ち乳児健診研修を実施した。バントン課長復帰後も両者の協力により、県での母子保健の活動が広がってきている。来年度予算では、妊婦新生児訪問などの計画も提出されている。

14) 複数部署のカウンターパートのプロジェクト事務所への訪問

ウドムサイ県のプロジェクト事務所に常駐する県保健局から専属カウンターパートは1名であるが、その他複数部署で勤務する多くのカウンターパートも必要に応じて事務所を訪問してくれるようになり、横のつながりをより密接にとることが可能となった。

15) 子どもの日の全7郡別々なイベントの、県保健局による調整

昨年、一昨年と県保健局主導で行った子どもの日のイベントに関して、今年度は各郡に状況に合わせて各郡で企画を立て、その調整や指導は県保健局が行う形に変更した。当初県保健局はサイ郡の手伝いだけをすると考えていたものを、プロジェクトからの提案により全郡がマネージメントを自分達の仕事と理解し、今年度は予算が中心にはなったが、各郡と連絡を取り調整を図った。

16) 郡会議における保健データ管理に関する県保健局の指導

今まではFFCを実施し、報告書を記載するだけになっていたが、FFC後に結果をフィードバックするため、県が全郡保健局を招集して郡会議を開催するようになった。その郡会議において、FFCのみではなく、VVC (Voice to Voice Communication: 無線交信による郡から県への保健データ報告) を含むデータ管理に関する問題提起があり、県郡保健局の協力によりデータ管理の向上に向けた活動が始まった。

<ビエンチャン県>

17) 2004年10月15日 県保健局週間ミーティングにて

前日に作成した KIDSMILE プロジェクトの四半期報告の計画表を参照し、各課の計画表を作って全体の業務の関係を見ながら進めなさい、と局長より皆に指示があった。プロジェクトの活動が県本来の業務と連携して考えられた。

18) 2004年10月20日

無線で受けたサナカム郡の改修工事開始における無線の移動希望に、県保健局の予算(30万キープ)を出し、バスで訪問して自力で移動した。

19) 2004年10月20日 TIS (Training Information System:保健情報システム) 会議(中央人材育成局の訪問指導)

TCIS (Training Course Information System:研修コース情報) に関して、郡保健局で行う Lao-Lux (ルクセンブルク) のトレーニング等は TCIS シートの記載が必要なことが再認識された。プロジェクトの活動が県本来の業務及び他ドナー (ルクセンブルク) の活動を連携して考えられた。

20) 2004年10月22日 県保健局週間ミーティング

TCIS のみならず、書類の流れと許可の方法を県保健局におけるマネジメントの柱として重視することが、トンリエン副局長からスタッフに指示され具体的方法を話し合った。

21) 2005年2月第2週

フアン郡にて BCG の予防接種後に小児が亡くなるという事件が起きた。フアン郡の職員が無線で PHO に報告しているところを、たまたま同無線を傍受した中央スタッフ (衛生予防局 Dr ラッサミー) がこの交信に介入。迅速に中央レベルまで報告され、2~3 日後の衛生予防局から副局長の Dr ソムチット、UNICEF の担当官等の直接訪問に繋がった。これにより不満を持っていた患者の親も態度を軟化させたとのこと。患者はモン族であり、医療スタッフがわざと子どもを殺したと思っていた様子だった。

中央での無線は、1 週間に一度程度 Dr ラッサミーが傍受している (しかし彼だけ)。専門部門ではないにしろ、意識的に聞くスタッフが存在することでこのようなことが可能になった。仮に衛星予防局に無線がなかったとしたら、報告を受けた県レベルが中央に時期を逃さず上申ししていたかは甚だ疑問である

22) 2005年5月

ルクセンブルグプロジェクト Director に改めて MR (Minimum Requirements:プロジェクトが設定した郡病院が最低限達成すべき 10 項目) の話をしたところ (冊子も提供)、更なる情報提供を求められ、ヘルスセンターの活動や村の活動にも MR という基準を設けたいとの話をされた。

23) VVC フォーム、FFG フォームは、県・郡保健局関係者自らが、本来業務に沿うべく目的と形式を検討し、試行錯誤しながら改訂を繰り返している。

24) プロジェクト活動実施の際、県保健局内で活動委員会を設置し、担当者を決定しその役割分担を記載した県保健局の正式文書を作成している。

<まとめ>

数値で表される成果指標の改善というレベルまでは到達していなくても、ラオス側が自ら考え重要視する活動は、ラオス側のスタイルで継続している。今後時間をかければ、効果が目に見える形で現れて来る可能性も高い。