付　属　資　料

1．ミニッツ（本文、合同評価報告書）

2．対象地域とサイト

3．研修対象とレファーラル

4．ハンセン病対策課によるプレゼンテーション資料

MINUTES OF MEETINGS
ON THE JOINT EVALUTAION REPORT
OF THE TERMINAL EVALUATION
FOR THE LEPROSY CONTROL AND BASIC HEALTH SERVICES PROJECT

The Japanese Terminal Evaluation Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. Takahiro SASAKI, visited the Union of Myanmar from November 14, 2004 to December 2, 2004, for the purpose of evaluating the outcome of the Leprosy Control and Basic Health Services Project (hereinafter referred to as "the Project").

During its stay, both the Team and authorities concerned of the Union of Myanmar (hereinafter referred to as "both sides") had a series of discussions and exchanged views on the achievements of the Project. Both sides jointly monitored the activities and evaluated the achievement based on the information and data collected through the evaluation. Both sides compiled the results of the findings in the evaluation report and presented it to the Joint Coordinating Committee on 2 December 2004 at Yangon.

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

Yangon, December 2, 2004

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The Union of Myanmar

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

JAPAN INTERNATIONAL COOPERATION AGENCY
JAPAN

AND

MINISTRY OF HEALTH
THE UNION OF MYANMAR

December 2, 2004

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1. Introduction

1-1. Summary of the Study Team

1-1-1 Background

JICA dispatches the Terminal Evaluation Team to Myanmar from November 14 to December 3, 2004 for the Leprosy Control and Basic Health Service Project (hereinafter referred to as "the Project"). The Team will review and evaluate the whole activities and achievements of the Project according to the five evaluation criteria. The Team is headed by Mr.Takahiro Sasaki, the Representative of the Myanmar Office, Japan International Cooperation Agency.

1-1-2 Objectives

i. To review the past inputs, activities and outputs in the Project in consultation with the Myanmar authorities,
ii. To analyze the progress and achievements based on the Project Design Matrix and five criteria for evaluation; Efficiency, Effectiveness, Impact, Relevance, and Sustainability
iii. To hold the Joint Coordinating Committee to confirm the results of evaluation through discussions, and to prepare a Joint Evaluation Report
iv. To discuss current problems of the Project , and to give advice for the remaining period of the Project

1-1-3 Members

	Name	Job Title	Occupation
1	Mr.Takahiro SASAKI	Leader	Resident Representative , JICA Myanmar Office
2	Dr. Masanao MAKINO	Leprosy Control	Director General, National Sanatorium Oku-Komyoen, Okayama, Japan
3	Dr. Tamotsu NAKASA	Infectious Disease Control	Director, 2nd Expert Service Division, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health, Labor & Welfare
4	Ms. Tomoko SHIMADA	Evaluation Planning	Staff, Infectious Disease Control Team, Group □(Health□), Human Development Department, JICA
5	Mr.Eimitsu USUDA	Evaluation Analysis	IC Net Limited

2. Method of Evaluation

2-1. Evaluation Framework and Evaluation Criteria

JICA project evaluation study verifies the project's outcome in a comprehensive manner by adopting an evaluation concept of relevance, effectiveness, efficiency, impact, and sustainability through assessing the performance of the project implementation based on the JICA's Project Evaluation Guideline.

Terminal evaluation study is generally performed several months prior to the end of project. The study team reviews Record of Discussion (R/D) and a PDM which outlines essential project elements such as overall goals, project purpose, major activities, verifiable indicators for the objectives and risks in the course of project implementation. The team designs a method of evaluation in accordance with the content of the project framework.

The followings are evaluation criteria applied to the study. Terminal evaluation focuses particularity on relevance, efficiency, effectiveness. The evaluation results for Impact and sustainability are prospects at the time of the evaluation.

(1) Relevance:

Relevance examines whether overall goal and project purpose are in accordance with the Myanmar health policy and aid policy of Japanese Government as well as the needs of health providers and the beneficiaries.

(2) Effectiveness:

Effectiveness involves the question of the extent to which the project purpose has been achieved, or is expected to be achieved, in relation to the outputs produced by a project.

(3) Efficiency:

Efficiency refers to the productivity of the implementation process: how efficiently the various inputs are converted into outputs.

(4) Impact:

Impact refers to intended or unintended, direct or indirect, positive or

negative changes that occur as a result of a project.

(5) Sustainability:

Sustainability involves the question of as to whether or not the project benefits are likely to continue after the external aid comes to an end.

2-2 Design of Evaluation and Data Collection Method

The method of evaluation for the Terminal Evaluation Study was examined based on the signed R/D in February 2000 and the revised PDM version 1(See Appendix 1) of the Mid-term Evaluation. The Evaluation Grid, which is a table of summarized evaluation method, indicates principal study items and collection methods of information and data to assess the performance of the Project including its management and implementation process (See Appendix 2).

In order to assure the reliability of collected information, different sources of information and multiple methods such as review of documents, interviews to stakeholders, answers to questionnaire, discussion among stakeholders, and field observation, were applied. A sample of questionnaire with the list of delivered institutions and a list of interviewee are shown in Appendix 3 and 4 respectively.

2-3 Analysis of Data and Information

Based on the information collected from preliminary works in Japan and field study in Myanmar, the Study Team drew a table of collected information and data corresponding to evaluation questions, which is shown in Summary of Collected Information and Data Corresponding to Evaluation Questions (Appendix 5). The team developed conclusions of five evaluation criteria from the analysis of the collected information and the discussions with Myanmar's authority for the Project implementation and JICA experts. Analysis of Contributing / Inhibiting facotors, extraction of recommendation and lessons learnt were also developed through this process.

2-4 Limitation of the Evaluation Method

While the Evaluation Study was generally carried out in accordance with the designed method, certain limitations were recognized due to the nature of the Project and the weakness of project monitoring. Those are as follows.

(1) The Project covers large areas where the Project sites are scattered over both lower Myanmar and upper Myanmar. Moreover, its field of intervention varies from 3,000 BHS of peripheral level to medical specialists of tertiary level.
As indicated in List of 48 Townships with Area (Appendix 6), the total area become 72,500Sq-Km and the accumulated miles of one round trip from Mandalay to respective 9 selected hospital/township reaches 2,800 miles. The sources of information and samples taken from the field were limited.

(2) Despite PDM was revised at the Mid-term Evaluation, there are some of actual activities that didn't correspond the planned activities in the revised PDM. Some indicators didn't sufficiently represent the Outputs. In addition, a series of activities, which could lead to contribute the realization of the Project Purpose, was not taken to the revised PDM. This affected the efficiency of the evaluation study.

3. Evaluation Results

3-1 Achievement of the Project

3-1-1 Achievement of Inputs

From the commencement of the Project on April 2000 to March 2005, the followings inputs will have been accomplished from the both Japan and Myanmar sides.

(1) Inputs from the Japanese side

The Japanese side dispatched 11 long-term experts and 33 short-term experts in various fields since the commencement of the Project (As of 3rd December, 2004). The accumulated man-month (MM) of the experts will have reached at 300 by the end of March 2005. Their names and specialties are listed in Experts dispatched to LCBHS Project (Appendix 7).

Ten Myanmar's counterparts personnel (C/P) were trained at various institutes in Japan. Seven of C/P will be trained in Japan by the end of March 2005. The accumulated man-month of C/P trainings will have reached at 40 by the end of March 2005. Their names and specialties are listed in List of Participants for Training in Japan (Appendix 8)

Provided equipment including delivered location, number of items, and cost from the Japanese side are summarized in Summary of Provided Equipment by Delivered Location (Appendix 9). The equipment for diagnosis, surgery, and training, which is equivalent to 107 million yen (U$970,000) of respectable amount of money, was delivered to YLH, CSSC, MSSC, 48 township hospitals and so on.

The Japanese side supported the operational expense of 146 million yen (U$1,327,000). This includes the training cost for TOT and BHS, construction cost of the training center, renovation cost of laboratory in YLH and renovation cost of the both CSSC and MSSC and so on. The expense for each year is listed in Local Cost (Appendix 10).

(2) Inputs from Myanmar side

Myanmar budgeted 295.3 million Kyats for Leprosy Control Programme in total from 2000 to 2004 and the amount will be expensed for the programme. As shown in Myanmar Government Inputs to Leprosy Control Programme (Appendix 11), the budget for the programme has been in the trend of increase.

Aside from the above, the followings were bored by the Myanmar side.

- C/P personnel
- Project offices both in Yangon and Mandalay where electricity, water, telephone lines and other necessary facilities are supplied.
- Local transportation cost for the provided equipment
- Operation and maintenance cost for the provided equipment
- Operation and maintenance cost for the constructed and the renovated facilities.

3-1-2 Performance of Activities

The Project implemented necessary activities to produce respective Output but some of actual activities were not corresponding to the planned activities drawn in the PDM. Some of activities were not separated from other Output. The Project didn't properly record the changes on plan of operation. The followings are the actual performance to the planned activities in the PDM.

(1) Support for New Case Finding

1-1	Support for producing IEC materials	– Necessary IEC materials were produced and distributed to support for social mobilization such as Leprosy Awareness Campaign(LAC) at peripheral level. See IEC materials, teaching tools, and textbooks (Appendix 12)
1-2	Produce training materials	– Necessary text books and tools for TOT and BHS training were produced. Not only new case finding but also other subjects. See IEC materials, teaching tools, and textbooks (Appendix 12)
1-3	Provide training	· 6 times of TOT and BHS training were performed every year from 2001 to 2003. Not only new case finding but also other subjects as well as other infectious diseases as shown in BHS training (See Appendix 13)
1-4	Improve information system by creating the data storage throughout Regional Leprosy Offices, Team Leaders' offices, National Leprosy Hospital, and Special Skin Clinics	· Training for vertical staff including EPI-info was performed.
1-5	Establish surveillance system	Not performed. The activities are institutionalized within National Leprosy Control Programme.

(2) Provide Training on Treatment

2-1 2-2	Make plan and curriculum Prepare training materials	· Combined training programmes were coordinated by Leprosy Control Section, DOH · Necessary text books, tools, and video for TOT

		and BHS training were produced (Not only treatment but also other subjects). See IEC materials, teaching tools, and textbooks (Appendix 12)
2-3	Provide necessary equipment for training	· Necessary training equipment were provide to 48 TS
2-4 2-5	Implement training of trainers (TOT) Implement training courses	6 times of TOT and BHS training were performed every year from 2001 to 2003. Not only treatment but also other subjects as well as other infectious diseases as shown in BHS training (See Appendix 13)
2-6	Assess the trainees' learning	Field Evaluation was carried out at 8 townships from the 12 township where the pre-test was conducted.

(3) Provide Training on POD/POWD and Rehabilitation

3-1 3-2	Make plan and curriculum Prepare training materials	Necessary text books, tools, and video for TOT and BHS training were produced (Not only treatment but also other subjects). See IEC materials, teaching tools, and textbooks (Appendix 12)
3-3	Provide necessary equipment for training	· Necessary training equipment were provide to 48 TS (Same as 2-3) · Necessary equipment for reconstructive surgery were provided to 9 selected TS. · Necessary tools for footwear provided to selected 9 TS.
3-4 3-5	Implement TOT Implement training courses	6 times of TOT and BHS training were performed every year from 2001 to 2003. Not only POD/POWD but also other subjects as well as other infectious diseases as shown in BHS training (See Appendix 13) 4 times of reconstructive surgery training were conducted 2 times of vertical staff training were conducted. 3 times of shoe making were conducted.
3-6	Assess the trainees' learning	Field Evaluation was carried out at 8 townships from the 12 township where the pre-test was conducted (Same as 2-6).
Add		Advocacy meeting was held to invite stakeholders from 9 selected TS so that POD/POWD service would be promoted.
Add		POD/POWD service package (Disability survey, Self-care, Reaction management, footwear, Foot ulcer management, Reconstructive surgery, and referral system was introduced to 9 selected townships.

		Sewing training for model development of safe job creation for PALs and families was concucted

(4) Provide Training on Other Diseases

4-1	Prepare training curriculum of other disease	Necessary IEC materials and teaching tools were produced and distributed. See IEC materials, teaching tools, and textbooks (Appendix 12)
4-2 4-3	Implement TOT Implement training of other diseases as a part of the above leprosy-related training opportunities	6 times of TOT and BHS training were performed every year from 2001 to 2003. Not only TB, Malaria, EPI, HIV/AIDS, Trachoma but also other subjects as well as Leprosy as shown in BHS training (See Appendix 12) 6 times of microscopic training for malaria and TB including skin smear of leprosy.
4-4	Assess the trainees' learning	Field Evaluation was carried out at 8 townships from the 12 township where the pre-test was conducted (Same as 2-6). Two Filed Evaluations for microscopic examination were carried out in 204.
Add		BHS workshop for the further planning to improve BHS training program was held in September 2004.

(5) Provide Training on Programme Management

5-1 5-2 5-3 5-4 5-5	Make plan and curriculum Prepare training materials Provide Necessary equipment for training Implement TOT Implement training courses	- Necessary arrangement was carried out. - Capacity building workshop for regional leprosy officers, and team leaders was held to improve (1) epidemiology, (2) project management, and (3) leprosy diagnosis. - Attend International Leprosy Congress (Brazil)
5-6	Assess the trainees' learning	Not done

(6) Enhance Function s of Leprosy Hospitals

6-1	Construct training center at YLH	Training center and dormitory in YLH were properly constructed and used for microscopic trainings, reconstructive surgery trainings. Necessary equipment was also provided

		Standardized system of patient records including outpatients and in-patients were introduced Operative nursing care was introduced including pre-operation check list etc. Footwear training were conducted
6-2	Renovate laboratory at YLH	Laboratory was renovated to provide better service. Necessary equipment was also provided. Laboratory staff received technical support
6-3	Renovate operation theater at YLH	Operation theater was properly renovated. Operation theater received equipment. Prosthesis factory, footwear workshop, rehabilitation workshop, and patient word received equipment.
6-4	Renovate MSSC building	MSSC was renovated. Necessary technical support such as dermatology, pathology, physiotherapy and nursing was provided Equipment was provided
Add		MSSC was renovated. Necessary technical support including histopathology examination, pathology, shoe making, physiotherapy and nursing was introduced. Equipment was provided Improved shoe making method was introduced.
Add		Equipment for POD/POWD service package in Mayanchaung Station Hospital, Hlegu Township in Yangon Division was provided. Various technical supports were provided.

3-1-3 Achievement of the Outputs

The table below shows the summary of the achievement for respective Output. Due to discrepancy between real achievement and the indicators given, alternative indicators or additional indicators were applied to assess the performance. On top of this, the followings changes were made to improve the validity of Outputs.

(1) The Output four should be replaced with "Training on Leprosy is conducted in integrated manner with other infectious diseases". The primary intention was to foster "integrated approach" so that leprosy activities would be conduced along with other health services.

(2) During the PCM workshop in the preliminary study, "Functions of facilities are strengthened through provision of equipment and renovation of facilities"

was thought to be an Output. In fact, each facility received not only equipment but also technical support and trainings in Japan. It is rationale to add the Output six as "Referral and training function of respective institution are enhanced".

Table Achievement of the Outputs

1	Capabilities of staff of the concerned institutions to conduct leprosy case finding are increased	(1) Indictor of Output The achievement for respective indicator of Output one in the PDM is as follows. 1. Type of Training: BHS training on Leprosy (TOT and BHS) 2. Number of training: 6 times (TOT and BHS training) 3. Duration of training: 12.5 days in total (TOT and BHS training) 4. Number of persons: 50 vertical staff for TOT; accumulated 9,351BHS(3,091 in 2001; 3,119 in 2002;3,141 in 2003) of BHS training in 48 TS (including other subjects) 5. Acquired knowledge: The field evaluation for 86 BHS from 8 selected TS indicated that all category of heath staff showed the increase of knowledge and skill including other subject(P value:0.000) (2) Conclusion Capabilities of staff of the concerned institutions to conduct leprosy case finding were increased. While the target value of indicators above was not set up, the all BHS in 48 TS had nearly 3 times of training in average.
2	Capabilities of staff of the concerned institutions to conduct treatment (MDT, side effects, reactions and so on) are increased	(1) Indictor of Output The achievement for respective indicator of Output two in the PDM is as follows. 1. Type of Training: BHS training on diagnosis and treatment of Leprosy (TOT and BHS). 2. Number of training: Same as the Output 1 3. Duration of training: Same as the Output 1 4. Number of persons: Same as the Output 1. 5. Acquired knowledge and skill: Same as the Output 1. (2) Conclusion Capabilities of staff of the concerned institutions to conduct treatment (MDT, side effects, reactions and so on) were increased. While the target value of indicators above was not set up, the all BHS in 48 TS had nearly 3 times of training in average.
3	Capabilities of staff of the concerned institutions and vertical staff to conduct POD,	(1) Indictor of Output The achievement for respective indicator of Output three in the PDM is as follows. 1. Type of Training: BHS training on POD/ POWD and rehabilitation (BHS), reconstructive surgery

	POWD and rehabilitation are increased	training (Category Ⅰ, Ⅱ, Ⅲ, and follow-up), vertical staff trainings including disability survey, shoe maker training, and sewing trainings (patients and family) 2. Number of training: Same as the Output 1 plus 4 times of reconstructive surgery, two times of vertical staff trainings, 3 times of trainings of shoe making, two times of sewing training. 3. Duration of training: Same as the Output 1 plus 90 days of reconstructive surgery including post-operative physiotherapy, 12 days for sewing training., 7 days of disability survey, 10 days for special staining, and 20 days for shoe making training. 4. Number of persons: Same as the Output 1 plus 141 persons and 91 persons including 15 PALs for sewing were trained. 5. Acquired knowledge and skill: Not available. 6. Number of IEC materials for POD/POWD:12 types of IEC materials were produced. Two of them aim at self-care. Number of IEC materials became around 200,000 copies in total. 7. Number of MCR sandals distributed: Since March 2004, 1,810 MCR sandals have been made by trained shoe makers of 9 TS and 1,416 were delivered to PALs. 8. Number of reconstructive surgery performed: Some were performed. (2) Supplementary indicators As the above indicators don't completely represent the Output three, supplementary indicators were added. 1. As indicated in Functions of POD/POWD and Rehabilitation with Three Referral Centers - YLH, CSSC,MSSC (See Appendix 14), the capability of institutions was improved as expected. 2. As shown in Progress of Pilot Project on POD/POWD at 9 Selected Townships (See Appendix 15), 7 areas of training intervention have been almost achieved except the referral system. 3. Number of trained BHS and vertical staff who have knowledge on self-care become around 3,200 in 48 TS (The number of vertical staff and BHS in 9 selected TS is included). (3) Stakeholders' perception about the achievement C/Ps perceives that in general, the capabilities of BHS and vertical staff were improved to conduct POD/POWD services. The capability of shoe makers was significantly improved. (4) Conclusion

		Capabilities of staff of the concerned institutions and vertical staff to conduct POD, POWD and rehabilitation will be increased by the end of the project.
4	Capabilities of Basic Health Staff to conduct control of other diseases such as EPI, malaria, TB are improved (Training on Leprosy is conducted in integrated manner with other diseases)	(1) Indictor of Output The achievement for respective indicator of Output four in the PDM is as follows. 1. Type of Training: BHS training on Teaching Method, TB, EPI, Malaria, HIV/AIDS, Trachoma (TOT and BHS) and microscopic training on TB, and Malaria (TOT and laboratory technician) The microscopic trainings for TB and Malaria combined the microscopic training of skin smear which aims Leprosy detection. 2. Number of training: 6 times (TOT and BHS training) plus 6 times of microscopic training (TOT and laboratory technician) including skin smear. 3. Duration of training: 30.5 days (TOT and BHS training on Teaching Method, TB, EPI, Malaria, HIV/AIDS, Trachoma) plus 68 days (microscopic training.)including skin smear. 4. Number of persons: 81 vertical staff for TOT; accumulated 9,351BHS (3,091 in 2001, 3,119 in 2002, 3,141 in 2003) of BHS training in 48 TS (including other subjects) plus 42 persons for TOT and 46 laboratory technicians of township hospitals 5. The field evaluation for 86 BHS from 8 selected TS indicated that all category of BHS showed the increase of knowledge including other subject (P value:0.000). The field evaluation for skill examinations on Malaria and TB using standardized checklist (Aug 2004) indicated moderate improvement. (2) Supplementary Indicators As the above indicators don't completely represent the Output four, supplementary indicators were added. 1. Through BHS training, the message that leprosy is not special disease and treated as same as other disease was shared among vertical staff and BHS. 2. Combined training approach, which include major infectious diseases to leprosy as well as the evaluation workshop of BHS training made DOH aware of the necessity of integrated training approach. (3) Conclusion Actual activities under the Output four were trainings and post-assessment only. The project didn't have any further intervention on this field. However, the primary objective of the Output was to provide trainings on Leprosy in integrated manner with other infectious diseases as much as possible. In addition, about 3,000 BHS acquired the knowledge on other major infectious diseases, which is

		most in need at their working sites. In this context, the Output - Training on Leprosy is conducted in integrated manner with other diseases – was achieved.
5	Capabilities of Regional Leprosy Officers, Team Leaders and Medical Officers of district and township levels to manage leprosy control program are improved	The achievement for respective indicator of Output five in the PDM is as follows. 1. Type of Training: Capacity building workshop on (1) epidemiology, (2) project management, and (3) correct leprosy diagnosis 2. Once 3. Duration of training: 11days 4. 44 participants(Regional leprosy officers and team leaders of leprosy control only) 5. No evaluation conducted (2) Stakeholders' perception about the achievement Actual plan for the Output five seemed to be smaller scale than the activities described in the PDM. C/P appreciate the performance of the workshop. (3) Conclusion Medical officers from township and district level have not been involved in the workshop due to the limitation of workshop's capacity. The capabilities of Regional Leprosy Officers and Team Leaders to manage leprosy control programme were improved. Participation of Medical Officers of district and township levels was limited to manage leprosy control programme.
6	Referral and training function of respective institution are enhanced.	(1) Indicators As a result of providing facilities, equipment, technical support, and trainings in Japan, the followings were achieved. 1. Referral and training function of respective leprosy institution (YLH, CSSC,MSSC) were enhanced as shown in Enhanced Referral and Training Functions with Respective Institution (Appendix 16) 2. CSSC sustains and expands state /division-wise utilization and various sources of referral in new case detection, diagnosis, management of complication, and reaction. A training on special stains for Leprosy Histopathology was conducted in CSSC. 3. Mayanchaung Station Hospital, Hlegu Township in Yangon Division was included in the Project sites so that PALs of the resettlement site can access quality care and be referred to upper referral institution. 4. In YLH, standardized system of patient records

		including outpatients and in-patients were practiced and proper pre-post operative management with a check list was institutionalized in nursing care. For example, number of in-patient care for eye problem increased from 4 in 1999 to 54 in 2003. The laboratory service also improved both quality and quantity. For instance, staining technique of smear improved and 9 types of test became available while only one type of test had done before. (2) Conclusion Referral and training function of respective institution were enhanced.

3-2 Implementation Process of the Project

(1) Project Monitoring and Management

Because of large coverage of the area and various fields of intervention being involved in the Project, the Project management has been a challenge for the both the JICA experts and the Myanmar counterparts.

This implies that the managers of the Project have been required regularly to review an operating plan so that the Project would be implemented in the course of the Project Purpose. While necessary activities seemed to be performed in the actual field, the proper monitoring based on the indicators of the PDM hasn't been applied to the Project. When minimum monitoring was practiced for the Project, this kind of feedback hardly occurred. Any of Japan side could have proposed to review the PDM whenever it is necessary.

In the meantime, Leprosy Control Unit of Infectious Disease Control Division and Three Divisional Joint Meeting took a major role for driving the Project. During the initial phase of the Project, activities for POD/POWD were not sufficiently conducted since Leprosy Elimination had been the national priority. But the Leprosy Control Unit takes more active role since the Myanmar announced elimination of leprosy in January 2003.

(2) Relationships between JICA Experts, C/P, and target groups.

There used to be minimum dialogue between C/P and JICA experts at the initial stage. Myanmar prioritized the National Leprosy Elimination while JICA experts

emphasized the both Leprosy Elimination and POD/POWD. Although Leprosy Control Unit was keen to support the Project, imposed burden on Leprosy Control Unit about Leprosy Control Programme made little time to share the progress with JICA experts. While the JICA experts expected to have more frequent communication and involvement of other sections, Leprosy Control Unit couldn't bear the responsible beyond their duties.

At present, there is a regular dialogue between Leprosy Control Unit and the JICA Experts with regards to daily coordination. Annual Three Divisional Joint Meeting accommodates great opportunity for communication between counterparts both at central and implementation level.

Evaluation of BHS training workshop provided great opportunity for not only BHS but also vertical staff at both central level and implementation level including other disease sections to promote dialogue about integration of training.

Involvement of POD, POWD, and rehabilitation to medical care improved the health workers' attitude to PALs.

3-3 Results Based on Five Evaluation Criteria

The results of the analysis based on five evaluation criteria are summarized below.

3-3-1 Relevance

The relevance of the Project remains high by the time of evaluation. Because the Project is consistent with:

- WHO' global priority;
- National Health Plan and the strategy of Leprosy Control Programme in Myanmar;
- JICA country assistance programme ;
- the needs of the persons affected by leprosy (PALs) and health staff in Myanmar.

WHO set an international goal of reducing registered prevalence rate of leprosy

below one per 10,000. Myanmar used to be one of the fourteen endemic countries that compose the Global Alliance for Elimination of Leprosy. While the registered prevalence rate of national level became below one, Myanmar keeps WHO's global priority as some township haven't met this target.

The National Health Plan regards as leprosy as one of the 13 priority areas of disease control. Although Myanmar achieved the elimination of leprosy in January in 2003, it is still needs to achieve sub-national level Leprosy Elimination and to sustain the trend of elimination in nation wide. Further more, the government set strategies for reducing disabilities in people affected by leprosy, starting in 2005. Nine townships of the Project area were recognized to continue ongoing POD/POWD activities. Capacity building for BHS, LCP and hospital staff is priority under the strategy.

Based on economic cooperation policy towards Myanmar by the government of Japan, JICA has conducted Humanitarian Assistance, and other supports.
This project is categorized as one of priority area under the Humanitarian Assistance including other major infectious disease (HIV/AIDS, Malaria, and TB) and reproductive health to secure people's direct benefits.

Services for Person Affected by Leprosy (PAL) had been regarded as disease not eligible to the scope of general health service. The Project support PALs through POD/POWD activities. The aim of Project was to break through barrier for further enhancement of integration of leprosy control into general health services".

The strategic approach of BHS training and microscopic training is relevant. The integrated approach enhanced the barrier of health staff to PALs.

3-3-2 Effectiveness

The Project Purpose will be satisfactory achieved by the end of the project. Because:

- the major components of Leprosy control prgoramme - new case finding and treatment (MDT) - effectively conducted (0.5 per 10,000 in the three Division of the project area compared with Target Value: RPR<1/10,000 at national level);

- POD/POWD services were introduced into general health service (POD/POWD service package was introduced to 9 selected township; 3,000 BHS of primary care level acquired knowledge for self-care);
- Referral and training function of respective institution are enhanced (Functions of Three Referral Centers were Strengthened).

(1) Achievement of the Project Purpose

The table below shows the summary of the achievement for the Project Purpose to support the above statement. Four indicators, namely Registered Prevalence Rate (RP), New Case Detection Rate (NCDR), Treatment Completion Rate (TCR), and MDT coverage rate out of eight indicators of the Project Purpose achieved the target values. The rest of four indicators for Prevention of Disability, Prevention of Worsening Disability, and rehabilitation have not been set up the target value. In order to fill in gaps of the deficiency of indicators, an alternative indictors and additional indicators with qualitative assessment were applied.

Table: Achievement of the Project Purpose

Leprosy control programme including new case finding, treatment, POD, POWD and rehabilitation is conducted effectively with a sustainable referral system, together with the technical improvement of BHS not only for leprosy control but also for the control of other diseases such as tuberculosis(TB), malaria, and EPI, in the project sites	(1) Indictor of Project Purpose The achievement for respective indicator of Project Purpose is as follows. 1. Registered Prevalence Rate (RPR) will have reached at around 0.5 per 10,000 in the three Division of the project area by the end of the project. In other words, RPR of only 8 out of 48 townships (As of June 2004) still remain higher than 1 per 10,000. (Target Value: RPR<1/10,000 at national level) 2. New Case Detection Rate (NCDR) will be around 7.5 per 100,000 in 2005. (Target Value: NCDR<15/100,000) 3. Treatment Completion Rate (TCR) will remain around 98-99% by the end of the project. (Target Value: RCR>90%-95%) 4. MDT coverage will be sustained at 100% by the end of the project. (Target Value:100%) (2) Alternative indicators to the indicator 5-8 The indicators 5-8 in the PDM were not available because the project monitoring was not practice based on the indicators. Therefore, possibilities of alternative indicators were discussed among the stakeholders. As a result of discussion,

	the followings were recognized and applied to the evaluation. 1. As shown in Functions of POD/POWD and Rehabilitation with Three Referral Centers (Appendix 14), the capability of three institutions with POD, POWD and rehabilitation will be achieved as expected by the end of the project. 2. As shown in Service and Function in 9 Selected Hospital/TS (Appendix15), most activities were completed. There is still a room to make effective services operational. 3. Through BHS training, about 3,000 BHS of primary care level acquired knowledge and skill for self-care, which covered all 48 TS in the project area. (3) Supplementary indicators In order to fill in gaps of the deficiency of indicators for the above, the following qualitative indicators were discussed. 1. Involvement of POD, POWD, and rehabilitation to medical care improved the health workers' recognition and attitude to PALs. 2. The approach of POD, POWD, and rehabilitation were some extent accepted by PALs. For instance, some referral cases of reconstructive surgery were recognized. 3. Through BHS training, the message that leprosy is not special disease and treated as same as other infectious disease was shared among vertical staff and BHS. 4. Combined training approach, which include other major infectious diseases and leprosy as well as the evaluation workshop of BHS training made DOH aware of the necessity of integrated training approach.

(2) Outputs Contribution to the Project Purpose

The Output 1-3 principally contributed to realize the Project Purpose. However, it was achieved with the success of leprosy elimination programme at national level. In other words, the National Leprosy Control Programme, involving in social mobilizations such as school health activities, and mass media etc., drove the change of the indicators for case findings and MDT treatment while the project support the programme through BHS refresher training. However, the Output for POD, POWD, and rehabilitation became a major component for a later half of the project since the Myanmar had announced the elimination of leprosy in January in 2003.

(3) Contributing and inhibiting factors

The followings were identified as contributing factors.

- Myanmar's political commitment to Leprosy Control Programme and the Project
- Leprosy Control Programme including massive campaign for elimination of leprosy contribute realization of Leprosy Elimination

The followings were identified as inhibiting factors

- Regular transfer and delayed deployment of trained health staffs and key health staffs affected the Project
- Dispatch of a few short term experts were delayed or canceled by the economic cooperation policy towards Myanmar by the government of Japan

3-3-3 Efficiency

The Project activities generally lead producing Outputs efficiently. Inputs were converted not only to enhancing capability of human resources but also to strengthening function and quality services of leprosy institutions. But certain amount of inputs was not fully utilized due to regular transfer of trained health staff and delay of staff deployment. Some of activities were delayed due to unexpected natural disaster.

(1) Appropriateness of Inputs

Generally the quantity and the quality of assigned counterparts, equipment, and JICA experts were appropriate to produce the Outputs. Constructed training center and renovated facilities including provided equipments were generally appropriate in the local settings. For instance, only 7 items out of 210 items of equipment in YLH were not utilized (3%). Capabilities of dispatched JICA experts were also appropriate. Most of IEC materials, text books, and teaching tools were reprinted so that they would be easily accepted by users.

Although it doesn't represent the whole picture, there was a certain problem with dispatched JICA experts in terms of specialty. Some of them didn't have enough experience in the field of specialty.

(2) Timing of Inputs

Generally the timing of the delivered inputs didn't seriously affect the production of the Outputs. However, the delay of microscope distribution affected the microscopic training. Trainee couldn't practice the skills until the microscopes would arrive in their working place. While most of counterparts assigned in timely manner, a medical officer in MSSC hadn't been assigned for a certain period of time. A director of YLH is now vacant.

(3) Contributing and inhibiting factors

The followings were identified as contributing factors

- Collaboration between the Project and ILEP's (International Federation for Anti-leprosy Associations) project brought in effective development of POD /POWD service package in 9 selected township of the project area. The Project incorporated the services such nerve function assessment, reaction management, self-care, footwear, and treatment of ulcer of ILEP' project into the service package in the 9 selected townships. This contributed to save the time for the development of POD/POWD service.

The followings were identified as inhibiting factors

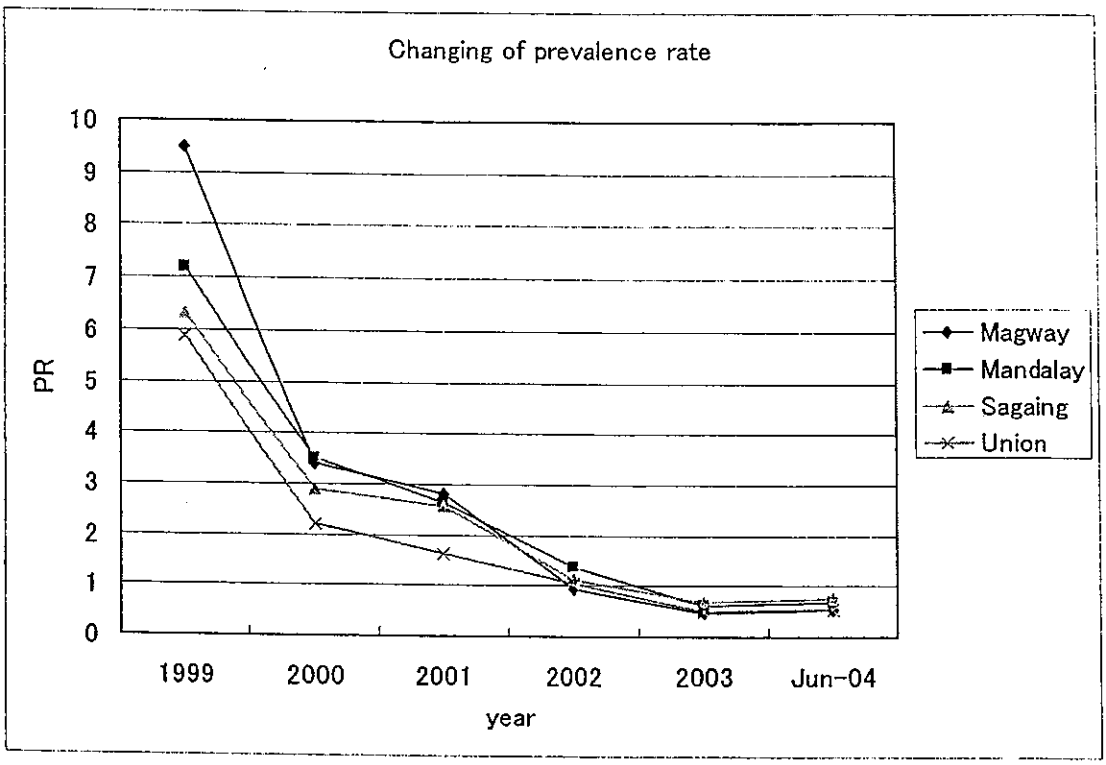
- Dispatch of a few short term experts and counterpart training in Japan were delayed or canceled by the economic cooperation policy towards Myanmar by the government of Japan

3-3-4 Impact

Synergistic effect of Leprosy Control Programme and the Project brought about the expected impact in some extent. The indicator for elimination of leprosy has reached at the target values. Some unexpected positive impacts were recognized.

(1) Overall Goals (Expected Impact)

Registered prevalence rate has reached at 0.48 in Magway, 0.63 in Sagaing, and 0.67 in Mandalay. All of them attained the national target: below 1/ 10,000 as shown the table below.



The children detection rate (below the age of 15) among new cases has shown the trend of constant decrease. It is predicted that the trend will be sustained. New case detection rate (NCDR) also has shown the trend of constant decrease. The NCDR of 61.8 / 100,000 in 1999 became 7.61/ 100,000 in 2003.

POD/POWD and rehabilitation service were introduced into the project sites although they only cover 9 townships out of 48 townships in the project sites.

(2) Additional Impact

The followings were recognized as positive impacts.

- Covering Mayanchung leprosy colony by the Project raised the awareness on PALs among various stakeholders including Japanese community in Mynamar and mobilize substaintical resources for the support.
- Anticipated services for POD/POWD in 9 townships of the project sites together with 2 townships of ILEP project have lead the adoption of national strategic sites for POD/POWD service after 2005.
- Combined BHS training had raised the awareness on the necessity of integrated BHS training.

- The Project raised the social interest on PALs to some extent.

3-3-5 Sustainability

While case finding and treatment under the Leprosy Control Programme will be sustainable, POD/POWD service will not be sustained without additional resources. Regarding referral institution, measures for chronic shortage of staff and high occurrence of transfer can be key factors to sustain acquired function and improved service. Despite the DOH interest of integrated BHS training and upgrading of capability of staff, organizational arrangement together with budget allocation doesn't exist to drive the integrated BHS training forwards yet.

(1) Case finding and treatment

Case finding and treatment under the Leprosy Control Prgoramme are being incorporated in the existing organizational arrangement in terms of human resources, technical and work assignment, and budgeting system. Therefore, trained vertical staff will be able to carry out the work along with the Programme. Trained BHS for the knowledge on case finding and treatment should be practiced at their working sites when it is necessary. Although field monitoring for assessing the outcome of training is necessary, this kind of regular monitoring system is not institutionalized yet.

(2) POD/POWD

Ministry of Health has a will to expand the POD/POWD service not only to the 9 townships of the project sites but also the whole area of the country. The Strategy for Leprosy Control beyond 2005 clearly stated the inclusion of POD/POWD service within the National Control Programme. The Project supported to improve capacity of vertical staff and BHS on POD/POWD through training and the introduction of POD/POWD service package into 9 townships. POD/POWD service package was introduced into 9 townships. In this context, the prospect of sustainability on technical capability and human resource is likely to be maintained in certain period.

However, POD/POWD service will not be sustained without additional resources. Weak part for POD/POWD service is financial aspect. Particularly, reconstructive

surgery impose large amount of money for both patient and health institutions. Due to the transfer of trained doctor for reconstructive surgery, it is not technically sustainable without the replacement. It is also needed to take out the reluctance to the surgery among patients in order to extend the service.

(4) Referral Institutions

Generally three institutions (YLH, CSSC, MSSC) are under the control of Medical Care Division of DOH. In other words, they basically operate their function along with the existing organizational arrangement in terms of deployment of staff, technical and work assignment, and budgeting system.

Therefore, improved technical capability of staff as well as institutional function will be maintained by Medical Care Division. However, regular transfer of staff, particularly doctors, chronic shortage of staff can be inhibiting factors to sustain acquired function and improved service.

(3) BHS training

Despite DOH's interest of integrated BHS training, organizational arrangement together with specified budget doesn't exist to drive the integrated BHS training forwards yet.

3-3-6 Contributing factor

Strong commitment of the government of Myanmar drove the project implementation.

3-4 Conclusion

The relevance of the Project remains high because the Project is consistent with WHO global priority, the National Health Plan, Leprosy Control Programme in Myanmar, JICA country assistance programme, the needs of the persons affected by leprosy (PALs) and health staff in Myanmar. The training approach was also appropriate in terms of further enhancement of integration of leprosy control into

control into general health services.

The Project Purpose will be satisfactorily achieved by the end of the project. The Project achieved that the major components of Leprosy control programme effectively conducted, POD/POWD services will be completely introduced into general health service in 9 selected townships, and referral and training function of respective institution were enhanced in the project area.

The Project activities generally lead producing Outputs efficiently. Inputs were converted not only to enhancing capability of human resources but also to strengthening function and quality services of leprosy institutions. But certain amount of inputs was not fully utilized due to regular transfer of trained health staff and delay of staff deployment.

Synergistic effect of Leprosy Control Programme and the Project brought about the expected impact to some extent. The indicator for elimination of leprosy has reached at the target values. Some unexpected positive impacts were recognized such as raising the awareness about PALs among various stakeholders, adoption of POD/POWD service 9 townships for national strategic sites, and .raising the awareness on the necessity of integrated BHS training.

While case finding and treatment under the Leprosy Control Programme will be sustainable, POD/POWD service will not be sustained without additional resources. Regarding referral institution, measures for chronic shortage of staff and high occurrence of transfer can be key factors to sustain acquired function and improved service in the future. Despite DOH's interest of integrated BHS training, organizational arrangement together with budget allocation doesn't exist to drive the integrated BHS training forwards yet.

4. RECOMMENDATIONS AND LESSONS LEARNED

4.1 Recommendations

4.1.1 Recommendations for the Project and DOH (Short-term: until the end of the Project)

(1) The Project should complete the analysis of the disability survey. Based on the analysis, the action plans of each township should be developed.

(2) DOH should develop a plan for the model service of POD/ POWD to the selected 9 townships for the expansion of the outputs to other areas in Myanmar. Based on this plan, DOH should propose a follow-up plan to JICA office by December 20, 2004.

(3) DOH should fulfill essential vacant posts of YLH as soon as possible so that the improved functions of the institute will be enhanced as a result of effective technical cooperation.

(4) The Project should strengthen the function as the Referral Centers for YLH and MSSC.

(5) Leprosy Control Programme needs to coordinate initiatively the consultative meeting on POD/POWD in Myanmar which will be held in February 2005. This meeting should be utilized as the opportunity for sharing the experiences from the Project with other donors or countries.

4.1.2 Recommendations for MOH, DOH and Leprosy Control Programme (Long -term: after the end of the Project)

(1) To sustain the Leprosy Elimination at the national level and continue to encourage to achieve Leprosy Elimination at all townships.

(2) To assign a person as the shoe maker at every township where POD/POWD are introduced for proper provision of foot wear.

(3) To conduct a survey on evaluating BHS's performance linked to the project activities. The results and outputs should be utilized for planning of system development for capacity building of basic health staff with good coordination mechanism.

(4) To promote rehabilitation services at community level for PALs together with other disabled persons.

(5) To maintain utilization of YLH training facility as much as possible.

(6) To establish referral system between three institutions and townships.

4.2 Lessons Learned

(1) The Project targeted one of the most vulnerable people suffered from the poverty and discrimination. As a result, it draws of the interests of a lot of outsiders, such as Japanese NGOs, media personnel, and Japanese PALs.

(2) In the implementation process of the project, the Myanmar counterparts at the central level continuously work without change of assigned persons and lead good coordination with JICA experts. It brought positive influences on efficiency and sustainability of the Project.

(3) According to work plans, the Project implemented the activities not only at central level but also at field level. The feedback from field level improved the planning of central level. At the same time, three divisional meeting promoted the mutual understanding among stakeholders.

(4) The Project implemented the BHS training for Leprosy and other infectious diseases in integrated manner. This approach showed one model of the training for the health care providers in terms of cost effectiveness and efficiency.

(5) The materials used for the POD/POWD services were at low cost and available at local areas. That made the Project more effective and brought the sustainability for these services.

(6) PDM including the indicators could have been revised in the course of project implementation when discrepancy had been found.

Appendix 1

Project Name: The leprosy Control and Basic Health Service Project

Duration: April 2000 – March 2005

Project Area: 48 Township in the Division of Magway, Mandalay and Sagaing in the Union of Myanmar*

Target Group: Health staff working under the Leprosy Programme and BHS**

Date: 25 February 2003

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal: 1 Elimination of leprosy is achieved and sustained in the project sites 2 Comprehensive leprosy control programme including case finding , treatment and rehabilitation is enhanced in every region of Myanmar 3 POD, POWD, and rehabilitation services are widely available for Persons Affected by Leprosy (PALs) in the project sites 4 Monitoring and evaluation system on POD/POWD is established	For 1-2 Registered prevalence rate is sustained below 1/10,000 New case detection rate shows the trend of constant decrease For 3-4 No. of voluntary reporting cases among new cases increases No, of person who got new disability decrease every year	For 1-2 Monthly ad annual reports of leprosy control programme (LCP) of Dept. of Health Special reports of DOH Annual reports of LCP (or sample surveys in independent evaluation) For 3-4 Special survey	
Project Purpose: Leprosy control programme including new case finding, treatment, POD, POWD and rehabilitation ins conducted effectively with a sustainable referral system, together with the technical improvement of BHS not only for leprosy control but also for the control of other diseases such as tuberculosis(TB), malaria, and EPI, in the project sites	At the end of project, 1 Registered Prevalence Rate has the decreasing trend every year, preferably reaches and maintains less than 1 per 10,000 at most of project township 2 New case detection rate shows the decreasing tendency every year 3 Treatment completion rate remains high level (90%-95%) 4 MDT coverage is sustained at 100% 5 Coverage of POD practices (Self-care, Footwear etc.) and Medical & Social Rehabilitation processes is increased 6 No. of leprosy patients who receive treatment for side effects or leprosy 7 No. of reconstructive surgery increase 8 Coverage of leprosy patients who receive self care education by BHS increase	For indicators 1, 2, 3, and 4: Monthly and annual reports of LCP For 1-4 Annual reports of LCP Monthly and annual reports of LCP Special reports of DOH Hospital records, Records of BHS and Project documents Sample survey Hospital records, Records of BHS and Project documents Hospital records, Records of BHS and Project documents	1 Achievement of the project is transferred to other areas 2 National health policy of Myanmar continues to set priority for leprosy control programme even after the achievement of the international goal at national level 3 Efforts of other development partners on Myanmar's leprosy control continue 4 Governmental and other international support to the medical sector is not weakened

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

3 Provide Training on Prevention and Rehabilitation 3-1 Make plan and curriculum 3-2 Prepare training materials 3-3 Provide necessary equipment for training 3-4 Implement TOT 3-5 Implement training courses (see the attached matrix for training plan) 3-6 Assess the trainees' learning 4 Provide Training on Other Diseases 4-1 Prepare training curriculum of other disease 4-2 Implement TOT 4-3 Implement training of other diseases as a part of the above leprosy-related training opportunities 4-4 Assess the trainees' learning 5 Provide Training on Programme Management 5-1 Make plan and curriculum 5-2 Prepare training materials 5-3 Provide necessary equipment for training 5-4 Implement TOT 5-5 Implement training courses (see the attached matrix for training plan) 5-6 Assess the trainees' learning 6 Enhance Function s of Leprosy Hospitals 6-1 Construct training center at YLH 6-2 Renovate laboratory at YLH 6-3 Renovate operation theater at YLH 6-4 Renovate SSCM building 7 Other Necessary Activities 7-1 Formulate overall and annual plans of project operations 7-2 Carry out administrative work such as financial management and personnel management of the project 7-3 Carry out Joint Coordinating Committee Meeting every year		Pre-condition 1 Support from central and local government of Myanmar is available in terms of finance, personnel and 2 Project activities are accepted by the target group and beneficiaries in the project area 3 Basic infrastructure such as water, electricity, tele-communication and roads is available in the project sites

* 48 Township: 25TSs in Magway , 4TSs in Mandalay, and 19TSs in Sagaing, Number of beneficiaries account for 8.9 million(17.5% of the total population in Myanmar)

** (1) Township hospital staff including medical doctors, nurses and laboratory technicians, (2) Vertical staff for laboratory control programme including Team Leader, Leprosy Inspector, Assistants Leprosy Inspector, Junior Leprosy Worker, and Laboratory Technicians, and (3) Basic Health Staff (BHS) including Health Assistant., Public Health Supervisor I , Lady Health Visitor, Midwife, and Public Health Supervisor II)

Appendix 2

Evaluation Grid for Achievements and Process

Study item	Evaluation questions	Indicators or Focus for the evaluation	Required information and data	Source of information	Method for collecting information and data
Achievement (Overall Goal)	Achievement of the Overall Goal: Current and projected status of "Elimination of leprosy is achieved and sustained in the project sites".	- Registered prevalence rate is sustained below 1/10,000 - Children rate shows the trend of constant decrease - New case detection rate shows the trend of constant decrease - The scale of service (activities) for POD, POWD and rehabilitation scales up	- Number of registered and registered prevalence rate, by year and area (division, township) - Registered prevalence rate of children, by year - Number of new case and new case detection rate, by year and area (division, township)	- Project team (Japanese experts and Myanmar C/P) - Leprosy Control Unit	- Reports and provided documents and files (incl. preliminary review) - Answers to questionnaire (answers to be collected beforehand) - Interviews to relevant person (at the field visits)
	Achievement of the Overall Goal: Current and projected status of "Comprehensive leprosy control programme including case finding , treatment and rehabilitation is enhanced in every region of Myanmar".				
	Achievement of the Overall Goal: Current and projected status of "POD, POWD, and rehabilitation services are widely available for Persons Affected by Leprosy (PALs) in the project sites".	- No. of voluntary reporting cases among new cases increases - No. of person who got new disability decrease every year	- Number (or proportion) of voluntary reporting cases and total new cases, by year and area - Number of person who got new disability, by year and area	- Project team (Japanese experts and Myanmar C/P) - Leprosy Control Unit	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person
	Achievement of the Overall Goal: Current and projected status of "Monitoring and evaluation system on POD/POWD is established".	- Monitoring tools such as monitoring protocol, guideline and feedback procedure, etc.) are applied. - Personal, responsible organization with budget are appointed and the activities are put into practice.	- Related documents, records - The scale of personal, organization and budget		
Achievement (Project Purpose)	Achievement of the Project Purpose: Current and projected status of "Leprosy control programme including new case finding, treatment, POD, POWD and rehabilitation ins conducted effectively with a sustainable referral system, together with the technical improvement of BHS not only for leprosy control but also for the control of other diseases such as tuberculosis(TB)), malaria, and EPI, in the project sites".	1. Registered Prevalence Rate has the decreasing trend every year, preferably reaches and maintains less than 1 per 10,000 at most of project township	For indicators 1, 2, 3, and 4: - Monthly and annual reports of LCP - Annual reports of LCP - Monthly and annual reports of LCP - Special reports of DOH	- Project team (Japanese experts and Myanmar C/P) - Leprosy Control Unit	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person or Presentation by the project team
		The following indicators of PDM are assumed as supplementary indicators of the project purpose. 2. New case detection rate shows the decreasing tendency every year 3. Treatment completion rate remains high level (90%-95%) 4. MDT coverage is sustained at 100% 5. Coverage of POD practices (Self-care, Footwear etc.) and Medical & Social Rehabilitation processes is increased 6. No. of leprosy patients who receive treatment for side effects or leprosy reactions increase 7. No. of reconstructive surgery increase 8. Coverage of leprosy patients who receive self-care education by BHS increase	- Relevant records made by the staff in the hospitals or the project records		
		What are the specified target values of the above indicator 5-8 if they were set up?	Revised PDM, monitoring records	The project team	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person or Presentation by the project team
		How much did the infectious disease control other than leprosy, which was mounted in the project, contribute the project purpose? What is the degree of achievement with that part?			

Appendix 2

Achievement (Output)	Degree of achievement of the Output Ⅰ: Capabilities of staff of the concerned institutions (see above) to conduct leprosy case finding are increased	1. Types of training	1. Types of training	The project team	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person or Presentation by the project team
		2. Number of training	2. Number of training		
		3. Duration of training (number of days)	3. Duration of training (number of days)		
		4. Number of staff trained	4. Number of staff trained		
		5. Degree of acquired knowledge and skills of training participants	5. Degree of acquired knowledge and skills of training participants		
		- Did the project specify target values of the above indicator 1-4? - How did the project set up the content and level of knowledge and skill that each participant or institution should acquire from the trainings? - How the project assess the effects of the training and what were the results of the training assessment?	monitoring records, project record		
Achievement (Output Ⅱ)	Degree of achievement of the Output Ⅱ: Capabilities of staff of the concerned institutions to conduct treatment (MDT, side effects, reactions and so on) are increased	1. Types of training	1. Types of training	The project team	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person or Presentation by the project team
		2. Number of training	2. Number of training		
		3. Duration of training (number of days)	3. Duration of training (number of days)		
		4. Number of staff trained	4. Number of staff trained		
		5. Degree of acquired knowledge and skills of training participants	5. Degree of acquired knowledge and skills of training participants		
		'- Did the project specify target values of the above indicator 1-4? - How did the project set up the content and level of knowledge and skill that each participant or institution should acquire from the trainings? - How the project assess the effects of the training and what were the results of the training assessment?	monitoring records, project record		
Achievement (Output Ⅲ)	Degree of achievement of the Output Ⅲ:Capabilities of staff of the concerned institutions and vertical staff to conduct POD, POWD and rehabilitation are increased	1. Types of training	1. Types of training	The project team	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person or Presentation by the project team
		2. Number of training	2. Number of training		
		3. Duration of training (number of days)	3. Duration of training (number of days)		
		4. Number of staff trained	4. Number of staff trained		
		5. Degree of acquired knowledge and skills of training participants	5. Degree of acquired knowledge and skills of training participants		
		- Did the project specify target values of the above indicator 1-4? - How did the project set up the content and level of knowledge and skill that each participant or institution should acquire from the trainings? - How the project assess the effects of the training and what were the results of the training assessment?	monitoring records, project record		

		What are the baseline and the target value of MCR sandals?	Type and number of IEC materials for self-care		
		What are the baseline and the target value of IEC materials?	Type and number of MCR sandals		
		What are the baseline and the target value of reconstruction operation?	Type and number of reconstruction operations		
Achievement (Output IV)	Degree of achievement of the Output IV: Capabilities of Basic Health Staff to conduct control of other diseases such as EPI, malaria, TB are improved	1. Types of training	1. Types of training	The project team	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person or Presentation by the project team
		2. Number of training	2. Number of training		
		3. Duration of training (number of days)	3. Duration of training (number of days)		
		4. Number of staff trained	4. Number of staff trained		
		5. Degree of acquired knowledge and skills of training participants	5. Degree of acquired knowledge and skills of training participants		
		- Did the project specify target values of the above indicator 1-4? - How did the project set up the content and level of knowledge and skill that each participant or institution should acquire from the trainings? - How the project assess the effects of the training and what were the results of the training assessment?	monitoring records, project record		
Achievement (Output V)	Degree of achievement of the Output V: Capabilities of Regional Leprosy Officers, Team Leaders and Medical Officers of district and township levels to manager leprosy control programmes are improved	1. Types of training	1. Types of training	The project team	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person or Presentation by the project team
		2. Number of training	2. Number of training		
		3. Duration of training (number of days)	3. Duration of training (number of days)		
		4. Number of staff trained	4. Number of staff trained		
		5. Degree of acquired knowledge and skills of training participants	5. Degree of acquired knowledge and skills of training participants		
		- Did the project specify target values of the above indicator 1-4? - How did the project set up the content and level of knowledge and skill that each participant or institution should acquire from the trainings? - How the project assess the effects of the training and what were the results of the training assessment?	monitoring records, project record		

Appendix 2

Actual Input (Myanmar)	- Number of C/P with their responsible working field - Total number of time- persons engaged in the project - Provision of land, construction of facilities and provision of equipment - Utilities such as water, electricity - Responsible cost sharing for training - Other operational cost for the project - Two project office - Other	- What are inputs of Myanmar side for the project? - Has budget, facilities and personals been input as planned? - Has cost sharing for training been increased 20% annually as expected ?	related documents etc.	- DOH - Project team	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person
Actual Input (Japan)	- Number of long-term experts and specialized field - Number of short-term experts and specialized field - Facilities, equipment and supplies provided - Number and specialized field of trainee received - Project operation cost	- Were personals, equipment, and facilities provided as planned	related documents etc.	- JICA program officer - JICA experts	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person
Project team	- How has the project been managed ? - Were number and period of assigned C/P appropriate? What were their responsibility? - How did you manage the project operation? - What proportion did the Myanmar side provide the training cost?	- Grasp the role and the management characteristics of the project team regarding to the project monitoring and management	- Various meeting records - Monitoring reports	- Japanese experts - C/P	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person
Progress of activities		- Method of ensuring the progress of activities - Countermeasure and assessment method of prohibiting factors to the progress of activity	- Various meeting records - Monitoring reports	- Japanese experts - C/P	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person
Monitoring for Project Purpose and Outputs	Monitoring mechanism	- What extent is the PDM understood among key stakeholders? Was the PDM revised? - How was the project monitoring conducted? - How often are progress meetings at Mandalay and Yangon held? - How was the result of the progress meeting feed baked to the relevant organization?	- Various meeting records - Monitoring reports	- DOH, - JICA office, JICA HQ - C/P and Experts	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person
	Response to the external assumptions	Was there any external condition that affected the project? How did the project team manage it?	Change of external condition with its verifiable indicator	- DOH, - JICA office, JICA HQ - C/P and Experts	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person
	Response to pre-condition	Was there any change on pre-conditions in PDM? If there is a change, how did you coped with it?	- Change of pre-condition with its verifiable indicator - Support from central and local government of Myanmar is available in terms of finance, personnel and facilities - Project activities are accepted by the target group and beneficiaries in the project area - Basic infrastructure such as water, electricity, tele-communication and roads is available in the project sites	- DOH, - JICA office, JICA HQ - C/P and Experts	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person

Appendix 2

Relationship between C/P and Experts	Communication and sharing of problem recognition	- Is there sufficient communication between C/P and Japanese experts? - Was common purpose shared between C/P and Japanese experts?	Frequency of meetings, recording methods, and communication with remote area	- C/P and Experts	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person
Involvement of beneficiaries	Involvement of beneficiaries	- Participation to collecting information and planning process - Sharing of problem recognition and participation to the part of the project activities - Participation to the evaluation and feedback to the program	- Change on recognition, relationship, and attitude	Perception on behavior change and inter-relationship among stakeholders	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person
Degree of project ownership	- Did the responsible persons for the project management regularly meet and exchange the project information? - What kind of initatives has Myanmar side taken since the project had commeced? - How will (was) the project experience defused to other area?	-Proportion of members who participate the meeting - Number of C/P and deployment - accounting statement	- Sharing of problem solving method	- Recognition on the project	- Reports and provided documents and files - Answers to questionnaire - Interviews to relevant person

Appendix 2

Grid for Five Evaluation Criteria

5 criteria	Evaluation Question		Criteria or Focus for the evaluation	Required information and data	Source of information	Method of collecting information
	Investigation item	Question guide				
Relevance (Are outputs, project purpose, and overall goal still meaningful as objectives at the time of evaluation?)	1. Are the Overall Goal and the Project Purpose consistent with the needs of target groups such as basic health staff, leprosy patients and their families ?	11-1 Were the trainings given to the health staff and the professionals including the personel working at the affiliated organizations relevant to the Overal Goal and the Project Purpose?	Availability of basic study, baseline survey, and needs assessment survey that indicate the needs of each group respectively	- Analytical description or statistics on Malaria, Tuberculosis and other vaccine preventable diseases - Baseline survey and other assessment survey	- LCP, EPI units - Project team - Special Hospital, Township Hospitals, RHC, SRHC, Leprosy patients, leprosy patients' family and visitors of primary health care facilities	- Provided reports, documents and files (incl. preliminary review) - Answers to questionnaire (Answers to be collected beforehand) - Interviews to relevant person (at the field visits)
		1-2 Was the establishment of referral system essential issue within the leprosy control?	Availability of basic study, baseline survey, and needs assessment survey that indicate the needs of each group respectively	- Analytical description or statistics on Malaria, Tuberculosis and other Vaccine preventable diseases - Baseline survey and other assessment survey	- LCP	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	2. Are the Overall Goal and the Project Purpose consistent with Japan's official development aid policy and JICA's country program for Myanmar?	2-1. Are the Overall Goal and the Project Purpose relevant to the Japan's official development aid policy and JICA's country specific program for Myanmar?	Presence of issues that describe the importance of human resource development, importance of infectious diseases and primary health care in the policy documents	- ODA country assistance program - JICA's county specific program	JICA program officer, JICA Myanmar office	- Provided reports, documents and files - Interviews to relevant person
	3. Are the Project Purpose and Outputs consistent with Myanmar's Health Program and Human Resource Development Program (if available) ?	3-1. Are the Overall Goal and the Project Purpose relevant to Myanmar's Health Program as well as the Health Plan of target division?	Concrete words from responsible position or descriptions in relevant documents	- National Health Policy/Plan - relevant policy statement	- DOH director and Divisional Heath - Divisional Health Department	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
		3-2. Are the Overall Goal and the Project Purpose consistent with Leprosy Control Program and re-education program for basic health staff of Myanmar?	Concrete words from responsible position or descriptions in relevant documents	Control Plan or Health Human Development Plan - relevant policy statement	- DOH director and Divisional Heath - Project Team	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person

	4. Is the project strategy being undertaken still appropriate?	4-1. Is the Project Purpose still effective means to achieve the overall Goal?	- Consistent perception on the logicality of PDM -Change on the indicators of the overall goal in conjunction with change the indicators of the project purpose	- Records of revised PDM, monitoring report, management report - relevant statement	- DOH director and Divisional Heath - Project Team	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
		4-2. Is each Output still effective means to realize the Project Purpose?	- Consistent perception on the logicality of PDM -Change on the indicators of the Overall Goal in conjunction with change the indicators of the Project Purpose	- Records of revised PDM, monitoring report, management report - relevant statement	- DOH director and Divisional Heath - Project Team	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
		4-3. Are the selected target groups and areas still appropriate?	Consistent perception on acceptability, size, equity, influence of problem of target groups	- Records of revised PDM, monitoring report, management report - relevant statement	- DOH director and Divisional Heath - Project Team	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	1. To what extent the project purpose -Leprosy control programme including new case finding, treatment, POD, POWD and rehabilitation ins conducted effectively with a sustainable referral system, together with the technical improvement of BHS not only for leprosy control but also for the control of other diseases such as tuberculosis(TB)), malaria, and EPI, in the project sites - has achieved?	1-1. How were the expected values of indicators for the project purpose set up ? If they were not why?	Availability of objective verifiable indicator to monitor the effectiveness of the project	- Summarized data of indicators including planned and actual - records of revised PDM	- DOH director and Divisional Heath - Project Team	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
		1-2. Will the project purpose be achieved at the end of the project?			- DOH director and Divisional Heath - Project Team	

Appendix 2

Effectiveness (Was the effect produced by the project?)	2. Was an effect produced by the achievement of each Output?	2-1. Has the change on the indicators of the Project Purpose resulted the change on the indicators of each output?	Logicality can be demonstrated if the both indicators changed in parallel	· Summarized data of indicators including planned and actual · records of revised PDM	· DOH director and Divisional Heath · Project Team	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person
		2-2. Is there any additional Output with substantial Inputs? Should the Outputs be added in PDM ?	Internal verification of the project	· Records of revised PDM · Plan of operation, monitoring report	· DOH director and Divisional Heath · Project Team	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person
	3. Was there any external assumption which affected the effectiveness of the Project Purpose?	3-1. Were there any influences of important assumptions that affect the Project Purpose? Followings are indicated in PDM. -Participants of training programmes remain as a staff of the concerned institutions in Myanmar after the completion of training · Consumption goods such as drugs, materials for rehabilitation are provided sufficiently · Medical staff in the project sites does not decrease in number · Concerned medical facilities are maintained in the project sites	External verification of the project	· Records of revised PDM · Plan of operation, monitoring report	· DOH director and Divisional Heath · Project Team	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person
		3-2 What about an externality which is not indicated in the PDM?	External verification of the project	· Plan of operation, monitoring report	· DOH director and Divisional Heath · Project Team	
	4. What were the contributing / inhibiting factors which affected the effectiveness of the project?	4. What were the contributing / inhibiting factors which affected the effectiveness of the project?	Influence by operational environment such as project platform and political-social factors	· Specific data / information that indicate the factors	· DOH director and Divisional Heath · Project Team	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person
		1-1. Were the capacity, the technical specialty, the number of the assigned counterparts and period of activities of the counterparts appropriate?	Actual inputs of C/P to planned C/P inputs	· Associated data within Inputs records, Plan of Operation, Monitoring report etc. · Perception of the project team and stakeholders	· The project team (incl. C/P) · Stakeholders such as DOH	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person

Efficiency (Is the Output corresponding to the supplied amount of resource, or can it be said that the project was efficient?)	1. Were the Inputs appropriate in terms of quality and quantity?	1-2. Were the supplied equipment and materials for each output appropriate?	Actual performance /records to planned specification / material inputs	· Associated data within Inputs records, Plan of Operation, Monitoring report etc. · Perception of the project team and stakeholders	· The project team (incl. C/P) · Stakeholders such as DOH	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person
		1-3. Were the capacity and technical specialty of the experts appropriate?	Actual technical performance to planned personal inputs	· Associated data within Inputs records, Plan of Operation, Monitoring report etc. · Perception of the project team and	· The project team (incl. C/P) · Stakeholders such as DOH	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person
	2. Were the Inputs delivered in timely manner?	2-1. Were the staff and counterparts assigned in timely manner?	Actual timing of deployment of C/P to planned timing	· Associated data within Inputs records, Plan of Operation, Monitoring report etc. · Perception of the project team and	· The project team (incl. C/P) · Stakeholders such as DOH	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person
		2-2. Were the relevant materials and equipment delivered to the counterparts in timely manner?	Actual timing of delivery of facility/materials to planned timing	· Associated data within Inputs records, Plan of Operation, Monitoring report etc. · Perception of the project team and	· The project team (incl. C/P) · Stakeholders such as DOH	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person
		2-3. Were the experts dispatched in timely manner?	Actual timing of dispatch of experts to planned timing	· Associated data within Inputs records, Plan of Operation, Monitoring report etc. · Perception of the project team and	· The project team (incl. C/P) · Stakeholders such as DOH	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person
	3. Was there alternative means for achieving each Output efficiently	3-1. Were there any activities overlapped with other institution?	Comparison with an other approach in the Objective tree	· Associated data within Inputs records, Plan of Operation, Monitoring report etc. · Perception of the project team and	· The project team (incl. C/P) · Stakeholders such as DOH	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person
		3-2. Were there any other alternative means and methods ?	Comparison with an other approach in the Objective tree or similar projects if available	· Associated data within Inputs records, Plan of Operation, Monitoring report etc. · Perception of the project team and	· The project team (incl. C/P) · Stakeholders such as DOH	· Provided reports, documents and files · Answers to questionnaire · Interviews to relevant person

	4. Was there any influence of external conditions that affected the achievement of the Outputs?	4. Was there any influence of external conditions that affected the achievement of the Outputs? - Equipment procured from Japan arrives in the project sites on time - Safety is secured in remote area of the project		- Associated data within Inputs records, Plan of Operation, Monitoring report etc. - Perception of the project team and	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	5. What were the contributing / inhibiting factors which affected the efficiency of the project?	5. What were the contributing / inhibiting factors which affected the efficiency of the project?		- Associated data within Inputs records, Plan of Operation, Monitoring report etc. - Perception of the project team and	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
Impact (Are there any prospects of the indirect and ripple effects produced by the implementation of the project?)	1. Prospect of the achievement of the Overall Goal – (1) Elimination of leprosy in achieved and sustained in the project sites; (2) Comprehensive leprosy control programme including case finding , treatment and rehabilitation enhanced in every region of Myanmar; (3) POD, POWD, and rehabilitation services are widely available for Person Affected by Leprosy (PALs) in the project sites; and (4) Monitoring and evaluation system on POD/POWD is established	1-1. To what extent the Overall Goal - each of (1) - (4) has achieved?	Recognition of actual change to expected change	- Perception of stakeholders - Results of achievement and process question	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
		1-2. To what extent the Project Purpose has contributed to realize the Overall Goal?	- Consistent perception to the cause - effect relationship between the Project Purpose and the Overall Goal - Change on the indicators of the Overall Goal in conjunction with change on the indicators of the Project Purpose	- Perception of stakeholders - Results of achievement and process question	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	2. Possible influence of external conditions to the Overall Goal	2. Are there any prospects of external conditions that may affect the achievement of the Overall Goal? - Achievement of the project is transferred to other areas - National health policy of Myanmar continues to set priority for leprosy control programme even after the achievement of the international goal at national level - Efforts of other development partners on Myanmar's leprosy control continue - Governmental and other international support to the medical sector is not weakened	If there is change on external conditions of the PDM	- Perception of stakeholders - Results of achievement and process question	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	3. Unexpected Positive/ Negative impact at the time of termnal evaluation	3-1. Is there any unexpected and positive impact?	- Recognition of positive change on target groups - Positive change on target groups with verifiable data	- Perception of stakeholders - Perception of target groups	- The project team (incl. C/P) - Stakeholders such as DOH - Basic Health Staff, Specialists for Leprosy	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person

		3-2. Is there any unexpected and negative impact?	- Recognition of negative change on target groups - Negative change on target groups with verifiable data	- Perception of stakeholders - Perception of target groups	- The project team (incl. C/P) - Stakeholders such as DOH - Basic Health Staff, Specialists for Leprosy	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	4. What were contributing / inhibiting factors which affected the achievement of the Overall Goal or what will be expected contributing / inhibiting factors which may affect the achievement of the Overall Goal?	4. What were contributing / inhibiting factors which affected the achievement of the Overall Goal or what will be expected contributing / inhibiting factors which may affect the achievement of the Overall Goal?		Specified factor	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	5. What were contributing and inhibiting factors, which brought unexpected positive or negative impacts?	5. What were contributing and inhibiting factors, which brought unexpected positive or negative impacts?		Specified factor	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	1. Are there any possibilities that the activities carried out by the project can be continuously implemented?	1-1. (1) Which organization will take up the Output and continue the project activities?	- Recognition of issues on sustainability - Political will and plan - Availability of concrete human resources, budget, organization and system	- Perception of DOH, other stakeholders - Actual plan	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person

Appendix 2

Sustainability (Will the effect of the project maintained after the completion of the project)		1-2. Will equipment, facilities and human resources be appropriately and continuously provided in the future? What extent does your organization provide those resources?	- Recognition of issues on sustainability - Political will and plan - Availability of concrete human resources, budget, organization and system	- Associated data within Inputs records, Plan of Operation, Monitoring report etc. - Perception of the project team and stakeholders	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	2. Are there any prospects that equipments provided by the project and trained counterpart personnel can be effectively utilized?	2. Are there any prospects that equipments provided by the project and trained counterpart personnel will be effectively utilized?	- Present performance on operation and maintenance - Availability of O/M mechanism including personal, spare parts, and procurement procedure	- Associated data within Inputs records, Plan of Operation, Monitoring report etc. - Perception of the project team and stakeholders	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	3. Are there any prospects that the implementing agencies can secure human resources, finance, and system in order to continue the outcome of the project?	3-1. How does DOH support the re-education program for BHS and LCP in order to defuse the know-how of the project to other area?	- Recognition of issues on sustainability - Political will and plan - Availability of concrete human resources, budget, organization and system	- Associated data within Inputs records, Plan of Operation, Monitoring report etc. - Perception of the project team and stakeholders.	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
		3-2. How do the Divisional Department of Health and other relevant organization apply re-education of BHS, necessary budget for the continuation of the POD, POWD, and rehabilitation program?	- Recognition of issues on sustainability - Political will and plan - Availability of concrete human resources, budget, organization and system	- Associated data within Inputs records, Plan of Operation, Monitoring report etc. - Perception of the project team and stakeholders	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person
	4. What were contributing and inhibiting factors, which affected sustainability of the project?	4. What were contributing and inhibiting factors, which affected sustainability of the project??		- Perception of the project team and stakeholders	- The project team (incl. C/P) - Stakeholders such as DOH	- Provided reports, documents and files - Answers to questionnaire - Interviews to relevant person

Appendix 3

Type of questionnare →	A	B	C	D	E
Group → Question Number ↓	Project Director (Dirctor General, DOH)	(Team Leader of JICA with long-term experts)	1 Responsible person of Yenanthar Leprosy Hospital 2 Responsible person of Central Special Skin Clinic 3. Responsible person of Mandalay Special Skin Clinic	Divisional Health Director 1. Mandalay 2. Sagaing 3. Magway	JICA Myanmar, HQ
	1	1	3	3	1
1	*	x			
2	*	x			
3	*	x			
4	*	x	x		
5	*	x			
6	*	x	x	x	
7	*	x		x	
8	x				
9	x	x			
10	x	x			
11	x	x			
12	x	x			
13	x	x			
14	x	x			
15	x	x			
16	x				
17	x	x		x	
18					x
19	x	x		x	
20	x	x		x	
21	x	x			
22	x	x			
23	x	x		x	
24	x	x		x	
25	x	x	x	x	
26	x	x	x	x	
27	x	x	x	x	
28	x	x	x	x	
29	x	x	x	x	
30	x	x	x	x	
31	x				
32	x	x	x	x	
33	x	x	x	x	
34	x	x	x	x	
35	x				
36	x	x	x		
x: Question Asked					

Appendix 3

To

The JICA Terminal Evaluation Study Team will be dispatched from 14th November to 3rd of December, 2004 to jointly conduct the terminal evaluation for the Leprosy Control and Basic Health Services Project in the Union of Myanmar.

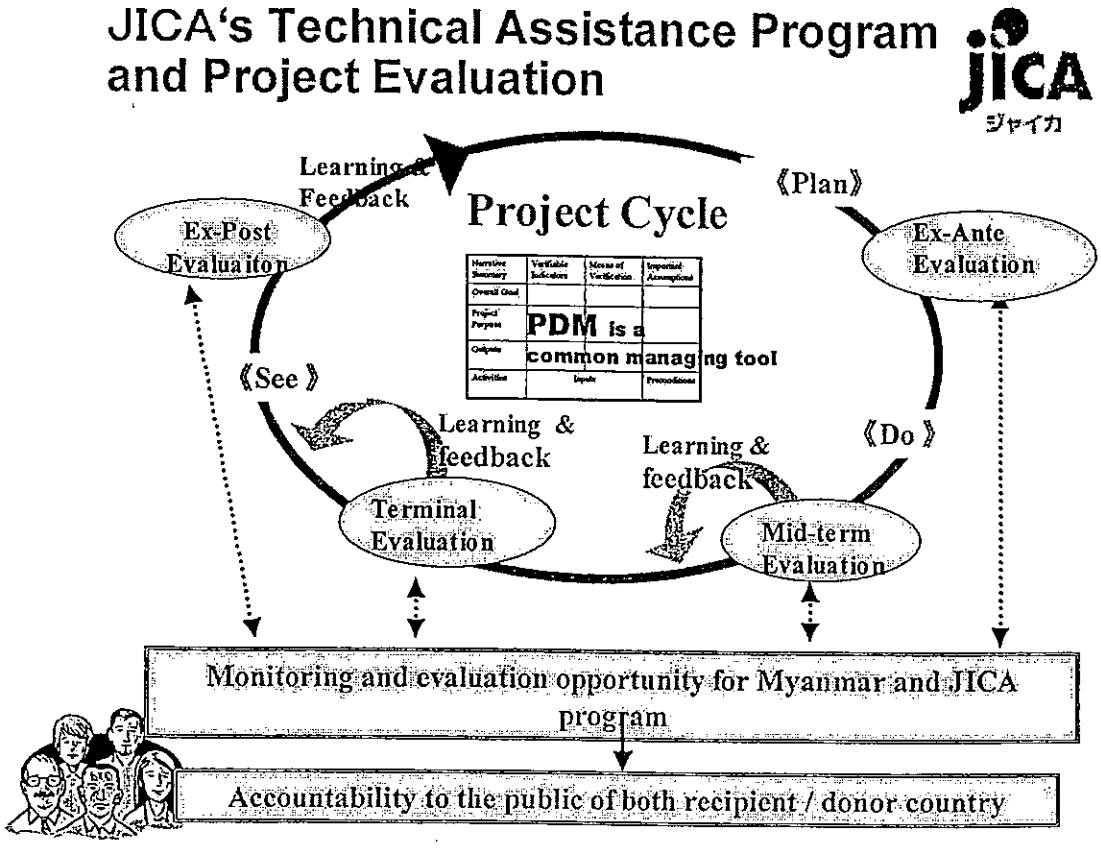
JICA defines three objectives of evaluation: 1) Using evaluation feedback as means for project operation and management; 2) Enhancing the learning effects of the personnel and organizations concerned for more effective project implementation; 3) Disclosing Information widely to secure JICA's accountability.

These objectives also be shared with Myanmar counterparts and the people. Within this context, the terminal evaluation will be performed upon completion of a project, focusing on its achievement and implementation process as well as five evaluation criteria: relevance, efficiency, effectiveness, impact and sustainability. Based upon the results of the evaluation, JICA determines whether it is appropriate to complete the project or necessary to extend follow-up cooperation.

JICA Terminal Evaluation Study applies a logical framework (this is the same as a Project Design Matrix which has been used for designing a project and managing a project) as a base for evaluation framework.

In order to complete our mission, it is very significant for the JICA Terminal Evaluation Study Team to have your views and relevant information with the following questions in advance. Please write your answers on this sheet and submit to JICA Myanmar Office by ___ of November, 2004. Thank you very much for your cooperation.

Eimitsu USUDA, usuda@icnet.co.jp
Evaluation Analysis, JICA Evaluation Team



Appendix 3

0. Please provide the necessary information and check the appropriate box below. Some of questions can be answered by other responsible person or sections. In that case, please specify the all name and position of persons and sections.

Name:	The answer sheet reflects the view of : ☐ myself ☐ responsible persons and section (specify:)
Position / institution:	

--Achievement & Process –

1. How much do you think the **Project Purpose** – Leprosy control programme including new case finding, treatment, POD, POWD and rehabilitation ins conducted effectively with a sustainable referral system, together with the technical improvement of BHS not only for leprosy control but also for the control of other diseases such as tuberculosis(TB)), malaria, and EPI, in the project sites - has achieved at this time and will be achieved at the end of project? Please refer the followings if possible. Attachment of data sheet (report) can be also welcoming as complimentary information.

(1) Indicators

A. Prevalence Rate
B. What was the baseline?
C. Current status?
D. Projected status at the end of the project?

Indicator	What was the baseline?	Current status?	Projected status at the end of the project?
1. Registered Prevalence Rate has the decreasing trend every year, preferably reaches and maintains less than 1 per 10,000 at most of project township			

(2) Supplementary Indicators for the project purpose

If the following indicators have been monitored, please provide us with baseline, current status, and project status at the end of the project.

Indicator	What was the baseline?	Current status?	Projected status at the end of the project?
2. New case detection rate shows the decreasing tendency every year			
3. Treatment completion rate remains high level (90%-95%)			
4. MDT coverage is sustained at 100%			

5. Coverage of POD practices (Self-care, Footwear etc.) and Medical & Social Rehabilitation processes is increased			
6. No. of leprosy patients who receive treatment for side effects or leprosy reactions increase			
7. No. of reconstructive surgery increase			
8. Coverage of leprosy patients who receive self care education by BHS increase			

Please indicate the source of the information / data.

(3) What are the specified target values of the above indicator 5-8?

(4) How much did the infectious disease control other than leprosy, which was mounted in the project, contribute the project purpose? What is the degree of achievement with that part?

2. How much do you think the **Output one** of the Project – Capabilities of staff of the concerned institutions (see above) to conduct leprosy case finding are increased - has achieved at this time and will be achieved at the end of project? Please refer the followings if possible. Attachment of monitoring/data sheet (report) can be also welcoming as complimentary information.

(1) Indicators

A. What was the baseline?
B. 5 indicators for the Output one in PDM
C. Current status?
D. Projected status at the end of the project?

Indicator	What was the baseline?	Current status?	Projected status at the end of the project?
1. Types of training			
2. Number of training			
3. Duration of training (number of days)			
4. Number of staff trained			
5. Degree of acquired knowledge and skills of training participants			

Please indicate the source of the information / data.

(2) What are the specified target values of the above indicator 1-4?

(3) How are the acquired knowledge and skill of each target group rated?

3. How much do you think the **Output two** of the Project – Capabilities of staff of the concerned institutions to conduct treatment (MDT, side effects, reactions and so on) are increased – has achieved at this time and will be achieved at the end of project? Please refer the followings if possible. Attachment of monitoring/data sheet (report) can be also welcoming as complimentary information.

(1) Indicators

A. What was the baseline?
B. 5 indicators for the Output two in PDM
C. Current status?
D. Projected status at the end of the project?

Indicator	What was the baseline?	Current status?	Projected status at the end of the project?
1. Types of training			
2. Number of training			
3. Duration of training (number of days)			
4. Number of staff trained			
5. Degree of acquired knowledge and skills of training participants			

Please indicate the source of the information / data.

(2) What are the specified target values of the above indicator 1-4?

(3) How are the acquired knowledge and skill of each target group rated?

4. How much do you think the **Output three** of the Project – Capabilities of staff of the concerned institutions and vertical staff to conduct POD, POWD and rehabilitation are increased - has achieved at this time and will be achieved at the end of project? Please refer the followings if possible. Attached monitoring/data sheet (report) can be also welcoming as complimentary information.

A. What was the baseline?
B. 5 indicators for the Output three in PDM
C. Current status?
D. Projected status at the end of the project?

Indicator	What was the baseline?	Current status?	Projected status at the end of the project?
1. Types of training			

2. Number of training			
3. Duration of training (number of days)			
4. Number of staff trained			
5. Degree of acquired knowledge and skills of training participants			

Please indicate the source of the information / data.

(2) What are the specified target values of the above indicator 1-4?

(3) How are the acquired knowledge and skill of each target group rated?

(4) What are the baseline and the target value of MCR sandals ?

(5) What are the baseline and the target value of IEC materials ?

(6) What are the baseline and the target value of reconstruction operation ?

5. How much do you think the **Output four** of the Project – Capabilities of Basic Health Staff to conduct control of other diseases such as EPI, malaria, TB are improved - has achieved at this time and will be achieved at the end of project? Please refer the followings if possible. Attachment of monitoring/data sheet (report) can be also welcoming as complimentary information.

(1) Indicators

A. What was the baseline?
B. 5 indicators for the Output four in PDM
C. Current status?
D. Projected status at the end of the project?

Indicator	What was the baseline?	Current status?	Projected status at the end of the project?
1. Types of training			
2. Number of training			
3. Duration of training (number of days)			
4. Number of staff trained			
5. Degree of acquired knowledge and skills of training participants			

Please indicate the source of the information / data.

(2) What are the specified target values of the above indicator 1-4?

(3) How are the acquired knowledge and skill of each target group rated?

6. How much do you think the **Output five** of the Project –Capabilities of Regional Leprosy Officers, Team Leaders and Medical Officers of district and township levels to manager leprosy control programmes are improved - has achieved at this time and will be achieved at the end of project? Please refer the followings if possible. Attachment of monitoring/data sheet (report) can be also welcoming as complimentary information.

(1) Indicators

A. What was the baseline?
B. 5 indicators for the Output five in PDM
C. Current status?
D. Projected status at the end of the project?

Indicator	What was the baseline?	Current status?	Projected status at the end of the project?
1. Types of training			
2. Number of training			
3. Duration of training (number of days)			
4. Number of staff trained			
5. Degree of acquired knowledge and skills of training participants			

Please indicate the source of the information / data.

(2) What are the specified target values of the above indicator 1-4? If they were set up?

(3) How are the acquired knowledge and skill of each target group rated?

7. What extent so far has the Project contributed to realize the **Overall Goals**? Or Will the Project contribute to realize the Overall Goals shown in PDM?

(1) Would you describe current and projected status of "Elimination of leprosy is achieved and sustained in the project sites" and "Comprehensive leprosy control programme including case finding, treatment and rehabilitation is enhanced in every region of Myanmar" by referring to the followings? by referring to the followings? Attachment of monitoring/data sheet (report) can be also welcoming as complimentary information.

- Registered prevalence rate is sustained below 1/10,000

Appendix 3

- Children rate shows the trend of constant decrease
- New case detection rate shows the trend of constant decrease
- The scale of service (activities) for POD, POWD and rehabilitation increases

(2) Would you describe current and projected status of "POD, POWD, and rehabilitation services are widely available for Persons Affected by Leprosy (PALs) in the project sites", by referring to the followings? Attachment of monitoring/data sheet (report) can be also welcoming as complimentary information.

- No. of voluntary reporting cases among new cases increases
- No, of person who got new disability decrease every year

(3) Would you describe current and projected status of "Monitoring and evaluation system on POD/POWD is established", by referring to the followings? Attachment of monitoring/data sheet (report) can be also welcoming as complimentary information.

- Whether monitoring tools such as monitoring protocol, guideline and feedback procedure, etc. are applied.
- Whether personal, responsible organization with budget are appointed and the activities are put into practice?

8. Evaluation team would like to know the total inputs of Myanmar side to the project.

(1) What are inputs of Myanmar side for the project? Please list up the personals and equipment/materials that have been (including will be input) input to the project.

- Number of C/P with their responsible working field
- Total number of time- persons engaged in the project
- Provision of land, construction of facilities and provision of equipment
- Utilities such as water, electricity
- Responsible cost sharing for training
- Other operational cost for the project
- Two project office
- Other

(2) Has budget, facilities and personals been input as planned?

(3) Has cost sharing for training been increased 20% annually as expected?

9. Project is implemented to complete specific mission (= Project Purpose) in given period and condition. What sorts of management method were introduced to formulate project organization which is different from line organization?

(1) Was the member of the project team (or organization) clearly identified? How were the role and scope of work determined?

(2) Does the project team have written regulation?

(3) Does every member of the project team make an individual activity plan?

(4) Does the member of the project meet regularly? How often ?

(5) How did you manage and operate the project?

10. Progress of Activities

(1) Did the activities progress as expected? What factor made the activities difficult to carry out?

(2) Is there any activity that was not sufficiently conducted? What was the reason?

11. Monitoring mechanism

(1) What extent is the PDM understood among key stakeholders? Was the PDM revised?

(2) How was the project monitoring conducted?

(3) How often are progress meetings at Mandalay and Yangon held?

(4) How was the result of the progress meeting feed baked to the relevant organization?

12. Response to the external assumption. Was there any external condition that affected the project? How do you feedback the monitoring results to the Project implementation?

13. Response to the pre-condition. Is there any change on the following pre-conditions in PDM? If there was a change, how did you cope with it?

- Change of pre-condition with its verifiable indicator
- Support from central and local government of Myanmar is available in terms of finance, personnel and facilities
- Project activities are accepted by the target group and beneficiaries in the project area
- Basic infrastructure such as water, electricity, tele-communication and roads is available in the project sites

14. Has there been sufficient communication between C/P and Japanese experts? Is common objectives shared between C/P and Japanese experts?

15. What extent have the target groups including patients and their families been involved in the project? Are they informants to provide necessary information for design project activities or participants who share the problems and objectives, respondents who give feedbacks to the quality of services?

Appendix 3

16. Project ownership

(1) Did the responsible persons for the project management regularly meet and exchange the project information?

(2) What kind of initiatives has Myanmar side taken since the project had commenced?

(3) How will (was) the project experience defused to the current program or other area?

--Relevance--

17. Are the Overall Goal and the Project Purpose consistent with the needs of target groups such as basic health staff, leprosy patients and their families?

(1) Were they essential for the health staff and the professionals including their organizational affiliations to have the knowledge and skill on new case finding and treatment, POD, POWD and rehabilitation? Or were they essential for the basic health staff to have the knowledge and skill on priority infectious diseases control of primary health care?

(2) Was the establishment of referral system priority issue within the leprosy control?

18. Are the Overall Goal and the Project Purpose consistent with Japan's official development aid policy and JICA's country program for Myanmar?

(1) Are the Overall Goal and the Project Purpose relevant to the Japan's official development aid policy and JICA's country specific program for Myanmar?

19. Are the Project Purpose and Outputs consistent with Myanmar's Health Program and Human Resource Development Program (if available) ? In other words;

(1) Are the Overall Goal and the Project Purpose relevant to Myanmar's Health Program as well as the Health Plan of target division?

(2) Are the Overall Goal and the Project Purpose consistent with Leprosy Control Program and re-education program for basic health staff of Myanmar?

20. Is the project strategy being undertaken still appropriate? In other words;

(1) Is the Project Purpose still effective means to achieve the overall Goal?

(2) Is each Output still effective means to realize the Project Purpose?

(3) Are the selected target groups and areas still appropriate?

--Effectiveness --

21. To what extent the project purpose -Leprosy control programme including new case finding, treatment, POD, POWD and rehabilitation ins conducted effectively with a sustainable referral system, together with the technical improvement of BHS not only for leprosy control but also for the control of other diseases such as tuberculosis(TB), malaria, and EPI, in the project sites - has achieved?

(1) How were the expected values of indicators for the project purpose set up ? If they were not, set up, why?

(2) Will the project purpose be achieved at the end of the project?

22. Is the current status of Project Purpose led by the cause of Outputs? In other words;

(1) Does the change of respected indicators for the Outputs result in the change of the indicators for the Project Purpose?

(2) Is there any additional Output with substantial Inputs? Should the Outputs be added in PDM?

23. Were there any influences of important assumptions that affect the Project Purpose?

(1) Followings are indicated in PDM.

-Participants of training programmes remain as a staff of the concerned institutions in Myanmar after the completion of training
- Consumption goods such as drugs, materials for rehabilitation are provided sufficiently
- Medical staff in the project sites does not decrease in number
- Concerned medical facilities are maintained in the project sites

(2) Was there any influence of important assumptions or external condition which is not indicated in PDM?

24. Is there any contributing or inhibiting factor to the effectiveness of the Project?

--Efficiency-

25. Were the Inputs appropriate in terms of quality and quantity? In other words;

(1) Were the capacity, the technical specialty, the number of the assigned counterparts and period of activities of the counterparts appropriate? Why?

(2) Were the quality and quantity of supplied equipment and materials for each Output appropriate?

(3) Were the capacity and technical specialty of the JICA experts in the Project appropriate?

26. Were the Inputs delivered in timely manner? In other words;

(1) Were the staff and counterparts assigned in timely manner?

(2) Were the relevant materials and equipment delivered to the counterparts in timely manner?

(3) Were the experts dispatched in timely manner?

27. Was there alternative means for achieving each Output efficiently? For instance;

(1) Were there any activities overlapped with other institution?

(2) Were there any other alternative means and methods?

28. Was there any influence of important assumption that affected the achievement of the Output? Followings are shown in PDM as the external assumptions which affect the achievement of the Output.

- Equipment procured from Japan arrives in the project sites on time
- Safety is secured in remote area of the project

29. What were the contributing / inhibiting factors which affected the efficiency of the project?

--Impact—

30. Will the Project contribute to realize each of Overall Goals? What else will the Project produce positive impact?

31. How do you see or predict the influence of the important assumption to realize the Overall Goals? Followings are indicated in PDM as external assumptions.

- Achievement of the project is transferred to other areas
- National health policy of Myanmar continues to set priority for leprosy control programme even after the achievement of the international goal at national level
- Efforts of other development partners on Myanmar's leprosy control continue
- Governmental and other international support to the medical sector is not weakened

32. Do you recognize any unexpected Positive impacts? Or how do you prospect impact of the project?

33. Do you recognize any unexpected Negative impacts?

34. Is there (or will there be) any contributing or inhibiting factor to lead the Overall Goals? Or what will be expected contributing / inhibiting factors which may affect the achievement of the Overall Goals?

--Sustainability—

35. Prospects of appropriate utilization of the Output and continuation of the project activities.

(1) Which organization will take up the Output and continue the project activities?

(2) Will equipment, facilities and human resources be appropriately and continuously provided in the future? What extent does the organization provide those resources?

36. Are there any prospects that the implementing agencies can secure human resources, finance, and system in order to continue the outcome of the project?

(1) Will gained technology of counterparts sustained or expanded? How does DOH support the re-education program for BHS and LCP in order to defuse the know-how of the project to other area?

(2) How do the Divisional Department of Health and other relevant organization apply re-education of BHS, necessary budget for the continuation of the POD, POWD, and rehabilitation program?

37. What were contributing and inhibiting factors, which affected sustainability of the project?

Appendix 4

	TIME	Place	List of Interviewee
15-Nov-04	10:00-12:00	JICA Myanmar Office	Mr. Yamashita(JICA)、Mr.Aoki(JICA), Dr. Ishida (JICA Project Team Leader) , Mr. Tanaka (JICA Project cordinator)
	13:00-15:00	DOH	Dr. Ishida、Dr. Tada (JICA Projec Expert) 、Mr. Tanaka Dr.Kyaw Mint(Deputy Director, Leprosy Control) Dr.Zaw Win(Assistant Deputy Director, Leprosy Control)
	15:00-17:00	Leprosy Control Unit, DOH	Dr. Ishida、Dr. Tada (JICA Projec Expert) 、Mr. Tanaka
16-Nov-04	10:00-12:00	Leprosy Control Unit, DOH	Dr. Tanaka、Dr.Kyaw Mint
	14:00-17:00	DOH	Dr. Ishida、Dr. Tada、Mr. Tanaka
17-Nov-04	10:00-12:00	DOH	Dr. Ishida、Dr. Tada、Mr. Tanaka
	15:00-18:00		
18-Nov-04			Ms. Fujita (JICA Project Expert) Dr. Saw Lwin (National Consultant)
	8:40-9:50	Sagaing Divisional Health Office	Dr.Kyaw Shein (Divisional Health Director)*1 Dr.Tiu Aung (Regional Leprosy Officer)*2
	10:00-10:45	Sagain District Hospital	Dr.Tin Ohn Kyaw (District Medical Officer)*3 Dr.Zaw Myint (Senior Assistant Surgeon) Dr.Maung Maung Than Htut (Junior Consultant Surgeon) *1～*2
	11:30-12:30	Nyaung Pin Win RHC	Daw Thaung Htew (HA, Nyaung Pin Win RHC)*4 Daw Ah Kyi (MW, Myin See SRHC) Daw Ni Lar Sein (MW, Nyaung Pin Win RHC) Daw Su Su Kheing (MW, De Pe Jin Kwe SRHC) Daw Waing Tun (LHV, Nyaung Pin Win RHC) *1～*3
	13:20-14:15	Le Kyi SRHC Amarapura Township Hosipital	Daw Khin Myint Wai (MW) *1～*4 Dr.Kyaw Sein (Regional Leprosy Official, Mandalay Division) Dr.Yin Thandar Lwin (Deputy Divisional Health Director, Mandalay) Dr.Thidar Win (Amarapura TMO) *1～*4
19-Nov-04			Ms. Fujita、Mr. Tanaka、Dr.Kyaw Shein、Dr.Saw Lwin
	9:00-10:00	Mandalay Special Skin Clinic	Daw Mi Mi Maw (LHV) Daw Tin Khin Htwe (LHV) U Tin Myint (Junior Lrprocy Worker) Daw Thandar Moe (Medical Laboratory Technician, Grade 2) Daw Ah Mar (Upper Divisional Clerk)
	11:00-12:00	National Yenanthar Leprosy Hospita	Daw Myat Thida (Acting Medical Superintendent)
	13:00-13:30	ditto	U Thura Win (technician) U Myint Than Htun (techinicaian) U Aung Ko Latt (techinician)
	13:30-13:50	ditto	U Maung Wynn (Medical Laboratory Technician Grade 1)
	13:50-14:10	ditto	Daw Rose (Sister:Head Nurse) Daw Moe Moe Oo (Assistant Physiotherapist) Daw Myint Myint Sein (Assistant Physiotherapist)
	14:10-14:30	ditto	Daw Khin Swe Myint (techinician)
	14:30-14:45	ditto	Daw Rose (Sister:Head Nurse)
	14:45-15:00	ditto	Dr.Soe Lwin
	15:00-15:45	ditto	Daw Myat Thida
20-Nov-04	15:00	Sedona Hotel	Dr.Saw Lwin
21-Nov-04	10:00-11:00	DOH	Dr. Ishida Dr.Kyaw Lwin (Consultant, Leprosy Control, WHO) Dr.Tin Myint (Consultant, Leprocy Control, WHO) Dr.Maung Maung Gyi (Consultant, Leprosy Control, WHO)
	12:30-17:00	JICA	

Appendix 5

<table>
<tr><th>Study item</th><th>Evaluation questions</th><th>Indicators or Focus for the evaluation</th><th>Collected information and data</th></tr>
<tr><td rowspan="3">Achievement (Overall Goal)</td><td>Achievement of the Overall Goal: Current and projected status of "Elimination of leprosy is achieved and sustained in the project sites".</td><td rowspan="2">- Registered prevalence rate is sustained below 1/10,000
- Children rate shows the trend of constant decrease
- New case detection rate shows the trend of constant decrease
- The scale of service (activities) for POD, POWD and rehabilitation scales up</td><td>- Registered prevalence rate had reached at the target value of National Leprosy Control Program in January 2003. It is sustained below 1/10,000.
- Registered prevalence rate of children below the age of 15 shows the trend of constant decrease. It is predicted that the trend will be sustained.
- New case detection rate shows the trend of constant decrease. It is predicted that the trend will be sustained.
- Some services (activities) for POD, POWD and rehabilitation (9 townships of JICA/DOH and 2 townships of ILEP/DOH) were carried out. It is planned that 9 townships of JICA/DOH and 2 townships of ILEP/DOH will be adopted as national strategic sites for services of POD, POWD and rehabilitation later 2005.

Trends of Essential Leprosy Indicators of Myanmar (1999-2003)
<table><tr><th>Indicators</th><th>1999</th><th>2000</th><th>2001</th><th>2002</th><th>2003</th></tr><tr><td>PR/10,000</td><td>5.9</td><td>2.2</td><td>1.61</td><td>1.04</td><td>0.51</td></tr><tr><td>NCDR/100,000</td><td>61.8</td><td>21.8</td><td>18.9</td><td>14.04</td><td>7.61</td></tr><tr><td>NC-MB Rate</td><td>32.1</td><td>11.8</td><td>10.3</td><td>7.5</td><td>3.9</td></tr><tr><td>NC-Child Rate</td><td>4.8</td><td>2.0</td><td>1.6</td><td>1.0</td><td>0.5</td></tr><tr><td>NC-G2D Rate</td><td>7.3</td><td>1.6</td><td>1.7</td><td>1.2</td><td>0.6</td></tr></table>Source: Annual Reports on Leprosy Control Program in Myanmar (1999-2003)</td></tr>
<tr><td>Achievement of the Overall Goal: Current and projected status of "Comprehensive leprosy control programme including case finding , treatment and rehabilitation is enhanced in every region of Myanmar".</td></tr>
<tr><td>Achievement of the Overall Goal: Current and projected status of "POD, POWD, and rehabilitation services are widely available for Persons Affected by Leprosy (PALs) in the project sites".</td><td>- No. of voluntary reporting cases among new cases increases</td><td>- While voluntary reporting cases are always in excess of active case detection cases, it is not clearly identified that number of voluntary reporting cases among new cases increases.

Case-finding indicators (1999 – 2003)
<table><tr><th>Sl. No.</th><th>Indicators</th><th>1999</th><th>2000</th><th>2001</th><th>2002</th><th>2003</th></tr><tr><td>1</td><td>Case Detection Rate/100,000</td><td>61.8</td><td>21.79</td><td>18.66</td><td>14.12</td><td>7.61</td></tr><tr><td>2</td><td>ACD:PCD</td><td>1:10</td><td>1:2.7</td><td>1:3.9</td><td>1:7.0</td><td>1:5.2</td></tr><tr><td>3</td><td>Contact Detection Rate/10,000</td><td>24.61</td><td>17.43</td><td>12.13</td><td>8.09</td><td>5.91</td></tr><tr><td>4</td><td>Mass Survey Detection Rate/10,000</td><td>4.06</td><td>3.23</td><td>1.62</td><td>0.71</td><td>0.36</td></tr><tr><td>5</td><td>School Survey Detection rate/10,000</td><td>1.24</td><td>0.75</td><td>0.31</td><td>0.14</td><td>0.07</td></tr></table>Data source: Annual report (1999-2003)</td></tr>
</table>

		– No, of person who got new disability decrease every year	– According to NLCP data, the proportion of G2 disability among new cases is in the trend of decreasing. This trend seems to be sustained for some time future.
	Achievement of the Overall Goal: Current and projected status of "Monitoring and evaluation system on POD/POWD is established".	– Monitoring tools such as monitoring protocol, guideline and feedback procedure, etc.) are applied. – Personal, responsible organization with budget are appointed and the activities are put into practice.	– Monitoring and evaluation system on POD/POWD is not established. It is thought that the system will be developed through the evolution of POD/POWD activities. – "Monitoring and evaluation system on POD/POWD" is not yet established (C/P).
Achievement (Project Purpose)	Achievement of the Project Purpose: Current and projected status of "Leprosy control programme including new case finding, treatment, POD, POWD and rehabilitation ins conducted effectively with a sustainable referral system, together with the technical improvement of BHS not only for leprosy control but also for the control of other diseases such as tuberculosis(TB), malaria, and EPI, in the project sites".	1. Registered Prevalence Rate has the decreasing trend every year, preferably reaches and maintains less than 1 per 10,000 at most of project township 2. New case detection rate shows the decreasing tendency every year 3. Treatment completion rate remains high level (90%–95%) 4. MDT coverage is sustained at 100% 5. Coverage of POD practices (Self-care, Footwear etc.) and Medical & Social Rehabilitation processes is increased 6. No. of leprosy patients who receive treatment for side effects or leprosy reactions increase 7. No. of reconstructive surgery increase 8. Coverage of leprosy patients who receive self care education by BHS increase	

Grade 2 disability proportion among new cases of the whole country(1999-2003)

Particular \ Year		1999	2000	2001	2002	2003
New Cases	PB	14306	4944	4422	3454	1971
	MB	15459	5773	5262	3970	2112
	Total	29765	10717	9684	7424	4083
NC G II	PB	817	207	208	165	79
	MB	2702	590	675	491	261
	Total	3519	797	883	656	340
NC G II %	PB	5.71	4.19	4.7	4.78	4.12
	MB	17.48	10.22	12.83	12.37	12.36
	Total	11.82	7.44	9.12	8.84	8.33

Data source: Annual reports (1999-2003)

Indicator	What was the baseline?	Current status?	Projected status at the end of the project?	Target value
1. Registered Prevalence Rate has the decreasing trend every year, preferably reaches and maintains less than 1 per 10,000 at most of project township	5.9 / 10,000 (31/Dec./1999) at national level (Mandalay=7.2 Sagaing=6.3 Magway=9.5	0.53 /10,000 (30/June/2004) at national level (Mandalay=0.69 Sagaing=0.76 Magway=0.53)	Around 0.5/10,000 (31/March/2004)	Registered Prevalence Rate < 1/10,000 pop. at national level
2. New case detection rate shows the decreasing tendency every year	61.8 / 100,000 (1999)	7.61 /100,000 (2003)	Around 7.5/100,000 (2005)	New Case Detection Rate <15/100,000 pop. (Prevalence / Detection ratio =0.7-0.8)
3. Treatment completion rate remains high level (90%-95%)	NA	PB: 99.5% MB: 98.9% (2002-2003)	Around 98-99%	90%-95%
4. MDT coverage is sustained at 100%	100%	100%	100%	100%
5. Coverage of POD practices (Self-care, Footwear etc.) and Medical & Social Rehabilitation processes is increased	Nil	NA (still on the process of introduction of the POD/POWD services)	Not possible to project	Not specified
6. No. of leprosy patients who receive treatment for side effects or leprosy reactions increase	NA	NA	NA	Not specified
7. No. of reconstructive surgery increase	Nil	Almost operation cases were done for training purpose.	Not possible to project	Not specified
8. Coverage of leprosy patients who receive self care education by BHS increase	Nil	NA	NA	Not specified

		What are the specified target values of the above indicator 5-8	
		How much did the infectious disease control other than leprosy, which was mounted in the project, contribute the project purpose? What is the degree of achievement with that part?	- According to the evaluation workshop for BHS training, field evaluation, and evaluation for microscope training conducted in 2004 (pre-, post), knowledge level of overall concerned topics increased significantly. However, use and practice at their working places had not grasped yet.
Achievement (Outputs)	Degree of some achievment which is not carigorized under the five outputs below:		- Total number of persons received TOT for BHS training reached at 79 by the middle of the project period.
Achievement (Output I)	Degree of achievement of the Output I: Capabilities of staff of the concerned institutions (see above) to conduct leprosy case finding are increased	1. Types of training	A. Seventy-nine(79) vertical staff were trained as trainers (TOT) for BHS training. Four types of TOT training courses were prepared: 3-days teaching method, 2-days TB, 3-days leprosy, and 2-days EPI. Out of these, leprosy and teaching method are relevant to the Output I. B. BHS trainings were conducted every year by TOT at 48 townships?
		2. Number of training	A. 2 times of 3-days teaching method B. 1 times of BHS training every year at 48 townships from 2001 to 2003.
		3. Duration of training (number of days)	A. 3-days Teaching method and 3-days leprosy for TOT B. 1-day Leprosy for BHS training
		4. Number of staff trained	Total number of persons received knowledge and skill of case finding through TOT and BHS trainings reached at 3,735 by the middle of the project period. Total number of person-days reached at 11,234, which account for 25% of total training effort in the project
		5. Capabilities of institutions	- According to the result of pre-and-post test of BHS training on leprosy, which was conducted by the project, the average of post marked significantry higher than the average of pre-test. n=2800, P=0000.5). The test is consists of 9 questions covering treatment, diagnosis, classfication, reaction, selfcare, disability and refferal system. - According to self report to the project team regarding case findings, capabilityies of staff of the concerned institutiions to conduct leprosy case finding were incleased. The follwoings were the institutions. (1) National Yenanthar Leprosy Hospital: Yes, by experts and by Capacity Building workshop (Differential Diagnosis of leprosy among skin diseases) (2) Special Skin Clinics in Yangon and Mandalay: Yes, by experts and by Capacity Building workshop (Differential Diagnosis of leprosy among skin diseases) (3) Mayanchaung Station Hospital: No (4) Basic Health Service facilities including rural health centers (sub-rural health centers): Yes, by BHS refresher training (5) Township (station hospitals): Yes, by BHS refresher training (6) District hospital: No (7) Top referral specialized hospitals in the project site, Yangon and Mandalay.: No

		6. Degree of acquired knowledge and skills of training participants	- According to self report to the project team regarding the aquired knowledge and skll of each target group rated and whata degree. the follwoings were the institutions. (1) National Yenanthar Leprosy Hospital: More accurate differential diagnosis of leprosy can be made than before. The proportion of undiagnosed or wrong diagnosed cases was decreased than before. Degree: about 10 cases / year (2) Special Skin Clinics in Yangon and Mandalay: More accurate differential diagnosis of leprosy can be made than before. The proportion of undiagnosed or wrong diagnosed cases was decreased than before. Degree: some cases / year (3) Mayanchaung Station Hospital: No. (4) Basic Health Service facilities including rural health centers (sub-rural health centers): More accurate diagnosis of leprosy can be made than before. Wrong diagnosed cases decreased. Degree: Wrong diagnosis proportion decreased by around 5% (5) Township (station hospitals): More accurate diagnosis of leprosy can be made than before. . Wrong diagnosed cases decreased. Degree: Wrong diagnosis proportion decreased by around 5% (6) District hospital: No (7) Top referral specialized hospitals in the project site, Yangon and Mandalay.: No
		- What are the specified target values of the above indicator 1-4 - How are the acquired knowledge and skill rated ?	- Not specified. - See the above 6.
	Degree of achievement of the Output Ⅱ: Capabilities of staff of the concerned institutions to conduct treatment (MDT, side effects, reactions and so on) are increased	1. Types of training	A. Fourty-one(41) vertical staff were trained as trainers (TOT) for microscope training . B. The trained vertical staff conduct 5-days microscope training of skin smear, TB and malaria for 46 laboratory technicians in township hospitals. C. Related topics on MDT, side effect, reaction and diagnosis etc. were trained in TOT and BHS training.
		2. Number of training	A. 3 times of TOT for microscope training on skin smear B. 1 times of TOT for microscope training on TB B. 1 times of TOT for microscope training on malaria B. 3 times of combined training for laboratory technician of township hospitals C. 1 times of BHS training every year at 48 townships? Topics related to treatment and reactions account for 30% of the training.
		3. Duration of training (number of days)	A. 12-days TOT for microscope training on skin smear B. 7-days TOT for microscope training on TB B. 10-days TOT for microscope training on malaria B. 5-days combined training for laboratory technicians C. 1-day Leprosy for BHS training
		4. Number of staff trained	Total number of persons received knowledge and skill of treatment, side effect and reactions etc. through TOT and BHS trainings reached at 1,918 by the middle of the project period. Total number of person-days reached at 6,061, which account for 13% of total training effort in the project

Appendix 5

Achievement (Output II)		5. Capabilities of institutions	- According to self report to the project team, capabilities of staff of the concerned institutions to conduct treatment(MDT, side effects, reactions and so on) increased? (1) National Yenanthar Leprosy Hospital: Yes, by experts and by Capacity Building workshop (Treatment of leprosy and reactions) (2) Special Skin Clinics in Yangon and Mandalay: Yes, by experts and by Capacity Building workshop (Treatment of leprosy and reactions) (3) Mayanchaung Station Hospital: No intervention done (4) Basic Health Service facilities including rural health centers (sub-rural health centers): Yes, by BHS refresher training (5) Township (station hospitals): Yes, by BHS refresher training (6) District hospital: No intervention done (7) Top referral specialized hospitals in the project site, Yangon and Mandalay.: No intervention done
		6. Degree of acquired knowledge and skills of training participants	'- According to self report to the project team, acquired knowledge and skill of each target group rated and what was the degree of them? (1) National Yenanthar Leprosy Hospital: More appropriate treatments can be made than before. The number of improperly treated patients among referral patients decreased than before. Degree: about 10 cases / year (2) Special Skin Clinics in Yangon and Mandalay: More appropriate treatments can be made than before. The number of improperly treated patients among referral patients decreased than before. Degree: about 20 cases / year (3) Mayanchaung Station Hospital: No intervention done (4) Basic Health Service facilities including rural health centers (sub-rural health centers): More accurate diagnosis on MDT side effects and leprosy reactions can be made than before. Percentage of proper diagnosis increased than before. Degree: by around 30% (5) Township (station hospitals): More accurate diagnosis on MDT side effects and leprosy reactions can be made than before. Percentage of proper diagnosis increased than before. Degree: by around 30% (6) District hospital: No intervention done (7) Top referral specialized hospitals in the project site, Yangon and Mandalay.: No intervention dor
		- What are the specified target values of the above indicator 1-4 - How are the acquired knowledge and skill rated ?	- Not specified. - See the above 6.
	Degree of achievement of the Output III:Capabilities of staff of the concerned institutions and vertical staff to conduct POD, POWD and rehabilitation are increased	1. Types of training	- Ten (10) health professionals (doctors, physiotherapists, and nurses) in Leprosy Hospital were trained through 17 cases of reconstructive surgery . - Thirteen (13) health professionals (doctors, physiotherapists, and nurses) working for orthopedic surgeons were trained through 26 cases of reconstructive surgery. - Sixty-four PALs and their families received sewing training at..... - Related topics on POD, POWD and rehabilitation were trained in TOT and BHS training. - TOT training on social acceptable MCR foot wear and distribution channels at YLH - MCR foot wear training

Achievement (Output Ⅲ)		2. Number of training	A. 1 times of training for 17 cases of reconstructive surgery A. 1 times of training for 26 cases of reconstructive surgery B. 1 times of sewing training C. 1 times of TOT for MCR footwear and their distribution channel D. 2 times of MCR footwear making (Yangon Central Special Skin Clinic, Christian Leprosy and Reconstructive Surgery Hospital)
		3. Duration of training (number of days)	A. 25-days of training for 17 cases of reconstructive surgery A. 19-days of training for 26 cases of reconstructive surgery B. 12-days for sewing training
		4. Number of staff trained	Total number of persons received knowledge and skill of POD, POWD and rehabilitation reached at 94 by the middle of the project period. Total number of person-days reached at 1,271, which account for 3% of total training effort in the project
		5. Degree of acquired knowledge and skills of training participants	- According to the structured interview with 7 participants of microscope training given by the project, they showed higher score with knowledge on leprosy but lower score with skills of providing care for leprosy patients (n=7). - Due to the complexity of microscopic examination on skin smear, application of microscopic knowledge was less chances than other diagnostic examination such as TB and malaria. - In general, the capabilities of BHS and vertical staff were improved to conduct POD/ POWD service. But this activities covered only selected township (M-C/O).
		- What are the specified target values of the above indicator 1-4 - How are the acquired knowledge and skill rated ?	- Despite provision of POD/POWD and rehabilitation services were factions of YLH, they hadn't been recorded. Since POD/ POWD and rehabilitation are new services except YLH, they need to be assessed. - The components of POD/POWD and rehabilitation will be introduced to 9 TS of pilot area as training / pre-service. - The knowledge and skill of each target groups were rated by their job performance. The degree of them were improved especially in knowledge on POD/POWD. But their practice and skill were limited because they are reluctant to initiate the POD/POWD services due to limited resources (C/P). - The capability of the shoe makers for MCR sandals was significantly increased (C/P).
		What are the baseline and the target value of MCR sandals?	Type and number of MCR sandals (1) Number of trained show makers and number of MCR sandals made through training were not shown in reports. (2) Since March 2004, 1,810 sets of MCR sandal have been made by trained shoe makers of 9 TS and 1,301 sets were delivered PALs. Quality assessment done by an expert scored good results while they varies individual.
		What are the baseline and the target value of IEC materials?	Type and number of IEC materials for self-care (1) Video-tape of POD/POWD professional practice for reconstructive surgery, post-operation rehabilitation, and self-care were prepared and Self-care hand-out were additionally printed.
		What are the baseline and the target value of reconstruction operation?	Type and number of reconstruction operations (1) Not applicable at this stage as number of eligible PALs are set up though disability survey for 9 TS.

Appendix 5

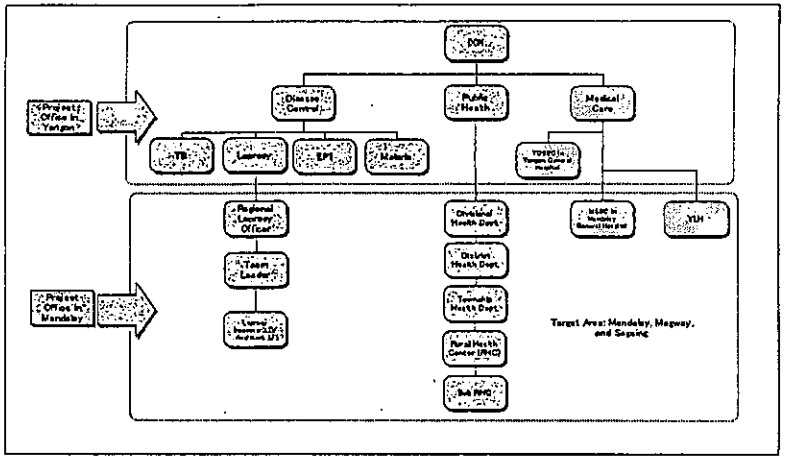
Achievement (Output IV)	Degree of achievement of the Output IV: Capabilities of Basic Health Staff to conduct control of other diseases such as EPI, malaria, TB are improved	1. Types of training	A. Fourty-eight(48) vertical staff were trained as trainers (TOT) for BHS training.. B. The trained vertical staff conduct BHS training at 48 townships every year. Topics related to infectious disease were also included in the BHS trainings. C. Microscope trainings for TOT and laboratory technicians also contained TB and malaria.
		2. Number of training	A. 1 times of TOT for microscope training on TB A. 1 times of TOT for microscope training on malaria B. 1 times of BHS training every year at 48 townships? C. 3 times of combined training for laboratory technician of township hospitals. It is assumed that 60% of combined microscope training took up the time.
		3. Duration of training (number of days)	A. 7-days TOT for microscope training on TB A. 10-days TOT for microscope training on malaria B. 5-days combined training for laboratory technicians C. 1-day TB for BHS training C. 1-day EPI for BHS training
		4. Number of staff trained	81 vertical staff for TOT; accumulated 9,351BHS (3,091 in 2001, 3,119 in 2002, 3,141 in 2003) of BHS training in 48 TS (including other subjects) plus 42 persons for TOT and 46 laboratory technicians of township hospitals
		5. Degree of acquired knowledge and skills of training participants	- According to the results of pre-post test, generally knowledge were improved. - According to the results of the sample survey for BHS training, skill for EPI seems to be improved. - According to the results of pre-psot test (before 3rd BHS training and one year after the 3rd BHS training), the knowldge level of 6 infectious disease were signifcantly (statisitically - significant) improved by the 3rd BHS trainign althouhg the both 2001 and 2002 BHS trainings were not applied to systematic assessment. While skil level of assessment hadn't shown much improvement, the skil test was examined by only one topic from each field. Because of mismatch of pracitcal test with current job descripiton and limited availability of equipment for exmaniee, the knowldge assessement was not reliable as expected. - Micoscopic skill was also examined using national program's standard check list. Eight of examiee had shown moderately good results.
		- What are the specified target values of the above indicator 1-4 - How are the acquired knowledge and skill rated ?	- - The assessments were done through (1) field monitoring evaluation for sampled BHS, (2) pre-post evaluation workshop for BHS, and (3) field monitoring using check list for microscope training
	Degree of achievement of the Output V: Capabilities of Regional Leprosy Officers, Team Leaders and Medical Officers of district and township levels to manager leprosy control programmes are improved	1. Types of training	Trainings on EPI-info at YLH, YCSSC, MSSC and regional leprosy offices
		2. Number of training	2. Number of training: Capacity Building Workshop
		3. Duration of training (number of days)	3. Duration of training (number of days): 11darys
		4. Number of staff trained	44 participants

Achievement (Output V)		5. Degree of acquired knowledge and skills of training participants	– All of associated stakeholders of LCBHSP participated in capacity building workshop. Topics were (1) epidemiology, (2) project management, and (3) diagnosis. – A regional leprosy officer and leaders attended the management workshop provided by JICA project. Medical officer of District and Township levels were still needed to improve management of leprosy control program. Mid-level managers are essential for monitoring and supervision of the program to achieve meaningful elimination and to implement properly POD/POWD secure integrated with base health service. – Capability of Regional Leprosy Officer, Team Leaders and Medical Officers of district and township levels were improved (C/P)
		– What are the specified target values of the above indicator 1-4 – How are the acquired knowledge and skill rated ?	– Not specified. – The assessments were done through (1) field monitoring evaluation for sampled BHS, (2) pre-post evaluation workshop for BHS, and (3) field monitoring using check list for microscope training – They are satisfactory (C/P) – No significantly difference in levels of knowledge and skills (C/P).
Actual Input (Myanmar)	– Number of C/P with their responsible working field – Total number of time- persons engaged in the project – Provision of land, construction of facilities and provision of equipment – Utilities such as water, electricity – Responsible cost sharing for training – Other operational cost for the project – Two project office – Other	– What are inputs of Myanmar side for the project? – Has budget, facilities and personals been input as planned? – Has cost sharing for training been increased 20% annually as expected ?	– A total of 18 counterparts have been assigned, and engaged in the Project activities. List of designated counterpart personnel is shown in Appendix 9:Organizational Structure and staff related to the Project. – During the Project period, the Republic of Zambia provided project office and facilities, utility cost, and human resources other than the counterparts. The Zambia side expensed reagents and consumable for routine laboratory services. – The Government of Myanmar provided the project with project offices both in Yangon and Mandalay where electricity, water, telephone and other necessary furniture –The Government of Myanmar took responsibility for local transportation costs and recurrent costs of the project-provided equipment. – The Government of Myanmar provide training cost for newly employed BHS who approximately account for 250 persons annually.
Actual Input (Japan)	– Number of long-term experts and specialized field – Number of short-term experts and specialized field – Facilities, equipment and supplies provided – Number and specialized field of trainee received – Project operation cost	– Were personals, equipment, and facilities provided as planned	–The Japanese side dispatched 7 long-term experts and 14 short-term experts in various fields since the commencement of the project. The man-month of the experts has reached 139 by the end of October 2003. Their names and specialties are listed in Appendix 5: Long term and short term experts dispatched from Japan.related documents etc. – Eight Zambian counterparts were trained at various institutes in Japan. The man-month of Zambian training was 30 at the end of October 2003. Their names and specialties are listed in Appendix 6: List of participants for training in Japan. – Major equipment provided by the Japanese side is listed in Appendix 7:List of Equipment and Their Usage and Functional Condition. – The Japanese side partially supported the operational expense of JP¥ 216,556,000. This includes the dispatch of Japanese experts, the training of counterparts in Japan, the provision of equipment, the construction of TB laboratory and other expenses. The expense for each year is listed in Appendix 8: JICA expeses. – A training centre was built in the Yannthan Leprosy Hospital(YLH) and operation theatre and laboratory of YLH and Mandalay Special Skin Clinic (MSSC) were renovated to enhance training and clinical capability.

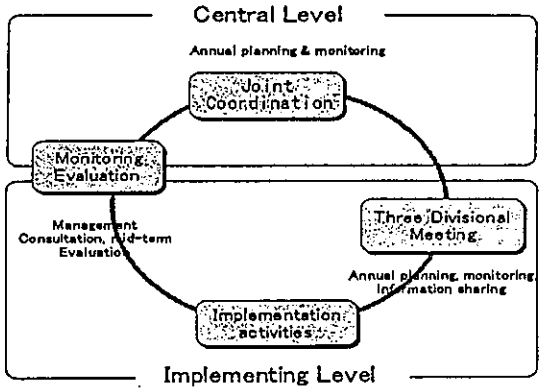
Appendix 5

		- Grasp the role and the management characteristics of the project team regarding to the project monitoring and management	- The preliminary study reported that Disease Control Division would be directly responsible for the project implementation, and Public Health Division and Medical Care Division would be indirectly involved in the project implementation since the project components contain prevention (public health), treatment and rehabilitation (medical care). Disease Control Division operates 6 vertical program (Diarrhea Disease, Vector Borne Disease, EPI, Leprosy Control, Trachoma Control and prevention of Blindness, HIV/AIDS.) - The following points of concern were indicated by the preliminary study on implementation process. (1) Challenging coordination between the different organization (2) Challenging coordination between two project office(Mandaly and Yangon) and 48 TS due to physical distance and wide coverage. (3) Necessity of coordination with NGO such ALMS and SMHF. All of associated stakeholders of LCBHSP participated in capacity building workshop. Topics were (1) epidemiology, (2) project management, and (3) diagnosis. 5. Degree of acquired knowledge and skills of training participants
Project team	- How has the project been managed ? - Were number and period of assigned C/P appropriate? What were their responsibility? - How did you manage the project operation? - What proportion did the Myanmar side provide the training cost?		- As indicated in R/D, Leprocy Control section took major role of coordinating the project activities. Regarding BHS activities, each section of Leprocy, TB, EPI, Malaria, HIV/AIDS, and Thracom under the division of disease control participated in coordination of providing thier vertical staffs to BHS training. While Public Health Divison took part in the coordination on BHS training, the both BHS section and Medical section of DOH hadn't been involved in the project activities at all. - JCC was occasionally held with need base. Joint Three Divisional Meeting has been annually held to assess the progress of the project, although this role and fuction was not clearly determined nor linked to the project management. - The JICA experts and C/P have occasional meeting for day-to-day management other than central level joint coordinaging meeting. But, regular meeting between both parties was not held. Neither plan of operation nor individial activity plan was prepared. - Most of training activities were consulted and determined by project manager and deputy project manager together with JICA experts. The Project was managed and operated by the project - DOH bear training cost for newly employed BHS (CP)

– The mid-term evaluation study reported the chart below, which indicate the operational structure of the project. Joint Meeting of the Three Division Leprosy and Basic Health Services were introduced to make operational annual plan.



The chart below, shown in the project document, indicates the perceived project monitoring and evaluation cycle. According to the document, Joint Coordinating Committee is responsible for drawing up the annual plan, assessing the progress of the activities, and discussing issues if necessary. The project also calls for annual Joint Meeting of the three Divisions. However, daily monitoring and management of the project was not clearly drawn while the project performed sample monitoring survey on knowledge and practice of the trained participants in December 2002 and January 2003.



Appendix 5

Progress of activities		- Method of ensuring the progress of activities - Countermeasure and assessment method of prohibiting factors to the progress of activity	- JICA Management Consultation Team made the following report on the progress of the project. (1) Myanmar's C/P were fully engaged in elimination activities in order to achieve 1/10000 registered prevalence rate which of international pledge. As Myanmar government prioritized this target, C/P didn't have enough strength left to activities for POD/POWD, and rehabilitation, which were regarded as post-elimination activities. Some of activities on case findings in PDM had been already implemented within the Myanmar's existing program. (2) Communication gap coming from wide coverage and various stakeholders. was recognized by JICA project team - The mid-term evaluation reported that the project was able to maintain its schedule.
			- The project activities are generally in progress as expected except the activities under the output 3. Because the elimination activities were prioritized and C/P were fully engaged in elimination activities as indicated above. Consequently POD/POWD activities became buck-burner. - The following activities are not sufficiently conducted. (1) Activity 1-4: Partially done. Because provision of computer made efficiently information digitalized only. (2) Activity 1-5: Not done. Because the project was not involved in the national program. (3) Activity 3-4: Not done. Because it was scaled down to 9 township. (4) Activity 3-6: Not done. Because the delay of the plan, it will not be completed. (5) Activity 5-4: and 5-6: Not done. Because an appropriate expert is not found. (6) Activity 7-2: Not sufficiently done. (7) Activity 7-4: Not sufficiently done.

Monitoring for Project Purpose and Outputs	Monitoring mechanism	– What extent is the PDM understood among key stakeholders? Was the PDM revised? – How was the project monitoring conducted? – How often are progress meetings at Mandalay and Yangon held? – How was the result of the progress meeting feed baked to the relevant organization?	– Generally the activities have been carried out as expected althogh training hours for BHS wer not enough due to limited time, difficult coordination of TOT deployment, and multiple topics. When it was engaged with other WHO project and other unavoidable conditions such as flood, it was difficult to carry out the projec activities (C/P) – JICA preliminary study reproted that four core problems in Leprosy Cotrol: (1) Leprosy patients don not recieve rehabilitations sufficiently; (2) Late diagnsis and inadequate treatment have been done; (3) Laprosy patients are hidden at home; Leprosy patients do not take treatmnet sufficiently. Based on the original proposal made by Myanmar, other major infectious disease such as TB, EPI were integrated into the project design. A draft PDM, which contained project framwork and was alsmost the same as the current PDM, had been formulated based on the problem.This draft PDM had temporaly indicators for the objectives but not clear target-level that the project would be expected to reach at. – A group of Japanese specialists consisting infectious disease control, leprosy control, nursing, laboratory technology, physiotherapy, prosthesis and shoe-making were dispatched to analyze the situation between September and November 1999. – The implementation study team and Myanmar Government agreed on the R/D including the Master Plan (Objective summary of PDM). However, neither the indicators nor target-level were shown in the R/D. Further more the attached TSI (Tentative Schedule for Implementation) didn't indicate schedule for setting targets. External assumptions which are in the scope of project monitoring was not indicated in the R/D due to the dropping-off of the PDM (R/D). – One and half year after the project commencement, the JICA management consulting team reported that "the project has been well established and started implementation of programme as planned". – During the JICA mid-term evaluation study, the indicators and external assumptions together with other parts of the PDM were revised. But still the target-level for each objectives wasn't set up. – According to the interview with the C/P, Disease Control Division introduced "Integrated Management Report, which one would monitor not only his responsible program but also other program activities when he is engaged in field visit. JICA experts and Myanmar C/P also conducted field visit (OP) Most of C/P from Myanmar side, concerned project managers (e.g.EPI, TB, Malaria etc. (Divisional Directors, DMOs, Regional Officers and Disease Control Team leaders attend the Joint Three Divisional Meeting. Recommendations made in the meeting were taken to project plan and feed back. The central office also gave feedback as necessary for successful implementation of project activities in the coming year.
	Response to the external assumptions	Was there any external condition that affected the project? How did the project team manage it?	– The followings were identified. (1) Delay of equipment arrival (microscopes etc.) (2) Transfer of trained staff (3) Shortage of consumable goods for rehabilitation

Appendix 5

	Response to pre-condition	Was there any change on pre-conditions in PDM? If there is a change, how did you coped with it?	Not recognized
Relationship between C/P and Experts	Communication and sharing of problem recognition	- Is there sufficient communication between C/P and Japanese experts? - Was common purpose shared between C/P and Japanese experts?	- The mid-term evaluation reported that the operational structure and implementation cycle of the project are the tow major factors to allow the project perform smoothly its activities in time. The Joint Coordination Committee and the Joint Meeting of the three Division s on Leprosy and Basic Health Services are great opportunity for dialoguer with counterparts both at central and implementation level. - C/P see that there hasn't been much problem between C/P and JICA experts. Frequency of meetings, recording methods, and communication with remote area - Relationship between JICA expert and C/P at respected level or respected entity is fairly well, but it doesn't mean they share the problem or objectives. To resolve a problem, one sometimes must await decision-making from higher authority.
Involvement of beneficiaries	Involvement of beneficiaries	- Participation to collecting information and planning process - Sharing of problem recognition and participation to the part of the project activities - Participation to the evaluation and feedback to the program	- Vertical staff, BHS, and show makers were happy to have training since there was not much opportunity for them to have these kind of trainings. - Patients were happy to have them cared Change on recognition, relationship, and attitude - Non of participants for BHS training was involved in planning but some of them participated in an evaluation workshop. Vertical staff who had TOT training participated in implementation of the BHS training and the evaluation workshop.
Degree of project ownership	- Did the responsible persons for the project management regularly meet and exchange the project information? - What kind of initatives has Myanmar side taken since the project had commeced? - How will (was) the project experience defused to other area?	-Proportion of members who participate the meeting - Number of C/P and deployment - accounting statement	- At township level, they meet monthly and at divisional level, they exchange the project information (C/P).

Appendix 5

Grid for Five Evaluation Criteria

5 criteria	Evaluation Question: Investigation item	Evaluation Question: Question guide	Criteria or Focus for the evaluation	Collected information and data
Relevance (Are outputs, project purpose, and overall goal still meaningful as objectives at the time of	1. Are the Overall Goal and the Project Purpose consistent with the needs of target groups such as basic health staff, leprosy patients and their families ?	1-1 Were the trainings given to the health staff and the professionals including the personel working at the affiliated organizations relevant to the Overal Goal and the Project Purpose?	Availability of basic study, baseline survey, and needs assessment survey that indicate the needs of each group respectively	· The project formulation study on health sector, conducted by JICA in 2002, reported that there is shortage of re-education / in-service training on infectious diseases in Myanmar with concrete scope for BHS training. It reports the needs of re-training at TS level including monitoring and evaluation mechanism. · The given trainings were generally appropriate and relevant (C/P).
		1-2 Was the establishment of referral system a priority issue within the leprosy control?	Availability of basic study, baseline survey, and needs assessment survey that indicate the needs of each group respectively	· It is perceived that coverage of new case finding by BHS still remains 70% of the all cases. In addition, 20% of them can be false diagnosis. Obstinate case and procedure for reaction should be managed at qualitative facilities. Therefore, referral system is essential. · The establishment of referral system was essential within the leprosy control program(C/P).
	2. Are the Overall Goal and the Project Purpose consistent with Japan's official development aid policy and JICA's country program for Myanmar?	2-1. Are the Overall Goal and the Project Purpose relevant to the Japan's official development aid policy and JICA's country specific program for Myanmar?	Presence of issues that describe the importance of human resource development, importance of infectious diseases and primary health care in the policy documents	The Mid-term evaluation team reported "Assistance in leprosy control meets the JICA's country assistance strategy in Myanmar". From the beginning of 2004, JICA's country assistance is to be focused on five making areas including (1) Humanitarian Assistance, (2) Democratization, (3) Economic Reform, (4) Ethnic Minority and Refugees Support and (5) Drug Control. LCBHSP's assistance field is the areas among priority area such as major infectious disease (HIV/AIDS. Malaria, TB, and Leprosy), and reproductive health for securing people's benefit under the Humanitarian Assistance. LCBHSP's approach also meets the strategy that "JICA works both with the government and with the people of Myanmar since the project with the government and NGO.
	3. Are the Project Purpose and Outputs consistent with Myanmar's Health Program and Human Resource	3-1. Are the Overall Goal and the Project Purpose relevant to Myanmar's Health Program as well as the Health Plan of target division?	Concrete words from responsible position or descriptions in relevant documents	· The mid-term evaluation repoted that the project meets the prioirty areas in desase control in Myanmar. The latest National Health Plan (2001-2006) regards leprosy as one of the 13 proority areas of disease contgrol. Community health care, especially strengthening of district and rural health development is the top prioriy in the National Health Plan. The govenment anounced the elimination of leprosy at national level. The leprosy control program in the country is , then moving towards eliminatiin leprosy at district level, sustaining the elimination at national level, and formulating communithy baseed rehabilitation.The project's activities on POD/POWD and rehabilitation are gaining more significance when the governemtn plans for the post elimination. · Myanmar government build in POD/POWD and rehabilitation to National Strategy later 2005. · The Overall Goals and the Project Purpose are still consistent with Leprosy Control Progrm as well as theHealth Plan of each Division (C/P).

evaluation?)	Development Program (if available) ?	3-2. Are the Overall Goal and the Project Purpose consistent with Leprosy Control Program and re-education program for basic health staff of Myanmar?	Concrete words from responsible position or descriptions in relevant documents	- The mid-term evaluation reported that while having achieved leprosy elimination, accelerated efforts are still necessary to sustain the elimination at national level, achieve eliminating in endemic areas, and provide care to patients. The project site rests on the endemic area of leprosy in Myanmar. Approximately 60% of leprosy patients reside in Magway, Mandalay, and Sagaing divisions where the project performs essential components of the program.E9 - The Overall Goal and the Project Purpose are consistent with Leprosy Control Program and re-education program for basic health staff of Myanmar (C/P).
	4. Is the project strategy being undertaken still appropriate?	4-1. Is the Project Purpose still effective means to achieve the overall Goal?	- Consistent perception on the logicality of PDM -Change on the indicators of the overall goal in	· Sine the government is major provider of health service, it is still effective means to achieve the Overall Goal. · The Project Purpose is still effective means to achieve the overall Goal (C/P).
		4-2. Is each Output still effective means to realize the Project Purpose?	- Consistent perception on the logicality of PDM -Change on the indicators of the Overall Goal in conjunction with	- In the context of Leprosy Control Program, capability of health workers and professionals working from primary to tertiary level needs to be strengthened in order to sustain effective program. However, the attrition of the Output three, which is BHS training on other disease, to the Project Purpose would be smaller than the one described. · Each Output is still effective means to realize the Project Purpose(C/P).
		4-3. Are the selected target groups and areas still appropriate?	Consistent perception on acceptability, size, equity, influence of problem of target groups	- The target area was appropriate since the 48 townships were selected in accordance with problematic area. In the course of the project implementation, the project narrowed down 9 out of 48 townships for POD/POWD and rehabilitation activities. But it still has physically extensive coverage. For instance, the accumulated distance of round-trip from Mandalay to each corresponding hospital in 9 townships becomes 2,800 miles. · These are still appropriate and it is better to expand area coverage (C/P).

	1. To what extent the project purpose ·Leprosy control programme including new case finding, treatment, POD, POWD and rehabilitation ins conducted effectively with a sustainable referral system, together with the technical improvement of BHS not only for leprosy control but also for the control of other diseases such as tuberculosis(TB)),	1-1. How were the expected values of indicators for the project purpose set up ? If they were not why?	Availability of objective verifiable indicator to monitor the effectiveness of the project	· The Project Purpose will not be fully achieved by the end of the Project period. · The indicators which represent new case finding and treatment has shown satisfactory numerical value as indicated in "achievement of the Project Purpose". However, target values of the indicators for POD/POWD and rehabilitation were not set up since the services in the field was not recognized as official strategy of the government. The Project stakeholders recognize that the most of activities for POD/POWD and rehabilitation will have been carried out except evaluation. It is expected to extend 9 months to produce meaningful data and information for future development.
		1-2. Will the project purpose be achieved at the end of the project?		· The Project Purpose has achieved except effective service delivery to the patients in the field of POD, POWD and rehabilitation (C/P). · Although case findign has been acheived effectively, POD, POWD, and rehabilitation activities need to be strengthen to meet the Project Purpose (C/P).

Effectiveness (Was the effect produced by the project?)		indicators of the Project Purpose resulted the change on the indicators of each output?	Logicality can be demonstrated if the both indicators changed in parallel	· The respective indicators on the Project Purpose have been gradually changed since the national leprosy program was introduced. While the Outputs contribute in some extent to push forwards the indicators of the Project Purpose but it is more rational that the components of national leprosy control program such as political commitment, MDT integration, leprosy awareness campaign, and multi-sartorial involvement.
	2. Was an effect produced by the achievement of each Output?	2-2. Is there any additional Output with substantial Inputs? Should the Outputs be added in PDM ?	Internal verification of the project	As the physical improvement such as construction of training center, renovation of laboratory and operation theater including OPD/OPWD services were seen in YLH and CSSC with substantial improvement of service capability and training capacity, function of leprosy related training center was created. This can be Output for the Project. · Capabilities of BHS be improved in the field of malaria, trachoma, and prevention of blindness and HIV/AIDS with knowledge, attitude and management(C/P).
	3. Was there any external assumption which affected the effectiveness of the Project Purpose?	of important assumptions that affect the Project Purpose? Followings are indicated in PDM. -Participants of training programmes remain as a staff of the concerned institutions in Myanmar after the completion of training · Consumption goods such as drugs, materials for rehabilitation are provided sufficiently · Medical staff in the project sites does not decrease in number · Concerned medical facilities are maintained in the project sites	External verification of the project	The followings were identified. (1) Some of trained professionals (surgeon and nurse on physiotherapy) for re-constructive surgery were retired or transferred to outside of the Project area. (2) Consumable goods for rehabilitation is not included in the formal supply system. (3) Overburden of BHS with other health problems decreases the expected activities under the Project(C/P).
		3-2 What about an externality which is not indicated in the PDM?	External verification of the project	· ODA was suspended for certain time, which affected timely provision of equipment.
	4. What were the contributing / inhibiting factors which affected the effectiveness of the project?	4. What were the contributing / inhibiting factors which affected the effectiveness of the project?	Influence by operational environment such as project platform and political-social factors	· Allegiance to duty with strong vertical program doesn't give much space for taking cross-cutting issues and newly created work for himself.

	1. Were the Inputs appropriate in terms of quality and quantity?	1-1. Were the capacity, the technical specialty, the number of the assigned counterparts and period of activities of the counterparts appropriate?	Actual inputs of C/P to planned C/P inputs	· The capacity, the technical specialty, the number of C/P and period of activities of C/P were generally appropriate. But some of their motivation were not maintained due to the given environment. · Perception of the project team and stakeholders
		1-2. Were the supplied equipment and materials for each output appropriate?	Actual performance /records to planned specification / material inputs	· The mid-term evaluation reported that the inputs of equipments keeps with the flows of activities and outputs made by the project.. · In general, inputs were related to the activities. However, some equipment were too cherished to use · In general, their qualities were appropriate. But the quantity of supplied equipment and materials are not adequate. For example, in POD/POWD, the equipment and materials were supplied only for selected townships/P).
		1-3. Were the capacity and technical specialty of the experts appropriate?	Actual technical performance to planned personal inputs	· The mid-term evaluation reported that there was little discrepancy between inputs and outputs. More inputs produced more activities and outputs defined in PDM. · The capacity and technical specialty of JICA experts were not adequate in needs. Most of experts were focusing on POD/POWD rather than Elimination activities. Some experts were no experience in field activities related to leprosy. The experts for social sciences, economic rehabilitation, public education, etc. are necessary to improve the project(C/P) · The capacity and technical specialty of JICA experts were appropriate (C/P).
Efficiency (Is the Output correspon ding to	2. Were the Inputs delivered in timely manner?	2-1. Were the staff and counterparts assigned in timely manner?	Actual timing of deployment of C/P to planned timing	· In general, C/P were assigned in timely manner except MO in MSSC and director of YLH. MO in MSSC hadn't been assigned up to . The director of YLH became a vacant since the former director was transferred to other place. · During early phase of the Project, Myanmar C/P were so busy with activities to achieve elimination goal as soon as possible, and weak in support the Project. Later, after achieving elimination at national level, Myanmar C/P gave more attention on POD/POWD series provided by JICA Project. But unfortunately only one C/P from the Project site visited and was trained in Japan.
		2-2. Were the relevant materials and equipment delivered to the counterparts in timely manner?	Actual timing of delivery of facility/materials to planned timing	The mid-term evaluation reported that in some cases, procuring training equipments took long time, which resulted in implementation of training without those equipments. · Some of equipment arrived late due to ODA sanction. · The relevant materials and equipment were delivered to C/P in timely manner, but some delay in providing Microscopes to the townships/P).

the supplied amount of resource, or can it be said that the project was efficient?)		2-3. Were the experts dispatched in timely manner?	Actual timing of dispatch of experts to planned timing	- Some short experts were dispatched in late due to ODA sanction. - JICA experts were dispatched in timely manner(C/P).
	3. Was there alternative means for achieving each Output efficiently	3-1. Were there any activities overlapped with other institution?	Comparison with an other approach in the Objective tree	- The mid-term evaluation reported that efficient coordination was made with all the partners in leprosy control to avoid duplication both in area and activity wise. - Not recognized since the commencement of the Project - The leprosy elimination was on-going activities (supported by WHO and INGOs) when the JICA Project started. POD/POWD services (self care, ulcer care, corrective surgery for foot-drop and live saving amputation, providing MCR sandals)were initiated by the Project in the Project sites. - ILEP's POD pilot project, supported by NLR and ALM, in 2 township of Pyay District (Bago Division) was implemented from 2002 to 2004. The ILEP's project site is not overlapped with JICA project but takes a similar apporach. It focuses on "Nurve function assessemnt and reaction management", "self care", "footwear", "treatment of ulcer", and "monitoring and evaluaton. JICA project's activities for POD, POWD, and rehabilitation followed ILEP's approch.
		3-2. Were there any other alternative means and methods ?	Comparison with an other approach in the Objective tree or similar projects if available	- The mid-term evaluation reported that The project created collaborative activities with NGO for The sewing training and MCR footwear project. - BHS training with other disease could have been coordinated with BHS section of Public Health Division but not leprosy control section. It might have been more appropriate to develop BHS training at Divisional Level or lower leave so that The needs of participants would be quickly feed backed to The planning. - Community based activities(C/P)
	4. Was there any influence of external conditions that affected the achievement of the Outputs?	4. Was there any influence of external conditions that affected the achievement of the Outputs? - Equipment procured from Japan arrives in the project sites on time - Safety is secured in remote area of the project		- Microscopes procured from Japan arrived in the Project site in late, which affected the activities under the Output 3. - Equipment for MSSC arrived in the site in late, which affected the services of MSSC.
	5. What were the contributing / inhibiting factors which affected the efficiency of the project?	5. What were the contributing / inhibiting factors which affected the efficiency of the project?		- BHS's burden on workload - Insufficient Project management - Frequent change of JICA experts (C/P) - Good coordination of C/P - Good communication skill of experts lead to the motivation of staff (C/P). - Weak telecommunication system (C/P) - Shortage of staff/P)

	1. Prospect of the achievement of the Overall Goal – (1) Elimination of leprosy in achieved and sustained in the project sites; (2) Comprehensive leprosy control programme including case finding , treatment and rehabilitation enhanced in every region of Myanmar; (3) POD, POWD, and rehabilitation services are widely available for Person Affected by Leprosy (PALs) in the project sites; and (4) Monitoring and	1-1. To what extent the Overall Goal - each of (1) - (4) has achieved?	Recognition of actual change to expected change	- See the achievement of Overall Goals in the table of Achievement and Process
		1-2. To what extent the Project Purpose has contributed to realize the Overall Goal?	- Consistent perception to the cause - effect relationship between the Project Purpose and the Overall Goal - Change on the indicators of the Overall Goal in conjunction with change on the indicators of the Project Purpose	- As the Project has been build in the National Leprosy Elimination Program, it enhanced some extent the elimination program in the project sites. - The Project brought a light to POD/POWD and rehabilitation so that the Leprosy Control Program adopt this POD/POWD as part of important policy in the near future. However, POD/POWD and rehabilitation services are still in the process of development - The Project contributed to realize each of Overall Goal, especially in POD/POWD in selected townships. The most of the health staff (BHS as well as vertical staff) understand importance of POD/POWD for PAL and how to provide home care and refer cases if necessary (C/P).

Impact (Are there any prospects of the indirect and ripple effects produced by the implemen	2. Possible influence of external conditions to the Overall Goal	2. Are there any prospects of external conditions that may affect the achievement of the Overall Goal? · Achievement of the project is transferred to other areas · National health policy of Myanmar continues to set priority for leprosy control programme even after the achievement of the international goal at national level · Efforts of other development partners on Myanmar's leprosy control continue · Governmental and other international support to the medical sector is not weakened	If there is change on external conditions of the PDM	· No change on external conditions was recognized.

tation of the project?)	3. Unexpected Positive/ Negative impact at the time of termnal evaluation	3-1. Is there any unexpected and positive impact?	- Recognition of positive change on target groups - Positive change on target groups with verifiable data	-The mid-term evaluation indicated that the project invites some relevant participants for the training program from outside the pilot project area. This would allow the project's achievement to expand wider areas. The project is making optimal efforts to introduce the activities and share its experience both nationally and internationally (16th International Leprosy Congress held in Brazil in 2002; The Global Alliance for Elimination of Leprosy (GEAL) took place in Myanmar in February 2003). Sewing training might initiate socio-economic rehabilitation activities among Pals with their own efforts. - Dependency of patients on the support and supply f donor or program (C/P).
		3-2. Is there any unexpected and negative impact?	- Recognition of negative change on target groups - Negative change on target groups with verifiable data	- BHS training brought financial burden to some of participants who live in remote area. - BHS felt burden of workload while he/she attended the BHS training.
	4. What were contributing / inhibiting factors which affected the achievement of the Overall Goal or what will be expected contributing / inhibiting factors which may affect the achievement of the Overall Goal?	4. What were contributing / inhibiting factors which affected the achievement of the Overall Goal or what will be expected contributing / inhibiting factors which may affect the achievement of the Overall Goal?		- Since DOH introduced MDT in 1991, the registered prevalence rate and new case detection rate have shown constant decrease. While the project might push forward these trend in some extent, the contributing factor to the trend of these indicators cause by the constant effort of existing leprosy control program including Leprosy Elimination Campaigns. The funding support came from ALM, SMHF, and UNICEF. - Insufficient resources to sustained the achievement (C/P)
	5. What were contributing and inhibiting factors, which brought unexpected positive or negative impacts?	5. What were contributing and inhibiting factors, which brought unexpected positive or negative impacts?		- C/P recognized three major barriers for PALs such as (1) physical distance in rural area, (2) service cost , (3) social discrimination in particularly health staff.

Sustainability (Will the effect of the project maintained after the completion of the project)	1. Are there any possibilities that the activities carried out by the project can be continuously implemented?	1-1. (1) Which organization will take up the Output and continue the project activities?	· Recognition of issues on sustainability · Political will and plan · Availability of concrete human resources, budget, organization and system	· The mid-term evaluation repotted that Myanmar leprosy control program established well-organized structure for elimination, while creating service providing system for POD, POWD and rehabilitation is still on its process. · Leprosy Contrail section of Infectious Diseases took overall responsibility of continuing the Outputs. DOH is willing to sustain Leprosy Elimination, expand POD, POWD as phenomenon, and continue other disease control activities (C/P).
		1-2. Will equipment, facilities and human resources be appropriately and continuously provided in the future? What extent does your organization provide those resources?	· Recognition of issues on sustainability · Political will and plan · Availability of concrete human resources, budget, organization and system	· Resources for the control program is still limited. In addition, external assistance will be shrink as the Leprosy Elimination was completed. · Since the POD/POWD and rehabilitation of leprosy control will be highly dependant, the Myanmar Government need support from external funds. · Although the POD/POWD had rehabilitation was adopted to the national program from 2005, the budget hasn't yet discussed. · Perception of the project team and stakeholders
	2. Are there any prospects that equipments provided by the project and trained counterpart personnel can be effectively utilized?	2. Are there any prospects that equipments provided by the project and trained counterpart personnel will be effectively utilized?	· Present performance on operation and maintenance · Availability of O/M mechanism including personal, spare parts, and procurement procedure	Only 7 items out of 210 items of equipment in YLH were not utilized (3%).
	3. Are there any prospects that the implementing agencies can secure human resources, finance	3-1. How does DOH support the re-education program for BHS and LCP in order to defuse the know-how of the project to other area?	· Recognition of issues on sustainability · Political will and plan · Availability of concrete human resources, budget, organization and system	· The mid-term evaluation reported that The Myanmar counterparts took responsibility of bearing recurrent costs for operation and maintenance of facilities and equipment supported by The project. Proportion of The public expenditure of Myanmar government increases in The total expenditure of leprosy control program, while international partners still play significant role. · MCR sandals and reconstructive surgery were conducted with free of charge in The context of The project.

	and system in order to continue the outcome of the project?	3-2. How do the Divisional Department of Health and other relevant organization apply re-education of BHS, necessary budget for the continuation of the POD, POWD, and rehabilitation program?	· Recognition of issues on sustainability · Political will and plan · Availability of concrete human resources, budget, organization and	· Refresher training is applied at the monthly meetings at TS.
	4. What were contributing and inhibiting factors, which affected sustainability of the project?	4. What were contributing and inhibiting factors, which affected sustainability of the project? ?		· Motivation of staff (C/P) · Transportation difficulties (C/P) · Poor telecommunication system (C/P) · Transfer of professionals (C/P) · Use of local materials for MCR sandals and shoe maker's motivation(C/P)

Appendix 6 List of 48 Townships with Area

Sr.	State & Division	District	Township	Area (Sq-Km)
1	Magway	Aunglan	Aunglan	1033.65
2			Kamma	1153.2
3			Mindon	986.59
4			Minhla	1371.38
5			Sinbaungwe	2049.58
6			Thayet	1188.68
7		Magway	Magway	682.22
8			Myothit	1586.84
9			Taungdwingyi	1968.41
10		Minbu	Minbu	1664.62
11			Ngape	1310.8
12			Pwintbyu	1219.99
13			Sadoktaya	2805.62
14			Salin	2313.23
15		Pakokku	Gangaw	2463.83
16			Hteelin	1333.85
17			Myaing	2034.86
18			Pakokku	1258.32
19			Pauk	2486.4
20			Saw	1781.07
21			Seik Phyu	1523.39
22			Yesagyo	999.04
23		Yenangyaung	Chauk	991.54
24			Natmauk	2309.24
25			Yenangyaung	1007.38
26	Mandalay	Mandalay	Amarapura	207.48
27			Madaya	1667.3
28			Pathein Gyi	600.38
29			Sin Ku	1409.04
30	Sagaing	Monywa	Ayadaw	1223.78
31			Budalin	413.3
32			Chaung Oo	488.39
33			Kani	3359.19
34			Monywa	688.94
35			Pale	1590.26
36			Salingyi	681.21
37			Yinmabin	939.41
38		Sagaing	Myaung	451.1
39			Myinmu	775.6
40			Sagaing	1256.56
41		Shwebo	Debayin	1325.69
42			Kantbalu	6635.58
43			Khin Oo	1038.13
44			Kyunhla	2576.89
45			Shwebo	1067.58
46			Tantse	1855.32
47			Wetlet	1332.77
48			Ye Oo	1444.84
			total	72552.47

Sagaing Division (The whole division area) 94621.07 Sq-Km
Mandalay Division (The whole division area) 14294.72 Sq-Km
Magway Division (The whole division area) 44818.96 Sq-Km

Appendix 7 Experts dispatched to LCBHS Project

Long Term / Short Term	Field		Name	Assigned From	To	No. of Days	Man-Month
L	Chief Advisor	Dr.	Kazuo Hikita	2000/5/8	2002/5/7	730	24.3
L	Chief Advisor	Dr.	Yutaka Ishida	2002/5/1	2005/3/31	1066	35.5
L	Leprosy Control	Dr.	Kentaro Hatano	2000/5/8	2002/5/7	730	24.3
L	Leprosy Control	Dr.	Eiji Nagao	2001/5/27	2002/5/26	365	12.2
L	Leprosy Control	Dr.	Yoshinori Aoki	2002/10/10	2004/4/9	548	18.3
L	Leprosy Control	Dr.	Yuko Tada	2004/3/28	2005/3/31	369	12.3
L	Nursing	Ms.	Chiyoko Hashimoto	2000/6/12	2001/11/30	537	17.9
L	Nursing	Ms.	Hiroko Baba	2001/11/1	2003/4/30	546	18.2
L	Nursing	Ms.	Mika Fujita	2003/11/12	2005/3/31	506	16.9
L	Coordinator	Ms.	Yoshiko Taniguchi	2000/5/8	2002/5/7	730	24.3
L	Coordinator	Mr.	Hidemoto Tanaka	2002/6/1	2005/3/31	1035	34.5
			Sub-total			7162	239
S	Nursing	Ms.	Hisako Ebina	2001/2/5	2001/3/4	28	0.9
S	Clinical Examination	Mr.	Keiji Suzuki	2001/2/5	2001/3/4	28	0.9
S	Physiotherapy	Mr.	Shoichi Miyaguchi	2001/2/5	2001/3/4	28	0.9
S	Prosteses and Shoe Making	Mr.	Yoshiharu Hashiguchi	2001/2/5	2001/3/4	28	0.9
S	Tuberculosis Control	Dr.	Katsunori Osuga	2001/2/26	2001/3/3	6	0.2
S	Leprosy Control	Dr.	Osamu Mikami	2001/2/26	2001/3/7	10	0.3
S	Nursing	Ms.	Mutsuyo Ichihara	2001/2/26	2001/3/26	29	1.0
S	Tuberculosis Control	Ms.	Akiko fujiki	2001/8/5	2001/8/20	16	0.5
S	Malaria Control	Dr.	Shigeyuki Kano	2001/8/7	2001/8/29	23	0.8
S	Clinical Examination	Mr.	Kazunori Tamamura	2001/7/15	2001/10/14	92	3.1
S	Reconstructive Surgery	Dr.	Kentaro Hatano	2002/1/15	2002/2/12	29	1.0
S	Physiotherapy	Mr.	Ituo Nogami	2002/1/15	2002/2/5	22	0.7
S	Leprosy Control	Dr.	Reiko Nogami	2002/2/19	2002/3/5	15	0.5

S	Prosteses and Shoe Making	Mr.	Takeshi Yamaguchi	2002/1/15	2002/2/12	29	1.0
S	Nursing	Ms.	Chieko Morozumi	2002/1/15	2002/2/12	29	1.0
S	Leprosy Control	Dr.	Yutaka Ishida	2002/1/22	2002/2/2	12	0.4
S	Clinical Examination, microscopic diagnosis on leprosy	Mr.	Keiji Suzuki	2002/7/16	2002/10/15	92	3.1
S	Nursing	Ms.	Chiyoko Hashimoto	2002/8/1	2002/11/19	111	3.7
S	Malaria Control	Dr.	Shigeyuki Kano	2002/8/12	2002/8/29	18	0.6
S	Diagnosis of leprosy, differential diagnosis and silent neurities	Dr.	Norihisa Ishii	2002/9/8	2002/9/28	21	0.7
S	Nursing for leprosy patients and management of nursing	Ms.	Mieko Yamashita	2002/9/2	2002/11/29	89	3.0
S	Foot Wear, Prosteses Engineering	Mr.	Takeshi Yamaguchi	2002/9/2	2002/11/29	89	3.0
S	School Health Education	Dr.	Hideko Yoshimura	2002/9/8	2002/9/18	11	0.4
S	Information, Education, Communication	Mr.	Keiji Kojima	2002/9/16	2002/11/2	48	1.6
S	Physiotherapy	Mr.	Itsuki Nagato	2002/10/1	2002/11/29	60	2.0
S	Reconstructive Surgery	Dr.	Chikahiro Nakatani	2002/11/2	2002/11/10	9	0.3
S	Leprosy Control	Dr.	Kazuo Hitita	2003/1/27	2003/2/15	20	0.7
S	EPI	Dr.	Yasuo Chiba	2002/2/3	2002/2/27	25	0.8
S	Tuberculosis Control	Dr.	Norio Yamada	2003/3/2	2003/3/15	14	0.5
S	Nursing	Ms.	Hiroko Morita	2004/1/11	2004/4/10	91	3.0
S	Foot Wear, Prosteses Engineering	Mr.	Takeshi Yamaguchi	2004/1/11	2004/5/8	119	4.0
S	Physiotherapy	Mr.	Itsuki Nagato	2004/1/11	2004/2/29	50	1.7
S	Leprosy Control	Dr.	Motoaki Ozaki	2004/2/15	2004/3/13	28	0.9
S	Clinical Laboratory	Dr.	Masamichi Goto	2004/2/15	2004/3/13	28	0.9
S	Leprosy Control (Project Management)	Ms.	Ayako Honda	2004/2/15	2004/3/28	43	1.4

S	Leprosy Control (Epidemiology)	Dr.	Hirobumi Takagi	2004/2/15	2004/3/7	22	0.7
S	Information, Education, Communication	Mr.	Keiji Kojima	2004/3/18	2004/4/7	21	0.7
S	Malaria Control	Dr.	Shigeyuki Kano	2004/8/15	2004/8/28	14	0.5
S	Foot Wear, Prosteses Engineering	Mr.	Takeshi Yamaguchi	2004/9/6	2004/12/5	91	3.0
S	Nursing	Ms.	Eiko Sagae	2004/9/6	2004/12/5	91	3.0
S	Leprosy Control	Dr.	Noriko Sato	2004/9/6	2004/9/28	23	0.8
S	Physiotherapy	Mr.	Itsuki Nagato	2004/9/26	2004/12/5	71	2.4
			Sub-total			1723	57.4

Up to 31st of March 2005

S	Information, Education, Communication	Mr.	Keiji Kojima	2005/1/20	2005/2/17	29	1.0
S	Leprosy Control	Dr.	Motoaki Ozaki	2005/2/6	2005/3/4	27	0.9
S	Clinical Laboratory	Dr.	Masamichi Goto	2005/2/14	2005/3/4	19	0.6
S	Reconstructive Surgery	Dr.	Kentaro Hatano	2005/2/20	2005/3/12	21	0.7
S	Leprosy Control	Dr.	Eiji Nagao	2005/2/20	2005/3/5	14	0.5
			Sub-total			110	3.7
			Total			8995	299.8

Appendix 8 List of Participants for Training in Japan

JFY	Subject		Name	Appointment	From	To	No. of Days	Man-Month
2000	Leprosy Administration	Dr.	Kyaw Nyunt Sein	Deputy Director (Leprosy), Department of Health, Ministry of Health	2000/11/6	2000/11/25	20	0.67
2000	Leprosy Control	Dr.	Kyaw Kyaw	Consultant (Leprosy), Yangon General Hospital, Ministry of Health	2000/10/17	2000/12/12	57	1.9
2000	Leprosy Medical Treatment	Dr.	Myat Thida	Medical Officer, Yenantha Leprosy Hospital, Department of Health, Ministry of Health	2000/10/17	2001/4/15	181	6.0
2001	Expanded Program on Immunization	Dr.	Aye Nyein	Team Leader, Bago Divisional Health Department, EPI, Department of Health, Ministry of Health	2001/6/25	2001/8/18	55	1.8
2001	Tuberculosis Control	Dr.	Than Swe	Team Leader, Pyapon, TB Campaign Division, Department of Health, Ministry of Health	2001/9/11	2001/10/30	50	1.7
2001	Leprosy Control	Dr.	Tin Hlaing	Team Leader, Meiktila District, Mandalay Division, Leprosy Control Program, Department of Health, Ministry of Health	2002/1/15	2002/2/19	36	1.2
2001	Leprosy Control	Dr.	Nyunt Hlaing	Medical Superintendant, Yenantha Leprosy Hospital, Department of Health, Ministry of Health	2002/3/5	2002/5/2	59	2.0
2002	Leprosy Control	Dr.	Khin Maung Lin	Team Leader, Shwe Bo District, Leprosy Control Program, Department of Health, Ministry of Health	2003/1/28	2003/4/30	93	3.1
2002	Leprosy Control	Dr.	Ye Win Than	Team Leader, Shwe Auglan Zone, Leprosy Control Program, Department of Health, Ministry of Health	2003/1/28	2003/4/30	93	3.1
2002	Leprosy Control	Mr.	Tun Aung Kyaw	Laboratory Technician, Central Special Skin Clininc, Yangon General Hospital, Ministry of Health	2003/1/28	2003/4/30	93	3.1

Plan up to 31st of March 2005

2004	Leprosy Control	Dr.	Peter Ne Win	Regional Officer, Leprosy, Magway Division, Leprosy Control Program, Department of Health, Ministry of Health	2005/2/22	2005/4/28	66	2.2
2004	Leprosy Control	Dr.	Kyaw Myint	Deputy Director, Leprosy, Department of Health, Ministry of Health	2005/3/22	2005/5/26	66	2.2
2004	Leprosy Control	Dr.	Yin Thandar Lwin	Deputy Regional Health Director, Mandalay Division, Department of Health, Ministry of Health	2005/2/22	2005/4/28	66	2.2
2004	Leprosy Control	Dr.	Myat Thida	Medical Superintendent (Leprosy), Yenantha Leprosy Hospital, Madaya, Mandalay Division, Department of Health, Ministry of Health	2005/1/11	2005/3/19	68	2.3
2004	Leprosy Control	Dr.	Chan Tun Aung	Team Leader, Leprosy, Kyaukpandaung, Mandalay Division, Department of Health, Ministry of Health	2005/2/22	2005/4/28	66	2.2
2004	Leprosy Control	Dr.	Maung Maung Oo	Medical Officer (Ortho), General Hospital, Kyaukmei, Northern Shan State, Department of Health, Ministry of Health	2005/1/11	2005/3/19	68	2.3
2004	Leprosy Control	Mr.	U Swe	Brother, Yenantha Leprosy Hospital, Madaya, Mandalay Division, Department of Health, Ministry of Health	2005/1/11	2005/3/19	68	2.3
				Total			1205	40.2

Appendix 9 Summary of Provided Equipment by Delivered Location

Present Location	Summary of items	Q'ty	Amount
48TSH	Training and promotion equipment / goods, laboratory equipment, surgical operation equipment etc.	3591	33,141,555
CSSC/MSSC/LC/MCSSC	Surgical operation equipment, diagnostic equipment, training equipment and goods etc.	211	5,516,750
PO	Vehicle, office equipment etc.	16	13,742,930
RHC/Sub-RHC	Motor bike, care Set(Plobe, Forceps, Dissecting Scissors, Scalpel Handles, Nail Cutter and Stainless Board)	3605	3,918,750
RLO	office equipment	3	87,300
TL	Operation equipment etc.	694	4,232,040
YGH (Histopatho), MGH (Histopatho),	Histophasology apparatus	2	127,600
YGN Rehabilitation Hospital	Rehabilitation machine	1	869,200
YLH	Surgical operation equipment, diagnostic equipment, training equipment and goods, rehabilitation machine etc.	3041	40,810,345
Planned	Diagnostic equipment etc.	83	4,540,690
Total		11,247	106,987,160

Appendix 10 Local Cost

(Unit: Thousand Yen)

Item	2000	2001	2002	2003	2004
Operating expenses for routine activities	Travel fee, material and consumable cost, vehicle maintenance, communication cost, etc. 7,545	Travel fee, material and consumable cost, vehicle maintenance, communication cost, etc. 9,713	Travel fee, material and consumable cost, vehicle maintenance, communication cost, etc. 9,317	Travel fee, material and consumable cost, vehicle maintenance, communication cost, etc. 11,800	Travel fee, material and consumable cost, vehicle maintenance, communication cost, etc. 11,795
Expenses for training and events	・Training materials for BHS training 8,314 ・Consumable for training	・TOT/ Training participants travel cost ・Necessary materials for training (BHS,Operation, Treatment,Sewing) 5,731 ・Consumables for training	・TOT/ Training participants travel cost ・Necessary materials for training (BHS, Operation 2, LAB,FootWear,Sewing) 13,874 ・Consumables for training	・Cost for 9TSPOD/POWD service trial (Cost for disability assessment, Foot Wear, POD kit, etc) ・Materials for training (BHS,Operation 2, Sewing) 23,258 ・TOT/ Training participants travel cost ・Consumables for training	・Cost for 9TSPOD/POWD service trial (Cost for disability assessment, Foot Wear, POD kit, etc) 12,213 ・Materials for training (9TS Surgery、POD/POD) ・Evaluation of training (BHS, LAB)
Expenses for facility improvement	Construction of Training facility at Yenanthar 23,700 Yangon office 906	Renovation of laboratory in Yenanthar Hospital 1,422 Renovation of Mandaly Special Skin Clinic 2,124 Renovation of operation theather in Yenanthar Hospital 1,026			
Other Expreses			Brazil International Conference 1,955		Dispatch of 4 participats for overseas training prgoram(Steeling Leprosy Research and Training Centre, Karigiri, India) 1,460
Total	40,465	20,016	25,146	35,058	25,468

Appendix 11 Myanmar Government Inputs to Leprosy Copntrol Program

million Kyats

	2000	2001	2002	2003	2004
Salary	34.7	34.1	34.5	44.1	45.5
Revenue Stamp, Phone	7.4	7.2	7.1	10.1	10.4
Travelling Allowance	3.7	3.5	3.7	4.7	4.9
Fuel	2.9	2.6	3.8	4.1	4.2
Repair & Maintenance	3.9	4.3	4.8	4.6	4.5
TOTAL	52.6	51.7	53.9	67.6	69.5

Appendix 12 Teaching Material, IEC Media provided by LCBHS Project

Type	Title	Specification		Purpose	Concerned	Distributed to	Language
Text	Textbook for BHS training on Leprosy	A4 4color cover, Vol. 1 (55pages) Vol 2 (60 pages)	Revised	BHS Training	LPR	BHS	Myan
Text	Textbook for BHS training on TB	A4 4color cover, 110 pages	Produced	BHS Training	TB	BHS	Myan
Text	Textbook for BHS training on EPI (supervisor)	A4 4color cover, 86 pages	Revised	BHS Training	EPI	EPI Verical Staff	Myan
Text	Textbook for BHS training on EPI (TOT)	A4 4color cover, 86 pages	Revised	BHS Training	EPI	EPI Verical Staff	Myan
Text	Textbook for BHS training on EPI (BHS)	A4 4color cover, 156 pages	Revised	BHS Training	EPI	BHS	Myan
Text	Textbook for Microscopy Training on Malaria (Myanmar version of WHO/UNDP textbook, reprinted by the Project)	A4 4color cover, 24	Reprinted	Microscopy Training	MLR	LAB, TS Hospital	Myan
Handout	Handout for Microscopy Training on Leprosy	A4 B/W, 22 pages	Produced	Microscopy Training	LPR	LAB, TS Hospital	Myan
Handout	Handbook on TB for health workers	A4 4color cover, 14 pages	Revised	BHS Training	TB	BHS	Myan
Chart	Flowchart for diagnosis and treatment on TB	A4, 4 color	Produced	BHS Training	TB	BHS	Engl
Handout	Laboratory handbook on TB	A4 4color cover, 40	Revised	Microscopy Training	TB	LAB, TS Hospital	Myan
Sticker	TB-DOTS Sticker	B5 4color, sticker	Produced	Awareness rising	TB	PPL	Myan
Pamphlet	Pamphlet on TB	A4 4color	Produced	Awareness rising	TB	PPL	Myan
Handout	TB Fact Sheet	A4 4color, 5 sheets	Produced	Awareness rising	TB	PPL	Myan
Poster	Poster for TB Control	4 color, art paper	Produced	Awareness rising	TB	PPL	Myan
Poster	Postr for EPI (1)	4 color, art paper	Revised	Awareness rising	EPI	PPL	Myan
Poster	Postr for EPI (2)	4 color, art paper	Revised	Awareness rising	EPI	PPL	Myan
Handout	Handout on summary of Malaria status and its control in Myanmar	A4 4color 1 sheet	Revised	BHS Training	MLR	BHS	Engl
Pictrial Chart	A set of five pictrial charts on Malaria Control (WHO materials reprinted and laminated by the Project)	A4, 4 color, 5 sheets / set	Reprinted	BHS Training	MLR	BHS	Engl
Pamphlet	Pamphlet for Volunteer Health Workers	A4 4color , 1 sheet	Revised	BHS		VHW	Myan
Pamphlet	Pamphlet for community awareness	A4 4color , 1 sheet	Revised	Awareness rising	LPR	PPL	Myan
Poster	Poster for community awareness (1) art paper	4 color, art paper	Revised	Awareness rising	LPR	PPL	Myan
Poster	Poster for community awareness (2) art paper	4 color, art paper	Revised	Awareness rising	LPR	PPL	Myan
Poster	Poster for community awareness (3) art paper	4 color, art paper	Revised	Awareness rising	LPR	PPL	Myan
Poster	Poster for community awareness (1) norma paper	4 color	Revised	Awareness rising	LPR	PPL	Myan
Poster	Poster for community awareness (2) norma paper	4 color	Revised	Awareness rising	LPR	PPL	Myan
Poster	Poster for community awareness (3) norma paper	4 color	Revised	Awareness rising	LPR	PPL	Myan
Handout	Guide for Volunteer Health Workers	A4 4color cover, 32	Revised	Awareness rising	LPR	VHW	Myan
Text	Self-Care Manual	A4 B/W, 54 pages	Produced	BHS Training	LPR	VER, BHS	Myan
Pictrial Chart	Pictorial Teaching Chart on Leprosy	A4 4color, 36 pages	Produced	BHS Training	LPR	VER, BHS	Myan
Pictrial Chart	Pictorial Teaching Chart on Self-Care	A4 4color, 46 pages	Produced	BHS Training	LPR	VER, BHS	Myan
VCD	Reconstructive Surgery (Tibialis Posterior Trainsfer)		Produced	POD/POWD Trial at 9TS	LPR	TMO, Nurses, Phsio	Myan
VCD	Postoperative Physiotherapy of Tibialis Posterior Trainsfer		Produced	POD/POWD Trial at 9TS	LPR	TMO, Nurses, Phsio	Myan

Appendix 13

BHS Trainings

	2001		2002		2003	
	TOT	BHS	TOT	BHS	TOT	BHS
Teaching Method						
Leprosy						
TB						
EPI						
Malaria						
Trachoma						
HIV/AIDS						

TOT and BHS training held

FY	Title	Content	Days	Participants (persons)	
2001	TOT	Teaching Method	3	Vertical Staff	11
		Leprosy	3	Vertical Staff	13
		TB	2	Vertical Staff	13
2002	TOT	Leprosy	3	Vertical Staff	18
		TB	2	Vertical Staff	12
		EPI	2	Vertical Staff	12
2003	TOT	Teaching Method	3	Vertical Staff	69
		Leprosy	2	Vertical Staff	19
		TB	2	Vertical Staff	8
		EPI	2	Vertical Staff	10
		Malaria	2	Vertical Staff	12
		HIV/AIDS	2	Vertical Staff	10
		Trachoma	2	Vertical Staff	10
Total number of persons who received TOT: 131 vertical staff					
2001	BHS Training	Leprosy	1	BHS Staff in 48 townships	3,091
		TB	1		
		EPI	1		
2002	BHS Training	Leprosy	2	BHS Staff in 48 townships	3,119
		TB	1		
		EPI	1		
2003	BHS Training	Leprosy	1.5	BHS in 48 townships	3,141
		TB	1		
		EPI	1.5		
		Malaria	1		
		HIV/AIDS	0.5		
		Trachoma	0.5		
Total number of persons who received BHS training: 9,351 BHS staff					

Appendix 14 Assessing Functions of POD/POWD and Rehabilitation with Three Referral Center

	YHL			CSSC			MSSC		
	before	present	end	before	present	end	before	present	end
Disability Survey									
Self-care	U	U-improved	U-improved	U	U	U	U	U-improved	U-improved
Reaction Management	U	U	U	U	U	U	U	U-improved	U-improved
Foot Wear (MCR sandals)	U	U-improved	U-improved	I	U	U	X	I	U
Foot Ulcer Management	U	U-improved	U-improved	U	U	U	U	U-improved	U-improved
Recostructive Surgery	U	U-improved	U-improved						
Referral System	U	U-improved	U-improved	U	U	U	U	U	U

Note:
X: Nothing is done
I: State of service or function that is introduced to institution
A: Stete of service or function that become available in institution
U: State of service or function that is utilized in institution
U-improved: State of service or function that is improved in institutiion.
Grey area: Not applicable

Discussion with C/P and Experts (27th of November 2004)

Appendix 15 Progress of Pilot Project on POD/POWD at 9 Selected Townships

	Indicators	Baseline	Target value	Progresses at present	The end of the project
Disability survey	Coverage of townships	0	9	9	9
	No. of vertical staff (JLW) who can conduct disability survey	0	27	27	27
	No. of regional officers/team leaders who can analyze the data of disability survey and make an action plan on POD/POWD for their own townships.	a few	9	a few	9
Self care	No. of BHS staff who can teach self care to PALs.	0	about 3,000	about 3,000	about 3,000
	No. of hospitals in which self care can be taught by nurses.	0	9	8	9
	No. of patients who received JICA POD kits	0	4,500	3,000	3,000
Reaction management	No. of townships where leprosy reactions are treated properly.	?	9	9	9
	Availability of predonisolone	?	9	9+α	9+(from other
Foot wear	No. of shoemakers who can produce MCR sandals at township level	0	9	9	9
	No. of township shoe workshop	0	9	9 (6: at Regional office / Team leader's Office, 1 at township hospital, 2 at staff's house)	9
	No. of JICA MCR sandals provided at 9 townships	0	According to the result of Disability	1,416	2,000
Ulcer management	No. of hospitals in which complicated foot ulcers can be treated	0	9	8	9
	No. of BHS who can treat simple plantar ulcer and refer patients with complicated ulcer to township hospitals	0	about 3,000	about 3,000	about 3,000
Reconstructive surgery	No. of hospitals in which correction of drop foot can be conducted.	0	9	6	8
Referral system	No. of patients who were referred to township hospitals by BHS	N/A	N/A	N/A	N/A
	No. of patients who were referred to National Yenanthar Leprosy Hospital from township hospitals or vertical staff for surgery / amputation	N/A	N/A	N/A	N/A

Appendix 16 Enhanced Referral and Training Function with Respective Institution

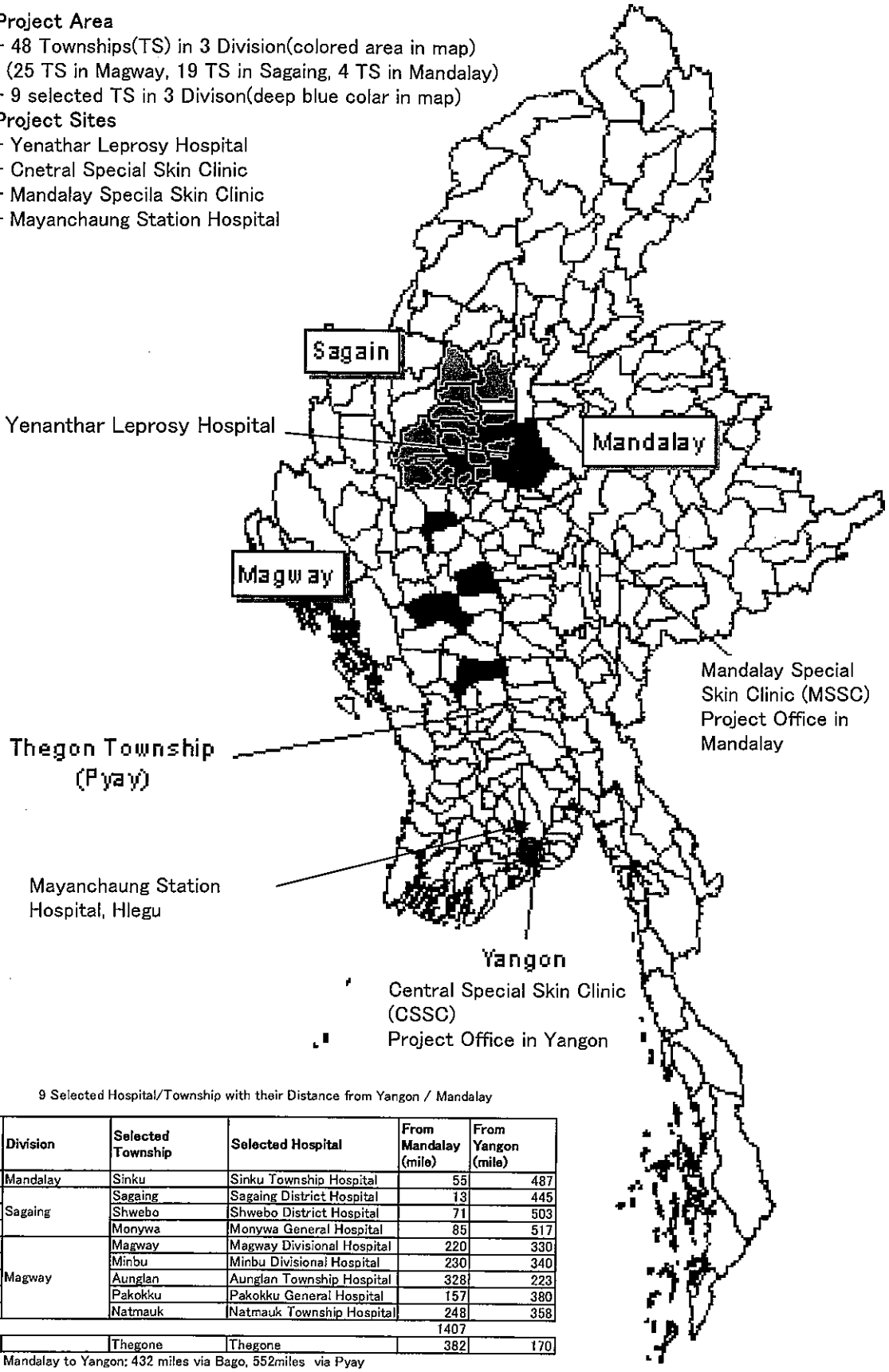
	YHL	CSSC	MSSC
Service	Quality Rehabilitation	Capacity of Diagnosis on Leprosy	Capacity of Diagnosis on
	Advanced Operation	Histopathology Examinations	
	Quality POD/POWD	Quality POD/POWD (Health education, Self-care, Ulcer management, MCR sandals, Voluntary massage test/sensitivity, Reaction management)	Quality POD ((Health education, Self-care, Voluntary massage test/sensitivity, Reaction management)
	Moulded Shoe Making (Sophisticated MCR sandals)		
	Quality Prosthesis		
	Capacity of Laboratory Service	Capacity of Laboratory Service	Capacity of Laboratory Service
	Nursing Care		
Training	Provision of training personal and facility including accommodation and equipment	- Training center for post and undergraduate students, Leprosy staff, para medics, laboratory technician, and BS - Provision of training facility and equipment	Training for post and undergraduate students

Discussion with C/P and Experts (27th of November 2004)

2．対象地域とサイト

Project Area
- 48 Townships(TS) in 3 Division(colored area in map)
  (25 TS in Magway, 19 TS in Sagaing, 4 TS in Mandalay)
- 9 selected TS in 3 Divison(deep blue colar in map)

Project Sites
- Yenathar Leprosy Hospital
- Cnetral Special Skin Clinic
- Mandalay Specila Skin Clinic
- Mayanchaung Station Hospital

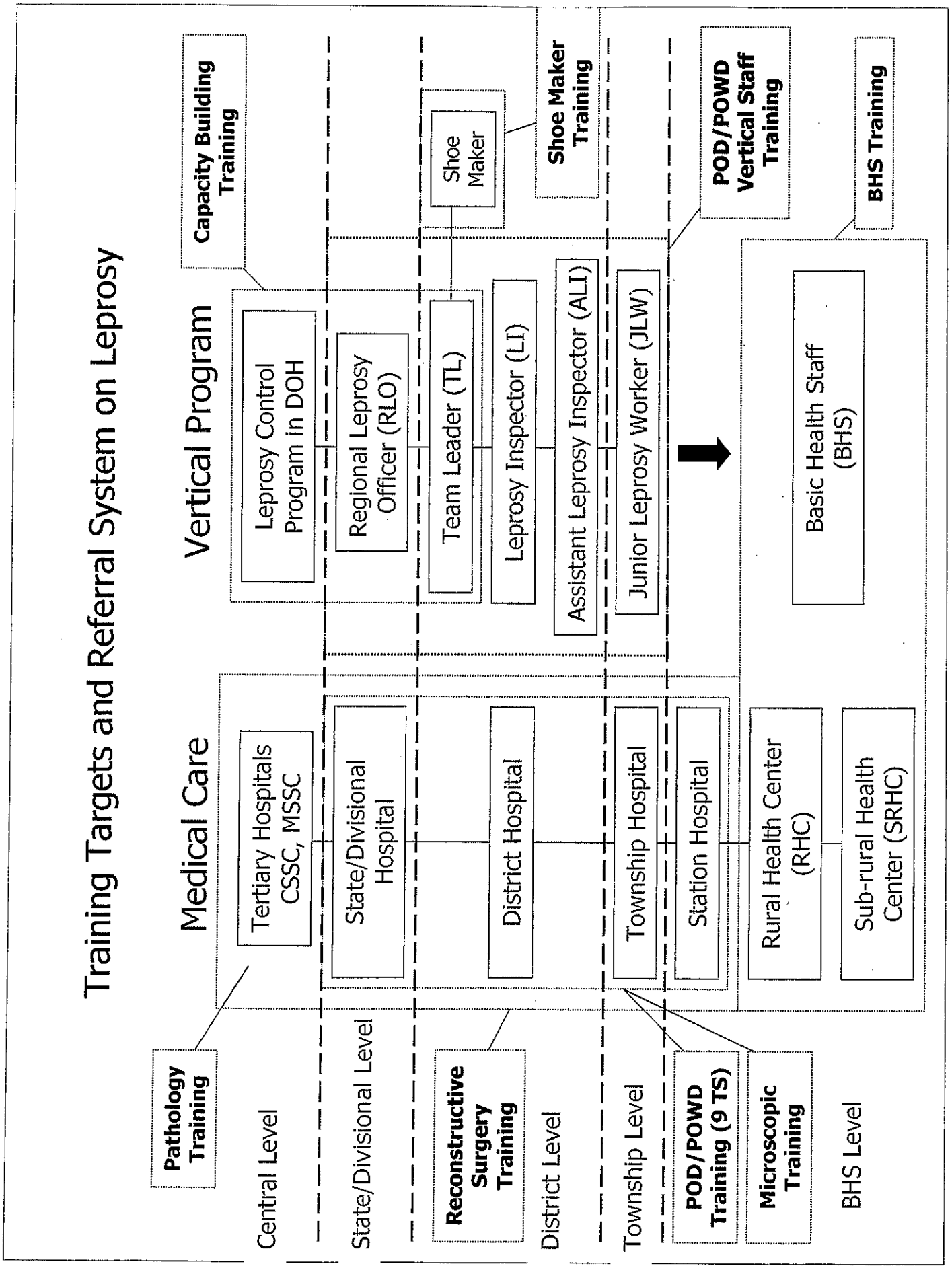


9 Selected Hospital/Township with their Distance from Yangon / Mandalay

	Division	Selected Township	Selected Hospital	From Mandalay (mile)	From Yangon (mile)
1	Mandalay	Sinku	Sinku Township Hospital	55	487
2	Sagaing	Sagaing	Sagaing District Hospital	13	445
3		Shwebo	Shwebo District Hospital	71	503
4		Monywa	Monywa General Hospital	85	517
5	Magway	Magway	Magway Divisional Hospital	220	330
6		Minbu	Minbu Divisional Hospital	230	340
7		Aunglan	Aunglan Township Hospital	328	223
8		Pakokku	Pakokku General Hospital	157	380
9		Natmauk	Natmauk Township Hospital	248	358
				1407	
		Thegone	Thegone	382	170

Mandalay to Yangon: 432 miles via Bago, 552miles via Pyay

3．研修対象とレファーラル



Leprosy Control and Basic Health Services Project With Support of JICA

Dr. Kyaw Myint
National Program Manager
Leprosy Control Program
Department of Health
Myanmar

Objectives

- ❑ To assist Leprosy Control Programme to achieve elimination of leprosy at national level and sub-national level in the project areas
- ❑ To initiate Rehabilitation of PAL, especially in POD/POWD.
- ❑ To strengthen other disease control program, such as Measles and Tuberculosis, through BHS

Organizational Structure

At Central Level

- Director General (DOH) as Project Director
- Deputy Director General (DC&PH) as Deputy Project Director
- Director (Disease Control) as Project Manager
- Deputy Director (Leprosy) as Deputy Project Manager
- Other Disease Control Project Managers as counterparts

Organizational Structure

At Mid-level

- Divisional Health Directors (Mandalay, Sagaing, Magway and Yangon Divisions)
- Regional Leprosy Officers (Mandalay, Sagaing, Magway and Yangon Divisions)
- Regional Officers/ Team Leaders (TB/EPI) of Mandalay,Sagaing, Magway and Yangon Divisions)
- Consultant Leprologist, CSSC, YGH
- Medical Superintendent, NLH, Yenanthar.

Organizational Structures

At District/ Township Level

- Team Leaders (Leprosy)
- District/ Township Medical Officers

At Peripheral Level

- LI/ALI and JLW (Technical staff)
- HA/LHV/PHS-1 (Field Supervisors)
- MW/ PHS-1 (Implementers)

Project Areas

- 48 Townships in 3 Divisions
- 25 Townships in Magway Division
- 19 Townships in Sagaing Division
- 4 Townships in Mandalay Division
- National Leprosy Hospital (Yenanthar)
- Central Special Skin Clinic, Yangon General Hospital
- Special Skin Clinic, Mandalay General Hospital
- Mayanchaung Station Hospital, Hlegu Township

Project Activities

A. Capacity Building
B. Providing Services
C. Logistics Support
D. Construction / Renovation of health facilities
E. Three Division Joint Meeting
F. Counterpart Training in Japan
G. Dispatches of Japanese Experts
H. Others

A. Capacity Building

(1) Integrated Training for Disease Control

Integrated Training for Disease Control

- 2001& 2002 – Leprosy, TB and EPI
- 2003 – Leprosy, TB, EPI, Malaria, Trachoma and HIV/AIDS

- All BHS and Vertical Staff in 48 Townships of Project Sites

(2) Microscopic Training

- Training on Microscopy for Leprosy, TB and Malaria at NLH, Yenanthar.

1. All Lab. Technician of District Leprosy Teams
2. One Staff from each of 48 townships

(3) Shoe Making Training

Training of Shoe Making (MCR Sandal) at NLH, Yenanthar and on-job training

Selected health Staff from NLH, Yenanthar and Mayanchaung Station Hospital

- One person as shoe maker from each of 9 townships

(4) Training for Disability Survey

Training on Data Collection on Disability Survey at NLH, Yenanthar

One Team Leader, One Leprosy Inspector and Three Junior Leprosy Workers from each townships of 9 townships

(5) Training on Reconstructive Surgery and Physiotherapy

Training on Reconstructive Surgery for foot-drop and Physiotherapy at NLH, Yenanthar

- One Medical Doctor and One Nurse from each hospital of 9 townships
- One Orthopedic Surgeon and One Nurse from each divisional / district hospital

(6) Follow-up Surgical Training at 9 Township Hospitals

Follow-up Surgical Training for Foot-drop and Live-saving Amputation at 9 Township Hospital

- One Medical Doctor and One nurse trained for reconstructive surgery previously
- Consultant Surgeon/ Orthopedic Surgeon and Anesthetist of the 9 townships

(7) Workshop on Special Stain in Leprosy

- Workshop on Special stain in leprosy was conducted at CSSC for 2 weeks in March 2004.
- Five doctors and four technician attended.

(8)Workshop on Capacity Building for Vertical Staff

Workshop on Capacity Building for vertical staff (RLO and TLs) was conducted at MMA in March 2004.

- Project Management for 4 days
- Epidemiology and Statistics for 4 days
- Clinical Dermatology and Differential Diagnosis of Leprosy for 3 days

(9) Sewing Training

- Sewing training courses for disabled PALs were provided at NLH, Yenanthar and Mayanchaung Station Hospital collaboration with Hito Centre.

B. Services Provided
(1) Disability Survey

- Disability survey was conducted at 9 townships by vertical staff accompanied with BHS staff.
- POD/POWD package was provided during disability survey and corrective surgery was provided after the survey.

(2) POD/POWD Package

- POD/POWD Package was provided following the disability survey in 9 townships

The components of POD/POWD package are;

1. Self care practice (Eye, Hand, Feet)
2. Ulcer Management (especially on foot)
3. Providing MCR Sandals
4. Reaction Management
5. Referral

(3) Corrective Surgery for Foot-drop and Live-saving Amputation

- Demonstration and Practice on corrective surgery for foot-drop and live-saving amputation were provided at 9 township hospitals, but the target is very low and not sufficient for the demand.
- Self reliance surgery at such hospitals is difficult to initiate because of patients' compliance.

C. Logistics Support

- To township Health Departments
- To Regional and District Leprosy Offices
- To Midwives
- To NLH, Yenanthar
- To CSSC, YGH
- To SSC, MGH
- To Station Hospital, Mayanchaung
- For Disability Survey
- For Corrective Surgery

Logistics Support

- IEC Materials – Manual, Flip chart book, Poster, leaflets, folders, Video/VCD, etc.
- Microscope and Laboratory Equipment
- Shoe making Materials and Instruments
- Surgical instruments for corrective surgery
- Computers and accessories
- Training & Office equipments – TV, Cassette Recorders, Type writers, Duplicators, Overhead Projectors.
- Motorcycles

D. Construction and Renovation of Health Facilities

- In NLH, Yenanthar Training Centre and Domitory for trainees
- At CSSC, YGH
- At SSC, MGH
- At Mayanchaung Station Hospital
- In 9 Townships

E. Three Division Joint Meeting

Since 2000, Three Division Joint Meeting was held with the objectives of

1. To assess the progress of the project yearly
2. To share experiences on project implementation
3. To prepare Plan of Action for next year

F. Counterpart Training in Japan

- Selected personnel from the whole country visited and trained in Japan.

G. Dispatches of Japanese Experts

- Many experts visited to the project sites. Some experts are valuable for the project (eg. Shoe making expert). Some experts had no experiences in field activities of leprosy control. More experts of various areas (Social sciences, economic rehabilitation, Occupational Medicine, Project Management, Physical Medicine, Epidemiological investigation, etc) are needed.

H. Others

- Support to Special Activities – e.g. Myanmar Leprosy Elimination Commemorative Day (6th February)
- Monitoring and Supervision (very frequent field visit)
- Mid-term Evaluation for the progress of the project
- Evaluation on Effectiveness of Integrated Training for Disease Control
- Workshop on evaluation of BHS Training
- Terminal Evaluation

Strength

- Accelerate to achieve elimination goal
- Changing Image on Leprosy by the community as well as BHS staff
- Initiation of POD/POWD activities
- Corrective surgery for foot-drop in 9 townships
- Beneficiary to the participants, vertical staff, BHS staff, the PAL and their families

Weakness

- Low coverage of the townships (9/48)
- Low coverage of PALs
- Low community acceptance
- Low priority of all health staff on POD/POWD
- Costly and long duration for progress
- Limited technique and resources
- Unable to correct the severe deformities

Future Plan

- Community based POD/POWD package
- Alternative support to PAL
- Effective management of the project
- Wide coverage of health services
- Improve community acceptance
- Improve patients' awareness and compliance
- Improve Skill and Motivation of health staff