

付 属 資 料

1. 協議議事録（ミニッツ）・PDM・評価報告書
2. 運営指導調査資料

1. 協議議事録（ミニッツ）・PDM・評価報告書

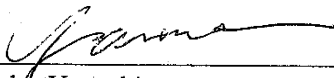
MINUTES OF MEETINGS
BETWEEN
JAPANESE MID-TERM EVALUATION TEAM
AND
OFFICIALS CONCERNED OF THE MINISTRY OF HEALTH OF
THE UNION OF MYANMAR
ON
JAPANESE TECHNICAL COOPERATION
FOR
THE MAJOR INFECTIOUS DISEASES CONTROL PROJECT

The Japanese Mid-term Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA"), headed by Ms. Yoshie YAMASHITA visited the Union of Myanmar from 29 May to 18 June, 2007, for the purpose of the mid-term evaluation of the Major Infectious Diseases Control Project (hereinafter referred to as "the Project").

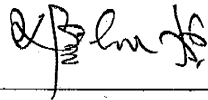
During its stay in Myanmar, the Team evaluated the achievement of the Project and had a series of discussions with the officials concerned of the Ministry of Health (hereinafter referred to as "MOH") of Myanmar for further improvement of the Project.

As a result of the study and discussions, both sides agreed upon the matters referred to in the document attached hereto.

Nay Pyi Taw, 15 June, 2007



Ms. Yoshie Yamashita
Leader
Mid-term Evaluation Team
Japan International Cooperation Agency
Japan



Dr. Tin Win Maung
Director General
Department of Health
Ministry of Health
Myanmar

ATTACHED DOCUMENT

Recognizing the achievements and successful outcomes of the Project and appreciating the efforts made by the officials of the Ministry of Health, Myanmar and JICA experts and also that the continuous supply of drugs, test kits etc. has contributed to the achievement of the Project, the Team compiled the result of the Mid-term Evaluation in the Evaluation Report attached hereto for submission to the MOH, Myanmar and the Japanese authorities concerned. Based upon the Evaluation Report, both sides confirmed the following for further improvement of the Project.

Recommendations

【HIV/AIDS】

(To the MOH, Myanmar and JICA)

1. The Target Area of the HIV/AIDS component should be in line with prioritized area as national strategy including Yangon Division and some selected States/Divisions.
2. Expansion of introduction of blood donor deferral and donor registration system should be implemented up to the fourth year (2008) of the Project. The last and fifth year (2009) should be reserved for the follow-up and assessment of the introduced system in the target areas.
3. External Quality Assurance Program with supervisory visits should be continued to participating laboratories of hospitals and AIDS/STD clinics. The expansion of EQA Program is planned about 30 laboratories per year.
4. Management capacity of the STD/AIDS Team Leaders should be strengthened through implementation of limited number of small-scale projects and sharing their experiences and lessons learned among them.
5. Revise PDM accordingly to reflect the above. See Annex 9 of the Evaluation Report for HIV/AIDS.

(To the MOH, Myanmar)

1. In order to strengthen the implementation of blood safety program, a thematic coordination meeting (Blood Safety Component Group: BSCG) on blood safety for HIV under the Technical Strategy Group on HIV/AIDS should be organized under the leadership of the National AIDS Program. Related UN agencies, JICA, NHL and NBC should be included as members of the meeting.

【Tuberculosis (TB)】

(To the MOH, Myanmar)

1. Ensure lab supervision for the expansion of External Quality Assurance (EQA) system beyond the model area of Project sites.
2. Develop suitable mechanism (human and financial resources) to facilitate supervisory visits in the Project sites.
3. Revise PDM accordingly to reflect the above. See Annex 9 of the Evaluation Report for TB.

(To JICA)

1. Under the management of the NTP, Project office (TB) will stay in the present location, providing support to the NTP.
2. Technical support should be provided to carry out nationwide prevalence survey (partnership approach).
3. Develop a monitoring method for Public Private Partnership (PPP) activities at the Project sites.
4. To assure good performance of TB control in Yangon and Mandalay Divisions, financial support for

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supervision from Central to Divisions/States with low DOTS and EQA performance, outside of Yangon and Mandalay Divisions, should be considered.

5. Revise PDM accordingly to reflect the above. See Annex 9 of the Evaluation Report for TB.

【Malaria】

(To the MOH, Myanmar and JICA)

1. Since approximately half the time of the Project period has passed, the focused efforts should be made to finalize the development of “community friendly technology package for treatment and prevention of malaria” (hereinafter “Package”), taking into consideration the size of expected impacts of each activity yet to be fully implemented.
2. Package should be easy-to-introduce, effective and enduring for any other malaria-affected communities as well as for the Project target area.
3. The Project target area should continue to be Bago East and West Divisions, as it is of higher priority to complete the on-going development of Package, reflecting the ideas and lessons derived from the pilot activities being implemented in 15 Townships in Bago East and West.
4. Systems and activities which have been developed/implemented and been proven effective in the Project should be widely extended. Active pursuit of partnership with national NGOs, INGOs, UN organizations, and inter-sectoral technical collaboration with related authorities is recommended.
5. Revise PDM accordingly to reflect the above. See Annex 9 of the Evaluation Report for Malaria.

Other comments

1. The NAP pointed out that improving the laboratory capacity for STD diagnosis of AIDS/STD clinics is a potential area of future cooperation.
2. The MOH, Myanmar requested for utmost utilization of the Japanese expertise in the control of Malaria outside the Project target area, when appropriate and relevant.

Attached: Evaluation Report



EVALUATION REPORT
ON JAPANESE TECHNICAL COOPERATION
FOR
THE MAJOR INFECTIOUS DISEASES CONTROL PROJECT
IN MYANMAR
[OUTLINE OF THE MID-TERM EVALUATION]

15 June 2007

JAPAN INTERNATIONAL COOPERATION AGENCY, JAPAN

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Outline of the Mid-term Evaluation

Abbreviations

- 1. Background and Summary of the Project**
- 2. Purpose of Mid-term Evaluation**
- 3. Joint Evaluation Team**
- 4. Method of Evaluation**
- 5. Major Activities of the Team**
- 6. Major Interviewees of the Team**

ABBREVIATIONS

3DF	Three Diseases Fund
ACIPAC	Asian Center of International Parasite Control
ACT	Artemisinin Combination Treatment
ACT Malaria	Asian Collaborative Training Network for Malaria
AFB	Acid-Fast Bacilli
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behavior Change Communication Service
BHS	Basic Health Staff
CBMP	Community Based Malaria Control
CDR	Case Detection Rate
CHEB	Central Health Education Bureau
CHW	Community Health Worker
CP	Counterpart Personnel
CR	Cure Rate
CSM	Clinically Suspected Malaria
CXR	Chest X-Ray
DA	Daily Allowance
DOH	Department of Health
DOTS	Directly Observed Treatment with Short Course Chemotherapy
EDPT	Early Diagnosis and Proper Treatment
EQAS	External Quality Assurance Scheme
EQC	External Quality Control
FDA	Food and Drug Administration
FDC	Fixed Dose Combination
FEC	Foreign Exchange Certificate
FERD	Foreign Economic Relations Department
FHAM	Fund for HIV/AIDS in Myanmar
GDF	Global Drug Facility
GFATM	Global Fund to Fight against AIDS, Tuberculosis and Malaria
GIS	Geographical Information System
GP	General Practitioner
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HUMA	Humanitarian Medical Assistance (Non-Profit Organization)
IEC	Information, Education, Communication
IMCJ	International Medical Center of Japan
INGO	International Non-Governmental Organization
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Bed-net
IUATLD	International Union Against Tuberculosis and Lung Disease
JATA	Japan Anti-Tuberculosis Association
JICA	Japan International Cooperation Agency
LLIN	Long Lasting Insecticidal Net
LQAS	Lot Quality Assurance System
MDG	Millennium Development Goal(s)
MDR	Multi Drug Resistance
MKRBM	Mekong Roll Back Malaria

MMCWA	Myanmar Maternal and Child Welfare Association
MOH	Ministry of Health
MRCSS	Myanmar Red Cross Society
NAP	National AIDS Program
NBC	National Blood Center
NGO	Non-Governmental Organization
NHL	National Health Center
NMCP	National Malaria Control Program
NTP	National Tuberculosis Program
ODA	Official Development Assistance
OPD	Outpatient Department
OR	Operational Research
PDM	Project Design Matrix
Pf	Plasmodium falciparum
PHC	Primary Health Care
PHS	Public Health Supervisor
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother To Child Transmission
PPP	Public Private Partnership
PSI	Population Service International
QA	Quality Assurance
QC	Quality Control
QOL	Quality of Life
RBM	Roll Back Malaria
RCC	HIV Regional Coordination Center (Thailand)
RDT	Rapid Diagnostic Test
RHC	Rural Health Center
RIT	Research Institute of Tuberculosis, JATA
SEAMEO-TropMed	Southeast Asian Ministers of Education Organization-Tropical Medicine
SEARO	South-East Asia Regional Office
SMO	Station Medical Officer
SPDC	State Peace and Development Council
STD	Sexually Transmitted Disease
STLS	Senior TB Laboratory Supervisor
TA	Transportation Allowance
TB	Tuberculosis
TMO	Township Medical Officer
TOT	Training of Trainer(s)
TSG	Technical Strategy Group
TSR	Treatment Success Rate
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
VBDC	Vector Borne Disease Control
VHW	Voluntary Health worker
WHO	World Health Organization

1. Background and Summary of the Project

HIV/AIDS is spreading especially among the young generation. If proper measures are not taken, the epidemic may cause socio-economic threats. NAP has been established but its program operation and management capacity is yet to be strengthened. In addition, the blood safety is important in this regard but the component had not been supported by major development partners.

Prevalence of tuberculosis is also serious, being among the 22 high prevalence countries in the world according to WHO. Due to the government's efforts, 90% of the nationals became able to be served by DOTS. However, the system still needs to be reinforced, especially in urban areas inhabited by many patients. The case detection rate also needs to be raised by improvement of the check-up systems.

Prevalence of Malaria in Myanmar accounts for 60% in the area of WHO South-East Asia Regional Office. One of the issues is the difficult access of a large number of nationals to medical services. Diagnosis and treatment of Malaria requires prompt actions and so the delay results in serious cases. Outreach activities of medical staff are also limited due to budget constraints. Therefore, a community based early diagnosis and treatment system needs to be introduced by organizing health volunteers.

Common to the three diseases, awareness of the need for the protection needs to be raised among the general public.

The Project aims to control the three major diseases, HIV/AIDS, tuberculosis and malaria and so the Project is organized into three groups.

2. Purpose of Mid-term Evaluation

This mid-term evaluation aims to monitor the current progress of the Project, identify its outstanding challenges and share the direction of joint efforts of all the participants for the coming years.

3. Evaluation Team

Name	Job Title	Organization and Position	Period in Myanmar
Ms. Yoshie YAMASHITA	Team Leader	Group Director, The 4 th Group (Health II), Human Development Department, JICA	2007.6.6 -2007.6.18
Dr. Yutaka ISHIDA	HIV/AIDS Control	Assistant Director, 2 nd Expert Service Division, Bureau of International Cooperation, International Medical Center of Japan (IMCJ), Ministry of Health, Labor & Welfare	2007.6.11 -06.6.18
Dr. Katsunori OSUGA	Tuberculosis Control	Deputy Director, International Programs, Department of International Cooperation, The Research Institute of Tuberculosis (RIT), Japan Anti-Tuberculosis Association (JATA)	2007.6.6 -2007.6.16
Ms. Tomomi IBI	Planning Cooperation	Staff, Infectious Disease Control, The 4 th Group (Health II), Human Development Department, JICA	2007.6.4 -2007.6.18
Mr. Shinsuke TSURUTA	Evaluation & Analysis (HIV/AIDS, TB)	Managing Director, Regional Planning International Co., Ltd.	2007.5.29 -2007.6.18
Mr. Kenji TAMURA	Evaluation & Analysis (Malaria)	Senior Regional Planner, Regional Planning International Co., Ltd.	2007.5.29 -2007.6.18

4. Method of Evaluation

The evaluation study was conducted in accordance with the JICA Project Cycle Management method in the following steps.

(1) The evaluation was based on the Record of Discussions and the Project Design Matrices of the Project (PDM) agreed in January 2005 as well as Plans of Operation prepared after the agreement.

(2) Achievement of the Project was studied by collected data, meetings and interviews with the participants, observation of facilities working with the Project and other relevant information.

(3) Analysis was made also by the five evaluation criteria described below.

1) Relevance

Relevance of the Project is reviewed by the validity of the Project Purpose and the Overall Goal in connection with the development policy of the Government of Myanmar as well as Japan's cooperation policy.

2) Effectiveness

Effectiveness is assessed by examining the extent to which the Project has achieved its purpose, and clarifying the relationship between the outputs and the purpose.

3) Efficiency

Efficiency of the Project implementation is analyzed with emphasis on the relationship between the inputs and the outputs toward the project purpose, considering the cost, timing, quality and quantity of the input.

4) Impact

Impact of the Project is assessed by either positive or negative influence caused by the Project.

5) Sustainability

Sustainability of the Project is assessed in terms of institutional, financial and technical aspects by examining the extent to which the achievements of the Project will be sustained or maintained after the Project's completion.

(4) Finally, the joint evaluators of Japan and Myanmar reached an agreement on the conclusion of the evaluation and made recommendations.

5. Major Activities of the Team

Date	Time	Activities
29-May	Tue	19:00 Arv. YGN by TG 305 (Mr. Tsuruta, Mr. Tamura)
		20:30 Hotel Check-in (Mr. Tsuruta, Mr. Tamura)
		20:30 Meeting with JICA Office Staff
30-May	Wed	9:00 Hotel Check-out
		10:30 Dep. YGN for NPT by 6T 607
		11:25 Arv. NPT
		14:00 Meeting with Japanese Experts
31-May	Thu	9:00 Meeting (Interview) on HIV/AIDS
		11:30 Courtesy Call on DOH
		14:00 Meeting (Interview) on TB
1-Jun	Fri	8:00 Lv. NPT for YGN by Car
		16:00 Arv. YGN
2-Jun	Sat	AM PM Analysis of Studied Data
3-Jun	Sun	AM PM Analysis of Studied Data
4-Jun	Mon	10:00 (TB) Meeting at NTP Yangon Office
		19:00 Arv. YGN (Ms. Ibi)
		20:30 Hotel Check-in (Ms. Ibi)
		21:00 Evaluation Team Meeting
5-Jun	Tue	9:00 (TB) Meeting at NTP Laboratory
		14:00 (HIV/AIDS) Meeting at NHL
		9:00 Visit to UNAIDS
6-Jun	Wed	11:00 Visit to UNICEF (Officer in charge of HIV/AIDS)
		9:00 (HIV/AIDS) Meeting at NBC
		14:00 Meeting With WHO (TB, Malaria, 3DF)
		19:00 Arv. YGN (Ms. Yamashita & Dr. Osuga)
7-Jun	Thu	20:30 Hotel Check-in (Ms. Yamashita & Dr. Osuga)
		8:30 Team Internal Meeting (Report on the workshops and interviews)
		10:30 Meeting with JICA Office
		13:30 Hotel Check-out (Dr. Osuga, Ms. Ibi, Mr. Tsuruta & Dr. Aye Tun)
		15:00 Lv. YGN for MDL by 6T 501 (Dr. Osuga, Ms. Ibi, Mr. Tsuruta & Dr. Aye Tun)
8-Jun	Fri	17:00 Arv. MDL (Dr. Osuga, Ms. Ibi, Mr. Tsuruta & Dr. Aye Tun)
		10:30 (TB) Visit to Mandalay Divisional Health Office
		13:00 (TB) Visit to Upper Myanmar TB Center, Meeting with Upper Myanmar TB Officers
		PM (TB) Visit to Mandalay Health Laboratory
9-Jun	Sat	9:00 (HIV/AIDS) Visit to North Okkalappa AIDS/STD Clinic
		6:30 Hotel Check-out & Lv for MDL airport
		8:45 Lv. Mandalay for YGN by 6T-402
		10:50 Arv. YGN
10-Jun	Sun	11:20 Hotel Check-in
		AM PM Evaluation Team meeting
11-Jun	Mon	8:30 (TB) Visit to NTP Yangon Office, Aung San TB
		14:00 TMO Office & PPP Clinic, North Okkalappa
		9:00 (HIV/AIDS) Kyi Mying Daing AIDS/STD Clinic
		19:00 Arv. YGN by TG 305 (Dr. Ishida)
12-Jun	Tue	20:30 Hotel Check-in (Dr. Ishida)
		5:00 Hotel Check-out
		6:30 Dep. YGN for NPT by HK917
		7:20 Arv. NPT
		8:00 Hotel Check-in
13-Jun	Wed	13:00 Courtesy Call to DOH
		15:00 Courtesy Call to Ministry of Health, Deputy Minister and Director (International Health Division)
		AM Introduction of Mid-term evaluation (Objectives, task, issues etc)
14-Jun	Thu	PM Overall Explanation on current situation and circumstances of Health Sector in Myanmar (Transition from GFATM to Reporting on Project Progress in the past 2 years)
		PM Interim reporting on Mid-term Evaluation and Discussion
		AM Drafting Evaluation Report and M/M
15-Jun	Fri	8:00 Dep. NPT for YGN by car (Dr. Osuga)
		16:00 Arv. YGN (Dr. Osuga)
		PM Meeting with the authorities concerned to each Program
16-Jun	Sat	AM PM Finalization of evaluation report and M/M
		AM Joint Coordination Committee
		8:10 Hotel Check-out (Dr. Osuga)
		9:55 Lv. YGN for BKK (Dr. Osuga)
17-Jun	Sun	16:10 Lv NPT for YGN by W9-132
		17:10 Arv YGN
18-Jun	Mon	AM PM Document Preparation
		AM PM Document Preparation
		9:00 Meeting with Fund Manager, 3DF, UNOPS
		11:00 Report to JICA Myanmar Office
		15:30 Report to Embassy of Japan
19-Jun	Tue	18:00 Hotel Check-out
		20:00 Lv. YGN for BKK

6. Major Interviewees of the Team

Name	Designation	Component	Station
Dr. Tin Win Maung	D.G	Whole Project	Nay Pyi Taw
Dr. Kyaw Nyunt Sein	Dy D.G	Disease Control	NPT
Dr. Saw Lwin	Director	Disease Control	NPT
Dr. Min Thwe	Program Manager	National AIDS Program	NPT
Dr. Khin Ohnamr San	Assistant Director	National AIDS Program	NPT
Dr. Myo Thant	STD Team Leader	National AIDS Program	Yangon / N/oka
Dr. Tin Maung Zaw	STD Team Leader	National AIDS Program	Yangon / KMD
Dr. Win Maung	Program Manager	National TB Program	NPT
Dr. Thandar Lwin	Assistant Director	National TB Program	NPT
Dr. Ti Ti	Office In charge / Sr. Microbiologist	National TB Program / Labo	Yangon
Dr. Bo Myint	Divisional TB Officer	National TB Program	Mandalay
Dr. Than Win	Program Manager	National Malaria Control Program	NPT
Dr. Khin Nan Lone	Assistant Director	National Malaria Control Program	NPT
Dr. Me Me Han	Asst; Malariologist	National Malaria Control Program	Yangon
Daw Mar Mar Win	Entomologist	National Malaria Control Program	Yangon
Dr. Htay Aung	Div. Health Director	National Malaria Control Program	East Bago Div
Dr. Tun Min	Div. Malariologist	National Malaria Control Program	East Bago Div
Dr. Thein Myo	TMO	National Malaria Control Program	Kyauk Tagar Tsp East Bago Div
Dr. Ne Win	Director	National Health Laboratory	Yangon
Dr. Soe Lwin	Deputy Director	National Health Laboratory	Yangon
Dr. Khin Yi Oo	Head / Virology Department	National Health Laboratory	Yangon
Dr. Latt Latt Kyaw	Virologist	National Health Laboratory	Yangon
Dr. Thida Aung	In charge of NBC	National Blood Center	Yangon
Ms. Margareta P Skold	Public Health Administrator	WHO	Yangon
Dr. Leonard I Ortega	Medical Advisor	WHO	Yangon
Dr. Hans H Kluge	Medical Advisor	WHO	Yangon
Dr. Oscar Barreneche	Medical Officer	WHO	Yangon
Dr. Tadashi YASUDA	Officer in Charge Health & Nutrition Section	UNICEF	Yangon
Mr. Brian Williams	Country Coordinator	UNAIDS	Yangon

EVALUATION REPORT
ON JAPANESE TECHNICAL COOPERATION
FOR
THE MAJOR INFECTIOUS DISEASES CONTROL PROJECT
IN MYANMAR
[HIV/AIDS]

15 June 2007

JAPAN INTERNATIONAL COOPERATION AGENCY, JAPAN

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Annex.1. Project Design Matrix for HIV/AIDS

Annex 2. List of Dispatched Experts to the Project

Annex 3. Equipment List Provided by the Project

Annex 4. Operation Costs Expended by the Project

Annex 5. List of Key Counterparts for the Project

Annex 6. List of Counterpart Training in Japan

Annex 7. List of IEC Materials Produced by the Project

Annex 8. Progress of the Project for HIV/AIDS

Annex 9. Proposed Revision of PDM for HIV/AIDS

1. Implementation Process and Achievement

1.1. Inputs

(1) Experts

See Annex 2.

(2) Provision of Equipment

See Annex 3.

(4) Local Cost Support including In-country Training

See Annex 4.

(1) Counterpart Personnel

See Annex 5.

(3) Counterpart Training in Japan

See Annex 6.

1.2. Activities

Activities	Achievement
1-1. Upgrade registration system for donor deferral.	4 key hospital blood centers in Yangon Division, Mandalay Division, Ayeyarwady Division, and Kachin State introduced computerized blood donor registration systems.
1-2. Education for health staff on donor deferral and HIV prevention.	A screening method of blood donors by questionnaire sheets has been introduced by 29 division/state hospitals as well as township hospitals in Yangon Division, Ayeyarwady Division, Mandalay Division, and Kachin State.
1-3. Training for lab technicians on HIV screening test.	Training on QA for laboratory technicians (of a total of 65 key hospitals and AIDS/STD clinics in 2005 and of additional 30 hospital laboratories a year including 2 NGO facilities in 2006) was conducted. Laboratories with insufficient testing quality were identified.
1-4. Improve the facility on blood safety.	Computer sets were provided to the 4 key blood centers. Some blood safety equipment was provided to National Blood Center in 2005 and other hospitals in 2006 by the Japanese Grassroots Grant Aid.

Activities	Achievement
2-1. Production of IEC materials to support blood safety and HIV prevention program.	Posters, calendars and TV spots were produced with NBC and CHEB. TV spots were broadcast. (The four activities can be regarded as one.)
2-2. Education for blood donor.	
2-3. Education for recruiters of blood donors.	
2-4. IEC activities for other relevant target populations.	

Activities	Achievement
3-1. Upgrade reporting system for monitoring.	Laboratories with insufficient testing quality were identified. Supervisory visits were conducted to laboratories based on the results of EQAS. (Mandalay Division, Magway Division, Ayeyarwady Division, etc in 2005 and Mandalay Division, Sagaing Division, Shan State (South and East) in 2006) These 4 activities can be regarded as an activity to strengthen the external quality assurance of HIV testing.
3-2. Site visits and supervision	
3-3. Data analysis and interpretation.	
3-4. Workshops on program monitoring and feedback to local staff.	
3-5. Organize training courses on project management for AIDS/STD team leaders.	RCC Training Courses in Thailand for project management: First batch = 1 week course * 24 participants Then, the training period was said to be short. Second batch = 2 weeks * 12 participants In-country training by selected ex-trainees of the Thai course in 2005. a few days (2 ~ 3) * 27 participants The majority of the participants were AIDS/STD team leaders among the 45 teams.
3-6. Introduce proposal-based funding mechanism in NAP.	The Project intends to strengthen capacity to obtain funds from development partners.
3-7. Plan and implement operational research at selected sites.	Submitted project proposals were improved through discussions with Japanese experts. A project proposal was approved by the Ministry of Health and its implementation started with the Project's support. Other projects will be implemented.
3-8. Information sharing and network with international community is strengthened.	Representatives of the NAP participated in the International Consulting Committee meeting of the HIV/AIDS Regional Coordination Center Project in 2005 and 2006.

1.3. Outputs

Output 1. Blood donor deferral system and HIV screening test are enhanced.

Indicators	Results								
Number of blood banks and hospital-based transfusion centers adopting donor deferral system is increased.	<p>The Project introduced computer systems to register blood donors to a total of 4 key hospitals in Yangon Division, Mandalay Division, Ayeyarwady Division, and Kachin State and plans to introduce them also to Mon State, Shan State, and Magway Division.</p> <p>Jointly with national experts of HIV, syphilis, hepatitis and malaria, the Project developed a blood donor deferral system using a questionnaire. The training of the system was conducted for staff in charge of transfusion of 29 main hospitals in 2005 and of township level hospitals in divisions and states with large volume of transfusion and high rates of HIV infection, namely Yangon Division, Ayeyarwady Division, Mandalay Division, and Kachin State.</p> <p>As a result, a total of 60 hospitals have adopted the deferral system.</p> <p>The target area is planned to be expanded to other priority areas such as Mon State, Shan State, and Magway Division.</p> <table border="1" data-bbox="544 831 1353 925"> <thead> <tr> <th data-bbox="544 831 906 860">Year</th> <th data-bbox="906 831 1054 860">04</th> <th data-bbox="1054 831 1203 860">05</th> <th data-bbox="1203 831 1353 860">06</th> </tr> </thead> <tbody> <tr> <td data-bbox="544 860 906 925">Blood centers adopting donor deferral by questionnaire</td> <td data-bbox="906 860 1054 925">1</td> <td data-bbox="1054 860 1203 925">29</td> <td data-bbox="1203 860 1353 925">62</td> </tr> </tbody> </table> <p>Unit: Number of blood centers</p>	Year	04	05	06	Blood centers adopting donor deferral by questionnaire	1	29	62
Year	04	05	06						
Blood centers adopting donor deferral by questionnaire	1	29	62						

Number of trained lab technicians for HIV screening is increased.	<p>NHL is a central laboratory for medical testing and it supervises all the laboratories of hospitals. In Myanmar, most laboratories are using HIV test kits requiring no electricity, considering unstable power supply.</p> <p>Currently, 97 laboratories are under the external quality assurance scheme. They are periodically monitored and supervised by NHL.</p> <p>The 97 hospitals represent technicians much more than one-third of the national total, because they are relatively large scale hospitals.</p> <p>Number of laboratories under EQAS</p> <table border="1" data-bbox="539 1301 863 1361"> <thead> <tr> <th data-bbox="539 1301 644 1330">'04</th> <th data-bbox="644 1301 750 1330">'05</th> <th data-bbox="750 1301 863 1330">'06</th> </tr> </thead> <tbody> <tr> <td data-bbox="539 1330 644 1361">0</td> <td data-bbox="644 1330 750 1361">65</td> <td data-bbox="750 1330 863 1361">97</td> </tr> </tbody> </table> <p>The total number of laboratories in Myanmar is approximately 300, that is approximately equal to the number of hospitals.</p>	'04	'05	'06	0	65	97
'04	'05	'06					
0	65	97					

Output 2. Correct knowledge on blood safety and HIV prevention is promoted among target populations.

Indicators	Results
Knowledge on HIV prevention and blood safety among target population is increased.	IEC is for the general public, especially blood donors, to be aware of transfusion and blood safety from HIV. There are a lot of IEC activities on AIDS in general but transfusion is insufficiently featured. So the Project's IEC is to fill the gap. Such IEC activities were conducted with NBC and CHEB (Central Health Education Bureau). For IEC materials produced by the Project, see Annex 7.

Output 3. Capacity of National AIDS Program is improved.

Indicators	Results
Number of supervision visits is increased.	<i>(to be included in Output 1)</i> 97 laboratories are under the EQA scheme through semi-annual sample testing and annual supervision. Short-term experts and NHL staff visited the identified laboratories, had discussions on problems and improvements at the sites. The information and lessons were obtained there to be incorporated into the training contents.
Number of monitoring workshops is increased.	
Monitoring system is enhanced.	
Number of trained staff is increased.	Number of staff trained in Thailand was 24 in '05 and 12 in '06. Number of trained staff in Myanmar by ex-trainees of the courses in Thailand was 27 in '05.
Number of proposals submitted to NAP is increased.	Number of submitted proposals was 4 in '05 and 9 in '06.
Number of implemented proposals is increased.	Implementation of a proposal started in '06. The first project was scheduled to start in the first half of 2006 but delayed to December 2006 in order to upgrade the proposal up to the operational level.
Number of information exchange with international community is increased.	Representatives of the NAP participated in the International Consultative Committee meeting of the HIV/AIDS Regional Coordination Center Project in 2005 and 2006, and presented the current situation of HIV/AIDS epidemic in Myanmar, the progress of the program management training for trainers, and the following in-country training activities.

1.4. Project Purpose and Overall Goal

Project purpose: National AIDS Program is strengthened.

Indicators	Results
HIV prevalence of blood donors < 0.5%.	Although the project purpose is comprehensive, the Project's actual approach aims to reduce HIV infection through transfusion. So far, IEC activities have also placed their foci on the blood safety from HIV. HIV prevalence among blood donors in NBC decreased from around 1% in '02 to around 0.5% in '06. The 50% reduction of the prevalence is expected in all other centers to be supported by the Project. For the time being, a total of 7 key blood centers will be the target.

Overall goal: HIV transmission is reduced and the QOL (Quality of Life) of PLWHA (People Living With HIV/AIDS) is enhanced.

Indicators	Results
% of young people aged 15-24 years of age who are infected is reduced.	The prevalence of HIV is estimated to be 1.3 % (adults) in Myanmar. Results of the sentinel sero surveillance will be available. It is estimated that 338,911 people are infected with HIV in 2005. The Project mainly addresses the HIV infection through transfusion.
QOL of PLWHA is increased.	Information of only limited samples of PLWHA is available. The Project is supporting proposal-based small-scale projects. One of the projects is to take care of people living with HIV/AIDS. Thus, relevant sample data will be available. The Project is partly contributing to the QOL of PLWHA. It is obvious that the Project is contributing to the overall goal though its activities mainly for reduction of HIV infection through transfusion.

2. Evaluation by Five Criteria

2.1. Relevance

(1) General

All the 3 infectious diseases are among the most serious issues of the government of Myanmar. The Project is therefore relevant to the national need, for it aims to control these diseases.

The HIV/AIDS sector has been supported by a number of donors. However, the blood safety is an area that has been supported less intensively. The Project is planned to fill the gap and so highly relevant.

(2) Myanmar's National Policy

According to "Health in Myanmar 2006", AIDS is one of the priority diseases included in the National Health Plan of Myanmar.

The direct target of the cooperation is 3 organizations. NAP is the key organization for HIV/AIDS control. NHL and NBC are main organizations for blood safety in Myanmar.

The Project's approach including support for the central public organizations' monitoring and supervision on local organizations is being incorporated into the government system. The Project is also strengthening local AIDS/STD teams under NAP. This way, it is promoting technology to be transferred to and absorbed at local levels.

(3) Japan's Policy for Cooperation with Myanmar

Japan's cooperation policy for Myanmar focuses on the basic human needs or human security, so the Project is highly relevant.

(4) Relevance of Counterpart Groups

The Project utilizes experiences and knowledge accumulated in Japan.

(5) Relevance of Target Areas

Yangon and Mandalay are two large urban centers in Myanmar, and the target areas have been selected according to the priority, namely volume of transfusion and HIV infection rates.

2.2. Effectiveness

(1) Progress of Outputs and Purpose

The blood safety system is being strengthened steadily.

Project management capacity of the AIDS/STD teams is being strengthened by training and the proposal writing.

(2) Constraining Factors

- Discontinued external support is a constraint.
- Permission procedures required for trips add extra burden on the project operation.

(3) Promoting Factors

A number of medical doctors and technical staff have participated in the Project activities with a sense of ownership and devotion.

2.3. Efficiency

(1) Cost Efficient Approach

The Project's approach is cost efficient, for computers have been provided only to large scale hospitals, the deferral system's material requirement is only questionnaire sheets, and the HIV test kits are standard sets.

Proposal based projects seek for cost efficiency. A total of 36 members of HIV/AIDS staff have participated in training conducted by the RCC Project in Thailand. Such a way of south-south cooperation made the training highly efficient.

(2) Training

Dispatching short-term experts and conducting workshops and/or supervision have been properly synchronized.

According to the participants, the RCC training was generally useful for project management at local levels.

At the same time, some room for improvement has been identified to be reflected in the next batch training.

The provided equipment has been well utilized and properly handled with care.

For example, NBC's computer software has been developed through discussions among NBA, the Project team and a software company in Myanmar.

(3) Communication and Coordination among Stakeholders

Coordination between NAP, NHL and NBC can be strengthened.

Coordination between HIV/AIDS, tuberculosis and malaria components is desired.

2.4. Impact

(1) Prospects of Achievement of Project Goals in Future

Although the Project approach is not comprehensive to control HIV/AIDS, it is obviously contributing to the goals by reducing risks of HIV infected transfusion. It is also strengthening the capacity of AIDS/STD teams including those for care of PLWHA.

(2) Impact outside Target Areas

Various systems developed by the Project are already spreading to various areas in Myanmar, beyond Yangon and Mandalay Divisions, having been integrated in the national system.

(3) Impact out of the Scope of the Project

The HIV donor deferral system is designed to contribute to screen other infectious diseases also, namely malaria, syphilis and hepatitis B and C.

2.5. Sustainability

(1) Institutional sustainability

The retention rate of the staff is generally high in the Ministry of Health of Myanmar. Therefore human resources and their systems developed by the Project are likely to be sustained after the termination of the Project.

(2) Financial sustainability

Towards sustained development of the Project's achievement, efforts are needed to secure their financial sources.

(3) Technical sustainability

Qualified staff are assigned, although the work burden of some of them is very heavy.

3. Recommendations

(To the MOH, Myanmar and JICA)

1. The Target Area of the HIV/AIDS component should be in line with prioritized area as national strategy including Yangon Division and some selected States/Divisions.
2. Expansion of introduction of blood donor deferral and donor registration system should be implemented up to the fourth year (2008) of the Project. The last and fifth year (2009) should be reserved for the follow-up and assessment of the introduced system in the target areas.
3. External Quality Assurance Program with supervisory visits should be continued to participating laboratories of hospitals and AIDS/STD clinics. The expansion of EQA Program is planned about 30 laboratories per year.
4. Management capacity of the STD/AIDS Team Leaders should be strengthened through implementation of limited number of small-scale projects and sharing their experiences and lessons learned among them.
5. Revise PDM accordingly to reflect the above. See Annex 9 of the Evaluation Report for HIV/AIDS.

(To the MOH, Myanmar)

1. In order to strengthen the implementation of blood safety program, a thematic coordination meeting (Blood Safety Component Group: BSCG) on blood safety for HIV under the Technical Strategy Group on HIV/AIDS should be organized under the leadership of the National AIDS Program. Related UN agencies, JICA, NHL and NBC should be included as members of the meeting.

Annex 1 Project Design Matrix (PDM) for HIV/AIDS, JICA Major Infectious Diseases Control Project, Myanmar

HIV/AIDS

Date: 19 January 2005

Duration: 19 January 2005 - 18 January 2010	Target Group: People and Community Target Area: Yangon and Mandalay Division	Objective Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall goal HIV transmission is reduced and the QOL of PLWHA is enhanced.</p>	<p>Narrative Summary National AIDS Program is strengthened.</p>	<p>% of young people aged 15-24 years of age who are infected is reduced. QOL of PLWHA is increased.</p>	<p>Blood bank data HIV sentinel sero-surveillance</p>	<p>Efforts of various donors and implementing partners are effectively coordinated.</p>
<p>Project purpose National AIDS Program is strengthened.</p>	<p>Objectively Verifiable Indicators % of young people aged 15-24 years of age who are infected is reduced. QOL of PLWHA is increased.</p>	<p>HIV prevalence of blood donor < 0.5%.</p>	<p>Blood bank data HIV sentinel sero-surveillance</p>	<p>Efforts of various donors and implementing partners are effectively coordinated.</p>
<p>Outputs 1. Blood donor deferral system and HIV screening test are enhanced. 2. Correct knowledge on blood safety and HIV prevention is promoted among target populations. 3. Capacity of National AIDS Program is improved.</p>	<p>1. Number of blood banks and hospital-based transfusion centers adopting donor deferral system is increased. Proportion of blood unit screened for HIV is increased. Number of trained lab technician for HIV screening is increased. 2. Knowledge on HIV prevention and blood safety among target population is increased. 3. Number of supervision visits is increased. Number of monitoring workshops is increased. Monitoring system is enhanced. Number of trained staff is increased. Number of proposals submitted to NAP is increased. Number of information exchange with international community is increased.</p>	<p>1. Number of blood banks and hospital-based transfusion centers adopting donor deferral system is increased. Proportion of blood unit screened for HIV is increased. Number of trained lab technician for HIV screening is increased. 2. Knowledge on HIV prevention and blood safety among target population is increased. 3. Number of supervision visits is increased. Number of monitoring workshops is increased. Monitoring system is enhanced. Number of trained staff is increased. Number of proposals submitted to NAP is increased. Number of information exchange with international community is increased.</p>	<p>Blood bank data HIV sentinel sero-surveillance KAP survey Project report</p>	<p>Efforts of various donors and implementing partners are effectively coordinated.</p>
<p>Activities 1-1. Upgrade registration system for donor deferral. 1-2. Education for health staff on donor deferral and HIV prevention. 1-3. Training for lab technician on HIV screening test. 1-4. Improve the facility on blood safety. 2-1. Production of IEC materials to support blood safety and HIV prevention program. 2-2. Education for blood donor. 2-3. Education for recruiters of blood donors. 2-4. IEC activities for other relevant target populations. (Central/Local) 3-1. Upgrade reporting system for monitoring. 3-2. Site visits and supervision 3-3. Data analysis and interpretation. 3-4. Workshops on program monitoring and feedback to local staff. 3-5. Organize training courses on project management for AIDS/STD team leaders. 3-6. Introduce proposal-based funding mechanism in NAP. 3-7. Plan and implement operational research at selected sites. (International) 3-8. Information sharing and network with international community is strengthened</p>	<p>Inputs <Japanese> Long term expert Short term expert Office assistants Operational assistants Equipment Facility Training</p>	<p>Inputs <Myanmar> National AIDS Program Officer Running costs Office Necessary supply</p>	<p>Sufficient HIV test kit is supplied. Necessary local human resource is placed for the project by counterpart. Fund is available for NAP.</p>	<p>Pre-conditions HIV/AIDS control strategy is not changed. National and international environment for HIV control is not changed.</p>

Annex 2 List of Dispatched Experts to the Project

Long Term / Short Term	HIV/TB/Malaria	Field	Name	Dispatched Period	Major Activities
L		Team Leader	Mr. Masahiro KUMOMI	10/04/2005 – 09/07/2007	Overall Project management by representing Japanese expert team
L		Coordinator	Mr. Kenji IKARI	07/04/2003 – 06/08/2005	Coordination for smooth and effective Project implementation
L		Coordinator	Mr. Hidemoto TANAKA	28/07/2005 – 27/07/2007	Coordination for smooth and effective Project implementation
L	IEC	IEC (Information, education, and communication)	Mr. Kazuaki SUMIDA	30/06/2003 – 29/06/2005	Technical transfer and Project management on IEC field
S	IEC	IEC (Information, education, and communication)	Dr. Kazuaki SUMIDA	20/11/2005 – 20/03/2006	Technical guidance on IEC development
S	IEC	IEC (Information, education, and communication)	Mr. Kazuaki Sumida	25/01/2006 – 26/03/2007	Technical guidance on IEC materials for World TB Day (Poster, TV spot) and PPP activities
L	HIV/AIDS	Public Health /HIV/AIDS Control	Dr. Hideki MIYAMOTO	19/08/2004 – 18/01/2007	Technical transfer and Project management on HIV/AIDS Control field
S	HIV/AIDS	HIV/AIDS Control/Quality Control on Blood Screening	Dr. Namiko YOSHIHARA	18/10/2005 – 11/11/2005	Technical guidance on HIV/AIDS testing quality control conducted by National Health Laboratory (NHL) and National Blood Center (NBC)
S	HIV/AIDS	Public Health/HIV/AIDS Control	Dr. Katsuyuki TSUKAMOTO	12/02/2006 – 25/02/2006	Technical guidance on the operational research proposals initiated by STD team leaders
S	HIV/AIDS	HIV/AIDS Control/Quality Control of HIV/AIDS Testing	Dr. Namiko YOSHIHARA	29/10/2006 – 19/11/2006	Studied current situation of National External Quality Assurance (NEQAS) for HIV testing, and gave suggestions on it.
L	Malaria	Malaria Control	Mr. Masatoshi NAKAMURA	07/07/2003 – 06/07/2007	Technical transfer and Project management on Malaria Control field
S	Malaria	Malaria Control/Quality Control of Malaria Diagnosis	Dr. Tomoko ONDA	31/03/2005 – 27/06/2005	Technical guidance on quality control of Malaria diagnosis (situation analysis on present testing quality of Malaria)
S	Malaria	Malaria Control/Monitoring	Dr. Jun AKIYAMA	17/10/2005 – 03/11/2005	Review on the current Malaria control activities as a member of external review mission for Malaria control
S	Malaria	Malaria Control/Case Management of Malaria	Dr. Yasushi SHIMADA	22/01/2006 – 21/02/2006	Technical guidance on case management of Malaria
S	Malaria	Malaria Control/Medical Sociology	Dr. Chihiro SHIRAKAWA	22/01/2006 – 14/02/2006	Technical guidance on operational research with human behavioral and social aspects
S	Malaria	Community Health of Malaria	Ms. Tatsue YAMAZAKI	26/03/2006 – 09/04/2006	Technical guidance on nursing for Malaria control
S	Malaria	Malaria Control/Case Management	Dr. Takeshi UKAI	26/03/2006 – 02/04/2006	Monitoring Malaria control activities
S	Malaria	Malaria Control/Quality Control of Malaria Diagnosis	Dr. Tomoko ONDA	22/01/2006 – 21/04/2006	Technical guidance on effective quality control of Malaria diagnosis
S	Malaria	Malaria Control/Quality Control of Malaria Diagnosis	Dr. Tomoko ONDA	18/02/2007 – 14/04/2007	Technical guidance on quality control of Malaria diagnosis (development of basic operation manual for Microscopy to be utilized at Rural Health Center level, supervisory field visit to RHCs, analysis of present testing quality)

S	TB	Tuberculosis Control/DOTS Management	Dr. Katsunori OSUGA	26/03/2005 - 06/04/2005	Assessment on DOTS Management conducted by NTP, and suggestion on FY 2006 plan of operation
S	TB	Tuberculosis Control	Dr. Ikushi ONOZAKI	01/09/2005 - 16/09/2005	Orientation on TB prevalence survey (feasibility study, selection of survey site, field tests, workshop)
S	TB	Tuberculosis Control/DOTS Management	Dr. Katsunori OSUGA	17/10/2005 - 30/10/2005	Assessment on DOTS Management conducted by NTP, and suggestion on FY 2006 plan of operation
S	TB	Tuberculosis Control Assessment	Mr. Yoichi AKIYAMA	01/12/2005 - 16/12/2005	Technical guidance on chest X Ray operation in Prevalence Survey
S	TB	Tuberculosis control/Quality Control for Tuberculosis Diagnosis	Ms. Akiko FUJIKI	14/12/2005 - 07/01/2006	Technical guidance on quality control for tuberculosis diagnosis (operation manual on AFB microscopy, supervisory visit)
S	TB	Tuberculosis Control/ Prevalence Survey	Dr. Ikushi ONOZAKI	12/07/2006 - 22/07/2006	Technical guidance on overall management for prevalence survey
S	TB	Tuberculosis Control/Epidemiology	Dr. Norio YAMADA	12/07/2006 - 23/07/2006	Technical guidance on epidemiological analysis for prevalence survey
S	TB	Tuberculosis control/Quality Control of TB testing	Ms. Akiko FUJIKI	07/12/2006 - 26/12/2006	Technical guidance on establishment of External Quality Assurance (operation manual, supervisory field visit, and workshop)
S	TB	Tuberculosis Control Program	Dr. Katsunori OSUGA	21/01/2007 - 03/02/2007	1. Monitored the current activities conducted by National TB Program as a member of External Review Mission 2. Consultation on Plan of Operation in FY2007

Annex 3 Equipment List Provided by the Project

EP/EX*	JFY	Inspected Date	Distributed to	Name of Equipment	Specifications	Maker	Q'ty	Unit Price (USD)	Amount	Remarks
EP	2005	2006/6/30	DOH	4WD Double Cab Vehicle	Hi-Lux Double-Cab Pick-up Truck, KUN25L-PRMDH	Toyota, Thailand	1	30,837	30,837	
EP	2005	2005/12/6	NAP	Video LCD Projector	Multi media Projector LV-S3	CANON	1	1,240	1,240	
EP	2005	2006/6/30	NAP	4WD Double Cab Vehicle	Hi-Lux Double-Cab Pick-up Truck, KUN25L-PRMDH	Toyota, Thailand	1	30,837	30,837	
EP	2006	2007/3/1	NAP	HIV 1/2 Test Kit	Determine-HIV 1/2 Test Kit -100 test/kit	Bangkok Inter Products, Thailand	300	299	89,587	
EP	2006	2007/5/9	NAP	HIV 1/2 Test Kit	Serodia-HIV 1/2 Test Kit - 220 test /kit	Fujirebio, Japan	150	322	48,300	
EP	2006	2006/12/19	NBC	Elizer Reader	ELZA Reader, MULTIS CAN EX	Human GmbH, Germany	2	5,180	10,360	
EP	2006	2006/12/19	NBC	Elizer Washer	ELZA Washer, Well Wash 4 MK2	Human GmbH, Germany	2	4,100	8,200	
EP	2005	2006/3/18	NHL	Safety Cabinet	ESC-AC2-4E1	ESCO, Singapore	1	5,940	5,940	
EP	2005	2006/3/18	NHL	Orbital mixer and shaker	SEL-30000435	SELECTA, Spain	1	3,600	3,600	
EP	2005	2006/3/18	NHL	Autoclave	SEL-4047725	SELECTA, Spain	1	4,330	4,330	
EP	2005	2006/3/24	NHL	Micro Pipette	Size 5-50ul, CE, TUV, ISO9001:2000 Certified	Intech, India	60	.56	3,360	
EP	2005	2006/3/24	NHL	Micro Pipette Tip	500pc/pkt, CE, TUV, ISO9001:2000 Certified	Diapette, India	60	7.36	442	
EP	2006	2006/12/22	NHL	Medical Freezer	LS-381	Patterson Scientific, UK	1	5,001	5,001	
EP	2006	2006/12/22	NHL	Pharmaceutical Refrigerator	BXY 190	Kenxin, HK	1	1,900	1,900	
EP	2006	2006/12/22	NHL	Refrigerated Centrifuge with Rotor & Buck for 15ml & 50ml		Andreas Hettich GmbH & Co., Germany	1	6,250	6,250	
EP	2006	2006/12/22	NHL	Digital Water bath with lid	Humaqua-5	Human GmbH, Germany	1	908	908	
EX	2006	2006/10/6	NHL	Micropipette & Tips	Adjustable 2-20 µL (3pcs), 100-1000 µL (3pcs), Pipette Controller (2pcs), Tips (2160pcs)	Octagon	1	606,000	606,000	

EP	2005	2005/12/6	NTP	Video LCD Projector	Multi media Projector LV-S3	CANON	1	1,240	1,240
EP	2005	2006/2/10	NTP	Binocular Microscope	YS 100 Basic Set	NIKON, Japan	30	990	29,700
EP	2005	2006/6/30	NTP	4WD Double Cab Vehicle	Hi-Lux Double-Cab Pick-up Truck, KUN25L-PRMDH	Toyota, Thailand	1	30,837	30,837
EX	2005	2006/2/20	NTP	Portable X-Ray Unit with carrying case	PX-20HF	Adore Medical Corporation(Fujimoto Photo Industrial Co.Ltd)	1	13,800	13,800
EX	2005	2006/2/20	NTP	Stationary stand for portable system	PS-1-111	Adore Medical Corporation (Fujimoto Photo Industrial Co.Ltd)	1	2,770	2,770
EX	2005	2006/2/20	NTP	Automatic X-ray film processor	ECOMAT21	ELK Corp.,Japan	1	5,940	5,940
EX	2005	2006/2/20	NTP	Portable Generator	EU28A : 3.6KVA, 6.5HP	HONDA, Japan	1	2,000	2,000
EX	2005	2006/2/20	NTP	Compact Dark Room	DR-1	MAEDA Co.,Japan	1	1,220	1,220
EX	2005	2006/2/20	NTP	X-Ray Protective Accordion Screen	PS-1	HOSHINA, Japan	1	1,910	1,910
EX	2005	2006/2/20	NTP	Fixer for X ray processing	RPX-OMAT (for extensively slow film)	Kodak	200	59	11,800
EX	2005	2006/2/20	NTP	Developer for X ray processing	RPX-OMAT-LO (for extensively slow film)	Kodak	200	34	6,800
EX	2005	2006/2/20	NTP	Radiographic Stand	NH-27-A	ELK Corp.,Japan	1	490	490
EX	2005	2006/2/20	NTP	X Ray Film Viewer	LH-1K	Miryama, Japan	1	345	345
EX	2005	2006/2/20	NTP	X Ray Film Cassette	PL-BK-CF & HS	Okamoto, Japan	10	635	6,350
EX	2005	2006/2/20	NTP	Microfine Grid	MS, 60 lines /cm	ELK Corp.,Japan	2	1,420	2,840
EX	2005	2006/2/20	NTP	X Ray Protective Apron	FLO Pb 0.25mm	Hoshina	1	455	455

EX	2005	2006/2/27	NTP	Liquid for Fixer	RPX-OMAT LO 4x 4 L	KODAK	200	43	8,600
EX	2005	2006/2/27	NTP	Liquid for Developer	RPX-OMAT 1Box (16L)	KODAK	200	72	14,400
EX	2005	2006/2/27	NTP	Radiographic Stand	NH-27A	ELK Corpt	1	760	760
EX	2005	2006/2/27	NTP	X-Ray Film Viewer	LH-1k 14" x 14"	Moriyama	1	370	370
EX	2005	2006/2/27	NTP	X-Ray film Cassette	PL-BK-CF	Okamoto Co.	10	640	6,400
EX	2005	2006/2/27	NTP	Microfine Grid for X-Ray	Model : MS	ELK Corpt	2	1,810	3,620
EX	2005	2006/2/27	NTP	X-Ray Protective Apron	FLO	Hoshina	1	500	500
EX	2005	2006/2/27	NTP	Film Mark Set	Model : NH-23 B	ELK Corpt	1	134	134
EX	2005	2006/2/27	NTP	X-Ray film Storage Cabinet	Model : NH-43	ELK Corpt	1	572	572
EP	2006	2007/1/17	NTP	Binocular Microscope	YS-100 Basic Set	NIKON, Japan	10	990	9,900
EP	2006	2007/1/18	NTP	Fucin basic	25ml	UK	110	69	7,560
EP	2006	2007/1/18	NTP	Sulphuric Acid	Conc. 2.5L		100	41	4,100
EP	2006	2007/1/18	NTP	Xylene 1l	2.5 L		1	34	34
EP	2006	2007/1/18	NTP	Sodium Hydroxide	500gm		1	10	10
EP	2006	2007/1/18	NTP	Slide Holding Boxes	25' size		200	2.5	500
EP	2006	2007/1/18	NTP	Diamond Pen		Assistant, Germany	50	31	1,550
EX	2006	2006/10/26	NTP	Books	Pictorial Textbook for AFB Microscopy	JATA	50	2	100

EP	2005	2005/11/18	VBDC	Mefloquine	Anti- Malaria Medicine 250. Tab / Box		50	39	1,950
EP	2005	2005/12/6	VBDC	Video LCD Projector	Multi media Projector LV-S3	CANON	1	1,240	1,240
EP	2005	2005/12/6	VBDC	Insecticide for Mosquito Net	Supa Tab for Bed Net (Delta methrin WT)	PSI	20000	0	8,000
EP	2005	2006/3/10	VBDC	Artemether Tablet	Anti- Malaria Tablet 12. Tab / Boc		2000	1	2,360
EP	2005	2006/3/10	VBDC	Artemether Ampul	Anti- Malaria Medicine 6. Ampul / Box		200	5	900
EP	2005	2006/3/10	VBDC	Rapid Diagnostics Test Kit for Malaria	25. Test / Kit for P.Falciparum Malaria	Orchid Biomedical Systems, India	200	28.50	5,700
EP	2005	2006/6/16	VBDC	Mosquito Net	LLINS (Long Lasting Insecticide Net)	Siamdutch, Thailand	5471	3.29	18,000
EP	2005	2006/6/30	VBDC	4WD Double Cab Vehicle	Hi-Lux Double-Cab Pick-up Track, KUN25L-PRMDH	Toyota, Thailand	1	30,837	30,837
EP	2006	2006/3/27	VBDC	Artemether	6 ample/box	Kaung Pharmacy Co.Ltd	2750	1.82	5,000
EP	2006	2006/11/20	VBDC	Motor Bike	100cc	Suzuki	2	2,350	4,700
EP	2006	2006/12/1	VBDC	Slide Glass	100pcs/pack		60	10	570
EP	2006	2006/12/1	VBDC	Rancet	200 pcs/box x 60	Assistant, Germany	60	5.5	330
EP	2006	2006/12/1	VBDC	GIMZA Stain	100ml/bottle	MERK, Germany	18	40	720
EP	2006	2007/2/15	VBDC	Mosquito Net	RX11WTB	Siamdatch, Thailand	10000	4.5582	45,582
EP	2006	2007/3/16	VBDC	Mefroquine	250mg X-100 tab/bottle	Siam Nissei, Thailand	1000	5.66	5,660
EP	2006	2007/3/19	VBDC	Sylinge	3mL 23Gx1-1/4"	NIPRO	7200	0.5	3,600
EP	2006	2007/3/19	VBDC	Drip	Infusion Set, Dextrose 5% drip set DW 500 ml		1000	1.5	1,500
EP	2006	2007/3/21	VBDC	Rapid Diagnostics Test Kit for Malaria	25. Test / Kit for P.Falciparum Malaria	Orchid Biomedical Systems, India	1600	25	39,840

*EP : Equipment Provision, EX : Equipment affiliated with Expert

Annex 4 Operational Costs Expended by the Project

*Remark : Such costs as for long and short term expert dispatch, training in Japan, technical equipment provision are excluded from the following figures.
Unit: US Dollars

Field	Activities	JFY2004 (Jan19-Mar31,2005)		JFY 2005 (Apr1,2005 - Mar31,2006)		JFY 2006 (Apr1,2006 - Mar31,2007)		Total
		Amount	Sub-total	Amount	Sub-total	Amount	Sub-total	
Project Management (DOH)	Overall project management (local staff, communication, office supplies & consumables, transportation, equipment maintenance, etc)	29,330	29,330	38,763	38,763	40,058	40,058	108,151
	1. Strengthen capacity for program management and epidemiological data management for TB control	4,433		3,079		6,045		
TB Control	1-1. Improve NTP facilities for program management, training, and data analysis.							
	1-2.New District TB Management Module							
	1-3.Operational Research			16,982		21,547		
	2-1.Laboratory training	6,184		4,561		2,279		
	2-2. QC of the smear examination for TB laboratories	600		6,213		9,801		
	3.Monitoring and supervisory capability for TB control			3,318		2,855		
	4. Promote community participation for TB control	1,529	28,693	3,135	64,006	2,005	95,367	188,066
	4-1.Establish Public Private Partnership in the Divisions			750		8,118		
	5. Promote communication and advocacy for TB control	5,550		8,760		18,525		
	5-2. Develop and distribute DOTS handbook for TB patients	4,200						
Project Office Management for TB Control (NTP,YGN)	6,197		17,298		24,192			

HIV/AIDS Control	1. Enhance blood donor deferral system and HIV screening test	1-1. Upgrade registration system for donor deferral				1,339		4,885												
		1-2. Education for health staff on donor deferral and HIV prevention				3,871		3,931												
		1-3. Training for lab technician on HIV screening test	11,201			2,628		3,248												
		1-4. Improve the facility on blood safety																		
	2. Correct knowledge on blood safety and HIV prevention is promoted among target populations.	2-1. Production of IEC materials to support blood safety and HIV prevention program.		4,320																
		2-2. Education for blood donor				4,307		3,440												
		2-3. Education for recruiters of blood donors																		
		2-4. IEC activities for other relevant target populations				3,500		4,250												
	3. Improve capacity of National AIDS Program	3-1. Upgrade reporting system for monitoring								30,914									84,482	
		3-2. Site visits and supervision		511		940		5,773												
		3-3. Data analysis and interpretation																		
		3-4. Workshops on program monitoring and feedback to local staff																		
		3-5. Organize training courses on project management for AIDS/STD team leaders.				4,330														
		3-6. Introduce proposal-based funding mechanism in NAP																		
		3-7. Plan and implement operational research at selected sites																		
		3-8. Information sharing and network with international community is strengthened																		
		Office supplies, transportation, communication, etc to support above mentioned the activities				9,999		8,081												
		Project Office Management for HIV/AIDS control field (NAP, YGN)																		
		16,032																30,914	37,536	84,482

Malaria Control	1. Introduce effectiveCommunity based malaria control program in selected areas	210	55,357	103,197	3,009	191,703
	1-1. Empower communities for malaria control	210	55,357	103,197	3,009	191,703
	1-2. Develop community friendly technology package for treatment and prevention of malaria	460	14,055	103,197	13,444	191,703
	1-3. Coordinate intersectoral collaboration		4,762	103,197	6,000	191,703
	1-4. Link with other health related activities	3,920		103,197	2,198	191,703
	2. Improve collaboration between communities and health facilities in selected areas		2,507	103,197	9,648	191,703
	2-1. Conduct training for health workers in deferent levels		2,507	103,197	9,648	191,703
	2-2. Conduct training of proper referral system to communities		150	103,197		191,703
	3. Establish system for prevention and management of epidemics	5,630	1,427	103,197	4,461	191,703
	3-1. Stratify epidemic prone areas on GIS and investigate dynamics of epidemic	5,630	1,427	103,197	4,461	191,703
	3-2. Develop early warning system			103,197		191,703
	4. Improve epidemiological analysis system	3,430		103,197		191,703
	4-1. Conduct training for GIS	3,430		103,197		191,703
	4-2. Training of BHS for epidemiological analysis		720	103,197		191,703
5. Strengthen regional collaborative activities		585	103,197		191,703	
5-1. Share the information in regional meeting. (Mekong RBM)		585	103,197		191,703	
5-2. Conduct collaborative activities with partners			103,197		191,703	
6. Operational and applied field research effectively contribute for outputs	12,222	16,967	103,197	10,506	191,703	
6-1. Operational and applied field research for out puts	12,222	16,967	103,197	10,506	191,703	
6-2. Operational and applied field research for out puts			103,197		191,703	
Project Office Management for Malaria control (VBDC, YGN)	2,153	6,667	103,197	11,215	191,703	
Office supplies, transportation, communication, etc to support above mentioned the activities	2,153	6,667	103,197	11,215	191,703	
Total		102,080	236,880		572,402	

Annex 5 List of Key Counterparts for the Project

Name	Designation	Component	Station
Dr. Tin Win Maung	Director General	Whole Project	Nay Pyi Taw
Dr. Kyaw Nyunt Sein	Deputy Director General	Disease Control	Nay Pyi Taw
Dr. Saw Lwin	Director	Disease Control	Nay Pyi Taw
Dr. Min Thwe	Program Manager	National AIDS Program (NAP)	Nay Pyi Taw
Dr. Win Maung	Program Manager	National Tuberculosis Program (NTP)	Nay Pyi Taw
Dr. Than Win	Program Manager	National Malaria Control Program	Nay Pyi Taw
Dr. Ne Win	Director	National Health Laboratory (NHL)	Yangon
Dr. Thida Aung	In charge of NBC	National Blood Center (NBC)	Yangon

Annex 6 List of Counterpart Training In Japan

JFY	Subject	Name	Designation	Period
2006	Consultative Meeting on Infectious Diseases Control	Dr. Saw Lwin	Director (Diseases Control), Department of Health	30/10/2006 - 10/11/2006
2006	Consultative Meeting on Infectious Diseases Control (Malaria)	Dr. Ni Ni Aye	Malariologist, Vector Borne Disease Control Team, Dawei, Department of Health	30/10/2006 - 10/11/2006
2006	Consultative Meeting on Infectious Diseases Control (HIV/AIDS)	Dr. Than Win	Team Leader, AIDS/STD Control Team, Mandalay, Department of Health	30/10/2006 - 10/11/2006

Annex7 List of IEC Materials Produced by the Project

No	Description	Agency	Type	Qty	JFY	Produced Date	Remark(Key Message etc.)
1	Pamphlet Introduction to MIRC Project	DOH	Pamphlet	2,000	2005	Aug-05	Introductory information on MIRC Project
2	Book Photo Book on MIRC achievement	DOH	Photo book	500	2005	Mar-06	
3	Video Sexually Transmitted Diseases	NAP	Video, 2min	1	2003	Nov-03	For HIV/AIDS Exhibition, Yangon
4	Video HIV/AIDS	NAP	Video, 36min	1	2003	Nov-03	For HIV/AIDS Exhibition, Yangon
5	Video HIV/AIDS Exhibition in Yangon	NAP	Video, 9min	1	2003	Nov-03	Documentary Video
6	Video HIV/AIDS Exhibition in Mandalay	NAP	Video, 34min	1	2004	Dec-04	Documentary Video
7	Pamphlet Safe Blood Pamphlet	NBC	Pamphlet	30,000	2004	Apr-04	Blood Transfusion
8	Video Devoted Love	NBC	Video, 38min	1	2004	Apr-04	Drama, Safe Blood Promotion, Window Period
9	Pamphlet Safe Blood Pamphlet	NBC	Pamphlet	5,000	2004	Nov-04	Blood Transfusion
10	Poster with Calendar Blood Safety Calendar	NBC	Poster with calendar (4 pages)	2,000	2005	Dec-05	Blood donor message to the public
11	TV Spot Safe Blood Donor Promotion TV Spot Title: Fill in the blank Actors and actress: Ye Lay, Tun Tun and example group, Tha Zin, Moe Pyi Maung Script: CHEB (Khin Su Hlaing) Director:	NBC	TV Spot	1	2005	Mar-06	To promote safe blood donors
12	TV Spot Safe Blood Donor Promotion TV Spot Title: You are welcome Actors and actress: Nightet Pyaw Kyaw, Min Htet Kyaw Zin, Nay Htoo Naing, Nay Yan, Moe Yan Zun, Zin Zin Zaw Myint, Nan Su Yati Soe, Thin Zar Wint Kyaw, Dr. Nway Nway Oo Script: CHEB Director: Aung Moe (Paris)	NBC	TV Spot	1	2006	Aug-06	To promote regular safe blood donor. To advocate low risk life behaviour to the targeted group of blood donor of University students.
13	Book How to use Microscope	NHL	Reprinting Book	500	2003	Nov-03	Teaching Printing Material
14	Book Clinical Laboratory Technology	NHL	Reprinting Book	1,000	2003	Nov-03	Teaching Printing Material
15	Video Microscope	NHL	Video, 26min	1	2003	Mar-04	About Microscope, Manual for the training centre
16	Video HIV/AIDS Testing by Different type of Test-Kits	NHL	Video, 37min	1	2004	Mar-05	For Laboratory Technicians, 5 Different Types of Test-Kits
17	Video The Most Beautiful New Day To Be Continued	NHL	Video, 56min	1	2004	Mar-05	Drama, HIV/AIDS Transmission

18	Video	Quick Treatment (Actor: Yazar Nay Win)	NTP	Video, 12min	1	2003	Feb-04	Drama, DOTS Promotion (Early Proper Treatment, Free DOTS)
19	Poster	Wall Sheet Poster (Actor: Yazar Nay Win, Actress: Pwint)	NTP	Poster	20,000	2003	Feb-04	DOTS Promotion (Early Proper Treatment, Free DOTS)
20	Book	TB Patient Care Book	NTP	Book	30,000	2004	Nov-04	TB Patient Manual Book
21	Book	TB Knowledge Book	NTP	Book	20,000	2004	Mar-05	About TB, Prevention, Ways of transmission, Proper Treatment
22	Poster	Wall Sheet Poster (Actor: Naing Naing, Actress: The Mon Myint)	NTP	Poster	20,000	2004	Mar-05	Frontline TB Care Providers: Heroes in the Fight Against Tuberculosis
23	Poster	Wall Sheet Poster, Actors: Nay Toe, Ye lay, King Kaung, Ahyaing Actress: Thazin, Waing Su Khine Thein, Thinzar Wint Kyaw	NTP	Poster	20,000	2005	Mar-06	For World TB Day, 'Action for life : Towards a world free of TB'
24	Book	TB Patient Care Book (Revision)	NTP	Book	40,000	2005	Mar-06	TB Patient Manual Book. Upgrading the content of the book and reprinting
25	Book	PPP Guide Book	NTP	Book	2,000	2005	Mar-06	For promotion of Public Private Partnership
26	Book	TB Patient Care Book (2nd Revision)	NTP	Book	50,000	2006	Mar-07	TB Patient Manual Book.
27	Pamphlet	PPP Pamphlet for General Practitioners	NTP	Pamphlet	10,000	2006	Mar-07	General information on PPP activities to raise participation of GP
28	Book	Guide Book for AFB Microscopy	NTP	Book with photo	500	2006	Mar-07	Operational guide book on AFB Microscopy
29	Poster	Wall Sheet Poster: TB ANYWHERE IS TB EVERYWHERE, (For World TB Day)	NTP	Poster	30,000	2006	Mar-07	To raise people's awareness of TB
30	TV Spot	TV Spot for World TB Day	NTP	TV Spot	1	2006	Mar-07	To raise people's awareness of TB

31	Video	Community Based Malaria Control	VBDC	Video	1	2005	Aug-05	Drama, Community Based Malaria Control
32	TV Spot	Myang Ya Daw Hma Lywan Myet Yeet Script: Dr. Mya Hnaung Nyo Director: Pan Gyi Soe Moe Actors and actress: Tu Htoo San, May TinZar Oo	VBDC	TV Spot	1	2005	Feb-06	About malaria disease. To take proper treatment for malaria patient. Usage of mosquito net.
33	Book	Malaria Manual Guide Book for General Health Worker	VBDC	Book	2,065	2006	Sep-06	Village lifestyle Prevention and treatment Use of mosquito net
34	Pictorial Charts	Pictorial charts on prevention and treatment of Malaria to be used by BHS	VBDC	Pictorial charts with cartoon	2,000	2006	Nov-06	Teaching material for BHS who disseminate knowledge of Malaria to local settlers

Annex 8. Progress of the Project for HIV/AIDS

Criteria	Information Sources	Results & Prospects
Important Assumptions Efforts of various donors and implementing partners are effectively coordinated.	NAP Donors	In 2005, GFATM withdrew grant to Myanmar. The 3 D Fund started its operation in April 2007.
Sufficient HIV test kits are supplied.	NAP NHL	Supply of HIV test kits is indispensable. Their sufficient supply needs to be guaranteed. The total demand, the total supply and the Project's share should be identified by coordination meetings.
Necessary local human resource is placed for the project by counterpart.	NAP NHL NBC	Allocation of human resources is maintained.
Fund is available for NAP.	NAP	The public health sector is facing financial constraints and so it is necessary to obtain contribution of development partners.
Criteria	Information Sources	Results & Prospects
Pre-conditions HIV/AIDS control strategy is not changed.	NAP	According to "Health in Myanmar", AIDS is one of the priority diseases included in the National Health Plan of Myanmar. The National Health Committee has laid down clear guidelines to fight AIDS as a national concern. The National AIDS Committee, formed since 1989 is an active multisectoral body for formulation of National Strategic Plan to prevent and control HIV/AIDS in Myanmar. The forty-three AIDS/STD Prevention and Control teams strategically situated in all States and Divisions of Myanmar form the core of the National AIDS Control Programme. The action plan for AIDS and STD prevention and control activities is subsumed under the National Health Plan. NAP is organized under Department of Health.
National and international environment for HIV control is not changed.	NAP Project experts Donors	HIV/AIDS control is one of the Millennium Development Goals and this precondition still holds.

Evaluation by the 5 Criteria

Criteria	Evaluation Items	Confirmation Items	Information Sources	Results
Relevance	Needs for intervention	Prevalence of HIV/AIDS Need for HIV/AIDS control Need for strengthening organizations in charge of HIV/AIDS control Lack of international aid	"Health in Myanmar 2006" Project Team	All the 3 infectious diseases are among the most serious issues of the government of Myanmar. The Project is therefore relevant to the national need, for it aims to control these diseases. The HIV/AIDS sector has been supported mainly by a number of donors. However, the blood safety is an area that has been supported less intensively. The Project is planned to fill the gap and so highly relevant.
	Consistency between Project goals and Myanmar's national development policy and administrative system	Priority of the Government policy on HIV/AIDS control Relevance of counterpart agencies	"Health in Myanmar" Project Team	According to, AIDS is one of the priority diseases included in the National Health Plan of Myanmar. The direct target of the cooperation is 3 organizations. NAP is the key organization for HIV/AIDS control. NHL and NBC are main organizations for blood safety in Myanmar.
	Relevance of the approach	Role share Division of work	NAP NHL NBC	The Project's approach including support for the central public organizations' monitoring and supervision on local organizations is being incorporated into the government system. The Project is also strengthening local AIDS/STD teams under NAP. This way, it is promoting technology to be transferred to and absorbed at local levels.
	Consistency with Japan's ODA policy and the MDGs	Consistency with the Japan's ODA policy for Myanmar	MOFA JICA	Japan's cooperation policy for Myanmar focuses on the basic human needs or human security, so the Project highly relevant.
	Utilization of Japan's technology	Technology for blood safety and HIV/AIDS control	Project Team	Knowledge accumulated among Japanese experts in blood safety is utilized.
	Relevance of the model sites	Selection priority sites	Project Team	Target areas have been selected according to the priority, namely volume of transfusion and HIV infection rates.

Criteria	Evaluation Items	Confirmation Items	Information Sources	Results
Effectiveness	Progress of the outputs and purpose	Indicators of results	NAP NHL NBC	The blood safety system is being strengthened steadily. Project management capacity of the AIDS/STD teams is being strengthened by training and the proposal writing.
	Specific factors constraining Project outputs to achieve Project purpose	Project staff	Experts Project tea	- Discontinued external support is a constraint. - Permission procedures required for trips add extra burden.
	Specific factors promoting Project outputs to achieve Project purpose	Project staff	Experts Project tea	A number of medical doctors and technical staff have participated in the Project activities with a sense of ownership and devotion.

Criteria	Evaluation Items	Confirmation Items	Information Sources	Results
Efficiency	Approach of the Sub-Project	Cost-efficient or not?	Experts & CPs	Computers are for large scale hospitals. The deferral system's material requirement is only questionnaire sheets. HIV test kits are standard sets. Proposal based projects seek for cost efficiency. A total of 36 members of HIV/AIDS staff have participated in training conducted by the RCC Project in Thailand. Such a way of south-south cooperation made the Project highly efficient.
	Quantity, quality and timing of the inputs (Myanmar and Japanese)	Was the timing to dispatch the long & short-term experts appropriate?	Experts & CPs	Dispatching short-term experts and conducting workshops and/or supervision have been properly synchronized.
	Utilization of the inputs	Training outside Myanmar	Experts & CPs	According to the participants, the RCC training was generally useful for project management at local levels. At the same time, some room for improvement has been identified to be reflected in the next batch training.

		Were the selection of the equipment and the materials and the timing to supply them appropriate? How are they utilized?	Experts & CPs	The provided equipment has been well utilized and properly handled with care. For example, NBC's commuter software has been developed through discussions among NBA, the Project team and a software company in Myanmar.
Linkage, cooperation or competition among the project components and with other projects		Necessary coordination	Experts & CPs	Coordination between, NAP, NHL and NBC can be strengthened. Coordination between HIV/AIDS, tuberculosis and malaria components is desired.

Criteria	Evaluation Items	Confirmation Items	Information Sources	Results
Impact	Prospects of achievement of Project goals in future	Impact	Experts & Cps	Although the Project approach is not comprehensive to control HIV/AIDS, it is obviously contributing to the goals by reducing risks of HIV infected transfusion. It is also strengthening the capacity of AIDS/STD teams including that for care of PLWHA.
	Impact outside the model areas	Institutional, socio-economic, cultural, environmental, etc	Experts & CPs	Various systems developed by the Project are already spreading to various areas in Myanmar, beyond Yangon and Mandalay Divisions, having been integrated in the national system.
	Impact out of the scope of the Sub-Project			The HIV donor deferral system is designed also to contribute to screen other infectious diseases, namely malaria, syphilis and hepatitis B and C.

Criteria	Evaluation Items	Confirmation Items	Information Sources	Results
Sustainability	Institutional sustainability	Will the counterparts continue to work for the activities?	Experts & CPs	The retention rate of the staff is generally high in the Ministry of Health of Myanmar. Therefore human resources and their systems developed by the Project can be sustained after the termination of the Project.
	Financial sustainability	Trend and prospects of budgets from the government and other sources	Experts & CPs	Towards sustained development of the Project's achievement, efforts are needed to secure the financial sources.
	Technical sustainability	Sustainability of transferred technologies	Experts & CPs	Qualified staff are assigned, although the work burden of some of them is very heavy.

Annex 9. Proposed Revision of PDM for HIV/AIDS

PDM		Suggestions for Revision
Target Group	People and Community	Unchanged
Target Area	Yangon and Mandalay Division	Yangon and some selected states/divisions with high priority
Overall goal	HIV transmission is reduced and the QOL of PLWHA is enhanced.	Unchanged.
Indicator	% of young people aged 15-24 years of age who are infected is reduced.	Unchanged.
Indicator	QOL of PLWHA is increased.	Unchanged.
Project purpose	National AIDS Program is strengthened	Unchanged.
Indicator	HIV prevalence of blood donors <0.5%.	Unchanged.
Output1	Blood donor deferral system and HIV screening test are enhanced	Blood safety for HIV is enhanced.
Indicator	Number of blood banks and hospital-based transfusion centers adopting donor deferral system is increased.	1. Number of blood centers adopting blood donor deferral.
Indicator	Proportion of blood unit screened for HIV is increased.	
Indicator	Number of trained lab technician for HIV screening is increased.	
Output2	Correct knowledge on blood safety and HIV prevention is promoted among target populations.	Quality assurance of HIV test is improved.
Indicator	Knowledge on HIV prevention and blood safety among target population is increased.	2-1. Number of laboratories under external quality assurance program 2-2. Quality of supervisory visits are improved.
Output3	Capacity of National AIDS Program is improved.	Unchanged
Indicator	- Number of supervision visits is increased.	3-1. Number of trained staff
Indicator	- Number of monitoring workshops is increased.	3-2. Cases of improved routine works and performance
Indicator	- Monitoring system is enhanced.	
Indicator	- Number of trained staff is increased.	
Indicator	- Number of proposals submitted to NAP is increased.	
Indicator	- Number of proposal implemented is increased.	
Indicator	- Number of information exchange with international community is increased.	
Activities	1-1. Upgrade registration system for donor deferral.	1-1. Upgrade blood donor registration system.
	1-2. Education for health staff on donor deferral and HIV prevention.	1-2. Enhance blood donor deferral
	1-3. Training for lab technician on HIV screening test.	1-3. Educate blood donor and the relevant people.
	1-4. Improve the facility on blood safety.	
	2-1. Production of IEC materials to support blood safety and HIV prevention program.	2-1. Train laboratory technician on quality assurance of HIV testing
	2-2. Education for blood donor.	2-2. Strengthen external quality assurance of HIV testing.
	2-3. Education for recruiters of blood donors.	
	2-4. IEC activities for other relevant target populations.	
	(Central/Local)	3-1. Train AIDS/STD team leaders.
	3-1. Upgrade reporting system for monitoring.	
	3-2. Site visits and supervision	3-2. Support implementation of small scale projects designed by team leaders.
	3-3. Data analysis and interpretation.	3-3. Share the experiences/lessons learnt of small scale projects with other team leaders.
	3-4. Workshops on program monitoring and feedback to local staff.	
	3-5. Organize training courses on project management for AIDS/STD team leaders.	
	3-6. Introduce proposal-based funding mechanism in NAP.	
	3-7. Plan and implement operational research at selected sites.	
	(International)	
	3-8. Information sharing and network with international community is strengthened.	

Note: Revision will be made after detailed discussions between the Japanese Experts and the Myanmar O/P.