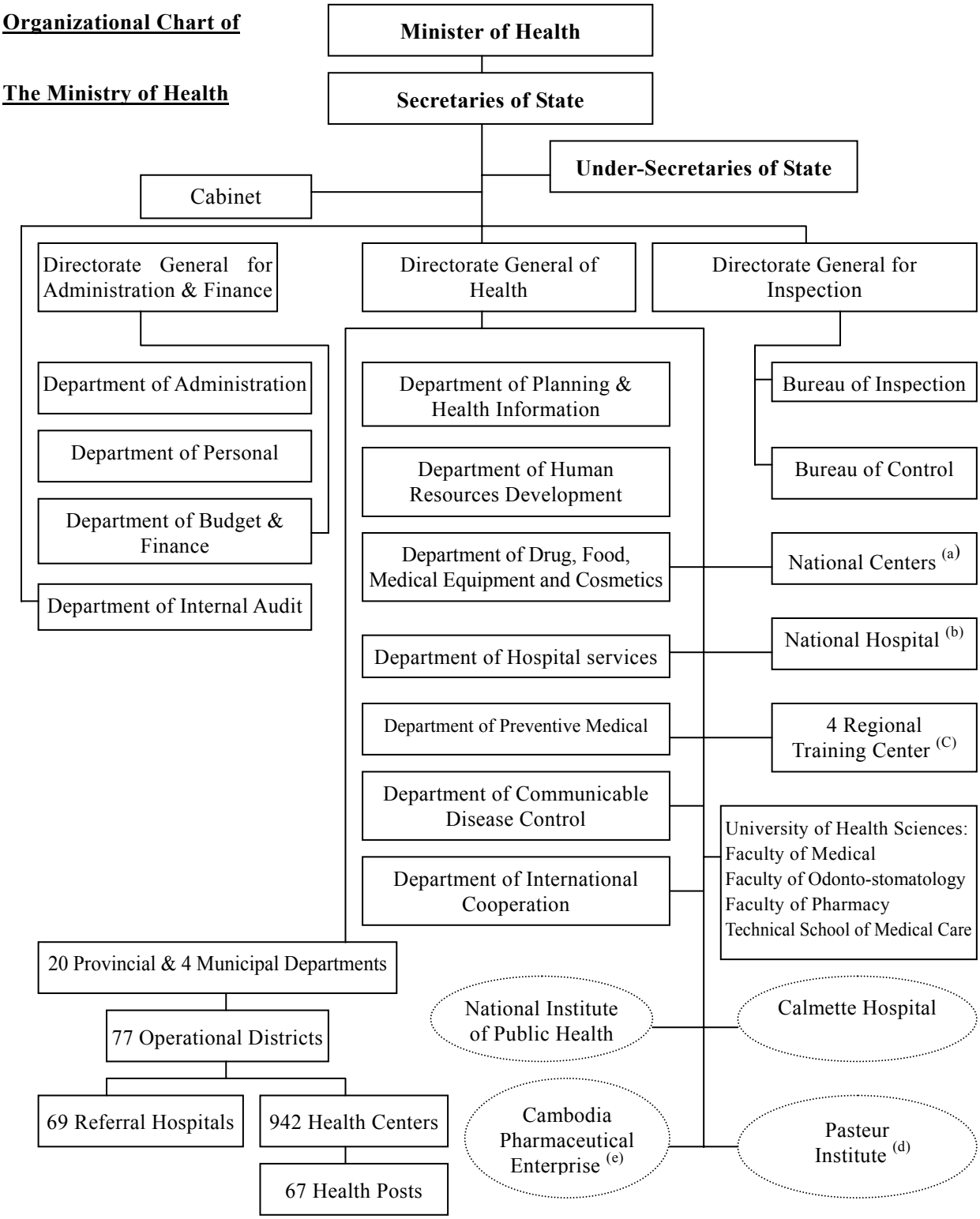
４．保健省組織図、NMCHC 組織図及び概要

Organizational Chart of

The Ministry of Health



Remarks:

(a): NCHADS, NCTB/Lepr, NC Malaria, NMCHC, NC TraMed, NCDrugQuacom, NCBlood Tran, NCHP, CMS

(b): Hospital in NMCHC and NCTB/Lepr:, NHP, Kossamark, Khmer-Russian Friendship, Ang Duong, Kuntha Bopha

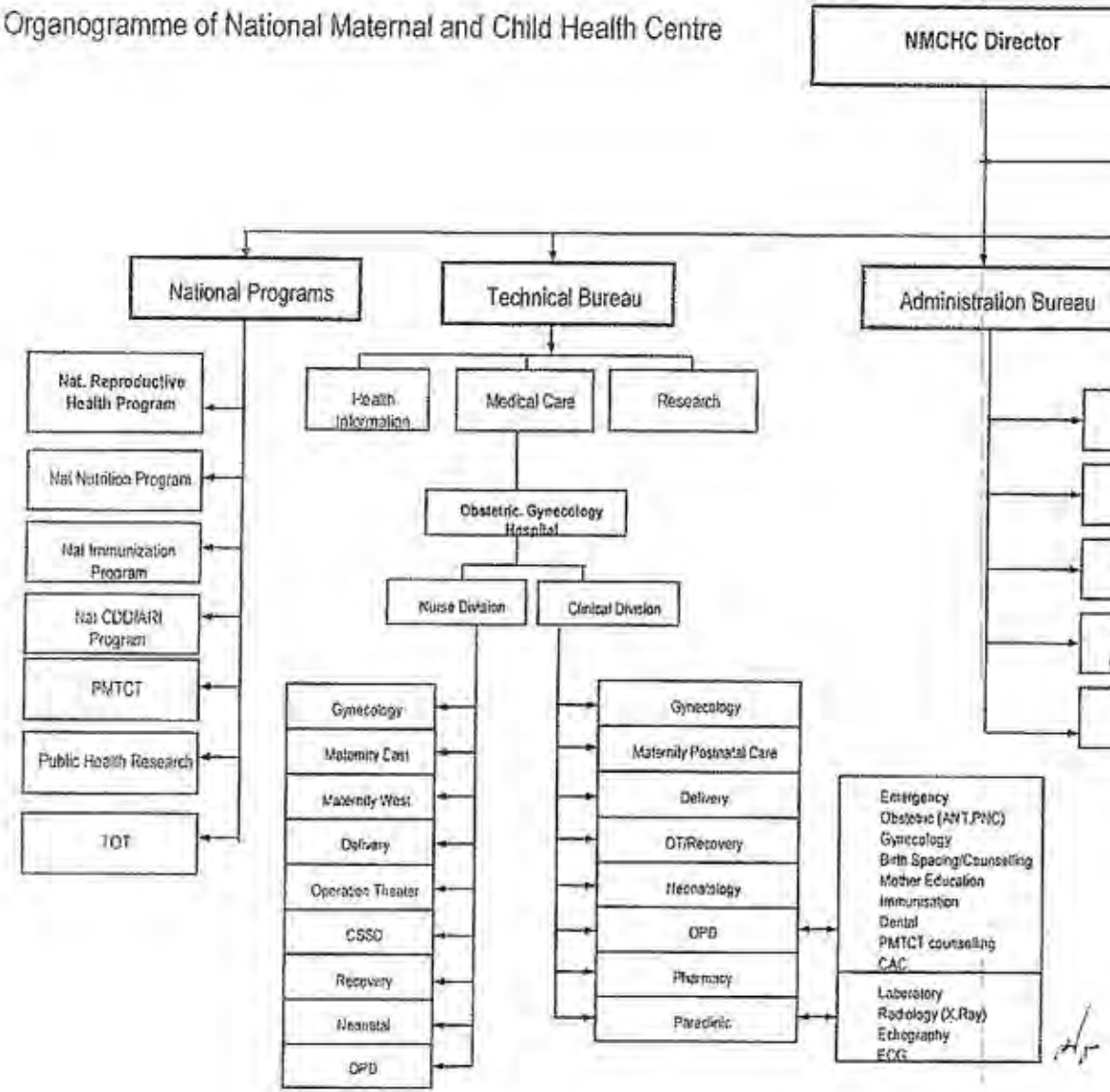
(c): Battambang, Kampot, Kg. Cham and Stung Treng

(d): Status of the Pasteur Institute is under the convention between France and Cambodia

(e): Cambodia Pharmaceutical Enterprise is a Joint venture between a private company and the state

☞ Oval boxes are public entities with its special status

Organogramme of National Maternal and Child Health Centre



Phnom Penh, 12 OCT 2007
Approved by

Prof. Eng Huot
Secretary of State
Ministry of Health

国立母子保健センター概要

当センターは、日本政府外務省無償資金協力により、約 17 億円で建設され、1997 年 4 月に完成、開院した。

1. センター内の間取り

	北館	南館
3 階 (2F)	事務部門、研修部門、研修/会議室、研修用ドミトリー、国家プログラム・オフィス(リプロダクティブ・ヘルス、栄養、ARI/CDD/Cholera)、図書室、JICA プロジェクト・オフィス	
2 階 (1F)	入院病棟(産科、100 床)	手術室(3 室)/分娩室(3 室、5 分娩台)/新生児室(16 床)/集中治療室/回復室(4 床)、入院病棟(婦人科、34 床)
1 階 (Ground Floor)	外来部門(外来診察室、予防接種室、母親学級、各種検査室、薬局、会計、救急外来)、国家プログラム・オフィス(HIV 母子感染予防)	講堂、医療機材/施設管理部門

合計:154 床

2. 職員数

(2007 年 4 月末現在)

職員	人数
医師	80 名
準医師(medical assistant)	24 名
助産師	108 名
看護師	101 名
歯科医師	2 名
薬剤師	14 名
会計部門	4 名
臨床検査技師	11 名
運転手	12 名
その他	18 名
合計	374 名

3. 分娩数、症例数

年間 7,000 分娩（約 20 分娩/日）、うち 900 症例は帝王切開。入院症例のうち約 10%が重症産科症例。入院産科症例のうち 70%がプノンペン在住者、30%が地方在住者である。

4. センターの役割

1）24 時間救急診療体制をとる産科/婦人科/新生児科の最終搬送病院

2）全国の医療従事者ならびに医学・助産学生に対する研修施設

（2007 年 4 月現在）

研修対象者	修了者数
レファラル病院医師	55 名（8 コース）
レファラル病院助産師	207 名（13 コース）
ヘルスセンター助産師	362 名（19 コース）

3）母子保健医療分野での国家プログラムの事務局

i) リプロダクティブ・ヘルス、ii) HIV 母子感染予防、iii) ARI/CDD/Cholera、iv) 栄養、v) 予防接種

4）母子保健医療分野の研究機関

5. センターの制度

1）患者登録制度

患者カルテおよび ID カードの発行により、患者診察記録を一元化し、入院ならびに外来で同一の記録を使って患者の診断に役立てている。過去のカルテ参照も容易にできるシステムとなっている。

2）診療費（User fee）徴収制度

従来表向き無料で、実際机の下でやり取りされていた診療費を、新センター設立に伴い料金表で明示し、患者から診療費を徴収するシステムを導入した。現在、独立採算体制に向けた運営が行われている。

3）支払い免除（Exemption）制度

貧困者保護のため、診療費の支払いが難しい患者に対して、本人の支払い能力に応じ支払いを全額または一部免除する体制をとっている。産科入院症例の約 10%、婦人科入院症例の約 20%が支払い免除を受けている。

4）施設/医療機材保守管理制度

センター内の施設・機材管理に必要なスペアパーツ等の資機材をデータベース化し、定期点検による保守管理を資機材の在庫チェックとともに実施している。現在は、成功モデルとして保健省に高く評価され全国をカバーする National Workshop に発展している。

５．カウンターパートリスト

Project Director

- H.E. Prof. Eng Huot（Secretary of Sate for Health, Ministry of Health）

Project Manager

- Prof. Koum Kanal（Director, NMCHC）

CMT (Counterpart Monitoring Team) members

- Dr. Keth Ly Sotha (Vice Director / Chief of Training Unit, NMCHC)
- Dr. Uong Sokhan (Deputy Chief of Training Unit, NMCHC)
- Dr. Lon Chan Rasmey（Deputy Director, Kg. Cham PHD）
- Ms. Peang Nara (Deputy Chief of MCH, Kg. Cham PHD)
- Dr. Chea Sokha (Director, Kg. Cham – Kg. Siem OD)
- Ms. Khiev Samon (Chief of MCH, Kg. Cham – Kg. Siem OD)
- Dr. Chea Heak Chhay (Director, Chamker Lue – Stueng Trang OD)
- Ms. Chhor Sokheng (Chief of MCH, Chamker Lue – Stueng Trang OD)
- Dr. Prak Ros (Director, Srei Santhor – Kang Meas OD)
- Ms. Tes Ravy (Chief of MCH, Srei Santhor – Kang Meas OD)
- Dr. Hout Kea (Director, Kroch Chhmar – Stueng Trang OD)
- Ms. Ms. Keo Leakhena (Chief of MCH, Kroch Chhmar – Stueng Trang OD)

Other Project Counterparts

- Staff of Training Unit, NMCHC（8 名）
- Staff of National Reproductive Health Programme, NMCHC（2 名）

Mid-term Evaluation WS
04th December, 2008

Group discussion record

Group I : NMCHC staff, PHD staff, OD directors, Kg cham RH staff, JICA mission, JICA expert

Key Q_1 "What effects did you see in your OD/PHD? (both positive and negative)
A: 1) Positive point

- To share experience each other
- To make good relationship (MWs recognize their each face)
- To gather feedback from the community and HCs
- Having support from upper level
- Having confidence to their capacity
- Meeting is good occasion to find solution or solve problem which found from implementation together

2) Negative point

- Monthly meeting some time make participant feel bore
- MW do many works, the meeting seem to add more workload for MWs

Key Q_2 "Do you think the activities (you are doing in the project) are effective in improving MCH in OD/PHD?"
A: The activities in the project are effective in improving MCH because:

- Quality of services have been improving
- Relation between health system and community and among the health system itself have been improving
- Community trust to service increasingly

Key Q_3 "Which activities do you want to continue/start in your OD/PHD to improve MCH?"
A: Activities need to continue/ start:

- to strengthen technical skill for staff
- to supply additional equipment
- to change behavior of staff
- to strengthen referral system and report system
- to make good improvement around the health facility (place for service providing)
- to improve management of health information system

Key Q_4 "What are the obstacles/difficulties in order to continue/implement such activities?"
A: Difficulties to continue such activities:

- The project period is short
- RH staffs have difficulty to participate in the project activities
- Community involvement are limited

Key Q_5 "Any suggestions/recommendations for the project?"
A:

- The project should extend th*e* project period for long time.

Group discussion record

Group II : NMCHC staff, PHD staff, OD-MCH, Kg cham RH staff, JICA mission, JICA expert

Q.1 "What effective* did you see in your OD/PHD? (both positive and negative)

1) Positive

A: -Relationship between RH, OD/PHD MCH and HC MW is better than before
-Skill and knowledge of HC MW is better than before (delivery skill and knowledge)
-Increase number of delivery at HC
-HC MW change the attitude (to be determined to deny home delivery)
-HC chief, RH MW, MCH OD and MCH PHD collaborate to support the HC MW
-HC MW is good communication with community (outreach activity)
-HCs have appropriate material use for delivery activity
-HC MW understand about danger sign
-Referral case of HC is better than before
-All activities are improve through new supervision system and monthly meeting

2) Negative

A: -Disturb their working time (meeting)
-Increase work of RH MW and HC MW

Q.2 "Do you think the activities (you are doing in the project) are effective in improving MCH in OD/PHD?"

A: -Increase HC MW technical skill
-MW is self confidence
-Increase income (user-fee)

Q.3 "Which activities do you want to continue/start in your OD/PHD to improve MCH?"

A: -Continue the activity such as:
-More training to PHD MCH, OD MCH, RH MW and HC MW (MAT training should provide to HC MW)
-New supervision
-Monthly meeting include the training and RH involvement

Q.4 "What are the obstacles/difficulties in order to continue/implement such activities?"

A: -Not enough staff (MW)
-MW is responsible many activities
-There is no means of transportation and road condition is not good (supervision and referral case)
-Not enough materials
-New MW does not have the technical experience
-Some MW knowledge is limited

Q.5" Any suggestions/recommendations for the project?"

A: -Continue the project in order to improve the new process
-Provide more materials for MW work
-Provide means of transportation
-Provide refresher training to MW (not yet train)
-Support study visit in order to exchange the experience
-Support more MW staff

Mid-term evaluation workshop
Analysis- Project Progress

Dr Hiromi Obara
Chief Advisor

JICA Project for Improving Maternal and Child Health Service in Rural Areas in Cambodia

4 Dec 2008

Project Design Matrix (PDM)

-> Please see the handout in Khmer

[Project Purpose]

Maternal and newborn care service in the model sites is improved, whose results are integrated into models and reflected in the National Programs*.

* National Programs under NMCHC, particularly National Reproductive Health Program.

PDM [Outputs]

Output 1. The teamwork for supporting SBAs in HCs is improved.

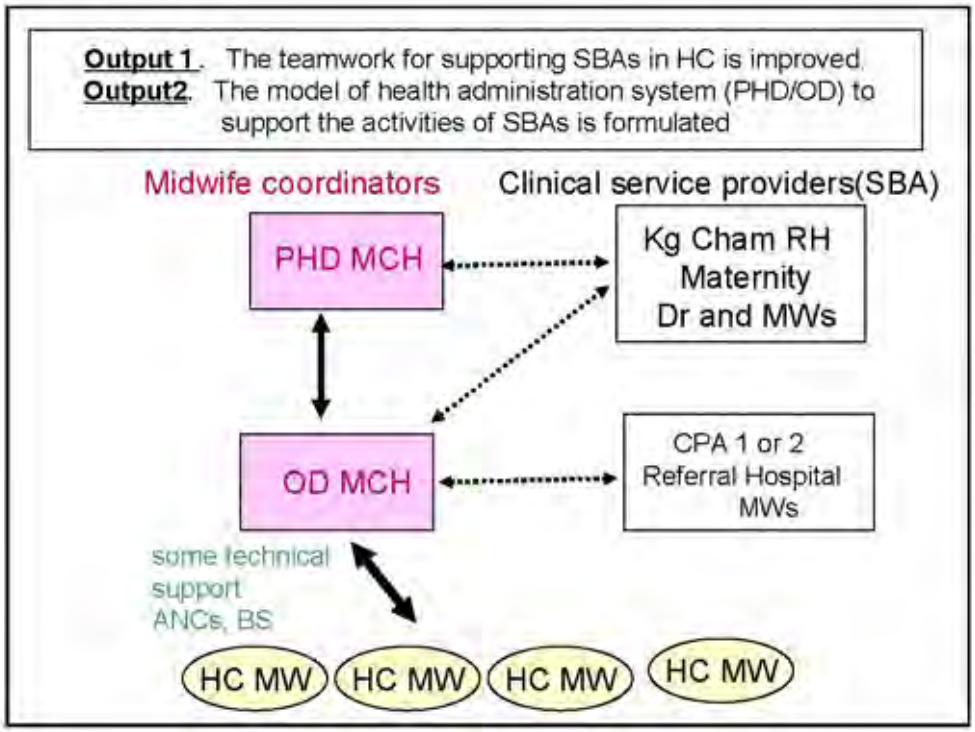
Output2. The model of health administration system (PHD/OD) to support the activities of SBAs is formulated

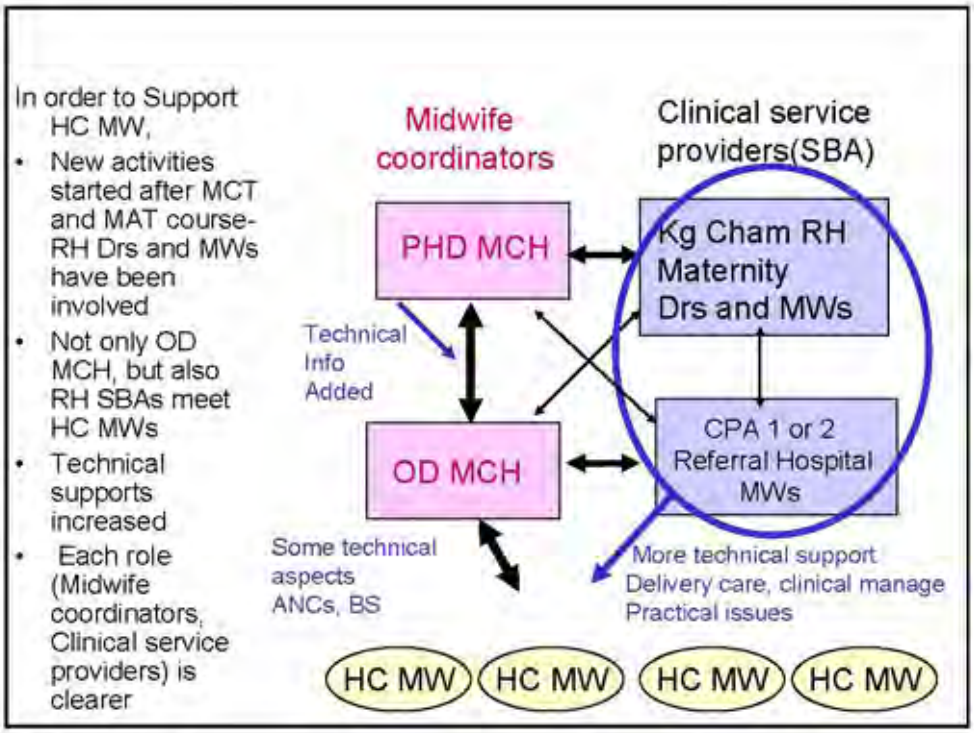
Output3. The model of collaboration for the improvement of MCH in the communities is formulated.

Output4. NMCHC identifies the issues in the rural areas and reflects this in the National Programs.

Activities under the output 1,2,3,4

- See the handout
- Most activities -> Done
- Good progress


Output 1. The teamwork for supporting SBAs in HC is improved.
Output2. The model of health administration system (PHD/OD) to support the activities of SBAs is formulated
Midwife coordinators
Clinical service providers(SBA)
PHD MCH
Kg Cham RH Maternity Dr and MWs
OD MCH
CPA 1 or 2 Referral Hospital MWs
some technical support ANCs, BS
HC MW
HC MW
HC MW
HC MW


In order to Support HC MW,
• New activities started after MCT and MAT course- RH Drs and MWs have been involved
• Not only OD MCH, but also RH SBAs meet HC MWs
• Technical supports increased
• Each role (Midwife coordinators, Clinical service providers) is clearer
Midwife coordinators
Clinical service providers(SBA)
PHD MCH
Kg Cham RH Maternity Drs and MWs
Technical Info Added
OD MCH
CPA 1 or 2 Referral Hospital MWs
Some technical aspects ANCs, BS
More technical support Delivery care, clinical manage Practical issues
HC MW
HC MW
HC MW
HC MW

Results - Telephone survey by JICA

HC MWs say

- Thanks to RH MWs, we can improve technical knowledge and skills
- "New supervision" is different from "Routine Integrate supervision" – more technical support
- When I refer a patient, RH MW kindly invited me to the delivery room.Then, they showed me how to do it

RH MWs say

- After visiting a HC, I understand HC MW's difficult working environment- many tasks, working alone, refer etc.
- I am happy to teach HC MWs
- I will teach appropriate HC level care for MW students, because they are going to work at HCs (not RHs)

MW coordinator - I am happy because RH MW join some activities. RH MW become kind when HC MW refer clients

Output 1. The teamwork for supporting SBAs in HC is improved.
Output2. The model of health administration system (PHD/OD) to support the activities of SBAs is formulated

Output3. The model of collaboration for the improvement of MCH in the communities is formulated.

Ms Abe's survey
- Improvement, yes. Some ODs started new activities to improve community collaboration after the study tour
- Strengths and weaknesses
- However, so far, no big effect because VHSGs' impression/voices do not change very much.

Group Discussion

40 minutes group discussion - Presentation 10 minutes per group

Group1

- PHD staff (except PHD MCH, CE)
- Kg Cham RH Dr
- OD directors
- Prof Kanal and Training Unit staff
- JICA mission
  (Mr Kubokura, Ms Sato)
- JICA expert(Sada)

Group2

- PHD MCH, PHD CE
- Kg Cham RH MW
- OD MCH
- Dr Sokhan and Training Unit staff
- JICA mission
  (Dr Sugiura)
- JICA expert (Sakurai)

Key questions about the project

1. What effects* did you see in your OD/PHD? (both positive and negative)
   - * examples- 1) RH SBA teach HC MWs in monthly meeting. But, RH staff become busy, so they are not happy. 2) Now, in my OD, MWs do not disappear (disponible/drop out), because XXXX,
2. Do you think the activities (you are doing in the project) are effective in improving MCH in your OD/PHD?
3. Which activities do you want to continue/start in your OD/PHD to improve MCH?
4. What are the obstacles/difficulties in order to continue/implement such activities?
5. Any suggestions/recommendations for the project?

The 2nd Joint Coordinating Committee
- Project for Improving Maternal and Child Health Service in Rural Areas in Cambodia -

Ministry of Health

9 December 2008

Agenda

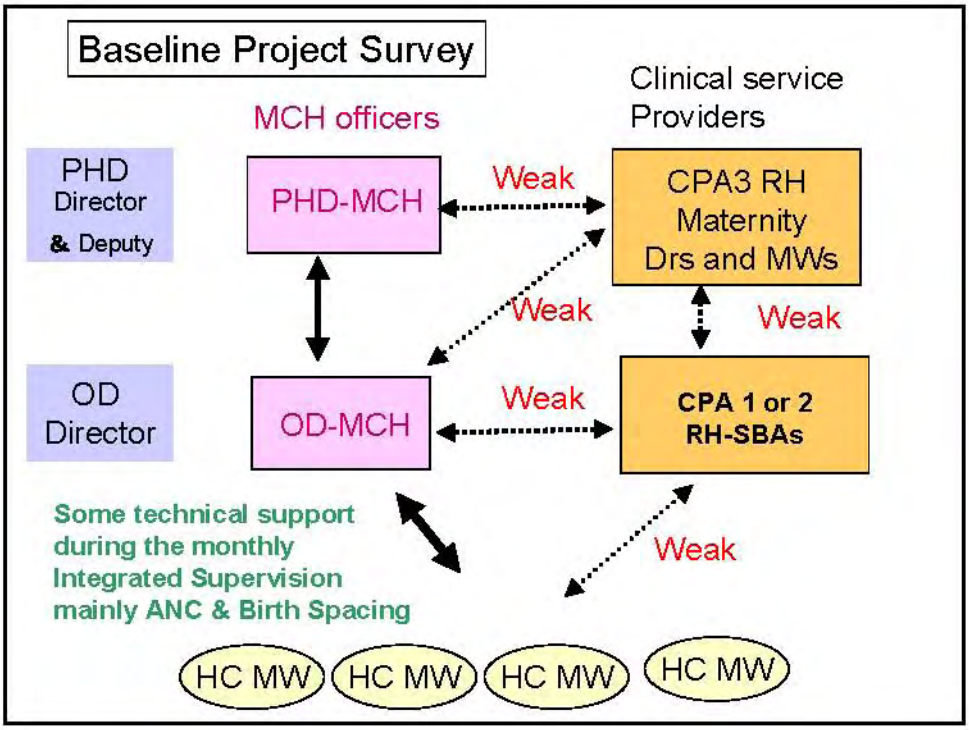
1. Progress of the Project & Results of the mid-term evaluation of the Project
2. Recommendations from the Project Consultation Team
3. Directions for the final year of the project (to Jan 2010)
4. Discussion
5. Update of the positions of the JCC member
6. Remarks

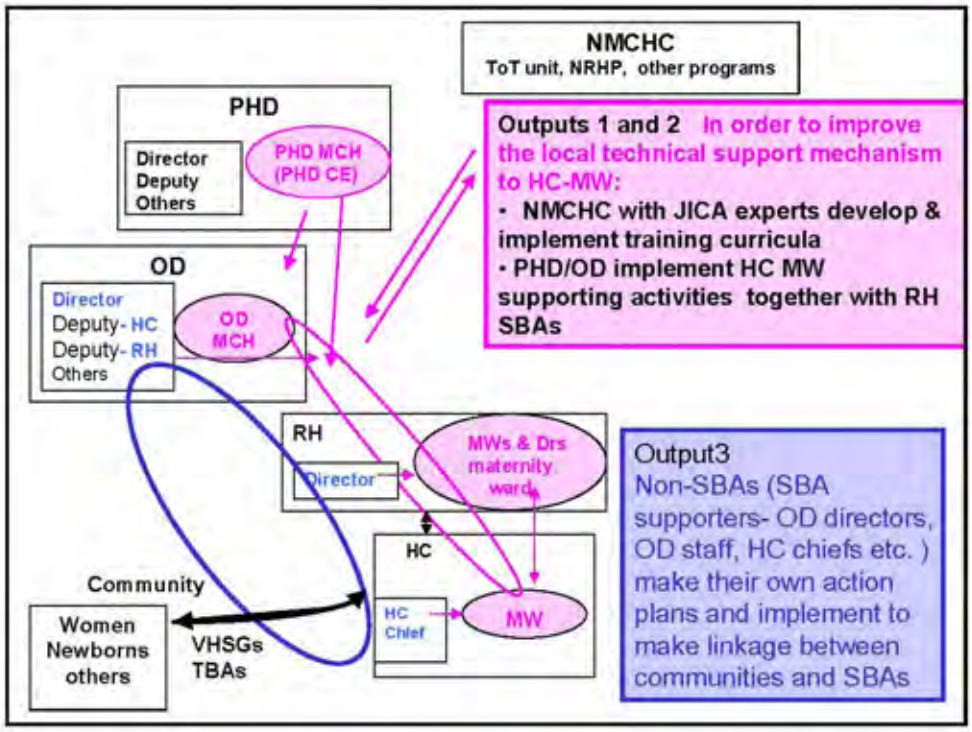
Background

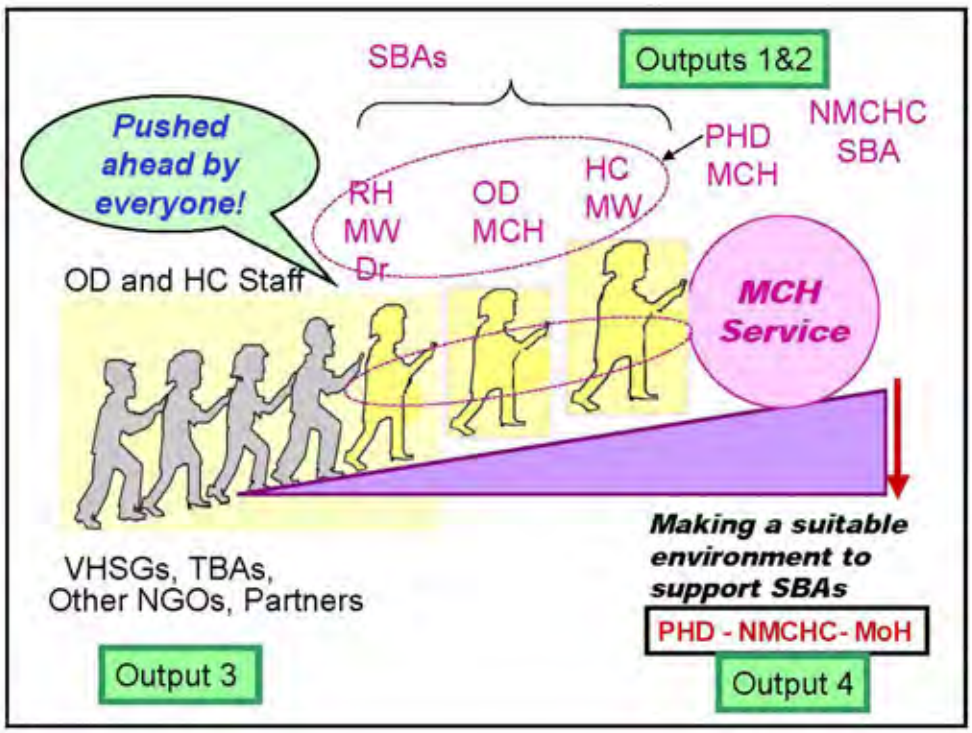
- In-service training courses for SBAs have been implemented by NMCHC (HC-MW, RH-MW, & EmOC Physicians courses)
- Individual technical skills of midwives have improved (Comprehensive MW review 2006)

•However, often SBAs are not utilized or supported properly in their area

-> Who can support SBAs (particularly HC-MWs) in their local area?




NMCHC
ToT unit, NRHP, other programs
PHD
Director
Deputy
Others
PHD MCH
(PHD CE)
Outputs 1 and 2 In order to improve the local technical support mechanism to HC-MW:
• NMCHC with JICA experts develop & implement training curricula
• PHD/OD implement HC MW supporting activities together with RH SBAs
OD
Director
Deputy- HC
Deputy- RH
Others
OD MCH
RH
Director
MWs & Drs maternity ward
HC
HC Chief
MW
Community
Women
Newborns
others
VHSGs
TBAs
Output3
Non-SBAs (SBA supporters- OD directors, OD staff, HC chiefs etc.) make their own action plans and implement to make linkage between communities and SBAs


SBAs
Outputs 1&2
Pushed ahead by everyone!
PHD MCH
NMCHC SBA
RH MW Dr
OD MCH
HC MW
OD and HC Staff
MCH Service
Making a suitable environment to support SBAs
VHSGs, TBAs,
Other NGOs, Partners
PHD - NMCHC- MoH
Output 3
Output 4

Major Project Interventions in Kampong Cham Province

	Training	Training	Regular Counterparts meeting
	MCT	**MAT**	**CMT**
	Midwife Coordinator ToT	Midwife Alliance Team Training	Counterpart Monitoring Team
Participants	**PHD/OD-MCH**	**PHD/OD-MCH** **RH- SBAs**	**PHD Vice** **OD Directors** **PHD/OD-MCH** **(RH-SBAs)**
Venue	NMCHC	Kg Cham	Kg Cham
Duration	5 days	5 days	
Implemented	1 course	2 courses	11 times so far
# of participants	13	42	Each time 12

PHD/OD-MCH understand their role in supporting SBAs

Teamwork and joint action plan making PHD/OD-MCH and RH-SBAs

Non-SBAs understand how to support SBAs and PHD/OD-MCH

– Different ODs, Different solutions –

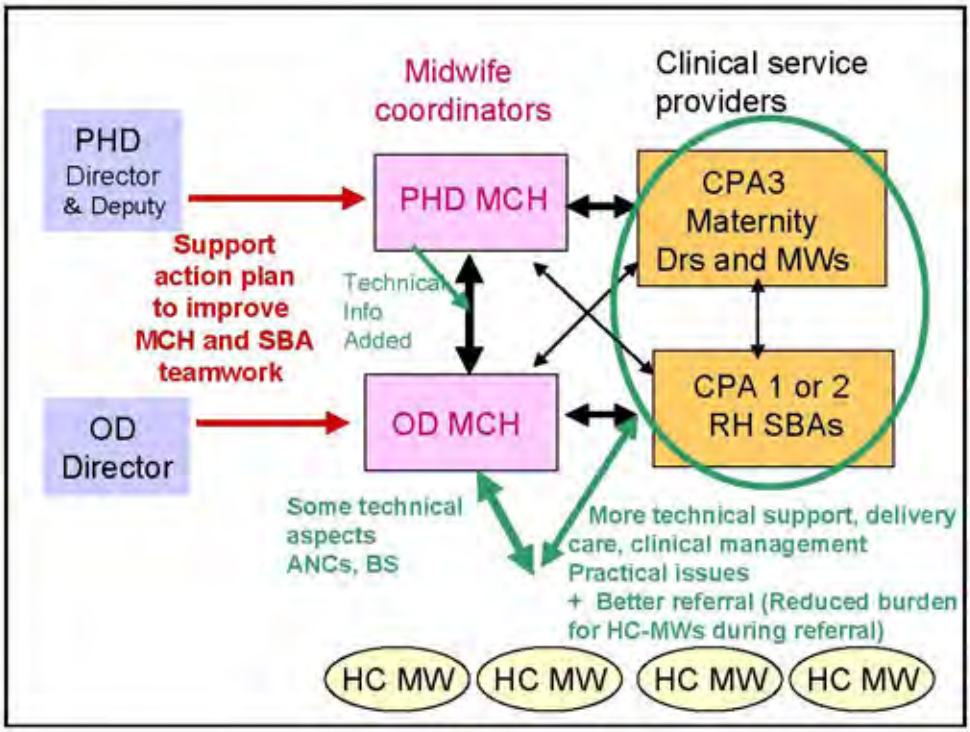
New SBA Support Activities started by PHD/OD-MCH

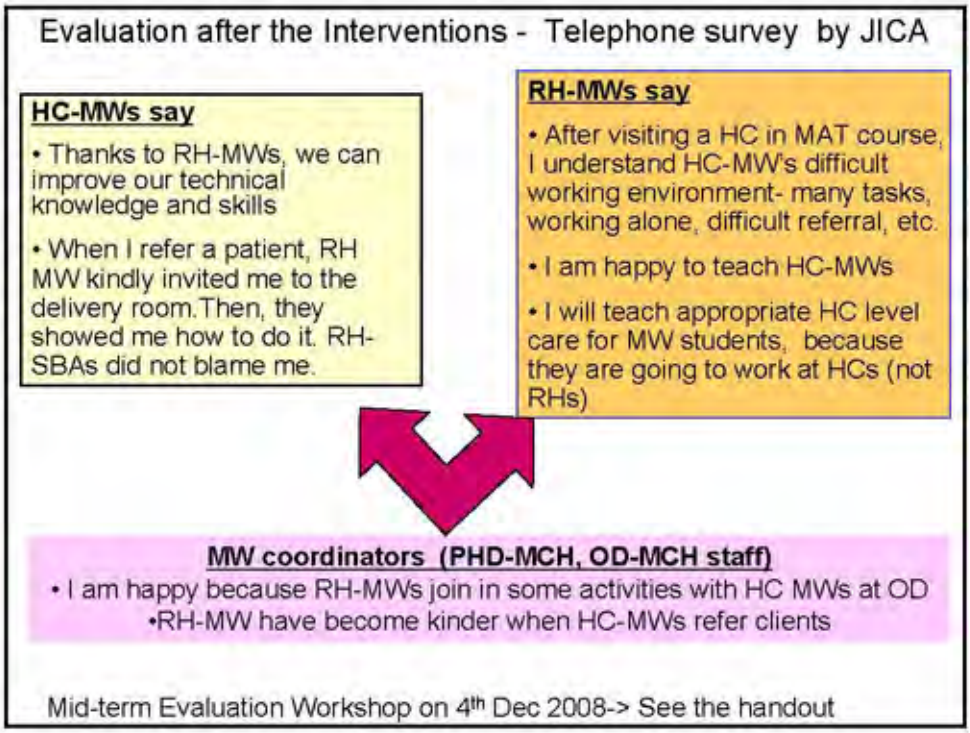
<u>not requiring additional funding</u>

- OD started <u>HC-MWs & RH-MW monthly meetings</u> at OD office
- OD added <u>Continuous Education component</u> to the existing HC-MW meetings at OD

•In one OD, RH-SBAs join and teach in the existing quarterly meetings at OD (originally HC-MWs and OD-MCH only)

•PHD-MCH started to include more technical components in the existing meetings for OD-MCH


Midwife coordinators
Clinical service providers
PHD Director & Deputy
PHD MCH
CPA3 Maternity Drs and MWs
Support action plan to improve MCH and SBA teamwork
Technical Info Added
OD Director
OD MCH
CPA 1 or 2 RH SBAs
Some technical aspects ANCs, BS
More technical support, delivery care, clinical management Practical issues
+ Better referral (Reduced burden for HC-MWs during referral)
HC MW
HC MW
HC MW
HC MW


Evaluation after the Interventions - Telephone survey by JICA
HC-MWs say
• Thanks to RH-MWs, we can improve our technical knowledge and skills
• When I refer a patient, RH MW kindly invited me to the delivery room.Then, they showed me how to do it. RH-SBAs did not blame me.
RH-MWs say
• After visiting a HC in MAT course, I understand HC-MW's difficult working environment- many tasks, working alone, difficult referral, etc.
• I am happy to teach HC-MWs
• I will teach appropriate HC level care for MW students, because they are going to work at HCs (not RHs)
MW coordinators (PHD-MCH, OD-MCH staff)
• I am happy because RH-MWs join in some activities with HC MWs at OD
•RH-MW have become kinder when HC-MWs refer clients
Mid-term Evaluation Workshop on 4th Dec 2008-> See the handout

PDM [Outputs]

Output 1. The teamwork for supporting SBAs in HCs is improved.

-> Improved in the model sites

Output 2. The model of health administration system (PHD/OD) to support the activities of SBAs is formulated.

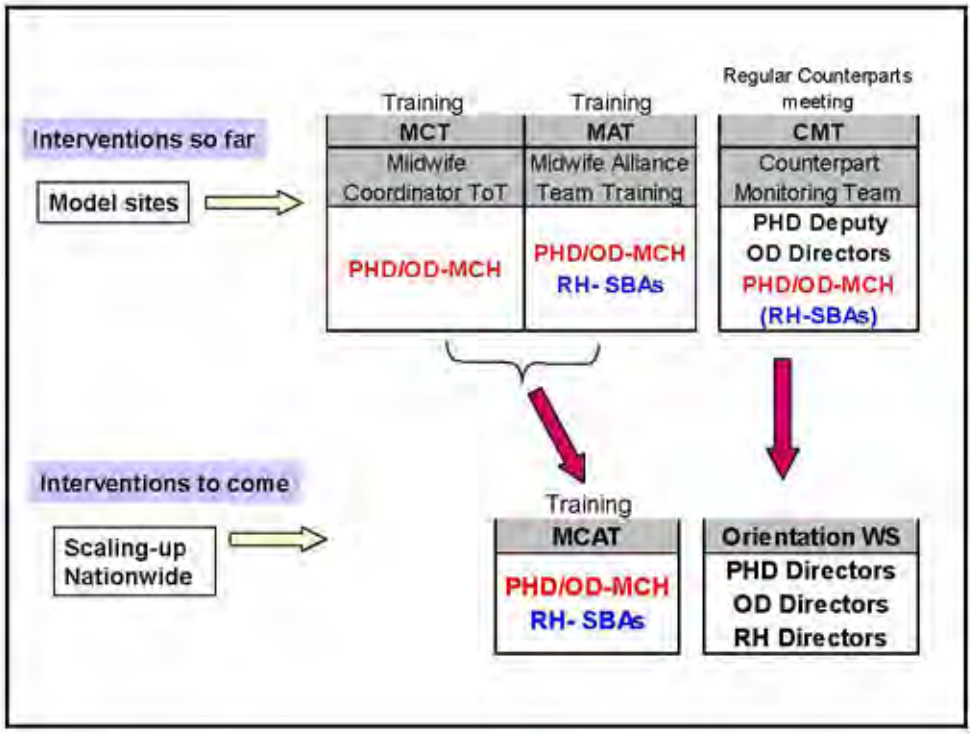
-> PHD/OD-MCH and RH-SBA together support HC-MWs. Better referral. OD Directors support action plans made by OD-MCH and RH-SBAs.

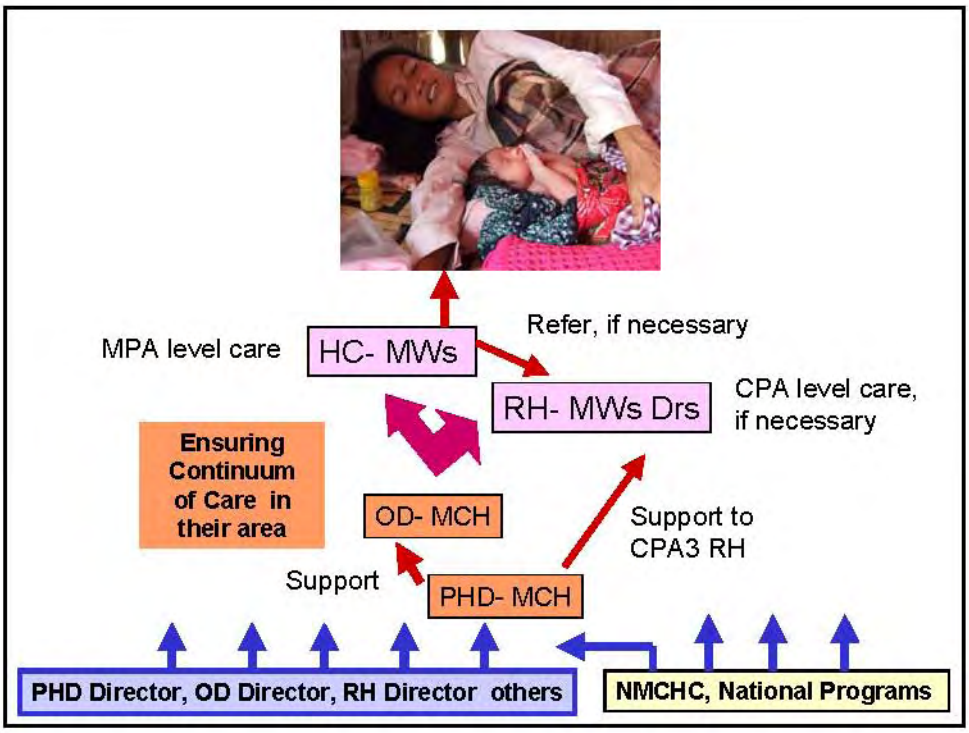
Recommendations for the Project
- JICA Project Consultation Team -

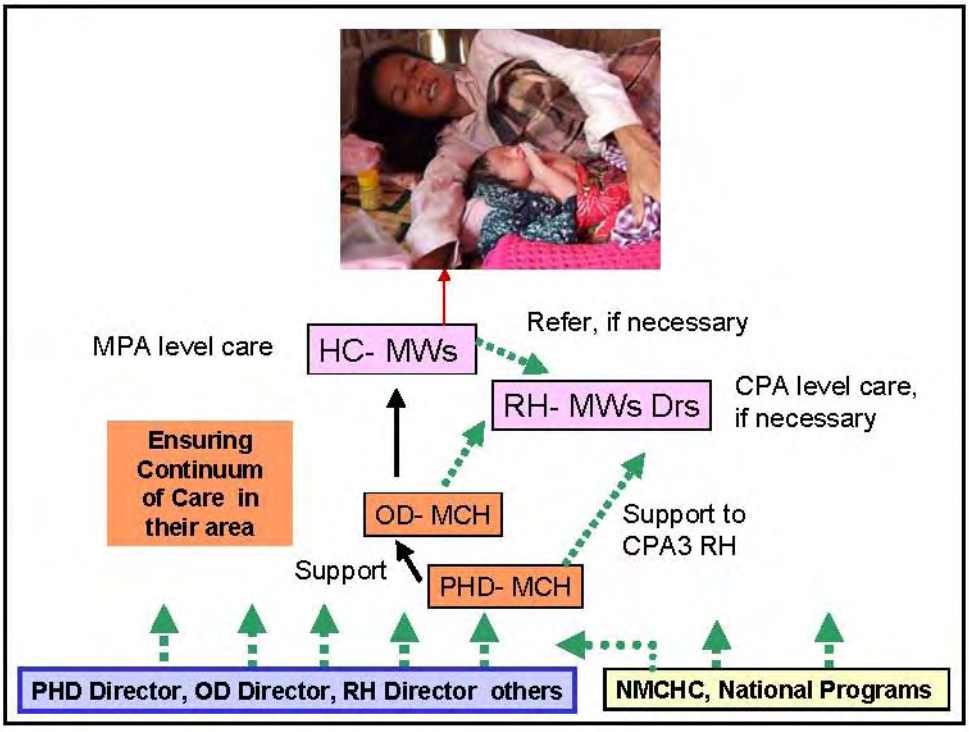
- 1. SBAs in the Kg Cham RH (1 doctor and 1 midwife in the maternity ward) should be included as members of CMT
- 2. Scaling-up - Training Course based on the experiences of the Project
- 3. Strengthen existing PHD-MCH and OD-MCH staff to have a midwife coordinating role to make linkage between RH-SBAs and HC-MWs
- 4. Community Collaboration in the Model Sites
- 5. Update PDM (PDM1 ⇒ PDM2)

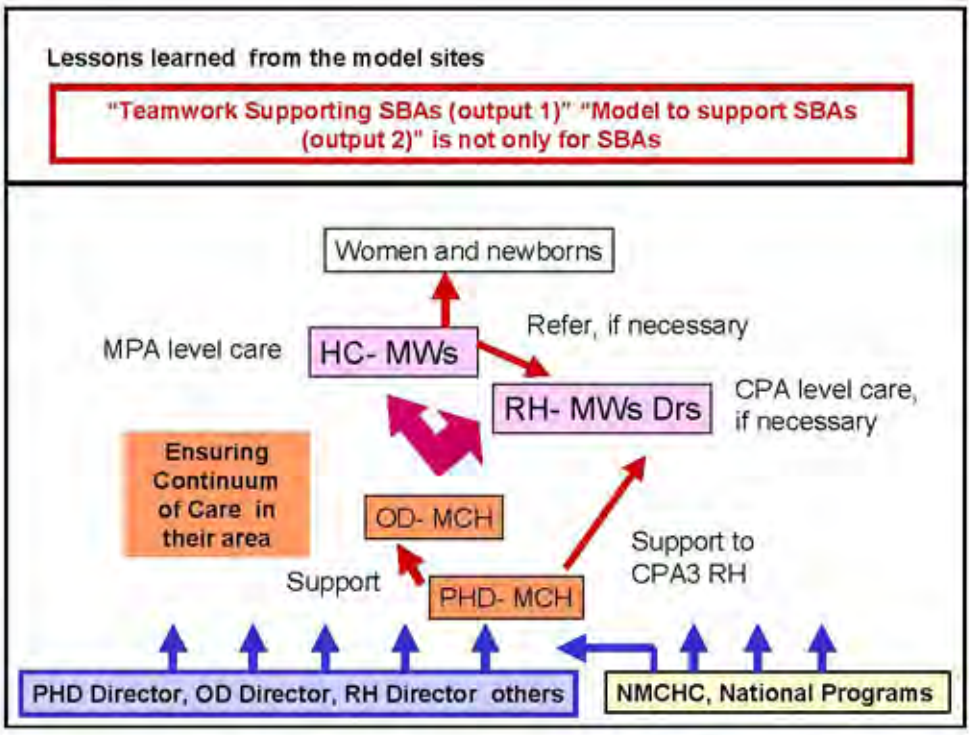
Directions for the final year of the project (Jan 2010)

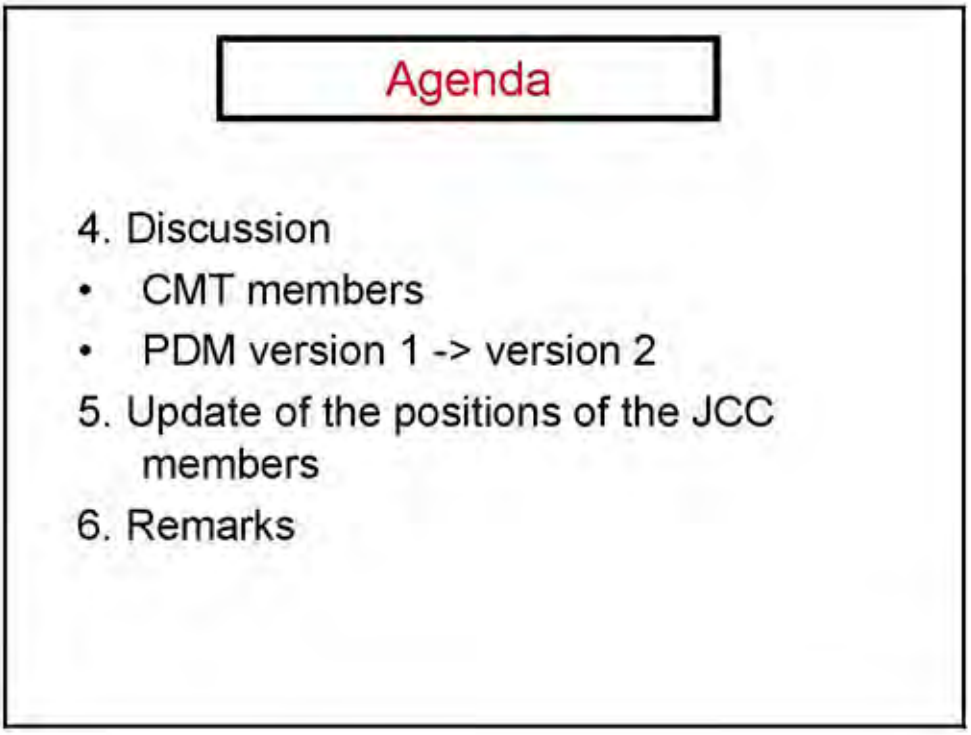
- Scaling-up (Project experts and counterparts would like to propose to JCC)
- Areas
  - Kg Cham + other provinces
  - Prioritize the area with CPA3 RH for better referral (PHD, CPA3 RH maternity ward, OD)




MPA level care
HC- MWs
Refer, if necessary
RH- MWs Drs
CPA level care, if necessary
Ensuring Continuum of Care in their area
OD- MCH
Support to CPA3 RH
Support
PHD- MCH
PHD Director, OD Director, RH Director others
NMCHC, National Programs


MPA level care
HC- MWs
Refer, if necessary
RH- MWs Drs
CPA level care, if necessary
Ensuring Continuum of Care in their area
OD- MCH
Support to CPA3 RH
Support
PHD- MCH
PHD Director, OD Director, RH Director others
NMCHC, National Programs


Lessons learned from the model sites
"Teamwork Supporting SBAs (output 1)" "Model to support SBAs (output 2)" is not only for SBAs
Women and newborns
MPA level care
HC- MWs
Refer, if necessary
RH- MWs Drs
CPA level care, if necessary
Ensuring Continuum of Care in their area
OD- MCH
Support
PHD- MCH
Support to CPA3 RH
PHD Director, OD Director, RH Director others
NMCHC, National Programs


Agenda
4. Discussion
• CMT members
• PDM version 1 -> version 2
5. Update of the positions of the JCC members
6. Remarks

８．今後のプロジェクト活動案

Summary for the Discussion with Key counterparts in the NMCHC　　8 Dec 2008

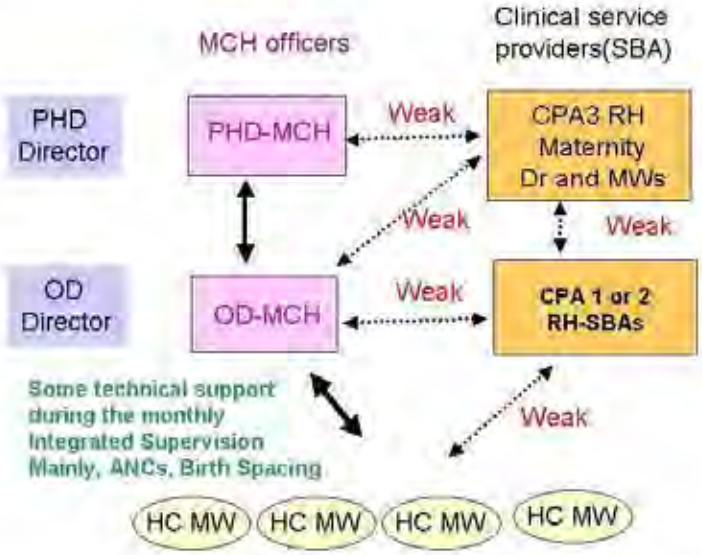
JICA Project for improving MCH service in Rural Areas in Cambodia
with JICA Project Consultation Team

1.Background

- NMCHC Tot Unit has been implementing three kinds of in-service training courses for SBAs in the nationwide, in order to improve the technical skills and quality of care. (HC- MW course, RH-MR course, EmOC RH physicians course.)
- As written in the MW review, individual technical skills of midwives have improved- due to the NMCHC courses and LSS course
- However, often SBAs are not utilized or supported properly. -> Impact on service provision is limited.
- Therefore, the current JICA project has tried to identify who can support SBAs (particularly HC-SBA) in their local area at the model sites.

2. Results of the Project Baseline survey

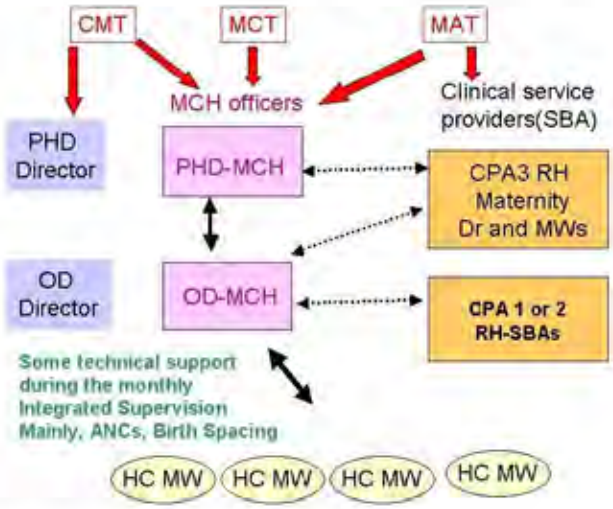
- Weak linkage among SBAs at the local area, particularly between 1) OD-MCH vs RH SBAs, 2) PHD-MCH vs CPA3 RH SBAs, 3) HC-MW vs RH-SBAs (HC-MWs are scared to refer clients to RH due to the attitude of RH-SBAs)
- No opportunities for HC MWs to receive advice on MCH care at the local area-During the integrated supervision, OD MCH monitor Birth Spacing and ANC only focusing on reporting rather than technical skill. HC MWs cannot receive advice on other MCH services
- RH SBAs characteristics: RH-SBAs skill levels on delivery care tend to be higher than HC-MWs. RH-SBAs do not understand referral system, their role in the health system, their position to support HC-MWs.



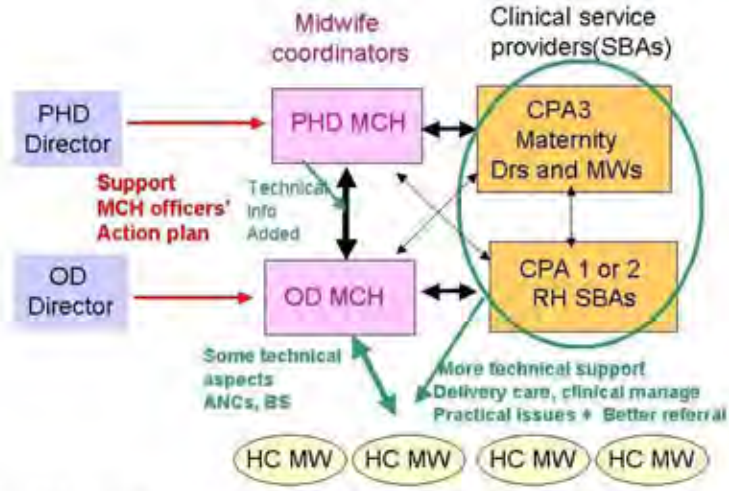
3. Interventions

MWC: Midwife Coordinators (PHD-MCH, OD-MCH successfully completed the MCT course)

	Training	Training	Conterpart regular meeting
	MCT	**MAT**	**CMT**
	Miidwife Coordinator ToT	Midwife Alliance Team Training	Counterpart Monitoring Team
Participants	MWC	MWC, RH-SBAs	PHD Vice, OD Directors, MWC, (RH-SBA)
Venue	NMCHC	Kg Cham	Kg Cham
Duration	5 days	5 days	
Implemented	1 course Apr-08	2 courses June and Aug08	11 times so far once a month
# of participants	13	42	Each time 14



4. After the interventions



Activities to support HC-MWs started in their area in the model site ODs according to the setting; Ie) Regular HC-MW meetings, RH SBAs join regular meeting at OD level, Technical training session was added to the existing MW meeting, RH visit HC, etc.

6. Evaluation

6-1) Results - Telephone survey by JICA

HC MWs say

- Thanks to RH-MWs, we can improve technical knowledge and skills
- "New supervision" is different from "Routine Integrate supervision" – more technical support
- When I refer a patient, RH-MW kindly invited me to the delivery room. Then, they showed me how to do it

RH MWs say

- After visiting a HC, I understand HC MW's difficult working environment- many tasks, working alone, difficulties during referral etc.
- I am happy to teach HC MWs
- I will teach appropriate HC level care to MW students, because they are going to work at HCs (not RHs)

MW coordinators (PHD MCH and OD MCH) say - I am happy because RH-MWs join some activities to support HC-MWs. RH-MW have become kinder when HC-MW refer clients

6-2) Workshop record – discussed on 4th Dec by stakeholders in Kg Cham

See attachments

5.Analysis

- Effects –Better communication among all SBAs in the area, RH-SBAs' change of attitude, reduced burden for HC MWs during referral
- Key element in the success- key persons at the local area and core components included in the interventions.

Relationship between the interventions so far and the proposed interventions(Scaling-up version)

MWC = PHD MCH and OD MCH

		Project Interventions so far			Scaling up version		
	Interventions ->	MCT	MAT	CMT	MCAT	Orientation workshop	Future project
	Venue ->	NMCHC	Kg Cham	Kg Cham	NMCHC	NMCHC (or Province)	
	Participants->	MWC	MWC, RH-SBAs	PHD Vice, OD Director, MWC, (RH-SBA)	MWC + RH-SBA	PHD/OD/RH director	RH SBA
	Core components						
MWC	understand their role as MWC to coordinate RH-SBAs and HC-MWs	V			V		
RH-SBAs	understand their role to support HC-MWs, position in the referral system		V		V		
MWC and RH-SBAs	start communication, understand feasible method to support HC-MW at their area, planning jointly to support HC MW		V		V		
PHD/OD/ RH directors	understand 1) MWC's role 2) RH-SBA's role 3) HC-MW supporting activities			V		V	
RH-SBAs	undestand difficulties of HC MW by visiting HC at their own area		V				V

6. A proposal from Japanese experts

By the end of the project (Jan 2010),

- To develop
  - ✧ 1) A training curriculum-MCAT course (←modified MCT/MAT course, excluding HC visit)
  - ✧ 2) Orientation workshop contents (← based on the experiences of CMT)
- Conduct 1) MCAT courses targeting PHD-MCH, OD-MCH and RH SBAs 2) Orientation workshop targeting PHD/OD/RH directors
- Prioritize the Provinces and ODs with CPA3 RHs

  Because CPA3 RH has (1) Cesarean section function (2) Human Resources in the SBAs(most SBAs attended NMCHC in-service training courses), (3) RH SBA's attitude problems during referral. The target will be 17CPA3 RHs (excluding Kg Cham RH): probably three courses. -> If you cover 17 CPA3+PHD+OD in the provincial town, 18/24 provinces 18/76 ODs will be covered. Furthermore, PHD MCH can share this experience with other OD MCHs in the same province.

Estimation - Number of participants for one CPA3 area

For one PHD + OD at the provincial town + one CPA3 RH

	MCAT course		Orientation WS
PHD MCH	1 to 2	PHD director and/or vice	1 to 2
OD MCH	1 to 2	OD director and/or vice	1 to 2
CPA3 RH Dr and MW	2	RH director and/or vice	1 to 2
Total	**4 to 6**	**Total**	**3 to 6**
PHD CE if necessary		***Other supporters (NGOs) if necessary**	

Estimation- Number of participants for for one course (six CPA3 areas)

	MCAT course		Orientation WS
PHD MCH	6 to 12	PHD director and/or vice	6 to 12
OD MCH	6 to12	OD director and/or vice	6 to 12
CPA3 RH Dr and MW	12	RH director and/or vice	6 to12
Total	**24 to 36**	**Total**	**18 to 36**

7. Expected roles and activities

ToT unit – Implementer of the MCAT course + orientation workshop

- To develop curriculum, to implement MCAT course upon the request of NRHP

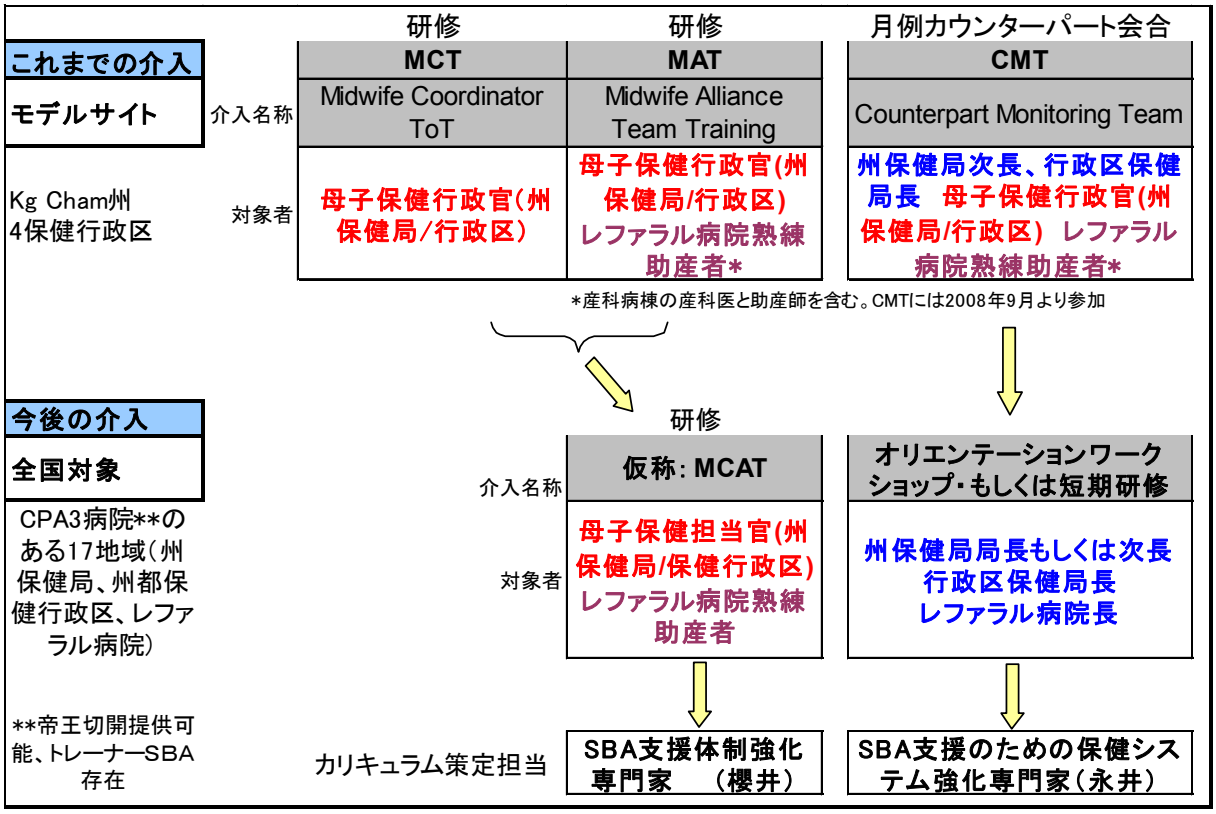
NRHP – Authorization of the course + monitoring Midwife Coordinators

- Authorize the MCAT course curriculum – to develop Midwife coordinators (PHD-MCH, OD MCH)
- Attend opening and/or closing ceremonies (if possible), particularly for the orientation workshop
- Monitor activities of PHD-MCH and OD-MCH officers as MW coordinators, at existing regular meetings – such as NRHP's bi-annual meeting.

資料　カンボジア国地域における母子保健サービス向上プロジェクト運営指導調査帰国報告会

2008/12/26　　担当　小原

議題４．プロジェクトの今後１年間の主な活動案について



今後の活動（現時点から 2010 年 1 月 15 日まで）

1. Scaling-up 版の研修カリキュラムの策定（2009 年 1-3 月）

2. 上記カリキュラムを元に研修実施

- 初回のコース実施は、3-4 月頃と想定。17 地域を対象とし、計 3 コース実施を予定
- 研修事後モニタリング→ 国家リプロダクティブヘルスプログラム既存半期会合等で実施
  （上記半期会合 7 月予定より、これより事前の研修終了が望ましい）

3. 成果品作成

- 1）上記研修カリキュラム・研修資料パッケージ　(成果 4 活動 4-5　櫻井)
- 2）全国対象 SBA 支援ガイドライン（技能モニタリングツール含）(成果 2 活動 2-7　櫻井)
- 3）保健行政区のためのコミュニティ協働支援行動ガイドライン（成果 3 活動 3-6　松岡）
- 4）妊産婦死亡オーディット関連報告提言書（既に国家プログラムに反映済）(成果 4 小原)

4.プロジェクトの活動や経験を共有するワークショップ・国際シンポジウム実施（第 2-3 四半期）

5.終了時評価　(2009 年 10 月頃？)

2009 年の主な事業等の予定

プロジェクト関連	2 月	ベトナム技術交換研修	第 2-3 四半期　国際シンポジウム
プロジェクト以外	1 月	アフガン第三国研修 2 年次の受入	（いずれかの時期- 3 年次の受入）
	3 月	第 2 フェーズ事後評価	
	5 月	次期案件等プログラム事前評価？	