

Ministry of Health  
Department of Health  
Union of Myanmar

No.
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**Final Report on  
Community-Oriented Reproductive Health Project  
Union of Myanmar**

**February 2010**

JAPAN INTERNATIONAL COOPERATION AGENCY  
JAPANESE ORGANIZATIONS FOR INTERNATIONAL  
COOPERATION IN FAMILY PLANNING (JOICFP)

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## Abbreviations

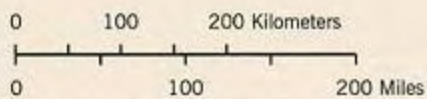
AMW	Auxiliary Midwife
ANC	Antenatal Care
ARH	Adolescent Reproductive Health
BCC	Behavior Change Communication
BHN	Basic Human Needs
BHS	Basic Health Staff
BS	Birth Spacing
CDK	Clean Delivery Kit
CHE	Continuous Health Education
CHW	Community Health Worker
CMW	Currently Married Women
CME	Continuous Medical Education
CORH	Community-Oriented Reproductive Health
CPR	Contraceptive Prevalence Rate
DOH	Department of Health
EOC	Emergency Obstetric Care
EMW	Ever Married Women
EPI	Expanded Program on Immunization
FGD	Focus Group Discussion
FP	Family Planning
GP	General Practitioner
HA	Health Assistant
HBMR	Home-Based Maternal Record
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
INGO	International Non-Governmental Organization
IUD	Intrauterine Device
JICA	Japan International Cooperation Agency
JOICFP	Japanese Organization for International Cooperation in Family Planning
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MCHP	Maternal and Child Health Promoters
MDG	Millennium Development Goal
MMCWA	Myanmar Maternal and Child Welfare Association
MMA	Myanmar Medical Association
MMR	Maternal Mortality Rate
MO	Medical Officer
MOH	Ministry of Health
MW	Midwife
NGO	Non-Governmental Organization
OBGYN	Obstetrics/Gynecology
OC	Obstetric Complication
ODA	Official Development Assistance
OVI	Objectively Verifiable Indicator
PCM	Project Cycle Management
PDM	Project Design Matrix

PHC	Primary Health Care
PHS	Public Health Supervisor
PNC	Postnatal Care
PSC	Project Steering Committee
RH	Reproductive Health
RHC	Rural Health Center
RHMIS	Reproductive Health Management Information System
SBA	Skilled Birth Attendant
SDP	Service Delivery Point
SH	Station Hospital
SHU	Station Health Unit
SMO	Station Medical Officer
SP	Service Provider
SPDC	State Peace and Development Council
Sub-RHC	Sub-Rural Health Center
TBA	Traditional Birth Attendant
TMO	Township Medical Officer
TT	Tetanus Toxoid
TTBA	Trained Traditional Birth Attendant
TWG	Township Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USDA	Union Solidarity and Development Association
VHW	Voluntary Health Worker
VTWG	Village Tract Working Group
WAF	Women's Affairs Federation
WHO	World Health Organization
WRA	Women in Reproductive Age



### Myanmar Administrative Divisions

- International boundary
- - - Division (*taing*) or state (*pyi ne*) boundary
- ★ National capital
- ⊙ Division or state capital



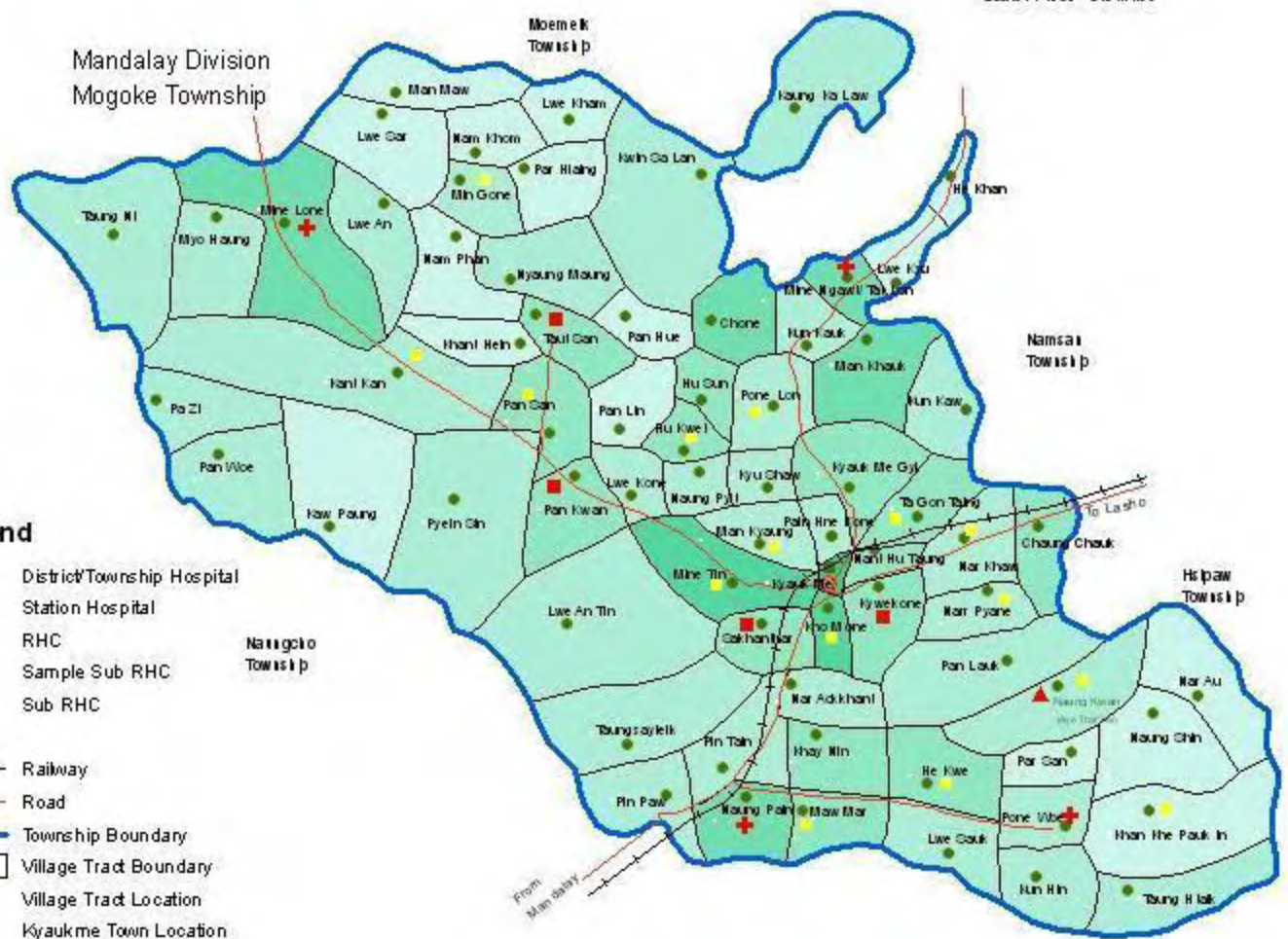
Transverse Mercator Projection, CM 9630 E



# Kyaukme Township



Scale: 1 inch = 9.6 miles



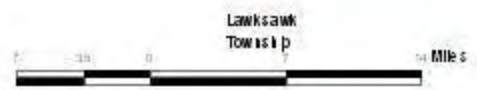
## Legend

- District/Township Hospital
- Station Hospital
- RHC
- Sample Sub RHC
- Sub RHC

- Railway
- Road
- Township Boundary
- Village Tract Boundary
- Village Tract Location
- Kyaukme Town Location

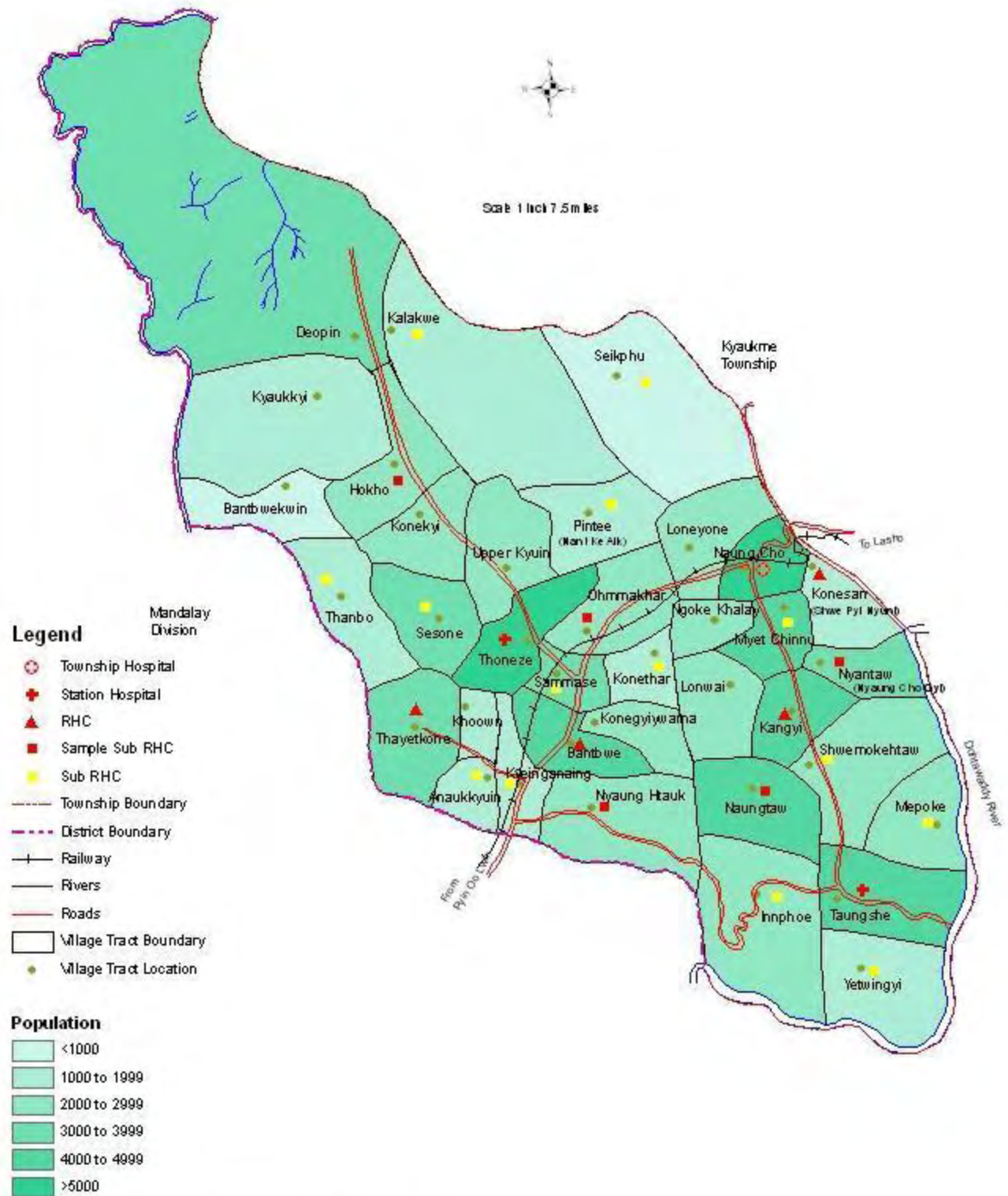
## Population

- <1000
- 1000 to 1999
- 2000 to 2999
- 3000 to 3999
- 4000 to 4999
- >5000



Data from End line Assessment Part II, 2009

# Naungcho Township



Data form End line Assessment Part II, 2009



Signing Ceremony of R/D (Yangon) 2004



1st Counterpart Study Visit to Japan  
2004 (Wakayama Field Visit)



Launching Ceremony (Yangon) 2005



PCM Workshop 2005  
(Mandalay)



AMW Refresher Training 2006  
(Project Site - Kyaukme / Naungcho)



Training of Trainers (TOT) of MCH  
Promoters (2006) (Project Site)



Initial Training of MCH Promoters  
2006~07 (1) (Project Site)



Initial Training of MCH Promoters  
2006~07 (2) (Project Site)



BHS Training on Counseling and  
Communication 2007 (Project Site)



BHS Training on IEC/BCC 2007  
(Project Site)



Maw Mar Sub-RHC before renovation



Maw Mar Sub-RHC after renovation



Bant Bwe RHC before renovation



Bant Bwe RHC after renovation



BHS Training on IEC/BCC 2008  
(Project Site)



BHS Training on Midwifery Skill  
2008~09 (Project Site)



2<sup>nd</sup> Batch Training of MCH Promoters  
2008~09 (1) (Project Site)



2<sup>nd</sup> Batch Training of MCH Promoters  
2008~09 (2) (Project Site)



MCH Promoters Kit



Experience-Sharing Workshop  
2009 (Project Site)



Seminar on Planning and Management  
2009 (Project Site)



JICA Mid-Term Review 2007  
(Nay Pyi Taw)



JICA Terminal Evaluation 2009  
(Nay Pyi Taw)

## **1. Project Outline**

### **1.1 Background of the Project**

In the Union of Myanmar, there continue to be high unmet needs for reproductive health (RH) services, due to the limited access of the people to RH services and information. There are various reasons underlying this limited access, such as an insufficient number of health service providers and health facilities, the insufficient knowledge and skill of health service providers, a lack of knowledge on RH issues, and misconceptions or harmful traditional practices regarding RH, among the community people. As a result, at the planning stage of the Project (2004), the reproductive health indicators of Myanmar were not at the desirable level, showing higher MMR (360 maternal deaths per 100,000 live births), higher IMR (71 infant deaths per 1,000 live births), lower CPR (32.7%), higher unmet needs for contraception (58%) and lower percentage of deliveries attended by skilled personnel (56%), compared with other neighboring countries in the South-East Asia Region (according to Myanmar's "5 Year Strategic Plan on Reproductive Health" and UNFPA's "State of World Population" report 2005.) Within the country, the States of Northern Shan and Eastern Shan had the highest needs among the different districts and states, with higher MMR of 500 than national average.

In responding to this situation in Myanmar, the Japanese Organization for International Cooperation in Family Planning (JOICFP) undertook the Community-Oriented Reproductive Health Project under the Japanese Technical Cooperation Scheme supported by Japan International Cooperation Agency (JICA), in cooperation with the Department of Health (DOH), the Myanmar Ministry of Health (MOH). The Project duration was 5 years from February 1, 2005 to January 31, 2010 and its area of focus was "reproductive health, especially safe motherhood". This Project aimed to increase the utilization of quality RH services in the Project areas, namely the Kyaukme and Naungcho Townships in Northern Shan State, and tried to apply its best practices and approaches identified through the Project implementation, to other areas and programmes in Myanmar.

### **1.2 Overall Management of the Project**

(1) The Project Steering Committee (PSC) is the top decision making body and convenes the meetings half-yearly (in every September and February). The major roles and functions of PSC is the overall management of the Project activities, such as reviewing the progress of the Project activities and authorizing the modification of the annual plan half-yearly (and as necessary), and to monitor and evaluate the Project activities. The members of PSC are Deputy Director General (as PSC Chairman), Director (Public Health), Deputy Director (MCH) from Central DOH, State Health Director of Shan State (North), District / Township Medical Officer of Kyaukme District / Naungcho Township, representatives from JICA Myanmar Office, UNFPA Myanmar, JOICFP, Japanese experts and any others assigned by Chairman of PSC. (For example, during the 5 years of Project implementation, representatives from township level MMCWA had been assigned and taken part in PSC meeting, as community

representatives from Project areas.)

- (2) In the Project areas of Kyaukme and Naungcho, a Township Working Group (TWG) is set up at each Township and 26 Village Tract Working Groups (VTWGs) at Village Tracts where the Government Health Facilities (SHU/RHC and Sub-RHC) are located. The major roles and responsibilities of these Working Groups are to review Project activities and discuss the related issues at each level. Chairperson of Township Peace and Development Council (TPDC) is a Chair of TWG. Members are District/Township Medical Officer, Township Education Officer and representatives from Township NGOs such as USDA, MCWA and WAF. The members of VTWG are Chairman of Village Tract PDC (as Chair of VTWG), BHS and representatives from local NGOs such as USDA and MCWA etc.
- (3) In addition to the meetings of above-mentioned Committee and Working Groups, JOICFP and DOH organized quarterly **technical meetings** for the effective joint management of the Project, and exchanged updated information and had practical discussions, after the movement of Ministry of Health from Yangon to Nay Pyi Taw in March 2006. JOICFP has **regular meetings** with JICA Myanmar Office as well (Refer to Annex 1 Project Organizational Chart).

In Japan, the Project Supporting Group is composed of Japanese experts (dispatched experts as well as other Japan-based experts in concerned areas), staff in charge of the JICA head-quarters office and JOICFP. The study meetings of the Supporting Groups are organized quarterly, so that the Japanese Experts report the progress of the activities to the Group members and they give the feedback and necessary advices to Japanese Experts.

### 1.3 PDM

The Project Design Matrix (PDM) of this Project was revised four times through the entire project implementation period as followed. (Refer to Table 1 and Table 2.) For details, refer to the Annex 9.

**Table 1. Revisions of PDM**

PDM Version	Time	Major Points of Revision
Ver.01	March 9, 2005	<p>Japanese Expert on Monitoring / Operation Research made the following suggestions;</p> <ul style="list-style-type: none"> <li>- To make some of the OVI (Objectively Verifiable Indicators described in the PDM) more detailed and practical.</li> <li>- To specify the source of data (Means of Verification in PDM)</li> <li>- To replace some official data sources (government's health information system) by "Baseline Survey" and "End line Survey" in Means of Verification, when the official data sources were found not to be reliable enough.</li> </ul> <p>Confirm that all the suggested revisions should be authorized by the 1<sup>st</sup> PSC meeting in the JFY 2005.</p>



PDM Version	Time	Major Points of Revision
Ver.02	September 2, 2005	At the “Planning Meeting” on September 1~2, 2005 in Mandalay, DOH and JOICFP discussed about the refined wording in the “Activities” of PDM (eg Traditional Birth Attendant →Trained Traditional Birth Attendant). All the discussed revisions were authorized as PDM Ver. 02 at the 1 <sup>st</sup> PSC meeting on February 17, 2006.
Ver.03	February 24, 2007	At the OVI Review Workshop from January 30~31, 2006, the following suggestions were made. <ul style="list-style-type: none"> <li>- To modify or clarify OVIs and Means of Verification, based on the results of Baseline Survey</li> <li>- To specify the “Activities” according to the current Project activities (for example, replace the general “community health volunteers” by “MCH Promoters” who were trained by Project.</li> </ul> All the suggested revisions were authorized as PDM Ver. 03 at the 3 <sup>rd</sup> PSC meeting on February 24, 2007.
Ver.04	September 15, 2008	The following recommendations were made by the JICA Mid-term Evaluation Team, in September, 2007. 1) The 2 <sup>nd</sup> Project Purpose (application of project best practices to RH programmes in Myanmar) should be done by the efforts of DOH beyond the Project period, so that the 2 <sup>nd</sup> Project purpose should be opted out from Project purposes, or change to “Important Assumptions” for overall goal in PDM. 2) At the mid-term evaluation, a new Project “Output” is expected in relation to the MCH Promoters System. This new output should be clearly described in the PDM and all the related “Activities” and “OVIs” should be resorted under new “Outputs”. In responding to the recommendations, the following modifications were discussed among DOH, JICA and JOICFP. 1) The 2 <sup>nd</sup> Project Purpose of PDM Ver.03 is moved to “Important Assumptions” for Overall Goal. 2) Include the new output as “Output 3 (strengthened linkage between RH services and community people). 3) Put all the activities related to MCHP under Output 3 and resort all the activities and OVIs according to the newly set outputs. All the suggested revisions were authorized as PDM Ver. 04 at the 6 <sup>th</sup> PSC meeting on September 15, 2008.

**Table 2 Summary of PDM(Ver.04)**

Target Group	Women of Reproductive Age (15-49) in Naungcho and Kyaukme
Target Area	Naungcho and Kyaukme (Northern Shan State)
Overall Goal	Reproductive Health (RH) status improves in Project areas and expanded areas in the Union of Myanmar.* (*The areas where community-oriented RH approach is applied.)
Project Purpose	Utilization of quality RH services increases in the Project areas.
Output	<p>1. Quality of RH services with special focus on safe motherhood is improved in the Project areas.</p> <p>2. Awareness and knowledge on RH issues among community people, particularly women improve in the Project areas.</p> <p>3. The linkage between RH services and community people is strengthened.</p> <p>4. Mechanism to support community-oriented RH approach is established and functioned.</p> <p>5. Applicable community-oriented RH approaches are identified and documented for wider application under RH programme in the Union of Myanmar.</p>

## 2. Achievements

### 2.1 Inputs

#### 2.1.1 Inputs by Japan side

##### (1) Japanese Experts

During the 5 year Project period, Japanese experts in 10 areas of expertise were dispatched to Myanmar. The accumulated numbers of dispatches were 91 times, and total M/M (man/month) was 140.58M/M. (Refer to Table 3 and Annex 3 for dispatch of Japanese experts.)

The Project Manager and Project Coordinator are responsible for overall Project management and administration. The capacity building and skill development of RH service providers (BHS, especially midwives) are conducted by experts on Community Health, IEC/BCC, Midwifery Education and Monitoring / Operational Research. Experts on Community Health and Community-based Organization Activities are assisting in establishing the community support system for RH promotion. Experts on Monitoring / Operational Research, HMIS and PCM are strengthening the management (especially monitoring and evaluation) capacity of counterparts at each level.

**Table 3 Accumulated length of dispatch of Japanese experts (total M/M)**

Field of Technical Assistance		2004 M/M	2005 M/M	2006 M/M	2007 M/M	2008 M/M	2009 M/M	Total M/M
1	Project Manager (Project Management)	0.73	4.03	5.70	4.44	5.43	6.00	26.33
2	Project Coordinator (Project Coordination)	0.87	7.74	9.60	10.67	10.13	9.13	48.14
3	Community Health	0.87	9.27	10.04	9.03	7.04	6.73	42.98
4	IEC/BCC	-	0.50	1.54	1.43	1.90	0.47	5.84
5	Midwifery Education	-	0.43	0.50	0.50	1.96	1.07	4.46
6	Project Management / Community-based Organization		0.60	1.10	-	-	-	1.70
7	Community-based Organization Activities	-	-	-	-	2.10	2.10	4.20
8	Operational Research / Monitoring	0.30	0.27	-	1.00	1.63	2.50	5.70
9	HMIS	-	0.50	-	-	-	-	0.50
10	PCM	-	0.73	-	-	-	-	0.73
Total		2.77	24.07	28.48	27.07	30.19	28.0	140.58

## (2) Counterpart Study Visit

The counterpart study visits (overseas) of the Project were conducted 5 times, including the first one to Japan in November 2004, before the official start of the Project. The total numbers of participants are 26. The major objective of the counterpart study visit to Japan is for Myanmar counterparts at central, state and township level to learn about Japan's successful experiences and effective government administration in the field of MCH. Especially the MCH promoters system observed by participants of 1<sup>st</sup> study visit team gave enormous impact on them, and made them decide to introduce the MCH Promoter System in Myanmar through this Project. The study visit to Japan is very effective both for Myanmar counterparts and Japanese experts to share the common visions or future ideal status of RH in Myanmar, which they should achieve through and beyond the Project period. On the other hand, the study visit to Vietnam is effective for helping counterparts to set up short-term objectives of the Project, by learning from the successful experiences from neighboring countries in Asia (refer to Table 4 and Annex 4.)

**Table 4 Summary of Counterpart Study Visit**

Country	Dates	Field of Study	Number of Participants
Japan	November 16 - December 4, 2004	Community-Oriented Reproductive Health	4
Vietnam	May1- May10, 2005	Community initiatives for better quality of RH service	6
Japan	July18 –August 5, 2006	Reproductive Health Management	4
Japan	July 3 - July21, 2007	Reproductive Health Management	6
Japan	July 7 –July 25, 2009	Community-Oriented Reproductive Health Management	6
total			26

**(3) Renovation of Health Facilities**

Through the Project period, a total of 19 health facilities (RHC and Sub-RHC) in emergency needs were renovated (2 RHCs and 7 Sub-RHCs in Kyaukme and 4 RHCs and 6 Sub-RHCs in Naungcho), which accounts for 38% of the total number of RHCs and Sub-RHCs in both townships. (Refer to Annex 5-1, 5-2.)

**(4) Provision of Equipments**

The following equipment / materials were provided through the Project period, all of which are useful at township level and downwards.

- 1) Medical equipment procured to District / Township / Station Hospitals (LSCS set (medical instruments for Lower Section Cesarean Section), delivery bed, examination bed, stretcher, suction machines and oxygen concentrator etc.)
- 2) Basic medical equipment supplied to Basic Health Staff (BHS) working at Rural Health Centers (RHCs) and Sub-RHCs (Blood pressure instruments, stethoscope, IV stand, mucus sucker, and weighing scale, etc.)
- 3) Educational / training materials for BHS (Midwifery practice kit, including models of pelvis, belly, fetus, placenta etc.)
- 4) Educational materials for health education targeted to community people (Magnel Kit, Pregnancy Simulator, health education books, etc.)

From the Japanese Fiscal Year 2008, the Clean Delivery Kit was also provided to Project areas. (Before 2008, UNFPA provided) (Refer to Annex 6.)

**(5) Support to local activities of the Project**

The inputs from the Japan side (funding and dispatch of Japanese experts) were made for assisting local implementation of the Project activities.

- 1) Conducting training and workshops with the aim to strengthen the capacity of RH service providers and other related stakeholders
- 2) Development of IEC / BCC materials (such as pregnancy calendar, poster and pamphlets) with the aim to improve the knowledge and awareness on RH issues among community people
- 3) Creation of supportive environment in the community for RH promotions (including the support system for MCH promoters), strengthened management capacity of counterparts (result-based management and monitoring etc) and packaging the Project strategies, components and outputs as “the Community-Oriented Reproductive Health Approach”

### **2.1.2 Inputs by Myanmar side**

- (1) Provision of the Project Office in Yangon (while the DOH/MOH was located in Yangon / Until March 2006) and Field Offices in each Project township
- (2) Operational and maintenance cost for provided equipment
- (3) Allocation of counterpart and personnel cost (monitoring cost such as travel allowances and transportation cost were covered by Project cost)
- (4) Administrative cost

## **2.2 Activities**

The overall activities of this Project were planned and implemented according to the master plan and project design shown in the R/D (Record of Discussions) signed by both governments (Myanmar and Japan) (Refer to Annex 10-1). After the inauguration of the Project, the annual work plan was developed in the 4<sup>th</sup> quarter for next year’s activities, and progress reviewed and modification authorized on a half-yearly basis by Project Steering Committee in 2<sup>nd</sup> and 4<sup>th</sup> quarters. In the Project areas, quarterly TWG and VTWG meetings were organized for sharing the information and issues raised at each level. The following are major activities conducted during the Project period, in order to achieve the expected outputs described in the Project Design Matrix (Refer to Annex2).

### **2.2.1 Baseline Survey and End line Assessment Study**

For the effective planning, monitoring and evaluation of the Project activities, JOICFP contracted out the local researchers to conduct the Baseline Survey in 2006 and End line Assessment Studies in 2009. By conducting these surveys, the necessary baseline data were collected and compared with end line data for assessing the levels of achievement of the Project outputs (Refer to Table 5).

**Table 5 Components of Baseline Survey / End line Assessment Study**

	Name of Research	Contents	Methodology
1.	Health Facility Infrastructure	Conditions of RH service delivery points (public health facilities) ( including supply of water and electricity, client-friendliness (privacy etc.) and staffing etc)	Observation according to the check list developed by DOH Key informant interviews
2.	Health Service Providers	Skill assessment of RH service providers (antenatal / postnatal care, counseling, etc)	Observation according to the check list developed by DOH
3.	Community Perspectives on RH (Qualitative Study)	Community perspectives, knowledge, awareness and behaviors relating to RH issues	Focus Group Discussions (FGD) and In-depth Interview
4.	Household Survey (Quantitative Study)	Basic population and socio-economic data and community perspectives, knowledge, awareness and behaviors relating to RH issues	Structured interview (prepared questionnaires) to sampling household members

The Project counterpart and Japanese experts fully utilized the results of the baseline survey for planning, monitoring and evaluation of the Project activities. The survey results were shared among the Project stakeholders even at Township and Village Tract level through the dissemination workshops, so that many community stakeholders deepened their awareness on local RH issues and the Project purposes and frameworks to solve these RH issues.

The End line Assessment Study was conducted in 2008 and 2009, by using the same research methodologies. Many of the OVI's described in PDM were covered by these surveys, so that the achievement of the Project is objectively verified, by comparing the data between baseline and end line.

### **2.2.2 Capacity Building of BHS**

In relation to Output 1 (improved quality of RH services), the following trainings are conducted targeted to BHS for greater development of their skills in service provision.

#### **(1) Midwifery Skill**

In Project areas, holistic midwifery skill development training is conducted by UN agencies such as UNFPA, UNICEF and WHO. Therefore, the Project provided area-focused training on counseling skills in 2007 and training on risk management (during pregnancy, delivery, post natal) and newborn care in 2008. The improved communication / counseling skills of BHS results in making better relationship between service providers and clients (relating to the following paragraph (2) leadership and management skill) and the effectiveness of the latter training was shown in the OVI's 1.4~1.6.

#### **(2) Leadership and Management Skill**

As described in the following paragraph 2.2.5, the Project introduced the MCH Promoters

into two townships with the aim of creating an RH-supportive environment in the community, where the RH service providers (BHS), health volunteers (MCH Promoters and Auxiliary Midwives (AMWs)) and community people are in good team-work relationships. For achieving this aim, it is necessary not only to train MCHPs and AMWs, but also to strengthen the management and leadership skill of BHS, especially midwives as direct supervisors of health volunteers. The Project conducted 2 sessions of training on these management / leadership skills in each township.

**(3) Monitoring Skill**

The monitoring skill trainings were conducted in 2008 and 2009 for awareness creation on the importance of RH data collection and analysis, and for skill enhancement of data collection and recording.

**(4) IEC/BCC**

In order to improve the quality of health education sessions targeted to community people, the Project provided BHS with 3 sessions of IEC/BCC skill trainings, once in 2007 and twice in 2008 in each township. The 2007 training aimed for the effective utilization of visual and participatory health education materials procured to each township hospital / MCH Center (namely Magnel kit and pregnancy simulator). In the following year of 2008, both materials were procured at all RHCs and the same skill training was conducted for all BHS. At this training, BHS who received the previous year's training were transferring their experiences to participants as assistant lecturers. Health education sessions were effective using these materials which are attractive and the topics are easy for the community people to understand. Health education sessions were conducted in all Project areas after the 2 trainings sessions. Through another IEC/BCC training in 2008, the following skills and methods were introduced, the enter-education method, plan-do-see cycle method, and method of how to make and use "easy hand-made education materials" etc.

**2.2.3 Trainings for Health Volunteers**

**(1) Refresher Training for Auxiliary Midwife (AMW)**

A series of training was conducted in Kyaukme and Naungcho, targeted for "active AMW", with the aim to refresh their basic skill, because most AMWs were not given any opportunity for re-trainings after the initial 6 month training. The drop-out percentage and the percentage of AMWs working with insufficient skill were high all over the country. The Project covered almost all "active AMWs" (233 AMWs) in both townships by conducting 12 trainings from February 2006 to June 2007. Through the training, use of the HBMR (Home-Based Maternal Record) and CDK (Clean Delivery Kit) was promoted.

**(2) MCH Promoter Training**

The Project introduced the MCH Promoters to Project areas, as efficient "single purpose

health volunteers” in close relationship with and under direct supervision of BHS. Through the training cycle of 1) Training of Trainers (for BHS), 2) Initial Training (for new MCH promoters) and 3) Refresher Training (for trained MCHPs), both BHS and MCHPs learned what were “the roles and functions” of each community stakeholder, for achieving the improvement of the RH situation at local level. The total number of training sessions and number of participants for each are listed in Table 6.

**Table 6 MCH Promoter Trainings**

	Training of Trainers (TOT)	Initial Training	Refresher Training
1 <sup>st</sup> Batch MCH Promoter (Kyaukme : 970 MCHPs Naungcho : 702 MCHPs)	1) November, 2006 BHS 75	2) December 2006~ January 2007 Kyaukme : 46 times Naungcho : 22 times	
1 <sup>st</sup> Batch MCH Promoter Refresher Trg (1st) (Kyaukme : 326 MCHPs Naungcho : 228 MCHPs)	3) May 2007 BHS 77		4) May 2007 Kyaukme : 32 times Naungcho : 17 times
1 <sup>st</sup> Batch MCH Promoter Refresher Trg (2nd) (Kyaukme : 799 MCHPs Naungcho : 610 MCHPs)	5) November 2007 BHS 84		6) December 2007~ January 2008 Kyaukme : 42 times Naungcho : 26 times
2 <sup>nd</sup> Batch MCH Promoter (Kyaukme : 986 MCHPs Naungcho : 729 MCHPs)	7) November 2008 BHS 83	8) December 2008~ January 2009 Kyaukme : 43 times Naungcho : 27 times	

#### 2.2.4 IEC/BCC/Health Education Activities and Development of IEC/BCC Materials

In Project areas, health education sessions targeted to community people (especially women of reproductive age) were regularized and enhanced by trained BHS (2.2.2(4)), and many RH related information and messages were disseminated by trained MCH promoters and AMWs, through daily face to face communications.

To make these activities more effective, various kinds of IEC/BCC materials were developed and used. For wider dissemination of important RH / safe motherhood messages, leaflets in Myanmar and Shan (local) languages were produced and distributed by BHS, MCHP and AMWs. The pregnancy calendar (which shows the “expected date of delivery” with easy operation) developed by the Project was adapted by DOH for wider application in other townships in Myanmar. For MCHPs, helpful materials such as handbooks and FAQ (frequently asked questions) Booklets were developed. For Project publicity, DVD/VCDs were produced, which featured the Project activities focusing on MCHP’s activities. There were 60,000 copies of HBMR printed and distributed through the Project period, and it served as good reference data for BHS as well as an effective communication tool between BHS and client (pregnant / delivering women). (Refer to Annex 8)



### **2.2.5 MCH Promoter System and Team-work Building**

The Project trained MCH promoters in Project areas, who are selected per average 30 households. MCHPs were expected to identify pregnant women and / or mothers with children under age of 5, and report this information to MW, to make weekly home visits to target households, and to share the information with MW if they found any health problems and difficulties. MCHPs were also expected to recommend pregnant or post-delivery women to receive appropriate RH / safe motherhood services provided by skilled health personnel, such as to have early and regular antenatal / delivery / postnatal care by MWs (or other skilled personnel) and to receive immunizations. They also distributed any other health related messages to the community upon the request from MW / BHS.

The selection criteria of MCH Promoter are women with child-rearing experiences, who are literate and have the willingness and spare time to work as health volunteers. A woman who meets these criteria, and is recommended by a midwife and approved by the chairman of Village Peace and Development Council would become a MCH Promoter after 1 day of initial training. (For more detailed information, refer to the *Implementation Guide on Community-Oriented Reproductive Health Approach*.)

Those MCH Promoters are unpaid volunteers and are expected to continue their voluntary work more effectively under the (supportive and good) supervision of a midwife, and in cooperative relationship with AMWs. In this context, the good team-work building among the MCH Promoters and MW is the critical point for increased utilization of RH services by community people, which is the Project Purpose and core strategy of “Community - Oriented Reproductive Health Approach”.

For achieving this, the Japanese experts and Myanmar counterparts always emphasized the importance of this team-building through the trainings targeted to BHS, AMW and MCHPs (as described above 2.2.2(2) and following 2.2.6.)

### **2.2.6 Community-based Organization Activities and Community Support System**

#### **(1) Set up of TWG and VTWG**

For effective Project monitoring and implementation, the Project set up a Township Working Group (TWG) at each Project township, and Village Tract Working Groups (VTWG) in village tracts where a government health facility is located. Those working groups functioned not only as a monitoring body for Project implementers, but also as a local foundation for setting up the support from community people.

The DOH and JOICFP discussed the members, roles and functions of each working group at the PCM Workshop in August 2005, based on the participatory stakeholder analysis, inviting possible local stakeholders from Kyaukme and Naungcho. The discussions continued at

the Planning Meeting in September 2005, and the setting up of TWG/VTWG was officially approved at the 1<sup>st</sup> Project Steering Committee meeting in February 2006. In June 2006, major local stakeholders were invited to the Advocacy Workshop held in each township, where the DOH and JOICFP explained about the CORH Project framework including the set up of TWG/VTWG. After the Advocacy Workshop, TWGs and VTWGs were accordingly formulated and convened quarterly meetings (Refer to Annex 11).

**(2) Involvement of community leaders**

Through the set-up of TWGs and VTWGs, the Project tried to widely share the key Project purposes and important RH / safe motherhood messages among local (township level and downwards) stakeholders (especially BHS as health service providers and community leaders) and to orientate them to having regular discussions for solving the local RH issues. In 2006, two workshops were held in each township, for enhancing the community motivation to support RH promotion activities (Refer to Table7-Column No. 1 and 2).

**(3) Sharing and Expansion of Experiences and Good Practices**

The Project has established the community base for promotion of RH services, by training all major community stakeholders (including MCHPs) and organizing them through TWG, VTWG and tripartite team-work among BHS, MCHPs and AMW, by early 2007. From mid-2007, the activities related to “community support system” or “community-based organization activities” focused on the situation analysis and identification of community-initiated good practices for RH / safe motherhood promotion, mainly operated by Japanese experts on Monitoring / Operational Research and on Community-based Organization Activities.

By conducting 3 Workshops and 1 Seminar from 2008 to 2009, those identified “good practices” were shared among all community stakeholders and expanded to other village tracts or villages within the Project areas (Refer to Table 7). For example, there were some specific community support systems for RH promotions expanded and established in some villages in Project townships, such as “community-welfare fund” for assisting people troubled in relation to RH issues, “emergency referral support system” (systematic vehicle renting system for emergency referral / vehicles are freely provided by registered car owner) and community incentives for RH promoters (subsidies for the fuel cost which is utilized for emergency referral purpose, and exemptions of other community voluntary works from MCHP etc.)

**Table7 List of Workshops on Community Support System**

	Name	Time	Participants	Main Purposes / Outcomes
1	Advocacy Meeting	June, 2006	TWG Members VTWG Chairs BHS	(1) To share the objectives and directions of the Project; (2) To clarify the roles and functions of TWG / VTWG for the smooth establishment of VTWG; and (3) To solicit the commitment and support from all concerned personnel for the Project activities, e.g. establishing a community supportive system for RH/safe motherhood, introducing MCH promoters, conducting subsequent activities and training.
2	Baseline Survey Result Dissemination Workshop	February, 2007	TWG Members VTWG Chairs VTPDC Chairs BHS	(1) To give feedback on the outcomes / recommendations of the Baseline Survey to participants; and (2) To share updated information on the Project and review the draft plan of activities at the township level for JFY 2007 based on the outcomes / recommendations of the Baseline Survey.
3	Experience Sharing Workshop on Community Support System for Promotion of MCH (I)	January, 2008	TWG Members VTWG Chairs VTPDC Chairs BHS Presenters of Good Practices (VTPDC Chair, BHS, MCHP and AMW from Village Tract with good practices)	To strengthen the community support system for the promotion of RH / MCH at village level by sharing experiences on community support system based on the practical experiences.
4	Experience Sharing Workshop (II) on Community Support System	January, 2009	TWG Members VTWG Chairs VTPDC Chairs BHS Presenters of Good Practices (ditto)	To share the good practices and experiences for MCH promotion in the community (good practices and experiences other than those of the 1 <sup>st</sup> workshop), such as Community Welfare Fund and emergency referral support and to develop action plans in each village tract, in order to strengthen the team-work and community support system
5	Seminar on Planning and Management in Community – Oriented Safe Motherhood Initiative through MCH Promoters	May, 2009	TWG Members VTWG Chairs VTPDC Chairs BHS	To strengthen the participants' capacity in planning and management at the village tract level, by reviewing the their plan developed at previous Experience-Sharing Workshop (II), which could lead to an enhanced sustainability after the termination of the Project.

### **2.2.7 Project Steering Committee (PSC) Meetings**

A total number of 9 meetings of PSC were convened throughout the Project period. (Before the 1<sup>st</sup> PSC meeting in February 2006, the Planning Meeting was conducted in September 2005, which was a kind of preparatory meeting for PSC.) (Refer to Annex 12 Records of the Project Steering Committee Meetings)

## **2.3 Implementation Guide for Community-Oriented Reproductive Health Approach**

From the beginning stage, the Project has aimed to share the outcomes and achievements of the project with the other areas in Myanmar. Therefore the *Implementation Guide for Community-Oriented Reproductive Health Approach* was made by the joint efforts of both counterparts of DOH of Myanmar and Japanese experts.

The Community-Oriented Reproductive Health Approach has consisted of the following components:

- (1) To provide skill development to health service providers such as midwives to be able to provide the quality RH services,
- (2) To conduct health education and provide appropriate information and knowledge for the community people in particular pregnant women for development of their health awareness and health seeking behavior,
- (3) To promote MCH activities through the MCH Promoters as community-based volunteers working as the *bridge* between the community people and health service providers,
- (4) To strengthen the community support system for reproductive health, such as to provide financial support to poor families through the community welfare fund and to provide emergency transportation for them,

The comprehensive approach combined effectively with each component could facilitate a community system for the people to achieve quality reproductive health status in the future.

The *Implementation Guide* is made up of two Booklets. Booklet 1 is a Project overview, containing concepts and strategies of the Community-Oriented Reproductive Health Approach based on the outcomes and achievements of the Project. Booklet 2 contains the implementation guide and manuals in human resource development and training program.

Dissemination Meetings and Workshops were conducted three times in 2009 and 2010 to share the Community-Oriented Reproductive Health Approach with the concerned UN agencies, international and national NGOs and other townships (Refer to Table 8).

**Table 8 List of Workshops for Sharing “Community-Oriented RH Approach”**

	Name	Time and Place	Participants	Main Purposes / Outcomes
1	Dissemination Meeting on Community-Oriented Reproductive Health Approach	November 2, 2009 Nay Pyi Taw	DOH (representatives from related divisions and sections) Township health department UNFPA, WHO, UNICEF International / local NGOs (Save the Children, World Vision, MMA, MMCWA etc.) JICA and JOICFP Total 43 participants	<ol style="list-style-type: none"> <li>1) To introduce the outline (concept, strategies and activities) of Community-Oriented RH Approach to related organizations working in RH sectors in Myanmar</li> <li>2) To present the achievements of the Project, based on the comparison studies of Baseline / End line Surveys</li> <li>3) To discuss about the sustainability and applicability of the CORH Approach</li> </ol>
2	Workshop for Experience - Sharing on Community-Oriented Reproductive Health Approach	November 12 ~14, 2009 Project areas (Kyaukme and Naungcho)	2 representatives from 4 townships (Ywa Ngan and Kalaw townships from Southern Shan State and Pin Oo Lwin and Amarapura townships from Mandalay Division) State / Division Health Director and Education Officer from Northern Shan, Southern Shan and Mandalay Representative from DOH JICA and JOICFP Total 34 participants	<ol style="list-style-type: none"> <li>1) To introduce the outline (concept, strategies and activities) of Community-Oriented RH Approach to other townships (expected areas of expansion of CORH approach)</li> <li>2) To present the achievements of the Project, based on the comparison studies of Baseline / End line Surveys</li> <li>3) To learn the practical good practices of the Project, through field observation</li> <li>4) To discuss the applicability of CORH approach to each township</li> </ol>
3	Dissemination Meeting on Implementation Guide for CORH Approach	January 25, 2010 Yangon	DOH UNFPA, WHO, UNICEF International / local NGOs (Save the Children, Care, MSI, MMCWA etc.) JICA and JOICFP Total 20 participants	<ol style="list-style-type: none"> <li>1) To introduce what is the Community-Oriented RH Approach</li> <li>2) To disseminate the Implementation Guide</li> <li>3) To discuss sustainability and future application of CORH approach</li> </ol>

## 2.4 Output

The expected “Output” and its “Objectively Verifiable Indicators” (OVIs) are described in the Project Design Matrix (PDM) as follows.

Output1: Quality of RH services with special focus on safe motherhood is improved in the Project areas.

OVIs for Output1:

- 1-1 Percentage of RH service providers who are able to use proper counseling procedures with clients is increased.
- 1-2 Percentage of midwifery-trained personnel who are able to assist childbirths according to the technical guidelines is increased.
- 1-3 Percentage of midwifery-trained personnel who are able to perform PNC according to the technical guidelines is increased.
- 1-4 Percentage of midwifery-trained personnel knowledgeable about obstetric emergencies is increased.
- 1-5 Percentage of midwifery-trained personnel knowledgeable about the danger signs for newborns is increased.

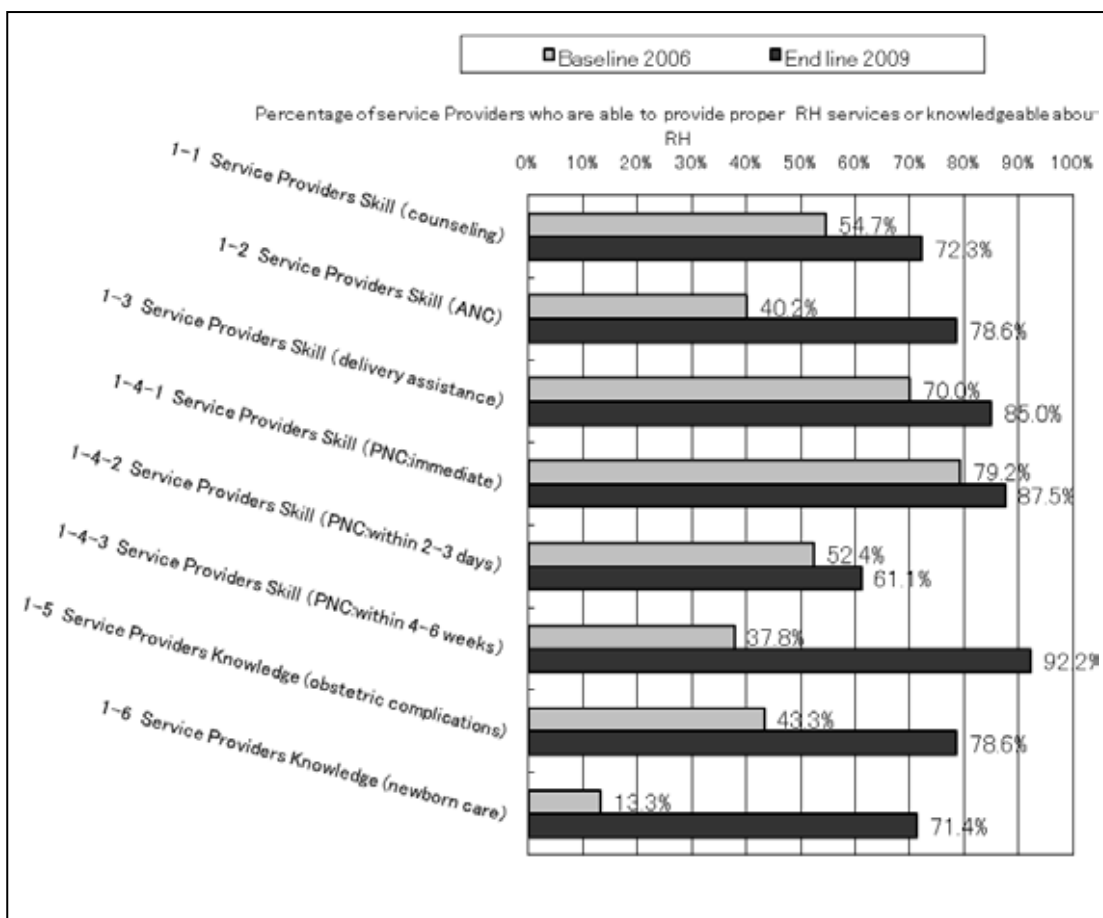
All the indicators listed above showed an increase from 2006 to 2009, especially in 1-5 and 1-6 from which, it could be said that Output 1 was achieved during the Project period (Refer to Table 9 and Graph 1).

**Table 9 OVIs for Output 1 from Baseline / End line Surveys (RH service quality)**

OVIs	Baseline Survey 2006	End line Assessment Study 2009
1-1 Service Providers Skill (Counseling)	54.70%	72.30%
1-2 Service Providers Skill (ANC)	40.20%	78.60%
1-3 Service Providers Skill (delivery assistance)	70.00%	85.00%
1-4-1 Service Providers Skill (PNC : immediate)	79.20%	87.50%
1-4-2 Service Providers Skill (PNC : within 2~3 days)	52.40%	61.10%
1-4-3 Service Providers Skill (PNC : within 4~6 weeks)	37.80%	92.20%
1-5 Service Providers Knowledge (Obstetric complications)	43.30%	78.60%
1-6 Service Providers Knowledge (Newborn Care)	13.30%	71.40%

Source : Baseline Survey (I) / End line Assessment Study (II) Table 5.1~5.6

Graph 1 OVIs for Output 1 (RH service quality)



Output 2: Awareness and knowledge on RH issues among community people, particularly women improve in the Project areas.

OVI for Output2:

- 2-1 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about 3 and more complications of pregnancy and childbirth is increased.
- 2-2 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about at least one modern contraceptive method is increased.
- 2-3 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about 3 and more risks of abortion is increased.
- 2-4 Percentage of women who utilize home-based maternal record is increased
- 2-5 Percentage of women who utilize the clean-delivery-kit is increased.
- 2-6 Number of women who participated in health education sessions is increased.
- 2-7 Number of appropriate IEC/BCC materials developed and distributed in the community is increased.

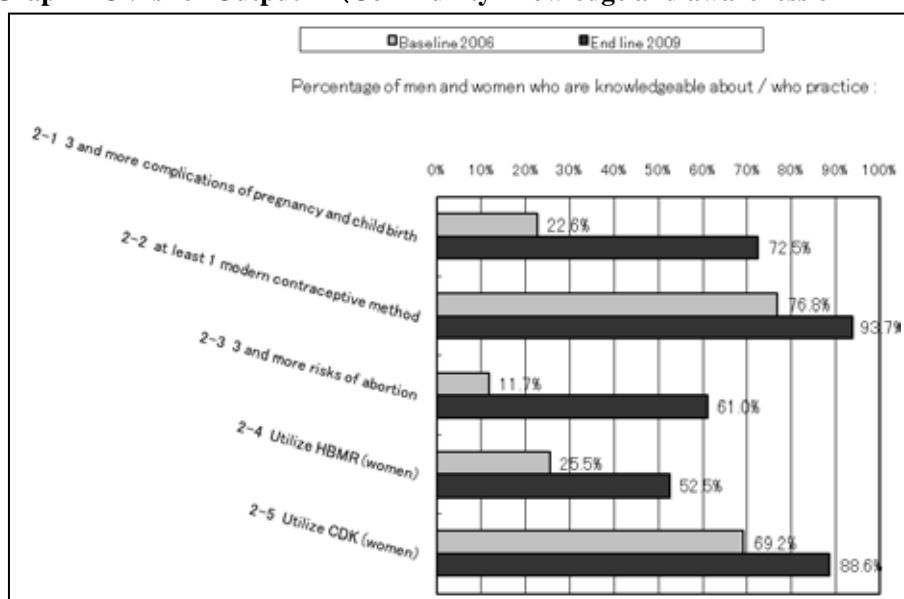
From the comparison of Baseline and End line data, it is found that major OVIs for Output 2 (2-1 to 2-5) increased, especially for the community knowledge on RH (dramatically increased in OVI 2-1 and 2-3). An increasing tendency is also observed for OVIs 2-4 and 2-5, which shows the behavior change of community people (Refer to Table 10 and Graph 2).

**Table 10 OVIs for Output 2 from Baseline / End line Surveys (Community knowledge and awareness on RH issues)**

OVI (Average of Kyaukme and Naungcho)	Baseline Survey 2006	End line Assessment Study 2009
2-1 Knowledgeable about 3 and more complications of pregnancy and child birth	22.60%	72.50%
2-2 Knowledgeable about at least one modern contraceptive method	76.80%	93.70%
2-3 Knowledgeable about 3 and more risks of abortion	11.70%	61.00%
2-4 Utilization of HBMR	25.50%	52.50%
2-5 Utilization of CDK	69.20%	88.60%

Source : Baseline Survey (II) / End line Assessment Study (I) Table 4.6 Figure 4.1 / Table 6.2 Figure 6.1/ Table 4.12 Figure 4.3 / Table 5.22 Figure 5.5 / Table 5.14 Figure 5.4)

**Graph 2 OVIs for Output 2 (Community knowledge and awareness on RH issues)**





As for OVI 2-6, it also shows the annual increase in the number of women participating in health education sessions conducted by BHS (Refer to Table 11). Concerning the OVI 2-7, the Project produced or re-printed 12 kinds of IEC/BCC materials (including HBMR originally developed by DOH). (The number of copies printed / produced is shown in Annex 8).

**Table 11 OVI 2-6 Number of Women Participated in Health Education Sessions**

	2006	2007	2008	Total
Kyaukme	44	240	1000	1284
Naungcho	61	310	187	558
Total	105	550	1187	1842

Source : IEC/BCC Health Education Sessions Monitoring Sheet 2007-2009

Output 3: The linkage between RH services and community people is strengthened.

OVI for Output 3:

3-1 Number of referrals from community level to health facilities increased.

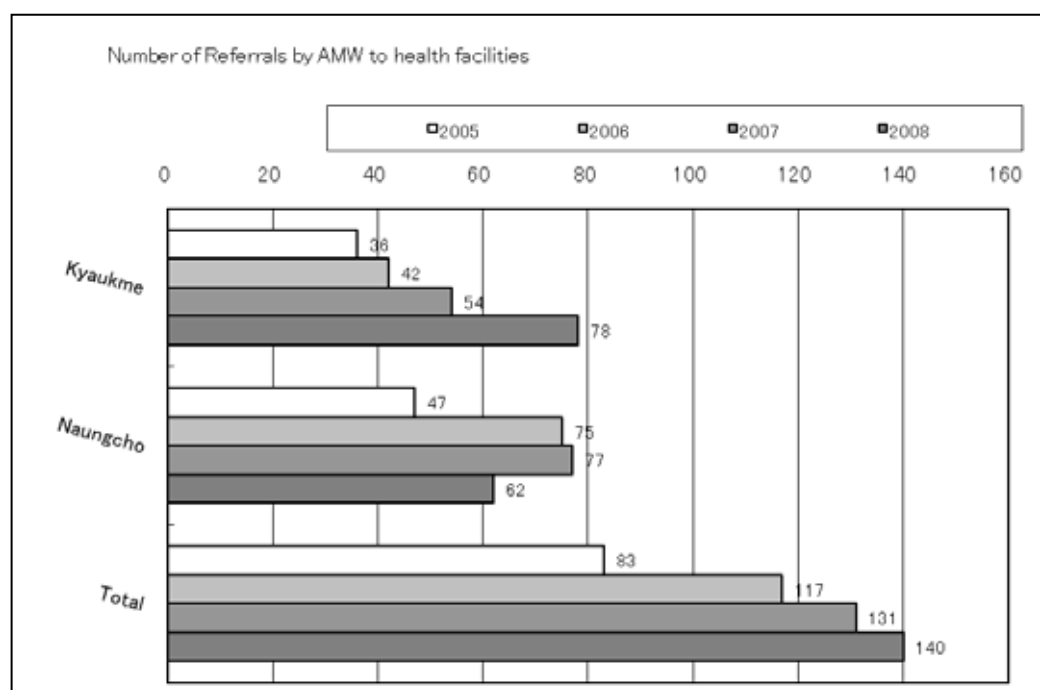
Concerning Output 3, Table 12 and Graph 3 shows the annual increase in the number of referrals by AMW to government health facilities (such as Sub-RHC, RHC, Station Hospital and District / Township Hospital).

**Table 12 Number of referrals by AMW to health facilities**

	2005	2006	2007	2008	Total
Kyaukme	36	42	54	78	210
Naungcho	47	75	77	62	261
Total	83	117	131	140	471

Source : Township Health Profile / HMIS / RHMIS

**Graph 3 Number of referrals by AMW to health facilities**



The increased tendency is identified as well in the number of referrals to District / Township hospitals (Refer to Table 13).

**Table 13 Number of referrals to District Hospital (Kyaukme) / Township Hospital (Naungcho)**

	2005	2006	2007	2008	Total
Kyaukme	93	148	143	205	589
Naungcho	67	102	84	156	409
Total	160	250	227	361	998

Source : Township Health Profile

Output 4: Mechanism to support community-oriented RH approach is established and functioned.

OVI for Output 4:  
 4-1 Coordination committees at each level are established.  
 4-2 Annual plan for this Project in each township is developed.  
 4-3 The meetings of coordination committees are organized to monitor the mechanism to support community-oriented RH approach

As for the OVIs for Output 4, the Project set up the PSC at central level, TWGs at township level, and VTWG at village tract level. The PSC meeting is held half-yearly, and meetings of TWGs and VTWGs are quarterly organized for monitoring, reviewing and discussing Project activities. (Refer to 2.2.6(1) and 2.2.7 as well.)

Output 5: Applicable community-oriented RH approaches are identified and documented for wider application under RH programme in the Union of Myanmar.

OVI for Output 5:  
 5-1 Community-oriented RH documentation is distributed to other areas in the Union of Myanmar.

The Project published the *Implementation Guide on the Community-Oriented Reproductive Health (CORH) Approach*, which includes the overviews of the Project (such as Project concept, framework, strategies and outputs) and practical manuals and outlines of the trainings, for wider application of the Project approach in Myanmar. There were 500 copies printed in English and 500 in Myanmar languages and these were distributed to related organizations and agencies. The Project outcomes and CORH approach were shared as well at 2 workshops conducted in November 2009 (refer to Table 8).

## 2.5 Project Purpose

Project Purpose : Utilization of quality RH services increases in the Project areas

OVI for Project Purpose :

1. CPR (Contraceptive Prevalence Rate) is increased.
2. Percentage of women who received 4 and more times of ANC is increased.
3. Percentage of deliveries attended by skilled health personnel is increased.
4. Percentage of pregnant women referred to higher level is increased.
5. Coverage of T/T vaccination among the pregnant women is increased.

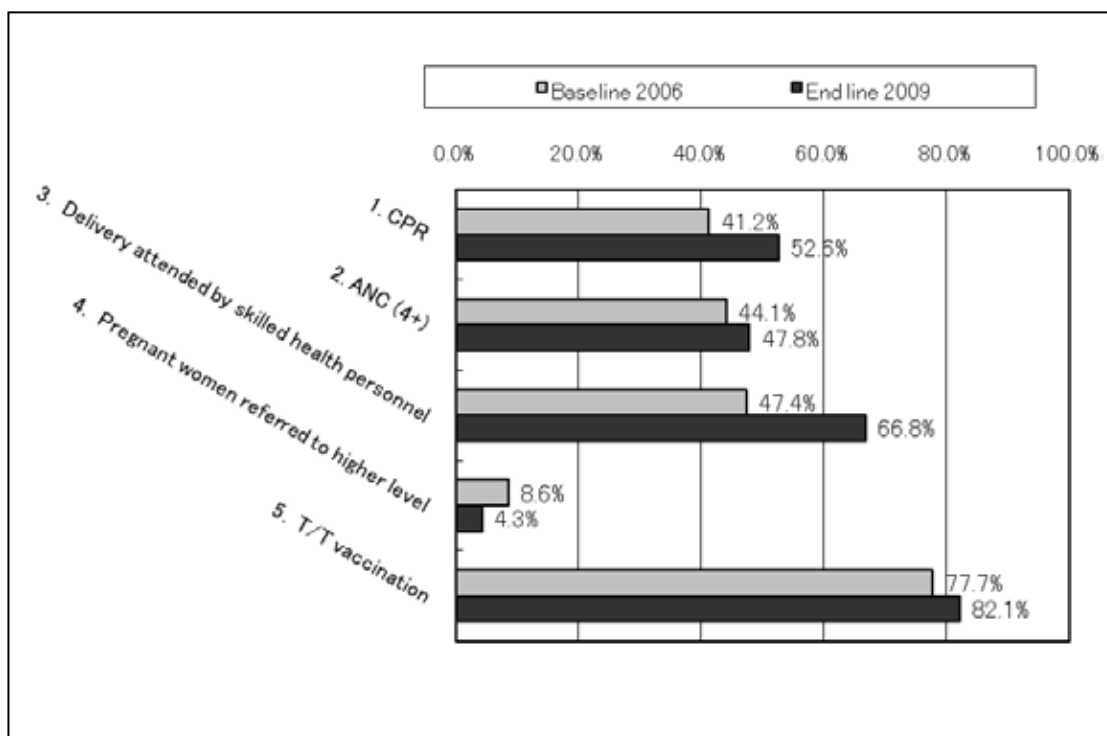
Referred to Table 14 and Graph 4, percentages increased in 4 out of 5 OVI for Project purpose. As for the indicator 4 (referral to higher level), there might be 2 underlying reasons. One reason is that the number of women referred to some RHC/SHU in Naungcho might be decreased for a certain period, because of the renovation work. Another reason is that women in Project areas possibly tends to seek for skilled birth attendant when they deliver (as shown in the indicator 3), which leads to the decreased number of emergency referral case.

**Table 14 OVI for Project Purpose (Increased utilization of quality RH services)**

OVI (Average of Kyaukme and Naungcho)	Baseline Survey 2006	End line Assessment Study 2009
1. Contraceptive Prevalence Rate (CPR)	41.20%	52.60%
2. Percentage of women who received ANC 4 and more times	44.10%	47.80%
3. Percentage of women who delivered with attendance by skilled health personnel	47.40%	66.80%
4. Percentage of pregnant women referred to higher level	8.60%	4.30%
5. Coverage of T/T vaccination	77.70%	82.10%

Source : Baseline Survey (II) / End line Assessment Study (I) Table 6.5(a) Figure 6.2 / Table 5.6 Figure 5.1/ Table 5.13 Figure 5.3 / calculated from original data/ Table 5.8 Figure 5.2)

**Graph 4 OVI for Project Purpose (Increased utilization of quality RH services)**



## 2.6 Overall Goal

Overall Goal : Reproductive Health (RH) status improves in Project areas and expanded areas\*of the Union of Myanmar

### OVI for Overall Goal

- 1 Maternal mortality rate is reduced.
- 2 Number of pregnancies with complications is reduced.
- 3 Number of deliveries with complications is reduced.

All the OVIs for the overall goal are not expected to be increased within the Project period, but set up for measuring the future sustainability of the Project outcomes. For this reason, all the OVIs for overall goal are indicators which should be observed in the long term extending beyond the Project period.

### 1. Maternal Mortality Rate

Originally, MMR is calculated based on the number of maternal deaths per 100,000 live births. The population of two townships (approximately 300,000) is not big enough to obtain a reliable maternal mortality rate (the denominator (less than 10,000 live births) is too small for MMR estimation.) For this reason, it is difficult to Project the tendency of MMR in Project townships at this moment (Refer to Table 15 and Table 16).

**Table 15 Number of maternal deaths**

	2005	2006	2007	2008
Kyaukme	7	5	3	4
Naungcho	5	6	2	4
Total	12	11	5	8

Source : Township Health Profile / HMIS / RHMIS

**Table 16 Maternal Mortality Rate**

	2005	2006	2007	2008
Kyaukme	187	200	137	143
Naungcho	189	321	87	180

Source : Township Health Profile / HMIS / RHMIS

### 2. Pregnancy Complications

Because the hospital data on pregnancy complications were identified to be relatively unreliable by the Japanese expert on Monitoring/Operational Research at an early stage, the Project developed the Baseline Survey questionnaires including the questions to women who delivered within the last 12 months about the experiences of pregnancy related complications. This indicator is expected to be decreasing from baseline to end line, however, the actual percentage increased in 2009 (Refer to Table 17).

For this reason, the Japanese Expert on Monitoring/Operational Research analyzed that the

women in Project areas became more knowledgeable about the symptoms of pregnancy-related complications (related to Output OVI 2-1), and a greater number of women responded that they have/had complications, because they now know what the complications are.

**Table 17 Percentage of mothers with complications during pregnancy**

	Baseline Survey 2006	End line Assessment Study 2009
Kyaukme	8.70%	17.30%
Naungcho	10.30%	32.00%
Total	9.50%	25.50%

Source : Baseline Survey (II) / End line Assessment Study (I) Table 5.10)

### 3. Delivery Complications

As for delivery complications, Kyaukme showed a reduced percentage and Naungcho showed an increased one (Refer to Table 18). It is difficult to identify the clear causes of this. One of the possible projections is the same rise in awareness and understanding as became clear with pregnancy complications.

**Table 18 Percentage of mothers with complications during delivery**

	Baseline Survey 2006	End line Assessment Study 2009
Kyaukme	3.80%	0.00%
Naungcho	0.90%	9.7%
Total	2.40%	5.40%

Source : Baseline Survey (II) / End line Assessment Study (I) Table 5.16)

## 3. Key points in project implementation

### (1) Sharing the same vision:

The government of Myanmar is conducting various programs and projects to achieve the MDGs by 2015 in collaboration with government and non-governmental organizations. The government reconfirmed the objectives to improve maternal health and realize universal access to reproductive health care at the national level intervention. We shared that “same vision” of MDGs not only with our counterparts at the central level but also with midwives at the local level whenever the training sessions and seminars were conducted.

### (2) Lessons learned from the Northern Shan State:

Various achievements and lessons learned have been created by the model areas of the Community-Oriented Reproductive Health Project which was implemented in Kyaukme (170,000 populations) and Naungcho (130,000 populations) in the Northern Shan State. However, at the same time, both Townships were faced the difficulty of implementation because of the limited access in the mountain areas. Shan State also has some other difficulties due to the populations of various

minority groups and languages causing communication difficulties between the midwives and community people. In order to overcome these difficulties, the Project has provided appropriate printing materials through their own languages, especially in Shan Language and has also recruited Training Assistants who could handle the local language at the MCHP training sessions as interpreters, which was appreciated by the community women, and this input encouraged more in their participation. This kind of arrangement would be very helpful to reduce the gap caused by the difficulties of access and language.

### **(3) Strengthening the “team-work” and supporting the leadership of midwives**

We believe that one of the most effective key points was the team-work building. The Project has promoted team-work building among the various stakeholders in order to promote reproductive health at the community. The team-work building could strengthen the working capacity of midwives who are at the front line of government health service provision. At the same time the Project has conducted refresher trainings for AMWs and introduced the MCH volunteers as the MCH Promoters system. Then the team was established with the midwife as the leader together with the AMWs and MCHPs at each village. Prior to this team-work building the midwife has had to visit the villages by herself however, after the introduction of team-work building, the health services could reach each household by the team efforts. There are around 1,700 MCHPs and 233 AMWs working together with the midwives in the respective areas to strengthen the maternal and child health activities and services in two Townships now. For every 30 households one MCHP is selected and she becomes a *bridge* between the community people, in particular pregnant women, and the midwife.

### **(4) Effectiveness of community participation and peoples’ participation**

One of the most important essences in the Community-Oriented RH Project is the community people’s participation. In this Project we have involved local NGOs such as MMCWA and MWAFF from the beginning to participate as members of TWGs and VTWGs. In addition to that the Project also involved the education sector from the beginning as a member of TWG. The important point to note is that the health personnel could not have achieved the health goals by themselves without any community participation and people’s involvement. We should recognize that the health system is not established by the health sector only.

### **(5) Linkage and collaboration with Japan**

The series of counterpart trainings were conducted with the cooperation of Wakayama Prefecture including Kudoyama Town and Arida City to learn about MCH administration and the MCH Promoter System and activities at prefectural and city / town level. The reason we selected Wakayama Prefecture as a venue for the field observation was because of Wakayama’s successful achievements in reducing MMR, the smooth functioning of the MCH Promoter System there, and the geographical similarities between Wakayama and Shan State, (both are mountainous areas with difficult access).

We gave deep consideration to what would be the most effective for the counterparts to help them learn and understand the practical experiences and to have as many of the most applicable experiences as possible. As a result, since the first observatory mission from Myanmar visited Wakayama Prefecture in November 2004 the Myanmar side has identified the MCH Promoter System as a very suitable system to introduce to Myanmar. They were strongly motivated after that first observation. Since then all missions have visited Wakayama to learn the system, knowhow, and lessons learned. By having each mission visit the same places, more effective technical improvement was assured and more efficient idea and strategy sharing could be achieved among the counterparts of Myanmar and Japan technically and administratively.

## **4. Impact**

### **(1) Impact by human resource development from the central to the village levels of the Project**

The Project also provided technical assistance on human resource development for approximately 4,000 stakeholders from the central, state, township and village levels to all concerned stakeholders of the MCH Section and Department of Health, State Health Department, Township Health Department and Basic Health Staff and Community representatives (Refer to below table). We believe that the comprehensive impact would be created from the policy making level and implementation level from the central down to the community level.

Target	Training/program	Number of attendants
BHS including midwives	Multiple skill development trainings	90 (Net number)
AMW	Refresher trainings	233
MCH Promoters	Initial trainings and refresher trainings (1 <sup>st</sup> batch 1,672 and 2 <sup>nd</sup> batch 1,654 out of 1,715)	3,326
Community representatives including PDC chairmen	Advocacy workshop and planning seminar	200
Counterpart training in Japan and a third country	Study visit to Japan and Vietnam	26
total number accumulated		3,875

In addition to the above-mentioned inputs, the Project has also strengthened supportive supervision and monitoring (including skill development for data collection). This input would be providing another impact for sustainability in terms of human resources at the front line.

### **(2) Strengthening the Community Support System**

A series of interventions by the Project such as introduction of MCH Promoter System, team-work building and strengthening the team-work among the MW, AMW and MCHP, involvement of community and local NGO representatives into the TWG and VTWG and strengthening the community supporting system has provided a significant amount of good practices in the many

villages in the latter part of the Project which was more than our expectation at the beginning. For example, there are villages which made a rotation system of emergency transportation for pregnant women and other villages which made a community welfare fund for the poor families to cover the cost of hospitalization and transportation and other villages which gave an exemption to the MCH Promoters not have to work to make other labor contributions to the village since they are working as the MCHP.

Those good practices were identified through the Project monitoring and assessment by the Japanese experts and then since 2008 these good practices were shared among all the villages and other villages were influenced by those good practices and other areas started to implement some of them later on. We would recommend that this practice be continued through the appropriate intervention and along with introduction of the community-oriented approach to the other areas from the central office in order to continue sharing those practices in a timely way even after the Project termination.

### **(3) Expansion to other areas**

Through the implementation of the Project, DOH and other concerned organizations have more chances to share the information and experiences on Community-Oriented Reproductive Health Approach. Inquiries come to the DOH from the Townships, State and Divisional Offices and national NGOs that show their interest in initiating the approach, in particular the MCH Promoter System in their own areas. It would be very helpful for them to utilize the *Implementation Guide* as much as possible to expand the approach. We expect that DOH/MOH would scale up this approach to other areas in Myanmar.

## **5. Conclusion**

End line Assessment and official statistics of the Project areas have shown significant results and achievements in the Project implementation in each indicator that exceeded our original expectations. The Community-Oriented Reproductive Health Approach was also reputed to be one of the most practical approaches to other townships/regions in Myanmar, by many participants of the workshops for Project experience sharing. We had significant outcomes not only in the Project indicators such as ANC/PNC and immunization rate but significant outcomes are also seen in the various kinds of good practices such as the community welfare fund and emergency transportation system that were created and developed at the community level.

The *Implementation Guide for Community-Oriented Reproductive Health Approach* was produced by the efforts of DOH and JICA/JOICFP as a practical guide for further utilization of the approach and experience from the Project areas to other areas and even for nation-wide improvement in the RH/MCH strategy and activities at the community level in Myanmar.



## **6. Lessons learned, difficulties and challenges**

### **6.1. Lessons learned and difficulties**

#### **(1) Working environment, self-esteem of midwives and their empowerment:**

The midwives in Myanmar are at the front line of health services at the community level. However there are not enough midwives posted to government health facilities to fulfill all of the needs and it naturally becomes a very heavy burden for midwives. At the same time most of the midwives recognized that they worked at the “bottom” of the medical society among all the BHS. Considering the environment surrounding the midwives we gave an important “value” not only through the skill development of midwifery but also on other skill development of midwives such as “leadership” and management, counseling, and the role of trainers in the training for MCHP. Teaching the others becomes an important motivation to learn more with confidence for the midwives. Through those trainings and skill development programs, we have found the midwives to have their own strong confidence to carry out their roles and responsibilities and to have pride in their own works and how they could contribute to the improvement of health in their own locations in the village. The series of the skill development and leadership training and team-work building gave a strong motivation for the midwives especially when combined with the full cooperation of the community at the rural village. These lessons learned on the recognition and motivation for midwives at the village level would be very useful to other areas to boost the community activities.

#### **(2) Dispatch plan of Japanese experts**

In order to undertake the technical assistance for comprehensive Community-Oriented Reproductive Health Approach, various types of expertise for each component would be required. Therefore we determined that the dispatch plan of Japanese experts would follow along with these characteristics of the Project and then we made a plan of dispatch of the various short-term Japanese experts in detail. The plan of dispatch of the experts was often influenced by administrative difficulties such as the issuing of an official visa. Therefore there were times that we could not dispatch the experts as originally scheduled. During the five years the Project faced serious difficulties at occasions such as the September incident in 2007 and the Cyclone in May 2008 to provide us of the difficult time which we could not dispatch the experts under the strict policy for foreigners to come into the country for some terms. On the other hand in planning the domestic trip to the Project area in Northern Shan State we had some difficulties to get the travel permit. In particular from 2005 until early 2006, the Project could not allocate any experts at the Project areas appropriately. To avoid this situation we recommend making use of the local staff for the smoother implementation and administration of the Project as much as possible. Taking note of these lessons learned would be helpful to other projects.

### **6.2. Challenges**

#### **(1) Sustainability and expansion of the Project**

Myanmar government in the health sector has provided a regular budget on personnel costs and

some administrative costs like health facility maintenance. However most of the program budget has been rendered from donor agencies. Although the Project only introduced a “minimum (cost) package” , it would still be difficult to ensure the financial sustainability in terms of program implementing and monitoring cost by their efforts at this moment. Financial sustainability would be the most difficult issue after the Project termination.

**(2) Division of townships by donor and demarcation of the mandates**

Myanmar has a long-term practice of allocating the 325 townships to donors in order to avoid duplication among donors within the same township. However, this practice may make it rather difficult for agencies to have good coordination and collaboration among themselves. Our Project conducted a preparatory survey on the inputs by other agencies to the Project areas to aim at good coordination and collaboration with them. For example, the refresher training for AMW used the training manual which was produced by other UN agencies. It could be revised through our utilization because we had given feed back to concerned agencies on some complimentary revisions. However the community-oriented approach would be more difficult to coordinate with others in each component one by one since our approach is comprehensive.

**(3) Insufficient number of staff at the central level administration in the DOH/MOH**

DOH/MOH has an absolute lack of personnel in the central office. They are allocated to the various kinds of programs and projects in their regular activities and assignments. It is difficult for the Project to coordinate with the counterparts to implement the Project activities and even to find appropriate timing for the meetings. This difficulty is chronic. Another thing is the liaison officer system would also create an extra burden on the counterparts to have to assign someone from the limited personnel. Our lessons learned from this experience are that it would be best to consider in advance the coordination of allocation and timing of personnel with the counterpart agencies.

**(4) Various kinds of community health volunteers available**

Because of the influences of demarcation of the Project areas by townships, various community health volunteers have been created and received different types of training depending on the donors and the nature of the Project. Since Primary Health Care (PHC) was initiated in 1978 community health workers (CHWs) and AMWs were trained and allocated in respective communities by UN agencies. Along with this intervention, other UN agencies, International NGOs and local NGOs established their own community volunteers through their independent efforts and financial resources. Therefore nowadays there are various kinds of community volunteers available through the country, although there is no coordinated system yet. For wider application of the MCH Promoter System in other townships, it is critical that this point be solved. The JICA Terminal Evaluation Team recommended the MOH/DOH review the community health volunteer system and set-up a mechanism to coordinate with each other on the community volunteer system including the MCH Promoter System. The Project has made a list of concerned community health volunteer systems for the MOH/DOH to refer to.

#### **(5) Potentiality of administrative reform**

In 2010 change is in store. Not only is there the general election but also an administrative reform is now being planned according to the Road Map of the Myanmar government. If the administrative reform would be implemented, a decentralization scheme would be introduced. If this occurs the Community-Oriented Reproductive Health Approach would be also influenced and possibly modified according to the new administration.

## **7. Recommendations**

The Project was phased-out on 31<sup>st</sup> January 2010 after its five years of implementation since 1<sup>st</sup> February, 2005. JICA and JOICFP are expecting that the Department of Health (DOH), in particular the MCH Section, would take strong initiative to sustain the Community-Oriented Reproductive Health Approach in practice to expand it to other areas and to generalize the CORH Approach making it nationwide in the future.

We are sure that the Department of health (DOH) has already initiated discussions on the practical strategy under the responsibility of the DOH for scaling up the approach to other expanded areas based on the experiences of the Community-Oriented Reproductive Health Project “*Healthy Mother Project*” in the model areas of Kyaukme and Naungcho Townships.

The DOH and JICA/JOICFP have organized the Experience Sharing Workshop in November 2009 for the four DOH selected Townships to learn more about the Community-Oriented RH Approach from the model areas.

Based on the promising achievements and results with the evidence gained through this Project, the DOH also considers that the approach developed by the Project would be one of the most useful and effective interventions for improvement of maternal health to achieve the MDGs.

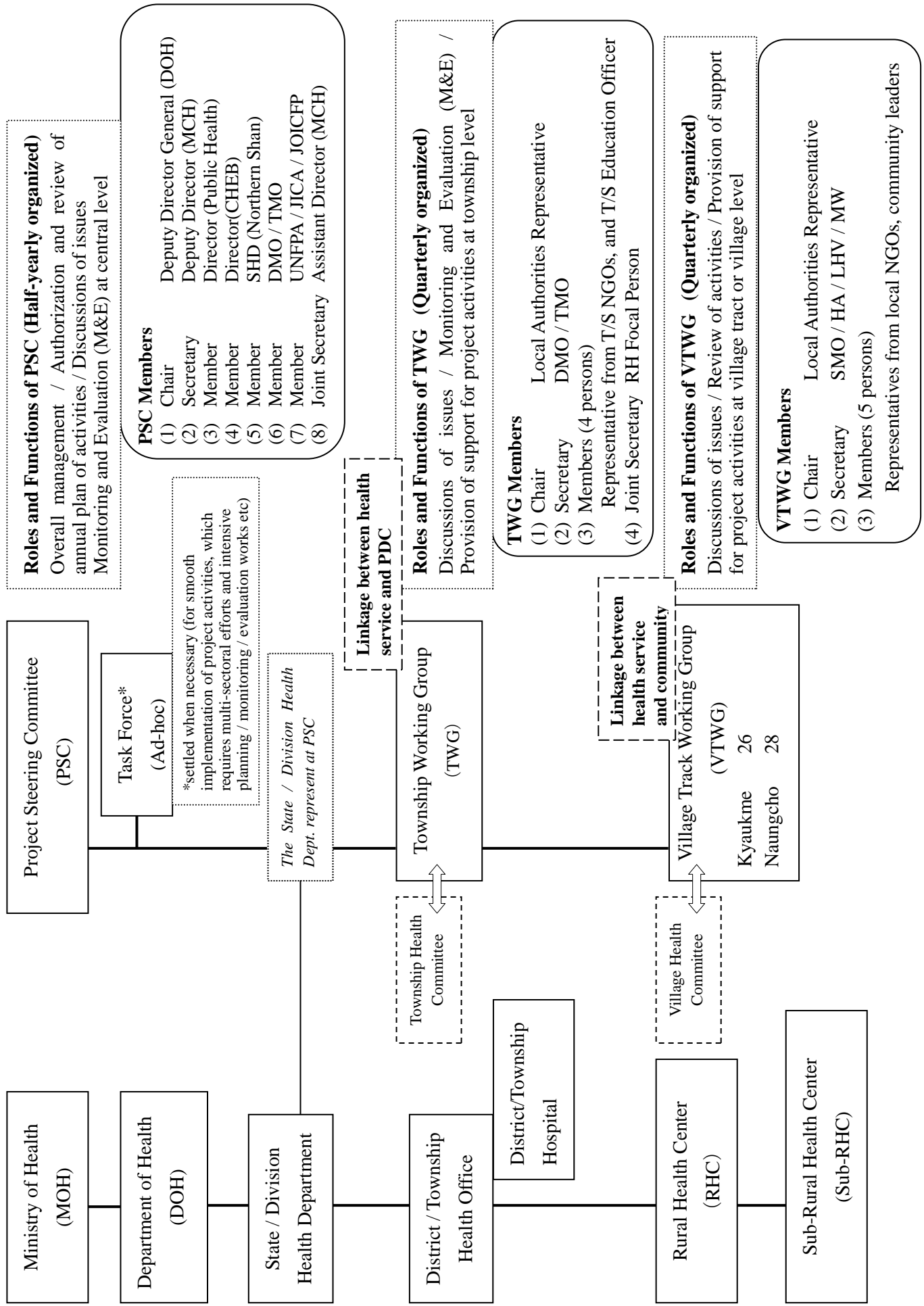
We recommend that DOH should apply the approach and generalize it into a nation-wide application while using feedback from the model areas.



## **Annexes**

- Annex 1: Project Organizational Chart
- Annex 2: Schedule of Operations (Actual)
- Annex 3: List of Dispatched Experts
- Annex 4: List of Participants for Counterpart Study Visit
- Annex 5-1: List of Health Facilities Renovated (Kyaukme)
- Annex 5-2: List of Health Facilities Renovated (Naungcho)
- Annex 6: List of Equipment Provided
- Annex 7: List of Trainings, Workshops and Meetings
- Annex 8: List of Outputs / Materials Produced
- Annex 9-0: Draft of PDM (attached with R/D)
- Annex 9-1: PDM Ver. 01 (050309)
- Annex 9-2: PDM Ver. 02 (050902)
- Annex 9-3: PDM Ver. 03 (070224)
- Annex 9-4: PDM Ver. 04 (080915)
- Annex 10-1: Record of Discussions (R/D)
- Annex 10-2: Minutes of Meetings (M/M)
- Annex 11: Organizational Set up of PSC, TWG, VTWG
- Annex 12: Records of the Project Steering Committee Meetings
- Annex 13: Implementation Guide for the Community-Oriented Reproductive Health Approach
- Annex 14-1: Records of Dissemination Meeting on Community-Oriented Reproductive Health Approach
- Annex 14-2: Records of Workshop on Experience Sharing on Community-Oriented Reproductive Health Approach














■ in Japan    ■ in Myanmar



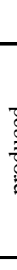






Schedule of Operations (Actual)	JFY 2005															
	Month	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
<b>JFY 2004 &amp; 2005</b>																
<b>[Activities in Japan]</b>																
(1) Setting-up secretariat for project-supporting																
(2) Logistic support for dispatched Japanese Experts																
(3) Support for listing up procurement / equipments																
(4) Publication of the Project (Production of Project Pamphlet, Web-site etc)																
(5) Meeting of Project Technical Support Team members (bi-monthly)																
(6) Meeting among Japanese Experts																
(7) Documentation																
<b>[Activities in Myanmar]</b>																
(1) Setting-up project office and Recruiting of local project staff etc.																
(2) Operation Research (Baseline Survey)																
(3) Setting-up project organization mechanism (Project Steering Committee / Township Working Group)																
(4) Launching Workshop in Yangon (6/7)																
(5) Dissemination Workshop (Yangon) (2/17)、PCM Workshop (Yangon and Mandalay) (8/18-19・8/22-25・8/29-31)																





**Schedule of Operations (Actual)  
For the 3rd Year (JFY2006)  
(as of end March, 2007)**

-  : Implementation period
-  : Preparatory period
-  : Revised period
-  : Revised period for training
-  : Training in Kyaukme
-  : Training in Naungcho
-  : Meeting
- 
- 

Activities in PDM Operated Activities in 2006		Fiscal Year 2006 (April 2006 - March 2007)												Remarks	
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.		
Expected Result		15	16	17	18	19	20	21	22	23	24	25	26		
<b>Output 1. Quality of RH services with special focus on safe motherhood is improved in the project area</b>															
<b>1.1 Conduct operational research on RH services, health facilities and community perspectives on RH</b>															
<b>1.1.1 Conduct the Baseline Survey Part II</b>															
a. Prepare the Baseline Survey Part II															Timing of the baseline survey discussed and confirmed among DOH (Central/Field), JICA, JOICFP and consultant.
b. Sign the contract with the consultant															The contract for the Baseline Survey Part II signed; Contract duration from Sept. 15, 2006 - Jan. 15, 2007
c. Conduct the baseline survey Part II														Contract period: Sept. 15, 2006 - Jan. 15, 2007 with the field survey from the middle of Oct. to the middle of Nov.	
d. Preliminary report															
e. Final report production and dissemination														A combined report (Part I & II) will be prepared and produced for sharing with other partners in 2007.	
f. Conduct dissemination workshops in 2 townships and central level														Dissemination workshop was conducted both in each township and at the central level.	
<b>1.1.2 Review of the PDM, its OVI and means of verification</b>															
a. Review the existing possible indicators based upon the field operation and the existing HMIS.															
b. OVI review workshop after the preliminary report is prepared including PDM review. (Additional activity undertaken)														January 30-31, Kyaukme; the revised PDM/OVI was prepared	

Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks			
		Apr 15	May 16	June 17	July 18	Aug. 19	Sept. 20	Oct. 21	Nov. 22	Dec. 23	Jan. 24	Feb. 25	Mar. 26				
<b>1.2 Train and retrain BHS (HA and MW etc.) for strengthening quality RH services at RHCs and Sub-RHCs</b>																	
<b>1.2.1 Develop a refresher training plan for MW on RH / safe motherhood (incl. communication skill + utilization of HBMR)</b>	Refresher training conducted / Skills of MW upgraded																
a. Discussion on the overall plan including training needs with DOH																	Planning was discussed with DOH; Based upon the needs, the detailed training plan is to be developed for 2007.
b. Develop a training plan including the content/training materials																	To be considered for 2007 Training plan for 2007 was discussed the DOH (Central and Field Levels)
<b>1.2.2 Review and revise training contents and materials for future training and replication</b>	Training content/materials reviewed																Field level review was made by the midwifery education expert with the counterparts at the field level.
<b>1.3 Train and retrain midwifery-trained personnel for ensuring safe delivery including early detection of high risk pregnancy</b>	Knowledge/skills of service providers improved in safe motherhood																
<b>1.3.1 Review the AMW refresher training content and manuals in Feb-Mar 2006 and revise the content/materials</b>	Training content and manuals reviewed and revised																Continued from the training conducted in Feb/Mar 2006
a. Review of the AMW training manual and contents was made and the report to DOH was submitted with a set of recommendations.																	Training contents/materials reviewed based upon the first training in Feb/Mar 2006.
b. Revisions made by DOH on the first draft based upon the recommendations made by the project																	Revised manuals were utilized in the 2006 first AMW training from June.
c. Prepare necessary training materials	Training content and manuals reviewed and revised																Necessary training materials were prepared in consultation with the counterparts. Trainees' Manual with illustrations was developed.

Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks					
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.						
		15	16	17	18	19	20	21	22	23	24	25	26						
1.3.2	Conduct refresher training for AMW on RH / safe motherhood (incl. communication skill + utilization of Home-based Maternal Record:HBMR)																		
	a. Develop a plan for the training in two townships																		
	b. Prepare necessary training materials																		
	c. Conduct the training																		Training materials were prepared.
	d. Prepare and submit the training report																		Training was conducted 4 times for each township (20 pax for each training) for 2006 JFY.
	e. Follow up the training/ monitoring																		A review meeting was conducted after each training and the report of the training with its outcome was presented at the 2nd and 3rd PSC meetings.
1.3.3	Review and revise training contents and materials for future training and replication																		A review meeting has been made after each training and how to follow up/monitor and review of training contents/methodology are undertaken for further improvement.
1.4	Organize effective linkages between health workers and community for the provision of care and close monitoring of women during pregnancy, delivery and post-delivery period to make pregnancies safer																		Review/consultations were made by midwifery education/community health experts with the counterparts.
1.4.1	Develop a framework and guidelines for the introduction of MCH Promoters System																		Output from CP training
	a. Discuss with DOH personnel for development of framework and guidelines																		Draft ideas/plans were presented and discussed at the August Tech Meeting for their comments.
	b. Develop the draft framework and guidelines																		Discussion and consultations were made at the project site with the concerned persons.

Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks			
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.				
		15	16	17	18	19	20	21	22	23	24	25	26				
c. Consider the draft framework and guidelines through the applicable lessons from the CP training in Japan						—											Applicable lessons learned and experiences were considered in the development of the draft framework
d. Finalize the draft framework/guidelines through PSC and start the planning for implementation						—	▲			DOH Approval							The draft strategic plan and guidelines were developed based upon the input from the field, CP training and Tech. Meeting in Aug., and were presented at the 2nd PSC meeting and the final version submitted to DOH at the end of Sept. for confirmation.
e. Review and revise the guidelines/plans if necessary based on the baseline study for 2007 plan.										—							Review was made on the initial training and activities. Further review/consideration will be made on the guidelines/framework in 2007.
<b>1.4.2 Develop training contents, handbook for MCH promoters</b>																	Output from CP training
a. Discuss with DOH personnel for development of draft training contents and handbook						—											Content and plans discussed with DOH Central/Field Level.
b. Develop draft training contents and handbook	Training contents and guidebook prepared					—											Draft plans/contents for the TOT and Training for MCHP and MCH Promoter Handbook prepared and presented at the 2nd PSC Meeting.
c. Receive approval for training contents and handbook						—	▲			DOH Approval							Final draft version of the MCH Promoter Handbook and training plan submitted to DOH at the end of Sept. Approval was made in Nov. 21-22 through the Tech Meeting in NPT.
<b>1.4.3 Introduce and provide orientation on the introduction of MCH promoters framework at the township level</b>																	
a. Plan orientation on the introduction of MCH promoters	Orientation on MCH promoters made					—											Discussion was made with the counterparts (DMO/TMO and focal points).
b. Conduct initial orientation on the introduction of MCH promoters through the advocacy meeting						●	●										Introduction of MCH promoters was briefed as part of the 2006 activity plan during the advocacy meetings.

Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks				
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.					
		15	16	17	18	19	20	21	22	23	24	25	26					
c. Conduct orientation on the planning for the introduction/training of MCH promoters at the community level (through VTWGs)																		Information was circulated thorough BHS to VTWG/Village Tract for designating MCH Promoters by DMO/TMO.
<b>1.4.4 Conduct training of MCH promoters at the township level</b>																		
a. Conduct TOT for the introduction of MCH promoters (target: DMO/TMO/focal points/HA/LHV/MW/PHS)																		Outline/content have been prepared in consultation with DOH (central and field), incl. communication sessions. 3-day training for each township.
b. Select trainees for MCH promoters based upon the guidelines and criteria																		Information was circulated thorough BHS to VTWG/Village Tract for designating MCH Promoters by DMO/TMO.
c. Prepare for the training; e.g. schedule/site/training materials	MCH promoters trained																	A micro plan for the training of MCH Promoters was prepared through TOT training for each township.
d. Conduct training for MCH promoters																		A total of 68 sessions for the one-day training of MCH Promoters was conducted from Dec. 4, 2006 to Jan. 14, 2007.
e. Review the training and prepare the report																		Project management/community-based organization activities expert conducted the review on the introduction of MCHP and its training through assessment on pre and post test and in-depth interviews.
<b>1.4.5 Review and revise training contents and materials for future training and replication</b>	MCH Promoters training content/materials reviewed																	Sama as above 1.4 and will be continued in 2007 JFY
<b>1.5 Establish an effective referral system for risk cases from the community to the first referral level</b>	Link with 1.4																	
<b>1.6 Improve BHS's communication skill and their counseling services including post-abortion care</b>	Link with 1.2																	
<b>1.7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs</b>	Facilities upgraded																	

Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks				
		Apr 15	May 16	June 17	July 18	Aug. 19	Sept. 20	Oct. 21	Nov. 22	Dec. 23	Jan. 24	Feb. 25	Mar. 26					
1.7.1 <b>Develop a renovation plan for health facilities (RHC/Sub-RHCs)</b> a. Develop the steps of renovation plan b. Identify the RHCs and S/RHCs to be renovated c. Identify a consultancy firm for investigation/Designing/Preparation of contract documents d. Conduct investigation, designing and preparation of tender documents e. Finalize the renovation content and designing based upon the investigation f. Develop the plan for renovations (e.g. candidates, contents, estimates, etc.) for 2007	Renovation plan developed with the identification of the target facilities															Plan for the Renovation made.		
																	Renovation sites (RHC and Sub-RHC) were identified.	
																		A consultancy firm was identified based upon the rules and regulations by JICA (proposal approach by 3 designated candidates).
																		Investigation report/tender documents finalized and a renovation contractor selected
																		Renovation contents finalized based upon the investigation
																		A renovation plan for the next 2 years (2007-2008) was developed based upon the assessment.
1.7.2 <b>Conduct renovations on the selected sites</b> a. Select a contractor and sign the contract b. Undertake construction work c. Sign contract for supervisory work and supervise the renovation work d. Conduct opening ceremony for renovated health facilities	Facilities upgraded																A contractor was selected out of 3 tenderers at the end of Sept.	
																	Renovation construction work was undertaken from Oct. 15 to Jan. 14.	
																		TOR prepared for the supervisory work and the contract was made with the investigation consultancy firm.
																		Launching Ceremony was conducted on Jan. 29, 2007 in Naungcho and on Feb. 1, 2007 in Kyaukme.

Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks			
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.				
		15	16	17	18	19	20	21	22	23	24	25	26				
1.7.3 Procure medical/basic equipment to Hospitals (District / Township / Station) and RHCs and Sub-RHCs																	Specifications confirmed and A-4 Form was made by DOH.
a. Confirm the items and Specifications for procurement and prepare A-4 form																	
b. Procure the equipment	Equipment improved																Procurement was made locally; Clean Delivery Kits could not be procured due to the difficulty in arranging for the import from Thailand and were replaced by other necessary equipment.
c. Distribute the equipment																	Arrangement made through the local supplier for delivery and coordinated with DMO/TMO.
d. Follow up + Planning for plans 2007 beyond																	Plan for 2007 was developed. Follow-up will be continued in 2007 JFY.
<b>OUTPUT 2. Awareness and knowledge on reproductive health (RH) issues among community people, particularly women in reproductive age, improve in the project areas</b>																	
2.1 Train BHS such as Midwives as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people	Link with 1.5																
2.2 Provide IEC/BCC training by trained BHS, to community leaders and community health volunteers (AMWs, TBAs, CHWs)	Link with 1.4																
2.3 Conduct IEC / BCC activities on RH issues by the trained IEC/BCC implementers mentioned above (2-1 and 2-2)	Link with 1.5																
<b>2.4 Produce appropriate IEC/BCC materials based on the local needs</b>																	
2.4.1 Mass-produce and distribute HBMR	HBMR produced and distributed																
2.4.2 Assess HBMR utilization in the community	HBMR utilization assessed																Assessment of the HbMR utilization is one of the OVIs surveyed in the Baseline Survey Part II. Further assessment needs to be considered.



Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks	
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.		
		15	16	17	18	19	20	21	22	23	24	25	26		
2.4.3 <b>Develop production/utilization plans for IEC/BCC materials</b> a. Review the existing IEC/BCC materials developed by DOH and utilization of the materials at the project sites b. Conduct needs assessment of the IEC/BCC materials at the project sites through the interview of the stakeholders (e.g. health personnel) c. Develop plan for production and reproduction of necessary materials d. Develop utilization plans for IEC/BCC materials	Appropriate IEC/BCC materials based on the local needs identified; and production/ utilization plan made														Review/assessment was conducted at the field level by the IEC/BCC expert
															Review/assessment was conducted at the field level by IEC/BCC expert with the counterparts.
															IEC/BCC Activity Plan and reproduction/new development plan was prepared and presented/confirmed at the 2nd PSC Meeting.
															Utilization/training plan was prepared and shared with DOH for consideration in future plans.
															Plan for reproduction of the identified IEC materials presented/confirmed at the 2nd PSC meeting. Production was made after DOH approval from October to January. Translation to Shan required more time in the production process.
2.4.4 <b>Produce appropriate IEC/BCC materials</b> a. Reproduce the identified materials based upon the plan in consultation with DOH/local producer b. Produce new materials identified (e.g. MCH Promoters Handbook, Kit, Pregnancy Calendar, pamphlets, incl. translation to Shan)	Appropriate IEC/BCC materials produced														Drat/samples were prepared and presented at the 2nd PSC meeting; final versions/samples were submitted to DOH for confirmation at the end of Sept. Production was made from Oct. to Nov. with DOH approval.
															Efforts were made to produce all the materials before the start of the TOT/Training for MCH Promoters, but some materials did not meet this timing (e.g. Pamphlets in Shan)
2.4.5 <b>Utilize the IEC materials (existing/reproduced/produced)</b>	IEC materials utilized														

	Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks			
			Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.				
			15	16	17	18	19	20	21	22	23	24	25	26				
2.4.6	Review the utilization of the IEC materials produced	Utilization reviewed																Limited assessment was made as part of the assessment on the training and activities of MCH Promoters by the Japanese experts and counterparts. Assessment of the materials produced will be conducted by an IEC expert in 2007 JFY.
2.5	Establish community support system which links community people with RH services focusing on safe motherhood	Link with 1.5																
<b>OUTPUT 3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2.</b>																		
3.1	Establish project steering committees for the effective planning, monitoring and evaluation of the project activities at central, township, and village levels	Management system established																
3.1.1	Conduct PSC meeting	Progress reviewed and plans made and confirmed																
	a. Arrange and prepare the meeting																	
	b. Conduct the meeting (half-yearly)																	2nd PSC in Mandalay (Sept. 16, 2006); 3rd PSC in Nay Pyi Taw (Feb. 24, 2007)
	c. Follow-up the meeting (minutes/follow-up actions)																	
3.1.2	Conduct TWG meeting	Progress reviewed and plans made and confirmed																
	a. Arrange and prepare the meeting																	To be coordinated with DMO/TMO
	b. Conduct the meeting (quarterly)																	TWG members participated in the advocacy meetings/Dissemination Workshops; Coordination and consultation have been done through DMO/TMO's regular administrative work.
																		TWG members participated in the advocacy meetings/Baseline Result Dissemination Workshops; regular meetings have not been held.

	Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks			
			Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.				
			15	16	17	18	19	20	21	22	23	24	25	26				
	c. Follow-up the meeting (minutes/follow-up actions)																	VTWG members participated in the advocacy meetings/Baseline Result Dissemination Workshops; Regular meetings have not been held. Effective mechanism to follow up needs to be considered in 2007
3.1.3	<b>Conduct VTWG meeting</b>																	To be coordinated with DMO/TMO
	a. Arrange and prepare the meeting																	VTWG members participated in the advocacy meetings/Dissemination Workshops; More than half of VTWG members/Chairs have been changed at the end of 2006.
	b. Conduct the meeting (every 3 months)	Progress reviewed and plans made and confirmed																Regular VTWG meetings have not been held due to the change of members/Village Tract Chairs. But VTWGs were involved in the selection and training of MCH Promoters.
	c. Follow-up the meeting (minutes/follow-up actions)																	Effective mechanism to follow up needs to be further considered in 2007
3.2	<b>Provide management training to steering committee members and project personnel on the skills for planning, implementation, management and coordination, and monitoring of the project</b>	Management capacity improved																
3.2.1	<b>Conduct an advocacy meeting (orientation on the project) in each township</b>	Project directions/objectives shared and support to the project facilitated																Advocacy Meetings held by DOH and input/assistance was made from the experts.
	a. Arrange and prepare the meeting (incl. contents)																	Advocacy meeting in each township conducted.
	b. Conduct the meeting																	Follow up made by DMO/TMO through administrative channels; effective mechanism to be further considered
	c. Follow-up the meeting (report/follow-up actions)																	

Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks					
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.						
		15	16	17	18	19	20	21	22	23	24	25	26						
3.2.2 Improve the management and utilization of RH information	Management and utilization of RH information improved																		Plan for 2006 has been revised and suspended
a. Design monitoring and evaluation system under the current DOH system with the use of computer/database applications																			
b. Provide training on application and computer operation																			
c. Document the process of the application/outcome																			
d. Share the outcomes of training and application at the annual review and planning meeting	Outcome of the training shared																		
3.2.3 Conduct a dissemination workshop on the Baseline Survey Result (Part I and II) in each township. (Added to the Plan during the 2nd half of 2006 JFY)	Baseline survey outcome disseminated																		Dissemination Workshop and Renovation Launching Ceremony was conducted in each township; Kyaukme (Feb/01/07); Naungcho (Jan/29/07)
3.2.4 Conduct an OVI Review Workshop based upon the Baseline Survey Result (Added to the Plan during the 2nd half of 2006 JFY)	OVI/PDM reviewed and revised																		OVI Review Workshop was held in Kyaukme District Hospital from Jan. 30 to 31.
3.3 Provide capacity development training through study visits / observations of existing model cases in Japan and other countries	Applicable lessons from the experience/best practices from Japan																		
3.3.1 Conduct Counterpart (CP) Training in Japan																			JOICFP Human Resource Dev.
a. Arrangement for the dispatch of trainees to Japan																			Arrangement was made through Embassy/JICA channel. 2 participants were not able to attend due to the GO guidelines.
b. Preparation/management for the training programme in Japan																			Training programme was prepared by the JOICFP Tokyo in consultation with JICA.
c. Training in Japan incl. field visit (July 18 - Aug. 5); incl. developing action plans with applicable lessons																			CP training was successfully conducted with the output/report made; Presentation by the participants was also conducted at the end of the visit.

Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks			
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.				
		15	16	17	18	19	20	21	22	23	24	25	26				
d. Report of the training at the central and project areas, sharing the applicable lessons and action plans							■ ■ ■ ■ ▲										Report was made at the 2nd PSC meeting in Sept. 16. Outcome/Action Plan reflected in the project activities (e.g. Introduction of MCH Promoters System)
<b>OUTPUT 4. Applicable community-oriented reproductive health (RH) approaches are identified for wider application under RH programme in the Union of Myanmar</b>																	
<b>4.1 Organize regular half-yearly meetings on the model project at the central level for the effective planning, monitoring and evaluation of the project activities</b>	Management system established																
4.1.1 Conduct PSC meeting	Refer to 3.1.1						▲									▲	2nd PSC (Mandalay, Sept/16); 3rd PSC (Nay Pyi Taw, Feb. 24)
4.1.2 Conduct annual review and planning meeting	Progress reviewed and plans confirmed						■ ■ ■ ■ ■										Annual review and planning conducted in conjunction with the 3rd PSC
<b>4.2 Develop guides for project implementers for the promotion of community-oriented RH activities</b>																	
4.2.1 Assess the progress of the activities for identifying good practices and document implementation processes	Progress reviewed and good practices identified																Assessment will be carried forward to the next fiscal year of 2007
4.2.2 Document the experiences and good practices for the development of the guide (link with 4.3.8)	Progress and good practices documented																Documentation will be carried forward to the next fiscal year of 2007
<b>4.3 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project</b>	Process documentation made																
4.3.1 Develop monitoring check list	Monitoring check list developed																
a. Discuss with DOH on the planning																	Not yet done
b. Develop draft monitoring checklist	Monitoring check list developed																Not yet done, carried forward to the next fiscal year of 2007
c. Confirm the draft and produce monitoring checklist																	Not yet done, carried forward to the next fiscal year of 2007
																	Consultations initiated with DOH; further discussion will be needed for finalization.
																	Consultations initiated with DOH; further discussion will be needed for finalization.
																	Consultations initiated with DOH; further discussion will be needed for finalization.
																	Consultations initiated with DOH; further discussion will be needed for finalization.

Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks			
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.				
		15	16	17	18	19	20	21	22	23	24	25	26				
4.3.2 Train Township Health Office for monitoring activities at township level (orientation through advocacy meeting)	Orientation on monitoring conducted			▲												The role and functions of TWG/VTWG was briefed during the Advocacy meeting and the dissemination workshop. Monitoring guidelines and capacity building need to be further considered.	
4.3.3 Formulation of monitoring team and plan of monitoring at the township level	Monitoring team and plan made																
a. Prepare the plan of monitoring in consultation with DOH					.....	.....										Consultations initiated with DOH; further discussion will be needed for finalization.	
b. Form the monitoring team					.....	.....										Consultations initiated with DOH; further discussion will be needed for finalization.	
4.3.4 Develop documentation plan and format	Documentation plan made																
a. Prepare draft plan and format in consultation with DOH						.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Plan for the documentation and the production of an audiovisual material was discussed and in process.
4.3.5 Introduce the developed plan and format with TWG and VTWG	Documentation plan and format utilized by TWG/VTWG			▲													The role and functions of TWG/VTWG was briefed during the Advocacy meeting. Documentation guidelines and capacity building need to be further considered in 2007 JFY
a. Conduct orientation to TWG and VTWG																	To be further considered and discussed with DOH in 2007 JFY
b. Provide follow-up on the orientation and documentation plan through TWG/VTWG																	Documentation was made for each activity by the project staff. Documentation by audio-visual media to be considered.
4.3.6 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project	Documentation made																Production plan and content outline were developed and consultations were made with DOH/CHEB. Production will be made in 2007 JFY.
a. Production of a project audio-visual material through documentation (development of a production plan/identification of a local production agency)																	
4.3.7 Introduce and conduct regular supervisory and feedback meetings with trained MCH promoters <same as 1.5>	Link with 1.5																

Activities in PDM Operated Activities in 2006	Expected Result	Fiscal Year 2006 (April 2006 - March 2007)												Remarks	
		Apr 15	May 16	June 17	July 18	Aug. 19	Sept. 20	Oct. 21	Nov. 22	Dec. 23	Jan. 24	Feb. 25	Mar. 26		
<b>4.4</b>	<b>Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country</b>														
4.4.1	Develop plan for exchange seminars / visits (including selection of expanded areas)														To be considered in 2007 onward
<b>4.5</b>	<b>Conduct workshops / seminars for sharing the experiences, outcomes and lessons learnt of the model project among the concerned government bodies</b>														
4.5.1	Develop plan for workshops/ seminars for sharing the experiences and outcomes and lessons learnt														To be considered in 2007 onward

\* Japan Side: PM: Project Manager, PC: Project Coordinator, CHE: Community Health Expert, PME: Project Management Expert, IECE: IEC/BCC Expert; MEE: Midwifery Education Expert, HMISE: HMIS Expert

Schedule of Operations (Actual)  
For the 4th Year (JFY2007)  
(as of end March, 2008)

■ ■ ■ : Preparatory period  
— : Implementation period  
△ : Meetings and Trainings  
○ ● : Meetings and Trainings

Activities in PDM Operated Activities in 2007		Expected Results	2007 JFY (April 2007 – March 2008)													Remarks	
			Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.			
			27	28	29	30	31	32	33	34	35	36	37	38			
<b>0.0</b>	<b>Conduct the Mid-term Review</b>																The result of the Mid-term Evaluation was shared in the Project Steering Committee and it was agreed that project plan will be reviewed according to its recommendations.
	a. Prepare the Mid-term Review	Mid-term review report produced	■	■	■	■	■	■									
	b. Conduct the Mid-term Review (by JICA mission)						—										
	c. Support to the Mid-term Review (by the project to the evaluation team)				8/17-9/8	—											
	d. Share the outcome of Mid-term Review with counterparts through PSC and regular Technical Meetings (with DOH Central) and TWG / VTWG meetings (with township level and below)	Mid-Term Review outcome disseminated							—	—	—	—	—	—			
<b>OUTPUT 1. Quality of RH services with special focus on safe motherhood is improved in the project area</b>																	
<b>1.1</b>	<b>Produce a combined report of the Baseline Survey (Part I and II) and share with stakeholders/partnes widely.</b>	Report produced and shared widely															
1.1.1	Train and retrain Basic Health Staff (BHS) for strengthening quality RH services at RHCs and Sub-RHCs			—	—	—	—	—	—	—	—	—	—	—	—	—	
<b>1.2</b>	<b>Develop a refresher training plan for MW on midwifery skills incl. skills and capacity on quality AN care, communication and counseling.</b>	Skills of Skilled Birth Attendants improved														Refresher training for Skilled Birth Attendants (LHV/MW), 3 days, Sept/2007 for each township	
1.2.1	Develop a refresher training plan for MW on midwifery skills incl. skills and capacity on quality AN care, communication and counseling.		■	■	■	■	■	■	■								
1.2.2	Conduct a refresher training for skilled birth attendants (LHV/MWs)								○								
1.2.3	Review and revise training contents and materials for future training and replication	Training content/ materials reviewed								—	—	—	—	—			
<b>1.3</b>	<b>Train and retrain midwifery-trained personnel for ensuring safe delivery including early detection of high risk pregnancy</b>	Knowledge/ skills of service providers improved in safe motherhood															
1.3.1	Review the AMW refresher training content and manuals in 2006 and revise the content/materials, when necessary	Training content and manuals reviewed and revised														Continued from the training conducted in Feb/Mar 2006	
	a. Review and revise of the AMW training manual and contents (continued from 2006 Feb.)		—														



Activities in PDM Operated Activities in 2007		Expected Results	2007 JFY (April 2007 – March 2008)											Remarks	
			Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.		Mar.
			27	28	29	30	31	32	33	34	35	36	37		38
1.3.2	Conduct refresher training for AMW on RH / safe motherhood (incl. communication skill + utilization of HBMR)	Refresher training conducted / Skills of AMW upgraded												Refresher training for AMWs; 6th training, 3 days in June 2007 for each township	
	a. Develop a plan for the training in two townships		■												
	b. Prepare necessary training materials		■												
	c. Conduct the training		○ KM: 6/5-7 ● NC: 6/11-12												
	d. Prepare and submit the training report		■												
	e. Follow up the training/ monitoring		■												
1.3.3	Review and revise training manuals, contents and materials and submit the report to DOH with recommendations from Project	Training manuals, curriculum and materials reviewed	■												
1.4	<b>Organize effective linkages between health providers and the community through MCH Promoters for the provision of care and close monitoring during pregnancy, delivery and post-delivery period to make pregnancies safer</b>	Linkage between health workers and community made through the introduction of MCH Promoters													
1.4.1	Reiview and revise guidelines and handbook for the introduction of MCH Promoters System	Framework/ guidelines for MCH Promoters revised (based on necessity)												Review and consultations on MCHP guidelines and handbook continues to JFY2008	
	a. Review the 1st guidelines and handbook after the refresher trainings		■												
	b. Review and revise the guidelines and handbook if necessary based on the review (1.4.1.a) outcomes		■												
	c. Develop 2nd edition of framework/guidelines and handbook through PSC (if necessary)		■												
1.4.2	Conduct refresher training of trainers of MCH promoters at the township level	Trainers of MCH promoters re-trained												Refresher TOT for MCH Promoters: BHS in each township	
	a. Prepare for the training; e.g. schedule/venue/training materials		■												
	b. Conduct TOT for MCH promoters incl. developing micro plans for MCH promoter training		○ KM: 5/3-4 ● NC: 5/13-14												
	c. Review the training and prepare the report		■												
	d. Follow up the training/ monitoring		■												
			○ KM: 11/28-29 ● NC: 11/21-22											Two-day training for each township in May and Nov.	



Activities in PDM Operated Activities in 2007	Expected Results	2007 JFY (April 2007 – March 2008)												Remarks			
		Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.				
		27	28	29	30	31	32	33	34	35	36	37	38				
1.7.2	Conduct renovations on the selected sites	Facilities upgraded															
	a. Select a contractor and sign the contract																
	b. Undertake construction work																
	c. Sign contract for supervisory work and supervise the renovation work																
	d. Conduct launching ceremony for renovated health facilities																○ KM: 1/25 ● NC: 1/29
1.7.3	Procure medical/basic equipment to Hospitals (District / Township / Station) and RHCs and Sub-RHCs	Equipment improved														*DOH to consider arrangement for Clean Delivery Kits for 2 townships	
	a. Confirm the items and Specifications for procurement and prepare A-4 form																
	b. Procure the equipment															Local procurement is considered.	
	c. Distribute the equipment																
	d. Follow up																

### OUTPUT 2. Awareness and knowledge on reproductive health (RH) issues among community people, particularly women in reproductive age, improve in the project areas

2.1	Train BHS such as Midwives as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people	Link with 1.4.2															
2.1.1	Conduct training on effective utilization of IEC/BCC materials on reproductive health (RH)	Capacity of BHS on the use of IEC/BCC materials improved														Training on effective utilization of IEC/BCC materials on RH for BHS in MCH Centers	
	a. Prepare the training plan and content																
	b. Conduct TOT for BHS at MCH centers																○ KM: 8/24 ● NC: 8/28
	c. Review the training and follow-up.																
2.2	Provide IEC/BCC training to community leaders and community health volunteers, including Auxiliary Midwives (AMWs) and MCH Promoters by trained Basic Health Staff (BHS)	Link with 1.4.3														Through TOT and Traing of MCH Promoters; emphasis on AN and PN care	
2.3	Conduct IEC/BCC activities on RH issues by the trained IEC/BCC implementers mentioned above (2-1 and 2-2), for fostering health-seeking behavior among community people	Link with 1.5															
2.4	Produce appropriate IEC/BCC materials based on the local needs, which contributes towards the effective implementations of IEC/BCC activities																
2.4.1	Mass-produce and distribute HBMR	HBMR additionally printed and distributed															
2.4.2	Assess HBMR utilization in the community	HBMR utilization assessed															

Activities in PDM Operated Activities in 2007	Expected Results	2007 JFY (April 2007 – March 2008)												Remarks	
		Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.		
		27	28	29	30	31	32	33	34	35	36	37	38		
2.4.3	Review the utilization of the IEC/BCC materials produced	Appropriate IEC/BCC materials based on the local needs identified; and reprinting/ utilization plan made													
	a. Assess and review the IEC/BCC materials developed by the Project and utilization of the materials at the project sites			■	■	■		■							
	b. Develop plan for reproduction of necessary materials				■		■								
2.4.4	Reproduce appropriate IEC/BCC materials	Appropriate IEC/BCC materials reprinted/ produced													Pregnancy Calendar was revised and reprinted in JFY 2007, the other IEC materials will be revised in JFY 2008
	a. Reproduce the identified materials based upon the review and assessment in consultation with DOH/local producer														
2.4.5	Utilize the IEC materials (existing/reproduced)	IEC materials utilized	Cont. from 2006												Use in the community after the Survey
2.5	Establish community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among Basic Health Staff, AMWs, MCH Promoters and local authorities/organizations such as Village Tract Working Group (VTWG)/Village Health Committees	Link with 1.5 and 4.3													
<b>OUTPUT 3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2.</b>															
3.1	Establish project steering committees for the effective planning, monitoring and evaluation of the project activities at each level (Project Steering Committee (PSC) at central, Township Working Group (TWG) at township level and Village Tract Working Group (VTWG) at village level)	Management system established													
3.1.1	Conduct PSC meeting	Progress reviewed and plans made and confirmed													The 4th PSC meeting was held on 5th Sept. 2007, and the 5th PSC meeting on 14th Feb. in Nay Pyi Taw.
	a. Arrange and prepare the meeting														
	b. Conduct the meeting (half-yearly)														
	c. Follow-up the meeting (minutes/follow-up actions)														
3.1.2	Conduct TWG meeting	Progress reviewed and plans made and confirmed													To be coordinated with DMO/TMO
	a. Arrange and prepare the meeting														
	b. Conduct the meeting (quarterly)														
	c. Follow-up the meeting (minutes/follow-up actions)														

Activities in PDM Operated Activities in 2007		Expected Results	2007 JFY (April 2007 – March 2008)												Remarks
			Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	
			27	28	29	30	31	32	33	34	35	36	37	38	
3.1.3	<b>Conduct VTWG meeting</b>	Progress reviewed and plans made and confirmed													To be coordinated with DMO/TMO
	a. Arrange and prepare the meeting														
	b. Conduct the meeting (quarterly)														
	c. Follow-up the meeting (minutes/follow-up actions)														
3.2	<b>Conduct management workshops to steering committee members and project personnel at different levels on the skills for planning, monitoring and evaluation of the project</b>	Management capacity improved													
3.2.1	<b>Conduct an Experience Sharing Workshop on Community Support System</b>	Experience shared and strategies developed													
	a. Collect information regarding the community support for MCH Promoters in the Project sites														
	b. Analysis of the situation of community support for MCH Promoters in the project sites														
	c. Prepare the conduct of workshops (coordination with TWG/VTWGs and preparation for reports, etc.)														
	d. Conduct a workshop in each township														
	e. Prepare the report and follow up														
3.3	<b>Provide capacity development through study visits/observations of existing model cases in Japan and other countries</b>														
3.3.1	<b>Counterpart Study Visit on Project Management for Community-Oriented RH Approach</b>	Applicable lessons from the experience/best practices from Japan													
	a. Arrangement for the dispatch of participants to Japan														
	b. Preparation/management for the study visit programme in Japan														
	c. Study Visit in Japan incl. field observations (July 3 - July 21); incl. developing action plans with applicable lessons		7/3-21												
	d. Report of the study visit at the central and project areas, sharing the applicable lessons and action plans														
<b>OUTPUT 4. Applicable community-oriented reproductive health (RH) approaches are identified for wider application under RH programme in the Union of Myanmar</b>															
4.1	<b>Organize regular half-yearly meetings at the central level for the effective planning, monitoring and evaluation of the project activities</b>	Effective management system established													
4.1.1	Conduct PSC meeting	Refer to 3.1.1													
4.1.2	Conduct an annual review and planning meeting	Progress reviewed and													in conjunction with PSC

Activities in PDM Operated Activities in 2007		Expected Results	2007 JFY (April 2007 – March 2008)												Remarks
			Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	
			27	28	29	30	31	32	33	34	35	36	37	38	
<b>4.2</b>	<b>Develop guides for project implementers for the promotion of community-oriented RH activities</b>														
4.2.1	Assess the progress of the activities for identifying good practices and document implementation processes	Progress reviewed and good practices identified	Cont. from 2006												
4.2.2	Document the experiences and good practices for the development of the guide (link with 4.3.8)	Progress and good practices documented	PSC												
<b>4.3</b>	<b>Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project</b>	Process documentation made													
4.3.1	<b>Develop monitoring check list</b>	Monitoring check list developed		■											The monitoring plan and checklist has been discussed with the counterparts at the township level from end April to early May, and further consulted with DOH central at the Technical meeting on May 17-18 in NPT.
	a. Discuss with DOH on the planning			■											
	b. Develop draft monitoring checklist			■											
	c. Confirm the draft and produce monitoring checklist/follow-up		■												
4.3.2	Train Township Health Office for monitoring activities at township level	Orientation on monitoring conducted		△										△	
4.3.3	<b>Formulation of monitoring team and plan of monitoring at the township level</b>	Monitoring team and plan made													
	a. Prepare the plan of monitoring in consultation with DOH			■											
	b. Form the monitoring team/follow-up			■											
4.3.4	Conduct regular monitoring visits at the township level and downwards based upon the plan	Regular monitoring conducted		■				■			■				Coordinate with DMO/TMO
4.3.5	Conduct regular monitoring visits from the central level based upon the plan	Documentation plan made		■				■			■				Coordinate with DOH Central
4.3.6	<b>Develop documentation plan and format</b>	Documentation plan made		■											
	a. Prepare draft plan and format in consultation with DOH			■											
4.3.7	<b>Introduce the developed plan and format with TWG and VTWG</b>	Documentation plan and format utilized by TWG/VTWG		△										△	To be further considered
	a. Conduct orientation to TWG and VTWG and follow up			△										△	
	b. Provide follow-up on the orientation and documentation plan through TWG/VTWG			■					■			■			
4.3.8	Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project	Documentation made		■				■			■			■	To be considered with DOH and other experts and local staff
4.3.9	<b>Documentation of project activities/experiences and produce a project audio-visual material</b>	Documentation/promotional video produced		■				■							Production in collaboration with DOH/CHEB
	a. Develop a production plan/synopsis in consultation with DOH			■				■							
	b. Produce a video with a local consultant/agency			■				■			■			■	

Activities in PDM Operated Activities in 2007		Expected Results	2007 JFY (April 2007 – March 2008)											Remarks	
			Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.		Mar.
			27	28	29	30	31	32	33	34	35	36	37		38
4.4	<b>Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country for sharing and transferring of experiences gained through the model project</b>	Plan for Exchange seminars/ visits												The application to other area will be undertaken by MOH/DOH but not by the Project	
4.4.1	Conduct exchange seminars / visits (including selection of expanded areas)														
4.5	<b>Conduct workshops/seminars for sharing the experiences, outcomes and lessons learnt of the community-oriented RH model project among the concerned government bodies</b>	Workshop / Seminars Report												To be considered in latter part of 2009	
4.5.1	Conduct workshops/seminars for sharing the experiences and outcomes and lessons learnt														

Note: Revisions are reflected based upon the revision on the PDM in February 2007

Schedule of Operations (Actual)

For the 5th Year (JFY 2008)

(as of end March, 2009)

- : Implementation Period (planned)
- : Preparatory Period
- : Training (KM & NC)
- △ : Meeting/Workshop
- : Implementation period (actual)
- ▨ : Implementation period (revised plan)

Activities in PDM Operated Activities in 2008		Expected Output	Japanese Fiscal Year 2008 (April 2008 - March 2009)												備考
			Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	
0.0	<b>Follow-up on the recommendations from Mid-term evaluation team</b>		39	40	41	42	43	44	45	46	47	48	49	50	Follow-up on the recommendations by the mid-term evaluation conducted in JFY 2007
0.1	<b>Revision of PDM</b>														
	a. Consult with JICA on draft plan of PDM revision		—												
	b. Consult and coordinate with DOH on draft plan of PDM revision through technical meeting		△												Technical meetings on June 10-11 and September 14-16 in Nay Pyi Taw
	c. Share the revised PDM with counterparts through TWG / VTWG meetings with township level and below		—												
<b>OUTPUT 1. Quality of RH services with special focus on safe motherhood is improved in the project area</b>															
1.1	<b>Conduct the operational research on RH services, health facilities and community perspectives on RH</b>														
1.1.1	Produce a combined report of the Baseline Survey (Part I and II) and share with stakeholders/partners widely.		—												Endline Survey to be conducted from January 2009
1.2	<b>Train and retrain Basic Health Staff (BHS) for strengthening quality RH services at RHCs and Sub-RHCs</b>														
1.2.1	Conduct refresher training for SBA (I) to strengthen leadership and management skills														Refresher training for Skilled Birth Attendants (LHV/MW) on leadership and management, 3 days, for each township
	a. Develop a training plan for the refresher training for SBA (I) through consultations with DOH		---												
	b. Conduct a refresher training for SBA (I) to strengthen leadership and management skills														KM: 8/26-28 NC: 9/1-3



Activities in PDM Operated Activities in 2008		Expected Output	Japanese Fiscal Year 2008 (April 2008 - March 2009)												備考
			Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	
	c. Make follow-up on the refresher training for SBA (I) and review the program and teaching materials for the future trainings as well as for the CORH model approach	Training contents/materials reviewed and plan for the future trainings made	39	40	41	42	43	44	45	46	47	48	49	50	
1.2.2	Conduct a refresher training for SBA (II) on midwifery skills	Midwifery skills of SBA improved													
	a. Assess the midwifery skills of the SBA including document review														
	b. Develop a training plan based on the assessment with consultations with DOH														
	c. Conduct a refresher training for SBA (II) on midwifery skills														
	d. Make follow-up on the refresher training for SBA (II) and review the program and teaching materials for the future trainings as well as for the CORH model approach	Training contents/materials reviewed and plan for the future trainings made													
1.3	<b>Train and retrain midwifery-trained personnel for ensuring safe delivery including early detection of high risk pregnancy</b>														
1.3.1	Improve the follow-ups and monitoring on AMWs' services and activities through SBA contributing to the enhanced skills of AMW	Link with 1.2.1, 1.5													
1.3.2	Consult and coordinate on the roles of AMWs in MCH promotion activities in the community as well as strengthen collaboration with SBAs and MCH Promoters														
1.3.3	Conduct refresher trainings for SBA I and II as per 1.2.1 and 1.2.2														
1.4	<b>Organize effective linkages between health providers and the community through MCH Promoters for the provision of care and close monitoring during pregnancy, delivery and post-delivery period to make pregnancies safer</b>	Linkage between health providers and community strengthened through MCH promoters' activities													

Activities in PDM Operated Activities in 2008		Expected Output	Japanese Fiscal Year 2008 (April 2008 - March 2009)												備考
			Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	
1.4.1	<b>Review and revise guidelines and handbook for the introduction of MCH Promoters System</b> a. Review the strategic paper, guidelines and handbook 1st edition b. Revise the strategic paper, guidelines and handbook based on the review (1.4.1a) outcomes (revised versions to be used in the 3rd refresher /2nd initial training of MCH Promoters) c. Have the 2nd edition of framework/guidelines and handbook approved through PSC	Guidelines, strategy paper and handbook for MCH Promoter system reviewed and revised	39	40	41	42	43	44	45	46	47	48	49	50	
1.4.2	<b>Conduct refresher training of trainers of MCH promoters at the township level</b> a. Prepare for the training; e.g. schedule/site/training materials b. Conduct TOT for MCH promoters incl. developing micro plans for MCH promoter training c. Review the training and prepare the report d. Follow up the training/ monitoring	Trainers of MCH promoters re-trained						▲ 9/15							TOT for MCH Promoters refresher/initial training: BHS in each township
1.4.3	Conduct 3rd refresher training / 2nd initial training of MCH promoters at the township level a. Prepare for the training; e.g. schedule/site/training materials b. Conduct training for MCH promoters c. Review the training and prepare the report d. Follow up the training/ monitoring (continued from 2007)	MCH Promoters (1st batch) re-trained and MCH Promoters (2nd batch) trained													Two-day training for each township
1.4.4	Review and revise training contents and materials for future training and replication	MCH Promoters training contents/ materials reviewed													The 3rd refresher training/ 2nd initial training for MCH Promoters in Nov. - Dec. 2008
1.5	<b>Establish an effective referral system for risk cases from the community to the first referral level</b> a. Conduct home visits / ANC / PNC by MW and AMW in cooperation with MCH Promoters (continued from Jan. 07) b. Monitor the MCH promoter's activities by SBA (or BHS)	Link with 1.4, 3.1, 4.3													

Activities in PDM Operated Activities in 2008	Expected Output	Japanese Fiscal Year 2008 (April 2008 - March 2009)												備考
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	
c. Inspect and select a village tract which has an effective referral system through linkages of MW, AMW and MCH promoters		39	40	41	42	43	44	45	46	47	48	49	50	
d. Monitoring (by project team and DOH) to see if the effective referral system functioning through the collaboration among MW, AMW and MCH promoters														
<b>1.6 Improve Basic Health Staff(BHS)'s communication skill and their counseling services including post-abortion care</b>	Link with 1.2													
1.6.1 Follow-up on the counseling skills training for SBAs conducted in JFY 2007		Cont. from 2007												
<b>1.7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs</b>	Health facilities upgraded													
1.7.1 Develop a renovation plan for health facilities (RHC/Sub-RHCs)	Renovation plan (including tender documents) developed for the target facilities													
a. Identify a consultant (designer investigator) for investigation/Designing/Preparation of contract documents														
b. Conduct investigation, designing and preparation of tender documents														
c. Finalize the renovation content and designing based upon the investigation														
1.7.2 Conduct renovations on the selected sites	Health facilities upgraded													
a. Select a contractor and sign the contract														
b. Undertake construction work														
c. Sign contract for supervisory work and supervise the renovation work														
d. Conduct launching ceremony for the renovated health facilities														
1.7.3 Procure basic medical equipment to Township Hospital and Station Hospital and IEC materials for RHCs	Equipment improved and IEC/BCC materials for RHCs provided													
a. Confirm the items and Specifications for procurement														
b. Procure the equipment (basic medical equipment and IEC)														
c. Distribute the equipment														
d. Follow-up														



Activities in PDM Operated Activities in 2008	Expected Output	Japanese Fiscal Year 2008 (April 2008 - March 2009)												備考
		Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	
2.4.4 Revise the IEC/BCC materials produced in the project, in coordination with DOH (according to the plan made in 2007)	IEC/BCC materials revised	39	40	41	42	43	44	45	46	47	48	49	50	
2.4.5 Reprint the revised version of IEC/BCC materials	Revised IEC/BCC materials reprinted/produced													
2.4.6 Utilize the IEC materials (existing/reproduced)	IEC materials utilized													
2.5 Establish community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among Basic Health Staff, AMWs, MCH Promoters and local authorities / organizations such as Village Tract Working Group	Link with 1.5, 3.2 and 4.3													
<b>OUTPUT 3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2.</b>														
3.1 Establish project steering committees for the effective planning, monitoring and evaluation of the project activities at each level (Project Steering Committee (PSC) at central, Township Working Group (TWG) at township level and Village Tract Working Group	Management system established													
3.1.1 Conduct PSC meeting	Progress reviewed and plans made and confirmed													
a. Arrange and prepare the meeting														
b. Conduct the meeting (half-yearly)														
c. Follow-up the meeting (minutes/follow-up actions)														
3.1.2 Conduct TWG meeting	Progress reviewed and plans made and confirmed													
a. Arrange and prepare the meeting														
b. Conduct the meeting (quarterly)														
c. Follow-up the meeting (minutes/follow-up actions)														
3.1.3 Conduct VTWG meeting	Progress reviewed and plans made and confirmed													
a. Arrange and prepare the meeting														
b. Conduct the meeting (quarterly)														
c. Follow-up the meeting (minutes/follow-up actions)														
6th PSC meeting, Nay Pyi Taw, Sept. 2008 and 7th PSC meeting, Nay Pyi Taw, February 2009														
To be coordinated with DMO/TMO														
To be coordinated with DMO/TMO														



Activities in PDM Operated Activities in 2008		Expected Output	Japanese Fiscal Year 2008 (April 2008 - March 2009)												備考
			Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	
<b>4.2 Develop guides for project implementers for the promotion of community-oriented RH activities</b>			39	40	41	42	43	44	45	46	47	48	49	50	
4.2.1	Assess the progress of the activities for identifying good practices and document implementation processes	Progress reviewed and good practices identified	Cont. from 2007												
4.2.2	Document the experiences and good practices for the development of the guide (link with 4.3.8)	Progress and good practices documented	PSC												PSC
<b>4.3 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project</b>		Process documentation made													
4.3.1	Review and revise the monitoring check list	Monitoring check list reviewed and revised													
4.3.2	Provide technical instruction for monitoring activities at township level	Monitoring system reviewed and strengthened	Cont. from 2007												
4.3.3	Conduct regular monitoring visits at the township and village levels based upon the plan	Regular monitoring conducted	Cont. from 2007												Coordinate with DMO/TMO
4.3.4	Conduct regular monitoring visits from the central level based upon the plan	Documentation plan made	Cont. from 2007												Coordinate with DOH Central
4.3.5	Consult and coordinate on documentation plan at the DOH central and township level	Documentation made	Cont. from 2007												To be discussed with DOH, other experts and local staffs
4.4	<b>Conduct exchange seminars / visits for RH programme personnel between the project areas and other areas in the country for sharing and transferring of experiences gained through the model project</b>														To be conducted by DOH
4.5	<b>Conduct workshops / seminars for sharing the experiences, outcomes and lessons learnt of the community-oriented RH model project among the concerned government bodies</b>														To be considered in JFY 2009
4.5.1	Conduct workshops / seminars for sharing the experiences and outcomes and lessons learnt	Workshop / Seminars Report													

Note: Activities are based on the PDM (ver. 03) revised on 24 Feb. 2007.

Schedule of Operations (Actual)

For the 6th Year (JFY2009)

(as of end January, 2010)

- : Implementation Period
- - - : Preparatory Period
- : Training in Kyaukse
- : Training in Naungcho
- △ : Meeting/Workshop

Activities in PDM Operated Activities in 2009		Expected Result	Japanese Fiscal Year 2009 (April 2009 - January 2010)												Remarks		
			Apr 51	May 52	June 53	July 54	Aug. 55	Sept. 56	Oct. 57	Nov. 58	Dec. 59	Jan. 60					
0.0	<b>JICA Terminal Evaluation</b>															JICA Terminal Evaluation is conducted in September	
0.0.1	a. Prepare for JICA Terminal Evaluation Mission	Endline assesment and JICA project final evaluation report produced															
	b. Conduct JICA Terminal Evaluation Activities																
	c. Support for JICA Terminal Evaluation Mission																
	d. Share information of the results of the Terminal Evaluation															△	
<b>OUTPUT 1. Quality of RH services with special focus on safe motherhood is improved in the project areas</b>																	
1.1	<b>Conduct the baseline and end line surveys on RH services, health facilities and community perspectives on RH</b>	Endline assesment results shared with the related counterpart organizations															End line assesment (Part I and II) has been conducted from January to July 2009
1.1.1	a. Conduct end line assessment (Part II) by local consultant																
	b. Prepare the report and share with concerned agencies																(Part 2) Approval and distribution
1.2	<b>Re-train midwifery-trained personnel for ensuring safe delivery including early detection of high risk pregnancy</b>	Midwifery skills of SBA improved															
1.2.1	Monitor SBAs skills after the refresher training and provide necessary technical assistance																
	a. Conduct monitoring on the midwifery skills of SBAs																
	b. Provide necessary technical assistance to SBAs																
1.2.2	Strengthen SBAs' skills to enhance midwifery skills of AMWs	Manual on skill development of AMW produced															
	a. Develop a teaching manual for SBAs (MW) to provide technical guidance to AMW																
	b. Provide technical assistance to DOH counterparts based on the teaching manual developed as per 1.2.2a																
1.3	<b>Train Basic Health Staff (BHS) on Leadership, Management, and Counseling skills</b>	Leadership, management and teamwork building skills of BHS improved															Leadership and management training II was conducted in each Township in August instead of June as planned
1.3.1	Conduct leadership and management training II for BHS																
	a. Consultation and development of training plan with MOH section, DOH																
	b. Prepare refresher training for BHS (leadership and management II)																KM: 8/14-15 NC: 8/16-17



Activities in PDM Operated Activities in 2009		Expected Result	Japanese Fiscal Year 2009 (April 2009 - January 2010)												Remarks		
			Apr 51	May 52	June 53	July 54	Aug. 55	Sept. 56	Oct. 57	Nov. 58	Dec. 59	Jan. 60					
	c. Follow-up and revision of training manual of leadership and management training II	Follow-up of training conducted and Training manual revised															
<b>1.4</b>	<b>Monitor BHS to support for skill development regularly by DMO/TMO and responsible persons</b>	Supportive monitoring skills for BHS strengthened															Monitoring and data collection training will be organized in September in each Township
1.4.1	a. Provide technical assistance for DMO/TMO on means of monitoring																
	b. Conduct training for BHS on monitoring and data collection skills																
<b>1.5</b>	<b>Train BHS to strengthen referral to higher level health facilities</b>	Referral to upper health facilities monitored and strengthened															
1.5.1	Monitoring and additional technical advices to BHS after the refresher training																
<b>1.6</b>	<b>Renovate health facilities (completed by 2008)</b>	Health facilities renovated and equipment provided															
1.7	Provide basic equipment (completed by 2008)																
<b>OUTPUT 2. Awareness and knowledge on RH issues among community people, particularly women improve in the project areas</b>																	
<b>2.1</b>	<b>Conduct needs assessment on IEC/BCC materials (conducted in 2006-8)</b>																completed by JFY 2008
<b>2.2</b>	<b>Develop IEC/BCC materials (conducted in 2006-8)</b>	IEC/BCC materials based on the needs identified from the review developed and revised															
2.2.1	Final revision of MCHP Handbook (for national prototype) and development of FAQ booklet																approval and distribution of FAQ booklet
2.2.2	Consolidate the IEC materials produced in the Project to be included in the operational manual																FAQ booklet was distributed in June
<b>2.3</b>	<b>Conduct training for Basic Health Staff (BHS) on IEC/BCC</b>																
2.3.1	Produce a manual on IEC/BCC health education by BHS based on the outcomes from past trainings																completed by JFY 2008
<b>2.4</b>	<b>Conduct health education sessions by the trained BHS for community people including pregnant women</b>	Capacity of BHS on the utilization of IEC/BCC materials and skill of health education improved															
2.4.1	Implementation of additional technical advices for the health education session																
<b>2.5</b>	<b>Provide guidance on IEC/BCC activities on RH issues to AMWs and MCH Promoters by BHS</b>																
2.5.1	Provide technical advice on CHE (Continuing Health Education) at RHC/Sub-RHC level																





**Major Activities and Inputs by Experts (February 2005 – March 2006)**  
**JFY 2004 – JFY 2005 List of Dispatched Experts**

## &lt;Experts Dispatched &gt;

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activity and Input Made
Ms. Ryoko Nishida	Project Manager (Director, International Programme, JOICFP)	Feb 20. – Mar 13, 2005 (22 days) May 1 – 11, 2005 (11 days: Vietnam) May 28 – June 15, 2005 (19 days) Aug. 16 – Sept 6, 2005 (22 days) Sept 10 – Sept 11, 2005 (1 days) Oct 26 – Nov 16, 2005 (22 days) Dec 17 – Dec 31, 2005 (15 days) Jan 15 – Jan 20, 2006 (6 days) Feb 13 – Mar 8, 2006 (24 days)	<ul style="list-style-type: none"> <li>➤ To supervise the overall management of the project in close coordination with DOH and JICA; especially in this reporting period major activities include the study tour to Vietnam, setting up the project management system incl. the Project Steering Committees at different levels, Launching Ceremony/Workshop, arrangement for the Baseline Survey, PCM workshops followed by the Planning Meeting.</li> <li>➤ To coordinate with concerned UN agencies/GOs/NGOs for exchanging information/views necessary for project implementation and advocacy of the Project.</li> <li>➤ To conduct the Project Supporting Group meetings and promote the publicity of the project in Japan. &lt;for Output 1, 2, 3, 4&gt;</li> </ul>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activity and Input Made
Ms. Ryoko Koshihara	Project coordinator (Programme Officer, International Programme, JOICFP)	Feb. 19 – Mar. 16, 2005 (26 days) May 15 – July 3, 2005 (50 days) Aug 16 – Oct 1, 2005 (47 days) Oct 17 – Dec 31, 2005 (76 days) Jan 15, 2006 – Mar 14, 2006 (59 days)	<ul style="list-style-type: none"> <li>➤ To assist Project Manager in the management of the project in close coordination with DOH and JICA.</li> <li>➤ To execute administrative procedures for the dispatch of experts, visa and travel, the management of project activities, the procurement of equipment, etc.</li> <li>➤ To undertake the administrative management including financial matters in coordination with DOH, JICA and other concerned agencies.</li> </ul> <p>&lt;for Output 1, 2, 3, 4&gt;</p>
Ms. Naoko Ogata	Expert in Community Health (Senior Programme Officer, International Programme, JOICFP)	Feb. 19 – Mar. 16, 2005 (26 days) May 22 – Oct 15, 2005 (147days) Oct 30, 2005 – Mar 9, 2006 (131days)	<ul style="list-style-type: none"> <li>➤ To give technical advice to DOH/JICA/JOICFP in undertaking the project activities, especially in the field of the provision of quality RH services provision and human resource development of RH service providers.</li> <li>➤ To provide technical assistance for undertaking the project activities, especially in this reporting period, technical input to the development of survey tools for the baseline survey, conduct of PCM workshops, development of training plan, assessment of health facilities and equipment, setting up the project steering committees at the field level.</li> <li>➤ To collect information concerned with RH service provision and roles/functions/level of technical skills of RH service providers (especially Midwife and Auxiliary Midwife) in coordination with DOH and other concerned GOs/UN agencies/INGOs.</li> </ul> <p>&lt;for Output 1, 2, 3&gt;</p>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activity and Input Made
Mr. Takaaki Hirakawa	PCM Facilitator  (Consultant under the contract with JOICFP)	Aug. 16 – Sept 6, 2005 (22 days)	<ul style="list-style-type: none"> <li>➤ To undertake PCM workshops at the central and township levels, including preparation of the workshop content and training materials, facilitation, analysis of the result and the identification of recommendations.</li> <li>➤ To participate in the planning meeting to reflect the outcome of the PCM workshops in the review and development of the plan of operation.</li> </ul> <for Output 3>
Ms. Amane Funabashi	Expert in IEC/BCC	Oct 9 – Oct 23, 2005 (15 days)	<ul style="list-style-type: none"> <li>➤ To collect information on the production of BCC advocacy tools for Community-oriented Reproductive Health Project, such as leaflets and web sites.</li> <li>➤ To collect information of review on the existing BCC/ advocacy materials aiming for effective utilization of IEC/BCC and advocacy tools in project implementation in connection to the production of such tools.</li> </ul> <for Output 2>
Mr. Tomomichi Yamada	Expert in HMIS	Nov 12 – Nov 26, 2005 (15 days)	<ul style="list-style-type: none"> <li>➤ To review the existing systems for data collection and analysis at DOH down to the health center level, and analyze the issue of the existing monitoring system.</li> <li>➤ To provide technical advice and recommendations for the improvement and effective utilization of the data and indicators set up in the PDM and the baseline survey.</li> </ul> <for Output 3>
Ms. Miyoko Kume	Expert in Midwifery Education	Dec 14 – Dec 26, 2005 (13 days)	<ul style="list-style-type: none"> <li>➤ To revise the current training manual and curriculum for midwifery education (especially Midwife and Auxiliary Midwife)</li> <li>➤ To give technical advice in developing the contents of the training curriculum that could be utilized in the project sites concerning the utilization of the home-based maternal cards</li> </ul> <for Output 1>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activity and Input Made
Mr. Nobuhiro Kadoi	Expert in Survey/Consultant	Mar 1, – Mar 9, 2006 (9 days) Jan 28, – Feb 4, 2006 (8 days)	<ul style="list-style-type: none"> <li>➤ To review the OVIs (Objectively Verifiable Indicators) in the Draft PDM and make the grand design of Baseline Survey</li> <li>➤ To follow up the Baseline Survey and provide comments and technical input to the draft report of the first part of the Baseline Survey (Health Infrastructure and Quality of RH services) in consultation with the local consultant</li> <li>➤ To develop draft guidelines for project organization and management mechanism (Roles and Functions of Project Steering Committees at different levels), and draft framework and guidelines for monitoring system.</li> </ul> <for Output 3, 4>
Mr. Ryoichi Suzuki	Expert in Project Management	Feb 16 – Mar 5, 2006 (18 days)	<ul style="list-style-type: none"> <li>➤ To review the project activities and progress during the JFY 2005</li> <li>➤ To review the PDM, annual plan for JFY 2005 and to make recommendations on necessary countermeasures for JFY 2006 based upon the lessons learned particularly on the project management aspect</li> <li>➤ To provide technical advice on the organization and management of the community-oriented activities along with the project purpose at the filed level</li> </ul> <for Output 1, 2, 3, 4>

**Major Activities and Inputs by Experts (April 2006 – March 2007)****JFY 2006 List of Dispatched Experts**

## &lt;Experts Dispatched &gt;

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Ms. Ryoko Nishida	Project Manager (Reproductive health)  (Director, International Programme, JOICFP)	May 15 - July 16, 2006 (63 days) August 3 - Sept. 28, 2006 (57 days) November 12 - 26 (15 days) January 24 - March 2, 2007 (38 days)	<ul style="list-style-type: none"> <li>➤ To supervise the overall management of the project in close coordination with DOH and JICA including the reinforcement of project implementation system in the field, and arrangement of contracts with local consultants and follow-ups for the Baseline Survey Part II, renovation of health facilities (investigation, renovation work and supervision), Baseline Survey Result Dissemination Workshop (Field and Central Levels), OVI Review Workshop, Renovation Launching Ceremony;</li> <li>➤ To undertake and reinforce the management and implementation of the project steering committees at every level, conduct regular technical meetings, develop monitoring plans, and to provide advice and input for the introduction of MCH Promoters System, e.g. Guidelines and Strategic Plan in coordination with DOH;</li> <li>➤ To coordinate with concerned UN agencies/INGOs for exchanging information/views necessary for project implementation, networking and advocacy; and</li> <li>➤ To facilitate project support activities, including conducting the Project Supporting Group meetings and promoting the publicity of the Project in Japan and outside.</li> </ul> <p>&lt;for Output 1, 2, 3, 4&gt;</p>



Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Ms. Ryoko Koshihara	Project coordinator (Programme Officer, International Programme, JOICFP)	Apr. 24 - Oct. 8, 2006 (168 days) Oct. 29, 2006 - Jan. 6, 2007 (70 days) Jan. 21 - Mar. 11, 2007 (50 days)	<ul style="list-style-type: none"> <li>➤ To assist Project Manager in the management of the Project in close coordination with DOH and JICA;</li> <li>➤ To support in the management, implementation and monitoring of activities of the project steering committee at every level in collaboration with DOH;</li> <li>➤ To execute administrative procedure for dispatched experts such as travel permit, provide support to the experts, and undertake the management of project budget;</li> <li>➤ To coordinate and exchange ideas with concerned agencies at the local level in connection with the project management; and</li> <li>➤ To execute the necessary procedures for equipment procurement.</li> </ul> <p>&lt;for Output 1, 2, 3, 4&gt;</p>
Ms. Naoko Ogata	Expert in Community Health (Senior Programme Officer, International Programme, JOICFP)	Apr. 24 - Oct. 22, 2006 (182 days) Nov. 13, 2006 - Mar. 11, 2007 (119 days)	<ul style="list-style-type: none"> <li>➤ To provide technical advice to project counterparts, both at the DOH and township levels, in the field of community health and the provision of quality RH services with special attention on safe motherhood and human resource development of RH service providers;</li> <li>➤ To provide technical advice for midwifery skills training (i.e. for this reporting period, the conduct of refresher training for AMWs), and the development of draft guidelines for the introduction of MCH Promoters System and the development of the plans for TOT and training for MCH Promoter; and</li> <li>➤ To provide technical advice for the renovation of health facilities, the provision of equipment and the development of IEC/BCC materials.</li> </ul> <p>&lt;for Output 1, 2, 3&gt;</p>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Ms. Amane Funabashi	Expert in IEC/BCC (Programme Officer, International Programme, JOICFP)	Jun. 4 - 17, 2006 (14 days) Aug. 4 - 13, 2006 (10 days) Nov. 16 - Dec. 20, 2006 (35 days)	<ul style="list-style-type: none"> <li>➤ To review existing IEC/BCC and advocacy materials and tools, and develop plans for the production/reproduction of necessary materials and tools, and their effective utilization in order to promote community-oriented RH activities and community participation;</li> <li>➤ To provide input and advice in the development of the IEC/BCC materials and its distribution and utilization;</li> <li>➤ To provide input and advice for the TOT for MCH Promoters specifically the session for communication skills using role play and the IEC/BCC materials; and</li> <li>➤ To develop the draft IEC/BCC activities framework for the next fiscal year.</li> </ul> <for Output 2>
Ms. Miyoko Kume	Expert in Midwifery Education (Dean/Professor, School of Nursing, Tokyo Women's Medical University)	Dec. 23, 2006 - Jan. 6, 2007 (15 days)	<ul style="list-style-type: none"> <li>➤ To provide necessary technical advice and assistance for enhancing counterparts' training capacities in the area of midwifery education;</li> <li>➤ To provide technical advice in reviewing and improving the training curriculum and teaching materials in the training for midwifery skills (i.e. midwives and AMWs) and MCH promoters; and</li> <li>➤ To provide technical advice for the equipment required for midwives in the health facilities regarding antenatal/delivery/postnatal care.</li> </ul> <for Output 1, 2>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Mr. Ryoichi Suzuki	Expert in Project Management/ Community-based Organization Activities (Deputy Executive Director, JOICFP)	Sept. 4 - 21, 2006 (18 days) Jan. 26 - Feb. 12 (18 days) Feb. 17 - Mar. 6, 2007 (18 days)	<ul style="list-style-type: none"> <li>➤ To review the progress of the project activities and management of the project during the first half of the 2006 Japanese Fiscal Year (JFY);</li> <li>➤ To attend the 2nd Project Steering Committee (PSC) to review the progress and achievements of the Project during the 1<sup>st</sup> half of 2006 (JFY) based upon the PDM and the Plan of Operations, and to discuss and formulate the Plan of Operations during the 2<sup>nd</sup> half of the 2006 JFY with necessary revisions for confirmation and approval at the PSC;</li> <li>➤ To review and evaluate the training scheme and activities of Maternal and Child Health (MCH) Promoters in 2006 Japanese Fiscal Year (JFY) and advice on the following training program and community-based activities of MCH Promoters for 2007 JFY;</li> <li>➤ To attend the 3rd Project Steering Committee (PSC) to present on the result of evaluation and analysis on the progress and achievements of MCH Promoters' training and its system and to discuss and formulate the Plan of Operations for 2007 JFY related with the MCH Promoters system development; and</li> <li>➤ To provide technical advice for the mid-term evaluation in 2007 on project management in general and introduction of Maternal and Child Health (MCH) Promoters System in particular. &lt;for Output 1, 2, 3, 4&gt;</li> </ul>

**Major Activities and Inputs by Experts (April 2007 – March 2008)****JFY 2007 List of Dispatched Experts**

## &lt;Experts Dispatched &gt;

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Mr. Ryoichi Suzuki	Project Manager, Expert in Community-Organization Activities  (Deputy Executive Director, JOICFP)	Apr. 22 - May 23, 2007 (32 days) Aug. 20 - Sept. 20, 2007 (32 days) Nov. 3 – Nov. 11, 2007 (9 days) Jan. 9 – Mar. 9, 2008 (60 days)	<ul style="list-style-type: none"> <li>➤ To supervise the overall management of the project in close coordination with DOH and JICA;</li> <li>➤ To advise to the policy level and give technical assistance on the CORHP especially on safe motherhood and to identify best practices and approaches to apply to the other areas in Myanmar;</li> <li>➤ To share the progress of the project activities for capacity development for the monitoring and evaluation at each level. At the same time, to establish and conduct a regular technical meeting and joint project monitoring at each levels, out of which the overall progress and issues to be tackled would be identified and be shared.</li> <li>➤ To coordinate with concerned UN agencies/INGOs for exchanging information/views necessary for project implementation, networking and advocacy.</li> <li>➤ To facilitate project support activities, including conducting the Project Supporting Group meetings and promoting the publicity of the project in Japan and outside.</li> </ul> <p>&lt;for Output 1, 2, 3, 4&gt;</p>
Ms. Ryoko Koshihara	Project Coordinator  (Programme Officer, International Program, JOICFP)	May. 7 - June 19, 2007 (44 days) Aug. 1 - Oct. 6, 2007 (67 days) Nov. 19, 2007 - Jan. 6, 2008 (49 days) Jan. 12 - Mar. 17, 2008	<ul style="list-style-type: none"> <li>➤ To assist Project Manager in the management of the Project in close coordination with DOH and JICA;</li> <li>➤ To support in the management and implementation of the Project Steering Committees, especially collaboration with steering committees in the field level, establishment of monitoring system, and collection of the good practices;</li> <li>➤ To execute administrative procedure for dispatched experts such as travel permit,</li> </ul>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Ms. Ryoko Koshihara		(66 days)	<p>provide support to the experts, and undertake the management of project budget;</p> <ul style="list-style-type: none"> <li>➤ To coordinate and exchange ideas with concerned agencies at the local level in connection with the project management; and</li> <li>➤ To execute the necessary procedures for equipment procurement.</li> </ul> <p>&lt;for Output 1, 2, 3, 4&gt;</p>
Ms. Naoko Ogata	Expert in Community Health (Senior Programme Officer, International Program, JOICFP)	Apr. 22 - Jul. 3, 2007 (73 days) Aug. 16, 2007 - Feb. 29, 2008 (198 days)	<ul style="list-style-type: none"> <li>➤ To provide technical advice to project counterparts, both at the DOH and township levels, in the field of community health and the provision of quality RH services with special attention on safe motherhood and human resource development of RH service providers; and</li> <li>➤ To provide technical advice on midwifery skills training for AMWs and MWs, Refresher TOT and Refresher Training for MCH Promoters.</li> </ul> <p>&lt;for Output 1, 2, 3&gt;</p>
Ms. Amane Funabashi	Expert in IEC/BCC (Programme Officer, International Program, JOICFP)	Jun. 3 - 23, 2007 (21 days) Aug. 16 - Sept. 6, 2007 (22 days)	<ul style="list-style-type: none"> <li>➤ To review the utilization of the newly developed and distributed IEC/BCC materials for more effective promotion of community-oriented RH activities in the project area and provide technical advice for revisions;</li> <li>➤ To provide technical input for MCH Center staffs regarding effective utilization of IEC/BCC materials and teaching methodology to accelerate community-oriented RH awareness raising activities.</li> <li>➤ To develop the Audio-Visual Material for the project advocacy.</li> </ul> <p>&lt;for Output 2&gt;</p>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Mr. Nobuhiro Kadoi	Expert in Operations Research (Program Manager, International Program, JOICFP)	May 31 – June 14, 2007 (15 days) Jan. 20 – Feb. 3, 2008 (15 days)	<ul style="list-style-type: none"> <li>➤ To conduct a situation analysis at the village level to elicit information from stakeholders, analyze the situations in which MCH promoters are working and find out good practices at the village level;</li> <li>➤ To provide technical advice for establishment of effective community support system to enhance MCH Promoters' activities based on findings of the situation analysis; and</li> <li>➤ To organize the experience sharing workshop and to provide technical advice on monitoring activities to the counterparts including the Project Steering Committees at each level.</li> </ul> <for Output 1, 2, 3, 4>
Ms. Miyoko Kume	Midwifery Education (Dean/Professor, School of Nursing, Tokyo Women's Medical University)	Dec. 22 – Jan 5, 2008 (15 days)	<ul style="list-style-type: none"> <li>➤ To provide necessary technical advice and assistance for enhancing counterparts' training capacities in the area of midwifery education.</li> <li>➤ To provide technical advice in reviewing and improving the training curriculum and teaching materials in the training for midwifery skills (i.e. midwives and AMWs) and MCH promoters.</li> </ul> <for Output 1, 2>
Ms. Misako Nogi	Project Coordinator (Assistant Programme Officer, International Program, JOICFP)	May. 30 – Aug. 5, 2007 (68 days) Nov. 3 – Nov. 28 (25 days) Jan. 8 – Feb. 9, 2008 (33 days)	<ul style="list-style-type: none"> <li>➤ To assist Project Manager in the management of the Project in close coordination with DOH and JICA, undertaking coordination work while the other Project Coordinator is away from Yangon.</li> </ul> <for Output 1, 2, 3, 4>

**Major Activities and Inputs by Experts (April 2008 – March 2009)****JFY 2008 List of Dispatched Experts**

&lt;Experts Dispatched &gt;

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Mr. Ryoichi Suzuki	Project Manager  (Deputy Executive Director, JOICFP)	May 25 – July 8, 2008 (45 days) August 11 - Sept. 18, 2008 (39 days) Oct. 20 – Nov. 19, 2008 (31 days) Jan. 13 – March 1, 2009 (48 days)	<ul style="list-style-type: none"> <li>➤ To supervise the overall management of the project in close coordination with DOH and JICA;</li> <li>➤ To advise to the policy level and give technical assistance on the CORHP especially on safe motherhood and to identify best practices and approaches to the DOH;</li> <li>➤ To report the project progress and consultate with Project Steering Committee (PSC), Township Working Group (TWG) and Village Tract Working Group (VTWG).</li> <li>➤ To conduct regular technical meeting with DOH to update and monitor the project progress and to share the issues, lessons and solutions for the project sustainability;</li> <li>➤ To coordinate with concerned UN agencies/INGOs for exchanging information/views necessary for project implementation, networking and advocacy.</li> <li>➤ To organize Project Supporting Group meetings for further support to the project as well as public relations in Japan.</li> </ul>

&lt;for Output 1, 2, 3, 4,5&gt;

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Ms. Misako Nogi	Project Coordinator (Assistant Programme Officer, Research and Development, JOICFP)	May 1 – Oct. 3 2008 (156 days) Oct. 19, 2008 – March 15, 2009 (148 days)	<ul style="list-style-type: none"> <li>➤ To assist Project Manager in the management of the Project in close coordination with DOH and JICA, undertaking coordination work while the other Project Coordinator is away from Yangon.</li> </ul> <for Output 1, 2, 3, 4,5>
Ms. Ryoko Koshihara	Expert in Community Organization Activities (Programme Officer, Research and Development, JOICFP)	June 26 – July 8, 2008 (13 days) Sep. 28 - Oct. 30 , 2008 (33 days) Jan. 19 - Feb. 7 , 2009 * (17 days) *<Feb. 1 - Feb. 3, 2009 for IEC/BCC Expert's activities>	<ul style="list-style-type: none"> <li>➤ To provide technical advice for developing the sustainable community-support system / community-based activities for the promotion of safe motherhood / reproductive health in project area;</li> <li>➤ To collect and consolidate the good practices of “community-oriented reproductive health activities” in project area;</li> <li>➤ To provide technical advice for setting up the “Driving Force Villages” with proper monitoring system and documenting good practices in these villages and</li> <li>➤ To provide necessary information and technical advice for revision of selection criteria / guideline of MCH Promoters from the consolidated information.</li> </ul> <for Output 3,4 and 5>
Ms. Kim Yorin	Expert in Community Health (I)	Aug 2 – Sep 8, 2008 (38 days)	<ul style="list-style-type: none"> <li>➤ To provide technical assistance and advice for strengthening MCH promoters’ activities;</li> </ul>
Ms. Mari Kinoshita	Expert in Community Health (I)	Nov. 2 – Nov. 15 2008 (16 days) Jan. 23 – March 13, 2009 (50 days)	<ul style="list-style-type: none"> <li>➤ To provide technical assistance and advice necessary for the Skilled Birth Attendant (SBA) Skill Training on Leadership / Team-building / Management;</li> <li>➤ To provide technical assistance and advice necessary for the MCH promoter’s Training of Trainers (TOT), Initial and Refresher Training for MCH promoters.</li> </ul> <for Output 1, 2 and 3>



Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Ms. Sachiko Sakurai	Expert in Community Health (II)	Nov. 15, 2008 – March 1, 2009 (107 days)	<ul style="list-style-type: none"> <li>➤ To make follow-ups on and to conduct an assessment on the activities of MCH Promoters after the 3rd refresher training and the 2nd initial training; and</li> <li>➤ To develop a plan for the future trainings for MCH Promoters.</li> </ul> <for Output 1, 2 and 3>
Ms. Michiko Oguro	Expert in Midwifery Education (Assistant Professor, Saint Luke's College of Nursing)	Aug 11– Sep 10, 2008 (31 days) Oct. 11– Oct. 19, 2008 (9 days) Dec. 23, 2008 – Jan. 10, 2009 (19 days)	<ul style="list-style-type: none"> <li>➤ To conduct an assessment, including literature research, on Skilled Birth Attendants as well as Auxiliary Midwives in the Project Areas; and</li> <li>➤ To provide necessary technical advice to conduct trainings on midwifery skills based on the outcomes of the assessment.</li> </ul> <for Output 1 and 2>
Ms. Amane Funabashi	Expert in IEC/BCC (Programme Officer, Information and Advocacy, JOICFP)	Aug. 11 – Sept. 6, 2008 (27 days) Nov. 11 – Nov. 20, 2008 (10 days)	<ul style="list-style-type: none"> <li>➤ To provide technical advice on revision of the IEC/BCC materials developed by the Project to make them national prototypes, as well as on new materials to be developed in JFY 2008 to enhance effectiveness in promoting community-oriented RH activities;</li> <li>➤ To provide technical advice on the utilization of IEC materials as well as teaching methods to conduct IEC/BCC training on effective utilization of IEC materials on RH for expanded target of BHS from all the RHC in the Project Areas, with the aim of enhancing effective IEC/BCC activities on reproductive health in the community.</li> </ul> <for Output 2, 3 and 4>
Ms. Ryoko Koshihara	Expert in IEC/BCC (Programme Officer, Research and Development, JOICFP)	Feb. 1 – Feb. 3, 2009 (3 days) Feb. 18 – Mar. 6, 2009 (17 days)	<ul style="list-style-type: none"> <li>➤ To provide technical advice on the utilization of IEC materials as well as teaching methods to conduct IEC/BCC training on effective utilization of IEC materials on RH for expanded target of BHS from all the RHC in the Project Areas, with the aim of enhancing effective IEC/BCC activities on reproductive health in the community.</li> </ul> <for Output 2, 3 and 4>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Mr. Tomomich Yamada	Expert in Operational Research /Monitoring (Consultant on Statistics, Health Information Management, Population and Reproductive Health, IC Net Co. Ltd)	Aug. 10 – Aug. 30, 2008 (21 days) Oct. 18 – Oct. 24, 2008 (7 days) Dec. 21, 2008 – Jan. 10, 2009 (21 days)	<ul style="list-style-type: none"> <li>➤ To provide necessary technical advice for establishing/strengthening an effective monitoring system to collect and utilize the Project indicators including utilization of HBMR and Clean Delivery Kit;</li> <li>➤ To provide technical assistance on the collection of Project indicators based on the outcome of situation analysis on monitoring system and data collection;</li> <li>➤ To provide recommendations and technical advice out of the analysis and possible counter actions on obstacles identified for data/indicator collection.;</li> <li>➤ To extend technical support for midwives, who are collecting the data on the ground, to reemphasize the importance of data collection by utilizing opportunities of SBA trainings; and</li> <li>➤ To confirm the data collected upto December 2008 and analyze with the counterparts, and provide necessary technical assistance.</li> </ul> <p>&lt;for Output 4, 5&gt;</p>

**Major Activities and Inputs by Experts (April 2009 – January 2010)**  
**JFY 2009 List of Dispatched Experts**

## &lt;Experts Dispatched &gt;

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Mr. Ryoichi Suzuki	Project Manager (Deputy Executive Director, JOICFP)	May 7 – June 30, 2009 (55 days) July 27 – Oct. 3, 2009 (69 days) Oct. 18 – Nov. 18, 2009 (32 days) Jan. 4 – Jan. 27, 2010 (24 days)	<ul style="list-style-type: none"> <li>➤ To supervise the overall management of the project in close coordination with DOH and JICA;</li> <li>➤ To provide technical advice and assistance to policy-making level counterpart in order to apply the identified best practices and approaches of the project to national health programme, and to conduct dissemination meeting / experience-sharing workshop for sharing the outcomes of the project with concerned organizations;</li> <li>➤ To report the project progress and consultate with Project Steering Committee (PSC), Township Working Group (TWG) and Village Tract Working Group (VTWG) and to give technical advices for future sustainability;</li> <li>➤ To conduct the management workshop in project areas in order to improve the planning and management capacity of stakeholders at village-tract level and strengthen the future sustainability of the project;</li> <li>➤ To conduct regular technical meeting with DOH to update and monitor the project progress and to share the issues, lessons and solutions and M&amp;E (monitoring and evaluation) for the project sustainability;</li> <li>➤ To coordinate with concerned UN agencies / INGOs for exchanging information / views necessary for project implementation, networking and advocacy; and</li> <li>➤ To organize Project Supporting Group meetings for further support to the project as well as public relations in Japan.</li> </ul> <p align="center">&lt;for Output 1, 2, 3, 4, 5&gt;</p>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Ms. Misako Nogi	Project Coordinator (Assistant Programme Officer, Development Cooperation Group, JOICFP)	May 3, 2009 – Jan. 31, 2010 (274 days)	<ul style="list-style-type: none"> <li>➤ To assist Project Manager in the management of the Project in close coordination with DOH and JICA;</li> <li>➤ To assist Project Manager in conducting the Project Steering Committee Meetings and summing-up of the project;</li> <li>➤ To undertake finance management and logistics under the supervision of Project Manager;</li> <li>➤ To undertake all coordination work with related organizations.</li> </ul> <for Output 1, 2, 3, 4, 5>
Ms. Ryoko Koshihara	Expert in Community Organization Activities (Programme Officer, Development Cooperation Group, JOICFP)	May 23 – June 12, 2009 (21 days) Sept. 11 – Sept. 28, 2009 (18 days) Oct. 26 – Nov. 18, 2009 (24 days)	<ul style="list-style-type: none"> <li>➤ To provide technical advice for developing the sustainable community-support system / community-based activities for the promotion of safe motherhood / reproductive health in project area, based on the assessment conducted in JFY 2008;</li> <li>➤ To consolidate and document the good practices of “community-oriented reproductive health activities” in project area and share the documented experiences at dissemination meeting / experience-sharing workshop.</li> </ul> <for Output 3, 4 and 5>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Ms. Mari Kinoshita	Expert in Community Health	May 26 – Sept. 19, 2009 (117 days) Oct. 5 – Dec. 28, 2009 (85 days)	<ul style="list-style-type: none"> <li>➤ To monitor the MCHP activities based on the assessment conducted in JFY 2008, and provide technical assistance and advice for strengthening MCH promoters' activities;</li> <li>➤ To provide technical assistance and necessary advice for the Skilled Birth Attendant (SBA) Training on Leadership / Team-building / Management (Part II);</li> <li>➤ To develop the practical manuals on MCHP system and share with concerned organization at dissemination meeting / experience-sharing workshop.</li> </ul> <p>&lt;for Output 1, 2, 3, 4 and 5&gt;</p>
Ms. Michiko Oguro	Expert in Midwifery Education	Aug. 10 – Sept. 2, 2009 (24 days) Oct. 12 – Oct. 19, 2009 (8 days)	<ul style="list-style-type: none"> <li>➤ To develop the manuals for SBA to conduct on-job training targeted to AMW for their midwifery skill improvement, based on the results of the assessments conducted in previous year;</li> <li>➤ To provide necessary technical advice to counterpart for effective utilization of the above-mentioned manuals.</li> </ul> <p>&lt;for Output 1 and 5&gt;</p>
Ms. Lisa (Asamura) Yamamoto	Expert in IEC/BCC  (Programme Manager, Human Resource Development, JOICFP)	June 21 – July 4, 2009 (14 days)	<ul style="list-style-type: none"> <li>➤ To develop the Frequent Questions and Answers (FAQ) Handbook for MCHPs and to provide technical advice on effective utilization;</li> <li>➤ To develop the practical manuals for BHS to conduct the community-oriented health education session, based on the project experiences of IEC/BCC-related skill trainings for previous 3 years.</li> </ul> <p>&lt;for Output 2, 4 and 5&gt;</p>

Name	Title/Area (Organization/Position)	Schedule	TOR Major Activities and Inputs Made
Mr. Tomomich Yamada	Expert in Operational Research /Monitoring  (Consultant on Statistics, Health Information Management, Population and Reproductive Health, IC Net Co. Ltd)	May 25 – June 23, 2009 (30 days)  Aug. 10 – Sept. 23, 2009 (45 days)	<ul style="list-style-type: none"> <li>➤ To analyze the project indicators (objectively verifiable indicators);</li> <li>➤ To assess the data collecting and monitoring skills of midwives and to conduct necessary training based on the assessment results;</li> <li>➤ To develop manuals on effective monitoring and data collection targeted for BHS, based on the above-mentioned assessment and training;</li> <li>➤ To finalize the monitoring formats for AMWs and MCHPs, based on the monitoring results since the introduction of new formats in JFY 2008.</li> </ul> <p>&lt;for Output 4 and 5&gt;</p>

**Annex 4. List of Participants for Counterpart Study Visit (Overseas)****2004 (Observatory Study Visit to Japan)**

No	Name	Position	Current Position (if changed)
1	Dr. Hla Hla Aye	Director, International Health Division, MOH	(UNFPA Myanmar)
2	Dr. San Shway Wynn	Director, Public Health, DOH, MOH	(UNICEF Myanmar)
3	Dr. Thein Thein Htay	Deputy Director, Maternal and Child Health, DOH, MOH	Deputy Director General (Public Health), DOH, MOH
4	Dr. Win Pe	Consultant, Central Women's Hospital, Mandalay	

**2005 (Study Visit to Viet Nam)**

1	Dr. Theingi Myint	Assistant Director, Maternal and Child Health Section, DOH, MOH	Deputy Director, Maternal and Child Health, DOH, MOH
2	Dr. Khin San Oo	Team Leader, School Health, Kyaukse District Hospital	Township Health Officer, Pakkoku Township, Magway Division
3	Dr. Nwe Nwe Win	Township Medical Officer, Naungcho Township Hospital	Township Medical Officer, Moe Nyin Township, Kachin State
4	Ms. Nan Su Su Htay	Township Health Nurse, Kyaukse District Hospital	Township Health Nurse, Naungcho Township Hospital
5	Ms. Khin Ohn Myint	Township Health Nurse, Naungcho Township Hospital	Retired
6	Dr. Nwe Nwe Khin	Deputy Director, Nursing, Department of Medical Science, MOH	Director, Nursing, Department of Medical Science, MOH

**2006 (Study Visit to Japan)**

1	Dr. San San Oo	Assistant Director, Maternal and Child Health Section, DOH, MOH	Faculty, University of Public Health, Department of Medical Science, MOH
2	Dr. Thwe Thwe Htoo	Specialist (OBGYN), Kyaukse District Hospital	
3	Dr. Nwe Nwe Win*(=2005 No.3)	Township Medical Officer, Naungcho Township Hospital	Township Medical Officer, Moe Nyin Township, Kachin State
4	Dr. Lei Lei Kyaw	Medical Officer, Naungcho Township Hospital	Retired

**2007 (Study Visit to Japan)**

1	Dr. Myint Myint Than	Deputy Director, Women and Child Health Development Project, DOH, MOH	
2	Dr. Sai San Win	State Health Director, State Health Department, Shan State (North)	
3	Dr. Wai Wai Lwin	Assistant Director, Women and Child Health Development Project, DOH, MOH	Retired
4	Ms. Nang Kham Mart	Assistant Director, Nursing, State Health Department, Shan State	
5	Dr. Khin San Oo** (= 2005 No.2)	Team Leader, School Health, Kyaukse District Hospital	Township Health Officer, Pakkoku Township, Magway
6	Dr. Chaw Chaw Naing	Township Medical Officer, Naungcho Township Hospital	

No	Name	Position	Current Position (if changed)
<b>2009 (Study Visit to Japan)</b>			
1	Dr. Tin Win Kyaw	Director, Public Health, DOH, MOH	
2	Dr. Hnin Hnin Lwin	Medical Officer (Reproductive Health), Maternal and Child Health Section, DOH, MOH	
3	Dr. Aye Min Tun	Township Health Officer, Kyaukme District Hospital	Station Medical Officer, Man Tet Station Hospital, Namt Kham Township
4	Dr. Nang Mya Hnin Aye	Medical Officer, Naungcho Township Hospital	
5	Ms. Nang Aye Shwe	Health Assistant (1), Kyaukme District Hospital	
6	Mr. Sai San Mya	Health Assistant (1), Naungcho Township Hospital	



**List of Health Facility Renovated <Kyaukme>**

No.	Name	Type	Note
I	<b>Naung Pein</b>	RHC	Renovated in JFY 2006
(A)	<b>Loi Khaw</b>	S/C	Renovated in JFY 2006
(B)	<b>Mai Teen</b>	S/C	Renovated in JFY 2006
(C)	Sa Khan Thar	S/C	
(D)	<b>Man Kyaung</b>	S/C	Renovated in JFY 2007
(E)	<b>Ta Gon Taing</b>	S/C	Renovated in JFY 2008
II	Pone Woe	RHC	
(A)	Khant Khe	S/C	
(B)	Hae Kwe	S/C	
(C)	<b>Maw Mar</b>	S/C	Renovated in JFY 2008
III	Aye Thar Yar	RHC	
(A)	Kho Mone	S/C	
(B)	<b>Kywe Gone</b>	S/C	Renovated in JFY 2008
(C)	Narr Pyein	S/C	
(D)	Kant Kan	S/C	
(E)	Kyu Shaw	S/C	
(F)	Naung Kwan	S/C	
IV	Mai Lone	SHU	
(A)	Min Gone	S/C	
(B)	<b>Pan Kwan</b>	S/C	Renovated in JFY 2007
(C)	Hue Kwet	S/C	
(D)	Pan San	S/C	
(E)	Tawt San	S/C	
V	<b>Mai Ngwat</b>	SHU	Renovated in JFY 2008
(A)	Pone Lon	S/C	

**List of Health Facility Renovated <Naungcho>**

No.	Name	Type	Note
<b>I</b>	<b>Thone Sae</b>	RHC	Renovated in JFY 2008
(A)	Ka La Kwe	S/C	
(B)	Ho Kho	S/C	
<b>II</b>	<b>Taung Shae</b>	SHU	
(A)	Shwe Ku Let Pan	S/C	
(B)	Lwe Pann	S/C	
(C)	Me Pote	S/C	
<b>III</b>	<b>Kan Gyi</b>	RHC	Renovated in JFY 2006
(A)	<b>Shwe Mote Htaw</b>	S/C	Renovated in JFY 2007
(B)	Naung Taw	S/C	
(C)	<b>Naung Cho Gyi</b>	S/C	Renovated in JFY 2006
<b>IV</b>	<b>Bant Bwey</b>	RHC	Renovated in JFY 2008
(A)	Nyaung Htauk	S/C	
(B)	<b>Samma Sae</b>	S/C	Renovated in JFY 2008
(C)	<b>Kyein Ga Naing</b>	S/C	Renovated in JFY 2006
(D)	Kone Thar	S/C	
<b>V</b>	<b>Tha Yet Kone</b>	RHC	Renovated in JFY 2007
(A)	<b>Se Sone</b>	S/C	Renovated in JFY 2008
(B)	Than Bo	S/C	
(C)	West Kyu Inn	S/C	
<b>VI</b>	<b>Shwe Pyi Nyunt</b>	RHC	
(A)	<b>Ohmakhar</b>	S/C	Renovated in JFY 2007
(B)	Pin Tee	S/C	
(C)	Seik Phu	S/C	
(D)	Kyauk Taw	S/C	

**Annex 6. List of Equipment Provided**

JFY	Description / Name of Equipments / Goods	Specifications / Standard	Quantity	Designation for Distribution
<b>Expert Equipment</b>				
2004	Laptop Computer	Dell Inspiron 700m	2	Japanese Experts
	Digital Camera	P100DSC - P100, SONY	1	Japanese Experts
2005	LSCS set	LSCS Set - JARIT 20 in different items, 41 in total number, Germany	2	1 for Kyaukme District Hospital 1 for Naungcho Township Hospital
	Photocopy Machine	Sharp Digital Multifunction System Model: AR-M206	1	Yangon Project Office
	Mobile Phone (Handset + SIM Card)	Nokia 6030 Hand set GSM Chip from MPT	5	Japanese Experts and Project Staff
	Risograph	Model: CR-1610, Canon	2	1 each for Field Project Office (Kyaukme / Naungcho)
	Multi-Media Projector	Model: XEED-SX 50, Canon No. of Pixels 1,470,000 Lumens 2500	2	1 each for Field Project Office (Kyaukme / Naungcho)
2005	KOKEN Midwifery Education Kit (Baby Model (M / F) Belly Model Midwifery Practice Model)	Baby Model (M): LM-026M/ Height 48cm, Head Size 33cm, Weight 3000g Baby Model (F): LM-026F/ Height 48cm, Head Size 34cm, Weight 3000g Belly Model: LM-043/35x52xH29/ AC Adaptor and accessories attached Midwifery Practice Model LM- 063A/ Pelvis model, Fetus + placenta models	2	1 each for Field Project Office (Kyaukme / Naungcho)

JFY	Description / Name of Equipments / Goods	Specifications / Standard	Quantity	Designation for Distribution
2005	KYOTO KAKAGU Midwifery Practice Set	Code No: 32523-000: Pelvic Model, Uterus Model, Fetal Model)	2	1 each for Field Project Office (Kyaukme / Naungcho)
2006	Resuscitator Bag	Resuscitator Bag with Kit bag, GIMA, Italy Resuscitator Bag-Infant, GIMA, Italy	6	1 each for 6 Station Hospitals (Naungcho) Thonze / Taung Shae (Kyaukme) Naung Pain / Pone Woe / Mine Lone / Mine Ngwat
2008	Magnet Kit	Magnet Kit Display Magnetic Panel 1, Magnetic Parts 29, IUD and Uterus Model, Crayon, Towel, Guidebook, Carrying bag	12 sets	1 each for 12 RHCs (Naungcho) Thonze / Taung Shae / Kan Gyi / Ban Bwe / Tha Yet Kone / Shwe Pyi Nyunt
	Pregnancy Simulator	Pregnancy Simulator	12 sets	(Kyaukme) Naung Pain / Pone Woe / Aye Thar Yar / Mai Lone / Mai Ngwat / Khon Khar
<b>Other Equipment</b>				
2005	Bureau Chair	Bureau Chair	3	Yangon Project Office
	Folding Chair	Bureau Chair, Folding	2	Yangon Project Office
	Printer	HP LaserJet 1320	1	Yangon Project Office
	Printer	HP LaserJet 1320	1	Field Project Office (Kyaukme)
	Bureau Table	Bureau Table	1	Field Project Office (Kyaukme)
	Bureau Chair	Bureau Chair	1	Field Project Office (Kyaukme)
	Meeting Table	Meeting Table	1	Field Project Office (Kyaukme)
	Meeting Chairs	Chairs (1 set =6)	1	Field Project Office (Kyaukme)
	Cabinet	Cabinet	1	Field Project Office (Kyaukme)
	Meeting Chairs	Chairs (1 set =6)	1	Field Project Office (Naungcho)
	Meeting Table	Meeting Table	1	Field Project Office (Naungcho)
	Printer	HP LaserJet 1320	1	Field Project Office (Naungcho)

JFY	Description / Name of Equipments / Goods	Specifications / Standard	Quantity	Designation for Distribution
2005	TV Moniter	29" Digital TV Model:KV-SR292M89K, Sony	2	1 for Kyaukme District Hospital 1 for Naungcho Township Hospital
	DVD Player	Model : DVP-K82P, Sony	2	1 for Kyaukme District Hospital 1 for Naungcho Township Hospital
	Handy Video Camera	SONY DVD HANDYCAM Model : DCR-PC55E	1	Field Project Office (Kyaukme)
	Bureau Table	Bureau Table	5	3 for Yangon Project Office 1 each for Field Project Office (Kyaukme / Naungcho)
	Bureau Table	Bureau Table	2	1 for Field Project Office (Kyaukme) 1 for Field Project Office (Naungcho)
	Bureau Chair	Bureau Chair	7	3 for Yangon Project Office 2 each for Field Project Office (Kyaukme / Naungcho)
	Cabinet	Cabinet (Large Size)	3	1 for Yangon Project Office 1 each for Field Project Office (Kyaukme / Naungcho)
	Cabinet	Cabinet (Small Size)	3	1 for Yangon Project Office 1 each for Field Project Office (Kyaukme / Naungcho)
	Desktop Computer	Desktop Computer P4-3.2F Ghz Processor, 120GB	6	2 for Yangon Project Office 2 each for Field Project Office (Kyaukme / Naungcho)

JFY	Description / Name of Equipments / Goods	Specifications / Standard	Quantity	Designation for Distribution
2005	Wheel Chair	Aluminium Wheel Chair - GIMA Code : 27718 Aluminium type with detachable armrest, footrest and brake. Folding. Made in Italy	8	1 each for 8 hospitals (Naungcho) Township hospital, 2 Station Hospitals (Thone Ze / Taungshe) (Kyaukme) District Hospital, 4 Station Hospitals (Naung Pain / Pone Woe / Mine Lone / Mine Ngwat)
	Stretcher (Patient Trolley)	Patient Trolleys - GIMA Code : 27800+ Chrome plated steel, Mounted on 4 casters, Italy Size: 180x54xH80 Accessories: Side rails, I.V.Stands, Steel basket, Oxygen bottle holder	8	1 each for 8 hospitals (Naungcho) Township hospital, Station Hospitals (Thone Ze / Taungshe) (Kyaukme) District Hospital, Station Hospitals (Naung Pain / Pone Woe / Mine Lone / Mine Ngwat)
	Laptop Computer (for Multi-media Projector)	ACER Notebook 2423 P4-1.6 Ghz Processor, 40GB/ 256MB, Window XP Licensed, Office 2003 Licensed, OEM	2	1 each for Field Project Office (Kyaukme / Naungcho) for Multi-media Projectors
	Photocopy Machine	Canon Copier Model : NP-7160	2	1 each for Field Project Office (Kyaukme / Naungcho)
	Magnet Kit	Magnet Kit Display	2	1 each for DOH / State Health Department (Northern Shan)
	Magnet Kit	Magnetic Panel 1, Magnetic Parts 29, IUD and Uterus Model, Crayon,	2	1 each for Field Project Office (Kyaukme / Naungcho)
	Magnet Kit	Towel, Guidebook, Carrying bag	2	1 each for Field Project Office (Kyaukme / Naungcho)

JFY	Description / Name of Equipments / Goods	Specifications / Standard	Quantity	Designation for Distribution
2005	Pregnancy Simulator	Pregnancy Simulator	6	1 each for DOH / State Health Department (Northern Shan) 2 for Field Project Office (Kyaukme) 2 for Field Project Office (Naungcho)
	SPSS	SPSS BASE 14.0, Single Copy Perpetual License	2	1 for JOICFP Tokyo Office 1 for Yangon Project Office
2006	Neonatal Weighing Scale	Seca, Germany	8	1 each for 8 hospitals (Naungcho) Township Hospital, Station Hospitals (Thone Ze / Taung Shae) (Kyaukme) District Hospital, Station Hospitals (Naung Pain / Pone Woe / Mine Lone / Mine Ngawt)

JFY	Description / Name of Equipments / Goods	Specifications / Standard	Quantity	Designation for Distribution
<b>Equipment Supply based on A4 Form</b>				
2006	Inverter UPS	Inverter UPS : Linyama, 1000W, 24 V Battery : Panasonic, 150 Amp GS	2	1 each for Field Project Office (Kyaukme / Naungcho)
	For Sub-RHC	<p>Title of the Books:</p> <p>1. Natural Physician / 2. The ways for healthy living / 3. Health for Phay Phay and May May / 4. Round table discussion on HIV/AIDS / 5. Ideals for health / 6. Treatment with precautionary measures / 7. Health Knowledge / 8. Myanmar Traditional Medicine / 9. The relationship between weather and food</p> <p>Title of the Books:</p> <p>1. Physical &amp; Mental development method for Children and their environment / 2. Women / 3. Sexual relation between male &amp; female / 4. Scientific Marriage Life / 5. Healthy &amp; Wealthy Baby / 6. 3 stages of female / 7. Health instruction for Pregnant Woman / 8. Facts for Pregnant mothers / 9. Wearing 9 months, Delivering at 10 months / 10. Man (Male) / 11. Nature of Sex &amp; Medicine / 12. Adolescent Female &amp; Male</p>	39	1 set each for 39 Sub-RHCs (Kyaukme) 20 Sub-RHC (Naungcho) 19 Sub-RHC



JFY	Description / Name of Equipments / Goods	Specifications / Standard	Quantity	Designation for Distribution	
2006	For Sub-RHC	Equipment Cabinet	39	1 set each for 39 Sub-RHCs (Kyaukme) 20 Sub-RHC (Naungcho) 19 Sub-RHC	
		Bookstand Cabinet			
		Mercurial Blood Pressure Instrument			
		Aneroid Blood Pressure Instrument			
		Stethoscope			
	For District/Township/Station Hospitals	Delivery Bed	Locally produced with hard wood, 3' x 1.5' x 5' Locally produced with hard wood, 3' x 1.5' x 5' Cuff for BP Instrument: YTON MERCURIAL SPHYGMOMANOMETER Sphygmanometers with gauge on the cuff: YTON SPHYGMO-Adult, GIMA, Italy 3M, Italy, Littmann Clasic II SE	8	1 each for 8 Hospitals (Naungcho) Township Hospital / Thone Ze / Taung Shae (Kyaukme) District Hospital, Naung Pain / Pone Woe / Mine Lone / Mine Ngwat
		Weighing Machine (Adult)	Delux Delivery Bed with Trendelenburg, GIMA, Italy Bathroom Scale, Adult, China	54	1 pce each for 54 facilities (Naungcho) Township Hospital / MCH Center / 2 Station Health Units / 4 RHCs / 19 Sub-RHCs (Kyaukme) District Hospital / MCH Center / 4 Station Health Units / 1 RHCs / 20 Sub-RHCs
	Generator	Tropic 12KVA Diesel Generator, 380V-220V, 50Hz, 18.2AMPS, Auto Voltage Regulator, Silent Type Used, YANMAR, Japan	2	1 for Field Project Office (Kyaukme) 1 for Field Project Office (Naungcho)	
	For District/Township/Station Hospitals	Suction Machine	Tobi Manual Suction Aspirator, Gima-Italy	8	1 each for 8 Hospitals (Naungcho) Township Hospital / Thone Ze / Taung Shae (Kyaukme) District Hospital, Naung Pain / Pone Woe / Mine Lone / Mine Ngwat

JFY	Description / Name of Equipments / Goods	Specifications / Standard	Quantity	Designation for Distribution
2007	Examination Bed Blood Pressure Instrument Stethoscope Bookstand Cabinet Health Education Books For RHCs	Locally Procured (Stainless Steel) Cuff for BP Instrument: YTON MECURIAL SPHYGMOMANOMETER Sphygmanometers with gauge on the cuff: YTON SPHYGMO-Adult, GIMA, Italy 3M, Lithmann Classic II SE, Italy Locally produced by hard wood (5'x 3'x 17') Title of the Books: 1. The ways for healthy living / 2. Where there is no doctor / 3. Early Years for Adolescents / 4. Health for Play Play and May May / 5. Vitamins _ Questions and Answers / 6. Ideas for health / 7. Diseases that Everybody should know / 8. Treatment with precautionary Measures / 9. Health Knowledge / 10. Myanmar Traditional Medicine / 11. The relationship between weather and food / 12. Medical Facts for Young Children / 13. Sexual Relation between Male & Female / 14. Scientific Marriage Life / 15. Healthy & Wealthy Baby / 16. 3 Stages of Female / 17. To Enlonger the Marriage Life / 18. Health Instruction for Pregnant Women	20	1 each for 20 facilities (Kyaukme) 4 Station Hospitals, 6 RHCs, 1 MCH Center (Naungcho) 2 Station Hospitals, 6 RHCs, 1 MCH Center

JFY	Description / Name of Equipments / Goods		Specifications / Standard	Quantity	Designation for Distribution
2007	For RHCs	Mucus Sucker	RES-Q-VAC Suction Unit, Gima – Italy	14	1 each for 14 facilities (Kyaukme) 4 Station Hospitals, 2 RHCs, 1 MCH Center (Naungcho) 2 Station Hospitals, 4 RHCs, 1 MCH Center
	For MCH Centers	First Aid Kit (Emergency Resuscitator)	Ambu Bag, Manual Resuscitator & Airway (Emergency Artificial Resuscitation Set)-Adult/Infant/with kit bag	2	1 each for 2 MCH Centers (Kyaukme) 1 MCH Center (Naungcho) 1 MCH Center
	For Sub-RHCs	Examination Bed	Locally Procured (Stainless Steel)	39	1 set each for 39 Sub-RHCs (Kyaukme) 20 Sub-RHC (Naungcho) 19 Sub-RHC
		Mucus Sucker	RES-Q-VAC Suction Unit		
	IV Stand		Locally procured, Stainless steel	79	7 pcs each for District / Township Hospitals, 3 pcs each for 6 Station Hospitals and 1 pce each for 47 facilities (Naungcho) MCH Center / 4 RHCs / 19 Sub-RHCs (Kyaukme) MCH Center / 2 RHCs / 20 Sub-RHCs
	Clean Delivery Kit		Pearl Safe Delivery Kit	20000	10,000 sets each for Kyaukme District Hospital / Naungcho Township Hospital Distributed to pregnant women, through BHS and AMW
2008	Clean Delivery Kit		Pearl Safe Delivery Kit	8000	4,000 sets each for Kyaukme District Hospital / Naungcho Township Hospital
	For Township/Station Hospitals	Oxygen Concentrator	NIDEK (USA) Model-900 Mark V Nuvo (dual outlet)	2 sets	1 set each for 2 Hospitals (Naungcho) 1 Naungcho Township Hospital (Kyaukme) 1 Naung Pein Station Hospital

JFY	Description / Name of Equipments / Goods		Specifications / Standard	Quantity	Designation for Distribution
2008	For RHC (additional)	Adults Weighing Scale	Bathroom Scale, Adult, China	1	1 pce for Khon Kar RHC (Kyaukme)
		Baby Weighing Scale	SECA 334, Hamburg Germany Capacity: 20kg, Graduations: 2/5g<10kg>5g, Function: Tare, Auto hold, Switch over to lbs, Closed construction, Numerical Height: 15mm, Battery/AC with Charger/AC Adaptor		
	For Sub-RHCs	First Aid Kit (Emergency Resuscitator)	Model: 34241(for Adult), Gima, Italy: Resusc.bag-Double Chamber+accessories, Supplied with helicoidal mouth-wedge, tongue holding forceps, 3 Guedel airways and oxygen tube, all fitted in a resistant nylon bag Model: 34242(for Infant), Gima, Italy: Resusc.bag-Double Chamber-pediatric, Supplied with face mask N°2-VOLUME 400cc	39	1 set each for 39 Sub-RHCs (Kyaukme) 20 Sub-RHC (Naungcho) 19 Sub-RHC
		Blood Pressure Instrument	Mercurial Sphygnomanometer, GIMA, Italy Aneroid Sphygnomanometer, GIMA, Italy		
	For Sub-RHCs (additional)	Stethoscope	3M, Lithmann Classic II SE, Italy	3 sets	1 set each for 3 Sub-RHCs in Kyaukme (Kwin Sa Lann / Kaung Ka Law / Man Khaut)
		Adults Weighing Scale	Bathroom Scale, Adult, China		
		Book shelf	Locally produced by hard wood (5'x 3'x 17')		

JFY	Description / Name of Equipments / Goods	Specifications / Standard	Quantity	Designation for Distribution
2008	For Sub-RHCs (additional)	<p>Title of the Books:</p> <p>1. Physical &amp; Mental development method for Children and their environment / 2. Women (Female) / 3. Sexual relation between male &amp; female / 4. Scientific Marriage Life / 5. Healthy &amp; Wealthy Baby / 6. Three Stages of Female / 7. Facts for Pregnant Mothers / 8. Wearing 9 months, Delivering at 10 months / 9. Man (Male) / 10. Nature of Sex &amp; Medicine / 11. Adolescent Female &amp; Male / 12. Natural Physician / 13. Health for Phay Phay and May May / 14. Round table discussion on HIV/AIDS / 15. Ideas for Health / 16. Health Knowledge / 17. Myanmar Traditional Medicine / 18. The relationship between weather and food</p> <p>Title of the Books:</p> <p>1. The ways for healthy living / 2. Treatment with Precautionary Measures / 3. Health Instruction for Pregnant Mothers</p> <p>Locally produced by hard wood (5'x 3'x 17')</p> <p>Locally Procured (Stainless Steel)</p> <p>RES-Q-VAC Suction Unit, Gima – Italy</p> <p>Locally procured, all stainless steel</p>	3 sets	1 set each for 3 Sub-RHCs in Kyaukme (Kwin Sa Lann / Kaung Ka Law / Man Khaut)
	Health Education Books			
	Cabinet (for equipment)			
	Examination Bed			
	Mucus Sucker			
	IV Stands			

**Annex 7. List of Trainings, Workshops and Meetings****JFY 2005 (April 2005 - March 2006)**

No.	Activity	Dates/Duration	Venue	Participants
1	Project Launching Workshop	7 Jun. 2005 (1 day)	Yangon	Over 100 people attended the Launching Ceremony, and approx. 60 attended the Launching Workshop [Minister of Health, Embassy of Japan, DOH, State Health Department (Northern Shan), DMO/TMO, representatives from UN, international/local NGOs, JICA and JOICFP]
2	PCM (Project Cycle Management) Workshop	< for Central > < for Kyaukme > 23-25 Aug. 2005 (3 days) < for Naungcho > 29-31 Aug. 2005 (3 days)	Yangon Mandalay (for Township level counterparts)	Total 18 participants 20 participants for each workshop [Representatives of local authorities, Health Department, local NGOs, community representatives including voluntary health workers, representatives of women and men, State Health Department (Northern Shan) and JOICFP]
3	Planning Meeting	1-2 Sept. 2005 (2 days)	Mandalay	[DOH/MCH, DMO/TMO and a focal point person, a representative from Northern Shan State Health Department, and JOICFP including PCM Expert]
4	The 1st Project Steering Committee (PSC) Meeting	17 Feb. 2006 (half-day)	Yangon	Total 18 participants [PSC members, MOH/DOH Central, Each township representatives (DMO/TMO), JICA, UNFPA and JOICFP]
5	Refresher Training for Auxiliary Midwives (AMWs)	< Naungcho > 22-23 Feb. 2006 (3 days) < Kyaukme > 27 Feb. - 1 Mar. 2006 (3 days)	Each Township Naungcho/Kyaukme	Each Training: AMW 20

**JFY 2006 (April 2006 - March 2007)**

1	The 2nd Project Steering Committee (PSC) Meeting Preparatory Meeting	16 Sept. 2006 *Preparatory Meeting (half day-a.m.) Plenary (half day-p.m.)	Mandalay	Total 17 participants [PSC members, MOH/DOH Central, Each township representatives (DMO/TMO), JICA, UNFPA and JOICFP]
2	The 3rd Project Steering Committee (PSC) Meeting Preparatory Meeting	24 Feb. 2007 (half-day) 23 Feb. 2007 (half day)	Nay Pyi Taw	Total 20 participants [PSC members, MOH/DOH Central, DMO/TMO, JICA, UNFPA and JOICFP] Preparatory: 10 participants

No.	Activity	Dates/Duration	Venue	Participants
3	Advocacy Meetings	Half day x 2 Townships < Kyaukme > 16 Jun. 2006  < Naungcho > 20 Jun. 2006	Each Township Kyaukme/Naungcho	< Kyaukme > Total 53 participants [TWG members 7, VTWG representatives 21, VTWG secretary (midwives) 25] *JOICFP experts 3, local staff 3 < Naungcho > Total 58 participants [TWG members 6, VTWG representatives 24, VTWG secretary (midwives) 28]
4	Baseline Survey Result Dissemination Workshop	Half day x 2 Townships < Kyaukme > 1 Feb. 2007 (half day - a.m.)  < Naungcho > 31 Jan. 2007 (half day - a.m.)	Each Township Kyaukme/Naungcho	< Kyaukme > Total 113 participants [TWG members 5, VTWG/VT representatives 70, VTWG secretary (BHS/MW) 38] < Naungcho > Total 88 participants [TWG members 10, VTWG/VT representatives 39, VTWG secretary (BHS/MW) 39]
5	Launching Ceremony for Renovated Facilities	Half day x 2 Townships < Kyaukme > 1 Feb. 2007 (half day - p.m.) < Naungcho > 31 Jan. 2007 (half day - p.m.)	Each Township Kyaukme/Naungcho Mine Teen Sub-RHC  Kangyi RHC	Total 60-70 participants in each Township [BHS, MCH promoters, community representatives, DOH/MCH (Deputy Director), DMO/TMO and JOICFP]
6	OVI (Objectively Verifiable Indicators) Review Workshop	30-31 Jan. 2007 (2 days)	Kyaukme District Hospital	Total 12 participants [DOH /MCH (Deputy Director), Representatives of both townships (DMO/TMO, Focal Points), Baseline Survey Team and JOICFP]
7	Dissemination Workshop on the Baseline Survey Result (Central Level)	24 Feb. 2007 (Half day-a.m.)	Nay Pyi Taw	Total 27 participants [PSC members (Representatives from DOH, Representatives from 2 townships, JICA, JOICFP) and Baseline Survey Team]

No.	Activity	Dates/Duration	Venue	Participants
8	Refresher Training for Auxiliary Midwives (AMWs)	3-days each <Naungcho> 1) 6-8 Jun. 2006 2) 4-6 Jul. 2006 3) 12-14 Sept. 2006 4) 27-29 Dec. 2006 <Kyaukme> 1) 12-14 Jun. 2006 2) 11-13 Jul. 2006 3) 19-21 Sept. 2006 4) 16-18 Jan. 2007	Each Township Kyaukme/Naungcho	Each Training: AMW 20  *Naungcho (4th training): 17 participants attended
9	Training of Trainers (TOT) for MCH Promoters	3-day training x 2 Townships <Naungcho> 22-24 Nov. 2006  <Kyaukme> 27-29 Nov. 2006	Each Township Naungcho/Kyaukme	Basic Health Staffs (BHS) <Naungcho> Total 39 participants [MD 1, HA 4, LHV 6, MW 26, PHS I 1 and PHS II 1] <Kyaukme> Total 36 participants [HA 3, LHV 5, MW 26 and PHS I 2]
10	Training of MCH Promoter	1-day training x 68 sessions  <Kyaukme> 4 Dec. 2006-14 Jan. 2007  <Naungcho> 4 - 26 Dec. 2006	Each Township Kyaukme/Naungcho  <Kyaukme> 46 sessions  <Naungcho> 22 sessions	A total of 1,672 MCH Promoters trained in 2 Townships  <Kyaukme> Trainees: 970 Cumulative trainers: 102 <Naungcho> Trainees: 702 Cumulative Trainers: 49
11	Technical Meeting	1) 5 Jun. 2006 2) 10 Jul. 2006 3) 10 Aug. 2006 4) 21 Nov. 2006	1) MOH (Yangon) 2) MOH (Yangon) 3) MOH (Nay Pyi Taw) 4) MOH (Nay Pyi Taw)	1) Total 7 participants [DOH 1, JICA 2 and JOICFP 4] 2) Total 4 participants [DOH 1, JICA 1 and JOICFP 2] 3) Total 14 participants [DOH 10 and JOICFP 4] 4) Total 7 participants [DOH 5 and JOICFP 2]



No.	Activity	Dates/Duration	Venue	Participants
<b>JFY 2007 (April 2007 - March 2008)</b>				
1	The 4th Project Steering Committee (PSC) Meeting	5 Sept. 2007 (1-day)	Nay Pyi Taw	Total 23 participants [PSC members; MOH/DOH Central 8, DMO/TMO 3, Township Representative 1, JICA 3, UNFPA 1, Midterm Evaluation Expert, Consultants 2 and JOICFP 5]
2	The 5th Project Steering Committee (PSC) Meeting	14 Feb. 2008 (1-day)	Nay Pyi Taw	Total 20 participants [PSC members; MOH/DOH Central 8, DMO/TMO 3, Township Representative 2, JICA 1 and JOICFP 5]
3	Workshop for the Mid-Term Evaluation	< Kyaukme > 29 Aug. 2007 < Nay Pyi Taw > 4 Spt. 2007	Kyaukme  Nay Pyi Taw	< Kyaukme > Total 13 participants [KM 3, NC 2, Evaluators 2, JICA 2 and JOICFP 3] < Nay Pyi Taw > Total 20 participants [MOH/DOH Central 20]
4	TOT for the 1st Refresher Training for MCH Promoters	2-days x 2 Townships < Kyaukme > 3 - 4 May, 2007 < Naungcho > 14 - 15 May, 2007	Each Township Kyaukme/Naungcho	< Kyaukme > Total 37 participants [HA I 1, HA 4, LHV 6 and MW 26] < Naungcho > Total 40 participants [HA I 1, HA 3, LHV 5, MW 28]
5	Refresher Training for MCH Promoters	1-day x 49 sessions < Kyaukme > 8 - 13 May, 2007 32 sessions < Naungcho > 17 - 31 May, 2007 17 sessions	Within each Township Kyaukme/Naungcho within Kyaukme  within Naungcho	Total no. of participants for 2 Townships: 554 MCHPs  < Kyaukme > 326 MCHPs attended  < Naungcho > 228 MCHPs attended

No.	Activity	Dates/Duration	Venue	Participants
6	TOT for the 2nd Refresher Training for MCH Promoters	2-days x 2 Townships < Kyaukme > 1) 28 - 29 Nov. 2007 < Naungcho > 2) 21 - 22 Nov. 2007	Each Township Kyaukme/Naungcho 1) Kyaukme District Hospital 2) Naungcho Township Hospital	< Kyaukme > Total 45 participants [HA 2, PHS I 4, THN 1, LHV 6 and MW 32] < Naungcho > Total 39 participants [HA 4, PHS I 2, LHV 7, MW 26]
7	The 2nd Refresher Training for MCH Promoters	1-day x 68 sessions < Kyaukme > 8 Dec. 2007 - 2 Jan. 2008 42 sessions < Naungcho > 8 Dec. - 23 Dec. 2007 26 sessions	Within each Township RHCs/Sub-RHCs, monastery, schools within Kyaukme/Naungcho	Total no. of participants for 2 Townships: 1,409 MCHPs < Kyaukme > 799 MCHPs attended < Naungcho > 610 MCHPs attended
8	Refresher Training for Auxiliary Midwives (AMWs)	3-day training x 2 Townships < Kyaukme > 1) 5 - 7 Jun. 2007 < Naungcho > 2) 13 - 15 Jun. 2007 * In total, 6 trainings in each Township were conducted since JFY 2005.	Each Township Kyaukme District Hospital Naungcho Township Hospital	< Kyaukme > 17 AMWs < Naungcho > 19 AMWs
9	Skilled Birth Attendants (SBA) Training on Counseling Skills	3-days x 2 Townships < Kyaukme > 1) 14 - 16 Spt. 2007 < Naungcho > 2) 18 - 20 Spt. 2007	Each Township Kyaukme District Hospital Naungcho Township Hospital	Skilled Birth Attendants (SBA) < Kyaukme > Total 33 participants [LHV 6, MW 27] < Naungcho > Total 33 participants [LHV 6, MW 27]

No.	Activity	Dates/Duration	Venue	Participants
10	IEC/BCC Training for RH health session with the use of IEC/BCC materials	1-day x 2 Townships < Kyaukme > 24 Aug. 2007 < Naungcho > 28 Aug. 2007	MCH Centers in Each MCH Center Kyaukme  MCH Center Naungcho	BHS in MCH Centers < Kyaukme > Total 9 participants [HA 1, LHV 2 and MW 6] < Naungcho > Total 4 participants [LHV 1 and MW 3]
11	Experience Sharing Workshop on Community Support System for Promotion of Maternal and Child Health (I)	1-day x 2 Townships < Kyaukme > 26 Jan. 2008 < Naungcho > 29 Jan. 2008	Each Township Mitta Mon Hall, Kyaukme  Naungcho Town Hall	Community representatives and BHS < Kyaukme > Total 139 participants [District PDC 2, TWG 7, VTWG 50, BHS 56, MCHP 8, DOH Central 2 and JOICFP 14] < Naungcho > Total 111 participants [TWG 8, VTWG 38, BHS 44, MCHP 7, DOH Central 1, JICA 1 and JOICFP 12]
12	Township Working Group (TWG) Meeting	Quarterly < Kyaukme > (1) 3 May. 2007 (2) 29 Sept. 2007 (3) 24 Jan. 2008 (4) 13 Feb. 2008	Each Township < Kyaukme > Kyaukme District Hospital	< Kyaukme > (1) 9 participants [TWG 4, DMO 1, Focal Point Person 1 and JOICFP 3] (2) At the same time as Mid-Term Evaluation Workshop at Township Joint meeting for 2 Townships, 13 participants [KM 3, NC 2, Evaluators 3, JICA 2 and JOICFP 3] (3) 14 participants [DOH Central 1, TWG Chairperson 1, DMO 1, TWG members 4 and JOICFP 7]  (4) Joint for 2 Townships, 11 participants [At the 5th PSC meeting (TWG members 2, DOH Central 2, DMO/TMO/Focal Point Person 3, JOICFP 4)]

No.	Activity	Dates/Duration	Venue	Participants
12	Township Working Group (TWG) Meeting	< Naungcho > (1) 7 May 2007 (2) 29 Sept. 2007 (3) 28 Jan. 2008 (4) 13 Feb. 2008	< Naungcho > Naungcho Township Hospital	< Naungcho > (1) 5 participants [TWG Chairperson 1, TMO 1, Focal Point Person 1 and JOICFP 3] *Refer to Kyaukme no. (2) (3) 14 participants [DOH Central 1, TWG Chairperson-acting 1, DMO/TMO 2, TWG members 3 and JOICFP 7] (4) Joint for 2 Townships, 11 participants *Refer to TWG meeting in Kyaukme no. (4)
13	Village Tract Working Group (VTWG) Meeting	Quarterly	At Village Tract level	VTWG members (average 10 for each VTWG) Kyaukme: 26 VTWG Naungcho: 28 VTWG
14	Technical Meeting	1) 16 - 17 May. 2007 2) 3 - 6 Sept. 2007 3) 5 - 6 Nov. 2007 4) 23 - 29 Jan. 2008 5) 12 - 14 Jan. 2008	1) DOH, MOH (Nay Pyi Taw) * Only 5) Jan. meeting was conducted in the Project site	1) 6 participants [DOH 2, IHD 1, CHEB 1 and JOICFP 2] 2) 9 participants [DOH-MCH Section 2, DMO/TMO/Focal Point Person 3 and JOICFP 4] 3) 8 participants [DOH-MCH Section 4, BHS Section 2, Nutrition Section 1, School Health Section 1 and JOICFP 3] 4) 9 participants [DOH-MCH Section 1, DMO/TMO/Focal Point Person 3 and JOICFP 5] 5) 10 participants [DOH-MCH Section 2, DMO/TMO/Focal Point Person 3 and JOICFP 5]
<b>JFY 2008 (April 2008 - March 2009)</b>				
1	The 6th Project Steering Committee (PSC) Meeting  (including Workshop on Continuing Medical Education (CME))	15 Sep. 2008	Nay Pyi Taw	Total 19 participants [PSC members; MOH/DOH central, state and township representatives (DMO/TMO), JICA, and JOICFP]  * The Workshop on CME had 14 participants.
2	The 7th Project Steering Committee (PSC) Meeting	19 Feb. 2009	Nay Pyi Taw	Total 21 participants [PSC members; MOH/DOH central, Each township representatives (DMO/TMO), JICA, JOICFP and UNFPA]

No.	Activity	Dates/Duration	Venue	Participants
3	Refresher Training for Skilled Birth Attendants I (Leadership/Teamwork Building/Management)	3 days x 2 Townships < Kyaukme > 26 - 28 Aug. 2008 < Naungcho > 1 - 3 Sept. 2008	Each Township Kyaukme/Naungcho	LHV's and Midwives < Kyaukme > Total 39 participants [LHV 6 and MW 33] < Naungcho > Total 34 participants [LHV 7 and MW 27]
4	Refresher Training for Skilled Birth Attendants II (Midwifery Skills)	2 days x 2 Townships < Kyaukme > 29 - 30 Dec. 2008 < Naungcho > 1 - 2 Jan. 2009	Each Township Kyaukme/Naungcho	LHV's and Midwives < Kyaukme > Total 31 participants [LHV 5 and MW 26] < Naungcho > Total 33 participants [LHV 6 and MW 27]
5	Training on Monitoring Skill for BHS	Half day x 2 Townships < Kyaukme > 31 Dec. 2008 (half day) < Naungcho > 3 Jan. 2009 (half day)	Each Township Kyaukme/Naungcho	PHS I, HAs, LHV's and MW's < Kyaukme > Total 46 participants [THN 1, HA 4, PHS I 5, LHV 5 and MW 31] < Naungcho > Total 41 participants [THN 1, HA 5, PHS I 2, LHV 6 and MW 27]
6	IEC/BCC Skill Training for RH session with the use of IEC/BCC materials	2 days x 2 Townships < Kyaukme > 19 - 20 Aug. 2008 < Naungcho > 24 - 25 Aug. 2008	Each Township Kyaukme/Naungcho	HAs, LHV's, MW's < Kyaukme > Total 36 participants [HA 4, LHV 5 and MW 27] < Naungcho > Total 35 participants [HA 4, LHV 6 and MW 25]

No.	Activity	Dates/Duration	Venue	Participants
7	Community-based IEC/BCC Skill Training	1 day x 2 Townships < Kyaukme > 15 Nov. 2008  < Naungcho > 17 Nov. 2008	Each Township Kyaukme/Naungcho	HAs, LHVs and MWs < Kyaukme > Total 45 participants [HA 5, LHV 7 and MW 33]  < Naungcho > Total 39 participants [HA 4, LHV 7 and MW 28]
8	Training of Trainers (TOT) for MCH Promoters	2 days x 2 Townships < Kyaukme > 26 - 27 Nov. 2008  < Naungcho > 24 - 25 Nov. 2008	Each Township Kyaukme/Naungcho	Basic Health Staff < Kyaukme > Total 43 participants [HA 3, PHS I 5, LHV 4 and MW 31]  < Naungcho > Total 40 participants [THN 1, HA 5, PHS I 2, LHV 6 and MW 26]
9	Training for MCH Promoters (3rd refresher and 2nd initial)	6 Dec. 2008 - 17 Jan. 2009; 1-day x 70 sessions < Kyaukme > 6 Dec. 2008 - 17 Jan. 2009 43 sessions < Naungcho > 8 Dec. - 24 Dec. 2008 27 sessions	within Kyaukme/Naungcho  RHCs/Sub-RHCs, monastery, schools within Kyaukme/Naungcho	Total no. of participants for 2 Townships: 1,654 MCHPs  < Kyaukme > 950 (absent 36) MCHPs attended  < Naungcho > 704 (absent 25) MCHPs attended
10	Township Working Group (TWG) Meetings	Once in every 3 months < Kyaukme > 1 Jul., 22 Aug., 14 Nov. 2008 and 28 Jan. 2009 < Naungcho > 4 Jul., 20 Aug., 13 Nov., 2008 and 29 Jan. 2009	Each Township Kyaukme/Naungcho	10 TWG members for each township

No.	Activity	Dates/Duration	Venue	Participants
11	Village Tract Working Group (VTWG) Meeting	Once in every 3 months	Each Township Kyaukme/Naungcho	Kyaukme 26 VTWGs and Naungcho 28 VTWGs
12	Experience Sharing Workshop (II) on Community Support System	1 day x 2 Townships < Kyaukme > 28 Jan. 2009 < Naungcho > 29 Jan. 2009	Each Township Kyaukme/Naungcho	TWG/VTWG members, Village Tract representatives and BHS < Kyaukme > Total 116 participants < Naungcho > Total 73 participants
<b>JFY 2009 (April 2009 - January 2010)</b>				
1	Seminar on Planning and Management in Community-Oriented Safe Motherhood Initiative through MCH Promoters	1 day x 2 Townships < Kyaukme > 25 May 2009 < Naungcho > 26 May 2009	Each Township Kyaukme/Naungcho	TWG/VTWG members, Village Tract representatives and BHS < Kyaukme > Total 101 participants < Naungcho > Total 79 participants
2	Skilled Birth Attendants (SBA) Training on Leadership and Management (II)	2-days x 2 Townships < Kyaukme > 14 - 15 Aug. 2009 < Naungcho > 16 - 17 Aug. 2009	Each Township Kyaukme/Naungcho	Basic Health Staffs (BHS) < Kyaukme > Total 40 participants [HA 5, LHV 3, MW 28 and PHS I 4] < Naungcho > Total 37 participants [THN 1, HA 5, LHV 2, MW 24, PHS I 3 and PHS II 2]
3	The 8th Project Steering Committee (PSC) Meeting	15 Sep. 2009 (1-day)	Nay Pyi Taw	Total 27 participants [PSC members; MOH/DOH Central, DMO/TMO, Township Representatives, JICA and JOICFP]
4	The 9th Project Steering Committee (PSC) Meeting	22 Jan. 2010 (1-day)	Nay Pyi Taw	Total 16 participants [PSC members; MOH/DOH Central, DMO/TMO, Township Representatives, JICA, and JOICFP]

No.	Activity	Dates/Duration	Venue	Participants
5	Training on Monitoring Indicators for BHS	1-day x 2 Township < Kyaukme > 2 Sep. 2009  < Naungcho > 1 Sep. 2009	Each Township Kyaukme/Naungcho	Basic Health Staffs (BHS) < Kyaukme > Total 41 participants [HA, LHV and MW]  < Naungcho > Total 44 participants [HA, LHV and MW]
6	Township Working Group (TWG) Meeting	Quarterly	Each Township Kyaukme/Naungcho	Township Working Group Members
7	Village Tract Working Group (VTWG) Meeting	Quarterly	At Village Tract level	VTWG members (average 10 for each VTWG) Kyaukme: 26 VTWG Naungcho: 28 VTWG
8	Dissemination Meeting on Community-Oriented RH Approach	2 Nov. 2009	Nay Pyi Taw	43 Participants MOH/DOH, UNFPA, UNICEF, WHO, INGO and Local NGO representatives (Save the Children, WV, PSI, MMA and MCWA etc), JICA and JOICFP
9	Workshop for Experience Sharing on Community-Oriented RH Approach	12 - 14 Nov. 2009	Kyaukme and Naungcho	34 Participants Representatives from 4 selected township health department (Y wa Ngan and Kalaw Townships in Southern Shan State and Pin Oo Lwin and Amarapura Townships in Mandalay Division), DOH, State / District Health Director from Shouthern Shan Northern Shan and Manadlay Education Officer, JICA and JOICFP
10	Dissemination Meeting on Implementation Guide for Community-Oriented RH Approach	25 Jan. 2010	Yangon	20 Participants MOH/DOH, UNFPA, UNICEF, WHO, INGO and Local NGO representatives (Save the Children, Care, MSI and MMCWA, etc) JICA and JOICFP



**Annex 8. List of Outputs/Materials Produced**

Outputs/Material produced	Qty
<b>1) Pregnancy Calendar</b>	<b>1,000 pieces</b>
<b>2) MCH Promotor's Handbook</b>	
(a) 1st version (Myanmar)	2,700 copies
(b) 2nd version (Myanmar)	5,000 copies
(c) 2nd version (English)	50 copies
<b>3) MCH Promoter's Kit</b>	
(a) 1st version	2,000 sets
(b) 2nd version	2,000 sets
(c) 3rd version	5,000 sets
<b>4) Pamphlets (Myanmar - existing, Shan - translated)</b>	
(a) General RH	
- Shan language	27,500 copies
- Myanmar language	15,000 copies
(b) Safe Motherhood	
- Shan language	27,500 copies
- Myanmar language	15,000 copies
(c) Prevention of Abortion	
- Shan language	27,500 copies
- Myanmar language	15,000 copies
<b>5) Project Pamphlet for Stakeholders (Myanmar language)</b>	<b>20,000 copies</b>
<b>6) Project Pamphlet for Community People</b>	
- Shan language	20,000 copies
- Myanmar language	25,000 copies
- English language	500 copies
<b>7) Project Pamphlet (A4 size)</b>	
- English language	2,000 copies
- Japanese language	2,000 copies
<b>8) Home Based Maternal Record (HBMR)</b>	<b>60,000 copies</b>
<b>9) Project Video ("One Day of Nwe Nwe")</b>	
- DVD (Myanmar language)	295 copies
- DVD (English language)	220 copies
- VCD (Myanmar language)	100 copies
- VCD (English language)	60 copies
<b>10) Poster Calendar</b>	<b>2,100 copies</b>
<b>11) Pocket-size Notebook</b>	<b>2,000 copies</b>
<b>12) FAQ booklet for MCHP</b>	<b>2,000 copies</b>
<b>13) Baseline Survey Report</b>	<b>100 copies</b>
<b>14) End-line Assessment Study Report</b>	<b>100 copies</b>
<b>15) Implementation Guide (Booklet I) (English)</b>	<b>500 copies</b>
<b>16) Implementation Guide (Booklet I) (Myanmar)</b>	<b>500 copies</b>
<b>17) Implementation Guide (Booklet II) (English)</b>	<b>500 copies</b>
<b>18) Implementation Guide (Booklet II) (Myanmar)</b>	<b>500 copies</b>