TERMINAL EVALUATION REPORT

ON JAPANESE TECHNICAL COOPERATION

FOR

THE MAJOR INFECTIOUS DISEASES CONTROL PROJECT

IN MYANMAR

〔MALARIA〕

29 July 2009

JAPAN INTERNATIONAL COOPERATION AGENCY, JAPAN

CONTENTS

Evaluation of Malaria

1. Implementation Process and Achievement

1.1. Inputs

1.1.1 Japanese Side

(1) Dispatch of Experts

See Annex 2.

(2) Provision of equipment

Equipment worth 662 thousand US Dollars in total have been provided for Malaria Control by the end of March, 2009. (See Annex 3).

(3) Local Cost Support

A total 295 thousand US Dollars was provided for Malaria Project by the end of March, 2009. (See Annex 4).

(4) Counterpart Training in Japan and in Thailand

A total of six (6) VBDC staff members received a counterpart training in Japan. (See Annex 6.)

In addition, four (4) VBDC staff members participated in the third-country training on "International Course on Strategic Malaria Control Management" in Thailand supported by JICA in collaboration with ACT Malaria (See Annex 7)

1.1.2 Myanmar Side

(1) Assignment of Counterparts

See Annex 5.

(2) Provision of facilities

Myanmar side provided office spaces for Japanese experts, except for a project administration office after November 2008.

(3) Local Cost Support

Local operation expenses for utilities in offices such as electricity and telephone were born by the Myanmar side.

1.2. Activities

For activities of the Project, see Annex 9.

Most of the activities were successfully carried out through the persistent efforts of Myanmar counterparts and Japanese experts.

1.3. Outputs

1.3.1 Achievement of Output 1

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Output 1 Community based malaria control program is effectively introduced in selected areas.	1.1 Development of the package. 1.2 Mekong Roll Back Malaria indicators.(indicators for early diagnosis and proper treatment, bed net	1.1 Products of the package 1.2 -Annual and monthly report, -Special survey	1. Major natural disasters not happened. 2. Population migration does not affect malaria mortality.

	usage)		

(1) Indicator 1.1: Development of the package

The Project developed a package of community-based malaria control encompassing different levels of health services. (See Table 1.1). The package is an attempt to demonstrate how to implement community-based malaria control with effectiveness and efficiency.

Table 1.1; Approaches adopted in the Package

Intervention	Activities	Level					Approaches Developed in the Package
		Community	HC	TS	Division	National	
EDPT	Implementation Diagnosis and Treatment	■	■	■			– Strengthening capacity of peripheral facilities – Expanding outreach service beyond public health facilities
	Develop guidelines					■	
	Monitoring & Evaluation		■	■	■	■	
	Develop guidelines (Diagnosis)					■	
	Quality Control Diagnosis (Guideline)					■	
	Quality Control Diagnosis (Implementation)				■		
	Training (Guideline, Manual)					■	
	Training (Implementation)			■	■		
Prevention Epidemic	Implementation (Bed net survey)	■	■	■			– Refining the micro stratification – Introducing micro stratification for targetting intervention
	Implementation (Bed net Distribution)	■	■	■			
	Implementation (Treatment and retreatment)	■	■	■			
	Planning (Treatment and retreatment)			■			
	Monitoring & Evaluation		■	■	■		
	Develop guidelines (IRS)		■	■	■		
Preparedness	Develop Guideline					■	– Developing hazard map by each TS – Developing detection system through supply management
	Epidemic detection	■	■	■			
	Epidemic response				■	■	
Planning	National Strategic Plan					■	– Actively involving Divisional VBDC and township health office in malaria control activities – Micro planning by each TS
	Divisional Plan				■		
	Stratification (Guideline)					■	
	Stratification (Implementation)		■	■	■		
	Micro Planning		■	■			
BCC (Behavior Change Communication)	National BCC Strategy					■	– Reflecting the context of local charactor in Myanmar
	Develop materials and guideline					■	
	Implementation	■	■	■	■		
Human resource	Training (Guideline, Manual)					■	– Reflecting the context of local charactor in Myanmar
	Training			■	■		
Logistics Management	Guideline					■	– Pull system supply management system
	Implementation		■	■	■		– Direct distribution from TS to frontline
Monitoring and Evaluation	Monitoring and Evaluation tool (guideline)					■	
	Implementation		■	■	■	■	
Operational Research							– Multi-dimension researches for Epidemic, Social, Cultural, Geographical, Entomologic, Anthropologic and Administrative aspect to comtribute the improvement for NMCP
Collaboration							– Introducing active collaboration with forest and education sectors in Division, Township

Source: Project

(2) Indicator 1.2: Mekong Roll Back Malaria (MRBM) indicators.(indicators for early diagnosis and proper treatment, and bed-net usage)

Table 1.2: MRBM Indicators

Accomplishment based on essential indicators		
Indicators	**Accomplishment**	
Process Indicators	**Before intervention**	**2008**
% of health facilities able to conduct confirmatory diagnosis	No available data	100%
% of health facilities reporting no stock out of anti malaria and RDT for more than one week	No available data	100%
% of health facilities submitted monthly report	No available data	90-100%
No. of suspected malaria patients access to health facilities on 2008		57460 cases
Outcome indicators	**Accomplishment on 2008**	
No. of suspected malaria patients diagnosed by RDT or Microscope.	57460 cases	
No. of positive cases found by confirmatory diagnosis	30051 cases	
% of positive cases treated by anti malaria	100%	
% of malaria patients were treated within 24 hours after onset of symptoms	30%	

Source: Project

The Process and Outcome indicators of MRBM in Bago East and West Divisions in 2008 show that almost all the patients accessing to the health facilities received diagnosis and treatment. However, merely 30 % of "malaria patients were treated with 24 hours after onset of symptoms", which shows some room for improvement.

1.3.2. Achievement of Output 2

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Output 2 Collaboration between communities and health facilities is improved in selected areas.	2.1 Number of malaria suspected patients accessing to health facilities. 2.2 Number of malaria patients, severe and complicated cases and death at the hospitals.	-Accomplishment reports	1. Major natural disasters not happened. 2. Population migration does not affect malaria mortality.

(1) Indicator 2.1: Number of malaria suspected patients accessing to health facilities.

A total of 96,048 suspected cases were diagnosed by RDT or microscope, and 47,893 positive cases confirmed and treated in accordance with National Treatment Policy in the target townships during the project period by the end of 2008.

Table 1.3: Number of Patients examined and treated

Year	No. of Examine=No. of suspected patients	No. of positive=No. of treated	Target TSs
2004	548	235	
2005	5,536	2,681	4
2006	14,164	6,320	4
2007	18,394	8,606	4
2008	57,406	30,051	16
Total	**96,048**	**47,893**	

Source: Project

Table 1.4 shows that there is a constant increase in the examined cases and the treated cases in four

townships where the Project had more interventions than other 12 townships. The positivity rates were stable around 50% with a steady rising trend.

Table 1.4: Number of patients examined and treated in four townships

Township		Oak Pho			Bago			Daik U			KYauk Ta Ga		
Sr.	Year	Total Examined	Total Treated	Positivity Rate	Total Examined	Total Treated	Positivity Rate	Total Examined	Total Treated	Positivity Rate	Total Examined	Total Treated	Positivity Rate
1	2004	548	235	42.9%									
2	2005	3,538	1,791	50.6%									
3	2006	4,342	2,093	48.2%	4,167	2,120	50.9%	2,790	1,280	45.9%	2,865	827	28.9%
4	2007	4,342	2,093	48.2%	6,401	3,389	52.9%	2,810	1,280	45.6%	4,841	1,844	38.1%
5	2008	4,432	2,397	54.1%	6,501	3,505	53.9%	3,230	1,583	49.0%	5,926	2,686	45.3%

Source: Project

Accessing to public health facilities was increased at of malaria endemic villages.

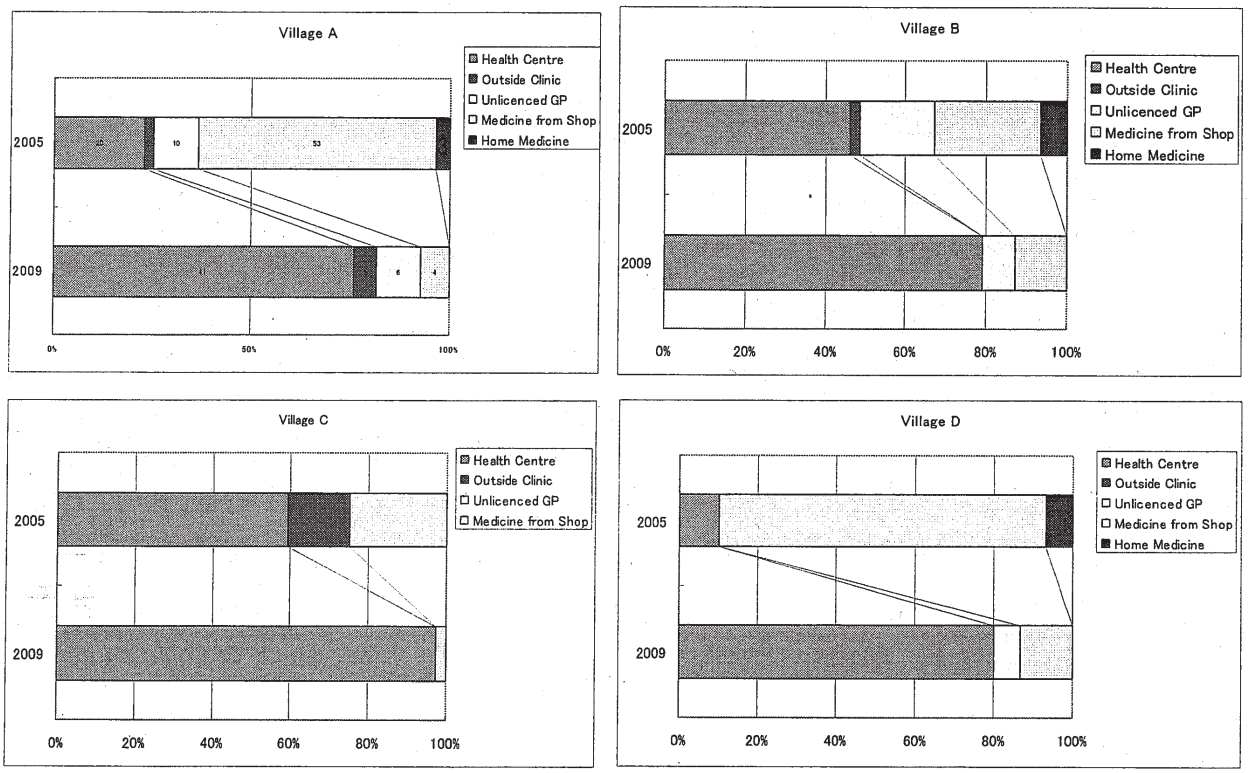


Figure 1.1; Change of Treatment Seeking Behavior at Remote Villages in Oakpho TS Source: Project

(2) Indicator 2.2: Number of malaria patients, severe and complicated cases and death at the hospitals.

SCM cases and malaria death cases in the target areas decreased from 2004 to 2008, which can be explained by the improved hospital capacity for malaria patients inducing patients from other areas,

Table 1.5: Severe and Complicated Malaria (SCM), Malaria Death and other hospital data

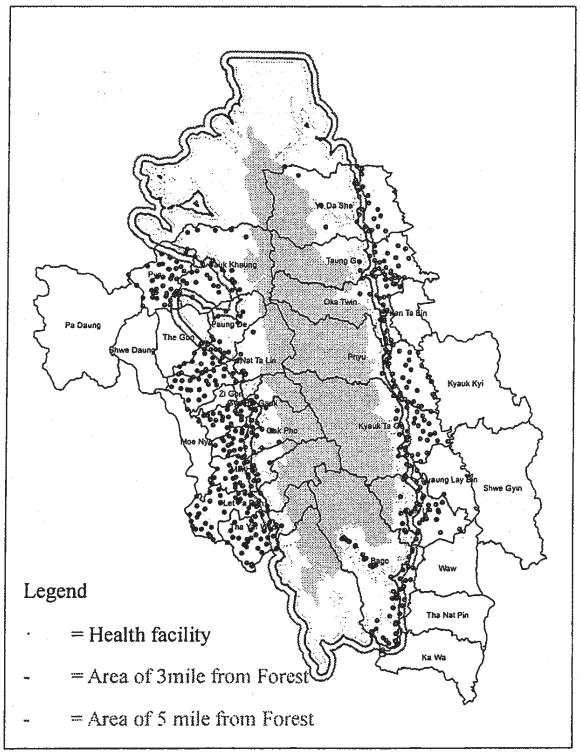
	Name of Township	Total Patient Attend		Malaria Inpatient		% of Malaria Inpatient		CM/ SCM		CM/SCM / Malaria Ip		Total Death		Malaria Death		Remarks
		2004	2008	2004	2008	2004	2008	2004	2008	2004	2008	2004	2008	2004	2008	
Bago East	Bago	7,853	10,373	297	343	3.8%	3.3%	96	29	32.3%	8.5%	152	108	6	2	From 2005
	Daik U	2,512	1,997	112	69	4.5%	3.5%	18	22	16.1%	31.9%	85	7	3	-	From 2005
	Kyauk Ta Gar	2,736	5,481	221	441	8.1%	8.0%	9	66	4.1%	15.0%	48	69	-	7	From 2005
	Phyu			257	354											
	Oak Twin	2,158	1,645	169	127	7.8%	7.7%	22	16	13.0%	12.6%	22	17	6	-	
	Taungoo	7,476	8,914	479	307	6.4%	3.4%	83	53	17.3%	17.3%	203	245	19	6	
	Yay Dar Shay			108	176											
Bago West	Tharyarwaddy	3,670	4,637	320	487	8.7%	10.5%	76	46	23.8%	9.4%	52	9	4	1	
	Let Pa Tan	3,928	3,188	418	160	10.6%	5.0%	72	28	17.2%	17.5%	83	25	15	3	
	Min Hla	1,919	1,692	211	121	11.0%	7.2%	23	8	10.9%	6.6%	58	7	11	-	
	Oak Pho	1,885	2,118	261	114	13.8%	5.4%	29	25	11.1%	21.9%	80	32	8	1	From 2004
	Gyo Bin Kauk	1,542	2,633	136	183	8.8%	7.0%	36	23	26.5%	12.6%	93	54	16	8	
	Nat Ta Lin	1,829	3,006	106	324	5.8%	10.8%	19	62	17.9%	19.1%	31	51	5	8	
	Paung De	1,431	3,426	68	56	4.8%	1.6%	23	23	33.8%	41.1%	37	54	6	1	
	Pauk Khaung	1,054	1,719	167	141	15.8%	8.2%	14	9	8.4%	6.4%	23	29			
	Pyay	1,500	1,453	220	53	14.7%	3.6%	18	13	8.2%	24.5%	33	7	7	2	
Total		41,493	52,282	3,550	3,456	8.6%	6.6%	538	423	15.2%	12.2%	1,000	714	106	39	Avairable data only

Source: Micro planning book 2009

1.3.3. Achievement of Output 3

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Output 3 System for prediction and management of epidemics is established.	3.1 Hazard map for epidemic management developed. 3.2 Number of townships introduced early warning system.	-Accomplishment reports	1. Major natural disasters not happened. 2. Population migration does not affect malaria mortality.

(1) Indicator 3.1: Hazard map for epidemic management developed.



Hazard map to indicate epidemic prone areas was developed for the Project sites.

The map indicates the location of health facilities, administrative boundaries and forest areas that malaria transmission is likely to occur.

The locations of epidemic prone areas such as development project sites in each township are updated on the micro planning workshop. Some townships started to conduct collaboration activities with the development projects.

Figure 1.2: Hazard map of Bago Mountain Range Source: Project

(2) Indicator 3.2: Number of townships introduced early warning system

The introduced logistic management system in pilot townships (total 16 townships) has equipped enough function as early warning system Unusual upsurge of malaria patients will be detected through the introduced logistics management system because the number of patients was reflected of the report of consumption of items for malaria control under the system.

1.3.4 Achievement of Output 4

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Output 4 Epidemiological analysis system is improved.	4. No. of states and divisions introduce/utilize GIS	-Accomplishment reports	1. Major natural disasters not happened. 2. Population migration does not affect malaria mortality.

(1) Indicator 4.; No. of states and divisions introduce/utilize GIS

GIS introduced by the Project covered 6 states and divisions in 2005, 11 in 2006, and 17 in 2007 and 2008 through in-country training and inter-country training with WHO. It is utilized for epidemic analysis and presentations in meetings at the national level as well as at the state/division level.

1.3.5 Achievement of Output 5

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Output 5 Regional collaborative activities are strengthened.	5.1 No. of in-country training courses conducted based on results of the activities. 5.2 Contribution to partners by sharing results and knowledge.	-Accomplishment reports	1. Major natural disasters not happened. 2. Population migration does not affect malaria mortality.

(1) Indicator 5.1: No. of in-country training courses conducted based on results of the activities.

In-country trainings for GIS were conducted three times following SEARO inter-country GIS (Health Mapper) training in Yangon.

(2) Indicator 5.2: Contribution to partners by sharing results and knowledge.

The project activities were presented in the international meetings, including a presentation in the inter-country meeting on Revised Malaria Control Strategy and its Implementation held by SEARO in 2007.

1.3.6 Achievement of Output 6

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Output 6 Operational and applied field researches effectively contribute for outputs.	6.1 No. of evidences and findings utilize for each outputs. 6.2 Number of technical reports and their contribution for outputs.	-Technical reports	1. Major natural disasters not happened. 2. Population migration does not affect malaria mortality.

(1) Indicator 6.1: No. of evidences and findings utilize for each outputs.

(2) Indicator 6.2: Number of technical reports and their contribution for outputs.

The following four operational researches were conducted to provide evidences and findings to be utilized.

Table 1.8 List of Operational Researches

Title	Contribution
Longitudinal efficacy of ITN and LLIN under the local setting	For effective and efficient prevention
Treatment seeking behavior	For effective and efficient EDPT
Feasibility study on insecticide treated blanket	To evaluate promising preventive measure
Analysis of forest related malaria	To improve the intervention against forest related malaria

Source: Project

1.4. Project Purpose and Overall Goal

1.4.1 Achievement of Project Purpose

PDM as of May 2009

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Project Purpose National malaria control is strengthened.	1.1 No. of evidence and findings from outputs utilized to improve NMCP. Malaria morbidity and mortality in project site.	-Situation analysis report.	NMCP obtains appropriate budget allocation from MOH and support from international partners.

(1) Indicator 1.1: No. of evidence and findings from outputs utilized to improve NMCP

Based on the outputs of the project, left sides' guidelines and technical documents were released and utilized to improve NMCP.

In National Strategic Plan for Malaria Prevention and Control 2010-2015 (Draft), concepts of Community Based Malaria Control were described and Township Based Malaria Control was described.

Output from the project utilized for Guideline and technical releases

	Guideline and others	Date
1	External Review of the National Malaria Control Program, Myanmar	Oct. 2005
2	Guideline on Micro stratification of Areas for Malaria Prevention and Control in Myanmar	Oct. 2006
3	National Strategic Plan for Malaria Prevention and Control in Myanmar (2006-2010)	Mar. 2007
4	National policy for Treatment of Malaria in the Union of Myanmar	Feb. 2008
5	Guideline on Roles and Responsibilities of Community Health Workers in National Malaria Control Program	Oct.2008
	Technical Releases	Year
1	Illustrated Key for Anopheles identification	2007
2	Manual for BHS on Microscope Handling and Malaria Microscopy	2008
3	Manual for Indoor Residual Spray	2008
4	A Guide to Indoor Residual Spray	2008

(2) Indicator 1.2: Malaria morbidity and mortality in project site.

1) Malaria morbidity

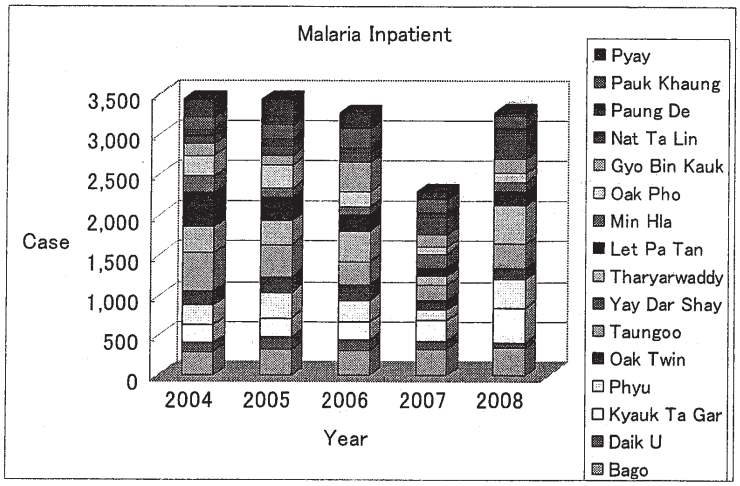


Figure 1.3; Malaria Inpatient

Source Micro planning book 2009, each TS

The number of malaria inpatients was decreased from 2004 to 2007 and increased in 2008 when the Project area expanded from 4 TSs to16 TSs. Because the number of malaria inpatients was increasing at the beginning of intervention due to improving health services at all health facilities, then decreasing gradually due to improving EDPT at RHC and SHC. And migration by the developing projects was increasing in 2008.

b) Malaria cases at health facilities were increased after the Project intervention and stable, and upward trend in nearby malaria's endemic area in Oak pho Township and downward trend in the other area even though positivity rate was stable.

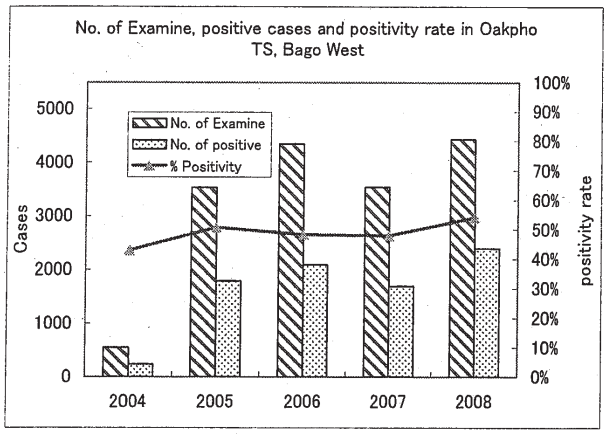


Figure 1.4; Data of Oak Pho Township

Source Project

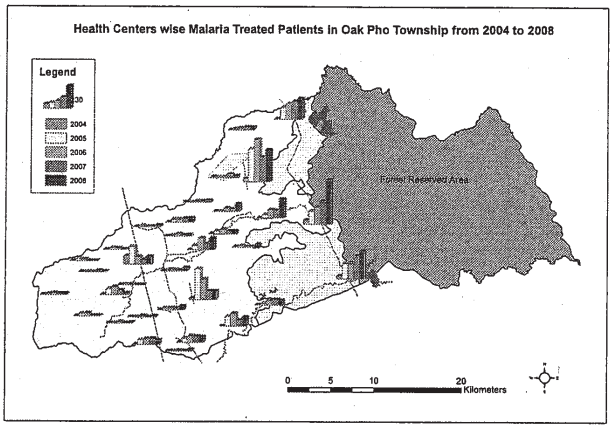


Figure 1.5; Malaria Treated Patients in Oak Pho

Source Project

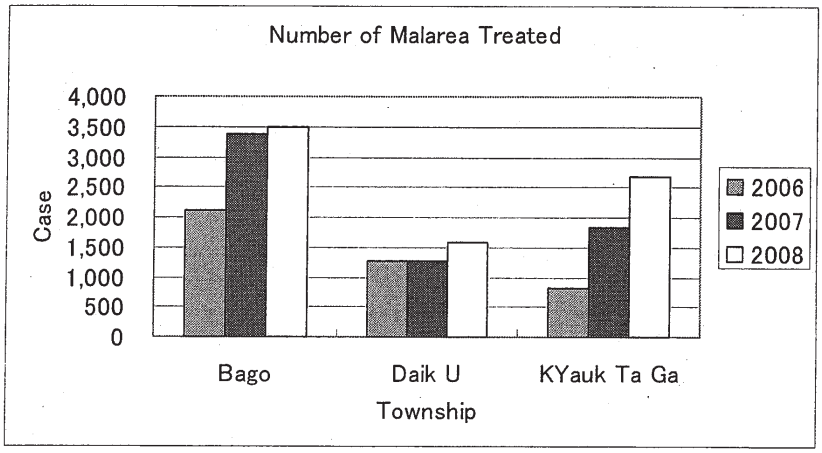


Figure 1.6; Number of Malaria Treated in three TS Source project

c) In Bago, Daik U, and Kyauk Ta Ga Townships where the project started the intervention from 2005, the numbers of malaria treated were upward trends due to improving accessibility of the people to health services and logistics supports.

(2) Malaria mortality

a) Timeline data of malaria death at hospital in the pilot area were as follows. The number of malaria death was decreased from 2004 to 2007 and slightly increased in 2008. However most of the townships were downward trend.

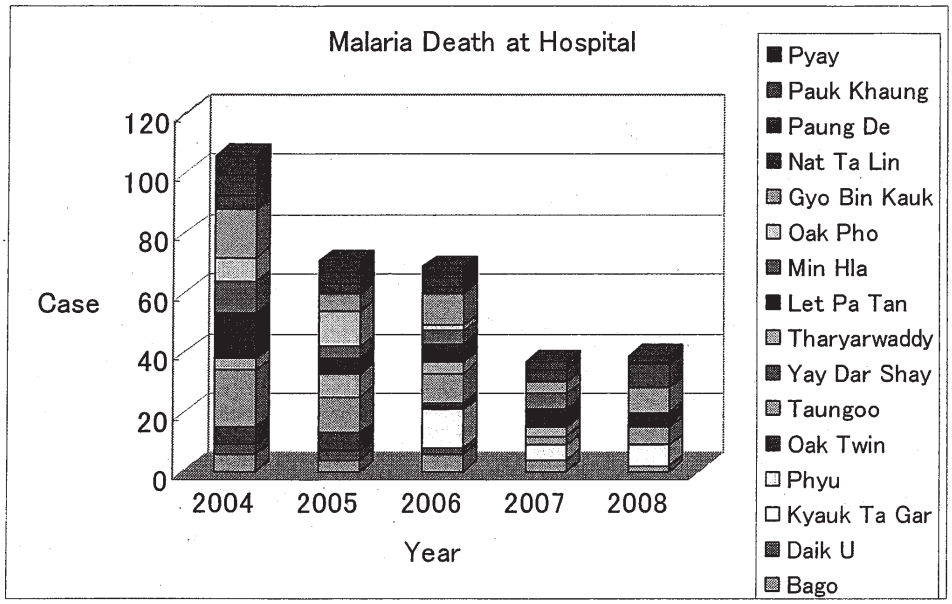


Figure 1.7; Mortality rate Source VBDC MOH

b) A sharp reduction of no. of malaria inpatients/SCM and death cases in the hospital was recorded after the intervention in Ohak pho township.

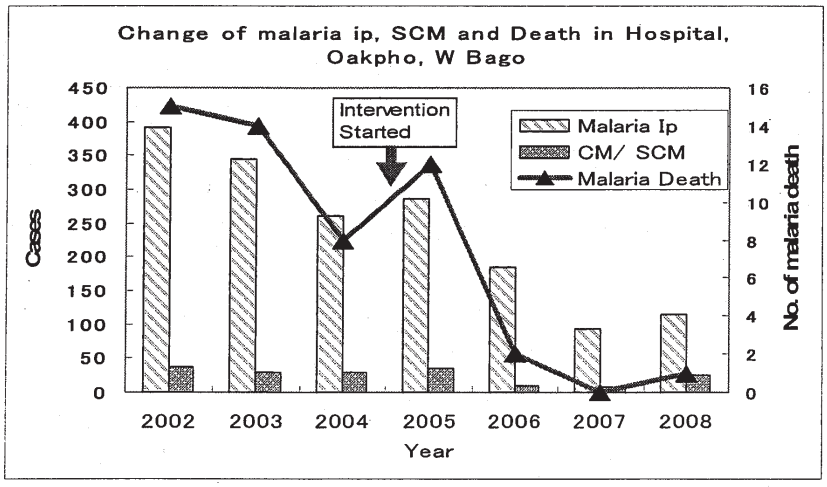


Figure 1.7; Data of Oak pho Township Source project

1.4.2 Achievement of Overall Goal

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal Malaria control is strengthened beyond the project sites.	1.1 No. of malaria patients diagnosed and treated at health facilities shows upward trend due to increasing utilization of services.	National Malaria Control Program Report	

	1.2 No. of malaria in-patients, severe and complicated cases and malaria death is reduced.		

(1) Indicator 1.1. No. of malaria patients diagnosed and treated at health facilities shows upward trend due to increasing utilization of services.

(2) Indicator 1.2 No. of malaria in-patients, severe and complicated cases and malaria death is reduced.

It is too early to confirm the indicators at the terminal evaluation because National Strategic Plan for Malaria Prevention and Control 2010-2015 (Draft) has not issued yet.

1.5. Implementation Process

(1) Community-based malaria control package

To establish a community-based malaria control package, a Japanese expert selected a small pilot area in Oakpho Township, Bago Division for data collection and development of a proto type of the package, followed by the full-scale interventions in the same township. Based on the lessons learned from Oakpho, the Project activities were expanded in three townships in Bago east Division to prove the applicability of the package at the district level and kept expanded in twelve townships in Bago east and west Divisions.

(2) Monitoring and Evaluation

To ensure the efficacy of model proto type package, patient records and equipment records have been fulfilled by outreach health workers ,SHCs, RHCs and hospitals then taken to project office monthly and encoded by project staff. Collected data is encoded as individual data.

(3) Decision-making system

Most of seminars, workshops and / or field surveys under the Project were implemented according to annual plan of National Malaria Control Program and the organizer of the activities was Program Manager of National Malaria Control Program or VBDC. The agenda of seminar and survey plan would be drafted with JICA experts and JICA experts attended the seminars as advisor or supporter.

(4) Relationship and Communication

Relationship between health sector and other relevant sectors such as forestry and education was coordinated by the project smoothly. The information was shared appropriately among the Japan side through weekly meeting. The communication between Japan side and Myanmar side was enough to implement the project properly.

(5) Recognition of the project

The project direction and components were fully recognized by Health departments in Local government, especially Township Medical Officers because they were very supportive for the project activities. Staff of BHS and community people understood well that the activities such as BHS training and Bed net impregnation were supported by JICA project, because the project staff informed the background and JICA activities under the National Malaria Control Program at the beginning of every seminar or workshop

2. Evaluation by Five Criteria

2.1. Relevance

Relevance of the Project is evaluated "Very High" from the following perspectives, such as necessity, strategic and technical aspect.

(1) Needs for malaria control in Myanmar

- All the 3 infectious diseases are among the most serious issues of the Government of Myanmar; especially malaria mortality is the worst cause and malaria morbidity the second causes in public hospitals. Since most of malaria patients are adult males who are main actors to earn household money, high malarial mortality would induce high economic burden in Myanmar.
- In South East Asia Region of WHO (SEARO), Myanmar is ranked as the highest for malaria mortality per population and as the second highest for malaria morbidity per population.

(2) Consistency between the Project directions and Myanmar's national development policy

- The Malaria portion of the project is implemented under Myanmar National Malaria Control Program.
- According to "National Health Plan 2006-2011", malaria is the second priority diseases in Myanmar in priority list of diseases and health conditions rank and the indicator of Project Purpose "1.2 Malaria morbidity and mortality in project site" is as same direction as specific objectives for NMCP " To reduce malaria mortality and morbidity by 50% in 2010 (baseline 2005) ".
- Although budget allocation for malaria control is limited and there are vacant posts in States/ Division malaria teams, malaria control is moderately organized by Vector Borne Diseases Control, Division of Diseases Control, Department of Health, Ministry of Health and tackled with utilization of BHS.

(3) Relevance of the approach

- A community based approach adopted by the Project is described as a strategy of "National Health Plan 2006-2011".

(4) Consistency with Japan's ODA policy

- JICA Country Program for Myanmar focuses on the emergency and humanitarian support in the field of Health, Education and Food production. The project is categorized as the program of "Strengthening three infectious disease control" in the development issue of "Improving basic health service" under JICA Country Program.

(5) Utilization of Japan's technology

- Technical support by Japan is able to contribute to enhancing the capability of malaria control in Myanmar; especially promoting operational researches in the pilot area by VBDC was one of the advantages in technical support by Japan comparing to other donors and INGOs.

(6) Relevance of the model sites

- Bago Division had appropriate condition as pilot area. The reason were as follows; in addition to high incidence of malaria, environmental, geographical and socio-economical conditions in Bago mountain range represented the epidemiological diversity in Myanmar; commitments of leaders in health sector in the pilot Townships were high for malaria control and security and transport condition were secured.

2.2. Effectiveness

Effectiveness of the Project is evaluated "Very High" because the project interventions has highly contributed strengthening National Malaria control. The points of evaluation are followings in detail.

(1) Achievement of Project Purpose

1) Contribution to strengthening National Malaria Control Program

- In National Strategic Plan for Malaria Prevention and Control 2010-2015 (Draft), concepts of Community Based Malaria Control were described in "6.5 Strategic directions for malaria prevention and control in Myanmar" and Township Based Malaria Control was described as "the programme is therefore now being decentralized with the Township Health Office as the focal point for planning, implementation, monitoring and evaluation " The Project interventions have been accepted as these concepts.
- In National Strategic Plan for Malaria Prevention and Control 2006-2010, the micro stratification was explained as followings.

> Micro stratification
> This approach has been pilot-tested and refined in collaboration between NVBDC, JICA and WHO. It is now included in the UNICEF support to malaria control in 80 townships, in training courses, and stratification exercises carried out "bottom-up" from sub-rural health center level to State/division level. It thereby provides a basis for micro-planning for distribution of resources and activities.
> *From DRAFT National Strategic Plan MALARIA Febr 2007rev1 (P30)*

2) Malaria Morbidity and Mortality in project site

- The trend of the number of malaria inpatient at hospitals is preferable to increase at the beginning of the intervention by the project and to decrease by the improvement of the capacity of early detection and prompt treatment (EDPT) at peripheral area. The trend of the malaria death is preferable to decrease by the improvement of the capacity of EDPT at peripheral area. The numbers of malaria inpatient at hospitals and death in pilot townships were almost positively changed after the intervention of the project
- Although the number of malaria treated case was increased totally and sustained in Oak Pho Township, malaria inpatient and death cases in the hospital were sharply decreased. The number of malaria treated case in Bago, Daik U, and Kyauk Ta Ga Township was also increased while malaria death was decreased except Kyauk Ta Ga Township because its hospital covered not only Bago mountain range where a considerable number of development sites attracting many immigrant workers without malaria immunity.
- Since the project strengthened EDPT at peripheral health facilities, the number of cases examined for malaria and malaria deaths in hospital were decreased while the number of cases examined for malaria in RHC and SHC was increased. It was the result of promoting the package of Community Based Malaria Control.

(2) Contributions of the project interventions to attain Project Purpose

1) Community Based Malaria Control

- Before the commencement of the project (before January 2005), late detection and treatment at the peripheral was identified as one of the critical issues of malaria control in Myanmar by the operational researches at the pilot areas. Then target population was categorized according to "local transmission" and "Forest related activities".

Stratum	Local Transmission	Forest related activities	Target Population	Intervention			
				EDPT	Bed-net Provision	Bed-net Treatment	IEC
A	+	Throughout year (W family)	All people (ethnic minority)	○	○	○	○
B	Low / Few	Seasonal (W/O family)	Mobile population	○		○	○
C	None	Seasonal (W/O family)	Mobile population (Adult male)	○			○

Figure 2.1; Stratified Categories Source Experts

Major activities to set up the package were followings

- Training of RDT and drug usage for BHS / CHW
- Training of Microscopic test for BHS in selected area
- Training of logistics management for BHS
- Workshop for Micro Planning
- Workshop for Bed-net impregnation
- Providing RDT and Anti-malaria drugs to outreach personnel directly
- Providing Insecticide Treated Net (ITN) to household in category A

- The success in the package has been attributable to targeted approach into high risk areas and groups through optimal integration and rational use of already established components such as early diagnosis and prompt treatment with ACT and effective prevention with ITNs simultaneously with management strengthening, especially logistics system management to secure delivery of components timely and to areas and groups in most need.
- In the developed package, pull system logistics management with supply and defined macro stratification procedure were unique products by the project and highly contributed to secure effectiveness of the package. Such a pull system with monthly balance record and report has been able to prevent stock-out and over-supply and over-stock. As far as health facilities were observed, monthly record and report for balance were exercised, enabling timely and proper request and collection.
- As information system and data management, data on malaria (number of total malaria cases, severe cases, death) though mainly facility-based have been properly recorded and reported, and at the Township level, collated analyzed and displayed. Further utilization of these data needs is necessary.

2) Quality of Diagnosis and Treatment

- Quality assurance through monthly cross-check has been conducted by the laboratory expert at Division Health Offices for part of slides (for example, 15-30 slides) from each peripheral health facility. Microscopic diagnosis is mostly accurate with few cases over-diagnosed (false positive) and misdiagnosed *Plasmodium vivax* as *Plasmodium falciparum*. Training for microscopic diagnosis followed by regular quality assurance has improved health staff skill for laboratory diagnosis of malaria.

3) Indicators of Mekong Roll Back Malaria

- The process indicators were described on the good performance of malaria control activities. The outcome indicators were described on the good result of the malaria control except "% of malaria patients were treated within 24 hours after onset of symptoms". Coverage of the service for malaria patients might not be sufficient.

4) The other Outputs

- The other Outputs mainly contributed to developing the package of Community Based Malaria Control.

(3) Influence of Important Assumptions

- Some project activities were delayed because staff of VBDC supported the disaster relief of Cyclone Nargis for three months. Since the project took necessary measures to catch up the progress, the project was implemented on schedule at the evaluation periods.

2.3. Efficiency

Efficiency of the Project is evaluated "High" because there was not defined inefficient aspect through the evaluation.

(1) Approach of Project

1) Utilization of Grass-roots Grant Aid Scheme

- The project expanded the pilot area timely utilizing Grass-roots Grant Aid Scheme of Embassy of Japan.

2) Prioritized approach of malaria control

- Since reduction in malaria death was first priority in Myanmar, the project prioritized to improve the early and proper detection and treatment at the first contact health facilities for malaria control. The project therefore distributed RDT and anti-malaria drugs to the staff of RHC and SHC directly.

3) Strengthening current pubic health system

- The project strengthened current public health system as the core concept of JICA technical cooperation. The strengthening current pubic health system was more efficient than implementing malaria control project by hired staff for the project. Many international NGO and local NGO were working for malaria control in Myanmar and most of NGO hired staff to implement their own project.
- The project avoided the overlapped activities for malaria control through the periodical meeting with VBDC and donors.

(2) Quantity, quality and timing of the inputs (Myanmar and Japanese), utilization of the inputs

- Short-term experts were dispatched for activities in required fields. In the beginning of the project, short-term experts including anthropologist were assigned for situation analysis and operational researches to grasp the current condition and issues in pilot area, therefore the project was able to design proper intervention and implement smoothly.
- The project provided the ACT drugs for 52,800 persons in 2006-7 and treated 38,657 persons in 2007-8. The project also provided RDT for 99,250 persons in 2006-7and diagnosed 75,880 persons in 2007-8.
- In spite of some delay of procurement, the provided equipment was well utilized and properly handled

with care.

(3) Efficiency of National Malaria Control Program

- The logistic management system developed by the project was reduced dead stock and stock out of malaria service items at Township level.
- The refined micro stratification developed by the project was minimized the input of bed nets through the proper target selection.

2.4. Impact

Impact of the Project is evaluated "High" because several positive influences were reported and there was not defined negative aspect by the project.

(1) Prospects of achievement of Overall Goal in future

- All malaria control activities by public sectors shall be implemented according to National Strategic Plan for Malaria Prevention and Control. Since the concept of Community Based Malaria Control piloted by the Project was introduced in new National Strategic Plan, the concept of project achievements would be expanded to nationwide.

(2) Impact to the other actors of malaria control in Myanmar

- The community based approach of the Project was being expanded to 80 T/Ss by other development partners such as UNICEF.
- Some NGOs were interested in the result of intervention of the Project and the Project informed them of the result of the operational researches conducted by the Project.
- The data collected in the project were utilized for drafting the proposal of Global Fund Round 9.

(3) Impact on local health system in the Project areas

- Although it is not easy whether the Project interventions vertically focusing on Malaria control have any impact on health system, they have not imposed excessive burden on staff at local health facilities who have other tasks than malaria control.
- The Project interventions might rather facilitate local staff confidence and management skill.

(4) Impact out of the scope of the Project

- UNICEF was interested in logistics management system introduced in the project to utilize not only for malaria project but also for other projects in Myanmar.

2.5. Sustainability

Sustainability of the Project is evaluated "Fair" because necessity of some challenges was specified.

(1) Institutional aspect

- The retention rate of the health staff was generally high in local level. Therefore human resources and their capacity trained by the project would be able to be sustained after the termination of the Project.
- Central and Divisional VBDC recognized the importance of operational research to design the effective intervention for Community Based Malaria Control. The operational researches would be maintained at

states / Divisional level.

- Since Divisional Health Departments and TMOs in the Project areas were sensitized to be further involved in actively in malaria control planning and activities, community approach is expected to be maintained.

(2) Financial aspect

- The system developed by the Project would be sustained in the future by the Divisional Health Departments and TMOs, while it requires continuous financial or material inputs.

(3) Technical aspect

- The stakeholders of the project have absorbed adequate skills and knowledge for further development of the activities introduced by the Project.
- The logistics management system has been maintained through the proper inflow and outflow of malaria control items. Since stock-out of malaria control items would deteriorate logistics management system developed in the project, to secure provision of enough amounts of malaria control items is required to maintain the logistics management system.

(4) Strategic aspect

1) Health sector policy

- Since draft National Strategic Plan for Malaria Prevention and Control 2010 -2015 was drafted including the concept of Community Based Malaria Control; the concept of project would be maintained and expanded to nationwide.

2) Intersectoral relationship

- Although collaboration between health department and other department(s) at Division level was effective to develop good intersectoral activities at Township level and village level, intervention by external body such as JICA project and proper advocacy meetings were important to sustain the collaboration.

3) Recognition in Community

- Since improvement of malaria control service by public health facilities at peripheral induced high confidence to public health in community, people would prefer to visit a local pubic health facility more than private services.

3. Recommendations

<To the project and VBDC, DOH, Myanmar>

(1) To consider applicable logistics model this should be able to operate after the completion of the project and transfer of logistics management skill to Divisional VBDC team.

(2) To take necessary effort to increase the proportion of malaria patients who are treated within 24 hours after onset of symptoms".

<To VBDC, DOH , Myanmar>

(1) To take necessary measures to duplicate the concept of "Community Based Malaria Control" developed by the project such as

- Township based malaria control,
- Pull system logistic management,
- Operational researches,
- Intersectoral collaborations and so on,

to the other malaria endemic area including the sites of Japanese Grant Aid.

(2) To conduct more intensive survey. Since malaria morbidity and mortality have been derived from facility-based data, it is necessary to conduct community-based or sentinel survey on malaria with active case detection and measurement of spleen rate in order to grasp actual malaria morbidity and mortality as well as to refine malaria high-risk areas. Such a survey could include survey at school for childhood malaria morbidity.

4. Lessons Learned

(1) Project Management

- Since PDM had to be the base of the project and the tool to share the project component easily, PDM and other related documents had to be revised reflecting project design properly and timely.
- Since the project components had not been fixed concretely at the discussion of the project formulation, PDM documented at the ex-ante evaluation did describe actual products and activities. As the project components were gradually materialized through the operational researches before the commencement of the project, PDM should have reflected the components properly.

(2) Importance of operational research

- The operational researches were important to understand endemic pattern in target area and to design the proper intervention in target area.
- Although malaria control strategy was already set up internationally, actual tactics had to be designed according to endemic pattern in the country.
- To understand malaria endemic in target area, the operational researches for malaria control shall be considere not only epidemic aspect but also social, cultural, geographical, entomologic, anthropologic and administrative one.

(3) Timely and adequate provision of malaria control items for technical support

- Timely and adequate distribution of the commodities of malaria is important for malaria intervention even though the project focused on the technical cooperation. Since tools and items for malaria prevention, diagnosis and treatment were established, technical and operational intervention into malaria control shall consider how to utilize the tools and items effectively in target environment (adaptability). Adaptability of these tools and items has to be evaluated based on the outcomes of the pilot intervention through timely distribution of the commodities of malaria.

Project Design Matrix (PDM), JICA Major Infectious Diseases Control Project, Myanmar (Version 3)

Date: May 2009

HIV/AIDS
Duration: 19 January 2005 – 18 January 2010

Target Group: People and Community
Target Area: Yangon and some selected States/Divisions with high priority

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Super Goal The QOL of PLWHA is enhanced.			
Overall Goal HIV transmission is reduced nationwide.	1.1 Adult (15-49) HIV prevalence shows a downward trend. 1.2 HIV prevalence of blood donor keeps < 0.5%.	HIV sentinel sero-surveillance NAP Report NBC data	
Project Purpose National AIDS Program is strengthened.	HIV prevalence of blood donor < 0.5%	Blood bank data HIV sentinel sero-surveillance	Efforts of various donors and implementing partners are effectively coordinated.
Outputs 1. Blood safety for HIV is enhanced. 2. Quality Assurance of HIV test is improved. 3. Capacity of National AIDS Program is improved.	1. Number of blood centers adopting blood donor deferral. 2.1 Number of laboratories under external quality assurance program. 2.2 Quality of supervisory visits is improved. 3.1 Number of trained staff 3.2 Cases of improved routine works and performance	Blood bank data HIV sentinel sero-surveillance KAP survey Project report	
Activities 1.1 Upgrade blood donor registration system. 1.2 Enhance blood donor deferral. 1.3 Educate blood donor and the relevant people. 1.4 Improve the facility on blood safety. 2.1 Train laboratory technician on quality assurance of HIV testing. 2.2Strengthen external quality assurance of HIV testing. 3.1 Train HIV/STD team leaders. 3.2 Support implementation of small scale projects designed by team leaders. 3.3 Share the experiences/lessons learnt of small scale projects with other team leaders.	Inputs <Japanese> Long term expert Short term expert Office assistants Operational assistants Equipment Facility Training	Inputs <Myanmar> National AIDS Program Office Running costs Office Necessary supply	Sufficient HIV test kit is supplied. Necessary local human resource is placed for the project by counterpart. Fund is available for NAP. Pre-conditions HIV/AIDS control strategy is not changed. National and international environment for HIV control is not changed.

Project Design Matrix (PDM), JICA Major Infectious Diseases Control Project, Myanmar (Version 3)

Date: May 2009

TB
Duration: 19 January 2005 – 18 January 2010

Target Group: Residents in Yangon & Mandalay Divisions
Target Area: Yangon and Mandalay Divisions

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Super Goal TB is no longer a public health problem in Project sites in Myanmar.			
Overall Goal New TB infection is controlled in Yangon and Mandalay Divisions.	1.1 No of new smear positive TB detected reaches a plateau. 1.2 Increasing notification rate of new smear positive TB slows down.	NTP annual report	
Project Purpose TB control in Yangon and Mandalay Divisions is improved.	By year 2009, CDR > 70% and Cure Rate > 85% will be sustained in Yangon and Mandalay Divisions	NTP annual report on cohort analysis	Political commitment for TB control maintained.
Outputs 1. Capacity for program management and epidemiological data management for TB control is strengthened. 2. TB laboratory services are improved. 3. Monitoring and supervisory capability for TB control is strengthened. 4. Public Private Partnership is established in the selected sites. 5. Communication and advocacy for TB control is promoted.	1.1 Quality of NTP facility and developed publication. 2.1 Frequency of training. 2.2 Quantity of supplies and equipment. 2.3 No and QC of newly established diagnostic centers. 3.1 No of divisional meetings and supervisions held. 3.2 NTP performance indicators improved(CDR, CR&TSR, Defaulter & Transferred – Out Rates) 4.1 No of referrals from GP shows an upward trend. 5.1 No & quality of IEC materials produced and distributed 5.2 No & quality of advocacy activities carried out	1.1 Facility observation 1.2 NTP publication 2.1 Project record 2.2 Project record 2.3 Lab proficiency testing, and QC results 3.1 Project record 3.2 NTP cohort data and supervision report 4.1 New referral forms 5.1 Project report 5.2 Project report	1. Drug supply maintained. 2. Vacant laboratory technicians posts filled. 3. HIV prevalence remains stable.
Activities 1.1 Improve NTP facilities for program management, training, and data analysis. 1.2 Develop new district TB management modules. 1.3 Carry out operational researches. 2.1 Conduct laboratory training. 2.2 Monitor QC of the smear examination for newly established TB laboratories. 3.1 Conduct divisional TB assessment meeting (DOTS conference) regularly. 3.2 Carry out supervision in the two divisions. 4.1 Train and advocate General Practitioners (GP) 4.2 Monitor and follow up the GP 5.1 Develop IEC materials and conduct advocacy events to raise awareness on TB. 5.2 Develop and distribute manuals and guidelines for health staff and handbooks for TB patients.	Inputs <Japanese> Long term expert Short term expert Recruitment of the National Consultant Recruitment of an Assistant for the National Consultant Equipment for program management and data analysis (computers for Information Section of NTP, Divisional, and District TB Offices.) Supplies and equipment for training Laboratory equipment and supplies Pick-up (e.g. Hilux) for supervision in two Divisions Local cost for data collection and assessment Production cost for training modules, IEC materials Local cost for advocacy events, meeting, and training TA&DA for supervision in two Divisions C/P training in Japan (e.g. RIT) Attendance at International conference on TB (e.g. IUATLD conference	Inputs <Myanmar> Project office facilities NTP officers Necessary supply	Pre-conditions Arrangement between the Government of Myanmar and JICA obtained.

Project Design Matrix (PDM), JICA Major Infectious Diseases Control Project, Myanmar (Version 3)

Date: May 2009

Malaria
Duration: 19 January 2005 – 18 January 2010

Target Group: People and community
Target Area: Bago East and West Divisions

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Super Goal Economic burden of malaria is reduced.			
Overall Goal Malaria control is strengthened beyond the project sites.	1.1 No. of malaria patients diagnosed and treated at health facilities shows upward trend due to increasing utilization of services. 1.2 No. of malaria in-patients, severe and complicated cases and malaria death is reduced.	National Malaria Control Program Report	
Project Purpose National malaria control is strengthened.	1.1 No. of evidence and findings from outputs utilized to improve NMCP. 1.2 Malaria morbidity and mortality in project site.	Situation analysis report.	NMCP obtains appropriate budget allocation from MOH and support from international partners.
Outputs 1. Community based malaria control program is effectively introduced in selected areas. 2. Collaboration between communities and health facilities is improved in selected areas. 3. System for prediction and management of epidemics is established. 4. Epidemiological analysis system is improved. 5. Regional collaborative activities are strengthened. 6. Operational and applied field research effectively contribute for outputs.	1.1 Development of the package. 1.2 Mekong Roll Back Malaria indicators.(indicators for early diagnosis and proper treatment, bednet usage) 2.1 Number of malaria suspected patients accessing to health facilities. 2.2 Number of malaria patients, severe and complicated cases and death at the hospitals. 3.1 Hazard map for epidemic management developed. 3.2 Number of townships introduced early warning system. 4. No. of state and divisions introduce/utilize GIS 5.1 No. of in-country training courses conducted based on results of the activities. 5.2 Contribution to partners by sharing results and knowledge. 6.1 No. of evidences and findings utilize for each outputs. 6.2 Number of technical reports and their contribution for outputs.	Annual and monthly report, Special survey Products of the package Accomplishment reports Accomplishment reports Accomplishment reports Accomplishment reports Technical reports	Major natural disasters not happened. Population migration does not affect malaria mortality.
Activities 1.1 Empower communities for malaria control. 1.2 Develop community friendly technology package for treatment and prevention of malaria. 1.2.1 Improve access to and quality of malaria diagnosis and treatment. 1.2.2 Scaling up usage of ITN .(Insecticide treated net) 1.2.3 Improve referral system. 1.2.4 Develop and implement culturally appropriate IEC. 1.2.5 Conduct training for BHSs and VHWs. 1.2.6 Introduce school based malaria control activities. 1.3 Coordinate intersectoral collaboration. 1.4 Link with other health related activities. 2.1 Conduct training for health workers in deferent levels. 2.2 Conduct training of proper referral system to communities. 3.1 Develop Hazard Map by GIS. 3.2 Implement IEC to predict epidemics. 4.1 Conduct training for GIS. 4.2 Training of BHS for epidemiological analysis. 5.1 Share the information in regional meeting. (Mekong RBM) 5.2 Conduct collaborative activities with partners. 6. Operational and applied field research for outputs.	Inputs <Japanese> Long term expert Short term expert Training and conference C/P training in Japan, Expenses for in-country training International training (ACT Malaria) International conference Renovation of training and monitoring facilities in VBDC Equipment Vehicle for field work (Monitoring, Supervision etc.) at least two vehicles required for Laboratory , Monitoring, Data and situation analysis Supply Treatment, Diagnosis, Prevention IEC materials Local cost Operational research Traveling cost	Inputs <Myanmar> VBDC staffs under NMCP Available training facilities at central level	Other sectors effectively involved through the intersectoral coordination. Pre-conditions Political commitments of higher authorities. Readiness of implementers regarding project.

Annex 2 List of Experts Dispatched to the Project

Long Term / Short Term	HIV/TB/Malaria	Field		Name	Dispatched Period	Major Activities
L		Team Leader	Mr.	Masahiro KUMOMI	10/04/2005 - 09/07/2007	Overall Project management by representing Japanese expert team
L		Team Leader	Dr.	Kosuke OKADA	07/01/2008 - 18/1/2010	Overall Project management by representing Japanese expert team
L		Coordinator	Mr.	Kenji IKARI	07/04/2003 - 06/08/2005	Coordination for smooth and effective Project implementation
L		Coordinator	Mr.	Hidemoto TANAKA	28/07/2005 - 19/10/2007	Coordination for smooth and effective Project implementation
L		Coordinator	Ms.	Junko SATO	19/11/2007- 15/2/5008	Coordination for smooth and effective Project implementation
L		Coordinator	Ms.	Rieko KAWAI	11/02/2008 - 11/02/2010	Coordination for smooth and effective Project implementation
S		Coordinator	Ms.	Etsuko MATSUNAGA	28/09/2008 - 26/12/2008	Coordination for smooth and effective Project implementation
L	IEC	IEC (Information, education, and communication)	Mr.	Kazuaki SUMIDA	30/06/2003 - 29/06/2005	Technical transfer and Project management on IEC field
S	IEC	IEC (Information, education, and communication)	Mr.	Kazuaki SUMIDA	20/11/2005 - 20/03/2006	Technical guidance on IEC development
S	IEC	IEC (Information, education, and communication)	Mr.	Kazuaki SUMIDA	25/01/2007 - 26/03/2007	Technical guidance on IEC materials for World TB Day (Poster, TV spot) and PPP activities
L	HIV/AIDS	Public Health /HIV/AIDS Control	Dr.	Hideki MIYAMOTO	19/08/2004 - 18/01/2007	Technical transfer and Project management on HIV/AIDS Control field
S	HIV/AIDS	HIV/AIDS Control/Quality Control on Blood Screening	Dr.	Namiko YOSHIHARA	18/10/2005 - 11/11/2005	Technical guidance on HIV/AIDS testing quality control conducted by National Health Laboratory (NHL) and National Blood Center (NBC)
S	HIV/AIDS	Public Health/HIV/AIDS Control	Dr.	Katsuyuki TSUKAMOTO	12/02/2006 - 25/02/2006	Technical guidance on the operational research proposals initiated by STD team leaders
S	HIV/AIDS	HIV/AIDS Control/ Quality Control of HIV/AIDS Testing	Dr.	Namiko YOSHIHARA	29/10/2006 - 19/11/2006	Studied current situation of National External Quality Assurance (NEQAS) for HIV testing, and gave suggestions on it.
S	HIV/AIDS	HIV (AIDS Control)	Dr.	Hideki MIYAMOTO	19/04/2007 - 22/04/2007	Monitoring the Project activities and providing technical guidance for NAP, NHL and NBC
S	HIV/AIDS	HIV (AIDS Control)	Dr.	Hideki MIYAMOTO	16/12/2007- 26/12/2007	1. Monitoring the Project activities and providing technical guidance for NAP, NHL and NBC 2. Discuss the small scale project (N. Okkalapa)
S	HIV/AIDS	HIV (AIDS Control)	Dr.	Namiko YOSHIHARA	24/02/2008 - 14/03/2008	Technical guidance and assistance of quality assurance for HIV Testing
S	HIV/AIDS	HIV (AIDS Control)	Dr.	Hideki MIYAMOTO	18/03/2008 - 31/03/2008	1. Discuss the small scale project (N. Okkalapa) 2. Consultation of Plan of Action for FY2008
S	HIV/AIDS	HIV (AIDS Control)	Dr.	Hideki MIYAMOTO	01/06/2008 - 15/06/2008	Monitoring the Project activities and providing technical guidance for NAP, NHL and NBC
S	HIV/AIDS	HIV (AIDS Control)	Dr.	Hideki MIYAMOTO	16/09/2008 - 02/10/2008	1. Discuss the small scale project (N. Okkalapa) 2 Monitoring the existing condition by supervisory visit, and providing technical guidance for NHL and NBC
S	HIV/AIDS	HIV (AIDS Control)	Dr.	Hideki MIYAMOTO	06/01/2009- 27/01/2009	1. Monitoring the Project activities and providing technical guidance for NAP 2. Monitoring the existing condition by supervisory visit, and providing technical guidance for NHL and NBC
S	HIV/AIDS	HIV (AIDS Control)	Dr.	Namiko YOSHIHARA	13/01/2009 - 01/02/2009	Technical guidance and assistance of quality assurance for HIV Testing

Long Term / Short Term	HIV/TB/Malaria	Field		Name	Dispatched Period	Major Activities
S	HIV/AIDS	Public Health /HIV/AIDS Control	Dr.	Hideki MIYAMOTO	10/03/2009 - 19/03/2009	1. Monitoring the Project activities and providing technical guidance for NAP. 2. Consultation of Plan of Action for FY2009
S	HIV/AIDS	Public Health /HIV/AIDS Control	Dr.	Hideki MIYAMOTO	24/05/2009 - 06/06/2009	1. Monitoring the Project activities and providing technical guidance for NAP 2. Join in the JCC
L	Malaria	Malaria Control	Mr.	Masatoshi NAKAMURA	07/07/2003 - 06/07/2007	Technical transfer and Project management on Malaria Control field
S	Malaria	Malaria Control/Quality Control of Malaria Diagnosis	Dr.	Tomoko ONDA	31/03/2005 - 27/06/2005	Technical guidance on quality control of Malaria diagnosis (situation analysis on present testing quality of Malaria)
S	Malaria	Malaria Control/ Monitoring	Dr.	Jun AKIYAMA	17/10/2005 - 03/11/2005	Review on the current Malaria control activities as a member of external review mission for Malaria control
S	Malaria	Malaria Control/Case Management of Malaria	Dr.	Yasushi SHIMADA	22/01/2006 - 21/02/2006	Technical guidance on case management of Malaria
S	Malaria	Malaria Control/Medical Sociology	Dr.	Chihiro SHIRAKAWA	22/01/2006 - 14/02/2006	Technical guidance on operational research with human behavioral and social aspects
S	Malaria	Community Health of Malaria	Ms.	Tatsue YAMAZAKI	26/03/2006 - 09/04/2006	Technical guidance on nursing for Malaria control
S	Malaria	Malaria Control/Case Management	Dr.	Takeshi UKAI	26/03/2006 - 02/04/2006	Monitoring Malaria control activities
S	Malaria	Malaria Control/Quality Control of Malaria Diagnosis	Dr.	Tomoko ONDA	22/01/2006 - 21/04/2006	Technical guidance on effective quality control of Malaria diagnosis
S	Malaria	Malaria Control/Quality Control of Malaria Diagnosis	Dr.	Tomoko ONDA	18/02/2007 - 14/04/2007	Technical guidance on quality control of Malaria diagnosis (development of basic operation manual for Microscopy to be utilized at Rural Health Center level, supervisory field visit to RHCs, analysis of present testing quality)
S	Malaria	Malaria Control/Quality Control of Malaria Diagnosis	Dr.	Tomoko ONDA	03/02/2008- 11/04/2008	Technical guidance on quality control of Malaria diagnosis (Finalaiz the basic operation manual for Microscopy to be utilized at Rural Health Center level)
S	Malaria	Malaria Control/Medical Sociology	Mr	Chihiro SHIRAKAWA	18/02/2009 - 28/02/2009	Technical guidance on operational research with human behavioral and social aspects
S	Malaria	Malaria Control	Mr.	Masatoshi NAKAMURA	9/05/2009 - 9/06/2009	1. Technical transfer and Project management on Malaria Control field 2. Join in the JCC
S	TB	Tuberculosis Control/DOTS Management	Dr.	Katsunori OSUGA	26/03/2005 - 06/04/2005	Assessment on DOTS Management conducted by NTP, and suggestion on FY 2006 plan of operation
S	TB	Tuberculosis Control	Dr.	Ikushi ONOZAKI	01/09/2005 - 16/09/2005	Orientation on TB prevalence survey (feasibility study, selection of survey site, field tests, workshop)
S	TB	Tuberculosis Control/DOTS Management	Dr.	Katsunori OSUGA	17/10/2005 - 30/10/2005	Assessment on DOTS Management conducted by NTP, and suggestion on FY 2006 plan of operation
S	TB	Tuberculosis Control Assessment	Mr.	Yoichi AKIYAMA	01/12/2005 - 16/12/2005	Technical guidance on chest X Ray operation in Prevalence Survey
S	TB	Tuberculosis control/Quality Control for Tuberculosis Diagnosis	Ms.	Akiko FUJIKI	14/12/2005 - 07/01/2006	Technical guidance on quality control for tuberculosis diagnosis (operation manual on AFB microscopy, supervisory visit)
S	TB	Tuberculosis Control/ Prevalence Survey	Dr.	Ikushi ONOZAKI	12/07/2006 - 22/07/2006	Technical guidance on overall management for prevalence survey
S	TB	Tuberculosis Control/Epidemiology	Dr.	Norio YAMADA	12/07/2006 - 23/07/2006	Technical guidance on epidemiological analysis for prevalence survey

Long Term / Short Term	HIV/TB/Malaria	Field		Name	Dispatched Period	Major Activities
S	TB	Tuberculosis control/Quality Control of TB testing	Ms.	Akiko FUJIKI	07/12/2006 - 26/12/2006	Technical guidance on establishment of External Quality Assurance (operation manual, supervisory field visit, and workshop)
S	TB	Tuberculosis Control Program	Dr.	Katsunori OSUGA	21/01/2007 - 03/02/2007	1. Monitored the current activities conducted by National TB Program as a member of External Review Mission 2. Consultation on Plan of Operation in FY2007
S	TB	Tuberculosis control(Quality Control of TB Diagnosis)	Ms.	Akiko FUJIKI	16/05/2007 - 29/05/2007	Technical guidance on establishment of External Quality Assurance
S	TB	Tuberculosis Control/ Prevalence Survey	Dr.	Ikushi ONOZAKI	26/09/2007- 06/10/2007	Technical guidance on analyzing the data of prevalence survey
S	TB	Tuberculosis control(Quality Control of TB Diagnosis)	Ms.	Akiko FUJIKI	28/02/2008 - 05/03/2008	Technical guidance on establishment of External Quality Assurance (workshop)
S	TB	Tuberculosis Control/DOTS Management	Dr.	Katsunori OSUGA	10/03/2008- 15/03/2008	Assessment on DOTS Management conducted by NTP, and suggestion on FY 2008 plan of operation
S	TB	Tuberculosis control (Epidemiology)	Dr.	Norio YAMADA	13/08/2008 - 20/08/2008	Technical guidance on epidemiological analysis for prevalence survey
S	TB	Tuberculosis control	Dr.	Nobukatsu ISHIKAWA	29/09/2008 - 03/10/2008	Technical guidance on overall management for TB activities and suggestion on future plan of operation
S	TB	Tuberculosis control/Quality Control for Tuberculosis Diagnosis	Mr	Hiroaki YAMAZAKI	07/12/2008 - 27/12/2008	Technical guidance on quality control for tuberculosis diagnosis
S	TB	Tuberculosis control (PPM-DOTS)	Dr.	Akihiro OKADO	18/02/2009 - 28/02/2009	Assessment on DOTS Management conducted by NTP, and suggestion on FY 2009 plan of operation
S	TB	Tuberculosis control (Chest X-ray Photography)	Mr	Yutaka HOSHINO	18/02/2009 - 28/02/2009	Technical guidance on chest X Ray operation in Prevalence Survey
S	TB	Tuberculosis control/Quality Control for Tuberculosis Diagnosis	Mr	Hiroaki YAMAZAKI	15/03/2009 - 27/03/2009	Technical guidance on quality control for tuberculosis diagnosis

Annex 3 List of Equipment Provided by the Project

Date: 10/7/2009

EP／EX*	JFY	Inspected Date	Distributed to	Name of Equipment	Specifications	Maker	Q'ty	Unit Price (USD)	Amount	Condition	Remarks
EP	2005	2006/6/30	DOH	4WD Double Cab Vehicle	Hi-Lux Double-Cab Pick-up Track, KUN25L-PRMDH	Toyota, Thailand	1	30,837	30,837	A	
EP	2005	2005/12/6	NAP	Video LCD Projector	Multi media Projector LV-S3	CANON	1	1,240	1,240	A	
EP	2005	2006/6/30	NAP	4WD Double Cab Vehicle	Hi-Lux Double-Cab Pick-up Track, KUN25L-PRMDH	Toyota, Thailand	1	30,837	30,837	A	
EP	2006	2007/3/1	NAP	HIV 1/2 Test Kit	Determine-HIV 1/2 Test Kit -100 test/kit	Bangkok Inter Products, Thailand	300	299	89,587	A	Used up
EP	2006	2007/5/9	NAP	HIV 1/2 Test Kit	Serodia-HIV 1/2 Test Kit - 220 test /kit	Fujirebio, Japan	150	322	48,300	A	Used up
EP	2007	2008/2/29	NAP	Storage Vial	Vial with Internal Thread	Corporate Resource Group, India	1,600	0.8	1,280	A	Used up
EP	2007	2008/2/29	NAP	HIV 1/2 Test Kit	Determine-HIV 1/2 Test Kit -100 test/kit	Inverness Medical, Japan	300	170	51,000	A	Used up
EP	2007	2008/3/24	NAP	HIV 1/2 Test Kit	Serodia-HIV 1/2 Test Kit - 220 test /kit	Fujirebio, Japan	150	459	68,850	A	Used up
EP	2008	2009/3/25	NAP	HIV 1/2 Test Kit	Determine-HIV 1/2 Test Kit -100 test/kit	Inverness Medical, Japan	400	175	70,000	A	Distributing
EP	2008	2009/3/25	NAP	HIV 1/2 Test Kit	Serodia-HIV 1/2 Test Kit - 220 test /kit	Fujirebio, Japan	100	459	45,900	A	Distributing
EP	2006	2006/12/19	NBC	Elizer Reader	ELZA Reader, MULTIS CAN EX	Human GmbH, Germany	2	5,180	10,360	A	
EP	2006	2006/12/19	NBC	Elizer Washer	ELZA Washer, Well Wash 4 MK2	Human GmbH, Germany	2	4,100	8,200	A	
EP	2008	18/3/2009	NBC	LCD Projector	Canon LV-7265	CANON	1	1,450	1,450	B	
EP	2008	18/3/2009	NBC	Presentation Assistant	Canon Model: PR-200S	CANON	1	200	200	B	
EP	2008	18/3/2009	NBC	Wall Screen	96" x 96"	Remaco	1	350	350	D	It will be installed at the new NBC building
EP	2008	25/3/2009	NBC	Teruflex Blood Bag	Double Bag, CPD-A1	Terumo,Japan	8,000	3.80	30,400	A	Relief of the cyclone Distributing
EP	2005	2006/3/18	NHL	Safety Cabinet	ESC-AC2-4E1	ESCO,Singapore	1	5,940	5,940	A	
EP	2005	2006/3/18	NHL	Orbital mixer and shaker	SEL-30000435	SELECTA, Spain	1	3,600	3,600	A	

EP／EX*	JFY	Inspected Date	Distributed to	Name of Equipment	Specifications	Maker	Q'ty	Unit Price (USD)	Amount	Condition	Remarks
EP	2005	2006/3/18	NHL	Auto clave	SEL-4047725	SELECTA, Spain	1	4,330	4,330	A	
EP	2005	2006/3/24	NHL	Micro Pipette	Size 5-50ul, CE,TUV,ISO9001:2000 Certified	Intech, India	60	56	3,360	A	
EP	2005	2006/3/24	NHL	Micro Pipette Tip	500pc/pkt, CE,TUV,ISO9001:2000 Certified	Diapette, India	60	7.36	442	A	Used up
EP	2006	2006/12/22	NHL	Medical Freezaer	LS-381	Patterson Scientific, UK	1	5,001	5,001	A	
EP	2006	2006/12/22	NHL	Pharmaceutical Refrigerator	BXY 190	Kenxin, HK	1	1,900	1,900	A	
EP	2006	2006/12/22	NHL	Refrigerated Centrifuge with Roter & Buck for 15ml & 50m		Andreas Hettich Gmbh & Co., Germany	1	6,250	6,250	A	
EP	2006	2006/12/22	NHL	Digital Water bath with lid	Humaqua-5	Human GmbH, Germany	1	908	908	A	
EX	2006	2006/10/6	NHL	Micropipette & Tips	Adjustable 2-20µL (3pcs), 100-1000µL (3pcs), Pipette Controller (2pcs), Tips (2160pcs)	Octagon	1	606,000	606,000	A	
EP	2007	2008/2/29	NHL	Eliza Reader	Multiscan Ex Microplate Photometer	Lab-System,USA	1	5,416	5,416	C	Under repairing
EP	2007	2008/2/29	NHL	Eliza Washer	Wellwash 4 MK II	Lab-System,USA	1	3,229	3,229	A	
EP	2007	2008/2/29	NHL	Disposal Pipette	200 pcs (5ml)/pack x 5 pack,200 pcs (10ml)/pack x 5 pack,200 pcs (25ml)/pack x 5 pack	Deltalab,Spain	1 lot	1,100	1,100	A	Used up
EP	2008	2009/3/17	NHL	Multifunction Copier	Duplex Auto Document Feeder P2	CANON	1 set	4,188	4,188	A	
EP	2008	2009/3/25	NHL	Rocker	Shaking movement: Rocking, Size of top plate: 420 x 350 (mm),	Hecht Assistant, Germany	1	950	950	A	
EP	2008	2009/3/18	NHL	Laptop Computer	NEC Powermate V8311	NEC	1	935	935	A	
EP	2008	2009/3/25	NHL	PCV centrifuge	DSC-100 MH-3,Digisystem Laboratory Instrument	Taiwan	17	475	8,075	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Refrigerated centrifuge	Allegra X - 15R, Rotor Capacity (SX 4750A) Swing Bucket Rotor 4 x 750 ml	Beckman, USA	5	11,000	55,000	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Capillary tube	Assistant Micro hamatocrit disposable capillaries,100pcs/tube	Germany	170	5	850	A	Relief of the cyclone
EX	2008	2008/8/12	NHL	HBs Ag standard diagnostic device	Model: 01FK10	Standard Diagostics Inc, Korea	5,010	0.56	2,806	A	Relief of the cyclone Used up
EX	2008	2008/8/12	NHL	HCV standard diagnostic device	Model: 02FK10	Standard Diagostics Inc, Korea	5,010	0.89	4,459	A	Relief of the cyclone Used up

EP／EX*	JFY	Inspected Date	Distributed to	Name of Equipment	Specifications	Maker	Q'ty	Unit Price (USD)	Amount	Condition	Remarks
EP	2008	2009/2/27	NHL	HBs Ag standard diagnostic device	Model: 01FK10	Standard Diagostics Inc, Korea	7,000	0.5	3,500	A	Relief of the cyclone Distributing
EP	2008	2009/2/27	NHL	HCV standard diagnostic device	Model: 02FK10	Standard Diagostics Inc, Korea	7,000	0.82	5,740	A	Relief of the cyclone Distributing
EP	2008	2009/3/25	NHL	Spectrophotometer	1600DR-K	Metorolab, Argentina	17	2,500	42,500	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Storage refrigerator	Model:MB 3000G, DOMETIC	Luxembourg	16	3,724	59,584	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Blood Bank Refrigrator	Model:BR-490G, DOMETIC	Luxembourg	1	10,530	10,530	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Microscope Binocular	CxL Binocular Laboratory Microscope	LABOMED, USA	20	837	16,740	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Balance	Model:311,Single Pan Balance	Ohaus,USA	20	150	3,000	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Centrifuge (Hand driven)	Handcentrifuge with rotor 1014(conical)	Hettich,Germanay	20	185	3,700	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Centrifuge	PLC-012E,6400 rpm speed, capacity 10 x 50 ml, Timer, Microprocessor,,LED digital tachometer,steel chamber,lock	GEMMY,Taiwan	20	740	14,800	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Haemocytometer set	cell depth 0.1 mm,Double cell, metallised(C435-348),Cover Glass(C435-348)Spares,22x25mm.0.5 mm thick(Pack of 10)	Wagtech,UK	20	115	2,300	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Haemoglobinnometer set (shali type)	Cat No.456 in cardboard box	Germany	20	26	520	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Rack (Blood sedimentation, westengren type)	Model:191930	Muranaka Medical Instruments Co,Jpn	20	88.50	1,770	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Tube, Westerngerm, glass	Model:112-033-71,Tube (10 pcs/box),Westerngern with PS made with rubber, Stopper glass (250 pcs/box)	Muranaka Medical Instruments Co,Jpn	20	156	3,120	A	Relief of the cyclone
EP	2008	2009/3/25	NHL	Lamp	Capacity 100 ml,Glass reservior with wick and glass cap	Wagtech,UK	20	5	100	A	Relief of the cyclone
EP	2005	2005/12/6	NTP	Video LCD Projector	Multi media Projector LV-S3	CANON	1	1,240	1,240	A	
EP	2005	2006/2/10	NTP	Binocular Microscope	YS 100 Basic Set	NIKON, Japan	30	990	29,700	A	
EP	2005	2006/6/30	NTP	4WD Double Cab Vehicle	Hi-Lux Double-Cab Pick-up Track, KUN25L-PRMDH	Toyota, Thailand	1	30,837	30,837	A	
EX	2005	2006/2/20	NTP	Portable X-Ray Unit with carrying case	PX-20HF	Adore Medical Corporation(Fujimoto Photo Industrial Co.Ltd)	1	13,800	13,800	B	Use during the TB Survey
EX	2005	2006/2/20	NTP	Stationary stand for portable system	PS-1-111	Adore Medical Corporation(Fujimoto Photo Industrial Co.Ltd)	1	2,770	2,770	B	Use during the TB Survey
EX	2005	2006/2/20	NTP	Automatic X-ray film processor	ECOMAT21	ELK Corp.,Japan	1	5,940	5,940	A	

EP／EX*	JFY	Inspected Date	Distributed to	Name of Equipment	Specifications	Maker	Q'ty	Unit Price (USD)	Amount	Condition	Remarks
EX	2005	2006/2/20	NTP	Portable Generator	EU28A： 3.6KVA, 6.5HP	HONDA, Japan	1	2,000	2,000	B	Use during the TB Survey
EX	2005	2006/2/20	NTP	Compact Dark Room	DR-1	MAEDA Co.,Japan	1	1,220	1,220	B	Use during the TB Survey
EX	2005	2006/2/20	NTP	X-Ray Protective Accordion Screen	PS-1	HOSHINA, Japan	1	1,910	1,910	B	Use during the TB Survey
EX	2005	2006/2/20	NTP	Fixer for X ray processing	RPX-OMAT (for extensively slow film)	Kodak	200	59	11,800	A	Used up
EX	2005	2006/2/20	NTP	Developer for X ray processing	RPX-OMAT-LO (for extensively slow film)	Kodak	200	34	6,800	A	Used up
EX	2005	2006/2/20	NTP	Radiographic Stand	NH-27-A	ELK Corp.,Japan	1	490	490	B	Use during the TB Survey
EX	2005	2006/2/20	NTP	X Ray Film Viewer	LH-1K	Miriyama, Japan	1	345	345	A	
EX	2005	2006/2/20	NTP	X Ray Film Cassette	PL-BK-CF & HS	Okamoto, Japan	10	635	6,350	A	
EX	2005	2006/2/20	NTP	Microfine Grid	MS, 60 lines /cm	ELK Corp.,Japan	2	1,420	2,840	B	Use during the TB Survey
EX	2005	2006/2/20	NTP	X Ray Protective Apron	FLO Pb 0.25mm	Hoshina	1	455	455	A	
EX	2005	2006/2/27	NTP	Liquid for Fixer	RPX-OMAT LO 4x 4 L	KODAK	200	43	8,600	A	Used up
EX	2005	2006/2/27	NTP	Liquid for Developer	RPX-OMAT 1Box (16L)	KODAK	200	72	14,400	A	Used up
EX	2005	2006/2/27	NTP	Radiographic Stand	NH-27A	ELK Corpt	1	760	760	B	Use during the TB Survey
EX	2005	2006/2/27	NTP	X-Ray Film Vlewer	LH-1k 14" x 14"	Moriyama	1	370	370	A	
EX	2005	2006/2/27	NTP	X-Ray film Cassette	PL-BK-CF	Okamoto Co.	10	640	6,400	A	
EX	2005	2006/2/27	NTP	Microfine Grid for X-Ray	Model : MS	ELK Corpt	2	1,810	3,620	B	Use during the TB Survey
EX	2005	2006/2/27	NTP	X-Ray Protective Apron	FLO	Hoshina	1	500	500	A	
EX	2005	2006/2/27	NTP	Film Mark Set	Model : NH-23 B	ELK Corpt	1	134	134	A	
EX	2005	2006/2/27	NTP	X-Ray film Storage Cabinet	Model : NH-43	ELK Corpt	1	572	572	B	Use during the TB Survey
EP	2006	2007/1/17	NTP	Binocular Microscope	YS-100 Basic Set	NIKON, Japan	10	990	9,900	A	

EP／EX*	JFY	Inspected Date	Distributed to	Name of Equipment	Specifications	Maker	Q'ty	Unit Price (USD)	Amount	Condition	Remarks
EP	2006	2007/1/18	NTP	Fucin basic	25ml	UK	110	69	7,560	A	
EP	2006	2007/1/18	NTP	Sulphuric Acid	Conc. 2.5L		100	41	4,100	A	
EP	2006	2007/1/18	NTP	Xylene 1l	2.5 L		1	34	34	A	
EP	2006	2007/1/18	NTP	Sodium Hydroxide	500gm		1	10	10	A	
EP	2006	2007/1/18	NTP	Slide Holding Boxes	25' size		200	2.5	500	A	
EP	2006	2007/1/18	NTP	Diamond Pen		Assistant, Germany	50	31	1,550	A	
EX	2006	2006/10/26	NTP	Books	Pictorial Textbook for AFB Microscopy	JATA	50	2	100	A	
EP	2007	2008/2/15	NTP	Fucin basic	25 g	Kishida,Japan	110	69	7,590	A	
EP	2007	2008/2/15	NTP	Xylene	500 ml	Kishida,Japan	2	11	22	A	
EP	2006	2008/2/15	NTP	Sodium Hydroxide	500gm	Kishida,Japan	1	10	10	A	
EP	2007	2008/2/15	NTP	Binocular Microscope	YS-100 Basic Set	NIKON, Japan	10	1,190	11,900	A	
EP	2008	2009/3/15	NTP	AKURIT-4	Combination of Rifampicin 150mg + Isoniazid 75 mg + Pyrazinamide 400 mg + Ethambutol 275 mg	MEGA	7,896	20.58	162,500	A	Relief of the cyclone Distributing
EP	2008	2009/3/15	NTP	AKURIT	Combination of Rifampicin 150mg + Isoniazid 75 mg	MEGA	15,400	9.48	145,992	A	Relief of the cyclone Distributing
EP	2008	2009/3/15	NTP	COMBUTOL	Ethambutol 400 mg	MEGA	1,176	4.27	5,021	A	Relief of the cyclone Distributing
EP	2008	2009/3/25	NTP	AKURIT-4	Combination of Rifampicin 150mg + Isoniazid 75 mg + Pyrazinamide 400 mg + Ethambutol 275 mg	MEGA	3,700	20.58	76,146	A	Relief of the cyclone Distributing
EP	2008	2009/3/25	NTP	AKURIT	Combination of Rifampicin 150mg + Isoniazid 75 mg	MEGA	7,400	9.48	70,152	A	Relief of the cyclone Distributing
EP	2008	2009/3/25	NTP	Binocular Microscope	E-100	NIKON, Japan	20	1,345	26,900	A	
EP	2008	25/3/2009	NTP	Portable X-ray Unit with carrying case	PX-20HF	Kenko Co., Ltd Japan	1	16,800	16,800	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	Automatic X-ray film processor	ECOMAT21	ELK Corp.,Japan	1	7,270	7,270	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	Stationary stand for portable X-ray System	PS-1-111	Kenko Co., Ltd Japan	1	3,700	3,700	B	Use during the TB Survey

EP／EX*	JFY	Inspected Date	Distributed to	Name of Equipment	Specifications	Maker	Q'ty	Unit Price (USD)	Amount	Condition	Remarks
EP	2008	25/3/2009	NTP	Radiographic Stand	NH-27-A	ELK Corp., Japan	1	730	730	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	Developer for X ray processing	Liquid for developer KODAK PRX-OMAT (2bottles x 19L)/box	Kodak	134	179	23,919	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	Fixer for X ray processing	Liquid for Fixer KODAK PRX-OMAT (2bottles x 19L)/box	Kodak	134	103	13,849	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	Compact Dark Room	DR-1	ELK Corp.,Japan	1	1,470	1,470	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	X-ray Protective Accordion Screen	PS-1	Hoshina Corp., Japan	1	3,970	3,970	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	X-ray Film viewer	LH-1K	Moriyama	1	450	450	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	X-ray Film cassette(Green)	Applicable to 14" x 14"	Kasei Optonix Ltd, Japan	10	440	4,400	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	Microfine Grid for X-ray	MS	ELK Corp.,Japan	1	1,850	1,850	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	Film Mark Set	NH-23B	ELK Corp.,Japan	1	290	290	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	X-ray Film Storage Cabinet	NH-43	ELK Corp.,Japan	1	650	650	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	X-Ray Film (Green Type)	SIZE: 14" x 14"	Kodak	60,000	1.75	105,000	B	Use during the TB Survey
EP	2008	25/3/2009	NTP	Incubator and Shelf (for general laboratory)	Capacity: 150L	Diahan Labtech, KOREA	2	3,665	7,330	A	
EP	2008	25/3/2009	NTP	Generator	Airman SDG 60S, 50KVA(40KW)	ISUZU	1	18,500	18,500	A	
EP	2005	2005/11/18	VBDC	Mefloquine	Anti- Malaria Medicine 250. Tab / Box	Atlantic lab. Co., Ltd Thailand	50	39	1,950	A	Used up
EP	2005	2005/12/6	VBDC	Video LCD Projector	Multi media Projector LV-S3	CANON	1	1,240	1,240	A	
EP	2005	2005/12/6	VBDC	Insecticide for Mosquite Net	Supa Tab for Bed Net (Delta methrin WT)	PSI	20,000	0	8,000	A	Used up
EP	2005	2006/3/10	VBDC	Artemether Tablet	Anti- Malaria Tablet 12. Tab / Boc	KUMING	2,000	1	2,360	A	Used up
EP	2005	2006/3/10	VBDC	Artemether Ampul	Anti- Malaria Medicine 6. Ampul / Box	KUMING	200	5	900	A	Used up
EP	2005	2006/3/10	VBDC	Rapid Diagnostics Test Kit for Malaria	25. Test / Kit for P.Falciparum Malaria	Orchid Biomedical Systems, India	200	28.50	5,700	A	Used up
EP	2005	2006/6/16	VBDC	Mosquite Net	LLINS (Long Lasting Insecticide Net)	Siamdutch,Thailand	5,471	3.29	18,000	A	Used up

EP／EX*	JFY	Inspected Date	Distributed to	Name of Equipment	Specifications	Maker	Q'ty	Unit Price (USD)	Amount	Condition	Remarks
EP	2005	2006/6/30	VBDC	4WD Double Cab Vehicle	Hi-Lux Double-Cab Pick-up Track, KUN25L-PRMDH	Toyota, Thailand	1	30,837	30,837	A	
EP	2006	2006/3/27	VBDC	Artemethor	6 ample/box	Kaung Phermacy Co.Ltd	2,750	1.82	5,000	A	Used up
EP	2006	2006/11/20	VBDC	Motor Bike	100cc	Suzuki	2	2,350	4,700	A	
EP	2006	2006/12/1	VBDC	Slide Glass	100pcs/pack	Matusnaga	60	10	570	A	Used up
EP	2006	2006/12/1	VBDC	Rancet	200 pcs/box x 60	Assistant, Germany	60	5.5	330	A	Used up
EP	2006	2006/12/1	VBDC	GIMZA Stain	100ml/bottle	MERCK, Germany	18	40	720	A	Used up
EP	2006	2007/2/15	VBDC	Mosquite Net	RX11WTB	Siamdatch, Thailand	10,000	4.5582	45,582	A	Used up
EP	2006	2007/3/16	VBDC	Mefroquine	250mg X-100 tab/bottle	Siam Nissei, Thailand	1,000	5.66	5,660	A	Used up
EP	2006	2007/3/19	VBDC	Sylinge	3mL 23Gx1-1/4"	NIPRO	7,200	0.5	3,600	A	Used up
EP	2006	2007/3/19	VBDC	Drip	Infusion Set, Dextrose 5% drip set DW 500 ml	NIPRO	1,000	1.5	1,500	A	Used up
EP	2006	2007/3/21	VBDC	Rapid Diagnostics Test Kit for Malaria	25. Test / Kit for P.Falciparum Malaria	Orchid Biomedical Systems, India	1,600	25	39,840	A	Used up
EP	2007	2008/2/29	VBDC	Binocular Microscope	CX21 BIM Set-3 model	OLYMPUS	10	1,350	13,500	A	
EP	2007	2008/2/29	VBDC	Clindamycine	Clindamycine 150 mg, May/2010	Vietnam	4,000	0.1	400	A	Used up
EP	2007	2008/2/29	VBDC	Quinine	Quinine 300 mg , Dec/ 2009	MPF	3,000	0.022	66	A	Used up
EP	2007	2008/2/29	VBDC	Chloroquine	Chloroquine 250 mg, Jan/2011	MPF	200,000	0.02	4,000	A	Used up
EP	2007	2008/2/29	VBDC	Primaquine	Primaquine 15 mg, April/2010	MPF	100,000	0.012	1,200	A	Used up
EP	2007	2008/2/15	VBDC	Rapid Diagnosis Test Kit for Malaria	Paracheck PF Test Kit(25 Test/Kit),Rapid test for P.Falciprum Malaria.	Orchid Biomedical Systems(India)	1,600	24.90	39,840	A	Used up
EP	2007	2008/2/15	VBDC	Syringe	Nipro 3 ml, 23 Gx 1-1/4 inches	NIPRO	7,200	0.05	360	A	Used up
EP	2007	2008/2/15	VBDC	Drip Set with 5% Dextrose	Dextrose 5% solution DW-500 ml & Drip Set(Infusion Set)	NIPRO	1,000	1.50	1,500	A	Used up
EP	2007	2008/2/29	VBDC	Drip Set with 5% Dextrose	Drip set with 5% Dextrose	NIPRO	2,600	1.50	3,900	A	Used up

EP／EX*	JFY	Inspected Date	Distributed to	Name of Equipment	Specifications	Maker	Q'ty	Unit Price (USD)	Amount	Condition	Remarks
EP	2007	2008/2/29	VBDC	Syringe with needle		NIPRO	12,000	0.05	600	A	Used up
EP	2007	2008/3/20	VBDC	Supa Tab for Bed Net	Delta methrin WP,Active Ingredient: 40 ml, Weight:1.6 g 25% of deltamethrine	PSI	75,000	0.58	43,500	A	Used up
EP	2007	2008/2/29	VBDC	Slide Glass	S-7224	MATSUNAMI	400	10	4,000	A	Used up
EP	2007	2008/2/29	VBDC	Slide Box	Slide Box (50 slides/box)	Kenxin,HK	100	3	250	A	
EP	2007	2008/2/29	VBDC	Lancet	Blood Lancet	Feather, Japan	1,000	1.58	1,580	A	Used up
EP	2007	2008/2/29	VBDC	Gimza Stain	100 ml/Bottle	MERCK, Germany	100	35	3,500	A	Used up
EP	2007	2008/1/15	VBDC	Artemether Ampule for Injection	Exp date 2011/07,Each ml contains 80 mg of Artemether	KUMING	2,000	5.30	10,600	A	Used up
EP	2007	2008/3/20	VBDC	Deltamethrine WP (Supa Tab)		PSI	75,000	0.58	43,500	A	Used up
EP	2008	2009/2/27	VBDC	Rapid Test Kit for Malaria	Paracheck PF, 25 test/box, Device	Orchid Biomedical	27	4,100.00	110,700	A	Distributing
EP	2008	2009/3/9	VBDC	Coartem for Adult (>15 years old)	Coartem Tab 20/120mg 30 x 24	Novartis Pharma Services Inc.	1,888	42.00	79,296	A	Relief of the cyclone Distributing
EP	2008	2009/3/9	VBDC	Coartem for 10-14 years old	Coartem Tab 20/120mg 30 x 18	Novartis Pharma Services Inc.	224	33.30	7,459	A	Relief of the cyclone Distributing
EP	2008	2009/3/9	VBDC	Coartem for 5-9 Years old	Coartem Tab 20/120mg 30 x 12	Novartis Pharma Services Inc.	64	22.20	1,421	A	Relief of the cyclone Distributing
EP	2008	2009/3/9	VBDC	Coartem for 1-4 Years old	Coartem Tab 20/120mg 30 x 8	Novartis Pharma Services Inc.	64	11.10	710	A	Relief of the cyclone Distributing
EP	2008	2009/1/30	VBDC	Artemether injection	1ml x 6 ampoules per box , each ml contains 80 mg of Artemether	KUMING	2,000	5.3	10,600	A	Distributing

EP／EX*	JFY	Inspected Date	Distributed to	Name of Equipment	Specifications	Maker	Q'ty	Unit Price (USD)	Amount	Condition	Remarks
EP	2008	2009/3/25	VBDC	Malaria Test Kit	IgG, IgM detection	Bioline	50	65	3,250	A	Distributing
EP	2008	2009/3/25	VBDC	Dengue test kit (IgG, IgM detection)	25tests/box	Panbio, Australia	80	162	12,960	A	Relief of the cyclone Distributing
EP	2008	2009/6/15	VBDC	KO-TAB	Insecticide Deltamethrine 25% W/W	BAYER	23,000	1	26,220	A	Relief of the cyclone Distributing
EP	2008	2009/6/23	VBDC	ABATE 1% SG	Insecticide Temephos GR	BASF	200,000	0.23	46,000	A	Relief of the cyclone Distributing
EP	2008	2009/2/27	VBDC	Syringe with needle	23G, 3ml	TERUMO	12,000	0.063	756	A	Distributing
EP	2008	2009/1/30	VBDC	Quinine	300 mg 500's, 500's/bottle,Expiry Date: 01 April 2011	MPF	40	9.40	376	A	Distributing
EP	2008	2009/1/30	VBDC	Chloroquine	250 mg 1000's,1000's/bottle,Expiry Date:01 June 2011	MPF	100	33	3,300	A	Distributing
EP	2008	2009/1/30	VBDC	Chloroquine	250 mg 1000's,1000's/bottle,Expiry Date:01 January 2010	MPF	100	33	3,300	A	Distributing
EP	2008	2009/1/30	VBDC	Primaquine	15 mg 100's,100's/bottle,Expiry Date: 01 June 2010	MPF	1,000	1.3	1,300	A	Distributing
EP	2008	2009/3/25	VBDC	Spare Parts for Microscope x 100 objective	E-100 Anti-mould with wooden case	NIKON, Japan	10	110	1,100	A	Distributing
EP	2008	17/3/2009	VBDC	Digital Video Camera	SONY Hard Disk Camera Model: HDR-SR10E	SONY	1	1,167	1,167	A	
EP	2008	2009/3/18	VBDC	Laptop PC	E-6500	NEC	1	1,150	1,150	A	
EP	2008	2009/3/18	VBDC	LCD Projector	LV-7265	CANON	1	1,450	1,450	A	
EP	2008	2009/3/18	VBDC	Presentation Assistant	PR-200S	CANON	1	200	200	A	
EP	2008	2009/3/18	VBDC	Wall Screen	96"x 96"	Remaco	1	350	350	A	

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

** Condition of the equipment: A: Frequently use B: Use C: Not often use D: Others (Broken)

*** JFY 2008: JICA added the extra budget for Cyclone relief (USD 530,370) and TB prevalence survey (USD 113,700).

Annex 4 Operational Cost born by the project

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

Unit: US Dollars

Field	JFY2004 (Jan19-Mar31,05)	JFY2005 (Apr1,05-Mar31,06)	JFY2006 (Apr1,06-Mar31,07)	JFY2007 (Apr1,07-Mar31,08)	JFY2008 (Apr1,08-Mar31,09)
Project Management (DoH)*	29,330	38,763	40,058	86,665	103,377
TB Control	28,693	64,006	95,367	54,165	110,286
HIV/AIDS Control	16,032	30,914	37,536	32,738	50,794
Malaria Control	28,025	103,197	60,481	42,444	60,394
Total	**102,080**	**236,880**	**233,442**	**216,012**	**324,851**

* Overall project management (local staff, communication, office supplies & consumables, transportation, equipment maintenace, etc)

Annex 5 List of Key Counterparts for the Project

January 2005 to as of April 2009

Designation	Name	Assigned Period (MM/YY~MM/YY)
Director General	Dr. Win Myint	Sep 2008~ Up to Now
	Dr. Maung Win	Jun 08~ Sep 08
	Dr. San Shwe Win	Mar 08~ Jun 08
	Dr. Tin Win Maung	Jun 04 ~Mar 08
Deputy Director General	Dr. Saw Lwin	Jan 09 ~ Up to Now
	Dr.Kyaw Nyunt Sein	April 06 ~ August 08
	Dr. Ye Myint	Jan 05 ~ April 06
Director of Disease Control	Dr. Win Maung	February 09 ~ Up to Now
	Dr.Saw Lwin	May 06 ~ Jan 09
	Dr. Kyaw Nyunt Sein	Jan 05 ~ May 06
Program Manger (HIV /ADS)	Dr. Khin Ohnmar San	May 08 ~ Up to Now
	Dr. Min Thwe	December 03 ~ May 08
Program Manger (TB)	Dr. Thander Lwin	June 09 ~ Up to Now
	Dr. Win Maung	Februrary 02 ~ Februrary 09
Program Manger (Malaria)	Dr. Than Win	May 06 ~ Up to Now
	Dr. Saw Lwin	Jan 05 ~ May 06
Director(NHL)	Dr. Ne Win	October 06 ~ Up to Now
	Dr. Tin Nyunt	February 01 ~ Mar 06
In Charge of NBC	Dr. Thida Aung	December 01 to Up to Now

Annex 6 List of Counterpart Training in Japan

JFY	Subject	Name	Designation	Period
2004	STUDY PROGRAMME ON COMMUNICABLE DISEASES CONTROL	DR.HTUN TIN	MEDICAL OFFICER (EPIDEMIOLOGY), CENTRAL EPIDEMIOLOGY UNIT, DEPARTMENT OF HEALTH, MINISTRY OF HEALTH	23/09/2004
2005	The Study Programme on Communicable Diseases Control	U Zaw Htay	Deputy Divisional Health Director, Department of Health, Ministry of Health	25/09/2005
2005	Advanced Laboratory Technology for Care and Management of HIV -1 Infected Individuals (GROUP)	Dr. Khin Myat New	Consultant(Microbiology), National Health Laboratory, Ministry of Health	14/06/2005
2005	STOP TB Action Training Course (GROUP)	Dr. Cho Cho Aung	Medical Officer, Union Tuberculosis Institute, Department of Health	12/07/2005
2005	Seminar on Sexual Transmitted Disease, Control of AIDS and ATL	Dr. Myat Mon	Lecturer, Department of Pathology, University of Medicine II, Medical Science Department,	20/06/2005
2005	Advanced Laboratory Technology for Care and Management of HIV -1 Infected Individuals	Dr. Khin Myat New	Consultant(Microbiology), National Health Laboratory, Ministry of Health	14/06/2005
2005	Tuberculosis Laboratory Network for DOTS Expansion (GROUP)	Daw Thinn Lei Swe	Medical Officer (National TB Laboratory) National Tuberculosis Control Programme, Department of Health	27/09/2005
2006	Consultative Meeting on Infectious Diseases	Dr. Saw Lwin	Director (Diseases Control) , Department of Health	30/10/2006 - 10/11/2006
2006	Consultative Meeting on Infectious Diseases Control (Malaria)	Dr. Ni Ni Aye	Malariogist, Vector borne Diseases Control Team, Dawei, Department of Health	30/10/2006 - 10/11/2006
2006	Consultative Meeting on Infectious Diseases Control (HIV/AIDS)	Dr.Than Win	Team Leader, AIDS/STD Control Team, Mandalay, Department of Health	30/10/2006 - 10/11/2006
2006	Advanced Laboratory Technology for Care and Management of HIV -1 Infected Individuals	Daw Thar Yar Htwe	Medical Technologist, National Health Laboratory, Ministry of Health	06/06/2006

JFY	Subject	Name	Designation	Period
2006	Advanced Laboratory Technology for Care and Management of HIV -1 Infected Individuals	Daw Thar Yar Htwe	Medical Technologist, National Health Laboratory, Ministry of Health	06/06/2006
2007	Malaria Control	Dr. Si Thu Ye Naung	Team Leader, State Malaria Control Team, Mon State	30/09/2007
2007	Malaria Control	Dr. Zaw Lin	Team Leader, Divisional Malaria Control Team,	30/09/2007
2007	Communicable Diseases Control (GROUP)	Dr. Khin Win	Epidemiologist, Special Disease Control Unit, Department of Health, Ministry of Health	04/02/2007
2007	The seminar on control of AIDS and TTL	Dr. Aye Aye Win	Pathologist, Dawei General Hospital Taninthayi Division	07/05/2007
2007	Advanced Laboratory Technology for Care and Management of HIV -1 Infected Individuals (GROUP)	Dr. Hein Myo Htet	Research Officer, Pathologist Research Division, Department of Medical Research, Ministry of Health	05/06/2007
2007	Tuberculosis Laboratory Network for DOTS Expansion (GROUP)	Dr. Wint Wint Nyunt	Medical Officer (Microbiologist), National Tuberculosis Reference Laboratory, Yangon	25/09/2007
2007	STOP TB ACTION TRAINING COURSE (TO DEVELOP LEADERS IN TB CONTROL MANAGEMENT)(GROUP)	Dr.ZAW MYINT	DISTRICT TEAM LEADER, DISTRICT TB OFFICER, EASTERN SHAN STATE, TARCILEIK	08/05/2007
2008	COUNTRY - FOCUSED TRAINING IN JAPAN FOR THE COUNTERPART PERSONNEL ON MALARIA CONTROL (CP/AF)	U THAR TUN KYAW	MALARIOLOGIST, NATIONAL MALARIA CONTROL PROGRAMME (MANDALAY)	19/10/2008
2008	COUNTRY - FOCUSED TRAINING IN JAPAN FOR THE COUNTERPART PERSONNEL ON MALARIA CONTROL (CP/AF)	U HLA MIN THEIN	MEDICAL OFFICER, NATIONAL MALARIA CONTROL PROGRAMME, DEPARTMENT OF HEALTH	19/10/2008
2008	Stop TB Training Course(GROUP)	Daw Thin Thin Htay	Team Leader, National Tuberculosis Control Program, Thantwe, RaKhine State	06/05/2008

Annex 6 List of Counterpart Training in Japan

JFY	Subject	Name	Designation	Period
2008	Tuberculosis Laboratory Network for DOTS Expansion(GROUP)	Dr. MAY WINT WAR	Microbiologist, National Health Laboratory, Mandalay	07/12/2008
2009	STUDY PROGRAMME ON COMMUNICABLE DISEASES CONTROL (GROUP)	U AUNG KYAW MOE	TEAM LEADER, SPECIAL DISEASES CONTROL UNIT, DEPARTMENT OF HEALTH, MINISTRY OF HEALTH	22/02/2009
2009	PREVENTION AND CONTROL MEASURES OF AIDS (B) (GROUP)	DAW WIN PHYU PHYU	Medical Officer, MANDALAY GENERAL HOSPITAL	16/02/2009

Annex 6 List of Counterpart Training in Japan

Annex7 List of IEC Materials Produced by the Project

No		Description	Agency	Type	Q'ty	JFY	Produced Date	Remark(Key Message etc.)
1	Pamphlet	Introduction to MIDC Project	DOH	Pamphlet	2,000	2005	Aug-05	Introductory information on MIDC Project
2	Book	Photo Book on MIDC achievement	DOH	Photo book	500	2005	Mar-06	
3	Video	Sexually Transmitted Diseases	NAP	Video, 2min	1	2003	Nov-03	For HIV/AIDS Exhibition, Yangon
4	Video	HIV/AIDS	NAP	Video, 36min	1	2003	Nov-03	For HIV/AIDS Exhibition, Yangon
5	Video	HIV/AIDS Exhibition in Yangon	NAP	Video, 9min	1	2003	Nov-03	Documentary Video
6	Video	HIV/AIDS Exhibition in Mandalay	NAP	Video, 34min	1	2004	Dec-04	Documentary Video
7	Pamphlet	Safe Blood Pamphlet	NBC	Pamphlet	30,000	2004	Apr-04	Blood Transfussion
8	Video	Devoted Love	NBC	Video, 38min	1	2004	Apr-04	Drama, Safe Blood Promotion, Window Period
9	Pamphlet	Safe Blood Pamphlet	NBC	Pamphlet	5,000	2004	Nov-04	Blood Transfussion
10	Poster with Calendar	Blood Safety Calendar	NBC	Poster with calendar (4 pages)	2,000	2005	Dec-05	Blood donor message to the public
11	TV Spot	Safe Blood Donor Promotion TV Spot Title: Fill in the blank Actors and actress: Ye Lay, Tun Tun and example group, Tha Zin, Moe Pyi Pyi Maung Script: CHEB (Khin Su Hlaing) Director:	NBC	TV Spot	1	2005	Mar-06	To promote safet blood donors
12	TV Spot	Title: You are welcome Actors and actress: Nghtet Pyaw Kyaw, Min Htet Kyaw Zin, Nay Htoo Naing, Nay Yan, Moe Yan Zun, Zin Zin Zaw Myint, Nan Su Yati Soe, Thin Zar Wint Kyaw, Dr. Nway Nway Oo Script: CHEB Director: Aung Moe (Paris)	NBC	TV Spot	1	2006	Aug-06	To promote regular safe blood donor. To advocate low risk life behaviour to the targeted group of blood donor of University students.
13	Pamphlet	Reprinting of blood donor education pamphle	NBC	Pamphlet	30,000	2007	Dec-07	To promote safe blood donor recruitment up to township hospital
14	Pamphlet	Reprinting of pamphlet on Hemoglobin inform	NBC	Pamphlet	30,000	2007	Dec-07	Deliver hemoglobin information to all potential and repeated blood donor
15	VCD	VCD copy of "Devoted Love"	NBC	VCD	300	2007	Dec-07	Education drama on danger of transfusion transmitted HIV infection during window period.
16	VCD	VCD copy of "Fill in the blank"	NBC	VCD	300	2007	Dec-07	Recruitment of voluntary, regular safe blood donor

No		Description	Agency	Type	Q'ty	JFY	Produced Date	Remark(Key Message etc.)
17	VCD	VCD copy of "You are welcome"	NBC	VCD	300	2007	Dec-07	To promote self deferral system in order to get safe blood donor
18	VCD	VCD copy of "Mee Mee's Decision"	NBC	VCD	300	2007	Dec-07	Education on important of hemoglobin status in order to get the qualify blood and to stop having paid donor in transfusion services.
19	Table Calendar	To promote blood transfusion services and recruitment of safe blood donor	NBC	Table Calendar	2,000	2007	Dec-07	Delivered information up to township hospital
20	Pamphlet	Reprinting of blood donor education pamphle	NBC	Pamphlet	15,000	2008	Apr-08	To promote safe blood donor recruitment up to township hospital
21	Pamphlet	Reprinting of pamphlet on Hemoglobin inform	NBC	Pamphlet	15,000	2008	Apr-08	Deliver hemoglobin information to all potential and repeated blood donor
22	Wall Calendar	Explanation on blood transfusion services	NBC	Wall Calendar	2,000	2008	Dec-08	
23	Book	How to use.Microscope	NHL	Reprinting Book	500	2003	Nov-03	Teaching Printing Material
24	Book	Clinical Laboratory Technology	NHL	Reprinting Book	1,000	2003	Nov-03	Teaching Printing Material
25	Video	Microscope	NHL	Video, 26min	1	2003	Mar-04	About Microscope, Manual for the training centre
26	Video	HIV/AIDS Testing by Different type of Test-Ki	NHL	Video, 37min	1	2004	Mar-05	For Laboratory Technicians, 5 Deferent Types of Test-Kits
27	Video	The Most Beautiful New Day To Be Continue	NHL	Video, 56min	1	2004	Mar-05	Drama, HIV/AIDS Transmission
28	Video	Quick Treatment (Actor: Yazar Nay Win)	NTP	Video, 12min	1	2003	Feb-04	Drama, DOTS Promotion (Early Proper Tratment, Free DOTS)
29	Poster	Wall Sheet Poster (Actor: Yazar Nay Win, Actress: Pwint)	NTP	Poster	20,000	2003	Feb-04	DOTS Promotion (Early Proper Tratment, Free DOTS)
30	Book	TB Patient Care Book	NTP	Book	30,000	2004	Nov-04	TB Patient Manual Book
31	Book	TB Knowledge Book	NTP	Book	20,000	2004	Mar-05	About TB, Prevention,Ways of transmission, Proper Treatment
32	Poster	Wall Sheet Poster (Actor:Naing Naing, Actress: Thet Mon Myint)	NTP	Poster	20,000	2004	Mar-05	Frontline TB Care Provoders: Heroes in the Fight Against Tuberculosis
33	Poster	Wall Sheet Poster, Actors: Nay Toe, Ye lay, King Kaung, Ahyaing	NTP	Poster	20,000	2005	Mar-06	For World TB Day, 'Action for life : Towards a world free of TB'
34	Book	TB Patient Care Book (Revision)	NTP	Book	40,000	2005	Mar-06	TB Patient Manual Book. Upgrading the content of the book and reprinting
35	Book	PPP Guide Book	NTP	Book	2,000	2005	Mar-06	For promotion of Public Private Partnership
36	Book	TB Patient Care Book (2nd Revision)	NTP	Book	50,000	2006	Mar-07	TB Patient Manual Book.
37	Pamphlet	PPP Pamphlet for General Practitioners	NTP	Pamphlet	10,000	2006	Mar-07	General information on PPP activities to raise participation of GP
38	Book	Guide Book for AFB Microscopy	NTP	Book with photo	500	2006	Mar-07	Operational guide book on AFB Microscopy
39	Poster	Wall Sheet Poster: TB ANYWHERE IS TB EVERYWHERE, (For World TB Day)	NTP	Poster	30,000	2006	Mar-07	To raise people's awareness of TB
40	TV Spot	TV Spot for World TB Day	NTP	TV Spot	1	2006	Mar-07	To raise people's awareness of TB

No		Description	Agency	Type	Q'ty	JFY	Produced Date	Remark(Key Message etc.)
41	Poster	New poster for 2007 WTBD.	NTP	Poster	30,000	2007	Mar-07	HE poster to commemorate WTBD. Theme: "TB anywhere is TB everywhere"
42	Pamphlets	PPP pamphlets	NTP	Pamphlets	20,000	2007	Mar-07	Information to GP for PPM-DOTS.
43	HE Video	HE Video (WTBD)	NTP	HE Video	1	2007	Mar-07	11 min Drama TB Health Education Video: "Aye Mya Thaw Lay Hnin Lay Myar".
44	Booklet	TB Patient Care Book	NTP	Booklet	50,000	2007	Mar-07	To be used by TB patients & health care providers
45	Booklet	TB Knowledge Book	NTP	Booklet	50,000	2007	Mar-07	For Community Awarness
46	Lab Guideline	Quality Smear Preparation for AFB Microscopy Guide Book.	NTP	Lab Guideline Book	1,000	2007	Mar-07	Laboratory Guideline (Strenghtening of Laboraotry)
47	Mannual Book	BHS Mannual	NTP	Mannual Book	1,000	2007	Apr-07	Mannual for Basic Health Staffs
48	Pamphlets	PPP pamphlets	NTP	Pamphlets	10,000	2007	Nov-07	Information to GP for PPM-DOTS.
49	HE Video	DOTS related Video Clip	NTP	HE Video	1,000	2007	Dec-07	29:07 min HE TV Spots by JICA & PSI
50	Poster	New poster for 2008 WTBD.	NTP	Poster	10,000	2008	Mar-08	HE poster to commemorate WTBD. Theme: "I am stopping TB"
51	HE Video	DOTS related Video Clip (DVD)	NTP	HE Video	500	2008	Mar-08	29:07 min HE TV Spots by JICA & PSI
52	Card	anti TB treatment card	NTP	Card	1,000	2008	Mar-08	To be used by health care providers
53	Lab Guideline	National Guideline on EQA with LQAS method for AFB Microscopy	NTP	Lab Guideline Book (English Version)	1,000	2008	Mar-08	Laboratory Guideline (Strenghtening of Laboraotry)
54	Pamphlets	PPP pamphlets	NTP	Pamphlets	3,000	2008	Jun-08	Information to GP for PPM-DOTS.
55	Modules	PPP Training Modules	NTP	Modules	1,000	2008	Jun-08	Training Material for PPP
56	Booklet	TB Patient Care Book	NTP	Booklet	30,000	2008	Aug-08	To be used by TB patients & health care providers
57	Lab Guideline	EQA guideline Myanmar Version	NTP	Lab Guideline Book (Myanmar Version)	500	2008	Dec-08	Laboratory Guideline (Strenghtening of Laboraotry)
58	Poster	Sputum Collection Poster	NTP	Poster	10,000	2008	Mar-09	To give education on sputum collection for Lab
59	Poster	New poster for 2009 WTBD.	NTP	Poster	20,000	2008	Mar-09	HE poster to commemorate WTBD. Theme: "I am stopping TB"
60	Booklet	TB Patient Care Book	NTP	Booklet	30,000	2008	Mar-09	To be used by TB patients & health care providers
61	Key Chain	Give away to Community	VBDC	Key Chain	500	2004	Jun-04	Malaria Week
62	Cap	Give away to Community and staff	VBDC	Cap		2004	Jun-04	JICA Malaria Control Prog.
63	Purse	Give away to Community and staff	VBDC	Purse	500	2004	Jun-04	Health education (Fight against malaria)
64	Video	Community Based Malaria Control	VBDC	Video	1	2005	Aug-05	Drama, Community Based Malaria Control

No		Description	Agency	Type	Q'ty	JFY	Produced Date	Remark(Key Message etc.)
65	TV Spot	Myaing Ya Daw Hma Lywan Myet Yeet Script: Dr. Mya Hnaung Nyo	VBDC	TV Spot	1	2005	Feb-06	About malaria disease. To take proper treatment for malaria patient.
66	Hand out	Training to BHS	VBDC	Hand out	100	2005	Apr-05	KO tab utilization for net impregnation
67	Manual	Training to BHS	VBDC	Manual	100	2005	Sep-05	BHS manual for Malaria
68	Voucher	Net distribution	VBDC	Voucher	400	2005	Jun-05	Voucher for net distn.
69	Book	Malaria Manual Guide Book for General Health Worker	VBDC	Book	2,065	2006	Sep-06	Village lifestyle Prevention and treatment
70	Pictrial Charts	Pictrial charts on prevention and treatment of Malaria to be used by BHS	VBDC	Pictrial charts with cartoon	2,000	2006	Nov-06	Teaching material for BHS who diseminate knowledge of Malaria to local settlers
71	CD	Tears of Jungle Life	VBDC	CD		2006		Health education to the community
72	Voucher book	Implementation for BHS	VBDC	Voucher book	1,000	2006		Patient record for BHS
73	Voucher book	Implementation for BHS	VBDC	Voucher book	600	2006		Drug utilization form
74	Manual	Field used	VBDC	Manual	-	-		Manual for residual spraying
75	Flip Chart	Flip Chart for Health education	VBDC	Flip Chart	1350	2007	Mar-07	How to Avoid Malaria Risk in the Forest to the Community
76	Manual book	Manual book for Field use & Reference	VBDC	Manual book	-	-	-	Pictorial key to the Female Anopheline Mosquitoes of Myanmar (Systematic)
77	Manual book (Short cut in English)	Manual book for Field use	VBDC	Manual book (Short cut in English)	-	-	-	Illustrated key to the Identification of the Adult Female & Full-grown Larvae
78	Manual book (Short cut in Myanmar)	Manual book for Field use	VBDC	Manual book (Short cut in Myanmar)	-	-	-	Illustrated key to the Identification of the Adult Female & Full-grown Larvae
79	Chart (A-4 size)	Training and implementation to BHS	VBDC	Chart (A-4 size)	2000	2007		Malaria treatment guideline
80	Chart (Poster	Training and implementation to BHS	VBDC	Chart (Poster size)	1300	2007		Malaria treatment guideline
81	Manual	Training to BHS	VBDC	Manual	Developed	2007		Flipchart manual
82	Manual	Training and implementation to BHS	VBDC	Manual	1000	2008		Microscopic manual for Basic Health Staff
83	Manual	Training and implementation VBDC field staff	VBDC	Manual	1000	2008		Manual for Indoor Residual Spraying
84	Manual	Training and implementation VBDC field staff	VBDC	Manual	1000	2008		A Guide to Indoor Residual Spraying
85	Manual	Training Malariologist and Team Leaders	VBDC	Manual	35	2008		Health Mapper Training manual

Annex 8 List of In-country training for HIV/AIDS

Training Conducted by JICA-MIDC Project (HIV/AIDS Component)

No.	Training Item	Fiscal Year	Duration	Place/Implementer	Participants
1.	Workshop on Safe Blood Donor Recruitment Training	2003	13th-14th October,03	Meeting Room of Nurses Quarter / NBC	50
2.	Refresher Training Course on Laboratory Diagnosis of Infectious Diseases (I)		8th-12th March,04	NHL / NHL	30
3.	Refresher Course for AIDS/STD Investigators.		15th-17th March,04	NAP / NAP	15
4.	Training on Essential Laboratory Techniques for Important Epidemic Diseases and Blood Safety (II)	2004	5th-9th July,04	NHL / NHL	30
5.	Power Point Presentation		13th August,04	NHL / NHL	NHL staffs
6.	Workshop on recruitment of voluntary blood donor(II)		26th-27th August, 04	Meeting Room of Nurses Quarter / NBC	43 (53)
7.	Workshop on recruitment of voluntary blood donor(III)		17 Sep, 04	Meeting Room of Nurses Quarter / NBC	
8.	Training on Essential Laboratory Techniques for Important Epidemic Diseases and Blood Safety (III)		24-28 January,05	NHL / NHL	30
9.	Awareness raising Workshop in cooperation with Media for safe blood donor recruitment	2005	14/7/05	Park Royal Hotel / NBC	50
10.	Training on EQAS on HIV testing		23-26/8/05	NHL / NHL	66
11.	Training on Program Management for AIDS/STD team leaders in collaboration with Thailand RCC project		11-18/9/05 25/9-2/10/05	Mahidol University / NAP	24

Annex 7 List of Other Training for HIV/AIDS

12.	Launching of blood donor registry software		9/12/05	Meeting Room of Nurses Quarter / NBC	40
13.	In country training on Program Management for AIDS/STD team leaders		20-21/12/05	MMA / NAP	27
14.	Workshop on Development of Blood Donor Deferral Questionnaire		3/2/06	Park Royal Hotel / NBC	21
15.	Training on Usage of Donor Deferral Questionnaire		14-15/3/06 16-17/3/06	NHL / NBC	57
16.	Workshop on NEQAS in HIV Testing	2006	17-18/7/06 20-21/7/06	NHL / NHL	69
17.	Expanding computerized blood donor registration system to Mandalay		27-31/7/06	Mandalay general hospital blood bank / NBC	1
18.	Training on Program Management for AIDS/STD team leaders in collaboration with Thailand RCC project		1-14/10/06	Mahidol University / NAP	12, include 3 State/Divisional officers
19.	Expand the computerized blood donor registration system to Pathein		20-22/10/06	Pathein general hospital blood bank / NBC	1
20.	Expand the computerized blood donor registration system to Myitkyina		21-26/12/06	Myitkyina general hospital blood bank / NBC	2
21.	Training on Usage of Donor Deferral Questionnaire for Yangon and Ayeyarwaddy Divisions		28-29/12/06	NHL / NBC	20
22.	Training on Usage of Donor Deferral Questionnaire for Mandalay Division and Kachin State		2-3/1/07	Mandalay general hospital/ NBC	19
23.	Workshop on NEQAS in HIV Testing	2007	30-31/7/07	NHL / NHL	31 participants cover for 40 sites

Annex 7 List of Other Training for HIV/AIDS

24.	Training on Program Management for AIDS/STD team leaders in collaboration with Thailand RCC project		30-13/10/07	Mahidol University / NAP	10, only 1 from AIDS/STD team
25.	Training on Usage of Donor Deferral Questionnaire for Mandalay and Magway Divisions		5-6/12/2007	Magway general hospital / NBC	29
26.	Training on Usage of Donor Deferral Questionnaire for Mon and Kayin States		24-25/1/2007	Mawlamyaing general hospital / NBC	27
27.	Training on Usage of Donor Deferral Questionnaire for Southern and Eastern Shan States		13-14/2/2007	Taunggyi Sao San Htun general hospital / NBC	27
28.	Expand the computerized blood donor registration system to Magway General Hospital		19-22/2/08	Magway general hospital / NBC	5
29.	Expand the computerized blood donor registration system to Taunggyi	2008	27-30/5/08	Taunggyi Sao San Htun general hospital / NBC	4
30.	Expand the computerized blood donor registration system to Mawlamying		23-27/6/08	Mawlamying general hospital / NBC	4
31.	Training on Safe Blood Donor Selection		19-20/11/2008	Lashio general hospital / NBC	27
32.	Training on Safe Blood Donor Selection		25-27/2/09	Dawei general hospital / NBC	24
33.	Pre Service Training for HA and Nurses from AIDS/STD Team		24 - 28/2/2009	Central AIDS/STD Team / NAP	15
34.	Pre Service Training for AIDS/STD Team Leaders		4 – 8/3/2009	Central AIDS/STD Team / NAP	14
35.	Refresher Training Course on NEQAS for Anti HIV Testing		5 – 6/3/2009	NHL / NHL	20

Annex 7 List of Other Training for HIV/AIDS

Annex 9 List of In-country training for TB

List of Traininig Courses & Workshops for TB
FY (2003 ~ Mar.2004)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	Refresher Training of Grade II Technician on Sputum Microscopy.	24.2.04	26.2.04	15	Yangon
2	Refresher Training of Grade II Technician on Sputum Microscopy.	15.3.04	17.3.04	15	Mandalay

List of Traininig Courses & Workshops for TB
FY (April. 2004 ~ Mar. 2005)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	Refresher Training for Lab Tech for EQA	12.8.04			Yangon
2	Advocacy Meeting on TB Patient Care book.	23.12.04			Yangon
3	Advocacy Meeting on TB Patient Care book.	28.12.04			Mandalay
4	Research Methodology Workshop I	18.1.05	22.1.05		Yangon
5	Presentation & discussion on Prevalence Survey in Cambodia by Dr.Onozaki	23.1.05			Yangon
6	Research Methodology Workshop II	24.1.05	28.1.05		Yangon
7	Dealy for TB Diagnosis Operational Research (Interviewer Training)	17.3.05			Taunggyi, Shan State
8	Dealy for TB Diagnosis Operational Research (Interviewer Training)	17.3.05			Bahan, Yangon
9	Dealy for TB Diagnosis Operational Research (Interviewer Training)	18.3.05			Kalaw, Shan State
10	Dealy for TB Diagnosis Operational Research (Interviewer Training)	18.3.05			Hlegu, Yangon
11	Dealy for TB Diagnosis Operational Research (Interviewer Training)	19.3.05			Nyaung Oo
12	Dealy for TB Diagnosis Operational Research (Interviewer Training)	21.3.05			Maharaungmyae

List of Traininig Courses & Workshops for TB
FY (April. 2005 ~ March. 2006)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	Lab Training courses for newly appointed Lab Tech.	23.5.05	3.6.05	8	Yangon
2	Pre-Job Training on G II Lab Tech for AFB Microscopy	27.6.05	6.7.05	15	Mandalay
3	Orientation Training for Prevalence Survey I	29.5.05	15.6.05		Yangon
4	Orientation Training for Prevalence Survey II	1.9.05	15.9.05		Yangon
5	JATA supported X-Ray car application Training course to Myanmar X-Ray Tech.	8.12.05	12.12.05		Yangon
6	Training on management of TB I	21.2.06	24.2.06	62	Mandalay
7	Training on management of TB II	6.3.06	10.3.06	62	Mandalay
8	Workshop on improvement of quality assurance system for AFB Microscopy.	27.12.05	29.12.05		Yangon
9	Training on new recruit technicians for AFB Microscopy	14.3.06	18.3.06	10	Yangon
10	Mandalay Divisional TB Assessment Meeting	21.11.05		62	Mandalay
11	Mandalay Divisional TB Assessment Meeting	28.10.05		110	Yangon

List of Traininig Courses & Workshops for TB
FY (March. 2006 ~ April. 2007)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	TB Prevalence Survey	8.1.06	15.5.06		Yangon
2	TB Prevalence Survey	11.6.06	14.7.06		Mandalay
3	Utilization of X-Ray car to Myanmar X-Ray Technician	24.9.06	29.9.06		Yangon
4	Advocacy meeting on TB screening	15.2.07			Hlaingtharyar, Yangon
5	Advocacy meeting on TB screening	26.3.07			Pyigyitagun, Mandalay
6	TB screening activity	16.2.07	12.3.07	4000 factory workers	Yangon
7	TB screening activity	2.4.07	8.5.07	4100 factory workers	Mandalay
8	Lab Training Courses for Tech.from Hosp.	23.8.06	28.8.06	10	Aung San, Yangon
9	Lab Training Courses for Tech.from Hosp.	29.8.06	2.9.06	10	Mandalay
10	Meeting on plan to expand quality assurance centres.	20.8.06			NTP, Yangon
11	TB Lab Evaluation Meeting	11.12.06			IOM, Yangon
12	Training for EQAS for AFB	12.12.06		40	IOM, Yangon
13	Training for TB Team Leaders in Qualitative Research Methodology	27.3.07	31.3.07	19	NTP, Yangon
14	Divisional TB Assessment Meeting	9.1.07		90	Div.Health Office, Yangon
15	Divisional TB Assessment Meeting	21.11.06		62	Div.Health Office, Mandalay
16	Advocacy Meeting on PPP	25.8.06		118	N.Okkalapa General Hospital,Yagon
17	Training on PPP DOTS	19.10.06	20.10.06	22	N.Okkalapa TMO Office,Yagon
18	Advocacy Meeting on PPP	23.11.06		74	POL Hospital
19	Training on PPP DOTS	11.1.07	12.1.07	20	POL Hospital
20	Awarding Ceremony for outstanding GP (PPP)	5.4.07			Pyin Oo Lwin

List of Traininig Courses & Workshops for TB
FY (April. 2007 ~ March. 2008)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	Awarding Ceremony for outstanding GP (PPP)	5.4.07			Pyin Oo Lwin, Mandalay
2	Awarding Ceremony for outstanding GP (PPP)	27.4.07			N.Okkalapa, Yangon
3	TB Screening Activity	2.4.07	8.5.07	28 Factories 4100 F.Workers	Pyigyitagun, Mandalay
4	TB Screening Activity	16.2.07	12.3.07	( ) Factories 4000 F.Workers	Hlaingtharyar, Yangon
5	Workshop on introducing of standard operating procedure on EQA for AFB microscopy	21.5.07	22.5.07		Yangon
6	AFB Microscopy Training	21.8.07	23.8.07	10	Yangon
7	AFB Microscopy Training	30.8.07	1.9.07	10	Mandalay
8	Quarterly Meeting in low performance tsp	31.8.07		23	Mingalardone, Yangon
9	Quarterly Meeting in low performance tsp	31.8.07		23	Mayangone, Yangon
10	Quarterly Meeting in low performance tsp	31.8.07		23	Hlaingtharyar, Yangon
11	Quarterly Meeting in low performance tsp	31.8.07		23	Shwepyithar, Yangon
12	Quarterly Meeting in low performance tsp	31.8.07		23	Insein, Yangon
13	Quarterly Meeting in low performance tsp	9.9.07		23	S.Dagon, Yangon
14	Preliminary meeting for research protocol development	22.9.07		10	NTP, Yangon
15	First Half Evaluation meeting on TB	12.10.07		81	Mandalay
16	Refresher training on Qualitative Data Collection & Pre-test for "Factors for defaulting TB Treatment among new pulmonary TB Patients in Myanmar.	12.11.07	13.11.07	14	Yangon
17	Quarterly Meeting in low performance tsp	8.11.07		23	Yamethine,Mandalay
18	Quarterly Meeting in low performance tsp	9.11.07		23	Pyigyitagun,Mandalay
19	Quarterly Meeting in low performance tsp	12.11.07		23	Taungthar,Mandalay
20	Quarterly Meeting in low performance tsp	13.11.07		23	Tadaoo,Mandalay
21	Quarterly Meeting in low performance tsp	14.11.07		23	Ngazun,Mandalay
22	Quarterly Meeting in low performance tsp	14.11.07		23	Tharzi,Mandalay
23	Quarterly Meeting in low performance tsp	15.11.07		23	Mahlaing,Mandalay

24	Quarterly Meeting in low performance tsp	15.11.07		24	Tatkong,Mandalay
25	Quarterly Meeting in low performance tsp	19.11.07		23	Ngahtogyi,Mandalay
26	Quarterly Meeting in low performance tsp	16.11.07		23	Thabaikkyin,Mandalay
27	Advocacy Meeting on PPM-DOTS	21.12.07		18	Pyigyitagun,Mandalay
28	Training on PPM-DOTS	29.1.08	30.1.08	17	Pyigyitagun,Mandalay
29	Advocacy Meeting on PPM-DOTS	25.2.08		55	Tarmwe, Yangon
30	Orientation Training on use of National Guidelines on EQA with LQAS method for AFB Microscopy	29.2.08	4.3.08	45	Yangon
31	Second Half Year Evaluation Meeting, 2007	14.3.08	17.3.08	108	Yangon
32	Second Half Year Evaluation Meeting, 2007	20.3.08		74	Mandalay
33	Awarding Ceremony for outstanding GP (PPP)	28.3.08			Pyin Oo Lwin, Mandalay

List of Traininig Courses & Workshops for TB

FY (April. 2008 ~ March. 2009)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	PPM-DOTS Training	27.5.08	28.5.08	17	Tarmwe, Yangon
2	New Recruit Training on AFB Microscopy	28.6.08	3.7.08	20	NHL, Yangon
3	Awarding Ceremony to Outstanding GP doctors (N.Okkalapa Township)	8.7.08		60	TMO Office, N.Okkalapa
4	India Conference (Dr.Aye Htun)	8.9.08	10.9.08	Dr.AH	India
5	Half Year TB Evaluation Meeting (Mdy)	1.10.08		70	Div.Health Office, Mdy
6	Half Year TB Evaluation Meeting (Ygn)	3.10.08	4.10.08	106	Div.Health Office, Ygn
7	39th Union Conference on Lung Health	16.10.08	20.10.08	Dr.Okada Dr.Wint WInt	Paris
8	Annual Lab TB Evaluation Meeting	17.12.08		45	NHL, Yangon
9	Refresher Training on EQA System for AFB Microscopy	18.12.08	19.12.08	45	NHL, Yangon
10	Advocacy Meeting & refresher training on PPM (DOTS) Ygn	13.1.09	14.1.09	14	N.Okkalapa (Ygn)
11	Advocacy Meeting & refresher training on PPM (DOTS) Mdy	5.2.09	6.2.09	20	Pyin Oo Lwin (Mdy)
12	Township Quarterly Evaluation Meeting	19.1.09		48	Htantabin Township (Y)
13	Township Quarterly Evaluation Meeting	20.1.09		38	Mingalardone Tsp (Y)
14	Township Quarterly Evaluation Meeting	22.1.09		55	Sintgaing (M)
15	Township Quarterly Evaluation Meeting	28.1.09		40	Twantay Tsp (Y)
16	Township Quarterly Evaluation Meeting	29.1.09		54	Kaw Hmu (Y)
17	Township Quarterly Evaluation Meeting	30.1.09		47	Kungyangone (Y)
18	Township Quarterly Evaluation Meeting	3.2.09		50	Amarapura (Mdy)
19	Township Quarterly Evaluation Meeting	4.2.09		62	Mahlaing (Mdy)
20	Township Quarterly Evaluation Meeting	6.2.09		62	Pyawbwe (Mdy)
21	Township Quarterly Evaluation Meeting	11.2.09		63	Yamethine (Mdy)
22	Training for X-Ray Unit of Survey Team	23.2.09	24.2.09	27	NTP (Ygn)
23	Partners Meeting on PPM (DOTS)	26.2.09			NTP (Ygn)
24	Training for National TB Prevalence Survey	14.3.09	17.3.09	81	Institute of Nursing (Ygn)

Annex 7 List of Other Training

List of Traininig Courses & Workshops for TB
FY (2003 ~ Mar.2004)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	Refresher Training of Grade II Technician on Sputum Microscopy.	24.2.04	26.2.04	15	Yangon
2	Refresher Training of Grade II Technician on Sputum Microscopy.	15.3.04	17.3.04	15	Mandalay

List of Traininig Courses & Workshops for TB
FY (April. 2004 ~ Mar. 2005)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	Refresher Training for Lab Tech for EQA	12.8.04			Yangon
2	Advocacy Meeting on TB Patient Care book.	23.12.04			Yangon
3	Advocacy Meeting on TB Patient Care book.	28.12.04			Mandalay
4	Research Methodology Workshop I	18.1.05	22.1.05		Yangon
5	Presentation & discussion on Prevalence Survey in Cambodia by Dr.Onozaki	23.1.05			Yangon
6	Research Methodology Workshop II	24.1.05	28.1.05		Yangon
7	Dealy for TB Diagnosis Operational Research (Interviewer Training)	17.3.05			Taunggyi, Shan State
8	Dealy for TB Diagnosis Operational Research (Interviewer Training)	17.3.05			Bahan, Yangon
9	Dealy for TB Diagnosis Operational Research (Interviewer Training)	18.3.05			Kalaw, Shan State
10	Dealy for TB Diagnosis Operational Research (Interviewer Training)	18.3.05			Hlegu, Yangon
11	Dealy for TB Diagnosis Operational Research (Interviewer Training)	19.3.05			Nyaung Oo
12	Dealy for TB Diagnosis Operational Research (Interviewer Training)	21.3.05			Maharaungmyae

List of Traininig Courses & Workshops for TB
FY (April. 2005 ~ March. 2006)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	Lab Training courses for newly appointed Lab Tech.	23.5.05	3.6.05	8	Yangon
2	Pre-Job Training on G II Lab Tech for AFB Microscopy	27.6.05	6.7.05	15	Mandalay
3	Orientation Training for Prevalence Survey I	29.5.05	15.6.05		Yangon
4	Orientation Training for Prevalence Survey II	1.9.05	15.9.05		Yangon
5	JATA supported X-Ray car application Training course to Myanmar X-Ray Tech	8.12.05	12.12.05		Yangon
6	Training on management of TB I	21.2.06	24.2.06	62	Mandalay
7	Training on management of TB II	6.3.06	10.3.06	62	Mandalay
8	Workshop on improvement of quality assurance system for AFB Microscopy.	27.12.05	29.12.05		Yangon
9	Training on new recruit technicians for AFB Microscopy	14.3.06	18.3.06	10	Yangon
10	Mandalay Divisional TB Assessment Meeting	21.11.05		62	Mandalay
11	Mandalay Divisional TB Assessment Meeting	28.10.05		110	Yangon

List of Traininig Courses & Workshops for TB
FY (March. 2006 ~ April. 2007)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	TB Prevalence Survey	8.1.06	15.5.06		Yangon
2	TB Prevalence Survey	11.6.06	14.7.06		Mandalay
3	Utilization of X-Ray car to Myanmar X-Ray Technician	24.9.06	29.9.06		Yangon
4	Advocacy meeting on TB screening	15.2.07			Hlaingtharyar, Yangon
5	Advocacy meeting on TB screening	26.3.07			Pyigyitagun, Mandalay
6	TB screening activity	16.2.07	12.3.07	4000 factory workers	Yangon

Annex 7 List of Other Training for TB

7	TB screening activity	2.4.07	8.5.07	4100 factory workers	Mandalay
8	Lab Training Courses for Tech.from Hosp.	23.8.06	28.8.06	10	Aung San, Yangon
9	Lab Training Courses for Tech.from Hosp.	29.8.06	2.9.06	10	Mandalay
10	Meeting on plan to expand quality assurance centres.	20.8.06			NTP, Yangon
11	TB Lab Evaluation Meeting	11.12.06			IOM, Yangon
12	Training for EQAS for AFB	12.12.06		40	IOM, Yangon
13	Training for TB Team Leaders in Qualitative Research Methodology	27.3.07	31.3.07	19	NTP, Yangon
14	Divisional TB Assessment Meeting	9.1.07		90	Div.Health Office, Yangon
15	Divisional TB Assessment Meeting	21.11.06		62	Div.Health Office, Mandalay
16	Advocacy Meeting on PPP	25.8.06		118	N.Okkalapa General Hospital,Yagon
17	Training on PPP DOTS	19.10.06	20.10.06	22	N.Okkalapa TMO Office,Yagon
18	Advocacy Meeting on PPP	23.11.06		74	POL Hospital
19	Training on PPP DOTS	11.1.07	12.1.07	20	POL Hospital
20	Awarding Ceremony for outstanding GP (PPP)	5.4.07			Pyin Oo Lwin

List of Traininig Courses & Workshops for TB
FY (April. 2007 ~ March. 2008)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	Awarding Ceremony for outstanding GP (PPP)	5.4.07			Pyin Oo Lwin, Mandalay
2	Awarding Ceremony for outstanding GP (PPP)	27.4.07			N.Okkalapa, Yangon
3	TB Screening Activity	2.4.07	8.5.07	28 Factories 4100 F.Workers	Pyigyitagun, Mandalay
4	TB Screening Activity	16.2.07	12.3.07	( ) Factories 4000 F.Workers	Hlaingtharyar, Yangon
5	Workshop on introducing of standard operating procedure on EQA for AFB microscopy	21.5.07	22.5.07		Yangon
6	AFB Microscopy Training	21.8.07	23.8.07	10	Yangon

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7	AFB Microscopy Training	30.8.07	1.9.07	10	Mandalay
8	Quarterly Meeting in low performance tsp	31.8.07		23	Mingalardone, Yangon
9	Quarterly Meeting in low performance tsp	31.8.07		23	Mayangone, Yangon
10	Quarterly Meeting in low performance tsp	31.8.07		23	Hlaingtharyar, Yangon
11	Quarterly Meeting in low performance tsp	31.8.07		23	Shwepyithar, Yangon
12	Quarterly Meeting in low performance tsp	31.8.07		23	Insein, Yangon
13	Quarterly Meeting in low performance tsp	9.9.07		23	S.Dagon, Yangon
14	Preliminary meeting for research protocol development	22.9.07		10	NTP, Yangon
15	First Half Evaluation meeting on TB	12.10.07		81	Mandalay
16	Refresher training on Qualitative Data Collection & Pre-test for "Factors for defaulting TB Treatment among new pulmonary TB Patients in Myanmar.	12.11.07	13.11.07	14	Yangon
17	Quarterly Meeting in low performance tsp	8.11.07		23	Yamethine,Mandalay
18	Quarterly Meeting in low performance tsp	9.11.07		23	Pyigyitagun,Mandalay
19	Quarterly Meeting in low performance tsp	12.11.07		23	Taungthar,Mandalay
20	Quarterly Meeting in low performance tsp	13.11.07		23	Tadaoo,Mandalay
21	Quarterly Meeting in low performance tsp	14.11.07		23	Ngazun,Mandalay
22	Quarterly Meeting in low performance tsp	14.11.07		23	Tharzi,Mandalay
23	Quarterly Meeting in low performance tsp	15.11.07		23	Mahlaing,Mandalay
24	Quarterly Meeting in low performance tsp	15.11.07		24	Tatkong,Mandalay
25	Quarterly Meeting in low performance tsp	19.11.07		23	Ngahtogyi,Mandalay
26	Quarterly Meeting in low performance tsp	16.11.07		23	Thabaikkyin,Mandalay
27	Advocacy Meeting on PPM-DOTS	21.12.07		18	Pyigyitagun,Mandalay
28	Training on PPM-DOTS	29.1.08	30.1.08	17	Pyigyitagun,Mandalay

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29	Advocacy Meeting on PPM-DOTS	25.2.08		55	Tarmwe, Yangon
30	Orientation Training on use of National Guidelines on EQA with LQAS method for AFB Microscopy	29.2.08	4.3.08	45	Yangon
31	Second Half Year Evaluation Meeting, 2007	14.3.08	17.3.08	108	Yangon
32	Second Half Year Evaluation Meeting, 2007	20.3.08		74	Mandalay
33	Awarding Ceremony for outstanding GP (PPP)	28.3.08			Pyin Oo Lwin, Mandalay

List of Traininig Courses & Workshops for TB

FY (April. 2008 ~ March. 2009)

No	Title of Trainig / Workshop	Duration		Participants	Place
		From	To		
1	PPM-DOTS Training	27.5.08	28.5.08	17	Tarmwe, Yangon
2	New Recruit Training on AFB Microscopy	28.6.08	3.7.08	20	NHL, Yangon
3	Awarding Ceremony to Outstanding GP doctors (N.Okkalapa Township)	8.7.08		60	TMO Office, N.Okkalapa
4	India Conference (Dr.Aye Htun)	8.9.08	10.9.08	Dr.AH	India
5	Half Year TB Evaluation Meeting (Mdy)	1.10.08		70	Div.Health Office, Mdy
6	Half Year TB Evaluation Meeting (Ygn)	3.10.08	4.10.08	106	Div.Health Office, Ygn
7	39th Union Conference on Lung Health	16.10.08	20.10.08	Dr.Okada Dr.Wint WInt Nyunt	Paris
8	Annual Lab TB Evaluation Meeting	17.12.08		45	NHL, Yangon
9	Refresher Training on EQA System for AFB Microscopy	18.12.08	19.12.08	45	NHL, Yangon
10	Advocacy Meeting & refresher training on PPM (DOTS) Ygn	13.1.09	14.1.09	14	N.Okkalapa (Ygn)
11	Advocacy Meeting & refresher training on PPM (DOTS) Mdy	5.2.09	6.2.09	20	Pyin Oo Lwin (Mdy)
12	Township Quarterly Evaluation Meeting	19.1.09		48	Htantabin Township (Y)
13	Township Quarterly Evaluation Meeting	20.1.09		38	Mingalardone Tsp (Y)
14	Township Quarterly Evaluation Meeting	22.1.09		55	Sintgaing (M)

Annex 7 List of Other Training for TB

15	Township Quarterly Evaluation Meeting	28.1.09		40	Twantay Tsp (Y)
16	Township Quarterly Evaluation Meeting	29.1.09		54	Kaw Hmu (Y)
17	Township Quarterly Evaluation Meeting	30.1.09		47	Kungyangone (Y)
18	Township Quarterly Evaluation Meeting	3.2.09		50	Amarapura (Mdy)
19	Township Quarterly Evaluation Meeting	4.2.09		62	Mahlaing (Mdy)
20	Township Quarterly Evaluation Meeting	6.2.09		62	Pyawbwe (Mdy)
21	Township Quarterly Evaluation Meeting	11.2.09		63	Yamethine (Mdy)
22	Training for X-Ray Unit of Survey Team	23.2.09	24.2.09	27	NTP (Ygn)
23	Partners Meeting on PPM (DOTS)	26.2.09			NTP (Ygn)
24	Training for National TB Prevalence Survey	14.3.09	17.3.09	81	Institute of Nursing (Ygn)

Annex 7 List of Other Training for TB

Annex 10 List of In-country training for Malaria

JICA Activities in collaboration with VBDC in Fiscal Year 2005

Sr	Particulars	Duration		Participants
		From	To	
1	Insecticide Treated Net Survey Trial in Gyo Phyu, Teik Kyee Township	18.1.05	21.1.05	8
2	Health mapper Training in VBDC, Yangon	1.2.05	5.2.05	15
3	Insecticide Treated Net Survey Trial in Gyo Phyu, Teik Kyee Township	9.2.05	12.2.05	8
4	Field Ento Staff Training in VBDC, Yangon	15.2.05	7.3.05	40
5	Insecticide Treated Net Survey Trial in Gyo Phyu, Teik Kyee Township	15.3.05	18.3.05	8
6	Insecticide Treated Net Survey Trial in Gyo Phyu, Teik Kyee Township	18.4.05	23.4.05	8
7	GPS Survey in Oak Pho Township	5.5.05	7.5.05	2
8	Workshop on Township initiated Malaria Control Program in Oak Pho Township, Bago West Division	31.5.05		70
9	Insecticide Treated Net Survey Trial in Gyo Phyu, Teik Kyee Township	21.6.05	25.6.05	8
10	Insecticide Treated Net Survey Trial in Gyo Phyu, Teik Kyee Township	22.7.05	26.7.05	8
11	Insecticide Treated Net Survey Trial in Gyo Phyu, Teik Kyee Township	16.8.05	20.8.05	9
12	Basic Health Staff Training in Oak Pho Township Hospital	11.9.05	14.9.05	69 BHS, 23 CHW
13	Workshop on Township initiated Malaria Control Program in Bago East Division (Shwe War Htun Hotel)	22.9.05	23.9.05	24
14	Insecticide Treated Net Survey Trial in Gyo Phyu, Teik Kyee Township	27.9.05	1.10.05	8
15	Basic Health Staff Training in Bago and Daik U Township	2.10.05	5.10.05	Bago – 97 Daik U - 69
16	Basic Health Staff Training in Kyauk Ta Gar Township	14.10.05	15.10.05	72
17	Insecticide Treated Net Survey Trial in Gyo Phyu, Teik Kyee Township	26.10.05	30.10.05	8
18	Bed Net distribution and Entomological survey, Malario Metrix Survey in Oak Pho Township	30.11.05	11.12.05	10
19	Insecticide Treated Net Survey Trial in Gyo Phyu, Teik Kyee Township	27.12.05	31.12.05	8

Annex 7 List of Other Training

Sr	Particulars	Duration		Participants
		From	To	
20	House Visit Survey in Oak Pho Township	24.1.06	28.1.06	7
21	Workshop on Evaluation of Malaria Control Activities supported by JICA, VBDC, Yangon	10.2.06		20
22	Entomological Survey in Zaung Tu, Bago House Visit Survey	16.2.06	21.2.06	5
23	Interview Bed Net usage and Treatment seeking behavior among community people in Oak Pho Township	28.3.06	30.3.06	6

JICA Activities in collaboration with VBDC in Fiscal Year 2006

1	Situational Analysis in Bago, Kyauk Ta Gar and Daik U township	9.4.06	12.4.06	4
2	GPS Survey in Bago Township	11.4.06	12.4.06	1
3	Assessment of IEC material with Basic Health Staff in Oak Pho Township Hospital	28.4.06	29.4.06	2
4	JCC Meeting in DOH office, Yangon	3.5.06		40
5	BHS Training in Phyu, Oak Twin Township	5.6.06	8.6.06	Phyu – 70 Oak Twin – 42
6	On the Job Training of GPS Operation in JICA-VBDC office, Yangon (for Bago, Daik U and Kyauk Ta Gar Malaria Staff)	6.6.06		4
7	Monitoring of Logistics supply and reporting	29.6.06	30.6.06	1
8	Situational Analysis in Phyu, Oak Twin, Taungoo and Yay Dar Shae Township	12.7.06	15.7.06	4
9	Evaluation of LLIN survey in Gyo Phyu, Teik Kyee Township	21.7.06	25.7.06	8
10	GPS survey for Health Centers in Daik U Township	3.7.06	15.7.06	1
11	GPS survey for Health Centers in Bago Township	3.7.06	10.7.06	1
12	GPS survey for Health Centers in Kyauk Ta Gar Township			
13	BHS Training in Nat ta Lin township	26.7.06	27.7.06	65

Annex 7 List of Other Training

14	BHS Training in Paung De Township	27.7.06	28.7.06	62
15	BHS Training in Pauk Khaung Township	29.7.06	30.7.06	60
16	Bed Net Distribution in Oak Pho Township (1300 nets were distributed)	4.9.06	6.9.06	
17	BHS Training in Gyo Bin Kauk Township	29.8.06	29.8.06	54
18	BHS Training in Min Hla Township	30.8.06	31.8.06	51
19	Plan for Bad Net distribution in OakPho Township	31.8.06	1.9.06	
20	BHS Training in Let Pa Tan	1.9.06	2.9.06	54
21	GPS Operation in Oak Twin Township	18.9.06	24.10.06	
22	Situational Analysis in Pyay, Pauk Khaung and Paung De Township	19.9.06	22.9.06	
23	Workshop on Evaluation of Malaria Control Activities in Oak Pho Township	31.10.06		50
24	Monitoring of Logistic supply and Quality Assurance Microscopic Diagnosis in Health Centers in Bago, Kyauk Ta Gar and Daik U	7.11.06	9.11.06	
25	Meeting with BHS to improve the reporting system in Bago, Daik U and Kyauk Ta Gar Township Hospital	30.11.06	`1.12.06	
26	On the Job Training of GPS Operation in JICA-VBDC office, Yangon (for Pyay, Paung De, Let Pa Dan and Min Hla Malaria Staff)	20.12.06	22.12.06	
27	Refresher Training Course on Malaria Microscopy for Basic Health Staff from Oak Pho, Bago and Daik U Township VBDC office, Yangon	18.12.06	22.12.06	11
28	GPS Survey in Let Pa Dan Township (Health Centers Position Detection)	17.1.07	2.2.07	
29	GPS Survey in Min Hla Township (Health Centers Position Detection)	6.2.07	20.2.07	
30	GPS Survey in Paung De Township (Health Centers Position Detection)	6.2.07	20.2.07	
31	GPS Survey in Pyay Township (Health Centers Position Detection)	8.3.07	18.3.07	
32	Malaria Seminar in SEDONA Hotel, Yangon	28.3.07	29.3.07	70

Annex 7 List of Other Training

JICA Activities in collaboration with VBDC in fiscal year 2007

Sr	Particulars	Duration		Participants
		From	To	
1	Field Trip for "Quality Assurance for Malaria Microscopy" to Bago, Kyauk Ta Gar, Daik U and Oak Pho Township	2.5.07	5.5.07	6
2	Field Trip to Nay Pyi Taw with Mid Term Review Team	30.5.07	1.5.07	
3	Planning Workshop in Shwe War Htun Hotel in Pyay	9.7.07	10.7.07	
4	Insecticide Blanket Trial in Maw La Myaing, Mon State	27.10.07	2.11.07	7
5	Insecticide Blanket Trial in Maw La Myaing, Mon State	16.11.07	22.11.07	8
6	BHS Training for Logistics Supply Management and Repotting in Pyay Township	10.12.07	11.12.07	88
7	BHS Training for Logistics Supply Management and Repotting in Pauk Khaung Township	12.12.07	12.12.07	45
8	Insecticide Blanket Trial in Maw La Myaing, Mon State	16.12.08	20.12.08	8
9	Field Trip to Nay Pyi Taw to discuss with Dr. Than Win for Future Plan	18.12.07	19.12.07	
10	BHS Training for Logistics Supply Management and Reporting in Nat Ta Lin Township	27.12.07	27.12.07	52
11	BHS Training for Logistics Supply Management and Reporting in Tharyarwaddy Township	28.12.07	28.12.07	45
12	BHS Training for Logistics Supply Management and Reporting in Let Pa Tan Township	29.12.07	29.12.07	59
13	BHS Training for Logistics Supply Management and Reporting in Min Hla Township	30.12.07	30.12.07	50
14	BHS Training for Logistics Supply Management and Reporting in Gyo Bin Kauk Township	31.12.07	31.12.07	51
15	BHS Training for Logistics Supply Management and Reporting in Taungoo Township	22.01.08	22.01.08	64
16	BHS Training for Logistics Supply Management and Reporting in Yay Dar Shay Township	23.01.08	23.01.08	38
17	BHS Training for Logistics Supply Management and Reporting in Oak Twin Township	24.01.08	24.01.08	43
18	BHS Training for Logistics Supply Management and Reporting in Phyu Township	25.01.08	25.01.08	65

Annex 7 List of Other Training

19	Field Trip to Nay Pyi Taw to participate "The Annual Malaria Meeting 2006"	4.02.08	8.02.08	
20	BHS Training for Malaria Microscopy in 300 beds Hospital in Nay Pyi Taw	4.03.08	1.04.08	19
21	Field Trip for "Quality Assurance for Malaria Microscopy" to Bago, Kyauk Ta Gar, Daik U and Oak Pho Township	25.03.08	30.03.08	5

JICA Activities in collaboration with VBDC in fiscal year 2008

1	Field Trip to Nay Pyi Taw to participate "The World Malaria Day 2007" in MOH Conference room	28.4.08	29.04.08	4
2	Field Trip to Pyay, Pauk Khaung for monitoring and Paung De Township for BHS Training on Supply Management	25.6.08	27.6.08	Paung De BHS – 45
3	Field Trip to Pyay, Pauk Khaung Township for Mosquito Net distribution	23.7.08	26.7.08	
4	Field Trip to Nay Pyi Taw to participate "JCC Meeting 2007" in Disease Control Complex	1.9.08	3.9.08	
5	Field Trip to Nay Pyi Taw to participate "The Annual Malaria Meeting 2007"	30.09.08	6.10.08	
6	Field Trip to Paung De Township, Bago West Division for Mosquito Net distribution	8.12.08	12.12.08	
7	Field Trip to Pyay for "Review Workshop on Malaria Control Program supported by JICA in Bago West Division" hold in Divisional Health Office in Pyay	28.12.08	30.12.08	
8	Field Trip to Taungoo for "Review Workshop on Malaria Control Program supported by JICA in Bago East Division" hold in MMA Hall in Taungoo	1.1.09	2.1.09	
9	Training on Health Mapper for Malaria Control Program in Myanmar in Nay Pyi Taw Disease Control Complex	5.01.09	10.01.09	RO & TL from state & Division VBDC Team and central VBDC Office
10	Field Trip to Nat Ta Lin Township, Bago West Division for Mosquito Net distribution	3.02.09	7.02.09	
11	Field Trip to Pauk Khaung Township, Bago West Division for Net distribution and sociological survey among the community	22.02.09	25.02.09	
12	Field Trip to Pauk Khaung Township, Bago West Division for Mosquito Net distribution (Kan Kyin RHC and Thit Ngote To SHC)	16.03.09	20.03.09	
13	Field trip to Zaung Tu station hospital, Htan Taw Gyi station hospital, Zee Taw RHC and Phayar Gyi station hospital for monitoring and supervision and QC for Microscopy	25.03.09	27.03.09	

Annex 7 List of Other Training

JICA Activities in collaboration with VBDC in Fiscal Year 2009

Sr	Particulars	Duration		Participants
		From	To	
1	Field Trip to Bago Township, Bago East Division for Mosquito Net distribution	29.4.09	1.5.09	
2	Field Trip to Pyay nad Pauk Khaung Township for Monitoring and Supervision	12.5.09	15.5.09	
3	Field Trip to Zaung Tu, bago Township for Monitoring and Supervision	20.5.09	22.5.09	
4	JCC Meeting in Nay Pyi Taw	27.5.09	29.5.09	
5	Planning Workshop in Pyay and Taungoo	2.6.09	6.6.09	

Annex 7 List of Other Training

Project Design Matrix (PDM), JICA Major Infectious Diseases Control Project, Myanmar

HIV/AIDS

Ver 1 : 19 January 2005

Duration:19 January 2005 - 18 January 2010

Target Group: People and Community

Target Area: Yangon and Mandalay Division

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

Project Design Matrix (PDM), JICA Major Infectious Disease Control Project, Myanmar

TB

Ver 1 : 19 January 2005

Duration:19 January 2005 - 18 January 2010

Target Group: Residents in Yangon & Mandalay Divisions
Target Area: Yangon & Mandalay Divisions

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall goal TB is no longer a public health problem in Project sites in Myanmar.			
Project purpose TB control in Yangon and Mandalay Divisions is improved.	By year 2009, CDR > 70% and Cure Rate > 85% will be sustained in Yangon and Mandalay Divisions.	NTP annual report on cohort analysis	Political commitment for TB control maintained.
Outputs 1. Capacity for program management and epidemiological data management for TB control is strengthened. 2. TB laboratory services are improved. 3. Monitoring and supervisory capability for TB control is strengthened. 4. Community participation for TB control is promoted. 5. Communication and advocacy for TB control is promoted.	1-1. Quality of NTP facility and developed publication. 2-1. Frequency of training. 2-2. Quantity of supplies and equipment. 2-3. No and QC of newly established diagnostic centers. 3-1. No of Divisional meetings and supervisions held. 3-2. NTP performance indicators improved. (CDR, CR&TSR, Defaulter & Transferred-Out Rates) 4-1. No of referrals from GP increased by 30%. 5-1. No. & quality of IEC materials produced and distributed. 5-2. No. & quality of advocacy activities carried out.	1-1. Facility observation 1-2. NTP publication 2-1. Project record 2-2. Project record 2-3. Lab proficiency testing, and QC results 3-1. Project record 3-2. NTP cohort data and Supervision report 4-1. New referral forms 5-1. Project report 5-2. Project report	1. Drug supply maintained. 2. Vacant laboratory technicians posts filled 3. HIV prevalence remains stable.
Activities 1-1. Improve NTP facilities for program management, training, and data analysis. 1-2. New District TB management modules developed. 1-3. Carry out operational researches. 2-1. Conduct laboratory training. 2-2. Monitor QC of the smear examination for newly established TB laboratories. 3-1. Conduct Divisional TB assessment meeting (DOTS conference) regularly. 3-2. Carry out supervision in the two Divisions. 4-1. Establish Public Private Partnership in the Divisions. 5-1. Develop IEC materials and conduct advocacy events to raise awareness on TB. 5-2. Develop and distribute DOTS handbook for TB patients.	**Inputs** <Japanese> Long term expert Short term expert Recruitment of the National Consultant Recruitment of an Assistant for the National Consultant Equipment for program management and data analysis (Computers for Information Section of NTP, Divisional, and District TB offices) Supplies and equipment for training Laboratory equipment and supplies Pick-up (e.g. Hilux) for supervision in two Divisions Local cost for data collection and assessment Production cost for training modules, IEC materials Local cost for advocacy events, meeting, and training TA&DA for supervision in two Divisions C/P training in Japan (e.g. RIT) Attendance at International conferences on TB (e.g. IUATLD conference)	**Inputs** <Myanmar> Project office facilities NTP officers Necessary supply	**Pre-conditions** Agreement between the Government of Myanmar and JICA obtained.

Project Design Matrix (PDM), JICA Major Infectious Disease Control Project, Myanmar

Malaria

Ver 1: 19 January 2005

Duration:19 January 2005 - 18 January 2010

Target Group: People and community

Target Area: for initial phase of community based malaria control: Bago East and West Divisions

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall goal Economic burden of malaria is reduced.			
Project purpose National malaria control is strengthened.	No. of evidence and findings from outputs utilized to improve NMCP.	Situation analysis report.	Upgrading socioecomoic status of local people.
Outputs 1. Community based malaria control program is effectively introduced in selected areas. 2. Collaboration between communities and health facilities is improved in selected areas. 3. System for Prevention and management of epidemics is established. 4. Epidemiological analysis system is improved. 5. Regional collaborative activities are strengthened. 6. Operational and applied field research effectively contribute for outputs.	1-1. Malaria morbidity and mortality in project site. 1-2. Development of the package. 1-3 Mekong Roll Back Malaria indicators.(indicators for early diagnosis and proper treatment, bednet usage) 2-1. No. of referral severe and complicated cases. 2-2. Case fatality rate among severe and complicated cases. 3-1. Hazard map for epidemic management develoed. 3-2. Number of townships introduced early warning system. 4. No. of state and divisions introduce GIS system 5. No. of incountry trainings are conducted based on results of the activities. 6. No. of evidences and findings utilize for each outputs.	Annual and monthly report, Special survey Products of the package Accomplishment reports Accomplishment reports Accomplishment reports Accomplishment reports Technical reports	Major natural disasters not happened. Population migration does not affect malaria mortality.
Activities 1-1. Empower communities for malaria control. 1-2. Develop community friendly technology package for treatment and prevention of malaria. 1-2-1. Improve access to and quality of malaria diagnosis and treatment. 1-2-2. Scaling up usage of ITN .(Insecticide treated net) 1-2-3. Improve referral system. 1-2-4. Develop and implement culturally appropriate IEC. 1-2-5. Conduct training for BHSs and VHWs. 1-2-6. Introduce school based malaria control activities. 1-3. Coordinate intersectoral collaboration . 1-4. Link with other health related activities. 2-1. Conduct training for health workers in deferent levels. 2-2. Conduct training of proper referral system to communities. 3-1. Stratify epidemic prone areas on GIS and investigate dynamics of epidemic. 3-2. Develop early warning system. 4-1. Conduct training for GIS. 4-2. Training of BHS for epidemiological analysis. 5-1. Share the information in regional meeting. (Mekong RBM) 5-2. Conduct collaborative activities with partners. 6. Operational and applied field research for out puts.	**Inputs** <Japanese> Long term expert Short term expert Training and conference C/P training in Japan, Expenses for in-country training International training (ACT Malaria) International conference Renovation of training and monitoring facilities in VBDC Equipment Vehicle for field work (Monitoring, Supervision etc.) at least two vehicles required for Laboratory , Monitoring, Data and situation analysis Supply Treatment, Diagnosis, Prevention IEC materials Local cost Operational research Traveling cost	**Inputs** <Myanmar> VBDC staffs under NMCP Available training facilities at central level	Other sectors effectively involved through the intersectoral coordination. **Pre-conditions** Political commitments of higher authorities. Readiness of implementers regarding project.

Project Design Matrix (PDM), JICA Major Infectious Diseases Control Project, Myanmar (Revised)

Date: April 2008

HIV/AIDS
Duration: 19 January 2005 – 18 January 2010

Target Group: People and Community
Target Area: Yangon and some selected States/Divisions with high priority

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal HIV transmission is reduced and the QOL of PLWHA is enhanced.	% of young people aged 15-24 years of age who are infected is reduced. QOL of PLWHA is increased.		
Project Purpose National AIDS Program is strengthened.	HIV prevalence of blood donor < 0.5%	Blood bank data HIV sentinel sero-surveillance	Efforts of various donors and implementing partners are effectively coordinated.
Outputs 1. Blood safety for HIV is enhanced. 2. Quality Assurance of HIV test is improved. 3. Capacity of National AIDS Program is improved.	1. Number of blood centers adopting blood donor deferral. 2.1 Number of laboratories under external quality assurance program. 2.2 Quality of supervisory visits is improved. 3.1 Number of trained staff 3.2 Cases of improved routine works and performance	Blood bank data HIV sentinel sero-surveillance KAP survey Project report	
Activities 1.1 Upgrade blood donor registration system. 1.2 Enhance blood donor deferral. 1.3 Educate blood donor and the relevant people. 1.4 Improve the facility on blood safety. 2.1 Train laboratory technician on quality assurance of HIV testing. 2.2Strengthen external quality assurance of HIV testing. 3.1 Train HIV/STD team leaders. 3.2 Support implementation of small scale projects designed by team leaders. 3.3 Share the experiences/lessons learnt of small scale projects with other team leaders.	Inputs <Japanese> Long term expert Short term expert Office assistants Operational assistants Equipment Facility Training	Inputs <Myanmar> National AIDS Program Office Running costs Office Necessary supply	Sufficient HIV test kit is supplied. Necessary local human resource is placed for the project by counterpart. Fund is available for NAP. Pre-conditions HIV/AIDS control strategy is not changed. National and international environment for HIV control is not changed.

Project Design Matrix (PDM), JICA Major Infectious Diseases Control Project, Myanmar (Revised)

Date: April 2008

TB
Duration: 19 January 2005 – 18 January 2010

Target Group: Residents in Yangon & Mandalay Divisions
Target Area: Yangon and Mandalay Divisions

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal TB is no longer a public health problem in Project sites in Myanmar.			
Project Purpose TB control in Yangon and Mandalay Divisions (is) improved.	By year 2009, CDR > 70% and Cure Rate > 85% will be sustained in Yangon and Mandalay Divisions	NTP annual report on cohort analysis	Political commitment for TB control maintained.
Outputs 1. Capacity for program management and epidemiological data management for TB control is strengthened. 2. TB laboratory services are improved. 3. Monitoring and supervisory capability for TB control is strengthened. 4. Public Private Partnership is established in the selected sites. 5. Communication and advocacy for TB control is promoted.	1.1 Quality of NTP facility and developed publication. 2.1 Frequency of training. 2.2 Quantity of supplies and equipment. 2.3 No and QC of newly established diagnostic centers. 3.1 No of divisional meetings and supervisions held. 3.2 NTP performance indicators improved(CDR CR&TSR, Defaulter & Transferred – Out Rates) 4.1 No of referrals from GP shows an upward trend. 5.1 No & quality of IEC materials produced and distributed 5.2 No & quality of advocacy activities carried out	1.1 Facility observation 1.2 NTP publication 2.1 Project record 2.2 Project record 2.3 Lab proficiency testing, and QC results 3.1 Project record 3.2 NTP cohort data and supervision report 4.1 New referral forms 5.1 Project report 6.1 Project report	1. Drug supply maintained. 2. Vacant laboratory technicians posts filled. 3. HIV prevalence remains stable.
Activities 1.1 Improve NTP facilities for program management, training, and data analysis. 1.2 Develop new district TB management modules. 1.3 Carry out operational researches. 2.1 Conduct laboratory training. 2.2 Monitor QC of the smear examination for newly established TB laboratories. 3.1 Conduct divisional TB assessment meeting (DOTS conference) regularly. 3.2 Carry out supervision in the two divisions. 4.1 Train and advocate General Practitioners (GP) 4.2 Monitor and follow up the GP 5.1 Develop IEC materials and conduct advocacy events to raise awareness on TB. 5.2 Develop and distribute manuals and guidelines for health staff and handbooks for TB patients.	Inputs <Japanese> Long term expert Short term expert Recruitment of the National Consultant Recruitment of an Assistant for the National Consultant Equipment for program management and data analysis (computers for Information Section of NTP, Divisional, and District TB Offices.) Supplies and equipment for training Laboratory equipment and supplies Pick-up (e.g. Hilux) for supervision in two Divisions Local cost for data collection and assessment Production cost for training modules, IEC materials Local cost for advocacy events, meeting, and training TA&DA for supervision in two Divisions C/P training in Japan (e.g. RIT) Attendance at International conference on TB (e.g. IUATLD conference	Inputs <Myanmar> Project office facilities NTP officers Necessary supply	Pre-conditions Arrangement between the Government of Myanmar and JICA obtained.

Malaria

Project Design Matrix (PDM): JICA Major Infectious Diseases Control Project, Myanmar (Revised)

Date: April 2008

Target Group: People and community

Duration: 19 January 2005 - 18 January 2010

Target Area: Bago East and West Divisions

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall goal Economic burden of malaria is reduced.			
Project purpose National malaria control is strengthened.	No. of evidence and findings from outputs utilized to improve NMCP.	Situation analysis report.	
Outputs 1. Community based malaria control program is effectively introduced in selected areas. 2. Collaboration between communities and health facilities is improved in selected areas. 3. System for Prediction and management of epidemics is establishe 4. Epidemiological analysis system is improved. 5. Regional collaborative activities are strengthened. 6. Operational and applied field research effectively contribute for outputs.	1-1. Malaria morbidity and mortality in project site. 1-2. Development of the package. 1-3 Based on Roll Back Malaria indicators.(indicators for early diagnosis and proper treatment, bednet usage) 2-1. Number of malaria suspected patients accessing to health facilities 2-2. Number of malaria patients, severe and complicated cases and death at the hospitals 3-1. Hazard map for epidemic management developed. 3-2. Number of townships introduced early warning system. 4. No. of state and divisions introduce/utilize GIS 5-1 No. of incountry trainings courses conducted based on results of the activities. 5-2. Contribution to partners by sharing results and knowledge 6-1. No. of evidences and findings utilize for each outputs. 6-2. Number of technical reports and their contribution for outputs	Annual and monthly report, Special survey Products of the package Accomplishment reports Accomplishment reports Accomplishment reports Accomplishment reports Technical reports	Major natural disasters not happened. Population migration does not affect malaria mortality.
Activities 1-1. Empower communities for malaria control. 1-2. Develop community friendly technology package for treatment and prevention of malaria. 1-2-1. Improve access to and quality of malaria diagnosis and treatment. 1-2-2. Scaling up usage of ITN .(insecticide treated net) 1-2-3. Improve referral system. 1-2-4. Develop and implement culturally appropriate IEC. 1-2-5. Conduct training for BHSs and VHWs. 1-2-6. Introduce school based malaria control activities. 1-3. Coordinate intersectoral collaboration . 1-4. Link with other health related activities. 2-1. Conduct training for health workers in deferent levels. 2-2. Conduct training of proper referral system to communities. 3-1 Develop Hazard Map by GIS 3-2 Implement IEC to predict epidemics 4-1. Conduct training for GIS. 4-2. Training of BHS for epidemiological analysis. 5-1. Share the information in regional meeting. (Mekong RBM) 5-2. Conduct collaborative activities with partners. 6. Operational and applied field research for outputs.	**Inputs** <Japanese> Long term expert Short term expert Training and conference C/P training in Japan, Expenses for in-country training International training (ACT Malaria) International conference Renovation of training and monitoring facilities in VBDC Equipment Vehicle for field work (Monitoring, Supervision etc.) at least two vehicles required for Laboratory , Monitoring, Data and situation analysis Supply Treatment, Diagnosis, Prevention IEC materials Local cost Operational research Traveling cost	**Inputs** <Myanmar> VBDC staffs under NMCP Available training facilities at central level	Other sectors effectively involved through the intersectoral **Pre-conditions** Political commitments of higher authorities. Readiness of implementers regarding project