

Annex 1: Project Design Matrix (PDM)

JICA REPRODUCTIVE HEALTH PROJECT IN MP, INDIA (2006-2010)

Project Area = Sagar Division (Districts of Chattarpur, Damoh, Panna, Sagar & Tikamgarh);

Pilot Area = Damoh District (Hatta & Tendukheda Blocks) + Tikamgarh District (Prithvipur + Valdevgarh Blocks)

Project Duration = Dec 2006 to Dec 2010 (four years)

OVERALL GOAL	NARRATIVE SUMMARY	VERIFIABLE INDICATOR	MODE OF VERIFICATION	IMPORTANT ASSUMPTIONS
Pregnant women, mothers and new borns in the project site become healthier.		MMR NMR (Neonatal Mortality Rate) Number of districts which have adopted the operational guidelines developed by the Project	NFHS NFHS State RCH report	Operational guidelines of RH developed by the project are adopted by the State of MP.
PROJECT PURPOSE		No. of pregnant women who received at least three ANC checkups	ANC registers reviewed by ANM	
To increase the number of pregnant women and mothers who receive quality services for Safe Motherhood		No. of deliveries assisted by Skilled Birth Attendants (Drs, nurses and ANMs/LHVs)	Register of CHCs/PHCs	
OUTPUTS				
1. Improved midwifery practice by ANMs/LHVs		No. of ANMs/LHVs who received in-service training on SBA	Training Reports of the five Districts	The Safe Motherhood Policy continues
2. Clean and safe delivery services become available at the CHCs and PHCs in the Project Area		No. of ANMs/LHVs who acquired (and regularly practice?) basic SBA knowledge/skills	Results of knowledge/skills test after completion of the training courses	The State adopts the minimum Package for Obstetric Facilities as a part of RCH/NRHM
3. ANMs and LHVs more closely supervised by the BMO and his team		% of institutional delivery	Annual Reports by the Districts	
4. Community demand for safe motherhood services increases		% of CHCs/PHCs implementing Hygienic Management Procedures for the facility as well as equipment & instruments	5S marks by external evaluators	
		Community satisfaction to the quality of institutional delivery	Exit interviews	
		No. of ANMs/LHVs reporting regularly using proper formats	BMO's supervisory reports on the performance of ANMs/LHVs	
		No. of Blocks performing Programme review based on validated data	Block/District Programme Review Reports,	
		No. of Districts performing Programme review based on the HMIS guidelines	District Review Report	
		No. of communities regularly contacting ANMs for ANC check ups	Community survey	
		No. of communities promoting institutional delivery	Community survey	
ACTIVITIES		INPUTS		
		BY GoI AND GoMP	BY JICA	
1.1. To establish management guidelines for training ANMs/LHVs in collaboration with State Institute of Health and Family Welfare (SIHFW)		Project C/P=Department of Health and Family Welfare, GoMP	JICA Experts:	RCH-II and NRHM programmes continue up to the end of the Project.
1.2. To conduct in-service training courses for ANMs/LHVs on Safe Motherhood Initiative (SMI)		- Health Commissioner, - DPH - JD-RCH - JD-Planning	Long term - Health Sector Planning; Long term - Project Coordinator cum HMIS; Short term (TQM, Nursing/Midwifery, Gender & Social Studies)	
1.3. Periodical assessment of knowledge/skill acquisition by the trained ANMs/LHVs		- Deputy Director Gynecology - Director, IEC Bureau - Regional Director, Sagar	Local consultants: (Nursing & Midwifery, TQM, HMIS, IEC/BCC).	
2.1. To procure and supply equipment		Office space	Training in Japan (TQM)	
2.2. To establish Hygienic Management Procedures for the health facilities and instrument		Running cost of C/P	Running cost (minor construction, minor equipment, in-country training; consultants)	
2.3. To promote Total Quality Management at PHCs/CHCs				
3.1. To streamline procedures for data collection and reporting by ANMs and MPW-Males				
3.2. To conduct training courses on Information Management to Block Health Managers				
3.3. To promote HMIS for performance review at the Block level				
4.1. To develop IEC/BCC materials in collaboration with the State IEC Bureau				
4.2. To promote collaboration between the local health promoters (ANMs, MPW-Males, AWWs, ASHAs, etc.)				
4.3. To conduct IEC/BCC campaigns on Safe Motherhood Initiative				

インド・マディヤプラデッシュ州リプロダクティブヘルスプロジェクト（フェーズⅡ）中間レビューグリッド（案）実績・実施プロセスの確認

大項目	評価設問		必要なデータ・情報源	データ収集方法		
	小項目	調査		文献	調査	
プロジェクトの実績	アウトプット1 (ANM/LHVによる助産業務の質の向上)の達成度	現任研修を受けたANM/LHVの数は増加しているか	プロジェクトの実績	プロジェクト報告書、5県の研修報告書、	関係者(J, C/P)への質問	
		基本的なSBA知識・技術(及び通常技術)を習得し、日々の業務で活用していると認められるANM/LHVの数は増加しているか	プロジェクトの実績、関係者の認識	プロジェクト報告書、研修後のテスト結果、	関係者(J, C/P)への質問	
	アウトプット2 (対象地域の公的分娩施設(OHC、PHC)において清潔で安全な分娩ができるようになる)の達成度	ANM/LHVから基本的なSBAサービスを受けた女性の数は増加しているか	プロジェクトの実績、関係者の認識	プロジェクト報告書、	関係者への質問、住民への質問	
		施設分娩の割合が増加しているか?	プロジェクトの実績	プロジェクト報告書、5県の年間報告書、	関係者(J, C/P)への質問、住民への質問	
	アウトプットの産出度	公的分娩施設の質に対する住民の満足度は向上しているか	施設・機材の衛生管理手順を遵守しているOHC/PHCの割合は増加しているか	プロジェクトの実績、外部評価	プロジェクト報告書、外部評価者による5S評価結果	関係者(J, C/P)への質問
			定期的に適切なフォーマットを用いて報告書を提出しているANM/LHVの数は増加したか	プロジェクトの実績、関係者・住民の認識	プロジェクト報告書、住民への出口調査結果、	住民への質問、関係者(J, C/P)への質問
		アウトプット3 (ブロック医務官とそのチームによるLNMとLHVに対する監督がより密接に行われる)の達成度	エビデンスに基づく計画管理(EBPM)とモニタリング研修に参加した医務官(BMO)の数は増加したか	プロジェクトの実績、関係者の認識	プロジェクト報告書、BMOのレポート	関係者(J, C/P)への質問
			定期的にEBPMを実施しているブロックの数は増加したか	プロジェクトの実績、関係者の認識	プロジェクト報告書、ブロックのレポート	関係者(J, C/P)への質問
	アウトプット4(地域住民による安全な母性健康ケアに対する要求が増加する)は達成できそうか	情報処理(HMIS)ガイドラインに基づき管理を実施している郡の数は増加したか	プロジェクトの実績、関係者の認識	プロジェクト報告書、県の報告書、	関係者(J, C/P)への質問	
		ANC診断のためにANMと定期的にかかわっているコミュニティの数は増加したか?	プロジェクトの実績、関係者・コミュニティの認識	プロジェクト報告書、コミュニティサーベイ結果	関係者(J, C/P)への質問、対象地い住民への質問	
活動の実績	活動の進捗状況	施設分娩を推進するコミュニティの数は増加したか?	プロジェクトの実績、関係者の認識	プロジェクト報告書、	関係者(J, C/P)への質問	
	活動にあたっての課題点	プロジェクトの進捗状況は全体的に良好といえるか	プロジェクトの実績、関係者・コミュニティの認識	プロジェクト報告書、コミニティサーベイ結果	関係者(J, C/P)への質問	
	問題発現時に採られた対策	進捗に影響を与えている問題はあるか	プロジェクトの実績、関係者の認識	プロジェクト報告書	関係者(J, C/P)への質問	
投入の実績	日本側の投入の実績	その問題を解決するためにどのような手段をとっているか	プロジェクトの実績	プロジェクト報告書	関係者(J)への質問	
		専門家は計どおりに派遣されているか	プロジェクトの実績	プロジェクト報告書	関係者(J)への質問	
		研修員は計画どおりに受け入れられているか	プロジェクトの実績	プロジェクト報告書	関係者(J)への質問	
		機材は計画どおりに供与されているか	プロジェクトの実績	プロジェクト報告書	関係者(J)への質問	

	評価設問		必要なデータ・情報源	データ収集方法	
	大項目	小項目		文献	調査
実施プロセスの検証	インド側の投入実績	現地コストは計画どおりに負担されているか	プロジェクトの実績	プロジェクト報告書	関係者(J, C/P)への質問
		C/Pは計画どおりに配置されているか			
	技術移転の方法	経費と資材が計画どおりに投入されているか	プロジェクトの実績、関係者の認識	プロジェクト報告書	関係者(J, C/P)への質問
		土地、建物、施設は計画どおりに提供されているか			
	プロジェクトのマネジメント体制	専門家の技術移転やコミュニケーションはどのように行われているか	プロジェクトの実績、プロジェクト報告書の提出度	プロジェクト報告書	関係者(J, C/P)への質問
		現地コンサルタントと専門家C/P間のコミュニケーションはどのようにとられているか			
	C/Pのプロジェクトに対する認識度	モニタリングの実施	プロジェクトの実績、関係者の認識	プロジェクト報告書	関係者(J, C/P)への質問
		モニタリングはどのように実施されているか			
	その他ステークホルダーの参加度及び関心度	プロジェクトのオーナーシップ	プロジェクトの実績、関係者の認識	プロジェクト報告書	関係者(J, C/P, JCC)への質問
		意思決定・管理・実施の各レベルにおいてC/Pのかかわり方は変化しているか			
	インド側のかかわり方	対象住民は活動ごとのように関与しているか	プロジェクトの実績、関係者の認識	プロジェクト報告書	関係者(J, C/P)への質問、住民への質問
		その他関連機関はプロジェクトにどのように関与しているか [合同調整委員会(JCC)、その他]			

インド・マディヤプラデシュ州リプロダクティブヘルスプロジェクト（フェーズⅡ）中間レビューグリット（案）5 項目評価

評価設問		必要データ・情報源		データ収集方法		
大項目	小項目	事前評価結果、社会経済調査資料	文献	事前評価報告書、第一フェーズ報告書、開発調査報告書	調査	
妥当性	対象地域・社会のニーズとの整合性	対象地域・社会のニーズに合致しているか	事前評価結果、社会経済調査資料	事前評価報告書、第一フェーズ報告書、開発調査報告書	関係者への質問(C/P)	
	ターゲットグループのニーズとの整合性	プロジェクトはターゲットグループに便益をもたらすか	事前評価結果、プロジェクト報告、関係者の認識	プロジェクト報告書	関係者(J, C/P)への質問	
		相手国開発政策との整合性	インド政府の開発政策と合致しているか	プロジェクト報告、関係者の認識	プロジェクト報告書 政府刊行物	関係者(C/PQ)への質問、
	優先度	日本の援助政策との整合性	JICA 資料	JICA 国別援助計画、	JICA 担当者への質問	
	手法としての適切性	プロジェクトのデザインや活動計画は、対象地域の保健医療や母子保健の手法として適切であったか	プロジェクトのターゲットグループの選択は適切か	プロジェクトの実績、関係者の認識、住民への質問	プロジェクト報告書、	関係者(J, C/P)への質問、
			プロジェクトのターゲットグループの対象、規模、男女比は適正と見えるか			
			プロジェクトの効果は公平に分配されているか			
			日本が協力する比較優位はあるか？ある場合どの分野か？			
	その他	プロジェクトに影響を及ぼす変化がみられるか	プロジェクト報告、関係者の認識	プロジェクト報告書、	プロジェクト報告書	関係者(J, C/P)への質問
		産前検診を3回受けた妊婦の数が増加する見込みはあるか	プロジェクトの実績、関係者の認識、BMOに登録されたANMとCHCs/PHCs数	プロジェクト報告書、	プロジェクト報告書、	関係者(J, C/P)への質問
プロジェクト目標の達成予測	対象地域（サーガル地域5県）において安全な母性の健康に関する良質なサービスを利用する妊婦や母親の数が増加するの達成度	熱練出産介助者（医師、看護師、准看護助産師を含む）の立会いによる出産の数が増加する見込みはあるか	プロジェクトの実績、関係者の認識	プロジェクト報告書、	関係者(J, C/P)への質問	
		定期的な ANC サービスの対象となった村の数は増加しているか				
		促進要因は何か？どのような対処方法がとられているのか				
		阻害要因は何か？どのような対処方法がとられているのか				
有効性	アウトプットとプロジェクト目標との因果関係	プロジェクト目標を達成するために適切なアウトプットが設定されているか	プロジェクトの実績、関係者の認識	プロジェクト報告書	関係者(J, C/P)への質問	
		アウトプットの達成を通じて、プロジェクト目標の達成の可能性はあるか				
		アウトプット間の相乗効果が考えられているか				
		アウトプットからプロジェクト目標に至るまでの外				

		評価設問		必要なデータ情報源		データ収集方法	
大項目		小項目		文献		調査	
効率性	部案件の充足度	州が、RCH/NRHMの一環の、妊娠と出産に要する施設設置を目的とするミレニアムパッケージを採用しているか そのほかに外部条件が存在するか		プロジェクト報告、関係者の認識	プロジェクト報告書	関係者の認識	
	アウトプットの達成度	アウトプットは達成できそうか		プロジェクトの実績、関係者の認識	プロジェクト報告書	関係者(J、C/P)への質問	
	アウトプット達成を阻害する要因の有無	アウトプット達成における阻害要因は何か？どのような対処方法がとられているか		プロジェクトの実績、類似案件との比較	プロジェクト報告書、類似案件報告書	関係者(J、C/P)への質問	
	活動の適正度	プロジェクト活動はアウトプットを産出するために十分であったか		プロジェクトの実績、関係者の認識、類似案件との比較	プロジェクト報告書、類似案件報告書	関係者(J、C/P)への質問	
	投入の適正度	アウトプットを産出するために適切な投入がなされているか より費用対効果の高いやり方が考えられるか		プロジェクトの実績、関係者の認識	プロジェクト報告書、関係者の報告書、	関係者(J、C/P)への質問	
	活動からアウトプットにいたるまでの外部条件の充足度	プロジェクトの対象となる病院・診療所に医療従事者が適切に配置されているか そのほかに外部条件は存在するか		プロジェクト報告、関係者の認識	プロジェクト報告書	関係者(J、C/P)への質問	
	投入の適正度	専門家の人数、タイミング、分野は適正か 供与機材の種類、機種、数、タイミングは適正か 研修員の受け入れのタイミング、人数、研修内容は適正といえるか		プロジェクトの実績、関係者の認識	プロジェクト報告書	関係者(J、C/P)への質問	
	投入の適正度	プロジェクト運営費の量、タイミングは適正といえるか 活用されていない投入はあるか 配置されたC/Pの人数、タイミング、分野は適正か 供与された施設設備の規模、タイミング、質は適正といえるか		プロジェクトの実績、関係者の認識	プロジェクト報告書	関係者(J、C/P)への質問	
	上位目標1 (対象地域の妊産婦と新生児の健康状態が改善する)達成される見込み	3～5年以内に、プロジェクト対象地域における妊婦、母親、新生児の健康状態が改善する見込みはあるか		関係者の認識	—	関係者(J、C/P)への質問	
	上位目標の達成の予測	社会的・経済的、社会的文化的要因など変化していないか		プロジェクトの報告、関係者の認識	プロジェクト報告書	関係者(J、C/P)への質問	
インパクト	因果関係	上位目標とプロジェクト目標は乖離していないか		プロジェクトの報告、関係者の認識	プロジェクト報告書	関係者(J、C/P)への質問	
	波及効果	他の機関への波及効果の事例はあるか 政策・法律・制度への影響、ジェンダー・人権への影響、貧富の差など社会的・文化的側面への影響、技術面での変革はみられるか		プロジェクトの報告、関係者の認識	プロジェクト報告書	関係者(J、C/P)への質問、関連機関への質問	
				プロジェクトの報告、関係者の認識	プロジェクト報告書	関係者(J、C/P)への質問、住民への質問	

		評価設問		必要なデータ・情報源		データ収集方法		
大項目		小項目		文献		調査		
自立発展性	政策・制度面	対象社会・プロジェクト関係者・受益者などへの経済的影響はあるか	他の機関へのマイナスの影響はみられるか	プロジェクト報告書、 MoHFWの予算計画	関係者(Ｊ,Ｃ/Ｐ)への質問、 連機関への質問	プロジェクト報告書	関係者(Ｊ,Ｃ/Ｐ)への質問、 連機関への質問	
		想定外のマイナスの要因の有無	政策・法律・制度への影響、ジェンダー・人権への影響、貧富の差など社会・文化的側面への影響、技術面でのマイナスの影響はみられるか					
		制度的支援の協力終了後の継続	対象社会・プロジェクト関係者・受益者などへのマイナスの経済的影響はあるか					
		協力終了後の州家族保健省の組織能力	負の影響が生じている場合、何か対策がとられているか					
	組織面	協力終了後の州家族保健省の組織能力	州保健家族福祉省 RCH 局の事業実施能力や調整能力は向上しているか	州保健家族福祉省による支援はプロジェクト終了後も得られる見込みはあるか	プロジェクト報告書、 州開発計画	関係者(Ｊ,Ｃ/Ｐ)への質問	プロジェクト報告書、 州開発計画	関係者(Ｊ,Ｃ/Ｐ)への質問
		協力終了後の県・郡レベルの活動の組織能力	県や郡のレベルの関係者の事業実施能力や調整能力は向上しているか		プロジェクト報告書	関係者(Ｊ,Ｃ/Ｐ)への質問	プロジェクト報告書	関係者(Ｊ,Ｃ/Ｐ)への質問
		協力終了後のコミュニティレベルの活動の組織能力	地域の健康促進員(ANM, MPW-Males, AWW, ASHA 等)の活動実施能力や調整能力は向上しているか		プロジェクト報告書	関係者(Ｊ,Ｃ/Ｐ)への質問、 住民への質問	プロジェクト報告書	関係者(Ｊ,Ｃ/Ｐ)への質問、 住民への質問
	技術面	州保健家族福祉省の予算の安定度	プロジェクトが推進する母性の健康の安全のための活動を、プロジェクト終了後継続することは、財政的に可能か	プロジェクト終了後継続しているか	プロジェクト報告書、 MoHFWの予算計画	関係者(Ｊ,Ｃ/Ｐ)への質問	プロジェクト報告書、 MoHFWの予算計画	関係者(Ｊ,Ｃ/Ｐ)への質問
		移転した技術の定着と普及の可能性	移転した技術は活用されているか	プロジェクトで実施支援した各種活動は、持続可能か	プロジェクトの実績、 関係者の認識	関係者(Ｊ,Ｃ/Ｐ)への質問	プロジェクト報告書	関係者(Ｊ,Ｃ/Ｐ)への質問
		効果を持続させるための促進要因と阻害要因	プロジェクトで得られた効果が引き続き発現していくために必要な要因(促進要因)は何か	プロジェクトで得られた効果が引き続き発現していく際に阻害要因となるものは何か	プロジェクト報告書、 関係者の認識	プロジェクト報告書、 関係者の認識	プロジェクト報告書	プロジェクト報告書、 関係者の認識

4. プロジェクト投入実績一覧

4-1 日本側投入

インド・マディヤプラデシュ州リプロダクティブヘルスプロジェクト(フェーズⅡ) 投入実績
1. 日本側投入(2009年3月末までの予定を含む。)

派遣形態	指導科目	専門家派遣		
		2006(H18)年度(Q4)	2007(H19)年度	2008(H20)年度(Q1-3)
長期	チーフアドバイザー/保健計画管理	1名 (新規・1月～)	2名	2名
	業務調整/保健管理情報システム	→	(新規・10月～)	→
短期	ジェンダー・社会分析	0名	0名	1名 (業務出張から切替・1月)
	助産技術	→	→	(新規・3月派遣予定)
業務出張	TQM	0名	2名 (新規・1-2月)	0名
	ジェンダー・社会分析	→	(新規・3月)	→
その他	ヨルダンRHPチーフアドバイザー	0名	2名 (11月)	0名
	NGO技術者派遣短期専門家	→	(1-2月)	→

プロジェクトスタッフ(事務所スタッフ及びフィールドスタッフ) * 秘書・ドライバー等は除く。

任地	指導科目	年度		
		2006(H18)年度(Q4)	2007(H19)年度	2008(H20)年度(Q1-3)
(プロジェクトスタッフ 合計)		6名	12名	延17名、現在15名
(事務所スタッフ 小計)		3名	6名	6名
ホーバル	オペレーションマネージャー/TQM	(新規・1月～)	→	→
	HRM	(新規・1月～)	→	→
	HMIS	(新規・1月～)	→	→
	コミュニケーション(IEC/BCC)	→	(新規・7月～)	→
	ドキュメンテーション	→	(新規・7月～)	→
	トレーニング	→	(新規・11月～)	→
(フィールドスタッフ 小計)		3名	6名	延11名、現在9名
ダモール	県コーディネーター(1)	1名	3名 (新規・4月～)	2名 (ハンナへ異動)
	ブロックコーディネーター(1)	(新規・3月～)	→	→
	ブロックコーディネーター(2)	→	(新規・6月～)	→
ティカムガル	県コーディネーター(2)	2名	3名 (新規・6月～)	延4名、現在3名 (~6月契約終了)
	ブロックコーディネーター(3)	(新規・3月～)	→	→
	ブロックコーディネーター(4)	(新規・3月～)	→	→
	ブロックコーディネーター(5)	→	→	(新規・7月～)
サーガル		0名	0名	1名 (新規・6月～)
	ブロックコーディネーター(6)	→	→	→
ハンナ	県コーディネーター(1)	0名	0名	延2名、現在1名 (ダモールより~1月契約終了)
	ブロックコーディネーター(7)	→	→	(新規・7月～)
チャタルプール		0名	0名	2名
	ブロックコーディネーター(8)	→	→	(新規・7月～)
	ブロックコーディネーター(9)	→	→	(新規・8月～)

カウンターパート研修(本邦・第三国)

研修形態	人数	年度	研修名
本邦: 集団研修	4	2007(H19)年度	地域別研修: より安全な妊娠と出産戦略アジア地域ワークショップ(2名) アジア地域安全な出産のための助産師研修(2名)
ヨルダン	2+1	2008(H20)年度	The Regional Workshop of Sharing Experiences & Learning from Good/Successful Practices in the Islamic Communities (C/P2名+プロジェクトスタッフ1名)

プロジェクト費内訳

(単位: インドルピー(Rs.))

費目	内訳	年度		
		2006(H18)年度(Q4)	2007(H19)年度	2008(H20)年度(Q1-3)
専門家(直営)		(長期 1名)	(長期 2名)	(長期 2名、短期 2名)
専門家(契約)		0.00	0.00	0.00
供与機材		0.00	0.00	0.00
国別研修		0.00	(集団研修 4名)	0.00
調査団		(運営指導調査団)	0.00	(中間評価)
在外事業強化費	合計	1,756,521.34	10,042,936.84	8,518,351.16
	航空賃	0.00	22,479.00	206,125.00
	旅費(航空賃以外)	255,636.84	1,495,027.50	1,112,589.00
	業務契約(ローカルコンサルタント)	0.00	2,485,633.00	0.00
	業務契約	0.00	0.00	0.00
	謝金報酬(スタッフ以外)	607,985.00	1,630,796.60	3,846,149.00
	会議費	18,558.00	296,714.00	41,632.00
	一般業務費	874,341.50	4,112,286.74	3,311,856.16

(注) 2007年度は、費用項目改定に係る混乱から、プロジェクトスタッフ給与の一部を「業務契約(ローカルコンサルタント)」に計上したが、2006年度及び2008年度は全てのプロジェクトスタッフ給与を「謝金報酬(スタッフ以外)」に計上している。

4-2 インド側投入

2. インド側投入

＜州レベルのカウンターパート(実績)＞

No.	名前	役職	任期	備考
1	Dr. Rajesh Rajora	I. A. S. , Health Commissioner	Jan-07 - Feb-08	Top Official of Health Department, Decision making Level C/P
2	Mr. U M Upadhyaya	I. A. S. , Health Commissioner	Feb-08 - May-08	Top Official of Health Department, Decision making Level C/P
3	Mrs. Alka Upadhyaya	I. A. S. , Health Commissioner	May-08 - Dec-09	Top Official of Health Department, Decision making Level C/P
4	Dr. Manohar Agnani	I. A. S. , Health Commissioner	Dec -08 present	Top Official of Health Department, Decision making Level C/P
5	Dr. Y R Sharma	Director Public Health (RCH-2/NRHM)	Jan-07 - Sept-07	Day-to-Day C/P, Full Time
6	Dr. K K Shukla	Director Family Welfare (RCH-2/NRHM)	Nov-07 - Oct-08	Day-to-Day C/P, Full Time
7	Dr. A N Mittal	Joint Director (RCH-2/NRHM)	Jan-07 - May-07	Day-to-Day C/P, Full Time
8	Dr. S K Shrivastava	Joint Director (RCH-2/NRHM)	May-07 - present	Day-to-Day C/P, Full Time

＜地域・県レベルのカウンターパート(現職のみ)＞

No	名前	役職	地域
＜Department of Health and Family Welfare (DoHFW)＞			
1	Dr. KK Tamrakar	Regional Joint Director RJD	Sagar
2	Dr. Godre	Chief Medical & Health Officers(CMHO)	Sagar
3	Dr. Ashok Jain	Chief Medical & Health Officers(CMHO)	Damoh
4	Dr. PS Khangar	Chief Medical & Health Officers(CMHO)	Tikamgarh
5	Dr. Hridayesh Khare	Chief Medical & Health Officers(CS, I/C CMHO)	Chhatarpur
6	Dr. TD Tiwari	Chief Medical & Health Officers(CMHO)	Panna
＜ National Rural Health Mission(NRHM)＞			
7	Mr. Avinash Bhateja	Divisional Program Manager (Div. PM)	Sagar
8	Mr. Kapil Dev Parashar	District Program Manager (DPM)	Sagar
9	Mr. Jaimon Thomas	District Program Manager (DPM)	Damoh
10	(I/C DPM) Dr. Arya	District Program Manager (DPM)	Tikamgarh
11	Mr. Rajendra Khare	District Program Manager (DPM)	Chhatarpur
12	Mr. Maharaj Singh	District Program Manager (DPM)	Panna

＜対象保健施設一覧＞

県	ブロック	プロジェクトのファシリテーションにより業務改善を実施している保健施設数								
		CHC		PHC		SHC				
サーガル・リージョン(全5県) 合計		20	33	61%	14	109	13%	165	888	19%
ダモール県・ティカムガル県(全2県) 合計		12	12	100%	14	29	48%	148	318	47%
ダモール県 (2006年～) * 全7ブロック中、 6ブロックで活動	小計	6	6	100%	6	11	55%	82	162	51%
	Tendukheda	1	1	100%	1			23	23	100%
	Jabera	1	1	100%	1			7	27	26%
	Hatta	1	1	100%	3			25	25	100%
	Patharia	1	1	100%				23	23	100%
	Hinderia	1	1	100%	1			4	23	17%
ティカムガル県 (2006年～) * 全6ブロック中、 6ブロックで活動	小計	6	6	100%	8	18	44%	66	156	42%
	Pirthvipur	1	1	100%	1			21	21	100%
	Niwari	1	1	100%	2			2	24	8%
	Baldeogarh	1	1	100%	3			24	24	100%
	Badagaon	1	1	100%				15	24	63%
	Jatara	1	1	100%				4	25	16%
Palera	1	1	100%	2						
サーガル県('08.7-)	(CHC巡回)	5	11	45%						
パンナ県('08.7-)	Amangani	1	1	100%				5		
チャタルプール県 (2008年7月～)	Nowgaon	1	1	100%				5		
	Rajnagar	1	1	100%				7		

(注1)サーガル・リージョン合計、ダモール県・ティカムガル県合計、及び各県小計(太字部分)の分母＝各リージョン/県の施設数全数(プロジェクトの介入していないブロック)
(注2)CHCではMBOとSN、PHCではLHV、Male Supervisor、SHCではANMとMPW-malesが、それぞれC/P兼プロジェクトの対象者として設定されて

＜ローカルコスト負担＞

財源	内訳	備考
州 予算	MHカード印刷	20万部の印刷代を予算化
	保健施設増改築、改修	CHC、PHCの増改築を州が補助
県 予算	保健施設増改築、改修	Tendukheda CHC、Khargapur PHCの増改築
	SHC untied fund 活用(年間 Rs. 10,000 /SHC)	SHCの施設・設備に係る修理、給水、家具、事務用品等
	ブロックレベルでの会議参加者	
	交通費(MHカード・オリエンテーション等)	
	ASHAへの謝金	(施設分娩、妊婦健診)妊婦への啓蒙、付添等

5. 活動計画と活動実績

活動計画 (P0) と活動実績

Activities	Government Counterpart	2008 (Achievement)												2009	2010	Remarks for FY 2008		
		Annual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				Mar	
Output 1. Improved midwifery practice by ANMs/LHVs																		
1.1. To establish management guidelines for training ANMs/LHVs in collaboration with State Institute of Health Mananement and Communication (SIHMC)																		
1.1.1. To develop the SBA training modules (ANC, INC & PNC)	DPH, State MH Consultant																	
1.1.2. To publish Training Facilitators' Guide Book (including logistics and administration)	SIHMC	A	C	C													B, C	D
1.1.3. To standardize systematic organization of maternity wing in District Hospitals for in-service training	State MH Consultant	C		C													D	B
1.1.4. To develop capacity of SIHMC for Quality Assurance of training					B	D											B	B
1.1.5. To operationalize Standard Operating Protocols (SOPs) for delivery and post natal services	State MH Consultant																B, C	D
1.1.6. Standard guideline to operationalize delivery care at SHC	State MH Consultant	B															C, D	D
1.1.7. To establish Regional Board of Quality Assurance of the training courses	SIHMC, RHEWTCs																	
1.2. To conduct in-service training courses for ANMs/LHVs on Safe Motherhood Initiative (including ANC, INC and PNC)																		
1.2.1. To standardise procedures for planning, organisation and monitoring of trainings (including premises, duration, syllabus, trainers, batch size, trainers, honorarium, monitoring method, etc.) for ANC, INC, PNC	Dy D-Training	B	D														D	B
1.2.2. To develop training materials (including training modules, manequin, quiz, etc.) for ANC, INC, PNC	State MH Consultant	A, B	B															
1.2.3. To conduct TOT (ANC, INC, PNC)	RJD	C	D															
1.2.4. To conduct training courses for ANC	DTO, DPM, CMHO	C																
1.2.5. To conduct coaching sessions to the ex-trainees of ANC	DPHNO, LHV	C																
1.2.6. To conduct INC/PNC training courses (DH based)	DTO, DPM, CMHO, CS	C																
1.2.7. To monitor the results (using partograph)	Staff Nurses	A															C, D	D
1.3. Periodical assessment of knowledge/skill acquisition by the trained ANMs/LHVs (and Staff nurses)																		
1.3.1. To promote regular ANC clinics at SHCs	BMO	A, B	C															
1.3.2. To develop capacity of LHVs as quality monitor for SHC level delivery	BMO	A		A													B, C	D
1.3.3. To facilitate systematic organization of Maternity wing of CHCs/PHCs (OJT to the nursing staff)	State MH Consultant	A	B, C														C	D
1.3.4. To develop capacity of supervision by public health nurses	BMO																B	B
1.4. To promote job sharing between ANMs and MPW-Males in the Pilot Area (4 Blocks of 2 Districts)																		
1.4.1. To train MPW-males on community mobilization skills	DPH, CMHO, BMO																A, B	C
1.4.2. To develop Micro Plans for each SHC involving both ANMs and MPW-males	BMO, BEE	A, B	C														C	D
1.4.3. To monitor implementation of the Micro Plans	Supervisor	A, B	C														C	D

Annex 2: Plan of Operation (PO) with achievement

Activities	Government Counterpart	2007	2008 (Achievement)												2009	2010	Remarks for FY 2008	
			Annual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				Mar
Output 2. Clean and safe delivery services become available at the CHCs and PHCs in the Project Area																		
2.1. To procure and supply equipment (using NRHM as well as JICA funds)																		
2.1.1. To conduct needs survey at each health facility	DPM, CS, BMO	A	-															
2.1.2. To promote effective usage of NRHM funds for maternity wards, delivery rooms and neonatal wards		A	B, C															
2.1.3. To promote effective usage of NRHM united funds for SHCs for regular ANC check ups	BMOs, DPMs	A, B	C															
2.1.4. To prepare for delivery services at selected SHCs	BMOs, DPMs		B															
2.2. To establish Hygienic Management Procedures for the health facilities and instrument																		
2.2.1. To promote Bio Medical Waste Management	DPM, CS, BMO		B, C															
2.2.2. To promote upkeep of Standard equipment of DHs, CHCs, PHCs and SHCs for maternal and neonatal care	QA- State Consultant		A, B															
2.2.3. To promote hygienic practice in the health facilities (Deep Burial and Sharp Pits)	CSs, BMOs, SMOs, ANMs		A, B															
2.3. To promote Total Quality Management at PHCs/CHCs (also DHs and SHCs, as suggested by Dr. Y. Handa)																		
2.3.1. To promote 5S in the health facilities through Quality Circle meetings	CS, BMO		A, B															
2.3.2. To establish stock management at pharmacy of the health facilities	Store in charge, BMOs		A															
2.3.3. To promote 5S competition and mutual learning	DyDs, RJD																	
2.3.4. To develop TQM tool-kit	QA- State Consultant																	

Annex 2: Plan of Operation (PO) with achievement

Activities	Government Counterpart	2007	2008 (Achievement)												2009	2010	Remarks for FY 2008	
		Annual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2009	2010		
Output 3. ANMs and LHVs more closely supervised by the BMO and his team																		
3.1. To streamline procedures for data collection and reporting by ANMs and MPW/Males																		
3.1.1. To survey the workload of ANMs and MPWs for reporting	DPM, ASO	A, B																
3.1.2. To analyze the usage of data taken by ANMs and MPWs	DPM, ASO	A, B																
3.1.3. To propose streamlining of procedures for data collection and reporting	DPH	A, B																
3.1.4. To train the ANMs and MPWs on data collection according to the streamlined system (Form 6 or its revised form)	ASOs, BEE																	
3.1.5. To introduce Maternal Health Card	DPH, RJD	A, B, C																
3.1.5. To develop manual on validation of standard data elements	JD Planning	A																
3.2. To conduct training courses on Information Management to Block (Sector & District) Health Managers (on data inputs, validation and compilation)																		
3.2.1. To train ASOs, District DEOs and Regional Data Managers	JD Planning	C																
3.2.2. To train DEOs and BEEs at Block level	DPM, ASOs	B, C																
3.2.3. To train LHVs and male Supervisors at Sector level	BEEs																	
3.3. To promote HMIS for performance review at the Block level																		
3.3.1. To establish indicators for regular (quarterly) performance review at the Block level	RJD																	
3.3.2. To promote computerization at Block level	BMO, DEO	A, C																
3.3.3. To develop an electronic validation system	DPWs	A																
3.3.4. To initiate usage of data for planning, management and monitoring	BMOs, DPWs	A																
3.3.5. To develop a guide book on Evidence based Planning, Management and Monitoring (EBPMB)	JD Planning																	
3.3.6. To train DPWs, BMOs and other data managers on EBPM	DPH																	

Annex 2: Plan of Operation (PO) with achievement

Activities	Government Counterpart	2008 (Achievement)												2009	2010	Remarks for FY 2008			
		Annual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				Mar		
		2007																	
4.1. To influence IEC/BCC strategies of the State																			
4.1.1. To suggest the State for improvisation of IEC/BCC strategies based on field experiences on SMIs	IEC Bureau, State & District IEC		C					C										D	
4.1.2. To promote convergence between line departments (WCD, PR&RD, etc.)	District IEC Consultants		C		C				C									D	Adjustment of the calendar of health and nutrition services to the community
4.2. To enhance IEC/BCC skills of the health workers for maternal health																			
4.2.1. To build capacity of health workers (ANM, MPW-m, LHV, m-Supervisor) on counselling for safe motherhood		A	A, B																
4.2.2. To develop information package for ANM, MPW-m, AWW and ASHA in accordance with the above IEC/BCC needs			B, E						E										
4.2.3. To conduct OJT to Counsellors and other relevant personnel for management of IEC activities	District IEC Consultants		D							D								D	
4.2.4. To build capacities of District IEC Consultants/BPMs on planning and monitoring of IEC activities		A	A, B		A		B		A									B	range of variation of social structure to be studied
4.3. To promote interaction between the health workers and the community on Safe Motherhood Initiative (ANC, Institutional Deliveries, New Born Care, Early Breast Feeding, Child Immunization, IFA intake, schemes, etc.)																			Japanese Expert on Gender requested in Nov. - Dec.
4.3.1. To promote Husbands' Quiz for male participation to safe motherhood.																			
4.3.2. To promote organized Village Health & Nutrition Days	ANMs, MPWm, AWWs		A, B		A, B													A, B	Operational manual ready to be endorsed by the State.
4.3.3. To facilitate Nutritional Counselling and Birth Preparedness through Goad Bharai, etc.	WCD, DPOs	A, B	C															C	Tool kit to be shared with WCD
4.3.4. To promote Community Monitoring of health services through Swasthya Chaupal	CEO (JP) MPWs		A, B		A, B													C	To create models of good practice
* Activities achieved are highlighted																			
** Definitions of A-B-C-D are:																			
A: Implementation in 4 Blocks of 2 Districts (Pilot area)																			
B: Standardization of methodology at the State level																			
C: Implementation in all 13 Blocks of 2 Districts																			
D: Implementation in all 5 Districts in Sagar Region																			

Annex 3: Mid-term Evaluation Grid

<Achievement and Implementation Process>

	Evaluation Questions		Data Needed	Data Collection Methods		
	Major Items	Minor Items		Documents	Survey	
Verification of performance	Achievement of outputs	Prospect of production of output 1 (improved maternity practice by ANMs/LHVs) as is planned	Has the number of ANMs/LHVs who received in-service training on SBA been increasing?	Achievement of the Project	Project report, Training report of the five target districts	Interview / Questionnaire to Stakeholders (J,CP)
			Has the number of ANMs/LHVs who acquired (and regularly practice?) basic SBA knowledge/skills been increasing?	Achievement of the Project, Result of the skill check after training, Perception of the stakeholders	Project report, Result of the skill check after training	Interview / Questionnaire to Stakeholders (J,CP)
			Has the number of women who receive basic service on SBA from ANMs/LHV been increasing?	Achievement of the Project, Perception of the stakeholders	Project report	Interview / Questionnaire to target community people
			Has the percentage of institutional delivery been increasing?	Achievement of the Project	Project report, Annual report of the target five districts	Interview / Questionnaire to Stakeholders (J,CP), Interview to target community people
			Has the percentage of CHCs/PHCs implementing Hygienic Management Procedures for the facility as well as equipment & instruments been increasing?	Achievement of the Project, External Evaluation Result	Project report, SS marks by external evaluator	Interview / Questionnaire to Stakeholders (J,CP)
	Achievement of outputs	Prospect of production of output 2 (Clean and safe delivery services become available at the CHCs and PHCs in the Project Area) as planned?	Has community satisfaction to the quality of institutional delivery been increasing?	Achievement of the Project, Perception of the stakeholders and target community	Project report, Exit interviews	Interview / Questionnaire to Stakeholders (J,CP), Interview to target community people
			Has the number of ANMs/LHVs reporting regularly using proper formats been increasing?		Project report, BMO's supervisory reports on the performance of ANMs/LHVs	Interview / Questionnaire to Stakeholders (J,CP)
			Has the number of BMOs trained on Evidence Based Performance and Monitoring been increasing?	Achievement of the Project, Perception of the stakeholders	Project report, BMO/District Programme Review Reports,	Interview / Questionnaire to Stakeholders (J,CP)
			Has the number of the blocks regularly conducting EBPM been increasing?			
			Has the number of Blocks performing Programme review based on validated data been increasing?			
Examination of activities	Prospect of production of output 3 (ANMs and LHVs more closely supervised by the BMO and his team) as planned?	Has the number of Districts performing Programme review based on the HMIS guidelines been increasing?	Achievement of the Project, Perception of the stakeholders	Project report, District Review Report	Interview / Questionnaire to Stakeholders (J,CP)	
		Has the number of communities regularly conducting ANMs for ANC check ups been increasing?				
		Do target community people recognize that the quality of ANC check up by ANM been improved?	Achievement of the Project, Perception of the stakeholders and community	Project report, Community survey	Interview / Questionnaire to Stakeholders (J,CP), Interview to target community people	
		Has the number of communities promoting institutional delivery been increasing?				
		Are activities carried out as planned?	Achievement of the Project, Perception of the stakeholders	Project report	Interview / Questionnaire to Stakeholders (J,CP)	
Results of Inputs	Are activities implemented as planned? Is input implemented as planned? (Japanese Side)	Are there any factors which negatively influence implementation of the activities? Have those problems been adequately dealt with?				
		Have the Japanese long-term and short term experts been provided as is planned?				
		Have the training activities in Japan been provided as is planned? Have the equipment and supplies been provided as is planned? Has the Project funds been disbursed as is planned?				

Annex 3: Mid-term Evaluation Grid

	Evaluation Questions		Data Needed	Data Collection Methods		
	Major Items	Minor Items		Documents	Survey	
Verification of implementation process	Is input implemented as planned? (Indian Side)	Have the counterparts to work with the MCH Project been provided as is planned?	Achievement of the Project	Project report	Interview / Questionnaire to Stakeholders (JCP)	
		Have the equipment and supplies been provided as is planned?				
		Have the project office and other facilities been supplied as is planned?				
	Method of technical cooperation	Relationship with (C/P)	How the technical transfer communication between Japanese Experts and Counterparts been conducted?	Achievement of the Project, Perception of the stakeholders	Project report	Interview / Questionnaire to Stakeholders (JCP)
			How the technical transfer communication among Japanese Experts, Counterparts and consultants been conducted?			
	Project management	Implementation of the Project monitoring	How the Project is monitored?	Achievement of the Project, Frequency of submission of the Project report	Project report	Interview / Questionnaire to Stakeholders (JCP)
			Has the project implemented based on PDMP?			
	Ownership of the Project	Ownership of the Indian government	How the C/Ps are involved in the decision making of the Project?	Achievement of the Project, Perception of the stakeholders	Project report	Interview / Questionnaire to Stakeholders (JCP)
			Has the level or depth of C/P involvement (in decision making, management and implementation) been increasing?			
	Participation of the target groups and stakeholders	Is the degree of participation of the target group and related organizations in the project high?	How the community people in the target area are involved in the Project activities?	Achievement of the Project, Perception of the stakeholders and target community	Project report	Interview / Questionnaire to Stakeholders (JCP), interview to target community people
How the related organizations, such as JCC members are involved in the Project activities?						
			Achievement of the Project, Perception of the stakeholders	Project report	Interview / Questionnaire to Stakeholders (JCP)	

Annex 3: Mid-term Evaluation Grid

<Five Evaluation Criteria>

Five Criteria	Evaluation Questions		Data Collection		
	Main questions	Sub questions	Data Needed / Data Sources	Documents	
Relevance	Necessity	Is the project in line with the needs of the target region and society?	Ex-ante evaluation result, Socio-economic research	Ex-ante evaluation report, Project report of the first phase, Final report of the development study	
		Is the project in line with the needs of the target group?	Ex-ante evaluation result, Report by the Project, Perception of the stakeholders	Project report	
	Priority	Consistency with Indian policy	Is the project consistent with the Indian development policy?	Ex-ante evaluation result, Report by the Project, Perception of the stakeholders, Policy documents	Project report, Governmental report
		Consistency with Japanese policy	Is the project consistent with Japan's foreign aid policy and JICA's plan for country-specific program implementation?	JICA reports	JICA county aid program
	Suitability as a means	Suitability of the Project objectives and outputs	Is the project suitable as a strategy to produce an effect with respect to the reproductive health and motherhood of the target feed and sector?	Achievement of the Project, Perception of the stakeholders and target community	Project report
Effectiveness	Others	Suitability of selection of the target group	Is the selection of the target area appropriate?	Project report	
		Suitability of Japan's cooperation	Are the benefits of the effect fairly distributed?	Project report	
	Changes in the environment (politics, economy, society, etc.) since the ex-ante evaluation?	Does Japan have a technology advantage? If so, which field?	Achievement of the Project, Perception of the stakeholders	Project report	
	Achievement forecast for the project objective	Are there prospects that the number of pregnant women who received at least three ANC checkups increase?	Have there been any crucial changes which affected implementation of the Project?	Achievement of the Project, Perception of the stakeholders	Project report
		Are there prospects that the number of pregnant women who received at least three ANC checkups increase?	Are there prospects that the number of deliveries assisted by Skilled Birth Attendants (SBA, nurses and ANMs/LVAs) increase?	Achievement of the Project, Perception of the stakeholders and target community Number of ANM/CHCs/PHCs registered to BMO	Project report, District and block review, ANM's activity diary
Causal relationships between the output and Project objective	Are there any factors that inhibit the achievement of the project objective?	Are there any factors that enhance the achievement of the project objective?	Achievement of the Project, Perception of the stakeholders	Project report	
	Sufficiency of output	Are there any factors that inhibit the achievement of the project objective? How do they deal with?	Achievement of the Project, Perception of the stakeholders	Project report	
		Are there synergistic effects among outputs?	Is the output sufficient to achieve the project objective?	Achievement of the Project, Perception of the stakeholders	Project report
Achievement level of output	Is the output achievement level adequate? Hinder factor to achieve outputs	Does the State still adopt the Minimum Package for Obstetric Facilities as a part of RCH-NRHM	Achievement of the Project, Perception of the stakeholders and target community, State Policy	Project report, District Development Strategy	
		Are there any other important assumption from the output to the project objective bound?	Achievement of the Project, Perception of the stakeholders	Project report	
Efficiency	Achievement level of output	Are there any factors that inhibited the achievement of the output? How are they dealt with?	Achievement of the Project, Perception of the stakeholders	Project report	
			Achievement of the Project, Perception of the stakeholders	Project report	

Annex 3: Mid-term Evaluation Grid

Five Criteria	Evaluation Questions		Data Needed/ Data Sources	Data Collection	
	Main questions	Sub questions		Documents	Survey
	<p>Sufficiency of activities</p> <p>Sufficiency of inputs</p> <p>Important assumptions from the activities to the output</p>	<p>Were the activities sufficient to produce the output?</p> <p>Was the input sufficient to produce the output?</p> <p>Were there any alternative means to achieve the same output using less amount of cost?</p> <p>Does ROH and NRIH programmes still continue?</p> <p>Is there any other assumption from the activities to the output found?</p> <p>Is the number, timing, quantity and field of Japanese expert adequate?</p> <p>Is the number of type, spec, number and timing of equipment input adequate?</p> <p>Is the timing, number, subject of in-country training adequate?</p> <p>Is the quantity and timing of input of the Project cost adequate?</p> <p>Is there any input which has not been applied?</p> <p>Is the number, timing, quantity and field of Indian Counter parts (ICPs) adequate?</p> <p>Is the size, timing and quality of facility input adequate?</p>		<p>Achievement of the Project, Perception of the stakeholders and target community, Comparison with similar projects</p> <p>Achievement of the Project, Perception of the target District and Block, Perception of the stakeholders</p> <p>Achievement of the Project, Perception of the stakeholders</p>	<p>Project report, Report of similar projects</p> <p>Project report District and block review</p> <p>Project report</p>
<p>Timing, quantity, quality of inputs</p> <p>Adequate timing, quantity, quality of inputs</p>	<p>Prospects of the overall goal (Pregnant women, mothers and new borns in the project site become healthier) to be produced as an effect of the project?</p> <p>Factors that impede the achievement of the overall goal</p>	<p>Achievement of the Project, Perception of the stakeholders</p>	<p>Project report</p>	<p>Interview/Questionnaire to Stakeholders (J,CP)</p>	
<p>Advisement forecast for the overall goal</p>	<p>Are there prospects that the overall goal will be produced as an effect of the project within three years after the termination of the Project?</p> <p>Are there socio economical and socio cultural factors that impede the achievement of the overall goal?</p>	<p>Perception of the stakeholders</p>	<p>Project report</p>	<p>Interview/Questionnaire to Stakeholders (J,CP)</p> <p>Interview/Questionnaire to Stakeholders (J,CP)</p>	
<p>Causal relationships between project objective and overall goal</p>	<p>Consistency of the Project</p>	<p>Achievement of the Project, Perception of the stakeholders</p>	<p>Project report</p>	<p>Interview/Questionnaire to Stakeholders (J,CP)</p>	
Impact	<p>Positive effects or influences beyond the overall goal assumed</p>	<p>Are there any positive effects or influences to other related organization beyond the overall goal assumed?</p> <p>Are there any influence on the establishment of policies and on the preparation of laws, systems, standards?</p> <p>Are there any influence on the social and cultural aspects such as gender, human rights, rich and poor?</p> <p>Are there any influence on the technological changes</p> <p>Are there any economical influence on the target society, project parties beneficiaries, etc. Influence on</p>	<p>Achievement of the Project, Perception of the stakeholders</p>	<p>Project report</p> <p>Project report</p>	<p>Interview/Questionnaire to Stakeholders (J,CP), Interview to related organization</p> <p>Interview/Questionnaire to Stakeholders (J,CP), Interview to target community people</p>
	<p>Negative effects or influences beyond the overall goal assumed</p>	<p>Are there any negative effects or influences to other related organization beyond the overall goal assumed?</p> <p>Are there any negative influence on the establishment of policies and on the preparation of laws, systems, standards?</p> <p>Are there any negative influence on the social and cultural aspects such as gender, human rights, rich and poor?</p> <p>Are there any influence on the technological changes</p>	<p>Achievement of the Project, Perception of the stakeholders</p>	<p>Project report</p> <p>Project report</p>	<p>Interview/Questionnaire to Stakeholders (J,CP), Interview to related organization</p> <p>Interview/Questionnaire to Stakeholders (J,CP), Interview to target community people</p>

Annex 3: Mid-term Evaluation Grid

Five Criteria	Evaluation Questions		Data Needed/ Data Sources	Data Collection		
	Main questions	Sub questions		Documents	Survey	
		<p>Are there any negative economic influence on the target society, project parties, beneficiaries, etc. Influence on</p> <p>What measures are there to eliminate those negative effects?</p>				
Sustainability	Policies and systems	Continuous policy and after the termination of the cooperation?	Will NRHM and RCH-2 are continuously applied after the termination of the project?	Report by the Project, Intran policy, Perception of the stakeholders	Project report, State development plan	Interview / Questionnaire to Stakeholders (J,CP),
			Will Mo-FPW continue to support to the Project activities after termination of the project?	Report by the Project, Policy in the District level, Planning of Mo-FPW, Perception of the stakeholders	Project report, District development plan	Interview / Questionnaire to Stakeholders (J,CP),
	Organizational aspects	Sufficient organizational capacity of Mo-FPW	Has the capacity of Mo-FPW, RCH Dpt on implementation and management in District and Block level been improved?	Report by the Project, Perception of the stakeholders	Project report,	Interview / Questionnaire to Stakeholders (J,CP),
		Sufficient organizational capacity in District and Block level	Has the capacity of implementation and management in District and Block level been improved?	Report by the Project, Perception of the stakeholders	Project report,	Interview / Questionnaire to Stakeholders (J,CP),
		Sufficient organizational capacity in community level	Has the capacity of community health workers, such as ANM, MPWA/Moies, AMWA, ASHA, etc been improved?	Report by the Project, Perception of the stakeholders and target community	Project report,	Interview / Questionnaire to Stakeholders (J,CP), interview to target community people
	Financial aspects	Stability of budget secured in Mo-FPW	Is there sufficient financial capacity to implement activities to produce effects also after the cooperation has ended?	Report by the Project, State policy, Budget plan of Mo-FPW, Perception of the stakeholders	Project report	Interview / Questionnaire to Stakeholders (J,CP),
		Technology	Maintenance and dissemination of the transferred technology	Will the CIP be transferred soon after the termination of the project? Are the methods of technology transfer used in the project being accepted? (Technology level, social and conventional factors, etc.) Are the activities implemented in the project sustainable? Are equipment appropriately maintained and managed? Will the materials and tools be able to be disseminated to other sites?	Achievement of the Project, Perception of the stakeholders	Project report,
	Hinder factor to sustain the Project effect		Are there any other factors that might support sustainability? Are there any factors which inhibit the sustainability?	Report by the Project, Perception of the stakeholders	Project report	Interview / Questionnaire to Stakeholders (J,CP),

Annex 4: List of Inputs from Japanese side

- Financial Inputs (activity and operational costs)

(Rs.)

Budget Head	Breakdown	Fiscal Year		
		FY2006-7 (Q4)	FY2007-8	FY2008-9 (Q1-3)
Dispatch of Japanese Experts		(1 Long Term Expert)	(2 Long Term Experts)	(2 Long Term & 2 Short Term)
Dispatch of Missions		(Advisory Mission)	-	(Mid Term Review)
Project Budget (Released)	subtotal	1,756,521.34	10,042,936.84	8,518,351.16
	Activities, Administration	892,899.50	4,409,000.74	3,353,488.16
	Employment of Indian Staff	607,985.00	4,116,429.60	3,846,149.00
	Travel costs	255,636.84	1,517,506.50	1,318,714.00

- Employment of State Level Project Staff (Indian Staff in Bhopal)

Project Staff in Bhopal (Total 8 staff as of Feb. 2009)	Year	
	2007	2008
Operation Manager / TQM		
HRM		
HMS		
Communication Coordinator		
Documentation Coordinator		
Training Coordinator		

*Excluding other supporting staffs i.e. secretary and drivers etc.

- Employment of District/Block Level Project Staff (Field Coordinators)

Field Coordinators (Total 9 staff as of Feb. 2009)	Year	
	2007	2008
Damoh District (2 staff)		
District Coordinator (1)*		
Block Coordinator (1)		
Block Coordinator (2)		
Tikamgarh District (3 staff)		
District Coordinator (2)		
Block Coordinator (3)		
Block Coordinator (4)		
Block Coordinator (5)		
Sagar District (1 staff)		
Block Coordinator (6)		
Panna District (1 staff)		
District Coordinator (1)*		
Block Coordinator (7)		
Chhatarpur District (2 staff)		
Block Coordinator (8)		
Block Coordinator (9)		

*District Coordinator (1) has transferred to Panna in Jul. 2008 and resigned in Jan. 2009. Currently, the Project has only Block Coordinators.

- Japanese Short Term Experts and Visitors

Japanese Short Term Experts and Visitors	Year	
	2007	2008
Short Term Experts		
Gender/Social Analysis		Visited the Project in Jan. 2009.
Midwifery (Mar. 2009)		Will visit the Project in Mar. 2009.
Official Visitors for MP-RHP		
TQM		
Gender/Social Analysis		
Other Visitors		
Chief Advisor, Jordan RHP		
NGO Short Term Expert		

- Counterpart Training in Japan and International Workshop

Country	No. of Trainee	Duration	Title
In-country (Japan)	2	from 4 th to 23 rd February 2008	Workshop on Safer Motherhood Strategy for Asia
	2	from 28 th January to 1 st March 2008	Midwifery Course for Safe Motherhood
Jordan	3	from 15 th June to 19 th June, 2008	JICA Regional Seminar on Maternal Health in Jordan

Annex 5: List of Inputs from Indian side

<LIST OF COUNTERPARTS>

Administrative Level	Counterpart Designation/Organization Target Hospitals/Health Centres
GoMP	Health Commissioner, GoMP Director Family Welfare, DoHFW, GoMP Joint Director RCH/NRHM, DoHFW, GoMP State Program Manager - NRHM
Region	Regional Joint Director (RJD), Sagar Divisional Program Manager - NRHM (Div.PM)
District	Chief Medical & Health Officers (CMHOs) District Program Managers - NRHM (DPMs) District Hospitals
Block	Block Medical Officers (BMOs) Community Health Centres (CHCs)
Below Sector	Primary Health Centres (PHCs), Lady Health Visitors (LHVs), Male Supervisors Sub Health Centres (SHCs) (Auxiliary Nurse Midwives (ANMs), Multi Purpose Workers (MPWs))

<LIST OF HEALTH CENTRES IN TARGET AREAS>

District	Block	No. of health centres implementing the operational improvement facilitated by the Project											
		CHC			PHC		SHC						
Sagar region (5 districts)		20	/	33	61%	14	/	109	13%	165	/	888	19%
Damoh / Tikamgarh TOTAL		12	/	12	100%	14	/	29	48%	148	/	318	47%
Damoh (2006-) coverage 6/7 blocks	subtotal	6	/	6	100%	6	/	11	55%	82	/	162	51%
	Tendukheda	1	/	1	100%	1	/			23	/	23	100%
	Jabera	1	/	1	100%	1	/			7	/	27	26%
	Hatta	1	/	1	100%	3	/			25	/	25	100%
	Patharia	1	/	1	100%		/			23	/	23	100%
	Hinderia	1	/	1	100%	1	/			4	/	23	17%
	Patera	1	/	1	100%		/				/		
Tikamgarh (2006-) coverage 6/6 blocks	subtotal	6	/	6	100%	8	/	18	44%	66	/	156	42%
	Pirthvipur	1	/	1	100%	1	/			21	/	21	100%
	Niwari	1	/	1	100%	2	/			2	/	24	8%
	Baldeogarh	1	/	1	100%	3	/			24	/	24	100%
	Badagaon	1	/	1	100%		/			15	/	24	63%
	Jatara	1	/	1	100%		/			4	/	25	16%
	Palera	1	/	1	100%	2	/				/		
Sagar (2008 July-)	(CHC visit)	5	/	11	45%		/				/		
Panna (2008 July-)	Amanganj	1	/	1	100%		/			5	/		
Chattarpur (2008 July-)	Nowgaon	1	/	1	100%		/			5	/		
	Rainagar	1	/	1	100%		/			7	/		

NOTE: Denominators of TOTAL and subtotal = No. of health centres in the region/district including non-JICA intervention

<LOCAL COST ALLOCATION>

Budget	Budget Item	Remarks
State Budget	MH card printing	Printing of 200,000 copies budgeted
	Health centres reconstruction & renovation	CHC reconstruction supplemented (450,000 in FY2006-07)
District Budget	Health centres reconstruction & renovation	Tendukheda CHC reconstructed (250,000 in FY2006-07)
	SHC untied fund mobilization	SHC facilities/equipments were repaired and/or procured with the untied fund (Rs. 10,000 /SHC per annum)
	Travel expenses	For participants at block-level meetings
	Allowance for ASHA	Disseminating information for and attendance with pregnant women etc.

NOTE: Government of India's financial year starts on 1st April.

: The table shows not all items but only good examples of the promotion of sufficient budget mobilization facilitated

Annex 6: Achievement of Outputs

Output 1. Improved midwifery practice by ANMs / LHVs

<Indicator 1: No. of ANMs/LHVs who received in-service training on SBA>

- Total 17 tutors have developed satisfactory teaching skills and positive attitude through the OJT by JICA. They are 4 in Damoh, 4 in Tikamgarh, 5 in Sagar, 3 in Chattarpur and 1 in Panna. Besides, the method of ANC training established in Phase I was further improved. Various Knowledge Products have been developed by the Project
- In all 318 ANMs/LHVs have been trained on ANC, covering most of those who are working in the two districts (Damoh and Tikamgarh). 30 SNs were trained in the two districts through facilitation by the Project on INC/PNC. After the training, hand holding sessions were also held at the sector and block level to ensure the former trainers utilize the skills they had acquired.
- In Tikamgarh, 14 (47%) SNs were trained through the formal SBA training and/or OJT.

<Indicator 2: No. of ANMs/LHVs who acquired (and regularly practice?) basic SBA knowledge/skills>

- Total 99 out of 191 SHCs (52%) in 4 blocks of Damoh district (Tendukheda, Hatta, Pathariya and Jabera) and 4 blocks of Tikamgarh district (Prithvipur, Baldevgarh, Badagaon and Niwari blocks) are regularly holding ANC clinic as on October 2008.

<Other indicator : No. of women who received SBA service from ANM/LHV>

- Total 8,089 pregnant women have reportedly received 3 complete ANC check-ups in 3 blocks (Hatta and Tendukheda of Damoh district, and Prithvipur block of Tikamgarh district), meeting 26.4 % of the estimated needs. Up to 298 out of 477 of the villages (62%) were covered by regular ANC services either by ANC clinic or by outreach services.

• Knowledge Products

Target User	Title	Contents
Facilitator (Tutor)	Facilitators' Guide	Hints for planning of the training, including Session plan, activity details
	Kit for monitoring individual practice	skill log, practice log, tally sheet,
	Kit for evaluating group works	Marking sheets for poster presentation & role play
Health Worker	Skill check list	For self check on ANC, INC
	ANC Counseling Guidelines	To be used during Goad Bharai with AWWs; inter-sectoral collaboration
	Micro-planning tool kit	Team work per SHC
	How to Organize ANC Clinic: SHC, PHC, CHC	physical arrangement
Supervisor	Twelve Steps for Organizing Maternity Wing	For monitoring and assessment of health facilities especially by non-medical managers (DPMs, etc.)
Trainee	Quiz	Stages of labor;
	Card Game	Complication Assessment & Management
	Snake and Ladder	Counseling for ANC
	Image Matching Game and Electric Board Game	True and false pain of labor; Identification of Pelvis Parts; Complication management after delivery
	Simulation Models	Hand washing; Baby wrapping; Partograph; Forceps application; Vacuum extractor; breast model
	Model (learning by touch)	Cervical dilatation (foam rubber model); Episiotomy suturing

Output 2. Clean and safe delivery services become available at the CHCs and PHCs in the Project Area

<Indicator 1: % of institutional delivery>

- This has been achieved by the governmental JSY scheme, which provides incentive to pregnant women and the motivator for institutional delivery.

<Indicator 2: % of CHCs/PHCs implementing Hygienic Management Procedures for the facility as well as equipment & instruments>

- The following table shows the number of CHCs and PHCs in Damoh and Tikamgarh with the Maternity Wing (MW) organized to meet the IPHS standards, and Bio Medical Waste (BMW) management according to the MP-PCB requirements. The CHC Tendukheda has completed necessary arrangements, followed by CHC - Hatta & Pathariya in Damoh and CHC – Prithvipur, Jatara & Palera in Tikamgarh district. Sarra is so far the only PHC whose upgradation has been completed.

Districts	Category by progress	CHC		PHC	
		MW organization	BMW management	MW organization	BMW management
Damoh	Total	7	7	9	9
	Initiated	5	4	7	5
	Completed	3	0	1	1
Tikamgarh	Total	6	6	16	16
	Initiated	6	5	5	5
	Completed	3	0	0	0

- Regarding Bio Medical Waste (BMW) management, total 13 facilities in Sagar, 5 in Chhattarpur, 8 in Tikamgarh, 3 in Panna and 6 in Damoh have either already received or applied for Authorization Certificate from MPPCB. Ten facilities, including all the seven CHCs of Damoh, have placed colored bins for segregation of the waste.

<Indicator 3: Community satisfaction to the quality of institutional delivery>

- It is too early to receive the impression from the service receivers about the quality management which is covered in indicator 3. Misunderstanding or negative rumor about institutional delivery have been improved among the community people, and they have start understanding the effectiveness of institutional delivery.

<Other indicator: No. of SHC which has improved the facility and equipment for ANC check up and SBA >

- The quality of SHC has also been improved to accept regular ANC check up, and some of them are equipped to accept delivery as well. Micro planning has also been introduced for the systematical service delivery.

*** Knowledge Products**

Category	Title	Remarks
Practical Guide for IPHS	Illustrated Guidelines for MH Services in SHCs	Texts, color pictures, list of equipments. Adopted by the State in Sep. 2008; DoHFW will print them and circulate them state wide by the PIP 2009/10.
	Illustrated Guidelines for Maternity Wing in DH/CHC/PHC	
	Accreditation Format for SHC for Conducting Deliveries	For ANC clinic; adopted by the state in Aug. 2008; circulated to the entire state.
Practical Guide for IMEP	Powerpoint Presentation on BMW management	Prepared in collaboration with MP Pollution Control Board
	Stickers for color coding	To stick on BMW bins
	Poster with color coding	For location of the BMW bins
	Facility wise need assessment of color coded waste bins	To be placed at CS/BMO office
Hand washing	Poster on procedure of hand washing	To be placed in maternity wings

Micro-planning tool kit	<p>five steps:</p> <ol style="list-style-type: none"> (1) Village profile including the population size, castes and tribes, available local human resources (AWW, ASHA, PRI, etc.). (2) Preparation of the map showing the location of each village, proximity to the SHC, and time to be spent in each village, and (3) Calculation of work load of each village in proportion to the population size, which is translated to the expected number of deliveries and of new born babies. (4) Clustering the villages to be worked in one day, according to the above mentioned work load, vicinity to each other, and the road and transportation. (5) Preparation of a standard monthly calendar of activities, taking in account the cluster of villages to be worked in a day, regular sessions and universal coverage of immunization.
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Output 3. ANMs and LHVs more closely supervised by the BMO and his team

The Project has adopted multi-layer approach, which is required to ensure (1) collection of authentic data at the SHC level, (2) data validation at the sector level, (3) computerization at BMO's office, and (4) usage of information for planning and monitoring at the block and district levels.

<Indicator 1: No. of ANMs/LHVs reporting regularly using proper formats>

- According to the discussion with the State DoHFW, the design of ANC Card was modified to include basic information on the delivery services, the post natal status and the new born care services. The card was renamed as the Maternal Health Card (MH Card). The DoHFW endorsed JICA/MP-RHP to use it for pilot in 2 divisions (Sagar and Jabalpur). By December 2008, at least 192 ANMs (59%) out of 327 ANMs/LHVs of the two districts (Damoh and Tikamgarh) have been giving timely reports. They are constantly using and updating the MH Cards, and some LHVs are validating the data on the MH Cards.

<Indicator 2: No. of Blocks performing Programme review based on validated data>

- 12 out of 13 Blocks of Damoh and Tikamgarh Districts have adopted computer operated reporting system. Electronic validation and cross checking is on the pipeline. 1 District (Damoh) became operational in routine information flow.
- At the block level, the newly appointed Data Entry Operators (DEOs) were trained on the current reporting system. All the 13 blocks of Damoh and Tikamgarh have started the computer operated reporting system. The usage of information for planning and monitoring has also started in some blocks.

<Indicator 3: No. of Districts performing Programme review based on the HMIS guidelines>

- Only 2 districts, Damoh and Tikamgarh, have adopted the guideline. However, data management system was promoted in the 3 districts (Damoh, Tikamgarh and Sagar) by grooming the DPMs as the leader of the Information Management.

• Knowledge Products

Category	Title	Remarks
Field Recording Formals	Village health register, ANC register, PNC Register, Routine Immunization register, Family Planning Register,	Done in consultation with various Division heads of DoHFW, NP; they are under discussion for a State wide adoption.
Hospital Record and Register	Stock register, Labour Room Record, OPD register, Indoor case sheet, register and discharge, MTP Register.	
Reporting Formats	Revised Form 6 (CNAA) for ANM	Revised according to NRHM requirement
	NRHM Reporting Formats for SHC/PHC/CHC/DH (Hindi)	Idea shared at National level with NHSRC
Operational Manual	Guidelines for filling MH Card	In Hindi; for ANMs and LHVs
Commentary	Commentary to MIES Format	Bilingual explanation on Source of information for selected data elements
Advocacy Note	Analysis of Duplication of Data Elements for Recording	The entries are compared against those in the Village Health Register

	Issues related to streamlining of HMIS	<i>Highlighting heavy work load for reporting and multiplicity of reporting formats</i>
	Comprehensive HMIS Strategy for the State of MP	<i>Prepared on behalf of HC; who shared it in the Common Review Mission Meeting of NRHM Jan. 2009 in Delhi.</i>
Maternal Health Card(MH Card)	Maternal Health Cards including the INC and PNC components.	<i>Replaced ANC card, which is developed in the JICAMP-RHP(phase I)</i>

Output 4. Community demand for safe motherhood services increases

<Indicator 1: No. of communities regularly contacting ANMs for ANC check up>

- Through Nutrition Counseling through Goad Bharai, Monthly Village Health & Nutrition Day (VHND) and the Husbands' Quiz, the capacity of front line workers has been improved. For example, some LHVs and ANMs have gained skill and confidence to discuss in a larger group and counsel individually. ANMs and MPW-males have recognized the importance of involving the PRI members for mobilizing the community to avail the benefits of health schemes and services.
- The interface between Service providers and PRIs has also been established. Target communities started appreciating the quality of ANC services by ANMs, and their trust to the health service increased. In consequence 17 PRIs have given support to SHCs through cash and kind. The community has gained practical knowledge on schemes too.

<Indicator2: No. of communities promoting institutional delivery>

- Demand for institutional delivery has been increased by the governmental JSY scheme.

• Knowledge Products

Category	Title	Remarks (media)
Information to the community on Services & Schemes	10 Contents of ANC Check up	<i>Poster in SHC</i>
	Song Book	<i>In Bundeli dialect</i>
	Monthly Calendar of Services	<i>Wall writing</i>
Health Education	Kangaroo method	<i>Posters in Hindi to be displayed in H Facilities and AWCs</i>
	Baby Wrapping	
	Breast Feeding	
Health Workers' Manual for specific Communication	How to conduct Goad Bharai as a part of SMI	<i>For health workers and AWWs</i>
	Manual for Implementation of Husbands' Quiz (Hindi)	<i>Targeting husbands' behavior and HWs communication capacity</i>
	VHND Operational Manual	<i>Steps to be taken by Health Workers in collaboration with AWWs & PRIs</i>

6. 成果品リスト

1) 成果1に対応する成果品

Target User	Title	Contents
Facilitator (Tutor)	Facilitators' Guide	Hints for planning of the training, including Session plan, activity details
	Kit for monitoring individual practice	skill log, practice log, tally sheet,
	Kit for evaluating group works	Marking sheets for poster presentation & role play
Health Worker	Skill check list	For self check on ANC, INC
	ANC Counseling Guidelines	To be used during Goad Bharai with AWWs; inter-sectoral collaboration
	Micro-planning tool kit	Team work per SHC
	How to Organize ANC Clinic: SHC, PHC, CHC	physical arrangement
Supervisor	Twelve Steps for Organizing Maternity Wing	For monitoring and assessment of health facilities especially by non-medical managers (DPMs, etc.)
Trainee	Quiz	Stages of labor;
	Card Game	Complication Assessment & Management
	Snake and Ladder	Counseling for ANC
	Image Matching Game and Electric Board Game	True and false pain of labor; Identification of Pelvis Parts; Complication management after delivery
	Simulation Models	Hand washing; Baby wrapping; Partograph; Forceps application; Vacuum extractor; breast model
	Model (learning by touch)	Cervical dilatation (foam rubber model); Episiotomy suturing

2) 成果2に対応する成果品

Category	Title	Remarks
Practical Guide for <u>IPHS</u>	Illustrated Guidelines for MH Services in SHCs	<i>Texts, color pictures, list of equipments. Adopted by the State in Sep. 2008; DoHFW will print them and circulate them state wide by the PIP 2009/10.</i>
	Illustrated Guidelines for Maternity Wing in DH/CHC/PHC	
	Accreditation Format for SHC for Conducting Deliveries	
Practical Guide for <u>IMEP</u>	Powerpoint Presentation on BMW management	<i>Prepared in collaboration with MP Pollution Control Board</i>
	Stickers for color coding	<i>To stick on BMW bins</i>
	Poster with color coding	<i>For location of the BMW bins</i>
	Facility wise need assessment of color coded waste bins	<i>To be placed at CS/BMO office</i>
Hand washing	Poster on procedure of hand washing	<i>To be placed in maternity wings</i>
Micro-planning tool kit	five steps: (1) Village profile including the population size, castes and tribes, available local human resources (AWW, ASHA, PRI, etc.). (2) Preparation of the map showing the location of each village, proximity to the SHC, and time to be spent in each village, and (3) Calculation of work load of each village in proportion to the population size, which is translated to the expected number of deliveries and of new born babies. (4) Clustering the villages to be worked in one day, according to the above mentioned work load, vicinity to each other, and the road and transportation. (5) Preparation of a standard monthly calendar of activities, taking in account the cluster of villages to be worked in a day, regular sessions and universal coverage of immunization.	

3) 成果3に対応する成果品

Category	Title	Remarks
Field Recording Formats	Village health register, ANC register, PNC Register, Routine Immunization register, Family Planning Register,	<i>Done in consultation with various Division heads of DOHFW, NP; they are under discussion for a State wide adoption.</i>
Hospital Record and Register	Stock register, Labour Room Record, OPD register, Indoor case sheet, register and discharge, MTP Register.	
Reporting Formats	Revised Form 6 (CNA) for ANM	<i>Revised according to NRHM requirement;</i>
	NRHM Reporting Formats for SHC/PHC/CHC/DH (Hindi)	<i>Idea shared at National level with NHSRC:</i>
Operational Manual	Guidelines for filling MH Card	<i>In Hindi; for ANMs and LHVs</i>
Commentary	Commentary to MIES Format	<i>Bilingual explanation on Source of information for selected data elements</i>
Advocacy Note	Analysis of Duplication of Data Elements for Recording	<i>The entries are compared against those in the Village Health Register</i>
	Issues related to streamlining of HMIS	<i>Highlighting heavy work load for reporting and multiplicity of reporting formats</i>
	Comprehensive HMIS Strategy for the State of MP	<i>Prepared on behalf of HC; who shared it in the Common Review Mission Meeting of NRHM Jan. 2009 in Delhi.</i>
Maternal Health Card(MH Card)	Maternal Health Cards including the INC and PNC components.	<i>Replaced ANC card, which is developed in the phase I, JICAMP-RHP</i>

4) 成果4に対応する成果品

Category	Title	Remarks (media)
Information to the community on Services & Schemes	10 Contents of ANC Check up	<i>Poster in SHC</i>
	Song Book for IEC/BCC	<i>In Bundeli dialect</i>
	Monthly Calendar of Services	<i>Wall writing</i>
Health Education	Kangaroo method	<i>Posters in Hindi to be displayed in H Facilities and AWCs</i>
	Baby Wrapping	
	Breast Feeding	
Health Workers' Manual for specific Communication	How to conduct Goad Bharai as a part of SMI	<i>For health workers and AWWs</i>
	Manual for Implementation of Husbands' Quiz (Hindi)	<i>Targeting husbands' behavior and HWs communication capacity</i>
	VHND Operational Manual	<i>Steps to be taken by Health Workers in collaboration with AWWs & PRIs</i>

7. 面談者リスト

<カウンターパート>

国(Gol) レベル

- (1) Mr. Sanjay Prasad, IRS (M) Director (RCH/NRHM), Ministry of Health and Family Welfare(MoHFW, Gol)

州(State) レベル

- (2) Dr. Manohar Agnani, IAS (M) Health Commissioner, Department of Health and Family Welfare (DoHFW, GoMP)
(3) Dr. S.K. Shrivastava (M) Joint Director (RCH/NRHM), DoHFW, GoMP

地域(Division/Region) レベル

- (4) Mr. Avinash Bhateja (M) Divisional Programme Manager (DPM), Sagar Division

県(District) レベル

- (5) Dr. Tulsa Thakur (F) District Health Officer, Damoh District (ex-BMO, Thendukheda, Damoh District)
(6) Dr. R.L. Shrivastava (M) Chief Medical & Health Officer(CMHO) 代行, Damoh District
(7) Mr. Jaimon Thomas(M) District Programme Manager (DPM), Damoh District

郡(Block) レベル

- (8) Dr. Kishwan Lal Adarsh (M) Block Medical Officer , Batyaganh Block, Damoh District (不介入地域)

<プロジェクト対象者>

- (9) LHV 1 (F) Lady Health Visitor in Kethora Sector, Batyagarh Block, Damoh
(10) ANM1 (F) ANM, Taradehi SHC, Tendukheda Block, Damoh
(11) ANM2 (F) ANM, Sarkhadi SHC, Hatta Block, Damoh
(12) ANM3,4 (F) ANM, Batyagarh CHC Batyagarh Block, Damoh (不介入地域)
(13) ANM5 (F) ANM, Kethora SHC、Batyagarh Block, Damoh (不介入地域)
(14) ANM6,7 (F) ANM,Sitanagar SHC, Jhagar SHC、Pataria Block, Damoh
(15) Male Supervisor1 (M) Male Supervisor in Dhangaur Sector, Tendukheda Block, Damoh
(16) Male Supervisor2 (M) Male Supervisor in Sarkhari Sector, Hatta Block, Damoh
(17) Male Supervisor3 (M) Male Supervisor in Narshingarh Sector, Pathaya Block, Damoh
(18) MPW1 (M) Multiple Purpose Worker in Sarkhari SHC, Hatta Block, Damoh

<間接的受益者>

- (19) コミュニティの女性 Hinota Village in Sarkhari SHC、 Hatta Block

<関係機関>

- (20) Mr. Heeralal Trivedi (M) District Collector, Sagar
(21) Dr. A.K. Baronia(M) Civil Surgeon, District Hospital, Sagar District
(22) Ms. A. Varghese (F) Principle, ANM Training Center, Sagar District
(23) Mr. G.S. Sachdev, (M) Deputy Team Leader (Governance, Acnountability, HRM&PPP), NRHM

Gajra Raja Medical College, Gwalior

- (24) Dr G. Singwekar (M) Head of Dept., Dept. of Pediatrics, GRMC, Gwalior 医師 (小児科)
(25) Dr. Ajay Gaur (M) Associate Prof., Dept. of Pediatrics, GRMC, Gwalior 医師 (小児科)

State Institute of Health Management Communication (SIHMC), Gwalior

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|------|------------------------|----------|----|
| (26) | Dr. Mohan Singh (M) | Director | 局長 |
| (27) | Dr. Ashwini Trikha (F) | Faculty | 医師 |
| (28) | Dr. Bindu Singhal (F) | Faculty | 医師 |
| (29) | Dr. Sunil Buchke (M) | Faculty | 医師 |

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| (30) | AWC1,2 (F) | Anganwadi Worker in Hinota and Mohantpur AWC, Hatta Block, Damoh | |
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<JICA プロジェクト>

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|------|--------------------------|--|--|
| (31) | 山形 洋一 (M) | チーフアドバイザー | |
| (32) | 津田 真理 (F) | 業務調整/保健管理情報システム専門家 | |
| (33) | Mr. S. Fareed Uddin (M) | Project Operations Manager and TQM Specialist | |
| (34) | Dr. Aboli Gore (F) | HRM Specialist | |
| (35) | Ms. Richa Som (F) | HMIS Specialist | |
| (36) | Ms. Rohini Jinsiwale (F) | Training Coordinator | |
| (37) | Ms. Dimple Save (F) | Documentation Coordinator | |
| (38) | Mr. Arshad Khan (M) | Communication Coordinator | |
| (39) | Mr. Imteyaz Ahmed (M) | Block Coordinator(BC), Tendukheda,/Jabera/Hinduria Block, Damoh District | |
| (40) | Mr. Shahwar Khan (M) | Block Coordinator (BC), Hatta,/Patharia Block, Damoh District | |

<在インド日本国大使館>

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| (41) | 福田 敬大 (M) | 参事官 | |
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<JICA インド事務所>

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| (42) | 入柿 秀俊 (M) | 所長 | |
| (43) | 朝熊 由美子 (F) | 次長 | |

8. 主要面談記録

インド国マディアプラデシュ州リプロダクティブヘルスプロジェクト中間レビュー/主要面談記録

1. 合同レビュー報告と調印式

日時	2009年2月23日(月) 10:30~12:00
場所	NRHM Conference Hall
訪問機関名	Department of Health and Family Welfare (DoHFW), MP State
会議主要目的	Joint Mid-term Report and Review Meeting
出席者	<p><u>インド側</u> 《C/P》Dr. Manohar Agnani (Health Commissioner)、Dr. S.K. Shrivastava (Joint Director) 《関係者》Dr. K.L. Sahu (Joint Director)、Mr. Rakesh Munshi (Joint Director)、Mr. Neeraj Dubey (Add. Director)、Dr. Archana Mishra Consultant (Maternal Health)、Dr. Bhushan Shrivastav (Deputy Director)、Mr. Atul Kulshreshtha [State Programme Manager (RCH)]、Mr. Kumar Saurabh (Accreditation of Health Institution)、Ms. Shailly Bhatia (Hospital Administration)、Dr. Ajay Khare (NGO-MP Vigyan Sabha)、Mr. Satish Shrivastava (IMNCI consultant, SPMU, GoMP)</p> <p><u>JICA側</u> (敬称略) 《調査団》杉下、佐々木、長野、《プロジェクト》山形、津田、Fareed、Aboli、Richa (記述)、Dimple、Rohini、Arshad</p>
収集資料	

議事内容

- Dr. Shrivastava (Joint Director) による開始の挨拶。
- 山形専門家による、プロジェクトの内部報告
- 中間評価団による合同評価結果の報告
 - 評価手法の説明
 - 5項目評価結果
 - 教訓
- Dr. Agnani (Commissioner) によるコメント
 - ドナー (DP) の役割は、資金援助が必要だった時期と、NRHM が実施されている現在では異なる。NRHM のもとで必要なのは、資金ではなく、技術援助 (TC) である。
 - そのため、今後、NRHM のもとで協力しながらパイロット事業を展開する必要がある。JICA が Damoh と Tikamgarh で実施している活動は成果を上げており、また TC を実現するにはパイロット事業への取り組みしかない。自立発展性を考慮してもそうである。
 - もちろん、パイロット事業は常に成功するわけではないことを、留意しなくてはならない。パイロット事業が成功した場合、現任研修を行い、さらに他の地域へ普及していく必要がある。
 - また、ドナー間でも、成功例を共有しあう必要がある。
 - 杉下団長のおっしゃるとおり、農村地域のプライマリーヘルスケアへの取り組みのためには、コミュニケーション能力や ANC 研修、施設分娩補助といった ANM の能力強化は必須である。
 - ANM の機能強化のために、その業務支援体制の強化や、モニタリングや管理機能の充実などが必要である、
- Dr. Sahu (JD) は、山形専門家が言及した DoHFW による自発的な普及活動について、サガール地域全体

で行うことを提案した。

- Mr. Munshi (JD Planning) は、そうした活動の監督者として、BMO の能力強化や監督機能の強化の必要性について言及した。
- Dr. Agnani (Commissioner) 成果品が紹介され、特に地図とグラフが評価された。
- 最後に Dr. Agnani (Commissioner) と杉下団長による調印がされた。

2. 中間レビュー結果の報告

日時	2009年2月25日(木) 17:30~18:00
場所	Ministry of Health and Family Welfare (GoI)
訪問機関名	Ministry of Health and Family Welfare (GoI)
会議主要目的	中間レビュー結果報告
出席者	(インド側) (JICA 側) 《調査団》杉下、佐々木、長野、《プロジェクト》山形、津田
収集資料	

9. プロジェクト概念図

