

MINUTES OF MEETINGS
BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY
AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT
OF THE REPUBLIC OF BURUNDI
ON THE JAPANESE TECHNICAL COOPERATION
FOR
STRENGTHENING CAPACITIES OF PRINCE RÉGENT CHARLES HOSPITAL
AND PUBLIC HEALTH CENTERS IN BUJUMBURA CITY
FOR IMPROVEMENT OF MOTHER AND CHILD HEALTH

The Japanese Mid-Term Review Team (hereinafter referred to as “ the Team”), organized by the Japan International Cooperation Agency (hereinafter referred to as “JICA”) and headed by Ms. Keiko Osaki, visited the Republic of Burundi from 7 to 23 February, 2011 for the purpose of conducting a Mid-Term Review on the Project for Strengthening Management Capacities of Prince Régent Charles Hospital and Public Health Centers in Bujumbura City for Improvement of Mother and Child Health in the Republic of Burundi (hereinafter referred to as “ the Project”).

During the stay, the Team reviewed the output and process of the project, and exchanged views and had a series of discussions with the Burundi authorities about the Joint Mid-Term Review of the Project.

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

Bujumbura 22 February, 2011



Ms. Keiko OSAKI

Leader

Japanese Mid-Term Review Team

Japan International Cooperation Agency

Japan

 22nd / febr / 2011

Hon. Dr Sabine NTAKARUTIMANA

Minister

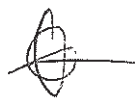
Ministry of Public Health and Fight
against AIDS,

Republic of Burundi

Attachment

1. Both parties discussed and confirmed the result of the review at the 4th Joint Coordination Committee as per the attached report.
2. The Burundian side requested the Team to extend the Project period and expand the targeted area. Additionally, the Burundian side stressed that the combined inputs by a technical cooperation project, Japanese grant aid project and trainings under the AAKCP (Asia and Africa Knowledge Creation Program) have resulted in the synergistic effect. Thus, the said inputs consisting of multiple Japanese cooperation schemes were strongly requested by the Burundian side in the future assistance as well.

Annex: Joint Mid-Term Review Report



Joint Mid-Term Review Report
On the Japanese Technical Cooperation Project
for
Strengthening Capacities of
Prince Régent Charles Hospital and Public Health Centers
in Bujumbura City for Improvement of Mother and Child Health
in the Republic of Burundi

February 22, 2011

Joint Mid-Term Review Team



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Abbreviations

AAKCP	Asia and Africa Knowledge Creation Program
AIDS	Acquired Immune Deficiency Syndrome
BF	Burundi Franc
BPS	Provincial Health Office of Bujumbura City
CP(s)	Counterpart(s)
CQI	Continous Quality Improvement
EAC	East African Community
GMP	Group for Preventive Maintenance
GOB	Government of Burundi
GOJ	Government of Japan
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HPRC	Hôpital Prince Régent Charles
IEC	Information, Education and Communication
IMR	Infant Moratlity Rate
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
JFY	Japanese Fiscal Year
MCH	Maternal and Child Health
MDGs	Millenium Development Goals
MMR	Maternity Mortality Rate
MOFA	Ministry of Foreign Affairs
MOPH	Ministry of Public Health and Fight against AIDS
PBF	Perfiremance-based Financing
PDM (SPP)	Project Design Matrix (Schéma de planification du projet)
PO	Plan of Operation
PRSP	Poverty Reduction Strategy Paper
RH	Reproductive Health
TQM	Total Quality Management
WHO	World Health Organization
WIT(s)	Work Improvement Team(s)
5S/KAIZEN	Seiri, Seiton, Seiso, Seiketsu, Shitsuke (Sort, Set, Shine, Standardize, Sustain)

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1. Outline of the Review

1-1 Background of the Project

Due to the civil war over decade since 1993 in Burundi, medical and health facilities have been deteriorated and hence their quality service has been also a big challenge in the country. Among the several problems in the health sector, the Burundian government prioritizes the reduction of Maternal Mortality Rate (MMR) by 75 % and Infant Mortality Rate (IMR) by 5% by the year of 2015. With this situation, the Burundian government requested a technical cooperation project for “Strengthening Capacities of Prince Régent Charles Hospital and Public Health Centers in Bujumbura City for Improvement of Mother and Child Health” (hereinafter referred to as ‘the Project’) to the government of Japan. In response to the request, Japan International Cooperation Agency (hereinafter referred to as ‘JICA’) launched the three year project from January 2009 to January 2012 having the Ministry of Public Health and Fight against AIDS (hereinafter referred to as ‘MOPH’) of Burundi as a counterpart organization.

This project aims at improving the maternal and neonatal child health care at Obstetrics, Gynecology and Neonatal departments of Prince Régent Charles Hospital (hereinafter referred to as ‘HPRC’) which is one of the top referral hospitals, and nine public health centers in Bujumbura city by practicing ‘patient-centered care’. This project is primarily working on activities to improve the working environment at the health facility based on the concept of ‘patient-centered care’, which can be practiced with low input and less difficulty. 5S/KAIZEN approach was introduced to achieve the improvement of working environment, which is a base in the health service provision and said improvement. Firstly, those who are working for health service provision could experience the benefit of the improved and efficient working environment through the implementation process of 5S/KAIZEN/TQM¹ activities. This experience is secondly expected to encourage the staff to have a mind-set change to improve their service in charge and maintain more responsibility in their duties. This study was initially scheduled to be conducted in around May 2010 when it was the mid-term of the Project period. Due to the general election conducted in Burundi, the Mid-Term review study was executed in 2011.

1-2 Objective of the Review Study

The objectives of the Mid-Term Review are;

- (1) To review the Progress of the Project and evaluation the achievements in accordance with the five evaluation criteria (Relevance, Effectiveness, Efficiency, Impact, and Sustainability),
- (2) To identify the promotion factors and impeding factors of achievements of the Project,
- (3) To discuss the plan for the remained implementation period of the Project based on Project

¹ three-step-approach; “5S- KAIZEN (CQI)-TQM” <5S: Seiri, Seiton, Seiso, seiketsu and Shitsuke , CQI: continuous quality improvement (An evidence-based participatory problem solving), TQM: total quality management> to improve hospital management under limited resources.

Design Matrix (hereinafter referred to as 'PDM') together with the Burundian side based on the reviews and analysis results, and

- (4) To summarize the results of the study in Joint Mid-Term Review Report.

1-3 Members of the Review Team

Burundian Members

Name	Title	Organization and position
Mr. Cyprien BARAMBONERANYE	Leader, Project Coordinator	Advisor of Cabinet of Minister, MOPH
Dr. Félicien NDAYIZEYE	Project Director	Advisor at General Directorate of Public Health, MOPH
Dr. Liboire NGIRIGI	Member	Director General of Public Health, MOPH
Dr. Pascal NDAYONGEJE	Member	Director, Provincial Health Office of Bujumbura City

Japanese Members

Name	Title	Organization and position
Ms. Keiko Osaki	Leader	Senior Advisor, JICA
Mr. Yoshimasa Takemura	Cooperation Planning	Assistant Director, Health Division 1, Human Development Department, JICA
Mr. Akira Ogasawara	Evaluation Analysis	VSOC Co. Ltd.
Mr. Masao Matsubara	Interpreter	Japan International Cooperation Center (JICE)

1-4 Schedule of the Study

The mid-term review was undertaken from 5 to 26 February, 2011. The schedule is attached as Annex 1.

2. Evaluation Process

2-1 Evaluation Methodology

- (1) Data/information collection: Collect relevant data/information on 5S activities, preventive maintenance and 'patient-centered care', etc. and current challenging issues.
- (2) Verification of the project achievement: Progress of each project activity was identified through the study. Based on the results, achievement of the output and the project purpose was measured in terms of the objectively verifiable indicators of the PDM (version 1.1).
- (3) Verification of implementation process: Implementation process of the Project was reviewed to

see if the activities have been implemented according to the schedule, and the Project has been managed properly, and to identify promoting and/or inhibiting factors that have affected the implementation process.

- (4) Evaluation based on the five evaluation criteria: Based on the analysis of the Project performance and implementation process above, the Project was analyzed and evaluated in terms of the five evaluation criteria (i.e. Relevance, Effectiveness, Efficiency, Impact, and Sustainability).
- (5) Recommendations and lessons learned: Formulates recommendations and lessons learned to the Project based on the evaluation results.
- (6) Revision of PDM and Plan of Operation (PO): Current PDM and PO are revised in case of the necessity.

2-2 Five Evaluation Criteria

(1) Relevance

The extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partners' and donors' policies.

(2) Effectiveness

The extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance.

(3) Efficiency

A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results.

(4) Impact

Consider potential positive and negative impacts which are caused by the project implementation. Based on prospects, positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.

(5) Sustainability

The continuation of benefits from a development intervention after major development assistance has been completed. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time.

3. Project Performance and Implementation Process

3-1 Inputs

3-1-1 Japanese Side

(1) Japanese experts

Ten (10) Japanese experts (Chief Advisor/Hospital Management, KAIZEN/SS, KAIZEN/Safety and Health Management, Equipment Maintenance, Community Health Nursing, Health Survey,

Midwifery1, Midwifery2, Project Coordination, and Project Coordination/IEC) have been delegated since the beginning of Project (February 2009). A total of 35.87 M/M for the experts was assigned as of December 2010. For the further details, see Annex 2: List of Japanese experts.

(2) Local Cost Sharing from the Japanese Side

The Japanese side has shared a total of 15,041,291 Japanese yen as local cost (1,755,335 yen in 2008 Japanese fiscal year (JFY); 9,194,393 yen in 2009JFY; and 4,091,563 yen in 2010JFY) incurred for the Project, which is equivalent to 182,297,170 Burundian Fran. Breakdown of the local cost mainly consist of cost for assistant personnel, travel and communication expenses, transportation expenses, training cost, etc.

(3) Counterparts (CPs) Trainings in Foreign Countries

A total of fourteen (14) CPs received CP Training in Japan: two (2) CPs on leadership in Japan, and twelve (12) CPs on maternal and neonatal care in Madagascar. For the further details, see Annex 3: List of Counterparts Trained in Foreign Countries.

(4) Equipment Provided

Equipment for a total of 6,665,645 Yen was provided for the Project: equipment to be donated to GoB. The equipment includes one (1) 4WD vehicle, four (4) Laptop PCs, two (2) desktop PC, one (1) projector and one (1) projector screen, etc. Most of equipment provided has been utilized appropriately according to the equipment records and direct observation. For the further details, see Annex 4: List of Machinery and Equipment. Most of equipment provided has been utilized appropriately according to the equipment records and direct observation.

(5) Other Relevant Inputs

Government of Japan provided Japanese grant aid assistance project "Project for Improvement of Health Facilities in Bujumbura City" for medical equipment procurement with the assistance of JICA. Also, JICA delegated a short-term expert for HPRC medical equipment improvement plan.

A total of nine (9) CPs received CP training in foreign countries with AAKCP: four (4) CPs on leadership in Japan and in Morocco and three (3) CPs, on 5S in Sri Lanka. In 2011 January, two (2) CPs attended the Second Global Forum on Human Resources for Health held in Bangkok for AAKCP global forum. One (1) CP on medical equipment maintenance attended group training in Japan. For the further details, see Annex 3: List of Counterparts Trained in Foreign Countries.

3-1-2 Burundian Side

(1) Counterparts



Thirty-two (32) CPs for 32 positions are currently assigned for the Project activities in MOPH, HPRC and nine (9) health centers. Most CPs assigned for health centers maintain to work for the Project. Thirteen (13) CPs have been changed. For the further details, see Annex 5: List of Burundian Counterparts.

(2) Local Cost Sharing from the Burundian Side

The Burundian side has shared a total of about 400 US dollars for the Project. The Burundian side shares utilities of office facilities and costs for installing security doors of the Project Office.

(3) Facility

The Burundian side provides office space and necessary facilities stationed in MOPH, and HPRC for Japanese experts.

3-2 Project Performance and achievements

3-2-1 Achievements of the Outputs

(Note): The mid-term review team uses PDM (Version 1.1). The description of narrative summary and the indicators translated into English is presented in the review report for tentative use.

Output1:
Leadership of the top and middle class managers is fostered at HPRC and targeted health centers, involving directors of facilities and heads of all departments & units,
<ul style="list-style-type: none"> •(Indicator1-a) 5S committees are in place in all targeted facilities •(Indicator1-b) More than 80% of departments have established 5S teams in target health facilities (within 8 months after the beginning of the project) •(Indicator1-c) Posters to promote Quality Assurance Policy are being put on walls in every room. (within 12 months after the start of the project) •(Indicator1-d) Case conference is jointly organized between hospitals and health centers and is held quarterly.

(Indicator1-a) The Project formed two 5S/KAIZEN committees at HPRC and Provincial Health Office of Bujumbura City (BPS) in June 2009. (Indicator1-b) In response to establishing the 5S/KAIZEN committees, 18 out of 21 departments of HPRC and nine health centers already established WITs (previously named as 5S teams) as of February 2011. (Indicator1-c) As with quality assurance Policies display, three pilot departments of HPRC displayed “Vision and Mission” and “Sanitation standard”. However, health centers have not put any Quality Assurance Policy on walls yet. (Indicator1-d) There is no data/information available since the Project has not hold quarterly conferences on cases between hospitals and health centers.

In June 2009, the Project held leadership training for 15 members: JCC members, the chief of

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(BPS), and staffs of the nine target health centers, utilizing Japanese experience of Toyota Motors inc.

The Project carried out a baseline survey on implementation institutions, a line of command within the institutions, and awareness survey of managerial staffs in February 2009. The Project already formulated the baseline survey report to present the results to the public.

The Output 1 has been produced at a sufficient level in the middle of the project implementation. There is perspective that the Output 1 would be achieved by the termination of the Project.

Output2:
Work environment for maternal & neonatal care is improved through practicing 5S activities under the leadership of directors.
•(Indicator 2-a) Following 5S activities are in operation. (Monitoring records) 1) Practicing proper segregated collection, disposal and recycle of waste at sites for maternal and neonatal cares. 2) Color coding of articles for identification. 3) Placing sufficient number of benches in the waiting area for maternity patients 4) Shortening the waiting time of maternity patients 5) Changing staff's mindset and attitudes as professional care providers.

(Indicator 2-a1)) HPRC regulates the locations of trash boxes and segregated collection rules for trashes. The hospital locates trash boxes for general waste, medical waste and needles. Also, the hospital sells unnecessary items such as furniture, steel pipes and sheet steel for recycle. Health centers dispose trash and waste in a lump with incinerators in the facility. (Indicator 2-a2)) The Project executes color coding of articles for identification by using colored labels instead of colored materials and stationery since it is difficult to procure colored materials and stationery in Burundi. (Indicator 2-a3)) The Project has newly installed four benches in HPRC and a total of 44 benches in the target health centers, which provides sitting spaces for 290 expectant and nursing mothers or infants.

(Indicator 2-a4) and 2-a5)) The Project executed a satisfaction survey and an attitude and awareness survey of health personnel in December 2010. However, it is not possible to measure change since there are no comparison data for them.

According to the result of interview with health center staffs and attitude and awareness survey of health personnel, most of them come to feel that positive changes in health facilities (cleanness of facilities, quick reaction of health personnel to patients, etc.) due to the Project. They pointed out that 5S/KAIZEN activities and preventative maintenance have contributed to improving working environment.

The Project carried out baseline survey on the feasibility of 5S/KAIZEN activities, function of management, working environment, and care for patient.

The Project sent three CPs to AAKCP field workshop held in Sri Lanka in August 2009. The

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Project has implemented site visit for training of target facility five times in June to July 2009, participatory 5S/KAIZEN training in August 2009, and AAKCP feedback seminar in September 2009, 5S/KAIZEN training at health centers twice in December 2009 and February 2010 and follow-up training for pilot three departments of HPRC in December 2009.

At the health centers, the Project executed a total of 18 field visits for the second implementation year. Also, the Project executed small-scale repair activities for the health centers in February 2010 by procuring some office furniture and doing small-scale repair.

As with IEC/teaching materials, the Project made posters and video for introduction and dissemination of the 5S/KAIZEN concept and formulated "Action Guide for 5S/KAIZEN Activities".

WITs formed by the assistance of the Project have meetings on a regular basis. They have nine WIT meetings in October 2009 to September 2010.

The Output 2 has been produced at a sufficient level in the middle of the project implementation. There is perspective that the Output 2 would be achieved by the termination of the Project.

Output 3:
Preventive maintenance of medical equipment is continuously practiced with full participation of health staff in the targeted facilities.
•(Indicator 3-a) All of the equipment is affixed with "How To Use" tags (within 3 months after the completion of grant aid project)
•(Indicator 3-b) Preventive Maintenance Sheets are in use in over 80 % of rooms. (within 6 months after "How To Use" tags are affixed.)

(Indicator 3-a) Five departments of HPRC (obstetric, gynecology, radiology, and neonatology departments, and central sterilization room) and nine health centers have already affixed "How To Use" tags on the medical equipment. Because of the 5-month suspension of delegation of Japanese experts, the Project did not affix the tags within 3 months after the completion of grant aid project. The Project has not affixed "How To Use" tags on all the target medical equipments.

(Indicator 3-b) Four department of HPRC (obstetric, genecology, neonatology, and radiology departments) and nine health centers have already displayed Preventive Maintenance Record on the rooms even though the Project did not display Preventive Maintenance Sheets as scheduled. The Project has not displayed Preventive Maintenance Record in all the rooms in the target facilities.

The Project carried out baseline survey on current working situation of medical equipment, causes of non-working equipment through questionnaire, interview and direct observation. Currently, it revealed that four rooms in HPRC have been occupied with non-working medial equipment. Expired medicines are left undisposed in some health centers waiting for the approval by MOPH. Also, the Project implemented field visit trainings for all target facilities four times in August, November and

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December of 2009, and January and February of 2010, training workshop once in November 2010. As with training materials, the Project will formulate maintenance manual for equipment by the end of February 2011 for the Output 3 as scheduled.

The Output 3 has been produced at a satisfactory level in the middle of the project implementation in spite of the 5-month suspension. There is perspective that the Output 3 will be achieved by the termination of the Project.

Output 4:
Knowledge and skills of nursing staff (including midwives) are upgraded for maternal & neonatal care at the targeted facilities.
•(Indicator 4-a) Over 80 % of trainees answer correctly to 90% of questions in the post-training test.

(Indicator 4-a) The Project executed obstetric training twice in October 2009 and September 2010. The Project executed pre-test and post-tests for training participants. According to the result of the tests, the scores of participants in pre-test and post-test were increased respectively in October 2009 (from 15% to 18%) and September 2010 (from 57% to 97%). Knowledge of participants on obstetric care seems to be enhanced.

The Project carried out patient satisfaction surveys twice in February 2009 as baseline survey and in December 2010 and also carried out attitude and awareness survey in February 2009 as baseline survey and December 2010. Also, Japanese experts in nursing implemented field visits twice to HPRC for delivery care through direct observation October 2009 and September 2010.

The Maternal and Child Health (MCH) committee was established in October 2009. In response to training in Madagascar, currently, the committee takes a leadership in formulating 'Normal Delivery Care Checklist (second draft)' on the initiative of MCH committee members with the assistance of Japanese experts, which provides standard procedures for normal delivery at HPRC as well as at health centers in Burundi.

The Output 4 has been produced at a fair level in the middle of the project implementation.

3-2-2 Prospects to Achieve the Project Purpose

Project Purpose:
Patient-centered maternal and neonatal care is practiced under improved management at HPRC and targeted health centered.
•(Indicator a) Screens/curtains are in place in every delivery rooms to secure privacy and ease of mind (within 12 months after the start of the project)
•(Indicator b) % of mothers who give positive answer of being fully attended all through their delivery process.

(Indicator a) The Project has installed partitioning screens to divide delivery rooms in the five

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health centers that owns delivery care functions as well as installed curtains on windows in all nine health centers. The Project once installed partitioning screens or curtains in the obstetric department of HPRC. The department is currently requesting for budget for installing partitioning screens to the hospital after they were broken.

(Indicator b) The Project carried out two satisfaction surveys in February 2009 and December 2010. According to comparison of the results of satisfaction surveys, there is obvious decrease in rate of dissatisfaction of patients for health facilities. Rates of the respondents who claimed “want to improve the cleanness in hospital (29.4%→15.0%)”, “want to improve the cleanness in health centers (6.9%→0%)”, and “want to improve attitude of staffs (13.8%→8.9%)” are decreased.

Currently, there are no data to state the practice of patient-centered maternal care by health personnel.

In the middle of the project implementation, the achievement of the Project Purpose can not be judged clearly since feasible indicators are not available. It is necessary to define some indicators to measure it.

3-2-3 Prospects to Achieve the Overall Goal

Overall Goal:
Quality of services for maternal and neonatal care is improved at HPRC and targeted 9 health centers.
[At targeted hospital and health centers in Bujumbura district]
• (Indicator a) Evidence-based care for normal delivery is practiced: Perineal incision rate
• (Indicator b) Normal and abnormal cases are distinguished: Low weight birth rate
• (Indicator c) Basic care for neonate is practiced: 100%

(Indicator a, b and c) Based on our result of verification and our analysis, it is too early to judge the perspective of direction of achievement of Overall Goal of the Project.

3-3. Review of Implementation Process

3-3-1 Implementation framework

The project activities have been implemented nearly as scheduled in spite of 5-month suspension of delegation of Japanese experts from April to August 2010 due to the general election. During absence of Japanese experts, CPs carried out the Project activities, replacing Japanese experts. The Project delegated Japanese experts intensively after the suspension so as to catch up the delay of activities.

MOPH, HPRC and health centers were appointed as CPs of the Project. The Project organized 5S/KAIZEN committees at HPRC and BPS in July 2009.

In response to the formation of 5S committee, nine health centers have formed Work

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Improvement Teams (WITs) respectively and HPRC formed 18 WITs in gynecology, obstetrics, neonatology, ophthalmology, pharmacy, departments, operation theater, etc.

WITs have played a significant role in 5S/KAIZEN activities and preventative maintenance at the health centers. CPs collaboration with Japanese experts have implemented project activities through supervision by 5S/KAIZEN committees and working group for preventative maintenance (GMP).

The Project also formed GMP consisting of MOH, HPRC, BPS and Japanese experts in August 2009. The Project formed MCH committee consisting of HPRC and BPS in October 2009.

3-3-2 Project implementation along with PDM and PO

The Project has implemented activities along with PDM and PO even though there are some delays, and modification due to 5-month suspension of Japanese experts from April to August 2010 caused by the general election.

3-3-3 Monitoring

The Project monitoring has conducted monitoring by frequent site visits by the Japanese experts and CPs to review the progress of 5S/KAIZEN activities at HPRC and health centers. The Project held three JCC meetings in March 2009, August 2009, and March 2010 to discuss the progress of project activities. PDM revision and project activities during absence of Japanese experts, etc.

3-3-4 Ownership

According to project reports and evaluation by CPs and Japanese experts, some CPs have recognized their ownership to the Project. During absence of Japanese experts, CPs managed to carry out patient satisfaction survey at health center with supervision of Japanese experts stationed in Japan. Fifteen departments except the three pilot departments of HPRC have formed WITs with the initiative of CPs.

3-3-5 Communication

There is no significant problem occurred between CPs and Japanese experts. They have maintained smooth communication.

4. Evaluation Results

4-1 Five Criteria Evaluation

4-1-1 Relevance

The relevance of the Project has maintained high, since the Burundian and Japanese development policies/strategies on the health sector in Burundi has not been changed substantially

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and the health sector has been highly prioritized since the commencement of the Project.

(1) Consistency with the Burundian Government Policy

(i) National Development Strategy

In Poverty Reduction strategy Paper formulated by the Burundian Government in September 2006, its strategy for the next five years consists of the following four axes:

Axis 1: Improved governance and security

Axis 2: Promotion of sustainable and equitable growth

Axis 3: Development of human capital

Axis 4: Fight against HIV/AIDS

The Project is highly consistent with "Axis 3: Development of human capital" and the sector is also consistent with "Axis 4: Fight against HIV/AIDS". Also, in Poverty Reduction Strategy Paper (PRSP), under-five mortality rate and maternal mortality ratio are also main targets that are closely related to Millennium Development Goals (MDGs).

(ii) Consistency with National Health Policy 2005-2015 and Health Development National Plan

In National Health Policy 2005-2015 and Health Development National Plan 2005-2010, the Government of Burundi describes that reduction of maternal mortality ratio, under-five mortality rate and under-five morbidity rate are main targets for national health and maternal and child health and maternal care are priority areas for assistance.

(2) Consistency with the Japanese Aid Strategy

The rolling plan for the Republic of Burundi (August 2010) formulated by the Ministry of Foreign Affairs (MOFA) describes that assistance for public transport and transportation, health, climate change and integration of the East African Community (EAC) are basic strategy for assistance to Burundi.

Government of Japan provided Japanese grant aid assistance project for medical equipment procurement with the assistance of JICA and Also, JICA delegated a short-term expert for HPRC medical equipment improvement plan. Therefore, Japan can provide effective assistance to Burundi in implementing the Project, utilizing knowledge, technology and equipment obtained from previous cooperation assistance by Japan.

In addition, JICA is implementing "Asia-Africa Knowledge Co-creation Programme (AAKCP) on Total Quality Management (TQM) for Better Hospital Services" for Africa and Asia. AAKCP provides technical interaction opportunities between Burundian staffs and staffs from other countries, and training opportunities for Burundian staffs in overseas countries.

(3) Needs of Target Group and Beneficiaries

Burundi has been confronted with challenges of high maternal mortality rate (1,100/100,000 live

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births), high infant mortality rate (102/1,000 live births), which is higher than average of African region (900 and 85/100,000 live births).

The Project intends to provide patient-centered maternal and neonatal care through improved working environment of hospital and health centers, which is highly consistent with national policy and strategy.

4-1-2 Effectiveness

The effectiveness of the Project is satisfactory.

As described in 3-2-2, prospects to achieve the Project Purpose can not be judged at this moment. However, it is obvious that each Output has begun to contribute to the achievement of the Project Purpose.

Direct observation to the targeted facilities and interview with CPs indicates that CPs in collaboration with Japanese experts gradually recognize what should be done to practice 'patient-centered care'. If the Output 4 activities are accelerated as planned, the achievement of the Project Purpose is expected at a satisfactory level at the time of terminal evaluation.

Promoting and inhibiting factors have been identified as follows;

<Promoting factors>

- ✓ According to interview with health personnel, improved working environment in health facilities is well regarded as a part of the items in the evaluation list for Performance-based Financing (PBF) initiated by MOPH and its partners, which provides potential incentives for health facility staffs. According to the result of interview with the coordinator of National Technique Committee of PBF, he recognizes and appreciates the complementarities between PBF and the Project focusing on working environment improvement through 5S/KAIZEN activities.
- ✓ As a result of 5S/KAIZEN activities, health facilities have put segregated collection of medical and general wastes in practice.

<Inhibiting factors>

- ✓ Lower awareness for maintenance of equipment: Capacity of staffs in charge of maintenance is limited.
- ✓ Top and manger level CPs do not sufficiently recognize the necessity to allocate more budget and to strengthen department in charge of maintenance of equipment.
- ✓ It took some time for CPs to accept and adopt the new approach and design of the Project that intends to improve maternal and neonatal care promoted by 5S/KAIZEN activities and preventive maintenance.

4-1-3 Efficiency

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The efficiency of the Project is satisfactory.

With regards to quality and quantity, input from the Burundian and Japanese sides is appropriate. Input with regards to Output 4 is judged not to be sufficient in comparison with that of Output 2 or 3 since it takes more time for CPs to adopt the approach of 'patient-centered care', and change attitude and practice of maternal and neonatal care with regards to the Output 4.

With regards to timing, the 5-month suspension of delegation of Japanese experts from April to August 2010 due to the general election, which resulted in delayed progress in some project activities, in particular, activities for the Output 3 such as affixing tags on the target equipment.

Project activities utilizing limited project input (e.g. delegation of Japanese experts) have produced outcomes sufficiently at the time of the midterm-review. However, more active commitments of CPs to the project activities will be indispensable to higher-level production of outputs.

It is obvious that visiting and advanced examples in other countries is appropriate and efficient input for project outputs through generating leadership of responsible personnel on 5S/KAIZEN, preventive maintenance and maternal and neonatal care. Currently, the trainees have played important roles in promoting 5S/KAIZEN activities and forming WITs in HPRC and health centers and starting activities for 'patient-centered care'.

4-1-4 Impact

The impact of the Project is fair. As described in 3-2-3 Prospects to Achieve the Overall Goal, it is not appropriate now to determine the prospective of direction of its achievement.

The following concrete impacts other than the Overall Goal are observed:

<Positive impact >

- ✓ The nine target health centers executed follow-up activities and formulation of WITs independently and autonomously after field workshop of AAKCP in August 2009 and the follow-up workshop on 5S/KAIZEN activities held in February 2010. They seem to recognize the importance of improved working environment through 5S/KAIZEN activities.
- ✓ A total of 15 departments other than the three target departments in HPRC have formed WITs, as a result of the recognition of successful 5S/KAIZEN activities and leadership of health centers.

<Negative impact>

- ✓ No negative impact has been observed and indicated by project stakeholders at the moment of mid-term review.

4-1-5 Sustainability

The sustainability of the Project is medium.

(1) Institutional/political sustainability

The institutional/political sustainability is relatively high. The health sector is still one of the most important sectors since the sector has been closely linked with MDGs.

(2) Organizational/financial sustainability

There are some CPs reassigned or left since the commencement of the Project: Organizational sustainability is judged to be satisfactory at this moment. The Project has experienced personnel changes of the project director once, and chairman of JCC twice. However, the project coordinator has maintained the position since the commencement of the Project and his leadership has had a positive influence on organizational sustainability.

The financial sustainability is relatively low since local cost for project activities have not been sufficiently shared by the Burundian side.

(3) Technical sustainability

Technical sustainability is relatively high. CPs have begun to accept new technologies adopted by the Project according to the result of interview and direct observation. They are aware of the importance of improvement of working environment. However, the mid-term review team notes that 5S/KAIZEN activities need to be followed by their monitoring and supervision.

The result of interview with CPs indicates that some CPs gradually started activities to utilize knowledge on maternal and neonatal care especially obtained from Madagascar trainings followed by feedback workshops. However, as it has been just started, it is too early to judge its sustainability.

4-2 Conclusion

Through active implementation initiated by CPs as well as Japanese experts and practical collaboration with AAKCP and Japanese grant aid, the Project began to produce its outcomes at a satisfactory level at this moment. In other words, combination of the Project, the Japanese grant aid installing of medical equipment, and AAKCP have been complementarily and timely implemented.

The concept of 'patient-centered care' originally includes various implications for the maternal and neonatal care. Currently, the Project seems not to have translated it into common understanding. Under that circumstance, the mid-term review team as well as the Project attempted to define 'patient-centered care' as "the care that considerably focuses on securing ease of mind and mitigating both mental and physical burden for patients". The Project needs to share the definition among health personnel, so that activities for maternal and neonatal care component will be accelerated and different components of project activities will produce synergistic effect on the Project Purpose.

Also, the Project needs to strengthen monitoring functions so as to improve 5S/KAIZEN activities

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and practical preventative maintenance with more Burundian side participation.

Based on the results of our verification and analysis, the mid-term review team proposes to revise some objectively verifiable indicators of PDM.

5. Recommendation

5-1 Maternal and Neonatal Care

The Project needs to share the definition of 'patient-centered care' among health personnel, so that activities for maternal and neonatal care component will be accelerated, and different components of project activities will produce synergistic effect on the Project Purpose.

- (i) 'Normal Delivery Care Checklist' needs to cover the points which are necessary for 'patient-centered care'.
- (ii) 'Normal Delivery Care Checklist' needs to be designed to align with MOPH standards.
- (iii) 'Normal Delivery Care Checklist' needs to be disseminated to health personnel through workshops, and seminars.
- (iv) Monitoring and supervision needs to be planned and practiced.

5-2 Commitment of MOPH to the Project Activities

The Project needs to consider how to sustain the outcomes achieved by the Project, even after its termination. The following actions should be taken:

- (i) Director general of public health needs to take leadership of formulation of 'Normal Delivery Care Checklist'.
- (ii) Director general of resources needs to consider introducing disposal rules for non-working medical equipment.
- (iii) Director general of public health needs to introduce simpler procedure, to eliminate expired medicines.
- (iv) Members of 5S committees need to strengthen their leadership.
- (v) MOPH needs to consider providing some budget for 5S/KAIZEN activities.

5-3 Modification and Revision of Description in PDM

The mid-term review team recommends that some objectively verifiable indicators be modified and revised. For further details, see Annex 7 PDM (Version 2.0). In response to the modification and revision, the Project needs to adapt some activities.

(end)

Annex 1 The Schedule of the Mission

	Date	Activity
1	7-Feb Mon	NBO(0835)—BJM(0915) [KQ468] - Meeting with JICA Field Office in Burundi - Courtesy Call & explanation on the purpose and schedule of the review with Ministry of Public Health and Fight against AIDS - Interview with Japanese experts
2	8-Feb Tue	- Courtesy Call & explanation on the purpose and schedule of the review to Prince Regent Charles Hospital (HPRC) - Observation of the workshop/training at HPRC, - Tour(Observation) of HPRC - Hearing and collection of the questionnaire at HPRC
3	9-Feb Wed	- Interview at Provincial Office (BPS) and collect information - Site visit HC for observation and hearing of questionnaire (BDS central, Buyenzi HC, Bwiza-Jabe HC)
4	10-Feb Thu	- Site visit HC for observation and hearing of questionnaire
5	11-Feb Fri	- Site visit HC for observation and hearing of questionnaire (BDS south, Musaga HC, Kanyosha HC, Ruziba HC) - Documentation
6	12-Feb Sat	Off/Material review and documentation
7	13-Feb Sun	Off/Material review and documentation
8	14-Feb Mon	- Documentation or collect information - Visit and Interview at National Institute of Public Health - Meeting with Japanese experts
9	15-Feb Tue	- Site visit and meeting with HPRC - Site visit at Kamange University Hospital - Internal meeting
10	16-Feb Wed	- Meeting with WIT members of HPRC - Site visit to a Kamenge Medical Center and Mutakura Health Center - Exchange views among joint team members
11	17-Feb Thu	- Meeting with CTN(La Cellule Technique Nationale, PBF) (Dr. Kamana) - Meeting with Embassy of Belgium (Mr Jean-Michel Swalens) - Discussion with Burundian members on PDM and review.
12	18-Feb Fri	- Meeting with UNICEF - Discussion with Burundian members onPDM and review. - Preparation of the draft final report
13	19-Feb Sat	Off/Material review
14	20-Feb Sun	Off/Material review
15	21-Feb Mon	- Discussion with Burundian members onPDM and review
16	22-Feb Tue	- JCC meeting - Presentation to the Minister and M/M signing
17	23-Feb Wed	- Meeting with Sante Plus (NGO), UNFPA and WHO - Report to JICA Field Office in Burundi

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Annex 2 List of Japanese Experts

Name	Field of Speciality	Period
ABE Kazuhiro	Chief Advisor/Hospital Management	2009.1.31~2009.3.13 2009.5.14~2009.6.12 2009.11.4~2009.12.16 2010.1.22~2010.3.2 2010.10.23~2010.11.12
TASAEI Hiroshi	KAIZEN/ 5S	2009.1.31~2009.3.21 2009.6.6~2009.9.6 2009.10.31~2009.12.16 2010.1.17~2010.3.4 2010.8.23~2010.10.28 2010.11.20~2010.12.24
YOSHIKAWA Toru	KAIZEN/Safety and Health Management	2009.8.2~2009.8.18 2010.2.6~2010.2.20 2010.9.18~2010.9.26
MIMURO Naoki	Equipment Maintenance	2009.1.31~2009.2.20 2009.3.5 ~2009.3.21 2009.7.15~2009.9.6 2009.10.21~2009.12.16 2010.1.17~2010.3.2 2010.11.2~2011.12.16
KITA Etsuko	Community Health Nursing	2009.3.12~2009.3.20
ABE Chiharu	Health Survey	2009.2.19~2009.3.21 2009.5.14~2009.6.12
SEKI Ikuko	Midwifery1	2009.5.14~2009.6.5 2009.10.8~2009.10.28 2010.8.30~2010.10.2
ISHIYAMA Sayuri	Midwifery2	2009.10.8~2009.10.28
NAKASHIMA Makoto	Project Coordination	2009.1.31~2009.3.21
TSURU Akiko	Project Coordination/IEC	2009.6.6~2009.6.25 2009.8.7~2009.9.1 2009.10.8~2009.10.25 2010.11.20~2010.12.19

Annex 3 List of Counterparts Trained in Foreign Countries

	Nom	Durée	Nom de formation	Contenu de la formation et institution d'accueil	Titre à l'époque de la formation	Position actuelle
1	Mr. BARAMBONERANYE Cyrien	2009 9.2 - 9.18	KAIZEN/SS	Leadership, Hôpital Iizuka	Le Directeur Général des Ressources au Ministère de la Santé Publique	Pas de changement
2	Dr. NUWARUGIRA Jean Bosco	2009 9.2 - 9.18	KAIZEN/SS	Leadership, Hôpital Iizuka	Directeur-adjoint chargé de soins (HPRC)	Pas de changement
3	Mrs. NAHIMANA Gaudence	2009 11.27 - 12.8	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Chief Nursing Adjoint (HPRC)	Pas de changement
4	Mrs. NTAONAYIGIZE SPES	2009 11.27 - 12.8	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Chief de poste en Gynécologie	Pas de changement
5	Mrs. NDAYISENGA Penine	2009 11.27 - 12.8	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Le Titulaire du Centre de Santé (Kamenge)	Pas de changement
6	Mrs. MIRARE Jacqueline	2009 11.27 - 12.8	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Le Titulaire du Centre de Santé (Kanyosha)	Pas de changement
7	Dr. NDAYIKUNDA Chloé	2010 12.4 - 12.17	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Chief of Gynecology-Obstetrics Department	Pas de changement
8	Sis. NIYONZIMA Leonie	2010 12.4 - 12.17	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Chief de post maternité (HPRC)	Pas de changement
9	Mrs. MISAGO Euphrasie	2010 12.4 - 12.17	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Le Titulaire du Centre de Santé (Mitrakura)	Pas de changement
10	Mrs. ASSUMAN Mariam	2010 12.4 - 12.17	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Le Titulaire du Centre de Santé (Buterere)	Pas de changement
11	Mrs. HABONIMANA Françoise	2010 12.4 - 12.17	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Le Titulaire du Centre de Santé (Musaga)	Pas de changement
12	Mrs. KAYABAGA Pelagie	2010 12.4 - 12.17	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Le Titulaire du Centre de Santé (Ruziba)	Pas de changement
13	Mrs. NDUWIMANA Oda	2010 12.4 - 12.17	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Le Titulaire du Centre de Santé (Bwiza-Jabe)	Pas de changement
14	Mrs. NAHIMANA Jeanne-Marie	2010 12.4 - 12.17	Santé maternelle et infantile	Soins de sages-femmes FAMI, Madagascar	Teacher, Midwife (INSP)	Pas de changement
Séminaire sur l'AAKCP						
1	Dr. KAMANA Jean	2009 3.16 - 3.26	séminaire d'introduction au AAKCP	Leadership, MOH Sri Lanka	Conseiller à la Direction Générale de la Santé	Pas de changement
2	Dr. NTAWURISHIRA Thérèse	2009 3.16 - 3.26	séminaire d'introduction au AAKCP	Leadership, MOH Sri Lanka	Le Directeur de l'Hôpital Prince Régent Charles(HPRC)	Pas de changement
3	Dr. NDAYONGEJE Pascal	2009 8.15 - 8.27	Atelier en site AAKCP	les activités de SS, MOH Sri Lanka	Le Directeur du Bureau Provincial de Santé de la Mairie de Bujumbura	Pas de changement
4	Mrs. BUKURU Marie	2009 8.15 - 8.27	Atelier en site AAKCP	les activités de SS, MOH Sri Lanka	Chief Nursing HPRC	Pas de changement
5	Mrs. KABARENZI Chantal	2009 8.15 - 8.27	Atelier en site AAKCP	les activités de SS, MOH Sri Lanka	Chief de poste; Néonatalogie (HPRC)	Pas de changement
6	Dr. NDAYONGEJE Pascal	2010 10.25 - 10.29	Séminaire final d'AAKCP	Leadership, MOH Maroc	Le Directeur du Bureau Provincial de Santé de la Mairie de Bujumbura	Pas de changement
7	Dr. NUWARUGIRA Jean Bosco	2010 10.25 - 10.29	Séminaire final d'AAKCP	Leadership, MOH Maroc	Directeur-adjoint chargé de soins (HPRC)	Pas de changement
8	Mr. BARAMBONERANYE Cyrien	2011 1.24 - 1.30	Forum mondial d'AAKCP	JICA	Le Directeur Général des Ressources au Ministère de la Santé Publique	Pas de changement
9	Dr. NTAWURISHIRA Thérèse	2011 1.24 - 1.30	Forum mondial d'AAKCP	JICA	Le Directeur de l'Hôpital Prince Régent Charles(HPRC)	Pas de changement
Autre formation						
1	Mr. NZEYIMANA Diendonné	2010 10.3 - 12.15	Maintenance préventive	Maintenance préventive des équipements médicaux, Médégen	Chief de poste Maintenance / GMP	Pas de changement

Annex 4 List of Machinery and Equipment

(1) Le matériel fourni

Date d'arrivée	Equipement	Spécifications (Model /Maker)	Prix d'achat local (BIF)	Taux de change	Prix (JPY)	Lieu de utilisation et stockage	L'état de fonctionnement	Durée et raison de non-opé rationnel
25-Mar-09	Véhicule (4WD)	TOYOTA Land Cruiser PRODO Plate No.: C092A IT (IT-0902)	US\$37,900			Parking de JICA Burundi	En fonctionnement	
26-Mar-09	Ordinateur portable (Le logiciel anti-virus compris)	Dell Inspiron 1318 (McAfee 8.0.i)	1,500,000	0.08182	122,730	Bureau de projet dans l'HPRC	En fonctionnement	
27-Mar-09	Ordinateur portable (Le logiciel anti-virus compris)	Dell Inspiron 1318 (McAfee 8.0.i)	1,500,000	0.08182	122,730	Bureau de projet dans l'HPRC	En fonctionnement	
28-Mar-09	Ordinateur portable (Le logiciel anti-virus compris)	Dell Inspiron 1318 (McAfee 8.0.i)	1,500,000	0.08182	122,730	Bureau de projet dans l'HPRC	En fonctionnement	
29-Mar-09	Ordinateur portable (Le logiciel anti-virus compris)	Dell Inspiron 1318 (McAfee 8.0.i)	1,500,000	0.08182	122,730	Bureau de projet dans l'HPRC		volée (8 Nov, 2009)
30-Mar-09	Ordinateur de bureau (Le logiciel anti-virus compris) (Avec UPS)	HP COMPAQ (McAfee 8.0.i) (Onduleura APC Back UPS 650VA)	1,755,000	0.08182	143,594	Bureau de projet dans MSP	En fonctionnement, (Parfois, mauvais operation)	Défaillance du disque dur
31-Mar-09	Ordinateur de bureau (Le logiciel anti-virus compris) (Avec UPS)	HP COMPAQ (McAfee 8.0.i) (Onduleura APC Back UPS 650VA)	1,755,000	0.08182	143,594	Bureau de projet dans l'HPRC	Non-opérationnel	Défaillance du disque dur
1-Apr-09	Noir et blanc imprimante	HP LASERJET P2015	643,500	0.08182	52,651	Bureau de projet dans l'HPRC	En fonctionnement	
2-Apr-09	Projecteurs	ACER Vidéo Projecteur	1,170,000	0.08182	95,729	Bureau de projet dans l'HPRC	En fonctionnement	
3-Apr-09	Imprimante couleur	HP LASERJET 1600	760,500	0.08182	62,224	Bureau de projet dans l'HPRC	En fonctionnement	
4-Apr-09	imprimante	(SONASHI, SSA-18000) 18000BTU with installation (Anchor, YM509204)	1,626,300	0.08182	133,064	Bureau de projet dans l'HPRC	En fonctionnement	
5-Apr-09	Ecran de Projection	Screen for Projecter	573,300	0.08182	46,907	Bureau de projet dans l'HPRC	En fonctionnement	
6-Apr-09	Photocopieuse(Noir et blanc)	CANON IR 2018	8,992,600	0.08182	735,775	Bureau de projet dans l'HPRC	En fonctionnement	

(2) Matériel Acheté par le Budget du Projet

Date d'arrivée	Equipement	Spécifications (Model/Maker)	Prix d'achat local (BIF)	Taux de change	Prix (JPY)	Lieu de utilisation et stockage	L'état de fonctionnement	Durée et raison de non-opérationnel
2-Feb-09	Satellite Téléphone	THURAYA SG-2520			136,710	Bureau de projet dans l'HPRC	En fonctionnement	
2-Feb-09	Appareils photo numériques (Périphériques)	CASIO Ex-Z250			29,912	Bureau de projet dans l'HPRC	En fonctionnement	
2-Feb-09	Appareils photo numériques (Périphériques)	CASIO Ex-Z251			29,912	Bureau de projet dans l'HPRC	En fonctionnement	
2-Feb-09	Appareils photo numériques (Périphériques)	CASIO Ex-Z252			29,912	Bureau de projet dans l'HPRC	En fonctionnement	
2-Feb-09	Appareils photo numériques (Périphériques)	CASIO Ex-Z253			29,912	Bureau de projet dans l'HPRC	En fonctionnement	
2-Feb-09	Caméscopes (Périphériques)	CANON Ivis FS10			76,560	Bureau de projet dans l'HPRC	En fonctionnement	
6-Mar-09	Table de conférence	Palais des Meubles	285,000	0.08182	23,319	Bureau de projet dans l'HPRC	En fonctionnement	
6-Mar-09	Table de conférence	Palais des Meubles	285,000	0.08182	23,319	Bureau de projet dans l'HPRC	En fonctionnement	
6-Mar-09	Table de conférence	Palais des Meubles	285,000	0.08182	23,319	Bureau de projet dans l'HPRC	En fonctionnement	
6-Mar-09	Table de conférence	Palais des Meubles	285,000	0.08182	23,319	Bureau de projet dans l'HPRC	En fonctionnement	
6-Mar-09	Table de conférence	Palais des Meubles	285,000	0.08182	23,319	Bureau de projet dans l'HPRC	En fonctionnement	
6-Mar-09	Table de conférence	Palais des Meubles	285,000	0.08182	23,319	Bureau de projet dans l'HPRC	En fonctionnement	
7-Mar-09	Table de conférence	ALCOMETAL S.P.R.L	702,000	0.08182	57,438	Bureau de projet dans l'HPRC	En fonctionnement	
7-Mar-09	Etagère	General Trading Service SA	444,600	0.08182	36,377	Bureau de projet dans l'HPRC	En fonctionnement	
7-Mar-09	Etagère	General Trading Service SA	444,600	0.08182	36,377	Bureau de projet dans l'HPRC	En fonctionnement	
7-Mar-09	Etagère	General Trading Service SA	444,600	0.08182	36,377	Bureau de projet dans l'HPRC	En fonctionnement	
7-Mar-09	Etagère	General Trading Service SA	444,600	0.08182	36,377	Bureau de projet dans l'HPRC	En fonctionnement	

Date d'arrivée	Equipement	Spécifications (Model/Maker)	Prix d'achat local (BIF)	Taux de change	Prix (JPY)	Lieu de utilisation et stockage	L'état de fonctionnement	Durée et raison de non-opérationnel
7-Mar-09	Cabinet	General Trading Service SA	444,600	0.08182	36,377	Bureau de projet dans l'HPRC	En fonctionnement	
7-Mar-09	Cabinet	General Trading Service SA	444,600	0.08182	36,377	Bureau de projet dans l'HPRC	En fonctionnement	
7-Mar-09	Cabinet	General Trading Service SA	444,600	0.08182	36,377	Bureau de projet dans l'HPRC	En fonctionnement	
7-Mar-09	Cabinet	General Trading Service SA	444,600	0.08182	36,377	Bureau de projet dans l'HPRC	En fonctionnement	
11-Mar-09	Scanner	HP SCANJET G 2410	292,500	0.08182	23,932	Bureau de projet dans l'HPRC	En fonctionnement	
17-Mar-09	Table de conférence	Palais des Meubles	285,000	0.08182	23,319	Bureau de projet dans l'HPRC	En fonctionnement	
8-Oct-09	Doppler foetal diagnosti	TOITU BA.2039AA			108,675	Bureau de projet dans l'HPRC	En fonctionnement	
9-Nov-09	Climatisation	SONASHI SSA-1800	1,000,000	0.07546	75,460	Bureau de projet dans l'HPRC	En fonctionnement	

Annex 5 List of Burundian Counterparts

Partenaires Concernés (C/P)

Nom et titre de C/P	Spécialité de C/P	Nom et durée de la formation	Nom d'expert qui ont fait le transfert de technologie	Domaine de la coopération	Durée du service comme C/P du projet	Remarque
Ministère de la Santé publique et de la lutte contre le SIDA (MSP)						
Le Chef de Cabinet, Ministère de la Santé publique et de la lutte contre le SIDA (MSP)/Chef du CCC						
Mr. BUKURU Pamphile			Kazuhiro Abe (Conseiller en chef/gestion hôpital)	Gestion du projet	Jan/2009- May/2009	
Mr. NTAKIYIRUTA Joseph					May/2009 - Aug/2010	
Dr. BIRINTANYA Norbert					Sep/2010 - présent	
Conseiller à la Direction de la santé, MSP / Project Director						
Dr. KAMANA Jean		Séminaire d'introduction au AAKCP 2009 3.16 - 3.26	Kazuhiro Abe (Conseiller en chef/gestion hôpital)	Gestion du projet	Jan/2009 - Nov/2010	
Dr. NDAYIZEYE Félicien					Nov/2010 - présent	
Le Directeur General des Ressources, MSP / Project Coordinateur						
Mr. BARAMBONERANYE Cyrien		KAIZEN/5S 2009 9.2 - 9.18 Forum mondial d'AAKCP 2011 1.24 - 1.30	Kazuhiro Abe (Conseiller en chef/gestion hôpital)	Gestion du projet	Jan/2009 - présent	
Hôpital Princesse Régente Charles (HPRC)						
Le Directeur						
Dr. NTAWURISHIRA Thérance		Séminaire d'introduction au AAKCP 2009 3.16 - 3.26 Forum mondial d'AAKCP 2011 1.24 - 1.30	Kazuhiro Abe (Conseiller en chef/gestion hôpital)	Gestion du projet	Jan/2009 - présent	
Directeur adjoint chargé des soins DACS						
Dr. HAKIZIMANA Basila			Hiroshi Tasei (KAIZEN/Activités 5S), Ikuko Seki (Soins Maternel)	Activités 5S/ Santé maternelle et infantile	Jan/2009 - Apr/2009	
Dr. NDUWARUGIRA	Médecine générale	KAIZEN /5S 2009 9.2 - 9.18 Séminaire final d'AAKCP 2010 10.25 - 10.29			Apr/2009- présent	
Directeur adjoint chargé de l'Administration et des Finances DAAF/GMP						
Mr. KAMENGE Gabriel	Administrative		Hiroshi Tasei (KAIZEN/Activités 5S)	Activités 5S/	Jan/2009 - Apr/2009	

Mr. NTIBAHANUZA Cyprien	tion et des Finances		5S),Naoki Mimuro (Maintenance de l'équipement)	Maintenance préventive	Apr/2009 - présent
Chef du Nursing					
Mme BUKURU Marie	Soins infirmiers	Atelier en site AAKCP 2009 8.15 - 8.27	Hiroshi Tasei (KAIZEN/Activités 5S),Ikuko Seki (Soins Maternel)	Activités 5S/ Santé maternelle et infantile	Jan/2009 - présent
Chef du poste Gynécologie et Obstétrique					
Dr. NDAYIKUNDA Chloé	Gynécologie et Obstétrique	Voyage d'étude au Madagascar 2010 12.4 - 12.17	Hiroshi Tasei (KAIZEN/Activités 5S),Ikuko Seki (Soins Maternel)	Activités 5S/ Santé maternelle et infantile	Jan/2009 - présent
Chef du Nursing adjoint					
Mme NAHIMANA Gaudence	Soins infirmiers	Voyage d'étude au Madagascar 2009 11.27 - 12.8	Hiroshi Tasei (KAIZEN/Activités 5S),Ikuko Seki (Soins Maternel)	Activités 5S/ Santé maternelle et infantile	Jan/2009 - présent
Chef du Service de Maintenance					
Mr. NZEYIMANA Dieudonné	Maintenance préventive	Formation au Japon (Maintenance préventive) 2010 10.3 - 12.15	Naoki Mimuro (Maintenance de l'équipement)	Activités 5S/ Maintenance préventive	Jan/2009 - présent
Chef de poste Gynécologie					
Mme. NTACONAYIGIZE Spès	Gynécologie	Voyage d'étude au Madagascar 2009 11.27 - 12.8	Hiroshi Tasei (KAIZEN/Activités 5S),Naoki Mimuro (Maintenance de l'équipement),Ikuko Seki (Soins Maternel)	Activités 5S/ Santé maternelle et infantile/ Maintenance préventive	Jan/2009 - présent
Chef de poste Obstétrique					
Mme. NIYONZIMA Léoncie	Obstétrique	Voyage d'étude au Madagascar 2010 12.4 - 12.17	Hiroshi Tasei (KAIZEN/Activités 5S),Naoki Mimuro (Maintenance de l'équipement),Ikuko Seki (Soins Maternel)	Activités 5S/ Santé maternelle et infantile/ Maintenance préventive	Jan/2009 - présent
Chef de poste Néonatalogie					
Mme. KABARENZI Chantal	Néonatalogie	Atelier en site AAKCP 2009 8.15 - 8.27	Hiroshi Tasei (KAIZEN/Activités 5S),Naoki Mimuro (Maintenance de l'équipement),Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile	Jan/2009 - présent
Bureau Provincial de santé de la mairie de Bujumbura (EPS)					

Le Directeur de Bureau Provincial de Santé en Mairie de Bujumbura			
Dr. GAHUNGU Thierry		Kazuhiro Abe (Conseiller en chef/gestion hôpital)	Jan/2009 - May/2009
Dr. NDAYONGEJE Pascal	Atelier en site AAKCP 2009.8.15 - 8.27 Séminaire finale d'AAKCP 2010.10.25 - 10.29		May/2009 - présent
Bureau du District Sanitaire de Bujumbura (BDS)			
Le Médecin-Directeur du Bureau du District Sanitaire de Bujumbura (Nord)			
Dr. KAMANA Jeanine		Kazuhiro Abe (Conseiller en chef/gestion hôpital)	May/2009 - présent
L'Inspecteur Principal du Bureau du District Sanitaire de Bujumbura (Nord)			
NDABOROHÉYE Elie		Kazuhiro Abe (Conseiller en chef/gestion hôpital)	Jan/2009- présent
Le Médecin Directeur du Bureau du District Sanitaire de Bujumbura (Center)			
Dr. BUZINGO Bénigne		Kazuhiro Abe (Conseiller en chef/gestion hôpital)	May/2009 - Jan/2010
Dr. NTWARI Willy			Jan/2010 - Dec2010)
L'Inspecteur principal du Bureau du District Sanitaire de Bujumbura (Centre)			
NDABARUSHIMANA Virginie		Kazuhiro Abe (Conseiller en chef/gestion hôpital)	Jan/2009- présent
Le Médecin-Directeur du Bureau du District Sanitaire de Bujumbura (Sud)			
Dr. NSANZERUGEZE Josélyne		Kazuhiro Abe (Conseiller en chef/gestion hôpital)	May/2009 - présent
L'Inspecteur principal du Bureau du District Sanitaire de Bujumbura (Sud)			
HABONIMANA Hilaire		Kazuhiro Abe (Conseiller en chef/gestion hôpital)	Jan/2009- présent
Centre de Santé (CPS)			
Le Titulaire du CDS Kamenge (→Centre Médical Kamenge du mois d'avril 2010)			
NDIKUMANA Bénigne	Soins infirmiers	Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuo Seki (Soins Maternel)	Jan/2009- Apr/2009
NDAYISENGA Pénine	Soins infirmiers	Voyage d'étude au Madagascar	Apr/2009 - Apr/2010

		2009.11.27 - 12.8		
Le Directeur du Centre Médical Kamenge				
Dr Christine NDAYIKEZA	Médecine générale		Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile Apr/2010 - présent
Le Titulaire du CDS Ngagara				
NIBIZI Constance	Soins infirmiers		Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile Jan/2009- Mid/2009
NDUWAYO Aline	Soins infirmiers			Mid/2009-présent
Le Titulaire du CDS Mutakura				
NDUWAYEZU Charlotte	Soins infirmiers		Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile Jan/2009- Jun/2009
MISAGO Euphrasie	Soins infirmiers	Voyage d'étude au Madagascar 2010 12.4 - 12.17		Jun/2009 - présent
Le Titulaire du CDS Buterere				
KARUNGURUKA Bernadette	Soins infirmiers		Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile Jan/2009 - Jun/2009
ASSUMANI Mariam	Soins infirmiers	Voyage d'étude au Madagascar 2010 12.4 - 12.17		Jun/2009- présent
Le Titulaire du CDS Musaga (->Centre Médical Musaga du milieu de l'année 2010)				
NAHISHAKIYE Médiatrice	Soins infirmiers		Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile Jan/2009- Jun/2009
HABONIMANA Française	Soins infirmiers	Voyage d'étude au Madagascar 2010 12.4 - 12.17		Jun/2009 - Mid/2010
Le Directeur du Centre Médical Musaga				
Dr. Goreth NUKURI	Médecine générale		Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile Mid/2010- présent
Le Titulaire du CDS Kanyosha				

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MIRARE Jacqueline	Soins infirmiers	Voyage Madagascar 2009 11.27 - 12.8	au	Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile	Jan/2009 - présent
Le Titulaire du CDS Ruziba						
KAYABAGA Pélagie	Soins infirmiers	Voyage Madagascar 2010 12.4 - 12.17	au	Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile	Jan/2009 - présent
Le Titulaire du CDS Bwiza-Jabe						
NDUWIMANA Oda	Soins infirmiers	Voyage Madagascar 2010 12.4 - 12.17	au	Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile	Jan/2009 - présent
Le Directeur du CMC Buyenzi						
Dr. NTIZAHUYE Séraphine	Soins infirmiers			Hiroshi Tasei (KAIZEN/Activités 5S), Naoki Mimuro (Maintenance de l'équipement), Ikuko Seki (Soins Maternel)	Activités 5S/ Maintenance préventive /Santé maternelle et infantile	Jan/2009 - présent
Institut National de la santé publique (INSP)						
Le Directeur Général de l'Institut National de la santé publique (INSP), MSP						
Dr. BASENYA Olivier	éducation/ étude médicale			Chiharu Abe (Enquête sur la santé), Ikuko Seki (Soins Maternel)	Enquête sur la santé /Santé maternelle et infantile	Jan/2009 - May/2009
Dr. KAZHISE Pierre Claver	éducation/ étude médicale					May/2009 - présent

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Annex 6 PDM (Version 1.1)
Project Design Matrix (PDM) –version 1.1

Project Title: Strengthening capacities of Prince Régent Charles Hospital and public health centers in Bujumbura city Duration: 3years Project Site: Bujumbura City
 Implementing Agencies: General Direction of Public Health and General Direction of Resources for Ministry of Public Health and Fight against AIDS, Bujumbura District Health Office and its 9 Health Centers

Date of formulation: February, 2010

Target Groups: All of the staff for Hospital Prince Regent Charles (HPRC) and focused 9 Health Centers,
 Beneficiaries: Mothers and neonates living in the catchment area of HPRC and 9 Health Centers

Project Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>[Super goals]</p> <p>(1) (15 years after the termination of the project, 2025) Quality of maternal & neonatal care in the health facilities in the Province of Bujumbura are improved with optimal accessibility.</p> <p>(2) (7 years after the termination of the project, 2017) Referral and counter referral system for maternal & neonatal care is functional in Bujumbura Health District.</p>	<p>a) Maternal Mortality Rate (population per 100,000) in Bujumbura (urban and rural) becomes less than 300.</p> <p>a) Annual report of referral system is issued and reviewed by Bujumbura District Health Office. b) Referral rate from the health centers to hospitals accounts for X % and more. (referred cases / total outpatients)</p> <p>{At every hospital and health center in Bujumbura City}</p> <p>a) Evidence-based care for normal delivery is practiced, e.g., Perineal incision rate b) Normal and abnormal cases are distinguished by skilled attendants, e.g., Low weight neonates rate c) Basic care for neonate is practiced: 100%</p> <p>{At targeted hospital and health centers in Bujumbura district}</p> <p>a) Evidence-based care for normal delivery is practiced: Perineal incision rate b) Normal and abnormal cases are distinguished: Low weight birth rate c) Basic care for neonate is practiced: 100%</p> <p>a) Screens/curtains are in place in every delivery rooms to secure privacy and ease of mind (within 12 months after the start of the project) b) % of mothers who give positive answer of being fully attended all through their delivery process.</p>	<p>a), b) Government Statistic</p> <p>a), b) Health survey of Bujumbura District Health Office</p> <p>a),b),c) Report of District Health Supervisor in Bujumbura</p> <p>a) b) c) Direct observation, Record of delivery cares. Interviews to delivery room staff.</p> <p>a) Direct observation at delivery rooms. b) Interview survey to mothers who delivered at targeted facilities</p>	<p>•Transportation means from the rural areas to hospitals in Bujumbura are available across the province.</p> <p>•Staff is allocated and retained to health facilities in Bujumbura district in accordance with the government's norm.</p> <p>•Government's policy for free access to health care services for pregnant mothers and children under 5 is maintained effectively.</p> <p>•Staff is allocated properly and retained to HPRC and targeted nine health centers</p>
<p>[Overall goal] (2 years after the termination of the project, 2013) Quality of services for maternal and neonatal care is improved at HPRC and targeted 9 health centers.</p>			
<p>[Project purpose] (3 years after the start of the project, around 2011) Patient-centered maternal and neonatal care is practiced under improved management at HPRC</p>			

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and targeted health centered.			
[Outputs]	indicators	means	important assumption
<p>(1) Leadership of the top and middle class managers is fostered at HPRC and targeted health centers, involving directors of facilities and heads of all departments & units,</p> <p>(2) Work environment for maternal & neonatal care is improved through practicing 5-S activities under the leadership of directors. (See Footnote about 5-S activities)</p> <p>(3) Preventive maintenance of medical equipment is continuously practiced with full participation of health staff in the targeted facilities.</p> <p>(4) Knowledge and skills of nursing staff (including midwives) are upgraded for maternal & neonatal care at the targeted facilities.</p>	<p>1-a) 5S committees are in place in all targeted facilities</p> <p>1-b) More than 80% of departments have established 5S Team in target health facilities (within 8 months after the beginning of the project)</p> <p>1-c) Posters to promote Quality Assurance Policy are being put on walls in every room. (within 12 months after the start of the project)</p> <p>1-d) Case conference is jointly organized between hospitals and health centers and is held quarterly.</p> <p>2-a) Following 5S activities are in operation. (Monitoring records)</p> <ol style="list-style-type: none"> 1) Practicing proper segregated collection, disposal and recycle of waste at sites for maternal and neonatal cares. 2) Color coding of articles for identification. 3) Placing sufficient number of benches in the waiting area for maternity patients 4) Shortening the waiting time of maternity patients 5) Changing staff's mindset and attitudes as professional care providers. <p>3-a) All of the equipment is affixed with "Do -Do Not" tags (within 3 months after the completion of grant aid project)</p> <p>3-b) Preventive Maintenance Sheets are in use in over all rooms. (within 6 months after "Do -Do Not" tags are affixed.)</p> <p>4-a) Over 80 % of trainees answer correctly to 90% of questions in the post-training test.</p>	<p>1-a), b), d) Project Progress Report, Interview to persons involved in the project</p> <p>1-c) Direct observation of facilities,</p> <p>2-a) (Monitoring 5S activities) Record of 5-S activities, Project Progress Report, Direct observation on site</p> <p>Result of organizational analysis (Analysis of balance score card, etc.)</p> <p>Interview to persons involved in the project</p> <p>Questionnaire</p> <p>3-a) Direct observation of equipment</p> <p>3-b) Result of monitoring</p> <p>Direct observation of Sheets</p> <p>Interview to persons involved in the project</p> <p>Progress report</p> <p>4-a) Result of post-training tests</p>	<ul style="list-style-type: none"> • Needs for maternal and neonatal care do not soar unexpectedly • Financial constraints for recurrent budget do not worsen.

Note: 1) 5 S is defined as a management tool for working environment improvement in health facilities for 1) Sort, 2) Set, 3) Shine, 4) Standardize, and 5) Discipline.

【Activities】	【Japan/JICA Side】	【Burundi Side】	【important assumption】
<p>【Output 1: Development of Leadership】</p> <p>1.1 To review the job requirement and performance of every management staff.</p> <p>1.2 To conduct training on leadership (TQM and 5S)</p> <p>1.3 To organize and activate 5S-committees and WIT teams.</p> <p>1.4 To monitor and evaluate the implementation of 5S-TMQ activities.</p> <p>1.5 Networking health facilities is carried out.</p> <p>【Output 2: Work environment improvement through 5S.】</p> <p>2.1 To assess the work environment with applying '5-S monitoring sheet' (photo taking and questioning to staff on site)</p> <p>2.2 To conduct training on 5-S methods</p> <p>2.3 To practice 5-S methods</p> <p>2.4 To monitor and evaluate the 5-S activities.</p> <p>【Output 3: Development of Preventive maintenance skill】</p> <p>3.1 To assess the management conditions of equipment and instrument.</p> <p>3.2 To conduct training to involved staff on preventive maintenance practices</p> <p>3.3 To develop and place "Do" or "Do not" tags on equipment.</p> <p>3.4 To update manuals and check-sheets for regular maintenance activities.</p> <p>3.5 To develop a manual of standardized procurement procedure of spare parts including schedule of suppliers.</p> <p>3.6 To monitor and evaluate the preventive maintenance activities</p> <p>【Output 4: Strengthening the knowledge & skills of nursing staff】</p> <p>4.1 To conduct the base-line study including the satisfaction survey for pregnant women and mothers who use the target health facilities.</p> <p>4.2 To conduct technical trainings to nurses and midwives on maternal and neonatal care)</p> <p>4.3 To monitor and evaluate the maternal and neonatal care practices</p> <p>4.4 To conduct an impact survey of changed practices including patient's satisfaction study.</p>	<p>【Japan/JICA Side】</p> <p>(1) Personnel 1) Chief Advisor / Hospital Management 2) 5 S/ Total Quality Management (TQM) 3) Equipment Maintenance 4) Midwifery</p> <p>(2) Expense for Trainings of the following fields; Management of health institutions Mother and child health</p> <p>(3) Office equipment</p> <p>(4) Expenses to cover following items - Developing document & PR tools (including photo copy & printing) - Organizing seminars & workshops (including participants' travel cost) - Implementing surveys, etc</p>	<p>【Burundi Side】</p> <p>(1) Personnel 1) Project Director (Chief of Cabinet, MOH) 2) Project Manager (Director General Department for Public Health, MOH) 3) Bujumbura District Health Office 4) PRC Hospital 5) 9 Health Centers in Bujumbura District</p> <p>(2) Expenses to cover following items • Salaries for Burundi members (to be borne by each agency) • Travel cost and daily allowance for participants to Joint Coordinating Committee (JCC) & Steering Committee (SC) • Other necessary expenses</p> <p>(3) Facilities • Facilities for the project activities • Office for Japanese Chief Advisor in MOH's premises (including communication system such as telephone, fax, internet)</p>	<p>• Health staff involved in the project is retained in the present position</p> <p>• Absentee rate of health staff involved in the project does not increase notable.</p> <p>• Serious incidents on public security do not occur at the project sites</p> <p>[Pre-conditions] Security level in Bujumbura city does not worsen.</p>

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Annex 7 PDM (Version 2.0)
Project Design Matrix (PDM) –version 2.0

Date of formulation: February 16, 2011

Project Title: Strengthening capacities of Prince Régent Charles Hospital and public health centers in Bujumbura city Duration: 3years Project Site: Bujumbura City

Implementing Agencies: General Direction of Public Health and General Direction of Resources for Ministry of Public Health and Fight against AIDS, Bujumbura District Health Office and its 9 Health Centers

Target Groups: All of the staff for Hospital Prince Regent Charles (HPRC) and focused 9 Health Centers
 Beneficiaries: Mothers and neonates living in the catchment area of HPRC and 9 Health Centers

Project Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>[Overall goal] (2 years after the termination of the project, 2013) Quality of services for maternal and neonatal care is improved at the targeted facilities .</p> <p>*The targeted facilities: three departments (gynecology, obstetric and neonatology) of HPRC and 9 health centers</p>	<p>【At targeted hospital and health centers in Bujumbura district】</p> <p>a)The number of deliveries at the targeted health centers increases.</p> <p>b)The number of beneficiaries of ANC and PNC at the targeted health centers increases.</p> <p>c)The number of referral cases with obstetric complication to hospitals from the targeted health centers increases.</p> <p>d)100% of normal deliveries are practiced based on 'Normal Delivery Care Checklist'.</p>	<p>a) b) c) Direct observation, Record of delivery cares. Interviews to delivery room staff.</p>	<p>•Government's policy for free access to health care services for pregnant mothers and children under 5 is maintained effectively.</p>
<p>[Project purpose] (3 years after the start of the project, around 2011) Patient-centered maternal and neonatal care is practiced under improved management at the targeted facilities.</p> <p>(Patient-oriented Care) In this project, 'Patient-centered Care' is defined as the care that considerably focuses on securing ease of mind and mitigating both mental and physical burden for patients.</p>	<p>a) Working environment at the targeted facilities is improved. (The average score of 'Monitoring and Evaluation on the Progress of 5S Activity' at all targeted facilities exceeds 60%.)</p> <p>b)The number of mothers who gives positive answers of being fully attended by health personnel and family all through their delivery process increases after 'Normal Delivery Care Checklist' is introduced.</p> <p>c)The PBF (Performance-Based Financing) scores on maternity/obstetric services at all targeted facilities increase.</p>	<p>a) Direct observation at delivery rooms. b) Interview survey to mothers who delivered at the targeted facilities c) PBF report</p>	<p>•Staff is allocated property and retained to the targeted facilities</p>

[Outputs]	indicators	means	important assumption
<p>(1) Leadership of responsible personnels is reinforced in the targeted facilities and relevant departments.</p> <p>(2) Work environment for maternal and neonatal care is improved through practicing 5S activities under the leadership of responsible personnel of the targeted facilities. (See Note 1)</p>	<p>1-a) 5S committees are established in HPRC and Provincial Health Office of Bujumbura City.</p> <p>1-b) Working Improvement Teams (WIT) are established in the targeted facilities (within 8 months after the beginning of the project)</p> <p>1-c) Quality Assurance Policy is displayed on walls in the targeted facilities. (within 12 months after the start of the project)</p> <p>1-d) Activity reports of WIT are made monthly.</p> <p>2-a) Following 5S activities are in operation in the targeted facilities.</p> <p>1) Segregating rules of hazardous articles and medical wastes are formulated and practiced.</p> <p>2) Storing rules for articles are formulated and practiced.</p> <p>3) Benches for out patients are located and used in the proper places.</p> <p>3-a) All of the equipment is affixed with attention "How to use" tags in the targeted facilities. (within 3 months after the completion of Japanese grant aid project)</p> <p>3-b) Preventive Maintenance Sheets are displayed in the targeted facilities with medical equipment installed, and after-use-care and condition of the equipment is recorded. (within 6 months after the display)</p> <p>4-a) All trainees score more than 50 out of 100 points on the post-test.</p> <p>4-b) Accumulative more than 100 staffs at the targeted facilities complete obstetric skill trainings.</p> <p>4-c) 'Normal Delivery Care Checklist' is formulated based on the knowledge obtained through the overseas trainings in Madagascar.</p> <p>4-d) Mindset and attitude of health personnel in work places are improved.</p>	<p>1-a), b) Project Progress Report, Interview to persons involved in the project</p> <p>1-c) Direct observation of facilities</p> <p>1-d) Monthly reports of WIT activities</p> <p>2-a) Records of 5S activities, Project Progress Report, Direct observation on site</p> <p>Result of organizational analysis</p> <p>Interview to persons involved in the project</p> <p>Questionnaire survey</p> <p>3-a) Direct observation of equipment</p> <p>3-b) Result of monitoring</p> <p>Interview to persons involved in the project</p> <p>Project progress report</p> <p>4-a) Result of post-training tests</p> <p>4-b) Project progress report</p> <p>4-c) Normal Delivery Care Checklist</p> <p>4-d) Interview to persons involved in the project</p>	<p>• Needs for maternal and neonatal care do not soar unexpectedly</p> <p>• Financial constraints for recurrent budget do not worsen.</p>
<p>(3) Preventive maintenance of medical equipment is continuously practiced with full participation of health staff in the targeted facilities.</p>	<p>(4) Knowledge and skills of nursing staff (including midwives) are upgraded for maternal and neonatal care in the targeted facilities.</p>		

Note: 1) 5 S is defined as a management tool for working environment improvement in health facilities for 1) Sort, 2) Set, 3) Shine, 4) Standardize, and 5) Sustain.

【Activities】	【Japan/JICA Side】	【Burundi Side】	【important assumption】
<p>【Output 1: Development of Leadership】</p> <p>1.1 To review the job requirement and performance of every management staff.</p> <p>1.2 To conduct training on leadership (TQM and 5S)</p> <p>1.3 To organize and activate 5S-committees and WIT teams.</p> <p>1.4 To monitor and evaluate the implementation of 5S-TMQ activities.</p> <p>1.5 Networking health facilities is carried out.</p> <p>【Output 2: Work environment improvement through 5S.】</p> <p>2.1 To assess the work environment with applying '5-S monitoring sheet' (photo taking and questioning to staff on site)</p> <p>2.2 To conduct training on 5-S methods</p> <p>2.3 To practice 5-S methods</p> <p>2.4 To monitor and evaluate the 5-S activities.</p> <p>【Output 3: Development of Preventive maintenance skill】</p> <p>3.1 To assess the management conditions of equipment and instrument.</p> <p>3.2 To conduct training to involved staff on preventive maintenance practices</p> <p>3.3 To develop and place "How to use" tags on equipment.</p> <p>3.4 To update manuals and check-sheets for regular maintenance activities.</p> <p>3.5 To develop a manual of standardized procurement procedure of spare parts including schedule of suppliers.</p> <p>3.6 To monitor and evaluate the preventive maintenance activities</p> <p>【Output 4: Strengthening the knowledge & skills of nursing staff】</p> <p>4.1 To conduct the base-line study including the satisfaction survey for pregnant women and mothers who use the target health facilities.</p> <p>4.2 To conduct technical trainings to nurses and midwives on maternal and neonatal care)</p> <p>4.3 To monitor and evaluate the maternal and neonatal care practices</p> <p>4.4 To conduct an impact survey of changed practices including patient's satisfaction study.</p>	<p>(1) Personnel</p> <p>1) Chief Advisor / Hospital Management</p> <p>2) 5 S/ Total Quality Management (TQM)</p> <p>3) Equipment Maintenance</p> <p>4) Midwifery</p> <p>(2) Expense for Trainings of the following fields; Management of health institutions Mother and child health</p> <p>(3) Office equipment</p> <p>(4) Expenses to cover following items</p> <ul style="list-style-type: none"> - Developing document & PR tools (including photo copy & printing) - Organizing seminars & workshops (including participants' travel cost) - Implementing surveys, etc 	<p>(1) Personnel</p> <p>1) Project Director (Chief of Cabinet, MOH)</p> <p>2) Project Manager (Director General Department for Public Health, MOH)</p> <p>3) Bujumbura District Health Office</p> <p>4) PRC Hospital</p> <p>5) 9 Health Centers in Bujumbura District</p> <p>(2) Expenses to cover following items</p> <ul style="list-style-type: none"> • Salaries for Burundi members (to be borne by each agency) • Travel cost and daily allowance for participants to Joint Coordinating Committee (JCC) & Steering Committee (SC) • Other necessary expenses <p>(3) Facilities</p> <ul style="list-style-type: none"> • Facilities for the project activities • Office for Japanese Chief Advisor in MOH's premises (including communication system such as telephone, fax, internet) 	<p>• Health staff involved in the project is retained in the present position</p> <p>• Absentee rate of health staff involved in the project does not increase notable.</p> <p>• Serious incidents on public security do not occur at the project sites</p> <p>[Pre-conditions] Security level in Bujumbura city does not worsen.</p>

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