

ミャンマー連邦共和国  
保健スポーツ省

ミャンマー国  
保健システム強化プロジェクト  
プロジェクト業務完了報告書

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# ミャンマー国保健システム強化プロジェクト

## プロジェクト業務完了報告書

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## 略 語

BEmONC	Basic Emergency Obstetric and Newborn Care	基礎的緊急産科新生児ケア
CNE	Continuous Nursing Education	継続看護教育
EHP	Essential Health Package	必須保健医療サービスパッケージ
JCC	Joint Coordination Committee	合同調整委員会
NIMU	National Health Plan Implementation and Monitoring Unit	国家保健計画実施モニタリングユニット
MRT	Medical Record Technician	医療情報技師
PDCA	Plan-Do-Check-Action	計画立案・実施・評価・改善
PDM	Project Design Matrix	プロジェクト・デザイン・マトリックス
PO	Plan of Operation	詳細活動計画
R/D	Record of Discussions	討議議事録
QIT	Quality Improvement Team	品質改善チーム
TQM	Total Quality Management	総合的品質管理
UHC	Universal Health Coverage	ユニバーサル・ヘルス・カバレッジ
WHO	World Health Organization	世界保健機関
WIT	Work Improvement Team	業務環境改善チーム
Enter-Education	エンターテインメント性を取り込んだ保健教育	
5S	整理 sort、整頓 set、清掃 shine、清潔 standardise、躰 sustain	



## 1. プロジェクトの概要（背景・経緯・目的）

ミャンマーでは軍事政権に対する国際的な経済制裁により経済が低迷し、長期化していた経済停滞も影響して保健医療サービスの整備が滞り、東南アジアの近隣国に比べて、妊産婦や子どもの死亡率が相対的に高くなるなど、保健医療分野の課題を多く抱えていた。2011年以降の民主化の動きとともに、ミャンマー政府は保健医療予算を毎年増加し、国家総支出における政府医療費支出の割合も増加したが、公的医療財源は慢性的に不足し、医療支出の多くが患者の負担となってきた。また、医療従事者の不足、不十分な医療施設・設備、非効率な保健医療サービスのマネジメント体制なども、住民の保健医療サービスへのアクセスを妨げた要因でもあった。こうした状況で、限られた公的資源を最大限に活用し、保健医療サービスの質と住民のサービスへのアクセスを改善するために、中央と地方の保健行政マネジメント能力を向上し、保健医療サービス供給体制を強化することの重要性が増した。

ミャンマー政府は、すべての人々が適切な保健医療サービスを受けられるユニバーサル・ヘルス・カバレッジ（Universal Health Coverage, UHC）達成を政策課題として掲げ、その実現のための戦略作りに取り組んできた。これに対して、世界銀行、世界保健機関（World Health Organization, WHO）をはじめとする主要な開発パートナーの間においても、UHC達成へ向けた保健システム強化が対ミャンマー保健セクター支援の主要課題となっていた。

本プロジェクトは、ミャンマー保健省が UHC 達成へ向けて必須保健医療サービスパッケージ（Essential Health Package, EHP）を定義して全国に導入することを目指していたことを受け、ミャンマー政府による UHC 戦略の実施と EHP の展開に必要な、保健省の政策立案能力の強化と、州保健局の保健医療サービスマネジメント能力の向上を目的として実施するものとして、2014年7月に合意文書（Record of Discussions, R/D）が締結された。

プロジェクトでは、2014年7月に締結された R/D に基づいて、日本人専門家の派遣を2014年11月に開始したが、R/D 締結の直前に、ミャンマーでの UHC 達成に関する世界銀行の大規模支援のプレッジ（2014年1月）、その後のミャンマー政府による UHC 戦略文書（2014年4月）策定等の動きがあったことを踏まえ、2015年3月までの第1期においてミャンマーおよびカヤー州の最新の状況を確認し、具体的な活動内容の詳細を調整した。しかし、保健大臣の交代、保健省の組織改編等により、保健省側の UHC 戦略に関する姿勢に変化が生じた。とりわけ、EHP の策定については種々の意見が浮上り、保健医療の全般にわたるパッケージをいきなり策定することは困難であり、母子保健等の優先分野ごとに必須サービスを定め、段階的に EHP を組み上げていくことが現実的という考え方が主流となり、これを受けて世界銀行が技術支援を開始した。

2015年7月の初回の合同調整委員会（Joint Coordination Committee, JCC）では、第1期の結果を踏まえて、プロジェクト・デザイン・マトリックス（Project Design Matrix, PDM）および詳細活動計画（Plan of Operation, PO）の改訂を検討した。さらに、2016年4月の政権交代後、プロジェクトをとりまく環境もさらに変化したため、2016年7月の第2回 JCC において再度 PDM が改訂され、その後2017年8月の第3回 JCC において PDM が部分的（成果1）に改訂された。プロジェクトの終了にあたって、2018年10月31日の第4回 JCC において、活動結果が報告され、カウンターパートともにとりまとめた Project Completion Report が承認された。（添付資料 1:JCC 議事録）

## 1.1 プロジェクトの目標および成果

プロジェクト目標、成果（PDM ver. 3.0）は以下のとおり（添付資料 2. PDM およびモニタリングシート）。

スーパーゴール：

ミャンマーにおいて保健医療サービスの質と国民による必須サービスへのアクセスが向上する。

上位目標： 国家 UHC 戦略達成に向け、地域ニーズ、事情、利用可能な資源に応じて、国家およびすべての州/地域レベルの保健計画が体系的にマネジメントされる。

プロジェクト目標：

国家 UHC 戦略達成へ向けて、中央レベルおよび対象州の保健計画を管理する能力が強化される。

成果 1： 保健スポーツ省において、保健計画管理に必要なデータの収集、集計・分析、利活用の組織的能力が強化される。

成果 2： カヤー州において、プロジェクトの活動によって策定されたマニュアルに沿って、州保健計画がマネジメント（立案、実施、モニタリング・評価）されるようになる。

2-1 カヤーにおける州保健計画の現状を確認する。

2-2 カヤーにおける州保健計画の既存のモニタリングおよび評価のツールを見直す。

2-3 州保健計画のマネジメントマニュアル(案)を作成する。

2-4 マネジメントマニュアル(案)に基づいて州保健計画をマネジメント（立案、実施、モニタリング/評価）する。

2-5 州保健計画マネジメントマニュアルを最終化し、最終版マニュアルを他州/地域に紹介する。

成果 3： カヤー州において、保健サービス提供の改善活動が州保健計画に統合される。

3-1 州内の保健サービス提供および利用状況を把握するための州レベル保健行政局の能力を向上させる。

3-2 保健スタッフを対象とした州内のトレーニングのマネジメント（立案、実施、モニタリング・評価）能力を向上させる。

3-3 州内で提供する保健サービスについて、地域住民の理解を高めるために、Enter-Education を導入する。

\*Enter-Education: エンターテインメントの形式を用いた保健教育。

3-4 州の保健サービス提供改善に関する活動の管理能力を強化する。

3-5 保健サービス提供の改善に関する活動を、州保健計画に反映させる。

本プロジェクトの成果 1 は JICA の直営によってネピドーを拠点として実施され、成果 2 および 3 は JICA とコンサルタント（以降、「カヤーチーム」と表記）との業務実施契約に基づいてカヤー州において実施された。本報告書は、このうちの業務実施契約に基づいて実施された成果 2 および 3 についての業務の完了を報告するものである。



## 1.2 業務実施契約の期分け

本プロジェクトの期間は4年間（2014年11月～2018年11月）で、成果2・3の業務に係る業務実施契約は以下のように3期に分けられた。

第1期	2014年11月14日～2015年4月10日	（5か月間、12.1人月）
第2期	2015年5月15日～2017年5月19日	（24か月間、44.5人月）
第3期	2017年5月23日～2018年12月21日	（19か月間、35.9人月）

第1期では現状調査を実施し、この結果を踏まえて第2期においてPDMを修正して活動を開始した。業務実施契約に基づく日本人専門家の派遣は、1期12.1人月、第2期44.5人月、第3期35.9人月の計92.5人月で、第3期の派遣も2018年11月初旬までに完了した。（添付資料3. 要員計画実績）

## 1.3 活動の実施機関

### 1.3.1 保健行政局

プロジェクトは、保健省保健局（当時）、同局公衆衛生部（同）、カヤー州保健局（同）をカウンターパート機関として開始したが、第1期の現地調査が終了し、第2期が開始した後、保健省（現保健スポーツ省<sup>1</sup>）の組織改編（2015年4月）によって、カウンターパート機関である保健局が公衆衛生局、医療サービス局に分かれた。実際には、保健局が公衆衛生局となり、保健局医療部が独立して医療サービス局となった。これにともなって、プロジェクト全体としては公衆衛生局長をプロジェクト・ダイレクターとし、公衆衛生局および医療サービス局の次長をプロジェクト・マネジャーとした。

この組織改編の一環として、州/地域レベルでは州/地域の保健局が公衆衛生局となり、州/地域の総合病院に行政機能が加えられて医療サービス局となった。したがって、州保健局を実施機関とし、州病院をベースとする活動を開始しつつあったカヤー州での活動は、州公衆衛生局および州医療サービス局の両方を実施機関とすることになった。しかしながら、州/地域レベルでの両局の業務分担、それぞれへの旧保健局職員の振り分け等について詳細が決まるまでには少なからぬ時間を要し、特に行政局の規模が小さく欠員も多いカヤー州では、当時は常に中央保健省からの通達を待つのみで実務が停滞し、プロジェクトの活動についても実施機関としての判断がほとんどできない状態が続いた。

その後、2017年になって両局を再統合すべきとの議論が持ち上がり、保健スポーツ省は2018年度より両局を一本化することを決め、これに向けて中央でも州/地域でも公衆衛生局長に医療サービス局長を兼任させることを全国に通達した。カヤー州でも、2017年9月より州公衆衛生局長が州医療サービス局長を兼任し、これまで州医療サービス局長を兼任していた州総合病院院長は局長職が解かれて院長専任となった。これに関し、2018年度からは、局の名称も改められ、州/地域レベルの局長職が格上げされると予測されてきたが、2018年11月の時点において、中央においても州/地域においても再統合は完了していない。

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<sup>1</sup> 政権交代後、保健省（Ministry of Health）自体も、スポーツ省と合併して、保健スポーツ省（Ministry of Health and Sports）となった。

カヤー州の実施機関は、保健スポーツ省が両局再統合の方針を示したことで、事実上、再び一本化された。医療サービスに係る行政機能が州病院から切り離されて元来の行政局に戻されたことにより、州公衆衛生/医療サービス局（事実上の州保健局）の責任範囲が復活し、州の総合病院（ロイコー総合病院）の医療機関としてのプロフィールが再び明瞭になった。また、カヤー州の実施機関から中央の保健スポーツ省や州政府へのプロジェクトの活動等の報告についての責任の所在も明確になり、実務上の処理も合理化された。

カヤー州での実施機関のキーパーソンは、州公衆衛生/医療サービス局長、ロイコー総合病院院長であるが、4年間のプロジェクトの期間中にそれぞれ2度の異動があった。このほか、活動の中心的立場にあった職員にも度重なる異動があった。しかし、幸いにしてこれら人事異動によって活動が停滞することなく、むしろ、プロジェクトでの経験を活用して、前任者が異動先で同様の活動を展開するなど、予想外の展開もみられた。

### 1.3.2 州政府

政権交代（2016年4月）によって州政府の体制が一新され、カヤー州では保健分野の担当大臣が教育、都市開発も兼任するようになった。政権交代後も州レベルの保健行政はやはり中央保健スポーツ省の直接監督下にあったが、州内の行政機関や施設が受け入れる外国人の国内旅行許可等、受入者から州政府への申請あるいは報告が必要な事項が増えた。このため、2016年中は、前年の保健省の組織改編と相俟って、州公衆衛生局、州医療サービス局から州政府への申請や報告について両局間あるいは州政府との間で混乱が生じ、プロジェクトにおいても、特に日本人専門家の旅行許可の取得等に多少の影響が生じた。

しかし、州政府の機能が安定し、保健行政局が事実上一本化された後はそのような混乱は解消した。その後、プロジェクトが終了するまでの間、州公衆衛生/医療サービス局と州政府との良好な関係が続き、州の保健セクターでの大きな行事や主要な会議には州知事あるいは州政府担当大臣が主賓として招かれるなどしていた。日本の無償資金協力および技術協力が実施されていることは州政府にも十分承知されており、プロジェクトも、直接、間接に州政府による親日的な対応をうけた。

## 2. プロジェクト期間全体におけるカヤー州での活動結果

### 2.1 現状調査（第1期）

本プロジェクトが開始した2014年は、米国政府が長年の経済制裁の解除を表明して以来の激動の真っ只中であつた。保健セクターでも、世界銀行の大規模支援のプレッジに象徴される主要ドナーの活動が一挙に本格化し、状況が刻々と変化していた。保健省においても大臣や高官が幾度となく交代し、UHC達成に関する政策も揺れ動いていた。このような状況から、活動に先立ってプロジェクトサイトの状況を再確認する目的で、プロジェクト期間冒頭の5か月間（第1期、2014年11月～2015年3月）が現状調査に割かれた。

現状調査では、カヤー州での保健行政、保健医療施設（特に病院）、母子保健を中心とする保健医療サービス、保健人材（特に医師の配置状況）、他ドナーの活動についての現状確認を行い、活動開始へ向けて、PDMの調整および詳細活動を検討した。この段階で、日本人専門家がカヤー州の6つのタウンシップすべてを訪問して土地勘を得、また、タウンシップ病院、ステーション病院、他の保健施設の概況を把握できたことは、第2期での活動をすすめるうえで大いに役立った。現状調査の結果を踏まえて、「現状調査・ベースライン調査報告書 2015年3月<sup>2</sup>」をとりまとめ、第2期開始後の初回のJCC（2015年7月）へ向けて、PDM改訂案を検討した。しかし、後述のように、第2期の開始後も、保健省の体制、主要ドナーの動向は激変を続け、特に、成果2の活動が漸く本格化した2016年春には、現状調査を実施した2014年冬に比べて、州の政府、保健行政、ロイコー総合病院、タウンシップ/ステーション病院の状況にすでに種々の変化が生じていた。

### 2.2 活動内容（第2期～第3期）

「国家UHC戦略達成へ向けて、中央レベルおよび対象州の保健計画を管理する能力が強化される。」というプロジェクト目標に対して、カヤー州での活動は、州保健計画のマネジメント向上（成果2）、保健サービス提供の改善（成果3）の2つの側面からの能力強化を目指し、第2期（2015年5月～2017年3月）および第3期（2017年5月～2018年12月）を通して、以下の経緯で活動を展開した。

#### 2.2.1 成果2に関する活動

成果2の活動は、開始直後の保健省の組織改編が始まって以降、州/地域の公衆衛生、医療サービスそれぞれの行政局が管轄する業務、下位の施設との関係等すべてが落ち着くまでの間、停滞を余儀なくされた。2015年末になって、漸くカヤー州の両局の体制が整い、協力の対象とする「州保健計画」を協議することが可能となった。他方、同年11月の総選挙で翌年4月の政権交代が決まっていたため、新政権の体制や政策を確認してから「州保健計画」の位置づけを考えたいという両局の局長の強い希望もあり、成果2の活動の本格化は2016年4月まで待たざるを得なかった。なお、その時点までに、ミャンマーには実態のある「州保健計画」は存在せず、カウンターパートの間でさえ「州保健計画」の意味が人によって大きく異なることも確認されていた（成果2、2-1、2-2）。これを踏まえ、政権交代後にいよいよ本格化した成果2の活動は、まず、州の行政としての重要事項に一定期間（半期あるいは四半期）重点的に活動するための計画（プロジェクトでは「Special Effort」と命名）を通して

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<sup>2</sup> 第1期に提出済み。

計画マネジメントにかかる能力向上を図ることとした。特に、本来が医療施設であり行政経験の浅い州医療サービス局の **Special Effort** に重点を置くことにした。次に、同局の **Special Effort** の策定に先駆けて、州医療サービス局の目的・理念の明確化を行い、**Special Effort** を、組織理念を実践していくためのものと位置付けて、**Special Effort** を通じた支援を開始し、プロジェクトの終了まで、州レベル保健行政の実践的な計画マネジメントをすすめた (2-4)。2017年の保健スポーツ省による公衆衛生局と医療サービス局再統合の通達 (1.3.1に前述) によって州医療サービス局がロイコー総合病院から分離された後、ロイコー総合病院の強い希望によって病院独自の **Special Effort** も策定されるようになった。プロジェクトの終了時点において、州医療サービス局でも、ロイコー総合病院でも、それぞれ **Special Effort** はプロジェクトで作成したマニュアル (**The Special Effort: User's Guide**) に基づいてマネジメントされている (2-3)。

表 1: 成果 2 での活動の結果

PDM での活動	結果
2-1 州保健計画の現状	<ul style="list-style-type: none"> <li>・実質的な州保健計画およびマネジメントツールは存在しないことが判明 (活動開始時点) した。</li> </ul>
2-2 既存のモニタリング、評価のツール	
2-3 州保健計画のマネジメントマニュアル (案) 作成	<ul style="list-style-type: none"> <li>・ <b>Special Effort</b> のマネジメント 州医療サービス局 3 フェーズ (6 か月×3 回)、ロイコー総合病院 1 フェーズ ( 年 月～ 年月) を終了。 それぞれ次フェーズ (2019 年 1 月～6 月) を策定</li> <li>・ マネジメントマニュアル <b>The Special Effort: User's Guide</b> 完成。</li> </ul>
2-4 マネジメントマニュアル (案) に基づく州保健計画のマネジメント	
2-5 最終版マニュアルの他州/地域への紹介	<ul style="list-style-type: none"> <li>・ 視察受入 (5 州/地域)、訪問 (2 州/地域) による <b>Special Effort</b>、諸活動の共有を実施。</li> <li>・ 保健スポーツ省職員対象ショートセミナー実施。</li> <li>・ 医師会、医療評議会、看護助産協会への紹介。</li> </ul>

**Special Effort** は 3～6 か月間を 1 サイクルとし、州医療サービス局ではプロジェクト終了までに 3 フェーズを終了、4 つ目のフェーズ (2019 年 1 月～6 月) の立案までを支援した。また、第 3 期に入って、カウンターパートの強い希望により、ロイコー総合病院の州病院としての目的・理念の明確化と病院独自の **Special Effort** も開始した。同病院の **Special Effort** は初回のフェーズ (2018 年 7 月～9 月) を終了、2 つ目のフェーズ (2019 年 1 月～6 月) の立案までを支援した。

また、最終化されたマネジメントマニュアルの他州/地域への紹介 (2-5) に関し、カヤーチームとしては、単にマニュアルを紹介するだけでなく、**Special Effort** をアピールし、活動の現場をみせて、計画マネジメントの実際とその意義を伝えることが重要と考え、ネピドーでのショートセミナー (成果 1 との連携)、他州/地域の関係者によるプロジェクトの見学、カヤーチーム州カウンターパートによる他州/地域への訪問等に注力した。

この過程において、ロイコー総合病院での **Special Effort** の開始は、将来的には医療機関としての総合的品質管理 (**Total Quality Management, TQM**) につながることも期待できるほど

の勢いをもった。保健大臣、医療サービス局幹部、他の州/地域からの見学者等、同病院を視察した関係者も 5S-KAIZEN-TQM に強い関心を示した。

### 2.2.2 成果 3 に関する活動

成果 3 の活動は、成果 2 の活動が停滞していたプロジェクト初期からすでに活発に動き始めた。保健サービスの状況を把握するための能力向上（成果 3、3-1）、保健スタッフ対象の研修のマネジメント能力向上（3-2）、エンターテインメント形式による保健教育（Enter-Education）導入（3-3）、州の保健サービス提供改善に関するその他の活動（3-4）がすすめられ、適宜、Special Effort の一環として管理された（3-5）。

表 2: 成果 3 での活動の結果

PDM での活動	結果
3-1 保健サービス提供/利用状況把握についての能力向上	<ul style="list-style-type: none"> <li>・ サービス提供状況のレビュー</li> <li>・ データマネジメントの向上</li> <li>・ 患者および職員の満足度調査 「満足度調査のツール」</li> </ul>
3-2 保健スタッフ対象研修のマネジメント能力向上	<ul style="list-style-type: none"> <li>・ 新生児蘇生研修の実施</li> <li>・ BEmONC 研修の実施</li> <li>・ CNE 強化の支援 「CNE マネジメントガイド」</li> <li>・ 研修医臨床経験充実への支援 「ハンドブック」、「ツール」</li> </ul>
3-3 Enter-Education 導入	<ul style="list-style-type: none"> <li>・ クラウンズビジットの実施</li> <li>・ カヤーフエスティバル出展</li> <li>・ 産前/産後健診での保健教育 「コンセプトペーパー」</li> </ul>
3-4 保健サービス提供改善活動の管理能力強化	<ul style="list-style-type: none"> <li>・ 院内感染対策 「ツール」</li> <li>・ 5S 手法による業務環境改善 「5S マニュアル」</li> <li>・ 中央薬局機能の強化 「SOP 作成マニュアル」</li> </ul>
3-5 保健サービス提供の改善活動の州保健計画への反映	以上の活動を適宜 Special Effort の一環として管理した

保健サービスの状況を把握するための能力向上については、サービス提供状況のレビュー、病院サービスにおけるデータマネジメントの向上、各病院における患者および職員の満足度調査を支援した。プロジェクト開始直後のサービス提供状況のレビューについては、州医療サービス局の人員体制からカウンターパートが自力で継続できるような技術移転は時期尚早と判断せざるを得なかった。その後、病院サービスでのデータマネジメントを強化して報告精度の向上を図りたいとのカウンターパートの希望をうけ、成果 1 と連携して、当該業務の中心的職種である医療情報技師（Medical Record Technician, MRT）の研修を支援した。さらに、患者および職員の満足度の高い病院であることを目標に掲げた Special Effort の進捗にともなって、満足度調査の実施を支援した。

保健スタッフの研修マネジメントについては、新生児蘇生研修および基礎的緊急産科新生児ケア（Basic Emergency Obstetric and Newborn Care, BEmONC）研修、ロイコー総合病院における継続看護教育（Continuous Nursing Education, CNE）の強化、研修医のためのより良い臨床経験の仕組みづくりを支援した。開始直後の新生児蘇生研修および BEmONC 研修支援では計画的に研修活動をすすめ、進捗をモニタリングし、実施経緯を振り返って、その結果を次の研修運営に活かしていくことを指導した。その後、カウンターパートから、若い医師や看護師の現任教育を技術指導のテーマにして欲しいとの希望があったため、ロイコー総合病院における看護師および研修医の現任教育の改善を支援の対象とした。看護師の教育に関しては、ロイコー総合病院の組織理念に照らして同病院における看護師の在り方を再確認し、大きな目的へ向かって効果的な CNE が実施されていくよう、プロジェクト期間中の一連の活動を総括し、CNE マネジメントガイドにとりまとめた。研修医に関しては、地方勤務の医師にとって臨床経験の不足が深刻な問題であることを踏まえ、研修医と指導にあたる医師が臨床経験の進捗を量的、質的にモニタリングするツールを作成し、パイロットとした産婦人科、小児科での試行を重ねて、ツールとハンドブックを最終化した。プロジェクト終了後も他の診療科への拡大も含めて取り組みを継続するべく、2018 年 10 月の各科の主任医師等への働きかけを行った。

Enter-Education 導入については、クラウンズビジットの導入、産前/産後健診における保健教育の改善、カヤーフェスティバルへの出展等を支援した。クラウンズビジットは、小児科医（カヤー州出身ではない転勤族）が感じている患児の親や家族（言語が異なる少数民族）とのコミュニケーション上のストレスを軽減する目的で開始し、家庭での乳幼児の健康管理と疾病予防等を内容とする保健教育も加えて試行した。その結果、現状の人員体制において、そのような活動を診療科単位で維持していくことは難しいと判断された。他方、クラウンズビジットを通して患者および家族との良好なコミュニケーションを持つことの意義はカウンターパートの間で広く認識され、ロイコー総合病院での **Special Effort** 開始に先駆けて行った目的・理念の明確化においても、病院は州の人々のためにあるという価値観に反映された。病院が掲げた組織理念のもとに、地元の医療機関としての住民との触れ合いが続いていくと期待される。小児科で試みられた良好なコミュニケーションと保健教育は、産婦人科での産前/産後健診での保健教育の改善にもつながった。クラウンズビジットにヒントを得て、寸劇の導入、オリジナルの教材の作成が開始した。産婦人科での取り組みが今後も継続し、また、その経験を病院全体として活用できるよう、これまでの同科での取り組みを踏まえて、産前/産後健診における保健教育の位置づけ、少数民族も多く居住するカヤー州において、州病院の診療活動の一環として健康と病気についての適切な情報を発信することの意義等をコンセプトペーパーにとりまとめた。

その他、州の保健サービス提供改善については、カウンターパートの要望をうけて、院内感染対策、5S 手法による業務環境改善、中央薬局機能の強化等を支援した。院内感染対策や業務環境改善はロイコー総合病院をベースとして技術移転をすすめた。カウンターパートの意識は高く、州医療サービス局とロイコー総合病院が協力して、州内のタウンシップ病院等への指導も行った。プロジェクト期間中に、全タウンシップへの 5S 手法の訪問指導がカウンターパートによって行われた。また、プロジェクト期間の最後には、保健スポーツ省医療サービス局がロイコー総合病院の 5S チームを講師に招いて 5S-KAIZEN-TQM を紹介するセミナーを開催した。

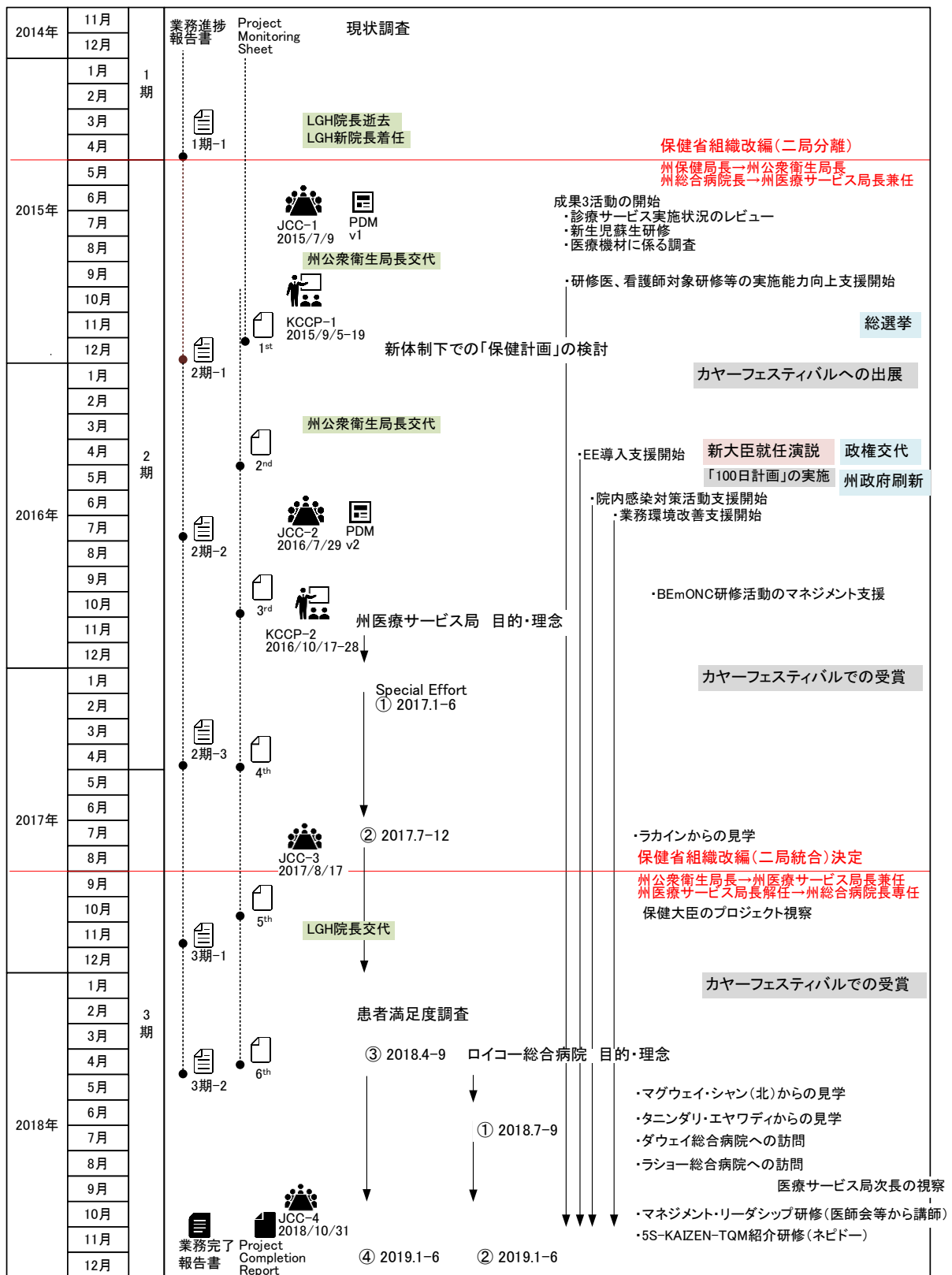
### 2.2.3 その他の経緯

#### (1) 職能団体への働きかけ

プロジェクトでの成果の定着と今後の持続性を高めるうえで、ミャンマーの医師会、医療評議会、看護/助産師協会にも活動内容を紹介し、5S マニュアル等のプロジェクトで作成したツールの有効活用、今後のロイコー総合病院への支援等を依頼した。

#### (2) 知識協創プログラム

プロジェクトでは直営部分によって知識協創プログラム（本邦研修）が3回（2015年9月、2016年10月、2018年1月）実施され、「保健計画管理と保健サービス改善」をテーマとし第1回目および第2回目はそれぞれ8名（うち4名がカヤー州）、「病院データ管理と利活用」をテーマとした第3回目は6名のカウンターパートが参加した。



保健システム強化プロジェクト（カヤー）4年間の軌跡



## 2.3. プロジェクト終了時までの活動状況

「ミャンマー国保健システム強化プロジェクト第3期 プロジェクト業務進捗報告書②（2018年5月30日付）」（以降「前回の進捗報告」）以後、プロジェクトが終了するまでの活動の状況は以下のとおり。

### 2.3.1 成果2の活動

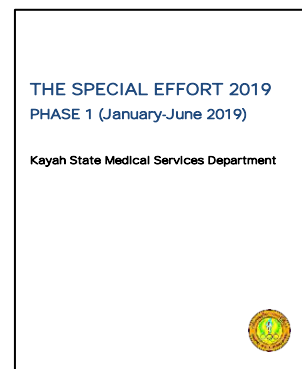
#### (1) Special Effort を通じた計画マネジメント支援

州医療サービス局の Special Effort は第3フェーズ（2018年4月～9月）が終わり、第4フェーズ（2018年1月～6月）が立案された。次のフェーズからは州医療サービス局が自力で運営管理していくことを考慮し、文書作業等の簡略化を図った。

単純なことではあるが、第3フェーズから、表紙に何枚もの写真を掲載することはやめている。そのような表紙の彩りは、カウンターパートの動機付けや関連機関へのアピールを意図したものであったに過ぎず、写真の準備、コンピュータ上でのレイアウト等、操作に慣れていないと作業の負担となる。もともと欠員が多く、これまでのキーパーソンも将来的な人事異動は避けがたいカヤー州行政局の状況においては、そのような作業の負担は出来る限り軽減することが成果を定着させる条件のひとつと考えた。

また、前フェーズの評価についても、ツールに必要事項が的確に記載さえされていれば、これをもとに前フェーズを振り返り、計画立案・実施・評価・改善（Plan-Do-Check-Action, PDCA）の A を実践することは十分可能であるところ、これまでプロジェクトの支援でとりまとめていた評価レポートをカウンターパートに強いる必要はないと判断された。したがって、第3フェーズの終了時には、実施中のモニタリングツール（Activity Reporting Form）の記載を用いて活動を振り返り、評価レポートは起こさずに、第4フェーズを立案することを実践した。カウンターパートはすでにPDCAのAでつながるサイクルを十分理解しており、この方法で前フェーズから次フェーズへスムーズに進められることも確認できた。ちなみに、「ひとつのフェーズの活動が多すぎると実施もモニタリングもうまくいかない」、「何をどこまで改善するか現状と目標を数値で示しておく方が良い」といった第1および第2フェーズの評価の結果をカウンターパートもよく覚えている。第4フェーズは、第3フェーズでの5つの活動を振り返り、タウンシップ病院およびステーション病院との良好な関係を築くための活動が、現在の州医療サービス局にとって特に重要かつ効果的であるとの判断で、その活動に絞り込んで継続することが決まった。（添付資料4. 州医療サービス局の Special Effort）

ロイコー総合病院では、Special Effort の立案に先立って、前回の進捗報告の直後に病院の目的・理念を全職員に周知させるためのローンチイベント（2018年5月21日）が開催された。同イベントでは、病院内の会議室を会場として、病院の組織理念を紹介する動画の上映、病院の活動写真展示、モットーを印刷した巨大バナーの展示、ビデオメッセージの収録、記念品（モットーが印刷されたジャージ）の贈呈などが行われた。一人でも多くの職員に参加してもらうためイベント会場は終日開放し、訪れる職員ひとりひとりに院長や副院長が声をかけて病院の組織理念を紹介した。文字通り「すべての病院職員を巻き込む」という考えの



州医療サービス局の  
Special Effort④の表紙

もと、医療従事者に限らず、事務員、清掃人、ごみ処理係り、倉庫管理人、厨房係りなどもすべて招待され、当直明け、夜勤前、休暇中の職員等を除く約 400 人（全職員数：約 500 人）が会場を訪れた。参加者の反応は上々で、このようなイベントに呼ばれて院長と直接会話などしたことがない清掃人や厨房係のなかには「病院職員として認められ、医師や看護師と同等に扱ってもらえたことがうれしい」と涙ながらに語る者もいた。離任を間近に控えた小児科医師も、ロイコー総合病院での思い出がこみあげて涙をこらえきれず、目をはらしたまま院長と記念撮影を行っていた。この会場は翌日実施された他州/地域からの視察活動でもそのまま活用された。このイベントを通じ、全職員が一丸となって病院の目的・理念を達成しようという機運が高まった。（添付資料 5.ロイコー総合病院の組織理念）



会場で受付をする職員



ジャージを貰った職員



皆でメッセージを書き込んだバナー

また、病院の取り組みを広く来院者に伝えるために病院紹介掲示板が設置された。掲示板には、「Welcome to Loikaw General Hospital」という見出しのもと、院長からのメッセージ、病院の目的・理念・モットー、前月の活動写真が貼りだされ、意見箱も設置された。



外来受付の横に設置された掲示板（掲示内容は、添付資料 6.ロイコー総合病院の掲示内容（英訳））

掲示板が設けられた途端に「待合の椅子が足りない」という最初の意見が寄せられた。この意見と「待合の椅子は患者さんを優先させるよう付添で来ている人たちの配慮を呼びかけ、

病院としても新しい椅子の購入手続きをすすめます」との病院の回答も早速掲示板に貼りだされた。簡単なやりとりではあるが、病院が来院者あるいは職員の意見を聞き、回答し、行動に移す一連の流れが視覚化されたことは、皆と一緒にこの病院を良くしていくというロイコー総合病院の決意の表れであり、組織理念に掲げた「皆のための病院 hospital for all」を具現化したような掲示板と言って過言でない。職員の動機づけの維持にも有効であると考えられる。病院を視察したメンバーもこの掲示板を高く評価していた。

ロイコー総合病院の Special Effort は「中央薬剤室の設置と薬剤管理に関するシステムの構築」を初回の活動内容として開始した。カヤーチームとしては、プロジェクト終了までにモニタリング・評価までのサイクルを完結させてカウンターパートに少しでも有意義な経験をさせられるよう、初回は期間を3か月（2018年7月～9月）とし、活動数も1つに絞るよう助言した。その結果、上述の活動が選択され、プロジェクトで作成したマネジメントツールを用いて詳細活動が立案され、進捗もモニタリングされた。病院は、第2回目は6か月間（2019年1月～6月）を期間として、取り組みをより本格化すると意気込みをみせている。（添付資料7.ロイコー総合病院の Special Effort）



保健スポーツ省医療サービス局次長（左）とロイコー総合病院の院長



見学者とカヤーチーム副総括（右）

なお、Special Effort で取り上げた中央薬剤室の強化に関し、病院の強い希望を受けて、院内での医薬品業務に関する標準手順書作成マニュアルのとりまとめを支援した（「2.3.2 (10) 中央薬局機能の強化」参照）。

州医療サービス局およびロイコー総合病院でのツールの試用を経て、マネジメントマニュアル（The Special Effort: User's Guide）を改訂し、特に、計画策定に先立って組織理念を明確化することの重要性を加えて最終化した。（添付資料8. マネジメントマニュアルとツール）

## (2) 他州/地域からの視察者の受入れ

2018年5月、6月にマグウェイ地域、シャン州（北）、タニンダリ地域、エヤワディ地域からの見学を受け入れた。また、中央の保健スポーツ省医療サービス局の希望を受けて、各回2名まで同局職員の参加も受け入れた。第2回目は、ミャンマー医師会病院管理部会のメンバー4名もオブザーバーとして招待した（添付資料9. 他州/地域からの視察受入れの記録）。

昨年のラカイン州からの視察を受け入れた際と同じく、1日目は州公衆衛生/医療サービス局、2日目はロイコー総合病院が見学に対応した。ラカイン州からの視察に始まり、プロジェクト期間中に大臣や本省高官の突然の視察なども経験してきたことから、カウンターパートもカヤー州における取り組みをより効果的に説明できるようになった。他州/地域の人々にカヤー州についてよく知ってもらいたい、という意気込みも窺えた。回を重ねるごとに、より良い紹介をしようとの積極性もみられ、特に、6月の視察では、活動紹介から質疑応答まですべてをカウンターパートが担当し、カヤーチームは側面支援に徹した。局長や院長だ

けでなく、ロイコー総合病院の 5S マネージャー、院内感染対策担当師長、小児科や産婦人科の主任医師等、メインアクターが自分の言葉で活動を熱く語る様子は、カヤーチームとしても感慨深かった。他州/地域からの見学受入れをとおして、州の保健行政およびロイコー総合病院の取り組みを紹介するひとつのプログラムがほぼ完成したことも、カウンターパートにとっての成果であったといえる。



来訪者（右）の質問に笑顔で回答する職員

表 3: 他州/地域からの視察受入れの内容

目的	カヤー州における州レベルの保健計画マネジメントの実践を見学し、任地での応用への参考とする。	
内容	<ul style="list-style-type: none"> <li>- カヤー州概要、保健医療事情、州の行政および総合病院の取り組みの紹介</li> <li>- Special Effort および他の活動の紹介</li> <li>- ロイコー総合病院における活動現場の見学</li> <li>- 関係者間の意見交換</li> </ul>	
日程	<p><u>2018年5月22日（火）～23日（水）</u></p> <p>5/22 ロイコー着</p> <ul style="list-style-type: none"> <li>・オリエンテーション</li> <li>・州公衆衛生/医療サービス局訪問 カヤー州保健事情全般 プロジェクトの概要</li> <li>・デモウソタウンシップ見学</li> </ul> <p>5/23 ・ロイコー総合病院訪問 Special Effort について ロイコー総合病院概要 5S-KAIZEN-TQM アプローチ 院内見学</p> <ul style="list-style-type: none"> <li>・意見交換</li> <li>・ロイコータウンシップ見学</li> </ul> <p>5/24 ロイコー発</p>	<p><u>2018年6月19日（火）～21日（木）</u></p> <p>6/19 ロイコー着</p> <ul style="list-style-type: none"> <li>・オリエンテーション</li> <li>・州公衆衛生/医療サービス局訪問 カヤー州保健事情全般 Special Effort について JICA 事業の紹介</li> <li>・デモウソタウンシップ見学</li> </ul> <p>6/20 ・ロイコー総合病院訪問 ロイコー総合病院概要 5S-KAIZEN-TQM アプローチ 院内感染対策 研修医の臨床経験の充実 総合病院における保健教育 院内見学</p> <ul style="list-style-type: none"> <li>・ロイコータウンシップ見学</li> </ul> <p>6/21 ロイコー発</p>
参加者	<p>保健スポーツ省医療サービス局 医療サービス課 次長 " 係長</p> <p>マグウェイ地域 地域保健局 局長 医務官（サブライ）</p> <p>ミンブ総合病院 院長 " 小児科主任医師</p> <p>シャン州（北） 州保健局 係長 ラショー総合病院 総院長 " 産科主任医師 " 看護部長 (計 10名)</p>	<p>保健スポーツ省医療サービス局 医療サービス課 次長 医療支援課 係長</p> <p>タニンダリ地域 地域保健局 局長 ダウェイ総合病院 院長 ミェイク総合病院 院長 チョ・タン総合病院 院長</p> <p>エヤワディ地域 地域医療サービス局 局長 地域保健局 医務官 ラプタ総合病院 院長 パテイン総合病院 小児科医 " 看護部長 (計 11名)</p>
オブザーバー	ミャンマー医師会病院管理部会 (計 4名)	

見学に参加した人たちからは、州医療サービス局が **Special Effort** という方法で独自の取り組みをすすめてきたことや、ロイコー総合病院の職員が組織理念のもと共通の目的をもって結束していることが印象的だとの意見が多く、他の州/地域でも同様の取り組みを行うべきとの声もあがった。実際に、自分の所属先で具体的な行動（**Special Effort** ツールを用いた計画マネジメント、5S活動の導入等）を起こした見学者もいる。活動の現場を直接見て、その場でカウンターパートと見学者が意見交換できたことには想定以上の効果があった。

他方、日本人専門家がいなくて、プロジェクトの資金援助があるからできたことだろう、カヤー州は小さいから（新しい取り組みも）できるのだろうというような言葉をカウンターパートに向けた来訪者が一部いたことも事実である。このような批判は、むしろカウンターパートにとって良い刺激のうちで、あるものを使って工夫することこそが 5S 活動の基本だ（お金はかけていない）といったアピールもしていた。

プロジェクトが開始した 2014 年当時、ロイコー総合病院への転勤は島流しのようなものだ、と言われていた。2018 年 11 月現在、そのイメージは大きく変わった。この意味でも、他の州/地域の関係者を招いて活動の現場をみせたことは有意義であった。カヤー州を視察した保健スポーツ大臣がカウンターパートの取り組みを高く評価したことも、保健スポーツ省内でのカヤー州およびロイコー総合病院への関心と呼んだ。また、プロジェクト開始時にはロイコー市内でしか使えなかった携帯電話が急速に普及し、州内/外との通信事情が格段に向上したことも影響した。携帯電話を介したインターネットの使用料が安価であることから、ミャンマー全国でソーシャルメディアが広く利用されるようになり、ロイコーでの活動の光景がリアルタイムでアップロードされ、国内の保健医療関係者、特に若い世代から広く好意的な反応が寄せられたことも、カウンターパートにとって良い励みになった。活動の進捗と通信事情の改善が同期したことも、カヤー州での活動が効果的に宣伝されたことの要因といえる。

### (3) 他州/地域への訪問

他州/地域からの視察受け入れを通して、カヤー州のカウンターパートから自分たちも他を視察したいとの希望があった。ミャンマーでは、州/地域の保健スタッフが中央の保健スポーツ省に呼ばれてネピドーや他の都市での会議や研修に参加することはあっても、州/地域レベルの行政や医療機関が他の州/地域との横のつながりをもつことはほとんどない。他を見てみたい、というカウンターパートの率直な希望を叶えることはプロジェクトとしても極めて重要と判断された。他方、すでにプロジェクトの残り期間が 1 年を切っていたため準備をする時間には限界があり、そこで、5 月、6 月の見学に参加した州/地域の局長や病院長にその場で交換訪問の受け入れを打診した。この結果、タニンダリ地域のダウェイ総合病院、シャン州（北）のラショー総合病院が訪問を受け入れてくれることとなり、7 月、8 月にそれぞれを訪問した。

ダウェイ総合病院への訪問（7 月 25 日、26 日）は、ロイコー総合病院から 10 名（院長、医師、看護師、事務職員）、州医療サービス局から 2 名（局長補佐、看護官）、州公衆衛生局から 1 名（看護官）が参加した。プロジェクトからも日本人専門家、ナショナルスタッフ各 1 名が同行した。初日は、カウンターパートがカヤー州での活動を紹介し、ダウェイ総合病院の院内ツアーを行いつつ先方関係者と意見交換した。ダウェイ総合病院関係者は 5S 手

法を用いた業務環境改善活動に特に  
関心を示し、ロイコー総合病院 5S チ  
ームにツールやプレゼンテーション  
の提供を求め、院内見学の際には個  
別の助言を求めている。2 日目には医  
師と看護師に分かれ、それぞれの病  
院で行われている活動の具体的な方  
法について意見交換し、お互いの病  
院で生じている問題とその改善方法  
を議論した。交換訪問に参加したカ  
ヤー州のカウンターパートは、JICA



ダウエイ総合病院で、ロイコー総合病  
院の組織理念を語る院長（右）、産婦  
人科と小児科での Enter-Education を  
力説する産婦人科主任医師（上）



の支援について、無償資金協力と技術協力プロジェクトが実施されたことで保健医療サービ  
スの質を向上させる大きなきっかけとなったと、日本の支援の良さを強調していた。また、  
率先して訪問に参加したロイコー総合病院産婦人科主任医師は「私たちの今回の訪問の目的  
は私たちが得た様々なアイデアを他州に広げることであり、それが私たちの役目でもある。」  
と熱心に語っていた。

ラショー総合病院への訪問（8月22日、23日）は、ロイコー  
総合病院から10名（院長、副院長、医師、看護師、事務職  
員）、州医療サービス局から2名（医務官、看護官）、州公衆  
衛生局から2名（副局長、看護官）が参加した。プロジェクト  
からも日本人専門家2名、ナショナルスタッフ2名が同行した。  
ラショーはシャン州北部に位置し、中国国境に近い中核都市  
で、院内掲示はビルマ語、シャン語、中国語で併記されるな  
ど、ロイコーとはかなり事情が異なる。ラショー総合病院は、  
ロイコー総合病院と同じく、日本の無償資金協力で建物・機材  
が整備されている。初日の院内ツアーでは施設の活用や機材の  
保守管理なども話題にのぼった。その後、ラショー総合病院の  
医師、看護師など約100名を集めて、両院長によるそれぞれの  
病院概要の紹介、ロイコー総合病院 5S トレーナーによる 5S-  
KAIZEN-TQM の紹介等が行われた。ラショー総合病院が既に  
5S 活動に着手していたこともあって、活動の進め方や継続のコ  
ツなどについて具体的な質問が相次いだ。全国的に関心の高ま  
っている医療廃棄物処理等も活発に議論された。2 日目は、シ  
ポー（Hsipaw）タウンシップ病院を訪問した。同病院は寄付ベ  
ースの病院給食や職員のパフォーマンス評価制度など、患者と従業員の満足度向上にむけた  
独自の取り組みで知られている。驚いたことに、ロイコー総合病院の取り組みをソーシャル  
メディアで知った院長が、シポータウンシップ病院独自のビジョン、コアバリュー、モット  
ーを策定して院内に掲げていた。これを見たロイコー総合病院院長は、ソーシャルメディア  
の影響力に感心しつつ、今後も病院としての取り組みを積極的に発信していこうと発奮して  
いた。院長のこの思いは他の職員も同じで、その後、ロイコー総合病院の Facebook アカウ



ラショー総合病院での院内ツアー。ロイ  
コー総合病院の看護部長（上）と産婦人  
科部長（下）。皆、イベントで配布され  
たジャージを着ていった。

トへの投稿がより活発になり、フォロワーも増加し、同病院で出産した女性の夫から「病院スタッフが妻と子に皆良くしてくれて、本当に嬉しかった」というような書き込みもあった。

ダウェイ、ラショーへの交換訪問に関し、これまでそういう機会に乏しかっただけに、他州/地域の状況を実際に見て、自分と同じ立場の関係者と率直な意見交換ができたことは、職員の動機付けを高める効果もあったとカヤー州のカウンターパートは述べている。ロイコー総合病院としては、プロジェクト終了後も、病院予算の範囲内で他州/地域との積極的な交流に努めたいとしている。

#### (4) 保健スポーツ省へのフィードバック

ロイコーと首都ネピドーの往復は、陸路（片道 6 時間の山道）、空路（ヤンゴンで乗継）とも効率が悪く、保健スポーツ省関係者とのアポの調整も容易ではない。このため、カヤーチームがネピドーへ出向いて保健スポーツ省と直接面談する機会は乏しく、成果 1 担当の日本人専門家の協力を得て保健スポーツ省との情報共有に努めてきた。

保健大臣のカヤー州訪問（2017 年 10 月）の後、保健スポーツ省のプロジェクトへの関心が高まってからは、他州/地域からの見学への参加（上述）、医療サービス局次長の視察等保健スポーツ省の側からのプロジェクトに対する働きかけが増えた。カヤーチームとしてはカウンターパートによる保健スポーツ省高官への効果的な説明を支援しつつ、特に、医療サービス局の担当課に対しては、Special Effort、5S-KAIZEN-TQM アプローチ等につき、機会をみつけて日本人専門家からの直接的な説明も試みた。その結果、ロイコーでの活動の成果についての保健スポーツ省の理解も深まり、本省がロイコー総合病院の 5S チームを講師に招いて、全国の病院関係者に対する 5S 紹介セミナー（2018 年 11 月 1 日）の開催が実現した。また、プロジェクトが終了する直前にロイコーを再訪した保健大臣から、政府内での報告に用いるためのプロジェクトの説明資料の提供を求められた。時間が一両日に限られたがその範囲内で可能な資料を作成し、州公衆衛生/医療サービス局長から保健スポーツ省へ提出した。（添付資料 9. 保健スポーツ省へ提出したプロジェクトの説明資料）

#### (5) マネジメント・リーダーシップ研修

前回の進捗報告以降、ミャンマー医師会、医療評議会、看護/助産協会との情報共有がすすんだ。カヤーチームからは、プロジェクトの概要、Special Effort の趣旨等を中心に活動の内容を説明した。医師会の病院管理部会からは、特に、5S-KAIZEN-TQM について強い関心が示された。従来、これら職能団体が政府省庁とは異なる立場から国内の医療従事者、医療機関の支援に注力していることを踏まえ、ロイコー総合病院が組織理念のもとに質の良い医療サービス提供に向けた質向上への一步を踏み出そうとしているところ、これら団体が、プロジェクト終了後もロイコー総合病院の活動に関心を寄せ、適宜、支援してくれるように依頼した。なお、2018 年 10 月に開催したマネジメント・リーダーシップ研修には、これら団体のメンバーを講師に招いた。

まず、州医療サービス局の第 3 回 Special Effort の活動のひとつであった病院職員のマネジメント・リーダーシップ・コミュニケーションの能力強化の一環としての研修が 10 月 16 日に実施され、医師会および医療評議会のメンバーが講師を務めた。同研修は、医療者の態度や考え方をクローズアップし、医療の倫理、医師と患者の関係、コミュニケーション、チームワークについての講義が行われた。ロイコー総合病院およびタウンシップ病院/ステーシ

ョン病院の医師、看護師約 80 名が参加し、患者の意識啓発、医療者の適切な態度等について積極的に質問していた。

州医療サービス局は、一旦、これに続けて看護/助産協会から講師を呼んで看護に焦点をあてた研修を実施することを考えたが、ロイコー総合病院の希望で、同病院の看護師のうち 30 歳以上の者に限定して実施することになった。10 年前のカリキュラム改訂以降は看護学校でもマネジメント論を教えているが、特に州病院に勤務する 30 代以上の看護師は、病院の種々の場面でリーダーシップを発揮しなければならない立場にあるにも関わらず、看護学校時代にマネジメント論を一切学んでいない。そこで、州医療サービス局もロイコー総合病院の希望を受け入れて、同病院のシニア看護師に的を絞った研修を行うことになった。同研修について、研修の企画・運営、講師招聘にかかる先方機関との交渉等は、ロイコー総合病院看護部が中心となってすすめた。カヤーチームは側面支援に徹した。

### 2.3.2 成果 3 の活動

#### (1) 患者および職員満足度調査

2017年から2018年にかけて実施した患者および職員の満足度調査に関し、2018年7月に、満足度調査の実施マニュアルを作成のうえ、州医療サービス局担当者に説明した。（添付資料 11. 満足度調査の実施マニュアル等）

#### (2) 研修医の臨床経験の充実

ロイコー総合病院の産婦人科と小児科をパイロットとしてすすめてきた研修医の臨床経験を充実させるための活動に関し、研修医と指導医が研修医の臨床経験の進捗を量的・質的にモニタリングするツールおよびハンドブックを最終化した。

産婦人科と小児科では既に自分たちでツールを活用できるようになり、カヤーチームの手助けはほとんど必要ないところまですすんだ。他方、同様の取り組みを他診療科に広げたいとしている院長、副院長から、診療科によっては、パイロット部門と同様の統計処理、すなわち研修医が経験可能な臨床例を算定するための基礎資料として病棟の診療記録のレビュー、疾病分類とグルーピング等を行うことは困難な場合も予測される旨の相談があった。その点についての現実的な対処として、主任医師の主観で研修医の経験可能な症例数を設定し、研修医の臨床経験と病棟の診療記録を平行して改善していくよう病院として指導するオプションを提案し、院長、副院長からも同意を得た。このオプションも反映させて、ツールとハンドブックを最終化した。（添付資料 12. 臨床経験記録のツールとハンドブック）

#### (3) 継続看護教育

プロジェクト終了後もロイコー総合病院の看護部がより効果的な CNE を実施していけるよう、これまでの活動を振り返り、CNE の目的、方針、計画・実施・モニタリング/評価手法を内容とする CNE マネジメントガイドをとりまとめた。マネジメントガイドの作成にあたって、カウンターパートとともに、ロイコー総合病院の組織理念に照らして看護師に求められる資質を改めて議論し、多様性の理解（少数民族の多い州において適切な看護を提供するこの基本条件）、変化に柔軟に対応する能力（医療や看護のニーズが変遷していくものであることへの理解と対応）、自己研鑽の意識等が重要であることを確認した。これらを高め



ることこそが CNE の目的であり、今後もこれを軸として CNE が継続していくことが強く望まれる。これを趣旨として、ロイコー総合病院看護部との協働でマネジメントガイドをとりまとめた。（添付資料 13. CNE のマネジメントガイド）

#### (4) 産前および産後健診での保健教育

ロイコー総合病院産婦人科での産前/産後健診における効果的な保健教育に関し、プロジェクトが支援してきた保健教材の作成は、テーマの選定から実際の教材作成までを病棟師長を中心とする病院スタッフだけで出来るようになった。他方、カヤーチームが保健教育の内容を標準化するよう提言してきた点について、病棟スタッフの間では教育内容の固定化といった誤解をされがちであり、また、寸劇の台本や教材の作成を中心にすすんできた活動において議論が各論に入りがちな難点もあった。そこで、カヤーチームとしては、形式的な標準化を推し進めるよりも、まず、病棟関係者の中で産前/産後健診における保健教育の意義が認識され、その意識が若い看護師や看護実習生等も含めて新しく同科に着任するスタッフにも継承されて、同科のルーチンとして安定した保健教育が行われていくための基本的な考え方を明確にすることの方がカウンターパートにとって重要であると考え、産婦人科主任医師との協働で、産前/産後健診における保健教育についてのコンセプトペーパーをとりまとめた。（添付資料 14. 産前/産後健診での保健教育のコンセプトペーパー）

#### (5) 院内感染対策

この活動についても、カウンターパートがほぼ独自ですすめられる段階に達しており、プロジェクトで作成した巡回のチェックリストや月報フォーム、手洗いポスター等も活用されている。前回の進捗報告以降、プロジェクトが終了するまでの間、カヤーチームとしては、活動に用いる消耗品の適切な数量管理について助言するなど、側面支援に徹した。

#### (6) 業務環境改善のための 5S 活動

前回の進捗報告以降も、5S 活動のパイロットエリアにおける進捗は順調で、5S チームによる巡回も定着した。その後、透析室、外科、産婦人科などでも活動が開始した。「5S」という言葉の新鮮さが病院スタッフの意欲を高め、病院のいたるところで活動が始まった。しかし、他国での多くの例のように、そのままでは近いうちに 5S 活動が形骸化することは必至であるところ、5S 活動がうまく継続されるための仕組みづくりにカヤーチームの重点を移して、5S-KAIZEN 活動の目標、進捗、問題点を明確化し、関係者間で共有するためのツールを作成した。具体的には、5S チームが毎月の巡回で用いる「M&E ツール」と各診療科で活動を管理する業務環境改善チーム（Work Improvement Team, WIT）が使用する「5S 活動実施記録」を作成し、試用と改訂を重ねて最終化した。ロイコー総合病院では、ツールを用いることで、5S-KAIZEN 活動の目標が明確となり、日々の活動進捗も可視化された。これにより、活動実施者のモチベーションが維持されることが期待される。5S チームによる院内巡回での確認作業も安定した。



5S チーム (QIT) による巡回指導の様子

2018年8月には、診療科レベルで5S-KAIZEN活動を管理するWITの結成に着手した。まず、パイロット部門（外来/救急病棟、小児科病棟、内科病棟、キッチン、医療情報技師室）のWITを組織して徐々に他の部門へも広げ、プロジェクト終了までに院内の診療科や各部門のほぼ7割でWITができた。2018年9月上旬より、部門単位のWIT育成研修を月2回程度の頻度で実施し、同研修の実施とともに当該部門への巡回指導を開始するという方法をとっている。プロジェクト終了後もこの方法で院内全部署のWITが組織されると予測される。

5S活動とあわせて、課題解決（KAIZEN）を実践的に練習するため、来院者からの意見とそれに対する回答を病院紹介掲示板に掲示する試みを開始した（2.3.1 (1)に先述）。当初は院長が中心となって課題への対応策検討とその実施を行っていた。その後、WITの結成にもなって各部署での5S活動はWITによる実施管理ができるようになった、これにもなって、5Sチーム（5Sマネージャー、5Sトレーナー）の役割はそれまでの直接的な活動実施者からスーパーバイザーに移行し、病院としての品質改善チーム（Quality Improvement Team, QIT）としての役割を果たすようになった。

ロイコー総合病院での活動進捗を踏まえ、同病院の状況に即した5S-KAIZEN-TQMアプローチの実施マニュアルをとりまとめた。（添付資料15.5S活動のマニュアルとツール）

#### (7) 看護学校への5S活動の紹介

ロイコー総合病院に隣接する看護/助産専門学校は、保健スポーツ省の指示命令系統としては公衆衛生/医療サービス局ではなく保健人材局の監督下であって、厳密にはプロジェクトのカウンターパートから外れる。他方、小さなカヤー州においては、看護/助産専門学校とロイコー総合病院の関係は密で、同校の教員がCNEの講師となり、男子の看護実習生が産婦人科での寸劇で妊婦の夫役を演じるなど、プロジェクトの活動への協力も



看護/助産学校での5S活動の紹介

あった。プロジェクトの期間中に学校長が2度交代するなどの異動はあったものの、プロジェクトに対して常に強い関心を示してくれていたことから、2018年3月にロイコー総合病院で実施した5S講師育成研修に同校教員の受講も呼びかけた。その後、研修に参加した教員が授業の一部で5S-KAIZEN-TQMアプローチを紹介するようになった。これに関し、学校長は、基礎看護の授業に5S-KAIZEN-TQMアプローチを盛り込んで全学生に学ばせたいとの見解を示した。そこで、学校の要望をうけて、また、ロイコー総合病院5Sチームのさらなる実践力向上も狙って、2018年9月6日に看護/助産学校の教員および3年生全員を対象として、5S-KAIZEN-TQM紹介セミナーを実施した。人数の都合上、カヤーチームの日本人専門家およびナショナルスタッフ2名がファシリテータとして参加した以外、ロイコー総合病院5Sチームがセミナー講師をすべて務めた。ロイコー総合病院および州内のタウンシップ病院、ステーション病院の看護師のほぼ全員がカヤー州出身でこの学校を卒業している。同校の授業に盛り込まれれば、今後のロイコー総合病院の新人看護師はすべて卒前教育で5S-KAIZEN-TQMアプローチを学ぶこととなり、プロジェクトの成果の定着にも効果があると考えられる。

## (8) タウンシップへの 5S 活動の展開

タウンシップ病院への 5S 活動の展開は、州医療サービス局の第 3 回 Special Effort の活動に採択されていた。州医療サービス局看護官を中心に 2018 年 6 月～8 月にかけて、州内全 6 タウンシップ病院での導入指導が完了し、その後は、月 1 回程度の頻度で巡回指導が行われている。また、2018 年 9 月にロイコーを訪問した保健スポーツ省医療サービス局の次長が、ロイリンレイ・ステーション病院（ロイコータウンシップの郊外）も視察した際に、同ステーション病院においてもロイコー総合病院を見習って 5S-KAIZEN を実践するよう指示した。その後、同ステーション病院責任者等がロイコー総合病院で 5S チームによる 5S-KAIZEN の指導を受けた。



ロイコー総合病院で 5S-KAIZEN の説明を受けるロイリンレイのステーション医務官 SMO（中央男性）。SMO はステーション病院の責任者。同ステーション病院の唯一の医師。

州公衆衛生/医療サービス局の局長も、病院だけでなく農村保健所やサブセンターへも 5S 活動を導入したいと希望しており、ロイコー総合病院に対してステーション病院への導入指導にも協力するよう求め、病院長もこれを快諾している。11 月、12 月は局行事が続くため、2019 年 1 月からステーション病院への 5S 活動の導入指導が本格化する。

## (9) ネピドーにおける 5S-KAIZEN-TQM 紹介セミナー

最終の JCC が開催された翌日（2018 年 11 月 1 日）、保健スポーツ省医療サービス局によって、現在および今後の無償資金協力の対象である州/地域の総合病院等の関係者を対象とする 5S-KAIZEN-TQM 紹介セミナーが実施された。同局の要請をうけて、ロイコー総合病院 5S チームが講師を務めた。

## (10) 中央薬局機能の強化

Special Effort で取り上げた中央薬剤室の強化に関し、活動が開始した 2018 年 7 月ですでにプロジェクト期間は数か月を残すのみであったが、病院から最後まで日本人専門家による技術支援と助言を継続して欲しいとの強い希望があった。カヤーチームとしては、そのような薬局業務の改善は、薬や患者の取り違えの防止、適切な服薬指導等の医療の安全性に留意すべきものであり、したがって、医薬品の取り扱いに関する病院内での業務を標準化することが望ましいと助言しつつ、病院の希望をうけて、標準手順書作成マニュアルのとりまとめを支援した。（添付資料 16.薬局業務の SOP 作成マニュアル）

### 3. プロジェクト実施運営上の課題・工夫・教訓

#### 3.1 州/地域レベルをサイトとするプロジェクトの成果の活用

カヤー州での活動について、PDM ver.0 では、カヤー州で計画マネジメントの「ガイドライン」を作成し、中央の保健省がこれを採択して全国に普及させる構想になっていた。活動が開始してから「ガイドラインは国が策定すべきもので、これを州保健局が勝手に作ってしまうことなどできない」とカウンターパートの反発をうけた。特に、2015年当時は民主化がすすんだとはいえ軍政による強烈な中央集権と上意下達の風土がまだ残り、「ガイドライン」だけでなく「州保健計画」という表現にも少なからぬ抵抗が示された。これに対して、カヤーチームでは「(国の指針である)ガイドライン」ではなく「(それに従って州で実施するための)マニュアル」と説明し、「州保健計画」を「(国の政策を州で実現していくための)州レベルの実施計画」と説得しつつ、「Special Effort」という名前をつけて、カウンターパートの抵抗感を払しょくした。その延長において、ロイコー総合病院をベースとした活動の結果として「**良質な医療サービスを実現するための明確な組織理念に基づく改善努力**」というひとつのモデルが中央政府にも認知されるに至った。

プロジェクトが終了した現在、改めてこの経緯を振り返ればミャンマーの民主化の過程におけるひとつの現象に過ぎなかったと解釈することもできる。しかし、政権が交代しプロジェクトの趣旨と共通する方向性が生み出されることがなかったら、このような混乱がさらに続いたかも知れない。技術協力の成果を全国へ普及させるというアプローチの合理性は、単に PDM 上で確認されるだけでは足りない。事実上、国の行政機能があまり機能せず、政策や指針も海外援助によって策定されているような後発国ならいざ知らず、ミャンマーのように一定の行政システムが存在する国においてはそのシステムを考慮してプロジェクトの構想をたてることが重要と考えられる。

#### 3.2 ミャンマーにおける JICA スキームの利点

ロイコー総合病院は施設・機材の整備を内容とする無償資金協力の対象施設でもあり、その完工前に、技術協力プロジェクトが開始した。これに関し、特に、プロジェクトの活動として他の州/地域との交流を行った際、カヤー州および他の州/地域の関係者の間で、施設・機材の整備もあれば技術指導もある日本の支援が話題になった。皆の一致した意見は、カヤー州でその両方が実施されたことが極めて大きな効果を生んだという点であった。

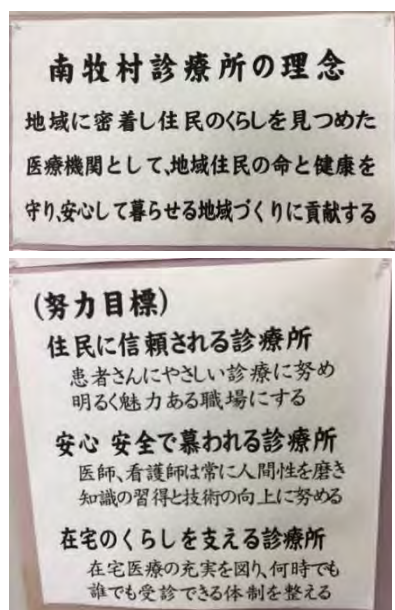
現在、ミャンマーの保健セクターでは多くの大規模な支援が実施されているが、技術者が現地を訪れて施設や機材の整備を設計して詳細設計から施工監理までの業務にあたり、専門家が現地でも活動して技術移転を行うようなドナーは少ない。カヤー州のカウンターパートからの「地域住民との交流、5S 活動というような概念は理解するが具体的に何をすべきか見当もつかなかった、日本人と一緒に活動してくれてはじめてどうすれば良いかが分かった」とのコメントは強く印象に残った。

今後も、特に地方をサイトとする協力が実施される場合、カウンターパートも認めた JICA プロジェクトの良さが最大限に発揮されることが望まれる。

### 3.3 本邦研修および日本の経験の活用

#### 3.3.1 組織理念明確化への動線としての本邦研修の効果

カヤー州の活動に対する大きな効果は、まず、2回の本邦研修において、地方の行政機関、医療機関の訪問をとおして、ひとつの目的（例：より良い医療を提供する）のために各機関がそれぞれの役割を果たしているという気づきがあったことである。特に、小さな山村のへき地診療所（長野県の南牧村診療所）に理念や努力目標が掲げられていたことはカウンターパートにとって大きな衝撃であり、州医療サービス局での組織理念の明確化への直接的なきっかけとなり、Special Effort を用いた計画マネジメント強化という支援の方向性も生まれた。



佐久病院の若月俊一院長（当時）に南牧村診療所の開院を陳情した本人（右側の白髪の男性）を訪ねて直接話を聞いた

本邦研修の参加者が目にしたへき地診療所の掲示。カヤー州における Special Effort はすべてここから始まった

#### 3.3.2 医療と住民との関係性

本邦研修に参加したカウンターパート全員が2名ずつに分かれて、長野県佐久総合病院の医師と看護師のペアによる訪問診療に同行した。通常、第三者、特に外国人が同行することは難しいが、佐久総合病院の好意により実現し、患者およびその家族からも快く受け入れられた。訪問診療の対象は、主に通院が困難な寝たきりのお年寄りや筋ジストロフィー等の難病患者で、治癒は見込めない患者であることは、ほぼ全員が医師である研修参加者にもすぐわかる。そのような患者を診療する佐久総合病院の医師の姿勢（感染症を克服し心臓病やがんも治療ができるようになっても医者がやることは無くならない。人間は誰でもいつか亡くなるものであり、医者としての最終的な仕事は人の死を看取ることに他ならない）には全員が心を打たれた。さらに、どの訪問先でも家族が笑顔で診療チームを迎え、終始明るい会話が交わされる風景もカウンターパートにとって衝撃的であった。「医者と会ってあんなに楽しそうにしている家族を私は見たことがない」と呟いた参加者は、帰国後のロイコーでの報告会でこのことを何度も繰り返して話した。また、患者が亡くなり、その家族から「先生、ありがとう」と言われたことがあるだろうか、と深く考え込む参加者もいた。長野県での光景が、住民とのコミュニケーションの大切さをカヤー州の人々に納得させたといえる。

### 3.3.3 日本の経験の活用について

「医療は地域とともにあるべき」というカヤーチームのビジョン、地方の総合病院による保健教育という着眼、5S-KAIZEN-TQM アプローチによる医療サービスの質改善等は日本において実践されてきた事実に基づく。しかし、カヤー州の活動では、日本での方法をそのままカヤー州に持ち込むことは極力控え、あくまで事例として紹介し、カウンターパートが何らかのヒントを得て彼らのやり方で何かを始めることを最大限に尊重した。ミャンマー、特にカヤー州のような地方の農村地帯は、20世紀中葉の日本の地方小都市にその景色は似ているが、他方、携帯電話、コンピュータ、インターネット、衛星放送など、20世紀半ばには存在しなかったものが途上国の地方農村部にも普及している。景色は似ていても、そこで働く医療者を取り巻く環境は大きく異なる。また、疾病構造や確立された治療法も半世紀前の日本とは異なる。日本の経験を活用することが功を奏するとすれば、かつての日本と同じことをするのではなく、過去および現在の日本での成功あるいは失敗の事例に、相手国の人々が何らかの含蓄を見出して、自分たちの力で前進することが大きな条件であると考えられる。

## 4. プロジェクト目標の達成度

表 4: プロジェクト目標と指標

プロジェクト目標	国家 UHC 戦略達成へ向けて、中央レベルおよび対象州の保健計画を管理する能力が強化される。
指標	<ol style="list-style-type: none"><li>1. 電子データで報告できる病院数が上昇する。（目標値: 83 病院（全国 200 床以上の病院数））</li><li>2. サンプル地域の病院情報分析報告書が 1 つ以上作成される。</li><li>3. プロジェクト終了時において、対象州でプロジェクトの支援によって策定された保健計画マネジメントマニュアルが活用されている。</li><li>4. プロジェクト終了時において、プロジェクトで実施された対象州の経験が中央レベルにフィードバックされ、他州/地域に共有されている。</li></ol>

上記 4 つの指標のうち、成果 2、3 に関係するものは、指標 3、4 である。

指標 3 に関しては、既述のとおり、カヤー州において、州レベルの行政局および州病院においてプロジェクトで作成したマネジメントマニュアル（The Special Effort: User's Guide）が活用されている。また、指標 4 については、カヤー州での活動は中央の保健スポーツ省、他州/地域に十分共有され、まだ一部ではあるが同様の取り組みを開始する動きもみられる。

カヤー州の行政局および州病院は、良質な医療を実現するための Special Effort（計画）という方法と、計画マネジメントというスキルを身に着け、「対象州の保健計画を管理する能力が強化される」というプロジェクト目標は十分達成された。

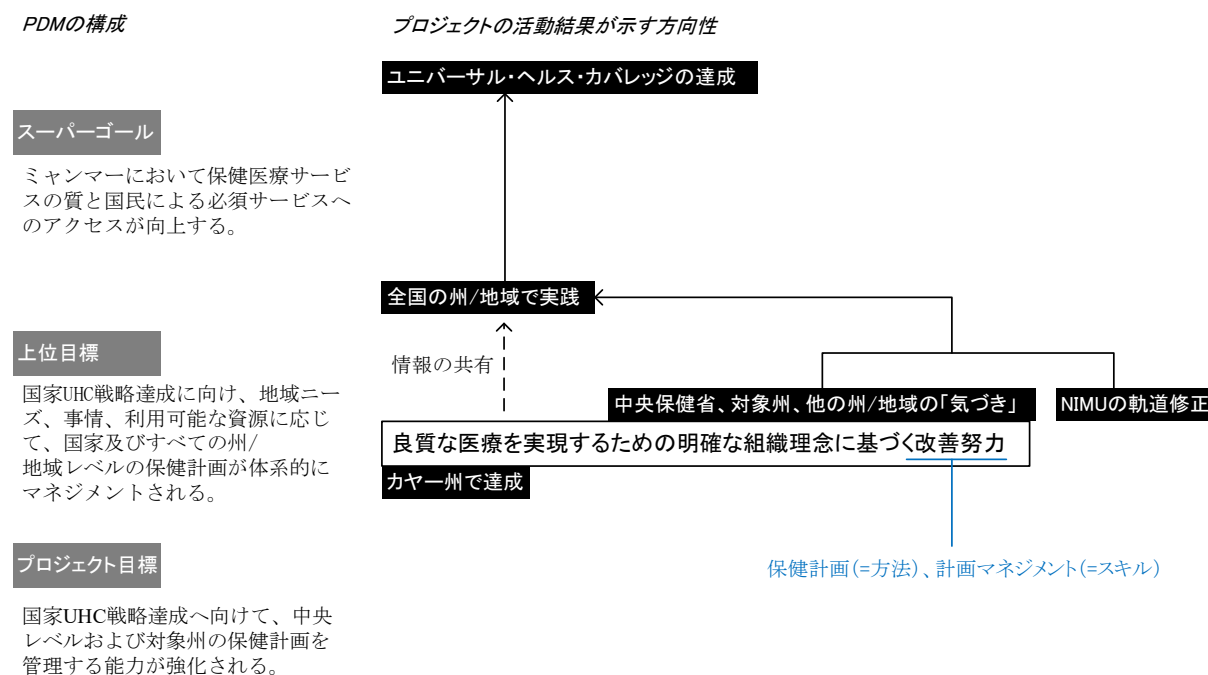
## 5. 上位目標の達成に向けての提言

表 5: 上位目標と指標

上位目標	国家UHC戦略達成に向け、地域ニーズ、事情、利用可能な資源に応じて、国家及びすべての州/地域レベルの保健計画が体系的にマネジメントされる。
指標	1. 2021年までに、保健省が、州の保健計画のマネジメントを支援している。 2. 2021年までに、州/地域の保健計画が、国家保健計画と整合している

PDM で示された上位目標は、計画マネジメントの能力向上を通じて UHC 戦略の効果をあげていく、という流れをもつ。

これに関し、カヤー州での活動の結果からは、行政局や医療施設が、より良い保健医療を提供するという本来の目的にたつて、地域における当該機関の役割を認識し、主体的に課題に取り組んでいくような状態を作り上げることが重要であり、これがカヤー州での実践そのものであった。カヤー州での活動は、プロジェクト目標であった保健計画を管理する能力（方法、スキル）の強化を達成し、その先の「良質な医療サービスを実現するための明確な組織理念に基づく改善努力」という広大なモデルを保健スポーツ省にも気づかせた。



プロジェクトの終了時において、保健スポーツ省も「良質な医療サービスを実現するための明確な組織理念に基づく改善努力」の重要性に気づいており、ロイコー総合病院の 5S チームを講師とする研修（11月1日）では病院ビジョニングに焦点をおいて、全国の州/地域への指導を行った。

また、州/地域の保健計画（Inclusive State/Regional Health Plan）の策定をすすめる国家保健計画実施促進ユニット（National Health Plan Implementation Monitoring Unit, NIMU）によるワ

ークショップ等がカヤー州で実施された機会に、プロジェクトは上述の考え方を繰り返し提言してきた。その結果、いわゆるショップリスト作りそのものであった NIMU による計画策定プロセスにおいて、州/地域の状況や本来のニーズを盛り込むべきことが少しずつ議論されるようになってきた。

保健スポーツ省やカヤー州を見学した他州/地域による「気づき」が尊重され、「良質な医療サービスを実現するための明確な組織理念に基づく改善努力」が全国の州/地域で実践されるようになれば、上位目標はもとより、スーパーゴールを超えて、UHC の達成へとつながってゆくことも可能と考えられる。



## 添付資料

1. 合同調整委員会 (Joint Coordination Committee, JCC) 議事録
  - 1-1 第1回 JCC (2015年7月9日) 議事録
  - 1-2 第2回 JCC (2016年7月29日) 議事録
  - 1-3 第3回 JCC (2017年10月2日) 議事録
  - 1-4 第4回 JCC (2018年10月31日) 議事録 (案)
2. プロジェクト・デザイン・マトリックス (PDM) およびモニタリングシート
  - 2-1 PDM 変更経緯 (和)
  - 2-2 PDM ver.3 (英、和)
  - 2-3 モニタリングシート (英)
3. 要員計画実績
  - 3-1 第1期要員計画実績
  - 3-2 第2期要員計画実績
  - 3-3 第3期要員計画実績
4. 州医療サービス局の Special Effort
  - 4-1 Special Effort ① (2017年1月～6月)
  - 4-2 Special Effort ② (2017年7月～12月)
  - 4-3 Special Effort ③ (2018年4月～9月)
  - 4-4 Special Effort ④ (2019年1月～6月)
5. ロイコー総合病院の組織理念
  - 5-1 組織理念
  - 5-2 ローンチイベント関連資料
6. ロイコー総合病院の掲示板の内容 (英訳)
7. ロイコー総合病院の Special Effort① (2018年7月～9月)
8. マネジメントマニュアルとツール
  - 8-1 マネジメントマニュアル
  - 8-2 ツール
9. 他州/地域からの見学受入れの記録
  - 9-1 シャン州 (北)、マグウェイ地域からの見学の記録
  - 9-2 ダニンダリ地域、エヤワディ地域からの見学の記録
- 10 保健スポーツ省へ提出したプロジェクトの説明資料
11. 満足度調査の実施マニュアル等
  - 11-1 調査マニュアル
  - 11-2 ルール (Excel) の使用方法
12. 臨床経験記録のツールとハンドブック
  - 12-1 ハンドブック
  - 12-2 ツール (小児科)
  - 12-3 ツール (産婦人科)
13. 継続看護教育マネジメントガイド
14. 産前/産後健診での保健教育のコンセプトペーパー

15. 5S 活動のマニュアルとツール
  - 15-1 M&E ツール
  - 15-2 5S 活動実施記録
  - 15-3 5S マニュアル
  - 15-4 5S-KAIZEN-TQM 紹介セミナー実施記録
16. 薬局業務の標準手順書作成マニュアル

1. 合同調整委員会 (Joint Coordination Committee, JCC) 議事録

1-1 第1回 JCC (2015年7月9日) 議事録

1-2 第2回 JCC (2016年7月29日) 議事録

1-3 第3回 JCC (2017年10月2日) 議事録

1-4 第4回 JCC (2018年10月31日) 議事録 (案)

※第4回 JCC 議事録の Appendix、Project Completion Report (31 October 2018) は含めていない。(別途提出済み)



**MINUTES OF MEETING  
BETWEEN THE JAPAN INTERNATIONAL COOPERATION AGENCY  
AND  
THE MINISTRY OF HEALTH  
OF THE REPUBLIC OF THE UNION OF MYANMAR  
ON THE FIRST JOINT COORDINATING COMMITTEE MEETING  
FOR  
THE HEALTH SYSTEM STRENGTHENING PROJECT**

The 1<sup>st</sup> Joint Coordinating Committee (hereinafter referred to as “JCC”) meeting between the Japan International Cooperation Agency (hereinafter referred to as “JICA”) and authorities concerned of the Ministry of Health, the Republic of the Union of Myanmar on the Health System Strengthening Project (hereinafter referred to as “the Project”) was held on 9 July 2015.

At the table of the JCC meeting, the authorities concerned of both sides convened a series of fruitful discussions for the smooth operation of the Project.


As a result of the discussions, both the Ministry of Health and JICA have a common understanding relating to the matters in the documents attached hereto.

Nay Pyi Taw, 9 July, 2015

石井 羊次郎

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Mr. Yojiro Ishii  
Chief Advisor  
MoH/JICA HSS Project  
Japan International Cooperation Agency



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Dr. Soe Lwin Nyein  
Director General, Department of Public Health,  
Ministry of Health  
The Republic of the Union of Myanmar

藤田 恭輔

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Mr. Kyosuke Inada  
Senior Representative  
Myanmar Office  
Japan International Cooperation Agency

## ATTACHED DOCUMENT

**Name of Project:** MOH/JICA Health System Strengthening Project

**Meeting Title:** The 1<sup>st</sup> Joint Coordinating Committee Meeting for the MOH/JICA HSS Project

**Date:** 9 July 2015

**Time:** 13:00-15:00

**Venue:** Meeting room, Department of Public Health, Ministry of Health, Nay Pyi Taw, Myanmar

**Name of the person presiding:**

Dr. Soe Lwin Nyein, Director General, Department of Public Health, MOH

**Attendants list:**

Dr. Soe Lwin Nyein, Director General, Department of Public Health, MOH

Daw Aye Aye Sein, Deputy Director General, Administration and Finance, Department of Public Health, MOH

U Khin Win, Director of Planning, Department of Public Health, MOH

Daw Khine Khine Kyi, Director of Finance, Department of Public Health, MOH

Dr. Ma San Myint, Director of Administration, Department of Public Health, MOH

Dr. Thet Thet Mu, Director of Inspection/Audit, Department of Public Health, MOH

Dr. Kyaw Kan Kaung, Director of Procurement and Supply-chain Management, Department of Public Health, MOH

Dr. Hla Mya Thway Einda, Director of Central Health Education Bureau, Department of Public Health, MOH

Dr. Thida Kyu, Director of Planning, Department of Medical Services, MOH

U Win Oo, Director of Finance, Department of Medical Services, MOH

Dr. Thar Htun Kyaw, Director of Administration, Department of Medical Services, MOH

Dr. Than Sin Htoo, Deputy Director, Planning and Statistics Division, Permanent Secretary Office, MOH

Dr. Wai Mar Mar Htun, Assistant Secretary, Policy and Law Scrutiny and Action Inspection Division, Permanent Secretary Office, MOH

Dr. Tun Aung Kyi, State Public Health Director, Kayah State Public Health Department

Dr. Yan Naing Maung, State Medical Services Director, Kayah State Medical Services Department

Mr. Kyosuke Inada, Senior Representative, JICA Myanmar Office

Ms. Kaori Nakatani, Project Formulation Advisor on Health, JICA Myanmar Office

Dr. Tomoko Ono, Assistant Director, Health Team 4, Human Development Department, JICA HQ

Mr. Yojiro Ishii, Chief Advisor, MOH/JICA HSS Project

Dr. Chiharu Abe, Kayah Team Leader/Health Sector Planning and Administration, MOH/JICA HSS Project

Ms. Yoko Ogawa, Kayah Team Sub-Leader/ Health Sector Planning and Administration, MOH/JICA HSS Project

Ms. Mayumi Omachi, Maternal and Child Health Expert/Project Coordinator, MOH/JICA HSS Project

Dr. Marlar Soe, Program Officer, MOH/JICA HSS Project

Ms. Ei Thaw Win, Data Management officer, MOH/JICA HSS Project

Ms. Htet Htet Aung, Secretary, MOH/JICA HSS Project

## The Summary of Meeting

### **1. Opening Speech**

Dr. Soe Lwin Nyein, Director General, Department of Public Health

- Ministry of Health has been restructured for overall health development of the country as well as the ministerial structure. In term of Health System Strengthening (HSS), JICA is one of a leading body whereas the HSS-TSG under MHSCC and GAVI-HSS have been working for several years.
- MOH/JICA HSS Project started to improve health systems with practical experience from their activities in Kayah. JICA experts will discuss with MoH on health planning.
- DG referred the recent visit of the President and the Union Health Minister to Japan and quoted that the President guided the Minister to coordinate with JICA experts for good practice of HSS. DG mentioned there are lots of lessons from Japan's experiences on the process achieving its UHC and administrative systems on health strategies, its planning procedures, its detailed implementation and its timeline.

### **2. Speech**

Mr. Inada, Senior Representative, JICA Myanmar Office

- Mr. Inada mentioned that the Project started in November last year to strengthen health systems to provide quality health services and to achieve universal health coverage (UHC). The primary objective was to enhance the capacity in health policy formulation, planning and administration and in delivering healthcare services at the central and state/regional levels.
- Due to the changes of MOH organization, JICA expert team revised the project purposes and activities and came to a conclusion to propose substantial revision of the Project Design Matrix (PDM), the basic framework of the project at this meeting.
- He expressed that JICA continues to implement wide range of health projects in the areas of human resource development, hospital rehabilitation, medical education and malaria control, among others. He concluded with his expectation that the Project take a vital role to strengthen core functions of planning and management of the MOH for better and quality service delivery.

### **3. Proposals and Presentations**

#### **a. Proposal of Revision of the PDM**

Mr. Ishii, Chief Advisor of the Project proposed the revision of the original PDM (version 0.) of the Project, which was made and approved by the MOH and JICA in July 2014, due to changes of the surrounding environment of the Project such as the growing needs of health plans management and the structural reform of MOH.

#### **b. Presentation of the Progress of the Project and the Outlines of the Proposing PDM**

Mr. Ishii reported the background observations and findings for the revision of the PDM (version 0. to version 1.) with showing the strength versus weakness analytical chart of the present health administration and concluded that there is a need in strengthening the health plan management at national and state/region levels. Mr. Ishii

also suggested the five key elements required for developing good health plans as a result of the observations: namely, integration and coordination, interactive linkage, continual improvement, consistency and diversity, accountability and transparency.

**c. Plan of the project activities at national level**

Daw Aye Aye Sein, Deputy Director General of Administration and Financing, Department of Public Health, presented the plan of activities for output 1 as follows;

- There are six activities in Output 1 at the ministry level which will be implemented focusing on strengthening the management capacity of health plans at various levels with reflection to the transition to the future health plans. Current National Health Plan (NHP) 2011-2016 has been formulated in relation to the fifth five years plan of National Development Plan as well as the first five years plan of the National Comprehensive Development Plan (Health Sector) 2011-2030 concurrently.
- In term of health plan management, the Project will support monitoring and evaluation (M&E) of NHP. The project will support the development of guidelines on health plan formulation and M&E after the situation analysis of the present NHP management. The project might work on HMIS and human resources for health (?) databases for the appropriate management of the health plans at all levels. Project will also arrange some functions to share internal and external experiences on HSS among MoH staff.
- In the next cycle of NHP (2016-2020), it is needed to formulate the costed operational plans as well as yearly implementation plans with proper M&E system which would give the inputs for the future NHP cycle.

**d. Plan of the project activities in Kayah**

Dr. Tun Aung Kyi, State Public Health Director in Kayah, presented the plan of activities as follows;

- The main objective of the Project activities in Kayah State is to strengthen a state health plan in 2017 based on the linkage with NHP and with consideration of local needs, conditions and available resources and to improve health service delivery in the state.
- There are three sets of activities in outcome 2: (1) reviewing existing tools of M&E and supportive supervision of health plans; (2) strengthening ing a state health plan; and (3) drafting, practicing and completing a management guideline of the state health plan.
- There are three sets of activities under outcomes 3: (1) identifying necessary measures to improve the current service delivery; (2) conducting necessary training to improve the service delivery; and (3) organizing activities to increase people's understanding on health services.

#### **4. Discussions**

**a. Proposal of Revision of the PDM**

- The participants basically agreed to the observations of the Project on the matters of the government and on the health administration, and expected activities presented by the Chief Advisor of the Project.
- Dr. Hla Mya Thway Einda questioned whether the Project has the baseline data(?) as it needs be clear for the evaluation. The Chief Advisor replied that as the observations were made based on the narrative discussions rather than the quantitative information, there is not a clear quantitative baseline, especially for the activities in MoH. The

4/1



situation analysis including a baseline survey will be conducted as the first project activity in MoH, so that the baseline will be clear.

- Dr. Thar Tun Kyaw commented about financial management: The capacity in financial management needs to be strengthened. Although the MoH budget has increased eight times more than before, some officials are not ready to use the budget. There are needs to learn how to effectively use the money.

**b. Plans of the project activities**

- DG/DPH supported the idea to conduct more training in state and regional levels and also to strengthen the capacity of state departments to conduct training in Kayah State. The Project activities at the state level are to improve the health services delivery by supporting the State and the Comprehensive Township Health Plans management with the identification of local needs and to make clear understanding of the Project by the community.
- However, DG/DPH pointed out that all the training programs are needed to get an approval from MoH and be followed up especially in case of the upcoming Neonatal Resuscitation Training in Kayah with involvement of expatriates.
- Whereas DG/DPH expressed appreciation and welcome of Japanese technical inputs, he also maintained that all training should follow national guidance.
- It is noted that current transportation and mobility of people in Kayah are much better than before although there are still some restrictions for foreigners to move around the villages except in Loikaw and Demawso.
- It is also noted by the Myanmar side that there is a critical need of new or renovation of sub-centers, rural health centers (RHCs) and station hospitals for the strengthening of the state health systems. There are some budget misplacing allocation cases for health infrastructure in villages with some influence of people from the local Parliament.

**5. Decisions and Conclusion**

- The Proposal of revision of the original PDM (version 0.) was approved based on the presented observations.
- The proposed new PDM (version 1.) including the revised Project Purpose, expected Outcomes, Activities, Indicators, Inputs and Assumptions will be reviewed by the concerned divisions and the attendants of the 1<sup>st</sup> JCC Meeting will send comments and suggestions to Daw Aye Aye Sein within one week (by 16 July, 2015) so that all necessary procedures will be followed smoothly.
- MOH will assign the Project Director and two Project Managers and clarify the members of the Joint Coordinating Committee based on the proposed list by the Project.
- Kayah State Public Health Department and Medical Services Department should send an application letter to MOH immediately as the training will be starting on 13<sup>th</sup> July so that DG/DPH will try to get verbal approval from the Minister before the training course start.
- The Study Tour in Japan will be held in this September. The Project will provide the criteria for the selection of participants as soon as possible.
- All the health training programs supported by the Project at any levels, any states or

regions are needed to get the approval from MoH.

**6. Remarks**

Dr. Tomoko Ono, Assistant Director, JICA, stated that as Myanmar is one of the priority countries and as the supporting program toward UHC is also a high priority area, that she expects the Project to collaborate with and contribute to many other UHC-related JICA projects in the world.

**7. Closing**

Dr. Soe Lwin Nyein closed the JCC meeting with the thanks to all participants of the meeting.

Annex-1	Revised Project Design Matrix
Annex-2	Plan of Operation
Annex-3	Revised JCC member list

## **The Revision of the Members of the Joint Coordinating Committee**

### **1. FUNCTION OF THE COMMITTEE MEETING**

The Joint Coordinating Committee Meeting will be held at least once a year and whenever necessity arises. Its functions are as follows:

- (1) To formulate the annual work plan of the Project;
- (2) To review the progress of the annual work plan;
- (3) To review and exchange opinions on major issues that may arise during the implementation of the Project;  
and
- (4) To discuss any other issue(s) pertinent to the smooth implementation of the Project

### **2. MEMBERS OF THE COMMITTEE (REVISED)**

(1) Chairperson: Director General, Department of Public Health, Ministry of Health (**Project Director**)

(2) Members:

a) Myanmar Side

- Deputy Director General, Administration, Department of Public Health, MOH (**Project Manager**)
- Director of Planning, Department of Public Health, MOH
- Director of Finance, Department of Public Health, MOH
- Director of Administration, Department of Public Health, MOH
- Director of Internal Audit, Department of Public Health, MOH
- Director of Procurement and Supply-chain Management, Department of Public Health, MOH
- Deputy Director General, Administration and Finance, Department of Medical Services, MOH (**Project Manager**)
- Director of Planning, Department of Medical Services, MOH
- Deputy Director of Finance, Department of Medical Services, MOH
- Director of Administration, Department of Medical Services, MOH
- Director of Internal Audit, Department of Medical Services, MOH
- Director of Procurement, Department of Medical Services, MOH
- Director of Supply-chain Management, Department of Medical Services, MOH
- Director of Infrastructure, Department of Medical Services, MOH
- Assistant Secretary, International and National Relations and Information, Permanent Secretary Office, MOH
- Assistant Secretary, Planning and Statistics Division, Permanent Secretary Office, MOH
- Assistant Secretary, Budget Scrutiny Financial Division, Permanent Secretary Office, MOH
- Assistant Secretary, Policy and Law Scrutiny and Action Inspection Division, Permanent Secretary Office, MOH

- Assistant Secretary, Administration and Human Resource Management Division, Permanent Secretary Office, MOH
- State Public Health Director, Kayah State Public Health Department
- State Medical Services Director, Kayah State Medical Services Department

b) Japanese Side

- Resident Representative of JICA Myanmar Office
- JICA Experts
- Other personnel concerned, to be assigned by JICA, if necessary

(3) Observers:

- Official(s) of the Japanese Embassy in Myanmar
- Other personnel invited by Chairperson

**MINUTES OF MEETING  
BETWEEN THE JAPAN INTERNATIONAL COOPERATION AGENCY  
AND  
THE MINISTRY OF HEALTH  
OF THE REPUBLIC OF THE UNION OF MYANMAR  
ON THE ~~FIRST~~ <sup>SECOND</sup> JOINT COORDINATING COMMITTEE MEETING  
FOR  
THE HEALTH SYSTEM STRENGTHENING PROJECT**

The 2<sup>nd</sup> Joint Coordinating Committee (hereinafter referred to as “JCC”) meeting between the Japan International Cooperation Agency (hereinafter referred to as “JICA”) and authorities concerned of the Ministry of Health and Sports, the Republic of the Union of Myanmar on the Health System Strengthening Project (hereinafter referred to as “the Project”) was held on 29 July 2016.

At the table of the JCC meeting, the authorities concerned of both sides convened a series of fruitful discussions for the smooth operation of the Project.

As a result of the discussions, both the Ministry of Health and Sports and JICA have a common understanding relating to the matters in the documents attached hereto.

Nay Pyi Taw, 29 July, 2016

石井 羊次郎

\_\_\_\_\_  
Mr. Yojiro Ishii  
Chief Advisor  
MoH/JICA HSS Project  
Japan International Cooperation Agency



\_\_\_\_\_  
Dr. Soe Lwin Nyein  
Director General, Department of Public Health,  
Ministry of Health  
The Republic of the Union of Myanmar

西形 康太郎

\_\_\_\_\_  
Mr. Kotaro Nishigata  
Senior Representative  
Myanmar Office  
Japan International Cooperation Agency

### **Attached Document**

**Name of Project:** MOHS/JICA Health System Strengthening Project (hereinafter referred to as 'the Project')

**Meeting Title:** The 2nd Joint Coordinating Committee Meeting for the MOHS/JICA HSS Project

**Date:** 29 July 2016

**Time:** 13:00-15:00

**Venue:** Meeting room, Department of Public Health, Ministry of Health and Sport, Nay Pyi Taw, Myanmar

**Name of the person presiding:**

Daw Aye Aye Sein, Deputy Director General, Administration and Finance, Department of Public Health, MOHS

**Attendants list:**

Daw Aye Aye Sein, Deputy Director General, Administration and Finance, Department of Public Health, MOHS

Dr. G Seng Taung, Deputy Director, Planning Division, Department of Public Health, MOHS

Dr. Maung Maung Htay Zaw, Deputy Director, Planning Division, Department of Public Health, MOHS

Daw Khine Khine Kyi, Director of Finance, Department of Public Health, MOHS

Dr. Wai Mar Mar Tun, Director of Health System Strengthening & Inspection, Department of Public Health, MOHS

Dr. Thet Thet Mu, Director of Health Information System, Department of Public Health, MOHS

U Khin Mg Thar, Director of Administration, Department of Medical Service, MOHS

U Win Oo, Director of Finance, Department of Medical Service, MOHS

Dr. Myo Thuzar, Assistant Director, Planning Division, Department of Medical Service, MOHS

Dr. Phyu Win Thant, Assistant Director, Permanent Secretary Office, MOHS

Dr. Khin Maung Yin, State Public Health Director, Kayah State Public Health Department, MOHS

Dr. Yan Naing Maung, State Medical Service Director, Kayah State Medical Service Department, MOHS

Mr. Kotaro Nishigata, Senior Representative, JICA Myanmar Office

Ms. Kaori Nakatani, Project Formulation Advisor, JICA Myanmar Office

Ma Myat Thazin, Senior Secretary, JICA Myanmar Office

Mr. Yojiro Ishii, Chief Advisor, Nay Pyi Taw Team, MOHS/JICA Health System Strengthening Project

Ms. Mayumi Omachi, MCH Expert/Project Coordinator, Nay Pyi Taw Team, MOHS/JICA Health System Strengthening Project

Dr. Myo Thiri Lwin, Program Officer, Nay Pyi Taw Team, MOHS/JICA Health System Strengthening Project

Dr. Pyae Pyae Phyo, Program Officer, Nay Pyi Taw Team, MOHS/JICA Health System Strengthening Project

Dr. Nan Ei Mon Myint, Program Officer, Nay Pyi Taw Team, MOHS/JICA Health System Strengthening Project

Ms. Htet Htet Aung, Secretary, Nay Pyi Taw Team, MOHS/JICA Health System Strengthening Project

Ms. Chiharu Abe, Team Leader/Health Sector Planning and Administration, Kayah Team, MOHS/JICA Health System Strengthening Project, Kayah

Mr. Kazunori Iijima, Team Sub-Leader/Health Sector Planning and Administration 2, Kayah Team, MOHS/JICA Health System Strengthening Project, Kayah

Dr. Kyaw Thu Htet, Chief Technical Officer, Kayah Team, MOHS/JICA Health System Strengthening Project, Kayah

## **The Summary of Meeting**

### **1. Opening Speech**

Daw Aye Aye Sein, Deputy Director General, Administration and Finance, Department of Public Health

- During the previous one and half year, both the Project and MOHS had experienced a lot of progress and changes, especially the restructuring of MOHS and changes in state/regional administration. However, the mandate of the MOHS to promote health

- of people and to prevent people from disease was not changed.
- 2016 is the last year of the previous 5 year National Health Plan (2011-2016) and it is an important time to formulate the new National Health Plan (2016- 2020). The new NHP will provide guidance to develop individual specific health management plans. It will show the direction to move all health care activities towards achievement of UHC.
  - At the time of the 1<sup>st</sup> JCC meeting in July 2015, the project team and JCC members agreed the revision of Project Framework and Project Design Matrix to focus much more on central level and state level (Kayah).
  - It is recognized that the MOHS/JICA HSS project can contribute and support the MOHS for the proper management of National Health plan; formulation, implementation, monitoring and evaluation.
  - The Project had accomplished many activities at central level and state level (Kayah State) last year. At the central level, it organized the parallel session in the National Health Forum regarding the health plan management. It also organized a study tour to Japan. Total of eight participants from MOH joined in the study tour and learnt Japan health care system. Moreover, it organized short seminars regularly in both DPH and DMS to promote knowledge sharing, communication and collaboration within the ministerial staff. In Kayah State, the project team worked closely with the State Health Departments to improve the training system for health staff (doctors, nurses).
  - On today's 2<sup>nd</sup> JCC meeting, further revision of the Project Framework/PDM will be discussed with all members. The direction of the Project will be revised based on the present progress and surrounding circumstance of the Project to make it clearer. Following the mandate of the Minister, all members will think all the matters together to support and strengthen the Project.
  - Daw Aye Aye Sein expressed sincere appreciation for kind collaboration of all JCC members for health system strengthening toward achieving UHC.

## 2. Speech

Mr. Kotaro Nishigata, Senior Representative, JICA Myanmar Office

- Mr. Kotaro Nishigata expressed thanks and sincere gratitude to all participants.
- Myanmar is on the road to the bright future with the civilian government.
- The Government and the MOHS are in the stage of implementing more activities during the initial 100 days.
- 2016 is the very important year for the MOHS to decide the future direction. The Ministry is trying to complete the new National health Plan (NHP 2016-2020) by taking into account additional consultations. It is also in the process of developing the Health Information System Strategies for 2017 and onwards. There is a critical relationship between the Health Information System (HIS) and the Monitoring and Evaluation (M&E) of NHP.
- The MOHS/JICA HSS Project will support the Ministry to systematically manage the health plans at both national and state/regional level with consideration of local needs conditions and available resources towards achievement of UHC.
- The objectives of today's JCC meeting are to review the progress of the Project and to agree on the revised PDM.
- The Project will create enabling environment for the Ministry to develop the new



NHP based on the need of Myanmar people and to manage the NHP more effectively in close collaboration with the Ministry and other partners.

- He also expected that the MOHS and JICA experts have worked hand in hand to develop the NHP with a well-formed M&E framework and to establish a good system to manage the NHP and state health plan.
- Mr. Kotaro Nishigata expressed his heartfelt thanks for all members and the project team for their effort and contribution to the Project and to the arrangement of JCC meeting. He said that this JCC meeting will stimulate mutual understanding between MOHS and JICA.

### **3. Presentations**

#### **a. Overall Progress of the HSS Project and Background for the revision of PDM by the Chief Advisor, Mr. Yojiro Ishii**

- During the presentation, Mr. Yojiro Ishii introduced the functions of the JCC meeting and explained the revised PDM (version 2).
- He said that JCC meeting is the highest level meeting to decide the matter of the Project. It is held annually to formulate the work plan, to review the progress of activities and discuss major issues related with the Project such as the revision of the JCC member.
- He briefly explained the overall progress of the project activities at central level and in Kayah State during the last one year.
- He proposed the revision of the Project Design Matrix (PDM version 2) and explained the rationale for the revision that the Project needs to have a clearer activity plan based on the progress of the project.
- He explained that the purpose of the project is focused on the capacity building in the revised PDM version 2, following the idea of the Minister. The purpose of the Project in the PDM version 1 became the overall goal and overall goal of PDM version 1 became the super goal in the revised version.
- Minor revisions were made on Expected output 1, 2 and 3 of the project without changing the original theme.

#### **b. Plan of the project activities at central level by Dr. G Seng Taung, Deputy Director, Planning Division, Department of Public Health**

- During the presentation, Dr. G Seng Taung explained the project activities implemented from July 2015 to July 2016 and the revision of the activity plan for Nay Pyi Taw team related with the Expected Output 1.
- Regarding the activities conducted in the previous year, firstly, the project organized a parallel session in the National Health Forum on the theme of "Planning for the future" in July 2015. Daw Aye Aye Sein, Deputy Director General, was one of the speakers of this session.
- In September 2015, the Project arranged a study tour program to Japan. Total of eight participants from the MOH, four from the central MOH and four from Kayah State, joined the study tour and learnt the health system of Japan.
- The Project also coordinated with both the DPH and DMS and organized the short seminars. Total of seven short seminars has been conducted and this Program is going on.
- Currently, the Project is working on the review of health planning and management at

the state/regional level. The review was done in Kayah State and the result will be shared with the counterparts. The Project proposed additional two State/Regions to make the result more representative. Ayeyarwaddy and Magway were recommended by the Ministry and the Project will continue this review work in coming August and September.

- Dr. G Seng Taung continued explaining the current progress of the activities at the central level. The Project obtained the approval for M&E assessment of NHP and the detail discussion has been made with the focal team. The core team for M&E assessment will be formed and discussion will be continued.
- After that, Dr. G Seng Taung presented the revision of activity plan for NPT team. The project proposed ten activities under the Expected Output 1. The activities were categorized into three main groups; A) National Health Plan Management, B) Linkage with State and Region and 3) Information sharing.
- For National Health Plan Management, the Project proposed an assessment of the M&E mechanism of the NHP to develop an action plan including the roadmap for improving the M&E mechanism. The M&E mechanism for NHP will be improved with developing related guidelines/manuals. The Project also proposed an activity to assess the NHP using "Joint Assessment of National Health Strategies (JANS)" tool to develop an action plan including the roadmap for improving the NHP management mechanism.
- Dr. G Seng Taung explained why the project proposed to conduct the M&E assessment. The project prioritizes the M&E mechanism improvement as M&E is a core component of better NHP management. A good M&E framework is essential for monitoring the progress of NHP. The Project will develop M&E framework and a proper assessment is required prior developing the framework. The project will use IHP+ tool to conduct the assessment of M&E mechanism of NHP.
- Dr. G Seng Taung continued explaining the IHP+ tool for the M&E assessment of NHP. The tool provides guidance to countries for strengthening M&E of NHP. The Project proposes a step-wise approach to improve the M&E mechanism of NHP. The core team will be formed to review the tools and an internal workshop will be organized by the core team, followed by the joint workshop with development partners. An action plan and clear road map will be defined through the assessment and the M&E framework will be formulated.
- Dr. G Seng Taung continued explaining the way of assessing the NHP. The project proposed the assessment of NHP using the JANS (Joint Assessment of National Health Strategies) tool, which is a holistic assessment way for any national health plans and includes five components. M&E is one of the five components.
- Regarding the linkage with the state and regions, she explained that the Project proposed to review the current situation on health planning and management at the state/regions. The review has been done in Kayah and the Project will continue the review in Ayeyarwaddy and Magway Regions in August and September 2016.
- Dr. G Seng Taung continued explaining the short seminars organized by the Project. For information sharing, regular short seminars have been conducted in both DPH and DMS. The project will continue this activity to develop a better information sharing and learning environment in MOHS.
- Dr. G Seng Tuang also explained the Knowledge Co-creation Program arranged by

the Project. In October 2016, the Project will arrange the Knowledge Co-Creation Program. Total of eight participants from the MOHS will join the program to visit Nagano Prefecture in Japan.

**c. Progress and plans of the project activities in Kayah by Dr.Khin Maung Yin, Director, State Public Health Department (SPHD)**

- During the presentation, Dr. Khin Maung Yin explained the project activities implemented from July 2015 to July 2016 and revision of the activity plan for Kayah team related with the Expected Output 2 and 3.
- Dr. Khin Maung Yin explained general situation of the project in Kayah State. The SPHD and the State Medical Service Department (SMSD) collaborate with each other to implement the activities of the Project. The information of the project is also shared with the State Government and other development partners in the State.
- He continued the presentation and explained the proposed activities of Kayah Team related with the Expected output 2 and 3. The expected output 2 of the Project is to manage the State Health Plan of Kayah based on the manual developed by the Project.
- Dr. Khin Mg Yin explained the progress of activities in Kayah. The Project conducted the review of health planning and management of Kayah State and the result will be shared with the members. The Project also supported the quarterly state health coordination meetings. The Project team attended the Central Mentor Training for BEmONC and facilitated TOT and multiplier BEmONC training in Kayah State. The Project managed to collect, consolidate and review the training records will prepare an implementation report of BEmONC training in the State. The project developed the recording tools based on the handbook of the JICA BHS Project.
- He continued explaining the support of the Project on management of training programs at the State. The Project supported for the better management of training activities in the State such as the training on 'New born resuscitation and Management' and the training for newly appointed midwives.
- Dr. Khin Maung Yin also explained the proposed activities of Kayah Team for the PDM revision that include activities to discuss relevant issues of health planning and management through series of technical coordination meeting, to draft a management manual of health planning in the state, to draft a Kayah State Health Plan, to introduce Enter-Education into public health activities and to support the relevant training and activities.
- He continued explaining the activities. The Project conducted the review of health service delivery at the targeted township hospitals and station hospitals together with the counterparts in the State. Technical meeting of enumerators has been organized and the result shall be confirmed.
- The Project had technical discussions with SMSD and continues the discussions to strengthen the training system in Loikaw General Hospital for Assistant Surgeons. Further discussions will be made to provide technical assistance for strengthening the in-service training of nurses and office staff.
- The Project has introduced Clown's Visit in Kayah which is a health education activity in the way of entertainment. This activity has been conducted together with medical staff of Loikaw General Hospital. Families and children in the hospital enjoyed and learned about diseases and prevention methods. This activity will be

- conducted to the township hospitals in Demawso and Pruso in the near future..
- Dr. Khin Maung Yin further explained the plan of an activity regarding the infection control at Loikaw General Hospital. The preparatory talk on infection control was started with the health staff of Loikaw General Hospital who had received the infection control training in Japan. The technical discussion will be continued to conduct workshops or short trainings. The Project team wishes the support of DMS at the central level to conduct the training.

#### 4. Discussions

##### a. Proposal of Revision of the PDM

- Revision of the JCC member was discussed during the meeting. In the current JCC member, DG of DPH, Dr. Soe Lin Nyein was the Project Director. The members included all Assistant Secretaries in the Minister's offices, all the Directors from the Administration and Finance Division of the DPH and the DMS, State Public Health Director of Kayah State, State Medical Service Director of Kayah State, JICA experts and counterparts.
- Daw Aye Aye Sein, DyDG said that the Minister may revise and compose the JCC members. Upon the Minister's request, the DPH has submitted the current member list to the Minister's Office.
- She said that if the Minister composes new JCC members, all new members will be informed and also all the discussion in today's JCC meeting will be conveyed to the Minister.
- Mr. Yojiro Ishii proposed one Project Manager from PS unit as more involvement of PS unit is needed to smooth the project implementation.
- Ms. Mayumi Omachi discussed that the position titles of some the members in the current JCC member list is not correct as the Ministry made some changes of the position titles.
- Daw Aye Aye Sein said that there are 12 task forces for health system strengthening. Member list of all 12 task forces will be submitted to the Minister for the endorsement
- Mr. Yojiro Ishii said that although the activity related with HIS was excluded in the revised PDM, monitoring and evaluation of NHP is closely related with the health information system. HIS is essential tool for effective M&E framework.
- He said that the project will work closely with HIS division and continue discussions for HIS system development. Once the direction of HIS framework/action plan is clarified, the project will further discuss what can be done in this area by the Project with its capacity. The Project may request JICA office to expand the project scale or create another project in that area.
- Ms. Kaori Nakatani, Project Formulation Advisor of Myanmar, shared information that Japanese Government is willing to strengthen M&E of health information system through the World Bank grant and technical assistance from WHO.
- Dr. Thet Thet Mu said that the HIS assessment was conducted recently and the HIS 5 years strategic plan will be developed. She has already received the application guidelines for the World Bank Japan Grant proposal. The Proposal for the grant will be prepared and submitted may be in September.
- Ms. Kaori Nakatani, Project Formulation Advisor of Myanmar said that the fund was

already secured for Myanmar. It will be fine if the proposal is submitted in September.

**b. Plans of the project activities**

- Dr. Wai Mar Mar Tun, Director of Inspection and HSS, said that as the Project is going to support the development and management of National Health Plan and State Health Plan. She would like to clarify how the Project will integrate and link the State Health Plans and Township Health Plans.
- Mr. Ishii explained that the Project will focus on connectivity with State Health Plans and Township Health Plans through the supportive supervision and monitoring. As State is an intermediary between the central and the townships, the Project is working in the way that the State Health Plan can support the township to formulate, implement and supervise township health plans.
- Dr. Khin Maung Yin, State Director of Public Health, Kayah State explained that his department is working together with the JICA team on State Health Plan Development. More discussions are still needed to know the clear idea of the Project how to develop the State Health Plan. Guidance from central is also important in developing the State Health Plan.
- Dr. Yan Naing Maung, State Director of the Medical Service expressed his opinion that the components of Medical Service in the State Health Plan and National Health Plan are very small compared with that of the Public Health. In coordination with the Project, the SMSD is working to include the in-service training plans for medical staff and supporting staff into the State Health Plan. However, the guidance from the central is important. It is easier to implement the activity directed by the central.
- Dr. Phyu Win Thant, Assistant Director, Minister's Officer said that a clear decision was not provided by the Minister to use M&E Assessment tool and JANS tools. The formulation of NHP is nearly finished but the Minister would like revise the strategic areas and would like to include more information from states and regions in the new NHP. Meeting with state and regional directors will be conducted at the Ministry in the first week of August (from 3-5 August).
- Mr. Ishii discussed that it is needed to examine the assessment tools made by IHP+ and WHO whether it is feasible or useful for the local conditions in Myanmar. A certain preparatory time is essentially needed to deepen understanding on the assessment tools within the core team members. The Project proposed a step-wise approach to conduct the assessment and in this way the capacity of the core team will be strengthened. Assessment is a tool for making the M&E framework. Based on the framework, actions needed to be taken on years after will be clarified.
- Ms. Omachi discussed why the Project wants to work on the M&E assessment. As it is a period of NHP formulation, the Project wants to support MOHS to include the M&E framework in the NHP. The M&E framework is an essential component of the NHP to manage the plan systematically. To develop the M&E framework, an assessment of current situation and practices is needed. The objective of the Project is to develop the M&E framework, action plans and a good M&E mechanism based on the findings from the assessment for the better management of the NHP.
- Dr. G Seng Taung explained about the proposed activities of the Project on M&E assessment and JANS assessment. It is a good period as the MOHS is formulating the new NHP. JANS is a holistic assessment tool that includes five components. M&E

tool is easier to start compared with JANS. The Project proposed to form a core team to conduct the M&E assessment step by step. In this way, if the international consultant comes to the country for more holistic JANS assessment, the core team will be ready to provide necessary inputs and be involved in it. It is the way that the Project is proposing to build the capacity at the central level.

- Ms. Omachi explained that the M&E tool proposed is not a part of JANS tool. It is a separate specific tool for M&E and more suitable to develop the M&E framework. In addition, the implementation of both of the assessments, M&E and JANS, depends on the decision of the Minister.

#### **5. Conclusion**

- All members of both sides agreed on the revised PDM and the revised PDM was approved.
- Meeting minutes was signed by both sides for the approval of the revised PDM.

#### **6. Closing**

- Daw Aye Aye Sein expressed sincere thanks to all JICA team, the Project teams and the JCC members for attending the 2<sup>nd</sup> JCC meeting and for kind collaboration.
- The 2nd JCC meeting will support the project activities, especially for the NHP management and linkage between different levels of health sector and the capacity building of health staff of all categories.

END

**MINUTES OF MEETING  
BETWEEN THE JAPAN INTERNATIONAL COOPERATION AGENCY  
AND  
THE MINISTRY OF HEALTH  
OF THE REPUBLIC OF THE UNION OF MYANMAR  
ON THE THIRD JOINT COORDINATING COMMITTEE MEETING  
FOR  
THE HEALTH SYSTEM STRENGTHENING PROJECT**

The 3<sup>rd</sup> Joint Coordinating Committee (hereinafter referred to as “JCC”) meeting between the Japan International Cooperation Agency (hereinafter referred to as “JICA”) and authorities concerned of the Ministry of Health and Sports, the Republic of the Union of Myanmar on the Health System Strengthening Project (hereinafter referred to as “the Project”) was held on 17 August 2017.

At the table of the JCC meeting, the authorities concerned of both sides convened a series of fruitful discussions for the smooth operation of the Project.

As a result of the discussions, both the Ministry of Health and Sports and JICA have a common understanding relating to the matters in the documents attached hereto.

Nay Pyi Taw, *October 2nd*, 2017



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Mr. Nobuo Iwai  
Senior Representative  
Myanmar Office  
Japan International Cooperation Agency



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Prof. Myint Han  
Director General, Department of Medical  
Services,  
Ministry of Health and Sports  
The Republic of the Union of Myanmar



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Mr. Yojiro Ishii  
Chief Advisor  
MoHS/JICA HSS Project  
Japan International Cooperation Agency

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## **Attached Document**

**Name of Project:** MOHS/JICA Health System Strengthening Project (hereinafter referred to as 'the Project')

**Meeting Title:** The 3rd Joint Coordinating Committee Meeting for the MOHS/JICA HSS Project

**Date:** 17 August 2017

**Time:** 13:00-15:30

**Venue:** Meeting Room, Department of Medical Services, Ministry of Health and Sports, Nay Pyi Taw, Myanmar

**Chair Person:**

Prof. Myint Han, Director General, Department of Medical Services, Ministry of Health and Sports

**Attendants list:**

Prof. Myint Han, Director General, Department of Medical Services, MOHS

Dr. Htay Aung, Deputy Director General, Department of Medical Services, MOHS

Dr. Thida Kyu, Deputy Director General, Department of Medical Services, MOHS

Ms. Aye Aye Sein, Deputy Director General, Department of Public Health, MOHS

Dr. Thet Thet Mu, Deputy Director General, Department of Public Health, MOHS

Dr. Hla Moe, Director, Supportive Medical Services Division, Department of Medical Services, MOHS

Dr. Kyaw Soe Min, Director, Department of Medical Services, MOHS

Dr. Khin Maung Yin, Director of State Public Health Department, Kayah State, MOHS

Mr. Win Naing, Assistant Permanent Secretary, MOHS

Dr. Lwin Lwin Oo Hlaing, Deputy Director, Department of Medical Services, MOHS

Dr. Win Min Thiri, Deputy Director, Supportive Medical Services Division, Department of Medical Services, MOHS



Ms. Su Su Hlaing, Assistant Director, Health Literacy Promotion Unit, Department of Public Health, MOHS

Dr. Su Thet Mon, Assistant Director, Department of Medical Services, MOHS

Dr. May Lynn Htun, Assistant Director, Planning Unit, Department of Medical Services, MOHS

Dr. May Thu Zaw, Assistant Director, Planning Unit, Department of Medical Services, MOHS

Dr. Shwe Sin New, Assistant Director, Planning Unit, Department of Medical Services, MOHS

Dr. Sandar Aung, Assistant Director, Planning Unit, Department of Medical Services, MOHS

Dr. Myat Hsu Paing Thar, Medical Officer, Health Literacy Promotion Unit, Department of Public Health

Dr. Khit Ake Kyaw, State Medical Officer, State Department of Medical Services, Kayah State, MOHS

Ms. Thazin Myint, Deputy Statistical Officer, Nay Pyi Taw 1000 Bedded Hospital

Mr. Nobuo Iwai, Senior Representative, JICA Myanmar

Mr. Takahiro Hasumi, Representative, JICA Myanmar

Ms. Ayuka Tozawa, On the Job Training Staff, JICA Myanmar

Ms. K Thwe Aung, Program Officer, JICA Myanmar

Ms. May Thaw Thaw Linn, Secretary, JICA Myanmar

Mr. Yojiro Ishii, Chief Advisor, MOHS/JICA Health System Strengthening Project, Nay Pyi Taw

Ms. Mayumi Omachi, Expert on Health Services Delivery, MOHS/JICA Health System Strengthening Project, Nay Pyi Taw

Mr. Naoko Ito, Project Coordinator, MOHS/JICA Health System Strengthening Project, Nay Pyi Taw

Dr. Nyan Linn Thu, Program Officer, MOHS/JICA Health System Strengthening Project, Nay Pyi Taw

Dr. Pyae Pyae Phyo, Program Officer, MOHS/JICA Health System Strengthening Project, Nay Pyi Taw



Mr. Kazunori Iijima, Sub Team Leader, MOHS/JICA Health System Strengthening Project, Kayah

Mr. Koji Aoki, Project Coordinator, MOHS/JICA Health System Strengthening Project, Kayah

Dr. Kyaw Thu Htet, Chief Technical Officer, MOHS/JICA Health System Strengthening Project, Kayah

Dr. Ye Win Han, Technical Officer, MOHS/JICA Health System Strengthening Project, Kayah

## **The Summary of Meeting**

### **1. Opening Remarks**

Prof. Myint Han, Director General, Department of Medical Services (DMS)

- He is familiar with the activities of the Project in Nay Pyi Taw such as Medical Record Technicians' (MRT) trainings and short seminars organized in the Department. He also received the reports of activities of Kayah State Department of Medical Services (SDMS) working together with the Project team in Loikaw. He gave appreciation on the effort made by the JICA Project teams in Nay Pyi Taw and Kayah as well as the staff of MOHS working with both teams.
- During the period of two years and eight months, the ministry has made a lot of changes such as the formulation of the National Health Plan 2017-21 (NHP 2017-2021) and the reform of the structure of the MOHS including state/region level health administration. However, the mandate of the MOHS, prevention and promotion of health of the people and health care provision for the people, is not changed. The Project is adjusting the project design matrix (PDM) with the needs of the ministry.
- The Project contributed to the activities in formulation process of NHP (2017-21) at the central level and supported the improvement of health plan management and health services delivery at Kayah State.
- The Project initiated the nationwide MRT trainings at the central ministry and introduced the first "Special Effort Activities" for the first six months of 2017 in Kayah along with the NHP (2017-21).
- The objective of the 3<sup>rd</sup> JCC meeting is to revise the activities included in the PDM to align with the direction of the Annual Operation Plan of NHP for the coming one and half year and the inputs from the invited officials are most welcome for the revision.

### **2. Speech**

Mr. Nobuoi Iwai, Senior Representative, JICA Myanmar Office

- Mr. Iwai gave sincere appreciation to all concerned officials of DMS, and Department of Public Health (DPH) at both central level and Kayah State for the cooperation with the project since the formulation of the Project.
- JICA has been working together with MOHS to achieve Universal Health Coverage (UHC) in 2030 especially health system strengthening through the Project. In addition to that, JICA supported the construction and renovation of Lashio General Hospital, Loilaw General Hospital etc. In DPH side, JICA will support for primary health care in



rural areas.

- With the strong leadership of the Minister of MOHS, NHP (2017-21) was formulated with the clear goals to achieve UHC in Myanmar and further developments. The Project also contributed to the health plan management in certain area with the strong leadership of MOHS.
- As an achievement of the Project in last year, the Project is implementing the refresher trainings on hospital information system for two hundred MRTs in the fiscal year 2017/2018 and this training can contribute to capturing and utilizing the accurate data for monitoring and evaluation of hospitals such as evidence based health plan formulation and management. Furthermore, Special Effort 2017 is formulated by SDMS to share the goals, missions and prioritized activities among the stakeholders. JICA Project team in Kayah is supporting the implementation and monitoring of continuous medical education for nurses, Enter-Education, 5S activities, and infection control and prevention activities. Lessons learnt from the comprehensive approach in health plan formulation, actual program implementation and monitoring can make the effective, efficient and sustainable health plan management at the state level. In order to share the good practices in Kayah State, the officials of SDPH and SDMS from Rakhine state were invited to Kayah State Health Departments in August, 2018. JICA Project teams and the ministry are expected to expand that practices to other states and regions as the Project is going to end in November, 2018.
- JCC meeting is the good opportunity for all stakeholders not only to present the achievements but also to discuss what the Project needs to be implemented with the right direction in the fiscal year 2018. He gave the deepest appreciation to all concerned officials of the ministry and JICA team for the cooperation work and kind arrangement of the meeting as well. He hoped that the meeting will deepen the discussion and build strong partnership between the ministry and JICA.

### 3. Presentations

#### a. Overall Progress of the HSS Project and Proposals for the revision of Project Design Matrix by M. Yojiro Ishii, the Chief Advisor,

- Mr. Ishii explained briefly on project design matrix (PDM) and the basic information or key points of the discussion on the meeting.
- He presented the function of JCC meeting that includes the progress and achievements of the project formulation of the annual work plan and exchange the opinions regarding smooth implementation of the Project. JCC is the highest authority meeting for the Project so all of the concerned officials are invited to the meeting.
- After that, he quickly presented the activities implemented by Nay Pyi Taw Team and Kayah Team.
- He briefly explained the contents of PDM that compiles super-goal, overall goal, project purpose, and detailed project activities with verifiable indicators to measure the achievements of the project and inputs from the Myanmar and Japan sides to implement the activities.
- He presented the comparison between the present version approved at JCC last year and proposed version of the PDM. The Project Team proposed some modifications in activities of the Expected Output 1. to adjust with the changing situation as the ministry already formulated the NHP (2017-21) and the NHP is now systematically managed by



NHP Implementation and Monitoring Unit (NIMU). Under the current situation, the Project is considered to support the needs of the DMS for implementing the MRT training through the good discussion with the DMS counterparts. At the same time, in Kayah State, Special Effort 2017 and various activities are also implemented in both SDPH and SDMS. The proposed version of the Expected Output 1. states that institutional capacity of MOHS to collect, compile, analyze and utilize the data for health plan management is strengthened. Expected Outputs 2. and 3. they will be implemented by Kayah team remain the same with the present version.

- Moreover, Mr. Ishii proposed the keys points that needed to be explored in the discussion part after the presentations; (1) clarification of the indicators set to measure the Project's achievements, and the targets set at the end of the Project, (2) inputs from JICA side to the Project for remaining one and half years, and (3) request for close collaboration and support from HMIS unit in conducting MRT trainings and the trial study to verify the effective utilization of hospital data reported by MRTs.

**b. Progress and Plan of the project activities at central level by Dr. Thida Kyu, Deputy Director General, DMS**

- Dr. Thida Kyu presented the last one-year Project's activities from Aug 2016 to Jul 2017 and the planned activities of Nay Pyi Taw team proposed in project design matrix.
- Dr. Thida Kyu presented the Project activities implemented in 2016 such as; the involvement of the Team in the process of NHP (2017-21) formulation, conducting the review of health planning and management at state and region level. She stated some extracted recommendations such as; the annual plans with long term vision at state and region level, separately developed health plans by SDPH and SDMS with the common goals set at the state and region level, linkage with the NHP following the main strategy and policy of the NHP, and developing flexible, original and creative plans.
- Dr. Thida Kyu briefly explained on Knowledge Co-creation Program (KCCP) in 2016 with its objectives and places of the visit. Senior officials from the central ministry and Kayah state led by Daw Aye Aye Sein, DyDG form DPH joined in this program to learn the Japanese experiences that will be applied in Myanmar.
- Dr. Thida Kyu continually explained the short seminars jointly organized by the Project and MOHS at the central level. Total twenty-four seminars were carried out in both DPH and DMS with the objectives of developing a better information sharing and learning environment and creating innovative ideas to improve the current situation. In addition to the sharing of experiences among MOHS officials, JICA team invited the experts from Japan to share the Japanese experiences in the short seminar.
- Furthermore, Dr. Thida Kyu shared the progress of the refresher trainings for MRTs in fiscal year 2017/2018. Before the refresher trainings, a training of trainers (ToT) was also conducted to selected MRTs. DMS and JICA team made a plan to conduct the refresher trainings for twenty-five participants in each batch of training and expected to complete the refresher trainings for all two hundred existing MRTs within the fiscal year 2017 under the supervision of Supportive Medical Services Division.
- Besides, Dr. Thida Kyu explained the revision of the activities for the Output 1. and indicators to monitor the progress of the activities in PDM. In her explanation, the revised version of the activities was focused on hospital information system strengthening while the Output 2 and 3 are not changed.
- Dr. Thida Kyu stated that in the revised version, hospital information system

strengthening in Output 1. is to make sure the hospitals to send the monthly reports timely not only to DMS but also to HMIS unit. In that revised activity, the Project already conducted the situational analysis on management of the National Health Plan and the situational analysis on the hospital data management and utilization. After the situational analysis was conducted, the JICA Project team decided to support the refresher trainings for existing two hundred MRTs with the training of trainers. Also, the JICA and DMS teams added the activities for fresher training of newly recruited MRTs as they are already assigned at the respective hospitals at states and regions. Dr. Thida Kyu requested technical support from HMIS unit for the fresher trainings. Also, Dr. Thida Kyu expected to strengthen data compilation at the states and regions level and by doing so, the state and region health offices can share the workload of the central level after all MRTs in the country got training.

- Dr. Thida Kyu explained that the Project will support the activity of KCCP in order to strengthen the DMS staff capacity of hospital data analysis and utilization for the improvement of hospital management and administration of DMS. Knowledge sharing seminars in both DPH and SMS will be maintained as it is. Besides, the Project will make a trail study on data compilation and analysis for the hospitals in one selected area to verify the effective utilization of hospital data coming from the hospitals in management practice.
- Dr. Thida Kyu gave detailed explanation on the revised activities of hospital information system strengthening that will be implemented by Nay Pyi Taw Team. The Project has been designed that both refresher and fresher trainings for all MRTs (existing two hundred and newly recruited four hundred MRTs) from 398 hospitals at townships, district, states/regions and the central levels in order to increase the current electronic reporting rate, 5.5%.
- Dr. Thida Kyu shared the detailed schedule of the fresher and refresher trainings. She informed that the duration of the fresher training is set as fifteen days and 25 participants will be invited in each batch. Four batches of the fresher trainings were already scheduled to cover one hundred newly recruited MRTs by March, 2018. Regarding the refresher trainings, 8 batches for existing 200 MRTs are already set for fiscal year 2017/2018. Dr. Thida Kyu commented that the acceleration of the trainings will be achieved if HMIS unit can give technical support and the resource persons for the trainings. Both refresher and fresher trainings will be undertaken alternately.
- Dr. Thida Kyu shared the KCCP which will be conducted for about 10 days at the end of January, 2018. Planned places to visit are Ministry of Health, Welfare and Labour of Japan, Prefectural Government, National Hospital Organization and National Institute of Public Health.
- All the Project activities of MRT refresher and fresher trainings, KCCP, knowledge sharing seminars and making a trial study report are expected to finish it by the end of the Project, November-2018.
- Dr. Thida Kyu continually explained about other activities related with the Output 1; such as the completion of the review work on state and region health planning and management and introduction of the management manuals developed by the Output 2. and 3. to other states and regions.
- Finally, she presented the indicators set to monitor the progress of the activities. The indicators to measure the project purpose are the number of hospitals which submit the



reports with e-data basis at the end of the Project and the report of hospital data analysis at a sample area. The indicators to monitor the Output 1. are; 1) the number of all existing MRTs who have completed the refresher trainings, 2) the number of the newly recruited MRTs who received the fresher trainings, 3) completion the review work of state and region health planning and management and 4) the number of KCCP and seminars at MOHS.

**c. Progress and plans of the project activities in Kayah by Dr.Khin Maung Yin, Director, State Public Health Department (SDPH), Kayah**

- Dr. Khin Maung Yin presented the progress and achievements of the MJHSSP in Kayah state.
- Firstly, Dr. Khin Maung Yin briefly introduced Kayah state health profile.
- Secondly, Dr. Khin Maung Yin shared that the SDMS and SDPH are collaborating well to implement the Project activities in Kayah state. Also, the information of the Project is shared with the all key stakeholders in Kayah state. He continually explained the Output 2. and 3. Output 2. is defined that Kayah State Health Plan is managed (planned, implemented, monitored and evaluated) based on the manual which is developed by the Project. Under the Output 2., the activities to be implemented are; to review the current situation of the state health plan in Kayah, to review the current tools of monitoring and evaluation of the state health plan in Kayah, to draft a management manual of the state health plan, to manage (plan, implement and monitor) the state health plan based on the draft manual, and to finalize the management manual of the state health plan and introduce the manual to other states and regions. Output 3. is said that the activities on improving health service delivery are integrated into the state health plan in Kayah. Under the Output 3., the activities will be; to strengthen the capacity of the state health departments to grasp the current situation of health service delivery and utilization in Kayah, to introduce 'Enter-Education' that is now being implemented in Loikaw General Hospital into the routine public health and medical services to raise people's understandings on the services provided in the state, to strengthen the capacity to manage the activities on improving the health service delivery in the state, and to integrate the activities on improving the health service delivery into the state health plan.
- Lastly, Dr. Khin Maung Yin presented the last one year's activities of the Project including KCCP, Maternal and Reproductive Health (MRH) supervision visit and review meetings for BEmONC activities, Kayah Day Festival activities during 9<sup>th</sup> – 20<sup>th</sup> January 2017, and the excursion trip of Rakhine health officials to Kayah State. He appreciated the arrangement of KCCP in Japan. He presented MRH supervision and review meeting in Kayah. In that activity, JICA Team supported the master mentor training for Kayah participants, ToT training at state level, multiplier trainings at townships, joint monitoring, supervision visits to midwives for follow up of BEmONC trainings and MRH review meeting led by SDPH. Also, the Project could make the practical record of the BEmONC trainings 2016 in Kayah State in February 2017. As a special activity, nine officials from the SDPH and SDMS in Rakhine were invited to Kayah State to learn the Project activities.

**d. Progress and plans of the project activities in Kayah by Dr. Khit Ake Kyaw,**



### **State Medical Officer, SDMS, Kayah**

- Dr. Khit Ake Kyaw presented the summary of the activities of the Special Effort 2017 implemented by SDMS, Kayah.
- Firstly, she explained the definition of Special Effort that is a set of action plans originally developed by SDMS, Kayah. After the first plan was successfully completed in June, the second plan has commenced from July 2017. The purposes of the Special Effort are to improve medical services in the state with cooperation of all the hospital staff, to strengthen the activities which capture the local needs and to strengthen the capacity of the department to effectively and efficiently manage the activities. These activities are aligned with the 100 Day Plans and six months plan of the Ministry.
- Dr. Khit Ake Kyaw also presented the mission, and vision of the SDMS. Also, she mentioned the nine core values or philosophy of the Department.
- Dr. Khit Ake Kyaw continued the explanation on the activities of Special Effort 2017 (Jan-Jun 2017); to improve the customer satisfaction, activities relating infection control, training for receptionists of Loikaw General Hospital, Enter-Education through the clowns' visit, implementation of clinical visits, improvement of information provided for customers, and provision of hospital diet. To improve the provider satisfaction, 5S activities were carried out in the hospital wards and staff house was renovated. For capacity building of the service providers, trainings for Assistant Surgeons, continuous nursing education (CNE), and training for supportive staff were also provided. As the measures for strengthening of SDMS, supportive supervisions to the hospitals in Kayah State were conducted and M&E capacity could be improved through the practice of M&E of Special Efforts.
- Furthermore, she thoroughly explained about main contents of the user's guide of the Special Effort which was developed based on the concept of "Plan, Do, Check, Action" Cycle. The tools to record the activities so called "activity description form" and "activity reporting form" are accompanied in each step of the cycle. The contents of the forms are developed for monitoring and evaluation purpose of the planned activities.
- After the presentation on Special Effort (Jan-Jun, 2017), Dr. Khit Ake Kyaw presented the phase 2 activities (July-December, 2017) for remaining second half of 2017. The highlights of the activities are same as the first half year activities except some changes in the detailed activities such as reducing patient waiting time to improve the Customers' satisfaction and introducing staff awarding system to improve providers' satisfaction.

#### **4. Discussions**

##### **a. Clarification on the targets and the indicators set to measure the project's achievements**

- Mr. Ishii proposed to discuss on the revision of the PDM and explained the contents of the matrix. He proposed the following amendments of the indicators set for the project purpose; (1) the number of hospitals which can submit the e-data of hospital report increases and (2) number of reports of hospital data analysis developed at a sample area. Regarding the indicator set, Mr. Ishii asked Dr. Hla Moe's idea in setting the target for the number of hospitals which can submit monthly hospital reports in electronic basis at the end of the Project. Mr. Ishii also shared his assumption on the estimation of the target number of hospitals as all 398 hospitals (at township hospitals level and above) which already have assigned MRTs and they all will get training by the end of the



Project term.

- Dr. Hla Moe responded the question as that DMS could distribute the computers only to 200 bedded and above hospitals to perform the medical record functions and which are accounting for 83 in number. If the computers can be provided to all 398 hospitals, Dr. Hla Moe can guarantee that all MRTs can submit electronic data reports. The constraint on computer availability makes the electronic reporting system to be deficient.
- Prof. Myint Han also discussed that all the MRTs will be trained for the purpose of sending the hospital reports electronically. However, there is limitation of computers availability and it is sure that just only 83 hospitals (200 bedded and above) have computers for medical record departments
- Prof. Myint Han also proposed to whether DMS side can decide the target number of the hospitals which can submit the electronic data at the end of the Project after checking the allocation of computers with the admin division or not.
- Prof. Myint Han also asked Mr. Ishii what e-data means. What Mr. Ishii explained was that there are three hospital reporting Forms I, II and III. Individual patient data is reported in form 2 and it is relatively difficult to compile the Form II data at the central level if the data is reported by paper basis. However, reporting with Form I and III are administration data and they are easy to compile at the central level.
- Dr. Thet Thet Mu explained that hospital reports Form I and III are related with the administration data, and Form II is used for reporting of summary of individual patient records and the individual patient data can be electronically recorded in CAMRS software developed by MIT Company. Some hospitals send Form I and III reports by using excel format electronically. Form II data are reported by CD based and currently there are only 29 hospitals which submit the data to HMIS unit. Moreover, Dr. Thet Thet Mu requested DMS side to allocate more MRTs to the hospitals with vacant posts as MRTs are essential for hospital information system. Also, computers are still needed in some hospitals. She admitted that there should be 13 MRTs for every 100-bedded hospital according to international standard.
- Prof. Myint Han asked all concerned stakeholders in the meeting to get consensus on the target and indicator set for the project purpose. And, he appreciated the proposal of the Project for including the target and indicators in the project design although there are some limitations on the ground level practically.
- According to the consensus from the concerned stakeholders in the meeting, Prof. Myint Han replied that total 83 hospitals (200 bedded and above) which are already distributed computers, can be the target for the number of hospitals which can submit the e-data of hospitals at the end of the Project.
- Mr. Ishii clarified whether one thousand computers are already distributed to the hospitals or not. Dr. Thida Kyu responded that DMS allocated three computers each for the hospitals 200 bedded and above. Those computers were distributed for three purposes; store management, admin section and medical record division. So, Mr. Ishii expected that more computers to be provided to all hospitals with the leadership of DG, DMS by the end of the Project.
- Daw Aye Aye Sein asked JICA team for the possibility to support the computers to hospitals. Mr. Iwai replied that JICA has limited budget.
- Prof. Myint Han said that provision of computers mostly depends on the financial



situation of the department. However, he committed that the ministry will try to make sure to procure more computers in coming fiscal year in order to improve the medical record system.

- Mr. Ishii said that he understood the constraints of DMS and knew the good quality MRT trainings are going well under the leadership of Dr. Hla Moe. He commented that it would be very pity if all MRTs cannot practice computerized data entry due to limited computers in hospitals although about five hundred MRTs will get training at the end of the Project. He expected DMS to distribute enough number of computers to all hospitals where MRTs are being trained. At the same time, he will discuss that issue with Mr. Iwai to consider how JICA can support on the matter.
- Dr. Hla Moe said that he also encouraged MRTs to buy the computers by themselves. Although he could guarantee the target number of hospitals as 83, he expected to get the reports from more than that number of hospitals.
- Prof. Myint Han added that Dr. Hla Moe and his team were trying in their own way to get computers for MRTs, however by this time, he could give guarantee only 83 hospitals only for the target. He said that Dr. Hla Moe and all MRTs were well motivated and tried utmost to get the number of reporting hospitals more than that.
- Mr. Hasumi said that he understood the constraints of DMS side for availability of computers to perform the MRT functions. Mr. Hasumi proposed DMS side to add another indicator such as paper based reporting that could capture the achievement of MRT trainings.
- Dr. Hla Moe replied that paper based reporting rate was 52% at present. He committed that paper based reporting rate can get to nearly 80% at the end of the Project (November, 2018). Also, he continually explained how e-data reporting rate was set as an indicator. Data compilation at the central is very complicated in paper based reporting while e-data is very easy to compile the data. Moreover, MRTs can send e-data in various ways such as e-mail, CDs, etc. There is also human resource limitation at the central level for data compilation.
- Mr. Iwai said that JICA side did not expect 100% percent target and he really understood the current constraints of the DMS and respected the target decided by DMS side.
- Mr. Hasumi suggested again to add paper based reporting as an indicator to measure the achievement of the Project although he had understood that the ministry is moving forward to use computerized system.
- Dr. Hla Moe guaranteed that 80% of all public hospitals can submit paper based reporting.
- Mr. Ishii clarified how the ministry defined the date of paper based reporting and how many days or months the ministry needs to wait for the monthly paper based reporting. Dr. Thet Thet Mu replied that all hospitals should submit the monthly report not later than 7<sup>th</sup> day of next month. However, the ministry is still practicing paper based reporting and therefore HMIS unit can wait paper based reporting up to 3 months for annual report. Dr. Thet Thet Mu continuously explained that the paper based reporting rate was nearly 90% in 2014. However, it was reduced due to separation of departments in 2015. The paper based reporting rate is 74% of hospitals in 2016.
- Daw Aye Aye Sein added that there would be merging of two departments and HMIS unit would be taking care of both hospital statistics and public health statistics.

- Prof. Myint Han also supposed that new structure of the ministry to make HMIS unit to be stronger and the new structure of the ministry would appear in April, 2018.
- Dr. Thida Kyu admitted that they could not say the exact number of reporting rate of hospitals. However, it is sure that more valid information can be obtained in both paper based and electronic based due to training of MRTs. Dr. Thet Thet Mu added that she also could guarantee 80% of all public hospitals that can submit paper based reports.
- Mr. Ishii explained about another indicator to make the study report in order to verify the effective utilization of data reported by MRTs not only at the central level but only at states and regions level. He asked the idea of the ministry to conduct that kind of study and JICA would like to support technical matter for the analytical work to conduct it.
- Dr. Thet Thet Mu answered eight kinds of hospital reports can be produced from the CAMRS software. Main constraint is the limitation in man power and trainings are needed to update the knowledge of MRTs. She commented that two weeks training program is not enough but the ministry has a lot of constraints to extend the duration of training.
- Dr. Thet Thet Mu asked to clarify the contents of analytical reports in the proposed study. Mr. Ishii replied the report would be made to show the analysis of administrative data which can contribute to decision making in management practice of Medical Superintendent. Mr. Ishii asked the suggestion from Dr. Thet Thet Mu what kind of analytical work can be done in trial study.
- Dr. Thet Thet Mu asked Mr. Ishii what kind of technical support can be given from JICA side. Mr. Ishii replied that he was asking technical support from Professors of Nagoya University and Kanazawa University in Japan. Also, he is making contact with the Professor from the National Institute of Public Health who is well experienced in hospital data management.
- Daw Aye Aye Sein said that all Medical Superintendents could use the hospital reports calculated from the existing CAMRS software and they were also using the hospital administrative indicators to assess their hospital performance. Mr. Ishii replied that he would consider other topics of the study such as improving accuracy of hospital reports. Dr. Thet Thet Mu said that they would discuss technical support from JICA to conduct the study later.

**b. Close collaboration with HMIS unit**

- Mr. Ishii commented that there was collaboration between DMS and HMIS unit. Dr. Thet Thet Mu also confirmed that collaboration was already existed between two departments.
- He also got consensus with the counterparts to set the target of other indicators such as exiting 200 MRTs to complete the refresher trainings, 300 newly recruited MRTs who will get fresher training, the number of KCCP and seminars at MOHS.

**c. Inputs from JICA side**

- Mr. Hasumi said that they will see the amendment of the PDM resulted from the consensus among the members in the JCC meeting. JICA will continue the discussion to make necessary changes to the inputs according to finalized PDM. He informed that Mr. Ishii and Ms. Omachi would be leaving from the Project in December, 2017 and

another project expert on health service delivery as the successor of Ms. Omachi and Ms. Ito would take the responsibilities of Nay Pyi Taw Team activities starting from November, 2017. Nay Pyi Taw Team and Kayah team will be working together with the ministry to achieve the goals set in PDM. Although the Output 2. and 3. that are associated with Kayah team activities are remained the same as before, dissemination of achievement or activities in Kayah state to other states and regions is very important to show the actual planning and management at the state level (for example; Special Effort) according to local needs and in such a case, the Project needs the leadership of the ministry to guide the expansion of that activities to other state and regions.

- Prof. Myint Han said that Kayah state was a good example for other states and regions. However, Kayah is the state with special significances He wondered whether the activities implemented in Kayah state such as provider satisfaction and customer satisfaction are feasible or not to carry out in other states and regions. The diversities between states and regions are very wide. However, the ministry needs to put more effort such as more coordination and more advocacies to use the basic principle of activities implemented in Kayah State. Also, he said that he needed to listen the impressions of the officials from Rakhine state who visited to Kayah. Moreover, the Ministry needs to select specific state or region very carefully for dissemination of Kayah activities.
- Dr. Khin Maung Yin suggested to JICA team to expand the Project activities to Rakhine state as Rakhine has also conflicted areas like Kayah. Prof. Myint Han suggested to use different tools and techniques in case of dissemination of activities to Rakhine according to local needs of the state. He proposed the Project to expand the activities to other townships in Kayah state rather than focusing only at Loikaw General Hospital.

##### **5. Closure of the meeting**

- As there were no more agenda Dr. Myint Han declared the closure of the meeting.

END



**MINUTES OF MEETING**  
**BETWEEN THE JAPAN INTERNATIONAL COOPERATION AGENCY**  
**AND**  
**THE MINISTRY OF HEALTH AND SPORTS**  
**OF THE REPUBLIC OF THE UNION OF MYANMAR**  
**ON THE FOURTH JOINT COORDINATING COMMITTEE MEETING**  
**FOR**  
**THE HEALTH SYSTEM STRENGTHENING PROJECT**

The 4<sup>th</sup> Joint Coordinating Committee (hereinafter referred to as “JCC”) meeting between the Japan International Cooperation Agency (hereinafter referred to as “JICA”) and authorities concerned of the Ministry of Health and Sports (hereinafter referred to as “MoHS”), the Republic of the Union of Myanmar on the Health System Strengthening Project (hereinafter referred to as “the Project”) was held on 31 October 2018.

At the table of this final JCC meeting, the authorities concerned of both sides convened a series of fruitful discussions relating to the Project. As a result of the discussions, both MoHS and JICA endorsed the Project Completion Report attached hereto.

Nay Pyi Taw, , 2018

Mr. Nobuo Iwai  
Senior Representative  
Myanmar Office  
Japan International Cooperation Agency

Dr. Thar Tun Kyaw  
Permanent Secretary  
Ministry of Health and Sports  
The Republic of the Union of Myanmar

## Attached Document

**Name of Project:** MoHS/JICA Health System Strengthening Project (hereinafter referred to as 'the Project')

**Meeting Title:** The 4th Joint Coordinating Committee Meeting for the MoHS/JICA Health System Strengthening Project

**Date:** 31 October 2018

**Time:** 13:30-16:00

**Venue:** Meeting Room, Department of Medical Services, Ministry of Health and Sports, Nay Pyi Taw, Myanmar

**Attendants List:** Please refer to Annex 1

**Meeting Agenda:** Please refer to Annex 2

**Project Completion Report:** Please find as Appendix.

### Key Discussion Points of the Meeting

#### Dr. Thet Thet Mu, DYDG(HMIS), DoPH

- Manpower is the major challenge for MoHS, but with the contribution of MJHSSP in health information system, now they can cover training for all the medical record technician in the context of medical terminology, medical record filing system and basic computer skills. They can conduct such kind of training in the future.
- Thanks for LGH official and MJHSSP for their effort because LGH is now very famous in Myanmar both for provider and customer satisfaction.
- She wants to use the software system for medical record system and she wants to know whether the central pharmacy supply system has such kind of software application for the reference.
  - **Dr. Ye Myint Aung, MS of LGH answered-** LGH doesn't have such system, but they will try to develop in the future.

#### Mr. Nobuo IWAI, Senior Representative, JICA Myanmar Office

- Can MoHS conduct MRT trainings when the new MRT are assigned?
- During the last JCC, they requested JICA for some PC, can MoHS manage to supply PC by

themselves?

- **Dr. Thet Thet Mu answered** - They have support from Global Fund and can provide only one laptop for each hospital that has the MRT who had already had training but they think it is not enough for real implementation.

#### **Daw Aye Aye Sein, DyDG (Planning), DoPH**

- She appreciated MJHSSP's systematic way of thinking, implementation and management style.
- Regarding to output 1, she emphasized on short seminars conducted in total 30 times. The experts and professors from Japan came to MoHS to share their experience, which was very effective for the mid-level staff including medical officers, assistant directors and deputy directors. They are very energetic and enthusiastic to learn from Japanese. For sustainability, MoHS will try to conduct such kind of knowledge sharing sessions and she also request JICA to conduct such kind of sharing sessions in the future.
- From output 3, she only knew 5S at the beginning but now she knows the 5S-KAIZEN-TQM approach. Activities like 5S and enter-education look easy but very effective. She thought that not only the patients but also the providers are very happy to conduct such kind of activities.
- The hospital information board is very impressive. It's also simple but very effective both for providers and patient sides.
- We will try our best for the sustainability of activities which MJHSSP started in Kayah and we would like to request future collaboration and cooperation with JICA.

#### **Dr. Win Yee Mon, Director (Planning), DoMS**

- Impressive presentations of output 1, 2 and 3. Also appreciate the MRT trainers
- Loikaw team is very enthusiastic and energetic for the capacity building of the health staff not only for the physical but also for the moral and mind set change which is very effective for the MoHS health system.
- Short seminars are effective for our staff because they cannot go and study abroad and by this kind of seminar, they can get much knowledge about other country's management systems.

#### **Dr. G. Seng Tung, Director, Planning, DoPH**

- We learnt a lot in KCCP about systematic Japanese health system. We will review the project outputs and hope for the future collaboration with JICA again.

#### **Mr. Kensaku ICHIKAWA, Representative, JICA Myanmar Office**

- He asked about the future plan for MRT training
- **Dr. Thet Thet Mu answered** that they have plan to conduct the training on electronic hospital reporting for each and every hospital. During 2018, they will cover the half of the hospitals (round about 600 hospitals) and continue for the remaining in 2019. After that,

each and every MRT will use DHIS software for the hospital reporting system. Reporting status is 85-90% from the trained MRTs.

END

DRAFT



**LIST OF PARTICIPANTS**

Chairperson: Dr. Yin Thandar Lwin, Director General, Department of Medical Services (DoMS)

a) Myanmar (MoHS) side

- Daw Aye Aye Sein, Deputy Director General (Admin & Finance), Department of Public Health
- Dr. Thet Thet Mu, Deputy Director General (HMIS), Department of Public Health
- Dr. San Myint, Director (Administration), Department of Public Health
- Dr. G Seng Taung, Director (Planning), Department of Public Health
- Dr. Khin Maung Yin, Director, Kayah State Public Health Department and Kayah State Medical Services Department
- Dr. Ye Myint Aung, Medical Superintendent, Loikaw General Hospital
- Dr. Zaw Min Htike, Deputy Medical Superintendent, Loikaw General Hospital
- Dr. Ahmar, Senior Consultant Surgeon (OG), Loikaw General Hospital
- Dr. Aung Thu Htet, Team Leader (Malaria), Kayah State Public Health Department
- Dr. Pyae Phyo Kyaw, State Medical Officer, Kayah State Medical Services Department
- Dr. Kyaw Zeya, Director (Civil Service Affairs), Department of Medical Services
- Dr. Kyaw Kyaw Lwin, Director (Administration), Department of Medical Services
- Dr. Kyaw Soe Min, Director (Procurement), Department of Medical Services
- Dr. Win Yee Mon, Director (Planning), Department of Medical Services
- Dr. Sandar Aung, Assistant Director (Planning), Department of Medical Services
- Dr. Myo Min Win Han, Medical Officer (Planning), Department of Medical Services
- Daw Khin Mar Kyi, Director (Nursing), Department of Medical Services
- Dr. Aung Win, Director (Acting) (Supportive Medical), Department of Medical Services
- Dr. Ywel Nu Nu Khin, Deputy Director (Supportive Medical), Department of Medical Services
- Dr. Kyaw Thu Lynn, Medical Officer (Supportive Medical), Department of Medical Services
- Daw Yamin Nwe, Deputy Director (Finance), Department of Medical Services

b) Japanese (JICA) side

- Mr. Nobuo IWAI, Senior Representative, JICA Myanmar Office
- Ms. Tomomi IBI, Senior Deputy Director, Health Team 4, Human Development Department, JICA HQs
- Mr. Kensaku ICHIKAWA, Representative, JICA Myanmar Office
- Daw K Thwe Aung, Senior Program Officer, JICA Myanmar Office

- Dr. Chiharu ABE, Leader, Kayah Team of HSS Project
- Mr. Kazunori IJIMA, Sub-leader, Kayah Team of HSS Project
- Mr. Koji AOKI, Project Coordinator, Kayah Team of HSS Project
- Dr. Kyaw Thu Htet, Chief Technical Officer, Kayah Team of HSS Project
- Dr. Thin Myat Mon, Technical Officer, Kayah Team of HSS Project
- Ms. Naoko ITO, Project Coordinator, NPT Team of HSS Project
- Ms. Aya HASEGAWA, Expert on Health Service Delivery, NPT Team of HSS Project
- Dr. Su Wai Mon, Program Officer, NPT Team of HSS Project
- Dr. Nyan Lin Thu, Program Officer, NPT Team of HSS Project
- Ms. Htet Htet Aung, Accounting and Admin Officer, NPT Team of HSS Project
- Ms. Yadanar Aung, Training Assistant, NPT Team of HSS Project

## PROVISIONAL AGENDA

Date: **Wednesday 31 October, 2018**

<b>Time</b>	<b>Subject</b>	<b>Presenter</b>
13:30 - 13:40	Opening remarks	Dr. Yin Thandar Lwin, Deputy Director General of DoMS
13:40 - 13:50	Keynote address	Mr. Nobuo IWAI, Senior Representative, JICA Myanmar Office
13:50 - 14:10	Highlights of the Output 1 activities	MoHS counterpart of NPT Team: Dr. Aung Win, Director (Acting), Supportive Medical Division, DoMS
14:10 - 14:30	Highlights of the Output 2 & 3 activities	MoHS counterpart of Kayah Team: Dr. Khin Maung Yin, Director, Kayah State Departments of Public Health and Medical Services Dr. Ye Myint Aung, Medical Superintendent, Loikaw General Hospital
14:30 - 14:50	Q & A on Output 1, 2, 3 activities	Participants
14:50 - 15:20	Summary of the Project Completion Report (Final Draft)	Ms. Tomomi IBI, Senior Deputy Director, Health Team 4, Human Development Department, JICA HQs
15:20 - 15:50	Discussions	Participants
15:50 - 16:00	Closing remarks	Dr. Yin Thandar Lwin, Deputy Director General of DoMS

**Project Completion Report**

for

MoHS/JICA Health System Strengthening Project

Endorsed by the Fourth JCC Meeting on

**31 October 2018**

## 2. プロジェクトデザインマトリックス (PDM) およびモニタリングシート

2-1 PDM 変更経緯 (和)

2-2 PDM ver.3 (英、和)

2-3 モニタリングシート (英)

※モニタリングシートはProject Completion Report 添付のもの 2018 年 10 月末現在



## 2-1 PDM変更経緯（和）

	PDM ver.0	PDM ver.1	PDM ver.2
スーパーゴール			ミャンマーにおいて保健医療サービスの質と国民による必須サービスへのアクセスが向上する。
上位目標	保健医療サービスの質と国民によるサービスへのアクセスが向上する。	ミャンマーにおいて保健医療サービスの質と国民による必須サービスへのアクセスが向上する。	国家 UHC 戦略達成に向け、地域ニーズ、事情、利用可能な資源に応じて、国家及びすべての州/地域レベルの保健計画が体系的にマネジメントされる。
プロジェクト目標	保健省の政策立案能力と、対象州保健局の事業計画・実施能力、保健医療サービス供給体制が強化される。	国家 UHC 戦略達成に向け、地域ニーズ、事情、利用可能な資源に応じて、すべてのレベルの保健計画が体系的にマネジメントされる。	国家 UHC 戦略達成に向けて、中央レベルおよび対象州の保健計画を管理する能力が強化される。
成果 1	国家 UHC 戦略の実実施計画策定・モニタリング・評価の枠組みが作成される。	国家保健計画のマネジメント能力が強化される。	国家保健計画を管理する中央レベルの組織的能力が強化される。
成果 2	対象州保健局のマネジメント能力と監督能力が強化される。	カヤー州において、（プロジェクトの活動によって策定された）ガイドラインに沿って、州保健計画がマネジメント（立案、実施、モニタリング・評価）されるようになる。	カヤー州において、プロジェクトの活動によって策定されたマニュアルに沿って、州保健計画がマネジメント（立案、実施、モニタリング・評価）されるようになる。
成果 3	母子保健サービスの対象州内でのネットワークが強化される。	カヤー州において、州保健計画の実施を通して保健サービス提供が改善される。	カヤー州において、保健サービス提供の改善活動が州保健計画に統合される。

### 成果 2 の活動内容

改訂前（PDM ver. 1）	改訂後（PDM ver. 2）
<ol style="list-style-type: none"> <li>1. 州公衆衛生局と州医療サービス局がともに保健計画マネジメントのために働くための体制を構築する。</li> <li>2. Comprehensive Township Health Plan (2015-2016) のモニタリング・評価支援を通じて、既存のモニタリング（サポートティブ・スーパービジョンを含む）と評価の方法・ツールを見直す。</li> <li>3. Comprehensive Township Health Plan (2015-2016) の試行を通じて得られた経験に基づき、予算制約を考慮しながら、2016 年次州保健計画のマネジメント（計画・実施・評価）を試行する。</li> <li>4. 2016 年次州保健計画の試行結果に基づき、州保健計画のマネジメントガイドライン（案）を作成する。</li> <li>5. ガイドライン（案）に基づいて、州保健計画(2017 版および 2018 年版) を運営（計画・実施・評価）する</li> <li>6. 州保健計画マネジメントガイドラインを最終化し、最終版ガイドラインを他州に紹介する。</li> </ol>	<ol style="list-style-type: none"> <li>1. カヤーにおける州保健計画の現状を確認する。</li> <li>2. カヤーにおける州保健計画の既存のモニタリングおよび評価のツールを見直す。</li> <li>3. 州保健計画のマネジメント・マニュアル（案）を作成する。</li> <li>4. マネジメント・マニュアル（案）に基づいて州保健計画をマネジメント（立案、実施、モニタリング・評価）する。</li> <li>5. 州保健計画マネジメント・マニュアルを最終化し、最終版マニュアルを他州/地域に紹介する。</li> </ol>

### 成果 3 の活動内容

改訂前（PDM ver. 1）	改訂後（PDM ver. 2）
<ol style="list-style-type: none"> <li>1. 特定の保健サービスについて、州内での実施状況を現状評価し、改善すべき事項を明確化する。</li> <li>2. 州内の特定の死因について、原因分析を実施する。</li> <li>3. 特定の保健サービス向上に向けた研修を実施する。</li> <li>4. 州内で提供する保健サービスについて、地域住民の理解を高めるための活動を実施する。（病院際、アウトリーチ活動等）</li> </ol>	<ol style="list-style-type: none"> <li>1. 州内の保健サービス提供および利用状況を把握するための州レベル保健行政局の能力を向上させる。</li> <li>2. 保健スタッフを対象とした州内のトレーニングのマネジメント（立案、実施、モニタリング・評価）能力を向上させる。</li> <li>3. 州内で提供する保健サービスについて、地域住民の理解を高めるために、Enter-Education を導入する。 *Enter-Education: エンターテインメントの形式を用いた保健教育。</li> <li>4. 州の保健サービス提供改善に関する活動の管理能力を強化する。</li> <li>5. 保健サービス提供の改善に関する活動を、州保健計画に反映させる。</li> </ol>

※PDM ver.2 から PDM ver 3.への改訂では、成果 2・3 は変更していない。





Project Title: Health System Strengthening Project

Implementing Agency: Ministry of Health and Sports (MoHS), State Public Health Department (SPHD) and State Medical Services Department (SMSD) in Kayah State

Target Group: MoHS officers, State Health Department officers and medical staff in the target hospitals

Period of Project: November 2014- November 2018

Project Site: NPT (nation wide) and Kayah State (Target Site)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<b>Super Goal</b> Quality of and access to essential health services are improved in Myanmar.	1. By 2030, the budget of MoHS is allocated based on priorities set in National Health Plan. 2. By 2030, service readiness of the priority EHP is improved in Myanmar. 3. By 2030, the number of people who have received the priority EHP services is increasing in Myanmar.		
<b>Overall Goal</b> Health Plans at national and state/regional level are systematically managed, with consideration of local needs, conditions and available resources toward the achievement of UHC.	1. By 2021, MoHS supports health plans management at the state/regional level.  2. By 2021, health plans at state/regional level are developed in consistency with the National Health Plan (NHP).	1-1. Interview to MoHS  1-2. Records of utilization of the guidelines/manuals regarding health plan management 2. National Health Plan and health plans at state/regions and townships	
<b>Project Purpose</b> Capacities in health plan management are strengthened at the central level and the target state toward the achievement of UHC.	1. The number of hospitals which can submit the e-data of hospital report increases. (Target: 83 hospitals with 200 beds and above) 2. At least one report of hospital data analysis at a sample area is developed. 3. At the end of the project, the manual on management of state health plan, which is developed by the project, is utilized at the target state. 4. At the end of the project, the practice in the target state, which is implemented by the project, is fed back to the central level and shared with other states/regions in Myanmar.	1. Data from Division of Supportive Medical Services, DMS 2. Report of hospital data analysis 3. Records of utilization of the management manual of the state health plan 4. Record of the dissemination activity	Additional factors that significantly prevent people from going to health facilities don't emerge.  National Policy for achieving UHC doesn't change.  DP's support to improve the quality and access of the health services don't change drastically.  The budget allocated to the health sector is not reduced sharply.
1. Institutional capacity of MOHS to collect, compile, analyze and utilize the data for health plan management is strengthened.  2. Kayah state health plan is managed (planned, implemented, monitored and evaluated) based on the manual which is developed by the project.  3. The activities on improving health service delivery are integrated into the state health plan in Kayah.	1-1. All the existing Medical Record Technicians (MRTs) complete the refresher training on hospital information system. (Estimate Total Number: 200 MRTs) 1-2. The number of the newly recruited MRTs who have completed the training on hospital information system. (Target Number: 300 MRTs) 1-3. Review of State/Region health plan management is finalized. 1-4. The number of KCCP and seminars at MOHS 2-1. By the end of the project, the state health plan and its management manual are developed.  3-1. By the end of the project, activities to improve the health service delivery in the state health plan are managed by using the manual developed by the project.	1-1. Training reports 1-2. Training reports  1-3. Reviv of State/Region Health Plan 1-4. Seminar reports 2-1. State health plan  2-2. Management manual of the state health plan 3-1. State health plan  3-2. Records of utilization of the management manual of the state health plan	- Organizational structure of counterparts does not change drastically. - Supports by DPs working in collaboration with the Project does not change drastically.
<b>Activities</b>	<b>Inputs</b>	<b>Important Assumption</b>	
1.1 To conduct a situation analysis on management of the National Health Plan. 1-2. To conduct a situation analysis on the hospital data management and utilization. 1-3. To conduct effective refresher trainings for the existing MRTs with the training of the trainers 1-4. To conduct in-service trainings for the newly recruited MRTs for strengthening hospital data management at the state/regional level. 1-5. To organize seminars and KCCP to strengthen MOHS staff capacity of hospital data analysis and utilization for the improvement of the hospital management administration. 1-6. To compile and analyze data coming from hospitals at a selected area and make a report. 1-7. To review the current situation on health planning and management at the state/regional level. 1-8. To introduce the management manuals developed by Expected Output 2 and 3 to other states/regions. 1-9. To organize the occasions to share internal/external experiences on HSS in MOHS.  2-1. To review the current situation of the state health plan in Kayah 2-2. To review the current tools of monitoring and evaluation of the state health plan in Kayah 2-3. To draft a management manual of the state health plan 2-4. To manage (plan, implement and monitor/evaluate) the state health plan based on the draft manual 2-5. To finalize the management manual of the state health plan and introduce the management manual to other states/regions 3-1. To strengthen the capacity of the state level health departments to grasp the current situation of health service delivery and utilization in Kayah 3-2. To strengthen the capacity of the state to manage (plan, implement and monitor/evaluate) training programs for health staff in Kayah 3-3. To introduce "Enter-Education" into the routine public health and medical services to raise people's understandings on the health services provided in the state * Enter-Education: health education in style of entertainment 3-4. To strengthen the capacity to manage the activities on improving the health service delivery in the state 3-5. To integrate the activities on improving the health service delivery into the state health plan	<b>The Japanese Side</b>  Japanese Experts 1. Experts assigned to MoHS: 1) Chief Advisor 2) Health Service Delivery 3) Project Coordinator 4) Short-term experts (M&E on health administration 1.2., Health Service Delivery etc.) 2. Experts assigned to Kayah State: 1) Team Leader/Health Sector Planning and Administration 1 2) Sub-leader/Health Sector Planning and Administration 2 3) Health System Management 4) Monitoring and Supportive Supervision 5) Health Service Improvement 1 6) Health Service Improvement 2 7) Health Service Improvement 3 8) Project Coordinator/Training Management 9) Procurement of Medical Equipment  Equipment and Materials 1. Diagnostic and emergency care equipment/instrument for MCH services 2. Project vehicle and equipment/materials necessary for project administration  Training in the Third countries and Japan	<b>The Myanmar Side</b>  Counterparts 1. Project Director 2. Project Manager 3. State focal person(s) 4. Other personnel mutually agreed upon as needed  Facilities, equipment and materials 1. Office spaces and facilities for the project (NPT and Kayah) 2. Necessary equipment and materials for project activities  Local costs Operational costs for implementing activities	- Organizational structure of counterparts does not change drastically. - Supports by DPs working in collaboration with the Project does not change drastically.
			<b>Pre-Conditions</b>

## プロジェクト名：保健システム強化プロジェクト

バージョン：3

作成日：2017年10月25日

## ターゲットグループ：保健スポーツ省職員、カヤー州の州公衆衛生局および州医療局の職員

プロジェクト期間：2014年11月～2018年11月（4年間）

プロジェクト対象地域：ネピドー（国家レベル）（アウトプット1）、カヤー州（アウトプット2、3）

プロジェクトの要約	指標	指標の入手手段	外部条件
スーパーゴール ミャンマーにおいて保健医療サービスの質と国民による必須サービスへのアクセスが向上する。	1. 2030年までに、国家保健計画の優先順位に応じて保健省予算が充当される。 0 3. 2030年までに、国民の保健サービスの利用率が改善する。		
上位目標 国家UHC戦略達成に向け、地域ニーズ、事情、利用可能な資源に応じて、国家及びすべての州/地域レベルの保健計画が体系的にマネジメントされる。	1. 2021年までに、保健省が、州の保健計画のマネジメントを支援している。 2. 2021年までに、州/地域の保健計画が、国家保健計画との整合している	1-1. 保健省へのヒヤリング 1-2. 保健計画マネジメントガイドライン/マニュアルの使用状況 2. 国家保健計画、州保健計画	
プロジェクト目標 国家UHC戦略達成へ向けて、中央レベルおよび対象州の保健計画を管理する能力が強化される。	1. 電子データで報告できる病院数が上昇する。（目標値：83病院（全国200床以上の病院数）） 2. サンプル地域の病院情報分析報告書が1つ以上作成される。 3. プロジェクト終了時において、対象州でプロジェクトの支援によって策定された保健計画マネジメント・マニュアルが活用されている。 4. プロジェクト終了時において、プロジェクトで実施された対象州の経験が中央レベルにフィードバックされ、他州/地域に共有されている。	1. 医療サービス局Supportive Medical Services課からの情報 2. サンプル地域の病院情報分析報告書 3. 州保健計画のマネジメント・マニュアルの使用状況 4. 普及活動報告	国民の受療行動を著しく阻害する新たな要因が発生しない。 UHC戦略実施に向けた政府の方針が変更しない。 保健医療サービスの質とアクセスに関する、主要開発パートナーの支援に大きな変更が生じない。 保健セクターへの政府予算割り当てが大幅に減少しない。
アウトプット 1. 保健スポーツ省において、保健計画管理に必要なデータの収集、集計・分析、利活用の組織的能力が強化される。 2. カヤー州において、プロジェクトの活動によって策定されたマニュアルに沿って、州保健計画がマネジメント（立案、実施、モニタリング・評価）されるようになる。 3. カヤー州において、保健サービス提供の改善活動が州保健計画に統合される。	1-1. 全ての現任診療情報管理士（MRT: Medical Record Technician）が病院情報システムにかかる再教育研修を修了する。（推定値：200人） 1-2. 新任診療情報管理士（MRT）で、病院情報システム研修を修了した人数。（目標値：300人） 1-3. 州・地域保健計画レビュー報告書が完成する。 1-4. 保健スポーツ省を対象とした、本邦研修及びセミナーの数。 2-1. プロジェクト終了時において、州保健計画およびそのマネジメント・マニュアルが策定されている。 3-1. プロジェクト終了時において、州保健計画に反映された保健サービス提供の改善にかかる活動が、マネジメント・マニュアルに沿って運営されている。	1-1. 各研修報告書 1-2. 各研修報告書 1-3. 州・地域保健計画レビュー報告書 1-4. セミナーレポート 2-1. 州保健計画 2-2. 州保健計画のマネジメント・マニュアルの使用状況 3-1. 州保健計画 3-2. 州保健計画のマネジメント・マニュアルの使用状況	・プロジェクト対象機関において、大幅な組織改編がおこなない。 ・協働を想定している開発パートナーの援助方針や支援内容に変更が生じない。
活動	投入	外部条件	
1-1. 国家保健計画管理の現状分析を行う。 1-2. 病院データの管理、利活用の現状分析を行う。 1-3. 研修講師の育成しつつ、現任MRTに対し効果的な再教育研修を実施する。 1-4. 州・地域レベルの病院データ管理能力を強化をめざして、新規雇用MRTに新任研修を実施する。 1-5. 保健スポーツ省職員が全国の病院データを分析し、病院管理計画に活用する能力を強化するために、セミナーや本邦研修を実施する。 1-6. サンプル地域において、域内の病院情報の集計、分析を行い、報告書を作成する。 1-7. 州・地域保健計画の策定・管理に関するレビューを実施し、提言を行う。 1-8. 成果2および3を本省の担当局を通じて、他州/地域に紹介する。 1-9. 保健システム強化に関する国内外の経験共有の場を提供する。 2-1. カヤーにおける州保健計画の現状を確認する。 2-2. カヤーにおける州保健計画の既存のモニタリングおよび評価のツールを見直す。 2-3. 州保健計画のマネジメント・マニュアル(案)を作成する。 2-4. マネジメント・マニュアル(案)に基づいて州保健計画をマネジメント（立案、実施、モニタリング・評価）する。 2-5. 州保健計画マネジメント・マニュアルを最終化し、最終版マニュアルを他州/地域に紹介する。 3-1. 州内の保健サービス提供および利用状況を把握するための州レベル保健行政局の能力を向上させる。 3-2. 保健スタッフを対象とした州内のトレーニングのマネジメント（立案、実施、モニタリング・評価）能力を向上させる。 3-3. 州内で提供する保健サービスについて、地域住民の理解を高めるために、Enter-Educationを導入する。 * Enter-Education: エンターテインメントの形式を用いた保健教育。 3-4. 州の保健サービス提供改善に関する活動の管理能力を強化する。 3-5. 保健サービス提供の改善に関する活動を、州保健計画に反映させる。	日本側 日本人専門家 1. 保健省派遣専門家: 1) チーフアドバイザー 2) 保健サービスディレクター 3) 業務調整 4) 短期専門家：保健行政のモニタリング評価1, 2. 保健サービス提供等 2. カヤー州派遣専門家: 1) チームリーダー/地域保健計画1 2) サブリーダー/地域保健計画2 3) 保健システムマネジメント 4) モニタリング評価/サポーティブスーパーバージョン 5) 保健サービス強化 1 6) 保健サービス強化 2 7) 保健サービス強化 3 8) 業務調整/研修管理 9) 機材調達 供与機材 1. 母子保健に関わる機材 2. プロジェクト車両、オフィス機器（パソコン、プリンタービジネスソフトウェア等） 研修員受け入れ：本邦研修及び第三国研修	ミャンマー側 カウンターパート 1. プロジェクトダイレクター 2. プロジェクトマネージャー 3. 対象州のプロジェクト担当者 4. その他必要と認められる人員 施設と資機材 1. プロジェクトのための執務室と事務用品（ネピドー、カヤー） 2. プロジェクト活動に必要な資機材 活動費 プロジェクト活動実施のための経常経費	・プロジェクト対象機関において、大幅な組織改編がおこなない。 ・協働を想定している開発パートナーの援助方針や支援内容に変更が生じない。
		前提条件	
		カウンターパート側の体制変更により、プロジェクト活動の開始が大幅に遅れない。	
		↓	
		＜対応策＞	

2-3 プロジェクトモニタリングシート (英)

Project Monitoring Sheet I (Project Design Matrix)

Project Title: Health System Strengthening Project

Implementing Agency: Ministry of Health and Sports (MoHS), State Public Health Department (SPHD) and State Medical Services Department (SMSD) in Kayah State

Target Group: MoHS officers, State Health Department officers and medical staff in the target hospitals

Period of Project: November 2014- November 2018

Project Site: NPT (nation wide) and Kayah State (Target Site)

Version 3

Dated 25 October 2018

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
<p><b>Super Goal</b> Quality of and access to essential health services are improved in Myanmar.</p>	<p>1. By 2030, the budget of MoHS is allocated based on priorities set in National Health Plan. 2. By 2030, service readiness of the priority EHP is improved in Myanmar. 3. By 2030, the number of people who have received the priority EHP services is increasing in Myanmar.</p>				
<p><b>Overall Goal</b> Health Plans at national and state/regional level are systematically managed, with consideration of local needs, conditions and available resources toward the achievement of UHC.</p>	<p>1. By 2021, MoHS supports health plans management at the state/regional level.  2. By 2021, health plans at state/regional level are developed in consistency with the National Health Plan (NHP).</p>	<p>1-1. Interview to MoHS  1-2. Records of utilization of the guidelines/manuals regarding health plan management 2. National Health Plan and health plans at state/regions and townships</p>			
<p><b>Project Purpose</b> Capacities in health plan management are strengthened at the central level and the target state toward the achievement of UHC.</p>	<p>1. The number of hospitals which can submit the e-data of hospital report increases. (Target: 83 hospitals with 200 beds and above)  2. At least one report of hospital data analysis at a sample area is developed.  3. At the end of the project, the manual on management of state health plan, which is developed by the project, is utilized at the target state. 4. At the end of the project, the practice in the target state, which is implemented by the project, is fed back to the central level and shared with other states/regions in Myanmar.</p>	<p>1. Data from Division of Supportive Medical Services, DMS  2. Report of hospital data analysis  3. Records of utilization of the management manual of the state health plan 4. Record of the dissemination activity</p>	<p>Additional factors that significantly prevent people from going to health facilities don't emerge.  National Policy for achieving UHC doesn't change.  DP's support to improve the quality and access of the health services don't change drastically.  The budget allocated to the health sector is not reduced sharply.</p>	<p>1. The number of hospitals which submitted the e-data of hospital reports to DoMS increased to 97 hospitals nationwide as of December 2017. The number of hospitals which submitted the e-data of hospital reports to DoPH increased to 143 hospitals nationwide as of September 2018. 2. A study proposal has been developed by MoHS officials (KCCP participants) and authorized by DoPH/DoMS DG. The KCCP participants are working to finalize the study report by December 2018. Another report of Yangon and Mandalay hospitals data analysis was completed as the training exercises by the MRTs along with the MoHS central officers. 3. The Special Effort has been managed with using the manual (The Special Effort user's Guide) in Kayah state. 4. Health plan management through the Special Effort and its activities were introduced to the health delegates from Rakhine (Aug 2017) and to the Union Minister for Health and Sports (Oct 2017) while their visitation to Kayah.</p>	
<p>1. Institutional capacity of MOHS to collect, compile, analyze and utilize the data for health plan management is strengthened.  2. Kayah state health plan is managed (planned, implemented, monitored and evaluated) based on the manual which is developed by the project.  3. The activities on improving health service delivery are integrated into the state health plan in Kayah.</p>	<p>1-1. All the existing Medical Record Technicians (MRTs) complete the refresher training on hospital information system. (Estimate Total Number: 200 MRTs) 1-2. The number of the newly recruited MRTs who have completed the training on hospital information system. (Target Number: 300 MRTs) 1-3. Review of State/Region health plan management is finalized. 1-4. The number of KCCP and seminars at MOHS 2-1. By the end of the project, the state health plan and its management manual are developed.  3-1. By the end of the project, activities to improve the health service delivery in the state health plan are managed by using the manual developed by the project.</p>	<p>1-1. Training reports  1-2. Training reports  1-3. Review of State/Region Health Plan 1-4. Seminar reports 2-1. State health plan  2-2. Management manual of the state health plan 3-1. State health plan  3-2. Records of utilization of the management manual of the state health plan</p>	<p>- Organizational structure of counterparts does not change drastically. - Supports by DPs working in collaboration with the Project does not change drastically.</p>	<p>175 existing MRTs completed the refresher trainings. Completed.  384 newly recruited MRTs completed the trainings. Completed.  English and Myanmar versions were finalized. Completed. Total 30 short seminars and 4 KCCPs have been organized. Completed. The Special Effort and its management manual were developed.  The activities on improving health services delivery were integrated into the Special Effort and managed(planned, implemented and monitored/evaluated).</p>	<p>Only 175MRTs were eligible for the training.</p>
<b>Activities</b>	<b>Inputs</b>	<b>Important Assumption</b>			
<p>1.1 To conduct a situation analysis on management of the National Health Plan. 1-2. To conduct a situation analysis on the hospital data management and utilization. 1-3. To conduct effective refresher trainings for the existing MRTs with the training of the trainers 1-4. To conduct in-service trainings for the newly recruited MRTs for strengthening hospital data management at the state/regional level. 1-5. To organize seminars and KCCP to strengthen MOHS staff capacity of hospital data analysis and utilization for the improvement of the hospital management administration. 1-6. To compile and analyze data coming from hospitals at a selected area and make a report. 1-7. To review the current situation on health planning and management at the state/regional level. 1-8. To introduce the management manuals developed by Expected Output 2 and 3 to other states/regions. 1-9. To organize the occasions to share internal/external experiences on HSS in MOHS.  2-1. To review the current situation of the state health plan in Kayah 2-2. To review the current tools of monitoring and evaluation of the state health plan in Kayah 2-3. To draft a management manual of the state health plan 2-4. To manage (plan, implement and monitor/evaluate) the state health plan based on the draft manual 2-5. To finalize the management manual of the state health plan and introduce the management manual to other states/regions 3-1. To strengthen the capacity of the state level health departments to grasp the current situation of health service delivery and utilization in Kayah 3-2. To strengthen the capacity of the state to manage (plan, implement and monitor/evaluate) training programs for health staff in Kayah 3-3. To introduce "Enter-Education" into the routine public health and medical services to raise people's understandings on the health services provided in the state * Enter-Education: health education in style of entertainment 3-4. To strengthen the capacity to manage the activities on improving the health service delivery in the state 3-5. To integrate the activities on improving the health service delivery into the state health plan</p>	<p><b>The Japanese Side</b> Japanese Experts 1. Experts assigned to MoHS: 1) Chief Advisor 2) Health Service Delivery 3) Project Coordinator 4) Short-term experts (M&amp;E on health administration 1.2., Health Service Delivery etc.) 2. Experts assigned to Kayah State: 1) Team Leader/Health Sector Planning and Administration 1 2) Sub-leader/Health Sector Planning and Administration 2 3) Health System Management 4) Monitoring and Supportive Supervision 5) Health Service Improvement 1 6) Health Service Improvement 2 7) Health Service Improvement 3 8) Project Coordinator/Training Management 9) Procurement of Medical Equipment  Equipment and Materials 1. Diagnostic and emergency care equipment/instrument for MCH services 2. Project vehicle and equipment/materials necessary for project administration  Training in the Third countries and Japan</p>	<p><b>The Myanmar Side</b> Counterparts 1. Project Director 2. Project Manager 3. State focal person(s) 4. Other personnel mutually agreed upon as needed  Facilities, equipment and materials 1. Office spaces and facilities for the project (NPT and Kayah) 2. Necessary equipment and materials for project activities  Local costs Operational costs for implementing activities</p>	<p>- Organizational structure of counterparts does not change drastically. - Supports by DPs working in collaboration with the Project does not change drastically.</p>	<p>Pre-Conditions</p>	



### 3. 要員計画実績

3-1 第1期要員計画実績

3-2 第2期要員計画実績

3-3 第3期要員計画実績



### 3-1 第1期 要員計画実績

#### 1. 現地業務 (2015年3月末現在)

氏名 (担当業務)	格付	渡航回数	2014		2015			日数計	人月計
			11	12	1	2	3		
阿部 千春 (総括/地域保健計画1)	2	計画	2	30日		30日	60	2.00	
		実績	2	11/23 12/22 30日		2/15 3/13 27日	57	1.90	
小川 陽子 (副総括/ 地域保健計画2)	3	計画	2	30日		30日	60	2.00	
		実績	2	11/22 12/22 31日		2/15 3/19 33日	64	2.13	
喜多 桂子 (行政事業に関する モニタリング評価)	3	計画	2	30日		30日	60	2.00	
		実績	2	11/23 12/22 30日		2/21 3/19 27日	57	1.90	
加藤 琢真 (母子保健1)	4	計画	2	21日		21日	42	1.40	
		実績	2	11/26 12/12 17日		2/21 3/19 27日	44	1.47	
相田 華絵 (母子保健2)	4	計画	2	30日		30日	60	2.00	
		実績	2	11/23 12/22 30日		2/18 3/19 30日	60	2.00	
** ** (保健分野の研修カリキュ ラム・教材開発)	3	計画	0				0	0.00	
		実績	0				0	0.00	
入澤 聡子 (業務調整/研修管理)	5	計画	2	30日		30日	60	2.00	
		実績	2	11/23 12/22 30日		2/18 3/19 30日	60	2.00	
						合計	計画	342	11.40
							実績	342	11.40

#### 2. 国内業務 (2015年3月末現在)

氏名 (担当業務)	格付		2014		2015			日数計	人月計
			11	12	1	2	3		
阿部 千春 (総括/地域保健計画1)	2	計画	1日		2日		3	0.10	
		実績	1日		3日		4	0.13	
小川 陽子 (副総括/ 地域保健計画2)	3	計画	1日		2日		3	0.10	
		実績	0日		0日		0	0.00	
喜多 桂子 (行政事業に関する モニタリング評価)	3	計画	1日		3日		4	0.13	
		実績	2日		4日		6	0.20	
加藤 琢真 (母子保健1)	4	計画	1日		1日		2	0.07	
		実績	1日		1日		2	0.07	
相田 華絵 (母子保健2)	4	計画	1日		1日		2	0.07	
		実績	1日		1日		2	0.07	
** ** (保健分野の研修カリキュ ラム・教材開発)	4	計画	0日		0日		0	0.00	
		実績	0日		0日		0	0.00	
入澤 聡子 (業務調整/研修管理)	5	計画	0日		0日		0	0.00	
		実績	0日		0日		0	0.00	
						合計	計画	14	0.47
							実績	14	0.47





### 3-2 第2期 要員計画実績

#### 1. 現地業務

氏名 (担当業務)	格付	渡航回数	2015												2016												2017					日数 合計	人月 合計
			5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5						
阿部 千春 (総括/地域保健計画1)	計画	7	20日		27日		30日		25日		44日		13日		30日												189	6.30					
	実績	12	5/17	6/8	6/23	7/11	7/19	8/9	8/24	10/2	10/29	12/6	12/25	1/22	2/20	3/12	3/25	5/17	6/18	7/11	7/31	9/12	10/8	1/22	2/10	3/19	3/28	261	8.70				
小川 陽子 (副総括/地域保健計画2)	計画	2	60日		30日																						90	3.00					
	実績	2	6/2		7/31		60日		9/19		10/18		30日														90	3.00					
石井 清志 (モリソン/ ホムティブスベーション)	計画	5	35日		30日		20日		17日		25日																127	4.23					
	実績	5	5/17	6/20	35日		9/13		10/12		30日		12/6		12/25		1/12		1/28		2/22		3/17		25日		127	4.23					
飯島 一徳 (副総括/地域保健計画2)	計画	9	28日		30日		30日		30日		30日		30日		30日		30日		30日		30日		30日		28日		266	8.87					
	実績	6	1/19		2/15		3/23		4/7		5/30		6/30		7/28		9/18		11/7		12/24		2/18		3/9		174	5.80					
喜多 桂子 (保健システムマネジメント)	計画	2	22日		22日																						44	1.47					
	実績	2	5/31	6/21	7/10	7/31	22日																				44	1.47					
竹 直樹 (保健システムマネジメント)	計画	6	21日		30日		35日		35日		35日		35日		35日		35日		35日		35日		35日		35日		191	6.37					
	実績	5	12/6		12/25		20日		2/7		3/12		5/17		6/19		34日		11/8		12/24		1/22		3/17		191	6.37					
加藤 琢真 (母子保健1)	計画	3	13日		20日		18日																				51	1.70					
	実績	3	5/27	6/8	7/1	7/20	9/30		10/17		18日																51	1.70					
平田 知之 (母子保健1(産科))	計画	1	23日																								23	0.77					
	実績	1	2/14		3/5		21日																				21	0.70					
神谷 保彦 (母子保健1)	計画	2	20日		20日																						40	1.33					
	実績	2	8/14		8/28		15日		12/12		12/24		13日														28	0.93					
松井 三明 (母子保健3)	計画	3	20日		20日		16日																				56	1.87					
	実績	3	5/31		6/11		12日		12/5		12/14		10日		1/27		2/5		10日								32	1.07					
相田 華絵 (母子保健2)	計画	5	25日		25日		23日		23日		22日																118	3.93					
	実績	8	6/14	7/1	7/17	34日	9/6		9/25		20日		1/19		2/6		19日		6/23		7/16		9/13		10/16		176	5.87					
田制 弘 (医療機材調達)	計画	1	15日																								15	0.50					
	実績	1	5/17	5/31	15日																						15	0.50					
入澤 聡子 (業務調整/研修管理)	計画	1	21日		21日																						21	0.70					
	実績	1	7/1		7/25		21日		21日		21日		21日		21日		21日		21日		21日		21日		21日		21	0.70					
鈴木 裕子 (業務調整/研修管理)	計画	5	20日		22日		22日		22日		20日		20日		20日		20日		20日		20日		20日		20日		104	3.47					
	実績	4	12/6		12/25		20日		1/23		2/15		24日		5/17		6/16		31日		3/3		3/31		29日		104	3.47					
合計	計画	52	業務従事計画		業務従事実績																						1335	44.50					
	実績	55																									1335	44.50					

#### 2. 国内業務：なし

報告書等	△ 業務計画書 (第2期)								△ 第2期プロジェクト 業務進捗報告書①					△ 第2期プロジェクト 業務進捗報告書②							△ 第2期プロジェクト 業務進捗報告書③
------	---------------------	--	--	--	--	--	--	--	----------------------------	--	--	--	--	----------------------------	--	--	--	--	--	--	----------------------------



### 3-3 第3期 要員計画実績表

#### 1. 現地業務

氏名 (担当業務)	格付	渡航 回数	2017年度												2018年度												日数 合計	人月 合計
			5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12						
阿部 千春 (総括/ 地域保健計画)	2	計画			16日		12日				9日	14日							14日				65	2.17				
		実績			7/13 7/28 16日		9/13 9/24 12日				12/9 12/17 9日	1/10 1/23 14日							10/29 5日	11/2			56	1.87				
飯島 一徳 (副総括/ 地域保健計画)	4	計画	58日				31日	13日		42日			19日			25日	40日		40日		22日		290	9.67				
		実績	5/25 58日		7/21	8/3	9/2	31日	10/11 10/23	11/13	12/24	42日	1/21	40日	3/1	3/19	4/12	25日	40日	5/14	6/22	8/5	9/13 10/2 15日	11/4	304	10.13		
松末 昌士 (モニタリング/ サポーターズ・バージョン)	3	計画		29日			38日			33日				24日			18日			20日			162	5.40				
		実績		6/1 6/29 29日			8/24		9/30		11/6	12/8			24日			18日		5/8	5/25		8/25 9/9 16日	158	5.27			
竹 直樹 (保健計画マシメント)	3	計画					16日			50日			43日						59日				168	5.60				
		実績					9/9 9/24 16日			11/6	12/24	49日	1/20	50日	3/10			53日	6/2	7/24				168	5.60			
神谷 保彦 (保健サビ強化1)	3	計画			14日						14日					14日							42	1.40				
		実績			7/10 7/23 14日						12/3 12/16 14日					4/25 5/8 14日								42	1.40			
相田 華絵 (保健サビ強化2)	3	計画		35日				25日			18日		24日		15日				24日				165	5.50				
		実績		6/18 35日 35日		7/22		9/30	10/22					2/13	44日	3/28			5/14	6/22	40日	8/4	8/26 23日	165	5.50			
半田 祐二郎 (5S-KAIZEN-TQM)	3	計画								10日					11日								21	0.70				
		実績								12/14 12/23 10日					3/19 3/28 10日									20	0.67			
青木 浩司 (業務環境改善/ 業務調整)	5	計画			45日		18日			42日			30日				25日			20日			180	6.00				
		実績			7/13 45日 45日		8/26 9/19 18日	10/6		11/27 12/24 28日	22日	1/10 1/31		65日	3/5	5/8	2日	6/2	7/27	9/17	11/4	0日		180	6.00			
合計	合計	計画																					42	1093	36.43			
		実績																					41	1093	36.43			

凡例： ■ 業務従事実績 ■ 業務従事計画 ■ 自社負担 ※直接人件費、その他原価、一般管理費、旅費（その他）は自社負担、旅費（航空賃）は精算対象とする

#### 2. 国内業務：なし

報告書等	2017年度												2018年度												
	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12					
報告書等		△							△					△							△	業務計画書 (第3期)	第3期プロジェクト 業務進捗報告書①	第3期プロジェクト 業務進捗報告書②	業務完了 報告書



#### 4. 州医療サービス局の Special Effort

4-1 Special Effort ① (2017年1月～6月)

4-2 Special Effort ② (2017年7月～12月)

4-3 Special Effort ③ (2018年4月～9月)

4-4 Special Effort ④ (2019年1月～6月)



# 4-1 Special Effort ① (2017年1月～6月)

## 初回のSpecial Effortの紹介文書



Introduction of  
**THE SPECIAL EFFORT 2017**  
Kayah State Medical Services Department



## WHAT IS THE SPECIAL EFFORT 2017?

In 2016, Department of Medical Services, Ministry of Health and Sports set priorities to customer friendliness, improvement of infection control and work environment and provision of basic hospital information for patients such as hospital map, signboard and OPD timetable in their latest six-month plan. Based on this guidance and a spirit of front runner of medical services, Kayah State Medical Services Department set our mission, vision, core values and a list of important activities so called “Special Effort 2017” to be implemented from January to June 2017 as a first step towards continuous improvement of service quality vigorously.

The uniqueness of the Special Effort 2017 is not only focusing on improving the service provision, but also aiming to strengthen the capacity of management of the Department. As a “manager” of the provision of medical services in the state, it is essential for us to have sufficient management skills to ensure the quality of medical services in the state. We’re going to use the Special Effort 2017 as a tool to practically improve our capacity of planning, implementing, monitoring and evaluation for better health planning and management.



## **(1) MISSION**

**“To coordinate with stakeholders, to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services”**

Quality of health care is an important element of the right to health. Article 367 of the Constitution of the Republic of the Union of Myanmar says “Every citizen shall, in accordance with the health policy laid down by the Union, have the right to health care.” Therefore, the health care has to be always with quality.

Quality of health care is a need of people in Kayah. Therefore as a State Department, we are responsible for ensuring quality of medical services at all hospitals in Kayah.

We have Ministry of Health and Sports, we have townships, we have State Government, we have hospitals, and we are an intermediate entity. We will promote proper coordination with these stakeholders and provide good guidance to the hospitals. This is our mission.



## **(2) VISION**

**“To make hospitals in Kayah State attractive by means of improving both customers’ satisfaction and providers’ satisfaction”**

What do we want to be in the next 5 years? What do we look for? Such a hope, we defined it as “Vision”. We are going to pursue attractiveness of all hospitals in Kayah State both for customers and hospital staff. We’re thinking “attractive hospital” is a keyword as a result of quality medical services.

Therefore, to make hospitals in Kayah attractive, definitely it is necessary to improve satisfaction of customers, patients, and hospital staff. It is totally in line with the six-month plan of Department of Medical Services, Ministry of Health and Sports, which is pursuing customer-friendly hospitals.



Enter-Education



Provision of Hospital Diet

### (3) CORE VALUES

We identified our core values to achieve our mission and vision. Keeping these 9 core values in our minds, we spearhead quality medical services in Kayah State.

**Hospitals for all:** We dedicate to establishment of hospitals which contributes to health of all people in the state with a spirit of inclusiveness. Therefore, hospitals will be “your hospitals”.

**Equity:** We devote to establishment of hospitals which provide all patients with quality services, without any discrimination.

**Mutual respect:** We esteem mutual respect between customers and hospital staff, and among the staff, regardless of race, birth, religion, official position, status, culture, sex and wealth.

**Kindness:** We promote kind behaviour towards their customers.

**Accountability:** We aim to be accountable for all stakeholders.

**Professionalism:** We provide the opportunity for hospital staff to upgrade their skills and capacities of medical services.

**Friendly working environment:** We facilitate establishment of working environment comfortable for hospital staff.

**Interactiveness among hospital workers:** We accelerate effective collaboration and communication among hospital staff for ensuring quality medical services.

**Sustainability:** We spearhead sustainability of quality medical services including pursuit of its efficiency.

## ACTIVITIES IN THE SPECIAL EFFORT 2017

To realize our vision, we selected the activities which we will put our special effort in 2017. Since this is the first attempt for us, we will focus on most of activities at Loikaw General Hospital (LGH).

### **(1) Improvement of Customers' Satisfaction**

- 1-1: Infection control in LGH
- 1-2: Training for receptionists in LGH
- 1-3: Enter-education through clowns' visit
- 1-4: Implementation of clinical visits
- 1-5: Improvement of information provided for customers
- 1-6: Provision of hospital diet

### **(2) Improvement of Providers' Satisfaction**

- 2-1: Improvement of staff house of LGH
- 2-2: Promotion of 5S practice in LGH

### **(3) Capacity Building of Service Providers**

- 3-1: Vitalisation of training programme for AS in LGH
- 3-2: Strengthening of continuous nursing education in LGH
- 3-3: Provision of effective training for staff of supportive group such as office staff and other technical staff

### **(4) Strengthening of Functions of the Department**

- 4-1: Supportive supervision
- 4-2: Strengthening M&E capacity through the practice

## MONITORING AND EVALUATION

Staff members of the State Medical Services Department will review the activities for Special Effort 2017 in early March 2017, while they will conduct evaluation in early May.



Hospital Infection Control Workshop



Enter-Education (Hand Hygiene)



5S Activities



5S Activities



Home Visit



Clinical Visit



*For the attractive hospitals.....*

Kayah State Medical Services Department



01 February 2017

# Kayah State Department of Medical Services

## Special Effort 2017

### 1. INTRODUCTION

Department of Medical Services, Ministry of Health and Sports set priorities to customer friendliness, improvement of infection control and work environment and provision of basic hospital information for patients such as hospital map, signboard and OPD timetable in their latest six-month plan. Based on this guidance and a spirit of front runner of medical services of Kayah State Department of Medical Services, we set our mission, vision, core values and a set of special effort covering the year 2017 as a first step towards continuous improvement of service quality vigorously.

### 2. MISSION, VISION AND CORE VALUES OF THE DEPARTMENT

#### (1) MISSION

To coordinate with stakeholders, to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services

#### (2) VISION

To make hospitals in Kayah State attractive by means of improving both customers' satisfaction and providers' satisfaction

#### (3) CORE VALUES

- **Hospitals for all:** We, Kayah State Department of Medical Services, dedicate to establishment of hospitals which contributes to health of all people in Kayah State with **a spirit of inclusiveness of all people in Kayah State**. As a result, the hospitals will be "**your hospitals**".
- **Equity:** We devote to establishment of hospitals which provide all patients with quality medical services, **without any discrimination**.
- **Mutual respect:** As a core value, we regard mutual respect between customers and hospital staff and among the staff, **regardless of race, birth, religion, official position, status, culture, sex and wealth**.
- **Kindness:** We promote kind behaviour of hospital staff towards their customers.
- **Accountability:** We aim to be accountable for all stakeholders including the national and state government and people in Kayah State.
- **Professionalism:** As professional service providers, we pursue better medical services. We provide the opportunity for hospital staff in Kayah State to upgrade their skills and capacities of medical services.
- **Friendly working environment:** We facilitate establishment of working environment comfortable for hospital staff in Kayah State.
- **Interactiveness among hospital workers:** We accelerate effective collaboration and communication among hospital staff in Kayah State for ensuring quality medical services.
- **Sustainability:** We spearhead sustainability of quality medical services including pursuit of its efficiency.

### 3. JUSTIFICATION OF TOPICS SELECTED AS SPECIAL EFFORT 2017

As mentioned in the vision statement, Kayah State Department of Medical Services will spearhead the improvement of satisfaction of both customers and providers. It is also necessary to provide opportunities

01 February 2017

of capacity building to make providers play a role of professionals. The Department is still new and strengthens its functions especially on supervision, monitoring and evaluation.

This is the first attempt for the Department to develop and implement the special effort, so we will initially focus on most of activities at Loikaw General Hospital.

#### **4. OVERALL PERIOD OF SPECIAL EFFORT 2017**

Activities of the Special Effort are implemented from January to June 2017.

#### **5. SPECIAL EFFORT 2017**

##### **(1) Improvement of Customers' Satisfaction**

Following is a series of activities to improve customers' satisfaction.

**Activity 1-1: Infection control in Loikaw General Hospital (LGH)**

**Activity 1-2: Training for receptionists in LGH**

**Activity 1-3: Enter-education through clowns' visit**

**Activity 1-4: Implementation of clinical visits**

**Activity 1-5: Improvement of information provided for customers**

**Activity 1-6: Provision of hospital diet**

##### **(2) Improvement of Providers' Satisfaction**

Two activities are listed for improvement of providers' satisfaction.

**Activity 2-1: Improvement of staff house of LGH**

**Activity 2-2: Promotion of 5S practice in LGH**

##### **(3) Capacity Building of Service Providers**

The following activities aim at capacity building of service providers.

**Activity 3-1: Vitalisation of training programme for Assistant Surgeons (AS) in LGH**

**Activity 3-2: Strengthening of continuous nursing education in LGH**

**Activity 3-3: Provision of effective training for staff of supportive group such as office staff and other technical staff**

##### **(4) Strengthening of Functions of the Department**

Functions of the State Department of Medical Services are to be strengthened through the following two activities.

**Activity 4-1: Supportive supervision**

**Activity 4-2: Strengthening M&E capacity thru practice of the M&E special effort**

Outlines of the all above-listed activities are summarised in **the Activity Description Form (Annex-1)**.

#### **6. MONITORING AND EVALUATION**

Staff members of the State Department of Medical Services will review the activities for Special Effort 2017 in early March 2017, while they will conduct evaluation in early May.

**The reporting form (Annex-2)** will be used for the monitoring and evaluation.



### Annex 1: Activity Description Form

<b>NAME OF ACTIVITY</b>		Training for receptionists in LGH			
<b>BACKGROUND</b>		<ul style="list-style-type: none"> <li>- According to six-month plan from Medical service department which is to emphasize on the importance of customer friendliness.</li> <li>- And also to pursue the Kayah SMSD's vision which is to make the hospital attractive.</li> </ul>			
<b>EXPECTED RESULTS</b>	<b>OUTCOMES</b>	- To increase the utilization rate of OPD including the admission of patients			
	<b>OUTPUTS</b>	- To increase the knowledge, attitude and communication skills of the receptionists in LGH			
<b>TARGET GROUP</b>		All Receptionists from LGH			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>RESPONSIBILITY</b>	<b>IMPLEMENTATION PERIOD</b>	<b>SITE OF ACTIVITIES</b>	<b>SOURCE OF FUNDS</b>
1	Preparing presentation	<ul style="list-style-type: none"> <li>- MJHSSP</li> <li>- Medico-social Officer</li> </ul>	- January	- office	- MJHSSP
2	To commence a work-shop	<ul style="list-style-type: none"> <li>- SMSD</li> <li>- Medico-social Officer</li> <li>- MJHSSP</li> </ul>	- March	- LGH	<ul style="list-style-type: none"> <li>- MJHSSP</li> <li>- SMSD</li> </ul>
3	To make the simple checklist for assessment of receptionist	<ul style="list-style-type: none"> <li>-SMSD officer</li> <li>- MJHSSP</li> </ul>	- March	LGH	- SMSD
4	To assess the knowledge, attitude and communication occasionally	<ul style="list-style-type: none"> <li>- SMSD officer</li> <li>- Sisters from Emergency and OPD</li> </ul>	- March	- LGH ERC	- SMSD
5	To make a refresher training to new or who needs refresher training	<ul style="list-style-type: none"> <li>- SMSD</li> <li>- MJHSSP</li> </ul>	- As necessary	- LGH	<ul style="list-style-type: none"> <li>- SMSD</li> <li>- MJHSSP</li> </ul>

**Annex 1: Activity Description Form**

<b>NAME OF ACTIVITY</b>		Infection control in LGH			
<b>BACKGROUND</b>		To reduce nosocomial infection/hospital acquired infection which is a major cause of increased morbidity and mortality of patients. It also increase the cost of treatment and workload to health care providers.			
<b>EXPECTED RESULTS</b>	<b>OUTCOMES</b>	To expand the infection control practice in whole LGH			
	<b>OUTPUTS</b>	To follow hospital infection control guidelines by all health care providers from Paediatric ward, OG ward and OT			
<b>TARGET GROUP</b>		All health care providers, patients attendants and visitors			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>RESPONSIBILITY</b>	<b>IMPLEMENTATION PERIOD</b>	<b>SITE OF ACTIVITIES</b>	<b>SOURCE OF FUNDS</b>
1	To update the infection control committee.	-MS -DMS	March	-Meeting rooms	-SMSD -MJHSSP
2	To setup the infection control teams	-MS -SCS -Sisters	March	-Meeting rooms	-SMSD -MJHSSP
3	To develop and disseminate the hospital infection control guidelines and checklists in reference to MOHS guideline	-Dr. Lwin Lwin Soe (SCS) -Dr. Ahmar (SCS) -Dr. Cho Mar Lwin (SCS) -Daw Tin Tin Aye (Sisters) -Dr. Khit Ake Kyaw (SMO) -Dr. Ye Wint Han (TO)	End of February	-SMSD office	-SMSD -MJHSSP
4	To procure materials needed for Infection control	-Infection control committee members	March-June	-Pediatrics ward -OG ward -OT ward	-SMSD -MJHSSP
5	To implement the infection control guidelines and checklists in targeted wards	-Infection control team	March-June	-Pediatrics ward -OG ward -OT ward	-SMSD -MJHSSP

**Annex 1: Activity Description Form**

<b>NAME OF ACTIVITY</b>		Infection control in LGH			
<b>BACKGROUND</b>		To reduce nosocomial infection/hospital acquired infection which is a major cause of increased morbidity and mortality of patients. It also increase the cost of treatment and workload to health care providers.			
<b>EXPECTED RESULTS</b>	<b>OUTCOMES</b>	To expand the infection control practice in whole LGH			
	<b>OUTPUTS</b>	To follow hospital infection control guidelines by all health care providers from Paediatric ward, OG ward and OT			
<b>TARGET GROUP</b>		All health care providers, patients attendants and visitors			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>RESPONSIBILITY</b>	<b>IMPLEMENTATION PERIOD</b>	<b>SITE OF ACTIVITIES</b>	<b>SOURCE OF FUNDS</b>
1	To update the infection control committee.	-MS -DMS	March	-Meeting rooms	-SMSD -MJHSSP
2	To setup the infection control teams	-MS -SCS -Sisters	March	-Meeting rooms	-SMSD -MJHSSP
3	To develop and disseminate the hospital infection control guidelines and checklists in reference to MOHS guideline	-Dr. Lwin Lwin Soe (SCS) -Dr. Ahmar (SCS) -Dr. Cho Mar Lwin (SCS) -Daw Tin Tin Aye (Sisters) -Dr. Khit Ake Kyaw (SMO) -Dr. Ye Wint Han (TO)	End of February	-SMSD office	-SMSD -MJHSSP
4	To procure materials needed for Infection control	-Infection control committee members	March-June	-Pediatrics ward -OG ward -OT ward	-SMSD -MJHSSP
5	To implement the infection control guidelines and checklists in targeted wards	-Infection control team	March-June	-Pediatrics ward -OG ward -OT ward	-SMSD -MJHSSP





# Report of THE SPECIAL EFFORT 2017

Kayah State Medical Services Department  
June 2017



*t beautiful nature*



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## 1. Introduction

In 2016, Department of Medical Services, Ministry of Health and Sports set priorities to customer friendliness, improvement of infection control and work environment and provision of basic hospital information for patients such as hospital map, signboard and OPD timetable in their latest six-month plan. Based on this guidance and a spirit of front runner of medical services, the Kayah State Department of Medical Services set the mission, vision, core values and a set of special effort covering the year 2017 as a first step towards continuous improvement of service quality.

This document was prepared to report the results of the planned activities, through the successful implementation of the Special Effort 2017 during January to June 2017.

## 2. Outline of The Special Effort 2017

### 2-1 Mission

The purpose and reason of existence of the Kayah State Department of Medical Services is **“To coordinate with stakeholders, to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services.”**

Article 367 of the constitution of the Republic of the Union of Myanmar says, “Every citizen shall, in accordance with the health policy laid down by the Union, have the right to health care.” The quality of health care is thought a prior condition for the significance of this right and therefore the service providers are always requested to perform a quality care.

A state medical services department is an intermediate entity, namely following a state government as well as the Ministry of Health and Sports, and supervising districts and townships. Accordingly, its role should be effectively implement the national health policy in the state level, and to enable hospitals in the state to practice quality medical services through its policy implementation.

### 2-2 Vision

The Kayah State Department of Medical Services has an inspirational hope for the future. That is, **“To make hospitals in Kayah State attractive by means of improving both customers’ satisfaction and providers’ satisfaction.”**

People, both patients and hospital staffs, desire quality medical services. When such satisfying services are realized at a hospital, the hospital must attract customers and providers. In this context, "Attractive Hospital" is a key word in the vision of the Kayah State Department of Medical Services.

### 2-3 Core Value

Mission and vision of the Kayah State Department of Medical Services will be achieved with the following nine core values.

**Hospitals for all:** *We dedicate to establishment of hospitals which contributes to health of all people in the state with a spirit of inclusiveness. Therefore, hospitals will be “your hospitals”.*

**Equity:** *We devote to establishment of hospitals which provide all patients with quality services, without any discrimination.*

**Mutual respect:** *We esteem mutual respect between customers and hospital staff, and among the staff, regardless*

*of race, birth, religion, official position, status, culture, sex and wealth.*

**Kindness:** *We promote kind behaviour towards their customers.*

**Accountability:** *We aim to be accountable for all stakeholders.*

**Professionalism:** *We provide the opportunity for hospital staff to upgrade their skills and capacities of medical services.*

**Friendly working environment:** *We facilitate establishment of working environment comfortable for hospital staff.*

**Interactiveness among hospital workers:** *We accelerate effective collaboration and communication among hospital staff for ensuring quality medical services.*

**Sustainability:** *We spearhead sustainability of quality medical services including pursuit of its efficiency.*

## **2-4 Overall period of The Special Effort 2017**

Duration of the Special Effort 2017 was set as six months period from January to June 2017.

## **2-5 Activities in the Special Effort 2017**

The Special Effort 2017 includes activities to improve customers and providers satisfaction. Also, activities on capacity building of hospitals and strengthening of the department's functions are planned.

Since it was the first round of the Special Effort, activities at Loikaw General Hospital were focused.

### **(1) Improvement of Customer's Satisfaction**

- 1-1. Infection control in LGH
- 1-2. Training for receptionist in LGH
- 1-3. Enter-education through clowns' visit
- 1-4. Implementation of clinical visits
- 1-5. Improvement of information provided for customers
- 1-6. Provision of hospital diet

### **(2) Improvement of Provider's Satisfaction**

- 2-1. Improvement of staff house of LGH
- 2-2. Promotion of 5S practice in LGH

### **(3) Capacity Building of Service Providers**

- 3-1. Vitalization of training programme for AS in LGH
- 3-2. Strengthening of continuous nursing education in LGH
- 3-3. Provision of effective training for staff of supportive group such as office staff and other technical staff

### **(4) Strengthening of Functions of the Department**

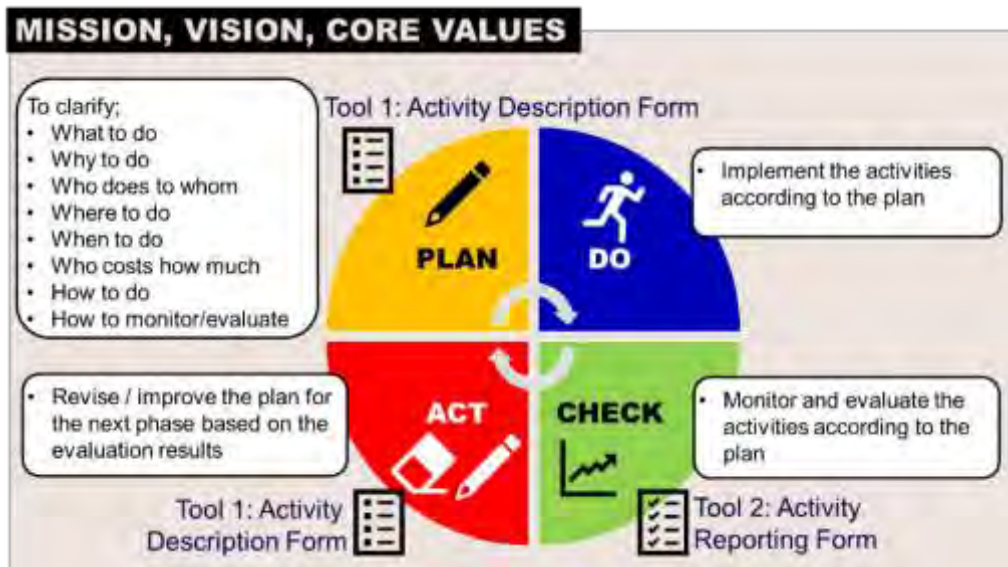
- 4-1. Supportive supervision
- 4-2. Strengthening M&E capacity through the practice

## **3. Management of the Special Effort**

Implementation of the Special Effort is a series of practice of Plan, Do, Check and Act (PDCA) cycle (Figure-1), which is an approach for achieving continuous improvement of process and products by simply following this four-step model.

**Figure-1: PDCA Cycle and Tools of the Special Effort**





Based on the mission, vision, core values and the actual situation through the implementation of preceding six-month plan, the activities of the first round of Special Effort 2017 were planned (Step1, Plan). Management of Special Effort shall be practically strengthened in repeating rounds, especially clarification of what to do, why to do, who does to whom at when and where, how to do, who pays the cost of how much, and how to monitor and evaluate (6W2Hs) in an evidence based manner.

And Kayah SMSD continue implementing the activities (Step2; Do), monitor and evaluate the progress according to the plan (Step3: Check). The results of evaluation will be used for revision and improvement of the Special Effort for the next phase (Step4: Act).

In order to follow the 4 steps easily and with less work load, Activity Description Form (Tool 1) and Activity Reporting Form (Tool 2), are developed. And also, the User's guide for the Special Effort is available to inform how to use those tools properly.

In the current phase of the Special Effort, we selected 3 activities (1-1: Infection control in LGH, 1-2. Training for receptionist in LGH, 2-2.Promotion of 5S practice in LGH to be planned with the Activity Description Form (Tool 1).

The activities were described with the Activity Description Form designed to clarify the above mentioned 6W2Hs in a simple format. By filling the necessary items in the format, the outline of the activity becomes clear to be shared amongst implementers and stakeholders.

#### **Tool 1 Activity Description Form**

NAME OF ACTIVITY		1		2		8		8	
BACKGROUND		3							
EXPECTED RESULTS	OUTCOMES								
TARGET GROUP									
NO.	SPECIFIC ACTIVITIES	RESPONSIBILITY	IMPLEMENTATION PERIOD	SITE OF ACTIVITIES	SOURCE OF FUNDS				
1	4	3	5	6	7				
2									
3									
4									
5									
6									

1. What to do                      3. Who does to who                      5. When to do                      7. Who cost how much  
2. Why to do                      4. How to do                      6. Where to do                      8. How to monitor/evaluate

The progress by activity was filled in the Activity Reporting Form designed to monitor and evaluate the planned activities easily with less workload.

As many items of information in the Activity Description form can be directly used in this form, it is easy to use with less workload. The progress of the activity is filled in the form in monthly basis. And identified challenges and recommendations/way forward are noted accordingly. And at the last month of the implementation period, by comparing the expected outputs and outcomes and actual ones we evaluate the activity. And that result of evaluations to be used for revising and improving the plan for the next phase.

**Tool 2 Activity Reporting Form (Sample, blank)**

NAME OF ACTIVITY		★		
TARGET GROUP		★		
NO.	SPECIFIC ACTIVITIES	ACTUAL PROGRESS	CHALLENGES	RECOMMENDATIONS WAY FORWARD
1	★			
2	★			
3	★			
4	★			
5	★			
6	★			
ACHIEVEMENT OF ACTIVITY	OUTCOMES	EXPECTED	★	
		ACTUAL		
	OUTPUTS	EXPECTED	★	
		ACTUAL		
COMMENTS, NOTES AND AOBs				

★ shall be copied from Activity Description Form

#### 4. Result of the Activities

##### (1) Improvement of Customer's Satisfaction

##### Activity 1-1 Infection control in LGH

###### Background

Hospital acquired infection leads functional disability to the hospitals. It can be a major cause of increasing morbidity and mortality of both customer and providers. Therefore it is mandatory to conduct infection control in the hospitals for a better quality of health care services. In October 2016, the Department of Medical Services developed the hospital infection control guidelines. This provides the guidance on how to promote the infection control activities in the hospitals in the country. Kayah State Department of Medical Services selected the Loikaw General Hospital as a pilot facility to implement the activities, and made an action plan according to the instruction provided by the guidelines.

###### Expected Results

Outcomes - To expand the infection control practice in whole LGH

Outputs - To follow hospital infection control guidelines by all health care providers from Pediatric ward, OG ward and OT

###### Target group

- All health care providers, patients' attendants and visitors.

###### Progress of activities

No	Planned Activities	Actual Progress	Challenges	Way Forward
1	To update the infection control (IC) committee	Not yet re-activated	Frequent change of staff	These groups should be formulated after their detailed duties and responsibilities are clarified to avoid them losing substance
2	To setup the infection control teams	<ul style="list-style-type: none"> <li>▪ In-charge of the IC activities was appointed (Sister)</li> <li>▪ Setting up the IC team is under progress</li> </ul>		
3	To develop and disseminate the hospital IC guidelines and checklist in reference to MOHS guideline	<ul style="list-style-type: none"> <li>▪ IC manual (guidelines) of LGH was not yet developed</li> <li>▪ A poster which explains SOP of hand wash was developed</li> <li>▪ IC checklist for ward round was developed and under trial usage</li> </ul>		To ask detailed guidance of the IC manual (guidelines) to the central DMS
4	To procure materials needed for IC	Trash bins, plastic bags, hand washing posters and hand-dryer are procured	Costs of some disposable items are high	<ul style="list-style-type: none"> <li>▪ Continue to procure necessary items</li> </ul>
5	To implement the IC guidelines and	IC checklist was used in the ward round in 10 departments of		<ul style="list-style-type: none"> <li>▪ To use the check</li> </ul>

	checklists in targeted ward	LGH		list in the rest of departments of the LGH <ul style="list-style-type: none"> <li>▪ Update the check list as necessary</li> </ul>
--	-----------------------------	-----	--	--

Way forward

- Formulation of IC control committee and IC team

IC committee was once established in 2015. However, because of high staff turnover of the committee members, it has not been active. Also, their duties and responsibilities were not well clarified. Therefore, we decided not to hurry to formulate the committee and IC team. Hence we start grasping current situation of LGH through the ward round with using the check list as a first step. Currently, matron and the sister in charge of the IC activity take a lead of the ward round. As for the next step, IC team which takes over the supervision in LGH should be formulated. Followingly, the IC committee which manage the IC team will be formulated.

- Developing the IC manual of LGH

According to the Infection Control Guidelines of the central Department of Medical Services, standard operational procedure of the infection control in the hospital should be stated in the IC manual of LGH. Also, TOR of both IC committee and IC team and how to use the checklist should be mentioned. The detailed contents will be discussed once after the IC team and IC committee are formed.

When develop the manual, it is recommended to inquire more detailed guidance of the manual to the central Department of Medical Services.

Activity Photo



Infection control ward round



Infection control ward round



Infection control ward round



Infection control ward round



Discussing about the result of the checklist



Hand washing poster for Pediatric Ward

## Activity 1-2 Training for receptionists in LGH

### Background

To persuade better patient centered care is regarded as one of the prioritized activities in the central Department of Medical services. Therefore, appointing receptionists was included in their six months plan. In response to the instruction, six receptionists were newly appointed to the Loikaw general Hospital for improving customer friendliness. Also, to pursue Kayah State Department of Medical Service's vision which is to make the hospital attractive, we planned to have reception of LGH become friendlier, efficient and more informative as reception is a first impression of our hospital.

### Expected Results

Outcomes - To increase the utilization rate of OPD including the admission

Outputs - To increase the knowledge attitude and communication skills of the receptionists in LGH

### Target Group

- All receptionists from LGH

### Summary of the progress

No	Planned Activities	Actual Progress	Challenges	Way Forward
1	Preparing presentation	PowerPoint presentation for the training was developed	-	
2	To commence a workshop	Conducted a training in March 2017	-	To conduct the training when new receptionists are appointed
3	To make the simple checklist for assessment of receptionist	Draft checklist was developed	-	
4	To assess the knowledge, attitude and communication occasionally	Social Medical worker observed their performance regularly	-	Their performance should be assessed not only by the hospital staff but also by the customer. Introducing a suggestion box was recommended.
5	To make a refresher training to new or who needs refresher training	We still don't need to make a refresher training course as there is no new or no one needs to attend refresher training yet.	-	

### Way forward

- To assess the performance of the receptionist of LGH

We drafted a check list for assessing receptionists' performance, but not yet in use since who to assess was not agreed clearly. Medical social workers are the responsible to manage their work, but it was also recommended that hospital management should conduct the assessment. The assessment method should be developed further. Adding to that, collecting customer's voice needs to be regarded to improve their service provision. So far, we have received many positive feed backs on the performance of the receptionists in DC parade discussion and the People's Health Assembly. Not only putting the suggestion box, but also taking interview with the customers on their satisfaction will be considered.

Activity photo



Receptionist workshop



Receptionist workshop



Receptionist workshop



Group discussion in the workshop



Monitoring the receptionist



Reception



### Activity 1-3 Enter-education through clowns' visits

#### Background

As a state medical services department, we prioritize our hospitals to be customer friendly. Usually, people think hospital is not a fun place to go and health staffs have high status and hence there is a barrier between patients and health staffs. Enter-education (EE) is a coined word, which is a combination of "Entertainment" and "Education". It is one of the learner-centred approach. The uniqueness of the approach is that the audiences have more fun while they're leaning.

The clown's visit in the pediatric ward of LGH is one of the Enter-Education activity which makes patients' families ready to listen to hospital staff in a friendly and relax mood. The senior consultant and other staffs in the ward have talked on dengue fever, diarrhea, and pneumonia to parents of the patients so far. The parents like their easy and friendly explanation and join the activity so positively.

#### Target Group

- Patients and their attendants

#### Summary of the progress

- Enter-education through clowns' visit is implemented once every two weeks in pediatric ward. And the topic is determined according to the seasonal trend.
- During Kayah Festival this year, we also introduced our enter-education through clowns' visit to our Ministry of Health and Sports educational booth.

#### Way forward

Clown's visit will be continued in the Pediatrics ward. And it is planned to start Enter-Education in OG ward in July. Staff of OG ward will conduct a role play on the Importance of AN care and institutional delivery.

Activity Photos



Preparing for the Health Education poster



Senior consultant of Pediatrics joining EE



Enter-Education through clown's visit



Enter-Education through clown's visit



One-to-one health education session



Group Health education system

## Activity 1-4 Implementation of Clinical Visit

### Background

The Kayah state Department of Medical Services cooperating with LGH staff form a mobile team to provide basic medical care in the remote area. Clinical visit is the direct engagement of providing health care services to the community people. Through the clinical visit, Kayah state Department of Medical Services also can enhance health literacy through health education and can share more information to community. Detecting the latent diseases is also a merit of conducting the clinical visit.

### Target group

- Community people in remote area

### Summary of the progress

During the current phase of special effort (Jan-Jun), in total 13 times clinical visits were conducted

Month	Number of visit conducted	Total Patients	Referred patients	Village name	Remarks
Jan	2	242	32	Nan Phe (Bawlakhe township), HtaeHtooPhyar(Demosotownship)	
Feb	2	328	7	YusaMuso (Demoso township), DawKayaukhu (Hpruso township)	
Mar	3	394	14	Hose' (Mese township), Hoya (Hpruso township), Catholic church (Hpruso township)	1 Specialist tour
Apr	1	205	7	YwarThit (Bawlakhe township)	1 Specialist tour
May	3	163	3	Saint Joseph Church (Demoso township), DawNganKhar (Demoso township), MosarKhee (Phasaung township)	
Jun	2	145	15	Lo Pu (Dee Maw So Township), Thar Yu (Loikaw township)	

Adding to the visit to the remote areas, following regular mobile clinic were conducted.

- Every Friday - Kantarawaddy clinic
- 2 Weekly - Loikaw Jail OPD
- Monthly - State home for aged

#### Way forward

The clinical visit to the remote areas should be continues since this activity has positive impact on improvement of customer's satisfaction. To improve the quality of the activity, collecting the feedback from the community people after each visit should be considered.

Activity Photos



On the way to the village



Giving health care



Health care in state home for aged



Dental care in clinical visit



AN care in clinical visit



Giving eye care to the referral patient form clinical visit

## Activity 1-5 Improvement of Information Provided for Customers

### Background

Improvement of information provided for customers is instructed in the six months plan of the central Department of Medical Services. Since the LGH has just been upgraded to 500 bedded hospital during this year, many from the community are not familiar with the new hospital layout. Also, many new health care services are now available in LGH, thus people should know about what healthcare services they can acquire.

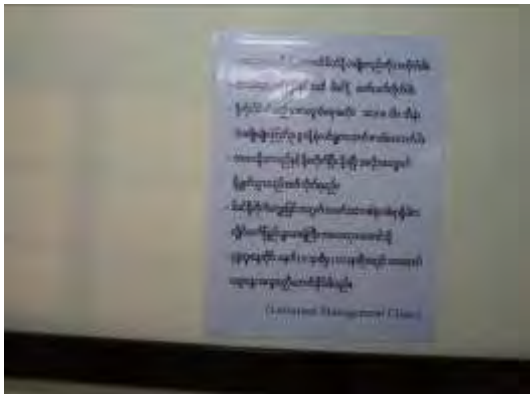
### Target Group

- Customer of LGH

### Summary of the progress

- Hospital layout map was developed and posted in the common area.
- A brochure which introduces available clinical services in the state was developed and provided to the public in the Kayah festival.

Activity Photos



Breast feeding guideline poster



Hospital map



Hospital Map`



Health Education Booth in Kayah Festival

## Activity 1-6. Provision of Hospital Diet

### Background

Not only patients but also their attendants usually face challenge about their meals during the hospitalization period. Because most are from rural areas, they cannot prepare meals by themselves and buying meal everyday becomes financial burden for them. Therefore, provision of hospital diet was initiated in LGH to relief customers' financial burden and also to help patients to recover faster with nutritious meal.

Hospital diet program was started as provision of meal to the poor patients. Since January 2016, Kayah SMSD started to provide hospital diet (lunch) to all the patients and patient attendants.

### Target group

- Admitted patients and their attendants

### Summary of the progress

- Kayah SMSD can only provide on every Monday with hospital budget and other days if there is a donor. The provided meal is chicken porridge normally. But depends on the donor, rice and chicken curry can also be arranged.
- With the hospital fund, total 27 times of chicken porridge and 5 times of rice and curry were provided as the lunch for the admitted patients and their attendants.
- With the donation of local people, total 25 times of chicken porridge were provided.

### Way forward

Kayah SMSD will continue providing the hospital diet as the way it is and in addition, soy milk will also be provided with the coordination of Local NGOs.

And if the township hospitals were interested in provision of hospital diet in their hospital, Kayah SMSD will supply soy milk to the hospitals.

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Activity Photos



Opening ceremony of handing over of soy milk production machine



So milk Production Machines



One of the step for soy milk production



Soy milk distribution



Soy milk distribution in Loi Lin Lay StationHospital



Hospital Diet in LGH

(2) Improvement of Provider's Satisfaction

Activity 2-1 Improvement of staff house of LGH

Background

Improving provider's satisfaction is one of the key element to improve the quality of service. Many Assistant Surgeons (AS) in LGH are from other states and regions. However, staff house for AS became deteriorated and insufficient for the required number. Thus some doctors rent apartment by themselves. There are currently three AS wood houses, and especially All of them were built long time ago and severely damaged. Since providing good living environment to doctors is important for the retention of them, it was decided to renovate these houses accordingly. In the Special Effort 2017 (Jan-Jun) period, one AS house was planned to be renovated.

#### Target Group

- AS of LGH

#### Summary of the progress

- With support of MJHSSP, the most damaged AS house was renovated.
- Fences of Houses were done by MOHS Budget.
- Water Ground Tank was done by MOHS Budget.

#### Way forward

6 Unit 4 storied building will be built by 2017-2018 Budget. Water Supply Tank and staff accommodation security were planned to do by 2017-2018 Budget.

Activity Photo



Old AS house



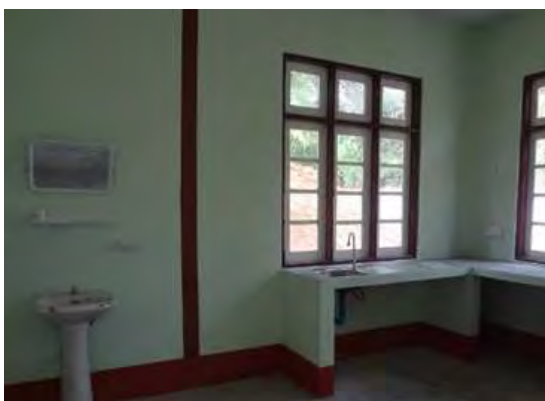
Renovation process



Renovation process



Monitoring the renovation process



After renovation



After Renovation

## Activity 2-2 Promotion of 5S practice in LGH

### Background

Previously, there were unnecessary errors and accidents like overproduction, long waiting, unnecessary motion, re-work and over processing in the work place of LGH. To overcome those incidents 5S approach was introduced in the selected ward of Loikaw General Hospital. 5S is a series of activities which are sort, set, shine, standardize and sustain. Through those series of activities, unnecessary errors and accidents are reduced and hence increase the work flow and efficiency. This method was developed in the mid-1980s by the automobile industry in Japan. And now this is adopted in the hospital quality management over the world. 5S activities can contribute not only providers' satisfaction but also customer satisfaction further.

### Expected Results

- Outcomes - To expand the 5S activity to whole LGH
- Outputs - To implement 5S practice in OG ward, OT, SMSD office and medical store.  
- To continue 5S practice in Pediatric ward.

### Target Group

Hospital staff

### Summary of the progress

No	Planned Activities	Actual Progress	Challenges	Recommendations Way Forward
1	To continue 5S practice in Pediatric ward	Continued and sustained 5S standard that was tried during 2016	Change of ward in-charge sister	More focus to enhance work efficiency and safety
2	Commence introduction of 5S during the monthly CNE	In January, with the support from MJHSSP, conducted "the introduction of 5S" in monthly CNE		Consider selecting the same topic once in a year
3	To start 5S practice in OG, OT, Medical store and SMSD office	5S activities were started in; OG from January; OT from January; Medical store from March; SMSD office from May;		To expand 5S in whole LGH with consideration of commitment from each ward
4	To make a CME on 5S activity by MS	CME is not yet done.	MS was occupied and no chance to conduct CME by him	It shouldn't necessarily be done by MS. Ward in-charge or SMSD staff can conduct as well

### Way forward

1. To continue and expand the 5S practice

Leadership and ownership are the key to assure the standard and sustainability of 5S practice. Therefore,

enhancing commitment of hospital management, senior consultants, matrons, and sisters are required.

Advocacy by the senior consultants and/or sisters of the wards, which already 5S was introduced, should be considered to smoothly expand the activities to the rest of the ward in LGH. Also, expanding the 5S practice to the township/station hospitals should be planned.

## 2. To consider CQI and TQM

It is recommended to focus to enhance the work efficiency, and sustainability of the quality improvement through CQI (continuous quality improvement) and TQM (total quality management).

Activity Photos



5S process in Medical store



5S process in Medical Store



5s in Kayah SMSD office



5S in OG



Before 5S in nurse station of OG ward



After 5S in nurse station of OG ward

### (3) Capacity Building of Service Providers

#### Activity 3-1. Vitalization of training programme for AS in LGH

##### Background

Assistant Surgeon (AS)s are required to take on-site training at major wards of LGH to learn basic knowledge, skills and emergency health care during their stay in LGH. After the training, some of them are assigned to remote health facilities and they are required to attend various diseases. Therefore, proper training system for AS is important to increase the quality of medical services throughout the Kayah state.

Currently, objectives, contents, evaluation method of the AS training are not established, and they are at senior consultant's discretion. To seek more effective way to train the ASs, it was agreed to select a pilot ward to make minimum requirement list, which contains common diseases and necessary procedure of diagnosis and treatment, and its check sheet.

##### Target Group

Assistant Surgeons

##### Summary of the progress

- Current system of AS training was reviewed.
- Paediatrics was selected as a pilot ward.
- Inpatient data of Paediatrics was analyzed, and the House Surgent Handbook was reviewed to draft the minimum requirement list and its check sheet.
- The trial usage of the check sheet was commenced.

##### Way forward

###### 1. To improve the minimum requirement list and its check sheet

The trial usage of the minimum requirement list and its check sheet will be continued in the pilot ward. Since the current check list is still a bit too comprehensive, it should be reviewed with considering the inpatient data again to set priorities of the contents.

###### 2. To consider the evaluation method

The current check sheet can only record "yes" and "no" of the experience of attendance to the listed diseases. Therefore, it should be considered how to evaluate comprehension of knowledge, and level of skills.

Activity Photos



Discussion for AS training checklist



Discussion for AS training checklist



## Activity 3-2 Strengthening of continuous nursing education in LGH

### Background

For the capacity building of service providers, Kayah SMSD focus not only on the doctors but also on the nurses. Continuous nursing education improves the quality of nursing health care and increases the effectiveness of patient care, consequently it also increases self-confidence and motivation of nurses. And thus it is important to strengthen CNEs. As a state medical service department, Kayah SMSD plan to strengthen the effectiveness of CNEs in all townships in Kayah state, however due to resource limitation, Kayah SMSD can only focus on the CNEs in LGH for now.

### Target Group

- Nurses in LGH.

### Summary of the progress

- CNEs are conducted once a month in LGH under management of nursing department of LGH.
- Preparatory meetings were held prior to each CNE by the nursing department of LGH
- Contents of the presentation, and the teaching method were confirmed and discussed in the preparatory meeting

### Way forward

Continue the preparatory meeting to assure the quality of the CNE. The interactive session such as group work and exercise are effective to facilitate attendants' positive participation. And it is recommended that the topics of CNE should be informed to the attendants in advance so that attendants can prepare for it. Also, how to involve nurses from other townships is remains to be considered.

Activity Photos



Discussion for CNE



Discussion for CNE



CNE



CNE



Group work exercise in CNE



Group work exercise in CNE

Activity 3-3.Provision of effective training for staff of supportive group such as office staff and other technical staff

Background

It is also important to provide necessary trainings to non-clinical hospital staff for a better hospital management and for a quality services provided.

Target group

- Non-clinical hospital staff

Summary of the progress

- To achieve better hospital information system with better data validity, Kayah SMSD conducted medical record training for medical record staffs from township hospitals.
- For better supply chain management, Kayah SMSD trained pharmacists and medical compounders in Nay pyi law & LGH. And also trained about logistics management system and inventory management system.
- SMSD arranged a computer training in Loikaw Computer University for hospitals staffs

Activity Photo



AEI Training



Medical record Training



Receptionist Training



Exchange visit with CHDN & LGH Staffs



#### (4) Strengthening of Functions of the Department

##### Activity 4-1. Supportive supervision

###### Background

As an intermediate entity, from time to time the Kayah State Department of the Medical Services has to facilitate the work of township and station hospital and has to strengthen the capacities of health service deliveries by those facilities with continuous supportive supervision.

###### Target group

- Townships and stations hospitals in Kayah State

###### Summary of the progress

No	Date	Place	Participants	Remarks
1	20-1-2017	- Law Da Lay Station Hospital, - Loikaw General Hospital	- Kayah SMSD Director and team	- Looked the land to build hospital
2	27-1-2017	Bawlakhe- YwerThit - Hway Pone Laung Trip	- Chief Minister of Kayah and other government officials, Kayah SMSD Director	- Provided medical care - Provided health education - Discussed about healthcare service delivery - Supported medical supplies.
3	27-1-2017	Daw Ta Ma Gyi Station Hospital, Dee Maw So Township	- Kayah SMSD Director and team	- Discussed about health service delivery
4	23-2-2017	Hpruso township hospital	- Kayah SMSD Director and team	- Supervised hospital management - Supervised hospital performance indicator - Supervised the hospital facility - Had a meeting with all hospital staffs
5	26-2-2017	- Ho Yar Station Hospital, Hpruso township - Moso Village Group, DawKhayoutKhu	- Kayah SMSD Director and team - Volunteer group(ShweLoikaw Volunteer, We love Kayah Group,	- Water donation - Provided medical care - Provided health education - Nets donation - Supported medical supplies.

		village	BEHS 2 Old Students Group)	
6	3-3-2017	Loikaw Township	- Private Public Committee	- Supervised and checked private clinics
7	15-3-2017	Lobarkho Station Hospital, Dee Maw So Township	- Kayah SMSD Director and team - Kayah Senator and team	- Supervised for construction of Station Hospital
8	18-3-2017	Lobarkho Station Hospital, Dee Maw So Township	- Municipal and Social Minsiter - Kayah SMSD Director & team	- Supervised for the construction of Water tank and Wall Control Panel
9	8-4-2017	Pharsaung hospital	Kayah Chief Minister Team Kayah SMSD Director and team	- Supervised hospital management - Supervised hospital performance indicator - Checked inventory management - Checked the condition of the staff house
10	9-4-2017	Dee Maw So Hospital	Kayah SMSD Director and team	- Supervised hospital management - Supervised hospital performance indicator - Checked inventory management
11	10-4-2017	SharDaw Hospital	Kayah SMSD Director and Team	- Supervised hospital management - Supervised hospital performance indicator - Checked inventory management
12	12-4-2017	Loi Lin Lay Station Hospital	Kayah SMSD Director and team	- Supervised hospital management - Supervised hospital performance indicator - Checked inventory management
13	24-4-2017	Dee Maw So Hospital	Kayah SMSD Director and team	- Supervised hospital management - Supervised hospital performance indicator - Checked inventory management
14	26-4-2017	Three Dar Station Hospital, SharDaw Township	Kayah SMSD Director and team	- Supervised hospital management - Supervised hospital

				performance indicator - Checked inventory management
15	28-4-2017	Phar Saung Township Hospital	Kayah SMSD Director and team	- Supervised hospital management - Supervised hospital performance indicator - Checked inventory management
16	29-4-2017	Mese township hospital	Kayah SMSD Director and team	- Checked the condition of the staff house - Checked inventory management - Supervised hospital management - Supervised hospital performance indicator
17	5-5-2017	Hoyar station hospital	Kayah SMSD Director and team	- supervised the facility maintenance progress
18	19-5-2017	Lobar Kho Station Hospital	Kayah SMSD Assistant Director and team	- Supervised the construction of water tank and wall control panel - Supervised hospital management
19	20-5-2017	YwerThit Station Hospital, Bawlakhel Township	Kayah SMSD Director and team	- Supervised the condition of staff houses for renovation process
20	21-5-2017	Lawdalay station hospital	Kayah SMSD Director and team	- Supported medicine and medical equipment - Supervised the renovation process - Check the situation to support type C laboratory
21	27-5-2017	Lawdalay station hospital	Kayah SMSD Director and team	- Supervised the renovation process - To determine the Land for New place for Hospital
22	28-5-2017 29-6-2017	Mo serKhee village Pharsaung township	- Kayah SMSD Director and team. - CHDN	- Provided medical care - Explained about SMSD duty & responsibilities - Provided health education session - Supported medical supplies.
23	1-6-2017	Lawdalay station hospital	- Municipal and Social Minister	- Supervised the renovation process

			- Kayah SMSD Director and team	- To determine the Land for New place for Hospital - To consider the place of building and where the hospital face - To direct for repairing process of building
24	14-6-2017	Lobar Kho Station Hospital	- TMO & NO Team	- To Check the way of the entrance of Station Hospital
25	14-6-2017	SharDaw Hospital	Kayah SMSD Director and team	- Supervised hospital management - To check the process of Renovation
26	15-6-2017	Kayantharyar village	Kayah SMSD Director and team and state public health department.	- Met villagers to inquire the spread of dengue fever & prevention - Provided health education session - Provided medical care - Supported medicines
27	16-6-2017	Tharyu village	- Kayah SMSD Director and team. - CHDN	- Provided medical care to dengue patient - Provided medical care - Supported medicines



Activity Photos



Supportive Supervision to Nan Mel Khone Station Hospital



Supportive Training LGH



Supportive supervision to Phruso Township Hospital



Supportive supervision to Daw Da Ma Gyi Station Hospital



Supportive supervision



Coordination & cooperation with leaders from villages

## 5. Findings and Way Forward

As mentioned in 3. Management of the Special Effort, implementing the Special Effort activities is a part of the capacity building on the Monitoring and Evaluation of Kayah state Department of Medical Services. Although most activities were relatively planned and implemented well, there are findings / recommendations which should be taken into account for the next phase of the Special Effort.

### 1. Planning

Three activities (1-1: Infection control in LGH, 1-2. Training for receptionist in LGH, 2-2. Promotion of 5S practice in LGH) were planned with the Activity Description Form (Tool 1) in the current Special Effort 2017. In these activities, 6W2Hs were more clearly defined than other activities. However, **situational analysis, priority setting, resource allocation, goal and its indicator setting** should be strengthened for the planning of the next phase of the Special Effort.

### 2. Monitoring

The Activity Reporting Form (Tool 2) has not been in use in the current Special Effort period. It is highly recommended to use the standardized tool and share the progress within the department and with stakeholders periodically. The monthly hospital management committee would be preferable occasion to periodically confirm the progress of activities of the Special Effort.

### 3. Evaluation

Without appropriate M&E plan, evaluation cannot be properly conducted. When the planning stage, objectively verifiable indicators and means of verification should be defined to each output and outcomes. Capturing the baseline is also important to set a target indicator.





4-2 Special Effort ② (2017年7月～12月)

活動優先順位付け表

Priority setting matrix for SE 2017 (phase 2) 17/07/2017

	Activities	Importance	Impact	Urgency	Easiness	Resource	Total
	[Improving customers' satisfaction]						
	Hospital infection control	4		4	2	3	13
	5S					3	3
	Provision of information (map, receptionists)						0
	Reducing patient waiting time	5	5	5	1	5	21
	Provision of Hospital Diet	2	4			4	10
	Clinical Visit	1	2				3
	Enter – Education	1					1
	Securing safety working environment for provider			1			1
	[Improving customers' satisfaction]						
	Health care for providers					5	5
	Job assignment and description(right time, right place, right person)						0
	Staff awarding system + team building event		3		5		8
	Improve information sharing and communication between hospitals						0
	Improve of staff house						0
	To reduce paper work through installing intra-network system		1	3	3		7
	[Capacity Building]						
	Strengthening training system (MRT, CME, CNE, etc)	3		2	4	1	10
	[M&E]						
	Strengthening M&E through using SE tools					2	2
	Supportive Supervision						0





**Introduction of**  
**THE SPECIAL EFFORT 2017**  
**PHASE 2 (July – December 2017)**  
**Kayah State Medical Services Department**



## Highlights of the previous Special Effort activities (Jan – Jun)



Receptionist Training



Clinical Visit



Provision of hospital diet



5S Activities



Enter-Education



Infection Prevention Control  
(Hand washing poster)



## Introduction

In January 2017, the Kayah State Medical Services Department developed its first “Special Effort 2017 (Jan-June)” which was a set of important activities to be implemented in six-month period. This first trial successfully completed and enabled us to implement both original and instructed activities more effectively and efficiently with reflecting local context and needs.

To standardise the success of the previous Special Effort, the Kayah State Medical Services Department selected the activities to be implemented from July to December 2017 and compiled them in the “Special Effort 2017 (phase 2)”. Findings and lessons learned from the previous phase such as strengthening research, priority setting, resource allocation, goal and indicator setting, monitoring system are reflected.

The Kayah State Medical Services Department will not only focus on improving the service provision, but also on strengthening the capacity of management of the Department. We’re going to use this Special Effort 2017 as a tool to practically improve our capacity of planning, implementing, monitoring and evaluation to realize our Mission, Vision and Core values together with all the hospital staffs in Kayah State.



## **(1) MISSION**

**“To coordinate with stakeholders, to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services”**

Quality of health care is an important element of the right to health. Article 367 of the Constitution of the Republic of the Union of Myanmar says, “Every citizen shall, in accordance with the health policy laid down by the Union, have the right to health care.” Therefore, the health care has to be always with quality.

Quality of health care is a need of people in Kayah. Therefore, as a State Department, we are responsible for ensuring quality of medical services at all hospitals in Kayah.

We have Ministry of Health and Sports, we have townships, we have State Government, we have hospitals, and we are an intermediate entity. We will promote proper coordination with these stakeholders and provide good guidance to the hospitals. This is our mission.



## (2) VISION

**“To make hospitals in Kayah State attractive by means of improving both customers’ satisfaction and providers’ satisfaction”**

What do we want to be in the next 5 years? What do we look for? Such a hope, we defined it as “Vision”. We are going to pursue attractiveness of all hospitals in Kayah State both for customers and hospital staff. We’re thinking “attractive hospital” is a keyword as a result of quality medical services.

Therefore, to make hospitals in Kayah attractive, definitely it is necessary to improve satisfaction of customers, patients, and hospital staff. It is totally in line with the six-month plan of Department of Medical Services, Ministry of Health and Sports, which is pursuing customer-friendly hospitals.



### (3) CORE VALUES

We identified our core values to achieve our mission and vision. Keeping these 9 core values in our minds, we spearhead quality medical services in Kayah State.

**Hospitals for all:** We dedicate to establishment of hospitals which contributes to health of all people in the state with a spirit of inclusiveness. Therefore, hospitals will be “your hospitals”.

**Equity:** We devote to establishment of hospitals which provide all patients with quality services, without any discrimination.

**Mutual respect:** We esteem mutual respect between customers and hospital staff, and among the staff, regardless of race, birth, religion, official position, status, culture, sex and wealth.

**Kindness:** We promote kind behaviour towards their customers.

**Accountability:** We aim to be accountable for all stakeholders.

**Professionalism:** We provide the opportunity for hospital staff to upgrade their skills and capacities of medical services.

**Friendly working environment:** We facilitate establishment of working environment comfortable for hospital staff.

**Interactiveness among hospital workers:** We accelerate effective collaboration and communication among hospital staff for ensuring quality medical services.

**Sustainability:** We spearhead sustainability of quality medical services including pursuit of its efficiency.

## ACTIVITIES IN THE SPECIAL EFFORT 2017 (Phase 2)

To realize our vision, we selected the activities which we will put our special effort in 2017 (Phase 2). The priority setting matrix was used to prioritize activities with consideration of each of their importance, impact, urgency, easiness and resource. We are going to expand some activities to township hospitals and station hospitals from this phase.

### **(1) Improvement of Customers' Satisfaction**

- 1-1: Hospital infection control (★)
- 1-2: Reducing patient waiting time
- 1-3: Provision of hospital diet

### **(2) Improvement of Providers' Satisfaction**

- 2-1: Introducing staff awarding system (★)
- 2-2: To reduce paper work with installing intra-network system

### **(3) Capacity Building of Service Providers**

- 3-1: Strengthening existing training system for hospital staff

### **(4) Strengthening of Functions of the Department**

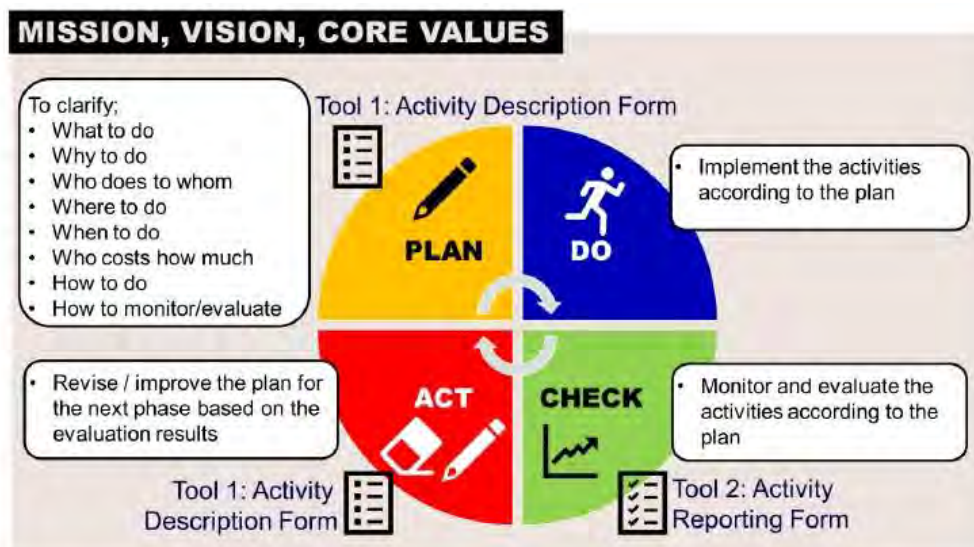
- 4-1: Strengthening M&E capacity through implementation of the Special Effort 2017 (Phase 2)

*\*\*\* The activities with (★) are the pilot to be managed with Activity Description Form and Activity Reporting Form.*

## MONITORING AND EVALUATION

Implementation of the Special Effort is a series of practice of Plan, Do, Check and Act (PDCA) cycle, which is an approach for achieving continuous improvement of process and products by simply following this four-step model.

The staff members of the Kayah State Medical Services Department will monitor and evaluate the activities of Special Effort 2017 (phase 2) with using the Special Effort User's Guide.



Conceptual diagram of the PDCA cycle



*For the attractive hospitals....*

Kayah State Medical Services Department





Annex 1: Activity Description Form

<b>NAME OF ACTIVITY</b>		Hospital Infection control
<b>IN CHARGE</b>		MS, LGH
<b>BACKGROUND</b>		<p>Hospital acquired infection leads functional disability to the hospitals. It can also be a major cause of increasing morbidity and mortality of both customers and providers. Therefore it is mandatory to conduct infection control activity in the hospitals for a better quality of health care services. In October 2016, the Department of Medical Services developed the hospital infection control guidelines. This provides the guidance on how to promote the infection control activities in the hospitals throughout the country.</p> <p>In previous phase of the Special Effort, the Hospital infection control activity was chosen as a prioritised activity. As a first step, the checklist to supervise each ward was developed in accordance with the hospital infection control guidelines. And some necessary items are procured. However, the Hospital Infection Control Committee and the Hospital Infection Control team, which were instructed to be formed in the guidelines, were not revitalized in the previous phase.</p> <p>Therefore, to secure the sustainability of the activities in the state, The Kayah State Medical Services Department will put emphasis on strengthening the function of the infection control committee and team. Also, it is aimed to expand the infection control activities in the selected townships as a pilot.</p>
<b>EXPECTED RESULTS</b>	<b>OUTCOMES</b>	Customer' satisfaction is improved
	<b>OUTPUTS</b>	<ol style="list-style-type: none"> <li>1 The function of infection control committee and team will be strengthened.</li> <li>2 All the wards of LGH can perform Infection control activities according to the Hospital Infection control manual of LGH.</li> <li>3 Updated Hospital Infection control manual of LGH will be drafted.</li> <li>4 Hospital Infection control activities are expanded in selected townships.</li> </ol>
	<b>INDICATOR</b>	<ol style="list-style-type: none"> <li>1. (i) ICC and ICTs will be formed (revitalized)               <ul style="list-style-type: none"> <li>(ii) The report of the hospital infection control round shall be shared to the Infection Control Committee (ICC) monthly.</li> <li>(iii) The ICC meeting shall be held at the end of this phase. (six monthly)</li> </ul> </li> <li>2. (i) Hospital infection control rounds shall be conducted by the Infection Control Teams (ICT) every month.               <ul style="list-style-type: none"> <li>(ii) Result and recommendation of the hospital infection control rounds shall be shared to the respective wards</li> </ul> </li> <li>3. Hospital Infection control manual of LGH shall be drafted.</li> <li>4. Total four supervisions of the hospital Infection control shall be done in one township hospital (two times) and one station hospital (two times).</li> </ol>

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<b>TARGET GROUP</b>		1. All wards of LGH 2. One township and one station hospital.			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>RESPONSIBILITY</b>	<b>IMPLEMENTATION PERIOD</b>	<b>SITE OF ACTIVITIES</b>	<b>FUNDS REQUIRED /SOURCE</b>
<b>Output 1: The function of infection control committee and team will be strengthened.</b>					
I.	To formulate (revitalize) the ICC and the ICT.	MS, LGH	July 2017		
II.	To advocate ICC its terms of reference	MS, LGH	August 2017		
III.	To do monthly reporting by each ICT to ICC member.	members of ICTs	Jul-Dec 2017		
IV.	To get feedback from ICC and share within the ICT and respective wards.	Members of ICC and ICTs	Jul-Dec 2017	All wards	
V.	To have a review meeting by ICC and ICT at the end of the phase.	Members of ICC and ICTs	December 2017	Meeting Hall, LGH	
<b>Output 2: All the wards of LGH can perform Infection control ICT activities according to the Hospital Infection control manual of LGH.</b>					
I.	To share the checklist and hospital infection control guideline (MOHS, 2016) to every ward of LGH.	DMS, LGH	August 2017	All wards, LGH	Checklist and Guideline book / MOHS Budget -

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II.	To conduct hospital round monthly and wrap up every time (ICT A&B).	members of ICTs	Jul-Dec 2017	All wards, LGH	
III.	To revise the checklist.	members of ICTs	September/October	SMSD Office	
IV.	To procure the hand soap and alcohol based hand washing gel.	SMO/AMS, MJHSSP	Jul-Dec 2017		Soap (**MMK x **) ** MMK/MJHSSP Gel (**MMK x **) ** MMK/MJHSSP
V.	To provide necessary support accordingly. (Safety box, Trash bin, Towel, etc.)	SMO/AMS	Jul-Dec 2017		/MOHS budget
<b>Output 3: Updated Hospital Infection control manual of LGH will be drafted.</b>					
I.	To share the hospital infection control manual of LGH (2012 version) amongst the ICC and ICTs.	Members of ICC and ICTs	September 2017	SMSD Office	
I.	To have a workshop to decide who will write which part by when.	- Hospital Infection Control Committee Member - Hospital Infection Control Team (A) & (B) member	September 2017	SMSD Office	

<b>Output 4: Hospital Infection control activities are expanded in selected townships.</b>					
I.	To select 1 township and 1 station hospital as a pilot according to the committee.	Director SMSD DMS, LGH	August 2017	SMSD Office	
II.	To develop checklist for township hospital and station hospital.	SMSD Team	Jul-Dec 2017		
III.	To conduct two supervision visits to each selected site by the SMSD supervision team.	SMSD Team	Jul-Dec 2017	Target township and station hospitals	Transportation ** MMK/MHOS budget
IV.	To share the report of the supervision visit with director of SMSD, Township Medical Officer and Station Medical Officer	SMSD Team	Jul-Dec 2017	TMO SMO	
V.	To select the others hospital for expansion of ICT activities.	SMSD Team	Jul-Dec 2017		

**Annex 2: Activity Reporting Form**

<b>NAME OF ACTIVITY</b>	Hospital Infection Control			
<b>Last Updated Date</b>	27 <sup>th</sup> November 2017			
<b>PERSON IN CHARGE</b>	Dr. Khin Maung Yin , State Medical Service Director			
<b>FOCAL PERSON</b>	Dr. Pyae Phyo Kyaw , State Medical officer			
<b>TARGET GROUP</b>	1. All wards of LGH 2. One township and one station hospital.			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>ACTUAL PROGRESS</b>	<b>FUND USED/SOURCE</b>	<b>CHALLENGE/RECOMMENDATIONS</b>
<b>Output 1: The function of infection control committee and team will be strengthened.</b>				
I.	To formulate (revitalize) the ICC and the ICT.	<b>[July]:</b> On July 13 <sup>th</sup> , members of ICC and two ICTs were formulated (Team A and B) were assigned by MS, LGH		No major challenge
II.	To advocate ICC its terms of reference	<b>[August]</b> The TORs of ICC were developed in August. And the TORs were shared/explained with the members of ICC in the meeting held on 25 <sup>th</sup> August in LGH.	30,000 MMK for refreshment (LGH fund)	No major challenge
III.	To do monthly reporting by each ICT to ICC member.	<b>[July]:</b> Reporting was not done since the ICC was not yet formulated. <b>[August]:</b> Reporting was not done properly <b>[September]:</b> Reporting was not done. <b>[October]:</b> Reporting was not done. <b>[November]:</b> Reporting was done at the end of the month. <b>[December]:</b> Reporting was done at the end of the month.		<b>[July]:</b> ICC needs to be formulated (formulated in August) <b>[August]:</b> Reporting format should be developed. (will be drafted by MJHSSP by the end of September) <b>[September]:</b> Reporting format was still in developing process and also the checklist is in revising process. Because of MOHS new structural change, Director of SMSD post was assigned to new person.

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				<p><b>[October]:</b> Checklist was revised and reporting format is in still developing process.</p> <p><b>[November]:</b> Reporting format was developed.</p> <p><b>[December]:</b></p>
IV.	To get feedback from ICC and share within the ICT and respective wards.	<p><b>[July]:</b> the ICC was not yet formulated.</p> <p><b>[August]:</b> Feedback is poor since reporting was not done properly.</p> <p><b>[September]:</b> There is no feedback because of no report.</p> <p><b>[October]:</b> There is no feedback because of no report.</p> <p><b>[November]:</b> no feedback from MS.</p> <p><b>[December]:</b> no feedback from MS.</p>		<p><b>[July]:</b> the ICC was not yet formulated.</p> <p><b>[August]:</b> ICC was already formulated.</p> <p><b>[September]:</b></p> <p><b>[November]:</b></p> <p><b>[December]:</b></p>
V.	To have a review meeting by ICC and ICT at the end of the phase.			<p>Infection control meeting (not only in ICT teams, include Infection control committee) should be conduct monthly to advocate more to doctors (esp: SCS and JCS level).</p> <p>It is better if Infection control meeting was integrated into regular LGH monthly meeting.</p>
<b>Output 2: All the wards of LGH can perform Infection control ICT activities according to the Hospital Infection control manual of LGH.</b>				
I.	To share the checklist and hospital infection control guideline (MOHS, 2016) to every ward of LGH.	<b>[July]:</b> Shared the checklist and hospital infection control guideline (MOHS, 2016) to every ward of LGH.	MJHSSP supported the printing materials.	No major challenge.

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II.	To conduct hospital round monthly and wrap up every time (ICT A&B).	<p><b>[July]:</b> Completed 1 round of Hospital infection control round and wrapped up (ICT A&amp;B) except OT.</p> <p><b>[August]:</b> Completed 1 round of Hospital infection control round and wrapped up (ICT A&amp;B) except OT.</p> <p><b>[September]:</b> Infection control ward round was not done in this month.</p> <p><b>[October]:</b> Infection control ward round was conducted to all wards in LGH and conducted wrapped up session.</p> <p><b>[November]:</b> Infection control ward round was conducted to all wards in LGH and conducted wrapped up session.</p> <p><b>[December]:</b> Infection control ward round was conducted to all wards in LGH and conducted wrapped up session.</p>		<p>OT has full operation schedule everyday so it is not convenient to check yet. It is better if MS or DMS can accompanied when ICT conduct the infection ward round in OT.</p> <p><b>[September]:</b> Because of MOHS new structural change, Director of SMSD post was assigned to new person.</p>
III.	To revise the checklist.	<p><b>[October]:</b> The checklist was revised during October.</p>		<p><b>[July]:</b> The meeting with both ICT A and B is not arranged yet. Preferably during September.</p>
IV.	To procure the hand soap and alcohol based hand washing gel.	<p><b>[July]:</b> 50 Hand soap bottles were procured in July.</p> <p><b>[August]:</b> ( - )</p> <p><b>[September]:</b> ( - )</p> <p><b>[October]:</b> ( - )</p> <p><b>[November]:</b> purchased <u>50 hand towel to LGH.</u> Planning to support hand</p>	<p><b>[July]:</b> 87,500 MMK (1750 per 1 bot) by MJHSSP</p>	<p><b>[July]:</b> Hand soaps and gel are hard to procure locally. LGH should look for a way to procure locally. There is no budget line in SMSD to buy hand soap/gel.</p>

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Special Efforts 2017**

		soap/gel during December. ( from MJHSSP ) <b>[December]</b> agreed to procure hand soap and alcohol based hand washing gel in January. ( from MJHSSP )		
V.	To provide necessary support accordingly. (Safety box, Trash bin, Towel, etc.)	<b>[July]:</b> Safety box and trash bin are supported by SMSD as needed. <b>[August]:</b> Safety box are supported by SMSD as requested. ( no trash bin ) <b>[September]:</b> Safety box are supported by SMSD as requested. ( no trash bin ) <b>[October]:</b> Safety box are supported by SMSD as requested. ( no trash bin ) <b>[November]:</b> Safety box are supported by SMSD as requested. ( no trash bin )		<b>[July]:</b> Safety boxes needed to be modified for long term plan as current ones are built for vaccination purpose (small and easy to be full) and sometimes out of stock. Locally available puncture resistant plastic bottles are needed to be considered. <b>[November]:</b> SMSD can support the safety box fully when the ward submit the indent letter to SMSD.
<b>Output 3: Updated Hospital Infection control manual of LGH will be drafted.</b>				
I.	To share the hospital infection control manual of LGH (2012 version) amongst the ICC and ICTs.	<b>[August]:</b> Shared the hospital infection control manual of LGH (2012 version) only 3 copies still. <b>[October]:</b> The manual was shared to all wards in LGH.	MJHSSP supported the printing materials.	No major challenge. More hand-outs should be printed and shared
I.	To have a workshop to decide who will write which part by when.	-		<b>[July]:</b> The meeting with ICTs is not yet arranged yet. Preferably September or October.
<b>Output 4: Hospital Infection control activities are expanded in selected townships.</b>				
I.	To select 1 township and 1 station hospital as a pilot according to the committee.	<b>[August]</b> Demoso Township Hospital and Lawdalay Station Hospital (Loikaw Township) are selected during the advocacy meeting about ICC terms of		No major challenge.



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		reference in August. <b>[October]:</b> The Committee chose NanMalkhon Station Hospital instead of LawDaLay Station Hospital according to the suggestion from new SMSD director.		
II.	To develop checklist for township hospital and station hospital.	<b>[October]:</b> The checklist was developed in October.		<b>[July]</b> : Discussion should be made amongst the SMSD staffs to develop the checklist with technical support of MJHSSP in October.
III.	To conduct two supervision visits to each selected site by the SMSD supervision team.	<b>[October]:</b> Conducted one supervision visit to Demawso Township Hospital and NanMalkhon Station Hospital. Plan to conduct another supervision visit in December. <b>[December]:</b> Conducted one supervision visit to Demawso Township Hospital and NanMalkhon Station Hospital.		
IV.	To share the report of the supervision visit with director of SMSD, Township Medical Officer and Station Medical Officer	<b>[November]:</b> the township supervision report was submitted to SMSD in November. This report is already share to TMO and SMO in November.		
V.	To select the others hospital for expansion of ICT activities.	-		
<b>ACHIEVEMENT OF ACTIVITY</b>	<b>OUTCOMES</b>	<b>EXPECTED</b>	Customer satisfaction is improved	
		<b>ACTUAL</b>	(This will be filled from Special Effort 2018)	
	<b>OUTPUTS</b>	<b>EXPECTED</b>	1. The function of infection control committee and team will be strengthened. 2. All the wards of LGH can perform Infection control activities according to the Hospital Infection control	

			<p>manual of LGH.</p> <p>3. Updated Hospital Infection control manual of LGH will be drafted.</p> <p>4. Hospital Infection control activities are expanded in selected townships.</p>
		<b>ACTUAL</b>	<p>1. (i) ICC and ICTs was formed (revitalized)  (ii) The report of the hospital infection control round was shared to the Infection Control Committee (ICC) monthly.  (iii) But the ICC meeting couldn't held at the end of this phase.</p> <p>2. (i) Hospital infection control rounds was conducted by the Infection Control Teams (ICT) every month.  (ii) Result and recommendation of the hospital infection control rounds was shared to the respective wards</p> <p>3. Hospital Infection control manual of LGH was drafted.</p> <p>4. Total four supervisions of the hospital Infection control was done in Demawso township hospital (two times) and NanMalKhone station hospital (two times).</p>
<b>COMMENTS, NOTES AND AOBs</b>			



# Evaluation Report of THE SPECIAL EFFORT 2017 (Phase 2)

Kayah State Medical Services Department  
February 2018



*Welcome to Kayah with a most beautiful nature*



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## 1. Introduction

In 2017, Kayah State Medical Service department initiated and implemented their own health plan which called ‘Special Effort 2017’ (6-month plan) to improve their skill and knowledge about health plan management and also to perform their own activities effectively, efficiently and timely. This Special effort 2017 was also developed in order to achieve the Mission of the State Medical Service Department.

After consideration on the findings and challenges of Special effort 2017 (phase1) evaluation, Special effort 2017 (phase2) was developed and implemented since from July 2017.

This document was prepared to report the results/findings/challenges of the planned activities, through the implementation of the Special Effort 2017 (phase 2) during July to December 2017.

## 2. Outline of The Special Effort 2017

### 2-1 Mission

The purpose and reason of existence of the Kayah State Department of Medical Services is **“To coordinate with stakeholders, to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services.”**

Article 367 of the constitution of the Republic of the Union of Myanmar says, “Every citizen shall, in accordance with the health policy laid down by the Union, have the right to health care.” The quality of health care is thought a prior condition for the significance of this right and therefore the service providers are always requested to perform a quality care.

A state medical services department is an intermediate entity, namely following a state government as well as the Ministry of Health and Sports, and supervising districts and townships. Accordingly, its role should be effectively implement the national health policy in the state level, and to enable hospitals in the state to practice quality medical services through its policy implementation.

### 2-2 Vision

The Kayah State Department of Medical Services has an inspirational hope for the future. That is, **“To make hospitals in Kayah State attractive by means of improving both customers’ satisfaction and providers’ satisfaction.”**

People, both patients and hospital staffs, desire quality medical services. When such satisfying services are realized at a hospital, the hospital must attract customers and providers. In this context, "Attractive Hospital" is a key word in the vision of the Kayah State Department of Medical Services.

### 2-3 Core Value

Mission and vision of the Kayah State Department of Medical Services will be achieved with the following nine core values.

**Hospitals for all:** *We dedicate to establishment of hospitals which contributes to health of all people in the state with a spirit of inclusiveness. Therefore, hospitals will be “your hospitals”.*

**Equity:** *We devote to establishment of hospitals which provide all patients with quality services, without any discrimination.*

**Mutual respect:** *We esteem mutual respect between customers and hospital staff, and among the staff, regardless of race, birth, religion, official position, status, culture, sex and wealth.*

**Kindness:** *We promote kind behaviour towards their customers.*

**Accountability:** *We aim to be accountable for all stakeholders.*

**Professionalism:** *We provide the opportunity for hospital staff to upgrade their skills and capacities of medical services.*

**Friendly working environment:** *We facilitate establishment of working environment comfortable for hospital staff.*

**Interactiveness among hospital workers:** *We accelerate effective collaboration and communication among hospital staff for ensuring quality medical services.*

**Sustainability:** *We spearhead sustainability of quality medical services including pursuit of its efficiency.*

## **2-4 Overall period of The Special Effort 2017**

Duration of the Special Effort 2017 (Phase 2) was set as six months period from July to December 2017.

## **2-5 Activities in the Special Effort 2017**

The Special Effort 2017 includes activities to improve customers and providers satisfaction. Also, activities on capacity building of hospitals and strengthening of the department's functions are planned.

The Special effort 2017 (Phase 2) was not only focused on Loikaw General Hospital but also the township and station hospitals in the Kayah State.

### **(1) Improvement of Customer's Satisfaction**

1-1. Hospital infection control (★)

1-2. Reducing patient waiting time

1-3. Provision of hospital diet

### **(2) Improvement of Provider's Satisfaction**

2-1. Introducing staff awarding system (★)

2-2. To reduce paper work with installing intra-network system

### **(3) Capacity Building of Service Providers**

3-1. Strengthening existing training system for hospital staff

### **(4) Strengthening of Functions of the Department**

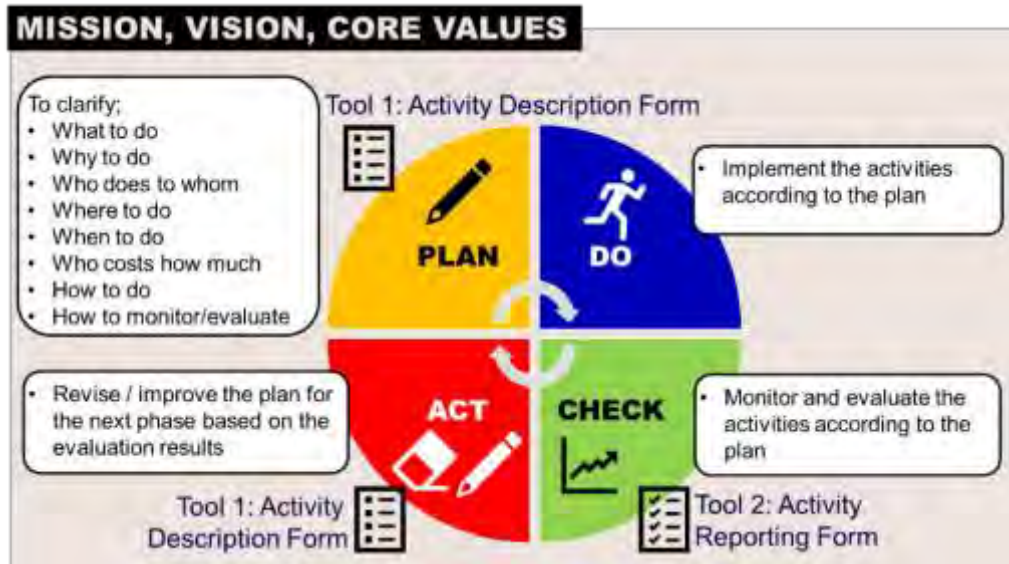
4-1. Strengthening M&E capacity through implementation of the Special Effort 2017 (Phase 2).

\*\*\* *The activities with (★) are the pilot to be managed with Activity Description Form and Activity Reporting Form.*

### 3. Management of the Special Effort

Implementation of the Special Effort is a series of practice of Plan, Do, Check and Act (PDCA) cycle (Figure-1), which is an approach for achieving continuous improvement of process and products by simply following this four-step model.

Figure-1: PDCA Cycle and Tools of the Special Effort



Based on the mission, vision, core values and the actual situation through the implementation of preceding six-month plan, the activities of the first round of Special Effort 2017 were planned (Step1: Plan). Management of Special Effort shall be practically strengthened in repeating rounds, especially clarification of what to do, why to do, who does to whom at when and where, how to do, who pays the cost of how much (6W2Hs), and how to monitor and evaluate in an evidence-based manner.

And Kayah SMSD continue implementing the activities (Step2: Do), monitor and evaluate the progress according to the plan (Step3: Check). The results of evaluation will be used for revision and improvement of the Special Effort for the next phase (Step4: Act).

In order to follow the 4 steps easily and with less work load, Activity Description Form (Tool 1) and Activity Reporting Form (Tool 2), are developed. And also, the User's guide for the Special Effort is available to inform how to use those tools properly.

### Tool 1: Activity Description Form

NAME OF ACTIVITY		/ [1] / [3] / [2]			
PERSON IN CHARGE					
BACKGROUND					
EXPECTED RESULTS	OUTCOMES				
	OUTPUTS				
	OUTPUT INDICATOR	/ [3]			
TARGET GROUP					
NO.	SPECIFIC ACTIVITIES	RESPONSIBILITY	IMPLEMENTATION PERIOD	SITE OF ACTIVITIES	REQUIRED FUNDS/SOURCE
1	/ [4] / [4]	/ [3]	/ [5]	/ [6]	/ [7]
2					
3					
4					
5					

- |               |                     |                |                            |
|---------------|---------------------|----------------|----------------------------|
| 1. What to do | 3. Who does to whom | 5. When to do  | 7. Who cost how much       |
| 2. Why to do  | 4. How to do        | 6. Where to do | 8. How to monitor/evaluate |

In the current phase of the Special Effort, we selected 2 activities (1-1 Hospital Infection Control and 2-1 Introducing Staff Awarding System) to be planned with the Activity Description Form.

The activities were described with the Activity Description Form designed to clarify the above mentioned 6W2Hs in a simple format. By filling the necessary items in the format, the outline of the activity becomes clear to be shared amongst implementers and stakeholders.

The progress by activity was filled in the Activity Reporting Form designed to monitor and evaluate the planned activities easily with less workload.

As many items of information in the Activity Description form can be directly used in this form, it is easy to use with less workload. The progress of the activity is filled in the form in monthly basis. And identified challenges and recommendations/way forward are noted accordingly. And at the last month of the implementation period, by comparing the expected outputs and outcomes and actual ones we evaluate the activity. And that result of evaluations to be used for revising and improving the plan for the next phase.



## Tool 2: Activity Reporting Form (Sample, blank)

NAME OF ACTIVITY		★		
TARGET GROUP		★		
NO.	SPECIFIC ACTIVITIES	ACTUAL PROGRESS	CHALLENGES	RECOMMENDATIONS WAY FORWARD
1	★			
2	★			
3	★			
4	★			
5	★			
6	★			
ACHIEVEMENT OF ACTIVITY	OUTCOMES	EXPECTED	★	
		ACTUAL		
	OUTPUTS	EXPECTED	★	
		ACTUAL		
COMMENTS, NOTES AND ROBS				

★ shall be copied from Activity Description Form

## 4. Result of the Activities

### (1) Improvement of Customer's Satisfaction

#### Activity 1-1 Hospital Infection Control

##### Background

Hospital acquired infection leads functional disability to the hospitals. It can be a major cause of increasing morbidity and mortality of both customer and providers. Therefore, it is mandatory to conduct infection control in the hospitals for a better quality of health care services. In October 2016, the Department of Medical Services developed the hospital infection control guidelines. This provides the guidance on how to promote the infection control activities in the hospitals in the country. Kayah State Department of Medical Services selected the Loikaw General Hospital as a pilot facility to implement the activities and made an action plan according to the instruction provided by the guidelines.

##### Expected Results

###### Outcomes

- To improve the customers' satisfaction

###### Outputs

1. To strengthen the function of infection control committee and teams
2. All the wards of LGH can perform the infection control activities according to the hospital infection control manual of LGH.
3. To update the hospital infection control manual of LGH.
4. To expand the hospital infection control activities in selected townships.

###### Target group

- 1. All ward of LGH
- 2. One township hospital and one station hospital

##### Progress of activities

No	Planned activities	Actual progress	Challenges
<b>Output 1: The function of infection control committee and team will be strengthened.</b>			
I.	To formulate (revitalize) the ICC and the ICT.	ICC and ICT teams were formulated in July.	No challenges
II.	To advocate ICC its terms of reference	The ToR of ICC was shared and advocated in August	No challenges
III.	To do monthly reporting by each ICT to ICC member.	Monthly reporting was properly done on only November and December	Checklist was not developed in time. It was developed in October. Change of the focal person staff in LGH.
IV.	To get feedback from ICC and share within the ICT and respective wards.	No feedback from ICC although proper reporting was done	ICC is not fully functioning because of the leadership change in ICC
V.	To have a review meeting by ICC and ICT at the end of the phase.	Could not conduct the review meeting	ICC is not well functioning because of the leadership change in ICC

<b>Output 2: All the wards of LGH can perform Infection control ICT activities according to the Hospital Infection control manual of LGH.</b>			
I.	To share the checklist and hospital infection control guideline (MOHS, 2016) to every ward of LGH.	Shared the checklist and hospital infection control guideline (MOHS, 2016) to every ward of LGH. (July)	No challenges
II.	To conduct hospital round monthly and wrap up every time (ICT A&B).	Conducted monthly hospital ward round and wrap up every time except September.	No challenges
III.	To revise the checklist.	The checklist was revised during October.	No challenges
IV.	To procure the hand soap and alcohol-based hand washing gel.	Procured the hand soap and alcohol-based hand washing gel with the support of MJHSSP.	No challenges
V.	To provide necessary support accordingly. (Safety box, Trash bin, Towel, etc.)	SMSD provided the cardboard safe box based on the request of LGH.	No challenges
<b>Output 3: Updated Hospital Infection control manual of LGH will be drafted.</b>			
I.	To share the hospital infection control manual of LGH (2012 version) amongst the ICC and ICTs.	Shared not only hospital infection control manual of LGH (2012) but also the Hospital infection control guidelines 2016 from SMSD.	No challenges
II.	To have a workshop to decide who will write which part by when.	No workshop was held	ICC is not well functioning because of the leadership change in ICC
<b>Output 4: Hospital Infection control activities are expanded in selected townships.</b>			
I.	To select 1 township and 1 station hospital as a pilot according to the committee.	Demawso township hospital and Nanmalkhon station hospital were selected as pilot area for hospital infection control activities.	No challenges
II.	To develop checklist for township hospital and station hospital.	The checklist was developed in October.	No challenges
III.	To conduct two supervision visits to each selected site by the SMSD supervision team.	2 supervision visits were conducted in October and December.	No challenges
IV.	To share the report of the supervision visit with director of SMSD, Township Medical Officer and Station Medical Officer	The supervision report was shared to SMSD director, and this Township and Station medical officers.	No challenges
V.	To select the others hospital for expansion of ICT activities.	Could not select the other hospitals during December.	Due to the time limitation of the Nursing Officer (focal of ICT supervision to township)

## **Results of evaluation**

<b>Outcomes</b>		
Expected	Actual	Evaluation
Customers' satisfaction is improved.	Overall customers' satisfaction is good according to the satisfaction survey which conducted in December.	Good The baseline of customers' satisfaction was collected as planned.
<b>Outputs</b>		
Expected	Actual	Evaluation
1. Function of infection control committee and team will be strengthened.		
(i) ICC and ICTs will be formed (revitalized).	(i) ICC and ICTs were formed.	(i) Good
(ii) The report of the hospital infection control round shall be shared to the infection control committee (ICC) monthly.	(ii) ICTs teams shared the monthly report to ICC only in November and December.	(ii) Bad
(iii) The ICC meeting shall be held at the end of this phase (six monthly).	(iii) ICC meeting couldn't be held.	(iii) Bad
2. All the wards of LGH can perform infection control activities according to the hospital infection control manual of LGH.		
(i) Hospital infection control rounds shall be conducted by the Infection Control Teams (ICT) every month.	(i) Hospital Infection Control ward round was conducted every month.	(i) Good
(ii) Result and recommendation of the hospital infection control rounds shall be shared to the respective wards.	(ii) Result and recommendation of ward rounds was shared to respective ward.	(ii) Good
3. Updated hospital infection control manual of LGH will be drafted.		
(i) Hospital infection control manual of LGH shall be shared.	(i) Draft of the Loikaw Hospital infection control manual was developed.	(i) Good
4. Hospital infection control activities are expanded in selected townships.		
(i) Total four supervisions of the hospital infection control shall be done in one township hospital (two times) and one station hospital (two times).	(i) Total four supervision to one township hospital (2 times) and one station hospital (2 times) was done.	(i) Good

## **Way forward**

### **- To modify the Infection Control Committee and team structure for more effective infection control activities implementation, monitoring and evaluation**

State Medical Service Department revitalized the infection control committee and teams in accordance with the hospital infection control guidelines of Central medical service department. After revitalizing the ICC and ICTs, two ICTs started their monthly infection control ward round in LGH.

During September, the leading position of ICC was changed. After that the current infection control activities are less interested by ICC and also the new successor of ICC (MS of LGH) has the new idea in infection control activities to be more effective.

As for the next phase, we should include the MS's idea in the current working ways of infection control activities to be more effective and efficient. So that, we should organize the ICC meeting to modify the structure of ICC and ICTs, and also for the working ways of the current system.

### **- To develop the infection control manual of LGH**

The Department of Medical Services of MOHS published the Hospital Infection Control Guidelines (2016) and distributed to all hospitals, and also encouraged them to update Hospital Infection control manual based on their own hospital situation and the DMS Hospital Infection Control Guidelines (2016).

Therefore, LGH should update the current infection control guidelines by referring the DMS Hospital Infection Control Guidelines (2016) with including the new ICC structure and new working ways of ICT and Infection control supervisors.

### **- To advocate more about the infection control activities in LGH**

Although SMSD revitalized the ICC, ICT and implemented the infection control activities in LGH since January, most of the health staffs (especially the doctors) are not aware of the progress of this activities.

Therefore, to have more awareness and active participation of health staffs, ICC should organize the Infection control committee meeting periodically.

### **- To expand the infection control activities to township level**

In Special effort 2017 (phase2), 'to expand the infection control activities to selected township' is one of the main activities and SMSD could successfully supervise the infection control activities in a township.

As for the next step, we should consider further expansion of the supervision activities to encourage the township hospitals to organize their own infection control committees and implement the same activities as in LGH. It is also necessary to streamline the checklist for supervision at township level to expand the infection control activities efficiently and to reduce the workload of supervisors.

**Activity Photos**



Infection control ward round



Infection control ward round



Infection control ward round



Discussing about the result of the checklist



Infection control supervision visit



Infection control supervision visit

## **(2) Improvement of providers' Satisfaction**

### **Activity 2-1 Introducing Staff Awarding System**

#### **Background**

People want to make a difference. They want to feel that they do. So, it is the policy to recognize the performance of the staff members and recognize their services through appreciation and awards according to our vision to get provider's satisfaction and for their motivation. It is one of the activities to encourage their good attitude and behavior. When people are recognized or acknowledge for the work they do, it's motivator for them to continue doing that same and innovative work.

#### **Expected results**

##### **Outcomes**

- To improve providers' satisfaction

##### **Outputs**

1. Title and awards for each level (Office, Consultant, FA, AS, Sister, S/N, T/N, N/A, W/S)
2. Improved health care provider-patient relationships
3. Positive effects on health care providers' performance
4. Positive feedback from customers

#### **Progress of the activity**

<b>No</b>	<b>Planned activities</b>	<b>Actual progress</b>	<b>Challenges</b>
I.	Meeting Determine what award title to give to whom	Discussed with State Medical officer and Nursing officer for title award  1. Best Performance award 2. Best Service award 3. Best nursing care award 4. Mr/Ms Smile of LGH	There is no specific scoring system for each title ward  Due to the leadership change (SMSD director/ MS of LGH and State medical officer change), the priority of this activity became low and the activity progress is stopped
II.	Introduce the staff awarding system	No progress	
III.	To plan for paying awards as vacation or hospital visit	No progress	
IV.	To develop scoring and to decide which factors included in this scoring	No progress	
V.	To get baseline data	No progress	

## **Results of evaluation**

<b>Outcomes</b>		
Expected	Actual	Evaluation
Providers' satisfaction is improved.	Providers' satisfaction survey is in progress at LGH and township hospital.	
<b>Outputs</b>		
Expected	Actual	Evaluation
1. Title and awards for each level (Office, Consultant, FA, AS, Sister, S/N, T/N, N/A, W/S) (i) Award	(i) Could define the only name of the award	(i) Moderate
2. Improved health care provider-patient relationships	The Customer satisfaction survey was done in LGH and in progress at township hospital.	In LGH, the customers' satisfaction was good.
3. Positive effects on health care providers' performance (i) Improved scoring for health care provider	(i) No progress	(i) Bad
4. Positive feedback from customers (i) Improved % of customer satisfaction score	(i) The Customer satisfaction survey was done in LGH and in progress at township hospital	In LGH, the customers' satisfaction was good.

## **Way Forward**

Kayah State SMSD designed and implemented this activity for the reason of improving providers' satisfaction and improving active and friendly working environment.

The effectiveness of this activity on customers' satisfaction is become questionable by considering the other activities for customers' satisfaction under the new leadership of SMSD and LGH. So, the progress of the activity was pending.

Therefore, for the next phase of Special Effort, SMSD should choose the activity with serious consideration in priority setting, resource allocation, goal and its indicator setting during the planning stage.



## **5. Findings and Way Forward**

Management of the Special Effort, implementing the Special Effort activities is a part of the capacity building on the Monitoring and Evaluation of Kayah state Department of Medical Services.

There are findings / recommendations / challenges while implementing the Special Effort 2017 (Phase2) which should be taken into account for the next phase of the Special Effort.

### **1. Planning**

Two activities (1-1: Hospital infection control, 2-1: Introducing staff awarding system) were planned with the Activity Description Form (Tool 1) in the current Special Effort 2017 (phase2). In these activities, 6W2Hs were more clearly defined than other activities.

Due to the experience of implementing SE phase 2, the Activity Description Form (Tool 1) should include not only person in charge but also the implementer (focal person). To overcome the pending progress of the activity due to staff turnover, the focal person should be named at least two.

Based on the way forward of the evaluation at the previous phase of the Special Effort, situation analysis, priority setting, resource allocation, goal and indicator setting were done. Now SMSD is in the process of collecting baseline data on the level of clients' and providers' satisfaction at LGH and township level and got recommendations in this exercise of evaluation. It is necessary to reflect them for the planning of next phase of the Special Effort, especially for priority and goal setting.

### **2. Monitoring**

The Activity Reporting Form (Tool 2) was used in the current Special Effort period. SMSD could easily monitor the progress of activity by using this tool.

As for the next phase of Special Effort, it is highly recommended that SMSD should take lead in recording and monitoring the progress of activity by using the standardized tool and also sharing the progress report within the department and with stakeholders periodically.

### **3. Evaluation**

Without appropriate M&E plan, evaluation cannot be properly conducted. When the planning stage, objectively verifiable indicators and means of verification should be defined to each output and outcomes. It is preferable to use numerical indicators at the goal setting of the planning stage.

It was identified that the information on how to evaluate the activity in the Activity Description Form was missing. Therefore, it is also necessary to add it in the User's Guide of the Special Effort.



For the attractive hospitals.....

Kayah State Medical Services Department



4-3 Special Effort ③ (2018年4月～9月)

活動優先順位付け表

No	Activities	Importance	Impact	Urgency	Easiness	Resource	Total points
	<b>Provider Satisfaction</b>						
1	Staff housing	5	5	5	5	5	25
2	Staff awarding system	5	5	10	5	5	30
3	Staff welfare activities	9	5	9	8	5	36
4	To have a clear and transparent promotion system	5	5	5	5	10	30
	<b>Customer Satisfaction</b>						
5	Infection control	8	9	5	6	9	37
6	5S	7	8	5	7	8	35
7	Reducing waiting time for patient	5	5	5	5	5	25
	<b>Capacity building for Providers</b>						
8	CME and CNE	10	10	5	9	5	39
	<b>Strengthening SMSD function</b>						
9	Individual development plan ( training of leadership, management and attitude)	5	5	8	10	5	33
10	Regular and continuously supportive supervision and monitoring to all township hospital	5	5	5	5	5	25



計画文書

# **THE SPECIAL EFFORT 2018**

## **PHASE 1 (April – September 2018)**

**Kayah State Medical Services Department**



## Introduction

In January 2017, the Kayah State Medical Services Department developed its first “Special Effort” which was a set of important activities to be implemented in six-month period. This first trial successfully completed and enabled us to implement both original and instructed activities more effectively and efficiently with reflecting local context and needs.

In response to the success of the trial, the Kayah State Medical Services Department has periodically run into several editions. This “Special Effort 2018 (phase 1)” is the third edition since the first trial, and it complies the prioritized activities to be implemented from April to September 2018.

The Kayah State Medical Services Department will not only focus on improving the service provision, but also on strengthening the capacity of management of the Department. We’re going to use this Special Effort as a tool to practically improve our capacity of planning, implementing, monitoring and evaluation to realize our Mission, Vision and Core values together with all the hospital staffs in Kayah State.



## **(1) MISSION**

**“To coordinate with stakeholders, to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services”**

Quality of health care is an important element of the right to health. Article 367 of the Constitution of the Republic of the Union of Myanmar says, “Every citizen shall, in accordance with the health policy laid down by the Union, have the right to health care.” Therefore, the health care has to be always with quality.

Quality of health care is a need of people in Kayah. Therefore, as a State Department, we are responsible for ensuring quality of medical services at all hospitals in Kayah.

We have Ministry of Health and Sports, we have townships, we have State Government, we have hospitals, and we are an intermediate entity. We will promote proper coordination with these stakeholders and provide good guidance to the hospitals. This is our mission.

## **(2) VISION**

**“To make hospitals in Kayah State attractive by means of improving both customers’ satisfaction and providers’ satisfaction”**

What do we want to be in the next 5 years? What do we look for? Such a hope, we defined it as “Vision”. We are going to pursue attractiveness of all hospitals in Kayah State both for customers and hospital staff. We’re thinking “attractive hospital” is a keyword as a result of quality medical services.

Therefore, to make hospitals in Kayah attractive, definitely it is necessary to improve satisfaction of customers, patients, and hospital staff. It is totally in line with the six-month plan of Department of Medical Services, Ministry of Health and Sports, which is pursuing customer-friendly hospitals.



### (3) CORE VALUES

We identified our core values to achieve our mission and vision. Keeping these 9 core values in our minds, we spearhead quality medical services in Kayah State.

**Hospitals for all:** We dedicate to establishment of hospitals which contributes to health of all people in the state with a spirit of inclusiveness. Therefore, hospitals will be “your hospitals”.

**Equity:** We devote to establishment of hospitals which provide all patients with quality services, without any discrimination.

**Mutual respect:** We esteem mutual respect between customers and hospital staff, and among the staff, regardless of race, birth, religion, official position, status, culture, sex and wealth.

**Kindness:** We promote kind behaviour towards their customers.

**Accountability:** We aim to be accountable for all stakeholders.

**Professionalism:** We provide the opportunity for hospital staff to upgrade their skills and capacities of medical services.

**Friendly working environment:** We facilitate establishment of working environment comfortable for hospital staff.

**Interactiveness among hospital workers:** We accelerate effective collaboration and communication among hospital staff for ensuring quality medical services.

**Sustainability:** We spearhead sustainability of quality medical services including pursuit of its efficiency.

## ACTIVITIES IN THE SPECIAL EFFORT 2017 (Phase 2)

To realize our vision, we selected the activities which we will put our special effort in 2018 (Phase 1). Prior to the selection of the activities, the result of clients' and providers' satisfaction survey in the Loikaw General Hospital and Township Hospitals was reviewed. And then, priority setting matrix was used to prioritize activities with consideration of each of their importance, impact, urgency, easiness and resource.

Activity 1: To improve communication and collaboration with township and station hospitals through the establishment of biannual meeting.

Activity 2: To strengthen the capacity of hospital staff in the state on leadership, management and communication.

Activity 3: To introduce 5S activities to all township hospitals.

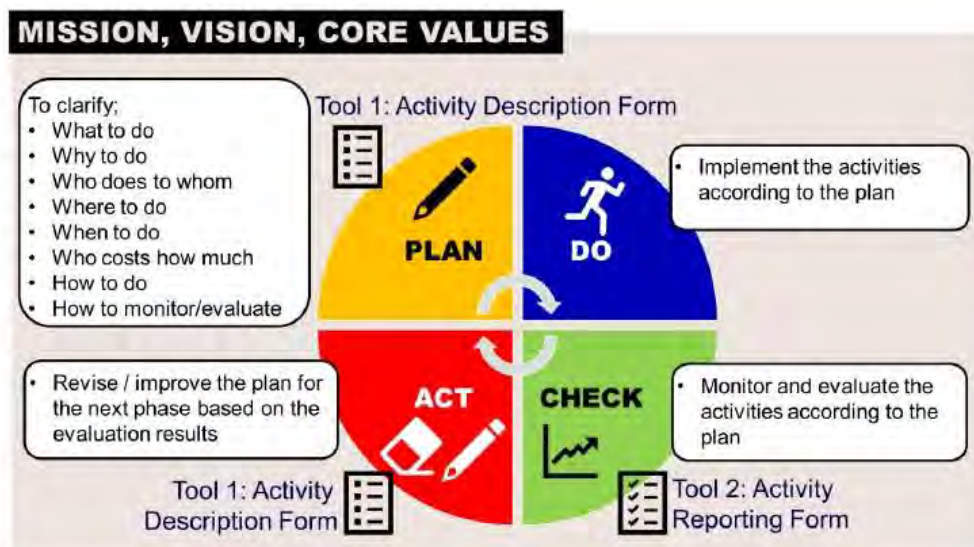
Activity 4: To support Loikaw General Hospital to develop its mission, vision and core values as well as Special Effort.

Activity 5: To strengthen M&E capacity through implementation of the Special Effort 2018 (Phase 1).

## MONITORING AND EVALUATION

Implementation of the Special Effort is a series of practice of Plan, Do, Check and Act (PDCA) cycle, which is an approach for achieving continuous improvement of process and products by simply following this four-step model.

The staff members of the Kayah State Medical Services Department will monitor and evaluate the activities of Special Effort 2017 (phase 2) with using the Special Effort User's Guide.



Conceptual diagram of the PDCA cycle



*For the attractive hospitals....*

Kayah State Medical Services Department

**Annex 1: Activity Description Form**

<b>NAME OF ACTIVITY</b>		To support Loikaw General Hospital to clarify its mission, vision and core values and to formulate Special Effort.				
<b>SUPERVISOR</b>		Dr. Khin Maung Yin				
<b>FOCAL PERSONS</b>		Dr. Pyae Phyo Kyaw and Daw Cho Cho Myint.				
<b>BACKGROUND</b>		Kayah State Medical Services Department clarified its mission, vision and core values in 2016. The Department also selected some prioritized activities to fulfill its vision and implemented them as the Special Effort. These practices were effective to improve SMSD staff's skills in planning, implementation and evaluation of their activities. So, they should be extended to Loikaw General Hospital (LGH).				
<b>EXPECTED RESULTS</b>	<b>OUTCOMES</b>	1. LGH clarifies its mission, vision and core values. 2. LGH formulates its special effort and successfully implements it.				
	<b>OUTPUTS</b>	1. SMSD supports clarification of mission, vision and core values of LGH as planned. 2. SMSD supports formulation and implementation of the Special Efforts of LGH.				
	<b>INDICATOR</b>	1. Mission, vision and core values that LGH clarified. 2. The special effort that LGH formulated and implemented.				
<b>TARGET GROUP</b>		Administration department of Loikaw General Hospital				
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>RESPONSIBILITY</b>	<b>IMPLEMENTATION PERIOD</b>	<b>SITE OF ACTIVITIES</b>	<b>FUNDS REQUIRED /SOURCE</b>	
<b>Output 1: Support in the discussion about developing MVCs of LGH.</b>						
I.	To support clarification of LGH's mission, vision and core values.	Dr. Pyae Phyo Kyaw and Daw Cho Cho Myint.	April	Loikaw General Hospital		
II.	To support dissemination of LGH's mission, vision and core values.	Dr. Pyae Phyo Kyaw and Daw Cho Cho Myint.	May	Loikaw General Hospital		
<b>Output 2: Support in developing LGH's Special Effort and its implementation</b>						
I.	To support formulation of LGH's special effort.	Dr. Pyae Phyo Kyaw and Daw Cho Cho Myint.	May	Loikaw General Hospital		

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II.	To support monitoring and evaluation of the progress of the SE implementation.	Dr. Pyae Phyto Kyaw and Daw Cho Cho Myint	July and September?	Loikaw General Hospital	
III.	To support formulation of Special effort for the next six months based on the results of evaluation.	Dr. Pyae Phyto Kyaw and Daw Cho Cho Myint	September	Loikaw General Hospital	

**Annex 2: Activity Reporting Form**

<b>NAME OF ACTIVITY</b>	To support Loikaw General Hospital to clarify its mission, vision and core values and to formulate Special Effort.			
<b>SUPERVISOR</b>	Dr. Khin Maung Yin (State Medical Services Director)			
<b>FOCAL PERSON</b>	Dr. Pyae Phyo Kyaw and Daw Cho Cho Myint.			
<b>TARGET GROUP</b>	Administration department of Loikaw General Hospital			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>ACTUAL PROGRESS</b>	<b>FUND USED/SOURCE</b>	<b>CHALLENGE/ RECOMMENDATIONS</b>
<b>Output 1: Support in the discussion about developing MVCs of LGH.</b>				
I	To support clarification of LGH's mission, vision and core values.	LGH's mission, vision and core values were already confirmed		No major challenge
II	To support dissemination of LGH's mission, vision and core values.	<p>Launching ceremony of LGH's mission, vision and core values was conducted in LGH on 21<sup>st</sup> May 2018</p> <p>LGH's mission, vision and core value posters were distributed to each and every ward of LGH</p> <p>LGH's mission, vision and core value printed Jerseys were distributed to all staff of LGH for better awareness of the community.</p>		No major challenge

<b>Output 2: Support in developing LGH's Special Effort and its implementation</b>				
I	To support formulation of LGH's special effort.	[ <b>June</b> ] Choosing activities and priority setting of the LGH's special effort was done [ <b>July</b> ] Activity description form was filled		No major challenge
II	To support monitoring and evaluation of the progress of the SE implementation.	The activities of the SE of LGH were monitored and evaluated by the hospital side.		Due to the limitation in human resource of SMSD, SMSD couldn't provide support in M&E process of the SE implementation of LGH.
III.	To support formulation of Special effort for the next six months based on the results of evaluation.	eNext six months plan was not formulated yet.		LGH didn't formulate the next special effort ( 6month plan ) within the duration of SMSD special effort plan.
<b>ACHIEVEMENT OF ACTIVITY</b>	<b>OUTCOMES</b>	<b>EXPECTED</b>	1. LGH clarifies its mission, vision and core values. 2. LGH formulates its special effort and successfully implements it.	
		<b>ACTUAL</b>	1. LGH clarified its mission, vision and core values. 2. LGH formulated its special effort activities to achieve its mission, vision and successfully implemented it.	
	<b>OUTPUTS</b>	<b>EXPECTED</b>	1. SMSD supports clarification of mission, vision and core values of LGH as planned. 2. SMSD supports formulation and implementation of the Special Efforts of LGH.	
		<b>ACTUAL</b>	1. SMSD supported clarification of mission, vision and core values of LGH as planned. 2. SMSD didn't support formulation and implementation of the Special Efforts of LGH.	
<b>COMMENTS, NOTES AND AOBs</b>				



**Annex 1: Activity Description Form**

<b>NAME OF ACTIVITY</b>		To introduce 5S activities to all township hospitals			
<b>SUPERVISOR</b>		Dr. Khin Maung Yin			
<b>FOCAL PERSONS</b>		Dr. Pyae Phyo Kyaw and Daw Cho Cho Myint			
<b>BACKGROUND</b>		<p>Patients' safety is a fundamental principle of excellent patient care and a critical component of health care quality management. To achieve not only patients' safety but also provider and customers' satisfaction, it is essential for hospitals to implement 5S approach.</p> <p>Loikaw General Hospital is now implementing 5S activities to raise the provider and customers' satisfaction level under the support of State Medical Services Department. So, SMSD will extend its support for township hospitals to implement 5S during this phase of special effort.</p>			
<b>EXPECTED RESULTS</b>	<b>OUTCOMES</b>	Both providers and customers' satisfaction level improved.			
	<b>OUTPUTS</b>	1. All township hospitals perform 5S well.			
	<b>INDICATOR</b>	1. 5S score calculated by the evaluation sheet.			
<b>TARGET GROUP</b>		All township hospitals in Kayah State			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>RESPONSIBILITY</b>	<b>IMPLEMENTATION PERIOD</b>	<b>SITE OF ACTIVITIES</b>	<b>FUNDS REQUIRED /SOURCE</b>
<b>Output 1: All township hospitals perform 5S well.</b>					
I.	To make the schedule and timetable of 5S training	Dr. Pyae Phyo Kyaw Daw Cho Cho Myint MJHSSP	June	SMSD office	
II.	To identify trainers of 5S training			SMSD office	
III.	To prepare training documents for 5S			SMSD office	MJHSSP
IV.	To do necessary logistic arrangements			SMSD office	
V.	To train all township hospitals in 5S	Dr. Pyae Phyo Kyaw Daw Cho Cho Myint LGH and MJHSSP	June	Every township hospitals	MJHSSP

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VI.	To make the schedule of supervision and monitoring and evaluation (M&E) of 5S	Dr. Pyae Phyo Kyaw Daw Cho Cho Myint MJHSSP		SMSD office	
VII.	To develop tools for supervision and M&E of 5S	MJHSSP	June	SMSD office	
VIII.	To supervise all township hospitals according with the schedule	SMSD	July-August	Every township hospitals	MJHSSP
IX.	To monitor and evaluate 5S performance in all township hospitals	SMSD	September	Every township hospitals	MJHSSP
X.	To submit a report of 5S activities at township level to the Director	Dr. Pyae Phyo Kyaw Daw Cho Cho Myint	September	SMSD office	

**Annex 2: Activity Reporting Form**

<b>NAME OF ACTIVITY</b>		To introduce 5S activities to all township hospitals		
<b>SUPERVISOR</b>		Dr. Khin Maung Yin (State medical Services Director)		
<b>FOCAL PERSON</b>		Dr. Pyae Phyo Kyaw and Daw Cho Cho Myint		
<b>TARGET GROUP</b>		All township hospitals in Kayah State		
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>ACTUAL PROGRESS</b>	<b>FUND USED/SOURCE</b>	<b>CHALLENGE/ RECOMMENDATIONS</b>
<b>Output 1: All township hospitals perform 5S well.</b>				
I.	To make the schedule and timetable of 5S training	[ <b>June</b> ] Considering the proper schedule.		No major challenges
II.	To identify trainers of 5S training	[ <b>June</b> ] [ <b>July</b> ] all the 5S focals were selected in every township.		No major challenges
III.	To prepare training documents for 5S	[ <b>June</b> ] training documents and necessary items were prepared before visiting to Demawso [ <b>July</b> ] training documents and necessary items were prepared before visiting to Shadaw. [ <b>August</b> ]-Training documents and necessary items were prepared before visiting to Bawlakhe, Hpruso, Mese and Pharsaung.		No major challenges

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IV.	To do necessary logistic arrangements	<p><b>[June]</b> For Demoso Township Hospital</p> <p><b>[July]</b> For Shadaw Township Hospital.</p> <p><b>[August]</b> For Bawlakhe, Hpruso, Pharsaung and Mese Township Hospital.</p>		No major challenges
V.	To train all township hospitals in 5S	<p><b>[June]</b> In Demoso Township Hospital.</p> <p><b>[July]</b> In Shadaw Township Hospital.</p> <p><b>[August]</b> In Bawlakhe, Hpruso, Pharsaung and Mese Township Hospital.</p> <p>SMSD trained all the township hospital for 5S activities.</p>		No major challenges
VI.	To make the schedule of supervision and monitoring and evaluation (M&E) of 5S	<p><b>[June]</b> (-)</p> <p><b>[July]</b>- The schedule of supervision and monitoring plan for the 5s activities was developed in July.</p> <p><b>[August]</b>- Developed the schedule of supervision and M&amp;E plan.</p>		No major challenges
VII.	To develop tools for supervision and M&E of 5S	<p><b>[June]</b> (-)</p> <p><b>[July]</b> (-)</p> <p><b>[August]</b>- M&amp;E tool was developed in August.</p>		No major challenges

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VIII.	To supervise all township hospitals according with the schedule	<p><b>[June]</b> (-)</p> <p><b>[July]</b> (-)</p> <p><b>[August]</b> Implementation was done in August. Supervision will start in September.</p> <p><b>[September]</b> : SMSD couldn't conduct supervision visit as planned.</p>		Due to unavailability of the focal person of SMSD for 5S activities, SMSD postponed their supervision visit to next month.
IX.	To monitor and evaluate 5S performance in all township hospitals	SMSD couldn't monitor and evaluate 5S performance as planned.		Due to unavailability of the focal person of SMSD for 5S activities, SMSD couldn't conduct the supervision visit. So they couldn't been monitor and evaluate the 5S performance of township in September.
X.	To submit a report of 5S activities at township level to the Director	Report of 5S activities at township was not developed since the supervision was not conducted.		The report will be developed after SMSD conducts the supervision visit,
<b>ACHIEVEMENT OF ACTIVITY</b>	<b>OUTCOMES</b>	<b>EXPECTED</b>	Both providers and customers' satisfaction level improved.	
		<b>ACTUAL</b>	Because of implementing 5S activities and getting support from SMSD, the health staff are motivated in their daily work.	
	<b>OUTPUTS</b>	<b>EXPECTED</b>	1. All township hospitals perform 5S well.	
		<b>ACTUAL</b>	1. 5S activities in all township were started implementing.	
<b>COMMENTS, NOTES AND AOBs</b>		<p>Most of the planned activities were done as planned, however, the supervision visits were not conducted since the focal staff of SMSD got injured and needed to take rest.</p> <p>5S activities in township were proved as effective to improve both providers and customers' satisfaction. So, SMSD will include this activity in their routine activities and will continue implementing it.</p>		

**Annex 1: Activity Description Form**

<b>NAME OF ACTIVITY</b>		To strengthen the capacity of hospital staff in the state on leadership, management, communication skill and attitude.			
<b>SUPERVISOR</b>		Dr. Khin Maung Yin (State Medical Service Director)			
<b>FOCAL PERSON</b>		Dr. Pyae Phyo Kyaw, Daw Cho Cho Myint			
<b>BACKGROUND</b>		<p>A result of clients' and providers' satisfaction survey at hospitals in Kayah State, staff's attitudes were a key to satisfaction of patients/caretakers at township hospitals, and many staff at both LGH and township hospitals thought constructive feedback, team spirit and mutual respect were important for their motivation.</p> <p>So, State Medical Service Department will provide an opportunity of training to health staff in attitude, leadership management and communication skill.</p>			
<b>EXPECTED RESULTS</b>	<b>OUTCOMES</b>	The health staff's attitude, leadership management and communication skill are improved.			
	<b>OUTPUTS</b>	Conduct a training about attitude, leadership management and communication skill.			
	<b>INDICATOR</b>	The patient satisfaction level should be improved toward health staff's attitude and communication skill.			
<b>TARGET GROUP</b>		All the health staff in the Kayah State.			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>RESPONSIBILITY</b>	<b>IMPLEMENTATION PERIOD</b>	<b>SITE OF ACTIVITIES</b>	<b>FUNDS REQUIRED /SOURCE</b>
I.	To identify trainers	Dr. Pyae Phyo Kyaw Daw Cho Cho Myint MJHSSP	June- July	SMSD office	-
II.	To discuss topics, participants, schedule and timetable of the training with identified trainers	Dr. Pyae Phyo Kyaw Daw Cho Cho Myint MJHSSP	By the end of July	SMSD office	-
III.	To invite participants to the training	Dr. Pyae Phyo Kyaw Daw Cho Cho Myint	By the end of July	SMSD office	SMSD
IV.	To do necessary logistic arrangements for the training	Dr. Pyae Phyo Kyaw Daw Cho Cho Myint MJHSSP	By the end of July	SMSD office	

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V.	To conduct the training	Trainer identified in Activity I Dr. Pyae Phyo Kyaw Daw Cho Cho Myint MJHSSP	August	SMSD meeting room	Trainer cost, Refreshment, Lunch, Room preparation cost will be born by MJHSSP. Travel allowance - SMSD
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**Annex 2: Activity Reporting Form**

<b>NAME OF ACTIVITY</b>	To strengthen the capacity of hospital staff in the state on leadership, management, communication skill and attitude.			
<b>SUPERVISOR</b>	Dr. Khin Maung Yin (State Medical Services Director)			
<b>FOCAL PERSON</b>	Dr. Pyae Phyo Kyaw, Daw Cho Cho Myint			
<b>TARGET GROUP</b>	All the health staff in the Kayah State.			
NO.	SPECIFIC ACTIVITIES	ACTUAL PROGRESS	FUND USED/SOURCE	CHALLENGE/ RECOMMENDATIONS
I.	To identify trainers	[June]- Conducted the meeting to identify the trainers [July] – identified the trainer		No major challenges
II.	To discuss topics, participants, schedule and timetable of the training with identified trainers	[June]- (-) [July] – developed the training draft schedule. The training date is August 2 <sup>nd</sup> week. [August]- Due to the time limitation of SMSD, the training date was postponed to September. [September]- SMSD selected the topic and participant, developed the timetable for this training.		No major challenges
III.	To invite participants to the training	[June]- (-) [July]- (-) [August] - (-) [September]- SMSD invited all the participants from township level.		No major challenges



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IV.	To do necessary logistic arrangements for the training	<p><b>[June]</b>- (-)  <b>[July]</b>- (-)  <b>[August]</b> - (-)  <b>[September]</b> – this training was postponed it to October.</p>		
V.	To conduct the training	<p><b>[June]</b>- (-)  <b>[July]</b>- (-)  <b>[August]</b> - (-)  <b>[September]</b> – this training was postponed it to October.  <b>[Octorber]</b> – The training was conducted</p>		
<b>ACHIEVEMENT OF ACTIVITY</b>	<b>OUTCOMES</b>	<b>EXPECTED</b>	The health staff’s attitude, leadership management and communication skill are improved.	
		<b>ACTUAL</b>	The conducted raining contributed to improve management and communication of the staff. It is necessary to continue seek the opportunity to conduct the same kind of training.	
	<b>OUTPUTS</b>	<b>EXPECTED</b>	Conduct a training about attitude, leadership management and communication skill	
		<b>ACTUAL</b>	The training was conducted.	
<b>COMMENTS, NOTES AND AOBs</b>		According to the time schedule of SMSD and MMA, SMSD couldn’t conduct this training within initially planed period (apr-sep). however, the training was conducted in 16 Oct 2018. It was also a good opportunity for us to introduce the activities of Kayah state to the officials of MMA and MMC. They appreciated the efforts mede in the state and encouraged further improvement.		

**Annex 1: Activity Description Form**

<b>NAME OF ACTIVITY</b>		To improve communication and collaboration with township and station hospitals through the establishment of biannual meeting.			
<b>SUPERVISOR</b>		Dr. Khin Maung Yin			
<b>FOCAL PERSONS</b>		Dr. Pyae Phyo Kyaw, Daw Cho Cho Myint			
<b>BACKGROUND</b>		Effective use of accurate and timely-collected information is one of the important elements of better health care system. So, the State Medical Service Department (SMSD) is to hold biannual meeting as an opportunity to improve communication and collaboration with periodic use of information from township and station hospitals.			
<b>EXPECTED RESULTS</b>	<b>OUTCOMES</b>	Communication and collaboration between SMSD and Township, Station hospitals is improved.			
	<b>OUTPUTS</b>	<ol style="list-style-type: none"> <li>1. Prepare for the biannual meeting.</li> <li>2. Organize and facilitate the biannual meeting.</li> <li>3. Provide effective feedback, suggestions and recommendations for township and station hospitals.</li> </ol>			
	<b>INDICATOR</b>	<ol style="list-style-type: none"> <li>1. Dissemination of a presentation format for the biannual meeting.</li> <li>2. Biannual meeting as planned.</li> <li>3. Suggestions/recommendations/ at the meeting.</li> </ol>			
<b>TARGET GROUP</b>		All township hospitals and station hospitals			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>RESPONSIBILITY</b>	<b>IMPLEMENTATION PERIOD</b>	<b>SITE OF ACTIVITIES</b>	<b>FUNDS REQUIRED /SOURCE</b>
<b>Output 1: Prepare any necessary procedures for the meeting.</b>					
I.	To prepare agenda and a presentation format for the department and township, station level which include all the information they need or shared.	Dr. Pyae Phyo Kyaw Daw Cho Cho Myint	June	SMSD	
II.	To inform all townships of the SMSD biannual meeting and instruct them to compile data for the last six months.	Dr. Pyae Phyo Kyaw Daw Cho Cho Myint	July	SMSD	

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Special Efforts 2018**

III	To analyse the data from township and station hospitals prior to the meeting.	Dr. Pyae Phyoo Kyaw Daw Cho Cho Myint MJHSSP	July	SMSD	
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<b>Output 2: Organize and facilitate the biannual meeting.</b>					
I.	To invite all the township and station hospitals to biannual meeting of SMSD.	Dr. Pyae Phyoo Kyaw Daw Cho Cho Myint MJHSSP	July	SMSD	SMSD
II.	To do any necessary logistical arrangements for this biannual meeting,	Dr. Pyae Phyoo Kyaw Daw Cho Cho Myint MJHSSP	July	SMSD	
III.	To conduct the biannual meeting.	SMSD	End of July	SMSD	Refreshment, Lunch, Room preparation cost will be born by MJHSSP. Travel allowance for participants will be born by SMSD
IV.	To make suggestion / recommendation over the township/station hospital's presentation.	SMSD	In the Biannual meeting	SMSD	

**Annex 2: Activity Reporting Form**

<b>NAME OF ACTIVITY</b>	To improve communication and collaboration with township and station hospitals through the establishment of biannual meeting.			
<b>SUPERVISOR</b>	Dr. Khin Maung Yin (State Medical Services Director)			
<b>FOCAL PERSON</b>	Dr. Pyae Phyo Kyaw, Daw Cho Cho Myint			
<b>TARGET GROUP</b>	All township hospitals and station hospitals			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>ACTUAL PROGRESS</b>	<b>FUND USED/SOURCE</b>	<b>CHALLENGE/ RECOMMENDATIONS</b>
<b>Output 1: Prepare any necessary procedures for the meeting.</b>				
I.	To prepare agenda and a presentation format for the department and township, station level which include all the information they need or shared.	<p>[June]- (-)</p> <p>[July]- had discussion to develop all the necessary points from township level that needed in Biannual meeting. The official announcement was not issued yet.</p> <p>[August]- The agenda and presentation format was developed.</p>		No major challenges.
II.	To inform all townships of the SMSD biannual meeting and instruct them to compile data for the last six months.	<p>[June]- (-)</p> <p>[July] – (-)</p> <p>[August]- Informed to all township about the SMSD biannual meeting and to compile 6 month hospital data.</p>		No major challenges

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III	To analyse the data from township and station hospitals prior to the meeting.	<p><b>[June]</b>- (-)  <b>[July]</b> – (-)  <b>[August]</b>- (-)  <b>[September]</b>- SMSD analysed the data from township and station hospital in September.</p>		No major challenges.
<b>Output 2: Organize and facilitate the biannual meeting.</b>				
I.	To invite all the township and station hospitals to biannual meeting of SMSD.	<p><b>[June]</b>- (-)  <b>[July]</b> – (-)  <b>[August]</b>- Though the biannual meeting date was fixed and invited to all townships, due to the time limitation of SMSD, the meeting date was postponed.  <b>[September]</b>- invited all township and station hospitals.</p>		No major challenges.
II.	To do any necessary logistical arrangements for biannual meeting,	<p><b>[June]</b>- (-)  <b>[July]</b> – (-)  <b>[August]</b>- (-)  <b>[September]</b>- SMSD prepared all the necessary logistical arrangements.</p>		No major challenges.
III.	To conduct the biannual meeting.	<p><b>[June]</b>- (-)  <b>[July]</b> – (-)  <b>[August]</b>- The date was postponed to coming month.  <b>[September]</b>: SMSD</p>		No major challenges.

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			conducted the biannual meeting in 12 September.		
IV.	To make suggestion / recommendation over the township/station hospital's presentation.		[ <b>June</b> ]- (-) [ <b>July</b> ] – (-) [ <b>August</b> ]- (-) [ <b>September</b> ]- SMSD provided suggestions/solutions for every township/station hospital's request/problems.		No major challenges.
<b>ACHIEVEMENT OF ACTIVITY</b>	<b>OUTCOMES</b>	<b>EXPECTED</b>	Communication and collaboration between SMSD and Township, Station hospitals is improved.		
		<b>ACTUAL</b>	After conducting this biannual meeting, communication and collaboration between SMSD and Township, Station hospitals was improved.		
	<b>OUTPUTS</b>	<b>EXPECTED</b>	1. Prepare for the biannual meeting. 2. Organize and facilitate the biannual meeting. 3. Provide effective feedback, suggestions and recommendations for township and station hospitals.		
		<b>ACTUAL</b>	1. SMSD prepared very well for biannual meeting. 2. SMSD organized and facilitated the biannual meeting successfully. 3. SMSD provided suggestions/solutions for every township/station hospital's request/problems.		
<b>COMMENTS, NOTES AND AOBs</b>		<p>This biannual meeting was the 1<sup>st</sup> time meeting between SMSD and Township/Station hospital. Because of conducting this meeting, SMSD realized the problems/needs of each township/station hospitals and found suggestion/solution together using other hospital's experience.</p> <p>This meeting should be conducted regularly as a routine meeting. ( biannually ).</p>			

4-4 Special Effort 4 (2019年1月～6月)

計画文書

# **THE SPECIAL EFFORT 2019**

## **(January – June 2019)**

**Kayah State Medical Services Department**



## Introduction

Kayah State Medical Services Department developed its first “Special Effort” since from 2017 which was a set of important activities to be implemented in six-month period. The previous special effort plans were successfully completed and enabled us to implement both original and instructed activities more effectively and efficiently with reflecting local context and needs.

This “Special Effort 2019 (phase 1)” is the fourth edition since the first trial, and it complies the prioritized activities to be implemented from January to June 2019.

The Kayah State Medical Services Department will not only focus on improving the service provision, but also on strengthening the capacity of management of the Department. We’re going to use this Special Effort as a tool to practically improve our capacity of planning, implementing, monitoring and evaluation to realize our Mission, Vision and Core values together with all the hospital staffs in Kayah State.





## **(1) MISSION**

**“To coordinate with stakeholders, to provide good guidance to hospitals in Kayah State and to facilitate collaboration among the hospitals for provision of quality medical services”**

Quality of health care is an important element of the right to health. Article 367 of the Constitution of the Republic of the Union of Myanmar says, “Every citizen shall, in accordance with the health policy laid down by the Union, have the right to health care.” Therefore, the health care has to be always with quality.

Quality of health care is a need of people in Kayah. Therefore, as a State Department, we are responsible for ensuring quality of medical services at all hospitals in Kayah.

We have Ministry of Health and Sports, we have townships, we have State Government, we have hospitals, and we are an intermediate entity. We will promote proper coordination with these stakeholders and provide good guidance to the hospitals. This is our mission.

## **(2) VISION**

**“To make hospitals in Kayah State attractive by means of improving both customers’ satisfaction and providers’ satisfaction”**

What do we want to be in the next 5 years? What do we look for? Such a hope, we defined it as “Vision”. We are going to pursue attractiveness of all hospitals in Kayah State both for customers and hospital staff. We’re thinking “attractive hospital” is a keyword as a result of quality medical services.

Therefore, to make hospitals in Kayah attractive, definitely it is necessary to improve satisfaction of customers, patients, and hospital staff. It is totally in line with the six-month plan of Department of Medical Services, Ministry of Health and Sports, which is pursuing customer-friendly hospitals.

### (3) CORE VALUES

We identified our core values to achieve our mission and vision. Keeping these 9 core values in our minds, we spearhead quality medical services in Kayah State.

**Hospitals for all:** We dedicate to establishment of hospitals which contributes to health of all people in the state with a spirit of inclusiveness. Therefore, hospitals will be “your hospitals”.

**Equity:** We devote to establishment of hospitals which provide all patients with quality services, without any discrimination.

**Mutual respect:** We esteem mutual respect between customers and hospital staff, and among the staff, regardless of race, birth, religion, official position, status, culture, sex and wealth.

**Kindness:** We promote kind behaviour towards their customers.

**Accountability:** We aim to be accountable for all stakeholders.

**Professionalism:** We provide the opportunity for hospital staff to upgrade their skills and capacities of medical services.

**Friendly working environment:** We facilitate establishment of working environment comfortable for hospital staff.

**Interactiveness among hospital workers:** We accelerate effective collaboration and communication among hospital staff for ensuring quality medical services.

**Sustainability:** We spearhead sustainability of quality medical services including pursuit of its efficiency.

## ACTIVITY IN THE SPECIAL EFFORT 2019

After reviewing the monitoring and evaluation result of the special effort 2018 ( phase 2 ), the activity 'conducting the Biannual meeting of SMSD' was proven as effective activity for SMSD to realize the real ground situation in township and station hospitals. And also it is a good opportunity to submit requests/problems of the township/station hospitals to SMSD.

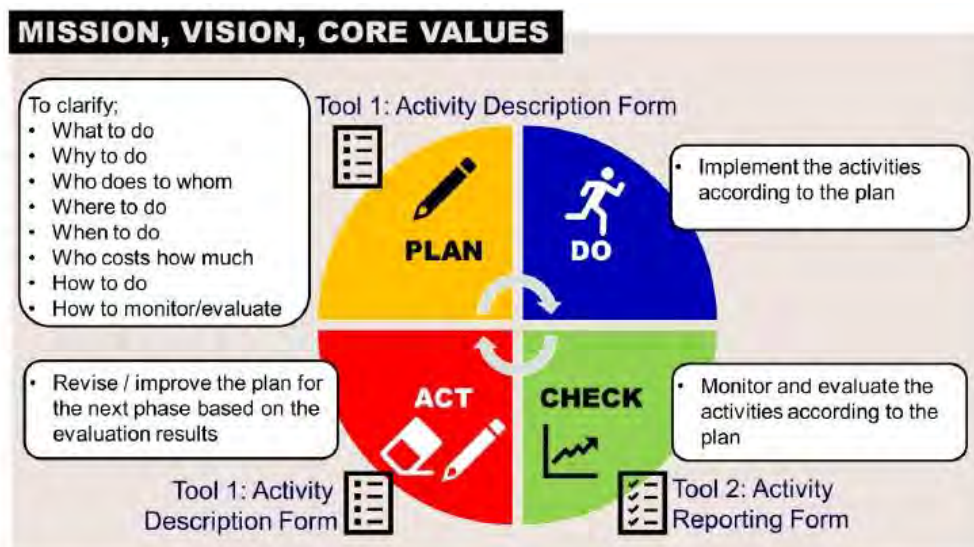
So, SMSD chose this activity as a next special effort and try to adopt this activity as SMSD routine activity.

Activity 1: To conduct Biannual meeting of SMSD to improve coordination and collaboration between SMSD and Township/Station hospitals.

## MONITORING AND EVALUATION

Implementation of the Special Effort is a series of practice of Plan, Do, Check and Act (PDCA) cycle, which is an approach for achieving continuous improvement of process and products by simply following this four-step model.

The staff members of the Kayah State Medical Services Department will monitor and evaluate the activities of Special Effort 2017 (phase 2) with using the Special Effort User's Guide.



Conceptual diagram of the PDCA cycle



*For the attractive hospitals....*

Kayah State Medical Services Department

**Annex 1: Activity Description Form**

<b>NAME OF ACTIVITY</b>		To conduct Biannual meeting of SMSD to improve coordination and collaboration between SMSD and Township/Station hospitals.			
<b>SUPERVISOR</b>		Dr. Khin Maung Yin			
<b>FOCAL PERSONS</b>		Dr. Pyae Phyo Kyaw			
<b>BACKGROUND</b>		SMSD conducted biannual meeting in October 2018 for the first time. This meeting was very useful in exchanging health information between SMSD and township/station hospitals. And also it has positive influence on coordination and collaboration between departments. So, SMSD try to adopt this activity as their own routine activity.			
<b>EXPECTED RESULTS</b>	<b>OUTCOMES</b>	Communication and collaboration between SMSD and Township, Station hospitals is improved.			
	<b>OUTPUTS</b>	1. Prepare for the biannual meeting. 2. Organize and facilitate the biannual meeting. 3. Provide effective feedback, suggestions and recommendations for township and station hospitals.			
	<b>INDICATOR</b>	1. Dissemination of a presentation format for the biannual meeting. 2. Biannual meeting as planned. 3. Suggestions/recommendations/ at the meeting.			
<b>TARGET GROUP</b>		All township hospitals and station hospitals			
<b>NO.</b>	<b>SPECIFIC ACTIVITIES</b>	<b>RESPONSIBILITY</b>	<b>IMPLEMENTATION PERIOD</b>	<b>SITE OF ACTIVITIES</b>	<b>FUNDS REQUIRED /SOURCE</b>
<b>Output 1: Prepare any necessary procedures for the meeting.</b>					
I.	To prepare agenda and a presentation format for the department and township, station level which include all the information they need or shared.	Dr. Pyae Phyo Kyaw	May	SMSD	SMSD
II.	To inform all townships of the SMSD biannual meeting and instruct them to compile	Dr. Pyae Phyo Kyaw	May	SMSD	SMSD

**Kayah State Department of Medical Services  
Special Efforts 2019**

	data for the last six months.				
III	To analyse the data from township and station hospitals prior to the meeting.	Dr. Pyae Phyo Kyaw	May	SMSD	SMSD

<b>Output 2: Organize and facilitate the biannual meeting.</b>					
I.	To invite all the township and station hospitals to biannual meeting of SMSD.	Dr. Pyae Phyo Kyaw	June	SMSD	SMSD
II.	To do any necessary logistical arrangements for this biannual meeting,	Dr. Pyae Phyo Kyaw and SMSD staffs	June (July)	SMSD	SMSD
III.	To conduct the biannual meeting.	SMSD	June (July)	SMSD	SMSD
IV.	To make suggestion / recommendation over the township/station hospital's presentation.	SMSD	In the Biannual meeting	SMSD	SMSD



## 5. ロイコー総合病院の組織理念

### 5-1 組織理念

### 5-2 ローンチイベント関連資料



## **Our Mission Statement, Loikaw General Hospital**

### **1. INTRODUCTION**

In January 2017, the Kayah State Department of Medical Services set their mission, vision and core values, and started the initiative of the “Special Effort” which is a set of prioritized activities to be implemented for a continuous improvement of service quality in the state. As a leading hospital in Kayah State, the Loikaw General Hospital has played a prominent role in realizing the vision and mission of the department. Many activities were initiated in the hospital to improve both customers’ and providers’ satisfaction. Now, we set our mission, vision and core values for ourselves to share the achievements, to continue good practices and to lead the better provisions of quality medical services in the state.

### **2. MISSION, VISION AND CORE VALUES OF THE LOIKAW GENERAL HOSPITAL**

#### **(1) MISSION**

We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.

First of all, as government staff, our fundamental role is to contribute to the quality life of the people in the state. Based on this idea, all the staff of Loikaw General Hospital are required to be united to provide quality medical services for securing the health and well-being of the people in the state. Also, as a state-level general hospital, we cooperate the concerned stakeholders such as departments, local authorities, other health facilities, and community-based organizations in order to establish a better environment in which affordable and timely services for the people can be assured.

#### **(2) VISION**

To become a national-showcase hospital which enjoys desirable level of both customers’ and providers’ satisfaction.

The Loikaw General Hospital pursues the hospital's attractiveness for both customers and providers. And we will become a model of such hospital not only in the state but also all over the nation. We believe that this can be achieved only by all staffs’ continuous practices even with the remitted resources.

#### (4) MOTTO / CORE VALUES

In order to share the fundamental beliefs among our hospital staff, we identified our motto and core values which guide us ideal behaviour in order to achieve our mission/vision.

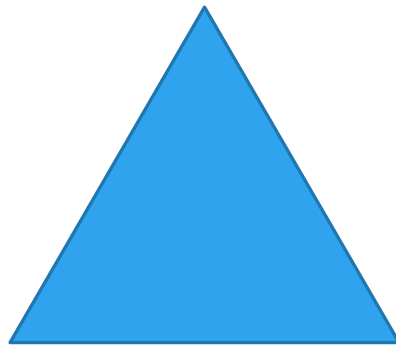
Motto:

**We belong to the state, we serve the state ,we grow with the state**

Core values:

##### **HUMANITY**

We keep mind of kindness, hospitality,  
compassion and empathy



##### **MUTUAL RESPECT**

We cultivate mutual respect with all  
regardless of race, birth, religion,  
official position, status, sex and wealth

##### **PASSION**

We keep passion for work, sustain  
good practices and pursue further  
improvement

## 5-2 ローンチイベント関連資料

### Specialist OPD timetable

Medicine	Tue, Fri	9:00Am – 12:00 PM
Surgery	Tue, Thurs	9:00Am – 12:00 PM
Pediatric	Mon, Wed	9:00Am – 12:00 PM
AN Care	Mon	9:00Am – 12:00 PM
Gynecological care	Wed	9:00Am – 12:00 PM
Orthopedic care	Mon, Thurs	9:00Am – 12:00 PM
Ear, Nose Throat care	Mon to Fri	9:00Am – 12:00 PM
Eye care	Mon, Wed, Fri	9:00Am – 12:00 PM
Dermatology	Mon, Wed, Fri	9:00Am – 12:00 PM
Dental	Mon to Fri	9:00Am – 12:00 PM
Psychiatric	Mon to Fri	9:00Am – 12:00 PM
Rehabilitation	Mon to Fir	9:00Am – 12:00 PM

### Available services

- 24hr Emergency service
- Obstetrics and Gynecological care
- Neonate and pediatric care
- Medical care
- Surgical care
- Orthopedic and traumatic care
- Rehabilitation
- Eye care
- Ear, Nose, Throat care
- Psychiatric care
- Dental care
- Haemodialysis
- Specialist OPD
- Specialist Tour
- Laboratory
- X-ray and CT
- Endoscopy
- Support Basic medicine
- FOC medicine and care to poor patient
- Hospital Diet
- Help and warmly welcome with OPD
- Continuous cleaning of the hospital area
- Dermatology

## Loikaw General Hospital



2018



Contact number- 0832221365

病院のパンフレット。三つ折りにして使用

## 1.INTRODUCTION

In January 2017, the Kayah State Department of Medical Services set their mission, vision and core values, and started the initiative of the “Special Effort” which is a set of prioritized activities to be implemented for a continuous improvement of service quality in the state. As a leading hospital in Kayah State, the Loikaw General Hospital has played a prominent role in realizing the vision and mission of the department. Many activities were initiated in the hospital to improve both customers’ and providers’ satisfaction. Now, we set our mission, vision and core values for ourselves to share the achievements, to continue good practices and to lead the better provisions of quality medical services in the state.

## 2.MISSION, VISION AND CORE VALUES OF THE LOIKAW GENERAL HOSPITAL

### (1) MOTTO / CORE VALUES

#### **Motto:**

**We belong to the state, we serve the state ,we grow with the state**

### (2) MISSION

We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.

### (3) VISION

To become a national-showcase hospital which enjoys desirable level of both customers’ and providers’ satisfaction.

### Core Values

#### HUMANITY

We keep mind of kindness, hospitality, compassion and empathy



#### MUTUAL RESPECT

We cultivate mutual respect with all regardless of race, birth, religion, official position, status, sex and wealth  
compassion and empathy

#### PASSION

We keep passion for work, sustain good practices and pursue further improvement

Design 1

Front



Back

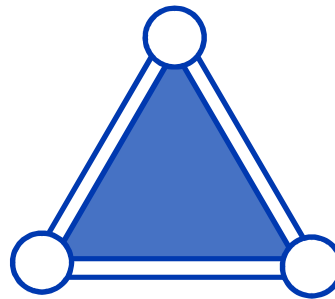




# လွိုင်ကော်ပြည်သူ့ဆေးရုံကြီး၏ ရပ်တည်မှု၊ ရည်မှန်းချက် နှင့် ဆောင်ပုဒ်

' We belong to the State, we serve the State, we grow with the State. '

လူသားအချင်းချင်း စာနာထောက်ထားမှု



အပြန်အလှန် လေးစားမှု ရှိခြင်း

ဝါသနာ၊ ဇွဲ၊ လုံ့လ၊ ဝီရိယ

## နိဒါန်း

ကယားပြည်နယ်ကုသရေးဦးစီးဌာနသည် ကယားပြည်နယ်အတွင်းရှိ ကျန်းမာရေးစောင့်ရှောက်မှုလုပ်ငန်းများ အရှိန်အဟုန်ဖြင့်တိုးတက်လာစေရေး အတွက် မိမိဌာန၏ ရပ်တည်မှု၊ ရည်မှန်းချက်နှင့် ဆောင်ပုဒ်များကို ၂၀၁၇ခုနှစ် ဇန်နဝါရီလတွင် ချမှတ်ခဲ့ ဦးစားပေးလုပ်ငန်းစဉ်များ ပါဝင်သည့် အထူးကြိုးပမ်းမှု ( Special effort ) ကို စတင်အကောင်အထည်ဖော်ဆောင်ရွက်လျက်ရှိပါသည်။

လွိုင်ကော်ပြည်သူ့ဆေးရုံကြီးသည် ကယားပြည်နယ်တစ်ခုလုံး၏ အဓိက အရေးပါသော ဆေးရုံကြီး ဖြစ်သည့် အားလျော်စွာ အထူးကြိုးပမ်းမှုလုပ်ငန်းစဉ်များတွင် အရေးကြီးသောအခန်းကဏ္ဍမှ ပါဝင်ပါသည်။

လွိုင်ကော်ဆေးရုံသို့လာရောက်ပြသကုသမှုခံယူသည့်လူနာများနှင့်ဆေးရုံမှ ကျန်းမာရေးဝန်ထမ်းများ၏နှစ်ဦးနှစ်ဘက် စိတ်ကျေနပ်မှု ရရှိစေရေးအတွက် လုပ်ငန်းစဉ်များ စတင်အကောင်အထည်ဖော်ဆောင်ရွက်ခဲ့ပါသည်။

ယခုအခါတွင် လွိုင်ကော်ပြည်သူ့ဆေးရုံကြီး၏ ရလဒ်ကောင်းများ မျှဝေရန်၊ လက်ရှိကျင့်သုံးနေသော အလေ့အကျင့်ကောင်းများကို ဆက်လက်ကျင့်သုံးထိန်းသိမ်းထားရှိရန် နှင့် ပိုမိုကောင်းမွန် ၍ အရည်အသွေးပြည့်ဝသည့် ကျန်းမာရေး ဝန်ဆောင်မှုများကို ဖြည့်ဆည်းပေးရန်အတွက် ကျွန်ုပ်တို့သည် မိမိဆေးရုံ၏ ရပ်တည်မှု၊ ရည်မှန်းချက် နှင့် ဆောင်ပုဒ်များကို ချမှတ်၍ အကောင်အထည်ဖော်ဆောင်ရွက်လျက်ရှိပါသည်။

## ရပ်တည်မှု

ကယားပြည်နယ်တစ်ခုလုံးတွင် ထိရောက်သောကျန်းမာရေးစောင့်ရှောက်မှုများဖြည့်ဆည်းပေးခြင်း၊ သက်ဆိုင်ရာဌာန/အဖွဲ့အစည်းအသီးသီးနှင့် အချိတ်အဆက်မိမိ ပူးပေါင်းဆောင်ရွက်ခြင်းအားဖြင့် ပြည်သူများ၏လူနေမှုဘဝ တိုးတက်ကောင်းမွန်စေရေးအတွက် စိတ်ပါဝင်စားတက်ကြွစွာ ဆောင်ရွက်ခြင်း။

## ရည်မှန်းချက်

လူနာများနှင့်ဆေးရုံဝန်ထမ်းများ၏ စိတ်ကျေနပ်မှု ရရှိစေသည့် မြန်မာနိုင်ငံဆိုင်ရာ ပြုယုဂ် ဆေးရုံ တစ်ရုံ ဖြစ်လာစေရန်။



## 6. ロイコー総合病院の掲示板の内容（英訳）





## Message from MS

May, 2018

Welcome to the Loikaw General Hospital. My name is Dr. Ye Myint Aung, a medical superintendent of the hospital. Today, I would like to introduce our hospital and its policy to all who are kindly reading this.

### Who we are...

The Loikaw General Hospital was established in 1964. Since then, the hospital has played a prominent role to provide quality medical services for the people in the state. In 2016, our hospital was upgraded to the 500 hundred bedded, and we had new hospital buildings in 2017.

### What we aim for...

As the leading hospital in the state, we aim to be a model of the “attractive hospital” which enjoys desirable level of both customers’ and providers’ satisfaction. In order to share this idea with all hospital staff, we developed our mission, vision, core values and motto. (please see the posters beside) All of our hospital staff are required to understand these principles and make utmost daily effort to achieve them.

### Power of diversity

Diversity and inclusiveness are the key for the hospitals’ future. We take our diversity into account as we grow towards our goal. We shall encourage each staff to bring ideas, thoughts, enthusiasm and passions, and we put them together to improve our problem solving, productivity, quality and most importantly meeting the need of our customers.

### “Actions speak louder than words”

As the saying goes, it is most important to take real actions to achieve our mission and vision. We have initiated many unique activities targeting both customers and provides. We continue making our effort to implement the well planned and evidence-based activities, followed by successful mentorship and strong leadership.

Lastly, I would like to appreciate our staffs’ hard work and customers’ kind supports to the hospital. We will pursue the attractiveness of the hospital with the motto in our minds, that is “We belong to the state, we serve the state, we grow with the state”.

Thank you very much.

Dr. Ye Myint Aung  
Medical Super Intendent,  
Loikaw General Hospital

# OUR MISSION

**We are dedicated to improving the quality of life of the people in the state through providing competent medical services and cooperating concerned stakeholders.**

First of all, as government staff, our fundamental role is to contribute to the quality life of the people in the state. Based on this idea, all the staff of Loikaw General Hospital are required to be united to provide quality medical services for securing the health and well-being of the people in the state. Also, as a state-level general hospital, we cooperate the concerned stakeholders such as departments, local authorities, other health facilities, and community-based organizations in order to establish a better environment in which affordable and timely services for the people can be assured.

Loikaw General Hospital

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# OUR VISION

**To become a national-showcase hospital which enjoys desirable level of both customers' and providers' satisfaction.**

The Loikaw General Hospital pursues the hospital's attractiveness for both customers and providers. And we will become a model of such hospital not only in the state but also all over the nation. We believe that this can be achieved only by all staffs' continuous practices even with the remitted resources.

# OUR MOTTO/CORE VALUE

In order to share the fundamental beliefs among our hospital staff, we identified our motto and core values which guide us ideal behaviour in order to achieve our mission/vision.

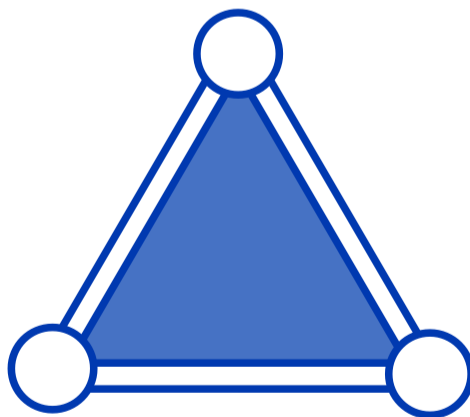
## Motto

**We belong to the state,  
we serve the state and  
we grow with the state**

## Core value

### **HUMANITY**

We keep mind of kindness, hospitality,  
compassion and empathy



### **MUTUAL RESPECT**

We cultivate mutual respect  
with all regardless of race, birth,  
religion, official position, status,  
sex and wealth

### **PASSION**

We keep passion for work,  
sustain good practices and  
pursue further improvement

Loikaw General Hospital

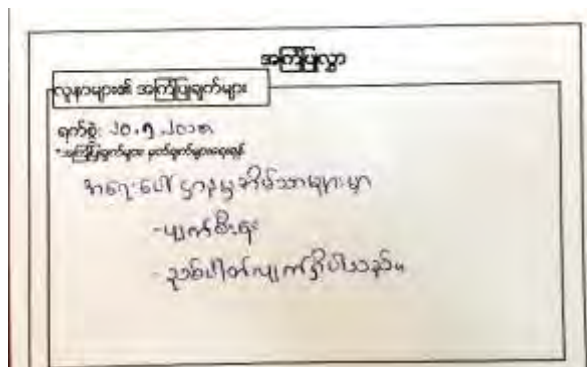
We belong to the state, we serve the state, we grow with the state

# Please give us your Suggestion

The Loikaw General Hospital is pursuing better services which meet the needs of the customers.

Therefore, your suggestion is very much important for us to improve our services.

If your time is allowed, please fill in the suggestion paper as the below example shows and put it in the Suggestion box.



Example

We are going to carefully read your suggestions and take necessary actions in the future. Some of our answers to your suggestion will be put on this information board so that both hospital staff and customers know what suggestions are raised, and what counter measure will be taken by the hospital.

Please be noted that not all the suggestions can be tackled due to limitation of our resources, but we are definitely going to consider your suggestions as much as possible.

Please help us to make our hospital better.

Thank you very much.

Dr. Ye Myint Aung  
Medical Superintendent  
Loikaw General Hospital

## Suggestion Paper

Suggestion from Customer

DATE: \_\_\_\_\_

*\*Please write your suggestion, comment and/or message to our hospital here*

Answer from hospital

DATE: \_\_\_\_\_

*\* Please leave this part blanc. The hospital will write the answer to your suggestions here..*

Answered by: \_\_\_\_\_

**The Loikaw General Hospital**

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## Suggestion Paper

Suggestion from Customer

DATE: \_\_\_\_\_

*\*Please write your suggestion, comment and/or message to our hospital here*

Answer from hospital

DATE: \_\_\_\_\_

*\* Please leave this part blanc. The hospital will write the answer to your suggestions here..*

Answered by: \_\_\_\_\_

**The Loikaw General Hospital**

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