

**Republic of the Union of Myanmar  
Ministry of Health and Sports**

**PROJECT COMPLETION REPORT  
ON  
THE HEALTH SYSTEM  
STRENGTHENING PROJECT  
IN THE REPUBLIC OF THE UNION  
OF MYANMAR**

**DECEMBER 2018**

**JAPAN INTERNATIONAL COOPERATION  
AGENCY (JICA)**

<b>HM</b>
<b>JR</b>
<b>18-072</b>



**Republic of the Union of Myanmar  
Ministry of Health and Sports**

**PROJECT COMPLETION REPORT  
ON  
THE HEALTH SYSTEM  
STRENGTHENING PROJECT  
IN THE REPUBLIC OF THE UNION  
OF MYANMAR**

**DECEMBER 2018**

**JAPAN INTERNATIONAL COOPERATION  
AGENCY (JICA)**



## The Project Completion Report

**Project Title: Health System Strengthening Project**

**Name: Dr. Thar Tun Kyaw**

**Title: Project Director**

**Name: Naoko Ito**

**Title: Coordinator, Nay Pyi Taw team**

**Name: Chiharu Abe**

**Title: Leader, Kayah team**

**Submission Date: 31 October 2018**

### **I. Basic Information of the Project**

#### **1. Country**

The Republic of the Union of Myanmar

#### **2. Title of the Project**

The Health System Strengthening Project

#### **3. Duration of the Project**

Four (4) years from November 2014 to November 2018

#### **4. Background**

As of 2014, Myanmar had begun to formalize and translate the Universal Health Coverage (UHC) concept into concrete policy actions. The Ministry of Health (Currently, Ministry of Health and Sports) had set an ambitious target at reducing maternal and infant mortality rates to achieve the Millennium Development Goals (MDGs) by significantly increasing the total government spending on health, which includes large capital investments in health infrastructures and expenditure on medicines.

While the government of Myanmar had demonstrated its commitment in the health sector, the achievement of UHC would be a long road ahead. The total health expenditure and government health expenditure in Myanmar were among the lowest in South East Asia, and its population carried an extremely high financial burden for health services. In order to achieve the UHC, a substantial health reform in financing, regulation and service delivery was urgently needed,

along with administrative capacity building at the national, state/regional, and local level.

Facing the challenges on health system development, the Ministry of Health had requested Japan International Cooperation Agency (JICA) for a technical cooperation project to strengthen the health system in Myanmar. With this regard, the Health System Strengthening Project was commenced to enhance the capacity in health policy formulation, planning, and administration and in delivering healthcare services at the central and state/regional levels.

The Project has two JICA expert teams, namely Nay Pyi Taw team and Kayah team. The Nay Pyi Taw team was located in Nay Pyi Taw and conducted the activities of output 1 with the central level of MoHS. The Kayah team was based in Kayah State and implemented the activities of output 2 and 3 with the Kayah State Departments of Public Health and Medical Services.

## **5. Overall Goal and Project Purpose**

### **(1) Overall Goal**

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.

(See Annex 1-1)

### **(2) Project Purpose**

Capacities in health plan management are strengthened at the central level and the target state toward the achievement of UHC.

(See Annex 1-1)

## **6. Implementing Agency**

Department of Public Health (DoPH) and Department of Medical Services (DoMS), Ministry of Health and Sports (MoHS)

Kayah State Department of Public Health and Department of Medical Services

## **II. Results of the Project**

### **1. Results of the Project**

1-1 Input by the Japanese side

#### **(1) Dispatch of Experts**

The Japanese side assigned a total of 27 experts. 10 experts were based in Nay

Pyi Taw (four long-term experts and six short-term experts), while 17 short-term experts were dispatched to the Kayah State. (See Annex 1-2)

(2) Number of Participants in the Knowledge Co-Creation Program

The Japanese side conducted four Knowledge Co-Creation Programs (KCCP) in Japan. A total of 26 MoHS officials participated in the KCCPs during the Project period. (See Annex 1-3 (2))

(3) Provision of Equipment

The Japanese side provided a vehicle, office materials and equipment for training. The total amount of the provided equipment is approximately 46,000 USD. (See Annex 1-4)

(4) Cost of Operation

The Japanese side has input a total amount of 124 million JPY for the operation of the project activities by the end of September, 2018. This amount includes the expenses for labour cost of project staff, implementation of trainings, transportation, maintenance of equipment, consumables etc. (See Annex 1-5)

1-2 Input by the Myanmar side

(1) Assignment of Counterparts

Throughout the entire project period, one Director General of the MoHS has served as the Project Director as well as the Chairperson of the Joint Coordinating Committee (JCC), which meeting was regularly held every year. The JCC members consisted of representatives of MoHS's departments concerned, and these departments' responsible officers were invited to respective JCC meetings according to the latest PDM. Besides the Project Director, Project Managers were served by Deputy Director Generals of the DoPH and the DoMS. For the Nay Pyi Taw team, officers of the central MoHS and Medical Record Technicians (MRTs)<sup>1</sup> were assigned as counterparts to conduct trainings and the other activities of the project. In Kayah State, Directors of the State Departments of Public Health and Medical Services, and Medical Superintendent of Loikaw General Hospital were appointed as the main

---

<sup>1</sup> A Medical Record Technician (MRT) collects the medical records from all the wards of the hospital, transfers the data from medical record using coding skill into computer based record system, prepares the report to submit the central offices, and keeps medical records by systematic filing system at the hospitals.

counterparts. In addition, depending on respective contents of the project activities in Kayah State, a sufficient number of counterparts were assigned.

(See Annex 1-3)

#### (2) Offices and Training Facilities

For short-seminars as part of project activities in Nay Pyi Taw, meeting rooms of DoMS and DoPH were regularly used. In Kayah State, a project office has been provided inside the State Department of Public Health since project's inception, and project's trainings and meetings were conducted at hospitals and other MoHS facilities in Kayah State.

#### (3) Other inputs

At the central level, transport costs to/from the training venue in Nay Pyi Taw for 559 MRTs and trainers were shouldered by the MoHS. The MoHS also arranged necessary original textbooks regarding ICD codes and medical terminology for the MRT trainings. In 2017 when the project was on-going, the MoHS provided computers to more than 83 hospitals, where MRTs have been assigned and allowed to use one computer solely for their duties.

In the target state (Kayah), most costs of the hospital-based activities were born by the Myanmar side. The cost of transportation and allowance for the trainings and meetings were nearly halved by both sides.

#### 1-3 Activities (Planned and Actual)

The project activities in both Nay Pyi Taw and Kayah were implemented mostly as described in the PDM (PDM Ver. 3) and its Plan of Operation (PO) without significant delay.

(See Annex 1-1)

Modifications compared to the initial plan are described in "3. History of PDM Modification".

The planned and actual activities are shown in Table 1.



Table 1: Result of the Activities

Output 1: Institutional capacity of MoHS to collect, compile, analyze and utilize the data for health plan management is strengthened.	
Planned	Actual
1-1. To conduct a situation analysis on management of the National Health Plan.	The Project analysed the health plan administration and management, as well as organized a panel discussion at the Myanmar Health Forum.
1-2. To conduct a situation analysis on the hospital data management and utilization.	The Project analysed the hospital data management situation through the intensive discussion and meetings with concerned officials of DoMS and DoPH.
1-3. To conduct effective refresher trainings for the existing MRTs with the training of the trainers	A total of 175 existing MRTs from 105 hospitals have been trained with seven trainings from May 2017 to March 2018. The duration of each training was 12 days. Follow up visits to the ex-MRT training participants were conducted by DoMS and the Project in April to Nay Pyi Taw union territory, May to Magway region, August to Tanintharyi region and September to Northern-Shan state in 2018. A completion report of the refresher training was compiled by the project.
1-4. To conduct in-service trainings for the newly recruited MRTs for strengthening hospital data management at the state/regional level.	A total of 384 newly recruited MRTs 162 hospitals from hospitals have been trained with 12 trainings from September 2017 to October 2018. The duration of each training was 15 days. The Project training team modified the curricula and teaching style in order to adjust for the newly recruited young MRTs, for instance; added 5-10 mins break after each lecture for their concentration, game session for better memorising of medical terminology, hospital visit to learn actual MRT working situation, and so on.
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.	KCCP were conducted four times within the Project period. All planned KCCP have been conducted as scheduled. Among a total of 30 short-seminars during the Project period, 7 seminars were regarding hospital data analysis and utilization.
1-6. To compile and analyze data coming from hospitals at a selected area and make a report.	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 hospital data analysis was completed as the training exercises by the advance level MRTs along with the MoHS central officers.
1-7. To review the current situation on health planning and management at the state/regional level.	A booklet on "Review of State/Region health plan management" has been issued both in English and Myanmar (relation to Activity 2-1). It was distributed to the State/Regional health offices through the NIMU's organized

	meeting in Kayah. The booklet has been uploaded on the MoHS website.
1-8. To introduce the management manuals developed by Expected Output 2 and 3 to other states/regions.	Kayah team introduced their activities in two short seminars at DoMS and DoPH. Central officials visited Kayah for a 5S introductory seminar. 19 MRT trainers from 5 states and regions and 8 central DoMS officials including DyDG visited Loikaw general hospital for retreat, and observed 5S activities conducted in medical record department.
1-9. To organize the occasions to share internal/external experiences on HSS in MoHS.	A series of 30 short seminars were conducted at DoMS and DoPH within the Project period.
Output 2:	Kayah state health plan is managed (planned, implemented, monitored and evaluated) based on the manual which is developed by the project.
Planned	Actual
2-1. To review the current situation of the state health plan in Kayah	Reviews on the State/Regional Health Plans were conducted in Kayah, Ayeyarwaddy, Magway in 2016.
2-2. To review the current tools of monitoring and evaluation of the state health plan in Kayah	Ditto
2-3. To draft a management manual of the state health plan	The Special Effort: User's Guide was drafted in January 2017
2-4. To manage (plan, implement and monitor/evaluate) the state health plan based on the draft manual	The Users' Guide which includes the activity description form and activity M&E form was developed and utilized in the management of the Special Effort 2017 (Phase 1 and Phase 2) and Special Effort 2018 (Phase 1 and Phase 2). The Users' guide and forms were revised while the trial usage.
2-5. To finalize the management manual of the state health plan and introduce the management manual to other states/regions	The Special Effort: User's Guide was finalized in August 2018. Experiences of the effective health plan management through the Special Effort as well as its manual were widely introduced to the other states/regions. (See table 5 4.)
Output 3:	The activities on improving health service delivery are integrated into the state health plan in Kayah.
Planned	Actual
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	The service delivery review at Township Hospitals and Station Hospitals in Kayah was conducted in 2015.
3-2. To strengthen the capacity of the state to manage (plan, implement and monitor/evaluate) training programs for health staff in Kayah	Implementation and management skill were strengthened through the project's support on the Newborn care and Management (2015), and Basic Emergency Obstetric and Newborn Care (2016).  [Improved Clinical Experiences for Assistant Surgeons (AS)] The checklist and handbook were developed to monitor the progress of experience of AS

	<p>of the Loikaw General Hospital at a department.</p> <p>[Improvement of CNE] CNE Management Guide was developed for the further improvement of CNE in the Loikaw General Hospital.</p>
<p>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</p>	<p>[Improved Health Education] The project supported Paediatrics and OBGY departments of the Loikaw general Hospital to provide better health education to the clients. The approach of the Enter-Education was introduced to facilitate the communication between service provides and clients. The Enter-Education was demonstrated in the Kayah Festival in 2017 and 2018.</p>
<p>3-4. To strengthen the capacity to manage the activities on improving the health service delivery in the state</p>	<p>Variety of the activities on improving the health service delivery were introduced in Kayah state. These activities were integrated into the Special Effort and managed with using its management manual.</p> <p>[5S-KAIZEN (CQI) -TQM<sup>2</sup>] The 5S team was formulated in the Loikaw General Hospital and the implementation manual was developed. The activity was expanded to the township hospitals in Kayah state by the State Department of Medical Services. Also, basic concept of the 5S-KAIZEN-TQM was introduced in the basic nursing course of the Loikaw Nursing and Midwifery School.</p> <p>[Infection Prevention Control (IPC)] The IPC checklist for monthly IPC supervision was developed in the Loikaw General Hospital.</p> <p>[Receptionist Training] A Trainings for receptionists on the attitude of warm welcoming was conducted in 2017.</p> <p>[Central Pharmacy Supply System] The new system of drug supply system in The Loikaw General Hospital was established.</p> <p>[Leadership/Management Training] Trainings on leadership and management for the senior level hospital staff were conducted in 2018 with inviting Myanmar Medical Association (MMA) and Myanmar Medical Council (MMC).</p>

<sup>2</sup> 5S: "Sort", "Set", "Shine", "Standardize", "Sustain". CQI: Continuous Quality Improvement, TQM: Total Quality Management

	Also, a training on leadership for senior nurses was conducted with inviting Myanmar Nursing and Midwifery Association (MNMA).
3-5. To integrate the activities on improving the health service delivery into the state health plan	The activities on improving the health service delivery were integrated into the Special Effort of the Kayah State Department of Medical Services and the Loikaw General Hospital.

## 2. Achievements of the Project

### 2-1 Outputs and indicators

#### (1) Output 1

Since all the indicators for the Output 1 have been attained, the achievement level is high.

The project supported DoPH and DoMS to conduct activities mainly in relation to strengthening of hospital information system. A total of 559 MRTs participated in technical trainings and developed their capacity on medical record management. Moreover, four times of KCCP and 30 times of short-seminars were conducted for strengthening of the capacity of MoHS officials especially on health information management. In addition, a booklet of "Review of State/Region Health Plan" was issued. In order to facilitate possible impacts related to the Review towards the betterment of health plan management, the Review booklets were shared in focused states/regions.

Table 2: Achievements of output 1

Output 1:	Institutional capacity of MoHS to collect, compile, analyze and utilize the data for health plan management is strengthened.	
Objectively verifiable indicators	Achievement level and progress	
1-1. All the existing Medical Record Technicians (MRTs) complete the refresher training on hospital information system. (Estimate Total Number: 200 MRTs)	As of March 2018, 175 existing MRTs participated in the refresher trainings. According to DoMS, there are no other qualified MRTs yet to receive the training.  <u>As the indicator has been achieved 100%,</u> achievement level is "High"	
1-2. The number of the newly recruited MRTs who have completed the training on hospital information system. (Target Number: 300 MRTs)	As of October 2018, 384 newly recruited MRTs participated in the trainings.  <u>As the indicator has been achieved 128 %,</u> achievement level is "High"	
1-3. Review of State/Region health plan management is finalized.	The Review of both English and Myanmar version was finalized.  <u>As the indicator has been achieved 100%,</u> achievement level is "High"	
1-4. The number of KCCP and seminars at MoHS	All the scheduled KCCP (4 times) and short-seminars (30 times) were conducted as planned.  <u>As the indicator has been achieved</u>	

	<u>100%.</u> achievement level is “High”
--	---------------------------------------------

(2) Output 2

Since all the indicators for the Output 2 have been attained, the achievement level is high.

The project supported Kayah State Department of Medical Services to develop its health plan so called “Special Effort”, which is a set of prioritized activities to be implemented towards achieving the departments’ mission and vision within six-month period. The department developed its first Special Effort in January 2017 and now the forth Special Effort is being implemented. The manual of the Special Effort so called “Special Effort: User’s Guide” was also developed and this has been used to manage the Special Effort.

The project has supported the Loikaw General Hospital to develop and manage its Special Effort since April 2018.

Table 3: Achievements of Output 2

Output 2:	Kayah state health plan is managed (planned, implemented, monitored and evaluated) based on the manual which is developed by the project.	
	Objectively Verifiable Indicators	Achievement level and progress
	2-1 By the end of the project, the state health plan and its management manual are developed.	The Special Effort and its management manual of the Kayah State Department of Medical Services and the Loikaw General Hospital were developed.  <u>As the indicator has been achieved</u> <u>100%.</u> <u>achievement level is “High”</u>

(3) Output 3

Since all the indicators for the Output 3 have been attained, the achievement level is high.

The activities on improving health service delivery such as Enter-Education, 5S-KAIZEN-TQM, Infection Control and Prevention, receptionist training, Leadership/Management Training, were integrated into the Special Effort and managed by using the User’s Guide.

Table 4: Achievements of Output 3

Output 3:	The activities on improving health service delivery are integrated into the state health plan in Kayah.	
	Objectively Verifiable Indicators	Achievement level and progress
	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>The activities on improving health service delivery were integrated into the Special Effort of the Kayah State Department of Medical Services and the Loikaw General Hospital, and these activities are managed (planned, implemented and monitored/evaluated) by using the User's Guide.</p> <p><u>As the indicator has been achieved 100%, achievement level is "High"</u></p>

## 2-2 Project Purpose and indicators

The achievement level for the Project Purpose is high as its indicators for the central and state level have been achieved.

Capacities in health plan management were strengthened at the central level and the target state (Kayah) towards the achievement of UHC.

At the central level, the capacities in health plan management, especially in the hospital information management and utilization, have been strengthened in terms of following points. The submitted hospital reports in e-data have been increased nationwide and all these reports entail ICD-10<sup>3</sup> codes. Utilizing the e-data of hospital reports, a study proposal<sup>4</sup> was developed by MoHS officials mainly ex-participants of the KCCP. Also, a report of hospital data analysis exercises was prepared by the MoHS participants of special lectures on data visualization. While the Project supported the MoHS staff including MRTs to become able to engage in large e-data utilization and analysis, the MoHS also started the Health Informatics bachelor course for equipping the graduates with comprehensive health information management capacity. It is planned that these technically equipped personnel would be dispatched to the state/regional level in the future.

<sup>3</sup> ICD-10: International Statistical Classification of Diseases and Related Health Problems 10th Revision.

Source: <http://apps.who.int/classifications/icd10/browse/2016/en>

<sup>4</sup> The study aims to clarify the difference in "Length of Stay" among hospitals with similar functions for the same diagnostic categories (same ICD-10 codes) in Myanmar. The result would be an entry point to make this country's clinical services further satisfying to patients and efficient to hospitals.

At the state level, capacities in health plan management were strengthened through the practice of the Special Effort. For the Kayah State Department of Medical Services, development of its mission, vision and core values was a good trigger to recognize the purpose of having “health plan”. With the clear direction, the department and its hospitals became able to take the actual local needs and those countermeasures into account when developing their action plans. Such positive changes and good practices of the management of the Special Effort as well as its activities were widely introduced to both central and other states/regions.

Table 5: Achievement of the project purpose

Project purpose:	Capacities in health plan management are strengthened at the central level and the target state toward the achievement of UHC.	
Objectively Verifiable Indicators	Achievement level and progress	
1. The number of hospitals which can submit the e-data of hospital report increases. (Target: 83 hospitals with 200 beds and above)	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.  <u>As the indicator has been achieved 100%, achievement level is “High”</u>	
2. At least one report of hospital data analysis at a sample area is developed.	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.  <u>As the indicator has been achieved 100%, achievement level is “High”</u>	
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.	The following Special Efforts have been managed with using the manual (The Special Effort: User's Guide) in Kayah State.  [State Department of Medical Services] - Special Effort 2017 (Phase 1) - Special Effort 2017 (Phase 2) - Special Effort 2018 (Phase 1)	



	<p>- Special Effort 2018 (Phase 2)</p> <p>[Loikaw General Hospital]  - Special Effort 2018 (Phase 1)  - Special Effort 2018 (Phase 2)  The manual was revised several times to be more user-friendly.</p> <p><u>As the indicator has been achieved 100%, achievement level is "High"</u></p>
<p>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>Effective health plan management through the Special Effort and its activities were introduced in the observation visits to the Kayah State, exchange visits to the other states/regions, and concerned meetings/conferences.</p> <p>[Observation Visits to Kayah]  Aug 2017: Health delegates from Rakhine  Oct 2017: Union Minister for Health and Sports  May 2018: Health delegates from Magway, Shan (North) and DoMS of central MoHS  Jun 2018: Health delegates from Ayeyarwady, Tanintharyi, DoMS of central MoHS and the Hospital Administration Society of Myanmar Medical Association  Sep 2018: Deputy Director General of Medical Services  Oct 2018: Presidents of MMA, MMC and MNMA.</p> <p>[Exchange visits to the other state/regions]  Feb 2018: Hlaing Thar Yar General Hospital  Jun 2018: Hlaing Thar Yar General Hospital  Jul 2018: Dawei General Hospital  Aug 2018: Lashio General Hospital</p> <p>[Meetings/conferences]  Feb 2018: Short Seminar at Department of Public Health (Nay Pyi Taw)  Feb 2018: Short Seminar at Department of Medical Services (Nay Pyi Taw)  Jun 2018: Monthly Meeting of the Hospital</p>

	<p>Administration Society, Myanmar Medical association</p> <p><u>As the indicator has been achieved 100%, achievement level is "High"</u></p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------

### **3. History of Project Design Matrix (PDM) Modification**

#### **3-1 PDM Ver. 0 (Approved in July 2014)**

Based on the result of the Detailed Planning Survey on the Project which was conducted in April 2014, the PDM Ver. 0 was developed.

#### **3-2 PDM Ver. 1 (Approved in July 2015)**

A situational analysis was conducted after the commencement of the Project to fine-tune the PDM with considering the current situation and environment surrounding the Project. Especially, the Project Purpose was amended to focus more on the National Health Plan (NHP) management rather than the Essential Health Package (EHP) in consideration of the progress of EHP development and change of needs for the Project by MoHS. Also, activities under the three outputs were modified according to the actual needs and reformation of the structure of health departments in both central and state/regional level.

#### **3-3 PDM Ver. 2 (Approved in July 2016)**

The statements of the Overall Goal and Project Purpose in the previous PDM Ver.2 were raised to another notch, parallelly under the Super Goal and Overall Goal in order to clarify the pathway of the Project's contribution towards the achievement of UHC in Myanmar. Accordingly, the new Project Purpose was set to emphasise the importance of capacity development in health plan management in both central and state/regional level. The activities under the three outputs were slightly modified and new activities were added with considering the progress of the Project activities.

#### **3-4 PDM Ver. 3 (Approved in December 2017)**

The formulation of the NHP and its management structure was set with support from other development partners. Therefore, the Project shifted its focus onto the health plan management by strengthening the hospital data management especially at the central level. Hospital data is an important evidence to formulate health policies and plans as well as to maintain a good management of its implementation. NHP stresses the promotion of data culture for evidence-based decision making and the importance of establishing more integrated and expanded Health Information System. With this regard, trainings on hospital information management for MRTs were added as the Output 1 activities. Whereas the activities under Output 2 and 3 were remained the same.

### **III. Results of Joint Review**

#### **1. Results of Review based on DAC<sup>5</sup> Evaluation Criteria**

##### **1-1 Relevance**

Implementation of the Project was relevant from the aspects of consistency with development needs and appropriateness of the approach.

According to the Myanmar Development Assistance Policy of 2018, Health Sector is one of the 10 priority sectors in alignment with Sustainable Development Goals (SDGs). As the Health Sector coordination group must be set according to the Policy, the Myanmar Health Sector Coordinating Committee (MHSCC) has been organized and chaired by the MoHS.

At the MoHS central level, the formulation and implementation of NHP has been the highest priority. The MoHS has committed to achieve the UHC by 2030 while strengthening the country's health system. In this connection, the Project selected an approach to strengthen health information system for health plan management. In particular, the Project focused on capacity development for hospital data management and utilization, which is categorized as the Output 1. This focus is quite relevant to the MoHS's Strategic Action Plan for Strengthening Health Information System for 2017-2021, in which Hospital Information is the priority of the 12 strategic areas and the area's expected outcomes are closely linked with the indicators of the Project.

At the state level, prior to consideration of "state health plan", the Project found it necessary to clarify role and responsibility of health administrative bodies at the state/regional level, which were not clear. They were cornerstones of why the state/regional departments have to have a plan: why they exist (mission), what they should look for (vision) and what are their guiding principles (core values)? In this context, the Project supported health departments of Kayah State to clarify their statements of mission, vision and core values which are in line with the policies/instructions from the central level. The Special Effort was their own health plan that reflected their needs towards their mission and vision under their core values, and the Project supported the counterparts of Kayah state flexibly to deal with the needs. The Special Effort activities like 5S-KAIZEN-TQM, infection prevention and control, receptionist training and development of a handbook of

---

<sup>5</sup> The Organization for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) is a unique international forum of many of the largest funders of aid, including 30 DAC Members.

improved clinical experiences for Assistant Surgeons were all in line with the mission, vision and core values.

The trial of the Special Effort has given indication of improvement of management capacity of health plan, and concurrently, the importance of state/regional level health plan was widely recognized in Myanmar. Therefore, the Project's approach was highly relevant towards achieving the set impact.

## **1-2 Effectiveness**

Effectiveness is evaluated "high" because the Project Purpose is achieved as stated in 2-2 and that this achievement is confirmed to be caused by the implementation of the Project.

### **(1) Output 1**

As for the level of achievement of Output 1 and the Project Purpose, it was effective.

The Project Purpose indicators related to the Output 1 have been attained as shown in II. 2-2. Owing to the MRT trainings, the e-reporting hospitals increased dramatically from 22 hospitals in May 2017 to 143 hospitals in September 2018<sup>6</sup>. One report of hospital data analysis has been carried out by MoHS officials who participated in the FY2017 KCCP while another report of hospital data analysis was completed as the training exercises by the advance level MRTs along with MoHS central officials.

Capacity-development activities such as KCCPs, short-seminars, MRT trainings successfully produced the Output 1 having involved a large number of MoHS officials at the different level. As the Output 1 focused on hospital data collection, compilation, analysis and utilization, the MoHS central office's entire information management has been boosted.

### **(2) Output 2 and 3**

The Project was highly effective in terms of the level of achievement of Output 2, 3 and Project Purpose.

As already described in the previous chapter, the User's Guide of the Special Effort, which is "the manual on management of state level health plan" developed by the Project, is being used with modification three times. Practice of

---

<sup>6</sup> Refer to the Table 5.

the Special Effort in Kayah State was also constantly reported to MoHS by counterparts of the state as well as project experts, and that resulted in observation visit from other states and regions in August 2017, May and June 2018. Therefore, the indicator 3 and 4 of the Project Purpose were fully achieved as a result of project activities.

In addition, corroboration with Japan's Grant Aid project "The Project for Improving Loikaw General Hospital" created a multiple effect on improving staff motivation, patient satisfaction, and quality of services delivered. This enabled the Project's effective and smooth implementation.

### **1-3 Efficiency**

#### **(1) Output 1**

The Project implementation was mostly efficient at the central level. To produce the Output 1, the planned activities such as MRT trainings, short-seminars and KCCPs were all prerequisite. Throughout these activities, the experts closely worked with both DoMS and DoPH so as to enable the counterparts to complete a series of activities as scheduled. Especially MRT trainings were conducted efficiently. One training for 12 trainers and 19 trainings for 559 MRTs were carried out from May 2017 to October 2018. In spite of a large number of such conducts, it was not necessary to extend the Project period for attaining the Output 1. Trainings of nationwide MRTs were considered crucial for the objective of strengthening the national system of hospital information, although the Output 1 was originally for capacity building of MoHS officials in Nay Pyi Taw. Despite the fact that more financial inputs were required for these trainings, JICA's entire inputs for this Project were well-adjusted and increased only slightly against the original financial plan.

#### **(2) Output 2 and 3**

The Project was mostly efficiently implemented in terms of production of tangible outputs from the inputs.

Initially, the Project focused on supporting the activities on improving the service delivery, prior to strengthening the capacity of health plan management. Once certain good practices of activities were created and a trusting relationship with the counterparts were built, the Project started providing technical support on strengthening the capacity of health plan management through the practice of the Special Effort.

The Project experts could closely collaborate with counterparts of Kayah State to develop the user's guide of the Special Effort compiling formats for planning and reporting, the Handbook of Improved Clinical Experience for Assistant Surgeons, etc. The Project could also avert a critical setback from frequent turnover of counterparts including state Directors of Public Health and Medical Services through close communications with the side of Kayah State.

Allocation of experts to the capital Nay Pyi Taw as well as Kayah State, the project site, enabled the Project to smoothly report the activities and progress to MoHS.

#### **1-4 Impact**

It is prospective to continue the momentum of proceeding the Project's effects and move towards achievement of the Overall Goal (details mentioned in IV. 1).

The trial of the Special Effort has been filling a gap during the absence of the state level health plan in Kayah State. Currently, the Myanmar National Health Plan Implementation Monitoring Unit (NIMU) supports all the states and regions to manage to formulate, implement, monitor and evaluate the state/regional level health plans. MoHS is now appreciating what two departments (Public Health and Medical Services) of Kayah State are doing for improvement of satisfaction of providers and clients with their services based on their own mission, vision and core values, and tries to disseminate these efforts to the other states and regions. Therefore, it is expected that the good practices and lesson learnt of Kayah State will be utilized in the future health plan management at state/regional level.

In fact, the special efforts have already been formulated in some hospitals outside the target site of the Project. In addition, activities like 5S-KAIZEN-TQM were also introduced at hospitals in other state/regions by the previous staff of Loikaw General Hospital, participants of the observation visit and the hospitals staff who learned the activity on the social media.

In relation to strengthening of hospital information system, the MRT training served as an effective bridge for introducing and expanding DHIS2<sup>7</sup> in public hospitals since the Project developed the basic knowledge and skills of MRTs in

---

<sup>7</sup> DHIS2 (District Health Information System 2) is web based reporting system introduced public hospitals in Myanmar in 2018. DHIS2 is open source and free software developed by HISP, University of Oslo. Source: <https://www.mn.uio.no/ifi/english/research/networks/hisp/>

order for them to engage smoothly in the DHIS2 at their respective hospitals. For a wider range of knowledge sharing among relevant medical professionals and health informatics students, who also need to know ICD codes and medical terminologies, the MRT trainings were recorded in video, and these edited lecture videos have been handed over for the MoHS's utilization. The Project's facebook regularly with more than 1000 followers functioned as strong advocacy of MRT work and public relation of MoHS-JICA's collaboration in the area of hospital information. Moreover, after having completed the MRT training, three ex-trainees from three general hospitals of Yangon have been nominated to engage in the MoHS's cancer registry initiative in Yangon. Owing to the Project being a catalyst, academic cooperation for hospital data utilization was facilitated between MoHS and Nagasaki University School of Tropical Medicine and Global Health and is planning a related collaborative research.

### **1-5 Sustainability**

Sustainability of the Project is evaluated "Fair" based on the following.

(1) Central level (concerned with Output 1)

<Institutional aspect>

At the central level, the institutional setup is certain for Project's sustainability. The DoPH continues to be a focal point of health information so as to receive e-reporting from trained hospitals. The DoMS is continuously in charge of human resource management for MRTs.

<Financial aspect>

Financially, the MoHS assures the continuous deployment of all the trained MRTs being government employees. The MRTs have been assigned nationwide even at the very remote hospitals, and such distribution of MRTs would remain after the Project's end.

<Technical aspect>

The series of MRT trainings strengthened the individual MRT's sense of belonging to the MRT family. They have been connected through the network such as social media, which provides continuous learning environment for MRTs. Moreover, having equipped with professional commitments and skills through the trainings, those trained MRTs seemingly continue to work according to post-training follow-up interviews. Their enhanced skills of e-data analysis and utilization ensure MoHS's sustainable development of hospital information



management towards e-health. To back-up such development, the newly opened Health Informatics Course of the University of Medical Technology, Yangon and Mandalay (UMT-Y, UMT-M) has been shared relevant know-hows and recommendations from the MRT trainings.

<Policy aspect>

In addition, the booklet namely “Review of State/Region Health Planning and Management” issued by the Project has been uploaded on the MoHS homepage as official publication. The findings and recommendations would be taken into the formulation of the future State or Regional Health Plan.

(2) State level (concerned with Output 2 and 3)

<Institutional and technical aspects>

At the state level, an organizational setup and technical aspects of the departments of health are assured for the sustainability. However, the frequent staff turnover is a concern. As for the hospital level, a quality improvement team was formulated in Loikaw General Hospital to organise all activities of quality improvement such as 5S-KAIZEN-TQM and infection prevention and control. So far, these activities have been implemented smoothly with leadership of the current medical superintendent of the hospital, who is enthusiastic about them.

<Financial aspect>

Most activities require low cost and this can be borne by the hospital and/or the state department. Under these circumstances, it is possible to sustain them.

## **2. Key Factors Affecting Implementation and Outcomes**

Social and political environments surrounding the Project have been relatively stable. However, the reformation of structures of the MoHS had no small influence on the Project’s operation.

As mentioned in the II. 3 History of PDM Modification, the change of the NHP formulation setup compelled the Project, especially in the central level, to shift its focus from the NHP formulation/management to strengthening of NHP through the betterment of hospital data management.

## **3. Evaluation on the results of the Project Risk Management**

The Japanese side reacted to the change of situation and upcoming needs due to the reformation of the ministerial structure, with flexibly modifying the PDM and coordinating the JICA experts’ dispatch schedule. The Myanmar side has

taken all necessary procedures such as the stay permission/visa matters and the travel permission for the JICA experts. Besides that, the MoHS extended support for the smooth project operation especially on assignment of the counterparts of the Project from departments of Public Health and Medical Services in both central and state level.

This Project applied the lessons learned from past projects of JICA on health system strengthening in the other countries. For instance, the Project entailed the activities that the central Ministry promotes the health plan management at the state/regional level and that the central Ministry facilitates the pilot state's sharing of experiences and good practices widely with other states/regions. For this effective linkage and communications between the central level and the state/regional level, JICA long-term experts were dispatched to Nay Pyi Taw. Their stationing in the capital city contributed to Project's timely consideration and action for its risk management as well.

#### **4. Lessons Learnt**

- (1) First of all, close communication and collaboration between JICA experts and counterparts were the key factors for the smooth implementation of the Project and its achievement.

< At the central level >

- (2) For a technical cooperation project being implemented in a pilot state/region, it was important that long-term JICA experts to station at the central level so as to link with the pilot site and meet the ministry's managerial counterparts regularly in a flexible timing.
- (3) For a nationwide training plan, it was effective to conduct trainings in the capital city (Nay Pyi Taw) in terms of attaining the high attendance rate of target participants from states/regions. Central officials' close involvement of the trainings could facilitate respective hospitals' superintendents to support their staff to join, and thus the smooth implementation of a series of trainings become possible.
- (4) Owing to the training venue in the capital city (Nay Pyi Taw), high-rank officers could allocate their time to preside over opening/closing ceremonies, which resulted in their in-depth understanding of the trainings and their support to the related issues. For a project requiring advocacy to the central office, a series of activities would better be organized in Nay Pyi Taw.

- (5) From a view to information-sharing beyond divisions in the ministry as well as constant participation by the non-managerial officers, it was excellent for the MoHS to conduct short-seminars for a few hours inside their department meeting rooms.

<At the state level>

- (6) At the target state (Kayah), a “practical” and “sustainable” approach was taken as a guiding principle of technical transfer. For example, the Project regarded that the introduced theories and approaches should be well localized with considering the actual situation at the site. Therefore, the Project had not developed manuals or guidelines of the introduced activities prior to the trial practice. Throughout the practice of the activities, the Project also cultivated a trusting relationship with the counterparts, as well as the ownership of them.
- (7) The trial of the Special Effort contains full of innovative ideas to make health plan management practical. The clarified organizational principles enabled the counterparts to logically develop/implement the action plans towards achieving their own mission and vision. Localization was the key for the sustainability of the Project supported system and activities.
- (8) JICA expert team introduced some of the Japanese current and past experiences as a reference. Indeed, the introduced Japanese approaches such as Enter-Education and 5S-KAIZEN-TQM met the counterparts’ way of thinking, however they determined their own way taking up suggestions from precedents in Japan.

#### **IV. For the Achievement of Overall Goals after the Project Completion**

##### **1. Prospects to achieve Overall Goal**

Overall Goal	Objectively Verifiable Indicators
Health Plan at national and state/regional level are systematically managed, with consideration of local needs, conditions and available resources toward the achievement of UHC.	<ol style="list-style-type: none"> <li>1. By 2021, MoHS supports health plan management at the state/regional level.</li> <li>2. By 2021, health plan at state/regional level are developed in consistency with the National Health Plan (NHP).</li> </ol>

Overall Goal is prospected to be achieved based on the following.

As mentioned in III. 1-4 Impact, MoHS tries to disseminate the efforts of Kayah State to other state/regional health authorities and hospitals to develop their own mission, vision, core values and plan of actions as special effort. This will continue to support the formulation and management of the state/regional level health plans.

Moreover, health plan at the national level can be systematically managed when accurate e-data is regularly reported from state/regional hospitals, and when such e-data is utilized for necessary analysis. Since the Project reached to train all the eligible MRTs of 559 in Myanmar and MoHS will continue to deploy them for hospitals nationwide, it is assured that the management of the next NHP will be more strongly backed up by hospital information. Since the central officials' capacity in data analysis and utilization was facilitated through the KCCP and the other Project activities, it is highly probable that collected hospital data could be utilized further for the management of NHP.

Therefore, it is prospective to move towards achievement of the overall goal.

##### **2. Plan of Operation and Implementation Structure of the Myanmar side to achieve Overall Goal**

The NIMU continues to play a prominent role in management (formulation, implementation, monitoring and evaluation) of the health plans at all levels. As the Review of State/Region Health Plan pointed out, coordination and cooperation between the state/regional health departments and the central ministry are essential for effective and efficient management of the health plans towards achieving the UHC.

### **3. Recommendations for the Myanmar side**

- (1) The result of Review of State/Region Health Plan as well as the good practices and lessons learned from the Kayah state should be utilized in the management of the health plans in both central and state/regional level.
- (2) As a robust system of hospital information is prerequisite for health planning of the country, regular communications and collaboration continue to be required between the Health Information Division and the Medical Supportive Division (human resources management of MRTs) at the central level.
- (3) MoHS has put great efforts to deploy nationwide the MRTs, whose number has become three times since 2017, and all of them have been trained on necessary knowledge and skills through the Project. Well trained technicians are essential human resources in Myanmar's health sector. A systematic fresher training should be organized within a year of their service inception for all the health-related technicians so as to develop their core competencies.
- (4) As for the MRTs, the next step is to develop a standard recruitment and assignment procedure and to formulate a professional association which could be a platform of MRTs' peer support and continuous learning. Surely, MRTs' continual professional development would serve for accurate and timely hospital information, which would help formulate, implement, monitor and evaluate health plans of the country.
- (5) MoHS is recommended to monitor and provide necessary support to the efforts including the management of the Special Effort which were initiated in the Kayah state. The initiative of the Special Effort towards achieving organizational mission and vision provides valuable insight into practical health plan management.
- (6) The good practices done in the Kayah state should be introduced to the other states/regions as well as policy formulation at the central MoHS. For example, the 5S-KAIZEN-TQM approach, which was adopted in the hospitals in Kayah state, can be implemented in any other hospitals to strengthen their administration. As for the practical first step, it is recommended to select some (2 to 4) hospitals, and train and support them to become another successful showcase of 5S-KAIZEN-TQM. Then these hospitals will disseminate the approach to the other hospitals with utilizing their experiences and lessons learned. Once after 5S-KAIZEN-TQM

approach is expanded and adopted in the certain hospitals in Myanmar, it is also recommended for MoHS to integrate the 5S-KAIZEN-TQM approach, as a fundamental concept, into the national strategy on hospital quality assurance.

#### **4. Monitoring Plan from the end of the Project to Ex-post Evaluation**

- (1) With the purpose for project sustainability, it will be needed to conduct Ex-Post Evaluation after three (3) years of project completion as one of requirements of the Japanese Official Development Assistance (ODA) scheme.
- (2) It is requested to monitor the progress of management (formulation, implementation, monitoring and evaluation) of the health plans in both central and state/regional levels.
- (3) Activities on improving health service delivery in Kayah state such as 5S-KAIZEN-TQM, infection prevention and control, and Improved Clinical Experience for Assistant Surgeons should be monitored.
- (4) If technical intervention is needed based on the above monitoring, it is recommended to closely communicate with the central ministry as well as the health-related organizations such as the Universities of Medical Technology, Myanmar Medical Association, Myanmar Medical Council, Myanmar Nursing and Midwifery Association to provide necessary support towards achieving the overall goal.
- (5) Collaboration of two types of cooperation scheme (Grant aid and Technical Cooperation Project) in Kayah state created a phenomenal synergy in terms of improving the quality of services delivered. Since many hospitals have been / will be improved through the Japan's Grant Aid, it is recommended to consider a possibility of assistance on improving the hospital administration with utilizing the experience and approaches adopted in Kayah State.

END

## **ANNEX 1: Results of the Project**

1-2 List of Dispatched Experts

1-3 List of Counterparts

1-4 List of Equipment provided by the project

1-5 Cost of operation

1-6 List of Trainings





## 1-2 List of Dispatched Experts

### (1) Nay Pyi Taw team

No.	Designation	Name	Period
1	Chief Advisor, Long term	Yojiro ISHII	10 / 12 / 2014 - 09 / 12 / 2017
2	Health Service Delivery (MCH) / Project Coordinator, Long term	Mayumi OMACHI	15 / 12 / 2014 - 14 / 12 / 2017
3	Health Service Delivery Expert, Long term	Aya HASEGAWA	25 / 10 / 2017 - 22 / 11 / 2018
4	Project Coordinator, Long term	Naoko ITO	17 / 07 / 2017 - 22 / 11 / 2018
5	M&E for Health Administration (1), Short term	Shintaro NAKAMURA	12 / 02 / 2015 - 27 / 02 / 2015 23 / 02 / 2016 - 15 / 03 / 2016 14 / 11 / 2016 - 26 / 11 / 2016 19 / 02 / 2017 - 04 / 03 / 2017 12 / 06 / 2017 - 23 / 06 / 2017 18 / 09 / 2017 - 30 / 09 / 2017
6	M&E for Health Administration (2), Short term	Munehito MACHIDA	28 / 08 / 2016 - 10 / 09 / 2016 27 / 11 / 2016 - 10 / 12 / 2016 12 / 03 / 2017 - 17 / 03 / 2017 28 / 05 / 2017 - 03 / 06 / 2017 16 / 07 / 2017 - 22 / 07 / 2017
7	M&E for Health Administration (2), Short term	Nobuyuki HAMAJIMA	27 / 03 / 2017 - 01 / 04 / 2017 16 / 07 / 2017 - 22 / 07 / 2017
8	Health Service Delivery, Short term	Tetsuro IROHIRA	01 / 09 / 2016 - 09 / 09 / 2016
9	Health Service Delivery, Short term	Muneyoshi AOMATSU	19 / 03 / 2017 - 25 / 03 / 2017
10	Hospital Information Management, Short-term	Bumpei TOJO	12 / 07 / 2018 - 22 / 07 / 2018

### (2) Kayah team

No.	Designation	Name	Period
1	Team Leader / Health Sector Planning and Administration1	Chiharu ABE	23 / 11 / 2014 - 22 / 12 / 2014 15 / 02 / 2015 - 13 / 03 / 2015 17 / 05 / 2015 - 08 / 06 / 2015 23 / 06 / 2015 - 11 / 07 / 2015 09 / 08 / 2015 - 24 / 08 / 2015 06 / 12 / 2015 - 29 / 10 / 2015 02 / 10 / 2015 - 25 / 12 / 2015 22 / 01 / 2016 - 20 / 02 / 2016 12 / 03 / 2016 - 25 / 03 / 2016 17 / 05 / 2016 - 18 / 06 / 2016 11 / 07 / 2016 - 31 / 07 / 2016 12 / 09 / 2016 - 08 / 10 / 2016 22 / 01 / 2017 - 10 / 02 / 2017 19 / 03 / 2017 - 28 / 03 / 2017 13 / 07 / 2017 - 28 / 07 / 2017 13 / 09 / 2017 - 24 / 09 / 2017 09 / 12 / 2017 - 17 / 12 / 2017 10 / 01 / 2018 - 23 / 01 / 2018 29 / 10 / 2018 - 02 / 11 / 2018
2	Sub-Leader / Health Sector Planning and Administration2	Yoko OGAWA	22 / 11 / 2014 - 22 / 12 / 2014 15 / 02 / 2015 - 19 / 03 / 2015 02 / 06 / 2015 - 31 / 07 / 2015 19 / 09 / 2015 - 18 / 10 / 2015
3		Kiyoshi ISIH	17 / 05 / 2015 - 20 / 06 / 2015 13 / 09 / 2015 - 12 / 10 / 2015 06 / 12 / 2015 - 25 / 12 / 2015 12 / 01 / 2016 - 28 / 01 / 2016

			22 / 02 / 2016 - 17 / 03 / 2016
4		Kazunori IIJIMA	19 / 01 / 2016 - 15 / 02 / 2016 23 / 03 / 2016 - 07 / 04 / 2016 30 / 05 / 2016 - 20 / 06 / 2016 28 / 07 / 2016 - 18 / 09 / 2016 07 / 11 / 2016 - 24 / 12 / 2016 18 / 02 / 2017 - 09 / 03 / 2017 25 / 05 / 2017 - 21 / 07 / 2017 03 / 08 / 2017 - 02 / 09 / 2017 11 / 10 / 2017 - 23 / 10 / 2017 13 / 11 / 2017 - 24 / 12 / 2017 21 / 01 / 2017 - 01 / 03 / 2018 19 / 03 / 2018 - 12 / 04 / 2018 14 / 05 / 2018 - 22 / 06 / 2018 05 / 08 / 2018 - 13 / 09 / 2018 02 / 10 / 2018 - 11 / 11 / 2018
5	Health Plan Management	Keiko KITA	23 / 11 / 2014 - 22 / 12 / 2014 21 / 02 / 2015 - 19 / 03 / 2015 31 / 05 / 2015 - 20 / 06 / 2015 10 / 07 / 2015 - 31 / 07 / 2015
6		Naoki TAKE	06 / 12 / 2015 - 25 / 12 / 2015 07 / 02 / 2016 - 12 / 03 / 2016 17 / 05 / 2016 - 19 / 06 / 2016 08 / 11 / 2016 - 24 / 12 / 2016 22 / 01 / 2017 - 17 / 03 / 2017 09 / 09 / 2017 - 24 / 09 / 2017 06 / 11 / 2017 - 24 / 12 / 2017 20 / 01 / 2018 - 10 / 03 / 2018 02 / 06 / 2018 - 24 / 07 / 2018
7	Monitoring and Supportive Supervision	Atsushi MATSUSUE	01 / 06 / 2017 - 29 / 06 / 2017 24 / 08 / 2017 - 30 / 09 / 2017 06 / 11 / 2017 - 08 / 12 / 2017 05 / 03 / 2018 - 28 / 03 / 2018 08 / 05 / 2018 - 25 / 05 / 2018 25 / 08 / 2018 - 09 / 09 / 2018
8	Health Service Improvement 1	Takuma KATO	26 / 11 / 2014 - 12 / 12 / 2014 21 / 02 / 2015 - 19 / 03 / 2015 27 / 05 / 2015 - 08 / 06 / 2015 01 / 07 / 2015 - 20 / 07 / 2015 30 / 09 / 2015 - 17 / 10 / 2015
9		Tomokazu HIRATA	14 / 02 / 2016 - 05 / 03 / 2016
10		Yasuhiko KAMIYA	14 / 08 / 2016 - 28 / 08 / 2016 12 / 12 / 2016 - 24 / 12 / 2016 10 / 07 / 2017 - 23 / 07 / 2017 03 / 12 / 2017 - 16 / 12 / 2017 25 / 04 / 2018 - 08 / 05 / 2018

11	Health Service Improvement 2	Hanae AIDA	23 / 11 / 2014 - 22 / 12 / 2014 18 / 02 / 2015 - 19 / 03 / 2015 14 / 06 / 2015 - 17 / 07 / 2015 06 / 09 / 2015 - 25 / 09 / 2015 19 / 01 / 2016 - 06 / 02 / 2016 23 / 06 / 2016 - 16 / 07 / 2016 13 / 09 / 2016 - 16 / 10 / 2016 10 / 12 / 2016 - 24 / 12 / 2016 12 / 01 / 2017 - 29 / 01 / 2017 13 / 03 / 2017 - 24 / 03 / 2017 18 / 06 / 2017 - 22 / 07 / 2017 30 / 09 / 2017 - 22 / 10 / 2017 13 / 02 / 2018 - 28 / 03 / 2018 14 / 05 / 2018 - 22 / 06 / 2018 04 / 08 / 2018 - 26 / 08 / 2018
12	Health Service Improvement 3	Mitsuaki MATSUI	31 / 05 / 2016 - 11 / 06 / 2016 05 / 12 / 2016 - 14 / 12 / 2016 27 / 01 / 2017 - 05 / 02 / 2017
13	5S-KAIZEN-TQM	Yujiro HANDA	14 / 12 / 2017 - 23 / 12 / 2017 19 / 03 / 2018 - 28 / 03 / 2018
14	Procurement of Medical Equipment	Hiroshi TASEI	17 / 05 / 2017 - 31 / 05 / 2017
15	Project Coordinator / Work Environment Improvement	Satoko IRISAWA	23 / 11 / 2014 - 22 / 12 / 2014 18 / 02 / 2015 - 19 / 03 / 2018 01 / 07 / 2015 - 25 / 07 / 2015
16		Yuko SUZUKI	06 / 12 / 2015 - 25 / 12 / 2015 23 / 01 / 2016 - 15 / 02 / 2016 17 / 05 / 2016 - 16 / 06 / 2016 03 / 03 / 2017 - 31 / 03 / 2017
17		Koji AOKI	13 / 07 / 2017 - 26 / 08 / 2017 19 / 09 / 2017 - 06 / 10 / 2017 27 / 11 / 2017 - 24 / 12 / 2017 10 / 01 / 2018 - 31 / 01 / 2018 05 / 03 / 2018 - 08 / 05 / 2018 02 / 06 / 2018 - 27 / 07 / 2018 17 / 09 / 2018 - 03 / 11 / 2018

## 1-3 List of Counterparts

### (1) Members of the Joint Coordination Committee

*\*Confirmed in the first JCC Meeting held in July 2015*

#### **Chairperson:**

Director General, Department of Public Health, Ministry of Health (MoH)  
(Project Director)

#### **Members:**

##### a) Myanmar side

- Deputy Director General, Administration, Department of Public Health, MoHS (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

#### **Observers**

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

(2) Participants of the Knowledge Co-Creation Programs

*\*Below titles/organizations are the ones as of the year of the KCCP conducted.*

Study Tour introducing UHC and Its Public Insurance Scheme in Japan (2014)

No.	Name	Title	Organization/ Position in the Project
1	Dr. Wai Mar Mar Tun	Director	Ministry of Health
2	Dr. Tun Aung Kyi	State Health Director	State Health Department, Kayah State, Ministry of Health
3	Dr. Zaw Min Tun	State Health Director	State Health Department, Shan State, Ministry of Health
4	Dr. Su Su Lin	Deputy Director	International Health Division, Ministry of Health

The Project Counterpart Training Program in Japan on Health Plan Management and Health Service Improvement for the MOH/JICA Health System Strengthening Project in Myanmar (2015)

No.	Name	Title	Organization/ Position in the Project
1	Dr. Htay Aung	Deputy Director General	Department of Medical Service, Ministry of Health
2	Dr. Thida Kyu	Director (Planning)	Department of Medical Service, Ministry of Health
3	Dr. San Myint	Director (Administration)	Department of Public Health, Ministry of Health
4	U Htay Aung	Director	Permanent Secretary Office, Ministry of Health
5	Dr. Yan Naing Maung	Medical Superintendent	Loikaw General Hospital, Kayah State, Ministry of Health
6	Dr. Aye Thawdar Mon	Assistant Director	Regional Health Office, Kayah State, Ministry of Health
7	Dr. Lin Htin Kyaw	Township Medical Officer	Mese, Kayah State, Ministry of Health
8	Dr. Ei Phyu Thwe	Township Medical Officer	Pharsaung, Kayah State, Ministry of Health

The Knowledge Co-Creation Program in Japan on Health Plan Management and Health Service Improvement for the Project counterparts of the MOHS/JICA Health System Strengthening Project in Myanmar (2016)

No.	Name	Title	Organization/ Position in the Project
1	Daw Aye Aye Sein	Deputy Director General (Administration and Finance)	Department of Public Health, Ministry of Health and Sports
2	Dr. G Seng Taung	Deputy Director (Planning)	Department of Public Health, Ministry of Health and Sports
3	Dr. Aung Win	Deputy Director (Planning)	Department of Medical Services, Ministry of Health and Sports
4	Dr. Khin Maung Yin	Director	State Public Health Department, Kayah State, Ministry of Health and Sports
5	Dr. Barbara Nge Nge	Team leader of Child Health	State Public Health Department, Kayah State, Ministry of Health and Sports
6	Dr. Ahmar	Senior Consultant (O.G)	Loikaw General Hospital, Kayah State, Ministry of Health and Sports
7	Dr. Lwin Lwin Soe	Senior Consultant (Pediatrician)	Loikaw General Hospital, Kayah State, Ministry of Health and Sports
8	Dr. Khit Ake Kyaw	Medical Officer	State Medical Services Department, Kayah State, Ministry of Health and Sports

The Knowledge Co-Creation Program in Japan on Hospital Data Management and Utilization for the Project counterparts of the MOHS/JICA Health System Strengthening Project in Myanmar (2017)

No.	Name	Title	Organization/ Position in the Project
1	Dr. Khin Zaw	Medical Superintendent	Mandalay General Hospital, Department of Medical Services, Ministry of Health and Sports
2	Dr. Aung Lin Aye	Deputy Medical Superintendent /Director	1000 Bedded General Hospital Nay Pyi Taw, Department of Medical Services, Ministry of Health and Sports
3	Dr. Khin Theingi Myint	Deputy Medical Superintendent / Deputy Director,	Yangon General Hospital, Department of Medical Services, Ministry of Health and Sports
4	Dr. Lwin Lwin Aung	Assistant Director	Health Information Division, Department of Public Health, Ministry of Health and Sports
5	Dr. Nay Oo Kyaw	Medical Officer	Health Information Division, Department of Public Health, Ministry of Health and Sports
6	Daw Thazin Myint	Deputy Statistical Officer (Medical Record)	1000 Bedded General Hospital Nay Pyi Taw, Department of Medical Services, Ministry of Health and Sports

### (3) Counterparts in Nay Pyi Taw

Title (Role for Activity)	Organization/ Position in the Project	Name	Note
<i>For Activity 1-1, 1-7 (NHP &amp; State/Regional Health Plan Review)</i>			
Director	NHP Implementation and Monitoring Unit (NIMU)	Dr. Thant Sin Htoo	
Assistant Director	NHP Implementation and Monitoring Unit (NIMU)	Dr. Phyu Win Thant	
<i>For Activity 1-2, 1-3, 1-4, 1-5, 1-6 (MRT Trainings and Study)</i>			
Director	Medical Supportive Division, Department of Medical Services	Dr. Hla Moe	~03 / 2018
Acting Director	Medical Supportive Division, Department of Medical Services	Dr. Aung Win	
Deputy Director	Medical Supportive Division, Department of Medical Services	Dr. Win Min Thiri Dr. Ywe Nu Nu Khin	~11 / 2017
Assistant Director	Medical Supportive Division, Department of Medical Services	Dr. Moe Moe Linn Dr. Min Min	
Medical Officer	Medical Supportive Division, Department of Medical Services	Dr. Kyaw Thu Lynn	
Admin Officer	Medical Supportive Division, Department of Medical Services	Daw Khin Thandar Oo	
Leaders of MRT Trainers	Yangon General Hospital	U Thaung Tun	
	1000 Bedded Hospital, Nay Pyi Taw	Daw Thazin Myint	
	Magway General Hospital	U Aung Myint Thein	
MRT Trainers (Participants of Training of Trainers)	East Yangon General Hospital	Daw Ohnmar Kyi	
	Pyin Oo Lwin General Hospital	Daw Kyawt Kyawt Khine	
	Central Women Hospital, Mandalay	Daw Thandar Htay	
	Thingyangyun General Hospital, Yangon	Daw Khin Swe Myint Thu	
	West Yangon General Hospital	Daw Win Win Maw	
	Children Hospital, Mandalay	Daw Mar Mar Htwe	
	Mandalay General Hospital	Daw Win Shwe War	
	North Okkalar General Hospital, Yangon	Daw Khin Khin Cho	
MRT Trainers	Mandalay General Hospital	Daw Thandar Htay	
	Health Information Division, DoPH	Daw Su Mon Aung	
	1000 Bedded Hospital, Nay Pyi Taw	Daw Thinzar Myint	
	1000 Bedded Hospital, Nay Pyi Taw	Daw Wai Thwe Nyein	
	Pyinmana General Hospital, Nay Pyi Taw	Daw Aye Aye Nyein	
	Women Hospital, Mawlamyine	Daw Htike Darli Win	
	Children Hospital, Yangon	Daw Hay mar Lwin	
Mandalay Teaching Hospital	Daw Than Than Htay		
<i>For Activity 1-8, 1-9 (Sharing of Kayah Team Outputs, Short-seminars)</i>			
Director	Planning Division, Department of Public Health	Dr. G Seng Taung	
Deputy Director	Planning Division, Department of Public Health	Dr. Maung Maung Htay Zaw	
Medical Officer	Planning Division, Department of Public Health	Dr. Yin Min Min Htut	
Director	Planning Division, Department of Medical Services	Dr. Win Yee Mon	
Director	Medical Care Division, Department of Medical Services	Dr. Moe Khaing	

Assistant Director	Planning Division, Department of Medical Services	Dr. Sandar Aung	
<i>For Activity 1-5, 1-6 (Study)</i>			
Medical Superintendent	Mandalay General Hospital, Department of Medical Services	Dr. Khin Zaw	
Deputy Medical Superintendent	1000 Bedded General Hospital Nay Pyi Taw, Department of Medical Services	Dr. Aung Lin Aye	
Deputy Senior Medical Superintendent	Yangon General Hospital, Department of Medical Services	Dr. Khin Theingi Myint	
Assistant Director	Health Information Division, Department of Public Health	Dr. Lwin Lwin Aung	
Medical Officer	Health Information Division, Department of Public Health	Dr. Nay Oo Kyaw	

#### (4) Counterparts in Kayah State

Title	Organization/ Position in the Project	Name	Note
Director	Kayah State Department of Public Health	Dr. Tun Aung Kyi Dr. Than Lwin Tun Dr. Khin Maung Yin	~08 / 2015 ~03 / 2016
Deputy Director	Kayah State Department of Public Health	Dr. Tin Wan Dr. Thaug Linn	
Assistant Director	Kayah State Department of Public Health	Dr. Aye Thandar Mon	
Team Leader (Child Health)	Kayah State Department of Public Health	Dr. Barbara Nge	~12 / 2017
Director	Kayah State Department of Medical Services	Dr. Yan Naing Maung Dr. Khin Maung Yin	~10 / 2017
Assistant Director	Kayah State Department of Medical Services	Dr. Myat Thu Win	
State Medical Officer	Kayah State Department of Medical Services	Dr. Pyae Phyu Kyaw Dr. Khit Ake Kyaw	~09 / 2017
State Nursing Officer	Kayah State Department of Medical Services	Daw Cho Cho Myint	
Medical Superintendent	Loikaw General Hospital	Dr. Yan Naing Maung Dr. Ye Myint Aung	~10 / 2017
Deputy Medical Superintendent	Loikaw General Hospital	Dr. Hla Tun Dr. Zaw Min Thike	~09 / 2016
Assistant Medical Superintendent	Loikaw General Hospital	Dr. Win Naing Tun Dr. Zaw Min	~12 / 2016
Senior Consultant (Pediatrics)	Loikaw General Hospital	Dr. Cho Cho Than Dr. Lwin Lwin Soe Dr. Ni Ni Than	~03 / 2016 ~06 / 2017
Senior Consultant (OBGY)	Loikaw General Hospital	Dr. Amar	
Senior Assistant Surgeon	Loikaw General Hospital	Dr. Tun Nay Win	
Assistant Surgeon	Loikaw General Hospital	Dr. Nay Htet Lin	~12 / 2017



Nursing Superintendent	Loikaw General Hospital	Daw Soe Soe Win	
Matron	Loikaw General Hospital	Daw Rebecca Daw San San Myint	
Sister	Loikaw General Hospital	Daw Agatha Daw Tin Tin Aye Daw Khin Thida Win Daw Mya Lay Daw Way Nay Htoo Daw San San Aye Daw Francesca Daw Anasthasia	
Township Medical Officer	Pharsaung	Dr. Ei Phyu Thwe	
	Mese	Dr. Lin Htin Kyaw	~09 / 2015
	Mese	Dr. Aung Zaw Htun	
	Demawso	Dr. Win Htet	~04 / 2018
	Demawso	Dr. Soe Min Htwe	
	Bawlakhe	Dr. Win Phyo Han	
	Hpuruso	Dr. Ye Lin Soe	
	Shadaw	Dr. Nay Aung Win	
Assistant Surgeon	Bawlakhe Township Hospital	Dr. Thura Soe	~04 / 2018
Senior Nurse	Bawlakhe Township Hospital	Daw Maw Li Sat O	

#### 1-4 List of Equipment provided by the project

##### (1) Project Vehicle in Kayah State

Item	Manufacture / Model number	Qty	Sub Total Price (USD)	Purchased Year	Hand-Over Date	Condition
Project Car	Mitsubishi PAJERO	1	35,000	2016	31/10/2018	Good

##### (2) Office materials

*\*Below are only the equipment items of more than JPY50,000 and more than 1 year usability.*

##### Nay Pyi Taw

Item	Manufacture / Model number	Qty	Sub Total Price (USD)	Purchased Year	Hand-Over date	Condition
Multi –Function Color Copier	Konica Minolta bizhub C281	1	3,413	2014	15/11/2018	Good
Laptop Computer	Dell-3442	1	528	2014	ditto	Good
Laptop Computer	Dell-3442	1	524	2014	ditto	Good
Laptop Computer	Dell-3442	1	602	2014	ditto	Good
Laptop Computer	Dell-3442	1	603	2014	ditto	Good
Laptop Computer	Dell-3543	1	729	2015	ditto	Good
Laptop Computer	Dell-5459	1	894	2015	ditto	Good
Laptop Computer	Dell-5468	1	715	2017	ditto	Good
Total			8,008			

##### Kayah

Item	Manufacture / Model number	Qty	Sub Total Price (USD)	Purchased Year	Hand-Over Date	Condition
Multi-Function Color Copier	Konika Minoruta Bizhub C281	1	3,300	2015	31/10/2018	Good

#### 1-5 Cost of operation

##### JICA Contribution on Expenditure (JPY)

	JFY2014 11/2014 - 3/2015	JFY2015 4/2015 - 3/2016	JFY2016 4/2016 - 3/2017	JFY2017 4/2017 - 3/2018	JFY2018 4/2018 - 9/2018	Total
NPT	3,686,775	12,093,551	13,942,186	39,169,762	23,382,128	92,274,402
Kayah	2,989,765	6,923,805	7,104,416	10,260,002	4,759,998	32,037,986
Total	6,676,540	19,017,356	21,046,602	49,429,764	28,142,126	124,312,388

## 1-6 List of Trainings

### (1) Trainings on Hospital Information System for Medical Record Technicians

No.	Name of Trainings	Period	Number of Participants	Objectives and contents
1	Training of Trainers for MRT Trainings	08/ 05 / 2017 - 12 / 05 / 2017	12	To improve senior MRTs' related knowledge and skills including presentation skills to be trainers.
2	Refresher Training for Existing MRTs	22/ 05 / 2017 - 03 / 06 / 2018	25	To refresh existing MRTs' knowledge and skills in order to standardize reporting procedures and improve accuracy and timeliness of hospital reports. Main Contents: Medical Terminology, ICD-10 coding, CAMRS, Hospital Forms, Administrative Indicators.
		19/ 06 / 2017 - 01 / 07 / 2017	25	
		24/ 07 / 2017 - 05 / 08 / 2017	25	
		21/ 08 / 2017 - 02 / 09 / 2017	25	
		09/ 10 / 2017 - 21 / 10 / 2017	25	
		04/ 12 / 2017 - 16 / 12 / 2017	25	
05/ 03 / 2018 - 17 / 03 / 2018	25			
3	Training for Newly Recruited MRTs	13/ 09 / 2017 - 29 / 09 / 2017	25	To provide newly recruited MRTs with essential knowledge and skills to perform their duties in order to standardize reporting procedures and improve accuracy and timeliness of hospital reports. Main Contents: Medical Terminology, ICD-10 coding, CAMRS, Hospital Forms, Administrative Indicators.
		14 / 11 / 2017 - 30 / 11 / 2017	25	
		08/ 01 / 2018 - 24 / 01 / 2018	25	
		05/ 02 / 2018 - 21 / 02 / 2018	24	
		19/ 04 / 2018 - 05 / 05 / 2018	30	
		14/ 05 / 2018 - 30 / 05 / 2018	30	
		06/ 06 / 2018 - 22 / 06 / 2018	30	
		28/ 06 / 2018 - 14 / 07 / 2018	30	
		23/ 07 / 2018 - 08 / 08 / 2018	42	
		20/ 08 / 2018 - 05 / 09 / 2018	42	
12/ 09 / 2018 - 28 / 09 / 2018	42			
03/ 10 / 2018 - 19 / 10 / 2018	39			
4	Special Lecture on Data Visualization	14/ 07 / 2018	39	To enhance MRTs and DoMS officers' capacity of hospital data utilization and analysis through special lectures on data visualization with relevant software (QGIS & R).
		22/ 07 / 2018	21	

### (2) Neonatal Resuscitation Training

No.	Name of Trainings	Period	Number of Participants	Objectives and contents
1	Newborn Care and Management Training	13 / 07 / 2015 - 14 / 07 / 2015	36	To provide essential skills and knowledge of newborn care and its management. Contents: <ul style="list-style-type: none"> <li>• Neonatal resuscitation</li> <li>• Nutrition and child survival</li> <li>• Team management</li> </ul>

### (3) Basic Emergency Obstetric and Newborn Care (BEmONC) Training

No.	Name of Trainings	Period	Number of Participants	Objectives and contents
1	General trainers training	25 / 01 / 2016 - 01 / 02 / 2016	18	To train the general trainers of BEmONC multiplier training in township level of Kayah state.
2	Multiplier Training for midwives (1 <sup>st</sup> batch)	15 / 02 / 2016 - 18 / 02 / 2016 07 / 02 / 2016 - 09 / 02 / 2016 10 / 02 / 2016 - 12 / 02 / 2016 16 / 02 / 2016 - 18 / 02 / 2016 07 / 02 / 2016 - 10 / 02 / 2016 27 / 02 / 2016 - 01 / 03 / 2016 08 / 02 / 2016 - 11 / 02 / 2016 02 / 03 / 2016 - 05 / 03 / 2016 08 / 02 / 2016 - 11 / 02 / 2016 02 / 03 / 2016 - 04 / 03 / 2016 28 / 03 / 2016 - 30 / 03 / 2016 09 / 03 / 2016 - 11 / 03 / 2016 16 / 03 / 2016 - 18 / 03 / 2016 16 / 05 / 2016 - 18 / 05 / 2016 13 / 06 / 2016 - 15 / 06 / 2016	18 18 19 19 11 14 16 16 14 19 18 15 15 14 11	To provide collect knowledge and skills for the midwives in the township level on the basic emergency obstetric and newborn care.
3	Multiplier Training for midwives (2 <sup>nd</sup> batch)	25 / 03 / 2016 - 27 / 03 / 2016 06 / 03 / 2016 - 08 / 03 / 2016 09 / 03 / 2016 - 11 / 03 / 2016 12 / 03 / 2016 - 14 / 03 / 2016 12 / 03 / 2016 - 15 / 03 / 2016 04 / 04 / 2016 - 06 / 04 / 2016 21 / 03 / 2016 - 23 / 03 / 2016 01 / 04 / 2016 - 03 / 04 / 2016 14 / 03 / 2016 - 16 / 03 / 2016 04 / 04 / 2016 - 06 / 04 / 2016 02 / 05 / 2016 - 04 / 05 / 2016 25 / 04 / 2016 - 27 / 04 / 2016 09 / 05 / 2016 - 11 / 05 / 2016 16 / 06 / 2016 - 18 / 06 / 2016 13 / 07 / 2016 - 15 / 07 / 2016	18 18 19 19 11 14 16 16 14 19 18 15 15 14 11	

### (4) Training of Trainers on 5S-KAIZEN-TQM

No.	Name of Trainings	Period	Number of Participants	Objectives and contents
1	Training of Trainers on 5S-KAIZEN-TQM	20 / 03 / 2018 - 23 / 03 / 2018	9	To train the 5S trainers in the Loikaw General hospital to facilitate and manage the 5S-KAIZEN activities in the hospital.

## **ANNEX 2: List of Products Produced by the Project**



## List of Products Produced by the Project

Item	Date	Language	Contents
Review of the State/Region Health Planning and Management	06 / 2017	English / Myanmar	To present tangible recommendations for the central and state/regional stakeholders by clarifying the value of the state/region health plans as an intermediary between the national health plan and that of the townships.
Completion Report of MRT Trainings	07 / 2018	English	To report on a series of MRT Trainings conducted and present the training results including the coverage of involved hospitals and their e-data reporting status.
Report on Follow-up On-site Visits to MRT Training Participants	10 / 2018	English	To report on technical improvements of trained MRTs as well as any constrains in performing their duties at hospitals of selected regions/states by observing their routine work.
Report of Hospital Data Analysis – Special Lecture on Data Visualization for Medical Record Technicians and DoMS Officials in Myanmar –	10 / 2018	English	To report on exercises on 5 selected hospitals' data analysis through special lectures on data visualization in conjunction with MRT trainings.
Review of the Short Seminar	04 / 2018	English	To review a series of Short Seminars conducted and present key findings based on the participants' evaluation questionnaires.
The Special Effort: Unser's Guide	07 / 2018	English	Instructions how to manage (formulate, implement, monitor and evaluate) the Special Effort.
The Special Effort 2017 (Phase 1: Jan-Jun 2017) of the Kayah State Department of Medical Services	01 / 2017	English	A set of the prioritized activities to be implemented towards achieving the mission, vision and core values of the Kayah State Department of Medical Services.
The Special Effort 2017 (Phase 2: Jul-Dec 2017) of the Kayah State Department of Medical Services	07 / 2017	English	(Ditto)
The Special Effort 2018 (Phase 1: Jan-Jun 2018) of the Kayah State Department of Medical Services	01 / 2018	English	(Ditto)
The Special Effort 2018 (Phase 2: Jul-Dec 2018) of the Kayah State Department of Medical Services	07 / 2018	English	(Ditto)
The Special Effort 2018 (Phase 1: Jul-Sep 2018) of the Loikaw General Hospital	07 / 2018	English	A set of the prioritized activities to be implemented towards achieving the mission, vision and core values of the Loikaw General Hospital.
The Special Effort 2018 (Phase 2: Oct-Dec 2018) of the Loikaw General Hospital	10 / 2018	English	(Ditto)
The Evaluation reports of the Special Effort	-	English	A set of evaluation report of each Special Effort (7 - 12)
The Hand Book for Improved Clinical Experience for Assistant Surgeon	09 / 2018	English	Instructions how to implement the activities on the Improved Clinical Experience for Assistant Surgeon in Pediatrics and OBGY department. This hand book also provides the tips on effectively/efficiently reviewing and

			summarizing the patient data at the department level.
5S-KAIZEN-TQM Manual of the Loikaw General Hospital	10 / 2018	English	Basic concepts of 5S-KAIZEN-TQM approach, organizational set up and roles and responsibilities for the activities at the Loikaw General Hospital are explained.
Implementation Guide for Continuous Nursing Education (CNE) in the Loikaw General Hospital.	10 / 2018	English	Clarifications of the organizational set up and roles and responsibilities for nurses to conduct monthly CNE at the hospital in effective manner.
Effective Health Education in ANC and PNC	10 / 2018	English	Clarifications of the organizational set up and roles and responsibilities for hospital staff to continue health educations at the hospital in effective manner.



## **ANNEX 3: PDM**



## (1) PDM Ver. 0

Project Title: Health System Strengthening Project in Myanmar

Implementing Agency: Ministry of Health, Myanmar

Target Group: Officials at Ministry of Health, Officials and Health Workers in a target state/region

Project Site: Entire Country (Output 1), Kayah State (Output2 & 3) Period of Project: September 2014- August 2018

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<b>Overall Goal</b>			
Quality of and access to essential health services are improved	1. By 20XX, the government budget is allocated to the health sector to implement the UHC strategy.	Annual Budget Document of the Myanmar Government	The allocation of the government budget to the health sector is no reduced
	2. By 20XX, all the healthcare service facilities are well equipped (in terms of HRH, pharmaceuticals, medical equipment and infrastructure) to provide FHP.	HMIS and a health facility survey to obtain supplemental information	
	3. By 20XX, the access of people to essential healthcare service is improved.	HMIS and a study on healthcare seeking behavior of patients	
<b>Project Purpose</b>			
Capacity in health policy formulation, Planning and administration and in delivering healthcare service is enhanced at MOH and a target state/regional health office in line with the national UHC strategy.	1. The implementation of the national UHC strategy is integrated into the annual administrative/budgetary cycle of MOH for the year 2017.	An independent evaluation on implementation of the UHC strategy	The government policy to implement the UHC strategy remains unchanged.
	2. The annual targets set for the year 2017 in the meso plan of the state/region and micro plan of township health offices are achieved.	Review of annual performance report 2017 and interviews with staff at State/Regional Health Department of the target state/region.	
	3. The number of high risk pregnant cases detected through improved diagnosis at township/station hospitals.	Review of register books on examination of pregnant women by ultrasound echography at township/station hospitals and interview with medical staff.	
	4. The number of referral cases of pregnant women and neonates in accordance with the protocols.	Review of register books on referral cases at township/station hospitals and interview with medical staff	
<b>Output</b>			
1. The national UHC strategy with clearly defined implementation planning / M&E framework is developed (Capacity to develop policy based on evidence is strengthened).	1-1. By 20XX, an implementation plan of the UHC strategy is published by MOH.	Review of the MOH document (Implementation Plan of UHC Strategy)	GAVI/HSS continues to provide support to the state health department and township health offices in the target site.  The General Hospital in the target site is equipped with facilities and equipment to provide necessary emergency obstetric and neonatal care to patients referred from township/station hospitals.
	1-2. By 20XX, a document which clearly defines EHP and elaborate its components is published by MOH.	Review of the MOH document (EHP definition and components)	
	1-3. By 20XX, a framework of monitoring and evaluating the EHP implementation is developed.	Review of the MOH document (EHP monitoring and evaluation framework)	
	1-4. By 20XX, a document which clarifies the role of private healthcare services in the context of UHC strategy, and their regulatory framework is published by MOH.	Review of the MOH document (role and regulatory framework of private healthcare services.)	
2. Managerial and supervisory capacity of the state/region health department in the target state/region is strengthened.	2-1. By 20XX, national guidelines on development of meso plan and conducting monitoring/evaluation for the state/regional health department are developed.	Review of the guideline on department and M&E of meso plan	
	2-2. By 20XX, the state/regional health department develops a meso plan based on the rules and formats provided in the guidelines.	Review of the meso plan of the target state/region	
	2-3. By 20XX, the state/regional health department conducts monitoring/evaluation based on the modality provided in the guidelines.	Review of minutes of meetings and reports for monitoring and evaluation activities in the target state/region	
3. Regional network of MCH care service is strengthened in the target state/region.	3-1. By 20XX, the training on diagnostic skills of obstetric care with ultrasound echography is provided to XX medical doctors at township/station hospital in the target state/region.	Review of progress reports of the Project	
	3-2. By 20XX, xx medical staff are oriented on the referral protocol of emergency MCH cases.	Review of progress reports of the Project	

Activities	Inputs		Important Assumption		
1 The national UHC strategy with clearly defined implementation planning/M&E framework is developed (Capacity to develop policy based on evidence is strengthened).	The Japanese Side	The Myanmar Side			
1.1 To facilitate the process of developing a roadmap for implementation of the UHC strategy.	Dispatch of Experts 1) Chief Advisor 2) Team leader (target site) 3) Health sector planning and administration 4) Monitoring & Evaluation 5) MCH Care 6) IEC & Instructional Design 7) Project Coordinator 8) Others	Counterparts 1. Project Director 2. Project Manager 3. State focal person(s) 4. Other personnel mutually agreed upon as needed			
1.2 To facilitate the process of consensus building on definition and components of the Essential Health Package (EHP) among MoH Staff.		Facilities, equipment and materials 1. Office spaces and facilities for the JICA experts (NPT and target site) 2. Necessary equipment and materials for project activities			
1.3 To consolidate the institutional capacity in monitoring and evaluating the implementation status of EHP		Local costs Operational costs for implementing activities			
1.4 To facilitate the process of elaborating the role of private healthcare services and of consolidating their regulatory framework		Equipment and Materials 1. Diagnostic and emergency care equipment/instrument for MCH services (ultrasound echography, infant warmakers, etc.) 2. Equipment /materials for administration and management of State Health Department (computers, printers, office software.) 3. Project vehicle and equipment/materials necessary for project administration			
2 Managerial and supervisory capacity of the state/region health department in the target state/region is strengthened					Training in the Other Countries Training of Myanmar personnel in other countries including Japan
2.1 To conduct situation analysis in a target state/region to improve the existing planning framework (meso plan), and mechanisms of progress monitoring and performance evaluation of township health offices by state/regional health department	Local costs Operational costs for implementing activities				
2.2 To draft rules and tools (which serve as essence of the guidelines) on development of meso plan (integrating medical care services) and conducting monitoring/evaluation					Pre-Conditions
2.3 To facilitate the process of developing meso plan based on the rules and tools developed.	Counterpart staff members are designed to the Project				
2.4 To facilitate the process of monitoring the implementation status of the meso plan based on the rules and tools developed					
2.5 To facilitate the process of evaluating the performance of the township health offices based on the rules and tools developed					
2.6 To finalize the guidelines as nationally recognized management system of the state/region health department					
2.7 To develop an orientation package of the guidelines for their expansion to other regions					
3 Regional networks of MCH care services is strengthened in the target state/region					
3.1 To conduct situation analysis and baseline survey in a target state/region					
3.2 To strengthen skills and knowledge of the medical staff at the state/regional hospital to improve quality of maternal and neonatal care services					
3.3 To develop a training plan and implement the training on diagnostic skills of obstetric care with ultrasound echography for medical doctors at township/station hospitals					
3.4 To strengthen the ANC services protocol by incorporating diagnosis with ultrasound echography and to orient the new protocol to public health staff					
3.5 To develop protocols for referral of emergency MCH cases and to orient those to medical staff of state/regional hospital and township/station hospitals					

(2) PDM Ver. 1

Project Title: Health System Strengthening Project

Implementing Agency: Ministry of Health, State Public Health Department and State Medical Services Department in Kayah

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

Period of Project: November 2014- October 2018

Project Site: NPT and Kayah (Pilot Site)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<b>Overall Goal</b>			
Quality of and access to essential health services are improved in Myanmar.	1. By 2021, the budget of MOH is allocated based on priorities set in National Health Plan	1. Review of annual budget document	
	2. By 2021, service readiness of the priority EHP is improved in Myanmar	2. SARA data	
	3. By 2021, the number of people who have received the priority EHP services is increasing in Myanmar.	3. Review of HMIS data and DHS/MICS data	
<b>Project Purpose</b>			
Health Plans at all levels are systematically managed, with consideration of local needs, conditions and available resources, in order to achieve the national goal of UHC.	1. At the end of the project, MoHS supports health plans management at the State/Regional level and the lower levels in accordance with the TOR (which is finalized through the project activities).	1. Interview to MOH, TOR	Additional factors that significantly prevent people from going to health facilities don't emerge.
	2. At the end of the project, State Health Plan in Kayah is managed in consistency with the National Health Plan	2. National Health Plan and State Health Plan	National Policy for achieving UHC doesn't change.
	3. Lessons learnt of health plan management at State/Region level including Kayah are incorporated to develop NHP.	3. National Health Plan, Reports from State/Regions, Interview to MOH and State/Regional officers	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.
<b>Output</b>			
1. Institutional capacity of Ministry of Health is strengthened to manage National Health Plan.	1-1. NHP is developed based on the evaluation of the previous NHP.	1-1. NHP (2011-2015), NHP (2016-2020)	
	1-2. Annual plan is developed based on the evaluation of the previous cycle using the guidelines	1-2. Annual plan 2017 and Annual plan 2018	
2. Kayah State Health Plan is managed based on the guidelines (which is developed through the project activities).	2-1. By the end of the Project, the State Health Plan 2018 is developed based on the evaluation of SHP 2017 and periodically reviewed.	2-1. State Health Plan (2017, 2018), Records of M&E, Interview to SPHD and SMSD, Guidelines (which is developed through the project activities)	
3. Health service delivery is improved through the implementation of the SHP in Kayah	3-1. By the end of the first half of the project, identified necessary measures to improve target health service delivery are incorporated in the State Health Plan.	3-1. Results of Situation Analysis on Health Service Delivery, State Health Plan	
	3-2. By the end of the Project, the training is conducted in order to improve the target health services as a part of the State Health Plan.	3-2. Record of Training, SHP, Record of SHP monitoring	
	3-3. By the end of the Project, the readiness of the target health service is improved through the implementation of the SHP.	3-3. Results of Situation Analysis on Health Service Delivery, SHP, Record of SHP monitoring	

Activities	Inputs		Important Assumption
1. Institutional capacity of Ministry of Health is strengthened to manage National Health Plan.	<p>The Japanese Side</p> <p>The Myanmar Side</p>		<p>Organizational structure of counterparts does not change drastically.</p> <p>- Supports by DPs working in collaboration with the Project does not change drastically.</p>
1.1 To conduct situation analysis on management of the National Health Plan (NHP): how and who manage NHP and annual plan	<p>Japanese Experts</p> <p>1. Experts assigned to MOH:</p> <p>1) Chief Advisor</p> <p>2) Maternal and Child Health/Communication</p> <p>3) Project Coordinator</p> <p>4) Short-term experts (Health Plan management, M&amp;E, Information System, Health Finance etc)</p>		
1-2. To develop guidelines for planning of NHP and annual national plan and to make annual national plan with the guidelines (including budget management)	<p>2. Experts assigned to Kayah State:</p> <p>1) Team Leader/ Health Sector Planning and Administration 1</p> <p>2) Sub-leader/Health Sector Planning and Administration 2</p> <p>3) Health System Management</p> <p>4) Monitoring and Supportive Supervision</p> <p>5) Maternal and Child Health Care 1</p> <p>6) Maternal and Child Health Care 2</p> <p>7) Project Coordinator/Training Management</p> <p>8) Procurement of Medical Equipment</p>		
1-3. To develop guidelines on monitoring and evaluation for NHP and annual plan	<p>Equipment and Materials</p> <p>1. Diagnostic and emergency care equipment/instrument for MCH services</p> <p>2. Project vehicle and equipment/materials necessary for project administration</p>		
1.4 To upgrade databases to monitor and evaluate the implementation of NHP.	<p>Training in the Third countries and Japan</p>		
1-5. To develop TOR for MOH to support appropriate management of state health plans and township health plans.	<p>Counterparts</p> <p>1. Project Director</p> <p>2. Project Manager</p> <p>3. State focal person(s)</p> <p>4. Other personnel mutually agreed upon as needed</p>		
1.6 To share internal/external experience on HSS (including Health Finance) with MoH Staff	<p>Facilities, equipment and materials</p> <p>1. Office spaces and facilities for the project (NPT and Kayah)</p> <p>2. Necessary equipment and materials for project activities</p>		
2. Kayah State Health Plan is managed based on the guidelines (which is developed through the project activities).	<p>Local costs</p> <p>Operational costs for implementing activities</p>		
2-1. To establish working groups where SPHD and SMSD work together for SHP management.			
2-2. To review methods and tools for monitoring and evaluation of the health plans while supporting monitoring and evaluation of the Comprehensive Township Health Plan (2015-2016).			
2-3. To test the management of the 2016 State Health Plan (planning, implementation and evaluation) within budget restriction, based on lessons learnt obtained through operation of the 2015-2016 Comprehensive Township Health Plan.			
2-4. To draft a guideline on management of the State Health Plan, based on the results of the 2016 State Health Plan.			
2-5. To manage (plan, implementation and evaluation) the State Health Plan (2017 and 2018) in line with the guideline.			
2-6. To finalize the guideline on the management of the State Health Plan and introduce the guideline to different states/regions.			
3. Health service delivery is improved through the implementation of the SHP in Kayah			
3-1. To analyze the current provision of target health services and identify necessary measures along with costs to increase the effectiveness of the services.			
3-2. To conduct a study to analyze a cause of selected mortality in the state.			
3-3. To conduct necessary training to improve target health service in the state.			
3-4. To organize activities to increase people's understanding on health services provided in the state. (e.g. hospital festival, outreach service with awareness raising)			

Pre-Conditions

### (3) PDM Ver. 2

Project Title: Health System Strengthening Project

Implementing Agency: MoHS, Kayah State departments of Public Health and Medical Services

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.	1-1. Interview to MoHS	
		1-2. Records of utilization of the guidelines/manuals regarding health plan management	
	2. By 2021, health plans at state/regional level are developed in consistency with the National Health Plan (NHP).	2. National Health Plan and health plans at state/regions and townships	
	3. NHP (2021-2026) is developed with using the guidelines.	3. NHP (2021-2026)	
<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. At the end of the project, the guidelines/manuals on management of National Health Plan (NHP), which are developed by the project, are utilized by MoHS.	1. Records of utilization of the guidelines/manuals regarding NHP management	<ul style="list-style-type: none"> <li>- Additional factors that significantly prevent people from going to health facilities don't emerge.</li> <li>- National Policy for achieving UHC doesn't change.</li> <li>- DP's support to improve the quality and access of the health services don't change drastically.</li> <li>- The budget allocated to the health sector is not reduced sharply.</li> </ul>
	2. 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.	2. Records of utilization of the management manual of the state health plan	
	3. 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.	3. Record of the dissemination activity	
<b>Output</b>			
1. Institutional capacity at the central level to manage the National Health Plan (NHP) is strengthened.	1-1. Guidelines/manuals regarding NHP management are developed.	1-1. Guidelines/manuals regarding NHP management	<ul style="list-style-type: none"> <li>- Organizational structure of counterparts does not change drastically.</li> <li>- Supports by DPs working in collaboration with the Project does not change drastically.</li> </ul>
	1-2. Scores of the M&E assessment increases by XX points.	1-2. The results of the second M&E assessment	
2. Kayah state health plan is managed (planned, implemented, monitored and evaluated) based on the manual which is developed by the project.	2-1. By the end of the project, the state health plan and its management manual are developed.	2-1. State health plan	
		2-2. Management manual of the state health plan	
3. The activities on improving health service delivery are integrated into the state health plan in Kayah.	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.	3-1. State health plan	
		3-2. Records of utilization of the management manual of the state health plan	

Activities	Inputs		Important Assumption
1. Institutional capacity at the central level to manage the National Health Plan (NHP) is strengthened.	The Japanese Side	The Myanmar Side	- Organizational structure of counterparts does not change drastically. - Supports by DPs working in collaboration with the Project does not change drastically.
1.1 To conduct a situation analysis on management of the National Health Plan (NHP): how to and who manage the NHP and the annual plans	Japanese Experts 1. Experts assigned to MoHS: 1) Chief Advisor 2) Health Administration 3) Health Service Delivery /Project Coordinator 4) Short-term experts (M&E on health administration 1.2., Health Service Delivery etc.)	Counterparts 1. Project Director 2. Project Manager 3. State focal person(s) 4. Other personnel mutually agreed upon as needed	
1-2. To assess the monitoring and evaluation (M&E) mechanism for NHP to develop an action plan including the roadmap for improving the M&E mechanism		Facilities, equipment and materials 1. Office spaces and facilities for the project (NPT and Kayah) 2. Necessary equipment and materials for project activities	
1-3. To promote the actions to improve the M&E mechanism with developing related guidelines/manuals			
1-4. To monitor and assess the progress of the actions related with 1-3.		Local costs Operational costs for implementing activities	
1-5. To assess the NHP with using Joint Assessment of National Health Strategies (JANS) tools to develop an action plan including the roadmap for improving the NHP management mechanism	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		
1-6. To promote the actions to improve the overall NHP management mechanism with developing related guidelines/manuals			
1-7. To review the current situation on health planning and management at the state/region level			
1-8. To take actions for strengthening the supporting mechanism for health planning and management at the state/region level			
1-9. To introduce the management manual developed by Expected Output 2 and 3 to other states/regions			
1-10. To share internal/external experience on HSS with MoHS staff			
2. Kayah state health plan is managed (planned, implemented, monitored and evaluated) based on the manual which is developed by the project.			Pre-Conditions
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	Equipment and Materials		
2-5. To finalize the management manual of the state health plan and introduce the management manual to other states/regions	1. Diagnostic and emergency care equipment/instrument for MCH services 2. Project vehicle and equipment/materials necessary for project administration		
3. The activities on improving health service delivery are integrated into the state health plan in Kayah.			
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	Training in the Third countries and Japan		
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			



(4) PDM Ver. 3

Project Title: Health System Strengthening Project

Implementing Agency: MoHS, Kayah State departments of Public Health and Medical Services\_

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.	1-1. Interview to MoHS 1-2. Records of utilization of the guidelines/manuals regarding health plan management	
	2. By 2021, health plans at state/regional level are developed in consistency with the National Health Plan (NHP).	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)	1. Data from Division of Supportive Medical Services, DMS	<ul style="list-style-type: none"> <li>- Additional factors that significantly prevent people from going to health facilities don't emerge.</li> <li>- National Policy for achieving UHC doesn't change.</li> <li>- DP's support to improve the quality and access of the health services don't change drastically.</li> <li>- The budget allocated to the health sector is not reduced sharply.</li> </ul>
	2. At least one report of hospital data analysis at a sample area is developed.	2. Report of hospital data analysis	
	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.	3. Records of utilization of the management manual of the state health plan	
	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.	4. Record of the dissemination activity	
<b>Output</b>			
1. Institutional capacity of MOHS to collect, compile, analyze and utilize the data for health plan management is strengthened.	1-1. All the existing Medical Record Technicians (MRTs) complete the refresher training on hospital information system. (Estimate Total Number: 200 MRTs)	1-1. Training reports	<ul style="list-style-type: none"> <li>- Organizational structure of counterparts does not change drastically.</li> <li>- Supports by DPs working in collaboration with the Project does not change drastically.</li> </ul>
	1-2. The number of the newly recruited MRTs who have completed the training on hospital information system. (Target Number: 300 MRTs)	1-2. Training reports	
	1-3. Review of State/Region health plan management is finalized.	1-3. Review of State /Region Health Plan	
	1-4. The number of KCCP and seminars at MOHS	1-4. Seminar reports	
2. Kayah state health plan is managed (planned, implemented, monitored and evaluated) based on the manual which is developed by the project.	2-1. By the end of the project, the state health plan and its management manual are developed.	2-1. State health plan	
		2-2. Management manual of the state health plan	
3. The activities on improving health service delivery are integrated into the state health plan in Kayah.	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.	3-1. State health plan	
		3-2. Records of utilization of the management manual of the state health plan	

Activities	Inputs		Important Assumption
1. Institutional capacity of MOHS to collect, compile, analyze and utilize the data for health plan management is strengthened.	The Japanese Side	The Myanmar Side	-Organizational structure of counterparts does not change drastically. -Supports by DPs working in collaboration with the Project does not change drastically.
1.1 To conduct a situation analysis on management of the National Health Plan.	Japanese Experts	Counterparts	
1-2. To conduct a situation analysis on the hospital data management and utilization.	1. Experts assigned to MoHS:	1. Project Director	
1-3. To conduct effective refresher trainings for the existing MRTs with the training of the trainers	1) Chief Advisor	2. Project Manager	
1-4. To conduct in-service trainings for the newly recruited MRTs for strengthening hospital data management at the state/regional level.	2) Health Service Delivery	3. State focal person(s)	
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.	3) Project Coordinator	4. Other personnel mutually agreed upon as needed	
1-6. To compile and analyze data coming from hospitals at a selected area and make a report.	4) Short-term experts (M&E on health administration 1.2., Health Service Delivery etc.)	Facilities, equipment and materials	
1-7. To review the current situation on health planning and management at the state/regional level.	2. Experts assigned to Kayah State:	1. Office spaces and facilities for the project (NPT and Kayah)	
1-8. To introduce the management manuals developed by Expected Output 2 and 3 to other states/regions.	1) Team Leader/Health Sector Planning and Administration 1	2. Necessary equipment and materials for project activities	
1-9. To organize the occasions to share internal/external experiences on HSS in MOHS.	2) Sub-leader/Health Sector Planning and Administration 2	Local costs	
2. Kayah state health plan is managed (planned, implemented, monitored and evaluated) based on the manual which is developed by the project.	3) Health System Management	Operational costs for implementing activities	
2-1. To review the current situation of the state health plan in Kayah	4) Monitoring and Supportive Supervision	Pre-Conditions	
2-2. To review the current tools of monitoring and evaluation of the state health plan in Kayah	5) Health Service Improvement 1		
2-3. To draft a management manual of the state health plan	6) Health Service Improvement 2		
2-4. To manage (plan, implement and monitor/evaluate) the state health plan based on the draft manual	7) Health Service Improvement 3		
2-5. To finalize the management manual of the state health plan and introduce the management manual to other states/regions	8) Project Coordinator/Training Management		
3. The activities on improving health service delivery are integrated into the state health plan in Kayah.	9) Procurement of Medical Equipment		
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	Equipment and Materials		
3-2. To strengthen the capacity of the state to manage (plan, implement and monitor/evaluate) training programs for health staff in Kayah	1. Diagnostic and emergency care equipment/instrument for MCH services		
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	2. Project vehicle and equipment/materials necessary for project administration		
* Enter-Education: health education in style of entertainment	Training in the Third countries and Japan		
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			



