

添付資料 7-1 評価結果要約表（英語及びミャンマー語）

(1) 英語

Evaluation Summary

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1. Outline of the Project	
Country: The Union of Myanmar	Project title: The Leprosy Control and Basic Health Services Project
Issue/Sector: Health/Medical care	Cooperation scheme: Technical Cooperation
Division in charge: Infectious Disease Control Division, Health Human Resources and Infectious Disease Control Group, Human Development Department JICA Myanmar Office	Total cost: 795 million yen
	Partner country's implementing organization: Leprosy Control Unit, Department of Health (DOH), Ministry of Health (MOH)
Period of cooperation: April 1st, 2000 – March 31st, 2005	Supporting organization in Japan: International Medical Center of Japan
Related cooperation: N/A	
<p>1-1. Background of the Project</p> <p>In the Union of Myanmar, infectious diseases account for most leading causes of mortality and morbidity and are counted as one of the top priority in the Third National Health Plan. In terms of persons affected by leprosy, Myanmar is considered to be one of the five endemic countries in the world.</p> <p>The Myanmar government started to launch the leprosy control as early as 1950-1951 based on the directions of the WHO. Partial integration of the national leprosy control with basic health services started from 1977. With strong commitments and great efforts made by the government, however, the registered prevalence rate did not attain to 1/10,000 even entering the 21st century.</p> <p>Under these circumstances, Myanmar requested the Government of Japan for a technical cooperation project aiming at strengthening infectious disease control, especially for leprosy, through the capacity enhancement of BHS who deliver health care services from 1st April, 2000 to 31st March, 2005 for five years. The target areas of the Project are 48 townships in three divisions, and the nine townships are the pilot areas for the prevention of disability (POD) services.</p> <p>1-2. Project Overview</p> <p>The technical improvement of health and medical staff for the leprosy control program was promoted for the purpose of the effective implementation of new case finding, treatment, POD, rehabilitation, etc. in the target divisions (Magway, Mandalay, and Sagaing).</p>	
<p>(1) Overall Goals</p> <p>① Elimination of leprosy is achieved and sustained in the project sites.</p> <p>② Comprehensive leprosy control program including case findings, treatment and rehabilitation is enhanced in every region of Myanmar.</p> <p>③ POD⁷⁷, POWD, and rehabilitation services are widely available for Persons Affected by Leprosy in the project sites.</p>	

⁷⁷ POD is now separated into the three levels, i.e., primary, secondary, and tertiary level, and POWD belongs to the tertiary level.

(2) Project Purpose

Leprosy control program including new case finding, treatment, prevention of disability (POD), prevention of worsening disability (POWD), and rehabilitation is conducted effectively with a sustainable referral system, together with the technical improvement of BHS not only for leprosy control but also for the control of other diseases such as tuberculosis (TB), malaria, and EPI, in the project sites.

(3) Outputs

- a) Capacities of staff of the concerned institutions to conduct leprosy case finding are increased.
- b) Capacities of staff of the concerned institutions to conduct treatment (MDT, side effects, reactions, and so on) are increased.
- c) Capacities of staff of the concerned institutions and vertical staff to conduct POD, POWD, and rehabilitation are increased.
- d) Training on leprosy is conducted in integrated manner with other diseases.
- e) Capabilities of Regional Leprosy Officers, Team Leaders, and Medical Officers of district and township levels to manage leprosy control program are improved.
- f) Referral and training functions of respective institutions are enhanced.

(4) Inputs (as of the Project's termination):

Japanese side:

Long-term Expert: 244.83 M/M	472,946 thousand yen for long-term and short-term experts	
Short-term Expert: 60.60 M/M		
Trainees received: 39.10 M/M	17,401 thousand yen	Equipment: 138,573 thousand yen
Local Cost: 146,153 thousand yen		Others: 20,081 thousand yen
		<u>Total cost: 795 million yen</u>

Myanmar side:

Counterparts
 Provision of project offices in Yangon and Mandalay
 Local Cost: 295 million kyat (Total cost from 2000 to 2004: approximately 16.4 million yen)

2. Evaluation Team

Member of Evaluation Team	Evaluation Analysis: Takaaki HIRAKAWA (INTEM Consulting, Inc.)	
Period of Evaluation	May 24th, 2009 – June 12th, 2009	Type of Evaluation: Ex-post evaluation

3. Project Performance

3-1. Achievement of the Overall Goal

(1) Leprosy elimination in the 48 target townships (Overall Goal 1)

The evaluation team concluded that the “leprosy elimination” of the Overall Goal 1 was generally achieved according to the indicators as mentioned below.

- Registered Prevalence Rate: RPR

There are 43 townships (in 2008) fulfilling the target value of the RPR (1/10,000) in the 48 target townships. Thus, it could be said that the RPR is sustained below 1/10,000 in most of the target townships.

- New case detection rate: NCDR

There are 44 townships (in 2008) fulfilling the target value of the NCDR (15/100,000) in the 48 target townships. Thus, it could be said that the NCDR is sustained below 15/100,000 in most of the target townships.

(2) Expansion of POD and rehabilitation services in the 48 target townships (Overall Goal 3)

The evaluation team figured out that the expansion of POD activities was favorably promoted for the achievement of the Overall Goal 3 although the POD activities have not been expanded to all the 48 townships at this moment.

The number of Grade 2 disability⁷⁸ among new cases in 2008 was decreased in comparison with the number in 2007. However, the number of Grade 2 disability has fluctuated in sequential years since 2005. Thus, it is difficult to decide whether the number of Grade 2 disability shows the upward or downward trend at this moment.

(3) Expansion of the comprehensive leprosy control program in Myanmar (Overall Goal 2)

Although the evaluation team is not able to conclude that the comprehensive leprosy control program is expanded nationwide at this moment, POD and periodic sensitization activities are steadily promoted for the achievement of the Overall Goal 2 through the project of International Federation of Anti-leprosy Associations (ILEP), celebrations of the Leprosy Elimination Commemorative Day, TV spots, etc. in the whole of country.

National Leprosy Control Program has emphasized on POD and rehabilitation, and ILEP plans to expand the POD services to 88 townships by 2009. In terms of the state and division in Myanmar, ILEP project covers three out of seven states⁷⁹ and six out of seven divisions⁸⁰. The POD services will be expanded to 108 townships by 2010, and it means that around 1/3 of 325 townships in Myanmar will be covered. In total, therefore, 117 townships are supposed to receive the POD services because JICA has already provided technical assistance of the POD services for nine townships.

3-2. Performance of the Project Purpose

Out of seven indicators of the Project Purpose utilized in the terminal evaluation study, the four indicators for the leprosy elimination, i.e., (1) RPR⁸¹, (2) NCDR⁸², (3) Treatment Completion Rate⁸³ (TCR), and (4) Multidrug Therapy⁸⁴ (MDT), were basically achieved at the time of the terminal evaluation study. Also, regarding POD and rehabilitation services, the three indicators were set up as follows: (5) Function of POD and rehabilitation with three referral centers (Yenanthar Leprosy Hospital: YLH, Central Special Skin Clinic in Yangon: CSSC, Mandalay Special Skin Clinic: MSSC); (6) POD services at selected nine townships; and (7) Training for the BHS acquired knowledge and skill for self-care. At the time of the terminal evaluation study, POD and rehabilitation services were favorably promoted according to the three indicators. Furthermore, the Project Purpose was generally achieved at the time of the ex-post evaluation study.

⁷⁸ The Grade is categorized into three levels.

Grade 0 = “No disability”; Grade 1 = “Loss of sensation”; Grade 2 = “Visible damage or disability”

⁷⁹ The target states of ILEP project are Shan (4 townships), Mon (3 townships), and Kayin (1 township).

⁸⁰ The target divisions of ILEP project are Bago (28 townships), Mandalay (13 townships), Ayeyarwady (13 townships), Sagaing (9 townships), Magway (9 townships), and Yangon (8 townships).

⁸¹ There are 46 townships (in 2005) fulfilling the target value of the RPR (below 1/10,000) in the 48 target townships.

⁸² There are 46 townships (in 2005) fulfilling the target value of the NCDR (below 15/100,000) in the 48 target townships.

⁸³ There were prospects that the TCR in the target areas would be maintained at 98-99% at the time of the project termination (2005).

⁸⁴ The ratio of leprosy patients receiving the MDT attains to the target value (100%) in the 48 target townships at the time of the project termination (2005).

3-3. Follow-up of the Recommendations by Terminal Evaluation Study

Follow-up activities of the recommendations by the terminal evaluation study are explained in the below table.

No.	Recommendations by the terminal evaluation study	Follow-up activities at the time of the ex-post evaluation study
1	To sustain the Leprosy Elimination at the national level and continue to encourage to achieve the Leprosy Elimination at all townships.	It could be said that the target values of the RPR and NCDR (in 2008) are generally fulfilled in most of the target townships. Also, the elimination status (RPR: 0.48, NCDR: 5.76) at the national level is achieved.
2	To assign a person as the shoemaker at every township where the POD/POWD are introduced for proper provision of footwear.	Seven shoemakers are currently assigned in seven townships out of selected nine townships.
3	To conduct a survey on evaluating BHS's performance linked to the project activities. The results and outputs should be utilized for planning of system development for capacity building of basic health staff with good coordination mechanism.	The DOH has not conducted a specific survey on evaluating BHS's performance yet. The Leprosy Control Unit carries out the supervision visit for the BHS' performance.
4	To promote rehabilitation services at community level for PALs together with other disabled persons.	Social and physical rehabilitations together with other disabled persons have been promoted ongoing process.
5	To maintain utilization of the YLH training facility as much as possible.	The YLH has continued to utilize the training facility, and most of the training at the YLH is the LCP-related training. After the termination of the Project (since April, 2005), the YLH carried out POD-related training seven times and training on shoe making (MCR sandal) three times.
6	To establish referral system between three institutions and townships.	As mentioned in "3-2 Performance of the Project Purpose," generally speaking, the YLH, CSSC, and MSSC function properly.

4. Results of Evaluation

4-1. Summary of Evaluation Results

(1) Relevance

For the following reasons indicated in the terminal evaluation study, the Project is judged to be of high relevance.

- As the WHO set an international goal of reducing the RPR of leprosy below one per 10,000, Myanmar established the national goal for the leprosy elimination as a member of the Global Alliance for Elimination of Leprosy. Also, the Myanmar government set the strategy for reducing disabilities in persons affected by leprosy, starting in 2005. Thus, nine selected townships were recognized to continue ongoing POD activities.
- The consistency between the Project and JICA country assistance program was confirmed. Based on economic cooperation policy of Japan towards Myanmar, JICA has been conducting humanitarian assistance as one of important cooperation areas. This Project is categorized as one of priority areas under the humanitarian assistance including other major infectious disease (HIV/AIDS, Malaria, and TB) and reproductive health to secure people's direct benefits.

(2) Effectiveness

For the following reasons, the effectiveness of the Project is judged to be high.

- As mentioned in "3-2 Performance of the Project Purpose," it could be said that the Project Purpose was basically achieved at the time of the terminal evaluation study.

- It could be said that the leprosy elimination and medical services were improved because the capabilities of new leprosy case finding (Output 1), leprosy treatment (Output 2), and POD and rehabilitation services (Output 3) were enhanced through the training for the specialized staff of infectious disease control including leprosy and the BHS. In this way, the Outputs 1-3 principally contributed toward achieving the Project Purpose. Also, the Output 3 for the POD and rehabilitation services became a major component for a latter half of the Project since the Myanmar government had announced the elimination of leprosy in January, 2003. Furthermore, it is considered that the Project Purpose was smoothly achieved by establishing the Output 4-6 so as to complement these Outputs 1-3.

(3) Efficiency

The Inputs of the Project were efficiently transferred to the Activities and the Outputs from the points of view as indicated in the terminal evaluation study.

- Collaboration between the Project and ILEP project brought in effective development of POD service package in nine selected townships of the target areas. The Project incorporated the activities of ILEP project, such as self-care, footwear, treatment of ulcer, etc., into the service package at the nine selected townships. Thus, it could be said that the Outputs were efficiently achieved because the time for the development of POD activities was considerably saved.
- Most of text books, teaching tools, and IEC materials were reprinted with the existing ones so that the users were easily able to accept them. From the perspective of the efficiency, this contributed to the achievement of the Outputs because of the reduction of the production costs.

(4) Impact

The following impacts are recognizable from the implementation of the Project at the time of the ex-post evaluation study.

(a) Achievement of the Overall Goal

As mentioned in “3-1 Achievement of the Overall Goal,” it is considered that the planned Overall Goal has favorably been promoted through the achievement of the Project Purpose. The Project Purpose aimed for effective implementation of new leprosy case finding, leprosy treatment, and POD services. It could be said that the structure for maintaining the target values of new case finding and treatment (Overall Goal 1) was established by the achievement of the Project Purpose. Regarding the POD services (Overall Goal 3), as the Myanmar government set the strategy for reducing disabilities in leprosy patients in 2005, POD activities are steadily promoted at the nine target townships and other areas. Furthermore, since this Project and ILEP project carried out the POD activities in line with the contents of the leprosy control program by the MOH, the Project became a driving force for the nationwide expansion of the comprehensive leprosy control program (Overall Goal 2) in collaboration with ILEP. Thus, it could be said that the leprosy control activities have favorably been promoted in preparation for the achievement of the Overall Goals.

(b) Other impacts except for the Overall Goal

- According to the Leprosy Control Unit of the DOH, leprosy patients became able to prevent themselves from getting serious deformities after the POD services, and they came to feel more confident to participate in social activities in their community. Also, social stigma of the leprosy patients has been reduced, and the community people became able to accept the leprosy patients as it is now. The MSSC mentioned that community people came to understand that the leprosy is a curable disease and not easily transmitted to other persons through the health education by the leprosy specialized staff, BHS, and local NGOs. In this way, the barriers between the leprosy patients and community people would gradually be removed through the health education and public awareness activities.

- In Nanthar Myaing village, leprosy colony inside the YLH, the sewing group consisting of leprosy ex-patient and patient's family produces garments and souvenirs as their social and economic rehabilitation⁸⁵. Presently, a garment company in Mandalay orders clothes and dresses from this sewing group in Nanthar Myaing village, and the garment products are exported to Japan by the garment company.
- According to a patient at the YLH, social awareness of the leprosy patients has been changing through the health education for the community people so that they came to regard the leprosy as a curable disease. In this way, the circumstance of the leprosy patients becomes better, and they feel more comfortable than before. However, the medical superintendent of the YLH indicates that the leprosy patients might frequently get trapped into self-segregation as "everybody pushes me away." Thus, psychological care and counseling treatment would increase in importance because the leprosy patients tend to become the negative thoughts.
- The purpose for producing MCR sandals is to protect the soles of leprosy patients with the Grade 1 (loss of sensation) and Grade 2 (visible damage or disability) from the ulcer. Also, the leprosy patients can prevent from developing ulcer by using MCR sandals. If leprosy patients of the Grade 1 wear the MCR sandal, they are able to prevent from getting plantar ulcer which is defined as the Grade 2. This is because the patients of the Grade 1 can avoid the injury caused by the loss of sensation with the MCR sandals. The patients are able to prevent from stepping on sharp objects on the ground because the sole of the MCR sandal is very hard. Thus, it is crucial for them to avoid injuries developing ulcer steadily and not to attain to the Grade 2. If the patients of the Grade 2 wear the MCR sandals, their ulcers will also be recovered more quickly. The MCR sandal reduces the pressure on ulcer so that leprosy patients became able to ease and prevent from serious ulcer. Furthermore, the MCR sandals are useful for not only leprosy but also diabetic patients because of their foot ulcers.

(5) Sustainability

As analyzed below, there are prospects that the leprosy control activities will be sustained if human and financial resources for the leprosy control activities are properly secured.

(a) Policy aspect

The general objective of the leprosy control services is described in the National Health Plan (2006-2011) by the MOH as follows: To reduce the burden of leprosy patients and to provide leprosy control services focusing on POD and rehabilitation. Therefore, it is anticipated that the leprosy control activities are sustained from now on.

(b) Administrative aspect (Capacity of the leprosy specialized staff and BHS)

The National Leprosy Control Program provides various types of (refresher) training on leprosy control (for two to three days), including the POD services, for the leprosy specialized staff in Nay Pyi Taw with the financial assistance of the WHO and ILEP if needed. As a result, the leprosy specialized staff became able to sustain their knowledge and skills from the perspective of the sustainability. Also, the leprosy specialized staff provide the BHS with the training for the leprosy control activities, such as case finding, reaction management, management of ulcer, self-care practice, etc.

The POD practices are promoted by the BHS in cooperation with the specialized staff. The BHS visit leprosy patients at their community during the monthly assessment, and they teach and educate the patients, such as eye, hand, and foot exercise. The specialized staff go through the findings extracted from the monthly assessment conducted by the BHS in comparison with the previous ones, and the specialized staff directly give advice to the patients during the semiannual assessment in their community. Also, it is a good opportunity for the

⁸⁵ There are five full-time workers and four part-time workers (also working as YLH staff). A full-time worker earns around 20,000 kyat per month. Provided that two part-time workers are calculated as one full-time worker, the sewing group earns 140,000 kyat per month and 1,680,000 kyat per year.

BHS to gain OJT from the specialized staff, and they make efforts to integrate POD services into the basic health services provided by the BHS.

In each township, the Continuous Medical Education (CME) is carried out for all the BHS every month on the same day of their salary, so they are able to continue to learn the leprosy control by the means of the CME. Although the topic of the CME changes every month, the leprosy control is carried out at least once a year. However, it is still necessary to have refresher training for the specialized staff and BHS in order to sustain their skills and motivations.

The Project for Strengthening Training Capacity of Training Teams for Basic Health Staff (hereinafter refer to as “BHS Project”) launching from October, 2008 for five years provides assistance for the BHS through the outcomes and experiences of the Leprosy Control Project. The BHS Project aims at improving the efficiency and quality of in-service education for the BHS through the enhancement of the training implementation structure of each training team at the central, state/divisional, and township levels. Thus, it is anticipated that the activities for the capacity enhancement of the BHS will continuously be carried out by the BHS Project.

(c) Financial aspect

The DOH has the intentions to continue the leprosy control services under the Disease Control Program. According to the National Health Plan (2006-2011), financial requirement for the leprosy control is around 1.27 billion kyat⁸⁶ from the governmental budget and around US\$ 3.52 million from the UN-related organization from FY⁸⁷ 2006 to FY 2010 for five years. Thus, it is anticipated that financial resources for the leprosy control activities are secured by FY 2010 based on the Disease Control Program in the National Health Plan as well as the expansion plan to 80 townships from 2007 to 2010 (four years) by ILEP.

There are still some MCR sandals in stock (74 pairs in Shwe Bo and 500 pairs in Pakokku as of June, 2009). After the distribution of the sandals, however, raw materials, such as rubber, thong, and glue, must be procured for the production of the MCR sandals. With reference to the future production, cost sharing approach should be adopted for the patients affording to buy with the reasonable price from the perspective of the sustainability.

4-2. Factors that have promoted the Project

(1) Impact

Leprosy specialized staff are assigned for the specific district consisting of several townships. Thus, they were able to share the experiences and lessons extracted from POD activities with the other townships in their district. In Pakokku township, the leprosy specialized staff assigned in Pakokku district have already shared the POD activities with other townships within Pakokku district. In this way, it is considered as the promoting factor that the specialized staff are assigned in the district which takes control of the townships in preparation for the expansion of POD activities into 48 target townships.

It was also considered as the important promoting factor that community awareness activities on the leprosy control have been promoted on a regular basis through the Leprosy Elimination Commemorative Days and TV spots for the nationwide expansion of the comprehensive leprosy control program.

Also, the follow-up cooperation after the termination of the Project was carried out through the dispatch

⁸⁶ According to the foreign currency translation rate set up by the standard of JICA, one kyat is equal to 0.214 yen (1 kyat = 0.214 yen) as of June, 2009.

⁸⁷ Fiscal Year in Myanmar is from 1st April to 31st March.

⁸⁸ ILEP plans to expand the POD activities to 60 townships from 2007 to 2009 for three years, and the 19 townships are contained in the 39 target townships of the Project (except for the selected nine townships).

of short-term experts for the monitoring & evaluation and the MCR sandals at the nine target townships in order to examine the progress and problems of POD activities, produce MCR sandals, improve the skills of shoemakers, etc. at the nine target townships. Thus, it is considered that the POD activities were smoothly promoted through the follow-up cooperation in preparation for the achievement of the Overall Goal.

(2) Sustainability

This Project promoted the POD activities at the nine selected townships in line with the general objective of the leprosy control activities described in the National Health Plan (2006-2011). Also, ILEP plans to expand the POD activities to 108 townships by 2010. Eventually, ILEP was able to support the expansion of the POD activities into some of 48 target townships because the Project was designed corresponding to the national strategy. In this way, the POD activities have continuously been promoted at some target townships⁸⁸.

4-3. Factor that have inhibited the Project

(1) Impact

As mentioned above, the leprosy patients tend to become the negative thoughts because psychological care and counseling treatment are not carried out adequately. Thus, it is necessary for the leprosy specialized staff and BHS to provide the leprosy patients with psychological care and counseling treatment.

(2) Sustainability

Opportunities of refresher training are not sufficiently provided for the leprosy specialized staff and BHS on a regular basis in order to sustain their capabilities and skills.

Also, it is quite difficult to continuously conduct the leprosy control activities because human resources of the leprosy specialized staff are limited. Thus, leprosy control activities should be integrated into the basic health services provided by the BHS so as to continue the activities for the long term.

The orthopedic shoe press and the shoe repair press machine procured by the Project are not effectively utilized at the National Rehabilitation Hospital (NRH). These equipment are effective for the mass production of the MCR sandals which are highly appreciated by the leprosy patients. Therefore, it is necessary to consider the measures for the effective utilization of the equipment.

4-4. Conclusions

The achievement and progress of the Overall Goals are generally satisfactory according to the indicators of each Overall Goal set up in the PDM. The evaluation team concluded that the “leprosy elimination” of the Overall Goal 1 was basically achieved. Also, it could be figured out that the expansion of POD activities is favorably promoted for the achievement of the Overall Goal 3 although the POD activities have not been expanded to all the 48 target townships at this moment. Furthermore, although the comprehensive leprosy control program is not expanded to the whole of country so far in preparation for the achievement of the Overall Goal 2, it could be said that the POD and periodic sensitization activities are steadily promoted for the nationwide expansion.

The promoting factor in preparation for the achievement of the Overall Goals is that the leprosy specialized staff are able to share the experiences and lessons extracted from the POD activities with the other townships in their district because they are assigned for the specific district consisting of several townships. As observed in Pakokku district, it could be said that the project design was appropriate since the Project utilized the leprosy specialized staff assigned in the district which took control of the townships for the purpose of POD expansion into 48 target townships.

Moreover, ILEP was able to support the expansion of the POD activities into some of 48 target townships because the Project was designed in line with the national strategy. This made great progress in the achievement of the Overall Goals.

4-5. Recommendations

Recommendations to the Leprosy Control Unit, the DOH:

- (1) It is necessary to have refresher training for the leprosy specialized staff and BHS on a regular basis in order to sustain their skills and motivations.
- (2) The leprosy specialized staff should share the experiences, outcomes, and lessons extracting from the nine townships with the other townships in their districts. Furthermore, it is very crucial to get commitments from the divisional health departments in order to expand the POD practices to the 48 target townships of the three divisions.
- (3) As it is considered that psychological care and counseling treatment would increase in importance, the counseling-related courses should continuously be conducted for the leprosy specialized staff.
- (4) The POD services should be integrated into the basic health services in the near future for the purpose of the sustainability of the leprosy control activities in Myanmar.
- (5) It is necessary to effectively use the orthopedic shoe press and the shoe repair press machine at the NRH in preparation for the future production of the MCR sandals because of the needs of the leprosy patients.

4-6. Lessons learned

- (1) The JICA Project and ILEP conducted the POD activities in line with the leprosy control program. In this way, it is very important to stick to the national strategy for the future collaboration with the other donor agencies which can support to achieve the overall goal (long-term goal) of the Project corresponding to the national strategy.
- (2) In this Project, leprosy specialized staff assigned for the specific district were able to share the POD practices with the other townships in their district. In this way, the authorities/offices/personnel which take control of the target areas from the higher administrative level should be convinced to implement the project activities for the purpose of a nationwide expansion in the future.
- (3) Information of leprosy control is often introduced through TV spots. Also, the public celebrates the Leprosy Elimination Commemorative Day across the country. In this way, it is crucial to make efforts to enhance community awareness of the subject for the sustainability of the project activities.