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Project Design Matrix (PDM)

Project Name: Community-Oriented Reproductive Health Project in the Union of Myanmar　　Duration: February 2005 to January 2010

Target Area: Naungcho and Kyaukme　　Target Group: Women of Reproductive Age (15-49) in Naungcho and Kyaukme

Narrative Summary	Objectively Verifiable Indicators **	Means of Verification	Important Assumptions
Overall Goal			
Reproductive health (RH) status improves in project areas and expanded areas*of the Union of Myanmar	1 Maternal mortality rate is reduced	1.1 HMIS Report 1.2 RHMIS Report	Ministry of Health continues its RH policy
	2 Number of pregnancies with complication is reduced.	2.1 Registered Book	
	3 Number of deliveries with complication is reduced.	3.1 Hospital Statistics	
Project Purpose			
· Utilization of quality RH services increases in the project areas	1. CPR (Contraceptive Prevalence Rate) is increased. 2. Percentage of women who received 4 and more times of ANC is increased. 3. Percentage of deliveries attended by skilled health personnel is increased. 4. Number of women with complications managed by skilled health personnel is increased. 5. Coverage of T/T vaccination among the pregnant women is increased. 6. Number of Township Health Department utilizes the best practices and approaches formulated by the project is increased.	1.1 RHMIS Report 2.1 AN Register 3.1 AN Register 4.1 Hospital Statistics 4.2 Clinic Register 4.3 AN Register 5.1 AN Register	Assistances from other donors continue Ministry of Health continues support to RH services
· Best practices and approaches identified from the Project are applied to RH programmes in the Union of Myanmar			
Outputs			
1. Quality of RH services with special focus on safe motherhood is improved in the project areas	1.1 Percentage of RH service providers who are able to exchange information with clients is increased. (A checklist should be developed) 1.2 Percentage of midwifery-trained personnel who are able to perform ANC according to the MOH technical guidelines is increased. (A checklist should be developed based on the MOH guidelines.) 1.3 Percentage of midwifery-trained personnel who are able to assist childbirths according to the MOH technical guidelines is increased. (A checklist should be developed based on the MOH guidelines.) 1.4 Percentage of midwifery-trained personnel who are able to perform PNC according to the MOH technical guidelines is increased. (A checklist should be developed based on the MOH guidelines.) 1.5 Percentage of midwifery-trained personnel knowledgeable about obstetric complications is increased. (A checklist should be developed based on the MOH guidelines.)	Baseline, midterm, evaluation survey report Baseline, midterm, evaluation survey report Baseline, midterm, evaluation survey report Baseline, midterm, evaluation survey report Baseline, midterm, evaluation survey report	The condition of access to the Service Delivery Points (SDPs) remains unchanged
2. Awareness and knowledge on RH issues among community people, particularly women in reproductive age, improve in the project areas	2.1 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about complications of pregnancy and childbirth is increased. 2.2 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about contraception is increased. 2.3 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about risks of abortion is increased. 2.4 Percentage of women who utilize home-based maternal record is increased 2.5 Percentage of women who utilize the clean-delivery-kit is increased. 2.6 Percentage of women who participated in health education sessions is increased. 2.7 Number of appropriate BCC materials developed and utilized in the community is increased.	Baseline survey and evaluation Report Baseline survey and evaluation Report Baseline survey and evaluation Report Evaluation Report Baseline and Evaluation Report Project Annual Report Project Annual Report	
3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2	3.1 Annual micro plan at each level for the project is developed every year. 3.2 Monitoring/supervision activities are regularly conducted and recorded. 3.3 Coordination committee is regularly organized at each level and the minutes are recorded.	Project Annual Report Project Annual Report Project Annual Report	
4. Applicable community-oriented RH approaches are identified for wider application under RH programme in the Union of Myanmar	4.1 Certain number of community-oriented RH documentation is distributed to other areas in the Union of Myanmar	Project Annual Report	

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Activities	Inputs		
1-1 Conduct the operational research on RH services, health facilities and community perspectives on RH 1-2 Train and re-train Basic Health Staff (Health Assistant and Midwife, etc.) for strengthening quality RH services at RHCs and Sub-RHCs 1-3 Train and retrain Basic Health Staff (BHS), Auxiliary Midwives (AMWs) and Trained Traditional Birth Attendants (TTBAs) for ensuring the clean and safe home-based delivery including early detection of high risk pregancy 1-4 Organize effective linkages between health workers and the community for the provision of care and close monitoring during pregnancy, delivery, and post-delivery period to make pregnancies safer 1-5 Establish an effective referral system for risk cases from the community to the first referral level 1-6 Improve Basic Health Staff (BHS)'s communication skills and their counseling services including post-abortion care 1-7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs 2-1 Train basic health staff such as Midwives (MWs) as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people 2-2 Provide IEC/BCC training to community leaders and community health volunteers, including Auxiliary Midwives (AMWs), Traditional Birth Attendants (TBAs) and community health workers (CHWs) by trained Basic Health Staff (BHS) 2-3 Conduct IEC/BCC activities on RH issues by the trained IEC/BCC implementers mentioned above (2-1 and 2-2), for fostering health-seeking behavior among community people 2-4 Produce appropriate IEC/BCC materials based on the local needs, which contributes towards the effective implementations of IEC/BCC activities 2-5 Establish community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among basic health staff, community health volunteers, and existing local authorities/organizations such as Village Health Committee 3-1 Establish project steering committees for the effective planning monitoring and evaluation of the project activities at each level (Project Steering Committee (PSC) at central level, Township Working Group (TWG) at township level and Village Track Working Group (VTWG) at village level) 3-2 Provide management training to steering committee members and project personnel at different levels on the skills for planning, implementation, management and coordination, and monitoring of the project 3-3 Provide capacity development training through study visits/observations of existing model cases in Japan and other countries 4-1 Organize regular half-yearly meetings at the central level for the effective planning, monitoring and evaluation of the project activities 4-2 Develop guides for project implementers for the promotion of community-oriented RH activities 4-3 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project 4-4 Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country for sharing and transferring of experiences gained through the model project 4-5 Conduct workshops/seminars for sharing the experiences, outcomes and lessons learnt of the community-oriented RH model project among the concerned government bodies	Japanese Government: 1. Experts (technical, management and coordination) 2. Equipment and materials 3. Training of project personnel in Japan and in other countries	Myanmar Government: 1. Government staff as counterpart personnel, and project staff 2. Office space, facilities, equipment and materials 3. Administrative and operational costs 4. Land, buildings and other facilities necessary for the implementation of the project	Counterparts such as DOH staff, TMO, and BHS are properly allocated Provision of contraceptives and essential drugs to the project areas is secured **Pre-conditions** Residents in the target areas accept RH-related project

* The areas where community-oriented RH approach is applied.

** The figures will be specified in due course.