MINISTRY OF HEALTH,
REPUBLIC OF UGANDA

PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH INFRASTRUCTURE MANAGEMENT II

Project Completion Report

June 2021

JAPAN INTERNATIONAL COOPERATION AGENCY

INTERNATIONAL TECHNO CENTER CO., LTD.
KAIHATSU MANAGEMENT CONSULTING, INC

HM
JR
21-036

Abbreviations

CQI	Continuous Quality Improvement
DAC	Development Assistance Committee
GH	General Hospital
HC IV	Health Centre IV
HFQAP	Health Facility Quality of Care Assessment Program
HID	Department of Health Infrastructure
HSDP	Health Sector Development Plan of 2015-2016 and 2019-2020
HSSIP	Health Sector Strategic and Investment Plan 2010/2011-2014/2015
IDI	Infectious Disease Institute
IP	Implementing Partner
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
M&E	Monitoring and Evaluation
ME	Medical Equipment
MOH	Ministry of Health
NHP	National Health Policy
NOMAD	New Operation and Inventory Data Analysis
PDM	Project Design Matrix
Phase 1	The Project on Improvement of Health Services through Health Infrastructure Management
Phase 2	The Project on Improvement of Health Services through Health Infrastructure Management II
PNFP	Private-Not-For-Profit
QI	Quality Improvement
QIF&SP	National Quality Improvement Framework and Strategic Plan
QIT	Quality Improvement Team
R/D	Record of Discussions
RH	Referral Hospital
RRH	Regional Referral Hospital
RWS	Regional Workshop
SARA	Service Availability and Readiness Assessment
SCAPP	Department of Standards, Compliance, Accreditation and Patient Protection
ToT	Training of Trainers
TQM	Total Quality Management
TWG	Technical Working Group
UT	User Training
WIT	Work Improvement Team
WS	Workshop

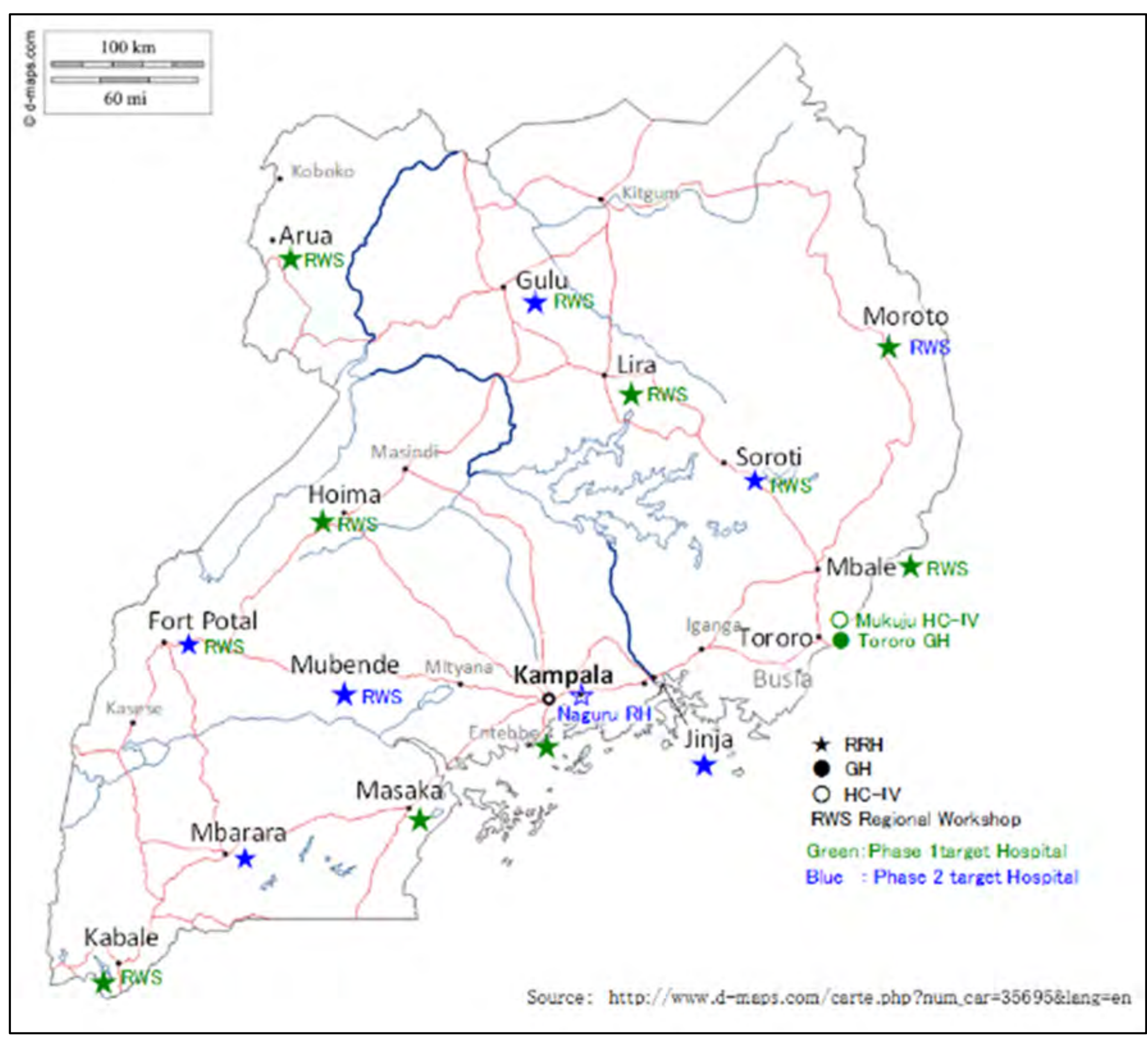

Fig.1 Target facilities map

Project activities and Outcomes 2016-2021

5S-CQI Training（Entebbe, 2017）

CQI(KAIZEN) Training

5S-CQI Training
Presentation by participants

5S Facilitators

Final Dumping Site
（Entebbe, 2016）

Final Dumping Site
（Entebbe, 2018）

Medical Record (Before)
（Kabale, 2016）

Medical Record
（Kabale, 2017）

Medical Record (After)
（Kabale 2019）

Project activities and Outcomes 2016-2021

KAIZEN Board (Entebbe)

Color coding and Standardization by 5S activities

Hospital-produced Waste Carrier

Training by User Trainers

Maintenance Training on Patient Monitor

WS Technicians with the Certificates

Regular Assessment on Medical Equipment Maintenance

QI (Quality Improvement) Office in Kabale

National Healthcare Quality Improvement Conference 2017 - 2020

4th QI Conference (2017)
Keynote Speech by Dr. Samky

4th QI Conference (2017)
Presentation by Entebbe GH

5th QI Conference (2018)
Keynote Speech by Kabale Director

5th QI Conference (2018)
Keynote Speech by the Experts

6th QI Conference (2019)

6th QI Conference (2019)
Launch the 5S-CQI-TQM Guidelines

7th QI Conference (2020)
Keynote Speech by the Experts (Zoom)

7th QI Conference (2020)
Presentation by Kabale RRH (Zoom)

Project on Improvement of Health Service through Health Infrastructure Management (II) Project Completion Report

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Chapter I. Basic Information of the Project

1. Country

Republic of Uganda

2. Title of the Project

Project on Improvement of Health Service through Health Infrastructure Management (II)

3. Duration of the Project

Term 1: June 2016 - January 2018
Term 2: March 2018 - July 2020
Extension: July 2020 - July 2021

4. Background

The Republic of Uganda formulated the "Health Sector Strategic and Investment Plan (HSSIP) 2010/2011-2014/2015", which recognizes the improvement of the quality of health care and medical equipment (ME) maintenance as one of the key priorities. Health infrastructure development is a key priority intervention, together with human resources, drugs, and health finance. Furthermore, the "National Health Policy (NHP) II 2010-2020" indicates that health infrastructure management is one of the highest political priority issues in the health sector. However, problems such as the inappropriate use of ME and low awareness of the importance of maintenance in health facilities still remained.

Under these circumstances, the Government of the Republic of Uganda (GOU) requested the Government of Japan (GOJ) to implement a technical cooperation project aimed at improving the management and utilization of health infrastructure through the 5S (Sort, Set, Shine, Standardize, Sustain) -Continuous Quality Improvement-Total Quality Management (5S-CQI(KAIZEN)-TQM) approach, as well as providing appropriate knowledge and skills on the proper use and daily maintenance of ME, by training equipment users and conducting capacity development on the maintenance of ME in public workshops. In response to this request, Japan International Cooperation Agency (JICA), in partnership with the Ministry of Health (MOH) of Uganda, launched a technical cooperation project entitled "The Project on Improvement of Health Services through Health Infrastructure Management". The duration of this Project was 3 years and 4 months, from August 2011 to December 2014. Seven Regional Referral Hospitals (RRHs), two General Hospitals (GHs) and one Health Center IV (HC IV) were selected as the target health facilities, while one hospital (Tororo GH) was designated as the National Showcase[1] for 5S-CQI-TQM. The Project had three components: (1) 5S-CQI(KAIZEN)-TQM, (2) User Training (UT), and (3) Capacity development of ME Maintenance Workshops (WS).

The Terminal Evaluation was conducted from April to May 2014. It concluded that this Project successfully demonstrated the effectiveness of relatively simple interventions in improving the functionality of ME. Although the overall level of achievement was below the Project target, 5S-CQI(KAIZEN)-TQM was generally implemented in the target hospitals, despite disparities in the performance of 5S activities in different hospitals. User training provided users with basic

[1] Tororo GH was a model hospital at the start of the project and served as a training site, as it had introduced 5S activities before 2011, and 5S activities were well established in the hospital. At the end of the project, it was designated as a showcase hospital for 5S.

knowledge on the proper use and preventive maintenance of ME, and the improvement of the technical skill level of WS staff was effective in reducing breakdowns and extending the service life of ME.
However, several challenges were identified, such as weak supportive supervision for 5S-CQI(KAIZEN)-TQM, the need for a National Showcase for CQI(KAIZEN), the need for mechanisms to ensure sustainability of user training, and the lack of a structured framework for enhancing the skill level of the WSs.
In order to further strengthen 5S-CQI(KAIZEN)-TQM and expand user training to other RRHs that were not covered by the Project, continuous technical cooperation from the GOJ was requested by the GOU. Expanding to other RRHs would contribute to the synergetic effect of Japanese cooperation, since these RRHs included hospitals assisted by Japanese Grant Aid and activities conducted by Japan Overseas Cooperation Volunteers.

5. Overall Goal and Project Purpose

Overall Goal: Quality of health care services at all the RRHs in Uganda is improved.
Project Purpose: Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.

6. Implementing Agency

【PDM Ver.0】

- Department of Quality Assurance (5S-CQI(KAIZEN)-TQM)
- Integrated Curative Services Division, Department of Clinical Services (UT)
- Health Infrastructure Division, Department of Clinical Services (ME Maintenance)

【PDM Ver.1】

- Quality Assurance & Inspection Department, Directorate of Planning & Policy (5S-CQI(KAIZEN)-TQM)
- Integrated Curative Services Department, Directorate of Clinical Services (UT)
- Infrastructure Department, Directorate of Clinical Services (ME Maintenance)

【Current Implementation Agency】

- Department of Standards, Compliance, Accreditation and Patient Protection (SCAPP), Directorate of Health Governance and Regulation (5S-CQI(KAIZEN)-TQM)
- Department of Clinical Services, Directorate of Curative Services (UT)
- Department of Health Infrastructure (HID), Directorate of Strategy, Policy and Development (ME Maintenance)

Chapter II. Results of the Project

1. Results of the Project

1-1 Input by the Japanese side

(1) Expert dispatch: 7 persons (See Annex 1)
  1) Chief Advisor / QI Management System①
  2) Vice chief advisor / QI Management System②
  3) 5S-CQI-TQM①
  4) 5S-CQI-TQM②
  5) Utilization of ME
  6) Maintenance of ME
  7) Project Coordinator/ Training Management

(2) Receipt of training participants: 40 persons (See Annex1)
  - Training in Japan: 32 persons
  - Training in Tanzania: 8 persons

(3) Equipment Provision (See Annex 1):
  - Desktop Computers and others for MOH and 6 Regional Workshops (RWSs) (Arua, Soroti, Moroto, Mubende, Masaka and Mbarara)

(4) Overseas activities cost (See Annex 1):
  - Testing and Calibration tools and equipment for RWSs

1-2 Input by the Uganda side

(1) Counterpart assignment: Total 125 persons (See Annex1)
  - MOH: 9 persons
  - Target facilities: 33 persons
  - National 5S-CQI-TQM facilitators: 32 persons
  - User Trainers: 36 persons
  - RWSs: 15 persons

(2) Provision of offices, etc.: 2 Office spaces (MOH and Wabigalo) for Japanese experts

1-3 Activities

Output 1. Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	
Activities	Achievement
1-1 Establishment of foundation for the Project and implementation	・ Sep. 2016: Project Steering Committee members were determined. ・ Sep. 2016: Staff in charge of the three implementation teams (5S-CQI-TQM, user training, and ME maintenance management) were determined, and annual activity plans were formulated. ・ Results of the survey on the status of target facilities were shared.

1-2 Support Supervision on health infrastructure management	・Feb. 2017: 10 facilitators received training and acquired sufficient knowledge and skills to conduct supervision and M&E activities as National 5S-CQI (KAIZEN)-TQM Facilitators. ・Jun. 2017: 11 facilitators were trained as a result of facilitator training.
1-3 Project implementation, monitoring and evaluation and institutionalization	・ A total of five Steering Committee meetings were held to share the progress of the activities of the three implementation teams and the results of M&E assessments. ・ The Project co-organized the 4th QI Conference in 2017 through to the 7th QI Conference in 2021. The Project was in charge of three keynote speeches: Dr. Samky, former Director of Mbeya Hospital, Tanzania, was the keynote speaker for the 4th conference, while the Project experts were the keynote speakers for subsequent conferences. ・ A total of five 5S M&E sessions were conducted. A total of seventeen National 5S-CQI(KAIZEN)-TQM facilitators conducted the evaluations. ・ A total of eight MOH/hospital staff attended three different trainings on 5S-KAIZEN in Tanzania.

Output 2. Resource management and quality improvement activities are strengthened through CQI approach in all RRHs.	
Activities	Achievement
2-1 Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide	・Dec. 2019: "5S-CQI(KAIZEN)-TQM guidelines" were developed, and 250 copies were printed and distributed at the 6th QI Conference. ・Feb. 2020: "Your PATH to success in Safety and Quality" were printed. ・Jun. 2021: The "KAIZEN HANDBOOK" was developed and printed.
2-2 Define criteria for national show case of 5S-CQI-TQM and review national show case(s)	・Aug. 2020: Three hospitals (Entebbe, Kabale and Naguru) were selected as model hospitals (Centers of Excellence) for 5S-CQI-TQM, and a Programmed Instruction was initiated to implement a program on patient safety. The selection criteria were based on facilities with a 5S M&E score of 80% or higher and at least five departments with a score of 75%.

2-3 Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national and regional levels	・Feb. 2017: A 5S-CQI(KAIZEN)-TQM Facilitator Refresher Training was conducted for 10 people trained in Phase 1. The trainees acquired sufficient knowledge and skills to act as National 5S-CQI(KAIZEN)-TQM Facilitators. ・Aug. 2017: 5S training was conducted to 15 members from Wakiso District Health Department and 8 members from the Catholic and Muslim Health Department. The trainees from these non-target facilities acquired sufficient knowledge and skills. ・Dec. 2017: 5S-CQI (KAIZEN)-TQM facilitators meeting was held, where 10 facilitators and Project experts discussed M&E evaluation methods. ・May 2018: A kick-off meeting for 5S M&E and supervision was held, a plan for the implementation of guidelines and the schedule 5S M&E was confirmed. ・The 2nd, 3rd, 4th, and 5th M&E were conducted in May 2018, March 2019, January 2020, February 2021 respectively (Refer to 2. Project Achievement, 2-1 Results and Indicators).
2-4 Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc.	・Nov. 2016: A leadership training was conducted for the Directors of 16 hospitals. It included an overview of the Project and the basics of 5S-CQI (KAIZEN)-TQM.
2-5 Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI	・Nov. 2018: An advanced 5S-CQI(KAIZEN)-TQM Facilitator Training was conducted. ・Oct. 2019: An advanced 5S-CQI(KAIZEN)-TQM Facilitator Training was conducted. From the above two trainings, a total of 25 people were certified as National Facilitators.
2-6 Strengthen the function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities	・Mar. 2017: A follow-up training on 5S was conducted for 25 participants from five facilities with low M&E scores. This was a refresher training on the basics of 5S for facilities that had challenges in establishing 5S activities due to personnel changes. ・Feb. 2020: A training on the introduction of incident reporting was held for 35 employees of Kabale Hospital. Due to the negative perception of the word "incident" among the participants, the reporting system was changed to "Hospital Safety Report" in order to encourage implementation.

2-7 Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI	・Feb. 2017: A quality improvement training was held for 15 managers of Kabale Hospital to strengthen WIT activities. ・Oct. 2020 to Feb. 2021: An online Programmed Instruction was conducted for 6 RRHs which included: ①ME management CQI -Participating facilities: Hoima, Kabale, Fort Portal -Participants: 30 (19 participants completed the whole program) -Content: Questions on CQI via SNS, and CQI procedures were compiled into 13 YouTube videos and distributed to participants. ②Patient safety -Participating facilities: Kabale, Entebbe, and Naguru -Participants: 31 people (17 people completed the whole program) -Content: A total of 25 YouTube videos were compiled and questions on patient safety were distributed via SNS to provide introduction to patient safety activities.
2-8 Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2	・5S-CQI (KAIZEN) supervision was conducted by Project Experts and Ministry of Health staff as follows: (1) May-June 2018, 11 facilities; (2) June 2018, Kabale Hospital; (3) August-November 2018, 14 facilities; (4) February-March 2019, 10 facilities; (5) June - October 2019, 15 facilities. ・Patient Safety Supervision was conducted in Kabale, Entebbe and Naguru hospitals in December 2020.

Output 3. Proper utilization of ME through UT is improved in all RRHs.	
Activities	Achievement
3-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary	・ June 2021: The UT Manual and UT Guidelines were developed.

3-2 Conduct refresher training of user trainers in the previous Project phase.	・ Phase1 User Trainers attended three refreshers trainings three times (Feb. 2017, Jun. 2018, and Oct. 2019). The average score of the post-test compared to the pre-test improved as follows: Feb. 2017: pre-test 54 points / post-test 63 points Jun. 2018: pre-test 66 points/ post-test 88 points Oct. 2019: No pre-test and post-test were conducted. ・ Two final examinations for additional user trainers were conducted in May. 2019 and Feb. 2020, and seven additional user trainers were trained.
3-3 Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals	・ TOTs were conducted on the user trainers a total of five times (Mar. 2017, Jun. 2017, Nov. 2018, Apr. 2019, and Oct. 2019). The average score of the post-test compared to the pre-test improved as follows: Mar. 2017: pre-test 26 points /post-test 56 points, Jun.2017: pre-test 56 points /post-test 77 points, Nov. 2018: pre-test 56 points/ post-test 78 points, Apr. 2018: pre-test 83.4 points/ post-test 88.4points, Oct 2019: No pre-test and post-test were conducted.
3-4 Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2	・ A total of eight supportive supervisions were conducted. As good working relationship between user trainers, hospital directors and WS managers was established. In addition, planning and implementation of user training activities within the hospital have been started.

Output 4. ME maintenance and management capacity of workshops (WS) are strengthened.	
Activities	Achievement
4-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary	・Aug. 2020: The WS operation manual was revised. ・Aug. 2020: New Standard Operation Procedures for planned maintenance on 29 types of ME were developed.
4-2 Conduct leadership and management training for workshop managers including inventory data analysis	・A total of three inventory data analysis trainings and leadership trainings (Nov. 2016, Jun. 2018 and Mar. 2020) were conducted, and trainees showed improvement in the average post-test score compare to the pre-test. ・Trainings and meetings were held on inventory analysis using the New Operation and Inventory Data Analysis (NOMAD) system, and inventory was updated.

4-3 Conduct training for workshop staffs on maintenance of basic ME	・A total of three trainings were conducted for basic ME maintenance (Mar. 2017, Oct. 2018, and Nov. 2019), and the average post-test score improved compared to the pre-test.
4-4 Conduct training for core staff of workshops in first line maintenance of specialized ME	・A total of five trainings on special ME and medical calibration equipment were conducted (Jun. 2017, Jul. 2017, Nov. 2018, Oct. 2019, and Feb. 2021). The average post-test score improved compared to the pre-test.
4-5 Strengthen capacity of Central Workshop and Infrastructure Department to support Regional Workshops	・Nine performance review meetings were held to share the budget performance, productivity and problems of the WSs. ・A total of two performance evaluations of WSs were conducted (Feb. 2019 and Feb. 2020); at the performance review meetings, awards were given to the WSs with the best performance (Fort Portal, Lira, Soroti and Jinja).
4-6 Support Workshops to develop a system for sharing knowledge and skills	・A total of 14 sessions of supportive supervision incorporating CQI (KAIZEN) were conducted. Small CQI (KAIZEN) action plans were developed in each WS.

2. Achievements of the Project

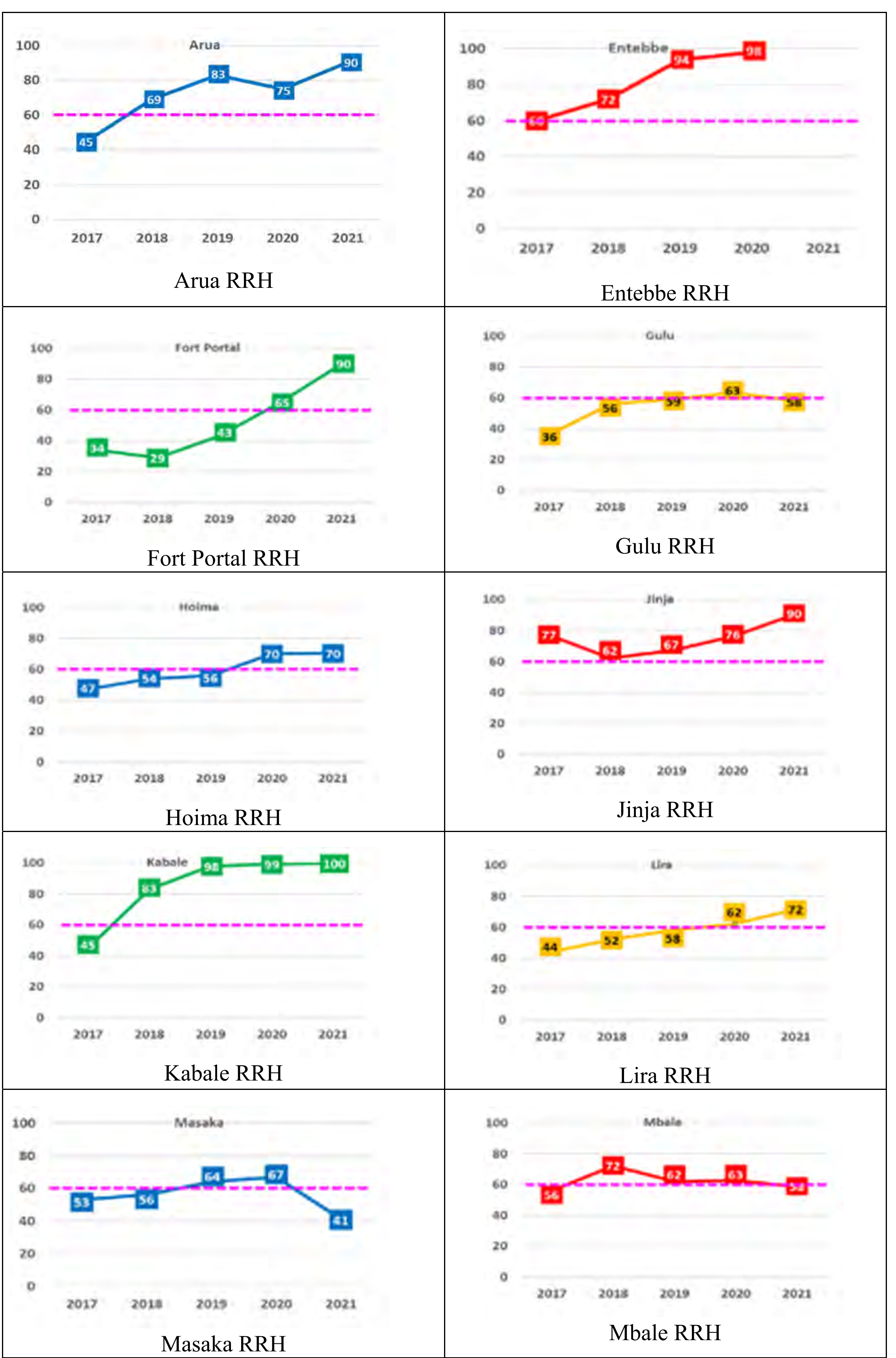
2-1 Outputs and indicators

Output 1 The support/supervision system for health infrastructure management of all the RRHs is strengthened in the MOH.	
Current Indicators	Achievements
1-1 The Project Steering Committee meeting is conducted every three months.	Steering Committee meetings were conducted approximately every three months as follows: 1) 29th May, 2018 2) 17th September, 2018 3) 27th November, 2018 4) 2nd February, 2019 5) 22nd July, 2019 6) 7th August, 2020 Due to the spread of COVID-19, the workload of the department in charge of medical facilities nationwide increased: from April 2020, it was difficult to hold meetings with the departments related to the Project.
1-2 The results of integrated support supervision conducted by Project Implementation Teams, and the next quarter action plan developed from these	At the Steering Committee meetings, the progress of the activities and the cost burden for both parties were shared and reflected in the subsequent activity and budget plans.

results, are shared and approved at every Project Steering Committee meeting.	
1-3 The roadmap for incorporating the Project activities into the policy and systems of MOH is established and implemented by the Project Steering Committee.	The 5S-CQI(KAIZEN) approach was incorporated into the new Quality Improvement Framework and Strategic Plan (2021-2025). The evaluation tool in the strategy paper also includes evaluation items for environmental improvement through 5S, and shows the targets to be achieved in the five years (until 2025).
1-4 The Project activities are successfully incorporated into the Ministerial Policy Statement of MOH.	The Quality Improvement Framework and Strategic Plan (2021-2025) provides a budget for quality improvement for the next five years.

Output2 [Project Implementation Team: 5S-CQI(KAIZEN)-TQM]
Resource management and quality improvement activities are strengthened through CQI(KAIZEN) approach in all RRHs.

Current Indicators	Achievements
2-1 Score of Module 1 (Leadership) and 6 (Health Infrastructure) Health Facility Quality of Care Assessment program (HFQAP) Facility Assessment Tool - All RRHs mark (i) 5 points out of 8 as full marks for module 1 and (ii) 6 points out of 10 as full marks for module 6.	MOH's budget was too small and did not provide sufficient data for evaluation. MOH collected data from 10 target hospitals.
2-2 Score of modified 5S M&E Sheet in 5S-CQI(KAIZEN)-TQM Guidelines - All RRHs mark 33 points out of 54 as full marks for at least two consecutive years.	The target (33 points out of 54 as full marks) was converted to "60% (the average of the top 5 areas) for at least two consecutive years". At the end of April 2021, 13 out of 16 target hospitals (Arua, Entebbe, Fort Portal, Hoima, Jinja, Kabale, Lira, Masaka, Mbale, Mbarara, Moroto, Mubende, Naguru) exceeded this target. In addition, 8 target hospitals scored 60% or more in 10 or more areas in 2021, as compared to only 5 hospitals in the previous year. This implies that these hospitals continued to expand their performance of 5S.



Arua RRH

Entebbe RRH

Fort Portal RRH

Gulu RRH

Hoima RRH

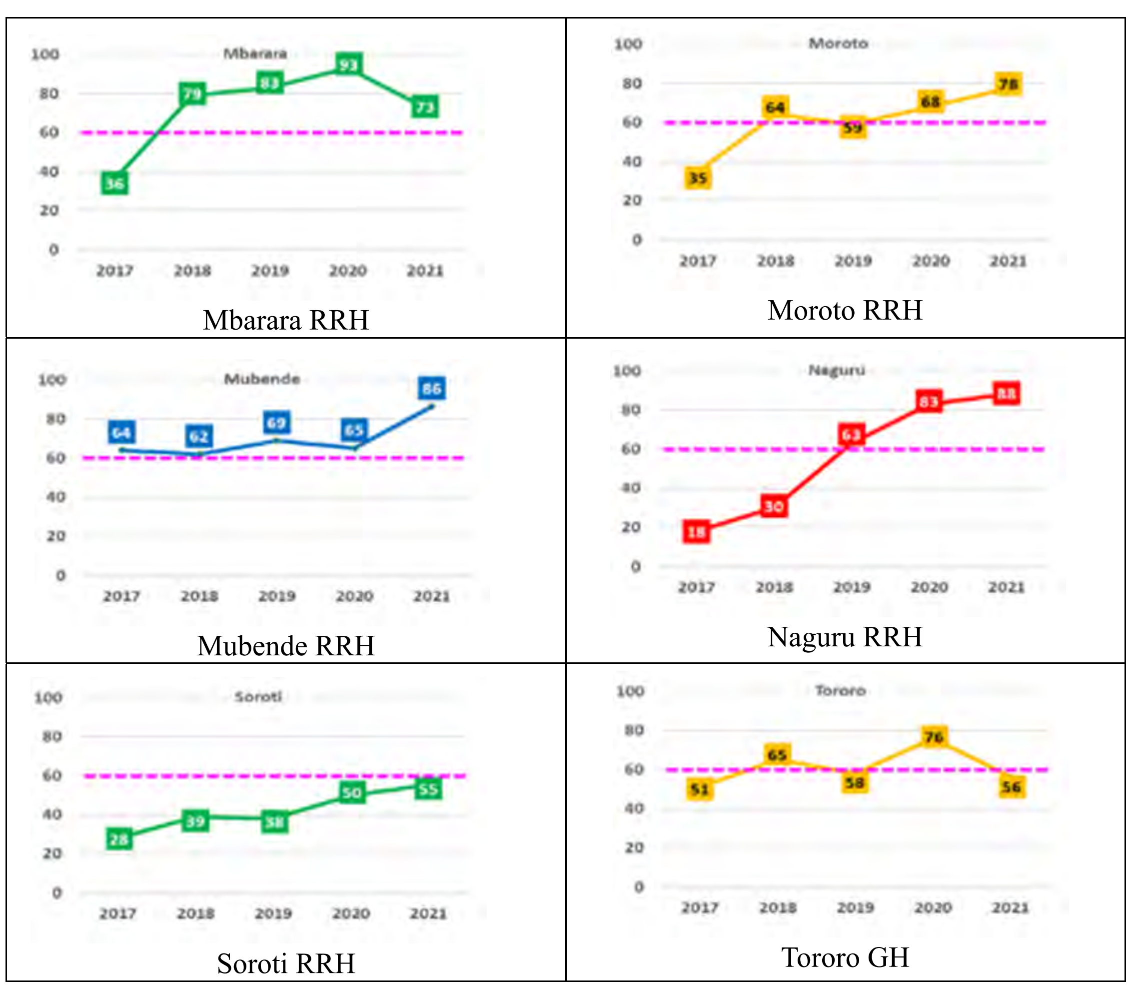
Jinja RRH

Kabale RRH

Lira RRH

Masaka RRH

Mbale RRH



<table>
<tr><td colspan="2">Output 3 [Project Implementation Team: User Training (UT)]
Proper utilization of ME through UT is improved in all RRHs.</td></tr>
<tr><th>Current Indicators</th><th>Achievements</th></tr>
<tr><td>3-1
There are at least two regional User Trainers at all RRHs.</td><td>The target was achieved.
The number of User Trainers is shown below*:
<table>
<tr><th>Hospital Name</th><th>No. of User Trainers</th><th>Hospital Name</th><th>No. of User Trainers</th></tr>
<tr><td>Arua</td><td>2</td><td>Mbale</td><td>2</td></tr>
<tr><td>Fort Portal</td><td>2</td><td>Mbarara</td><td>2</td></tr>
<tr><td>Gulu</td><td>2</td><td>Moroto</td><td>2</td></tr>
<tr><td>Hoima</td><td>2</td><td>Mubende</td><td>2</td></tr>
<tr><td>Jinja</td><td>2</td><td>Naguru</td><td>2</td></tr>
<tr><td>Kabale</td><td>2</td><td>Soroti</td><td>3</td></tr>
<tr><td>Lira</td><td>3</td><td>Entebbe</td><td>3</td></tr>
<tr><td>Masaka</td><td>2</td><td>Total</td><td>33</td></tr>
</table>*As of the end of April 2020</td></tr>
</table>

<table>
<tr><td>3-2
The number of UT conducted by regional User Trainers is more than three per year in every region.</td><td>The target was achieved with the exception of some facilities
The number of UTs is shown below.*

Hospital name	No.	Hospital name	No.
Arua	4	Mbale	5
Fort Portal	3	Mbarara	2
Gulu	3	Moroto	3
Hoima	3	Mubende	7
Jinja	4	Naguru	3
Kabale	9	Soroti	10
Lira	4	Entebbe	4
Masaka	5		

*For the period from July 2019 to April 2020</td></tr>
<tr><td>3-3
The average percentage of ME in status B at all RRHs is not higher than 4%.</td><td>The target was achieved in all facilities:
Baseline: 5.1%
Current data: 2.05%</td></tr>
</table>

<table>
<tr><td colspan="2">Output 4 [Project Implementation Team: ME Maintenance]
ME maintenance and management capacity of WSs are strengthened.</td></tr>
<tr><th>Current Indicators</th><th>Achievements</th></tr>
<tr><td>(1) The average increase of scores between the pre-test and post-test is at least 15%.</td><td>The average improvement of scores from the past ten trainings was 28.9%
The target was exceeded, as shown in the table below.

	Training Content	Date	Pre-test	Post-test	Increase
1	Leader & Management	2016.11	41.8	78.0	36.2
2	Basic ME	2017.3	46.0	77.0	31.0
3	Specialized ME	2017.6	42.0	78.2	36.2
4	Specialized ME	2017.7	40.4	78.4	38.0
5	5S-CQI(KAIZEN) Management	2017.9	74.9	82.7	7.8
6	Basic ME	2018.10	51	71	20
7	Specialized ME	2018.11	54	82	28
8	Specialized ME	2019.10	44.5	78.8	34.3
9	Basic ME	2019.11	46	79	33
10	Specialized ME, CQI(KAIZEN), electrical safety	2021.03	55	79	24
AVG			**49.5**	**78.4**	**28.9**

</td></tr>
<tr><td>(2) The average of percentage of ME in status C and</td><td>The percentage of ME rated status "C" and "E" in 14 RRHs was reduced by more than half on average, from 22.1% at baseline to 10.1% at end-line, and it greatly exceeded the target of 15%. See</td></tr>
</table>

status E at all RRHs is not higher than 15%.	the table below for details.

	RRH	Baseline Feb. 2017	End-line Feb. 2020
1	Arua	24.9	4.5
2	Fort Portal	1.1	5.2
3	Gulu	17.6	6.1
4	Hoima	45.1	17.1
5	Jinja	24.3	18.7
6	Kabale	3.9	2.9
7	Lira	5.9	5.2
8	Masaka	20.0	10.6
9	Mbale	55.9	17.7
10	Mbarara	12.9	17.1
11	Moroto	9.6	11.6
12	Mubende	6.3	4.8
13	Naguru	18.4	7.0
14	Soroti	19.3	9.0
	Average	22.1	10.1

2-2 Project Purpose and Indicators

Current Indicators	Achievements
(1) CQI(KAIZEN) Process or Quality Control (QC) Story -The number of cases of CQI(KAIZEN) Process or QC Story amounts to more than three.	・Nineteen cases of CQI(KAIZEN) process are being implemented at Kabale RRH, and six were completed. Three CQI(KAIZEN) processes from the Hospital Safety Report are being implemented. ・Three cases of CQI(KAIZEN) process are being carried out at Entebbe RRH. ・Two cases are being implemented at Fort Portal RRH. ・Three cases are being implemented at Hoima RRH. ・Two cases are being implemented at Soroti RRH. ・7 CQI(KAIZEN) processes regarding Patient Safety are being implemented at Naguru RRH.
(2) Good practice of small CQI(KAIZEN) -All RRHs have at least one good practice of small CQI(KAIZEN).	At least one case of small CQI(KAIZEN) was practiced at 12 out of the 16 target hospitals: Entebbe RRH, Gulu RRH, Jinja RRH, Kabale RRH, Masaka RRH, Mbale RRH, Mbarara RRH, Moroto RRH, Mubende RRH, Naguru RRH, Soroti RRH and Tororo GH.
(3) The average of percentage of ME in status A at all RRHs is higher than 70%.	Baseline: 65.1% End-line: 83.5%
(4) Supervisions on 5S, UT, and ME	Integrated supervisions for the three

Maintenance which is integrated into the system of MOH in a consolidated way are implemented more than three times.	components of health infrastructure management were conducted. The supervisions were implemented 15 times, in November 2018 (1), February-March 2019 (2), April 2019 (1), May 2019 (2), July 2019 (1), August 2019 (1), October 2019 (1), November 2019 (1), May 2020 (2), June 2020 (1), July 2020 (1) and November-December 2020(1).

3. History of PDM Modification

From the start to the end of this Project, the PDM has changed four times, including the setting of indicators for overall goals. The main changes are described below. Please refer the Annex for the detailed changes.

3-1 Modification from PDM ver.0 to PDM ver.1

(1) Project Implementation Structure

PDM ver.0:

Established TWG (Technical Working Group) under JCC. Placed a resource person for each component (5S-CQI(KAIZEN)-TQM, UT, ME Maintenance) in the TWG.

PDMver.1:

The Project Steering Committee is set up under the JCC. A Project implementation team for each component is set up under the Steering Committee.

Reason:

The “Technical Working Group” was renamed "Project Steering Committee". The Technical Working Group in the MOH was a group defined in the governance structure of the MOH to address the long-term issues of the health system/programs. For the Project, it was more appropriate to use a different term, “Project Steering Committee,” because the management framework of the Project was different from Technical Working Groups. The role of the renamed “Project Steering Committee” was to monitor the Project activities during the Project period, and made and implemented the roadmap to incorporate the Project activities into the policy and systems of MOH including the Technical Working Groups.

(2) Output 2 and 3

PDM ver.0:

Output 2; Implementation mechanism of the phase 1 targeted hospitals aimed at CQI(KAIZEN) level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.

Output 3; Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.

PDM ver.1:

Output 2; [Project Implementation Team: 5S-CQI(KAIZEN)-TQM]

Resource management and quality improvement activities are strengthened through CQI(KAIZEN) approach in all RRHs.

Output 3; [Project Implementation Team: UT]

Proper utilization of ME through UT is improved in all RRHs.

Reason:

The implementation mechanism for resource management and quality improvement was already in place and established in the Phase 2 target hospitals. The target of Output 2 should follow the MOH's existing system, under which the target of QI supervision focuses on RRHs (and National Referral Hospitals). Therefore, Output 2 was modified to introduce the CQI(KAIZEN) approach in all RRHs.

The target equipment and training content of UT were common to facilities of Phases 1 and 2. Because it was more efficient to set the common goals for Phase 1 and Phase 2 target hospitals, Output 3 was newly set as the output of UT for all RRHs.

Project Implementation Team: 5S-CQI(KAIZEN)-TQM was made to be responsible for Output 2 and Project Implementation Team: UT was made to be the responsible for Output 3

(3) Change of responsible body of each activity

PDM ver.0:

Set the responsible body for each activity. (TWG, Phase 1 target hospitals, Phase 2 target hospitals, 5S facilitators, etc.)

PDM ver.1:

Clarify the responsible body for each Output, and the activities associated with each Output shall be the activities of the responsible body for that Output.

(Output 1: Project Steering Committee, Output 2: 5S-CQI(KAIZEN)-TQM Implementation Team, Output 3: UT Implementation Team, Output 4: ME Maintenance implementation team). Corrected the writing style of the activity accordingly.

Reason:

To clarify the responsible body for the activities in each Output, the implementation team for each activity was defined. This definition clarified the difference in responsibilities for the activities conducted by the MOH and those conducted by each hospital, facilitator, and user trainer.

(4) Change of Indicators

The target figures were set based on baseline surveys for all indicators. The index of Output 1 were used as a process index of the activities of the Project Steering Committee, and as an output index that guarantees the sustainability of the activities after the Project was completed. The indicators for Output 2 and Output 3 were changed according to the changes in the output and will be used as indicators that utilize the existing monitoring system of the MOH.

3-2 Modification from PDM ver.1 to PDM ver.2

(1) Additional input by JICA

PDM ver.1: (c) Machinery and equipment

Necessary supplies for 5S-CQI(KAIZEN)-TQM to target hospitals and MOH headquarters
Testing and calibration tools and equipment etc.

PDM ver.2: (c) Machinery and equipment

Necessary supplies for 5S-CQI(KAIZEN)-TQM to target hospitals and MOH headquarters
Testing and calibration tools and equipment etc.
Computers for ME inventory management and data analysis

Reason:

The ME inventory database system (called NOMAD) was developed by the MOH in collaboration with implementing partners. A massive amount of inventory data was currently being recorded in the ME maintenance WS. These analytical data were used for composing efficient work plans and budget for ME maintenance; this contributes to the reduction of ME downtime. However, four out of the 14 WSs were not able to enter the latest inventory data, and another three risk not being able to update inventory data due to their obsolete computers. This type of situation interrupted efficient inventory management in the WSs, and inhibits the precise verification of Project outcomes.

(2) Change of MOH organization

PDM ver.1:

Director, Clinical Services
Director, Planning and Policy
Commissioner Quality Assurance and Inspection
Commissioner Nursing
Assistant Commissioner of Infrastructure

PDM ver.2

Director, Curative Services,
Director, Strategy, Policy and Development
Commissioner Standards, Compliance and Patient Protection
Commissioner Nursing and Midwifery
Assistant Commissioner Health Infrastructure

Reason:

Organization of MOH was reformed in Fiscal Year 2019/2020.

(3) Change the name of the Project target facility

PDM ver.1:

Entebbe GH
Arua WS, Gulu WS, Lira WS, Mbale WS, Hoima WS, Fort Portal WS, Kabale WS, Mubende WS, Moroto WS, Soroti WS, Wabigalo Central WS

PDM ver.2

Entebbe RRH
Arua WS, Gulu WS, Lira WS, Mbale WS, Hoima WS, Fort Portal WS, Kabale WS, Mubende WS, Moroto WS, Soroti WS, Wabigalo Central WS, Masaka WS, Mbarara WS

Reason:

Entebbe GH was officially upgraded from GH to RRH in fiscal year 2019/20, Masaka WS was officially upgraded from in-house WS to RWS in fiscal year 2019/20, and Mbarara WS was in the process of being upgraded and acknowledged as a RWS in fiscal year 2020/2021. Therefore, these new RWSs were added as Project sites.

3-3 Modification from PDM ver.2 to PDM ver.3

(1) Duration of the Project

PDM ver.2: July 2016 – July 2020
PDM ver.3: July 2016 - July 2021

Reason:

The Project was supporting the strengthening of health infrastructure management as a means of improving the quality of health services. Regarding indicator 2-2 (All RRHs mark 33 points out of 54 as full marks on the 5S M&E for at least two consecutive years), it was confirmed that 15 out of the 17 target facilities scored 33 out of 54 on the 5S M&E sheet at least once as of February-March 2020. However, only nine out of 17 facilities scored more than 33 points or more for at least two consecutive years. Additionally, regarding Project purpose indicator 1 (The number of cases of CQI(KAIZEN) Process or QC Story amounts to more than three), only 2 CQI(KAIZEN) stories were completed. For the facilities that did not achieved the targets, it was considered that they should continue to be supported in establishing the 5Ss and expressing the CQI(KAIZEN).

In addition, in order to enhance sustainability of the Project outcomes after the completion, it was necessary to aim for the establishment of a "safety culture", especially at several facilities where CQI(KAIZEN) was being implemented This was also recommended in the terminal evaluation.

Consequently, in order to achieve the project goals, it was considered necessary to improve medical infrastructure management and the quality of medical services through continuous supportive supervision and benchmarking tours, with Kabale RRH as the Center of Excellence. The Project period needed to be extended for one year to implement these activities.

3-4 Modification from PDM ver.3 to PDM ver.4

(1) Objectively Verifiable Indicators and Means of Verification: Overall goal

PDM ver.3:

Indicators

- Clients' satisfaction level is improved to the target level. (XX)
- Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX%
- Maintenance cost regarding ME is decreased in XX%.

Means

- Health Management Information System (HMIS)
- Annual Health Sector Performance Report (AHSPR)
- Periodical monitoring reports by Quality Improvement Team (QIT)s at target hospitals
- Supervision reports made by the Steering Committee for the Project
- Baseline and end-line data
- Quarterly regional workshop maintenance report

PDM ver.4:

Indicators

- The overall score of Health Facility Quality of Care Assessment Programme (HFQAP) is over 55%
- The overall score of Service Availability and Readiness Assessment (SARA) is over 62%

Means

- HFQAP
- SARA

(2) Objectively Verifiable Indicators and Means of Verification: Project Purpose

PDM ver.3:

Indicators

- Supervisions on 5S, UT, ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times.

PDM ver.4:

Indicators

- Supervisions on 5S, UT, ME which is integrated into the system of MOH in a consolidated way are implemented more than three (3) times.

Reason:

The National Quality Improvement Framework and Strategic Plan (QIF&SP 2021-2025), which was a policy document for improving the quality of health care services, defined the 5S-CQI (KAIZEN)-TQM activities supported by the Project as the basis of its approach to quality improvement. HFQAP and SARA were defined as quality management tools in the above strategic plan and were to be monitored regularly.

4. Others

4-1 Results of Environmental and Social Considerations

None

4-2 Results of Considerations on Gender/Peace Building/Poverty Reduction

None

Chapter III. Results of the Joint Review

1. Results of the Review Based on DAC Evaluation Criteria

(1) Relevance

- The relevance of the Project is deemed to be high.

The Project was highly relevant to the needs and concerns of the Ugandan health sector.

In the Health Sector Development Plans (HSDP) of 2015-2016 and 2019-2020, the MOH spearheaded the continuous improvement of the quality of services through more functionalization of the QIT, the development and dissemination of guidelines and standards, and the rollout of quality assessment. The HSDP also prioritized the training and capacity building of equipment users for the maintenance of ME.

Furthermore, the Health Sector Quality Improvement Framework and Strategic Plan (QIF&SP), which the MOH has implemented since 2011, clearly recommended that the initiation of interventions for quality improvement should start with 5S as a fundamental background.

Therefore, the Project activities were completely in line with the direction of the MOH.

(2) Coherence

- The project is highly consistent with Japan's ODA policy and international assistance.

In the Country Assistance Policy for Uganda (2017), living environment improvement, including health care, is listed as one of the four priority areas. As one of the priority issues, improvement of the facilities and equipment of the target hospitals, improvement of maintenance and management techniques, and improvement of hospital operation services are positioned as development issues, which are relevant to the efforts of this Project.

On the other hand, the interventions of the Project had external coherence with the projects of other partners. The Project was always aligned with other health development partners such as USAID under the same umbrella of quality improvement of the MOH. For example, the Project closely supported the MOH, along with implementing partners (IPs) of USAID, to hold the Health Sector Quality Improvement Conference every year. At the ground level, the Project's interventions were complimentary to those of other HDPs. The Project concentrated on providing technical support to RRHs, while other IPs focused more on lower-level facilities such as health centers.

(3) Effectiveness

- The effectiveness of the Project is deemed to be high.

In terms of the outputs and the achievement of the Project purpose, this Project has been highly effective not only in improving the facility environment of 5S-CQI (KAIZEN) but also in the management of ME. Regarding the Project purpose, the number of CQI(KAIZEN) processes, the percentage of ME in status A and the performance of integrated supervision exceeded Project targets. At the output level, the Project exceeded its targets for most indicators.

Among all facilities, the project interventions were shown more effective than the expectation, which some facilities stepped up to the issue of "Patient Safety" using the CQI (KAIZEN). However, not all target facilities achieved the improvement on work environment and ME maintenance. It was considered that the effectiveness of the project would be improved if the MOH provides the target facilities the good practices and

opportunities from the model hospitals.

(4) Efficiency

- The efficiency of the Project is relatively high.

Firstly, many guidelines and manuals were launched, and many trainings were conducted in third country to build the capacity of facilitators, user trainers and technicians. Those capacity building made input from the Ugandan side in the Project activities such as 5S training, benchmarking visit to Kabale RRH, supervision by facilitators and WSs, and performance review meetings, which facilitated the achievement of the Project purpose.

Secondly, the activities were designed thoroughly and were based on the hospital's actual performance at the commencement of the Project in 2016, regardless of whether the hospital had been targeted in the previous phase from 2011-14.

Thirdly, the Project aimed to build a model hospital for all hospitals in Uganda in terms of CQI(KAIZEN) and patient safety; therefore, it concentrated its limited resources, especially technical inputs from Japanese experts, on one hospital.

These aspects contributed to the efficiency of the Project activities.

(5) Impact

-The positive impact of the project is generally high.

The QIF&SP, which is a policy document for improving the quality of health services in Uganda, is directly linked to the overall goal. The policy documents is based on the 5S-CQI (KAIZEN)-TQM concept promoted by the Project, and the 5S-CQI (KAIZEN) elements are included in the assessment tool for quality of services in medical facilities throughout the country. Without CQI(KAIZEN), there would be no improvement in the quality of services; the impact of the Project can be fully expected, as the other IPs are following this policy documents.

In particular, "patient satisfaction" is an important element for the quality of services, and it is also an important item in the above assessment tool. With technical support from Japanese experts, some hospitals have started to pursue patient safety, which is requisite of patient satisfaction, in the "7 managerial targets" (See the "Mountain of Management" below).

Fig.2 Mountain of Management

Other positive impacts of the Project include the contribution of national 5S-CQI(KAIZEN) -TQM facilitators to the rollout of the 5S-CQI(KAIZEN)-TQM concept. In fact, some facilitators have been given opportunities to provide training at lower-level facilities or at the regional level. There are also opportunities for National 5S-CQI Facilitators to accompany the supervisions by MOH, and provide guidance not only in the target hospitals but also in the lower health facilities. These facilitators will be expected to play the main actors in the study tour to Kabale RRH, which will teach and share 5S-CQI(KAIZEN) for the improvement of medical services. These facilitators will be expected to play the main actors in the study tour to Kabale RRH, which will teach and share 5S-CQI(KAIZEN) for the improvement of medical services to other facilities. Those facilitators' roles will be continued after the Project completion.

(6) Sustainability

-The sustainability of the project is relatively high.

The technical capabilities of the MOH and target hospitals can be sustained from the following aspects:

[Policy Aspect]

The new QIF&SP 2021-2025 also repeatedly emphasizes 5S-CQI(KAIZEN) -TQM, stating "the MOH recommends the initiation of QI interventions in health facilities to start with 5S as a fundamental background to CQI(KAIZEN) and then introduce appropriate QI interventions (5S-CQI(KAIZEN)-TQM)."

The MOH is now fully aligned with 5S-CQI(KAIZEN)-TQM.

[Institutional/Technical Aspect]
Activities like 5S and user training can be sustained because the target hospitals continue to actively implement them. In fact, some hospitals improved their performance of 5S in spite of limited supervision. On the other hand, the 5S performance did not improve in all departments of the targeted hospital, and the Project also found that there were problems in the facility environment and safety management. Therefore, even if a facility is evaluated as a high 5S performance facility, it is necessary to maintain and improve its current efforts from a technical perspective through supportive supervision.

[Financial Aspect]
Despite its limited budget, the MOH has implemented activities such as supervision of equipment maintenance, user training and 5S-CQI(KAIZEN)-TQM as much as possible.
Also, it is becoming routine to plan activities for 5S, CQI(KAIZEN), user training and maintenance, and to ensure a budget at the target hospitals.
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2. Key Factors Affecting Implementation and Outcomes

- Non-functional equipment

  The constraints surrounding non-functional equipment in hospitals that could not be resolved through the Project activities were identified and shared during the Project period.
  - The ICU department was closed, and all of the installed equipment was not used due to staff shortages.
  - Some laboratory analyzers for testing HIV and TB are no longer used due to policy changes.
  - Some devices are not used because the reagents/spare parts are no longer available or too expensive in the Ugandan market (e.g. biochemistry analyzer, autoclave, glucometer).
  - Specialized doctors do not have adequate skills to operate specific ME. (e.g. endoscope, C-arm X-ray, ventilator, defibrillator).
  - Equipment is in storage due to oversupply/duplication (e.g. BP machine, weigh scale).
  - Equipment that is missing accessories and equipment, or that was donated but is obsolete (e.g. dental unit).

  Most of the above equipment is classified in condition B, C or E[2]. Even if the Project activities are effective, it is difficult to resolve the above constraints. One solution is to relocate unused equipment to other facilities. In addition, the HID should start preparing policy/guidelines for equipment management.

3. Evaluation on the results of the Project Risk Management

- Risk of inadequate funds

  MOH's budget execution has not been stable. MOH and Japanese experts shared the activities at the Steering Committee on a quarterly basis and held discussions to secure the activities budget. In the end, the MOH provided 33% of all activity funding, while the Japanese side contributed 67%.

[2] A: Good and in use, B: Good but not in use, C: In use but needs repair, D: In use but needs replacement, E: Out of order but repairable, and F: Out of order and should be replaced

- Risks related to COVID-19

  Due to the COVID-19 pandemic, none of the Japanese experts could be in Uganda from April 2020 to March 2021. However, communication tools such as SNS (WhatsApp), YouTube and Zoom enabled the Project to continue to implement activities, such as the Programmed Instruction on ME management and patient safety.

4. Lessons Learned

- Ownership of the MOH: It is imperative to require the MOH to sustain Project outcomes. However, it is even more important to establish a model hospital (or "center of excellence") that the MOH and other hospitals can admire and wish to emulate. If a Project can create such hospital without spending a lot of money, sustainability will follow. 5S-CQI(KAIZEN)-TQM is an effective technique for creating a model hospital through the identification and analysis of problems in daily work processes and the implementation of countermeasures.

- Ownership of RRHs: Even under the situation where government hospitals are run under MOH, and MOH's budget come from international and/or national development partners, a hospital is an independent organization belonging to the local community. The ownership of the hospital is shared by local people, hospital staff, the local health authority, and the government. With this in mind, external collaborators and organizations have to respect the local ownership, and stimulate the hospital staff's—particularly health professionals'—sense of ownership. This "ownership" implies the inseparable awareness of responsibility and sense of value. Benefits should be shared with patients and care-providers at the hospital through the development activities of the hospital management. When managerial issues are improved, hospital staff can enjoy the betterment of their working environment and a less stressful work process. At the same time, patients (representatives of the local community) should benefit by a safer and cleaner hospital environment, and patient-oriented services provided with a positive attitude.

- Health Infrastructures: The infrastructure of a hospital is the one of the most important determinant factors of patient safety. With proper maintenance of the building, and the exterior and interior cleanliness of the buildings, hospital-acquired infections can be reduced,. This should be done in conjunction with the creation of a medical team to avoid healthcare-associated infections. However, even under the best medical care, patients can be infected with various microorganisms derived from unclean operation theatres and toilet facilities. A clean water supply, an effective drainage system, patient wards with a healthy environment, simple but effective disinfection/ sterilization facilities, and so forth, are all essential to create safe health facilities that offer quality healthcare. In considering patient safety, development partners should not only introduce the system, but also improve the environment of the facility at the same time.

  An approach using the standardized ME operational status of A-F and ME inventory data analysis is a suitable tool for identifying the current situation and solving issues in various fields. In addition, an approach integrated with the KAIZEN method can reduce the amount of malfunctioning equipment and increase the amount of equipment in good condition. It is recommended that this be introduced in other countries.

A user training system for ME commonly used by qualified nurses is very practical and cost-effective. In the future, it would be even more effective if physicians, radiologists, and laboratory technologists were also trained and certified as user trainers for advanced equipment, such as anesthesia machines, ventilators, imaging equipment and lab. auto analyzers.

In long-term Project, regular performance review meetings can be used as the main platform for stakeholders to share information and discuss key issues. By creating a new system in which each hospital bears the cost of the meeting and the organizers are rotated, the meetings can be held sustainably.

Chapter IV. For the Achievement of Overall Goals after Project Completion

1. Prospects of achieving the Overall Goal

The department of Standards, Compliance, Accreditation and Patient Protection, in the Directorate of Health Governance and Regulation at the MOH, the counterpart of the Project for monitoring the quality of service of medical facilities in Uganda, decided to set the scores of the HFQAP and SARA as indicators, and set target values to 2025. The following are the targets:

1) HFQAP

Baseline 2020	2021	2022	2023	2024	2025
20/100	35/100	40/100	45/100	50/100	55/100

2) SARA

Baseline 2020	2021	2022	2023	2024	2025
52/100	53/100	56/100	58/100	60/100	62/100

2. Plan of Operation and Implementation Structure of the Uganda side to achieve the Overall Goal

The QIF&SP 2021-2025, which is an updated version of the QIF&SP 2015-2020, is has been finalized by MOH and will be launched soon. In the implementation of the QIF&SP 2021-2025, 5S-KAIZEN positioned as the basis of Quality Improvement activities in all regions and medical facilities, and uses 5S M&E to evaluate the services of medical facilities. The MOH also implements the HFQAP for healthcare facilities as an important approach to assessing the quality of coverage in the country. In addition to the five-year budget plan to 2025, achievement targets were set to monitor the progress of the QIF&SP 2021-2025.

3. Recommendations for the Uganda side

Concerning Quality Improvement

- Implementation of the QIF&SP 2021-2025 budget proposal and the HFQAP assessment.
- Monitoring of Quality Improvement key performance indicators from 2020 to 2025, defined by the QIF&SP 2021-2025.

Regarding Health Infrastructure

- Speed up the procurement of spare parts: If the framework contract system is properly introduced in each WS, equipment downtime can be reduced.
- Expand preventive maintenance services using testing and calibration equipment: More advanced preventive maintenance has the effect of decreasing repair costs and improving the skills and motivation of engineers/technicians.
- Dispose of obsolete and/or poor-quality equipment: Aging equipment with inaccurate results can cause misdiagnosis, threaten patient safety, and degrade the quality of medical care.
- Continue problem-solving initiatives through 5S-CQI(KAIZEN): Continuous activities of quality improvement can strengthen teamwork and improve work efficiency.
- Select ME appropriately in terms of the ease of procuring spare parts: It is important to purchase equipment from local distributors in Uganda as much as possible, and choose

brands/models that have available and appropriate after-sales service.

4. Monitoring Plan from the end of the Project to Ex-Post Evaluation

MOH will monitor Quality Improvement key performance indicators for the QIF&SP 2021-2025 and perform a 5S M&E score at least annually. This will be reported to the JICA office.

Annex

Annex 1: Result of the Project

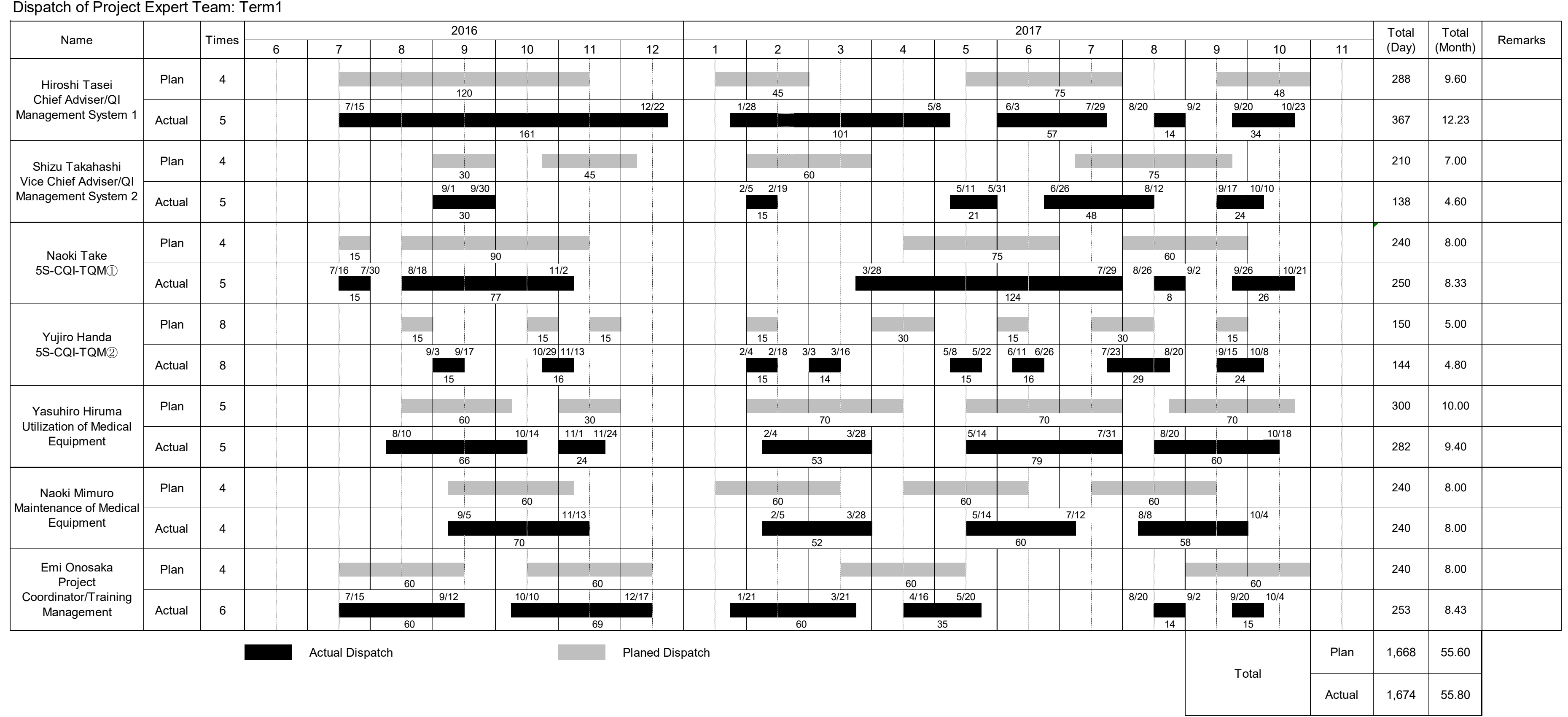
- 1-1. Input by the Japanese side
- 1-2. Input by the Uganda side
- 1-3. Revised Plan of Operation

Annex1: Result of the Project

1-1. Input by the Japanese side

(1) Expert dispatch

Dispatch of Project Expert Team: Term1



Name		Times	Dispatch periods (2016: months 6–12; 2017: months 1–11) (days)	Total (Day)	Total (Month)	Remarks
Hiroshi Tasei Chief Adviser/QI Management System 1	Plan	4	120; 45; 75; 48	288	9.60	
	Actual	5	7/15–12/22 (161); 1/28–5/8 (101); 6/3–7/29 (57); 8/20–9/2 (14); 9/20–10/23 (34)	367	12.23	
Shizu Takahashi Vice Chief Adviser/QI Management System 2	Plan	4	30; 45; 60; 75	210	7.00	
	Actual	5	9/1–9/30 (30); 2/5–2/19 (15); 5/11–5/31 (21); 6/26–8/12 (48); 9/17–10/10 (24)	138	4.60	
Naoki Take 5S-CQI-TQM①	Plan	4	15; 90; 75; 60	240	8.00	
	Actual	5	7/16–7/30 (15); 8/18–11/2 (77); 3/28–7/29 (124); 8/26–9/2 (8); 9/26–10/21 (26)	250	8.33	
Yujiro Handa 5S-CQI-TQM②	Plan	8	15; 15; 15; 15; 30; 15; 30; 15	150	5.00	
	Actual	8	9/3–9/17 (15); 10/29–11/13 (16); 2/4–2/18 (15); 3/3–3/16 (14); 5/8–5/22 (15); 6/11–6/26 (16); 7/23–8/20 (29); 9/15–10/8 (24)	144	4.80	
Yasuhiro Hiruma Utilization of Medical Equipment	Plan	5	60; 30; 70; 70; 70	300	10.00	
	Actual	5	8/10–10/14 (66); 11/1–11/24 (24); 2/4–3/28 (53); 5/14–7/31 (79); 8/20–10/18 (60)	282	9.40	
Naoki Mimuro Maintenance of Medical Equipment	Plan	4	60; 60; 60; 60	240	8.00	
	Actual	4	9/5–11/13 (70); 2/5–3/28 (52); 5/14–7/12 (60); 8/8–10/4 (58)	240	8.00	
Emi Onosaka Project Coordinator/Training Management	Plan	4	60; 60; 60; 60	240	8.00	
	Actual	6	7/15–9/12 (60); 10/10–12/17 (69); 1/21–3/21 (60); 4/16–5/20 (35); 8/20–9/2 (14); 9/20–10/4 (15)	253	8.43	

Total		Total (Day)	Total (Month)
	Plan	1,668	55.60
	Actual	1,674	55.80

Dispatch of Project Expert Team: Term2 and Extention phase

Name		Times	Dispatch periods (2018–2021)	Total (Day)	Total (Month)	Remarks
Hiroshi Tasei Chief Adviser/QI Management System 1	Plan	6	60; 90; 75; 75; 75; 75	450	15.00	
	Actual	8	4/22–6/27 (67); 7/8–10/2 (87); 11/25–12/20 (26); 1/16–4/20 (95); 6/20–8/31 (73); 10/5–12/15 (72); 2/4–3/4 (30); 4/7–6/26 (81)	531	17.70	
Shizu Takahashi Vice Chief Adviser/QI Management System 2	Plan	4	30; 70; 70; 70	210	7.00	
	Actual	6	5/12–6/2 (22); 11/10–12/7 (28); 4/28–6/1 (35); 11/3–12/6 (34); 1/27–2/26 (31); 5/16–5/26 (11)	161	5.37	
Naoki Take 5S-CQI-TQM①	Plan	5	28; 76; 63; 56; 77; 60	360	12.00	
	Actual	7	4/22–5/19 (28); 9/8–12/8 (92); 2/6–5/4 (88); 5/28–7/28 (62); 9/25–12/8 (75); 2/18–3/22 (34); 4/14–5/15 (32)	411	13.70	
Yujiro Handa 5S-CQI-TQM②	Plan	5	36; 36; 36; 36; 36	180	6.00	
	Actual	6	8/17–9/20 (35); 11/13–12/7 (25); 4/9–5/17 (39); 11/15–12/8 (24); 2/11–3/1 (20); 5/21–6/4 (15)	158	5.27	
Yasuhiro Hiruma Utilization of Medical Equipment	Plan	5	94; 96; 97; 96; 97	480	16.00	
	Actual	5	4/23–7/20 (89); 10/4–12/7 (65); 2/5–5/23 (108); 8/18–12/13 (118); 1/21–3/22 (62)	442	14.73	
Naoki Mimuro Maintenance of Medical Equipment	Plan	6	80; 80; 80; 80; 80; 80	480	16.00	
	Actual	7	4/23–7/11 (80); 9/12–11/30 (80); 1/22–4/14 (83); 5/28–7/25 (59); 9/18–12/15 (89); 1/29–3/22 (54); 4/3–5/14 (42)	487	16.23	
Emi Onosaka Project Coordinator/Training Management/Patient Safety	Plan	6	85; 68; 82; 84; 79; 82	480	16.00	
	Actual	7	4/23–7/11 (80); 10/14–12/11 (59); 1/16–4/16 (91); 5/27–8/21 (87); 10/2–12/8 (68); 2/4–3/22 (48); 4/3–6/19 (78)	511	17.03	
			Total – Plan	2,160	88.00	
			Total – Actual	2,701	90.03	

(2) Receipt of training participants

-Training in Japan

	Name	Affiliation	Title of Training course	Training period		Recipient Institutes
1	Gasumuni Magdalene Medal	Mbarara RRH	Program for the Specialist of Healthcare-Associated Infection Control and Prevention(A)	2016/7/19	2016/8/13	JICA Tokyo center
2	Nyolia James Dr	Jinja RRH	Perinatal and Neonatal Health Care	2016/9/25	2016/10/22	JICA Kansai center
3	Nanteza Jane Frances	Mubende RRH	Perinatal and Neonatal Health Care	2016/9/25	2016/10/22	JICA Kansai center
4	Mukobi Peter	Mubende RRH	Hospital Management(D)	2017/1/15	2017/2/25	JICA Kyushu center
5	Kusasira Enock Kabeera	Mulago NH	Health Systems Management	2017/5/8	2017/6/4	JICA Tokyo center
6	Kagwire Robert	Wakiso DHO	Health Systems Management for Regional and District Health Management Officers(A)	2017/6/20	2017/8/6	JICA Hokkaido center
7	Namasopo Sophie Makwasi Oleja	Jinja RRH	Quality Improvement of Health Services through KAIZEN approach	2017/8/13	2017/9/10	JICA Tokyo center
8	Obbo John Stephen Olwenyi	Mbale RRH	Quality Improvement of Health Services through KAIZEN approach	2017/8/13	2017/9/10	JICA Tokyo center
9	Katusiime Vanice Petwa Rugyema	China-Uganda Friendship Naguru	Program for the Specialist of Healthcare-Associated Infection Control and Prevention(A)	2017/8/15	2017/9/10	JICA Tokyo center
10	Mafigiri Richardson	MOH	Field Epidemiology to strengthen the preparedness for the severe infectious disease outbreaks(for Managers)	2017/9/5	2017/10/5	JICA Kyushu center
11	Achen Molly Grace	Lira RRH	Infectious Diseases Control through Strengthening of Community Health System(B)	2017/9/13	2017/11/4	JICA Okinawa center
12	Mbabazi Alex Bagambe	Kabale RRH	Medical Equipment Management and Maintenance(D)	2018/1/8	2018/3/16	JICA Tokyo center
13	Tugaineyo Emmanuel Ituuza	Mbale RRH	Hospital Management(D)	2018/1/14	2018/2/24	JICA Kyushu center
14	Waniaye John Baptist Nambohe	MOH	Health Policy Development -An introduction to Japan's history. achievements and challenges	2018/2/12	2018/2/24	JICA Tokyo center
15	Ocen Patrick Buchan	Lira District Local Government	Health Systems Management for Regional and District Health Management Officers(A)	2018/6/10	2018/8/9	JICA Hokkaido center
16	Onyachi Nathan Walufu	Masaka RRH	Health Systems Management	2018/6/24	2018/7/22	JICA Tokyo center
17	Kembabazi Harriet	Ministry of Health	Program for the Specialist of Healthcare-Associated Infection Control and Prevention	2018/8/1	2018/8/18	JICA Tokyo center
18	Okware Joseph	Ministry of Health	Quality Improvement of Health Services through KAIZEN approach	2018/8/12	2018/9/2	JICA Tokyo center
19	Kaasami Joet Winyi	Mubende Regional Referral Hospital	Medical Equipment Management and Maintenance(C)	2018/9/6	2018/11/15	JICA Tokyo center
20	Adaku Alex	Arua Regional Referral Hospital	Hospital Management(C)	2018/10/28	2018/12/5	JICA Kyushu center
21	Dula Ibrahim	Masafu General Hospital	Improvement of Maternal and Child Nutrition	2018/11/5	2018/12/13	JICA Tokyo center
22	Ogwang Alfred Francis	Moroto Regional Referral Hospital	Health Systems Management Leadership and Governance	2019/6/16	2019/7/4	JICA Tokyo center

23	Batiibwe Emmanuel Paul	China-Uganda Friendship Naguru	Quality Improvement of Health Services through KAIZEN approach	2019/8/22	2019/9/14	JICA Tokyo center
24	Resty Sempa	Arua Regional Referral Hospital	Medical Equipment Management and Maintenance(C)	2020/1/8	2020/3/15	JICA Tokyo center
25	Lino Lokut	Moroto Regional Referral Hospital	Medical Equipment Management and Maintenance(C)	2020/1/8	2020/3/15	JICA Tokyo center
26	Jackson Amone	Ministry of Health	Program for the Specialist of Healthcare-Associated Infection Control and Prevention	2020/1/14	2020/2/2	JICA Tokyo center
27	Nabawanuka Doreen Arison	Mulago National Referral Hospital	Program for the Specialist of Healthcare-Associated Infection Control and Prevention	2020/1/14	2020/2/2	JICA Tokyo center
28	Kabbyanga Loice Kiime	Bwera General Hospital	Program for the Specialist of Healthcare-Associated Infection Control and Prevention	2020/1/14	2020/2/2	JICA Tokyo center
29	Komaketch Denis	Mubende Regional Referral Hospital	Program for the Specialist of Healthcare-Associated Infection Control and Prevention	2020/1/14	2020/2/2	JICA Tokyo center
30	Bateasaki Aggrey	Ministry of Health	Quality Improvement of Health Services through KAIZEN A pproach	2021/1/11	2021/1/16	JICA Tokyo center
31	Josline Favor	Naguru Regional Referral Hospital	MEDICAL EQUIPMENT MANAGEMENT AND MAINTENANCE ©	2021/2/8	2021/3/12	JICA Tokyo center
32	Zephania Kalule	Lira Refinal Referral Hospital	MEDICAL EQUIPMENT MANAGEMENT AND MAINTENANCE ©	2021/2/8	2021/3/12	JICA Tokyo center

-Training in Third Countries

	Name	Affiliation	Title of Training course	Training period		Recipient Institutes
1	Dr. Obonoyo John Hyacinth	Ministry of Health	ToT on Continuous Quality Improvement (CQI)-Kaizen Approach	2017/3/20	2017/3/24	JICA Tanzania
2	Mr.Kamugisha Pidson	Kabale RRH	ToT on Continuous Quality Improvement (CQI)-Kaizen Approach	2017/3/20	2017/3/24	JICA Tanzania
3	Ms. Nakasala Sarah Akulep Harriet	Jinja RRH	ToT on Continuous Quality Improvement (CQI)-Kaizen Approach	2017/3/20	2017/3/24	JICA Tanzania
4	Mr.Ndawula Robert Matovu	Mubende RRH	ToT on Continuous Quality Improvement (CQI)-Kaizen Approach	2017/3/20	2017/3/24	JICA Tanzania
5	Ms.Beatrice Amuge	Mulago National Referral Hospital	ToT on Continuous Quality Improvement (CQI)-Kaizen Approach	2018/11/12	2018/11/16	JICA Tanzania
6	Ms. Lillian Bako	Kabale RRH	ToT on Continuous Quality Improvement (CQI)-Kaizen Approach	2018/11/12	2018/11/16	JICA Tanzania
7	Mr.Kibanda Grace	Entebbe GH	ToT on Continuous Quality Improvement (CQI)-Kaizen Approach	2019/6/24	2019/6/28	JICA Tanzania
8	Ms. Sarah Nakubulwa Damalie	China Uganda Friendship Hospital	ToT on Continuous Quality Improvement (CQI)-Kaizen Approach	2019/6/24	2019/6/28	JICA Tanzania

(3) List of Equipment Provision (Desktop Computers and others)

	Composition	Qty.	Regional Workshop
[1]	Desktop Computer（HPPro 400 G5, Corei5, 8GB, 1TBHDD ） Built in accesaries；DVD Writer,Wireless network card	1	Health Infrastructure, MOH Arua RWS Soroti RWS Moroto RWS Mubende RWS Masaka RWS Mbarara RWS
[2]	AC Adaptor	1	
[3]	Mouse	1	
[4]	Key board	1	
[5]	Monitor (20.7inch),Video cable, power cable	1	
[6]	UPS	1	

(4) List of Equipment Provision (Desktop Computers and others)

ID	Description	Total Qt'y	Regional Workshops/ Regional Referral Hospitals														Central Workshop
			Arua	Gulu	Lira	Kabale	Hoima	Mubende	Moroto	Soroti	Mbale	Masaka	Fort Portal	Jinja	Mbarara	Naguru	
1	Maintenance tool kit, Biomedical	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
2	Automated electrical safety analyzer	6	0	0	0	0	0	1	1	1	0	1	0	0	0	1	1
3	Portable oxygen analyzer	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
4-A	NIBP, SpO_2, ECG simulator for Central Workshop	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
4-B	NIBP, SpO_2, ECG simulator for Regional Workshops	4	0	1	0	1	0	0	0	0	1	0	1	0	0	0	0
5	Clamp meter with temperature probe	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
6	Ventilator/Anaesthesia analyzer	6	0	1	0	1	0	0	0	0	1	0	1	0	0	0	2
7	Battery tester	6	0	1	0	1	0	0	0	0	1	0	1	0	0	0	2
8	Multi-DC regulated power supply, 12/24/48V	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
9	Infusion pump analyzer	6	0	1	0	1	0	0	0	0	1	0	1	0	0	0	2
10	DC regulated power supply, DC to DC convertor	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
11	Ultrasound electrical safety transducer leakage current tester	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
12	Defibrillator Analyzer	6	0	1	0	1	0	0	0	0	1	0	1	0	0	0	2
13	Megger tester	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
14	3 Phase sequence tester	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
15	ESU (Electro-surgical unit) analyzer	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
		138	6	11	6	11	6	7	7	7	12	7	11	6	6	7	28

1-2. Input by the Uganda side

(1) Counterpart assignment

MOH

	Institution	Name	Position	Area of Specify
1	MOH	Dr. Henry Mwebesa	Ag. Director General Health Services	JCC Chair person
2	MOH	Dr. Olaro Charles	Director, Health Services Curative	Project Director
3	MOH	Dr. Amone Jackson	Commissioner, Health Services Clinical	Project Manager
4	MOH	Dr. Okware Joseph	Director, Health Services Health Governance and Regulation	PIT 5S-CQI-TQM, Head
5	MOH	Dr. Martin Seedeyona	PMO, Standard Compliance Accreditation and Patient Protection	PIT 5S-CQI-TQM
6	MOH	Dr. John Obonyo	PMO, Clinical Services	PIT User Training, Head
7	MOH	Ms. Harriet Kembabazi	PNO, Nursing	PIT User Training
8	MOH	Eng. Priscila Nakiboneka	Senior Engineer (Electrical), Health Infrastructure Dept.	PIT Medical Equipment, Head
9	MOH	Eng. Sitra Mulepo	Senior Engineer (Electrical), Health Infrastructure Dept.	PIT Medical Equipment

Target Facilities

	Institution	Name	Position	Area of Specify
1	Arua RRH	Dr. Filbert Nyeko	Director	
2		Mr.Odur Michel	Principal Hospital Administrator	
3	Lira RRH	Dr.Stephen Obbo	Director	
4		Ms. Serwanja Winnie	Principal Hospital Administrator	
5	Soroti RRH	Dr. Mwanga Micheal	Director	
6		Mr. Kisabagire Simon	Principal Hospital Administrator	
7	Mubende RRH	Dr. Alex Andema	Director	
8		Mr. Tumusiime Charles	Principal Hospital Administrator	
9	Fort Portal RRH	Dr. Florence Tugumisirize	Director	
10		Ms.Edidah Busingye	Principal Hospital Administrator	
11	Mbale RRH	Dr.Tugaineyo Emmanuel	Director	
12		Mr. Kivejinja Salim	Senir Hospital Administrator	
13	Moroto RRH	Dr. Alfred Ogwang	Ag. Director	
14		Mr. Mawa Geofrey	Principal Hospital Administrator	
15	Gulu RRH	Dr. James Elima	Director	
16		Mr. Tibemanya David	Principal Hospital Administrator	
17	Masaka RRH	Dr. Onyanti Nathan	Director	
18		Mr. Kabuye Edward	Senir Hospital Administrator	
19	Hoima RRH	Dr. Peter Makobi	Director	
20		Mr. Amos Oboke	Principal Hospital Administrator	
21	Kabale RRH	Dr. Sophie Namasopo-Oleja	Director	
22		Odur Micheal	Senir Hospital Administrator	
23	Mbarara RRH	Dr. Barigye Celestine	Director	
24		Mr. Okello Odeke Peter	Principal Hospital Administrator	
25	CUFH Naguru	Dr. Batiibwe Emmanuel	Director	
26		Ms. Regina N. Mugisa	Principal Hospital Administrator	
27	Jinja RRH	Dr. Nkurunziza Edward	Director	
28		Mr. Mubiru Mohammed	Senir Hospital Administrator	
29	Entebbe RRH	Dr. Muwanga Moses	Medical Superintendent	
30		Mr.Mpanga Robert	Senir Hospital Administrator	
31	Tororo GH	Dr. Ochar Thomas	Medical Superintendent	
32	Wakiso DHO	Kagwire Robert	District Health Officer	
33	Tororo DHO	Dr. Okumu David	District Health Officer	

National 5S-CQI-TQM Facilitators

	Institution	Name	Position	Area of Specify
1	MOH	Dr. Isaac Kadowa	PMO (QA&I)	National 5S-CQI-TQM Facilitator
2	MOH	Dr. Martin Ssendyona	PMO (QA&I)	National 5S-CQI-TQM Facilitator
3	MOH	Ms. Betrice Alupo	PNO (Nursing)	National 5S-CQI-TQM Facilitator
4	MOH	Dr. Obonyo John Hyacinth	PMO (ICS)	National 5S-CQI-TQM Facilitator
5	Arua RRH	Dr. Robert Candia	OCHS	National 5S-CQI-TQM Facilitator
6	Arua RRH	Mr. Oboke Amos	SHA	National 5S-CQI-TQM Facilitator
7	Entebbe RRH	Mr. Mpanga Robert	SHA	National 5S-CQI-TQM Facilitator
8	Entebbe RRH	Mr. Deo Nsubuga	NO	National 5S-CQI-TQM Facilitator
9	Entebbe RRH	Dr. Moses Muwanga	MS	National 5S-CQI-TQM Facilitator
10	Entebbe RRH	Ms. Roselyn Mutonyi	SNO	National 5S-CQI-TQM Facilitator
11	FortPortal RRH	Ms. Kamakune Sarah	NO	National 5S-CQI-TQM Facilitator
12	Gulu RRH	Ms. Norah Nakate	SPNO	National 5S-CQI-TQM Facilitator
13	Hoima RRH	Mr. Robert Ndawula	POO	National 5S-CQI-TQM Facilitator
14	Hoima RRH	Ms. Constance Aseru	SNO	National 5S-CQI-TQM Facilitator
15	Jinja RRH	Ms. Namukwaya Regina Eva	SNO	National 5S-CQI-TQM Facilitator
16	Jinja RRH	Ms. Nakasala Sarah Harriet	POO	National 5S-CQI-TQM Facilitator
17	Kabale RRH	Ms. Lilian Bako	NO	National 5S-CQI-TQM Facilitator
18	Kabale RRH	Ms. Jackie Kagwa	SNO	National 5S-CQI-TQM Facilitator
19	Kabale RRH	Mr. Pidson Kamugisha	NO	National 5S-CQI-TQM Facilitator
20	Lira RRH	Ms. Sarah Apio	SNO	National 5S-CQI-TQM Facilitator
21	Masaka RRH	Dr. Ronald Kabuye	MO (Gen.Surg)	National 5S-CQI-TQM Facilitator
22	Mbale RRH	Ms. Naikesa Florence	SNO	National 5S-CQI-TQM Facilitator
23	Mbale RRH	Ms. Asege Janice Jesca	SNO	National 5S-CQI-TQM Facilitator
24	Mbarara RRH	Ms. Dorothy Ajiambo	SCO	National 5S-CQI-TQM Facilitator
25	Moroto RRH	Dr. Ochen Christopher	MO	National 5S-CQI-TQM Facilitator
26	Mubende RRH	Ms. Violet Mirembe	NO	National 5S-CQI-TQM Facilitator
27	Mubende RRH	Ms. Biira Idereda Katwesigye	SNO	National 5S-CQI-TQM Facilitator
28	Muyembe HC IV Bulambuli District	Mr. Onyanga Geoffrey	SNO	National 5S-CQI-TQM Facilitator
29	Naguru CUFH	Ms. Sarah Muwanguzi	SNO	National 5S-CQI-TQM Facilitator
30	Soroti RRH	Ms. Aluo Anne Grace	SNO	National 5S-CQI-TQM Facilitator
31	Tororo District	Ms. Connie Bwire	SNO (Assistant DHO)	National 5S-CQI-TQM Facilitator
32	Tororo GH	Ms. Esther Nthenya Mbiki	Pharmacist	National 5S-CQI-TQM Facilitator

User Trainers

	Institution	Name	Positon	Area of Specify
1	Arua RRH	Alezuyo Janet Agoma	PNO	Certified User Trainer
2	Arua RRH	Adriko Innocent	NO	Certified User Trainer
3	Arua RRH	Patricia Alice Anguezaru	NO	Certified User Trainer
4	Entebbe RRH	Mujalasa Christine Reita	SNO	Certified User Trainer
5	Entebbe RRH	Nafuna Lydia	NO	Certified User Trainer
6	Fort Portal RRH	Atugonza Rita Maureen	NO	Certified User Trainer
7	Fort Portal RRH	Najjingo Lydia	NO	Certified User Trainer
8	Gulu RRH	Acayo Agnes Lilian	NO	Certified User Trainer
9	Gulu RRh	Atim Esther Stella	NO	Certified User Trainer
10	Hoima RRH	Katusiime Constance	NO	Certified User Trainer
11	Hoima RRH	Anguzu Henry	ASST	Certified User Trainer
12	Jinja RRH	Nakalembe Molly	SNO	Certified User Trainer
13	Jinja RRH	Agwang Joyce	NO	Certified User Trainer
14	Kabale RRH	Byarugaba Alison	NO	Certified User Trainer
15	Kabale RRH	Tushemereirwe Justine Anne	NO	Certified User Trainer
16	Lira RRH	Akello Christine Okeng	NO	Certified User Trainer
17	Lira RRH	Okwir John Van	NO	Certified User Trainer
18	Lira RRH	Achen Molly Grace	NO	Certified User Trainer
19	Masaka RRH	Musoke Prossy	NO	Certified User Trainer
20	Masaka RRH	Namuddu Joanita	NO	Certified User Trainer
21	Masaka RRH	Byarugaba Bainomugisha Josephat	NO	Certified User Trainer
22	Mbale RRH	Mutesasira Mike	NO	Certified User Trainer
23	Mbale RRH	Lukia Kabitanya	SNO	Certified User Trainer
24	Mbarara RRH	Tumugumye Rhoda	NO.	Certified User Trainer
25	Mbarara RRH	Katigi Lodger	NO	Certified User Trainer
26	Moroto RRH	Aciro Julia	SCO	Certified User Trainer
27	Moroto RRH	Keem Jackson	NO	Certified User Trainer
28	Moroto RRH	Nambozo Hadija	NO	Certified User Trainer
29	Mubende RRH	Halima Adam	NO.	Certified User Trainer
30	Mubende RRH	Mirembe Violet	NO.	Certified User Trainer
31	Murago RRH	Kabajuni Sarah	NO	Certified User Trainer
32	Naguru CUFH	Basemera Kevin	NO	Certified User Trainer
33	Naguru CUFH	Mulwanyi Fredrick	NO	Certified User Trainer
34	Soroti RRH	Epeduno Gabriel	E/N	Certified User Trainer
35	Soroti RRH	Akongo Agnes	NO	Certified User Trainer
36	Kisenyi HC4	Anyeko Okeno Eelyn	NO	Certified User Trainer

Medical Equipment Maintenance Workshops

	Institution	Name	Position	Area of Specify
1	Lira RWS	Zephania Kalule	Manager	Engineer
2	Soroti RWS	Ogwal Walter	Manager	Engineer
3	Kabale RWS	Mupati Henry David	Manager	Engineer
4	Gulu RWS	Onyolo Stephen	Manager	Engineer
5	Mbale RWS	Orapa Austin.A	Manager	Engineer
6	Arua RWS	Resty Sempa	Manager	Engineer
7	Fort Portal RWS	Ogen-Mungu Ronald	Manager	Engineer
8	Hoima RWS	Ecomu Thomas	Manager	Engineer
9	Mubende RWS	Makombe Willex	Manager	Engineer
10	Moroto RWS	Zeblulon Mukisa Mulero	Manager	Engineer
11	Masaka RWS	Musoke Ali	Manager	Engineer
12	Jinja RWS	Mary Musoke	Manager	Engineer
13	Mbarara RWS	Semata Patrick	Manager	Engineer
14	Central WS	John Kateera	Manager	Engineer
15	Naguru In-HOUSE WS	Ken Kalungi	Manager	Engineer

1-3. Revised Plan of Operation

Revision of Plan of Operation

Project Title: Project on Improvement of Health Services through Health Infrastructure Management (II)

Timeline columns: 2016 (I, II, III, IV), 2017 (I, II, III, IV), 2018 (I, II, III, IV), 2019 (I, II, III, IV), 2020 (I, II, III, IV), 2021 (I, II, III, IV)

Inputs	Plan/Actual	Remarks
Expert		
Chief Advisor/QI Management System	Plan / Actual	
Assist Chief Advisor/QI Management System	Plan / Actual	
5S-CQI-TQM ①	Plan / Actual	
5S-CQI-TQM ②	Plan / Actual	
Utilization of Medical Equipment	Plan / Actual	
Maintenance of Medical Equipment	Plan / Actual	
Project Coordinator/Training Management	Plan / Actual	
Equipment		
Project vehicles and equipment/materials necessary for the Project administration	Plan / Actual	
Training in Japan		
	Plan / Actual	
In-country/Third country Training		
Tanzania KAIZEN TOT	Plan / Actual	

No.	Activities / Sub-Activities	Plan/Actual	Responsible Organization: Japan	Responsible Organization: Uganda
Output 1 [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH				
1-1 Establishment of foundation for the Project and implementation				
1-1-1	Establish Project Steering Committee	Plan / Actual	Expert(s)	All concerned Department members of MOH
1-1-2	Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME	Plan / Actual	Expert(s)	All concerned Department members of MOH
1-1-3	Develop terms of reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the Project	Plan / Actual	Expert(s)	Steering Committee
1-1-4	Conduct baseline survey	Plan / Actual	Expert(s)	Implementation Team
1-2 Support Supervision on health infrastructure management				
1-2-1	Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels	Plan / Actual	Expert(s)	Steering Committee
1-2-2	Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, user training and maintenance	Plan / Actual	Expert(s)	Steering Committee
1-3 Project implementation, monitoring and evaluation and institutionalizatio				
1-3-1	Organize meetings of Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle	Plan / Actual	Expert(s)	Steering Committee
1-3-2	Conduct a meeting to review the established system in MOH	Plan / Actual	Expert(s)	Steering Committee
1-3-3	Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections if necessary to the Ministerial Policy Statement	Plan / Actual	Expert(s)	Steering Committee
1-3-4	Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME	Plan / Actual	Expert(s)	Implementation Team
1-3-5	Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME	Plan / Actual	Expert(s)	Implementation Team
Output 2 [Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs				
2-1	Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide	Plan / Actual	Expert(s)	Implementation Team
2-2	Define criteria for national show case of 5S-CQI-TQM and review national show case(s)	Plan / Actual	Expert(s)	Steering Committee
2-3	Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels	Plan / Actual	Expert(s)	Steering Committee
2-4	Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc.	Plan / Actual	Expert(s)	Implementation Team
2-5	Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI	Plan / Actual	Expert(s)	Implementation Team
2-6	Strengthen function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities	Plan / Actual	Expert(s)	Implementation Team
2-7	Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI	Plan / Actual	Expert(s)	Implementation Team
2-8	Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities, etc. as mentioned in 1-2-2	Plan / Actual	Expert(s)	Implementation Team
Output 3 [Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRH				
3-1	Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary	Plan / Actual	Expert(s)	Implementation Team
3-2	Conduct refresher training of user trainers in the previous Project phase	Plan / Actual	Expert(s)	Implementation Team
3-3	Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals	Plan / Actual	Expert(s)	Implementation Team
3-4	Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2	Plan / Actual	Expert(s)	Implementation Team
Output 4 [Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened				
4-1	Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary	Plan / Actual	Expert(s)	Implementation Team
4-2	Conduct leadership and management training for workshop managers including inventory data analysis	Plan / Actual	Expert(s)	Implementation Team
4-3	Conduct training for workshop staff on maintenance of basic medical equipment	Plan / Actual	Expert(s)	Implementation Team
4-4	Conduct training for core staff of workshops in first line maintenance of specialized medical equipment	Plan / Actual	Expert(s)	Implementation Team
4-5	Strengthen capacity of Central Workshop and Infrastructure Department to support Regional Workshops	Plan / Actual	Expert(s)	Implementation Team
4-6	Support Workshops to develop a system for sharing knowledge and skills	Plan / Actual	Expert(s)	Implementation Team, all WS managers
Duration / Phasing		Plan / Actual		

Monitoring Plan	Plan/Actual	Remarks
Monitoring		
Joint Coordinating Committee	Plan / Actual	
Set-up the Work Plan of Operation	Plan / Actual	
Submission of Monitoring Sheet	Plan / Actual	
Monitoring Mission from Japan	Plan / Actual	
Joint Monitoring	Plan / Actual	
Post Monitoring	Plan / Actual	
Reports/Documents		
Progress report	Plan / Actual	
Project Completion Report	Plan / Actual	
Public Relations		
	Plan / Actual	
	Plan / Actual	

Annex 2: Products

2-1. List of documents
2-2. List of YouTube Video

Annex 2: Products

2-1. List of documents

No	Title	Launch	Mode of Products
1	5S-Continuous Quality Improvement (KAIZEN)-Total Quality Management Implementation Guidelines in Uganda	Dec. 2019	Guidelines
2	Your PATH to success in Quality and Safety	Feb. 2020	5S facilitator's guide
3	KAIZEN Handbook (Case2, Case3 and Appendix)	Apr. 2021	Education material
4	Guidelines for User Training on Medical Equipment in Uganda	Jun. 2021	Guidelines
5	Medical Equipment User Training Manual for National and Regional User Trainer (Vol.2)	Jun. 2021	Manual
6	Operation Manual for Regional Medical Equipment Maintenance Workshops and Medical Equipment Maintenance Guidelines(Vol.1) A guide for Engineers and Technician working on Medical Equipment in Health Facilities	Aug. 2020	Manual
7	Operation Manual for Regional Medical Equipment Maintenance Workshops and Medical Equipment Maintenance Guidelines (Volume IIa) Standard Operating Procedures for carrying Planned Preventive Maintenance on Commonly used Medical Equipment and Hospital Plants in Health Facilities in Uganda	Aug. 2020	Standard Operation Procedures

2-2. List of YouTube Videos

(1) CQI(KAIZEN) Steps

Date	Title	YouTube Link
22 Oct.	KAIZEN Introduction (7:38)	https://youtu.be/2L9sYiBo6F0
22 Oct.	KAIZEN Step-1 Theme Selection, Volume-1 (11:58)	https://youtu.be/IFsUkJQ3XhU
22 Oct.	KAIZEN Step-1 Theme Selection, Volume-2 (13:22)	https://youtu.be/UuDc-mlr-cY
29 Oct.	What is a Problem? (7:20)	https://youtu.be/l3u--oya6ko
29 Oct.	KAIZEN Step-2, Situation Analysis, Volume-1 (17:49)	https://youtu.be/0L254y-L5yY
5 Nov.	KAIZEN Step-2, Situation Analysis, Volume-2 (16:16)	https://youtu.be/18h3QBscytQ
12 Nov.	KAIZEN Step-3, Root Cause Analysis, Volume-1 (18:31)	https://youtu.be/GrlRIQJA0GU
19 Nov.	KAIZEN Step-3, Root Cause Analysis, Volume-2 (14:33)	https://youtu.be/K8-NGRP_2lk
26 Nov.	KAIZEN Step-4, Identification of Countermeasures (18:07)	https://youtu.be/U3poovPsJk4
03 Dec.	KAIZEN Step-5, Implementation of Countermeasures (19:11)	https://youtu.be/KU06KU6zwcY
10 Dec.	KAIZEN Step-6, Assessment (16:06)	https://youtu.be/UXGEouHIMbY
17 Dec.	KAIZEN Step-7, Standardization and Recap for the Past Steps 1-6 (16:14)	https://youtu.be/QHmRjwchlOA
17 Dec.	What is Small KAIZEN? (7:07)	https://youtu.be/eHLwOL1TkYY

(2) Patient Safety

Date	Title	YouTube Link
3 Aug.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 1 (14:19)	https://youtu.be/GZ0kvsVo_p0
14 Aug.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 2 (6:51)	https://youtu.be/9ulayrS42CY
14 Aug.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 3 (8:11)	https://youtu.be/lag-eElodKw
23 Aug.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 4 (22:03)	https://youtu.be/3hRDoiNl1eA
23 Aug.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 5 (16:55)	https://youtu.be/K5GoZozk7TA
20 Sep.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 6 (14:33)	https://youtu.be/niuoKDLzob4
20 Sep.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 7 (10:53)	https://youtu.be/6-f4YMnlzwc
20 Sep.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 8 (15:11)	https://youtu.be/RYsLSpxfyD4
20 Sep.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 9 (10:55)	https://youtu.be/hxcnQmG8XX0
19 Oct.	【Beyond 5S-KAIZEN(CQI)】Patient Safety – Introduction (5:00)	https://youtu.be/T5I8pkmZ34s
25 Oct.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 10 (13:45)	https://youtu.be/9ZhpHqWc2kY
25 Oct.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 11 (16:39)	https://youtu.be/sT_c1ydoVmk
7 Nov.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 12 (23:36)	https://youtu.be/FNSHsKhFsz4
7 Nov.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 13 (20:03)	https://youtu.be/TXk_KsJEWjQ
20 Dec.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 14 (18:24)	https://youtu.be/R3lXpCK-fuw
23 Dec.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 15 (19:14)	https://youtu.be/-vZC1hPDnnc
20 Dec.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 16 (20:14)	https://youtu.be/ZSImFcfXHrg
8 Mar.	【Beyond 5S-KAIZEN (CQI)-TQM】Patient Safety - How to make use of incident reports with KAIZEN? -	https://youtu.be/xyxCIoUGE9E
19 Mar.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 17 (23:23)	https://youtu.be/j40UTALnb1U
19 Mar.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 18 (14:44)	https://youtu.be/3X-nDQ7t87o
20 Mar.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 19 (13:44)	https://youtu.be/u4EJl7KexyA
20 Mar.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 20 (11:48)	https://youtu.be/-cN_g7X3YIM
21 Mar.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 21 (19:53)	https://youtu.be/-_evvkjxf9o
21 Mar.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 22 (16:28)	https://youtu.be/IxPtO0QgskM
2 Apr.	【Beyond 5S-KAIZEN(CQI)】Patient Safety 23 (19:22)	https://youtu.be/GXDyCvMDlBI

Annex 3: Project Design Matrix

3-1. PDM(Ver.0)

3-2. PDM(Ver.1)

3-3. PDM(Ver.2)

3-4. PDM(Ver.3)

3-5. PDM(Ver.4)

Annex 3: Project Design Matrix

3-1. PDM(Ver.0)

Project Design Matrix (PDM)

PDM (version 0)

Dated July 29, 2015

Project Title : Project on Improvement of Health Service through Health Infrastructure Management Phase 2

Implementing agency: Department of Quality Assurance, Ministry of Health (MOH) (5S-CQI-TQM)

Integrated Curative Services Division, Department of Clinical Services, MOH (Utilization of Medical Equipment)

Health Infrastructure Division, Department of Clinical Services, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe General Hospital (GH), Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH

(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: 4 years

Target site: Republic of Uganda

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal : Quality of health care services at all the RRHs in Uganda is improved.	− Clients' satisfaction level is improved to the target level. (XX) − Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX%. − Maintenance cost regarding medical equipment is decreased in XX%.	− Health Management Information System (HMIS) − Annual Health Sector Performance Report (AHSPR) − Periodical monitoring reports by QITs at target hospitals − Supervision reports made by the steering committee for the project − Baseline and end-line data − Quarterly regional workshop maintenance report			
Project purpose: Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	− Score sheet of 5S-CQI-TQM on targeted hospitals become more than XX%. − The number of CQI practices becomes more than XX (number). − Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more	− Minutes of steering committee meetings − Reports of steering committee − Reports from 5S trainers − Score sheets of 5S-GQI-TQM	− Government budget for the RRHs will not be deceased significantly. − Government budget for the workshops will not be decreased significantly. − Political situation of Uganda		

	than XX times. − Percentages of status A of ME becomes higher than XX%.	at targeted hospitals.	does not affect security of Uganda.		
Outputs : 1. Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	1-1 PDCA cycle of supporting and supervising RRHs is completed once a year or more. 1-2 The number of supervision conducted by steering committee becomes more than XX times. 1-3 Number of training organized by Technical Working Group (TWG) becomes more than XX times. 1-4 Number of certified national CQI facilitators from MOH become more than XX.	− Plans and periodic reports made by steering committee − Activity records made by steering committee of MOH − Records and results of supervision conducted by steering committee − Test results and certification issued for CQI trainers at MOH	− Personnel of counterparts do not leave the job and are not transferred considerably. − Policy related to health infrastructure management will not be changed as a result of the presidential election.		
2. Implementation mechanism of the phase 1 targeted hospitals aimed at CQI level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.	2-1 Number of the phase 1 targeted hospitals which started CQI activities becomes more than XX. 2-2 Number of the phase 1 targeted hospitals which completed CQI process at least with one unit becomes more than XX. 2-3 Number of UT conducted by regional trainers is more than XX times. 2-4 Number of functioning WITs in target hospitals reaches the level of 10 under the 5S-CQI-TQM implementation becomes more than XX.	− Activity records of QITs − Activity records of WITs − Training records on UT conducted by user trainers − Score sheets of 5S-CQI-TQM − Project report about CQI activities − Supervision reports made by TWG			
3. Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.	3-1 All the phase 2 targeted hospitals implement QIT activities including 5S-CQI-TQM. 3-2 Average of comprehension rate of trainees after user training becomes higher than XX%. 3-3 More than 1 regional 5S facilitators at each phase 2 targeted hospitals are trained. 3-4 More than 2 regional user trainers at each phase 2 targeted hospitals are trained.	− Number of QITs and their activity records − Monitoring and meeting minutes of QITs related to 5S-CQI-TQM − Supervision report made by TWG − Results of pre and post tests for trainees of UT Training records on TOT for 5S-CQI-TQM			

		− Training records on TOT for UT			
4. ME maintenance and management capacity of workshops (WS) are strengthened.	4-1 Trained staff of all the workshops improve XX% in their knowledge after ME maintenance training. 4-2 Percentages of ME lower than status E becomes XX%.	− Training records related to ME maintenance − Results of pre and post tests for trainees of ME maintenance − Inventory lists of each workshop			
Activities	Inputs				
1-1 Establishment of foundation for the project and implementation 1-1-1 [MOH] Re-establish the steering committee for the phase 2 project 1-1-2 [MOH] Select focal persons for 5S, user training (UT), and medical equipment (ME) maintenance 1-1-3 [TWG] Develop TORs for members of TWG and action plans for implementing the project 1-1-4 [TWG] Conduct baseline survey 1-1-5 [TWG] Update and/or create manuals, handbooks, guidelines, and monitoring tools for dissemination 1-1-6 [TWG] Define criteria for national show case and review a national show case(s) 1-1-7 [TWG] Review existing supervision system of MOH. 1-1-8 [TWG] Integrate components of 5S-CQI-TQM, UT, and ME maintenance to the supervision system 1-2 Training and knowledge sharing 1-2-1 [TWG] Conduct refresher training for national 5S facilitators* 1-2-2 [TWG] Conduct training of	The Japanese side 1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management 2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	The Uganda Side 1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense 4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)	Pre-Conditions MOH and target hospitals allocate appropriate resources necessary for implementation of the project. <Issues and countermeasures>		

trainers for 5S-CQI-TQM especially customized for CQI 1-2-3 [TWG] Organize opportunities to share good practices and lessons learned such as study tours and QI competition 1-3 Implementation of activities, and monitoring and evaluation, and reflections 1-3-1 [TWG] Implement an action plan based on PDCA cycle. 1-3-2 [TWG] Conduct supervision which is integrated into the existing system 1-3-3 [TWG] Hold meetings at least bi-monthly with the project team 1-3-4 [TWG] Conduct a review meeting on established system in MOH 1-3-5 [TWG] Make use of review of activity 1-3-4 for institutionalization of the system and methodologies, and reflection to the health sector policy/plan 1-3-6 [TWG] Conduct an end-line survey					
2-1 System development and implementation 2-1-1 [Phase 1 target hospitals] Revitalize and/or strengthen function of quality improvement team (QIT) and work improvement team (WIT) 2-1-2 [Phase 1 target hospitals] develop action plans of WITs at each phase 1 target hospital 2-1-3 [Phase 1 target hospitals] Hold periodic meetings of QIT 2-1-4 [Phase 1 target hospitals] Implement activities aiming at CQI with proper usage and maintenance of ME in					

collaboration with UT and ME maintenance activities 2-2 Training 2-2-1 [TWG] Conduct leadership and management training for management staff of targeted hospitals 2-2-2 [TWG] Conduct refresher training for regional 5S facilitators of targeted hospitals 2-2-3 [TWG] Conduct 5S CQI training to hospitals with high level practices of 5S-CQI-TQM 2-2-4 [TWG] Conduct refresher training for regional user trainers 2-2-5 [User trainers] Train staff of their hospitals on how to use ME on the job training basis					
3-1 System development and implementation 3-1-1 [TWG] Support target hospitals to establish and/or strengthen quality improvement team (QIT) 3-1-2 [TWG] Support target hospitals establish and/or strengthen work improvement team (WIT) 3-1-3 [TWG] Support target hospitals to hold QIT periodic meetings 3-1-4 [Phase 2 target hospitals] Implement 5S activities with proper usage and maintenance of ME by collaboration with UT and ME maintenance activities 3-2 Training 3-2-1 [TWG] Conduct leadership and management training for management staff of target RRHs 3-2-2 [National 5S facilitators] Conduct					

training of trainers (TOT) on 5S-CQI-TQM for regional 5S facilitators of phase 2 targeted hospitals 3-2-3 [Regional 5S facilitator] Conduct 5S-CQI-TQM training for staff of phase 2 targeted hospitals 3-2-4 [Regional user trainers trained phase 1 project] Conduct TOT regarding UT for the phase 2 targeted hospitals 3-2-5 [User trainers] Conduct UT on ME 3-2-6 [User trainers] Train other staff of RRHs on how to use ME on the job training basis					
4-1 [TWG] Conduct leadership and management training for workshop managers including inventory data analysis 4-2 [TWG] Conduct training for Workshop (WSs) staff on ME maintenance 4-3 [TWG] Conduct training for core staff of the WSs on basics about specialized ME 4-4 [TWG] Strengthen support system of the CWS for other RWSs 4-5 [TWG] Support WSs to develop a management system for accumulating knowledge and skills					

*Training on 5S for 5S national facilitators and training on CQI for CQI national facilitators are categorized as activities for the output 1 because the majorities of the national 5S facilitators are MOH staff. Other training for regional 5S trainers and regional user trainers are categorized as activities for the output 2 or 3 because both types of regional trainers are staff of the target hospitals.

3-2. PDM (Ver.1)

Project Design Matrix (PDM)

PDM (version 1)

Dated December 20217

Project Title：Project on Improvement of Health Service through Health Infrastructure Management Phase 2

Implementing agency: Quality Assurance & Inspection Department, Directorate of Planning & Policy, Ministry of Health (MOH) (5S-CQI-TQM

Integrated Curative Services Department, Directorate of Clinical Services, MOH (Utilization of Medical Equipment)

Infrastructure Department, Directorate of Clinical Services, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe General Hospital (GH), Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH

(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: July 2016- July 2020 4 years

Target site: Republic of Uganda

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal Quality of health care services at all the RRHs in Uganda is improved.	(1) Clients' satisfaction level is improved to the target level. (XX) (2) Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX% (3) Maintenance cost regarding medical equipment is decreased in XX%.	(1) Health Management Information System (HMIS) (2) Annual Health Sector Performance Report (AHSPR) (3) Periodical monitoring reports by QITs at target hospitals (4) Supervision reports made by the steering committee for the project (5) Baseline and end-line data (6) Quarterly regional workshop maintenance report			

Project Purpose Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	(1) CQI Process or QC Story -The number of cases of CQI Process or QC Story becomes more than three cases (2) Good practice of small CQI -All RRHs have at least one good practice of small CQI (3) Average percentage of medical equipment in status A is higher than 70% (4) Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times.		・Government budget for the RRHs will not be deceased significantly. ・Government budget for the workshops will not be decreased significantly. ・Political situation in Uganda remans stable.		
Output 1 1. [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	(1) The Project Steering committee meeting conducts every three months (2) The results of integrated support supervision conducted by Project Implementation Teams and the next quarter action plan developed from these results are shared and approved at every Project Steering Committee meeting (3) Roadmap for incorporating the Project activities into the policy and systems of MOH has been established and implemented by the Project Steering Committee. (4) The project activities are successfully incorporated into the Ministerial Policy Statement of Ministry of Health	(1) Minutes of meeting of Project Steering Committee (2) Ministerial Policy Statement	・Personnel of counterparts do not leave the job and are not transferred considerably. ・Policy related to health infrastructure management will not be changed as a result of the presidential election.		
Output 2	(1) Score of module 1 (Leadership)	(1) HFQAP Facility Assessment Tool			

2.[Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs.	and 6 (Health Infrastructure) HFQAP Facility Assessment Tool - All RRHs mark 5 points out of 8 as full mark for module 1 and 6 points out of 10 as full mark for module 6 (2) Score of modified 5S M&E Sheet in 5S-CQI-TQM Guidelines - All RRHs mark 33 points out of 54 as full mark at least second consecutive years	(2)5S M&E Sheet in 5S-CQI-TQM Guidelines			
Output 3 3.[Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRHs.	(1) At least two regional user trainers are at all Regional Referral Hospitals. (2) Number of UT conducted by regional user trainers is more than three times as par year in every region. (3) Average percentage of medical equipment in status B is not higher than 4%	(1) Records on training of regional user trainers (2) Training records on user training conducted by user trainers (3) Medical equipment inventory			
Output 4 4.[Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened.	(1) The average increase of scores between the pre-test and post-test is at least 15%. (2) The average of percentage of medical equipment in status C and status E at all RRHs is not higher than 15%.	(1) Results of pre and post tests for trainees of medical equipment maintenance (2) Medical equipment inventory			

Activities	Input		Pre-Conditions
1-1 Establishment of foundation for the project and implementation	The Japanese side	The Uganda side	
1-1-1 Establish Project Steering Committee 1-1-2 Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME 1-1-3 Develop Terms of Reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the project 1-1-4 Conduct baseline survey	1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management 2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and	1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense such as training and supervision	

1-2 Support Supervision on health infrastructure management	MOH headquarters 2) Testing and calibration tools and equipment etc. 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)	
1-2-1 Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels			
1-2-2 Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, UT and ME			
1-3 Project implementation, monitoring and evaluation and institutionalization			
1-3-1 Organize meetings for Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle			
1-3-2 Conduct a meeting to review the established system in MOH			
1-3-3 Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the project, and make reflections to the Ministerial Policy Statement			
1-3-4 Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME			
1-3-5 Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME			<Issues and countermeasures>
2.[Project Implementation Team: 5S-CQI-TQM]			
2-1 Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide			
2-2 Define criteria for national show case of 5S-CQI-TQM and review national show case(s)			
2-3 Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels			
2-4 Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc.			
2-5 Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI			
2-6 Strengthen the function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities			
2-7 Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI			

2-8 Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2			
3.[Project Implementation Team: User Training]			
3-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary			
3-2 Conduct refresher training of user trainers in the previous Project phase.			
3-3 Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals			
3-4 Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2			
4.[Project Implementation Team: Maintenance]			
4-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary			
4-2 Conduct leadership and management training for workshop managers including inventory data analysis			
4-3 Conduct training for workshop staffs on maintenance of basic medical equipment			
4-4 Conduct training for core staff of workshops in first line maintenance of specialized medical equipment			
4-5 Strengthen capacity of Central Workshop and Infrastructure Department to support Regional Workshops			
4-6 Support Workshops to develop a system for sharing knowledge and skills			

3-3. PDM (Ver.2)

Project Design Matrix (PDM)

PDM (version 2)
Dated August 2019

Project Title : Project on Improvement of Health Service through Health Infrastructure Management Phase 2

Implementing agency: Quality Assurance & Inspection Department, Directorate of Planning & Policy, Ministry of Health (MOH) (5S-CQI-TQM
Integrated Curative Services Department, Directorate of Clinical Services, MOH (Utilization of Medical Equipment)
Infrastructure Department, Directorate of Clinical Services, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe RRH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: July 2016- July 2020 4 years

Target site: Republic of Uganda

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal Quality of health care services at all the RRHs in Uganda is improved.	・Clients' satisfaction level is improved to the target level. (XX) ・Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX% ・Maintenance cost regarding medical equipment is decreased in XX%.	・Health Management Information System (HMIS) ・Annual Health Sector Performance Report (AHSPR) ・Periodical monitoring reports by QITs at target hospitals ・Supervision reports made by the steering committee for the project ・Baseline and end-line data ・Quarterly regional workshop maintenance report			

Project Purpose Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	(1) CQI Process or QC Story -The number of cases of CQI Process or QC Story amounts to more than three. (2) Good practice of small CQI -All RRHs have at least one good practice of small CQI. (3) The average of percentage of medical equipment in status A at all RRHs is higher than 70%. (4) Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times.	(1)Report of CQI Process (e.g. Documentation Journal as an example of the format) (2)Report of small CQI or CQI support supervision tool (3) Medical equipment inventory (4) Minutes of steering committee meetings (5) Reports of steering committee	・ Government budget for the RRHs will not be deceased significantly. ・ Government budget for the workshops will not be decreased significantly. ・ Political situation in Uganda remans stable.		
Output 1 1. [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	(1) The Project Steering committee meeting is conducted every three months. (2) The results of integrated support supervision conducted by Project Implementation Teams and the next quarter action plan developed from these results are shared and approved at every Project Steering Committee meeting. (3) The roadmap for incorporating the Project activities into the policy and systems of MOH is established and implemented by the Project Steering Committee. (4) The Project activities are successfully incorporated into the Ministerial Policy Statement of Ministry of Health.	(1) Minutes of meeting of Project Steering Committee (2) Ministerial Policy Statement	・ Personnel of counterparts do not leave the job and are not transferred considerably. ・ Policy related to health infrastructure management will not be changed as a result of the presidential election.		

Output 2 2.[Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs.	(1) Score of module 1 (Leadership) and 6 (Health Infrastructure) HFQAP Facility Assessment Tool - All RRHs mark (i) 5 points out of 8 as full mark for module 1 and (ii) 6 points out of 10 as full mark for module 6. (2) Score of modified 5S M&E Sheet in 5S-CQI-TQM Guidelines - All RRHs mark 33 points out of 54 as full mark at least two consecutive years.	(1) HFQAP Facility Assessment Tool (2) 5S M&E Sheet in 5S-CQI-TQM Guidelines			
Output 3 3.[Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRHs.	(1) There are at least two regional user trainers at all RRHs. (2) The number of UT conducted by regional user trainers is more than three as per year in every region. (3) The average of percentage of medical equipment in status B at all RRHs is not higher than 4%.	(1) Records on training of regional user trainers (2) Training records on user training conducted by user trainers (3) Medical equipment inventory			
Output 4 4.[Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened.	(1) The average increase of scores between the pre-test and post-test is at least 15%. (2) The average of percentage of medical equipment in status C and status E at all RRHs is not higher than 15%.	(1) Results of pre and post tests for trainees of medical equipment maintenance (2) Medical equipment inventory			

Activities	Input		Pre-Conditions
1-1 Establishment of foundation for the Project and implementation	The Japanese side	The Uganda side	
1-1-1 Establish Project Steering Committee 1-1-2 Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME 1-1-3 Develop Terms of Reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the Project	1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management	1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense such as training and supervision	

1-1-4 Conduct baseline survey	2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc. 3) Computers for medical equipment inventory management and data analysis 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)	
1-2 Support Supervision on health infrastructure management			
1-2-1 Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels			
1-2-2 Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, UT and ME			
1-3 Project implementation, monitoring and evaluation and institutionalization			
1-3-1 Organize meetings for Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle			
1-3-2 Conduct a meeting to review the established system in MOH			
1-3-3 Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections to the Ministerial Policy Statement			
1-3-4 Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME			
1-3-5 Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME			<Issues and countermeasures>
2.[Project Implementation Team: 5S-CQI-TQM]			
2-1 Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide			
2-2 Define criteria for national show case of 5S-CQI-TQM and review national show case(s)			
2-3 Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels			
2-4 Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc.			
2-5 Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI			

2-6 Strengthen function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities			
2-7 Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI			
2-8 Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2			
3.[Project Implementation Team: User Training]			
3-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary			
3-2 Conduct refresher training of user trainers in the previous Project phase.			
3-3 Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals			
3-4 Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2			
4.[Project Implementation Team: Maintenance]			
4-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary			
4-2 Conduct leadership and management training for workshop managers including inventory data analysis			
4-3 Conduct training for workshop staffs on maintenance of basic medical equipment			
4-4 Conduct training for core staff of workshops in first line maintenance of specialized medical equipment			
4-5 Strengthen capacity of Central Workshop and Department of Health Infrastructure to support Regional Workshops			
4-6 Support Workshops to develop a system for sharing knowledge and skills			

3-4. PDM (Ver.3)

Project Design Matrix (PDM)

PDM (version 3)
Dated March 2020

Project Title : Project on Improvement of Health Service through Health Infrastructure Management Phase 2

Implementing agency: Department of Standards, Compliance, Accreditation and Patient Protection, Directorate of Health Governance and Regulation, Ministry of Health (MOH) (5S-CQI-TQM)
Department of Clinical Services, Directorate of Curative Services, MOH (Utilization of Medical Equipment)
Department of Health Infrastructure, Directorate of Strategy, Policy and Developmemt, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe RRH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: July 2016- July 2021 5 years

Target site: Republic of Uganda

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal Quality of health care services at all the RRHs in Uganda is improved.	・Clients' satisfaction level is improved to the target level. (XX) ・Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX% ・Maintenance cost regarding medical equipment is decreased in XX%.	・Health Management Information System (HMIS) ・Annual Health Sector Performance Report (AHSPR) ・Periodical monitoring reports by QITs at target hospitals ・Supervision reports made by the steering committee for the project ・Baseline and end-line data ・Quarterly regional workshop maintenance report			

Project Purpose Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	(1) CQI Process or QC Story -The number of cases of CQI Process or QC Story amounts to more than three. (2) Good practice of small CQI -All RRHs have at least one good practice of small CQI. (3) The average of percentage of medical equipment in status A at all RRHs is higher than 70%. (4) Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times.	(1)Report of CQI Process (e.g. Documentation Journal as an example of the format) (2)Report of small CQI or CQI support supervision tool (3) Medical equipment inventory (4) Minutes of steering committee meetings (5) Reports of steering committee	・Government budget for the RRHs will not be deceased significantly. ・Government budget for the workshops will not be decreased significantly. ・Political situation in Uganda remans stable.		
Output 1 1. [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	(1) The Project Steering committee meeting is conducted every three months. (2) The results of integrated support supervision conducted by Project Implementation Teams and the next quarter action plan developed from these results are shared and approved at every Project Steering Committee meeting. (3) The roadmap for incorporating the Project activities into the policy and systems of MOH is established and implemented by the Project Steering Committee. (4) The Project activities are successfully incorporated into the Ministerial Policy Statement of Ministry of Health.	(1) Minutes of meeting of Project Steering Committee (2) Ministerial Policy Statement	・ Personnel of counterparts do not leave the job and are not transferred considerably. ・ Policy related to health infrastructure management will not be changed as a result of the presidential election.		

Output 2 2.[Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs.	(1)Score of module 1 (Leadership) and 6 (Health Infrastructure) HFQAP Facility Assessment Tool - All RRHs mark (i) 5 points out of 8 as full mark for module 1 and (ii) 6 points out of 10 as full mark for module 6. (2)Score of modified 5S M&E Sheet in 5S-CQI-TQM Guidelines - All RRHs mark 33 points out of 54 as full mark at least two consecutive years.	(1)HFQAP Facility Assessment Tool (2)5S M&E Sheet in 5S-CQI-TQM Guidelines			
Output 3 3.[Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRHs.	(1) There are at least two regional user trainers at all RRHs. (2) The number of UT conducted by regional user trainers is more than three as per year in every region. (3) The average of percentage of medical equipment in status B at all RRHs is not higher than 4%.	(1) Records on training of regional user trainers (2) Training records on user training conducted by user trainers (3) Medical equipment inventory			
Output 4 4.[Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened.	(1) The average increase of scores between the pre-test and post-test is at least 15%. (2) The average of percentage of medical equipment in status C and status E at all RRHs is not higher than 15%.	(1) Results of pre and post tests for trainees of medical equipment maintenance (2) Medical equipment inventory			
Activities		Input			Pre-Conditions
1-1 Establishment of foundation for the Project and implementation		The Japanese side		The Uganda side	
1-1-1 Establish Project Steering Committee		1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management 2. Machinery and equipment		1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense such as training and supervision	
1-1-2 Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME					
1-1-3 Develop Terms of Reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the Project					

1-1-4 Conduct baseline survey	1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc. 3) Computers for medical equipment inventory management and data analysis 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)	
1-2 Support Supervision on health infrastructure management			
1-2-1 Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels			
1-2-2 Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, UT and ME			
1-3 Project implementation, monitoring and evaluation and institutionalization			
1-3-1 Organize meetings for Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle			
1-3-2 Conduct a meeting to review the established system in MOH			
1-3-3 Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections to the Ministerial Policy Statement			
1-3-4 Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME			
1-3-5 Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME			<Issues and countermeasures>
2.[Project Implementation Team: 5S-CQI-TQM]			
2-1 Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide			
2-2 Define criteria for national show case of 5S-CQI-TQM and review national show case(s)			
2-3 Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels			
2-4 Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc.			
2-5 Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI			

2-6 Strengthen function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities			
2-7 Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI			
2-8 Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2			
3.[Project Implementation Team: User Training]			
3-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary			
3-2 Conduct refresher training of user trainers in the previous Project phase.			
3-3 Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals			
3-4 Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2			
4.[Project Implementation Team: Maintenance]			
4-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary			
4-2 Conduct leadership and management training for workshop managers including inventory data analysis			
4-3 Conduct training for workshop staffs on maintenance of basic medical equipment			
4-4 Conduct training for core staff of workshops in first line maintenance of specialized medical equipment			
4-5 Strengthen capacity of Central Workshop and Department of Health Infrastructure to support Regional Workshops			
4-6 Support Workshops to develop a system for sharing knowledge and skills			

3-5. PDM (Ver.4)

Project Design Matrix (PDM)

PDM (version 4)
Dated June 2021

Project Title：Project on Improvement of Health Service through Health Infrastructure Management Phase 2

Implementing agency: Department of Standards, Compliance, Accreditation and Patient Protection, Directorate of Health Governance and Regulation, Ministry of Health (MOH) (5S-CQI-TQM)
Department of Clinical Services, Directorate of Curative Services, MOH (Utilization of Medical Equipment)
Department of Health Infrastructure, Directorate of Strategy, Policy and Developmemt, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe RRH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
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Period of Project: July 2016- July 2021 5 years

Target site: Republic of Uganda

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal Quality of health care services at all the RRHs in Uganda is improved.	・ Health Facility Assessment Programme (HFQP) total score Baseline 2020 (20) Target 2025(55) ・ Service Availability and Readiness Assessment (SARA) score Baseline 2020 (52) Target 2025 (62)	・Health Facility Assesment Programme (HFQP) ・ Service Avalability and Readiness Assesment (SARA)			

Project Purpose Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	(1) CQI Process or QC Story -The number of cases of CQI Process or QC Story amounts to more than three. (2) Good practice of small CQI -All RRHs have at least one good practice of small CQI. (3) The average of percentage of medical equipment in status A at all RRHs is higher than 70%. (4) Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times.	(1)Report of CQI Process (e.g. Documentation Journal as an example of the format) (2)Report of small CQI or CQI support supervision tool (3) Medical equipment inventory (4) Minutes of steering committee meetings (5) Reports of steering committee	・Government budget for the RRHs will not be deceased significantly. ・Government budget for the workshops will not be decreased significantly. ・Political situation in Uganda remans stable.		
Output 1 1. [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	(1) The Project Steering committee meeting is conducted every three months. (2) The results of integrated support supervision conducted by Project Implementation Teams and the next quarter action plan developed from these results are shared and approved at every Project Steering Committee meeting. (3) The roadmap for incorporating the Project activities into the policy and systems of MOH is established and implemented by the Project Steering Committee. (4) The Project activities are successfully incorporated into the Ministerial Policy Statement of Ministry of Health.	(1) Minutes of meeting of Project Steering Committee (2) Ministerial Policy Statement	・ Personnel of counterparts do not leave the job and are not transferred considerably. ・ Policy related to health infrastructure management will not be changed as a result of the presidential election.		
Output 2 2.[Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs.	(1)Score of module 1 (Leadership) and 6 (Health Infrastructure) HFQAP Facility Assessment Tool - All RRHs mark (i) 5 points out of 8 as full mark for module 1 and (ii) 6 points out of 10 as full mark for module 6. (2)Score of modified 5S M&E Sheet in 5S-CQI-TQM Guidelines - All RRHs mark 33 points out of 54 as full mark at least two consecutive years.	(1)HFQAP Facility Assessment Tool (2)5S M&E Sheet in 5S-CQI-TQM Guidelines			

<table>
<tr><td>Output 3

3.[Project Implementation Team: User Training]
Proper utilization of medical equipment through UT is improved in all RRHs.</td><td>(1) There are at least two regional user trainers at all RRHs.
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ME maintenance and management capacity of workshops (WS) are strengthened.</td><td>(1) The average increase of scores between the pre-test and post-test is at least 15%.
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(2) Medical equipment inventory</td><td></td><td></td><td></td></tr>
</table>

<table>
<tr><td rowspan="2">Activities</td><td colspan="2">Input</td><td rowspan="2">Pre-Conditions</td></tr>
<tr><td>The Japanese side</td><td>The Uganda side</td></tr>
<tr><td>1-1 Establishment of foundation for the Project and implementation</td><td rowspan="11">1. Dispatch of Experts
1) Chief advisor / QI Management System
2)5S-CQI-TQM
3)Utilization of Medical Equipment
4)Maintenance of Medical Equipment
5)Project Coordinator/ Training Management

2. Machinery and equipment
1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters
2) Testing and calibration tools and equipment etc.
3) Computers for medical equipment inventory management and data analysis

3. Allocation of operational costs for project activities

4. Training in Japan and/or third countries</td><td rowspan="11">1. Assignment of Counterparts
2. Facilities
1) Office space for Japanese experts
3. Administrative cost and other expense such as training and supervision

4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)</td><td rowspan="11"></td></tr>
<tr><td>1-1-1 Establish Project Steering Committee</td></tr>
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</table>

1-3-1 Organize meetings for Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle			
1-3-2 Conduct a meeting to review the established system in MOH			
1-3-3 Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections to the Ministerial Policy Statement			
1-3-4 Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME			
1-3-5 Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME			<Issues and countermeasures>
2.[Project Implementation Team: 5S-CQI-TQM]			
2-1 Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide			
2-2 Define criteria for national show case of 5S-CQI-TQM and review national show case(s)			
2-3 Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels			
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2-5 Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI			
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2-7 Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI			
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4.[Project Implementation Team: Maintenance]			
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4-2 Conduct leadership and management training for workshop managers including inventory data analysis			
4-3 Conduct training for workshop staffs on maintenance of basic medical equipment			
4-4 Conduct training for core staff of workshops in first line maintenance of specialized medical equipment			
4-5 Strengthen capacity of Central Workshop and Department of Health Infrastructure to support Regional Workshops			
4-6 Support Workshops to develop a system for sharing knowledge and skills			

Annex 4: R/D, M/M, Miniates of JCC

- R/D Dec 27th ,2015
- M/M Jan 31st, 2018
- M/M Sept. 13th, 2019
- M/M May 28th, 2020
- M/M Jun. 17th, 2021
- Minutes of 1st JCC
- Minutes of 2nd JCC
- Minutes of 3rd JCC
- Minutes of 4th JCC
- Minutes of 5th JCC

RECORD OF DISCUSSIONS

ON

THE PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH INFRASTRUCTURE MANAGEMENT (II)

IN

THE REPUBLIC OF UGANDA

AGREED UPON BETWEEN

MINISTRY OF HEALTH

AND

JAPAN INTERNATIONAL COOPERATION AGENCY

Kampala, Dec. 27, 2015

Mr. Kyosuke Kawazumi Chief Representative Japan International Cooperation Agency Uganda Office	Permanent Secretary Ministry of Health The Republic of Uganda

WITNESS

Ms. Maris Wanyera
For: Permanent Secretary/ Secretary to the Treasury
Ministry of Finance, Planning and Economic Development
The Republic of Uganda

Based on the Minutes of Meeting on the Detailed Planning Survey on the Project on Improvement of Health Services through Health Infrastructure Management (II) (hereinafter referred to as "the Project") signed on July 29th, 2015 between Ministry of Health (hereinafter referred to as "MOH") and the Japan International Cooperation Agency (hereinafter referred to as "JICA"), JICA held a series of discussions with MOH and relevant organizations to develop a detailed plan of the Project.

Both parties agreed the details of the Project and the main points discussed as described in the Appendix 1 and the Appendix 2 respectively.

Both parties also agreed that MOH, the counterpart to JICA, will be responsible for the implementation of the Project in cooperation with JICA, coordinate with other relevant organizations and ensure stewardship so that the Project activities and outcomes are sustained during and after the implementation period in order to contribute toward social and economic development of the Republic of Uganda (hereinafter referred to as "Uganda").

The Project will be implemented within the framework of the Agreement on Technical Cooperation signed on 8th December, 2005 (hereinafter referred to as "the Agreement") and the Note Verbales exchanged on 22nd July, 2015 between the Government of Japan (hereinafter referred to as "GOJ") and the Government of Uganda (hereinafter referred to as "GOU").

Appendix 1: Project Description
Appendix 2: Minutes of Meetings on the Project on Improvement of health services through health infrastructure management (II)

Appendix 1

PROJECT DESCRIPTION

Both parties confirmed that there is no change in the Project Description in the minutes of meetings for Preparatory Survey on the Project signed on 29th July, 2015 **(Appendix 2)**.

I. BACKGROUND

The Republic of Uganda formulated the "Health Sector Strategic and Investment Plan 2010/2011-2014/2015" (HSSIP) which recognizes improvement of quality of health care and medical equipment maintenance as one of the key priorities. Health infrastructure development is a key priority intervention together with human resources, drugs and health finance. Furthermore, the "National Health Policy (NHP) II 2010-2020" indicates that health infrastructure management is one of the highest political priority issues in the health sector. However, problems such as inappropriate use of medical equipment and low awareness of the importance of maintenance in health facilities still remained.

Under these circumstances, the Government of Uganda requested the Government of Japan to implement a technical cooperation project aiming at improving management and utilization of health infrastructure through the 5S (Sort, Set, Shine, Standardize, Sustain)-Continuous Quality Improvement- Total Quality Management (hereinafter referred to as "5S-CQI-TQM") approach as well as provision of appropriate knowledge and skills on proper use and daily maintenance of medical equipment through training of the equipment users and capacity development of public medical equipment workshops in maintenance of medical equipment. In response to this request, JICA, in partnership with MOH, launched a technical cooperation project entitled "The Project on Improvement of Health Service through Health Infrastructure Management". The duration of the said Project was 3 years and 4 months, from August 2011 to December 2014. Seven Regional Referral Hospitals (hereinafter referred to as "RRH"), two General Hospitals (hereinafter referred to as "GH") and one Health Center IV (hereinafter referred to as "HC IV") were selected as the target health facilities, while designating Tororo GH as the National Showcase for 5S-CQI-TQM. The said Project had three components, namely (1) 5S-CQI-TQM, (2) User Training, and (3) Capacity development of Medical Equipment Maintenance Workshop (hereinafter referred to as "WS").

The Terminal Evaluation was conducted from April to May, 2014, and it concluded that the said Project successfully demonstrated the effectiveness of relatively simple interventions in improving functionally of medical equipment. In general, 5S-CQI-TQM has been successfully introduced to the target health facilities, even though there is disparity in performance and the overall achievement fell short of the project targets. Providing users with simple knowledge on proper use and daily maintenance of medical equipment has been proven effective in reducing break down and prolonging the life span of medical equipment. Capacity development for WSs has been proven effective in reducing break down and prolonging the life span of medical equipment.

Several challenges were identified such as weak supportive supervision for 5S-CQI-TQM, need for a National Showcase for CQI, need for mechanisms to ensure sustainability of user training, and lack of a structured framework for enhancing the skills level of the WSs.
In order to further strengthen 5S-CQI-TQM and expand user training to other RRHs which were not covered by the project, continuous technical cooperation from GOJ was requested by GOU. Covering other RRHs would contribute to the synergetic effect of Japanese cooperation, since such RRHs include the hospitals assisted by Japanese Grant Aid as well as Japan Overseas Cooperation Volunteer activities.

II. OUTLINE OF THE PROJECT

Details of the Project are described in the Logical Framework (Project Design Matrix: PDM) (Annex I) and the Plan of Operation (Annex II). Expected Goals, Outputs, Activities of the Project are shown in these Annexes.

1. Title of the Project
The Project on Improvement of Health Service through Health Infrastructure Management (II)

2. Input
(1) Input by JICA
(a) Dispatch of Experts
-Chief Adviser / QI Management System
-5S-CQI-TQM
-Utilization of Medical Equipment
-Maintenance of Medical Equipment
-Project Coordinator/ Training Management
(b) Training in Japan (and / or in the third country)
(c) Machinery and Equipment
-necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters
-testing and calibration tools and equipment etc.
(d) Allocation of operational costs for project activities

(2) Input by MOH
MOH will take necessary measures to provide at its own expense:
(a) Services of MOH's counterpart personnel and administrative personnel as referred to in II-3;
(b) Suitable office space with necessary equipment;
(c) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA;
(d) Information as well as support in obtaining medical service;
(e) Credentials or identification cards;
(f) Available data (including maps and photographs) and information related to the Project;
(g) Running expenses necessary for the implementation of the Project;
(h) Expenses necessary for transportation within Uganda of the equipment referred to in II-3 (1) as well as for the installation, operation and maintenance thereof;

(i) Necessary facilities to the JICA experts for the remittance as well as utilization of the funds introduced into Uganda from Japan in connection with the implementation of the Project; and
(j) Allocation of operational costs for project activities such as training and supervision.

3. Implementation Structure
The project Implementation Structure is given in the Annex III. The roles and assignments of relevant organizations are as follows:

(1) MOH
(a) Project Director
Director, Clinical and Community Health, MOH, as Project Director, will be responsible for overall administration and implementation of the Project.
(b) Project Manager
Commissioner, Clinical Services, Directorate of Clinical and Community Health, MOH, as Project Manager, will be responsible for the managerial and technical matters of the Project.

(2) JICA Experts
The JICA experts will give necessary technical guidance, advice and recommendations to MOH, target hospitals, workshops and other relevant personnel involved on any matters pertaining to the implementation of the Project

(3) Joint Coordinating Committee
Joint Coordinating Committee (hereinafter referred to as "JCC") will be established in order to facilitate inter-organizational coordination. JCC will be held at least once a year and whenever deems it necessary. JCC will review the progress, revise the overall plan when necessary, approve an annual work plan, conduct evaluation of the Project, and exchange opinions on major issues that arise during the implementation of the Project. A list of proposed members of JCC is shown in the Annex III.

(4) Technical Working Group
Technical Working Group will be established for effective implementation of the Project. Technical Working Group will meet at least bi-monthly and when necessity arises. A list of proposed members of Technical Working Group is shown in the Annex III.

4. Project Site(s) and Beneficiaries
Project hospitals:
-(Phase 1 target facilities) Mbale RRH, Masaka RRH, Entebbe GH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
-(Phase 2 target facilities) Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital
-(Workshops) Arua WS, Gulu WS, Lira WS, Mbale WS, Hoima WS, Fort Portal WS, Kabale WS, Mubende WS, Moroto WS, Soroti WS, Wabigalo CWS

Beneficiaries
-Direct Beneficiaries: Health officer of MOH, health workers of selected hospitals-and engineers/technicians of central medical equipment maintenance workshop (CWS) and regional medical equipment maintenance workshop (WS)
-Indirect Beneficiaries: Health officers of District Health Team (DHT) in target regions, health workers of hospitals and HC IVs to which the project is rolled out by selected hospitals, and patients.

5. Duration
The duration of the Project will be 4 years from the date of first arrival of the JICA experts, which would be in 2016.

6. Reports
MOH and JICA experts will jointly prepare the following reports in English.
(1) Monitoring Sheet on semiannual basis until the project completion
(2) Project Completion Report at the time of project completion

7. Environmental and Social Considerations
MOH will abide by 'JICA Guidelines for Environmental and Social Considerations' in order to ensure that appropriate considerations will be made for the environmental and social impacts of the Project.

III. UNDERTAKINGS OF MOH

1. MOH will take necessary measures to:

(1) ensure that the technologies and knowledge acquired by the Uganda nationals as a result of Japanese technical cooperation contributes to the economic and social development of Uganda, and that the knowledge and experience acquired by the personnel of Uganda from technical training as well as the equipment provided by JICA will be utilized effectively in the implementation of the Project; and

(2) grant privileges, exemptions and benefits to the JICA experts referred to in II-2 above and their families, which are no less favorable than those granted to experts and members of the missions and their families of other third countries or international organizations performing similar missions in Uganda.

2. Other privileges, exemptions and benefits will be provided in accordance with the Agreement on Technical Cooperation signed on 8th December, 2005 between the GOJ and the GOU.

IV. MONITORING AND EVALUATION

JICA and the MOH will jointly and regularly monitor the progress of the Project through the Monitoring Sheets based on the Project Design Matrix (PDM) and Plan of Operation (PO). The Monitoring Sheets will be reviewed every six (6) months.
Also, Project Completion Report will be drawn up one (1) month before the termination of the Project.

JICA will conduct the following evaluations and surveys to verify sustainability and impact of the Project and draw lessons. The MOH is required to provide necessary support for them.

1. Ex-post evaluation three (3) years after the project completion, in principle
2. Follow-up surveys on necessity basis

V. PROMOTION OF PUBLIC SUPPORT

For the purpose of promoting support for the Project, MOH will take appropriate measures to make the Project widely known to the people of Uganda.

VI. MISCONDUCT

If JICA receives information related to suspected corrupt or fraudulent practices in the implementation of the Project, MOH and relevant organizations will provide JICA with such information as JICA may reasonably request, including information related to any concerned official of the government, public organizations of the Uganda and/or JICA Experts.

MOH and relevant organizations will not, unfairly or unfavorably treat the person and/or company which provided the information related to suspected corrupt or fraudulent practices in the implementation of the Project.

VII. MUTUAL CONSULTATION

JICA and MOH will consult each other whenever any major issues arise in the course of Project implementation.

VIII. AMENDMENTS

The record of discussions may be amended by the minutes of meetings between JICA and MOH. However, PO may be amended in the Monitoring Sheets.

The minutes of meetings will be signed by authorized persons of each side who may be different from the signers of the record of discussions.

Annex I Logical Framework (Project Design Matrix: PDM)
Annex II Tentative Plan of Operation
Annex III Project Implementation Structure

ANNEX I

Project Design Matrix (PDM)

Dated December 10, 2015

Project Title : Project on Improvement of Health Service through Health Infrastructure Management (II)

Implementing agency: Department of Quality Assurance, Ministry of Health (MOH) (5S-CQI-TQM)
Integrated Curative Services Division, Department of Clinical Services, MOH (Utilization of Medical Equipment)
Health Infrastructure Division, Department of Clinical Services, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe General Hospital (GH), Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: 4 years

Target site: Republic of Uganda

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal : Quality of health care services at all the RRHs in Uganda is improved.	- Clients' satisfaction level is improved to the target level. (XX) - Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX%. - Maintenance cost regarding medical equipment is decreased in XX%.	- Health Management Information System (HMIS) - Annual Health Sector Performance Report (AHSPR) - Periodical monitoring reports by QITs at target hospitals - Supervision reports made by the steering committee for the project - Baseline and end-line data - Quarterly regional workshop maintenance report			
Project purpose: Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	- Score sheet of 5S-CQI-TQM on targeted hospitals become more than XX%. - The number of CQI practices becomes more than XX (number). - Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times. - Percentages of status A of ME becomes	- Minutes of steering committee meetings - Reports of steering committee - Reports from 5S trainers - Score sheets of 5S-GQI-TQM at targeted hospitals.	- Government budget for the RRHs will not be deceased significantly. - Government budget for the workshops will not be decreased significantly. - Political Situation in Uganda remains stable.		

	higher than XX%.				
Outputs : 1. Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	1-1 PDCA cycle of supporting and supervising RRHs is completed once a year or more. 1-2 The number of supervision conducted by steering committee becomes more than XX times. 1-3 Number of training organized by Technical Working Group (TWG) becomes more than XX times. 1-4 Number of certified national CQI facilitators from MOH become more than XX.	- Plans and periodic reports made by steering committee - Activity records made by steering committee of MOH - Records and results of supervision conducted by steering committee - Test results and certification issued for CQI trainers at MOH	- Personnel of counterparts do not leave the job and are not transferred considerably. - Policy related to health infrastructure management will not be changed as a result of the presidential election.		
2. Implementation mechanism of the phase 1 targeted hospitals aimed at CQI level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.	2-1 Number of the phase 1 targeted hospitals which started CQI activities becomes more than XX. 2-2 Number of the phase 1 targeted hospitals which completed CQI process at least with one unit becomes more than XX. 2-3 Number of UT conducted by regional trainers is more than XX times. 2-4 Number of functioning WITs in target hospitals reaches the level of 10 under the 5S-CQI-TQM implementation becomes more than XX.	- Activity records of QITs - Activity records of WITs - Training records on UT conducted by user trainers - Score sheets of 5S-CQI-TQM - Project report about CQI activities - Supervision reports made by TWG			
3. Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.	3-1 All the phase 2 targeted hospitals implement QIT activities including 5S-CQI-TQM. 3-2 Average of comprehension rate of trainees after user training becomes higher than XX%. 3-3 More than 1 regional 5S facilitators at each phase 2 targeted hospitals are trained. 3-4 More than 2 regional user trainers at each phase 2 targeted hospitals are trained.	- Number of QITs and their activity records - Monitoring and meeting minutes of QITs related to 5S-CQI-TQM - Supervision report made by TWG - Results of pre and post tests for trainees of UT Training records on TOT for 5S-CQI-TQM - Training records on TOT for UT			
4. ME maintenance and management capacity of workshops (WS) are strengthened.	4-1 Trained staff of all the workshops improve their knowledge by XX% after ME maintenance training.	- Training records related to ME maintenance - Results of pre and post			

<table>
<tr><td></td><td>4-2 Percentages of ME in status E lowered by XX%.</td><td>tests for trainees of ME maintenance
- Inventory lists of each workshop</td><td></td><td></td><td></td></tr>
<tr><td>Activities</td><td colspan="2">Inputs</td><td></td><td></td><td></td></tr>
<tr><td rowspan="4">1-1 Establishment of foundation for the project and implementation
1-1-1 [MOH] Re-establish the steering committee for the phase 2 project
1-1-2 [MOH] Select focal persons for 5S, user training (UT), and medical equipment (ME) maintenance
1-1-3 [TWG] Develop TORs for members of TWG and action plans for implementing the project
1-1-4 [TWG] Conduct baseline survey
1-1-5 [TWG] Update and/or create manuals, handbooks, guidelines, and monitoring tools for dissemination
1-1-6 [TWG] Define criteria for national show case and review a national show case(s)
1-1-7 [TWG] Review existing supervision system of MOH.
1-1-8 [TWG] Integrate components of 5S-CQI-TQM, UT, and ME maintenance to the supervision system

1-2 Training and knowledge sharing
1-2-1 [TWG] Conduct refresher training for national 5S facilitators*
1-2-2 [TWG] Conduct training of trainers for 5S-CQI-TQM especially customized for CQI
1-2-3 [TWG] Organize opportunities to share good practices and</td><td>The Japanese side</td><td>The Uganda Side</td><td>Pre-Conditions</td><td></td><td></td></tr>
<tr><td rowspan="3">1. Dispatch of Experts
1) Chief advisor / QI Management System
2) 5S-CQI-TQM
3) Utilization of Medical Equipment
4) Maintenance of Medical Equipment
5) Project Coordinator/ Training Management
2. Machinery and equipment
1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters
2) Testing and calibration tools and equipment etc.
3. Allocation of operational costs for project activities
4. Training in Japan and/or third countries</td><td rowspan="3">1. Assignment of Counterparts
2. Facilities
1) Office space for Japanese experts
3. Administrative cost and other expense such as training and supervision
4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)</td><td></td><td></td><td></td></tr>
<tr><td><Issues and countermeasures></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

lessons learned such as study tours and QI competition 1-3 Implementation of activities, and monitoring and evaluation, and reflections 1-3-1 [TWG] Implement an action plan based on PDCA cycle. 1-3-2 [TWG] Conduct supervision which is integrated into the existing system 1-3-3 [TWG] Hold meetings at least bi-monthly with the project team 1-3-4 [TWG] Conduct a review meeting on established system in MOH 1-3-5 [TWG] Make use of review of activity 1-3-4 for institutionalization of the system and methodologies, and reflection to the health sector policy/plan 1-3-6 [TWG] Conduct an end-line survey					
2-1 System development and implementation 2-1-1 [Phase 1 target hospitals] Revitalize and/or strengthen function of quality improvement team (QIT) and work improvement team (WIT) 2-1-2 [Phase 1 target hospitals] develop action plans of WITs at each phase 1 target hospital 2-1-3 [Phase 1 target hospitals] Hold periodic meetings of QIT 2-1-4 [Phase 1 target hospitals] Implement activities aiming at CQI with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities					

2-2 Training 2-2-1 [TWG] Conduct leadership and management training for management staff of targeted hospitals 2-2-2 [TWG] Conduct refresher training for regional 5S facilitators of targeted hospitals 2-2-3 [TWG] Conduct 5S CQI training to hospitals with high level practices of 5S-CQI-TQM 2-2-4 [TWG] Conduct refresher training for regional user trainers 2-2-5 [User trainers] Train staff of their hospitals on how to use ME on the job training basis					
3-1 System development and implementation 3-1-1 [TWG] Support target hospitals to establish and/or strengthen quality improvement team (QIT) 3-1-2 [TWG] Support target hospitals establish and/or strengthen work improvement team (WIT) 3-1-3 [TWG] Support target hospitals to hold QIT periodic meetings 3-1-4 [Phase 2 target hospitals] Implement 5S activities with proper usage and maintenance of ME by collaboration with UT and ME maintenance activities 3-2 Training 3-2-1 [TWG] Conduct leadership and management training for management staff of target RRHs 3-2-2 [National 5S facilitators] Conduct training of trainers (TOT) on 5S-CQI-TQM for regional 5S facilitators of phase					

2 targeted hospitals 3-2-3 [Regional 5S facilitator] Conduct 5S-CQI-TQM training for staff of phase 2 targeted hospitals 3-2-4 [Regional user trainers trained phase 1 project] Conduct TOT regarding UT for the phase 2 targeted hospitals 3-2-5 [User trainers] Conduct UT on ME 3-2-6 [User trainers] Train other staff of RRHs on how to use ME on the job training basis					
4-1 [TWG] Conduct leadership and management training for workshop managers including inventory data analysis 4-2 [TWG] Conduct training for Workshop (WSs) staff on ME maintenance 4-3 [TWG] Conduct training for core staff of the WSs on basics about specialized ME 4-4 [TWG] Strengthen support system of the CWS for other RWSs 4-5 [TWG] Support WSs to develop a management system for accumulating knowledge and skills					

*Training on 5S for 5S national facilitators and training on CQI for CQI national facilitators are categorized as activities for the output 1 because the majorities of the national 5S facilitators are MOH staff. Other training for regional 5S trainers and regional user trainers are categorized as activities for the output 2 or 3 because both types of regional trainers are staff of the target hospitals.

Annex II

Tentative Plan of Operation

Dated December 10, 2015

Project Title: Project on Improvement of Health Service through Health Infrastrucuture Management (II)

Inputs	Year	1st Year	2nd Year	3rd Year	4th Year	Remarks	Monitoring: Issue	Monitoring: Solution
		I II III IV	I II III IV	I II III IV	I II III IV			
	Actual							

Activities / Sub-Activities	Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 1: Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.					
1. Establishment of foundation for the project and implementation					
1-1-1 [MOH] Re-establish the steering committee for the phase 2 project	Plan / Actual	Expert(s)	All the concerned Departments of MOH		
1-1-2 [MOH] Select focal persons for 5S, user training (UT), and medical equipment (ME) maintenance	Plan / Actual	Expert(s)	All the concerned Departments of MOH		
1-1-3 [TWG] Develop TORs for members of TWG and action plans for implementing the project	Plan / Actual	Expert(s)	All the concerned Departments of MOH		
1-1-4 [TWG] Conduct baseline survey	Plan / Actual	Expert(s)	TWG members		
1-1-5 [TWG] Update and/or create manuals, handbooks, guidelines, and monitoring tools for dissemination	Plan / Actual	Expert(s)	TWG members		
1-1-6 [TWG] Define criteria for national show case and review a national show case(s)	Plan / Actual	Expert(s)	TWG members		
1-1-7 [TWG] Review existing supervision system of MOH.	Plan / Actual	Expert(s)	TWG members		
1-1-8 [TWG] Integrate components of 5S-CQI-TQM, UT, and ME maintenance to the supervision system	Plan / Actual	Expert(s)	TWG members		
1-2 Training and knowledge sharing					
1-2-1 [TWG] Conduct refresher training for national 5S facilitators	Plan / Actual	Expert(s)	TWG members in charge of 5S		
1-2-2 [TWG] Conduct training of trainers for 5S-CQI-TQM especially customized for CQI	Plan / Actual	Expert(s)	TWG members in charge of 5S and CQI		
1-2-3 [TWG] Organize opportunities to share good practices and lessons learned such as study tours and QI competition	Plan / Actual	Expert(s)	TWG members		
1-3 Implementation of activities, and monitoring and evaluation and reflections					
1-3-1 [TWG] Implement an action plan based on PDCA cycle	Plan / Actual	Expert(s)	TWG members		
1-3-2 [TWG] Conduct supervision which is integrated into the existing system	Plan / Actual	Expert(s)	TWG members		
1-3-3 [TWG] Hold meetings at least bi-monthly with the project team	Plan / Actual	Expert(s)	TWG members		
1-3-4 [TWG] Conduct a review meeting on established system in MOH	Plan / Actual	Expert(s)	TWG members		
1-3-5 [TWG] Make use of review of activity 1-3-4 for institutionalization of the system and methodologies, and reflection to the health sector policy/plan	Plan / Actual	Expert(s)	TWG members		
1-3-6 [TWG] Conduct an end-line survey	Plan / Actual	Expert(s)	TWG members		

Activities / Sub-Activities	Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 2: Implementation mechanism of the Phase 1 targeted hospitals aimed at CQI level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.					
2-1 System development and implementation					
2-1-1 [Phase 1 target hospitals] Revitalize and/or strengthen function of quality improvement team (QIT) and work improvement team (WIT)	Plan / Actual	Expert(s)	TWG members		
2-1-2 [Phase 1 target hospitals] develop action plans of WITs at each phase 1 target hospital	Plan / Actual	Expert(s)	TWG members		
2-1-3 [Phase 1 target hospitals] Hold periodic meetings of QIT	Plan / Actual	Expert(s)	TWG members		
2-1-4 [Phase 1 target hospitals] Implement activities aiming at CQI with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities	Plan / Actual	Expert(s)	TWG members in charge of 5S and CQI		

Activities / Sub-Activities	Year	1st Year	2nd Year	3rd Year	4th Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
2-2 Training									
2-2-1 [TWG] Conduct leadership and management training for management staff of targeted hospitals	Plan					Expert(s)	TWG members		
	Actual								
2-2-2 [TWG] Conduct refresher training for regional 5S facilitators of targeted hospitals	Plan					Expert(s)	5S national trainers and TWG members		
	Actual								
2-2-3 [TWG] Conduct 5S-CQI training to hospitals with high level practices of 5S-CQI-TQM	Plan					Expert(s)	TWG members in charge of 5S and CQI		
	Actual								
2-2-4 [TWG] Conduct refresher training for regional user trainers	Plan					Expert(s)	TWG members in charge of UT		
	Actual								
2-2-5 [User trainers] Train staff of their hospitals on how to use ME on the job training basis	Plan					Expert(s)	User trainers		
	Actual								

Activities / Sub-Activities	Year	1st Year	2nd Year	3rd Year	4th Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 3: 3. Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.									
3-1 System development and implementation									
3-1-1 [TWG] Support target hospitals to establish and/or strengthen quality improvement team (QIT)	Plan					Expert(s)	TWG members		
	Actual								
3-1-2 [TWG] Support target hospitals establish and/or strengthen work improvement team (WIT)	Plan					Expert(s)	TWG members		
	Actual								
3-1-3 [TWG] Support target hospitals to hold QIT periodic meetings	Plan					Expert(s)	TWG members		
	Actual								
3-1-4 [Phase 2 target hospitals] Implement 5S activities with proper usage and maintenance of ME by collaboration with UT and ME maintenance activities	Plan					Expert(s)	TWG members in charge of 5S and UT		
	Actual								
3-2 Training									
3-2-1 [TWG] Conduct leadership and management training for management staff of target RRHs	Plan					Expert(s)	TWG members		
	Actual								
3-2-2 [National 5S facilitators] Conduct training of trainers (TOT) on 5S-CQI-TQM for regional 5S facilitators of phase 2 targeted hospitals	Plan					Expert(s)	5S national trainers and TWG members		
	Actual								
3-2-3 [Regional 5S facilitator] Conduct 5S-CQI-TQM training for staff of phase 2 targeted hospitals	Plan					Expert(s)	5S national trainers and TWG members		
	Actual								
3-2-4 [Regional user trainers trained phase 1 project] Conduct TOT regarding UT for the phase 2 targeted hospitals	Plan					Expert(s)	TWG members in charge of UT		
	Actual								
3-2-5 [User trainers] Conduct UT on ME	Plan					Expert(s)	User trainers		
	Actual								
3-2-6 [User trainers] Train other staff of RRHs on how to use ME on the job training basis	Plan					Expert(s)	User trainers		
	Actual								
Output 4: 4. ME maintenance and management capacity of workshops (WS) are strengthened.									
4-1 [TWG] Conduct leadership and management training for workshop managers including inventory data analysis	Plan					Expert(s)	TWG members in charge of ME		
	Actual								
4-2 [TWG] Conduct training for Workshop (WSs) staff on ME maintenance	Plan					Expert(s)	TWG members in charge of ME		
	Actual								
4-3 [TWG] Conduct training for core staff of the WSs on basics about specialized ME	Plan					Expert(s)	TWG members in charge of ME		
	Actual								
4-4 [TWG] Strengthen support system of the CWS for other RWSs	Plan					Expert(s)	TWG members in charge of ME		
	Actual								
4-5 [TWG] Support WSs to develop a management system for accumulating knowledge and skills	Plan					Expert(s)	TWG members in charge of ME		
	Actual								

Duration / Phasing	Plan								
	Actual								

Monitoring Plan	Year	1st Year	2nd Year	3rd Year	4th Year	Remarks	Issue	Solution
Monitoring								
Joint Coordinating Committee	Plan							
	Actual							
Set-up the Detailed Plan of Operation	Plan							
	Actual							
Submission of Monitoring Sheet	Plan							
	Actual							
Monitoring Mission from Japan	Plan							
	Actual							
Joint Monitoring	Plan							
	Actual							

	Year	1st Year				2nd Year				3rd Year				4th Year				Remarks	Issue	Solution
		I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV			
Reports/Documents																				
Inception Report	Plan	▲																		
	Actual																			
Progress Report	Plan				▲				▲				▲							
	Actual																			
Project Completion Report	Plan																▲			
	Actual																			
Public Relations																				
	Plan																			
	Actual																			
	Plan																			
	Actual																			

Annex III: Project Implementation Structure

1. Joint Coordination Committee

➢ Role:
- Approve annual work plan of the Project
- Review overall progress of the Project
- Conduct monitoring and evaluation of the Project
- Exchange opinions on major issues that arise during the implementation of the Project

➢ Frequency of Meeting:
- At least once a year and whenever necessity arises

➢ Membership:

MOH
- Director General, Ministry of Health (Chair of JCC)
- Director, Clinical and Community Health (Project Director)
- Director, Planning and Development
- Commissioner Clinical Services (Project Manager)

JICA
- Chief Representative of JICA
- Representative(s) of JICA
- JICA Experts (Team Leader)

Note: Official(s) of the Japanese Embassy in Uganda and others may attend the Joint Coordination Committee Meeting as observer(s)

2. Technical Working Group

➢ Role:
- Review the plan of the Project
- Monitor the progress of the Project

Coordinate activities as regular management of the Project

➢ Frequency of Meeting:
- Basically at least bi-monthly and whenever necessity arises

➢ Membership:

MOH

[Commissioners]
- Commissioner Clinical Services (Chair Person)
- Commissioner Quality Assurance
- Commissioner Nursing
- Commissioner Planning
- Commissioner Community Health
- Under Secretary (Financing and Administration)

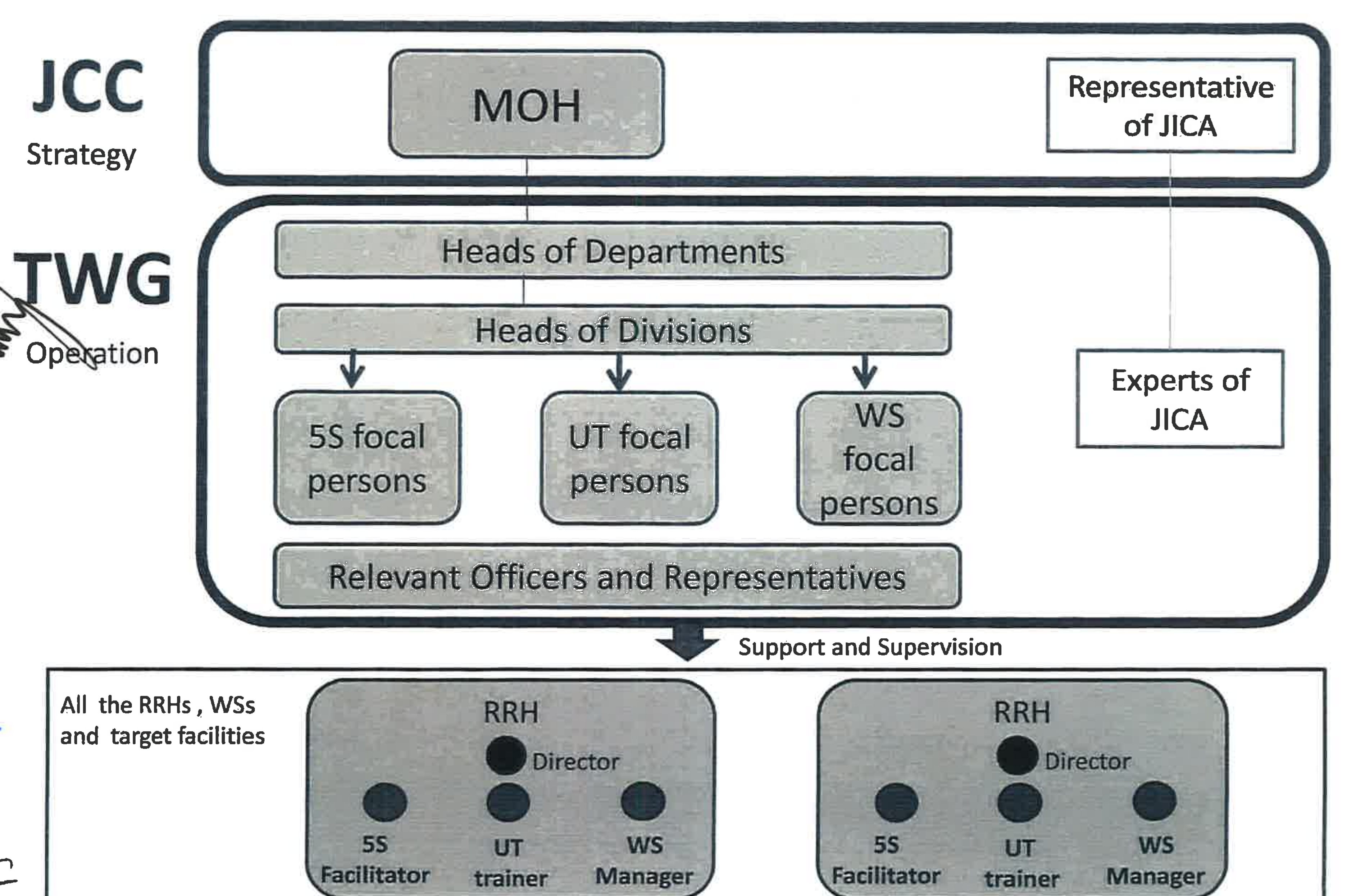
[Assistant Commissioners]
- Assistant Commissioner of Integrated Curative Services
- Assistant Commissioner of Health Infrastructure
- Assistant Commissioner of Pharmacy
- Assistant Commissioner of Quality Assurance
- Assistant Commissioner of Planning
- Assistant Commissioner of Budget and Finance
- Assistant Commissioner of Accounts
- Assistant Commissioner of National Disease Control
- Assistant Commissioner of Nursing

[Principal/Senior Officers]
- Principal Medical Officer Integrated Curative Services
- Principal Nursing Officer Integrated Curative Services
- Principal Nursing Officer Nursing
- Principal Pharmacist
- Senior Nursing Officer Nursing
- Senior Medical Office Integrated Curative Services
- Senior Medical Office Quality Assurance
- Senior Engineer Medical Equipment
- Senior Engineer Mechanical
- Senior Pharmacist

[Representative of Target Facilities]
- One Hospital Director
- One Medical Superintendent

JICA
- JICA Experts
- Representative(s) of JICA (upon necessity)

Project Implementation Structure



**MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH OF REPUBLIC OF UGANDA
FOR AMENDMENT OF THE RECORD OF DISCUSSIONS
ON
PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH
INFRASTRUCTURE MANAGEMENT (II)**

The Japan International Cooperation Agency (hereinafter referred to as "JICA") and Ministry of Health (hereinafter referred to as "MOH") hereby agree that the Record of Discussions on the Project on Improvement of Health Services through Health Infrastructure Management (II) signed on 27th December 2015 will be amended as attached.

Kampala, 31st January 2018

Mr. Kyosuke Kawazumi
Chief Representative
Japan International Cooperation Agency
Uganda Office

pp Dr. Diana Atwine
Permanent Secretary
Ministry of Health
The Republic of Uganda

WITNESS

Ms. Maris Wanyera
For: Permanent Secretary
/ Secretary to the Treasury
Ministry of Finance, Planning and Economic Development
The Republic of Uganda

Attached Document

This amendment is made based on the results of baseline survey and a series of discussions between MOH, the Project experts and JICA.
※The amended parts are shown in *italic.*

1. "Appendix I Project Description" and "Annex III Project Implementation Structure"

Before (wherever the phrase below appears in the above parts)	Amended Version
Technical Working Group	*Project Steering Committee*
bi-monthly	*every three months*
Reason: -"Technical Working Group" is renamed to "Project Steering Committee". "Technical Working Group" in the MOH is the group defined in the governance structure of MOH to address the long term issues of the health system/programs. It is more appropriate to use a different term, "Project Steering Committee", because the management framework of the Project is different from the existing Technical Working Groups. The role of renamed "Project Steering Committee" is to monitor the Project activities during the Project period and make and implement the roadmap to incorporate the Project activities into the policy and systems of MOH including existing Technical Working Groups. -The performance review in MOH is usually conducted every three months. It is more efficient to follow this practice of MOH to reviews the Project performance.	

2. Annex III Project Implementation Structure
   1) Membership of Joint Coordination Committee

Before (Membership of Joint Coordination Committee)	Amended Version
MOH -Director General, Ministry of Health (Chair of JCC) -Director, Clinical and Community Health (Project Director) -Director, Planning and Development -Commissioner Clinical Services (Project Manager)	MOH -Director General, Ministry of Health (Chair of JCC) -Director, Clinical *Services* (Project Director) -Director, Planning and *Policy* *-Under Secretary, (Finance and Administration)* -Commissioner Clinical Services (Project Manager)
Reason: -Reconsidering the position in Ministry of Health (MOH), Under Secretary (Financing and Administration) should be a member of the Joint Coordination Committee, not the member of the Project Steering Committee.	

   2) Membership of Technical Working Group/ Project Steering Committee

Before (Technical Working Group)	Amended Version (Project Steering Committee)
[Commissioner] -Commissioner Clinical Services (Chair Person) -Commissioner Quality Assurance -Commissioner Nursing -Commissioner Planning -Commissioner Community Health -Under Secretary (Financing and Administration)	[Commissioner] -Commissioner Clinical Services (Chair Person) -Commissioner Quality Assurance *and Inspection* -Commissioner Nursing -Commissioner Planning -Commissioner Community Health

[Assistant Commissioner] -Assistant Commissioner of Integrated Curative Services -Assistant Commissioner of Health Infrastructure -Assistant Commissioner of Nursing -Assistant Commissioner of Pharmacy -Assistant Commissioner of Planning -Assistant Commissioner of Budget and Finance -Assistant Commissioner of Accounts -Assistant Commissioner of National Disease Control [Principal/Senior Officers] -Principal Medical Officer Integrated Curative Services -Principal Nursing Officer Integrated Curative Services -Principal Nursing Officer Nursing -Principal Pharmacist -Senior Nursing Officer Nursing -Senior Medical Office Integrated Curative Services -Senior Medical Office Quality Assurance -Senior Engineer Medical Equipment -Senior Engineer Mechanical -Senior Pharmacist [Representative of Target Facilities] -One Hospital Director -One Medical Superintendent	[Assistant Commissioner] -Assistant Commissioner of Integrated Curative Services -Assistant Commissioner of *Infrastructure*
Reason: Technical Working Group is renamed to Project Steering Committee. The members of Project Steering Committee from MOH are reselected and limited to people who can conduct meetings and provide technical direction for the Project Implementation Teams.	

3) Project Implementation Team

Before	Amended Version
(none)	(Added) *[Project Implementation Team, 5S-CQI-TQM, User Training and Medical Equipment Maintenance]* *Role:* *-Formulate action plans of the Project* *-Conduct Training and Support Supervision* *-Conduct monitoring and evaluation of the Project activities* *Frequency of Meeting:* *-At least once every three months and whenever necessity arises* *Membership:* ***[5S-CQI-TQM Team]*** *-4 from Quality Assurance and Inspection Department: Ag. Commissioner (Chair),*

	-Senior Medical Officer and 2 Technical Assistant *-2 from Clinical Service Department* *-1 from Nursing Department* *- JICA Experts 5S-CQI-TQM* ***[UT Team]*** *-3 from Clinical Service Department Assist. Commissioner (Chair)* *-JICA Expert UT* ***[ME Team]*** *-Ag. Principal Electrical Engineer HID (Chair)* *-Senior Engineer HID* *-Manager of Central Medical Equipment Maintenance Workshop* *-JICA Expert ME*
Reason: -The Project Implementation Teams are the executing bodies for the 5S-CQI-TQM, UT and ME activities. The Project Implementation Team includes experts to assist in smooth and effective implementation of the Project activities.	

3. "Annex I Logical Framework (Project Design Matrix: PDM)" and "Annex II Tentative Plan of Operation"

1) Implementing Agency

Before	Amended Version
Department of Quality Assurance	*Quality Assurance & Inspection Department, Directorate of Planning & Policy*
Integrated Curative Services Division, Department of Clinical Services	*Integrated Curative Services Department, Directorate of Clinical Services*
Health Infrastructure Division, Department of Clinical Services	*Infrastructure Department, Directorate of Clinical Services*
Reason: -Organization of Ministry of Health was reorganized in Fiscal Year 2017/2018.	

2) Output 1

Before	Amended Version
Output 1 Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	Output 1 *[Project Steering Committee]* Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.
Reason: -The Project Steering Committee is defined as the responsible body for Output 1, because its main role is overseeing the supervision of the health infrastructure management and monitoring the Project activities.	

3) Output 2 and 3

Before	Amended Version
Output 2 Implementation mechanism of the phase 1 targeted hospitals aimed at CQI level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.	Output 2 *[Project Implementation Team: 5S-CQI-TQM]* *Resource management and quality improvement activities are strengthened through CQI approach in all RRHs.*

Output 3 Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.	Output 3 *[Project Implementation Team: UT]* *Proper utilization of medical equipment through UT is improved in all RRHs.*
Reason: - Implementation mechanism for resource management and quality improvement is already in place and established in the Phase 2 target hospitals. The target of Output 2 should follow the existing system of MOH, under which the target of QI supervision focuses on RRHs (and National Referral Hospitals). Therefore, Output 2 is modified to introduce CQI approach in all RRHs. - Target equipment and training contents of UT are common to facilities of phases 1 and 2. Because it is found to be more efficient to set the common goals for phase 1 target hospitals and phase 2 target hospitals, Output 3 is newly set as the output of UT for all RRHs. - Project Implementation Team: 5S-CQI-TQM is defined as the responsible body for Output 2 and Project Implementation Team: UT is defined as the responsible body for Output 3	

4) Output 4

Before	Amended Version
Output 4 ME maintenance and management capacity of Workshops (WS) are strengthened.	Output 4 *[Project Implementation Team: Maintenance]* ME maintenance and management capacity of Workshops (WS) are strengthened.
Reason: - Project Implementation Team: ME is defined as the responsible body for Output 4	

5) Activity 1-1

Before	Amended Version
1-1-1 [MOH] Establish TWG for the phase 2 project	1-1-1 Establish *Project Steering Committee*
1-1-2 [MOH] Select focal persons for 5S, user training (UT), and medical equipment (ME) maintenance	1-1-2 *Establish Project Implementation Teams* for 5S-CQI-TQM, UT and ME
1-1-3 [TWG] Develop TORs for members of TWG and action plans for implementing the project	1-1-3 Develop *Terms of Reference (TOR)* for *Project Steering Committee and Project Implementation Teams* and action plans for *implementation of the Project*
1-1-4 [TWG] Conduct baseline survey	1-1-4 Conduct baseline survey
Reason: (1-1-1, 1-1-2 and 1-1-4) "Technical Working Group" is renamed to "Project Steering Committee". "Focal persons" is revised to "Project Implementation Teams". (1-1-3) It is necessary to develop TOR for Project Implementation Teams too.	

6) Activity 1, 2, 3, and 4

Before	Amended Version
1-1-5 [TWG] Update and/or create manuals, handbooks, guidelines, and monitoring tools for dissemination	*2-1* *Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide* *3-1* *Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary*

	4-1 *Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary*
Reason: -Manuals and other materials shall be developed and updated by each Project Implementation Team for effective implementation for the Project.	

7) Activity 1 and 2

Before	Amended Version
1-1-6 [TWG] Define criteria for national show case and review a national show case(s)	2-2 Define criteria for national show case *of 5S-CQI-TQM* and review national show case(s)
Reason: -Activity 1-1-6 is shifted to Activity 2-2 because definition of national show case should be determined by the Project Implementation Team: 5S-CQI-TQM,	

8) Activity 1, 2, and 3

Before	Amended Version
1-2 Training and knowledge sharing	(Activity 1-2 is deleted and sub-activities are shifted and modified as below)
1-2-1 [TWG] Conduct refresher training for national 5S facilitators	2-5 Conduct *facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI*
1-2-2 [TWG] Conduct training of trainers for 5S-CQI-TQM especially customized for CQI	2-7 Conduct *5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI*
1-2-3 [TWG] Organize opportunities to share good practices and lessons learned such as study tours and QI competition	1-3-4 Organize *study tours and QI Conference* to share good practice and lessons learned *on health infrastructure management compiling 5S, UT and ME*
(None)	*(Added)* *1-2* *Support supervision on health infrastructure management*
1-1-7 [TWG] Review existing supervision system of MOH. 1-1-8 [TWG] Integrate components of 5S-CQI-TQM, UT, and ME maintenance to the supervision system	1-2-1 Review *and revise* existing supervision system *and tools through enrichment of checklists of HFQAP (Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels*
	(Added) *1-2-2* *Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, UT and ME*
Reason: (deleted 1-2) "Training and knowledge sharing" is carried out by each Implementation Team, and the activities are shifted under Output 2, 3 and 4.	

(1-2-1,1-2-2→2-5,2-7) These activities are defined as activities carried out by Project Implementation Team: 5S-CQI-TQM. (1-2-3→1-3-4) "QI competition" is integrated into "QI conference", which is the existing conference organized by MOH annually, for more efficient implementation. (Added 1-2) The activities related to support supervision are integrated to Activity 1-2. (1-1-7,1-1-8→1-2-1) HFQAP is the official assessment and supervision tool. Improving and enriching the checklist is necessary for integrating components of 5S-CQI-TQM, UT, and ME maintenance to the existing supervision system. 5S-CQI-TQM facilitators have a responsibility to implement supervision. The revision of allocation of both existing and new facilitators is important for effective and efficient supervision. (Added 1-2-2) The activities under Output 1 are defined as the role of the Project Steering Committee in 2. (1) and this activity is revised to clarify its role as the direction of the integrated support supervision, mentoring and coaching of the integrated components reviewed and revised in 1-2-1.

9) Activity 1-3 and 2

Before	Amended Version
1-3 Implementation of activities, and monitoring and evaluation, and reflections	1-3 *Project implementation, monitoring and evaluation and institutionalization*
1-3-1 [TWG] Implement an action plan based on PDCA cycle. 1-3-3 [TWG] Hold meetings at least bi-monthly with the project team	1-3-1 *Organize meetings for Project Steering Committee every three months and review whether action plan is being implemented* based on PDCA cycle
1-3-2 [TWG] Conduct supervision which is integrated into the existing system	*2-8* Conduct *support* supervision, *mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2*
1-3-4 [TWG] Conduct a review meeting on established system in MOH	*1-3-2* Conduct *a meeting to review the* established system in MOH
1-3-5 [TWG] Make use of review of activity 1-3-4 for institutionalization of the system and methodologies, and reflection to the health sector policy/plan	*1-3-3* Make use of review of activity *1-3-2* for institutionalization of *support supervision systems* and methodologies *developed through the Project, and make reflections to the Ministerial Policy Statement*
1-3-6 [TWG] Conduct an end-line survey	*1-3-5* Conduct an end-line survey *on health infrastructure management, including 5S-CQI-TQM, UT and ME*
Reason: -Activity 1-3 is defined as activities conducted by the Project Steering Committee such as overall monitoring and evaluation and institutionalization. "Institutionalization" is added instead of "reflection" to make the aim of this activity clearer.	

(1-3-1,1-3-3→1-3-1)
The performance review in MOH is usually conducted every three months. It is more efficient to follow this practice of MOH for the reviews of the Project performance.
(1-3-2→2-8)
This activity is defined as activity carried out by Project Implementation Team: 5S-CQI-TQM. The contents of activities are elaborated.
(1-3-4→1-3-2) (1-3-5→1-3-3)
These activities are defined as tasks carried out by Project Steering Committee. The Project should be involved in improving the systems and methods and the Project activities should be reflected in the Ministerial Policy Statement.
(1-3-6nisteria
It is defined that end-line survey will cover all Project components.

10) Activity 2 and 3

Before	Amended Version
2-1 System development and implementation	(Deleted and sub-activities are shifted and modified as below)
2-1-1 [Phase 1 target hospitals] Revitalize and/or strengthen function of quality improvement team (QIT) and work improvement team (WIT)	2-6 *Strengthen the function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities.*
2-1-2 [Phase 1 target hospitals] develop action plans of WITs at each phase 1 target hospital	2-8 *Conduct support supervision, mentoring and coaching on WIT/QIT functions, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2* 3-4 *Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities* aiming at CQI *under the direction of Project Steering Committee Activity 1-2-2*
2-1-3 [Phase 1 target hospitals] Hold periodic meetings of QIT	
2-1-4 [Phase 1 target hospitals] Implement activities aiming at CQI with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities	
2-2 Training	(Deleted and sub-activities are modified and shifted as below)
2-2-1 [TWG] Conduct leadership and management training for management staff of targeted hospitals	2-4 Conduct leadership and management training *based on the results of the baseline survey for management staff of target facilities, etc.*
2-2-2 [TWG] Conduct refresher training for regional 5S facilitators of targeted hospitals	2-5 Conduct *facilitators'* training *for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI*
2-2-3 [TWG] Conduct 5S CQI training to hospitals with high level practices of 5S-CQI-TQM	2-7 Conduct *5S-CQI-TQM* training to target facilities s *based on the results of the baseline survey, with a focus on CQI*
2-2-4 [TWG] Conduct refresher training for regional user trainers	3-2 Conduct refresher training of *user trainers in the previous Project phase.*
2-2-5 [User trainers] Train staff of their hospitals on how to use ME on the job training basis	3-4 *Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME*

	activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2
	(Added) 2-3 *Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national and regional levels*

Reason:
-According to revised Output 2 and Output 3, all activities shall be rearranged.
-Activities under the Output 2 are defined as the activities carried out by Project Implementation Team: 5S-CQI-TQM.
(2-1-1,2-1-2,2-1-3,2-1-4→2-6,2-8 and 3-4)
The activities conducted by health facilities described in the original version are redefined as the support supervision, mentoring and coaching activities conducted by Project Implementation Team as the activities in the amended version.
(2-2-1→2-4, 2-2-2→2-5, 2-2-3→2-7)
The expressions are modified for further clarification.
(2-2-4,2-2-5→3-2, 3-4)
Activities 2-2-4 and 2-2-5 are shifted to activities under Output 3, which are carried out by Project Implementation Team: UT.
(Added 2-3)
It is necessary to clarify qualification, role and responsibility to guarantee the level of basic skills of each 5S-CQI-TQM facilitator. Standardized supervision, mentoring and coaching by qualified facilitators is important to make hospital staff understand and implement 5S-CQI-TQM properly.

11) Activity 2 and 3

Before	Amended Version
3-1 System development and implementation	(Deleted and sub-activities are modified and shifted as below)
3-1-1 [TWG] Support target hospitals to establish and/or strengthen quality improvement team (QIT)	*2-6* *Strengthen the function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities*
3-1-2 [TWG] Support target hospitals establish and/or strengthen work improvement team (WIT)	*2-8* *Conduct support supervision, mentoring and coaching on WIT/QIT functions, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2*
3-1-3 [TWG] Support target hospitals to hold QIT periodic meetings	
3-2 Training	(Deleted and sub-activities are modified and shifted as below)
3-2-1 [TWG] Conduct leadership and management training for management staff of target RRHs	*2-4* Conduct leadership and management training *based on the results of the baseline survey for management staff of target facilities s, etc.*
3-2-2 [National 5S facilitators] Conduct training of trainers (TOT) on 5S-CQI-TQM for regional 5S facilitators of phase 2 targeted hospitals	*2-5* Conduct *facilitators'* training *for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI*
3-2-3 [Regional 5S facilitator] Conduct 5S-CQI-TQM training for staff of phase 2 targeted hospitals	*2-7* Conduct 5S-CQI-TQM training *to target facilities based on the results of the baseline survey, with a focus on CQI*

Reason: -According to revised Output 2 and Output 3, all activities shall be rearranged. -Activities under the Output 3 are defined as the activities carried out by Project Implementation Team: UT. (3-1-1,3-1-2,3-1-3,3-2-1,3-2-1 and 3-2-3→2-6,2-8,2-4,2-5 and 2-7) The activities conducted by health facilities described in the original version are redefined as the support supervision, mentoring and coaching activities conducted by Project Implementation Team as the activities in the amended version.

12) Activity 3

Before	Amended Version
3-2-4 [Regional user trainers trained phase 1 project] Conduct TOT regarding UT for the phase 2 targeted hospitals	3-3 Conduct *Training of Trainers* (TOT) for user trainers of the phase 2 target hospitals
3-2-5 [User trainers] Conduct UT on ME 3-2-6 [User trainers] Train other staff of RRHs on how to use ME on the job training basis 3-1-4 [Phase 2 target hospitals] Implement 5S activities with proper usage and maintenance of ME by collaboration with UT and ME maintenance activities	2-8 *Conduct support supervision, mentoring and coaching on WIT/QIT functions, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2* 3-4 *Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2*
Reason: -According to revised Output 2 and Output 3, all activities shall be rearranged. -Activities under the Output 3 are defined as the activities carried out by the Project Implementation Team: UT. (3-2-4→3-3) The expressions are modified for further clarification. (3-2-5,3-2-6,3-1-4→2-8, 3-4) The activities conducted by health facilities described in the original version are redefined as the support supervision, mentoring and coaching activities conducted by Project Implementation Team as the activities in the amended version.	

13) Activity 4

Before	Amended Version
4-1 [TWG] Conduct leadership and management training for workshop managers including inventory data analysis	4-2 Conduct leadership and management training for workshop managers including inventory data analysis
4-2 [TWG] Conduct training for Workshop (WSs) staff on ME maintenance	4-3 Conduct training for *workshop staffs on maintenance of basic medical equipment*
4-3 [TWG] Conduct training for core staff of the WSs on basics about specialized ME	4-4 Conduct training for core staff of *workshops in first line maintenance of specialized medical equipment*
4-4 [TWG] Strengthen support system of the CWS for to other RWSs	4-5 Strengthen *capacity of Central Workshop and Infrastructure Department to support Regional Workshops*

4-5 [TWG] Support WSs to develop a management system for accumulating knowledge and skills	4-6 Support *Workshops* to develop a system for *sharing* knowledge and skills

Reason:
-Activities under the Output 4 are defined as the activities carried out by Project Implementation Team: ME.
(4-2, 4-3→4-3, 4-4)
Target equipment of maintenance training is clarified as both basic and specialized medical equipment.
(4-4→4-5)
The capacity of Infrastructure Department should be also strengthened in the Project because the Department has the role to support Regional Workshops with Central Workshop
(4-5→4-6)
According to the function of Workshop networking, the word "sharing" is more appropriate because accumulated knowledge should be shared among all staff.

14) Objectively Verifiable Indicators: Project Purpose

Before	Amended Version
・Score sheet of 5S-CQI-TQM on targeted hospitals become more than XX%. ・The number of CQI practices becomes more than XX (number). ・Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times. ・Percentages of status A of ME becomes higher than XX%	*(1) CQI Process or QC Story* *-The number of cases of CQI Process or QC Story amounts to more than three.* *(2) Good practice of small CQI* *-All RRHs have at least one good practice of small CQI.* *(3) The average of percentage of medical equipment in status A at all RRHs is higher than 70%.* *(4)* Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times.

Reason:
(1) Based on the situation analysis, none of target facilities had started the CQI process since the establishment of 5S-CQI during the phase 1 project. However, some RRHs are expected to step up the CQI activities after training and support supervision under the Project. The appropriate number of verified CQI process or QI story to indicate the achievement of Project Purpose is identified as more than three among all the RRHs.
(2) Based on the situation analysis, all RRHs are expected to implement CQI including small CQI. And it is necessary to measure whether all RRHs conduct any good practice of small CQI as the indicator of the Project Purpose.
(3) The baseline of status A is 65% in 2016. The percentage of status A in the past five years has been increasing. Improvement of the percentage of status A next three years can be expected because of continued WS support and expansion of target RRHs for UT.

15) Objectively Verifiable Indicators: Output 1

Before	Amended Version
1-1 PDCA cycle of supporting and supervising RRHs is completed once a year or more. 1-2 The number of supervision conducted by steering committee becomes more than XX times. 1-3 Number of training organized by Technical Working Group (TWG) becomes	*(1) The Project Steering Committee meeting is conducted every three months.* *(2) The results of integrated support supervision conducted by Project Implementation Teams and the next quarter action plan developed from these results are shared and approved at every Project Steering Committee meeting.*

more than XX times. 1-4 Number of certified national CQI facilitators from MOH become more than XX.	*(3) The roadmap for incorporating the Project activities into the policy and systems of MOH is established and implemented by the Project Steering Committee.* *(4) The Project activities are successfully incorporated into the Ministerial Policy Statement of Ministry of Health.*
Reason: Output 1 can be measured by how Project Steering Committee function as strengthening the supporting/supervision system for health infrastructure management of all the RRHs and how this system is institutionalized. (1), (2) The functionality of Project Steering Committee can be measured by consistent progress of holding the meeting with proper regularity and governance. (3), (4) The degree to which supporting/supervising system is institutionalized can be measured by process and result to incorporate the Project activities into the policy and systems of MOH including the Ministerial Policy Statement.	

16) Objectively Verifiable Indicators; Output 2

Before	Amended Version
2-1 Number of the phase 1 targeted hospitals which started CQI activities becomes more than XX. 2-2 Number of the phase 1 targeted hospitals which completed CQI process at least with one unit becomes more than XX. 2-3 Number of UT conducted by regional trainers is more than XX times. 2-4 Number of functioning WITs in target hospitals reaches the level of 10 under the 5S-CQI-TQM implementation becomes more than XX.	*(1) Score of module 1 (Leadership) and 6 (Health Infrastructure) of HFQAP Facility Assessment Tool* *- All RRHs mark (i) 5 points out of 8 as full mark for module 1 and (ii) 6 points out of 10 as full mark for module 6.* *(2) Score of modified 5S M&E Sheet in 5S-CQI-TQM Guidelines* *- All RRHs mark 33 points out of 54 as full mark at least two consecutive years.*
Reason: Output 2 can be measured by the facility management, workplace environment and 5S performance as following.. (1) The resource management and quality improvement are represented by the level of facility management and workplace environment, which is evaluated by the Official Assessment Tool for CQI activities (HFQAP) of the Ministry of Health. All RRHs should aim to 60% of assessment score. (2) 5S performance, as one of the factors to measure the resource management and quality improvement activities, of target hospitals can be measured by 5S Monitoring and Evaluation Sheet. All target hospitals should aim to achieve 60% of assessment score.	

17) Objectively Verifiable Indicators: Output 3

Before	Amended Version
3-1 All the phase 2 targeted hospitals implement QIT activities including 5S-CQI-TQM. 3-2 Average of comprehension rate of trainees after user training becomes higher than XX%. 3-3 More than 1 regional 5S facilitators at each phase 2 targeted hospitals are trained. 3-4 More than 2 regional user trainers at each phase 2 targeted hospitals are trained.	*(1) There are at least two regional user trainers at all RRHs.* *(2) The number of UT conducted by regional user trainers is more than three as per year in every region.* *(3) The average of percentage of medical equipment in status B at all RRHs is not higher than 4%.*

Reason:
Output 3 can be measured by implementation of regular UT in every region and the development of capacity to utilize medical equipment properly. (1) It is the pre-condition of smooth implementation of UT activities in each region to have at least two regional user trainers shall be measured at every target hospital. (2) Based on the results of situation analysis, the minimum number of user training among phase 1 target regions from November 2014 to August 2016 was five. User training for lower health facilities shall be conducted at least every quarter for continuation of user training activities in health facilities to keep the users updating knowledge for preventive maintenance of medical equipment. (3) The development of capacity to utilize medical equipment properly can be measured by the decrease of status B because the equipment which is not broken but not utilized is categorized to this status. The baseline data is 5.1% in 2016 and it is expected achieve to 4% or less through UT activities.

18) Objectively Verifiable Indicators: Output 4

Before	Amended Version
4-1 Trained staff of all the workshops improve their knowledge by XX% after ME maintenance training. 4-2 Percentages of ME in status E lowered by XX%.	*(1) The average increase of scores between the pre-test and post-test is at least 15%.* *(2) The average of percentage of medical equipment in status C and status E at all RRHs is not higher than 15%.*
Reason: (1) The expressions are modified for further clarification. 15% is set as the minimum goal of the average increase of scores between pre-test and post-test. It is expected to be lower than that of the baseline data 29.8% (average of five (5) trainings in the first-year of the Project) because target equipment from the second year is more specialised and trainees have less experience of using them than those in the first year. (2) The status C is added to measure the development of capacity of WS more effectively, because the equipment to be repaired is categorized to either C or E depending it is utilized or not. The baseline is 22.1% in 2016 and it is expected to achieve 15% or less.	

19) Means of Verification; Project Purpose

Before	Amended Version
・Minutes of steering committee meetings ・Reports of steering committee ・Reports from 5S trainers ・Score sheets of 5S-GQI-TQM at targeted hospitals.	*(1) Report of CQI Process (e.g. Documentation Journal as an example of the format)* *(2) Report of small CQI or CQI support supervision tool* *(3) Medical equipment inventory* (4) Minutes of steering committee meetings (5) Reports of steering committee
Reason: -Means of verification should be changed due to modification of Objectively Verifiable Indicators of Project Purpose as shown item 13)	

20) Means of Verification; Output 1

Before	Amended Version
・Plans and periodic reports made by steering committee ・Activity records made by steering committee of MOH ・ Records and results of supervision conducted by steering committee ・Test results and certification issued for CQI trainers at MOH	*(1) Minutes of meeting of Project Steering Committee* *(2) Ministerial Policy Statement*
Reason:	

-Means of verification should be changed due to modification of Objectively Verifiable Indicators of Output 1 as shown item 14).

21) Means of Verification: Output 2

Before	Amended Version
・Activity records of QITs ・Activity records of WITs ・Training records on UT conducted by user trainers ・Score sheets of 5S-CQI-TQM ・Project report about CQI activities ・Supervision reports made by TWG	*(1) HFQAP Facility Assessment Tool* *(2) 5S M&E Sheet in 5S-CQI-TQM Guidelines*
Reason: -Means of verification should be changed due to modification of Objectively Verifiable Indicators of Output 2 as shown item 15).	

22) Means of Verification: Output 3

Before	Amended Version
・Number of QITs and their activity records ・Monitoring and meeting minutes of QITs related to 5S-CQI-TQM ・Supervision report made by TWG ・Results of pre and post tests for trainees of UT Training records on TOT for 5S-CQI-TQM ・Training records on TOT for UT	*(1) Records on training of regional user trainers* *(2) Training records on user training conducted by user trainers* *(3) Medical equipment inventory*
Reason: -Means of verification should be changed due to modification of Objectively Verifiable Indicators of Output 3 as shown item 16).	

23) Means of Verification; Output 4

Before	Amended Version
・Training records related to ME maintenance ・Results of pre and post tests for trainees of ME maintenance ・Inventory lists of each workshop	*(1) Results of pre and post tests for trainees of medical equipment maintenance* *(2) Medical equipment inventory*
Reason: -Means of verification should be changed due to modification of Objectively Verifiable Indicators of Output 4 as shown item 17).	

This amendment will become effective once, this M/M is signed.

Annex 1 : PDM ver.1

Annex 2 : Plan of Operation ver.1

Annex 3 : Project Implementation Structure

Annex 4 : Record of Discussions (signed on 27th December, 2015)

Project Design Matrix

Project Title: Project on Improvement of Health Service through Health Infrastructure Management (II)

Implementing agency: Quality Assurance & Inspection Department, Directorate of Planning & Policy, Ministry of Health (MOH) (5S-CQI-TQM)
Integrated Curative Services Department, Directorate of Clinical Services, MOH (Utilization of Medical Equipment)
Infrastructure Department, Directorate of Clinical Services, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe General Hospital (GH), Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: July 2016- July 2020

Target Site: Republic of Uganda

Version 1
Dated December 2017

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Quality of health care services at all the RRHs in Uganda is improved	・Clients' satisfaction level is improved to the target level. (XX) ・Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX%. ・Maintenance cost regarding medical equipment is decreased in XX%.	・Health Management Information System (HMIS) ・Annual Health Sector Performance Report (AHSPR) ・Periodical monitoring reports by QITs at target hospitals ・Supervision reports made by the steering committee for the project ・Baseline and end-line data ・Quarterly regional workshop maintenance report			
Project Purpose					
Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH	(1) CQI Process or QC Story -The number of cases of CQI Process or QC Story amounts to more than three (2) Good practice of small CQI -All RRHs have at least one good practice of small CQI. (3) The average of percentage of medical equipment in status A at all RRHs is higher than 70%. (4) Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times.	(1)Report of CQI Process (e.g. Documentation Journal as an example of the format) (2)Report of small CQI or CQI support supervision tool (3) Medical equipment inventory (4) Minutes of steering committee meetings (5) Reports of steering committee	・Government budget for the RRHs will not be deceased significantly. ・Government budget for the workshops will not be decreased significantly. ・Political situation in Uganda remains stable.		
Output 1					
1. [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	(1) The Project Steering committee meeting is conducted every three months. (2) The results of integrated support supervision conducted by Project Implementation Teams and the next quarter action plan developed from these results are shared and approved at every Project Steering Committee meeting. (3) The roadmap for incorporating the Project activities into the policy and systems of MOH is established and implemented by the Project Steering Committee. (4) The Project activities are successfully incorporated into the Ministerial	(1) Minutes of meeting of Project Steering Committee (2) Ministerial Policy Statement	・Personnel of counterparts do not leave the job and are not transferred considerably. ・Policy related to health infrastructure management will not be changed as a result of the presidential election		
Output 2					
2 [Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs	(1)Score of module 1 (Leadership) and 6 (Health Infrastructure) HFQAP Facility Assessment Tool ・All RRHs mark (i) 5 points out of 8 as full mark for module 1 and (ii) 6 points out of 10 as full mark for module 6 (2)Score of modified 5S M&E Sheet in 5S-CQI-TQM Guidelines ・All RRHs mark 33 points out of 54 as full mark at least two consecutive years	(1)HFQAP Facility Assessment Tool (2)5S M&E Sheet in 5S-CQI-TQM Guidelines			
Output 3					
3 [Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRHs	(1) There are at least two regional user trainers at all RRHs. (2) The number of UT conducted by regional user trainers is more than three as per year in every region. (3) The average of percentage of medical equipment in status B at all RRHs is not higher than 4%.	(1) Records on training of regional user trainers (2) Training records on user training conducted by user trainers (3) Medical equipment inventory			
Output 4					
4 [Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened.	(1) The average increase of cores between the pre-test and post-test is at least 15% (2) The average of percentage of medical equipment in status C and status E at all RRHs is not higher than 15%	(1) Results of pre and post tests for trainees of medical equipment maintenance (2) Medical equipment inventory			

Activities	Input		Pre-Conditions
	The Japanese side	The Uganda side	
1-1 Establishment of foundation for the Project and implementation	1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management 2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense such as training and supervision 4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)	
1-1-1 Establish Project Steering Committee			
1-1-2 Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME			
1-1-3 Develop Terms of Reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the Project			
1-1-4 Conduct baseline survey			
1-2 Support Supervision on health infrastructure management			
1-2-1 Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels			
1-2-2 Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, UT and ME			
1-3 Project implementation, monitoring and evaluation and institutionalization			
1-3-1 Organize meetings for Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle			
1-3-2 Conduct a meeting to review the established system in MOH			
1-3-3 Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections to the Ministerial Policy Statement			
1-3-4 Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME			
1-3-5 Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME			<Issues and countermeasures>
2.[Project Implementation Team: 5S-CQI-TQM]			
2-1 Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide			
2-2 Define criteria for national show case of 5S-CQI-TQM and review national show case(s)			
2-3 Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels			
2-4 Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc			
2-5 Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI			
2-6 Strengthen function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities			
2-7 Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI			
2-8 Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2			
3.[Project Implementation Team: User Training]			
3-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary			
3-2 Conduct refresher training of user trainers in the previous Project phase			
3-3 Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals			
3-4 Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2			
4.[Project Implementation Team: Maintenance]			
4-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary			
4-2 Conduct leadership and management training for workshop managers including inventory data analysis			
4-3 Conduct training for workshop staffs on maintenance of basic medical equipment			
4-4 Conduct training for core staff of workshops in first line maintenance of specialized medical equipment			
4-5 Strengthen capacity of Central Workshop and Infrastructure Department to support Regional Workshops			
4-6 Support Workshops to develop a system for sharing knowledge and skills			

Plan of Operation

Dated 22nd December 2017

Project Title: Project on Improvement of Health Services through Health Infrastructure Management (II)

Inputs	Plan / Actual	2016 I	2016 II	2016 III	2016 IV	2017 I	2017 II	2017 III	2017 IV	2018 I	2018 II	2018 III	2018 IV	2019 I	2019 II	2019 III	2019 IV	2020 I	2020 II	2020 III	2020 IV	Remarks	Monitoring: Issue	Monitoring: Solution
Expert																								
Chief Advisor/QI Management System	Plan / Actual																							
Assist Chief Advisor/QI Management System	Plan / Actual																							
5S-CQI-TQM ①	Plan / Actual																							
5S-CQI-TQM ②	Plan / Actual																							
Utilization of Medical Equipment	Plan / Actual																							
Maintenance of Medical Equipment	Plan / Actual																							
Project Coordinator/Training Management	Plan / Actual																							
Equipment																								
Project vehicles and equipment/materials necessary for the Project administration	Plan / Actual / Plan / Actual																							
Training in Japan																								
	Plan / Actual																							
In-country/Third country Training																								
Tenzania KAIZEN TOT	Plan / Actual																							

Activities / Sub-Activities		Plan / Actual	2016 I	2016 II	2016 III	2016 IV	2017 I	2017 II	2017 III	2017 IV	2018 I	2018 II	2018 III	2018 IV	2019 I	2019 II	2019 III	2019 IV	2020 I	2020 II	2020 III	2020 IV	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 1 [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH																										
1-1 Establishment of foundation for the Project and implementation																										
1-1-1	Establish Project Steering Committee	Plan / Actual																					Expert(s)	All concerned Department members of MOH		
1-1-2	Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME	Plan / Actual																					Expert(s)	All concerned Department members of MOH		
1-1-3	Develop terms of reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the Project	Plan / Actual																					Expert(s)	Steering Committee		
1-1-4	Conduct baseline survey	Plan / Actual																					Expert(s)	Implementation Team		
1-2 Support Supervision on health infrastructure management																										
1-2-1	Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels	Plan / Actual																					Expert(s)	Steering Committee		
1-2-2	Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, user training and maintenance	Plan / Actual																					Expert(s)	Steering Committee		
1-3 Project implementation, monitoring and evaluation and institutionalization																										
1-3-1	Organize meetings of Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle	Plan / Actual																					Expert(s)	Steering Committee		
1-3-2	Conduct a meeting to review the established system in MOH	Plan / Actual																					Expert(s)	Steering Committee		
1-3-3	Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections if necessary to the Ministerial Policy Statement	Plan / Actual																					Expert(s)	Steering Committee		
1-3-4	Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME	Plan / Actual																					Expert(s)	Implementation Team		
1-3-5	Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME	Plan / Actual																					Expert(s)	Implementation Team		

Plan of Operation

Dated 22nd December 2017

Project Title: Project on Improvement of Health Services through Health Infrastructure Management (II)

No.	Activities / Sub-Activities	Plan / Actual	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 2 [Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs						
2-1	Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide	Plan / Actual	Expert(s)	Implementation Team		
2-2	Define criteria for national show case of 5S-CQI-TQM and review national show case(s)	Plan / Actual	Expert(s)	Steering Committee		
2-3	Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels	Plan / Actual	Expert(s)	Steering Committee		
2-4	Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc	Plan / Actual	Expert(s)	Implementation Team		
2-5	Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI	Plan / Actual	Expert(s)	Implementation Team		
2-6	Strengthen function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities	Plan / Actual	Expert(s)	Implementation Team		
2-7	Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI	Plan / Actual	Expert(s)	Implementation Team		
2-8	Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities, etc. as mentioned in 1-2-2	Plan / Actual	Expert(s)	Implementation Team		
Output 3 [Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRH						
3-1	Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary	Plan / Actual	Expert(s)	Implementation Team		
3-2	Conduct refresher training of user trainers in the previous Project phase	Plan / Actual	Expert(s)	Implementation Team		
3-3	Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals	Plan / Actual	Expert(s)	Implementation Team		
3-4	Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2	Plan / Actual	Expert(s)	Implementation Team		
Output 4 [Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened						
4-1	Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary	Plan / Actual	Expert(s)	Implementation Team		
4-2	Conduct leadership and management training for workshop managers including inventory data analysis	Plan / Actual	Expert(s)	Implementation Team		
4-3	Conduct training of workshop staff in maintenance of basic medical equipment	Plan / Actual	Expert(s)	Implementation Team		
4-4	Conduct training of core staff of Workshops in first line maintenance of specialized medical equipment	Plan / Actual	Expert(s)	Implementation Team		
4-5	Strengthen capacity of Central Workshop and Infrastructure Department to support Regional Workshops	Plan / Actual	Expert(s)	Implementation Team		
4-6	Support Workshops to develop a system for sharing knowledge and skills	Plan / Actual	Expert(s)	Implementation Team		
Duration / Phasing		Plan / Actual				

Timeline columns: 2016, 2017, 2018, 2019, 2020 — quarters I, II, III, IV

Monitoring Plan	Plan / Actual	Remarks	Issue	Solution
Monitoring				
Joint Coordinating Committee	Plan / Actual			
Set-up the Work Plan of Operation	Plan / Actual			
Submission of Monitoring Sheet	Plan / Actual			
Monitoring Mission from Japan	Plan / Actual			
Joint Monitoring	Plan / Actual			
Post Monitoring	Plan / Actual			
Reports/Documents				
Progress report	Plan / Actual			
Project Completion Report	Plan / Actual			
Public Relations				
	Plan / Actual			
	Plan / Actual			

Annex III: Project Implementation Structure

1. Joint Coordination Committee
 - ➢ Role:
   - Approve annual work plan of the Project
   - Review overall progress of the Project
   - Conduct monitoring and evaluation of the Project
   - Exchange opinions on major issues that arise during the implementation of the Project

 - ➢ Frequency of Meeting:
   - At least once a year and whenever necessity arises
 - ➢ Membership:

MOH
- Director General, Ministry of Health (Chair of JCC)
- Director, Clinical Services (Project Director)
- Director, Planning and Policy
- Under Secretary, (Finance and Administration)
- Commissioner Clinical Services (Project Manager)

JICA
- Chief Representative of JICA
- Representative(s) of JICA
- JICA Experts (Team Leader)

Note: Official(s) of the Japanese Embassy in Uganda and others may attend the Joint Coordination Committee Meeting as observer(s)

2. Project Steering Committee
 - ➢ Role:
   - Review the plan of the Project
   - Monitor the progress of the Project
   - Coordinate activities as regular management of the Project
 - ➢ Frequency of Meeting:
   - Basically at least every three months and whenever necessity arises
 - ➢ Membership:

MOH

[Commissioners]
- Commissioner Clinical Services (Chair Person)
- Commissioner Quality Assurance and Inspection
- Commissioner Nursing
- Commissioner Planning
- Commissioner Community Health

[Assistant Commissioners]
- Assistant Commissioner of Integrated Curative Services
- Assistant Commissioner of Infrastructure

JICA
- JICA Experts
- Representative(s) of JICA (upon necessity)

3. Project Implementation Team

➢ Role:

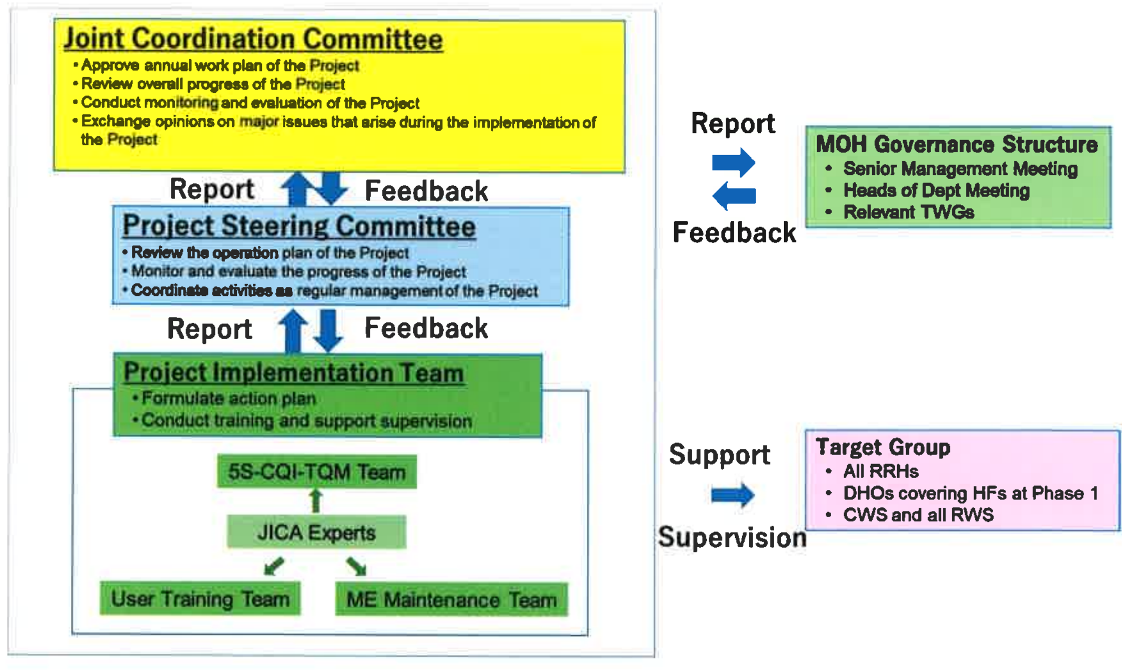
- Formulate action plan of the Project
- Conduct Training and Support Supervision
- Conduct monitoring and evaluation of the Project activities

➢ Frequency of Meeting:

- At least once every three months and whenever necessity arises

➢ Membership:

- 5S-CQI-TQM Team
  - Four (4) from Quality Assurance and Inspection Department:
  - Ag. Commissioner (Chair), one (1) Senior Medical Officer and two (2) Technical Assistant
  - Two (2) from Clinical Service Department
  - One (1) from Nursing Department
  - JICA Experts 5S-CQI-TQM
- User Training (UT) Team
  - Three (3) from Clinical Service Department:
    Assist. Commissioner (Chair), Senior Medical Officer
  - JICA Expert UT
- ME maintenance Team
  - Two (2) form Health Infrastructure Department:
    Ag. Principal Electrical Engineer (Chair)
  - Manager of Central Medical Equipment Maintenance Workshop
  - JICA Expert ME



MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH OF REPUBLIC OF UGANDA
FOR AMENDMENT OF THE RECORD OF DISCUSSIONS
ON
PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH INFRASTRUCTURE MANAGEMENT (II)

The Japan International Cooperation Agency (hereinafter referred to as "JICA") and Ministry of Health (hereinafter referred to as "MOH") hereby agree that the Record of Discussions on the Project on Improvement of Health Services through Health Infrastructure Management (II) signed on 27th December 2015 will be amended as attached.

Kampala, 13 / 9 / 2019

For Mr. Yutaka Fukase
Chief Representative
Japan International Cooperation Agency
Uganda Office

Dr. Diana Atwine
Permanent Secretary
Ministry of Health
The Republic of Uganda

Attached Document

This amendment is made based on the results of mid-term review and a series of discussions between MOH, the Project experts and JICA.
※The amended parts are shown in *italic.*

1. Appendix I "PROJECT DESCRIPTION"
   1) 2. (1) Input by JICA, II OUTLINE OF THE PROJECT

Current Version	Amended Version
(c) Machinery and equipment - Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters - Testing and calibration tools and equipment etc.	(c) Machinery and equipment - Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters - Testing and calibration tools and equipment etc. - *Computers for medical equipment inventory management and data analysis*
Reason: The medical equipment inventory database system called "New Order for Managing Anything Data" (hereinafter referred as "NOMAD") was developed by the Ministry of Health (hereinafter referred as "MOH") in collaboration with the implementing partners, and a massive amount of the inventory data is currently being recorded in the Medical Equipment Maintenance Workshops (hereinafter referred as "WS"). These analytical data are used for composing efficient work plan and budget plan of the medical equipment maintenance, which leads to the reduction of medical equipment downtime. However, four (4) out of all 14 WSs are not able to enter the latest inventory data and other three (3) WSs are facing risk of updating inventory data due to obsolete existing computers. These circumstances interrupt efficient inventory management in each WS, and the precise verification of Project outcomes.	

2) 3.Inplementatin Structure, II OUTLINE OF THE PROJECT

Current Version	Amended Version
(1) MOH (a) Project Director Director, Clinical Services, MOH (b) Project Manager Commissioner, Clinical Services, Directorate of Clinical Services, MOH	(2) MOH (c) Project Director Director, *Curative Services,* MOH (d) Project Manager Commissioner, Clinical Services, Directorate of *Curative Services*, MOH
Reason: Organization of MOH was reformed in Fiscal Year 2019/2020.	

3) 4 Project Site(s) and Beneficiaries, II OUTLINE OF THE PROJECT

Current Version	Amended Version
Project hospitals - (Phase 1 target facilities) Mbale RRH, Masaka RRH, Entebbe GH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HCIV, Tororo GH - (Workshops) Arua WS, Gulu WS, Lira WS, Mbale WS, Hoima WS, Fort Portal WS, Kabale WS, Mubende WS, Moroto WS, Soroti WS, Wabigalo CWS	Project hospitals - (Phase 1 target facilities) Mbale RRH, Masaka RRH, *Entebbe RRH*, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HCIV, Tororo GH - (Workshops) Arua WS, Gulu WS, Lira WS, Mbale WS, Hoima WS, Fort Portal WS, Kabale WS, Mubende WS, Moroto WS, Soroti WS, Wabigalo CWS*, Masaka WS, Mbarara WS*

Reason:
-Entebbe General Hospital (hereinafter referred as "GH") was officially upgraded from GH to Regional Referral Hospital (hereinafter referred as "RRH") in fiscal year 2019/20. - Masaka WS was officially upgraded from in-house WS to a Regional WS in fiscal year 2019/20, and Mbarara WS is in the process of being upgraded and will be acknowledged to a Regional WS in fiscal year 2020/2021. Therefore these new Regional WSs are added in project sites.

2. Annex I Logical Framework (Project Design Matrix: PDM)
   1) Target Group

Current Version	Amended Version
(1) Phase 1 target hospitals: Mbale RRH, Masaka RRH, Entebbe GH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HCIV, Tororo GH	(1) Phase 1 target hospitals: Mbale RRH, Masaka RRH, *Entebbe RRH*, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HCIV, Tororo GH
Reason: Same as above mentioned in 1. 3).	

   2) The Japanese side, Input

Current Version	Amended Version
2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc.	2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc. *3) Computers for medical equipment inventory management and data analysis*
Reason: Same as above mentioned in 1. 1).	

   3) Activities

Current Version	Amended Version
4.[Project Implementation Team: Maintenance] 4-5 Strengthen capacity of Central Workshop and Infrastructure Department to support Regional Workshops	4. [Project Implementation Team: Maintenance] 4-5 Strengthen capacity of Central Workshop and Department of *Health Infrastructure* to support Regional Workshops
Reason: Same as above mentioned in 1. 2).	

3. Annex II Project Plan of Operation
   1) Activities

Current Version	Amended Version
4.[Project Implementation Team: Maintenance] 4-5 Strengthen capacity of Central Workshop and Infrastructure Department to support Regional Workshops	4. [Project Implementation Team: Maintenance] 4-5 Strengthen capacity of Central Workshop and Department of *Health Infrastructure* to support Regional Workshops
Reason: Same as above mentioned in 1. 2).	

4. Annex III Project Implementation Structure

1) Membership of Joint Coordination Committee

Current Version	Amended Version
MOH -Director General, Ministry of Health (Chair of JCC) -Director, Clinical Services (Project Director) -Director, Planning and Policy -Under Secretary, (Finance and Administration) -Commissioner Clinical Services (Project Manager)	MOH -Director General, Ministry of Health (Chair of JCC) -Director, *Curative Services* (Project Director) -Director, *Strategy, Policy and Development* -Under Secretary, (Finance and Administration) -Commissioner Clinical Services (Project Manager)
Reason: Same as above mentioned in 1. 2).	

2) Membership of Project Steering Committee

Current Version	Amended Version
MOH [Commissioners] -Commissioner Clinical Services (Chair Person) -Commissioner Quality Assurance and Inspection -Commissioner Nursing -Commissioner Community Health [Assistant Commissioner] -Assistant Commissioner Integrated Curative Services -Assistant Commissioner of Infrastructure	MOH [Commissioners] -Commissioner Clinical Services (Chair Person) -Commissioner *Standards, Compliance, Accreditation and Patient Protection* -Commissioner *Nursing and Midwifery* -Commissioner Community Health [Assistant Commissioner] ~~-Assistant Commissioner Integrated Curative Services~~ (no position) -Assistant Commissioner *Health Infrastructure*
Reason: Same as above mentioned in 1. 2).	

3) Membership of Project Implementation Team

Current Version	Amended Version
● 5S-CQU-TQM Team - Four (4) from Quality Assurance and Inspection Department - Ag. Commissioner (Chair), one (1) Senior Medical Officer and two (2) Technical Assistant - Two (2) from Clinical Service Department One (1) from Nursing Department - JICA Experts 5S-CQI-TQM ● User Training (UT) Team - Three (3) from Clinical Service Department: Assist. Commissioner (Chair), Senior Medical Officer - JICA Expert UT ● ME maintenance Team - Two (2) form Health Infrastructure Department - Ag. Principal Electrical Engineer (Chair) - Manager of Central Medical Equipment	● 5S-CQU-TQM Team - Four (4) from *Department of Standards, Compliance, Accreditation and Patient Protection* - Ag. Commissioner (Chair), one (1) Senior Medical Officer and two (2) Technical Assistant - Two (2) from *Department of Clinical Services* One (1) from *Department of Nursing and Midwifery* - JICA Experts 5S-CQI-TQM ● User Training (UT) Team - Three (3) from *Department of Clinical Services* Assist. Commissioner (Chair), Senior Medical Officer - JICA Expert UT ● ME maintenance Team - Two (2) form *Department of Health Infrastructure* - Ag. Principal Electrical Engineer (Chair)

Maintenance Workshop - JICA Expert ME	- Manager of Central Medical Equipment Maintenance Workshop - JICA Expert ME
Reason: Same as above mentioned in 1. 2).	

This amendment will become effective once, the Minutes of Meetings are signed.

Annex 1 : PDM ver.2
Annex 2 : PO
Annex 3 : Project Implementation Structure
Annex 4 : Record of Discussions (signed on 27th December 2015)

Project Design Matrix

Project Title: Project on Improvement of Health Service through Health Infrastructure Management (II)

Implementing agency: Quality Assurance & Inspection Department, Directorate of Planning & Policy, Ministry of Health (MOH) (5S-CQI-TQM)
Integrated Curative Services Department, Directorate of Clinical Services, MOH (Utilization of Medical Equipment)
Health Infrastructure Department, Directorate of Clinical Services, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, **Entebbe RRH**, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: July 2016- July 2020

Target Site: Republic of Uganda

Version 2
Dated **August 2019**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Quality of health care services at all the RRHs in Uganda is improved.	･Clients' satisfaction level is improved to the target level. (XX) ･Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX% ･Maintenance cost regarding medical equipment is decreased in XX%.	･Health Management Information System (HMIS) ･Annual Health Sector Performance Report (AHSPR) ･Periodical monitoring reports by QITs at target hospitals ･Supervision reports made by the steering committee for the project ･Baseline and end-line data ･Quarterly regional workshop maintenance report			
Project Purpose					
Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	(1) CQI Process or QC Story -The number of cases of CQI Process or QC Story amounts to more than three. (2) Good practice of small CQI -All RRHs have at least one good practice of small CQI. (3) The average of percentage of medical equipment in status A at all RRHs is higher than 70%. (4) Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times.	(1)Report of CQI Process (e.g. Documentation Journal as an example of the format) (2)Report of small CQI or CQI support supervision tool (3) Medical equipment inventory (4) Minutes of steering committee meetings (5) Reports of steering committee	･Government budget for the RRHs will not be deceased significantly. ･Government budget for the workshops will not be decreased significantly. ･Political situation in Uganda remans stable.		
Output 1					
1. [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	(1) The Project Steering committee meeting is conducted every three months. (2) The results of integrated support supervision conducted by Project Implementation Teams and the next quarter action plan developed from these results are shared and approved at every Project Steering Committee meeting. (3) The roadmap for incorporating the Project activities into the policy and systems of MOH is established and implemented by the Project Steering Committee. (4) The Project activities are successfully incorporated into the Ministerial Policy Statement of Ministry of Health.	(1) Minutes of meeting of Project Steering Committee (2) Ministerial Policy Statement	･Personnel of counterparts do not leave the job and are not transferred considerably. ･Policy related to health infrastructure management will not be changed as a result of the presidential election.		
Output 2					
2.[Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs.	(1)Score of module 1 (Leadership) and 6 (Health Infrastructure) HFQAP Facility Assessment Tool - All RRHs mark (i) 5 points out of 8 as full mark for module 1 and (ii) 6 points out of 10 as full mark for module 6. (2)Score of modified 5S M&E Sheet in 5S-CQI-TQM Guidelines - All RRHs mark 33 points out of 54 as full mark at least two consecutive years.	(1)HFQAP Facility Assessment Tool (2)5S M&E Sheet in 5S-CQI-TQM Guidelines			
Output 3					
3.[Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRHs.	(1) There are at least two regional user trainers at all RRHs. (2) The number of UT conducted by regional user trainers is more than three as per year in every region. (3) The average of percentage of medical equipment in status B at all RRHs is not higher than 4%.	(1) Records on training of regional user trainers (2) Training records on user training conducted by user trainers (3) Medical equipment inventory			
Output 4					
4.[Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened.	(1) The average increase of scores between the pre-test and post-test is at least 15%. (2) The average of percentage of medical equipment in status C and status E at all RRHs is not higher than 15%.	(1) Results of pre and post tests for trainees of medical equipment maintenance (2) Medical equipment inventory			

Activities
1-1 Establishment of foundation for the Project and implementation
1-1-1 Establish Project Steering Committee
1-1-2 Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME
1-1-3 Develop Terms of Reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the Project
1-1-4 Conduct baseline survey
1-2 Support Supervision on health infrastructure management
1-2-1 Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels
1-2-2 Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, UT and ME
1-3 Project implementation, monitoring and evaluation and institutionalization
1-3-1 Organize meetings for Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle
1-3-2 Conduct a meeting to review the established system in MOH
1-3-3 Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections to the Ministerial Policy Statement
1-3-4 Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME
1-3-5 Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME
2.[Project Implementation Team: 5S-CQI-TQM]
2-1 Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide
2-2 Define criteria for national show case of 5S-CQI-TQM and review national show case(s)
2-3 Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels
2-4 Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc.
2-5 Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI
2-6 Strengthen function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities
2-7 Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI
2-8 Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2
3.[Project Implementation Team: User Training]
3-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary
3-2 Conduct refresher training of user trainers in the previous Project phase.
3-3 Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals
3-4 Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2
4.[Project Implementation Team: Maintenance]
4-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary
4-2 Conduct leadership and management training for workshop managers including inventory data analysis
4-3 Conduct training for workshop staffs on maintenance of basic medical equipment
4-4 Conduct training for core staff of workshops in first line maintenance of specialized medical equipment
4-5 Strengthen capacity of Central Workshop and **<u>Department of Health Infrastructure</u>** to support Regional Workshops
4-6 Support Workshops to develop a system for sharing knowledge and skills

Input		Pre-Conditions
The Japanese side	The Uganda side	
1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management 2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc. **<u>3) Computers for medical equipment inventory management and data analysis</u>** 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense such as training and supervision 4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)	 <Issues and countermeasures>

Plan of Operation

Project Title: Project on Improvement of Health Services through Health Infrastructure Management (II)

Dated 27nd August 2019

Inputs		2016				2017				2018				2019				2020				Remarks	Monitoring	
	Plan / Actual	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV		Issue	Solution
Expart																								
Chief Advisor/QI Management System	Plan																							
	Actual																							
Assist Chief Advisor/QI Management System	Plan																							
	Actual																							
5S-CQI-TQM ①	Plan																							
	Actual																							
5S-CQI-TQM ②	Plan																							
	Actual																							
Utilization of Medical Equipment	Plan																							
	Actual																							
Maintenance of Medical Equipment	Plan																							
	Actual																							
Project Coordinator/Training Management	Plan																							
	Actual																							
Equipment																								
Project vehicles and equipment/materials necessary for the Project administration	Plan																							
	Actual																							
	Plan																							
	Actual																							
Training in Japan																								
	Plan																							
	Actual																							
In-country/Third country Training																								
Tanzania KAIZEN TOT	Plan																							
	Actual																							

Activities / Sub-Activities		Plan / Actual	2016				2017				2018				2019				2020				Responsible Organization		Achievements	Issue & Countermeasures
			I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	Japan	Uganda		
Output 1 [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH																										
1-1 Establishment of foundation for the Project and implementation																										
1-1-1	Establish Project Steering Committee	Plan																					Expert(s)	All concerned Department members of MOH		
		Actual																								
1-1-2	Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME	Plan																					Expert(s)	All concerned Department members of MOH		
		Actual																								
1-1-3	Develop terms of reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the Project	Plan																					Expert(s)	Steering Committee		
		Actual																								
1-1-4	Conduct baseline survey	Plan																					Expert(s)	Implementation Team		
		Actual																								
1-2 Support Supervision on health infrastructure management																										
1-2-1	Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels	Plan																					Expert(s)	Steering Committee		
		Actual																								
1-2-2	Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, user training and maintenance	Plan																					Expert(s)	Steering Committee		
		Actual																								
1-3 Project implementation, monitoring and evaluation and institutionalizatior																										
1-3-1	Organize meetings of Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle	Plan																					Expert(s)	Steering Committee		
		Actual																								
1-3-2	Conduct a meeting to review the established system in MOH	Plan																					Expert(s)	Steering Committee		
		Actual																								
1-3-3	Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections if necessary to the Ministerial Policy Statement	Plan																					Expert(s)	Steering Committee		
		Actual																								
1-3-4	Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME	Plan																					Expert(s)	Implementation Team		
		Actual																								
1-3-5	Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME	Plan																					Expert(s)	Implementation Team		
		Actual																								

Plan of Operation

Project Title: Project on Improvement of Health Services through Health Infrastructure Management (II)

Dated 27nd August 2019

Activities / Sub-Activities		Plan / Actual	2016 (I–IV)	2017 (I–IV)	2018 (I–IV)	2019 (I–IV)	2020 (I–IV)	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 2 [Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs											
2-1	Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide	Plan / Actual						Expert(s)	Implementation Team		
2-2	Define criteria for national show case of 5S-CQI-TQM and review national show case(s)	Plan / Actual						Expert(s)	Steering Committee		
2-3	Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels	Plan / Actual						Expert(s)	Steering Committee		
2-4	Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc.	Plan / Actual						Expert(s)	Implementation Team		
2-5	Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI	Plan / Actual						Expert(s)	Implementation Team		
2-6	Strengthen function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities	Plan / Actual						Expert(s)	Implementation Team		
2-7	Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI	Plan / Actual						Expert(s)	Implementation Team		
2-8	Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities, etc. as mentioned in 1-2-2	Plan / Actual						Expert(s)	Implementation Team		
Output 3 [Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRH											
3-1	Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary	Plan / Actual						Expert(s)	Implementation Team		
3-2	Conduct refresher training of user trainers in the previous Project phase	Plan / Actual						Expert(s)	Implementation Team		
3-3	Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals	Plan / Actual						Expert(s)	Implementation Team		
3-4	Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2	Plan / Actual						Expert(s)	Implementation Team		
Output 4 [Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened											
4-1	Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary	Plan / Actual						Expert(s)	Implementation Team		
4-2	Conduct leadership and management training for workshop managers including inventory data analysis	Plan / Actual						Expert(s)	Implementation Team		
4-3	Conduct training of workshop staff in maintenance of basic medical equipment	Plan / Actual						Expert(s)	Implementation Team		
4-4	Conduct training of core staff of Workshops in first line maintenance of specialized medical equipment	Plan / Actual						Expert(s)	Implementation Team		
4-5	Strengthen capacity of Central Workshop and **Department of Health Infrastructure** to support Regional Workshops	Plan / Actual						Expert(s)	Implementation Team		
4-6	Support Workshops to develop a system for sharing knowledge and skills	Plan / Actual						Expert(s)	Implementation Team		
Duration / Phasing		Plan / Actual									

Monitoring Plan	Plan / Actual	2016 (I–IV)	2017 (I–IV)	2018 (I–IV)	2019 (I–IV)	2020 (I–IV)	Remarks	Issue	Solution
Monitoring									
Joint Coordinating Committee	Plan / Actual								
Set-up the Work Plan of Operation	Plan / Actual								
Submission of Monitoring Sheet	Plan / Actual								
Monitoring Mission from Japan	Plan / Actual								
Joint Monitoring	Plan / Actual								
Post Monitoring	Plan / Actual								
Reports/Documents									
Progress report	Plan / Actual								
Project Completion Report	Plan / Actual								
Public Relations									
	Plan / Actual								
	Plan / Actual								

Annex III: Project Implementation Structure

1. Joint Coordination Committee
   - ➢ Role:
     - Approve annual work plan of the Project
     - Review overall progress of the Project
     - Conduct monitoring and evaluation of the Project
     - Exchange opinions on major issues that arise during the implementation of the Project

   - ➢ Frequency of Meeting:
     - At least once a year and whenever necessity arises
   - ➢ Membership:

MOH
- Director General, Ministry of Health (Chair of JCC)
- Director, Curative Services (Project Director)
- Director, Strategy, Policy and Development
- Under Secretary, (Finance and Administration)
- Commissioner Clinical Services (Project Manager)

JICA
- Chief Representative of JICA
- Representative(s) of JICA
- JICA Experts (Team Leader)

Note: Official(s) of the Japanese Embassy in Uganda and others may attend the Joint Coordination Committee Meeting as observer(s)

2. Project Steering Committee
   - ➢ Role:
     - Review the plan of the Project
     - Monitor the progress of the Project
     - Coordinate activities as regular management of the Project
   - ➢ Frequency of Meeting:
     - Basically at least every three months and whenever necessity arises
   - ➢ Membership:

MOH
[Commissioners]
- Commissioner Clinical Services (Chair Person)
- Commissioner Standards, Compliance, Accreditation and Patient Protection
- Commissioner Nursing and Midwifery
- Commissioner Community Health

[Assistant Commissioner]
-Assistant Commissioner Health Infrastructure

JICA
- JICA Experts
- Representative(s) of JICA (upon necessity)

3. Project Implementation Team

➢ Role:

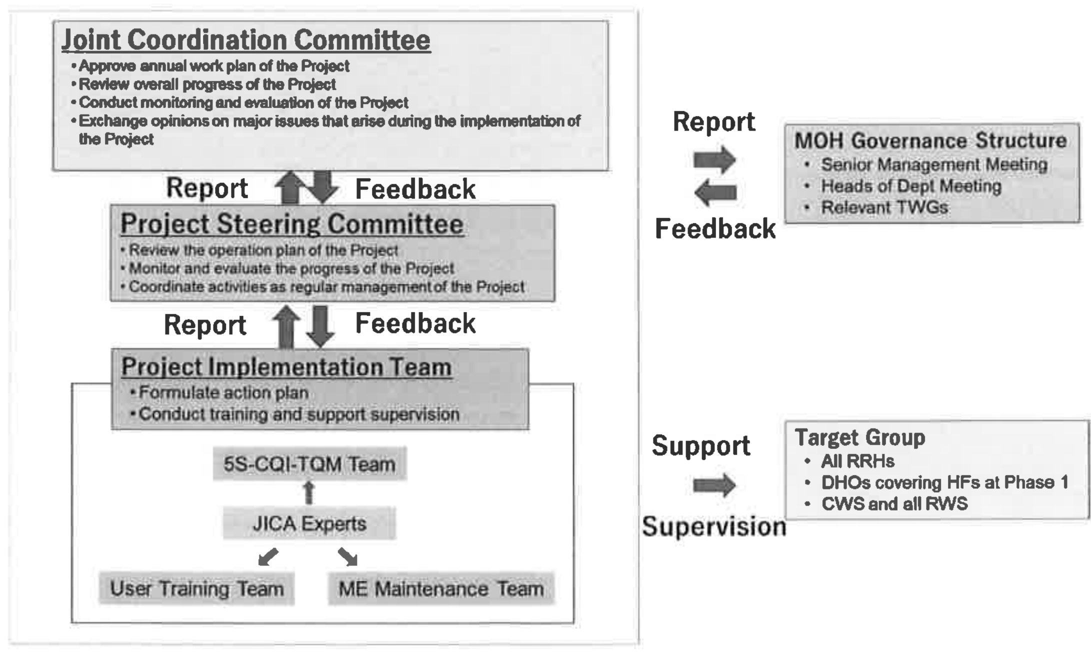
- Formulate action plan of the Project
- Conduct Training and Support Supervision
- Conduct monitoring and evaluation of the Project activities

➢ Frequency of Meeting:

- At least once every three months and whenever necessity arises

➢ Membership:

- **5S-CQU-TQM Team**
  - Four (4) from Department of Standards, Compliance, Accreditation and Patient Protection
  - Ag. Commissioner (Chair), one (1) Senior Medical Officer and two (2) Technical Assistant
  - Two (2) from Department of Clinical Services
  - One (1) from Department of Nursing and Midwifery
  - JICA Experts 5S-CQI-TQM
- **User Training (UT) Team**
  - Three (3) from Department of Clinical Services
  - Assist. Commissioner (Chair), Senior Medical Officer
  - JICA Expert UT
- **ME maintenance Team**
  - Two (2) form Department of Health Infrastructure
  - Ag. Principal Electrical Engineer (Chair)
  - Manager of Central Medical Equipment Maintenance Workshop
  - JICA Expert ME



RECORD OF DISCUSSIONS

ON

THE PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH INFRASTRUCTURE MANAGEMENT (II)

IN

THE REPUBLIC OF UGANDA

AGREED UPON BETWEEN

MINISTRY OF HEALTH

AND

JAPAN INTERNATIONAL COOPERATION AGENCY

Kampala, Dec. 27, 2015

Mr. Kyosuke Kawazumi Chief Representative Japan International Cooperation Agency Uganda Office	Permanent Secretary Ministry of Health The Republic of Uganda

WITNESS

Ms. Maris Wanyera
For: Permanent Secretary/ Secretary to the Treasury
Ministry of Finance, Planning and Economic Development
The Republic of Uganda

Based on the Minutes of Meeting on the Detailed Planning Survey on the Project on Improvement of Health Services through Health Infrastructure Management (II) (hereinafter referred to as "the Project") signed on July 29th, 2015 between Ministry of Health (hereinafter referred to as "MOH") and the Japan International Cooperation Agency (hereinafter referred to as "JICA"), JICA held a series of discussions with MOH and relevant organizations to develop a detailed plan of the Project.

Both parties agreed the details of the Project and the main points discussed as described in the Appendix 1 and the Appendix 2 respectively.

Both parties also agreed that MOH, the counterpart to JICA, will be responsible for the implementation of the Project in cooperation with JICA, coordinate with other relevant organizations and ensure stewardship so that the Project activities and outcomes are sustained during and after the implementation period in order to contribute toward social and economic development of the Republic of Uganda (hereinafter referred to as "Uganda").

The Project will be implemented within the framework of the Agreement on Technical Cooperation signed on 8th December, 2005 (hereinafter referred to as "the Agreement") and the Note Verbales exchanged on 22nd July, 2015 between the Government of Japan (hereinafter referred to as "GOJ") and the Government of Uganda (hereinafter referred to as "GOU").

Appendix 1: Project Description
Appendix 2: Minutes of Meetings on the Project on Improvement of health services through health infrastructure management (II)

Appendix 1

PROJECT DESCRIPTION

Both parties confirmed that there is no change in the Project Description in the minutes of meetings for Preparatory Survey on the Project signed on 29th July, 2015 **(Appendix 2)**.

I. BACKGROUND

The Republic of Uganda formulated the "Health Sector Strategic and Investment Plan 2010/2011-2014/2015" (HSSIP) which recognizes improvement of quality of health care and medical equipment maintenance as one of the key priorities. Health infrastructure development is a key priority intervention together with human resources, drugs and health finance. Furthermore, the "National Health Policy (NHP) II 2010-2020" indicates that health infrastructure management is one of the highest political priority issues in the health sector. However, problems such as inappropriate use of medical equipment and low awareness of the importance of maintenance in health facilities still remained.

Under these circumstances, the Government of Uganda requested the Government of Japan to implement a technical cooperation project aiming at improving management and utilization of health infrastructure through the 5S (Sort, Set, Shine, Standardize, Sustain)-Continuous Quality Improvement- Total Quality Management (hereinafter referred to as "5S-CQI-TQM") approach as well as provision of appropriate knowledge and skills on proper use and daily maintenance of medical equipment through training of the equipment users and capacity development of public medical equipment workshops in maintenance of medical equipment. In response to this request, JICA, in partnership with MOH, launched a technical cooperation project entitled "The Project on Improvement of Health Service through Health Infrastructure Management". The duration of the said Project was 3 years and 4 months, from August 2011 to December 2014. Seven Regional Referral Hospitals (hereinafter referred to as "RRH"), two General Hospitals (hereinafter referred to as "GH") and one Health Center IV (hereinafter referred to as "HC IV") were selected as the target health facilities, while designating Tororo GH as the National Showcase for 5S-CQI-TQM. The said Project had three components, namely (1) 5S-CQI-TQM, (2) User Training, and (3) Capacity development of Medical Equipment Maintenance Workshop (hereinafter referred to as "WS").

The Terminal Evaluation was conducted from April to May, 2014, and it concluded that the said Project successfully demonstrated the effectiveness of relatively simple interventions in improving functionally of medical equipment. In general, 5S-CQI-TQM has been successfully introduced to the target health facilities, even though there is disparity in performance and the overall achievement fell short of the project targets. Providing users with simple knowledge on proper use and daily maintenance of medical equipment has been proven effective in reducing break down and prolonging the life span of medical equipment. Capacity development for WSs has been proven effective in reducing break down and prolonging the life span of medical equipment.

Several challenges were identified such as weak supportive supervision for 5S-CQI-TQM, need for a National Showcase for CQI, need for mechanisms to ensure sustainability of user training, and lack of a structured framework for enhancing the skills level of the WSs.
In order to further strengthen 5S-CQI-TQM and expand user training to other RRHs which were not covered by the project, continuous technical cooperation from GOJ was requested by GOU. Covering other RRHs would contribute to the synergetic effect of Japanese cooperation, since such RRHs include the hospitals assisted by Japanese Grant Aid as well as Japan Overseas Cooperation Volunteer activities.

II. OUTLINE OF THE PROJECT

Details of the Project are described in the Logical Framework (Project Design Matrix: PDM) (Annex I) and the Plan of Operation (Annex II). Expected Goals, Outputs, Activities of the Project are shown in these Annexes.

1. Title of the Project
The Project on Improvement of Health Service through Health Infrastructure Management (II)

2. Input
 (1) Input by JICA
  (a) Dispatch of Experts
   -Chief Adviser / QI Management System
   -5S-CQI-TQM
   -Utilization of Medical Equipment
   -Maintenance of Medical Equipment
   -Project Coordinator/ Training Management
  (b) Training in Japan (and / or in the third country)
  (c) Machinery and Equipment
   -necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters
   -testing and calibration tools and equipment etc.
  (d) Allocation of operational costs for project activities

 (2) Input by MOH
 MOH will take necessary measures to provide at its own expense:
  (a) Services of MOH's counterpart personnel and administrative personnel as referred to in II-3;
  (b) Suitable office space with necessary equipment;
  (c) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA;
  (d) Information as well as support in obtaining medical service;
  (e) Credentials or identification cards;
  (f) Available data (including maps and photographs) and information related to the Project;
  (g) Running expenses necessary for the implementation of the Project;
  (h) Expenses necessary for transportation within Uganda of the equipment referred to in II-3 (1) as well as for the installation, operation and maintenance thereof;

(i) Necessary facilities to the JICA experts for the remittance as well as utilization of the funds introduced into Uganda from Japan in connection with the implementation of the Project; and
(j) Allocation of operational costs for project activities such as training and supervision.

3. Implementation Structure
The project Implementation Structure is given in the Annex III. The roles and assignments of relevant organizations are as follows:

(1) MOH
(a) Project Director
Director, Clinical and Community Health, MOH, as Project Director, will be responsible for overall administration and implementation of the Project.
(b) Project Manager
Commissioner, Clinical Services, Directorate of Clinical and Community Health, MOH, as Project Manager, will be responsible for the managerial and technical matters of the Project.

(2) JICA Experts
The JICA experts will give necessary technical guidance, advice and recommendations to MOH, target hospitals, workshops and other relevant personnel involved on any matters pertaining to the implementation of the Project

(3) Joint Coordinating Committee
Joint Coordinating Committee (hereinafter referred to as "JCC") will be established in order to facilitate inter-organizational coordination. JCC will be held at least once a year and whenever deems it necessary. JCC will review the progress, revise the overall plan when necessary, approve an annual work plan, conduct evaluation of the Project, and exchange opinions on major issues that arise during the implementation of the Project. A list of proposed members of JCC is shown in the Annex III.

(4) Technical Working Group
Technical Working Group will be established for effective implementation of the Project. Technical Working Group will meet at least bi-monthly and when necessity arises. A list of proposed members of Technical Working Group is shown in the Annex III.

4. Project Site(s) and Beneficiaries
Project hospitals:
-(Phase 1 target facilities) Mbale RRH, Masaka RRH, Entebbe GH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
-(Phase 2 target facilities) Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital
-(Workshops) Arua WS, Gulu WS, Lira WS, Mbale WS, Hoima WS, Fort Portal WS, Kabale WS, Mubende WS, Moroto WS, Soroti WS, Wabigalo CWS

Beneficiaries
-Direct Beneficiaries: Health officer of MOH, health workers of selected hospitals-and engineers/technicians of central medical equipment maintenance workshop (CWS) and regional medical equipment maintenance workshop (WS)
-Indirect Beneficiaries: Health officers of District Health Team (DHT) in target regions, health workers of hospitals and HC IVs to which the project is rolled out by selected hospitals, and patients.

5. Duration
The duration of the Project will be 4 years from the date of first arrival of the JICA experts, which would be in 2016.

6. Reports
MOH and JICA experts will jointly prepare the following reports in English.
(1) Monitoring Sheet on semiannual basis until the project completion
(2) Project Completion Report at the time of project completion

7. Environmental and Social Considerations
MOH will abide by 'JICA Guidelines for Environmental and Social Considerations' in order to ensure that appropriate considerations will be made for the environmental and social impacts of the Project.

III. UNDERTAKINGS OF MOH

1. MOH will take necessary measures to:

(1) ensure that the technologies and knowledge acquired by the Uganda nationals as a result of Japanese technical cooperation contributes to the economic and social development of Uganda, and that the knowledge and experience acquired by the personnel of Uganda from technical training as well as the equipment provided by JICA will be utilized effectively in the implementation of the Project; and

(2) grant privileges, exemptions and benefits to the JICA experts referred to in II-2 above and their families, which are no less favorable than those granted to experts and members of the missions and their families of other third countries or international organizations performing similar missions in Uganda.

2. Other privileges, exemptions and benefits will be provided in accordance with the Agreement on Technical Cooperation signed on 8th December, 2005 between the GOJ and the GOU.

IV. MONITORING AND EVALUATION

JICA and the MOH will jointly and regularly monitor the progress of the Project through the Monitoring Sheets based on the Project Design Matrix (PDM) and Plan of Operation (PO). The Monitoring Sheets will be reviewed every six (6) months.
Also, Project Completion Report will be drawn up one (1) month before the termination of the Project.

JICA will conduct the following evaluations and surveys to verify sustainability and impact of the Project and draw lessons. The MOH is required to provide necessary support for them.

1. Ex-post evaluation three (3) years after the project completion, in principle
2. Follow-up surveys on necessity basis

V. PROMOTION OF PUBLIC SUPPORT

For the purpose of promoting support for the Project, MOH will take appropriate measures to make the Project widely known to the people of Uganda.

VI. MISCONDUCT

If JICA receives information related to suspected corrupt or fraudulent practices in the implementation of the Project, MOH and relevant organizations will provide JICA with such information as JICA may reasonably request, including information related to any concerned official of the government, public organizations of the Uganda and/or JICA Experts.

MOH and relevant organizations will not, unfairly or unfavorably treat the person and/or company which provided the information related to suspected corrupt or fraudulent practices in the implementation of the Project.

VII. MUTUAL CONSULTATION

JICA and MOH will consult each other whenever any major issues arise in the course of Project implementation.

VIII. AMENDMENTS

The record of discussions may be amended by the minutes of meetings between JICA and MOH. However, PO may be amended in the Monitoring Sheets.

The minutes of meetings will be signed by authorized persons of each side who may be different from the signers of the record of discussions.

Annex I Logical Framework (Project Design Matrix: PDM)
Annex II Tentative Plan of Operation
Annex III Project Implementation Structure

ANNEX I

Project Design Matrix (PDM)

Dated December 10, 2015

Project Title : Project on Improvement of Health Service through Health Infrastructure Management (II)

Implementing agency: Department of Quality Assurance, Ministry of Health (MOH) (5S-CQI-TQM)
Integrated Curative Services Division, Department of Clinical Services, MOH (Utilization of Medical Equipment)
Health Infrastructure Division, Department of Clinical Services, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe General Hospital (GH), Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: 4 years

Target site: Republic of Uganda

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal : Quality of health care services at all the RRHs in Uganda is improved.	- Clients' satisfaction level is improved to the target level. (XX) - Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX%. - Maintenance cost regarding medical equipment is decreased in XX%.	- Health Management Information System (HMIS) - Annual Health Sector Performance Report (AHSPR) - Periodical monitoring reports by QITs at target hospitals - Supervision reports made by the steering committee for the project - Baseline and end-line data - Quarterly regional workshop maintenance report			
Project purpose: Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	- Score sheet of 5S-CQI-TQM on targeted hospitals become more than XX%. - The number of CQI practices becomes more than XX (number). - Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times. - Percentages of status A of ME becomes	- Minutes of steering committee meetings - Reports of steering committee - Reports from 5S trainers - Score sheets of 5S-GQI-TQM at targeted hospitals.	- Government budget for the RRHs will not be deceased significantly. - Government budget for the workshops will not be decreased significantly. - Political Situation in Uganda remains stable.		

	higher than XX%.				
Outputs : 1. Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	1-1 PDCA cycle of supporting and supervising RRHs is completed once a year or more. 1-2 The number of supervision conducted by steering committee becomes more than XX times. 1-3 Number of training organized by Technical Working Group (TWG) becomes more than XX times. 1-4 Number of certified national CQI facilitators from MOH become more than XX.	- Plans and periodic reports made by steering committee - Activity records made by steering committee of MOH - Records and results of supervision conducted by steering committee - Test results and certification issued for CQI trainers at MOH	- Personnel of counterparts do not leave the job and are not transferred considerably. - Policy related to health infrastructure management will not be changed as a result of the presidential election.		
2. Implementation mechanism of the phase 1 targeted hospitals aimed at CQI level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.	2-1 Number of the phase 1 targeted hospitals which started CQI activities becomes more than XX. 2-2 Number of the phase 1 targeted hospitals which completed CQI process at least with one unit becomes more than XX. 2-3 Number of UT conducted by regional trainers is more than XX times. 2-4 Number of functioning WITs in target hospitals reaches the level of 10 under the 5S-CQI-TQM implementation becomes more than XX.	- Activity records of QITs - Activity records of WITs - Training records on UT conducted by user trainers - Score sheets of 5S-CQI-TQM - Project report about CQI activities - Supervision reports made by TWG			
3. Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.	3-1 All the phase 2 targeted hospitals implement QIT activities including 5S-CQI-TQM. 3-2 Average of comprehension rate of trainees after user training becomes higher than XX%. 3-3 More than 1 regional 5S facilitators at each phase 2 targeted hospitals are trained. 3-4 More than 2 regional user trainers at each phase 2 targeted hospitals are trained.	- Number of QITs and their activity records - Monitoring and meeting minutes of QITs related to 5S-CQI-TQM - Supervision report made by TWG - Results of pre and post tests for trainees of UT Training records on TOT for 5S-CQI-TQM - Training records on TOT for UT			
4. ME maintenance and management capacity of workshops (WS) are strengthened.	4-1 Trained staff of all the workshops improve their knowledge by XX% after ME maintenance training.	- Training records related to ME maintenance - Results of pre and post			

	4-2 Percentages of ME in status E lowered by XX%.	tosts for trainees of ME maintenance - Inventory lists of each workshop			
Activities	Inputs				
1-1 Establishment of foundation for the project and implementation 1-1-1 [MOH] Re-establish the steering committee for the phase 2 project 1-1-2 [MOH] Select focal persons for 5S, user training (UT), and medical equipment (ME) maintenance 1-1-3 [TWG] Develop TORs for members of TWG and action plans for implementing the project 1-1-4 [TWG] Conduct baseline survey 1-1-5 [TWG] Update and/or create manuals, handbooks, guidelines, and monitoring tools for dissemination 1-1-6 [TWG] Define criteria for national show case and review a national show case(s) 1-1-7 [TWG] Review existing supervision system of MOH. 1-1-8 [TWG] Integrate components of 5S-CQI-TQM, UT, and ME maintenance to the supervision system 1-2 Training and knowledge sharing 1-2-1 [TWG] Conduct refresher training for national 5S facilitators* 1-2-2 [TWG] Conduct training of trainers for 5S-CQI-TQM especially customized for CQI 1-2-3 [TWG] Organize opportunities to share good practices and	The Japanese side 1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management 2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc. 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	The Uganda Side 1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense such as training and supervision 4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)	Pre-Conditions <Issues and countermeasures>		

lessons learned such as study tours and QI competition 1-3 Implementation of activities, and monitoring and evaluation, and reflections 1-3-1 [TWG] Implement an action plan based on PDCA cycle. 1-3-2 [TWG] Conduct supervision which is integrated into the existing system 1-3-3 [TWG] Hold meetings at least bi-monthly with the project team 1-3-4 [TWG] Conduct a review meeting on established system in MOH 1-3-5 [TWG] Make use of review of activity 1-3-4 for institutionalization of the system and methodologies, and reflection to the health sector policy/plan 1-3-6 [TWG] Conduct an end-line survey					
2-1 System development and implementation 2-1-1 [Phase 1 target hospitals] Revitalize and/or strengthen function of quality improvement team (QIT) and work improvement team (WIT) 2-1-2 [Phase 1 target hospitals] develop action plans of WITs at each phase 1 target hospital 2-1-3 [Phase 1 target hospitals] Hold periodic meetings of QIT 2-1-4 [Phase 1 target hospitals] Implement activities aiming at CQI with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities					

2-2 Training 2-2-1 [TWG] Conduct leadership and management training for management staff of targeted hospitals 2-2-2 [TWG] Conduct refresher training for regional 5S facilitators of targeted hospitals 2-2-3 [TWG] Conduct 5S CQI training to hospitals with high level practices of 5S-CQI-TQM 2-2-4 [TWG] Conduct refresher training for regional user trainers 2-2-5 [User trainers] Train staff of their hospitals on how to use ME on the job training basis					
3-1 System development and implementation 3-1-1 [TWG] Support target hospitals to establish and/or strengthen quality improvement team (QIT) 3-1-2 [TWG] Support target hospitals establish and/or strengthen work improvement team (WIT) 3-1-3 [TWG] Support target hospitals to hold QIT periodic meetings 3-1-4 [Phase 2 target hospitals] Implement 5S activities with proper usage and maintenance of ME by collaboration with UT and ME maintenance activities 3-2 Training 3-2-1 [TWG] Conduct leadership and management training for management staff of target RRHs 3-2-2 [National 5S facilitators] Conduct training of trainers (TOT) on 5S-CQI-TQM for regional 5S facilitators of phase					

2 targeted hospitals 3-2-3 [Regional 5S facilitator] Conduct 5S-CQI-TQM training for staff of phase 2 targeted hospitals 3-2-4 [Regional user trainers trained phase 1 project] Conduct TOT regarding UT for the phase 2 targeted hospitals 3-2-5 [User trainers] Conduct UT on ME 3-2-6 [User trainers] Train other staff of RRHs on how to use ME on the job training basis					
4-1 [TWG] Conduct leadership and management training for workshop managers including inventory data analysis 4-2 [TWG] Conduct training for Workshop (WSs) staff on ME maintenance 4-3 [TWG] Conduct training for core staff of the WSs on basics about specialized ME 4-4 [TWG] Strengthen support system of the CWS for other RWSs 4-5 [TWG] Support WSs to develop a management system for accumulating knowledge and skills					

*Training on 5S for 5S national facilitators and training on CQI for CQI national facilitators are categorized as activities for the output 1 because the majorities of the national 5S facilitators are MOH staff. Other training for regional 5S trainers and regional user trainers are categorized as activities for the output 2 or 3 because both types of regional trainers are staff of the target hospitals.

Annex II

Tentative Plan of Operation

Dated December 10, 2015

Project Title: Project on Improvement of Health Service through Health Infrastrucuture Management (II)

Inputs	Year	1st Year (I, II, III, IV)	2nd Year (I, II, III, IV)	3rd Year (I, II, III, IV)	4th Year (I, II, III, IV)	Remarks	Monitoring: Issue	Monitoring: Solution
	Actual							

Activities / Sub-Activities	Year	1st Year (I, II, III, IV)	2nd Year (I, II, III, IV)	3rd Year (I, II, III, IV)	4th Year (I, II, III, IV)	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 1: Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.									
1. Establishment of foundation for the project and implementation									
1-1-1 [MOH] Re-establish the steering committee for the phase 2 project	Plan / Actual					Expert(s)	All the concerned Departments of MOH		
1-1-2 [MOH] Select focal persons for 5S, user training (UT), and medical equipment (ME) maintenance	Plan / Actual					Expert(s)	All the concerned Departments of MOH		
1-1-3 [TWG] Develop TORs for members of TWG and action plans for implementing the project	Plan / Actual					Expert(s)	All the concerned Departments of MOH		
1-1-4 [TWG] Conduct baseline survey	Plan / Actual					Expert(s)	TWG members		
1-1-5 [TWG] Update and/or create manuals, handbooks, guidelines, and monitoring tools for dissemination	Plan / Actual					Expert(s)	TWG members		
1-1-6 [TWG] Define criteria for national show case and review a national show case(s)	Plan / Actual					Expert(s)	TWG members		
1-1-7 [TWG] Review existing supervision system of MOH.	Plan / Actual					Expert(s)	TWG members		
1-1-8 [TWG] Integrate components of 5S-CQI-TQM, UT, and ME maintenance to the supervision system	Plan / Actual					Expert(s)	TWG members		
1-2 Training and knowledge sharing									
1-2-1 [TWG] Conduct refresher training for national 5S facilitators	Plan / Actual					Expert(s)	TWG members in charge of 5S		
1-2-2 [TWG] Conduct training of trainers for 5S-CQI-TQM especially customized for CQI	Plan / Actual					Expert(s)	TWG members in charge of 5S and CQI		
1-2-3 [TWG] Organize opportunities to share good practices and lessons learned such as study tours and QI competition	Plan / Actual					Expert(s)	TWG members		
1-3 Implementation of activities, and monitoring and evaluation and reflections									
1-3-1 [TWG] Implement an action plan based on PDCA cycle	Plan / Actual					Expert(s)	TWG members		
1-3-2 [TWG] Conduct supervision which is integrated into the existing system	Plan / Actual					Expert(s)	TWG members		
1-3-3 [TWG] Hold meetings at least bi-monthly with the project team	Plan / Actual					Expert(s)	TWG members		
1-3-4 [TWG] Conduct a review meeting on established system in MOH	Plan / Actual					Expert(s)	TWG members		
1-3-5 [TWG] Make use of review of activity 1-3-4 for institutionalization of the system and methodologies, and reflection to the health sector policy/plan	Plan / Actual					Expert(s)	TWG members		
1-3-6 [TWG] Conduct an end-line survey	Plan / Actual					Expert(s)	TWG members		

Activities / Sub-Activities	Year	1st Year (I, II, III, IV)	2nd Year (I, II, III, IV)	3rd Year (I, II, III, IV)	4th Year (I, II, III, IV)	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 2: Implementation mechanism of the Phase 1 targeted hospitals aimed at CQI level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.									
2-1 System development and implementation									
2-1-1 [Phase 1 target hospitals] Revitalize and/or strengthen function of quality improvement team (QIT) and work improvement team (WIT)	Plan / Actual					Expert(s)	TWG members		
2-1-2 [Phase 1 target hospitals] develop action plans of WITs at each phase 1 target hospital	Plan / Actual					Expert(s)	TWG members		
2-1-3 [Phase 1 target hospitals] Hold periodic meetings of QIT	Plan / Actual					Expert(s)	TWG members		
2-1-4 [Phase 1 target hospitals] Implement activities aiming at CQI with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities	Plan / Actual					Expert(s)	TWG members in charge of 5S and CQI		

Activities / Sub-Activities	Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
2-2 Training					
2-2-1 [TWG] Conduct leadership and management training for management staff of targeted hospitals	Plan / Actual	Expert(s)	TWG members		
2-2-2 [TWG] Conduct refresher training for regional 5S facilitators of targeted hospitals	Plan / Actual	Expert(s)	5S national trainers and TWG members		
2-2-3 [TWG] Conduct 5S-CQI training to hospitals with high level practices of 5S-CQI-TQM	Plan / Actual	Expert(s)	TWG members in charge of 5S and CQI		
2-2-4 [TWG] Conduct refresher training for regional user trainers	Plan / Actual	Expert(s)	TWG members in charge of UT		
2-2-5 [User trainers] Train staff of their hospitals on how to use ME on the job training basis	Plan / Actual	Expert(s)	User trainers		

Activities / Sub-Activities	Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 3: 3. Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.					
3-1 System development and implementation					
3-1-1 [TWG] Support target hospitals to establish and/or strengthen quality improvement team (QIT)	Plan / Actual	Expert(s)	TWG members		
3-1-2 [TWG] Support target hospitals establish and/or strengthen work improvement team (WIT)	Plan / Actual	Expert(s)	TWG members		
3-1-3 [TWG] Support target hospitals to hold QIT periodic meetings	Plan / Actual	Expert(s)	TWG members		
3-1-4 [Phase 2 target hospitals] Implement 5S activities with proper usage and maintenance of ME by collaboration with UT and ME maintenance activities	Plan / Actual	Expert(s)	TWG members in charge of 5S and UT		
3-2 Training					
3-2-1 [TWG] Conduct leadership and management training for management staff of target RRHs	Plan / Actual	Expert(s)	TWG members		
3-2-2 [National 5S facilitators] Conduct training of trainers (TOT) on 5S-CQI-TQM for regional 5S facilitators of phase 2 targeted hospitals	Plan / Actual	Expert(s)	5S national trainers and TWG members		
3-2-3 [Regional 5S facilitator] Conduct 5S-CQI-TQM training for staff of phase 2 targeted hospitals	Plan / Actual	Expert(s)	5S national trainers and TWG members		
3-2-4 [Regional user trainers trained phase 1 project] Conduct TOT regarding UT for the phase 2 targeted hospitals	Plan / Actual	Expert(s)	TWG members in charge of UT		
3-2-5 [User trainers] Conduct UT on ME	Plan / Actual	Expert(s)	User trainers		
3-2-6 [User trainers] Train other staff of RRHs on how to use ME on the job training basis	Plan / Actual	Expert(s)	User trainers		
Output 4: 4. ME maintenance and management capacity of workshops (WS) are strengthened.					
4-1 [TWG] Conduct leadership and management training for workshop managers including inventory data analysis	Plan / Actual	Expert(s)	TWG members in charge of ME		
4-2 [TWG] Conduct training for Workshop (WSs) staff on ME maintenance	Plan / Actual	Expert(s)	TWG members in charge of ME		
4-3 [TWG] Conduct training for core staff of the WSs on basics about specialized ME	Plan / Actual	Expert(s)	TWG members in charge of ME		
4-4 [TWG] Strengthen support system of the CWS for other RWSs	Plan / Actual	Expert(s)	TWG members in charge of ME		
4-5 [TWG] Support WSs to develop a management system for accumulating knowledge and skills	Plan / Actual	Expert(s)	TWG members in charge of ME		
Duration / Phasing	Plan / Actual				

Monitoring Plan	Year	Remarks	Issue	Solution
Monitoring				
Joint Coordinating Committee	Plan / Actual			
Set-up the Detailed Plan of Operation	Plan / Actual			
Submission of Monitoring Sheet	Plan / Actual			
Monitoring Mission from Japan	Plan / Actual			
Joint Monitoring	Plan / Actual			

	Year	1st Year I	1st Year II	1st Year III	1st Year IV	2nd Year I	2nd Year II	2nd Year III	2nd Year IV	3rd Year I	3rd Year II	3rd Year III	3rd Year IV	4th Year I	4th Year II	4th Year III	4th Year IV	Remarks	Issue	Solution
Reports/Documents																				
Inception Report	Plan	▲																		
	Actual																			
Progress Report	Plan				▲				▲				▲							
	Actual																			
Project Completion Report	Plan																▲			
	Actual																			
Public Relations																				
	Plan																			
	Actual																			
	Plan																			
	Actual																			

Annex III: Project Implementation Structure

1. Joint Coordination Committee

➢ Role:

- Approve annual work plan of the Project
- Review overall progress of the Project
- Conduct monitoring and evaluation of the Project
- Exchange opinions on major issues that arise during the implementation of the Project

➢ Frequency of Meeting:

- At least once a year and whenever necessity arises

➢ Membership:

MOH

- Director General, Ministry of Health (Chair of JCC)
- Director, Clinical and Community Health (Project Director)
- Director, Planning and Development
- Commissioner Clinical Services (Project Manager)

JICA

- Chief Representative of JICA
- Representative(s) of JICA
- JICA Experts (Team Leader)

Note: Official(s) of the Japanese Embassy in Uganda and others may attend the Joint Coordination Committee Meeting as observer(s)

2. Technical Working Group

➢ Role:

- Review the plan of the Project
- Monitor the progress of the Project

Coordinate activities as regular management of the Project

➢ Frequency of Meeting:

- Basically at least bi-monthly and whenever necessity arises

➢ Membership:

MOH

[Commissioners]

- Commissioner Clinical Services (Chair Person)
- Commissioner Quality Assurance
- Commissioner Nursing
- Commissioner Planning
- Commissioner Community Health
- Under Secretary (Financing and Administration)

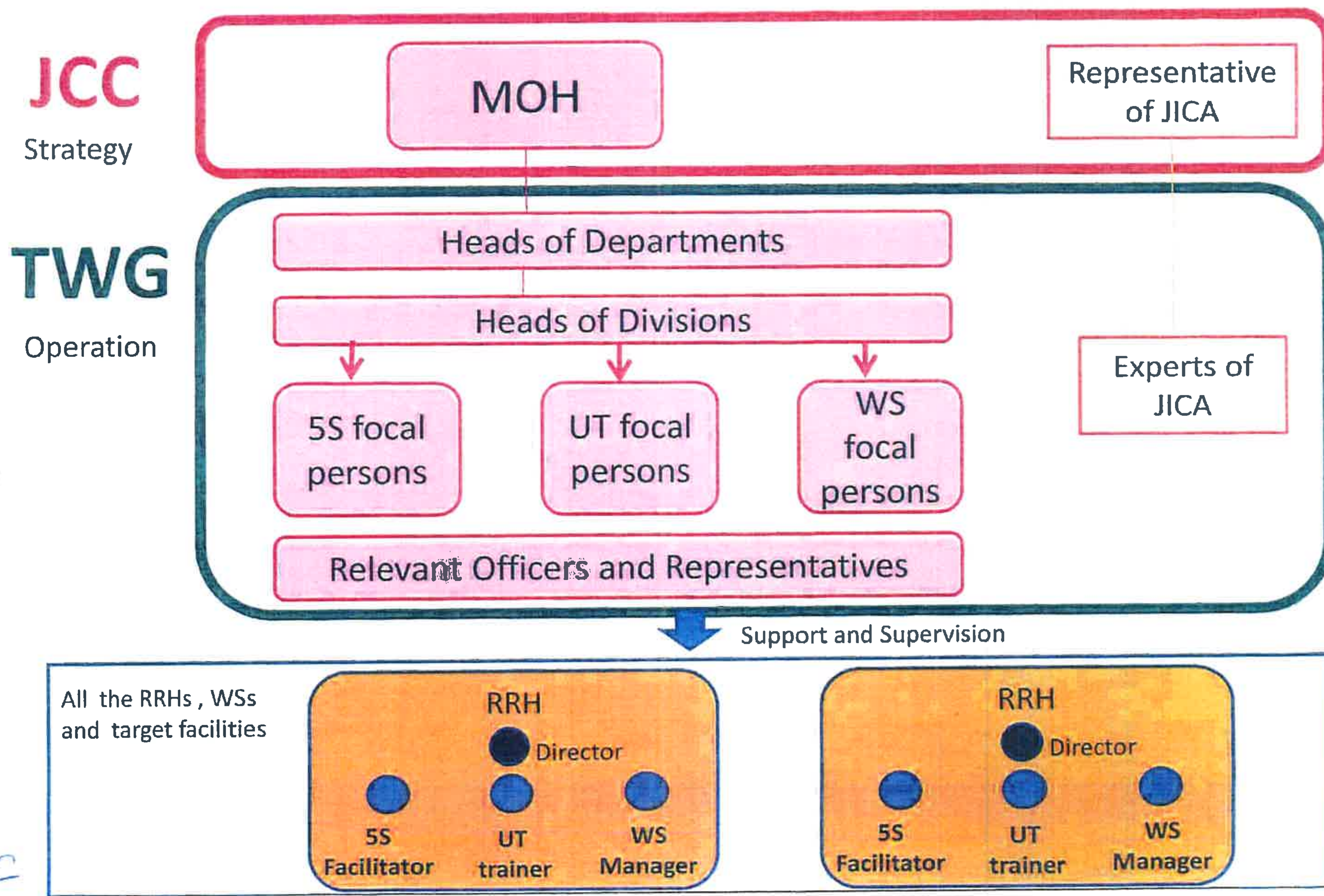
[Assistant Commissioners]
- Assistant Commissioner of Integrated Curative Services
- Assistant Commissioner of Health Infrastructure
- Assistant Commissioner of Pharmacy
- Assistant Commissioner of Quality Assurance
- Assistant Commissioner of Planning
- Assistant Commissioner of Budget and Finance
- Assistant Commissioner of Accounts
- Assistant Commissioner of National Disease Control
- Assistant Commissioner of Nursing

[Principal/Senior Officers]
- Principal Medical Officer Integrated Curative Services
- Principal Nursing Officer Integrated Curative Services
- Principal Nursing Officer Nursing
- Principal Pharmacist
- Senior Nursing Officer Nursing
- Senior Medical Office Integrated Curative Services
- Senior Medical Office Quality Assurance
- Senior Engineer Medical Equipment
- Senior Engineer Mechanical
- Senior Pharmacist

[Representative of Target Facilities]
- One Hospital Director
- One Medical Superintendent

JICA
- JICA Experts
- Representative(s) of JICA (upon necessity)

Project Implementation Structure



MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH OF THE REPUBLIC OF UGANDA
FOR
AMENDMENT OF THE RECORD OF DISCUSSIONS
ON
PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH INFRASTRUCTURE MANAGEMENT (II)

The Japan International Cooperation Agency (hereinafter referred to as "JICA") and Ministry of Health (hereinafter referred to as "MOH") hereby agree that the Record of Discussions on the Project on Improvement of Health Services through Health Infrastructure Management (II) signed on 27th December 2015 will be amended as attached.

The parties acknowledge and agree that this Minutes of Meetings may be executed by electronic signature, which is considered as an original signature for all purposes and has the same force and effect as an original signature. "Electronic signature" includes faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature. This amendment will become effective once, the Minutes of Meetings are signed.

Kampala, 28th / May / 2020

Mr. Fukase Yutaka Chief Representative Japan International Cooperation Agency Uganda Office	Dr. Diana Atwine Permanent Secretary Ministry of Health The Republic of Uganda

Attached Document

This amendment is made based on the results of Terminal Evaluation and a series of discussions between MOH, the Project experts and JICA.
※The amended parts are shown in *italic.*

1. Appendix I "PROJECT DESCRIPTION"
   1) II OUTLINE OF THE PROJECT 5. Duration

Current Version	Amended Version
The duration of the Project will be 4 years from the date of first arrival of the JICA experts, which would be in 2016.	The duration of the Project will be *5* years from the date of first arrival of the JICA experts, which would be in 2016.
Reason: The Project has been supporting the strengthening of health infrastructure management as a means of improving the quality of health services. Most of the targeted facilities had achieved the target value of 5S performance as of the time of the Terminal Evaluation conducted 25th February to 13th March, 2020. 5S performances in RRHs have greatly increased in general, and Continuous Quality Improvement (CQI)s activities have also been gradually initiated and Kabale RRH has been recognized throughout the country as a "Center of Excellence (COE)" of 5S-CQI-TQM. Objectively verifiable indicator (OVI) for Output 2 and Project Purpose are set as "All RRHs mark 33 points out of 54 as full mark at least two consecutive years" and "The number of cases of CQI Process or QC Story amounts to more than three", respectively. However, these OVIs have not been met at the time of Terminal Evaluation and continuous support to RRH is highly required to achieve these indicators. For Kabale and several RRHs where CQI has been conducted, it is expected to proceed to the next steps, which are to cultivate safety culture to realize patient safety in the facility, and to enhance sustainability of the project outcomes even after the project completion. Continuous supportive supervision for Kabale RRH as a COE and high-performance facilities and benchmark tours are expected to establish the health infrastructure management and improve the quality of medical services. Therefore, one year of additional support is required for these processes.	

2. Annex I Logical Framework (Project Design Matrix: PDM)
   1) Period of Project

Current Version	Amended Version
(1) July 2016 – July 2020	(2) July 2016 - July *2021*
Reason: Same as above mentioned in 1. 1).	

Annex 1 : PDM ver.3
Annex 2 : PO ver.3
Annex 3 : Record of Discussions (signed on 27th December 2015)

Project Design Matrix

Project Title: Project on Improvement of Health Service through Health Infrastructure Management (II)
Implementing agency: Department of Standards, Compliance, Accreditation and Patient Protection, Directorate of Health Governance and Regulation, Ministry of Health (MOH) (5S-CQI-TQM)
Department of Clinical Services, Directorate of Curative Services, MOH (Utilization of Medical Equipment)
Department of Health Infrastructure, Directorate of Strategy, Policy and Developmemt, MOH (Maintenance of Medical Equipment)
Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe RRH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital
Period of Project: July 2016- July 2021
Target Site: Republic of Uganda

Version 3
Dated May 2020

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal Quality of health care services at all the RRHs in Uganda is improved.	･Clients' satisfaction level is improved to the target level. (XX) ･Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX% ･Maintenance cost regarding medical equipment is decreased in XX%.	･Health Management Information System (HMIS) ･Annual Health Sector Performance Report (AHSPR) ･Periodical monitoring reports by QITs at target hospitals ･Supervision reports made by the steering committee for the project ･Baseline and end-line data ･Quarterly regional workshop maintenance report	
Project Purpose Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	(1) CQI Process or QC Story -The number of cases of CQI Process or QC Story amounts to more than three. (2) Good practice of small CQI -All RRHs have at least one good practice of small CQI. (3) The average of percentage of medical equipment in status A at all RRHs is higher than 70%. (4) Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times.	(1)Report of CQI Process (e.g. Documentation Journal as an example of the format) (2)Report of small CQI or CQI support supervision tool (3) Medical equipment inventory (4) Minutes of steering committee meetings (5) Reports of steering committee	･Government budget for the RRHs will not be deceased significantly. ･Government budget for the workshops will not be decreased significantly. ･Political situation in Uganda remans stable.
Output 1 1. [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	(1) The Project Steering committee meeting is conducted every three months. (2) The results of integrated support supervision conducted by Project Implementation Teams and the next quarter action plan developed from these results are shared and approved at every Project Steering Committee meeting. (3) The roadmap for incorporating the Project activities into the policy and systems of MOH is established and implemented by the Project Steering Committee. (4) The Project activities are successfully incorporated into the Ministerial Policy Statement of Ministry of Health.	(1) Minutes of meeting of Project Steering Committee (2) Ministerial Policy Statement	･Personnel of counterparts do not leave the job and are not transferred considerably. ･Policy related to health infrastructure management will not be changed as a result of the presidential election.
Output 2 2.[Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs.	(1)Score of module 1 (Leadership) and 6 (Health Infrastructure) HFQAP Facility Assessment Tool - All RRHs mark (i) 5 points out of 8 as full mark for module 1 and (ii) 6 points out of 10 as full mark for module 6. (2)Score of modified 5S M&E Sheet in 5S-CQI-TQM Guidelines - All RRHs mark 33 points out of 54 as full mark at least two consecutive years.	(1)HFQAP Facility Assessment Tool (2)5S M&E Sheet in 5S-CQI-TQM Guidelines	
Output 3 3.[Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRHs	(1) There are at least two regional user trainers at all RRHs. (2) The number of UT conducted by regional user trainers is more than three as per year in every region (3) The average of percentage of medical equipment in status B at all RRHs is not higher than 4%.	(1) Records on training of regional user trainers (2) Training records on user training conducted by user trainers (3) Medical equipment inventory	
Output 4 4.[Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened.	(1) The average increase of scores between the pre-test and post-test is at least 15% (2) The average of percentage of medical equipment in status C and status E at all RRHs is not higher than 15%	(1) Results of pre and post tests for trainees of medical equipment maintenance (2) Medical equipment inventory	

Activities
1-1 Establishment of foundation for the Project and implementation
1-1-1 Establish Project Steering Committee
1-1-2 Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME
1-1-3 Develop Terms of Reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the Project
1-1-4 Conduct baseline survey
1-2 Support Supervision on health infrastructure management
1-2-1 Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels
1-2-2 Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, UT and ME
1-3 Project implementation, monitoring and evaluation and institutionalization
1-3-1 Organize meetings for Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle
1-3-2 Conduct a meeting to review the established system in MOH
1-3-3 Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections to the Ministerial Policy Statement
1-3-4 Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME
1-3-5 Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME
2.[Project Implementation Team: 5S-CQI-TQM]
2-1 Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide
2-2 Define criteria for national show case of 5S-CQI-TQM and review national show case(s)
2-3 Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels
2-4 Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc.
2-5 Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI
2-6 Strengthen function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities
2-7 Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI
2-8 Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2
3.[Project Implementation Team: User Training]
3-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary
3-2 Conduct refresher training of user trainers in the previous Project phase
3-3 Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals
3-4 Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2
4.[Project Implementation Team: Maintenance]
4-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary
4-2 Conduct leadership and management training for workshop managers including inventory data analysis
4-3 Conduct training for workshop staffs on maintenance of basic medical equipment
4-4 Conduct training for core staff of workshops in first line maintenance of specialized medical equipment
4-5 Strengthen capacity of Central Workshop and Department of Health Infrastructure to support Regional Workshops
4-6 Support Workshops to develop a system for sharing knowledge and skills

Input	
The Japanese side	The Uganda side
1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management 2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc. 3) Computers for medical equipment inventory management and data analysis 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense such as training and supervision 4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)

Pre-Conditions
<Issues and countermeasures>

Plan of Operation

Project Title: Project on Improvement of Health Services through Health Infrastructure Management (II)

Inputs		2016 (I, II, III, IV)	2017 (I, II, III, IV)	2018 (I, II, III, IV)	2019 (I, II, III, IV)	2020 (I, II, III, IV)	2021 (I, II, III, IV)	Remarks
Expert								
Chief Advisor/QI Management System	Plan / Actual							
Assist Chief Advisor/QI Management System	Plan / Actual							
5S-CQI-TQM ①	Plan / Actual							
5S-CQI-TQM ②	Plan / Actual							
Utilization of Medical Equipment	Plan / Actual							
Maintenance of Medical Equipment	Plan / Actual							
Project Coordinator/Training Management	Plan / Actual							
Equipment								
Project vehicles and equipment/materials necessary for the Project administration	Plan / Actual							
Training in Japan								
	Plan / Actual							
In-country/Third country Training								
Tanzania KAIZEN TOT	Plan / Actual							

Activities / Sub-Activities			Plan / Actual	2016 (I, II, III, IV)	2017 (I, II, III, IV)	2018 (I, II, III, IV)	2019 (I, II, III, IV)	2020 (I, II, III, IV)	2021 (I, II, III, IV)	Responsible Organization: Japan	Responsible Organization: Uganda
Output 1 [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH										**Japan**	**Uganda**
1-1 Establishment of foundation for the Project and implementation											
1-1-1	Establish Project Steering Committee	○ ○ ○ ○ ○	Plan / Actual							Expert(s)	All concerned Department members of MOH
1-1-2	Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME	○ ○ ○ ○ ○ ○ ○	Plan / Actual							Expert(s)	All concerned Department members of MOH
1-1-3	Develop terms of reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the Project	○ ○ ○ ○ ○	Plan / Actual							Expert(s)	Steering Committee
1-1-4	Conduct baseline survey	○ ○ ○ ○ ○	Plan / Actual							Expert(s)	Implementation Team
1-2 Support Supervision on health infrastructure management											
1-2-1	Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels	○ ○ ○ ○ ○ ○	Plan / Actual							Expert(s)	Steering Committee
1-2-2	Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, user training and maintenance	● ● ●	Plan / Actual							Expert(s)	Steering Committee

No.	Activities / Sub-Activities								Plan / Actual	2016	2017	2018	2019	2020	2021	Japan	Uganda
1-3 Project implementation, monitoring and evaluation and institutionalization																	
1-3-1	Organize meetings of Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle ※SC会議の実施	●	●					●	Plan / Actual							Expert(s)	Steering Committee
1-3-2	Conduct a meeting to review the established system in MOH ※SC会議の実施	●	●	●	●		●	●	Plan / Actual							Expert(s)	Steering Committee
1-3-3	Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections if necessary to the Ministerial Policy Statement ※SC会議の実施 ※RRHの病院経営管理(5S-CQI-TQM)及びPatient Safetyに関する活動内容および制度整備に向けた政策対話	●	●	●	●		●	●	Plan / Actual							Expert(s)	Steering Committee
1-3-4	Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME ※QIカンファレンスの実施 ※KAIZEN事例を共有するワークショップの実施 ※Patinet Safety事例を共有するワークショップの実施	●	●	●	●		●	●	Plan / Actual							Expert(s)	Implementation Team
1-3-5	Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME+G72	○	○	○	○			○	Plan / Actual							Expert(s)	Implementation Team
Activities Sub-Activities									Plan / Actual	2016 I II III IV	2017 I II III IV	2018 I II III IV	2019 I II III IV	2020 I II III IV	2021 I II III IV	Responsible Organization Japan	Uganda
Output 2 [Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs																**Japan**	**Uganda**
2-1	Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide	●	●	●	●			●	Plan / Actual							Expert(s)	Implementation Team
2-2	Define criteria for national show case of 5S-CQI-TQM and review national show case(s)	●	●	●	●				Plan / Actual							Expert(s)	Steering Committee
2-3	Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels	○	○	○	○				Plan / Actual							Expert(s)	Steering Committee
2-4	Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc.	○	○		○			○	Plan / Actual							Expert(s)	Implementation Team
2-5	Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI	○	○		○			○	Plan / Actual							Expert(s)	Implementation Team
2-6	Strengthen function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities ※5Sスーパービジョン、5SM&E ※保健インフラTQM導入研修及びスーパービジョン ※インシデントレポート導入研修及びスーパービジョン ※Patinet Safetyに関する病院職員の意識調査	●	●	●	●		●	●	Plan / Actual							Expert(s)	Implementation Team
2-7	Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI ※保健インフラTQM導入研修 ※インシデントレポート導入研修	●	●	●	●		●	●	Plan / Actual							Expert(s)	Implementation Team
2-8	Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities, etc as mentioned in 1-2-2 ※5Sスーパービジョン、5SM&E ※保健インフラTQM導入スーパービジョン ※インシデントレポート導入スーパービジョン ※Patinet Safetyに関する病院職員の意識調査	●	●	●	●		●	●	Plan / Actual							Expert(s)	Implementation Team

Output 3 [Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRH

No.	Activity			
3-1	Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary	Plan / Actual	Expert(s)	Implementation Team
3-2	Conduct refresher training of user trainers in the previous Project phase	Plan / Actual	Expert(s)	Implementation Team
3-3	Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals	Plan / Actual	Expert(s)	Implementation Team
3-4	Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2	Plan / Actual	Expert(s)	Implementation Team

Output 4 [Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened

No.	Activity			
4-1	Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary	Plan / Actual	Expert(s)	Implementation Team
4-2	Conduct leadership and management training for workshop managers including inventory data analysis	Plan / Actual	Expert(s)	Implementation Team
4-3	Conduct training for workshop staff on maintenance of basic medical equipment	Plan / Actual	Expert(s)	Implementation Team
4-4	Conduct training for core staff of workshops in first line maintenance of specialized medical equipment	Plan / Actual	Expert(s)	Implementation Team
4-5	Strengthen capacity of Central Workshop and Infrastructure Department to support Regional Workshops	Plan / Actual	Expert(s)	Implementation Team
4-6	Support Workshops to develop a system for sharing knowledge and skills	Plan / Actual	Expert(s)	Implementation Team, all WS managers

Duration / Phasing — Plan / Actual

Monitoring Plan		2016				2017				2018				2019				2020				2021				Remarks
	Plan / Actual	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	
Monitoring																										
Joint Coordinating Committee	Plan / Actual																									
Set-up the Work Plan of Operation	Plan / Actual																									
Submission of Monitoring Sheet	Plan / Actual																									
Monitoring Mission from Japan	Plan / Actual																									
Joint Monitoring	Plan / Actual																									
Post Monitoring	Plan / Actual																									
Reports/Documents																										
Progress report	Plan / Actual																									
Project Completion Report	Plan / Actual																									
Public Relations																										
	Plan / Actual																									
	Plan / Actual																									

RECORD OF DISCUSSIONS

ON

THE PROJECT ON IMPROVEMENT OF HEALTH SERVICES
THROUGH HEALTH INFRASTRUCTURE MANAGEMENT (II)

IN

THE REPUBLIC OF UGANDA

AGREED UPON BETWEEN

MINISTRY OF HEALTH

AND

JAPAN INTERNATIONAL COOPERATION AGENCY

Kampala, Dec. 27, 2015

Mr. Kyosuke Kawazumi Chief Representative Japan International Cooperation Agency Uganda Office	Permanent Secretary Ministry of Health The Republic of Uganda

WITNESS

Ms. Maris Wanyera
For: Permanent Secretary/ Secretary to the Treasury
Ministry of Finance, Planning and Economic Development
The Republic of Uganda

Based on the Minutes of Meeting on the Detailed Planning Survey on the Project on Improvement of Health Services through Health Infrastructure Management (II) (hereinafter referred to as "the Project") signed on July 29th, 2015 between Ministry of Health (hereinafter referred to as "MOH") and the Japan International Cooperation Agency (hereinafter referred to as "JICA"), JICA held a series of discussions with MOH and relevant organizations to develop a detailed plan of the Project.

Both parties agreed the details of the Project and the main points discussed as described in the Appendix 1 and the Appendix 2 respectively.

Both parties also agreed that MOH, the counterpart to JICA, will be responsible for the implementation of the Project in cooperation with JICA, coordinate with other relevant organizations and ensure stewardship so that the Project activities and outcomes are sustained during and after the implementation period in order to contribute toward social and economic development of the Republic of Uganda (hereinafter referred to as "Uganda").

The Project will be implemented within the framework of the Agreement on Technical Cooperation signed on 8th December, 2005 (hereinafter referred to as "the Agreement") and the Note Verbales exchanged on 22nd July, 2015 between the Government of Japan (hereinafter referred to as "GOJ") and the Government of Uganda (hereinafter referred to as "GOU").

Appendix 1: Project Description
Appendix 2: Minutes of Meetings on the Project on Improvement of health services through health infrastructure management (II)

Appendix 1

PROJECT DESCRIPTION

Both parties confirmed that there is no change in the Project Description in the minutes of meetings for Preparatory Survey on the Project signed on 29th July, 2015 **(Appendix 2)**.

I. BACKGROUND

The Republic of Uganda formulated the "Health Sector Strategic and Investment Plan 2010/2011-2014/2015" (HSSIP) which recognizes improvement of quality of health care and medical equipment maintenance as one of the key priorities. Health infrastructure development is a key priority intervention together with human resources, drugs and health finance. Furthermore, the "National Health Policy (NHP) II 2010-2020" indicates that health infrastructure management is one of the highest political priority issues in the health sector. However, problems such as inappropriate use of medical equipment and low awareness of the importance of maintenance in health facilities still remained.

Under these circumstances, the Government of Uganda requested the Government of Japan to implement a technical cooperation project aiming at improving management and utilization of health infrastructure through the 5S (Sort, Set, Shine, Standardize, Sustain)-Continuous Quality Improvement- Total Quality Management (hereinafter referred to as "5S-CQI-TQM") approach as well as provision of appropriate knowledge and skills on proper use and daily maintenance of medical equipment through training of the equipment users and capacity development of public medical equipment workshops in maintenance of medical equipment. In response to this request, JICA, in partnership with MOH, launched a technical cooperation project entitled "The Project on Improvement of Health Service through Health Infrastructure Management". The duration of the said Project was 3 years and 4 months, from August 2011 to December 2014. Seven Regional Referral Hospitals (hereinafter referred to as "RRH"), two General Hospitals (hereinafter referred to as "GH") and one Health Center IV (hereinafter referred to as "HC IV") were selected as the target health facilities, while designating Tororo GH as the National Showcase for 5S-CQI-TQM. The said Project had three components, namely (1) 5S-CQI-TQM, (2) User Training, and (3) Capacity development of Medical Equipment Maintenance Workshop (hereinafter referred to as "WS").

The Terminal Evaluation was conducted from April to May, 2014, and it concluded that the said Project successfully demonstrated the effectiveness of relatively simple interventions in improving functionally of medical equipment. In general, 5S-CQI-TQM has been successfully introduced to the target health facilities, even though there is disparity in performance and the overall achievement fell short of the project targets. Providing users with simple knowledge on proper use and daily maintenance of medical equipment has been proven effective in reducing break down and prolonging the life span of medical equipment. Capacity development for WSs has been proven effective in reducing break down and prolonging the life span of medical equipment.

Several challenges were identified such as weak supportive supervision for 5S-CQI-TQM, need for a National Showcase for CQI, need for mechanisms to ensure sustainability of user training, and lack of a structured framework for enhancing the skills level of the WSs.

In order to further strengthen 5S-CQI-TQM and expand user training to other RRHs which were not covered by the project, continuous technical cooperation from GOJ was requested by GOU. Covering other RRHs would contribute to the synergetic effect of Japanese cooperation, since such RRHs include the hospitals assisted by Japanese Grant Aid as well as Japan Overseas Cooperation Volunteer activities.

II. OUTLINE OF THE PROJECT

Details of the Project are described in the Logical Framework (Project Design Matrix: PDM) (Annex I) and the Plan of Operation (Annex II). Expected Goals, Outputs, Activities of the Project are shown in these Annexes.

1. Title of the Project

The Project on Improvement of Health Service through Health Infrastructure Management (II)

2. Input

(1) Input by JICA

(a) Dispatch of Experts
- -Chief Adviser / QI Management System
- -5S-CQI-TQM
- -Utilization of Medical Equipment
- -Maintenance of Medical Equipment
- -Project Coordinator/ Training Management

(b) Training in Japan (and / or in the third country)

(c) Machinery and Equipment
- -necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters
- -testing and calibration tools and equipment etc.

(d) Allocation of operational costs for project activities

(2) Input by MOH

MOH will take necessary measures to provide at its own expense:

(a) Services of MOH's counterpart personnel and administrative personnel as referred to in II-3;
(b) Suitable office space with necessary equipment;
(c) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA;
(d) Information as well as support in obtaining medical service;
(e) Credentials or identification cards;
(f) Available data (including maps and photographs) and information related to the Project;
(g) Running expenses necessary for the implementation of the Project;
(h) Expenses necessary for transportation within Uganda of the equipment referred to in II-3 (1) as well as for the installation, operation and maintenance thereof;

(i) Necessary facilities to the JICA experts for the remittance as well as utilization of the funds introduced into Uganda from Japan in connection with the implementation of the Project; and
(j) Allocation of operational costs for project activities such as training and supervision.

3. Implementation Structure
The project Implementation Structure is given in the Annex III. The roles and assignments of relevant organizations are as follows:

(1) MOH
(a) Project Director
Director, Clinical and Community Health, MOH, as Project Director, will be responsible for overall administration and implementation of the Project.
(b) Project Manager
Commissioner, Clinical Services, Directorate of Clinical and Community Health, MOH, as Project Manager, will be responsible for the managerial and technical matters of the Project.

(2) JICA Experts
The JICA experts will give necessary technical guidance, advice and recommendations to MOH, target hospitals, workshops and other relevant personnel involved on any matters pertaining to the implementation of the Project

(3) Joint Coordinating Committee
Joint Coordinating Committee (hereinafter referred to as "JCC") will be established in order to facilitate inter-organizational coordination. JCC will be held at least once a year and whenever deems it necessary. JCC will review the progress, revise the overall plan when necessary, approve an annual work plan, conduct evaluation of the Project, and exchange opinions on major issues that arise during the implementation of the Project. A list of proposed members of JCC is shown in the Annex III.

(4) Technical Working Group
Technical Working Group will be established for effective implementation of the Project. Technical Working Group will meet at least bi-monthly and when necessity arises. A list of proposed members of Technical Working Group is shown in the Annex III.

4. Project Site(s) and Beneficiaries
Project hospitals:
-(Phase 1 target facilities) Mbale RRH, Masaka RRH, Entebbe GH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
-(Phase 2 target facilities) Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital
-(Workshops) Arua WS, Gulu WS, Lira WS, Mbale WS, Hoima WS, Fort Portal WS, Kabale WS, Mubende WS, Moroto WS, Soroti WS, Wabigalo CWS

Beneficiaries
-Direct Beneficiaries: Health officer of MOH, health workers of selected hospitals-and engineers/technicians of central medical equipment maintenance workshop (CWS) and regional medical equipment maintenance workshop (WS)
-Indirect Beneficiaries: Health officers of District Health Team (DHT) in target regions, health workers of hospitals and HC IVs to which the project is rolled out by selected hospitals, and patients.

5. Duration
The duration of the Project will be 4 years from the date of first arrival of the JICA experts, which would be in 2016.

6. Reports
MOH and JICA experts will jointly prepare the following reports in English.
(1) Monitoring Sheet on semiannual basis until the project completion
(2) Project Completion Report at the time of project completion

7. Environmental and Social Considerations
MOH will abide by 'JICA Guidelines for Environmental and Social Considerations' in order to ensure that appropriate considerations will be made for the environmental and social impacts of the Project.

III. UNDERTAKINGS OF MOH

1. MOH will take necessary measures to:

(1) ensure that the technologies and knowledge acquired by the Uganda nationals as a result of Japanese technical cooperation contributes to the economic and social development of Uganda, and that the knowledge and experience acquired by the personnel of Uganda from technical training as well as the equipment provided by JICA will be utilized effectively in the implementation of the Project; and

(2) grant privileges, exemptions and benefits to the JICA experts referred to in II-2 above and their families, which are no less favorable than those granted to experts and members of the missions and their families of other third countries or international organizations performing similar missions in Uganda.

2. Other privileges, exemptions and benefits will be provided in accordance with the Agreement on Technical Cooperation signed on 8th December, 2005 between the GOJ and the GOU.

IV. MONITORING AND EVALUATION

JICA and the MOH will jointly and regularly monitor the progress of the Project through the Monitoring Sheets based on the Project Design Matrix (PDM) and Plan of Operation (PO). The Monitoring Sheets will be reviewed every six (6) months.
Also, Project Completion Report will be drawn up one (1) month before the termination of the Project.

JICA will conduct the following evaluations and surveys to verify sustainability and impact of the Project and draw lessons. The MOH is required to provide necessary support for them.

1. Ex-post evaluation three (3) years after the project completion, in principle
2. Follow-up surveys on necessity basis

V. PROMOTION OF PUBLIC SUPPORT

For the purpose of promoting support for the Project, MOH will take appropriate measures to make the Project widely known to the people of Uganda.

VI. MISCONDUCT

If JICA receives information related to suspected corrupt or fraudulent practices in the implementation of the Project, MOH and relevant organizations will provide JICA with such information as JICA may reasonably request, including information related to any concerned official of the government, public organizations of the Uganda and/or JICA Experts.

MOH and relevant organizations will not, unfairly or unfavorably treat the person and/or company which provided the information related to suspected corrupt or fraudulent practices in the implementation of the Project.

VII. MUTUAL CONSULTATION

JICA and MOH will consult each other whenever any major issues arise in the course of Project implementation.

VIII. AMENDMENTS

The record of discussions may be amended by the minutes of meetings between JICA and MOH. However, PO may be amended in the Monitoring Sheets.

The minutes of meetings will be signed by authorized persons of each side who may be different from the signers of the record of discussions.

Annex I Logical Framework (Project Design Matrix: PDM)
Annex II Tentative Plan of Operation
Annex III Project Implementation Structure

ANNEX I

Project Design Matrix (PDM)

Dated December 10, 2015

Project Title : Project on Improvement of Health Service through Health Infrastructure Management (II)

Implementing agency: Department of Quality Assurance, Ministry of Health (MOH) (5S-CQI-TQM)
Integrated Curative Services Division, Department of Clinical Services, MOH (Utilization of Medical Equipment)
Health Infrastructure Division, Department of Clinical Services, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe General Hospital (GH), Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: 4 years

Target site: Republic of Uganda

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal : Quality of health care services at all the RRHs in Uganda is improved.	- Clients' satisfaction level is improved to the target level. (XX) - Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX%. - Maintenance cost regarding medical equipment is decreased in XX%.	- Health Management Information System (HMIS) - Annual Health Sector Performance Report (AHSPR) - Periodical monitoring reports by QITs at target hospitals - Supervision reports made by the steering committee for the project - Baseline and end-line data - Quarterly regional workshop maintenance report			
Project purpose: Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	- Score sheet of 5S-CQI-TQM on targeted hospitals become more than XX%. - The number of CQI practices becomes more than XX (number). - Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times. - Percentages of status A of ME becomes	- Minutes of steering committee meetings - Reports of steering committee - Reports from 5S trainers - Score sheets of 5S-GQI-TQM at targeted hospitals.	- Government budget for the RRHs will not be deceased significantly. - Government budget for the workshops will not be decreased significantly. - Political Situation in Uganda remains stable.		

	higher than XX%.				
Outputs :	1-1 PDCA cycle of supporting and supervising RRHs is completed once a year or more. 1-2 The number of supervision conducted by steering committee becomes more than XX times. 1-3 Number of training organized by Technical Working Group (TWG) becomes more than XX times. 1-4 Number of certified national CQI facilitators from MOH become more than XX.	- Plans and periodic reports made by steering committee - Activity records made by steering committee of MOH - Records and results of supervision conducted by steering committee - Test results and certification issued for CQI trainers at MOH	- Personnel of counterparts do not leave the job and are not transferred considerably. - Policy related to health infrastructure management will not be changed as a result of the presidential election.		
1. Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.					
2. Implementation mechanism of the phase 1 targeted hospitals aimed at CQI level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.	2-1 Number of the phase 1 targeted hospitals which started CQI activities becomes more than XX. 2-2 Number of the phase 1 targeted hospitals which completed CQI process at least with one unit becomes more than XX. 2-3 Number of UT conducted by regional trainers is more than XX times. 2-4 Number of functioning WITs in target hospitals reaches the level of 10 under the 5S-CQI-TQM implementation becomes more than XX.	- Activity records of QITs - Activity records of WITs - Training records on UT conducted by user trainers - Score sheets of 5S-CQI-TQM - Project report about CQI activities - Supervision reports made by TWG			
3. Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.	3-1 All the phase 2 targeted hospitals implement QIT activities including 5S-CQI-TQM. 3-2 Average of comprehension rate of trainees after user training becomes higher than XX%. 3-3 More than 1 regional 5S facilitators at each phase 2 targeted hospitals are trained. 3-4 More than 2 regional user trainers at each phase 2 targeted hospitals are trained.	- Number of QITs and their activity records - Monitoring and meeting minutes of QITs related to 5S-CQI-TQM - Supervision report made by TWG - Results of pre and post tests for trainees of UT Training records on TOT for 5S-CQI-TQM - Training records on TOT for UT			
4. ME maintenance and management capacity of workshops (WS) are strengthened.	4-1 Trained staff of all the workshops improve their knowledge by XX% after ME maintenance training.	- Training records related to ME maintenance - Results of pre and post			

	4-2 Percentages of ME in status E lowered by XX%.	tests for trainees of ME maintenance - Inventory lists of each workshop			
Activities	Inputs				
1-1 Establishment of foundation for the project and implementation 1-1-1 [MOH] Re-establish the steering committee for the phase 2 project 1-1-2 [MOH] Select focal persons for 5S, user training (UT), and medical equipment (ME) maintenance 1-1-3 [TWG] Develop TORs for members of TWG and action plans for implementing the project 1-1-4 [TWG] Conduct baseline survey 1-1-5 [TWG] Update and/or create manuals, handbooks, guidelines, and monitoring tools for dissemination 1-1-6 [TWG] Define criteria for national show case and review a national show case(s) 1-1-7 [TWG] Review existing supervision system of MOH. 1-1-8 [TWG] Integrate components of 5S-CQI-TQM, UT, and ME maintenance to the supervision system 1-2 Training and knowledge sharing 1-2-1 [TWG] Conduct refresher training for national 5S facilitators* 1-2-2 [TWG] Conduct training of trainers for 5S-CQI-TQM especially customized for CQI 1-2-3 [TWG] Organize opportunities to share good practices and	The Japanese side	The Uganda Side	Pre-Conditions		
	1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management 2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc. 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense such as training and supervision 4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)			
			<Issues and countermeasures>		

lessons learned such as study tours and QI competition 1-3 Implementation of activities, and monitoring and evaluation, and reflections 1-3-1 [TWG] Implement an action plan based on PDCA cycle. 1-3-2 [TWG] Conduct supervision which is integrated into the existing system 1-3-3 [TWG] Hold meetings at least bi-monthly with the project team 1-3-4 [TWG] Conduct a review meeting on established system in MOH 1-3-5 [TWG] Make use of review of activity 1-3-4 for institutionalization of the system and methodologies, and reflection to the health sector policy/plan 1-3-6 [TWG] Conduct an end-line survey					
2-1 System development and implementation 2-1-1 [Phase 1 target hospitals] Revitalize and/or strengthen function of quality improvement team (QIT) and work improvement team (WIT) 2-1-2 [Phase 1 target hospitals] develop action plans of WITs at each phase 1 target hospital 2-1-3 [Phase 1 target hospitals] Hold periodic meetings of QIT 2-1-4 [Phase 1 target hospitals] Implement activities aiming at CQI with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities					

2-2 Training 2-2-1 [TWG] Conduct leadership and management training for management staff of targeted hospitals 2-2-2 [TWG] Conduct refresher training for regional 5S facilitators of targeted hospitals 2-2-3 [TWG] Conduct 5S CQI training to hospitals with high level practices of 5S-CQI-TQM 2-2-4 [TWG] Conduct refresher training for regional user trainers 2-2-5 [User trainers] Train staff of their hospitals on how to use ME on the job training basis					
3-1 System development and implementation 3-1-1 [TWG] Support target hospitals to establish and/or strengthen quality improvement team (QIT) 3-1-2 [TWG] Support target hospitals establish and/or strengthen work improvement team (WIT) 3-1-3 [TWG] Support target hospitals to hold QIT periodic meetings 3-1-4 [Phase 2 target hospitals] Implement 5S activities with proper usage and maintenance of ME by collaboration with UT and ME maintenance activities 3-2 Training 3-2-1 [TWG] Conduct leadership and management training for management staff of target RRHs 3-2-2 [National 5S facilitators] Conduct training of trainers (TOT) on 5S-CQI-TQM for regional 5S facilitators of phase					

2 targeted hospitals 3-2-3 [Regional 5S facilitator] Conduct 5S-CQI-TQM training for staff of phase 2 targeted hospitals 3-2-4 [Regional user trainers trained phase 1 project] Conduct TOT regarding UT for the phase 2 targeted hospitals 3-2-5 [User trainers] Conduct UT on ME 3-2-6 [User trainers] Train other staff of RRHs on how to use ME on the job training basis					
4-1 [TWG] Conduct leadership and management training for workshop managers including inventory data analysis 4-2 [TWG] Conduct training for Workshop (WSs) staff on ME maintenance 4-3 [TWG] Conduct training for core staff of the WSs on basics about specialized ME 4-4 [TWG] Strengthen support system of the CWS for other RWSs 4-5 [TWG] Support WSs to develop a management system for accumulating knowledge and skills					

*Training on 5S for 5S national facilitators and training on CQI for CQI national facilitators are categorized as activities for the output 1 because the majorities of the national 5S facilitators are MOH staff. Other training for regional 5S trainers and regional user trainers are categorized as activities for the output 2 or 3 because both types of regional trainers are staff of the target hospitals.

Annex II

Tentative Plan of Operation

Project Title: Project on Improvement of Health Service through Health Infrastrucuture Management (II)

Dated December 10, 2015

Inputs	Year	1st Year (I–IV)	2nd Year (I–IV)	3rd Year (I–IV)	4th Year (I–IV)	Remarks	Monitoring: Issue	Monitoring: Solution
	Actual							

Activities / Sub-Activities	Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 1: Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.					
1. Establishment of foundation for the project and implementation					
1-1-1 [MOH] Re-establish the steering committee for the phase 2 project	Plan / Actual	Expert(s)	All the concerned Departments of MOH		
1-1-2 [MOH] Select focal persons for 5S, user training (UT), and medical equipment (ME) maintenance	Plan / Actual	Expert(s)	All the concerned Departments of MOH		
1-1-3 [TWG] Develop TORs for members of TWG and action plans for implementing the project	Plan / Actual	Expert(s)	All the concerned Departments of MOH		
1-1-4 [TWG] Conduct baseline survey	Plan / Actual	Expert(s)	TWG members		
1-1-5 [TWG] Update and/or create manuals, handbooks, guidelines, and monitoring tools for dissemination	Plan / Actual	Expert(s)	TWG members		
1-1-6 [TWG] Define criteria for national show case and review a national show case(s)	Plan / Actual	Expert(s)	TWG members		
1-1-7 [TWG] Review existing supervision system of MOH.	Plan / Actual	Expert(s)	TWG members		
1-1-8 [TWG] Integrate components of 5S-CQI-TQM, UT, and ME maintenance to the supervision system	Plan / Actual	Expert(s)	TWG members		
1-2 Training and knowledge sharing					
1-2-1 [TWG] Conduct refresher training for national 5S facilitators	Plan / Actual	Expert(s)	TWG members in charge of 5S		
1-2-2 [TWG] Conduct training of trainers for 5S-CQI-TQM especially customized for CQI	Plan / Actual	Expert(s)	TWG members in charge of 5S and CQI		
1-2-3 [TWG] Organize opportunities to share good practices and lessons learned such as study tours and QI competition	Plan / Actual	Expert(s)	TWG members		
1-3 Implementation of activities, and monitoring and evaluation and reflections					
1-3-1 [TWG] Implement an action plan based on PDCA cycle	Plan / Actual	Expert(s)	TWG members		
1-3-2 [TWG] Conduct supervision which is integrated into the existing system	Plan / Actual	Expert(s)	TWG members		
1-3-3 [TWG] Hold meetings at least bi-monthly with the project team	Plan / Actual	Expert(s)	TWG members		
1-3-4 [TWG] Conduct a review meeting on established system in MOH	Plan / Actual	Expert(s)	TWG members		
1-3-5 [TWG] Make use of review of activity 1-3-4 for institutionalization of the system and methodologies, and reflection to the health sector policy/plan	Plan / Actual	Expert(s)	TWG members		
1-3-6 [TWG] Conduct an end-line survey	Plan / Actual	Expert(s)	TWG members		

Activities / Sub-Activities	Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 2: Implementation mechanism of the Phase 1 targeted hospitals aimed at CQI level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.					
2-1 System development and implementation					
2-1-1 [Phase 1 target hospitals] Revitalize and/or strengthen function of quality improvement team (QIT) and work improvement team (WIT)	Plan / Actual	Expert(s)	TWG members		
2-1-2 [Phase 1 target hospitals] develop action plans of WITs at each phase 1 target hospital	Plan / Actual	Expert(s)	TWG members		
2-1-3 [Phase 1 target hospitals] Hold periodic meetings of QIT	Plan / Actual	Expert(s)	TWG members		
2-1-4 [Phase 1 target hospitals] Implement activities aiming at CQI with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities	Plan / Actual	Expert(s)	TWG members in charge of 5S and CQI		

Activities / Sub-Activities	Year	Japan	Uganda	Achievements	Issue & Countermeasures
2-2 Training					
2-2-1 [TWG] Conduct leadership and management training for management staff of targeted hospitals	Plan	Expert(s)	TWG members		
	Actual				
2-2-2 [TWG] Conduct refresher training for regional 5S facilitators of targeted hospitals	Plan	Expert(s)	5S national trainers and TWG members		
	Actual				
2-2-3 [TWG] Conduct 5S-CQI training to hospitals with high level practices of 5S-CQI-TQM	Plan	Expert(s)	TWG members in charge of 5S and CQI		
	Actual				
2-2-4 [TWG] Conduct refresher training for regional user trainers	Plan	Expert(s)	TWG members in charge of UT		
	Actual				
2-2-5 [User trainers] Train staff of their hospitals on how to use ME on the job training basis	Plan	Expert(s)	User trainers		
	Actual				

Activities / Sub-Activities	Year	Japan	Uganda	Achievements	Issue & Countermeasures
Output 3: 3. Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.					
3-1 System development and implementation					
3-1-1 [TWG] Support target hospitals to establish and/or strengthen quality improvement team (QIT)	Plan	Expert(s)	TWG members		
	Actual				
3-1-2 [TWG] Support target hospitals establish and/or strengthen work improvement team (WIT)	Plan	Expert(s)	TWG members		
	Actual				
3-1-3 [TWG] Support target hospitals to hold QIT periodic meetings	Plan	Expert(s)	TWG members		
	Actual				
3-1-4 [Phase 2 target hospitals] Implement 5S activities with proper usage and maintenance of ME by collaboration with UT and ME maintenance activities	Plan	Expert(s)	TWG members in charge of 5S and UT		
	Actual				
3-2 Training					
3-2-1 [TWG] Conduct leadership and management training for management staff of target RRHs	Plan	Expert(s)	TWG members		
	Actual				
3-2-2 [National 5S facilitators] Conduct training of trainers (TOT) on 5S-CQI-TQM for regional 5S facilitators of phase 2 targeted hospitals	Plan	Expert(s)	5S national trainers and TWG members		
	Actual				
3-2-3 [Regional 5S facilitator] Conduct 5S-CQI-TQM training for staff of phase 2 targeted hospitals	Plan	Expert(s)	5S national trainers and TWG members		
	Actual				
3-2-4 [Regional user trainers trained phase 1 project] Conduct TOT regarding UT for the phase 2 targeted hospitals	Plan	Expert(s)	TWG members in charge of UT		
	Actual				
3-2-5 [User trainers] Conduct UT on ME	Plan	Expert(s)	User trainers		
	Actual				
3-2-6 [User trainers] Train other staff of RRHs on how to use ME on the job training basis	Plan	Expert(s)	User trainers		
	Actual				
Output 4: 4. ME maintenance and management capacity of workshops (WS) are strengthened.					
4-1 [TWG] Conduct leadership and management training for workshop managers including inventory data analysis	Plan	Expert(s)	TWG members in charge of ME		
	Actual				
4-2 [TWG] Conduct training for Workshop (WSs) staff on ME maintenance	Plan	Expert(s)	TWG members in charge of ME		
	Actual				
4-3 [TWG] Conduct training for core staff of the WSs on basics about specialized ME	Plan	Expert(s)	TWG members in charge of ME		
	Actual				
4-4 [TWG] Strengthen support system of the CWS for other RWSs	Plan	Expert(s)	TWG members in charge of ME		
	Actual				
4-5 [TWG] Support WSs to develop a management system for accumulating knowledge and skills	Plan	Expert(s)	TWG members in charge of ME		
	Actual				

Duration / Phasing	Plan / Actual
	Plan
	Actual

Monitoring Plan	Year	Remarks	Issue	Solution
Monitoring				
Joint Coordinating Committee	Plan			
	Actual			
Set-up the Detailed Plan of Operation	Plan			
	Actual			
Submission of Monitoring Sheet	Plan			
	Actual			
Monitoring Mission from Japan	Plan			
	Actual			
Joint Monitoring	Plan			
	Actual			

	Year	1st Year				2nd Year				3rd Year				4th Year				Remarks	Issue	Solution
		I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV			
Reports/Documents																				
Inception Report	Plan	▲																		
	Actual																			
Progress Report	Plan				▲				▲				▲							
	Actual																			
Project Completion Report	Plan																▲			
	Actual																			
Public Relations																				
	Plan																			
	Actual																			
	Plan																			
	Actual																			

Annex III: Project Implementation Structure

1. Joint Coordination Committee

- Role:
  - Approve annual work plan of the Project
  - Review overall progress of the Project
  - Conduct monitoring and evaluation of the Project
  - Exchange opinions on major issues that arise during the implementation of the Project

- Frequency of Meeting:
  - At least once a year and whenever necessity arises

- Membership:

MOH

- Director General, Ministry of Health (Chair of JCC)
- Director, Clinical and Community Health (Project Director)
- Director, Planning and Development
- Commissioner Clinical Services (Project Manager)

JICA

- Chief Representative of JICA
- Representative(s) of JICA
- JICA Experts (Team Leader)

Note: Official(s) of the Japanese Embassy in Uganda and others may attend the Joint Coordination Committee Meeting as observer(s)

2. Technical Working Group

- Role:
  - Review the plan of the Project
  - Monitor the progress of the Project

Coordinate activities as regular management of the Project

- Frequency of Meeting:
  - Basically at least bi-monthly and whenever necessity arises

- Membership:

MOH

[Commissioners]

- Commissioner Clinical Services (Chair Person)
- Commissioner Quality Assurance
- Commissioner Nursing
- Commissioner Planning
- Commissioner Community Health
- Under Secretary (Financing and Administration)

[Assistant Commissioners]
- Assistant Commissioner of Integrated Curative Services
- Assistant Commissioner of Health Infrastructure
- Assistant Commissioner of Pharmacy
- Assistant Commissioner of Quality Assurance
- Assistant Commissioner of Planning
- Assistant Commissioner of Budget and Finance
- Assistant Commissioner of Accounts
- Assistant Commissioner of National Disease Control
- Assistant Commissioner of Nursing

[Principal/Senior Officers]
- Principal Medical Officer Integrated Curative Services
- Principal Nursing Officer Integrated Curative Services
- Principal Nursing Officer Nursing
- Principal Pharmacist
- Senior Nursing Officer Nursing
- Senior Medical Office Integrated Curative Services
- Senior Medical Office Quality Assurance
- Senior Engineer Medical Equipment
- Senior Engineer Mechanical
- Senior Pharmacist

[Representative of Target Facilities]
- One Hospital Director
- One Medical Superintendent

JICA
- JICA Experts
- Representative(s) of JICA (upon necessity)

Project Implementation Structure

MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH OF THE REPUBLIC OF UGANDA
FOR
AMENDMENT OF THE RECORD OF DISCUSSIONS
ON
PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH INFRASTRUCTURE MANAGEMENT (II)

The Japan International Cooperation Agency (hereinafter referred to as "JICA") and the Ministry of Health of the Republic of Uganda (hereinafter referred to as "MOH") hereby agree that the Record of Discussions on the Project on Improvement of Health Services through Health Infrastructure Management (II) signed on 27th December 2015 will be amended as follows;

※The amended parts are underlined.

1. Annex I Logical Framework (Project Design Matrix: PDM)

Before	Amended Version
(1) Overall goal 1) Objectively Verifiable Indicators ・ Clients' satisfaction level is improved to the target level. (XX) ・ Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX% ・ Maintenance cost regarding medical equipment is decreased in XX%.	(1) Overall goal 1) Objectively Verifiable Indicators ・ The overall score of Health Facility Quality of Care Assessment Programme (HFQAP) is over 55%. ・ The overall score of Service Availability and Readiness Assessment (SARA) is over 62%.
2) Means of Verification ・ Training records related to ME maintenance. ・ Results of pre and post tests for trainees of ME maintenance. ・ Inventory lists of each workshop.	2) Means of Verification ・ HFQAP ・ SARA

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<table>
<tr><td>(2) Project Purpose
1) Objectively Verifiable Indicators
(4) Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times.</td><td>(2) Project Purpose
1) Objectively Verifiable Indicators
(4) Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than <u>three (3)</u> times.</td></tr>
<tr><td colspan="2">Reason:
The scores of HFQAP and SARA have been decided as Key Quality Improvement Monitoring Indicators in the National Quality Improvement Framework and Strategic Plan (2021-2025).</td></tr>
</table>

This amendment will become effective once the Minutes of Meetings are signed.

Annex 1 : Record of Discussions (signed on 27th December 2015)
Annex 2 : PDM ver.4

Kampala, 17 June, 2021

内山貴之

Mr. Uchiyama Takayuki
Chief Representative
JICA Uganda Office
Japan

Dr. Diana Atwine
Permanent Secretary
Ministry of Health
The Republic of Uganda

Project Design Matrix

Project Title： Project on Improvement of Health Service through Health Infrastructure Management (II)

Implementing agency: Department of Standards, Compliance, Accreditation and Patient Protection, Directorate of Health Governance and Regulation, Ministry of Health (MOH) (5S-CQI-TQM)
Department of Clinical Services, Directorate of Curative Services, MOH (Utilization of Medical Equipment)
Department of Health Infrastructure, Directorate of Strategy, Policy and Developmemt, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe RRH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: July 2016- July 2021

Target Site: Republic of Uganda

Version 4
Dated 17th June 2021

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal Quality of health care services at all the RRHs in Uganda is improved.	・The overall score of Health Facility Quality of Care Assessment Programme (HFQAP) is over 55%. ・The overall score of Service Availability and Readiness Assessment (SARA) is over 62%.	・HFQAP ・SARA	
Project Purpose Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	(1) CQI Process or QC Story -The number of cases of CQI Process or QC Story amounts to more than three. (2) Good practice of small CQI -All RRHs have at least one good practice of small CQI. (3) The average of percentage of medical equipment in status A at all RRHs is higher than 70%. (4) Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than three (3) times.	(1)Report of CQI Process (e.g. Documentation Journal as an example of the format) (2)Report of small CQI or CQI support supervision tool (3) Medical equipment inventory (4) Minutes of steering committee meetings (5) Reports of steering committee	・Government budget for the RRHs will not be deceased significantly. ・Government budget for the workshops will not be decreased significantly. ・Political situation in Uganda remans stable.
Output 1 1. [Project Steering Committee] Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	(1) The Project Steering committee meeting is conducted every three months. (2) The results of integrated support supervision conducted by Project Implementation Teams and the next quarter action plan developed from these results are shared and approved at every Project Steering Committee meeting. (3) The roadmap for incorporating the Project activities into the policy and systems of MOH is established and implemented by the Project Steering Committee. (4) The Project activities are successfully incorporated into the Ministerial Policy Statement of Ministry of Health.	(1) Minutes of meeting of Project Steering Committee (2) Ministerial Policy Statement	・Personnel of counterparts do not leave the job and are not transferred considerably. ・Policy related to health infrastructure management will not be changed as a result of the presidential election.
Output 2 2.[Project Implementation Team: 5S-CQI-TQM] Resource management and quality improvement activities are strengthened through CQI approach in all RRHs.	(1)Score of module 1 (Leadership) and 6 (Health Infrastructure) HFQAP Facility Assessment Tool - All RRHs mark (i) 5 points out of 8 as full mark for module 1 and (ii) 6 points out of 10 as full mark for module 6. (2)Score of modified 5S M&E Sheet in 5S-CQI-TQM Guidelines - All RRHs mark 33 points out of 54 as full mark at least two consecutive years.	(1)HFQAP Facility Assessment Tool (2)5S M&E Sheet in 5S-CQI-TQM Guidelines	
Output 3 3.[Project Implementation Team: User Training] Proper utilization of medical equipment through UT is improved in all RRHs.	(1) There are at least two regional user trainers at all RRHs. (2) The number of UT conducted by regional user trainers is more than three as per year in every region. (3) The average of percentage of medical equipment in status B at all RRHs is not higher than 4%.	(1) Records on training of regional user trainers (2) Training records on user training conducted by user trainers (3) Medical equipment inventory	
Output 4 4.[Project Implementation Team: ME maintenance] ME maintenance and management capacity of workshops (WS) are strengthened.	(1) The average increase of scores between the pre-test and post-test is at least 15%. (2) The average of percentage of medical equipment in status C and status E at all RRHs is not higher than 15%.	(1) Results of pre and post tests for trainees of medical equipment maintenance (2) Medical equipment inventory	

Activities	Input		Pre-Conditions
1-1 Establishment of foundation for the Project and implementation	The Japanese side	The Uganda side	
1-1-1 Establish Project Steering Committee	1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management 2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc. 3) Computers for medical equipment inventory management and data analysis 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense such as training and supervision 4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)	
1-1-2 Establish Project Implementation Teams for 5S-CQI-TQM, UT and ME			
1-1-3 Develop Terms of Reference (TOR) for Project Steering Committee and Project Implementation Teams and action plans for implementation of the Project			
1-1-4 Conduct baseline survey			
1-2 Support Supervision on health infrastructure management			
1-2-1 Review and revise existing supervision system and tools through enrichment of checklists of HFQAP(Health Facility Quality of Care Assessment Program) and allocation of 5S-CQI-TQM facilitators at national and regional levels			
1-2-2 Direct integrated support supervision, mentoring and coaching on health infrastructure management as CQI practice integrating 5S, UT and ME			
1-3 Project implementation, monitoring and evaluation and institutionalization			
1-3-1 Organize meetings for Project Steering Committee every three months and review whether action plan is being implemented based on PDCA cycle			
1-3-2 Conduct a meeting to review the established system in MOH			
1-3-3 Make use of review of activity 1-3-2 for institutionalization of support supervision systems and methodologies developed through the Project, and make reflections to the Ministerial Policy Statement			
1-3-4 Organize study tours and QI Conference to share good practice and lessons learned on health infrastructure management compiling 5S, UT and ME			
1-3-5 Conduct an end-line survey on health infrastructure management, including 5S-CQI-TQM, UT and ME			<Issues and countermeasures>
2.[Project Implementation Team: 5S-CQI-TQM]			
2-1 Develop and/or update guidelines, manuals, handbooks, monitoring and supervision tools, and facilitators guide			
2-2 Define criteria for national show case of 5S-CQI-TQM and review national show case(s)			
2-3 Clarify qualification, role and responsibility of 5S-CQI-TQM facilitators at national an regional levels			
2-4 Conduct leadership and management training based on the results of the baseline survey for management staff of targeted facilities, etc.			
2-5 Conduct facilitators' training for 5S-CQI-TQM facilitators at national and regional levels with a focus on CQI			
2-6 Strengthen function of quality improvement team (QIT) and work improvement team (WIT) in the target facilities			
2-7 Conduct 5S-CQI-TQM training to target facilities based on the results of the baseline survey, with a focus on CQI			
2-8 Conduct support supervision, mentoring and coaching on WIT/QIT function, development of action plans by WITs, periodic meetings by QIT, implementation of 5S-CQI-TQM activities with proper usage and ME in collaboration with UT and ME activities under the direction of Project Steering Committee Activity 1-2-2			
3.[Project Implementation Team: User Training]			
3-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary			
3-2 Conduct refresher training of user trainers in the previous Project phase.			
3-3 Conduct Training of Trainers (TOT) for user trainers of the phase 2 target hospitals			
3-4 Conduct support supervision, mentoring and coaching on UT for proper usage and ME in collaboration with 5S-CQI-TQM and ME activities aiming at CQI under the direction of Project Steering Committee Activity 1-2-2			
4.[Project Implementation Team: Maintenance]			
4-1 Update and develop manuals, handbooks, guidelines, and monitoring tools for dissemination as necessary			
4-2 Conduct leadership and management training for workshop managers including inventory data analysis			
4-3 Conduct training for workshop staffs on maintenance of basic medical equipment			
4-4 Conduct training for core staff of workshops in first line maintenance of specialized medical equipment			
4-5 Strengthen capacity of Central Workshop and Department of Health Infrastructure to support Regional Workshops			
4-6 Support Workshops to develop a system for sharing knowledge and skills			

RECORD OF DISCUSSIONS

ON

THE PROJECT ON IMPROVEMENT OF HEALTH SERVICES
THROUGH HEALTH INFRASTRUCTURE MANAGEMENT (II)

IN

THE REPUBLIC OF UGANDA

AGREED UPON BETWEEN

MINISTRY OF HEALTH

AND

JAPAN INTERNATIONAL COOPERATION AGENCY

Kampala, Dec. 27, 2015

Mr. Kyosuke Kawazumi
Chief Representative
Japan International Cooperation Agency
Uganda Office

Permanent Secretary
Ministry of Health
The Republic of Uganda

WITNESS

Ms. Maris Wanyera
For: Permanent Secretary/ Secretary to the Treasury
Ministry of Finance, Planning and Economic Development
The Republic of Uganda

Based on the Minutes of Meeting on the Detailed Planning Survey on the Project on Improvement of Health Services through Health Infrastructure Management (II) (hereinafter referred to as "the Project") signed on July 29th, 2015 between Ministry of Health (hereinafter referred to as "MOH") and the Japan International Cooperation Agency (hereinafter referred to as "JICA"), JICA held a series of discussions with MOH and relevant organizations to develop a detailed plan of the Project.

Both parties agreed the details of the Project and the main points discussed as described in the Appendix 1 and the Appendix 2 respectively.

Both parties also agreed that MOH, the counterpart to JICA, will be responsible for the implementation of the Project in cooperation with JICA, coordinate with other relevant organizations and ensure stewardship so that the Project activities and outcomes are sustained during and after the implementation period in order to contribute toward social and economic development of the Republic of Uganda (hereinafter referred to as "Uganda").

The Project will be implemented within the framework of the Agreement on Technical Cooperation signed on 8th December, 2005 (hereinafter referred to as "the Agreement") and the Note Verbales exchanged on 22nd July, 2015 between the Government of Japan (hereinafter referred to as "GOJ") and the Government of Uganda (hereinafter referred to as "GOU").

Appendix 1: Project Description
Appendix 2: Minutes of Meetings on the Project on Improvement of health services through health infrastructure management (II)

Appendix 1

PROJECT DESCRIPTION

Both parties confirmed that there is no change in the Project Description in the minutes of meetings for Preparatory Survey on the Project signed on 29th July, 2015 **(Appendix 2)**.

I. BACKGROUND

The Republic of Uganda formulated the "Health Sector Strategic and Investment Plan 2010/2011-2014/2015" (HSSIP) which recognizes improvement of quality of health care and medical equipment maintenance as one of the key priorities. Health infrastructure development is a key priority intervention together with human resources, drugs and health finance. Furthermore, the "National Health Policy (NHP) II 2010-2020" indicates that health infrastructure management is one of the highest political priority issues in the health sector. However, problems such as inappropriate use of medical equipment and low awareness of the importance of maintenance in health facilities still remained.
Under these circumstances, the Government of Uganda requested the Government of Japan to implement a technical cooperation project aiming at improving management and utilization of health infrastructure through the 5S (Sort, Set, Shine, Standardize, Sustain)-Continuous Quality Improvement- Total Quality Management (hereinafter referred to as "5S-CQI-TQM") approach as well as provision of appropriate knowledge and skills on proper use and daily maintenance of medical equipment through training of the equipment users and capacity development of public medical equipment workshops in maintenance of medical equipment. In response to this request, JICA, in partnership with MOH, launched a technical cooperation project entitled "The Project on Improvement of Health Service through Health Infrastructure Management". The duration of the said Project was 3 years and 4 months, from August 2011 to December 2014. Seven Regional Referral Hospitals (hereinafter referred to as "RRH"), two General Hospitals (hereinafter referred to as "GH") and one Health Center IV (hereinafter referred to as "HC IV") were selected as the target health facilities, while designating Tororo GH as the National Showcase for 5S-CQI-TQM. The said Project had three components, namely (1) 5S-CQI-TQM, (2) User Training, and (3) Capacity development of Medical Equipment Maintenance Workshop (hereinafter referred to as "WS").
The Terminal Evaluation was conducted from April to May, 2014, and it concluded that the said Project successfully demonstrated the effectiveness of relatively simple interventions in improving functionally of medical equipment. In general, 5S-CQI-TQM has been successfully introduced to the target health facilities, even though there is disparity in performance and the overall achievement fell short of the project targets. Providing users with simple knowledge on proper use and daily maintenance of medical equipment has been proven effective in reducing break down and prolonging the life span of medical equipment. Capacity development for WSs has been proven effective in reducing break down and prolonging the life span of medical equipment.

Several challenges were identified such as weak supportive supervision for 5S-CQI-TQM, need for a National Showcase for CQI, need for mechanisms to ensure sustainability of user training, and lack of a structured framework for enhancing the skills level of the WSs.
In order to further strengthen 5S-CQI-TQM and expand user training to other RRHs which were not covered by the project, continuous technical cooperation from GOJ was requested by GOU. Covering other RRHs would contribute to the synergetic effect of Japanese cooperation, since such RRHs include the hospitals assisted by Japanese Grant Aid as well as Japan Overseas Cooperation Volunteer activities.

II. OUTLINE OF THE PROJECT

Details of the Project are described in the Logical Framework (Project Design Matrix: PDM) (Annex I) and the Plan of Operation (Annex II). Expected Goals, Outputs, Activities of the Project are shown in these Annexes.

1. Title of the Project
The Project on Improvement of Health Service through Health Infrastructure Management (II)

2. Input
  (1) Input by JICA
    (a) Dispatch of Experts
      -Chief Adviser / QI Management System
      -5S-CQI-TQM
      -Utilization of Medical Equipment
      -Maintenance of Medical Equipment
      -Project Coordinator/ Training Management
    (b) Training in Japan (and / or in the third country)
    (c) Machinery and Equipment
      -necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters
      -testing and calibration tools and equipment etc.
    (d) Allocation of operational costs for project activities

  (2) Input by MOH
  MOH will take necessary measures to provide at its own expense:
    (a) Services of MOH's counterpart personnel and administrative personnel as referred to in II-3;
    (b) Suitable office space with necessary equipment;
    (c) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA;
    (d) Information as well as support in obtaining medical service;
    (e) Credentials or identification cards;
    (f) Available data (including maps and photographs) and information related to the Project;
    (g) Running expenses necessary for the implementation of the Project;
    (h) Expenses necessary for transportation within Uganda of the equipment referred to in II-3 (1) as well as for the installation, operation and maintenance thereof;

(i) Necessary facilities to the JICA experts for the remittance as well as utilization of the funds introduced into Uganda from Japan in connection with the implementation of the Project; and

(j) Allocation of operational costs for project activities such as training and supervision.

3. Implementation Structure

The project Implementation Structure is given in the Annex III. The roles and assignments of relevant organizations are as follows:

(1) MOH

(a) Project Director

Director, Clinical and Community Health, MOH, as Project Director, will be responsible for overall administration and implementation of the Project.

(b) Project Manager

Commissioner, Clinical Services, Directorate of Clinical and Community Health, MOH, as Project Manager, will be responsible for the managerial and technical matters of the Project.

(2) JICA Experts

The JICA experts will give necessary technical guidance, advice and recommendations to MOH, target hospitals, workshops and other relevant personnel involved on any matters pertaining to the implementation of the Project

(3) Joint Coordinating Committee

Joint Coordinating Committee (hereinafter referred to as "JCC") will be established in order to facilitate inter-organizational coordination. JCC will be held at least once a year and whenever deems it necessary. JCC will review the progress, revise the overall plan when necessary, approve an annual work plan, conduct evaluation of the Project, and exchange opinions on major issues that arise during the implementation of the Project. A list of proposed members of JCC is shown in the Annex III.

(4) Technical Working Group

Technical Working Group will be established for effective implementation of the Project. Technical Working Group will meet at least bi-monthly and when necessity arises. A list of proposed members of Technical Working Group is shown in the Annex III.

4. Project Site(s) and Beneficiaries

Project hospitals:

-(Phase 1 target facilities) Mbale RRH, Masaka RRH, Entebbe GH, Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH

-(Phase 2 target facilities) Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

-(Workshops) Arua WS, Gulu WS, Lira WS, Mbale WS, Hoima WS, Fort Portal WS, Kabale WS, Mubende WS, Moroto WS, Soroti WS, Wabigalo CWS

Beneficiaries
-Direct Beneficiaries: Health officer of MOH, health workers of selected hospitals-and engineers/technicians of central medical equipment maintenance workshop (CWS) and regional medical equipment maintenance workshop (WS)
-Indirect Beneficiaries: Health officers of District Health Team (DHT) in target regions, health workers of hospitals and HC IVs to which the project is rolled out by selected hospitals, and patients.

5. Duration
The duration of the Project will be 4 years from the date of first arrival of the JICA experts, which would be in 2016.

6. Reports
MOH and JICA experts will jointly prepare the following reports in English.
(1) Monitoring Sheet on semiannual basis until the project completion
(2) Project Completion Report at the time of project completion

7. Environmental and Social Considerations
MOH will abide by 'JICA Guidelines for Environmental and Social Considerations' in order to ensure that appropriate considerations will be made for the environmental and social impacts of the Project.

III. UNDERTAKINGS OF MOH

1. MOH will take necessary measures to:

(1) ensure that the technologies and knowledge acquired by the Uganda nationals as a result of Japanese technical cooperation contributes to the economic and social development of Uganda, and that the knowledge and experience acquired by the personnel of Uganda from technical training as well as the equipment provided by JICA will be utilized effectively in the implementation of the Project; and

(2) grant privileges, exemptions and benefits to the JICA experts referred to in II-2 above and their families, which are no less favorable than those granted to experts and members of the missions and their families of other third countries or international organizations performing similar missions in Uganda.

2. Other privileges, exemptions and benefits will be provided in accordance with the Agreement on Technical Cooperation signed on 8th December, 2005 between the GOJ and the GOU.

IV. MONITORING AND EVALUATION

JICA and the MOH will jointly and regularly monitor the progress of the Project through the Monitoring Sheets based on the Project Design Matrix (PDM) and Plan of Operation (PO). The Monitoring Sheets will be reviewed every six (6) months.
Also, Project Completion Report will be drawn up one (1) month before the termination of the Project.

JICA will conduct the following evaluations and surveys to verify sustainability and impact of the Project and draw lessons. The MOH is required to provide necessary support for them.

1. Ex-post evaluation three (3) years after the project completion, in principle
2. Follow-up surveys on necessity basis

V. PROMOTION OF PUBLIC SUPPORT

For the purpose of promoting support for the Project, MOH will take appropriate measures to make the Project widely known to the people of Uganda.

VI. MISCONDUCT

If JICA receives information related to suspected corrupt or fraudulent practices in the implementation of the Project, MOH and relevant organizations will provide JICA with such information as JICA may reasonably request, including information related to any concerned official of the government, public organizations of the Uganda and/or JICA Experts.

MOH and relevant organizations will not, unfairly or unfavorably treat the person and/or company which provided the information related to suspected corrupt or fraudulent practices in the implementation of the Project.

VII. MUTUAL CONSULTATION

JICA and MOH will consult each other whenever any major issues arise in the course of Project implementation.

VIII. AMENDMENTS

The record of discussions may be amended by the minutes of meetings between JICA and MOH. However, PO may be amended in the Monitoring Sheets.

The minutes of meetings will be signed by authorized persons of each side who may be different from the signers of the record of discussions.

Annex I Logical Framework (Project Design Matrix: PDM)
Annex II Tentative Plan of Operation
Annex III Project Implementation Structure

ANNEX I

Project Design Matrix (PDM)

Dated December 10, 2015

Project Title : Project on Improvement of Health Service through Health Infrastructure Management (II)

Implementing agency: Department of Quality Assurance, Ministry of Health (MOH) (5S-CQI-TQM)
Integrated Curative Services Division, Department of Clinical Services, MOH (Utilization of Medical Equipment)
Health Infrastructure Division, Department of Clinical Services, MOH (Maintenance of Medical Equipment)

Target Group: (1) Phase 1 targeted hospitals: Mbale Regional Referral hospital (RRH), Masaka RRH, Entebbe General Hospital (GH), Hoima RRH, Kabale RRH, Arua RRH, Lira RRH, Moroto RRH, Mukuju HC IV, Tororo GH
(2) Phase 2 targeted hospitals: Soroti RRH, Jinja RRH, Gulu RRH, Fort Portal RRH, Mbarara RRH, Mubende RRH, Naguru Referral Hospital

Period of Project: 4 years

Target site: Republic of Uganda

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal : Quality of health care services at all the RRHs in Uganda is improved.	- Clients' satisfaction level is improved to the target level. (XX) - Clients' waiting time of patients for consultation, testing, clinical examination, and prescription of drugs are reduced XX%. - Maintenance cost regarding medical equipment is decreased in XX%.	- Health Management Information System (HMIS) - Annual Health Sector Performance Report (AHSPR) - Periodical monitoring reports by QITs at target hospitals - Supervision reports made by the steering committee for the project - Baseline and end-line data - Quarterly regional workshop maintenance report			
Project purpose: Health infrastructure management at all the RRHs in Uganda is strengthened with the initiatives of MOH.	- Score sheet of 5S-CQI-TQM on targeted hospitals become more than XX%. - The number of CQI practices becomes more than XX (number). - Supervisions on 5S, UT, and ME which is integrated into the system of MOH in a consolidated way are implemented more than XX times. - Percentages of status A of ME becomes	- Minutes of steering committee meetings - Reports of steering committee - Reports from 5S trainers - Score sheets of 5S-GQI-TQM at targeted hospitals.	- Government budget for the RRHs will not be deceased significantly. - Government budget for the workshops will not be decreased significantly. - Political Situation in Uganda remains stable.		

	higher than XX%.				
Outputs :					
1. Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.	1-1 PDCA cycle of supporting and supervising RRHs is completed once a year or more. 1-2 The number of supervision conducted by steering committee becomes more than XX times. 1-3 Number of training organized by Technical Working Group (TWG) becomes more than XX times. 1-4 Number of certified national CQI facilitators from MOH become more than XX.	- Plans and periodic reports made by steering committee - Activity records made by steering committee of MOH - Records and results of supervision conducted by steering committee - Test results and certification issued for CQI trainers at MOH	- Personnel of counterparts do not leave the job and are not transferred considerably. - Policy related to health infrastructure management will not be changed as a result of the presidential election.		
2. Implementation mechanism of the phase 1 targeted hospitals aimed at CQI level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.	2-1 Number of the phase 1 targeted hospitals which started CQI activities becomes more than XX. 2-2 Number of the phase 1 targeted hospitals which completed CQI process at least with one unit becomes more than XX. 2-3 Number of UT conducted by regional trainers is more than XX times. 2-4 Number of functioning WITs in target hospitals reaches the level of 10 under the 5S-CQI-TQM implementation becomes more than XX.	- Activity records of QITs - Activity records of WITs - Training records on UT conducted by user trainers - Score sheets of 5S-CQI-TQM - Project report about CQI activities - Supervision reports made by TWG			
3. Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.	3-1 All the phase 2 targeted hospitals implement QIT activities including 5S-CQI-TQM. 3-2 Average of comprehension rate of trainees after user training becomes higher than XX%. 3-3 More than 1 regional 5S facilitators at each phase 2 targeted hospitals are trained. 3-4 More than 2 regional user trainers at each phase 2 targeted hospitals are trained.	- Number of QITs and their activity records - Monitoring and meeting minutes of QITs related to 5S-CQI-TQM - Supervision report made by TWG - Results of pre and post tests for trainees of UT Training records on TOT for 5S-CQI-TQM - Training records on TOT for UT			
4. ME maintenance and management capacity of workshops (WS) are strengthened.	4-1 Trained staff of all the workshops improve their knowledge by XX% after ME maintenance training.	- Training records related to ME maintenance - Results of pre and post			

	4-2 Percentages of ME in status E lowered by XX%.	tests for trainees of ME maintenance - Inventory lists of each workshop			
Activities	Inputs				
1-1 Establishment of foundation for the project and implementation 1-1-1 [MOH] Establish TWG for the phase 2 project 1-1-2 [MOH] Select focal persons for 5S, user training (UT), and medical equipment (ME) maintenance 1-1-3 [TWG] Develop TORs for members of TWG and action plans for implementing the project 1-1-4 [TWG] Conduct baseline survey 1-1-5 [TWG] Update and/or create manuals, handbooks, guidelines, and monitoring tools for dissemination 1-1-6 [TWG] Define criteria for national show case and review a national show case(s) 1-1-7 [TWG] Review existing supervision system of MOH. 1-1-8 [TWG] Integrate components of 5S-CQI-TQM, UT, and ME maintenance to the supervision system 1-2 Training and knowledge sharing 1-2-1 [TWG] Conduct refresher training for national 5S facilitators* 1-2-2 [TWG] Conduct training of trainers for 5S-CQI-TQM especially customized for CQI 1-2-3 [TWG] Organize opportunities to share good practices and	The Japanese side	The Uganda Side	Pre-Conditions		
	1. Dispatch of Experts 1) Chief advisor / QI Management System 2) 5S-CQI-TQM 3) Utilization of Medical Equipment 4) Maintenance of Medical Equipment 5) Project Coordinator/ Training Management 2. Machinery and equipment 1) Necessary supplies for 5S-CQI-TQM to target hospitals and MOH headquarters 2) Testing and calibration tools and equipment etc. 3. Allocation of operational costs for project activities 4. Training in Japan and/or third countries	1. Assignment of Counterparts 2. Facilities 1) Office space for Japanese experts 3. Administrative cost and other expense such as training and supervision 4. Personnel cost for counterparts and other running expenses (daily allowance and transportation expense)			
			<Issues and countermeasures>		

lessons learned such as study tours and QI competition 1-3 Implementation of activities, and monitoring and evaluation, and reflections 1-3-1 [TWG] Implement an action plan based on PDCA cycle. 1-3-2 [TWG] Conduct supervision which is integrated into the existing system 1-3-3 [TWG] Hold meetings at least bi-monthly with the project team 1-3-4 [TWG] Conduct a review meeting on established system in MOH 1-3-5 [TWG] Make use of review of activity 1-3-4 for institutionalization of the system and methodologies, and reflection to the health sector policy/plan 1-3-6 [TWG] Conduct an end-line survey					
2-1 System development and implementation 2-1-1 [Phase 1 target hospitals] Revitalize and/or strengthen function of quality improvement team (QIT) and work improvement team (WIT) 2-1-2 [Phase 1 target hospitals] develop action plans of WITs at each phase 1 target hospital 2-1-3 [Phase 1 target hospitals] Hold periodic meetings of QIT 2-1-4 [Phase 1 target hospitals] Implement activities aiming at CQI with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities					

2-2 Training 2-2-1 [TWG] Conduct leadership and management training for management staff of targeted hospitals 2-2-2 [TWG] Conduct refresher training for regional 5S facilitators of targeted hospitals 2-2-3 [TWG] Conduct 5S CQI training to hospitals with high level practices of 5S-CQI-TQM 2-2-4 [TWG] Conduct refresher training for regional user trainers 2-2-5 [User trainers] Train staff of their hospitals on how to use ME on the job training basis					
3-1 System development and implementation 3-1-1 [TWG] Support target hospitals to establish and/or strengthen quality improvement team (QIT) 3-1-2 [TWG] Support target hospitals establish and/or strengthen work improvement team (WIT) 3-1-3 [TWG] Support target hospitals to hold QIT periodic meetings 3-1-4 [Phase 2 target hospitals] Implement 5S activities with proper usage and maintenance of ME by collaboration with UT and ME maintenance activities 3-2 Training 3-2-1 [TWG] Conduct leadership and management training for management staff of target RRHs 3-2-2 [National 5S facilitators] Conduct training of trainers (TOT) on 5S-CQI-TQM for regional 5S facilitators of phase					

2 targeted hospitals 3-2-3 [Regional 5S facilitator] Conduct 5S-CQI-TQM training for staff of phase 2 targeted hospitals 3-2-4 [Regional user trainers trained phase 1 project] Conduct TOT regarding UT for the phase 2 targeted hospitals 3-2-5 [User trainers] Conduct UT on ME 3-2-6 [User trainers] Train other staff of RRHs on how to use ME on the job training basis					
4-1 [TWG] Conduct leadership and management training for workshop managers including inventory data analysis 4-2 [TWG] Conduct training for Workshop (WSs) staff on ME maintenance 4-3 [TWG] Conduct training for core staff of the WSs on basics about specialized ME 4-4 [TWG] Strengthen support system of the CWS for other RWSs 4-5 [TWG] Support WSs to develop a management system for accumulating knowledge and skills					

*Training on 5S for 5S national facilitators and training on CQI for CQI national facilitators are categorized as activities for the output 1 because the majorities of the national 5S facilitators are MOH staff. Other training for regional 5S trainers and regional user trainers are categorized as activities for the output 2 or 3 because both types of regional trainers are staff of the target hospitals.

Annex II

Tentative Plan of Operation

Dated December 10, 2015

Project Title: Project on Improvement of Health Service through Health Infrastrucuture Management (II)

Inputs	Year	1st Year (I–IV)	2nd Year (I–IV)	3rd Year (I–IV)	4th Year (I–IV)	Remarks	Monitoring: Issue	Monitoring: Solution
	Actual							

Activities / Sub-Activities	Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 1: Supporting/supervising system for health infrastructure management of all the RRHs is strengthened in the MOH.					
1. Establishment of foundation for the project and implementation					
1-1-1 [MOH] Establish TWG for the phase 2 project	Plan / Actual	Expert(s)	All the concerned Departments of MOH		
1-1-2 [MOH] Select focal persons for 5S, user training (UT), and medical equipment (ME) maintenance	Plan / Actual	Expert(s)	All the concerned Departments of MOH		
1-1-3 [TWG] Develop TORs for members of TWG and action plans for implementing the project	Plan / Actual	Expert(s)	All the concerned Departments of MOH		
1-1-4 [TWG] Conduct baseline survey	Plan / Actual	Expert(s)	TWG members		
1-1-5 [TWG] Update and/or create manuals, handbooks, guidelines, and monitoring tools for dissemination	Plan / Actual	Expert(s)	TWG members		
1-1-6 [TWG] Define criteria for national show case and review a national show case(s)	Plan / Actual	Expert(s)	TWG members		
1-1-7 [TWG] Review existing supervision system of MOH.	Plan / Actual	Expert(s)	TWG members		
1-1-8 [TWG] Integrate components of 5S-CQI-TQM, UT, and ME maintenance to the supervision system	Plan / Actual	Expert(s)	TWG members		
1-2 Training and knowledge sharing					
1-2-1 [TWG] Conduct refresher training for national 5S facilitators	Plan / Actual	Expert(s)	TWG members in charge of 5S		
1-2-2 [TWG] Conduct training of trainers for 5S-CQI-TQM especially customized for CQI	Plan / Actual	Expert(s)	TWG members in charge of 5S and CQI		
1-2-3 [TWG] Organize opportunities to share good practices and lessons learned such as study tours and QI competition	Plan / Actual	Expert(s)	TWG members		
1-3 Implementation of activities, and monitoring and evaluation and reflections					
1-3-1 [TWG] Implement an action plan based on PDCA cycle	Plan / Actual	Expert(s)	TWG members		
1-3-2 [TWG] Conduct supervision which is integrated into the existing system	Plan / Actual	Expert(s)	TWG members		
1-3-3 [TWG] Hold meetings at least bi-monthly with the project team	Plan / Actual	Expert(s)	TWG members		
1-3-4 [TWG] Conduct a review meeting on established system in MOH	Plan / Actual	Expert(s)	TWG members		
1-3-5 [TWG] Make use of review of activity 1-3-4 for institutionalization of the system and methodologies, and reflection to the health sector policy/plan	Plan / Actual	Expert(s)	TWG members		
1-3-6 [TWG] Conduct an end-line survey	Plan / Actual	Expert(s)	TWG members		

Activities / Sub-Activities	Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 2: Implementation mechanism of the Phase 1 targeted hospitals aimed at CQI level for resource management and quality improvement is established to function as leading cases based on the outcomes of the phase 1.					
2-1 System development and Implementation					
2-1-1 [Phase 1 target hospitals] Revitalize and/or strengthen function of quality improvement team (QIT) and work improvement team (WIT)	Plan / Actual	Expert(s)	TWG members		
2-1-2 [Phase 1 target hospitals] develop action plans of WITs at each phase 1 target hospital	Plan / Actual	Expert(s)	TWG members		
2-1-3 [Phase 1 target hospitals] Hold periodic meetings of QIT	Plan / Actual	Expert(s)	TWG members		
2-1-4 [Phase 1 target hospitals] Implement activities aiming at CQI with proper usage and maintenance of ME in collaboration with UT and ME maintenance activities	Plan / Actual	Expert(s)	TWG members in charge of 5S and CQI		

Activities / Sub-Activities	Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
2-2 Training					
2-2-1 [TWG] Conduct leadership and management training for management staff of targeted hospitals	Plan / Actual	Expert(s)	TWG members		
2-2-2 [TWG] Conduct refresher training for regional 5S facilitators of targeted hospitals	Plan / Actual	Expert(s)	5S national trainers and TWG members		
2-2-3 [TWG] Conduct 5S-CQI training to hospitals with high level practices of 5S-CQI-TQM	Plan / Actual	Expert(s)	TWG members in charge of 5S and CQI		
2-2-4 [TWG] Conduct refresher training for regional user trainers	Plan / Actual	Expert(s)	TWG members in charge of UT		
2-2-5 [User trainers] Train staff of their hospitals on how to use ME on the job training basis	Plan / Actual	Expert(s)	User trainers		

Activities / Sub-Activities	Year	Responsible Organization: Japan	Responsible Organization: Uganda	Achievements	Issue & Countermeasures
Output 3: 3. Foundation for implementation mechanism of the phase 2 targeted hospitals for resource management and quality improvement is introduced and established.					
3-1 System development and implementation					
3-1-1 [TWG] Support target hospitals to establish and/or strengthen quality improvement team (QIT)	Plan / Actual	Expert(s)	TWG members		
3-1-2 [TWG] Support target hospitals establish and/or strengthen work improvement team (WIT)	Plan / Actual	Expert(s)	TWG members		
3-1-3 [TWG] Support target hospitals to hold QIT periodic meetings	Plan / Actual	Expert(s)	TWG members		
3-1-4 [Phase 2 target hospitals] Implement 5S activities with proper usage and maintenance of ME by collaboration with UT and ME maintenance activities	Plan / Actual	Expert(s)	TWG members in charge of 5S and UT		
3-2 Training					
3-2-1 [TWG] Conduct leadership and management training for management staff of target RRHs	Plan / Actual	Expert(s)	TWG members		
3-2-2 [National 5S facilitators] Conduct training of trainers (TOT) on 5S-CQI-TQM for regional 5S facilitators of phase 2 targeted hospitals	Plan / Actual	Expert(s)	5S national trainers and TWG members		
3-2-3 [Regional 5S facilitator] Conduct 5S-CQI-TQM training for staff of phase 2 targeted hospitals	Plan / Actual	Expert(s)	5S national trainers and TWG members		
3-2-4 [Regional user trainers trained phase 1 project] Conduct TOT regarding UT for the phase 2 targeted hospitals	Plan / Actual	Expert(s)	TWG members in charge of UT		
3-2-5 [User trainers] Conduct UT on ME	Plan / Actual	Expert(s)	User trainers		
3-2-5 [User trainers] Train other staff of RRHs on how to use ME on the job training basis	Plan / Actual	Expert(s)	User trainers		
Output 4: 4. ME maintenance and management capacity of workshops (WS) are strengthened.					
4-1 [TWG] Conduct leadership and management training for workshop managers including inventory data analysis	Plan / Actual	Expert(s)	TWG members in charge of ME		
4-2 [TWG] Conduct training for Workshop (WSs) staff on ME maintenance	Plan / Actual	Expert(s)	TWG members in charge of ME		
4-3 [TWG] Conduct training for core staff of the WSs on basics about specialized ME	Plan / Actual	Expert(s)	TWG members in charge of ME		
4-4 [TWG] Strengthen support system of the CWS for other RWSs	Plan / Actual	Expert(s)	TWG members in charge of ME		
4-5 [TWG] Support WSs to develop a management system for accumulating knowledge and skills	Plan / Actual	Expert(s)	TWG members in charge of ME		

Duration / Phasing	Plan / Actual

Monitoring Plan	Year	Remarks	Issue	Solution
Monitoring				
Joint Coordinating Committee	Plan / Actual			
Set-up the Detailed Plan of Operation	Plan / Actual			
Submission of Monitoring Sheet	Plan / Actual			
Monitoring Mission from Japan	Plan / Actual			
Joint Monitoring	Plan / Actual			

(Year columns: 1st Year, 2nd Year, 3rd Year, 4th Year, each divided into quarters I, II, III, IV.)

	Year	1st Year				2nd Year				3rd Year				4th Year				Remarks	Issue	Solution
		I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV			
Reports/Documents																				
Inception Report	Plan	▲																		
	Actual																			
Progress Report	Plan				▲				▲				▲							
	Actual																			
Project Completion Report	Plan																▲			
	Actual																			
Public Relations																				
	Plan																			
	Actual																			
	Plan																			
	Actual																			

Annex III: Project Implementation Structure

1. Joint Coordination Committee

➢ Role:

- Approve annual work plan of the Project
- Review overall progress of the Project
- Conduct monitoring and evaluation of the Project
- Exchange opinions on major issues that arise during the implementation of the Project

➢ Frequency of Meeting:

- At least once a year and whenever necessity arises

➢ Membership:

MOH

- Director General, Ministry of Health (Chair of JCC)
- Director, Clinical and Community Health (Project Director)
- Director, Planning and Development
- Commissioner Clinical Services (Project Manager)

JICA

- Chief Representative of JICA
- Representative(s) of JICA
- JICA Experts (Team Leader)

Note: Official(s) of the Japanese Embassy in Uganda and others may attend the Joint Coordination Committee Meeting as observer(s)

2. Technical Working Group

➢ Role:

- Review the plan of the Project
- Monitor the progress of the Project

Coordinate activities as regular management of the Project

➢ Frequency of Meeting:

- Basically at least bi-monthly and whenever necessity arises

➢ Membership:

MOH

[Commissioners]

- Commissioner Clinical Services (Chair Person)
- Commissioner Quality Assurance
- Commissioner Nursing
- Commissioner Planning
- Commissioner Community Health
- Under Secretary (Financing and Administration)

[Assistant Commissioners]

- Assistant Commissioner of Integrated Curative Services
- Assistant Commissioner of Health Infrastructure
- Assistant Commissioner of Pharmacy
- Assistant Commissioner of Quality Assurance
- Assistant Commissioner of Planning
- Assistant Commissioner of Budget and Finance
- Assistant Commissioner of Accounts
- Assistant Commissioner of National Disease Control
- Assistant Commissioner of Nursing

[Principal/Senior Officers]

- Principal Medical Officer Integrated Curative Services
- Principal Nursing Officer Integrated Curative Services
- Principal Nursing Officer Nursing
- Principal Pharmacist
- Senior Nursing Officer Nursing
- Senior Medical Office Integrated Curative Services
- Senior Medical Office Quality Assurance
- Senior Engineer Medical Equipment
- Senior Engineer Mechanical
- Senior Pharmacist

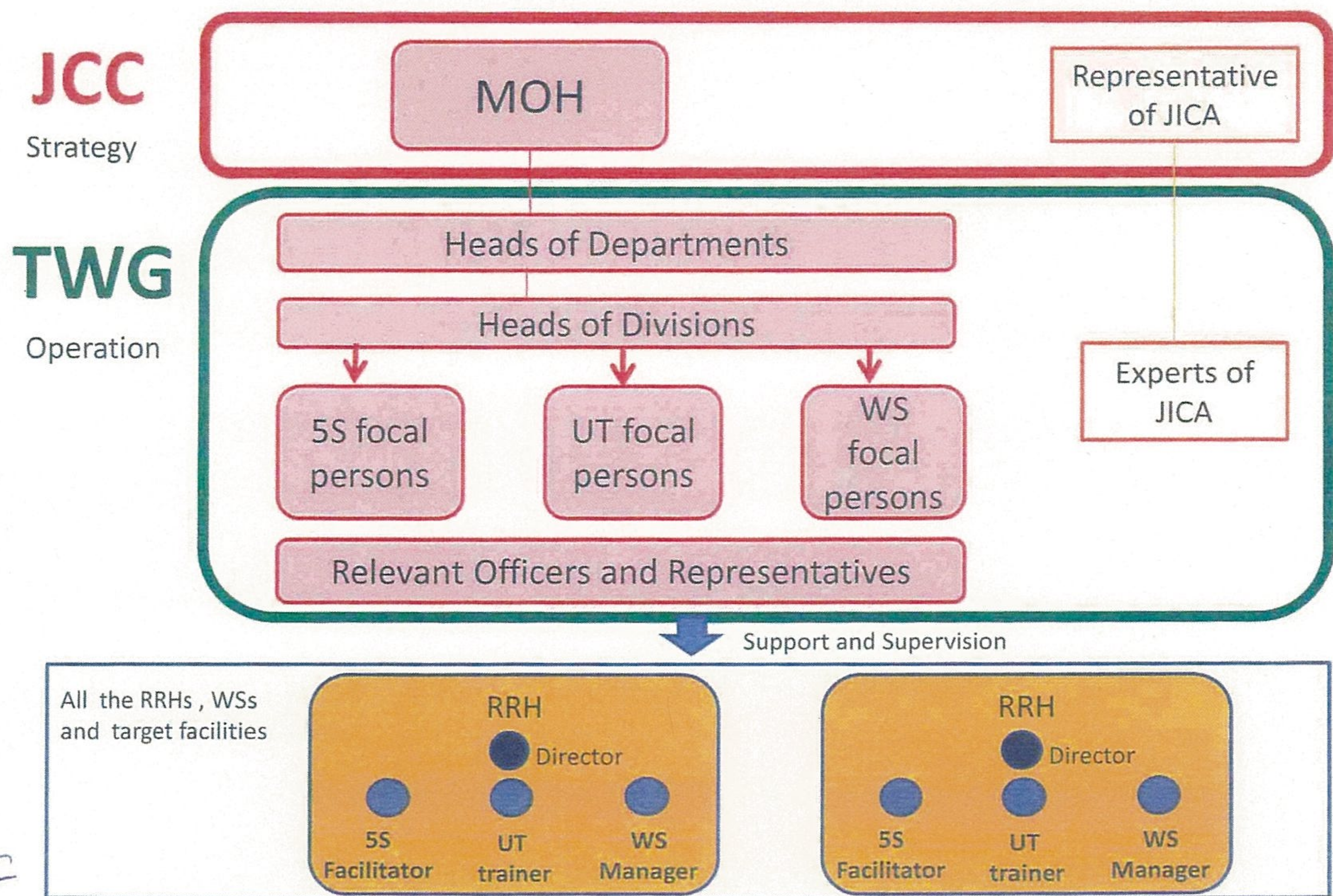
[Representative of Target Facilities]

- One Hospital Director
- One Medical Superintendent

JICA

- JICA Experts
- Representative(s) of JICA (upon necessity)

Project Implementation Structure



MINUTES OF THE 1ST JOINT COORDINATION COMMITTEE MEETING (JCC)

Title of project; Improvement of Health Services through Health Infrastructure Management (II)

Date; 20th DECEMBER 2016

Venue ; MINISTRY OF HEALTH- LEVEL 4 BOARD ROOM

AGENDA;

1. Opening prayer
2. Introduction of members
3. Communication from the chair
4. Communication from the CHS-CS
5. JICA briefing(presentation)
6. Discussions
7. Closure

ATTENDANCE

No	Name	Designation	Organization	
01	Prof. Anthony K Mbonye	DGHS	MOH	
02	Dr. Amandua Jacinto	CHS-CS	MOH	
03	Dr. Amone Jackson	ACHS-ICS	MOH	
04	Eng. Sitra Mulepo	SE HID	MOH	
05	Dr. Obonyo John	PMO CS	MOH	
06	Dr. Mugume Francis	SMO CS	MOH	
07	Mr.Basenge Edward	Prog Officer	MOH	
08	Dr .Isaac Kadowa	CHS-QAD	MOH	
09	Mr. Tasei Hiroshi	Chief Advisor/QI	JICA	
10	Mr. Kawazumi Kyosuke	Chief Representative	JICA	
11	MS. Takayama Yui	Representative	JICA	
12	MS. Asiimwe Clare	Consultant	JICA	

Minute	Agenda Item	Discussions and actions	Action/Action officer
Min 1 Dec 2016	Prayer	The meeting started with the opening prayer	
Min 2 Dec 2016	Introduction of members	Members introduced themselves	All members

Min 3 Dec 2016	Communication from the chair	The chairperson welcomed all the members.	
Min 4 Dec 2016	Communication from the CHS-CS	Welcomed the members and appreciated and expressed the purpose of the meting	Dr Amone Jackson
Min 5 Dec 2016	JICA briefing(presentation)	-MOH-JICA Phase 1 project- covered hospitals Arua, Lira, Mbale, Kabale, Hoima, Masaka, Entebbe, Moroto and Mukuju HC IV in Tororo MOH-JICA Phase 2 project shall cover also hospitals Gulu, Soroti, Fortportal, Mubende, Naguru, Mbarara, and Jinja. Target health facilities are 14RRHs and 2HCs, one in Tororo and another in Wakiso Working hand in hand with the central and regional workshops. The phase period 2016-2020 -Out line of the project as par attached documents.(out puts, members, assignments) Challenges raised include • Knowledge gap among health workers thus need for training • Lack of funds at the facilities to carry on the activities • Training and follow up to the lower facilities • Sustainability of the project • Raised motivation issues for staff associated with the working environment, supplies to use, uniform and accommodation	JICA –Chief Advisor/QI -
Min 6 Dec 2016	Discussions and way forward	• Project steering committee to be renamed Project Management committee • The committee to sit and discuss funding to the	

		facilities • Asking the PS for the supplementary funding/counterpart funding. • The DG guided to take note of the challenges and address them like the funding, staffing, Data collection, M&E • Proper flame work for M & E of the progress • Coming up with operational terms of reference • Having organized meeting schedules • JCC being bi-annual • Counter funding to be taken care of, asking for counter funding from the PS but not round fenced as a project. This is small volume of activities • The additional funding could be given to CS in support of the JICA activities • JICA to support the FY 2016/17 while the MOH is preparing for 2017/18	
Min 7 Dec 2016	Closure remarks	• JICA remarks-emphasized the 3 pillars; The 5S, UT and ME for Patient welfare, appreciated MOH being cooperative in partnership • The DG re-echo the 3 pillars, streamlining service delivery, infrastructural developments, promised the MOH support to the project, Thankful to JICA, counterpart funding to be addressed, Thankful to Dr	

		Amandua as he retires, the next meeting for June 2017.	

MINUTES OF THE 2nd JOINT COORDINATION COMMITTEE MEETING FOR THE PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH INFRASTRUCTURE MANAGEMENT HELD ON 20th OCTOBER, 2017 AT LEVEL 3 BOARD ROOM

Date and Time:	20th October, 2017 09:45a.m - 12: 45p.m	Minute Secretary: Agnes Batuvamu & Doreen Mubiru	Place: Ministry of Health (MoH)
	MEMBERS PRESENT MINISTRY OF HEALTH (MOH): 1. Dr. Olaro Charles - Director Clinical Services (Chairperson) 2. Dr. Jackson Amone - Commissioner, Integrated Curative Services (Project Manager) 3. Dr. Okware Joseph - Commissioner Health Services/Quality Assurance Inspection Department (5S-CQI-TQM) 4. Dr. Obonyo John Hyacinth - Principal Medical Office (CS) - User Training 5. Eng. Sitra Mulepo - Senior Engineer, Health Infrastructure Division Maintenance Equipment 6. Sr Catherine Betty Odeke - Commissioner Nursing /Department JAPAN INTERNATIONAL COOPERATION AGENCY (JICA) 5S PROJECT EXPERTS, UGANDA: 1. Mr. Hiroshi Tasei - JICA 5S Project Leader 2. Mr. Take Naoki - Expert 5S-CQI-TQM EMBASSY OF JAPAN: 1.Tadakazu Kanno - Head of Economic Cooperation JICA UGANDA OFFICE: 1. Mr Fukase Yutaka - Senior Representative 2. Mr. Sugai Akiko - Project Formulation Advisor (PFA) 3. Mr. Christopher Job Mukuye - Program Officer Health, Water and Environment IN-ATTENDANCE JICA 5S PROJECT: 1. Ms. Doreen Mubiru - JICA, Secretary 2. M s. Agnes Batuvamu - JICA, Secretary 3. Asiimwe Clare - Consultant		

AGENDA:

1. Prayer
2. Introduction
3. Welcome remarks from the Project Director
4. Communication from the Chair
5. Remarks form JICA Uganda Office
6. Progress of the Project Phase 2
7. Modification of Project Design Matrix (PDM)
8. Project Operation Budget of Year 2
9. Discussion and Way forward

Minute	Action Column
Min.1: OPENING PRAYER The meeting started at 9:45 a.m. as per the agenda with an opening prayer by Asiimwe Clare.	
Min.2: INTRODUCTION: Members had self-introduction as indicated in the attendance list above.	
Min.3: COMMUNICATION FROM THE CHAIR The Chairperson, Dr. Olaro welcomed JICA team and all other members and that this was his first time to attend JCC. He welcomed the Representative from JICA Embassy Mr. Tadakazu Kanno and apologized for not having been able to hold the JCC meeting on time due to the busy schedule of the counterpart members. He pointed out the outstanding problem on the MoH Counter funding, and said the release for the last quarter was very low but was glad some activities were supported by MoH like the 5S training for ME Managers, was conducted in Mubende and managed to release funds from HID.	
Min:4 WELCOME REMARKS FROM THE PROJECT MANAGER The Project Manager, Dr. Amone Jackson welcomed members once again as well as the Chairperson Dr. Olaro to the meeting. He said that in the past the position of the Director Clinical Services was not there but it was now good that it had been filled. He informed the meeting that since the Project began, this was the 2nd time JCC was being held. It should be held once a year to review the Project activities. He further communicated the following: - a) The first year was so difficult because the pillar heads were always too busy for the Project activities. He said there was need to re-constitute the pillar heads (counterparts) for the three components i.e. 1st pillar - 5S was Mr. Take and the counterpart was supposed to be Dr. Isaac	

Kadowa and Dr. Martin Ssendyona however, they have been so busy but Quality Assurance was working on appointing a stable person, the 2nd pillar was User Training by Expert Mr. Hiruma Yasuhiro and Dr. Obonyo and Beatrice Alupo, Maintenance Equipment by Expert Mimuro Naoki and counterpart Eng. Mulepo Sitra and Eng. Kataha and were both doing well. b) He noted that the meeting for Steering Committee should be held every quarter to update members on Project activities. c) There was a big cut in the budget for this financial year which hindered smooth running of the activities; it had been thought that the estimated total amount i.e. 180m was not so much to get, but again it could not be raised however, as already mentioned ME managed to get some funding from the meagre resources available. d) He mentioned that any cost related to Ugandan counterparts should be met by MoH and JICA caters its own. e) The budget issue should be tabled to the Senior Top Management, MoH to devise a way of getting the counter funds for the 2nd year 2018. f) It was good that the Senior top management wanted to know about what 5S was and Mr. Tasei together with Counterparts would coordinate to have a presentation on each component. g) Commissioner Nursing, Sr. Catherine Betty Odeke was introduced and welcomed to support on the Project activities. h) Situation analysis was done for the 3 components to come up with core issues to be handled in 2nd year. i) Presentations on each component for the 1st year full report was to be given during the meeting as well as the Project Design Matrix 1st year implementation of activities and adjustments made in some areas. j) There was introduction of another pillar for the project i.e. Steering Committee which should be monitored. k) He thanked JICA office for funding the 1st year project activities and emphasized that the Steering Committee to be held every quarterly when all the experts are around.	MoH/JICA Project Coordinator All Steering Committee Members MoH & JICA

Min.5: REMARKS FROM JICA OFFICE	
a) He thanked MOH for the commitment and role played in moving the Project forward. He appreciated the great improvement over the last one year acknowledging the experts' dedication, in addition to the trainings as well as supervisions. b) He also expressed his gratitude on the effective utilization of the outcomes of Phase 1 project citing examples of National facilitators, User Trainers who now play an active role in dissemination of knowledge on the new hospitals in phase 2. He further pointed out the great work done by the CWS and RWS, such as conducting Workshop Performance Review Meetings which would encourage the RWS to perform better.	
c) He emphasized the importance of the team leadership of each pillar head to take strong initiative to help some of the phase 1 hospitals that are experiencing a fall back in 5S, and hope that the 5S team will act affectively to revitalize such hospitals to come up with a sustainable solution.	MoH Counterparts & JICA Experts
d) He appreciated the Ministry` s commitment for allocation of a budget to implement some of the activities, and pointed out that he had received a commitment letter from the PS in January stating that MOH will accommodate necessary budget for the project activities.	
e) He mentioned that he was looking forward to the MOH's full commitment in the 2nd year of the project, taking stewardship in advising the experts to strengthen collaboration for the upcoming activities to ensure quality of health services in Uganda.	MoH Counterparts
Comments from remarks:	
a) Focal persons from different pillars were identified from different heads of departments as earlier mentioned to be responsible for the project activities, however, they needed to be assigned officially with appointments so that they would know their assignments. Dr. Olaro would take up that recommendation for the counterparts to the higher authority so that they take it up as a serious responsibility.	Director Clinical Services
b) Adjustment of schedule for all experts to be available at one time for the meetings was being worked out.	Project Leader
c) Regular meetings for both JCC and Steering Committee next year be considered.	All to note

Min.6: PROGRESS OF THE PROJECT PHASE 2	
Presentations were made on the progress of Project activities for Phase 2 for each component. Details for each component are as per attached documents. **(1) 5S-CQI-TQM was presented by Mr. Naoki Take.** Mentioned that a situation analysis was conducted based on the actual results collected. Observed the stagnation of health facilities like Naguru and Jinja in phase 1 compared to Phase II facilities. **Comments:** a) Results indicated low performance for Naguru in the area of 5S and also stagnation of some facilities in Phase I. **Responses:** a) Stagnation was mainly due to leadership but also transfers of staff. b) The Quality Improvement Team (QIT) was still new struggling to start implementation of 5S as a new hospital. b) Experts should be assigned according to their area of expertise because multi-tasking would not bring out well the project goals of each component. c) There was need to clarify on the focal person for 5s.	.
d) Focal persons for different pillars will be identified by HID and official appointment letters from high authority be issued so that nominated person take responsibility.	MoH QID
e) There was need for a show case area as a demonstration for all facilities to be a Centre of excellence for 5S activities. f) A Japanese Volunteer for Naguru Hospital would be ideal for the facility to improve.	MoH & JICA 5S Counterparts
g) There was a challenge of how to standardize mechanism of having a resource center. h) Supervision was an energizer for carrying out 5S activities. i) Tororo had the knowledge for 5S but lacked implementation and proper leadership.	MoH
j) 5S was agreed to be part of performance parameters for other activities and all pillars should use 5S aspect as entry point since it cuts across.	All to note
k) The Minister directed that 5S be introduced at MoH offices as the 1st Centre in implementation.	MoH & JICA 5S Counterparts

(2) User Training (UT) of Medical Equipment was presented by Dr. John H. Obonyo Situation analysis was conducted in various facilities as indicated in the report attached. Ideally User training activities should be conducted through collaboration of workshops. **Comments:** a) Training works closely with RWS under ME component. The results indicated that Mbale and Arua were doing well but this depends on individual trainers. b) Indicators of UT are targeting inventory of equipment. c) Indicators should be clearly spelt out. d) Transfers for User Trainers were minimal had only 2 transfers. e) Time lag between Pre-and Post-test should be analyzed, considering the fact that some people performed well at Pre-test and poorly in the post test. f) Failures of not conducting User Training should be established. **(3) Maintenance of Medical Equipment (ME) was presented by Engineer Sitra Mulepo.** a) Baseline survey was carried out and found out that a number of equipment were in category "B" and thus a need to identify why it was not utilized ever since inventory 2014. b) It was observed that although category "B" equipment had reduced but still the current ratio of 5:1% was still a big gap. c) Some reasons underlying the causes of condition "C" included: procurement of spare parts was difficult, obsolete equipment that needs replacement, lack of budget, errors were made when carrying out inventory i.e Hoima which was recently equipped by JICA shows a large number of equipment not being utilized. d) It would have been a good practice if ME and UT moved together as a team for maintenance and training to get uniform results but resources are limited. e) Hoima results were being analyzed further to get more articulate results due to improper inventory carried out and was asked to be redone. It was agreed that Hoima and Mbale carry out fresh inventory updates to harmonize the findings. f) Proposed that an equipment Laboratory be setup in order to conduct trainings for repairs. They should begin with the ones to be disposed of. g) There should be some motivator showing that they are assessed.	MoH & JICA ME Counterparts

h) Category "C" equipment should be addressed in order to eliminate it. i) The system of job stickers was introduced for ME as a monitoring tool for repairs but also to give a quick report for the condition of the equipment. j) Categorize the High technology equipment and low technology equipment for the purposes of maintenance. k) Proposed to modify the Job card sticker by adding more details for anybody to easily understand it. l) JICA requested to share the new Inventory of Hoima in case it was compiled **Response:** a) The job stickers were strictly for maintenance activities, therefore including more details would make it crowded. b) Modification about manufacturing date be included on the job sticker for purposes of disposing off and replacement of equipment. The concern was raised because most of Hoima equipment status was revealed as in poor condition and yet during rehabilitation of the hospital it was re-equipped. c) Identification of challenges as to why equipment in category E does not get repaired. d) Many stickers had been distributed out to various workshops but modification could be done when they get finished. e) Carrying out inventory was done for the purposes of doing necessary planning. f) ME had challenges for repairs of equipment which included: Lack of readily available spares, procurement which was done by another department without involvement of the Workshop team. g) Framework contracts were recommended to be used in procuring of spare parts in order to be readily available. h) The capacity of repairing high technology equipment was also a challenge. i) Redundant equipment was at times concerned with the issues of Warrant. j) Color coding helped to identify the category of equipment but was too expensive.	MoH & JICA ME Counterparts

Min.7: MODIFICATION OF PROJECT DESIGN MATRIX (PDM) WAS PRESENTED BY MR. HIROSHI TASEI AND DR. AMONE JACKSON According to the situation analysis, it was suggested to change some of the outputs - Version 0 and Version 1. Details are as per attached document for PDM. a) The major proposal for modification was for 5S-CQI-TQM and UT activities to be relocated and arrangement of outputs. b) The overall objective would not change after arrangement but only description of outputs. c) The Steering Committee would sit and see how best to phrase the wording of the PDM, however, output 2 for 5S-CQI-TQM it was suggested to read as: *Quality Care in Health Facilities and MoH Headquarters is Improved.* d) Each pillar should discuss the activities with the counterpart heads and the Project team was discussing with the JICA headquarters. e) The PDM would help the Steering Committee to monitor the progress of activities for each pillar of the Project and it would also be used for assessment at the end of the 2nd year. Resolved that with the amendments of the PDM, it was approved to be implemented accordingly.	All to note
Min.8: PROJECT OPERATION BUDGET FOR 2ND YEAR a) There was need to have the counter funding for year 2. b) Proposed to have budget processing for each component. The counterpart funding was the aspect to be considered. Suggested to agree on the principle for soliciting funds. c) The different department should see how to absorb the required figures. d) Should establish the exact figures for the budget and forward it to the Health Budget Working group. e) The variance of figures should clearly be put.	MoH Counterparts MoH & JICA Experts JICA Experts

f) Should contact the PS and Commissioner Planning to remind them of the commitment made for Counterpart funding of the Project activities. **g)** Should ensure that the next financial year 2, a reminder letter is written and forwarded to the PS regarding the budget commitment for counterpart funding for the Project.	MoH & JICA Project Leader
Min.9: WAY FORWARD: a) There was need to have an equipment Laboratory at Wabigalo to develop capacity for hands on training using absolute equipment. b) It was noted that equipment in category "C" was in use but needed minor repairs although in use, which was dangerous to patient's lives thus the need to address the issue urgently. c) The job sticker system was very good and should be taken up by all Health Facilities in Uganda so that follow up could easily done, this should be emphasized in the 2nd year. d) Supervision should be categorized into 2; high-tech and low-tech equipment when planning for maintenance. e) Make some presentation of the budget to the top management. f) Nursing Department had got people to work on Project activities. It needed to assign them on what to be done and it should spear head the 5S at MoH. g) The duty of JCC was to approve issues then the steering committee brain storms for implementation or changes made. **Points to Note:** 1. Quality Assurance department should assign someone for 5S component. 2. The Nursing department position on the Project should be put clearly and have its own budget. 3. A way forward should be worked out to ensure holding regular meetings to move forward the project activities. 4. Government of Uganda made a commitment for the budget. 5. JCC meets annually and the next would be held next year, but the Steering Committee should meet quarterly because it has a lot of work to do.	MoH & JICA Counterparts MoH & JICA ME Counterparts
Min.10: CLOSING REMARKS: The JICA representative appreciated the discussion with the key persons and mentioned that they will continue supporting the activities.	

Finally, the Chairperson, thanked all members for their deliberations and ended the meeting at 12:45 pm. …………………………… …………………………. Dr. Olaro Charles Agnes Batuvamu **CHAIRPERSON** **MINUTE SECRETARY**	

MINUTES OF THE 3rdJOINT COORDINATION COMMITTEE MEETING FOR THE PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH INFRASTRUCTURE MANAGEMENT HELD ON 16th April 2019

Date/Time:	16th April 2019 09:41a.m - 14: 30 p.m.	**Minute Secretary:** Asiimwe Clare	**Place:** Fairway Hotel Kampala

MEMBERS PRESENT

1. Dr. Henry G. Mwebesa - Ag Director, General Health Services MOH
2. Dr. Jackson Amone - Commissioner, Integrated Curative Services (Project Manager) MOH
3. Dr. Okware Joseph - Commissioner, Health Services Quality Assurance Inspection Department, MOH (5S-CQI-TQM),
4. Dr. Obonyo John Hyacinth - Principal Medical Office, (CS) MOH (User Training)
5. Eng. Nakiboneka Priscilla - Ag. Commissioner, HID MOH
6. Eng. Sitra Mulepo - Senior Engineer, HID MOH (Maintenance Equipment)
7. Sr. Harriet Kembabazi - Commissioner, Nursing Department MOH
8. Mr. Tsunenori Aoki - Director, JICA Headquarters
9. Ms. Aiko Inoue - JICA Headquarters
10. Mr. Naoyuki Shima - Coordinator for Economic Cooperation, EOJ
11. Mr. Takayuka Uchiyama - Senior Representative, JICA Uganda Office
12. Ms. Mariko Imamura - Representative, JICA Uganda Office
13. Mr. Yusuke Fujiwara - PFA, JICA Uganda Office
14. Ms. Judith Zungu Mutabazi - Program Officer, JICA Uganda Office
15. Mr. Pacoto Emmanuel - Program Officer, JICA Uganda Office
16. Mr. Hiroshi Tasei - JICA Project Leader
17. Mr. Take Naoki - JICA Project Expert on 5S-CQI-TQM
18. Prof. Yujiro Handa - JICA Project Expert on 5S-CQI-TQM
19. Mr. Yasuhiro Hiruma - JICA Project Expert on UT
20. Ms. Asiimwe Clare - JICA Project Consultant
21. Ms. Doreen Mubiru - JICA Project Secretary
22. Ms. Agnes Batuvamu - JICA Project Secretary
23. Ms. Serwanja Winnie - PHA, Lira RRH
24. Mr. Okello Peter - PHA, Mbarara RRH
25. Mr. Mubiru Mouhammed - PHA, Jinja RRH
26. Dr. Mukobi Peter - Director, Hoima RRH
27. Dr. Muwanga Moses - Medical Superintendent, Entebbe GH
28. Dr. Mwanga Michael - Director, Soroti RRH
29. Dr. Tugumisirize Florence - Director, Fort Portal RHH
30. Mr. Ekomera Patrick - PHA, Mbale RRH
31. Mr. Mawa Godfrey - PHA, Moroto RRH
32. Mr. Tumushime Charles - PHA, Mubende RRH
33. Mr. Kabuye - PHA, Masaka RRH
34. Dr. Namasopo Sophie - Director, Kabale RRH
35. Mr. Uryek Wun Walter - SHA, Tororo GH
36. Dr. Batiibwe Emmanuel - Director, CUFH Naguru
37. Ms. Grace Rubanda - PHA, Kawempe Referral Hospital
38. Mr. Enyaku Alfred - Engineer, Kawempe Referral Hospital

Agenda 1) Opening prayer 2) Self-introduction 3) Communication from the Chair 4) Review of the previous minutes 5) Overview of the project operation budget 6) Presentation of the progress report form each pillar ➢ 5s implementation team ➢ Sharing of experience by target facilities ➢ User training implementation ➢ Medical equipment maintenance implementation team 7) Discussion of counter measures to be taken in the remaining period 8) Closing prayer	
Minute	**Action column**
Min.1: OPENING PRAYER The meeting started at 9:41 am as per the agenda with an opening prayer by Asiimwe Clare.	
Min.2: INTRODUCTION Members had self-introduction as indicated in the attendance list above	
Min.3: COMMUNICATION FROM THE PROJECT MANAGER The Project Manager Dr. Jackson Amone welcomed the JICA team, members present and the DG. He informed the participants that the project started with phase one that took 3 years from 2011 to 2014 and the second one that started in July 2016 and will end in July 2020. He requested the DG to chair the meeting.	
Min 4: REMARKS FROM THE AG. DIRECTOR GENERAL HEALTH -CHAIR The Ag. Director General Health Services, Dr. Henry Mwebesa who is also the Director Planning said the Department was given a new name “Policy, Strategy and Development”. i. He welcomed the participants from JICA headquarters and thanked JICA for the enormous support rendered to the health sector in the past years. He particularly pointed out the health infrastructure projects in the East, West, Central and now the Northern part of the country as well as the short training courses for the Ministry of Health. ii. In addition, he thanked his colleagues from the Ministry of health for their cooperation with the Project team. iii. In his remarks, the DG mentioned that the 3rd JCC was to review the progress, achievements and milestones as well as lessons learnt. It was also to ascertain whether activities are being implemented according to plan and correct deviations if any. iv. He further appreciated that there are challenges with counterpart funding but since the budget process was ongoing, they would look into the matter. v. He emphasized the need to sustain the project with full participation by the Ministry of health.	Ag. DG and other MoH counterparts

vi. JICA was invited to be part of HPAC starting from May 2019 as well the National task force for Epidemics and also, participate in the Technical Working Groups. vii. In addition, members present were informed about TICAD that is due to take place in July 2019 and that an MoU JICA is supposed to be signed between the Government through the Minister of Health to identify areas for cooperation in the Health Sector. **REMARKS FROM THE DELEGATION FROM THE JICA HEADQUARTERS** Mr. Tsunenori thanked the Ministry of Health for supporting JICA projects in the country as well as the strong commitment towards project implementation. He said there was need to highlight issues affecting the implementation of the project for improvement purposes. In his remarks, he also mentioned that he hoped for a longer collaboration with the Ministry of health in promoting Universal Health Care (UHC).	JICA Uganda Office and Ag. DG TICAD already done.
MIN.5 REVIEW OF THE PREVIOUS MINUTES The minutes were read and confirmed by Dr. Obonyo and Mr. Uryek Walter as a true copy of what transpired. **Response to the Minutes:** **a) Counterpart for 5S-CQI-TQM activities** It was observed that was least participation from the 5S-CQI-TQM MoH counterparts, however the DG emphasized the need for the experts and MoH to work together for sustainability purposes. Ms. Agnes Nagayi had been appointed as a counterpart for 5S-CQI activities but has not participated in any of the 5S-CQI activities. **b) The 3rd JCC** The 3rd JCC, was held as scheduled and well attended compared to the second one; and the steering meetings held quarterly as per schedule. **c) Entebbe and Kabale R.R.H as centers of excellence** i. The chairman applauded the stellar performance of the two hospitals and their Directors for their strong commitment and support towards the program. ii. It was re-emphasized that 5S-CQI-TQM is the foundation for all QI initiatives in the Country as per the Quality - Improvement Framework and Strategic Plan 2015/16-2029/20. iii. There is need to implement 5S-CQI-TQM at the Ministry of Health headquarters so that it can serve as an example to the hospitals.	Ag. DG to follow up with Dr Okware and Mr. Take Dr Okware and Mr. Take to follow up

iv. The Ministry should take advantage of Prof. Handa`s presence to sensitize the Ministry of health staff on the 5S for a day. v. MoH has started with the noticeboards for better information management. **d) Medical equipment maintenance** i. Job stickers have already been introduced to all the hospitals and some health center IVs like Bukomansimbi. ii. NOMAD is a data base software for medical equipment maintenance that is used as the common inventory data base. iii. The software was installed in all the workshops and JICA supported capacity building.	MOH follow up-Dr. Okware was to follow up
MIN.6: OVERVIEW OF THE PROJECT OPERATION BUDGET i. The presentation was made by Mr. Hiroshi Tasei the Chief Advisor to the Project. he said the project duration is 4 years; started in July 2016 and will end in July 2020. ii. He appreciated the Ministry of Health for contributing towards the budget amidst challenges. iii. The Ministry was able to contribute only 12% of the budget while JICA covered 88% during the first year, in the second year, it contributed 8% while JICA contributed 92% and this year, the first quarter MOH contributed 27%. It is it expected that the Ministry of health and JICA will be able to contribute 50% each. iv. Members present were informed that the JICA project team made a maiden visit to Moroto and will do so again in July 2019 for support supervision.	MOH to follow up
MIN.7: PRESENTATION ON THE PROGRESS OF EACH PILLAR **a) 5S-CQI-TQM component** i. The presentation was made by Mr. Naoki Take. ii. The performance of the target hospitals was highlighted right from the beginning of phase I. According to the presentation, it was noted that there is minimal variation in the performance between phase I and II. iii. The 3rd M and E exercise was held in March 2019 and only 7 hospitals were above the required 60% mark with Kabale on top with an overall score of 98% Entebbe 92%, Arua came 3rd, Jinja 4th, Mbarara 5th while Naguru came 6th. iv. The pending issues are; finalization of the 5S-CQI-TQM guidelines, development of the 5S -CQI-TQM facilitation guidelines, supervision with focus on CQI and TQM,	The guidelines have already been printed and have been distributed to some hospitals.

support to the QI conference and presentation at the Nursing academic conference in May 2019. **Comments:** **Health Facility Assessment Program** The presentation was made by Dr. Okware and said that only 4 hospitals in the country had achieved 3 stars and these were Kalongo Ambrossoli memorial hospital, Masafu G.H, Maracha and Gombe i. According to client satisfaction survey, the clients that seek care from the RRHs are the least satisfied because they have much expectations which are not met by those facilities. ii. Only 25.6% of the clients were satisfied with the services offered. **Comments/ responses:** i. It was suggested that the hospitals should endeavor to meet the local demands of the external clients in order to achieve client satisfaction. ii. There was concern about how to guard against the stealing of the 5S tool kits. iii. For the HFQAP, it was reported that tools had been used leading to inaccurate results. iv. It was reported that partners do not support 5S activities but the hospitals were advised to draft a general QI budget but include two days of training on 5S-CQI. v. Members were informed that participants that the DHIS2 tool has a data base where QI projects can be posted. vi. The hospitals were advised to plan for training and QAID would avail the money. **b) User Training (UT) of Medical Equipment was presented by Dr. John H. Obonyo** i. He talked about the trainings that took place in the last year and this financial year. **Comments:** Mbale R.R.H requested for training as most people that were trained had retired. He was however informed him that the people who were trained are being used to train new people. **c) Maintenance of Medical Equipment (ME) was presented by Engineer Sitra Mulepo.** i. In his report, he mentioned that 80% of the medical equipment are now functional and in use and that 5S has	JICA was not able to participate QAID to look into that Dr. Okware to avail budget for training. Eng. Mulepo to follow up

been incorporated into their routine activities as well as CQI. ii. He talked about the NOMAD system which he said looks at the reports and uses them for decision making. **Comments:** i. Lira R.R.H expressed concern about the poor performance by NOMAD at their hospital and requested that a root cause analysis be carried out. ii. Soroti R.R.H was concerned about the Hospital`s dilapidated infrastructure.	Eng. Mulepo to follow up The Hospital Director to follow up with Commissioner Clinical services.
Min 8: DISCUSSION OF COUNTER MEASURES TO BE TAKEN IN THE REMAINING PROJECT PERIOD i. There is need to bring on board the lower level health facilities as well as the private ones. ii. Emphasis needs to be put on the hospitals are not performing well in 5S and CQI activities. iii. Completion of the guidelines for 5S-CQI-TQM and User Training. iv. More involvement by the Ministry of health in the Project activities for sustainability purposes. v. Need to carry out more trainings on 5S with emphasis on CQI for the hospitals that are performing well. vi. Scaling out the 5S-CQI and User Training activities to the lower level facilities. vii. MoH staff to be trained on 5S-CQI-TQM in the first quarter of the next financial year -July 2019. viii. Funds for the 5S-CQI training at the R.R. Hs will be availed under MCHIP. ix. MOH to take lead in the implementation of 5S-CQI, User training and M.E maintenance activities. x. Need for more user trainers as other partners supply Medical equipment but do not carry out training need think beyond JICA.	Regional Referral Hospitals and MoH The guidelines have already been printed. MOH and JICA Project MOH and JICA Experts MOH/QAID/HID MOH/QAID/HID Dr. Okware to take it up MOH MOH to follow up
Min 9: CLOSING REMARKS: **Representative from the Hospitals** Dr Emmanuel Batiibwe gave the closing remarks on behalf of the participants from the hospitals. He thanked JICA for inviting them for the JCC meeting and institutionalizing 5S-CQI into Uganda`s health system. He appreciated the improvements made in the hospitals as a result of the 5S-CQI and said there is need for sustainability of the gains made.	

He also mentioned that the exit strategy should have a goal that is aligned with the MoH Strategic plan and the NPA II and III. **Remarks form JICA** Mr. Uchiyama thanked all the stake holders for their support and appreciated the improved scores in the 5S-CQI across all the hospitals. He also expressed shock that only 25.6% of the clients are satisfied with the health services in the country. He talked about the importance of recognition by both external and internal clients and urged the participants to check the JICA Facebook page and like it. **Remarks form JICA Headquaters** Mr. Tsunenori appreciated the role of leadership in the implementation of the 5S-CQI activities with specific reference to Kabale and Entebbe hospitals. **Remarks from the Project Manager** The Project Manager Dr. Jackson Amone gave closing remarks and sent apologies from the DG who could not attend the meeting up to the end due to other engagements elsewhere. He thanked the team from the JICA headquarters and the Hospitals Directors for taking off time to come and attend the JCC meeting. He further thanked his colleagues from the Ministry of Health and that there is need to start 5S-CQI implementation at MOH. He mentioned that Soroti is one of the R.RHS without modern infrastructure and said he would see how to engage partners to support. He said it was a successful meeting which he declared closed at 14:30hrs. Dr. Jackson Amone — Asiimwe Clare **CHAIRPERSON** — **MINUTE SECRETARY**	

MINUTES OF THE 4th JOINT COORDINATION COMMITTEE MEETING FOR THE PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH INFRASTRUCTURE MANAGEMENT HELD ON 10th March 2020.

Date/Time:	10th March 2020 14:00-16:00	**Minute Secretary:** Asiimwe Clare	**Place:** Fairway Hotel Kampala

MEMBERS PRESENT

1. Dr. Charles Olaro - Director, Clinical Services Ministry of Health (MOH)
2. Dr. Joseph Okware - Director Health Services, Governance and Regulation MOH
3. Dr. Jackson Amone - Commissioner, Integrated Curative Services (Project Manager) MOH
4. Eng. Sitra Mulepo - Senior Engineer, Health Infrastructure Department (HID) MOH (Maintenance Equipment)
5. Sr. Harriet Kembabazi - Commissioner, Nursing Department MOH
6. Ms. Nagayi Agnes - Senior Statistician, SCAPP Department, MOH
7. Dr. Ajambo Miriam - Senior Medical Officer, Clinical Services
8. Dr. Kusiima Odeth - Senior Medical Officer, Clinical Services
9. Eng .Muhimbise Owen - Engineer Health Infrastructure Development, MOH
10. Mr. Yutaka Fukase - Chief Representative, JICA Uganda Office
11. Ms. Mariko Imamura - Representative, JICA Uganda Office
12. Dr. Yoichi Inoue - JICA Consultant on Terminal Evaluation
13. Mr. Takada Kentaro - Researcher/Adviser, EOJ
14. Mr. Hiroshi Tasei - JICA Project Leader
15. Mr. Naoki Take - JICA Project Expert on 5S-CQI-TQM
16. Mr. Yasuhiro Hiruma - JICA Project Expert on UT
17. Mr. Naoki Mimuro - JICA Project Expert on ME
18. Ms. Emi Onosaka - JICA Project Coordinator
19. Ms. Asiimwe Clare - JICA Project Consultant
20. Ms. Doreen Mubiru - JICA Project Secretary
21. Ms. Agnes Batuvamu - JICA Project Secretary
22. Ms. Serwanja Winnie - PHA, Lira RRH
23. Dr. Barigye Celestine - Director, Mbarara RRH
24. Dr. Mukobi Peter - Director, Hoima RRH
25. Mr. Tibamanya David - PHA, Gulu RRH
26. Dr. Muwanga Moses - Director, Entebbe RRH
27. Dr. Mwanga Michael - Director, Soroti RRH
28. Dr. Tugumisirize Florence Akliki - Director, Fort Portal RHH
29. Dr. Namasopo Sophie - Director, Kabale RRH
30. Dr. Ochar Thomas - Medical Superintendent, Tororo GH
31. Dr. Batiibwe Emmanuel - Director, CUFH Naguru
32. Dr. Onyachi Nathan - Director, Masaka RRH
33. Dr. Andema Alex - Director, Mubende RRH

Absent with apology

1.Dr. Henry G. Mwebesa - Director General Health services MOH
Agenda 1) Opening Prayer 2) Self- Introduction 3) Communication from the Chair 4) Communication from JICA Uganda Chief Representative 5) Review of Previous Minutes and action points 6) Overview of Project operation budget 7) Progress of report on the Project activities from each Pillar ➢ 5S-CQI-TQM Implementation Team ➢ User Training Implementation Team ➢ Medical Equipment Maintenance Implementation Team 8) Terminal Evaluation report from Evaluation team 9) Reaction and Comments 10) Closing remarks from the Chair

Minute	Action column
Min.1: OPENING PRAYER The meeting started at 14:43 hrs. with an opening prayer by Asiimwe Clare.	
Min.2: SELF-INTRODUCTION Members made self-introductions as indicated in the attendance list above	
Min.3: COMMUNICATION FROM THE PROJECT MANAGER AND CHAIR i) The Project Manager thanked the JICA team for their support to the MOH for the last 4 years since June 2016. ii) He invited the Director Clinical Services to chair the JCC meeting. iii) In his remarks, the Director welcomed members to the 4th JCC and expressed his gratitude to JICA for the enormous support both Technical and Grant aid projects. iv) Mentioned that it was the last JCC where the lessons learnt and achievements were going to be shared. v) Thanked the three pillars for the great progress made with some hospitals performing extremely well, while others are still struggling thus the need for an extension of the project period. vi) The focus of the meeting was to share results of the terminal evaluation report.	

Minute 4: COMMUNICATION FROM JICA UGANDA CHIEF REPRESENTATIVE i) The Chief Representative expressed his gratitude to the MOH, the Regional Referral Hospitals and the counterparts for the support rendered to the project which has made tremendous achievements since July 2016. ii) He thanked the Ministry for the support, both financial and human resources rendered to the project activities and acknowledged that there were some challenges as well. iii) Also appreciated the great work done by the JICA experts. iv) He implored the MOH to take up the activities of the three pillars even after the completion of the project for sustainability purposes.	
MIN.5 REVIEW OF THE PREVIOUS MINUTES The minutes were read, a few corrections made and confirmed as a true copy of what transpired. **Response to the Minutes:** **Counterpart for 5S-CQI-TQM activities** i) The 5S counter parts are now available one statistician and the PMO SCAPP D. ii) MOH staff not yet trained on 5S as planned, it is still a pending project given a new computer. iii) The DGR called upon the Directors to train more health workers and should utilize the URMCHIP budget within the next 12 months. iv) Masaka and Fort portal RRHs will be visiting Kabale for a bench marking trip on the 24th March 2020. v) Kabale accepted to be a TQM champion to help track the incidents in the country.	
MIN.6: OVERVIEW OF THE PROJECT OPERATION BUDGET i) The JICA leader presented that the first two (2) years of the project, the activities were entirely supported by JICA but in the 3rd year, the MOH started providing support to the activities with 5s activities being sponsored 43% then dropping to 38%. ii) Also, for the UT activities the budget from MOH increased from 37% to 55% while the medical	

equipment maintenance component received 77% support from MOH but dropped to 52%. iii) Lastly, in general, the MOH was supporting 50% of the budget. iv) The project Manager appreciated JICA for supporting all the activities in the first project years amidst lack of a budget from the MOH. v) The DHS(GHR) observed the absence of counterpart funding and leveraged for alternative funding from other partners for the 5S activities. vi) There was a suggestion to add support from the RRHs to ascertain the exact representative of the MOH budget.	
MIN.7: PRESENTATION ON THE PROGRESS OF EACH PILLAR **a) 5S-CQI-TQM was presented by Mr. Naoki Take** **Comments:** i) The Directors suggested the need for more involvement by MOH especially support supervision be considered. ii) The 4th M and E results were presented and it showed Entebbe and Kabale RRHs maintaining excellent performance iii) There is need to redefine the indicators and set new ones by looking at what has not been performed well. iv) Need for a deliberate effort to bring other cadres and the lower level facilities on board. **b) User Training (UT) of Medical Equipment was presented by Sr. Kembabazi Harriet** **Comments:** It was suggested that for sustainability purposes there is need for more training and supervision on user training and NOMAD system. **c) Maintenance of Medical Equipment (ME) was presented by Engineer Sitra Mulepo.** **Comments:** Masaka, Mbarara and Mubende RRHs need support to construct proper Regional workshops.	
Min 8: TERMINAL EVALUATION REPORT BY DR. YOICHI INOUE	

He presented the terminal evaluation report using the five DAC criteria for evaluating the project namely: relevance, efficiency, effectiveness, impact and sustainability. i) The Relevance of the project was considered high, effectiveness upper moderate, while the impact showed significant achievements. ii) Further enhancement of 5S activities in the RRHs across all departments was needed. iii) Further promotion of CQI activities was necessary. iv) Establishment of 5S-CQI model hospital Also, he recommended that there is need to extend the project for a certain period for sustainability of the gains made and self-reliance.	
Min 9: REACTION AND COMMENTS To react to the terminal evaluation report by Dr. Inoue, Director Health Services, Governance and Regulation requested following possible approaches: - **i) Centers of excellence (COE)** • Entebbe and Kabale RRHs have consistently shown good performance throughout the project period thus are to be established as centers of excellence (COE) to enhance sharing of knowledge to strengthen health infrastructure management at all RRHs. **ii) Importance of the Patient safety culture** • Kabale RRH is recognized center of excellence to provide practical learning sessions for quality improvement of the health services. • Cultivate a culture of patient safety among staff in Kabale, Entebbe and Naguru Hospitals. • Introduction of incident reporting through the CQI cycles. **iii) Extension of the project period** • There was a proposal to extend the project period by one year with the Ugandan side providing financial and human resources while the Japanese side to provide financial, technical support by the experts and human resource. • There will be deliberate efforts on cultivating the patient safety culture in the health institutions.	

Response: The Chief representative from JICA acknowledged all the requests however, he requested MOH to write the official proposal to MoFPED for the Project extension.	
Min 10: CLOSING REMARKS: The closing remarks were made by the Director Governance and Health Regulation and mentioned the following: - i) The journey through 5S-CQI-TQM is a delicate journey with the possibility of a fall back thus the need to consolidate and sustain the gains made. ii) Resources and time are invested to ensure quality service delivery and safety of the patients. iii) For the next 5 years, the RRHs will be given responsibility to become the regional hubs and have to be centers of excellence in providing quality of health services. iv) Mentioned that top management will make a formal request for the extension of the project period by at least one year. The meeting ended at 17:41 hrs. Jackamo. Dr. Jackson Amone **CHAIRPERSON**	The Project Manager

添付 5 第 5 回 JCC　議事録

MINUTES OF THE 5th JOINT COORDINATION COMMITTEE MEETING FOR THE PROJECT ON IMPROVEMENT OF HEALTH SERVICES THROUGH HEALTH INFRASTRUCTURE MANAGEMENT HELD ON 14TH MAY 2021.

<table>
<tr><td>Date/Time:</td><td>10th May, 2021
10:45-11:40</td><td>Minute Secretary: Mubiru Doreen</td><td>Place:
MOH: Level 3</td></tr>
<tr><td colspan="4">MEMBERS PRESENT
1. Dr. Jackson Amone - Commissioner, Integrated Curative Services (Project Manager) MOH
2. Dr. Joseph Okware(Zoom) - Director Health Services, Governance and Regulation MOH
3. Eng. Sitra Mulepo - Senior Engineer, Health Infrastructure Department (HID) MOH (Maintenance Equipment)
4. Sr. Harriet Kembabazi - Commissioner, Nursing Department MOH
5. Mr. Owen Muhimbise - Bio Med Engineer, MOH
6. Mr. Yutaka Fukase (Zoom) - Chief Representative, JICA Uganda Office
7. Ms. Mariko Imamura(Zoom) - Representative, JICA Uganda Office
8. Mr, Fujiwara Yusuke(Zoom) - Representative, JICA Uganda Office
9. Mr. Hiroshi Tasei - JICA Project Leader
10. Mr. Naoki Mimuro - JICA Project Expert on ME
11. Ms. Emi Onosaka - JICA Project Coordinator
12. Ms.Ms. Doreen Mubiru - JICA Project Secretary
13. Ms. Agnes Batuvamu - JICA Project Secretary
14. Dr. Ishijima Hisahiro(Zoom) - JICA Survey team
15. Mr. Minase Takehiro(Zoom) - JICA Survey team
16. Mr.Yoshinori Kitamura(Zoom) - First Secretary, Embassy of Japan

Absent with apology
1. Dr. Charles Olaro - Director, Clinical Services Ministry of Health
2. Eng. Otim George - Ag. Comm. HID
3. Mr. Take Naoki - JICA Expert, 5S-CQI-TQM
4. Prof. Handa Yujiro - JICA Expert</td></tr>
<tr><td colspan="4">Agenda
1) Opening Prayer
2) Self- Introduction
3) Communication from the Chair
4) Remarks from Project Manager
5) Remarks from Project Leader
6) Reports from the different pillars
➢ 5S-CQI-TQM Implementation Team
➢ User Training Implementation Team
➢ Medical Equipment Maintenance Implementation Team
7) Reaction and Comments
8) Remarks from JICA Uganda Chief Representative
9) Remarks from Japanese Embassy</td></tr>
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10) Closing remarks from the Chair 11) Closing prayer	
Minute	**Action column**
Min.1: OPENING PRAYER The meeting started at 10:45am. with an opening prayer by. Harriet Kembabazi	
Min.2: SELF-INTRODUCTION Members made self-introductions as indicated in the attendance list above	
Min.3: COMMUNICATION FROM THE PROJECT MANAGER AND CHAIR i) Welcomed everybody to the meeting and mentioned that Dr. Charles Olaro who was supposed to Chair the meeting sent in his apologies that he was unable to attend the meeting due to other assigned duties. ii) Informed the meeting that this was the final JCC meeting for the Project. iii) Thanked the JICA team, the three (3) pillars and project office for their support to the MOH for the previous years since June 2016. iv) The meeting was to assess the achievements and way forward of the project. v) Mentioned that 5S had become part of most facilities. vi) Expressed that it would be good to call the facilities where the project has been implementing to share what they have gained, lessons learnt especially from the excellent performing facilities like Kabale, Entebbe, Mbarara. vii) A number of achievements had been registered from the different pillars such as ME worked closely with the regional workshops evidenced by the diagnostic equipment which has to be maintained to ensure safety use. viii)The Nurses who were trained have continued with implementation of User training of the medical equipment. ix) The User training guideline had not been finalized to help the trainers continue carrying out their work. x) Many time sustainability of activities was the problem. xi) MOH has further looked at how to protect the community in deliverance service, thus considered	

to utilize the knowledge of 5S-CQI-TQM for Protection, Infection and Control	
Minute 4: REMARKS FROM THE PROJECT LEADER i) The Project Leader Mr. Hiroshi Tasei was invited to give an explanation about the assessment of the project implementation period. ii) He apologized on behalf of the Team members *(Mr. Take, Prof. Handa)* who were not able to attend the meeting. Ms. Shizu Takahashi will be in the country next week. iii) He appreciated the National staff for taking care of the activities through zoom meetings when the Japanese were all out of the country due to COVID 19 pandemic. iv) He pointed out that the Overall goal of the project was to improve quality of health care in RRH. v) He shared the schedule of the Project from 2016-2021 inclusive of the 1-year extension. *(see hand out for further details).* vi) He explained in summary about the activities performed by each pillar i.e., 5SCQI-TQM, UT & ME vii) Study tours will be organized for the different pillars i.e., ME, 5S-CQI-TQM and UT. viii) A wrap-up meeting for all the facilities is to be organized before closure of the project in June, 2021. ix) Observed that 5S can now be carried out by the facilities on their own however, the MOH need to do supervision. viii) The focus is now on KAIZEN. There is need to follow up even when the project has ended, the chapter has not closed completely JICA is still working with MOH. With frequent epidemics using knowledge and skills acquired it will help to protect Health workers and patients on improvement of infection control and patient safety	
Minute 5: REPORTS FROM THE DIFFERENT PILLARS (see handout for more details) **5S-CQI-TQM: -** Mr. Tasei presented on behalf of Mr. Take who had just left the country. He mentioned the following: - i) Published 5S guidelines and Handbook, ii) Conducted Trainings for facilitators	

iii) Conducted Annual M & E exercise for facilities. iv) Participated in the National Quality Improvement Conference, MOH **User training activities: -** Mr. Tasei informed that Mr. Hiruma the UT JICA expert had left the country but the counterpart Sr. Harriet Kembabazi was still with MOH she will give comments. i) Reported that at least each Regional Hospital had 2 User trainers. ii) Trainings are conducted 3 times at each Regional Hospital. iii) Most of the equipment at the hospitals are in use because of the effort by both the User trainers and the Workshop managers focusing on category B equipment. iv) The guidelines will be finalized after the Senior Top management approval hopefully before closure of the project. v) The User trainer counterpart (Sr. Harriet Kembabazi) reported that the User trainers have continued with implementation of activities evidenced by the reports sent from facilities. They have remained vibrant at their facilities. vi) There are now 35 User trainers after the 2 who were trained qualified. vii) The User trainers' collaboration with the workshops is very good and shall have study tours for ME and UT. viii) There is need to secure budget for on ground support supervision, due to COVID 19 there is a gap in training for users on ICU equipment i.e., ventilators and patient monitors. ix) A visit to Fort portal by the 5S CQI TQM team indicated that they were doing very well alongside the UT team. **Maintenance Medical Equipment (ME) by Eng. Sitra:** i) Thanked colleagues of ME – Mr. Naoki Mimuro, Owen Muhimbise and Doreen Mubiru for the teamwork to the Regional Workshops, working closely which made the component achieve its goals successfully.	

ii) The ME component received the calibration equipment which will ensure safety use of the equipment to the patients. iii) Have managed to conduct the performance Review meetings every quarter, needs to be sustained. iv) CHAI will come in to support the Nomad system which was introduced to the workshops. v) The status of medical equipment in category A increased 76.5% to 83.5%, category C from 15.5% to 10.1% at End line Feb 2020. vi) Have managed to publish 400 copies the operation manual of the ME and 200 copies of SOPs, which have also been distributed to RRH, Mulago, NRH, Heart Institute. vii) 5S has been introduced across all Regional workshops Of which 4 RWS, Hoima Fort portal, Soroti and Kabale were selected for the online 3months training which was successful. viii) The electrical safety testing, batteries insulation testing needs to be practiced. ix) In spite of COVID 19, the project introduced the programmed Instructions and was able to carry out many activities. x) The workshop has continued working with the User training team to ensure that any faulty equipment or even category B is handled. xi) Every Performance review meeting, User training has been reported about and or even User trainers have attended the review meetings. xii) Each ME training conducted there has been an impact created, thus a pre & post tests are given for assessment, xiii) A total of 110 engineers/technicians have been successfully trained. **Way forward and areas to be assessed:** i) Good foundation has been given by the Project and MOH (ME) pledge to continue with the implementation of activities. ii) The Project leader appreciated the ME component and was impressed about its implementation of activities. iii) Speed up the procurement of spare parts iv) Expand biomedical engineering services/PPM using the procured calibration equipment v) Replace /dispose obsolete equipment/poor quality	

vi) Improve /maintain RWS operation system and environment through-KAIZEN (CQI-TQM approach vii) Organize a study tour for the participants who attended the 3 months online training using videos and WhatsApp from Fort portal, Hoima and Soroti to Kabale for benchmarking in June. viii) Follow up on the finalization of publishing and distribution of the User training guidelines **Programmed Instruction (PI):** i) An approach of PI by Prof. Handa using videos, SNS and WhatsApp messages was introduced to ensure that each pillar continues with implementation of the activities even after the outbreak of the COVID 19 pandemic. ii) A kick off meeting was organized to introduce the Programmed Instructions using the approach of SNS messages, WhatsApp., You tube videos to implement activities. iii) 10 KAIZEN stories have been registered from the target hospitals as a result of the online training.	
Minute 6: REACTIONS AND COMMENTS i) Observed about the financial funding between Uganda and Japan government, that User training and 5S component had not been funded well during the project implementation, wondered whether they could have dedicated budgets for future sustainability. ii) **Response:** The way forward to ensure sustainability should be to integrate the structures and budgets to cater for the poorly funded components. iii) Pointed out the challenge of a component to fall between two department was tricky. iv) Nursing department mentioned that it has integrated User training in some of its budget as an element that can be addressed among other activities for some facilities not all RRH. v)	
Minute 7: REMARKS FROM JICA UGANDA REPRESENTATIVE The Chief Representative Ms. Imamura appreciated the Project team and MOH members for being able to implement the activities even after the Pandemic outbreak, but due to the introduction of the Programme Instructions,	

through WhatsApp networks and teamwork, implementation has been successful. Mentioned that it was expectant that the project will be continued.	
Minute 7: REMARKS FROM JICA CHIEF REPRESENTATIVE REMARKS. Extended sincere appreciation to all our stakeholders especially Ministry of Health, who have been our major partners in this project. JICA knows that without your support we would not have realized the project goal and objectives. Thanked the project team and MOH for the tireless implementation. One the greatest achievement is that; Kabale Regional Referral hospital, Naguru and Entebbe are now Centers of Excellence in terms of 5S-CQI-TQM activities. He acknowledged the output and all the achievements in strengthening the capacity of these referral hospitals. I believe this project will lead to preventive measures and control of the Covid-19 pandemic; thanks to the effort of the experts. Let me also take this opportunity to inform you that this has introduced some activities on patient safety, which is going to be our next area of intervention. On behalf of JICA, he extended sincere appreciation to all and special thanks to the directors of all the Regional Referral Hospitals and your staff. We know that you have been direct implementers of these activities with guidance from Ministry of Health and have worked tirelessly to ensure this project becomes a success. It is my hope that all stakeholders will join hands for its sustainability. On prevention and control of Covid-19, through the Health Infrastructure Department, JICA donated calibration equipment to continue supporting the maintenance of medical equipment in hospitals. This is to support the ministry and other partners' efforts in provision of quality health care services in the country. He pointed out that JICA is not only supporting the '5S-CQI-TQM' project in Uganda but also the Grant Aid Project through construction of facilities like the OPD, Emergency, Operating Theatre, and Maternity as well as provision of equipment to Gulu, Arua and Lira Regional Referral Hospitals. Though the activities stalled because of the pandemic, the consultant and contractor are now back on	

site and we are looking forward to its successful implementation. He mentioned that the next intervention will be in the area of Patient Safety and this will be aimed at strengthening the management systems for the improvement of quality medical services in all the Regional Referral Hospitals. This is planned to start in July this year.	
Minute 8: REMARKS FROM THE JAPANESE EMBASSY Appreciated for the invitation to the JCC. He congratulated the Project team, MOH and Project office for the work done. Mentioned that the Japanese embassy appreciated the joint effort of JICA office, JICA experts and Ministry of health who worked tirelessly to implement this project successfully.	
Minute 9: CLOSING REMARKS Eng. Sitra Mulepo who acted in the position of the Project Team leader Dr. Amone mention that he could not continue with the meeting due to the urgent call to another meeting which he went to attend. He thanked the Japanese embassy for the continued support to the MOH and pledged to continue with the relationship and implement all activities that had been introduced. He appreciated the JICA team and Project office to attend this last JCC meeting. Mentioned that on behalf of MOH, will continue with implementation of activities, integration of the budgets for activities for sustainability. The meeting was closed at 11:45 am.	
Dr. Jackson Amone **CHAIRPERSON**	