

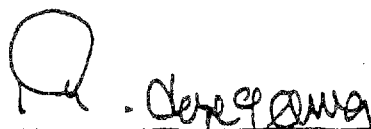
2. 討議議事録 (R/D)

RECORD OF DISCUSSIONS BETWEEN THE JICA OFFICE IN NEPAL AND THE
AUTHORITIES CONCERNED OF HIS MAJESTY'S GOVERNMENT OF NEPAL
ON JAPANESE TECHNICAL COOPERATION
FOR THE COMMUNITY TUBERCULOSIS AND LUNG HEALTH PROJECT

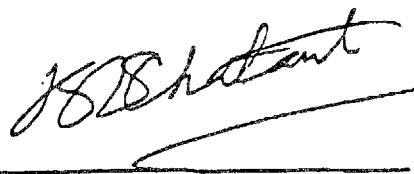
The Resident Representative of the Japan International Cooperation Agency (hereinafter referred to as "JICA") Nepal Office exchanged views and had a series of discussions with the Nepalese authorities concerned with respect to desirable measures to be taken by both Governments for the successful implementation of technical cooperation concerning the Community Tuberculosis and Lung Health Project in the Kingdom of Nepal.

As a result of the discussions, both parties agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

Kathmandu, September 13, 2000



Mr. Ken Hasegawa
Resident Representative
JICA Nepal Office



Dr. B. D. Chataut
Chief
Policy Planning, Foreign Aid and
Monitoring Division
Ministry of Health
His Majesty's Government of Nepal

THE ATTACHED DOCUMENT

I COOPERATION BETWEEN BOTH GOVERNMENTS

1. His Majesty's Government of Nepal will implement the Community Tuberculosis and Lung Health Project (hereinafter referred to as "the Project") in cooperation with the Government of Japan.
2. The Project will be implemented in accordance with the Master Plan, which is given in Annex I.

II MEASURES TO BE TAKEN BY THE GOVERNMENT OF JAPAN

In accordance with the laws and regulations in force in Japan, the Government of Japan will take, at its own expense, the following measures through JICA according to the normal procedures under the Colombo Plan Technical Cooperation Scheme.

1. DISPATCH OF JAPANESE EXPERTS

The Government of Japan will provide the services of the Japanese experts listed in Annex II.

2. PROVISION OF MACHINERY AND EQUIPMENT

The Government of Japan will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The Equipment will become the property of His Majesty's Government of Nepal upon being delivered C.I.F. (cost, insurance and freight) to the Nepalese authorities concerned at the ports and/or airports of disembarkation.

3. TRAINING OF NEPALESE PERSONNEL IN JAPAN

The Government of Japan will receive Nepalese personnel connected with the

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Project for technical training in Japan.

III. MEASURES TO BE TAKEN BY HIS MAJESTY'S GOVERNMENT OF NEPAL

1. His Majesty's Government of Nepal will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through the full and active involvement in the Project of all related authorities, beneficiary groups and institutions.
2. His Majesty's Government of Nepal will ensure that the technologies and knowledge acquired by Nepalese nationals as a result of Japanese technical cooperation will contribute to the economic and social development of the Kingdom of Nepal.
3. His Majesty's Government of Nepal will grant in the Kingdom of Nepal privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families, which are no less favorable than those accorded to experts of third countries working in the Kingdom of Nepal under the Colombo Plan Technical Cooperation Scheme.
4. His Majesty's Government of Nepal will ensure that the Equipment referred to in II-2 above will be utilized effectively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.
5. His Majesty's Government of Nepal will take necessary measures to ensure that the knowledge and experience acquired by Nepalese personnel from technical training in Japan will be utilized effectively in the implementation of the Project.
6. In accordance with the laws and regulations in force in the Kingdom of Nepal, His Majesty's Government of Nepal will take necessary measures to provide at

4

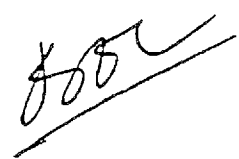


its own expense:

- (1) Services of the Nepalese counterpart personnel and administrative personnel listed in Annex IV;
 - (2) Land, buildings and facilities as listed in Annex V;
 - (3) 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 through JICA under II-2 above;
7. In addition to the above 6., His Majesty's Government of Nepal will make necessary arrangement for locating and suitably furnished accommodation for the Japanese experts and their families.
8. In accordance with the laws and regulations in force in the Kingdom of Nepal, His Majesty's Government of Nepal will take necessary measures to meet:
- (1) Expenses necessary for transportation within the Kingdom of Nepal of the Equipment referred to in II-2 above as well as for the installation, operation and maintenance therefore;
 - (2) Customs duties, internal taxes, and any other charges imposed in the Kingdom of Nepal on the Equipment referred to in II-2 above; and
 - (3) Running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. The Director General of the Department of Health Services, Ministry of Health, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.



2. The Director of the National Tuberculosis Center (hereinafter referred to as "NTC") and the Director of the Child Health Division, Ministry of Health, as the Project Managers, will be responsible for the managerial and technical matters of the Project.
3. The Japanese Team Leader (Chief Advisor) will provide necessary recommendations and advice to the Project Director and the Project Managers on any matters pertaining to the implementation of the Project.
4. The Japanese experts will give necessary technical guidance and advice to the Nepalese counterpart personnel on technical matters pertaining to the implementation of the Project.
5. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee will be established whose functions and composition are described in Annex VI.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by the two Governments through JICA and the Nepalese authorities concerned at the middle and during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

His Majesty's Government of Nepal undertakes to bear claims, if any arise, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Kingdom of



Nepal, except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between the two Governments on any major issues arising from, or in connection with, this Attached Document.

VIII. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of the Kingdom of Nepal, His Majesty's Government of Nepal will take appropriate measures to make the Project widely known to the people of the Kingdom of Nepal.

IX. TERM OF COOPERATION

The duration of technical cooperation for the Project under this Attached Document will be five (5) years from September 25, 2000.

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|-----------|-----------------------------------------------------------|
| ANNEX I | MASTER PLAN |
| ANNEX II | LIST OF JAPANESE EXPERTS |
| ANNEX III | LIST OF MACHINERY AND EQUIPMENT |
| ANNEX IV | LIST OF NEPALESE COUNTERPART AND ADMINISTRATIVE PERSONNEL |
| ANNEX V | LIST OF LAND, BUILDINGS AND FACILITIES |
| ANNEX VI | JOINT COORDINATING COMMITTEE |

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ANNEX I
MASTER PLAN

1. Objective of the Project

1.1 Overall Goal:

To improve lung health among the people.

1.2 Project Purpose

- a) To further improve the overall performance of the NTP.
- b) To establish functional models for improved community lung health.

2. Output of the Project

- A. The managerial capacity of the NTP is further strengthened.
- B. The management system for the laboratory and logistics of the NTP is made sustainable.
- C. Models for tuberculosis control in urban and hard-to reach areas are established.
- D. Case management of children with ARI is improved in selected districts.
- E. Case management of adults with respiratory illnesses is improved in selected areas.
- F. Communities adopt measures against lung health problems.

3. Main Activities

The following activities shall be carried out to produce each of the above output items:

- A.① To provide training and workshops in management of the NTP at the national, regional, and district levels
- A.② To review and update NTP guidelines
- B.① To establish a reference laboratory in the National Tuberculosis Center (NTC)
- B.② To conduct training, workshops, and supervision to improve the management system of logistics and laboratories
- C.① To develop appropriate strategies for DOTS in rural and urban areas
- D.① To conduct training and orientation in Integrated Management of Childhood Illness (IMCI) for doctors, basic health staff, volunteers, traditional healers, and Village Development Committee (VDC) members
- D.② To monitor and evaluate ARI case management at all levels
- D.③ To develop feasible strategies to expand the ARI program based on IMCI
- E.① To develop operational guidelines including modules, formats and flow-charts on

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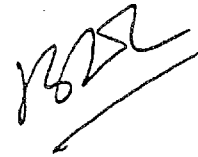
health

- F.① To give an orientation on lung health to community organizations
- F.② To develop a model for community participation in lung health involving DOTS committees
- F.③ To conduct advocacy programs on lung health

Details of possible major activities suggested during the project planning stage are described in the Project Design Matrix (PDM), which can be revised as per needs changes.

Other activities such as survey/operational research necessary for the project purposes will be decided according to periodical review.

If the Master Plan should require modification due to situation changes surrounding the Project, both Governments will revise the Master Plan by exchanging Minutes of Meeting (M/M).



ANNEX II
LIST OF JAPANESE EXPERTS

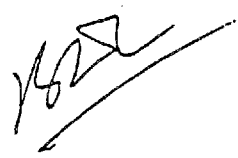
1. Chief advisor
2. Coordinator
3. Experts in the following fields:
 - (1) Tuberculosis control
 - (2) Laboratory technology
 - (3) Logistic management
 - (4) Lung health
4. Other related fields mutually agreed upon as necessary.

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ANNEX III

LIST OF MACHINERY AND EQUIPMENT

1. Equipment for laboratory research and diagnosis
2. Equipment for training and education
3. Medical supplies
4. Equipment for recording and reporting
5. Vehicle
6. Equipment for other related fields mutually agreed upon as necessary



ANNEXIV

LIST OF NEPALESE COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Director General, Department of Health Services, Ministry of Health
2. Chief, Policy Planning, Foreign Aid & Monitoring Division, DHS, MOH
3. Director and staff of the NTC
4. Director, Child Health Division, DHS, MOH
5. Director, Logistic Management Division, DHS, MOH
6. Director, Epidemiology and Disease Control Division, DHS, MOH
7. Director, National Health Information, Education and Communication Center (NHIECC)
8. Director, National Public Health Laboratory
9. Others mutually agreed upon as necessary



ANNEX V

LIST OF LAND, BUILDINGS AND FACILITIES

1. Land

2. Buildings and facilities

(1) Sufficient space for the implementation of the Project

(2) Offices at the MOH, NTC and necessary facilities for the Chief Advisor and Japanese experts

(3) Facilities such as electricity, gas and water supply, sewerage system, telephone and furniture necessary for the activities of the Project

(4) Other facilities mutually agreed upon as necessary



ANNEX VI

JOINT COORDINATING COMMITTEE

1. Functions

The Joint Coordinating Committee will meet at least once a year and whenever the need arises, and work:

- (1) To discuss and make the annual work plan
- (2) To review the overall progress of the Project as well as the achievements of the annual work plan
- (3) To review and exchange views on major issues arising from or in connection with the Project

2. Composition

(1) Chairperson: Secretary, MOH

(2) Members: Nepalese side

- a) Director General, Department of Health Services, MOH
- b) Representative of the National Planning Commission
- c) Representative of the Ministry of Finance
- d) Chief, Policy Planning, Foreign Aid and Monitoring Division, DHS, MOH
- e) Director, NTC, MOH
- f) Director, Child Health Division, DHS, MOH
- g) Director, Logistic Management Division, DHS, MOH
- h) Director, National Public Health Laboratory
- i) Director, National Health Information, Education and Communication Center
- j) Director, Epidemiology and Disease Control Division, DHS, MOH

(3) Members: Japanese side

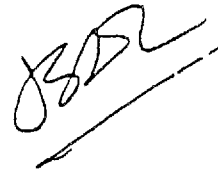
- a) Chief Advisor
- b) Coordinator
- c) Japanese Experts
- d) Representative of JICA in the Kingdom of Nepal
- e) Other personnel to be dispatched by JICA, as necessary



(4) Observers

Representatives of the Embassy of Japan in the Kingdom of Nepal may attend the Joint Coordinating Committee meetings as observers.

The Joint Coordinating Committee can invite any person related to the Project to discuss specific issues.

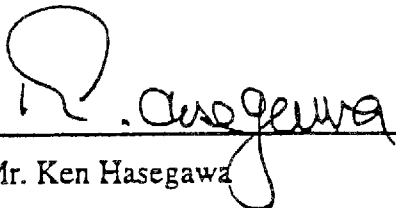
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TENTATIVE SCHEDULE OF IMPLEMENTATION
OF
JAPANESE TECHNICAL COOPERATION
FOR
THE COMMUNITY TUBERCULOSIS AND LUNG HEALTH PROJECT

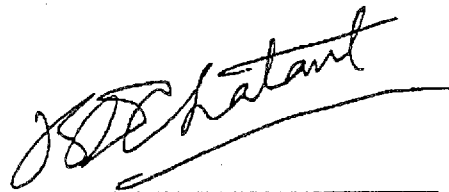
The Japan International Cooperation Agency (hereinafter referred to as "JICA") and the authorities concerned of His Majesty's Government of Nepal have jointly formulated the Tentative Schedule of Implementation of the Project using the Project Design Matrix (hereinafter referred to as the "PDM").

This schedule has been formulated in connection with the attached document of the Record of Discussions signed by JICA and the authorities concerned of His Majesty's Government of Nepal, on the condition that the necessary budget will be allocated for the implementation of the Project by both sides. The schedule and PDM will be subject to change within the framework of the Record of Discussions when necessity arises in the course of the implementation of the Project.

Kathmandu, September 13, 2000



Mr. Ken Hasegawa
Resident Representative
JICA Nepal Office
Japan



Dr. B. D. Chataut
Director General
Department of Health Services
Ministry of Health
His Majesty's Government of Nepal

Object	Narrative Summary						Assumptions
Overall Goal	Lung health among the people is improved						
Purposes	Overall performance of the NTP is further improved			Functional models for improved community lung health are established			<ul style="list-style-type: none"> Communities continue to use the services of the NTP Achievements made in the lung health program are extended beyond the model areas
Output	The managerial capacity of the NTP is further strengthened (A)	Management system for the laboratory and logistics of the NTP is made sustainable (B)	Models for TB control in urban and hard-to reach areas are established (C)	Case management of children with ARI is improved in selected districts (D)	Case management of adults with respiratory illnesses is improved in selected areas (E)	Communities adopt measures against lung health problems (F)	<ul style="list-style-type: none"> NTP will institutionalize the project achievements Program support will be continued
Major Activities	A.1 Provide training to technical and non-technical staff A.2 Participate in international/regional/national conferences A.3 Continue the DOTS workshop in each DOTS implemented district A.4 Improve staff performance evaluation system A.5 Coordinate for service linkages with INGOs, donors, local governments and the private sector A.6 Carry out IEC program activities A.7 Review and update NTP guidelines and formats when necessary A.8 Strengthen monitoring & evaluation system	B.1 Train HMG lab technicians for Q.C. in all regions B.2 Adopt a mechanism for assessing the performance of QCA B.3 Conduct regular regional Q.C. workshop for laboratory staff B.4 Provide training on QCA to DTLAs B.5 Establish reference lab in NTC B.6 Improve coordination between NTC and LMD B.7 Improve logistics management systems for drugs, laboratory and related materials within each region B.8 Adopt a system for equipment maintenance	C.1 Select areas (urban, hilly, prison etc.) for model demonstration C.2 Develop appropriate strategies for case finding and treatment C.3 Train/orient staff in the model areas C.4 Coordinate with NGO and private practitioners C.5 Establish /expand DOTS clinics in rural and urban areas C.6 Adopt defaulter tracing system in the community C.7 Monitor the progress of the model areas C.8 Review replicability of the approaches adopted	D.1 Conduct district-level planning workshop and DDC-level orientation D.2 Adopt IMCI training package D.3 Conduct training /orientation (for doctors, basic health staff, volunteers, traditional healers, VDC members, etc) D.4 Ensure timely and adequate provision of drugs for ARI at service delivery points D.5 Involve the Health Management Committee (HMC) and health facilities for sustainable logistics management D.6 Monitor and evaluate ARI case management at all levels	E.1 Classify common non-TB respiratory illnesses E.2 Conduct baseline studies E.3 Review existing information both in Nepal and elsewhere E.4 Plan pilot schemes in some selected areas E.5 Prepare operational guidelines including modules, formats and flow charts E.6 Conduct training for the concerned health workers /partners E.7 Implement pilot schemes in selected areas E.8 Coordinate programs with relevant partners E.9 Review replicability of the approaches adopted	F.1 Involve DOTS committees to work for lung health in coordination with other community organizations F.2 Train health staff in interpersonal communication and group work facilitation F.3 Conduct advocacy programs on lung health for the general public F.4 Conduct targeted health education F.5 Adopt participatory methods in lung health programs (e.g. anti-smoking campaign, reduction of indoor and outdoor air pollution, ARI etc.)	A-F Vacant posts are filled and frequent transfers do not upset the program C <ul style="list-style-type: none"> Private practitioners will increasingly continue to support NTP policy with DOTS The partners will continue to cooperate as per the agreement C,F <ul style="list-style-type: none"> Cooperation for DOTS will continue to be available at the local level Pre-condition: Agreement between HMG/Nepal and Govt. of Japan is reached in time with specified human and material resources

-43-

TENTATIVE SCHEDULE OF IMPLEMENTATION

Input/year	00.9~01.3	2001.4~2002.3	2002.4~2003.3	2003.4~2004.3	2004.4~2005.3	2005.4~8
year	First	Second	Third	Fourth	Fifth (Final year)	
1. Dispatch of Japanese Experts						
1) Long-term experts						
① Chief advisor	←-----→					
② Coordinator	←-----→					
③ Lung disease control	←-----→					
2) Short-term experts						
① Tuberculosis control						
② Laboratory technology						
③ Logistic management						
④ Lung health						
⑤ Others						
2. Nepalese trainees						
① Tuberculosis control						
② Laboratory technology						
③ Lung health as necessary						
3. Equipment supply						
4. Dispatch of Japanese study team		△	△	△	△	
		Management Consultation	Evaluation	Management Consultation	Evaluation	
5. Nepal-Japanese Joint Committee		☆	☆	☆	☆	