

添 付 資 料

1. 事前評価調査団議事録 (Minutes of Meeting : M/M)
2. 討議議事録 (Record of Discussions : R/D)
3. 議事録 (Minutes of Meeting : M/M)
4. 保健省組織図


**MINUTES OF MEETING
BETWEEN THE PRELIMINARY EVALUATION TEAM
AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT
OF THE REPUBLIC OF THE PHILIPPINES
ON JAPANESE TECHNICAL COOPERATION
FOR
THE PROJECT FOR QUALITY TUBERCULOSIS CONTROL PROGRAM**

The Preliminary Evaluation Team (hereinafter referred to as “the Team”) organized by the Japan International Cooperation Agency (hereinafter referred to as “JICA”) and headed by Dr. Masashi Suchi, Vice-head, Department of International Cooperation, The Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association, visited the Republic of the Philippines from 19 June through 6 July 2002 to conduct a preliminary evaluation on technical cooperation with regard to the request from the Government of the Philippines on the Project for Quality Tuberculosis Control Program (hereinafter referred to as “the Project”).

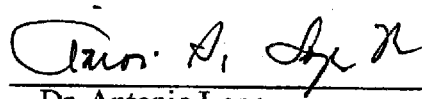
During its stay in the Philippines, the Team exchanged views and had a series of discussions with the Philippine authorities concerned.

As a result of the discussions, both sides agreed upon the matters in the document attached hereto.

Manila, 3 July 2002



Dr. Masashi Suchi
Leader
Preliminary Evaluation Team
Japan International Cooperation Agency
Japan



Dr. Antonio Lopez
Undersecretary
Department of Health
The Republic of the Philippines

1. Points raised in meetings between the Department of Health and the Team

Through the Project Cycle Management workshop, which was conducted on 27 and 28 of June, both sides agreed the Project will place emphasis on the management rather than the implementation of the National Tuberculosis Control Program in the Philippines.

The In-country Training Programs on "Basic Course for NTP Microscopy Examination for Medical Technologists" and "Quality Assurance on Sputum Smear Examination for Medical Technologists" will be integrated into the Project.

2. Draft of a Project Design Matrix (PDM) and a Master Plan

A draft of a PDM and a Master Plan on the Project were prepared as attached in annex 1 and 2 respectively. The PDM shows a logical framework of the Project, providing a concept of technical cooperation and indicators to measure the outcomes to be brought by the Project.

The Team and the Philippine authorities prepared the PDM and the Master Plan through workshops and consultations, and agreed to the basic concept of the Project. The draft is subject to change, however, if modifications are deemed necessary by both sides.

3. Outline of Project Document

The Outline of the Project Document is attached as annex 3. The Team will draft the document that will contain basic information, justification of technical cooperation, strategies and concept of the Project.

As a draft is prepared, it will be relayed to the Department of Health through the JICA Philippines office for comments and confirmation.

4. Record of Discussion

Further discussions will be held between the Department of Health and JICA at a later stage to confirm the contents of the PDM, the Master Plan and the Project Document. Upon reaching mutual agreement, a Record of Discussion will be prepared in writing and signed by both sides before the commencement of the Project.

5. Monitoring and Evaluation

The Project is subject to monitoring and evaluation during the execution of the technical cooperation. Monitoring will be conducted by the Project. A mid-term evaluation and a final evaluation will be jointly conducted by a JICA evaluation team and the Philippine authorities. Such evaluations will be conducted, by using the following criteria:

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- (1) Effectiveness
- (2) Efficiency
- (3) Impact
- (4) Relevance
- (5) Sustainability

ANNEX 1 Draft of the Project Design Matrix

ANNEX 2 Draft of the Master Plan

ANNEX 3 Outline of the Project Document

ANNEX 4 List of prospective Philippine counterparts

ANNEX 5 List of Participants of the Project Cycle Management Workshop

Target: Health workers in all levels

Duration: September 1, 2002 - August 31, 2007

Project Site: All country

Date: July 3, 2002

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal</p> <p>Tuberculosis in the Philippines is controlled.</p>	<p>Morbidity and mortality from TB are reduced in half by the year 2010.</p> <p>1. Prevalence of smear-positive TB cases is less than 1.6 per 1,000 populations from 3.1 per 1,000 populations in 1997.</p> <p>2. TB mortality rate is less than 19.7 per 100,000 populations from 39.4 per 100,000 populations in 1997.</p>	<p>Health Information System (HIS)</p>	
<p>Project Purpose</p> <p>Quality National Tuberculosis Program (NTP) is sustainably managed.</p>	<p>List below will be attained by the end of 2005 and maintained by the end of the project</p> <p>1. Cure rate is more than 85%</p> <p>2. Case detection rate is more than 70%</p> <p>as a national average</p>	<p>NTP Report (Annual/Quarterly)</p> <p>WHO Annual Report</p>	
<p>Outputs</p> <p>1. Quality DOTS implementation is ensured through capacity building activities and strengthening monitoring and supervision system.</p> <p>2. Quality laboratory service become available nationwide by the formation of the network.</p>	<p>Item 1 and 2 will be attained by the end of 2005</p> <p>1-1 Monitoring and Supervision Manual is developed and distributed.</p> <p>1-2 Manual for advisory team (MAT) is utilized on supervision by advisors.</p> <p>1-3 The advisory team visits all provinces whose cure rate is under 85 %.</p> <p>1-4 At least 90 % of RHUs in each province attain the target listed below</p> <p>(1) Smear positive proportion among the newly registered pulmonary TB cases is at least 60%.</p> <p>(2) Three sputum collection rate is more than 90%.</p> <p>(3) Cure rate is more than 85 %</p> <p>(4) DOTS enrolment rate is 100 %</p> <p>2-1 in NIRL</p> <p>(1) Training as well as monitoring and supervision activities are planned and conducted based on the assessment of the laboratory services in the field.</p> <p>(2) List below is achieved through the establishment of the internal quality control systems for smear examination</p> <p>a) Over-all agreement rate in sputum microscopy is 95 %</p>	<p>NTP Report</p> <p>Provincial NTP Report</p> <p>Based on supervision of the NIRL</p>	<p>Support from the other international agencies are sustained</p>

	b) False positive rate is not more than 5 %. c) False negative rate is not more than 2 %. (3) Technique for drug sensitivity test is validated by external proficiency test by a Supra-national TB Reference Laboratory like the RIT, Tokyo 2-2 100 % QA coverage is achieved in provincial level nationwide. a) Over-all agreement rate in sputum microscopy is 95 % b) False positive rate is not more than 5 %. c) False negative rate is not more than 2 %.	Provincial Quality Assurance Report	
3.Capability to plan and conduct operational researches to monitor the program is strengthened.	3-1 DRS is planned and conducted. 3-2 The result of operational research is disseminated and utilized for the strategy development for NTP.	Report on the DRS	
Activities 1-1 Establish sustainable new monitoring and supervision system to maintain high quality NTP performance. 1-2 Train all levels of health workers on TB control so that they have enough capacity for their respective job. 1-3 Develop local supportive mechanism. 2-1 Strengthen the function of NTRL. 2-2 Establish nationwide laboratory service network, consisting of NTRL, Region, province and RHU level. 3-1 Provide capacity building to NTRL and IDO in the assessment of the needs, planning and conduct of operational research. 3-2 Provide support for conducting the nationwide DRS to collect necessary data. 3-3 Assess the possibility to conduct the operational research on Public Private Mix..	Input Inputs by the Japanese side 1. Dispatch of Japanese experts 2. Training of Philippine counterpart personnel in Japan 3. Training of health workers in the Philippines 4. Provision of equipment Inputs by the Philippine side 1. DOH and LGU counterpart personnel 2. Provision of offices, buildings and facilities 3. Counterpart budget for the implementation of the project 4. Drugs and other supplies and consumables		Preconditions National government and LGUs support this project

Master Plan : The Project for Quality Tuberculosis Control Program

OVERALL GOAL

Tuberculosis in the Philippines is controlled.

PROEJECT PURPOSE

Quality National Tuberculosis Program (NTP) is sustainably managed.

OUTPUTS

1. Quality DOTS implementation is ensured through capacity building activities and strengthening monitoring and supervision system.
2. Quality laboratory service become available nationwide by the formation of the network.
3. Capability to plan and conduct operational researches to monitor the program is strengthened.

ACTIVITIES

- 1-1 Establish sustainable new monitoring and supervision system to maintain high quality NTP performance.
- 1-2 Train all levels of health workers on TB control so that they have enough capacity for their respective job.
- 1-3 Develop local supportive mechanism.

- 2-1 Strengthen the function of NTRL.
- 2-2 Establish nationwide laboratory service network consisting of NTRL, Region, province and RHU level.

- 3-1 Provide capacity building to NTRL and IDO in the assessment of the needs, planning and conduct of operational research.
- 3-2 Provide support for conducting the nationwide DRS to collect necessary data.
- 3-3 Assess the possibility to conduct the operational research on Public Private Mix.

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OUTLINE OF THE PROJECT DOCUMENT

Abbreviation

A Map of the Philippines

Organization Charts

1. Introduction

1.1 Background on the request for technical cooperation

1.2 Objectives of the Project Document

2. Backgrounds

2.1 Socio-economic Context

2.1.1 Population, ethnicity and culture

2.1.2 Politics

2.1.3 Economy

2.1.4 Relations with neighboring countries

2.2 Overview of the health sector and the status of tuberculosis

2.2.1 Outline of the national health conditions

2.2.2 Major causes of death and morbidity

2.2.3 Status of tuberculosis

2.3 Country strategies on tuberculosis control

2.4 Prior or ongoing assistance by Japan

2.5 Assistance by donor agencies in tuberculosis control

3. Issues surrounding tuberculosis control

3.1 Institutional Framework for tuberculosis control

3.1.1 Division of work among health administrative institutes

3.1.2 Human resources and training systems

3.2 Issues surrounding tuberculosis control

3.2.1 Main Problems and their causes

4. Strategies of technical cooperation for tuberculosis control

4.1 Overall Strategies

4.1.1 Enhancing the quality of DOTS implementation

4.1.2 Strengthening the networking among laboratories for quality DOTS

implementation

4.1.3 Operational research as a tool to face challenges in tuberculosis control

4.2 Strengthening human resources and health institutional structures for quality

DOTS implementation

4.3 Sustainability as a significant factor to increase the level of DOTS implementation

4.4 Collaboration and coordination with other partners to create greater impact

4.5 Special Consideration

5. Project Design

5.1 Overall goal

5.2 Project Purpose, Outputs and Activities

5.2.1 Project Purpose

5.2.2 Outputs

5.2.3 Activities

5.3 Inputs

5.4. Important assumptions and risk analysis

5.4.1 Important assumptions

5.4.2 Risk analysis

6. Project Justification

6.1 Public benefit and equity

6.2 Appropriateness of technology

6.3 Reasons for assistance from JICA

6.4 Effects expected to expand from the Project

6.4.1 Effects on the development policy framework

6.4.2 Effects on the health institutional framework

6.4.3 Effects on society and culture

6.4.4 Effects on technical aspects

6.4.5 Economic benefits

6.5 Overall project justification

Annexes

1. PDM0 as of 3 July 2002 (Draft)
2. Plan of Operation (Draft)
3. TOR for long-term Experts
4. TOR for Counterparts
5. Information of other projects
6. Report on PCM workshop
7. Information on equipment to be invested
8. Commitment from counterpart organization and government
9. References

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List of Prospective Philippine Counterparts**Department of Health**

1. Director, National Center for Disease Prevention and Control
2. Director, Infectious Disease Office
3. Medical Officers VII, Infectious Disease Office
4. Medical Specialist IV, Infectious Disease Office
5. Chief Health Program Officer, Infectious Disease Office
6. Medical Specialist II, Infectious Disease Office
7. Supervising Program Health Officer, Infectious Disease Office
8. Senior Program Health Officer, Infectious Disease Office

RITM/NTRL

1. Director, RITM
2. Technical Head for the NTRL
3. Laboratory Supervisor for the NTRL

CHD/Regional Level

1. Two Technical Staff from the Infectious Disease Division
2. CHD Technical Coordinator for the Regional TB Reference Laboratory (CHD I, III, VII and XI)
3. CHD Laboratory Supervisor for the Regional TB Reference Laboratory (CHD I, III, VII and XI)

List of Participants of Project Cycle Management Workshop

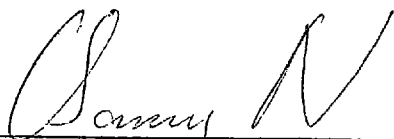
1.	Dr. Jaime Y. Lagahid	Medical Officer	IDO/DOH
2.	Dr. Angeles M. Hernandez	Chief Health Program Officer	IDO/DOH
3.	Dr. Jennifer Tan	Medical Specialist II	IDO/DOH
4.	Dr. Wilma Sandoval	Medical Specialist II	IDO/DOH
5.	Dr. Remigio M. Olveda	Director	RITM
6.	Dr. Socorro P. Lupisan	Medical Officer VII	RITM/NTRL
7.	Dr. Nora S. Cruz	Medical Officer IV	RITM/NTRL
8.	Ms. Maria Paz C. Rostrata	Laboratory Technologist I	RITM/NTRL
9.	Mr. Cristino P. Narciso	Bacteriologist	RITM/NTRL
10.	Ms. Melia-Ellen Y. Castillo	Bacteriologist IV	RITM/NTRL
11.	Ms. Marienella A. Pisueno	Laboratory Technologist	RITM/NTRL
12.	Dr. Irene P. Canlas	Medical Specialist II	CHD 3
13.	Dr. Arthur B. Lagos	Medical Advisor	JICA Project Team
14.	Ms. Maricer L. Trond	Medical Technologist	JICA Project Team
15.	Dr. Seiya Kato	Chief Advisor	JICA Project Team
16.	Mr. Katsumi Ohara	Project Coordinator	JICA Project Team
17.	Dr. Tomohiro Shirahama	Expert	JICA Project Team
18.	Mr. Tomoya Yoshida	Assistant Resident Representative	JICA Philippine Office
19.	Dr. Masashi Suchi	Team Leader	JICA/Preliminary Evaluation Team
20.	Mr. Takayuki Uchiyama	Cooperation Planning	JICA/Preliminary Evaluation Team
21.	Mr. Satoshi Abe	Technical Cooperation	JICA/Preliminary Evaluation Team
22.	Ms. Christine Pilacavage	Advisor	JICA/Preliminary Evaluation Team
	Ms. Setsuko Matsumoto	PCM Moderator	JICA/Preliminary Evaluation Team

**RECORD OF DISCUSSIONS BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY AND
THE DEPARTMENT OF HEALTH OF THE GOVERNMENT OF
THE REPUBLIC OF THE PHILIPPINES
ON JAPANESE TECHNICAL COOPERATION
FOR THE PROJECT
FOR THE QUALITY TUBERCULOSIS CONTROL PROGRAMME**

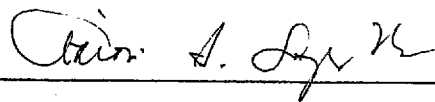
Japan International Cooperation Agency (hereinafter referred to as "JICA") exchanged views and had a series of discussions with the authorities concerned of the Republic of the Philippines with respect to desirable measures to be taken by both Governments for the successful implementation of the above-mentioned Project.

As a result of the discussions, JICA and the Department of Health (hereinafter referred to as "DOH") agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

Manila, August 2002



Mr. Osamu Nakagaki
Resident Representative
Philippines Office
Japan International Cooperation
Agency
Japan



Dr. Antonio Lopez
Undersecretary
Department of Health
The Republic of the Philippines

THE ATTACHED DOCUMENT


I. COOPERATION BETWEEN BOTH GOVERNMENTS

1. The Government of the Republic of the Philippines will implement the Project for the Quality Tuberculosis Control Programme (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 as 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 the Government of the Republic of the Philippines upon being delivered C.I.F. (cost, insurance and freight) to the Philippine authorities concerned at the ports and/or airports of disembarkation.

3. TRAINING OF PHILIPPINE PERSONNEL IN JAPAN



The Government of Japan will receive the Philippine personnel connected with the Project for technical training in Japan.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES

1. The Government of the Republic of the Philippines 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 full and active involvement in the Project by all related authorities, beneficiary groups and institutions.
2. The Government of the Republic of the Philippines will ensure that the technologies and knowledge acquired by the Philippine nationals as a result of Japanese technical cooperation will contribute to the economic and social development of the Republic of the Philippines.
3. The Government of the Republic of the Philippines will grant in the Republic of the Philippines 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 Republic of the Philippines under the Colombo Plan Technical Cooperation Scheme.
4. The Government of the Republic of the Philippines 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. The Government of the Republic of the Philippines will take necessary measures to ensure that the knowledge and experience acquired by the

Philippine 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 Republic of the Philippines, the Government of the Republic of the Philippines will take necessary measures to provide at its own expense :

- (1) Services of the Philippine counterpart personnel and administrative personnel as 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 those provided by JICA under II-2 above ;
- (4) Means of transportation and travel allowances for the Japanese experts for official travel within the Republic of the Philippines ; and
- (5) Assistance to find suitably furnished accommodation for the Japanese experts and their families.

7. In accordance with the laws and regulations in force in the Republic of the Philippines, the Government of the Republic of the Philippines will take necessary measures to meet :

- (1) Expenses necessary for transportation within the Republic of the Philippines of the Equipment referred to in II-2 above as well as for the installation, operation and maintenance thereof ;
- (2) Customs duties, internal taxes and any other charges, imposed in the Republic of the Philippines on the Equipment referred to in II-2

above ; and

(3) Running expenses necessary for the implementation of the Project.

8. The Government of the Republic of the Philippines will provide anti-tuberculosis drugs and laboratory supplies necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. Undersecretary for Health Operations, DOH, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.
2. Director, the National Center for Disease Prevention and Control (hereinafter referred to as "NCDPC"), and Director, Research Institute for Tropical Medicine (hereinafter referred to as "RITM"), DOH, as the Project Managers, will be responsible for the managerial and technical matters of the Project.
3. The Japanese 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 Philippine 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, 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 Philippine 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

The Government of the Republic of the Philippines undertakes to bear claims, if any arises, 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 Republic of the Philippines except for those arising from the willful misconduct or gross negligence of the Japanese experts.


VII. MUTUAL CONSULTATION

Mutual consultation shall be held 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 Republic of the Philippines, the Government of the Republic of the Philippines will take appropriate measures to make the Project widely



known to the people of the Republic of the Philippines.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be five (5) years effective 1 September 2002.

- ANNEX I MASTER PLAN
- ANNEX II LIST OF JAPANESE EXPERTS
- ANNEX III LIST OF MACHINERY AND EQUIPMENT
- ANNEX IV LIST OF PHILIPPINE COUNTERPARTS 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. Overall Goals

Tuberculosis in the Republic of the Philippines is controlled.

2. Project Purpose

Quality National Tuberculosis Program (NTP) is sustainably managed.

3. Outputs of the Project

- (1) Quality DOTS implementation is ensured through capacity building activities and strengthening monitoring and supervision system.
- (2) Quality laboratory services become available nationwide by the formation of the network.
- (3) Capability on planing and conducting operations researches to monitor the program is strengthened.

4. Activities of the Projects

- (1) Establish sustainable new monitoring and supervision system to maintain high quality NTP performance.
- (2) Train the health workers at all levels on tuberculosis control so that they will have qualified capacity for conducting their respective duties.

- (3) Develop local supportive mechanism.
- (4) Strengthen the function of the National Tuberculosis Reference Laboratory (NTRL).
- (5) Establish the nationwide laboratory service network among NTRL and institutions on the regional, provincial and Rural Health Unit (RHU) levels.
- (6) Develop the capacity of NTRL and Infectious Disease Office (IDO) in the assessment of the needs, planning and conducting operations research.
- (7) Provide support for conducting nationwide Drug Resistance Survey (DRS) to gather necessary data.
- (8) Assess the possibility of conducting operations researches on the Public Private Mix.



II LIST OF JAPANESE EXPERTS

1. Long-term Experts


- (1) Chief advisor (The chief advisor may serve concurrently as the expert on tuberculosis control)
- (2) Coordinator
- (3) Experts of the following fields
 - (a) Tuberculosis control
 - (b) Other related fields mutually agreed upon as necessary

2. Short-term Experts in the Following Fields

- (1) Tuberculosis control
- (2) Laboratory technology
- (3) Operations research
- (4) Other related fields mutually agreed upon as necessary

III LIST OF MACHINERY AND EQUIPMENT

1. Machinery and Equipment for:

- 
- (1) Transportation and communication
 - (2) Survey, monitoring and evaluation activities
 - (3) The improvement in NTP activities
 - (4) IEC

2. Machinery and Equipment in Other Related Fields Mutually Agreed upon as Necessary



IV LIST OF PHILIPPINE COUNTERPARTS AND ADMINISTRATIVE PERSONNEL

1. Project Director : Undersecretary for Health Operations, DOH

2. Project Managers : Director, NCDPC, DOH
Director, RITM, DOH

3. List of Philippine Counterpart Personnel

(1) DOH

- (a) Director, NCDPC, IDO
- (b) Medical Officers VIII, IDO
- (c) Medical Specialist IV, IDO
- (d) Chief Health Program Officer, IDO
- (e) Medical Specialist II, IDO
- (f) Supervising Program Health Officer, IDO
- (g) Senior Program Health Officer, IDO

(2) RITM/NTRL

- (a) Director, RITM
- (b) Technical Head for the NTRL
- (c) Laboratory Supervisor for the NTRL

(3) Center for Health Development (CHD)/Regional Level

- (a) Two Technical Staff Members from the Infectious Disease Division
- (b) CHD Technical Coordinator for the Regional TB Reference Laboratory (CHD I, III, VII and VIII)

- (c) CHD Laboratory Supervisor for the Regional TB Reference Laboratory (CHD I, III, VII and VIII)

4. Administrative Personnel

(1) Coordinator


- (a) Project coordinator of IDO, DOH
- (b) Project coordinator of NTRL, DOH
- (c) Regional NTP coordinator

(2) Secretary

(3) Drivers

(4) Other supporting staff mutually agreed upon as necessary

V LIST OF LAND, BUILDINGS AND FACILITIES

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- 1. Space sufficient for implementation of the Project.
 - 2. Offices and facilities necessary for the Japanese experts.
 - 3. Facilities such as electricity, gas, water, sewerage system, telephones and furniture necessary for Project activities and operations expenses for utilities.
 - 4. Other facilities mutually agree upon as necessary.

VI JOINT COODINATING COMMITTEE AND TECHNICAL WORKING GROUP

1. Joint Coordinating Committee

(1) Functions

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

- (a) To review and authorize the Annual Work Plan of the Project under the framework of the Record of Discussions.
- (b) To review overall progress of the Project.
- (c) To discuss other major issue reverent to the Project.

(2) Compositions

(a) Chairperson

Undersecretary for Health Operation, DOH

(b) Members

Philippine Side:

- 1) Director, NCDPC, DOH
- 2) Director, CHD, Region I
- 3) Director, CHD, Region III
- 4) Director, CHD, Region VII
- 5) Director, CHD, Region VIII
- 6) Director, Bureau of International Health Cooperation, DOH
- 7) Representative of National Economic Development Agency

8) Representative of Local Government Units

Japanese Side:

- 1) Chief advisor
- 2) Coordinator
- 3) Other experts
- 4) Resident Representative of JICA in the Republic of the Philippines
- 5) Other personnel to be dispatched by JICA, as necessary

Note: A representative of World Health Organization (WHO)/Regional Office for Western Pacific (WPRO) will be invited to be a member of Joint Coordinating Committee for the better coordination with WHO programme.

Official(s) of the Embassy of Japan may attend the Joint Coordinating Committee meeting as observer(s).

2. Technical Working Group

(1) Functions

The Technical Working Group will meet at least quarterly and whenever necessary, and work:

- (a) To monitor the implementation of the Project;
- (b) To submit quarterly report to Joint Coordinating Committee and participating agencies;
- (c) To formulate and propose to Joint Coordinating Committee the Annual Work Plan of the Project;
- (d) To coordinate with Local Government Units; and
- (e) To make decisions on operations matters.

(2) Compositions

Philippine Side:

- (a) Project coordinator of IDO, DOH
- (b) Project coordinator of NTRL, DOH
- (c) Regional NTP coordinators

Japanese Side:

- (a) Chief advisor
- (b) Coordinator
- (c) Other experts

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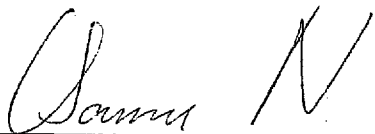
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**MINUTES OF MEETINGS BETWEEN
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FOR THE PROJECT
FOR THE QUALITY TUBERCULOSIS CONTROL PROGRAMME**

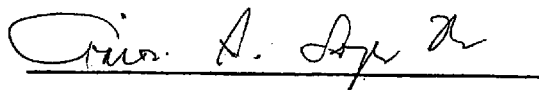
Mr. Osamu Nakagaki, Resident Representative of the Japan International Cooperation Agency (hereinafter referred to as "JICA") in the Republic of the Philippines and the Philippine authorities concerned have jointly formulated the Project Design Matrix, the Tentative Schedule of Implementation and the Project Document of the Project for the Quality Tuberculosis Control Programme in the Republic of the Philippines (hereinafter referred to as "the Project") as attached hereto.

The schedule has been formulated in connection with the attached document of the Record of Discussion signed between JICA and the Philippine authorities concerned for the Project, on condition that the necessary budget be allocated for the framework of the Record of Discussion when necessity arises in the course of implementation of the Project.

Manila, August 2002



Mr. Osamu Nakagaki
Resident Representative
Philippines Office
Japan International Cooperation
Agency
Japan



Dr. Antonio Lopez
Undersecretary
Department of Health
The Republic of the Philippines

THE ATTACHED DOCUMENT

I. PROJECT DESIGN MATRIX


The Project Design Matrix (hereinafter referred to as "PDM") was discussed and elaborated by the Team and the Philippine authorities concerned. Both sides agreed to recognize PDM as the basis of monitoring and evaluation of the Project. The PDM is shown in Annex I

The PDM will be subject to change within the framework of the Record of Discussions when necessity arises in the course of implementation of the Project.

II. TENTATIVE SCHEDULE OF IMPLEMENTATION

The Tentative Schedule of Implementation (hereinafter referred to as "TSI") has been formulated according to the Record of Discussions, on condition that the necessary budget will be allocated for the implementation of the Project by both sides. The schedule is subject to change within the scope of the Record of Discussions when necessity arises in the course of implementation of the Project. The TSI is shown in Annex II.


III. PROJECT DOCUMENT



Both sides jointly have prepared the Project Document for the rationalization of the plan and justification of the project implementation. The content of the Project Document is agreed by both sides. The Project Document is subject to change within the scope of the Record of Discussions when necessity arises in the course of implementation of the Project. The Project Document is attached in Annex III.

IV. IN-COUNTRY TRAINING PROGRAMS

The In-country Training Programs on Basic Course for NTP Microscopy Examination for Medical Technologists and Quality Assurance on Sputum Smear Examination for Medical Technologists will be



integrated into the Project.

ANNEX I	PDM
ANNEX II	TSI : ACTIVITY
ANNEX III	TSI : INPUT
ANNEX IV	PROJECT DOCUMENT (別紙資料と同じとなるため、添付資料は省略)



Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal Tuberculosis in the Philippines is controlled.	Morbidity and mortality from TB are reduced in half by the year 2010. 1. Prevalence of smear-positive TB cases is less than 1.6 per 1,000 populations from 3.1 per 1,000 populations in 1997. 2. TB mortality rate is less than 19.7 per 100,000 populations from 39.4 per 100,000 populations in 1997.	Health Information System (HIS)	
Project Purpose Quality National Tuberculosis Program (NTP) is sustainably managed.	List below will be attained by the end of 2005 and maintained by the end of the project 1. Cure rate is more than 85% 2. Case detection rate is more than 70% as a national average	NTP Report (Annual/Quarterly) WHO Annual Report	
Outputs 1. Quality DOTS implementation is ensured through capacity building activities and strengthening monitoring and supervision system. 2. Quality laboratory service become available nationwide by the formation of the network.	Item 1 and 2 will be attained by the end of 2005 1-1 Monitoring and Supervision Manual is developed and distributed. 1-2 Manual for advisory team (MAT) is utilized on supervision by advisors. 1-3 The advisory team visits tall provinces whose cure rate is under 85 %. 1-4 At least 90 % of RHUs in each province attain the target listed below (1) Smear positive proportion among the newly registered pulmonary TB cases is at least 60%. (2) Three sputum collection rate is more than 90%. (3) Cure rate is more than 85 % (4) DOTS enrolment rate is 100 % 2-1 in NTRL (1) Training as well as monitoring and supervision activities are planned and conducted based on the assessment of the laboratory services in the field. (2) List below is achieved through the establishment of the internal quality control systems for smear examination a) Over-all agreement rate in sputum microscopy is 95 %	NTP Report Provincial NTP Report Based on supervision of the NTRL	Support from the other international agencies are sustained

<p>3.Capability to plan and conduct operations researches to monitor the program is strengthened.</p>	<p>b) False positive rate is not more than 5 %. c) False negative rate is not more than 2 %.</p> <p>(3) Technique for drug sensitivity test is validated by external proficiency test by a Supra-national TB Reference Laboratory like the RIT, Tokyo</p> <p>2-2 100 % QA coverage is achieved in provincial level nationwide. a) Over-all agreement rate in sputum microscopy is 95 % b) False positive rate is not more than 5 %. c) False negative rate is not more than 2 %.</p> <p>3-1 DRS is planned and conducted. 3-2 The result of operations research is disseminated and utilized for the strategy development for NTP.</p>	<p>Provincial Quality Assurance Report</p> <p>Report on the DRS</p>	
<p>Activities</p> <p>1-1 Establish sustainable new monitoring and supervision system to maintain high quality NTP performance. 1-2 Train all levels of health workers on TB control so that they have enough capacity for their respective job. 1-3 Develop local supportive mechanism.</p> <p>2-1 Strengthen the function of NTRL. 2-2 Establish nationwide laboratory service network consisting of NTRL, Region, province and RHU level.</p> <p>3-1 Provide capacity building to NTRL and IDO in the assessment of the needs, planning and conduct of operations research. 3-2 Provide support for conduct the nationwide DRS to collect necessary data. 3-3 Assess the possibility to conduct the operations research on Public Private Mix..</p>	<p>Input</p> <p>Inputs by the Japanese side 1. Dispatch of Japanese experts 2. Training of Philippine counterpart personnel in Japan 3. Training of health workers in the Philippines 4. Provision of equipment</p> <p>Inputs by the Philippine side 1. DOH and LGU counterpart personnel 2. Provision of offices, buildings and facilities 3. Counterpart budget for the implementation of the project 4. Drugs and other supplies and consumables</p>		<p>Preconditions National government and LGUs support this project</p>

TENTATIVE SCHEDULE OF IMPLEMENTATION OF THE PROJECT: ACTIVITY

ACTIVITIES FOR THE OUTPUT OF THE PROJECT	SCHEDULE													
	2002		2003				2004				2005			
	10	1	4	7	10	1	4	7	10	1	4	7	10	1
1. Conduct orientation about the DOH-JICA project to CHDs.	--													
2. Conduct orientation about the DOH-JICA project in provincial level.	--													
3. Conduct regular monitoring of the RHUs' health workers.	-----	---	-----				-----				-----			----
4. Conduct monitoring/supervision field visits with relevant international agencies.	-----		-----				-----				-----			----
5. Hold regular PACT meeting to orchestrate the relevant agencies.	-----		-----				-----				-----			----
6. Improve present monitoring checklist/ develop monitoring manual.	---													
7. Conduct refresher training to health workers using MOP.	---													
8. Conduct training for newly hired health workers.	-----	---	-----				-----				-----			----
9. Conduct National consultation workshop.	-		-	-			-	-			-	-		-
10. Participate Workshop at regional level as advisor.	-----		-----				-----				-----			----
11. Conduct Report Making Session.	-		-											
12. Conduct Workshop or Refresher course training, if needed.	-----	---	-----				-----				-----			----
13. Assess the possibility of domestic organizations to have a supportive function for the sustainability of NTP.			-----											
14. Provide training and technical advice to the possible organization if the result of the above is favorable.														----
15. Conduct regular meetings with NTRL to evaluate the progress of their activities.	-----	---	-----				-----				-----			----
16. Conduct training for NTRL staff.	-----	---	-----				-----							
17. Provide assistance (equipment and training) to establish regional laboratories.		-		----										
18. Conduct training needs assessment of Med Tech.	-		--				--				--		--	
19. Conduct "In-country training."	---		-----				-----				-----			
20. Conduct National Consultation Meeting on QC.	-		-	-			-	-			-	-		-
21. Train the staff of NTRL/RITM and IDO.	-----	---	-----				-----				-----			----
22. Train all health workers involved in the nationwide DRS.	----													
23. Provide and distribute all necessary equipment, reagent and records.	----													
24. Monitor data collection as well as DST status during survey.			-----											
25. Provide technical support for data analysis.														
26. Validate DST results by the supranational laboratory.	-----						---							
27. Assess the possibility of operations research on PPM.	----		-----											
28. Plan and conduct operations research on PPM, if the result of the assessment is favorable.			-----				-----							

A chief advisor will be responsible for the number of 1,4,5,6,10,13,14,15,27 and 28 with assistance of long-term experts .

Long-term experts will be responsible for the number of 2,3,4,6,8,10,11,12,16,17,18,21,22,23,24,25,27 and 28 with the supervision of a chief advisor.

Short-term experts (tuberculosis control) will be responsible for the number of 1,3,4,6 and 21.

Short-term experts (laboratory technology) will be responsible for the number of 16,17,18,22,24,25, and 26.

Short-term experts (operations research) will be responsible for the number of 24,25,26,27 and 28.

With the progress of the Project, short-term experts in other related field will be dispatched as necessary.

TENTATIVE SCHEDULE OF IMPLEMENTATION: INPUT

Input/Year		2002.9 - 2003.8	2003.9 - 2004.8	2004.9 - 2005.8	2005.9 - 2006.8	2006.9 - 2007.8
Year		First	Second	Third	Fourth	Fifth (final year)
1	Dispatch of Japanese Experts	03.4	04.4	05.4	06.4	07.4
1)	Long-term Experts					
	Chief Advisor					
	Coordinator					
	Tuberculosis Control					
	Other Related Fields Mutually Agreed upon as Necessary					
2)	Short-term Experts					
	Tuberculosis Control	—	—	—	—	—
	Laboratory Technology	—	—	—	—	—
	Operations Research	—	—	—	—	—
	Other Related Fields Mutually Agreed upon as Necessary					
2	Philippine Personnel Training in Japan					
	Tuberculosis Control	—	—	—	—	—
	Laboratory Works for Tuberculosis Program Management	—	—	—	—	—
	National Tuberculosis Program Management	—	—	—	—	—
3	Equipment Supply	—	—	—	—	—
4	Dispatch of Japanese Study Team			—		—
5	Joint Coordinating Committee Meeting	◇	◇	◇	◇	◇
				Mid-term Evaluation		Project Evaluation

Note: This schedule is formulated tentatively on the assumption that necessary budget will be acquired by both side.

This schedule is subject to change within the scope of the "Record of Discussions" if the necessity arises during the course of the Project Implementation.

4. 保健省組織図

ORGANIZATIONAL CHART OF THE DEPARTMENT OF HEALTH

