

付 属 書 類

1. 事前評価調査関連資料

(1) M/M

(2) 調査日程表

2. 協議議事録関連資料

(1) R/D 写

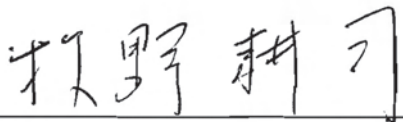
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**MINUTES OF MEETING
ON
TECHNICAL COOPERATION IN CAPACITY DEVELOPMENT FOR
REGIONAL REFERRAL HEALTH MANAGEMENT
AGREED UPON BETWEEN
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE UNITED REPUBLIC OF TANZANIA
AND
JAPAN INTERNATIONAL COOPERATION AGENCY**

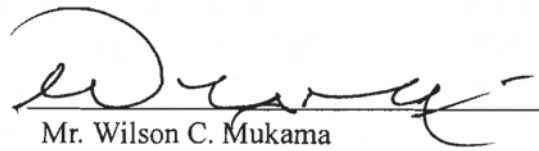
In response to a request from the Government of the United Republic of Tanzania (hereinafter referred to as "GOT"), the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched a preparatory mission on the Technical Cooperation captioned above (hereinafter referred to as "the TC") headed by Mr. Koji Makino from 9th September to 15th September, 2007.

The Preparatory Mission held a series of discussions in relation to the scope of the TC with representatives of the Ministry of Health and Social Welfare (hereinafter referred to as "MOHSW"), Prime Minister's Office-Regional Administration and Local Government (hereinafter referred to as "PMORALG") and Development Partners (hereinafter referred to as "DPs"). As a result, Tanzanian officials and the Preparatory Mission reached common understandings described as the documents attached hereto.

Dar es Salaam, September, 2007



Mr. Koji Makino
Deputy Resident Representative
JICA Tanzania Office
(Leader of the Preparatory Mission)



Mr. Wilson C. Mukama
Permanent Secretary
Ministry of Health and Social Welfare



Ms. Tarishi M. K.
Permanent Secretary
Prime Minister's Office,
Regional Administration and Local
Government

THE ATTACHED DOCUMENT

I. ACRONYMS AND ABBREVIATIONS

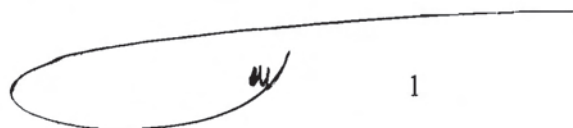
For the purpose of this Attached Document, the following acronyms and abbreviations are used:

CCHP	Comprehensive Council Health Plan
CHMT	Council Health Management Team
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
DHR	Director of Human Resource Development
DHS	Director of Hospital Services
DLG	Director of Local Government
DPP	Director of Policy and Planning
DPS	Director of Preventive Services
DPs	Development Partners
DSC	Director of Sector Coordination
DRA	Director of Regional Administration
GOJ	Government of Japan
GOT	Government of the United Republic of Tanzania
HSRS	Health Sector Reform Secretariat
JICA	Japan International Cooperation Agency
LGAs	Local Government Authorities
M&E	Monitoring and Evaluation
MOHSW	Ministry of Health and Social Welfare
PDM	Project Design Matrix
PMO-RALG	Prime Minister's Office-Regional Administration and Local Government
PO	Plan of Operation
R/D	Record of Discussion
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
TC	Technical Cooperation in Capacity Development for Regional Referral Health Management

II. TITLE OF THE TECHNICAL COOPERATION

The title of the TC will be "Technical Cooperation in Capacity Development for Regional Referral Health Management."

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III. RESPONSIBLE MINISTRIES AND ORGANIZATIONS IN GOT

1. Ministry of Health and Social Welfare

MOHSW will resume overall responsibility of the TC as the implementing organization. Health Sector Reform Secretariat under Director of Policy and Planning will coordinate all the activities of the TC and facilitate all other concerned departments to proceed the planned activities.

2. PMO-RALG

PMO-RALG, through Department of Regional Administration will resume responsibility for taking measures to coordinate between MOHSW and Regional Secretariats in enhancing regional referral health management.

IV. FRAMEWORK OF THE TECHNICAL COOPERATION

Both parties agreed with the framework of the TC shown as the tentative narrative summary in Annex I hereof, the tentative logical framework (PDM) shown in Annex VII hereof and the tentative PO shown in Annex VIII hereof. The framework of the TC will be further reviewed by the time when the R/D is signed.

V. DURATION OF THE TC

The duration of the TC will be three (3) years from the initial dispatch of the expert.

VI. SAMPLE AREAS FOR INTENSIVE MONITORING

The products of the TC, such as guidelines and training modules, will be applied nationwide while four (4) sample regions are selected for intensive on-site monitoring to verify the effectiveness and feasibility of the developed guidelines and training modules at operational level. Selection of such regions will be made in the course of the TC.

VII. PRINCIPLE OF OPERATIONAL COST SHARING

In principle, the costs for implementing the activities under the TC should be borne by the Tanzanian side from available resources in order to ensure sustainability of such activities.

VIII. INPUTS FROM THE GOVERNMENT OF JAPAN THROUGH JICA

1. Team of experts

JICA will assign experts of Japanese or other nationalities to the TC as listed in Annex II hereof.

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2. Equipment

JICA will provide necessary equipment and other materials in order to implement the TC as listed in Annex III hereof.

3. Operational costs

JICA will bear those expenses which cannot be shouldered by the Tanzanian side upon a mutual agreement between the GOT and JICA.

IX. INPUTS FROM THE GOT

1. Tanzanian government officials involved in the TC

The government officials listed in Annex IV hereof will be assigned to the implementation of the TC as principal counterparts to the team of experts assigned by JICA. In particular, HSRS members will be in charge of day-to-day operations of the TC.

2. Office space and equipment for the team of experts assigned by JICA

The Tanzanian side agreed to provide JICA expert team with appropriate office space which accommodates minimally five (5) people and equipment to be kept in within the premise of MOHSW (Annex V).

3. Operational costs

The GOT will allocate the budget for the following recurrent costs in line with the provision of *the Agreement on Technical Cooperation between the Government of the United Republic of Tanzania and the Government of Japan* signed in Dar es Salaam, Tanzania on 2 November, 2004.

- a. Salaries and other allowances for the Tanzanian counterpart personnel.
- b. Cost for the training provided in the TC.
- c. Running expenses such as electricity, water supply, gas, fuel etc.
- d. Expenses for customs clearance, storage and domestic transportation of the equipment provided by JICA.
- e. Expenses for maintenance of the equipment provided by JICA.
- f. Other contingency expenses related to the TC.

X. GOVERNANCE OF THE TC

The Joint Coordinating Committee (JCC) will meet at least twice a year and whenever necessity arises during the TC in order to review the progress of the TC and make necessary decisions on the TC, The detailed function is shown in Annex VI.

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The function of the JCC will be aligned to a Sub-technical Committee, which will be formalized on the approval from the Technical Committee with the purpose of strengthening regional referral health management.

XI. EVALUTATION OF THE TC

Evaluation of the TC will be conducted jointly by JICA and the Tanzanian authorities concerned during the last six months of the cooperation period in order to examine the level of achievement of the TC.

<ANNEX>

ANNEX I	TENTATIVE NARRATIVE SUMMARY
ANNEX II	LIST OF JICA EXPERT TEAM
ANNEX III	LIST OF EQUIPMENT
ANNEX IV	LIST OF TANZANIAN COUNTER PERSONNEL AND ADMINISTRATIVE PERSONNEL
ANNEX V	LIST OF BUILDINGS AND FACILITIES
ANNEX VI	JOINT COORDINATING COMMITTEE
ANNEX VII	TENTATIVE LOGICAL FRAMEWORK (Project Design Matrix)
ANNEX VIII	TENTATIVE PLAN OF OPERATIONS

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ANNEX I
TENTATIVE NARRATIVE SUMMARY

1 Overall Goal

Sustainable Health systems are strengthened through the development of regional referral health management capacity for provision of integrated promotive, preventive, curative and rehabilitative health services at all levels, in line with collective actions by relevant stakeholders.

2 Project Purpose

Enabling environment is improved for Regional Health Management Teams to perform functions demanded for quality regional referral health services.

3 Outputs

1. Management capacity of RHMTs is strengthened to maximize their potential competency to respond to changing environment and new technologies.
2. Supportive supervision and monitoring mechanism by RHMT to CHMTs is integrated & functioned.
3. Assessment mechanism of capacity development of RHMTs is institutionalized at the central level.
4. Coordination and supportive mechanism between central and regional levels are institutionalized and strengthened to respond real issues at operational level.

4 Activities

<Output1.Management capacity of RHMTs is strengthened to maximize their potential competency to respond to changing environment and new technologies. >

- 1-1 Facilitate Clarification of roles, functions and composition of RHMT
- 1-2 Facilitate identification of TOR and job requirements of RHMT members
- 1-3 Develop and refine integrated training modules for RHMT capacity development
- 1-4 Conduct management training for RHMTs, and relevant administrators of Regional Secretariats, including management, coordination and resource administration (human, financial, supplies and infrastructure.)

<Output2. Supportive supervision and monitoring mechanism by RHMT to CHMTs is integrated & functioned.>

- 2-1 Refine translation and dissemination mechanism of National Policies and guidelines to enable CHMTs to make appropriate priority setting.
- 2-2 Improve supervision mechanism to enhance quality planning, budgeting and data

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management for CHMTs.

- 2-3 Develop and refine integrated technical and management supportive supervision and monitoring mechanism by RHMT to CHMTs for quality district health management and equitable health service delivery.
- 2-4 Conduct orientation for RHMTs on improved supportive supervision and monitoring mechanism.

<Output3. Assessment mechanism of capacity development of RHMTs is institutionalized at the central level.>

- 3-1 Introduce and functionalize supportive supervision mechanism of capacity development by MOHSW, PMORALG and other stakeholders to RHMTs
- 3-2 Assess the capacity development of RHMTs and take collective measures by relevant stakeholders.
- 3-3 Strengthen regular reporting and feedback mechanism between MOHSW, PMORALG and RHMTs.

<Output4. Coordination and supportive mechanism between central and regional levels are institutionalized and strengthened to respond real issues at operational level.>

- 4-1 Facilitate MOHSW-PMORALG periodical consultation to articulate and respond key issues.
- 4-2 Support network-building among RHMTs to share knowledge and experiences to have concrete solutions in a self-reliant manner.

5 Implementing Organization

Ministry of Health and Social Welfare (MOHSW)

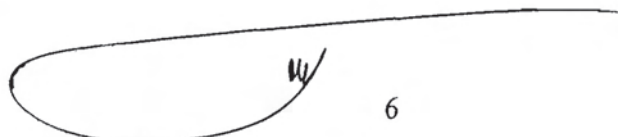
Prime Minister's Office, Regional Administration and Local Government (PMORALG)

6 Duration of the Project

Three (3) years from the first dispatch of the expert

Note: In cases where the Summary of the TC needs to be modified due to unforeseen changes of the circumstances or progress of the TC activities, the modifications shall be determined and agreed by the GOT and JICA.

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ANNEX II
LIST OF JICA EXPERT TEAM

JICA experts with the following assignment titles will be assigned to the TC. Any assignment title may be held concurrently by one expert.

-Chief Advisor

-Health Management Specialist

-Human Resource Development Specialist

Other short-term experts may be assigned provided that the GOT and JICA agree they are necessary.

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ANNEX III

LIST OF THE EQUIPMENT

The equipment shown in the table below for the implementation of the TC will be provided upon necessity.

	Name	Quantity	Specification
(1)	Vehicles	1 car	4WD
(2)	Project office equipment necessary for the implementation of the activities described in the Annex 1 above.	1 lot	PCs, software, printers, and others if necessary.

Additional equipment may be provided when the GOT and JICA agree that it is needed.

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ANNEX VI

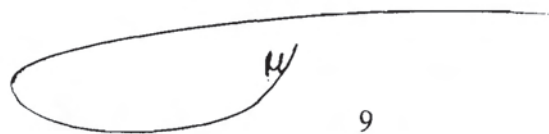
LIST OF TANZANIAN GOVERNMENT OFFICIALS INVOLVED IN THE TC

1. Project Director : The Chief Medical Officer, MOHSW
 2. Project Manager: Director of Policy Planning, MOHSW
Director of Regional Administration, PMORALG
 3. Project members:
 - MOHSW
 - Director and other officials of Human Resources Development
 - Director and other officials of Hospital Services
 - Director and other officials of Preventive Services
 - Head and other officials of Health Sector Reform Secretariat , MOHSW
 - Assistant Director and other officials of Continuing Education Section, DHR
 - Other counterpart personnel of the TC
 - PMORALG
 - Director and other officials of Sector Coordination, PMORALG
 - Director and other officials of Local Government, PMORALG
 - Other counterpart personnel of the TC
 - RS
 - Officials and RHMT members of related Regional Secretariats
- Other personnel mutually agreed upon as necessary

Note:

The list of government officials involved in the TC and their activities and roles may be reviewed and modified upon necessity under an agreement between the GOT and JICA.

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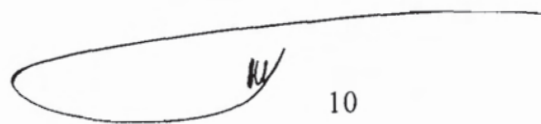
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ANNEX VII
LIST OF BUILDINGS AND FACILITIES

1. Office spaces and necessary facilities for JICA experts and related staff in the MOHSW of minimum size of five (5) person
2. Buildings and facilities necessary for implementation of the TC in the MOHSW
3. Other facilities will be mutually agreed upon as necessary.

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ANNEX VI
JOINT COORDINATING COMMITTEE

1. Functions

The Joint Coordinating Committee(JCC) meeting will be held at least twice a year and whenever necessity arises. Its functions are as follows:

- (1) To approve the budget and Annual Work Plan of the TC
- (2) To review the overall progress and annual expenditure of the TC
- (3) To decide overall strategies in the management and coordination of the TC

2. Compositions

The JCC shall be composed of:

- (1) Chairman: The Chief Medical Officer, MOHSW
- (2) Secretary: Director of Policy Planning, MOHSW
Co-secretary: Director of Regional Administration, PMORALG
- (3) Members:

MOHSW

- Director of Human Resources Development
- Director of Hospital Services
- Director of Preventive Services
- Head and other officials of Health Sector Reform Secretariat
- Assistant Director and other officials of Continuing Education Section, DHR
- Counterpart personnel of the TC

PMORALG

- Director of Sector Coordination
- Director of Local Government
- Counterpart personnel of the TC

RS

- Officials and RHMT members of related Regional Secretariats

Japanese experts of the Project

Representative of JICA Tanzania

Others appointed by the Chairman

- (4) Observers:

- Officials of the Embassy of Japan

ANNEX VII Tentative Logical Framework (ver. 0.1 as of 12th September, 2007)
 Title: TECHNICAL COOPERATION IN CAPACITY DEVELOPMENT FOR REGIONAL REFERRAL HEALTH MANAGEMENT Target Area: Tanzania mainland
 Implementing Organization: Ministry of Health and Social Welfare, Prime Minister's Office-Regional Administration and Local Government
 Target Groups: Regional Health Management Teams (RHMTs) (21regions/8zones)
 Period: From January 2008 to December 2010 (3.0 years)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal Sustainable Health systems are strengthened through the development of regional referral health management capacity for provision of integrated promotive, preventive, curative and rehabilitative health services at all levels, in line with collective actions by relevant stakeholders.</p> <p>Purpose Enabling environment is improved for Regional Health Management Teams to perform functions demanded for quality regional referral health services.</p> <p>Outputs</p> <ol style="list-style-type: none"> 1 Management capacity of RHMTs is strengthened to maximize their potential competency to respond to changing environment and new technologies. 2 Supportive supervision and monitoring mechanism by RHMT to CHMTs is integrated & functioned 3 Assessment mechanism of capacity development of RHMTs is institutionalized at the central level. <p>Coordination and supportive mechanism between central and regional levels are institutionalized and strengthened to respond real issues at operational level.</p>	<p>To be identified before the signing of Record of Discussions</p> <p>To be identified before the signing of Record of Discussions</p> <p>To be identified before the signing of Record of Discussions</p>	<p>To be identified before the signing of Record of Discussions</p> <p>To be identified before the signing of Record of Discussions</p> <p>To be identified before the signing of Record of Discussions</p>	<p>To be identified before the signing of Record of Discussions</p> <p>To be identified before the signing of Record of Discussions</p> <p>To be identified before the signing of Record of Discussions</p>

Activities	Inputs Japanese Side	Inputs Tanzanian side	Pre-condition
<p>1-1 Facilitate Clarification of roles, functions and composition of RHMT</p> <p>1-2 Facilitate identification of TOR and job requirements of RHMT members</p> <p>1-3 Develop and refine integrated training modules for RHMT capacity development</p> <p>1-4 Conduct management training for RHMTs, and relevant administrators of Regional Secretariats, including management, coordination and resource administration (human, financial, supplies and infrastructure.)</p> <p>2-1 Refine translation and dissemination mechanism of National Policies and guidelines to enable CHMTs to make appropriate priority setting.</p> <p>2-2 Improve supervision mechanism to enhance quality planning, budgeting and data management for CHMTs.</p> <p>2-3 Develop and refine integrated technical and management supportive supervision and monitoring mechanism by RHMT to CHMTs for quality district health management and equitable health service delivery.</p> <p>2-4 Conduct orientation for RHMTs on improved supportive supervision and monitoring mechanism.</p>	<p>Inputs Japanese Side</p> <ol style="list-style-type: none"> Assignment of Expert Team -Chief Advisor Health Management Specialist Human Resource Development Specialist Other short-term experts may be assigned provided that the GOT and JICA agree they are necessary. Allocation of operational costs of the TC. Provision of machinery and equipment. 	<p>Inputs Tanzanian side</p> <ol style="list-style-type: none"> Tanzanian government officials involved in the TC. In particular, the HRSR members will be in charge of day-to-day operations of the TC activities of the TC together with JICA Expert Team. Working spaces and facilities for Japanese experts to deliver their duties in the MOHSW. Costs for implementing the activities of the TC 	<p>Pre-condition</p> <p>To be identified before the signing of Record of Discussions</p>

- 3-1 Introduce and functionalize supportive supervision mechanism of capacity development by MOHSW, PMORALG and other stakeholders to RHMTs
- 3-2 Assess the capacity development of RHMTs and take collective measures by relevant stakeholders.
- 3-3 Strengthen regular reporting and feedback mechanism between MOHSW, PMORALG and RHMTs.
- 4-1 Facilitate MOHSW-PMORALG periodical consultation to articulate and respond key issues.
- 4-2 Support network-building among RHMTs to share knowledge and experiences to have concrete solutions in a self-reliant manner.

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ANNEX VIII TENTATIVE PLAN OF OPERATION

Calendar Year Calendar Months	2008												2009												2010																							
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12												
	IC/R												P/R												P/R												P/R											
IC/R: Inception Report P/R: Progress Report F/R: Final Report																																																
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(2) 調査日程表

Date & Time		Activities	Venue	
8/Sep.	Sat	Departure at Tokyo		
9/Sep.	Sun	14:30	Arrival at DSM(EK725 14:30)	Mwanza
		17:00-18:30	Move to Mwanza(DAR-MWZ 1700 1830 TC7934 732 B)	
10/Sep.	Mon	9:00-12:00	<Field visit>Mwanza RHMT in Lake Zone(DANIDA supported Project)	DSM
		18:00-19:30	Move to DSM	
11/Sep.	Tue	8:30-10:30	<Field visit> Dar es Salaam Urban Health Project (SDC supported Project)	DSM
		12:30-15:15	Stakeholder's workshop on Regional Health Management Capacity Development (MOHSW, PMO-RALG, DPs)	
12/Sep.	Wed	13:00-16:00	Discussion with MOHSW and PMO-RALG on the JICA new Project.	DSM
13/Sep.	Thu.		Minutes of the Meetings drafting	DSM
14/Sep.	Fri.		Meeting at JICA Office	DSM
15/Sep.	Sat		Departure at DSM (16:30)	
16/July	Sun		Arrival at Tokyo	

