

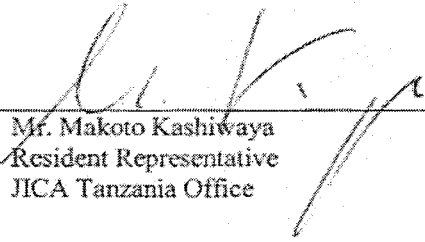
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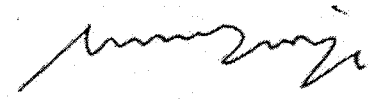
**RECORD OF DISCUSSIONS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE UNITED REPUBLIC OF TANZANIA
ON
TECHNICAL COOPERATION IN CAPACITY DEVELOPMENT FOR
REGIONAL REFERRAL HEALTH MANAGEMENT
IN TANZANIA**

The Japan International Cooperation Agency (hereinafter referred to as "JICA"), through the Resident Representative in Tanzania had a series of discussions with the Tanzanian authorities concerned with respect to desirable measures to be taken by JICA and the Government of the United Republic of Tanzania for the successful implementation of the Technical Cooperation in Capacity Development for Regional Referral Health Management in Tanzania (hereinafter referred to as "the TC").

As a result of the discussions described in the Minutes of Meetings signed by representatives of responsible ministries, Ministry of Health and Social Welfare and Prime Minister's Office- Regional Administration and Local Government, and JICA in September 2007, and in accordance with the provisions of the Agreement on Technical Cooperation between the Government of Japan and the Government of the United Republic of Tanzania, which was signed in Dar es Salaam on November 2, 2004 (hereinafter referred to as "the Agreement"), JICA and Tanzanian authorities concerned agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

Dar es Salaam, March 2008


Mr. Makoto Kashiwaya
Resident Representative
JICA Tanzania Office


Mr. Gray S. Mgonja
Permanent Secretary
Ministry of Finance,
The United Republic of Tanzania

THE ATTACHED DOCUMENT

I. ACRONYMS AND ABBREVIATIONS

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

CHMT	Council Health Management Team
GOJ	Government of Japan
GOT	Government of the United Republic of Tanzania
JICA	Japan International Cooperation Agency
MOHSW	Ministry of Health and Social Welfare
PMO-RALG	Prime Minister's Office-Regional Administration and Local Government
RHMT	Regional Health Management Team
TC	Technical Cooperation in Capacity Development for Regional Referral Health Management

II. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA

1. The GOT will implement the TC in cooperation with JICA.
2. The TC will be implemented in accordance with the summary given in Annex I.

III. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan and the provisions of Article III of the Agreement, JICA, as the executing agency for technical cooperation by the GoJ, will take, at its own expense, the following measures according to the normal procedures of its technical cooperation scheme.

1. DISPATCH OF JAPANESE EXPERTS

JICA will assign Japanese experts to the TC as listed in Annex II hereof. The provision of Article III of the Agreement will be applied to the said experts.

2. PROVISION OF MACHINERY AND EQUIPMENT

JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the TC as listed in Annex III hereof. The provision of Article III of the Agreement will be applied to the Equipment.

3. TRAINING OF TANZANIAN PERSONNEL IN JAPAN OR THIRD COUNTRIES

JICA will receive the Tanzanian personnel connected with the TC for technical training in Japan and/or third countries.

IV. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA

1. The GoT will take necessary measures to ensure that the self-reliant operation of the TC is sustained during and after the period of Japanese technical cooperation, through full and active involvement in the TC by all related authorities, beneficiary groups and institutions.
2. The GoT will ensure that the technologies and knowledge acquired by the Tanzanian nationals as a result of Japanese technical cooperation contribute to the economic and social development of the United Republic of Tanzania.
3. In accordance with the provisions of Article V of the Agreement, the GoT will grant privileges, exemptions and benefits to the Japanese experts specified in III-1 above and their families as well.
4. In accordance with the provisions of Article IV and VII of the Agreement, the GoT will take the measures necessary to receive and use the Equipment provided by JICA under Annex III hereof and equipment, machinery and materials carried in by the Japanese experts specified in Annex II hereof.
5. The GoT will take necessary measures to ensure that the knowledge and experience acquired by the Tanzanian personnel from technical training in Japan or in third countries are utilized effectively in the implementation of the TC.
6. In accordance with the provision of Article V of the Agreement, the GoT will assign Tanzanian counter personnel and provide administrative personnel as listed in Annex IV hereof.
7. In accordance with the provision of Article V of the Agreement, the GoT will provide the buildings and facilities as listed in Annex V hereof.
8. In accordance with the laws and regulations in force in the United Republic of Tanzania, the GoT will take necessary measures to supply or replace at its own expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the TC other than the Equipment provided by JICA.
9. In accordance with the laws and regulations in force in the United Republic of Tanzania, the

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GoT will take necessary measures to meet the recurrent cost for the implementation of the TC.

V. ADMINISTRATION OF THE TC

1. Ministry of Health and Social Welfare

The MOHSW will resume overall responsibility of the TC as an implementing organization. Health Sector Reform Secretariat under Director of Policy and Planning will coordinate all 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 the MOHSW and Regional Secretariats in enhancing regional referral health management.

3. The Chief Adviser that appears in the list of Japanese Experts in Annex II hereof will provide necessary recommendations and advice for the MOHSW and the PMO-RALG on any matters pertaining to the implementation of the TC.
4. The Japanese experts will provide necessary technical guidance and advice for the Tanzanian counter personnel on technical matters pertaining to the implementation of the TC.
5. For the effective and successful implementation of the TC, a Joint Coordinating Committee (hereinafter referred to as JCC), whose functions and composition are described in Annex VI hereof, will be established. The JCC will meet at least twice a year or whenever necessity arises during the TC in order to monitor the progress of the TC and make necessary decisions on the TC.

The function of the JCC will be aligned to a Sub-technical Committee under Sector Wide Approaches (SWAPs), which will be formalized after the approval by the Technical Committee with the purpose of strengthening regional referral health management.

VI. JOINT EVALUATION

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

VII. CLAIMS AGAINST JAPANESE EXPERTS

In accordance with the provision of Article VI of the Agreement, the GoT undertakes to bear claims, if any arises, against the Japanese experts engaged in the TC resulting from, occurring in

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the course of, or otherwise connected with the discharge of their official functions in the United Republic of Tanzania except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VIII. MUTUAL CONSULTATION

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

IX. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE TC

For the purpose of promoting support for the TC among the people of the United Republic of Tanzania, the GoT will take appropriate measures to make the TC widely known to the people of the United Republic of Tanzania.

X. COOPERATION PERIOD

The duration of the technical cooperation for the TC under this Attached Document will be three (3) years from the date of the first Japanese expert's arrival in the United Republic of Tanzania.

ANNEX I	SUMMARY OF THE TC
ANNEX II	LIST OF JAPANESE EXPERTS
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

Attachment: Minutes of Meeting signed by representatives of MOHSW, PMO-RALG and JICA in September 2007

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ANNEX I
SUMMARY OF THE TC

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 (national, regional and district levels) in line with collective actions by relevant stakeholders.

2 Project Purpose

The enabling environment for the regional health management system is improved in order to provide quality regional referral health services.

3 Outputs

1. Management capacity of the RHMTs is strengthened to maximize their potential competency to respond to changing environment and new technologies.
2. An RHMTs' supportive supervision and monitoring system for the CHMTs are integrated and function.
3. An assessment mechanism for capacity development of the RHMTs is institutionalized at the central level.
4. A coordination and supportive mechanism for cooperation in responding local issues between central and regional levels (RHMTs) is institutionalized and strengthened.

4 Activities

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

- 1-1 Review and clarify roles, functions and composition of the RHMTs
- 1-2 Review and clarify terms of references(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 the RHMTs, and relevant administrators of Regional Secretariats. (The training includes administration, coordination and resource management of human resources, financial resources, supplies and infrastructure.)

<Output2. RHMTs' supportive supervision and monitoring system for the CHMTs are integrated and function.>

- 2-1 Refine translation and dissemination mechanism of national policies and guidelines, and introduce policy dissemination package to enable the CHMTs to make appropriate priority setting.

- 2-2 Improve the RHMTs' supportive supervision system for the CHMTs to perform quality planning, budgeting and data handling appropriately.
- 2-3 Develop and refine an RHMTs' integrated system of technical and management supportive supervision and monitoring for the CHMTs to perform quality district health management and deliver equitable health services in districts
- 2-4 Conduct orientation courses for the RHMTs on the above supportive supervision and monitoring system.

<Output3. An assessment mechanism for capacity development of the RHMTs is institutionalized at the central level.>

- 3-1 Introduce a standardized supportive supervision and monitoring system for RHMTs' performance and capacity to the MOHSW, PMORALG and other stakeholders, and maintain it operational.
- 3-2 Consider and take collective measures to provide enabling environment for the RHMTs to strengthen regional referral health management, based on the assessment of RHMT's management.
- 3-3 Strengthen the current system for regular reporting and feedback between MOHSW, PMORALG and the RHMTs.

<Output4. A coordination and supportive mechanism for cooperation in responding local issues between central and regional levels is institutionalized and strengthened.>

- 4-1 Facilitate MOHSW-PMORALG periodical consultation and coordination to respond to key issues of regional referral health management .
- 4-2 Institutionalise regular meetings among RHMTs to make action plans and build network to find collective solutions in order to improve regional health management.

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 date of first dispatch of the Japanese 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.

ANNEX II LIST OF JAPANESE EXPERTS

Fields of expertise of Japanese experts assigned to the TC are described below. Other experts in specific expertise may be assigned to the TC if necessary, upon mutual agreement between the GoT and JICA.

- Chief Adviser
- Health Management Specialist
- Human Resources Development/ Training Development
- Monitoring and Evaluation
- Coordinator
- Other short-term experts

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ANNEX III LIST OF MACHINERY AND EQUIPMENT

The Equipment shown in the table below will be provided for the implementation of the TC when it is necessary.

	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 as per needs assessment of Regional Health Management Teams when the GOT and JICA agree that it is necessary.

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ANNEX IV

LIST OF TANZANIAN COUNTER PERSONNEL AND ADMINISTRATIVE PERSONNEL

- (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

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- 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. Task forces will be formed after the commencement of the TC in order to implement daily activities of the TC.

ANNEX V

LIST OF BUILDINGS AND FACILITIES

1. Office space and necessary facilities for JICA experts and related staff in the MOHSW.
The above office space shall be large enough to accommodate five (5) people and the above facilities.
2. Working space and facilities necessary for implementation of the TC in the MOHSW
3. Other facilities will be mutually agreed upon when necessity for them arises.

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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 or 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

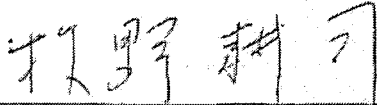
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MINUTES OF MEETING
ON
TECHNICAL COOPERATION IN CAPACITY DEVELOPMENT FOR
REGIONAL REFERRAL HEALTH MANAGEMENT
AGREED UPON BETWEEN
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE UNITED REPUBLIC OF TANZANIA
AND
JAPAN INTERNATIONAL COOPERATION AGENCY

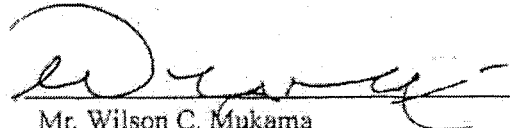
In response to a request from the Government of the United Republic of Tanzania (hereinafter referred to as "GOT"), the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched a preparatory mission on the Technical Cooperation captioned above (hereinafter referred to as "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.

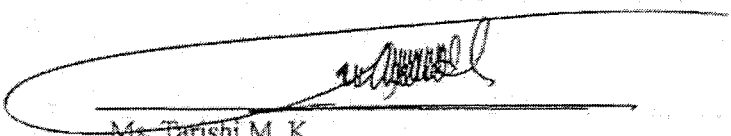
Dar es Salaam, September, 2007



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. Parishi 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."

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.

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.

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.

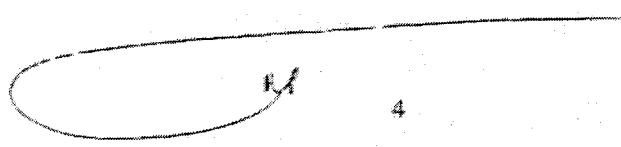
XI. EVALUTATION OF THE TC

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 I 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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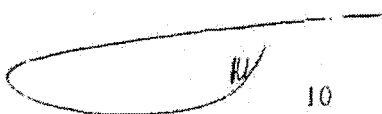
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ANNEX VII
LIST OF BUILDINGS AND FACILITIES

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/Bzones)
 Period: From January 2008 to December 2010 (3.0 years)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
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.	To be identified before the signing of Record of Discussions	To be identified before the signing of Record of Discussions	To be identified before the signing of Record of Discussions
Purpose Enabling environment is improved for Regional Health Management Teams to perform functions demanded for quality regional referral health services.	To be identified before the signing of Record of Discussions	To be identified before the signing of Record of Discussions	To be identified before the signing of Record of Discussions
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. Coordination and supportive mechanism between central and regional levels are institutionalized and strengthened to respond real issues at operational level.	To be identified before the signing of Record of Discussions	To be identified before the signing of Record of Discussions	To be identified before the signing of Record of Discussions

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"> 1. 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. <ol style="list-style-type: none"> 2. Allocation of operational costs of the TC. 3. Provision of machinery and equipment. 	<p>Inputs Tanzanian side</p> <ol style="list-style-type: none"> 1. Tanzanian government officials involved in the TC. In particular, the HSRs members will be in charge of day-to-day operations of the activities of the TC together with JICA Expert Team. 2. Working spaces and facilities for Japanese experts to deliver their duties in the MOHSW. 3. Costs for implementing the activities of the TC 	<p>Pre-condition</p> <p>To be identified before the signing of Record of Discussions</p>

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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	2008												2009												2010											
	Calendar Months												Calendar Months												Calendar Months											
	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
ICR: Inception Report, PR: Progress Report, ER: Final Report																																				
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4-2 Support network-building among RHMTs to share knowledge and experiences to have concrete solutions in a self-reliant manner. *zonal meetings bi-annually, national meeting annually(Tentative)																																				