ザンビア共和国
HIV/エイズケアサービス管理展開プロジェクト
詳細計画策定調査報告書

平成 21年10月
（2009年）

独立行政法人国際協力機構
ザンビア事務所

序　　文

ザンビア共和国（以下、「ザンビア」）では、成人のヒト免疫不全ウイルス（HIV）感染率がいまだ14.3％（2007年）と深刻な問題となっています。ザンビアでは2003年8月からHIV感染者に対して抗レトロウイルス薬（Anti-retroviral：ARV）を使った治療（Anti-retroviral Treatment：ART）が開始されました。2005年8月には政府によりARV薬の無料化が開始された結果、2007年に入りARTセンターの数は300ヵ所を超え、2007年12月にはART患者数が13万人を突破しました。

しかし、地方及び農村部の保健施設では、医療従事者の不足や不十分な後天性免疫不全症候群（エイズ）治療マネージメント体制など多くの問題を抱えているのが現状です。日本政府はザンビアの要請に基づき、早期にHIV感染者を発見し、発見されたHIV感染者へ質の高いケアサービスを提供する体制の強化を目的として、2006年4月1日から3年間にわたり「HIV・エイズケアサービス強化プロジェクト」を実施しました。同プロジェクトではムンブワ郡及びチョングエ郡の2郡をプロジェクト・サイトとし、ARVを用いた治療サービス（ART）を展開し、人的・物的資源の限られた地方部における持続的なHIV/エイズケアサービスの実施手法（モバイルARTサービス）の定着を図りました。その結果、対象2郡において合計1万80人のHIV陽性者を発見し、4,077人に対してARTが施され、2郡平均8.15%という低い治療脱落率で持続的なサービスが提供されるようになりました。

ザンビア保健省は、ARTサービスへのアクセスが十分に行き届かないザンビアの地方部においては、上記技術協力プロジェクトで実施したモバイルARTサービスが効果的と判断し、その全国的な展開を計画しています。それにあたり、上記技術協力プロジェクトで得られた知識・経験を更に蓄積しつつ他地域へと応用すべく、日本政府に対して技術協力プロジェクトの要請がなされました。それを受けて独立行政法人国際協力機構（JICA）はプロジェクトの基本計画を立案すべく、2009年2月26日から3月7日にかけて詳細計画策定調査を実施しました。本報告書は本調査の結果を取りまとめたものです。

ここに、本調査にご協力を賜りました関係各位に対しまして、深甚なる謝意を表しますとともに、ザンビア保健医療分野の協力に向けて今後も一層のご協力をお願い申し上げます。

平成21年10月

独立行政法人国際協力機構
ザンビア事務所長　鍋屋　史朗

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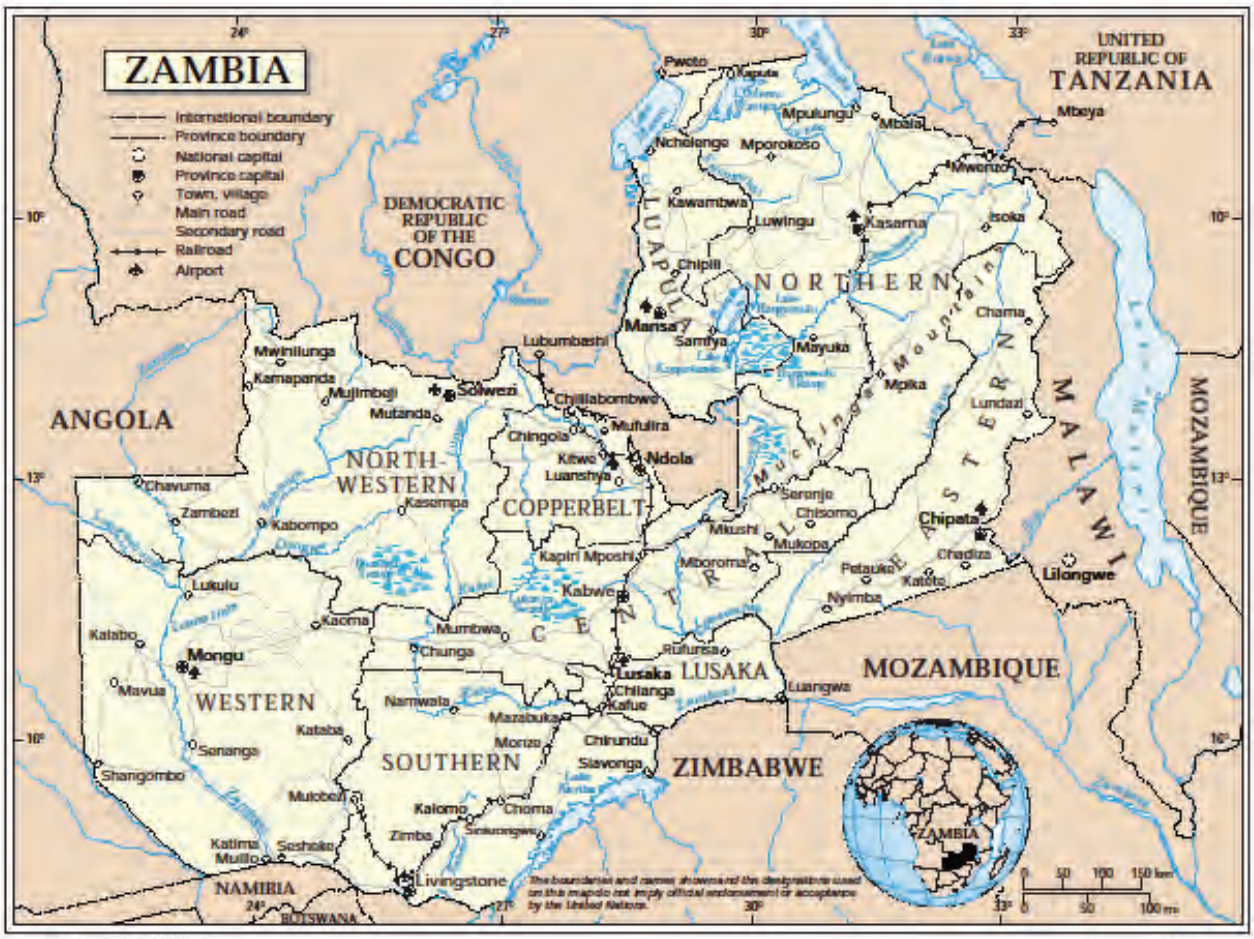
略　語　表

AIDS	Acquired Immunodeficiency Syndrome	後天性免疫不全症候群（エイズ）
ART	Anti-retroviral Treatment	抗レトロウイルス薬療法
ARV	Anti-retroviral	抗レトロウイルス薬
CCM	Country Coordination Mechanism	国別調整メカニズム（世界エイズ･結核･マラリア対策基金の国内コーディネーション機能）
CDC	Centers for Disease Control and Prevention	米国疾病対策予防センター
CIDRZ	Center for Infectious Disease Research in Zambia	PEPFAR の資金援助による米国の NGO
DATF	District AIDS Task Force	郡エイズタスクフォース
DCT	Diagnostic Counselling and Testing	診断的カウンセリング及び検査
DHMT	District Health Management Team	郡保健マネージメントチーム
DHS	Demographic Health Survey	人口動態保健調査
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	世界エイズ・結核・マラリア対策基金（通称「グローバルファンド」）
HIV	Human Immunodeficiency Virus	ヒト免疫不全ウイルス
JCC	Joint Coordinating Commitee	合同調整委員会
NAC	National HIV/AIDS/STI/TB Council	国家 HIV/ エイズ / 性感染症 / 結核対策評議会
OI	Opportunistic Infection	日和見感染症
OR	Operational Research	オペレーショナルリサーチ
PDM	Project Design Matrix	プロジェクト・デザイン・マトリックス
PEPFAR	President’s Emergency Plan for AIDS Relief	米国大統領エイズ救済緊急計画
PLWHA	People Living with HIV/AIDS	HIV/ エイズとともに生きる人々
PMTCT	Prevention of Mother-to-Child Transmission	母子感染予防
UNAIDS	Joint United Nations Programme on HIV/ AIDS	国連エイズ合同計画
USAID	United States Agency for International Development	米国国際開発庁
VCT	Voluntary Counseling and Testing	自発的カウンセリング及び検査
WHO	World Health Organization	世界保健機関
ZPCT	Zambia Prevention Care Treatment Partnership	PEPFAR の資金援助による米国の NGO



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第１章　詳細計画策定調査団の派遣

１－１　調査団派遣の経緯と目的

ザンビア共和国（以下、ザンビア）の地方及び農村部の保健施設では、医療従事者の不足や不十分な後天性免疫不全症候群（Acquired Immunodeficiency Syndrome：AIDS、エイズ）治療マネージメント体制など多くの問題を抱えていることから、日本政府はザンビア政府の要請に基づき、ヒト免疫不全ウイルス（Human Immunodeficiency Virus：HIV）感染者の感染後早期発見のための診断を提供する体制の拡大、発見されたHIV感染者への質の高いケアサービスの提供、さらにエイズ治療のマネージメント体制の強化を支援することを目的として、ルサカ州チョングエ郡及び中央州ムンブワ郡において「HIV・エイズケアサービス強化プロジェクト」を2006年4月1日から3年間の予定で開始した。

ザンビアは、1,170万人（2006年、中央統計局）の人口を擁する。他の南部アフリカ諸国と同様にHIV/エイズの拡大が深刻な問題となっており、成人（15歳～ 49歳）のHIV感染率は14.3％（約120万人）（2007年）、HIV/エイズを起因とする疾病の死亡者数は毎年約10万人弱と推計されている。このような状況の下、ザンビアでは2003年8月からHIV感染者に対して抗レトロウイルス薬（Anti-retroviral：ARV）を使った治療（Anti-retroviral Treatment：ART）が開始され、2005年8月には政府によりARV薬の無料化が開始された結果、2007年にはARTセンターの数は300ヵ所を超え、2008年12月にはART患者数が25万人を突破するなど、ザンビアのエイズ治療は拡大の一途をたどっている。同プロジェクトは長期専門家3名（感染症対策/保健計画、HIV/エイズケア、業務調整/モニタリング）及び必要に応じて派遣される短期専門家を中心として活動中であった。

ザンビア政府は世界エイズ・結核・マラリア対策基金（通称「グローバルファンド」）の資金を活用しつつモバイルARTサービスの全国15郡への拡大を計画中であるが、それにあたっては同プロジェクトがムンブワ郡及びチョングエ郡で実施してきたモバイルART サービスの知見を活用し、その普及拡大をめざしていくことが期待されている。このため、ザンビア政府は同プロジェクトの後継案件として「HIV/エイズケアサービス管理展開プロジェクト」を、2009年度新規要請案件として日本政府に要請してきた。

JICAは、要請案件とザンビア政府独自のモバイルARTサービス拡大方針との整合をタイムリーに図りつつ詳細計画を立案するため、2009年2月に詳細計画策定調査を実施した。

調査団の目的は以下のとおりである。

① ザンビア政府の要請の背景を確認するとともに、現行「HIV・エイズケアサービス強化プロジェクト」案件の成果・教訓を再度確認し、本案件の妥当性を明示する。

② 現行プロジェクトで得られた地方部におけるモバイルARTサービスの普及モデルの実効性を検証し、本案件でそれを他地域に展開するに不可欠なオーナーシップを確認する。

③ ザンビア保健省のモバイルART拡大計画及び他ドナーの活動内容を調査し、本案件の対象地域を選定する。

④ ザンビア側関係者と協議し、本案件のプロジェクト・デザイン・マトリックス（PDM）、活動計画表（PO）（案）をより現実性のあるものに修正し、プロジェクト実施計画をミニッツに取りまとめ、先方政府と合意・署名する。

１－２　団員の構成

担　当	氏　名	所　属
総　　括	滝澤　郁雄	JICA アフリカ地域支援事務所 広域企画調査員（保健分野）
HIV/ エイズケア	仲佐　保	国立国際医療センター 国際医療協力局 派遣協力第 2 課 課長
協力計画 1	松久　逸平	JICA ザンビア事務所 所員
協力計画 2	國金　さつき	JICA 人間開発部 感染症対策課 ジュニア専門員
評価分析	井上　洋一	（株）日本開発サービス

１－３　調査日程

2009 年 2 月 26 日（木）～ 2009 年 3 月 7 日（土）

月日	曜日	調査日程
2/25	水	(別案件調査終了)
2/26	木	現行プロジェクト「HIV・エイズケアサービス強化プロジェクト」現場視察 (ムンブワ)
2/27	金	AM　他ドナー調査〔ZPCT（米国の NGO)、米国大統領エイズ救済緊急計画 (PEPFAR)〕 PM　JICA 事務所打合せ
2/28	土	PDM、PO 案、ミニッツ案作成
3/1	日	仲佐団員ルサカ着
3/2	月	AM　団内協議 PM　ミニッツ協議（臨床診断局長）
3/3	火	ミニッツ協議、他ドナー調査〔米国国際開発庁（USAID)〕
3/4	水	ミニッツ署名、JICA 事務所報告、日本国大使館報告
3/5	木	官団員ルサカ発
3/6	金	追加情報収集
3/7	土	コンサルタント団員ルサカ発

１－４　主要面談者

ザンビア保健省	
Dr. James B. Simpungwe	臨床診断局長
Dr. Albert Muwango	臨床診断局　ARV コーディネーター
国家 HIV/ エイズ / 性感染症 / 結核対策評議会（National HIV/AIDS/STI/TB Council：NAC）	
Dr. Geoffrey C. Chishimba	Director, Impact Mitigation, Care and Support
他ドナー	
Dr. Randy Kolstad	Population, Health and Nutrition Director, USAID
Dr. Kwasi Torpey	Director, Technical Support, Zambia Prevention Care Treatment Partnership（ZPCT）
Ms. Prisca Kasonde	Assitant Director, Technical Support, ZPCT
Dr. Patrick Kukiyamoyo	Advisor, Clinical Care, ZPCT

Ms. Cathy Thompson	FHI Comb Director/COP, ZPCT
Dr. Woyd Mulenga	Clinical care Counselor, Center for Infectious Disease Research in Zambia（CIDRZ）
Ms. Mubiara Mbewe	Paediatric clinical care coordinator, CIDRZ
Joyce Mwaza	CIDRZ
Carolyn Bolbo	CIDRZ
在ザンビア日本国大使館	
堀内 俊彦	公使
鈴木 人司	二等書記官
中村 之彦	二等書記官
JICA 関係者	
鍋屋 史朗	ザンビア事務所長
瀬古 素子	専門家（HIV/ エイズ及び結核対策プログラム・コーディネーター）
早川 忠男	専門家（HIV・エイズケアサービス強化プロジェクト）
野崎 威功真	専門家（HIV・エイズケアサービス強化プロジェクト）
吉田 恭	専門家（HIV・エイズケアサービス強化プロジェクト）

１－５　調査結果

第 2 章「評価結果の要約」及び付属資料 1.「詳細計画策定調査団ミニッツ」のとおりである。

１－６　プロジェクト対象地域について

本プロジェクトではモバイル ART サービスによる HIV/ エイズケアサービスの持続性をより確保しつつ検証するためにも継続してムンブワ、チョングエを対象地域とすることとし、加えて新規に 2 郡を対象とすることとした。新規対象地域については調査団より、①保健省のモバイル ART 拡大対象 10 郡に含まれること、②地方部であること、③ルサカ及びムンブワ、チョングエからのアクセスが比較的容易なこと、など 7 項目の選定基準を示し、保健省 ARV 担当官と協議を行った。その結果、同担当官より以下の 4 郡が候補地として提案され、これら 4 郡についてプロジェクト開始までに現地調査を行い選定することとした *。

- ➢ 南部州の 2 郡（e.g. Kazungula and Namwala/Kalomo）
- ➢ 東部州の 2 郡（e.g. Petauke and Nyimba）
- ➢ 北部州の 2 郡（e.g. Mungwi and one more district）
- ➢ 中央州の 2 郡（e.g. Kapiri Mposhi and one more district）

*　なお、2008 年 5 月以降に JICA 個別派遣専門家「地方部 ART サービステクニカルアドバイザー」（野崎威功真専門家が HIV・エイズケアサービス強化プロジェクト専門家に引き続き着任）により各対象郡の現地調査を行った。その結果を踏まえて保健省と協議した結果、南部州の Kalomo 郡及び Kazungula 郡を新規対象郡とすることで合意した。詳細は付属資料 3.「協議議事録」に記載のとおりである。

第２章　評価結果の要約

２－１　案件名

ザンビア共和国「HIV/ エイズケアサービス管理展開プロジェクト」

２－２　協力概要

(1) プロジェクト目標とアウトプットを中心とした概要の記述

ザンビアにおける JICA の HIV/ エイズ対策は、1995 年から 2000 年まで実施した「感染症対策プロジェクト」において、ザンビア大学医学部付属教育病院（UTH）ウイルス検査室の機能強化を図るなかで HIV を新たな活動対象としてとらえたことから始まった。同プロジェクトにより HIV 母子感染の早期検出のためのウイルス検査技術（PCR）や臨床経過と治療効果の解析のための免疫学的検査技術の向上がなされた。その後 2001 年から 2006 年まで同じく UTH において実施した「エイズ及び結核対策プロジェクト」においては、東京医科歯科大学、国立国際医療センターや結核予防会結核研究所などから専門家を派遣し、プロジェクトの対象疾患を HIV/ エイズ及びその最も深刻な重複感染症である結核に絞り、HIV 抗体検査や CD4 カウント（HIV 感染者の免疫状態のモニタリング）等の検査技術の強化を支援してきた。また結核治療を起点としたコミュニティレベルでの結核・HIV 統合的ケアサービスについても知見を蓄積した。さらに同プロジェクトと並行して、JICA は「エイズ対策・血液検査特別機材供与事業」として HIV 迅速テストキット供与（2001 年～ 2005 年）や、NAC の組織能力強化のため個別専門家「HIV/ エイズ及び結核対策プログラムコーディネーター」の派遣を行い、ザンビアにおける HIV/ エイズの予防及び的確な診断に向けた技術面、組織面の基盤整備を図ってきた。

2006 年以降、HIV/ エイズに対する ARV 治療の世界的な拡大に伴い、ザンビア政府より JICA に対し HIV/ エイズの治療分野に対する協力が求められた。これを受けて、上記各事業により整備されてきた基盤に立脚し、国立国際医療センター及び結核予防会結核研究所の協力により JICA が世界で唯一エイズ治療分野に携わる技術協力プロジェクト「HIV・エイズケアサービス強化プロジェクト」（2006 年 4 月～ 2009 年 3 月）が実施された。同技術協力プロジェクトではムンブワ郡及びチョングエ郡の 2 郡をプロジェクト・サイトとし、ARV を用いた治療サービス（ART ）を展開し、人的・物的資源の限られた地方部における持続的な HIV/ エイズケアサービスの実施手法（モバイル ART サービス）の定着が図られた。その結果、対象 2 郡において合計 1 万 80 人の HIV 陽性者を発見し、4,077 人に対して ART が施され、2 郡平均 8.15% という低い治療脱落率で持続的なサービスが提供されるようになった。

ザンビア保健省は、ART サービスへのアクセスが十分行き届かないザンビアの地方部においては、上記技術協力プロジェクトで実施したモバイル ART サービスが効果的と判断し、「グローバルファンド」の資金を活用したモバイル ART サービスの拡充を計画している。

本プロジェクトは、前述の保健省の施策を支援し、先行技術協力プロジェクト「HIV・エイズケアサービス強化プロジェクト」の実績を活用しつつモバイル ART サービスを通じて質の高い ART サービスが持続的に提供されるように、保健省本省、郡保健局、そして郡を監督する州保健局の能力強化を行うものである。

その達成に向け以下の 4 つのアウトプット（成果）を設定した。

① 保健省本省が、郡保健局のモバイル ART サービスの採用及び実施にあたって、適切な助言と実施促進を行える

② 州保健局が、郡保健局の行うモバイル ART サービスを含む ART サービスに対して、適切な技術支援と監督指導を行える

③ 新規対象となる 2 つの郡保健局（カロモ郡及びカズングラ郡）が、「モバイル ART/母子感染予防（Prevention of Mother-To- Child Transmission：PMTCT）/ 自発的カウンセリング及び検査（Voluntary Counseling and Testing：VCT）サービス国家ガイドライン（National Mobile ART/PMTCT/VCT Operational Guideline）」に沿った、モバイル ART サービスの導入計画及び実施管理ができる

④ （前プロジェクトでモバイル ART サービスの経験がある）チョングエ郡及びムンブワ郡保健局及び保健施設の管理能力が維持・強化される

(2) 協力期間

2009 年 9 月から 2014 年 8 月（5 年間）

(3) 協力総額（日本側）

約 4 億 3,000 万円

(4) 協力相手先機関

保健省　臨床ケア診断サービス局

対象州　新規対象郡の属する南部州[1]の保健局

対象郡　4 郡の保健局（前プロジェクト対象郡のムンブワ郡及びチョングエ郡、新規対象郡のカロモ郡及びカズングラ郡）

(5) 国内協力機関

国立国際医療センター

財団法人 結核予防会 結核研究所

(6) 裨益対象者及び規模、等

対象郡内の HIV 感染者及びエイズ患者　約 3 万 9,000 人

郡保健局職員　約 60 人

州保健局職員　約 20 人

２－３　協力の必要性・位置づけ

(1) 現状及び問題点

ザンビアでは他の南部アフリカ諸国と同様に HIV 感染の拡大が深刻な問題となっている。成人（15 歳～ 49 歳）の HIV 感染率は 14.3%（約 120 万人）（2007 年）であり、HIV/ エイズを起因とする疾病の死亡者数は毎年約 10 万人弱と推計されている。ザンビアでは 2003 年

[1] 1 州。新規対象郡は同一の州より 2 郡を選定予定

に ARV を使った ART が導入され、ARV の無料化（2005 年 8 月）を含む政府の努力により、2007 年には ART センターの数が 300 ヵ所を超え、2008 年 12 月には ART 患者数が 25 万人を突破するなど、急速な拡大を遂げてきている。一方で、患者の ART 治療継続率の低さ、都市部と農村部の格差、医療従事者の負担増などの課題も明らかとなった。

これらの課題に対し、チョングエ郡及びムンブワ郡をプロジェクト・サイトとして実施された「HIV・エイズケアサービス強化プロジェクト」では、地方部における継続可能なサービスを実施すべく、よりコミュニティに近いヘルスセンターにおいてモバイル ART サービスを導入した。その結果、治療などのサービスをよりコミュニティに近いところで行うことは、患者の治療の継続率の向上に有効であり、またこのようなサービスは保健人材をはじめとする医療資源の限られた農村部においても実現可能であることが示された。この成果は、保健省と NAC が策定した「モバイル ART/PMTCT/VCT サービス国家ガイドライン」にも反映されている。今後の課題としては、本ガイドラインに沿い他の地方部に対して ART サービスを普及していくこと、またムンブワ及びチョングエにおける持続可能な ART サービスの継続性を確保していくことが課題である。

現在、ザンビア政府はグローバルファンドの資金（2010 年 6 月まで有効の資金。主に ARV、車両の購入費・維持費、研修費用）を活用し、「モバイル ART / PMTCT/VCT サービス国家ガイドライン」に沿ったモバイル ART サービスの拡大を 25 郡を対象に計画中である。しかしながら、それを実施していくには保健省本省、州、郡の保健行政各層の実施体制が脆弱であり、サービスが定期的・定型的に提供されない結果、患者は必要なときに診察を受けられなかったり薬をもらえなかったりという事態に直面している。このようにサービスが断続的にしか提供されないという状況は、治療脱落により患者の症状の重篤化のみならず薬剤耐性ウイルスの出現リスクを高めることから、保健行政においては定期的な治療サービスを提供できる十分な実施体制の構築が求められている。

新規対象郡については、保健省による ART サービス拡大対象 25 郡のなかから、地方部であること、ART ニーズの高さ、カウンターパートの充足状況、他ドナーの活動との重複による支障がないこと等を基準に候補地を選定し、個別派遣専門家による各対象郡の現地調査の結果、南部州のカロモ郡及びカズングラ郡とすることで保健省と合意した。

(2) 相手国政府国家政策上の位置づけ

ザンビア政府は HIV/ エイズ感染の拡大を「国家的危機（National Crisis)」と位置づけ、「第 5 次国家開発計画 2006 ～ 2010」でも HIV/ エイズ対策を重点事項にあげている。また本プロジェクトで実施する活動は、保健省の「国家 HIV/ エイズ対策戦略枠組み 2006 ～ 2010」における重点分野のうち、「HIV/ エイズ患者及び感染者（People living with HIV and AIDS : PLWHA）に対する治療、ケア及びサポート拡大」に位置づけられる。

(3) 我が国援助政策との関連、JICA 国別援助実施方針上の位置づけ（プログラムにおける位置づけ）

我が国の ODA 大綱では、人間の安全保障の観点及び貧困削減の観点から保健分野の協力に重点が置かれており、なかでも HIV/ エイズ対策はよりグローバルな課題として重視されている。国別援助計画においても、ザンビアにおいて重点分野である保健・医療において

HIV/エイズ対策への取り組みが強調されている。

ザンビアの国別援助実施方針において本プロジェクトは「自立発展に向けた人材育成及び行政能力・制度の向上・改善」重点分野のなかの「HIV/エイズ及び結核対策支援プログラム」に位置づけられる。本プログラムでは、エイズ及び結核の治療へのアクセス拡大を通じてエイズによる死亡者が減少することを目標とし、予防、診断、治療、ケア、組織強化の分野で、各種スキームを組み合わせて実施している。本プロジェクトは本プログラムの中核をなす技術協力プロジェクトとして、個別派遣専門家「HIV/エイズ及び結核対策プログラムコーディネーター」によるプログラム調整の下、同「地方部 ART サービステクニカルアドバイザー」によるプロジェクト開始準備を経て実施するものである。

２－４　協力の枠組み

〔主な項目〕

(1) 協力の目標（アウトカム）

① 協力終了時の達成目標（プロジェクト目標）と指標・目標値

【プロジェクト目標】

質の高い ART サービスを地方部で拡大するために、保健省の本省、州及び郡保健局の各レベルにおいて、持続的なサービス提供のためのマネージメント能力が向上する。

【指標・目標値[2]】

1. 2014 年までに、対象郡の ## 以上の保健施設が ART サービスを提供。
2. （プロジェクト対象の）80% 以上のモバイル ART サービスサイトで、ART 患者の治療継続率 75% 以上を維持（脱落及び死亡例が 25% 以下）。
3. モバイル ART サービスを通して得られた教訓が学会等で共有される。
4. マネージメント能力向上に関する指標をプロジェクト開始後に追加予定。

② 協力終了後に達成が期待される目標（上位目標）と指標・目標値

【上位目標】

ザンビアの地方部において質の高い ART サービスへのアクセスが向上する。

【指標・目標値】

1. ザンビアの 80% の郡が HIV/エイズ対策の実施計画にモバイル ART サービスを組み入れる（現在約 30% の郡がモバイル ART サービスを実施中）。
2. ART サービスにアクセスしている患者の治療継続率が向上する（現在の 6 ヵ月 ART 治療継続率は国平均約 60%）。

(2) アウトプット及び活動

アウトプット 1：保健省本省が、郡保健局によるモバイル ART サービスの採用及び適切な実施を促進できるようになる。

【活動】

1-1. 保健省による新規対象郡（本プロジェクト対象郡以外の郡も含む全 25 郡）へのモ

[2] 指標の具体的な数値については一部仮設定している項目もあるが、プロジェクト開始後に再検討し、第 1 回合同調整委員会（JCC）において正式に承認する。

バイル ART/PMTCT/VCT サービス国家ガイドラインのオリエンテーション実施を支援する。

1-2. 四半期報告書及び半年ごとのモバイル ART サービス実施者会議を通して、保健省がモバイル ART サービスの適切な実施をモニタリング及び評価できるよう支援する。

1-3. 保健省が、（グローバルファンドの資金を活用して独自に拡大を計画中の）新規 25 郡に対し、必要機材を利用可能とするよう支援する。

1-4. 保健省による、新規 25 郡を対象とするモバイル ART サービスに関する年次進捗報告書の作成を支援する。

1-5. 地方部でのモバイル ART サービスの有効性を検証するためのオペレーショナルリサーチ（OR）を実施する。

1-6. 地方部における ART サービスの情報共有のための関係者会議を開催する。

【指標】

1-1. 2011 年までにモバイル ART サービスに対する国家予算の 90% 以上が計画どおりに支出・使用される。

1-2. 保健省モバイル ART サービス年次進捗報告書が作成・配布される。

アウトプット 2：郡保健局の行うモバイル ART サービスを含む ART サービスに対して、対象とする州保健局が技術支援及び監督指導を実施できるようになる。

【活動】

2-1. 州 ART 関係機関委員会を定期的（年 2 回）に開催する。

2-2. 対象郡での新規モバイル ART サービスの巡回指導を四半期ごとに実施する。

2-3. 新規対象郡に対し、ワークショップ開催等、技術支援を実施する。

【指標】

2-1. 州 ART 関連機関委員会会議が定期的（半期ごと）に開催される。

2-2. 対象郡への四半期ごとの監督指導が 75%以上実施され、モニタリング報告書が保健省に提出される。

アウトプット 3：地方部の ART サービスの持続的な強化に向けたチョングエ郡及びムンブワ郡保健局 / 保健施設の管理能力が強化される。

【活動】

3-1. 変容するニーズに対応して、各郡保健局がそれぞれの ART 拡大計画を改定する。

3-2. モバイル ART サービス業務日誌など、ART サービスの質を向上するためのツールを導入する。

3-3. “継続的な専門職教育（研修）”として、技術指導を実施する。

3-4. モバイル ART サービスの質を確保するため、データ管理、事業計画、運営事務等に関し、郡保健局がモバイル ART サイトを指導する。

3-5. 年 1 回、対象郡内 / 対象郡間での経験共有会議を開催する。

3-6. 州保健局及び保健省提出用の四半期進捗報告書を作成する。

【指標】

3-1. ART 拡大計画が毎年レビューされ、改定される。

3-2. プロジェクト期間を通して、予定されたモバイル ART サービスが 80% 以上実施される。

アウトプット 4:新規対象郡(カロモ郡及びカズングラ郡)が、「モバイル ART/PMTCT/VCT サービス国家ガイドライン」に沿って、モバイル ART サービスを計画、導入及び管理できるようになる。

【活動】

4-1.「モバイル ART/PMTCT/VCT サービス国家ガイドライン」に沿った、モバイル ART サービスに関する実地研修カリキュラムを作成する。

4-2. モバイル ART サービス計画 / 実施ツール（モバイル ART サービス業務日誌、予約簿、イベントカレンダーなど）を導入する。

4-3. チョングエ郡及びムンブワ郡での実地研修を通じて、新規対象郡保健局がモバイル ART サービスの計画・管理に関する知見を共有する。

4-4. 新規対象郡保健局がモバイル ART 実施計画を作成する。

4-5. 必要性に応じて、ART/ 日和見感染症（Opportunistic Infection：OI）管理、(V) CT、精神的・社会的カウンセリングなどを含む研修を実施する。

4-6. 保健省の調達システムを通じて、新規対象郡保健局がモバイル ART サービスに必要な薬品 / 消耗品 / 医療機器などを調達する。

4-7. 実施計画に従って、モバイル ART チームの支援の下、新規対象郡保健局及びヘルスセンタースタッフがヘルスセンターにおいてモバイル ART サービスを実施する。

4-8. 新規対象郡保健局が新規モバイル ART サイトに対して定期的な巡回指導を実施する。

4-9. 定期的な郡内 ART 検討会議を開催する。

4-10. 州保健局提出用モバイル ART データを収集する。

4-11. 州保健局及び保健省本省提出用四半期進捗報告書を作成する。

【指標】

4-1. 2013 年までに ## 以上の保健施設で、実施計画に沿ってモバイル ART サービスが提供される。
（施設数は新規対象郡における活動開始後に設定）

4-2. 2014 年までにすべての新規対象郡で年間実施計画及び予算にモバイル ART サービスが組み入れられる。

(3) 投入（インプット）

① 日本側

- 専門家派遣
  - ➢ 長期専門家：チーフアドバイザー / 保健サービス計画 1 名、HIV/ エイズケア 1 名、業務調整 / 公衆衛生 1 名

➢ 短期専門家：健康教育、結核 /HIV、PMTCT、オペレーショナルリサーチ等
年間合計約 4M/M

- 資機材
  - ➢ 検査室 / 事務所に必要な備品類、コンピュータ等　合計約 1,000 万円
  - ➢ 巡回指導用車両　約 3 台
- 研修員受入れ（本邦又は周辺国）
  - ➢ HIV 及び保健行政
  - ➢ HIV 及び地域保健プログラム
  - ➢ 結核 /HIV 等　年間合計約 2 名
- 現地活動費
  - ➢ プロジェクト活動にかかわる必要経費　年間約 1,000 万円

② ザンビア側

- カウンターパート人員の配置
  - ➢ プロジェクト・ダイレクター：保健省 次官
  - ➢ プロジェクト・マネージャー：保健省 臨床ケア診断サービス局 局長
  - ➢ プロジェクト・カウンターパート：国家 ARV コーディネーター（保健省）、州保健局長、対象郡保健局長ほか
- 施設及び資機材
  - ➢ 保健省内及び州保健局内執務スペース
  - ➢ 中央、州及び郡レベルの土地建物、車両、及びプロジェクト活動に必要な施設
- 現地活動費
  - ➢ プロジェクト活動運営費

(4) 外部要因（満たされるべき外部条件）

① 前提条件

➢ 関係機関がプロジェクト実施に合意している。

② 成果（アウトプット）達成のための外部条件

➢ 訓練を受けたカウンターパートが、プロジェクト成果に影響を及ぼすほど離職しない。

➢ HIV/ エイズケアサービスに関する医療技術が（現状の ART サービスを中心とするものから）大幅に変化しない。

③ プロジェクト目標達成のための外部条件

➢ 対象地域で ARV 薬及び検査試薬の必要量が入手できる。

➢ プロジェクト開始時に比較して、政治、経済状況、社会環境が著しく悪化しない。

➢ 郡レベルのミッション系病院を含む関連 NGO が、郡保健局の実施する HIV/ エイズ関連活動に協力する。

➢ 新規 HIV 感染者及び ARV 耐性 HIV 感染者数が、急激に上昇しない。

④　上位目標達成のための外部条件

- プロジェクトの終了時に比較して、政治、経済状況、社会環境が著しく悪化しない。
- ザンビアの HIV/ エイズ政策が著しく変化しない。

２－５　評価５項目による評価結果

(1) 妥当性

本プロジェクトは、以下の理由から妥当性を有していると判断される。

- ザンビア政府は HIV/ エイズ対策、特に ART サービスの拡大を重要な国家政策と位置づけ、法令の整備やガイドラインの策定、省庁横断的な対策の実施等、最大限の行政努力を重ねている。日本政府も HIV/ エイズ対策は緊急課題として認識していることから、本プロジェクトは国際社会のニーズ、被援助国のニーズ・政策、我が国の援助政策との整合性が高いといえる。また、本プロジェクトで実施する活動は、「感染者にできるだけ近いところで HIV テストと治療・ケアサービスを行うこと」を目的に掲げているザンビアの HIV 戦略計画に合致しており、妥当性は高い。
- ザンビアは、他の南部アフリカ諸国と同様に HIV/ エイズの拡大が深刻であり、成人（15 歳～ 49 歳）の HIV 感染率は近年若干の減少傾向がみられるものの、いまだ 14.3%（約 120 万人）（2007 年）と高い感染率を示している。HIV/ エイズに起因する疾病の死亡者数は毎年約 10 万人弱と推計されており、ART サービスを必要とする裨益対象者数は非常に多く、人道的見地のみならず、社会・経済開発支援の観点からも本プロジェクトは重要である。
- ザンビアでは複数の援助機関が各種のモバイル型 ART サービスを実施しているが、本プロジェクトでのモバイル ART 実施にあたっては、前プロジェクトで作成を支援し保健省が定めた手法である「モバイル ART/PMTCT/VCT サービス国家ガイドライン」に基づいた手法を採用する。
- 本プロジェクトは脆弱なザンビアの保健行政実施体制各層に対してそのマネージメント体制の強化を図るものであるが、ザンビア保健省は ART サービス拡大政策の推進にあたり、グローバルファンドの資金も活用して最低限必要な人員・予算を充当する用意がある。そのことからザンビア側実施体制は脆弱ながらも、本プロジェクトによるマネージメント体制強化を受容する準備はなされており、本プロジェクトのアプローチは妥当であるといえる。

(2) 有効性

本プロジェクトは、以下の理由から有効性が認められる。

- プロジェクト目標は「質の高い ART サービスを地方部で拡大するために、保健省本省、州及び郡保健局の各レベルにおいて、持続的なサービス提供のためのマネージメント能力が向上する。」としている。ザンビアにおける ART サービスの拡大のみをめざすことではなく、ART サービスの質及び持続可能性を確保するために、中央－州－郡にまたがる体制整備を主眼に置いて活動を展開する。プロジェクトの成果は、中央・州・郡それぞれのレベルに対するアプローチが設定されており、プロジェクトデザインの合理性は高いと評価できる。

- ➢ 一方、「可能な限り家庭の近くで平等に[3]」保健サービスを提供すべく、サービス提供体制の地方分権化を進めてきたザンビアにおいて、保健サービス提供の多くは郡保健局が担い、援助機関も郡保健局に対して多くの援助を行ってきた。その反面、州保健局は郡保健局へのモニタリング・監督指導を実施する立場であるものの、サービス提供のために十分な機能を果たしきれてこなかった。州保健局を活動対象に含めることで本プロジェクトは、保健省本省における政策レベルの支援と郡保健局における現場レベルの支援を有効に生かし合うことが見込まれることから、各アウトプットの構成はプロジェクト目標達成に有効である。
- ➢ プロジェクト目標の指標について、1. はサービスの拡大、2. はマネージメント能力の向上の結果確保されるサービスの質、3. は体制整備がなされ集約された知見を取り扱ううえでマネージメント能力の獲得にそれぞれ対応しており、適切である。

(3) 効率性

本プロジェクトは、以下の理由から効率的な実施が見込める。

- ➢ 本プロジェクトは保健省による ART サービス拡大計画を支援するため、車両維持費・研修費用等のザンビア側負担経費については保健省が獲得しているグローバルファンドの資金の活用が期待できる。
- ➢ 本プロジェクトは、モバイル ART サービスを新規に導入するうちの 2 郡を支援するものであり、その過程で得られる経験・教訓、また導入のために作成するカリキュラムやツールは、保健省担当部に反映される活動をとっている。そのため、JICA の支援対象外の郡でのモバイル ART サービス導入時にも活用でき、成果物が有効活用される。
- ➢ 本プロジェクトは、前プロジェクト対象地域であるチョングエ郡及びムンブワ郡での経験を基に活動を行うものである。新規対象郡であるカロモ郡及びカズングラ郡へのモバイル ART サービス導入に際しては、チョングエ郡及びムンブワ郡が指導的な役割を担うこととしており、既存のリソースを積極的に生かした効率性の高い活動が期待できる。

(4) インパクト

本プロジェクトのインパクトは以下のように予測できる。

- ➢ 本プロジェクトと並行して、ザンビア保健省は他ドナーの支援も受けつつ、全国 72 郡のうち 21 郡でモバイル ART サービスを実施している。加えて現在保健省は「モバイル ART/PMTCT/VCT サービス国家ガイドライン」に基づき、グローバルファンドの資金を活用して 25 郡（うち 2 郡は本プロジェクトの対象地域）においてモバイル ART サービスの拡大を計画している。そのことからプロジェクト終了時点で全郡の 63% 以上にあたる 46 以上の郡でモバイル ART サービスが導入される見込みである。HIV/ エイズ対策における ART 拡大政策は国際的にもザンビアにおいても、単なる量の拡大から質の担保されたケアサービスの拡大へと重点が変わってきている。治

[3] 第 4 次国家保健開発計画で示されたビジョン「質の確保された、費用対効果の高い保健医療サービスが可能な限り家庭の近くで平等に提供される」

療脱落率の低いARTサービスを供給できる仕組みが、ザンビア保健行政の枠組みのなかで確立されれば、プロジェクト終了後も保健省の自助努力が継続され、モバイルARTを実施計画に組み入れる郡は増加を続け、上位目標である「ザンビアの地方部における質の高いARTサービスへのアクセスが向上する。」が達成されるものと期待される。

- ➢ 本プロジェクトにより、HIV感染者の健康改善や死亡率低下、またエイズ遺児の減少などが可能になるため、社会的経済的発展、貧困緩和への貢献が期待される。
- ➢ モバイルARTサービスは、HIV感染者の自宅に近いヘルスセンターなどでケアサービスを提供することが可能となるため、長距離の移動が困難であった女性のアクセスが向上し、ジェンダー配慮の観点への効果も期待される。

(5) 自立発展性

以下のとおり、本プロジェクトの効果は、ザンビア政府により、プロジェクト終了後も継続されるものと見込まれる。

- ➢ HIV/エイズ対策の分野は政策・制度の変化や技術的進歩が著しいものの、ケアサービスとしてのARTの有効性については学術的にも実証されており、ザンビアの政策や他ドナーの支援も継続する見込みである。
- ➢ ザンビア政府はHIV/エイズ及び結核対策を重要な国家政策の一部と位置づけている。保健省は、2006年より3年間で実施された「HIV・エイズケアサービス強化プロジェクト」での協力を得ながら策定した「モバイルART/PMTCT/VCTサービス国家ガイドライン」を基にARTサービス拡大を計画している。
- ➢ 本プロジェクトは郡保健局が独自の予算及び人的資源でARTサービスを提供できるよう、保健省本省－州－郡の既存の体制とシステムを活用し、かつその強化を支援していくものである。

２－６　貧困・ジェンダー・環境等への配慮

本プロジェクトの実施による負の影響は少ないと思われる。

２－７　過去の類似案件からの教訓の活用

本プロジェクトは、「HIV・エイズケアサービス強化プロジェクト」（2006年4月～2009年3月）の後継案件として、ザンビア政府より要請されたものである。同プロジェクトより得られた4つの教訓に対し、以下の対応を採用している。

① ARTサービスは患者にとって一生継続する必要があるという性質上、持続的なサービス実施体制を構築していくには十分なプロジェクト実施期間が必要であること

- ➢ 本プロジェクトでは、オペレーショナルリサーチによる的確な状況・成果の確認を行うが、リサーチ分析に基づいた結果を活動にフィードバックできるよう、プロジェクト期間を5年に設定している。

② HIV/エイズ対策事業は、患者数増加に対する緊急的な対処という側面が強かったこれまでの手法から、今後は活動の持続性を考慮した援助へと転換を図るべきであること

- ➢ 先行プロジェクトでは活動の持続性・自立発展性を重視した取り組みを行っており、継

続して対象とする 2 郡の保健局のオーナーシップは高く、ザンビア保健省からの評価も高い。本プロジェクトでは、これら 2 郡をモデルケースとして更なるサービスの発展をめざすとともに、その経験を活用し、新規対象郡への指導的役割を担うような活動を取り入れている。

③　アフリカにおける HIV/ エイズ対策のように政策・制度の変化や技術的進歩が著しい分野においては、それらの変化・進歩に伴ってプロジェクト活動を迅速かつ柔軟に軌道修正していく必要があること

➢　本プロジェクトにおいても、政策・制度の変化や技術的進歩を外部条件として設定しており、全期間を通して、注視していくこととしている。

④　モバイル ART サービスは、特に活用できる人的資源が極めて限られた条件下において有効な手法であること、などがあげられている。

➢　先行プロジェクトの 2 郡での経験を基に、人的資源が質・量ともに不十分な条件下で ART へのアクセス拡大を開始する手法として実施予定である。

２－８　今後の評価計画

(1) 中間レビュー：プロジェクト開始後 2 年 6 ヵ月後（2011 年 9 月ごろ）に実施予定
(2) 終了時評価：プロジェクト終了の 6 ヵ月前（2014 年 2 月ごろ）に実施予定
(3) 事後評価：プロジェクト終了 3 年後（2017 年）を目処に実施予定

付　属　資　料

１．詳細計画策定調査団ミニッツ（2009 年 3 月 4 日）

２．討議議事録（Record of Discussions）(2009 年 9 月 28 日)

３．協議議事録（Minutes of Meetings）（2009 年 9 月 28 日）

１．詳細計画策定調査団ミニッツ（2009 年 3 月 4 日）

MINUTES OF MEETINGS
BETWEEN
THE JAPANESE DETAILED PLANNING SURVEY TEAM
AND
THE AUTHORITIES CONCERNED OF
THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA
ON THE JAPANESE TECHNICAL COOPERATION PROJECT
FOR
SCALING UP OF QUALITY HIV AND AIDS CARE SERVICE MANAGEMENT

Japan International Cooperation Agency (hereinafter referred to as "JICA") organized and dispatched the Detailed Planning Survey Team (hereinafter referred to as "the Team"), headed by Mr. Ikuo Takizawa from 26 February to 4 March 2009. The purpose of the Team was to outline the framework of the technical cooperation project entitled "The Project for Scaling up of Quality HIV and AIDS Care Service Management" (hereinafter referred to as " the Project").

During the stated period, both the Team and the authorities concerned of the Republic of Zambia (hereinafter referred to as " both sides") had a series of discussions and exchanged views on the Project. As a result of the discussions, both sides agreed upon the matters referred to in the Minutes, Project Design Matrix (PDM) and Plan of Operation (PO) attached hereto.

Lusaka, 4 March, 2009

Mr. Ikuo Takizawa
Team Leader,
Detailed Planning Survey Team
Japan International Cooperation Agency,
Japan

Dr. Velepi Mtonga
Permanent Secretary,
Ministry of Health
Republic of Zambia

ATTACHMENT

1. The Project Design

This Project was requested by the Ministry of Health (hereinafter referred to as "MoH") based on the on-going project "Integrated HIV and AIDS Care Implementation Project at district level" from 2006 to 2009.

The purpose of the new Project is agreed as "Management capacities for sustainable service provision are improved at all levels for the expansion of quality ART services in rural area". The period of cooperation is from September 2009 to August 2014.

The detailed design is shown in attached PDM (Annex 1) and PO (Annex 2).

PDM and PO will be revised when necessity arises in the course of implementation of the Project by mutual consent.

2. Target Sites

(1) The Project will continue to work with Chongwe and Mumbwa districts for the continuous strengthening of rural Antiretroviral Treatment (ART) services.

(2) The Project will support the introduction and expansion of mobile ART services to two (2) new target districts in a province, based on the mobile ART expansion plan of the MoH.

(3) The new target districts will be selected based on the following criteria:

1. They should be among the ten (10) prioritized districts for the mobile ART expansion by the MoH;
2. They should be rural districts;
3. They should be accessible from Chongwe and/or Mumbwa districts as well as Lusaka;
4. There should be demonstrated ART gaps within the districts;
5. There should be no overlapping activities supported by other Cooperating Partners to avoid duplication of efforts;
6. They should be accessible under the security regulation of JICA Zambia Office; and
7. Commitment of Provincial Health Offices and District Health Offices can be expected.

Availability of minimum capacities (i.e. laboratories, human resources for ART services, etc.) shall be taken into consideration.

(4) During the discussion, the MoH suggested the following candidates for JICA's assistances:
- Districts in Southern province (e.g. Kazungula and Namwala/Kalomo)
- Districts in Eastern province (e.g. Petauke and Nyimba)
- Districts in Northern province (e.g. Mungwi and one more district)
- Districts in Central province (e.g. Kapiri Mposhi and one more district)

(5) The MoH will confirm the list of the ten (10) prioritized districts for the mobile ART expansion before the end of March 2009.

(6) Both sides shall agree on the target districts by the end of May 2009, based on the on-site assessment and discussions amongst stakeholders.

3. Recommendation

JICA reiterates the importance of keeping sufficient staff level for the National ART programme.

4. The Way Forward

March 2009	-Completion of the current project "Integrated HIV/AIDS Care Implementation Project at District Level"
May 2009	- Final selection of the Project Target Districts
June 2009	-Approval of the results of the detailed planning survey of the Project by JICA.
	-Signing of the Record of Discussions (R/D)
September 2009	Commencement of the Project

End

Annexes:

1. Project Design Matrix (PDM) Version 0
2. Plan of Operation (PO) Version 0
3. Draft Record of Discussions (R/D)

Annex 1: Project Design Matrix (PDM) Version 0

Date: 4 March 2009

Project Title: The Project for Scaling Up of Quality HIV and AIDS Care Service Management

Project Period: October 2009 - September 2014

Target Groups: 1: Approximately ## People with HIV and AIDS (PWHAs) in target area, 2: Approximately ## District Health Offices (DHOs) and their staff members
3: Approximately ## Provincial Health Offices (PHOs) and their staff members *(Number of personnel is determined after the determination of new target districts)*

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal			
Access to quality ART services in rural area is improved in Zambia.	1 80% of districts in Zambia mainstream mobile ART services into their operational plan for HIV and AIDS control.	(1) National HIV and AIDS Strategic Framework, Joint Annual Review Report (2) Records of DHOs (3) District health operational plans / budget	
Project Purpose			
Management capacities for sustainable service provision are improved at all levels for the expansion of quality ART services in rural area.	1 More than ## health facilities in target districts provide ART services by the year 2014. *(Number of facilities is determined after the determination of new target districts)* 2 More than 80 % of mobile ART sites keep more than 75% of active cases (= less than 25% of lost or death cases) by the year 2014. 3 Lessons learnt through mobile ART services are disseminated at various forum. (i.e., meeting, int'l/nat'l conferences) 4 *(A verifiable indicator for management capacity may be added.)*	(1) Experts' project reports (2) Records of DHOs (3) ART Register Book (4) District health operational plans / budget (5) Operational research reports (6) Report of the conference / meeting presentation	(1) The political, economic ,and social situation is not severely worsened than at termination time of the project (2) HIV and AIDS policy of the Government of Zambia does not significantly change
Outputs			
1 **Ministry of Health (Headquarters) is able to facilitate the adoption and sound implementation of the mobile ART service by the DHOs.**	1-1 More than 90% of the national budget allocated for the mobile-ART services is utilized according to the plan by the year 2011. 1-2 Annual progress report on mobile ART services in Zambia is produced and disseminated.	(1) Experts' project reports (2) MoH Annual progress report on mobile ART services (3) MoH reports	(1) Zambian side properly allocates necessary budget and distribute personnel for the project activities. (2) Necessary amount of ARVs and laboratory reagents are available at target districts. (3) The political, economic ,and social situation is not severely worsened than at commencing time of the project (4) Concerned non-governmental organizations, including mission hospitals at district level are cooperative to HIV and AIDS related activities undertaken by DHOs.
2 **Target Provincial Health Offices (PHOs) are able to provide technical support and supervision to districts for ART services including mobile ART services.**	2-1 Biannual Provincial ART Stakeholders Committee Meetings are held regularly. 2-2 More than 75% of quarterly visits to target districts are conducted and monitoring report are submitted to the MoH.	(1) Experts' project reports (2) Minutes of the provincial stakeholders' meeting (3) Provincial report on mobile ART monitoring to MoH	
3 **Management capacities of DHOs/health facilities in Chongwe and Mumbwa[NR] are enhanced for the continuous strengthening of rural ART services.**	3-1 ART expansion plan is annually reviewed and revised. 3-2 100% of scheduled mobile visits are conducted throughout the project period.	(1) Experts' project reports (2) Mobile Log Book / Records of DHOs and health centres (3) ART Register Book (4) ART expansion plan	

4 New target districts are able to plan, introduce and manage the mobile ART services as per the National Guidelines on mobile VCT/PMTCT/ART Services.	4-1 More than ## health facilities provide mobile ART services according to the operational plan by the year of 2013. *(Number of facilities is determined after the determination of new target districts)* 4-2 100% of new target DHOs mainstream mobile ART services into their annual operational plans and budget by the year 2014.	(1) Experts' project reports (2) District Mobile ART operational plan (3) Mobile ART Service Log Book / Records of DHOs and health centres (4) ART Register Book	(5) Number of new HIV infection and ARV-drug resistant cases of HIV is not rapidly increased.

Activities	Inputs		
1 Ministry of Health (Headquarters) is able to facilitate the adoption and sound implementation of the mobile ART service by the DHOs. 1-1 Assist the MoH to orient new districts on the National Guidelines on mobile VCT/PMTCT/ART Services 1-2 Assist the MoH to monitor and evaluate sound implementation of the mobile ART services through quarterly reporting and biannual implementers' meeting. 1-3 Assist the MoH to ensure the availability of essential equipment to new 10 districts (i.e., medical equipment, drugs, consumables, etc.). 1-4 Assist the MoH to produce annual progress report on mobile ART services (10 districts with GFATM Rd.4/Ph.2 funding). 1-5 Conduct Operational Research to validate effectiveness of mobile ART services in rural settings. 1-6 Organize stakeholders' meeting for information sharing of ART services in rural area 2 Target Provincial Health Offices (PHOs) are able to provide technical support and supervision to districts for ART services including mobile ART services. 2-1 Plan and organize biannual Provincial ART Stakeholders Committee meetings. 2-2 Conduct quarterly supervisory visits to new mobile ART sites in target districts. 2-3 Provide technical support to new target districts (i.e. workshop, on-site consultation). 3 Management capacities of DHOs/health facilities in Chongwe and Mumbwa are enhanced for the continuous strengthening of rural ART services. 3-1 Revise ART expansion plan in response to evolving service needs. 3-2 Introduce tools to improve the quality of ART services, such as the mobile ART service log book, etc. 3-3 Undertake technical training as Continuous Professional Development.	**Japanese Side** **Experts** **(1) Long-term Experts** **- Chief Advisor / Health Service Planning** **- HIV and AIDS Care** **- Coordinator / Public Health** **(2) Short-term Experts** **- Health Education, TB/HIV, PMTCT, Operational Research, etc.** **Equipment and materials** **(1) Necessary laboratory/office equipment, computers and others** **(2) A vehicle for supervisory visits, depending on the necessity** **Training in Japan and/or third-country** **- HIV and Health administration** **- HIV and Rural health programme** **- TB/HIV, etc.** **Local cost** **Necessary costs for the project activities**	**Zambian Side** **Counterparts and administrative personnel** **(1) Project Director** **Permanent Secretary, MoH** **(2) Project Manager** **Director of the Directorate of Clinical Care and Diagnosis Services, MoH** **(3) Project counterparts,** **i.e., National ARV Coordinator (MoH) / Directors,** **District Health Offices in target districts / Provincial Medical Officer.** **Facilities, equipment and materials** **(1) Office spaces in the MoH and PHO** **(2) Land, building, vehicle, and other facilities necessary for project activities at central, province and district level** **Local costs** **(1) Operational costs for the project activities**	(1) Trained counterparts do not leave their position so as to affect the outputs of the Project (2) Medical technology regarding HIV and AIDS services does not significantly change.

	3-4 Conduct supervisory visits by DHO staff members to mobile ART sites on quality of services (i.e., data management, service provision planning, logistics in general).			
	3-5 Organize annual experience-sharing meeting within and/or among target districts.			
	3-6 Produce quarterly progress report for submission to PHOs and MoH Headquarters.			
4	**New target districts are able to plan, introduce and manage the mobile ART services as per the National Guidelines on mobile VCT/PMTCT/ART Services.**			**Pre-conditions**
	4-1 Develop on-site training curriculum on mobile ART services based on the "National Guidelines on mobile VCT/PMTCT/ART Services".			(1) Zambian implementing organization and relevant organization do not adverse to the Project.
	4-2 Adopt planning/operational tools for mobile ART services (i.e., mobile ART service log book, appointment book, calendar of events, etc.).			
	4-3 Capacitate new target DHOs with hands-on experiences of planning and managing mobile ART services by conducting on-site training in Mumbwa or Chongwe.			
	4-4 Develop mobile ART operational plans by target DHO.			
	4-5 Undertake technical training including ART/OI management, (V)CT, psycho-social counseling, etc. as found necessary.			
	4-6 Ensure the procurement of necessary drugs/consumables/medical equipment/other goods for mobile services through the MSL Request and Requisition system.			
	4-7 Undertake the mobile ART services at rural health centres with support of mobile ART team as per the operational plan.			
	4-8 Undertake periodical supervisory visits to new mobile sites by DHOs.			
	4-9 Organize periodical ART review meeting within districts.			
	4-10 Compile monthly ART data for submission to PHO.			
	4-11 Produce quarterly progress report for submission to PHOs and MoH Headquarters.			

NB: Chongwe and Mumbwa are districts that have been implementing mobile ART services with JICA's support, since 2006.

Annex 2-1 Plan of Operation (PO) (Version 0)

The Project for Scaling Up of Quality HIV and AIDS Care Service Management

Date: 4 March 2009

Output 1:
Ministry of Health (Headquarters) is able to facilitate the adoption and sound implementation of the mobile ART service by the DHOs.

Activities	Plan of Operation																					Person in Charge		Remarks
	2009	2010				2011				2012				2013				2014				Japan	Zambia	
	Oct - Dec	Jan – Mar	Apr - Jun	Jul – Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan – Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep				
	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q				
1-1 Support the MoH to orient new districts on the National Guidelines on mobile VCT/PMTCT/ART Services.	×																					LE	MoH	
1-2 Support the MoH to monitor and evaluate sound implemenation of the mobile ART services through quarterly reporting and biannual implementers' meeting.	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	LE	MoH	
1-3 Support the MoH to ensure the availability of essential equipment in new 10 districts (i.e., medical equipment, drugs, consumables, etc.)																						LE	MoH	
1-4 Support the MoH to produce annual progress report on mobile ART services (10 districts with GFATM Rd.6/Ph 2 funding)						×		×		×		×		×		×		×				LE	MoH	
1-5 Conduct Operational Research to validate effectiveness of mobile ART services in rural settings																						LE SE	MoH	
1-5 Organize stakeholders' meeting for information sharing of ART services in rural area.						×		×		×		×		×		×		×				LE SE	MoH	

Abbreviations:
LE: Long-term expert, SE: Short-term Expert, Ministry of Health: MoH, Provincial Health Offices: PHOs, District Health Offices: DHOs

Annex 2-2 Plan of Operation (PO) (Version 0)

Date: 4 March 2009

The Project for Scaling Up of Quality HIV and AIDS Care Service Management

Output 2:
Target Provincial Health Offices (PHOs) are able to provide technical support and supervision to districts for ART services including mobile ART services.

Activities	Plan of Operation																				Person in Charge		Remarks
	2009	2010				2011				2012				2013				2014			Japan	Zambia	
	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep			
	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q			
2-1 Plan and organize biannual Provincial ART Stakeholders Committee meetings.		×		×		×		×		×		×		×		×		×		×	LE	PHOs DHOs	
2-2 Conduct quarterly supervisory visits to new mobile ART sites in target districts.		×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	LE	PHOs	
2-3 Provide technical support to new target districts.	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	---->	LE	PHOs	

Abbreviations:
LE: Long-term expert, SE: Short-term Expert, Ministry of Health: MOH, Provincial Health Offices: PHOs, District Health Offices: DHOs

Annex 2-3 Plan of Operation (PO) (Version 0)

The Project for Scaling Up of Quality HIV and AIDS Care Service Management

Date: 4 March 2009

Output 3:

Management capacities of DHOs/health facilities in Chongwe and Mumbwa are enhanced for the continuous strengthening of rural ART Services.

Activities	Plan of Operation																				Person in Charge		Remarks
	2009	2010				2011				2012				2013				2014			Japan	Zambia	
	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep			
	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q			
3-1 Revise ART expansion plan in response to evolving service needs.	×			×				×				×				×				×	LE SE	DHOs	
3-2 Introduce tools to improve the quality of ART services, such as the mobile log book, etc.									→												LE SE	DHOs	
3-3 Undertake technical training as Continuous Professional Development.			×				×				×				×				×		LE	DHOs	
3-4 Conduct supervisory visits by DHO staff members to mobile ART sites on quality of services (i.e., data management, service provision planning, logistics in general).																				→	LE	DHOs	
3-5 Organize annual experience-sharing meeting within and/or between target districts.		×				×				×				×				×			LE	DHOs	
3-6 Produce quarterly progress report for submission to PHOs and MoH Headquarters.																				→	LE	DHOs	

Abbreviations:

LE: Long-term expert, SE: Short-term Expert, Ministry of Health: MoH, Provincial Health Offices: PHOs, District Health Offices: DHOs

Annex 2-4 Plan of Operation (PO) (Version 0)

Date: 4 March 2009

The Project for Scaling Up of Quality HIV and AIDS Care Service Management

Output 4:
New target districts are able to plan, introduce and manage the mobile ART services as per the National Guidelines on mobile VCT/PMTCT/ART Services.

Activities	Plan of Operation																				Person in Charge		Remarks
	2009	2010				2011				2012				2013				2014			Japan	Zambia	
	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep			
	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q			
4-1 Develop on-site training curriculum on mobile ART services based on the "National Guidelines on mobile VCT/PMTCT/ART Services"	×																				LE	DHOs	
4-2 Adopt planning/operational tools for mobile ART services (i.e., mobile log book, appointment book, calendar of events, etc.).																					LE	DHOs	
4-3 Capacitate new target DHOs with hands-on experiences of planning and managing mobile ART services by conducting on-site training in Mumbwa or Chongwe.	×					×				×											LE	DHOs	
4-4 Develop mobile ART operational plans by target DHOs.	×					×				×											LE	DHOs	
4-5 Undertake technical training including ART/OI management, (V)CT, psycho-social counselling, etc. as found necessary.																					LE SE	DHOs	
4-6 Ensure the procurement of necessary drugs/consumables/medical equipment/other goods for mobile services through the MSL Request and Requisition system.																					LE	DHOs	
4-7 Undertake the mobile ART services at rural health centres with support of mobile ART team as per the operational plan.																					LE	DHOs	
4-8 Undertake periodical supervisory visit to new mobile sites by DHOs.																					LE	DHOs	
4-9 Organize periodical ART review meeting within districts.																					LE	DHOs	
4-10 Compile monthly ART data for submission to DHO.																					LE	DHOs	
4-11 Produce quarterly progress report for submission to PHOs and MoH Headquarters.																					LE	DHOs	

Abbreviations:
LE: Long-term expert, SE: Short-term Expert, Ministry of Health: MoH, Provincial Health Offices: PHOs, District Health Offices: DHOs

ANNEX 3 Draft Record of Discussions (R/D)

< Draft >

RECORD OF DISCUSSIONS
BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY AND AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA ON JAPANESE TECHNICAL COOPERATION FOR THE PROJECT FOR SCALING UP OF QUALITY HIV AND AIDS CARE SERVICE MANAGEMENT

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 Zambia with respect to the details of the technical cooperation project concerning "the Project for Scaling Up of Quality HIV and AIDS Care Service Management" (hereinafter referred to as "the Project")

As a result of the discussions, JICA and the Zambian authorities concerned agreed upon the matters referred to in the document attached hereto.

Lusaka , <date, month, year>

Mr. Shiro Nabeya
Chief Representative
Zambia Office
Japan International Cooperation Agency
Japan

Dr. Velepi Mtonga
Permanent Secretary
Ministry of Health
The Republic of Zambia

ANNEX 3 Draft Record of Discussions (R/D)

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN BOTH COUNTRIES

1. The Government of the Republic of Zambia will implement the Project in cooperation with JICA.
2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. 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 Government of Japan, 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 provide the services of the Japanese experts as listed in Annex II.

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 Project as listed in Annex III.

3. TRAINING OF ZAMBIAN PERSONNEL IN JAPAN
JICA will receive the Zambian personnel connected with the Project for technical training in Japan.

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

1. The Government of the Republic of Zambia 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 Zambia will ensure that the technologies and knowledge acquired by the Zambian nationals as a result of the Japanese technical cooperation will contribute to the economic and social development of the Republic of Zambia.

3. The Government of the Republic of Zambia will grant in the Republic of Zambia privileges, exemptions and benefits to the Japanese experts referred to in Article II-1 above and their families.

4. The Government of the Republic of Zambia will take the measures necessary to receive and use the Equipment provided by JICA under Article II-2 above and equipment, machinery and materials carried in by the Japanese experts referred to in Annex II.

5. The Government of the Republic of Zambia will take necessary measures to ensure that the knowledge and experience acquired by the Zambian personnel from technical training in Japan will be utilized effectively in the implementation of the Project.

6. The Government of the Republic of Zambia will provide the services of Zambian counterpart personnel and administrative personnel as listed in Annex IV.

7. The Government of the Republic of Zambia will provide the buildings and facilities as listed in Annex V.

8. The Government of the Republic of Zambia 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 Project other than the Equipment provided by JICA under Article II-2 above.

9. In accordance with the laws and regulations in force in the Republic of Zambia, the Government of the Republic of Zambia will take necessary measures to meet the running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. The Permanent Secretary, the Ministry of Health (hereinafter referred to as "MoH"), as the Project Director, will bear overall responsibility for the administration and implementation of the Project.

2. The Director of the Directorate of Clinical Care and Diagnosis Services, MoH, as the Project Manager, will be responsible for the managerial and technical matters of the Project.

3. The Japanese Technical Experts on the Project will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the

implementation of the Project.

4. The Japanese Technical Experts on the Project will provide necessary technical guidance and advice to Zambian counterpart personnel on technical matters pertaining to the implementation of the Project.

5. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee will be established whose functions and composition are described in Annex VI.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Zambian 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 Zambia 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 Zambia except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Government of the Republic of Zambia 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 Zambia, the Government of the Republic of Zambia will take appropriate measures to make the Project widely known to the people of the Republic of Zambia.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this attached document will be five years from the first dispatch of the Japanese Experts.

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

ANNEX 1 MASTER PLAN

Project Purpose

Management capacities for sustainable service provision are improved at all levels for the expansion of quality ART services in rural area.

Outputs

1. Ministry of Health (Headquarters) is able to facilitate the adoption and sound implementation of the mobile ART service by the DHOs.
2. Target Provincial Health Offices (PHOs) are able to provide technical support and supervision to districts for ART services including mobile ART services.
3. Management capacities of DHOs/health facilities in Chongwe and Mumbwa are enhanced for the continuous strengthening of rural ART services.
4. New target districts are able to plan, introduce and manage the mobile ART services as per the National Guidelines on mobile VCT/PMTCT/ART Services.

Activities

1-1 Assist the MoH to orient new districts on the National Guidelines on mobile VCT/PMTCT/ART Services.

1-2 Assist the MoH to monitor and evaluate sound implementation of the mobile ART services through quarterly reporting and biannual implementers' meeting.

1-3 Assist the MoH to ensure the availability of essential equipment to new 10 districts (i.e., medical equipment, drugs, consumables, etc.).

1-4 Assist the MoH to produce annual progress report on mobile ART services (10 districts with GFATM Rd.4/Ph.2 funding).

1-5 Conduct Operational Research to validate effectiveness of mobile ART services in rural settings.

1-6 Organize stakeholders' meeting for information sharing of ART services in rural area.

2-1 Plan and organize biannual Provincial ART Stakeholders Committee meetings.

2-2 Conduct quarterly supervisory visits to new mobile ART sites in target districts.

2-3 Provide technical support to new target districts (i.e. workshop, on-site consultation).

3-1 Revise ART expansion plan in response to evolving service needs.

3-2 Introduce tools to improve the quality of ART services, such as the mobile ART service log book, etc.

3-3 Undertake technical training as Continuous Professional Development.

3-4 Conduct supervisory visits by DHO staff members to mobile ART sites on quality of services

(i.e., data management, service provision planning, logistics in general).

3-5 Organize annual experience-sharing meeting within and/or among target districts.

3-6 Produce quarterly progress report for submission to PHOs and MoH Headquarters.

4-1 Develop on-site training curriculum on mobile ART services based on the "National Guidelines on mobile VCT/PMTCT/ART Services".

4-2 Adopt planning/operational tools for mobile ART services (i.e., mobile ART service log book, appointment book, calendar of events, etc.).

4-3 Capacitate new target DHOs with hands-on experiences of planning and managing mobile ART services by conducting on-site training in Mumbwa or Chongwe.

4-4 Develop mobile ART operational plans by target DHOs

4-5 Undertake technical training including ART/OI management, (V)CT, psycho-social counseling, etc. as found necessary.

4-6 Ensure the procurement of necessary drugs/consumables/medical equipment/other goods for mobile services through the MSL Request and Requisition system.

4-7 Undertake the mobile ART services at rural health centres with support of mobile ART team as per the operational plan.

4-8 Undertake periodical supervisory visits to new mobile sites by DHOs.

4-9 Organize periodical ART review meeting within districts.

4-10 Compile monthly ART data for submission to PHO.

4-11 Produce quarterly progress report for submission to PHOs and MoH Headquarters.

ANNEX II LIST OF JAPANESE EXPERTS

1. Long-term Experts
   - Chief Advisor / Health Service Planning
   - HIV and AIDS Care
   - Coordinator / Public Health

2. Short-term Experts
   - Health Education
   - TB/HIV, PMTCT
   - Operational Research, etc.

ANNEX III LIST OF MACHINERY AND EQUIPMENT

(1) Necessary laboratory/office equipment, computers and others

(2) A vehicle for supervisory visits, depending on the necessity

ANNEX 3 Draft Record of Discussions (R/D)

ANNEX IV LIST OF ZAMBIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director:
   Permanent Secretary, MoH
2. Project Manager:
   Director of the Directorate of Clinical Care and Diagnosis Services, MoH
3. Counterpart Personnel
   (1) ARV Coordinator of the Directorate of Clinical Care and Diagnosis Services
   (2) Directors of Mumbwa and Chongwe District Health Office
   (3) District Health Offices in target districts
   (4) Provincial Medical Officer

ANNEX V LIST OF BUILDINGS AND FACILITIES

(1) Office spaces in the MoH and PHO

(2) Land, building, vehicle, and other facilities necessary for project activities at central, province and district level

ANNEX 3 Draft Record of Discussions (R/D)

ANNEX VI JOINT COORDINATING COMMITTEE

The Joint Coordinating Committee shall meet at least once a year and whenever the necessity arises, in order to fulfill the following functions:

(1) To approve the annual plan of operation for the Project under the framework of the Record of Discussions;

(2) To review the overall progress of the Project as well as the achievements of the above-mentioned annual plan of operation; and

(3) To review and exchange views on major issues arising from or in connection with the Project.

Composition

(1) Chairperson: Permanent Secretary, MoH (Project Director)

(2) Co-chairperson: Resident Representative of JICA Zambia Office

(3) Members

a) Zambian Counterparts

- Directorate of Clinical Care and Diagnosis Services, MoH
- ARV Coordinator of the Directorate of Clinical Care and Diagnosis Services
- Directors of Mumbwa and Chongwe District Health Office
- District Health Offices in target districts
- Provincial Medical Officer

b) Zambian Stakeholders

- National HIV AND AIDS/STI/TB Council
- Directorate of Public Health and Research, MoH
- TB specialist
- PMTCT specialist
- Chief Biomedical Scientist
- Directorate of Technical Support Services

c) Japanese side

- Japanese Experts of the Project
- Other Japanese Experts working in the field of HIV AND AIDS
- Staff of JICA Zambia

d) Other members mutually agreed by both sides

Notes: Representative(s) of the Embassy of Japan in Zambia may attend the Joint Coordinating Committee meeting as observer(s).

２．討議議事録（Record of Discussions）（2009 年 9 月 28 日）

RECORD OF DISCUSSIONS
BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY AND AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA ON JAPANESE TECHNICAL COOPERATION FOR THE PROJECT FOR SCALING UP OF QUALITY HIV AND AIDS CARE SERVICE MANAGEMENT

In response to the proposal of the Government of Zambia, the Government of Japan has decided to cooperate on "the Project for Scaling up of Quality HIV AND AIDS Care Service Management" (hereinafter referred to as "the Project") in accordance with the Agreement on Technical Cooperation between the Government of Japan and the Government of the Republic of Zambia signed on 27, June, 2006 (hereinafter referred to as "the Agreement").

Accordingly, Japan International Cooperation Agency (hereinafter referred to as "JICA"), the implementation agency responsible for the implementation of the technical cooperation program of the Government of Japan, will cooperate with the authorities concerned of the Government of Zambia for the Project.

JICA and the Zambian authorities concerned had a series of discussions on the framework of the Project. As a result of discussions, JICA and Zambian authorities concerned agreed on the matters referred to in the document attached hereto.

Lusaka, 28 September, 2009

鍋屋史朗

Mr. Shiro Nabeya
Chief Representative
Zambia Office
Japan International Cooperation Agency
Japan

Dr. Velepi Mtonga
Permanent Secretary
Ministry of Health
The Republic of Zambia

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN BOTH COUNTRIES

1. The Government of the Republic of Zambia will implement the Project in cooperation with JICA.
2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. 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 Government of Japan, 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 provide the services of the Japanese experts as listed in Annex II. The provision of Article IV of the Agreement will be applied to the above-mentioned 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 Project as listed in Annex III. The provision of Article VIII of the Agreement will be applied to the Equipment.

3. TRAINING OF ZAMBIAN PERSONNEL IN JAPAN
JICA will receive the Zambian personnel connected with the Project for technical training in Japan.

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

1. The Government of the Republic of Zambia 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 Zambia will ensure that the technologies and knowledge acquired by the Zambian nationals as a result of the Japanese technical cooperation will contribute to the economic and social development of the Republic of Zambia.

3. In accordance with the provisions of Article IV, V, VI of the Agreement, the Government of the Republic of Zambia will grant in the Republic of Zambia privileges, exemptions and benefits to the Japanese experts referred to in Article II-1 above and their families.

4. In accordance with the provisions of Article VIII of the Agreement, the Government of the Republic of Zambia will take the measures necessary to receive and use the Equipment provided by JICA under Article II-2 above and equipment, machinery and materials carried in by the Japanese experts referred to in Article II-1 above.

5. The Government of the Republic of Zambia will take necessary measures to ensure that the knowledge and experience acquired by the Zambian personnel from technical training in Japan will be utilized effectively in the implementation of the Project.

6. In accordance with the provision of Article IV-(b) of the Agreement, the Government of the Republic of Zambia will provide the services of Zamibian counterpart personnel and administrative personnel as listed in Annex IV.

7. In accordance with the provision of Article IV-(a) of the Agreement, the Government of the Republic of Zambia will provide the buildings and facilities as listed in Annex V.

8. In accordance with the laws and regulations in force in the Republic of Zambia, the Government of the Republic of Zambia 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 Project other than the Equipment provided by JICA under Article II-2 above.

9. In accordance with the laws and regulations in force in the Republic of Zambia,

the Government of the Republic of Zambia will take necessary measures to meet the running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. The Permanent Secretary, the Ministry of Health (hereinafter referred to as "MoH"), as the Project Director, will bear overall responsibility for the administration and implementation of the Project.

2. The Director of the Directorate of Clinical Care and Diagnosis Services, MoH, as the Project Manager, will be responsible for the managerial and technical matters of the Project.

3. The Japanese Technical Experts on the Project will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project.

4. The Japanese Technical Experts on the Project will provide necessary technical guidance and advice to Zambian counterpart personnel on technical matters pertaining to the implementation of the Project.

5. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee will be established whose functions and composition are described in Annex VI.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Zambian 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

In accordance with the provision of Article VII of the Agreement, the Government of the Republic of Zambia 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 Zambia except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Government of the Republic of Zambia 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 Zambia, the Government of the Republic of Zambia will take appropriate measures to make the Project widely known to the people of the Republic of Zambia.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this attached document will be five years from the first dispatch of the Japanese Experts.

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

ANNEX I MASTER PLAN

Project Purpose

Management capacities for sustainable service provision are improved at all levels for the expansion of quality ART services in rural area.

Outputs

1. Ministry of Health (Headquarters) is able to facilitate the adoption and sound implementation of the mobile ART service by the DHOs.
2. Target Provincial Health Offices (PHOs) are able to provide technical support and supervision to districts for ART services including mobile ART services.
3. Management capacities of DHOs/health facilities in Chongwe and Mumbwa are enhanced for the continuous strengthening of rural ART services.
4. New target districts (Kalomo and Kazungula) are able to plan, introduce and manage the mobile ART services as per the National Guidelines on mobile VCT/PMTCT/ART Services.

Activities

1-1 Assist the MoH to orient new districts on the National Guidelines on mobile VCT/PMTCT/ART Services.

1-2 Assist the MoH to monitor and evaluate sound implementation of the mobile ART services through quarterly reporting and biannual implementers' meeting.

1-3 Assist the MoH to ensure the availability of essential equipment to new 25 districts (i.e., medical equipment, drugs, consumables, etc.).

1-4 Assist the MoH to produce annual progress report on mobile ART services (25 districts with GFATM Rd.4/Ph.2 funding).

1-5 Conduct Operational Research to validate effectiveness of mobile ART services in rural settings.

1-6 Organize stakeholders' meeting for information sharing of ART services in rural area.

2-1 Plan and organize biannual Provincial ART Stakeholders Committee meetings.

2-2 Conduct quarterly supervisory visits to new mobile ART sites in target districts.

2-3 Provide technical support to new target districts (i.e. workshop, on-site consultation).

3-1 Revise ART expansion plan in response to evolving service needs.

3-2 Introduce tools to improve the quality of ART services, such as the mobile ART

service log book, etc.

3-3 Undertake technical training as Continuous Professional Development.

3-4 Conduct supervisory visits by DHO staff members to mobile ART sites on quality of services (i.e., data management, service provision planning, logistics in general).

3-5 Organize annual experience-sharing meeting within and/or among target districts.

3-6 Produce quarterly progress report for submission to PHOs and MoH Headquarters.

4-1 Develop on-site training curriculum on mobile ART services based on the "National Guidelines on mobile VCT/PMTCT/ART Services".

4-2 Adopt planning/operational tools for mobile ART services (i.e., mobile ART service log book, appointment book, calendar of events, etc.).

4-3 Capacitate new target DHOs with hands-on experiences of planning and managing mobile ART services by conducting on-site training in Mumbwa or Chongwe.

4-4 Develop mobile ART operational plans by target DHOs (Kalomo and Kazungula)

4-5 Undertake technical training including ART/OI management, (V)CT, psycho-social counseling, etc. as found necessary.

4-6 Ensure the procurement of necessary drugs/consumables/medical equipment/other goods for mobile services through the MSL Request and Requisition system.

4-7 Undertake the mobile ART services at rural health centres with support of mobile ART team as per the operational plan.

4-8 Undertake periodical supervisory visits to new mobile sites by DHOs.

4-9 Organize periodical ART review meeting within districts.

4-10 Compile monthly ART data for submission to PHO.

4-11 Produce quarterly progress report for submission to PHOs and MoH Headquarters.

ANNEX II LIST OF JAPANESE EXPERTS

1. Long-term Experts
   - Chief Advisor / Health Service Planning
   - HIV and AIDS Care
   - Coordinator / Public Health

2. Short-term Experts
   - Health Education
   - TB/HIV, PMTCT
   - Operational Research, etc.

ANNEX III LIST OF MACHINERY AND EQUIPMENT

(1) Necessary laboratory/office equipment, computers and others
(2) A vehicle for supervisory visits, depending on the necessity

ANNEX IV LIST OF ZAMBIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director:
   Permanent Secretary, MoH
2. Project Manager:
   Director of the Directorate of Clinical Care and Diagnosis Services, MoH
3. Counterpart Personnel
   (1) ARV Coordinator of the Directorate of Clinical Care and Diagnosis Services
   (2) Directors of Mumbwa and Chongwe District Health Office
   (3) District Health Offices in target districts (Kalomo and Kazungula)
   (4) Provincial Medical Officer (Southern Province)

ANNEX V LIST OF BUILDINGS AND FACILITIES

(1) Office spaces in the MoH and PHO (Southern Province)
(2) Land, building, vehicle, and other facilities necessary for project activities at central, province and district level

ANNEX VI JOINT COORDINATING COMMITTEE

The Joint Coordinating Committee shall meet at least once a year and whenever the necessity arises, in order to fulfill the following functions:

(1) To approve the annual plan of operation for the Project under the framework of the Record of Discussions;

(2) To review the overall progress of the Project as well as the achievements of the above-mentioned annual plan of operation; and

(3) To review and exchange views on major issues arising from or in connection with the Project.

Composition

(1) Chairperson: Permanent Secretary, MoH (Project Director)

(2) Co-chairperson: Chief Representative of JICA Zambia Office

(3) Members

a) Zambian Counterparts

- Directorate of Clinical Care and Diagnosis Services, MoH
- ARV Coordinator of the Directorate of Clinical Care and Diagnosis Services
- Directors of Mumbwa and Chongwe District Health Office
- District Health Offices in target districts (Kalomo and Kazungula)
- Provincial Medical Officer (Southern Province)

b) Zambian Stakeholders

- National HIV/AIDS/STI/TB Council
- Directorate of Public Health and Research, MoH
- TB specialist
- PMTCT specialist
- Chief Biomedical Scientist
- Directorate of Technical Support Services

c) Japanese side

- Japanese Experts of the Project
- Other Japanese Experts working in the field of HIV/AIDS
- Staff of JICA Zambia

d) Other members mutually agreed by both sides

Notes: Representative(s) of the Embassy of Japan in Zambia may attend the Joint Coordinating Committee meeting as observer(s).

３．協議議事録（Minutes of Meetings）（2009 年 9 月 28 日）

MINUTES OF MEETINGS
BETWEEN
THE JAPANESE DETAILED PLANNING SURVEY TEAM
AND
THE AUTHORITIES CONCERNED OF
THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA
ON THE JAPANESE TECHNICAL COOPERATION PROJECT
FOR
SCALING UP OF QUALITY HIV AND AIDS CARE SERVICE MANAGEMENT

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 Zambia with respect to desirable measures to be taken by JICA and the Government of the Republic of Zambia for successful implementation of the above-mentioned Project (hereinafter referred to as "the Project").

As a result of the discussions, both sides agreed upon the matters in the document attached hereto. This Document is related to the Record of Discussions on the Project, signed on the same date.

Lusaka, 28 September, 2009

鍋屋史朗

Mr. Shiro Nabeya
Chief Representative,
Japan International Cooperation Agency
Zambia Office
Japan

Dr. Velepi Mtonga
Permanent Secretary,
Ministry of Health,
Republic of Zambia

ATTACHMENT

1. Poject Design Matrix and Plan of Operation

The Project Design Matrix (hereinafter referred to as "PDM") and Plan of Operations (hereinafter referred to as "PO") was elaborated through discussions by JICA and the Zambian authorities concerned. Both sides agreed to recognize PDM and PO as an implementation tool for project management, and the basis for monitoring and evaluation of the Project. The PDM and PO will be utilized by both sides throughout the implementation of the Project. The PDM and PO (Version 1) is shown in Annex 1 and Annex 2

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

2. New Target Districts

In accordance with the previous Minutes of Meeting, signed in Lusaka on March 4, 2009, the new Target Districts ought to be determined based on the field survey and discussion between MoH and JICA.

MoH presented some candidate Districts to JICA, and Technical Advisor on Rural ART Services had conducted field survey to the candidate Districts. Throughout the discussion between MoH based on the results of the field survey, both sides agreed to determine **Kalomo** and **Kazungula** Districts as the new Target Districts of the Project. Detailed notes of the discussion are attached in ANNEX 3.

End

ANNEX 1 PDM(Version 1)
ANNEX 2 PO (Version 1)
ANNEX 3 Notes of Discussion for New Target Districts

Annex 1: Project Design Matrix (PDM) Version 1 Date: 4 September 2009

Project Title: The Project for Scaling Up of Quality HIV and AIDS Care Service Management **Project Period: November 2009 - October 2014**

Target Groups: 1: 50,000 to 60,000 People with HIV and AIDS (PWHAs) in target area, 2: Four District Health Offices (DHOs)(Mumbwa, Chongwe, Kalomo, Kazungula) and their staff members 3: Southern Provincial Health Office (PHO) and their staff members

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal				
Access to quality ART services in rural area is improved in Zambia.	1	80% of districts in Zambia mainstream mobile ART services into their operational plan for HIV and AIDS control.	(1) National HIV and AIDS Strategic Framework, Joint Annual Review Report (2) Records of DHOs (3) District health operational plans / budget	
Project Purpose				
Management capacities for sustainable service provision are improved at all levels for the expansion of quality ART services in rural area.	1	More than ## health facilities in target districts provide ART services by the year 2014. *(Number of facilities is determined after the determination of new target districts)*	(1) Experts' project reports (2) Records of DHOs (3) ART Register Book (4) District health operational plans / budget (5) Operational research reports (6) Report of the conference / meeting presentation	(1) The political, economic ,and social situation is not severely worsened than at termination time of the project (2) HIV and AIDS policy of the Government of Zambia does not significantly change
	2	More than 80 % of mobile ART sites keep more than 75% of active cases (= less than 25% of lost or death cases) by the year 2014.		
	3	Lessons learnt through mobile ART services are disseminated at various forum. (i.e., meeting, int'l/nat'l conferences)		
	4	*(A verifiable indicator for management capacity may be added.)*		
Outputs				
1 Ministry of Health (Headquarters) is able to facilitate the adoption and sound implementation of the mobile ART service by the DHOs.	1-1	More than 90% of the national budget allocated for the mobile-ART services is utilized according to the plan by the year 2011.	(1) Experts' project reports (2) MoH Annual progress report on mobile ART services (3) MoH reports	(1) Zambian side properly allocates necessary budget and distribute personnel for the project activities. (2) Necessary amount of ARVs and laboratory reagents are available at target districts. (3) The political, economic ,and social situation is not severely worsened than at commencing time of the project (4) Concerned non-governmental organizations, including mission hospitals at district level are cooperative to HIV and AIDS related activities undertaken by DHOs.
	1-2	Annual progress report on mobile ART services in Zambia is produced and disseminated.		
2 Target Provincial Health Offices (PHOs) are able to provide technical support and supervision to districts for ART services including mobile ART services.	2-1	Biannual Provincial ART Stakeholders Committee Meetings are held regularly.	(1) Experts' project reports (2) Minutes of the provincial stakeholders' meeting (3) Provincial report on mobile ART monitoring to MoH	
	2-2	More than 75% of quarterly visits to target districts are conducted and monitoring report are submitted to the MoH.		
3 Management capacities of DHOs/health facilities in Chongwe and Mumbwa(NGO) are enhanced for the continuous strengthening of rural ART services.	3-1	ART expansion plan is annually reviewed and revised.	(1) Experts' project reports (2) Mobile Log Book / Records of DHOs and health centres (3) ART Register Book (4) ART expansion plan	
	3-2	100% of scheduled mobile visits are conducted throughout the project period.		

4	**New target districts (Kalomo and Kazungula) are able to plan, introduce and manage the mobile ART services as per the National Guidelines on mobile VCT/PMTCT/ART Services.**	4-1	More than ## health facilities provide mobile ART services according to the operational plan by the year of 2013. *(Number of facilities is determined after the determination of new target districts)*	(1) Experts' project reports (2) District Mobile ART operational plan (3) Mobile ART Service Log Book / Records of DHOs and health centres (4) ART Register Book	(5) Number of new HIV infection and ARV-drug resistant cases of HIV is not rapidly increased.
		4-2	100% of new target DHOs mainstream mobile ART services into their annual operational plans and budget by the year 2014.		

Activities	Inputs		
1 Ministry of Health (Headquarters) is able to facilitate the adoption and sound implementation of the mobile ART service by the DHOs.	**Japanese Side**	**Zambian Side**	(1) Trained counterparts do not leave their position so as to affect the outputs of the Project. (2) Medical technology regarding HIV and AIDS services does not significantly change.
1-1 Assist the MoH to orient new districts on the National Guidelines on mobile VCT/PMTCT/ART Services.	**Experts** **(1) Long-term Experts** **- Chief Advisor / Health Service Planning** **- HIV and AIDS Care** **- Coordinator / Public Health** **(2) Short-term Experts** **- Health Education, TB/HIV, PMTCT, Operational Research, etc.** **Equipment and materials** **(1) Necessary laboratory/office equipment, computers and others** **(2) A vehicle for supervisory visits, depending on the necessity** **Training in Japan and/or third-country** **- HIV and Health administration** **- HIV and Rural health programme** **- TB/HIV, etc.** **Local cost** **Necessary costs for the project activities**	**Counterparts and administrative personnel** **(1) Project Director** **Permanent Secretary, MoH** **(2) Project Manager** **Director of the Directorate of Clinical Care and Diagnosis Services, MoH** **(3) Project counterparts,** **i.e., National ARV Coordinator (MoH) / Directors,** **Provincial Medical Officer / District Health Offices in target districts** **Facilities, equipment and materials** **(1) Office spaces in the MoH and PHO** **(2) Land, building, vehicle, and other facilities necessary for project activities at central, province and district level** **Local costs** **(1) Operational costs for the project activities**	
1-2 Assist the MoH to monitor and evaluate sound implementation of the mobile ART services through quarterly reporting and biannual implementers' meeting.			
1-3 Assist the MoH to ensure the availability of essential equipment to new 25 districts (i.e., medical equipment, drugs, consumables, etc.).			
1-4 Assist the MoH to produce annual progress report on mobile ART services (25 districts with GFATM Rd.4/Ph.2 funding).			
1-5 Conduct Operational Research to validate effectiveness of mobile ART services in rural settings.			
1-6 Organize stakeholders' meeting for information sharing of ART services in rural area.			
2 Target Provincial Health Offices (PHOs) are able to provide technical support and supervision to districts for ART services including mobile ART services.			
2-1 Plan and organize biannual Provincial ART Stakeholders Committee meetings.			
2-2 Conduct quarterly supervisory visits to new mobile ART sites in target districts.			
2-3 Provide technical support to new target districts (i.e. workshop, on-site consultation).			
3 Management capacities of DHOs/health facilities in Chongwe and Mumbwa are enhanced for the continuous strengthening of rural ART services.			
3-1 Revise ART expansion plan in response to evolving service needs.			
3-2 Introduce tools to improve the quality of ART services, such as the mobile ART service log book, etc.			
3-3 Undertake technical training as Continuous Professional Development.			

	3-4 Conduct supervisory visits by DHO staff members to mobile ART sites on quality of services (i.e., data management, service provision planning, logistics in general).		
	3-5 Organize annual experience-sharing meeting within and/or among target districts.		
	3-6 Produce quarterly progress report for submission to PHOs and MoH Headquarters.		
4	**New target districts (Kalomo and Kazungula) are able to plan, introduce and manage the mobile ART services as per the National Guidelines on mobile VCT/PMTCT/ART**		
	4-1 Develop on-site training curriculum on mobile ART services based on the "National Guidelines on mobile VCT/PMTCT/ART Services".		
	4-2 Adopt planning/operational tools for mobile ART services (i.e., mobile ART service log book, appointment book, calendar of events, etc.).		
	4-3 Capacitate new target DHOs with hands-on experiences of planning and managing mobile ART services by conducting on-site training in Mumbwa or Chongwe.		
	4-4 Develop mobile ART operational plans by target DHOs (Kalomo and Kazungula).		
	4-5 Undertake technical training including ART/OI management, (V)CT, psycho-social counseling, etc. as found necessary.		
	4-6 Ensure the procurement of necessary drugs/consumables/medical equipment/other goods for mobile services through the MSL Request and Requisition system.		
	4-7 Undertake the mobile ART services at rural health centres with support of mobile ART team as per the operational plan.		
	4-8 Undertake periodical supervisory visits to new mobile sites by DHOs.		
	4-9 Organize periodical ART review meeting within districts.		
	4-10 Compile monthly ART data for submission to PHO.		
	4-11 Produce quarterly progress report for submission to PHOs and MoH Headquarters.		

NB: Chongwe and Mumbwa are districts that have been implementing mobile ART services with JICA's support, since 2006.

Pre-conditions
(1) Zambian implementing organization and relevant organization do not adverse to the Project.

Plan of Operation (PO) (Version 1)

ANNEX 2

The Project for Scaling Up of Quality HIV and AIDS Care Service Management

Date: 4 September 2009

Output 1: Ministry of Health (Headquarters) is able to facilitate the adoption and sound implementation of the mobile ART service by the DHOs.

Activities	Plan of Operation																					Person in Charge		Remarks
	2009	2010				2011				2012				2013				2014				Japan	Zambia	
	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep				
	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q				
1-1 Support the MoH to orient new districts on the National Guidelines on mobile VCT/PMTCT/ART Services.	×																					LE	MoH	
1-2 Support the MoH to monitor and evaluate sound implementation of the mobile ART services through quarterly reporting and biannual implementers' meeting.	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	LE	MoH	
1-3 Support the MoH to ensure the availability of essential equipment to new 25 districts (i.e., medical equipment, drugs, consumables, etc.).																						LE	MoH	
1-4 Support the MoH to produce annual progress report on mobile ART services (25 districts with GFATM R4 4/Ph.2 funding).						×		×		×		×		×		×		×				LE	MoH	
1-5 Conduct Operational Research to validate effectiveness of mobile ART services in rural settings.																						LE SE	MoH	
1-6 Organize stakeholders' meeting for information sharing of ART services in rural area.						×		×		×		×		×		×		×				LE SE	MoH	
Output 2: Target Provincial Health Offices (PHOs) are able to provide technical support and supervision to districts for ART services including mobile ART services.																								
2-1 Plan and organize biannual Provincial ART Stakeholders Committee meetings.		×		×		×		×		×		×		×		×		×		×		LE	PHOs DHOs	
2-2 Conduct quarterly supervisory visits to new mobile ART sites in target districts.		×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	LE	PHOs	
2-3 Provide technical support to new target districts.																						LE	PHOs	
Output 3: Management capacities of DHOs/health facilities in Chongwe and Mumbwa are enhanced for the continuous strengthening of rural ART Services.																								
3-1 Revise ART expansion plan in response to evolving service needs.	×			×				×				×				×				×		LE SE	DHOs	
3-2 Introduce tools to improve the quality of ART services, such as the mobile log book, etc.																						LE SE	DHOs	
3-3 Undertake technical training as Continuous Professional Development.			×				×				×				×				×			LE	DHOs	
3-4 Conduct supervisory visits by DHO staff members to mobile ART sites on quality of services (i.e., data management, service provision planning, logistics in general).																						LE	DHOs	
3-5 Organize annual experience-sharing meeting within and/or between target districts.		×				×				×				×				×				LE	DHOs	
3-6 Produce quarterly progress report for submission to PHOs and MoH Headquarters.																						LE	DHOs	
Output 4: New target districts (Kalomo and Kazungula) are able to plan, introduce and manage the mobile ART services as per the National Guidelines on mobile VCT/PMTCT/ART Services.																								
4-1 Develop on-site training curriculum on mobile ART services based on the 'National Guidelines on mobile VCT/PMTCT/ART Services'.	×																					LE	DHOs	
4-2 Adopt planning/operational tools for mobile ART services (i.e., mobile log book, appointment book, calendar of events, etc.).																						LE	DHOs	
4-3 Capacitate new target DHOs with hands-on experiences of planning and managing mobile ART services by conducting on-site training in Mumbwa or Chongwe.	×					×				×												LE	DHOs	
4-4 Develop mobile ART operational plans by target DHOs (Kalomo and Kazungula).	×					×				×												LE	DHOs	
4-5 Undertake technical training including ART/OI management, (V)CT, psycho-social counseling, etc. as found necessary.																						LE SE	DHOs	
4-6 Ensure the procurement of necessary drugs/consumables/medical equipment/other goods for mobile services through the MSL Request and Requisition system.																						LE	DHOs	
4-7 Undertake the mobile ART services at rural health centres with support of mobile ART team as per the operational plan.																						LE	DHOs	
4-8 Undertake periodical supervisory visits to new mobile sites by DHOs.																						LE	DHOs	
4-9 Organize periodical ART review meeting within districts.																						LE	DHOs	
4-10 Compile monthly ART data for submission to PHO.																						LE	DHOs	
4-11 Produce quarterly progress report for submission to PHOs and MoH Headquarters.																						LE	DHOs	

ANNEX 3

Note to the File

Subject: **Update/discussion on JICA project sites selection (mobile ART services)**

Date/Venue: 8 June 2009, 11:30-12:10 at Ndeke House, Ministry of Health

Attended by: Dr. A. Mwango, ART Programme Coordinator / MoH
Dr. I. Nozaki, Rural ART Services Advisor / JICA-MoH
Mr. I. Matsuhisa, Assistant Representative / JICA
Mr. M. Seko, JICA HIV/TB Programme Coordinator / NAC

A brief meeting was set up between MoH ART Programme Coordinator (Dr. Mwango) and JICA, to update and discuss issues pertaining the selection of project sites. In view of selecting JICA-supported sites/province for the new phase of the project, JICA's Rural ART Services Advisor to MoH, Dr. Nozaki, has been making trips to three provinces, namely Southern, Eastern and Western, to assess the feasibilities. During the meeting, Dr. Nozaki presented the results of these feasibility assessment trips, followed by Dr. Mwango to share MoH's latest plan and schedule to expand mobile ART services to 30 districts.

1. Results of the feasibility assessment

In the series of discussion that led to the Minutes of Meeting (M/M) between JICA and MoH in May 2009, both parties agreed that the new phase of MoH-JICA project to scale-up rural ART services would support two (or three, if feasible) districts in one province, in addition to the continuation of support to MoH HQ as well as to Chongwe and Munbwa districts. Several combinations of districts with corresponding province were suggested for consideration as potential project sites, based on the set of criteria. It was also agreed that the final selection of project sites would be made after the feasibilities of mobile ART services were assessed.

As a follow-up to such an agreement, JICA's Rural ART Services Advisor conducted assessment trips to three provinces in April/May 2009. Due to the high likelihood of duplication of efforts in ZPCT-supported provinces (northern five provinces), new sets of districts and provinces were picked up for feasibility assessment. The province/districts visited were follows.

- Southern Province: Kazungula and Kalomo
- Eastern Province: Petauke and Nyimba
- Western Province: Kabo and Kaoma

The key results of feasibilities assessment were presented by Dr. Nozaki (see attached summary table for details). In short, all three provinces showed strong demands, although Petauke is already well supported by various partners in expanding ART to rural area. Southern province was found to be most feasible with high motivation, however, the MoH had failed to provide vehicles to both Kazungula and Kalomo with GFATM Rd.4/Ph.2 funding. Two districts in Western province also showed high needs for rural ART services,

but it was found almost impossible to support in this project as accessibility to sites from Lusaka by car was far worse than previously expected.

In responses to these findings, Dr. Mwango agreed in principle that Southern province be the best choice, if only target districts themselves or JICA could ensure the availability of vehicles for mobile services. Although they were not provided with designated vehicle for mobile ART services, they remain as target districts in the MoH's plan for mobile service roll-out in other aspects, i.e., training, running costs for initial phase, essential package of equipment ("mobile kits"), etc.

2. MoH Update on mobile HIV services roll-out

Dr. Mwango shared the update on roll-out of mobile HIV services (including ART). He also assured that as far as the ART programme is concerned, it is not directly affected by the recent funding suspension to MoH due to the alleged financial scam, because most of ART-related activities in his portfolio are financed by the GFATM Rd.4/Ph.2. While acknowledging that there is a chance of GFATM suspending the financial support to MoH as a Principle Recipient, the ART programme would continue pursuing its mandate until the final decision was made. A summary of his update are as follows.

- Full approval for spearheading roll-out of the mobile HIV services was already given by the MoH management.
- The Mobile Guidelines have been endorsed by the PS-MoH and the DG-NAC. Dr. Mwango has already submitted the request for printing to the Procurement unit / MoH last week. The guidelines would be printed in the next few weeks.
- Vehicles designated for mobile services were only handed-out to 17 districts, out of the 30 roll-out districts. Though Dr. Mwango is requesting additional vehicles for those districts that were not given one yet, the chance of successful mobilization of funds for procuring additional vehicles is seem to be a slim one.
- However, this limited distribution of the "vehicle designated for mobile services" would not limit other support to roll out the mobile HIV/ART services to 30 districts. Funds for orientation, training, and initial running cost (fuel cost and lunch allowances for mobile team members for the first 9 months, budgeted for the frequency of twice per week, etc) to target districts would be available as long as any of roll-out districts were able to allocate vehicles for mobile services.
- The launch of the Mobile Guidelines, along with the orientation training for the 30 roll-out districts is targeted sometime end of June or early July, upon the completion of printing. All the training materials for equipping target districts for mobile ART expansion (focus to be on referral between services based on IMAI package, i.e., referral of patients with complications to higher-level facilities, for drug resistances, TB/HIV component, etc.) are ready, except the OI management guidelines which are yet to be finalised.
- "Mobile kits" as listed as essential equipment in the Mobile Guidelines are also already in the procurement process for distribution to all 30 districts.

3. Discussion

Following two updates, the discussion focused on the site selection for JICA-MoH new project. Due to the challenging accessibility, districts in Western province would not be

desirable as project sites. Eastern province may be good sites, yet the partners' congestion and low priority by the PHO for Petauke may need to be taken into consideration. An idea of selecting another district instead of Petauke was brought to the table, should Eastern province be selected at last. The remaining Southern province is considered as the most suitable sites, only if the vehicles are available for mobile services. Mr. Matsuhisa explained that it is not impossible for JICA to procure vehicles to two districts in Southern province, if all the other conditions suggest they are the most suitable for project sites. (It remains as a subject to the JICA-HQ's approval, though.)

Dr. Mwango ensured JICA that all the support for rolling out the mobile ART services would be made available to **Kazungula** and **Kalomo,** although these two districts in Southern province did not receive designated vehicles. If the district itself or JICA could ensure the transportation – with existing vehicles owned by DHOs or newly purchased ones – for mobile services, these two districts would continue benefitting other technical and financial support from the MoH/GFATM.

The discussion concluded that JICA and Dr. Mwango continue to discuss and keep each other updated on these matters. Especially in view of the uncertainty with GFATM funding due to the alleged MoH scam, JICA requested Dr. Mwango to notify any one of the team immediately should the national plan for mobile ART roll-out is changed (downsized, delayed or suspended, etc.).

<end>