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1. 詳細計画策定調査団議事録 (M/M)

MINUTES OF MEETINGS
BETWEEN
THE JAPANESE PRELIMINARY STUDY TEAM
AND
THE GOVERNMENT OF THE REPUBLIC OF THE FIJI ISLANDS
ON
JAPANESE TECHNICAL COOPERATION PROJECT
FOR
STRENGTHENING THE NEED-BASED IN-SERVICE TRAINING FOR
COMMUNITY HEALTH NURSES

The Japanese Preliminary Study Team (hereinafter referred to as “the Team”) organized by Japan International Cooperation Agency (hereinafter referred to as “JICA”), headed by Dr. Hirotsugu Aiga, visited the Republic of the Fiji Islands (herein referred to as “Fiji”) from 16th November to 4th December 2009 for the purpose of designing the framework of the technical cooperation project, the Project for Strengthening the Need-Based In-Service Training for Community Health Nurses, (hereinafter referred to as “the Project”), requested by the Government of Fiji.

During its stay in Fiji, the Team conducted the field visits and two-day workshop to identify necessary intervention and its activities that should be reflected in the project implementation framework. Based on their results, the Team exchanged its views and had a series of discussions with the Fijian Ministry of Health (hereinafter referred to as “MOH”) and the other authorities concerned.

As a result of the discussions, both sides agreed the matters referred to in the documents attached hereto.

Suva, 2nd December 2009



Dr. Hirotsugu Aiga

Team Leader
The Preliminary Study Team
Japan International Cooperation Agency
Japan



Dr. Salanieta Saketa

Permanent Secretary
Ministry of Health
Republic of the Fiji Islands

THE ATTACHED DOCUMENT

1. Background of the Project

In the Pacific islands countries and territories, nursing professionals play a core role in health service delivery due to the higher proportion of the migration of health workforces, in particular, of physicians.

In Fiji, community health nurses (CHNs)¹ are the main workforce responsible for a number of multiple tasks in public health settings where physicians are not stationed. Another remarkable characteristic of the health sector in Fiji is the epidemiologic transition where disease pattern is rapidly shifting from communicable diseases to non-communicable diseases (NCDs). To address the epidemiologic transition, the priority has been given to strengthening the public health services such as health promotion and disease prevention. In this context, it is essential to ensure that CHNs are trained and skilled enough to provide quality primary health care services and preventive measures for NCDs.

In Fiji, the in-service training (IST) courses for a variety of national programs are conducted, by mobilizing resources available in the country and external resources from development partners. These IST courses provide health care providers with the opportunities to increase their capacities to achieve the goals and targets set for each national program. However, they have not been necessarily meeting the training needs among health care providers. It should be particularly noted that nursing staff are receiving a greater number of the top-down ISTs regardless of their self-perceived training needs (see Annex 1). This situation could partially undermine the effectiveness and efficiency of the ISTs. It is crucial to plan for and conduct ISTs in a better balanced manner between top-down and need-based ISTs.

To address these issues, JICA and MOH jointly implemented the Project for In-Service Training of CHNs in Central and Eastern division from 2005 to 2008 by designing and piloting needs-based IST (NB-IST) mechanism for CHNs. Taking into account the successful results of this previous project, the Government of Fiji requested the Government of Japan to further scale up the NB-IST mechanism nationwide.

¹ In Fiji, CHNs are composed of: (i) zone nurses; (ii) district nurses; and (iii) clinical nurses at primary health facilities.

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2. Tentative Framework of the Project

Both Japanese and Fijian sides discussed the implementation framework for the Project and agreed on the following matters (see Annex 2).

2.1 Project Title

Project for Strengthening the Need-Based In-Service Training for Community Health Nurses

2.2 Implementing Organizations

- (1) Division of Nursing Services, MOH
- (2) Fiji School of Nursing, MOH

3. Duration of the Project

Three years from the date agreed on by both sides in Record of Discussions (R/D).

4. Project Sites

MOH headquarters and all health divisions (Central & Eastern, Western, and Northern divisions)

5. Target Groups and Beneficiaries of the Project

5.1 Target Groups

Sub-divisional Health Sisters

5.2 Beneficiaries

Direct Beneficiaries: All Sub-divisional Health Sisters in Central & Eastern, Western, and Northern divisions

Indirect Beneficiaries: All CHNs in Central & Eastern, Western, and Northern divisions

6. Tentative project design

6.1 Overall Goal

Quality of community health services improves.

6.2 Project Purpose

The mechanism of the NB-IST is strengthened.

6.3 Outputs

- (1) The NB-IST policy takes effect.
- (2) A nationally standardized monitoring and Evaluation (M&E) system for the NB-IST is operated.
- (3) A mid-level nursing management training course (incl. community health context) is conducted.
- (4) All types of IST for CHNs are adequately coordinated at divisional level.
- (5) The progress and results of the Project are shared among and beyond Fiji, Tonga, and Vanuatu.

6.4 Activities

Activities for output 1:

- 1-1 Organize a working group responsible for designing and monitoring impact studies of the NB-IST
- 1-2 Conduct impact studies of the NB-IST in Central & Eastern division and present its results
- 1-3 Design and propose the NB-IST policy

Activities for output 2:

- 2-1 Design and prepare the NB-IST M&E guidelines and tools
- 2-2 Train Divisional/Sub-divisional Health Sisters on the M&E
- 2-3 Assess the M&E performance at divisional regular meetings and annual nursing supervisors meetings

Activities for output 3:

- 3-1 Organize a working group for a mid-level nursing management training course
- 3-2 Review and redesign a mid-level nursing management training course in the context of the NB-IST
- 3-3 Train the current and would-be mid-level managers

Activities for output 4:

- 4-1 Redefine the roles and responsibilities of the Divisional Training Committees
- 4-2 Hold regular Divisional Training Committee meetings

Activities for output 5:

- 5-1 Conduct tele- and/or video- conferences among the project teams of the three countries

- 5-2 Conduct the Third-Country Training Program(s) in Fiji for the counterparts of Tonga and Vanuatu
- 5-3 Dispatch Fijian counterpart(s) as the Third-Country Expert(s) to Tonga and/or Vanuatu
- 5-4 Present the progress and results of the Project at international conference(s) (eg, PHRHA, Pacific Professional Nurse Association, 2nd Global Forum on Human Resources for Health in Bangkok)
- 5-5 Analyze and document the results of the Project for its dissemination to Pacific region wide

7. Project inputs

7.1 Project inputs by the Japanese Side

(1) Dispatch of Experts

- Project management/health policy
- Project coordination/nursing
- Impact study
- Monitoring and evaluation system
- Management of public health nursing

(2) Provision of equipment

- Office equipment
- Other machineries and equipment mutually agreed upon as necessary

(3) Covering other costs

- Training costs (to be shared with Fijian side)

7.2 Project inputs by the Fijian Side

(1) Counterpart personnel (see section 8.1)

(2) Joint Coordinating Committee members

(3) Office space at MOH (to be requested to Permanent Secretary, MOH)

(4) Covering other costs

- Training costs (to be shared with Japanese side)
- Recurrent costs (salary for MOH counterparts, domestic duty travel costs for MOH counterparts, and utilities such as communication, electricity and water)

8. Project implementation and M&E arrangement

8.1 Project implementing team

- (1) Project Director: Permanent Secretary, MOH
- (2) Project Manager: Director of Nursing Services, MOH
- (3) Other counterparts:
 - Divisional Health Sisters of all health divisions
 - IST Nursing Coordinators of all health divisions
 - Director, Fiji School of Nursing
 - Nurse Practitioner Coordinator, Fiji School of Nursing

8.2 Joint Coordinating Committee

A Joint Coordinating Committee (JCC) will be organized and called once a year to review the plans and achievements of the Project. The members of the JCC will consist of the following stakeholders.

(1) Chair:

Project Director, Permanent Secretary, MOH

(2) Fijian members:

- Director of Nursing Service, MOH
- Director, Fiji School of Nursing, MOH
- Divisional Health Sisters in all health divisions
- Director, Division of Human Resources, MOH
- Senior Administration Officer, Training Unit, MOH

(3) Japanese members:

- Resident Representative, JICA Fiji office
- Japanese Experts assigned to the Project

(4) Observers:

- Representative of the Embassy of Japan
- Other personnel appointed by the Chair of the JCC

9. Project Design Matrix

Both sides jointly elaborated the draft version of Project Design Matrix (PDM) (see Annex 3), which will be finalized by the time of signing R/D.

10. Other important issues

10.1 Project title

Both sides agreed that the project title should be changed to the “Project for Strengthening the Need-Based In-service Training for Community Health Nurses.”

10.2 Regional programming

The Project is aimed at scaling up the successful results of the “Project for In-Service Training of CHNs (2005-2008)” in the Central & Eastern division not only to nationwide Fiji but also to Tonga and Vanuatu. To efficiently share the past experiences of the Fijian MOH with Tonga and Vanuatu, the Project is designed and will be implemented in form of a regional program covering three countries. In particular, Fiji is highly expected to play a leading role by dispatching its MOH staff as the Third-Country Expert(s) to Tonga and/or Vanuatu and inviting Tongan and Vanuatuan counterparts.

10.3 Development of an in-service training policy for other types of nursing staff

Division of Nursing Services, the MOH, is committed to designing and proposing an overall in-service training policy for all types of nursing professional groups (ie, not only CHNs at primary health facilities but also hospital nurses at secondary and tertiary health facilities). Therefore, the Project targeting CHNs should be implemented in better harmony and coordination with the overall IST system for all types of nursing professional groups.

10.4 Partnering with the FSN

A mid-level nursing management training course had been formerly conducted in partnership with the Fiji School of Nursing (FSN). It is recommended that the FSN redesign and re-conduct the course in context of the NB-IST, to maximize its experiences and available resources.

10.5 Adjustment of the Public Health Information System

The Competency Standard requires CHNs to plan for and undertake the outreach activities and other routine duties based on the results of analyses of field data. Unfortunately, the shift of the facility-based information system from the Consolidated Monthly Return (CMR) to the Public Health Information System (PHIS) is currently causing the confusion among CHNs. It is recommended that MOH consider further field-adjustment or customization of the PHIS to ensure the evidence-based outreach

activities and other routine duties by CHNs.

10.6 Shaping a comprehensive in-service training system

The national comprehensive in-service training system is expected to oversee all types of in-service trainings for all types of target professional groups across a variety of training subjects. To enable the NB-IST to be recognized and recorded as one form of in-service trainings in the system, the Project should build and maintain a strategic communication and information sharing channel with Training Unit of MOH. It is further recommended that Training Unit make its maximum efforts to estimate the impact of in-service training on the quality of health services and to equalize in-service training opportunities among the health workers.

10.7 JOCVs as a complementary input

The scaling-up process will be strategically undertaken with a more emphasis on: (i) strengthening policy framework; (ii) budgetary arrangement; and (iii) operational guidance for the NB-IST. Therefore, a significant part of scaling-up activities at the field level should be conducted by sub-divisional and divisional health offices. To reinforce and accelerate the scaling-up process at the field level, JICA will consider dispatch of the Japan Overseas Cooperation Volunteers (JOCVs) as a complementary input to the Project.

10.8 Step forward

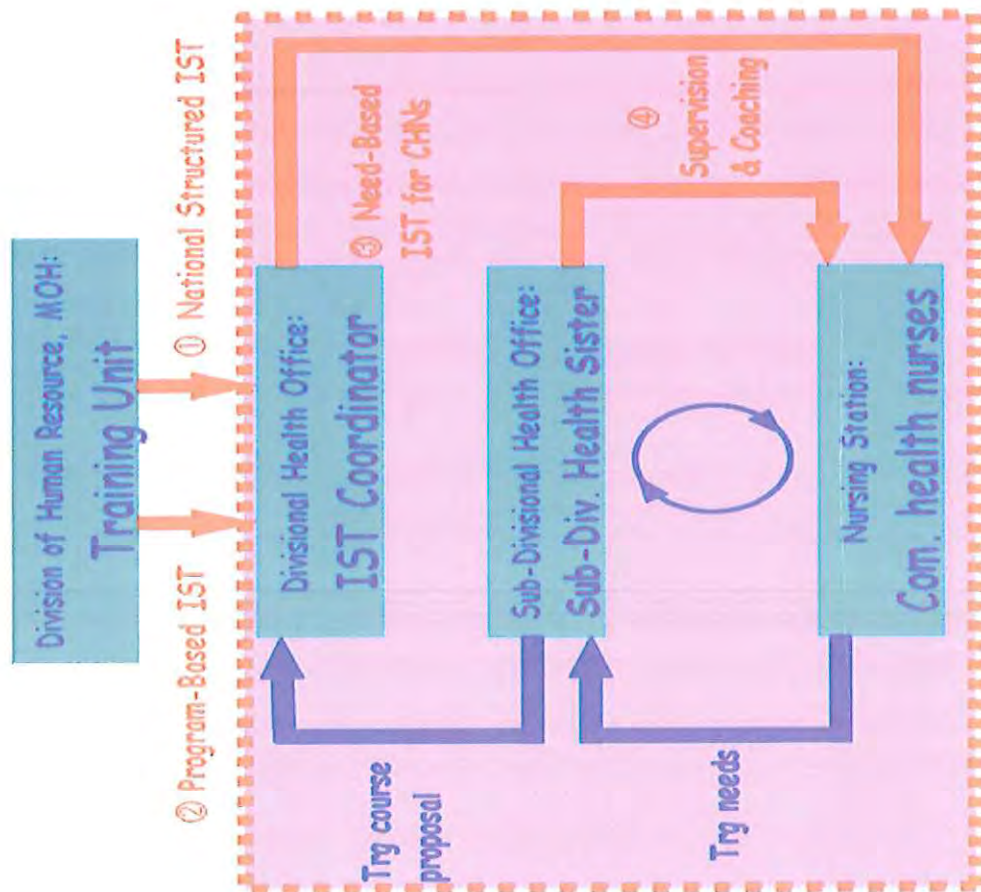
To finalize the framework of the Project, R/D will be prepared and signed by the both sides in May 2010, prior to the commencement of the Project.

LIST OF ANNEXES

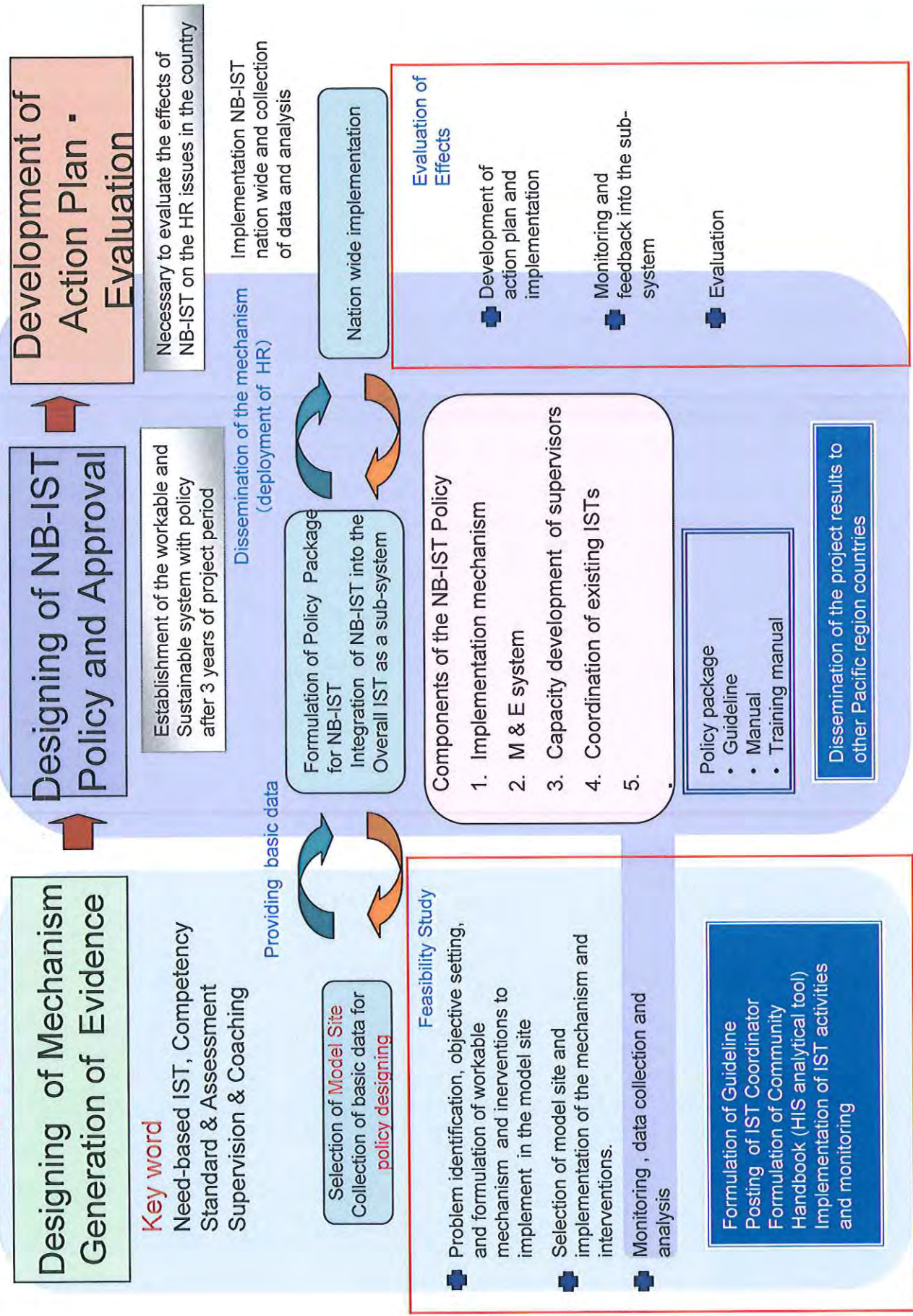
Annex 1	Overall Framework of IST
Annex 2	Conceptual Framework of the Project
Annex 3	Project Design Matrix (Tentative)
Annex 4	Plan of Operation (Tentative)

Annex 1 Overall Framework of IST

No.	IST category	Definition
1	National Structured IST	A structured mandatory in-service training course that is conducted in line with the MOH's annual IST plan for the purpose of disseminating new policies/directives and standardizing the capacity of the MOH staff members as the civil servants.
2	Program-Based IST	A nationally planned or ad-hoc in-service training course on the specific technical subject(s) that is conducted by the respective national program units, often with financial/technical supports from development agencies.
3	Need-Based IST (NB-IST)	A locally planned in-service training course that is conducted by Sub-Divisional/Divisional Health Offices for the purpose of meeting training needs identified through assessing competencies of local health professionals
4	Supervision & Coaching	A series of day-to-day capacity building activities that are conducted by a direct supervisor through identifying the difficulties/uncertainties in daily practices and timely providing appropriate advice and possible solutions




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Annex 3 Project Design Matrix (Tentative)
Project Title: Project for Strengthening the Need-Based In-Service Training for Community Health Nurses
Duration: From June 2010 to May 2013 (3 years)
Target Area: MOH headquarters and all health divisions (Central & Eastern, Western, and Northern divisions)
Target Group: Sub-divisional Health Sisters
Implementing agency : Division of Nursing Services, MOH
Direct Beneficiaries : All sub-divisional Health Sisters in Central & Eastern, Western, and Northern divisions
Indirect Beneficiaries : All CHNs in Central & Eastern, Western, and Northern divisions

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal:	Quality of community health services improves in Fiji.	Community people's satisfaction to health services improves.	1) impact survey reports	
Project Purpose:	The mechanism of the NB-IST is strengthened.*1	1) The score of the Competency Standard assessment increases. 2) Frequency of the supervisory visits meets the requirements in the NB-IST guidelines. 3) The score of CHNs' satisfaction to supervision and coaching increases.	1) M&E database 2) M&E database 3) Impact survey reports	- Adequate medical supplies are provided to Health Centers and Nursing Stations. - Clinical technical staff are skilled enough, too.
Outputs:				
1. The NB-IST policy takes effect.*2		1) The NB-IST Policy is published and disseminated at all levels.	1) Field visit reports of the Project	-A significant change in policy and organizational settings of the MOH does not take place.
2. A nationally standardized M&E system for the NB-IST is operated.		1) The proportion of M&E reports timely submitted from sub-divisional/divisional to divisional/national levels.	1) Project documents	
3. A mid-level nursing management training course (incl. community health context) is conducted.		1) The number of trained mid-level nursing managers	1) Project documents	
4. All types of IST for CHNs are adequately coordinated at divisional level.		1) The proportion of realized NB-IST courses	1) M&E database	
5. The progress and results of the Project are shared among and beyond Fiji, Tonga, and Vanuatu.		1) The number of audio and/or visual conferences 2) The number of presentations at international conferences 3) Published research paper of the project results	1) Project documents 2) Project documents 3) Project documents	

Activities:	Inputs	
<p>1-1. Organize a working group responsible for designing and monitoring impact studies of the NB-IST</p> <p>1-2. Conduct impact studies of the NB-IST in Central & Eastern division and present its results</p> <p>1-3. Design and propose the NB-IST policy</p> <p>1-4. Train divisional officials on implementation of the NB-IST policy</p> <p>2-1. Design and prepare the NB-IST M&E guidelines and tools^{*3}</p> <p>2-2. Train Divisional/Sub-divisional Health Sisters on the M&E</p> <p>2-3. Assess the M&E performance at divisional regular meetings and annual nursing supervisors meetings</p> <p>3-1. Organize a working group for a mid-level nursing management training course</p> <p>3-2. Review and redesign a mid-level nursing management training course in the context of the NB-IST</p> <p>3-3. Train the current and would-be mid-level managers</p> <p>4-1. Redefine the roles and responsibilities of the Divisional Training Committees^{*4}</p> <p>4-2. Hold regular Divisional Training Committee meetings</p> <p>5-1. Conduct tele- and/or video- conferences among the project teams of the three countries</p> <p>5-2. Conduct the Third-Country Training Program(s) in Fiji for the counterparts of Tonga and Vanuatu</p> <p>5-3. Dispatch Fijian counterpart(s) as the Third-Country Expert(s) to Tonga and/or Vanuatu</p> <p>5-4. Present the progress and results of the Project at international conference(s)^{*5}</p> <p>5-5. Analyze and document the results of the Project as the research paper for its dissemination to Pacific region wide</p>	<p>Japanese side</p> <p>(1) Dispatch of Experts</p> <ul style="list-style-type: none"> - Project management/health policy - Project coordination/nursing - Impact study - Monitoring and evaluation system - Management of public health nursing <p>(2) Provision of equipment</p> <ul style="list-style-type: none"> - Office equipment - Other machineries and equipment mutually agreed upon as necessary <p>(3) Covering other costs</p> <ul style="list-style-type: none"> - Training costs (to be shared with Fijian side) 	<p>Fiji side</p> <p>(1) Counterpart personnel</p> <ul style="list-style-type: none"> 1-1 Project Director: Permanent Secretary, MOH 1-2 Project Manager: Director of Nursing Services, MOH 1-3 Other counterparts: <ul style="list-style-type: none"> - Divisional Health Sisters of all health divisions - IST Nursing Coordinators of all health divisions - Director, Fiji School of Nursing - Nurse Practitioner Coordinator, Fiji School of Nursing <p>(2) Joint Coordinating Committee members</p> <p>(3) Office space at MOH</p> <p>(4) Covering other costs</p> <ul style="list-style-type: none"> 4-1 Training costs (to be shared with Japanese side) 4-2 Recurrent costs (salary for MOH counterparts, domestic duty travel costs for MOH counterparts, and utilities such as communication, electricity and water)
		<p>- The NB-IST policy is approved.</p> <p>Pre-condition: - IST-coordinators are assigned at both national and divisional levels regardless of creation of the formal posts.</p>

[*1] The mechanism of the NB-IST is composed of: (i) supervision and coaching of CHNs based on the CS; (ii) IST needs identification; (iii) planning and conduct of need-based training; and (iv) M&E of the entire process.

[*2] To be integrated into the National IST Policy and/or National Nursing Policy.

[*3] To be integrated into Performance Management System.

[*4] ie, coordinating function, nomination criteria, committee membership BKK

[*5] Eg, PHRHA, Pacific Professional Nurse Association, 2nd Global Forum on Human Resources for Health in Bangkok

Outputs	Activities	1st Year												2nd Year												3rd Year																																											
		2010				2011				2012				2013				2011				2012				2013																																											
		6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5																																
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2. A nationally standardized M&E system for the NB-IST is operated.	1-4. Train divisional officials on implementation of the NB-IST policy 2-1. Design and prepare the NB-IST M&E guidelines and tools* 2-2. Train Divisional/Sub-divisional Health Sisters on the M&E							█																																																													
3. A mid-level nursing management training course (incl. community health context) is conducted.	2-3. Assess the M&E performance at divisional regular meetings and annual nursing supervisors meetings 3-1. Organize a working group for a mid-level nursing management training course 3-2. Review and redesign a mid-level nursing management training course in the context of the NB-IST 3-3. Train the current and would-be mid-level managers						█																																																														
4. All types of IST for CHNs are adequately coordinated at divisional level.	4-1. Redefine the roles and responsibilities of the Divisional Training Committees 4-2. Hold regular Divisional Training Committee meetings																																																																				
5. The progress and results of the Project are shared among and beyond Fiji, Tonga, and Vanuatu.	5-1. Conduct tele- and/or video- conferences among the project teams of the three countries 5-2. Conduct the Third-Country Training Program(s) in Fiji for the counterparts of Tonga and Vanuatu 5-3. Dispatch Fijian counterpart(s) as the Third-Country Expert(s) to Tonga and/or Vanuatu 5-4. Present the progress and results of the Project at international conference(s) (eg. PHRHA, Pacific Professional Nurse Association, 2nd Global Forum on HRH in BKK) 5-5. Analyze and document the results of the Project as the research paper for its dissemination to Pacific region wide																																																																				

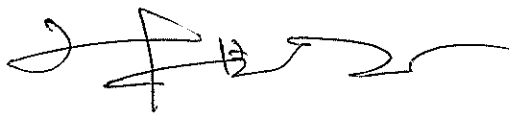
MINUTES OF MEETINGS
BETWEEN
THE JAPANESE PRELIMINARY STUDY TEAM
AND
THE GOVERNMENT OF THE KINGDOM OF TONGA
ON
JAPANESE TECHNICAL COOPERATION PROJECT
FOR
STRENGTHENING THE NEED-BASED IN-SERVICE TRAINING FOR
COMMUNITY HEALTH NURSES

The Japanese Preliminary Study Team (hereinafter referred to as “the Team”) organized by Japan International Cooperation Agency (hereinafter referred to as “JICA”), headed by Dr. Hirotsugu Aiga, visited the Kingdom of Tonga (herein referred to as “Tonga”) from 4th to 16th December 2009 for the purpose of designing the framework of the technical cooperation project, the Project for Strengthening the Need-Based In-Service Training for Community Health Nurses (hereinafter referred to as “the Project”), requested by the Government of Tonga.

During its stay in Tonga, the Team conducted the field visits and two-day workshop to identify necessary interventions and its activities that should be reflected in the project implementation framework. Based on their results, the Team exchanged its views and had a series of discussions with the Tongan Ministry of Health (hereinafter referred to as “MOH”) and the other authorities concerned.

As a result of the discussions, both sides agreed the matters referred to in the documents attached hereto.

Nuku'alofa, 10th December 2009



Dr. Hirotsugu Aiga

Team Leader
The Preliminary Study Team
Japan International Cooperation Agency
Japan



Dr. Siale 'Akau'ola

Director of Health
Ministry of Health
The Kingdom of Tonga

THE ATTACHED DOCUMENT

1. Background of the Project

In the Pacific islands countries and territories, nursing professionals play a core role in health service delivery due to the higher proportion of the migration of health workforces, in particular, of physicians.

In Tonga, public health nurses¹ are the main workforces responsible for a number of multiple tasks in public health settings, where physicians are not stationed. There are only a total of 44 public health nurses, stationed at health centers and reproductive health clinics, in the country. Those who could be treated at the primary health facilities sometimes seek health services at the secondary and tertiary health facilities, where the number of physicians is often limited. This situation requires clinical nurses at hospitals to undertake a number of multiple tasks. There are relatively frequent reassignments between public health nurses and clinical nurses. Therefore, it is reasonable to increase capacity of both public health nurses and clinical nurses in order for realizing the improvement of entire nursing services in Tonga.

Another remarkable characteristic of the health sector in Tonga is the epidemiologic transition where disease pattern is rapidly shifting from communicable diseases to non-communicable diseases (NCDs). To address the epidemiologic transition, the priority has been given to strengthening the public health services such as health promotion and disease prevention. In this context, it is essential to ensure that public health nurses and clinical nurses are trained and skilled enough to provide quality primary health care services and preventive measures for NCDs.

In Tonga, the in-service trainings (ISTs) for a variety of national programs are conducted, often by mobilizing external resources from development partners. These ISTs provide health care providers with the opportunities to increase their capacities to achieve the goals and targets set for each national program. However, they have not been necessarily meeting the training needs (eg, NCDs) among health care providers. It should be particularly noted that nursing staff are receiving a greater number of the top-down ISTs regardless of types of their self-perceived training needs (see Annex 1). In addition, there are a number of cases of delaying in conducting ISTs due to

¹ In the project title, “community health nurse” is employed as the most commonly understandable and acceptable term across the three countries (ie Tonga, Fiji, and Vanuatu). Note that “public health nurse” is the professional group equivalent to “community health nurse”, in Tonga.



inadequate coordination. These situations could undermine the effectiveness and efficiency of the ISTs. It is crucial to carefully plan for and conduct ISTs in a better balanced manner between top-down ISTs and need-based ISTs (NB-ISTs).

Supervision and Coaching (S&C) of public health nurses (see Annex 1) are not adequately and systematically practiced, due to its centralized location of nursing supervisors. At hospitals, senior clinical nurses, as the ward managers, provide clinical nurses with various on-the-job-trainings on a routine but an ad-hoc basis. However, the NB-ISTs are not adequately organized at hospitals.

To address the aforementioned issues, the Government of Tonga requested the Government of Japan to provide technical assistance.

2. Tentative Framework of the Project

Both Tongan and Japanese sides discussed the implementation framework for the Project and agreed on the following matters (see Annex 2).

2.1 Project Title

“Project for Strengthening the Need-Based In-Service Training for Community Health Nurses”

Note that the Project is aimed at strengthening the NB-IST for both public health nurses and clinical nurses, though the Project is entitled as above,

2.2 Implementing Organizations

- (1) Nursing Division, MOH
- (2) Queen Salote School of Nursing (QSSN), MOH

3. Duration of the Project

Three years from the date agreed on by both sides in Record of Discussions (R/D).

4. Project Sites

MOH headquarters, Tongatapu, Vava’u, Ha’apai, Eua, and the two Niuas



5. Target Groups and Beneficiaries of the Project

5.1 Target Groups

Nursing supervisors, public health nurses, and clinical nurses

5.2 Beneficiaries

Direct Beneficiaries: All public health nurses, clinical nurses, and their nursing supervisors

Indirect Beneficiaries: Populations in Tongatapu, Vava'u, Ha'apai, Eua, and the two Niuas

6. Tentative project design

6.1 Overall Goal

Quality of community health services improves.

6.2 Project Purpose

The mechanism of the NB-ISTs is strengthened.

6.3 Outputs

- (1) The various guidelines for smooth implementation of the NB-ISTs are available and being used.
- (2) Planning and funding for the NB-ISTs are better coordinated.
- (3) A nationally standardized M&E system for the NB-ISTs is operated for the evidence-based career development support and succession planning.
- (4) An adequate number of nursing supervisors with S&C skills are readily available.
- (5) The progress and results of the Project are shared among and beyond Tonga, Fiji, and Vanuatu.

6.4 Activities

Activities for output 1:

- 1-1 Conduct baseline and endline surveys for the NB-ISTs practices and impacts
- 1-2 Review the Job Descriptions (JDs) for public health/clinical nurses, and the draft CS
- 1-3 Finalize and propose the CS for public health and clinical nurses
- 1-4 Develop operation guidelines, manuals, and reporting forms for the NB-ISTs
- 1-5 Train public health and clinical nurses on the CS, operation guidelines, manuals, and reporting forms



Activities for output 2:

- 2-1 Determine at what level of the MOH headquarters IST coordinator(s) is/are assigned
- 2-2 Identify potential candidates for and appoint the most adequate one(s) as IST coordinator(s)
- 2-3 Increase awareness on the importance of the NB-ISTs in the MOH system
- 2-4 Review and propose the TDC's additional roles to coordinate the NB-ISTs with other types of ISTs
- 2-5 Collaborate with the TDC for the sustainability of the NB-ISTs

Activities for output 3:

- 3-1 Design and prepare the NB-IST Monitoring and Evaluation (M&E) guideline and tools
- 3-2 Train nursing supervisors and central MOH officials on the M&E
- 3-3 Assess the S&C performance in islands by regular visits and Annual Review and Planning Workshop for public health nurses
- 3-4 Build an IST database for official recognition of the NB-IST results and integrate it into the human resource database

Activities for output 4:

- 4-1 Identify potential candidates for and appoint the most adequate ones as nursing supervisors
- 4-2 Design training program on S&C (eg, curricula, teaching and learning materials, and certification)
- 4-3 Train nursing supervisors on S&C skills

Activities for output 5:

- 5-1 Conduct tele- and/or video- conferences among the project teams of the three countries
- 5-2 Participate in the Third-Country Training Program in Fiji
- 5-3 Present the progress and results of the Project at international conferences
- 5-4 Analyze and document the results of the Project as the research paper for its dissemination to Pacific region wide



7. Project inputs

7.1 Project inputs by the Japanese Side

(1) Dispatch of Experts

- Project management/health policy
- Project coordination/nursing
- M&E/Baseline and endline surveys
- S&C

(2) Provision of equipment

- Office equipment
- Other machineries and equipment mutually agreed upon as necessary
- Printing guidelines and training materials

(3) Covering other costs

- Training costs (to be shared with Tongan side)

7.2 Project inputs by the Tongan Side

(1) Counterpart personnel (see section 8.1)

(2) Joint Coordinating Committee members (see section 8.2)

(3) Office space at MOH (to be requested to Director of Health, MOH)

(4) Covering other costs

- Training costs (to be shared with Japanese side)
- Recurrent costs (salary for MOH counterparts, domestic duty travel costs for MOH counterparts, and utilities such as communication, electricity and water for the project office)



8. Project implementation and M&E arrangement

8.1 Project implementing team

- (1) Project Director: Director of Health, MOH
- (2) Project Manager: Chief Nursing Officer, MOH
- (3) Other counterparts:
 - Supervising Public Health Sister, MOH
 - Matron, Vaiola Hospital, MOH
 - Principal, QSSN, MOH
 - IST Coordinator(s) (to be appointed during the project implementation)

8.2 Joint Coordinating Committee

A Joint Coordinating Committee (JCC) will be organized and called once a year to review the plans and achievements of the Project. The members of the JCC will consist of the following stakeholders.

(1) Chair:

Project Director, Director of Health, MOH

(2) Tongan members:

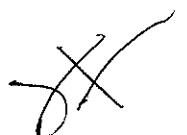
- Director of Health, MOH
- Chief Nursing Officer, MOH
- Matron, Vaiola Hospital, MOH
- Supervising Public Health Sister, MOH
- Principal, QSSN, MOH
- Training & Development Committee (TDC), MOH

(3) Japanese members:

- Resident Representative, JICA Tonga Office
- Japanese Experts assigned to the Project

(4) Observers:

- Representative of the Embassy of Japan
- Other personnel appointed by the Chair of the JCC



9. Project Design Matrix

Both sides jointly elaborated the draft version of Project Design Matrix (PDM) (see Annex 3), which will be finalized by the time of signing Record of Discussions (R/D).

10. Other important issues

10.1 Project title

Tongan and Japanese sides agreed that the project title should be changed to the “Project for Strengthening the Need-Based In-service Training for Community Health Nurses.”

10.2 Regional programming

The Project is aimed at scaling up the successful results of the “Project for In-Service Training of Community Health Nurses (2005-2008)” implemented in the Central & Eastern division of Fiji to nationwide Fiji, and to Tonga and Vanuatu. To efficiently share the past experiences of the Fijian MOH with Tonga and Vanuatu, the Project is designed and will be implemented in form of a regional program covering three countries. The Tongan MOH will benefit from the Fijian counterparts by having their technical inputs and supports in a timely manner. It is essential to thoroughly adjust the model piloted in Fiji to the Tongan context.

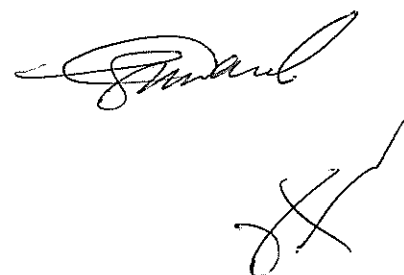
10.3 A need for long-term perspective

The Project is aimed at developing the NB-IST model(s) by adjusting that of Fiji to the Tongan context. This nationwide piloting should be undertaken in view of likelihood of proposing it as the national NB-IST standard and its formal introduction in the country. Therefore, the M&E component will be expected to play a crucial role in determining whether and how the model(s) can be adequately adapted to the country.

10.4 Coordination with the AusAID project

One of the strategies of “Tonga Health Systems Strengthening Project” to be launched by AusAID early 2010 is to update and implement the plans of ISTs for health care providers in the outer islands.² The support from AusAID is likely to focus on developing the overall planning and providing its necessary financing. The Project is aimed at creating the mechanism of the NB-ISTs for community health nurses and clinical nurses. Therefore, it is highly recommended that the Project build a strategic communication channel and closely coordinate with the AusAID project, to ensure complementary and synergetic effects between two projects.

² AusAID (2009) *Tonga health systems-Australian support: Framework design*. pp.73-74.



10.5 Shaping a comprehensive IST system

The national comprehensive IST system is expected to be developed in order to oversee all types of IST modes for all types of target professional groups across a variety of training subjects. To enable the NB-ISTs to be recognized and recorded as one form of ISTs in the system, the Project should build and maintain an information sharing channel with the TDC. It is further recommended that the TDC make its maximum efforts to equalize IST opportunities among the health care providers and to estimate the impact of ISTs on the quality of health services.

10.6 JOCVs as a complementary input

To more effectively localize and maintain routine S&C by nursing supervisors, assignment of the Japan Overseas Cooperation Volunteers (JOCVs) to each should be considered as a complementary input to the Project.


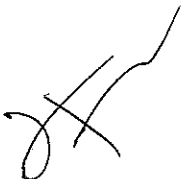
10.7 Steps forward

To finalize the framework of the Project, R/D will be prepared and signed by the both Tongan and Japanese sides in May 2010, prior to the commencement of the Project. Tongan side is requested to be prepared, by the time of the R/D signing, for the custom exemption procedures for equipment and machineries to be provided by Japanese side.



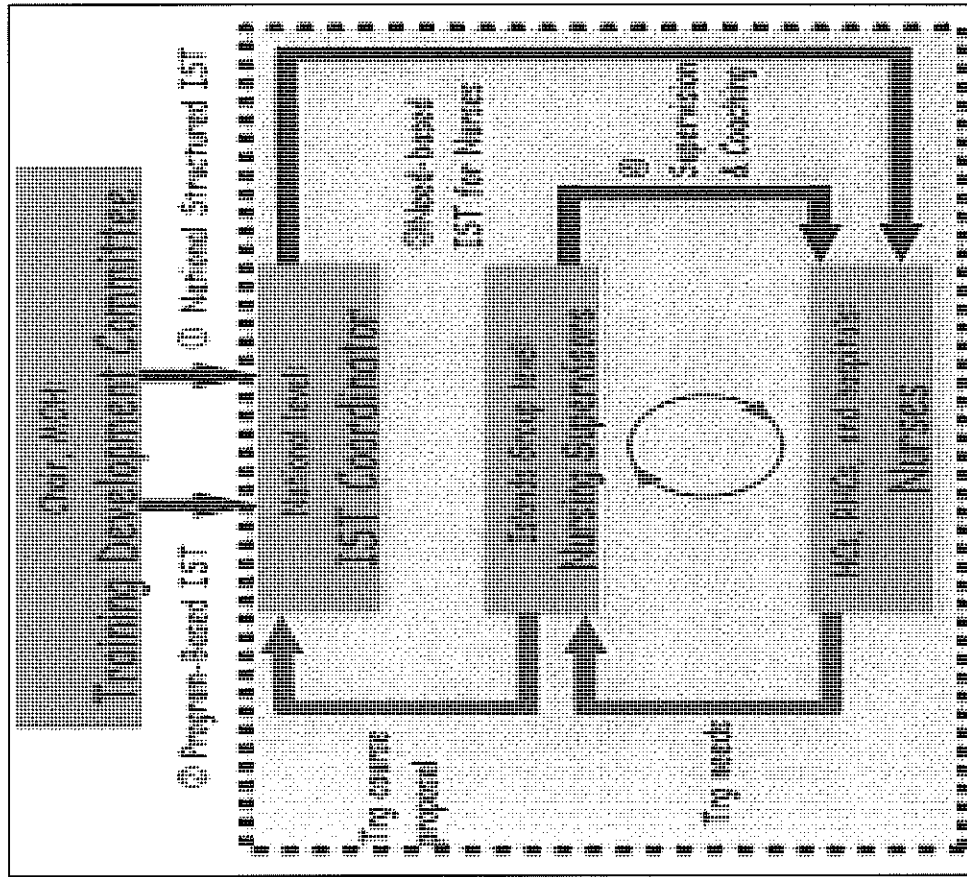
LIST OF ANNEXES

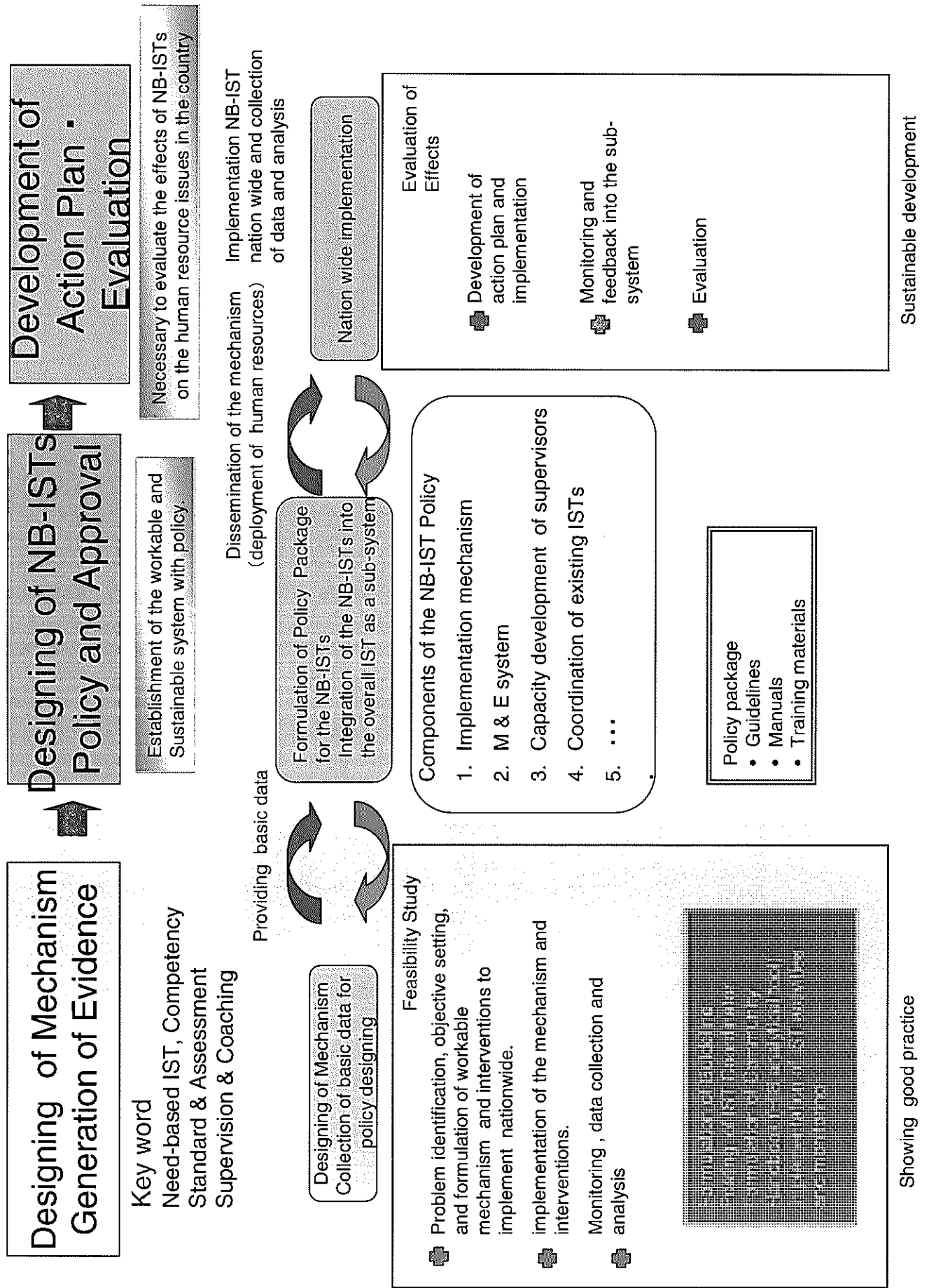
Annex 1	Expected Framework of the NB-ISTs
Annex 2	Conceptual Framework of the Project
Annex 3	Project Design Matrix (Tentative)
Annex 4	Plan of Operation (Tentative)

Annex 1 Expected Framework of the NB-IST

No.	IST category	Definition
1	National Structured IST	A structured mandatory in-service training course that is conducted in line with the MOH's annual IST plan for the purpose of disseminating new policies/directives and standardizing the capacity of the MOH staff members as the civil servants.
2	Program-Based IST	A nationally planned or ad-hoc in-service training course on the specific technical subject(s) that is conducted by the respective national program units, often with financial/technical supports from development agencies.
3	Need-Based IST(NB-IST)	A locally planned in-service training course that is conducted by Sub-Divisional/Divisional Health Offices for the purpose of meeting training needs identified through assessing competencies of local health professionals
4	Supervision & Coaching	A series of day-to-day capacity building activities that are conducted by a direct supervisor through identifying the difficulties/uncertainties in daily practices and timely providing appropriate advice and possible solutions





Annex 3 Project Design Matrix (Tentative)
 Project Title: Project for Strengthening the Need-Based In-Service Training for Community Health Nurses
 Duration: From June 2010 to May 2013 (3 years)
 Target Area: MOH headquarters, Tongatapu, Vava'u, Ha'apai, Eua and the two Niuaus
 Target Group: Nursing supervisors, public health nurses, and clinical nurses
 Implementing agency : Nursing division and QSSN, MOH
 Direct Beneficiaries : All public health nurses, clinical nurses, and their nursing supervisors
 Indirect Beneficiaries : Populations in Tongatapu, Vava'u, Ha'apai, Eua and the two Niuaus

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal: Quality of health services improves in Tonga		Community people's satisfaction to health services improves.	1) Impact survey reports	
Project Purpose: The mechanism of the NB-ISTs is strengthened.*1		1) The score of the Competency Standard (CS) assessment increases. 2) Frequency of the supervisory visits meets the requirements in the NB-IST guidelines. 3) The score of nurses' satisfaction to Supervision & Coaching (S&C) increases.	1) M&E database 2) M&E database 3) Baseline and endline surveys	- Adequate medical equipment and supplies are provided to primary and secondary health facilities. - A significant migration of
Outputs: 1. The various guidelines for smooth implementation of the NB-ISTs are available and being used. 2. Planning and funding for the NB-ISTs are better coordinated. 3. A nationally standardized M&E system for the NB-ISTs is operated for the evidence-based career development support and succession planning. 4. An adequate number of nursing supervisors with supervision and coaching(S&C) skills ^{a,2} are readily available. 5. The progress and results of the Project are shared among and beyond Tonga, Fiji and Vanuatu.		1) Competency standards are produced and approved by the MoH. 2) Operation guidelines, manuals, and reporting forms for the NB-IST are produced and disseminated. 3) Data collection & analysis handbook for public health nurses is produced and disseminated 1) IST coordinator(s) is/are appointed with clear job description. 2) More than 80% of planned NB-ISTs are implemented. 3) The Training & Development Committee (TDC) discusses planning and funding for the NB-IST at least twice a year. 1) More than 80 % of M&E reports timely submitted from supervisors and IST coordinator(s) to the head of sections committee. 2) Monitoring visits of IST coordinator(s) to nursing supervisors is undertaken at least twice a year. 1) The S&C training program package is approved. 2) At least one nursing supervisors are trained on S&C in each of Tongatapu, Vava'u, Ha'apai, Eua and the two Niuaus 1) The number of audio and/or visual conferences 2) The number of presentations at international conferences 3) Published research paper of the project results	1) Project documents 2) Project documents 3) Project documents 1) Project documents 2) Project documents 3) Minutes of the TDC meetings 1) M&E database 2) Project documents 1) Project documents 2) Project documents 3) Project documents	- A significant change in policy and organizational settings of the MOH does not take place. - Development partners are cooperative enough to support the NB-IST.

Activities:	Inputs	
<p>1-1. Conduct baseline and endline surveys for the NB-ISTs practices and impacts</p> <p>1-2. Review the Job Descriptions (JDs) for public health/clinical nurses, and the draft CS</p> <p>1-3. Finalize and propose the CS for public health and clinical nurses</p> <p>1-4. Develop operation guidelines, manuals, and reporting forms for the NB-ISTs</p> <p>1-5. Train public health and clinical nurses on the CS, operation guidelines, manuals, and reporting forms</p> <p>2-1. Determine at what level of the MOH headquarters IST coordinator(s) is/are assigned</p> <p>2-2. Identify potential candidates for and appoint the most adequate one(s) as IST coordinator(s)</p> <p>2-3. Increase awareness on importance of the NB-ISTs in the MOH system.</p> <p>2-4. Review and propose the TDC's additional roles to coordinate the NB-ISTs with other types of ISTs</p> <p>2-5. Collaborate with the TDC for the sustainability of the NB-ISTs</p> <p>3-1. Design and prepare the NB-IST M&E guidelines and tools</p> <p>3-2. Train nursing supervisors and the central MOH officials on the ...</p> <p>3-3. Assess the S&C performance in islands by regular visits and Annual Review and Planning Workshop for public health nurses</p> <p>3-4. Build an IST database for official recognition of the NB-IST results and integrate it into the human resource database</p> <p>4-1. Identify potential candidates for and appoint the most adequate ones as nursing supervisors</p> <p>4-2. Design training program on S&C (eg, curricula, teaching and learning materials, and certification)</p> <p>4-3. Train nursing supervisors on S&C skills</p> <p>5-1. Conduct tele- and/or video- conferences among the project teams in the three countries</p> <p>5-2. Participate in the Third-Country Training Program in Fiji</p> <p>5-3. Present the progress and results of the Project at international conferences**</p> <p>5-4. Analyze and document the results of the Project as the research paper for its dissemination to Pacific region wide</p>	<p>Japanese side</p> <p>(1) Dispatch of Experts</p> <ul style="list-style-type: none"> - Project management/Health policy - Project coordination/Nursing - Monitoring and evaluation system/Baseline and endline surveys - S&C <p>(2) Provision of equipment</p> <ul style="list-style-type: none"> - Office equipment - Other machineries and equipment mutually agreed upon as necessary - Printing guidelines and training materials <p>(3) Covering other cost</p> <ul style="list-style-type: none"> - Training costs (to be shared with Tongan side) 	<p>Tongan side</p> <p>(1) Counterpart personnel for the NB-IST are timely approved.</p> <p>1-1 Project Director: Director of Health, MOH</p> <p>1-2 Project Manager: Chief Nursing Officer, MOH</p> <p>1-3 Other counterparts:</p> <ul style="list-style-type: none"> - Supervising Public Health Sister, MOH - Matron, Vaiola Hospital - Principal, QSSN - IST coordinator(s) <p>(2) Joint Coordination Committee members</p> <p>(3) Office space at MOH</p> <p>(4) Covering other costs</p> <p>4-1 Training costs (to be shared with Japanese side)</p> <p>4-2 Recurrent costs (salary for MOH counterparts and utilities such as communication, electricity and water)</p> <p>Pre-condition: -CS for nurses has been drafted.</p>

[*] The mechanism of the NB-IST is composed of: (i) S&C of public health nurses and clinical nurses based on the CS; (ii) IST needs identification; (iii) planning and conduct of the NB-IST; and (iv) M&E of the entire process of the mechanism.

[* 2] S&C skills include the capacity to: (i) Identify training needs; (ii) prepare proposal of the NB-ISTs programs; and (iii) locally organize the NB-ISTs programs.

[* 3] Eg, PHRHA(Pacific)Human Resource for Health Alliance, Pacific Professional Nurse Association, 2nd Global Forum on HRH in

**ANNEX 4 Plan of Operation (Tentative)
Plan of Operation (Tentative) for PROJECT "Strengthening the Need-Based In-Service Training for Community Health Nurses"**

Outputs	Activities	2010												2011												2012												2013				
		1st Year				2nd Year				3rd Year				1st Year				2nd Year				3rd Year				2013																
1. The various guidelines for smooth implementation of the NB-ISTs are available and being used.	1-1. Conduct a baseline and endline surveys for the NB-ISTs practices and impacts 1-2. Review the Job Descriptions (JDs) for public health/clinical nurses, and the draft CS 1-3. Finalize and propose the CS for public health and clinical nurses 1-4. Develop operation guidelines, manuals, and reporting forms for the NB-ISTs 1-5. Train public health and clinical nurses on the CS, operation guidelines, manuals, and reporting forms	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5					
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2. Planning and funding for the NB-ISTs are better coordinated.	2-1. Determine at what level of the MOH headquarters IST coordinator(s) is/are assigned 2-2. Identify potential candidates for and appoint the most adequate one(s) as IST coordinator(s) 2-3. Increase awareness on importance of the NB-ISTs in the MOH system. 2-4. Review and propose the TDC's additional roles to coordinate the NB-ISTs with other types of ISTs 2-5. Collaborate with the TDC for the sustainability of the NB-ISTs	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5					
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3. A nationally standardized M&E system for the NB-ISTs is operated for the evidence-based career development support and succession planning.	3-1. Design and prepare the NB-IST M&E guidelines and tools 3-2. Train nursing supervisors and the central MOH officials on the M&E 3-3. Assess the S&C performance in islands by regular visits and Annual Review and Planning Workshop for public health 3-4. Build an IST database for official recognition of the NB-IST results and integrate it into the human resource database	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5					
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4. An adequate number of nursing supervisors with supervision and coaching(S&C) skills are readily available.	4-1. Identify potential candidates for and appoint the most adequate ones as nursing supervisors 4-2. Design training program on S&C (eg. curricula, teaching and learning materials, and certification) 4-3. Train nursing supervisors on S&C skills	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5					
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5. The progress and results of the Project are shared among and beyond Tonga, Fiji and Vanuatu.	5-1. Conduct tele- and/or video- conferences among the project teams in the three countries 5-2. Participate in the Third-Country Training Program in Fiji 5-3. Present the progress and results of the Project at international conferences 5-4. Analyze and document the results of the Project as the research paper for its dissemination to Pacific region wide	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5					
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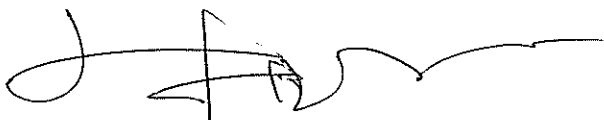
MINUTES OF MEETINGS
BETWEEN
THE JAPANESE PRELIMINARY STUDY TEAM
AND
THE GOVERNMENT OF THE REPUBLIC OF VANUATU
ON
JAPANESE TECHNICAL COOPERATION PROJECT
FOR
STRENGTHENING THE NEED-BASED IN-SERVICE TRAINING FOR
COMMUNITY HEALTH NURSES

The Japanese Preliminary Study Team (hereinafter referred to as “the Team”) organized by Japan International Cooperation Agency (hereinafter referred to as “JICA”), headed by Dr. Hirotsugu Aiga, visited the Republic of Vanuatu (herein referred to as “Vanuatu”) from 4th to 19th February 2010 for the purpose of designing the framework of the technical cooperation project, the Project for Strengthening the Need-Based In-Service Training for Community Health Nurses (hereinafter referred to as “the Project”), requested by the Government of Vanuatu.

During its stay in Vanuatu, the Team conducted the field visits and one-day workshop to identify necessary interventions and its activities that should be reflected in the project implementation framework. Based on their results, the Team exchanged its views and had a series of discussions with the Vanuatu Ministry of Health (hereinafter referred to as “MOH”) and the other authorities concerned.

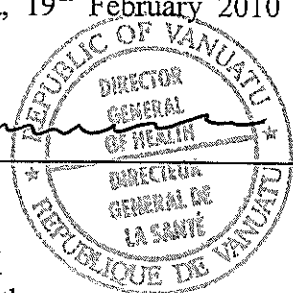

As a result of the discussions, both sides agreed the matters referred to in the documents attached hereto.

Port Vila, 19th February 2010



Dr. Hirotsugu Aiga

Team Leader
The Preliminary Study Team
Japan International Cooperation Agency
Japan



Mr. Mark Bebe

Director General
Ministry of Health
Government of the Republic of Vanuatu

THE ATTACHED DOCUMENT

1. Background of the Project

In the Pacific islands countries and territories, nursing professionals play a core role in health service delivery due to the higher proportion of the migration of medical doctors. Vanuatu is not an exception. Critically few doctors are assigned even at two major hospitals; i.e., Vila Central Hospital and Northern District Hospital. Under the current health workforce circumstances in Vanuatu, community health nurses (CHNs)¹ are subsequently required to take full responsibility for a variety of tasks at the primary health facilities.

Despite the importance of nursing workforce, Vanuatu is recently facing the situation where loss of nursing staff outnumbers its production due to both a significant number of retirement cases and the limited production capacity of the Vanuatu College of Nurse Education. As the result, a greater number of CHNs posts remain unfilled especially in primary health facilities in remote islands. Although there was the policy of increasing the number of students at the college by admitting additional 60 students from 2009, it is forecast it will take long to fill the current gaps in nursing workforce.

With regard to the quality of nursing services, the health outcome of Vanuatu indicates some room for improvement in the capacity of CHNs. One of the main causes of it is the limited opportunities of continuous education and capacity development among nursing staff, particularly CHNs. Neither training needs assessments nor performance appraisals were conducted, for the purpose of identifying or estimating the skill gaps and magnitude of training needs. While a number of donor-driven in-service training under national vertical program are conducted countrywide, very few need-based in-service trainings (NB-ISTs) are conducted. This is because of absence of the mechanism to conduct supervision and coaching (S&C) followed by conducting NB-ISTs. It is essential to design, plan and implement overall training policy and strategies better balanced between top-down/donor-driven ISTs and bottom-up/needs-based ISTs, for realizing proper capacity buildings of health workforces in Vanuatu.

To address the issue of the capacity development of CHNs, the Government of Vanuatu requested the Government of Japan to provide technical assistance for implementing the Project.

¹ CHNs are registered nurse practitioners (NPs), midwives(MWs) and registered nurses (RNs) working in health centered (HCs) and dispensaries.

2. Tentative Framework of the Project

Both Vanuatu and Japanese sides discussed the implementation framework for the Project and agreed on the following matters (see Annex 2).

2.1 Project Title

“Project for Strengthening the Need-Based In-Service Training for Community Health Nurses”

2.2 Implementing Organizations

- (1) MOH Human Resource Development & Training Unit (HRDTU)
- (2) Vanuatu College of Nurse Education
- (3) Vanuatu Nursing Council
- (4) Shefa Provincial Health Office

3. Duration of the Project

Three years from the date agreed on by both sides in Record of Discussions (R/D).

4. Project Sites

All 6 provinces (1 pilot province: Shefa + 5 non-pilot provinces: Torba, Sanma, Penama, Malampa, and Tafea)

5. Target Groups and Beneficiaries of the Project

5.1 Target Groups

Zone supervisors and community health nurses (ie, registered nurses, nurse practitioners and midwives)

5.2 Beneficiaries

Direct Beneficiaries: Provincial health managers and zone supervisors in all provinces; and community health nurses in Shefa Province

Indirect Beneficiaries: Community health nurses in 5 provinces and all populations in Vanuatu

6. Tentative project design

6.1 Overall Goal

The entire NB-IST system is designed, piloted, and scaled up nationwide.

6.2 Project Purpose

A field-adjusted model of Supervision & Coaching (S&C) is undertaken in the pilot province on a regular basis.

6.3 Outputs

- (1) The framework of S&C piloting is designed and available.
- (2) Zone supervisors in all provinces are equipped with S&C skills.
- (3) S&C is being practiced by zone supervisors on a routine basis in the pilot province.
- (4) The progress and results of the Project are shared among and beyond Vanuatu, Fiji and Tonga.

6.4 Activities

Activities for output 1:

- 1-1 Prepare the action plan for S&C through the third-country training program in Fiji for the central/provincial counterparts
- 1-2 Define and document the roles, responsibilities, required competencies, and entitlement of zone supervisors, for the S&C piloting
- 1-3 Prepare the draft Competency Standard (CS) for community health nurses
- 1-4 Develop the draft operational guidelines and monitoring tools for S&C

Activities for output 2:

- 2-1 Design the zone supervisor training program (curricula, modules, and certificates) and planning
- 2-2 Train zone supervisors in all provinces on S&C operation
- 2-3 Design the provincial health manager training program (curricula, modules, and certificates) and planning
- 2-3 Train provincial health managers in all provinces on S&C monitoring

Activities for output 3:

- 3-1 Assist zone supervisors in the pilot province to prepare annual S&C costing and logistic plan in their duty zones
- 3-2 Assist the MOH to secure the budget for S&C operation in the pilot province
- 3-3. Advise zone supervisors to conduct S&C for CHNs
- 3-4 Monitor S&C performance of zone supervisors in the pilot province

Activities for output 4:

- 4-1 Conduct tele- and/or video- conferences among the project teams of the three countries
- 4-2 Participate in the Third-Country Training Program in Fiji
- 4-3 Present the progress and results of the Project at international conferences

7. Project inputs

7.1 Project inputs by the Japanese Side

- (1) Dispatch of Experts
 - Project management/Health policy
 - Project coordination/Nursing
 - S&C
 - Monitoring and Evaluation
- (2) Provision of equipment
 - Office equipment
 - Other machineries and equipment mutually agreed upon as necessary
 - Printing guidelines and training materials
- (3) Covering other costs
 - Training costs
 - Costs for S&C monitoring in the pilot province

7.2 Project inputs by the Vanuatu Side

- (1) Counterpart personnel (see section 8.1)
- (2) Joint Coordinating Committee members (see section 8.2)
- (3) Office space at MOH
- (4) Covering other costs
 - Recurrent costs (salary for MOH counterparts and utilities such as communication, electricity and water for the project office)
 - Costs for S&C operation

8. Project implementation and M&E arrangement

8.1 Project implementing team

- (1) Project Director: Director General, MOH
- (2) Project Manager: Manager, HRDTU, MOH
- (3) Other counterparts:
 - Principal, Vanuatu Collage of Nursing Education

- IST coordinator, HRDTU
- Shefa Provincial Health Managers
- Chairperson, Vanuatu Nursing Council

8.2 Joint Coordinating Committee

A Joint Coordinating Committee (JCC) will be organized and called once a year to review the plans and achievements of the Project. The members of the JCC will consist of the following stakeholders.

(1) Chair:

Project Director, Director General, MOH

(2) Vanuatu members:

- Manager, HRDTU
- Principal, Vanuatu Collage of Nursing Education
- Chairperson, Vanuatu Nursing Council
- Shefa Provincial Health Administrator
- Director, Directorate of Curative and Hospital Services

(3) Japanese members:

- Resident Representative, JICA Vanuatu Office
- Japanese Experts assigned to the Project

(4) Observers:

- Other personnel appointed by the Chair of the JCC

9. Project Design Matrix

Both sides jointly elaborated the draft version of Project Design Matrix (PDM) (see Annex 3), which will be finalized by the time of signing R/D.

10. Other important issues

10.1 Project title

To more precisely reflect the concept and purpose of the Project on the project title, Vanuatu and Japanese sides agreed that the project title should change to the “Project for Strengthening the Need-Based In-service Training for Community Health Nurses.”

10.2 Regional programming

The Project is aimed at piloting and field-adjustment of the successful results of the “Project for In-Service Training of Community Health Nurses in Fiji (2005-2008)” in Vanuatu. To efficiently share the past experiences of the Fijian MOH with Vanuatu and Tonga, the Project is designed and will be implemented in form of a regional program covering three countries. The Vanuatu MOH will benefit from the Fijian counterparts by having their technical inputs and supports in a timely manner.

10.3 Ensuring the budget for the S&C operation

It is essential that the Vanuatu MOH ensures an adequate amount of budget for the S&C operation in the pilot province (e.g., transport, daily subsistence allowance, and arrangement of substitute staffing during zone supervisors’ absence). The concrete alternative ways of doing it include: (i) earmarking a part of the flexible budget allocated to public health activities at the provincial level to the S&C operation; (ii) applying a part of the AusAID’s budgetary support to the S&C; and (iii) taking opportunity of the routine field-level monitoring process under existing national vertical programs for zone-supervisors to conduct the S&C. It is suggested that detailed costing exercise be undertaken to estimate the amount required for the S&C operation in the pilot province.

10.4 Upcoming MOH surveys as a possible baseline data collection tool

The Vanuatu MOH is currently planning to conduct a series of surveys on health workforce such as the Skill Gap Survey and the Employee Survey. It is suggested that the Project take this opportunity to request the survey(s) to capture additional data as the baseline for the Project. The Vanuatu MOH and JICA should maintain a technical dialogue on the survey contents.

10.5 JICA volunteers as a complementary input

JICA will adjust the terms of reference for its volunteers to be assigned to MOH, so as to have them directly or indirectly contribute to the Project. This will help more effectively localize and maintain routine S&C by zone supervisors.

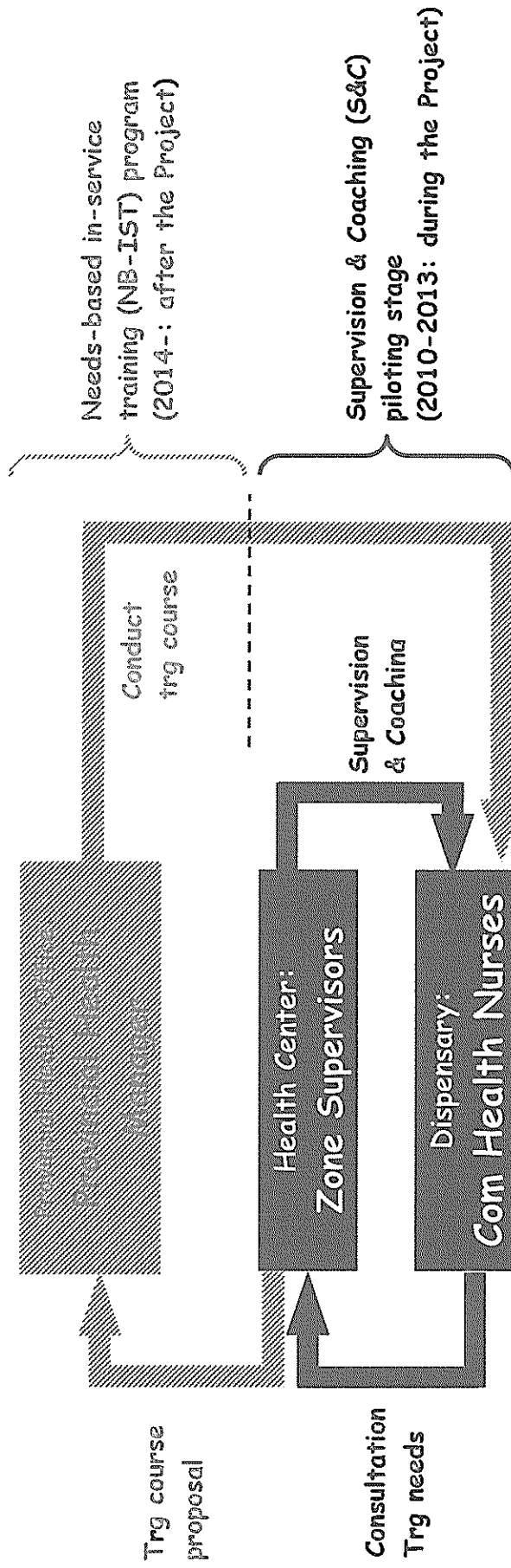
10.6 Steps forward

To finalize the framework of the Project, R/D will be prepared and signed by the both Vanuatu and Japanese sides in May 2010, prior to the commencement of the Project. Vanuatu side is requested to be prepared, by the time of the R/D signing, for the custom exemption procedures for equipment and machineries to be provided by Japanese side.

Classification of IST modes

	IST mode	Definition
1	National Structured IST	A structured mandatory in-service training course that is conducted in line with the MOH's annual IST plan for the purpose of disseminating new policies/directives and standardizing the capacity of the MOH staff members as the civil servants.
2	Program-Based IST	A nationally planned or ad-hoc in-service training course on the specific technical subject(s) that is conducted by the respective national program units, often with financial/technical supports from development agencies.
3	Need-Based IST(NB-IST)	A locally planned in-service training course for the purpose of meeting training needs identified by supervisors and/or perceived by health professionals
4	Supervision & Coaching	A series of day-to-day capacity building activities that are conducted by a direct supervisor through identifying the difficulties/uncertainties in daily practices and timely providing appropriate advice and possible solutions.

Tentative framework of the Project: (Project concept)




nb

Annex 3 Project Design Matrix (Tentative)

Ver1. Feb 19th,2010

Project Title: Project for Strengthening the Need-Based In-Service Training (NB-IST) for Community Health Nurses
Duration: From September 2010 to August 2013 (3 years)
Target Area: All 6 provinces (1 pilot province: Shefa + 5 non-pilot provinces: Torba, Sanma, Penama, Malampa, and Tafea)
Target Group: Zone supervisors and community health nurses (ie, registered nurses, nurse practitioners and midwives)
Implementing agency: MOH Human Resource Development & Training Unit, Vanuatu College of Nurse Education, Vanuatu Nursing Council, Shefa Provincial Health Office
Direct Beneficiaries: Provincial health managers and zone supervisors in all provinces; and community health nurses in Shefa Province
Indirect Beneficiaries: Community health nurses in 5 provinces and all populations in Vanuatu

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal: The entire NB-IST system*1 is designed, piloted, and scaled up nationwide.</p>			
<p>Project Purpose: A field-adjusted model of Supervision and Coaching (S&C) is undertaken in the pilot province on a regular basis.</p>	<p>1) 80% of CHNs receive more than two S&C services per year. 2) The level of job satisfaction among CHNs increases.</p>	<p>1) Project documents 2) MOH Survey report (s), mid-term and terminal evaluation report</p>	<p>- MOH maintains its commitment to the NB-IST. - A significant attrition of nursing staff does not occur.</p>
<p>Outputs: 1. The framework of S&C piloting is designed and available. 2. Zone supervisors in all provinces are equipped with S&C skills.*2 3. S&C is being practiced by zone supervisors on a routine basis in the pilot province. 4. The progress and results of the Project are shared among and beyond Vanuatu, Fiji and Tonga.</p>	<p>1) 100% of zone supervisors in the selected zones own guidelines/manuals. 2) The draft of Competency Standard(CS) is finalized. 1) 100% of zone supervisors in all provinces are trained on S&C skills. 2) 100% of Provincial managers are trained on S&C monitoring 1) 80% of zone supervisors in the pilot province conducted at least one S&C visit to their supervisee CHNs per year, after S&C operation starts. 1) The number of audio and/or visual conferences 2) The number of presentations at international conferences</p>	<p>1) Project documents 2) Project documents 1) Project documents 2) Project documents 1) Project documents 2) Project documents</p>	<p>- Development partners are supportive to S&C and the NB-IST. - National vertical programs are collaborative with S&C and the NB-IST.</p>

nb


Activities:	Inputs	Important assumption
<p>1-1. Prepare the action plan for S&C through the third-country training program in Fiji for the central/provincial counterparts</p> <p>1-2. Define and document the roles, responsibilities, required competencies, and entitlement of zone supervisors, for the S&C piloting</p> <p>1-3. Prepare the draft Competency Standard (CS) for community health nurses</p> <p>1-4. Develop the draft operational guidelines and monitoring tools for S&C</p> <p>2-1. Design the zone supervisor training program (curricula, modules, and certificates) and planning</p> <p>2-2. Train zone supervisors in all provinces on S&C operation</p> <p>2-3. Design the provincial health manager training program (curricula, modules, and certificates) and planning</p> <p>2-4. Train provincial health managers in all provinces on S&C monitoring</p> <p>3-1. Assist zone supervisors in the pilot province to prepare annual S&C costing and logistic plan in their duty zones</p> <p>3-2. Assist the MOH to secure the budget for S&C operation in the pilot province</p> <p>3-3. Advise zone supervisors to conduct S&C for CHNs</p> <p>3-4. Monitor S&C performance of zone supervisors in the pilot province</p> <p>4-1. Conduct tele- and/or video- conferences among the project teams in the three countries</p> <p>4-2. Participate in the third-country training program in Fiji</p> <p>4-3. Present the progress and results of the Project at international conferences^{*3}</p>	<p>Japanese side</p> <p>(1) Dispatch of Experts</p> <ul style="list-style-type: none"> - Project management/Health policy - Project coordination/Nursing - S&C - Monitoring and Evaluation <p>(2) Provision of equipment</p> <ul style="list-style-type: none"> - Office equipment - Other machineries and equipment - Printing guidelines and training materials <p>(3) Covering other cost</p> <ul style="list-style-type: none"> - Training Costs - Costs for S&C monitoring in the pilot province 	<p>Vanuatu side</p> <p>(1) Counterpart personnel</p> <p>1-1 Project Director: Director General, MOH</p> <p>1-2 Project Manager: Manager, HRDTU, MOH</p> <p>1-3 Other counterparts:</p> <ul style="list-style-type: none"> - Principal, Vanuatu College of Nurse Education - IST coordinator, HRDTU - Shafa Provincial Health Managers - Chairperson, Vanuatu Nursing Council <p>(2) Joint Coordinating Committee members</p> <p>(3) Office space at MOH</p> <p>(4) Covering other costs</p> <p>4-1 Recurrent costs (salary for MOH counterparts and utilities such as communication, electricity and water for the project office)</p> <p>4-2 Costs for S&C operation</p>
<p>Preconditions</p> <p>The Vanuatu Health Sector Policy, Human Resource plan to supports strengthening capacity of community health nurses.</p>		<p>- The budget for S&C in the pilot province (Shefa) is continuously available and disbursed on a timely manner.</p>

[*1] The NB-IST system is composed of: (i) supervising and coaching community health nurses in view of the CS; (ii) identifying training needs among community health nurses; and (iii) planning for and conducting the NB-IST; and (iv) monitoring and evaluating the entire process of the system

[*2] S&C skills include the capacity to: (i) assess performance of community health nurse in view of the CS; (ii) identify training needs of community health nurses; and (iii) locally provide

[*3] Eg, PHRHA (Pacific Human Resource for Health Alliance), Pacific Professional Nurse Association, and 2nd Global Forum on Health Workforces in Bangkok

2. 討議議事録 (R/D)、協議議事録 (M/M)

RECORD OF DISCUSSIONS BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF THE FIJI ISLANDS
ON
JAPANESE TECHNICAL COOPERATION PROJECT FOR
STRENGTHENING THE NEED-BASED IN-SERVICE TRAINING FOR
COMMUNITY HEALTH NURSES

Japan International Cooperation Agency (hereinafter referred to as “JICA”) exchanged views and had a series of discussion with the Fijian authorities concerned with respect to desirable measures to be taken by JICA and the Republic of Fiji Islands for the successful implementation of the Project for “Strengthening the Need-Based In-Service Training for Community Health Nurses”.

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

Suva, 13 May, 2010



Mr. Juichiro Sasaki

Chief Representative
JICA Fiji Office
Japan International Cooperation Agency
Japan



Dr. Salanieta Saketa

Permanent Secretary
Ministry of Health
Republic of the Fiji Island

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF THE REPUBLIC OF THE FIJI ISLANDS

1. The Government of the Republic of Fiji will implement the Project for “Strengthening the Need-Based In-Service Training for Community Health Nurses” (hereinafter referred to as “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, JICA will take, at its own expense, the following measures according to the normal procedures under the Colombo Plan 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. The Equipment will become the property of the Government of the Republic of the Fiji Islands upon being delivered C.I.F. (cost, insurance and freight) to the Fijian authorities concerned at the ports and/or airports of disembarkation.

(X)

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE REPUBLIC OF THE FIJI ISLANDS

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

- (1) Services of the Fijian counterpart personnel and administrative personnel as listed in Annex IV ;
 - (2) Land, buildings and facilities as listed in Annex V ;
 - (3) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under II-2 above ;
 - (4) Means of transport and travel allowances for the Japanese experts for official travel within Fiji ; and
 - (5) Suitably furnished accommodation for the Japanese experts and their families.
7. In accordance with the laws and regulations in force in Fiji, the Government of the Republic of the Fiji Islands will take necessary measures to meet :
- (1) Expenses necessary for transportation within Fiji of the Equipment referred to in II-2 above as well as for the installation, operation and maintenance thereof;
 - (2) Customs duties, internal taxes and any other charges, imposed in Fiji on the Equipment referred to in II-2 above ; and
 - (3) Running expenses necessary for the implementation of the Project.



IV. ADMINISTRATION OF THE PROJECT

1. Permanent Secretary, Ministry of Health, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.
2. Director of Nursing Services, Ministry of Health, as the Project Manager, will be responsible for the managerial and technical matters of the Project.
3. The Japanese Chief Adviser 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 experts will give necessary technical guidance and advice to the Fijian 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 Fijian authorities concerned, at the middle and during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

The Government of the Republic of the Fiji Islands 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 Fijian 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 the Fiji Islands 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 Fijian people, the Government of the Republic of the Fiji Islands will take appropriate measures to make the Project widely known to the Fijian people.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be three years from the date of the first dispatch of the Japanese expert(s). The date of the first dispatch of the Japanese expert(s) will be informed later on.

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



ANNEX I MASTER PLAN

1. OVERALL GOAL

Quality of community health services improves in Fiji.

2. PROJECT PURPOSE

The mechanism of the NB-IST¹ is strengthened.

3. OUTPUTS OF THE PROJECT

- (1) The NB-IST policy takes effect.²
- (2) A nationally standardized monitoring and Evaluation (M&E) system for the NB-IST is operated.
- (3) A mid-level nursing management training course (incl. community health context) is conducted.
- (4) All types of IST for CHNs are adequately coordinated at divisional level.
- (5) The progress and results of the Project are shared among and beyond Fiji, Tonga, and Vanuatu.

4. ACTIVITIES OF THE PROJECT

Activities for output 1:

- 1-1 Organize a working group responsible for designing and monitoring impact studies of the NB-IST
- 1-2 Conduct impact studies of the NB-IST in Central & Eastern division and present its results
- 1-3 Design and propose the NB-IST policy based on the result of the impact studies
- 1-4 Train divisional officials on implementation of the NB-IST policy

¹ The mechanism of the NB-IST is composed of: (i) supervision and coaching of CHNs based on the CS; (ii) IST needs identification; (iii) planning and conduct of need-based training; and (iv) M&E of the entire process.

² To be integrated into the National IST Policy and /or National Nursing Policy.



Activities for output 2:

- 2-1 Design and prepare the NB-IST M&E guidelines and tools³
- 2-2 Train Divisional/Sub-divisional Health Sisters on the M&E
- 2-3 Assess the M&E performance at divisional regular meetings and annual nursing supervisors meetings

Activities for output 3:

- 3-1 Organize a working group for a mid-level nursing management training course
- 3-2 Review and redesign a mid-level nursing management training course in the context of the NB-IST
- 3-3 Train the current and would-be mid-level managers

Activities for output 4:

- 4-1 Redefine the roles and responsibilities of the Divisional Training Committees⁴
- 4-2 Hold regular Divisional Training Committee meetings

Activities for output 5:

- 5-1 Conduct tele- and/or video- conferences among the project teams of the three countries
- 5-2 Conduct the Third-Country Training Program(s) in Fiji for the counterparts of Tonga and Vanuatu
- 5-3 Dispatch Fijian counterpart(s) as the Third-Country Expert(s) to Tonga and/or Vanuatu
- 5-4 Present the progress and results of the Project at international conference(s)⁵

³ To be integrated into Performance Management System.

⁴ ie, coordinating function, nomination criteria, committee membership

⁵ eg, PHRHA, Pacific Professional Nurse Association, 2nd Global Forum on Human Resources for Health in Bangkok



ANNEX II LIST OF JAPANESE EXPERTS

1. Project management/health policy
2. Project coordination/nursing
3. Impact study
4. Monitoring and evaluation system
5. Management of public health nursing

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ANNEX III LIST OF MACHINERY AND EQUIPMENT

1. Office equipment
2. Other machineries and equipment mutually agreed upon as necessary

(X)

ANNEX IV LIST OF FIJIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director

Permanent Secretary, Ministry of Health (MOH)

2. Project Manager

Director of Nursing Services, MOH

3. Other counterparts for the Project

- Divisional Health Sisters of all health divisions
- National IST Coordinator
- IST Nursing Coordinators of all health divisions
- Director, Fiji School of Nursing
- Nurse Practitioner Coordinator, Fiji School of Nursing

ANNEX V LIST OF LAND, BUILDINGS AND FACILITIES

1. Project office, parking space and other facilities necessary for the Japanese experts and Fijian personnel to implement the Project.
2. Facilities and services such as electricity, water supply, telephone and furniture necessary for the Project activities.
3. Other facilities mutually agreed when necessity arises.

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ANNEX VI JOINT COORDINATING COMMITTEE

1. Function

A joint Coordinating Committee (JCC) will be held once a year and whenever necessity arises, in order to:

- (1) authorize the annual work plan of the Project;
 - (2) review the progress of the annual work plan;
 - (3) exchange views on major issues that arise during the implementation of the Project;
- and
- (4) discuss any other issues for smoother implementation of the Project.

2. Composition

(1) Chairperson

Permanent Secretary, MOH

(2) Fijian members

- Director of Nursing Service, MOH
- Director, Fiji School of Nursing, MOH
- National IST Coordinator, MOH
- Divisional Health Sisters in all health divisions
- Director, Division of Human Resources, MOH
- Senior Administration Officer, Training Unit, MOH

(3) Japanese members

- Resident Representative, JICA Fiji office
- Japanese Experts assigned to the Project

(4) Observers

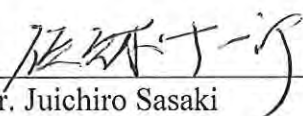
- Representative of the Embassy of Japan
- Other personnel appointed by the Chair of the JCC

MINUTES OF MEETINGS BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF THE FIJI ISLANDS
ON
JAPANESE TECHNICAL COOPERATION PROJCT FOR
STRENGTHENING THE NEED-BASED IN-SERVICE TRAINING FOR
COMMUNITY HEALTH NURSES

The Japan International Cooperation Agency (hereinafter referred to as “JICA”) exchanged views and had a series of discussions with the Fijian authorities concerned for the purpose of working out the details of the technical cooperation concerning the Project for “Strengthening the Need-Based In-Service Training for Community Health Nurses”. (hereinafter referred to as “the Project”).

As a result of the discussions, JICA and Fijian authorities concerned agreed upon the matters referred to in the document attached hereto. This document is related to the Record of Discussions on the Project signed on the same date by JICA and the Fijian authorities concerned.

Suva, 13 May, 2010


Mr. Juichiro Sasaki

Chief Representative
JICA Fiji Office
Japan International Cooperation Agency
Japan


Dr. Salanieta Saketa

Permanent Secretary
Ministry of Health
Republic of the Fiji Island

ATTACHED DOCUMENT

1. PROJECT DESIGN MATRIX

The Project Design Matrix (hereinafter referred to as "PDM") was elaborated through discussions by the JICA and the Fijian authorities concerned. Both sides agreed to recognize PDM as an important tool for project management, and the basis of monitoring and evaluation of the Project. The PDM will be utilized by both sides throughout the implementation of the Project.

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

The PDM is shown in Annex I.

2. PLAN OF OPERATIONS

The Plan of Operations (hereinafter referred to as "PO") was formulated according to the Record of Discussions. The schedule will be subject to change within the framework of the Record of Discussions when the necessity arises in the course of implementation of the Project with the mutual consultation of both sides.

The PO is shown in Annex II.

3. IMPORTANT ISSUES DISCUSSED

(1) Revision of PDM

Considering the actual input from Japanese side, the both sides agree to delete the "Activity 5-5. Analyze and document the results of the Project as the research paper for its dissemination to Pacific region wide" from the PDM ver.1 which was designed during the Preliminary Study on Dec.2009.

(2) Cost Sharing

Training cost should be shared by Fijian and Japanese side, considering the viewpoint of sustainability. The Fijian side will make maximum efforts to accomplish the projected results.

(3) Playing the leading role among three countries

The Project is designed and will be implemented in form of a regional program covering three countries, Fiji, Tonga and Vanuatu. Fiji is highly expected to play a



leading role by dispatching the staff of Ministry of Health as the Third-Country Expert(s) to Tonga and/or Vanuatu and inviting Tongan and Vanuatu counterparts.

ANNEX 1. PDM (1)

ANNEX 2. PO (1)

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ANNEX 1 Project Design Matrix FIJI

13 May, 2010

Project Title: Project for Strengthening the Need-Based In-Service Training for Community Health Nurses
Duration: From July 2010 to June 2013 (3 years)
Target Area: MOH headquarters and all health divisions (Central & Eastern, Western, and Northern divisions)
Target Group: Sub-divisional Health Sisters
Implementing agency : Division of Nursing Services, MOH
Direct Beneficiaries : All sub-divisional Health Sisters in Central & Eastern, Western, and Northern divisions
Indirect Beneficiaries : All CHNs in Central & Eastern, Western, and Northern divisions

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal: Quality of community health services improves in Fiji.	Community people's satisfaction to health services improves.	1) Impact survey reports		
Project Purpose: The mechanism of the NB-IST is strengthened.*1	1) The score of the Competency Standard assessment increases. 2) Frequency of the supervisory visits meets the requirements in the NB-IST guidelines. 3) The score of CHNs' satisfaction to supervision and coaching increases.	1) M&E database 2) M&E database 3) Impact survey reports		- Adequate medical supplies are provided to Health Centers and Nursing Stations. - Clinical technical staff are skilled enough, too.
Outputs: 1. The NB-IST policy takes effect.*2 2. A nationally standardized M&E system for the NB-IST is operated. 3. A mid-level nursing management training course (incl. community health context) is conducted. 4. All types of IST for CHNs are adequately coordinated at divisional level. 5. The progress and results of the Project are shared among and beyond Fiji, Tonga, and Vanuatu.	1) The NB-IST Policy is published and disseminated at all levels. 1) The proportion of M&E reports timely submitted from sub-divisional/divisional to divisional/national levels. 1) The number of trained mid-level nursing managers 1) The proportion of realized NB-IST courses 1) The number of audio and/or visual conferences 2) The number of presentations at international conferences	1) Field visit reports of the Project 1) Project documents 1) Project documents 1) M&E database 1) Project documents 2) Project documents 3) Project documents		-A significant change in policy and organizational settings of the MOH does not take place.

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Activities:	Japanese side	Fiji side	Pre-condition:
<p>1-1. Organize a working group responsible for designing and monitoring impact studies of the NB-IST</p> <p>1-2. Conduct impact studies of the NB-IST in Central & Eastern division and present its results</p> <p>1-3. Design and propose the NB-IST policy based on the result of the impact studies</p> <p>1-4. Train divisional officials on implementation of the NB-IST policy</p> <p>2-1. Design and prepare the NB-IST M&E guidelines and tools³</p> <p>2-2. Train Divisional/Sub-divisional Health Sisters on the M&E</p> <p>2-3. Assess the M&E performance at divisional regular meetings and annual nursing supervisors meetings</p> <p>3-1. Organize a working group for a mid-level nursing management training course</p> <p>3-2. Review and redesign a mid-level nursing management training course in the context of the NB-IST</p> <p>3-3. Train the current and would-be mid-level managers</p> <p>4-1. Redefine the roles and responsibilities of the Divisional Training Committees⁴</p> <p>4-2. Hold regular Divisional Training Committee meetings</p> <p>5-1. Conduct tele- and/or video- conferences among the project teams of the three countries</p> <p>5-2. Conduct the Third-Country Training Program(s) in Fiji for the counterparts of Tonga and Vanuatu</p> <p>5-3. Dispatch Fijian counterpart(s) as the Third-Country Expert(s) to Tonga and/or Vanuatu</p> <p>5-4. Present the progress and results of the Project at international conference(s)⁵</p>	<p>(1) Dispatch of Experts</p> <p>- Project management/health policy</p> <p>- Project coordination/nursing</p> <p>- Impact study</p> <p>- Monitoring and evaluation system</p> <p>- Management of public health nursing</p> <p>(2) Provision of equipment</p> <p>- Office equipment</p> <p>- Other machineries and equipment mutually agreed upon as necessary</p> <p>(3) Covering other costs</p> <p>- Training costs (to be shared with Fijian side)</p>	<p>(1) Counterpart personnel</p> <p>1-1 Project Director: Permanent Secretary, MOH</p> <p>1-2 Project Manager: Director of Nursing Services, MOH</p> <p>1-3 Other counterparts:</p> <p>- Divisional Health Sisters of all health divisions</p> <p>- National ISTNursing Coordinator</p> <p>- IST Nursing Coordinators of all health divisions</p> <p>- Director, Fiji School of Nursing</p> <p>- Nurse Practitioner Coordinator, Fiji School of Nursing</p> <p>(2) Joint Coordinating Committee members</p> <p>(3) Office space at MOH</p> <p>(4) Covering other costs</p> <p>4-1 Training costs (to be shared with Japanese side)</p> <p>4-2 Recurrent costs (salary for MOH counterparts, domestic duty travel costs for MOH counterparts, and utilities such as communication, electricity and water)</p>	<p>- The NB-IST policy is approved.</p> <p>Pre-condition: - IST-coordinators are assigned at both national and divisional levels regardless of creation of the formal posts.</p>

[* 1] The mechanism of the NB-IST is composed of: (i) supervision and coaching of CHNs based on the CS; (ii) IST needs identification; (iii) planning and conduct of need-based training; and (iv) M&E of the entire process.

[* 2] To be integrated into the National IST Policy and for National Nursing Policy.

[* 3] To be integrated into Performance Management System.

[* 4] i.e. coordinating function, nomination criteria, committee membership

[* 5] eg, PHRHA, Pacific Professional Nurse Association, 2nd Global Forum on Human Resources for Health in Bangkok

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ANNEX 2 Plan of Operation
 Plan of Operation (Tentative) for PROJECT "Strengthening the Need-Based In-Service Training for Community Health Nurses"

Outputs	Activities	2010			2011			2012			2013															
		1st Year			2nd Year			3rd Year			4th Year															
		7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	
1. The NB-IST policy takes effect.	1-1. Organize a working group responsible for designing and monitoring impact studies of the NB-IST																									
	1-2. Conduct impact studies of the NB-IST in Central & Eastern division and present its results																									
	1-3. Design and propose the NB-IST policy based on the result of the impact studies																									
	1-4. Train divisional officials on implementation of the NB-IST policy																									
2. A nationally standardized M&E system for the NB-IST is operated.	2-1. Design and prepare the NB-IST M&E guidelines and tools*																									
	2-2. Train Divisional/Sub-divisional Health Sisters on the M&E																									
3. A mid-level nursing management training course (incl. community health context) is conducted.	2-3. Assess the M&E performance at divisional regular meetings and annual nursing supervisors meetings																									
	3-1. Organize a working group for a mid-level nursing management training course																									
	3-2. Review and redesign a mid-level nursing management training course in the context of the NB-IST																									
4. All types of IST for CHNs are adequately coordinated at divisional level.	3-3. Train the current and would-be mid-level managers																									
	4-1. Redefine the roles and responsibilities of the Divisional Training Committees																									
5. The progress and results of the Project are shared among and beyond Fiji, Tonga, and Vanuatu.	4-2. Hold regular Divisional Training Committee meetings																									
	5-1. Conduct tele- and/or video- conferences among the project teams of the three countries																									
	5-2. Conduct the Third-Country Training Program(s) in Fiji for the counterparts of Tonga and Vanuatu																									
	5-3. Dispatch Fijian counterpart(s) as the Third-Country Expert(s) to Tonga and/or Vanuatu																									
5-4. Present the progress and results of the Project at international conference(s) (eg, PHRHA, Pacific Professional Nurse Association, 2nd Global Forum on HRH in BKK)																										

①

25

RECORD OF DISCUSSIONS BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE KINGDOM OF TONGA
ON
JAPANESE TECHNICAL COOPERATION PROJECT FOR
STRENGTHENING THE NEED-BASED IN-SERVICE TRAINING FOR
COMMUNITY HEALTH NURSES

Japan International Cooperation Agency (hereinafter referred to as "JICA") exchanged views and had a series of discussion with the Tongan authorities concerned with respect to desirable measures to be taken by JICA and the Kingdom of Tonga for the successful implementation of the Project for "Strengthening the Need-Based In-Service Training for Community Health Nurses"

As a result of the discussions, the Team and the Tongan authorities concerned agreed on the matters referred to in the document attached hereto.

Nuku'alofa, 8th June, 2010



Mr. Nobuaki Matsui
Resident Representative
JICA Tonga Office
Japan International Cooperation Agency
Japan



Dr. Siale 'Akauola
Director
Ministry of Health
The Kingdom of Tonga

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF THE KINGDOM OF TONGA

1. The Government of the Kingdom of Tonga will implement the Project for “Strengthening the Need-Based In-Service Training for Community Health Nurses” (hereinafter referred to as “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, JICA will take, at its own expense, the following measures according to the normal procedures under the Technical Cooperation Scheme of Japan.

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. The Equipment will become the property of the Government of the Kingdom of Tonga upon being delivered C.I.F. (cost, insurance and freight) to the Tongan authorities concerned at the ports and/or airports of disembarkation.



III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE KINGDOM OF TONGA

1. The Government of the Kingdom of Tonga 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 Kingdom of Tonga will ensure that the technologies and knowledge acquired by the Tongan nationals as a result of Japanese technical cooperation will contribute to the economic and social development of the Kingdom of Tonga.
3. The Government of the Kingdom of Tonga will grant in Tongan privileges, exemptions and benefits as listed in Annex IV and will grant privileges, exemptions and benefits no less favorable than those granted to experts of third countries or international organizations performing similar missions to the Japanese experts referred to in II-1 above and their families.
4. The Government of the Kingdom of Tonga will ensure that the Equipment referred to in II-2 above will be utilized effectively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.
5. The Government of the Kingdom of Tonga will take necessary measures to ensure that the knowledge and experience acquired by the Tongan personnel from technical training in Japan will be utilized effectively in the implementation of the Project.
6. In accordance with the laws and regulations in force in Tonga, the Government of the Kingdom of Tonga will take necessary measures to provide at its own expense :

- (1) Services of the Tongan counterpart personnel and administrative personnel as listed in Annex V ;
 - (2) Land, buildings and facilities as listed in Annex VI;
 - (3) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under II-2 above ;
 - (4) Means of transport and travel allowances for the Japanese experts for official travel within the Kingdom of Tonga ; and
 - (5) Suitably furnished accommodation for the Japanese experts and their families.
7. In accordance with the laws and regulations in force in Tonga, the Government of the Kingdom of Tonga will take necessary measures to meet :
- (1) Expenses necessary for transportation within the Kingdom of Tonga of the Equipment referred to in II-2 above as well as for the installation, operation and maintenance thereof ;
 - (2) Customs duties, internal taxes and any other charges, imposed in the Kingdom of Tonga on the Equipment referred to in II-2 above ; and
 - (3) Running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

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



2. Chief Nursing Officer, Ministry of Health, as the Project Manager, will be responsible for the managerial and technical matters of the Project.
3. The Japanese Team Leader 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 experts will give necessary technical guidance and advice to the Tongan 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 VII.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Tongan 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 Kingdom of Tonga 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 Kingdom of Tonga 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 Kingdom of Tonga on any major issues arising from, or in connection with this Attached Document.

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

For the purpose of promoting support for the Project among the people of the Kingdom of Tonga, the Government of the Kingdom of Tonga will take appropriate measures to make the Project widely known to the people of the Kingdom of Tonga.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be three years from the date of the first dispatch of the Japanese expert(s). The date of the first dispatch of the Japanese expert(s) will be informed later on.

ANNEX I	MASTER PLAN
ANNEX II	LIST OF JAPANESE EXPERTS
ANNEX III	LIST OF MACHINERY AND EQUIPMENT
ANNEX IV	PRIVILEGES, EXEMPTIONS AND BENEFITS FOR JAPANESE EXPERTS
ANNEX V	LIST OF TONGAN COUNTERPART AND ADMINISTRATIVE PERSONNEL
ANNEX VI	LIST OF LAND, BUILDINGS AND FACILITIES
ANNEX VII	JOINT COORDINATING COMMITTEE



ANNEX I MASTER PLAN

1. Overall Goal

Quality of community health services improves in Tonga.

2. Project Purpose

The mechanism of the NB-IST is strengthened.

3. Output of The Project

- (1) The various guidelines for smooth implementation of the NB-IST are available and being used.
- (2) Planning and funding for the NB-IST are better coordinated.
- (3) An adequate number of nursing supervisors with skills of supervision and coaching (S&C) and NB-ISTs are readily available.
- (4) A nationally standardized M&E system for the NB-ISTs is operated in the pilot area for the evidence-based career development support and succession planning.
- (5) The progress and results of the Project are shared among and beyond Tonga, Fiji, and Vanuatu.

4. Activities of The Project

Activities for output 1:

- 1-1 Conduct baseline and endline surveys for the NB-IST practices and impacts
- 1-2 Review the Job Descriptions (JDs) for public health/clinical nurses, and the draft CS
- 1-3 Finalize and propose the CS for public health and clinical nurses
- 1-4 Develop operation guidelines, manuals, and reporting forms for the NB-ISTs
- 1-5 Train public health and clinical nurses on the CS, operation guidelines, manuals, and reporting forms

Activities for output 2:

- 2-1 Determine at what level of the MOH headquarters IST coordinator(s) is/are assigned
- 2-2 Identify potential candidates for and appoint the most adequate one(s) as IST coordinator(s)
- 2-3 Increase awareness on the importance of NB-IST in the MOH system
- 2-4 Review and propose the TDC's additional roles to coordinate the NB-ISTs with other types of ISTs
- 2-5 Collaborate with the TDC for the sustainability of the NB-ISTs



Activities for output 3:

- 3-1 Identify potential candidates for and appoint the most adequate ones as nursing supervisors
- 3-2 Design training program on S&C (eg, curricula, teaching and learning materials, and certification)
- 3-3 Train nursing supervisors on S&C skills
- 3-4 Assist nursing supervisors to conduct S&C and NB-IST for CHN in the pilot area

Activities for output 4:

- 4-1 Design and prepare the NB-IST M&E guidelines and tools
- 4-2 Train nursing supervisors and the central MOH officials on the M&E
- 4-3 Assess the S&C performance in pilot islands by regular visits and Annual Review and Planning Workshop for public health nurses

Activities for output 5:

- 5-1 Conduct tele- and/or video- conferences among the project teams in the three countries
- 5-2 Participate in the Third-Country Training Program in Fiji
- 5-3 Present the progress and results of the Project at international Conferences



ANNEX II LIST OF JAPANESE EXPERTS

1. Project management/ Health Policy
2. Project Coordinator/ Nursing
3. Monitoring and evaluation system/Baseline and endline surveys
4. S&C



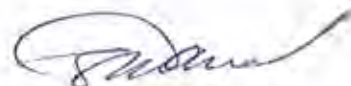
ANNEX III LIST OF MACHINERY AND EQUIPMENT

1. Office equipment
2. Other machineries and equipment mutually agreed upon as necessary
3. Printing guidelines and training materials



**ANNEX IV PRIVILEGES, EXEMPTIONS AND BENEFITS FOR
JAPANESE EXPERTS AND THIRD COUNTRY EXPERTS**

1. Exemption from income tax and charges of any kind imposed on or in connection with living allowances remitted from abroad
2. Exemption from import and export duties and any other charges imposed on personal and household effects, including one motor vehicle per experts, which may be brought in from abroad or take out of Tonga
3. In case of accident or emergency, the Government of Kingdom of Tonga will use all its available means to provide the medical and other necessary assistances to the Japanese experts.



ANNEX V LIST OF TONGAN COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director

Director of Health, Ministry of Health (MOH)

2. Project Manager

Chief Nursing Officer, MOH

3. Other counterparts for the Project

- Supervising Public Health Sister, MOH
- Matron, Vaiola Hospital
- Principal, Queen Salote School of Nursing (QSSN)
- IST Coordinator(s) (to be appointed during the project implementation)



ANNEX VI LIST OF LAND, BUILDINGS AND FACILITIES

1. Project office, parking space and other facilities necessary for the Japanese expert and Tongan personnel to implement the Project.
2. Facilities and services such as electricity, water supply, telephone and furniture necessary for the Project.
3. Other facilities mutually agreed when necessity arises.



ANNEX VII JOINT COORDINATING COMMITTEE

1. Function

A joint Coordinating Committee (JCC) will be held once a year and whenever necessity arises, in order to:

- (1) authorize the annual work plan of the Project;
 - (2) review the progress of the annual work plan;
 - (3) exchange views on major issues that arise during the implementation of the Project;
- and
- (4) discuss any other issues for smoother implementation of the Project.

2. Composition

(1) Chairperson

Director of Health, MOH

(2) Tongan members

- Director of Health, MOH
- Chief Nursing officer, MOH
- Matron, Vaiola Hospital
- Supervising Public Health Sister, MOH
- Principal, QSSN, MOH
- Training & Development Committee (TDC), MOH

(3) Japanese members

- Resident Representative, JICA Tonga office
- Japanese Experts assigned to the Project

(4) Observers

- Representative of the Embassy of Japan
- Other personnel appointed by the Chair of the JCC



MINUTES OF MEETINGS BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE KINGDOM OF TONGA
ON
JAPANESE TECHNICAL COOPERATION PROJCT FOR
STRENGTHENING THE NEED-BASED IN-SERVICE TRAINING FOR
COMMUNITY HEALTH NURSES

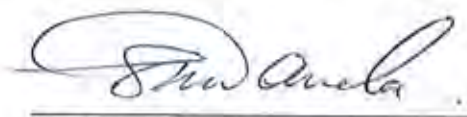
The Japan International Cooperation Agency (hereinafter referred to as "JICA") exchanged views and had a series of discussions with the Tongan authorities concerned for the purpose of working out the details of the technical cooperation concerning the Project for "Strengthening the Need-Based In-Service Training for Community Health Nurses". (hereinafter referred to as "the Project").

As a result of the discussions, JICA and Tongan authorities concerned agreed upon the matters referred to in the document attached hereto. This document is related to the Record of Discussions on the Project signed on the same date by JICA and the Tongan authorities concerned.

Nuku'alofa, 8th June, 2010



Mr. Nobuaki Matsui
Resident Representative
JICA Tonga Office
Japan International Cooperation Agency
Japan



Dr. Siale 'Akauola
Director
Ministry of Health
The Kingdom of Tonga

ATTACHED DOCUMENT

1. PROJECT DESIGN MATRIX

The Project Design Matrix (hereinafter referred to as "PDM") was elaborated through discussions by the JICA and the Tongan authorities concerned. Both sides agreed to recognize PDM as an important tool for project management, and the basis of monitoring and evaluation of the Project. The PDM will be utilized by both sides throughout the implementation of the Project.

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

The PDM is shown in Annex I.

2. PLAN OF OPERATIONS

The Plan of Operations (hereinafter referred to as "PO") was formulated according to the Record of Discussions. The schedule will be subject to change within the framework of the Record of Discussions when the necessity arises in the course of implementation of the Project with the mutual consultation of both sides.

The PO is shown in Annex II.

3. IMPORTANT ISSUES DISCUSSED

(1) Target Area and Group

Considering the actual input from Japanese side, and the fact that this Project aims at piloting the Need-Based In-Service Training (NB-IST) in Tonga, both sides agree to set the pilot area for some parts of the activities and define the target nurse as below.

	Public Health Nurse	Clinical Nurse in first/secondary medical facility	Clinical Nurse in third level medical facility
Competency Standard(CS)	Finalize and propose the common CS for public health and clinical nurses		
S&C Training	○		○
Conducting S&C	○ (for Tongatapu and Vava'u.)		△ (Conducting by themselves is OK)

M&E Training	○	×
Conducting M&E	○ (for Tongatapu and Vava'u.)	×

(2) Revision of PDM

Reflecting the definition of target area and group mentioned in 3.(1), and for clarifying the Project design, both sides agree to revise the PDM as below.

Item	Ver.1	Revised PDM
Duration	From June 2010 to May 2013 (3 years)	From August 2010 to July 2013 (3 years) <i>Remarks *1</i>
Target Area	Tongatapu, Vava'u, Ha'apai, Eua and the two Niuas	Tongatapu, Vava'u, Ha'apai, Eua and the two Niuas (<u>Pilot Area for Output 4 : Tongatapu, Vava'u</u>) <i>Remarks *2</i>
Output 3	A nationally standardized M&E system for the NB-ISTs is operated for the evidence-based career development support and succession planning.	An adequate number of nursing supervisors with skills of supervision and coaching(S&C)*2 and NB-ISTs are readily available.
Output 4	An adequate number of nursing supervisors with supervision and coaching(S&C) skills*2 are readily available.	A nationally standardized M&E system for the NB-ISTs is operated <u>in the pilot area</u> for the evidence-based career development support and succession planning.
Activities 3 and 4	The activities for output 3 in ver.1 goes to activities for output 4, and vice versa for activities for output 4, reflecting the reshuffle of the output 3 and for above.	
Activity 3-4		(add) Assist nursing supervisors to conduct S&C and NB-IST for CHN
Activity 4-4	(delete) 4-4. Build an IST database for official recognition of the NB-IST results and integrate it into the human resource database	<i>Remarks *3</i>
Activity 5-4	(delete) 5-4. Analyze and document the results of the Project as the research paper for its dissemination to Pacific region wide	




Remarks*1: If the project is not able to start in August 2010 caused by unavoidable circumstances, the commencement shall be in February 2011. Due to the Political and Constitutional Reform in Tonga and the National Elections in November 2010, the project must avoid any unforeseen political situations.

Remarks*2: JICA considers supporting the non-pilot areas by other cooperation schemes if the areas will implement the S&C independently.

Remarks*3: JICA will assist in establishing HR database using other cooperation schemes, although the activity is not included in the PDM.

(3) Cost Sharing

Training cost should be shared by Tongan and Japanese side, considering the viewpoint of sustainability. The Japanese side covers the cost for conducting S&C and M&E in Tongatapu and Vava'u, and the Tongan side makes effort to cover the cost for activities in non-piloting area. The Tongan side will make maximum efforts to accomplish the projected results.

ANNEX 1. PDM (1)

ANNEX 2. PO (1)



Annex 1 Project Design Matrix TONGA
Project Title: Project for Strengthening the Need-Based In-Service Training for Community Health Nurses
Duration: From August 2010 to July 2013 (3 years)

Target Area: Tongatapu, Vava'u, Ha'apai, Eua and the two Niuaas (Pilot Area for Output 4 : Tongatapu, Vava'u)

Target Group: Nursing supervisors, public health nurses, and clinical nurses

Implementing agency : Nursing Services, MOH (Republic Health Nursing, Hospital Nursing, and School of Nursing)

Direct Beneficiaries : All public health nurses, clinical nurses, and their nursing supervisors

Indirect Beneficiaries : Populations in Tonga

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal: Quality of community health services improves in Tonga		Community people's satisfaction to health services improves.	1) Impact survey reports	
Project Purpose: The mechanism of the NB-ISTs is strengthened.*1		1) The score of the Competency Standard (CS) assessment increases. 2) Frequency of the supervisory visits meets the requirements in the NB-IST guidelines. 3) The score of nurses' satisfaction to Supervision&Coaching (S&C) increases.	1) M&E database 2) M&E database 3) Baseline and endline surveys	- Adequate medical equipment and supplies are provided to primary and secondary health facilities. - A significant migration of nurses does not occur.
Outputs:				
1. The various guidelines for smooth implementation of the NB-ISTs are available and being used.		1) Competency standards are produced and approved by the MoH. 2) Operation guidelines, manuals, and reporting forms for the NB-IST are produced and disseminated. 3) Data collection & analysis handbook for public health nurses is produced and disseminated	1) Project documents 2) Project documents 3) Project documents	-A significant change in policy and organizational settings of the MOH does not take place. -Development partners are cooperative enough to support the NB-IST.
2. Planning and funding for the NB-ISTs are better coordinated.		1) IST coordinator(s) is/are appointed with clear job description. 2) More than 80% of planned NB-ISTs are implemented. 3) The Training & Development Committee (TDC) discusses planning and funding for the NB-IST at least twice a year.	1) Project documents 2) Project documents 3) Minutes of the TDC meetings	
3. An adequate number of nursing supervisors with skills of supervision and coaching(S&C) ² and NB-ISTs are readily available.		1) The S&C training program package(pilot) is approved. 2) At least one nursing supervisors are trained on S&C in each Group of islands 3)CHN Satisfaction to Nursing supervisors in the pilot area	1) Project documents 2) Project documents 3) Satisfaction Survey	
4. A nationally standardized M&E system for the NB-ISTs is operated in the pilot area for the evidence-based career development support and succession planning.		1) More than 80 % of M&E reports timely submitted from supervisors and ISTcoordinator(s) to the head of sections committee. 2) Monitoring visits of IST coordinator(s) to nursing supervisors is undertaken at least twice a year.	1) M&E database 2) Project documents	
5. The progress and results of the Project are shared among and beyond Tonga, Fiji and Vanuatu.		1) The number of audio and/or visual conferences 2) The number of presentations at international conferences	1) Project documents 2) Project documents 3) Project documents	



Inputs		
<p>Activities:</p> <p>1-1. Conduct baseline and endline surveys for the NB-ISTs practices and impacts</p> <p>1-2. Review the Job Descriptions (JDs) for public health/clinical nurses, and the draft CS</p> <p>1-3. Finalize and propose the CS for public health and clinical nurses</p> <p>1-4. Develop operation guidelines, manuals, and reporting forms for the NB-ISTs</p> <p>1-5. Train public health and clinical nurses on the CS, operation guidelines, manuals, and reporting forms</p> <p>2-1. Determine at what level of the MOH headquarters IST coordinator(s) is/are assigned</p> <p>2-2. Identify potential candidates for and appoint the most adequate one(s) as IST coordinator(s)</p> <p>2-3. Increase awareness on importance of the NB-ISTs in the MOH system.</p> <p>2-4. Review and propose the TDC's additional roles to coordinate the NB-ISTs with other types of ISTs</p> <p>2-5. Collaborate with the TDC for the sustainability of the NB-ISTs</p> <p>3-1. Identify potential candidates for and appoint the most adequate ones as nursing supervisors</p> <p>3-2. Design training program on S&C (eg. curricula, teaching and learning materials, and certification)</p> <p>3-3. Train nursing supervisors on S&C skills</p> <p>3-4. Assist nursing supervisors to conduct S&C and NB-IST for CHN in the pilot area</p> <p>4-1. Design and prepare the NB-IST M&E guidelines and tools</p> <p>4-2. Train nursing supervisors and the central MOH officials on the M&E</p> <p>4-3. Assess the S&C performance in pilot islands by regular visits and Annual Review and Planning Workshop for public health nurses</p> <p>5-1. Conduct tele- and/or video- conferences among the project teams in the three countries</p> <p>5-2. Participate in the Third-Country Training Program in Fiji</p> <p>5-3. Present the progress and results of the Project at international conferences³</p>	<p>Japanese side</p> <p>(1) Dispatch of Experts</p> <ul style="list-style-type: none"> - Project management/Health policy - Project coordination/Nursing - Monitoring and evaluation system/Baseline and endline surveys S&C <p>(2) Provision of equipment</p> <ul style="list-style-type: none"> - Office equipment - Other machineries and equipment mutually agreed upon as necessary - Printing guidelines and training materials <p>(3) Covering other cost</p> <ul style="list-style-type: none"> - Training costs (to be shared with Tongan side) 	<p>Tongan side</p> <p>(1) Counterpart personnel</p> <p>1-1 Project Director, MOH Director of Health, MOH 1-2 Project Manager, Chief Nursing Officer, MOH</p> <p>1-3 Other counterparts:</p> <ul style="list-style-type: none"> - Supervising Public Health Sister, MOH - Matron, Vaiala Hospital - Principal, QSSN - IST coordinator(s) <p>(2) Joint Coordination Committee members</p> <p>(3) Office space at MOH</p> <p>(4) Covering other costs</p> <p>4-1 Training costs (to be shared with Japanese side)</p> <p>4-2 Recurrent costs (salary for MOH counterparts and utilities such as communication, electricity and water)</p> <p>Pre-condition: -CS for nurses has been drafted.</p>

[* 1] The mechanism of the NB-IST is composed of: (i) S&C of public health nurses and clinical nurses based on the CS; (ii) IST needs identification; (iii) planning and conduct of the NB-IST; and (iv) M&E of the entire process of the mechanism.

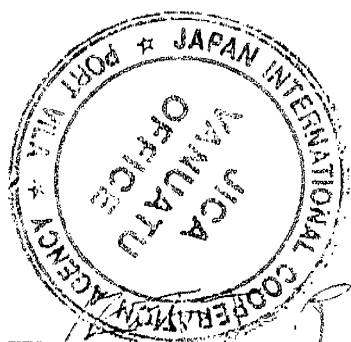
[* 2] S&C skills include the capacity to: (i) identify training needs; (ii) prepare proposal of the NB-ISTs programs; and (iii) locally organize the NB-ISTs programs.

[* 3] Eg. PHRHA(Pacific)Human Resource for Health Alliance, Pacific Professional Nurse Association, 2nd Global Forum on HRH in Bangkok

RECORD OF DISCUSSIONS BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF VANUATU
ON
JAPANESE TECHNICAL COOPERATION PROJECT FOR
STRENGTHENING THE NEED-BASED IN-SERVICE TRAINING FOR
COMMUNITY HEALTH NURSES

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

As a result of the discussions, and in accordance with the provisions of the Agreement on Technical Cooperation between the Government of Japan and the Government of the Republic of Vanuatu, signed in Port Vila on 28 February 2006 (hereinafter referred to as "the Agreement"), the JICA and Vanuatu authorities concerned agreed on the matters referred to in the document attached hereto.



Mr. Juichiro Sasaki

Resident Representative
JICA Vanuatu Office
Japan International Cooperation
Agency
Japan

Port Vila, 10th May 2010

Mr. Mark Bebe

Director General
Ministry of Health
Government of the Republic of
Vanuatu

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND VANUATU GOVERNMENT

1. The Government of the Republic of Vanuatu will implement the Project for Strengthening the Need-Based In-Service Training for Community Health Nurses (hereinafter referred to as "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 V 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 VII of the Agreement will be applied to the Equipment.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF VANUATU

1. The Government of Vanuatu 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 Vanuatu will ensure that the technologies and knowledge acquired by the Vanuatu nationals as a result of the Japanese technical cooperation will contribute to the economic and social development of Vanuatu.
3. In accordance with the provisions of Article V of the Agreement, the Government of Vanuatu will grant in Vanuatu privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families.
4. In accordance with the provisions of Article VII of the Agreement, the Government of Vanuatu will take the measures necessary to receive and use the Equipment provided by JICA under II-2 above and equipment, machinery and materials carried in by the Japanese experts referred to in II-1 above.
5. The Government of Vanuatu will take necessary measures to ensure that the knowledge and experience acquired by the Vanuatu personnel from technical training in Japan will be utilized effectively in the implementation of the Project.
6. In accordance with the provision of Article V of the Agreement, the Government of Vanuatu will provide the services of Vanuatu counterpart personnel and administrative personnel as listed in Annex IV.
7. In accordance with the provision of Article V of the Agreement, the Government of Vanuatu will provide the buildings and facilities as listed in Annex V.
8. In accordance with the laws and regulations in force in Vanuatu, the Government of Vanuatu 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 II-2 above.
9. In accordance with the laws and regulations in force in Vanuatu, the Government of Vanuatu will take necessary measures to meet the running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. Director General, Ministry of Health, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.
2. Manager, Human Resource Development & Training Unit(HRDTU), Ministry of Health, as the Project Manager, will be responsible for the managerial and technical matters of the Project.
3. The Japanese Team Leader 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 experts will give necessary technical guidance and advice to Vanuatu 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 Vanuatu 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 VI of the Agreement, the Government of Vanuatu 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 Vanuatu 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 Vanuatu Government 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 Vanuatu, the Government of Vanuatu will take appropriate measures to make the Project widely known to the people of Vanuatu.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be three years from the date of the first dispatch of the Japanese expert(s). The date of the first dispatch of the Japanese expert(s) will be informed later on.

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



ANNEX I MASTER PLAN

1. Overall Goal

The entire NB-SIT system is designed, piloted and scaled up nationwide.

2. Project Purpose

A field-adjusted model of Supervision & Coaching (S&C) is undertaken in the pilot province on a regular basis.

3. Outputs

- (1) The framework of S&C piloting is designed and available.
- (2) Zone supervisors in all provinces are equipped with S&C skills.
- (3) S&C is being practiced by zone supervisors on a routine basis in the pilot province.
- (4) The progress and results of the Project are shared among and beyond Vanuatu, Fiji and Tonga.

4. Activities

Activities for output 1:

- 1-1 Prepare the action plan for S&C through the third-country training program in Fiji for the central/provincial counterparts
- 1-2 Define and document the roles, responsibilities, required competencies, and entitlement of zone supervisors, for the S&C piloting
- 1-3 Prepare the draft Competency Standard (CS) for community health nurses
- 1-4 Develop the draft operational guidelines and monitoring tools for S&C

Activities for output 2:

- 2-1 Design the zone supervisor training program (curricula, modules, and certificates) and planning
- 2-2 Train zone supervisors in all provinces on S&C operation
- 2-3 Design the provincial health manager training program (curricula, modules, and certificates) and planning
- 2-3 Train provincial health managers in all provinces on S&C monitoring

Activities for output 3:

- 3-1 Assist zone supervisors in the pilot province to prepare annual S&C costing and logistic plan in their duty zones
- 3-2 Assist the MOH to secure the budget for S&C operation in the pilot province

3-3. Advise zone supervisors to conduct S&C for CHNs

3-4 Monitor S&C performance of zone supervisors in the pilot province

Activities for output 4:

4-1 Conduct tele- and/or video- conferences among the project teams of the three countries

4-2 Participate in the Third-Country Training Program in Fiji

4-3 Present the progress and results of the Project at international conferences

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ANNEX II LIST OF JAPANESE EXPERTS

1. Project management/Health policy
2. Project coordination/Nursing
3. S&C
4. Monitoring and Evaluation

ANNEX III LIST OF MACHINERY AND EQUIPMENT

1. Office equipment
2. Other machineries and equipment mutually agreed upon as necessary
3. Printing guidelines and training materials



ANNEX IV LIST OF VANUATU COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director:

Director General, Ministry of Health (MOH)

2. Project Manager

Manager, Human Resource Development & Training Unit (HRDTU), MOH

3. Other counterparts

- Principal, Vanuatu Collage of Nursing Education
- IST coordinator, HRDTU
- Shefa Provincial Health Managers
- Chairperson, Vanuatu Nursing Council

ANNEX V LIST OF BUILDINGS AND FACILITIES

1. Project space, parking space and other facilities necessary for the Japanese expert and Vanuatu personnel to implement the Project.
2. Facilities and services such as electricity, water supply, telephone and furniture necessary for the Project.
3. Other facilities mutually agreed when necessity arises.

ANNEX VI JOINT COORDINATING COMMITTEE

1. Function

A Joint Coordinating Committee (JCC) will be held once a year and whenever necessity arises, in order to:

- (1) authorize the annual work plan of the Project;
 - (2) review the progress of the annual work plan;
 - (3) exchange views on major issues that arise during the implementation of the Project;
- and
- (4) discuss any other issues for smoother implementation of the Project.

2. Composition

(1) Chair:

Project Director, Director General, MOH

(2) Vanuatu members:

- Manager, HRDTU
- Principal, Vanuatu Collage of Nursing Education
- Chairperson, Vanuatu Nursing Council
- Shefa Provincial Health Administrator
- Director, Directorate of Curative and Hospital Services

(3) Japanese members:

- Resident Representative, JICA Vanuatu Office
- Japanese Experts assigned to the Project

(4) Observers:

- Other personnel appointed by the Chair of the JCC

MINUTES OF MEETINGS BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF VANUATU
ON
JAPANESE TECHNICAL COOPERATION PROJECT FOR
STRENGTHENING THE NEED-BASED IN-SERVICE TRAINING FOR
COMMUNITY HEALTH NURSES

The Japan International Cooperation Agency (hereinafter referred to as "JICA") exchanged views and had a series of discussions with the Vanuatu authorities concerned for the purpose of working out the details of the technical cooperation concerning the Project for "Strengthening the Need-Based In-Service Training for Community Health Nurses". (hereinafter referred to as "the Project").

As a result of the discussions, JICA and Vanuatu authorities concerned agreed upon the matters referred to in the document attached hereto. This document is related to the Record of Discussions on the Project signed on the same date by JICA and the Vanuatu authorities concerned.



Resident Representative
JICA Vanuatu Office
Japan International Cooperation Agency
Japan

Port Vila, 10th May, 2010

Mr. Mark Bebe

Director General
Ministry of Health
Government of the Republic of Vanuatu

ATTACHED DOCUMENT

1. PROJECT DESIGN MATRIX

The Project Design Matrix (hereinafter referred to as “PDM”) was elaborated through discussions by the JICA and the Vanuatu authorities concerned. Both sides agreed to recognize PDM as an important tool for project management, and the basis of monitoring and evaluation of the Project. The PDM will be utilized by both sides throughout the implementation of the Project.

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

The PDM is shown in Annex I.

2. PLAN OF OPERATIONS

The Plan of Operations (hereinafter referred to as “PO”) was formulated according to the Record of Discussions. The schedule will be subject to change within the framework of the Record of Discussions when the necessity arises in the course of implementation of the Project with the mutual consultation of both sides.

The PO is shown in Annex II.

3. IMPORTANT ISSUES DISCUSSED

(1) Cost Sharing

Training cost should be shared by Vanuatu and Japanese side, considering the viewpoint of sustainability. The Japanese side covers the cost for conducting Supervision & Coaching (S&C) in Shefa Province, and the Vanuatu side makes effort to cover the cost for activities in non-piloting provinces. The Vanuatu side will make maximum efforts to accomplish the projected results.

ANNEX 1. PDM (1)

ANNEX 2. PO (1)

Annex 1 Project Design Matrix VANUATU

Ver2. May 10th, 2010

Project Title: Project for Strengthening the Need-Based In-Service Training (NB-IST) for Community Health Nurses
Duration: From January 2011 to December 2013 (3 years)
Target Area: All 6 provinces (1 pilot province: Shefa + 5 non-pilot provinces: Torba, Sanma, Penama, Malampa, and Tafea)
Target Group: Zone supervisors and community health nurses (ie, registered nurses, nurse practitioners and midwives)
Implementing agency: MOH Human Resource Development & Training Unit, Vanuatu College of Nurse Education, Vanuatu Nursing Council, Shefa Provincial Health Office
Direct Beneficiaries: Provincial health managers and zone supervisors in all provinces; and community health nurses in Shefa Province
Indirect Beneficiaries: Community health nurses in 5 provinces and all populations in Vanuatu

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal: The entire NB-IST system*1 is designed, piloted, and scaled up nationwide.</p>			
<p>Project Purpose: A field-adjusted model of Supervision and Coaching (S&C) is undertaken in the pilot province on a regular basis.</p>	<ol style="list-style-type: none"> 1) 80% of CHNs receive more than two S&C services per year. 2) The level of job satisfaction among CHNs increases. 	<ol style="list-style-type: none"> 1) Project documents 2) MOH Survey report (s), mid-term and terminal evaluation report 	<ul style="list-style-type: none"> - MOH maintains its commitment to the NB-IST. - A significant attrition of nursing staff does not occur.
<p>Outputs:</p> <ol style="list-style-type: none"> 1. The framework of S&C piloting is designed and available. 2. Zone supervisors in all provinces are equipped with S&C skills.^{a2} 3. S&C is being practiced by zone supervisors on a routine basis in the pilot province. 4. The progress and results of the Project are shared among and beyond Vanuatu, Fiji and Tonga. 	<ol style="list-style-type: none"> 1) 100% of zone supervisors in the selected zones own guidelines/manuals. 2) The draft of Competency Standard(CS) is finalized. 1) 100% of zone supervisors in all provinces are trained on S&C skills. 2) 100% of Provincial managers are trained on S&C monitoring 1) 80% of zone supervisors in the pilot province conducted at least one S&C visit to their supervisee CHNs per year, after S&C operation starts. 1) The number of audio and/or visual conferences 2) The number of presentations at international conferences 	<ol style="list-style-type: none"> 1) Project documents 2) Project documents 1) Project documents 2) Project documents 1) Project documents 1) Project documents 2) Project documents 	<ul style="list-style-type: none"> - Development partners are supportive to S&C and the NB-IST. - National vertical programs are collaborative with S&C and the NB-IST.

Activities:	Inputs	Important assumption
<p>1-1. Prepare the action plan for S&C through the third-country training program in Fiji for the central/provincial counterparts</p> <p>1-2. Define and document the roles, responsibilities, required competencies, and entitlement of zone supervisors, for the S&C piloting</p> <p>1-3. Prepare the draft Competency Standard (CS) for community health nurses</p> <p>1-4. Develop the draft operational guidelines and monitoring tools for S&C</p>	<p>Japanese side</p> <p>(1) Dispatch of Experts</p> <ul style="list-style-type: none"> - Project management/Health policy - Project coordination/Nursing - S&C - Monitoring and Evaluation <p>(2) Provision of equipment</p> <ul style="list-style-type: none"> - Office equipment - Other machineries and equipment - Printing guidelines and training materials <p>(3) Covering other cost</p> <ul style="list-style-type: none"> - Training Costs - Costs for S&C monitoring in the pilot province 	<p>Vanuatu side</p> <p>(1) Counterpart personnel</p> <p>1-1 Project Director: Director General, MOH</p> <p>1-2 Project Manager: Manager, HRDTU, MOH</p> <p>1-3 Other counterparts:</p> <ul style="list-style-type: none"> - Principal, Vanuatu College of Nurse Education - IST coordinator, HRDTU - Shafa Provincial Health Managers - Chairperson, Vanuatu Nursing Council <p>(2) Joint Coordinating Committee members</p> <p>(3) Office space at MOH</p> <p>(4) Covering other costs</p> <p>4-1 Recurrent costs (salary for MOH counterparts and utilities such as communication, electricity and water for the project office)</p> <p>4-2 Costs for S&C operation</p>
<p>2-1. Design the zone supervisor training program (curricula, modules, and certificates) and planning</p> <p>2-2. Train zone supervisors in all provinces on S&C operation</p> <p>2-3. Design the provincial health manager training program (curricula, modules, and certificates) and planning</p> <p>2-4. Train provincial health managers in all provinces on S&C monitoring</p>		
<p>3-1. Assist zone supervisors in the pilot province to prepare annual S&C costing and logistic plan in their duty zones</p> <p>3-2. Assist the MOH to secure the budget for S&C operation in the pilot province</p> <p>3-3. Advise zone supervisors to conduct S&C for CHNs</p>		
<p>3-4. Monitor S&C performance of zone supervisors in the pilot province</p>		
<p>4-1. Conduct tele- and/or video- conferences among the project teams in the three countries</p> <p>4-2. Participate in the third-country training program in Fiji</p> <p>4-3. Present the progress and results of the Project at international conferences^{*3}</p>		<p>Preconditions</p> <p>The Vanuatu Health Sector Policy, Human Resource plan to supports strengthening capacity of community health nurses, and (iii)</p>

[*1] The NB-IST system is composed of: (i) supervising and coaching community health nurses in view of the CS; (ii) identifying training needs among community health nurses; and (iii) planning for and conducting the NB-IST; and (iv) monitoring and evaluating the entire process of the system.

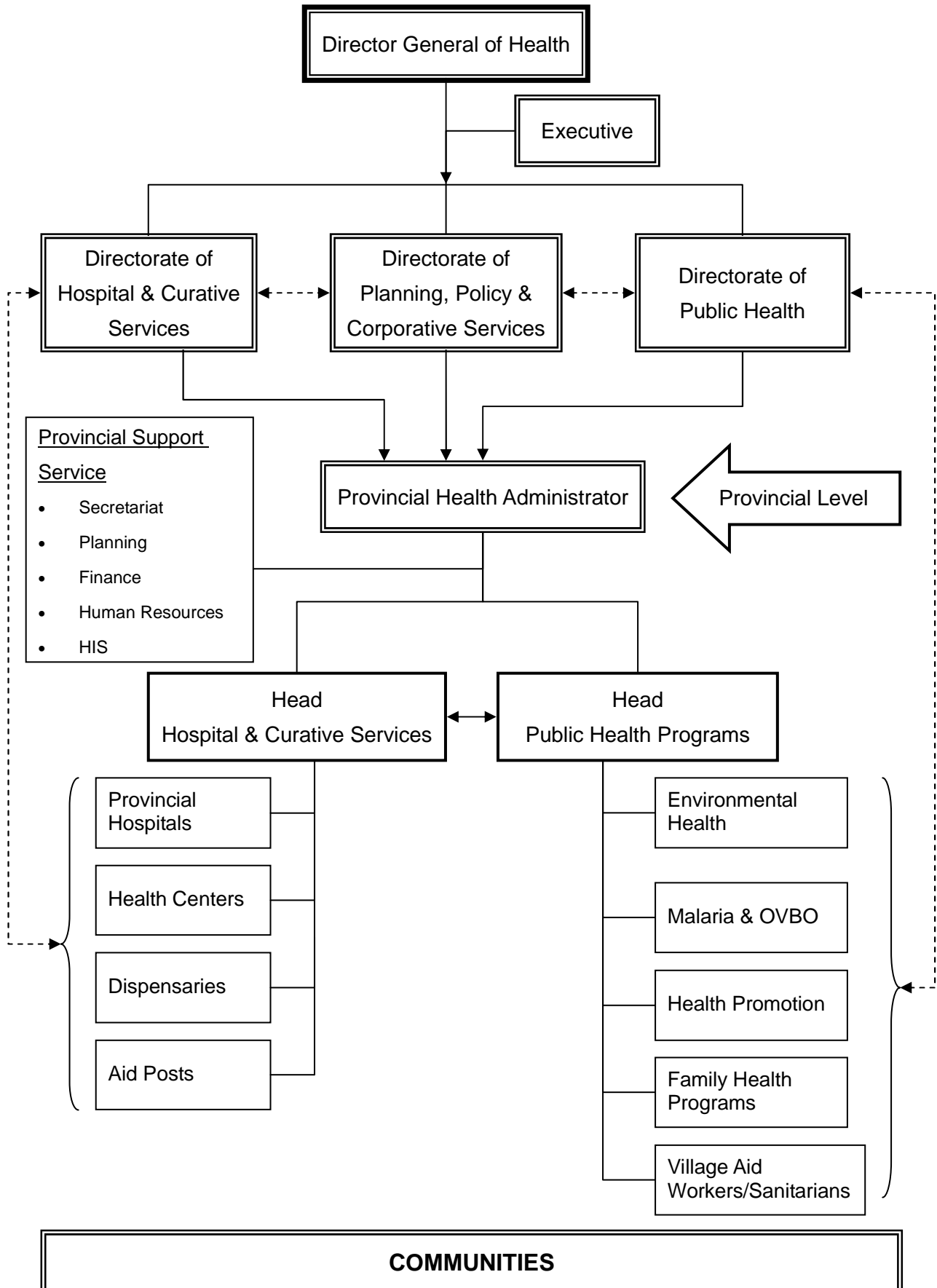
[*2] S&C skills include the capacity to: (i) assess performance of community health nurse in view of the CS; (ii) identify training needs of community health nurses; and (iii) locally provide

[*3] Eg. PPHRA (Pacific Human Resource for Health Alliance), Pacific Professional Nurse Association, and 2nd Global Forum on Health Workforces in Bangkok

Handwritten marks: a circled '2' and the letters 'WA'.

3. バヌアツ保健関連機関の組織図

Ministry of Health Top Level Structure & Provincial Structure, Vanuatu



Japan helps Ministry of Health through Technical Cooperation Project

VANUATU HAS BEEN FACING A trend of more loss than the production of nurses due to the limited production capacity of the Vanuatu College of Nursing Education and a large number of retirements each year.

A crucial shortage of medical doctors means that nurses account for more than 50% among health workers. The quality of nurses is another issue. The main problem is limited opportunities for continuous education and/or capacity development for nurses, particularly Community Health Nurses.

Nurses are not only responsible for health service delivery, but also management of health facility as well as human resource development, particularly in rural health settings.

To tackle this issue regarding the capacity development of Community Health Nurses, the Government of Vanuatu

requested the Government of Japan to provide technical assistance for implementing a project of Need-Based In-Service Training for Community Health Nurses.

The JICA Office said Japan dispatched a 4 member team headed by Dr. Hirotsugu Aiga for the purpose of designing the framework of the technical cooperation project for the Strengthening the Need-Based In-Service Training for Community Health Nurses in Vanuatu from 4-20th February 4-20 2010.

During their stay in Vanuatu, the Team conducted field visits and a one-day workshop on February 17th to identify necessary interventions and activities that should be reflected in the project implementation framework. Based on these results, the Team exchanged views and had a series of discussions with the Minis-

try of Health and other concerned authorities.

As a result of the one day workshop and discussions, both sides agreed and signed the Minutes of Discussions on February 19th 2010 at 16:00 pm at the WHO Conference Room by Mr. Mark BEBE, Director General, Ministry of Health, Government of Vanuatu and Dr. Hirotsugu Aiga, Team Leader, JICA.

The Government of Japan continues to provide development assistance to the health sector by dispatching the team composed of 4 members to do a Preliminary Study for Strengthening the Needs-Based In-Service Training for Community Health Nurses (CfIN).

Shortages within the health workforce, is a problem for the Pacific and the rest of the world. The shortage in the health workforce affects the achievement of



global health challenges such as Millennium Development Goals (MDGs), and shifting community-based and patient-centred models for care for the treatment of chronic diseases.

The shortage is caused by

the inappropriate planning for human resources as well as lack of the job security measures within each country. In this regard, the Ministers of Health for Pacific Island countries have committed as stipulated in the

services.

Japan Provides Assistance to the Vanuatu Ministry of Health through its Technical Cooperation Project for Strengthening the Needs-Based In-Service Training for Community Health Nurses.



and improve overall system and the quality of health services.

Nurses are not only responsible for health service delivery, but also management of health facility as well as human resource development, particularly in rural health settings. Despite the importance of nursing workforce, Vanuatu is recently facing a trend of more loss than the production of nurses due to the limited production capacity of the Vanuatu College of Nursing Education and a large number of retirements in each year. Due to a crucial shortage of the medical doctors, they account for more than 50% among health workers. The quality of nurses is another is-

During their stay in Vanuatu, the Team conducted field visits and a one-day workshop on 17th February to identify necessary interventions and activities that should be reflected in the project implementation framework. Based on these results, the Team exchanged views and had a series of discussions with the Ministry of Health and other concerned authorities.

As a result of the one day workshop and discussions, both sides agreed and signed the Minutes of Discussions on Friday 19th

The Government of Japan continues to provide development assistance to the health sector by dispatching the team composed of 4 members to do a Preliminary Study for Strengthening the Needs-Based In-Service Training for Community Health Nurses (CHN). Shortages within the health workforce, is a problem for the Pacific and the rest of the world. The shortage in the health workforce affects the achievement of global health challenges such as Millennium Development

Goals (MDGs), and shifting community-based and patient-centred models for care for the treatment of chronic diseases. The shortage is caused by the inappropriate planning for human resources as well as lack of the job security measures within each country. In this regard, the Ministers of Health for Pacific Island countries have committed as stipulated in the Vanuatu Declaration of their annual meeting in 2007 to take strategic measures to strengthen their national health workforce capacities

sue. The main problem is limited opportunities for continuous education and/or capacity development for nurses, particularly CHNs.

To tackle this issue regarding the capacity development of Community Health Nurses, the Government of Vanuatu requested the Government of Japan to provide technical assistance for implementing a project of Needs-Based In-Service Training for Community Health Nurses. Hence JICA dispatched from 4-20th Feb-



February 2010, a 4 member team headed by Dr. Hirotsugu Aiga for the purpose of designing the framework of the technical cooperation project for the WHO Conference Room by Mr. Mark BEBE, Director General, Ministry of Health, Government of Vanuatu and Dr. Hirotsugu Aiga, Team Leader, JICA.

