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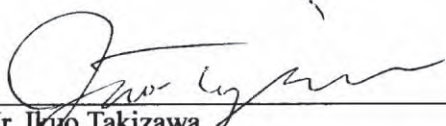
**MINUTES OF MEETINGS
BETWEEN
THE JAPANESE DETAILED PLANNING SURVEY TEAM
AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE UNITED REPUBLIC OF TANZANIA
ON
JAPANESE TECHNICAL COOPERATION
FOR
HIV/AIDS HEALTH SYSTEM STRENGTHENING PROJECT**

In response to a request from the Government of the United Republic of Tanzania, Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the Detailed Planning Survey Team (hereinafter referred to as "the Team") headed by Mr. Ikuo Takizawa from 5th to 30th April 2010, for the purpose of discussing the framework of the requested technical cooperation project entitled "HIV/AIDS Health System Strengthening Project" (hereinafter referred to as "the Project").

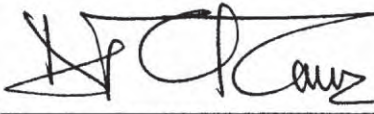
During its stay in Tanzania, the Team conducted field visits and interviews, and had a series of discussions on the design of the Project with the authorities concerned.

As a result of the discussions, both sides reached common understandings concerning the design and framework of the Project referred to in the document attached hereto.

Dar es Salaam, 29th April 2010



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



Dr. Deo M. Mtasiwa
for Permanent Secretary
Ministry of Health and Social Welfare
Tanzania

THE ATTACHED DOCUMENT

I OBJECTIVES OF THE DETAILED PLANNING SURVEY

The objectives of the survey are to confirm background and contents of the request from the Government of Tanzania and to formulate a cooperation plan (project framework) through discussions with the authorities concerned. The Team also collected necessary information for ex-ante evaluation.

The objectives of the survey are as follows:

- (1) To confirm the contents and changes of the request from the Government of Tanzania.
- (2) To have discussions with the Ministry of Health and Social Welfare (hereinafter referred to as "MOHSW") on the Project framework which includes the Project purpose, implementing structure, Project Design Matrix (hereinafter referred to as "PDM"), Plan of Operation (hereinafter referred to as "PO"), inputs and so on, and to reach an agreement.
- (3) To confirm actions and schedule up to the Project's commencement.
- (4) To document the result of the discussions in the Minutes of Meetings. (hereinafter referred to as "M/M")

II FRAMEWORK OF THE PROJECT

The basic design of the Project is as shown in a tentative PDM and PO as per attached Annex I and II, which were formulated and agreed upon through participatory workshop. The attendants of the workshop are listed in Annex III. The framework of the Project will be reviewed before the Record of Discussions (hereinafter referred to as "R/D") is signed.

1. Title of the Project

Both sides agreed that project title should be modified from the original indicated in the application, "HIV/AIDS Health System Strengthening Project" to "Health Systems Strengthening for HIV and AIDS Services Project" in order to appropriately reflect the objectives of the Project.

Upon approval of the proposed title modification by the authorities concerned in both governments, the title will be changed officially through diplomatic procedure.

2. Duration of the Project

The duration of the Project will be four (4) years from the initial dispatch of Japanese expert.

3. Administration of the Project

3-1. Administration

The following personnel will be involved in the administration of the Project:

- (1) Project Director (who will bear overall responsibility for the administration and implementation of the Project):
Chief Medical Officer, MOHSW
- (2) Project Manager (who will be responsible for the managerial and technical matters of the Project):
Programme Manager, National AIDS Control Programme (hereinafter referred to as "NACP"), MOHSW
- (3) Assistant Project Manager (who will be supporting Project Manager in the managerial, technical and programme-wide coordination matters of the Project):
Assistant Programme Manager (tentative title), NACP, MOHSW
- (4) Technical staff in charge:
All unit heads, NACP, MOHSW
- (5) Regional focal persons (who will oversee the project operation in the respective regions)
Regional Medical Officers in model regions (see the section 5.)
- (6) Japanese experts:
 - Chief Advisor (who will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project)
 - Project Coordinator (who will support Chief Advisor in coordination and administration matters of the Project.)
 - Experts in other fields

3-2. Joint Coordinating Committee

For the effective implementation of the Project, a Joint Coordinating Committee (hereinafter referred to as "JCC") will be established and convened bi-annually and whenever necessity arises.

The functions and composition are described as follows:

- (1) Functions
 - 1) To authorize the annual activity plan of the Project
 - 2) To endorse major achievements and products of the Project
 - 3) To monitor and review overall progress and supervise the Project
 - 4) To review and discuss on major issues arising from or concerning the Project
- (2) Composition
 - 1) Chairperson:
Project Director
 - 2) Members:
 - Project Manager
 - Assistant Project Manager

- Technical staff in charge
 - Regional focal persons (Two Regional Medical Officers in model regions)
 - Japanese experts
 - Representative of JICA Tanzania Office
 - Other persons appointed by the Chairperson
- 3) Observers:
- Officials of the Embassy of Japan
 - Representatives of other organizations invited by the Chairperson

4. Inputs

4-1. Japanese side

(1) Dispatch of Japanese experts

JICA will assign Japanese experts with the following assignment title.

1) Long-term experts

- Chief Advisor/M&E specialist
- Epidemiology specialist
- Project Coordinator/Training specialist

2) Short-term experts

Other related fields mutually agreed upon as necessary

(2) Equipment

Vehicles and office equipment hitherto provided by ongoing NACP/JICA Project will be continuously used for the implementation of the Project. The following equipment will be provided:

- Photo copy and fax machine
- IT equipment for DHIS operations in model regions.

Other equipment may be provided upon agreement between the Government of Tanzania and JICA.

(3) Operational cost

JICA will bear necessary costs for implementing the Project activities such as printing materials, conducting training, hiring local staff for the Project, etc.

4-2. Tanzania side

(1) Assignment of the personnel

The Government of Tanzania will assign the personnel for the administration of the Project as stipulated in the section 3-1.

(2) Facilities and equipment

Office space for the Project will be provided.

(3) Operational cost

The Government of Tanzania will bear the budget for the following recurrent costs:

- Salaries and other allowances for the Tanzanian personnel for the Project administration
- Running expenses for the Project office such as electricity, water supply, communication

Or

5. Geographical area to be covered by the Project

The products and systems developed by the Project will be disseminated to all regions, while model regions are selected for intensive on-site monitoring to verify the effectiveness and feasibility of the developed products and systems at operational level.

Both sides agreed that Coast and Dodoma regions will be selected as model regions in consideration of continuity of the activities supported by the ongoing NACP/JICA Project.

III WAY FORWARD

- (1) It was mutually agreed that a permanent post of Assistant Programme Manager (tentative title) in NACP will be created and staffed by MOHSW before the commencement of the Project to promote effective coordination among the units of NACP.
- (2) Further discussions will be held between MOHSW and JICA for reviewing the framework of the Project as need arises.
- (3) As MOHSW and JICA come to mutual agreement, R/D will be prepared and signed by both sides prior to commencement of the Project.

LIST OF ANNEXES

- | | |
|-----------|-----------------------------------|
| Annex I | Tentative PDM |
| Annex II | Tentative PO |
| Annex III | List of PCM workshop participants |

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ANNEX I
 Tentative Project Design Matrix (PDM)
 Project Title: Health Systems Strengthening for HIV and AIDS Services Project (NACP/JICA Project Phase2)
 Target Area: Tanzania

Version Number: Tentative 0
 Date: 29 April, 2010
 Project Duration: 4 years from the date mentioned in RD

Beneficiary: RHMTs, CHMTs and Health facilities

Narrative Summary Overall Goal	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Health system is strengthened through comprehensive supportive supervision, mentoring and effective M&E system for health sector HIV and AIDS services.	Number/Proportion of regions implementing comprehensive supportive supervision/mentoring/M&E system for health sector HIV and AIDS services	Supervision reports, Mentoring reports	DHIS is rolled out nationwide. HIV and AIDS remains as national priority.
Comprehensive supportive supervision, mentoring and effective M&E system for health sector HIV and AIDS services is developed and demonstrated for scale-up.	Project Purpose 1. Number of regions and stakeholders oriented on comprehensive supportive supervision/mentoring/M&E system for health sector HIV and AIDS services developed by the Project 2. Number of regions having well functioning comprehensive supportive supervision/mentoring/M&E system (denominator:2) 3. Proportion of health workers in the model regions recognizing comprehensive supportive supervision/mentoring/M&E system as simpler and more useful than the previous system for their service provision	1. Project reports 2. Survey using questionnaire or interview 3. Survey using questionnaire or interview	Human, financial and physical resources are maintained at all levels.
Outputs	1-1. Number of stakeholders meetings conducted 1-2. Simplified and integrated recording and reporting tools and SOP in place	1-1. Project reports, Minutes of stakeholders meetings 1-2. Project reports	Human, financial and physical resources are maintained at all levels.
1. M&E tools are simplified and integrated at national level.	2-1. Number/Proportion of regions/districts/health facilities generating complete, timely and accurate reports 2-2. Number/Proportion of Regional Annual Health Plans and CCHPs citing information generated from DHIS 2-3. Proportion of health facilities which can cite at least one decision made from information generated from M&E system	2-1. M&E audit reports 2-2. Regional Annual Health Plans, CCHPs 2-3. Survey reports	
2. M&E system in model regions is strengthened.	3-1. Number of stakeholders meetings conducted 3-2. Annual plan of comprehensive supportive supervision and mentoring in place at the national level 3-3. Number of coordinated bi-annual supervisory visits to regions in the last one year 3-4. Number of coordinated mentoring visits to referral/regional hospitals in response to the needs identified in the last one year 3-5. Improved manual and tools in place	3-1. Project reports, Minutes of stakeholders meetings 3-2. Annual plan of comprehensive supportive supervision and mentoring at the national level 3-3. Supervision reports 3-4. Supervision reports, Mentoring reports 3-5. Project reports	
3. Coordination capacity of comprehensive supportive supervision and mentoring at NACP is strengthened.	4-1. Comprehensive supportive supervision and mentoring training package in place 4-2. Number of national supervisors/mentors trained 4-3. Number of national trainers for comprehensive supportive supervision and mentoring	4-1. Project reports 4-2. List of national supervisors and mentors, Training reports 4-3. List of national trainers, Training reports	
4. Capacity of national supervisors and mentors is improved.	5-1. Number of regional/district supervisors and mentors trained 5-2. Number/Proportion of regions/districts/health facilities received comprehensive supportive supervision/mentoring for HIV and AIDS health services 5-3. Proportion of action points/recommendations implemented by regions/districts/health facilities	5-1. List of regional/district supervisors and mentors, Training reports 5-2. Supervision matrix and reports, Mentoring reports 5-3. Supervision reports, Mentoring reports	
5. Comprehensive supportive supervision and mentoring in model regions is strengthened.			

2

Activities	Japan	Tanzania	Significant proportion of trained personnel remains as implementers of tasks assigned by the Project
0. Conduct baseline, midline, endline survey			
1-1. Review and design recording and reporting tools and SOP	1. Dispatch of Japanese experts - Chief Advisor/M&E specialist - Epidemiology specialist - Project Coordinator/Training specialist - Other short-term experts	1. Assignment of the personnel	
1-2. Pre-test revised recording and reporting tools and SOP	2. Equipment - Photo copy and fax machine - IT equipment for DHIS operations in model regions, etc.	2. Facilities and equipment - Office space	
1-3. Finalize the recording and reporting tools and SOP	3. Operational cost	3. Operational cost	
1-4. Conduct stakeholders meetings for dissemination of the recording and reporting tools and SOP			Structure, roles and responsibilities of national, regional and district administration for M&E and supportive supervision are maintained.
1-5. Print and distribute the recording and reporting tools and SOP to regions			Human, financial and physical resources are maintained at all levels.
1-6. Integrate the reporting forms into DHIS			
1-7. Conduct annual M&E data audit			
1-8. Orient NACP staff on SS			
1-9. Apply SS to all documentation at NACP			
1-10. Conduct M&E coordination meetings between M&E Unit of MOHSW and NACP			
1-11. Include revised M&E components in comprehensive supportive supervision tools			
2-1. Train healthcare workers including RCHMTs on recording and reporting tools and SOP			
2-2. Ensure delivery of recording and reporting tools and SOP to health facilities			
2-3. Conduct situation analysis before implementing DHIS			
2-4. Install IT equipment for DHIS			
2-5. Conduct advocacy meetings on DHIS			
2-6. Train RCHMTs on the usage of DHIS			
2-7. Conduct follow-up technical consultation visits on DHIS			
2-8. Train RCHMTs on evidence based (data utilization) health planning			
2-9. Conduct stakeholders meetings to share experience/lessons			
3-1. Coordinate development of annual plan and budget for national supervisors and mentors			
3-2. Implement and monitor comprehensive supportive supervision and mentoring visits for health sector HIV and AIDS interventions			
3-3. Develop mechanism for documentation and sharing reports of comprehensive supportive supervision and mentoring visits			
3-4. Conduct national synergy meetings between supervisors and mentors			
3-5. Conduct stakeholders meetings to share experience/lessons			
3-6. Review and print comprehensive supportive supervision and mentoring manual and tools			
4-1. Develop and print comprehensive supportive supervision and mentoring training package			
4-2. Conduct National Training of Trainers (TOT)			
4-3. Train national supervisors and mentors			
4-4. Conduct refresher trainings to national supervisors and mentors			
5-1. Orient RCHMTs and health facilities on comprehensive supportive supervision and mentoring			
5-2. Select and train regional and district supervisors and mentors			
5-3. Plan and conduct comprehensive supportive supervision and mentoring			
5-4. Develop mechanism for documentation and sharing reports of comprehensive supportive supervision and mentoring visits			
5-5. Conduct regional and district synergy meetings between supervisors and mentors			
5-6. Conduct stakeholders meetings to share experience/lessons			
5-7. Integrate comprehensive supportive supervision and mentoring into Regional Annual Health Plans and CCHPs			
5-8. Conduct study tour to a country of best practice			

* Targets of the indicators will be set after baseline survey.

Pre-Conditions

Assistant Programme Manager (NACP) is assigned by MOHSW.

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		plan		actual		plan		actual	
PM	4-1. Develop and print comprehensive supportive supervision and mentoring training package								
PM	4-2. Conduct National Training of Trainers (NTOT)								
PM	4-3. Train national supervisors and mentors								
PM	4-4. Conduct refresher trainings to national supervisors and mentors								
OUTPUT 5: Comprehensive supportive supervision and mentoring in model regions is strengthened.									
PM	5-1. Orient RCHMTs and health facilities on comprehensive supportive supervision and mentoring								
RMOs & DMOs & PM	5-2. Select and train regional and district supervisors and mentors								
RMOs & DMOs	5-3. Plan and conduct comprehensive supportive supervision and mentoring								
PM	5-4. Develop mechanism for documentation and sharing reports of comprehensive supportive supervision and mentoring visits								
RMOs & DMOs	5-5. Conduct regional and district synergy meetings between supervisors and mentors								
RMOs & DMOs	5-6. Conduct stakeholders meetings to share experiences/lessons								
RMOs & DMOs	5-7. Integrate comprehensive supportive supervision and mentoring into Regional Annual Health Plans and CCHPs								
PM	5-8. Conduct study tour to a country of best practice								

ANNEX III

List of PCM workshop participants

S/N	Name	Designation	Organisation
1	Dr. H. Ngonyani	Head HSIU	MOHSW
2	Mr. J. Rubona	Head of M&E	MOHSW
3	Dr. R. O. Swai	Programme Manager	NACP
4	Dr. B. Byalugaba	Regional Medical Officer	RAS-Coast Region
5	Dr. G. J. B.Mtey	Regional Medical Officer	RAS-Dodoma Region
6	Dr. E. Mpuya	Regional Medical Officer	RAS-Iringa-Region
7	Dr. O. Gabone	Regional Dental Officer	RAS-Iringa
8	Dr. S. Julias	Regional AIDS Control Coordinator	RAS-Mbeya Region
9	Dr. Z. Chaula	Physician	Dodoma Regional Hospital
10	Dr. D. Kajoka	Head of STI Unit	NACP
11	Dr. M. Nkingwa	Ag. Head of CSSU	NACP
12	Dr. R. Josiah	Head of Care and Treatment	NACP
13	Mr. H. Khalid	Head Laboratory Unit	NACP
14	Dr Z. Sekilasa	Programme Officer-C&T	NACP
15	Dr. M.Bukuku	Programme Officer-IEC	NACP
16	Ms. Peris Urassa	Programme Officer-CSSU	NACP
17	Mr. J. Nondi	Data Manager-EPIU	NACP
18	Dr. D. Sando	Programme Officer-EPIU	NACP
19	Mr. E. Edward	Administrator	NACP
20	Mr. H. Ishijima	HRH Advisor	MOHSW/JICA
21	Mr. N. Kadoi	Chief Advisor	NACP/JICA
22	Ms. Y. Sakurai	Coordinator	NACP/JICA
23	Mr. I. Takizawa	Team Leader	JICA Kenya Office
24	Ms. A. Ito	Team Member	JICA HQ
25	Ms. T. Ito	Staff	JICA HQ
26	Ms. J. Sato	Consultant	TAC International Inc.

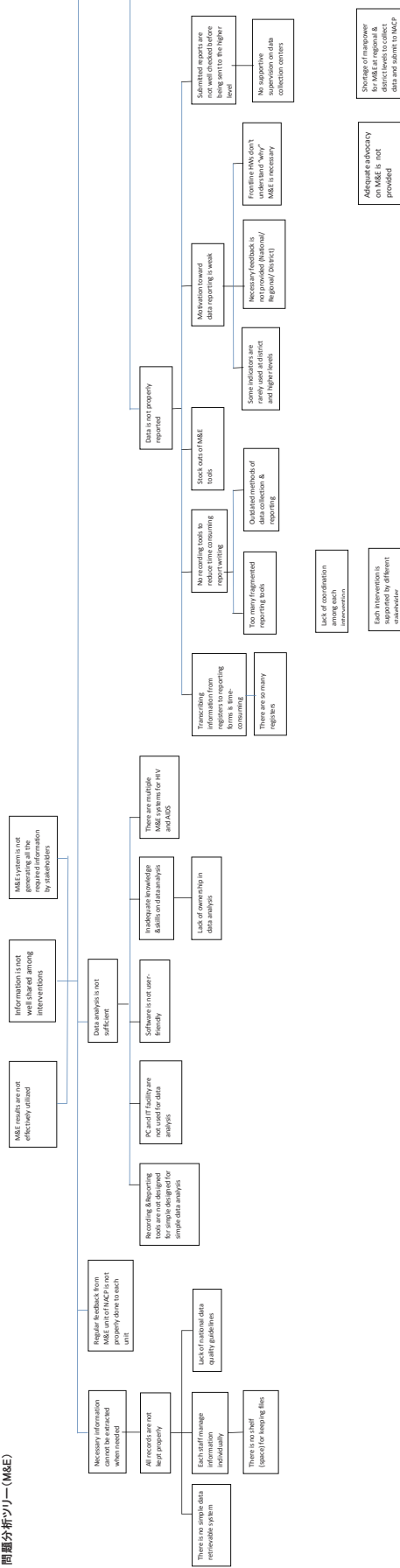
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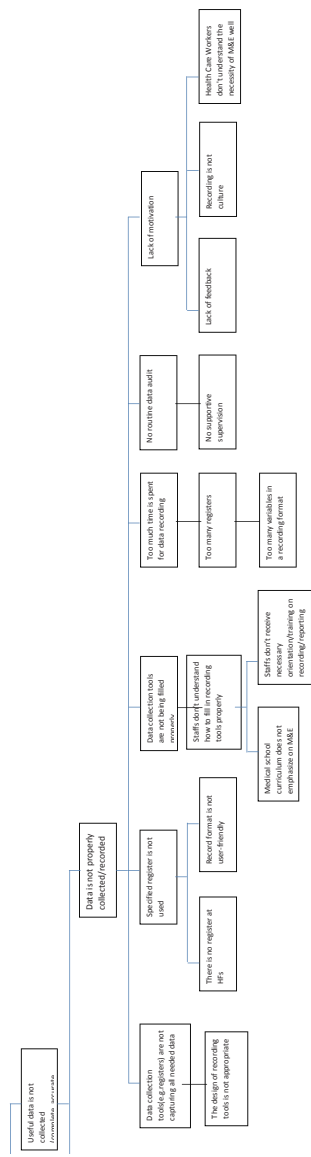
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2. 問題分析ツリー

2-1. 問題分析ツリー (M&E)

2-1 問題分析ツリー (M&E)

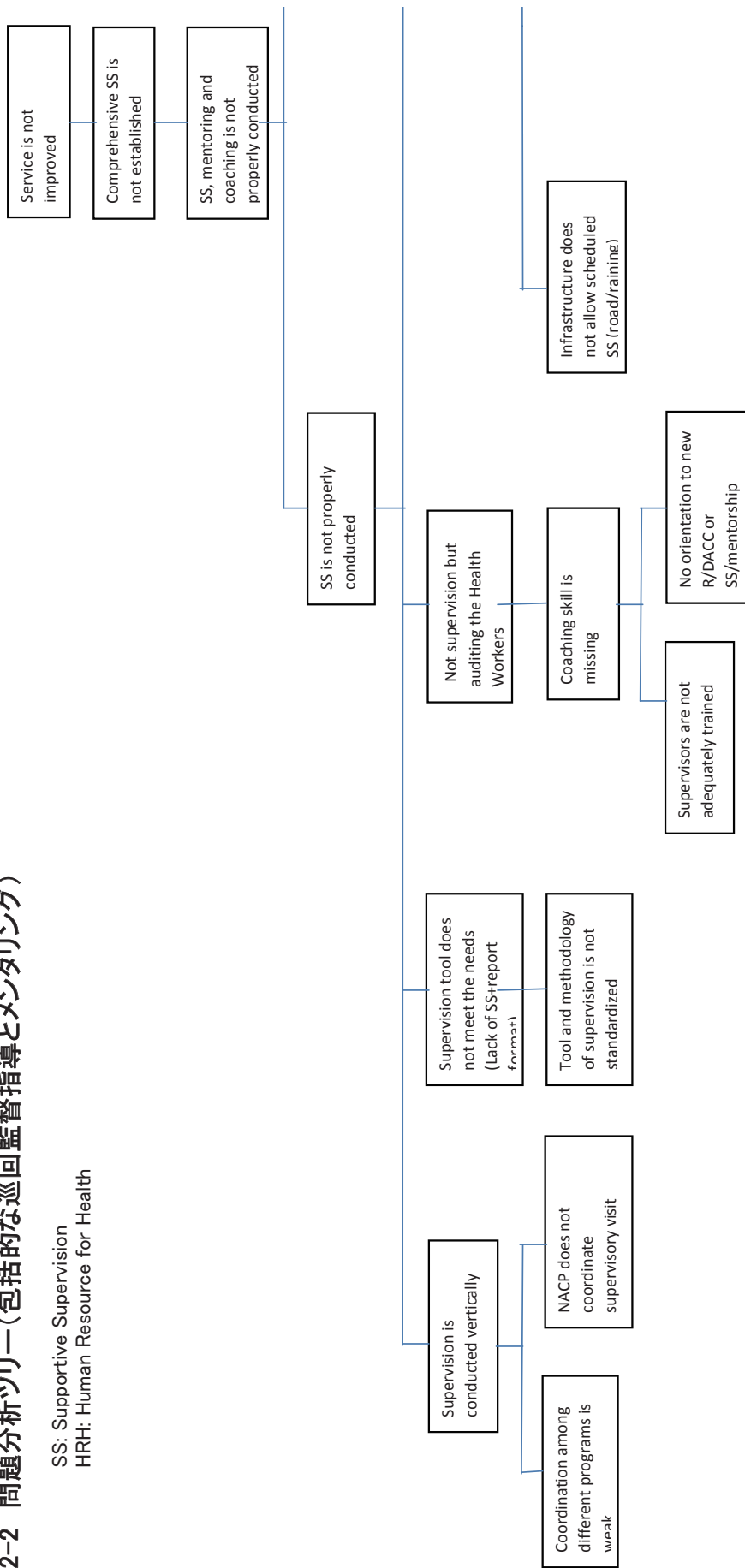


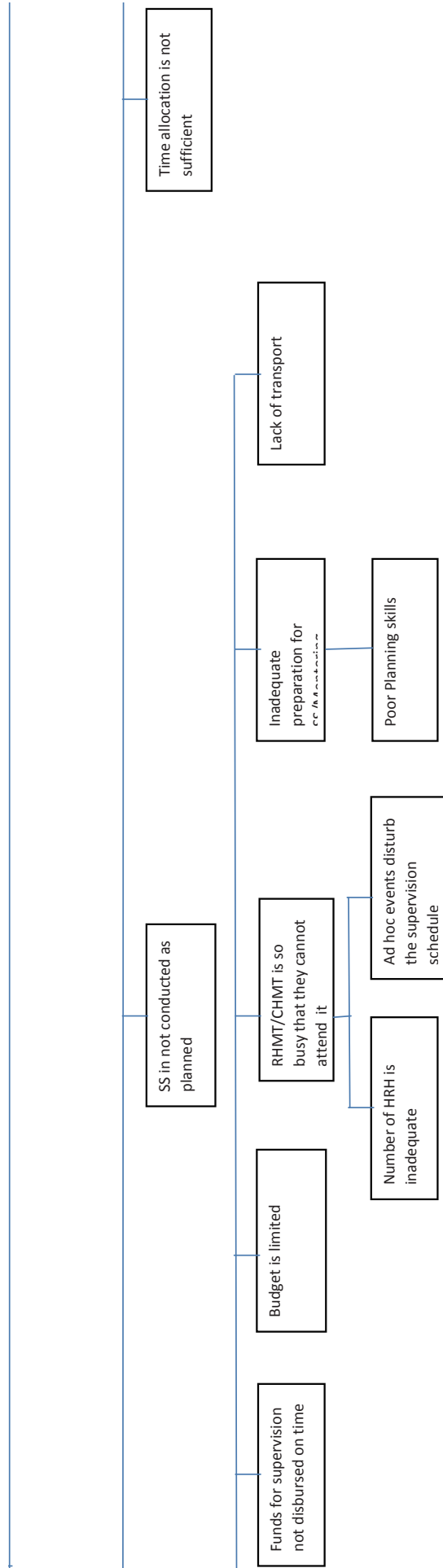


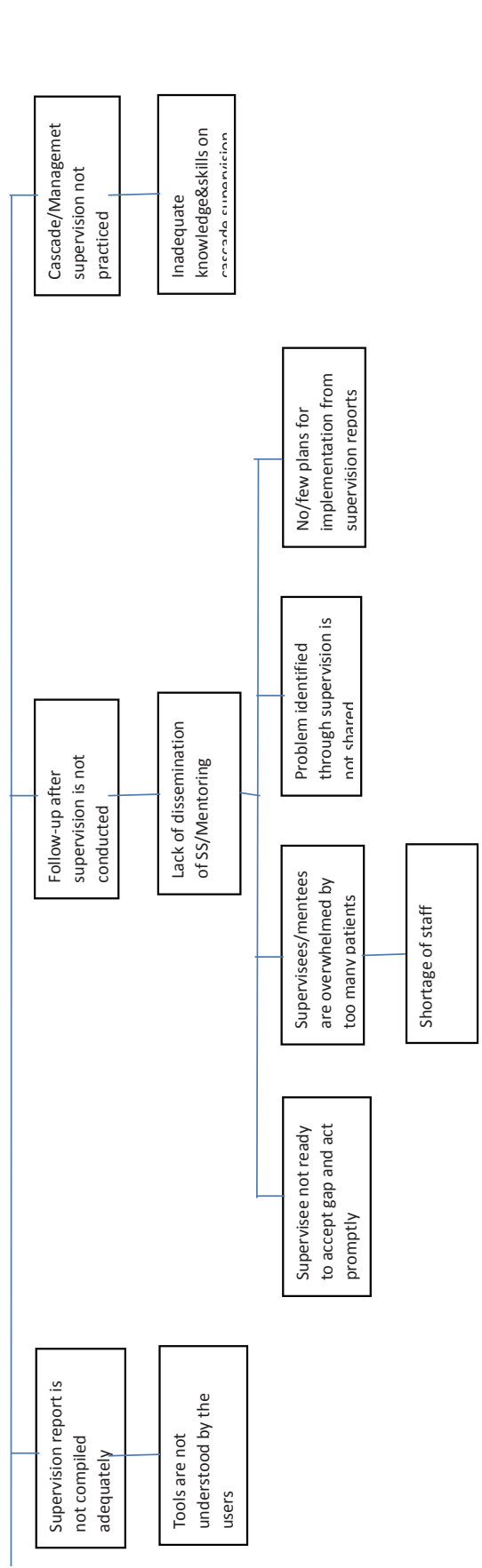
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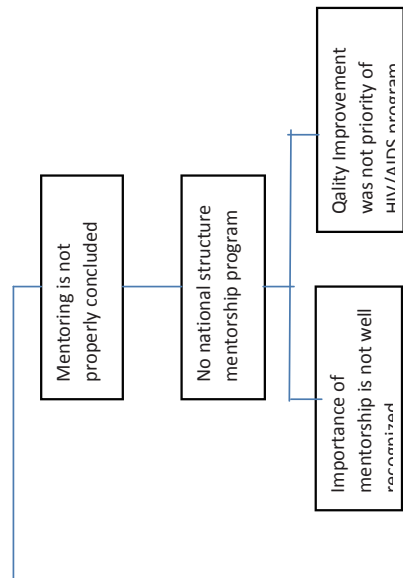
2-2 問題分析ツリー (包括的な巡回監督指導とメンタリング)

SS: Supportive Supervision
 HRH: Human Resource for Health





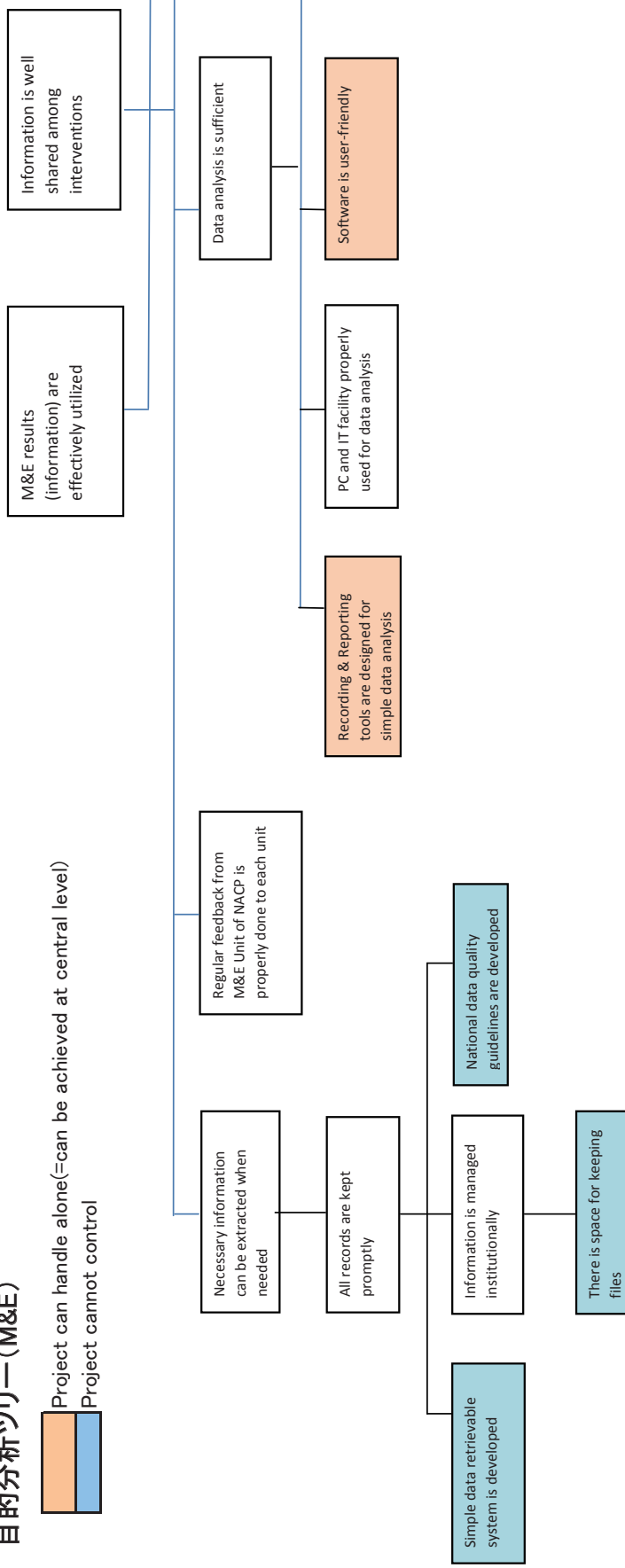


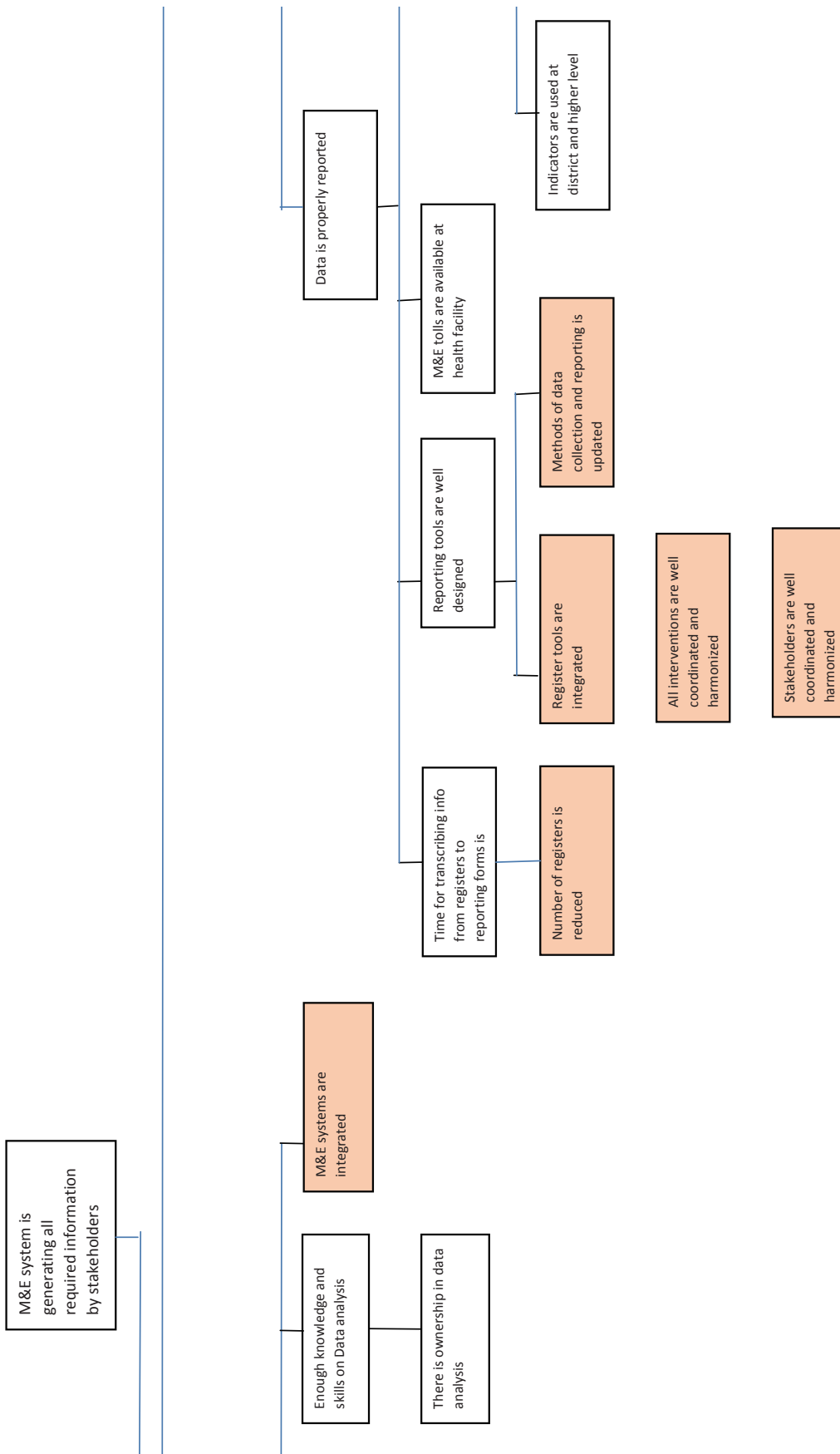


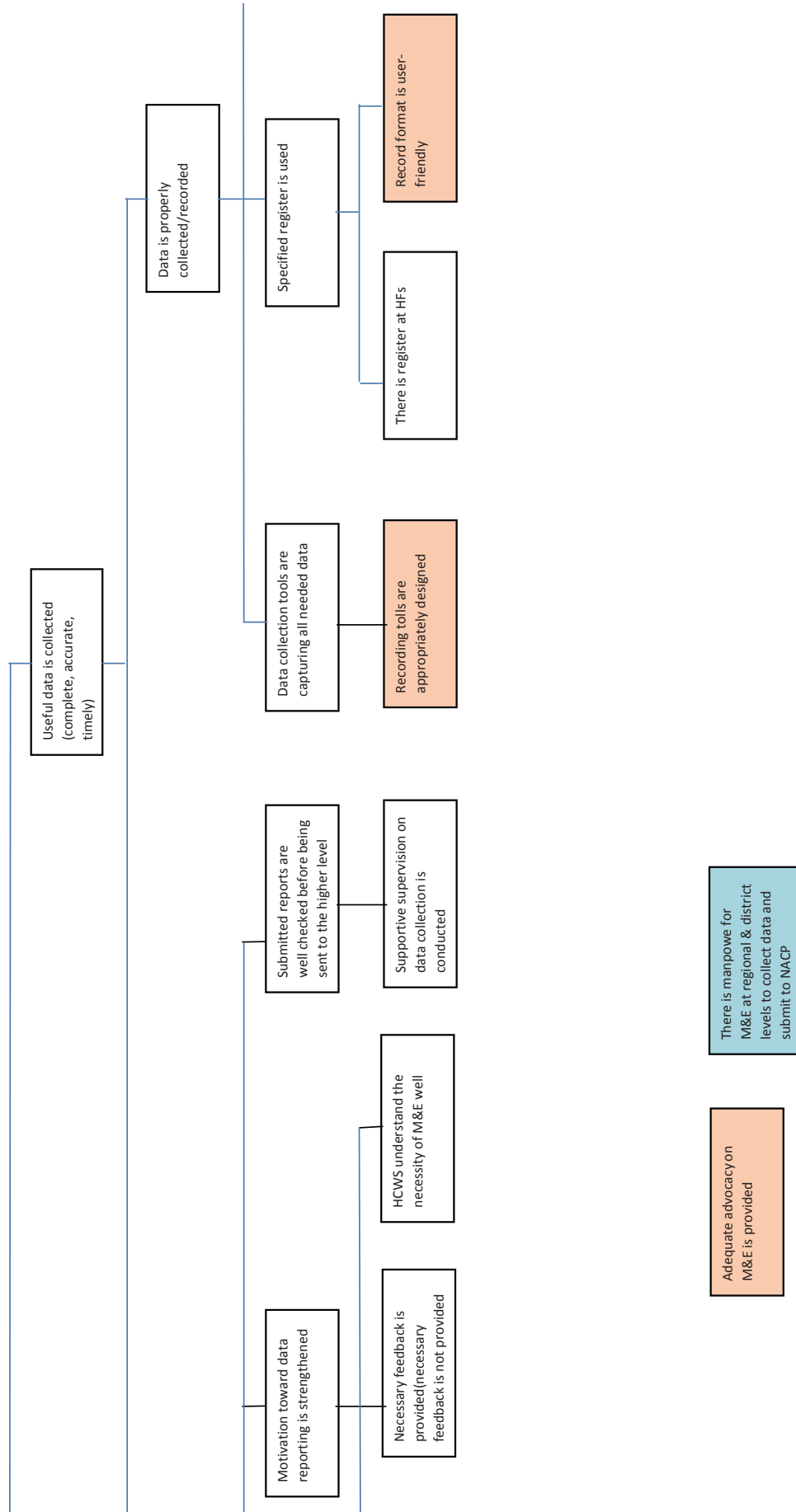
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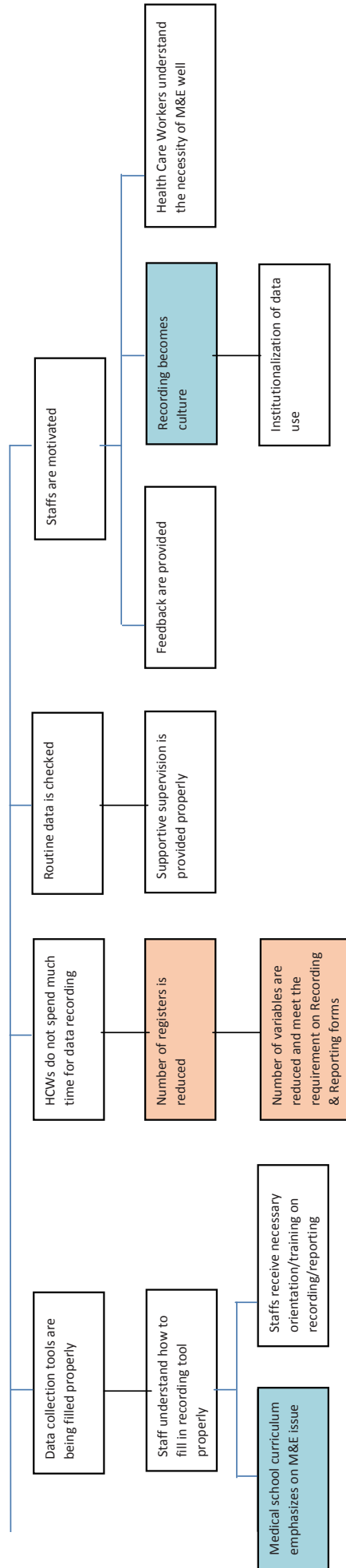
3-1. 目的分析ツリー (M&E)

3-1 目的分析ツリー (M&E)









3-2. 目的分析ツリー（包括的な巡回監督指導とメンタリング）

3-2 目的分析ツリー（包括的な巡回監督指導とメンタリング）

Project can handle alone(=can be achieved at central level)
 Project cannot control

SS: Supportive Supervision
 HRH: Human Resource for Health

