

**RECORD OF DISCUSSIONS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE UNITED REPUBLIC OF TANZANIA
ON
JAPANESE TECHNICAL COOPERATION FOR THE
HEALTH SYSTEMS STRENGTHENING
FOR HIV AND AIDS SERVICES PROJECT**

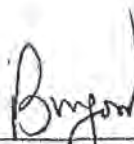
The Japan International Cooperation Agency (hereinafter referred to as “JICA”), through the Chief Representative in Tanzania had a series of discussions with the Tanzanian authorities concerned with respect to desirable measures to be taken by JICA and the Government of the United Republic of Tanzania for the successful implementation of the Health Systems Strengthening for HIV and AIDS Services Project (hereinafter referred to as “the Project”).

As a result of the discussions described in the Minutes of Meetings signed by representatives of responsible Ministry and JICA dated 29th April 2010, and in accordance with the provisions of the Agreement on Technical Cooperation between the Government of Japan and the Government of the United Republic of Tanzania, which was signed in Dar es Salaam on 2nd November, 2004 (hereinafter referred to as “the Agreement”), JICA and Tanzanian authorities concerned agreed on the matters referred to in the document attached hereto.

Dar es Salaam, 12th August, 2010



Mr. Yukihide Katsuta
Chief Representative
Japan International Cooperation
Agency Tanzania Office



Ms. Blandina J.S. Nyoni
Permanent Secretary
Ministry of Health and Social
Welfare
The United Republic of Tanzania

THE ATTACHED DOCUMENT

I. ACRONYMS AND ABBREVIATIONS

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

CCHP	Comprehensive Council Health Plan
CHMT	Council Health Management Team
DHIS	District Health Information System
GOJ	Government of Japan
GOT	Government of the United Republic of Tanzania
IT	Information and Technology
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
M&E	Monitoring and Evaluation
MOHSW	Ministry of Health and Social Welfare
NACP	National AIDS Control Programme
RHMT	Regional Health Management Team
SOP	Standard Operating Procedure
TOT	Training of Trainers

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

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

III. MEASURES TO BE TAKEN BY JICA

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

1. DISPATCH OF JAPANESE EXPERTS

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

2. PROVISION OF MACHINERY AND EQUIPMENT

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

3. TRAINING OF TANZANIAN PERSONNEL IN JAPAN OR THIRD COUNTRIES

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

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

1. The GOT will take necessary measures to ensure that the self-reliant operation of the Project is 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 GOT will ensure that the technologies and knowledge acquired by the Tanzanian nationals as a result of Japanese technical cooperation contribute to the economic and social development of the United Republic of Tanzania.
3. In accordance with the provisions of Article V of the Agreement, the GOT will grant privileges, exemptions and benefits to the Japanese experts specified in III-1 above and their families as well.
4. In accordance with the provisions of Article IV and VII of the Agreement, the GOT will take the measures necessary to receive and use the Equipment provided by JICA under Annex III hereof and equipment, machinery and materials carried in by the Japanese experts specified in Annex II hereof.
5. The GOT will take necessary measures to ensure that the knowledge and experience acquired by the Tanzanian personnel from technical training in Japan or in third countries are utilized effectively in the implementation of the Project.
6. In accordance with the provision of Article V of the Agreement, the GOT will assign Tanzanian counterpart and provide administrative personnel as listed in Annex IV hereof.
7. In accordance with the provision of Article V of the Agreement, the GOT will provide



the buildings and facilities as listed in Annex V hereof.

8. In accordance with the laws and regulations in force in the United Republic of Tanzania, the GOT will take necessary measures to supply or replace at its own expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under III-2 above.
9. In accordance with the laws and regulations in force in the United Republic of Tanzania, the GOT will take necessary measures to meet the running cost for the implementation of the Project.

V. ADMINISTRATION OF THE PROJECT

1. Chief Medical Officer of MOHSW, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.
2. Programme Manager of NACP, MOHSW, as the Project Manager, will be responsible for the managerial and technical matters of the Project.
3. The Chief Adviser that appears in the list of Japanese Experts in Annex II hereof will provide necessary recommendations and advice for the MOHSW on any matters pertaining to the implementation of the Project.
4. The Japanese experts will provide necessary technical guidance and advice for the Tanzanian counterpart personnel on technical matters pertaining to the implementation of the Project.
5. For the effective and successful implementation of the Project, a Joint Coordinating Committee (hereinafter referred to as JCC), whose functions and composition are described in Annex VI hereof, will be established. The JCC will meet at least once a year or whenever necessity arises during the Project in order to monitor the progress of the Project and make necessary decisions on the Project.

VI. JOINT EVALUATION

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

VII. CLAIMS AGAINST JAPANESE EXPERTS

In accordance with the provision of Article VI of the Agreement, the GOT undertakes to bear claims, if any arises, against the Japanese experts engaged in the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the United Republic of Tanzania except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VIII. MUTUAL CONSULTATION

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

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

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

X. COOPERATION PERIOD

The duration of the technical cooperation for the Project under this Attached Document will be four (4) years from the date of the first Japanese expert's arrival in the United Republic of Tanzania.

ANNEX I	SUMMARY OF THE PROJECT
ANNEX II	LIST OF JAPANESE EXPERTS
ANNEX III	LIST OF EQUIPMENT
ANNEX IV	LIST OF TANZANIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL
ANNEX V	LIST OF BUILDINGS AND FACILITIES
ANNEX VI	JOINT COORDINATING COMMITTEE

Attachment: Minutes of Meetings signed by representatives of MOHSW and JICA on 29th April 2010



ANNEX I SUMMARY OF THE PROJECT

1 Overall Goal

Health system is strengthened through comprehensive supportive supervision, mentoring and effective M&E system for health sector HIV and AIDS services

2 Project Purpose

Comprehensive supportive supervision, mentoring and effective M&E system for health sector HIV and AIDS services is developed and demonstrated for scale-up.

3 Outputs

1. M&E tools are simplified and intergrated at national level.
2. M&E system in model regions is strengthened.
3. Coordination capacity of comprehensive supportive supervision and mentoring at NACP is strengthened.
4. Capacity of national supervisors and mentors is improved.
5. Comprehensive supportive supervision and mentoring in model regions is strengthened.

4 Activities

0. Conduct baseline, midline, endline survey
 - 1.1 Review and design recording and reporting tools and SOP.
 - 1.2 Pre-test revised recording and reporting tools and SOP
 - 1.3 Finalize the recording and reporting tools and SOP
 - 1.4 Conduct stakeholders meetings for dissemination of the recording and reporting tools and SOP
 - 1.5 Print and distribute the recording and reporting tools and SOP to regions
 - 1.6 Integrate the reporting forms into DHIS
 - 1.7 Conduct annual M&E data audit
 - 1.8 Orient NACP staff on 5S
 - 1.9 Apply 5S 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 R/CHMTs 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 R/CHMTs on the usage of DHIS
- 2.7 Conduct follow-up technical consultation visits on DHIS
- 2.8 Train R/CHMTs 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 experiences/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 (NTOT)
- 4.3 Train national supervisors and mentors
- 4.4 Conduct refresher trainings to national supervisors and mentors

- 5.1 Orient R/CHMTs 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 experiences/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

5 Implementing Organization

Ministry of Health and Social Welfare (MOHSW)

6 Duration of the Project

Four (4) years from the first dispatch of the experts

7 Geographical area to be covered by the Project

The products and systems developed by the Project will be disseminated to all regions, while Coast and Dodoma Regions are selected as model regions for intensive on-site

monitoring to verify the effectiveness and feasibility of the developed products and systems at operational level.

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



ANNEX II LIST OF JAPANESE EXPERTS

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

1. Long-term Experts

- (1) Chief Advisor/M&E specialist
- (2) Epidemiology specialist
- (3) Project Coordinator/Training specialist

2. Short-term Experts

Other related fields mutually agreed upon as necessary, such as Baseline and Endline Surveys

ANNEX III LIST OF EQUIPMENT

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

	Name	Quantity	Specification
(1)	Project office equipment	1 lot	Photocopy and Fax machine
(2)	IT equipment for DHIS operations in model regions.	For 2 model regions	PCs, software, and others if necessary.

Vehicles and office equipment provided by the Project for Institutional Capacity Strengthening for HIV prevention focusing on STIs and VCT Services (NACP/JICA Project) will be continuously used for the implementation of the Project.

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



ANNEX IV LIST OF TANZANIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL

- (1) Project Director: Chief Medical Officer, MOHSW
- (2) Project Manager: Programme Manager, National AIDS Control Programme (hereinafter referred to as “NACP”), MOHSW
- (3) Assistant Project Manager: Assistant Programme Manager (tentative title), NACP, MOHSW
- (4) Technical staff in charge: All unit heads, NACP, MOHSW
- (5) Regional focal persons: Regional Medical Officers in Model Regions

Note:

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



ANNEX V LIST OF BUILDINGS AND FACILITIES

1. Office spaces and necessary facilities for JICA experts and related staff in the MOHSW.
2. Buildings and facilities necessary for implementation of the Project in the MOHSW.
3. Other facilities will be mutually agreed upon as necessary.



ANNEX VI JOINT COORDINATING COMMITTEE

1. Functions

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

- (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. Compositions

The JCC shall be composed of the following members.

1) Chairperson:

Chief Medical Officer, MOHSW

2) Members:

- Programme Manager, NACP, MOHSW
- Assistant Programme Manager, NACP, MOHSW
- All unit heads, NACP, MOHSW
- Director of Preventive Services, MOHSW
- Director of Policy and Planning, MOHSW
- Director of Curative Health Services, MOHSW
- Director of Human Resource Development, MOHSW
- Head of Reproductive and Child Health Section, MOHSW
- Head of M&E Section, MOHSW
- Head of Hospital Reform Programme, MOHSW
- Chief Pharmacist, MOHSW
- Programme Manager, National TB and Leprosy Programme
- 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

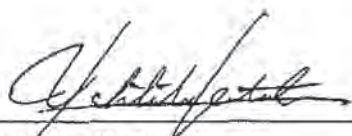


**MINUTES OF MEETINGS BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE
UNITED REPUBLIC OF TANZANIA
ON JAPANESE TECHNICAL COOPERATION FOR THE HEALTH SYSTEMS
STRENGTHENING FOR HIV AND AIDS SERVICES PROJECT**

In accordance with the Record of Discussions (hereinafter referred to as “the R/D”) on the Health Systems Strengthening for HIV and AIDS Services Project (hereinafter referred to as “the Project”), which was signed by the Ministry of Health and Social Welfare (hereinafter referred to as “MOHSW”) and the Japan International Cooperation Agency (hereinafter referred to as “JICA”), both sides had additional discussions on the details of the Project.

As a result, both sides agreed on the framework of the Project which was described in the Project Design Matrix (hereinafter referred to as “PDM”) and the Plan of Operation (hereinafter referred to as “PO”) attached hereof. Additionally, all the parties understood that the PDM and PO are subject to changes during the course of implementation of the Project as far as such changes are consistent with the R/D.

Dar es Salaam, 12th August, 2010



Mr. Yukihide Katsuta
Chief Representative
Japan International Cooperation
Agency Tanzania Office



Ms. Blandina J.S. Nyoni
Permanent Secretary
Ministry of Health and Social
Welfare
The United Republic of Tanzania

Beneficiary: RHMTs, CHMTs and Health facilities

Narrative Summary Overall Goal	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Health system is strengthened through comprehensive supportive supervision, mentoring and effective M&E system for health sector HIV and AIDS services.</p> <p>Project Purpose</p> <p>Comprehensive supportive supervision, mentoring and effective M&E system for health sector HIV and AIDS services is developed and demonstrated for scale-up.</p>	<p>Number/Proportion of regions implementing comprehensive supportive supervision/mentoring/M&E system for health sector HIV and AIDS services</p> <p>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</p> <p>2. Number of regions having well functioning comprehensive supportive supervision/mentoring/M&E system (denominator:2)</p> <p>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 is increased</p>	<p>Supervision reports, Mentoring reports</p> <p>1. Project reports 2. Survey using questionnaire or interview 3. Survey using questionnaire or interview</p>	<p>DHIS is rolled out nationwide. Human, financial and physical resources are maintained at all levels.</p>
<p>Outputs</p> <p>1. M&E tools are simplified and integrated at national level.</p> <p>2. M&E system in model regions is strengthened.</p> <p>3. Coordination capacity of comprehensive supportive supervision and mentoring at NACP is strengthened.</p> <p>4. Capacity of national supervisors and mentors is improved.</p> <p>5. Comprehensive supportive supervision and mentoring in model regions is strengthened.</p>	<p>1-1. Number of stakeholders meetings conducted 1-2. Simplified and integrated recording and reporting tools and SOP in place</p> <p>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 CCHFs 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</p> <p>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 bi-annual supervisory visits to regions conducted according to the plan in the last one year 3-4. Number of mentoring visits to referral/regional hospitals conducted in response to the needs identified in the last one year 3-5. Improved manual and tools in place</p> <p>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</p> <p>5-1. Number of regional/district supervisors and mentors trained 5-2. Number/Proportion of regional/district 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</p>	<p>1-1. Project reports, Minutes of stakeholders meetings 1-2. Project reports</p> <p>2-1. M&E audit reports 2-2. Regional Annual Health Plans, CCHFs 2-3. Survey reports</p> <p>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</p> <p>4-1. Project reports 4-2. List of national supervisors and mentors, Training reports 4-3. List of national trainers, Training reports</p> <p>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</p>	<p>Human, financial and physical resources are maintained at all levels.</p>

Activities	Japan	Tanzania	Inputs
0. Conduct baseline, midline, endline survey			Significant proportion of trained personnel remains as implementors of tasks assigned by the Project.
1-1. Review and design recording and reporting tools and SOP			
1-2. Pre-test/ revised recording and reporting tools and SOP			
1-3. Finalize the recording and reporting tools and SOP			
1-4. Conduct stakeholder 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	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 2. Facilities and equipment - Office space 3. Operational cost	
2-2. Ensure delivery of recording and reporting tools and SOP to health facilities	2. Equipment - Photo copy and fax machine - IT equipment for DHIS operations in model regions, etc.		
2-3. Conduct situation analysis before implementing DHIS	3. Operational cost		
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 stakeholder meetings to share experiences/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 experiences/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 (NTO)			
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 experiences/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.

ANNEX II
Plan of Operation (PO) Version 1

Responsible	Activity	Calendar Year																										
		2010			2011			2012			2013			2014														
		Month	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9		
	Project Evaluation	plan	actual																									
Head M&E	0. Conduct baseline, midline, endline survey																											
	OUTPUT1: M&E tools are simplified and integrated at national level.																											
Head M&E	1-1. Review and design recording and reporting tools and SOP																											
Head M&E	1-2. Pre-test revised recording and reporting tools and SOP																											
Head M&E	1-3. Finalize the recording and reporting tools and SOP																											
Head M&E	1-4. Conduct stakeholders meetings for dissemination of the recording and reporting tools and SOP																											
Head M&E	1-5. Print and distribute the recording and reporting tools and SOP to regions																											
Head M&E	1-6. Integrate the reporting forms into DHIS																											
Head M&E	1-7. Conduct annual M&E data audit																											
Administrator	1-8. Orient NACP staff on SS																											
Administrator	1-9. Apply SS to all documentation at NACP																											
PM	1-10. Conduct M&E coordination meetings between M&E Unit of MOHSW and NACP																											
PM	1-11. Include revised M&E components in comprehensive supportive supervision tools																											
	OUTPUT2: M&E system in model regions is strengthened.																											
Head M&E	2-1. Train healthcare workers including RCHMTs on recording and reporting tools and SOP																											
RMOs & DMOs & Head M&E	2-2. Ensure delivery of recording and reporting tools and SOP to health facilities																											
PM	2-3. Conduct situation analysis before implementing DHIS																											
PM	2-4. Install IT equipment for DHIS																											
PM	2-5. Conduct advocacy meetings on DHIS																											
Head M&E	2-6. Train RCHMTs on the usage of DHIS																											
Head M&E	2-7. Conduct follow-up technical consultation visits on DHIS																											
Head M&E	2-8. Train RCHMTs on evidence based (data utilization) health planning																											
PM	2-9. Conduct stakeholders meetings to share experiences/lessons																											
	OUTPUT3: Coordination capacity of comprehensive supportive supervision and mentoring at NACP is strengthened.																											
PM	3-1. Coordinate development of annual plan and budget for national supervisors and mentors																											
PM	3-2. Implement and monitor comprehensive supportive supervision and mentoring visits for health sector HIV and AIDS interventions																											
PM	3-3. Develop mechanism for documentation and sharing reports of comprehensive supportive supervision and mentoring visits																											
PM	3-4. Conduct national synergy meetings between supervisors and mentors																											
PM	3-5. Conduct stakeholders meetings to share experiences/lessons																											
PM	3-6. Review and print comprehensive supportive supervision and mentoring manual and tools																											

		plan	actual	plan	actual	plan	actual	plan	actual	plan	actual	plan	actual	plan	actual
	OUTPUT4: Capacity of national supervisors and mentors is improved.														
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														
	OUTPUT5: Comprehensive supportive supervision and mentoring in model regions is strengthened.														
PM	5-1. Orient R/CHMTs 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														

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