アフリカ保健システム強化パートナーシップ
実施協議報告書

平成 23 年９月
（2011年）

独立行政法人国際協力機構
ケニア事務所

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11-005

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序　　文

日本政府は、ケニア共和国政府の要請に基づき、公衆衛生省（Ministry of Public Health and Sanitation：MoPHS）を実施主体とする技術協力個別案件（第三国研修）「アフリカ保健システム強化パートナーシップ」を実施することを決定しました。

当機構は本件協力を円滑かつ効率的に進めるため、2009年から2010年にわたり協力準備調査を行い、本件の背景を確認するとともに、ケニア共和国政府と本件協力の実施方針について協議を重ね、その結果について先方と討議議事録（Record of Discussions：R/D）を締結しました。

本報告書は協議に基づく今後の協力方針を取りまとめたものです。

終わりに協議の実施にあたりご協力いただきました関係者の皆様に感謝申し上げるとともに、今後の一層のご支援をお願いする次第です。

平成23年9月

独立行政法人国際協力機構

ケニア事務所長　加藤　正明

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略　語　一　覧

略　語	英　語	日本語
AHLMN	Africa Health Leadership and Management Network	アフリカ保健リーダーシップマネジメントネットワーク
AMREF	African Medical and Research Foundation	アフリカ医療研究財団（研修事業を行う国際保健 NGO）
CoP	Communities of Practice	保健システム強化策の対象領域
HHA	Harmonization for Health in Africa	アフリカの援助協調メカニズム
HSS	Health Systems Strengthening	保健システム強化
JICA	Japan International Cooperation Agency	独立行政法人国際協力機構
MDGs	Millennium Development Goals	ミレニアム開発目標
MOD	Minutes of Discussions	合意議事録
MoPHS	Ministry of Public Health and Sanitation	公衆衛生省
MOU	Memorandum of Understanding	覚書
PDM	Project Design Matrix	プロジェクト・デザイン・マトリックス
PO	Plan of Operation	活動計画書
R/D	Record of Discussions	討議議事録
TOT	Training of Trainers	研修者養成研修
USAID	United States Agency for International Development	米国国際開発庁

第１章　協議要約

アフリカの多くの国においては、2015年までの保健分野ミレニアム開発目標（Millennium Development Goals：MDGs）の達成が危ぶまれている。その背景には複数の原因があるものの、保健サービスの普遍的かつ持続的な提供を支える保健システムの脆弱性、とりわけサービス提供を担う保健人材の危機的な不足が、最大の原因とされている。アフリカ域内におけるMDGs達成に向けた取り組みを加速させるとともに、その成果を2015年を超えて自立発展的なものとするためには、保健人材の育成を含む保健システム強化が必要不可欠と認識されている。

保健人材の危機において着目されているのは、一義的には保健サービスの提供を現場で担う医師、看護師、薬剤師、検査技師などの医療専門職である。しかし、持続的な保健システム強化をめざすためには、保健システムを設計・構築する研究者や中央政府レベルの保健行政官、保健システムを運営・管理する中央や地方レベルの保健行政官の能力強化が必要である。

アフリカにおいても保健システムの設計・構築や、運営・管理に係る教育プログラムを提供する大学等が増加しているが、それら域内リソースは、ケニア共和国（以下、「ケニア」と記す）、南アフリカ共和国（以下、「南アフリカ」と記す）、ナイジェリア連邦共和国（以下、「ナイジェリア」と記す）など一部の国に偏在している。また、域内リソースをつなぐネットワーク機関もアフリカ主導によりいくつか設立されているが、ネットワークを生かした活動は限定的である。さらに、世界銀行、米国国際開発庁（United States Agency for International Development：USAID）、独立行政法人国際協力機構（Japan International Cooperation Agency：JICA）など、域内リソースと協力した人材育成事業を行っている援助機関もあるが、全体として体系的・戦略的に推進されていない。

国境を越えた知識や経験の共有を促進することで、従来の国別の支援を補完・強化することが期待される。そのためには、国際保健の課題と日本の貢献研究会が提唱した「高等教育機関による国際ネットワークを強化する」アプローチが有効である。アフリカにおいては、既に多数の「高等教育機関による国際ネットワーク」が設立されている。また、アフリカの援助協調メカニズム（Harmonization for Health in Africa：HHA）を例として開発援助機関の協調をめざす動きも活発である。JICAは2010年9月にHHAに正式に加盟することで、援助協調メカニズムを活用し、効果的・効率的な広域プログラムの実施を図っていく。

本協力は、アフリカにおける持続的な保健システム強化への貢献をめざし、保健医療実務者を主たる対象とする広域的な人材育成プログラムを実施することを目的としている。具体的には、①アフリカ域内の既存の高等教育研究機関及びそのネットワーク機関との協力、②他開発パートナーとの協調・協働の2つを基本方針としている。

①に関しては、アフリカにおける保健医療分野の高等教育機関の学術ネットワークであるアフリカ保健リーダーシップマネジメントネットワーク（Africa Health Leadership and Management Network：AHLMN）の活用を念頭に置き、その事務局を務めるアフリカ医療研究財団（African Medical and Research Foundation：AMREF）と協力、また②に関してはHHAを活用して保健システム強化策の対象領域（Communities of Practice：CoP）を進めることとし、いずれの場合もアフリカ域内を対象とした第三国研修のスキームを中心に実施していくこととする。

第三国研修として実施するため、技術協力要請書がケニア政府公衆衛生省（Ministry of Public Health and Sanitation：MoPHS）より財務省を通じて日本国外務省へ提出され（付属資料4.参照）、

検討の結果、技術協力個別案件（研修）形態として2011年3月に採択された。本調査では、MoPHS、AMREF、JICAの間で合意議事録（Minutes of Discussions：MOD）が署名交換され（付属資料1.参照）、その後討議議事録（Record of Discussions：R/D）が2011年9月6日に署名交換された（付属資料2.参照）。

第２章　協議の経過と概略

２－１　協議目的

技術協力個別案件（第三国研修）（以下、プログラムと呼ぶ）のプロジェクト・デザイン・マトリックス（Project Design Matrix：PDM）、活動計画（Plan of Operation：PO）及び実施体制について、ケニア国政府側及びAMREFと合意する。

２－２　JICA側協議団の構成

	担　当	氏　名	所　属
1	総括	瀧澤　郁雄	JICA人間開発部保健第一課課長
2	保健行政	清水　栄一	JICAケニア事務所広域企画調査員（アフリカ国際保健）
3	保健システム	Naphtali Agata	JICAケニア事務所保健コンサルタント
4	協力企画	川村　康予	JICAケニア事務所　所員（保健医療担当）

２－３　主要面談者

【MoPHS】Ministry of Public Health and Sanitation

Dr. Shanaz Sharif	Director of Public Health and Sanitation
Mr. Ibrahim Maalim	Senior Deputy Secretary

【AMREF】African Medical and Research Foundation

Dr. Peter Ngatia	Director, Capacity Building Directorate
Mr. Nzomo Mwita	Technical Specialist
Ms. Wairimu Njoroge	Programme Coordinator
Mr. Nicholas Kiambi	Assistant Programme Coordinator

２－４　協議概略

（1）案件名称の変更

本協力採択時の案件名称に関して、ケニア政府側及びAMREFとの協議のうえ、以下のとおり変更することが提案された。

採択時名称：

（英文）Partnership Project for Development of Human Resources for Health for Sustainable Health Systems Strengthening in the Africa Region

（和文）アフリカ持続的保健システム強化のための広域人材育成パートナーシッププロジェクト

変更名称：

（英文）Partnership for Health Systems Strengthening in Africa

（和文）アフリカ保健システム強化パートナーシップ

主な名称変更理由としては、①短く、かつ協力実施目的を包括的に捉えた名称がふさわしいこと、②保健システム強化（Health Systems Strengthening：HSS）には人材育成支援の意味合いが含まれており、Development of Human Resources for Healthは重複しているため省いても

案件の主旨が失われないこと、③アフリカ地域（in the Africa Region）をアフリカ（in Africa）に変更しても、本来の主旨が保たれること、などが挙げられる。

（2）案件の概要

国を単位とする取り組みが基本となる保健システム強化ではあるが、同じような課題に取り組む他国の事例から学べることは多い。また、各国における中長期的な人材育成や政策立案の中核となる人材の育成については、アフリカ域内に散らばる技術リソースを集め、世界的な研究成果や域内の多様な事例を参照しつつ取り組むことの利点が大きい。本協力は、そのような中核人材の育成及び彼らの国を超えたネットワークの強化をねらって実施するものである。

本協力は、ケニアを拠点とする第三国研修を中心とし、研修参加者へのフォローアップや各国での取り組みについての事例研究を組み合わせた協力プログラムである。2009～2010年に実施されたアフリカ地域保健システム強化（広域）協力プログラム準備調査の結果に基づき、既存のアフリカ域内高等教育研究機関ネットワークであるAHLMN加盟国・加盟機関を研修対象とし、協力期間後半にはAHLMN以外も含むサブ・サハラアフリカ全域へ対象を拡大することを想定している。

本協力の実施期間は2011年度から2015年度の5カ年である。二国間協力の枠組みとしてケニア政府側実施機関であるMoPHSとJICAとの間でR/Dを締結した。事前協議の結果、MoPHSとAMREFが覚書（Memorandum of Understanding：MOU）（付属資料3.参照）を締結し、研修の実施についてAMREFが主たるパートナーとして請け負うことが合意された。なお、AMREFが研修場所や研修に必要な機材や消耗品を提供し、研修員の渡航や宿泊に関する便宜供与及び講師の手配などを行う。AMREFはナイロビに拠点を置き、AHLMNの事務局を務めている。

（3）案件の枠組み（別添PDM参照）

1）協力期間

2011年9月6日（R/D署名日）～2016年3月31日

2）実施機関

公衆衛生省（Ministry of Public Health and Sanitation）

3）主要パートナー機関

African Medical and Research Foundation：AMREF

4）上位目標

アフリカにおける持続的な保健システム強化をめざし、当分野における域内研修及び学びの場が促進・調和化される。

5）プログラム目標

アフリカ各国における持続的な保健システム強化を促進するため、アフリカ域内の既存の高等教育研究機関ネットワーク及び他開発パートナーとの協調・協働を通じ、保健行政

官を主たる対象とする広域的な人材育成及び域内ネットワーク強化をめざすものである。

6）成果

① ステークホルダー・開発パートナー間の調整のためのプラットフォームの構築
② ステークホルダー・開発パートナー間の多様な技術リソースの知見を反映させ、保健システム強化策の立案・施行行政官の人材育成に妥当な域内研修プログラムの策定
③ 策定されたプログラムに基づく域内研修の実施
④ 第三国研修修了者に対するフォローアップ活動
⑤ 最新の研究成果や各国での取り組みの事例研究などを組み合わせた研修プログラムのレビュー・改訂
⑥ 各国での取り組み事例から良い事例を抽出し、事例研究として文書化及び対外的発信

7）活動

1-1 ステークホルダー調整会議（3日間）を開催する。
1-2 保健システム強化策知見・経験共有のためのセミナー（3日間）を開催する。
2-1 カリキュラム・教材開発ワークショップ（10日間）を開催する。
3-1 保健システムの能力強化研修〔研修者養成研修（Training of Trainers：TOT)〕を分野・地域別に行う。
4-1 研修（HSS-TOT）開催6カ月後のフォローアップ活動を行う。
4-2 研修（HSS-TOT）を行った国に対して1年に1度フォローアップ活動を行う。
4-3 研修修了者に対するTracer Studyを行う。
5-1 カリキュラムの見直し（レビュー）ワークショップを開催する。
6-1 保健人材能力育成の分野に関するベストプラクティスや教訓を研究分析し、文書化する。

8）投入

日本側投入

- 企画調査員/専門家
- 短期専門家（国内外を含む。必要に応じて招へい）
- 研修実施経費

相手国側投入

- カウンターパート人件費
- 日本人専門家のビザ取得など便宜供与
- AMREFとの委託合意（MOU）

AMREF側投入

- カウンターパート人件費
- 研修開催のための会場施設や機材
- プログラム施行に係わる事務的経費

9）経費分担

MoPHS

MoPHSは、本協力に携わるスタッフ経費を負担するほか、日本人専門家や研修参加者のケニア入国に関する便宜供与を負う。また、サイト視察やスタディツアーが行われる際には、国内関係機関との調整コストを負担する。

AMREF

AMREFは、本協力に携わるスタッフ経費を負担するほか、研修事業の運営に係わる事務局関連経費（通信費、光熱費、印刷代など）を負う。

JICA

JICAは、本協力の事業費（直接経費のみ）をAMREFに支払い（「第3章　実施上の留意点(2)」を参照）、AMREFが事業費管理及び会計処理を行う。

10）日本側負担経費（概算）

5年間で計約243万ドルを予定している。

(4) プログラムの実施プロセス

初年度はステークホルダー間の調整のためのプラットフォームの構築を目的とした会議を設定している。開発パートナー主体の調整メカニズムであるHHA及びその活動領域であるCoPと域内の高等教育研究機関のネットワークであるAHLMNとを結びつけることにより、よりアフリカ主導の調整メカニズムとすること、それらの調整メカニズムを通じて研修カリキュラムの策定や研修の実施に必要な技術的リソースや研修の実施に必要な追加的資金を確保することを想定している。

また初年度には、研修カリキュラムの策定や教材の開発を予定している。実施機関とJICAが対応可能な範囲内で講師陣や教材を確保して実施される通常の第三国研修と異なり、上記HHAとも連携し、カリキュラム策定段階からアフリカの保健システム強化に係わるさまざまな開発パートナーや域内の多様な技術リソースの知見を反映させることを意図している。

研修カリキュラムとして、保健システム強化にはCoPに提唱される領域ごとに設定することが考えられる。具体的には、①保健人材、②ガバナンス・保健サービス、③保健情報システム・保健インフラ、④保健財政、⑤医薬品の円滑な供給、の5つの領域である。これらすべてに対応するコースを一度に立ち上げることは困難である。本協力では、JICAによるアフリカ域内での支援実績、そしてAMREFによる研修実績を主に考慮し、対象領域としては保健人材、ガバナンス、保健情報の3領域で行うことが妥当であると考えられる。

本協力では、協力実施期間内に12回の研修を単領域ごとに行うことが想定されている。定員に関しては、おおむね7～8カ国から約30名程度、AHLMNメンバー機関または高等教育研究機関、市民社会団体、保健省の保健システム強化に従事する実務者レベルを1カ国3～4名のチームとして招へいすることを想定する。ケニア側参加者に関しては、3～6名とした。

AHLMNに所属している機関は2011年9月現時点において14カ国[1]33機関となっている。プロ

[1] （順不同）ケニア、ウガンダ共和国、タンザニア連合共和国、コンゴ共和国、ベナン共和国、コートジボアール共和国、ガーナ共和国、セネガル共和国、トーゴ共和国、ナイジェリア、ブルキナファソ、南アフリカ、ボツワナ共和国、モザンビーク共和国。

グラム開始時の対象国は、AHLMNに所属する該当国を含む英語圏東アフリカ諸国を中心とし、2013年度以降は中央、南、西アフリカへと対象国を拡大してゆく。カリキュラム及び教材は英語版を作成したのち、フランス語、ポルトガル語に翻訳する。中間期にはカリキュラム・教材レビューの機会を作り、必要に応じて地域により適した教材を作成する。

研修の成果品として国別アクションプランが作成され、研修修了者に対するフォローアップ支援活動をAMREF及びHHA機関と行うことが想定されている。具体的には、電子メール、電話、テレビ会議等を利用した定期的な情報共有や、アクションプランに基づいて政策提言をまとめる、巡回指導など各国で研修を行ったりする活動への支援など。

また、研修成果を促進するため、四半期ごとに各国取り組み事例を収集する。加えて、2013年度以降は年に一度、Tracer Studyとして研修修了国・機関への進捗状況を把握するための調査を行う。調査結果に基づき、事例研究としての文書化や国際会議で発表を行うなど対外的な発信に務める。本協力の中間時と終了直前時には、各国の成果や教訓を共有することを目的としたステークホルダー会議を開催する予定である。

四半期ごとに一度はMoPHS、AMREF、JICAで実行計画の進捗や予算を確認し、必要があればPDMやPOの変更を検討する。また、最終年度は主に評価と文書化を中心とした活動とし、ステークホルダー会議時に本協力における成果文書を発表し、また各国の実績を共有する場を設ける。

第３章　実施上の留意点

（1）本研修は国際NGOであるAMREFとの連携を第三国研修の枠組みの下で行うことを意図するものである。第三国研修の形を取るためにMoPHSをケニア政府側実施機関に選定、合意されている。AMREFは主（コア）パートナーという位置づけであるが、実体的には会計管理を含め、AMREFが本協力の実施を負う。しかしながら、JICAのケニア側実施機関として実質的な関与が望まれるため、MoPHSには四半期ごとに予定している定期協議（Steering Committee Meeting）への参加、本研修への出席及びケニアの取り組み等の事例紹介、研修時のサイト視察等の便宜などが期待される。

（2）プログラム実施に係わる直接経費はMoPHSを通さずAMREFの口座に振り込まれ、AMREFが会計責任を負う。通常であれば、JICAが支援する研修経費についてはMoPHSを通じて支出されるべきものであるが、今回のケースにおいてはその実質的関与が極めて限られていること、支出費目の大半が研修経費であることから、AMREFに資金管理を依頼することで合意された。

AMREFが年間活動計画に沿う研修経費見積もりをJICAに提出し、JICAは見積もりを精査後、AMREFへ概算払いを行う。活動または研修終了後、AMREFはJICAに支出費目の詳細及びレシートを提出する。残高はJICAへ払い戻しする。日当宿泊費、旅費など活動経費に関しては、JICAの会計規則に原則従うこととする。

（3）本協力は、研修実施以外にも保健システム強化に係るアフリカ域内での国境を越えた学び合いを促進するためさまざまな取り組みが想定されている。具体的には、Tracer Studiesと称される研修を受けた国や機関のアクションプランの施行状況の調査、巡回指導等による研修修了者へのフォローアップ、各国での実際の経験に基づいてカリキュラムや教材の内容を充実させていくためのレビュー会議、各国取り組みの事例研究及び文書化、国際会議を開催し成果や教訓などの共有の場を設けるなど。

（4）保健システムを強化するためには、保健行政官の育成だけではなく、現場で働く保健サービス提供者の育成や、制度構築、インフラ整備、医薬品の円滑な供給など、さまざまなボトルネックを解消する必要があり、そのための投資も必要である。これら取り組みは、それぞれの状況に合わせて各国ごとに推進されるべきものである。本協力は、そのような国レベルでの直接的なインパクト発現をねらったものではない。国レベルでの具体的なインパクト発現をねらった支援については、別途、各国事務所がそれぞれの政府と協議しつつ形成される必要がある。

付　属　資　料

１．合意議事録（Minutes of Discussions）

２．討議議事録（Record of Discussions）－PDM、PO及び予算表を含む

３．覚書（Memorandum of Understanding）

４．ケニアからの要請書

MINUTES OF DISCUSSIONS
ON THE PARTNERSHIP FOR HEALTH SYSTEMS STRENGTHENING
IN AFRICA

Japan International Cooperation Agency (hereinafter referred to as "JICA") discussed with the Ministry of Public Health and Sanitation (hereinafter referred to as "MoPHS") and the African Medical and Research Foundation (hereinafter referred to as "AMREF") on the Partnership for Health Systems Strengthening (hereinafter referred to as "the Programme") on the 23rd of June 2011.

As a result of the above discussions, JICA, MoPHS and AMREF agreed on the details of the Programme and on the matters referred to in the document attached hereto.

Nairobi, 23rd June, 2011

Mr. Ikuo Takizawa
Director
Health Division 1, Health Group 1,
Human Development Department
Japan International Cooperation Agency
Japan

Dr. S. K. Sharif, MBS, MBchB, M.Med.DLSHTM
Director of Public Health and Sanitation
Ministry of Public Health and Sanitation
Republic of Kenya

Witnessed by

Mr. Nzomo Mwita
Technical Specialist
African Medical and Research Foundation
Nairobi, Kenya

ATTACHMENT

The main items confirmed among JICA, MoPHS and AMREF are as follows:

1. Project Title: This was agreed upon as;
   - Partnership for Health Systems Strengthening in Africa

2. .Implementing Agencies;
   - MoPHS in collaboration with AMREF

3. Role of AMREF,
   - AMREF with support from MoPHS will implement and coordinate the project through the African Health Leadership and Management Network (AHLMN) whose secretariat is hosted at AMREF headquarters in Nairobi

4. Memorandum of Understanding (MOU)
   - AMREF and MoPHS to finalize and sign the MOU with JICA being a co-signatory

5. Project Design Matrix (PDM)
   - Activity 1- NEPAD replaced with ECSA
     (See appended PDM for changes made on OVI's and Means of verification)

6. Plan of Action (PO)
   - Output 2, Activities 2-1 and 2-2 combined – the 5 day curricula development and training manual development workshops to be merged and to run for 10 days.
   - Output 3. 3-2 deleted; the project will conduct 12 training of trainers (TOT) sessions on HSS from selected African countries
   - Output 4. 4-3 Three tracer studies will be conducted starting year 2013
   - Output 6. 6-1 Documentation of best practices will take place every quarter

7. Record of Discussion (RD)
   - Clarifications were made concerning the role of the Government of Kenya through the MoPHS, AMREF and JICA
   - The necessity for ongoing tripartite consultations before and after commencement of the programme was emphasized
   - There should be a mutual agreement whenever there is need to change the PDM and PO

8. Budget
   - On behalf of MoPHS, it was agreed that AMREF will be accountable for the Programme funds remitted by JICA.

RECORD OF DISCUSSIONS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT
OF THE REPUBLIC OF KENYA UNDER THE THIRD COUNTRY TRAINING PROGRAMME
ON THE PARTNERSHIP FOR HEALTH SYSTEMS STRENGTHENING IN AFRICA

The Japan International Cooperation Agency (hereinafter referred to as "JICA"), had a series of discussions with the Ministry of Public Health and Sanitation (hereinafter referred to as "MoPHS") in the field of health systems strengthening in Africa, under JICA's Third Country Training Programme to be carried out from September 2011 till March 2016.

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

Nairobi, 6 September 2011

for

Mr. Masaaki Kato
Chief Representative
Japan International Cooperation Agency
JICA Kenya Office

Mr. Mark K. Bor, CBS
Permanent Secretary
Ministry of Public Health and Sanitation
Republic of Kenya

Witnessed by

Dr. Peter Ngatia
Director, Capacity Building Directorate
African Medical and Research Foundation
Nairobi, Kenya

ATTACHED DOCUMENT

The Government of the Republic of Kenya will cooperate with JICA in implementing a regional training programme in the field of health systems strengthening (HSS) (hereinafter referred to as "the Programme") under JICA's Third Country Training Programme.

The Government of the Republic of Kenya will implement the Programme with the support of JICA's Technical Cooperation Scheme and in collaboration with the African Medical and Research Foundation (hereinafter referred to as "AMREF"), which hosts the African Health Leadership and Management Network (hereinafter referred to as "AHLMN"). The Programme will offer training of trainers in the critical areas of HSS with the aim of enhancing regional capacity for strengthen health systems in Sub-Saharan Africa.

The Programme will be implemented in accordance with the following:

1. TITLE

The Programme will be entitled "Partnership for health systems strengthening in Africa."

2. PURPOSE

The purpose of the Programme will be to create a critical mass of professionals and their networks with state-of-the-art knowledge on issues around HSS in Africa, who can promote sustainable human resources development for HSS in their respective countries and settings, through coordinated training programmes in partnership with regional networks of higher training institutions and other stakeholders.

3. OUTPUTS

3.1 Platforms for stakeholder/partner coordination are consolidated,

3.2 Regional training programmes are developed based on coordinated inputs from stakeholders/partners to serve the needs of both health systems designers and operators,

3.3 Regional trainings are conducted based on the programmes developed,

3.4 Follow-up activities for trained graduates are planned and conducted,

3.5 Training programmes are periodically revised reflecting the latest research results, case reports collected from trained graduates, and other relevant information, and

3.6 Documentation of best practices and lessons learnt in human resources development for HSS.

The Project Design Matrix (hereinafter referred to as "PDM") for the Programme is attached in ANNEX I. The PDM may be subject to change by mutual consent within the framework of the

Record of Discussions, when the necessity arises in the course of implementation of the Programme.

The tentative Plan of Operation (hereinafter referred to as "PO") for the Programme is attached in ANNEX II. The PO has been formulated according to the PDM, on condition that the necessary budget will be allocated for the implementation of the Programme. The PO may be subject to change by mutual consent within the scope of the Record of Discussions, when the necessity arises in the course of implementation of the Programme.

4. DURATION

The Programme will be held for five (5) years from the Japanese fiscal year (JFY) 2011 to JFY 2015 subject to annual consultations between both the Kenyan and Japanese Governments. The duration and frequency of the individual courses conducted under the Programme shall be firmly determined by the curriculum which will be developed. The curriculum and training materials will be developed in JFY 2011. The Programme will be held three (3) – four (4) times a year, using the curriculum and materials developed. The JFY 2015 will be focused on the evaluation and documentation of the Programme.

5. CURRICULUM

The curriculum and training manuals for the individual courses conducted under the Programme shall be developed through workshops convened with regional HSS stakeholders.

6. PARTICIPATING COUNTRIES

AHLMN is currently hosted by AMREF and has a membership of thirty three (33) institutions and individuals covering fourteen (14) countries in Africa. The Programme will initially target the 14 countries but will gradually be rolled out to cover more countries in Eastern, Central, Western and Southern Africa.

7. NUMBER OF PARTICIPANTS

The number of participants from the participating countries shall be three (3) to four (4) per training workshop. The number of Kenyan participants shall be three (3) to (6) per workshop. The participants will consist of a mixture of health professionals from the Government, Civil Society Organisations, public institutions, and academia, participating as a team per country.

8. BENEFICIARIES

Health professionals (educators, researchers, administrators, policy makers, etc.) from the Governments, Civil Society Organisations, public institutions and academia in Sub-Sahara Africa, who are engaged in human resources development aiming at HSS, will be invited for the training. The Programme will train a critical mass of health professionals who will consequently roll out

the HSS trainings in their respective countries and institutions, using the developed training curricula and manuals.

9. QUALIFICATIONS FOR APPLICANTS

Applicants for the Programme should:

9.1 be nominated by their respective governments or AHLMN member institutions in accordance with the procedures provided for in 11.1 herein,

9.2 be staff of an institution that is directly involved in health or health related planning and implementation,

9.3 have practical experience of preferably more than three (3) years in the field,

9.4 have a good command of spoken and written either English, French and /or Portuguese and,

9.5 be in good health, both physically and mentally, to complete the Programme.

10. IMPLEMENTING AGENCY

The Programme will be implemented in Kenya by MoPHS in collaboration with AMREF and with the support of JICA.

11. PROCEDURES FOR APPLICATION

11.1 The Governments and the AHLMN member institutions invited to nominate applicant(s) for the Programme shall forward a copy of the prescribed application form for each nominee to AMREF not later than forty-five (45) days before the commencement of the Programme.

11.2 The Government of the Republic of Kenya will inform the nominating Governments and the AHLMN member institutions through AMREF by letter whether or not the applicant(s) has/have been accepted to the individual course, no later than thirty (30) days before commencement of the Programme. One (1) copy of the list of nominees accepted should be shared with MoPHS and JICA.

12. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE REPUBLIC OF KENYA, AMREF AND JICA

In organising and implementing the Programme, the Government of the Republic of Kenya and JICA will take the following measures respectively in accordance with the relevant laws and regulations in force in Kenya and in Japan;

12.1 THE GOVERNMENT OF THE REPUBLIC OF KENYA

12.1.1 The MoPHS will

(1) take necessary measures to ensure diplomatic status of Japanese experts assigned to the Programme,
(2) take necessary diplomatic measures and endorse invitation letters to ensure smooth entry of participants and external lecturers into the country,
(3) get involved in the design, implementation and monitoring of the Programme,
(4) ensure the participation of relevant Kenyan officials in the Programme,
(5) bear a portion of the following expenses according to the consultations between both the Government of the Republic of Kenya and JICA each year (a tentative estimate of expenses for the JFY 2011 is attached as ANNEX IV); Expenses relevant to MoPHS such as staff time and salaries, transportation of its staff, arrangement for study tour(s), public health sector coordination within the country.

12.1.2 AMREF on behalf of MoPHS and JICA will
(1) formulate the individual course programme in consultation with MoPHS and JICA,
(2) produce course curricula and training manuals in English, French and Portuguese,
(3) draft and send out the course invitation letters, programmes and brochures,
(4) assign an adequate number of its staff for the implementation of the Programme.
(5) provide workshop facilities and equipment for the Programme,
(6) arrange accommodation for the participants,
(7) arrange necessary transportation for the participants,
(8) arrange domestic study tour(s) to be included in the Programme,
(9) do the screening of nominees in consultation with MoPHS and JICA, and inform the results of the selection to the participating countries,
(10) finance the expenses necessary for conducting the Programme, excluding the expenses financed by the Government of Japan as in ANNEX III and IV,
(11) issue certificates to the participants who have successfully completed the Programme,
(12) submit a workshop report to MoPHS and JICA within forty-five (45) days after the termination of individual courses,
(13) submit an official breakdown report of expenditure to JICA for verification thereof within forty-five (45) days after the termination of individual courses, and
(14) co-ordinate all matters related to the Programme.

12.2 JICA will
(1) bear the following expenses based on annual consultations between the Government of the Republic of Kenya and JICA (a tentative estimate of expenses for the JFY 2011-2015 is attached as ANNEX III, and for the JFY 2011 as ANNEX IV);

(a) Expenses for international economy-class flight tickets, stop-over expenses, airport pickups, accommodation, per diem and medical insurance premiums for participants as relevant

(b) Expenses incurred by AMREF for honoraria for external lecturers, arrangements of study tour(s) and training materials development and production, consumables, meeting venues and facilities, etc.

13. PROCEDURES FOR REMITTANCE AND EXPENDITURE

Remittance of funds for the expenses to be borne by JICA and the expenditure thereof will be arranged in accordance with the following procedures:

13.1 On behalf of MoPHS, AMREF will establish and operate an account for the Programme in the Republic of Kenya to receive funds remitted by JICA.

13.2 AMREF will submit to JICA a bill of estimate for the expenses to be borne by JICA not later than sixty (60) days before the commencement of the individual courses.

13.3 JICA will assess the bill of estimate and remit the assessed amount to the account referred to in 13.1 above within thirty (30) days after receipt of the bill of estimate.

13.4 AMREF will submit to JICA an official breakdown report of expenditures including all the receipts and other documentary evidence necessary to verify the expenditures within forty-five (45) days after the termination of individual courses.

13.5 In case there is any unspent balance of the amount remitted by JICA, AMREF will reimburse the unspent amount to JICA in accordance with the advice given by JICA. The funds allocated for transportation, accommodation, per diem and medical insurance premiums shall not be appropriated for any other purpose.

14. OTHERS

MoPHS, JICA and AMREF shall discuss and mutually agree on any other matters not covered by this document.

This attached document and the following ANNEXES attached hereto shall be deemed to be part of the Record of Discussions:

ANNEX I	Project Design Matrix
ANNEX II	Tentative Plan of Operation
ANNEX III	Tentative estimated budget allocations for the JFY 2011-2015 to be borne by JICA
ANNEX IV	Tentative estimated budget allocations for the JFY 2011 to be borne by the Government of the Republic of Kenya, AMREF and JICA

ANNEX 1. Project Design Matrix (PDM) Ver. 1

Project Name:	Partnership for Health Systems Strengthening in Africa		
Project Period:	5 years (June 2011 - March 2016)	Implementing Organizations:	Ministry of Public Health and Sanitation (MoPHS), Core Partner: African Medical and Research Foundation (AMREF)
Target Group:	Health professionals from Govt. CSOs and academia in Sub-Sahara Africa.	Beneficiaries:	Health administrators and health workers at all levels in Sub-Sahara Africa

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal: To strengthen and harmonise regional training and joint learning capacity for sustainable health systems strengthening (HSS) in Africa.	· % increase in health MDGs indicators in Sub-Sahara Africa · % increase in the number of countries in Sub-Sahara Africa achieving the health MDGs	· MDG progress report · DHS report	· HSS remains high on the national and international agendas
Project Purpose: To create a critical mass of professionals and their networks with state-of-the-art knowledge on issues around HSS in Africa, who can promote sustainable human resources for health development for HSS in their respective countries and settings, through coordinated training programmes in partnership with regional networks of higher training institutions and other stakeholders.	· Coverage of countries receiving training · Coverage of AHLMN institutions receiving training · % of target institutions that have institutionalised HSS training programmes	· Training reports by AMREF · Country training reports	· There is no significant change in the mandate of AHLMN and its members
Outputs: 1. Platforms for stakeholder/partner coordination are consolidated.	· Number of other partners including AHLMN supporting this project	· Training reports by AMREF	· Availability of health providers is secured and maintained · Government policies on HSS remain favourable
2. Regional training programmes are developed based on coordinated inputs from stakeholders/partners to serve the needs of both health systems designers and operators.	· Approval rate of training is over 80% after post-training evaluation · Training Programmes are developed in line with country HHS training needs assessment	· Pre- and Post-training evaluation report · Programme/training modules · Country training reports	
3. Regional trainings are conducted based on the programmes developed.	· Number of trainees that have successfully completed the trainings · Distribution of trainees by country and institution	· Training reports by AMREF · Country training reports	
4. Follow-up activities for trained graduates are planned and conducted.	· % of countries implementing action plans developed during training · Number of follow up trainings held in each country	· Country training reports · Tracer study and review workshop reports	
5. Training programmes are periodically revised reflecting the latest research results, case reports collected from trained graduates, and other relevant information.	· Number of changes made to the regional training programme	· Country training reports · Tracer study and review workshop reports	
6. Documentation of best practices and lessons learnt in HRH development for HSS.	· Number of evidence-based reports and presentations on the results of training	· Scientific papers and reports	

Activities:

1. To consolidate platforms for stakeholder/partner coordination through ECSA-HC, Harmonization for Health in Africa, Communities of Practice established for thematic issues related to HSS and/or other relevant mechanisms.
   1-1 To hold a 3-day workshop to consolidate the platforms for stakeholder/partner coordination
   1-2 To hold a 3-day seminar to share HSS experiences
2. To develop regional training programmes in partnership with AHLMN and/or other relevant networks of regional higher training institutions, based on coordinated inputs from stakeholders/partners.
   2-1 To hold 10-day curricula and training manuals development workshop
3. To conduct regional trainings in partnership with AHLMN and/or other relevant networks of regional higher training institutions based on the programme developed.
   3-1 To conduct training for HSS-TOTs from selected African countries
4. To plan and conduct follow-up activities for trained graduates in partnership with AHLMN and/or other relevant networks of regional higher training institutions.
   4-1 To conduct follow-up six months after HSS-TOTs
   4-2 To conduct follow up annually after HSS-TOTs
   4-3 To conduct a tracer study of the graduates
5. To periodically revise training programmes in partnership with AHLMN and/or other relevant networks of regional higher training institutions, reflecting the latest research results, case reports collected from trained graduates, and other relevant information.
   5-1 To hold a 3-day curriculum review workshop
6. To document best practices and lessons learnt in HRH development for HSS.
   6-1 To carry out documentation of best practices and lessons in HRH development for HSS

Inputs

Japanese side	Kenyan side
[Assignment of advisor]	[Assignment of C/Ps]
[Assignment of Experts] - Short-term technical experts (Subject to be assigned, depending on the need)	[Diplomatic status to Japanese experts] [MoU with AMREF as a core partner]
[Local cost] - Project administration and training expenses	[Staff costs for the project]

AMREF side

[Assignment of C/Ps]

[Conferencing facilities and equipment]

[Project administration and implementation]

[Staff costs for the project]

Important Assumptions (continued):

· The roles and functions of the stakeholders remain well-coordinated and -collaborated

Preconditions:

· There is no significant change in the health priorities of the Kenyan govt. and JICA
· MoU with AMREF is signed

ANNEX II. PLAN of OPERATION: Partnership for Health Systems Strengthening in Africa

Sep 2011

Year: 2011 | 2012 | 2013 | 2014 | 2015 | 2016

XFY: 2011/12 | 2012/2013 | 2013/2014 | 2014/2015 | 2015/2016

JFY: 2011 | 2012 | 2013 | 2014 | 2015

Month: 4 5 6 7 8 9 10 11 12 1 2 3 | 4 5 6 7 8 9 10 11 12 1 2 3 | 4 5 6 7 8 9 10 11 12 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

Outputs/Activities	Expected outcomes		Remarks
Output 1: Consolidation of the platforms for stakeholder/partner coordination			
1-1 To hold a 3-day workshop to consolidate the platforms for stakeholder/partner coordination	Functional and coordinated networking on HSS among stakeholders/partners	plan	Completed by JFY 2011
		actual	
1-2 To hold a 3-day seminar to share HSS experiences	Documentation and dissemination of HSS case studies from different African countries	plan	Planned in JFY 2013 & 2015
		actual	
Output 2: Development of regional training programmes			
2-1 To hold 10-day training curricula and manuals development workshop	3 training curricula and manuals developed on health governance, HRH and health information	plan	Completed by JFY 2011
		actual	
Output 3: Delivery of regional trainings			
3-1 To conduct training for HSS-TOTs from selected African countries	12 HSS-TOTs training conducted in 3 areas (health governance, HRH and health information)	plan	12 training completed by JFY2014
		actual	
Output 4: Follow-up activities for trained graduates			
4-1 To conduct follow-up six months after HSS-TOTs	Documentation of the project implementation progress	plan	Planned in JFY 2012
		actual	
4-2 To conduct follow up annually after HSS-TOTs	Documentation of the project outcomes	plan	Conduct annually b/w JFY 2013-2015
		actual	
4-3 To conduct a tracer study of the graduates	Documentation of the project impacts	plan	Conduct annually b/w JFY 2013-2015
		actual	
Output 5: Periodic review of the training programme			
5-1 To hold a 3-day curriculum review workshop	Revised training curricula and manuals on health governance, HRH and health information	plan	Planned in JFY 2013
		actual	
Output 6: Documentation of the best practices and lessons learnt in HRH development for HSS			
6-1 To carry out documentation of best practices and lessons in HRH development for HSS	Publication of 3 scientific papers on HRH development for HSS	plan	Planned to conduct every 3 months
		actual	

ANNEX III – Estimated budget allocations for the JFY 2011-2015 (US$)

PROPOSED BUDGETARY ALLOCATIONS (US$)		
Core activities	Amount in USD	% of budget
Output 1: Consolidation of the platforms for stakeholder/partner coordination		
1-1 To hold a 3-day workshop to consolidate the platforms for stakeholder/partner coordination	90,231	
1-2 To hold a 3-day seminar to share HSS experiences	183,431	
Sub-total	273,662	11%
Output 2: Development of regional training programmes		
2-1 To hold 10-day curricula and training manuals development workshop	402,846	
Sub-total	402,846	17%
Output 3: Delivery of regional trainings		
3-1 To conduct training for HSS-TOTs from selected African countries	912,264	
Sub-total	912,264	38%
Output 4: Follow-up activities for trained graduates		
4-1 To conduct follow-up six months after HSS-TOTs	25,755	
4-2 To conduct follow up annually after HSS-TOTs	100,971	
4-3 To conduct a tracer study of the graduates	60,926	
Sub-total	187,652	8%
Output 5: Periodic review of the training programme		
5-1 To hold a 3-day curriculum review workshop	376,611	
Sub-total	376,611	15%
Output 6: Documentation of the best practices and lessons learnt in HRH development for HSS		
6-1 To carry out documentation of best practices and lessons in HRH development for HSS	48,750	
Sub-total	48,750	2%
Total core activities	2,432,618	100%

ANNEX IV – Estimated budget allocations for the JFY 2011 (US$)

ITEM OF EXPENSE	BREAKDOWN	JAPAN	KENYA	AMREF	TOTAL
Stakeholder/partner 3-day coordination workshop	Total 60 participants				
1. Air fare (round trip)	$1039 x 44 persons	45,716			
2. Travel insurance	$35 x 44 persons	1,540			
3. Airport transfers	$45 x 44 persons	1,980			
4. Per diem	$25 x 47 persons x 5 days	5,875			
5. Accommodation	$90 x 47 persons x 4 nights	16,920			
6. Conferencing package	$50 x 60 persons x 3 days	9,000			
7. Conferencing equipment	$200 x 3 days	600			
8. Reception and catering	$25 x 60 persons	1,500			
9. Transportation	$200 x 3 days	600			
10. Honoraria for lecturers	$250 x 3 persons x 3 days	2,250			
11. Consultancy for documentation	$300 x 1 person x 10 days	3,000			
12. Printing costs	$20 x 60 persons	1,200			
13. Photography	$50 (for 60 prints)	50			
14. Staff costs			1,660	4,100	
SUB-TOTAL		90,231	1,660	4,100	95,991
10-day curricula & manuals development workshop	Total 30 participants				
1. Preparation meetings	$25 x 10 persons x 3 days	750			
2. Air fare (round trip)	$1039 x 14 persons	14,546			
3. Travel insurance	$35 x 14 persons	490			
4. Airport transfers	$45 x 14 persons	630			
5. Per diem	$25 x 17 persons x 12 days	5,100			
6. Accommodation	$90 x 17 persons x 11 days	16,830			
7. Conferencing package	$50 x 30 persons x 10 days	15,000			
8. Conferencing equipment	$200 x 10 days	2,000			
9. Reception and catering	$25 x 30 persons	750			
10. Transportation	$200 x 10 days	2,000			
11. Honoraria for lecturers	$250 x 3 persons x 10 days	7,500			
12. Consultancy and editing	$300 x 1 person x 15 days	4,500			
13. Photography	$50 (for 30 participants)	50			
14. Printing curricula & manuals	$80 x 1000 copies	80,000			
15. Production of DVDs	$1 x 1000 DVDs	1,000			
16. Staff costs			5,140	13,300	
SUB-TOTAL		151,146	5,140	13,300	169,586
HSS-TOTs training from selected African countries	Total 45 participants				
1. Air fare (round trip)	$1039 x 28 persons	29,092			
2. Travel insurance	$35 x 28 persons	980			
3. Airport transfers	$45 x 28 persons	1,260			
4. Per diem	$25 x 31 persons x 7 days	5,425			
5. Accommodation	$90 x 31 persons x 6 days	16,740			
6. Conferencing package	$50 x 45 persons x 5 days	11,250			
7. Conferencing equipment	$200 x 5 days	1,000			
8. Reception and catering	$25 x 45 persons	1,125			
9. Transportation	$200 x 5 days	1,000			
10. Honoraria for lecturers	$250 x 3 persons x 5 days	3,750			
11. Consultancy and editing	$300 x 1 person x 10 days	3,000			
12. Printing costs	$30 x 45 persons	3,000			
13. Photography	$50 (for 30 participants)	50			
14. Staff costs			3,200	7,000	
SUB-TOTAL		76,022	3,200	7,000	86,222
GRAND TOTAL		317,399	10,000	24,400	351,799

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE GOVERNMENT OF KENYA

AND

THE AFRICAN MEDICAL AND RESEARCH FOUNDATION (AMREF)

ON THE TECHNICAL SUPPORT TO THE PROGRAMME ON PARTNERSHIP FOR HEALTH SYSTEMS STRENGTHENING IN AFRICA

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING (MOU) is entered this _____day of_____2011

BY AND BETWEEN

(1) The Government of Kenya (GoK) Presented for the purposes of this MoU by **The Ministry of Public Health and Sanitation** hereinafter referred to as **"MOPHS"**

AND

(2) **The African Medical and Research Foundation** hereinafter referred to as **"AMREF"**, an organization incorporated in Kenya as a company by Guarantee under the Companies Act, of Langata Road, P.O Box 27691- 00506 Nairobi

Who are referred to in singular as "Party" or together as "Parties"

WHEREAS AMREF, in compliance with its aims and objectives, is prepared to work with the MOPHS for the implementation of the programme on Partnership for Health Systems Strengthening in Africa

And whereas the MOPHS dedicates itself to support the Partnership for Health Systems Strengthening

By means of this MOU, the Parties hereto wish to endeavour realisation of the following programme:

ARTICLE 1: PROGRAMME TITLE

Partnership for Health Systems Strengthening in Africa.

ARTICLE 2: DESCRIPTION OF THE PROGRAMME

2.1 Background

Building health systems to respond to the health needs of the communities in any country requires engaging health workers to play a key role in health service management and leadership. To achieve national and global goals including the *millennium development goals* (MDGs) countries will need to consistently invest in health systems strengthening, in particular Human Resources for Health (HRH) development and management.

The "Partnership for Health Systems Strengthening", is a five year programme that runs from September 2011 to March 2016. It will strengthen partnership and networking among the Training Institutions in Africa, to enable them develop a critical mass of human resources for health with capacity to enhance sustainable health systems strengthening in Africa. The programme will be implemented under the "African Health Leadership and Management Network (AHLMN)" hosted by the African Medical and Research Foundation (AMREF).

2.2 Purpose of the programme:

To create a critical mass of professionals and their networks with state-of-the-art knowledge on issues around HSS in Africa, who can promote sustainable human resources for health development for HSS in their respective countries and settings, through coordinated training programs in partnership with regional networks of higher training institutions and other stakeholders.

2.2 Outputs

2.2.1 Platforms for stakeholder/partner coordination are consolidated,

2.2.2 Regional training programs are developed based on coordinated inputs from stakeholders/partners to serve the needs of both health systems designers and operators,

2.2.3 Regional trainings are conducted based on the programs developed,

2.2.4 Follow-up activities for trained graduates are planned and conducted,

2.2.5 Training programs are periodically revised reflecting the latest research results, case reports collected from trained graduates, and other relevant information, and

2.2.6 Documentation of best practices and lessons learnt in HRH development for HSS.

2.3 Participating countries

AHLMN is currently hosted by AMREF and has a membership of thirty three (33) institutions and individuals covering fourteen (14) countries in Africa. These include Ghana, Botswana,

Mozambique, Senegal, South Africa, Togo, Democratic Republic of Congo, Kenya, Tanzania, Burkina Faso, Cote d'Ivoire, Congo, Nigeria and Swaziland. The Programme will initially target the 14 countries but will gradually be rolled out to cover more countries in Eastern, Central, Western and Southern Africa.

ARTICLE 3: PROGRAMME MANAGEMENT

3.1 General

3.1.1 The programme will be coordinated by a Coordinator, who shall be based in the AMREF Headquarters in Nairobi. The Coordinator is responsible for all matters pertaining to the implementation of the programme and coordinates with MOPHS and implementing partners on a regular basis.

3.1.2 The programme is subject to general global and JICA procedures and regulations concerning financial management and auditing.

3.1.3 The programme collaborating partners shall follow and apply financial management procedures and arrangements agreed upon between JICA, MOPHS and AMREF.

3.2 The programme Implementing Agency

The Programme will be implemented in Kenya by MOPHS, in collaboration with AMREF and with the support of JICA.

3.3 Measures to be taken by the MOPHS and AMREF

3.3.1 The Government of the Republic of Kenya through the MOPHS will:

1. Take necessary measures to ensure diplomatic status of Japanese experts assigned to the Programme,
2. Take necessary diplomatic measures and endorse invitation letters to ensure smooth entry of participants and external lecturers into the country,
3. Get involved in the design, implementation and monitoring of the Programme,
4. Ensure the participation of relevant Kenyan officials in the Programme,
5. Bear a portion of the following expenses according to the consultations between both the Government of the Republic of Kenya and JICA each year;

Expenses relevant to MOPHS such as staff time and salaries, transportation of its staff, arrangement for study tour(s), public health sector coordination within the country.

3.3.2 AMREF will;

1. Formulate the individual course programme in consultation with MOPHS and JICA,
2. Produce course curricula and training manuals in English, French and Portuguese,
3. Draft and send out the course invitation letters, programmes and brochures,
4. Assign an adequate number of its staff for the implementation of the Programme,
5. Provide workshop facilities and equipment for the Programme,
6. Arrange accommodation for the participants,
7. Arrange necessary transportation for the participants,
8. Arrange domestic study tour(s) to be included in the Programme,
9. Do the screening of nominees in consultation with MOPHS and JICA, and inform the results of the selection to the participating countries,
10. Finance the expenses necessary for conducting the Programme, excluding the expenses financed by the Government of Japan,
11. Issue certificates to the participants who have successfully completed the Programme,
12. Submit a workshop report to MOPHS and JICA within forty-five (45) days after the termination of individual courses,
13. Submit an official breakdown report of expenditure to JICA for verification thereof within forty-five (45) days after the termination of individual courses, and
14. Co-ordinate all matters related to the Programme.

3.4 Work plan and budget

The Project Design Matrix (hereinafter referred to as "PDM") for the Programme is attached in ANNEX I. The PDM may be subject to change by mutual consent within the framework of the Record of Discussions, when the necessity arises in the course of implementation of the Programme.

The tentative Plan of Operation (hereinafter referred to as "PO") for the Programme is attached in ANNEX II. The PO has been formulated according to the PDM, on condition that the necessary budget will be allocated for the implementation of the Programme. The PO may be subject to change by mutual consent within the scope of the Record of Discussions, when the necessity arises in the course of implementation of the Programme.

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3.5 Procedure for remittance and expenditure

Remittance of funds for the expenses to be borne by JICA and the expenditure thereof will be arranged in accordance with the following procedures:

3.5.1 On behalf of MOPHS, AMREF will operate an account for the Programme in the Republic of Kenya to receive funds remitted by JICA.

3.5.2 AMREF will submit to JICA a bill of estimate for the expenses to be borne by JICA not later than sixty (60) days before the commencement of the individual courses.

3.5.3 JICA will assess the bill of estimate and remit the assessed amount to the account referred to in 3.5.1 above within thirty (30) days after receipt of the bill of estimate.

3.5.4 AMREF will submit to JICA an official breakdown report of expenditures including all the receipts and other documentary evidence necessary to verify the expenditures within forty-five (45) days after the termination of individual courses.

3.5.5 In case there is any unspent balance of the amount remitted by JICA, AMREF will reimburse the unspent amount to JICA in accordance with the advice given by JICA. The funds allocated for transportation, accommodation, per diem and medical insurance premiums shall not be appropriated for any other purpose.

ARTICLE 4: OWNERSHIP AND COPYRIGHTS

All plans, technical documents and publications developed through this Programme will have the ownership of the MOPHS and AMREF, and will duly acknowledge the contribution of JICA, as required by JICA branding strategy.

ARTICLE 5: DURATION OF COLLABORATION

1. This Memorandum of Understanding shall come into force upon signature by all parties involved until March 2016.
2. Any of the parties has at all times the right to terminate this Agreement by giving (3) three months written notice to the other parties.
3. In the event that JICA terminates the contract with MOPHS and AMREF, this Programme will be terminated at the same moment with due consideration of remaining available funds for phase-out and close down of the Programme.

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4. This MOU constitutes the full and complete agreement between the contracting parties hereto relating to the subject matter thereof, and supersedes all prior written or oral negotiations, commitments or agreements between the parties.
5. This agreement may not be changed or modified in any manner, orally or otherwise, except in writing through an amendment to this agreement duly executed by each of the parties hereto.
6. It is further agreed that all issues possibly arising in connection with this Agreement shall be addressed and discussed in good faith and to the mutual satisfaction of all contracting parties.
7. If a dispute arises between the parties in connection with this MOU, the parties can submit their dispute to an arbitration panel, composed of three members, one appointed by JICA, one appointed by MOPHS, one appointed by AMREF and a fourth jointly appointed by the three contracting parties.

   This panel shall meet in Nairobi, Kenya, be chaired by the mutually agreed upon third party and apply Kenyan law and render a decision within one month following appointment. No appeal of the panel's decision shall be possible. If a party fails to cooperate in this procedure, the other party can bring the dispute before the courts of Kenya.

IN WITNESS WHEREOF, the undersigned, duly authorized, have signed this MOU in duplicate in English each party hereto retaining such original in Nairobi, 8th September 2011.

Signed by:

For MOPHS

Mr. Mark K. Bor, CBS
Permanent Secretary
Ministry of Public Health and Sanitation
Republic of Kenya

For AMREF

Dr Peter Ngatia, EBS
Director of Capacity Building
African Medical and Research Foundation (AMREF)
Nairobi, Kenya

For JICA

Mr. Masaaki Kato
Chief Representative
Japan International Cooperation Agency
JICA Kenya Office

ANNEX 1. Project Design Matrix (PDM) Ver. 1

Project Name:	Partnership for Health Systems Strengthening in Africa		
Project Period:	5 years (June 2011 - March 2016)	Implementing Organizations:	Ministry of Public Health and Sanitation (MoPHS), Core Partner: African Medical and Research Foundation (AMREF)
Target Group:	Health professionals from Govt. CSOs and academia in Sub-Sahara Africa.	Beneficiaries:	Health administrators and health workers at all levels in Sub-Sahara Africa

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal: To strengthen and harmonise regional training and joint learning capacity for sustainable health systems strengthening (HSS) in Africa.	. % increase in health MDGs indicators in Sub-Sahara Africa . % increase in the number of countries in Sub-Sahara Africa achieving the health MDGs	· MDG progress report · DHS report	· HSS remains high on the national and international agendas
Project Purpose: To create a critical mass of professionals and their networks with state-of-the-art knowledge on issues around HSS in Africa, who can promote sustainable human resources for health development for HSS in their respective countries and settings, through coordinated training programmes in partnership with regional networks of higher training institutions and other stakeholders.	. Coverage of countries receiving training . Coverage of AHLMN institutions receiving training . % of target institutions that have institutionalised HSS training programmes	· Training reports by AMREF · Country training reports	· There is no significant change in the mandate of AHLMN and its members
Outputs: 1. Platforms for stakeholder/partner coordination are consolidated.	. Number of other partners including AHLMN supporting this project	· Training reports by AMREF	· Availability of health providers is secured and maintained · Government policies on HSS remain favourable
2. Regional training programmes are developed based on coordinated inputs from stakeholders/partners to serve the needs of both health systems designers and operators.	. Approval rate of training is over 80% after post-training evaluation . Training Programmes are developed in line with country HHS training needs assessment	· Pre- and Post-training evaluation report · Programme/training modules · Country training reports	
3. Regional trainings are conducted based on the programmes developed.	. Number of trainees that have successfully completed the trainings . Distribution of trainees by country and institution	· Training reports by AMREF · Country training reports	
4. Follow-up activities for trained graduates are planned and conducted.	. % of countries implementing action plans developed during training . Number of follow up trainings held in each country	· Country training reports · Tracer study and review workshop reports	
5. Training programmes are periodically revised reflecting the latest research results, case reports collected from trained graduates, and other relevant information.	. Number of changes made to the regional training programme	· Country training reports · Tracer study and review workshop reports	
6. Documentation of best practices and lessons learnt in HRH development for HSS.	. Number of evidence-based reports and presentations on the results of training	· Scientific papers and reports	

Activities:

1. To consolidate platforms for stakeholder/partner coordination through ECSA-HC, Harmonization for Health in Africa, Communities of Practice established for thematic issues related to HSS and/or other relevant mechanisms.
   - 1-1 To hold a 3-day workshop to consolidate the platforms for stakeholder/partner coordination
   - 1-2 To hold a 3-day seminar to share HSS experiences
2. To develop regional training programmes in partnership with AHLMN and/or other relevant networks of regional higher training institutions, based on coordinated inputs from stakeholders/partners.
   - 2-1 To hold 10-day curricula and training manuals development workshop
3. To conduct regional trainings in partnership with AHLMN and/or other relevant networks of regional higher training institutions based on the programme developed.
   - 3-1 To conduct training for HSS-TOTs from selected African countries
4. To plan and conduct follow-up activities for trained graduates in partnership with AHLMN and/or other relevant networks of regional higher training institutions.
   - 4-1 To conduct follow-up six months after HSS-TOTs
   - 4-2 To conduct follow up annually after HSS-TOTs
   - 4-3 To conduct a tracer study of the graduates
5. To periodically revise training programmes in partnership with AHLMN and/or other relevant networks of regional higher training institutions, reflecting the latest research results, case reports collected from trained graduates, and other relevant information.
   - 5-1 To hold a 3-day curriculum review workshop
6. To document best practices and lessons learnt in HRH development for HSS.
   - 6-1 To carry out documentation of best practices and lessons in HRH development for HSS

Inputs

Japanese side	Kenyan side
[Assignment of advisor]	[Assignment of C/Ps]
[Assignment of Experts] - Short-term technical experts (Subject to be assigned, depending on the need)	[Diplomatic status to Japanese experts] [MoU with AMREF as a core partner]
[Local cost] - Project administration and training expenses	[Staff costs for the project]

AMREF side

[Assignment of C/Ps]

[Conferencing facilities and equipment]

[Project administration and implementation]

[Staff costs for the project]

Preconditions:

- The roles and functions of the stakeholders remain well-coordinated and -collaborated
- There is no significant change in the health priorities of the Kenyan govt. and JICA
- MoU with AMREF is signed

ANNEX II. PLAN of OPERATION: Partnership for Health Systems Strengthening in Africa

Sep 2011

Outputs/Activities	Expected outcomes		Year / KFY / JFY / Month	Remarks
			2011 / 2011/12 / 2011 / 2 1 5 6 7 8 9 10 11 12 1 2 3	
			2012 / 2012/2013 / 2012 / 4 5 6 7 8 9 10 11 12 1 2 3	
			2013 / 2013/2014 / 2013 / 4 5 6 7 8 9 10 11 12 1 2 3	
			2014 / 2014/2015 / 2014 / 4 5 6 7 8 9 10 11 12 1 2 3	
			2015 / 2015/2016 / 2015 / 4 5 6 7 8 9 10 11 12 1 2 3	
Output 1: Consolidation of the platforms for stakeholder/partner coordination				
1-1 To hold a 3-day workshop to consolidate the platforms for stakeholder/partner coordination	Functional and coordinated networking on HSS among stakeholders/partners	plan		Completed by JFY 2011
		actual		
1-2 To hold a 3-day seminar to share HSS experiences	Documentation and dissemination of HSS case studies from different African countries	plan		Planned in JFY 2013 & 2015
		actual		
Output 2: Development of regional training programmes				
2-1 To hold 10-day training curricula and manuals development workshop	3 training curricula and manuals developed on health governance, HRH and health information	plan		Completed by JFY 2011
		actual		
Output 3: Delivery of regional trainings				
3-1 To conduct training for HSS-TOTs from selected African countries	12 HSS-TOTs training conducted in 3 areas (health governance, HRH and health information)	plan		12 training completed by JFY2014
		actual		
Output 4: Follow-up activities for trained graduates				
4-1 To conduct follow-up six months after HSS-TOTs	Documentation of the project implementation progress	plan		Planned in JFY 2012
		actual		
4-2 To conduct follow up annually after HSS-TOTs	Documentation of the project outcomes	plan		Conduct annually btw JFY 2013-2015
		actual		
4-3 To conduct a tracer study of the graduates	Documentation of the project impacts	plan		Conduct annually btw JFY 2013-2015
		actual		
Output 5: Periodic review of the training programme				
5-1 To hold a 3-day curriculum review workshop	Revised training curricula and manuals on health governance, HRH and health information	plan		Planned in JFY 2013
		actual		
Output 6: Documentation of the best practices and lessons learnt in HRH development for HSS				
6-1 To carry out documentation of best practices and lessons in HRH development for HSS	Publication of 3 scientific papers on HRH development for HSS	plan		Planned to conduct every 3 months
		actual		

REPUBLIC OF KENYA
OFFICE OF THE DEPUTY PRIME MINISTER AND MINISTRY OF FINANCE

Telegraphic Address: 22921
FINANCE-NAIROBI
Fax No.: 3i5779
Telephone: 2252299
When replying please quote:

THE TREASURY
P.O. Box 30007
NAIROBI
KENYA

Ref: EA/TA 79/78/01/N

1st March, 2011

The Embassy of Japan
P. O. Box 60202
NAIROBI

(Attn. Mr. Suzuki)

RE: REQUEST FOR JAPAN'S TECHNICAL COOPERATION ON PARTNERSHIP FOR DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH FOR SUSTAINABLE HEALTH SYSTEMS STRENGTHENING IN THE AFRICAN REGION

The Government of Kenya formally requests the Government of Japan for Technical Cooperation Assistance for project for Partnership for Development of Human Resources for Health Sustainable Health Systems Strengthening in the African Region.

The project is aimed at strengthening and harmonizing regional training and joint learning capacity for sustainable health systems (HSS in Africa). The project will be implemented under the Ministry of Public Health and Sanitation.

Please find enclosed, duly filled application forms for your Government's favourable consideration.

C. M. Mutiso
FOR: PERMANENT SECRETARY/TREASURY

C.C. Chief Representative
JICA Kenya Office
Nairobi

APPLICATION FORM FOR JAPAN'S TECHNICAL COOPERATION

1. **Date of Entry:** 1st July, 2011

2. **Applicant:** The Government of KENYA

3. **Project Title:** Partnership for Development of Human Resources for Health for Sustainable Health Systems Strengthening in the African Region.

4. **Implementing Agency:** AMREF (International NGO / co-hosting agency for Africa Health Leadership and Management Network, headquartered in Nairobi, Kenya), under the leadership and support from Ministry of Public Health and Sanitation, the Government of Kenya.

Address: AMREF, P.O. Box 27691-00506 Nairobi, Kenya
Contact Person: Dr. Peter Ngatia, Director Capacity Building
Tel. No.:+254 20 6993000 Fax No: +254 20 609518
E-Mail: Peter.ngatia@amref.org

5.0 Background of the Project

5.1 Background in General

Building health systems to respond to the health needs of the communities in any country requires engaging health workers to play a key role in health service management and leadership. To achieve national and global goals including the *millennium development goals* (MDGs) countries will need to consistently invest in health systems strengthening, in particular Human Resources for Health (HRH) development and management.

There is a growing concern that many countries in Sub-Saharan Africa are lagging behind in their progress toward achieving health-related MDGs by 2015. The vulnerability of the health systems in most of the Sub-Saharan Africa countries is primarily due to the critical shortage of human resources for health. It is considered to be one of the most critical impeding factors to attainment of the MDGs 4, 5 and 6. Although lack of health workers, such as physicians and nurses, is at the center of the global and regional debate on HRH crisis, building adequate capacity of leaders and managers of health systems who can design and provide management and leadership in the health systems is essential for achievement of sustainable Health Systems Strengthening (HSS)[1], which consequently can contribute to the attainment of the millennium development goals (MDGs).

[1] In reality, there is a significant overlap between health care providers and health systems managers. In many cases, those who manage the health systems are health care professionals such as doctors and nurses who have little or no training in management.

The Ouagadougou Declaration (WHO 2008) calls for the African Member States to update their national health policies and plans according to the Primary Health Care approach, with a view to strengthening health systems in order to achieve the MDGs, specifically those related to communicable and non-communicable diseases, including HIV/AIDS, tuberculosis and malaria; child health; trauma; and the emerging burden of chronic diseases. The countries are encouraged to develop and implement subsequent operational plans at the district (local) level of health systems. To strengthen health systems in Africa, there is an urgent need to build the capacity of the health workers in Africa in priority health systems strengthening areas: service delivery, health workforce development, information, financing and leadership and governance.

The Government of Japan played a pivotal role in bringing Health Systems Strengthening into the global health and development agenda in 2008, through the 4th Tokyo International Conference on African Development (TICAD) IV and the G8 Summit in Toyako. The work of the Working Group on Challenges in Global Health and Japan's Contributions (known as "Takemi Working Group") was instrumental in informing the policy process. One of the recommendations by the working group on HRH was "*to strengthen the international networks of higher education institutions to provide access to health and medical education in areas with limited resources*"[2].

Health system strengthening (HSS) requires specific activities tailored to each country based on the socio-economic, political, demographic, cultural and other contextual factors. Ideally, it is necessary to build HRH in each country according to national needs. However, distribution of technical capacity to provide quality training for HSS, or for broadly defined areas of *health systems management* (which may include leadership/governance, financial management, HRH management, logistics/supply management, information management and service delivery management, among others), is uneven in Sub-Saharan Africa. Strengthening of international networks of higher education institutions, as recommended by the Takemi Working Group, has a potential to expand access to quality training in health systems management in the region, especially for countries with greater resource constraints where such training is urgently needed.

5.2 HRH Development for HSS in Africa: Current Situation

Sub-Saharan Africa is experiencing acute shortage of health workers at all levels of the health system. The region has been depleted by the health worker migration, leaving behind 1.3% of the world's health workers to care for people who carry 25% of the global disease burden with only 2.3 health workers per 1,000 population compared with the Americas, where there are 24.8% healthcare workers per 1,000 population. The estimated shortage of health workers in Africa is 817,992. Correction of this deficit

[2] Jimba, M. (2009) *"Opportunities for overcoming the health workforce crisis"* in Task Force on Global Action for Health System Strengthening (ed.) *Global action for health system strengthening: Policy recommendations to the G8*

requires an increase in health workers of at least 130%.

HRH development for HSS needs to address two overlapping, yet distinctive, issues: the designer and the operator issues. The *designer issue* primarily deals with the needs of those who are engaged in designing and building better health systems. The primary question may be "what works better?" Policy researchers and health administrators at the policy making (i.e., national) level are the ones who are mainly concerned with the designer issue.

On the other hand, the *operator issue* deals with the needs of those who are engaged in the operation and functioning health systems. The relevant question may be "how do we do it?" Health administrators at policy implementation (i.e., either national or local, depending on the progress of decentralization) level and health care providers are the ones concerned with these issues.

Each country needs a good number of health systems designers who can inform the policy choices at higher levels to organize or reorganize appropriate health systems. However, even well developed health systems may not produce expected outcomes if good health systems operators are not available at all levels. In order to meet the HRH development needs for HSS in a country, both designer and operator issues should be addressed in a comprehensive manner.

There are several well-established programs which address either designer or operator issues. One of such example is the *Flagship Program on Health Sector Reform and Sustainable Financing*, which is offered by the World Bank Institute (WBI) through the global network of training institutions. Through its global course held annually in Washington DC, the programs offered by its regional/national partners and through e-learning, nearly 20,000 participants globally have benefited between 1997 and 2008[3]. The program deals primarily with the designer issue. The universities of Cape Town and Witwatersrand in South Africa, and *Centre Africain d'Etudes Superieures de Gestion* in Senegal are involved as regional partners. The program recently offered the Flagship Course on Health Systems Strengthening in collaboration with the Rwanda School of Public Health. It is intended to be the first among the courses which will collectively form the *Africa Flagship Program on Health Systems Strengthening*[4].

Another example, which deals primarily with the operator issue, is the *Leadership Development Program* under the *Leadership, Management and Sustainability Program* (LDP/LMSP) offered by the Management Science for Health (MSH) with funding from USAID. Using the *Leading and Managing Framework*, which comprehensively and strategically covers 8 key elements of leadership and management, the LDP/LMSP is supporting capacity building in 18 countries in the world. In partnership with the Eastern and Southern Africa Management Institute (ESAMI) in Tanzania and other local partners, the program works in Cote d'Ivoire, DRC, Ethiopia, Ghana, Kenya, Nigeria,

[3] Shaw, P. and Samaha, H. (2009) "Building capacity for health system strengthening: a strategy that works"
[4] http://hso.worldbank.org/hso/financing/events/1003/flagship-course-health-system-strengthening

South Sudan, Tanzania and Uganda[5].

Japan International Cooperation Agency (JICA) also has a rich experience in dealing with the operator issue. Examples include; support to management capacity strengthening of all the regional health management teams in Tanzania in collaboration with Mzumbe University, support to management capacity strengthening in one province (both provincial and district health management teams) in Kenya in collaboration with Great Lakes University of Kisumu and Maseno University, support to management capacity strengthening of local health administrators in SADC countries in collaboration with the University of Pretoria in South Africa. Since 2007, JICA is working with 15 Sub-Saharan African countries to promote 5S/KAIZEN/TQM[6] concept, as a management framework to trigger and sustain *change for the better* (KAIZEN) at the health facilities. Even the support to specific disease control programs such as HIV/AIDS in Kenya, Tanzania and Zambia, focuses on improvement of management capability of national coordinating agencies.

There are many other successful programs addressing either designer or operator issues with many prominent local institutions substantially involved in such programs. The challenge, however, is to better harmonize the investments and activities so that they can address HRH issues for HSS more comprehensively and efficiently.

5.3 African Health Leadership and Management Network (AHLMN)

There are several networks which link higher educational institutions in Africa with various training programs in health systems management. However, the African Health Leadership and Management Network (AHLMN), which was established in 2008 by the initiative of concerned African institutions, is one of the networks with a wide representation in Africa. The network has a membership of 33 institutions and individuals covering 14 countries in Africa. It is currently hosted by AMREF in Nairobi and CESAG in Dakar, Senegal. The network was established to improve the coverage and quality of health services in Africa through the strengthening of the management and leadership of institutions in the health sector. The network is a unique collaboration between the various management and leadership training providers across Africa, working together to support and lead the development of management and leadership in the healthcare system across the continent. It is a result of a WHO international consultative meeting on strengthening health leadership and management in low income countries, held in Accra Ghana in January 2007. The network focuses on all the aspects of

[5] http://www.msh.org/projects/lms/index.cfm, accessed in March 2010.

[6] 5S stands for Sort, Set, Shine, Standardize and Sustain. It is a participatory work environment improvement method developed and refined in Japanese manufacturing industry. It is widely adopted in health sector in countries like Sri Lanka. KAIZEN literally means *change for the better*. It is a process of continuous quality improvement. JICA promotes health facilities in Africa to first introduce work environment improvement activities through 5S, and gradually progress to work process improvement through KAIZEN. The gradual, step-by-step approach is effective to trigger the change in attitudes and to sustain the efforts. Final goal is the achievement of Total Quality Management (TQM).

the WHO Management and Leadership Framework. These include: ensuring adequate numbers and deployment of managers through the health system; ensuring managers have appropriate competencies (knowledge, skills, attitudes and behaviours); ensuring the existence of functional critical support systems(to manage money, staff, information, supplies, etc); creating an enabling working environment (roles and responsibilities, organizational context and rules, supervision and incentives, relationship with other actors). The network presents unique opportunity for strengthening regional training capacity, which will contribute to sustainable health systems strengthening in the African region.

6.0 Outline of the project

The proposed project will strengthen partnership and networking among the Training Institutions in Africa, to enable them develop a critical mass of human resources for health with capacity to enhance sustainable health systems strengthening in Africa. The project will be implemented under the African Health Leadership and Management Network (AHLMN) hosted by the African Medical and Research Foundation (AMREF). The project will initially target the 14 African countries in which AHLMN has membership institutions. It will be coordinated from the AMREF International Training Centre (AITC) in Nairobi-Kenya. The ALHMN Secretariat under the leadership of the Director of Capacity Building of AMREF will coordinate and manage the activities of the project on behalf of the member institutions (MIs), and under the leadership and support of the hosting Ministry of Public Health and Sanitation MoPHS) in Kenya.

6.1 Overall goal

To strengthen and harmonize regional training and joint learning capacity for sustainable health systems strengthening (HSS) in Africa.

6.2 Project purpose

To create a critical mass of professionals and their networks with state-of-the-art knowledge on issues around HSS in Africa, who can promote sustainable human resources for health development for HSS in their respective countries and settings, through coordinated training programs in partnership with regional networks of higher training institutions and other stakeholders.

6.3 Outputs

1. Platforms for stakeholder/partner coordination are consolidated
2. Regional training programs are developed based on coordinated inputs from stakeholders/partners to serve the needs of both health systems designers and operators
3. Regional trainings are conducted based on the programs developed
4. Follow-up activities for training graduates are planned and conducted
5. Training programs are periodically revised reflecting the latest research results, case reports collected from training graduates, and other relevant information
6. Documentation of best practices and lessons learnt in HRH development for HSS.

6.4 Project activities

1. To consolidate platforms for stakeholder/partner coordination through NEPAD, Harmonization for Health in Africa, Communities of Practices established for thematic issues related to HSS and/or other relevant mechanisms
2. To develop regional training programs in partnership with AHLMN and/or other relevant networks of regional higher training institutions, based on coordinated inputs from stakeholders/partners
3. To conduct regional trainings in partnership with AHLMN and/or other relevant networks of regional higher training institutions, based on the program developed
4. To plan and conduct follow-up activities for training graduates in partnership with AHLMN and/or other relevant networks of regional higher training institutions
5. To periodically revise training programs in partnership with AHLMN and/or other relevant networks of regional higher training institutions, reflecting the latest research results, case reports collected from training graduates, and other relevant information
6. To document best practices and lessons learnt in HRH development for HSS.

6.5 Description of the interventions to achieve the project objectives

Consolidation of the platforms for stakeholder/partner coordination

In the first year of the project implementation, AMREF in collaboration with the Ministry of Public Health and Sanitation in Kenya will convene a three-day African regional workshop for the HSS stakeholders/partners. The workshop will bring together HSS policy makers and practitioners from the ministries health in Africa, regional higher training institutions, professional bodies, development partners such as NEPAD, JICA

and WHO, among others. The aim of the workshop is to learn from different country and organizational experiences in HSS, harmonize HSS approaches, and develop a HSS forum for exchange of information and networking in the African region. The HSS forum will be coordinated under the African Health Leadership and Management Network (AHLMN) Secretariat hosted by AMREF, and will hold a three-day seminar to share experiences, models and best practices in HSS in Africa.

Development of regional training programs

AMREF through the African Health Leadership and Management Network (AHLMN) and in collaboration with the Ministry of Public Health and Sanitation (MoPHS) in Kenya, will convene a 5-day workshop to develop training curricula on health governance, human resources for health, and health information. The workshops will be facilitated by two Curriculum Experts from AMREF and technical experts from JICA, and will be attended by HSS stakeholders from regional higher training institutions and ministries of health in Africa. The process of developing the curricula will be informed by the on-going Africa regional Training Needs Assessment (TNA) for health professionals commissioned by AMREF, and HSS experiences from the regional higher training institutions in Africa. Key steps to follow in developing the curricula during the workshops will include:

- Identification of problems/needs and building consensus
- Identification of roles, functions and responsibilities
- Perform task analysis on roles, functions and responsibilities
- Development of educational objectives. Objectives will focus on knowledge, skills and attitude components
- Identification and selection of subject matter/content
- Identification of teaching/learning methods
- Identification/selection of learning resources/materials
- Identification of assessment methods and tools
- Work out curricula implementation procedures
- Development curricula review and evaluation procedures

Three (3) HSS training manuals will be developed in line with each of the training curricula. AMREF through the AHLMN will contract the services of three (3) HSS resource persons from the African regional higher training institutions to work jointly with JICA technical experts in developing the training manuals. A three (3) days training manuals' development workshop will be held to discuss the initial drafts of the

manuals. The HSS training manuals and curricula will be disseminated to the regional higher training institutions and the ministries of health in Africa.

Delivery of regional trainings

AMREF through the AHLMN, and jointly with technical experts from JICA, and in consultation with the Ministry of Public Health and Sanitation (MoPHS) in Kenya, will train a critical mass of trainers for health systems strengthening (HSS-TOTs) from the regional higher training institutions in Africa, who will consequently roll out the HSS trainings in their countries and institutions, using the developed HSS training curricula and manuals. In total, AMREF will conduct 3 HSS TOT courses for a total of 99 trainers from 33 training institutions in 14 African countries. The AHLMN Secretariat in Nairobi will coordinate the roll out of HSS trainings to the regions.

Follow-up activities for the trained graduates

The AMREF Training Programme Monitoring and Evaluation System (ATMES) will be adopted and customized as a tool for tracking the HSS graduates. The AHLMN Secretariat will work jointly with the regional higher training institutions to plan and carry out follow up activities using the ATMES tools. Follow up of HSS graduates will be done at three levels: six months after HSS-TOTs training to establish the progress in implementing actions plans from training courses; annually after HSS-TOTs training to establish the training outcomes; and, a tracer study at the end of five years of project implementation to determine training impacts on the health systems strengthening in Africa.

Review of the training programs

During the third year of the project, AMREF through the AHLMN and, in consultation with the Ministry of Public Health and Sanitation (MoPHS) in Kenya will hold a 3-day workshop to review the curricula and the implementation process of the training. The curricula review will be informed by the feedback from the HSS graduates, HSS faculty in the regional higher training institutions, policy makers in the ministries of health in Africa, and the latest research on HSS.

Documentation of best practices in HRH development for HSS

AMREF will contract the services of a HSS specialist to document the best practices and lessons learnt from the implementation of the project and other HSS experiences in the region. Specifically, AMREF will identify and document best practices through the existing regional networks such as HEP Net, EQUINET, Communities of Practices/Practitioners and through continuous web search.

6.6 Contribution of the Recipient Government

The Ministry of Public Health and Sanitation (MoPHS) in Kenya will take necessary measures to ensure diplomatic status of Japanese experts assigned to the project by JICA, equal to the status provided for the other JICA experts. MoPHS will take necessary diplomatic measures to ensure smooth implementation of international training programs conducted by the project.

6.7 Contribution of AMREF

AMREF will provide project office and secretariat functions at its own cost, as part of its responsibility as a co-hosting organization of AHLMN.

6.8 Contribution of the Japanese Government

The Japanese government the Program Coordinator, technical experts in health governance, health finance, human resources for health, health information, health technology and logistics. The government of Japan will also fund the project budget.

7. Implementation Schedule

Project period: Month July Year 2011～ Month June Year 2015

Activity	Period					Activity product
	YR1	*YR2*	*YR3*	*YR4*	*YR5*	
1. Consolidation of the platforms for stakeholder/partner coordination						
1.1 Hold a 3-day workshop to consolidate the platforms for stakeholder/partner coordination						Functional and coordinated networking on HSS among stakeholders/partners

1.2 Hold a 3-day seminar to share HSS experiences						Documentation and dissemination of HSS case studies from different African countries
2. Development of regional training programs						
2.1 Hold 5-days curricula development workshop						3 training curricula developed on health governance, human resources for health, and health information
2.2 Hold 3-days training manuals development workshop						5 training manuals developed on health governance, human resources for health, and health information.
3. Delivery of regional trainings						
3.1 Conduct training for HSS-TOTs from 14 African countries						99 HSS-TOTs trained (3HSS-TOTs per country)in 3 topical areas (health governance, human resources for health, and health information.
3.2 Roll out HSS trainings in regional higher training institutions						Delivery of HSS trainings in regional higher training institutions
4. Follow-up activities for trained graduates						
4.1 Conduct follow-up six months after HSS-TOT						Documentation of the project implementation progress
4.2 Conduct follow up annually after HSS-TOT						Documentation of the project outcomes
4.3 Conduct a tracer study of the graduates						Documentation of the project impacts
5. Periodic review of the training program						
5.1Hold a 3-day curriculum review workshop						Revised curricula on health governance, human resources for health, and health

						information.
6. Documentation of the best practices and lessons learnt in HRH development for HSS						
6.1 Carry out documentation of best practices and lessons in HRH development for HSS						Publication of 3 scientific papers on HRH development for HSS

8. Implementing Agency

The African Medical and Research Foundation (AMREF), with support from the Ministry of Public Health and Sanitation (MoPHS) in Kenya, will be the implementing agency. AMREF will implement the project through the African Health Leadership and Management Network (AHLMN) whose secretariat is hosted at AMREF headquarters in Nairobi.

About AMREF

AMREF is an international non-governmental organization founded in 1957 as the Flying Doctor Service of East Africa. AMREF is African based with headquarters in Nairobi-Kenya. It has country offices and programs in six African countries: Kenya, Tanzania, Uganda, South Africa, South Sudan, and Ethiopia. Apart from the country programs, AMREF provides training, consulting, and technical assistance and support services in over 30 countries in Africa. The annual budget of AMREF stands at US$90 million, with a personnel force of about 1,000 staff of which 90% are from Africa.

AMREF is governed by an international Board of Directors that meets bi-annually (elected to two 4-year terms) consisting of 17 members, 6 of whom are African. The board has 5 standing committees: Audit and Finance, Board Development and Nominations, Communications and Fund-raising, Health Programme and Human Resources. The organizational programs' implementation process is being managed and coordinated from the AMREF headquarters by the Senior Management Team (SMT) headed by the Director General.

AMREF regards accountability and transparency, especially in the area of programme/project management, financial controls and procurement as essential to maintaining its integrity and credibility. AMREF's financial management system is

implemented at headquarters by the corporate finance department. The department is responsible for the preparation of monthly and quarterly reports that are used in the management of the resources under AMREF custody.

Working in close collaboration and partnership with governments, communities, private sector and civil society organizations (CSOs), AMREF employs three strategic approaches-capacity building to strengthen health system responsiveness; community partnering for better health; and health systems research for policy and practice- that effectively contribute to achieving the AMREF's mission of *"improving health and health care in Africa"*. AMREF has considerable experience and expertise in health development in Africa and is often the preferred choice of governments, CSOs and communities to provide technical assistance and consulting services.

AMREF's Capacity in HRH Development

Regionally, AMREF hosts the Secretariat of the African Health Leadership and Management Network (AHLMN). AHLMN is a membership organization in Africa established to share and expand healthcare leadership and management expertise in Africa. AMREF is also the chair of the network. AMREF is a member of the Global Health Workforce Alliance (GHWA) and sits in the Secretariat of GHWA's African Platform. AMREF also hosts the Secretariat of the Eats and Southern African Knowledge Hub Network (ESAKH). ESAKH aims to enhance the human resource capacity necessary to provide state-of-the- art management and provision of HIV/AIDS prevention, care and treatment services by developing expertise among health care providers towards Universal Access. AMREF has also supported the development of policies for human resources for health in South Sudan.

Training is one of the AMREF's strengths and a key element of its strategy. AMREF develops, tests, evaluates and promotes the adoption of best practice models that are appropriate, relevant and affordable. The Foundation focuses on training and capacity building at all levels and influences policy-makers to make changes to policy and practice based on evidence-based best practices.

AMREF's training extends beyond its operational areas in Western, Eastern, and Southern Africa. African countries send their health and development managers to AMREF's training programmes. The AMREF International Training Centre in Nairobi-Kenya coordinates training at AMREF and is recognized by national authorities as an educational institution. AMREF runs a number of post-basic and continuing professional development courses for health workers through face to face instruction and elearning. These include a one-year diploma in community health; a two-year Masters in Public Health accredited to Moi University; 24 short-term courses of one to four weeks; 12 print-based and elearning courses for health workers; a three-year clinical officers course, an elearning nurse upgrading diploma course; and a 6-month laboratory technology managers course. AMREF also runs a Management Development Programme for managers and leaders of HIV/AIDS organizations in collaboration with University of California in Los Angeles (UCLA) in USA, Ghana Institute of Management and Public Administration (GIMPA), and University of Cape Town in South Africa.

Over the years, AMREF has developed over 30 curricula on a variety of identified topical areas which are implemented at its International Training Centre in Nairobi and health training institutions in the region. The topical areas include leadership and management, health services organization and management, advocacy and gender skills, monitoring and evaluation, integrated HIV/AIDS management, among others. The AMREF's Health Learning Materials program has published over 1,000 publications on various health issues. These publications, which are contextualized and therefore relevant to a wide range of users support the self directed in-service training of health workers in Africa.

Budget

Expenditure		
Recurrent		
Development		

Staffing

	No. of Staff		
Category			others
Ministry HQ			
Department			
Division			

* Note: figures are provisional

9. Related Activities

AMREF hosts the African Health Leadership and Management Network (AHLMN) with a membership of 33 institutions and individuals covering 14 countries in Africa. The network focuses on all the aspects of the WHO Management and Leadership Framework. These include: ensuring adequate numbers and deployment of managers through the health system; ensuring managers have appropriate competencies (knowledge, skills, attitudes and behaviours); ensuring the existence of functional critical support systems(to manage money, staff, information, supplies, etc); creating an enabling working environment (roles and responsibilities, organizational context and rules, supervision and incentives, relationship with other actors).

10. *Gender Consideration*

Gender is mainstreamed in all AMREF training programmes. This is will be ensured in this proposed project.

11. Environmental and Social Considerations

(Please fill in the attached screening format.)

Applicable areas of the screening format filled.

12. Beneficiaries

Health professionals (educators, researchers, administrators, policy makers etc.) in the African region who are involved (or will be involved) in human resources development programs aiming at HSS.

13. Security Conditions

N/A

14. Others

This proposal is a product of consultation among MoPHS, AMREF and the Regional

Strategy Unit for Africa, JICA (JICA-RSA), based on the findings from the Preparatory Survey conducted by JICA-RSA.

Screening Format

Question 1 Address of a project site

Question 2 Outline of the project

2-1 Does the project come under following sectors?

☐Yes ■No

If yes, please mark corresponding items.

☐Mining development
☐Industrial development
☐Thermal power (including geothermal power)
☐Hydropower, dams and reservoirs
☐River/erosion control
☐Power transmission and distribution lines
☐Roads, railways and bridges
☐Airports
☐Ports and harbors
☐Water supply, sewage and waste treatment
☐Waste management and disposal
☐Agriculture involving large-scale land-clearing or irrigation
☐Forestry
☐Fishery
☐Tourism

2-2 Does the project include the following items?

☐Yes ■No

If yes, please mark following items.

☐Involuntary resettlement (scale: households, persons)
☐Groundwater pumping (scale: m3/year)
☐Land reclamation, land development and land-clearing (scale: hectors)
☐Logging (scale: hectors)

2-3 Did the proponent consider alternatives before request?

□Yes: Please describe outline of the alternatives

(　　)

■No

2-4 Did the proponent have meetings with related stakeholders before request?

■Yes □No

If yes, please mark the corresponding stakeholders.

■Administrative body

□Local residents

■NGO

□Others (　　)

Question 3

Is the project a new one or an on-going one? In case of an on-going one, have you received strong complaints etc. from local residents?

■New ☐On-going(there are complaints) ☐On-going (there are no complaints)

☐Others (　　)

Question 4 Name of laws or guidelines:

Is Environmental Impact Assessment (EIA) including Initial Environmental Examination (IEE) required for the project according to laws or guidelines in the host country?

☐Yes ■No

If yes, please mark corresponding items.

□Required only IEE (□Implemented, □on going, □planning)

□Required both IEE and EIA (□Implemented, □on going, □planning)

□Required only EIA (□Implemented, □on going, □planning)

□Others: (　　)

Question 5

In case of that EIA was taken steps, was EIA approved by relevant laws in the host country? If yes, please mark date of approval and the competent authority.

☐Approved: without a supplementary condition	☐Approved: with a supplementary condition	☐Under appraisal

(Date of approval: Competent authority:)

☐Not yet started an appraisal process

☐Others:( )

Question 6

If a certificate regarding the environment and society other than EIA, is required, please indicate the title of certificate.

☐Already certified ☐Required a certificate but not yet done

Title of the certificate :( )

☐Not required

☐Others [ ]

Question 7

Are following areas located inside or around the project site?

☐Yes ☐No ☐Not identified

If yes, please mark the corresponding items.

☐National parks, protected areas designated by the government (coast line, wetlands, reserved area for ethnic or indigenous people, cultural heritage) and areas being considered for national parks or protected areas

☐Virgin forests, tropical forests

☐Ecological important habitat areas (coral reef, mangrove wetland, tidal flats)

☐Habitat of valuable species protected by domestic laws or international treaties

☐Likely salts cumulus or soil erosion areas on a massive scale

☐Remarkable desertification trend areas

☐Archaeological, historical or cultural valuable areas

☐Living areas of ethnic, indigenous people or nomads who have a traditional lifestyle, or special socially valuable area

Question 8

Does the project have adverse impacts on the environment and local communities?

☐Yes ☐No ☐Not identified

Reason: [ ]

Question 9

Please mark related environmental and social impacts, and describe their outlines.

☐Air pollution
☐Water pollution
☐Soil pollution
☐Waste
☐Noise and vibration
☐Ground subsidence
☐Offensive odors
☐Geographical features
☐Bottom sediment
☐Biota and ecosystem
☐Water usage
☐Accidents
☐Global warming
☐Involuntary resettlement
☐Local economy such as employment and livelihood etc.
☐ Land use and utilization of local resources
☐ Social institutions such as social infrastructure and local decision-making institutions
☐ Existing social infrastructures and services
☐The poor, indigenous of ethnic people
☐ Maldistribution of benefit and damage
☐Local conflict of interests
☐Gender
☐Children's rights
☐Cultural heritage
☐ Infectious diseases such as HIV/AIDS etc.
☐ Others
( )

Outline of related impacts:

[ ]

Question 10

Information disclosure and meetings with stakeholders

10-1 If the environmental and social considerations are required, does the proponent agree on information disclosure and meetings with stakeholders in accordance with JICA Guidelines for Environmental and Social Considerations?

☐Yes ☐No

10-2 If no, please describe reasons below.

[ ]


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