

## 付 属 資 料

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## 1. 調査日程

Date		Schedule	Stay
Apr 4	Mon	22:00 Depart Japan (Ms Tanaka)	
5	Tue	15:20 Arrival in Dar es Salaam (EK725:Ms Tanaka)	DSM
6	Wed	8:30 CC to JICA Tanzania Office 9:00 Meeting with JICA Tanzania Office 10:00 Meeting with CMO 11:00 Meeting with HSRS (HSS Unit Head, Head of HSRS, Regional Health Service Coordinator)	DSM
7	Thu	(holiday) Data/Document analysis	DSM
8	Fri	8:00 Meeting with Mr. Muta MOHSW 9:30 Meeting with Max Mapunda & Dr. Njau (WHO) 14:30 Benjamin Mkapa HIV Foundation (BMAF)	DSM
9	Sat	Documentation / Ms. Ito departs Japan	DSM
10	Sun	15:20 Arrival of Ms. Ito /Internal Meeting	DSM
11	Mon	8:30 CC to JICA TZ office 10:00 CC to DPP 17:00 Meeting with Mr. Ishijima, HRH Development Project	DSM
12	Tue	9:00 Move to Morogoro / Preparation for Workshop 17:00 Meeting with Mr Mutagwaba (RHSC) <i>15:20 Mr. Takizawa arrival (Stay in DSM)</i>	Morogoro
13	Wed	Mr Takizawa Move to Morogoro 8:30 Planning Workshop	Morogoro
14	Thu	8:30 Planning Workshop	Morogoro
15	Fri	8:30 Planning Workshop	Morogoro
16	Sat	Return to DSM / Draft PDM, PO	DSM
17	Sun	Draft PDM, PO	DSM
18	Mon	Discussion with MOHSW key C/Ps to finalize Draft PDM & PO	DSM
19	Tue	Report to CMO-MOHSW	DSM
20	Wed	10:00 Signing of M/M Report to JICA Tanzania Office, Embassy of Japan 16:50 Depart DSM (EK726 Mr. Takizawa)	DSM
21	Thu	16:50 Depart DSM (EK726 Ms. Ito and Ms.Tanaka)	
22	Fri	17:35 Arrival in Japan (Ms. Ito and Ms.Tanaka)	

## 2. ワークショップ結果概要

### (1) ワークショップ・スケジュール

第1日：4月13日（水）

9：00～9：10	開会の挨拶
9：10～9：30	ワークショップの目的の説明
9：30～9：50	参加者自己紹介
9：50～10：20	ワークショップ手順の説明
10：20～11：00	プロジェクト・フェーズ1の成果に関するプレゼンテーション
11：00～11：20	休憩
11：20～13：00	グループワーク（過去3年の地域保健管理に関する成果と改善すべき課題）
13：00～14：00	昼食
14：00～16：00	グループワークのプレゼンテーション（過去3年の地域保健管理に関する成果と改善すべき課題）
16：00～16：30	まとめ、挨拶

第2日：4月14日（木）

9：00～9：10	第1日の総括
9：10～9：30	ワークショップ手順の説明
9：30～11：00	グループワーク1（問題分析）
11：00～11：20	休憩
11：20～13：00	プレゼンテーション1（問題分析）
13：00～14：00	昼食
14：00～14：20	ワークショップ手順の説明
14：20～16：00	グループワーク2（目的分析）
16：00～17：00	プレゼンテーション2（目的分析）

第3日：4月15日（金）

9：00～9：10	第2日の総括
9：10～10：00	全体討論（PDMの検討1：プロジェクト目標、アウトプット）
10：00～12：00	グループワーク（PDMの検討2・活動）
12：00～13：00	プレゼンテーション（PDMの検討2：活動）
13：00～14：00	昼食
14：00～15：40	全体討論（PDMの検討2：活動）
15：40～16：00	休憩
16：00～17：00	全体討論（PDMの検討3：プロジェクト目標の指標）
17：10～17：30	まとめ、挨拶

## (2) ワークショップ参加者

No	Name	Designation	Organization
(Tanzanian side)			
1	R.D.Mutagwaba	C,RHS	MOHSW
2	Dr. Anna Nswila	C, DHS	MOHSW
3	Masaule Fares	Advocacy, HSRS	MOHSW
4	Raynold John	HSRS	MOHSW
5	Dr. Mariam Ongara	Hospital Reform	MOHSW
6	Godfrida R. Clement	Principle Health Officer	PMORALG
7	Dr. G.J.B Mtey	RMO	Dodoma
8	Dr. J. Kahama	RMO	DSM
9	Dr.B.Byalugaba	RMO	Coast
10	Dr. Rita Lyamuya	RMO	Morogoro
11	Dr. M. Machibya	RMO	Lindi
12	Benson Nallya	RHS	DSM
13	Juliana Mawala	RHS	Mbeya
14	Esther Ntyangiri	DMO	Kilosa
15	Dr. Asha Mahita	DMO	Ilala
16	Dr. Sylvia Mamkwel	DMO	Temeke
17	Dr.Henrya Mollel	Technical Advisor	Mzinbe Uni.
(Japanese side)			
1	Ikuo Takizawa		JICA
2	Emiko Nishimura		JICA
3	Tomomi Ito		JICA
4	Hisahiro Ishijima		JICA Expert
5	Erika Tanaka		Global Link Management

(3) ワークショップ結果：過去3年間の成果と改善すべき課題

グループ1

Achievements			Areas for improvement		
RHMT having confidence in supportive supervision to CHMTs	Key policies and guidelines disseminated to CHMTs by RHMTs		Capacity building on data management	Provision of vehicle for strengthening supportive supervision	Harmonizaion of planning guides at RHMT, CHMT and HMT levels
Increased interaction with CHMTs through coaching	Availabilities of RHMT Strategic Plan	Active participation of RHMT in Development of CCHPs	Health systems strengthening	Financial resources to be increased for supportive supervision	Supervision and coaching for HMTs of RRHs
Team building and teamwork of RHMT strengthened.	Availability of RHMT Annual Plan	Improved preparation of RHMT plans	Improvement of health systems, e.g., HMIS, FAMS at Regional Referral level	More resources financing office software/working tools	Improve coaching to CHMTs to effectively supervising the lower levels
Development of planning guide strengthened	Guided implementation of their functions	Improved capacity of RHMT in planning & Development RHMT plans	Support CMSS in conducting supportive supervision in collaboration with ZHRC	Policy dissemination skills for HMTs and CHMTs	Support in developing spider web and evaluating CHMTs and HMTs
Improved RHMT & CHMT quality of plans and quarterly reports	Improvement in Analysis and compilation of CCHP reports & plans.	Improved planning skills among RHMTs	Increased capacity of RHMT in supporting CHMTs in developing their CCHP Plans & Progress reports	Improve networking with local and external partners	Provide working tools to improve functioning of RHMT
RHMT managerial skills improved	Improved interdepartmental coordination	RHMT being recognized by the system, PMORALG, RS, POSM, and other sectors within the RS.	Planning and managerial skills for Regional Referral HMTs	Increase opportunity for sharing best practice, e.g., study tours	Build capacity for CHMTs in planning and reporting
Improved capacity, skills and knowledge of RHMT in reports	Increased networking among RHMTs, CHMTs & Central level	Increased number of RHMT members in RS	Increase capacity building in planning, budgeting and reporting	Capacity building in financial management	Capacity building in managerial skills for new RHMT members
		Vacant positions in RHMT fulfilled			Capacity building for RHMTs and HMTsn on use of computers and improved planning and reporting
					More capacity to RHMTs to conduct supportive supervision to CHMTs
					Development of M&E tools for CHMTs

グループ 2

Achievements			Areas for improvement		
1) Dissemination improved	Policy Dissemination Improved Centre→RHMT		Further improvement to the lower levels, CHMT and hospitals etc., is needed	Orientation for the lower level by CHMT is needed.	
2) Capacity improved	Improved supervision from Central to RHMT	M&E is improved from Central to RHMT through CMSS	To build more capacity in areas of research, management skills	Disaster management skills to be strengthened.	Capacity building on M&E to include data collection, analysis & use at RHMT level
	Management, Planning, Reporting Time management		Financial, planning, communication skills, plan rep, S-bas supervision RHMT to CHMT		
3) Funds available (Basket Fund, Block grant)			More funds are needed for RHMTs		
4) Staffing in RHMT in place			Deployment and staffing of RHMT to be improved	- right skills - experiences	
5) Supervision	Supervision has been improved		Improve supportive supervision to DHMT by Regional Secretariat	Supportive supervision to RHMT by PMORARG to be strengthened	
				Inadequate transport for RHMT in supportive supervision	
6) Coordination	Coordination between RHMT and CHMT improved		Improve coordination between RHMT & Regional Health Service Board, PPP.		
	Networking improved at RHMT & CHMTs, and between them		To increase involvement of ZHRC by RHMT		
			Networking among RHMTs through website		











(6) ワークショップ結果：活動

	Knowledge and Skills of RHMTs members improved	RHMT inter and intra coordination improved	Tools for RHMTs to perform their functions improved	Resources for RHMT are mobilized and allocated properly *
1	To train new RHMT members on managerial skills and coaching skills to support CHMT and RRHMT.	<del>To disseminate relevant circulars, guidelines and policies to CHMTs and HMTs.</del>	To develop RMSS manual/toolkit	To support/provide RHMT with reliable transport for SS
2	To orient RHMT on PlanRep, development of CCHP, and assessment of CCHP plans and reports.	To advocate roles and functions of RHMTs to RS and DEDs. (Ministry)	To sustain CMSS to RHMTs	MOHSW to allocate RHMT members with appropriate qualifications
3	To train RHMT on hospital reform and planning	To conduct bi-annual joint review meeting on the implementation of RRHM (JICA, MOHSW and PMORALG)		RHMT to develop a reward mechanism for best performance CHMT & HMTs & RHMTs
4	To orient RHMT on establishment of council service board, hospital advisory board and service agreement.	To review roles and functions of RRHMs document to accommodate the structure of RHMT and HMT		RHMT to solicit funds from other sources
5	To train RHMT on resource management (financial and human resources)	To develop RHMT website and support installation of internet facilities		To conduct advocacy to RS, central ministries & DPs for resource mobilization and allocation.
6	To train RHMT on operational research and data management	To conduct peer review of RHMTs		

\*important assumptions

上記は、2グループに分かれて作業を行ったあと、全体で討論した結果をまとめたものである。横討のなかで、右端のコラムで挙げられているものは、活動でなく外部条件とするのがよいと整理された。

(7) ワークショップ結果：プロジェクト目標指標

Project Purpose		Indicator
Performance of RHMTs is improved?	1	Number of CHMT supervised quartary
	2	Number of councils CCHP assisted and approved funding in the first submission
	3	RHMT plans prepared submitted in time and approved in the first submission
	4	Number of quaterly annual progress report submitted in time and approved
	5	Number of RHMT progress report submitted in time and accepted
	6	Number of planed activities in RHMTs plans implemented

上記は、ワークショップの全体討論で、ブレインストーミングで提案されたものに検討を加え、合意されたものである。実際の PDM (案) では、これをもとにさらに検討を加え、指標を設定した。

3. 詳細計画策定調査協議議事録 (M/M)

MINUTES OF MEETINGS  
BETWEEN  
THE JAPANESE DETAILED PLANNING SURVEY TEAM  
AND  
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF  
THE UNITED REPUBLIC OF TANZANIA  
ON  
JAPANESE TECHNICAL COOPERATION  
IN  
CAPACITY DEVELOPMENT FOR REGIONAL HEALTH MANAGEMENT  
PHASE II

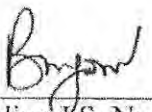
In response to a request from the Government of the United Republic of Tanzania, Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the Detailed Planning Survey Team (hereinafter referred to as "the Team") headed by Mr. Ikuo Takizawa from 6<sup>th</sup> April to 21<sup>st</sup> April 2011, for the purpose of discussing the framework of the requested technical cooperation entitled "Technical Cooperation in Capacity Development for Regional Health Management Phase II" (hereinafter referred to as "the TC").

During its stay in Tanzania, the Team conducted interviews and a planning workshop, and had a series of discussions on the design of the TC with the authorities concerned.

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

Dar es Salaam, 20th April 2011

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

  
\_\_\_\_\_  
Ms. Blandina V.S. Nyoni  
Permanent Secretary  
Ministry of Health and Social Welfare  
Republic of Tanzania

## THE ATTACHED DOCUMENT

### I OBJECTIVES OF THE DETAILED PLANNING SURVEY

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

The objectives of the survey are as follows:

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

### II FRAMEWORK OF THE TC

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

#### 1. Title of the TC

Title of the TC will be "Technical Cooperation in Capacity Development for Regional Health Management Phase II". Upon the request from the Tanzania side, it was changed from the original title "Technical Cooperation in Capacity Development for Regional Referral Health Management Phase II"

#### 2. Duration of the TC

The duration of the Technical Cooperation for the Project will be 3 (Three) years from the date, which will be mentioned in the Record of Discussions (hereinafter referred to as "R/D").



### 3. Administration of the TC

#### 3-1. Administration

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

- (1) Project Director (who will bear overall responsibility for the administration and implementation of the TC): who shall report to the Permanent Secretary  
Chief Medical Officer, MOHSW
- (2) Project Manager (who will be responsible for the managerial and technical matters of the TC): who shall report to Project Director  
Director of Policy and Planning, MOHSW
- (3) Technical Staff in charge:  
Coordinator, Regional Health Service Unit, MOHSW  
Assistant Officer for Regional Health Service (to be appointed)  
Health Sector Resource Secretariat, Department of Policy and Planning, MOHSW  
Other Officials of relevant Departments, MOHSW
- (4) Japanese experts:  
Technical experts  
Chief Adviser  
Health Management Specialist  
Other technical areas as may be needed

#### 3-2. Joint Coordinating Committee

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

The functions and composition are described as follows:

- (1) Functions
  - 1) To authorize the annual activity plan of the TC.
  - 2) To endorse major achievements and products of the TC.
  - 3) To monitor and review overall progress and supervise the TC.
  - 4) To review and discuss on major issues arising from or concerning the TC.
- (2) Composition
  - 1) Chairperson:  
Permanent Secretary
  - 2) Members:  
MOHSW
    - Chief Medical Officer (Project Director)
    - Director of Policy and Planning, (Project Manager)
    - Director of Human Resources Development
    - Director of Hospital Services
    - Director of Preventive Services
    - Head and other officials of Health Sector Resource Secretariat
    - Assistant Director of and other officials of Continuing Education Section, DHRD



Prime Minister's Office-Regional Administration and Local Government

- Director of Regional Administration
- Director of Sector Coordination
- Director of Local Government

Regional Secretariat

- Officials and RHMT members of related Regional Secretariat

Japanese Experts of the TC

Representative of JICA Tanzania Office

Any other persons as may be appointed by the Chairperson

4) Observers:

- Officials of the Embassy of Japan

#### 4. Inputs

##### 4-1. Tanzanian side

(1) Assignment of the personnel

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

(2) Facilities and equipment

Office space used for the TC (phase1) will be continuously used for the TC.

(3) Operational cost

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

- Salaries and other allowances for the Tanzanian personnel for the TC administration.
- Running expenses for the TC office such as electricity, water supply, communication.
- Other implementation expenses for the TC activities such as training, meetings and supportive supervision, etc.

##### 4-2. Japanese side

(1) Dispatch of Japanese experts

1) JICA will assign Japanese experts with the following assignment title.

Technical Experts

- Chief Adviser
- Health Management Specialist
- Other technical areas as may be needed

(2) Equipment

Equipment may be provided upon agreement between the Government of Tanzania and JICA. The equipment to be supplied by the TC will be reviewed depending on the availability of other sources including those from other partners.

(3) Operational cost

JICA will bear implementation expenses for the TC which is not covered by the Tanzania side such as printing materials, conducting training, hiring local staff for the TC, etc.

### III WAY FORWARD

- (1) Further discussions will be held between MOHSW and JICA for reviewing the framework of the TC as need arises.
- (2) As MOHSW and JICA come to mutual agreement, R/D will be prepared and signed by both sides prior to commencement of the TC.

### LIST OF ANNEXES

- Annex I Tentative PDM  
Annex II Tentative PO

## PDM

**Project Title:** Technical Cooperation in Capacity Development for Regional Health Management Phase 2  
**Executing Agency:** Ministry of Health and Social Welfare (MOHSW), Government of the United Republic of Tanzania  
**Period:** 3 years (September 2011 – September 2014)  
**Target Area:** Tanzania Mainland  
**Target Group:** MOHSW, Regional Health Management Teams (RHMTs)

Ver. 0 Date: 20<sup>th</sup> April 2011

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p><b>[Overall Goal]</b>            Managerial performance of Regional Referral Hospital Management Teams (RRHMTs) and Council Health Management Teams (CHMTs) is improved.</p>	<ol style="list-style-type: none"> <li>Number of Comprehensive Council Health Plans (CCHPs) assessed and approved by the MOHSW in the first submission</li> <li>Number of Regional Referral Hospital Annual Operation Plans assessed and approved by MOHSW in the first submission</li> </ol>	<ol style="list-style-type: none"> <li>CCHP assessment report by MOHSW</li> <li>Hospital Annual Operation Plan assessment report</li> </ol>	
<p><b>[Project Purpose]</b>            Performance of all RHMTs in supporting CHMTs and RRHMTs is improved.</p>	<ol style="list-style-type: none"> <li>Number of CHMTs and RRHMTs supervised quarterly with the standardized tools</li> <li>Number of RHMT Annual Plans submitted in time and approved by MOHSW in the first submission</li> <li>Number of RHMT quarterly/annual progress reports submitted in time and accepted by MOHSW</li> <li>Proportion of RHMT annual budget expended</li> <li>Number of planned activities implemented at RHMTs</li> </ol>	<ol style="list-style-type: none"> <li>Supportive supervision report, RHMT quarterly/annual progress report</li> <li>RHMT annual plan assessment report (to be introduced)</li> <li>RHMT quarterly/annual progress report</li> <li>RHMT quarterly/annual progress report</li> <li>RHMT quarterly/annual progress report</li> </ol>	Financial and human resources of RRHMTs and CHMTs are secured.  Support by other programs to RRHMTs and CHMTs are provided as planned.
<p><b>[Outputs]</b></p> <ol style="list-style-type: none"> <li>Management skills of RHMTs in supporting CHMTs and RRHMTs are improved.</li> <li>Roles and functions of RHMT to support CHMTs and RRHMTs are institutionalized and consolidated.</li> <li>Guidelines and tools for RHMTs to perform their functions are improved.</li> </ol>	<ol style="list-style-type: none"> <li>1-1 Training packages are developed and utilized.</li> <li>1-2 The level of knowledge of RHMT members is improved in pre- and post- assessment of the training</li> <li>2-1 The document "Functions of Regional Health Management System" is revised.</li> <li>2-2 The number of RHMTs that adopted the revised organizational structure</li> <li>2-3 Number of access of website on monthly average</li> <li>2-4 News letter is issued twice a year.</li> <li>3-1 Guidelines and tools are developed.</li> <li>3-2 Guidelines and tools are distributed to all regions.</li> </ol>	<ol style="list-style-type: none"> <li>1-1 Developed training packages</li> <li>1-2 Results of training assessment</li> <li>2-1 Revised documents</li> <li>2-2 RHMT annual reports</li> <li>2-3 Record of access of website</li> <li>2-4 Issued news letters</li> <li>3-1 Developed guidelines and tools</li> <li>3-2 MOHSW records</li> </ol>	Budget is timely disbursed at RHMTs.  Support by other development partners to RHMTs is provided as planned.

<p><b>[Activities]</b></p> <p>1-1 To train RHMT members in newly established regions on managerial skills and coaching skills to support CHMTs and RRHMTs</p> <p>1-2 To develop training packages for RHMTs on</p> <ul style="list-style-type: none"> <li>- Assessment of CCHPs and CCH reports</li> <li>- Resource management at RHMTs, RRHMTs and CHMTs (financial and human resources)</li> <li>- Data management</li> <li>- RHMT planning and reporting guideline</li> <li>- Standardized tools and procedure for supportive supervision from RHMTs to CHMTs</li> </ul> <p>1-3 To conduct training to RHMTs on the above topics</p> <p>1-4 To conduct orientation to RHMTs on</p> <ul style="list-style-type: none"> <li>- Hospital reform and planning</li> <li>- Establishment of council service board, hospital advisory board and service agreement</li> </ul> <p>2-1 To conduct annual RHMT review meetings to discuss issues related with regional referral health management</p> <p>2-2 To revise "Functions of Regional Health Management System" to accommodate the current organizational structure of RHMTs and RRHMTs</p> <p>2-3 To develop RHMT website and newsletters for advocacy of roles and functions of RHMTs to relevant stakeholders</p> <p>2-4 To monitor and analyze performance of RHMTs through CMSS and RHMT quarterly/annual reports</p> <p>2-5 To integrate RHMT performance annually into "Health Sector Performance Profile"</p> <p>3-1 To develop standardized tools and procedure for supportive supervision from RHMTs to CHMTs in alignment with existing policies, strategies and guidelines</p> <p>3-2 To standardize the procedure of supportive supervision from RHMTs to RRHMTs</p> <p>3-3 To follow up coordination of managerial supportive supervision activities through the Technical Working Groups</p> <p>3-4 To install internet connections for RHMTs based on assessment</p>	<p><b>[Inputs]</b></p> <p><u>Tanzanian side</u></p> <ol style="list-style-type: none"> <li>1. Personnel <ul style="list-style-type: none"> <li>- Project Director</li> <li>- Project Manager</li> <li>- Technical Staff in charge</li> </ul> </li> <li>2. Facilities and equipment <ul style="list-style-type: none"> <li>- Project office space</li> </ul> </li> <li>3. Operational cost <ul style="list-style-type: none"> <li>- Salaries and other allowances for the Tanzanian personnel for the TC administration</li> <li>- Running expenses for the TC office such as electricity, water supply, communication</li> <li>- Other implementation expenses for the TC</li> </ul> </li> </ol>	<p><b>[Inputs]</b></p> <p><u>Japanese side</u></p> <ol style="list-style-type: none"> <li>1. Technical experts <ul style="list-style-type: none"> <li>- Chief Adviser</li> <li>- Health Management Specialist</li> <li>- Others</li> </ul> </li> <li>2. Equipment</li> <li>3. Operational cost <ul style="list-style-type: none"> <li>- Implementation expenses for the TC which is not covered by the Tanzanian side</li> </ul> </li> </ol>	<p>Means of reliable transportation for supportive supervision is provided to RHMTs.</p> <p>Frequent turnover of trained personnel does not take place.</p> <p>Cooperation from PMORALG to the TC is provided as necessary.</p> <p><u>Pre-conditions</u></p> <p>Required number of qualified staff members is allocated at RHMTs.</p> <p>Budget allocation to RHMTs is sustained.</p> <p>The Technical Working Groups under SWAP mechanism are sustained.</p> <p>The national policy supports strengthening of RHMTs.</p>
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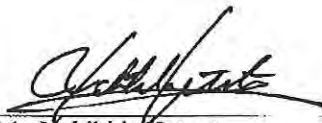
4. 討議議事録 (R/D)、実施協議議事録 (M/M)

**RECORD OF DISCUSSIONS  
BETWEEN  
JAPAN INTERNATIONAL COOPERATION AGENCY  
AND  
AUTHORITIES CONCERNED OF THE GOVERNMENT OF  
THE UNITED REPUBLIC OF TANZANIA  
ON  
JAPANESE TECHNICAL COOPERATION FOR THE PROJECT FOR  
CAPACITY DEVELOPMENT IN REGIONAL HEALTH MANAGEMENT PHASE 2**

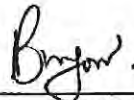
The Japan International Cooperation Agency (hereinafter referred to as "JICA"), through the Chief Representative in Tanzania had a series of discussions with the Tanzanian authorities concerned with respect to desirable measures to be taken by JICA and the Government of the United Republic of Tanzania for the successful implementation of the Project for Capacity Development in Regional Health Management Phase 2 (hereinafter referred to as "the Project").

As a result of the discussions described in the Minutes of Meetings signed by representatives of responsible Ministry and JICA dated 20<sup>th</sup> April 2011, and in accordance with the provisions of the Agreement on Technical Cooperation between the Government of Japan and the Government of the United Republic of Tanzania, which was signed in Dar es Salaam on 2<sup>nd</sup> November, 2004 (hereinafter referred to as "the Agreement"), JICA and Tanzanian authorities concerned agreed on the matters referred to in the document attached hereto.

Dar es Salaam, 28<sup>th</sup> July 2011



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



Ms. Blandina J.S. Nyoni  
Permanent Secretary  
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Welfare  
The United Republic of Tanzania

## THE ATTACHED DOCUMENT

### I. ACRONYMS AND ABBREVIATIONS

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

CCHP	Comprehensive Council Health Plan
CHMT	Council Health Management Team
GOJ	Government of Japan
GOT	Government of the United Republic of Tanzania
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
MOHSW	Ministry of Health and Social Welfare
RHMT	Regional Health Management Team
RRH	Regional Referral Hospital
RRHMT	Regional Referral Hospital Management Team
PMORALG	Prime Minister's Office Regional Administration and Local Government

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

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

### III. MEASURES TO BE TAKEN BY JICA

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

#### 1. DISPATCH OF JAPANESE EXPERTS

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

#### 2. PROVISION OF MACHINERY AND EQUIPMENT

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

the Equipment.

3. TRAINING OF TANZANIAN PERSONNEL IN JAPAN AND/OR OTHER COUNTRIES

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

IV. MEASURES TO BE TAKEN BY THE GOT

1. The GOT will take necessary measures to ensure that the self-reliant operation of the Project is sustained during and after the period of Japanese technical cooperation, through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.
2. The GOT will ensure that the technologies and knowledge acquired by the Tanzanian nationals as a result of Japanese technical cooperation contribute to the economic and social development of the United Republic of Tanzania.
3. In accordance with the provisions of Article V of the Agreement, the GOT will grant privileges, exemptions and benefits to the Japanese experts specified in III-1 above and their families as well.
4. In accordance with the provisions of Article IV and VII of the Agreement, the GOT will take the measures necessary to receive and use the Equipment provided by JICA under Annex III hereof and equipment, machinery and materials carried in by the Japanese experts specified in Annex II hereof.
5. The GOT will take necessary measures to ensure that the knowledge and experience acquired by the Tanzanian personnel from technical training in Japan and/or in other countries are utilized effectively in the implementation of the Project.
6. In accordance with the provision of Article V of the Agreement, the GOT will assign Tanzanian counterpart and provide administrative personnel as listed in Annex IV hereof.
7. In accordance with the provision of Article V of the Agreement, the GOT will provide the buildings and facilities as listed in Annex V hereof.
8. In accordance with the laws and regulations in force in the United Republic of Tanzania, the GOT will take necessary measures to supply or replace at its own



expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under III-2 above.

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

#### V. ADMINISTRATION OF THE PROJECT

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

#### VI. JOINT EVALUATION

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

#### VII. CLAIMS AGAINST JAPANESE EXPERTS

In accordance with the provision of Article VI of the Agreement, the GOT undertakes to bear claims, if any arises, against the Japanese experts engaged in the Project

resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the United Republic of Tanzania except for those arising from the willful misconduct or gross negligence of the Japanese experts.

#### VIII. MUTUAL CONSULTATION

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

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

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

#### X. COOPERATION PERIOD

The duration of the technical cooperation for the Project under this Attached Document will be three (3) years from the date of the first Japanese expert's arrival in the United Republic of Tanzania.

ANNEX I	SUMMARY OF THE PROJECT
ANNEX II	LIST OF JAPANESE EXPERTS
ANNEX III	LIST OF EQUIPMENT
ANNEX IV	LIST OF TANZANIAN GOVERNMENT OFFICIALS INVOLVED IN THE PROJECT
ANNEX V	LIST OF BUILDINGS AND FACILITIES
ANNEX VI	JOINT COORDINATING COMMITTEE

## **ANNEX I      SUMMARY OF THE PROJECT**

### **1 Overall Goal**

Managerial performance of Regional Referral Hospital Management Teams (RRHMTs) and Council Health Management Teams (CHMTs) is improved.

### **2 Project Purpose**

Performance of all RHMTs in supporting CHMTs and RRHMTs is improved.

### **3 Outputs**

1. Management skills of RHMTs in supporting CHMTs and RRHMTs are improved.
2. Roles and functions of RHMT to support CHMTs and RRHMTs are institutionalized and consolidated.
3. Guidelines and tools for RHMTs to perform their functions are improved

### **4 Activities**

1-1 To train RHMT members in newly established regions on managerial skills and coaching skills to support CHMTs and RRHMTs

1-2 To develop training packages for RIIMTs on

- CCHP Planning and PlanRep
- Assessment of CCHPs and CCH reports
- Resource management at RHMTs, RRHMTs and CHMTs (financial and human resources)
- Data management
- RHMT planning and reporting guideline
- Standardized tools and procedure for supportive supervision from RHMTs to CHMTs

1-3 To conduct training to RHMTs on the above topics

1-4 To conduct orientation to RHMTs on

- Hospital reform and planning
- Establishment of council service board, hospital advisory board and service agreement

2-1 To conduct annual RHMT review meetings to discuss issues related with regional referral health management

2-2 To revise "Functions of Regional Health Management System" to accommodate the current organizational structure of RHMTs and RRHMTs

2-3 To develop RHMT website and newsletters for advocacy of roles and functions of RHMTs to relevant stakeholders

2-4 To monitor and analyze performance of RHMTs through CMSS and RHMT

quarterly/annual reports

2-5 To integrate RHMT performance annually into "Health Sector Performance Profile"

3-1 To develop standardized tools and procedure for supportive supervision from RHMTs to CHMTs in alignment with existing policies, strategies and guidelines

3-2 To standardize the procedure of supportive supervision from RHMTs to RRHMTs

3-3 To follow up coordination of managerial supportive supervision activities through the Technical Working Groups

3-4 To install internet connections for RHMTs based on assessment

#### **5 Implementing Organization**

Ministry of Health and Social Welfare (MOHSW)

#### **6 Duration of the Project**

Three (3) years from the first dispatch of the expert

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

## **ANNEX II LIST OF JAPANESE EXPERTS**

Japanese experts with the following assignment titles will be assigned to the Project. Any assignment title may be held concurrently by one expert.

- (1) Chief Advisor
- (2) Health Management Specialist
- (3) Capacity Development Specialist
- (4) Coordinator

Other experts in specific expertise may be assigned to the Project if necessary, upon mutual agreement between the GOT and JICA.



### ANNEX III LIST OF EQUIPMENT

The following equipment for the implementation of the Project, will be provided upon necessity.

1. Vehicle
2. Office equipment (PC, printer, modem, etc)
3. IT equipment for internet connection in regions

Additional equipment may be provided when the GOT and JICA agree that it is needed. The equipment to be supplied by the Project will be reviewed depending on the availability of other sources including those from other partners.



**ANNEX IV LIST OF TANZANIAN GOVERNMENT OFFICIALS INVOLVED IN THE PROJECT**

- (1) Project Director: Chief Medical Officer, MOHSW
- (2) Project Manager: Director of Policy and Planning, MOHSW
- (3) Technical Staff in charge:
  - Coordinator, Regional Health Service Unit, MOHSW
  - Assistant Officer for Regional Health Service (to be appointed)
  - Health Sector Resource Secretariat, Department of Policy and Planning, MOHSW
- (4) Project Members:
  - MOHSW
    - Director and other officials of Human Resources Development
    - Director and other officials of Hospital Services
    - Director and other officials of Preventive Services
    - Assistant Director of and other officials of Continuing Education Section, DHRD
    - Other officials of relevant Departments
  - Prime Minister's Office-Regional Administration and Local Government
    - Director and other officials of Regional Administration
    - Director and other officials of Sector Coordination
    - Director and other officials of Local Government
  - Regional Secretariat
    - Officials and RHMT members of related Regional Secretariats

Other personnel mutually agreed upon as necessary

**Note:**

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

**ANNEX V LIST OF BUILDINGS AND FACILITIES**

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





## ANNEX VI JOINT COORDINATING COMMITTEE

### 1. Functions

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

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

### 2. Compositions

The JCC shall be composed of the following members.

#### 1) Chairperson:

Permanent Secretary, MOHSW

#### 2) Members:

MOHSW

- Chief Medical Officer (Project Director)
- Director of Policy and Planning, (Project Manager)
- Director of Human Resources Development
- Director of Hospital Services
- Director of Preventive Services
- Head and other officials of Health Sector Resource Secretariat
- Assistant Director of and other officials of Continuing Education Section, DHRD

Prime Minister's Office-Regional Administration and Local Government

- Director of Regional Administration
- Director of Sector Coordination
- Director of Local Government

Regional Secretariat

- Officials and RHMT members of related Regional Secretariat

Japanese Experts of the Project

Representative of JICA Tanzania Office

Any other persons appointed by the Chairperson

#### 3) Observers:

- Officials of the Embassy of Japan

**MINUTES OF MEETINGS BETWEEN  
JAPAN INTERNATIONAL COOPERATION AGENCY  
AND  
AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE  
UNITED REPUBLIC OF TANZANIA  
ON JAPANESE TECHNICAL COOPERATION FOR  
THE PROJECT FOR CAPACITY DEVELOPMENT IN  
REGIONAL HEALTH MANAGEMENT PHASE 2**

In accordance with the Record of Discussions (hereinafter referred to as “the R/D”) on the Project for Capacity Development in Regional Health Management Phase 2 (hereinafter referred to as “the Project”), which was signed by the Ministry of Health and Social Welfare (hereinafter referred to as “MOHSW”) and the Japan International Cooperation Agency (hereinafter referred to as “JICA”), both sides had additional discussions on the details of the Project.

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

Dar es Salaam, 28<sup>th</sup> July, 2011



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



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

**PDM (Version 1)**

**Project Title:** The Project for Capacity Development in Regional Health Management Phase 2  
**Executing Agency:** Ministry of Health and Social Welfare (MOHSW), Government of the United Republic of Tanzania  
**Period:** Three (3) years(XXX\*,2011 – XXX, 2014)  
**Target Area:** Tanzania Mainland  
**Target Group:** MOHSW, Regional Health Management Teams (RHMTs)

Date: 28<sup>th</sup> July 2011

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<b>[Overall Goal]</b> Managerial performance of Regional Referral Hospital Management Teams (RRHMTs) and Council Health Management Teams (CHMTs) is improved.	<ol style="list-style-type: none"> <li>Number of Comprehensive Council Health Plans (CCHPs) assessed and approved by the MOHSW in the first submission</li> <li>Number of Regional Referral Hospital Annual Operation Plans assessed and approved by MOHSW in the first submission</li> </ol>	<ol style="list-style-type: none"> <li>CCHP assessment report by MOHSW</li> <li>Hospital Annual Operation Plan assessment report</li> </ol>	Financial and human resources of RRHMTs and CHMTs are secured.	
<b>[Project Purpose]</b> Performance of all RHMTs in supporting CHMTs and RRHMTs is improved.	<ol style="list-style-type: none"> <li>Number of CHMTs and RRHMTs supervised quarterly with the standardized tools</li> <li>Number of RHMT Annual Plans submitted in time and approved by MOHSW in the first submission</li> <li>Number of RHMT quarterly/annual progress reports submitted in time and accepted by MOHSW</li> <li>Proportion of RHMT annual budget expended</li> <li>Number of planned activities implemented at RHMTs</li> </ol>	<ol style="list-style-type: none"> <li>Supportive supervision report, RHMT quarterly/annual progress report</li> <li>RHMT annual plan assessment report (to be introduced)</li> <li>RHMT quarterly/annual progress report</li> <li>RHMT quarterly/annual progress report</li> <li>RHMT quarterly/annual progress report</li> </ol>	Support by other programs to RRHMTs and CHMTs are provided as planned.	
<b>[Outputs]</b> <ol style="list-style-type: none"> <li>Management skills of RHMTs in supporting CHMTs and RRHMTs are improved.</li> <li>Roles and functions of RHMT to support CHMTs and RRHMTs are institutionalized and consolidated.</li> <li>Guidelines and tools for RHMTs to perform their functions are improved.</li> </ol>	<ol style="list-style-type: none"> <li>1-1 Training packages are developed and utilized.</li> <li>1-2 The level of knowledge of RHMT members is improved in pre- and post- assessment of the training</li> <li>2-1 The document "Functions of Regional Health Management System" is revised.</li> <li>2-2 The number of RHMTs that adopted the revised organizational structure</li> <li>2-3 Number of access of website on monthly average</li> <li>2-4 News letter is issued twice a year.</li> <li>3-1 Guidelines and tools are developed.</li> <li>3-2 Guidelines and tools are distributed to all regions.</li> </ol>	<ol style="list-style-type: none"> <li>1-1 Developed training packages</li> <li>1-2 Results of training assessment</li> <li>2-1 Revised documents</li> <li>2-2 RHMT annual reports</li> <li>2-3 Record of access of website</li> <li>2-4 Issued news letters</li> <li>3-1 Developed guidelines and tools</li> <li>3-2 MOHSW records</li> </ol>	Budget is timely disbursed at RHMTs. Support by other development partners to RHMTs is provided as planned.	

\*Project Period is tentatively set as XXX and it will be determined after the first Japanese expert arrives in the United Republic of Tanzania.

[Activities]	[Inputs] Tanzanian side	[Inputs] Japanese side	Means of reliable transportation for supportive supervision is provided to RHMTs. Frequent turnover of trained personnel does not take place. Cooperation from PMORALG to the Project is provided as necessary.
<p>1-1 To train RHMT members in newly established regions on managerial skills and coaching skills to support CHMTs and RRHMTs</p> <p>1-2 To develop training packages for RHMTs on</p> <ul style="list-style-type: none"> <li>- CCHP planning and PlanRep</li> <li>- Assessment of CCHPs and CCH reports</li> <li>- Resource management at RHMTs, RRHMTs and CHMTs (financial and human resources)</li> <li>- Data management</li> <li>- RHMT planning and reporting guideline</li> <li>- Standardized tools and procedure for supportive supervision from RHMTs to CHMTs</li> </ul> <p>1-3 To conduct training to RHMTs on the above topics</p> <p>1-4 To conduct orientation to RHMTs on</p> <ul style="list-style-type: none"> <li>- Hospital reform and planning</li> <li>- Establishment of council service board, hospital advisory board and service agreement</li> </ul>	<p>1. Personnel</p> <ul style="list-style-type: none"> <li>- Project Director</li> <li>- Project Manager</li> <li>- Coordinator and Assistant Coordinator for Regional Health Services</li> <li>- Technical Staff in charge</li> </ul> <p>2. Facilities and equipment</p> <p>Project office space</p> <p>3. Operational cost</p> <ul style="list-style-type: none"> <li>- Salaries and other allowances for the Tanzanian personnel for the Project administration</li> <li>- Running expenses for the Project office such as electricity, water supply, communication</li> <li>- Other implementation expenses for the Project</li> </ul>	<p>1. Technical experts</p> <ul style="list-style-type: none"> <li>- Chief Adviser</li> <li>- Health Management Specialist</li> <li>- Capacity Development Specialist</li> <li>- Coordinator</li> <li>- Others</li> </ul> <p>2. Equipment (Vehicle, office equipment, IT equipment)</p> <p>3. Operational cost</p> <ul style="list-style-type: none"> <li>- Implementation expenses for the Project which is not covered by the Tanzanian side</li> </ul>	<p>Required number of qualified staff members is allocated at RHMTs.</p> <p>Budget allocation to RHMTs is sustained.</p> <p>The Technical Working Groups under SWAP mechanism are sustained.</p> <p>The national policy supports strengthening of RHMTs.</p>
<p>2-1 To conduct annual RHMT review meetings to discuss issues related with regional referral health management</p> <p>2-2 To revise "Functions of Regional Health Management System" to accommodate the current organizational structure of RRHMTs and RHMTs</p> <p>2-3 To develop RHMT website and newsletters for advocacy of roles and functions of RHMTs to relevant stakeholders</p> <p>2-4 To monitor and analyze performance of RHMTs through CMSS and RHMT quarterly/annual reports</p> <p>2-5 To integrate RHMT performance annually into "Health Sector Performance Profile"</p>			
<p>3-1 To develop standardized tools and procedure for supportive supervision from RHMTs to CHMTs in alignment with existing policies, strategies and guidelines</p> <p>3-2 To standardize the procedure of supportive supervision from RHMTs to RRHMTs</p> <p>3-3 To follow up coordination of managerial supportive supervision activities through the Technical Working Groups</p> <p>3-4 To install internet connections for RHMTs based on assessment</p>			





