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１．面談者リスト

面談者リスト

＜保健衛生省＞

1	Joseph Tekman KANU	Senior Permanent Secretary
2	Dr. K.S.Daoh	Chief Medical Officer
3	Dr. Alhassan L Seisay	PHC Director/Deputy CMO
4	Dr. Magnus Ken Gborie	DPP Director
5	Dr. S.A.S Kargbo	Director RCH
6	Michael M. Amara	DIP Principal Health Economist
7	Abass Kamara	PR Officer
8	Mabel Carew	Chief Nursing Officer
9	Sidie Yahya Tunis	Director ICT
10	T.R.Gbetuwa	Director Support Services
11	Jonattan Arkarian	PR Officer
12	Mohamed S. Marah	M&E Officer
13	Moinuna Mouroh	Admin Officer
14	Umani Conteh	SMO
15	Dr. Ansumana Shilla	T Coordinator
16	Sam Grovesna	Senior Statistician
17	Prince Moses Koh	DPP M&E Officer

＜開発パートナー＞

1	Dr. Teniin Gakuruh	WHO Health Systems Specialist
2	Uzo Gilpin	DFID Health Advisor
3	Gopal Sharma	UNICEF Deputy Representative
4	Augustine Kabano	UNICEF Head of Health Section

Kambia

＜県保健管理局＞

1	Dr. Tom Sesay	DMO
2	Abdul T. Deen	WATSAN Coordinator
3	Hassan Kanu	District Social Mobilisation
4	Ibrahim Kamara	PR Officer
5	Kalie Kamara	Store Keeper
6	Amara Porma	Malaria Focal Point
7	Alusine Kamara	National AIDS Control Prog.
8	Idrissa Kargbo	IT/Channel Operator
9	Aigistome Birna	District Pharmacist

＜県病院＞

1	Dr. Thomas Ashley	Medical Officer

＜県議会＞

1	S.S.A Sankoh	Chairman
2	Mohamed Koroma	Chief Administrator

＜一次医療施設（Gbalamuya CHC)＞

1	Isatu Bangura	MCH Aide
2	Abdul Turay	Lab Technician
3	Rugiatu Kamarra	CHO
4	Mariatu Bangura	Volunteer
5	Mabinty Kamara	TBA

Port Loko

＜県保健管理局＞

1	Sive Conteh	M&E Officer
2	Elizabeth Amara	Basic MCH Aide Training Coordinator
3	Dennis Bangura	M&E Officer
4	Mohamed Ibrahim Sesay	M&E Officer
5	Albert Kamara	DSO/CHO
6	Tejan Kamara	Registrer (births & deaths)
7	Jonathan Kongo Ellie	WATSAN/MFP
8	Christopher A. S. Kamara	Secretary
9	David Kanu	CHO/DOO
10	Anthony Kenneh	Social Mobilization Officer
11	Ishmail Kamara	IT Officer

＜県病院＞

1	Dr. Gerald M. Younge	Medical Superintendent

＜県議会＞

1	Alfred Samura	Chief Administrator
2	Ibrahim S. Bangura	Head of Financial Committee

＜一次医療施設（New Maforki CHP）＞

1	Saidu Conteh	District Endemic Disease Control Officer
2	Mary S. Kamara	MCH Aide
3	Abibatu S. Conteh	MCH Aide

Tonkolili

＜県保健管理局＞

1	Biola J. Lansana	District Health Sister
2	Saidu Tejan	CHO
3	Aiah Sam	Social Mobilisation Officer
4	James E. Fonah	Nursing Aide
5	James Fornah	Trained Nurse
6	James Alfred	Asst. registrer (births & deaths)
7	Sallamatu Koroma	Nutritionist
8	Moses Kabia	EHO
9	John D. Lakoh	Environment Health Superintendent

＜県病院＞

1	Dr Chris Ayodele Pratt	Medical Superintendent

＜県議会＞

1	Rugiatu Koroma	Deputy Chairperson
2	Ramara Mansera	Health Committee Chairperson
3	Mohammed S. Sankoh	Councillor

＜一次医療施設（Matotoka CHC）＞

1	Memunatu Munu	MCH Aide
2	Fatmata Mabel Jalloh	SECHN
3	Kadiatu A. Kamara	SECHN

Bombali

＜県保健管理局＞

1	Dr. Y. M. Bah	DMO
2	Christiane Sancol	DHS
3	Umaru K Dumbuya	HEO
4	Charles I. C Kanu	EHO
5	Edmond M. Turay	M&E Officer
6	Alhassan F. Kanu	RCH Regional Supervisor (“Options”)

＜市議会＞

1	Moses Sesay	Mayor

＜一次医療施設 （Masangbo CHC）＞

1	Alusine S. Koroma	CHO
2	Susan A. Sesay	SECHN
3	Alice M. Kamara	MCH Aide

Bo

＜県保健管理局＞

1	J.F. Moviba Bockair	NLTCP (National Leprosy Tuberculosis Control Program) Supervisor
2	Mohamed B Massager	Health Education Officer
3	Allieu B.H.Karyko	District Health Superintendent
4	Bindu Konneh	DSMC (District Social Mobilization Coordinator)
5	Mohamed A Bangra	M&E Officer

＜県病院＞

1	Dr. Peter M. George	Medical Doctor
2	Komba A. Momoh	Hospital Secretary

＜市議会＞

1	William Alpha	Chief Administrator
2	Mary Coker	Health Chairman

＜県議会＞

1	Margaret Kaitibie	RTF
2	David B.O.Kallin	Finance Officer

＜一次医療施設（Gerihun CHC）＞

1	Michale M. Kamara	CHO in charge

Pujehun

＜県保健管理局＞

1	Dr. Francis Jayah	DMO
2	Amadu Shellen	NLTCP Supervisor
3	Musa A Sesay	DSO 2
4	Mohamed Jallah	DOO
5	Fody Boiwa	MFP
6	Amsrose K Amana	Finance Officer
7	Musa D Sheretl	DSO 1
8	Sia Manyeh	Nutritionist
9	Marie P M Klright	MCH Training Coordinator
10	Amodu Kanjayson Conteh	M&E Officer
11	M. J. Koller	DA/Sup

＜県病院＞

1	Dr. Moses Kcuriyo	M/Superintendent
2	Tejan B Roayoh	Hospital Secretary
3	Susan Chailes	Matron

＜県議会＞

1	Alie B Fofana	Deputy Chief Administrator
2	David Fawundu	Deputy Chairman
3	Mohammed S Salifu	M&E

＜一次医療施設（Gbondapi PHU）＞

1	HJawa Nabieu	MCH Aid
2	Fatmafu Kai Kai	MCH Aid
3	Jemeh A Bondor	CHA

Moyamba

＜県保健管理局＞

1	Dr. Adilkali A. Kamara	DMO
2	Kennoh Mgawa	M&E Officer

3	David Swaraji	DOO
4	Mohamed kanu	M&E Officer

＜県病院＞

1	Loune Turnay	Matron

＜県議会＞

1	Lahai K Macavoray	Development & Planning Officer
2	Ishmael Momoh	Deputy Chairman
3	Vivian Seresie	Chief Administrator

＜一次医療施設（Moyamba Junction CHC）＞

1	Joseph H. Ngegsu	CHO
2	Claudier Kamenda	MCH Aide

＜その他＞

1	Hawa B Karybo	Regional Health Support Section Specialist

国家保健戦略（NHSSP 2010-2015）に指摘される保健システム上の課題

1. Leadership and Governance

- Existing health regulations are outdated.
- A weak mechanism for monitoring the services provided in the sector
- The established structures for financial management and procurement have insufficient capacity to manage funds from all sources.
- Weak MOHS stewardship/leadership.
- Weak sector coordination structures and arrangements at all levels.
- Weak public private partnership (PPP) in the provision of comprehensive integrated health services
- Weak mechanism for public accountability.

2. Service Delivery

- Poor access to health services, including specialised medical care especially for poor and vulnerable people.
- Low quality of available health services
- Inequalities in accessing health services and low utilisation of essential services
- National standards for basic services and capacity standards for health facilities by level of care have not been defined.
- Inadequate provision of drugs, equipments and other supplies.
- Inadequate outreach and referral services
- Minimal involvement of communities in delivery of health services
- Weak community and home based approach to service delivery
- Inadequate blood transfusion service
- Inadequate laboratory service

3. Human Resources for Health

- Inadequate number of trained health professionals
- Inequalities in the distribution of available health professionals
- Low motivation of health workers
- Poor conditions of service for health care staff
- Weak HR planning and management
- Delay in recruitment of staff
- High attrition rate
- Absence of structured career pathway for most cadres
- Training institutions unresponsive to the needs of the Ministry
- Local training institutions have inadequate tutors and are poorly equipped.

4. Health Care Financing

- Inadequate budgetary allocations for health care delivery

- Cumbersome procedures for accessing donor funding
- Inequitable and inefficient allocation of health sector resources
- Health care is unaffordable for a majority of Sierra Leoneans.

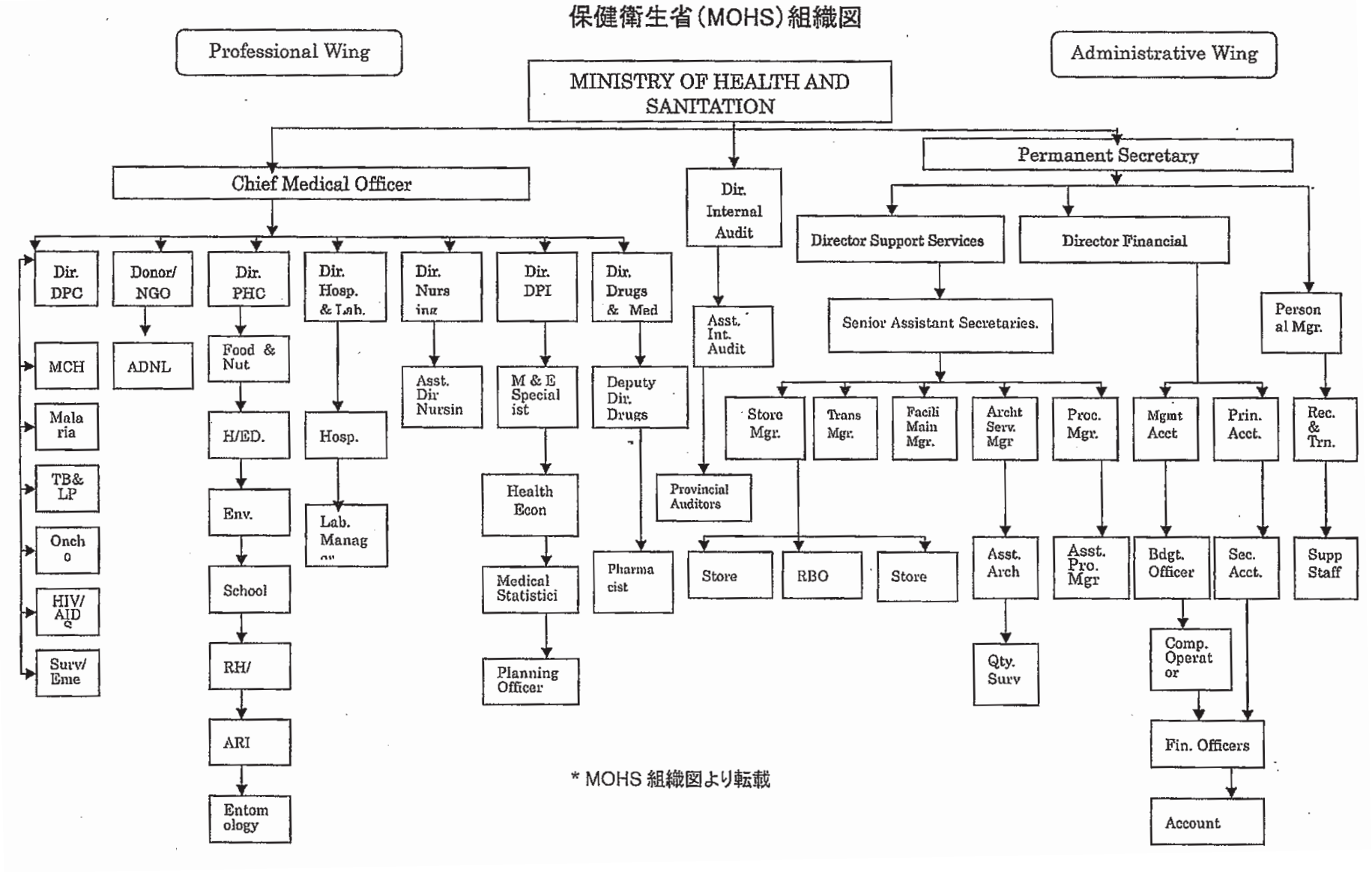
5. Medical products and health technologies

- Outdated policies and guidelines for medicines, medical supplies and equipment, vaccines, health technologies and logistics
- Presence of sub-standard, inefficacious and unsafe drugs in the local market
- A weak supply chain management system
- A weak monitoring and surveillance system (Pharmaco-vigilance) for drugs
- A Pharmacy Board that is functionally weak

6. Health Information System

- Inadequate financial and human resources for implementing HIS plans
- Weak capacity for data analysis, reporting, dissemination and use
- Weak hospital information and vital registration systems
- Poor engagement of the private sector and community groups in data collection
- Lock of standards and guidelines for data collection, analysis and reporting
- Lack of feedback at all levels
- Weak relationship between HIS and programme management
- Catchment area population not well defined
- No maintenance plan for existing ICT infrastructure both at national and district level

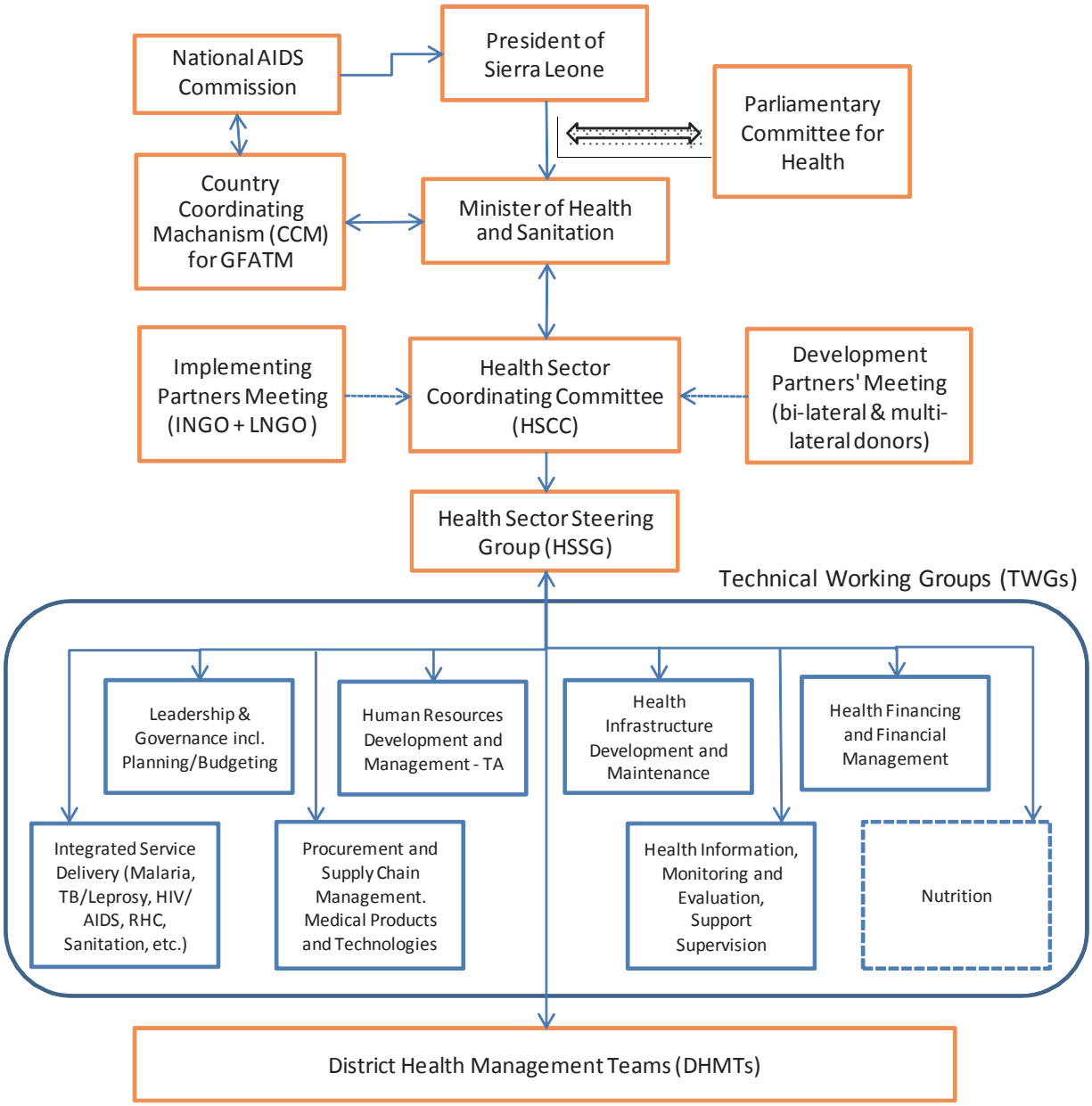
保健衛生省(MOHS)組織図



* MOHS 組織図より転載

４．保健セクター援助協調の仕組み

保健セクター援助協調の仕組み



対象候補７県の実地調査結果概要

	Bombali	Tonkolili	Port Loko	Kambia	Moyamba	Bo	Pujehun
人口 (2010 年推計)	445,620	392,997	503,500	308,929	248,378	596,469	306,700
面積(km^2)	7,985	7,003	5,719	3,108	6,902	5,473.6	4,105
PHU 合計数 (CHC,CHP, MCHP)	99 (18, 24, 57)	92 (11, 13, 71)	102 (15, 17, 70)	65 (11, 14, 40)	98 (18, 28, 52)	110 (23,19,68)	68 (13,12,43)
M&E 担当官数	3	2	2	2	3	3	3（アシスタント 1 名含）
DHMT 職員数[1]	28	21	23	23	33	28	18
プログラム別 SV と ISSV のコーディネーション	システムとして確立されてはいないが、可能な限り同時に行うようにしている。	特に無いが、ISSV 開始以降プログラム別の SV は減っているとの報告。PBF と同時に実施。	特に無し	特に無し	特に無し DHMT によると PBF と同時に実施。但し訪問 PHU では PBF は別に実施との情報。	特に無し プログラム別 SV の結果は月例 PHU 会議で共有。 基本的に PBF と同時に実施。	特に無し チェックリストを使用した栄養 SV 実施。PBF とは別に実施。
ISSV チーム構成メンバー	数名	3~7 名 対象 PHU の状況に応じて毎回メンバーを選ぶ。	2~3 名 ゾーン毎に指名されているコーディネータは毎回同行する。クリニカルを指導する職員も必ず同行。	2~3 名 Zone 別に ISSV チームを編成し、毎四半期 DHMT 主メンバーのほぼ全員が参加する。	最低 4 名 助産師、CHO、M&E 、県議会 M&E	5 名 プログラム担当官＋県議会	4~5 名 DHMT 全員＋県議会（M&E、ヘルスチェアマン） 2 チーム/月 x3 ヵ月＝6 ゾーン

[1] 県によって「DHMT 職員」の定義が異なる可能性あり。

	Bombali	Tonkolili	Port Loko	Kambia	Moyamba	Bo	Pujehun
2011 年度 ISSV 実施回数	4 回	2~4 回（PHU によって ISSV を受けた回数が異なる）			4 回	4 回	3 回
2011 年度各回の ISSV カバレージ率	毎回全 PHU(100%)において ISSV が実施されているわけではない （例 Phujehun：71%~85%）。 Bombali は各四半期に 100%訪問しているが、PHU にプロバイダーが不在であったためチェックリストの全ての項目をカバーすることができないケースはある。						
ISSV に関連する制約要因	・県議会からの予算配布の遅延により、予定通りの実施が困難。 ・ロジスティックス面：車両・バイクの絶対数と維持管理費の不足による故障の頻発、ガソリン代＋日当宿泊費の確保） ・遠隔地へのアクセス（遠距離、ボートの利用）（Pujehun 及び,Kambia） ・一人体制の PHU も多く、ISSV チームの各担当メンバーに一人で対応するため終了までに時間がかかる。訪問した際に不在で ISSV が成立しないことがある。 ・チェックリストが長く、非常に長い時間がかかる（1 日あたり 2~3 件が限度）。 ・ジェネレーターの電力不足（コールドチェーン優先のため、日中はコンピューターによる報告書作成が困難）（Pujehun） ・文具費の不足によりチェックリスト等ツールの印刷・コピーができない。						
車両状況	ISSV チームが搭乗する車両数が十分でない。 道路事情が良くないため車両の痛みが激しく、多くの車両が故障しているが維持管理費の不足のため修理ができないケースが多発している様子。車両寿命も短く、バイクは 3 年が過ぎると故障が頻発するようになる。バイクのメンテ代や燃料費は使用者が自費で賄っているケースも多い。						
PHU チェックリストの使用	全ての DHMT で保健省が作成した ISSV のチェックリストが使われている（但し 2011 年に JICA 個別専門家が指導して作成したものではない県あり）。独自の項目を追加している県もある。						
ISSV 直後 PHU でのフィードバック	Exit meeting (debriefing)は行われているが、Moyenba 以外では書面で残るシステムにはなっていない。訪問者記録簿(Visitor's book)に課題点や対策等を記入することになっているが、実際は簡易なコメント程度のものが殆ど。PHU で解決できない課題に対する DHMT の介入はあまり期待されていない印象の県もあり。						
ISSV 実施後 DHMT での情報共有	DHMT の定例会議にて口頭で報告が行われ、多くの PHU に共通の課題は月例 PHU 会議で取り上げられる。（Moyamba では他ドナーや県議会とも情報共有されている。）フォローアップアクションが特定されるケースもあるが、システムとしては確立されていない。						
ISSV 実施後 MOHS への報告書提出	7 県において概ね同様のフォーマットに則って報告書が提出されることになっている。提出の遅延は特に問題視されていない様子。						

	Bombali	Tonkolili	Port Loko	Kambia	Moyamba	Bo	Pujehun
ISSV 報告書の内容	【7 県共通】 記載されている項目：PHU 訪問先、一般情報、PHU に共通の課題 記載されていない項目：課題に対するアクションポイントとその実施状況 【Moyamba】 記載されている項目：現場でなされた指導内容、数値情報(%)を含めた一般情報						
次年度年次計画への反映	ISSV を通して把握された課題の一部が次年度の県保健計画に反映されている場合もあるが、システマティックではない。年次計画に計上しても絶対的な予算の不足から実現しないものも多く、計画策定自体に重きが置かれない傾向にある。						
予算不足の際の対処方法	・ISSV の実施を遅らせる（結果として年 4 回は実施されない）。 ・NGO 等パートナーの支援を仰ぐ（Bombali, Moyamba,Bo） ・プログラム(Global Fund,GAVI 等)やプロジェクトのモニタリング予算・車両を使用。 ・県議会と DPPI に協力を仰ぐ(Moyamba)						
県議会からの予算配布状況	3~4 ヶ月遅れで中央からの予算が到着する。2011 年は第 4 四半期の予算と活動を 2012 年第一四半期に繰り越せたが、毎年そうであるわけではなく、予算に対する支出状況は 60%から 80%程度と推計される（DMO 談）。				全保健セクター予算額 2,025,270,919 12 月末までの実際の配布額 1,630,696,100（今年度に繰り込んだ遅延配布額を含めると約 93%支給。DC 談）	今年度 1Q 遅れで予算受領。昨年度も遅延したが約 100%予算額を受領（DHMT 情報）。	MTEF 予算 1,631,478 実際の支給額 1,711,744（計画に計上されていなかった活動実施及び年度途中での DSDP/RCHP による予算額の増加）
その他	・指導能力の優れたスーパーバイザーと指導能力の弱いスーパーバイザーを混ぜてチーム編成(Moyamba)。 ・他チームによる前回 SV 内容のクロスチェックのために、毎回異なる PHU を訪問(Moyamba)。 ・予算不足のため DSA 支給がない場合でも ISSV を実施(Moyamba)。 ・以前の M&E オフィサーによってアクションプランが作成され ISSV 報告書にも記載されていたが、現在は継続されていない(Pujehun)。 ・以前は ISSV のスーパーバイザーを固定グループ化し、班毎に担当ゾーンを決めていたが、PBF が導入されて以来スーパーバイザーと PHU の癒着を防ぐために、各班は毎回異なるゾーンを担当するように変更（Kambia） ・北部 4 県のうち、Bombali のみ燃料費が不足していないと回答（縦割りプログラムや NGO 等パートナーとのリソースの共有でまかなっている）。他 3 県においては車両と燃料費の確保（＋県によってはスーパーバイザーへのインセンティブ）が ISSV 実施に関する筆頭課題に挙げられた。						

プロジェクト現地予算概算(案)

	Item	2013 Calender year						2014 Calender year						2015 Calender year						2016 Calender year						2017 Calender year						Total
		Qty	U/P	M/d/t	Sub Total			Qty	U/P	M/d/t	Sub Total			Qty	U/P	M/d/t	Sub Total			Qty	U/P	M/d/t	Sub Total			Qty	U/P	M/d/t	Sub Total			
					MOHS	T.D	JICA				MOHS	T.D.	JICA				MOHS	T.D.	JICA				MOHS	T.D.	JICA				MOHS	T.D.	JICA	
Operation Cost	**Project Staff**																															
	Project Officer	1	3,000	9			27,000	1	3,000	12			36,000	1	3,000	12			36,000	1	3,000	12			36,000	1	3,000	3			9,000	
	Field Asst. Officer						0	2	450	12			10,800	2	450	12			10,800	2	450	12			10,800	2	450	3			2,700	
	Secretary	1	180	9			1,620	1	180	12			2,160	1	180	12			2,160	1	180	12			2,160	1	200	3			600	
	Driver	2	200	9			3,600	2	200	12			4,800	2	200	12			4,800	2	200	12			4,800	2	150	3			900	
	Sub Total						**32,220**						**53,760**						**53,760**						**53,760**						**13,200**	**206,700**
	Transport Cost																															
	Fuel for Project Vehicle and Moter Bike	600	1.1	9			5,940	800	1.2	12			11,520	800	1.3	12			12,480	800	1.4	12			13,440	900	1.4	3			3,780	
	Maintenance for PV and MB	2	400	3			2,400	2	600	4			4,800	2	1,000	4			8,000	2	1,200	4			9,600	2	1,000	1			2,000	
	Insurance and Registartion for PV	2	100	1			200	2	100	1			200	2	100	1			200	2	100	1			200	2	100	1			200	
	Vehicle Hiring	1	120	40			4,800	1	120	50			6,000	1	130	50			6,500	1	130	50			6,500	1	120	20			2,400	
	Transportation for Procured Items	4	200	3			2,400	4	200	1			800	4	200	1			800	4	200	1			800	4	200	1			800	
	Sub Total						**15,740**						**23,320**						**27,980**						**30,540**						**9,180**	**106,760**
	Office rent and Maintenance																															
	Office rent fee	1	2,500	9			22,500	1	2,500	12			30,000	1	2,700	12			32,400	1	2,700	12			32,400	1	2,700	3			8,100	
	Office Furniture	1	15,000	1			15,000						0	1	2,000	1			2,000						0						0	
	Stationery	1	3,000	1			3,000	1	3,000	1			3,000	1	3,000	1			3,000	1	3,000	1			3,000	1	1,000	1			1,000	
	Maintenance for OE	1	200	9			1,800	1	200	12			2,400	1	200	12			2,400	1	200	12			2,400	1	100	1			100	
	Sub Total						**42,300**						**35,400**						**39,800**						**37,800**						**9,200**	**164,500**
	Communication																															
	Mobile phone	4	80	1			320	2	80	1			160																			
	Internet euipmet	1	5,000	1			5,000						0																			
	Internet user fee	1	600	9			5,400	1	600	12			7,200	1	600	12			7,200	1	600	12			7,200	1	600	3			1,800	
	Pre-paid Unit for Mobile Phone	4	50	9			1,800	6	50	12			3,600	6	50	12			3,600	6	50	12			3,600	6	50	3			900	
	Sub Total						**12,520**						**10,960**						**10,800**						**10,800**						**2,700**	**47,780**
	Travel Allowance																															
	DSA for PJ Officer	1	37	90			3,330	2	37	120			8,880	2	37	120			8,880	2	37	120			8,880	2	37	20			1,480	
	DSA for PJ Driver	2	37	90			6,660	2	37	60			4,440	2	37	60			4,440	2	37	60			4,440	2	37	20			1,480	
	DSA for Management meeting Participants	8	55	2			880	8	55	2			880	8	55	2			880	8	55	2			880	8	55	2			880	
	Transportation for MM	4	175	2			1,400	4	175	2			1,400	4	175	2			1,400	4	175	2			1,400	4	175	2			1,400	
	Sub Total						**12,270**						**15,600**						**15,600**						**15,600**						**5,240**	**64,310**
	Total (Operation Cost)						**115,050**						**139,040**						**147,940**						**148,500**						**39,520**	**590,050**
ISSV Cost	**Prepapration for National ISSV**																															
	Stationery	39	10	2			780	39	10	4			1,560	39	10	4			1,560	39	10	4			1,560	39	10	1			390	
	Miscellaneous	1	30	2			60	1	30	4			120	1	30	4			120	1	30	4			120	1	30	1			30	
	Sub Total						**840**						**1,680**						**1,680**						**1,680**						**420**	**6,300**
	ISSV (National)																															
	DSA for Supervisor	39	360	2	28,080			39	360	4	56,160			39	360	4	56,160			39	360	4	56,160			39	360	4	56,160			
	Transportation (Fuel)	500	1.1	13	7,150		7,150	500	1.2	13	15,600		15,600	500	1.3	13	16,900		16,900	500	1.4	13	18,200		18,200	500	1.4	13			9,100	
	Vehicle Hiring	10	105	12			12,600	8	110	24			21,120	8	110	24			21,120	8	110	24			21,120	8	110	6			5,280	
	Sub Total				**35,230**		**19,750**				**71,760**		**36,720**				**73,060**		**38,020**				**74,360**		**39,320**				**56,160**		**14,380**	**458,760**
	ISSV (District)																															
	DSA for Supervisor	4	1,125	2		9,000		4	1,125	4		18,000		4	1,125	4		18,000		4	1,125	4		18,000		4	1,125	1		4,500		
	Transportation (Fuel)	4	1,100	2		8,800		4	1,100	4		17,600		4	1,100	4		17,600		4	1,100	4		17,600		4	1,100	1		4,400		
	Sub Total				**0**	**17,800**	**0**				**0**	**35,600**	**0**				**0**	**35,600**	**0**				**0**	**35,600**	**0**				**0**	**8,900**	**0**	**133,500**
	Total (ISSV)				**35,230**	**17,800**	**20,590**				**71,760**	**35,600**	**38,400**				**73,060**	**35,600**	**39,700**				**74,360**	**35,600**	**41,000**				**56,160**	**8,900**	**14,800**	**598,560**
Training & Workshop	**District Supervisor Training**																															
	Hall Rental and Meal	1	900	2			1,800							1	900	1			900													
	DSA for District Supervisor	1	2,100	2			4,200							1	2,100	1			2,100													
	Transportation for District Supv	1	1700	2			3,400							1	1700	1			1,700													
	Training Material	1	3000	1			3,000							1	3000	1			3,000													
	Sub Total						**12,400**												**7,700**													**20,100**
	Progress Review WS																															
	Hall Rental and Meal							1	1,300	1			1,300							1	1,400	1			1,400							
	DSA for District							1	3,000	1			3,000							1	3,300	1			3,300							
	Transportation for District							1	1,700	1			1,700							1	1,900	1			1,900							
	Sub Total												**6,000**												**6,600**							**12,600**
	Report and Tool Printing							1	1,000	1			**1,000**							1	1,000	1			**1,000**	1	1,000	1			**1,000**	**3,000**
	Total (Training)				**0**	**0**	**12,400**				**0**	**0**	**7,000**				**0**	**0**	**15,400**				**0**	**0**	**7,600**				**0**	**0**	**1,000**	**43,400**
Equipment	Vehicle	6	50,000				300,000																									
	Morter Bike	10	5,000				50,000													2	5,000				10,000							
	Computers (Desk-top)	3	1,200				3,600																									
	Computers (Lap-top)	6	2,000				12,000																									
	Black&White Printer	2	250				500																									
	Color Printer	1	800				800																									
	Cpire	2	5,000				10,000																									
	Scaner	1	160				200																									
	Projector	1	1,000				1,000																									
	Degital Camera	2	450				900																									
	Total (Equipment)						**379,000**																		**10,000**							**389,000**
	Mini-Project Support Budget							**4**	**50,000**	**1**			**200,000**	**4**	**50,000**	**1**			**200,000**						**0**							**500,010**
Year Total					**35,230**	**17,800**	**527,040**				**71,760**	**35,600**	**384,440**				**73,060**	**35,600**	**403,040**				**74,360**	**35,600**	**207,100**				**56,160**	**8,900**	**55,320**	**2,021,010**

4Year Total Budget (US$)		Sharing Proportion
MOHS	0	0%
Target D	0	0%
JICA	10,000	100%
Total	10,000	100%

2013年度		2014年度	2015年度	2016年度	合計	
現地活動 上記-貴色	14,163,200 円	現地活動 30,755,200 円	現地活動 32,243,200 円	現地活動 上記16+17 20,993,600 円	現地活動	77,161,600
供与機材 上記貴色	28,000,000 円				供与機材	28,000,000
計	42,163,200				計	105,161,600

※1US$＝80円

MINUTES OF MEETINGS
BETWEEN
THE JAPANESE DETAILED PLANNING SURVEY TEAM
AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF SIERRA LEONE
ON
JAPANESE TECHNICAL COOPERATION
FOR
THE PROJECT FOR STRENGTHENING SUPPORTIVE SUPERVISION SYSTEM IN SIERRA LEONE

In response to a request from the Government of the Republic of Sierra Leone (hereinafter referred to as "GoSL"), Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the Detailed Planning Survey Team (hereinafter referred to as "the Team") headed by Mr. Masakatsu Komori from 11th June to 27th June, 2012, for the purpose of discussing the design and the framework of the requested technical cooperation project entitled "The Project for Strengthening Supportive Supervision System in Sierra Leone" (hereinafter referred to as "the Project").

The Team had a series of discussions and exchanged views on the Project with the authorities concerned of GoSL. As a result of the discussions, both sides reached common understandings concerning the design and framework of the Project stipulated in the document attached hereto.

Freetown, 26th June 2012

Zainab Hawa Bangura (Mrs.)
Minister of Health and Sanitation
Government of Sierra Leone

小森 正勝

Masakatsu Komori (Mr.)
Leader
Detailed Planning Survey Team
Japan International Cooperation Agency
Government of Japan

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 GoSL and to make a cooperation plan (project design) through discussions with the authorities concerned. The Team also collected necessary information for ex-ante evaluation.

The contents of the survey are as follows:

(1) To confirm the contents of the request from the GoSL,

(2) To have discussions with Ministry of Health and Sanitation (hereinafter referred to as "MOHS") on the project design stipulated in PDM (Project Design Matrix) and PO (Plan of Operation), and to reach an agreement,

(3) To confirm actions and the schedule up to the Project's commencement,

II FRAMEWORK OF THE PROJECT

The framework of the Project is as shown in PDM (Annex I) and PO (Annex II). The framework of the Project may be reviewed before the signing of the Record of Discussions (hereinafter referred to as "R/D").

1. Duration of the Project

The duration of the Project will be four (4) years from the dispatch of the first Expert.

2. Administration of the Project

2-1. Administration

(1) Project Director (who will bear overall responsibility for the administration and implementation of the Project):
Chief Medical Officer, MOHS

(2) Project Manager (who will be responsible for the managerial matters of the Project):
Deputy Chief Medical Officer / Director of Primary Health Care, MOHS

(3) JICA Experts:
a) Chief Advisor
b) Project Coordinator
c) Experts in other fields such as Health Administration, Supportive Supervision, Reproductive and Child Health and Data Management

2-2. Joint Coordinating Committee

For the effective and successful implementation of the Project, Joint Coordinating Committee will be established and will meet at least once a year.

The functions and composition are as follows:

(1) Functions

1

a) To approve annual activities of the Project

b) To supervise and monitor overall progress of the Project

c) To discuss major issues concerning the Project and make necessary decisions

(2) Composition

a) Chairperson: Project Director

b) Members:

- Project Manager
- JICA Experts
- The representatives of the organization as follows;
  - Directorate of Policy Planning (DPP)
  - Directorate of Reproductive and Child Health (DRCH)
  - Ministry of Finance and Economic Development
  - Ministry of Local Government and Rural Development
  - Ministry of Foreign Affairs and International Cooperation
  - District Councils in Bombali, Tonkolili, Moyamba, Pujehun
  - District Health Management Teams in Bombali, Tonkolili, Moyamba, Pujehun
  - JICA Ghana office/Sierra Leone Field Office

3. Inputs

3-1. Japanese side

(1) JICA Experts

JICA will assign Experts with the following assignment title.

- Chief Advisor
- Project Coordinator
- Experts in other fields such as Health Administration, Supportive Supervision, Reproductive and Child Health and Data Management

(2) Equipment

- Necessary equipment and materials for the project activities
- Vehicles and motor bikes necessary for the project activities

Details of the above shall be agreed upon by the Japanese and Sierra Leonean sides in view of the available resources.

(3) Operational cost

JICA will bear the following costs for implementing the Project activities such as;

-Transportation cost of ISSV by MOHS (vehicles and fuel)
-Workshop/meeting cost
-Development and printing cost of ISSV tools
-Local support personnel such as drivers and assistants for Japanese experts
-Maintenance and fuel for vehicles to be used by Japanese experts
-Implementation cost of mini-projects that complement JPWF of the target DHMTs

(4) Training in Japan

3-2. Sierra Leonean side

(1) Assignment of counterpart personnel

The GoSL will assign the following personnel as principal counterparts to Japanese experts:

a) MOHS
- Directors of DPP, DPHC, DRCH etc.
- Staff of DPP, DPHC
- Supportive Supervision Supervisors

b) DMOs in Bombali, Tonkolili, Moyamba, Pujehun

c) Other personnel when the necessity arises

(2) Space for Project office at MOHS

(3) Operational cost
- Salaries and other allowances, including DSA for ISSV trips, for the MOHS and DHMTs personnel.
- Utility cost for the Project office such as electricity, water supply and communication.
- Office furniture such as desks, chairs and bookshelves.
- Necessary cost (Registration fees, insurance premium, maintenance, drivers and fuel) for vehicles provided to the 4 target DHMTs.

(4) The ISSV cycle of the remaining 9 DHMTs is to be strengthened by MOHS.

III WAY FORWARD

- Approval of the Project Design and Budget in Japan in July - August 2012
- Signing of R/D by GoSL (Hon. Minister of MOHS, representatives of MOFED and MOFA) and JICA in August – September 2012
- Recruitment of Project Experts in November 2012 – March 2013
- Commencement of The Project in April 2013

LIST OF ANNEXES

Annex I PDM
Annex II PO

Project Design Matrix (PDM): The Project for Strengthening Integrated Supportive Supervision System in Sierra Leone

Project Duration: 4 years from 2013 to 2017

GOSL C/P: MOHS (DPHC, DPP, DRCH), MOHS supervisors, 4 target DHMTs

Direct Beneficiaries: MOHS supervisors and the 4 target DHMTs

Indirect Beneficiaries & Ultimate Beneficiaries: PHU staffs and people who use PHUs in the 4 target DHMTs

2012.06.26

Narrative			Indicators	Means of Verification	Assumption
Overall Goal	RCH services provided by PHUs are improved.		To be selected from SARA indicators	SARA	
			Scores of ISSV checklist (PHU)	ISSV Checklist of PHU	
Project Purpose	To strengthen ISSV cycle* by MOHS and 13 DHMTs in order to improve RCH services at PHUs		MOHS implement ISSV cycle completely	Project repod	Resources are provided by MOHS and partners continuously.
			10 out of 13 DHMTs which implement ISSV cycle completely	ISSV Checklist of DHMT (ISSV cycle - section to be added in current DHMT checklist)	
			Scores of ISSV checklist (DHMT)	ISSV Checklist of DHMT	
Output	1	The capacity of MOHS to provide support to 13 DHMTs is strengthened.	90% of Supervisors have sufficient ISSV capacity "Sufficient" to be defined during the Project	Capacity Assessment	Resources are provided by MOHS and partners continuously. ISSV cycle of the remaining 9 DHMTs is strengthened by MOHS.
			Coverage of supervision (100%=13 DHMTs receive 4 supervisory visits in one year)	SV report	
			In each action plan, more than 80% of the follow-up actions are initiated.	ISSV data management system (to be prepared by Activity 1-8), records/minutes of pre-meetings	
Output	2	ISSV cycle by 4 target DHMTs to PHUs is strengthened.	Coverage of supervision (100%=all PHUs in the district receive supervisory visits at least twice in one year)	SV report	
			Implementation rate of the action plan	Records/minutes of pre-meetings	
			Issues identified are reflected in the annual plan.	Annual plan	
Output	3	RCH services provided by selected PHUs in 4 target districts are improved through mini projects.	To be determined from RCH related indicators at selected PHUs ex. 1.Stock out rate of IMNCI first-line drugs 2.Availability of vaccines at PHUs 3.Increase uptake of maternal care 4.Indicators related to technical capacity of service providers	DHIS, ISSV checklist	

*ISSV cycle = pre-meeting, supervisory visit, post-meeting, establishing and implementing action plan, giving feedback on the follow-up actions during next round of supervision, reflecting relevant issues identified in the following year's annual plan

Activities			Inputs		
Activity	1-1	MOHS finalizes the ISSV checklists(PHUs, DHMTs) and guidelines (to include ISSV cycle at DHMT)	Japan:	GOSL:	The planned MOHS restructuring will not affect on the implementation of the Project.
Activity	1-2	MOHS prints and distributes the tools (checklists, guidelines).	1.Experts -Chief Advisor -Coordinator -Health Administration -Supportive Supervision -Data Management -Reproductive and Child Health	1.Counterpart personnel -Directors of DPHC, DPP, DRCH, etc. -Staff of DPHC, DPP -MOHS supervisors -DMDs of the 4 target districts -Other personnel as necessary	
Activity	1-3	MOHS together with Japanese experts build capacity of MOHS supervisors			
Activity	1-4	MOHS supervisors provide orientation of ISSV tools to 13 DHMTs.			
Activity	1-5	MOHS coordinates regular ISSV according to the guidelines (include pre-meeting, visits to districts, post-meeting, drafting action plan and giving feedbacks to DHMT during the next round of supervision)	2.Equipment -Vehicles -Motorbikes -Office equipment/furniture	2.Space for the Project office at MOHS	
Activity	1-6	MOHS TMT discusses/approves the action plans, and assign the respective directorates for implementation of the action plans after each ISSV as necessary.	3.Operational cost -Transport cost of ISSV by MOHS (vehicles and fuel) -Workshop/meeting cost -Development and printing cost of ISSV tools -Drivers and assistants for Japanese experts -Maintenance and fuel for vehicles to be used by Japanese experts -Implementation cost of "mini-project" that complement JPWF of the 4 target districts	3.Operational cost -Salaries and other allowances, including DSA for ISSV, for MOHS and DHMTs -Utility cost for the Project office such as electricity, water supply and communication -Office furniture such as desks, chairs and bookshelves -Necessary cost (registration fees, insurance premium, maintenance, drivers and fuel) for vehicles and motorbikes provided to 4 target DHMTs	
Activity	1-7	During MOHS' annual planning exercise, DPP ensures issues identified by ISSV are appropriately reflected in the following year's annual plan.			
Activity	1-8	MOHS establishes data management system for ISSV record (DHMT) and for the implementation of MOHS action plan.			
Activity	1-9	MOHS organizes periodic meetings related to Project management (JCC, Steering Committee)	4.Training in Japan	4.Capacity development cost for remaining 9 DHMTs to carry out ISSV effectively.	
Activity	1-10	MOHS and Japanese experts jointly monitor the progress of the Project (capacity assessment of MOHS supervisors, tracking of implementation status of action plans, ISSV records etc).			
Activity	1-11	MOHS organizes appropriate occasions for experience sharing (ex. workshops involving the 13 districts, exchange visits).			
Activity	2-1	Target DHMTs modify the ISSV PHU checklist developed and provided by MOHS as necessary.			
Activity	2-2	Target DHMTs orient appropriate staff on the new ISSV tools.			
Activity	2-3	Target DHMTs implement the ISSV according to the adopted ISSV tools (include pre-meeting, visits to PHUs, post-meeting, establishing/implementation of action plan and giving feedbacks to PHUs during the next round of supervision) (Action plan=assign responsible persons and timeline to each issue identified)			
Activity	2-4	Target DHMTs integrate relevant issues identified through ISSV into the following year's annual plan.			
Activity	2-5	MOHS supervisors assigned to target districts and Japanese experts provide technical supports (ex. PCM training) to DHMT in conducting 2-3.			
Activity	3-1	In consultation with the assigned MOHS supervisors and Japanese experts, DHMTs establish mini-projects that address RCH related issues identified through ISSV.			
Activity	3-2	Target DHMTs implement mini-projects with the support of Japanese experts.			
Activity	3-3	Target DHMTs monitor the progress and effect of the mini-projects			

Pre-Conditions
Political stability and security are maintained. The importance of ISSV is maintained in MOHS.

Overall Goal: RCH services provided by PHUs are improved.

Project Purpose: To strengthen ISSV cycle* by MOHS and 13 DHMTs in order to improve RCH services in PHUs.

Timeline	2014												2015												2016											
	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03
Output 1: The capacity of MOHS to provide support to 13 DHMTs is strengthened.																																				
1-1.MOHS finalizes the ISSV checklists(PHUs, DHMTs) and guidelines (to include ISSV cycle at DHMT)																																				
1-2. MOHS prints and distributes the tools (checklists, guidelines).																																				
1-3. MOHS together with Japanese experts build capacity of MOHS supervisors																																				
1-4.MOHS supervisors provide orientation of ISSV tools to 13 DHMTs.																																				
1-5.MOHS coordinates regular ISSV according to the guidelines (include pre-meeting, visits to districts, post-meeting, drafting action plan and giving feedbacks to DHMT during the next round of supervision)																																				
1-6.MOHS TMT discusses/approves the action plans, and assign the respective directorates for implementation of the action plans after each ISSV as necessary.																																				
1-7.During MOHS' annual planning exercise, DPP ensures issues identified by ISSV are appropriately reflected in the following year's annual plan.																																				
1-8.MOHS establishes data management system for ISSV record (DHMT) and for the implementation of MOHS action plan.																																				
1-9.MOHS organizes periodic meetings related to Project management (JCC, Steering Committee)																																				
1-10.MOHS and Japanese experts jointly monitor the progress of the Project (capacity assessment of MOH supervisors, tracking of implementation status of action plans, ICCV events etc).																																				
1-11.MOHS organizes appropriate occasions for experience sharing (ex. workshops involving the 13 districts, exchange visits).																																				
Output 2:The capacity of the 4 targeted DHMTs to provide support to PHUs is strengthened.																																				
2-1. Targeted DHMTs modify the ISSV PHU checklist developed and provided by MOHS as necessary.																																				
2-2.Targeted DHMTs orient appropriate staff on the new ISSV tools.																																				
2-3. Targeted DHMTs implement the ISSV according to the adopted ISSV tools (include pre-meeting, visits to PHUs, post-meeting, validation/finalization of action plan and giving feedbacks to PHUs during the next round of supervision)																																				
2-4.Targeted DHMTs integrate relevant issues identified through ISSV into the following year's Annual plan.																																				
2-5. MOHS supervisors assigned to targeted districts and Japanese experts provide technical supports (ex. PDM training) to DHMT in conducting 2-3.																																				
Output 3: RCH services provided by selected PHUs in 4 targeted districts are improved through mini projects).																																				
3-1. In consultation with the assigned MOHS supervisors and Japanese experts, DHMTs establish mini-projects that address RCH related issues identified through ISSV.																																				
3-2.Targeted DHMTs implement mini-projects with the support of Japanese experts.																																				
3-3.Targeted DHMTs monitor the progress and effect of the mini-projects																																				

RECORD OF DISCUSSIONS

ON

THE PROJECT FOR STRENGTHENING SUPPORTIVE SUPERVISION SYSTEM

IN

THE REPUBLIC OF SIERRA LEONE

AGREED UPON BETWEEN

THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF SIERRA LEONE

AND

JAPAN INTERNATIONAL COOPERATION AGENCY

Freetown, 12 October, 2012

for 工藤 耕一

Jiro Inamura (Mr.)
Chief Representative
JICA Ghana Office

Tamba M. Borbor-Sawyer (Hon.)
Ag. Minister of Health and Sanitation
Government of Sierra Leone

Rasie Kargbo (Amb.)
Director General
Ministry of Foreign Affairs and International Cooperation

John Sumailah (Mr.)
Development Secretary
Ministry of Finance and Economic Development

Based on the minutes of meetings on the Detailed Planning Survey on the Project for Strengthening Supportive Supervision System (hereinafter referred to as "the Project") signed on June 26th, 2012 between the authorities concerned of the government of the Republic of Sierra Leone (hereinafter referred to as "GoSL") and the Japan International Cooperation Agency (hereinafter referred to as "JICA"), JICA held a series of discussions with the GoSL and relevant organizations to develop a detailed plan of the Project.

Both parties agreed the details of the Project and the main points discussed as described in the Appendix 1 and the Appendix 2 respectively.

Both parties also agreed that the GoSL, the counterpart to JICA, will be responsible for the implementation of the Project in cooperation with JICA, coordinate with other relevant organizations and ensure that the self-reliant operation of the Project is sustained during and after the implementation period in order to contribute toward social and economic development of Sierra Leone.

The Project will be implemented within the framework of the Note Verbales exchanged on July 30th, 2012, between the Government of Japan (hereinafter referred to as "GOJ") and the GoSL.

Appendix 1: Project Description
Appendix 2: Minutes of Meetings on Japanese Technical Cooperation for the Project for Strengthening Supportive Supervision System in Sierra Leone

Appendix 1

PROJECT DESCRIPTION

Both parties confirmed that there is no change in the Project Description agreed on in the minutes of meetings on the concerning Preparatory Survey on the Project signed on June 26th, 2012 (Appendix 2).

I. BACKGROUND

Sierra Leone's current health situation is weak: its under-5 mortality rate (185/1000) and maternal mortality rate (860/1000) are one of the highest in the sub-Sahara Africa. In this situation, the Free Health Care Initiative for pregnant women, lactating women and under-5 children was introduced in 2010. Since then, the access to the mother and child health service has been tremendously improved. For example, the number of children who use the health facilities increased by 2.5 times. Now, the quality of the service needs to be improved. In order to provide quality health care services to meet the increased demands at health facilities, regular supportive supervisions to the facilities and an effective system to conduct such supportive supervisions are necessary.

The Government of the Republic of Sierra Leone, in its National Health Sector Strategic Plan (2010-2015), aims to improve the quality of health service, using the supportive supervision. The importance of strengthening the supportive supervision, by the District Health Management Teams (DHMTs) to health facilities, and by the Ministry to the DHMTs, is also noted in the Joint Programme of Work and Funding (2012-2014).

The Government of Japan has been providing its assistance in the health sector to Sierra Leone under "Basic Social Service Improvement Program". The health system strengthening, which covers the supportive supervision, is considered one of the important approaches to accelerate the progress towards MDG 4 and 5 in the Japan's Global Health Policy (2011-2015) and the JICA's Operation in Health Sector (2010).

II. OUTLINE OF THE PROJECT

Details of the Project are described in the Project Design Matrix (PDM) (Annex 1) and the tentative Plan of Operation (Annex 2).

1. Title of the Project
The Project for Strengthening Supportive Supervision System

2. Overall Goal
The reproductive and child health (RCH) services provided by the peripheral health units (PHUs) are improved.

3. Project Purpose
The integrated supportive supervision (ISSV) cycle by the Ministry of Health and Sanitation (MoHS) and the thirteen (13) DHMTs is strengthened, in order to

improve the RCH services at the PHUs.

4. Outputs
(1) The capacity of the MoHS to provide support to the thirteen (13) DHMTs is strengthened.
(2) The ISSV cycles by 4 target DHMTs to the PHUs are strengthened.
(3) The RCH services provided by selected PHUs in four (4) target districts (Bombali, Tonkolili, Moyamba, Pujehun) are improved through mini projects.

5. Activities
(1) Output 1:
1-1: MoHS finalizes the ISSV checklists (for DHMTs and PHUs) and guidelines (to include the ISSV cycle at the DHMTs).
1-2: MoHS prints and distributes the tools (checklists, guidelines).
1-3: MoHS together with Japanese experts build capacity of MoHS supervisors.
1-4: MoHS supervisors provide orientation of the ISSV tools to the 13 DHMTs.
1-5: MoHS coordinates the regular ISSV according to the guidelines (including pre-meeting, visits to districts, post-meeting, drafting action plan and giving feedbacks to DHMT during the next round of supervision).
1-6: MoHS's Top Management Team (TMT) discusses/approves the action plans, and assigns the respective directorates for implementation of the action plans after each ISSV as necessary.
1-7: During MoHS' annual planning exercise, Directorate of Policy Planning (DPP) ensures that issues identified by the ISSV are appropriately reflected in the following year's annual plan.
1-8: MoHS establishes data management system for the ISSV record (DHMT) and for the implementation of MoHS action plan.
1-9: MoHS organizes periodic meetings related to the management of the Project (ex. Joint Coordinating Committee)
1-10: MoHS and Japanese experts jointly monitor the progress of the Project (capacity assessment of MoHS supervisors, tracking of implementation status of action plans, the ISSV records etc).
1-11: MoHS organizes appropriate occasions for the experience sharing (ex. workshops involving the 13 districts, joint site visits, and peer review).

(2) Output 2:
2-1: Target DHMTs modify the ISSV checklist (for PHUs), developed and provided by the MoHS, as necessary.
2-2: Target DHMTs familiarize (and train if necessary) appropriate staff with the new ISSV tools (developed by the activities 1-2 and 2-1).
2-3: Target DHMTs implement the ISSV according to the adopted ISSV tools (including pre-meeting, visits to the PHUs, post-meeting, establishing/implementation of action plan and giving feedbacks to PHUs during the next round of supervision) (Action plan = assign responsible persons and timeline to each issue identified).
2-4: Target DHMTs integrate relevant issues identified through the ISSV into the following year's annual plan.
2-5: MoHS supervisors assigned to target districts and Japanese experts provide

technical supports (ex. Project Cycle Management (PCM) training) to the DHMTs in conducting 2-3.

(3) Output 3:
3-1: In consultation with the assigned MoHS supervisors and Japanese experts, the DHMTs establish mini-projects that address the RCH related issues identified through the ISSV.
3-2: Target DHMTs implement mini-projects with the support of Japanese experts.
3-3: Target DHMTs monitor the progress and effect of the mini-projects

6. Input
(1) Input by JICA
(a) Dispatch of Experts
-Chief Advisor/ Monitoring and Evaluation
-Health System Strengthening/ Supportive Supervision
-Human Resources for Health/ Reproductive and Child Health/ Data Management
-Coordinator
(b) Machinery and Equipment
-Vehicles
-Motorbikes
-Office equipment/furniture
In case of importation, the machinery, equipment and other materials under II-6 (1) (b) above will become the property of the GoSL upon being delivered C.I.F. (cost, insurance and freight) to the Sierra Leonean authorities concerned at the ports and/or airports of disembarkation.
(c) Operational Cost (Transport cost of ISSV by the MoHS (vehicles and fuel), Workshop/meeting cost, Development and printing cost of ISSV tools, Drivers and assistants for Japanese experts, Maintenance and fuel for vehicles to be used by Japanese experts, Implementation cost of "mini-project" that complement the JPWF of the four (4) target districts)

Input other than indicated above will be determined through mutual consultations between JICA and GoSL during the implementation of the Project, as necessary.

(2) Input by GoSL
The GoSL will take necessary measures to provide at its own expense:
(a) Services of GoSL's counterpart personnel and administrative personnel as referred to in II-7;
(b) Suitable office space;
(c) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA;
(d) Information as well as support in obtaining medical service;
(e) Credentials or identification cards;

(f) Available data (including maps and photographs) and information related to the Project;
(g) Running expenses necessary for the implementation of the Project (Salaries and other allowances (including Daily Subsistence Allowance (DSA) for ISSV, for MoHS and DHMTs), Utility cost of the Project office (such as electricity, water supply and communication), Office furniture (such as desks, chairs and bookshelves), Necessary costs for vehicles and motorbikes provided to four (4) target DHMTs (registration fees, insurance premium, maintenance, drivers and fuel, Capacity development cost for remaining nine (9) DHMTs to carry out ISSV effectively) ;
(h) Expenses necessary for transportation within Sierra Leone of the equipment referred to in II-6 (1) as well as for the installation, operation and maintenance thereof; and
(i) Necessary facilities to the JICA experts for the remittance as well as utilization of the funds introduced into Sierra Leone from Japan in connection with the implementation of the Project

7. Implementation Structure
The roles and assignments of relevant organizations are as follows:
(1) MoHS
(a) Project Director (who will bear overall responsibility for the administration and implementation of the Project)
Chief Medical Officer, MoHS
(b) Project Manager (who will be responsible for the managerial matters of the Project)
Deputy Chief Medical Officer/ Director of Primary Health Care, MoHS
(c) Other main counterpart personnel (who will support the Project Director and Project Manager in managing the Project)
Director of Policy and Planning
Director of Reproductive and Child Health
MoHS supervisors
(2) District Health Management Team
(a) Main counterpart personnel (who will support the Project Director and Project Manager in managing the Project)
District Medical Officers of the four (4) target districts
(3) JICA Experts
The JICA experts will give necessary technical guidance, advice and recommendations to GoSL on any matters pertaining to the implementation of the Project.
(4) Joint Coordinating Committee
Joint Coordinating Committee (hereinafter referred to as "JCC") will be established in order to facilitate inter-organizational coordination. JCC will be held at least once a year and whenever deems it necessary. JCC will approve an annual work plan, review overall progress, conduct monitoring and evaluation of the Project, and exchange opinions on major issues that arise during the implementation of the Project. A list of proposed members of JCC is shown in the Annex 3.

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8. Project Site(s) and Beneficiaries
(1) Project Site(s)
Activities for the output 1 will be carried out within the whole Sierra Leone. Activities for the output 2 and 3 will be carried out in the target four (4) districts.

(2) Beneficiaries
The MoHS supervisors, staff at the thirteen (13) DHMTs, staff at the PHUs, and under-5 children and pregnant & lactating women.

9. Duration
Four (4) years from the time when the first Japanese expert is dispatched (from 2013 to 2017)

10. Reports
(1) Inception report
(2) Baseline report
(3) Annual progress reports
(4) Final report

11. Environmental and Social Considerations
The GoSL agreed to abide by 'JICA Guidelines for Environmental and Social Considerations' in order to ensure that appropriate considerations will be made for the environmental and social impacts of the Project.

III. UNDERTAKINGS OF MoHS AND GoSL

1. MoHS and GoSL will take necessary measures to:
   (1) ensure that the technologies and knowledge acquired by the Sierra Leonean nationals as a result of Japanese technical cooperation contributes to the economic and social development of Sierra Leone, and that the knowledge and experience acquired by the personnel of Sierra Leone from technical training as well as the equipment provided by JICA will be utilized effectively in the implementation of the Project; and

   (2) grant privileges, exemptions and benefits to the JICA experts referred to in II-6 (1) above and their families, which are no less favorable than those granted to experts and members of the missions and their families of third countries or international organizations performing similar missions in Sierra Leone.

2. MoHS and GoSL will take necessary measures to:
   (1) provide security-related information as well as measures to ensure the safety of the JICA experts;
   (2) permit the JICA experts to enter, leave and sojourn in Sierra Leone for the duration of their assignments therein and exempt them from foreign registration requirements and consular fees.

7

IV. EVALUATION

JICA and the GoSL will jointly conduct the following evaluations and reviews.

1. Mid-term review at the middle of the cooperation term
2. Terminal evaluation during the last six (6) months of the cooperation term

JICA will conduct the following evaluations and surveys to mainly verify sustainability and impact of the Project and draw lessons. The GoSL is required to provide necessary support for them.

1. Ex-post evaluation three (3) years after the project completion, in principle
2. Follow-up surveys on necessity basis

V. PROMOTION OF PUBLIC SUPPORT

For the purpose of promoting support for the Project, GoSL will take appropriate measures to make the Project widely known to the people of Sierra Leone.

VI. MUTUAL CONSULTATION

JICA and GoSL will consult each other whenever any major issues arise in the course of Project implementation.

VII. AMENDMENTS

The record of discussions may be amended by the minutes of meetings between JICA and GoSL.

The minutes of meetings will be signed by authorized persons of each side who may be different from the signers of the record of discussions.

Annex 1 Logical Framework (Project Design Matrix:PDM)
Annex 2 Tentative Plan of Operation
Annex 3 A List of Proposed Members of Joint Coordinating Committee

Project Design Matrix (PDM): The Project for Strengthening Supportive Supervision System

Annex 1

Project Duration: 4 years from 2013 to 2017

Implementing Agencies: Ministry of Health and Sanitation (MoHS) and 4 target Distric Health Management Teams (DHMTs) (Bombali, Tonkolili, Moyamba, Pujehun)

Beneficiaries: MoHS supervisors,13 DHMTs, peripheral health units (PHUs) staff, and under-5 children and pregnant & lactating women

Narrative			Indicators	Means of Verification	Assumption
Overall Goal		The reproductive and child health (RCH) services provided by the PHUs are improved.	To be selected from SARA indicators Ex.Readiness to provide RCH services	SARA**	
			Scores of the ISSV checklist (for the PHUs) is increased	ISSV Checklist of PHU	
Project Purpose		The integrated supportive supervision (ISSV) cycle* by the MoHS and the 13 DHMTs is strengtheninged, the in order to improve RCH services at the PHUs	MoHS implement the ISSV cycle completely	Project report	
			10 DHMTs (out of 13 DHMTs) implement ISSV cycle completely	ISSV Checklist of DHMT (ISSV cycle - section to be added in current DHMT checklist)	Resources are provided by MoHS and partners continuously.
			Scores of ISSV checklist (for the DHMTs) is increased	ISSV Checklist of DHMT	
Output	1	The capacity of MoHS to provide support to the13 DHMTs is strengthened.	90% of supervisors have sufficient ISSV capacity ("Sufficient" to be defined during the Project)	Capacity Assessment	
			Coverage of supervision (100%=13 DHMTs receive 4 supervisory visits in one year)	SV report	
			In each action plan, more than 80% of the follow-up actions are initiated.	ISSV data management system (to be prepared by Activity 1-8), records/minutes of pre-meetings	Resources are provided by MoHS and partners continuously. ISSV cycle of the remaining 9 DHMTs is strengthened by MoHS.
Output	2	The ISSV cycle by 4 target DHMTs to the PHUs are strengthened.	Coverage of supervision (100%=all PHUs in the district receive supervisory visits at least twice in one year)	SV report	
			Implementation rate of the action plan is increased	Records/minutes of pre-meetings	
			Issues identified are reflected in the annual plan.	Annual plan	
Output	3	The RCH services provided by selected PHUs in 4 target districts are improved through mini projects.	To be determined from RCH related indicators at selected PHUs ex. 1.Stock out rate of IMNCI first-line drugs 2.Availability of vaccines at PHUs 3.Increase uptake of maternal care 4.Indicators related to technical capacity of service providers	DHIS, ISSV checklist	

*ISSV cycle = pre-meeting, supervisory visit, post-meeting, establishing and implementing action plan, giving feedback on the follow-up actions during next round of supervision, reflecting relevant issues identified in the following year's annual plan

**SARA: Service Availability and Readiness Assessment

Activities			Inputs		
Activity	1-1	MoHS finalizes the ISSV checklists (for DHMTs and PHUs) and guidelines (to include the ISSV cycle at the DHMTs)	Japan:	GOSL:	The planned MoHS restructuring will not affect on the implementation of the Project.
Activity	1-2	MoHS prints and distributes the tools (checklists, guidelines).	1.Experts	1.Counterpart personnel	
Activity	1-3	MoHS together with Japanese experts build capacity of MoHS supervisors.	-Chief Advisor	-Directors of DPHC, DPP, DRCH, etc.	
Activity	1-4	MoHS supervisors provide orientation of the ISSV tools to the13 DHMTs.	-Coordinator	-Staff of DPHC, DPP	
Activity	1-5	MoHS coordinates the regular ISSV according to the guidelines (including pre-meeting, visits to districts, post-meeting, drafting action plan and giving feedbacks to DHMT during the next round of supervision)	-Health Administration	-MoHS supervisors	
Activity	1-6	MoHS Top Management Team (TMT) discusses/approves the action plans, and assigns the respective directorates for implementation of the action plans after each ISSV as necessary.	-Supportive Supervision	-DMOs of the 4 target districts	
Activity	1-7	During MoHS' annual planning exercise, Directorate of Policy Planning (DPP) ensures that issues identified by the ISSV are appropriately reflected in the following year's annual plan.	-Data Management	-Other personnel as necessary	
Activity	1-8	MoHS establishes data management system for the ISSV record (DHMT) and for the implementation of MoHS action plan.	-Reproductive and Child Health	2.Space for the Project office at MoHS	
Activity	1-9	MoHS organizes periodic meetings related to the management of the Project (ex. Joint Coordinating Committee)	2.Equipment -Vehicles	3.Operational cost -Salaries and other allowances, including DSA for ISSV, for MoHS and DHMTs	
Activity	1-10	MoHS and Japanese experts jointly monitor the progress of the Project (capacity assessment of MoHS supervisors, tracking of implementation status of action plans, the ISSV records etc).	-Motorbikes -Office equipment/furniture	-Utility cost for the Project office such as electricity, water supply and communication	
Activity	1-11	MoHS organizes appropriate occasions for the experience sharing (ex. workshops involving the 13 districts, joint site visits, and peer review).	3.Operational cost -Transport cost of ISSV by MoHS (vehicles and fuel)	-Office furniture such as desks, chairs and bookshelves -Necessary cost (registration fees, insurance premium, maintenance, drivers and fuel) for vehicles and motorbikes provided to 4 target DHMTs	
Activity	2-1	Target DHMTs modify the ISSV checklist (for PHUs), developed and provided by MoHS, as necessary.	-Workshop/meeting cost		
Activity	2-2	Target DHMTs familiarize (and train if necessary) appropriate staff with the new ISSV tools (developed by the activities 1-1 and 2-1).	-Development and printing cost of ISSV tools -Drivers and assistants for Japanese experts		
Activity	2-3	Target DHMTs implement the ISSV according to the adopted ISSV tools (including pre-meeting, visits to the PHUs, post-meeting, establishing/implementation of action plan and giving feedbacks to PHUs during the next round of supervision) (Action plan = assign responsible persons and timeline to each issue identified)	-Maintenance and fuel for vehicles to be used by Japanese experts -Implementation cost of "mini-project" that complement JPWF of the 4 target districts 4. Training	4.Capacity development cost for remaining 9 DHMTs to carry out ISSV effectively.	
Activity	2-4	Target DHMTs integrate relevant issues identified through the ISSV into the following year's annual plan.			
Activity	2-5	MoHS supervisors assigned to target districts and Japanese experts provide technical supports (ex. Project Cycle Management (PCM) training) to the DHMTs in conducting 2-3.			
Activity	3-1	In consultation with the assigned MoHS supervisors and Japanese experts, the DHMTs establish mini-projects that address RCH related issues identified through the ISSV.			
Activity	3-2	Target DHMTs implement mini-projects with the support of Japanese experts.			
Activity	3-3	Target DHMTs monitor the progress and effect of the mini-projects			

Pre-Conditions
Political stability and security are maintained.

Overall Goal: The reproductive and child health (RCH) services provided by the PHUs are improved.

Project Purpose: The integrated supportive supervision (ISSV) cycle* by the MoHS and the 13 DHMTs is strengtheninged, the in order to improve RCH services at the PHUs

Timeline	2014												2015												2016											
	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
Output 1: The capacity of MoHS to provide support to the13 DHMTs is strengthened.																																				
1-1: MoHS finalizes the ISSV checklists (for DHMTs and PHUs) and guidelines (to include the ISSV cycle at the DHMTs).																																				
1-2: MoHS prints and distributes the tools (checklists, guidelines).																																				
1-3: MoHS together with Japanese experts build capacity of MoHS supervisors.																																				
1-4: MoHS supervisors provide orientation of the ISSV tools to the13 DHMTs.																																				
1-5: MoHS coordinates the regular ISSV according to the guidelines (including pre-meeting, visits to districts, post-meeting, drafting action plan and giving feedbacks to DHMT during the next round of supervision)																																				
1-6: MoHS Top Management Team (TMT) discusses/approves the action plans, and assigns the respective directorates for implementation of the action plans after each ISSV as necessary.																																				
1-7: During MoHS' annual planning exercise, Directorate of Policy Planning (DPP) ensures that issues identified by the ISSV are appropriately reflected in the following year's annual plan.																																				
1-8: MoHS establishes data management system for the ISSV record (DHMT) and for the implementation of MoHS action plan.																																				
1-9: MoHS organizes periodic meetings related to the management of the Project (ex. Joint Coordinating Committee)																																				
1-10: MoHS and Japanese experts jointly monitor the progress of the Project (capacity assessment of MoHS supervisors, tracking of implementation status of action plans, the ISSV records etc).																																				
1-11.MoHS organizes appropriate occasions for the experience sharing (ex. workshops involving the 13 districts, joint site visits, and peer review).																																				
Output 2: The ISSV cycle by 4 target DHMTs to the PHUs are strengthened.																																				
2-1. Target DHMTs modify the ISSV checklist (for PHUs), developed and provided by MoHS, as necessary.																																				
2-2.Target DHMTs familiarize (and train if necessary) appropriate staff with the new ISSV tools (developed by the activities 1-1 and 2-1).																																				
2-3. Target DHMTs implement the ISSV according to the adopted ISSV tools (including pre-meeting, visits to the PHUs, post-meeting, establishing/implementation of action plan and giving feedbacks to PHUs during the next round of supervision) (Action plan = assign responsible persons and timeline to each issue identified)																																				
2-4.Target DHMTs integrate relevant issues identified through the ISSV into the following year's annual plan.																																				
2-5. MoHS supervisors assigned to target districts and Japanese experts provide technical supports (ex. Project Cycle Management (PCM) training) to the DHMTs in conducting 2-3.																																				
Output 3: The RCH services provided by selected PHUs in 4 target districts are improved through mini projects.																																				
3-1. In consultation with the assigned MoHS supervisors and Japanese experts, the DHMTs establish mini-projects that address RCH related issues identified through the ISSV.																																				
3-2.Target DHMTs implement mini-projects with the support of Japanese experts.																																				
3-3.Target DHMTs monitor the progress and effect of the mini-projects																																				

Annex 3

List of Proposed Members of Joint Coordinating Committee

1. Functions

(a) To approve annual activities of the Project

(b) To supervise and monitor overall progress of the Project

(c) To discuss major issues concerning the Project and make necessary decisions

2. Members

(a) Chairperson: Chief Medical Officer, MoHS (Project Director)

(b) Members:

- Deputy Chief Medical Officer/ Director of Primary Health Care, MoHS (Project Manager)
- JICA Experts
- The representatives of the organizations as follows;

- Directorate of Policy Planning (DPP)
- Directorate of Reproductive and Child Health (DRCH)
- Ministry of Finance and Economic Development
- Ministry of Local Government and Rural Development
- Ministry of Foreign Affairs and International Cooperation
- District Councils in Bombali, Tonkolili, Moyamba, Pujehun
- District Health Management Teams in Bombali, Tonkolili, Moyamba, Pujehun
- JICA Ghana Office/ Sierra Leone Field Office

プロジェクト・タイトル: シエラレオネ国統合的サポーティブ・スーパービジョン・システム強化プロジェクト

プロジェクト期間:　2013 年～ 2017年（4年間）

シエラレオネ側: 保健衛生省（プライマリーヘルス局、政策計画局、リプロ・小児保健局）、保健衛生省スーパーバイザー、対象4県保健管理局

直接裨益者: 保健衛生省スーパーバイザー及び対象4県保健管理局

間接裨益者、最終裨益者:対象4県管理保健局における一次医療施設(PHU)職員及びPHU利用者

2012.06.26（和訳修正2012.07.13）

プロジェクトの要約			指標	入手手段	外部条件
上位目標	一次医療施設（PHU)で提供される母子保健サービスが改善される。		SARA指標から選定する。	SARA	
			PHUを対象としたISSVチェックリストのスコア	PHUを対象としたISSVチェックリスト	
プロジェクト目標	PHUで提供される母子保健サービス改善のために、保健衛生省及び13県保健管理局による統合的サポーティブスーパービジョン(ISSV)サイクル*が強化される。		保健衛生省が ISSVサイクルの全活動を実施する	プロジェクト報告書	保健衛生省及び開発パートナーによってリソース（予算/資機材/人材等） が継続的に提供される。
			13県の内10県の保健管理局が ISSVサイクルの全活動を実施する	県保健管理局を対象としたISSVチェックリスト (ISSVサイクルの項目を現行のチェックリストに追加する必要有り）	
			県保健管理局を対象としたISSVチェックリストのスコア	県保健管理局を対象としたISSVチェックリスト	
アウトプット	1	保健衛生省の13県保健管理局を支援する能力が強化される。	保健衛生省のスーパーバイザーの90%が 十分なISSV能力を保有する。 （「十分なISSV能力」 ついてはプロジェクト開始後に定義する。）	キャパシティ・アセスメント	保健衛生省及び開発パートナーによってリソース（予算/資機材/人材等） が継続的に提供される。 本プロジェクトの対象外となる９県におけるISSVサイクルが保健衛生省の支援により強化される。
			保健衛生省によるスーパービジョンの実施・カバー率 (100% = 13の県保健管理局が毎年各4回保健衛生省ISSVスーパーバイザーより訪問指導を受ける)	保健衛生省のスーパービジョン報告書	
			各回のISSV後に策定されるアクションプランの内80%以上が着手される。	ISSV情報マネジメントシステム（活動1-8によって構築される）、事前会議の議事録	
アウトプット	2	対象4県の保健管理局において、PHUを対象とする統合的サポーティブスーパービジョン(ISSV)サイクルが強化される。	スーパービジョンの実施・カバー率 (100%＝対象4県における全PHUが毎年2回以上の県ISSVスーパーバイザーの訪問指導を受ける)	スーパービジョン報告書	
			アクションプランの実施率	事前会議の議事録	
			発見された課題が次年度の県年間計画に反映される。	年間計画	
アウトプット	3	ミニプロジェクトを通して、4県保健管理局が選定したPHUにおいて提供される母子保健サービスが改善される。	選定されたPHUにおいて、ミニプロジェクトの内容と合致した母子保健関連指標を設定する。 例:1. IMNCI における第一選択薬（ファーストライン）の在庫切れ発生率 2. PHUにおけるワクチンの在庫状況 3. 周産期ケアの利用の増加 4. サービス提供者の技術的能力に関連する指標	DHIS、ISSVチェックリスト	

*ISSVサイクル = 事前会議、スーパービジョン訪問、事後会議、アクションプランの策定と実施、次回スーパービジョン時におけるフィードバック、必要に応じて次年度の年間計画に課題を反映

活動			投入		外部条件
活動	1-1	保健衛生省が 、県保健管理局とPHUを対象としたISSVツール（チェックリスト及びガイドライン）を完成させる (ISSVサイクル上の活動を既存の県保健管理局のチェックリストに織り込む)。	日本側 1.専門家 - 総括 - 調整員 - 保健行政 - サポーテイブスーパービジョン - データマネジメント - 母子保健 2.資機材 - 車両 - バイク - 事務所用機材/家具 3.現地業務費 - 保健衛生省によるISSVの交通費（車両レンタル代、燃料代） - ワークショップ/会議費用 - ISSVツールの開発・印刷費用 - 日本人専門家用の運転手とアシスタント - 日本人専門家用車両の維持管理費用及び燃料代 - 対象4県においてそれぞれのJPWFを補完するミニプロジェクトの実施費用 4.本邦研修	シエラレオネ側 1.カウンターパート － 保健衛生省（プライマリーヘルス局長、政策計画局長、リプロ・小児保健局長等） － 関連職員（政策計画局及びプライマリーヘルス局） － 保健衛生省スーパーバイザー － 対象4県の保健管理局長 － 必要に応じてその他の職員 2.保健衛生省内におけるプロジェクト事務所用スペース（執務室） 3現地業務費 － 保健衛生省及び県保健管理局職員の諸手当（ISSV実施の際の日当・宿泊費を含む） － プロジェクト事務所の電気・水・電話等の諸経費 － 机、イス、棚等の事務所用家具 － 対象4県保健管理局に供与する車両とバイクの利用にかかる費用（登録料、保険料、維持管理費、運転手代、燃料費） 4.プロジェクト対象外の9県保健管理局に対するISSV能力強化に関する費用	予定されている保健衛生省の改革が、プロジェクト実施に影響を及ぼさない。
活動	1-2	保健衛生省がツール（チェックリスト、ガイドライン）を印刷し、配布する。			
活動	1-3	保健衛生省が日本人専門家と共に、保健衛生省スーパーバイザーの能力を強化する。			
活動	1-4	保健衛生省スーパーバイザーが13県の保健管理局に対して新ISSVツール導入の指導をする。			
活動	1-5	ガイドラインに従って、保健衛生省が関連部局の参加を得て定期的に13県の県保健管理局へのISSVを実施する（事前会議、訪問指導、事後会議、保健衛生省のアクションプラン作成と実施、その結果に関する県保健管理局へのフィードバック（次回スーパービジョン時）を含む）			
活動	1-6	毎回のISSV実施後、必要に応じて、保健衛生省幹部（Top Management Team: TMT）が保健衛生省のアクションプランを協議・/承認し、その実施責任担当部署を任命する。			
活動	1-7	ISSVによって明らかになった課題を、保健衛生省政策計画局が保健衛生省年次計画立案時に次年度の年間計画に反映させる。			
活動	1-8	保健衛生省が、県保健管理局に対するISSVの記録や保健衛生省のアクションプラン実施状況に関する情報管理システムを構築する。			
活動	1-9	保健衛生省が本プロジェクトの運営に関する定期的な会合を開催する（合同調整委員会、運営委員会）。			
活動	1-10	保健衛生省 と日本人専門家がプロジェクトの進捗を合同でモニターする （保健衛生省スーパーバイザーのキャパシティアセスメント、ISSVの結果やアクションプランの実施状況のモニタリングを含む） 。			
活動	1-11	保健衛生省が13県の保健管理局と経験共有の場を設ける（例：13県を対象としたワークショップや相互訪問など）			
活動	2-1	保健衛生省策定のPHUを対象とするISSVチェックリストを、対象県保健管理局が必要に応じて改良する。			
活動	2-2	対象県保健管理局が、新ISSVツール(1-2, 2-1)の使用法を関連職員の間に徹底させる。			
活動	2-3	対象県保健管理局が、PHUを対象としたISSVを新ISSVツールに基づいて実施する（事前会議、訪問指導、事後会議、県保健管理局のアクションプラン作成と実施、その結果に関するPHUへのフィードバック（次回スーパービジョン時）を含む）。 （アクションプラン＝特定された各課題の解決に向けて、その責任者や実施期限を設定したもの。）			
活動	2-4	対象県保健管理局が、ISSVによって明らかにされた課題を次年度の年次計画に反映する。			
活動	2-5	活動2-3の実施のために、保健衛生省スーパーバイザー及び日本人専門家が対象県保健管理局に対して （PCM研修などの） 技術的な支援を行う。			
活動	3-1	対象県保健管理局が、保健衛生省スーパーバイザー及び日本人専門家と協議の上、ISSVによって明らかになった母子保健に関する課題を解決するためのミニプロジェクトを設定する。			**前提条件**
活動	3-2	日本人専門家の支援の下に、対象県保健管理局がミニプロジェクトを実施する。.			政治的安定および治安が保持される。
活動	3-3	対象県保健管理局が、ミニプロジェクトの進捗とその効果をモニターする。			ISSVの重要性が保健衛生省内において維持される。

Project Design Matrix (PDM): The Project for Strengthening Integrated Supportive Supervision System in Sierra Leone

Project Duration: 4 years from 2013 to 2017

GOSL C/P: MOHS (DPHC, DPP, DRCH), MOHS supervisors, 4 target DHMTs

Direct Beneficiaries: MOHS supervisors and the 4 target DHMTs

Indirect Beneficiaries & Ultimate Beneficiaries: PHU staffs and people who use PHUs in the 4 target DHMTs

2012.06.26

Narrative			Indicators	Means of Verification	Assumption
Overall Goal	RCH services provided by PHUs are improved.		To be selected from SARA indicators	SARA	
			Scores of ISSV checklist (PHU)	ISSV Checklist of PHU	
Project Purpose	To strengthen ISSV cycle* by MOHS and 13 DHMTs in order to improve RCH services at PHUs		MOHS implement ISSV cycle completely	Project report	Resources are provided by MOHS and partners continuously.
			10 out of 13 DHMTs which implement ISSV cycle completely	ISSV Checklist of DHMT (ISSV cycle - section to be added in current DHMT checklist)	
			Scores of ISSV checklist (DHMT)	ISSV Checklist of DHMT	
Output	1	The capacity of MOHS to provide support to 13 DHMTs is strengthened.	90% of Supervisors have sufficient ISSV capacity "Sufficient" to be defined during the Project	Capacity Assessment	Resources are provided by MOHS and partners continuously. ISSV cycle of the remaining 9 DHMTs is strengthened by MOHS.
			Coverage of supervision (100%=13 DHMTs receive 4 supervisory visits in one year)	SV report	
			In each action plan, more than 80% of the follow-up actions are initiated.	ISSV data management system (to be prepared by Activity 1-8), records/minutes of pre-meetings	
Output	2	ISSV cycle by 4 target DHMTs to PHUs is strengthened.	Coverage of supervision (100%=all PHUs in the district receive supervisory visits at least twice in one year)	SV report	
			Implementation rate of the action plan	Records/minutes of pre-meetings	
			Issues identified are reflected in the annual plan.	Annual plan	
Output	3	RCH services provided by selected PHUs in 4 target districts are improved through mini projects.	To be determined from RCH related indicators at selected PHUs ex. 1.Stock out rate of IMNCI first-line drugs 2.Availability of vaccines at PHUs 3.Increase uptake of maternal care 4.Indicators related to technical capacity of service providers	DHIS, ISSV checklist	

*ISSV cycle = pre-meeting, supervisory visit, post-meeting, establishing and implementing action plan, giving feedback on the follow-up actions during next round of supervision, reflecting relevant issues identified in the following year's annual plan

Activities			Inputs		
Activity	1-1	MOHS finalizes the ISSV checklists(PHUs, DHMTs) and guidelines (to include ISSV cycle at DHMT)	Japan: 1.Experts -Chief Advisor -Coordinator -Health Administration -Supportive Supervision -Data Management -Reproductive and Child Health 2.Equipment -Vehicles -Motorbikes -Office equipment/furniture 3.Operational cost -Transport cost of ISSV by MOHS (vehicles and fuel) -Workshop/meeting cost -Development and printing cost of ISSV tools -Drivers and assistants for Japanese experts -Maintenance and fuel for vehicles to be used by Japanese experts -Implementation cost of "mini-project" that complement JPWF of the 4 target districts 4.Training in Japan	GOSL: 1.Counterpart personnel -Directors of DPHC, DPP, DRCH, etc. -Staff of DPHC, DPP -MOHS supervisors -DMOs of the 4 target districts -Other personnel as necessary 2.Space for the Project office at MOHS 3.Operational cost -Salaries and other allowances, including DSA for ISSV, for MOHS and DHMTs -Utility cost for the Project office such as electricity, water supply and communication -Office furniture such as desks, chairs and bookshelves -Necessary cost (registration fees, insurance premium, maintenance, drivers and fuel) for vehicles and motorbikes provided to 4 target DHMTs 4.Capacity development cost for remaining 9 DHMTs to carry out ISSV effectively.	The planned MOHS restructuring will not affect on the implementation of the Project.
Activity	1-2	MOHS prints and distributes the tools (checklists, guidelines).			
Activity	1-3	MOHS together with Japanese experts build capacity of MOHS supervisors			
Activity	1-4	MOHS supervisors provide orientation of ISSV tools to 13 DHMTs.			
Activity	1-5	MOHS coordinates regular ISSV according to the guidelines (include.pre-meeting, visits to districts, post-meeting, drafting action plan and giving feedbacks to DHMT during the next round of supervision)			
Activity	1-6	MOHS TMT discusses/approves the action plans, and assign the respective directorates for implementation of the action plans after each ISSV as necessary.			
Activity	1-7	During MOHS' annual planning exercise, DPP ensures issues identified by ISSV are appropriately reflected in the following year's annual plan.			
Activity	1-8	MOHS establishes data management system for ISSV record (DHMT) and for the implementation of MOHS action plan.			
Activity	1-9	MOHS organizes periodic meetings related to Project management (JCC, Steering Committee)			
Activity	1-10	MOHS and Japanese experts jointly monitor the progress of the Project (capacity assessment of MOHS supervisors, tracking of implementation status of action plans, ISSV records etc).			
Activity	1-11	MOHS organizes appropriate occasions for experience sharing (ex. workshops involving the 13 districts, exchange visits).			
Activity	2-1	Target DHMTs modify the ISSV PHU checklist developed and provided by MOHS as necessary.			
Activity	2-2	Target DHMTs orient appropriate staff on the new ISSV tools.			
Activity	2-3	Target DHMTs implement the ISSV according to the adopted ISSV tools (include.pre-meeting, visits to PHUs, post-meeting, establishing/implementation of action plan and giving feedbacks to PHUs during the next round of supervision) (Action plan=assign responsible persons and timeline to each issue identified)			
Activity	2-4	Target DHMTs integrate relevant issues identified through ISSV into the following year's annual plan.			
Activity	2-5	MOHS supervisors assigned to target districts and Japanese experts provide technical supports (ex. PCM training) to DHMT in conducting 2-3.			
Activity	3-1	In consultation with the assigned MOHS supervisors and Japanese experts, DHMTs establish mini-projects that address RCH related issues identified through ISSV.			**Pre-Conditions**
Activity	3-2	Target DHMTs implement mini-projects with the support of Japanese experts.			Political stability and security are maintained.
Activity	3-3	Target DHMTs monitor the progress and effect of the mini-projects			The importance of ISSV is maintained in MOHS.

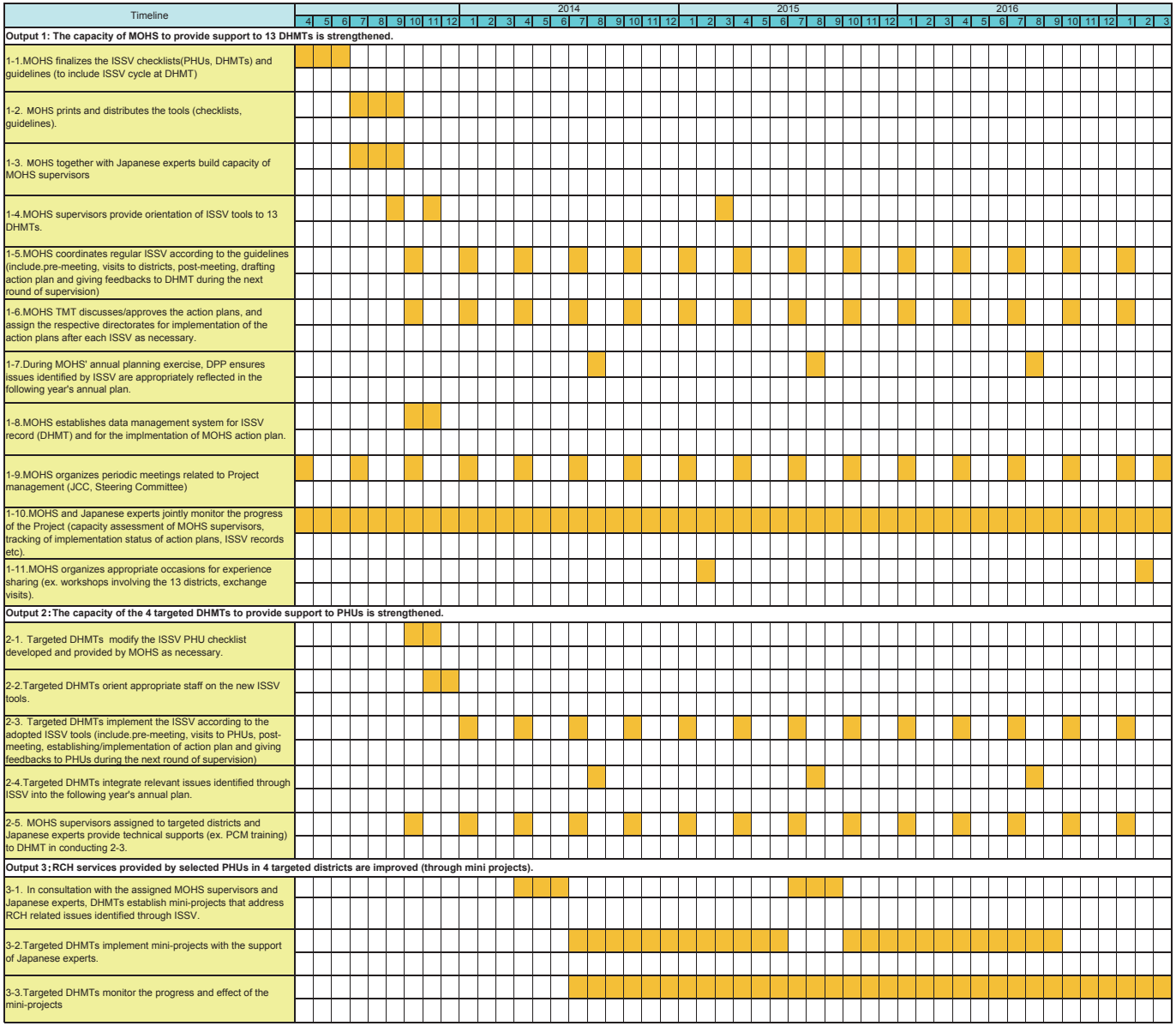
添付書類9-3：Plan of Operation

上位目標：一次医療施設(PHU)で提供される母子保健サービスが改善される。

プロジェクト目標：PHUで提供される母子保健サービス改善のために、保健衛生省及び13県保健管理局による統合的サポーティブスーパービジョン(ISSV)サイクルが強化される。

期間	2013												2014												2015												2016														
	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
アウトプット 1: 保健衛生省の13県保健管理局をサポートする能力が強化される。																																																
1-1.保健衛生省が、県保健管理局とPHUを対象としたISSVツール（チェックリスト及びガイドライン）を完成させる (ISSVサイクル上の活動を既存の県保健管理局のチェックリストに織り込む)。	■	■	■																																													
1-2. 保健衛生省がツール（チェックリスト、ガイドライン）を印刷し、配布する。				■	■	■																																										
1-3. 保健衛生省が日本人専門家と共に、保健衛生省スーパーバイザーの能力を強化する。				■	■	■																																										
1-4.保健衛生省スーパーバイザーが13県の保健管理局に対して新ISSVツール導入の指導をする。						■		■														■																										
1-5.ガイドラインに従って、保健衛生省が関連部局の参加を得て定期的に13県の県保健管理局へのISSVを実施する（事前会議、訪問指導、事後会議、保健衛生省のアクションプラン作成と実施、その結果に関する県保健管理局へのフィードバック（次回スーパービジョン時）を含む）							■			■			■			■			■			■			■			■			■			■			■			■			■			■		
1-6.毎回のISSV実施後、必要に応じて、保健衛生省幹部（Top Management Team: TMT）が保健衛生省のアクションプランを協議・/承認し、その実施担当部署を任命する。							■			■			■			■			■			■			■			■			■			■			■			■			■			■		
1-7.ISSVによって明らかになった課題を、保健衛生省政策計画局が保健衛生省年次計画立案時に次年度の年間計画に反映させる。																■												■												■									
1-8.保健衛生省が、県保健管理局に対するISSVの記録や保健衛生省のアクションプラン実施状況に関する情報管理システムを構築する。							■	■																																									
1-9.保健衛生省が本プロジェクトの運営に関する定期的な会合を開催する（合同調整委員会、運営委員会）。	■			■			■			■			■			■			■			■			■			■			■			■			■			■			■			■			■
1-10.保健衛生省 と日本人専門家がプロジェクトの進捗を合同でモニターする（保健衛生省スーパーバイザーのキャパシティアセスメント、ISSVの結果やアクションプランの実施状況のモニタリングを含む）。	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
1-11.保健衛生省が13県の保健管理局と経験共有の場を設ける（例：13県を対象としたワークショップや相互訪問など）																						■																									■		
アウトプット 2: 対象4県の保健管理局において、PHUを対象とする統合的サポーティブスーパービジョン(ISSV)サイクルが強化される。																																															
2-1. 保健衛生省策定のPHUを対象とするISSVチェックリストを、対象県保健管理局が必要に応じて改良する。							■	■																																								
2-2.対象県保健管理局が、新ISSVツール(1-2, 2-1)の使用法を関連職員の間に徹底させる。								■	■																																								
2-3. 対象県保健管理局が、PHUを対象としたISSVを新ISSVツールに基づいて実施する（事前会議、訪問指導、事後会議、県保健管理局のアクションプラン作成と実施、その結果に関するPHUへのフィードバック（次回スーパービジョン時）を含む）。（アクションプラン＝特定された各課題の解決に向けて、その責任者や実施期限を設定したもの。）										■			■			■			■			■			■			■			■			■			■			■			■			■		
2-4.対象県保健管理局が、ISSVによって明らかにされた課題を次年度の年次計画に反映する。																■												■												■									
2-5. 活動2-3の実施のために、保健衛生省スーパーバイザー及び日本人専門家が対象県保健管理局に対して（PCM研修などの）技術的な支援を行う。							■			■			■			■			■			■			■			■			■			■			■			■			■			■		
アウトプット 3:ミニプロジェクトを通して、4県保健管理局が選定したPHUにおいて提供される母子保健サービスが改善される。																																																
3-1. 対象県保健管理局が、保健衛生省スーパーバイザー及び日本人専門家と協議の上、ISSVによって明らかになった母子保健に関する課題を解決するためのミニプロジェクトを設定する。														■	■	■												■	■	■																				
3-2.日本人専門家の支援の下に、対象県保健管理局がミニプロジェクトを実施する。.																■	■	■	■	■	■	■	■	■	■	■	■	■			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3-3.対象県保健管理局が、ミニプロジェクトの進捗とその効果をモニターする。																■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Project Putpose: To strengthen ISSV cycle* by MOHS and 13 DHMTs in order to improve RCH services at PHUs.

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