

インドネシア共和国
 北スマトラ地域保健対策プロジェクト
 巡回指導調査団報告書
 プロジェクト関係資料集

1983年3月

国際協力事業団
 保健協力部

表名
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 83-47

国際協力事業団

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| 受入 月日 | 84. 5. 2 | 108 |
| 登録No. | 04198 | 98 |
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は し が き

国際協力事業団は、1981年12月13日から同年12月29日まで、インドネシア北スマトラ地域保健対策プロジェクトに対し、筑波大学社会医学系教授・橋本道夫氏を団長とする巡回指導調査団を派遣した。

本調査団は、インドネシア滞在中、プロジェクト所在地である北スマトラ州（メダンおよびプロジェクト・パイロット地域）ならびに中央政府所在地であるジャカルタを訪問し、現在までの協力事業の見直しと今後の事業計画についてインドネシア政府、北スマトラ州政府関係者と協議するとともに、プロジェクト・サイドにおいて運営・技術上の問題について、プロジェクト・チーム（派遣専門家チームおよびイ側専門家チーム）および関係当局に対し必要な助言・勧告を行なった。

本報告書は、同調査団がインドネシア滞在中に英文報告書（後出資料篇 第18として収録）をとりまとめ、日伊関係機関に報告済みのこともあり、今後のプロジェクト協力評価などに役立たせる意味から、プロジェクト協力発足以来の重要資料を中心にとりまとめた。

今后関係各位の参考に資せられれば幸甚です。

本調査の任にあられた調査団員及び、調査にご協力いただいた関係機関の各位に深甚なる謝意を表すものであります。

国際協力事業団

医療協力部長

中 澤 幸 一

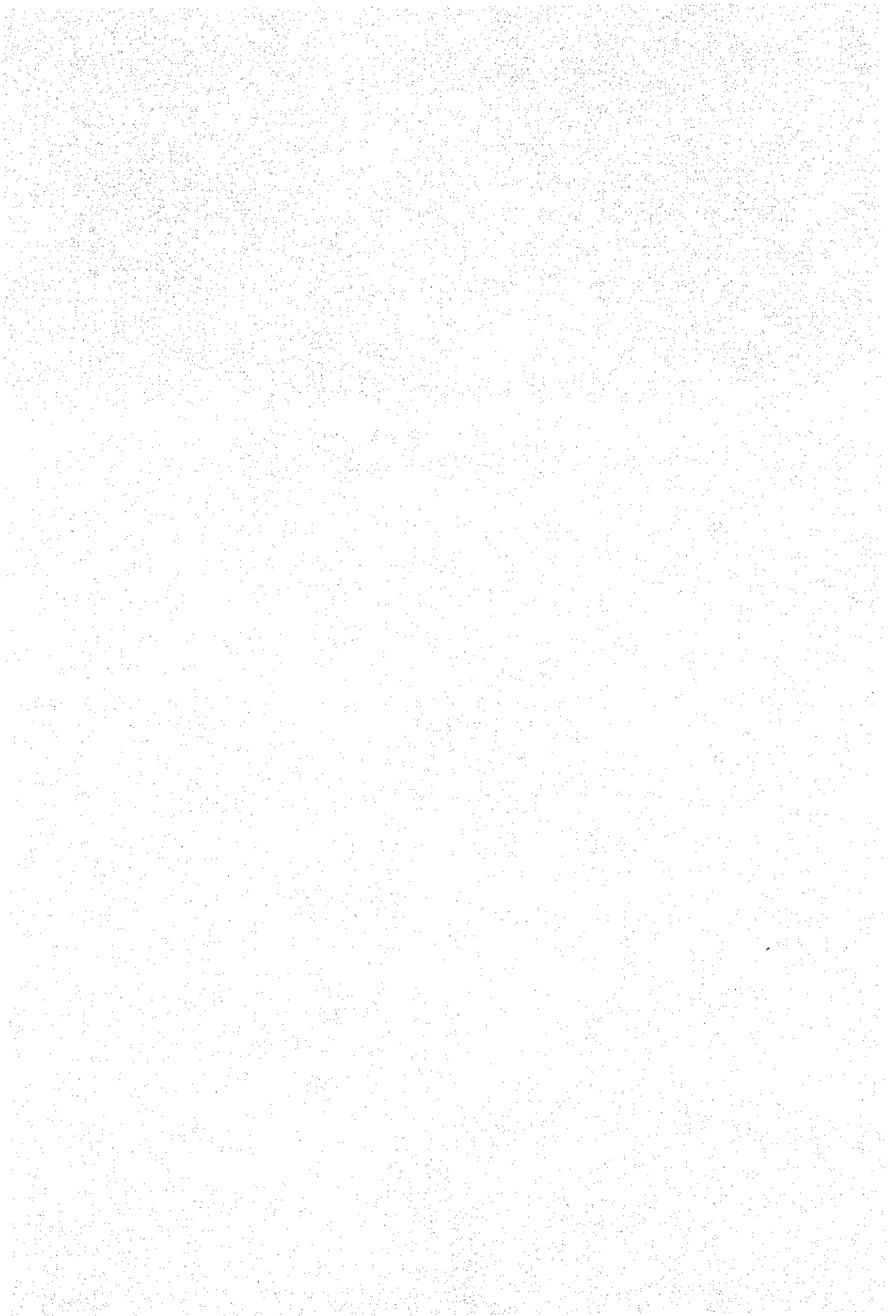
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I 巡回指導調査報告書
(1981年12月実施)



1 目的および調査内容

本件プロジェクトは、1977(52)年10月に締結された討議々事録(Record of Discussions/R/D)に基づき、1978(53)年4月に協力期間5年を以って開始されたが、チーム・リーダーの派遣が遅れたこと、またインドネシアにおける保健医療分野での地域保健対策という「地域」を対象とした協力は初めてであること、また中央政府と州政府の行政組織上の問題およびアサハン・アルミニウム・プロジェクトの存在もからみ、協力が円滑に進まない面も見られ、計画は遅れ気味であった。

1980/81(55)年度から1981/82(56)年度にかけて実施された基盤整備費によるプロジェクト・パイロット地域内5ヶ所における飲料水供給施設の建設および資機材供与費によるインドラブラ(Indrapura)保健所内のフィールド・ラボの建設が完了し、協力の基盤は整備されたが、協力期間が残り1年余となったこともあり、現在までの基礎的協力の成果に基づき、飲料水供給施設およびフィールド・ラボを活用し、プロジェクト・パイロット地域の保健所を中心とした協力を進めることが特に要請されており、今後の協力計画および今後の展開について、中央政府および北スマトラ州のインドネシア側関係機関ならびに日本側関係者と協議し、プロジェクトパイロット地域を視察することを目的として、本件調査を実施したものである。

なお、実施前に考えられた調査内容は、次のとおり。

(1) 全体的課題について

- 1) 専門家チームの協力構想聴取
- 2) イ側メダンサイドの事業実施構想聴取
- 3) プロジェクト実施機関、施設等の視察
—州ラボラトリー、保健所(含フィールド・ラボ)、水施設他
- 4) 日本の協力に対するイ側の希望・要望の確認
- 5) 日本側の協力可能範囲の確認(対専門家チーム/イ側プログラムとの整合性)
- 6) 調査団の見解とりまとめ

(2) 個別的課題について

- 1) マラリア対策 —1982/83(57)年度協力計画
—イ側プログラムの中での位置付けの明確化
—専門家派遣について
- 2) 腸管感染症対策(寄生虫,細菌)
—イ側プログラムの中での位置付けの明確化
—1982/83(57)年度協力計画
—生活用水利用計画,衛生教育対策とのタイアップ

- 専門家派遣について
- 3) 結核対策
 - 州，県，郡レベルで，協力できる方向の確認
 - 1982/83(57)年度協力計画(コンサルタント・アドバイス協力の範囲)
 - イ側プログラムの中での位置付けの明確化
- 4) 衛生教育対策
 - 1982/83(57)年度協力計画
 - 生活用水利用計画，保健所強化計画の一環としての協力をどうするか方針策定
 - イ側プログラムの中での位置付けの明確化
 - 専門家派遣について
- 5) 保健所強化
 - 1982/83(57)年度協力計画
 - 入院施設・機材の整備，衛生教育との関連付け
- 6) 生活用水施設のフォロー・アップ
 - 現状把握と対応策の検討
 - 1982/83(57)年度協力計画

2 調査団の構成(氏名，担当，所属先)

- (1) 団長 橋本道夫
 - 総括業務および地域保健対策全般
 - 筑波大学社会医学系教授
- (2) 団員 石井 明
 - 伝染病・マラリア・寄生虫対策の協力事業の現状把握と来年度計画についての協議
 - 宮崎医科大学寄生虫学教室教授
- (3) 団員 谷津龍太郎
 - 生活用水供給施設の利用状況等現状把握と今後の対応策の検討(衛生教育対策，細菌の問題も絡めて代替案について)
 - 厚生省環境衛生局水道環境部水道整備課技術係長
- (4) 団員 田辺耕治
 - 調整業務および専門家派遣・機材供与等についての細目打合せ(事業計画の詳細の詰め)
 - 国際協力事業団医療協力部医療協力課プロジェクト担当職員

3 調査期間および調査実施日程

(1) 調査期間 1981(56)年12月13日から同年12月29日まで(17日間)、ただし
橋本団長のみ12月18日から12月29日まで(12日間)

(2) 調査実施日程

- 13日(日) 3団員, 東京発(シンガポール泊)
- 14日(月) メダン着。
北スマトラ州衛生部, プロジェクト関係者表敬。
在メダン日本国総領事表敬。
専門家チームとの打合せ。
- 15日(火) 州衛生部プロジェクト関係者との協議。
- 15日午後～17日(木) プロジェクト・パイロット地域視察。
- 18日(金) 専門家チームとの協議。
- 19日(土) 橋本団長メダン着。
プロジェクト・マネージャーへの表敬。
- 19日午後～20日(日) プロジェクト・パイロット地域およびINALUMのニュー・タウン視察。
- 21日(月) Project Executing Board Meetingに参加。
- 22日(火) プロジェクト・サブ・マネージャーおよび州衛生部各担当セクション長との協議。
- 23日(水) メダン発ジャカルタへ移動。
在イ大使館およびJICAジャカルタ事務所にて報告および打合せ。
在イ日本大使閣下に表敬。
- 24日(木) イ国保健省にて, プロジェクト監督官と協議。
- 25日(金) クリスマス(休日)
- 26日(土) プロジェクト責任者, 保健省地域保健局長 Dr. Soebekti に表敬・協議。
Interim Report 作成。
- 27日(日) Interim Report 作成。
- 28日(月) イ保健省他日・イ関係者に Interim Report 提出。
夕刻ジャカルタ発。
- 29日(火) 成田着。

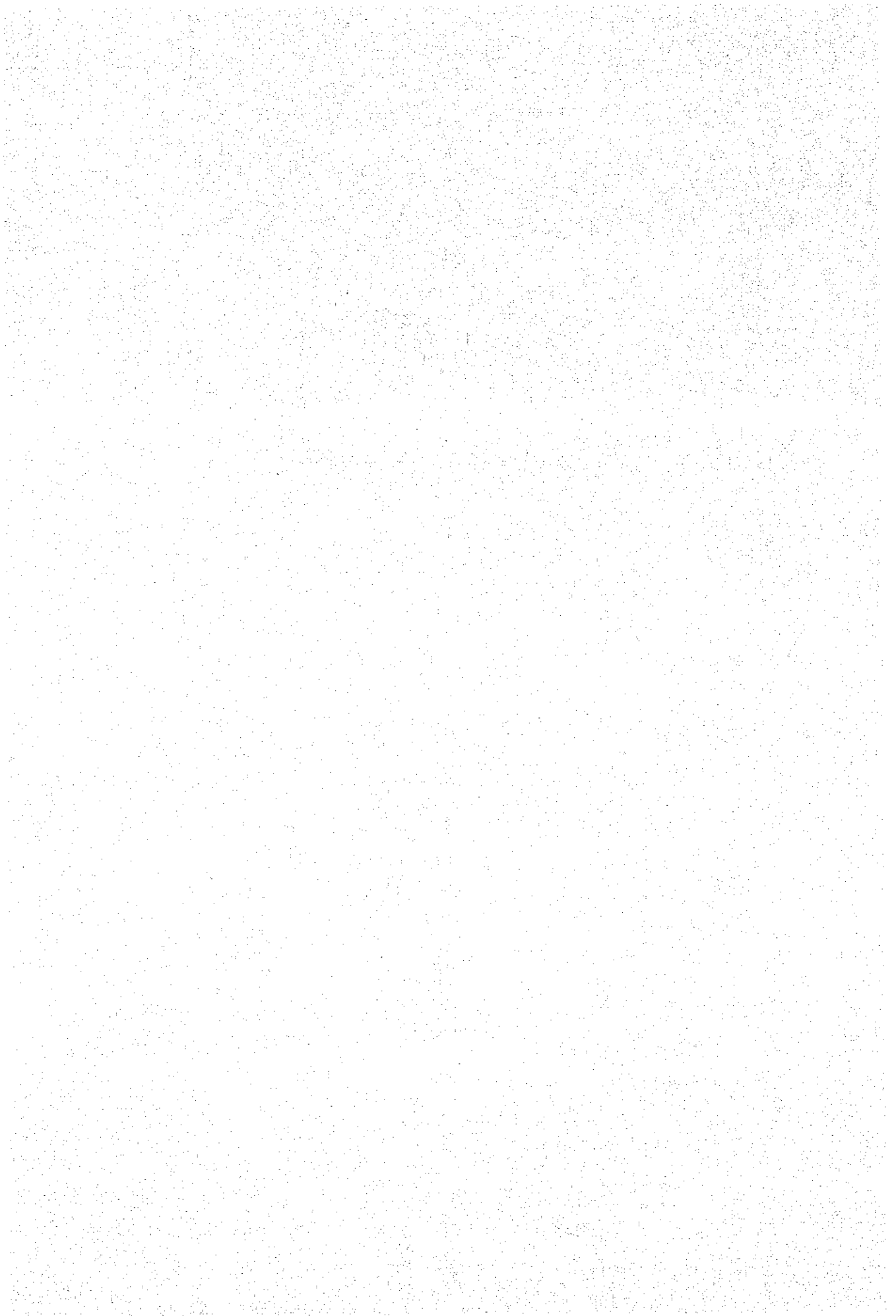
4 調査結果

本件調査結果については、調査団がインドネシア滞在中に、英文にてとりまとめインドネシア側関係者および在インドネシア日本側関係者に配布・報告済みである。本稿においては、調査結果の要点のみ記すこととし、詳細については、後出のプロジェクト関係資料集 18. An Interim Report of JICA Mission for Asahan Health Improvement Project / OTA - 43 (215 ~ 225 頁) を参照願う。総括的報告要旨は次のとおり。

- (1) 問題点は多々あるにしろ、この2年間に確実に進捗がみられる。インドネシア側の行政的レポート、ステアリング・コミティーに対する対応ぶりなどみても、従来の受身の姿勢から、積極的になってきたことがうかがわれる。
- (2) 国立メダン衛生試験所の機能は、日本人専門家の協力と、JICAより供与された機材により、目に見えて向上している。
- (3) JICAの基盤整備費による生活用水供給施設の建設は完了し、実際の利用に供されているが、5ヶ所のうち3ヶ所についての対策を進める必要がある（ハンド・ポンプの交換、水量の減少と関連しての住民レベルでの維持管理システムのオプションの提示など）。
- (4) 保健所の機能強化については、病院機能や検査機能は著しく低いため、小規模な外科的手術が可能になるよう、機材供与などで対応すべきであろう。
- (5) マラリア対策については、準備調査段階がほぼ終了したことから、今後は対策実施の段階へ移行する時期であろう。
- (6) インドネシア側（中央政府および州政府）は、現行協力期間完了後も協力継続を要望しているが、1982年度にはエバリュエーション調査の実施が計画されているので、その結果により継続の可否について最終的判断をすることとなる。調査団としては、別の観点から、今後の方針として、現行協力期間最終年度（第5年度）に、今までの事業をいかに総括するか、重点をおいた協力を実施すべきであり、それには住民や保健所レベルでの利益を目に見えるようにすることが肝要である。

Ⅱ プロジェクト関係資料集
(1977年10月～1983年3月)

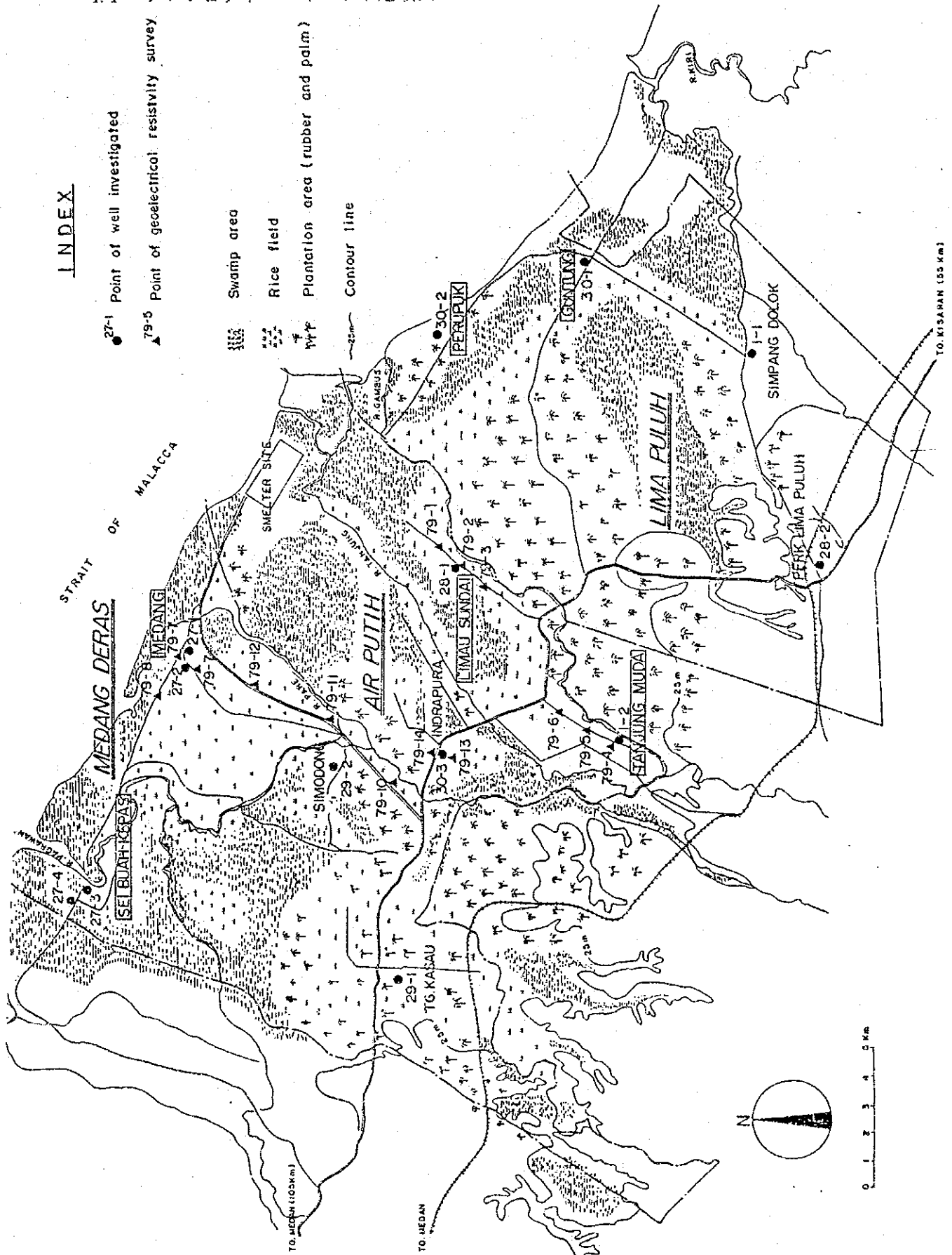
1. プロジェクト・パイロット地域図



1.1 プロジェクト・パイロット地域図

INDEX

- 27-1 Point of well investigated
- ▲ 79-5 Point of geoelectrical resistivity survey
- Swamp area
- ▨ Rice field
- ⌘ Plantation area (rubber and palm)
- Contour line

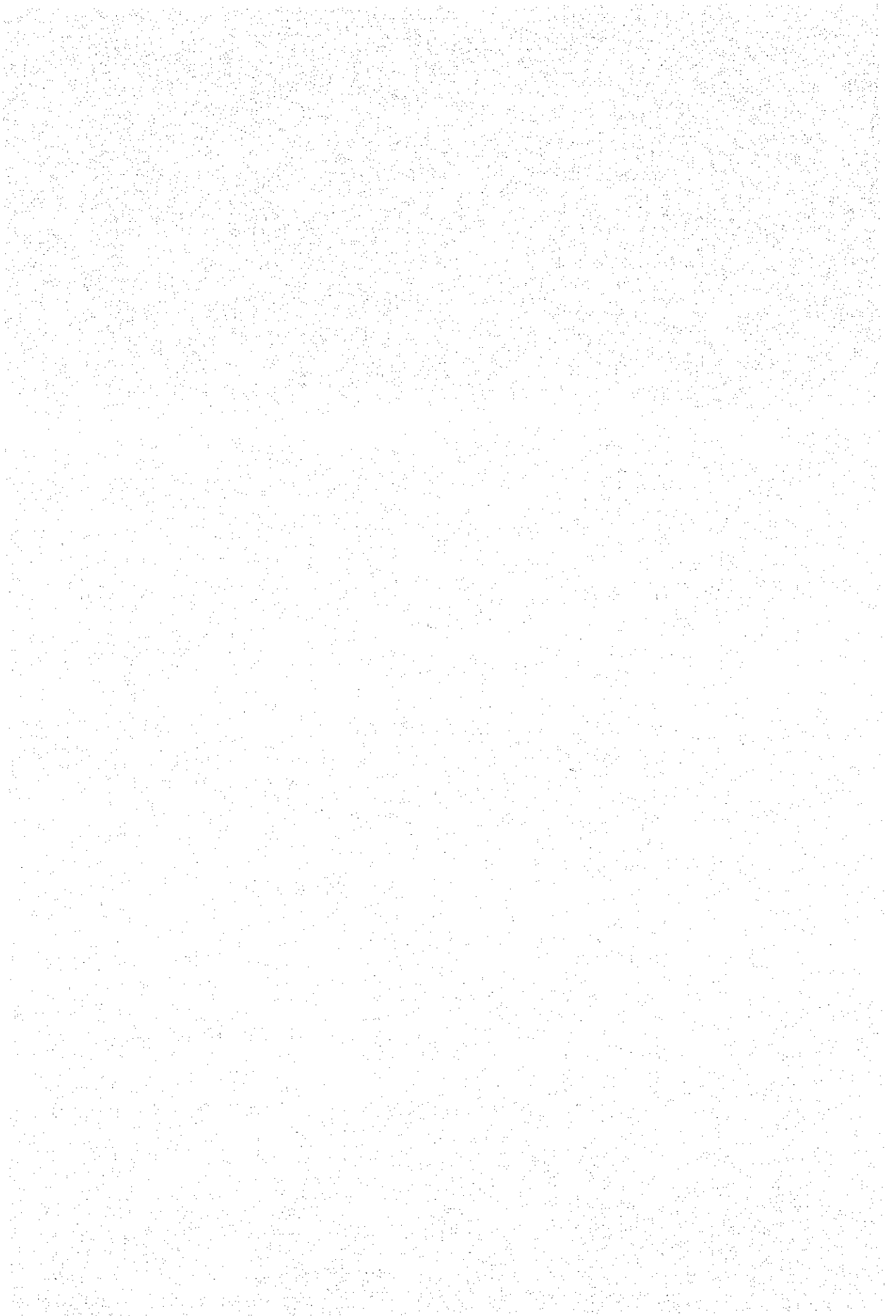


TO. KISAMAN (55 Km)

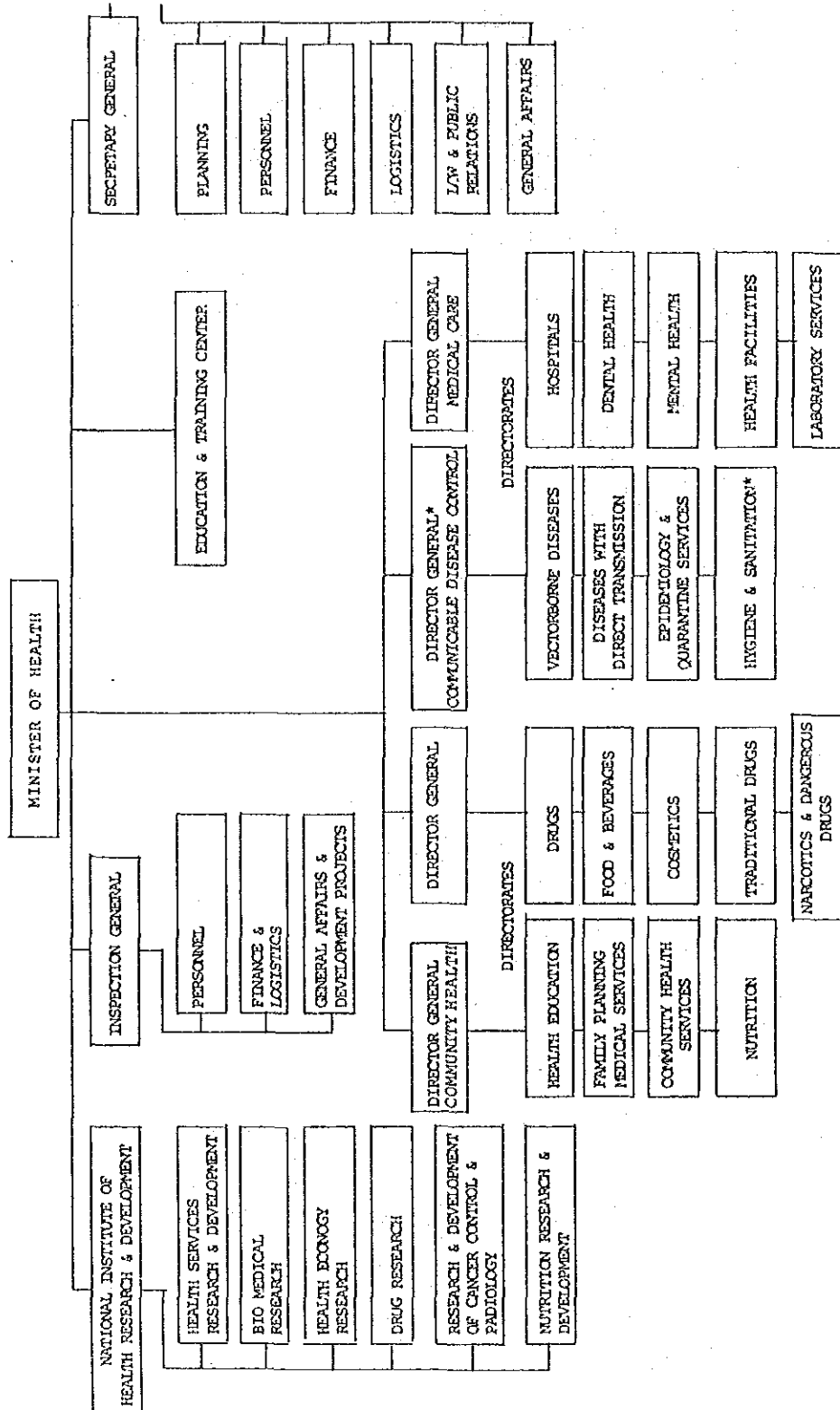
TO. MEDAN (103 Km)

TO. MEDAN

2. プロジェクト関係機構図



2.1 インドネシア保健省機構図

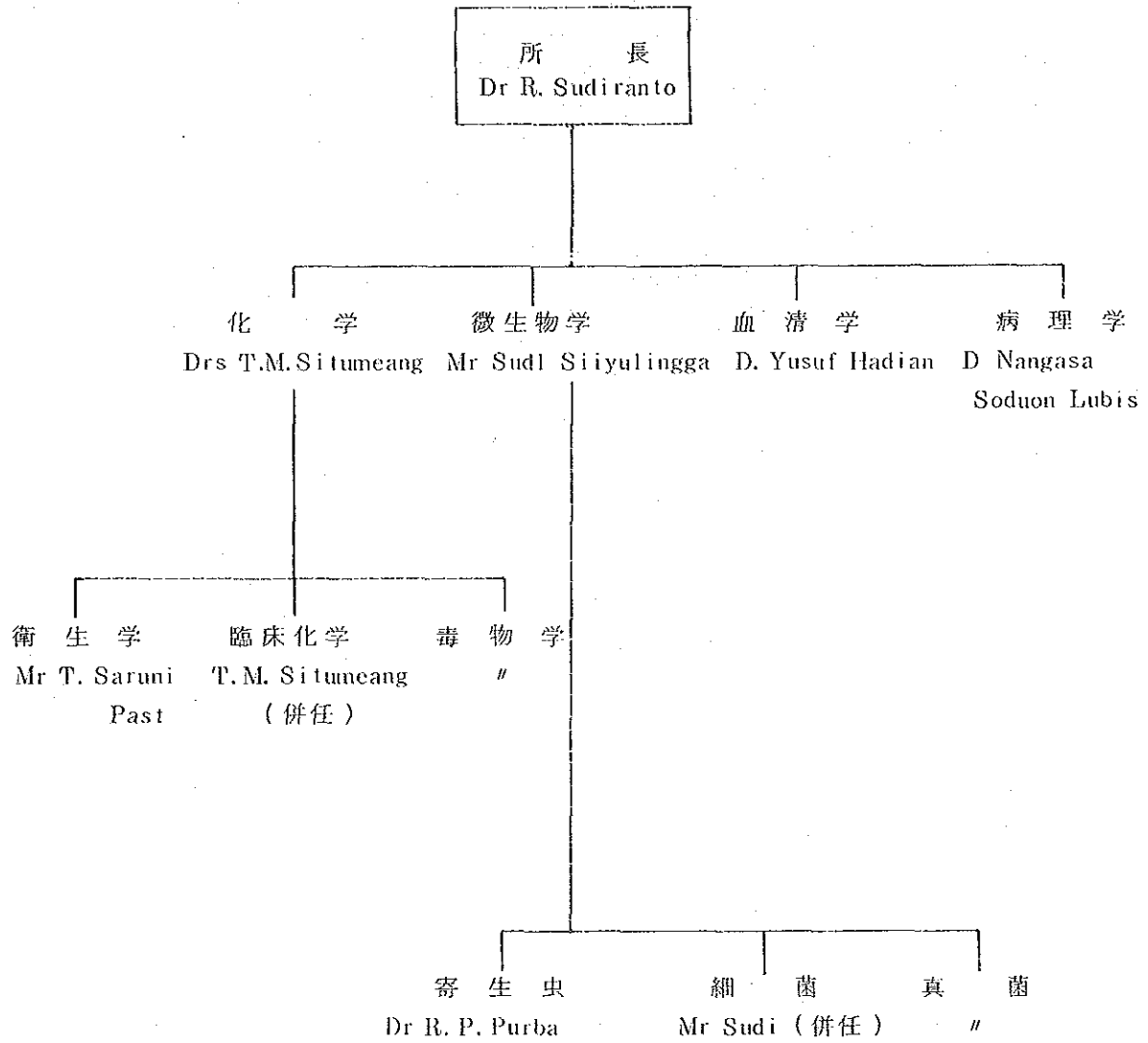


2. 2 北スマトラ州衛生部機構図

KA DINAS KES PROP DATI I SUMATERA UTARA
Chief, Provincial Health Service
Dr. H. Helmi Djafar, DIPH.

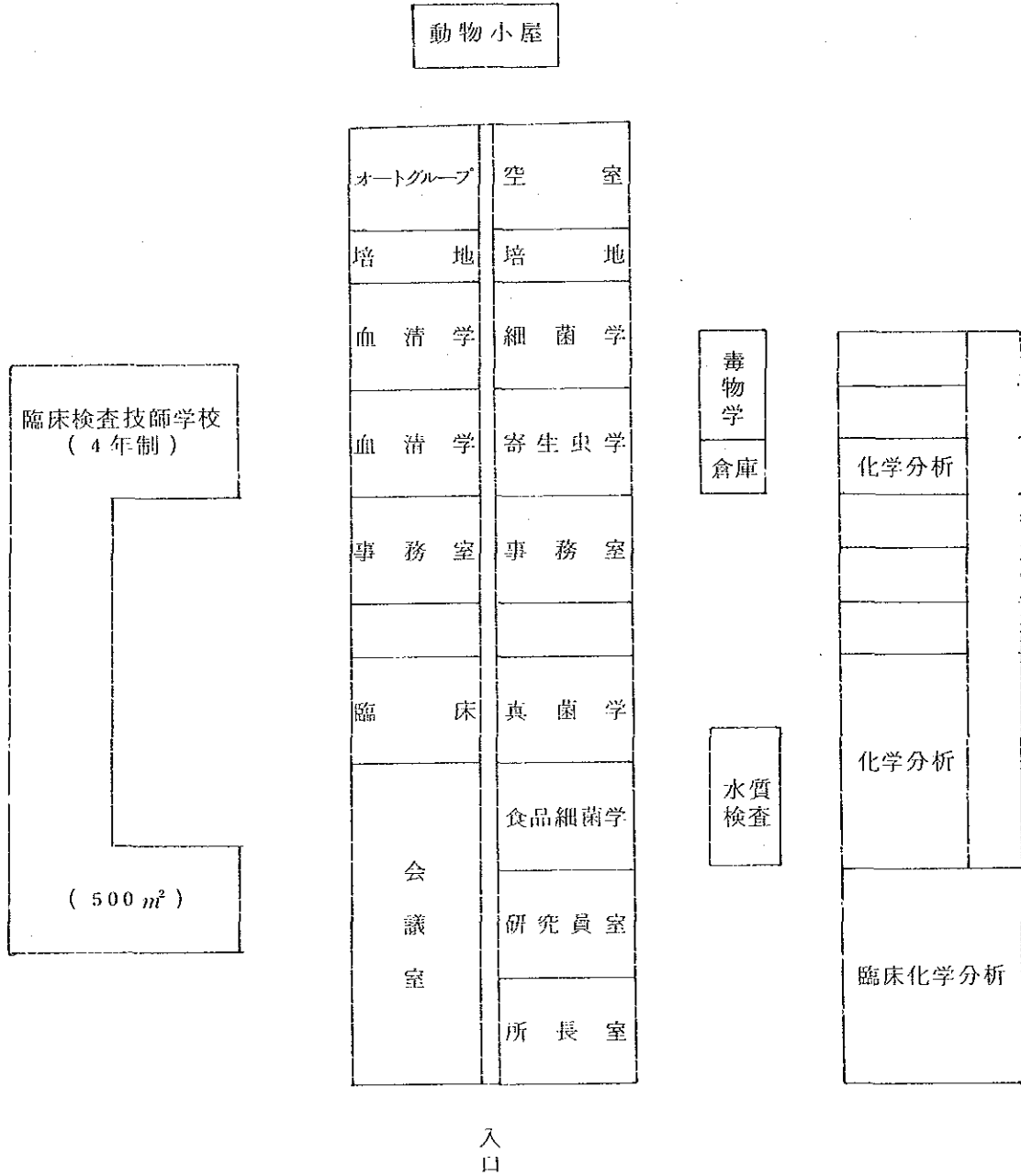
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|--|---|--|--|--|
| BAGIAN TATA USAHA Secretary Dr. T.M. Panjaitan, SKM. | | SUB BAGI KEPEGAWAIAN Section of Personnel Affairs Mr. Abdul Silalahi SH. | SUB BAGI KEUANGAN Section of Finance Mr. Johan Simangunsong | UNIT PELAKSANA TEKNIS Unit of Technical Development KA BAG DINAS |
| SUB BAGI STATISTIK DAN EVALUASI Section of Statistic and Evaluation Dr. M.H. Hutabarat, SKM. | SUB BAGI PERLENGKAPAN Drs. Lambue Siahaan | SUB DINAS PENCEGAHAN PENYAKIT Division of Disease Prevention Dr. William Panjaitan, DIPH. | SUB DINAS PERSYARIFAN KESEHATAN Division of Health Education Dr. Mara Laut Siregar, SKM. | SUB DINAS PEMBINAAN KESE- JAHTERAAN IBU DAN ANAK Division of Maternal and Childhood Health Promotion Mrs. B. Dolokseribu |
| SUB DINAS PEMBINAAN KESEHATAN Division of Health Promotion Dr. Awaluddin Sitompul | SUB DINAS PERSYARIFAN LINGKUNGAN Division of Environmental Preservation Dr. TB.H.Lumbagan Raja, M.Comm.H. | SEKSI PENGAMATAN PENYAKIT Section of Surveillance Dr. Fredy Ezra Munthe, M. Sc. Survey Clause & Epidemiology Quarantine Transmigration * Cholera & Diarrhea * Worm Diseases | SEKSI PENYULUHAN LANGSUNG Section of Direct Education Dr. Datuk Agustin Hitam | SEKSI KESEHATAN IBU DAN ANAK Section of Maternal and Child- hood health Dr. Agus Salim Harahap |
| SEKSI PUSKESMAS Section of Health Centers Dr. Fauzi, SKM. | SEKSI SAMIJAGA Section of Water Supply and Family latrines Mr. Humala Salsalan Sirait, SKM. | SEKSI IMMUNISASI Section of Immunization Dr. Manaraja Timbul Tug Sitanggang | SEKSI PERAN SERTA MASYARAKAT Section of Community Partici- pation Dr. Abdul Hakim Hidayat | SEKSI KESEHATAN IBU DAN ANAK Section of Maternal and Child- hood health Dr. Mangatas Bona Sakti Marpaung |
| SEKSI KESEHATAN GIGI Section of Dental Health Dr. Pentas Simanjuntak | SEKSI KESEHATAN TEMPAT2 UMUM Section of Public Facilities Sanitation Dr. Halomoan Nainggolan | SEKSI PEMBERANTASAN PENYAKIT Section of Diseases Control Dr. Josua Simanjuntak * Malaria * Felaria * D.H.F. * Rabies | SEKSI USAHA KESEHATAN SEKOLAH Section of School Health | SEKSI GIZI Section of Nutrition |

2. 3. メダン衛生試験所機構図

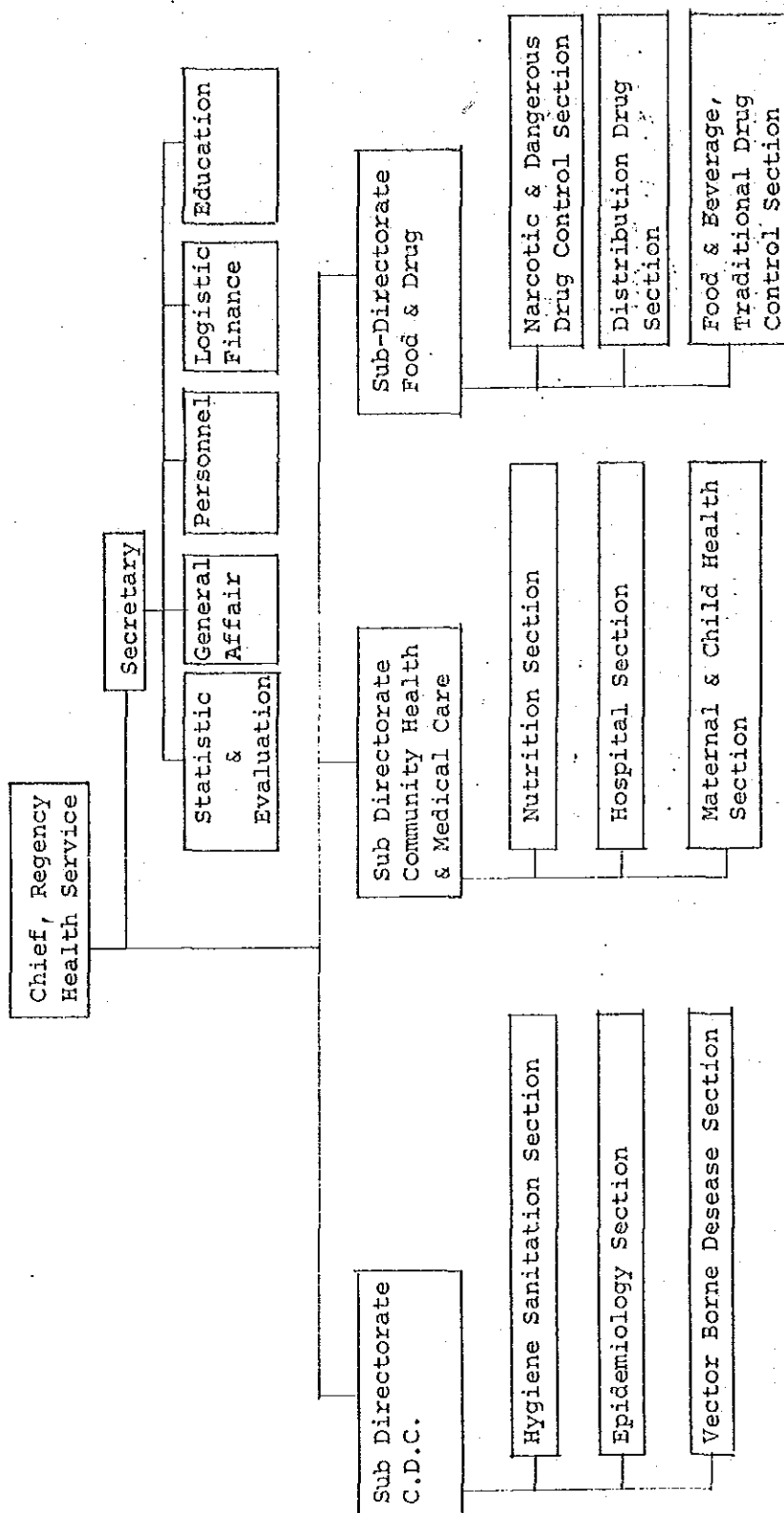


| | |
|-------|-------------|
| 現 定 員 | 52 名 |
| 所 長 | 1 |
| 事 務 | 9 |
| 化 学 | 7 |
| 微生物学 | 20 |
| 血清学 | 11 (病理学を含む) |
| 公衆衛生 | 3 |
| ガラス工 | 1 |

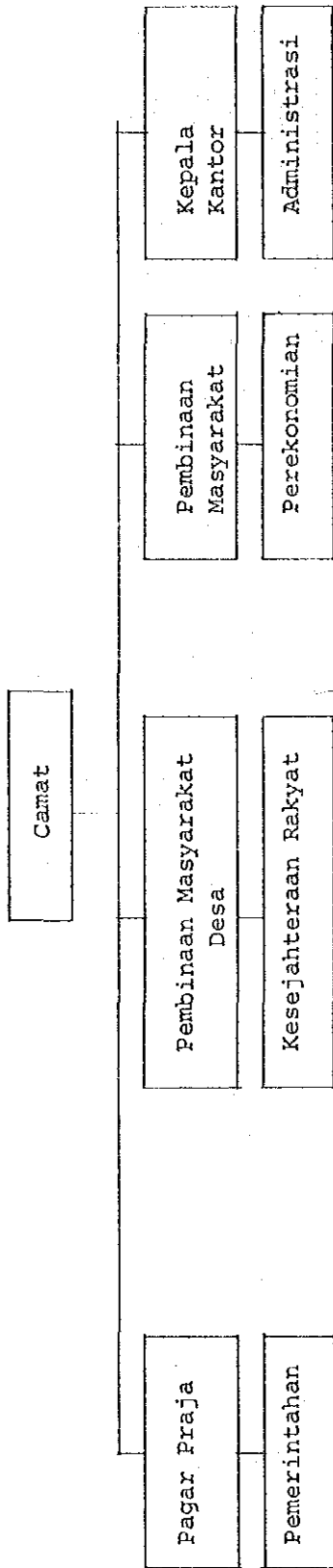
メダン衛生試験所構内図



2.4 県衛生部機構図



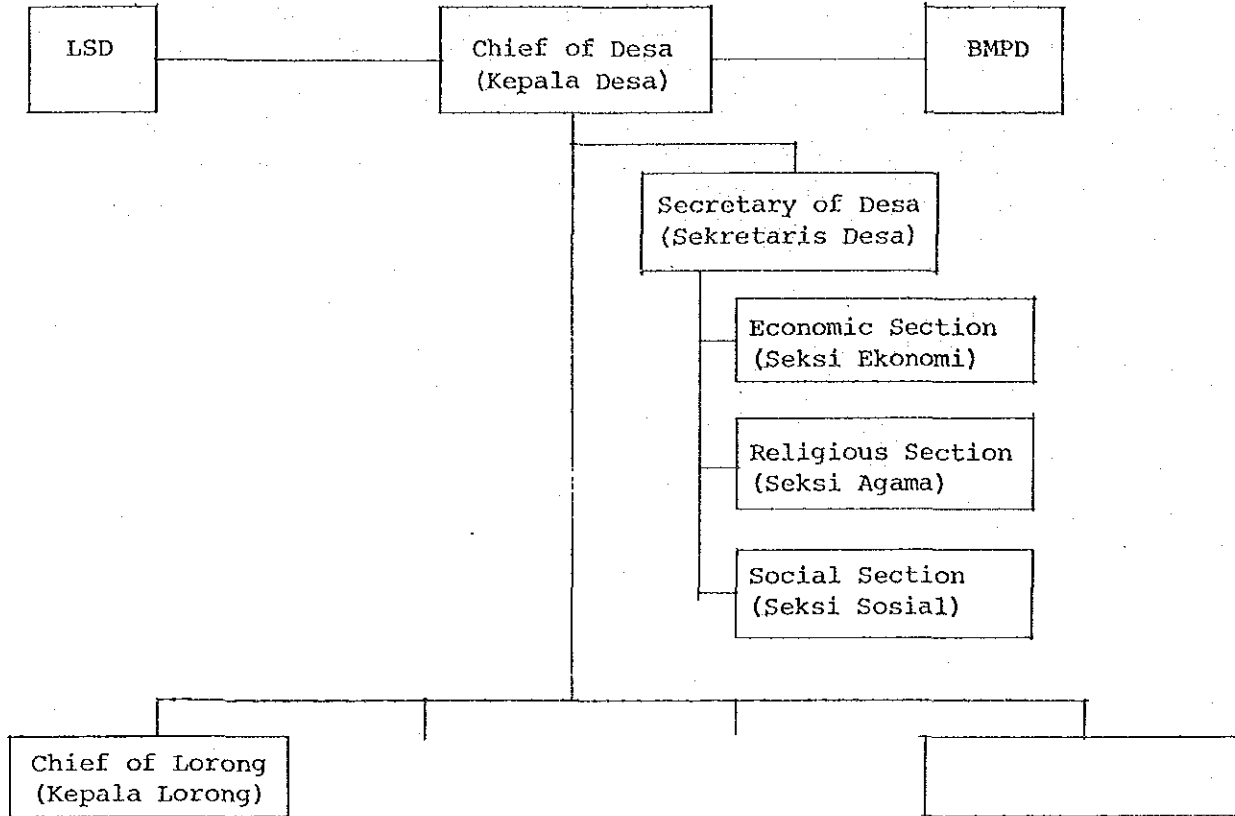
2.5 郡行政機構 ☒



Note: Pagar Praja/Administrative Government. Pemerintahan umum/Public Administrative Government
Rural Community Services Kesejahteraan Rakyat/People welfare-social
 Pembinaan Masyarakat Desa Perekonomian/Economic development
 Pembinaan Masyarakat/Community Development
 Kepala Kantor/Administrative-Management = Administrasi/Office work

2.6 村行政機構圖

Organization Chart of Desa

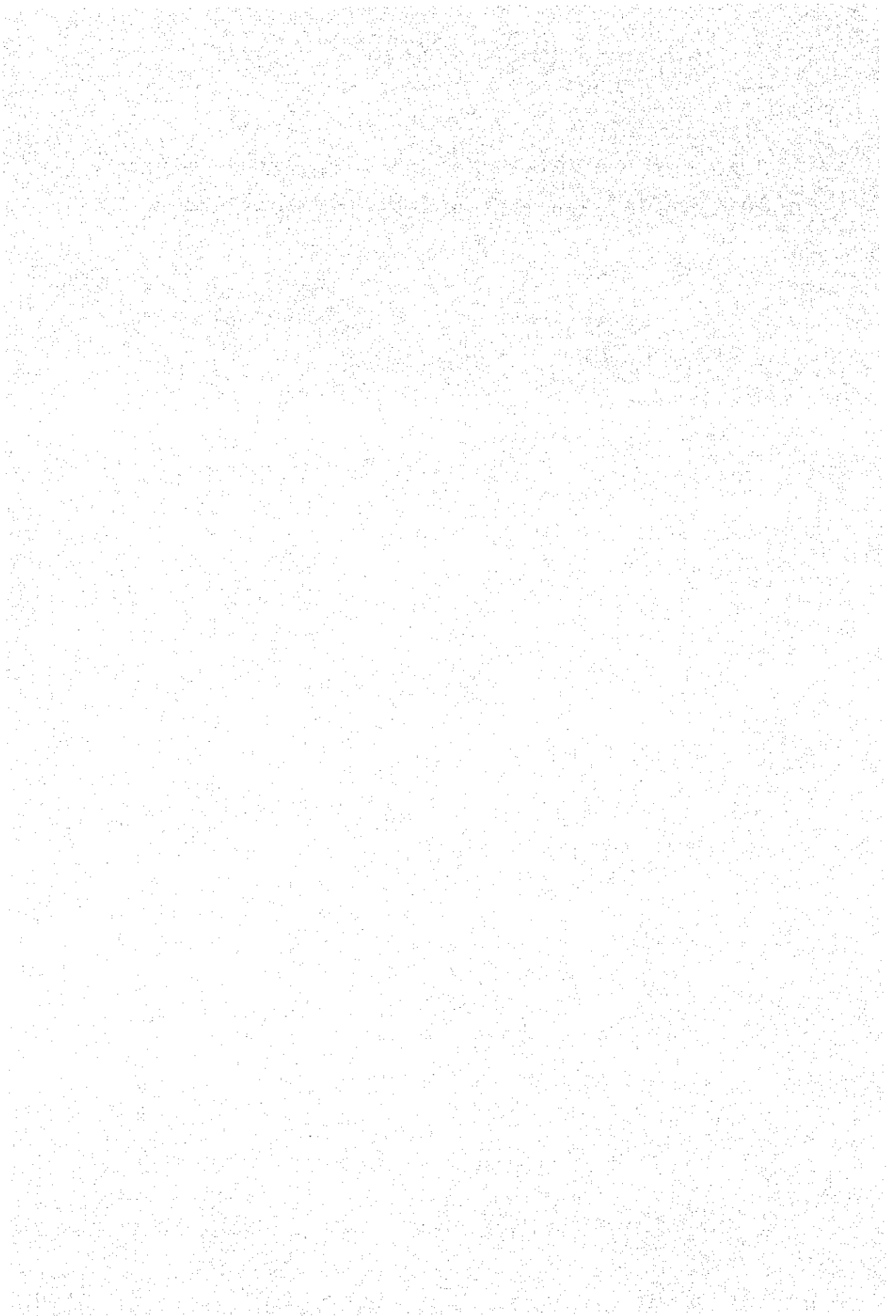


LSD : Lembaga Social Desa

BMPD : Badan Musyawarah Pembangunan

3. Explanation Notes For The Technical Cooperation
Project On The Promotion Of Health In North Sumatra
With Special Attention To Asahan Area (Oct. 1977)

本文書は、プロジェクト実施に先だつ1977年10月に、討議々事録(R/D)協議のため訪伊した実施協議調査団に対し、協力相手機関であるインドネシア保健省が提示したものである。



The plan for Technical Cooperation Project on the promotion of Health in the captioned area was realized under the Record of Discussions (the RD) mutually signed by the respective of both parties: Dr. Djaka Sutadiwiria, Secretary-General, Ministry of Health and Prof. Dr. Tadashi Takeuchi, Head of the Japanese Implementation Survey Team, Japan International Cooperation Agency (JICA).

This project is considered as a typical model of coping with health problems resulting from the industrial development made in rural area.

As the industrial development progress, a vast number of non-immune people will be expected to move in the area. A special emphasis should be placed on predicting and controlling the undesirable impacts on health and social conditions. For this purpose it would be imperative for the health machinery to prepare for the possible outbreak of acute epidemic diseases. The present project must put this point as the major target during the first phase. After the first phase, it would be possible to extend the activities to the other health fields step by step.

Thus, the project must be operated, in the first phase at least, to control communicable diseases including malaria, enteric diseases, tuberculosis, parasitic diseases and others.

In order not only to promote routine health activities but also to construct effective diagnostic and curative system, the project should provide necessary technology and equipments, in accordance with the policy and strategies set by the government of Indonesia.

Survey and monitoring of the important diseases should be carried out throughout the period for the comprehensive and efficient implementation of the project.

For the purpose of suppressing the expansion of the diseases in an early stage of epidemic, feasibility of preventive measure such as insecticide spraying, facilitating safe water supply and waste water treatment system, disinfecting the affective area and so forth will also be tested and be practically implemented probably in a small scale.

The following are detailed items discussed for effective implementation of the Project :

1. Operational Plan of Work

1.1. Technical activities under the Project:

Main activities will be implemented as follows :

Object (to upgrade diagnostic activities in health laboratory)

- a) Central Laboratory as a referral laboratory
Provincial Laboratory in Medan.
- b) Local Laboratory
in Hospitals
in Health Centers

Measures

1. Supply of Equipment.
Central Laboratory equipment necessary as referral laboratory for health services.
Local Laboratories
in Hospitals ... equipment necessary for diagnosis
in Health Centers ... laboratory facilities for
basic health services.
2. Activities by experts and counterparts.
 - A. Giving necessary guidance and training on laboratory techniques and health education to technicians and paramedical staff.
 - B. To conduct survey and monitoring.
 - 1) Communicable and parasitic diseases.
 - 2) Environmental sanitation such as water supply, wasted water treatment.
 - C. To establish the channel of sample and data collection from the field.

Object: To support the communicable disease control by means of necessary guidance and planning on the matters relating to:

- 1) Suppression of Malaria outbreak
- 2) Preventive vaccination
- 3) Environmental facilities, mainly for water and wasted water and garbage treatment
- 4) Health education.

Measures:

supply of equipment

for Control of Malaria Outbreak :
vehicle, sprayer, microscope

for Preventive Vaccination:

for Environmental facility:

for Health education :

Object:

To strengthen activities in health centres.

Measures:

1. Supply of equipment and materials other than mentioned above.

1.2. The Plan of Operation :

The plan of operation for this project will be formulated by the Joint Committee which will be held annually. However, the plan for the first phase of the Project will be realized in accordance with each item of the Notes.

1.3. Counterpart Official :

A counterpart official is appointed to each Japanese expert to work together for the Project.

1.4. The Joint Committee:

Composition of the Joint Committee:

Chairman : Director-General of
Community Health

Secretary-General:

Members : Director-General of
Communicable Disease Control.
Director-General of Medical Care.
Head, Department of Health,
Province of North Sumatra.

Project Manager

Note:

Leader of Japanese Expert

An official of the Embassy of Japan , member of Jakarta office of JICA and other related person(s) recognized necessary by the Chairman will be able to attend the Joint Committee meeting as observer.

2. Japanese Experts

2.1. Team Leader:

Team leader appointed from among Japanese experts is strongly desired to be attached to Provincial Directorate of Health Department for conducting the smooth implementation of the Project and the coordination among the Directorate of Health Department in Medan and the field of the area covered by the Project, and for other technical matters.

2.2. Long-term Experts:

Two longterm experts will be available to be sent for one year for special professional fields every year

2.3. Short-term Experts:

Two or three shortterm experts will be available to be sent for three months or so for special professional fields each year.

3. Provision of Equipment and Materials:

Supply of equipment and materials necessary for the Project from Japan will be arranged on request from the Government of Indonesia within a budgetary limitation in each year of the Cooperation period under the normal procedures of the Colombo Plan.

A list of them which are estimated 50-million Yen, including shipping charge from Japan to the Port of Entry to Indonesia was discussed for the first year of the Project (April, 1978-March 1979). The list will be finalized with close coordination between the Indonesian Authority concerned and the Japanese experts who are to be sent in December, 1977 for deciding specification of equipment and materials necessary for the Project.

Due to limitation of budget, equipment and materials will be supplied according to priority set by the area and purpose.

For the first phase the priority will be placed on laboratory facilities in Medan, Tebing Tinggi and three Kecamatan of Medan Deras, Air Putih, Lima Puluh and Asahan Regency.

The application form (A4) will be submitted soon after the decision is made after investigation.

4. Technical Training in Japan.

For the first year of the Project, requests of granting fellowship will be made for for observation tour: both for about two weeks, and for three counterpart officials for the individual courses for three months preferably to be selected from the field of laboratory services.

5. Travel Expenses for Japanese Experts:

Travel expenses for Japanese experts on duty be covered by the Indonesian side. Due to consideration will be given to allocate the sufficient budgetary appropriation.

6. Housing accomodtion for the Japanese Experts:

When Japanese Experts inhabit private housings, expenses for accomodation will be provided under the JICA standard.

J a k a r t a, 10 October, 1977

THE PROGRAMME OF ACTIVITY ON HEALTH IMPROVEMENT
COOPERATION PROJECT WITH THE GOVERNMENT OF JAPAN
AT ASAHAN REGENCY

1. Foreword

- 1.1. Within the development activity in North Sumatra upon the cooperation with the Government of Japan, the Government of Indonesia will establish 2 main projects, i.e. Hydro Electric Power Project at Bandar Pulau District and the Aluminium Smelter Plant at Air Putih District, which are located at Asahan Recency, North Sumatera.
- 1.2. At both projects around 50.000 persons will be assigned; 3.000 persons of them are Japanese, 30.000 persons are technicians from Indonesia (non local inhabitants) and 12.000 persons are local inhabitants.
- 1.3. Considering the urgency of health control of these labours or the completion of the projects concerned, and the mutual influence between the labourer's health condition and the local inhabitants' health, besides the "Company's Health Services" executed within the circle of the above mentioned projects, it is necessary to step up the health condition of the people in the surroundings, which is hereinafter called as Project.
- 1.4. Upon the above mentioned consideration, a survey team of Japan International Cooperation Agency (JICA) headed by Dr. Tadashi Takeuchi, has been dispatched by the Government of Japan to study the health problems in the project region and the possibility of extending medical aid to the people in the project's surrounding area. The results of the survey has been discussed with the authority of the Indonesian Government i.e. Department of Health which reached the agreement, as stated mainly in the Record of Discussion that was signed on October 10, 1977 by the Secretary General of the Department of Health of Republic of Indonesia and the Representative of JICA.
- 1.5. The programme of activity concerned covers the first 2 years period onley (1978/1979 and 1979/1980), while the programme for the next stage will be made in future.

2. The Situation Analysis

- 2.1. Asahan Regency is located about 150 km South of Provincial Capital of North Sumatera (Medan), covering an area 4.631 Km². The Northern and Eastern parts of it is bordered by Sumatra Straits and the Southern part is bordered by Labuhan Ratu Regency, Tapanuli Regency and Deli Serdang Regency. Adiminstratively, Asahan Regency is devided into 15 districts and 221 sub-districts/villages.

Its population is 651.016 with estimated population density 140 persons per Km², while the birth-rate is 40 - 45 per mill and the death-rate is 20 per mill (these are data of 1976).

- 2.2. The sickness-rate is still high (94 per mill) and the outstanding diseases are Malaria, Influenza, Ulcer, Diarrhae, Bronchitis, Anaemia, Eye Disease, Lung TBC. Besides that, the sickness-rate and death-rate caused by communicable diseases is still high (for instance for Diphteri 76%). The hygiene and sanitation condition of the People there is bad, which is indicated by the fact that the people who utilize the protected water is only 1,1 % - 15,4%. The main water source is a well which is often dry during the dry season.
- 2.3. The health infrastructures consist of 1 National Hospital with 100 beds, 3 Private/Estate's Hospitals with 627 beds, 1 Private Dispensary, 16 Puskesmas (Health centre), 40 Balai Pengobatan (clinic) and 32. BKIA (mother & child health centre).
- 2.4. In view of the limited funds, the health improvement project in Asahan Regency has the priority at the surrounding area of Aluminium Smelter Project, i.e. at Air Putih District with two districts at its surrounding i.e.: Lima Puluh District and Medan Deras District. The population at these three districts is 134.133 persons (23.977 heads of family), consisting of 56 sub-districts/villages with 4 Puskesmas (among them 1 Puskesmas at Labuhan-Batu has 30 beds). The average number of visitors per day per Puskesmas is 26 persons. Each Puskesmas is headed by a doctor. The number of B.K.I.A. in these three districts is 9 units, with average number of visitors of 4 per B.K.I.A. The number of Balai Pengobatan is 14 units, with average number of visitors per day per Balai Pengobatan is 5 persons. The personnels working in the above mentioned health infrastructures are 3 doctors, 6 nurses, 7 midwives, 1SPK and 80 other employees. *(assistant nurse)*
- 2.5. The above mentioned health infrastructures are undertaken by the aid from the Regional Government, and by the aid through Health Infrastructural INPRES, among others in the form of medicines, medical equipments, motor-cycles for doctors, cycles for para-medical employees. Besides that through the state Budget (DIP), some aid is provided for operational costs to 4 para-medical employees for each Puskesmas.

3. The Purpose

to support the health programme in North Sumatera (specially in Asahan Regency), by stepping up the health services to the people at the Project area.

4. The Main target

- 4.1. To decrease the Lung TBC Prevalence from 0.6% to 0,4% during 5 years, with the estimated constant incidence of 0,15% per years.

- 4.2. To decrease the parasite rate of Malaria from 8,26 % to 1,06%.
- 4.3. To step up the hygiene/Sanitation.
- 4.4. To exterminate worm disease to decrease the prevalence from 90 % to 30 % (mainly "ancylostomiasis"). This should be executed in the ^{area} where the "samijaga"/ ("mutual control") and intensive "P.K.M" (activity is conducted).
- 4.5. To immunize the smallpox and BCG for babies and primary school pupils.
- 4.6. To decrease the sickness-rate and death-rate caused by Diphteria 76 % and caused by "pertusis/pertness" 76 % during 5 years by immunization.
- 4.7. To decrease the fertility by indicator of (contraceptive) user; from 6% up to 15% among the fertile couples.
- 4.8. To develop and step up the community participation by indicator of the Health Committee at 56 villages.
- 4.9. To step up the visits to Puskesmas from 26 to 75 visits per day per Puskesmas.
- 4.10. To step up the school health.
- 4.11. To step up the services in Kisaran Hospital by 4 main specializations; i.e. surgery, obstetrics, pediatrics and internal disease with increasing the BOR from 70% to 80% /
(カ、ト、ヒ、サ、サ)
- 4.12. To step up the laboratory services at Puskesmas, Regency and Province.

5. The Policy/Steps and scope of area

- 5.1. The area of Health Improvement Project for the Cooperation with the Government of Japan at Asahan Regency - North Sumatera further called as Asahan Health Improvement Project is given the priority to three districts as mentioned above, with the population number respectively 49.706 persons for Air Putih District (8.925 heads of family), 62.530 persons (12.470 heads of family) for Lima Puluh District and 25.371 persons (4.179 heads of family) for Medang Deras District. Specially for the health service through the hospital, besides the development of a hospital at Asahan Regency (Kisaran Hospital) the project area is necessary to be extended by the development of a hospital located at Deli Serdang regency i.e. Tebing Tinggi Public Hospital, which will receive the mutual understanding from these three districts concerned, and the medical laboratory at Medan.
- 5.2. The scope of project activity covers all health development activities: specially in the field of communicable disease control (including hygiene and sanitation), in the field of public health development (covering health information, nutrition, service improvement through Puskesmas, P.K.M.D. and D.R./Family Planning) and in the field of health service (covering the extension of Kisaran Hospital and Tebing Tinggi Hospital, including the extension of district laboratory of Kisaran regency hospital and Provincial hospital at Medan).
- 5.3. To utilize the existing/available health service units.

6. The Project Components

- 6.1. The project managing organisation
- 6.2. The stepping up of the project's reporting and notifying system
- 6.3. The booklets producing containing the project's information for the employees.
- 6.4. Education, training and fellowships
- 6.5. Preparation of infrastrucutres, supplies and finacing.
- 6.6. Base-line data collection.

7. Methodology

- 7.1. The principle of the project implementation is the improvement of the existing health activities in the region concerned, with technical approach in line with the National Policy in each field.
- 7.2. The booklets producing which contains projects information for the employees of the Hospitals, Laboratory, and Puskesmas.
- 7.3. The training realisation for supporting the project in the field of health service (Hospital and Laboratory) and in the field of public health development (development and extension of peoples' participation).
- 7.4. The improvement of the project's reporting and notifying system so that the collected data could be utilized for project supervision and development (control & evaluation).
- 7.5. Periodical consultation between the authorities concerned at the Central offices, Provincial and Regency offices to review the project implementation and to programme the developing steps.
- 7.6. The preparation of infrastructures i.e. equipments, supplies/ accessories and transport equipments including the funds for the project development.

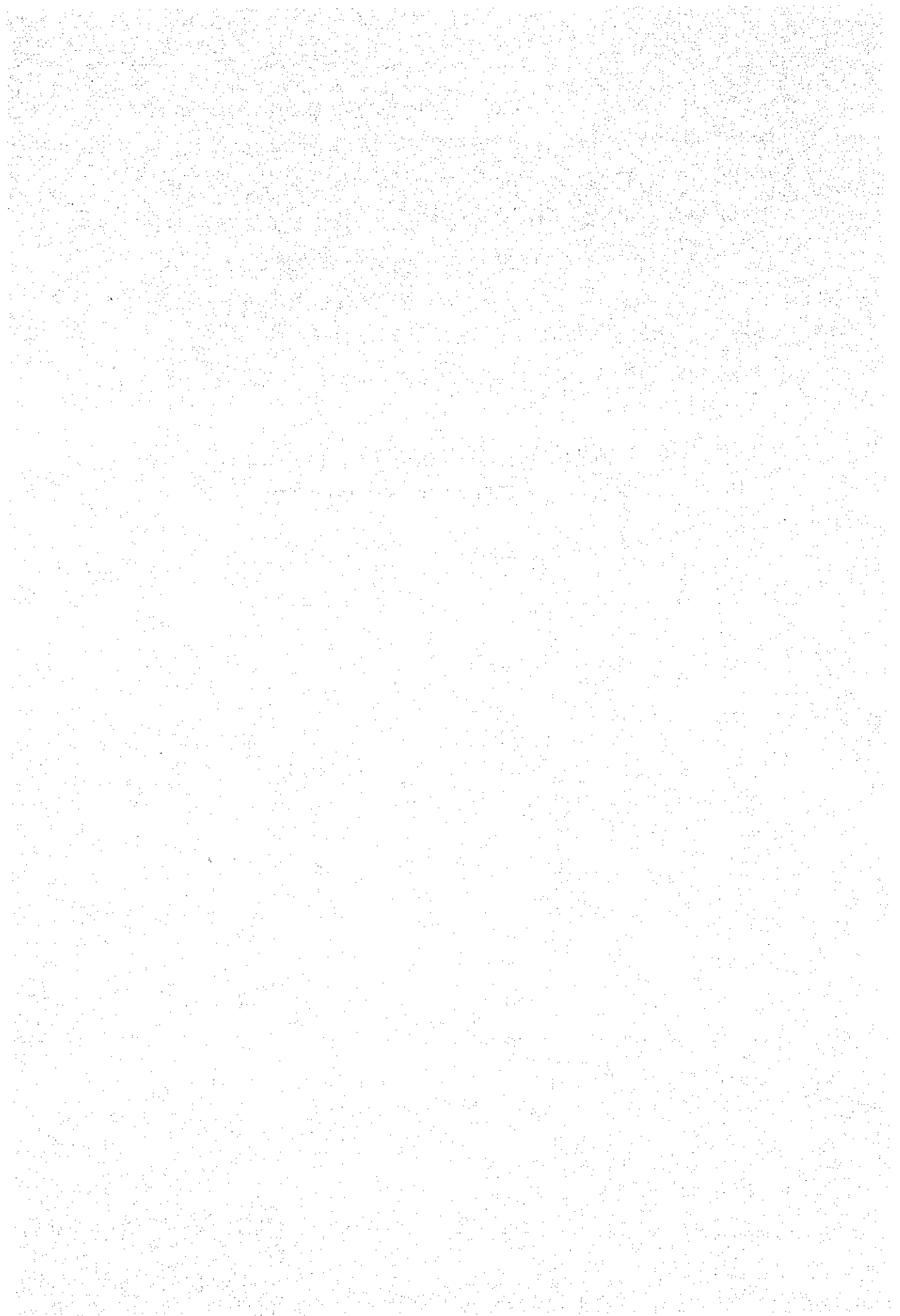
8. The brief reports on condition of several diseases and health problems

- 8.1. It is estimated that the lung TBC prevalence rate which is 0.6% with the estimated constant incident of 0.15% per year, which is regarded as the big disturbances for the health condition of the society.
- 8.2. Malaria is still much prevalent and the present condition of parasite rate is estimated at 8.26%, equal with the number of mosquitoes as the spreaded mediator in whole area.
- 8.3. The worm disease, mainly ancylostomiasis is also the health problem, where from the available data the worm prevalence rate is 90% (Its a rather big number).
- 8.4. The bad condition of the environment and the relatively low condition of social economy badly influence the condition of the public health.
- 8.5. Utilization rate of the health infrastructure is still low.

- 8.6. The low condition of public nutritional status
- 8.7. The rate of population increase is quite high (around 2,5%).
9. The schedule of activity, infrastructure and financing is as follows:

4. THE RECORD OF DISCUSSIONS BETWEEN THE
JAPANESE IMPLEMENTATION SURVEY TEAM
AND THE AUTHORITIES CONCERNED OF THE
GOVERNMENT OF THE REPUBLIC OF INDONESIA ON
THE JAPANESE TECHNICAL COOPERATION IN THE
FIELD OF THE PROMOTION OF HEALTH IN NORTH
SUMATERA WITH SPECIAL ATTENTION TO THE
ASAHAN AREA/ADDITION TO THE RECORD OF
DISCUSSIONS ON THE TECHNICAL COOPERATION
FOR THE PROMOTION OF HEALTH IN NORTH
SUMATERA WITH SPECIAL ATTENTION TO THE
ASAHAN AREA

本文書は、本件プロジェクト協力の基礎となっている討議々事録(R/D)であり、
1977年9月29日から同年10月11日まで訪伊したプロジェクト実施協議調査団
団長 竹内 正氏とインドネシア保健省次官 ジャカ・スタディウィリア氏により
1977年10月10日に署名されたものである。また、討議々事録の追加は、プロジ
ェクト基盤整備費による水供給施設の建設工事を実施することとなったため、1980
年9月19日に、JICAジャカルタ事務所 宮本守也所長とインドネシア保健省ス
ョト次官により署名されたものである。



THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE IMPLEMENTATION
SURVEY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT
OF THE REPUBLIC OF INDONESIA ON THE JAPANESE TECHNICAL
COOPERATION IN THE FIELD OF THE PROMOTION OF
HEALTH IN NORTH SUMATERA WITH SPECIAL
ATTENTION TO THE ASAHAN AREA

The Japanese Implementation Survey Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "the JICA") and headed by Dr. Tadashi TAKEUCHI, Professor of Nihon University, School of Medicine visited the Republic of Indonesia from 29 of September 1977 to 11 of October, 1977 for the purpose of working out the details of the technical cooperation project in the field of the promotion of health in North Sumatera with special attention to the Asahan Area (hereinafter referred to as "the Project").

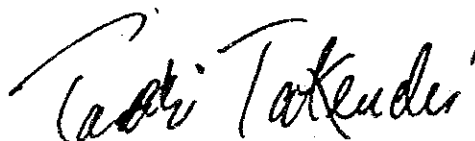
The Team exchanged views and had a series of discussions with the authorities concerned of the Government of the Republic of Indonesia concerning the desirable measures to be taken by both Governments for the successful implementation of the aforementioned Project.

As a result of the survey and discussions, both parties agreed to recommend to their respective Governments the matters referred to in the Document attached hereto.

Signed at Jakarta on the 10th of October, 1977.



Djaka Sutadiwiria
Secretary General
Ministry of Health
The Republic of Indonesia.



Dr. Tadashi TAKEUCHI
Head of Japanese
Implementation Survey Team.

THE ATTACHED DOCUMENT

1. BACKGROUND.

Recognizing that the promotion of health is one of the most important task to support economic development in Indonesia, which will greatly contribute to the advancement of welfare of the people and to social development of the country, the Government of Japan will cooperate with the Government of the Republic of Indonesia in carrying out the Project.

Through this cooperation, it is expected that the Government of the Republic of Indonesia will be able to further develop the health services and thus improve health conditions in North Sumatera.

2. OUTLINE OF THE PROJECT.

- (1). To promote communicable diseases control activities.
- (2). To improve the health care delivery services.
- (3). To improve health laboratory services.
- (4). To promote health education activities.
- (5). To promote other related health fields mutually agreed upon as necessary.

3. MEASURES TO BE TAKEN BY THE GOVERNMENTS CONCERNED.

3.1. The Government of Japan.

- 3.1.1. In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures through the JICA to provide, at its own expense, the requisite services of Japanese

experts including those for installation of equipment as listed in APPENDIX I upon the request of the Government of the Republic of Indonesia through the normal procedures under the Colombo Plan Technical Cooperation Scheme. (Application Form A 1).

3.1.2. In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures through the JICA to provide, at its own expense, such equipment, materials, and so forth required for the implementation of the Project as listed in APPENDIX II upon the request of the Government of the Republic of Indonesia through the normal procedures under the Colombo Plan Technical Cooperation Scheme. (Application Form A 4).

a) The equipment, materials, and so forth referred to above will become the property of the Government of the Republic of Indonesia upon delivery c.i.f. to the authorities concerned of Indonesia at the port of disembarkation.

b) The equipment, materials, and so forth referred to above will be utilized exclusively for the implementation of the Project in close consultation with the Japanese experts.

3.1.3. In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures through the JICA to receive, at its own expense, Indonesian staff associated with the Project for such technical training in Japan as listed in APPENDIX III upon the request of the Government of the Republic of Indonesia through the normal procedures under the Colombo Plan Technical Cooperation Scheme. (Application Forms A 2, A 3).

3.2. THE GOVERNMENT OF THE REPUBLIC OF INDONESIA.

3.2.1. In accordance with laws and regulations in force in Indonesia, the Government of the Republic of Indonesia will take necessary measures to ensure the recruitment of Indonesian counterpart personnel as listed in APPENDIX IV and provide, at its own expense, the services of such counterpart.

3.2.2. In accordance with laws and regulations in force in Indonesia, the Government of the Republic of Indonesia will take necessary measures to provide at its own expense;

- a) Office and other incidental facilities in the Project area;
- b) Supply or replacement of equipment, materials, and so forth for the implementation of the Project, other than those provided by the Government of Japan under the paragraph 3.1.2.

3.2.3. In accordance with laws and regulations in force in Indonesia, the Government of the Republic of Indonesia will take necessary measures to meet;

- a) All running expenses necessary for the effective implementation of the Project;
- b) Expenses necessary for the domestic transportation of the goods provided by the Government of Japan under the paragraph 3.2.2. as well as for their installation, operation, and maintenance and repair;
- c) Expenses for chauffeured vehicles for the Japanese experts during working hours;

- d) Expenses for the internal travel in Indonesia relevant to the Project of the Japanese experts on duty, limited to transport cost only;
- c) Expenses necessary for furnished housing accommodation for the Japanese experts, according to Indonesian standards.

3.2.4. In accordance with laws and regulations in force in Indonesia, the Government of the Republic of Indonesia will take necessary measures to provide for the exemption of customs duties, internal taxes and other similar charges, if any, imposed in Indonesia in respect of the goods provided by the Government of Japan under the paragraph 3.1.2.

3.2.5. The Government of the Republic of Indonesia will grant the Japanese experts and their families privileges, exemptions and benefits in Indonesia no less favourable than those accorded to experts of third countries working in Indonesia under the Colombo Plan Technical Cooperation Scheme.

3.2.6. The Government of the Republic of Indonesia will exempt the Japanese personnel under the terms of this Attached Document from all taxes and other fiscal charges in connection with all remunerations remitted to the Japanese personnel by the Government of Japan or the JICA.

3.2.7. The Government of the Republic of Indonesia will provide free medical service and facilities to the Japanese experts and their families in Government Dispensaries or Hospitals.

3.2.8. The Government of the Republic of Indonesia will take necessary measures to ensure that the knowledge and experience acquired by the Indonesian personnel from technical training in Japan will be utilized effectively for the Project.

4. MISCELLANEOUS.

- 4.1. In accordance with laws and regulations in force in Indonesia, the Government of the Republic of Indonesia undertakes to bear claims, if any arises, against the Japanese experts resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in Indonesia, except for those claims arising from the willful misconduct or gross negligence of the Japanese experts.
- 4.2. The Japanese experts will give necessary technical guidance and advice to the Indonesian staff associated with the Project pertaining to the implementation of the Project, and Indonesian authorities concerned will be responsible for the administrative and managerial matters pertaining to the Project.
- 4.3. It is advisable to establish a Joint Committee which consists of the representatives of both Indonesian authorities concerned and Japanese resident experts for the successful and smooth implementation of the Project.
- 4.4. Both Governments will consult each other when necessary, in respect to any matter that may arise from or in connection with this Record of Discussions.

4.5. The facilitate the smooth running of the implementation of the Project the Ministry of Health of the Republic of Indonesia will appoint a Project manager.

4.6. The Project will be implemented in accordance with the plan of operation which is given separately.

5. VALIDATION.

The technical cooperation for the Project mentioned above will be valid from April the 1st 1978 to March the 31st 1983.

APPENDIX I : Japanese Experts.

The Japanese experts will include the following :

1. Expert in health laboratory technology.
2. Expert in environmental health.
3. Expert in microbiology.
4. Expert in parasitology.
5. Expert in health services.
6. Expert in other related fields to be mutually agreed upon as necessary.

note : One of the experts will be nominated as Team Leader.

APPENDIX II : Equipment, Materials and so forth.

1. Equipments and materials for the communicable diseases control, health care delivery services, health laboratory service, health education activities and other related health fields mutually agreed upon as necessary.
2. Vehicles for transportation.

APPENDIX III : Training in Japan.

Personnel related to :

1. Communicable Diseases Control.
2. Health Care Delivery Services.
3. Health Laboratory Services.
4. Health Education Activities.
5. And other health related fields to be mutually agreed upon as necessary.

APPENDIX III : Training in Japan.

Personnel related to :

1. Communicable Diseases Control.
2. Health Care Delivery Services.
3. Health Laboratory Services.
4. Health Education Activities.
5. And other health related fields to be mutually agreed upon
as necessary.

APPENDIX IV : Counterpart personnel.

The Indonesian Counterpart will include the following personnel in the field of :

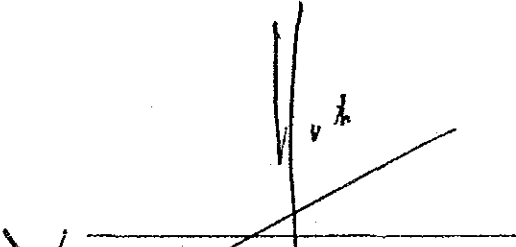
1. Health Laboratory Technology.
2. Environmental Health.
3. Microbiology.
4. Parasitology.
5. Health Services.
6. And other related health fields to be mutually agreed upon as necessary.

ADDITION TO
THE RECORD OF DISCUSSIONS ON
THE TECHNICAL COOPERATION FOR
THE PROMOTION OF HEALTH IN NORTH SUMATERA
WITH SPECIAL ATTENTION TO THE ASAHAN AREA

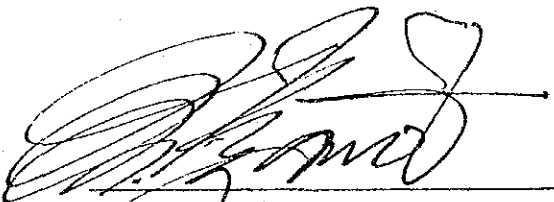
Mr. Moriya Miyamoto, Resident Representative of the Japan International Cooperation Agency in Indonesia had a series of talks with the authorities concerned of the Government of the Republic of Indonesia on the provision of special measures by the Government of Japan in the technical cooperation for the promotion of health in North Sumatera with special attention to the Asahan Area.

As a result of the talks, both sides agreed to recommend to their respective Governments to add the matters referred to in the document attached hereto to the Record of Discussions on the Technical Cooperation for the Promotion of Health in North Sumatera with special attention to the Asahan Area which was signed on October 10th, 1977 between the Japanese Implementation Survey Team organized by the Japan International Cooperation Agency and the authorities concerned of the Government of the Republic of Indonesia.

Jakarta, 19 September 1980.



Dr. Soejoto
Secretary General
Ministry of Health.



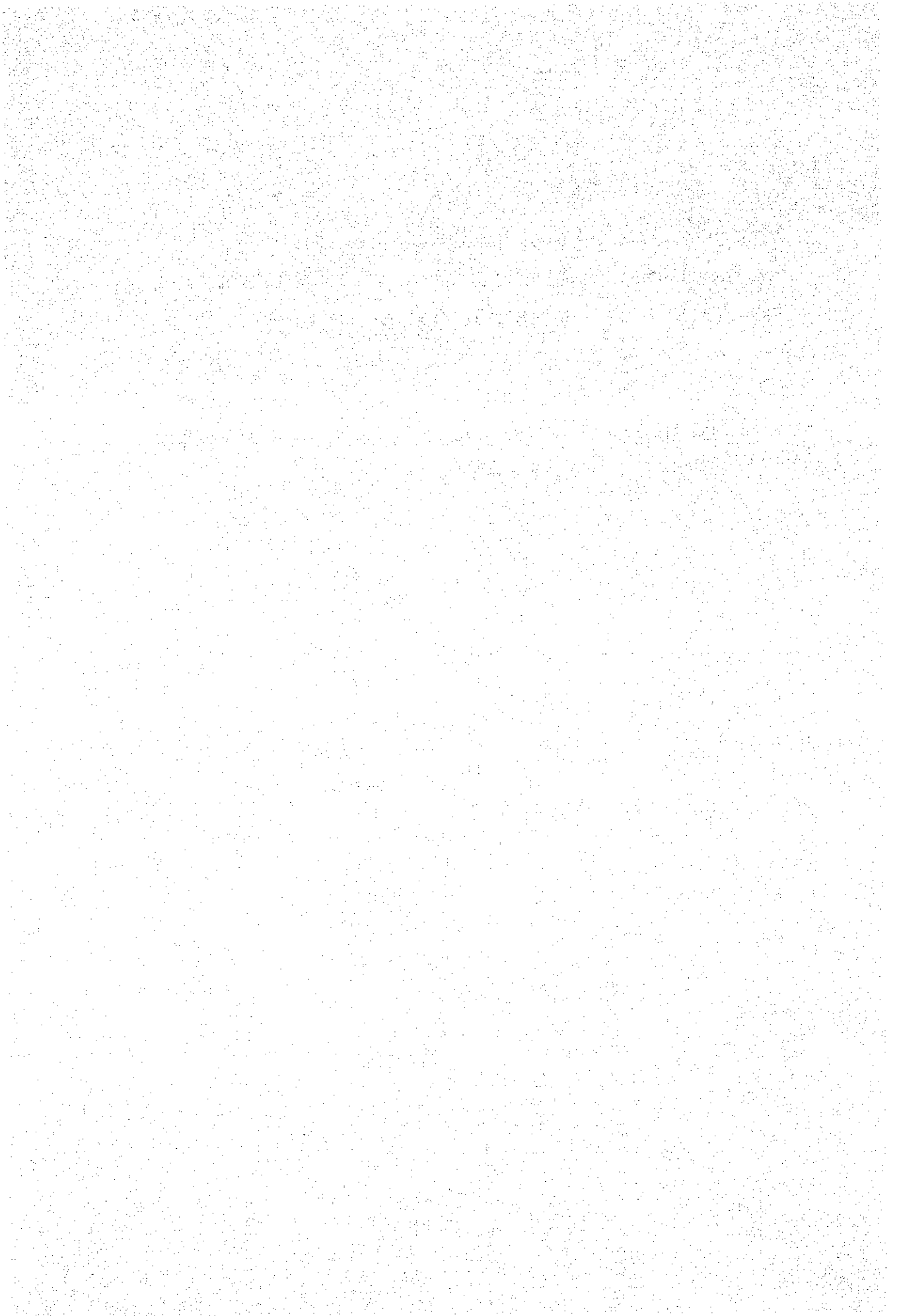
Moriya Miyamoto
Resident Representative
Japan International
Cooperation Agency,
Jakarta Office.

PROVISION OF SPECIAL MEASURES.

For fostering the smooth promotion of the project, in accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to supplement a portion of the local cost expenditures for the execution of the physical infrastructure such as construction work of drinking water supply facilities and so on when necessity arises.

5. THE PROGRAM OF ACTIVITY ON HEALTH
IMPROVEMENT PROJECT COOPERATION WITH THE
GOVERNMENT OF JAPAN AT ASAHAN REGENCY

本文書は、討議々事録（R/D）締結後の1977年12月に、インドネシア保健省が作成し、日本側に提示したプロジェクト実施計画書である。



1. Foreward

- 1.1. Within the development activity in North Sumatera territory upon the cooperation with the Government of Japan, the Government of Indonesia will establish 2 main projects, i.e. The Hydro Electric Generator Project at Bandar Pulau District and the Aluminium Smelter Plant at Air Putih District, which ~~xxxx~~ are located at Asahan Regency, North Sumatera
- 1.2. At both projects around 50.000 persons will be assigned, 3.000 persons of them are Japanese subjects, 30.000 persons technicians from Indonesia (non local inhabitants) and 12.000 persons of local inhabitants.
- 1.3. Considering the urgency of health control of these labours towards the conclusion of the project concerned, and the mutual influence between the labours' health condition and the local inhabitants' health, besides the "company's Health Services" executed within the circle of the above mentioned project, it is necessary to step up the health condition of the peoples at the environment, which is further called as ~~a~~ Project.
- 1.4. Upon the above mentioned consideration, a survey team of Japan International Cooperation Agency (JICA) headed by Dr. Tadashi Takeuchi, has been dispatched by the Government of Japan to study the health problems in the project region and ~~investigate~~ the possibility of extending medical aid to the peoples there at the ~~mentioned~~ projects environment.
The results of the above mentioned survey has been discussed with the authority of the Indonesian Government i.e. Department of Health which reached the agreement, as stated mainly in the Record of Discussion that was signed on October 10, 1977 by the Secretary General of the Department of Health of Rep. of Ind. and the Representative of JICA.
- 1.5. The ~~activity~~ program of activity concerned is covering the ~~period~~ ^{first} 2 years ~~only~~ period only (1978/1979 and 1979/1980), while the program for the next stage would be ~~executed~~ made in future.

2. The Situation Analysis

- 2.1. Asahan Regency is located around 150 Km South of Provincial Capital of North Sumatera (Medan), covering an area 4.681 Km². The Northern and Eastern parts of it is bordered by Sumatera Strait and the Southern part is bordered by Labuhan Batu Regency, while the Western part is bordered by Simalungun Regency, Tapanuli Regency and Deli Serdang Regency.
Administratively, Asahan Regency is divided into 15 Districts and 221 under-districts/villages, its population is 651.016 persons with estimated population density 140 persons per Km², while the birth-rate is 40 - 45 ~~per mile~~ per mile and the death-rate is 20 per mile (these are datas of 1976).
- 2.2. The sickness-rate is still high (94 per mile) and the outstanding diseases are Malaria, Influenza, Ulcer, Diarrhoe, Bronchitis, Anaemia, Eye disease and ~~the~~ lung TB disease.
Besides that, the sickness-rate and death-rate caused by communicable ~~xxxx~~ diseases is still high (for instance for Diphtheri 76 %).

The hygiene and sanitation condition of the peoples there is bad, which is indicated by the people who utilize the protected water is only 1,1 % - 15,4 %.

The main water source is the well which is often dry during the dry season.

2.3. The health infrastructures consist of 1 State Hospital with 100 beds, 3 Private/Estate's Hospitals with 627 beds, 1 Private Dispensary, ~~17~~ 16 Puskesmas (public medical ~~services~~ service centre), 40 Balai Pongobatan (Medical clinics) and 32 B.K.I.A. (Mother & Children Health Institute) .

2.4. In view of the limited funds, the health improvement project in Asahan Regency has the priority at the surrounding regions of Alluminium Smelter Project, i.e. at Air Putih District with two districts at its surrounding i.e. Dima Puluh District and Medang Deras District.

The population at these three districts is 134.133 persons (23.977 heads of ~~families~~ family) and consisting of 56 under-districts/villages with 4 Puskesmas (among them 1 Puskesmas at Labuhan-Ruku which ~~has~~ has 30 beds).

The average number of visits per day per Puskesmas is 26 persons. Each Puskesmas is headed by a Doctor.

The number of B.K.I.A. in these three districts is 9 units, with average number of visits 4 persons per B.K.I.A.

The number of Balai Pongobatan is 14 units, with average number of visits per day per Balai Pongobatan is 5 persons.

The personnels working in the above mentioned health infrastructures are 3 Doctors, 6 nurses, 7 midwives, 1 SPK(?) and 80 other employees.

2.5. The above mentioned health infrastructures are undertaken upon the aid from the Regional Government, and the aid through Health Infrastructural IPRES, among others in the form of medicines, medical equipments, motor-cycles for Doctors, cycles for pre-medical employees. Besides that through the Central Budget (D.I.P.) some aid is provided for operational costs to 4 pre-medical employees for each Puskesmas.

3. The Purpose

To support the health program in North Sumatera (specially in Asahan Regency), by stepping up the health services to the peoples at the Project region.

4. The Main Target

4.1. To decrease the Lung TBC Prevalent from 0,6 % to 0,4 % during 5 years, with the estimated incidence constant 0,15 % per year.

4.2. To decrease the parasite rate of Malaria disease from 8,26 % to 1,06 %.

4.3. To step up the hygiene/Sanitation.

4.4. To ~~minimize~~ exterminate worm disease to decrease the prevalent from 90 % to 30 % (mainly the "ankylostomiasis" (should be ^{executed} ~~initiated~~ in the region where the "samijaga"/("mutual control") and intensive "P.K.M" (?) activity is conducted.)

4.5. To immunize the smallpox and B.C.G. for babies and Primary Schools' pupils.

4.6. To decrease the sickness-rate and death-rate caused by ~~Diphtheria~~ Diphtheria 76 % and caused by "pertusis"/"pertussis" 76 % during 5 years by immunization.

- 4.7. To decrease the fertility by indicator current user from 6% up to 15 % against the ~~total~~ ^{fertile} couple ages.
- 4.8. To develop and step up the society participation by indicator of the Health Committee reform at 56 villages.
- 4.9. To step up the visits to Puskesmas from 26 to 75 visits per day per Puskesmas.
- 4.10. To step up the schools' health control
- 4.11. To step up the services of Kisaran Hospital by 4 main specializations i.e. surgery, obstetrics/midwife, pregnancy, Children and internal disease by increasing the BOR 70 % to 80 %.
- 4.12. To step up the laboratory services at Puskesmas, Regency and province.

5. The Policy/Steps and scope of area

- 5.1. The area of Health Improvement Project for the Cooperation with the Government of Japan at Asahan Regency - North Sumatera further called as Asahan Health Improvement Project is given the priority to three districts as mentioned above, with the population number respectively 49.706 persons for Air Putih District, 8.925 heads of family 62.530 persons (12.470 heads of family) for Lima Puluh District and 25.371 persons (4.179 heads of family) for Medan Daras District.

Specially for the health service through the hospital, besides the development of Hospital at Asahan Regency (Kisaran Hospital), the project area is necessary to be extended by the development of Hospital located at Deli Sordang regency i.e. Tobing Tinggi Public Hospital, which will receive the mutual understanding from those three districts concerned, and the medical laboratory at Medan.

- 5.2. The scope of projects activity covers all health development activities specially in the field of communicable disease eradication (including hygiene and sanitation), in the field of public health development (covering health information, nutrition, service improvement through Puskesmas, P.K.M.D. and K.B/Family Planning) and in the field of health service (covering the extension of Kisaran Hospital and Tobing Tinggi Hospital, including the extension of districts ~~Hospital~~ Laboratory of Kisaran Regency ~~xxx~~ hospital and Provincial hospital at Medan).
- 5.3. To utilize the existing/available health service units.

6. The Projects Components

- 6.1. The projects managing organisation
- 6.2. The stepping up of projects reporting and notifying system
- 6.3. The booklets producing containing ~~information concerning the~~ projects information for the employees.
- 6.4. Education, training and fellowships
- 6.5. Preparation of infrastructures, supplies and financing.
- 6.6. Base-line data collection.

7. Methodology

7. Methodology

- 7.1. The principle of projects realisation is the improvement of the existing health activities in the region concerned, with technical approach in line with the National Policy ~~at~~ ⁱⁿ each field .
- 7.2. The booklets producing containing projects information for the employees at the Hospital, Laboratory, and Puskesmas.
- 7.3. The training realisation for supporting the project in the field of health service (Hospital and Laboratory) and in the field of public health development (development and extension of peoples' participation).
- 7.4. The improvement of projects reporting and notifying system, so that the collected datas could be utilized for project supervision and development (control & evaluation).
- 7.5. Periodical consultation between the authorities concerned at central offices, Provincial and Regency offices to review the projects realisation and to ~~make~~ program the developing steps.
- 7.6. The preparation of infrastructures i.e. equipments, supplies /accessories and transport equipments including the funds for projects development.

8. The brief reports on condition of several diseases and health problems

- 8.1. It is estimated that the Lung TB Prevalent rate is 0,6%, with the estimated incident constant 0,15% per year, is regarded as the large disturbances for the health condition of the society.
- 8.2. Malaria disease is still much available and the present condition of parasite rate is estimated 8,26 %, equal with the number of mosquitoes as the spreaded mediator in whole area.
- 8.3. The worm disease, mainly because of ankyllostomiasis is also the health problem, where from the available datas the worm evalent is 90% (It's a rather big number).
- 8.4. The bad condition of the environment, the relative low condition of social economy, ~~xxx~~ badly influences the condition of the public health.
- 8.5. Utilization rate of the health infrastructure is still low.
- 8.6. The low condition of public nutritional status
- 8.7. The rate of population increase is quite high (~~xxxx~~ around 2,5 %).

9. The schedule of activity, infrastructure and financing is as follows :

7. Methodology

- 7.1. The principle of projects realisation is the improvement of the existing health activities in the region concerned, with technical approach in line with the National Policy ~~in~~ each field .
- 7.2. The booklets producing containing projects information for the employees at the Hospital, Laboratory, and Puskesmas.
- 7.3. The training realisation for supporting the project in the field of health service (Hospital and Laboratory) and in the field of public health development (development and extension of peoples' participation).
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- 8.4. The bad condition of the environment, the relative low condition of social economy, ~~xxx~~ badly influences the condition of the public health.
- 8.5. Utilization rate of the health infrastructure is still low.
- 8.6. The low condition of public nutritional status
- 8.7. The rate of population increase is quite high (~~xxxx~~ around 2,5 %).

9. The schedule of activity, infrastructure and financing is as follows :

Program target and the activity of the project in
each year through 1978/79 to 1982/83

| No. | Target | Activity | Unit | Total 5 | | | | | 1981/82 | 1982/83 |
|-----|---|--|--|--|---|---|---|--|--|---------|
| | | | | 1978/79 | 1979/80 | 1980/81 | 1981/82 | 1982/83 | | |
| 1. | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1. | To decrease prevalence of lung tuberculosis from 0.6% to 0.4% within 5 years, with constant incidence of approximately 0.15% per year | 1.1. Population observation 1.2. Estimate case-finding 1.3. Case-holding 50% 1.4. Medical treatment for patient 1.5. Establishing TBC Center | Person Person Patient Patient unit | 140,000 1,500 750 750 12 | 70,000 1,500 300 300 12 | 20,000 300 450 450 - | 20,000 300 500 500 - | 20,000 300 600 600 - | 10,000 300 750 750 - | |
| 2. | To decrease parasite rate of Malaria from 8.26% to 1.06% | 2.1. House spraying 2.2. Patient treatment - Presumptive..... - Radical..... - Chloroquin - Daraprim - Patient - Chloroquin - Primaquin - Patient(fever) Survey mala- rimetric | House patient patient patient patient patient patient patient rimetric | 280,000 70,000 210,000 140,000 10,000 100,000 50,000 70,000 70,000 | 56,000 14,000 42,000 28,000 3,000 30,000 15,000 14,000 14,000 | 56,000 14,000 42,000 28,000 2,500 25,000 12,500 14,000 14,000 | 56,000 14,000 42,000 28,000 2,000 20,000 10,000 14,000 14,000 | 56,000 14,000 42,000 28,000 1,500 15,000 7,500 14,000 14,000 | 56,000 14,000 42,000 28,000 1,000 10,000 5,000 14,000 14,000 | |
| 3. | To increase hygiene and sanitation facilities | 3.1. Survey 3.2. Hand-pump well 3.3. Semi artesis well 3.4. Hydradrill arrange- ment 3.5. Water test-kit ar- rangement 3.6. Wiping 3.7. Family lavatory | Study Piece Piece set set unit piece | 1 x 561 48 1 6 1 5,000 | 1 x 30 10 1 6 1 1,000 | - 100 10 - - - 1,000 | - 100 10 - - - 1,000 | - 130 18 - - - 1,000 | - 181 - - - - - 1,000 | |

| 1. | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----|---|---|---|---|---|--|--|--|--|
| 4. | Parasitic worm eradication in decreasing the prevalence from 90% to 30% (Mostly ancylostomiasis) this should be executed in the area of Saminjaga and the intensive activity of Public Health | 4.1. Prevalence survey of worm 4.2. Patient treatment | Sampling (blood and faeces) patient | 6.000 | 2.000 | 2.000 | 2.000 | - | - |
| 5. | Small-pox and DCG immunization | 5.1. Small pox immunization for baby 5.2. DCG immunization - Primary vaccination for baby - Revaccination | baby Elementary school children | 14.000 14.000 28.000 | 2.800 2.800 5.600 | 2.800 2.800 5.600 | 2.800 2.800 5.600 | 2.800 2.800 5.600 | 2.800 2.800 5.600 |
| | To decrease figures of disease and death caused by diphtheria, 76% in 5 years with immunization | 5.3. Immunization of DPT (diphtheria, pertussis, typhus I & II) 5.4. Immunization of TPT (I & II) | baby pregnant mother new family planning acceptor piece strip | 14.000 13.000 7.000 3.500 126.000 | 2.800 2.800 1.400 700 8.400 | 2.800 2.700 1.400 700 16.800 | 2.800 2.600 1.400 700 25.200 | 2.800 2.500 1.400 700 33.600 | 2.800 2.400 1.400 700 42.000 |
| 6. | To decrease fertility with currently indicated user from 6% in increasing to 15% | 6.1. Contraception service - I.V.D. - Pill 6.2. Arrangement of equipment for IUD insertion | set set set | 12 1 13 | 12 1 13 | - - - | - - - | - - - | - - - |
| 7. | To develop and to recruit public participants with indicator reforming health Committee for 56 villages | 7.1. AVA arrangement for Kabupaten 7.2. AVA arrangement for health center | set set | 1 13 | 1 13 | - - | - - | - - | - - |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-----|---|---|---|--------------------------|---------|--------|--------|--------|--------|
| 8. | To increase health center visitors from 26 to 75 per day/health center | | | visitor | | | | | |
| | 8.1. Medical treatment services | | | | | | | | |
| | 8.2. Mother & Child health medical service | | | | 45.000 | 45.000 | 45.000 | 45.000 | 45.000 |
| | 8.3. Dental service | | | | 225.000 | 15.000 | 45.000 | 45.000 | 45.000 |
| | 8.4. Family Planning medical service | | | | | | | | |
| | 8.5. Laboratory service | | | | | | | | |
| 9. | To increase School Health facilities | | | piece | 40 | 20 | 20 | - | - |
| | 10. To increase service of Kisaran hospital with 4 main specialist e.g. surgeon, gynaecologist, pediatrician and internist, increasing BOR (bed occupancy rate) from 70% to 80% | | | BOR (Bed Occupancy Rate) | 80% | 72% | 2% | 2% | 2% |
| 11. | To increase laboratory facilities | | | unit | 1 | 1 | - | - | - |
| | 11.1. to increase laboratory facility in Kisaran Hosp. | | | | | | | | |
| | 11.2. to increase laboratory facility in 3 health center | | | | 3 | 3 | - | - | - |
| | 11.3. To increase laboratory facility in Medan provincial laboratory | | | | 1 | - | 1 | - | - |
| 12. | Fellow-ship to Japan | | | 3 months | 1 | 1 | - | - | - |
| | 12.1. Section of Entomology | | | | 1 | 1 | - | - | - |
| | 12.2. " " Anesthesiology | | | | 1 | 1 | - | - | - |
| | 12.3. Section " Health Management | | | | 7 | 5 | 2 | - | - |
| | 12.4. Section of X-Ray technician | | | | 1 | 1 | - | - | - |
| | 12.5. Section of Chemistry (Medan) | | | | 3 | 2 | 1 | - | - |
| | 12.6. Section of Microbiology (Medan) | | | | 3 | 2 | 1 | - | - |
| | 12.7. Sect. of Serology (Medan) | | | | 3 | 2 | 1 | - | - |
| | 12.8. Section of TB | | | 6 months | 3 | 2 | 1 | - | - |

PLAN OF REQUIRED EQUIPMENT AS THE YEAR-END REPORT (IN THOUSAND RUPIAHS)

| No. | Kind of Equipment | Unit | Required quantity | Total for 5 years (Rp) | | | | |
|-----|---|-------------|-------------------|------------------------|---------|---------|---------|---------|
| | | | | 1978/79 | 1979/80 | 1980/81 | 1981/82 | 1982/83 |
| 1. | Streptomycine | vial/075 Gr | 300.000 | 15.502,5 | 2.812,5 | 3.125 | 3.750 | 5.000 |
| 2. | DDT 75% W/P | Ton | DIP | DIP | DIP | DIP | DIP | DIP |
| 3. | Chloroquine | Tablet | 310.000 | 360 | 335 | 310 | 285 | 260 |
| 4. | Primaquine tablet | Tablet | 50.000 | 150 | 125 | 100 | 75 | 50 |
| 5. | Slide glass | Piece | 140.000 | 560 | 560 | 560 | 560 | 560 |
| 6. | Spray-can | Piece | 40 | 1.600 | - | - | - | - |
| 7. | Hand-pump (wall) Land-operated pump | Piece | 561+40+5 = 614 | 24.240 | 4.600 | 4.400 | 5.600 | 7.240 |
| 8. | Well-pipe, 2 inch, 6 M | Dar | 960 | 9.600 | 2.000 | 2.000 | 2.000 | 1.600 |
| 9. | Hydradrill | Set | 6 | 3.000 | - | - | - | - |
| 10. | Water test Kit | Kit | 1 | 250 | - | - | - | - |
| 11. | Slide Glass (for fices) | Piece | 13.000 | 260 | - | - | - | - |
| 12. | Combrantine (125 Mg.) | Tablet | 540.000 | 35.400 | 11.700 | 11.700 | - | - |
| 13. | Kerosene refrigerator | Piece | 3 | 900 | - | - | - | - |
| 14. | Daraprim tablet | Tablet | 140.000 | 1.400 | 280 | 280 | 280 | 280 |
| 15. | Plastic pipe: - 4 inch a' 6 M - 3 inch a' 6 M | Dar Dar | 100 500 | 1.000 4.000 | - | - | - | - |
| 16. | Iron pipe 1 1/2 inch - a' 6 M | Dar | 4.037 | 20.185 | 3.670 | 3.600 | 4.650 | 6.415 |
| 17. | Stereoscopic microscope | Set | 2 | 1.500 | - | - | - | - |
| 18. | Cold Box | Piece | 3 | 75 | - | - | - | - |
| 19. | Thermos flask | Piece | 9 | 90 | - | - | - | - |
| 20. | IUD | Piece | 3.500 | - | - | - | - | - |
| 21. | PIII | Strip/piece | 126.000 | - | - | - | - | - |
| 22. | IUD Set Equipment | Set | 12 | 2.400 | - | - | - | - |
| 23. | AVA Set for Asahan Local Government | Set | 1 | 1.500 | - | - | - | - |
| 24. | AVA set for Health Centre | Set | 3 | 1.500 | - | - | - | - |
| 25. | Electric generator | Set | 1 | 1.500 | - | - | - | - |
| 26. | B.P. Set | Set | 14 | 8.400 | - | - | - | - |
| 27. | Emergency Surgery | Set | 1 | 13.000 | - | - | - | - |
| 28. | X-ray apparatus | Set | 1 | 9.000 | - | - | - | - |
| 29. | School Health Kit | Set | 40 | 2.000 | - | - | - | - |
| 30. | MCH Kit Type "B" | Kit | 9 | 2.700 | - | - | - | - |
| 31. | Curatage equipment | Set | 1 | 500 | - | - | - | - |

| 1. | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|------------------|---|---|-----------------------|---|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 32. | 4 wheels car (Toyota) : -for province (Jeep) -for residence (Jeep) -for Health centre (pick-Up) -for consultant (Jeep) Ambulans | piece Piece Piece Piece Piece | 1 1 3 3 2 | 1.600 1.600 4.800 4.800 2.400 | 1.600 1.600 4.800 4.800 2.400 | - - - - - | - - - - - | - - - - - | - - - - - |
| 33. | 2 wheels car (HONDA CB-100) | Piece | 6 | 1.200 | 1.200 | - | - | - | - |
| 35. | Data processing equipment | Set | 1 | 5.000 | 5.000 | - | - | - | - |
| 36. | Planning Unit Equipment | Set | 1 | 5.000 | 5.000 | - | - | - | - |
| 37. | Equipment Lab. in Kisanan hospital and Health centre Indrapura (with calorimeter) | | 2 | 12.000 | 12.000 | - | - | - | - |
| 38. | Equipment Lab. for Health Centre Lima Pulu, Pagu-rawan and health centre Labuhan Ruku (without calorimeter) | | 3 4 | 15.600 8.000 | 15.600 8.000 | - - | - - | - - | - - |
| 39. | Chemical Kit | Kit | | | | | | | |
| 40. | Fellowship to Japan: - Entomology, Health Management, X Ray Technicians, Chemistry, Microbiology and Serology - In TB for 6 months | Person Person | 19 3 | 28.500 9.000 | 28.500 9.000 | 7.500 3.000 | - - | - - | - - |
| T o t a l | | | | 266.612,5 | 160.350 | 41.582,5 | 26.075 | 17.200 | 21.405 |

The proposed specifications of equipments including time and expenditure as mentioned above are requested for the Gov. of Japan's aid. The counter financing by the Gov. of Indonesia (APDN: State Budget, INPRES: Presidential Instruction Budget, APBD: Local Budget) are as follows:

| No. | The kind of activity | Total for 5 years (Rp) | | | | | 1981/82 | 1982/83 | Explan. |
|------|--|------------------------|---------|-----------|-----------|-----------|-----------|-------------|---------|
| | | 1978/79 | 1979/80 | 1980/81 | 1981/82 | 1982/83 | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 1. | The cost of operational for: | | | | | | | | |
| 1.1. | Fight against the Malaria (including accomplishment of DDT 75% WWP and exploitation of 3 pick-ups, 3 motorcycle and handling cost) | 230.000 | 46.000 | 46.000 | 46.000 | 46.000 | 46.000 | APBN/DIP | |
| 1.2. | Fight against of IMC | 30.000 | 6.000 | 6.000 | 6.000 | 6.000 | 6.000 | " | |
| 1.3. | " " of Worm | 10.000 | 2.000 | 2.000 | 2.000 | 2.000 | 2.000 | " | |
| 1.4. | Immunization | 10.000 | 2.000 | 2.000 | 2.000 | 2.000 | 2.000 | " | |
| 1.5. | Hygiene/sanitation (including of family's lavatory) | 150.000 | 30.000 | 30.000 | 30.000 | 30.000 | 30.000 | APBN/DIP/II | |
| 2. | Training for nutrition | 18.150 | 6.050 | 6.050 | 6.050 | 6.050 | 6.050 | APBN/DIP | |
| 3. | Instruction of nutrition | | | | | | | | |
| 4. | Adding food for Balita Children | | | | | | | | |
| 5. | The cost for operational in instruction of public health | | | | | | | | |
| 5.1. | Establishing the base-line data | 1.491 | 1.491 | - | - | - | - | APBD | |
| | - Evaluation I | 661 | - | - | 661 | - | - | " | |
| | - Evaluation II | 661 | - | - | 661 | - | - | " | |
| 5.2. | Description of information | 20.280 | - | 5.070 | 5.070 | 5.070 | 5.070 | " | |
| 5.3. | Unfolding of intensive work area (village) | 15.000 | - | 900 | 2.400 | 5.400 | 6.300 | " | |
| 5.4. | Work-shop of district | 1.350 | - | 337,5 | 337,5 | 337,5 | 337,5 | " | |
| 5.5. | Technical introduction/consultation | 1.600 | - | 400 | 400 | 400 | 400 | " | |
| 5.6. | Meeting of health centre | 240 | - | 60 | 60 | 60 | 60 | " | |
| 5.7. | Handling cost | 26.000 | 6.000 | 5.000 | 5.000 | 5.000 | 5.000 | APBD/DIP | |
| 5.8. | Commission | 16.500 | 3.300 | 3.300 | 3.300 | 3.300 | 3.300 | " | |
| | | 531.933 | 102.841 | 107.117,5 | 109.278,5 | 111.178,5 | 113.178,5 | | |

List of Health Centre, Clinic and
Clinic for Mother and Children

Attachment 3

| District | Health Centre | Clinic | Clinic for mother and Children |
|--------------------|--|---|---|
| Me Badang Deras | Pagurawan (instruction of President 7) | 1. Pematang Cengkering 2. Sei Buah Keras | 1. Pematang Cengkering 2. Kampung Lalang |
| Air Putih | Indrapura | 1. Indrapura Pehan 2. Cintai Damai 3. Simodong 4. Tanjung Seri 5. Dewi Seri, 6. Kualá Tanjung 7. Laut Tador | 4. Tanjung Seri 2. Dewi Seri 3. Pematang Panjang 4. Indrapura Pehan 5. Laut Tador |
| Lima Puluh | Lima Puluh (Instruction of President 5) | 1. Simpang Dolok 2. Perupuk 3. Pematang Tengah 4. Cahaya Pardomuan | 1. Simpang Dolok 2. Kedai Sianam |
| 3 districts | 3 | 14 | 9 |

Source from: Public health Department II,
Asahan

List of villages (56 villages)

Attachment 4

| Medang Deras District | | Air Putih District | | Lima Puluh District | |
|------------------------|------------|------------------------------|------------|------------------------------|------------|
| Villages | Population | Villages | Population | villages | Population |
| 1. Pematang Cengkering | | 1. Indrapura | | 1. Perkebunan Lima Puluh | |
| 2. Tanjung Sigani | | 2. Tanah Merah | | 2. Perkebunan Tanah Gembus | |
| 3. Pakam | | 3. Tanjung Muda | | 3. Perkebunan Tanah Itan Ulu | |
| 4. Aek Nauli | | 4. Limau Sunde | | 4. Perkebunan Kwala Gunung | |
| 5. Sidomulio | | 5. Tanah Tinggi | | 5. Perkebunan Limau Manis | |
| 6. Kampung Lalang | | 6. Pematang Panjang | | 6. Perkebunan Dolok | |
| 7. Suangi Rakyat | | 7. Suka Raja | | 7. Perkebunan Tanah Ilir | |
| 8. Kampung Durian | | 8. Krás | | 8. Peripuk | |
| 9. Kampung Medang | | 9. Tanjung Kubah | | 9. Gunung | |
| 10. Nenas Siam | | 10. Pematang Jiring | | 10. Pematang Panjang | |
| 11. Sungai Buah Keras | | 11. Si - Pare2 | | 11. Simpang Gembus | |
| 12. Pangkalan Dodek | | 12. Pasar Lapan | | 12. Mangkei Baru | |
| | | 13. Perkebunan Tanjung Kasau | | 13. Sumber Makmur | |
| | | 14. Perkebunan Si - Pare2 | | 14. Lima Puluh Kota | |
| | | 15. Perkebunan Sungai Mujur | | 15. Sumber Padi | |
| | | 16. Sungai Suka Deras | | 16. Antara | |
| | | 17. Tanjung Sari | | 17. Cahaya Pardomuan | |
| | | 18. Tanjung Kasau | | 18. Kwala Gunung | |
| | | 19. Laut Tador | | 19. Lubuk Besar | |
| | | 20. Tanjung Perapat | | 20. Empat Negeri | |
| | | 21. Simodong | | 21. Air Hitam | |
| | | 22. Kwala Tanjung | | 22. Simpang Dolok | |

Source from: Public health Service II,

Asahan

Lampiran 1.

LABORATORY EQUIPMENT

| No. | Nama - alat | Jumlah |
|-----|--|--------|
| 1. | Beakers, lab., 150 ml, low form | 4 |
| 2. | Beakers, lab., 400 ml, low form | 4 |
| 3. | Beakers, lab., 1000 ml, low form | 3 |
| 4. | Bottle, dropping, T.K. 60 ml | 4 |
| 5. | Bottle, reagent, n/m, clear, 250 ml | 6 |
| 6. | Bottle, reagent, n/m, clear, 500 ml | 12 |
| 7. | Brush, test tube; small | 10 |
| 8. | Centrifuge tubes, ungraduated, 15 ml | 20 |
| 9. | Comparator, tes paper pH. 2to10 | 1 |
| 10. | Cover glass, microscope slides, 22 X 22 mm | 2 box |
| 11. | Cylinder, grad., polyprop., 100 ml | 2 |
| 12. | Cylinder, grad., polyprop., 500 ml | 1 |
| 13. | Flasks, conical, 125 ml, n/m | 6 |
| 14. | Flasks, conical, 500 ml, n/m | 6 |
| 15. | Lamp, alcohol, brass, 150 ml | 1 |
| 16. | Slide, microscope, plain, 75 X 25 mm | 5 box |
| 17. | Rack, test tube, wood, 12 tubes | 1 |
| 18. | Test tubes, 75 X 23 mm. without lip | 20 |
| 19. | Test tubes, 150 X 16 mm | 300 |
| 20. | Refrigerator | 1 |
| 21. | Autoclave | 1 |
| 22. | Hot-air oven | 1 |
| 23. | pH-meter | 1 |
| 24. | Balance | 1 |
| 25. | Incubator | 1 |
| 26. | Water bath for serology | 1 |
| 27. | Centrifuge | 1 |
| 28. | Microscope | 2 |
| 29. | Dark fieldcondensor | 1 |
| 30. | Shaker (VDRL or rotator). | 1 |
| 31. | Haemaglobinometer | 1 |
| 32. | Blood counting chamber | 1 |
| 33. | Blood sedimentation set | 1 |
| 34. | Urine albuminometer | 1 |
| 35. | Nageotte counting chamber for CSF | 1 |
| 36. | Chlorine colorimeter | 1 |
| 37. | Tjorong Ø 3 cm | 1 |
| 38. | Tjorong Ø 5 cm | 1 |
| 39. | Microburet 5 cc | 1 |
| 40. | Microburet 10 cc | 1 |
| 41. | Ureo-meter Ambard | 2 |
| 42. | Petri dish | 100 |
| 43. | Mc. Cartney bottle | 2000 |
| 44. | O o s e | 4 |
| 45. | Colori meter | 1 |

Catatan : Taksiran harga satu set Rp. 6 juta.

II. CHEMICALS.

| No. : | N a m a - B | J u m l a h |
|-------|-----------------------------------|-------------|
| 1. | Ammonium Sulphate, 500 gm | 1 btl |
| 2. | Benedicts reagentingredient | 1 kit |
| 3. | Benzidine Dihydrochloride, 25 gm | 1 btl |
| 4. | Crystal Violet, 25 gm | 1 btl |
| 5. | Fuchsin, basic, 25 gm, dry powder | 2 btl |
| 6. | Giensa Stain, 10 gm, dry powder | 1 btl |
| 7. | Hydrogen Peroxide, 30 %, 500 ml | 1 btl |
| 8. | Immersion oil, 4 oz | 1 btl |
| 9. | Iodine, 4 oz | 1 btl |
| 10. | Methylene Blue, 25 gm | 2 btl |
| 11. | Phenol Crystal, 1 lb | 1 btl |
| 12. | Potassium Iodid, 1 lb | 1 btl |
| 13. | Sodium Carbonate Anhydrous, 1 lb | 2 btl |
| 14. | Sodium Chloride, 1 lb | 1 btl |
| 15. | (Tri) Sodium Citrate, 1 lb | 2 btl |
| 16. | Sodium Oxalate, anhydr, 500 gm | 1 btl |
| 17. | Wright Stain dry powder, 25 gm | 1 btl |
| 18. | Sulfanilicacid | 1 btl |
| 19. | Hydrochloric Acid | 1 btl |
| 20. | Sodium Nitrite | 1 btl |
| 21. | Methyl Red | 1 btl |
| 22. | Ferri Aluin Fe (CNS)3 | 1 btl |
| 23. | Amunium Rhodanide NH4 (CNS) | 1 btl |
| 24. | ThymolBlue indicator | 1 btl |
| 25. | Tolluidine Blue | 1 btl |
| 26. | Malacit Green | 1 btl |
| 27. | Brilliant Cresyl Blue | 1 btl |
| 28. | May Grunwald | 1 btl |
| 29. | Mercuric Chloride | 1 btl |
| 30. | Glacial Acitic Acid | 1 liter |
| 31. | Gentian Violet | 1 btl |
| 32. | Sulfuric Acid | 1 liter |
| 33. | A l c o h o l | 5 liter |
| 34. | Methyl Alcohol | 5 liter |
| 35. | Brandspiritus | 5 liter |
| 36. | Zincum - sulfat ZnSO4 | 1 btl |
| 37. | Potassiumferricyanida K3Fe (CN)6 | 1 btl |
| 38. | Sodium-thiosulfat Na2S2O3 | 1 btl |
| 39. | Potassiumjodat KJO3 | 1 btl |
| 40. | Amylum Solubile | 1 btl |
| 41. | Trichloroacetic Acid CC13 COOH | 1 btl |
| 42. | B r o m Br2 | 1 btl |
| 43. | Pepton White | 1 btl |
| 44. | Potassium Nitrate | 1 btl |
| 45. | E o s i n e | 1 btl |

Catatan : Taksiran harga satu kit Rp. 2 juta.

10. The Project Management

For managing the ^{Asahan} Health Improvement Project it is expected :

10.1. At Central Stage

The Badan Pengarah (Guiding Institute) as the staff assistant to the Director General of Public Health Development. The above mentioned institute will have the members consist of officials from Department of Health and Territorial Office of Dept. of Health of North Sumator Province. The duty of the above mentioned Guiding Institute is :

- to execute the official agreement
- ~~the~~ as communicator at central and provincial stages
- for further development.

10.2. At Provincial Stage

A Project Director should be available from the Health Service (Dinas Kesehatan) of Ist Grade Region (Head of Dinas Kesehatan of Ist Grade Region or other official appointed by the Head of Dinas Kesehatan of Ist Grade Region).

The duty of Project Director concerned is to be responsible for the projects realisation at provinciall stage.

10.3. At Regency Stage

There should be a supervisor (Head of Dinas Kesehatan of IInd Grade Region or other official appointed by the Head of Dinas Kesehatan of the IInd Grade Region).

The duty of the above mentioned supervisor is to supervise the realisation of project at Asahan Regency.

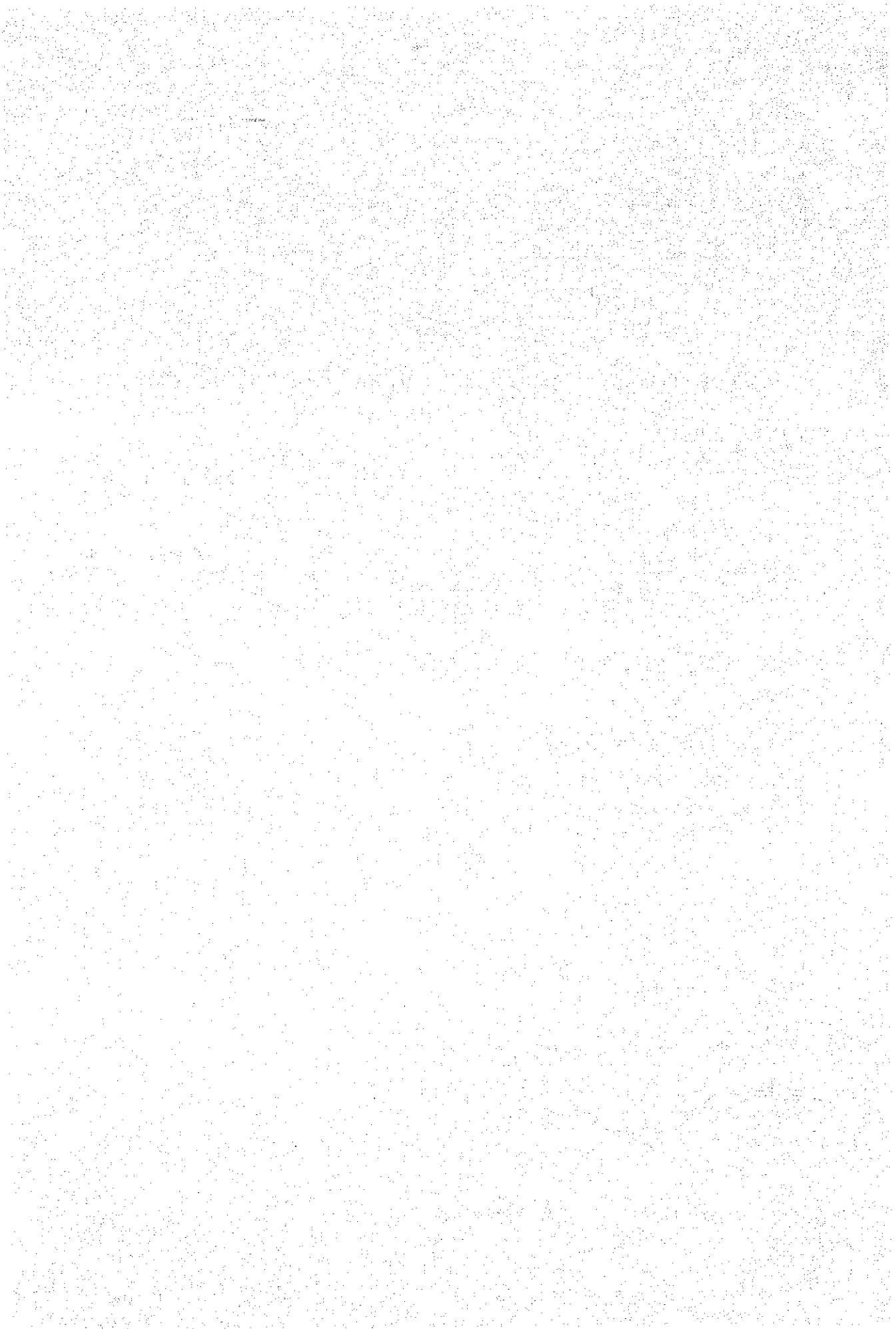
10.4. At District Stage

There should be a Project Officer (Head of Puskesmas or other official appointed by the Head of Puskesmas). The duty of the Project Officer concerned is as executor in each territory (District).

10.5. The sketch of the above mentioned projects management could be shown as fellows :

6. REPORT OF THE FIRST STEERING COMMITTEE
MEETING OF THE ASAHAN HEALTH PROJECT IN
NORTH SUMATRA

本議事録は、1979年3月9日ジャカルタにおいて開催された第1回ステアリング
・コミティー会議の議事録である。専門家チーム・リーダー着任前であったため、
日本側代表として石井 明，安野正之両専門家が参加。



REPORT OF THE FIRST STEERING COMMITTEE MEETING
OF THE ASAHAN HEALTH PROJECT IN NORTH SUMATRA

MARCH 9, 1979

I. REVIEW OF 1978/1979.

The Steering Committee meeting was held under the Chairman of Dr. R. SOEBEKTI MPH, The Director General of Community Health on the 9th of March, 1979.

The progress of the project during 1978/1979 was reviewed and discussed. Several problems were pointed out. Measures to solve these problems were also discussed and incorporated to the plan of action for 1979/1980.

It was recommended to take an urgent action in proceeding the remaining one fellowship within the fiscal year 1978/1979.

II. PLAN OF ACTION 1979/1980.

1. Activities.

1.1. In general the activities to be carried out in 1979/1980 will be a continuation of the activities conducted in 1978/1979.

1.2. In order to further strengthen the ongoing health services in the project area, priority of the assistance of JICA will be given to the following activities:

- a. Strengthening of Health Centre Services.
- b. Malaria Control Programme.
- c. Hygiene and Sanitation.
- d. Health Laboratory Services.
- e. Survey on Rural Water Supply.
- f. Epidemiological study in the Project Area.

2. Supporting services.

2.1. Expert.

Japanese expert will be provided according to the priority of activities as listed in Annex : 1.

It is requested to dispatch these experts as soon as possible, to assist the strengthening of the ongoing local activities.

Upon arrival of the expert, the project manager will nominate a corresponding staff as a counterpart.

Japanese side is strongly requested to send one coordinator as early as possible.

2.2. Fellowship.

JICA will accept trainees according to the priority as listed in Annex : 2.

Priority will be given to the personnel who will work with the experts.

2.3. Equipments and materials.

JICA will send equipments and materials according to the priority as listed in Annex : 3.

The equipments and materials necessary for the laboratories, field work and office work of Japanese experts will be selected and given specifications by Japanese experts and JICA.

2.4. Local laboratory.

A local laboratory is essential for the field activities in the Project Area. Both Indonesian and Japanese side agreed to establish the laboratory in 1979/1980 and to continue the discussion on this matter.

As the location for the laboratory, the compound of the Indrapura Health Center or place nearby is considered most suitable.

Indonesian side is requested to study the availability of the counter budget for construction and maintenance of the laboratory.

An early dispatch of a Japanese expert of civil engineering is requested to make feasibility study on the construction.

It is also requested to Japanese side to investigate the possibility to make use of a local contractor to build the laboratory using pre-fabricated materials.

3. Budget.

3.1. Proposed budget allocation from the Government of Indonesia for 1979/1980.

a. From Central Government, a total amount is to be about 79.18 million rupiahs which consist of :

- Communicable disease activities 55 million rupiahs.
- Health laboratory services 20 million rupiahs.
- Miscellaneous 4.18 million rupiahs.

b. From the local Government, a total amount of 32.36 million rupiahs has been allocated to be used in the year 1979/1980.

3.2. Budget allocation from JICA in 1979/1980.

A total amount for equipments and materials to be supplied for the activities to carried out in 1979/1980 will be equivalent or more to that allocated for 1978/1979.

4. Miscellaneous.

4.1. Clearance of equipments and materials.

a. To facilitate the procedure of clearance, Indonesian side should set up an appropriate system in cooperation and with the assistance of Japanese coordinator.

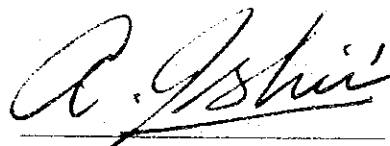
b. Indonesian side is requested to provide sufficient budget for the handling cost.

- c. Shipping of temperature-controlled goods such as sera with special message to the consignee should be made separately from other goods so that quick clearance of the goods could be possible.
- 4.2. List of inhabitants and maps of the selected villages in the Project Area should be prepared as early as possible.
- 4.3. A short telecommunication system is indispensable for the field activity in the Project Area, because of the lack of suitable communication system between Medan and the Project Area. Indonesian side is requested to take the necessary steps to get a license from the authorities concerned. Technical information necessary to the above will be given from Japanese side prior to the supply of the equipment for the system.
- 4.4. Local Government will provide a house for short term experts, maximum 3 - 4 persons at one time.
- 4.5. Indonesian side is requested to recruit sufficient number of drivers for the work of Japanese experts on duty and also requested to provide garage for the vehicles for the project.
- 4.6. Indonesian side is requested to install telephone at the Japanese team-leader's office and a room for Japanese experts at Laboratorium Kesehatan.

Signed at Jakarta on March 14, 1979



Dr. Mangasa Siregar M. Comm. II
Project Manager,
Asahan Health Project,
North Sumatra.



Dr. Akira Ishii
Head of
Japanese Expert Team.

LIST OF EXPERTS REQUESTED

I. Long term expert :

1. Laboratory specialist (Clinical Chemistry).
2. Microbiologist.
3. Malaris parasitologist.
4. Écologist.
5. Sanitary technologist.
6. Public health general.
7. X-ray technologist.

II. Short term expert :

1. Toxicology.
2. Health economist (System Analysis).
3. Serologist.
4. Parasitologist.
5. Entomologist.
6. Bacteriologisy (Cholera specialist).
7. Statistician.
8. Public health (Primary Health Care).
9. Tuberculosis control program specialist.
10. Sanitary engineer in rural water supply.
11. Clinical pathologist (Hematologist).

LIST OF FELLOWSHIPS REQUESTED

- | | |
|---------------------------------|------------------------|
| 1. Malaria | : dr. W. Panjaitan. |
| 2. Cholera | : dr. E. Munte |
| 3. Microbiology, Parasitology | : dr. R. Purba |
| 4. Clinical chemistry | : dr. Mangasa Lubis |
| 5. Communicable disease control | : dr. Sulaiman Lubis |
| 6. Sanitary engineering | : Sutikno BSc. |
| 7. Statistic, Health planning | : Drs Jamaludin Ranbe |
| 8. Health management | : dr. A. Sami Siregar |
| 9. Toxicology | : Drs. T.M. Situmorang |
| 10. Mother & Child health | : dr. RPB Adil Parapat |
| 11. Vaccination program | : dr. Ari Gultom |
| 12. Family planning | : dr. A. Hasan Siregar |
| 13. Food microbiology | : Marcus Ginting |

LIST OF ATTENDANTS

Name :

Position :

I. Indonesian side :

- | | |
|----------------------------------|---|
| 1. dr. R. Soebekti MPH | Director General of Community Health. |
| 2. dr. Mangasa Siregar M.Comm.H. | Chief of Provincial Health Services. |
| 3. dr. L.A. Lolong MPH | Chief of Planning and Programming Unit Dit.Gen. of Community Health. |
| 4. dr. Kumara Rai MPH | Chief of Planning and Programming Unit Dit.Gen. of C.D.C. |
| 5. dr. Suryadi Hadiprodjo | Staff of Directorate of Community Health Services, Dit.Gen. of Community Health. |
| 6. dr. Hutagalung | Staff of Provincial Health Services. |
| 7. drs. Ikrom A. Rifai | Staff of Foreign Affairs Division, MOH |
| 8. drs. Sutaji | Staff of Planning and Programming Unit of Dit. Gen. of Medical Care. |
| 9. drs. Sutrisno | Staff of Dit. of Health Laboratory, MOH |
| 10. dr. Sutopo | Staff of Dit. of Hospital, MOH |
| 11. Prijono Ashari B.Sc | Staff of Planning and Programming Unit, Dit. Gen. of Community Health. |

II. Japanese Side :

- | | |
|---------------------|--------------------------------|
| 1. dr. A. Ishii | Expert in Parasitology |
| 2. dr. M. Yasuno | Expert in Malaria |
| 3. dr. K. Matsuno | Expert in Public Health |
| 4. Dr. K. Tanaka | Acting Team Leader |
| 5. Mr. K. Ichikawa | Embassy of Japan |
| 6. Mr. K. Sato | JICA , Jakarta |
| 7. dr. M. Kanamitsu | JICA Expert (Public Health). |

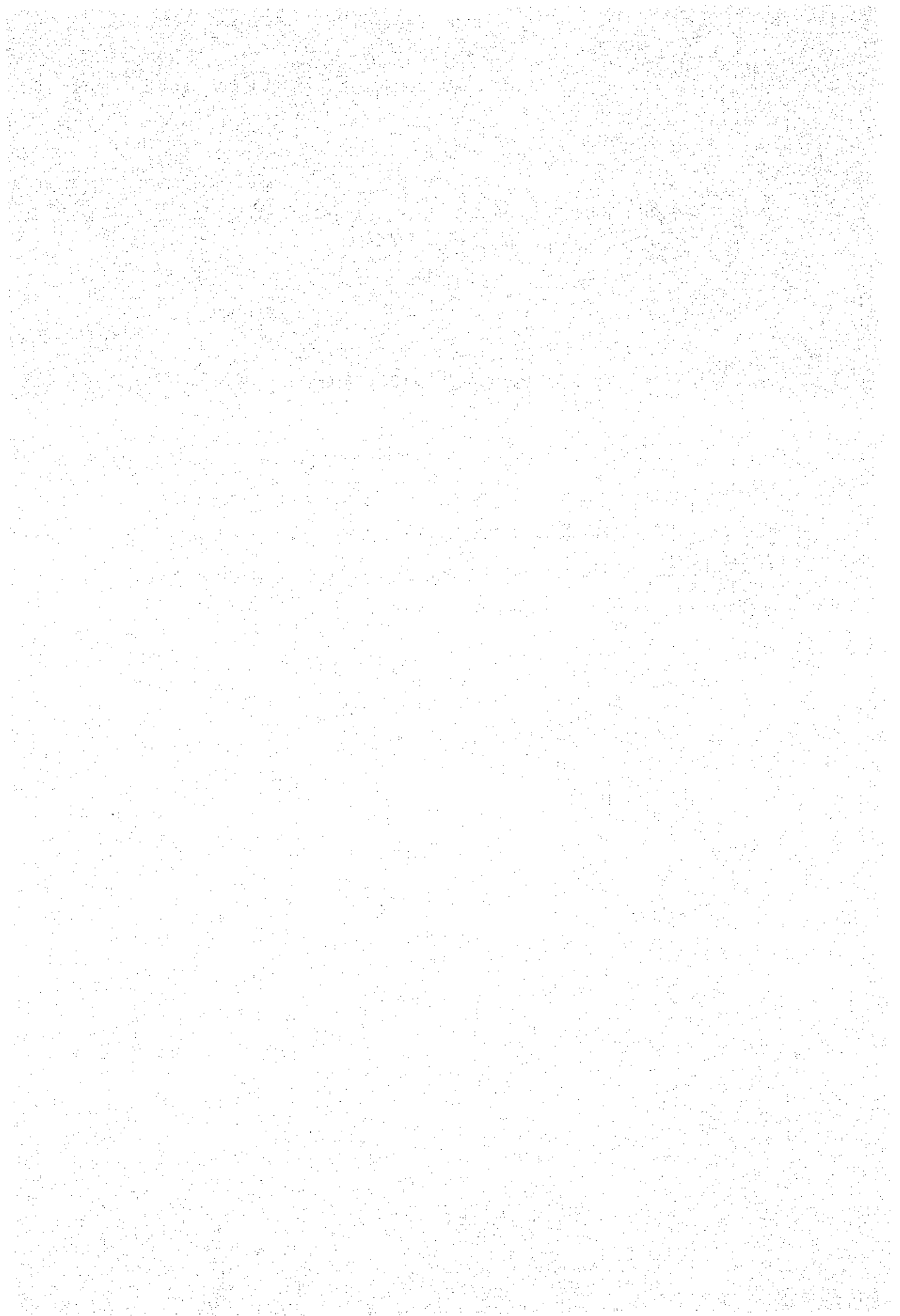
BUDGET ALLOCATION FROM JICA 1979/1980

1. For general equipment about 65 million yen *) (about 195 million rupiahs)
2. For material supply about 35 million yen *) (about 105 million rupiahs)
3. Budget allocation for supplying materials for pre-fabricated local laboratory building is also requested.
4. Budget for consultants and fellowships are to be provided separately from above mentioned budget.

*) Japanese team explained that the above figures do not mean any commitment and are subject to change according to the availability of the equipment and material in Japan

7. プロジェクト国内委員会設置要綱および委員氏名

本要綱は、プロジェクトの日本国内での支援体制を強化する目的で国内委員会を設置することとなり1979年9月6日制定されたものである。委員については、橋本道夫委員長ほか3委員の方がたにご協力いただくことになり、要綱制定日である1979年9月6日に、第1回国内委員会が開催された。



昭和54年9月6日制定

インドネシア北スマトラ地域保健対策
プロジェクト国内委員会設置要綱

第1条 国際協力事業団（以下「事業団」という。）に、インドネシア北スマトラ地域保健対策プロジェクト（以下「プロジェクト」という。）の推進を図るため、昭和54年9月6日からプロジェクト終了までの間、「インドネシア北スマトラ地域保健対策プロジェクト国内委員会」（以下「委員会」という。）を設置する。

第2条 委員会は、事業団総裁の諮問をうけて、事業団が実施するプロジェクトに関する次の事項について審議する。

- (1) プロジェクト実施上の技術的問題に関すること。
- (2) プロジェクトに係る供与機材の仕様に関すること。
- (3) プロジェクトに係る研修員の受入計画に関すること。
- (4) その他プロジェクトの効率的な推進に必要な事項

第3条 委員会は、委員長のほか委員若干名をもって構成する。

第4条 委員は、総裁が委嘱する。

第5条 委員長は、委員の推せんに基づき、総裁が委嘱する。

2 委員長は、委員会の議事を総括する。

3 委員長に支障のあるときは、あらかじめ委員長の指名する委員が、その職務を代行する。

第6条 委員会の招集は、委員長が行なう。

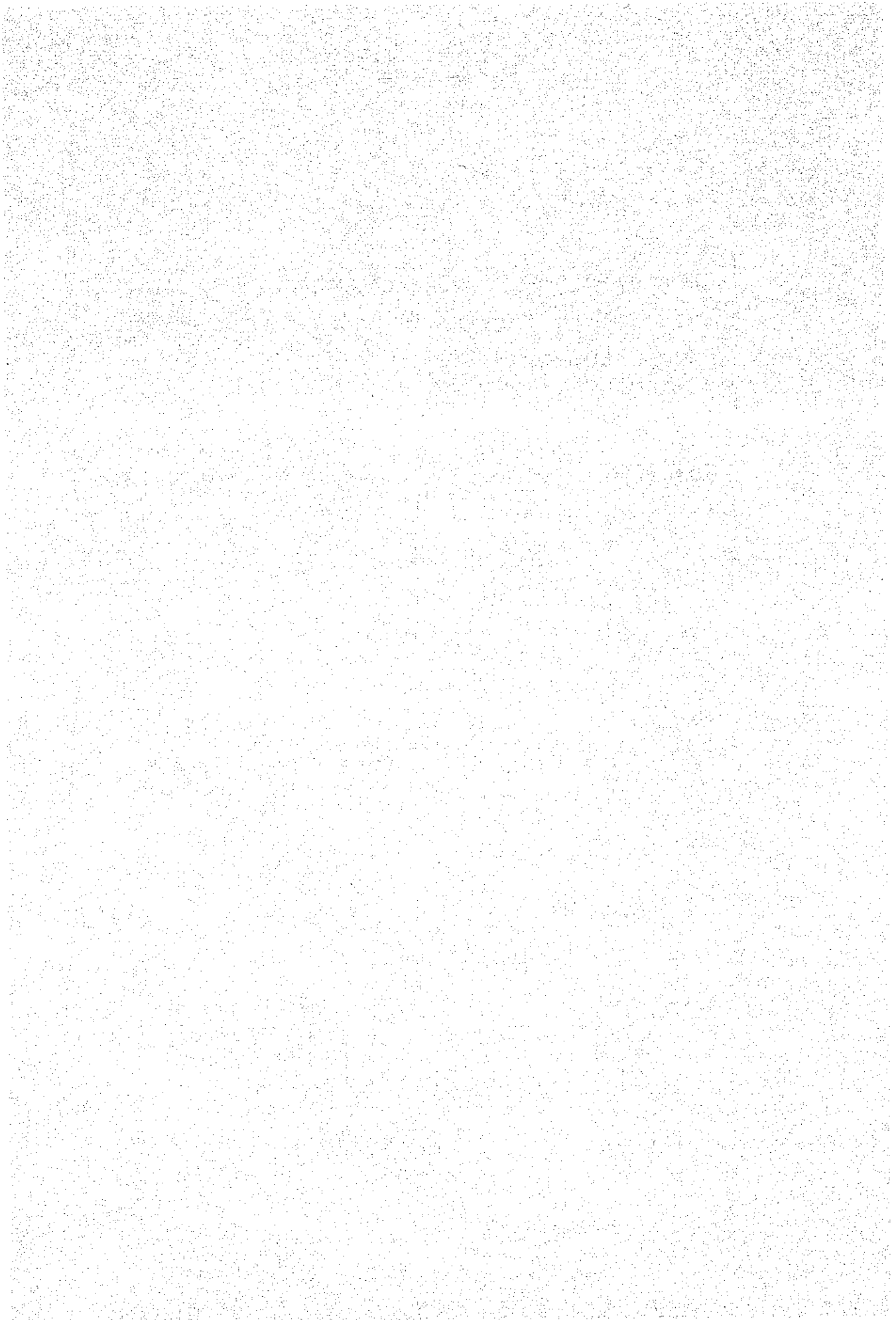
第7条 委員会の庶務は、事業団医療協力部医療第二課において処理する。

国内委員会委員

| | |
|-----|--------------------------------|
| 委員長 | 橋本道夫 筑波大学医学専門学群環境科学研究科教授 |
| 委員 | 石井明 宮崎医科大学寄生虫学教授 |
| " | 内藤正明 国立公害研究所総合解折部主任研究官 |
| " | 安野正之 国立公害研究所生物環境部水生生物生態研究室長 |

8 REPORT OF THE SECOND STEERING COMMITTEE
MEETING OF THE ASAHAN HEALTH PROJECT IN
NORTH SUMATERA

本議事録は、1979年12月15日にジャカルタで開催された第2回ステアリング・
コミティー会議の議事録であり、日本側は、柳橋次雄専門家チーム・リーダー他が
参加。



I. INTRODUCTION

The second steering committee meeting was held under the chairmanship of Dr. R. Soebekti MPH, the Director General of Community Health, on the 15th of December, 1979 in Jakarta.

The meeting was attended by representatives from Indonesian side and representatives from Japanese side (List of attendants : Annex 1).

In the meeting, the progress report of the project during FY 1979/1980 was reviewed and discussed, and several problems were pointed out.

Measures to solve the problems were also discussed and incorporated to the plan of action for FY 1980/1981. Subsequently, meetings with the Team of Experts on Laboratory Construction and Experts on Rural Water Supply were held on the following days (list of name of experts and Indonesian Officials, Annex : 1).

II. PROGRESS REPORT

Progress report of the project activities in FY 1979/1980 was submitted by Provincial Health Services of North Sumatra (Details : Annex 2). Comments and suggestions on important points :

1. Steering Committee Meeting :

Ministry of Health of the Republic of Indonesia agreed to provide round trip tickets between Medan and Jakarta for 2 JICA Experts, twice a year to attend steering committee meetings in Jakarta.

2. Fellowships :

2.1. Transportation cost for fellowship trainees.

- The Provincial Government of North Sumatra is requested to provide round trip tickets between Medan and Jakarta for fellowship trainees.
- Round trip tickets between Jakarta and Tokyo are provided by JICA.

2.2. Bureau of General Affairs, the Ministry of Health of the Republic of Indonesia is requested to speed up administrative procedures for fellowships. Correspondence about fellowships will be undertaken by Bureau of General Affairs, Ministry of Health.

3. Longterm Experts :

3.1. For technical and administrative reasons, longterm experts should stay for two years.

3.2. A formal letter will be sent by the Ministry of Health to JICA concerning this matter.

4. Housing :

The Provincial Health Services will discuss the problem of security for housing for Japanese Experts with the Provincial Government.

5. Handling cost for equipment and materials must be planned thoroughly to identify the responsibilities of the Ministry of Health and the Local Government.

III. PLAN OF ACTION 1980/1981.

III. PLAN OF ACTION 1980/1981.

1. Introduction

In general the activities FY 1980/1981 will be a continuation of activities conducted in FY 1979/1980 (Detailed plan : Annex : 3, to be completed in Medan).

2. Activities with priorities.

Among the activities in FY 1980/1981, high priority will be given to malaria and malaria vector control programs, epidemiological study on enteropathogenic bacteria and enteric parasites, health education and tuberculosis control.

3. Supporting services.

3.1. Experts.

JICA will dispatch experts for the project according to the priority of activities as listed in Annex 4. The project manager will select suitable counterpart personnel for the expert and inform the Japanese Team Leader of their names and qualifications.

3.2. Fellowships

JICA will accept trainees according to the priority as listed in Annex : 5.

Priority will be given to the personnel who work with the experts.

3.3. Equipment and materials.

According to the priority order, JICA will supply equipment and materials necessary for the communicable diseases control, health care delivery services,

health laboratory services, health education activities, and other health related fields mutually agreed upon as necessary.

Besides that, JICA will provide training kits for management, repair and maintenance of rural water supply system, for example, models of drilling and/or boring machines, various types of pumps, motors, etc.

The list and specification of these equipment and materials will be prepared by Japanese Experts and JICA in consultation with the Local Government.

To speed up the equipment supply program, the application forms (A.4) should be submitted to Japanese Embassy, Jakarta, not later than February 29th, 1980.

3.4. Laboratory construction

- The expert team submitted the detailed report on their findings during their stay in the project area.
- A detailed plan for construction was already prepared. This plan still needs approval from the North Sumatra Public Works and Experts at the Ministry of Health.
- All cost of materials and equipment will be born by JICA, while construction cost will be born by the Local Provincial Government.

3.5. Improvement of rural water supply system.

From the standpoint of prevention and control of communicable diseases, both Indonesian and Japanese sides agreed to construct some water supply system in selected areas in 1980/1981 and continue the discussion on this matter.

A preliminary report was submitted by the Water
(*interim*)
Supply Experts Team to the Ministry of Health. The complete report, including the specific plans for
(*Final*)
construction and budgeting will be submitted in early 1980.

4. Proposed budget.

4.1. Budget proposal from the Government of Indonesia 1980/1981, will be worked out by planning units within the Ministry of Health and Local Government during the first week of January 1980.

4.2. Budget allocation from JICA in 1980/1981 for equipment and materials for the project is to be about
¥ 60,000,000 *)

Budget for consultants, fellowships and construction of rural water supply systems will be provided separately from above mentioned budget.

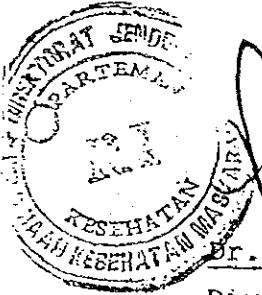
Note : *) Japanese team explained that above figure does not mean any commitment and is subject to change according to the availability of the equipment and materials in Japan.

5. Miscellaneous.

- 5.1. Clearance of equipment and materials.
 - Indonesian side is requested to provide sufficient budget for the handling cost.
 - Shipping of temperature-controlled goods such as sera with special message to the consignee should be made separately from other goods so that quick clearance of the goods could be possible.
- 5.2. For quick inspection and delivery of the equipment, Indonesian side is strongly requested to prepare a special warehouse for the project in Medan.
- 5.3. List of inhabitants and maps of the selected villages in the project area should be prepared as early as possible by the North Sumatra Health Service.
- 5.4. Indonesian side is requested to recruit sufficient number of drivers for the work of Japanese Experts on duty, and is also requested to provide garages for the vehicles of the project.
- 5.5. Indonesian side is requested to install telephones at the Japanese Team Leader's office and at the Indrapura Health Center.
- 5.6. The existing technical facilities, e.g. field laboratory in Indrapura should be made available also for training of medical and paramedical personnel.
- 5.7. Rural water supply projects should be expanded in the future to the areas beyond the project area.

5.8. Indonesian side requests JICA to make every possible effort to provide round trip tickets between Medan and Jakarta for fellowship trainees.

Signed at Jakarta, December 21, 1979



Dr. Soebekti MPH
Director General of Community of Health, Republic of Indonesia.

T. Yanagihashi

Dr. Tsuquo Yanagihashi
Leader of Japanese Expert Team

I. STEERING COMMITTEE MEETING, DECEMBER 15, 1979

LIST OF ATTENDANTS :

I.a. Indonesian Side :

- | | |
|--------------------------------|--|
| 1. dr. R. Soebekti MPH | - Director General of Community Health. |
| 2. dr. Mangasa Siregar | - Project Manager, Asahan Health Project. |
| 3. dr. Reinhart Tampubolon | - Ass. Project Manager, Asahan Health Project. |
| 4. Dra. Setijaningsih | - Directorate of Laboratory. |
| 5. dr. Surjadi Hadiprodjo | - Acting Director of Community Health Service, Dit.Gen. of Community Health. |
| 6. dr. Kumara Rai | - Chief, Planning Division, Directorate General of CDC. |
| 7. Mr. Ketut Sangka J. | - Planning Unit of Dit.Gen. of Medical Care. |
| 8. Mr. Murni Habib | - Planning Unit of Dit.Gen. of Medical Care. |
| 9. dr. Pudjiastuti MPH. | - Director of Health Education, Dit.Gen. of Community Health. |
| 10. dr. Santoso Karo-Karo MPH. | - Acting Chief of Planning Division, Dit.Gen. of Community Health. |
| 11. Drs. Ikrom A. Rifai | - Foreign Affairs Division. |
| 12. Mr. Sumali B.Sc. | - Directorate of Hygiene and Sanitation, Dit.Gen. of CDC. |
| 13. Mr. Priyono Ashari B.Sc. | - Planning Division of Dit.Gen. of Community Health. |

I.b. Japanese Side :

- | | |
|-----------------------------|---|
| 1. dr. Tsuguo Yanagihashi | - JICA Expert |
| 2 dr. Kazuo Tanaka | - JICA Expert |
| 3. Mr. Hiroshi Hashiura | - JICA Coordinator |
| 4. Mr. Kunikazu Teshima | - Japanese Embassy |
| 5. Mr. Akira Kojima | - JICA Jakarta office |
| 6. dr. Matsatsugu Kanamitsu | - Consultant of Center for Biomedical Research. |

ANNEX : 1

II. MEETING OF LABORATORY CONSTRUCTION EXPERTS WITH INDONESIA OFFICIALS,
DECEMBER 17, 1979

JAPANESE EXPERTS

1. Mr. Akio Sakashita
2. Mr. Hiroyuki Ushijima
3. Mr. Koichi Kobayashi

INDONESIA OFFICIALS

1. Dr. Soebekti MPH.
2. Prijono Ashari B.Sc.

III. MEETING OF RURAL WATER SUPPLY WITH INDONESIA OFFICIALS, DECEMBER 18, 1979

JAPANESE EXPERTS

1. Mr. Kazunobu Onogawa
2. Mr. Hideki Yamazaki
3. Mr. Shoji Sasaki
4. Mr. Michio Sekine
5. Mr. Koichi Miyoshi

INDONESIA OFFICIALS

1. Dr. Soebekti MPH.
2. Dr. Reinhart Tampubolon.
3. Prijono Ashari B.Sc.

List of Experts requested.

I. Long term experts.

1. Expert on water supply system
2. Public Health (General)
3. Virologist
4. Parasitologist
5. Expert on other health related field mutually agreed upon as necessary.

II. Short term experts.

1. Tuberculosis control program specialist.
2. Health statistician
3. Sanitary engineer in rural water supply.
4. Expert on other health related field mutually agreed upon as necessary.

Fellowships requested.

1. Malariology
2. TBC control program for doctors
3. TBC control program for para medical workers
4. Immunization program
(Especially for management of temperature controlled medicines)
5. Sanitary engineering on rural water supply
6. Toxicology
7. Serology for Venereal Diseases
8. Haematology
9. Public Health Administration
10. Hospital Administration
11. Environmental Health (Pollution Control)..

PROVINCIAL HEALTH SERVICE OF NORTH SUMATRA
41 AA, JALAN PROF.H.M.YAMIN S.H.MEDAN

PROGRESS REPORT
OF THE ASAHAN HEALTH IMPROVEMENT PROJECT
FISCAL YEAR 1979/1980

The activities of the project in FY 1979/1980 are based on the Record of Discussion signed on October 10, 1977 and the Report of the First steering Committee Meeting signed on March 10, 1979.

1. General Objectives.

In general, the objectives of activities carried out in 1979/1980 are :

- 1.1. Promotion of communicable disease control.
- 1.2. Promotion of health care delivery services.
- 1.3. Promotion of health laboratory services.
- 1.4. Promotion of other health related fields mutually agreed upon as necessary.

2. Specific Objectives.

Due to limitation of fund, specific objectives of the activities in 1979/1980, are :

2.1. Promotion of communicable disease control in the fields of :

- a. Malaria
- b. Tuberculosis
- c. Hygiene and Sanitation
- d. Immunization
- e. Worn control.

2.2. Promotion of health care delivery services by :

- a. Improvement of facilities in the Regency Health Service of Asahan, Public Hospital in Kisaran₂ and 3 Health in the project site.
- b. Technical guidance and provision of fellowship for Indonesian staff members.

- 2.3. Promotion of health education by improvement of equipment facilities and technical guidance to the staff members.
- 2.4. Promotion of health laboratory services by :
 - a. Improvement of laboratory equipment.
 - b. Provision of technical guidance and fellowship for Indonesian staff members.
- 2.5. Promotion of other health related fields mutually agreed upon as necessary:
 - a. Bacteriology
 - b. Entomology
 - c. Parasitology
 - d. Rural water supply, etc.

3. Scope of the Project.

The activities of the project cover three kecamatan in Asahan Regency, i.e: Kecamatan Medang Deras, Air Putih and Lima Puluh, with the Regency Hospital in Kisaran as referral hospital and Health Laboratory in Medan as referral laboratory.

4. Activities of the Project.

The activities of the project can be classified into two categories, i.e. general affairs activities and technical activities.

4.1. General affairs activities :

4.1.1 General affairs activities carried out by the Japanese side :

a. Provision of equipment.

Until Dec.1979, no equipment for FY 1980/1981, has arrived in Medan.

b. Provision of materials and chemicals.

Until Dec.1979, nothing has arrived in Medan.

c. Provision of service of experts.

- Long term experts.

- Dr.N.Kusazawa -/ Bacteriology
- Dr.K.Tanaka - Entomology
- Mr.H.Hashiura - JICA Coordinator
- Dr.T.Yanagihashi- Team leader

- Short term experts.

- First group:

- Dr.M.Hashimoto - Public Health
- Mr.K.Onogawa - Sanitary Engineer
- Mr.K.Miyoshi - JICA staff

- Purpose of the visit was to conduct a preliminary survey on rural water supply problems.

- Second group:

- Dr.J.Yamamoto - (JICA)
- Dr.Uematsu - Public Health
- Dr.Michishita - (JICA)

- Purpose of visit was to discuss ~~some~~ construction of laboratory in Indrapura.

- Third group:

- Mr.K.Kobayashi) Department of Public
- Mr.H.Ushijima) Construction
- Mr.A.Sakashita)

- Purpose of the visit was to prepare a final draft and to make detailed budget calculation of laboratory construction in Indrapura.

- Fourth group:

- Dr.M.Hashimoto - Public Health
- Mr.K.Onogawa - Sanitary Engineer
- Mr.K.Miyoshi - JICA staff
- Mr.K.Yamazaki - Water Supply Engineer
- Mr.S.Sasaki - Water Supply Engineer
- Mr.H.Sekine - Hydrogeologist

- Purpose of the visit was to establish master plan of drinking water supply system and prepare design for implementation of water facilities in several selected places.

d. Provision of fellowship for Indonesian staff members.

In FY 1979/1980 JICA provides fellowship for 5 Indonesian candidates.

- A staff member of Medan Health laboratory, namely Dr. R.P. Purba has completed a training program on Parasitology in Japan .
- Mr. Marcus Ginting, a staff member of Medan Health laboratory is having a training program on Food Microbiology.
- Mr. Hari Sutikno B.Sc, a sanitary engineering staff member from Regency Health Service of Assahan has been definitely scheduled to get a training program in Japan starting from January 1980.
- Two other candidates are waiting for further processing.

4.1.2. General affairs activities carried out by the Indonesian side :

- Office space for experts with incidental facilities has been gradually provided.
- Counterpart personnel for experts has been appointed according to their own expertise.
- Provision of expense for project implementation according to budget availability.
- Provision of transportation cost for goods donated by JICA has no problem so far, because at this moment no goods have arrived in Medan.
- Provision of vehicles with gasoline and driver for experts during working hours has some problems due to lack of fund.
- Provision of travel cost in Indonesia for experts has some problems due to lack of fund.
- Provision of furnished housing for short term experts can not be accomplished due to lack of fund.
- Tax exemption for experts has no problem.

- Provision of medical service for the experts and their families has no problem so far. The experts seem to be able to take care of their health.
- Ascertainment that the knowledge and experience acquired by the Indonesian trainees in Japan will be utilized effectively for the project, has no problem so far because up to this moment all of the Indonesian staff members that are sent to Japan, are directly related to the project.
- Efforts to facilitate clearance of equipment donated by Japan have been taken based on experience in the past. List of equipment request has been prepared more accurately with detailed specification in cooperation with JICA experts.
- List of inhabitants and map of selected villages in the project area is being prepared in cooperation with local government of Asahan.
- License for installation of SSB - Radiotelephone has been processed by the Ministry of Health.
- Installation of telephone in the office of the team leader and in a room for Japanese experts at the Health Laboratory is under processing.

4.2. Technical activities.

4.2.1. Technical activities by Japanese side.

In FY 1979/1980 JICA experts who work for the project in Medan consist of four long term experts and several short term experts.

The long term experts are led by a team leader whose job is to coordinate the activities of the experts and to check their reports before submitted to the Indonesian side.

The team leader is assisted by a coordinator who is in charge of administrative affairs.

The bacteriologist has functioned in guidance and technical counselling for Indonesian staff members in the preparation, implementation and evaluation of laboratory examination activities for community diseases.

He also takes part in collection of specimens in project area and examination of the specimens in the laboratory.

Besides that, he also offers regular courses for Indonesian laboratory workers in an effort improve their knowledge and skill.

The entomologist has functioned regularly to guide and assist his Indonesian counterparts to conduct field work.

With better methods and better equipment they collect and identify various kinds of insects in the project area, especially those that are closely related with transmission of diseases.

The short term experts have functioned for various things according to their own expertise, such as survey of rural water supply system, construction of prefabricated laboratory etc.

4.2.2. Technical activities by Indonesian side.

4.2.2.1. Malaria control.

a. Malarionetric survey.

Until September 1979 malarionetric survey activities have covered 4 villages in Kecamatan Medang Deras and 5 villages in Kecamatan Lima-Puluh. In Kecamatan Air Putih malarionetric activities and house spraying are not conducted in 1979/1980 because the results of malarionetric survey in 1978 in 5 index villages indicated that parasite rate is 0 %.

Following is a table of the results of malarionetric survey in 4 index villages in Kecamatan Medang Deras.

From 1644 blood specimens collected, 25 are positive.

Table : 1.

| Villages | Number of blood specimen | Positive cases | Parasite rate (%) | Species | | | |
|-----------------|--------------------------|----------------|-------------------|---------|----|---|-----|
| | | | | F | V | M | Mix |
| Pangkalan Dodek | 791 | 16 | 2,02 | 6 | 10 | - | - |
| Sidomulyo | 236 | 2 | 0,85 | - | 2 | - | - |
| Aek Nauli | 147 | 3 | 2,04 | - | 3 | - | - |
| Medang | 470 | 4 | 0,85 | 1 | 3 | - | - |
| Total | 1644 | 25 | 1,52 | 7 | 18 | - | - |

F = Plasmodium Falciparum
V = Plasmodium Vivax
M = Plasmodium Malariae
Mix = Mixture

In kecamatan Lima Puluh 2618 blood specimens were collected for malarionometric survey. The results are not yet available (under process).

b. House spraying.

In the first stage of house spraying activities FY 1979/1980, 2.448 houses in 6 designated villages in Kecamatan Medang Deras and 9.576 houses in 9 designated villages have been sprayed.

Table : 2.
House spraying in Kecamatan Medang Deras

| Villages | Number of house sprayed | Amount of D.D.T. used (packages) | Number of houses not sprayed | | | | Date of spraying |
|------------------|-------------------------|----------------------------------|------------------------------|---------------|---------------------|-------------|------------------|
| | | | Owner rejects | Owner is sick | The house is closed | Unnecessary | |
| Kampung Medang | 575 | 492 | 2 | 3 | 19 | - | Nov. 79 |
| Hamas Sian | 385 | 370 | - | - | - | - | ditto |
| Sungai Rakyat | 546 | 535 | - | - | - | - | ditto |
| Pangkalan Dodek | 439 | 400 | 214 | 32 | 40 | - | ditto |
| Sidomulyo | 324 | 313 | - | - | - | - | ditto |
| Aek Nauli | 179 | 174 | - | - | - | - | ditto |
| Total 6 villages | 2.448 | 2.284 (packages) = 1.295 kg. | 216 | 35 | 59 | - | |

House spraying in Kecamatan Lima Puluh

| Village | Number of houses sprayed | Amount of D.D.T. used (packages) | Number of houses not sprayed | | | | Date of spraying |
|------------------|--------------------------|----------------------------------|------------------------------|---------------|---------------------|-------------|------------------|
| | | | Owner rejects | Owner is sick | The house is closed | Unnecessary | |
| Lima Puluh Kota | 497 | 485 | 11 | 2 | 5 | 6 | Nov.1979 |
| Sumber Padi | 614 | 603 | - | - | - | - | ditto |
| Mangka Baru | 700 | 667 | - | - | - | - | ditto |
| Bapat Negeri | 591 | 486 | - | - | - | - | ditto |
| Lubuk Besar | 771 | 669 | - | - | - | - | ditto |
| Mr Itam | 541 | 520 | - | - | - | - | Dec.1979 |
| Pematang Panjang | 1.563 | 1.557 | - | - | - | - | ditto |
| Guntung | 520 | 500 | - | - | - | - | ditto |
| Prupuk | 1.331 | 1.231 | 13 | 46 | 66 | 2 | ditto |
| Total 9 villages | 7.128 | 6.718 packages =3809,6 kg | 24 | 48 | 71 | 8 | |

4.2.2.2. Tuberculosis control activities.

Activities of Tuberculosis control program until October 1979 can be seen in the following table.

Table : 4.

Annual targets and achievement rate of Tuberculosis control activities in 3 Health Centers

| Health Center | Annual target for bacteriological examination | Achievement in 2 quarters | Annual target for patient treatment | Achievement in 2 quarters |
|---------------|---|---------------------------|-------------------------------------|---------------------------|
| Medang Deras | 324 | 145 (35%) | 48 | 20 (42%) |
| Lima Puluh | 334 | 34 (9%) | 43 | 12 (25%) |
| Indrasura | 48 | 545 (114%) | 80 | 51 (64%) |
| Total | 1.246 | 725 (58%) | 176 | 83 (47%) |

Examination to determine positive cases of suspected patients has not been finished because of some factors such as: lack of trained personnel inadequate fund for operational expense, poor road condition, lack of awareness of people etc.

4.2.2.3. Worm control activities.

1. Mass treatment has been conducted for 4.498 population, as follows:

- Kecamatan Air Putih 3.552 population
- Kecamatan Lima Puluh 946 population

2. Survey has been conducted for 1.118 population.

Qualitative examination give results as follows:

- Prevalance of *Ascaris lumbricoides*: 979 (82,4%)
- " of *Trichiuuris trichura*: 557 (46,88%)
- " of *Ancylostoma duodenale*: 335 (23,88%)

3. Survey of worms and other intestinal parasites has been conducted in cooperation with bacteriology expert from JICA.

At this moment they have completed the survey in Sei buah Keran village and Lima Sundai village.

The results of the survey will be submitted after total completion of the survey.

4.2.2.4 Immunization program.

- Coverage targets of immunization program in FY 1979/1980 are listed in the following table.

Table: 5.

Coverage targets of immunization program in FY 1979/1980

| No. | Kecamatan | Population | Target population | | |
|-------|--------------|------------|-------------------|---------|-------|
| | | | Smallpox | BCG-DPT | TTT |
| 1. | Medang Deras | 26.273 | 770 | 1.026 | 656 |
| 2. | Air Putih | 55.137 | 1.561 | 2.081 | 1.450 |
| 3. | Lima Puluh | 64.431 | 1.896 | 2.524 | 1.610 |
| Total | | 146.041 | 4.227 | 5.631 | 3.716 |