

(3) Villages under survey

(District)

(Village)

Air Putih

- (1) Sipare-pare
- (2) Sei Suka Deras
- (3) Tanjung Seri
- (4) Kuala Tanjung
- (5) Tanjung Kubah

Lima Puluh

- (1) Simpang Gembus
- (2) Sumber Padi

Medang Deras

- (1) Pakan
- (2) Tanjung Sigoni
- (3) Pematang Cengkering

Total 10 villages

(4) Particulars of the survey

i) Localities of survey

Survey localities were selected by random sampling method.

ii) Households and implementation

A total of 682 households, consisting of roughly 10% of the whole houses (6.911) in 10 villages, were randomly sampled. Each household was visited and interviewed with questionnaire.

The data on water quality were also collected by using water quality monitor. The examination items were:

- a) Air temperature
- b) Water temperature
- c) pH
- d) Coli form
- e) General bacteria
- f) NH_3
- g) Conductivity
- h) Fe
- i) Cl^-
- j) DO
- k) Turbidity

iii) Pretest

Prior to the field survey, a pretest was done to ensure that all materials were ready for use. This pretest was useful to determine correction factor of each equipment and for the surveyors to be ready.

4. ADMINISTRATION

4.1 The 2nd Executing Board Meeting

The 2nd Executing Board Meeting was held at the Medan Laboratory on the 4th of May 1985, under the chairmanship of Dr.M. Hariadi, the Project Manager. In this Meeting, establishment of the small Working Committee for Preparation of the 9th Steering Committee Meeting was approved.

4.2 Preparation for the 9th Steering Committee Meeting

The working Committee was held on the 1st of June, and again on the 27th of June 1985. The preparation is now on progress. The Steering Committee Meeting will be held on the 28th and 29th of August 1985 in Medan.

4.3 Equipments and supply

All of the equipments and supply under the JICA budget FY 1983/1984 were received during this quarter. A part of those under FY 1982/1983 were also received, but some of them are still at the storehouse of Belawan.

4.4 Fellowship

Under the fellowship system of JICA, Dr.M.Hariadi left Indonesia for Japan on the 29th of June. He is expected to come back on the 24th of July 1985.

JICA EXPERTS ATTACHED TO THE PROJECT

Name	Speciality	Expected end of assignment
T. Suzuki	Team Leader	28 Oct. 1987
K. Shimomura	Coordinator	29 May 1986
H. Itokawa	Malariologist	19 Jul. 1985
Ch. Imai	Malaria: Vector Ecologist	24 Jul. 1985
H. Yamagi	Malaria: Vector Control Specialist	28 Aug. 1985
H. Igarashi	Water Supply Specialist	27 Nov. 1985

DISTRIBUTION LIST

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EXECUTING BOARD MEMBER IN MEDAN

I. Project Manager

Dr.M. Hariadi, Ka.Kanwil Dep.Kes.R.I.
Propinsi Sumatera Utara.

II. Deputy Project Manager

Dr.R. Tampubolon, MPH./Ka.Sie.Evaluasi dan
Laporan Kanwil Dep.Kes.R.I. Prop.Sumatera Utara.

III. Member

1. Dr.R.B.P.Adil Parapat, SKM./Ka.Bidang P2E.
Kanwil Dep.Kes.R.I. Prop.Sumatera Utara.
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Kanwil Dep.Kes.R.I. Prop.Sum.Utara.
3. Dr.Masroel Siregar, SKM./Ka.Bidang Bim.Dal.P2M.
Kanwil Dep.Kes.R.I..Prop.Sum.Utara.
4. Dr.Hansar Siregar, SKM./Ka.Bag.Tata Usaha
Kanwil Dep.Kes.R.I. Prop.Sum.Utara.
5. Dr.R.Sudiranto/ Kepala Balai Laboratorium
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Pemulihan Kesehatan Din.Kes.Prop.Dati I Sum.Utara.
8. Dr.W.Panjaitan, STMH./Ka.Sub.Dinas P2M. Din. Kes.
Prop.Dati I Sum. Utara.
9. Dr.T.B.H.Lumbanraja, M.Comm.H./Ka.Sub.Dinas
Pemb.Kes.Lingkungan Din.Kes.Prop.Dati I S.U.
10. Dr.Mara Laut Siregar, SKM./Ka.Sub.Dinas PKM.
Din.Kes.Prop.Dati I Sum.Utara.
11. Drs.B.Doloksaribu, M.Comm.H./Ka.Sub.Dinas
Kesejahteraan Keluarga Din.Kes.Prop.Dati I
Sum.Utara.
12. Dr.Husni Thamrin Nasution, SKM./Kepala Dinas
Kesehatan Kabupaten Dati II Asahan.

GUIDELINES FROM DIRECTOR GENERAL OF
COMMUNITY HEALTH FOR PROGRAM PLANNING
FOR FY 1986/1987 IN COOPERATION BETWEEN
THE GOVERNMENT OF INDONESIA AND JICA IN
ASAHAN REGENCY (OTA - 43)
(ENGLISH TRANSLATION)

#. Delivered in the steering committee meeting on August 30 - 31, 1985 in Medan

2. The proposals which had been submitted by the Province of North Sumatra seemed to be separate proposals

They did not seem to be an integrated and comprehensive entity

The proposals which had been submitted could be used as appendices for the coming paper.

It is important to make clear statement of the objectives which will be achieved in details.

For that purpose it is necessary to take into account basic policies which have been agreed by both sides in the cooperation as follows :

2.1. Special emphasis will be given on reduction of infant mortality through improvement of services by health centers and sub-health centers, increase of coverage of target population, especially mothers, babies and children, and through development of manpower by various means such as training, fellowship and transfer of technology.

2.2. The activities are carried out only in 7 kecamatan in Asahan regency :

a. 3 old kecamatan (Medang Deras, Air Putih, and Limapuluh)

b. 4 new kecamatan (Tanjung Tiram, Buntu Pane, Pulau Rakyat and Bandar Pulau).

3. Therefore, in the development of the Plan of Action for FY 1986/1987, of the cooperation between the government of Indonesia and JICA in the Asahan Health Improvement Project (OTA - 43), some guidelines must be taken into account as follows :

3.1. Introduction :

Some points must be put forward :

a). Direction for five years ----- reduction of infant mortality.

b). Programs with priorities, in line with the afore mentioned policy.

c). Target population and location which will be covered (in details).

3.2. Objective

3.3. Activities

In this case, activities in each kecamatan should be stated in details.

The activities in the kecamatans can be similar, but they can also be different from one kecamatan to another

3.4. Target

a. For each kecamatan, the target for each activity should be stated, concerning :

- the population which will be covered in FY 1986/1987
- location in the villages in each kecamatan

b. In relation to the targets, achievement in preceding years need to be taken into account

3.5. Budget proposal

Based on the afore mentioned points, budget needs to be proposed in details (to the national level and to the provincial-level) and the budget should be allocated in corresponding projects.

4. Some policies should be used as basis for development of plan for FY 1986/1987, as follows :

- 4.1. Due to limitation of budget availability, principles of effectiveness should be applied.
- 4.2. To step up the function of health centers, especially in planning and evaluation aspects, it is important to improve the capacity of the health centers in micro planning.
- 4.3. To expand the coverage of health services through improvement of community participation in reduction of infant mortality and underfives mortality, development of integrated service post (POSYANDU) is of great importance.
- 4.4. Development of manpower through fellowships, should be arranged as much as possible in Indonesia.
- 4.5. JICA assistance supply should be emphasized in training programs especially micro planning.

GUIDELINES OF THE PROJECT
ADDRESSED BY
CHIEF OF THE JAPANESE MISSION

Thank you Mr. Chairman, Ladies and Gentlemen,

At first I would like to express my deep appreciation for warm acceptance of Japanese experts to the programme, and also I would like to express my pleasure for steady progress and development of OTA - 43.

Right now, on listening to the statement of the Director General, Dr. Suyono Yahya, Chairman of this Steering Committee Meeting (SCM), I think, now we come up to the new stage how to finalize all programmes within the coming three years and several months. We had studied each sectorial programme ; Communicable Diseases Control, Laboratory Services, Cholera Identification, Malaria Entomology, Malaria Control and Well Construction, etc.

Most of those sectorial programmes look like too independent. We need to try how to integrate those sectorial programmes to meet the needs expressed by national goals and aspiration of Indonesia, which were provided by REPELITA IV as detailed planning forms, particularly within the context of the improvement of infant mortality rate. This is a very big issue for national health, and also a quite important issue of future generation as scientists. It is not merely the target of community health promotion project, but also a kind of national development goal for better welfare state as a whole.

From JICA standpoint, this year is the second year of second 5 year project. Only three years and several months have been left. As it was expressed in the occasion of the extension, the second 5 year means the end of this project. No extension can be expected. That is the reason why we would like to examine what is going on and to promote better cooperation further.

On listening to the suggestion and guidance to form more well focused programme in OTA-43, I think, it is a very natural perception, because the pattern of piecemeal independent sectorial projects have been going on by this time with rather diffusing focus. Never the less, I would like to remind the feature of development process of public health from sectorial programmes to an integrated programme with gradual process.

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The histories of national and community health development in many countries in the world have also revealed similar experiences. This is really a big challenge for health workers. There are various stages and patterns of integration among sectorial programmes at given stage of development and health problem. We need integration among on going sectorial programmes to meet the needs, directed by REPELITA IV.

From the standpoint of JICA, I would like to report at first one of the the new progress in response to the strong request expressed at the last SCM. As addressed by Director General Yahya about how to improve infant mortality rate, it is the goal of integration among on going sectorial programmes by the end of second 5 year programme. In the first five years, we did not provide any expert for MCH, because it was explicitly stated that no specific programme for MCH was expected for OTA-43. Therefore, we did provide assistance for basic infrastructure development for health centers in project area and laboratory services. But, now we are requested to provide technical cooperation for improvement of infant mortality rate.

This is a new expanded scope for OTA-43. In relation to infrastructure development, we did not touch yet on BPU and BKIA, which are the front line for MCH. Those are basic and essential grassroot organization at community level. It is our impression that organizational structures and guiding principles for health service are very excellent in Indonesia, particularly recruitment and staffing of health center doctors of active ages. The direction of integrated approach among diarrhea, immunization, nutrition, MCH and family planning at community level is also the typical example.

However, effective practice of the integration at community level is not an easy task. It is also to be noted that the figure of infant mortality rate can be calculated at national level through excellent stochastics by expert study team, however it is impossible to work out in the health center level, because of the lack of vital statistics system at present. Here is the point we must cooperate each other for improvement of infant mortality rate by the end of second 5 year programme.

Our cooperation programme has now come to the stage how to make organized integrated approach among those resources which is stressed by Dr. Yahya right now. I think this is the very important stage for OTA-43 at present.

In

In view of the importance of integration for community health promotion project in surrounding area of Asahan Development Project, I would like to emphasize the two important phases of integration.

From the standpoint of available resources integration, it is important to consider the implication of Asahan Regional Development Project for community health promotion.

Regional development project has been aimed to up-grade social and economic level of nation as well as development region, that is Asahan Regency and also North Sumatra Province. Social and economic uplift is indispensable for community health promotion, particularly for improvement of infant mortality. OTA-43 social up-grade from standpoint of community health. Through regional development project, various resources are used to be developed. Through my observation for past 6 years, there has been clear sign of social and economic improvement along the roadside of project area.

Identification and approach to social resources in regional development situation is the important role of community health administrator, particularly for promotion of public participation.

However, those approaches involve social, cultural and political affairs in the community concerned. This is your internal affairs, therefore we can not touch deeply in this problem. Nevertheless, this is an important policy issue for community health promotion project.

Secondly, I would like to stress intra-health integration approach.

This is the essential task for us, both of Indonesia and Japanese sides. How to integrate malaria control programme with MCH ? How to integrate well construction and maintenance programme with MCH ? How to integrate TB control programme with MCH ? Those are the crucial issues for improvement of infant mortality rate.

It is easy to say, but difficult to practice. Everyone agrees and supports the philosophy and principle for integration, but in reality of administration with constraints of budget and personal for each sectorial programme, coordinated planning and implementation in horizontal lines among vertically commanded administrative lines are very difficult.

Planning, implementation and practice of each sectorial programme activity should be coordinated as much as possible to achieve integrated community health approach with organized efforts among administrators, managers and leaders concerned.

I would

I would like to emphasize the efforts of coordination and integration to Japanese experts, as well as Indonesian sides. In every occasion of planning and implementation, close communication and negotiation for time, place and occasion of the programme activities are indispensable.

In case of expected environmental management approach, this is not only scientific and technical matters, but also deeply related to villagers interests for their livelihood. Without their participation with their own incentives, environmental management practice, rooted in their village lives and activities, can not be achieved. Passive case finding of malaria and subsequent clinical therapeutic service with emphasis of child health may promote better relations with villagers. This is also an integral part of MCH for improvement of infant mortality rate.

I am instructed by JICA headquarter to start rural well construction programme in 1986 FY, similarly to the first 5 year programme. Therefore, in addition to the existing five rural wells in the first five year, we are to construct new rural wells, in principle in newly expanded project area.

JICA is preparing to send the team for implementation design in autumn, if requested by Indonesian side. In the first five year, five wells had been constructed. The number of new wells to be constructed will be finally decided by the cost estimate of the team of implementation design.

High inflations has been observed in Indonesian side, however value of Yen has been upvalued recently.

I can not say definitely at present how many wells will be constructed five, or six or four. This is the reason why we are urging to send the team for implementation design as early as in this autumn.

I would like to advice to examine the past experience in the first 5 year to achieve better and successful well construction project. Both successful and failing cases are observed in the first five year programme.

In one case, the candidate site was surveyed and the well was designed. However, the site was opposed by landowner. Then the well was constructed at a different site without survey. The well did not work well. This was the case of failure. In the case of Indrapura health center, the well was successful for both health center and neighbourhood villagers.

In the

In the case of Medang Deras, maintenance of the construction well was managed through public participation. It was very successful at first stage. But, there came trouble after the construction of pipeline, due to the conflicting interests among villagers. The problem of water distribution and sharing of the necessary cost for well maintenance is the key for success of rural well construction project. This is an important task for new well construction. Complex political problems may be involved for selection of candidate sites and its decision. But, without the provision of candidate sites, implementation design and cost estimate can not be expected by the end of this fiscal year.

In the last SCM, it was stressed that the improvement of infant mortality rate from 90/1,000 to 70/1,000 was directed as the goal of REPELITA IV. The Director General Yahya visited Japan early this year and reviewed the historical efforts and performance of child health programme at national and local levels. Dr. Suzuki, team leader, requested JICA headquarter to examine feasibility of technical cooperation by a child health expert. In response to the new request, I had visited Ministry of Health and Welfare of Japanese Government to ask support and cooperation. Dr. Kondo, Director of Maternal and Child Health Division, had kindly made arrangement with the National Child Health Research Institute (NCHRI) for technical cooperation in OTA-43. Prof. Kobayashi, Director of NCHRI, said that there are a considerable number of trainees from developing countries to NCHRI and the National Children Hospital in recent days. Prof. Kobayashi had expressed his interests in child health problem in developing countries and willingness to participate with his staffs to OTA-43. He recommended an expert of pediatrician with background of health center doctor, hospital and research institute for mental health.

I met him before I came to Jakarta. He is at an active working age with satisfactory background of pediatrics and willingness to serve as a long term expert for OTA-43. I was told that he will be available from July 1986. The National Child Health Institute is not merely an academic research institute, but also with wide range of scope and programme of child health such as ecology, statistics social, cultural and economic issues of child health management at national, local and community levels.

It is

It is my pleasure to report you that JICA is ready to provide technical cooperation for improvement of infant mortality rate from 1986 FY. Only three fiscal years are available for this programme, therefore, we must try to develop the best and effective ways for planning and implementation of the new programme.

The training course, started from the first 5 year, has been steadily expanding in the second 5 year. In addition to the TB course which was started in the first 5 year, malaria and well management courses have been added.

Child health course will be added from 1986 FY. Now, I would like to emphasize the needs for follow-up of trainees as much as possible.

For example, those trainees for well management go back to their villages after they learn how to repair and maintain rural wells. What they are doing at present? Do they have kits and parts for repair and management? Where do they get necessary supply? How is the cost for repair and maintenance?

Those are the example of key issues to be followed-up, and then to promote necessary ways and means to support their activity at their villages. It is also important to support them through health education campaign. Villagers should be informed, trained and enlightened for better rural well management programme.

It is also important to establish the ways and means to maintain the programme through appropriate cost sharing by villagers themselves.

This is one of the basic elements of primary health care for safe water supply.

At last I would like to remind you again that the term of OTA-43 remains only for three fiscal years and several months at present. Within the constraints of budget and personnel planning and implementation of OTA-43 should be carried out with appropriate sense of priority and orientation for allocation of budget and time. Particularly, I would like to stress the important goal for malaria control programme. The most important and concrete issue is to develop the control measures of An.sundai-cus as technical administrative practice with community participation. In spite of expansion of the project area, the programme site for control measures development should be confined to the same area as in the first five year programme.

For

For promotion of primary health care, basic infrastructure development through net work of health center, BPU and KIA is basic, essential and indispensable.

For rural well programme, establishment of a workshop with depot of kits and parts for maintenance and repairs is indispensable. Indonesian trainers should be brought up as counterpart of Japanese experts.

In the statement of Progress Report by Dr. Hariadi, he mentioned about the health education media center, which has been proposed past few years as a center of national network. I was instructed by JICA Headquarter to discuss the idea of a monument like programme as a grant-aid programme at the end of OTA-43. We hope to establish a kind of monument facility with necessary equipment, if possible.

We would like to ask Indonesian side to consider about the proposal about monument programme, which will be built here in North Sumatra. Of course, this is not simple matter. We can not make commitment about grant-aid programme at present, because there is the priority problems for grant-aid programmes in both sides of Indonesia and Japan. This is a matter of concession through diplomatic route. Therefore, we can not make commitment, but we would like to realize the programme.

I was instructed to propose the monument programme to Indonesian side at this SCM. You have your options of proposal for monument programme ; Health Education Media Production Center, Training education and information center, or hospital or something else.

This is the matter of your decision for proposal. We would like to know your response. JICA is waiting for your official proposal. We would like to do maximum effort to materialize the programme in Tokyo. We hope your maximum effort from Indonesian side.

I hope the matter will be examined in official diplomatic talk. At last, I would like to say thank you very much for your warm and well prepared SCM here today and to express congratulation for good progress report by Dr. Hariadi.

I would like also to express my thanks and respects to the very illuminating and encouraging address by Director General, Dr. Suyono Yahya.

Thank you very much for your kind listening.

STATEMENT

JICA/HQ Mission

In order to promote sound progress of the project activities, we would like to ask your kind consideration in solving the following problems.

1. Shortage of the counterbudget

1.1 Overall View

The total amount of the counterbudget provided either from the national budget of Indonesia or from the provincial budget of North Sumatra was Rp. 32,570,000 in FY 1978/1979, when the Project was established. It then increased gradually, and amounted up to Rp. 97,629,000 in FY 1982/1983; but thereafter it dropped to Rp. 35,515,000 in FY 1983/1984. In FY 1984/1985 it was Rp. 44,202,000, which included Rp. 17,000,000 for charge of receiving equipments and material donated by JICA. Therefore, the real running cost for the Project in FY 1984/1985 was only Rp. 27,202,000.

The efforts of the Provincial Government to disburse such a big amount for receiving equipments and material are highly appreciated. Nevertheless, the amount to be used for project running is definitely below the minimum amount actually needed. Increase of the counterbudget in FY 1986/1987 will be one of the key points for further progress of the project activities.

1.2 Budget for travel allowance of counterparts

For field survey of JICA Experts, travel allowance of Indonesian counterparts was requested, which appeared in the Report of the 8th Steering Committee Meeting. But actual budget allocated for FY 1985/1986 was far below the amount requested. For example, 96 man-days each were requested for the fields of malaria parasitology, vector ecology and vector control using insecticides; and 48 man-days for vector control using fish. The budget allocated actually was only 40 man-days for each of the above four fields. In FY 1986/1987 onward, special consideration on allocation of enough amount for the budget of counterpart travel is badly needed.

1.3 Budget for receiving equipments and material which are still in Belawan

Through the kind support of the North Sumatra Provincial Government, most of the equipments and material which had been held up for a long time were now in our hand. However, the equipments and material which have arrived in July 1984 are still in the storehouse at Belawan. Prompt disbursement of the charge for clearing the goods will be most appreciated.

1.4 Budget relating to the vehicles donated by JICA

Your budget relating to the vehicles donated by JICA, i.e. drivers' salary, maintenance fee and fuel fee, was over Rp. 2,000,000 in each fiscal year from 1980|1981 to 1983|1984. Thereafter it was reduced to Rp. 540,000 in FY 1983|1984, and nil in FY 1984|1985. We understand regulations of your Government on maintenance of official vehicles, but we still like to request your cooperation on disbursement of the budget relating to the JICA-donated vehicles, as stated in the Record of Discussion of the Project.

2. Import of the larvicide for malaria vector control trial

At the moment, 5% Abate Water-Dispersible Powder (wdp) seems most promising for the vector control of coastal malaria in the Asahan Regency. A control trial of the vector (An. sundaicus) in a small part of the Village Perupuk was planned to be carried out in the period of March-June 1986. Unfortunately, the Government of Indonesia does not allow import of 5% Abate wdp from foreign countries, probably because this formulation has not been routinely used in Indonesia. Therefore, we would like to request you to give special permission for import of 2 (two) metric tons of 5% Abate wdp from Japan.

3. Custom clearance of equipments and material brought in by JICA Experts

Apart from the equipments and material supply requested to JICA through A-4 Form, each JICA Expert assigned to the Project used to bring some equipment and material as excess or unaccompanied baggages for immediate activities. Custom clearance of such equipments and material has long been our headache. It will be most appreciated if you could take necessary action for smooth clearance of such goods.

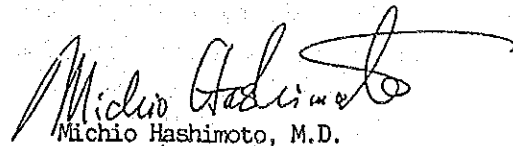
4. Short visit of Dr. M. Yasuno

Dr. Masayuki Yasuno, one of the Domestic Supporting Members of the Project, is expected to visit Medan for about 2 weeks in this fiscal year, in order to assist malaria control studies now under way. Because of short duration of the visit, permission of his visit to the Project without usual A-1 Form formalities is requested herewith.

5. Submission of request for equipments and material: Fy 1985/1986

Urgent submission of the A-4 Form in due course to JICA for equipments and material supply for FY 1985/1986 is strongly recommended.

Medan, 31 August 1985



Michio Hashimoto, M.D.

Chief

JICA/HQ Mission for the

9th Steering Committee

Meeting

The Aghan Health Improvement

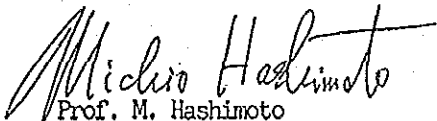
Project

AGREEMENT

The Government of Indonesia and the JICA Mission for the 9th Steering Committee Meeting agree the following items:

1. The deep or semi-deep wells will be constructed in the Asahan Regency, mainly in the newly-expanded Kecamatan in FY 1986/1987, under the financial assistance of JICA.
2. The JICA Implementation Survey Team for the well-construction will be sent to the Asahan Health Improvement Project in FY 1985/1986, preferably during the period October to December 1985.
3. The number of wells to be constructed depends on the results of the Implementation Survey.
4. Development of the community participation for consuming and maintenance of existing equipments for water supply is necessary.

Medan, 31 August 1985



Prof. M. Hashimoto
Chief
JICA Mission

Dr. Suyono Yahya
Chairman
The 9th Steering Committee Meeting
Asahan Health Improvement Project

A N N E X - 8.

PROPOSAL (PLAN OF ACTION)
FOR Fy 1986 / 1987.

ASAHAN HEALTH IMPROVEMENT PROJECT

PROPOSAL (PLAN OF ACTION)

FOR FY 1986 / 1987.

I. INTRODUCTION

The Cooperation between the government of Japan and the government of Indonesia in the field of promotion of health in North Sumatra, was based on the Record of Discussion between representatives of both sides, signed on the 10th of October 1977.

On the 12th of March 1984, representatives of both governments agreed to renew and expand the cooperation for another period of five years. (FY 1984 / 1985 to FY 1988 / 1989)

According to the record of the 8th steering committee meeting in Jakarta, on August 8 - 9, 1984, the main policies of cooperation in the second period of five years were decided as follows :

1. Cooperation between GOI and JICA is based on the process of total Integrated national health development plan.
2. Emphasis will be given in priority of national health programs, in conjunction with implementation efforts in selected geographical areas in Asahan Regency North Sumatra.
3. JICA Should facilitate in the field of dispatch of experts, provision of fellowship / training and supply of equipment and materials.
4. GOI Should facilitate in the field of provision of counter budget for operational costs, recruitment of counterparts.
5. In conducting the cooperation, community participation, Inter - program and Inter - sectoral coordination should be encouraged.

Therefore, the implementation of the cooperation project should be in line with the Guidelines of State Policy (GBHN), The Fourth Five Year Development Plan in Health Field, the National Health System, and Master Plan for Long Term Health Development (RP₃JFK) in Indonesia.

II. SITUATION ANALYSIS.

The technical cooperation project in the second period will be conducted in Asahan Regency , North Sumatra , namely :

1. Kecamatan Medang Deras
2. " Air Putih
3. " Lima Puluh
4. " Tanjung Tiram
5. " Buntu Pane
6. " Pulau Rakyat
7. " Bandar Pulau.

List of the health centers in the project area, See table : 1
Total population of the 7 kecamatan according to census 1980 -
is : 370.629. (See table : 2)

Total number of villages is : 124.

Population of each village is presented in table 3 - 9

Health condition of the people in the project area is approximately
the same with condition in the east coast of North Sumatra, where
upper respiratory infections and malaria cases are dominant.

- Manpower personnel of the health centers since FY 1982 / 1983
is presented in table 10.

- Equipment facilities of the health centers since FY 1982 / 1983
is presented in table 11.

- Coverage of health service deliveries in FY 1983 / 1984 is
presented in table 12.

III. OBJECTIVE .

1. General objective of the technical cooperation project is to further strengthen the technical cooperation project between the government of Japan (JICA) in the development of health services especially in Asahan Regency of North Sumatra.
2. Specific objectives of the project area
 - a) to strengthen the health care delivery system to reduce the IMR by increasing the coverage of target population
 - b) to clarify the situation in the project area in an effort to develop pattern of health care delivery system

IV. STRATEGY :

Objectives of the project will be achieved through :

- development of manpower by training and fellowship programs
- development of facilities/equipment
- development of the health care system by improvement of methodologies and techniques , which should be further strengthened and institutionalized

All activities should be implemented by the health centers under close supervision by Regency and Provincial Health Service .

Primary health care activities should be encouraged by active community participation .

V. POLICY :

- 1). In an effort to reduce the I.M.R. all of the target population in the project area will be covered by the end of the fourth Five Year Development program .
- 2). For smooth implementation of the project , better planning at H.C. level should be enhanced .

VI. ACTIVITIES :

Activities in FY 1986/1987 the (third year of the second term of cooperation) are divided into some groups as follows :

1. Community Health programs which include , M.C.H. , Nutrition and Family Planning programs .
2. C.D.C. and Environmental Health programs which include , malaria , tuberculosis , immunization , diarrhea control and water supply programs .

Activities of water supply program includes :

- maintenance of wells and reparation of damaged wells in the old kecamatan
- training of health workers and community people to maintain wells so that more number of people can enjoy the availability of safe water supply .

3. Supporting services :

- In an effort to provide sound and accurate diagnosis in clinical laboratory and public health laboratory , services of the health laboratory need to be increased by examination of specimens from various units , such as malaria and water supply and examination for clinical purposes and for public health investigations .
- Travelling seminar or exchange visit to other provinces is recommended for health workers , in an effort to broaden their knowledge and skills about their jobs.

MONITORING.

To ensure smooth implementation of the cooperation project , regular monitoring should be conducted through field supervision and reporting and recording system .

LIST OF HEALTH CENTERS IN THE PROJECT AREA
SINCE FY 1982 / 1983.

Table - 1

NO.	KECAMATAN	NAME OF H.C.	CODE NUMBER	TOTAL PO-1 STATUS OF H.C.		NON IMPRES	OUT PATIENT CLINIC	H. G.		NAME OF DOCTORS
				PULATION	IMPRES			MCH CLINIC	IMP. SUB.H.C.	
1.	MEDANG DEBRAS	PAGURAWAN	02110101	26899	IMP. 7.76/77		3	2	3	DR. ROULI SI MANGUNSONG
2.	AIR PUTIH	INDRAPURA	02110201	66910		NON IMPRES	5	4	5	DR. IMRAN NASUTION
3.	LIMA PULUH	LIMA PULUH	02110301	64725	IMP. 5.74/75		1	2	7	DR. TRIPREP TOMO
4.	TG. TIRAM	TG. TIRAM	02110501	68608		NON IMPRES	8	1	1	DR. DJIDIN
5.	BUNTU PANE	TINGGI RAJA	02111201	48702	IMP. 7.75/76		2	1	1	DR. ANRU HRP.
6.	PULAU RAKYAT	PULAU RAKYAT	02111301	60378	IMP. 5.74/75		2	1	1	DR. HASAN MURSYID HB.
7.	BAJBAR PULAU	AEK SONG - SONGAN	02111401	34534	IMP. 7.76/77		1	2	2	DR. HASBYM SYAHIAN

TABLE 2.

POPULATION OF PROJECT AREA AND
OF ASAHAN REGENCY ACCORDING TO CENSUS.

PROJECT AREA		1970	1975	1980
1.	Kecamatan Medang Deras	23.137	24.750	27.169
2.	" Air Putih	47.124	49.695	62.315
3.	" Lima Puluh	59.950	60.080	64.425
4.	" Tanjung Tiram	55.128	61.391	68.741
5.	" Buntu Pane	37.737	39.961	49.097
6.	" Pulau Rakyat	42.337	49.392	63.699
7.	" Bandar Pulau	23.196	29.875	35.177
Total 7 Kecamatan		285.609	314.950	370.629

ASAHAN REGENCY	1970	1975	1980
Total 17 Kecamatan	575.745	672.188	774.980

TABLE. 3

NUMBER OF VILLAGE POPULATION
 ACCORDING TO CENSUS IN -
 KECAMATAN : MEDANG DEKAS.

No.	Name of the Village	1970	1975	1980
1.	Pangkalan Dodek	4.419	5.092	4.920
2.	Sidomulyo	1.603	1.694	1.718
3.	Sei Buah Kerau	2.188	2.117	2.120
4.	Aek Nauli	978	967	1.097
5.	Nanas Siam	1.326	1.193	1.311
6.	Duri an	1.743	1.864	1.910
7.	Medang	2.767	2.821	2.998
8.	Pakam	2.091	2.520	3.329
9.	Lalang	1.552	1.737	2.674
10.	Pematang Cengkering	2.008	2.188	2.416
11.	Sei Rakyat	1.656	1.620	1.750
12.	Tanjung Sigoni	811	958	926
T o t a l		23.137	24.756	27.169

Source :

Regency Health Service of Asahan, 1984.

TABLE 4

NUMBER OF VILLAGE POPULATION
ACCORDING TO CENSUS IN
KECAMATAN : AIR PUTIH.

No.	Name of the Village	1970	1975	1980
1.	Indranura	3.422	4.029	4.656
2.	Limau Sundel	2.515	2.642	3.322
3.	Pematang Panjang	3.699	3.922	3.640
4.	Suka Raja	1.417	1.609	1.602
5.	Tanah Tinggi	2.455	2.558	2.975
6.	Tanjung Muda	1.206	1.287	1.185
7.	Tanah Merah	904	1.008	1.328
	A r u s	2.176	2.353	2.670
8.	Tanjung Kubah	2.645	2.237	2.658
10.	Fasar Lepan	1.700	1.756	2.295
11.	Sipare-pare	2.217	2.442	3.132
12.	Pematang Jering	2.098	2.107	3.125
13.	S i m d o n g	2.179	2.407	3.460
14.	Sipare-pare Plantation	1.638	1.457	3.295
15.	Sei Suka Deras	1.869	2.416	3.487
16.	Tanjung Sari	2.839	2.812	3.412
17.	Sei Simujur	1.995	2.249	2.994
18.	Tanjung Kasau Plantation	2.973	2.685	2.826
19.	Tanjung Kasau	1.216	1.489	1.308
20.	Laut Tador	3.163	3.320	3.902
	Tanjung Parapat	1.463	1.492	1.756
22.	Kwala Tanjung	1.145	1.339	3.280
	T o t a l	47.124	49.695	62.316

Source :

Regency Health Service of Asahan, 1984.

TABLE 5

NUMBER OF VILLAGE POPULATION
ACCORDING TO CENSUS IN
KECAMATAN : LIMA PULUH.

No.	Name of the Village	1970	1975	1980
1.	Tanah Gambus Plantation	5.562	4.474	4.648
2.	Lima Puluh Plantation	2.899	2.702	2.527
3.	Tanah Hitam Ulu Plantation	3.271	2.609	2.659
4.	Tanah Hitam Hilir Plantation	1.571	1.408	1.551
5.	Dolok Plantation	1.340	1.787	1.799
6.	Lima Puluh Plantation	1.255	781	629
	Kuala Gunung Plantation	1.290	719	355
8.	Lima Puluh	2.590	2.698	3.154
9.	A n t a r u	1.047	1.789	1.947
10.	Cahaya Kerdamaian	1.260	1.320	1.509
11.	Kuala Gunung	761	912	937
12.	Air Hitam	2.644	2.968	3.785
13.	Simpang Dolok	1.271	1.481	1.456
14.	Empat Negeri	2.471	2.630	3.239
15.	Lubuk Besar	2.577	3.437	4.190
16.	Sumber Makmur	1.114	1.296	1.245
17.	Sumber Padi	1.430	1.883	2.166
18.	Mangkai Baru	3.224	3.575	4.424
19.	Simpang Gambus	5.555	6.759	7.748
20.	Pematang Panjang	5.486	6.222	6.404
21.	G u n t u n g	2.144	2.544	2.350
22.	P e r t u p u k	5.188	5.604	6.406
T o t a l		55.950	60.080	64.425

Source :

Regency Health Service of Asahan, 1984.

TABLE 6

NUMBER OF VILLAGE POPULATION
 ACCORDING TO CENSUS IN
 KECAMATAN : TANJUNG TIRAM.

No.	Name of the Village	1970	1975	1980
1.	Durian	1.376	1.513	1.620
2.	Dusa Gajah	3.418	4.689	4.903
3.	Air Putih	1.102	1.312	1.299
4.	Suka Makmur	897	1.902	1.194
5.	Tanjung Tiram	3.274	2.953	3.628
	Kwala Sikasim	1.803	2.122	2.328
7.	Sei Balai	4.536	5.340	6.113
8.	Bogak	4.391	5.102	6.290
9.	Bagan Dalam	2.729	3.043	3.715
10.	Lima Larus	2.867	3.375	3.968
11.	Guntung	767	836	975
12.	Sukanaju	3.289	4.330	5.323
13.	Sei Mantaram	1.153	1.355	1.340
14.	Ujung Kubu	0.877	9.749	12.000
15.	Sei Balai Plantation	5.516	5.315	4.231
16.	Si Ajam	2.671	2.302	2.355
17.	Sukarumai	2.254	2.465	2.846
8.	Sei Bejangkar Plan- tation.	2.266	1.965	2.253
9.	Tanjung Mulia	1.902	2.124	2.363
Total		55.128	61.391	68.741

Source :

Regency Health Service of Asahan , 1981.

TABLE 7

NUMBER OF VILLAGE POPULATION
 ACCORDING TO CENSUS IN
 KECAMATAN : BUNTU PANE.

No.	Name of the Village	1970	1978	1980
1.	Buntu Pane	4.820	4.523	6.259
2.	Tinggi Raja	4.236	5.328	6.133
3.	Perapat Janji	2.393	3.030	3.116
4.	Ambalutu	3.819	3.915	4.508
5.	Sei Silau Tua	2.422	3.041	3.302
6.	Silo Meraja	1.145	1.580	1.712
7.	Urung Pane	2.204	2.504	2.929
8.	Sei Silau Timur	4.658	3.601	4.831
9.	Terusan Tengah	2.538	2.947	3.771
10.	Piasa Ulu	5.096	5.564	8.682
11.	Sei Silau Barat	4.406	3.928	3.854
12.				
Total		37.737	39.961	49.097

Source :

Regency Health Service of Asahan , 1984.

TABLE. 8

NUMBER OF VILLAGE POPULATION
ACCORDING TO CENSUS IN
KECAMATAN : PULAU RAKYAT.

No.	Name of the Village	1970	1975	1980
1.	P. Rakyat Pakan	1.750	1.181	1.975
2.	O r i k a	2.008	1.843	1.960
3.	P. Rakyat Tua	3.092	4.126	5.962
4.	Kp. D e r u	700	1.095	1.532
5.	Sel Piring	434	1.025	1.036
	M a n i a	3.083	2.757	3.496
7.	Singo Sari	2.411	2.597	3.080
	A e k L o b a	3.185	3.736	5.124
	Padang Mahendang	4.268	5.858	6.974
10.	Loba Jiur	834	005	1.135
11.	Aek Nabuntu	1.319	1.006	1.175
12.	Aek Bango	1.665	1.217	2.312
13.	Keb. Aek Loba	2.459	2.488	3.294
14.	Aek Lodong/ Af.II	1.726	1.191	999
15.	Aek Korsik	2.297	3.828	7.042
16.	T u n g g u i 45	2.041	1.534	1.514
17.	Ledong Barat	3.816	4.530	6.140
18.	P e r a t u n	2.189	2.531	2.666
19.	B a n g u n	1.043	1.317	1.350
20.	Ofa Padang Mahendang	821	468	260
	Alang Bariban	1.116	2.688	4.967
Total		42.337	49.392	63.699

Source :
Regency Health Service of Asahan , 1981.

TABLE. 9

NUMBER OF VILLAGE POPULATION
ACCORDING TO CENHUS IN -
KECAMATAN. : BANDAR PULAU

No:	Name of the Village	1970	1975	1980
1.	Padang Pulau Plantation	1.193	758	709
2.	Aek Tarun "	2.012	2.256	3.314
3.	Tangga "	159	220	368
4.	Marjanji Aceh "	484	884	1.692
5.	G. Malaka "	638	903	1.211
6.	Loba. Roppan "	312	487	862
7.	Rahuning "	2.047	3.198	4.691
8.	Aek Songsongan "	1.920	2.205	2.540
9.	Buntu Meraja "	1.087	1.260	1.768
10.	Bandar Pulau "	3.273	3.019	2.325
11.	Gunung Melayu "	675	3.525	3.719
12.	Bandar Pulau Pekan "	783	988	1.111
13.	Bandar Selamat "	3.083	3.121	2.998
14.	Padang Pulau "	926	1.120	1.511
15.	Aek Banban "	1.625	2.200	2.532
16.	Aek Nagaga "	2.028	1.420	2.268
17.	Gunung Melayu "	1.051	1.420	1.467
T o t a l		23.196	29.675	35.177

Source :

Regency Health Service of Asahan, 1984.

Table : 10

LIST OF PERSONNEL SINCE FY 1982/1983.

NO.	HEALTH CENTER	DOKTER	M E D I S										TOTAL						
			URUM GIGI	PERALAKA	BIDAN	SFO	LIS	ANA-S	SEPH	PERAWAT	PKC	PKB		PKU	SMKA	DK	TATA	SUPIR	IPK
1.	MEDANG DEAS	2	1	1	5	1	3	1	1	1	1	6	1	1	6	1	1	1	26
2.	INDRAPURA	2	1	1	5	1	7	1	1	1	1	4	1	2	1	12	3	1	37
3.	LIMA PUUH	1	1	1	5	1	2	1	1	1	1	3	1	1	1	1	1	1	25
4.	TANJUNG TIRAM	1	1	1	4	1	2	1	1	1	1	5	2	1	1	5	1	1	23
5.	TINGGI RAJA	1	1	1	2	1	1	1	1	1	1	5	5	5	1	1	1	1	19
6.	PULAU RAKYAT	1	1	1	4	1	3	1	1	1	1	7	4	8	1	1	1	1	41
7.	IAEK SONGSONGAN	1	1	1	2	1	1	1	1	1	1	5	2	1	1	6	1	1	19

Table : 11

MEDICAL AND NON MEDICAL EQUIPMENT SINCE FY 1982/1983.

	HC.SET	PATIENT CLINIC SET	HE EQU IPMENT	DENTAL	MIDWIFE KIT	FOUR WHEEL VEHICLES	MOTOR CYCLE	BICYCLE	ASSISTANT MIDWIFE KIT	L A B
1. MEDANG DERAS	1	2					3	2	1	1
2. AIR PUTIH (INDRAPURA)		6				2	4	5	1	1
3. LIMA FULUH	1	2	+	+	1		3	2		1
4. TANJUNG TIRAM	1	4						2		1
5. TINGGI RAJA	1						2			
6. PULAU RAKYAT	2	1	1	1		1	1	2	1	1
7. BANDAR PULAU (AEEK SONGSONGAN)	1	1						2		1

COVERAGE OF HEALTH SERVICE DELIVERIES
IN FY 1983 / 1984.

Table 2.

No. HEALTH CENTER	M. C. H.				IMMUNIZATION	DIARRHEA	TUBERCULOSIS	MALARIA	REMARKS
	ATTENDANCE OF PREGNANT MOTHERS *84	IMMUNIZATION OF MOTHERS *84	ATTENDANCE OF LACTATING MOTHERS *84	FAMILY PLANNING					
1. MEDANG DERAS	456	704	200	485	183	471	675	(4 Quarters)	
2. INDAFAURA	1065	331	395	981	628	93	563	(4 Quarters)	
3. LILKA FULUH	632	223	416	1165	560	164	452	(4 Quarters)	
4. TG. TIRAH	185	3500	124	600	2634	2634	2500	(4 Quarters)	
5. TINGGI RAJA	863	3500	1026	553	296	254	536	(4 Quarters)	
6. PULAU RAKYAT	594	32	396	222	220	366	620	(4 Quarters)	
7. AUK SONGSANGAN	781	325	482	927	115	437	713	(4 Quarters)	

PLAN OF ACTION FOR FY 1986/1987.
MATERNAL AND CHILD HEALTH , NUTRITION AND
FAMILY PLANNING PROGRAMS IN 7 KECAMATANS
IN ASAHAN REGENCY , NORTH SUMATRA .

I. INTRODUCTION

In the fourth Five Year Development Plan in health field , one of the main priorities is to reduce the Infant Mortality Rate .

The I.M.R. in Indonesia is high . (approximately 90/1000) .
The I.M.R. in North Sumatra is estimated around 90/1000 .

In an effort to decrease the I.M.R. from 90/1000 to 70/1000 by the end of the fourth Five Year Development Plan , the government has developed a strategy .

The purpose of the strategy is to step up the delivery of health services to the community , with special attention to the maternal and child health through an integrated Family Planning - Health Service .

II. TOTAL POPULATION AND NUMBER OF VILLAGES .

- 1 - Total population in 7 Kecamatan : 391.977 (1 Jan.1985, estimated)
- 2 - Number of villages : 124 .

III. OBJECTIVE .

1. General Objective :

To step^{up} the potential to live healthily for every citizen so that everyone can have the ability to help himself and his family members to achieve an optimal state of health .

2. Specific objective :

- 2.1. To decrease the morbidity rate and mortality rate of infants , mothers and children under five years of age .
- 2.2. To increase the quality of service and coverage of - MCH services .

- 2.3. To increase the coverage of delivery services by trained personnel .
- 2.4. To disseminate the idea of small , happy and prosperous family to every household in the community .

IV. INFRA STRUCTURE AND MANPOWER .

- 1. Number of Health Centers : 9
- 2. Number of Sub Health Centers/MCH clinic : 7
- 3. Manpower :
 - 3.1. Doctors : 7
 - 3.2. Midwives : 32
 - 3.3. Assistant midwives : 19
 - 3.4. Traditional healer (dukun) : 426
- 4. Equipment :
 - 4.1. Midwife kit ----- 5 set
 - 4.2. Assistant midwife kit ----- 7 set
 - 4.3. Dukun kit ----- 88 set
 - 4.4. Sphygmomanometer ----- 1
 - 4.5. Body weight scale ----- 1
 - 4.6. Infant weighing scale ----- 1
 - 4.7. Pocket infant weighing scale --- 1
 - 4.8. Phantom (Scale with color
for dukun) ----- 1

V. T A R G E T S . .

- 1). Coverage of target population in each kecamatan
 - 1.1. pregnant mothers : 65 %
 - 1.2. lactating mother : 60 %
 - 1.3. babies ----- : 60 %
 - 1.4. infants ----- : 30 %
 - 1.5. baby deliveries : 60 %
- 2). Frequency of attendance of target population in each kecamatan :
 - 2.1. pregnant mothers ----- 4 x
 - 2.2. lactating mothers ----- 3 x
 - 2.3. babies ----- 3 x
 - 2.4. infants ----- 3 x

VI. S T R A T E G Y .

- 1). To increase the coverage of :
 - 1.1. pregnant mothers from 17.3 %
(average of 7 kecamatan) to 65 %
 - 1.2. lactating mothers :
from 9.32 % to 60 %
 - 1.3. babies : from 26.53 % to 60 %
 - 1.4. infants : from 8.48 % to 30 %
 - 1.5. baby deliveries from 30.84 % to 60 %
- 2). To increase the frequency of attendance .
 - 2.1. pregnant mothers : from 2 x (average of 7 kecamatans)
to 4 x
 - 2.2. lactating mothers : from 1.8 x to 3 x
 - 2.3. babies : from 1.8: x to 3 x
 - 2.4. infants : from 2 x to 3 x
- 3). To improve the skill of manpower :
 - 3.1. health workers
 - 3.2. cadets including traditional healer (dukun)
- 4). Improvement of equipment .
 - 4.1. M.C.H. kit
 - 4.2. Dukun kit
 - 4.3. Health Education kit
 - 4.4. Public Health Nursing kit
 - 4.5. Integrated Health Service Post kit
(Posyandu kit)
- 5). Integrated health service post (Posyandu)
 - 5.1. To increase the function of the existing integrated
health service post.
 - 5.2. To increase the number of integrated posts
(posyandu)
- 6). Study :
 - 6.1. Study of ecology of birth , morbidity and mortality
of the population

6.2. Study on observation of growth and development of children (physical and psychological aspects)

7). Activities :

1. Examination in sub health centers and Posyandu :

- 1.1. pregnant mothers : 4.4 % total population
- 1.2. lactating mothers : 3.5 % of total population
- 1.3. babies : 3.5 % of total population
- 1.4. children : 16 % of total population
- 1.5. baby deliveries 3.6 % of total population

2. Frequency of visit from health centers to posyandu :
1 x a month .

3. Training :

- 3.1. Training for health center staff , 5 people/health center for 7 days .
- 3.2. Training for cadets ;
10 people/posyandu for 2 days
- 3.3. Training for dukun ;
21 people/kecamatan

4. Supply of implementary food for pregnant mothers suffering from P.C.M.

5. Equipment/material needed .

5.1. midwife kit -----	10	set
5.2. Dukun kit -----	150	set
5.3. Sphygmomanometer -----	10	pcs
5.4. Body weight Scale for adult	7	pcs
5.5. Infant weighing scale (for midwives)	7	pcs
5.6. Baby scale for dukun	150	pcs
5.7. Phantom	7	pcs
5.8. Hemoglobin scale	68	pcs
5.9. Health Education kit	7	set
5.10. Public Health Nursing kit	7	set
5.11. Posyandu kit	124	set

6. Posyandu (Integrated Health Service Post).

- 6.1. To increase the function of the existing health post (posyandu) through :

6.1.1.....

- 6.1.1. Refreshing courses for cadres for 5 days
- 6.1.2. Health education 1 x amonth
- 6.1.2. Supervision 1 x 3 months.

6.2. Establishment of new posyandu in 144 villages.

7. Studies :

- 7.1. Studies on birth , morbidity and mortality of population
- 7.2. Studies on observation of growth and development of children (physical and psychological aspects).

For the studies some activities will be carried out as follows :

- request of expert : 1 person
- survey in the first year
- formulation of intervention in the second year

VIII. B U D G E T :

For successful implementation of the program , budget is needed for :

- 1. Training
- 2. Provision of equipment
- 3. Improvement of function and increase of number of integrated post (posyandu)
- 4. Studies on birth , morbidity and mortality of population and study on growth and development of children physi - cally and mentally .

NUMBER OF POPULATION TO BE COVERED IN FY 1986/19
THROUGH F.P., M.C.H., NUTRITION, IMMUNIZATION, AND
DIARRHEAL PROGRAMS.

No.	Kecamatan	Pregnant mothers	Lactating mothers	Delivering mothers	Babies	Children under five	Eligible couple	Total *) population	Remarks
1.	Medang Deras	1.272	1.041	1.012	1.012	4.637	4.431	28.243	
2.	Air Putih	3.100	2.536	2.468	2.468	11.273	10.164	70.462	
3.	Lima Puluh	2.672	2.445	3.374	2.374	10.855	10.010	67.845	
4.	Tanjung Tiram	3.179	2.480	2.650	2.480	11.564	11.120	72.251	
5.	Buntu Pane	2.256	1.846	1.795	1.795	8.205	7.864	51.280	
6.	Pulau Rakyat	2.882	2.370	2.035	2.035	1.053	9.596	65.521	
7.	Bandar Pulau	1.563	1.279	1.244	1.244	5.672	5.692	36.368	
T o t a l		16.924	13.994	12.578	13.408	53.249	58.877	391.977	

*) Notes.

Total population : Estimated in 1 Jan. 1985.

**Asahan Health Improvement Project
Equipment/Material Request Form.**

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ANNEX 1.2.

Page 1

Unit : Division of Family Welfare Development
Sub Unit : Maternal and Child Health Section.

I t e m	Specification	Unit	Quantity	Remarks
. Midwife Kit	See ANNEX :4	set	10	
. Dukun Kit	See ANNEX :5	set	150	
. Sphygmomanometer		pcs	10	
. Body Weight Scale for adults.		pcs	7	
. Baby Weighing scale (for midwife).		pcs	7	
. Baby Weighing scale (Color Check for Dukun).		pcs	150	
. Phanton		pcs	7	
. Haemoglobine scale		pcs	68	
. Health Education Kit	See ANNEX :6	set	7	
. Public Health Nursing Kit	See ANNEX :7	set	7	
. Posyandu (Integrated Health Service) Kit.		set	124	

Date :

Signed :

B U D G E T .

1. Training for health workers in provincial level for 35 persons for 7 days :		
- allowance : 35 x 7 x Rp.15.000.-	=	Rp. 3.675.000.-
- transport : 35 x Rp. 7.500.-	=	Rp. 262.500.-
2. Training for dukuns (150 persons for 10 days) : 150 x 10 x Rp.1.000.-	=	Rp. 1.500.000.-
3. Training for kader for posyandu. (10 persons for each posyandu). Training package for 124 posyandu :		
124 x Rp. 50.000.-	=	Rp. 6.200.000.-
4. Educational package for posyandu :		
124 x Rp. 50.000.-	=	Rp. 6.200.000.-
5. Supplementary Food supply for pregnant mothers with PCM. (100 persons for 12 days):		
100 x 12 x Rp.350.-	=	Rp. 420.000.-
<hr/>		
T o t a l	=	Rp.18.257.500.-

MIDWIFE KIT

DFTAR ALAT - ALAT BIDAN KIT TYPE III.

Nama Barang	Satuan	Jumlah
Kit Aluminium ukuran 30 x 21 x 16cm.	buah	1
Short plastik 9(plastik lunak seperti perlek pinggiran dijahit).	buah	1
Kantong plastik ukuran 10 x 14 cm	buah	1
Alas plastik 90 x 182cm, pinggiran dijahit.	buah	1
Sikat tangan berbulu nylon, 11 x 4cm.	buah	2
Gunting lurus berujung tumpul 14cm, S.S.	buah	1
Tempat sabun dari plastik	buah	1
Sabun Asepto	buah	4
Korentang vaughn, 20cm Stainless Steel	buah	1
Botol leher sempit, warna coklat, tutup pakai ebonit screw.	buah	1
Botol leher lebar, warna coklat 4 x 7 cm tutup ebonit screw.	buah	3
Nierbakken 20.5cm Stainless steel	buah	1
Lap tangan 30 x 50 cm kain strimin kasar	buah	2
Kobokan garis tengah 14 cm, tinggi 6cm, Stainless steel.	buah	2
Kapas 100 gram	rool	1
Glyserin spuit	buah	1
Melaton Chateter No.12	buah	2
Kain kasa (gas steril 5 x 5 cm)	amplop	20
Klenen kolly, stainless steel 14 cm	buah	2
Pita ukuran, 150cm.	buah	1
Timbangan bayi (spring scale) 7kg.	buah	1
Stethoscope bidan / kayu	buah	1
Thermometer celcius dengan tempatnya (termometer ketiak).	buah	1
Set untuk urine, terdiri dari 2 reageerbius, pyrex, 1bl. tutup pakai ebonit pakai screw, leher sempit, penjepit dari kayu	set	1
Thermometer rectal, celcius dengan tempatnya	buah	1
Lampu alcohol	buah	1
Serilisator stainless steel, 22 x 8 x 4 cm.	buah	1
1 (satu) set peniti dari 12 biji	set	1
Paratus 2cc termasuk isinya (semprit record 2cc + jarum suntik no.12).	set	1
Methergin ampul a ml.	dos	1
Ergostrin tablet 0,25 mg.	tablet	20
Pengisap lendir	buah	1
Tensimeter Aneroid model 300 mm.	buah	1
Stethoscope ford type	buah	1

DUKUN KIT.

G9-HH11 0216-1 I.O 52470

item no	description	code no	qty per set	unit
1001	basin kidney	0211000	1	each
1002	bowl sponge	0227000	1	set
1003	apron plastic	0305000	1	each
1004	pouch clear	0340000	1	each
1005	Sheeting clear	0361000	2	mtr
1006	bottle n/m	0417000	1	each
1007	bottle w/m	0417500	2	each
1008	brush hand	0514000	1	each
1009	case for midwife	0516000	1	each
1010	cotton wool	0519500	1	each
1011	gauze pad	0522000	20	each
1012	soap box	0551004	1	each
1013	soap toilet	0552000	1	bar
1014	towel huck	0575000	2	each
1015	forceps	0736001	1	each
1016	scissors	0774500	1	each
1017	scissors	0774000	1	each

ANNEX : 6

Health Education Kit (A V A) for health centers
in Asahan Project Area.

No.	Item	Specification	Quantity	Unit
1.	Generator 1,5 AP		7	set
2.	Slide projector		7	pcs
3.	Microphones + amplifier.		7	set
4.	Megaphone		7	pcs
5.	Tape recorder		7	set
6.	Camera		7	pcs

PHN Kit - Public Health Nursing Kit.

Isi PHN Kit :

- 1). 1 (satu) tas PHN berisi :
 - 1.1. satu PHN
 - 1.2. satu tang spatel (tongue spatel)
 - 1.3. satu thermometer
 - 1.4. satu senter
 - 1.5. satu gunting verband
 - 1.6. satu pincet anatomis
 - 1.7. satu pincet chirurgis.

- 2). satu stel pakaian lapangan

- 3). satu pasang sepatu

- 4). satu jas hujan

ASAHAN HEALTH IMPROVEMENT PROJECT
PLAN OF ACTION : FY 1986/1987
COMMUNICABLE DISEASE CONTROL AND
ENVIRONMENTAL HEALTH.

I. INTRODUCTION

A. MALARIA

According to the agreement between JICA and Health Department, malaria has been selected as the priority program in the second period of five year cooperation project.

Results of the activities in the six years of the first period had been reported in the Meeting in the last fiscal year.

In 1984, a master plan for the second period of five year cooperation was developed; and the targets, activities and methodologies up to the end of FY 1988/1989 were decided.

The plan of action for FY 1986/1987 is adjusted to the master plan for the second five year period, with slight modification based on the information recently obtained.

B. TB CONTROL

Since the Asahan Health Improvement Project was implemented, marked achievements have been done on TB control. Three H.C. were improved to a good condition (H.C. Indrapura, H.C. Limapuluh, H.C. Medang Deras), in which the target was reached (bacteriological examination, 99.7%; case treatment, 87.2%). A good integration was found between H.C. or sub-H.C. and laboratory. Many staffs of H.C. and sub-H.C. were trained for improvement of laboratory techniques and treatment in the field, under supervision of H.C. doctors.

According to the five year plan of A.H.I. Project, the program was expanded to cover 7 sub-districts. The two sub-districts, Tj.Tiram and P.Rakyat, have already been involved in TB control activities, but the results were not sufficient. In the FY 1986/1987, 2 sub-districts, Kec. Buntu Pane and Bandar Pulau, are also included.

C. DIARRHEA/CHOLERA

During the technical cooperation between JICA and Indonesia , three sub - districts (Dist. Lima Puluh , Dist. Air Putih , Dist. Medang Deras) were involved in intensification of cholera control program . Starting in the FY 1986/1987 , four sub - districts will be added, which are sub-districts Tanjung Tiram , Buntu Pane , Pulau Rakyat and Bandar Pulau .

D. IMMUNIZATION

Since the technical cooperation between JICA and Indonesia was started , three sub - districts/H.C. were involved in E.P.I. activities . Refrigerators were supplied from JICA to these three sub - districts/H.C. All of new sub - districts/H.C. in the Asahan Regency became Health Center of E.P.I. , which included 7 sub - districts/H.C. belonging to the Asahan Health Improvement Project .

According to the National Policy , the goal is to decrease the infant mortality rate and all the activities should be carried out through the Integrated Service Post (Posyandu) . To achieve the target , more equipments and training of staff personnel are needed .

E. WATER SUPPLY AND FAMILY LATRINES

Technical Cooperation on water supply program between Indonesian Government and Japanese Government (JICA) , has been carried out since 1979/1980 - 1983/1984 (First Period). And the cooperation would be continued in 1984/1985 to 1988/1989 (Second Period) , and now is the second fiscal year .

In the first period of Technical Cooperation Program some results have been already achieved as follows :

1. Construction of 5 units Artesian Wells in three districts (District of Air Putih and District of Medang Deras) .
2. Construction of 15 units Semi Artesian Wells in - three districts (District of Air Putih , District of Medang Deras and District of Lima Puluh) .

3. Rehabilitation of 3 units of Artesian Wells (Medang , Sei Buah Keras and Limau Sundai) .
4. Water quality Monitoring in Three Districts in 1981 .
5. Training of Villages staff for maintenance of water supply Facilities in 1982 (8 persons) .

In the second period (1984/1985 - 1988/1989) , the Indonesian Government and the Japanese Government (JICA) agreed to continue and develop the Technical Cooperation Programs . The developing area becomes seven districts .

On the first and second fiscal years (1984/1985 and 1985/1986) some activities are already carried out , i.e.:

1. Evaluation Survey (16 villages)
2. Collecting Data Survey (10 villages)
3. Training of Villages Staff (8 persons)
4. Rehabilitation of Artesian Well (Tanjung Muda) and Reparation of 15 units of Hand-pumps .

Until now , we still find several important constraints , i.e. :

1. The coverage of clean Water supply in community surrounding the Project Area is 12 % (According to the result of Evaluation Survey) . This situation is lower than the national coverage (18 %) for rural area .
And , by 1990 National Standard coverage on water supply program would be about 60 % .
2. Maintenance of water supply facilities by the people is not yet good enough . This is because many water supply facilities are already broken , so that they cannot function any longer .
3. The percentage of communicable diseases is still high (53 %) particularly on water related diseases .

PLAN OF ACTION

A. MALARIA.

1. OBJECTIVE :

- To develop an appropriate method of malaria control es - especially in the coastal areas where the disease is transmitted by Anopheles Sundaicus .
- To reduce the incidence and prevalence of the malaria disease to a controlled state .

2. TARGET :

Target of the activities is limited to the coastal areas where the malaria vector is Anopheles Sundaicus . Besides that , some areas will be selected for malaria control activities (PCD) .

Surveys are also done in the health center areas in Asahan Project area .

3. ACTIVITIES .

1. Parasitology.

- Follow up survey in the project area
- Survey in other areas in the 7 kecamatans
- Experiments and studies in parasitology resistency test . Elisa test and others .
- Training of health center staff members in PCD and malaria survey .

2. Entomology.

- To conduct entomological investigation in accordance with methodology in the pilot project area .
- To conduct entomological survey in the expanded area .

3. Fish Biology.

- To investigate larvivorous fishes to select and decide the kind of fish which can be used in malaria control program .

4. Malaria Control Operation with Chemicals .

- To continue experiments in utilization of larvicides in wide scale to observe the impact and effectiveness of the insecticides .

4. EXPERT .

For implementation of the activities some experts are needed as follows :

1. Parasitologist
2. Ecologist / Entomologist
3. Fish Biologist
4. Chemical Malaria Control Operation Specialist
5. Immunology .

5. BUDGET .

Every expert needs counterpart in implementation of his program and for that purpose , budget is needed for the counterpart .

The total amount of the counterpart budget which is needed for the activities of 4 experts in 12 months (nine days a month) = $4 \times 12 \times 9 \times \text{Rp.}42.000,- = \text{Rp.}18.144.000,-$

6. EQUIPMENT AND MATERIALS .

For successful implementation of the program , assistance/ supply of equipment and materials by JICA will play a great role :

7. Detailed action of Malaria is attached . (APPENDIX ,A).

B. TUBERCULOSIS CONTROL .

1. OBJECTIVE .

- Passive and active case finding will be done intensively.
- Treatment cases will be done intensively by the activities of H.C. and sub. H.C. staff under supervision of H.C. doctor .
- Training of staff personnel about microscopy in H.C. and about sputum fixation for sub. H.C. staff. Later , the specimen will be sent and examined in H.C.
- To decrease tb. case prevalence , 2 % per year .

2. TARGET .

.....

2. T A R G E T :

o.	Kecamatan	FY 1984/1985				FY 1985/1986		Note
		Target		Realization		Target		
		S.E.	T.C.	S.E.	T.C.	S.E.	T.C.	
1.	Medang Deras	500	50	539 (108)	23 (46)	1.190	119	
2.	Air Putih	900	90	722 (80,2)	165 (183)	2.740	274	
	Lima Puluh	380	38	(3) 121	2 (5)	2.830	283	
4.	Tanjung Tiram	-	-	-	-	3.020	302	
5.	Buntu Pane	-	-	-	-	2.160	216	
6.	Pulau Rakyat	-	-	-	-	2.800	280	
7.	Bandar Pulau	-	-	-	-	1.540	154	
T o t a l		11.780	178	273	190	16.280	1.628	

S.E. = Sputum Examination

T.C. = Treatment Case.

3. ACTIVITIES .

- Sputum Examination
- Treatment Cases
- Defaulter action
- Evaluation of treatment
- Training staff member
- Health Education

4. B U D G E T .

a. Allowances :

- Home visitor : 7 x 100 days x Rp.2.700.- = Rp.1.925.000.-
 - Nurse + Microscopist : 7 x 12 month x Rp.7.500.- = Rp.1.260.000.-
- Rp.3.185.000.-

b. Supervision/Evaluation :

- Provincial staff : 1 x 3days x 7HC.x 4 times/
year x Rp.42.000.- = Rp.3.528.000.-

*) c. Training staff of HC./Sub.HC. :

- 30 x 4 days x Rp.13.000.- = Rp.1.560.000.-
- Administration cost training = Rp. 300.000.-

Rp.1.860.000.-

*) d. Equipment / drugs .

No.!	Jenis Bahan	Jlh Satuan	Harga Sa- tuan	Total Harga
1.!	Sputum Pot	40.000 pcs	Rp. 100.-	Rp. 4.000.000.-
2.!	Micro Slide	40.000 pcs	Rp. 50.-	Rp. 2.000.000.-
3.!	Anisol 100cc/bottle	30 btl.	Rp. 7.000.-	Rp. 210.000.-
4.!	TB 5(RF 450mg) 24 caps.	1.628 pkt.	Rp.12.000.-	Rp. 19.536.000.-
5.!	TB 6(RF 600mg) 44 caps.	1.628 pkt.	Rp.29.000.-	Rp. 47.212.000.-
6.!	TB 3(INH 300mg) 44 tabl.	1.628 pkt	Rp. 400.-	Rp. 615.200.-
7.!	TB 4(INH 400mg) + D6 10mg; 68 tablet.	1.628 pkt	Rp. 900.-	Rp. 1.465.200.-
8.!	TB 2 (Eth.500mg) 48 caps.	1.628 pkt	Rp. 4.750.-	Rp. 7.733.000.-
9.!	Slide box	60 pcs	Rp. 4.500.-	Rp. 270.000.-
T o t a l				Rp. 82.987.400.-

Total Budget :

- a. Allowance = Rp. 3.185.000.-
 - b. Supervision = Rp. 3.528.000.-
 - c. Training/administration = Rp. 1.860.000.-
 - d. Equipment = Rp.82.987.400.-
- Rp.95.088.400.-

*) Training staff of HC./Sub HC. and a part of equipment and drug will request to JICA.

C. DIARHEA / KHOLERA .

1. OBJECTIVE :

- To decrease the case fatality rate (CFR) especially in children below 5 year of age.
- Early detection of an outbreak or Epidemic and carry out control measures.
- The activities are done through integrated service post (Posyandu).

2. TARGET :

No.	Sub district	Total Pop.	Target
1.	Air Putih	62.315	14.950
2.	Medang Deras	27.169	6.500
3.	Tanjung Tiram	68.741	16.500
4.	Lima Puluh	64.425	15.450
5.	Pulau Rakyat	63.699	15.300
6.	Bandar Pulau	35.177	8.500
7.	Buntu Pane	49.097	11.800

3. ACTIVITIES.

- Active and Passive Case Finding through the health person and village health worker (Integrated Post).
- Treatment and distribution of Oral Rehydration Solution (O.R.S)
- Health Education
- Examination of Water and stool sample.
- Field Investigation and collection of data.

4. BUDGET/EQUIPMENT & DRUGS.

A. Equipment & Drugs :

1. Ringer laktat	: 2.955 fls	a.R. 2.000.- Rp. 5.910.000.-
2. Giving set	: 690 set	a.R. 700.- Rp. 483.000.-
3. Wing Needle	: 230 set	a.R. 700.- Rp. 161.000.-
4. Oralit 1 liter	: 29.370 bks	a.R. 250.- Rp. 7.342.500.-
5. Oralit 200 cc.	: 99.120 bks	a.R. 150.- Rp. 13.218.000.-
6. Kaporit	: 2.000 kg.	a.R. 2.800.- Rp. 5.600.000.-

T o t a l

Rp. 32.714.500.-

=====

5. OPERATIONAL COST :

1. SALARY .

Case Detection/Treatment cases of diarrhea/cholera,
7 x 90 day x 3 man x Rp.2.000.-Rp. 3.780.000.-

2. Field Investigation.

- Regency Level 7 x 2 day x 1 man x Rp.8.000.-.....Rp. 112.000.-
- Provincial Level :
7 x 3day x 2 man x Rp.42.000.-.....Rp. 1.764.000.-

T o t a l Rp. 5.656.000.-
=====

C. Equipment (Material) from JICA :

- 10 ice box
- 2,000 bottle water sample
- 10.000 bottle rectal swab.

BUDGET RECAPITULATION :

A. Drugs / equipment Rp. 32.714.500.-
B. Operational Cost Rp. 5.656.000.-

T o t a l Rp. 38.370.500.-
=====

D. IMMUNIZATION .

1. OBJECTIVE .

- To decrease IMR, caused by Immunizable diseases, those are TBC, Dyphtheria Pertugsis, Tetanus, Polio and Meseles.
- To improve knowledge and service of staff by training.
- To increase the out put of Immunization activities.
- To enhance community partisipation.

2. ACTIVITIES.

1. Collecting data population
2. To give vaccination for infants around 3 - 14 months of aged with BCG 1 x , DPT 3 x, Polio 3 x, Meseles 1 x .
3. Vaccination for pregnant women with TT twice (in 2nd and 3rd trimester).
4. Vaccination of DT for first grade Primary School (6-7 years).
5. Vaccination of TT for sixth grade Primary Scholl (12 - 13 years).
6. To give training for vaccination and midwives.
7. Evaluation of the Immunization activities.
8. To manage cold chain equipment and vaccination.

3. TARGET OF ACTIVITIES .

No.	Subdistrict	Village	Total population	T a r g e t				
				BCG, DPT Polio, Measles	T.T	D.T Class I	T.T Class VI	
1.	Air Putih	1	22	70.462	2.466	2.818	2.043	1.621
2.	Lima Puluh	1	22	67.845	2.375	2.714	1.967	1.560
3.	Medang Deras	12	1	28.243	989	1.130	819	650
4.	Pulau Rakyat	1	21	65.521	2.293	2.621	1.900	1.507
5.	Buntu Pane	1	11	51.287	1.795	2.051	1.487	1.180
6.	Bandar Pulau	1	17	36.368	1.273	1.455	1.055	836
7.	Tanjung Ti- ram.	1	19	72.251	2.529	2.890	2.095	1.662
T o t a l				1391.977	113.720	15.679	11.360	9.016

4. B U D G E T .

- National Budget (APBN) : R. 9.927.000.-
- Provincial Budget (AFBD): -

5. EQUIPMENT / MATERIAL REQUESTED .

1. Refrigerator 7
2. Sterilization apparatus 9
3. Megaphone 7

6. EXPERT .

Experts of Surveillance Epidemiology are needed to see the impact of the program.

7. FELLOWSHIP .

Immunization Doctor is beneficial if can get fellowship to Japan to see and to learn and make cooperative study.

E. WATER SUPPLY AND FAMILY LATRINES .

1. OBJECTIVES.

1. To improve community health status in Asahan Regency, particularly in the seven districts through improvement of water supply facilities in rural area.
2. To improve public capacity (knowledge, attitude and practise) on maintenance of water supply facilities.

2. ACTIVITIES.

The activities should be carried out to support Five Integrated Programs through Integrated Service Post (Posyandu), and one of them is Environmental Health Program. The activities are :

1. Survey at extended area :

- Collection of Data survey about water consumption pattern in community.
- Determination of sites of water supply facilities,
- Geo-Electric Resistivity Survey on prediction of water level table.

2. Training .

Training of villages staff for maintenance of water supply facilities. These staffs are the component of Integrated Service Post (Posyandu).

3. Rehabilitation :

The activities are carried out to repair the broken water supply facilities (Hand-Pumps and Others).

4. Construction :

Construction of water supply facilities.

5. Equipment :

Preparation and provision of tools, spareparts for construction, rehabilitation, and maintenance of water supply facilities.

Preparation and provision of equipment for water quality examination activities, and simple sanitary kit.

3. EXPERTS .

For implementation of the activities the experts are needed especially on water supply engineering and environmental sanitary engineering.

4. T A R G E T .

1. Survey .

- Collecting Data survey : 17 villages (902 house holds).
- Determination of location : 6 Artesian Wells.
- Geo-Electric Resistivity Survey : 16 location.

2. Training .

- 50 villages staff, one from each village.

3. Rehabilitation .

- Around 50 units of hand pumps.
- other water supply facilities.

4. Construction.

6 Artesian Wells in extended area, including one in district of Lima puluh.

5. Equipment .

Preparation and provision of tools and spare-parts for :

- Simple reparation
- Construction of water supply facilities
- Examination of water quality in the field
- Simple Sanitary Kit .

Details of the budget proposal for environmental health activities, see : APPENDIX, B.

APPENDIX

DETAILED PLAN FOR CDC AND ENVIRONMENTAL HEALTH ACTIVITIES
WHICH INVOLVE JICA EXPERTS FOR THE REMAINING MONTHS OF FY
1985 / 1986 AND FY 1986 / 1987.

A. COMMUNICABLE DISEASE CONTROL.

1. Malaria Control Studies

1.1 Epidemiological survey in the not-yet-surveyed area

FY 1985/1986

- a. Coastal area in the Asahan Regency.
- b. Inland area in the Asahan Regency.

FY 1986/1987

- a. - ditto -
- b. - ditto -

In the above surveys, emphasis should be laid on the coastal area.

1.2 Parasitological assessment of control operation

FY 1985/1986

- a. Pre-control parasitological survey on malaria parasite rate in Perupuk, and other coastal villages with treatment regimens for malaria positive cases.

FY 1986/1987

- a. - ditto -

1.3 Entomological assessment of control operation

FY 1985/1986

- a. Pre-control entomological survey on adult and larval An. sundaicus in Lorongs 1 and 2 of Perupuk, and other coastal villages.

FY 1986/1987

- a. - ditto -

* FY 1985/1986 means the remaining months of FY 1985/1986; and FY 1986/1987, its entire period.

1.4 Mapping and survey of breeding sites of An.sundaicus

FY 1985/1986.

- a. Completion of mapping and survey in Lorong 1 and 2 of Perupuk and their surroundings.

FY 1986/1987

- a. Completion of mapping and survey in all the Lorongs of Perupuk and their surroundings.
- b. Mapping and survey in the other endemic areas of coastal malaria (if possible).

1.5 Vector control studies using insecticides

FY 1985/1986

- a. Laboratory and small-scale field tests on efficacy of candidate including growth regulators.

FY 1986/1987

- a. - ditto - (if necessary)
- b. Field trials of vector control using candidate larvicide (probably 5% Abate wdp) in the Mar.-June period and also in the Sep.-Nov.period.

1.6 Vector control studies using fishes

FY 1985/1986

- a. Mass rearing trials of candidate fishes.
- b. Field trials of release of candidate fishes to ponds on the effect of suppressing larval population.

FY 1986/1987

- a. - ditto - (if necessary)
- b. - ditto - (in a large scale)

1.7 Vector control studies by environmental management

FY 1985/1986

- a. Feasibility studies on environmental management, including draining, filling up, shading, etc.of breeding sites.

FY 1986/1987

- a. - ditto - (if necessary)
- b. Field trials of environmental management using promising measures (if possible).

1.8 Seroimmunological surveys

FY 1985/1986

- a. Establishing of ELISA method for assessing malaria prevalence.

FY 1986/1987

- a. - ditto -

1.9 Malaria training course

FY 1985/1986

- a. Execution of Training Courses for microscopists and assistant entomologists (the second course).

FY 1986/1987

- a. - ditto - (the third course)

1.10 Basic studies

Both in FY 1985/1986 and FY 1986/1987, the following studies will be carried out, if spare man-power is available.

- a. Resting habit, survival rate and dispersal range of An.sundaicus.
- b. Susceptibility of An.sundaicus to the parasites.
- c. Plasmodium culture and isolation of antigens.
- d. Chloroquine - and mefloquine-resistance of the parasites.
- e. G6PD deficiency.

2. Water Supply

2.1 Survey on water condition

FY 1985/1986

- a. Survey on water condition and utilization in the project area.

FY 1986/1987

- a. - ditto -

2.2 Rehabilitation of wells

FY 1985/1986

- a. Mechanical improvement of the artesian well in Tanjung Muda.

FY 1986/1987

- a. - ditto - (if necessary)

2.3 Hand-pump maintenance training course

FY 1985/1986

- a. Execution of the training course to level up the skill of hand-pump maintenance in persons in charge of water supply in villages (the third course).
- b. Provision of depot of parts and tools for repairment of rural wells.
- c. Follow up of trainees.

FY 1986/1987

- a. -ditto- (the fourth course in an expanded scale).
- b. -ditto-
- c. -ditto-

2.4 Assistance for construction of new wells

FY 1985/1986

- a. Assistance of the Implementation Survey Team for new well Construction.

FY 1986/1987

- a. Assistance for construction works of new wells.

3. Tuberculosis Control

FY 1985/1986

- a. Improvement of laboratory techniques on TB diagnosis and control.

FY 1986/1987

- a. - ditto -

APPENDIX


B. ENVIRONMENTAL HEALTH.

IS THE TOTAL AMOUNT OF BUDGET WHICH NEEDED ACCORDING TO ACTIVITIES AND SOURCES FOR FISCAL YEAR 1986 / 1987

ACTIVITIES	SOURCES		
	INDONESIAN SIDE		JICA SIDE
	CENTRAL GOV;	LOCAL GOV;	
Collecting Data - Survey:	Rp: -	Rp: 5.000.000,-	Rp: (pm)
Rehabilitation :			
- Provision of parts and tools:.....	Rp: -	Rp: -	Rp: (pm)
- Preparing	Rp: 828.000,-	Rp: -	Rp: (pm)
- Materials	Rp: -	Rp: -	Rp: 3.600.000,-
- Supervision	Rp: 504.000,-	Rp: -	Rp: (pm)
Training :			
- Follow up study/- Supervision	Rp: 1.008.000,-	Rp: -	Rp: (pm)
- Provision of cloths, boots, helmets and badges for trainees	Rp: 2.640.000,-	Rp: -	Rp: -
- Implementation .	Rp: -	Rp: -	Rp: 9.600.000,-
Construction.:			
- Survey and design	Rp: 2.844.000,-	Rp: 1.250.000,-	Rp: (pm)
- Implementation :			
* Preparing	Rp: 1.512.000	Rp: -	Rp: (pm)
* Material	Rp: -	Rp: -	Rp: (pm)
* Supervision ..	Rp: 3.824.000,-	Rp: -	Rp: (pm)
T O T A L :	Rp: 12.360.000,-	Rp: 6.250.000,-	Rp:

e :
pm : pro memory.

Chief of Environmental Health Division
Provincial Health Service of
North Sumatera,
Kantor Kesehatan Masyarakat
di TBII, Humbanrodjo, M. Coman. II.
No. : 140025191,-



DURP. APDN; SEBAGAI COUNTERPART DALAM RANGKA

ASAHAN HEALTH IMPROVEMENT PROGRAM

TAHUN 1986 / 1987

UNIT / SEKSI : SAMAJA (WATER SUPPLY OF FAMILY LATRINE).

1: Collecting Data.

2: Pendugaan Kedalaman Permukaan

Air Tanah (Geoelectric Resistivity
Survey) di 4 Kecamatan 4 lokasi per
Kecamatan:

Perjalanan:

- Petugas Propinsi 4 orang 4 hari
per lokasi 4 Kecamatan:

a. Rp:42.000.-

(4 x 4 x 4 x Rp:42.000.-) Rp: 2.688.000.-

Rp: -

- Petugas Kabupaten 1 orang 4 hari
per lokasi 4 kecamatan a:Rp:8.000.-

(1 x 4 x 4 x Rp:8.000.-) Rp: 96.000.-

- Petugas Kecamatan 1 orang 4 kecamatan
3 hari per lokasi a: Rp:5.000.-

(1 x 4 x 3 x Rp:5.000.-) Rp: 60.000.-

Rp: 2.844.000.-

3: REHABILITASI.

Rehabilitasi 60 unit SPT:DKL dll:

3:1: Persiapan:

Biaya perjalanan untuk penentuan
lokasi SPT:DKL yang akan direhab

- Petugas Propinsi 1 orang 4 hari
/Kecamatan; 4 Kecamatan

a. Rp.42.000.-

(1 x 4 x 4 x Rp.42.000.-)... Rp: 672.000.-

Rp: -

- Petugas Kabupaten 1 orang 3 hr:
per kecamatan a:Rp.8.000.-

(1 x 4 x 3 x Rp.8.000.-)... Rp: 96.000.-

- Petugas kecamatan 1 orang 4
Kecamatan 3 hr./ kecamatan

a: Rp:5.000.-

(1 x 4 x 3 x Rp:5.000.-) Rp: 60.000.-

Rp: 828.000.-

3:2.....

3.8: Bimbingan Teknis / Supervisi

Biaya perjalanan petugas Propinsi untuk bimbingan teknis/ supervisi dalam rangka pelaksanaan rehabilitasi SPT. DKL:

Perjalanan:

2 orang 3 hari 2 kali a. Rp:42.000,-

(2 x 3 x 2 x Rp.42.000,-) : : : : : Rp: 504.000,-

Rp: 504.000,-

4: TRAINING

4.1: Pengadaan perlengkapan bagi petugas

Alat: idosa (pakaian lapangan, sepatu boat;

Bel: helm dan pembuatan tanda/ nama pada

Kor: topi dan pakaian) a. Rp:40.000,-

(66 x Rp:40.000,-) : : : : : Rp:2.640.000,-

4.2: Supervisi/ bimbingan teknis dalam rangka

follow up dari petugas dosa yang ditatar

- Biaya perjalanan petugas Propinsi 2 -

orang selama 4 hr; 3 kali setahun

a. Rp.42.000,-/ hari;

(2 x 4 x 3 x Rp.42.000,-) : : : : : Rp:1.008.000,-

Rp. 3.648.000,-

5: CONSTRUCTION

5.1: Persiapan

Biaya perjalanan petugas Propinsi dalam

rangka persiapan lokasi pelaksanaan pem

bangunan Sumur Artesis 2 orang; 3 hari

6 Sumur Artesis a. Rp:42.000,-

(2 x 3 x 6 x Rp:42.000,-) : : : : : Rp:1.512.000,-

5.2: Bimbingan Teknis / Supervisi

Biaya perjalanan petugas Propinsi untuk

pengawasan / bimbingan teknis dalam

rangka pembangunan 6 unit Sumur Artesis

2 orang 3 hari 6 Sumur Artesis 2 kali

a. Rp.42.000,-

(2 x 3 x 6 x 2 x Rp.42.000,-) : : : : : Rp.3.024.000,-

Rp: 4.536.000,-

Total Budget :

Rp.12.360.000,-
=====

Medan, May 8th 1985,-
Chief of Environmental Departement
Provincial Health Service of North Sumatera;
DINAS KESIHATAN
- dr. T. P. Lumbanradja, M. Comm. H. -
I.P. : 140025191,-

Proposal of villages Training for maintenance of Water Supply
Facilities at villages of Asahan Health Improvement Project
(A.H.I.P;) in Asahan Regency, North Sumatera .-

1: Introduction.

Inrelation to development of Asahan Health Improvement Project (AHIP), its necessary to train villages staff, for maintenance purpose of water supply facilities which already constructed in villages.

Since 1984, the project area of Asahan Health Improvement Project (AHIP) has already developed become 7 Districts covered 8 Health Centro. The seven Districts i.o. :

- | | | |
|------------------|---|-------------------|
| 1: Air Futih |) | |
| 2: Medang Deras |) | The old Districts |
| 3. Lima Puluh |) | |
| 4: Tanjung Tiram |) | |
| 5: Pulau Rakyat |) | The new Districts |
| 6: Buntu Pane |) | |
| 7: Bandar Pulau |) | |

For above mentioned on 1985/1986 had planned to train 50 persons, which divided to two groups and each group would train 25 persons.

2: Objective:

To increase knowledge, attitude and practice of the rural public in general and especially for villages staff to obtain good using, maintenance and developing of water supply in rural area.

3: Target:

The member of trainees are 25 persons consist of 1 24 villages persons and 1 staff of Health Centro.

4: Site:

- 4:1: Indrapura Health Centro (For lecture and demonstration);
4:2: Well - sites (for field study).

5: Period:

The training will be carried - out in five days.

6: Activities:

Training of the people in charge of water supply to repair and to maintain hand pump and other water facilities.

- 6:1: Study of the mechanism and repairing of hand pumps;
(Two days in Indrapura laboratory and Indrapura work shop).
6:2: Practise of how to repair the damaged hand pumps at 24 villages;
(Three - days - at villages / field);

7: Budget

9) Budget.

The above activities will be carried out with budgets, allocated by JICA; as amount : Rp:9,600,000.- (Four millions and eight hundreds thousand rupiah); See enclosure I.

8) Materials.

- 8:1: Hand Pump : 6 sets.
8:2: Tool sets : 50 sets.
8:3: Spare parts : (Estimate each team repairing five the damaged hand pumps).
8:4: Materials Book : 300 volume.

9) Staff.

9:1: Provincial Health Service of North Sumatera:

9.1.1. Provincial Superior : dr. M. Hariadi:

dr: TBH: Lumbanradja, M. Comm. H.

9.1.2. Fields Staffs. : N.S. Sirait, SKM

J, Siagian; SKM.

T; Debataraja;

M. D; Marik;

Saléh Supomo;

9:2: Asahan Regency (4 persons):

- dr: Husni Thamrin Naution; SKM;

- Aohsan, BSc;

- E. D. S. Tambunan;

- Anwar, BSc;

9:3: District (8 persons):

Chief of Indrapura Health Centre:

One person from each Health Centre (Health Environmental staff) 18 :
District Air Putih; Medan Doras; Lima puluh; Tg: Tiram; Pulau Rakyat;
Buntu Pano; and Bandar Pulau.

9:4: JICA.

- Dr: T. Suzuki (Leader of JICA Expert team ANIP);

- H. Igarashi (JICA Expert);

10) CURRICULUM

See enclosure II;

Medan, May 8th 1985.-

Chief of Environmental Department
Provincial Health Service of North Sumatera,
DINAS KESIHATAN
dr: TBH: Lumbanradja, M. Comm. H.
N.I.P: 1140025191.-

Annexure I

Budget : Provided by JICA, as detailed as follows :

1. Trainees.

- Daily allowance 25 x Rp.5,200.- x 5Rp:650,000.-
- Transportation 25 x Rp.3,000.- x 2Rp:150,000.-

Rp: 800,000.-

2. Instructor:

2.1. Province:

Grade III / 2 persons during 5 days

a:Rp:31,000.- = 2 x 5 x Rp:31,000.- ; Rp.310,000.-

Grade II / 4 persons during 5 days

a:Rp:24,000.- = 4 x 5 x Rp:24,000.- ; Rp.480,000.-

2.2. Regency:

Food, allowance and transportation

Cost for 4 persons of regency instructor

a:Rp:8,000.- = 4 x 5 x Rp.8,000.- Rp.160,000.-

2.3. District:

Food, allowance and transportation

Cost for 8 staffs of district/health

centre a: Rp:8,000.-

= 5 x 8 x Rp.8,000.-Rp.320,000.-

Rp:1,120,000.-

3. Administration Cost:

Type papers, sheets, ink, photocopy etc Rp: 119,125.-

4. Transportation Cost for Training during 3 days:

Its necessary 3 cars:

- Fuel 1.50/day at Rp:385.-

= 3 x 50 x Rp:385.- Rp:173,250.-

- Driver 3 at Rp:5,000.-/day

= 3 x Rp:5,000.- x 3 Rp:45,000.-

Rp: 218,250.-

5. Materials / Tools:

5: Materials / Tools :

- 5.1. Tools Kit : 25 unit a. Rp:41.000.-
= 25 x Rp:41.000.- Rp:1.025.000.-
- 5.2. Spare Parts : For three Teams
a. Rp:67.875.-/ team.
= 3 x Rp:67.875.- Rp. 203.625.-
- 5.3. Hand Pump : 3 unit a. Rp:100.000.-
/ unit (made in Japan):
= 3 x Rp:100.000.- Rp. 300.000.-
- 5.4. Manual Books :
300 exemplar a. Rp:2.800.-
= 300 x Rp:2.800.- Rp: 864.000.-

Rp:2.392.625.-


T o t a l C o s t :

Rp:4.800.000.-

If Training will be carried out twice

Rp:9.600.000.-

Medan, May 8th 1985.-

Director of Environmental Department
Provincial Health Service of North Sumatera

dr. P.H. Lumbanradja, M. Comm. H.
NIP: 140025191.-

LIST OF EXPERTS TO BE REQUESTED FOR FY 1986/1987

No.	Division	Section	Speciality	Total No.	Preferable time of assignment	Remarks
1	(General)	-	Team Leader	0	-	Continuation of present leader: T. Suzuki
2	Communicable Disease Control	Malaria Vector Ecology	Coordinator	1	May 1986	To replace K. Shimomura
		Malaria Vector Ecology	Vector Ecologist	1	Sep. 1986	To replace proposed Expert: M. Takagi
3	Environmental Health	Malaria Vector Control	Specialist on Vector Control	0	-	Continuation of present Expert: T. Kikuchi
		"	Specialist on Fish Biology	1	-	To replace the Expert to be assigned in FY 1985/1986
		Malaria Parasitology	Malaria Parasitologist	1	Jun. 1986	To replace A. Kaneko
		Malaria Immunology	Malaria Immunologist	1	Nov. 1986	To replace proposed Expert: K. Kamei
4	Community Health	Water Supply	Specialist on Water Supply	1	Oct. 1986	To replace proposed Expert: A. Tateishi
		Maternal & Child Health	Specialist on MCH	1	Jul. 1986	New Activity
5	Medan Health Laboratory	Water & Waste Water Chemistry	Environmental Chemist	1	Apr. 1986	New Activity

Remarks: All the Experts listed above are long-term assignment, with the duration of one year or longer.

LIST OF FELLOWSHIP REQUEST
FOR FY 1986/1987

NO.	DIVISION	SECTION / UNIT	KINDS OF FELLOWSHIP REQUESTED	NUMBER	DURATION
1.	Health Pro- motion	Health Center Services	Management of Health Care Delivery System	1	3 months
2.	Communica- ble Disease Control	Vector Borne Disease Control	Medical Entomo- logy Investiga- tion	1	3 months
3.	Ditto	Ditto	Larva control of Malaria Mosquito	1	3 months
4.	Environmen- tal Health Development	Water Supply	Water Supply Facilities, De- sign and Con- struction	1	5 months
5.	Family Health	Nutrition	Nutrition	1	3 months
6.	Secretariat		Public Health Administration	1	1 month
7.	Health La- boratory	Immunology	Malaria Immunology	1	6 months

LIST OF EQUIPMENT TO BE REQUESTED
FOR FY. 1986 / 1987.

(To be Submitted later).

ASAHAN HEALTH IMPROVEMENT PROJECT

NINTH STEERING COMMITTEE MEETING

MEDAN, 30 - 31 AUGUST 1985[#]

LIST OF ATTENDANCE

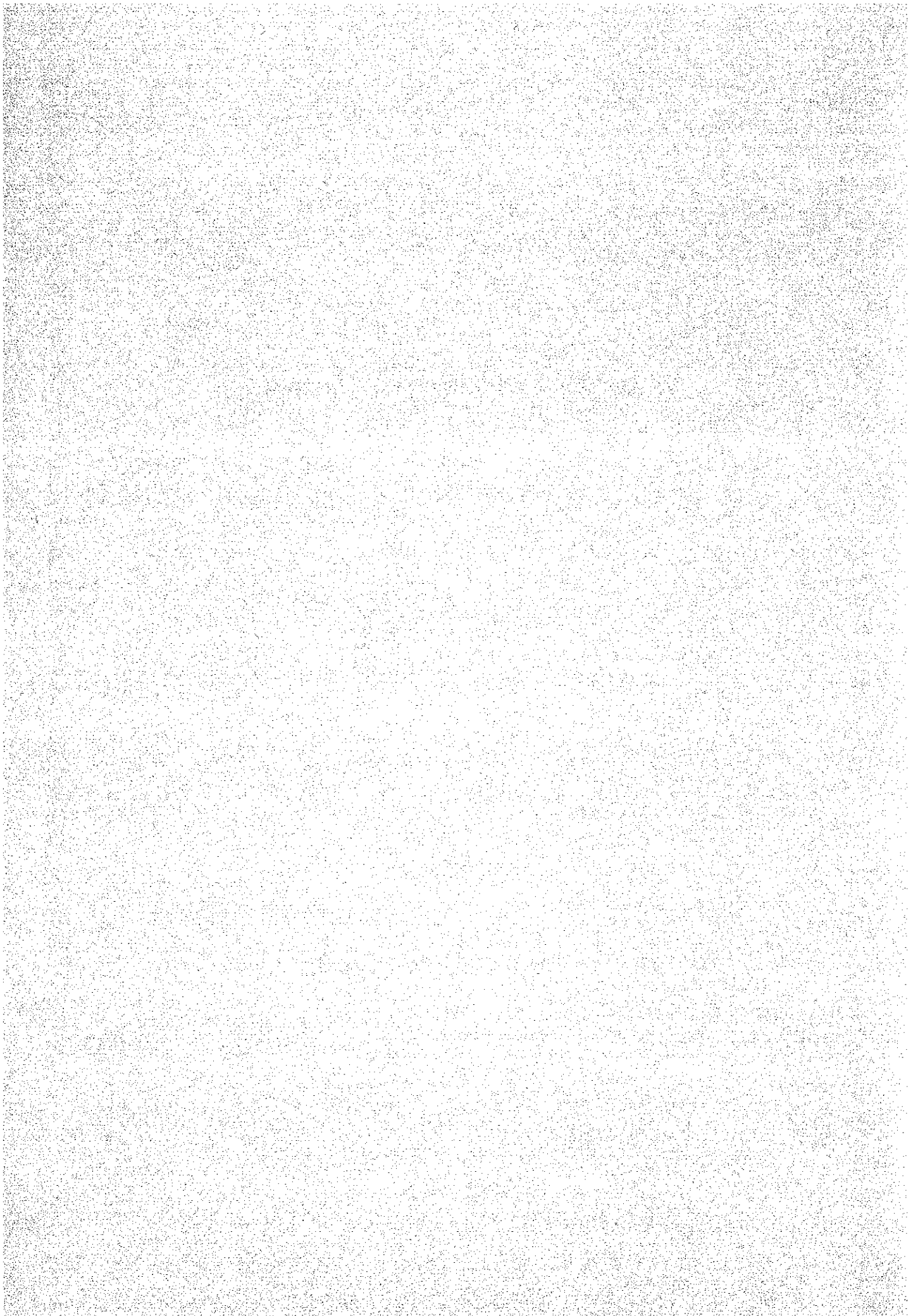
<u>Name</u>	<u>Position</u>
<u>A. INDONESIAN SIDE</u>	
Suyono Yahya	Director General of Community Health, Jakarta
Suwarna	Directorate of Health Center Development, Jakarta
I. Soenardi	Directorate of Health Center Development, Jakarta
Priyono Ashari	Division of Program Planning and Monitoring, Community Health, Jakarta
A. M. Meliala	Division of Program Planning and Monitoring, C. D. C. , Jakarta
Guno Wiseso	Immunization, C.D.C. , Jakarta
Azis La Sida	Division of General Planning, Planning Bureau, Jakarta
P. Pasaribu	Development Planning Board, North Sumatra, Medan
Sofian Zahrie	Development Planning Board, North Sumatra, Medan
Syamsuddin Tarigan	Development Planning Board, North Sumatra, Medan
M. Hariadi	Project Manager, Medan
R. Tampubolon	Deputy Manager, Medan
Hansar Siregar	Secretary, Health Department North Sumatra, Medan
Adil Parapat	Division of Program Planning and Evaluation, N. S. , Medan
Masroel Siregar	Division of C.D.C. , N.S. , Medan
T.M. Panjaitan	Division of Medical Service, N.S. , Medan

No.	Name	Position
17.	M. Batubara	Section Health Center, N.S. , Medan
18.	Darwin Lubis	Section of Epidemiology, C.D.C. N. S. , Medan
19.	Soemitro	Section of Disease Transmitting Insect Control , North Sumatra, Medan
20.	Th. Siregar	Nutrition Development Project, N. S. , Medan
21.	Sudiranto	Chief, Medan Health Laboratory
22.	Syarifuddin Munthe	Secretary, Provincial Health Services, North Sumatra , Medan
23.	Fauzi	Division of Health Promotion, P.H.S. , North Sumatra , Medan
24.	W. A. Panjaitan	Division of C.D.C. , P.H.S. N. S. , Medan
	T.B.H. Lumbanraja	Division of Environmental Health Development, P.H.S. , North Sumatra , Medan
26.	Mara Laut Siregar	Division of Health Education, P.H.S., N.S., Medan
27.	B. Dolok Saribu	Division of Family Welfare Development, P.H.S. , North Sumatra , Medan
28.	M.T.T. Sitanggang	Section of Immunization, P.H.S. , N. S. , Medan
29.	F. Ezra Munthe	Section of Surveillance Epidemiology, P.H.S. , North Sumatra , Medan
30.	H. S. Sirait	Division of Environmental Health Development P.H.S., North Sumatra , Medan
	J. Siagian	Division of Environmental Health Development, P.H.S. , North Sumatra , Medan
32.	T. B. Ambarita	Section of Family Planning, P.H.S., N.S. Medan
33.	Agus Salim Harahap	Section of Maternal and Child Health, P.H.S. , North Sumatra , Medan
34.	Husni Thamrin Nasution	Chief, Regency Health Services of Asehan, Kisaran
35.	Muhammad Kubri	Medang Deras Health Center
36.	Imran Nasution	Air Putih Health Center
37.	J. Simbolon	Limapuluh Health Center
38.	M. Syafei Nur	Tanjung Tiram Health Center
39.	Josanawaty A. S.	Buntu Pane Health Center
40.	Hasan Mursyid H.B.	Pulau Rakyat Health Center
41.	M. Afdol Martias	Bandar Pulau Health Center

No	Name	Position
	<u>B. JAPANESE SIDE</u>	
1.	Michio Hashimoto	Chief of JICA Mission
2.	Akira Ishii	Professor, School of Medicine, Okayama
3.	Masahiro Takagi	Researcher, National Institute of Health, Tokyo
4.	Takashi Yamanaka	Staff, Medical Cooperation Division, JICA, Tokyo
5.	Hisatmitsu Nishio	JICA, Jakarta Office, Jakarta
6.	Masataka Kikuchi	Consulate General of Japan, Medan
7.	Takeshi Suzuki	Leader of JICA Expert Team, Medan
8.	Katsutaka Shimomura	JICA coordinator, Medan
9.	Akira Kaneko	JICA expert on Malaria Parasitology, Medan
10.	Hiroshi Igarashi	JICA expert on Water Supply Engineering, Medan
11.	Tetsushi Kikuchi	JICA expert on Larva Control Operation, Medan
12.	Hisao Yamagi	JICA expert on Control Operation of Malaria
13.		Mosquito, Medan

2. 第9回ステアリングコミティー関係資料

(鈴木チームリーダー作成)



4. Counterbudget 関係資料

[1] 「イ」側 Counterbudget の減少

- | | |
|-----------------------------------|------|
| (1) 1978/79-1984/85 の「イ」側予算の推移 | 資料 A |
| (2) JICA 供与車輛関係の「イ」側予算 | 資料 B |
| (3) 予算申請額と認定額 (マラリア関係 FY 1985/86) | 資料 C |

[2] プロジェクト公費の実情

- | | |
|---|------|
| (1) 収支概算 (1984年4月-1985年7月) | 資料 D |
| (2) カウンターパートのフィールド出張旅費
(1984年4月-1985年3月) | 資料 E |
| (3) フィールド出張関係経費の実態 | 資料 F |

[3] 今後のフィールド調査

- | | |
|------------------|------|
| (1) フィールド調査の年間計画 | 資料 G |
| (2) プロジェクト公費の負担額 | 資料 H |

[4] コメント

資料 I

資料 A

2. BUDGET ALLOCATION FOR ASAHAN
HEALTH IMPROVEMENT PROJECT

(第8回 SCM 資料による)

FISCAL YEAR	INDONESIA			TOTAL	JAPAN
	NATIONAL BUDGET	PROVINCIAL BUDGET NORTH SUMATRA			
1978 / 1979	Rp. 12,570,000.-	Rp. 20,000,000.-		Rp. 32,570,000.-	¥ 50,000,000.-
1979 / 1980	Rp. 44,172,000.-	Rp. 18,600,000.-		Rp. 62,772,000.-	¥100,000,000.-
1980 / 1981	Rp. 49,970,000.-	Rp. 36,110,000.-		Rp. 86,080,000.-	¥150,000,000.-
1981 / 1982	Rp. 66,473,000.-	Rp. 600,000.-		Rp. 67,073,000.-	¥ 30,000,000.-
1982 / 1983	Rp. 74,436,500.-	Rp. 23,193,000.-		Rp. 97,629,500.-	¥ 50,000,000.-
1983 / 1984	Rp. 29,415,000.-	Rp. 6,100,000.-		Rp. 35,515,000.-	¥ 30,000,000.-
1984 / 1985	Rp. 20,702,000.-	Rp. 23,500,000.-		Rp. 44,202,000.-	¥ 35,000,000.-
TOTAL	Rp. 297,738,500.-	Rp. 128,103,000.-		Rp. 425,841,500.-	¥445,000,000.-

Notes: The amount mentioned above does not include budget allocated for experts and fellowship.

* : 予算申請額 実際の獲得額は TOTAL 約 Rp. 22,000,000。
うち Rp. 17,000,000 は供与機材引取料。実質 Rp. 5,000,000。

資料B

COUNTERBUDGET RELATING TO JICA-DONATED VEHICLES

(Unit: Rp. 1,000)

FY	Driver's salary	Maintenance	Fuel	Total
1980/81	1,200	330	843	2,373
1981/82	1,440	270	906	2,616
1982/83	1,800	360	780	2,940
1983/84	540	0	0	540
1984/85	0	0	0	0

資料C

FY 1985/1986 マラリア関係カウンターパートの出張旅費

	申請 (8th SOMによる)		認 定	
	Man-day	額 (Rp. 1000)*	Man-day	額
Parasitology	96	1,632	40	?
V. Ecology	96	1,632	40	?
V. Control	96	1,632	40	?
Fish	48	816	40	?

* Rp. 17,000/man/day

** 他に Tuberculosis Control : 24 Man-day
Water Supply : 0

資料 D

プロジェクト公費の収支概算

1985年8月

(単位: 1,000 ルピア)

	1984年 4-6月	1984年 7-9月	1984年 10-12月	1985年 1-3月	1985年 4-6月
収入					
くりこし	79	761	2,311	2,907	1,729
受け入れ	6,105	5,919	10,322	16,004	13,348
支出					
業務費	2,967	2,585	3,944	4,543	5,296
研究費	2,456	1,785	5,842	12,641	6,904
計	5,423	4,370	9,726	17,184	12,200
残額	761	2,311	2,907	1,729	2,876 (\$1,208)

1985年6月末残額

	(ドル)	(ルピア)
ルピア口座	-	Rp 2,876,000
ドル口座	\$ 1,208	Rp 1,340,000
カウンターパート出張 旅費立替分	-	Rp 1,847,000
計		Rp 6,063,000 (≒ ¥ 1,318,000)

資料 E

TRAVEL ALLOWANCES FOR COUNTERPARTS

Apr. 1984 - Mar. 1985

Period	Parasit.	Ent.	Insecti- cides	Fish	Total
Apr-Jun 1984	-	118,000 12 days	-	-	118,000 12 days
Jul-Sep 1984	67,000 6 days	174,000 16 days	-	-	241,000 22 days
Oct-Dec 1984	167,500 17 days	340,000 29 days	330,000 30 days	230,500 27 days	1,068,000 103 days
Jan-Mar 1985	52,500 7 days	150,000 15 days	142,500 15 days	75,000 10 days	420,000 47 days
Total	287,000 30 days	782,000 72 days	472,500 45 days	305,500 37 days	1,847,000 184 days

Note: 上記全額を JICA 公費から支出，インドネシア側は，その全額の Reimbursement を口頭で約束。しかし 1985 年 8 月 20 日現在，まだ受領していない。

資料 F フィールド出張関係経費

1. 運 転 手

サラリー Rp 57,500
 交通費 Rp 10,000 計 Rp 67,500 / 月

出張旅費

日 当 Rp 3,000
 宿泊費 Rp 5,000
 " (インドラブラの場合) Rp 2,000
 調査手つだい謝金 Rp 1,550

2. カウンターパートの出張旅費 (1日当り)

* ランク	1984/85 まで		1985/1986 以降 JICAスタンダード(案)			
	「イ」側規定額	JICA スタンダード	「イ」側規定額	第 1 案	第 2 案	第 3 案
I	10,000	6,000	17,000			
II	13,000	7,500	24,000	10,000	9,000	7,500
III	17,000	10,000	31,000	15,000	12,000	10,000

据えおき

R/P
 * カウンターパートは、その多くがランク III、一部がランク II

3. 日本人専門家の現地調査出張旅費

	プロジェクト内規	JICA 規定による仕国内出張旅費 (S. 56 年 4 月改正)
日 当	Rp 5,600 (≒¥1200) (41%)	¥ 2,900
宿泊費	Rp 22,000 (≒¥4,700) (53%)	¥ 8,800
" (インドブラ)	Rp 11,000 (≒¥2,400) (27%)	-

>の半分以下

4. 出張旅費概算例 (専門家1名, カウンターパート1名, 運転手1名, インドラブラ宿泊)

	2泊3日			1泊2日		
	現 行	第 1 案	第 2 案	現 行	第 1 案	第 2 案
専 門 家	38,800	38,800	38,800	22,200	22,200	22,200
カウ ンター パート (III)	30,000	45,000	36,000	20,000	30,000	24,000
運 転 手	17,650	17,650	17,650	9,550	9,550	9,550
ガソリン代	30,800 (80ℓ)	30,800	30,800	23,100 (60ℓ)	23,100	23,100
計	117,250	132,250	123,250	74,850	84,850	78,850

カウンターパートは日本チームの車に乗り、食費は専門家支払い。

インドラブラ宿泊は無料。出張旅費全額が収入となる。

資料 G

フィールド調査の年間計画 (マラリア対策)

分野	計 画	カウンターパートのBudget
Parasitology	120 Man-days	40 Man-days
V. Ecology	"	"
V. Control	"	"
Fish	"	"

資料H(i)

プロジェクト公費による負担額

[例]: Vector Control	毎月 2泊3日 2回	計 10man-days / 月 (120 man-days / 年)
	1泊2日 2回	
現 行	Rp 117,250 × 2 (回) × 12 (月) = Rp 2,814,000	計 Rp 4,610,400 / 年 (Rp 384,200 / 月)
	74,850 × 2 (回) × 12 (月) = Rp 1,796,400	
第 1 案	Rp 132,250 × 2 (回) × 12 (月) = Rp 3,174,000	計 Rp 5,210,400 / 年 (Rp 434,200 / 月)
	84,850 × 2 (回) × 12 (月) = 2,036,400	
第 2 案	Rp 123,250 × 2 (回) × 12 (月) = Rp 2,958,000	計 Rp 4,850,400 / 年 (Rp 404,200 / 月)
	78,850 × 2 (回) × 12 (月) = Rp 1,892,400	

	現 行	第 1 案	第 2 案
所 要 経 費	Rp 4,610,400	Rp 5,210,400	Rp 4,850,400
「イ」側負担分	Rp 400,000 (10,000 × 40)	Rp 600,000 (15,000 × 40)	Rp 480,000 (12,000 × 40)
プロジェクト 負担分	Rp 4,210,400	Rp 4,610,400	Rp 4,370,400
同上 (¥)	¥ 915,300	¥ 1,002,300	¥ 950,000
同上 (月額)	¥ 76,200	¥ 83,500	¥ 79,000
専門家各人の公費 (¥120,000/月) に対する割合	(64 %)	(70 %)	(66 %)

[フィールド出張関係の経費は、各人の公費の1/3におさえることが望ましい]

公費の1/3	¥ 40,000	¥ 40,000	¥ 40,000	} 専門家 1名に つき
不 足 額	¥ 362,000 / 月	¥ 435,000 / 月	¥ 390,000 / 月	
"	¥ 434,400 / 年	¥ 522,000 / 年	¥ 468,000 / 年	

フィールド作業を主な業務とする専門家

Malaria : Parasitology	1	} 3名
: Vector Ecology	1	
: Vector Control	1	
: Fish Biology	1	(専門家赴任時期未定)
Water Supply	1	(十分ではないが、州政府の予算あり)

資料H②

不足額 [改訂第2案にしたがい、Fish Biologistを考慮に入れない場合]

$$¥468,000 \times 3 = ¥1,404,000 / \text{年}$$

これは、1985年6月末の残額(¥1,318,000)で、おおむね対応出来る。

ただし、Fish Biologistが参加すれば、¥468,000不足する。

資料 I

フィールド出張関係経費に関するコメント

(1) Counter budgetの増額を「イ」側にリクエストする件

その1: カウンターパートの出張日数(man-days)の増加

問題点: a 可能であっても次年度(FY1986/87)になる

b リクエストしても実現は望みうす

その2: 車両関係予算

問題点: a 見通しとしては、きわめてむづかしい

b しかし、リクエストしなければ、年額0が当然になる

(2) カウンターパートの一部を現地で雇用する件

現地での備人費は、IKESスタッフの出張旅費よりも、はるかに安い、単純作業では、村民で間に合う場合もある。

問題点: a 技術移転の面で支障あり

b 経費節減額は、それほど大きくない

[例]: 120日/年のうち1/3(40日)をIKESカウンターパート(Rp12,000/日-改訂

第2案による)を、村民(Rp 3,000)にかえた場合

$$\text{節減額: Rp } 9,000 (12,000 - 3,000) \times 40 = \text{Rp } 360,000 / \text{年}$$

これは、プロジェクト負担額(Rp 4,370,000/年)の8.2%にあたる。

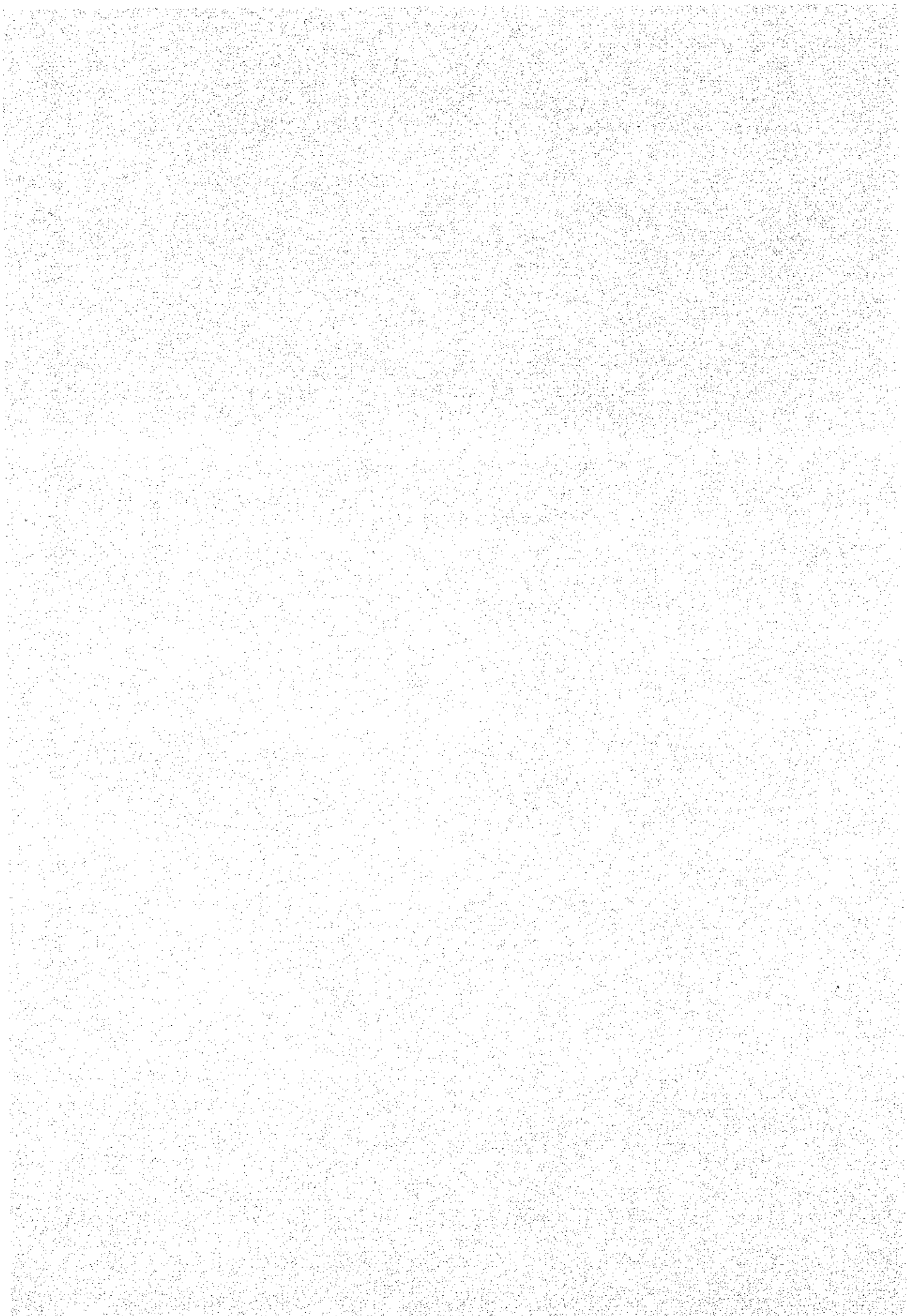
(3) フィールド調査計画を縮小する件

問題点: プロジェクトの業務遂行に支障あり

3. 第9回ステアリングコミティー出席

計画打合せ調査団報告

(1985年8月25日～同年9月3日)



業 務 報 告 書

橋 本 道 夫

8月26日

OX 501 便で11時15分成田発、Hong Kong を経て、ジャカルタに21時20分着く、西尾さんの出迎えを受け感謝 / サリ・パンフィックホテル泊

8月27日

10AM 大使館に平山書記官にあいさつに行き、今回の Steering Committee Meeting の予定内容を説明する。モニュメントの件についても話す。永井臨時代理大使に表敬 OTA-43 の概略と今回の委員会の予定等について説明し、了承され、激励をうける。ついで JICA JAKARTA 事務所に行き、山村事務所長にあいさつ、説明する。

午後 GA 941 で Medan に行く。

16時45分メダン着、鈴木リーダーはじめ Expert の出迎えをうける。夕鈴木リーダー宅に招待され、ざっくばらんに話し合う。さすがに WHO 10 年のチームリーダーで Malaria 対策もとりまとめが期待出来るという実感がもてた。

8月28日

10 AM 鶴田総領事に表敬、説明を行う。池田領事、菊池副領事(担当)にもあいさつして説明する。11時終り。

IKES に Dr. Hariadi を訪問する。Dr. Tampubolon も同席、マラリヤ、井戸、MCH に重点をおいて話す。IKES が改装されてきれいになっている。日本のリーダー、Expert の部屋も整えられた。

Secretary に新しい Catholic の Sister の佐々木さんがなっていた。12時30分終わり。

1時30分より日本の Experts より報告をきく、チームリーダーより Counterbudget についての詳細なデータ説明あり、今秋からの井戸の実施設計について特に五十嵐 Expert に話す。pipe の問題、維持管理の問題、Follow-up の問題及び、器材、Kit の Depot の強化を指示する。

8月29日

KANWIL に Dr. Hariadi を訪問し、各部門別の話し合いをする。9～11 マラリヤ関係 11～12 井戸関係、(現任者に前回の井戸の経験者なし / Pulva 氏にきくよう suggest する。候補地 6ヶ所をきめる途上とのこと、教の最終は実施設計によるコストの見積りではじめてきまることを強調し、そのことを承知のうえ、候補地をできるだけ早くきめることを強く要請する。今秋には JICA 実施設計チームが来ることが必要である。

五十嵐 Expert が3ヶ月で交代するので、引継ぎが大切!

13～14時30分MOHの新しいExpertのことを含めてKANWIL側(Dr. Panjaitan)等と話す。Dr. 中村, Dr. (Prof.) 小林, Dr. 松井との話しを紹介し, 1986/1987のMCHについてその後の3年間を考へて構想を話し, イ側のとりまとめを求め同意をうける。1986/1987はEcology of delivery, Health, disease, Death of Children in Communityとの視点からExpertが協力し, それをもとにいかにか統計やCommunity BaseのMCHのすすめ方のガイドラインをとりまとめてゆくこととする。Dr. Loksaribyが新しく活発に加わる。夕食に在メダンチームの招待(会費制)をうけ楽しく話し合う。

8月30日(金)

8時～11時45分までSteering Committee Meeting。

Yahya議長は1984年の“The Policy Framework for the 2nd 5year Plan of OTA-43 by JICA”にそつて, 今後のイ側のRepellitaとの関係を中心に話す, Posyandu(Integrated Health Service)とInfant Mortality Rateを90→70に改善すること, 及び, Statistics Indicatorの確立を強調していた。又, studyよりも実際プログラムを強調していた。Dr. HariadiはProject Reportを, 鈴木リーダーはJICAチームのProgress Reportを行う。橋本は, マラリヤ, 井戸, MCHに重点をおき, 特に新しくMCHへの協力を始めることや, 井戸の建設についての方針を明確に説明する。モニュメントについても, イ側のPriorityと日本国内でのPriorityの条件をあきらかかして, 実現は約束は出来ないが最大の努力をするのでイ側の案のとりまとめを求める。Yahya総局長イスラムの礼拝のため11時45分午前の部を終る。2PM再開, イ側の各プログラム案の報告あり, VaccinationでPoliomyelitisとMeaslesをとりあげていた。新しい対応が必要, この件についてComment質問を行なう。

ホリブド大臣がメダン空港に1時間弱たちよるのでYahya総局長とともに橋本のみ空港にゆき表敬する。CDCのAdyatma総局長にも会えた。4時30分会議にもどり, 5時30分まで会議を行う。

Dr. SudirantoよりLabの中でMalaria Sero-ImmunologyとEnvironmental Toxicology or ChemistryのExpertの要請がある。Yahya議長はAcademic Researchではないこと, Resameの配分に注意すること。MCHとの関係についてCommentする。

8月31日

8th Steering Co. Meetingと再開, 日本側よりCounterbudget等の問題点についてStatementをプリントし私のSignをいれて改善をもとめる。可成りこたえた様子であった。Yahya議長8時40分にJakartaに帰り, Dr. Suarana(Health Control Development Directorate)のDirectorが議長となりすすめる。Umbrella, CDC, MCH, モニュメントの4つグループに分けて, 分科会をもつ。11時45分分科会の結果報告をうけ, 文章のとりま

とめをDr. Tampubolonがメダンとジャカルタでして最終のR/Dをつくることとする。日本側のSignは山村Jakarta事務所長にすでにお願ひして了承を得てある。

MOHという部分の領域になるので次のとおり改める。

Posyandu (Integrated Health Program : Nutrition, Diarrhea, Vaccination, MOH, Family Plan の5つ統合) for Improvement of Infant Mortality Rate (1才以下) and Child development とする。

目 標 Community Based Child Health (organized Community Effortの確立) をめざして。

Approach Ecology of delivery, health, disease, death of children in Community という Study approach を通じて。

目 的 Posyandu for Improvement of Infant Mortality Rate and Child development の確立をはかることとする。

又 Well construction の実施設計についてのAgreement 原案をとりまとめる。Sign は橋本(すみ)、議長としてのDr. Yahya とする(イ側OK)。(ODC 及び Community Health 双方 OK) 文書はSteering Committee の R/D と一緒に Sign をもとめることとする(山中さん)。

12時30分会議を終了する。GA 157 で16時45分 Medan 発、19時 Jakarta 着、サリ・パシフィックホテル一泊。

9月1日

5時30分AMホテル発、CX 710 で8時ジャカルタ発、シンガポール、ホンコンを経てCX 500 で成田に21時20分つく。

“爆弾を仕掛けた”という情報で成田の空港のはしに停止、約2時間余Baggage出ずCCX、空港、警備の対応は全くまずかった！ Cathay Pacific の特別手配で箱崎に12時30分つき、家にタクシーで帰ったのは0時30分であった。

業 務 報 告 書

石 井 明

[1] 北スマトラ地域保健対策計画

1985年々次協議会

本会議に出席・討議する事が主要な任務であった。これについては橋本団長の議長団の下で進行したので、主報告は協議書とそれに譲り、団員として得た情報、まとめた案について記したい。

(1) 計画全般について

R/D に記された通りとは言うものの、毎年の協議会の段階は日本側、イ側相互のもの

考え方を理解する上に必要な事である。特に中央政府、州政府、日本側とが考えを述べる事により、お互いの修正を要する事も多く、イ側の行政上必要なステップを踏むという以上の意味がある。

今回は中央政府保健省地域保健総局長 Dr. S. Yahya が議長として自己の考えを述べつつ議長を務めたので、ODC、州政府の意見も引き出され、短い時間に一段落した。あとは討議された事項が、如何に文章にまとめられて出来上るかを待つ事になる。

Posyandu (Pos Palayanam Terpadu = integrated health service post) のアイデアが提出され、これが従来の MOH を含めて末端村落で IMR = infant mortality rate の現状 90/1000 を 70/1000 に迄下げるために働くという構想である。90 → 70 という目標は第 4 次 5 ヶ年計画 (Perita IV) の設定したものである。

北スマトラでの実行として挙げられた事項は

1. 保健所利用の増加
2. Posyandu として integrate する

活動範囲の増大 (coverage) 予防接種、栄養増進活動の増大、Community から Volunteer を出し Health Center に refer する活動をする。といったものであった。

中央政府から述べられた方策は

1. Women movement for welfare (PKK)
2. 各部局活動の推進

MCH, Immunization, Family planning, Nutrition, Diarrheal disease control, Tbc control, Parasite (worm) control, Environmental Health, Health education など

3. 特定地域での特定疾患は追加活動を行うマラリアはこれに入る。

(2) 日本側の対応について

今年の年次協議の会合で得た感触は、従来の国内委員会での討議で出した方策で良好であろうという事である。即ち、日本側が expert を出す領域にあっては、イ側カウンターパートとの活動により技術移転がなされ、可能であれば、これを training course で拡大する、その他の領域にあっては、イ側の計画に従って、機材で援助する、というものである。

例えば

Traditional health attendant = TBA, dukun に与える dukun Kit, midwife Kit, MCH Kit, Scales, などは要求の具体的なものである。これらは既に援助、供与されているが、対象地区の拡大に対応する必要がでてくる。

[2] マラリア対策の分野について

これについては日本側専門家チームの活動、努力により進行しており、年次協議会の席にも Progress report, Proposal for 1986/7 の原稿が準備、提出された。

詳細はこれに譲るが、これらは協議の上同意を得たと考えられる。日本側専門家チーム内でも種々の問題点が討議されたが、拡大地域の山地、水田マラリアについては調査を余力のある折に止め、主力は海岸地域のマラリカにしぼる事にした。Vector Control の試行を Purpuk 村で行い、その他の海岸地帯の村落では Malarimetric survey により epidemiological situation を把握し、Entomological baseline data も準備することになった。POD (passive case detection) はイ側も possible malaria control measure として認めているので、これは可能な場所で実行する。POD についてはイ側のスタッフも training course 受講者 10 人が働けるので、これに顕微鏡(双眼、反射鏡式)と染色試薬、スライドを供与し援助する事が、次年度に期待される。

Yahya 局長は infant mortality に関連して malaria 問題を取り上げ、POD による case detection を Health Center の配下で行い、Control に魚による biological control を期待している節が伺われた。

メダン衛生試験所 Sudiranto 所長は ELISA (酵素抗体法) の機器を既に購入しており、Herpes kit も入手していた。Malaria, tbc. に応用を望んでおり、亀井専門家の活動に期待を表明した。Seroepidemiology については中央政府から参加した CDC の担当官も個人的に同意した。

Sudiranto 所長は松岡専門家が導入した G6 PD 欠損測定法を、その後北スマトラの 7 つの病院からの材料を集め、1,185 人について調べた成績を出し、5% 以上に欠損者を検出し、北スマトラ州衛生部はこれに基づき溶血を起す可能性のある薬剤のリストを作り関係部に警告を発したという事であった。更に 15,000 の検体につき調査を計画していると述べた。

Vector control については鈴木リーダーが自身、多大の経験者である事もあり、Abate 始め種々の検討が行われていた。有効期間の長いものが、今の処なく、IGR (insect growth regulator) は、その上に高価であるという問題がある。発生源については、村落で魚養殖のため、新たに池を掘る状況があり、発生源対策上の問題点となっている。魚の専門家による指導を加えて対処する事になる。Abate の購入については年次協議会の席上で Statement に記述されているので、イ側も必要な措置をとるであろう。殺虫剤と魚による防除は村落を分けて実施する事は困難という Vector control 専門家の意見なので、これらは従来通り Purpuk 村で行う事になった。成虫、幼虫数に関する基礎データは Purpuk は勿論継続して調べ、他の海岸村落でも回数は同じでないにせよ調べる事になっ

た。

魚の専門家のリクルートについて種々討議された。イ側はジャワ島での経験上、魚を期待している様だが、ジャワ島の *A. aconitus* とは異なるので、魚の種類も違っており、同一とはいかない事情にある。ジャワ島の水田に発生する *A. aconitus* には Pancha が使用された。

[3] Monument Project について

年次協議の席上、分科会に分れて討議され石井はこれに参加したので、以下に記録する。インドネシア政府は以下の施設を全国に配置する計画を持っている。(石井1984報告参照)

- 1) Academy of Nursing
- 2) Academy of Nutrition
- 3) Public Health Training Center
- 4) Provincial Training Center

この内 1) については World Bank と州政府の間で 1986/7 に建設する合意ができています。同じく 4) については 1987/8 に建設する合意ができていたという事であった。そこで 3) と 4) を合わせ media center を組み込んだ形で次の案が提出された。

(注、3) は保健関係職員のもので、4) はそれに限定されない。)

イ側の案は後述のとおりである。

この実現については組織上の対応について Ministry of administrative reform の審議を要するが、これはイ側で行うという事であった。又ステップとして今後の手続きについては

- (1) 次候補を含めた可能な案を挙げる。
- (2) 州政府と中央政府の間で更に詳細についてつめる。

Monument project

North Sumatra Community Health Development Center

1. Objective

To build a center for community health development in North Sumatra as a memory of joint cooperative program between the government of Indonesia and the government of Japan, 1978-1989

(Project OTA43)。

2. The scope of center will be

- 1) Training
- 2) Education, information and communication

(media center, public relation)

- 3) Community health development
 - 4) Health science information center (Library)
 - 3. The institution includes
 - 1) Training facilities
(lecture rooms, auditorium, laboratory for exercise and dormitory)
 - 2) Library
 - 3) Exhibition hall
 - 4) Media center
 - 4. Facility construction
 - Land from the Government of Indonesia
 - Building, Equipments from the government of Japan (JICA)
 - 5. Location
 - North Sumatra (Medan or Asahan)
- (3) 公式要請状を州政府から中央政府に提出する。これは中央政府から日本側に提出する。が述べられた。

構想としては日本がインドに供与した India International Center by Akihito を考えている様である。

[4] そ の 他

- 1. 研修候補の Indrapura 保健所長 Dr. I. Nasution は、研修の時期として 1, 2 月, 12 月が良いと述べた。保健所における医師の training について研修したい。
- 2. メダン衛生試験所 Sudiranto 所長は Ms. Yanita を日本の研修に出したいと述べた。
- 3. Water supply 分野での井戸建設候補地については 6ヶ所を考え 4ヶ所程は既に名前が挙げてあった。詳細は団長報告に
- 4. 1984 年石井専門家の携行機材がジャカルタの空港で差し止められた件につき 1985 年 8 月現在 Project に取れていないので必要な措置をお願いしたい。西尾, 下村両専門家には依頼済み。

月日	曜日	内 容
8. 25	日	岡山出発, 大阪発 SQ005 シンガポール着 同地泊
26	月	シンガポール発 GA941 メダン着 高木団員と合流, 日本からの専門家チームと夜討議

月日	曜日	内 容
8. 27	火	プロジェクト地域に出発、金子専門家同行、インドラプラ保健所イムラン・ナスチオン所長面会、海岸村落いくつか視察、PCD実施 メダン帰着 夜 橋本団長、山中団員と合流
28	水	総領事館にて総領事、領事と会談、イクスにてHariadi局長、表敬会談、 メダンラボにてSudiranto所長らと会談、午後イクスにて日本からの専門家 チームと討議（州衛生局）
29	木	カンウイルにてイ側と討議、マラリア、水供給部会、午後MOH他討議 日企クラブで総領事館より依頼され、在留邦人を対象に「熱帯病の予防と治療」 につき講演、夜イ側主催の歓迎会
30	金	ガルーダホテルにてSteering Committee Meeting 終日討議 夜 日側主催答礼会
31	土	午前 SCM 8時より続行、12:30終了、グループ別討議も行った。 イクスで専門家と打合せ、メダン出発 ジャカルタ着 同地泊
9. 1	日	ジャカルタ発 OX710 シンガポール経由香港着 香港発OX502 大阪着 岡山帰着

業 務 報 告 書

高 木 正 洋

今回の私の出張は、都合により出席不可能となった安野国内委員の代理として、第9回SCMに出席するためのものであったが、加えて近日中に当プロジェクトのマラリア生態学の一専門家として渡イすることを考慮し、事前のフィールド視察とチームリーダー、各在現地専門家及びイ側関係者とのdiscussion等を通じて、着任後出来るだけ速くかつ円滑にその責務を果し得るよう計る目的も大きかったが、両目的とも果し得たと考える。以下目的毎に、特に私の専門とするマラリア生態学に焦点を絞って報告する。

(1) Project areaのベクターエコロジーに関わる特記事項

Vectorに関する最近の情報を収集し、私見を整理するために、①矢斐、菊池両専門家の案内によるone day field visitを行なった。この際ブルブック村に加え、特に希望して、糸川報告でスポットサーヴェイ結果にせよP/Rが高かった故8月21日の国内委員会で話題となったTanjung tiram、及び同郡のguntungの視察も行なった。②公的には2回（8月26日夕、及び8月28日午後）チームリーダー・全専門家とdiscussionを持った。

また私的に菊池専門家とは数回、矢麦専門家を交えて1回、各々数時間ずつ free talking の機会を持った。

これらの情報収集活動を通じ①現地では本年7、8月は住民が雨乞いをする程の異常乾燥状態であり、Perupuk村の従来の地図上に登録されている habitat のほとんどが dry up している。②そのためかどうか確認出来てはいないが、③かなり大規模な伐採→ココヤシ幼樹の植樹→幼樹への水補給のための新しい水路や穴の堀削、④従来の水路の再整備、⑤新たな養魚池の造成、⑥ Lolong 1の小川河口部の sand bank による blocking に起因する川水の止水化が確認された。これらは bottom level が低いため水をたたえているものも多く(確認済)、An sundaicus 幼虫の incidence, density 共高い(矢麦専門家談)。私の視察時の instant monitoring でも相当数採集された。これらのことは無視し得ぬ数の新たな possible habitats の出現を意味し、深刻にならざるを得ない。そこで急ぎ、① Habitat map の再整理(断面形状, サイズ, 所有者の記入を含む) ②これまでに情報蓄積のほとんどない新 habitat における An sundaicus の密度及び salinity 他 habitat の性状に関する種々の parameters の蓄積が必要と感じられた。

又、discussion の中で測定の必要性についても話題となった。私もその必要性を感じているが、man power とのかねあいからプライオリティー、実施方法(例えば外注するとか)を含めて私の専門家としての赴任後に検討することとして欲しい旨表明し、現地では同意された。

新しい habitat のうち⑥については対象魚が、最近導入されたと見られる(高木の推測) Ikan nila という Tilapia 属の魚ということであり(菊池専門家談)、大いに注目される(Ikan gabus : Ophicephalus striatus も継続養殖されている)。チームリーダーが、新造成養魚池/ティラピア稚魚放飼という系の中での vector, Tilapia, 及び種々の parameter の time sequential な data 収集がぜひ必要と主張され、私も全面的に賛成し、早速菊池専門家を中心に始めることになった。

魚に関しては Lolong 1 の block された川水等でかなり多数のジャワメダカをみかけた。このことは多種の predacious fishes が確認されている pilot area での guppy の生残りの問題にしても結局は release する個体数の問題であり、ひいてはいかに多数 farming し得るかの問題でもあることが再度示唆されたと考える。guppy の有用性についての検討実験も危急であり(8月21日国内委員会で確認済)、矢麦、菊池専門家には predacious fishes free と present の2通りの池での(他の条件は出来る限り近似していることが望ましい)生育比較実験を提案した。私の帰国後の team meeting で検討されるはずである。

過去の data より、視察時 dry up していた池も近い中に高潮(大潮という term はふさ

わしくないように思われる) and/or 降雨により水を貯え、vector densityが急上昇する可能性が大(最近のMHDは10前後ということであった 矢麦専門家談)なので、今のうちに今井専門家の報告以降の潮位、雨量のplottingを行なって、出来れば予測をたて、村に応じた調査の即応態勢をたてておいた方がよいと感じ、矢麦、菊池両専門家に提案しておいた。

総括的なvector control policyとしては、チームリーダーよりpond by pondでcontrol measureを決めていくというキメ細かい戦略で行くべきだ、そのためには、これまで以上に、用途、形状を含め各habitatの属性を明らかにすることが先ず必要、との主張があり、私も全面的に賛成した。

Tanjung tiramのguntungが探し求めていた対照区としてふさわしいのではないかと期待して訪れた。極く短時間の滞在なので直感に頼る面が大であるが、チームのman powerを考えると手を染めることには相当慎重であった方がよいと感じた。特にimpressiveであったのは、Perupukのhabitatsがほとんどdry upしているのにguntungのそれらが満々と水をたたえていたこと。水路の拡がりも相当洋々としているらしいこと(矢麦専門家談)である。またsalinityは不明だが、An. sondaicusは少数しか採集出来なかった。

以上の記述から明らかなように魚に関連する活動は相変わらず重要である。また全体として今後vector関連の作業量は膨大であり、いずれにしてもvector関係専門家は日程等を調整し合って、相互乗り入れ型活動せねば回っていかないであろう。そこで求められながら、未だ決定しないfish biologistは名目上はともかく、実際には特に魚の専門家である必要はなく、ともかく一日も早く人を得る必要がある。これは現地でも特に強調された。

58年度供与と機材に含まれ、引取りの終わったAbate 360kgを用い、来春Lolong levelのAbateによるlarvicidal control trialを行なう計画であることがチームリーダーより表明された。これは特に1側の強い要望によるとの補足説明あり。賛成した。

[2] SOMについて

SOMは8月30日(金)は全体でのdiscussionに終始、2日目の8月31日(土)の主な部分は3 groupsに分れたgroup meetingであった。全体に亘る詳細な報告は、橋本国内委員長を始めとする私以外の方々のものを参照して頂き、私は、全体会議のMalariaに関する部分及び、チームリーダーと現地専門家及び私が参加したCDC group discussionのMal.に関する討議報告のみとする。

第1日目全体会議の中ではチームリーダーよりのMal.に関するreportingに対し、CDC Mal. Surveillance Sec.のチーフDr. Muharyotoを中心に、environmental managementやbiological controlの具体的内容をききたい、InlandのMal.の扱いをどうするつもりか等の質問があり、各々についてチームリーダー、石井明国内委員より適

当な応答があり納得された。biological control agentsについてはDr. Yahyaより特に、fishがうまくいけばbeneficialなので力点をおいてやってほしい旨のcommentがあったことを付記する。

vector control activity に関してより詳細な具体的計画案を求める質問は、再度第2日目のODO group discussionでも成されたがその真意は、予算獲得のために細かい説明が必要だから、ということのようであった。

チームリーダーより、group discussionの場で、中央政府へのマラリア関係予算要求資料中、JIOA expertsへのcounter budgetとしては96days/yrを要求しているのに、イ側 counterpartsの予算要求が最初から48days/yrとなっている点の指摘があり、論議されたが、印象としてはやはり96days/yrの要求はかなり非現実的で、来年もイ側 counterpartsの出張予算は40days/yr位が認められれば良い方との印象を受けた。今後 counterpartsの出張に関しては種々困難な問題が出て来るのではないかと心配される。

月日	曜日	内 容
8. 25	日	成田空港より出発。シンガポール着 (JAL719 便)。シンガポール泊
26	月	シンガポール発、メダン着 (GA941 便)。鈴木リーダー以下、大多数の専門家の出迎えをうける。Tiara Htl. 入。すぐ鈴木リーダーから石井委員と共に日程についての説明をうける。午後7時よりYOKOHAMA Restaurant に於て、マラリアについての free discussion。全専門家出席。
27	火	菊池、矢麦両専門家と共に Indrapula Lab を表敬訪問及び視察。続いて、Tanjung tiram, guntung, Perupuk 村等、プロジェクトエリア内の重要な field を視察。午前7時～午後6時半。夜は鈴木リーダー宅に招待され、歓談。橋本委員長、山中氏と合流。
28	水	メダン総領事館を表敬訪問 (午前10～11時)。IKES にプロジェクトマネジャーの Dr. Hariadi を訪問、歓談 (午前11～12時)。IKES にて SCM に向けて日本側打合せのミーティング。Mission member + チームリーダー、全専門家 (13:30～17:30)。専門家主催のミッション歓迎パーティ (19:00～22:00)。
29	木	KANWIL に於て、KANWIL, IKES の関係者と日本側との Subject 毎の打合せ (9:00～16:30)。Dr. Hariadi 主催のパーティー (KANWIL, IKES, 日本側専門家、ミッションメンバー、及び中央政府派遣メンバー、夫人同伴)。19:00～22:00。

月日	曜日	内 容
8. 30	金	SOM (Htl, Garudaにて, 8:00~17:00) 橋本委員長主催のReception(29日のパーティーとほぼ同メンバー)。
31	土	SCM (Htl, Garudaにて, 8:00~12:00)。 メダン発 (GA 157 便 16:45)。Dr. Hariadi 夫妻, Dr. Tampubolon, チームリーダー夫妻, 全専門家の見送りをうける。ジャカルタ着, 泊。
9. 1	日	ジャカルタ発 ホンコン着 (OX 710 便)。ホンコン発 成田着 (OX 500 便, 21:15)。

計 画 打 合 せ 調 査 団 報 告

団 員 山 中

本調査団は別紙のとおり全日程を終了した。イ側との打合せ事項等要点は以下のとおり。
尚, ステアリングコミティー議事録とりまとめには時日を要するためジャカルタ事務所に署名をお願いいたします。

1. FY61 専門家派遣計画は別紙1のとおり合意

母子保健, 環境化学が新規加入

2. 水供給施設建設

別紙2のとおり合意

拡大された新プロジェクト地域を中心に建設する, 9月中頃迄には候補地が6ヶ所程イ側より提示される。それを受けて11月初め迄に実施設計チームを派遣したい。建設工事はFY61に実施。

3. 本プロジェクト・モニュメントの建設

イ側にて検討のうえ無償資金協力により要請することを示唆, 実現の可能性については, イ側のプライオリティー等の状況によるため必ずしも大きくはない旨伝えた。

本件につき在メダン総領事より以下のコメント有り。

建物を立つても, 日本側が引揚げた後, 使われなくなるようなものでは困る。日本の協力のなかでよく批判されるものである。建物でも構わないが, この点をよく考慮する必要有り。又は消耗品, 医薬品等の考えも良いのでは。

4. 本プロジェクトの諸懸案事項

「STATEMENT」としてイ側へ伝えた。(ステアリングコミティー報告書参照)

○カウンターパートのプロジェクトサイトへの出張旅費は, 専門家1人につき96MAN/day

を要求しているが、40M/Dしか認定されていない。しかも今日迄日本側が立替えをしていた。今般やつとその立替分Rp1,847,000が返却されつつある。

- プロジェクト用車輛の運転手、メンテ、ガスの費用をイ側は昨年度から一切支払っていない。
- '86 3月から必要となる薬剤の購入について輸入許可を要求した。これにより現地調達が可能となる。2tで約400万円となる。FY60機材供与費による予定。
- 従来より大きな問題となっている携行機材の引取りについて要求した。

月日	曜日	行程
8. 25	日	石井 大阪 SQ005 → シンガポール 高木 東京 JL719 →
26	月	石井, 高木 GA941 橋本 CX501, CX711 ジャカルタ → メダン 山中 東京 → ジャカルタ
27	火	石井 } プロジェクト調査 橋本, 山中 大使館, JICA ジャカルタ事務所表敬 高木 } ジャカルタ GA156 → メダン
28	水	メダン総領事表敬, 日本人専門家チームと打合せ, プロジェクトマネージャー Dr. Hariadi 表敬
29	木	ネシア側と打合せ (於, 保健省北スマトラ州出張所) マラリア, 水供給, MOH
30	金	第9回ステアリングコミティー (於 Garuda Plaza Hotel)
31	土	岡 上 橋本, 石井, 高木 メダン GA157 → ジャカルタ
9 1	日	橋本, 高木, 山中 ジャカルタ CX710 CX500 東京 → メダン GA157 → ジャカルタ 石井 CX710 CX502 大阪 →
2	月	山中 大使館, JICA ジャカルタ事務所報告 ジャカルタ JL722
3	火	東京 ←

Annex 2 List of the Experts to be requested for FY 1986/1987

別紙 1

No.	Division	Section	Speciality	Total No.	Preferable time of assignment	Term	Remarks
1	General	-	Team Leader	0	-	Long	Continuation of the present leader: T. Suzuki
			Coordinator	1	May 1986	Long (3 years)	To replace K. Shimomura
2	Communicable Disease Control	Malaria Vector Biology	Vector Ecologist	1	Sep. 1986		To replace the proposed Expert: M. Takagi
		Malaria Vector Control	Specialist on Vector Control	0	-	Long	Continuation of the present Expert: T. Kikuchi
		"	Specialist on Biological Control	1	-	Long	To replace the candidate Expert
		Malaria Parasitology	Malaria Parasitologist	1	Jun. 1986	Long	To replace A. Kaneko
		Malaria Immunology	Malaria Immunologist	1	Nov. 1986	Long	To replace the proposed Expert: K. Kamei
3	Environmental Health	Water Supply	Specialist on Water Supply	1	Oct. 1986	Long	To replace the proposed Expert: A. Tateishi
4	Community Health	Maternal Child Health	Spectalist on Maternal Child Health	1	July 1986	Long (2 years)	New activity
5	Medan Health Laboratory	Water and Waste Water Chemistry	Environmental Chemist	1	Apr. 1986	Long	New activity

AGREEMENT

The Government of Indonesia and the JICA Mission for the 9th Steering Committee Meeting agree the following items:

1. The deep or semi-deep wells will be constructed in the Asahan Regency, mainly in the newly-expanded Kecamatans in FY 1986/1987, under the financial assistance of JICA.
2. The JICA Implementation Survey Team for the well-construction will be sent to the Asahan Health Improvement Project in FY 1985/1986, preferably during the period October to December 1985.
3. The number of wells to be constructed depends on the results of the Implementation Survey.
4. Development of the Community Participation for consuming and maintenance of existing equipments for water supply is necessary.

Medan, 31 August 1985

Prof. M. Hashimoto
Chief
JICA Mission

Dr. Suyono Yahya
Chairman
The 9th Steering Committee Meeting
Asahan Health Improvement Project

