

付 属 資 料

(付属資料1)

ザンビア国感染症プロジェクト
巡回指導調査団議事録

IDP/93/021

INFECTIOUS DISEASE PROJECT JOINT MEETING
HELD IN THE DEAN'S BOARD ROOM FROM 09.35 HRS

PRESENT:

Prof. Y. Numazaki	-	Advisory Team Leader, JICA
Prof. D. Makulu	-	Dean, School of Medicine
Dr. T. K. Lambart	-	Dept. Executive Director, UTH
Mr. K. Kamiya	-	Resident Representative, JICA
Dr. T. Inui	-	Member of Advisory Team
Mr. S. Yamagata	-	Member of Advisory Team
Dr. N. P. Luo	-	Head, Path & Micro Laboratory
Dr. C. Osborne	-	Paediatrician
Dr. F. Kasolo	-	Virologist
Dr. M. Mpabalwani	-	Virologist
Mr. T. J. Bbuku	-	Chief Medical Equipment Technician
Mr. S. Nabeya	-	Asst. Resident Representative, JICA
Dr. N. Matsubayashi	-	JICA, Team Leader
Dr. H. Oshitani	-	JICA Expert
Mr. H. Uchiyama	-	JICA Expert
Mr. M. Iida	-	JICA, Coordinator

Apology

Prof. G. J. Bhat	-	Head, Paediatrics Department
Dr. M. S. Ngoma	-	Consultant Doctor, Paediatrics Dept.

AGENDA

1. Summarized report of Departmental Meeting on March 15, 1993
- activities in the past and in the final year -
2. Primary confirmation of the methodology and the logistics for the evaluation
3. Any other business

Prof. Makulu opened the joint meeting of Infectious Diseases Project and confirmed the Agenda.

1. Summarized report of Departmental Meeting on March 15, 1993
- activities in the past and in the final year -

1-1 Report from the Paediatrics Department

Dr. Matsubayashi presented attached paper (Annex 1).

Counterpart training: Right now there are two Zambian Paediatricians in Japan for training.

Plans in Paediatrics;

- (1) renovation of the side laboratory, Zambians providing material and the Japanese providing equipment.
- (2) Audio Visual to educate mothers.
- (3) Workshops to reinforce the current ones and the target group is the nurses working in UTH, in collaboration with other organs.
- (4) Communication to cut down on the present high mortality rate (16%) in acute diarrhoea patients in DTU and the target is less than 10%.

Dr. Osborn confirmed the importance of Side Lab. in A-Block.

1-2 Report from the Virology Laboratory.

Dr. Oshitani, presented attached paper (Annex 2).

- (1) Function: *Hospital laboratory, *Research, *Training and education of technicians, students and doctors, *National reference center.
- (2) Training: Present two (2) doctors, four (4) technician had been trained in Japan, two more are coming back from Japan and one will be leaving next week.
- (3) Since the Lab. was officially opened in Feb., 1992, it now over one year. During this period we established Tissue Culture, Serology, and Electron Microscope techniques.
- (4) The targets extended to Polio, Hepatitis, Measles, Diarrhoea viruses, Respiratory viruses and HIV and presenting meaningful data.

Dr. Kasolo, Zambian counterpart gave a short history in the last year thus HIV programme with a working group from U.K., HIV programme with University of Texas, sent two staff to Nguchi in Ghana for WHO/JICA Polio programme, IDP Newsletter first issue published and distributed to domestic and international organs, pilot work in Measles commenced, collaboration with National EPI Committee started, and so

on. Now all the sections are fully operational in the Virology laboratory.

On future plans we hope to expand to do control in community.

Because of the nature of this Lab, sustaining this is very expensive.

WHO has taken on polio at regional level but the area of concern is funding. Thus it is needed to seek funding in both in and outside the country.

Dr. Luo put emphasis on paying for the lab examinations. What has come out of the work in these three units is a challenge. Those trained have not only come back as good quality but conscientious.

Dr. Mpabalwani appealed that the out come, for instance measles, suggested to carry out vaccine to the infants before the age of nine (9) month against the high rate of mobility and mortality in this period. The Lab should work together with Policy Makers.

The Dean emphasized the importance of publishing the results of the activities of the virology laboratory as it is such information that help formulate proper policies by the Government.

Mr. Nabeya asked whether the Lab. has officially been announced as the National or Regional Reference Lab. or not. Because it was discussed one year ago as this matter would conduct future fundings and sustainability.

Dr. Luo informed the meeting that there is a financial component for the procurement of laboratory requisites on programmes such as AIDS, however if the Virology Laboratory was instituted as a Regional Laboratory such funding would be easily available. What is prudent however is to convince the Government that we are capable of providing such services, the Government in turn could push the matter up with International Agencies such as WHO, UNICEF etc. On charges for examinations, charges have been proposed and are being considered by the Board.

Dr. Lambart said it is time we tried to look around for running resources. We sale our work and idea to the region so that all the

region can be referring to us. UTH gives money to the lab but because funding is very small it may not be enough. Regarding cost sharing we have just started and the people have realised and in future we can charge money on our lab. He also requested that Prof. Numazaki as a head of WHO West Pacific Ocean Reference Centre, to ask WHO authorities to consider this Lab as the Regional Reference Lab.

The Dean summarized the discussion by recognizing the fact that the matter of having the Laboratory receive regional international recognition is of paramount importance. He asked the meeting whether it was not appropriate to form a task force that would look into this matter. It was important to sustain the operations of this laboratory as such funding was very important.

All agreed to set up the task force for the sake of achievement of getting the official designation as the national reference laboratory as well as the regional reference laboratory. The appointment of the members for this task, Dr. Kasolo will handle this matter.

Mr. Yamagata expressed his sentiments that communication between the policy makers and UTH is essential to solve this matter.

Dr. Kasolo agreed with Mr. Yamagata and gave an example that EPI national programme used to send specimens to Kenya and paid in US dollars. If the government authorities recognize the role of the Lab., the same amount can be utilized for the Lab.

Dr. Oshitani said it was very important that we should be very careful to give good quality results to establish a good reputation.

Dr. Lambart considered that Zambian staff must keep this high quality after JICA has left.

Dr. Osborne appealed for the necessity of Zambian original visual aids.

Mr. Iida mentioned that the video programme which the project recently produced was made by another JICA project which is in the vocational

training programme and it was not easy work. It should be a request to them to assist our proposal as their extra work.

1-3 Report from the Medical Equipment Section.

Mr. Bbuku reported that statistics and inventory have been established of equipment in UTH.

Provision of a video which is being shown on the usage of the infant incubators and other Medical Equipment.

National survey in conjunction with MOH and JICA throughout the country has been carried out. The final report of this survey will be submitted around June/July.

Seminar Proposal is under the consideration. Few have been exposed to training. UTH has only 6 technicians.

It is scheduled to introduce computer system in UTH for the sake of equipment management and records.

Dr. Lambart suggested that they could build a workshop so that we can be a national center for all technicians in the country, if there is a major problem then they can be referred to the national workshop. He appealed to JICA to assist in funding to start such a venture. He further said that medical staff cannot function without Medical equipment and it is simple reason that this section is important. The local staff can in future train others. Mr. Bbuku is well trained in Japan and it is an idea that even Ministry of Health can come in and help us.

Mr. Bbuku said that the policy in UTH must be put in place when procurement is being made. Medical equipment section must be consulted when the Board is planning to buy equipment.

The Dean echoed the sentiments that the question of Medical Equipment Maintenance is complex. He promised to convene a meeting between the Management, his office and Medical Equipment Department to discuss further on this subject.

Mr. Yamagata said that he was favourably impressed by the report. JICA has similar problems in other countries. The way how this project approaches will be conveyed to JICA for further study.

2. Primary confirmation of the methodology and the logistics for the evaluation.

2-1 Mr. Yamagata informed that it was discussed at the departmental meetings. He has added one paragraph according to the suggestion raised in the discussion as per annex 3. The content is to organize a working committee for the evaluation as shown in paragraph 5. Participants agreed on the paper provided by Mr. Yamagata including the new addition.

Dr. Oshitani said that most of the activities in the Virology on diarrhoea are direct control under treatment particularly on prevention, this is very important in this country and should be an addition on guidelines of evaluation after No. 4. To include No. 5 to read "Contribution to Control and Prevention of Infectious Diseases in Zambia" which may effectively affect to evaluate the activities of Virology Lab.

Prof. Numazaki also agreed to the proposal to add No. 5 to the guideline of evaluation

3. Any other business.

3-1 Mr. Iida informed the meeting that the Japanese financial year will start in April 1993 the final equipment procurement schedule should be submitted this month. In December we made a proposal but I want the Zambian side and Japanese side to sit together and make a final conclusion. The amount involved is US\$170,000 including reagents procurement.

The Dean agreed that the earlier it is submitted the better.

3-2 Mr. Iida further said that Mr. Mizuta a new Virologist who was requested for sometime back will be arriving in the country on 30th March, 1993.

3-3 Counterpart training for the next final year has already been

submitted there is some change from Paediatrics due to transfers which have been caused by the new policy. The immediate nomination should be made in due course. The Dean and Dr. Matsubayashi should sit down and nominate another doctor.

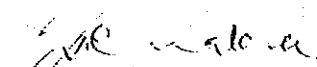
Prof. Numazaki thanked everybody for the attendance and for the fruitful discussion. He said, when I signed the agreement in 1989 I doubted whether the project would be successfully completed at the specified time. Since that time four (4) years have passed and there is only one year left. I shall express my satisfaction and surprise on the present progress. Particularly, I am glad to hear Zambian staff enjoy work in the virology laboratory, they even work on Sunday. Some believe that Research work is no use in the developing countries, but clinical work is necessary. I believe it is not true and I would say the research work also gives us a dream.

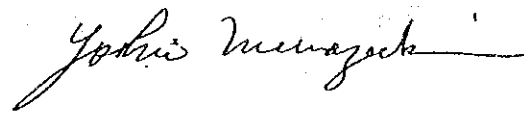
The meeting finished at 11.35 hours.

It is certified that the above minutes of the Joint Meeting for the Infectious Diseases Project are correct and valid.

Date: 18th March 1993

Date: 18 March, 1993

Signed: 
Prof. Makulu
The Dean, School of Medicine
University of Zambia

Signed: 
Prof. Y. Numazaki
Team Leader
Advisory Survey Team / JICA

ANNEX 1

ANNUAL SCHEDULE (1993)

INFECTIOUS DISEASE PROJECT

IN DEPARTMENT OF PAEDIATRICS

94

93 APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR

RESEARCH

ETIOLOGY STUDY

ORS

IV

RETRO

EXTENSION STUDY (MP, COMMUNITY etc)

SEMINAR

ANNUAL SCHEDULE (1993)

INFECTIOUS DISEASE PROJECT

IN DEPARTMENT OF PAEDIATRICS

94

93 APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR

C/P

DR.LYIWALII

DR.KANKASA

DR.KASANDA

C/PLANS

A-BLOCK LAB

PRODUCE AUDIO-VISUAL EDUCATION

-- -- WORKSHOP -- --

COMMUNICATION

EVALUATION

MINUTES OF DISCUSSION
VIROLOGY SECTION MEETING
15th March 1993

Attendance

Prof. Numazaki,	Leader, Japanese Advisory Survey Team, National Sendai Hospital
Dr. Inui.	Member, Japanese Advisory Survey Team National Mie Hospital
Mr. Yamagata	Member, Japanese Advisory Survey Team JICA Headquarter, Medical Cooperation Division
Dr. Matsubayashi	Team Leader, Infectious Disease Project
Dr. Oshitani	JICA Expert, Virology, Infectious Disease Project
Mr. Iida	Coordinator, Infectious Disease Project
Dr. Kasolo	Head, Virology Laboratory, UTH
Dr. Mpabalwani	Virology Laboratory, UTH
Dr. Kaile	Biochemistry, UTH
Ms. Tembwe	Main Laboratory, UTH
Mr. Banda	Virology Laboratory, UTH
Mr. Tembo	Virology Laboratory, UTH
Mr. Kasumba	Virology Laboratory, UTH
Mr. Kabalukila	Virology Laboratory, UTH

Apology

Dr. Luo	Head, Dep. Microbiology Pathology
Ms. Mweene	Virology Laboratory, UTH

Before discussion a tour was conducted in the Virology Laboratory. The team was shown different section of the Virology Laboratory, and virology staff explained the operation of different sections. After this tour Dr. Kasolo presented some of the results that the Virology Laboratory is obtaining. The presentation covered the following;

- 1) Function and number of staffs of the Virology Laboratory.
- 2) Target viruses, present research and future plan.
- 3) Data on virus infections, for example Polio, Hepatitis, Measles, Diarrheal viruses, Respiratory Viruses, and HIV.

Prof. Numazaki, Leader of Japanese Advisory Survey Team, explained the purpose of their visit. He said that visit was to lay ground for the forthcoming evaluation which will be sometime in August to October. He also asked for Zambian team to participate in the evaluation. Dr. Matsubayashi then submitted the draft of outline of evaluation and requested that Zambian participants make further suggestions. Mr. Yamagata suggested that the working group to prepare the evaluation be constituted so that evaluation is smooth. Zambian side agreed to the suggestion. Having nothing more to discuss, the meeting ended.

. Guideline of Evaluation

The Team explained that the evaluation of the Project activities is one of the most important aspects of the technical cooperation program. The cause and effects of activities are to be clarified so as to be accessible to anyone.

JICA is planning to dispatch the Evaluation Team between August and October, 1993 before the termination of the Project. It is requested that the following items be checked and submitted at the time of the Evaluation Team's visit.

1. Viewpoints for Evaluation (Proceedings to be clarified)

(1) Validity of the objectives of the Project

"Are the objectives still meaningful four years since the commencement of the Project ?"

(2) Usefulness of the Tentative Schedule of Implementation

"Is the schedule useful to be referred to along with the actual implementation ?"

(3) Effectiveness of actual implementation

"Are effective countermeasures taken against each obstacle ?"

(4) Adaptability of the outcome of the Project

"Will it be possible (and then how) for the outcome of the Project to be adapted to public health or to the Zambian Government's policy for infectious disease control ?"

2. Basic items to be checked for Evaluation

The evaluation is to be carried out after confirming the following items along with each objective mentioned in the Record of Discussions signed on March 23, 1989. It is desirable that the evaluation report be described with concrete data and figures as far as possible, although the conclusion of the report should be submitted through consensus between the Zambian and Japanese sides.

(1) "...strengthening the establishment of infectious diseases control through the development of human resources ..."

(a) What kind of activities for human resources development have been extended by the Project team (Japanese experts and Zambian counterparts) ?

(b) What kind of programs for human resources development have been introduced by the Zambian Government ?

(c) What are the present assignments executed by those participants of the above activities and programs ?

And what kind of staff have been engaged in each of the activities mentioned below (2) - (4) ?

(d) Is there any change in the Zambian Government's policy towards infectious disease control since the commencement of the Project ?

(e) What other changes have been affected by the execution of the Project ?

(2) "To establish the laboratory diagnostic procedures for infectious diseases, particularly for viral infections, at UTH"

(a) What kind of laboratory diagnoses have been newly established ?

(b) What kind of laboratory diagnoses have improved upon the previous capacity of UTH ?

(c) What capacity of the laboratory is considered to meet the function expected by WHO/UNICEF ?

(d) What kind of laboratory diagnoses can scarcely be continued for technological reasons after the Japanese experts leave ?

(e) What kind of problems will arise if the provision of reagents, etc. is stopped from Japan ?

(3) "To analyze the etiology among Zambian patients..."

(a) How is the selection of patients and samples carried out for the above purpose ?

(b) What kind of diagnoses, and how many samples are referred to for the above analysis ?

(c) What are the results of the above analysis ?

(4) "To standardize the treatment measures"

(a) What are the concrete outcome for standardization ?

(b) What are the expected effects and the anticipated problems after the adaptation of the standard ?

(c) What is the estimated cost of carrying out the standardization program and can this be budgeted for in the present financial circumstances ?

(d) What other problems and measures need to be considered ?

3. Organisation

The evaluation will be carried out jointly by both the Zambian and the Japanese sides.

The methodology and the logistics for the evaluation shall be prepared by the working group whose members will be appointed by the Dean.

(付属資料2)

ロタウイルスの疫学

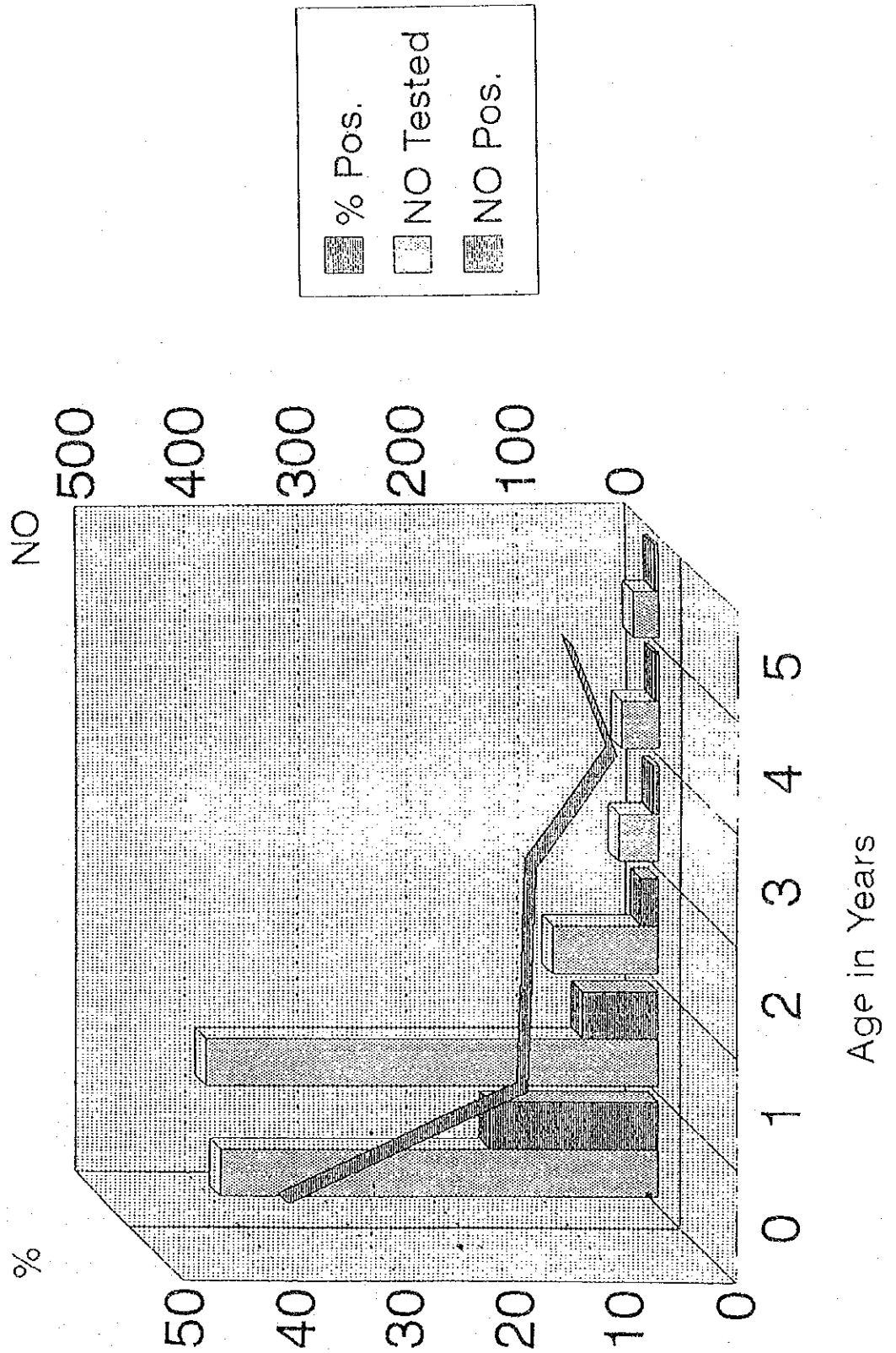
Monthly Distribution of Rotavirus (Nov. 1991 -- Aug. 1992)

Month	% POS	NO POS	NO SAMPLE
Nov.	34.3	28	67
Dec.	17.8	27	152
Jan.	13.2	20	151
Feb.	31.6	37	117
Mar.	25.9	38	147
Apr.	31.1	42	135
May.	36.6	15	41
Jun.	30.4	21	69
Jul.	24.6	17	69
Aug.	23.3	14	60

Sex and Rotavirus

	NO. Tested	NO. Pos.	% Pos.
Male	560	156	27.9
Female	445	96	21.6
Total	1005	252	25.1

Age and Rotavirus

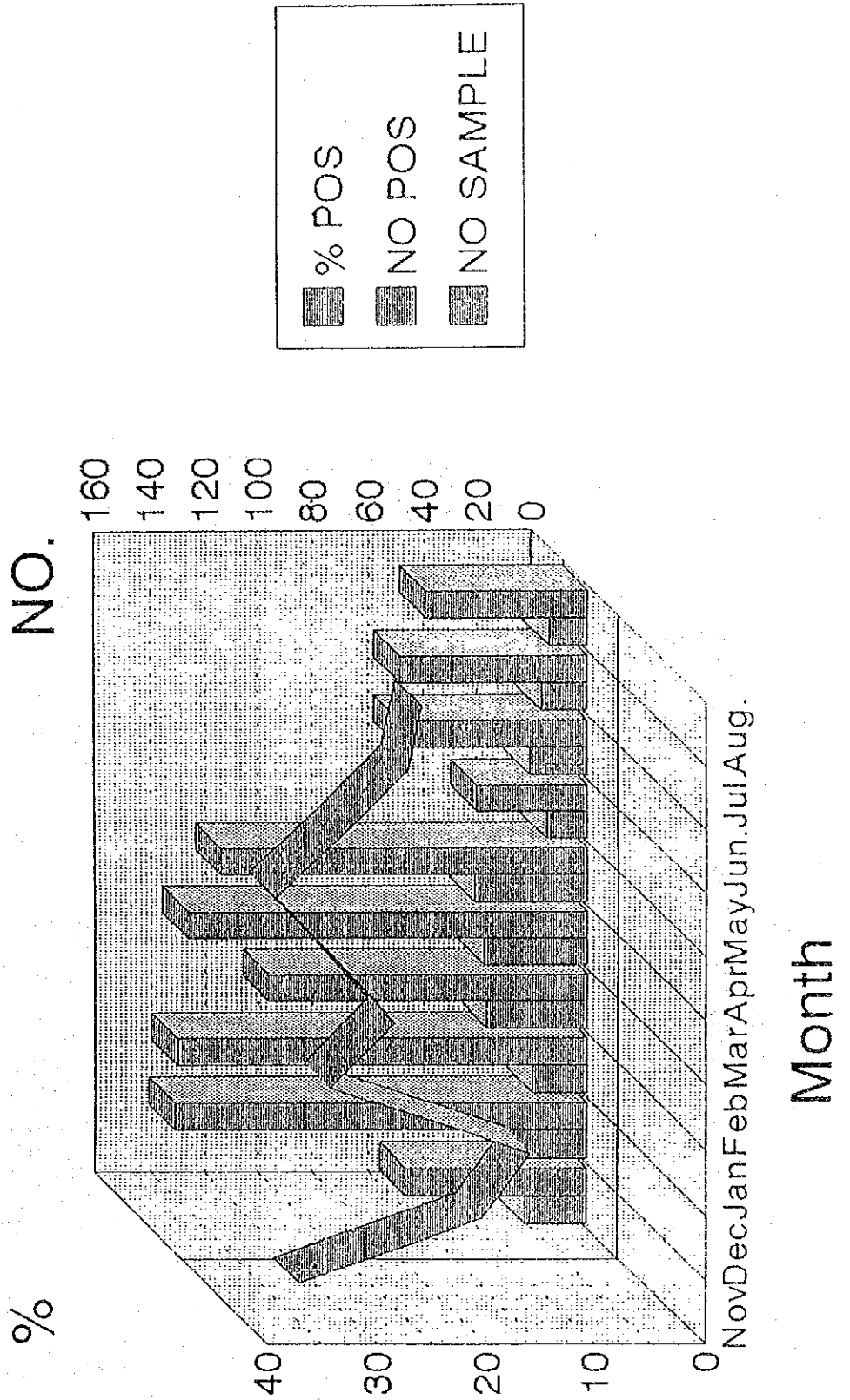


Clinical Diagnosis and Rotavirus

	NO. Tested	NO. Pos.	% Pos.
Dysentery	407	37	9.1
G / E	416	172	41.3
Total	823	209	25.4
Non Diarrhea (Control)	48	1	2

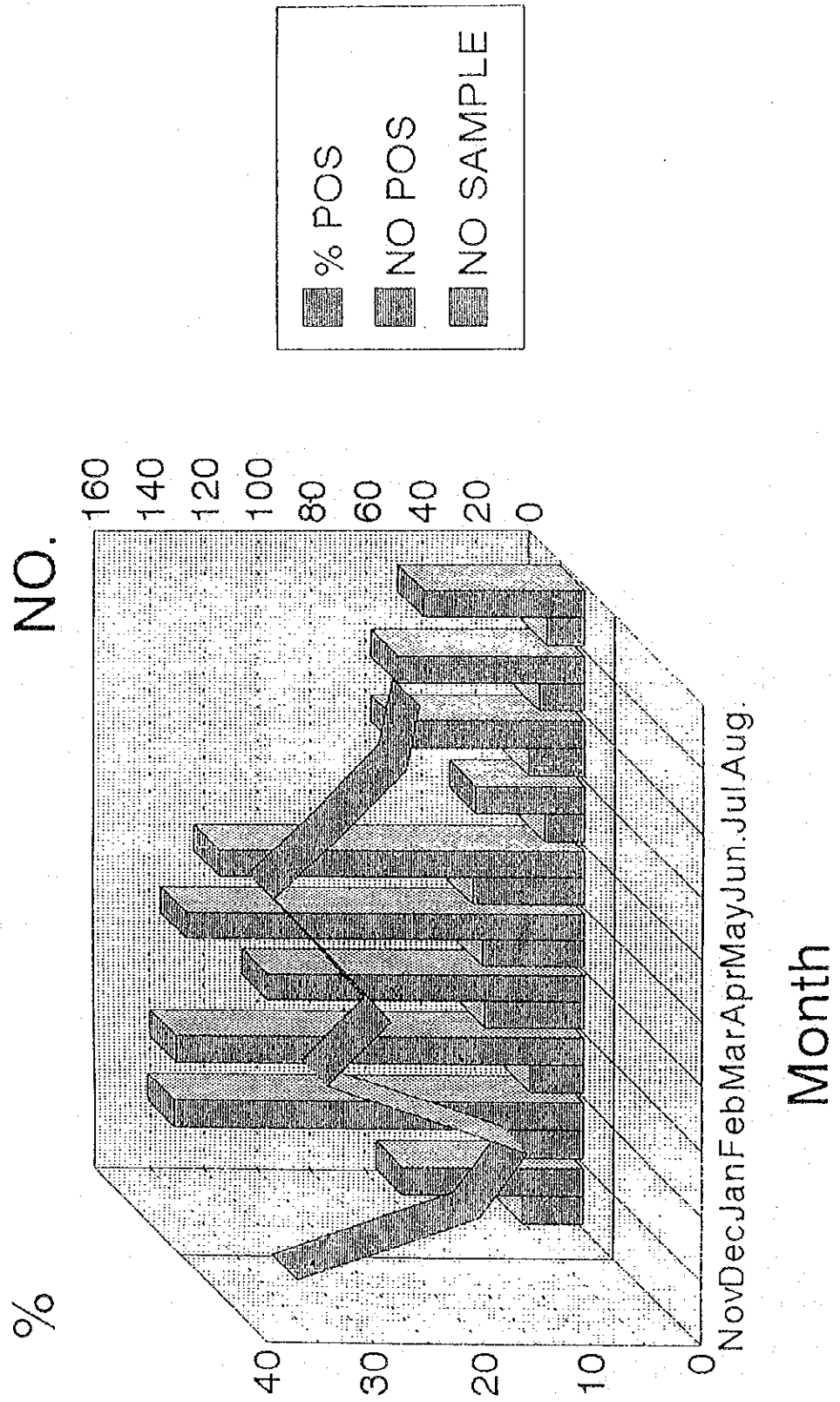
Monthly Distribution of Rotavirus

(Nov. 1991 -- Aug. 1992)



Monthly Distribution of Rotavirus

(Nov. 1991 -- Aug. 1992)



(付属資料3)

B型, C型肝炎

ルサカ(U T H) 血液銀行のH B s A g 陽性率

	検査数	陽性者 (%)
男性	219	19 (8.7)
女性	27	2 (7.4)
合計	246	21 (8.5)

ルサカ(U T H) 血液銀行での年齢層別H B s A g 陽性率

年齢	16-20		20-25		26-30		30-40	
	検査数	陽性(%)	検査数	陽性(%)	検査数	陽性(%)	検査数	陽性(%)
男性	31	3 (9.7)	69	4 (5.8)	57	5 (8.8)	62	7 (11.3)
女性	7	1 (14.3)	9	1 (11.0)	5	0 (0)	6	0 (0)
合計	38	4 (10.5)	78	5 (6.4)	62	5 (8.1)	68	7 (10.3)

南部の血液銀行でのH B s A g 陽性率

44/226 (19.5%)

西部の血液銀行でのH B s A g 陽性率

37/221 (16.7%)

妊婦のH B s A g 陽性率

20/411 (4.9%)

妊婦H B s A g 陽性者でのH B e A g 陽性率

2/20 (10%)

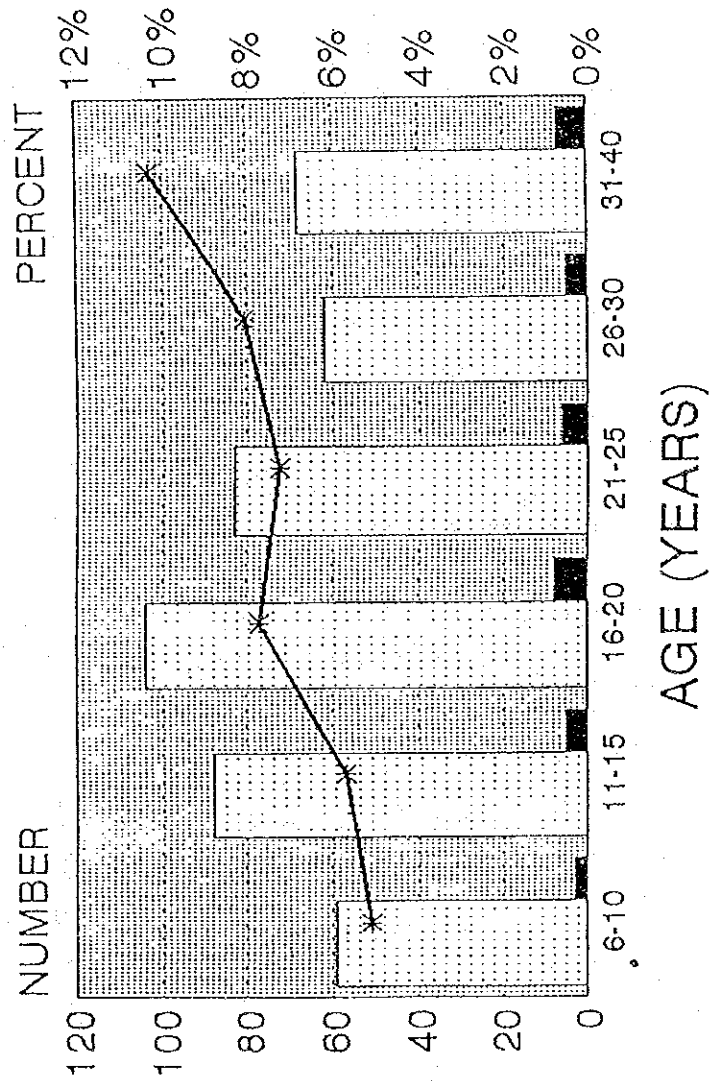
小学校、中学校生徒のHBsAg陽性率

	検査数	陽性者 (%)
男性	177	10 (5.6)
女性	179	10 (5.6)
合計	356	20 (5.6)

小学校、中学校生徒の年齢層別HBsAg陽性率

年齢	6-10		11-15		16-20	
	検査数	陽性者 (%)	検査数	陽性者 (%)	検査数	陽性者 (%)
男性	62	4 (6.3)	78	6 (7.7)	37	0 (0)
女性	68	4 (5.9)	78	2 (2.6)	33	4 (12.1)
合計	130	8 (6.2)	156	8 (5.1)	70	4 (5.8)

VARIATION OF HBsAg BY AGE IN LUSAKA



NO. TESTED
 NO. POS.
 * % POS.

HEPATITIS B IN HOSPITALIZED CHILDREN
PRELIMINARY RESULTS

1. HBsAg IN HOSPITALIZED CHILDREN

NO. TESTED	601
NO. POS.	39
% POS.	6.5 %

2. HBsAg (CHILDREN & MOTHERS)

CHILDREN	MOTHER		TOTAL
	POS.	NEG.	
POS.	14	21	35
NEG.	26	480	506
TOTAL	40	501	541

3. HBsAg & AGE

AGE	NO. TEST	NO. POS.	% POS.
<1	199	13	6.5%
1	229	11	4.8%
2	75	9	12.0%
3	30	1	3.3%
4	18	1	5.6%
TOTAL	551	35	6.4%

4. HBsAg & PLACE OF BIRTH

PLACE	NO. TEST	NO. POS.	% POS.
HOSPITAL	195	16	8.2%
CLINIC	268	18	6.7%
HOME	88	3	3.4%
TOTAL	551	37	6.7%

5. HBsAg & HISTORY OF HOSPITAL ADMISSION

HOSP. ADM.	NO. TEST	NO. POS.	% POS.
YES	168	12	7.1%
NO	382	25	6.5%
TOTAL	550	37	6.7%

6. HBsAg & SCARIFICATION

SCARIFICAT.	NO. TEST	NO. POS.	% POS.
YES	242	18	7.4%
NO	312	19	6.1%
TOTAL	554	37	6.7%

7. HBsAg & BLOOD TRANSFUSION

TRANSFUSION	NO. TEST	NO. POS.	% POS.
YES	11	1	9.1%
NO	480	31	6.5%
TOTAL	491	32	6.5%

8. HBsAg & HIV IN CHILDREN

HIV	NO. TEST	NO. POS.	% POS.
POS.	147	14	9.5%
NEG.	378	21	5.6%
TOTAL	525	35	6.7%

9. HBsAg & HIV IN MOTHER

HIV	NO. TEST	NO. POS.	% POS.
POS.	236	21	8.9%
NEG.	319	21	6.6%
TOTAL	555	42	7.6%

Figure 6

Prevalence of traditional scarification marks

	HIV+	HIV-	Total
scarification present	231	463	694
scarification absent	123	449	572
Total	354	912	1266

Question: Is there any significant association between scarification and HIV serostatus?

HCV抗体検査

68/180 (陽性率 37.8%)

No	血清 No	HCV-2nd EIA-Abbo COI	HCV-2nd RIA-Ortho COI
1	1710	0.5	0.0
2	1711	0.3	0.0
3	1713	0.3	0.0
4	1723	0.4	0.0
5	1733	0.6	0.0
6	1734	0.6	0.0
7	1747	0.3	0.0
8	1769	0.4	0.0
9	1775	0.4	0.0
10	1796	0.4	0.0
11	1802	0.6	0.0
12	1815	0.5	0.0
13	1823	0.3	0.0
14	1824	0.5	0.0
15	BB741	0.4	0.0
16	BB744	0.3	0.0
17	BB749	0.2	0.0
18	BB785	0.1	0.0

HTLV-I 抗体検査

HTLV-I		WB ²⁾										判定
抗体 ¹⁾	濃度	IgG					IgM					
		P15	P19	P24	P28	P53	P15	P19	P24	P28	P53	
1.	64	+	-	-	-	-	+	+	-	-	±	保留
2.	32	-	+	-	-	-	-	+	-	-	-	保留
3.	16	-	+	-	-	-	-	+	-	-	-	保留
4.	<16	±	±	-	-	-	-	-	-	-	-	保留*
5.	16	-	±	-	-	-	-	-	-	-	-	保留*
6.	<16	-	±	-	-	-	±	-	+	-	-	保留
7.	<16	-	-	-	-	-	-	-	-	-	-	陰性
8.	32	-	-	-	-	-	-	+	-	-	-	保留
9.	64	-	+	-	-	-	-	+	-	-	-	保留
10.	16	-	-	-	-	-	-	±	-	-	-	保留*
コントロール												
	陽性	+	++	+	+	+	-	+	-	-	-	陽性
	陰性	-	-	-	-	-	-	-	-	-	-	陰性

1) PA 法; 2) WB: Western blotting (富士レビオ)

*: HIV 陽性

(付属資料4)

ザンビア国感染症プロジェクト

医療機器部門の現況と今後

前プロジェクトで導入された日本製医療機器のメンテナンスのために当感染症プロジェクトの医療機器保守管理部門の専門家が派遣された。しかし、かつての「事後修理体制から予防管理へと移行すべく管理体制思想の強化改革」を旗印に、現在業務の組織化とコンピューター機材管理法を指導している。又、UTHの特殊性を排除する目的と共に全国で17名しかいない医療機器技師全体への効果的技術移転を図るべく全プロビンスの主要病院(17カ所)の機材調査を保健省の合意のもとに行なっている。この機材調査結果を基に政策への示唆を提示すると共に技師の組織化を念頭においている。又、予防管理の観点から医療関係者と技師向けのビデオ教材制作を職業訓練プロジェクトの支援のもとに行なっている。

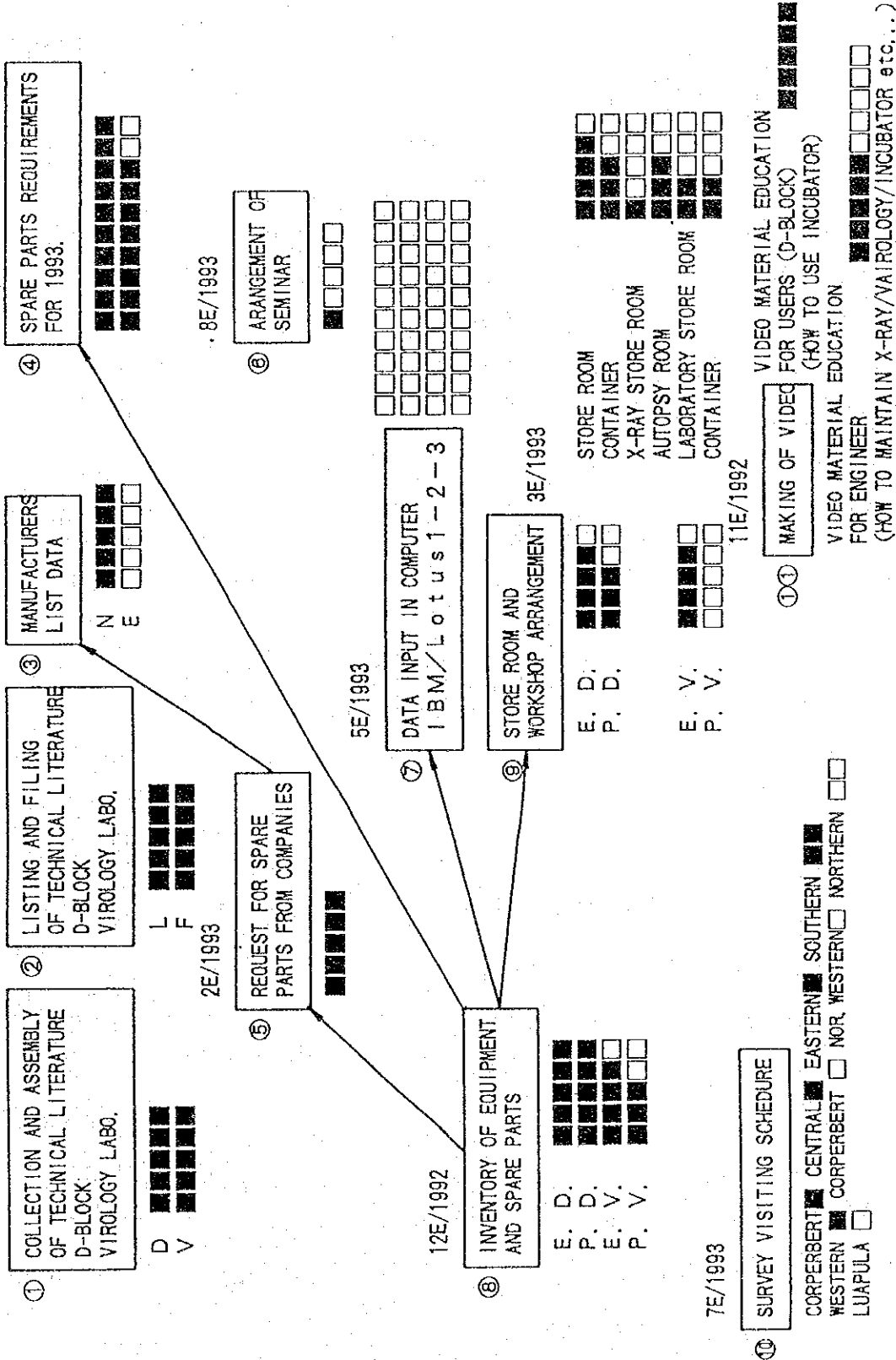
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GENERAL SCHEDULE 1
FOR 1992-1994

No	1992		1993												1994	
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	
1	█							█	RevUp							
2	█							█	RevUp							
3	█		█													
4			█	█												
5			█	█												
6										█						
7						█										
8		█														
9		█				█							█			
10	█				█				█							
11	█															
12														█		



GENERAL SCHEDULE についての補足説明

1. COLLECTION AND ASSEMBLY OF TECHNICAL LITERATURE D-BLOCK/VIROLOGY LABO. の項目について
2. LISTING AND FILING OF TECHNICAL LITERATURE D-BLOCK/VIROLOGY LABO. の項目について

D-BLOCK及びVIROLOGY LABO関係のカタログに関する収集を行い、その後リスト化しD-BLOCK関係を21冊・VIROLOGY LABO関係を4冊のファイルにした。

進捗率 100%

効果 : カタログ資料のファイル化により大幅にメンテナンス・セクションの合理化を図ることができる。

3. MANUFACTURES LIST DATAの項目について

今後パーツ等を調達する為に必要となってくる医療機器(日本)のメーカーリストを作成した。

進捗率 50%

効果 : 今後パーツ等を調達する為の資料を提示できる。

4. SPARE PARTS REQUESTMENTS FOR 1993. の項目について

1993年度供与機材申請。

進捗率 90%

効果 : 今後不足を予想されるスペアパーツの供給を可能にする。

5. REQUEST FOR SPARE PARTS FROM COMPANIESの項目について

スペアパーツに関する問合せ。

進捗率 100%

効果 : スペアパーツ供給の資料を提示できる。

6. ARRANGEMENT OF SEMINAR の項目について

予防管理の立場からユーザー指導講習をセミナーで行うことにより、ユーザー指導を行うことができ不必要な故障の防止に役立てる。尚、現在ザンビア医療機器保守管理部門のスタッフは17名となっている。

進捗率 20%

効果 : 意識の低い同部門の技師を分科会を作り参加させることを通して、問題意識を植え付けるとともに予防保守の概念を浸透させることができる。

分科会を自主運営の方向で指導することにより専門家撤退後も継続して質の向上を図れる。

省に対して専門職の集団から適切な問題提議と政策施行への示唆が与えられる。

ユーザー指導講習をセミナーで行なうことにより、参加者が地方で同様のユーザー指導をすることができ不必要な故障の防止に役立つ。

7. DATA INPUT COMPUTER (IBM/LOTUS 1-2-3) の項目について

UTHの機材リスト及びパーツリストに関して、現在NECコンピューターを使用している。今後のコンピューター機材管理についてはIBMコンピューターが到着次第、LOTUS 1-2-3にて機材管理を行う。

進捗率 0%

効果 : UTH全体の機材リスト及びパーツリストを作成することにより、技術面・管理面の問題が明かになる。

UTHが機器購入計画を作成するための基礎資料を提示出来る。

8. INVENTORY OF EQUIPMENT AND SPARE PARTS D-BLOCK/VIROLOGY LABO. の項目について

下記の機材リスト及びパーツリストの内 (1)(3) に関してはREV UPを行い、(2)(4) に関しては新規作成を行った。

(1) LIST OF THE MAJOR MEDICAL EQUIPMENT IN D-BLOCK	28 Pages(1992)
(2) LIST OF THE MAJOR MEDICAL EQUIPMENT IN VIROLOGY LABO.	7 Pages(1992)
(3) LIST OF SPARE PARTS, ACCESSORIES AND CONSUMMABLES IN D-BLOCK	54 Pages(1992)
(4) LIST OF SPARE PARTS, ACCESSORIES AND CONSUMMABLES IN VIROLOGY	10 Pages(1992)

Dブロック及びウイルス・ラボを除くUTH内の医療機器約600台の調査を行い、下記の機材リスト(1)を作成した。又、機材リスト(2)にてUTH全体の医療機器に関するセクション別の機器状況リストを作成した。

Ex (1) LIST OF THE MAJOR MEDICAL EQUIPMENT IN THE REST OF UTH (OTHER THAN VIROLOGY AND D-BLOCK)	39 Pages(1992)
(2) SUMMARIZED LIST OF ALL MEDICAL EQUIPMENT IN THE UNIVERSITY TEHCHING HOSPITAL	8 Pages(1992)

進捗率 95%

効果 : UTH全体の機材リスト及びパーツリストを作成することにより、技術面・管理面の問題が明かになる。

UTHが機器購入計画を作成するための基礎資料を提示出来る。

9. STORE ROOM AND WORKSHOP ARRANGEMENT D-BLOCK/VIROLOGY LABO. の項目について

機材スペアパーツに関する整理状況。

進捗率 70% (D-BLOCK)
進捗率 30% (VIROLOGY LABO)

効果 : 機材スペアパーツの状況を掌握できる資料を提示できる。

10. SURVEY VISITING SCHEDULE 11 HOSPITALS の項目について

病院サーベに関しては、下記2点の目標を掲げ実態調査を行っている。

1. ザンビア国内の医療機器保守管理部門の強化・改善の為にスタッフ配置に関する提言
2. ザンビア国内の医療機器保守管理部門の人材育成に伴うトレーニングに関する提言

現在スケジュール的にはCentral Hospitals 2カ所(全体で3カ所) General Hospitals 5カ所(全体で9カ所) Special Hospitals 2カ所(全体で5カ所)を終了している。

進捗率 55%

効果 : プロビンスの調査を通して技術面と管理面の問題点が明らかになる。
本省が機器購入計画を作成する基礎資料を与えることができる。

11. MAKING OF VIDEO (VIDEO MATERIAL EDUCATION FOR USERS) の項目について

予防管理の観点からユーザー向けビデオ教材制作を職業訓練プロジェクトの支援のもとに行った。

本ビデオ [HOW TO USE INCUBATOR] は10項の病院サーベの際にも活用している。

進捗率 100%

効果 : 事後修理体制から予防管理へと移行すべく管理思想の改革に焦点を絞ることができる。

下記3本の技師向け機材取扱ビデオマニュアルの制作に取りかかった。

- 1) メンテナンスビデオ (1) HOW TO MAINTAIN 1 (X-RAY)
- 2) メンテナンスビデオ (2) HOW TO MAINTAIN 2 (VIRIOLOGY LAB.)
- 3) メンテナンスビデオ (3) HOW TO MAINTAIN 3 (INCUBATOR etc)

進捗率 50%

効果 : 故障した機材を的確に修理し定期的な保守管理法を学ぶ事ができる。

12. MAKING OF TRAINING SHEETS(ELECTRONICS/INCUBATOR etc..) の項目について

ザンビア国内の医療機器保守管理部門の人材育成に伴うトレーニングに関する第一歩としての、
トレーニング・シートの作成。

進捗率 0%

効果 : ザンビア国内の医療機器保守管理部門の強化・改善

JICA