

2) Responsibility of Indonesia

a. Procedures and expenses

- Payment of expenses for bank appointment and issue of credit
- Prompt customs clearance of imported equipment
- Prompt inland delivery
- Convenience for the Japanese staff engaged in the approved work to enter into Indonesia and to stay there
- Necessary official procedures and related costs
- Maintenance costs for appropriate and effective operation of the supplied equipment
- Other expenses out of the scope of the grant aid assistance system of the Government of Japan

3-3-2 Approximate project expenses

The breakdown of the expenses shared by Indonesia becomes as follows, according to the accumulations shown below.

a. Indonesia's share

Delivery expenses from each district health office to health center

228.90 million Rp. (about 10.11 million yen)

(details for each province are shown in Table 3-3-1)

b. Accumulating conditions

The conditions for accumulation are determined as follows.

- 1) calculation: February 1996
- 2) exchange rate: 1\$=101.00 yen, 1 yen=22.63 Rp.
- 3) term: 12.5 months
- 4) condition: package order
- 5) other: In the gratis aid, Japan is exempt from import tax, cooperation tax, value added tax, and Indonesian domestic tax. Otherwise, Indonesia shoulders the taxes.

Table3-3-1 Transportation fee from each District to health centers

No.	District/Province	Transportation fee (Rp.)
(North Sulawesi)		
1	Kod. Manado	8,700,000
2	Kod. Gorontalo	2,700,000
3	Kab. Sangihe Talalid	13,800,000
4	Kab. Minahasa	6,600,000
5	Kab. Bolaang Mongondow	2,700,000
6	Kab. Gorontalo	5,400,000
7	Kod. Bitung	900,000
	Province/District	4,800,000
Total		44,400,000
(Central Sulawesi)		
1	Kab. Buol Toli-Toli	10,800,000
2	Kab. Donggala	17,100,000
3	Kab. Poso	20,700,000
4	Kab. Banggai	11,100,000
5	Palu	300,000
	Province/District	4,500,000
Total		63,600,000
(South Sulawesi)		
1	Kod. Ujung Pandang	14,700,000
2	Kod. Pare-Pare	1,200,000
3	Kab. Mamuju	6,000,000
4	Kab. Luwu	7,500,000
5	Kab. Majene	1,800,000
6	Kab. Polewau Mamasa	3,300,000
7	Kab. Tana Toraja	1,800,000
8	Kab. Pinrang	3,300,000
9	Kab. Enrekang	3,300,000
10	Kab. Sindereng Rappang	3,000,000
11	Kab. Wajo	4,200,000
12	Kab. Soppeng	2,700,000
13	Kab. Barru	1,500,000
14	Kab. Pangkajenekep	11,400,000
15	Kab. Bone	3,600,000
16	Kab. Maros	1,200,000
17	Kab. Gowa	3,900,000
18	Kab. Sinjai	3,000,000
19	Kab. Bulukumba	5,400,000
20	Kab. Bantaeng	1,200,000
21	Kab. Jenepono	2,700,000
22	Kab. Takalar	2,400,000
23	Kab. Selayar	1,800,000
	Province/District	4,800,000
Total		92,700,000
(South east Sulawesi)		
1	Kab. Kolaka	3,900,000
2	Kab. Kendari	6,900,000
3	Kab. Muna	3,900,000
4	Kab. Buton	9,300,000
	Province/District	4,800,000
Total		28,200,000
Grand total		228,900,000

3-3-3 Maintenance plan

1) Current maintenance system

According to the Ministry of Health of Indonesia, the maintenance of the equipment is to be taken care of as follows shown in Fig.3-3-1. There will be little problem in maintenance because most of the equipment to be supplied has already been used and the contents of the project is the replacement or renewal of existing equipment. However, some materials included in the new equipment and pilot project equipment need consideration about maintenance. The following consideration is given to ensure an appropriate maintenance.

Indonesian instructions are attached to specific equipment such as sound timer and tensimeter. Some evaluation of necessary maintenance costs is offered to help the districts make a necessary budget plan for the weight/height scales that require maintenance costs.

As for the equipment that requires counter budgets from the Ministry of Health of Indonesia and BAPPENAS, an agreement that the equipment procurement is conditional on the budget approval has been reached in the draft explanation.

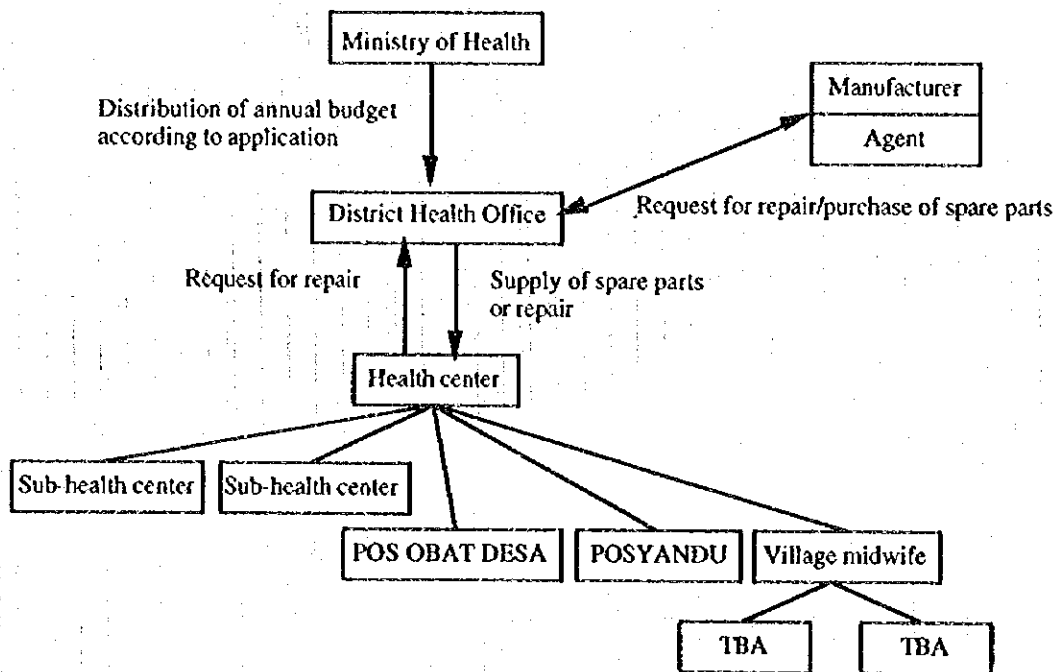


Fig.3-3-1 Maintenance System

2) Increase in costs after supply

In implementing the project, it is predicted that equipment maintenance costs will increase with its operation. The costs arise from consumables and spare parts, and maintenance parts and operation (daily wages for out-facility activities, including transportation expenses but excluding salary). The details are shown in Table 3-3-2; the accumulation of increases in each district is in Table 3-3-3. These increases accumulated from all the facilities are evaluated to be 928 million Rp. (about 41 million yen) for consumables, 262 million Rp. (about 11.58 million yen), and 15.55 million Rp. (about 68.74 million yen).

The evaluated increase in maintenance costs for only consumable and maintenance parts is about 4,200 yen per month for each health center. The Health Ministry and BAPPENAS(national development planning agency) have promised to secure the budget for this increase, so problems that the supplied equipment is left not used for a long time due to the shortage of consumable and maintenance parts are unlikely to arise.

Among the other expenditure items, the largest one is the operational cost. If new medical activities were started by the current supply of equipment, an increase of 1.555 billion Rp. in the operational costs would arise. However, in fact because the current project supplies the equipment that is short in the on-going activities, no serious increase in the operational costs is likely to arise.

Table 3-3-2 Equipment and its increased maintenance cost

No.	Equipment	Quantity	Necessity	Consumables/yr equipment			Spare parts/yr equipment			Daily allowance	Total
				Item	Unit	Quantity/year	Item	Unit	Quantity/year		
1	Adult Weighing scale with High Scale	166									
2	Baby Weighing scale	89									
3	Syringe & Needle, 2cc reusable	11,112									
4	Syringe & Needle, 5cc reusable	2,778									
5	Inj.needle Set	1,124									
6	Examination Lamp	176									
7	Diagnostic Set	118									
8	Stethoscope	191									
9	Sphygmomanometer (Touan meter)	191									
10	Sound Thier	1,796		Battery	Rp.5,000	0.5				Rp.2,500	
11	Emergency Set	120									
12	Neonapocrometer, Sahli	180		Reagent (payment from LABKES)							
13	100 Teiquan Bank	391									
14	Centrifuge	28									
15	Microscope	120		Slide and cover glass (payment from LABKES)	Rp.350	100				Rp.35,000	
16	Real Stethoscope (Manual)	181									
17	MCH Kit	111									
18	Microbiol. Kit (Biom Kit)	469									
19	TBA Kit (Diam Kit)	15,318									
20	PTN Kit	154									
21	School Health Kit	495									
22	Health Education Set	170									
23	Typewriter	213		Consumables (paper, ribbon etc.)	Rp.2,500	12months				Rp.30,000	
24	Generator Set	53		Gasolin (1.5l./hr., 3hr./day, 200days work)	Rp.700	900		Maintenance	Rp.500,000	1	Rp.500,000
25	Motorcycle (Trail)	37		Gasoline (500ml/day, 30km/l., 200days work)	Rp.700	333		Maintenance	Rp.366,900	1	Rp.366,900
26	Motorcycle (Beats)	59		Gasoline (500ml/day, 30km/l., 200days work)	Rp.700	333		Maintenance	Rp.366,900	1	Rp.366,900
27	Vaccine Carrier	3,234									
28	Sensitizer (single, EPI)	762									
29	B package	404									
30	Microscope for TB	249		Slide and cover glass (Payment from CDC)	Rp.350	100				Rp.35,000	
31	Machine for children	124									
32	Laboratory Equipment (or HC LABKES)	157		Reagent (payment from LABKES)							
33	Dental Status Set	16									
34	Mobile Health Center (car)	18		Gasoline (600ml/day, 10km/l., 180days work)	Rp.700	1080		Maintenance	Rp.1,644,000	1	Rp.1,644,000
35	Mobile Health Center (boat)	8		Gasoline (1100ml/day, 20km/l., 36days work)	Rp.700	18		Maintenance	Rp.2,387,400	1	Rp.2,387,400

Table 3-3-2. Equipment and its increased maintenance cost

No.	Equipment	Consumables/Year equipment			Spare parts/Year equipment			Daily allowance				
		Quantity	Necessity	Item	Unit	Quantity/Year	Total	Necessity	Item	Unit	Quantity/Year	Total
36	MC Kit for Mobile HC Health center with Book	107										
1	Adult Weighing Scale with High Scale	114										
2	Baby Weighing Scale	89										
3	Syring & Needle set reusable	11,520										
4	Syring & Needle Set reusable	3,760										
5	Inhalation set	1,524										
6	Examination Lamp	104										
7	Diagnostic Set	123										
8	Spectroscope	126										
9	Spirographometer (Transistor)	126										
10	Sound timer	910										
11	Emergency Set	121										
12	Hemoglobinometer, S&N	141										
13	HP Talcum Book	276										
14	Centrifuge	61										
15	Microscope	78										
16	Focal Spectroscope (Microscope)	138										
17	MCH Kit	90										
18	Microscope Kit (Wales Kit)	260										
19	TBA Kit (Dolan Kit)	94										
20	PHN Kit	372										
21	School Health Kit	101										
22	Health Education Set	185										
23	Typewriter	9										
24	Generator Set	25										
25	Motorcycle (Trail)	43										
26	Motorcycle (Black)	37										
27	Motor Cycle	147										
28	Sportular (single, BPT)	148										
29	B package	51										
30	Microscope for TB	78										
31	Mandance for Children	309										
32	Eye Diagnostic Set	148										
33	Oxygen Cylinder & Set	51										
34	Carriage Set	147										
35	Reinforcement Set	148										
36	Card-down Set (Vena-section Set)	148										
37	Minor Surgery Set	148										
38	Operation Lamp	51										

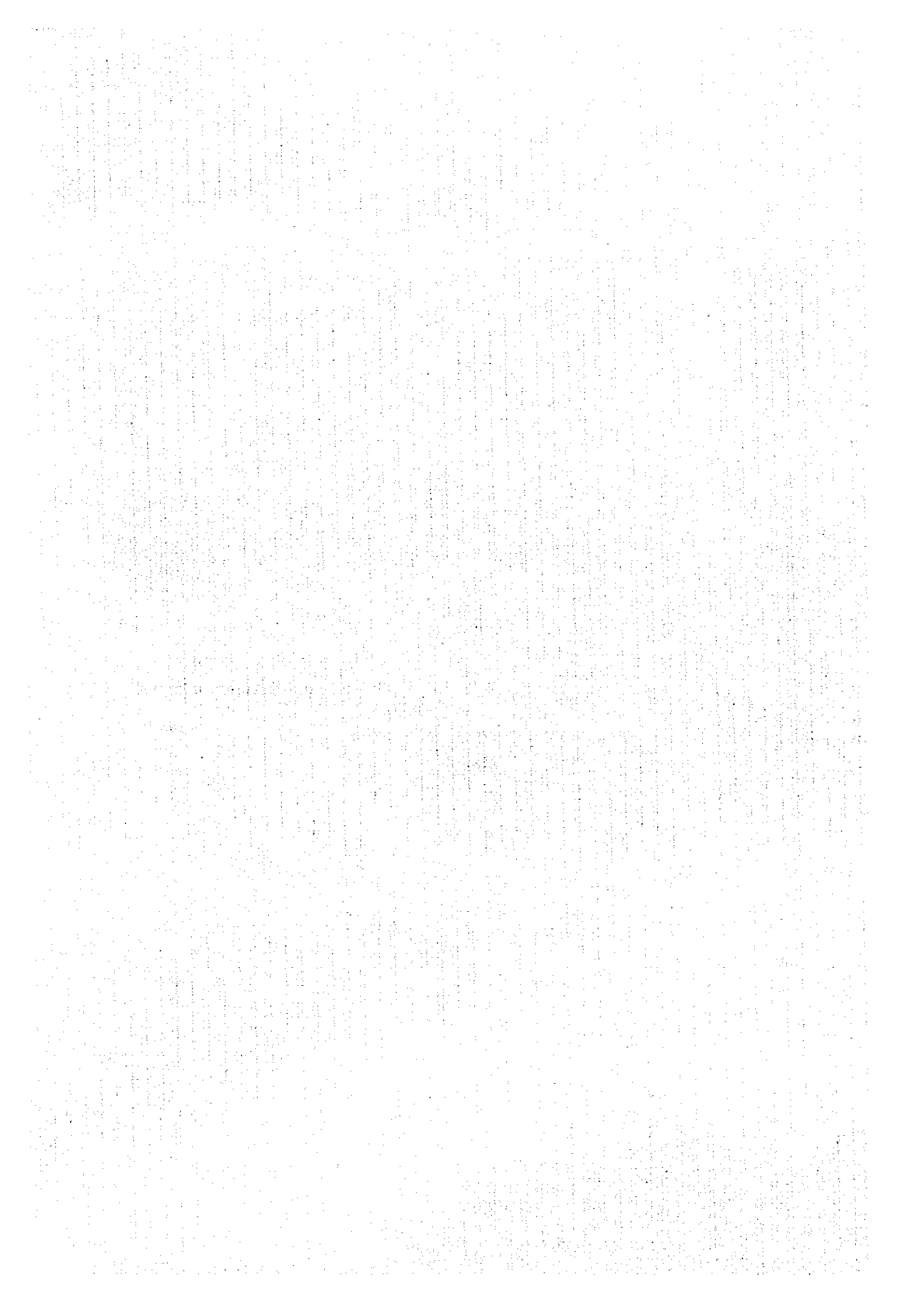
Table 3-3-2. Equipment and its increased maintenance cost

No.	Equipment	Consumables/for equipment			Spare parts/for equipment			Daily allowance				
		Quantity	Necessity	Item	Unit	Quantity/year	Total	Necessity	Item	Unit	Quantity/year	Total
39	Operation Table	26										
40	Stethoscope	46										
41	Section Aspirator	48										
42	Infusion Stand	14										
43	Vacuum Extractor	121										
44	Incubator	137										
45	Neonatal Thermometer	363										
46	Ambulance for HC	3	○	Gasoline (50km/day, 100km/1,000days work)	Rp.700	550	Rp.385,000	○	Maintenance	Rp.2,015,000	1	Rp.2,015,000
Sub-head's leader												
1	Adult Weighing Scale with Height Scale	1,013										
2	Baby Weighing Scale	1,184										
3	Syring & Needle 2cc (reusable)	15,048										
4	Syring & Needle 5cc (reusable)	4,470										
5	Stethoscope, nurse	810										
6	Sphygmomanometer (Fasimeter)	810										
7	Fetal Stethoscope (Monaural)	810										
8	Haemoglobinometer, Salt	990	○	Reagent (payment from LABKES)								
9	Rp. Tissues Book	1,119										
10	Sound Timer	2,713	○	Battery	Rp.5,000	0.5	Rp.2,500					
11	PHN Kit	996										
VILLAGE MIDWIFE												
1	Weighing Scale	1,140										
2	Baby Weighing Scale	1,036										
3	Stethoscope, nurse	756										
4	Sphygmomanometer (Tensimeter)	756										
5	Fetal Stethoscope (Monaural)	900	○	Reagent	Rp.50	240	Rp.12,000					
6	Haemoglobinometer, Salt	1,253										
7	Rp. Tissues Book	1,501	○	Battery	Rp.2,000	24times	Rp.48,000					
8	Battery Lamp	1,148	○	Battery	Rp.5,000	0.5	Rp.2,500					
9	Sound Timer	16	○	Gasoline (50km/day, 300km/1, 300days work)	Rp.700	333	Rp.233,100	○	Maintenance	Rp.366,900	1	Rp.366,900
POSTAL/NDU												
1	Kasur Panyawa Kit	1,223	○	Battery	Rp.5,000	0.5	Rp.2,500	○	Lamp	Rp.2,500	1	Rp.2,500
POSGAMAT DESA												
1	Kasur POD Kit	1,812	○	Battery	Rp.5,000	1	Rp.5,000					
DISTRICT												
1	Video Set	53										
2	Computer Set	30	○	Consumables (Floppy disk, ribbon, paper etc.)	Rp.50,000	12months	Rp.60,000					
3	Demonstration Model for Training	49										
4	Reanimation Set	49										
5	Emergency Set	49										
6	Sphygman	44										
7	Regur machine	9	○	Gasoline (4L/day, 600days work)	Rp.700	240L	Rp.168,000					

Table3-3-3 Increased amount of maintenance cost

No.	District/Province	Consumables (Rp.)	Spare parts (Rp.)	Daily allowance (Rp.)	
(North Sulawesi)					
1	Kod. Manado	1,320,454	4,256,094	12,088,647	
2	Kod. Gorontalo	1,374,318	2,502,853	10,476,828	
3	Kab. Sangihe Talalid	13,370,666	36,503,755	24,983,205	
4	Kab. Minahasa	84,515,960	27,403,089	52,384,139	
5	Kab. Bolaang Mongondow	13,926,428	11,097,411	26,595,024	
6	Kab. Gorontalo	25,223,645	21,939,708	57,219,598	
7	Kod. Bitung	6,499,669	2,167,841	9,670,918	
	Province/District	12,610,764	7,988,839	36,000,000	
	Sub-total	158,841,905	113,859,589	229,418,360	
(Central Sulawesi)					
1	Kab. Buol Toli-Toli	3,177,048	6,685,267	43,519,131	
2	Kab. Donggala	24,350,123	10,773,254	192,612,450	
3	Kab. Poso	3,491,969	5,982,336	58,831,418	
4	Kab. Banggai	2,043,911	3,238,004	47,548,680	
	Palu	254,276	0	0	
	Province/District	8,439,707	1,723,083	0	
	Sub-total	41,757,034	28,401,944	342,511,678	
(South Sulawesi)					
1	Kod. Ujung Pandang	4,356,803	11,486,146	55,607,778	
2	Kod. Pare-Pare	857,291	2,043,220	8,059,098	
3	Kab. Mamuju	27,560,524	2,056,892	27,400,934	
4	Kab. Luwu	7,920,689	2,315,991	83,814,622	
5	Kab. Majene	15,910,033	535,614	28,206,844	
6	Kab. Polewau Mamasa	35,656,240	986,934	36,265,942	
7	Kab. Tana Toraja	31,033,507	761,394	50,772,319	
8	Kab. Pinrang	30,119,809	749,956	12,894,557	
9	Kab. Enrekang	22,960,422	11,108,918	34,654,123	
10	Kab. Sindereng Rappang	35,733,794	943,688	17,730,016	
11	Kab. Wajo	51,562,841	3,089,339	30,624,574	
12	Kab. Soppeng	22,499,462	5,734,331	22,565,475	
13	Kab. Barru	25,380,110	428,409	5,641,369	
14	Kab. Pangkajenekep	32,276,364	6,704,297	53,995,959	
15	Kab. Bone	2,821,613	1,514,682	20,147,746	
16	Kab. Maros	19,913,181	276,343	8,865,008	
17	Kab. Gowa	27,618,584	1,720,677	12,894,557	
18	Kab. Sinjai	21,047,251	1,294,638	12,088,647	
19	Kab. Bulukumba	3,577,194	3,327,623	50,772,319	
20	Kab. Bantaeng	20,145,420	267,962	8,865,008	
21	Kab. Jeneponto	30,340,606	670,162	35,460,033	
22	Kab. Takalar	35,551,139	677,616	39,489,582	
23	Kab. Selayar	21,337,973	618,294	22,565,475	
	Province/District	12,610,764	7,988,839	36,000,000	
	Sub-total	538,791,613	67,301,966	715,381,988	
(South east Sulawesi)					
1	Kab. Kolaka	28,585,679	1,395,798	66,084,606	
2	Kab. Kendari	54,403,567	2,916,698	75,755,524	
3	Kab. Muna	33,471,969	3,112,250	55,607,778	
4	Kab. Buton	59,827,268	37,158,116	70,920,065	
	Province/District	12,610,764	7,988,839	0	
	Sub-total	188,899,248	52,571,701	268,367,974	Grand total
	Grand total (Rp.)	928,289,800	262,135,200	1,555,680,000	Rp.2,746,105,000
	(J. Yen)	¥41,020,318	¥11,583,526	¥68,744,145	¥121,347,989

Chapter 4 Project Evaluation and Recommendation



Chapter 4 Project Evaluation and Recommendation

4-1 Project Effect

The aim of this project is to improve primary medical care and promote safe motherhood activities in Sulawesi. The following results are expected by providing the necessary equipment to health centers and other facilities and by supporting their functions.

- 1. Improvements in the quality of basic health care services**
- 2. Improvements in basic examination capabilities which will enhance the detection of diseases in the early stage, early diagnosis and treatment**
- 3. Promotion of local educational activities for the prevention and early detection of diseases**
- 4. Reduction of the death rate for mothers and pregnant women by promoting safe motherhood activities and by improving medical services for safer deliveries**
- 5. Promotion of activities at DINKES DATI Is and DINKES DATI IIs in charge of supervising health centers**
- 6. Promotion of training and educating medical staff**

4-2 Recommendation

The following outlines some of the problems in implementing this project.

- 1. Engineers for maintaining the equipment are not assigned to health centers and only a few engineers work at large district hospitals. Presently, maintaining equipment in health centers is handled through district health divisions. However, the budget, technical level, and training of engineers are not satisfactory and must be improved.**
- 2. Both the Japanese and Indonesian governments must trace the use of equipment in which supply is conditional.**
- 3. Japan is responsible for delivery to the district health offices, and Indonesia is responsible for delivery from these district offices to the health centers. It is important that the equipment be sent immediately to the health centers and other lower-ranking facilities soon after its arrival at each district. Delivery shall be confirmed by a monitoring system in which receipts must be obtained.**
- 4. The inventory control system shall be updated from the system used in 1994. A1-4 forms prescribed by the Ministry of Health shall be filled out at each health center, district, and province, and then submitted to the next higher ranking facility. It must be confirmed that this system works, even for the equipment being supplied in this project.**
- 5. In the draft mission, Japan requested BAPPENAS to speed up the customs clearance and the approval by Ekwasbang, because the application for the aid must be made in Japan within the 1995 budget.**

6. Japan must request that Indonesia submit the necessary documents for exemption of the equipment import tax and value added tax incurred for the materials procured domestically.

4-3 Recommendation for Future Monitoring

After execution of this plan, monitoring should be carried out for the following objects. Monitoring procedures are shown below.

1. Confirm that delivery from districts to health centers is appropriately carried out.
2. Collect reference information for future planning of projects similar to this project.
3. Promote the effective usage and proper management of the equipment through monitoring and evaluations.

4-3-1 Project Monitoring

In this project, Japan is responsible for delivering the equipment to regional offices of the Ministry of Health, DINKES DATI Is, and DINKES DATI IIs. The Government of Indonesia is responsible for delivering the equipment to health centers and other facilities which are the direct users of the equipment. It should be confirmed that the final distribution sites are the health centers, as specified in the basic study. A document specifying the destination of the equipment is handed out to each district when the equipment is received. After the contents have been confirmed by both Japan and Indonesia, Japan will ask Indonesia to report to the local JICA office in accordance with the instructions in the document.

In the INP project, equipment distribution lists for each health center are kept at the Ministry of Health, provinces, and districts. Also check lists with illustrations of the delivered equipment are prepared and packed together along with the equipment to simplify confirmation of the contents at the health centers. Application of a similar process is desirable for this project.

4-3-2 Equipment to be Monitored and the Monitoring Process

The following items should be monitored.

1. Equipment in which supply is conditional
2. Newly introduced equipment, pilot project equipment, items expected to provide useful information, ambulances, health education mobiles, neonatal thermometers, adult weighing scale with height scale, oxygen cylinder and sets, motorcycles (bebek) for village midwives, personal computers, video sets, and training aides
3. Items in which maintenance and management must be traced such as sphygmomanometers, operating tables, and HC kits for mobile HCs

Monitoring Process

There are two monitoring processes. For one process, Japan expects Indonesia to carry out the survey and report the results to Japan. For the other process, surveys are conducted independently by Japan. In both cases, agreement with district offices based on talks with Indonesia is necessary. As for the monitoring period, about two years after the delivery of the equipment is considered to be appropriate. If Japan expects Indonesia to conduct the monitoring, a format for monitoring and reporting results must be agreed upon when the details to be monitored.

As for the equipment register, a new system was proposed by the Ministry of Health. This system, using four formats, has been used in all provinces nationwide, including Sulawesi, since 1996. The purpose of this system is to more precisely register the equipment kept at the health centers. It is also expected that the equipment now being supplied in the current project will be well maintained under the new system.

Appendices

1. List of Member of Survey Team

(1) Basic Design Study (November 15 - December 24, 1995)

Mr. Akira Kasai	Team Leader	Technical Advisor Japan International Cooperation Agency (JICA)
Dr. Naruo Uehara	Technical Advisor	Bureau of International Cooperation International Medical Center of Japan Ministry of Health and Welfare Japan Government
Mr. Hiroshi Izaki	Grant Aid Planner	First Project Management Division Grant Aid Project Management Department JICA
Mr. Kiyoshi Kato	Project Manager	International Techno Center Co., Ltd.
Mr. Akio Kaneko	Administrative Planner	International Techno Center Co., Ltd.
Mr. Yoichi Sugiura	Equipment Planner	International Techno Center Co., Ltd.
Ms. Kyoko Horiuchi	Equipment Planner I	International Techno Center Co., Ltd.
Ms. Hiromi Suwa	Cost Estimator	International Techno Center Co., Ltd.

(2) Explanation of Draft Final Report (January 31 - February 10, 1996)

Mr. Akira Kasai	Team Leader	Technical Advisor Japan International Cooperation Agency (JICA)
Dr. Naruo Uehara	Technical Advisor	Bureau of International Cooperation International Medical Center of Japan Ministry of Health and Welfare Japan Government
Ms. Yuko Ishizawa	Grant Aid Planner	First Project Management Division Grant Aid Project Management Department JICA
Mr. Kiyoshi Kato	Project Manager	International Techno Center Co., Ltd.
Mr. Akio Kaneko	Administrative Planner	International Techno Center Co., Ltd.
Mr. Yoichi Sugiura	Equipment Planner	International Techno Center Co., Ltd.

2. Survey Schedule (1) Basic Design Team (November 13 - December 24, 1996)

Member	Leader (Akira Kusai)	Technical Advisor	Project Manager	Administrative Planner	Equipment Planner I	Equipment Planner II	Cost Estimator	Local Consultant A	Local Consultant B
No./Date	Continuator (Hiroshi Inaki)	(Naruo Uehara)	(Kiyoshi Kato)	(Akira Kusai)	(Yoshi Sugano)	(Osoto Horuchi)	(Hiromi Sawa)		
1 11/25/95	Wed	Tokyo (11:00) → Jakarta (16:10) JL725	Same as left	Same as left	Same as left	Same as left	Same as left	(Survey)	(Survey)
2 11/16/95	Thur	Meeting with MOH. Courtesy call and meeting with JICA. Courtesy call with EOJ Jakarta (17:30) → Yogyakarta (18:30) GA438	Same as Dr. Uehara	Meeting with MOH	Same as Dr. Uehara	Meeting with MOH	Meeting with MOH		
3 11/17/95	Fri	HC visit at Magelang, Yogyakarta (15:30) → Jakarta (16:50) GA439	Same as Dr. Uehara	Meeting with MOH. Meeting with Local consultant	Same as Dr. Uehara	Meeting with MOH. Meeting with Local consultant	Meeting with MOH. Meeting with Local consultant		
4 11/18/95	Sat	Internal Meeting	Internal Meeting	Internal Meeting	Internal Meeting	Internal Meeting	Internal Meeting		
5 11/19/95	Sun	Data Review	Data Review	Data Review	Data Review	Jakarta (7:00) → Ujung Pundung (10:20) GA740	Internal Meeting	Same as Equipment planner I	
6 11/20/95	Mon	Meeting with related programs with this project	Same as Dr. Uehara	Same as Dr. Uehara	Same as Dr. Uehara	Bayung HC at Kab. Cowa (Site survey)	Same as Dr. Uehara	Same as Equipment planner I	
7 11/21/95	Tue	Tokyo (11:00) → Jakarta (16:10) JL725	Same as Dr. Uehara	Same as Leader	Jakarta (7:00) → Ujung Pundung (10:20) GA740 Meeting with local consultants	Bangs-Banyas HC at Kab. Ujung Pundung (Site Survey, Meeting with local consultant)	Same as Leader	Same as Equipment planner I	
8 11/22/95	Wed	Courtesy call to EOJ. Courtesy call and meeting with JICA. Jakarta (19:20) → Ujung Pundung (16:40) GA750. Internal Meeting	Same as Leader	Same as Leader	Same as Leader	Meeting with MOH. Market survey	Meeting with MOH. Market survey	Same as Equipment planner I	
9 11/23/95	Thur	Ujung Pundung (11:20) → Manado (12:30) GA740 Meeting with DINIKES DATI I and DINIKES DATI II of North Sulawesi	Same as Dr. Uehara	Same as Leader	Same as Dr. Uehara	Same as Equipment planner I	Meeting with MOH. Market survey	Same as Equipment planner I	
10 11/24/95	Fri	Meeting with DINIKES DATI I and DINIKES DATI II of South Sulawesi (Workshop)	Same as Dr. Uehara	Same as Leader	Same as Dr. Uehara	Same as Dr. Uehara	Same as Dr. Uehara	Same as Dr. Uehara	Same as Leader
11 11/25/95	Sat	Data Review	Data Review	Data Review	Data Review	Data Review	Data Review	Data Review	Data Review
12 11/26/95	Sun	Ujung Pundung (9:15) → Kendari (10:00) SB850	Same as Dr. Uehara	Same as Leader	Same as Dr. Uehara	Same as Leader	Same as Leader		
13 11/27/95	Mon	Ujung Pundung (9:00) → Palu (11:30) Meeting with DINIKES DATI I and DINIKES DATI II of Southeast Sulawesi (Workshop)	Same as Dr. Uehara	Same as Leader	Same as Dr. Uehara	Same as Leader	Meeting with MOH. Market survey	Same as Dr. Uehara	Same as Leader
14 11/28/95	Tue	Kendari (10:30) → Ujung Pundung-Jakarta (14:05) MZ835 Internal Meeting	Same as Dr. Uehara	Same as Leader	Same as Dr. Uehara	Same as Leader	Meeting with MOH. Market survey	Same as Dr. Uehara	Same as Leader
15 11/29/95	Wed	Meeting with MOH on Minutes	Same as Dr. Uehara	Same as Dr. Uehara	Internal Meeting	Internal Meeting	Same as Dr. Uehara		
16 11/30/95	Thur								

2. Survey Schedule (1) Basic Design Team (November 15 - December 24, 1995)

Member No.	Date	Leader (Akira Kusai)	Technical Advisor (Naozo Uehara)	Project Manager (Kiyochi Kuro)	Administrative Planner (Akio Kuroki)	Equipment Planner I (Yoshi Sugano)	Equipment Planner II (Kyoichi Homuchi)	Cost Estimator (Hiromi Sawa)	Local Consultant A	Local Consultant B
17	12/7/95	Ministry, Report to JICA and BOJ Jakarta (2320) -		Same as Dr. Uehara Internal Meeting	Same as Dr. Uehara Internal Meeting	Internal Meeting	Internal Meeting	Internal Meeting		
18	12/7/95	Tokyo (830), JL726		Internal Meeting	Internal Meeting					Internal Meeting
19	12/8/95			Data Review					Data Review	Data Review
20	12/4/95			Sample survey preparation	Sample survey preparation	Sample survey preparation	Sample survey preparation			
21	12/5/95									
22	12/6/95			Jakarta (700) - Manado (1250) CA740 - Meeting with DINIGES DATTI of North Sulawesi Survey	Jakarta (700) - Ujung Pandang (1020) CA740 Ujung Pandang (900) - Kendan (1005) MZ714			Meeting with MOH, survey	Meeting with MOH, survey	Same as Administrative Planner
23	12/7/95					Same as Project Manager	Data Analyses		Same as Project Manager	
24	12/8/95									
25	12/9/95			Ujung Pandang - Palu		Same as Project Manager	Data Review	Data Review	Data Review	Data Review
26	12/10/95					Same as Project Manager	Data Review	Data Review	Data Review	Data Review
27	12/11/95			Survey Manado (700) - Palu (1250) BO - Meeting with DINIGES DATTI of Central Sulawesi				Meeting with MOH, survey	Meeting with MOH, survey	
28	12/12/95					Same as Project Manager	Data Analyses		Same as Project Manager	
29	12/13/95			Survey Palu (1150) - Jakarta (1100) - Internal Meeting	Internal Meeting	Internal Meeting	Internal Meeting	Internal Meeting	Internal Meeting	Internal Meeting
30	12/14/95			Meeting with related programs of MOH	Meeting with related programs of MOH	Meeting with related programs of MOH	Meeting with related programs of MOH	Meeting with related programs of MOH		
31	12/15/95									
32	12/16/95			Data review / Internal Meeting						
33	12/17/95									
34	12/18/95			Meeting with MOH / Data Analyses				Meeting with MOH, survey	Meeting with MOH, survey	Writing and submitting report
35	12/19/95									
36	12/20/95			National holiday (Jama'ah Day) - Data Review						
37	12/21/95			Meeting with MOH - Market survey						
38	12/22/95			Report to MOH and JICA						
39	12/23/95			Data Analyses, Jakarta (2320) -						
40	12/24/95			Arrival in Tokyo (830) JL726						

(2) Explanation of Draft Final Report (January 31- February 11,1996)

No.	Date	No.	Schedule	Content of Study
1	31-Jan	Wed	Tokyo→Jakarta (JL725)	Transfer
2	1-Feb	Thur	Jakarta	9:00 Meeting with JICA 10:00 Courtesy call on Embassy of Japan 11:30 Courtesy call on BAPPENASU, Meeting 1:30 Courtesy call on MOH, Meeting
3	2-Feb	Fri		Internal Meeting, Meeting with related programs
4	3-Feb	Sat		Internal Meeting
5	4-Feb	Sun	Tokyo→Jakarta (JL725)	Review of collected data Dr. Uehara joined the team, Internal Meeting
6	5-Feb	Mon		MOH, Related programs
7	6-Feb	Tue		Meeting with MOH Arrangement and Meeting with related programs
8	7-Feb	Wed		Arrangement and Meeting with related programs
9	8-Feb	Thur		Arrangement and Meeting with related programs Meeting with MOH
10	9-Feb	Fri	Jakarta	Meeting with BAPPENASU, Minutes Report to E of J and JICA Home-coming
11	10-Feb	Sat	→Tokyo (JL726)	

3. Member List of Party Concerned in the Recipient Country

	(Ministry of Health)
1 Dr. Kumara Ray	Director General of Community Health
2 Dr. Dadi Argadiredja	Chief, Bureau of Planning
3 Mrs. Farida Djoko	Bureau of Planning
4 Dr. Widiyana	Director of Health Center Development
5 Dr. Edi Suranto	Sub Director of Health Center Development
6 Drg. Kartini Ruti Rustandi	Directorate of Health Center Development
7 Drg. Ami	Directorate of Health Center Development
8 Murti Utami	Directorate of Health Center Development
9 Dr. Farida Sirhan	Community of Eye Health
10 Dr. Ardi	MCH
11 Dr. Elnandy	PKM
12 Dr. Thomas Soeroso, MPH	D.G of CDC & Environmental Health
13 Dr. Irawan Kosasih	Sub-Directorate Tuberculosis Control, CDC
14 Dr. Abdul Manf	Chief of Directorate of Pulmonary
15 Dr. Abdura Chman	Program Planning & Report of CDC
16 Dr. Rais	Program Planning & Report of CDC
17 Dr. TiTi	Director of Directorate of Epidemiology and Immunization of CDC
18 Dr. Muharjoto	Chief of Programme Planning & Report of Directorate of Animal Resources of Preventive Disease of CDC
19 Dr. Harry Purwanto	Sub-Directorate of Immunization of CDC
20 Dr. Arie Brotoseno	ARI of CDC
21 Dr. Loekman Hakim Siregar	Directorate of Tuberculosis of CDC
22 Dr. Aruan Soepanto	PPM & PLP of CDC
23 Dr. Kirna Pritasari	Obstetrics and Gynecology Sub-Directorate of Family Health
24 Dr. Ardi Kaptininingsih	Head of Obstetrics and Gynecology Sub-Directorate of Family Health
25 Dr. Nardho Gunawan	Directorator of Family Health
26 Mrs. Wiwik Widarty	Data and Reporting/Directorete of Community Health
	(Bappenas)
1 Dr. Fashi Djala	Chief of Bureau of Health and Nutrition
	(North Sulawesi Kanwil)
1 Dr. S. A. Tandayu SKM.	Kakanwil
2 Dr. F. Rampen, SKM	Kadinkes Dati i Sulut
3 Dr. F. J.O. Pelealu, PMH	KTU Kanwil KES, Sulut
4 Dr. Sutgipto	Head of CDC/Kanwil Depkes/North
5 Mr. Berton Panjaital MPH	Trainer of Training TB/Kanwil Depkes/North
6 Dr. W.B. Kalalo, MPH	Kepala Bidang PPTK
7 Dr. R. Wotulo, MPH	Kepala Bidang Yankes
8 Dr. J. Sinaya, MPH	Kepala Bidang PKPP
9 Dr. P. Tambayong, MS	Kasubdin PKM

3. Member List of Party Concerned in the Recipient Country

10 Dr. Ny. E. Mandang-T	Kasubdin Pemulkes
11 Dr. F. Loprang, D. DERM	Kasubdin P2
12 Dr. Soemamo, SKM	Kasubdin PKL
13 Dr. S. Paat	Kasubdine KIA
14 Dr. Sutjipto	Kasie. Epidemiology
15 Dr. Bonny Kalensang	Kasie. Puskesmas

(North Sulawesi Dinas)

1 Dr. Dirk P.L, Lengkong	Head of Dinas Kesehatan/Bitung
2 Dr. L. Gerungan Saerang	Kadinkes Dati II Kodya Manado
3 Dr. Tolohula	Kadinkes Dati II Kodya Gorontalo
4 Dr. NY. Katuuk Pakasi	Kadinkes Dati II Kodya Bitunf
5 Dr. NY. Jeanette Siby	Kadinkes Dati II Kab. Minahasa
6 Dr. NY. Diana Akuba	Kadinkes Dati II Gorontalo
7 Dr. F. Paliliewu	Kadinkes Dati II Kab. Bol-Mong
8 Dr. P. Manumpil	Kadinkes Dati II Kab. Sangihe Talaud

(Central Sulawesi Kanwil)

1 Dr. H. Nadiar, MPH	Kakanwil
2 Dr. T.I. Miting MPH	Kepala Bidang Bimbingan dan Pengendalian Pelayanan Kesehatan
3 Dr. Hendrik. T.	Kepala Upaya Pusat Kesehatan Masyarakat Puskesmas
4 Dr. Anis Hayati	Kadit Upaya Rujukan
5 Mr. Imam Subekti	Chief of Administration
(Central Sulawesi Dinas)	
1 Dr. A.Mongi	Dinas Kesehatan Dati II Donggala
2 Dr. Syamsir Noer	Dinas Kesehatan Dati II Banggai
3 Dr. T. Salim	Dinas Kesehatan Dati II Poso/Kepala Dinass

(South Sulawesi Kanwil)

1 Dr. H. Udin	Kakanwil
2 Dr. Andi Muhadir	Chief of P2
3 Dr. Suria	Section Head of Health Center Activity
4 Dr. Farmawati	Section Head of MCH
5 Dr. Bastiar Mas'd	Head of Labkes

(Southeast Sulawesi Kanwil)

1 Dr. H Takahashi Rahmani	Kakanwil
2 Dr. Thamrin	Section Head of Health Center Activity
3 Mr. Omes	Chief of P2

3. Member List of Party Concerned in the Recipient Country

4 Ms. Linda

Health Center Activity

(Southeast Sulawesi Dinas)

1 Dr. Tri

Chief of Health Center Activity

2 Ms. Rudiah

Health Center Activity

4. Minutes of Discussion (Basic Design Study)

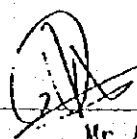
MINUTES OF DISCUSSIONS
BASIC DESIGN STUDY
ON
THE PROJECT FOR STRENGTHENING DISTRICT HEALTH SERVICES
IN SULAWESI IN THE REPUBLIC OF INDONESIA

Based on the results of the Preliminary Study, the Japan International Cooperation Agency (JICA) decided to conduct a Basic Design Study on the Project for STRENGTHENING DISTRICT HEALTH SERVICES IN SULAWESI (hereinafter referred to as "the Project".)

JICA has sent a Basic Design Study team (hereinafter referred to as "the Team") to the Republic of Indonesia, which is headed by Mr. Akira KASAI, Special Technical Assistant to the President, JICA, and is scheduled to stay in the country from November 16 to December 23, 1995. The team has held discussions with the officials concerned of the Government of Indonesia and conducted a field survey of the study area.

In the course of the discussions and field survey, both parties have confirmed the main items described in the attached sheet. The Team will proceed with further works and prepare the Basic Design Study Report.

Jakarta, December 1, 1995



Mr. Akira KASAI
Leader
Basic Design Study Team
JICA



Dr. Nyoman Kumara Rai
Director General
Directorate General of Community Health,
Ministry of Health,
Government of INDONESIA

ATTACHMENT

1. Objectives of the Project

The Objective of the Project is to strengthen the district health services in SULAWESI through provision of essential equipment required for quality assurance of basic health services at community level, with improvement of supervisory capacity of Provincial and District Health Offices.

2. Project sites

North, South, Central, and South-East SULAWESI

3. Responsible and Executing Agency

For the supervision of the proper implementation and utilization of the equipment, Directorate General of Community Health, Ministry of Health, the Government of INDONESIA has a responsibility to the Japanese side.

For the distribution of the equipment, District Health Offices will execute under the supervision of Provincial Health Offices and Ministry of Health.

4. Items requested by the Government of INDONESIA.

The Items of the equipment described in ANNEX- I (attached) are finally requested by the Government of INDONESIA for the consideration by the Government of JAPAN to be provided with under the Grant Aid scheme.

However, the final components of the Project will be decided after further studies.

5. Japan's Grant Aid System

1) The Government of Indonesia has understood the system of Japan's Grant Aid explained by the Team. (See ANNEX- II)

2) The Government of Indonesia will take necessary measures, described in the said ANNEX- II for smooth implementation of the Project on condition that the Grant Aid by the Government of Japan is extended to the Project.

6. Schedule of Study

1) The consultants will proceed to further studies in INDONESIA until 23rd December, 1995.

2) JICA will prepare the draft report and dispatch a mission in order to finalize the contents of the report around January 1996.

3) If the contents of the report is accepted in principle by the Indonesian side, JICA will complete the final report and send it to the Government of Indonesia by April, 1996.

7. Acknowledgement of the receipt of the equipment

The Indonesian side is requested to submit the receipt of the equipment by District Health Offices to the Japanese side promptly after their delivery by the Japanese side.

Furthermore, the Indonesian side is requested to submit the acknowledgement

of the delivery of the equipment to each health center to the Japanese side after the delivery is completed.

8. Monitoring of the Project

The Ministry of Health prepares for the establishment of the monitoring system for the proper maintenance and effective use of the equipment provided to each health center.

Annex I

Required Equipment List for STRENGTHENING HEALTH SERVICES IN SULAWESI

No.	Item
HEALTH CENTER	
1	Adult Weighing Scale with Height Scale
2	Baby Weighing Scale
3	Syringe & Needle 2cc reusable
4	Syringe & Needle 5cc reusable
5	Infusion Set
6	Examination Lamp
7	Diagnostic Set
8	Eye Diagnostic Set
9	Sthetoscope
10	Tensimeter (Sphygmomanometer)
11	Sound Timer
12	Emergency Set
13	Hemoglobinometer, Sahli
14	Hb Talquist Book
15	Centrifuge
16	Microscope
17	Monoaural (Fetal Stethoscope)
18	MCH kit
19	Bidan kit (Midwife Kit)
20	Dukun kit (TBA Kit)
21	PHN kit
22	School Health kit
23	Health Education Set
24	Typewriter
25	Generator Set
26	Motorcycle (Trail)
27	Motorcycle (Bebek)
28	Vaccine Carrier
29	Sterilizer (Single, EPI)
30	Sterilizer (Double, EPI)
31	B package
32	Microscope for TB
33	Manchette for children
34	Laboratory Equipment for HC
35	Dental Statik Set
36	Mobile Health Center (car)
37	Mobile Health Center (Boat)
38	HC Kit for Mobile HC

R

Annex I

Required Equipment List for STRENGTHENING HEALTH SERVICES IN SULAWESI

No.	Item
HEALTH CENTER with BED	
1	Adult Weighing Scale with Height Scale
2	Baby Weighing Scale
3	Syringe & Needle 2cc Reusable
4	Syringe & Needle 5cc Reusable
5	Infusion set
6	Examination Lamp
7	Diagnostic Set
8	Eye Diagnostic Set
9	Sthetoscope
10	Tensimeter (Sphygmomanometer)
11	Sound Timer
12	Emergency Set
13	Hemoglobinometer, Sahli
14	Hb Talquist Book
15	Centrifuge
16	Microscope
17	Monoaural (Fetal Stethoscope)
18	MCH kit
19	Bidan kit(Midwife Kit)
20	Dukun kit(TBA Kit)
21	PHN kit
22	School Health kit
23	Health Education Set
24	Typewriter
25	Generator Set
26	Motorcycle (Trail)
27	Motorcycle (Bebek)
28	Vaccine Carrier
29	Sterilizer (Single, EPI)
30	Sterilizer (Double, EPI)
31	B package
32	Microscope for TB
33	Manchette for children
34	Oxygen cylinder & Set
35	Curretage Set
36	Resuscitation Set
37	Venesection Set (Cut-down Set)
38	Minor Surgery Set
39	Operation Lamp
40	Operating Table
41	Sterilizer



Annex I

Required Equipment List for STRENGTHENING HEALTH SERVICES IN SULAWESI

No.	Item
42	Suction Aspirator
43	Infusion Stand
44	Vacuum Extractor
45	Incubator
46	Neonatal Thermometer
47	Ambulance for HC

SUB HEALTH CENTER

- 1 Adult Weighing Scale with Height Scale
- 2 Baby Weighing Scale
- 3 Syringe & Needle 2cc Reusable
- 4 Syringe & Needle 5cc Reusable
- 5 Sthetoscope, nurse
- 6 Tensimeter (Sphygmomanometer)
- 7 Monoaural (Fetal Sthetoscope)
- 8 Hemoglobinometr, Sahli
- 9 Hb Talquist Book
- 10 Sound Timer
- 11 PHN Kit

VILLAGE MIDWIFE

- 1 Weighing Scale
- 2 Baby Weighing Scale
- 3 Sthetoscope, Nurse Type
- 4 Tensimeter (Sphygmomanometer)
- 5 Monoaural (Fetal Stethoscope)
- 6 Hemoglobinometr, Sahli
- 7 Hb Talquist Book
- 8 Battery Lamp
- 9 Sound Timer
- 10 Motorcycle (Bebek)

POSYANDU

- 1 Kader Posyandu Kit
- 2 Sound Timer

POS OBAT DESA

- 1 Kader POD Kit

Annex I
Required Equipment List for STRENGTHENING HEALTH SERVICES IN SULAWESI

No.	Item
DISTRICT	
1	Video Set
2	Computer Set
3	Demonstration Model for Training
4	Resuscitation Set
5	Sprayercan
6	Fogging Machine
PROVINCE	
1	Health Education Mobile
2	Photocopy Machine
3	Motor Car
4	Demonstration Model for Training
5	Sprayercan
6	Fogging Machine
7	Cataract Surgery Set
8	Resuscitation Set

R

Japan's Grant Aid

1. Japan's Grant Aid Procedures

The Japan's Grant Aid Program is executed through the following procedures.

- (1) Application (Request made by a recipient country)
- Study (Basic Design Study conducted by JICA)
- Appraisal & Approval (Appraisal by the Government of Japan and Approval by Cabinet.)
- Implementation (The Notes exchanged between the Government of Japan and the recipient country.)

(2) At the First step, the application or request for a Grant Aid project submitted by a recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to determine whether or not it is eligible for Grant Aid.

If the request is deemed appropriate, the Government of Japan assigns JICA (Japan International Cooperation Agency) to conduct a study on the request.

At the second step, JICA conducts the study (Basic Design Study), using (a) Japanese consulting firm(s).

At the third step, the Government of Japan appraises the project to see whether or not it is suitable for Japan's Grant Aid Program, based on the Basic Design Study report prepared by JICA, and the results are then submitted to the Cabinet for approval.

At the fourth step, the project, once approved by the Cabinet, becomes official with the Exchange of Notes signed by the Government of Japan and the recipient country.

2. Basic Design Study

(1) Content of the study

The aim of the Basic Design Study (hereinafter referred to as "the Study") conducted by JICA on a requested project (hereinafter referred to as "the Project") is to provide a basic document necessary for the appraisal of the Project by the Government of Japan. The contents of the Study are as follows:

- 1) Confirmation of the background, objectives, and benefits of the requested Project and also institutional capacity of agencies concerned of the

recipient country necessary for the Project's implementation.

- 2) Evaluation of the appropriateness of the Project to be implemented under the Grant Aid scheme from a technical, social and economic point of view.
- 3) Confirmation of items agreed on by both parties concerning the basic concept of the Project.
- 4) Preparation of a basic design of the Project
- 5) Estimation of costs of the Project

The contents of the original request are not necessarily approved in their initial form as the contents of the grant aid project. The basic design of the Project is confirmed considering the guidelines of Japan's Grant Aid scheme.

The Government of Japan requests the Government of recipient country to take whatever measures are necessary to ensure its self-reliance in the implementation of the Project. Such measures must be guaranteed even though they may fall outside of the jurisdiction of the organization in the recipient country actually implementing the Project. Therefore, the implementation of the Project is confirmed by all relevant organization of the recipient country through the Minutes of Discussions.

(2) Selection of Consultants

For smooth implementation of the Study, JICA uses (a) registered consultant firm(s). JICA selects (a) firm(s) based on proposals submitted by interested firms. The firm(s) selected carry(ies) out Basic Design Study and write(s) a report, based upon terms of reference set by JICA.

It is important that the recipient country should make a contract promptly with the same consulting firm(s) used for the Basic Design Study which is (are) recommended by JICA, in order to maintain technical consistency and also avoid the undue delay in implementation of the project under the single fiscal year system of Japan's Grant Aid.

3. Japan's Grant Aid Scheme

(1) Concept of Grant Aid

The Grant Aid Program provides a recipient country with non-reimbursable funds to procure the facilities, equipment and services (engineering services and transportation of the products, etc) for economic and social development of the country under principles in accordance with the relevant laws and regulations of Japan. Grant Aid is not supplied through the donation of materials as such.

(2) Exchange of Note (E/N)

The Japan's Grant Aid is extended in accordance with the Notes exchanged by the two Governments concerned, in which the objective of the project, Period of execution, conditions and amount of the Grant Aid, etc., are confirmed.

(3) "The period of the Grant" means the one fiscal year which the Cabinet approves the Project for. Within the fiscal year, all procedures such as Exchange of Notes, concluding contracts with (a) consultant firm(s) and (a) contractor(s) and financial payment to them must be completed. However in case of delays in delivery due unforeseen factors such as weather, the period of the Grant Aid can be further extended for the maximum of one fiscal year at most by mutual agreement between the two Government.

(4) The Grant is used properly and exclusively for the purchase of products. Under the Grant Aid, in principle, Japanese products and services including transport or those of the recipient country are to be purchased. When the two Governments deem it necessary, grant aid may be used for the purchase of the products or services of a third country. However the prime contractors, namely, consulting, contracting and procurement firms, are limited to "Japanese nationals". (The term "Japanese nationals" means persons of Japanese nationality or Japanese corporations controlled by persons of Japanese nationality.)

(5) Necessity of the "Verification".

The government of the recipient country or its designated authority will conclude contracts in Japanese yen with Japanese nationals. Those contracts shall be verified by the Government of Japan. The "verification" is deemed necessary to secure accountability to Japanese taxpayers.

(6) Undertaking required of the Government of recipient country.

In the implementation of the Grant Aid project, the recipient country is required to undertake such necessary measures as the following:

1) To ensure to support prompt execution for unloading, customs clearance at the port of disembarkation of the equipment purchased under the Grant Aid and their delivery to the District Health Centers, and to execute smooth distribution of the equipment from the District Health Office to each health Center, after the products will be delivered to Health District Offices by

the Japanese side.

2) To exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which will be imposed in the recipient country with respect to the supply of the products and services under the Verified Contracts.

3) To accord Japanese nationals whose services may be required in connection with the supply of the products and services under the Verified Contracts, such facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work.

(7) "Proper Use"

The recipient country is required to maintain and use equipment purchased under the Grant Aid properly and effectively and to assign staff necessary for this operation and maintenance as well as to bear all the expenses other than those covered by the Grant Aid.

(8) " Re-Export "

The products purchased under the Grant should not be re-exported from the recipient country.

(9) Banking Arrangement (B/A)

1) The government of the recipient country or its designated authority should open an account in the name of Government of the recipient country in an authorized foreign exchange bank in Japan (hereinafter referred to as "the Bank") The Government of Japan will execute the Grant Aid by making payments in Japanese Yen to cover the obligations incurred by the Government of the recipient country or its designated authority under the verified contracts.

2) The payment will be made when payment requests are presented by the Bank to the Government of Japan under an authorization to pay issued by the government of the recipient country or its designated authority.

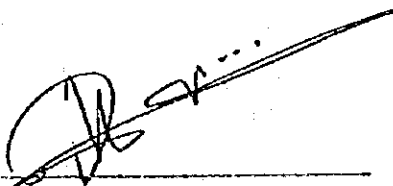
Minutes of Discussion (Draft Report)

MINUTES OF DISCUSSIONS
BASIC DESIGN STUDY
ON
THE PROJECT FOR STRENGTHENING DISTRICT HEALTH SERVICES
IN SULAWESI IN THE REPUBLIC OF INDONESIA
(CONSULTATION ON DRAFT REPORT)

In November 1995, the Japan International Cooperation Agency (JICA) dispatched a Basic Design Study team on the Project for Strengthening District Health in Sulawesi in the Republic of Indonesia (hereinafter referred to as "the Project"), and through discussions, field survey, and technical examination of the results in Japan, has prepared the draft report of the study. In order to explain and to consult the Indonesian side on the components of the draft report, JICA sent to Indonesia a study team, which is headed by Mr. Akira Kasai, Special Technical Assistant of the President, JICA, and is scheduled to stay in the country from January 31 to February 9, 1996.

As a result of discussions, both parties confirmed the main items described on the ATTACHMENT.

Jakarta, February 9, 1996



Mr. Akira KASAI

Leader

Draft Report Explanation Team

JICA



Dr. Nyoman Kumara Rai

Director General

Directorate General of Community Health,

Ministry of Health,

Government of INDONESIA

ATTACHMENT

1. Components of Draft Report

The Government of Indonesia has in principal agreed and accepted the components of the Draft Report proposed by the Team.

2. Items requested by the Government of Indonesia

The Items of the equipment with the needed numbers described in ANNEX-I (as attached) are finally requested by the Government of Indonesia for the consideration by the Government of Japan to be provided under the Grant Aid.

The Team has understood its necessity and will recommend it to the Government of Japan.

3. Presentation of the final report

JICA will make the final report in accordance with the confirmed items, and send it to the Government of Indonesia around March, 1996.

4. Japan's Grant Aid System

(1) The Government of Indonesia has understood the system of Japan's Grant Aid explained by the Team. (See ANNEX-II)

(2) The Government of Indonesia will take necessary measures described in said ANNEX-II, for smooth implementation of the Project on condition that the Grant Aid by the Government of Japan is extended to the Project.

5. Other Relevant Issues in connection with the Grant Aid when it is extended

(1) Distribution Plan of the Equipment

1) The Indonesian side agreed to confirm the basic design of the distribution plan which is formulated based on the submitted list and the result of the survey and to inform detail design study team through JICA Indonesia Office by the end of March if any rearrangement is mandatory as regards total sum of the allocation to districts, although the total sum of each item by province may not be changed.

2) The Indonesian side agreed to finalize the distribution plan, at least down to districts, of those items which are marked in the Required Equipment List (ANNEX- I) by the end of March, 1996.

(2) Acknowledgement of the Receipt of the Equipment

1) The Indonesian side is requested to submit the receipts of the equipment by District Health Offices to the Japanese side promptly after

their delivery by the Japanese side.

- 2) The Indonesian side is requested to submit the receipts of the equipment by each health center to the Japanese side when the delivery is completed, which will be executed by District Health Offices as the responsibility of the Government of Indonesia.

(3) Budgetary Arrangement

- 1) The Indonesian side has agreed to take necessary measures to secure the budget for the delivery of the equipment to each health center.
- 2) The Indonesian side has agreed to take necessary measures to secure the additional budget for the operation and maintenance of the equipments newly procured by the Project and budget for the training of the personnel necessary for the equipment marked with "**" in ANNEX-I.

(4) Monitoring of the Project

- 1) The Ministry of Health will make a plan for the establishment of the monitoring system for the proper maintenance and effective use of the equipment provided to each health center by the end of March, 1996.
- 2) The Indonesian side will report the utilization of the equipment provided whenever requested by the Japanese side.

Annex - I

Required Equipment List

No.	Item	Quantity	Remarks
HEALTH CENTER WITHOUT BID			
1	Adult Weighing scale with Height Scale	166	units
2	Baby Weighing scale	89	units
3	Syringe & Needle, 2cc reusable	11,112	sets
4	Syringe & Needle, 5cc reusable	2,778	sets
5	Infusion Set	1,124	sets
6	Examination Lamp	176	units
7	Diagnostic Set	118	sets
8	Stethoscope	191	units
9	Sphygmomanometer (Tensimeter)	191	units
10	Sound Timer	1,796	units
11	Emergency Set	120	sets TR
12	Hemoglobinometer, Sahli	180	sets
13	Hb Talquist Book	391	books
14	Centrifuge	28	units
15	Microscope	120	units
16	Fetal Stethoscope (Monoaural)	181	units
17	MCH Kit	111	sets
18	Midwife Kit (Bidan Kit)	469	sets
19	TBA Kit (Dukun Kit)	15,318	sets
20	PHN Kit	154	sets
21	School Health Kit	495	sets
22	Health Education Set	170	sets
23	Typewriter	213	units
24	Generator Set	53	units
25	Motorcycle (Trail)	37	units *1
26	Motorcycle (Bebek)	59	units *2
27	Vaccine Carrier (small)	3,234	units *3
28	Sterilizer (single, EPI)	782	units
29	B package	808	sets
30	Microscope for TB	249	units TR*4
31	Manchette for children	124	units
32	Laboratory Equipment for HC	157	sets
33	Dental Static Set	16	sets
34	Mobile Health Center (car)	18	units
35	Mobile Health Center (boat)	8	units
36	HC Kit for Mobile HC	107	sets

Annex - I

Required Equipment List

No.	Item	Quantity	Remarks
HEALTH CENTER WITH BED			
1	Adult Weighing Scale with Hight Scale	114	units
2	Baby Weighing Scale	89	units
3	Syring & Needle 2cc reusable	11,520	sets
4	Syring & Needle 5cc reusable	3,840	sets
5	Infusion set	1,524	sets
6	Examination Lamp	104	units
7	Diagnostic Set	123	sets
8	Stethoscope	126	units
9	Sphygmomanometer (Tensimeter)	126	units
10	Sound Timer	910	units
11	Emergency Set	121	sets TR
12	Hemoglobinometer, Sahli	141	sets
13	Hb Talquist Book	276	books
14	Centrifuge	61	units
15	Microscope	78	units
16	Fetal Stethoscope (Monoaural)	138	units
17	MCH Kit	90	sets
18	Midwife Kit (Bidan Kit)	260	sets
19	TBA Kit (Dukun Kit)	-	sets
20	PHN Kit	94	sets
21	School Health Kit	372	sets
22	Health Education Set	101	sets
23	Typewriter	185	units
24	Generator Set	9	units
25	Motorcycle (Trail)	25	units
26	Motorcycle (Bebek)	43	units
27	Vaccine Carrier (small)	-	units
28	Sterilizer (single, EPI)	-	units
29	B package	-	sets
30	Microscope for TB	-	units
31	Manchette for Children	-	units
32	Eye Diagnostic Set	78	sets TR
33	Oxygen Cylinder & Set	309	sets
34	Curretage Set	57	sets TR
35	Resuscitation Set	147	sets TR
36	Cut-down Set (Venesection Set)	148	sets
37	Minor Surgery Set	148	sets
38	Operation Lamp	51	units

Annex - I

Required Equipment List

No.	Item	Quantity	Remarks
39	Operation Table	26 units	
40	Sterilizer	40 units	
41	Suction Aspirator	88 units	
42	Infusion Stand	19 units	
43	Vacuum Extractor	121 units	TR*5
44	Incubator	137 units	TR
45	Neonatal Thermometer	363 pcs.	TR
46	Ambulance for HC	3 units	*6
SUB HEALTH CENTER			
1	Adult Weighing Scale with Height Scale	1,013 units	
2	Baby Weighing Scale	1,184 units	
3	Syringe & Needle 2cc reusable	15,048 sets	
4	Syringe & Needle 5cc reusable	4,470 sets	
5	Stethoscope, nurse	810 units	
6	Sphygmomanometer (Tensimeter)	810 units	
7	Fetal Stethoscope (Monoaural)	810 units	
8	Hemoglobinometer, Sahli	993 sets	
9	Hb Talquist Book	1,119 books	
10	Sound Timer	2,713 units	
11	PHN Kit	998 sets	
VILLAGE MIDWIFE			
1	Weighing Scale	1,140 units	
2	Baby Weighing Scale	1,058 units	
3	Stethoscope, nurse	756 units	
4	Sphygmomanometer (Tensimeter)	756 units	
5	Fetal Stethoscope (Monoaural)	756 units	
6	Hemoglobinometer, Sahli	999 sets	
7	Hb Talquist Book	1,252 books	
8	Battery Lamp	1,301 units	
9	Sound Timer	1,148 units	
10	Motorcycle (Bebek)	16 units	
POSYANDU			
1	Kader Posyandu Kit	1,255 sets	*7
POS OBAT DESA			
1	Kader POD Kit	1,812 sets	*8
DISTRICT			
1	Video Set	33 sets	
2	Computer Set	30 sets	
3	Demonstration Model for Training	49 units	*9

Annex - I

Required Equipment List

No.	Item	Quantity		Remarks
4	Resuscitation Set	49	sets	*10
5	Emergency set	49	sets	*11
6	Sprayercan	44	units	*12
7	Fogging Machine	9	units	*13
PROVINCE				
(Kanwil)				
1	Motor Car	4	units	
2	Photocopy Machine	4	units	
3	Demonstration Model for Training	4	sets	
4	Resuscitation Set	4	sets	
5	Emergency Set	4	sets	
(Dinas Dati I)				
6	Motor Car	4	units	
7	Health Education Mobile	4	units	
8	Sprayercan	40	units	*14
9	Fogging Machine	20	units	*15
(BKMM)				
10	Cataract Surgery Set	2	sets	

The following items will be procured on condition that :-

- (a) for the items of equipments marked with "TR", the training for the operation of equipment is provided to the staff of the health center.
- (b) for Sphygmomanometers, the continuous maintenance is guaranteed.
- (c) for Dental Static sets, the installation is done by the Indonesian side.
- (d) for motorcycles and cars. They should be kept under the proper management for their official use.
- (e) for the ambulances, the appropriate use is maintained with the necessary operational planning.

Please send distribution plans of those equipment as follows, by the end of March.

*1, *2

Please determine the distribution plan of Trail and Bebek type motor cycles and send the required number by district.

Note; The trail motorcycles will be provided to health centers located in remote and mountaineous area which have none or only one motorcycle, according to data.

*3

According to the number given in the table, please send the distribution plan to districts.

*4

Microscope for TB program will be provided to the health centers to be resigated as PRM and PPM and send a list of them.

*5

If it would be necessary to change the number of vacuum extractors to be distributed to each district, please send the alternative of distribution plan in breakdown to district leve. However, do not change the total number allocated to each province.

*6

Please identify the districts to be provided with an ambulance car.

*7,*8

Please breakdown the required number of kits down to district level.

*9,*10,*11

These items will be provided to district health offices and midwife schools as training materials. Please identify 10 midwife schools to be equipped with these materials.

*12, *13, *14, *15

According to the total number by province, please determine the distribution plan to districts and provincial health services office.

Japan's Grant Aid

1. Japan's Grant Aid Procedures

The Japan's Grant Aid Program is executed through the following procedures.

- (1) Application (Request made by a recipient country)
- Study (Basic Design Study conducted by JICA)
- Appraisal & Approval (Appraisal by the Government of Japan and Approval by Cabinet.)
- Implementation (The Notes exchanged between the Government of Japan and the recipient country.)

(2) At the First step, the application or request for a Grant Aid project submitted by a recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to determine whether or not it is eligible for Grant Aid.

If the request is deemed appropriate, the Government of Japan assigns JICA (Japan International Cooperation Agency) to conduct a study on the request.

At the second step, JICA conducts the study (Basic Design Study), using (a) Japanese consulting firm(s).

At the third step, the Government of Japan appraises the project to see whether or not it is suitable for Japan's Grant Aid Program, based on the Basic Design Study report prepared by JICA, and the results are then submitted to the Cabinet for approval.

At the fourth step, the project, once approved by the Cabinet, becomes official with the Exchange of Notes signed by the Government of Japan and the recipient country.

2. Basic Design Study

(1) Content of the study

The aim of the Basic Design Study (hereinafter referred to as "the Study") conducted by JICA on a requested project (hereinafter referred to as "the Project") is to provide a basic document necessary for the appraisal of the Project by the Government of Japan. The contents of the Study are as follows:

- 1) Confirmation of the background, objectives, and benefits of the requested Project and also institutional capacity of agencies concerned of the

- recipient country necessary for the Project's implementation.
- 2) Evaluation of the appropriateness of the Project to be implemented under the Grant Aid scheme from a technical, social and economic point of view.
 - 3) Confirmation of items agreed on by both parties concerning the basic concept of the Project.
 - 4) Preparation of a basic design of the Project
 - 5) Estimation of costs of the Project

The contents of the original request are not necessarily approved in their initial form as the contents of the grant aid project. The basic design of the Project is confirmed considering the guidelines of Japan's Grant Aid scheme.

The Government of Japan requests the Government of recipient country to take whatever measures are necessary to ensure its self-reliance in the implementation of the Project. Such measures must be guaranteed even though they may fall outside of the jurisdiction of the organization in the recipient country actually implementing the Project. Therefore, the implementation of the Project is confirmed by all relevant organization of the recipient country through the Minutes of Discussions.

(2) Selection of Consultants

For smooth implementation of the Study, JICA uses (a) registered consultant firm(s). JICA selects (a) firm(s) based on proposals submitted by interested firms. The firm(s) selected carry(ies) out Basic Design Study and write(s) a report, based upon terms of reference set by JICA.

It is important that the recipient country should make a contract promptly with the same consulting firm(s) used for the Basic Design Study which is (are) recommended by JICA, in order to maintain technical consistency and also avoid the undue delay in implementation of the project under the single fiscal year system of Japan's Grant Aid.

3. Japan's Grant Aid Scheme

(1) Concept of Grant Aid

The Grant Aid Program provides a recipient country with non-reimbursable funds to procure the facilities, equipment and services (engineering services and transportation of the products, etc) for economic and social development of the country under principles in accordance with the relevant laws and regulations of Japan. Grant Aid is not supplied through the donation of materials as such.

(2) Exchange of Note (E/N)

The Japan's Grant Aid is extended in accordance with the Notes exchanged by the two Governments concerned, in which the objective of the project, Period of execution, conditions and amount of the Grant Aid, etc., are confirmed.

(3) "The period of the Grant" means the one fiscal year which the Cabinet approves the Project for. Within the fiscal year, all procedures such as Exchange of Notes, concluding contracts with (a) consultant firm(s) and (a) contractor(s) and financial payment to them must be completed. However in case of delays in delivery due unforeseen factors such as weather, the period of the Grant Aid can be further extended for the maximum of one fiscal year at most by mutual agreement between the two Government.

(4) The Grant is used properly and exclusively for the purchase of products. Under the Grant Aid, in principle, Japanese products and services including transport or those of the recipient country are to be purchased. When the two Governments deem it necessary, grant aid may be used for the purchase of the products or services of a third country. However the prime contractors, namely, consulting, contracting and procurement firms, are limited to "Japanese nationals". (The term "Japanese nationals" means persons of Japanese nationality or Japanese corporations controlled by persons of Japanese nationality.)

(5) Necessity of the "Verification".

The government of the recipient country or its designated authority will conclude contracts in Japanese yen with Japanese nationals.. Those contracts shall be verified by the Government of Japan. The "verification" is deemed necessary to secure accountability to Japanese taxpayers.

(6) Undertaking required of the Government of recipient country.

In the implementation of the Grant Aid project, the recipient country is required to undertake such necessary measures as the following:

1) To ensure to support prompt execution for unloading, customs clearance at the port of disembarkation of the equipment purchased under the Grant Aid and their delivery to the District Health Centers, and to execute smooth distribution of the equipment from the District Health Office to each health Center, after the products will be delivered to Health District Offices by

the Japanese side.

2) To exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which will be imposed in the recipient country with respect to the supply of the products and services under the Verified Contracts.

3) To accord Japanese nationals whose services may be required in connection with the supply of the products and services under the Verified Contracts, such facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work.

(7) "Proper Use"

The recipient country is required to maintain and use equipment purchased under the Grant Aid properly and effectively and to assign staff necessary for this operation and maintenance as well as to bear all the expenses other than those covered by the Grant Aid.

(8) " Re-Export "

The products purchased under the Grant should not be re-exported from the recipient country.

(9) Banking Arrangement (B/A)

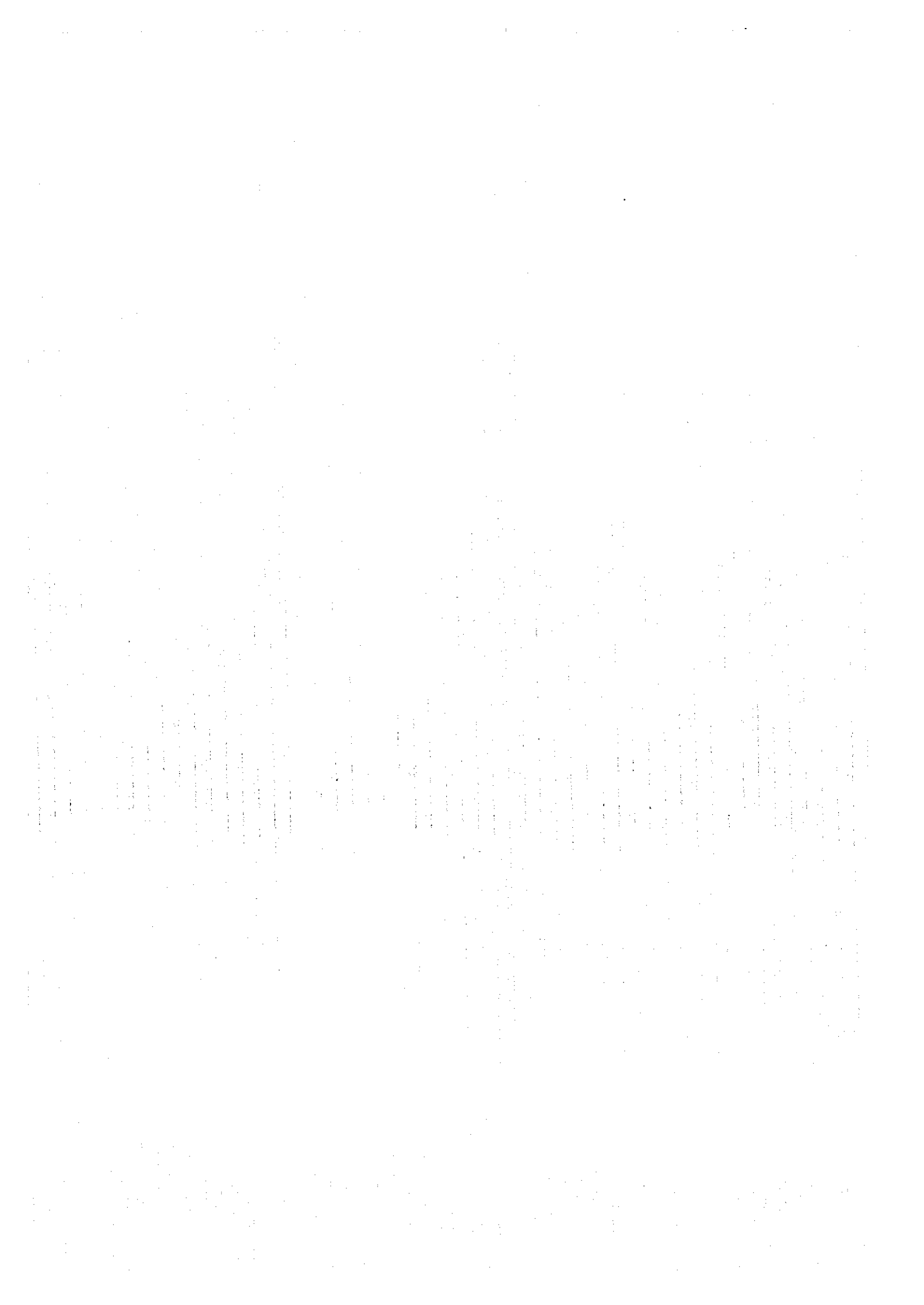
1) The government of the recipient country or its designated authority should open an account in the name of Government of the recipient country in an authorized foreign exchange bank in Japan (hereinafter referred to as "the Bank") The Government of Japan will execute the Grant Aid by making payments in Japanese Yen to cover the obligations incurred by the Government of the recipient country or its designated authority under the verified contracts.

2) The payment will be made when payment requests are presented by the Bank to the Government of Japan under an authorization to pay issued by the government of the recipient country or its designated authority.

5. Reference List

1 Health Profiles of Target Province and District 1994~1995	Target Provinces and Districts
2 Health Profiles of Indonesia and Separate Volumes 1994	MPH
Guideline on Performing Technical Training for Health Center 3 Laboratory Workers and District Hospital Laboratory workers	MOH
Total Allocation Establishment of HC, S-HC, Doctor/Dentist House, 4 Paramedic House and Provision of Mobile HC	MOH Data and Report Section
Managing TB at District Level /A Training Course (Consist of 13 5 Text Books)	WHO(Kanwil /North Sulawesi)
Allocation List of the Equipment procured by OECF at each HC 6 (HCSet, S-HC Set, Dental Set)	Kanwil/North Sulawesi
7 Inventory List of Vaccine Carrier & Sterilizer(EPI) at each District	Kanwil/Central Sulawesi
Indonesia Perspective: Information Support to New Public Health 8 Action at National Level	MOH





JICA