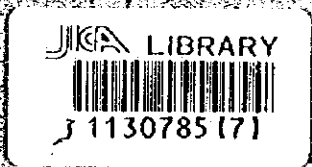


No. 1

Study Report
on
The Project for the Improvement
of
Facilities of Health Posts and Health Centers
in
The Federal Democratic Republic of Ethiopia



February 1996

Japan International Cooperation Agency

LIBRARY

GRO
CR(1)
96-225



1130785 [7]

Study Report
on
The Project for the Improvement
of
Facilities of Health Posts and Health Centers
in
The Federal Democratic Republic of Ethiopia

February 1996

Japan International Cooperation Agency

PREFACE

In response to a request from the Government of the Federal Republic of Ethiopia, the Government of Japan decided to conduct a basic design study on the Project for the Improvement Facilities of Health Posts and Health Centers and entrusted the Japan International Cooperation Agency (JICA) to conduct the study with the assistance of the Japan International Cooperation System (JICS).

JICA sent to Ethiopia a study team from November 7 to December 1, 1995.

I hope that this report will contribute to the promotion of the project and to the enhancement of friendly relations between our two countries.

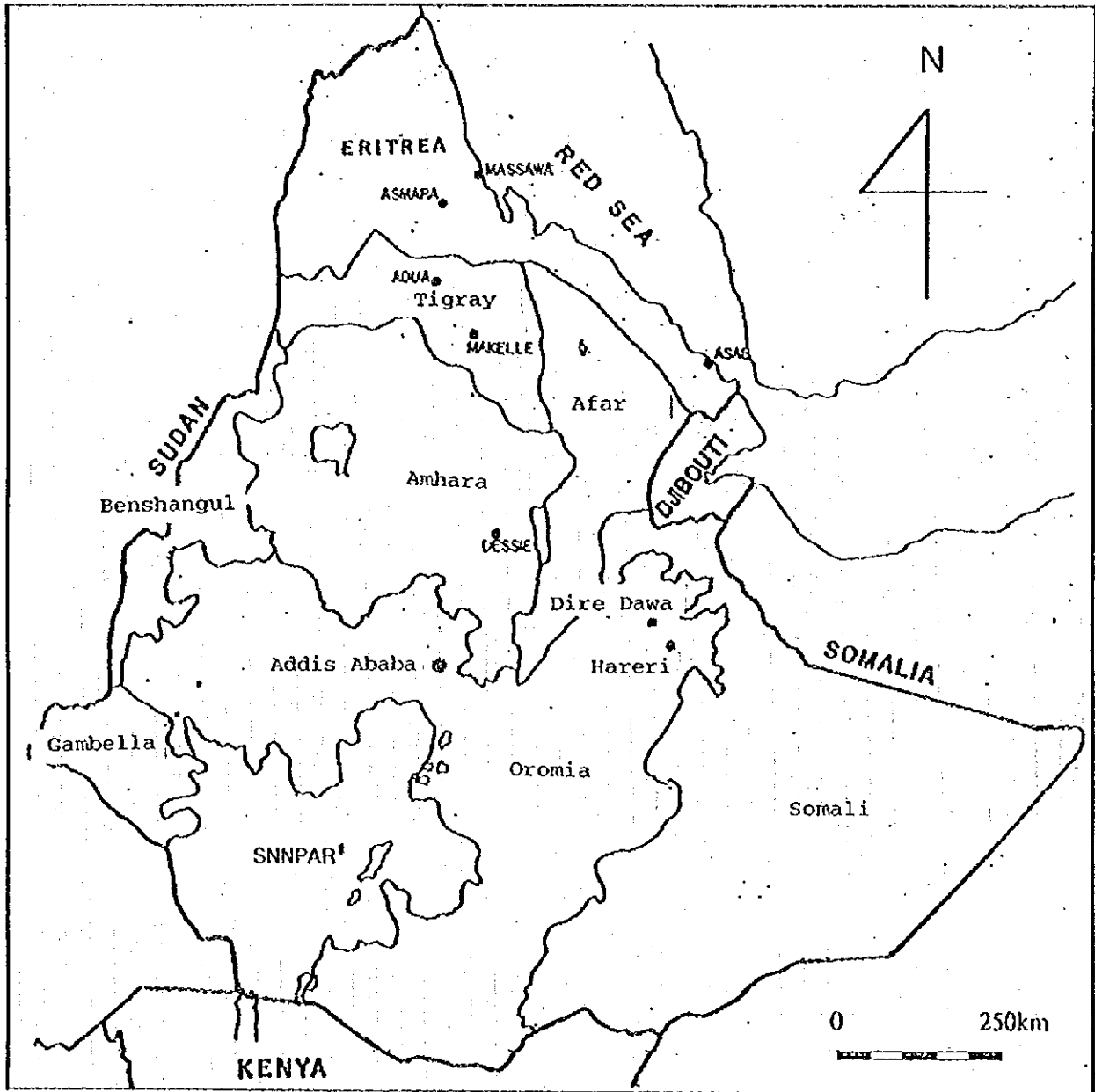
I wish to express my sincere appreciation to the officials concerned of the Government of the Federal Republic of Ethiopia for their close cooperation extended to the team.

February 1996

Kimio Fujita

President

Japan International Cooperation Agency



¹ SNNPAR

(Southern Nations and Nationalities, People's Administrative Region)

Location Map

**STUDY REPORT
ON
THE PROJECT FOR IMPROVEMENT OF
FACILITIES OF HEALTH POSTS AND HEALTH CENTERS
IN
THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA**

Contents

Location Map

Chapter 1 Background of the Project	1
Chapter 2 Contents of the Project	3
2-1 Objectives of the Project	3
2-2 Basic Concept of the Project	3
2-3 Basic Design	4
2-3-1 Design Concept	4
2-3-2 Basic Design	4
Chapter 3 Implementation Plan	6
3-1 Implementation Plan	6
3-1-1 Implementation Schedule	6
3-1-2 Obligations of the Recipient Country	7
3-2 Operation and Maintenance Plan	8
Chapter 4 Project Evaluation and Recommendation	9
4-1 Project Effect	9
4-2 Recommendation	10

(Appendices)

- 1. Member List of the Survey Team**
- 2. Survey Schedule**
- 3. List of Parties Concerned in the Recipient Country**
- 4. Minutes of Discussion**
- 5. The List of the Project Sites of New Health Posts**

Chapter 1 Background of the Project

Many years of civil war and socialist rule left the economic base of Ethiopia in ruins and, with the effects of the droughts and starvation of the 1980s still visible, national reconstruction is the issue of single greatest importance facing the country.) Following the end of the civil war, the provisional government drew up the Economic Recovery and Reconstruction Program (hereinafter referred to as the Program), which, among other things, aims to encourage structural adjustments aimed at transforming the economy to the free market system. The initial phase of these moves toward recovery has seen promotion of the Emergency Recovery and Reconstruction Project (ERRP).

In the area of public health, the emphasis has been placed on the policies of reviving and rebuilding the health infrastructure to provide basic health services, importing and distributing basic health supplies, and raising the level of health and medical care services to help restrain growth in the population. The National Health Policy, which was compiled in 1993, raised the achievement of a health service accessible to all citizens, the encouragement of preventive medicine, and the promotion of health care programs, and so on, as its goals, and assistance has been received from donor nations and international agencies such as UNICEF, SIDA, WHO and USAID, etc. to aid the implementation of measures to achieve these goals.

The Federal Democratic Republic of Ethiopia came into existence in August 1995 and, as the trends of provincial decentralization and democracy gain pace, hopes are high for the future political stability and economic development of the country. However, as can be gathered from the table below, health indices in Ethiopia are among the lowest in the world as a result of the political turmoil, economic stagnation and natural disasters that befell the country over the previous decade, and urgent improvements need to be made in the area of public health and medical care.

Item	Health Index
Infant mortality rate (5 years and under)	204 per 1000*
Average life expectancy at birth	47 years
Proportion of population served with suitable health facilities	Nationally: 19%, Cities: 97%, Rural villages: 7%
Proportion of population able to receive health services	46% nationally
Vaccination rate (1-year old)	TB: 21%, MMR: 19%, Polio: 13, Measles: 10%

Source: White Paper on the World's Children, UNICEF, 1994

* World Development Report, World Bank, 1995

Reasons for the appallingly low level of health indices are, in addition to an absolute shortage of medical care facilities and equipment, the fact that 85% of the country's population live in the regions and have difficulty gaining access to medical care facilities due to the non-existence of a transportation infrastructure.

In order to improve this situation, the Government of Ethiopia requested the Government of Japan to provide grant aid for the procurement of galvanized iron sheets for use as roofing in the construction of health posts, which are considered to be important treatment facilities possessing basic equipment, and the procurement of medical equipment required in both the health posts and higher level health centers.

Chapter 2 Contents of the Project

2-1 Objectives of the Project

The Health and Medicine Development Program aims to improve the public health situation by upgrading and expanding the current medical care facilities. As one of the targets set for achieving this objective, the construction of 500 health posts has been planned in order to raise the level of medical care services for people living in the regions.

The Project intends to procure the medical equipment and galvanized iron sheets for roofing required in the construction of these health posts. By increasing the number of medical care facilities in this way, the Project aims to provide more opportunities for citizens to receive medical care services and to improve vaccination rates, etc., and in the process contribute to a general improvement in the public health situation, which is currently at the lowest level in the world. The Project will also procure vehicles for distributing medical supplies and providing mobile guidance, etc. to the health posts.

Regarding health centers, which are the central medical care facilities in the regions, but which are faced with shortages in necessary equipment, the Project will procure the items of equipment that are currently in short supply. By doing this, the Project aims to restore the recently declining functions of the health centers and make a contribution to the qualitative improvement of medical care services by enabling the said health facilities to perform efficient investigative and treatment activities.

2-2 Basic Concept of the Project

The Project will procure roofing materials needed in the construction of the health posts which are being planned to improve the currently appalling medical care environment, and will also procure the basic medical care equipment that is indispensable to the health posts as they undertake their additional functions. The Project will also procure the medical care equipment that is needed to improve conditions and enable efficient treatment and investigations to be performed at the health centers, which, although being the central medical care facilities in regional areas, are suffering from declining functions due to shortages in such equipment.

Regarding the selection of specific items of equipment, in consideration of the fact that some of the areas planned for health post construction do not have an electricity supply, only equipment that is manually operable has been selected. Moreover, whether it be for use in the health posts or the health centers, equipment that requires no particular maintenance and is easy to manage has been selected.

Furthermore, vehicles are to be procured for use in distributing vaccines and medical supplies, etc. from the regional health departments to the health posts and transporting medical staff engaged on

guidance tours. One vehicle shall be procured for every 50 health posts.

In order to make the health posts fit in better within their respective communities, the buildings have been designed to be circular or rectangular in shape, thus making them similar in appearance to the dwellings of local residents. The floor areas in each shape of building are roughly the same, however, the necessary galvanized iron sheets for roofing will be 116 sheets in the circular health posts and 98 sheets in the rectangular health posts. Incidentally, eight bevel nails are needed to fix down each sheet. Circular health posts have been planned for all districts except the north of the country and the cities, because the local residents will take a more favorable attitude to the posts if they have the same appearance as their own homes.

2-3 Basic Design

2-3-1 Design Concept

As some of the health posts may be constructed in areas where electricity is not available, the medical equipment for the health posts shall consist of basic items which do not require electric power. Powered equipment shall be considered for the health centers because they all have access to the electricity supply, however, the items selected shall require hardly any maintenance and a minimum of expendable replacement parts.

2-3-2 Basic Design

The Health and Medicine Development Program, which is the superior project, targets all areas within Ethiopia. The Project, too, basically aims to procure equipment for all the autonomous states of Ethiopia, and has been designed in the manner described below.

Health Posts

The request covered 500 health posts throughout the whole country, however, as a result of the site survey, it was decided to omit Addis Ababa from the Project because of the difficulty in securing land for construction and because the level of urgency was considered to be low in view of the relatively high concentration of other medical care facilities such as health centers, hospitals and private clinics, etc. in the capital. For this reason, the Project shall target a total of 450 health posts in 10 states.

Health Centers

The 164 existing health centers throughout the country shall be targeted by the Project. Moreover, there are plans to upgrade a health station and convert it into a health center in Hareri, which currently does not have a health station, and this shall also be made a Project target. Therefore, the Project shall target a total of 165 health centers.

The medical care facilities and equipment that are targeted by the Project are as follows:

- Roofing materials and medical equipment for 450 health posts that are to be newly constructed
- Medical equipment that is in short supply at 165 existing health centers
- Vehicles (including vehicle maintenance tools) for distributing vaccines and medical supplies, etc. from regional health departments to health posts and transporting medical staff on guidance tours.

The numbers of facilities that have been targeted in each autonomous state are as shown in the following table.

Autonomous State	Existing Health Centers	New Health Posts (Shape)	Vehicles to be Procured
Tigray	12	40 (rectangular)	1
Afar	3	10 (rectangular)	1
Amhara	41	100 (circular)	2
Oromia	52	160 (circular)	3
Somali	6	20 (rectangular)	1
Benshangul	5	15 (rectangular)	1
SNNPAR	27	80 (circular)	2
Gambella	1	10 (circular)	1
Hareri	1	5 (rectangular)	1
Addis Ababa	16	0	0
Dire Dawa	1	10 (rectangular)	1
Total	165	450	14

* Southern Nations and Nationals, People's Administrative Region

** Existing health station planned for upgrading and conversion to a health center

The main items of equipment to be procured are shown in the following table.

No.	Equipment	Specifications	Quantity	Purpose of Use
1	Galvanized iron sheets	2 m x 0.875 m, BWG28, W1	303 tons	Roofing materials for health posts
2	Umbrella head nails	75 mm	4 tons	Fixing down galvanized iron sheets
3	Medical equipment sets for new health posts	Sphygmomanometer, stethoscope, scale, etc.	450 sets	Basic medical apparatus
4	Medical equipment sets for existing health centers	Microscope, centrifuge, aspirator, etc.	165 sets	Basic treatment and investigation apparatus
5	Pickup trucks	4WD, double-cabin	14 units	Distribution of medical supplies and mobile guidance
6	Vehicle maintenance tool sets	Hydraulic jack, engine disassembly tools, etc.	11 sets	Vehicle maintenance

Chapter 3 Implementation Plan

3-1 Implementation Plan

3-1-1 Implementation Schedule

The overall implementation schedule is as shown below.

	1996												1997		
Calendar Month	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Cumulative Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Signing for E/N	▼														
Signing for Consultant Agreement	■														
Site Survey	■														
Detailed Design		■													
Cost Estimation		■													
Preparation of Tender Documents		■													
Approval of Tender documents			■												
Tender Notice				▼											
Tendering					▼										
Tender Evaluation						■									
Signing for Supply Contract							▼								
Equipment Order															
Manufacturing															
Intermediate/Pre-shipment Inspection										■					
Transportation															
Installation															
Final Inspection, Handing over															

The implementation period of the Project will be as follows:

Overall schedule (from E/N to handing over) : 12 months

From E/N to supplier contract : 5 months

Delivery (from supplier contract to handing over): 7 months

The implementation schedule shall broadly be divided into the three stages of detailed design (detailed design and tendering), procurement and transportation (equipment manufacture and transportation), and equipment handing over, and the main work areas in each stage are as described in the following paragraphs.

1) Detailed Design

Following the signing of the Exchange of Notes (E/N), the Government of Ethiopia shall conclude a contract with the consultant, and the detailed design of the Project equipment shall commence. This will consist of the following work:

- Preparation of equipment specifications
- Preparation of Project estimations
- Preparation of documentation for tender

2) Tendering

The consultant shall carry out the tendering work on behalf of the Government of Ethiopia. The main contents of the tendering process are as follows:

- Notice of tender
- Preliminary review of participant's qualifications
- Attendance of the tender
- Assessment of tenders

3) Equipment Manufacturing Work

Following the tendering process, a supply contract shall be signed with the successful tenderer and this shall receive verification from the Government of Japan, after which the manufacture of the equipment shall commence.

4) Equipment Transportation

The Japanese equipment supplier shall transport the equipment by sea from Japan to Assab Port in Eritrea, from where it shall carry it overland to Addis Ababa and then deliver it to the warehouse of each regional health department.

5) Equipment Handing Over Work

After the equipment has been delivered to the warehouse of each regional health department, the consultant and equipment supplier shall inspect and hand it over.

3-1-2 Obligations of the Recipient Country

Because the Project only involves the procurement of equipment, the Project cost (equipment costs and design supervision costs) shall be borne in full by the Government of Japan. Regarding equipment transportation, the Japan side shall be responsible for delivery to each regional health department's warehouse, and the regional health departments shall be responsible for the subsequent distribution to health posts and health centers.

With respect to the construction of the health posts, the benefiting communities shall provide the necessary labor and locally procurable building materials, and the superior health stations or health centers concerned shall dispatch staff to supervise the construction work.

3-2 Operation and Maintenance Plan

The operation and maintenance costs shall be borne by each autonomous state.

Galvanized iron sheets: these will be used simply as roofing materials and will thus incur no particular operation and maintenance costs.

Medical equipment: the equipment is all basic and will require no particular operation and maintenance costs.

Vehicles: fuel and maintenance costs will arise, however, the price of diesel oil is relatively cheap at 1.5 Birr per liter. The annual cost of fuel per vehicle will come to approximately 3,600 Birr.

Medical staff: as two or three medical support staff including midwives will be stationed at each of the 450 health posts, between 900-1,350 staff will be required. The Government of Ethiopia is putting effort into the development of medical care staff, and 150 doctors, 300 nurses, 75 midwives, 530 health support staff and 275 pharmacists, etc. are currently graduating from training institutions every year. Moreover, there are plans to increase the number of training colleges and, because 100 nurses, 20 midwives, 390 health support staff and 235 pharmacists, etc. are expected to be added to the existing work force, there will be no major shortage of medical personnel to staff the Project facilities.

Personnel expenses are approximately 200 Birr per worker per month. Thus, in the case where two staff members are stationed at each health post, the annual personnel expenses will come to:

$2 \times 200 \text{ Birr} \times 12 \text{ months} \times 450 \text{ health posts} = 2,160,000 \text{ Birr}.$

Chapter 4 Project Evaluation and Recommendation

4-1 Project Effect

The policy of the Government of Ethiopia assumes that each new health post will cover the health care needs of approximately 5,000 local residents. Thus, implementation of the Project will have a large beneficial effect in that it will enable approximately 2,250,000 citizens to utilize or easily gain access to medical care facilities for the first time. Furthermore, no problems will arise regarding the operation and maintenance of the Project equipment because it will all be basic medical equipment that requires hardly any complicate maintenance.

In specific terms, the effects of the Project are described below.

- The construction of new health posts will make access to medical care facilities easy for those citizens who, until now, had to travel long distances to reach medical care facilities or who were unable to utilize such facilities because they were located so far away. In this way, the Project will help to improve the level of medical care services for approximately 2,250,000 local citizens.
- By encouraging the spread of mother and child vaccinations and public health education, etc., the Project will make a significant contribution to improving the public health and medical care environment of Ethiopia, which is currently at the lowest level in the world.
- By supplementing the medical equipment that is in short supply at existing health centers, the centers' existing functions will be strengthened and investigative functions expanded, thus allowing them to perform more appropriate examination and treatment. In particular, great improvements are expected in those health centers which have been unable to perform proper investigations and thus give effective treatment to patients due to shortages of microscopes and other equipment. In this way, the Project will contribute to improving the level of treatment of malaria, the contraction rate of which is high at 350 per 1,000 of the population.
- Construction of the new health posts will lead to the employment of more medical staff and thus benefit the employment situation. Moreover, as more people come to receive a medical education, the effect in terms of educating local residents about public health matters will also increase.

4-2 Recommendations

- 1) As the Project is to be implemented to coincide with the first year of the five-year Health and Medicine Development Program, it is important that the criteria for selecting target sites be established and that the obligations of the benefiting residents and necessary budgets be secured.
- 2) Because the Project equipment will be distributed to a large number of institutions, the establishment of fast means of transportation and distribution is desired.
- 3) As the new government has only just been formed in August 1995 and some confusion can be expected to occur due to organization changes, and so on, care needs to be taken to make sure that changes do not occur in the planned responsible persons and other details after entering the implementation stage. The establishment of a management and operation setup for the Project is desired.

(Appendices)

Appendices 1. Member List of the Survey Team

Equipment Planner	Masatoshi Tsuchiya	Japan International Cooperation System
Cost Estimation	Akio Shiota	Japan International Cooperation System

Appendices 2. Survey Schedule

1	November	9	Courtesy call to Embassy of Japan, JICA office, MEDeC, Ministry of Health
2	November	10	Discussion with Ministry of Health (MOH)
3	November	11	Market survey
4	November	12	Holiday
5	November	13	Discussion with MOH; Observation of galvanized iron sheet factory
6	November	14	Attending at Donor Agencies' regular meeting; Move to Mekele, Tigray
7	November	15	Meeting with Tigray Health Bureau; Observation of nearby health posts
8	November	16	Visit to Mekele Health Center; Move to Addis Ababa
9	November	17	Meeting with Tigray Health Bureau; Visit to workshop of Oromia Health Bureau and Addis Ababa Health Bureau; Visit to Health Centers in Addis Ababa and Black Lion Hospital
10	November	18	Survey on Health Post sites in Oromia
11	November	19	Move to Awasa for site survey in SNNPAR
12	November	20	Meeting with SNNPAR Health Bureau; Visit to nearby health posts
13	November	21	Visit to Awasa Health Center; Move to Addis Ababa
14	November	22	Meeting with MOH; Visit to USAID
15	November	23	Meeting with Addis Ababa Health Bureau; Observation of Health Posts in the municipality; Visit to UNICEF
16	November	24	Discussion with MOH and MEDeC on Minutes of Meeting
17	November	25	Market Survey
18	November	26	Holiday
19	November	27	Final Discussion with MOH and MEDeC on Minutes of Meeting
20	November	28	Signing on the Minutes of Meeting; Report to Embassy of Japan

Appendices 3. List of Parties Concerned in the Recipient Country

Ministry of Economic Development and Cooperation

Alemayehu Yirgu	A/ Head, Bilateral Cooperation Department
Girma Zewdic Department	Senior Expert, Asia Desk, Bilateral Cooperation
Tamarat Kediro Department	Senior Expert, Asia Desk, Bilateral Cooperation
Seble Getachew Department	Junior Expert, Asia Desk, Bilateral Cooperation
Kinjiro Wada	Advisor, Bilateral Cooperation Department

Ministry of Health

Dr. Terera Fisshea	Head, Planning and Development Dept.
Million Admassie	Senior Expert, Planning and Development Dept.

Health Bureau of Tigray

Dr. Mesfin Minass	Head, Health Bureau of Tigray
Yolma Kimarma	Planning and Programming Dept.
Mulugeta Girmai	Health Services and Training Dept.

Health Bureau of Oromia

Dr. Iskindir Rashid	Deputy Health Manager
Dr. Bateu Reshu	Head, Health Service Team

Health Bureau of Addis Ababa

Dr. Eyob Tsegaye	A/ Head, Health Bureau of Addis Ababa
Amebech Geferi	MCU Expert

Health Bureau of Southern Ethiopia People's Administrative Region

Dr. Zeleke Gobie	Deputy Head,
Estifanos Biru Shrgie	

UNICEF

Dr. Tamerate Retta	Project Officer, PHC
--------------------	----------------------

USAID

Dr. Vivtor K. Barbiero	Director, Health Population Nutrition Office
Dr. Fisseha Haile Meskal	Technical Coordinator
Wubeta Betewariaw	Fellow, Population
Dr. Carmera Green-Abate	Senior Technical Advisor

National Scientific Equipment Centre

Hiroshi Uchiyama	Technical Adviser, JICA Expert
------------------	--------------------------------

MINUTES OF DISCUSSIONS
OF
THE STUDY
ON
THE PROJECT FOR IMPROVEMENT OF FACILITIES OF
HEALTH POSTS AND HEALTH CENTERS
IN
THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

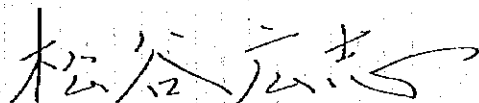
In response to the request from the Government of the Federal Democratic Republic of Ethiopia, the Government of Japan has decided to conduct a study on the Project for Improvement of Facilities of Health Posts and Health Centers (hereinafter referred to as "the Project"), and entrusted the study to the Japan International Cooperation Agency (JICA).

JICA sent to Ethiopia a study team, which is scheduled to stay in the country from November 9 to November 29, 1995.

JICA team held discussions with the concerned officials of the Government of the Federal Democratic Republic of Ethiopia and conducted a field survey at the study area.

In the course of the discussions and field survey, both parties have confirmed the main items described on the attached sheets.

Addis Ababa, November 28, 1995



Mr. Hiroshi Matsutani
Resident Representative
JICA, Ethiopia Office



Mr. Alemayehu Yirgu
A/Head, Bilateral Cooperation
Department, Ministry of Economic
Development and Cooperation
The Government of The Federal
Democratic Republic of Ethiopia



Dr. Tezera Fisseha
Head, Planning and Project
Department, Ministry of Health
The Government of The Federal
Democratic Republic of Ethiopia

ATTACHMENT

1. Objective

The objective of the Project is to improve facilities of health posts and health centers through procurement of necessary materials and equipment.

2. Project Sites

The Project sites are shown in ANNEX I.

3. Responsible and Executing Organization

The Ministry of Health is responsible for the administration of the project. Regional Health Bureaus are responsible for the implementation of the project.

4. Items requested by Government of Ethiopia

After discussions with the team, the items described in ANNEX II were finally requested by the Government of Ethiopia. The items requested contains roofing materials necessary for Health Post construction and basic medical equipment for Health Posts and Health Centers. To maintain daily medical service to Health Centers and Health Posts, vehicles which deliver medical supply and health staff and its maintenance tool set are also requested.

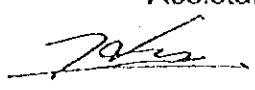
Main purpose of the usage of following items are as follows,

- a. Cassette tape players and megaphones are used to provide daily health education at Health Posts.
- b. Pickup trucks are used to transport medical supply (TBA sets, delivery equipment, cold chain, etc.), health staff to/from Health Posts and Health Centers and for the purpose of Extended Program for Immunization and health education.
- c. Maintenance tool sets are used to maintain above vehicles properly.

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

5. Japan's Grant Aid System

- (1) The Ethiopian side has understood the system of Japan's Grant Aid on ANNEX III as explained by the team.
- (2) The Government of Ethiopia will take necessary measures described in ANNEX IV for the smooth implementation of the Project, in case that the Grant Aid Assistance by the Japanese Government is extended to the project.




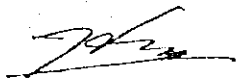
6. Further Procedure of the Study

The team will proceed to further studies in Japan with analysis of collected data and information. Result of above study will be presented to the Government of Ethiopia in due course.

7. Other Relevant Issues

The Ethiopian side shall:

- (1) Provide land for the construction of health posts at various locations,
- (2) Submit in a priority order the project sites listed in ANNEX I by regions, zones, weredas and specific localities,
- (3) Put in place a mechanism for supervision and follow up so as to successfully implement the project.



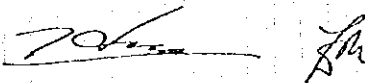
ANNEX I

Project Sites

Region	No. of Existing Health Centers	No. of New Health Posts
Tigray	12	40
Afar	3	10
Amhara	41	100
Oromia	52	160
Somali	6	20
Benishangul	5	15
SNNPAR *	27	80
Gambella	1	10
Hareri **	0	5
Addis Ababa	16	50
Diredawa	1	10
Total	164	500

* : Southern Nations and Nationals, People's Administrative Region

** : A Health Station will be upgraded to a Health Center




ANNEX II

List of Equipment Requested by the Ethiopian Government

1. AA Priority

Items	Quantity	No. of Locations	Total Amount
1. Construction Materials for New Health Posts			
Corrugated GI Sheet	111 sheets per HP	500	55,500
Umbrella Nails	888 pcs. per HP	500	444,000
2. Medical Equipment Package for New Health Posts			
Sphygmomanometer	2 units per HP	500	1,000
Clinical Thermometer	3 units per HP	500	1,500
Stethoscope	2 units per HP	500	1,000
Scale for Adult	1 unit per HP	500	500
Scale for Infant	1 unit per HP	500	500
Dressing Instrument Set	2 units per HP	500	1,000
Examination Couch	1 unit per HP	500	500
TBA Kits	5 sets per HP	500	2,500
Instrument Boiler with Kerosene Stove	2 sets per HP	500	1,000
Stretcher (Army type)	1 unit per HP	500	500
Cassette Tape Player (for Health Education)	1 unit per HP	500	500
Megaphone (for Health Education)	1 unit per HP	500	500
3. Medical Equipment Package for Existing Health Centers			
Microscope (Binocular type)	1 set per HC	164	164
Delivery Set w/ Manual Vacuum Extractor	2 sets per HC	164	328
Complete Blood Cell Count Set (Manual type)	1 set per HC	164	164
Manual Centrifuge for Urine and Hematocrit	1 set per HC	164	164
Suction Machine	1 unit per HC	164	164
Stethoscope	4 units per HC	164	656
4. Support Equipment for Regional Health Bureaus			
Pickup Truck (4WD Double Cabin)	1 unit per Region	11	11
Maintenance Tool Set for Workshop	1 set per Region	11	11

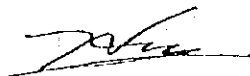

2. A Priority

Items	Quantity	No. of Locations	Total Amount
Pickup Truck (4WD Double Cabin)	1 unit per Region	11	11
Maintenance Tool Set for Workshop	1 set per Region	11	11

3. B Priority

Items	Quantity	No. of Locations	Total Amount
Pickup Truck (4WD Double Cabin)	2 units per Region	11	22
Radio Communication System	6 sets per Region	11	66

HP : New Health Posts HC : Existing Health Centers


Japan's Grant Aid Scheme

1. *Grant Aid Procedures*

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

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)

Determination of (The Notes exchanged between the Governments

Implementation of Japan and the recipient country)

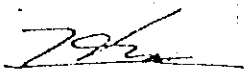
2) Firstly, the application or request for a Grant Aid project submitted by a recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to determine whether or not it is eligible for Grant Aid. If the request is deemed appropriate, the Government of Japan assigns JICA (Japan International Cooperation Agency) to conduct a study on the request.

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

Thirdly, 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.

Fourthly, the project, once approved by the Cabinet, becomes official with the Exchange of Notes signed by the Governments of Japan and the recipient country.

Finally, for the implementation of the project, JICA assists the recipient country in such matters as preparing tenders, contracts and so on.



2. Basic Design Study

1) Contents 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 Japanese Government. The contents of the Study are as follows:

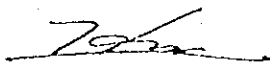
- a) Confirmation of the background, objectives, and benefits of the requested project and also institutional capacity of agencies concerned of the recipient country necessary for the Project's implementation.
- b) Evaluation of the appropriateness of the Project to be implemented under the Grant Aid Scheme from a technical, social and economic point of view.
- c) Confirmation of items agreed on by both parties concerning the basic concept of the Project.
- d) Preparation of a basic design of the Project
- e) 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 the 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 organizations 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) firms(s) based on proposals submitted by interested firms. The firm(s) selected carry (ies) out a Basic Design Study and write(s) a report, based upon terms of reference set by JICA.



The consulting firm(s) used for the Study is(are) recommended by JICA to the recipient country to also work on the Project's implementation after the Exchange of Notes, in order to maintain technical consistency and also to avoid any undue delay in implementation should the selection process be repeated.

3. Japan's Grant Aid Scheme

1) What is 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 Notes (E/N)

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

3) "The period of the Grant Aid" means the one fiscal year which the Cabinet approves the Project for. Within the fiscal year, all procedures such as exchanging of the Notes, concluding contracts with (a) consultant firm(s) and (a) contractor(s) and final payment to them must be completed.

However in case of delays in delivery, installation or construction due to unforeseen factors such as weather, the period of the Grant Aid can be further extended for a maximum of one fiscal year at most by mutual agreement between the two Governments.

4) 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, the 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.)

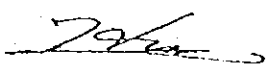
5) Necessity of "Verification"

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

6) Undertakings required of the Government of the 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 secure land necessary for the sites of the Project and to clear, level and reclaim the land prior to commencement of the construction.
- (2) To provide facilities for the distribution of electricity, water supply and drainage and other incidental facilities in and around the sites.
- (3) To secure buildings prior to the procurement in case the installation of the equipment.
- (4) To ensure all the expenses and prompt execution for unloading, customs clearance at the port of disembarkation and internal transportation of the products purchased under the Grant Aid.
- (5) 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.
- (6) 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 the facilities constructed and 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.

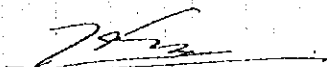
8) "Re-export"

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

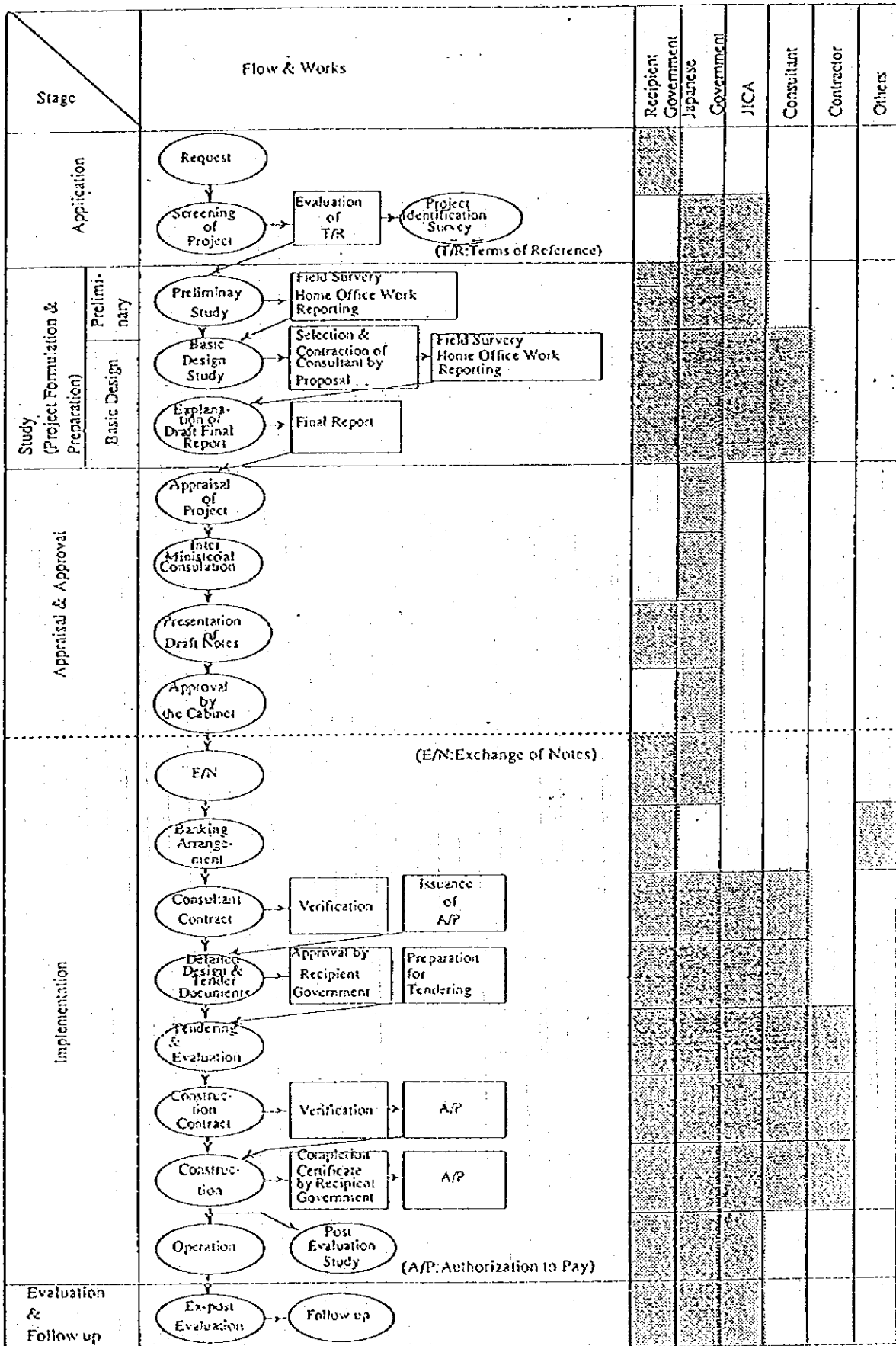
9) Banking Arrangements (B/A)

a) The Government of the recipient country or its designated authority should open an account in the name of the 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.

b) The payments 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.



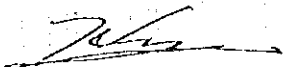
Flow Chart of Japan's Grant Aid Procedures



Handwritten signature

NECESSARY MEASURES TO BE TAKEN BY THE GOVERNMENT OF ETHIOPIA
IN CASE JAPAN'S GRANT AID IS EXTENDED

1. To provide data and information necessary for the Project;
2. To ensure prompt customs clearance and internal transportation in Ethiopia of the products purchased under the Grant Aid;
3. To exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which may be imposed in Ethiopia with respect to the supply of the products and services under the verified contracts;
4. To accord Japanese nationals or a staff from a third country whose services may be required in connection with supply of the products and services under the verified contracts, such facilities as may be necessary for their entry into Ethiopia and stay therein for the performance of their work;
5. To provide necessary permissions, licenses, and other authorization for implementing the Project, if necessary;
6. To assign appropriate budget and staff members for proper and effective utilization of the products procured under the Project;
7. To maintain and use properly and effectively the equipment procured under the Project;
8. To bear all the expenses other than those to be borne by the grant Aid within the scope of the Project;
9. To submit progress report on the construction of Health Posts and result of efficiency report to JICA office in Ethiopia within one year after the arrival of materials and equipment;



Appendices 5

Project Sites of New Health Posts

Tigray

No.	Sites	No.	Sites
1	Edagahamus	21	Tanguamerashe
2	Rrope	22	Endguanna
3	Zalanbessa	23	selekeleka
4	Wonbetta	24	Tachekurarro
5	Hawzen	25	Adiqualla
6	Abdi	26	Sherarro
7	Chilla	27	Mayemrri
8	Layegnaw Maichew	28	Allamatta
9	Endamariam	29	Korrem
10	Adet	30	Endamehonnu
11	Aggulla	31	Madomaeddo
12	Adiabuen	32	Nekesggie
13	Endabatsahema	33	Borra
14	Geteradwa	34	Chercher
15	Adiarbaette	35	Adiguddom
16	Nebelette	36	Gegget
17	Egella	37	Hintallo
18	Haile	38	Endertta
19	Adiaheferrom	39	Waggerat
20	Hagereselam	40	Samrrie

Somali

No.	Sites	No.	Sites
1	Gewane	11	Bermilca
2	Debelle	12	Gerrigawan
3	Duraaye	13	Geresellai
4	Feleweyen	14	Gebigebo
5	Kamarashen	15	Marayeto
6	Kedarmelle	16	Shibillie
7	Darror	17	Bella Kedda
8	Kama Boker	18	Beyo Behaye
9	Dekie	19	Labashind
10	Felfel	20	Kunerit

Project Sites of New Health Posts

Oromia (1/2)

No.	Sites	No.	Sites
1	Mote	41	Sasigt Qbeya Kidame
2	Bta Weenii	42	Foo Mirga
3	Uuga Hoordaa	43	Burka Gudina
4	Homii	44	Wra Abyi
5	Ganjai Hroe	45	Chigi
6	Agamsaa	46	Sike
7	Gaba Kamisaa	47	Amum Tale
8	Jaartee	48	Iffa Biya
9	Akayuu	49	Boshe Gba Kidame
10	Ayelee	50	Arjo Gnda 01
11	Kombolchaa	51	Gombo
12	Gooben	52	Qumba Abo
13	Bebela	53	Kiramu
14	Walqitane	54	Tose
15	Shambo	55	Gendo
16	Saqala	56	Andode
17	Kistn	57	Gabya Witeta
18	Tulu Wlyu	58	Gone
19	Haro Shotee	59	Kotere
20	Gutin Ganda	60	Ajamrgi
21	Glile	61	Robe
22	Bariso	62	Adosa Boru
23	Kyee Hamus	63	Sotele Deyuu
24	Harybe Gand	64	Dogi Asebele
25	Gutin Gand	65	Homi Chanche
26	Birbirsa Wajo	66	Sotelle Gowe
27	Adami	67	Ali Asendabo
28	Bndira	68	Gete Yenfa
29	Naqante	69	Dege Weli
30	Walkitne Gudone	70	Hergema
31	Karsa	71	Deneba
32	Abalo	72	Jisa
33	Gar Hdaa	73	Ayta Seke
34	Gute	74	Dike Seko
35	Bonya	75	Humsa Kile
36	Ifa	76	Kere Dipha
37	Dideessa	77	Shomo
38	Mulata	78	Konkecho
39	Dnge Gwake	79	Helke Yebeha
40	Qumburo Jmja	80	Dele Hilke

Project Sites of New Health Posts

Oromia (2/2)

No.	Sites	No.	Sites
81	Bege Besho	121	Siro Bedasa
82	Kimno	122	Dade Shamecha
83	Gerteua	123	Adele Hetosa
84	Meto	124	Huruta Hetosa
85	Kusaye	125	Kechira
86	Muche Dema	126	Harfitu
87	Yarra Docha	127	Lae Guticha
88	Kemiche	128	Amigna Daba
89	Ateri Keda Kurbi	129	Tebo Chacha
90	Alemkure	130	Borara Daraba
91	Wabo Lalo	131	Amole Dinikbha
92	Kelifi	132	Gado Gunna
93	Gibbi Derba	133	Zenebaba Hido
94	Kone Bodi	134	Sole Tulu Kore
95	Mutalle	135	Bokoji Adanee
96	Serdo	136	Jida Halilla
97	Sageta	137	Ataba Gora
98	Sena	138	Chefe Sekiro
99	Ieka	139	Sadika Alijo
100	Alle Debso	140	Jawi Sumaro
101	Wayu	141	Wadagu Gumato
102	Delegssa	142	Ayuba
103	Humbe	143	Alele Arbegne
104	Abgoro	144	Sida Walansho
105	Siltana Kerssa	145	Bala Kassa Shownude
106	Gareda Silingo	146	Areya Hada
107	Tiyo Kora	147	Shamo Shekeke
108	Tijo Jango	148	Ferekessa Meskobe
109	Bilalo	149	Sokoru Silingo
110	Wenji Gora	150	Amshera Kersa
111	Asella 06	151	Elu Kekerssa
112	Asella 08	152	Jemel Ebrahim
113	Badao	153	Tekle Haile
114	Herera	154	Kedir Adaa
115	Wada Samaja	155	Andale Badn
116	Hussen Glate	156	Dima
117	Godana Shaffo	157	Buta
118	Edlalla	158	Haro Oda
119	Jambo Ebsa	159	Megi Tuln
120	Adaa Shaki	160	Haro Kambella

Project Sites of New Health Posts

SNNPAR

No.	Sites	No.	Sites
1	Yechena Bandira	41	Zenga Dewella
2	Chana	42	Zenga Mageza
3	Yertagit	43	Borzie Chench
4	Chacha	44	Dorzie Chench
5	Shaba	45	Deko Shella
6	Sara	46	Dorzie Hayezo
7	Awash	47	Shamma Gerbenssa
8	Budie	48	Gayessa
9	Manbra	49	Dercha
10	Kelesha	50	Shalla Deda
11	Koteye	51	Fangu
12	Abinet	52	Chalia
13	Foto Woligamo	53	Fangie Damot
14	Orora	54	Duguna Bolso
15	Aro	55	Ochelle
16	Kules	56	Zegite
17	Baro	57	Guza
18	Berta	58	Bengaz
19	Shakiso	59	Adille
20	Zemiken	60	Shalla Lebo
21	Fegeka	61	Mayie Kotte
22	Koken	62	Weshie Aldada
23	Addis Alem	63	Ademe Tesso
24	Shesheka	64	Kortie Korossa
25	Quraferda	65	Huko Demma
26	Gela	66	Lella Honche
27	Delbuma	67	Dendie
28	Gawae	68	Harono Bullie
29	Bola	69	Jerden Meka
30	Ameleka	70	Sedema Dad
31	Sila	71	Yemer Wacho
32	Omo Lante	72	Debetutu
33	Shellemale	73	Gebiba
34	Zegite Bakola	74	Gerneba
35	Zeyebie	75	Gazanacha
36	Hanika Zillie	76	Achawedi
37	Bulki Tsari	77	Gendadeber
38	Boda Alza	78	Watera
39	Amaro	79	Doro Gebeya
40	Lulluza Tsella	80	Jatona Aradash

Project Sites of New Health Posts

Benshangul

No.	Sites	No.	Sites
1	Shambo Bzyida	9	Bello
2	Kober Chandi	10	Dulhod
3	Bonie Abshala	11	Selmama/2
4	Yapa Meser	12	Affenkelo
5	Datch Alemfsehai	13	Metechara
6	Yechereka D/Ziet	14	Shekeye
7	Jigsa	15	Abagudu
8	Sangur		

Gambella

No.	Sites	No.	Sites
1	Metti Kebele	6	Outeyel
2	Perbongo	7	Gustene
3	Oukuna Dodel	8	Genche
4	Pupukur	9	Peno
5	Gog Johngejer	10	Puhole

Hareri

No.	Sites	No.	Sites
1	Erere Weldya	4	Harawe
2	Erere Dodota	5	Ulanaule
3	Hawai		

Project Sites of New Health Posts

Amhara (1/2)

No.	Sites	No.	Sites
1	Chimera	41	Legedeya
2	Chachena	42	Edget
3	Atamta	43	Chinbird
4	Aleg	44	Guddo
5	Bargugi	45	Debrework
6	Chama Keret	46	Gubekme
7	Fentaye	47	Nurer
8	Wartacha	48	Jarso
9	Zetegne Chinka	49	Alemsofiat
10	Ageta	50	Wofmena
11	Gulbena	51	Wegeley
12	Chocho	52	Gusgussa
13	Lurri	53	Temolku
14	Weyena	54	Berrku
15	Merrew	55	Merri
16	Menchit	56	Azerna
17	Weyebey	57	Asseket
18	Chelfwenz	58	Fikka
19	Arada/Dabat	59	Kohe
20	Abayohannes	60	Kundi
21	Benkere	61	Ellella
22	Abeba Mesk	62	Kollaber
23	Ochera	63	Kurrie
24	Wef Aregef	64	Mayewuha
25	Hoyella	65	Wolli
26	Dewolle	66	Medina
27	D.T. Hayema	67	Embes Weha
28	Akquasmoche	68	Kerker
29	Arada Foregera	69	Morehet
30	Nabega	70	Mekeche
31	Weleta Bahir	71	Leretti
32	Awet 08	72	Megazez
33	Tembeka	73	Gedama
34	Enewonde	74	Mekagna
35	Santion Yeshoh	75	Lulgee Leretta
36	Geramana Yeshalzegi	76	Weggama
37	Malelena Zegit	77	Gamegna
38	Wonderit	78	Emeri Melekele
39	Awala	79	Serafdega
40	Alezeb	80	Mot Begre

Project Sites of New Health Posts

Amhara (2/2)

No.	Sites	No.	Sites
81	Zereet	91	Wag
82	Betsegil	92	Dangella
83	Chatna Yesat	93	Assessa
84	Kedebura	94	Ourranh
85	Yelen	95	Miti
86	Bagga	96	Gulla
87	Genet	97	Doddo
88	Kassaye Ager	98	Wagmera 01
89	Deraamba	99	Wagmera 02
90	Zero	100	Wagmera 03

Afar

No.	Sites	No.	Sites
1	Durgumena	6	Baddolli
2	Berabelle	7	Barènttu
3	Konba	8	Wederragie
4	Assagulla	9	Hunaberri
5	Fantto	10	Gellifagena Burkidessa

Dire Dawa

No.	Sites	No.	Sites
1	Belew	6	Yegeberewoeh Maheber 03
2	Kertu	7	Yegeberewoeh Maheber 08
3	Bekehalu	8	Yegeberewoeh Maheber 11
4	Legeoda	9	Yegeberewoeh Maheber 15
5	Adada	10	Yegeberewoeh Maheber 25

JICA