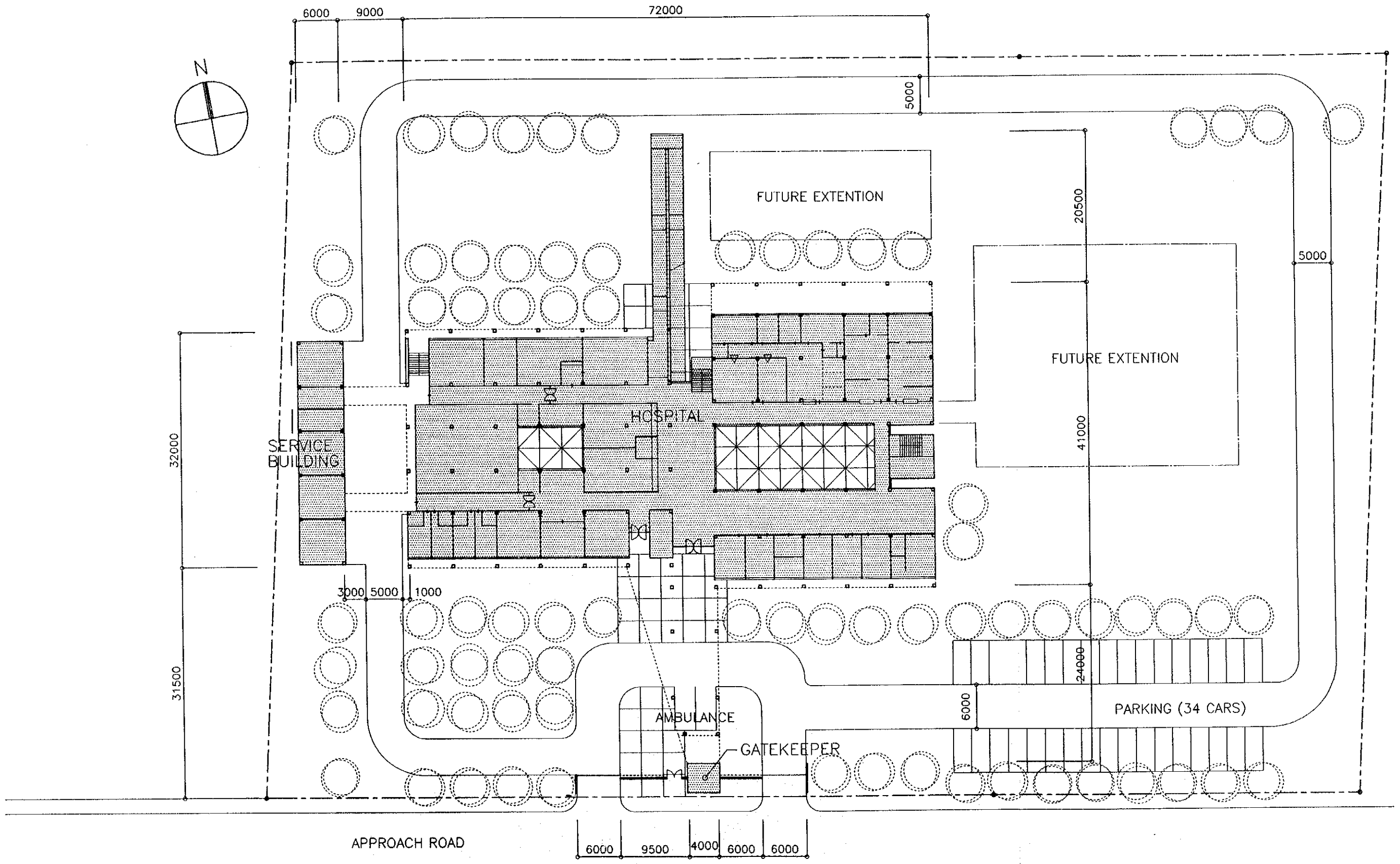


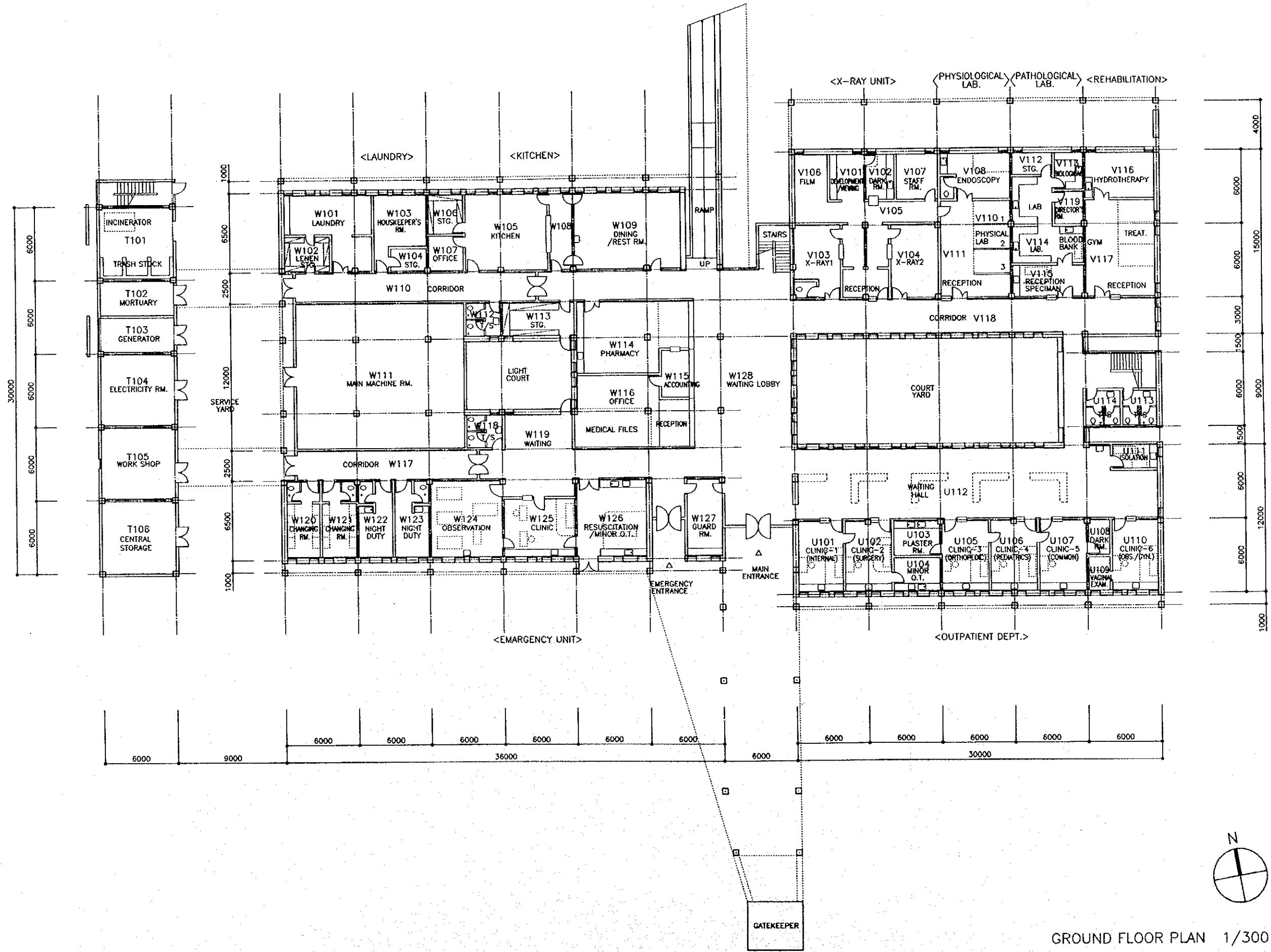
## **2-4 Drawings**

- 01 Site Plan
- 02 Ground Floor Plan
- 03 First Floor Plan
- 04 Elevation-1
- 05 Elevation-2, Section
- 06 Water Supply and Drainage Line
- 07 Power Supply and Telephone Line
- 08 Equipment List
- 09 Equipment Layout Plan

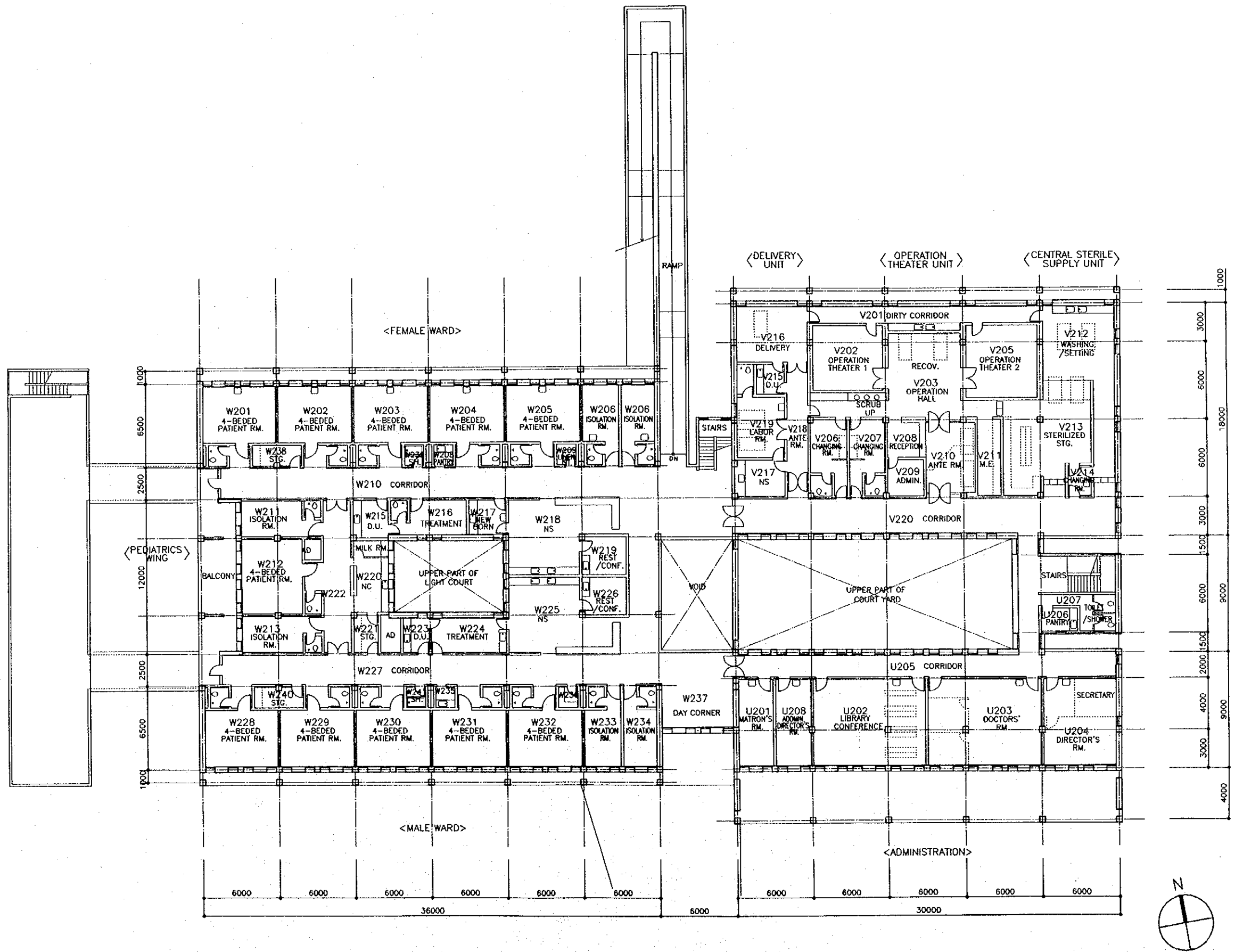




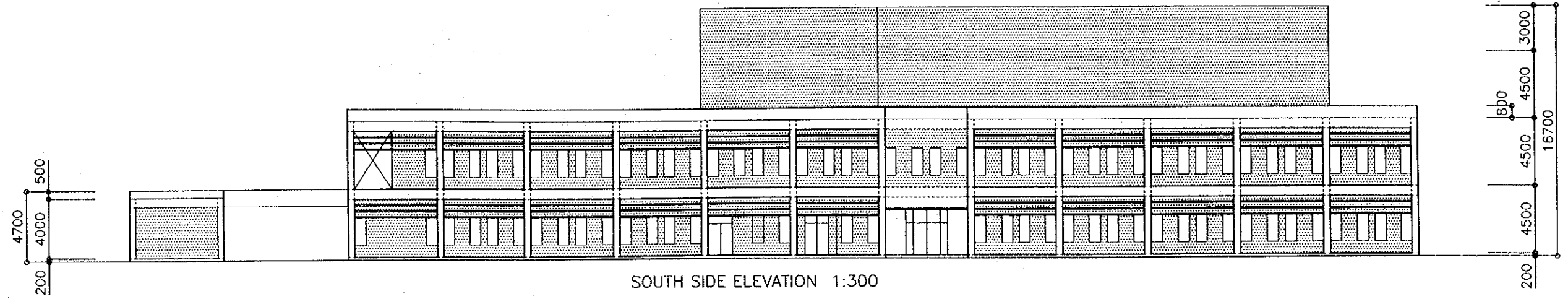
SITE PLAN 1 : 500



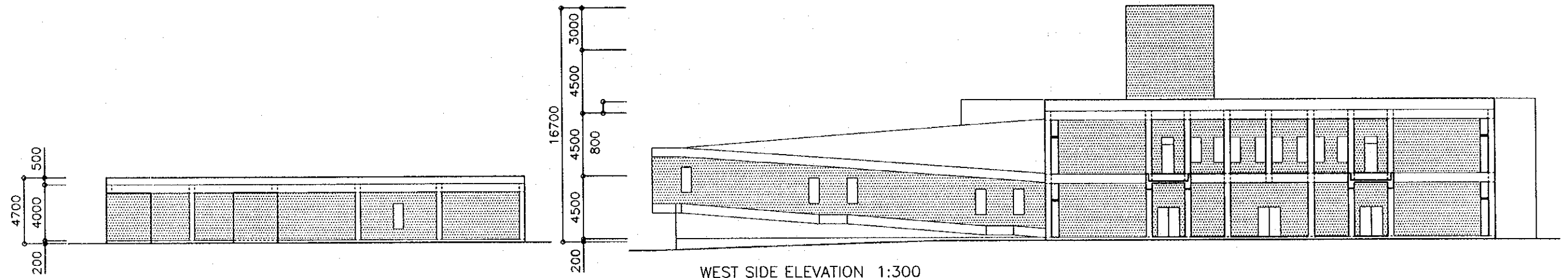
GROUND FLOOR PLAN 1/300



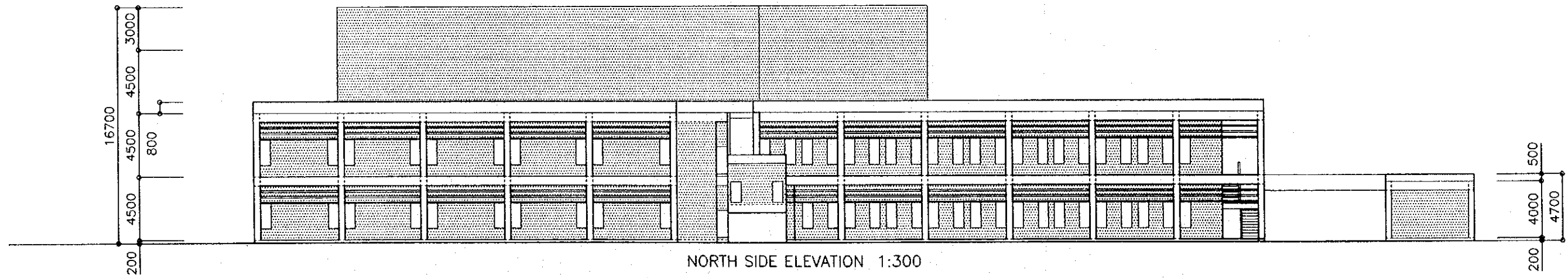
FIRST FLOOR PLAN 1/300



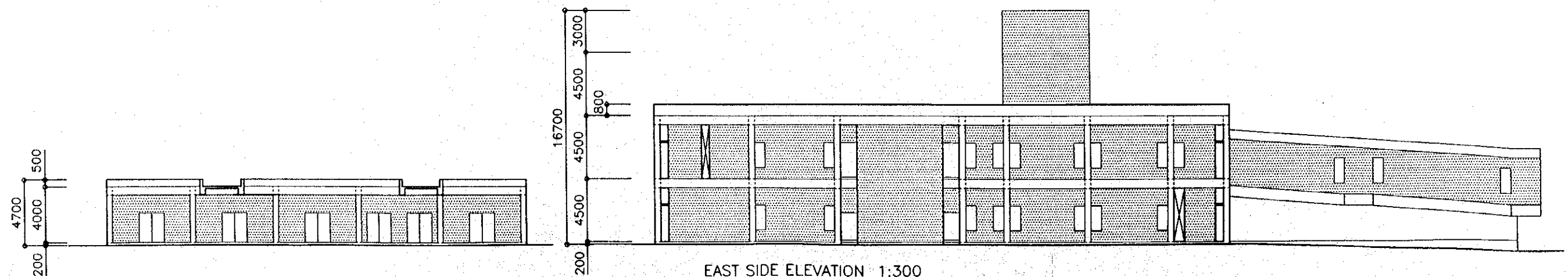
SOUTH SIDE ELEVATION 1:300



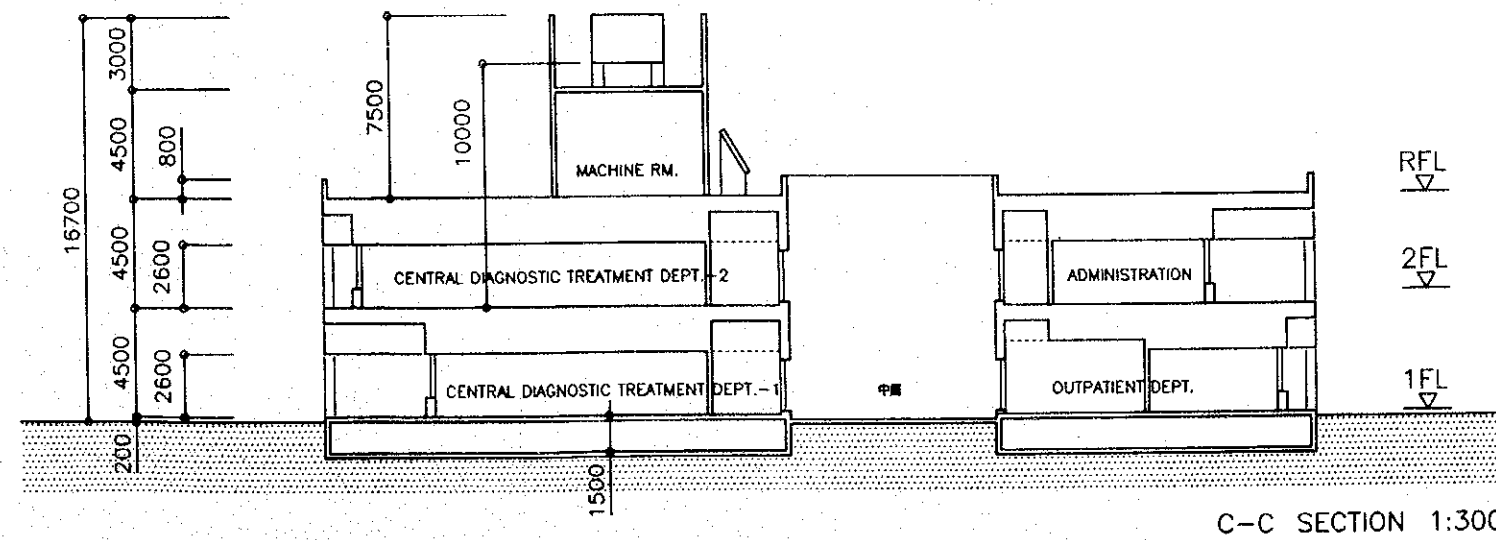
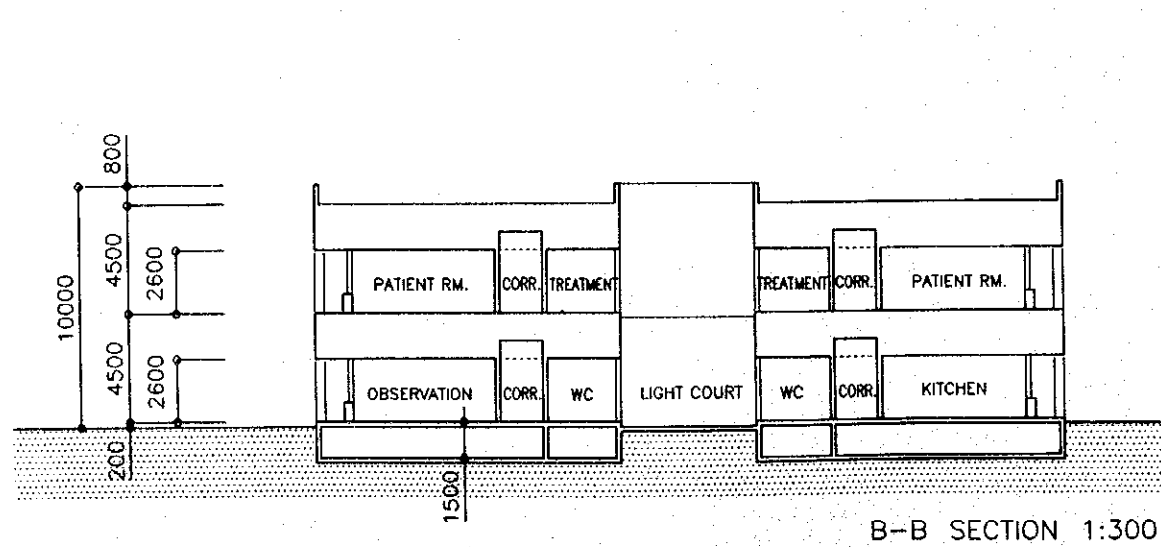
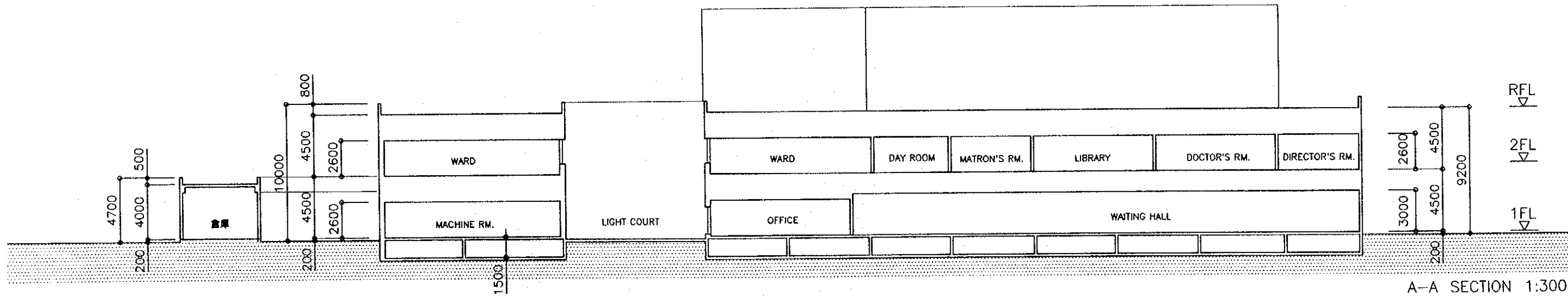
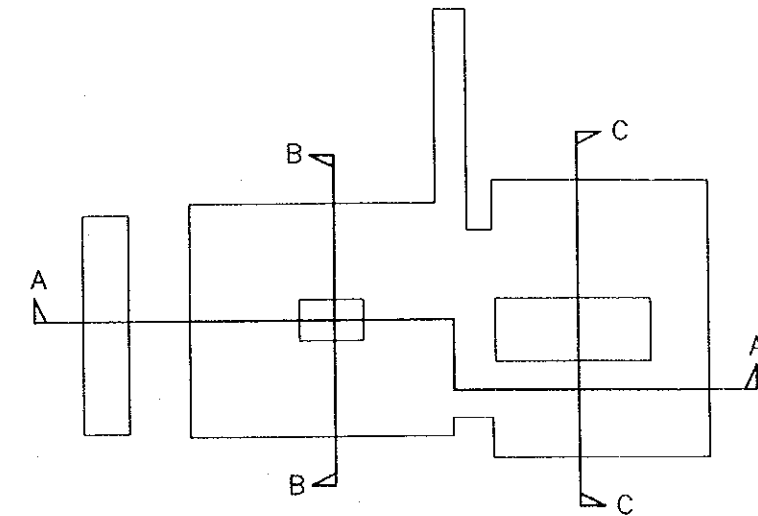
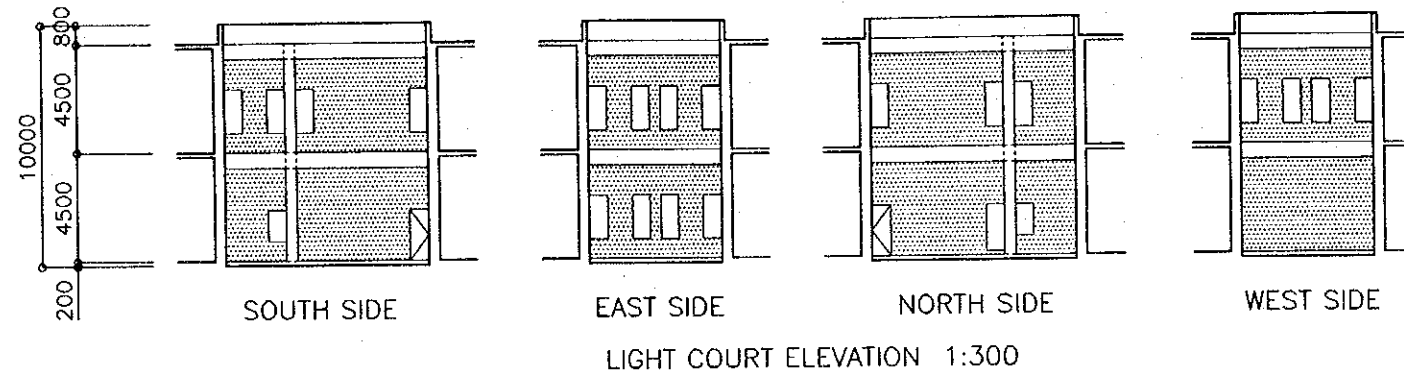
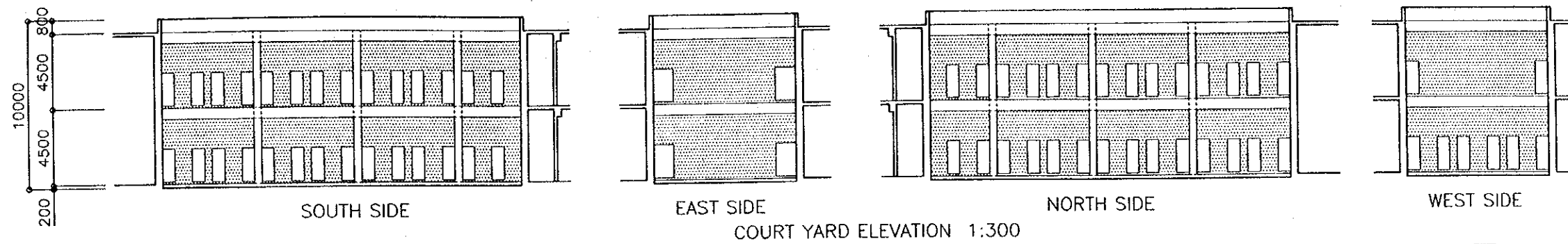
WEST SIDE ELEVATION 1:300



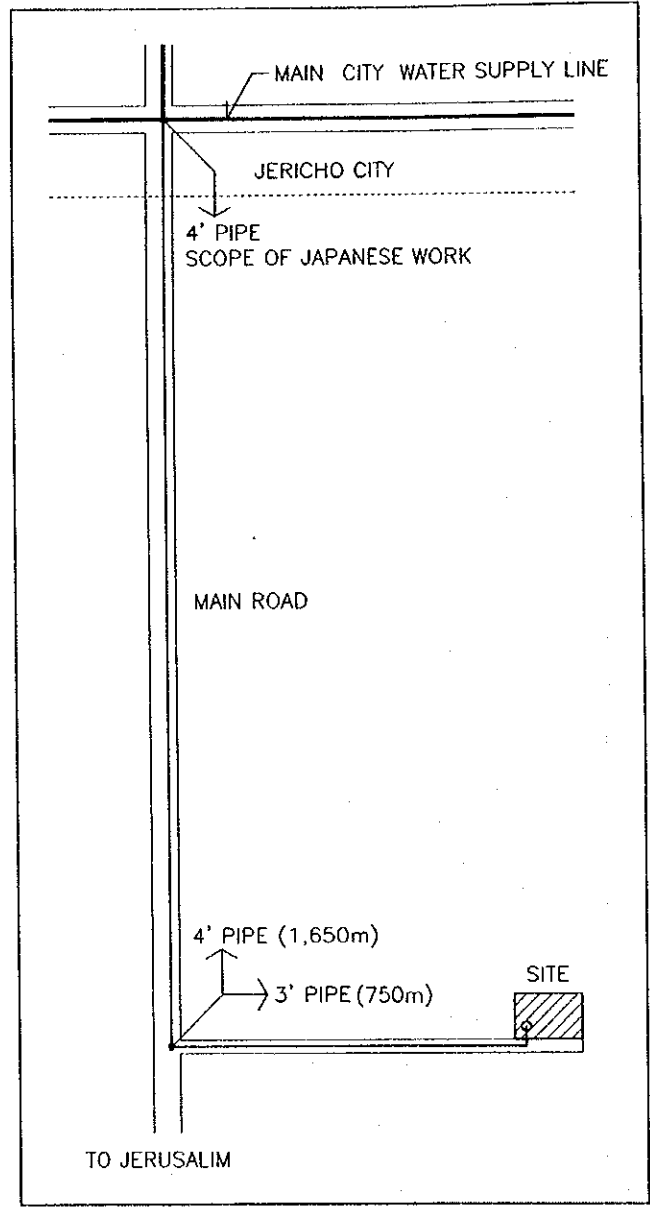
NORTH SIDE ELEVATION 1:300



EAST SIDE ELEVATION 1:300



TO JERICHO CITY



MAIN ROAD

4' PIPE (1,650m)  
3' PIPE (750m)

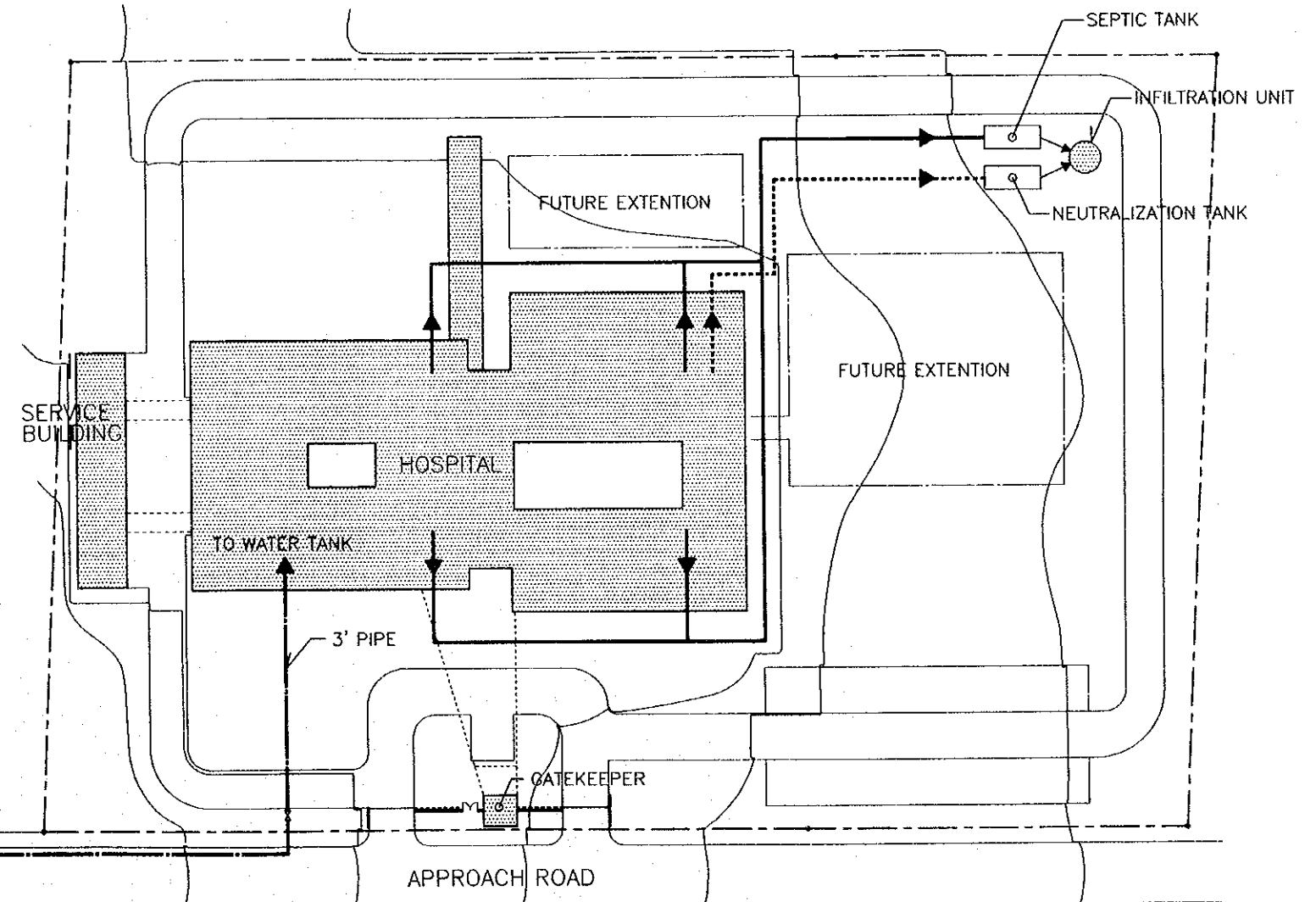
SITE

TO JERUSALIM

LEGEND

	WATER SUPPLY LINE
	SOIL and WASTE LINE
	EXPERIMENT DRAINAGE LINE

MAIN ROAD



SEPTIC TANK

INFILTRATION UNIT

NEUTRALIZATION TANK

FUTURE EXTENSION

FUTURE EXTENSION

HOSPITAL

TO WATER TANK

3' PIPE

GATEKEEPER

APPROACH ROAD

SERVICE BUILDING

750M

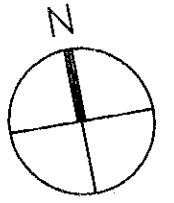
-253.5

-254

-254.5

-255

-255.5



TO JERUSALIM

WATER SUPPLY AND DRAINAGE PLAN 1 : 800



TO JERICHO CITY

MAIN ROAD

TO JERUSALIM

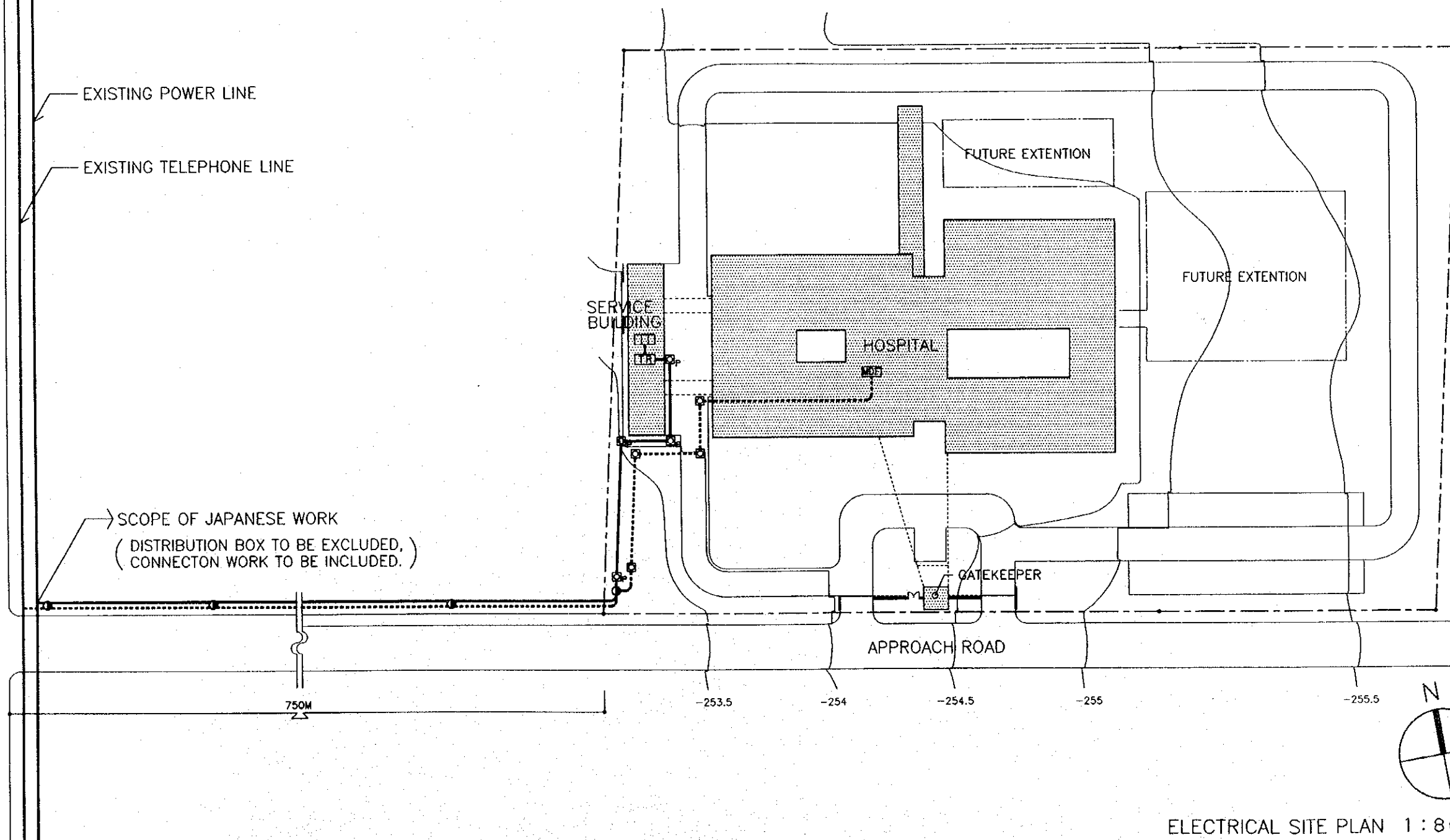
EXISTING POWER LINE

EXISTING TELEPHONE LINE

SCOPE OF JAPANESE WORK  
( DISTRIBUTION BOX TO BE EXCLUDED,  
CONNECTON WORK TO BE INCLUDED. )

LEGEND

POWER		TELEPHONE	
	L.V. SWITCH GEAR		MAIN DISTRIBUTION FRAME
	POWER TRANSFORMER		HAND HALL
	INCOMING POLE @30m		MAIN TELEPHONE CABLE TO MDF (SHALL BE PROVIDED BY JAPAN)
	HAND HALL		
	H.V. POWER LINE (SHALL BE PROVIDED BY JAPAN)		



ELECTRICAL SITE PLAN 1 : 800







08. Equipment List

No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from	Qty. of Equipment to be Procured
<b>GENERAL SURGERY</b>				
(Examination Room)				
A 1	Diagnostic Set	1	0	1
A 2	Infusion Pump	2	2	0
A 3	I.V. Stand	3	0	3
A 4	Drums(different sizes)	4	0	4
A 5	Portable Patient Monitor	1	1	0
A 6	Electric Suction Unit	1	1	0
A 7	Sphygmomanometer, Stand Type	1	1	0
A 8	Emergency Treatment Kit	1	1	0
<b>(ENDOSCOPY ROOM)</b>				
A 9	Sphygmomanometer, Stand Type	1	1	0
A 10	Examination Bed for Endoscope	1	1	0
A 11	Diagnostic Laparoscope	1	1	0
A 12	Diagnostics Endoscope Set	1	1	0
A 13	Cart	2	2	0
A 14	Instrument Cabinet	1	0	1
A 15	Cabinet for Endoscope	1	0	1
A 16	X-Ray Film Viewer	1	0	1
A 17	Doctor's Desk & Chair	1	0	1
A 18	Partition	1	0	1
A 19	Clothes Basket	1	0	1
A 20	Examination Light	1	0	1
A 21	ECG Unit	2	0	2
A 22	Examination Table	3	0	3
A 23	Chair	3	0	3
A 24	Shelf for Medical Chart	1	0	1
A 25	Shelf for X-ray Film	2	0	2
<b>GENERAL INTERNAL MEDICINE</b>				
B 1	Diagnostic Set	3	0	3
B 2	Sphygmomanometer, Stand Type	1	1	0
B 3	Infusion Pump	3	3	0
B 4	Weighing Scale, Adult	1	0	1
B 5	I. V. Stand	3	3	0
B 6	Instrument Cabinet	2	0	2
<b>PEDIATRICS</b>				
C 1	Cardiac Respiratory Monitor for Infant	1	1	0
C 2	Syringe Pump	2	2	0
C 3	Ultrasonic Nebulizer	2	1	1
C 4	Weight Scale for Pediatrics	1	0	1
C 5	Pediatric Wheel Chair	2	1	1
C 6	Pediatric Laryngofiberscope	2	2	0
C 7	I. V. Stand	3	3	0
C 8	Pediatric Stethoscope	5	5	0
C 9	Ambu Bag	2	0	2
C 10	Sphygmomanometer, Stand Type	1	1	0
C 11	Infusion Pump	2	0	2
<b>OBSTETRICS/GYNECOLOGY</b>				
(Examination Room)				
D 1	Fetal Heart Detector	1	1	0
D 2	Fetal Monitor	1	1	0
D 3	Gynecological Examination Unit	1	0	1
D 4	Gyn. Surgical Instruments Set	4	1	3
D 5	Kyomographic Insufflation Apparatus	1	0	1
D 6	Labor Bed for Gynecology	2	0	2
D 7	Foot Stool	2	0	2
D 8	Anesthesia Apparatus	1	1	0
D 9	Infant Care Unit	1	0	1
D 10	Maternity Ultrasound Scanner	1	0	1
D 11	Examination Light	2	0	2
D 12	X-Ray Viewer	1	0	1
D 13	I. V. Stand	2	0	2
D 14	Partition	2	0	2

No	Name	Required Qty. of Equipment for New Jencho Hospital	Qty. of Equipment to be Transferred from	Qty. of Equipment to be Procured
D 15	Kick Bucket	2	0	2
D 16	Instrument Trolley	2	0	2
D 17	Clothes Basket	1	0	1
D 18	Emergency Treatment Kit (OBSTETRIC DELIVERY ROOM)	1	1	0
D 21	Delivery & Operation Table	1	0	1
D 22	Shadowless Lamp, Ceiling Type	1	0	1
D 23	Foot Stool	1	0	1
D 24	Delivery Instrument	6	2	4
D 25	Instrument Trolley	2	0	2
D 26	Instrument Tray Stand	3	0	3
D 27	Fetal Monitor	1	1	0
D 28	Vacuum Extractor	2	0	2
D 29	Dressy Drum Stand	4	0	4
D 30	Wash Basin Stand	2	0	2
D 31	Instrument Cabinet	2	0	2
D 32	Infant Warmer	1	0	1
D 33	Examination Light	2	0	2
D 34	Infant Scale	1	0	1
D 35	Partition	2	0	2
D 36	Kick Bucket	2	0	2
D 37	Instrument Trolley (NEONATE)	2	0	2
D 38	Blood Pressure Monitor	1	1	0
D 39	Syringe Pump	2	2	0
D 40	Suction Unit	2	2	0
D 41	Electric Weighing Scale	1	1	0
D 42	Infant Incubator, STD Type	2	2	0
D 43	Ultrasonic Nebulizer	1	1	0
D 44	Phototherapy Machine	2	1	1
D 45	Apnea Alarm	3	1	2
D 46	Infant Ventilator	1	1	0
D 47	Oxygen Tent	2	0	2
D 48	Infant Cot	6	0	6
D 49	Patient Monitor for Infant	1	1	0
ORTHOPEDICS				
E 1	Orthopedic Electric Traction Set	2	0	2
E 2	Lower Leg Traction Attachment	1	0	1
E 3	Plaster Table w/Plaster Trap	1	0	1
E 4	Plaster Cutter, Knife, etc.	1	0	1
E 5	Surgical Instruments for Orthopedics	1	0	1
E 6	Emergency Treatment Kit	1	1	0
E 7	Instrument Trolley	1	0	1
E 8	X-Ray Viewer	1	0	1
E 9	I. V. Stand	2	0	2
E 10	Neck Holder	5	0	5
E 11	Clothes Basket	1	0	1
E 12	Cabinet	1	0	1
E 13	Sphygmomanometer, Stand Type	1	0	1
ENT(OTORHINOLARYNGOLOGY)				
F 1	E.N.T Treatment Chair	1	0	1
F 2	E.N.T Diagnos./Treat. Unit	2	0	2
F 3	Head Mirror	1	0	1
F 4	Audiometer	1	0	1
F 5	E.N.T. Instrument Set	2	0	2
F 6	Ultrasound Nebulizer	1	0	1
F 7	Instrument Trolley	1	0	1
F 8	Kick Bucket	1	0	1
F 9	Tonsillectomy Set	1	0	1
F 10	Coagulator	1	0	1
F 11	Suction Unit	1	0	1
F 12	Cabinet	1	0	1
F 13	Sphygmomanometer, Stand Type	1	0	1

No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from	Qty. of Equipment to be Procured
<b>OPHTHALMOLOGY</b>				
G	1 Ophthalmic Unit w/Instrument	1	0	1
G	2 Trial Lens Set	1	0	1
G	3 Test Chart	1	0	1
G	4 Slit Lamp Microscope	1	0	1
G	5 Retinal Camera	1	0	1
G	6 Skiascopy Racks	1	0	1
G	7 Ultrasonic Cleaner	1	0	1
G	8 Instrument Trolley	1	0	1
G	9 Lensmeter	1	0	1
G	10 Ophthalmometer	1	0	1
G	11 Kick Bucket	1	0	1
G	12 Patient Chair	1	0	1
G	13 Cabinet	1	0	1
<b>LABORATORY</b> (Central Laboratory)				
H	1 Biological Microscope	2	1	1
H	2 Contrast Microscope	1	1	0
H	3 Hematocrit Centrifuge, 12,000rpm	1	1	0
H	4 Semi-Automated Blood Cell Counter	1	1	0
H	5 Distiller	1	1	0
H	6 RO Water Purifier	1	1	0
H	7 Centrifuge, 6,000 rpm	2	2	0
H	8 UV/VS Spectrophotometer	1	1	0
H	9 Blood Gas Analyzer	1	1	0
H	10 Electrolyte Analyzer	1	1	0
H	11 Electrophoresis Analyzer	1	1	0
H	12 Microplate Reader	1	0	1
H	13 Mixer	1	1	0
H	14 Incubator	1	1	0
H	15 Medical Refrigerator	2	1	1
H	16 Shaker with different sizes	1	1	0
H	17 Urine Analyzer	1	0	1
H	18 Blood Cell Counter, Manual Type	1	0	1
H	19 Glucose Analyzer	1	0	1
H	20 PH meter	1	0	1
H	21 Flame Photometer	1	0	1
H	22 Dry Oven	1	0	1
H	23 Center Table/Corner Tables	1	0	1
<b>(BACTERIOLOGY)</b>				
H	24 Incubator	1	0	1
H	25 Clean Bench	1	0	1
H	26 CO2 Incubator	1	0	1
H	27 Inverted Microscope	1	0	1
H	28 Culture Microscope	1	0	1
H	29 Dry Heat Sterilizer	1	0	1
H	30 Anaerobic Jar	1	0	1
H	31 Cabinet	1	0	1
<b>(BLOOD BANK)</b>				
H	32 Blood Collecting Set	3	0	3
H	33 Instrument Trolley	1	0	1
H	34 Blood Unit Shaker	1	1	0
H	35 Manual Plasma Extractor	1	1	0
H	36 Blood Bag Sealer	1	1	0
H	37 Blood Bank Refrigerator	1	1	0
H	38 Blood Plasma Freezer	1	1	0
H	39 Donor Chair	1	1	0
H	40 Cart	2	0	2
H	41 Kick Bucket	1	0	1
H	42 Chair	5	0	5
H	43 Cabinet	2	0	2
H	44 Bed	1	0	1
H	45 Partition	1	0	1
<b>RADIOLOGY</b>				

No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from	Qty. of Equipment to be Procured	
I	1	X-ray Machine Mobile Type	1	0	1
I	2	Bucky's Table	1	0	1
I	3	Film Cassette	1	0	1
I	4	Ultrasound Scanner	1	1	0
I	5	X-ray Protective Apron	1	1	0
I	6	X-ray Shield	2	2	0
I	7	X-ray Apparatus w/Fluoroscopy & TV	1	0	1
I	8	General Diagnosis X-ray Apparatus	1	0	1
I	9	Equipment for Dark Room	1	0	1
I	10	Clothes Basket	2	0	2
I	11	Chair	1	0	1
I	12	Cabinet	2	0	2
I	13	X-ray Viewer, Wall mount type	2	0	2
OPERATION THEATER					
J	1	Operating Table	2	2	0
J	2	Shadowless Lamp, Ceiling Type	2	0	2
J	3	Shadowless Lamp, Stand Type	2	0	2
J	4	Anesthesia Machine	2	2	0
J	5	Ventilator	1	0	1
J	6	Cardiac Monitor	2	1	1
J	7	Defibrillator	1	1	0
J	8	Instruments, Table Type	4	2	2
J	9	Diathermy (Electric Surgery Unit)	2	2	0
J	10	Electric Suction	2	2	0
J	11	X-ray Film Viewer, Recessed Type	2	0	2
J	12	Laparoscope Apparatus Set	1	1	0
J	13	Minor Surgical Instrument Set	6	4	2
J	14	Major Surgical Instrument Set	6	0	6
J	15	Low Pressure Continuous Suction Unit	2	0	2
J	16	Infusion Pump	3	0	3
J	17	Cabinet, recessed type	4	0	4
J	18	Wash Basin Stand	2	0	2
J	19	Kick Bucket	2	0	2
J	20	Instrument Trolley	4	2	2
J	21	Cart	6	0	6
J	22	Operation Progress Timer	2	0	2
J	23	Laundry Cart	2	0	2
J	24	Doctor's Chair	2	0	2
J	25	Foot Stool	2	0	2
J	26	Instrument Cabinet	4	0	4
J	27	Stretcher	4	3	1
J	28	Suction Unit, Wall mount type	2	0	2
J	29	Oxygen Flowmeter, Wall mount type	2	0	2
J	30	Recovery Bed	2	0	2
PHYSIOTHERAPY					
K	1	Shortwave Therapy Unit	1	1	0
K	2	Electric Muscle Stimulator	1	1	0
K	3	Massage Therapy	1	1	0
K	4	Infrared Lamp	1	1	0
K	5	Ultrasound Therapy Unit	1	1	0
K	6	Parallel Bars	1	0	1
K	7	Rowing Machine	1	0	1
K	8	Wood Working Training Set	1	0	1
K	9	Wheel Chair	5	0	5
K	10	Stretcher	1	0	1
K	11	Training Mattress	1	0	1
K	12	Crutch	10	0	10
K	13	Caster Walker	5	0	5
K	14	Whirlpool Bath	1	1	0
K	15	Bicycle Exerciser	1	1	0
K	16	Hot Pack Warmer & Pack Set	1	0	1
K	17	Cold Packs Set	1	0	1
K	18	Paraffin Bath	1	0	1
K	19	Steel Wheel Exerciser	1	0	1

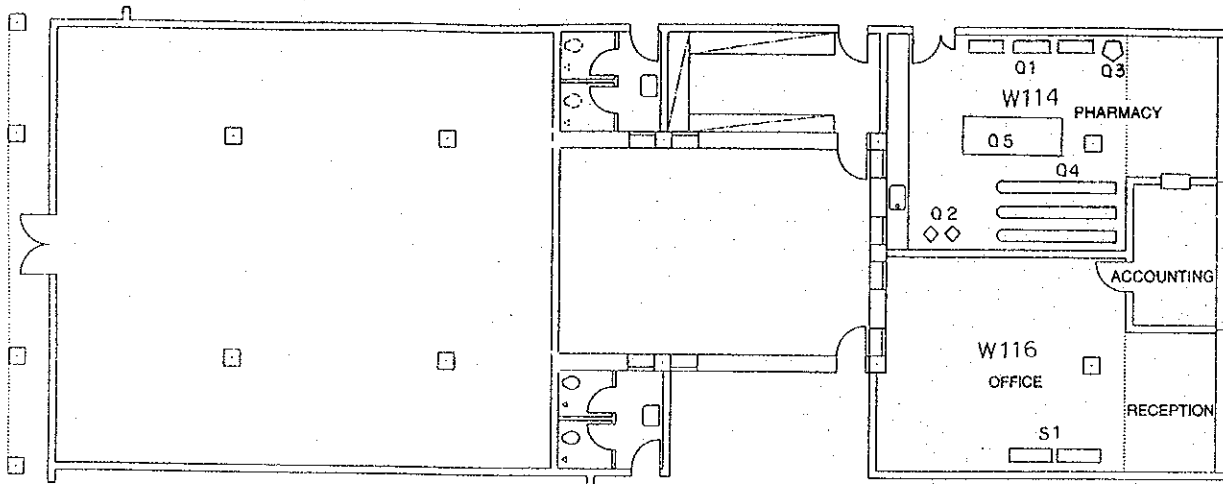


No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from	Qty. of Equipment to be Procured
K 20	Cart	2	0	2
K 21	Cabinet	2	0	2
K 22	Observation Bed w/caster	3	0	3
K 23	Chair	5	0	5
EMERGENCY UNIT				
L 1	ECG Unit	1	0	1
L 2	Ventilator (Respirator) for ICU	1	1	0
L 3	Stretcher	2	0	2
L 4	Defibrillator	1	0	1
L 5	Instrument Trolley	4	0	4
L 6	Electric Suction Unit	1	1	0
L 7	Examination Light	2	0	2
L 8	Emergency Treatment Kit	2	2	0
L 9	Operating Table (minor)	1	0	1
L 10	Shadowless Lamp, Ceiling Type	1	0	1
L 11	Minor Surgical Instrument Set	4	2	2
L 12	Anesthesia Machine	1	1	0
L 13	Diathermy (Electric Surgery Unit)	1	1	0
L 14	X-ray Film Viewer, Recessed Type	1	0	1
L 15	Cabinet, Recessed Type	2	0	2
L 16	Infusion Pump	2	2	0
L 17	Examination Table	1	0	1
L 18	ICU Bed	4	0	4
L 19	Locker, 4-persons	1	0	1
L 20	Wash Basin Stand	2	0	2
L 21	Kick Bucket	1	0	1
L 22	Ambulance Vehicle	1	0	1
L 23	Cart	5	0	5
L 24	I. V. Stand	5	0	5
L 25	Operation Process Timer	1	0	1
L 26	Suction Unit, Wall mount type	5	0	5
L 27	Oxygen Flowmeter, Wall mount type	5	0	5
L 28	Autoclave, Table top	1	0	1
L 29	Instrument Sterilizer	1	0	1
L 30	Shelf for Medical Chart	1	0	1
OUT-PATIENT DEPARTMENT (6 rooms+Spare Room)				
M 1	Stethoscope	10	0	10
M 2	Cart	10	0	10
M 3	Kick Bucket	7	0	7
M 4	X-Ray Film Viewer	7	0	7
M 5	Foot Stool	7	0	7
M 6	Suction Unit, Wall mount type	7	0	7
M 7	Oxygen Flowmeter, Wall mount type	7	0	7
M 8	Examination Table	7	0	7
M 9	Examination Light	7	0	7
M 10	Patient Chair	7	0	7
M 11	Clothes Basket	7	0	7
M 12	Wash Basin Stand	7	0	7
M 13	Partition	7	0	7
M 14	Doctor's Desk & Chair	7	0	7
M 15	Instrument Cabinet	7	0	7
M 16	Injection Stand	7	0	7
M 17	Medicine Cabinet	5	0	5
M 18	Instrument Trolley	7	0	7
M 19	I. V. Stand	7	0	7
M 20	Drums (different size)	7	0	7
M 21	Examination and Treatment Table,	1	0	1
WARD				
N 1	Bed with caster, for Adult	44	0	44
N 2	Bed with caster, for Pediatrics	6	0	6
N 3	Bedside Cabinet	50	0	50
N 4	Overhead Table	50	0	50

No		Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from	Qty. of Equipment to be Procured
N	5	Wash Basin Stand	6	0	6
N	6	I. V. Stand	10	0	10
N	7	Washing Machine	1	0	1
N	8	Drying Machine	1	0	1
N	9	Examination Light	2	0	2
N	10	Cart	10	0	10
		(FOR SURGERY)			
N	11	Traction Apparatus for Bed	5	0	5
N	12	Wheel Chair	5	0	5
N	13	Walker	3	0	3
N	14	Air Mattress	1	0	1
		(FOR OBSTETORICS/GYNECOLOGY)			
N	15	Milk Warmer	1	0	1
N	16	Bottle Sterilizer	1	0	1
N	17	Breast Pump	2	0	2
N	18	Weighing Scale, Adult	1	0	1
N	19	Weighing /Height Scale, Infant	1	0	1
		(FOR NURSE STATION)			
N	20	Sphygmomanometer, Table Top	6	0	6
N	21	Suction Unit, Wall mount type	10	0	10
N	22	Oxygen Flowmeter, Wall mount type	10	0	10
N	23	Medication Cart	2	0	2
N	24	Cart	4	0	4
N	25	Dressing Cart	4	0	4
N	26	Dressing Jar	2	0	2
N	27	Bedpan/Urine Glass with Rack	2	0	2
N	28	Bedpan Washer	2	0	2
N	29	Ice Maker	1	0	1
N	30	Wash Basin Stand	3	0	3
N	31	X-Ray Film Viewer	2	0	2
N	32	Medical Record Cart	3	0	3
N	33	Treatment Cart w/Refrigerator	2	0	2
N	34	Laundry Cart	2	0	2
N	35	Cabinet	2	0	2
N	36	Chair	10	0	10
N	37	Working Table	2	0	2
N	38	Instrument Cabinet	2	0	2
N	39	Weighing Scale, Adult	1	0	1
		CENTRAL STERILIZING SERVICE DEPARTMENT			
O	1	High Pressure Steam Sterilizer	2	0	2
O	2	Instrument Sterilizer	2	0	2
O	3	Ultrasonic Cleaning Set	1	0	1
O	4	Cleaning Machine for Endoscope	1	0	1
O	5	Cleaning Cabinet for Endoscope	1	0	1
O	6	E.O. Gas Sterilizer	1	0	1
O	7	Aerator	1	0	1
O	8	Clean Cabinet	1	0	1
O	9	Instrument Medical Cabinet	2	0	2
O	10	Cart, Trolley type	10	0	10
O	11	Working Table	4	0	4
O	12	Pass Box	1	0	1
		MORGUE			
P	1	Mortuary Refrigerator, 2 bodies	1	0	1
P	2	Autopsy Table	1	0	1
P	3	Examining Light, Standard Type	1	0	1
P	4	Instrument Trolley	1	0	1
P	5	Instrument for Autopsy	1	0	1
P	6	Instrument Cabinet	1	0	1
		PHARMACY			
Q	1	Medical Cabinet	3	0	3
Q	2	Medical Refrigerator	2	1	1
Q	3	Safety Box	1	0	1
Q	4	Shelf	1	0	1

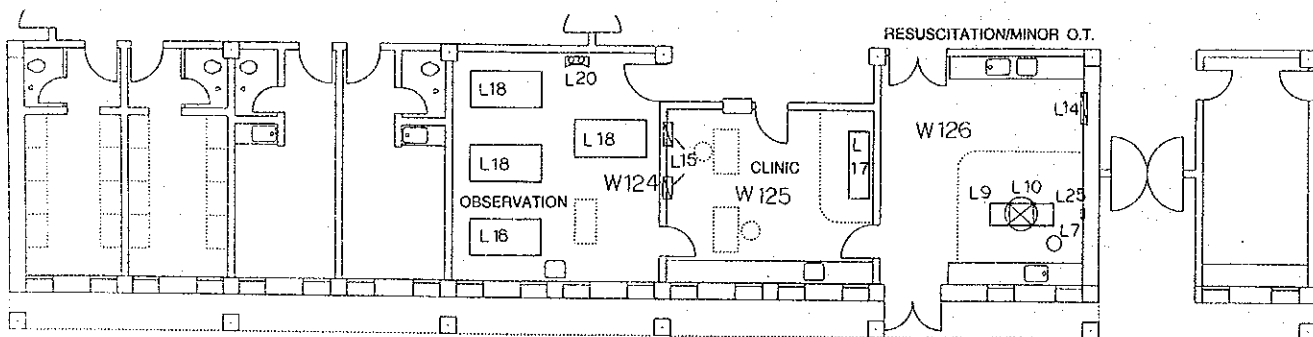
No		Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from	Qty. of Equipment to be Procured
Q	5	Working Table	1	0	1
MAINTENANCE DEPARTMENT					
R	1	Vehicle, Van Type	1	0	1
R	2	Shelf for Parts	5	0	5
R	3	Cabinet for Parts	2	0	2
R	4	Digital Multi Meter	1	0	1
R	5	Woodworking Tool Set	1	0	1
R	6	Metalworking Tool Set	1	0	1
R	7	Electric Tool Set	1	0	1
R	8	Mechanical Tool Set	1	0	1
R	9	Handy Tool Set	1	0	1
R	10	Electric Soldering Iron Set	1	0	1
R	11	Step-down Transformer	5	0	5
R	12	Auto Voltage Regulator	5	0	5
R	13	Water Pump	1	0	1
R	14	Portable Air Compressor	1	0	1
R	15	Pipe Cutter	1	0	1
R	16	Winding Machine, Manual Type	1	0	1
R	17	Painting Kit	1	0	1
Reception					
S	1	Cabinet for Medical Chare (Record)	2	0	2
Washing Room					
T	1	Laundry Cart, Rectangl type	5	0	5
T	2	Laundry Cart, Round type	2	0	2
Medical Office.Meeting Room,Director's Room,Head Nurse's Room					
U	1	Bookshelf	1	0	1
U	2	X-Ray Film Viewer	2	0	2
U	3	White Board	4	0	4
TOTAL			974	123	851

09. Equipment Layout Plan



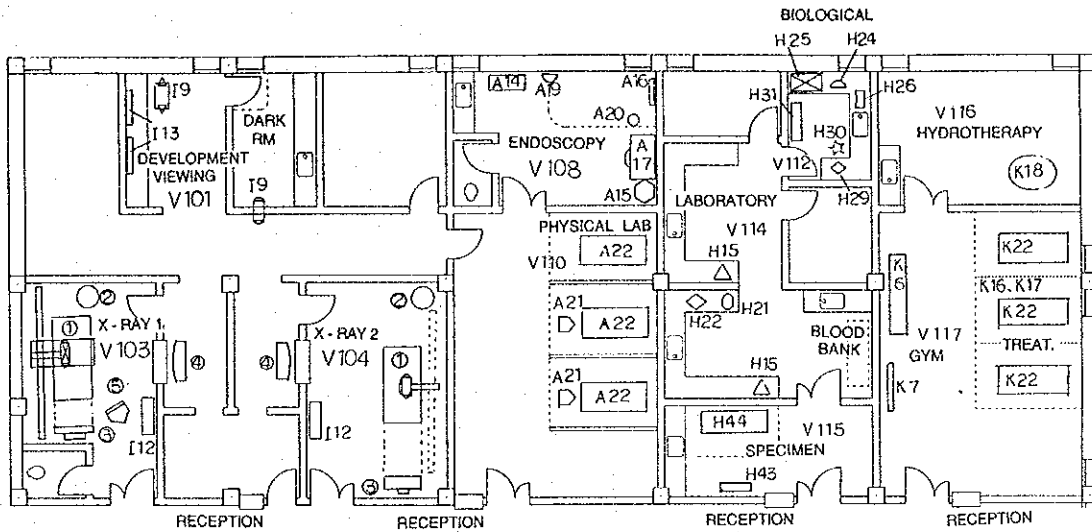
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No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho	Qty. of Equipment to be Procured
PHARMACY				
Q 1	Medical Cabinet	3	0	3
Q 2	Medical Refrigerator	2	1	1
Q 3	Safety Box	1	0	1
Q 4	Shelf	1	0	1
Q 5	Working Table	1	0	1
Reception				
S 1	Cabinet for Medical Chare (Record)	2	0	2



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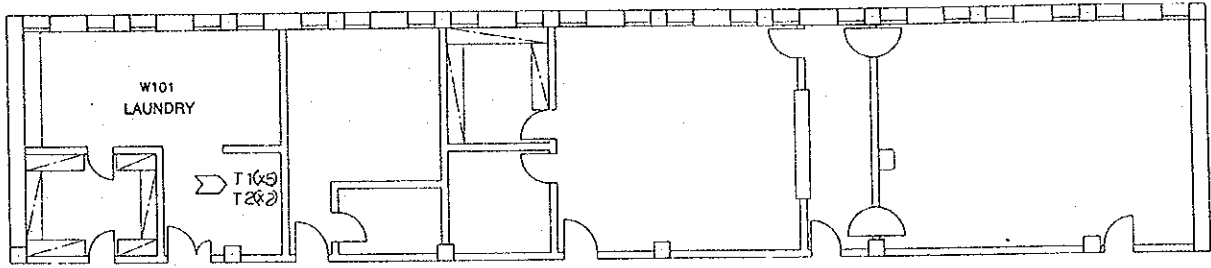
No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho Hospital	Qty. of Equipment to be Procured
EMERGENCY UNIT				
L 1	ECG Unit	1	0	1
L 3	Stretcher	2	0	2
L 4	Defibrillator	1	0	1
L 5	Instrument Trolley	4	0	4
L 7	Examination Light	2	0	2
L 9	Operating Table (minor)	1	0	1
L 10	Shadowless Lamp, Ceiling Type	1	0	1
L 11	Minor Surgical Instrument Set	4	2	2
L 14	X-ray Film Viewer, Recessed Type	1	0	1
L 15	Cabinet, Recessed Type	2	0	2
L 17	Examination Table	1	0	1
L 18	ICU Bed	4	0	4
L 19	Locker, 4-persons	1	0	1
L 20	Wash Basin Stand	2	0	2
L 21	Kick Bucket	1	0	1
L 22	Ambulance Vehicle	1	0	1
L 23	Cart	5	0	5
L 24	I. V. Stand	5	0	5
L 25	Operation Process Timer	1	0	1
L 26	Suction Unit, Wall mount type	5	0	5
L 27	Oxygen Flowmeter, Wall mount type	5	0	5
L 28	Autoclave, Table top	1	0	1
L 29	Instrument Sterilizer	1	0	1
L 30	Shelf for Medical Chart	1	0	1



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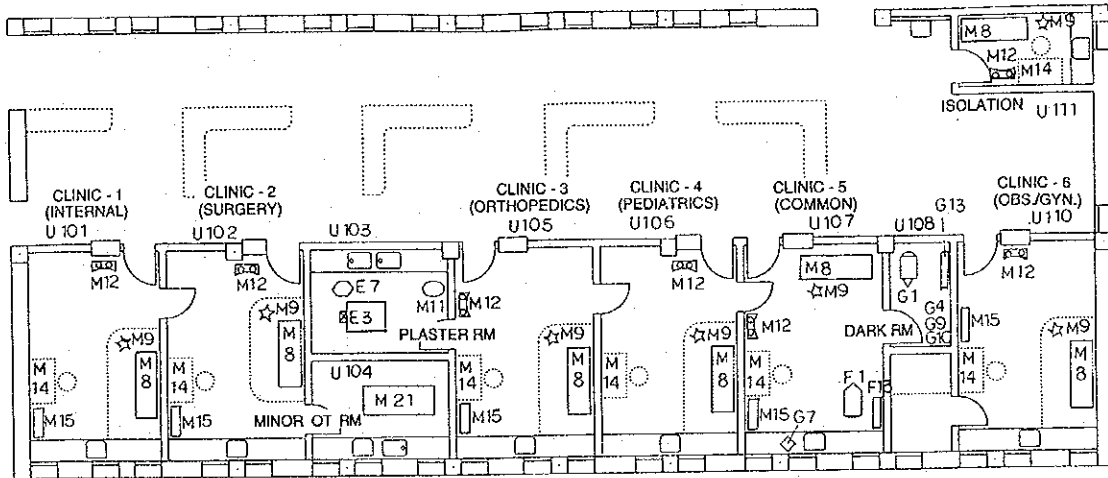
No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho	Qty. of Equipment to be Procured
<b>LABORATORY</b> (Central Laboratory)				
H 1	Biological Microscope	2	1	1
H 13	Mixer	1	0	1
H 15	Medical Refrigerator	2	1	1
H 17	Urine Analyzer	1	0	1
H 18	Blood Cell Counter, Manual Type	1	0	1
H 19	Glucose Analyzer	1	0	1
H 20	PH meter	1	0	1
H 21	Frame Photometer	1	0	1
H 22	Dry Oven	1	0	1
H 23	Center Table/Corner Tables	1	0	1
<b>(BACTERIOLOGY)</b>				
H 24	Incubator	1	0	1
H 25	Clean Bench	1	0	1
H 26	CO2 Incubator	1	0	1
H 27	Inverted Microscope	1	0	1
H 28	Culture Microscope	1	0	1
H 29	Dry Heat Sterilizer	1	0	1
H 30	Anaerobic Jar	1	0	1
H 31	Cabinet	1	0	1
<b>(BLOOD BANK)</b>				
H 32	Blood Collecting Set	3	0	3
H 33	Instrument Trolley	1	0	1
H 40	Cart	2	0	2
H 41	Kick Bucket	1	0	1
H 42	Chair	5	0	5
H 43	Cabinet	2	0	2
H 44	Bed	1	0	1
H 45	Partition	1	0	1
<b>PHYSIOTHERAPY</b>				
K 6	Parallel Bars	1	0	1
K 7	Rowing Machine	1	0	1
K 8	Wood Working Training Set	1	0	1
K 9	Wheel Chair	5	0	5
K 10	Stretcher	1	0	1
K 11	Training Mattress	1	0	1
K 12	Crutch	10	0	10
K 13	Caster Walker	5	0	5
K 16	Hot Pack Warmer & Pack Set	1	0	1
K 17	Cold Packs Set	1	0	1
K 18	Paraffin Bath	1	0	1
K 19	Steel Wheel Exerciser	1	0	1
K 20	Cart	2	0	2
K 21	Cabinet	2	0	2
K 22	Observation Bed w/caster	3	0	3
K 23	Chair	5	0	5





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No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho	Qty. of Equipment to be Procured	
<b>Washing Room</b>					
T	1	Laundry Cart, Rectangl type	5	0	5
T	2	Laundry Cart, Round type	2	0	2

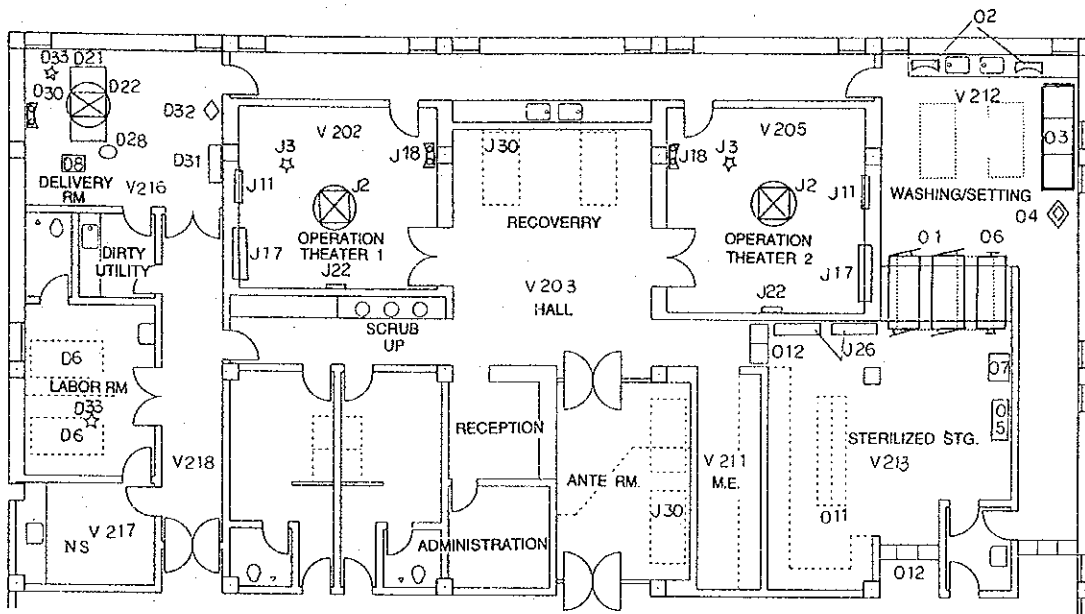


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No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho	Qty. of Equipment to be Procured	
<b>GENERAL SURGERY (Examination Room)</b>					
A	1	Diagnostic Set	1	0	1
A	2	Infusion Pump	2	2	0
A	3	I.V. Stand	3	0	3
<b>GENERAL INTERNAL MEDICINE</b>					
B	1	Diagnostic Set	3	0	3
B	4	Weighing Scale, Adult	1	0	1
B	6	Instrument Cabinet	2	0	2
<b>PEDIATRICS</b>					
C	3	Ultrasonic Nebulizer	2	1	1
C	4	Weight Scale for Pediatrics	1	0	1
C	5	Pediatric Wheel Chair	2	1	1
C	9	Ambu Bag	2	0	2
C	11	Infusion Pump	2	0	2
<b>ORTHOPEDICS</b>					
E	1	Orthopedic Electric Traction Set	2	0	2
E	2	Lower Leg Traction Attachment	1	0	1
E	3	Plaster Table w/Plaster Trap	1	0	1
E	4	Plaster Cutter, Knife, etc.	1	0	1
E	5	Surgical Instruments for Orthopedics	1	0	1
E	7	Instrument Trolley	1	0	1
E	8	X-Ray Viewer	1	0	1
E	9	I. V. Stand	2	0	2
E	10	Neck Holder	5	0	5
E	11	Clothes Basket	1	0	1
E	12	Cabinet	1	0	1
E	13	Sphygmomanometer, Stand Type	1	0	1

No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho	Qty. of Equipment to be Procured
<b>ENT(OTORHINOLARYNGOLOGY)</b>				
F 1	E.N.T Treatment Chair	1	0	1
F 2	E.N.T Diagnos./Treat. Unit	2	0	2
F 3	Head Mirror	1	0	1
F 4	Audiometer	1	0	1
F 5	E.N.T. Instrument Set	2	0	2
F 6	Ultrasound Neblizer	1	0	1
F 7	Instrument Trolley	1	0	1
F 8	Kick Bucket	1	0	1
F 9	Tonsillectomy Set	1	0	1
F 10	Coagulator	1	0	1
F 11	Suction Unit	1	0	1
F 12	Cabinet	1	0	1
F 13	Sphygmomanometer, Stand Type	1	0	1
<b>OPHTHALMOLOGY</b>				
G 1	Ophthalmic Unit w/Instrument	1	0	1
G 2	Trial Lens Set	1	0	1
G 3	Test Chart	1	0	1
G 4	Slit Lamp Microscope	1	0	1
G 5	Retinal Camera	1	0	1
G 6	Skiascopy Racks	1	0	1
G 7	Ultrasonic Cleaner	1	0	1
G 8	Instrument Trolley	1	0	1
G 9	Lensmeter	1	0	1
G 10	Ophthalmometer	1	0	1
G 11	Kick Bucket	1	0	1
G 12	Patient Chair	1	0	1
G 13	Cabinet	1	0	1
<b>OBSTETRICS/GYNECOLOGY</b>				
<b>(Examination Room)</b>				
D 3	Gynecological Examination Unit	1	0	1
D 4	Gyn. Surgical Instruments Set	4	1	3
D 5	Kymographic Insufflation Apparatus	1	0	1
D 6	Labor Bed for Gynecology	2	0	2
D 7	Foot Stool	2	0	2
D 9	Infant Care Unit	1	0	1
D 10	Maternity Ultrasound Scanner	1	0	1
D 11	Examination Light	2	0	2
D 12	X-Ray Viewer	1	0	1
D 13	I. V. Stand	2	0	2
D 14	Partition	2	0	2
D 15	Kick Bucket	2	0	2
D 16	Instrument Trolley	2	0	2
D 17	Clothes Basket	1	0	1
<b>OUT-PATIENT DEPARTMENT</b>				
<b>(6 rooms+Spare Room)</b>				
M 1	Stethoscope	10	0	10
M 2	Cart	10	0	10
M 3	Kick Bucket	7	0	7
M 4	X-Ray Film Viewer	7	0	7
M 5	Foot Stool	7	0	7
M 6	Suction Unit, Wall mount type	7	0	7
M 7	Oxygen Flowmeter, Wall mount type	7	0	7
M 8	Examination Table	7	0	7
M 9	Examination Light	7	0	7
M 10	Patient Chair	7	0	7
M 11	Clothes Basket	7	0	7
M 12	Wash Basin Stand	7	0	7
M 13	Partition	7	0	7
M 14	Doctor's Desk & Chair	7	0	7
M 15	Instrument Cabinet	7	0	7
M 16	Injection Stand	7	0	7
M 17	Medicine Cabinet	5	0	5
M 18	Instrument Trolley	7	0	7
M 19	I. V. Stand	7	0	7
M 20	Drums (different size)	7	0	7
M 21	Examination and Treatment Table	1	0	1

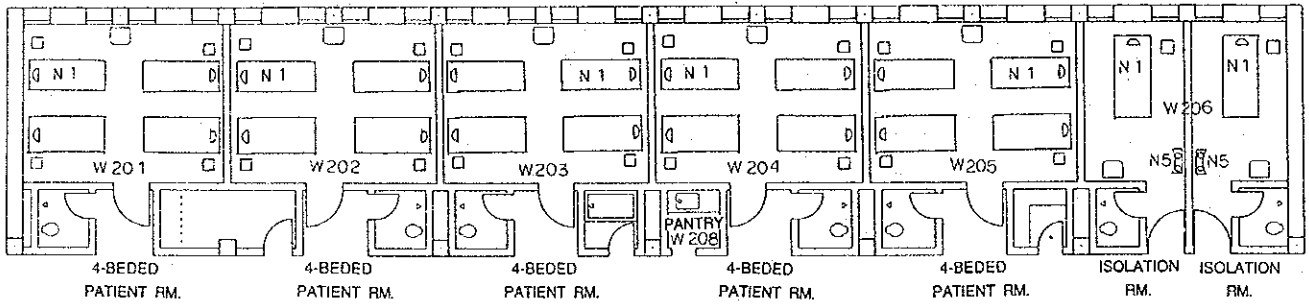




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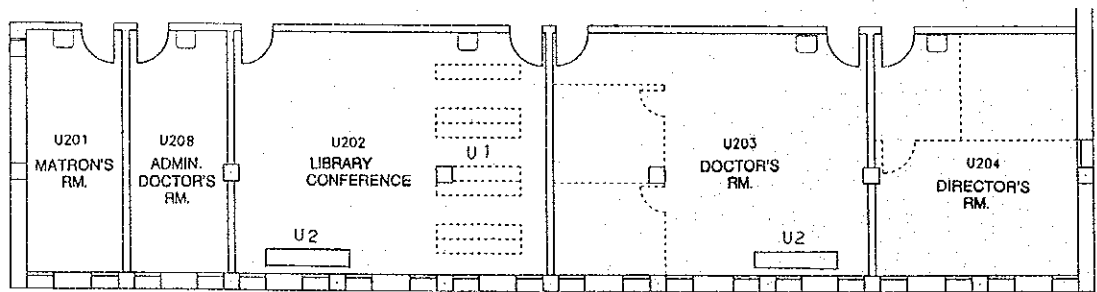
No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho	Qty. of Equipment to be Procured
<b>OPERATION THEATER</b>				
J 2	Shadowless Lamp, Ceiling Type	2	0	2
J 3	Shadowless Lamp, Stand Type	2	0	2
J 5	Ventilator	1	0	1
J 6	Cardiac Monitor	2	1	1
J 8	Instruments, Table Type	4	2	2
J 11	X-ray Film Viewer, Recessed Type	2	0	2
J 13	Minor Surgical Instrument Set	6	4	2
J 14	Major Surgical Instrument Set	6	0	6
J 15	Low Pressure Continuous Suction Unit	2	0	2
J 16	Infusion Pump	3	0	3
J 17	Cabinet, recessed type	4	0	4
J 18	Wash Basin Stand	2	0	2
J 19	Kick Bucket	2	0	2
J 20	Instrument Trolley	4	2	2
J 21	Cart	6	0	6
J 22	Operation Progress Timer	2	0	2
J 23	Laundry Cart	2	0	2
J 24	Doctor's Chair	2	0	2
J 25	Foot Stool	2	0	2
J 26	Instrument Cabinet	4	0	4
J 27	Stretcher	4	3	1
J 28	Suction Unit, Wall mount type	2	0	2
J 29	Oxygen Flowmeter, Wall mount type	2	0	2
J 30	Recovery Bed	2	0	2
<b>CENTRAL STERILIZING SERVICE DEPARTMENT</b>				
O 1	High Pressure Steam Sterilizer	2	0	2
O 2	Instrument Sterilizer	2	0	2
O 3	Ultrasonic Cleaning Set	1	0	1
O 4	Cleaning Machine for Endoscope	1	0	1
O 5	Cleaning Cabinet for Endoscope	1	0	1
O 6	E.O. Gas Sterilizer	1	0	1
O 7	Aerator	1	0	1
O 8	Clean Cabinet	1	0	1
O 9	Instrument Medical Cabinet	2	0	2
O 10	Cart, Trolley type	10	0	10
O 11	Working Table	4	0	4
O 12	Pass Box	1	0	1

No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho Hospital	Qty. of Equipment to be Procured
<b>(OBSTETRIC DELIVERY ROOM)</b>				
D 21	Delivery & Operation Table	1	0	1
D 22	Shadowless Lamp, Ceiling Type	1	0	1
D 23	Foot Stool	1	0	1
D 24	Delivery Instrument	6	2	4
D 25	Instrument Trolley	2	0	2
D 26	Instrument Tray Stand	3	0	3
D 28	Vacuum Extractor	2	0	2
D 29	Dressy Drum Stand	4	0	4
D 30	Wash Basin Stand	2	0	2
D 31	Instrument Cabinet	2	0	2
D 32	Infant Warmer	1	0	1
D 33	Examination Light	2	0	2
D 34	Infant Scale	1	0	1
D 35	Partition	2	0	2
D 36	Kick Bucket	2	0	2
D 37	Instrument Trolley	2	0	2



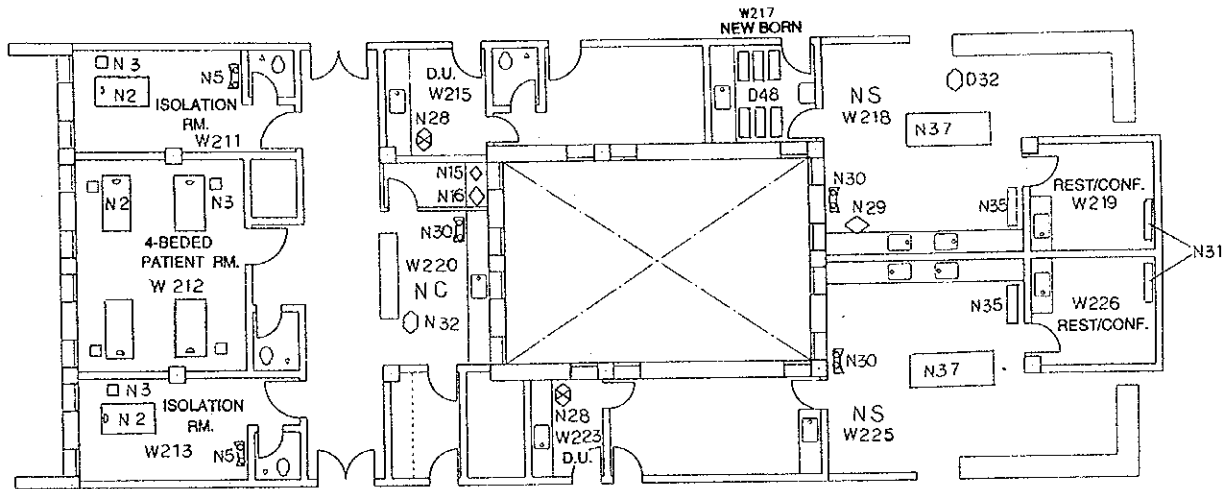
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No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho Hospital	Qty. of Equipment to be Procured
<b>WARD (FOR SURGERY)</b>				
N 11	Traction Apparatus for Bed	5	0	5
N 12	Wheel Chair	5	0	5
N 13	Walker	3	0	3
N 14	Air Mattress	1	0	1
<b>(FOR OBSTETORICS/GYNECOLOGY)</b>				
N 15	Milk Warmer	1	0	1
N 16	Bottle Sterilizer	1	0	1
N 17	Breast Pump	2	0	2
N 18	Weighing Scale, Adult	1	0	1
N 19	Weighing /Height Scale, Infant	1	0	1
<b>WARD</b>				
N 1	Bed with caster, for Adult	44	0	44
N 2	Bed with caster, for Pediatrics	6	0	6
N 3	Bedside Cabinet	50	0	50
N 4	Overhead Table	50	0	50
N 5	Wash Basin Stand	6	0	6
N 6	I. V. Stand	10	0	10
N 7	Washing Machine	1	0	1
N 8	Drying Machine	1	0	1
N 9	Examination Light	2	0	2
N 10	Cart	10	0	10



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No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho Hospital	Qty. of Equipment to be Procured
<b>Medical Office, Meeting Room, Director's Room, Head Nurse's Room</b>				
U 1	Bookshelf	1	0	1
U 2	X-Ray Film Viewer	2	0	2
U 3	White Board	4	0	4



1 : 200

No	Name	Required Qty. of Equipment for New Jericho Hospital	Qty. of Equipment to be Transferred from Existing Jericho Hospital	Qty. of Equipment to be Procured
<b>WARD</b>				
<b>(FOR NURSE STATION)</b>				
N 20	Sphygmomanometer, Table Top	6	0	6
N 21	Suction Unit, Wall mount type	10	0	10
N 22	Oxygen Flowmeter, Wall mount type	10	0	10
N 23	Medication Cart	2	0	2
N 24	Cart	4	0	4
N 25	Dressing Cart	4	0	4
N 26	Dressing Jar	2	0	2
N 27	Bedpan/Urine Glass with Rack	2	0	2
N 28	Bedpan Washer	2	0	2
N 29	Ice Maker	1	0	1
N 30	Wash Basin Stand	3	0	3
N 31	X-Ray Film Viewer	2	0	2
N 32	Medical Record Cart	3	0	3
N 33	Treatment Cart w/Refrigerator	2	0	2
N 34	Laundry Cart	2	0	2
N 35	Cabinet	2	0	2
N 36	Chair	10	0	10
N 37	Working Table	2	0	2
N 38	Instrument Cabinet	2	0	2
N 39	Weighing Scale, Adult	1	0	1
<b>OBSTETRICS/GYNECOLOGY</b>				
<b>(Examination Room)</b>				
D 44	Phototherapy Machine	2	1	1
D 45	Apnea Alarm	3	1	2
D 47	Oxygen Tent	2	0	2
D 48	Infant Cot	6	0	6

Layout Plan : (Equipment which are drawn on the Layout Plan, are supplied newly in this project except planned to be transferred from the existing hospital.)



# **Chapter 3**

## **Implementation Plan**



## **Chapter 3 Implementation Plan**

### **3-1 Implementation Plan**

#### **3-1-1 Implementation Concept**

The Project will be implemented within the framework of the grant aid system of the Government of Japan and will be officially launched with the approval of the Government of Japan and the Palestine Authority followed by the Exchange of Notes. As the first step of actual project implementation, the Palestinian side will select a Japanese consultancy firm (the Consultant), who is in charge of the basic design of the Project to proceed with the detailed design work for the facilities and equipment. Following completion of the detailed design documents, a contractor (the Contractor) and equipment supplier (the Equipment Supplier), both of which will be Japanese companies, will be selected through the tender process and will conduct the construction of the facilities and the procurement and installation of the equipment respectively. The agreements for the consultancy work, construction work and equipment work will become binding on certification by the Government of Japan.

The construction plan for the Project will be prepared taking the points described below into full consideration. It must be noted that the Project will be implemented in accordance with the grant aid system of the Government of Japan.

- a) The implementation schedule should be jointly and carefully examined by both the Japanese and Palestinian sides to decide the scope of work to be undertaken by each side and the timing of the work so that all types of work are smoothly completed without over-crowding on the site.
- b) All construction stages, ranging from the purchase of construction materials to the transportation of the materials and equipment to the site, construction/installation and the attendance of Palestinian engineers/technicians at the test run and adjustment of the equipment should be carefully planned.
- c) The construction schedule should be carefully planned, taking the local supply capacity of the equipment and materials and also the capability of local workers into consideration, to avoid idling and repetitive work. The schedule must be well balanced for the timely input of the materials/equipment and labour, including the dispatch of specialist engineers at appropriate times.

- d) Procurement priority should be given to local materials, available either in Israel or the occupied territory, and the construction methods should be those which will facilitate the on-site work.
- e) The timing of the construction work should be conducted in accordance with the site's weather conditions.
- f) As hardly any construction equipment/materials are available at the Jericho provisional zone, most of the equipment and materials will be transported to the Jericho District from Israeli or occupied territory. The transportation of the equipment and materials to the Jericho District will comprise the most important factor to determine the overall construction schedule of the Project. A precise transportation plan must be prepared in regard to the unloading and customs clearance of imported items and those items to be purchased locally.

### **3-1-2 Implementation Conditions**

#### **(1) General Conditions of Local Construction Industry**

Palestine is currently suffering from the structural subordination of its economy due to Israeli occupation. As the development of industries has been hampered by various impediments, it is difficult for the area to achieve economic independence. The commencement of provisional self-government is the first step to rectifying a number of social distortions caused by the long occupation and to improving the general living environment. The transitional division between the autonomous area and occupied area is the cause of much inconvenience in regard to the movement of people and materials between these two areas.

The subject area of the Project is the Palestine provisional autonomous area. As of July, 1995, despite the ongoing negotiations to enlarge the autonomous area to the entire West Bank, autonomous rights have been granted to the limited areas of Jericho and Gaza. The economic activities in these isolated pockets of Jericho and Gaza are, however, more restricted than in the occupied territory. The construction of social infrastructure has just begun and little construction work is in progress. Under these circumstances, the construction industry in the autonomous area is very immature and, as a result, it appears difficult to secure sufficient manpower, construction equipment and construction materials within the autonomous area. In contrast, some construction projects, mainly such public facilities as hospitals and housing developments, are in progress in the occupied territory and there are large construction companies as well as equipment



suppliers. While many types of equipment and materials require importation, most of them are available in local market.

Despite the temporary confusion due to the occupation, Palestinian society used to boast vigorous economic activities based on a stable social infrastructure and it is reasonable to believe that the local construction industry has much more potential than it currently shows. The general conditions of the local construction industry are outlined below.

a) Construction Materials

Almost all key construction materials are available in local market, including those made in Israel.

b) Workers

No problems are anticipated in regard to the recruitment of workers. As far as construction work in the Jericho District is concerned, however, it will be necessary to plan the construction of temporary accommodation for workmen on the premises or nearby to enable key workers to stay on site throughout the construction period. This measure is important because (i) skilled workers are in short supply in the Jericho District, (ii) it is preferable to avoid any unnecessary problems which may occur due to the daily passing of check points by many workers and (iii) adverse effects on the construction schedule caused by recruitment difficulties because of the closure of check points should be avoided. Local customs require Friday to be a day of rest and the general working hours are between 07:00 - 15:30 with a 30 minute lunch break.

c) Length of Construction Period

According to past examples of hospital construction (floor area of 4,000 - 5,000 m<sup>2</sup>) conducted by local companies, the average construction period length is approximately 18 months (1.5 years). This will necessitate careful planning of the schedule and strict schedule control by the Consultant for the Project.

d) Construction Machinery

Construction machinery (such as bulldozers, dump trucks, concrete pumps and cranes, etc.) are generally leased from a local contractor. There are several leasing companies with a large selection of machinery and no special problems are anticipated in regard to the local leasing of construction machinery for the Project.

e) Capability of Local General Contractors

There are several Palestinian contractors who have much experience in hospital and other construction work and all are deemed to have sufficient ability to conduct the construction work as sub-contractors for the Project.

f) Cost of Construction Materials

As most of the construction materials will be purchased through Israeli, the costs are those in the Israeli market. In short, the prices appear to be similar to those in industrialised countries.

g) Mechanical and Electrical Equipment

Most mechanical and electrical equipment and related materials (pipes and cables, etc.) in Palestine are mainly supplied by Israel and Europe with some coming from the US. No Japanese products in this field were found at the time of the survey. All the products currently in use are of a high grade and are better than Southeast Asian products, almost rivalling Japanese products. While the level of installation work is not as precise as that of the Japanese counterparts, local mechanical and electrical contractors are very eager to learn. In fact, they are capable of dealing with new techniques as well as Japanese products and of providing proper maintenance services. If appropriate technical guidance is provided at the time of installation, they will be capable of maintaining the special equipment/systems to be installed at the new Jericho Hospital.

h) In regard to water supply, it appears to be practically impossible to dig boreholes for use as a water supply source on the site as the construction of such deep wells is restricted by the Israeli authorities.

(2) Points to Note

There are several local construction companies with experiences in the construction of hospitals of a similar or larger scale and these companies can be trusted as subcontractors working jointly with the Japanese Contractor for the Project. Therefore, few technical problems are anticipated during the actual construction stage. One specific aspect of the planned construction work is that the work must be completed in a much shorter time frame than is usually the case locally while maintaining an appropriate quality standard of Japanese ODA project. To achieve this, the Japanese Contractor will be required to dispatch the relevant supervisors and expert engineers to guide local workers and engineers on the construction techniques, handling of imported equipment and equipment installation to ensure the smooth progress of the work.

As far as equipment is concerned, easy maintenance by the hospital staff or local agents is the main criterion for equipment selection. It will still be necessary for the Equipment Supplier to arrange the dispatch of engineers of the equipment manufacturers at the time of installation to ensure that the special installation requirements are fully understood by the relevant hospital staff.

Punctual procurement and delivery in line with the schedule and the recruitment of skilled workers are two essentials to complete the work at a high standard within the originally planned period. It will be necessary to obtain the construction machinery and materials at an earlier stage to forestall any incident whereby a delay in material delivery prolongs the construction period. The construction of temporary on-site accommodation for workers should be considered to ensure the availability of workers on site.

### **3-1-3 Scope of Works**

The following division of work between the Japanese and Palestinian sides is deemed appropriate for the implementation of the Project.

(1) Work to be Undertaken by the Government of Japan

a) Buildings

- Main hospital building and related facilities

b) Building Services

- Water supply system
- Sewage treatment/disposal system
- Rainwater drainage system
- Plumbing service
- Fire-fighting system
- Gas supply system
- Hot water supply system
- Air-conditioning and ventilation systems
- Power reception and emergency power supply systems
- Electrical service
- Telephone system

c) External Work

- Paving of premise road and car park
- External lighting
- Other supplementary external work, including fencing and gates

d) Equipment Installation Work

- Medical equipment
- Office equipment
- Ambulance

e) Other Works

- Preparation of the project site prior to the commencement of construction work
- Construction of an access road to the project site

- Extension of the water supply, power, telephone, drainage, sewerage and other building service facilities to the project site

(2) Work to be Undertaken by Palestinian Authority

- a) Securing of the project site
- b) Removal of obstructive structures, etc. from the project site prior to the commencement of construction work
- c) Provision of general furniture
- d) Transfer existing equipment to the new Jericho Hospital
- e) Other works
  - Payment of bank commission to a Japanese foreign exchange bank.
  - Guarantee of safe and prompt unloading, customs clearance and transportation of equipment and materials for the Project which are to be procured within the scope of the Japanese grant aid at and from the port of importation.
  - Exemption of all Japanese companies and individuals engaged in the Project in accordance with certified agreements relating to the Project from customs duties, domestic taxes or financial levies imposed in Palestine.
  - Provision of any convenience required by Japanese nationals engaged in the Project in accordance with certified agreements relating to the Project to enter and stay in Palestine to conduct their work assignments.
  - Proper and effective utilisation and maintenance of the buildings and equipment provided by the Japanese grant aid for the Project.
  - Payment of all expenses which are not covered by the grant aid but which are essential for the successful implementation of the Project.
  - Coordination and solution regarding any problem which may arise concerning a third party or people living in the vicinity of the project site as a result of the implementation of the Project.

### 3-1-4 Consultant Supervision

The construction work for the Project will be supervised by the project implementation body, Consultant, Contractor and Equipment Supplier with the joint coordination of the related official ministries and agencies of the Government of Japan and the Palestinian Authority. The nature of the supervisory work to be conducted by the immediate supervisory bodies is outlined below.

#### (1) Project Implementation Body

The competent agency responsible for the implementation of the Project on the Palestinian side is the Ministry of Health (MOH) and the Jericho Hospital is under the jurisdiction of the MOH as a public hospital.

Such official documents as the Minutes of Discussions and E/N for the Project will be signed by the Minister of Health and various agreements, including those on the consultancy, construction, equipment supply and banking arrangements, will be signed by the Deputy Minister of Health.

In addition, the Ministry of Planning and International Cooperation (MOPIC) will be responsible for coordinating the acceptance of the Japanese grant aid for the Project.

#### (2) Consultant

A Japanese consultancy firm, who is in charge of basic design study of the Project will be appointed as a consultant for the Project. The Consultant will consult with the Palestinian side in regard to the preparation of the detailed design for the facilities and equipment and the finalisation of the tender documents. At the supervisory stage of the building construction and equipment installation work, the Consultant will assign a full-time site supervisor to guide contractors and to liaise with the Owner and all other related agencies. Moreover, the Consultant will dispatch engineers to witness the completion inspection in accordance with the work progress. The expected work of the Consultant is outlined below.

- Detailed design: preparation of the tender documents for construction work and equipment supply/installation work (detailed design drawings, specifications, bill of quantities, budget)

- Assistance for tender and work agreement processes: decision on the contracting method, preparation of draft work agreements, survey on the contents of contract specifications and selection of the Contractor (announcement of tender, prequalification, tender, assessment of bids and witnessing of contract negotiations and signing)
- Inspection and authorisation of shop drawings: inspection and authorisation of the shop drawings, work plans, material and finishing samples and building service equipment to be submitted by the Contractor and Equipment Supplier
- Work supervision: examination of the work execution plan and schedule and supervision of contractors
- Reporting of work progress: reporting of the work progress to the Owner and Project-related organizations
- Assistance for payment authorisation: examination of invoices relating to payments to be made during and after the work and assistance to facilitate these payments
- Witnessing of inspection: witnessing of the completion inspection to be conducted during the entire project period

### (3) Contractor

The Contractor will be decided by means of open tender by qualified Japanese construction companies. The Contractor will complete the construction of the buildings within the contract period in accordance with the design documents prepared by the Consultant and will hand over the buildings to the Palestinian side. The construction work will consist of such key work as building work, air-conditioning and ventilation work, plumbing work, electrical work and external work and the Contractor will lead both the Palestinian and Japanese subcontractors, engineers and workers to complete the work. The Contractor will assign full-time, on-site supervisors, the number of which is deemed appropriate in terms of the size and contents of the planned buildings under the Project.

(4) Equipment Supplier

The Equipment Supplier will be decided by means of open tender by qualified Japanese trading companies. The Equipment Supplier will procure and install the equipment, which must meet the specifications set by the Consultant, within the contract period. At the installation stage, the Equipment Supplier will dispatch the relevant expert engineers to supervise the installation work and to explain the operation and maintenance requirements to the Palestinian side.

The work supervision system for the Project, taking the supervisory requirements described above into consideration, is shown below.

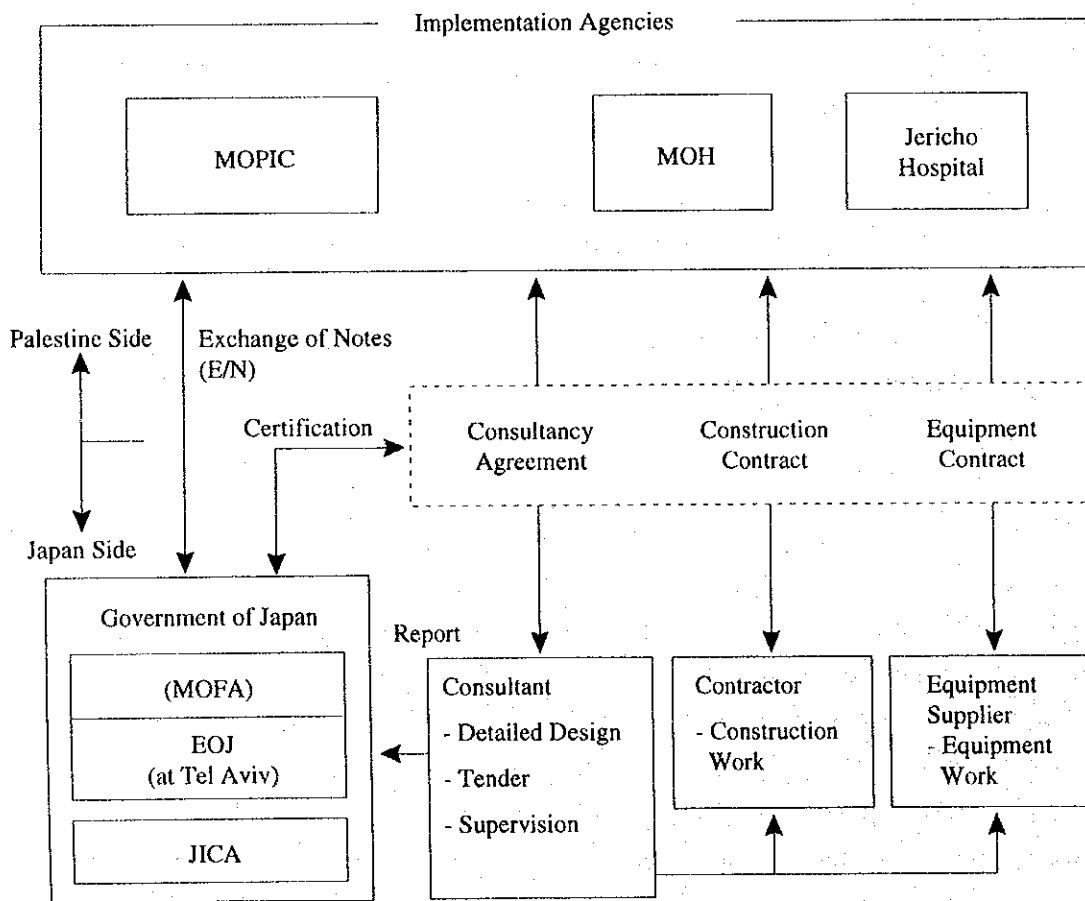


Fig. 3-1 Work Supervision System



### **3-1-5 Procurement Plan**

#### **(1) Procurement Priority**

The procurement priority for construction materials and building equipment will be given to local materials to ensure easy maintenance after the completion and handing over of the facilities to the Palestinian side. Including those foreign products marketed by local dealers, most of the construction materials required for the Project can be procured locally. However, it will still be necessary to select those materials which are most suited to the Project while taking the planned construction period, supply capacity of local suppliers, workability and durability/quality/cost of materials, etc. into proper consideration.

The medical equipment to be procured under the Project is mainly high precision equipment although no equipment for highly advanced medical care is included. As local dealers handle a wide range of equipment made in Israel, Japan, Europe and the US, no major problems are anticipated relating to the repair or maintenance of this equipment in the future. The selection of appropriate equipment for the Project is essential in terms of performance, durability and cost.

The Israeli Institute of Tests and Standards (TEKAN) conducts the performance testing of industrial products in Israel. The TEKAN issues the TEKAN mark for those products successfully passing its tests to certify product performance. This system is partially designed to protect Israeli industries against foreign products and is mainly designed to protect consumers by eliminating poor products. As such, the TEKAN mark can be used as a yardstick to confirm reliable product performance for those items to be procured in Israel and the occupied territory.

#### **(2) Tax Exemption Measures**

There are four likely sources of equipment and material supply for the Project, i.e. (i) abroad, including Japan, (ii) Israel, (iii) the occupied territory and (iv) the autonomous area. Any construction material for use for construction work in the Jericho autonomous area is usually subject to import duty at the time of import and VAT at the time of domestic purchase. The following will likely apply in regard to tax exemption for the Project which is a grant aid project of the Government of Japan.

1) Import Duty

All products procured abroad will be landed at an Israeli port, such as Haifa and Ashdod, and will then be transported to the site by road. There is an established procedure between the Government of Israel and the Palestinian Authority to exempt equipment procured for a grant aid project to undergo a special import process without using a local dealer in order to exempt this equipment from import duty. Despite this arrangement, however, it will be necessary to provide the Palestinian Authority with the shipment list as soon as goods are shipped to Palestine so that the Palestinian Authority can process the necessary documents with the Government of Israel to ensure smooth customs clearance at the time of the materials arrival at an Israeli port.

2) VAT

Any item procured in Israel, the occupied territory or the autonomous area is subject to VAT. It is impossible to avoid payment of VAT or to obtain a VAT refund if an item is procured in Israel.

In the case of procurement in territory of Israel, VAT is an issue relating to the authority of Israel and it will be necessary for the Palestinian side to explain that the equipment is part of a Japanese ODA project and to negotiate with the Israel side in order to obtain VAT exemption or refunding.

In the case of procurement in the occupied territory, negotiations are in progress between the Palestinian side and the Israeli side concerning the refunding of VAT.

In the autonomous area, as hardly any items will be procured in the area and as most items will be brought into the area from Israel proper or from the occupied territory, negotiations with the Israel side will again be necessary, as in the case of procurement in the occupied territory.

As described above, it will be necessary to hold prior consultations with the Israel side and take the necessary preparations in order to receive the exemption from or refunding of import duty and VAT in the case of the equipment and materials being procured locally. Provided that no maintenance problems are anticipated, it may be more cost efficient for some equipment and materials to be imported for use under the Project. A sensible decision must be made regarding procurement for the Project, taking the objectives and planned construction schedule of the Project and the grade and acceptable cost of the items to be purchased into consideration.

### (3) Transportation

The time required to import items from Japan is 5 - 6 weeks for sea transportation from Port Yokohama to Port Haifa and approximately one week for customs clearance. Import from European countries will take 1 - 2 weeks for sea transportation and approximately one week for customs clearance. Following customs clearance, a few days will be required for land transportation to the project site in Jericho under normal conditions. Assuming two weeks for customs clearance and land transportation after arrival at the local port, the total transportation duration is likely to be approximately 8 weeks for shipment from Japan and 4 weeks for shipment from Europe.

### **3-1-6 Implementation Schedule**

In the case of the Project's implementation with grant aid cooperation provided by the Government of Japan, the conclusion of the E/N by the two sides will be followed by 3 project stages.

#### (1) Preparation of the Detailed Design Documents

The tender documents will be prepared based on the detailed design. These documents will consist of the detailed design drawings, specifications, cost estimate and budget plan, etc. At an appropriate time during the detailed design period, a meeting will be held with the Palestinian side to obtain approval of the detailed design results prior to proceeding to the tender stage. This entire stage is expected to take approximately 5 months to complete.

#### (2) Tender and Contract

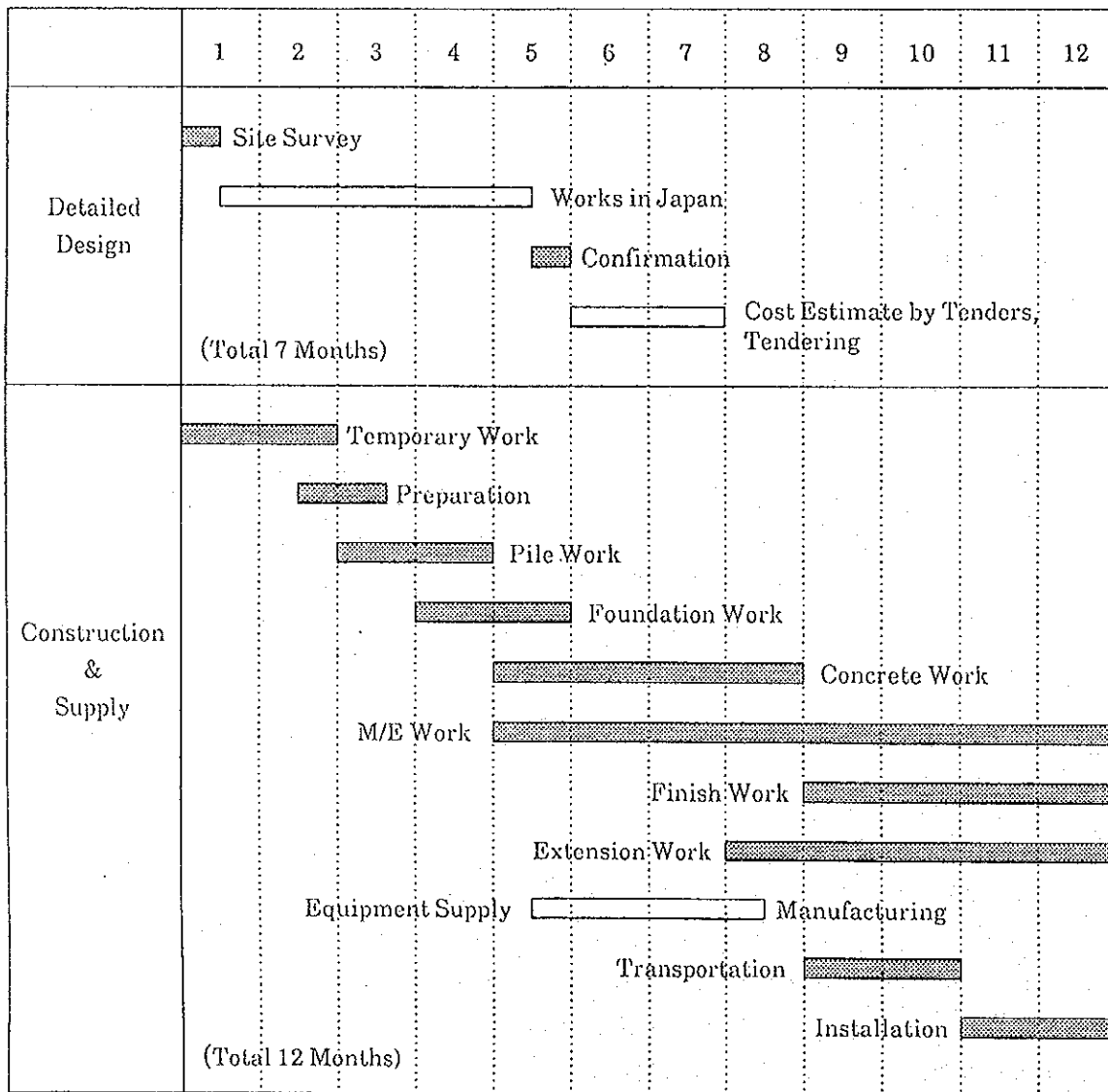
Following completion of the detailed design, prequalification (PQ) will take place in Japan. Based on the PQ results, the project implementation body will invite bidders and will conduct the tender process in Japan with the attendance of the Palestinian side. The bidder with the lowest bid will be announced successful provided that the contents of the bid are judged to be appropriate and will conclude a construction agreement. Approximately 2 months will be required to complete the entire process from tender to the signing of the work agreement.

#### (3) Construction and Equipment Supply Work

Following the signing of the construction agreement, the Contractor will commence the work on receipt of certification by the Government of Japan. In view of the size and contents of the buildings to be constructed, the time required to complete this stage is expected to be approximately 12 months.

The above schedule is compiled in Table 3-1.

Table 3-1 Implementations Schedule



### **3-2 Operation and Maintenance Costs**

#### **(1) Operation and Management Plan**

Jericho Hospital will be responsible for their operation in its role as a public hospital, however, in terms of management and budgetary measures, the facilities shall be placed under the supervision of the MOH.

Regarding the operation of the new hospital, the overall facilities maintenance shall, be the responsibility of the Jericho Hospital Maintenance Department. A specialist maintenance team consisting of medical equipment engineers, electricians, carpenters, painters and repair engineers is scheduled to be organized and a system for implementing regular inspections and repairs will be prepared. Prior to the handing over of the facilities, it will be necessary to provide training to these maintenance staff in the maintenance of the new hospital facilities and equipment, and thus support the establishment of the maintenance setup by the hospital side. Furthermore, it is desirable that the maintenance staff be allowed to regularly visit the equipment and instrument installation work sites so as to allow them to fully understand the equipment and instrument systems and be able to smoothly carry out the maintenance work following the handing over of the facilities.

The maintenance of the medical equipment is an extremely important factor in securing the full utilization and effects of the Project facilities. The daily inspections and maintenance of the equipment shall be carried out by the hospital engineers and responsible staff of each department, however, for some items of equipment, regular inspections by dealer engineers will be indispensable. Consequently, it will be necessary for the hospital side to conclude maintenance contracts with the dealers and establish a maintenance, inspection and repair system.

MOH has a responsibility to back up the hospital operation in all aspects including manpower and finance.

## (2) Facility Maintenance

### 1) Buildings

The main points in regard to building maintenance are daily cleaning, the repair of worn or damaged parts and security to ensure building safety and security.

Daily cleaning will have a favourable effect on the attitude of those using the buildings, resulting in them taking more care, and is also important to maintain the necessary level of cleanliness for the medical facilities. It also leads to the early discovery of damage and equipment breakdown and subsequent early repair, thereby prolonging the life of building service equipment and medical equipment.

Repair work mainly consists of the repair or renewal of exterior and interior finishing materials it is believed that remodelling or partial rebuilding will be required every 10 years due to changes in activities and/or staff increases. The regular inspections and repair required to prolong the life of the buildings.

#### Outline of Regular Building Inspections

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##### Exterior

- |  |   |
|--|---|
| - Repair and repainting of exterior finishings             | every 5 years                                 |
| - Inspection, repair and repainting of roofing             | inspection: annually<br>others: every 5 years |
| - Inspection and repair of roof waterproofing              | inspection: annually<br>repair: as required   |
| - Cleaning of gutters and drainage facilities              | monthly                                       |
| - Inspection and repair of sealing of exterior fixtures    | annually                                      |
| - Painting of exterior doors and window frames             | every 5 years                                 |
| - Inspection and cleaning of drainage ditches and manholes | monthly                                       |
| - Gardening  | as required                                   |

##### Interior

- |   |             |
|---|-------------|
| - Alteration of interior finishings       | as required |
| - Repair and repainting of interior walls | as required |
| - Replacement of ceiling materials        | as required |
| - Adjustment of doors and windows         | annually    |
| - Replacement of hardware                 | as required |
-

## 2) Building Equipment

The life of building service equipment can definitely be extended by proper operation and regular inspection, lubrication, adjustment, cleaning and repair. The safety of the buildings must be secured by measures preventing equipment breakdown and accidents without causing damage to the buildings. Overhauls and the exchange of worn parts must be conducted pursuant to the maintenance manuals at the time of regular inspection. Maintenance staff must have a proper understanding of the system designs. Full-time engineers should be provided for each of (i) electricity, (ii) air-conditioning, (iii) water supply, drainage and sanitation and (iv) special equipment fields. Moreover, these engineers should undergo on-site training from the equipment installation and test operation stages to obtain a thorough knowledge of the equipment for which they will be responsible. Maintenance manuals will be provided at the time of project completion.

## (2) Maintenance of Equipment

### 1) Equipment

Proper equipment maintenance is one of the most important elements to ensure the smooth running of the new Jericho Hospital. Systematic maintenance is essential as much of the medical equipment is fragile and/or vulnerable to environmental changes in temperature or humidity and also to vibration and impact. In general, equipment maintenance consists of regular checks by those using the equipment on a daily basis and emergency checks as well as annual or six monthly inspection by expert engineers. Regular checks are conducted in accordance with the operation and maintenance manuals by the staff members made responsible for specific equipment. The planned maintenance system for various types of equipment is shown below.

Outline of Equipment Maintenance

Equipment Type	Typical Equipment	Internal Check	External Contract	Life (years)
Special Medical Equipment	bedside monitor, ECG, defibrillator	- regular cleaning - monthly inspection	annual contract for regular maintenance	7
Ordinary Medical Equipment	anaesthesia apparatus, ventilator, operating table, operating lamp	- regular cleaning - twice a month inspection	- as required due to breakdown - twice a year	7
Clinical Examination Equipment	blood gas analyser, CO2 incubator, centrifuge	- regular cleaning - 4 times a month inspection	annual contract for regular maintenance	6
X-ray and ultrasonic equipment	X-ray apparatus, ultrasonic scanner	- regular cleaning - twice a month inspection	annual contract for regular maintenance	10
Medical Tools, etc.	stethoscope, sphygmomanometer, operating tools, bed, steriliser	- regular cleaning - monthly inspection	as required due to breakdown	2
Optical Equipment	endoscope, microscope	- regular cleaning - monthly inspection	- as required due to breakdown - twice a year	4
Maintenance Tools	washing machine, tool set	- regular cleaning - monthly inspection	- as required due to breakdown - once a year	5
Other Equipment, etc.	ambulance	- regular cleaning - monthly inspection	- as required due to breakdown - once a year	10

### 2) Consumables and Medical Supplies

The inventory control of consumables and medical supplies must be conducted through the coordinated efforts of the clinical and laboratory departments and the administration department. The former must check the inventory level to confirm the proper use of these items while the latter must ensure their smooth supply to all departments through systematic procurement from suppliers or agents.



(3) Running Cost Estimate

Annual running cost of the new Jericho Hospital following the handing over of all the buildings and equipment to the Palestinian side is estimated as follows.

Estimated Running Cost of the New Jericho Hospital

a) Personnel Cost.....	549,600 US\$
b) Consumables Cost.....	325,700 US\$
c) Expenditures	
• Operation Cost.....	216,255 US\$
• Maintenance Cost.....	40,800 US\$
SUB TOTAL.....	257,055 US\$
d) Depreciation Reserves	
• Building (1/50 of construction cost).....	260,000 US\$
• Equipment (1/10 of equipment supply cost).....	200,000 US\$
SUB TOTAL.....	400,000 US\$
TOTAL.....	1,592,355 US\$

Bases of above cost estimation is shown on Appendix-7.



# **Chapter 4**

## **Project Evaluation and Recommendation**



## Chapter 4 Project Evaluation and Recommendation

### 4-1 Project Effect

Medical care agencies active in Palestine are roughly divided into public and private bodies, UNRWA and NGO. The public medical care institute, consisting autonomy, 14 hospitals and 206 clinics, was transferred to the Palestine side following the effectuation of however, the functions of many of the public hospitals in Palestine have declined due to disorders caused by the occupation. In order to improve the level of medical services in Palestine and stabilize medical policy over the long term, it is vital that public medical bodies be improved and expanded to act as the central facilities in the overall medical setup.

Jericho Hospital is the only public, secondary medical care facility in the Jericho district and bears a huge responsibility for improving the level of medical services in the district. By renewing the functions of Jericho Hospital through replacing its old deteriorated building with brand new hospital buildings, it is hoped that this will directly and indirectly benefit all residents in Jericho and also contribute to improved public welfare and stable autonomy in the said district.

The objectives of the Project can be divided into the restoration of the functions of Jericho Hospital in the short term, the improvement of the secondary medical care service in the intermediate term, and the strengthening of the comprehensive medical care service in Palestine in the long term. The appropriateness and beneficial effects of Project implementation are verified in the manner described below.

#### (1) Appropriateness

##### 1) Appropriateness of Volume and Grade

As the short-term and middle-term objectives of the Project are restoration of the functions of Jericho Hospital and improvement of the secondary medical care service in Jericho, a facility volume that is neither too large nor too small needs to be set together with high equipment grades for the sake of ensuring operating efficiency. Overly large facilities and needlessly high-grade equipment would require expensive maintenance and may hinder the sound business running of the hospital.

Judging from current analysis, the volume of facilities shall be calculated based on the existing covered population and the new hospital shall possess the same number of beds as the existing hospital, i.e. 50 beds. In consideration of forecast population

increase in the future, the new hospital site shall contain enough land to allow building extension and thus make the planned expansion of hospital scale possible.

As the transportation of patients from Jericho to other districts will be difficult in view of the existing situation, it is required that Jericho Hospital possess a certain degree of self storing functions. Therefore, with regard to the quantities and grades of the equipment, models of basic medical equipment that are easy to use, robust and easy to maintain shall be introduced in the required quantities.

It is judged that the volume and grades of the facilities and equipment just right for allowing Jericho Hospital to become the central facility of the secondary medical service in the said district, and are appropriate in terms of the objectives of the Project.

## 2) Appropriateness of Operation and Management

In order to enrich the secondary medical care functions of the new Jericho Hospital, the establishment of new departments such as ophthalmology and otorhinolaryngology departments and the introduction of new medical machinery are necessary, and a larger operating organization will be required. It is planned to form a Joint Committee composed of representatives from the MOH, PHC and hospital sides to set up operating organization and principles of the new hospital. It will be possible to get the hospital operation under way in a short time through reflecting the experience and knowledge in operation gained at the existing hospital. Moreover, handling and explanation of the facilities and equipment can be directly performed by the people in charge at Jericho Hospital.

No major problems exist regarding the organization for operation and management of the new Jericho Hospital and, as good operation can be expected immediately following the handing over of control, it is considered that the facility operation and management is appropriate in terms of the objectives of the Project.

## 3) Appropriateness of Maintenance

It is possible to reduce the rate of breakdown occurrence through putting effort into daily maintenance. The hospital requires a maintenance setup that enables breakdowns to be dealt with promptly and proper functions to be restored.

The new Jericho Hospital will possess a small but specialist maintenance staff. It is forecast that the amount of labor involved in maintenance will increase following the

expansion of functions, however, by establishing a maintenance setup that responds to these functions, sufficient maintenance can be expected.

In the facilities plan, locally common and durable work methods and materials have been selected for the facilities and equipment.

With regard to the selection of items of general equipment and medical equipment, priority has been given to ensuring the ease of local maintenance, including consideration being given to ease of local procurement of expendable items and exchange parts. Since part of the main equipment used in the existing hospital will be transferred to the new hospital, the working environment at the new Jericho Hospital will allow staff to use the experience gained at the previous hospital in the maintenance activities. There will be no problems regarding the capacity of the maintenance organization for the facilities and equipment planned in the Project, and this again is judged to be appropriate in terms of the objectives of the Project.

#### 4) Appropriateness of Financial Control

Although the new Jericho Hospital will basically inherit the scale and functions of the existing Jericho Hospital, increased examination and treatment items such as in the ophthalmology department, otorhinolaryngology department and physical therapy, improved inspection contents following the introduction of new machinery, and the provision of efficient and time-saving facilities and equipment will lead to a major expansion in the hospital's functions. It is forecast that this will bring about an increase in the number of people using the hospital and that this in turn will lead to higher operational expenses than at present due to higher running costs and increased consumption of medical expendables, nursing expendables, samples and pharmaceuticals. In order to ensure the long-term and stable operation of Jericho Hospital, it is necessary to secure a sufficient operating budget.

The operating budget of Jericho Hospital is included in the annual MOH budget. The operating budget for the first year will be determined based on trial calculated values, and the budget for from the second year onwards will be prepared based on actual conditions. The operational expenses will be covered by the MOH budget and the treatment charges collected from patients.

Due to the efforts made by the Palestine side following the start of autonomy, the number of patients has again started to show an increase. The local residents expect much from the new hospital, and it is hoped that the number of patients further increases and that this will lead to a strengthening of the hospital's financial base.

Expectation is being placed on income coming in from health insurance to help the financial standing of the MOH, however, the number of people who have entered the insurance program is still limited. The MOH is investigating ways to increase the number of health insurance contributors. If the new hospital can encourage people to enter the health insurance program, it is hoped that it will contribute to the securing of the operating budget for Jericho Hospital.

(2) Beneficial Effect

It is expected that implementation of the Project will result in the restoration of the functions of the deteriorated Jericho Hospital, the improvement of secondary medical services in Jericho, and the strengthening of the comprehensive medical service setup in Palestine. The beneficiaries of these effects will be the in-patients and out-patients of Jericho Hospital in direct terms and the residents of the Jericho district in indirect terms. In addition, it is hoped that as a model for the operation of a local, secondary medical care hospital, the beneficial effects from Jericho Hospital will spread throughout all of Palestine.

1) Improvement of the Medical Service in Jericho

Medical organizations such as UNRWA and other NGO bodies are currently implementing various aid activities in Palestine, however, by expanding the functions of Jericho Hospital, which is the sole public, secondary medical facility in the Jericho district, this will raise the level of local medical care and remove concerns over the public health and hygiene of the local citizens. Moreover, because the medical facilities of UNRWA and the NGO bodies are mainly for emergency measure, it is forecast that their activities will be reduced following the expansion and stabilization of autonomy. In this situation, it is the public hospitals which must bear the medical care services of Palestine in the long term, and the expansion of functions of Jericho Hospital to make it a center of local medical care will enable a steady supply of medical services to the district of Jericho. Furthermore, the strengthening of links between the MCH and PHC, which is centered around Jericho Hospital, can be expected to contribute to greater public health and hygiene education activities in Jericho.



2) Securing of Patients and Promotion of Entry to the Health Insurance Program through Provision of a High Quality Medical Care Service

Even in the case of a public hospital, independent business running effort is required in order to secure financial stability. The provision of a high quality medical care service at the new hospital will improve the medical care environment in Jericho and, at the same time, enable more patients to be secured and so lead to the obtaining of income from examination and treatment charges to act as the base for the business running of the hospital. The residents desire a medical care service that matches with their outlay, and the provision of a high quality service will act to encourage people to enter the medical insurance program. If a stable income from insurance premiums can be secured to act as a revenue source for the MOH, it is hoped that a beneficial effect can be realized in securing greater inclusion of Jericho Hospital in the MOH budget.

3) Establishment of a Local Health Care Improvement Model to be Followed by All Districts following the Expansion of autonomy to the Whole of the West Bank

With the scheduled expansion of autonomy in the future, it is considered that the responsibilities of each district's secondary medical care hospitals will increase. Efforts must be made to provide long-term and high quality medical care services based on MOH policy and through sound financial bases and steady hospital running. It is hoped that Jericho Hospital acts as a role model for hospital running such as its maintenance system and business management policy in its role as the secondary medical care hospital of the autonomy district. At the same time, it is hoped that, as a model for improvement of local medical care that supervises PHC and MCH, it will contribute to the promotion of medical care system improvement in other districts, too.

4) Establishment of a Model for Medical Technology Learning and Standardization

Many medical personnel in Palestine have received training and education in Europe, America or surrounding countries and, due to the differences in skill levels and methods and terminology among personnel. The new hospital will possess the latest secondary medical care equipment and its activities will lead to the correction of skill differentials between medical staff and the standardization of the medical service. By spreading the standardization of a medical service that takes Jericho Hospital as its model to the hospitals of other districts following the expansion of autonomy, it is hoped that this will contribute to the correction of medical technology differentials throughout Palestine.

## 4-2 Recommendation

### (1) Short-term Issues and Recommendations

In order to ensure the effective Project implementation and operation of the Project facilities, the Palestine side needs to respond to the following issues and recommendations, while the Japan side needs to amply follow up on the implementation and state of progress.

#### 1) Hospital Organization and Staffing

- A thorough-going inventory control system, including the use of medical supply ledgers, is required to ensure the effective utilization of medical supplies and expendable items.
- The effective implementation of maintenance through the keeping of regular inspection and repair ledgers and records is required to ensure the maintenance of facility and equipment functions.
- Maintenance manuals, operation manuals and circuit diagrams, etc. should be prepared and engineers, who are able to conduct the proper operation and maintenance based on such documentation, should be nurtured on a continuous basis.
- Some items of equipment lose their guarantee warranty in cases where people other than the responsible maker staff carry out repairs. It is necessary to fully understand the contents of maker warranties and take care not to perform non-designated repairs. In the case of high level equipment, it is necessary to consign repair work through concluding maintenance contracts with the makers, and so on.

#### 2) Hospital Finances and Fund Plan

- It is necessary to immediately stabilize the financial side of hospital operation through compiling a fund plan and understanding the income and expenditure situation each month.
- It is necessary to conclude a maintenance contract for the high level medical equipment and include the budget for this in the fund plan in advance. The maintenance of all the medical equipment and biochemical analyzers costs some US \$12,300 each year and the implementation of such maintenance will lead to extended equipment lives.

- When operating the medical cost exemption system for patients living in poverty, it is necessary to strictly conduct the exemption authorization process and make every effort to recover the medical care expenses.
- 3) MOH Medical Care Policy, Organization and Staffing
- The MOH needs to bolster its organization and staffing in order to strictly monitor the business management situation of the hospital.
- 4) MOH Finances and Fund Plan
- The hospital will eventually be run as a self-supporting accounting unit, however, until the business running of the hospital settles down, it will require powerful support from the government. It is necessary for the MOH to include support of the hospital, for example, the paying of subsidies and the compensating of personnel expenses, in its budget.

(2) Medium and Long-term Issues and Recommendations

In addition to the above-mentioned issues and recommendations, it is desirable that the Palestine side take the following measures in order to further heighten the effect of Project implementation.

1) Hospital Organization and Staffing

- The staff of the hospital need to be deployed in appropriate numbers in relation to the scale of the hospital, in order to ensure efficient hospital running
- It is necessary to prepare the training and education setup for the hospital staff in order to ensure the raising and standardization of staff skill levels.
- A central control setup needs to be established within the hospital to ensure the effective utilization of the limited quantities of equipment.
  - Eliminate private use and prevent the diversion of equipment for use outside examination and treatment hours.
  - Avoid the repeated use of the same equipment by different departments and investigate ways to achieve the effective utilization of equipment.

- It is necessary for the hospital to establish a setup for autonomous monitoring and supervision
  - Compile plans for monitoring increases and decreases in disposition and inspection patient numbers in each department, keeping operation efficiency indices, and overall inspections and supervision.
  - Clarify the internal responsibilities, the limits of authority and the inceptions within each of the hospital departments.

## 2) Hospital Finances and Fund Plan

- Reviews of inspection charges and examination, treatment and care charges should be carried out continually to ensure that such charges are able to recover actual expenses. Just because the hospital is a public one does not mean that it should be allowed to record losses.
- It is necessary to make efforts to definitely levy and collect examination and treatment fees.
  - Investigate sure ways to levy and collect charges from patients being examined.
- It is necessary to introduce the concept of depreciation and start accumulating a reserve fund in readiness for the renewal of equipment due to the relationship between service life and deterioration over time.
- Effort needs to be made to ensure the appropriate deployment of staff in the hospital. In particular, it is necessary to reexamine the fee system for para-medical staff, who tend to be in short supply.

## 3) MOH Medical Policy, Organization and Staffing

- In order to establish a referral system, it is necessary to establish a setup that includes referral slips, penalty charges and transfer backs, etc.
- Efforts should be made to analyze the composition of diseases and investigate methods to contain the actual occurrence of diseases.
  - Spread awareness of public health and hygiene through greater PHC activities.
- It is necessary for the supervisory ministries and agencies to establish a monitoring and supervisory setup.
- Greater effort is required to increase the insurance entry rate.

#### 4) MOH Finances and Fund Plan

- Strong government supervision of the financial and fund planning sides is necessary.
  - Hospital managers should be made fully aware of the rates for personnel expenses and medical supplies.
  - Tax exemption measures should be examined in the area of medical care.
- It is necessary to monitor and guide each hospital to make sure that they have set examination and treatment fee systems that allow actual expenses to be recovered. It must be made fully clear that the recording of losses through reckless management will not be permitted, even in public hospitals.
  - Implementation of examination and treatment fee system revisions following price rises.
  - Implementation of inspection and examination and treatment cost revisions following price rises in samples, pharmaceuticals and expendable items due to exchange rate fluctuations.
- It is necessary to take sure measures to provide medical care services to people living in poverty
  - Examination of expansion of the insurance system and the adoption of risk sharing.
  - Investigation of the setting of examination and treatment fee systems according to different income classes.



# APPENDIX

- 1 Member List of the Survey Team
- 2 Survey Schedule
- 3 List of Party Concerned in Palestinian Authority
- 4 Minutes of Discussion
- 5 Bases for Calculation of Hospital Volume
- 6 Cost Estimation Borne by Palestinian Authority
- 7 Estimate of Operation and Maintenance Cost
- 8 Site Information
- 9 Possessed Equipment of Existing Jericho Hospital
- 10 Fee for Medical Care Services
- 11 Monitoring Indicators for Medical Institute

**1 Member List of the Survey Team**

**1-1. Basic Study Team**

**1-2. Draft Report Team**



## 1. Member List of the Survey Team

### 1-1. Basic Study Team

- |                                     |  |
|-------------------------------------|--|
| (1) Team Leader                     | Dr. Tohru ISE<br>Bureau of International Cooperation<br>International Medical Center of Japan<br>Ministry of Health and Welfare                      |
| (2) Project Coordinator             | Mr. Kazunori MIURA<br>Second Project Management Division<br>Grant Aid Project Management Department<br>Japan International Cooperation Agency (JICA) |
| (3) Technical Adviser               | Dr. Youichi HORIKOSHI<br>Bureau of International Cooperation<br>International Medical Center of Japan<br>Ministry of Health and Welfare              |
| (4) Chief Consultant                | Mr. Shigeru ENOMOTO<br>KUME SEKKEI Co., Ltd.   |
| (5) Architectural Planner           | Mr. Nobuhiro YOKOI<br>KUME SEKKEI Co., Ltd.  |
| (6) Mechanical / Electrical Planner | Mr. Yoshizo OMAE<br>KUME SEKKEI Co., Ltd.  |
| (7) Equipment Planner               | Mr. Tatsuro NAKAJIMA<br>Binko Ltd.   |
| (8) Quantity Surveyor               | Mr. Seikichi SEKINE<br>KUME SEKKEI Co., Ltd.   |

1. Member List of the Survey Team

1-2. Draft Report Team

- |                           |   |
|---------------------------|---|
| (1) Leader                | Mr. Takanobu KURODA<br>Grant Aid Division<br>Economic Cooperation Bureau<br>Ministry of Foreign Affairs                             |
| (2) Technical Advisor     | Dr. Takeki SHIINA<br>Bureau of International Cooperation<br>International Medical Center of Japan<br>Ministry of Health and Welfare |
| (3) Chief Consultant      | Mr. Shigeru ENOMOTO<br>KUME SEKKEI Co., Ltd.  |
| (4) Architectural Planner | Mr. Nobuhiro YOKOI<br>KUME SEKKEI Co., Ltd.   |
| (5) Equipment Planner     | Mr. Tatsuro NAKAJIMA<br>Binko Ltd.  |

## 2 Survey Schedule

### 2-1. Basic Study Team

### 2-2. Draft Report Team



## 2. Survey Schedule

### 2-1. Basic Study Team (March 21~April 14, 1995)

	Month, Date	Day	Activity
1	March, 21	Tue	Tokyo → Paris
2	22	Wed	Paris → Tel Aviv EOJ (Tel Aviv)
3	23	Thu	MOH (Gaza) Shifa Hospital (Gaza)
4	24	Fri	Haifa Port
5	25	Sat	PECDAR (Jerusalem) Ramallah Hospital (Ramallah)
6	26	Sun	Jericho Hospital (Jericho) Courtesy Call to President Arafat (Jericho) Site Survey (Jericho)
7	27	Mon	PCH (Jericho)
8	28	Tue	Augusta Victoria Hospital (Jerusalem) PCH (Jerusalem)
9	29	Wed	Jericho Hospital (Jericho) PHC (Jericho, Aroja) Jericho Municipality (Jericho) MOLA (Jericho)
10	30	Thu	MOH (Nablus) Rafidia Hospital (Nablus) St. Luke Hospital (Nablus)
11	31	Fri	PCH (Jerusalem)
12	April, 01	Sat	MOH (Gaza) Signing on Minutes (Gaza)
13	02	Sun	Medical Equipment Survey (Jerusalem)
14	03	Mon	Jericho Hospital (Jericho) MOLA (Jericho) Construction Material Survey (Jericho)
15	04	Tue	Construction Material Survey (Jerusalem, Ramallah)
16	05	Wed	Medical Equipment Survey (Jerusalem) Contractor Hearing (Jerusalem) Palestine Research Center (Jerusalem)
17	06	Thu	Contractor Hearing (Bethlehem, Hebron)

	Month, Day	Date	Activity
18	April, 07	Fri	Team Meeting (Jerusalem)
19	08	Sat	MOLA (Jericho) Site Survey (Jericho)
20	09	Sun	Palestine Geographic Center (Jerusalem) Construction Site (Jerusalem)
21	10	Mon	Jericho Hospital (Jericho) Site Survey (Jericho)
22	11	Tue	PCH Report (Jerusalem)
23	12	Wed	Report to EOJ (Tel Aviv) Tel Aviv → Frankfurt
24	13	Thu	Frankfurt →
25	14	Fri	→ Tokyo

2-2: Draft Report Team (November 11~November 20, 22, 1995)

	Month, Date	Day	Activity	
1	November, 11	Sat	Tokyo → London	
2	12	Sun	London → Tel Aviv	
3	13	Mon	MOH (Nablus) Jericho Hospital (Jericho) Site Survey (Jericho)	
4	14	Tue	MPIC (Gaza) MOH (Gaza) NGO Facilities (Gaza)	
5	15	Wed	Infrastructure Survey (Jerusalem) Medical Facilities Survey (Ramallah)	
6	16	Thu	MOH (Gaza) EOJ (Tel Aviv)	Infrastructure Survey (Jericho)
7	17	Fri	Documentation (Tel Aviv) WHO (Jerusalem)	
8	18	Sat	Tel Aviv → Frankfurt	Minutes of Discussions (Tel Aviv)
9	19	Sun	Frankfurt →	Signing on Minutes (Gaza)
10	20	Mon	→ Tokyo	Tel Aviv → Frankfurt
11	21	Tue		Frankfurt →
12	22	Wed		→ Tokyo





### 3 List of Party Concerned in Palestinian Authority

#### 3-1. Basic Study Team

#### 3-2. Draft Report Team



### 3. List of Party Concerned in Palestinian Authority

#### 3-1. Basic Study Team

##### ● Palestine Side

###### Palestine National Authority : PNA

Mr. Yasser Arafat                      President

###### Ministry of Health : MOH

Dr. Riyad Al-Za'noun M.D.              Minister

Dr. Rafiq Huseini                      Assistant Deputy Minister

Dr. Faisal Abu Shahlu                  Director General Cabinet

Dr. Abdu Irahman Shunnar              Director General

Mr. Sanira Humsi                      Deputy Minister Assistant for Administrative Affairs

###### Palestine Council of Health : PCH

Dr. Rafiq Huseini                      Director General

Dr. Ghaleb M. Abu Bakr                  Deputy Director & Health Coordinator

###### Palestinian Economic Council for Development and Reconstruction : PEC DAR

Dr. Muhammad Shtayyeh                  Director

Mr. Adnan El Amad                      Director

Mr. Zaid Abdallah                      Coordinator

Mr. Samih Jada                          U. N. Agencies

Mr. Suleiman Aref                      Japan Desk

###### Ministry of Local Authority : MLA

Dr. Hussein Al-A'raj                      Deputy Minister

Mr. Jihad Hamdan                      Director General

Mr. Nade A. Saca                      Director, Studies and Urban Planning Dept.

Mr. Ali A. Barakat                      Head, Studies and Urban Planning Dept.

Mr. Souheil Hamad                      Public Relations

Jericho Municipality

Mr. Mazih Amirh

Mayor

Mr. Maher A. Jaber

City Engineer

Al-Bir Society

Mr. Tarik Zaki

Manager

Mr. Jomel Othman

Secretary of the Board

Mr. Adnan Abu Zaid

Vice President

Ms. Yusta Al-Sweiti

Accountant

Jericho Hospital

Dr. Abu Shanish

Director of Hospital

Dr. Adbdul Rahman

Chief Surgeon

Dr. Ahmad Oannam

E. R. Physician

Dr. Allan Ali Shker

OB-Gyn.

Dr. Nazech Abed

OB-Gyn.

Dr. Khalid Taniim

Trauma

Dr. Istifan Mathib

Internist

Dr. Sufian Hamaudeh

Anesthesia

Dr. Kamal Subhi Ahanayem

Pediatrics

Mr. Odeh Mousa Kasabry

Director of Nursing

● Japan Side

Embassy of Japan

Mr. Matahiro Yamaguchi

First Secretary

Mr. Katsuo Shoji

First Secretary

WHO

Dr. Jinba

Coordinator

### 3-2. Draft Report Team

#### ● Palestine Side

##### Ministry of Health : MOH

Dr. Riyadh Al-Zanoun	Minister
Dr. Munzer Sharif	Deputy Minister
Dr. Faisal Al Shahla	Director General
Mr. Taghsial Seronai	Coordinator of International Cooperation
Mrs. Haya Masfi	Office Director of Deputy Minister
Mr. Mohammed A. Ajamieh	Engineer of MOH

##### Ministry of Planning and International Cooperation : MPIC

Mr. Waleed A. Siam	Deputy Director General - International Cooperation
Mr. Luai Shaath	Director of the Project Planning Department
Mr. Said Abu Jolah	Director of the Project Planning Department
Dr. Kamil Elshami	Director

##### Ministry of Local Government Affairs

PhD. Sa'eb Erakat	Minister
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##### Ministry of Telecommunications and Post

Mr. Najadi A. Jaber	Technical Director
---------------------	--------------------

##### Jericho Municipality

Mr. Nazieh Amireh	Mayor
Mr. Basem H. Abedrabbo	Head of Public Relations

##### Jericho Hospital

Dr. Abu Shanish	Director of Hospital
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##### The Benevolent Society for the GAZA STRIP

Mr. Abeer Abu-Ramadan	Director
-----------------------	----------

● Japan Side

□ Embassy of Japan

Mr. Mitsugu Saito

Counselor

Mr. Matahiro Yamaguchi

First Secretary

Mr. Katsuo Shoji

First Secretary

□ WHO

Mr. Masamine Jimba

Health Coordinator

□ UNDP

Mr. Tetsuo Kamitani

United Nations Volunteer

## 4 Minutes of Discussion

4-1. Basic Study Team

4-2. Draft Report Team





**MINUTES OF DISCUSSIONS  
ON THE BASIC DESIGN STUDY ON THE PROJECT FOR  
THE CONSTRUCTION OF JERICHO HOSPITAL IN JERICHO**

Based on the results of the Preliminary Study, the Japan International Cooperation Agency (JICA) has decided to conduct a Basic Design Study (hereinafter referred to as "the Study") on the Project for the Construction of Jericho Hospital in Jericho (hereinafter referred to as "the Project").

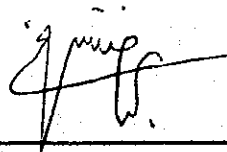
JICA has sent the Study team headed by Dr. Tohru ISE, Executive Technical Official, Bureau of International Medical Cooperation, International Medical Center of Japan, from March 22 to April 12, 1995.

The Study team held discussions with the Palestinian officials and conducted a field survey at the Study area. As a result of discussions and field survey, both sides have confirmed the main items of the Project described on the attached sheets.

Gaza, April 1, 1995



Dr. Tohru ISE  
Leader  
Basic Design Study Team  
JICA



Dr. Riad ZANOUN  
Minister  
Ministry of Health  
Palestinian Authority

## ATTACHMENT

### 1. Objective of the Project

The Project contributes to the improvement of the health condition of the population of Jericho by reinforcing Jericho Hospital.

### 2. Concept of the Project

The Project is the construction of Jericho Hospital as secondary medical care or first referral facility. Secondary medical care is defined here in the Project as basic and curative medical care, which does not require highly sophisticated techniques, for diseases and conditions which can't be responded to by primary health care services. Therefore, the Project does not include the facilities and equipment for such medical care as neurosurgery, cardiopulmonary surgery, neonatal intensive care and hemodialysis.

### 3. Items requested by Palestinian Authority

After discussions with the Study team, the following items were finally requested by Palestinian Authority.

#### 1) Departments and Units

Departments which will be studied for the Project by the Study team are as follows:

- a) general surgery, b) general internal medicine,
- c) pediatrics, d) obstetrics and gynecology,
- e) orthopedics, f) otorhinolaryngology,
- g) ophthalmology, h) laboratory, i) radiology,
- j) operation theater, k) physiotherapy, l) emergency

#### 2) Medical facilities

Medical facilities for the Project is designed on the assumption that all the function for secondary medical care in existing Jericho Hospital which has fifty beds is transferred to the Jericho Hospital to be constructed under the Project.

### 3) Medical Equipment

Medical equipment for the project is designed on the assumption that suitable equipment in existing Jericho Hospital (including any equipment to be procured) will be moved to the Jericho Hospital which will be constructed under the Project.

The final items of equipment under the Project, however, will be decided after further studies.

### 4. Site of the Project

The Project site, which is opposite to "Aqabet Jaber Refugee Camp", is described in Annex I. Not less than ten thousands (10,000) square meters of area is secured by the Palestinian side. Exact property boundary shall be clearly defined by the Palestinian side by April 7, 1995, so that the consultants execute land survey and soil testing of the site during their stay.

### 5. Responsible Ministry and Executing Agency

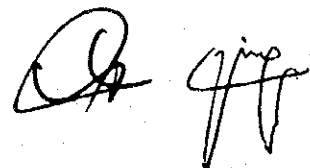
Responsible Ministry : Ministry of Health

Executing Agency : Ministry of Health

### 6. Japan's Grant Aid System

1) The Palestinian side has understood the outline of the system of Japan's Grant Aid on Annex II as explained by the Study team.

2) The Palestinian side has understood necessary measures, as described in Annex III, for the smooth implementation of the Project on the condition that the Grant Aid by the Government of Japan is extended. The necessary measures described in Annex III, however, can be changed in accordance with the Notes which will be exchanged between the PLO and the Government of Japan.



7. Schedule of the Study

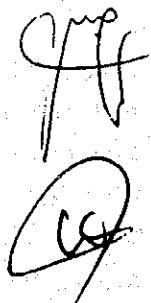
- 1) The consultants will proceed to further studies until April 12, 1995.
- 2) JICA will prepare the draft report of the Study, and dispatch a mission in order to explain its contents to the Palestinian side around June 1995.
- 3) In case that the contents of the report is accepted in principle by the Palestinian side, JICA will complete the final report of the Study and will send it to the Palestinian side around September 1995.

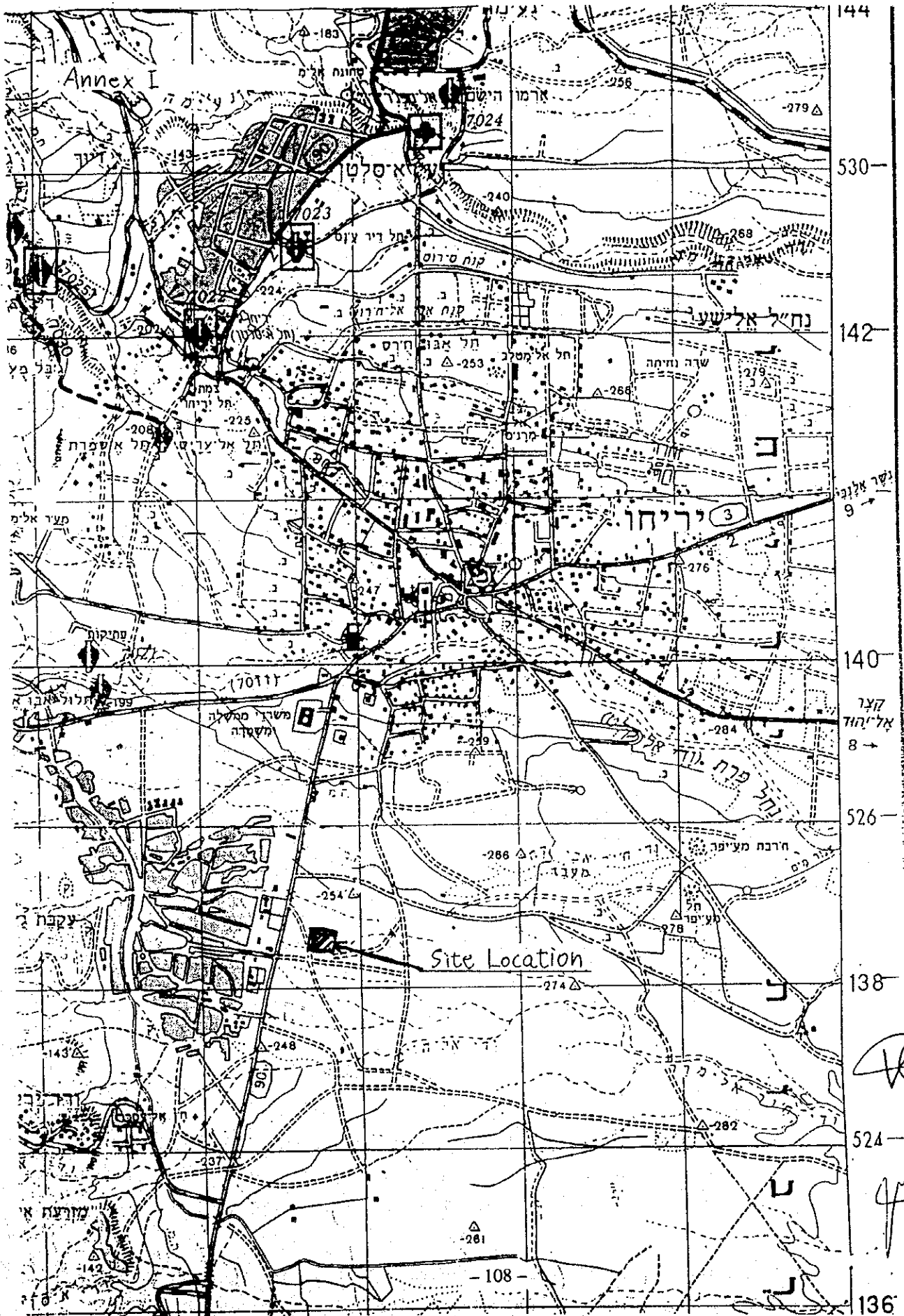
8. Other Relevant Issues

As for the number of beds to be equipped in Jericho Hospital to be constructed, the Study team propose to the Palestinian side fifty (50) beds, which is the same number as that of existing Jericho Hospital.

The Palestinian side, seeing the expected increase of population in Jericho district, insisted upon the necessity of sixty (60) beds at least.

The Study team took note of the strong demand concerning the number of beds expressed by the Palestinian side, and agreed to convey it to the authorities concerned of the Government of Japan.

Handwritten signature and initials, possibly 'JICA' and 'CC'.



## 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 Japanese Government. 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.

The consulting firm(s) used for the Study is (are) recommended by JICA to the recipient country to also work on Project's implementation after the Exchange of Notes, in order to maintain technical consistency and also 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 principals 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, 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) 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 secure land necessary for the sites of the Project and 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 site.
- 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 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.

Annex III

Necessary measures to be taken in principles by the Government of the recipient country on condition that Japan's Grant Aid is extended;

1. To secure and clear the site necessary for construction of the Project facilities prior to commencement of the Project
2. To provide the land for temporary site office, warehouse and stock yard during the implementation of the Project
3. To provide facilities for the Project site such as distribution of electricity and other incidental facilities
4. To exempt taxes and to take the necessary measures for customs clearance of the equipment brought for the Project at the port of disembarkation
5. To exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which may 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 products and the services under the verified contracts, such facilities as may be necessary for their entry into the recipient country and stay therein for the duration of their work
7. To use and maintain properly and effectively all the equipment purchased under the Grant
8. To bear all the expenses other than those to be borne by the Grant
9. To bear the commissions to the Japanese foreign exchange bank for the banking services based upon the Banking Arrangement.

4-2. Draft Report Team

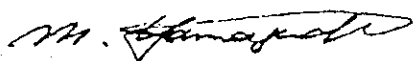
MINUTES OF DISCUSSIONS  
ON  
THE BASIC DESIGN STUDY ON THE PROJECT FOR  
THE CONSTRUCTION OF JERICHO HOSPITAL IN JERICHO  
(CONSULTATION ON DRAFT BASIC DESIGN)

In March 1995, Japan International Cooperation Agency(JICA) dispatched a Basic Design Study team on the Project for the Construction of Jericho Hospital(hereinafter referred to as "the Project"), and through discussions, field survey and technical examination of the results in Japan, JICA has prepared the draft basic design report.

In order to explain and to consult with the Palestinian side on the components of the draft report, JICA sent a study team, which is headed by Mr. Takanobu Kuroda, Grant Aid Division, Economic Cooperation Bureau, Ministry of Foreign Affairs, from November 11 to 20, 1995.

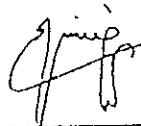
As a result of discussions, both parties reached common recognition on the main items described on the attached sheets.

November 20, 1995



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Mr. Matabihiro YAMAGUCHI  
1st Secretary  
Embassy of Japan  
on behalf of  
Mr. Takanobu KURODA  
Leader  
Basic Design Study Team  
JICA

 Gaza

---

Dr. Riad ZANOUN  
Minister  
Ministry of Health  
Palestinian Authority

## ATTACHMENT

### 1. Contents of draft report

Palestinian side has agreed on and accepted in principle the contents of the draft report proposed by the team. Palestinian side and the team reached common recognition on main items of construction of hospital described below and provision of the equipment described in Annex I.

- Number of Beds : 50 Beds
- Stories of Building : 2 Stories
- Total Floor Area : Approximately 4,300m<sup>2</sup>

### 2. Japan's Grant Aid system

- 1) The Palestinian side has understood the outline of the system of Japan's Grant Aid on Annex II as explained by the team.
- 2) Necessary measures taken by the Palestinian side, on the condition that the Grant Aid by the Government of Japan is extended, will be discussed between the PLO on behalf of Palestinian Authority and the Government of Japan.

### 3. Further schedule

The team will make the final report in accordance with the confirmed items, and send it to the Palestinian side by January 1996.

### 4. Other Relevant Issues.

- 1) Medical equipment which exists in present hospital and is planned to be transferred to the hospital to be constructed should be maintained in proper manner. (Listed in Annex I)
- 2) Location of the construction site for the project is confirmed as attached site plan in Annex III.

- 3) The Japanese side is ready to give special consideration to water and electricity supply, land preparation and access road for the Project, which are originally to be born by the Palestinian side. Final decision will be made by the Japanese side after all the necessary information are obtained.
  
- 4) The Japanese side will consider the items which are requested by the Palestinian side, described in ANNEXIV, concerning minor modification of the Basic Design for the Project.

Annex II JAPAN'S GRANT AID

(1) JAPAN'S GRANT AID SYSTEM.

a) Grant Aid Program

The Grant Aid Program provides the recipient country with nonreimbursable funds needed to procure the facilities, equipment and services (labor or transportation, etc.) for economic and social development in the country under the following principles in accordance with the relevant laws of Japan. The Grant Aid is not simply extended in a form of donation to the recipient country.

b) Exchange of Notes (E/N)

The Japan's Grant Aid is extended in accordance with the Notes Exchanged between the both Governments, in which the Objectives of the Project, Period, Conditions and Amount of the Grant etc. are confirmed.

c) "The period of the Grant" is within the fiscal year in which the Cabinet approves the Project. Within the fiscal year, all procedure such as exchanging of the Notes, concluding the contract with consultant and contractor and the final payment to them must be completed.

However, in case of the delay of the delivery, installation or construction due to events such as weather, the period of the Grant can be extended for one fiscal year at most by mutual agreement between the both Governments.

d) The Grant is used properly and exclusively for the purchase of the products, in principle, of Japan or recipient country and the services of the Japanese or the recipient country's nationals. The term "Japanese nationals" means Japanese physical persons or Japanese juridical persons controlled by Japanese physical persons.

When the two Governments deem it necessary, the Grant may be used for the purchase of the products or services of the third country (other than Japan or the recipient country).

However, in terms of the principle of the Grant, the Prime contractors, that are the Consultant, Contractor and Procurement firm necessary for the implementation of the Grant are limited to "Japanese nationals."

e) Necessary of the "Verification"

The Government of recipient country or its designed authority will conclude into the contract in Japanese Yen with Japanese nationals. Those contracts shall be effective the verification by the Government of Japan.

f) "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 the necessary staff for operation and maintenance of them.

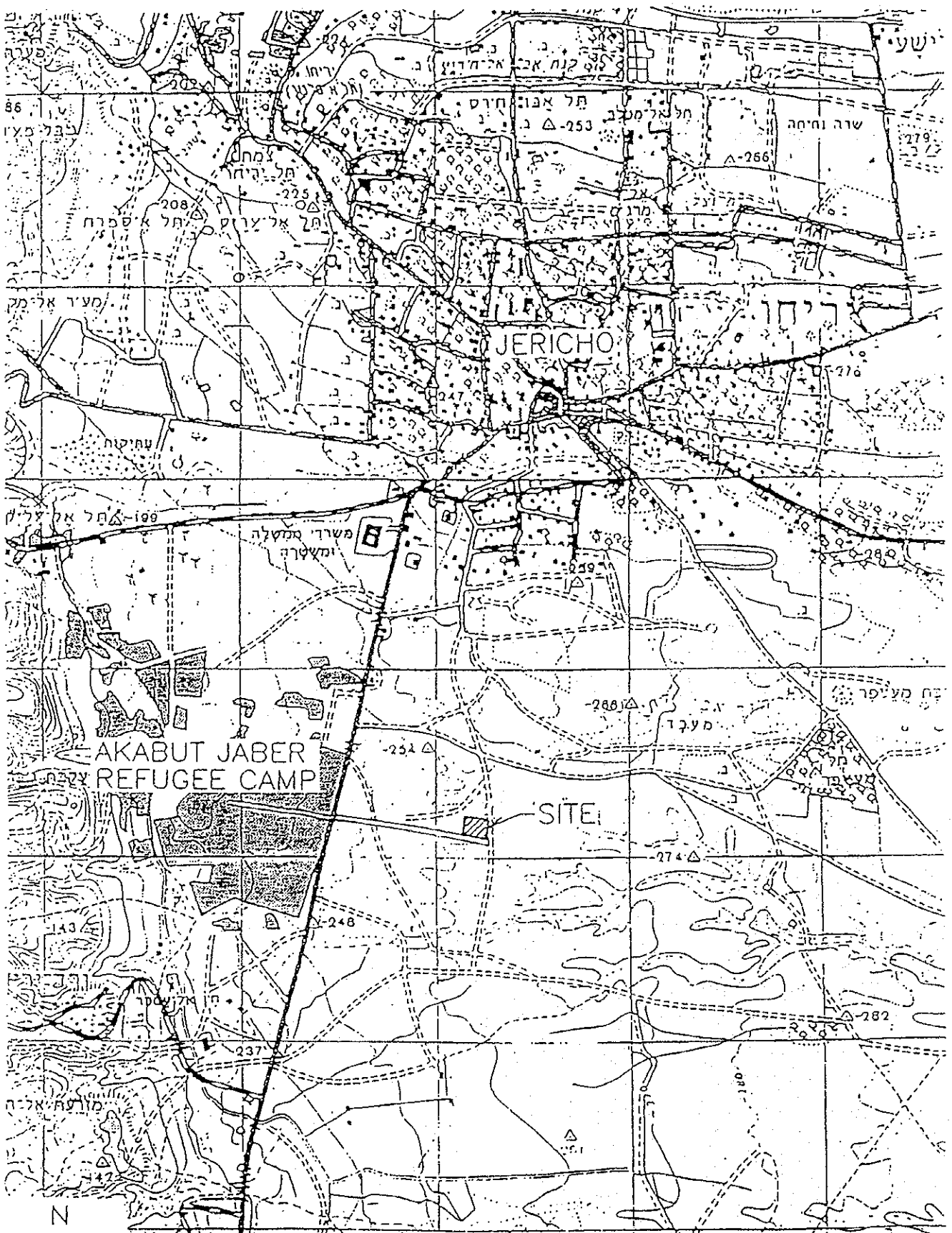
g) "Re-export"

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

h) Banking Arrangement(B/A)

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 of Japan (hereinafter referred to as "the Bank"). The Government of Japan will execute the Grant by making payments in Japanese Yen to cover the obligations incurred by the Government of the recipient country or its designated authority under the contracts verified.

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 recipient country or its designated authority.



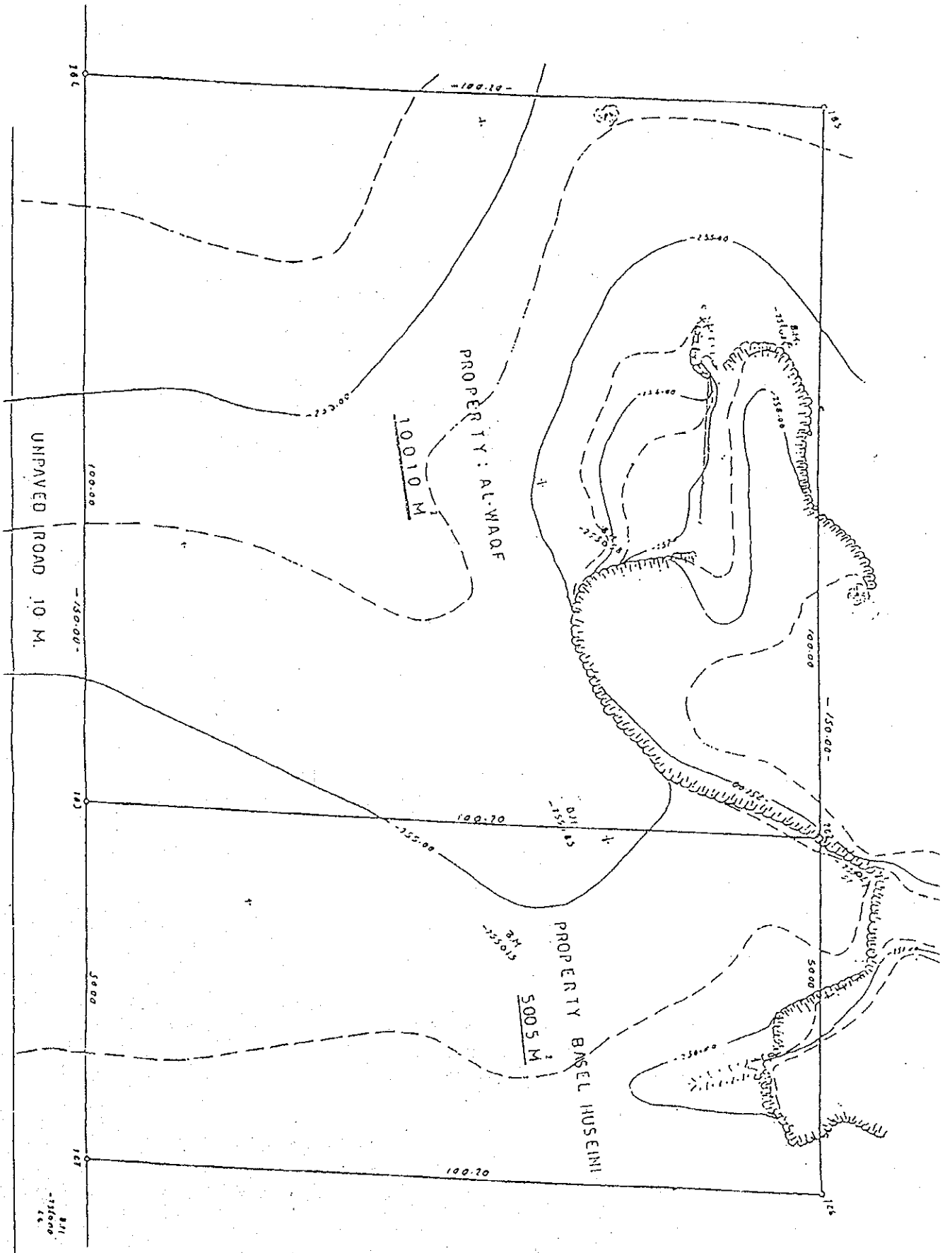
AKABUT JABER  
REFUGEE CAMP

SITE

JERUSALEM

OFF 1 : 25,000







REF. : .....

DATE : .....

الرقم : .....

التاريخ : .....

Annex IV

JAPANESE JERICHO NEW HOSPITAL  
OPINION OF MINISTRY OF HEALTH / P.N.A

We carefully studied the project by technical committee of construction engineers as well as functional design and here under are our major comments:

1- *The design of the hospital did not take into consideration the following :-*

(a) Emergency Department

- Room for plaster application for fractures
- Room for Gynecological and delivery exam of ladies to determine if they need admission
- Mainor operation room need to be added

(b) The Kitchen

58.5 m<sup>2</sup> are given to office , store and distribution of food.  
The area for washing, preparing food and cooking would hardly be 27m<sup>2</sup>. This is evidently insufficient

(c) Laboratory and Blood Bank

The design has to be completely changed to fit with Ministry of Health design Annex I

2- Six beded room are no more acceptable by Ministry of Health . This system existed in our old hospital constructed 1950-1953 . We suffered much from lack of privacy and lack of efficiency.  
Our people expect in 1998 to have rooms of 4 beds ... 3 beds...2 beds... and 1 bed...

PALESTINIAN NATIONAL AUTHORITY  
MINISTRY OF HEALTH  
MINISTER OFFICE

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



السلطة الوطنية الفلسطينية  
وزارة الصحة  
مكتب الوزير

REF. : .....

الرقم : .....

DATE : .....

التاريخ : .....

3- It is very strange to have the bathroom and W.C for 12 patients outside their rooms . These are patients who are post operative or post delivery and even under best condition can hardly be practical or acceptable by patients or nursing staff .

4- Administration Department:

- No office for the administrative director of hospital
- No office for secretaries
- No office for medical files

5- The Operation Room

1. The Recovery Room that serves the Operation Room can only take one bed.
2. There is some corners with 1.5 m width and 6 m depth, that are not needed and may be a source of insecurity for the hospital.

6- X - Ray department

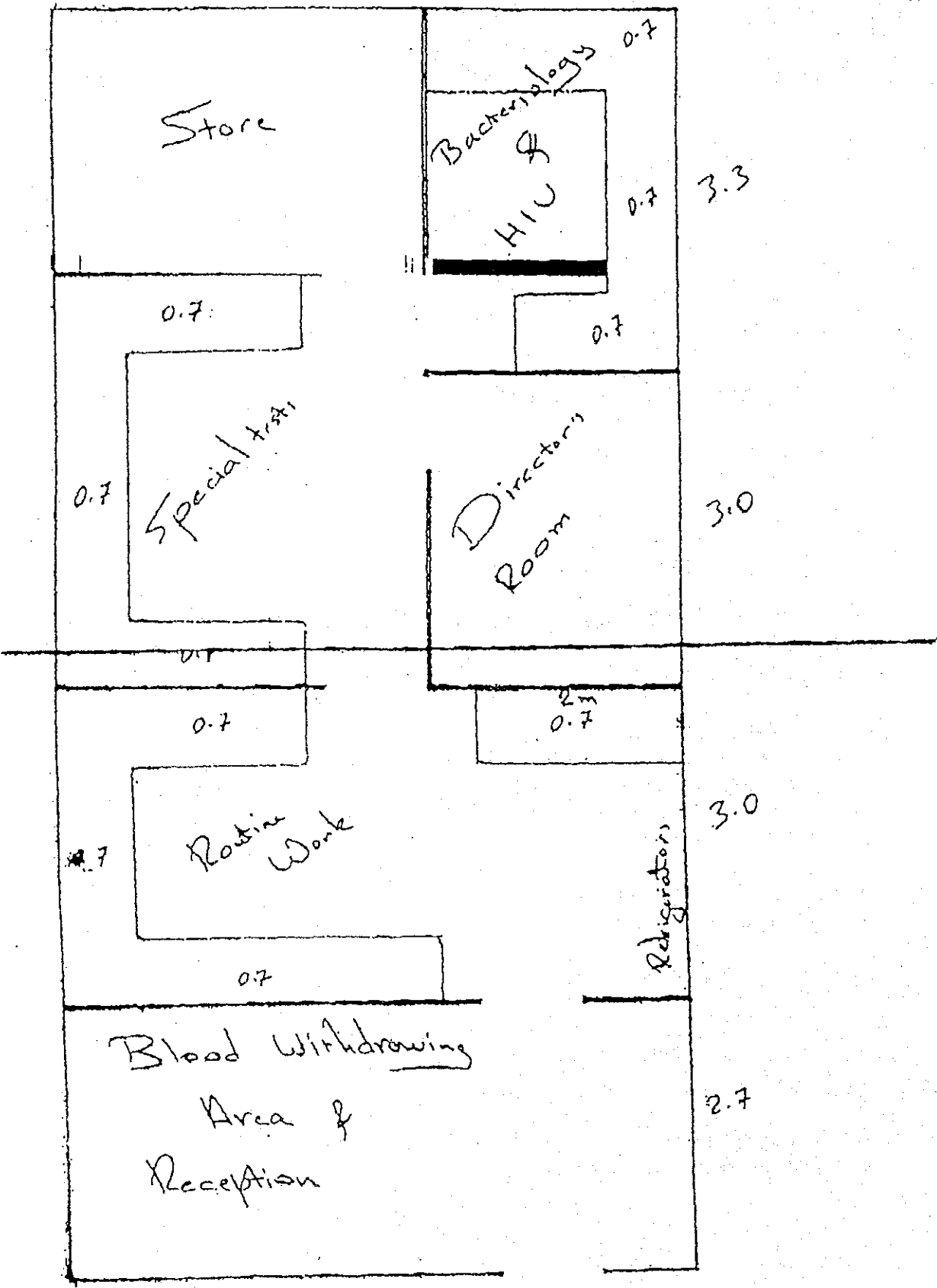
1. The Dark Room position is inconvenient, on both levels, entrance and surface.
  2. There is no toilet in the big X - Ray Room, although it is a R/F X - Ray.
  3. There is no place to organize the dealing between the patients and the X - Ray department ea. documents delivery, documentation of the X - Ray films or even a place for index to keep the documents.
  4. There is no Ultra - sound Room.
- Waiting area in 1st floor is needed.

7- General Remarks

- Water Emergency store should be available 200 m capacity
- Boundaries wall, infrastructure of electricity water sewage medical waste disposal ( Incinerators ) should be part of the project.

We feel that more detailed studies by joint committee composed of Ministry of Health and Japanese Government to put the proper design that would fulfill the requirements of the Palestinian people.

وزارة الصحة - غزة : ٠٧ - ٨٢٩١٧٣ / ٤ / ٦ / ٧ / ٨ : فاكس : ٠٧ - ٨٦٩٨٠٩  
MINISTRY OF HEALTH - TEL. : 07 - 829173/4/6/7/8 - GAZA - FAX : 07 - 869809



(3) محمد عبد الله

## 5 Bases for Calculation of Hospital Volume

