第５章　プロジェクトの評価と提言

第５章 プロジェクトの評価と提言

5-1 妥当性の検証と裨益効果

5-1-1 妥当性の検証

(1) 上位計画との整合性

母子保健の向上は，同国の中期開発計画，保健計画，公共投資計画などに政策目標として明記されており，予防保健のサービス改善や健康教育，住民参加型の地域保健サービスの促進などが改善項目として掲げられている。したがって，本計画は上位計画との整合性をもち，同国の保健開発計画の目標実現に寄与するものであると言える。

また，我が国政府は日米コモンアジェンダにて同国を「地球規模問題イニシアティブ(GII)」の対象国としている。本計画は，実施中のプロ技協「家族計画・母子保健プロジェクト(II)」と連携し，GIIが目指す女性と子供の健康に関わる基礎保健医療やリプロダクティブ・ヘルスを含めた，包括的なアプローチの展開に寄与するものである。

(2) 運営体制について

本計画で整備が予定される各施設の運営体制は，大きな追加・変更を必要としない。即ち，RHU/BHS では，各市町自治体の保健医療システムにおける既存の施設を改築ないし新築するものであり，現在の保健医療スタッフとサービス体制にて運営が可能である。また，母子保健センター(MCHC)でも州病院の外来部門を移転することから，追加的な職員雇用の必要はなく，訓練部門でも州保健局の訓練と州病院という既存の運営組織の中で，母子保健の担当部署が移転して活動するものであり，新たな運営体制の組織は必要ない。

(3) 財政面について

本計画で整備が予定される各施設は，現在活動を継続している FP/MCH 分野のサービス向上を目指して改修・拡充するものであり，基本的には現在の活動内容を充実させることで，サービス改善とアクセス拡大を目指すものである。従って，人件費に対しては現状のままであり，追加的な支出が必要となる程度である。

各施設の運転経費および維持管理費は前述の通りであるが，MCHC で年間 110,000 ペソ(約 36 万円)と試算され，この負担額はヌエバ・エシハ州病院の 1996 年支出額の 0.65％であり，十分に手当て可能と判断される。RHU では年間約 37,000 ペソ(約 12 万円)，BHS では年間約 8,000 ペソ程度と試算されるが，市町自治体の維持運営費(MOOE)は保健予算額の 15％程度が割当てられれば約 30 万ペソは確保され，十分に手当て可能と判断される。ただし，一部には維持運営費の割当てが１％～５％と低い自治体があるが，本施設が完成する 2000 年からは維持管理費を確保する事で合意を得た。

(4) 社会的ニーズからの検証

RHUは地方自治体による保健医療の中心的施設であり，その地域で医師が常勤する唯一の保健医療施設である。また，BHSは地域住民の生活に密着した保健所であり，母子保健のみならず栄養指導やファースト・エイドなどで助産婦が活躍している。本計画のRHU/BHSは，ともに農山村地帯に位置しており，施設周辺には民間の診療所や薬局が少ないことから，地域住民によるRHU/BHSの保健医療サービスへのニーズは高い。

調査票の集計からも明らかな通り，RHUでは産前・産後検診，予防接種，乳児検診などで，30～50人/日の外来診療を実施している。BHSでは施設によって異なるが，10人/日程度の外来と，午後はバランガイを巡回して，妊産婦および村落住民の健康管理に努めている。

また，各州病院の母子保健サービスでの受入れ実績は，50床規模のヌエバ・エシハ州病院で47人/日，200床規模のパターン州病院で124人/日であり，これらのサービスが本計画で建設予定のMCHCに移転される。従って，MCHC/RHU/BHSへの社会的ニーズは極めて高いと判断される。

以上の検討の結果を総合的に判断すると，本計画は日本の無償資金協力の制度によって実施することは可能であり，また，技術協力との連携により効果も高いと判断される。

5-1-2 実施による効果

(1) 実施効果

本計画の実施により，次の様な直接効果と間接効果が期待される。

1) 直接効果

- MCHCの設置により，各州レベルにおいてFP/MCHサービスのより包括的取り組みが可能となり，下部のRHU/BHSへのデモンストレーションが可能となる。
- MCHCに設置予定の「5歳未満児クリニック」において，乳幼児の健康診断や成長測定(Growth Monitoring)を通じた包括的な予防的保健活動が可能となり，RHUやBHSへの同様なクリニック活動の普及が可能となる。
- MCHCに設置予定の「訓練・研修室」において，州内のFP/MCHサービスに携わる人材を整備された環境のもとで効果的に研修・育成することが可能となる。
- IEC活動用の車輌供与により，タルラック州で評価を得た遠隔バランガイへの啓蒙活動を，さらに他の５州でも実施可能となる。
- RHUの施設及び機材整備により，効果的なFP/MCHサービスの提供が可能となり，州内のRHUレベルでの保健医療サービスの質的向上が可能となる。
- BHSの施設及び機材整備により，地域助産婦(RHM)の活動拠点がバランガイ内に

維持・確保でき，地域住民のFP/MCHサービスへのアクセス機会が向上する。

- 以上のようにして，プロ技協の協力活動の場を整備することで，その目標とするリージョンⅢの女性と子供の健康向上と栄養改善の実現が可能となる。

2) 間接効果

- MCHCでの研修を通じて保健サービス要員の技術レベルが向上し，州内各所に普及すれば，RHU/BHSでより質の高いサービス提供が可能となる。また，コミュニティ内において住民教育や住民活動を促進するようになる。
- MCHCの設置，RHU及びBHSの整備と人材研修により，乳幼児及びハイリスク妊産婦をはじめとする受診者のレファラル体制の改善が期待される。
- 研修を受けた保健サービス要員の活動拠点（RHU及びBHS）が整備されることで，研修成果を活用した保健活動が可能となり，勤労意欲の向上が期待される。
- 老朽化していたRHU及びBHSが整備され，また，サービスの質が向上することにより，予防・治療のためにこれらの保健医療施設にアクセスする住民が増加する。

これらから，プロ技協による協力活動と連携して州全体の母子保健サービスが総合的に向上すると期待される。このためには，フィリピン側の研修・訓練の継続，定期的モニタリングや監督指導の実施，RHUへの保健医療従事者の配置，バランガイを活動拠点とする地域助産婦の配置，検査試薬・医薬品等の供給改善，他の老朽化したRHU及びBHSの段階的整備の継続，などの自助努力が必要である。

(2) 裨益人口

本計画の実施により，州全体の FP/MCH サービスの向上およびレファレル体制の改善などから，リージョンⅢに在住する全ての乳幼児および生産年齢女性(15～49 歳)に裨益すると判断される。次表 5-2-1 の通り，各州の総人口と対象人口から裨益人口を算出したところ，リージョンⅢ全体の裨益人口は約 250 万人と推計され，総人口の約 38%に相当する。また，FP/MCH サービスの提供を通じて女性と子供の健康が改善され，各家庭内の健康向上にまで波及すれば，リージョンⅢの総人口約 650 万人に裨益すると考えられる。

表5-1-1 各州の総人口に占める対象人口の割合

	総人口 a)	5歳未満児 b)	生産年齢女性* c)	対象総人口 d)=b)+c)	総人口に対する割合 d)/a)
バターン州	504,870	76,639	116,574	193,214	38.3%
ブラカン州	1,927,366	268,868	411,685	680,553	35.3%
ヌエバエシハ州	1,114,177	161,558	285,587	447,145	40.1%
パンパンガ州	1,551,946	245,692	375,337	621,029	40.0%
タルラック州	987,883	126,745	247,564	374,309	37.9%
ザンバレス州	396,933	51,443	108,482	159,925	40.3%
合　計	6,483,175	930,945	1,545,229	2,476,175	38.2%

注) *15～49歳の女性

本計画で実施予定の対象施設別にみると，対象総人口と 5 歳未満児，生産年齢女性の各人口は次表 5-1-2 の通りである。RHU と BHS では FP/MCH 分野のサービス提供が中心であるが，第 1 次レベルの一般診療およびファースト・エイドも行われている。本計画でも一般診療を対象とした施設及び機材を整備することから，乳幼児と女性のみならず対象地域(キャッチメント・エリア)の人口全体が裨益すると考えられる。

このことから，計画施設の診療圏内の裨益人口は，RHU で約 45 万人，BHS で約 20 万人であり，合計約 65 万人が対象総人口と算定される。

表5-1-2　RHU/BHSの対象人口

	本計画対象のRHU			本計画対象のBHS		
	対象総人口	5歳未満児	生産年齢女性*	対象総人口	5歳未満児	生産年齢女性*
バターン州	66,720	10,128	15,406	24,102	3,659	5,565
ブラカン州	109,516	15,332	23,436	45,825	6,416	9,807
ヌエバエシハ州	70,045	10,167	17,932	24,616	3,569	6,302
パンパンガ州	89,592	14,166	21,681	59,769	9,444	14,464
タルラック州	61,237	7,838	15,370	21,514	2,754	5,400
ザンバレス州	52,161	5,273	11,919	12,099	1,223	2,765
対象人口合計	449,271	62,884	105,744	187,925	27,064	44,302

注) * 15～49 歳の女性

5-2 技術協力・他ドナーとの連携

(1) 技術協力との連携

本計画は，1997 年 4 月から実施されているプロ技協「家族計画・母子保健プロジェクト(フェーズⅡ)」の協力活動と連携するものである。前述の通り，プロ技協(Ⅱ)ではタルラック州で実施されたプロ技協(I)の成果をリージョンⅢ全 6 州へ普及することを目的としている。本計画は，各州病院に MCHC を新設し，老朽化が著しい既存 RHU の改築と，既存施設がないバランガイに BHS を新設し，また FP/MCH 活動に必要な基本的機材を供与することで，プロ技協(Ⅱ)の協力活動の場を整備するものである。これら施設建設と機材整備を通じて，プロ技協との連携を図り，リージョンⅢ全 6 州の母子保健サービスの質的向上とアクセス改善を支援し，女性と子供の健康向上を目指すものである。

調査期間中に実施した参加型ワークショップにおいて，プロ技協(Ⅱ)が R/D で調印したプロジェクト・デザイン・マトリクス(PDM)に基づいて，本計画とプロ技協(Ⅱ)の連携を確認した。本計画はプロ技協と同一の目標・効果を期待する，投入の一部としてプロジェクト全体に位置づけられ，同時にフィリピン側が実施すべき内容が確認された。また，活動の一部として本計画のモニタリング・評価の必要性についても参加者全員の合意が得られ，その内容をミニッツに添付している。

技術協力との連携については，次の様な点が望まれる。

- MCHC では 5 歳未満児クリニックを設置するが，現在実施しているのはブラカン州病院だけであり，同クリニック運営のため人材研修を技術協力によって早期に実施することが望まれる。

- MCHC での研修は，本計画で整備される RHU/BHS の人材を優先させ，また青年海外協力隊(JOCV)の隊員を配置する等により，その効果を最大とすることが望まれる。さらに，州保健局や市・町保健課が積極的にモデル施設とするなど，効果的な普及・拡大効果が得られる諸方策が望まれる。

- 各保健施設の運営管理費や消耗品確保のための諸方策を，住民活動推進と連携して実施していくことが望まれる。特に，住民参加型アプローチでは，NGO や JOCV の参画が望まれる。

(2) 他ドナー・NGO との連携

本計画が直接的に他ドナーと連携する計画はないが，FP/MCH 分野へは多くの援助機関がプログラムを実施しており，プロ技協(Ⅱ)が他の援助機関との情報交換や協調関係を深めて行くことが望まれる。この点は第２章で記述したとおり，他ドナーとの連携はプロ技協(Ⅱ)の活動内容に盛り込まれており，具体的には，プロ技協が製作したビデオ教材やテキストなどを他ドナーのプログラムで活用したり，逆に他ドナーのセミナー・研修会にプロ技協側の現地スタッフを参加させるなどである。また，UNFPA や USAID との連携や JOCV のフロントライン・イニシアティブとの協力などが進められている。

一方，USAID が資金援助し各州が実施している LPP の FP/MCH 分野の研修では，本計画で実施予定の MCHC の研修室を利用することが可能である。また，FP/MCH 分野の各種研修モデュールが他援助機関で作成され一部で配布されているが，十分な量ではないため技術協力で増刷し，より多くの保健職員に配布することも考えられる。

また，青年海外協力隊のチーム派遣も行われており，その地域住民活動推進のひとつとして取上げることも可能と考えられる。

5-3 モニタリングと評価

(1) モニタリングの必要性

保健医療案件の上位目標は当該地域の保健指標の改善にあり，プロ技協(II)でも乳児死亡率(IMR)と妊産婦死亡率(MMR)の低下，避妊普及率(CPR)の向上，産前・産後受診率の向上などを改善指標として採用している。
しかし，FP/MCH や PHC の評価では，①多くの要素との相関で改善がみられることが多く因果関係が掴みにくく，②対象地域が広汎になると母数の把握が困難になり，③計測出来るまでに効果が現れるには時間がかかり過ぎる，などの問題点が指摘されている。
従って，本計画を全体プロジェクトへの投入とした場合，その事業効果を具体的に測定する方法としては，主に活動の活発化や内容の多様化を指標として量的に把握する方法が現実的と考えられる。モニタリングの指標としては，各対象施設から収集したデータを分析の結果，次の様な評価指標が利用可能であると考えられる。

< 活動に関する評価指標 >

各施設の利用者調査：	利用者数，利用目的，年齢，利用頻度など。
供与機材の活用状況：	使用目的，使用頻度，故障・修理頻度など。
家庭訪問：	訪問目的，訪問頻度，ボランテイアの種類，活動内容など。
研修実施：	研修コースの種類，回数，参加者数，参加者の評価など
住民参加の度合い：	機能している活動の内容，登録者数，活動回数，参加人数。
IEC 活動：	活動内容，頻度，利用された教材，受講者の評価など。

基本設計調査において実施されたワークショップにおいて，本無償案件はプロ技協と共にリージョンIIIの母子保健向上を目的とするプロジェクトのインプットであることが確認され，フィリピン側の投入も確認された。この中で，本計画（無償資金協力）による追加投入が実施されるにあたり，特にそのモニタリング・評価が重要な活動項目のひとつであることを合意し，プロ技協(II)が作成した PDM の活動項目の項に追加した。
フィリピン側からワークショップの議論の中で，モニタリングに必要な一般的指標は既に収集しており，また，モニタリング・システムも存在しているとの指摘があった。従って，既存指標として存在しない指標については，統一記入様式など簡便な方法で提出を徹底することで合意した。
なお，モニタリングには定量的な数値指標だけでなく，簡単な統一様式によるアンケートを医療従事者や施設利用者を対象に 6～12 ヵ月ごとに実施する方法がある。この方法では，利用者および患者など需要者側のニーズが確認できる。また，プロジェクト関係者で定期的なモニタリング会議を行い，モニタリングの結果をフィードバックし，プロジェクトの見直し・改善へつながるようなメカニズムを構築することが望ましい。

モニタリング項目としては直接的(定量的)な指標と間接的(定性的)な指標に分けられ，次表 5−3−1 に示す通りである。これら指標の設定については，フィリピン側スタッフや地域住民(施設利用者)を交えた協議および合意が必要となる。

表 5-3-1 モニタリングの指標（案）

	定量的（数値の推移）	半定量的・定性的
MCHC 関連（予防診療活動）		
予防活動	・産前・産後検診受診者数* ・乳幼児検診受診者数* ・予防接種数* ・下位施設からの紹介受診者数* ・出産まで管理指導を継続したハイリスク妊産婦の数 ・グループ保健教育実施回数	・受診者の評価 ・診療活動との連携状況
診療活動	・外来患者数の推移* ・下位施設からの紹介患者数*	・患者の評価 ・予防活動との連携状況
家族計画	・カウンセリング受診者数* ・カウンセリング内容 ・避妊受容者数*	・受診者の評価
MCHC(研修活動)		
研修活動・成果	・研修コースの種類と内容 ・実施回数と日数 ・参加者の種類と参加者数 ・研修効果（参加者の活動状況等） ・IEC 活動の内容	・受講者による内容の評価 ・巡回指導等による受講者の活動評価の実施
研修人員の州内分布	・研修を受けた保健医療従事者数とその配置状況* ・研修テーマ別，施設別	
RHU（本計画対象施設）		
	・産前・産後検診受診者数* ・乳幼児検診受診者数* ・予防接種数* ・下位施設からの紹介受診者数 ・上位施設への紹介患者数 ・保健教育の実施回数,内容,参加者数 ・IEC 活動の内容 ・BHS への監督指導の巡回実施数	・受診者,患者による評価 ・巡回指導等による受講者の活動評価の実施
BHS（本計画対象施設）		
助産婦及び BHW 等の活動	・産前・産後検診受診者数* ・乳幼児検診受診者数* ・予防接種数* ・BHW からの紹介受診者数 ・上位施設への紹介患者数 ・保健教育の実施回数,内容,参加者数 ・IEC 活動の内容	・受診者，患者の評価 ・巡回診療時等における受講者の活動評価の実施
地域住民の活動	・研修内容の実践状況（実施する研修による：例えば村の薬保険に関する研修を実施した場合には，これが機能しているバランガイ数等）	
車輌（IEC 用）		
	・巡回 IEC 活動の実施状況（実施回数・地域，実施内容）	住民の知識・認識の向上度

注) * 既存データが確認されている項目を示す

5-4 課題と提言

本計画実施により，前述したようなプロ技協との連携を通じて多大な効果が期待される。特に，住民参加型の母子保健プログラムは，予防衛生や PHC 対策からも持続可能性の高い案件として，世銀/WHO も推奨するところである。また，日本政府は日米コモンアジェンダにより，人口・健康(旧人口・エイズと子供の健康)および途上国の女性支援(WID)を通じた GII 案件と位置付けている。本計画が実施される意義は大きいと判断され，また，本計画の運営・管理についても，比側の体制は人員・資金ともに十分で問題はないと考えられる。

しかし，以下の点の改善・整備は，本計画の円滑かつ効果的実施には不可欠であると判断される。

(1) モニタリング及び評価

本計画施設および機材が有効に活用されるには，定期的なモニタリングと評価が必要となる。ドラフト説明時に合意しミニッツに添付した施設・機材の利用状況などの指標に関して，州保健局が主体となり，プロ技協「家族計画・母子保健プロジェクト(II)」の技術的指導により，定量的なモニタリングが継続されることが肝要となる。

基本設計調査時に開催されたワークショップにおいて，プロ技協を含む本プロジェクト全体の実施に際して，継続的なモニタリングと評価が重要であるとの合意に至り，プロ技協が策定した PDM の活動項目に追加された。

従って，プロ技協の改善目標としての保健指標と平行して，本計画で整備される施設・機材の利用度をモニタリングし，他の RHU/BHS と比較することも，将来の活動計画の適正な策定に役立つと思われる。

(2) 計画の収益性

本計画は無料で提供される公共サービスの質の向上を支援するものであり，乳幼児及び女性の健康状態の向上による間接的経済効果は期待されるものの，施設における活動から直接の収益はない。しかし，すべての保健医療サービスを公共財源でまかなっていくことには限界があり，可能な範囲での受益者負担が世界的な保健医療政策の流れでもある。地方分権化後の地方自治体財源が限られていることからも，運営管理費の一部や消耗品を確保するような方策が検討されるべきである。

病院においては，有料ベッドや健康保険の適用により一部受益者負担による収益を得ているが，本計画のRHU/BHSでは診察代は無料に等しい。一方，地方自治体の予算制約から，特に医薬品等の消耗品が不足している。恒常的なサービス低下は地域住民の信頼度を低下させ，ひいては予防サービスへのアクセス低下をも招く一因となる。したがって，状況改善のための何らかの対策が講じられる必要がある。

(3) 村落薬局・保険制度の普及

地方分権化により，中央政府から支給される必須医薬品の品目・量が極端に減少し，地域医療サービスへの信頼度が低下している。プロ技協(I)ではタルラック州において，住民活動による村落薬局・保険制度（ボティカ・ビンヒ）の推進により成果を得ている。前述の通り，地域住民が参加して５ペソ～20ペソ程度の資金を出し合い共同で医薬品を購入し，村落単位で薬局を経営している。また，若干の収益金を利用して参加家族に対する健康保険の機能も併せ持ち，WHOの推奨するバマコ・イニシアティブのフィリピン版とも言える制度である。

本計画では施設・機材が整備されるが，RHUに常備すべき医薬品は保健省から支給される必須医薬品と，地方自治体が購入する少量の医薬品・消耗品が在る程度であり，その他は患者が薬局で購入する。BHSでは付近で医薬品が入手できず，投薬は通常されていない。従って，この制度がリージョンⅢの他５州でも普及すれば，地域住民はBHSの周辺で基本的な医薬品が必要な時に市価より安価に入手できる。それには，地域住民の積極的な参加に加えて，各州保険局や市町自治体の保健課による積極的な取組みが必要である。

(4) 管理体制の確立と責任者の任命

本計画により整備される地域保健所は，各市町自治体の保健課が管理し，営繕課が保守・修理の責任を受け持つ。また，RHU/BHS ともに，地域保健サービスへのアクセス改善を目的とすることから，多くが農村部に建設予定である。

この事から，各市町自治体は管理・保守責任者を任命し，所管の RHU と配下の BHS(通常４～５ヵ所)を巡回し，施設・機材の保守や簡単な修理を行う維持管理システムの確立が望まれる。同時に，施設の清掃・美化に努めるモラルの発揚を促し，また資機材の盗難予防の観点から，各施設毎に管理責任者を明確にしておく必要がある。

一方，市町自治体の営繕課は小人数で運営されており，清浄度が求められる保健医療施設の保守・修理の経験は少ないと思われる。従って，州営繕局や州病院のエンジニアーが地域内の RHU/BHS の保守・修理を巡回指導するような，各州レベルでの維持管理システムを整備することが望まれる。

(5) 環境面への影響配慮

本計画の実施により，大きな自然環境の改変は発生せず，環境面への影響はミニマムであると判断される。また，本計画の活動は現在既に実施されていることから，新たな医療廃棄物の問題は生じない。

しかし，現状では RHU/BHS からの医療廃棄物（検査の検体，注射針，出産に伴う生物学的廃棄物）は回収処理されておらず，各保健医療施設で単独に処分されている。従って，州保健局がガイドラインを策定し，市・町保健課を指導・監督して，各保健医療施設の廃棄物を回収し，消毒・埋立処理ないし焼却処理など適切な対応がなされる必要がある。

資　料　編

1. 調査団の構成
2. 調査日程
3. 相手国関係者リスト
4. ミニッツ
5. 当該国の社会・経済事情
6. 先方負担工事費概算
7. サイト調査結果
8. 計画サイトの配置図
9. 参考資料リスト

1．　調査団の構成

資料 -1 調査団員リスト

(1) 基本設計調査　　(1998年6月30日～7月26日)

1. 成瀬 猛 Takeshi NARUSE	総括 Leader	国際協力事業団無償資金協力調査部調査第一課長 Director, First Project Study Division, Grant Aid Project Study Department, JICA
2. 梅内 拓生 Takusei UMENAI	技術参与 Technical Adviser	東京大学大学院 国際保健計画学教授 Prof., Dept of Health Policy and Planning, GSIH, TOKYO UNIVERSITY
3. 種村 秀和 Hidekazu TANEMURA	計画管理 Project Coordinator	国際協力事業団無償資金協力調査部調査第一課 First Project Study Division, Grant Aid Study Department, JICA
4. 西村 哲郎 Tetsuro NISHIMURA	業務主任 Project Manager	株式会社 久米設計 KUME SEKKEI Co.,Ltd.
5. 田中 雅子 Masako TANAKA	地域医療システム Rural Medical System Planner	株式会社 久米設計 KUME SEKKEI Co.,Ltd.
6. 竹田 清次郎 Seijiro TAKEDA	建築計画 Building Planner	株式会社 久米設計 KUME SEKKEI Co.,Ltd.
7. 小泉 一七 Kazuma KOIZUMI	設備計画 Facilities	株式会社 毛利建築設計事務所 MOHRI, ARCHITECT & ASSOCIATES, INC.
8. 菊田 龍之 Tatsuyuki KIKUTA	給水計画 Water Supply Planner	株式会社 毛利建築設計事務所 MOHRI, ARCHITECT & ASSOCIATES, INC.
9. 土井 保道 Yasumichi DOI	機材計画 Equipment Planner	株式会社 久米設計 KUME SEKKEI Co.,Ltd.
10.永井 修二 Shuji NAGAI	調達計画/積算 Cost Planner	株式会社 久米設計 KUME SEKKEI Co.,Ltd.

(2) 基本設計概要説明　(1998年10月19日 ～ 10月28日)

1. 森本 康裕 Yasuhiro MORIMOTO	総 括 Leader	国際協力事業団 経理部財務第一課 First Budget Division, Finance and Accounting Department, JICA
2. 西村 哲郎 Tetsuro NISHIMURA	業務主任 Project Manager	株式会社 久米設計 KUME SEKKEI Co.,Ltd.
3. 竹田 清次郎 Seijiro TAKEDA	建築計画 Building Planner	株式会社 久米設計 KUME SEKKEI Co.,Ltd.
4. 菊田 龍之 Tatsuyuki KIKUTA	給水計画 Water Supply Planner	株式会社 毛利建築設計事務所 MOHRI, ARCHITECT & ASSOCIATES, INC.
5. 土井 保道 Yasumichi DOI	機材計画 Equipment Planner	株式会社 久米設計 KUME SEKKEI Co.,Ltd.

2．　調査日程

資料 -2　調査日程

(1) 基本設計調査 日程表

日順	月日	曜日	作業内容							
			官団員 成瀬団長 Dr. 梅内, 種村	業務主任/ 建築計画 西村(A)	地域医療 /運営計画 田中	建築計画 竹田(B)	設備計画 小泉(C)	給水・井戸 計画 菊田	機材計画 土井	調達計画/ 積算 永井
1	6/30	火	成田発9:50(JL741)→マニラ着13:10							
2	7/ 1	水	JICA, NEDA, 保健省表敬訪問, 保健省と計画内容協議, プロ技協チーAと協議, → サンフェルナンドへ移動							
3	2	木	ターラック州母子保健センター, RHU, BHS視察, リージョン3保健事務所にて参加型ワークショップ準備							
4	3	金	参加型ワークショップ開催							
5	4	土	成瀬団長 → マニラへ移動, 他団員 パンパンガ州保健局/州病院/RHU/BHS合同調査							
6	5	日	団内協議、調査結果分析							
7	6	月	プロ技協チーA協議, ブラカン州病院/RHU/BHS調査 成瀬団長PHIVOLCSと協議 → サンフェルナンドへ			ターラック州 現地調査	パターン州 現地調査	スエバシーハ州 BHS給水 調査	地域医療に 同じ	建築計画に 同じ
8	7	火	RHO-3事務所にてミニッツ協議		ターラック州調査					〃
9	8	水	マニラへ移動, 調査業務	パターン州病院/RHU/BHS調査						〃
10	9	木		パンパンガ保健 局 → マニラへ移 動	ブラカン州調査			ブラカン州BHS 給水調査		業務主任に 同じ
11	10	金	保健省にてミニッツ調印、 大使館, JICA報告		ターラック州調査	パンパンガ州 現地調査		ターラック州BHS 給水調査		マニラ市内 コスト調査
12	11	土	マニラ→成田 JL-742	関連資料収集, 調査データ整理						
13	12	日		団内協議、サイト調査日程協議, 資料整理						
14	13	月		スエバエシハ州 現地調査	スエバエシハ州 調査	パンパンガ州 現地調査	サンバレス州 現地調査	サンバレス州 BHS給水 調査	地域医療に 同じ	マニラ市内 コスト調査
15	14	火			スエバエシハ州/ パンパンガ州 調査					保健省調査 JICA事務所 中間報告
16	15	水			パンパンガ州 調査	ブラカン州現地 調査		パターン州BHS 給水調査		マニラ市内 コスト調査
17	16	木			サンバレス州 調査			パンパンガ州 給水調査		RHO-3/パンパ ンガ州建設事 情調査
18	17	金			サンバレス州調 査マニラへ移動			調査結果 整理・分析		サンバレス州/ パタン州建設 事情調査
19	18	土		調査結果整理・分析						
20	19	日		団内協議、調査結果整理・分析						マニラ→成田 JL472
21	20	月		調査報告作成	ドナー調査	調査報告作成			メーカー、代理 店調査	
22	21	火		補足資料収集	JICAプロ技 協協議/ドナー 調査	パンパンガ州 追加調査	サンバレス 州追加調 査	給水施設 資材調査	JICAプロ技 協協議	
23	22	水		調査報告作成	ドナー調査	調査報告作成		コスト調査	メーカー、	
24	23	木		DOH, EOJ, JICA報告	ターラック州/パ ギオ追加調査	業務主任に 同じ	設備資材 コスト調査	マニラ→成田 JL472	代理店調査	
25	24	金		団内会議, RHO最終報告	マニラ→成田 JL472	〃	設備資材 コスト調査		マニラ→成田 JL472	
26	25	土		調査結果整理		調査結果整理				
27	26	日		マニラ→成田 JL742		マニラ→成田JL742				

(2) 調査概要説明 日程表

日順	月日	曜日	団長 森本	業務主任/建築計画 西村	建築計画 竹田	給水計画/井戸計画 菊田	機材計画 土井
1	10/19	月	成田発 09:50(JL741) → マニラ着 13:10 JICA マニラ事務所表敬・打合せ				
2	20	火	国家経済開発庁(NEDA)表敬・打合せ, 保健省(DOH)訪問, プロ技協チーム打合せ, (サン・フェルナンドへ移動)				
3	21	水	保健省第3地方保健局(DOH/RHO3)局長表敬・ドラフト説明 周辺の RHU/BHS 視察				
4	22	木	ドラフト説明(DOH/RHO3, 6PHOs, DILG3 出席) 保健局長とミニッツ案協議 (夜半, JICA マニラ事務所 中村次長到着)				
5	23	金	保健局長と協議 (JICA 中村次長) (マニラへ移動)				
6	24	土	団内協議				
7	25	日	資料整理				
8	26	月	連絡調整 建設資材・医療機器等の市場調査				
9	27	火	日本大使館報告 DOH 次官表敬, ドラフト説明, ミニッツ署名				
10	28	水	マニラ発 14:30(JL742) → 成田着 19:40				

３．　相手国関係者リスト

資料 −3 相手国側関係者リスト

〈フィリピン国側関係者〉

1. 国家経済開発庁 (NEDA: National Economic Development Authority)

Ms.Alely Bernardo	Chief, Economic Development
Ms.Cristina Sanmabo	Specialist, (Japan Desk)
Ms.Judith Condra	Monitoring
Mr. Lawrence N. Guevara	Economic Development Specialist
Mr.Aurora M. Jonson	Director, Region 3 Office
Ms.Lynette Bautista	Asst. Director, Region 3 Office

2. 保健省 (DOH: Department of Health)

Dr. Antonio Lopez	Under Secretary, Office of Public Health Services
Dr./Ms. Susy P. Mercado	Under Secretary
Dr./Ms.Cieles B. Santon	Assistant Secretary
Ms.Cecilia Marave	JICA Project Officer
Mr. Penafield	Architect, Health Infrastructure Services

3. 保健省第3地方保健局 (DOH/RHO-3: Regional Health Office-3)

Dr./Ms.Ethelyn P. Nieto	Director IV
Dr./Ms.Cecilia R. Paulino	Director III
Dr./Ms.Alma Marie C. Gomez	Health Education Planning Officer III
Dr./Ms.Eleanor G. Yosisaki	Medical Specialist III
Mr.Orencio Malonzo	Planning Officer III
Mr.Lourdes Macabulos	Planning Officer II
Ms.Elenita D. Pineda	Clerk II

4. 内務自治省第3地方局 (DILG-3: Department of Interior and Local Government, Regional Office-3)

Ms. Jasmin M. Bartolo	Local Government Officer II
Mr. Ramon Ronquili	Chief, Technical Stuff Development

5. バターン州保健事務所関連 (Bataan Province)

Dr.Rolando S. Banzon	Provincial Health Officer II
Dr.Conrado L. Villazor	Bataan Provincial Hospital
Mr.Marcelina C. Rodriguez	Registered Nurse, Trainer FP/EPI
Ms.Miyuki Nisimura	Nurse/Midwife, JOCV

6. ブラカン州保健事務所関連 (Bulacan Province)

Dr.Eduardo Z. Valencia	Provincial Health Officer II
Dr.Alberto M. Bondoc	Chief, Technical Services
Mr.Alex Espiritu	Engineer III
Mr.Ferdi Moraks	Mechanical Engineer

7. ヌエバ・エシハ州保健事務所関連 (Nueva Ecija Province)

Dr.Bienvenido de Guzman	Provincial Health Officer II
Dr.Felicisimo Embuscado	Provincial Health Officer I
Dr./Ms.Flora Olaa	Medical Specialist
Dr.Ronaldo E.Tanchoco	Director, ELJ Memorial Hospital
Dr.Flordeliza V. Varanal	Medical Specialist, PHO

8. パンパンガ州保健事務所関連 (Pampanga Province)

Dr/Ms.Coronada Baltazar	Provincial Health Officer II (Acting)
Dr./Ms.Lilia M. Carlos	General Practitioner
Ms.Urduja Dizon	Accountant

9. タルラック州保健事務所関連 (Tarlac Province)

Dr.Ricardo Ramos	Provincial Health Officer II
Dr./Ms.Veaneffe Lazatin	Municipal Health Officer
Ms.Josie P. Benitez	Sanitary Inspector I (PHO)

10. ザンバレス州保健事務所関連 (Zambales Province)

Dr.Gregorio Cabacar	Provincial Health Officer II
Mr.Carlos Piocos	Engineer III

11. 国連・ドナー関連 (UNs/Donors)

Dr./Ms.Ma Nilda Ruiz-Lambo	MCH Project Manager, UNICEF, Philippines
Mr. Noel Sta.Ines	Operations Officer, The World Bank
Ms. Liza Yu Tabora	Project Manager I, ADB Desk Officer, Women's Health & Safe Motherhood Project, DOH
Mr. Marichi G. de Sagun	Project Management Specialist, Office of Population, Health and Nutrition, USAID
Dr./Ms.Maria Otelia D. Costales	Country Representative, AVSC International

12. その他 (Others)

Dr./Ms.Esther D. Mironde	Director, Under Five Clinic, Baguio General Hospital and Medical Center

<日本国側関係者>

1. 在フィリピン日本国大使館

福田 光	2等書記官

2. JICAフィリピン事務所

後藤 洋	所長
黒柳 俊之	次長
中村 明	次長
永井 真希	担当職員

3. プロ技協チーム：DOH-JICA FP/MCH プロジェクト(II)

花田 恭	チームリーダー
碇　賢治	調整員
岩永 資隆	母子保健専門家
田口 明男	IEC専門家
小村 洋子	母子保健専門家
佐藤 章子	ジェンダー開発専門家
曽根 智史	国立公衆衛生院 公衆衛生行政学部 健康教育室長
野網 祥代	京都大学社会医学系公衆衛生学分野

4．　ミニッツ

MINUTES OF DISCUSSIONS ON THE BASIC DESIGN STUDY ON THE PROJECT FOR UPGRADING OF FACILITIES AND EQUIPMENT IN SELECTED FIELD HEALTH UNITS IN THE REPUBLIC OF THE PHILIPPINES

In response to the request from the Government of the Philippines, the Government of Japan has decided to conduct a Basic Design Study on the Project for Upgrading of Facilities and Equipment in Selected Field Health Units in the Republic of the Philippines.(hereinafter referred to as "the Project"), and entrusted the study to the Japan International Cooperation Agency(JICA).

JICA sent to the Philippines a study team (hereinafter referred to as "the Team"), which is headed by Mr.Takeshi NARUSE,Director,First Project Study Division, Grant Aid Project Study Department, Japan International Cooperation Agency, and is scheduled to stay in the country from June 30 to July 11, 1998.

The Team held discussions with officials concerned of Department of Health and Provincial health offices in Region III,and conducted field surveys at the study area.

In the course of the discussions and field surveys, both parties have confirmed the main items described on the attached sheets.
Based on the Minutes of Discussions,The Team will proceed to further work and prepare the Basic Design Study Report.

Manila,July 10, 1998

Mr.Takeshi NARUSE
Leader,
Basic Design Study Team, JICA

Dr.Antonio LOPEZ, M.D., M.P.H.
Undersecretary,
Department of Health,
The Republic of the Philippines

ATTACHMENT

1. Objective
   The objective of the Project is to strengthen the medical services and educational/training activities through upgrading of the facilities and equipment of Maternal and Child Health Center (MCHC) ,Rural Health Unit (RHU) ,Barangay Health Station (BHS) .

2. Project Site
   Third Region,6 Provinces.

3. Responsible and Executing Organization.
   (1) Responsible Agency : Department of Health
   (2) Executing Agency :Provincial Health Offices

4. Items requested by the Philippine side.
   (1) After discussions with the Team, the following was finally requested by the Philippine side;
      1) Construction and Renovation of Facilities(MCHC/5,RHU/19,BHS/60) : Details of Items are listed in Annex-1
      2) Provisions of new Equipment:Details of items are listed in Annex 2
   However, the final items of the Project will be decided after further studies.
   (2) The Philippine side understood the Basic Criteria for the Selection of Equipment as described in Annex 3.
   (3) The Philippine side understood the Basic Criteria for the Selection of Sites as described in Annex 4.

5. Japan's Grant Aid System

   (1) The Philippine side understood the Japan's Grant Aid System as described in Annex 5.
   (2) The Philippine side will take necessary measures, as described in Annex 6 for the smooth implementation of the Project, on condition that the Grant Aid by the Government of Japan is extended to the Project.

6. Schedule of the Study
   (1) The consultants will proceed to further studies in The Philippines until July 26, 1998.
   (2) JICA will prepare a draft basic design report in English and dispatch a mission to the Philippines in order to explain its contents around November, 1998.
   (3) In case the contents of the draft basic design report is accepted in principle by the Philippine side, JICA will complete the final report and send it to the Philippine side around January, 1999.

7.The Japanese side and The Philippine side held a Workshop and confirmed the following;

(1) The PDM which was initially made at the beginning of the Technical Cooperation reflects the entire project.

(2) New activities and new Philippine side undertakings necessary for the grant aid are clarified,and both sides agreed to modify the PDM as described in Annex 7.

(3) In order to achieve the project objective,three elements such as Grant aid,Technical Cooperation and The Philippine side's undertakings need to harmonize in a collaborative manner.

8.Submission of necessary information and documents

The Philippine side agreed to submit a copy of the following by 25 July 1998 to the Team.

(1) Document which assures site.

(2) Budget Revenue and Expenditure of health sector of each Provincial Government and Municipal Government.

(3) others,if consultant team requests.

9.Other Relevant Issues

(1)The Custom duties and Banking arrangement shall be arranged by the Department of Health.

(2)The Philippine side requested to procure local materials / equipments as much as possible to reduce customs duties.

(3) The Philippine side agreed to the removal of existing facilities and implement site clearance before commencement of the construction work.

(4)With modified sites,The Philippine side should clear internal matters if necessary,until the Detailed Design.

ANNEX I

LIST OF PROPOSED SITES

BATAAN	1.1	Maternal and Child Health Center (MCHC): Bataan Provincial Hospital	Balanga,	Bataan
	1.2	Rural Health Units (RHUs)/Main Health Centers (MHCs):		
		1.2.1 Cabcaben,	Cabcaben,	Marivels
		1.2.2 Bagac,	Bagac,	Bataan
		1.2.3 Orion,	Orion,	Bataan
		* 1.2.4 Hermosa,	Hermosa,	Bataan
	1.3	Barangay Health Stations (BHSs)		
		1.3.1 Tipo,	Hermosa,	Bataan
		1.3.2 Mabiga,	Hermosa,	Bataan
		1.3.3 Tapulao,	Orani,	Bataan
		1.3.4 Roosevelt,	Dinalupihan,	Bataan
		1.3.5 Sabatan,	Orion,	Bataan
		1.3.6 Gen. Lim,	Orion,	Bataan
		1.3.7 Sapa,	Samal,	Bataan
		1.3.8 Omboy,	Abucay,	Bataan
		1.3.9 Tortugas,	Balanga,	Bataan
		1.3.10 Pita,	Dinalupihan,	Bataan
		* 1.3.11 Nagwaling,	Pilar,	Bataan
BULACAN	2.1	Maternal and Child Health Center (MCHC): Bulacan Provincial Hospital,	Malolos,	Bulacan
	2.2	Rural Health Units (RHUs)/Main Health Centers (MHCs):		
		2.2.1 Poblacion Obando,	Obando,	Bulacan
		2.2.2 San Miguel RHU III,	Salacot, San Miguel,	Bulacan
		2.2.3 San Rafael RHU II,	Maguinao, San Rafael,	Bulacan
	2.3	Barangay Health Stations (BHSs)		
		2.3.1 Bulubad,	Bulacan,	Bulacan
		2.3.2 Buguion,	Calumpit,	Bulacan
		2.3.3 San Pedro,	San Jose del Monte,	Bulacan
		2.3.4 Pinalagpan,	Paombong,	Bulacan
		2.3.5 Dulong Malabon,	Pulilan,	Bulacan
		2.3.6 Bubulong Munti,	San Ildefonso,	Bulacan
		2.3.7 Muzon,	San Jose del Monte,	Bulacan
		2.3.8 Diliman I,	San Rafael,	Bulacan
		2.3.9 Sta Cruz,	Sta. Maria,	Bulacan
		2.3.10 Bagbaguin,	Sta. Maria	Bulacan
		* 2.3.11 Masucol,	Paombong,	Bulacan
		* 2.3.12 Meysulao,	Calumpit,	Bulacan

NUEVA ECIJA	3.1	Maternal and Child Health Center (MCHC): Eduardo L. Joson Memorial Hsopital		
			Cabanatuan,	Nueva Ecija
	3.2	Rural Health Units (RHUs)/Main Health Centers (MHCs):		
		3.2.1 Pantabanga,		Nueva Ecija
		3.2.2 Gabaldon,		Nueva Ecija
		3.2.3 San Isidro,		Nueva Ecija
	3.3	Barangay Health Stations (BHSs)		
		3.3.1 Labi,	Bongabon,	Nueva Ecija
		3.3.2 San Felipe,	Laur,	Nueva Ecija
		3.3.3 Pinahan,	Gen Natividad,	Nueva Ecija
		3.3.4 Paitan Sur,	Cuyapo,	Nueva Ecija
		3.3.5 Punca,	Carrangian,	Nueva Ecija
		3.3.6 Aluta,	Talugtog,	Nueva Ecija
		3.3.7 San Nicolas,	Lianera,	Nueva Ecija
		3.3.8 Concepcion,	Gen.Tinio,	Nueva Ecija
		3.3.9 San Miguel,	Quezon,	Nueva Ecija
		3.3.10 Monic,	Nampicuan,	Nueva Ecija
		* 3.3.11 Baybayabas,	Talugtog,	Nueva Ecija
		* 3.3.12 Gen.Luna,	Carranglan,	Nueva Ecija
		* 3.3.13 Sta.Clara,	Quezon,	Nueva Ecija
		* 3.3.14 Inanama,	Lianera,	Nueva Ecija
		* 3.3.15 Siclang,	Laur,	Nueva Ecija
		* 3.3.16 Olivete,	Bongabon,	Nueva Ecija
PAMPANGA	4.1	Maternal and Child Health Center (MCHC): Pampanga Provincial Hospital, Guagua		
			Guagua,	Pampanga
	4.2	Rural Health Units (RHUs)/Main Health Centers (MHCs):		
		4.2.1 Arayat RHU I,	Arayat,	Pampanga
		4.2.2 San Ildefonso,	Magalang II, Magalang,	Pampanga
		4.2.3 Mexico,	Mexico,	Pampanga
	4.3	Barangay Health Stations (BHSs)		Pampanga
		4.3.1 Sta.Cristo,	Lubao,	Pampanga
		4.3.2 Malabo,	Floridablanca,	Pampanga
		4.3.3 Tagulod,	Candaba,	Pampanga
		4.3.4 Paligui,	Apalit,	Pampanga
		4.3.5 Pulungmasle,	Guagua,	Pampanga
		4.3.6 San Isidro,	San Luis,	Pampanga
		4.3.7 Battang II,	Sasmuan,	Pampanga
		4.3.8 Aguso,	San Francisco,	Pampanga
		4.3.9 Pio,	Porac,	Pampanga
		4.3.10 San Juan,	Sta.Ana,	Pampanga
		* 4.3.11 Parian,	Mexico,	Pampanga

TARLAC	5.1	Rural Health Units (RHUs)/Main Health Centers (MHCs):		
		5.1.1	San Clemente,	San Clemente, Tarlac
		5.1.2	Moncada,	Moncada, Tarlac
		5.1.3	La Paz,	La Paz, Tarlac
		5.1.4	Victoria II,	Tarlac
	5.2	Barangay Health Stations (BHSs)		
		5.2.1	Manga,	Capas, Tarlac
		5.2.2	Ventinilia,	Paniqui, Tarlac
		5.2.3	Dela Paz,	Tarlac, Tarlac
		5.2.4	Parang,	Concepcion, Tarlac
		5.2.5	San Francisco,	Sta.Ignacia, Tarlac
		5.2.6	Aringin,	Moncada, Tarlac
		5.2.7	Tancarang,	Mayantoc, Tarlac
		5.2.8	Quezon,	Gerona, Tarlac
		5.2.9	Pacpaco,	San Manuel, Tarlac
		5.2.10	Nilasin,	Pura 1st. Tarlac
		* 5.2.11	San Juan,	Ramos, Tarlac
ZAMBALES	6.1	Maternal and Child Health Center (MCHC):		
			Pres. Ramon Magsaysay Memorial Hospital	
			Iba,	Zambales
	6.2	Rural Health Units (RHUs)/Main Health Centers (MHCs):		
		6.2.1	Sta.Cruz RHU I,	Sta.Cruz, Zambales
		6.2.2	Botolan RHU II,	San Juan, Botolan, Zambales
		6.2.3	San Antonio RHU,	San Antonio, Zambales
	6.3	Barangay Health Stations (BHSs)		
		6.3.1	Macarang,	San Marcelino, Zambales
		6.3.2	San Isidro,	Subic, Zambales
		6.3.3	Omaya,	San Narciso, Zambales
		6.3.4	Sta.Barbara,	Iba, Zambales
		6.3.5	Panglit,	San Lorenzo, Masinloc, Zambales
		6.3.6	Babancal,	Candelaria, Zambales
		6.3.7	Tubo-tubo South,	Sta.Cruz, Zambales
		6.3.8	Balincaging,	San Felipe, Zambales
		6.3.9	Felimida Diaz,	Cabangan, Zambales
		6.3.10	Looc,	Castillejos, Zambales
		* 6.3.11	Sta.Fe,	San Marcelino, Zambales
		* 6.3.12	Sabang,	Sta.Cruz, Zambales
		* 6.3.13	Laoag,	San Felipe, Zambales
		* 6.3.14	Tubo-tubo,	North Sta.Cruz, Zambales
		* 6.3.15	Sta.Tomas,	Subic, Zambales

* alternative sites

Requested Equipment

[Barangay Health Station]

1 Hilot kit
2 Weighing Scale (Adult)
3 Weighing Scale (Pediatric, Hanging Type)
4 Sphygmomanometer (Table Type)
5 Stethoscope
6 Umbilical Cord Clamp
7 Megaphone
8 Examining Table
9 Kelly Pad
10 Cusco's Vaginal Speculum
11 Syringes with needles
12 Three-panel screen
13 JFPA Magnel display
14 Universal diagnostic set
15 VHF
16 Vaginal speculum (medium)
17 Tenaculum
18 Uterine Forceps
19 Ovum Forceps
20 Scissors
21 Hysterometer
22 Hemometer
23 Instrument Sterilizer
24 Typewriter
25 Filing Cabinet
26 Other necessary equipment

[Rural Health Unit]

1 Home delivery kit
2 Hilot kit
3 Weighing Scale (Adult)
4 Weighing Scale (Pediatric, Hanging Type)
5 Ambubag (Adult)
6 Ambubag (Pediatric)
7 Doppler Apparatus
8 Oxygen Gauge
9 Oxygen Tank (200 l) with carriage
10 Suction Unit
11 Sphygmomanometer (Table Type)
12 Stethoscope
13 Refrigerator (5 f3)
14 Umbilical Cord Clamp
15 Megaphone
16 Boiling Sterilizer
17 Examining Table
18 Kelly Pad

19 Operating lamp
20 Cusco's Vaginal Speculum
21 Syringes with needles
22 Three-panel screen
23 JFPA Magnel display
24 Universal diagnostic set
25 VHF
26 Vaginal speculum (medium)
27 Tenaculum
28 Uterine Forceps
29 Ovum Forceps
30 Scissors
31 Hysterometer
32 Hemometer
33 Nebulizer
34 Instrument Sterilizer
35 Instrument pushcart/trolley
36 Dental Unit
37 Typewriter
38 Motorcycle (125 cc)
39 Filing Cabinet
40 Minor Surgical Instrument Set
41 Other necessary equipment

[Maternal and Child Health Center]
1 Ambubag (Adult)
2 Ambubag (Pediatric)
3 Sphygmomanometer
4 Stethoscope
5 Sound system
6 Stretcher
7 Typewriter (electric)
8 Sphygmomanometer (Stand type)
9 Sphygmomanometer (Table Type)
10 Stethoscope (Littman type)
11 Oxygen Gauge
12 Oxygen Tank (200 l) with carriage
13 ECG (Portable type)
14 Nebulizer
15 Suction Unit
16 Filing Cabinet
17 Refrigerator (5 f3)
18 Doppler Apparatus
19 Pregnancy Test Kit
20 Urine Test Kit
21 Other necessary equipment

[Regional Health Office]
1 IEC Van
2 IEC equipment
3 Other necessary equipment

ANNEX 3

Basic Criteria for Selection of Equipment

1) Priority Criteria

(1) Equipment to be replaced with the existing deteriorated equipment.
(2) Equipment to be supplemented additionally for the existing equipment whose quantity are definitely in short.
(3) Equipment to be utilized for basic activities.
(4) Equipment with no difficulty on the operation and maintenance.
(5) Equipment to be utilized for great benefit.
(6) Equipment which produce high cost effectiveness.
(7) Equipment to be operated and maintained properly by the present technical level of the staff.
(8) Equipment whose operation and maintenance manpower are established or will be established soon whether in-side or out-side staff.
(9) Equipment suitable for social background conditions.
(10) Equipment which might be possible cooperate and coordinate with other donor.

2) Deletion Criteria

(1) Equipment which need high operation and maintenance cost.
(2) Equipment to be utilized for small benefit.
(3) Equipment which produce low cost effectiveness.
(4) Equipment to be utilized by employing more simple type.
(5) Equipment which produce waste materials causing environmental contamination problem.
(6) Equipment which might be used for individual use by the staff.
(7) Equipment might be requested more than optimal minimum quantity (ineffective and duplicate equipment).
(8) Equipment with some difficulty for spare parts and consumables supplies in local site.
(9) Equipment to be operated and maintained unproperly by the present technical level of the staff.
(10) Equipment whose operation and maintenance manpower is not established or will not be established soon whether in-side or out-side staff.
(11) Equipment unsuitable for social background conditions.
(12) Equipment with additional infrastructure improvement work (such as water, electricity and drainage. etc.) for the installation.
(13) Equipment with proper utilization of the existing equipment.

ANNEX 4

Basic Criteria for Selection of the Site

1. Criteria for Priority

(1) Distance to the nearest health facility.

(2) Adequate catchment population size.

(3) Availability of land.

(4) Local Government support.

(5) No-risk of lahar damage

2. Criteria for Selection

(1) Evidence of site assurance.

(2) Sufficient site area for construction work.

(3) Access to the site during construction by lorry.

(4) Enough capability for management and maintenance.

(5) Participation of community people.

(6) No calamity such as flood, landslide, lahar, etc.

JAPAN'S GRANT AID PROGRAM

1. Japan's Grant Aid Procedures

(1) The Japan's Grant Aid Program is executed by the following procedures.
Application (Request made by a recipient country)
Study (Preliminary Study / Basic Design Study conducted by JICA)
Appraisal & Approval (Appraisal by the Government of Japan and Approval by the Cabinet of Japan)
Determination of Implementation (Exchange of Notes between the both Governments)
Implementation (Implementation of the Project)

(2) Firstly, an application or a request for a project made by the recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to see whether or not it is suitable for Japan's Grand Aid. If the request is deemed suitable, the Government of Japan entrusts a study on the request to JICA (Japan International Cooperation Agency).

Secondly, JICA conducts the Study (Basic Design Study), using a Japanese consulting firm. If the background and objective of the requested project are not clear, a Preliminary Study is conducted prior to a Basic Design Study.

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

Fourthly, the Project approved by the Cabinet becomes official when pledged by the Exchange of Notes signed by the both Governments.

Finally, for the implementation of the Project, JICA assists the recipient country in preparing contracts and so on.

2. Contents of the Study

(1) Contents of the Study

The purpose of the Study (Preliminary Study/Basic Design Study) conducted on a project requested by JICA is to provide a basic document necessary for appraisal of the project by the Japanese Government. The contents of the

Study are as follows:

a) to confirm background, objectives, benefits of the project and also institutional capacity of agencies concerned of the recipient country necessary for project implementation,
b) to evaluate appropriateness of the Project for the Grant Aid Scheme from a technical, social and economical point of view,
c) to confirm items agreed on by the both parties concerning a basic concept of the project,
d) to prepare a basic design of the project,
e) to estimate cost involved in the project.

Final project components are subject to approval by the Government of Japan and therefore may differ from an original request.

Implementing the project, the Government of Japan requests the recipient country to take necessary measures involved which are itemized on Exchange of Notes.

(2) Selecting (a) Consulting Firm(s)

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

The consulting firm(s) used for the study is (are) recommended by JICA to a recipient country after Exchange of Notes, in order to maintain technical consistency and also to avoid possible undue delay in implementation caused if a new selection process is repeated.

(3) Status of a Preliminary Study in the Grant Aid Program

A Preliminary Study is conducted during the second step of a project formulation & preparation as mentioned above.

A result of the study will be utilized in Japan to decide if the Project is to be suitable for a Basic Design Study

Based on the result of the Basic Design Study, the Government would proceed to the stage of decision making process(appraisal and approval) .

It is important to notice that at the stage of Preliminary Study, no commitment is made by the Japanese side concerning the realization of the Project in the scheme of Grant Aid Program.

3. Japan's Grant Aid Scheme

(1) What is Grant Aid?

The Grant Aid Program provides a recipient country with non reimbursable funds needed to procure facilities, equipment and services for economic

and social development of the country under the following principles in accordance with relevant laws and regulations of Japan. The Grant Aid is not in a form of donation or such.

(2) Exchange of Notes (E/N)
The Japan's Grant Aid is extended in accordance with the Exchange of Notes by both Governments, in which the objectives of the Project, period of execution, conditions and amount of the Grant etc. are confirmed.

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

(4) Under the Grant, in principle, products and services of origins of Japan or the recipient country are to be purchased.
When the two Governments deem it necessary, the Grant may be used for the purchase of products or services of a third country origin.
However the prime contractors, namely, consulting, contractor and procurement firms, are limited to "Japanese nationals".(The term "Japanese nationals" means Japanese physical persons or Japanese juridical persons controlled by Japanese physical persons.)

(5) Necessity of the "Verification"
The Government of the recipient country or its designated authority will conclude into 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 tax payers.

(6) Undertakings required to the Government of the recipient country
In the implementation of the Grant Aid, the recipient country is required to undertake necessary measures such as the following:

a) to secure land necessary for the sites of the project and to clear and level the land prior to commencement of the construction work,

b) to provide facilities for distribution of electricity, water supply and drainage and other incidental facilities in and around the sites,

c) to secure buildings prior to the installation work in case the Project is providing equipment,

d) 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,

e) 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,

f) 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 facilities constructed and equipment purchased under the Grant Aid properly and effectively and to assign staff necessary for their operation and maintenance as well as to bear all expenses other than those to be borne by the Grant Aid.

(8) Re-export

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

(9) Banking Arrangement (B/A)

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

b) The payments will be made when payment requests are presented by the Bank to the Government of Japan under an Authorization to Pay issued by the Government of the recipient country or its designated authority.

ANNEX 6

NECESSARY MEASURES TO BE TAKEN BY THE PHILIPPINES SIDE

1. to provide data and information necessary for the Project,
2. to secure the site for the Project,
3. to bear commissions to the Japanese foreign exchange bank for its banking service based upon the Banking Arrangement (B/A), namely the advertising commission of the Authorization to Pay (A/P) and payment commission,
4. to ensure prompt unloading,tax exemption, customs clearance at the port of disembarkation and prompt internal transportation therein of the materials and equipment for the Project purchased under the Grant Aid,
5. to exempt Japanese juridical and physical nationals engaged in the Project from customs duties, internal taxes and other fiscal levies which may be imposed in the Philippines 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 Philippines and stay therein for the performance of their work,
7. to provide necessary permissions, licenses and other authorizations for implementing the Project, if necessary,
8. to assign appropriate budget and staff for proper and effective operation and maintenance of equipment procured under the Grant Aid,
9. to maintain and use properly and effectively the equipment procured under the Project, and
10. to bear all the expenses, other than those to be borne by the Japan's Grant Aid within the scope of the Project
11. to clear,level and reclaim the site prior to commencement of the Project
12. to undertake incidental outdoor works such as gardening,fencing,gates and exterior lightning in and around the site
13. to provide facilities for distribution of electricity,water supply,telephone, drainage,sewerage and other incidental facilities to the site
    (1) electricity distributing line to the site
    (2) water distribution main to the site
    (3) drainage main to the site
    (4) telephone line to the site
    (5) general furniture such as carpets,curtains,tables,chairs and others

ANNEX 7

PROJECT DESIGN MATRIX

SUMMARY OF OBJECTIVES/ACTIVITIES	OBJECTIVELY VERIFIABLE INDICATORS	MEANS/ SOURCES OF VERIFICATION	IMPORTANT ASSUMPTIONS
OVERALL GOAL	INDICATORS THAT GOAL HAS BEEN ACHIEVED		
To improve health status through the DOH's Reproductive Health strategy in Region III	-Health indicators -Socio-economic indicators	Philippine Census: Demographic & Health Survey (DHS)	Other government policies, particularly socio-economic & development policies, are supportive of health policy
PROJECT PURPOSE	INDICATORS THAT PROJECT PURPOSE HAS BEEN ACHIEVED		
To achieve region-wide improvements in reproductive health status among all the provinces in Region III (Central Luzon) through dissemination of the gains from the FP/MCH Project in Tarlac	-Improvement of Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) in the project area; -Increase in Contraceptive Prevalence Rate (CPR) in the project area -Increase in the % attendance for Prenatal & Postnatal Check-ups	Needs Assessment Report Monitoring & Evaluation Reports/ Service Statistics	-DOH continues its commitment to prioritize FP & MCH programs -Adequate budget, manpower & facilities are available for the DOH to carry out its programs *effectively & efficiently* -Interagency networking among GOs, NGOs & other donor agencies involved in FP & MCH is in place;
RESULTS / OUTPUTS			
1. Improved management & objective evaluation of project	-No. of health workers sent for technical training	-Survey monitoring & evaluation report	-Capability of local government staff to support project activities;
2. Developed manpower resources thru formal/informal skills training, mutual exchange of information with other health workers & technical transfer by experts in relevant fields	-No. of local training courses conducted	-Training documents -Training documents and Attendance Sheets	-Proper utilization and maintenance of equipment & facilities
3. Improved capability of local government staff to manage health programs	-List of medical & IEC equipment provided according to specifications	-Deed of Donation; -Equipment Inventory	-Smooth coordination among all agencies involved in the project thru the Joint Coordinating Committee
4. Improved health status of community people in the project areas thru people's active participation in health activities	-Increase in volume of clients who visit facility for primary health care -Community health /welfare organizations in place & functioning	-Clinic & BHS records -Documentation of activities	-Regional & Provincial Coordinating Committees are functioning properly
5. Smooth dissemination of IEC materials pilot-tested in the project area	-Quality & quantity of IEC materials produced & distributed	-Sample of IEC materials -No of IEC materials disseminated	

Continue to next page,

SUMMARY OF OBJECTIVES/ACTIVITIES			IMPORTANT ASSUMPTIONS
ACTIVITIES	INPUTS (TECHNICAL ASSISTANCE)		
1. Conduct of survey, monitoring and evaluation activities in collaboration with research & academic institutions 2. Implementation of Training/Re-training program for health workers (Midwives Nurses, Health Officials) 3. Upgrade of facilities & medical & IEC equipment 4. Conduct of health-related community participation activities 5. Development, production & dissemination of IEC materials	Japanese side: -Experts: Chief Advisor, Coordinator, FP/MCH, Public Health, IEC, Statistics & Demography, Gender & Development, Other related fields -Equipment: Medical equipment & supplies IEC equipment & materials Equipment for transportation & communication Equipment for survey, monitoring & evaluation Equipment for promotion of FP/MCH activities Other equipment & materials mutually agreed upon as necessary -Training in Japan	Philippine side: -Counterpart personnel -Counterpart budget Office space & facilities -Support & Coordinating mechanism for project activities	-Commitment of LGUs to support project activities; -Facilities, manpower & budget are provided as proposed; -Smooth coordination among the DOH - Central and Regional Offices, LGUs, other GOs and NGOs.
	INPUTS (GRANT AID ASSISTANCE)		
6. Conduct monitoring and evaluation (7) Conduct regular program of monitoring and evaluation. (8) Continuing training of newly hired personnel on the existing reporting system. (9) Conduct orientation for local chief executives who are newly elected. (10) Involvement of other agencies (GOs and NGOs) in the monitoring and evaluation	Japanese side: - Construction of MCH centers (one for each province except Tarlac, 5 centers in total) - Renovation/Construction of RHUs (19 RHUs in total) - Construction of BHSs (50 BHSs in total) - Development of water supply system for RHUs/BHSs in the above - Provision of basic equipment for MCH activities for RHUs/BHSs in the above - Provision of vehicles for IEC activities in the fields	Philippine side: - Land preparation for MCH centers and RHUs/BHUs by responsible LGUs - Maintenance of facilities and equipment - Assignment of health personnel and other necessary personnel to MCH centers and RHUs/BHUs - Securing the budget for running MCH centers and RHUs/BHUs - Granting necessary legal and administrative permission - Payment of taxes (import tax and value-added tax, etc) and support for custom clearance	

FP - Family Planning MCH - Maternal & Child Health LGU - Local Government Unit IEC - Information, Education, Communication
GO - Government Organization NGO - Non-Governmental Organization DOH - Department of Health

WORKSHOP ON UPGRADING OF FACILITIES AND EQUIPMENT IN RELATED HEALTH UNITS IN REGION III

DATE: July 3, 1998
VENUE: REGION III OFFICE

PARTCIPANTS:

NAME	DESIGNATION	
Ms. AURORA M. JOSON		NEDA REGION III OFFICE
Ms. LYNETTE BAUTISTA	ASST. DIRECTOR	NEDA REGION III OFFICE
Ms. MA. JASMIN M. BARTOLO	LGOO II	DILG-REGION 3
Mr. RAMON RONQUILLO	TSD CHIEF	DILG-REGION 3
Dr. RICARDO RAMOS	PHO II	PHO-TARLAC
Dr. JEANETTE LAZATIN	DOH REP.	PHO-TARLAC
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Dr. FELICISIMO EMBUSCADO	PHO I	PHO-NUEVA ECIJA
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Mr. CARLOS PIOCOS	ENGINEER III	PHO-ZAMBALES
Dr. Dr. ROLANDO BANZON	PHO II	PHO-BATAAN
Dr. CORONADA BALTAZAR	PHO II	PHO-PAMPANGA
Mr. ORENCIO MALONZO	PLANNING OFFICER III	RHO NO. 3
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Ms. LOURDES MACABULOS	PLANNING OFFICER II	RHO NO. 3
Ms. ELENITA D. PINEDA	CLERK II	RHO NO. 3
Mr. JOSE LOPEZ	U. W. I	RHO NO. 3
Mr. JOSE BONIFACIO	U. W. II	RHO NO. 3
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Mr. KENJI IKARI	PROJECT COORDINATOR	JICA FP-MCH PROJECT
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Ms. MAKI NAGAI	ARR	JICA MANILA OFFICE
Mr. TAKESHI NARUSE	TEAM LEADER	JICA STUDY TEAM
Dr. TAKUSEI UMENAI	TECHNICAL ADVISER	JICA STUDY TEAM
Mr. HIDEKAZU TANEMURA	PROJECT COORDINATOR	JICA STUDY TEAM
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Mr. SEIJIRO TAKEDA	BUILDING PLANNER	JICA STUDY TEAM (KUME SEKKEI)
Mr. KAZUNA KOIZUMI	FACILITIES PLANNER	JICA STUDY TEAM (MOHRI SEKKEI)
Mr. TATSUYUKI KIKUTA	WATER SUPPLY PLANNER	JICA STUDY TEAM (MOHRI SEKKEI)
Mr. YASUMICHI DOI	EQUIPMENT PLANNER	JICA STUDY TEAM (KUME SEKKEI)
Mr. SHUJI NAGAI	COST PLANNER	JICA STUDY TEAM (KUME SEKKEI)

MINUTES OF DISCUSSIONS ON BASIC DESIGN STUDY ON THE PROJECT FOR UPGRADING OF FACILITIES AND EQUIPMENT IN SELECTED FIELD HEALTH UNITS IN THE REPUBLIC OF THE PHILIPPINES

(CONSULTATION ON DRAFT REPORT)

In July 1998, the Japan International Cooperation Agency (JICA) dispatched the Basic Design Study Team on the Project for Upgrading of Facilities and Equipment in Selected Field Health Units in the Republic of the Philippines (hereinafter referred to as "the Project") to the Philippines and through discussions, field survey and examination of the results in Japan, has prepared the draft report of the study.

In order to explain and to consult the Philippine side on the components of the draft report, JICA sent to the Philippines a study team, which is headed by Mr. Yasuhiro Morimoto, First Budget Division, Finance and Accounting Department, Japan International Cooperation Agency, from October 19 to 28, 1998.

As a result of the discussions, both parties confirmed the main items described on the attached sheets. Based on these Minutes of Discussions, the Team will complete the Basic Design Study Report.

Manila, October 27, 1998

Mr. Yasuhiro Morimoto
Leader,
Draft Report Explanation Team
Japan International Cooperation Agency

Dr.Susan Pineda-Mercado M.D., M.P.H.
Undersecretary,
Office for Public Health Services,
Department of Health,
The Republic of the Philippines

ATTACHMENT

1. Components of the Draft Report
   The Philippine side has agreed and accepted in principle the components of the Draft Report proposed by the Team.

2. Japan's Grant Aid System
   (1) The Philippine side has understood the system of Japan's Grant Aid explained by the Team. (see ANNEX I)

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

3. Further Schedule
   The Team will make the final report in accordance with the confirmed items, and send it to the Philippine side around January 1999.

4. Monitoring Report
   In case Japan's Grand aid is executed, the Philippine side will monitor the status of the operation of each field health units as per ANNEX III and submit a report to the Embassy of Japan and JICA office in Manila annually.

5. Others
   (1) Demolition of the existing facilities
   The existing facilities (including the underground obstacles) in the Project site shall be demolished and removed by the Philippine side within 3 months following the Exchange of Notes signed by both Governments.

   (2) Budgetary allocation for operation, maintenance and training program
   Provincial Governments and Municipalities shall ensure to allocate necessary budget for operation and maintenance of the field health facilities planned by this Project. Also Provincial Governments shall arrange adequate budget for training at MCH Centers.

   (3) Staff allocation
   Midwife for BHS shall be allocated as permanent bases, and Dentist shall visit the new RHU at least once a week.

Japan's Grant Aid

1. Japan's Grant Aid Procedures

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

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

(2) At the first stage 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 stage JICA conducts the study (Basic Design Study), using a Japanese consulting firm.
At the third stage, the Ministry of Foreign Affairs 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 Cabinet for approval.
At the fourth stage the Project, once approved by Cabinet, becomes official with the signing and Exchange of Notes between the Governments of Japan and the recipient country.

2. Basic Design Study

(1) Contents of the Study
The aim of the Basic Design Study (hereafter referred to as "the Study"), conducted by JICA on a requested project (hereafter 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 the recipient country to take whatever measures are necessary to ensure its self-reliance in the implementation of the Project.

Such measures must be guaranteed even though they may fall outside of the jurisdiction of the organization in the recipient country actually implementing the Project. Therefore, the implementation of the Project is confirmed by all relevant organizations of the recipient country through the Minutes of Discussions.

(2) Selection of Consultants

For smooth implementation of the Study. JICA uses a registered consultant firm. JICA selects a firm based on proposals submitted by interested firms. The firm selected carries out a Basic Design Study and writes a report, based upon terms of reference set by JICA. The consulting firm used for the Study is recommended by JICA to the recipient country to also work on the Project's implementation after the Exchange of Notes, in order to maintain technical consistency and also to avoid any undue delay in implementation should the selection process be repeated.

3. Japan's Grant Aid Scheme

(1) What is Grant Aid ?

The Grant Aid Program provides a recipient country with non-reimbursable funds to procure the facilities, equipment and services (engineering services and transportation of the products, etc.) for the economic and social development of

the country under principles in accordance with the relevant laws and regulations of Japan. Grant Aid is not supplied through the donation of materials as such.

(2) Exchange of Notes (E/N)
Japan's Grant Aid is extended in accordance with the Notes exchanged by the two governments concerned, in which the objectives of the Project, period of execution, conditions and amount of the Grant Aid, etc., are confirmed.

(3) "The period of the Grant" means the one fiscal year for which the Cabinet approves the Project. Within this fiscal year, all procedures such as Exchange of Notes, concluding contracts with a consultant firm and contractors 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 county are to be purchased. When the two Governments deem it necessary the grant aid may be used for the purchase of the products or services of third countries. However the prime contractors, namely, consulting constructing and procurement firms, are limited to "Japanese nationals". (The term "Japanese Nationals" means persons of Japanese nationality or Japanese corporations controlled by persons of Japanese nationality.)

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

(6) Undertakings 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 to clear, level

and reclaim the land prior to commencement of the construction.

2) To provide facilities for the distribution of electricity, water supply and drainage and other incidental facilities in and around the sites.
3) To 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.
4) 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.
5) 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 a may be necessary for their entry into the recipient county 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 the operation and maintenance as well as to bear all expenses other than those covered by the Grant Aid.

(8) "Re-Export"

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

(9) Banking Arrangements (B/A)

1) The government of the recipient country or its designated authority should open an account in the name of the government of the recipient county in an 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 county or its designated authority under the verified contracts.
2) The payments will be made when payment requests are presented by the Bank to the Government of Japan under an authorization to pay issued by the government of the recipient country or its designated authority.

ANNEX - II

Necessary measures to be taken by the Government of the Philippines on condition that Japanese Grant Aid is extended to the Project.

1. To secure the land for the construction of building and facilities related to the Project.

2. To clear, level, and reclaim the site. (including removal of underground obstacles)

3. To construct gates and fences around the site.

4. To provide facilities for the distribution of electricity, water supply, drainage to the site and other incidental infrastructures.

5. To allocate enough budget to operate and maintain the Project and to secure necessary number of the trained staff for the Project.

6. To bear the following commissions to the Japanese bank for the banking services based upon the Banking Arrangement.
   - Advising commission of Authorization to Pay.
   - payment commission

7. To arrange the exemption of taxes and to take necessary measures for customs clearance of materials and equipment brought for the Project at the port of disembarkation.

8. 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 Republic of the Philippines and stay therein for the performance of their work.

9. To exempt Japanese nationals engaged in the Project from customs duties, internal tax, other fiscal levies and other administrative requirements which may be imposed in the Philippines with respect to the supply of the products and services under the verified contracts.

10. To maintain and use properly and effectively the facilities constructed and equipment procured under the Grant Aid, through recruitment of enough and qualified staff and allocation of sufficient budget for operation and maintenance.

11. To bear all the expenses, other than those to be borne by the Grant Aid, necessary for construction of the facilities as well as transportation and installation of the equipment.

ANNEX – III

Indicators for Monitoring

1. Operation of Field Health Facilities (MCH Centers, Rural Health Units, Barangay Health Stations)

(1) Financial Status
- Income
- Expenditure

(2) Number of Staff
- Medical doctors
- Nurses
- Midwives
- Dentists
- Medical Technicians
- Others

(3) MCH/FP Services by type
- Number of Prenatal care
- Number of Postnatal care
- Number of Immunization
- Number of Child growth monitoring
- Number of Delivery by normal/ complicated/ referred
- Number of Counseling for Family Planning

(4) Curative Preventive Services by type
- Number of outpatients for curative care
- Number of Basic treatment
- Number of Minor surgery
- Number of Nutrition supplement
- Number of Malaria control
- Number of TB control
- Medical fee system and annual income

(5) Training at MCH Centers
- Number of Training/ Seminar by subjects
- Number of Health workers sent for technical training
- Number of Local/ field training courses conducted

(6) IEC Activities
- Number of IEC activities
- Type of Programs and field activities

2. Status of Equipment

Monitoring items for the following equipment:

- Number of application
- Number of that equipment in use
- Mechanical troubles and repair cost

(1) BHS

① Weighing scale (Adult / Pediatric)
② Examining table (General type)
③ JFPA Mangel display

(2) RHU

① Hemoglobin meter
② Doppler apparatus
③ Dental Unit
④ Nebulizer
⑤ VTR/ Monitor set

(3) MCH Center

① Hemoglobin meter
② Doppler apparatus
③ ECG (portable type)
④ Ultra-sound Scanner
⑤ OHP
⑥ VTR/ Monitor set

(4) RHO

① IEC equipment
② IEC van

5．　当該国の社会・経済事情

国 名	フィリピン共和国 Republic of the Philippines

1998. 10

一般指標					
政 体	立憲共和制	*1	首 都	マニラ	*1
元 首	President Josephl Ejercito ESTRADA	*1	主要都市名	セブ，ダバオ，イサベラ	*1
独立年月日	1946年7月4日	*1	経済活動可人口	28,000千人 (1995年)	*4
人種(部族)構成	ﾏﾚｰ系 91.5%，他に中国系，ｽﾍﾟｲﾝ系	*1	義務教育年数	6年間 (1997年)	*5
			初等教育就学率	97.0% (1994年)	*5
言語・公用語	ﾋﾟﾘﾋﾟﾉ語，英語	*1	初等教育修了率	% (年)	*6
宗 教	ﾛｰﾏｶﾄﾘｯｸ83%，ﾌﾟﾛﾃｽﾀﾝﾄ9%	*1	識字率	94.6% (1995年)	*7
国連加盟	1945年10月	*2	人口密度	249.79人/km² (1996年)	*1
世銀加盟	1945年12月	*3	人口増加率	2.2% (1996年)	*1
IMF加盟	1995年09月	*3	平均寿命	平均65.91 男63.14 女68.83	*1
面 積	300.00千km²	*1	5歳未満児死亡率	38/1000 (1996年)	*7
人 口	74,480.848千人 (1996年)	*1	カロリー供給量	2,319.0cal/日/人 (1995年)	*7

経済指標					
通貨単位	フィリピン・ペソ	*1	貿易量	(1997年)	*8
為替(1US$)	1US$=42.09 (1998年06月)	*8	輸入	34,122.0百万ドル	*8
会計年度	1月~12月	*1	輸出	25,088.0百万ドル	*8
国家予算	(1997年)	*9	輸入カバー率	0.0月 (1996年)	*10
歳入	15,950.8百万ﾄﾞﾙ	*9	主要輸出品目	電子製品,繊維,ｺｺﾅｯ (1994年)	*1
歳出	15,835.6百万ﾄﾞﾙ	*9	主要輸入品目	天然資源，資本財,石油(1994年)	*1
国際収支	-3,084.00百万ﾄﾞﾙ (1997年)	*9	日本への輸出	5,012.8百万ドル (1997年)	*11
ODA受取額	883.00百万ドル (1996年)	*7	日本からの輸入	8,689.1百万ドル (1997年)	*11
国内総生産(GDP)	74,180.00百万ドル (1995年)	*4			
一人当たりGDP	1,050.0ﾄﾞﾙ (1995年)	*4	外貨準備総額	9,277.0百万ドル (1998年4月)	*8
GDP産業別構成	農業 22.0% (1995年)	*4	対外債務残高	5,778.0百万ドル (1996年)	*10
	鉱工業 32.0% (1995年)		対外債務返済率	13.7% (1996年)	*10
	ｻｰﾋﾞｽ業 46.0% (1995年)		インフレ率	7.4% (1995年)	*7
産業別雇用	農業 46.0% (1990年)	*7			
	鉱工業 15.0% (1990年)				
	ｻｰﾋﾞｽ業 39.0% (1990年)		国家開発計画	中期開発計画 (93~98年)	*12
経済成長率	2.3%	*4			

気 象 (1961年~1990年平均)	場所:Manila (標高 14m)												
月	1	2	3	4	5	6	7	8	9	10	11	12	平均/計
最高気温	30.0	31.0	33.0	34.0	34.0	33.0	31.0	31.0	31.0	31.0	31.0	30.0	31.7℃ *13
最低気温	21.0	21.0	22.0	23.0	34.0	24.0	24.0	24.0	24.0	23.0	22.0	21.0	22.8℃ *13
平均気温	25.5	26.0	27.5	29.0	29.4	28.4	27.7	27.3	27.7	27.2	26.9	25.9	27.4℃ *14
降水量	23	13	18	33	130	254	432	422	356	193	145	66	2,085mm *13
雨期乾期						雨	雨	雨	雨	雨			

*1 CIA World Fact Book 1997-1998
*2 Member States of United Nations
*3 The World Bank Public Information Center, International Financial Statistics Yearbook 1998
*4 World Development Report 1997
*5 UNESCO statistical Yearbook 1997
*6 Status and Trends 1997
*7 Human Development Report 1998
*8 International Financial Statistics August 1998
*9 International Financial Statistics Yearbook 1997
*10 Global development Finance 1998
*11 世界の国一覧表 1998年版
*12 最新世界各国要覧 1998年版
*13 The Times Book World Weather Guide, Update Edition
*14 理科年表，国立天文台（1997）

国名	フィリピン共和国 Republic of the Philippines

我が国におけるODAの実績				(資金供与は約束ベース, 単位:億円)
項目＼年度	1993	1994	1995	1996
技術協力	2,892.93	3,087.67	3,256.28	3,461.48
無償資金協力	2,244.22	2,456.48	2,796.65	2,606.79
有償資金協力	3,939.97	4,352.21	3,878.11	3,025.02
総　額	9,077.12	9,896.36	9,931.04	9,093.29

当該国に対する我が国ODAの実績				
項目＼年度	1993	1994	1995	1996
技術協力	87.19	110.41	114.43	94.34
無償資金協力	158.23	138.41	121.08	91.14
有償資金協力	512.96	342.78	180.62	228.96
総　額	758.38	591.60	414.13	414.44

OECD諸国の経済協力実績					(支出純額, 単位:百万ドル)
	贈与 (1)	有償資金協力 (2)	政府開発援助 (ODA) (1)+(2)=(3)	その他政府資金及び民間資金 (4)	経済協力総額 (3)+(4)
二国間援助 (主要供与国)	454.40	293.80	748.20		748.20
1. 日本	185.50	229.00	414.50		414.50
2. ドイツ	39.70	66.90	106.60		106.60
3. オーストラリア	55.90	0.00	55.90		55.90
4. アメリカ	69.0	-23.00	46.00		46.00
多国間援助 (主要援助機関) 1. ASDB 2. CEC	71.30	64.50	135.80		135.80
その他	0.10	-0.90	-0.80		-0.80
合　計	525.80	357.40	883.20		883.20

*17

援助受入れ窓口機関	
技　術	国家経済会開発庁 ← NEDA外国援助部
無　償	
協力隊	

*15 Japan's ODA Annual Report 1997
*16 Geographical Distribution of Financial Flow to Aid Recipients 1992-1996
*17 国別協力情報（JICA）

6．　先方負担工事費概算

比側負担工事費-1/3

	施設名称	市町名称	土地造成費			既存施設撤去費			給水配管接続費			給電接続費				小 計 (peso)
			概要	数量	コスト	概要	数量	コスト	概要	延長	コスト	概要	接続料	延長	コスト	
バターン州 (BATAAN)				(m3)	P154/m3		(m2)	P745/m2		(m)	P673/m		3,990/Lot	(m)	P363/m	
1.1.0	Bataan Provincial Hospital	Balanga,	-	-	0	-	-	0	現有	-	0	現有	-	-	0	0
1.2.1	Cabcaben,	Cabcaben,	-	-	0	既ERHU	100	74,500	現有	-	0	現有	-	-	0	74,500
1.2.2	Bagac,	Bagac,	-	-	0	既ERHU	100	74,500	現有	-	0	現有	-	-	0	74,500
1.2.3	Orion,	Orion,	-	-	0	オフィス倉	10	7,450	新設	15	10,095	新設	3,990	15	9,435	26,980
1.3.1	Tipo,	Hermosa,	-	-	0	既BHS	133	99,085	-	-	0	現有	-	-	0	99,085
1.3.2	Mabiga,	Hermosa,	埋戻し	100	15,400	-	-	0	新設	10	6,730	新設	3,990	10	7,620	29,750
1.3.4	Roosevelt,	Dinalupihan,	埋戻し	100	15,400	-	-	0	新設	50	33,650	新設	3,990	50	22,140	71,190
1.3.5	Sabatan,	Orion,	埋戻し	50	7,700	RC2ヲ	30	22,350	-	-	0	現有	-	-	0	30,050
1.3.6	Gen. Lim,	Orion,	-	-	0	既BHS	35	26,075	新設	5	3,365	現有	-	-	0	29,440
1.3.7	Sapa,	Samal,	-	-	0	ステージ	80	59,600	現有	-	0	現有	-	-	0	59,600
1.3.8	Orboy,	Abucay,	-	-	0	RC2ヲ	150	111,750	新設	30	20,190	新設	3,990	10	7,620	139,560
1.3.9	Tortugas,	Balanga,	埋戻し	350	53,900	-	-	0	-	-	0	新設	3,990	5	5,805	59,705
1.3.10	Pita,	Dinalupihan,	-	-	0	-	-	0	-	-	0	新設	3,990	5	5,805	5,805
1.3.11	Nagwaling,	Pilar,	埋戻し	120	18,480	RC2ヲ	50	37,250	-	-	0	新設	3,990	10	7,620	63,350
		小 計			110,880			512,560			74,030				66,045	763,515

	施設名称	市町名称	土地造成費			既存施設撤去費			給水配管接続費			給電接続費				小 計 (peso)
			概要	数量	コスト	概要	数量	コスト	概要	延長	コスト	概要	接続料	延長	コスト	
ブラカン州 (BULACAN)				(m3)	P154/m3		(m2)	P745/m2		(m)	P673/m		3,990/Lot	(m)	P363/m	
2.1.0	Bulacan Provincial Hospital,	Malolos,	-	-	0	既存施設	530	356,690	敷地内	20	13,460	現有	-	10	3,630	373,780
2.2.1	Poblacion Obando,	Obando,	-	-	0	公共トイレ	60	40,380	新設	30	20,190	新設	3,990	5	5,805	66,375
2.2.2	San Miguel RHU III,	Salacot, San Miguel,	-	-	0	既ERHU	100	67,300	現有井戸	-	0	現有	-	-	0	67,300
2.2.3	San Rafael RHU II,	Maguinao, San Rafael	-	-	0	既ERHU	200	134,600	井戸設置	-	0	現有	-	-	0	134,600
2.3.1	Bulubad,	Bulacan,	-	-	0	既BHS	35	23,555	現有	-	0	現有	-	-	0	23,555
2.3.2	Buguion,	Calumpit,	-	-	0	既BHS	40	26,920	現有	-	0	現有	-	-	0	26,920
2.3.3	San Pedro,	San Jose del Monte,	-	-	0	既BHS	50	33,650	現有	-	0	現有	-	-	0	33,650
2.3.4	Pinalagpan,	Paombong,	-	-	0	既BHS	40	26,920	現有	-	0	現有	-	-	0	26,920
2.3.5	Dulong Malabon,	Pulilan,	既存穴	30	4,620	ステージ	50	33,650	井戸設置	-	0	新設	3,990	10	7,620	45,890
2.3.6	Bubulong Munti,	San Ildefonso,	-	-	0	-	-	0	新設	10	6,730	新設	3,990	5	5,805	12,535
2.3.7	Muzon,	San Jose del Monte,	-	-	0	既BHS	80	53,840	現有	-	0	現有	-	-	0	53,840
2.3.8	Diliman 1,	San Rafael,	-	-	0	-	-	0	井戸設置	-	0	現有	-	-	0	0
2.3.9	Sta Cruz,	Sta. Maria,	-	-	0	仮小屋	30	20,190	井戸設置	-	0	新設	3,990	0	3,990	24,180
2.3.10	Bagbaguin,	Sta. Maria,	-	-	0	プラ小屋	30	20,190	新設	5	3,365	新設	3,990	25	13,065	36,620
		小 計			4,620			837,885			43,745				29,915	925,165

比側負担工事費-2/3

	施設名称	市町名称	土地造成費			既存施設撤去費			給水配管接続費			給湯接続費			小計 (peso)
			概要	数量	コスト	概要	数量	コスト	概要	延長	コスト	概要	接続料	延長	コスト	
	ヌエバ・エシハ州 (NUEVA ECIJA)			(m3)	P154/m3		(m2)	P745/m2		(m)	P673/m		3,990/Lot	(m)	P363/m	
3.1.0	Eduardo L. Joson Mem. Hospital	Cabanatuan,	-	-	0	RCスラブ	250	168,250	敷地内	20	13,460	敷地内	0	200	72,600	254,310
3.2.1	Pantabangan,	Pantabangan,	整地	30	4,620	-	-	0	新 設	50	33,650	新 設	3,990	10	7,620	45,890
3.2.2	Gabaldon,	Gabaldon,	-	-	0	-	-	0	新 設	110	74,030	新 設	3,990	30	14,880	88,910
3.2.3	San Isidro,	San Isidro,	-	-	0	不法住居	-	0	既存井戸	-	0	新 設	3,990	60	25,770	25,770
3.3.1	Labi,	Bongabon,	-	-	0	アイケア	35	37,015	新 設	10	6,730	新 設	3,990	0	3,990	47,735
3.3.2	San Felipe,	Laur,	埋戻し	60	9,240	仮小屋	-	0	新 設	40	26,920	無	-	-	0	36,160
3.3.3	Pinitan,	Gen Natividad,	整地	20	3,080	-	-	0	既存井戸	-	0	新 設	3,990	0	3,990	7,070
3.3.4	Paitan Sur,	Cuyapo,	-	-	0	RC補石	30	20,190	既存井戸	-	0	新 設	3,990	20	11,250	31,440
3.3.5	Puncan	Carranglan,	-	-	0	洞窟台	-	0	新 設	50	33,650	敷地内	-	10	3,630	37,280
3.3.6	Alula,	Talugtog,	埋戻し	60	9,240	-	-	0	井戸設置	-	0	敷地内	-	50	18,150	27,390
3.3.7	San Nicolas,	Llanera,	整地	60	9,240	-	-	0	井戸設置	-	0	無	-	-	0	9,240
3.3.8	Concepcion,	Gen.Tinio,	埋戻し	20	3,080	RCスラブ	114	76,722			0	敷地内	3,990	60	25,770	105,572
3.3.9	San Miguel,	Quezon,	-	-	0	-	-	0	HC	-	0	敷地内	-	90	32,670	32,670
3.3.10	Monic,	Nampicuan,	埋戻し	120	18,480	-	-	0	井戸設置	-	0	敷地内	-	90	32,670	51,150
		小計			56,980			302,177			188,440				252,990	800,587

	施設名称	市町名称	土地造成費			既存施設撤去費			給水配管接続費			給湯接続費			小計 (peso)
			概要	数量	コスト	概要	数量	コスト	概要	延長	コスト	概要	接続料	延長	コスト	
	パンパンガ州 (PAMPANGA)			(m3)	P154/m3		(m2)	P745/m2		(m)	P673/m		3,990/Lot	(m)	P363/m	
4.1.0	Pampanga Provincial Hospital	Guagua,	-	-	0	-	-	0	敷地内	30	20,190	現有	-	10	3,630	23,820
4.2.1	Arayat RHU,	Arayat,	-	-	0	-	-	0	現有	20	13,460	新 設	3,990	10	7,620	21,080
4.2.2	San Ildefonso,	Magalang II, Magalar	整地穴	30	4,620	小屋	20	13,460	井戸設置	-	0	新 設	3,990	15	9,435	27,515
4.2.3	Mexico,	Mexico,	-	-	0	既RHU他	280	188,440	井戸設置	-	0	新 設	3,990	15	9,435	197,875
4.3.1	Lauc Pao	Lubao	-	-	0	-	-	0	井戸設置	-	0	現有	-	-	0	0
4.3.2	Malabo	Floridablanca	-	-	0	-	-	0	井戸設置	-	0	新 設	3,990	10	7,620	7,620
4.3.3	Tagulod,	Candaba,	-	-	0	-	-	0	井戸設置	-	0	新 設	3,990	10	7,620	7,620
4.3.4	Paligui,	Apali	整地穴	15	2,310	高架水槽	16	10,768	隣家	5	3,365	新 設	3,990	5	5,805	22,248
4.3.5	Pulungmasle,	Guagua,	整地	50	7,700	-	-	0	井戸設置	-	0	新 設	3,990	15	9,435	17,135
4.3.6	San Isidro,	San Luis,	切土	100	15,400	-	-	0	井戸設置	-	0	新 設	3,990	20	11,250	26,650
4.3.7	Batlang II,	Sasmuan,	埋立て	60	9,240	-	-	0	HC	-	0	新 設	3,990	5	5,805	15,045
4.3.8	Aguso,	San Francisco,	-	-	0	-	-	0	新 設	10	6,730	新 設	3,990	0	3,990	10,720
4.3.9	Pio,	Porac,	-	-	0	既BHS	40	26,920	現有	-	0	現有	-	-	0	26,920
4.3.10	San Juan,	Sta.Ana,	-	-	0	-	-	0	新 設	40	26,920	新 設	3,990	0	3,990	30,910
		小計			39,270			239,588			70,665				85,635	435,158

比側負担工事費-3/3

	施設名称	市町名称	土地造成費			既存施設撤去費			給水配管接続費			給湯接続費				小計 (peso)
			概要	数量	コスト	概要	数量	コスト	概要	延長	コスト	概要	接続料	延長	コスト	
タルラック州 (TARLAC)				(m3)	P154/m3		(m2)	P745/m2		(m)	P673/m		3,990/Lot	(m)	P363/m	
5.1.1	San Clemente,	San Clemente,	-	-	0	既RHC	150	100,950	井戸設置	-	0	現有	-	10	3,630	104,580
5.1.2	Moncada,	Moncada,	-	-	0	-	-	0	現有	20	13,460	現有	-	15	5,445	18,905
5.1.4	Victoria II,		-	-	0	既RHC	60	40,380	井戸設置	-	0	現有	-	-	0	40,380
5.2.1	Manga,	Capas,	-	-	0	-	-	0	HC	-	0	新設	3,990	10	7,620	7,620
5.2.2	Ventinilla,	Paniqui,	-	-	0	ステージ	30	20,190	井戸設置	-	0	現有	-	10	3,630	23,820
5.2.3	Dela Paz,	Tarlac,	-	-	0	-	-	0	井戸設置	-	0	新設	3,990	2	4,716	4,716
5.2.4	Parang,	Concepcion,	-	-	0	仮小屋	20	13,460	HC	-	0	現有	-	5	1,815	15,275
5.2.5	San Francisco,	Sta.Ignacia,	-	-	0	ディケア	40	26,920	井戸既設	-	0	現有	-	10	3,630	30,550
5.2.7	Tancarang,	Mayantoc,	-	-	0	-	-	0	新設	-	0	新設	3,990	-	3,990	3,990
5.2.8	Quezon,	Gerona,	-	-	0	-	-	0	HC	-	0	現有	-	5	1,815	1,815
5.2.9	Pacpaco,	San Manuel,	-	-	0	-	-	0	井戸設置	-	0	現有	-	15	5,445	5,445
5.2.10	Nilasin,	Pura 1st,	-	-	0	-	-	0	井戸設置	-	0	現有	-	5	1,815	1,815
5.2.11	San Juan,	Ramos,	-	-	0	-	-	0	井戸設置	-	0	新設	3,990	-	3,990	3,990
		小計			0			201,900			13,460				47,541	262,901

	施設名称	市町名称	土地造成費			既存施設撤去費			給水配管接続費			給湯接続費				小計 (peso)
			概要	数量	コスト	概要	数量	コスト	概要	延長	コスト	概要	接続料	延長	コスト	
ザンバレス州 (ZAMBALES)				(m3)	P154/m3		(m2)	P745/m2		(m)	P673/m		3,990/Lot	(m)	P363/m	
6.1.0	Pres. R. Magsaysay Mem. Hospital	Iba,	-	-	0	既存施設	125	84,125	敷地内	50	33,650	新設	3,990	50	22,140	139,915
6.2.1	Sta.Cruz RHU I,	Sta.Cruz,	-	-	0	既RHC	306	205,938	新設	5	3,365	新設	3,990	5	3,805	275,108
6.2.2	Botolan RHU II,	San Juan, Botolan,	-	-	0	-	-	0	新設	10	6,730	新設	3,990	10	7,620	14,350
6.2.3	San Antonio RHU,	San Antonio,	-	-	0	既RHC	160	107,680	現有	-	0	現有	-	-	0	107,680
6.3.2	San Isidro,	Subic,	-	-	0	-	-	0	現有	-	0	現有	-	-	0	0
6.3.3	Omaya,	San Narciso,	即戻し	150	23,100	-	-	0	新設	10	6,730	新設	3,990	5	5,805	35,635
6.3.4	Sta.Barbara,	Iba,	-	-	0	-	-	0	新設	10	6,730	新設	3,990	10	7,620	14,350
6.3.5	Panglit,	San Lorenzo, Masinlc	-	-	0	-	-	0	-	-	0	-	-	-	0	0
6.3.6.	Babancal,	Candelaria,	-	-	0	-	-	0	新設	45	30,285	現有	-	-	0	30,285
6.3.8	Balincaging,	San Felipe,	-	-	0	-	-	0	-	-	0	新設	3,990	5	5,805	5,805
6.3.9	Felimida Diaz,	Cabangan,	-	-	0	-	-	0	-	-	0	新設	3,990	20	11,250	11,250
6.3.10	Looc,	Castillejos,	-	-	0	-	-	0	新設	10	6,730	新設	3,990	30	14,880	21,610
*6.3.12	Sabang,	Sta.Cruz,	-	-	0	-	-	0	現有	-	0	新設	3,990	10	7,620	7,620
*6.3.14	Tubo-tubo,	North Sta.Cruz,	即戻し	100	15,400	-	-	0	-	-	0	新設	3,990	20	11,250	26,650
		小計			38,500			397,743			94,220				99,795	630,258
		総計			250,250			2,451,853			484,560				591,921	3,878,584

7．　サイト調査結果

THE PROJECT FOR THE UPGRADE OF FACILITIES IN SELECTED FIELD HEALTH UNITS - REGION III
BASIC DESIGN SURVEY - PHYSICAL CONDITION
MATERNAL CHILD HEALTH CENTERS, RURAL HEALTH UNITS and HEALTH STATIONS

Survey Sheet	Name of Health Facility	Location	Accessibility	Site Ownership	Site Area (sq.m.)	Site Adequacy	Adjacent Area	Soil Condition	Site Creation	Water Supply	Electrical Source	Flooding Incidents	Termite Infestation	Structures to be removed	Others
BATAAN															
1.1.0	Bataan Provincial Hospital	Balanga,	good	PG	500	enough	Hospital	clay	partly needed	well at site	± 10m	-	severe	-	
1.2.1	Cabcaben,	Cabcaben,	good	Brgy	182	tight	day-care	sandy clay	Fill	public	± 10m	slight	severe	existing RHU	
1.2.2	Bagac,	Bagac,	good	MG	200	tight	municipal hall	sandy clay	Slope	public	± 20m	-	severe	existing RHU	
1.2.3	Orion,	Orion,	good	MG	400	enough	elementary school	sandy clay	none	public	existing at site	-	severe	old pump house	
1.2.4	Hermosa,		good	Church	217	t size not adequa	brgy. plaza	clay	none	public	existing at site	slight	severe	existing RHU	lot size not adequate
1.3.1	Tipo,	Hermosa,	rough road	Brgy	140	enough	brgy. Hall	clay	partly needed	public	± 10m	-	severe	existing temp. BHS	
1.3.2	Mabiga,	Hermosa,	rough road	Brgy	150	enough	huge trees	clay	Fill	public	± 10m	-	severe	huge trees	
1.3.3	Tapulao,	Orani,	good	Brgy	78	t size not adequa	residential	sandy clay	none	public	± 10m	± 1m	slight	existing BHS	lot size not adequate
1.3.4	Roosevelt,	Dinalupihan,	rough road	Brgy	120	enough	huge trees	clay	Fill	public	± 40m	-	severe	huge trees	
1.3.5	Sabatan,	Orion,	rough road	Brgy	150	enough	elementary school	clay	partly needed	well at site	± 20m	-	severe	concrete slab	
1.3.6	Gen. Lim,	Orion,	good	Brgy	184	enough	elementary school	clay	partly needed	public	existing at site	-	severe	existing BHS	
1.3.7	Sapa,	Samal,	good	Brgy	160	enough	brgy. plaza	sandy clay	partly needed	well at site	± 30m	± 0.30m	slight	brgy. Stage	
1.3.8	Omboy,	Abucay,	good	Brgy	150	enough	farm	clay	partly needed	public	± 10m	-	slight	concrete slab	
1.3.9	Tortugas,	Balanga,	good	Brgy	348	tight	river	sandy clay	Fill	private well	± 10m	± 0.60m	-	-	
1.3.10	Pita,	Dinalupihan,	rough road	Brgy	100	enough	residential	sandy clay	partly needed	well at site	± 10m	-	severe	-	
*1.3.11	Nagwaling,	Pilar,	rough road	PG	240	enough	residential	sandy clay	partly needed	well at site	± 30m	-	slight	huge boulders	
BULACAN															
2.1.0	Bulacan Provincial Hospital,	Malolos,	good	P.G.	900	enough	Hospital area	clay	none	pipeline	extg at site	-	severe	part of Hospital	
2.2.1	Poblacion Obando,	Obando,	good	N.G.	400	enough	Provincial Clinic	sandy clay	none	pipeline	extg at site	often	-	public CR	
2.2.2	San Miguel RHU III,	Salacot, San Miguel,	good	barangay	280	enough	School	sandy clay	none	well at site	extg at site	rarely	slight	extg RHU	
2.2.3	San Rafael RHU II,	Maguinao, San Rafael,	good	G.	400	enough	School	sandy clay	none	well at site	extg at site	rarely	slight	extg RHU & Daycare	
2.3.1	Bulubad,	Bulacan,	good	barangay	60	tight	residential and farm	clay	none	pipeline	extg at site	-	severe	extg BHS	
2.3.2	Buguion,	Calumpit,	good	G.	80	tight	School	clay	none	pipeline	extg at site	-	slight	extg BHS	
2.3.3	San Pedro,	San Jose del Monte,	rough road	G.	180	enough	School	sandy clay	none	pipeline	extg at site	-	severe	extg BHS	
2.3.4	Pinalagpan,	Paombong,	rough road	G.	70	tight	residential	clay	none	pipeline	extg at site	-	slight	extg BHS	
2.3.5	Dulong Malabon,	Pulilan,	good	G.	65	tight	Brgy. Plaza	sandy clay	partly needed	well at site	extg at site	rarely	-	extg Brgy Stage	
2.3.6	Bubulong Munti,	San Ildefonso,	rough road	G.	170	enough	Paddy Field	clay	none	pipeline	extg at site	-	slight	-	
2.3.7	Muzon,	San Jose del Monte,	rough road	barangay	100	tight	farm	clay	none	well at site	extg at site	-	-	extg BHS & Bgy Hall	
2.3.8	Diliman I,	San Rafael,	good	G.	180	enough	Brgy. Hall	sandy clay	partly needed	well at site	extg at site	-	slight	-	
2.3.9	Sta Cruz,	Sta. Maria,	good	barangay	200	enough	residential	sandy clay	none	well at site	extg at site	-	slight	extg Squatter House	
2.3.10	Bagbaguin,	Sta. Maria,	good	barangay	120	enough	residential	clay	none	pipeline	extg at site	-	severe	extg Piggery	
*2.3.11	Masucol,	Paombong,	by boat	M.G.	100	tight	-	-	-	well at site	-	-	-	-	can't access to the site
*2.3.12	Meysulao,	Calumpit,	-	-	-	-	-	-	-	-	-	-	-	-	No information from Philippine side

THE PROJECT FOR THE UPGRADE OF FACILITIES IN SELECTED FIELD HEALTH UNITS - REGION III
BASIC DESIGN SURVEY - PHYSICAL CONDITION
MATERNAL CHILD HEALTH CENTERS, RURAL HEALTH UNITS and HEALTH STATIONS

Survey Sheet	Name of Health Facility	Location	Accessibility	Site Ownership	Site Area (sq.m.)	Site Adequacy	Adjacent Area	Soil Condition	Site Creation	Water Supply	Electrical Source	Flooding Incidents	Termite Infestation	Structures to be removed	Others
NUEVA ECIJA															
3.1.0	Eduardo L. Joson Mem. Hospital	Cabanatuan	good	P.G.	3,492	enough	Hospital area	clay	minimal	pipeline	±20m	-	slight	extg slab (504sm)	
3.2.1	Pantabangan	Pantabangan	rough road	P.G.	761	enough	Brgy. Plaza/Mun. area	sandy clay	backfilling	pipeline	extg at site	-	slight	-	water source=spring
3.2.2	Gabaldon	Gabaldon	rough road	P.G.	3,600	enough	Public market area	clay	minimal	pipeline	extg at site	-	slight	-	water source=neighbor
3.2.3	San Isidro	San Isidro	good	M.G.	324	enough	Mun. Plaza/Public Market	sandy clay	minimal	deep well	±60m	-	severe	extg squatter house	water source=private
3.3.1	Laki	Bongabon	rough road	DENR	253	enough	Brgy. Hall	clay	minimal	pipeline	none	-	-	extg daycare (55sm)	
3.3.2	San Felipe	Laur	rough road	barangay	238	enough	Brgy. Plaza	clay	riprapng	pipeline	extg at site	-	-	extg store	ongoing work on spring tank
3.3.3	Pi * han	Gen Natividad	rough road	DECS	1,418	enough	School classrooms	clay	none	well at site	±20m	-	slight	-	
3.3.4	Paitan Sur	Cuyapo	rough road	barangay	246	enough	Brgy Hall	clay	none	well at site	extg at site	-	-	conc. walkway	
3.3.5	Puncan	Carranglan	rough road	barangay	141	tight	Brgy. Plaza & Hall	clay	none	pipeline	±60m	-	slight	statue base (2x)	
3.3.6	Akula	Talugtog	rough road	barangay	1,600	enough	School & Brgy. Plaza	clay	backfilling	well at site	none	-	-	-	
3.3.7	San Nicolas	Llanera	rough road	private	1,560	enough	Brgy. Plaza	clay	minimal	shallow well	extg at site	-	slight	-	water source=private
3.3.8	Concepcion	Gen.Tinio	good	barangay	400	enough	Brgy. Plaza & Hall	clay	backfilling	pipeline	±60m	-	slight	extg. slab (114sm)	extg 10 kva transformer
3.3.9	San Miguel	Quezon	rough road	barangay	382	enough	Brgy. Plaza & Church	clay	none	well at site	±90m	-	-	-	extg 25 kva transformer
3.3.10	Monic	Nampicuan	rough road	private	324	enough	farm	clay	extensive filling	dug well	±90m	-	slight	-	nearest well=±110m
*3.3.11	Baybayabas	Talugtog	rough road	barangay	140	t size not adequa	residential	sandy clay	none	dug well	extg at site	-	-	conc. Slab (20sm)	lot size not adequate
*3.3.12	Gen.Luna	Carranglan	rough road	n/a	n/a	no site available	-	-	-	-	-	-	-	-	
*3.3.13	Sta.Clara	Quezon	good	n/a	n/a	no site available	-	-	-	-	-	-	-	-	
*3.3.14	Inanama	Llanera	good	barangay	380	enough	residential & farm	clay	artial backfillin	shallow well	extg at site	-	-	-	
*3.3.15	Siclong	Laur	good	private	198	tight	residential	sandy clay	none	well at site	extg at site	-	-	-	
*3.3.16	Olivete	Bongabon	rough road	barangay	139	tight	Brgy. Hall & School	sandy clay	backfilling	no water	extg at site	-	-	-	public water is dry to date
PAMPANGA															
4.1.0	Pampanga Provincial Hospital	Guagua	good	P.G.	800	enough	Hospital area	sandy clay	none	pipeline	extg at site	rarely	slight	-	
4.2.1	Arayat RHU	Arayat	good	M.G.	500	enough	M.G. area	sandy clay	none	pipeline	extg at site	rarely	severe	-	
4.2.2	San Ildefonso	Magalang II, Magalang	rough road	barabgay	1,164	enough	vacant land	sandy clay	partly needed	shallow well	15 m	rarely	slight	extg Shed	
4.2.3	Mexico	Mexico	good	M.G.	600	enough	residential	sandy clay	none	deep well	extg at site	rarely	slight	extg RHU	squatter houses shall be replased
4.3.1	Lauc Pao	Lubao	narrow road	barangay	200	enough	Brgy Plaza	sand	none	shallow well	extg at site	rarely	slight	-	original site was at Brgy Sta.Cristo
4.3.2	Malabo	Floridablanca	rough road	private	150	enough	paddy field	sandy clay	none	shallow well	15 m	often	-	-	
4.3.3	Taguiod	Candaba	rough road	G.	150	enough	paddy field	clay	none	deep well	5 m	rarely	slight	-	
4.3.4	Paligui	Apalit	good	barangay	60	tight	Brgy Hall	sandy clay	partly needed	well at site	25 m	rarely	slight	Elev. Water Tank	
4.3.5	Putungmasle	Guagua	good	G.	250	enough	Brgy Plaza	sandy clay	partly needed	shallow well	20 - 30 m	-	slight	-	
4.3.6	San Isidro	San Luis	good	barangay	500	enough	residential & farm	sandy clay	partly cutting	shallow well	extg at site	-	-	-	
4.3.7	Battang II	Sasmuan	by boat	G.	120	enough	School & Sea	clay	backfilling	hand carry	15 m	often	-	-	25min from Poblacion by speed boa
4.3.8	Aguso	San Francisco	good	barangay	180	enough	Brgy Plaza	sand	none	pipeline	extg at site	-	severe	-	
4.3.9	Pio	Porac	good	barangay	120	enough	residential	sandy clay	none	pipeline	extg at site	-	severe	extg BHS	
4.3.10	San Juan	Sta.Ana	good	P.G.	300	enough	Mango Farm	clay	none	pipeline	extg at site	-	severe	-	
*4.3.11	San Vicente	Mexico	good	barangay	200	enough	residential	sandy clay	none	shallow well	extg at site	-	severe	-	original site was at Brgy.Parian

Survey Sheet

	Name of Health Facility	Location	Accessibility	Site Ownership	Site Area (sq.m.)	Site Adequacy	Adjacent Area	Soil Condition	Site Creation	Water Supply	Electrical Source	Flooding Incidents	Termite Infestation	Structures to be removed	Others
TARLAC															
5.1.1	San Clemente,	San Clemente,	good	M.G.	550	enough	Municipal Plaza	sandy clay	none	well at site	extg at site	rarely	severe	extg RHU	
5.1.2	Moncada,	Moncada,	good	M.G.	300	enough	M.G. area	clay	none	pipeline	extg at site	rarely	severe	-	
5.1.3	La Paz,	La Paz,	good	M.G.	250	-	Municipal Plaza	sandy clay	none	pipeline	extg at site	often	-		already renovated by AusAID
5.1.4	Victoria II,		good	M.G.	270	enough	Brgy Plaza	sandy clay	none	shallow well	extg at site	often	severe	extg RHU	
5.2.1	Manga,	Capas,	good	barangay	120	enough	farm	sandy clay	none	hand carry	5 m	rarely	slight	-	
5.2.2	Ventinilla,	Paniqui,	good	M.G.	90	tight	Brgy Plaza	sandy clay	none	well at site	extg at site	rarely	-	-	
5.2.3	Dela Paz,	Tarlac,	rough road	M.G.	180	enough	farm	sandy clay	partly needed	shallow well	extg at site	often	slight	-	
5.2.4	Parang,	Concepcion,	good	barangay	100	tight	residential	sand	none	hand carry	extg at site	-	-	extg Shed	
5.2.5	San Francisco,	Sta.Ignacia,	good	M.G.	220	enough	Brgy Plaza	sandy clay	none	pipe at site	extg at site	-	slight	extg old Day Care	
5.2.6	Aringin,	Moncada,	-	-	-	-	-	-	-	-	-	-	-	-	canceled by Philippine side
5.2.7	Tancarang,	Mayantoc,	good	barangay	250	enough	Paddy field	clay	none	pipeline	extg at site	-	-	-	
5.2.8	Quezon,	Gerona,	good	barangay	120	enough	Private house	sandy clay	none	hand carry	5 m	-	slight	-	
5.2.9	Pacpaco,	San Manuel,	good	barangay	350	enough	Brgy Plaza	sandy clay	none	well at site	15 m	-	-	-	
5.2.10	Nilasin,	Pura 1st,	good	M.G.	180	enough	Brgy Plaza	sandy loam	none	shallow well	25 m	rarely	slight	-	
5.2.11	San Juan,	Ramos,	rough road	M.G.	150	enough	Paddy field	sandy clay	none	shalow well	extg at site	rarely	-	-	
ZAMBALES															
6.1.0	Pres. R. Magsaysay Mem. Hospital	Iba,	good	PG	600	enough	Hospital	sandy clay	none	private well	± 20m	-	severe	existing Canteen	
6.2.1	Sta.Cruz RHU I,	Sta.Cruz,	good	PG	970	enough	doctor's quarter	sandy clay	none	public	± 20m	-	slight	old hospital	
6.2.2	Botolan RHU II,	San Juan, Botolan,	good	Brgy	435	enough	brgy. hall	sandy clay	none	public	± 30m	-	severe	-	
6.2.3	San Antonio RHU,	San Antonio,	good	PG	222	tight	municipal hall	clay	none	public	± 20m	-	severe	existing RHU	
6.3.1	Macarang,	San Marcelino,	rough road	PG	184	enough	brgy. hall	clay	fill	public	generator	-	-	existing Day-care	existing BHS is usable
6.3.2	San Isidro,	Subic,	good	private	117	tight	day-care	sandy clay	none	public	existing at site	-	-	-	
6.3.3	Omaya,	San Narciso,	rough road	Brgy	130	enough	residential	sandy clay	fill	public	existing at site	-		-	
6.3.4	Sta.Barbara,	Iba,	good	private	252	enough	residential	clay	none	public	± 10m	-	slight	-	
6.3.5	Panglit,	San Lorenzo, Masinloc	by boat	private	140	enough	residential	clay	none	private well	none	-		trees	
6.3.6	Babancal,	Candelaria,	good	PG	172	tight	brgy. hall	sandy clay	none	public	existing at site	-	slight	branch of mango tree	
6.3.7	Tubo-tubo South,	Sta.Cruz,	rough road	Brgy	637	enough	elementary school	sandy clay	none	none	existing at site	-	-	-	no water source available
6.3.8	Balincaging,	San Felipe,	rough road	private	143	enough	residential	sandy clay	none	public well	existing at site	-	-	bamboo trees	
6.3.9	Felimida Diaz,	Cabangan,	good	Brgy	200	enough	farm	paddy clay	fill	public	± 20m	-	-	-	
6.3.10	Looc,	Castillejos,	rough road	PG	264	enough	chapel	sandy clay	none	public	± 20m	-	-	-	
*6.3.11	Sta.Fe,	San Marcelino,	rough road	Brgy	none	none	brgy. plaza	sandy clay	none	public	existing at site	-	-	-	new BHS under construction
*6.3.12	Sabang,	Sta.Cruz,	rough road	Brgy	347	enough	brgy. plaza	sandy clay	none	well at site	± 10m	-	-	-	
*6.3.13	Laoag,	San Felipe,	rough road	Brgy	none	no site available	residential	sandy clay	none	public	existing at site	-	-	-	no site available
*6.3.14	Tubo-tubo,	North Sta.Cruz,	good	private	250	enough	brgy. plaza	clay	none	well at site	± 10m	-	slight	-	
*6.3.15	Sta.Tomas,	Subic,	good	Brgy	44	t size not adequa	brgy. plaza	sandy clay	none	public	existing at site	-	-	-	lot size not adequate

８．　計画サイトの配置図

BASIC DESIGN STUDY REPORT
ON
THE PROJECT FOR UPGRADING OF FACILITIES AND EQUIPMENT IN SELECTED FIELD HEALTH UNITS
IN
THE REPUBLIC OF THE PHILIPPINES

SITE PLANS

JANUARY, 1999

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)
KUME SEKKEI CO., LTD.
MOHRI, ARCHITECTS & ASSOCIATES. INC.

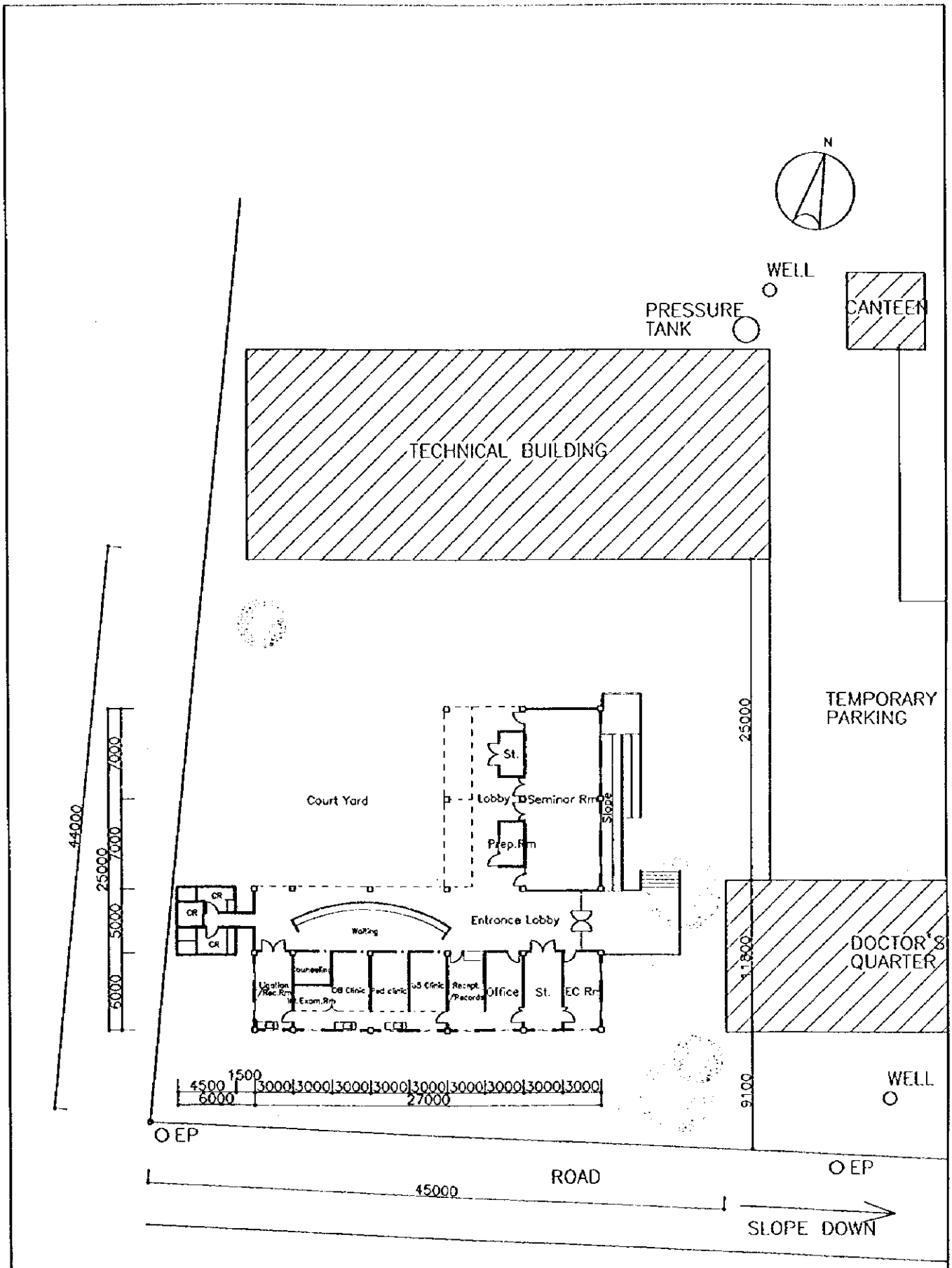
Planned Type of Facility and Water Supply

Re. No.	Facility Name	Municipality	Facility		Existing Water Supply		Planned Pump and Well			Planned Type of Water Supply
			Type	Are (m^2)	Type of WS System	Water Sources	Hand Pump	Well Depth	Well Dia.	
BATAAN										
1.1.0	Bataan Provincial Hospital	Balanga	410 (0)	410	Individual WS	Flee flow well	-	-	-	C
1.2.1	Cabcaben RHU	Cabecaban	B	130	Municipal WS	Deep Well	-	-	-	C/D
1.2.2	Bagac RHU	Bagac	B	130	Municipal WS	Deep Well	-	-	-	C/D
1.2.3	Orion RHU	Orion	A	160	Municipal WS	Deep Well	-	-	-	C/D
1.3.1	Tipo BHS	Hermosa	B	60	Individual WS	Deep Well	-	-	-	B1)
1.3.2	Mabiga BHS	Hermosa	B	60	Barangay WS	Spring	-	-	-	E
1.3.4	Roosevelt BHS	Dinalupihan	A	80	Barangay WS	Spring	-	-	-	C
1.3.5	Sabatan BHS	Orion	B	60	Public WS	Shallow Well	Shallow HP	18	32	B1)
1.3.6	Gen. Lim BHS	Orion	B	60	Barangay WS	Shallow Well	-	-	-	C/E
1.3.7	Sapa BHS	Samal	B	60	Barangay WS	Deep Well	-	-	-	E
1.3.8	Omboy BHS	Abucay	B	60	Public WS	Deep Well	-	-	-	C/E
1.3.9	Tortugas BHS	Balanga	B	60	Individual Well	Shallow Well	Shallow HP	36	32	B1)
1.3.10	Pita BHS	Dinalupihan	B	60	Shallow Well	Shallow Well	Shallow HP	18	32	B1)
1.3.11	Nagwaling BHS	Pilar	B	60	Shallow Well	Shallow Well	Shallow HP	9	38	B1)
BULACAN										
2.1.0	Bulacan Provincial Hospital	Malolos	390 (15)	405	Malolos Water District	Deep Well	-	-	-	D
2.2.1	Obando RHU	Bgy. Paliwas Obando	B	130	Obando Water District	Deep Well	-	-	-	D/E
2.2.2	San Miguel RHU	Bgy. Salacot San Miguel	B	130	Individual WS	Deep Well	-	-	-	A
2.2.3	San Rafael RHU	Bgy. Maginao San Rafael	A	160	Individual WS	Deep Well	-	-	-	A
2.3.1	Balubad BHS	Bulacan	C	35	Public WS	Deep Well	-	-	-	C/E
2.3.2	Buguion BHS	Calumpit	B	60	Calmpit Water District	Deep Well	-	-	-	C/E
2.3.3	San Pedro BHS	San Jose Del Monte	B	60	San Jose Water District	Deep Well	-	-	-	C/E
2.3.4	Pinalagdan BHS	Panbong	B	60	Individual WS	Deep Well	-	-	-	C
2.3.5	Dulong Malabon	Pulilan	B	60	Individual WS	Deep Well	-	-	-	B1)
2.3.6	Bubulong Munti	San Ildefonso	B	60	Barangay WS	Deep Well	-	-	-	C
2.3.7	Muzon BHS	San Jose Del	C	35	Ind./Private WS	Deep Well	-	-	-	C
2.3.8	Diliman I BHS	San Rafael	B	60	Individual WS	Shallow Well	Shallow HP	18	50	B2)
2.3.9	Sta Cruz BHS	Sta Maria	B	60	Private WS	Deep Well	-	-	-	B1)
2.3.10	Babaguin BHS	Sta Maria	A	80	Barangay WS	Deep Well	-	-	-	C/E
NUEVA EJICA										
3.1.0	Eduardo L. J. Memorial Hospital	Cabanatuan City	370 (15)	385	Cabanatuan Water District	Deep Well	-	-	-	C
3.2.1	Pantabagan RHU	Pantagaban	B	130	Municipal WS	Deep Well	-	-	-	F
3.2.2	Gabaldon RHU	Gabaldon	B	130	Municipal WS	Spring	-	-	-	C/D
3.2.3	San Isidro RHU	San Ishidro	A	160	Public Well	Shallow Well	Shallow HP	42	32	A
3.3.1	Labi BHS	Bongaban	B	60	Barangay WS	Spring	-	-	-	C/E
3.3.2	San Felipe BHS	Laur	B	60	Barangay WS	Deep Well	-	-	-	C/E
3.3.3	Pinahan BHS	Gen Natividad	B	60	Public WS	Deep Well	Shallow HP	30	100 (32)	B2)
3.3.4	Paitan Sur BHS	Cuyapo	B	60	Public WS	Deep Well	-	-	-	B1)
3.3.5	Puncan BHS	Carranglan	C	35	Barangay WS	Spring	-	-	-	C/E
3.3.6	Alula BHS	Talugtug	B	60	Public WS	Deep Well	Deep well HP	30	100 (32)	B2)
3.3.7	San Nicolas BHS	Llanera	B	60	Private/Public WS	Shallow Well	Shallow HP	12	32	B1)
3.3.8	Coception BHS	General Tinio	B	60	Barangay WS	Deep Well	-	-	-	C/E
3.3.9	San Miguel BHS	Quezon	B	60	Individual WS	Shallow Well	Shallow HP	36	50	B2)
3.3.10	Monic BHS	Nampicuan	B	60	Individual WS	Dug Well	Shallow HP	7	38	B1)

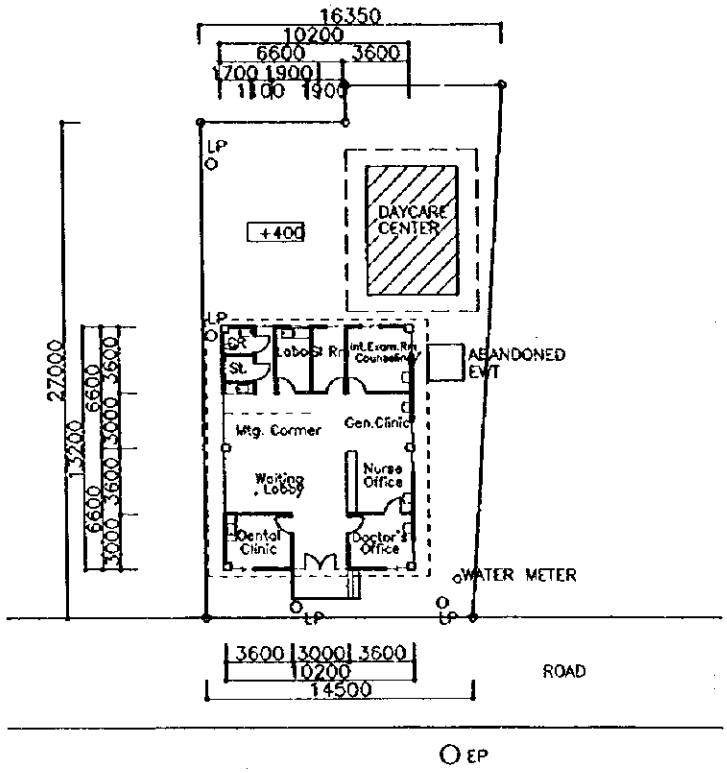
Cont.,

Re. No.	Facility Name	Municipality	Facility		Existing Water Supply		Planned Pump and Well			Planned Type of Water Supply
			Type	Are (m²)	Type of WS System	Water Sources	Hand Pump	Well Depth	Well Dia.	
PAMPANGA										
4.1.0	Pampanga Provincial Hospital	Guagua	390 (30)	420	Individual WS	-	-	-	-	C
4.2.1	Arayat RHU I	Arayat	B	130	Individual WS	-	-	-	-	C
4.2.2	San Ildefonso RHU	Magalang	B	130	Private WS	Shallow Well	Shallow HP	8	38	A
4.2.3	Mexico I RHU	Mexico	B	130	Individual WS	Shallow Well	Shallow HP	24	32	A
4.3.1	Pauc Pac BHS	Lubao	B	60	Private WS	Shallow Well	Shallow HP	12	32	B 1)
4.3.2	Malabo BHS	Floridablanca	B	60	Private WS	Shallow Well	Shallow HP	12	32	B 1)
4.3.3	Tagulod BHS	Candaba	B	60	Private WS	Shallow Well	Shallow HP	48	32	B 1)
4.3.4	Paligui BHS	Apalit	C	35	Private WS	Deep Well	-	-	-	C
4.3.5	Pulungmasle BHS	Guagua	B	60	Private WS	Shallow Well	Shallow HP	18	32	B 1)
4.3.6	San Isidro BHS	San Luis	B	60	Private WS	Shallow Well	Shallow HP	54	32	B 1)
4.3.7	Baitang II BHS	Sasmuan	B	60	Individual WS	Deep Well	-	-	-	B 1)
4.3.8	Aguso BHS	Mabalacat	B	60	Mabalacat Water District	-	-	-	-	C/E
4.3.9	Pio BHS	Porac	B	60	Barrangay WS	-	-	-	-	C/E
4.3.10	San Juan BHS	Sta Ana	A	80	Individual WS	-	-	-	-	C/E
TARLAC										
5.1.1	San Clemente RHU	San Clemente	B	130	Individual WS	Shallow Well	-	-	-	A
5.1.2	Moncada RHU	Moncada	A	160	Municipal WS	-	-	-	-	C/D
5.1.4	Victoria II RHU	Victoria	B	130	Individual WS	Deep Well	Shallow HP	10	38	A
5.2.1	Manga BHS	Capas	B	60	Public WS	Shallow Well	-	-	-	B 1)
5.2.2	Ventinilla BHS	Paniqui	B	60	Individual WS	Shallow Well	-	-	-	B 1)
5.2.3	Dela Paz BHS	Tarlac	B	60	Private WS	Shallow Well	Shallow HP	9	38	B 1)
5.2.4	Parang BHS	Conception	B	60	Private WS	Shallow Well	-	-	-	B 1)
5.2.5	San Francisco BHS	Sta. Ignacia	B	60	Public WS	Shallow Well	-	-	-	B 1)
5.2.7	Tancarang BHS	Mayantoc	B	60	Barangay WS	-	-	-	-	C/E
5.2.8	Quezon BHS	Gerona	B	60	Private WS	Deep Well	-	-	-	B 1)
5.2.9	Pacpaco BHS	San Manuel	B	60	Individual WS	Deep Well	Deep well HP	18	100 (32)	B 1)
5.2.10	Nilasin BHS	Pura 1st	B	60	Individual WS	Shallow Well	Shallow HP	12	32	B 1)
5.2.11	San Juan BHS	Ramos	B	60	Individual WS	Shallow Well	Shallow HP	12	32	B 1)
ZAMBALES										
6.1.0	Pres. R. Magsaysay Memorial Hospital	Iba	370 (30)	400	Individual WS	-	-	-	-	C
6.2.1	Sta. Cruz RHU I	Sta. Cruz	B	130	Municipal WS	-	-	-	-	C/D
6.2.2	Botolan RHU II	San Juan, Botolan	B	130	Barangay WS	-	-	-	-	C/D
6.2.3	San Antonio RHU	San Antonio	B	130	San Antonio Water District	-	-	-	-	C/D
6.3.2	San Isidro BHS	Subic	A	80	Subic Water District	-	-	-	-	C
6.3.3	Umaya BHS	San Narciso	B	60	Barangay WS	-	-	-	-	C/E
6.3.4	Sta. Barbara BHS	Iba	B	60	Iba Water District	-	-	-	-	C/E
6.3.5	Panglit BHS	San Lorenzo Masinloc	B	60	Public WS	Dug Well	Dug HP	8	38	B 1)
6.3.6	Babancal BHS	Candelaria	A	80	Barangay WS	-	-	-	-	C
6.3.8	Balincaging BHS	San Felipe	B	60	Barangay WS	-	-	-	-	B 2)
6.3.9	Felimida Diaz BHS	Cabangan	B	60	Barangay WS	Shallow Well	Shallow HP	12	32	B 1)
6.3.10	Looc BHS	Castillejos	B	60	Barangay WS	Shallow Well	Shallow HP	18	32	B 1)
6.3.12	Sabang BHS	Sta. Cruz	B	60	Barangay WS	-	-	-	-	C
6.3.14	Tubo-tubo North BHS	Sta. Cruz	B	60	Public WS	Shallow Well	Shallow HP	28	32	B 1)

BATAAN PROVINCE



1.1.0	BATAAN PROVINCIAL HOSPITAL,BALANGA,BATAAN		S=1:400



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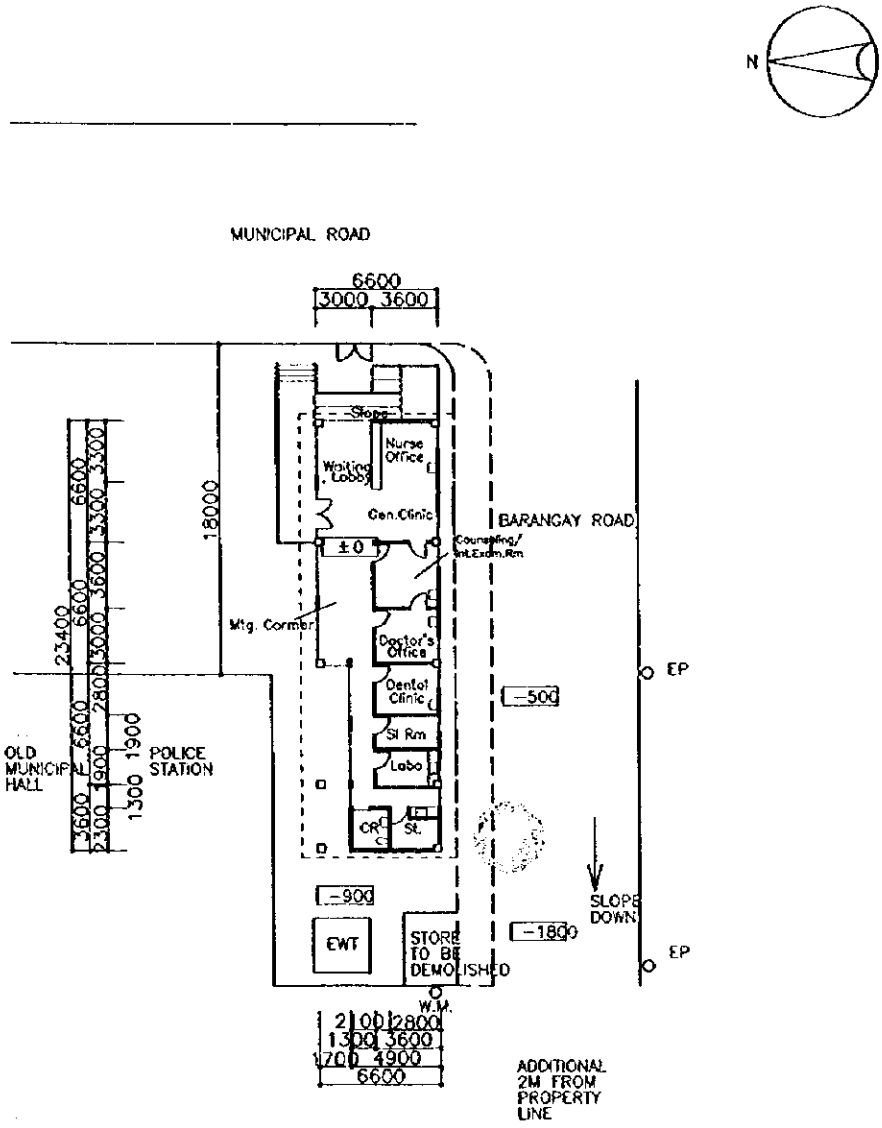
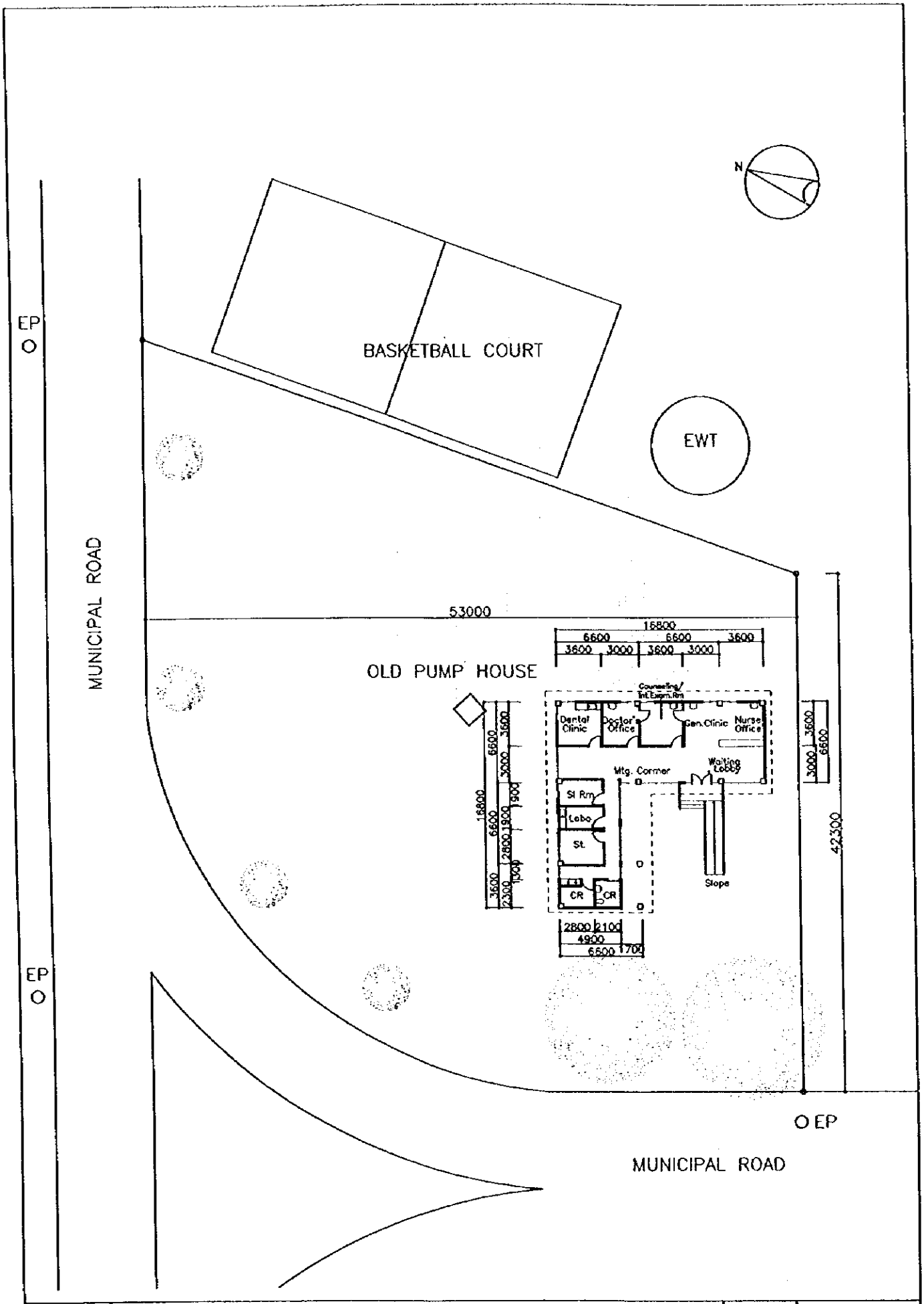
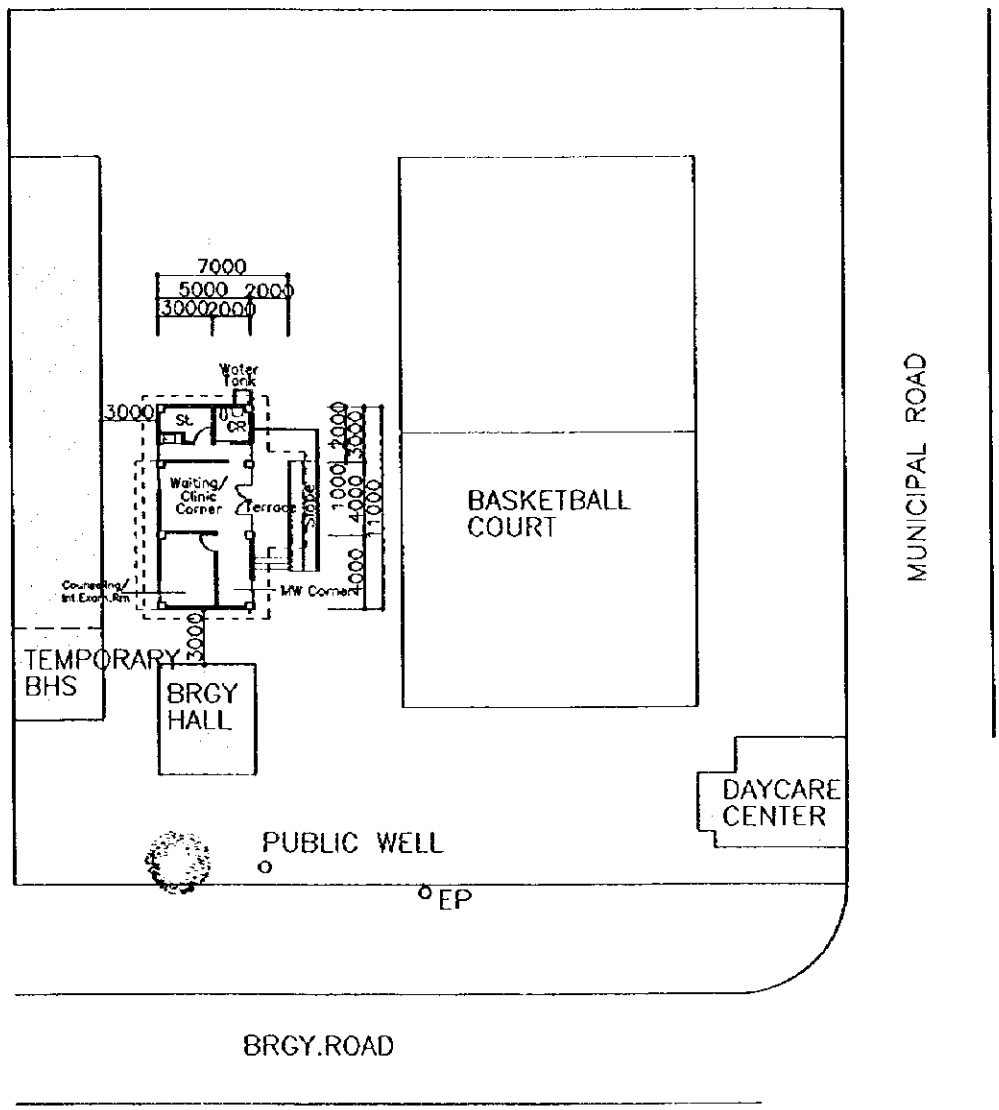


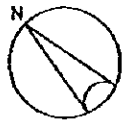
1.2.2	BAGAC,BAGAC,BATAAN	B-6	S=1:400

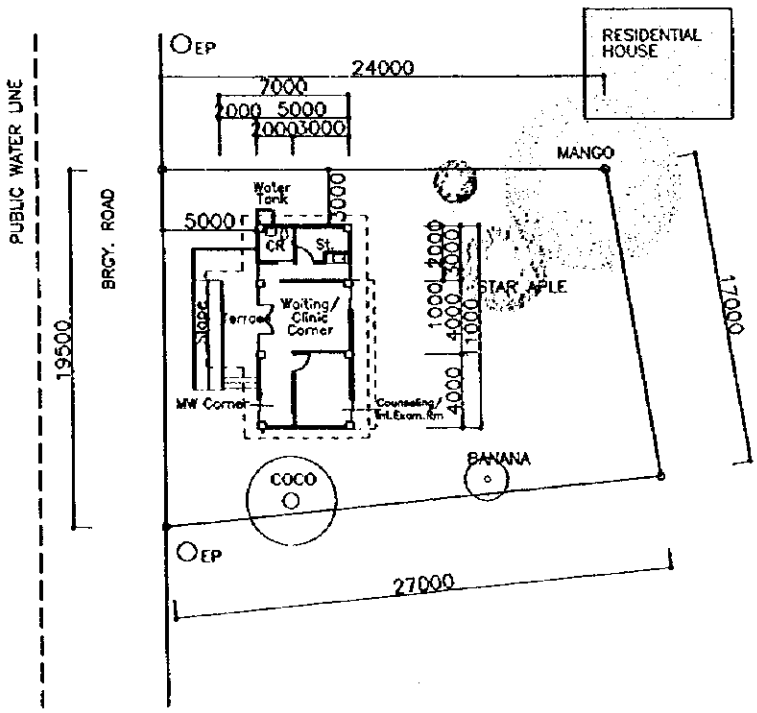


1.2.3	ORION,ORION,BATAAN	A–1	S=1:400

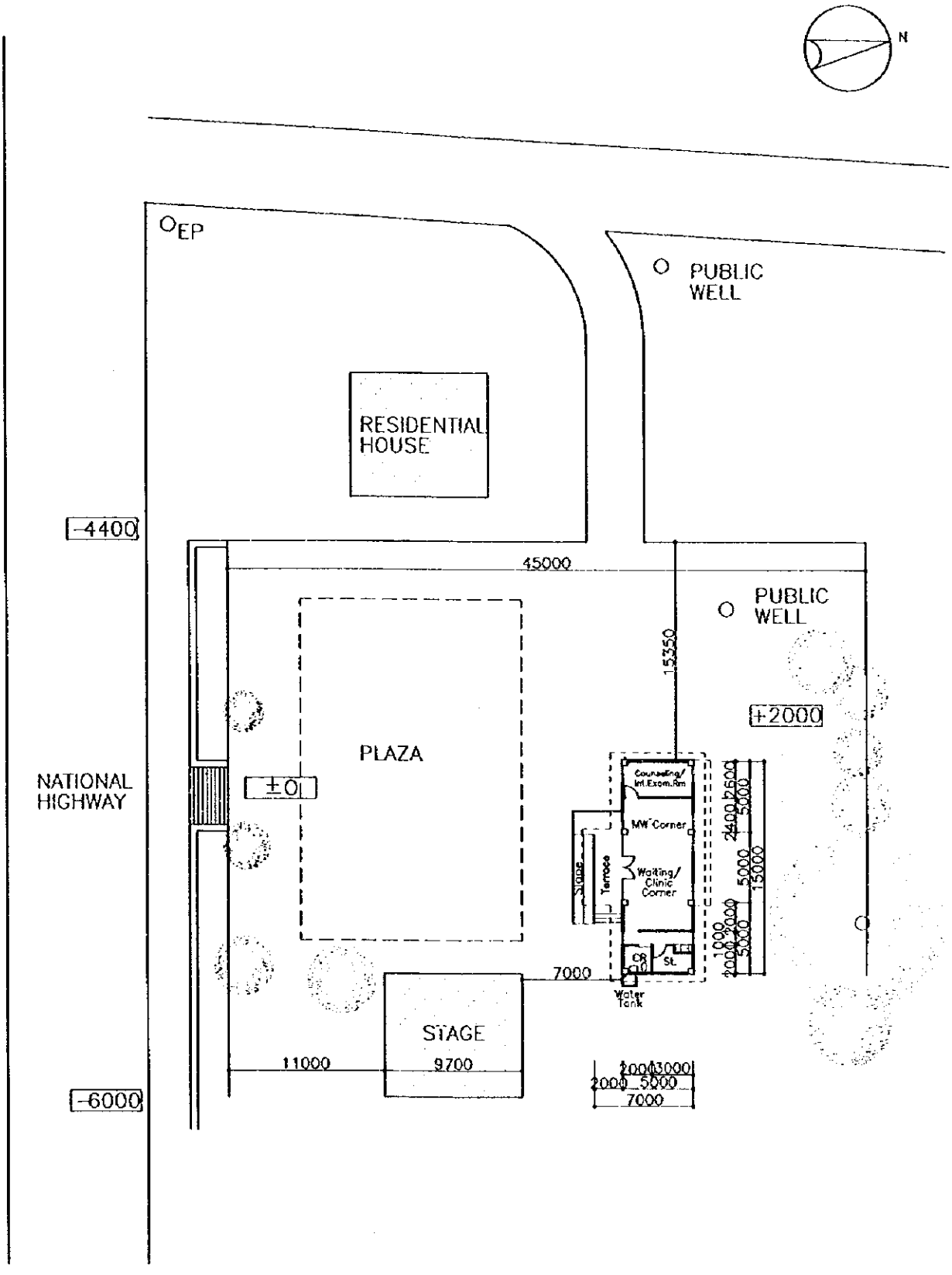


1.3.1	TIPO,HERMOSA,BATAAN	B-1	S=1:400

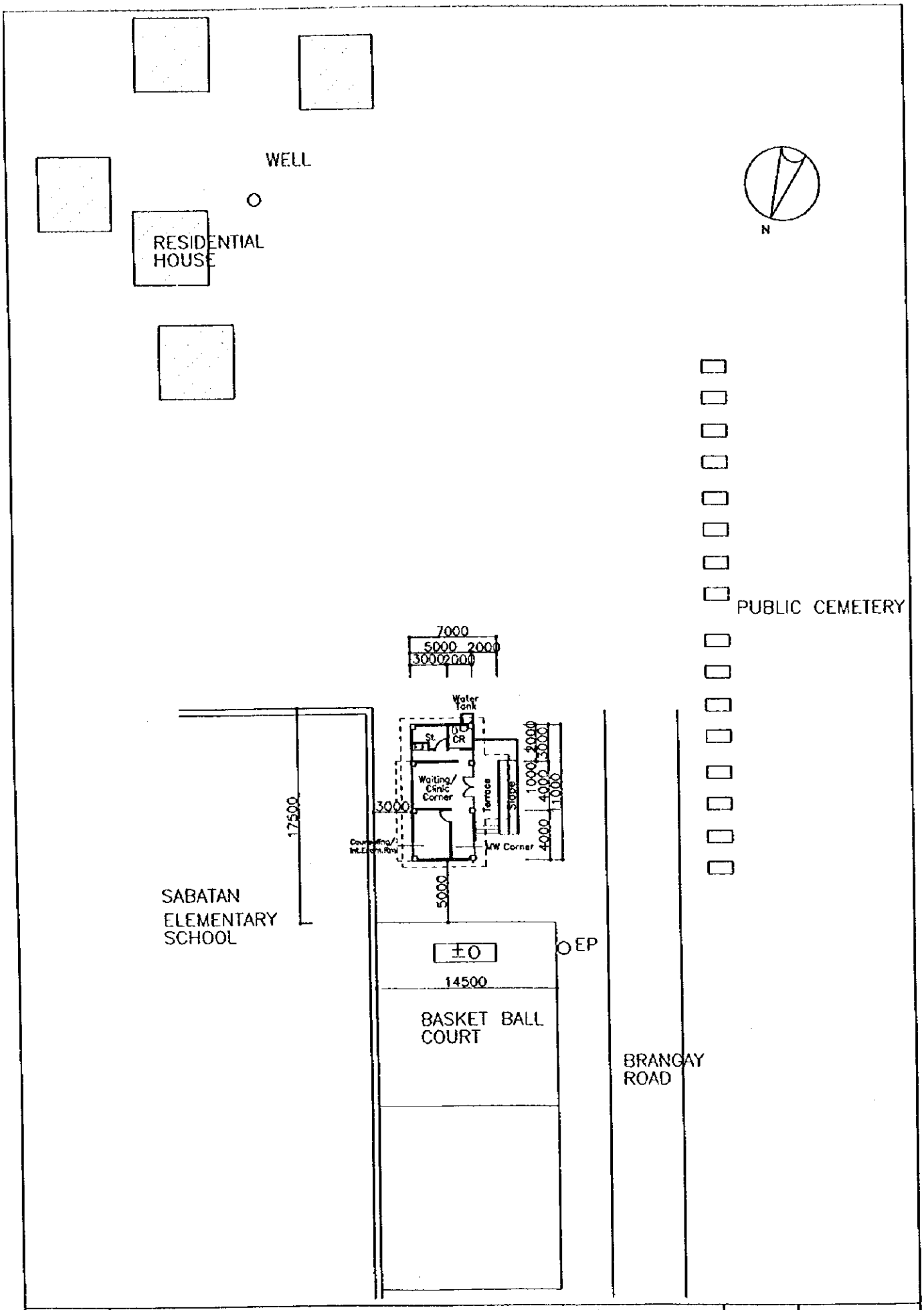




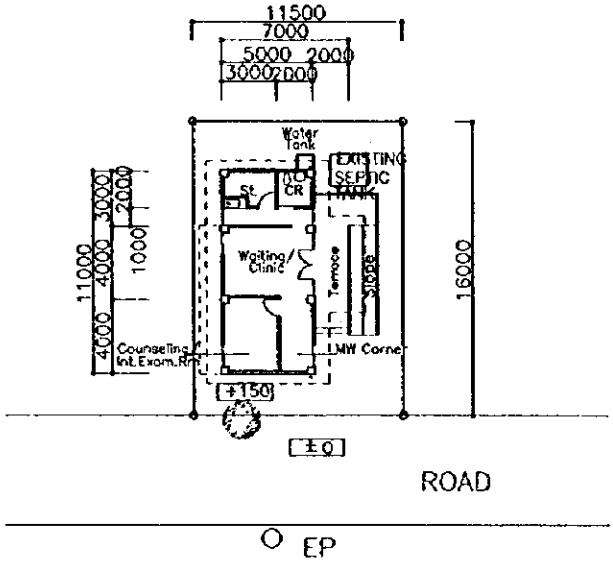
1.3.2	MABIGA,HERMOSA,BATAAN	B-2	S=1:400



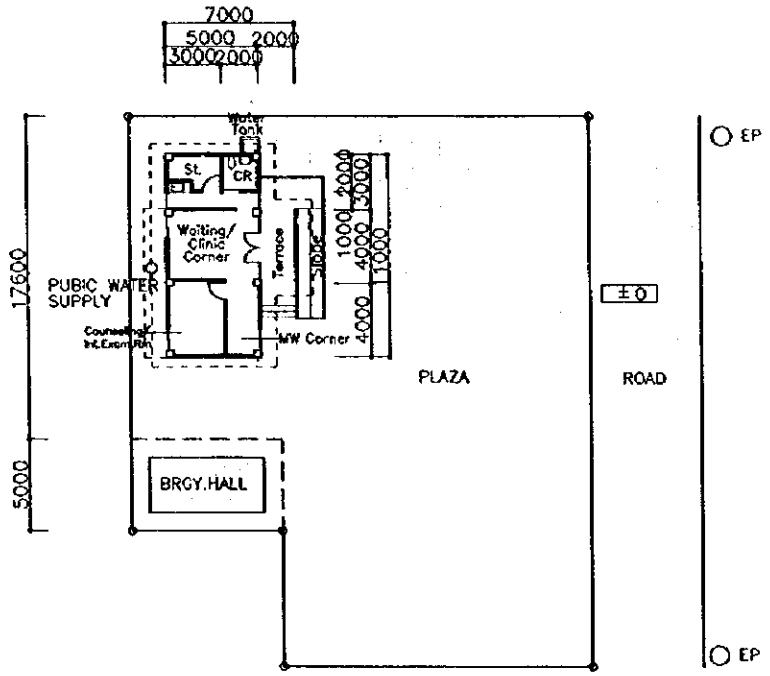
1.3.4	ROOSEVELT,DINALUPIHAN,BATAAN	A-1	S=1:400



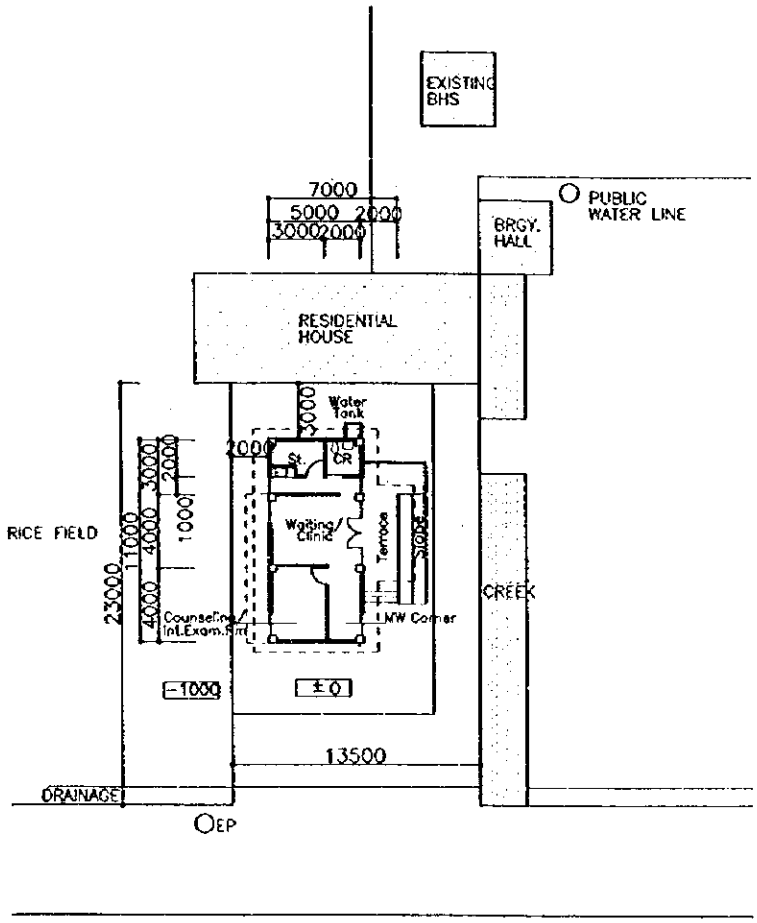
1.3.5	SABATAN,ORION,BATAAN	B-1	S=1:400



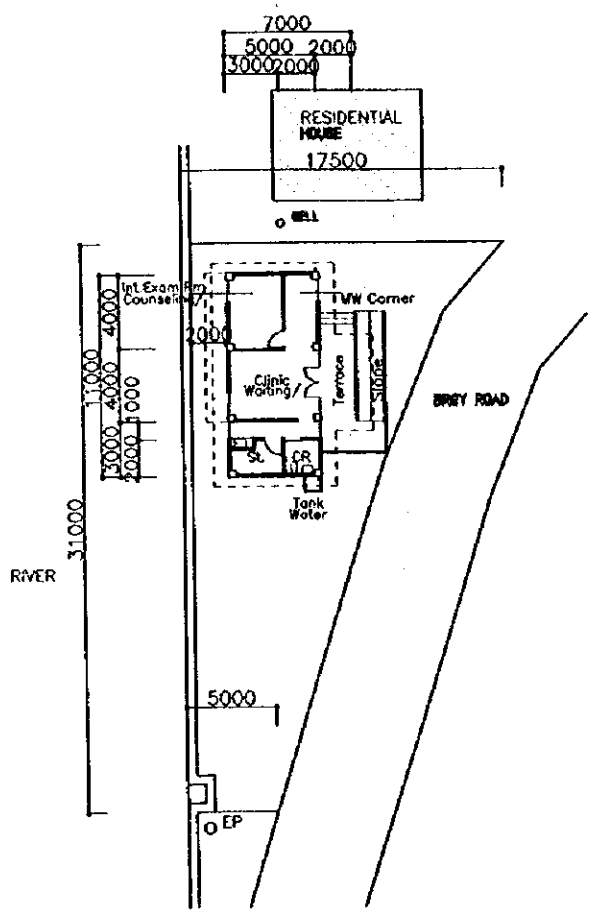
1.3.6	GEN.LIM,ORION,BATAAN	B--1	S=1:400



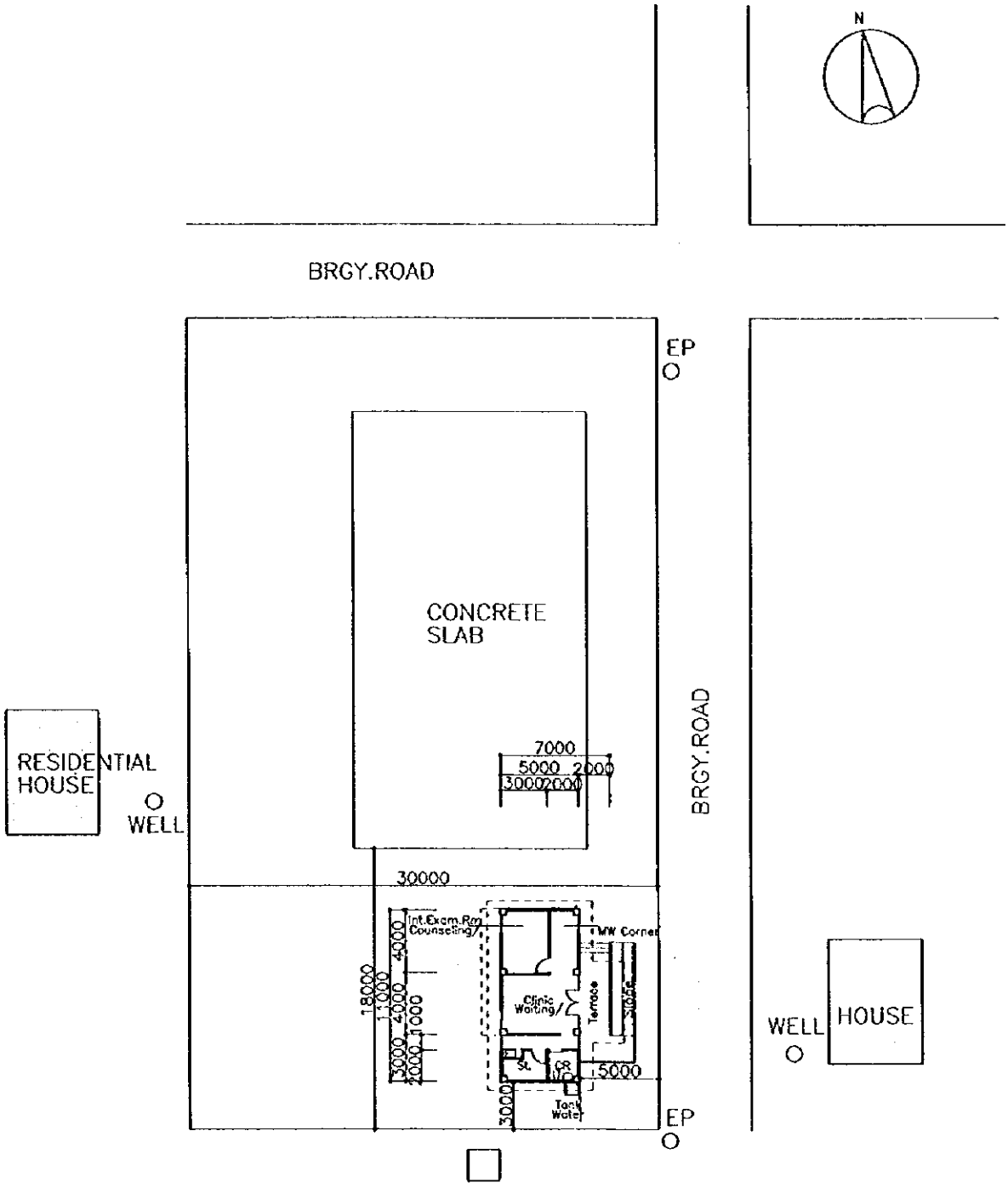
1.3.7	SAPA,SAMAL,BATAAN	B-1	S=1:400



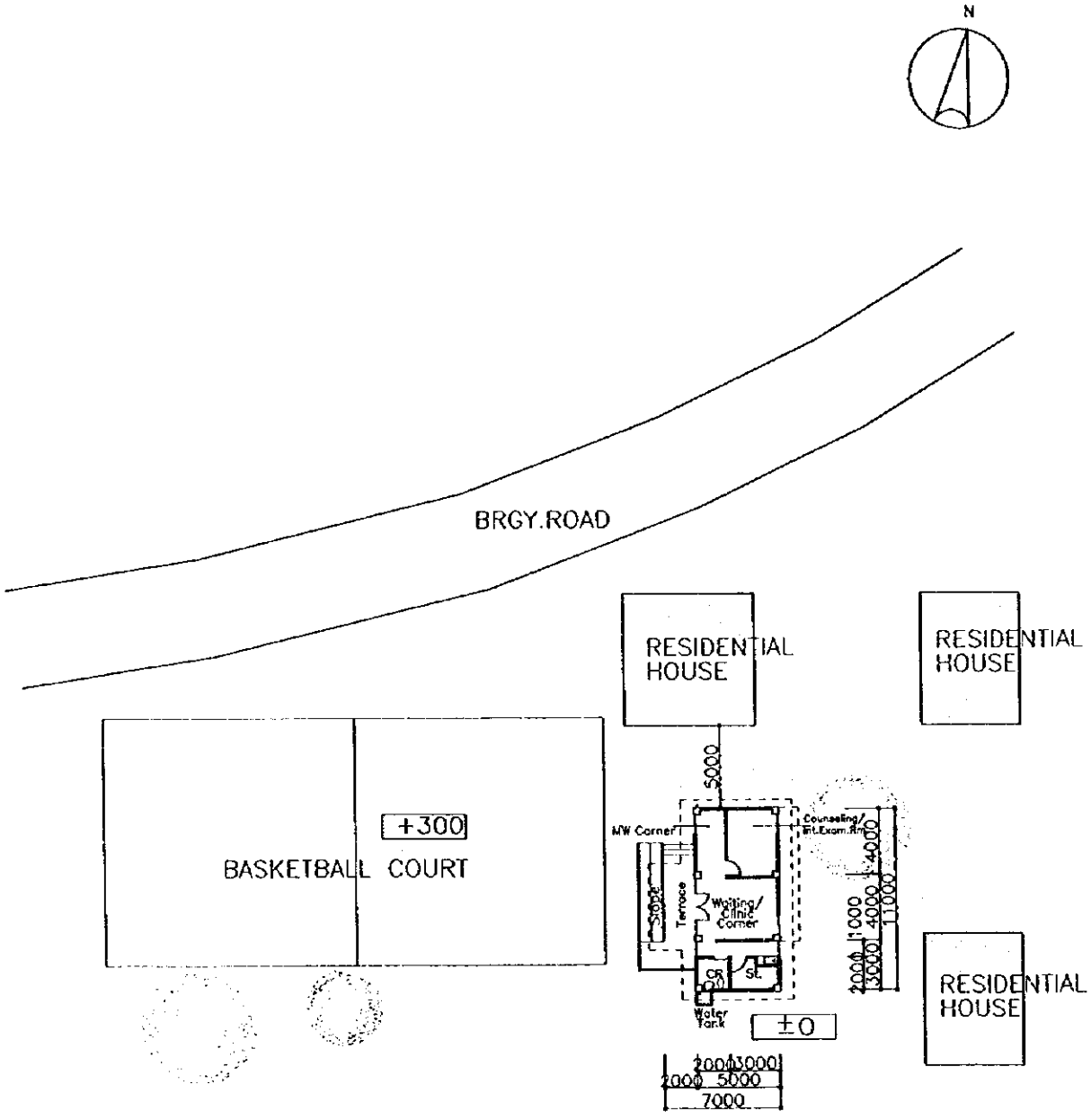
1.3.8	OMBOY,ABUDLY,BATAAN	B--1	S=1:400



1.3.9	TORTUGAS,BALANGA,BATAAN	B-2	S=1:400



1.3.10	PITA,DINALUPIHSAN,BATAAN	B-2	S=1:400



1.3.11	NAGWALING,PILAR,BATAAN	B-1	S=1:400