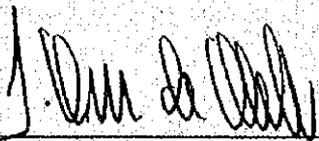


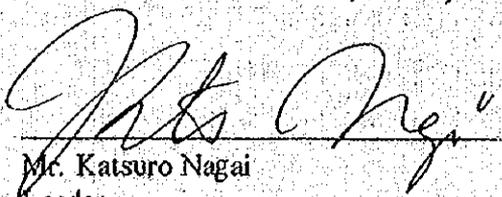
SCOPE OF WORK
FOR
THE STUDY
ON URGENT REHABILITATION PLAN
IN EAST TIMOR

AGREED UPON BETWEEN
UNITED NATIONS TRANSITIONAL ADMINISTRATION IN EAST TIMOR
AND
JAPAN INTERNATIONAL COOPERATION AGENCY

Dili, January 12, 2000



Mr. Sergio Vieira de Mello
Special Representative of the
Secretary-General
The United Nations Transitional
Administration in East Timor



Mr. Katsuro Nagai
Leader
The Japanese Economic Cooperation Mission

I. INTRODUCTION

In response to the request of the United Nations Transitional Administration in East Timor (hereinafter referred to as "UNTAET"), the Government of Japan decided to conduct "The Study on Urgent Rehabilitation Plan in East Timor" (hereinafter referred to as "the Study") in accordance with the relevant laws and regulations in force in Japan.

Accordingly, the Japan International Cooperation Agency (hereinafter referred to as "JICA"), the official agency responsible for the implementation of the technical cooperation programs of the Government of Japan, will undertake the Study in close cooperation with the authorities concerned of UNTAET.

The present document sets forth the scope of work for the Study.

II. OBJECTIVE OF THE STUDY

The objective of the study is formulating urgent rehabilitation plan for roads, bridges, ports, irrigation and power of East Timor in order to contribute to UNTAET's infrastructure rehabilitation plan. The study should be done, taking into account the work by the other international organizations.

III. STUDY AREA

The Study will cover East Timor.

IV. SCOPE OF THE STUDY

1. Study on Present Situation:

In order to identify urgent rehabilitation projects, the following will be done, using the results of the studies carried out previously by the other organizations, in particular, UNDP and the World Bank. Such work will be carried out in close coordination with UNTAET as well as UNDP and the World Bank. The work plan will be adjusted to meet their priorities, if so requested.

- (1) Site survey
- (2) Supplementary traffic survey
- (3) Natural condition data such as geography, geology, climate and etc.
- (4) Review of inventory data base
- (5) Evaluation of present condition

2. Planning of Urgent Rehabilitation Projects:

The followings will be done for the projects identified in (1) mentioned above.

- (1) Consideration of design condition
- (2) Consideration of design options
 - (a) Preparation of alternatives
 - (b) Comparison of alternatives in view of following items
 - a) IEE (Initial Environmental Examination)
 - b) Preliminary cost estimate
 - c) Preliminary economic analysis
- (3) Planning of urgent rehabilitation program which includes preliminary design of the projects

3. Overall Recommendation

V. STUDY SCHEDULE

The Study will be carried out in accordance with the tentative schedule as attached in the Annex I. The schedule is tentative and subject to be modified when both sides agree upon any necessity that may arise during the course of the Study.

VI. REPORTS AND FINAL PRODUCTS

Working in close coordination with UNDP and the World Bank, JICA shall prepare and submit the following reports in English to UNTAET:

1. Inception Report:

Twenty (20) copies at the commencement of the study in East Timor. This report will describe the Study schedule, methodology and Study Team members assignment as well as the outline of the field survey.

2. Draft Final Report :

Twenty (20) copies at the end of work in East Timor. The UNTAET side shall submit their comments within one (1) month after the receipt of the Draft Final Report.

3. Final Report:

Thirty (30) copies within one (1) month after the receipt of the comments on the Draft Final Report.

VII. UNDERTAKINGS OF UNTAET

1. To facilitate the smooth conduct of the Study, UNTAET will take the following necessary measures:

- (1) to secure the safety of the Japanese Study team (hereinafter referred to as "the Team");
- (2) to permit the members of the Team to enter, leave and sojourn in East Timor for the duration of their assignment therein, and exempt them from foreign registration requirements and consular fees;
- (3) to exempt the members of the Team from taxes, duties, fees and any other charges on equipment, vehicles, machinery and other materials brought into and out of East Timor for the conduct of the Study;
- (4) to exempt the members of the Team from income tax and charges of any kind imposed on or in connection with any emoluments or allowances paid to the members of the Team for their services in connection with the implementation of the Study;
- (5) to provide necessary facilities to the Team for the remittances as well as the utilization of the funds introduced into East Timor from Japan in connection with the implementation of the Study;
- (6) to secure permission for the Team to enter into private properties or restricted areas for the implementation of the Study;
- (7) to secure permission for the Team to take all data and documents including photographs and maps related to the Study out of East Timor to Japan;

(8) to provide medical services as needed. Its expenses shall be chargeable to the members of the Team.

2. UNTAET shall bear claims, if any arises, against the members of the Team resulting from, occurring in the course of, or otherwise connected with, the discharge of their duties in the implementation of the Study, except when such claims arise from gross negligence or willful misconduct on the part of the member of the Team.

3. UNTAET shall act as a counterpart agency to the Japanese Study Team and also as a coordinating body in relation with other governmental and non-governmental organizations concerned for the smooth implementation of the Study.

4. UNTAET shall, at its own expense, provide the Team with the following, in cooperation with other organizations concerned:

- (1) Available data and information related to the Study
- (2) Counterpart personnel and supporting staff
- (3) Credentials or identification cards to the member of the Team

VIII. UNDERTAKINGS OF JICA

For the implementation of the Study, JICA shall take the following measures:

1. to dispatch, at its own expense, the Team to East Timor,
2. to pursue technology transfer to counterparts personnel in the course of the Study.

IX. CONSULTATION

JICA and UNTAET will consult with each other in respect of any matter that may arise from or in connection with the Study.

ANNEX I

THE STUDY ON
URGENT REHABILITATION PLAN
IN EAST TIMOR

TENTATIVE SCHEDULE

MONTH	1	2	3	4	5	6
DESCRIPTION						
WORK IN EAST TIMOR						
WORK IN JAPAN						
REPORT PRESENTATION	▲				▲	▲
	ICR				DE/R	F/R

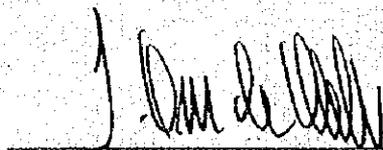
NOTE : ICR : Inception Report
 : DE/R : Draft Final Report
 : F/R : Final Report

SCOPE OF WORK
FOR
THE STUDY ON
URGENT ESTABLISHMENT OF
TOPOGRAPHIC MAPPING
IN EAST TIMOR

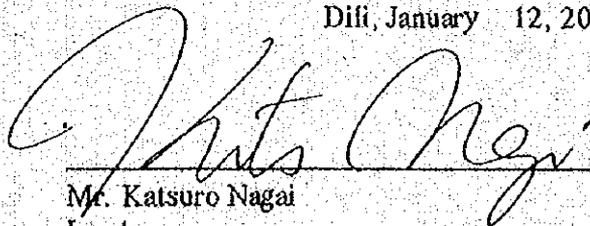
AGREED UPON BETWEEN

UNITED NATIONS TRANSITIONAL ADMINISTRATION IN EAST TIMOR
AND
JAPAN INTERNATIONAL COOPERATION AGENCY

Dili, January 12, 2000



Mr. Sergio Vieira de Mello
Special Representative of the
Secretary-General
The United Nations Transitional
Administration in East Timor



Mr. Katsuro Nagai
Leader

The Japanese Economic Cooperation Mission

I. INTRODUCTION

In response to the request of the United Nations Transitional Administration in East Timor (hereinafter referred to as "UNTAET"), the Government of Japan decided to conduct "The Study on Urgent Establishment of Topographic Mapping in East Timor" (hereinafter referred to as "the Study") in accordance with the relevant laws and regulations in force in Japan.

Accordingly, the Japan International Cooperation Agency (hereinafter referred to as "JICA"), the official agency responsible for the implementation of the technical cooperation programs of the Government of Japan, will undertake the Study in close cooperation with the authorities concerned of UNTAET.

The present document sets forth the scope of work for the Study.

II. Objectives of the Study

Mindful of the work of others in this field, and wishing fully to coordinate with them, the objectives of the Study are:

- 1) to prepare digital topographic maps of 1:5,000 covering the built-up area, and
- 2) to pursue technology transfer to counterpart personnel.

The digital topographic maps to be prepared under the Study will assist in implementing various plans for reconstruction and rehabilitation in East Timor.

III. Study Area

The Study will cover the existing built-up area of about 400km² in Dili and its surrounding area.

IV. Scope of the Study

1. Aerial photography
Black and white aerial photos covering the prepared area will be taken at the scale of 1:10,000.
2. Ground control point survey
Ground control point survey with GPS survey will be conducted to determine the horizontal and vertical coordinates of ground control points.
3. Aerial triangulation
Aerial triangulation will be conducted to establish photo points.
4. Field identification
Topographic information will be identified through the field survey using the aerial photos. Administrative boundaries and geographical names shall be determined based on existing information.

5. Plotting
Plotting will be conducted to prepare 1:5,000 scale digital topographic data. Existing maps will be utilized to the extent possible.
6. Field completion
Field completion will be conducted in the Study area to identify natural and artificial terrain features, geographic names and boundaries which are difficult or impossible to recognize on the aerial photos.
7. Compilation
Compilation of the plotted data will be conducted based on the result of field identification.
8. Structurization
Topological structurization will be conducted for completion of digital topographic data.
9. Preparation of printing film
Printing films will be prepared using laser-plotter at the scale of 1:5,000.

V. Study Schedule

The Study will be carried out with the tentative schedule as attached in the Annex I. The schedule is tentative and subject to be modified when both sides agree upon any necessity that may arise during the course of the Study.

VI. Reports and Final Products

JICA shall prepare and submit the following reports in English to UNTAET:

1. Inception Report:

Twenty (20) copies at the commencement of the study in East Timor. This report will describe the Study schedule, methodology and Study Team members assignment as well as the outline of the field survey.

2. Draft Final Report :

Twenty (20) copies at the time of final field work. The UNTAET side shall submit their comments within one (1) month after the receipt of the Draft Final Report.

3. Final Report:

Thirty (30) copies within one (1) month after the receipt of the comments on the Draft Final Report.

4. Topographic mapping products
- | | |
|--|----------|
| (1) Negative films of aerial photos | 1 set |
| (2) Contact prints of aerial photos | 1 set |
| (3) Result of ground control point survey | 1 set |
| (4) 1:5,000 scale topographic maps (printing films) | 1 set |
| (5) 1:5,000 scale digital topographic data (e.g. CD-ROM) | 100 sets |

VII. UNDERTAKINGS OF UNTAET

1. To facilitate the smooth conduct of the Study, UNTAET will take the following necessary measures:

- (1) to secure the safety of the Japanese Study team (hereinafter referred to as "the Team");
- (2) to permit the members of the Team to enter, leave and sojourn in East Timor for the duration of their assignment therein, and exempt them from foreign registration requirements and consular fees;
- (3) to exempt the members of the Team from taxes, duties, fees and any other charges on equipment, vehicles, machinery and other materials brought into and out of East Timor for the conduct of the Study;
- (4) to exempt the members of the Team from income tax and charges of any kind imposed on or in connection with any emoluments or allowances paid to the members of the Team for their services in connection with the implementation of the Study;
- (5) to provide necessary facilities to the Team for the remittances as well as the utilization of the funds introduced into East Timor from Japan in connection with the implementation of the Study;
- (6) to secure permission for the Team to enter into private properties or restricted areas for the implementation of the Study;
- (7) to secure permission for the Team to take all data and documents including photographs and maps related to the Study out of East Timor to Japan;
- (8) to provide medical services as needed. Its expenses shall be chargeable to the members of the Team.

2. UNTAET shall bear claims, if any arises, against the members of the Team resulting from, occurring in the course of, or otherwise connected with, the discharge of their duties in the implementation of the Study, except when such claims arise from gross negligence or willful misconduct on the part of the member of the Team.

3. UNTAET shall act as a counterpart agency to the Japanese Study Team and also as a coordinating body in relation with other governmental and non-governmental organizations concerned for the smooth implementation of the Study.

4. UNTAET shall, at its own expense, provide the Team with the following, in cooperation with other organizations concerned:

- (1) Available data and information related to the Study,
- (2) Counterpart personnel and supporting staff,
- (3) Credentials or identification cards to the member of the Team.

VIII. UNDERTAKINGS OF JICA

For the implementation of the Study, JICA shall take the following measures:

1. to dispatch, at its own expense, the Team to East Timor,
2. to pursue technology transfer to counterparts personnel in the course of the Study.

IX. CONSULTATION

JICA and UNTAET will consult with each other in respect of any matter that may arise from or in connection with the Study.

THE STUDY ON
URGENT ESTABLISHMENT OF
TOPOGRAPHIC MAPPING
IN EAST TIMOR

TENTATIVE SCHEDULE

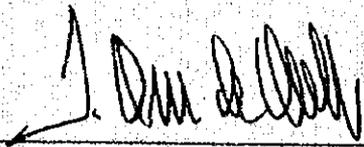
MONTH	1	2	3	4	5	6
DESCRIPTION						
WORK IN EAST TIMOR	■	■	■		■	
WORK IN JAPAN						
REPORT PRESENTATION	▲				▲	▲
	IC/R				DF/R	F/R

NOTE : Inception Report
: Draft Final Report
: Final Report

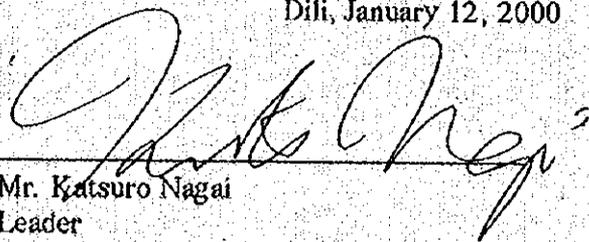
SCOPE OF WORK
FOR
THE STUDY
ON URGENT IMPROVEMENT PROJECT
FOR WATER SUPPLY SYSTEM
IN EAST TIMOR

AGREED UPON BETWEEN
UNITED NATIONS TRANSITIONAL ADMINISTRATION IN EAST TIMOR
AND
JAPAN INTERNATIONAL COOPERATION AGENCY

Dili, January 12, 2000



Mr. Sergio Vieira de Mello
Special Representative of the
Secretary-General
The United Nations Transitional
Administration in East Timor



Mr. Katsuro Nagai
Leader

The Japanese Economic Cooperation Mission

I. INTRODUCTION

In response to the request of the United Nations Transitional Administration in East Timor (hereinafter referred to as "UNTAET"), the Government of Japan decided to conduct "The Study on Urgent Establishment of Water Supply in East Timor" (hereinafter referred to as "the Study") in accordance with the relevant laws and regulations in force in Japan.

Accordingly, the Japan International Cooperation Agency (hereinafter referred to as "JICA"), the official agency responsible for the implementation of the technical cooperation programs of the Government of Japan, will undertake the Study in close cooperation with the authorities concerned of UNTAET.

The present document sets forth the scope of work for the Study.

II. OBJECTIVES OF THE STUDY

1. To set up comprehensive GIS of the existing water supply system and their physical condition in order to facilitate the rehabilitation work as well as the future development programme
2. To formulate rehabilitation and reconstruction plan for damaged existing water supply system
3. To promote school water supply, sanitation and hygiene in rural and peri-urban areas
4. To pursue capacity building and technology transfer to counterpart personnel in the course of the Study.

III. STUDY AREA

The Study shall cover about 15 district and sub-district towns including Dili and some selected rural and peri-urban areas.

IV. SCOPE OF THE STUDY

Phase I

1. Mapping the water supply system based on 1:5,000 topographic map enlarged from 1:25,000 topo-sheet.
2. Supplemental land survey to improve base map
3. Diagnostic investigation on present state of water supply system
4. Designing and setting up GIS
5. Baseline study on water and sanitation of schools in the selected areas
6. Development of hygiene education material for primary school
7. Setting up a water laboratory with very basic requirement
8. Preparatory work for Phase II Study

Phase II

1. Evaluation of water potential of existing and some additional sources for urban water and schools in rural and peri-urban areas
 - 1) measurement of surface water discharge
 - 2) geophysical exploration
 - 3) drilling and pumping test
 - 4) water quality analysis
2. Pilot study for rehabilitation of urban water supply and also for water and Sanitation, and hygiene education in schools.
3. Formulation of rehabilitation and reconstruction plans

V. SCHEDULE OF THE STUDY

The study will be carried out in accordance with the tentative schedule as attached in the Annex I. The schedule is tentative and subject to be modified when both sides agree upon any necessity that may arise during the course of the Study.

VI. REPORTS

JICA shall prepare and submit the following reports in English to UNTAET :

1. Inception Report:

Twenty (20) copies at the commencement of the study in East Timor. This report will describe the Study schedule, methodology and Study Team member's assignment as well as the outline of the fieldwork.

2. Interim Report:

Twenty (20) copies at the commencement of second field work.

3. Draft Final Report:

Twenty (20) copies of Draft Final Report at the end of second field work in East Timor. The UNTAET side shall submit their comments within one (1) month after the receipt of the Draft Final Report.

4. Final Report:

Thirty (30) copies of Final Report within one (1) month after the receipt of the comments on the Draft Final Report.

VII. UNDERTAKINGS OF UNTAET

1. To facilitate the smooth conduct of the Study, UNTAET will take the following necessary measures:

- (1) to secure the safety of the Japanese Study team (hereinafter referred to as "the Team");
- (2) to permit the members of the Team to enter, leave and sojourn in East Timor for the duration of their assignment therein, and exempt them from foreign registration requirements and consular fees;
- (3) to exempt the members of the Team from taxes, duties, fees and any other charges on equipment, vehicles, machinery and other materials brought into and out of East Timor for the conduct of the Study;
- (4) to exempt the members of the Team from income tax and charges of any kind imposed on or in connection with any emoluments or allowances paid to the members of the Team for their services in connection with the implementation of the Study;
- (5) to provide necessary facilities to the Team for the remittances as well as the utilization of the funds introduced into East Timor from Japan in connection with the implementation of the Study;

- (6) to secure permission for the Team to enter into private properties or restricted areas for the implementation of the Study;
- (7) to secure permission for the Team to take all data and documents including photographs and maps related to the Study out of East Timor to Japan;
- (8) to provide medical services as needed. Its expenses shall be chargeable to the members of the Team.

2. UNTAET shall bear claims, if any arises, against the members of the Team resulting from, occurring in the course of, or otherwise connected with, the discharge of their duties in the implementation of the Study, except when such claims arise from gross negligence or willful misconduct on the part of the member of the Team.

3. UNTAET shall act as a counterpart agency to the Japanese Study Team and also as a coordinating body in relation with other governmental and non-governmental organizations concerned for the smooth implementation of the Study.

4. UNTAET shall, at its own expense, provide the Team with the following, in cooperation with other organizations concerned:

- (1) Available data and information related to the Study
- (2) Counterpart personnel and supporting staff
- (3) Credentials or identification cards to the member of the Team

VIII. UNDERTAKINGS OF JICA

For the implementation of the Study, JICA shall take the following measures:

1. to dispatch, at its own expense, the Team to East Timor,
2. to pursue technology transfer to counterparts personnel in the course of the Study.

IX. CONSULTATION

JICA and UNTAET will consult with each other in respect of any matter that may arise from or in connection with the Study.

THE STUDY ON
URGENT ESTABLISHMENT OF WATER SUPPLY
IN EAST TIMOR

TENTATIVE SCHEDULE

MONTH	1	2	3	4	5	6	7	8	9	10	11	12
DESCRIPTION												
PHASE		Phase I						Phase II				
WORK IN EAST TIMOR												
WORK IN JAPAN												
REPORT PRESENTATION	IC/R					IT/R				DF/R		FR

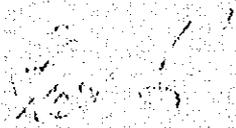
NOTE
 IC/R : Inception Report
 IT/R : Interim Report
 DF/R : Draft Final Report
 FR : Final Report

MINUTES OF MEETING

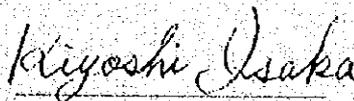
Japan International Cooperation Agency, an official agency established by Japanese law for the purpose of implementing Japanese technical cooperation on a governmental basis (hereinafter referred to as "JICA"); CARE Australia, a non-governmental organization which is engaged in local development activities in East Timor (hereinafter referred to as "CARE") and United Nations Transitional Administration in East Timor (hereinafter referred to as "UNTAET") held a meeting at Dili on 26th January, 2000 concerning the community empowerment Program in the area of Lautem and Manatuto District in East Timor for the Rehabilitation and Strengthening of the Capacity of Rice (hereinafter referred to as "Program") and had a discussion with respect to the implementation of the Program.

As a result of the discussion, the three parties agreed as shown in the document attached hereto.

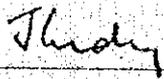
26th January, 2000, Dili



Mr. Steve Gwyne VAUGHAN
East Timor Country Representative
CARE Australia



Mr. Kiyoshi ISAKA
Resident Representative
JICA Australia Office



/ Mr. Sergio Vieira de Mello
Special Representative of the Secretary General
The United Nations Transitional
Administration in East Timor

ATTACHED DOCUMENT

1 The purpose of the Program is to rehabilitate and strengthen the capacity of rice farmers in Lautem and Manatuto District (if JICA permits, this program activities could be extended to Kovalima and Ambeno District) and thus to contribute to the economic and social development of East Timor.

2 The scope of the Program shall be as shown in ANNEX.

3 The term of the Program under this Attached Document will be three years from February, 2000.

4 JICA shall organize and supervise overall implementation of the Program and entrust the implementation of it to CARE.

As for the expenses for implementing the Program, JICA shall bear expenses to the extent that JICA considers it necessary for the implementation of the Program.

To implement the Program effectively, Japanese experts from JICA will be dispatched to CARE at JICA's own expense whenever necessity arises based upon a request from CARE.

5 CARE shall undertake the implementation of the Program and implement it effectively, understanding the objectives of the Program.

6 UNTAET endorse the implementation of the Program by CARE and organized by JICA and shall cooperate with JICA and CARE in implementing it.

7 JICA and CARE shall conclude a contract concerning the implementation of the Program and commencement of it.

8 Each contract will be made for a single Japanese fiscal year from April to March, and a new contract will be signed only if JICA confirmed the validity of the project.

9 CARE shall be audited by JICA or the consultant of JICA with respect to the accounting for the Program at the time of termination of the above mentioned contract.

10 CARE shall prepare and submit to JICA and UNTAET progress reports at the end of every quarter of the fiscal year of Japan and a final report.

11 The three parties shall make an effort to make the people in the area understand the significance of the Program and remain accountable to them.

12 The three parties shall consult with each other on any major issues arising from, or in connection with, this attached document.

Community Empowerment Programme: Rehabilitation and Strengthening of the Capacity of East Timorese Rice Farmers.

A detailed summary

Background.

The recent history of East Timor is one of violence and suppression. Since the beginning of the 20th century East Timorese people have experienced war and political violence under both the Portuguese and the Indonesians. In August 1999, military oppression and widespread civilian unrest were triggered by the announcement of referendum results on the autonomy of East Timor. The resulting violence and destruction displaced more than 70% of the population. Now, four months after the country was secured by INTERPET peace-enforcement forces mandated by the UN and with support from humanitarian relief programs, a total of 130,000 of 250,000 refugees and the majority of internally displaced persons have resettled in their home regions, and continue to reintegrate into communities and pick up their lives.

Following extensive destruction, plundering and the total collapse of agricultural infrastructures, including extension services, input supply networks and marketing facilities, farmers lack the seeds, tools, animals/machinery, and other essential inputs they need in order to plant a new rice crop at the outset of the planting season. The present situation has led to a general concern for (a) a short-term food security crisis and (b) the longer-term rehabilitation of agricultural production capacity.

Suppression and violence has had a negative impact on subsistence farmers in East Timor, who make up 70% of the total population. The major focus of small-scale food producers throughout East Timor has always been to meet household food needs to ensure their survival, and over the last few decades of Indonesian rule there has been very limited increase in agricultural skills. Today, most farmers continue to use the same technologies as their ancestors. Agricultural statistics indicate that the production of small-scale farmers has been sufficient to provide for minimal household subsistence requirements but it will be inadequate to fulfill the national food needs as a newly independent state. According to the United Nation's Food and Agriculture Organisation, wetland rice yields averaged around 2 MT per hectare, and maize yields varied between 0.7 and 1.5 MT per hectare during the late 90s.

One of the main factors that forced the Indonesians to import 4000 MT of rice per month into East Timor was the low level of participation of smallholder farmers in the agricultural development process. Most of the technologies introduced were unsuitable to local conditions and failed to meet the needs and fit with the capacities of small-scale food producers. The technologies that were introduced were unsuccessful because the Indonesian experts did not include plan for differences in climate and soils between their main rice belts in East Timor and Indonesia.

Moreover, East Timorese farmers face a harsh growing environment. Compared to other countries in South East Asia, soils are relatively unfertile, and the climate is dominated by the ENSO (El Niño Southern Oscillation), that leads to erratic and undependable rainfall.

Justification

On the one hand, if current levels of agricultural production do not increase, East Timor will only be able to achieve national food security through significant structural food imports. Payments for food imports will deplete much-needed foreign currency accounts and prolong the need for widespread food aid.

On the other hand, East Timor has the human and natural resource potentials to become self-sufficient in the production of food staples. In this post-conflict crisis, the major constraints to national food sufficiency include the collapse of the agricultural production systems and related infrastructures, and the incapacity of devastated agricultural extension services to transfer appropriate technologies to smallholders and include farmers in the development process.

It is most unlikely that East Timor will be able to develop an agro-industrial capacity to produce essential agricultural inputs like fertilizers and pesticides within the next 5 years. To overcome the food shortages East Timor currently faces, and the food gaps that urban consumers will continue to confront in the coming years, the agricultural technologies that are transferred to farmers must be developed based on the local resources and designed with respect for local cultural practices.

In other parts of the world, experiences in Integrated Crop Management (ICM) programmes based on low-input sustainable agricultural technologies (LEISA) have shown that there is a considerable potential to increase production yields and reduce the use of high-cost external inputs by applying these LEISA technologies.

The focus on wetland rice farming systems is they have demonstrated the highest capacity to achieve sustainable increases in production which will thereafter contribute to the most to national food self-sufficiency. Wetland rice can produce several crops each year and wetland rice farmers have been exposed to the use of fertilizers, pesticides and herbicides. In contrast, maize is cultivated by subsistence farmers on swidden dryland fields that cannot be irrigated due to high slopes.

Goals and objectives

Goal:

The main goal of the Community Empowerment Programme is to increase the capacity of East Timorese rice producers towards the achievement of sustainable national staple-food sufficiency.

The objectives of the project are:

1. The rapid rehabilitation of the rice production systems to allow farmers to use their remaining rice production capacity as effectively as possible.
2. The development of an agricultural extension infrastructure focused on rice production systems that allow farmers to participate in the development of appropriate technologies.
3. The development of an integrated crop management strategy along with local farmers in order to reinforce and strengthen the capacity of small-scale rice producers.
4. To increase food security at the household level and contribute to national staple-food sufficiency in East Timor.

Implementation strategies

1. Immediate rehabilitation of rice production capacity.

For the coming season most rice production will be limited by losses of seeds and the lack of animal or mechanical means to clear land. In addition, most farmers do not have the money and access to markets to purchase agricultural inputs. Given economic and political constraints in East Timor, it may take some time before both these constraints have been overcome.

Farmers will be required to work together and share some inputs, and to facilitate this, CARE will tap into local clan based social structures so people can manage the tools themselves.

For seed distribution CARE plans to supply a mixture of different varieties with different maturing periods and variable levels of resistance to pests. This should avert extreme peaks in labor needs and control problems from outbreaks of pests.

CARE will assist communities in the rehabilitation of irrigation systems by supporting labour with Food-for-Work programmes that also provide tools and other materials.

Programme design will be based on baseline survey results. After the needs and capacities of the participating communities and farmers are identified, tools, seeds, and other required inputs will be distributed. CARE will draw on its experienced staff in East Timor, as well as the vast network of professionals from Japan, Australia, Canada, the US and Europe to provide the necessary technical assistance, management and leadership.

In preparation to the next phase CARE will organize a stakeholders workshop on the next phase to guarantee that all activities are coordinated with UNTAET and the CNRT.

2. Develop an agricultural extension infrastructure.

Most of the human resources that were available in agricultural extension before the referendum have left the country and will not come back. To support the recovery of the agricultural extension network, CARE will support East Timorese in the reestablishment of an agricultural service focused on rice-based farming systems. Agricultural training and support will contribute to the empowerment of farmers by reinforcing their capability to increase the productivity of their farming systems. The role of the service will be to provide technical advice to the farmers, facilitate farmer's field schools. Through these field schools, on-farm research will be conducted to test and develop technologies that fit farmer's needs.

In the farmer's field schools, fieldworkers will be trained in Integrated Crop Management Techniques, and they will also learn to communicate the technical aspects of rice production to local farmers. The design of the service and the training and guidance of the staff will be one of the core duties of the project. Most of the training of staff will take place at CARE offices in Dili. About 25 fieldworkers will be trained.

The training strategy will be iterative. The fieldworkers will be trained in sequential steps; they will apply what they have learned in the field in the farmer's field schools they establish, then return to meet with trainers and colleagues to discuss their experiences and learn from their practices before going on to the next step in their training. CARE will support field schools through the establishment of basic physical infrastructures such as buildings, rudimentary field-laboratory facilities, and computers. As well, CARE's agricultural team of male and female East Timorese and expatriates will provide the information, leadership and management for training and organizational development. The participation of male and female East Timorese farmers in the development of the agricultural extension service will help to determine its form and the focus of its efforts. As well, it is envisaged that a strongly rooted agricultural extension service should be able to provide valuable information and advice to agricultural policy makers.

3. The development of an integrated crop management strategy along with local farmers in order to reinforce and strengthen the capacity of small-scale rice producers.

An essential component of an integrated crop management strategy is its focus on learning by doing. The process of training field staff will be iterative, so the start of the first field schools will coincide with the initiation of field staff training. During the training process farmers and field workers will access local resources, analyze the needs and potentials of farmers, and experiment with gender-sensitive, sustainable technologies to develop appropriate techniques that fit the local requirements of farmers.

These include technologies such as green manures, use of organic fertilisers, and integrated pest management (IPM) spraying strategies such as spraying at stress hold level and monitoring pest populations, and using botanical pesticides. In the farmer's field schools, farmers will integrate these technologies with their indigenous knowledge.

Using participatory evaluation techniques, the Japanese rice expert hired by CARE will work with local farmers to analyse and learn from the results of production trials. The role of CARE's agricultural specialist will be to explain what has happened in the field by monitoring the trials and orienting discussions with field workers and farmers. Based on these observations and lessons learned in the field, the agricultural specialist can introduce and adapt appropriate technologies for trial by the farmers. As well, the agricultural specialist will be involved in the development of training materials and information together with an extension-media specialist from CARE. The training materials will allow the programme to be duplicated in other districts and by local organizations non governmental organization and community based organizations.

By learning from experience, farmers increase their understanding of the agro-ecosystem they are part of. After the termination of the programme, farmers will be able to share their knowledge with other producers and continue the training process informally. It should be stressed that the programme applies to the farming system as a whole and not only on rice, although the activities will start with rice producers.

After the first year, field workers will train farmer extensionists in ICM. Farmers extensionists will be selected from farmers who join the farmers field school and will set up new ones themselves. Gradually the role of the field workers will change from extensionist to consultant/trainers. The farmer extensionist will disseminate the results of trials to other farmers. The project intends to organize farmer's exchange and field days, where farmers show and discuss with each other the results of the experiments. The field days and farmers seminars will be organized at both provincial and district level. It is hoped that at the end of the program farmers and field workers can participated in international networks on ICM.

Community empowerment through increasing awareness of local potentials and access to information is the main strategy to achieve increased sustainable production levels at reduced costs.

4. To increase food security at the household level and contribute to national staple-food sufficiency in East Timor.

Dependency on food aid and purchased foreign sources of staple foods will continue to be a drag on the economy, and long-term food insecurity will impact negatively on the political stability of East Timor. Increasing food production through more efficient use of local resource will increase domestic outputs and reduce imports of high-cost inputs. The programme focuses on rice-based farming systems because these systems have higher potential production levels and the climate risk is less for most of the irrigated systems. Dryland agricultural systems have only one harvest a year while most of the irrigated systems have 2-3 harvests a year. This allows a faster dissemination of promising technologies, and facilitates the monetisation of the foodstuffs produced using the new techniques.

Current yields are low but local resources abundant: therefore, based on crop yields for the year 2000 estimated by the FAO, under the programme, a yield increase of 20% maybe be possible. For example, most of the cattle manure is unused and the environment of East Timor supports the growth of nitrogen fixing plants and trees like *Sesbania* spp, *Leuceana*, *mucuna*, and *azola*. Similar possibilities exist in pest control measures, using trees such as neem. Over time, farmers themselves have built up considerable knowledge on the use and potential of plant species as pesticides. Experiences of other projects implemented in West Timor by local NGOs show that 50% of all external inputs can be replaced by local products.

CARE's approach will be to strengthen indigenous social structures that play a very important role in water distribution systems. The Farmer's Field School approach will empower them to do so more effectively.

The main strategy will be to introduce promising technologies that increase yield and reduce the use of external inputs to be tested by farmers so to reduce the dependency of East Timor on outside sources for its staple production.

Implementation of the activities.

Table 1 shows how CARE will implement the activities to achieve the overall goal of the project.

	Objective	Activities	Indicator
Phase 1: Rehabilitation of production	Immediate rehabilitation of the rice production systems to allow farmers to use the rice production capacity still available as effective as possible	<ul style="list-style-type: none"> o Assess needs o Distribute seeds, and tools o Stakeholder workshops 	<ul style="list-style-type: none"> o Needs assessed (report available) o 2000 have received seeds and tools. o Every family targeted has tilled at least 50% of their total acreage. o 3 Stakeholder workshops implemented. o Agree on the design of a extension system
Phase 2: Reestablishment of infrastructure.	Develop a agricultural extension infrastructure focused on rice production systems that allows farmers to participate in technology development	<ul style="list-style-type: none"> o Rehabilitate training centers. o Equip the training centers o Select and train staff. o Develop training materials 	<ul style="list-style-type: none"> o There is an agricultural extension system that is fully staffed and properly equipped. o 25 staff members trained. o Training materials available
	Objective	Activities	Indicator

Phase 3: Strengthening farmer's skills to increase production.	Strengthen of farmer's rice producing capacity by developing an integrated crop management strategy with them.	<ul style="list-style-type: none"> o Establishing Farmer field schools (FFS). o Develop a network of farmers training. o Develop extension media such as leaflets, slideshows and video. o Develop promising technologies with farmers 	<ul style="list-style-type: none"> o 80 field school established (2000 families). o Training materials available suited for East Timor. o Yield increase of 20 % for FFS members o Replace 40% external inputs with local available ones.
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Table 1: Implementation plan for the activities.

Beneficiaries.

The program will target small-scale farmers and their families, who rely on rice production both for consumption as well as income. The rehabilitation phase (1) will distribute seeds to 2000 families in 2 districts (Lautem, Manututo. The establishment of the agricultural extension systems and the training of East Timorese farmers (Phase 2 and 3) will begin in 2 districts initially (Lautem, Manututo).

Time frame.

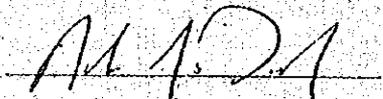
The project will last three years. The first 2 months will be focused on rehabilitation of rice production capacity in Manatuto and Lautem. The next phase will be the reestablishment of a rice-based farming systems infrastructure in these 2 districts. If JICA permits, the project will be extended to 2 additional districts, Ambeno and Kovalima. This will take 9 months. However during this phase the farmer field schools will commence. The third phase focuses on the development of the ICM methodology and an expansion of the approach to all the targeted beneficiaries. Ideally the *project* will start in February 2000.

MINUTES OF MEETING

Japan International Cooperation Agency, an official agency established by Japanese law for the purpose of implementing Japanese technical cooperation on a governmental basis (hereinafter referred to as "JICA"), World Vision Japan, a non-governmental organization which is engaged in local development activities in East Timor (hereinafter referred to as "World Vision") and United Nations Transitional Administration in East Timor (hereinafter referred to as "UNTAET") held a meeting at Dili on 26th January, 2000 concerning the Community Empowerment Program in the area of Aileu District in East Timor for the Health System Rehabilitation Project (hereinafter referred to as "the Program") and had a discussion with respect to the implementation of the Program.

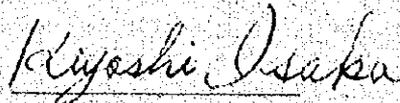
As a result of the discussion, the three parties agreed as shown in the document attached hereto.

26th January, 2000, Dili



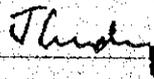
Mr. Alan Dwyer

Representative in East Timor
World Vision Japan



Mr. Kiyoshi ISAKA

Resident Representative
JICA Australia Office



Mr. Sergio Vicira de Mello

Special Representative of the Secretary-General
The United Nations Transitional
Administration in East Timor

ATTACHED DOCUMENT

1 The purpose of the Program is to enhance the present condition of Health Service of Aileu District and thus to contribute to the economic and social development of East Timor.

2 The scope of the Program shall be as shown in ANNEX.

3 The term of the Program under this Attached Document will be three years from February, 2000.

4 JICA shall organize and supervise overall implementation of the Program and entrust the implementation of it to World Vision.

As for the expenses for implementing the Program, JICA shall bear expenses to the extent that JICA considers it necessary for the implementation of the Program.

To implement the Program effectively, Japanese experts from JICA will be dispatched to World Vision at JICA's own expense whenever necessity arises based upon a request from UNTAET.

5 World Vision shall undertake the implementation of the Program and implement it effectively, understanding the objectives of the Program.

6 UNTAET endorse the implementation of the Program by World Vision and organized by JICA and shall cooperate with JICA and World Vision in implementing it.

7 JICA and World Vision shall conclude a contract concerning the implementation of the Program and commencement of it.

8 World Vision shall be audited by a legal authority with respect to the accounting for the Program at the time of termination of the above mentioned contract.

9 World Vision shall prepare and submit to JICA and UNTAET progress reports at the end of every quarter of the fiscal year of Japan and a final report.

10 The three parties shall make an effort to make the people in the area understand the significance of the Program and remain accountable to them.

11 The three parties shall consult with each other on any major issues arising from, or in connection with, this attached document.

ANNEX 1

PROJECT SUMMARY

1. **Project Name:** Health System Rehabilitation Project in East Timor
2. **Project Location:**
Country: East Timor
District: Aileu
Subdistrict: Remexio, Laulara, Luiqedoc
3. **Sector:** Health
4. **Executing Organization:** World Vision Japan
5. **Contact Person and Address:**
Name: Alan Dwyer
Position: Representative in East Timor
of World Vision Japan
Address: Rua Barros Lopes, Lecidere, Dili
Phone Number: (61) 407 070 173
Fax Number: (61) 145 216 990
6. **Project Duration:** 36 months (February 2000-January 2003)
7. **Collaborative Organization:** World Vision East Timor
8. **Capacity Statement:**

World Vision is an international partnership of Christians whose mission is to work with the poor and oppressed to promote human transformation and seek justice regardless of race, ethnicity, gender or religion. World Vision, in more than 95 countries in the world, pursue this mission through integrated, holistic commitment to transformational development (community-based and sustainable program, focused especially on the needs of children), emergency relief (assistance to people afflicted by conflict or disaster), promotion of justice, strategic initiatives, and public awareness.

World Vision was present in East Timor prior to its independence since 1995. An Area Development Program (ADP) was operated in Aileu, addressing community needs through education, health and community organizing programs. World Vision was sponsoring the education of approximately 2,000 children through the provision of school fees and supplies. Development of neighborhood youth associations and involvement of women in both formal and informal education were also promoted. World Vision's health program was providing preventive and curative services, including immunization, provision of nutritious food, health post operations and provision of clean water. Through the community-organizing programs, World Vision was able to train 25 community organizations in entrepreneurship and agricultural courses, as well as developing community facilitators.

World Vision was able to rapidly respond to the needs of the people in the three months leading up to the vote on autonomy. World Vision distributed 85 tons of food and non-food commodities between June and August 1999 to 1,600 families in eight different locations. These locations included Dili District (Bidao, Akananu, Hara, Metinaro, Man-
Leu and Becora), Aileu District (Aileu Kota, Laulara, Remexio and Lequidoe) and Bobonaro District (Atabae and Balibo). World Vision was forced to close down all operations and evacuate expatriate staff due to the civil unrest following the referendum.

World Vision was able to re-establish its operational presence in East Timor on September 22, 1999, within hours of Interfet personnel arriving in Dili. Since resuming operations, World Vision has been focusing its activities in food/non-food distributions, agricultural and health sectors. The World Food Programme (WFP) has designated World Vision the lead agency in food distribution in Aileu, Bobonaro, Ermera and Liquica districts. World Vision has distributed a total of more than 3,300 tons of rice by the end of December 1999, supplying food assistance to more than 360,000 people. In addition to food commodities, non-food items distributed included tarpaulins, blankets, jerry cans, clothes, emergency health kits, mattresses as well as cooking and eating utensils. In agricultural sector, World Vision completed the distribution of 14,306 agricultural packs, 567 bags of maize seed and 910 red bean packs by November 1999, in time for farmers to start planting. In health sector, World Vision's current program includes measles campaign, growth monitoring using weight/height index, health campaign and mobile clinics in Bobonaro district. World Vision is presently identifying health clinics that require rehabilitation and developing a program to address the needs for reconstruction of private shelter. All World Vision's activities at the community level are coordinated with the CNRT, Church authorities, community groups and the UNTAET.

9. Problem Analysis:

a. Background

The UN Mission in East Timor (UNAMET) held a popular consultation on 30 August 1999, in which the voters were to accept or reject the special autonomy arrangement offered by the Government of Indonesia. Of the 98.6% voters who went to the polls, 78.5% rejected the proposed autonomy. Following the announcement of the result on 4 September 1999, a widespread of burning and looting took place throughout the country. As many as 500,000 East Timorese were displaced from their homes, half to areas outside the territory and in some cases by force. The post-consultation violence also resulted in substantial damage to the territory's public buildings, essential utilities and private residences. Many facilities in the health sector were destroyed. On top of the absence of operational health facilities, particularly in the countryside, the collapse of the health care delivery system was exacerbated by the sudden gap in human resources. Most non-Timorese have left the country, many of whom held the leading positions in

health. One dentist and some 30 East-Timorese doctors are identified, and a sizable number of nurses, midwives and aides are assumed to be in country.

b. Past Situation

East Timor's population is young, with 35-40 percent below the age of 18. Morbidity and mortality are relatively high, particularly among infants and children, many of whom suffer from a combination of malnutrition and infection. The health situation in East Timor lagged behind Indonesian averages. Available statistics from the Indonesian Ministry of Health indicated the relatively poor health status of the population:

Health Indicators	1992	1996
IMR (Infant Mortality Rate)	67/1000	57/1000 live births
MMR (Maternal Mortality Rate)	110/100,00	50/100,00 live births
Life expectancy in 1996 was 57 for men and 58 for women.		

According to reports from the Public Health Centre in East Timor (Regional office Department of Health, 1996), the leading causes of death in 1996 were tuberculosis (TB) (16%), malaria (13%), and pneumonia (10%).

The health system prior to the ballot, with its emphasis on accessible Primary Health Care (PHC) was relatively well developed. However, its multi-line administration (provincial and direct from national level) with consequent overlap and overstaffing, and other factors, made it rather inefficient. The PHC services were carried out through a system of Health Centers, Health Sub-Centers, rural midwives (*Bidan Desa*), and the Integrated Health Care Posts (*Posyandus*). The total number of Health Center in East Timor was 67, each located in one sub district, of which 21 provided in-patient services. A Health Center was normally headed by a medical doctor and assisted by nurses, midwives, and health workers. It provided services for 10,000 to 20,000 people. There were 305 Health Sub-Centers situated in villages. They served a population of 2,500-10,000, under the control of the health centers and run by a nurse. The rural midwives were posted in remote villages, and provided PHC with an emphasis on maternal and child health. These midwives were also under the supervision of the health centers. An Integrated Health Care Post (Posyandu) was an institution, which was run by the local population in a village through their health cadres. It provided maternal and childcare, immunizations, nutrition education, diarrhoeal disease control and family planning. The health cadres were responsible for mobilizing the population in preventative measures.

The below table summarizes the health facilities existed in Aileu at sub-district level prior to the recent conflict:

Subdistrict	Population	No. of Villages	No. of Health Center (CHC)
Laulara	5025	6	1 CHC without beds, with an MD dividing his/her time over 3 CHCs.
Remexio	7353	8	1 CHC without beds, with an MD dividing his/her time over 3 CHCs.
Liquidoe	3447	7	1 CHC without beds, with an MD dividing his/her time over 3 CHCs.
Aileu	10767	10	1 CHC with beds and an MD.

c. Present Situation

The period on uncertainty and crisis throughout 1999 seriously affected the health services in East Timor, as Indonesian staff were not replaced when their three year mandatory placement expired and no new doctors were assigned due to the worsening security conditions. Statistics from the local health affairs office show that by May 1999 only 33 of the 67 sub-districts health centers had doctors and 19 more left by June 1999. Prior to and following the widespread of burning and looting that took place throughout the country, there was also an exodus of paramedics and nurses from village and sub-districts, contributing to the collapse of the health system in addition to the destruction of health facilities.

There is a lack of health personnel of higher and mid-level, both in the medical technical and in the management field. Some 30 East-Timorese doctors and one dentist are identified. Two physicians are doing an MPH but will only finish in two years. Four Graduates from the Public Health School in Indonesia have returned. The hospital services will take a long time to develop. Surgery will probably take 6 to 7 years, before such services will be run by East-Timorese surgeons and anaesthetists. There is only one East Timorese surgeon. Expatriate doctors and other clinicians will be needed for many years to train local paramedics and health administrators.

d. Project Rationale

The country and its people need urgent assistance in both the short and medium to long term to re-establish their lives, and set about the task of building a nation. The health sector has collapsed completely, with the withdrawal of Indonesian health personnel and the destruction of health care facilities. By the time the UN leaves in a few years, a health system has to be in place to realistically cover the whole population and can be sustainable by way of support from the Government and cost sharing by the population, i.e., fee for services. The international humanitarian community have to date concentrated their contribution in health sector on three areas: (1) provision of essential curative services as widely as possible throughout the country, (2) medical screening and

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treatment of returnees on their arrival, and (3) detection and prevention of communicable diseases such as malaria and measles. With regard to the health system review, the Health Working Group, a joint group between UNTAET, East Timorese professionals and international NGOs, aims to reconstruct/refurbish fixed health facilities and recruit staff for the central and regional health authorities by December 2000.

World Vision has been involved in the provision of health services since November 1999. World Vision is currently running a mobile clinic in Bobonaro district, implementing activities including the provision of curative services, nutritional assessment, measles campaign, and epidemiological surveillance. A current grant funding allows World Vision to rehabilitate 8 health facilities, which is in line with the Health Working Group's work plan for 2000. World Vision plans to contribute to the redevelopment of the health system in East Timor by rehabilitating PHC health facilities and operating them until the Government of East Timor and community becomes sustainable to take over. The program will be of longer-term and place a high degree of importance on the development of local health personnel. World Vision will at all times coordinate and integrate the direction of the program with the policies produced by the Government of East Timor.

10. Project Description

a. Project Area

World Vision's target location for this project is Aileu district. Aileu Kota, the regional capital is located 47 km north east of Dili. Aileu is an agricultural base area where vegetables, coffee and potatoes were prized cash crops pre-referendum time. Marketing of these crops was facilitated by the brisk transportation system to and from Dili. Approximately less than 50% of farmers were able to plant. Transportation has become more difficult as the roads have deteriorated in several sections and need to be rehabilitated.

Aileu is divided into four sub-districts: Aileu, Remexio, Laulara and Lique DOE. Under the Indonesian government, these 4 sub-districts were divided into 31 villages. There is currently a total of 42 villages in Aileu. World Vision will implement this project in 3 sub-districts of Aileu, i.e., Remexio, Laulara and Lique DOE. The table below summarizes the population figures of these 3 sub-districts:

Sub-district	Village	No. of Family	Total Population
Remexio	Acumai	269	1,566
	Padabloko	250	1,485
	Fahiso	174	4,022
	Faturasa	160	952
	Hautoho	114	544
	Maumeta	90	435
	Sukulirai	58	332
	Tulatekeu	320	1,793
	Aikurus	181	970
	Rileu	222	1047
Subtotal	10 villages	1,838	13,146
Laulara	Cotolau	149	404
	Talitu	72	336
	Fatue-hun	41	234
	Lebucucu	67	279
	Manehahu	44	192
	Bilumhate	54	282
	Lismeri	126	493
	Tohumeta	106	531
	Ratisi	74	354
	Bocololo	107	478
Subtotal	10 villages	840	3,583
Lequidoe	Acobilitofo	152	833
	Berelau	152	762
	Betulau	107	452
	Fahiso	207	985
	Hautrilau	94	360
	Manukasa	122	560
	Namoleso	188	900
Subtotal	7 villages	1,022	4,852
TOTAL	27 villages	3,700	21,581

World Vision will target the total population of the three targeted sub-districts through the rehabilitated health posts. World Vision plans to rehabilitate 27 village health posts, one in every village within the three targeted sub-districts. These rehabilitated health posts will be operated by the communities as the primary providers of health services at the village level. In conjunction with the health posts, World Vision will run a health center in every sub-district to support the health posts, allowing the total population of Remexio, Laulara and Liqueoedoe access to primary health care services. Special attention will be given to children under five and women of the reproductive age groups, part of the total population who are more susceptible to malnutrition and diseases.

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b. Project Goal and Objectives

Goal: To re-establish the health system in three targeted sub-districts of Aileu.

Objectives: To promote skills and develop capacity of health personnel at sub-district level and Community Health Workers (CHWs)/Traditional Birth Attendants (TBAs) at the village level.

To establish and strengthen Primary Health Care (PHC) services at the sub-district health centers and Maternal Child Health (MCH) services at the village health posts.

c. Planned Activities of the Project

Preparatory works:

- Community consultation and visits.
- Formation of village health committees.

Rehabilitation of health posts:

- Identification of health posts to be rehabilitated.
- Identification of community members who will assist in the rehabilitation process and resource mobilization.
- Procurement of construction materials.
- Transportation of construction materials to sites.
- Rehabilitation of health posts.

Identification and/or recruitment of health personnel:

- Identification and recruitment of 6 nurses.
- Identification and recruitment of 3 midwives.
- Identification of and obtaining agreement from 27 Community Health Workers (CHWs).
- Identification of and obtaining agreement from 27 Traditional Birth Attendants (TBAs).

Developing capacity of health personnel:

- Preparing the workshop and training manual and materials.
- Running a workshop for all identified health personnel.
- Providing on the job training for all identified personnel.
- Regular visits to health posts to reinforce workshop and training topics.

Delivery of Primary Health Care (PHC) services:

- Preparing health education materials and conducting a health education campaign for all targeted populations.
- Delivery of antenatal and postnatal care at village and sub-district level.
- Conducting a regular epidemiological surveillance.
- Monitoring growth of children under fives and their nutritional status.
- Delivery of curative services, including diagnosis and treatment (pharmaceutical administration) of illnesses common to the area.
- Provision of referral to higher levels.
- Involvement in the Expanded Programme of Immunization (EPI).

Reporting:

- Production of quarterly reports throughout the life of the project.
- Conduction annual project evaluation.
- Production of final report at the completion of the project.

d. Project Impact

- Re-establishment of PHC system at the sub-district and village level in Remexio, Laulara and Licoedoc.
- A total of 27 health posts rehabilitated and operated at village level in Remexio, Laulara and Licoedoc.
- A total of 3 health centers operated at sub-district level in Remexio, Laulara and Licoedoc.
- Increased access to PHC services for approximately 20,000 people.
- Six nurses and three midwives trained to operate sub-district health centers, each serving up to 10,000 people.
- Twenty seven CHWs and 27 TBAs trained to run health posts, each serving up to 2,500 people.
- Increased awareness in proper health and sanitation practices of communities in Remexio, Laulara and Licoedoc.

MINUTES OF MEETING

Japan International Cooperation Agency, an official agency established by Japanese law for the purpose of implementing Japanese technical cooperation on a governmental basis (hereinafter referred to as "JICA"), Alliance of Friends for Medical Care in East Timor, a non-governmental organization which is engaged in local development activities in East Timor (hereinafter referred to as "AFMET") and United Nations Transitional Administration in East Timor (hereinafter referred to as "UNTAET") held a meeting at Dili on 2nd February, 2000 concerning the community empowerment Program in the area of Lautem District in East Timor for the Revitalization of Primary Health Care and Health Service Project (hereinafter referred to as "program ") and had a discussion with respect to the implementation of the Program.

As a result of the discussion, the three parties agreed as shown in the document attached hereto.

2nd February, 2000, Dili

荒川 治

Mr. Osamu ARAKAWA
Representative in East Timor
AFMET JAPAN

Kiyoshi Isaka

Mr. Kiyoshi ISAKA
Resident Representative
JICA Australia Office

Sergio

/ Mr. Sergio Vieira de Mello
Special Representative of the Secretary General
The United Nations Transitional
Administration in East Timor

ATTACHED DOCUMENT

- 1 The purpose of the Program is to revitalize the primary health care activities and the health service in Lautem District and thus to contribute to the economic and social development of East Timor.
- 2 The scope of the Program shall be as shown in ANNEX.
- 3 The term of the Program under this Attached Document will be three years from February , 2000.
- 4 JICA shall organize and supervise overall implementation of the Program and entrust the implementation of it to AFMET.

As for the expenses for implementing the Program, JICA shall bear expenses to the extent that JICA considers it necessary for the implementation of the Program.

To implement the Program effectively, Japanese experts from JICA will be dispatched to AFMET at JICA's own expense whenever necessity arises based upon a request from UNTAET.
- 5 AFMET shall undertake the implementation of the Program and implement it effectively, understanding the objectives of the Program.
- 6 UNTAET endorse the implementation of the Program by AFMET and organized by JICA and shall cooperate with JICA and AFMET in implementing it.
- 7 JICA and AFMET shall conclude a contract concerning the implementation of the Program and commencement of it.

8 Each contract will be made for a single Japanese fiscal year from April to March, and a new contract will be signed only if JICA confirmed the validity of the project.

9 AFMET shall be audited by JICA or the consultant of JICA with respect to the accounting for the Program at the time of termination of the above mentioned contract.

10 AFMET shall prepare and submit to JICA and UNTAET progress reports at the end of every quarter of the fiscal year of Japan and a final report.

11 The three parties shall make an effort to make the people in the area understand the significance of the Program and remain accountable to them.

12 The three parties shall consult with each other on any major issues arising from, or in connection with, this attached document.

ANNEX

- I. Project Title: Revitalization of Primary Health Care and Health Service System
for Fuiloro and surrounding villages
Project Location: Fuiloro, Los Palos, East Timor
Number of Beneficiaries: ± 11,900 people
Estimated Project period: 3 years
- II. Proponent Organization:
Name and address: Alliance of Friends for Medical Care in East Timor (AFMET-Japan) Trisula, Los Palos
No. Of staffs: 8 people in referral center
- III. Project Beneficiary Organization:
Name and address: Fuiloro and its surrounding villages
Number of Members: 18 villages
- IV. Introduction of the Organization:

The Japanese Medical Mission in East Timor was started by Dr. Kamezaki Yoshie, a Sister from the Sisters of Visitation of Japan, on July 1991. She visited remote areas mostly in the eastern part of East Timor. Seeing the very poor health condition in this part of Timor, Dr. Kamezaki decided to follow-up on the condition of the patients and do Medical Mission on a regular basis, twice every year, since the group cannot stay for long due to visa problems.

During those visits, Dr. Kamezaki was joined by volunteer doctors, nurses and other medically trained people in serving the people in different areas. These visits were made possible through the continuing support of the Salesian Fathers. Being directly involved with the people, the Salesian Fathers are the ones guiding Dr. Kamezaki's group in defining what villages needs the medical help badly.

In 1998, after 7 years of service in East Timor, the Sisters of Visitation, in memorial of the good work done by Dr. Kamezaki decided to establish a Primary Health Care Referral Center due to the fervent request of the people in the area of Fuiloro. Due to lack of manpower, the Sisters of Visitation requested the help of the Japan Lay Missionary Movement (JLMM) to man the referral center. Catholic Doctors' Association and other concerned people for East Timor also offered their help if ever they were needed. With this, the Alliance of Friends for Medical Care in East Timor (AFMET - Japan) was born. Since that time on, medically trained personnel were deployed to work in the referral center located temporarily inside the Don Bosco school compound in Fuiloro. Expatriates train the local people with regards to Primary Health Care.

V. Situation in the Project Area

East Timor's health care system and health infrastructure were almost completely destroyed during the post-constitulation violence. In Lautem area itself, where Fuiloro is located, 95% of the locality's infrastructure was burned. People living in the area, mostly farmers, were left hungry and homeless. This area is supposed to be rich in water having longer rainy season, but then due to ill health farmers tend to work slowly.

Malaria, diarrhea, tuberculosis and other communicable disease are common to both children and adults in this area due to non-hygienic surroundings and practices.

One of the major problems in this area is the limited availability of qualified health professionals to deliver an effective health system. Many of the personnel who previously worked in the public health services in the area have left East Timor, particularly at the managerial and senior levels, which were largely staff by the Indonesians. In order to rebuild capacity in this sector, it is needed to pursue a phased approach that will progressively train and integrate personnel into health system.

VI. Objectives:

1. To establish a health program which will:
 - a. Promote health for individuals and families in the village through information dissemination
 - b. To develop a strategy for a sustainable health system including mechanisms for staff development and a cost recovery system that is equitable and ensures that all populations have access to health facilities
 - c. Facilitate provision of government and non-government health services to families in the village especially those who have the least access to these resources
 - d. Supplement and assist the work of the health centers in the area often cited to be lacking and unable to meet the ever-increasing demands.
 - e. Help people improve environmental sanitation and personal hygiene.
 - f. Help reduce the morbidity and mortality of tuberculosis.
2. To strengthen the response in the prevention and treating most common diseases (acute respiratory infections, malaria, diarrhea diseases, skin diseases and urinary tract infections).
3. Strengthen the capacity of local people especially the women to address emerging medical situation.
4. To train health workers who can implement and concretize the program objectives.

VII. Project Description

Ignorance of sound health practices is common among the poor especially the rural folk and the urban poor. Proper disposal of garbage has become a monumental problem endangering the supply of drinking water. The lamentable ignorance of the poor and uneducated regarding the practices favors the spread of communicable diseases and those to vector transmission. Information regarding the importance of nutrition, propagation of highly nutritious plants and seeds needs to be widely disseminated. The vital need to popularize the dissemination of health information indispensable for a successful Primary Health Care program. Community Based Health Program (CBHP) develops people to the point they can manage a particular problem and is designed to make people self-reliant. The objective is attainable through the transfer of appropriate educational health material. Community organization through a systematic effort helps the concerned sector to attain a certain level of critical consciousness and a certain sense of power.

CBHP sees poor health as the communal problem -- good health as communal responsibility e.g. problems of sanitation, good water supply, malarial control, overpricing of medicines and food supplies; high cost of medical services, etc. are seldom amenable to individual effort. They call for community effort. Therefore CBHP has a high component of community building participation. By whatever name it is called, the process is essentially the same. Training of health workers includes leadership and teaching skills.

CBHP is built on the people, where they are, their needs, as they are aware of them, their own resources, as far as possible.

Primary Health Care refers to the training of local people in basic, simple, health care needed from day to day like treatment of bruises, burns fractures and other illnesses. Women as traditional health care providers in the family make ideal health workers. 80% of diseases are preventable and curable and do not require expert medical assistance nor costly medicines. The use of herbal medicine is encouraged being easily available at no cost and are homegrown. The objective of primary health care is to develop self-reliance in basic health care.

Since Primary Health Care is intended for the poor sector of the community, every village is encouraged to obtain the services of a full time social worker needed for the following activities:

- a. Conduct surveys of depressed communities
- b. Record prevalence of diseases, handicapped persons in the community.
- c. Tap available resources as volunteer physicians and other allied health professionals.
- d. To organize the targeted groups to obtain their cooperation/ participation in the village-based PHC program.
- e. Arrange the training of volunteer health workers and to spot future trainers among them.

AFMET's overall goal is to turn over the referral center for the local people to manage within 10 years' time. AFMET aims to develop self-reliance on the local people.

Quantitatively, AFMET aims to train at least 54 health workers (2-3 health workers per village) in the beginning then increase as the project goes on. Qualitatively, AFMET seeks to empower women as much as possible. Since Primary Health care is not only preventive measures, in the absence of doctors, the health workers perform simple tasks doctors do in order to help people. What health workers cannot handle will be referred to the AFMET referral center. If the AFMET referral center cannot handle referred cases it will be turned over to Baucau hospital.

In the installation of health workers several difficulties may arise e.g. the health workers may have difficulty, initially, in convincing the people of the villages with their capabilities, education for the local people with regards to the role of the health workers is a must before their installation in the area.

VIII. Community Participation

A pre-requisite to village based Primary Health Care programs is to organize the community, in order, to obtain their full participation and involvement. Once attained community/village volunteers are trained in basic health care. The basic health education course consists of 20 training sessions. Basic health care is thereafter provided by village health workers who aside from rendering basic health services are involved in training others to discharge the same functions of "health-giver" and "health trainer".

AFMET referral center will be coordinating its satellite referral center within the villages. AFMET referral center will conduct regular visits to analyze the problems locally and follow up the situation in each locale. Recommendations will be given if necessary.

Local doctor will help in identifying which sickness should be addressed in what manner of intensity. A manual on how to do primary health care will be developed and would be used by the health worker in their satellite referral center. Health workers will be stationed in their own villages and will work in close collaboration with the AFMET referral center.

The health worker will be given a small stipend for their services. Health workers will be open for consultation within their villages anytime. Services will be rendered to unlimited number of people so as to maximize both the role of each health worker and the AFMET referral center.

Health workers will be trained in addressing common health problems. Administration of traditional medicine as well as drugs will be taught to them. After the training of the health worker is over, regular planning and community update meeting will be held in order to refine approaches to be done.

IX. Project Implementation:

Preparatory Phase:

The village shall invite mothers' young and old to attend mothers' classes to be provided for the women of the village and classes will be conducted on a regular basis. Fathers are also welcomed. AFMET shall facilitate the provision of the trainings to be given to mothers using a curriculum that should have been formulated with the help of the women themselves.

A social investigation will have to be made as to the most common health problems and their causes in the village as well as the available resources present.

Training Phase:

From the group of women who come regularly to the mothers' classes, those who volunteer to become health workers shall be trained on leadership and health program management. The training will be provided by AFMET. They shall then be tasked with the responsibility of leading/supervising/managing health related activities in the village.

AFMET leaves the health concerns in the hands of the families and the health workers and monitors their situation from time to time or at least monthly.

For herbal medicine, there is a need to establish a demonstration farm. Its primary concern is to produce organically grown seeds for the initial use of the health workers. Technical assistance and monitoring will be given. After harvesting, seeds will be made available to other health workers that need to be trained.

Activities

1. Strengthen capacities within the health care system by providing public health management training for medical officers, nurses and other health care personnel.
2. Conduct needs assessment to determine the health priorities of the population in collaboration with local partners.

Sanitation

1. Research and analyze sicknesses - its cause and prevention.
2. To propagate safe environment by promoting sanitary latrines for human excreta disposal at home; adequate disposal of garbage and surface water drainage.
3. Personal hygiene intervention by the health workers.

Tuberculosis

1. At the national level, coordination with the future government and health structure to address the problem uniformly. This is due to the fact that most developing countries mission health facilities are better to treat TB rather than government hospitals.

Common diseases

1. Train national staff in basic lab methods.
2. Develop, translate and print guidelines on lab methods.

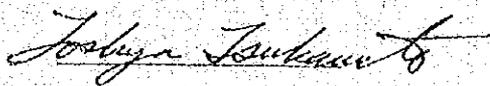
3. Malaria being a big problem in the eastern area can be controlled by insecticide spraying in houses and by mosquito net distribution.
4. Adapting the training materials and guidelines set by WHO and UNICEF in addressing and preventing children's illnesses such as acute respiratory infection, diarrhea diseases, management of fever, measles, malaria and dengue, ear infection nutrition, etc. Monitoring of the disease burden in this vulnerable population is essential, which is why health surveillance is needed. Health surveillance will ensure the early detection of out breaks and allow control measures to be rapidly implemented. The establishment of an epidemic preparedness and response system is priority.

MINUTES OF MEETING

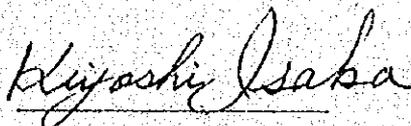
Japan International Cooperation Agency, an official agency established by Japanese law for the purpose of implementing Japanese technical cooperation on a governmental basis (hereinafter referred to as "JICA"), Adventist Development and Relief Agency JAPAN, a non-governmental organization which is engaged in local development activities in East Timor (hereinafter referred to as "ADRA") and United Nations Transitional Administration in East Timor (hereinafter referred to as "UNTAET" held a meeting at Dili on 2nd, February 2000 concerning the Community Empowerment Program in the area of Dili District in East Timor for the Public Market System Reconstruction Project (hereinafter referred to as "the Program") and had a discussion with respect to the implementation of the Program.

As a result of the discussion, the three parties agreed as shown in the document attached hereto.

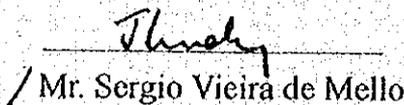
February, 2000, Dili



Mr. Toshiya TSUKAMOTO
Representative
ADRA Japan East Timor Office



Mr. Kiyoshi ISAKA
Resident Representative
JICA Australia Office



Mr. Sergio Vieira de Mello
Special Representative of the Secretary General
The United Nations Transitional
Administration in East Timor

ATTACHED DOCUMENT

1 The purpose of the Program is to reconstruct the present condition of Public Market System of the area in Dili District and thus to contribute to the economic and social development of East Timor.

2 The scope of the Program shall be as shown in ANNEX.

3 The term of the Program under this Attached Document will be 24 month from February , 2000.

4 JICA shall organize and supervise overall implementation of the Program and entrust the implementation of it to ADRA.

As for the expenses for implementing the Program, JICA shall bear expenses to the extent that JICA considers it necessary for the implementation of the Program.

To implement the Program effectively, Japanese experts from JICA will be dispatched to ADRA at JICA's own expense whenever necessity arises based upon a request from UNTAET.

5 ADRA shall undertake the implementation of the Program and implement it effectively, understanding the objectives of the Program.

6 UNTAET endorse the implementation of the Program by ADRA and organized by JICA and shall cooperate with JICA and ADRA in implementing it.

7 JICA and ADRA shall conclude a contract concerning the implementation of the Program and commencement of it.

8 Each contract will be made for a single Japanese fiscal year (from April to March), and a new contract will be signed only if JICA confirmed the validity of the project.

9 ADRA shall be audited by JICA or consultant of JICA with respect to the accounting for the Program at the time of termination of the above mentioned contract.

10 ADRA shall prepare and submit to JICA and UNTAET progress reports at the end of every quarter of the fiscal year of Japan and a final report.

11 The three parties shall make an effort to make the people in the area understand the significance of the Program and remain accountable to them.

12 The three parties shall consult with each other on any major issues arising from, or in connection with, this attached document.

ANNEX

1. **Project Name:** Market System Rehabilitation Project in Dili District
2. **Project Location:** Country: East Timor District: Dili
3. **Sector:** Commerce
4. **Executing Organization:**
Adventist Development & Relief Agency - Japan
Under the Supervision of Japan International Cooperation Agency
5. **Collaborating Organization:**
UNTAET Dili District Administration
Markets & Cooperatives Sub-Committee
6. **Project Duration:** March 2000 - February 2002 (24 months)
7. **Project Beneficiaries:** Direct Beneficiaries: Approx. 9,000 to 12,000 people who visit the market on a daily basis.
Indirect Beneficiaries: The entire population of Dili pre Popular Consultation was approx. 120,000 people.

8. About ADRA

ADRA is an international development and relief agency, one of the most extensive in the world. It is also an organization that focuses primarily on sustainable, long-term development projects. Rather than providing only temporary relief, ADRA works with local people and local governments to create enduring, productive solutions.

The organization took shape in early 1890's as a benevolent association of the Seventh-Day Adventist Church, operating charitable programs in the slums of Chicago. Today, ADRA is one of the world's most widespread non-government service organizations, with an active presence in more than 120 countries.

ADRA is also one of a relatively small number of humanitarian organizations to have General Consultative Status within the United Nations

9. Background:

In the past 50 years, people in the East Timor have experienced war and political violence under the both the Portuguese and the Indonesian rule. The UN Mission in East Timor (UNAMET) held a popular consultation on 30 August 1999, in which the voters were to accept or reject the special autonomy arrangement offered by the Government of Indonesia. In the popular consultation, 78.5% of the voters rejected the proposed autonomy. Military oppression and widespread civilian unrest were triggered by the announcement of the result on 4th September 1999, and a widespread burning and looting took place throughout the country. This resulting violence and destruction displaced as many as 500,000 East Timorese from their homes. The post-consultation violence also resulted in substantial damage to the public buildings, essential utilities and private residences. Now 4 months after, the country is secured by INTERFET with support from humanitarian relief programs, more than 80% of the refugees (130,000 people) and the majority of internally displaced persons have been resettled in their home regions and are starting to pick up their lives.

As people start to resettle in their home regions, some general markets activity is beginning to recover. Goods available in local markets are limited to fresh product, meager stocks that survived the post-consultation violence, and the few products offered by returning refugees. Acute shortages are leading to spiraling prices for basic items. Lack of the transport and the delivery system caused price differentials between Dili and the rural hinterland.

10. Justification

By the post-consultation violence, three major markets (Central, Bekora, Comoro) and several small corner markets in Dili district were entirely destroyed. Despite the damage incurred, the Central Market began to recover as people return to their home areas, individuals beginning to bring in tradable items. However, this recovery of the general market activities has taken place with out the necessary planning and the minimum control.

The only major market functioning currently is the central market (Mercade Lama), but a lack of appropriate drainage system causes major environmental and health problems. These problems are further exacerbated by the dirty, overcrowded and congested conditions caused by many small structures and numbers of people using this facility. In this market, small tables have randomly been placed both inside and outside the concrete wall surrounding the market. Due to the non-functioning of Bekora Market [services eastern sector] & Comoro Market [services western sector], the Central market has become one of the most populated areas in Dili which sells all commodities. The result of the centralization of the market system is negatively impacting on the price of goods, security, monopolization, convenience to the population and population density.

There is no doubt that the markets provide a space for much needed interaction. The rehabilitation of the market system will give Dili a sense of normalcy and slowly help to begin the process of rejuvenating the local economy. The market system also provides the small-scale producers and vendors the opportunity of micro economic growth and continues to be a focal point for the local community of Dili.

11. Goals and Objectives

Goal:

The main goal of the Community Empowerment Program is to increase the capacity of the daily necessities distribution system in Dili District towards the achievement of national economic growth.

The objectives of the project are:

- a. A well considered rehabilitation plan of the market and delivery systems to allow easy access to the people in Dili to purchase their daily necessities easily.
- b. To reconstruct and improve the overall sanitary condition of the public market areas.
- c. To improve the commodity distribution system from production source to Dili in order to reduce the price differentials between Dili and the rural hinterland.
- d. To provide a vital outlet for the sale of produce and commodities of by local farmers, fishermen, traders and other production groups seeking to market their goods.
- e. To provide & exchange valuable information and improve linkages between producers, vendors, transporters, buyers and market officials.

12. Implementation Strategies

This project would be implemented by ADRA under the supervision of JICA, in collaboration with UNTAET Dili District Administration and Markets & Cooperatives Sub-Committee.

In the implementation stage, ADRA and the Markets & Cooperatives Sub-Committee will work closely together and along side East Timorese NGOs and local community leaders. This will ensure the process has a real bottom up approach and motivate all stakeholders towards the same objectives. This program will focus on single parents, handicapped, elderly and other vulnerable groups to be prioritized then as direct beneficiaries.

a. Phase 1.

In the first phase of this project, it will study and assess the real market needs of the Dili district together with collaborating organizations. This assessment will evaluate the size, location, and the appropriate function of each market - e.g. different areas for the sale of live animals, meat, vegetables, food stall, etc. Based on the findings of this assessment, a concrete market rehabilitation proposal will be finalized. If the location of a public market space is considered inappropriate in the findings, the stakeholders in consultation with UNTAET will consider the possibilities of relocation to another appropriate site.

Moreover, in this phase, the program will find the cooperation partners among the communities and the National NGOs to maintain the popular participation and the future sustainability.

b. Phase 2.

The second phase of this project will be the reconstruction of the market system as agreed and according to the plan based on the assessment of phase 1. To ensure community participation, UNTAET Dili District Administration, Markets & Cooperatives Sub-Committee and ADRA would conduct regular meetings with selected representative of CNRT, vendors, surrounding communities and all other relevant stakeholders. In this meeting, the future development, maintenance and management of

each market will be discussed. Moreover, vendors and communities will be encouraged and motivated to maintain the market facilities by them

c. Phase 3.

In the third phase of the project would involve the creation of a small green area, plantation of trees, setting up of benches and the multi purpose information boards for communal use and education. This facility could be utilised for the execution of management education programs catering to the market's local producers and small shop-holders to improve their business.

Furthermore, possibly in this phase, relevant market product information and pricing data could be collected from at least three principal markets in the surrounding three districts for display on the information board. In this phase, this program will improve the knowledge and linkages between farmers' groups seeking to market their produce, traders, transporters and markets.

13. Time Frame

The project in its entirety will last 2 years, the first phase focusing on the assessment and consultation resulting in the formalized plan of the market systems in Dili district. The next phase will be the rehabilitation of the market facilities in Dili District based on the agreed formalized plan. The third phase focuses on the improvement of the commodity distribution, education, and maintaining high level sanitary standards within the market area. Ideally the project will start in February 2000.

JICA の東チモール協力概要

分野	プロジェクト名	期間	プロジェクト概要	進捗状況
インフラ	開発調査 水供給システム緊急整備計画調査	(現地調査) フェーズ1： 平成12年2月～6月 フェーズ2： 平成12年8月 ～平成12年12月 (最終報告書) 平成13年2月	首都ダイリを含む15都市で既存水供給システムのハリバリ計画及び水資源調査を実施する。 フェーズ1：既存水供給システムの現況調査 ①既存データ・資料の収集・分析 ②関連計画のレビュー ③現地踏査④水質調査 ⑤住民意識調査 ⑥既存井戸のハリバリ ⑦GIS 構築のためのマッピング ⑧補足調査 ⑨既存水供給システムの現況調査 ⑩GIS データベース構築 ⑪学校での水供給・衛生状況基礎調査 ⑫衛生教育教材の作成 ⑬緊急整備計画基本方針の予備検討 フェーズ2：水資源調査及び緊急整備計画の策定 ①水資源調査 ②パイロットプロジェクトの実施(都市部給排水システムのハリバリ、衛生教育) ③水資源開発計画 ④給水施設計画 ⑤設備・機材計画 ⑥資機材調達計画 ⑦施工計画 ⑧衛生教育計画 ⑨組織・維持管理計画 ⑩事業費概算・財務計画 ⑪段階別実施計画の策定	開始
インフラ	開発調査 緊急復興社会基盤整備計画調査	(現地調査) 平成12年2月～7月 (最終報告書) 平成12年8月	道路、橋梁、港湾、電力、農業インフラ等の緊急社会基盤整備について復興計画を作成する。 ①資料の収集・分析 ②現況調査 ③援助機関動向調査・調整 ④緊急パイロットプロジェクト実施計画策定 ⑤緊急ハリバリ計画策定 ⑥緊急パイロットプロジェクトの実施	開始
インフラ	開発調査 緊急復興地理情報データベース作成調査	(現地調査) 平成12年2月～7月 (最終報告書) 平成12年8月	東チモール14000km ² のうち、都市部であるDili及びその周辺地域約400km ² を対象に、1/5000の地形図(デジタル地図)及び地理情報データベースを作成する。	開始
農業	耕耘機供与		Manatutu 県及び Baucau 県への計30台の耕耘機を供与する	手続き中

農業	開発福祉支援 稲作農家復興開発事業 実施団体： CARE Australia	平成12年2月 ～平成15年1月 (36ヶ月間)	稲作農民の生産基盤の復興と農業生産の持続的向上を目標に、段階を踏んで協力を行う。 ・ Phase I: 農業生産基盤の緊急復興 (例) 農具/種もみの緊急配付 ・ Phase II: 農業改良普及制度の整備/開発 (例) 農業訓練センターの再建 ・ Phase III: 総合的生産管理システム構築による取組 増加 (例) 農業フィールドスクール等	開始
保健	医薬品供与 (医療特別機材供与)		UNTAET, UNICEF, GOAL 等と協調し、UNTAET 保健 Unit の Work Plan 2000 の最優先事項である「既存保健サービスの向上」に貢献するための医薬品を供与するもの。	手続途中
保健	開発福祉支援 保健システム復興事業 実施団体： ワールドヴィジョン・ジャパン	平成12年2月 ～平成15年1月 (36ヶ月間)	Alieu 県の3つの準県におけるコミュニケーションに根ざした保健システムの再建を目標とする。準県レベルでのヘルスクリニック及び村レベルでのヘルスボストに対し、スタッフトレーニング (コミュニケーションヘルスワーカーや伝統的助産婦含む)、設備修復、医薬品・備品等の供与を行うとともに、公衆衛生教育活動を実施する	開始
保健	開発福祉支援 フィコロ準県における 公衆衛生及び医療システム復興事業 実施団体： 東チモール医療友の会 (AFMET)	平成12年2月 ～平成15年1月 (36ヶ月間)	Lautam 県の Fulofo 準県におけるコミュニケーションに根ざした保健システムの再建を目標とする。AFMET が運営する診療所において現地看護婦の再訓練を行うとともに、18ヶ村でヘルスボストを設置し、スタッフトレーニング (コミュニケーションヘルスワーカーや伝統的助産婦含む)、設備修復、医薬品・備品等の供与、公衆衛生教育活動を行う。	開始
流通	開発福祉支援 Dili 県市場設備復興事業 実施団体： アドラ日本支部	平成12年3月 ～平成14年2月 (24ヶ月間)	市場物流調査を行うとともに、市場の衛生状況改善、地域生産者の物品販場居場所の整備、商品価格等の物品情報の提供による運輸・仲買・商人活動活性化を図る。実施に際しては、UNTAET Dili 県行政官事務所、CNRT 市場委員会と連携し、工事に際しても国連資金も活用する等の相互協力を行う。	開始

7 東チモール経済協力調査団主要協議概要

別紙7 東チモール経済協力調査協議概要

1 東チモール現状ブリーフィング (先方 UNTAET 高橋副代表、Mr. Cecilio Adorna、Ms. Lisa Graude、Mr. Joan Bovida、4月5日-16:30)

- (1) 先方より人道援助の現況につき以下のブリーフィングがあった。
- (2) 投票後の混乱で建物、施設の 70 - 75%が破壊され、55%の住民が他の地域へ逃げた。9月20日に15人の緊急対応専門要員が東チモールを訪れ、その後 NGO が訪れて、調整機構が形成された。そして1ヵ月後にはロジスティックネットワークが完成した。

国連はアセスメントを行い、10月に総額1億9900万ドルの統一アピールを行った。このアピールは継続的に修正されている。最初は INTERPET が治安を確保したところのみに人道支援を展開していった。現在は当然全地域に展開している。また、今回の人道支援の展開については、これまでの経験を踏まえ明確な退出戦略 (いつ終了するか) をもち揃んでいる。上記統一アピールは6つの柱から成っている。

- ア. 西チモールその他に避難した人を帰還させる
- イ. 食糧安全を確保する
- ウ. 初歩的な (或いは必要最小限の) 保健ネットワークを確立する
- エ. 飲用水を確保する
- オ. 投票後の混乱で悪影響を受けたコミュニティの再活性化
- カ. 破壊された住居を再建する。

- (3) (2) アに関しては現在西チモールには12万5千人の難民が依然いると考えられる。この避難民の主な構成員は元の公務員、東チモールの国軍、ミリシアのメンバー等と考えられるが、5万人から9万人は更に帰還すると予想している。現在西チモールにはクバン他計3カ所に避難民のキャンプがある。

- (4) (2) イについては3ヵ月15,900トンの食糧を供給した。東チモールでは通常年間32,000トンの食糧を移入しているので、3ヵ月でその半分を供給したことになる。このように過剰な食糧を供給するのは一つの戦略である。東チモール人は余った食糧は保存したり換金したりする。

栄養状況の調査を行ったが、極度の栄養不良の状況は余りないという結果が出ている。WFPのプログラムは1月に食糧の自由配給プログラムは的を絞った食糧配給プログラムに変わりつつある。即ち女性、低所得者、寡婦等影響を受けやすい人へ重点的に配給している。

Food for Work プログラム当初 CNRT は反対していたが、(CNRT エミリアによると食糧は生きるための最低限必要なものであり、仕事と結び付けられるものではないという考え方) 今は CNRT の理解を得ている。

種子は通常運れて供給されるが、東チモールについては400トンのとうもろこしの種子を供給した。稲の種子については種子の余った地域から足りない地域へ配付することを考えている。

- (5) (2) ウについては WHO が統一アピールにプロジェクトを含めているが、まず、医薬品等のニーズの評価方法を開発し、実施している。また、実施の際には AMI 等優良な NGO に医薬品の配付を依頼する等である。特に最近では中央の山地に避難していた人が平野部の町に来て町の人口が増加してきており、医薬品の供給等を行う組織の供給力を上回っている状況がある。
- (6) (2) エについても町の人口の増加によって、飲用水の供給がなかなか追いつかないのが現状である。Oxfam が 14 人の技術者を派遣しているが、414 の村で引用水の供給が必要な状況である。
- (7) (2) オについてはまず、インフラの応急修理によってコミュニティを再活性化することを考えている。また、人々は学校を再開する準備を始めており、小中学校の教師の手当て等について UNICEF が支援している。更にマイクロクレジットのプログラムも開始している。独立支持の住民とインドネシア統合支持の住民との和解プログラムやこれまでの衝突の結果生じた心理社会的トラウマに対するカウンセリングプログラムも実施している。
- (8) (2) カが最も難しい仕事と考えている。UNTAET では、35,000 の住宅建設用資材を供給し、コミュニティが住宅を建設することとしている。道路事情もあまり良くなく、国内輸送も問題がある。
- (9) 土地所有については共有地、共用耕作地 (share cropping arrangement)、封建所有、個人所有の四つのタイプに加え、インドネシア時代の移住民 (transmigrated people) がいる。
- (10) 穀物の栽培開始時期に向けて、とうもろこしの種子はインドネシアのクバンから、稲は IR8 を東チモールのヴィケケから運んでいる。
- (11) 医薬品は絶対的に不足している。
- (12) 3 ヶ月前にはデシリにも東チモール人はほとんどいなかったが、今は東チモール人が帰ってきており、職がないという状況になっている。そのため経済活動も開始される様必要な施策の検討の必要がある。
- (13) 政治アドバイザー Mr. Joan Bovida より東チモールの政治状況につき以下の説明。東チモールは 13 県からなっているが、各県に教会と CNRT(東チモール民族抵抗評議会)の代表がいる。教会については 2 人の司教がおり、一人 (ペロ司教) が、西部を管轄しており、他の一人が東部を管轄している。CNRT についてはブレテリンや UDT 等のグループからなっているが、これらのグループの政策は異なっている。それ以外に PST や国民東チモール党など CNRT に所属していないグループもある。ミリシアは現在西チモールにあり、徐々にそこで同化していくことも考えられる。4 月には西チモールにいる東チモール人は東チモールに帰るか西チモールにとどまるか決めることになっており、その時にミリシアが二つに別れることも考えられる。

2. Peoples Peace Relief Project (日本の NGO) との打合せ (1 月 6 日 8:00)

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3. UNTAET 農業担当部長との打合せ

(Mr. Francesco Osler、電話 61-418-802316) (1月6日 9:30)

UNTAET 農業担当部長が東チモールの農業の現状について述べたところ概要以下の通り。

- (1) 農業分野は緊急人道フェーズ及び復興フェーズ両方に関係がある。緊急の食糧の配給については現在概ね問題なく管理できている状況である。現在は多量の耕作用の種子の配付をどのようにするかが、課題となっている。
- (2) 農業分野の東チモール人の実施組織としては元の農業省の公務員により東チモール農林水産業協会 (ETAVPPA) が組織化されている。ETAVPPA の下には約 700 人の普及員、約 50 人の営農専門家、約 30 人の獣医、17 人の林業専門家、27 人の水産専門家がいる。
- (3) 農業開発の課題としてはまずはより長期の開発ニーズの調査が必要であろう。具体的な課題としては土地利用図の作成、灌漑施設の整備、農業研修センターの整備、畜産のワクチンキャンペーンの実施、家畜衛生管理システムの構築、普及プログラムの実施、耕耘機やトラクターを中心とした農業機械化（従来は水牛を中心に使っていた。）、農地保全などが挙げられる。水産についてはアマチュアプログラムを持っており商業ベースの水産の確立が課題となっている。農業分野の研修についてはすべてのサブセクターで必要であるが、現在どのような研修をおこなうべきか検討中である。なお、CNRT では 2001 年に食糧自給を達成する計画である。
- (4) 耕耘機については、マカオが約 200 台の耕耘機、約 20 の中型トラクター、5 台のトラクターを供与、また、ノルウェーが UNDP を通じ約 100 台の耕耘機を供与する計画がある。1、2 月が稲の播種期であり、この時期に間に合わせるのが望ましい。ただし、現状ではメンテナンスのためのワークショップがない。
- (5) 地図は INTERPRET によって作成されている。

4. CNRT 農業担当部長 (Mr. Jose Abel)、インフラ担当部長 (Mr. Joan Arves 電話 61-408-456907)、灌漑担当者 (Mr. Eduardo Silva)、道路及び橋梁担当者 (Mr. Piedade) との打合せ (1月6日 10:30)

特に農業担当部長と打ち合わせを行ったところ先方の説明以下の通り。

- (1) 現在農業分野での問題は村落におけるインフラと農機具の不足であり、特にとうもろこし及び稲の種子、農機具及びトラクターが緊急に必要である。
- (2) 稲についてはボロナロ (3750 エーカー)、パウカウ (369 エーカー)、マナトゥトゥ、ツイケケ (2082 エーカー、Waturali の灌漑システムを含む)、スライ (1800 エーカー)、サミ (700 エーカー) の 6 県を生産のセンターとして種子やトラクターを集中的に投入しようと考えている。トラクターについては農民グループを組織して利用することを考えている。
- (3) 灌漑施設の修復も大変重要である。

5. WHO (Mr. Elio Giombini, Technical Coordinator) 打合せ (1月6日 12:00)

東チモールでの WHO の活動について先方の説明概要は以下の通り。

- (1) WHO は UNICEF とも連携しつつ、現在主に保健分野における NGO の活動の調整を行っている。
- (2) 東チモールでは現在、保健サービス提供にかかる初歩的な体制を確保して基本的な機材や医薬品を供給するとともに、関係者の間で将来の保健サービスのシステムについて議論しており、いわば中間的な段階といえよう。
- (3) WHO 及び UNICEF の医療分野における当面の目標は一つには医療インフラの復旧及び確立と組織や制度の設立を含む保健サービス提供システムの強化であり、他の一つは人材育成である。
- (4) システムの確立については NGO には協力しにくい分野である。また、人材についてはインドネシア時代には保健分野の公務員として約 2100 人の専門スタッフがいたが、高レベルのポストにはインドネシア人がついており、これらの人材は現在すべてインドネシアに帰ってしまっている。
- (5) 東チモールの NCC (国家協議委員会) には 7 つの分野別委員会を設けることとなっており、この分野別委員会でも今後の保健分野の方向について議論されることが期待されている。
- (6) UNTAET に保健分野の技術的な人材があまりいないのも問題の一つ。

6. UNTAET 統治及び行政部門 Mr. David Harland との打合せ (高橋副代表、Mr. Cecilio Adoma、UNDP Mr. Finn Nielson 同席、1 月 6 日 13:30)

先方より東チモールの統治及び行政部門の現状と今後の課題について聴取したところ概要以下の通り。

- (1) 法制面の基礎作りと検察官、裁判官、弁護士等の司法面専門家の育成が緊急の課題の一つである。
- (2) 中央銀行や大蔵省の設立を含む経済面の基礎の確立も重要である。
- (3) 現在犯罪率が上昇しており、法律の実施即ち警察システムの確立も喫緊の課題である。
- (4) 当然のことながらインフラの整備も重要である。まず、郵便システムについては外国からプロポーザルを待っている状態である。また、電気通信システムの整備については、オーストラリアの電気通信会社に検討を依頼している。社会セクター (教育及び保健) 資本的経費が 5 千万米ドルと見込まれており多額であると同時に、リカレントコストが年間 1 千 5 百万から 2 千万米ドルで公的部門のリカレントコスト支出の約 60% と見込まれている。他の物的インフラ整備についても費用の試算はしていないが、持続的なものとする必要がある。
- (5) 東京で開催された援助国会合で、資本的支出については、世銀のトラストファンド多額のコミットメントを得て、また、リカレントコストについては UNTAET トラストファンドで 3 千 7 百万ドルのコミットメントを得たが、東チモール人の雇用が徐々に問題になってきている状況もあり、これらのファンドの一刻も早いディスペースが望まれている。
- (6) 公務員については、従来は約 28000 人であったが、他のアジア諸国の人口と公務員数の比

率を考えて約 12500 人とする計画である。これに加えて約 2500 人の警察官を擁する予定である。公務員の給与についてはインドネシア時代の給与に加えてフリンジベネフィットと 25%から 50%の上増しを考えているが、これについては現在 NCC で検討中である。

(7) 村落開発については世銀のトラストファンドから約 3 千 5 百万ドルを支出して事業を行う予定である。

7. UNTAET 特別代表 Mr. Sergio de Mello 表敬 (高橋副代表、Mr. Cecilio Adorna, Mr. Finn Nielson 同席、1 月 6 日 15:00)

8. INTERPET 総司令官 Mr. Cosgrove 打合せ (高橋副代表同席、1 月 6 日 17:30)

東チモール治安状況につき先方が述べたところ概要以下の通り。

- (1) 昨年 9 月 20 日より INTERPET は活動を開始しているが、大変成功裏に活動は遂行されている。主要な背景としてはミリシア (併合派民兵) の政治的意志の低下が挙げられる。この原因としてはインドネシア国軍の支援の低下、資金の減少、活動の機会の低下、多くの東チモール人が西チモールから東チモールに帰りがっていることなどが考えられる。
- (2) ミリシアは現在東チモールには金くいなといって良い。もし、いた場合には住民が教えてくれる。西チモールもミリシアはまだ、武器も持っているがその数は減少しており、中核部分は 1000 人以下であろう。
- (3) 2 月 24 日にはインドネシアのワヒッド大統領来日の予定がある。
- (4) 平和維持軍との交代については、総司令官のデロス・サントス將軍 (フィリピン) が間もなく東チモールに到着予定であり、東チモールの東側から徐々に引き渡していつて、2 月末には完了する予定である。
- (5) INTERPET の治安維持活動の基本は武器を持って他に危害を加える者がいるとこれを阻止することである。
- (6) 軍は自らの活動に自信を持つことが重要であるので、住民の信頼を得る意味でも、輸送手段の提供や住民への医療行為の実施、道路の補修など人道支援に協力することも INTERPET の業務の一つである。

9. 世界銀行との打合せ (Ms. Sarah Cliffe, Res. Representative, Ms. Jacqueline Pomeroy (電話 62-811-88-5550) (1 月 6 日 18:30)

東チモールに対する今後の協力について意見交換を行ったところ、先方の説明以下の通り。

- (1) 世銀のトラストファンドの関連では共同体能力強化プロジェクトを最初実施する予定である。このプロジェクトでは地方での統治 (governance) システムをどのように確立していくかも重要である。
- (2) インフラではまず港湾整備が軍事面でも商業面でも重要である。また、港湾のマネージメントも重要で、ポルトガルが港湾長の機能を果たす人材を派遣した。港湾整備については

Ausaid も興味を持っている。

- (3) 電力については DFID とポルトガルが協力している。
- (4) 水供給については Ausaid が興味をもっている。
- (5) 航空路の整備も重要である。
- (6) 道路については維持管理のための投入が重要である。
- (7) 統治 (governance) の問題は集中的に検討する必要がある。このために 8 百万米ドルの UNTAET トラストファンドが用いられる予定である。
- (8) 世銀のトラストファンドの利用については次 3 点に留意する必要がある。即ち、第一点目は東チモール人のオーナーシップと迅速に実施する必要性とのバランスである。第二点目は UNTAET の能力不足である。調達能力も充分でないのが現状である。第三点目は雇用問題の解決である。この観点からは、基礎インフラの整備に重点を置き、迅速な支出を図るとともに、村落共同体の開発や農業開発に重点を置く必要がある。
- (9) 世銀のトラストファンドの支出システムの説明は 1 月 22、23 日にワシントンで行う予定。
- (10) ADB は技術支援のための資金を有しており、東チモール支援のためのこの資金を用いる予定である。

10. CNRT インフラ担当部長 (Mr. Joan Arves 電話 61-408-456907) との打合せ (1 月 7 日 9:00)

先方より東チモールの今後のインフラ整備の構想について聴取したところ概要以下の通り。

- (1) 道路については総延長が約 7000km であり、道路交通についての大きな問題は河川の横断である。東チモールには約 20 河川に 450 の橋梁がかかっているが、そのうち 3~4 の橋梁はまだ完工していない。約 7000km の道路の内緊急性の高いものは輸出品であるコーヒーの輸送のために必要な約 1000km の道路整備である。また、道路整備に関してはプライオリティーは下がるが、道路整備資材を検査する機材もないのが現状である。
- (2) 水供給については Ausaid とポルトガルが興味を持っている。
- (3) フォンランドは電力と職業訓練に興味を持っている。
- (4) 電気通信についてはオーストラリアの電気通信会社に検討を依頼した。
- (5) 空港についてはディリの他パウカウ及びスワイの空港整備が重要である。また、将来的には 13 県すべてに空港を整備することを考えている。
- (6) 港湾についてはディリ港の他 Caravella の shipway のリハビリ、Com のリフトの修復、Metenaro の漁業センターの整備、Oekusi の整備等が挙げられる。ディリ港についてはサイトの移転も検討の必要があると考えている。
- (7) 灌漑についてはマナトゥットとスワイの取水工の整備の他、サヌ、ヴィケケ (bridge water と dam)、パウカウ (dam)、マリアナ (bridge water) 等に整備すべき主要灌漑施設がある。
- (8) 住宅及び建物の整備も重要である。

11. ディリ発電所調査 (1 月 7 日 14:30)

12. 東チモール裁判官任命式参加

13. CIVPOL との打合せ (1月7日 16:00)

CIVPOL と Joint Operation Center において現在の活動状況と東チモールの治安状況について聴取したところ先方の説明以下の通り。

- (1) Joint Operation Center は INTERFET、CIVPOL 及び UNTAET の統治及び行政部門の合同で運営されているセンターである。CIVPOL は 13 県にそれぞれ県司令官を配置し、情報を集めて UNTAET に提供している。この際非常に重要になるのが、通信手段である。
- (2) CIVPOL の国際スタッフは現在約 300 人であるが、最終的に約 1640 人にする予定である。犯罪のパターンはほとんど同じであるが、数は増えてきている。その理由としては、住民が現在大変自由を感じていること及び住民が犯罪にあった時警察の通報するシステムが不十分であることの二つが考えられる。
- (3) 現在使っている土地、財産、所有権にかかるデータベースが 1940 年代、50 年代のものであり古いのが問題である。
- (4) デイリについてはインドネシア時代には住んでいなかった人まで戻ってきており、インドネシア時代の約 30% 増である 16 万 7 千人から 17 万人の住民が現在住んでいると考えられる。
- (5) 治安の維持のためにはできるだけ早く司法システムが確立することが重要である。

14. Peace Wind Japan との打合せ (1月7日 17:30)

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15. La Costa 神父訪問 (1月8日 8:30)

La Costa 神父より東チモールの現状と今後の展望についての考えを聴取したところ先方の説明以下の通り。

- (1) 東チモールはベロ司教が西側の 9 県を管轄しており、バカオ司教が東側の 4 県を管轄している。
- (2) 東チモールは UNTAET を迎え新しいフェイズにはいっているが、現状は御案内の通りどこから手をつけていこうかという状況である。東チモールは小さいが問題は複雑であり、UNTAET は国連の経験を東チモールの状況にあわせていくというアプローチを取るべきである。
- (3) 多くの東チモール人はフィールドで働いており、これらの人々が将来の展望を持てる様開発はフィールドから始めるべきであると考えている。即ちデイリと同時に地方も開発しなければならない。
- (4) ポルトガルは関心もなく住民を残していったし、インドネシアはインドネシア人が住めるように開発を進めていった。今後は、村落の人々を念頭に置いて村落人々から体制作りをしていく必要がある。村落人々が自らを養うことができるようになれば、都市住民の数も減る

こととなろう。

- (5) 農業に関してはコーヒー、稲作、畜産等に関して新しい技術を教えてほしい。また、ボルトガルやインドネシアは独立的でない協同組合を発展させたが、農民がグループで活動することは重要と考えている。
- (6) 水供給については今でも水をくむために何キロも歩かないといけない村も多く、施設整備のニーズは高い。
- (7) 教育に関しては何を教えて良いか誰も決められないのが現状である。教科書もなく1970年代のものを教えている。UNICEFは教育プロジェクトを開始したが、まだ、給与の支払いを行っていない。
- (8) 青年の動向に注意する必要がある。彼等は高校、大学を出て、状況がどう進んでいるかを理解している。
- (9) 保健医療の状況は依然大変劣悪であり、医薬品も必要とされている。

16. UNICEF デイリ所長との打合せ (1月8日 10:00)

UNICEFの東チモールにおける現在の活動状況と今後の展望について聴取したところ、先方の説明以下の通り。

- (1) 緊急人道支援については3百2十万米ドルがUNICEFに拠出された。保健分野については、保健サービスシステムの再構築が今後の当面の課題である。
- (2) 水供給分野については人道支援の段階からOxfamや国際赤十字が協力している。また、これらプロジェクトは東チモール人を雇用する観点も念頭に置いて実施してきた。東チモール人のマネージャーや技術マネージャーがいないのが問題である。
- (3) 教育に関してはUNDPは3000人の小学校の先生を対象に給与の代わりに食糧を与えることにより小学校を再開するプログラムを開始している。それ以外に中等教育、高等教育、職業訓練があるが、UNICEFにはこれらの教育までカバレッジを広げる余力はない。特に中等教育への支援については誰もあまり興味を持たないのが問題である。
- (4) 言語については母国語であるテトゥン語の他にボルトガル語、インドネシア語、英語等が公用語の候補として考えられているが、未だ決定していない。

17. デイリ看護学校調査 (1月8日 11:00)

18. CIVPOL (Mr. Larry Busch, Deputy Commissioner 及び Mr. Serge Cote) との打合せ及び警察学校サイト調査 (1月8日 16:00)

CIVPOLより警察学校の準備状況と関連する要望事項を聴取したところ概要以下の通り。

- (1) CIVPOLとしては東チモールにおける警察の確立と同時に警察学校の設立が極めて重要である。文民警察官を最終的に約1640人とする予定であるが、そのためにはまずは元警察官を警察学校で訓練する必要がある。また、リーダーとなるべき人材を見つけてそれらの人材

に上級の訓練を実施する必要もある。

- (2) 警察学校は3年計画で整備することを考えており、初年度は500人を訓練する予定である。言語はテトウン語を用いる予定である。既に警察学校運営のための委員会も設立されており、制服などを決定している。教員は15人とし、そのうち10人は上級教員としてそのもとに40人の指導員を抱える予定である。教員15人のうち7人は既に決定しており、ニュージーランド2人、カナダ4人、ノルウェー1人という内訳になっている。
- (3) 警察学校については敷地と建物はあがるが、ドア等の内装や備品・機材は余くないのが現状でありこれらを至急整備する必要がある。また、UNTAETから資金が得られないので、世界銀行に対して、警察学校整備及び運営(4年分)と警察業務の運営(3年分)の資金協力申請を行っているところである。警察学校については初年度4百万米ドル、二年度6百50万米ドルを申請している。機材の内容は机、椅子、コンピューター、ベッド、車両などである。警察学校の開所は2月をを考えており、まずは1教室、1事務室、1体育館を整備し、50人のクラスで開校したいので、日本からも協力をお願いしたい。
- (4) 警察官の雇用については東チモールのそれぞれの地域から採用する予定であるが、半数は元警察官、半数は地域の青年、半数は女性を採用する計画である。また、42から43台のパトロールバスも必要と考えている。

19.UNTAET Mr. Cecilio Adoma 及び WHO Dr.Jim 打合せ (1月8日 17:30)

当方より、日本としては東チモールで緊急に必要な医薬品を供与することを検討しているので、UNTAETとして供与を要請する医薬品の品目と量をリストアップするよう依頼した。

また、東チモールの保健セクターの現状と今後の課題について聴取したところ先方の説明以下の通り。

- (1) 現状での問題は医者の絶対的な不足である。インドネシア時代には約160人の医者がいたが、現在は約30人といわれている。現状ではINTERFETやNGOなどが医療行為を行っているが、医者のニーズは高く他の例えばアジア諸国から医者が派遣されればありがたい。
- (2) 保健医療システム制度の設立も緊急の課題である。これは中央レベル及び地方レベル両方を含むものである。
- (3) 医薬品の調達配付システムの確立も課題の一つである。また、この関連でトラックや自動車の確保及びメンテナンス体制の確立も重要である。
- (4) 保健医療関係の施設も多くが破壊されており、これを復旧するための建築や土木の専門家も必要となろう。
- (5) また、保健分野の学生や医療従事者のための研修所或いは学校を設立することも計画している。
- (6) 二国間の援助国の中でキューバもこの分野の援助に関心を持っているとのことであった。

20.Manatutu 現地調査 (1月9日)

21. Ausaid との打合せ (1月10日 8:30)

東チモールに対するオーストラリアの協力の現状と今後の計画について聴取したところ、先方の説明以下の通り。

- (1) オーストラリアは人道支援にかかる緊急アピールに対し、4千万米ドルを拠出し、復興開発についてはトラストファンドに2千5百万ドルを拠出することをコミットしている。
- (2) オーストラリアの東チモールに対する協力はインドネシアに対する協力の一部として1980年より実施している。
- (3) 水供給及び環境衛生分野についてはデイリとスワイの水供給改善について協力している。計画としては5県の水供給システムの整備について協力する予定である。
- (4) 農業・農村開発についてはコバリマ県とボボナロ県でパイロット農業開発プロジェクトを実施することとしている。農業分野については1988年から農業専門家チームを派遣しており、現在2名の専門家が東チモールに滞在している。(Twelves Hotel に滞在中)
- (5) 教育や保健分野での協力も重要と考えている。
- (6) 能力開発も重要と考えており、UNDP の検討している公務員研修にも関心がある。
- (7) オーストラリアは NGO の活動にも支援を行っており、ローカル NGO に対する直接的な資金提供や NGO フォーラムへの支援を行っている。ちなみに、USAID は NGO 支援に特化して協力を実施している。
- (8) なお、このオーストラリアが入っている建物は、前のオーストラリアの領事館であり、投票後の混乱の際はインドネシア軍が守ったので破壊されずに残った経緯がある。

22. Mr. Jean Christian Cady 及び Mr. David Harland との打合せ (1月10日 10:30、高橋副代表、世界銀行 Ms. Sarah Cliffe 及び Ms. Jacqueline Pomeroy 同席)

今回の調査団で UNTAET と合意したい文書について打合せを行ったところ概要以下の通り。

- (1) 当方より開発調査3件(緊急インフラ整備、緊急水供給システム整備、地理情報整備)のS/W案、機材供与案件2件(医薬品、耕耘機)にかかるA4フォーム案、JICA ボランティア派遣にかかる一般的な要請書の案を先方に説明し、検討を依頼した。
- (2) 先方は検討を約するとともに UNTAET のトラストファンド3千7百万米ドルのうち8百万ドルを統治関連に3百万ドルを復興及びリハビリ関連に用いる予定である旨説明があった。また、能力開発が重要である一方効果がすぐ目に見えるプロジェクトの実施も緊急に必要とされている旨併せて説明があった。

23. DFID との打合せ (1月10日 11:30)

24. CNRT 農業担当部長 Mr. Jose Abel との打合せ (1月10日 13:30)

東チモールが日本に供与を要請している耕耘機にかかる全体的な配置及び運営について現在の先方の計画を聴取した。また、デイリにおけるワークショップの必要性について意見交換した。

25. INTERFET 地図部門 (Captain Sean Hoffman 電話 61-407-490610 との打合せ、1月10日 15:00)

INTERFET が現在作成中の GIS システムの概要を聴取したところ、先方の説明以下の通り。

- (1) INTERFET が現在作成中の GIS はインドネシア時代の地形図に対し軍用目的の航空写真撮影を行った結果を反映させて修正したものをベースに INTERFET の活動中に得られた情報を入力していく形で作成している。縮尺は 1/25000 である。
- (2) 本 GIS の中の基本的な情報は UNTAET にも引き継ぎ、公開もする予定であるが、全ての情報をそのようにするかどうかは現在検討中でまだ、決まっていない。
- (3) 当方より、デシリ及びその近郊を対象に GIS による 1/5000 の地形図を作成予定と説明し、可能な情報は提供願いたい旨依頼した。

26. UNV との打合せ (1月10日 17:30)

東チモールにおける UNV の活動の現状と今後の計画について聴取したところ先方の説明以下の通り。

- (1) UNAMET には 420 人を派遣した実績がある。UNV はこれら東チモール経験者のリソースを持っている。これには 7 人の日本人が含まれている。
- (2) UNTAET に対しては 2 月中に 300 人を派遣する計画である。分野は全ての分野をカバーする予定である。現在は緊急人道支援のステージから復興のステージの移行期であるが、より長期的な開発を展望して UNV を派遣する必要があると考えている。

27. UNHCR との打合せ (1月11日 8:30)

東チモールにおけるこれまでの活動概要と今後の計画について聴取したところ先方の説明以下の通り。

- (1) UNHCR の活動に対する自衛隊による輸送を含むこれまでの日本の協力を感謝する。
- (2) 東チモールに関連する UNHCR 活動の経緯は以下の通りである。

1998 年 12 月	ジャカルタに調査団を派遣し、インドネシアの hot spot の情報収集
1999 年 3 月	再度調査団を派遣
1999 年 4 月	UNAMET と協力して東チモールの暴行の状況について情報収集
1999 年 8 月末	直接投票
1999 年 9 月 8 日	撤退開始
1999 年 9 月 20 日	INTERFET 設立
- (3) 西チモールからの避難民の帰還については既に 12 万人が帰還し、現在日々の帰還数は低下している。
- (4) 西チモールにいる避難民は東チモールに帰りたいか、当面西チモールに滞在したいか、永久的に西チモールに滞在したいか、インドネシアの他の地域に住みたいかのいずれかである。現在西チモールに残っている避難民の大半は以下の 3 つのグループに大別される。第一のグループは比較的貧しくうわさや世論操作に影響を受けやすい人々である。東チモールに帰還

する人が増えるに従って、西チモールにおけるミリシアの割合が増えるので、これらの人々への影響力の行使が増えてくると考えられる。第二のグループは元公務員であり、約 40000 人と考えられている。リーダー格の人材を東チモールへ連れて行って現状を見せるなどしている。第三のグループはミリシアとその家族である。ミリシアの中にも中核的な人材もいれば、メッセンジャーや運転手などいる。

- (5) シェルターについては昨年 12 月 6 日に最初の貨物が到着した。これは 3 月末まで続く予定である。輸送能力については、INTERFET、UNTAET 及びこれまで種子や食糧を輸送していた輸送機材に頼らざるをえず、シェルターの輸送能力が向上することは考えられない。シェルター用資材の内容は、材木、セメント、波形シートなどである。現在ダイリの復興計画について世銀が検討していると思うが、シェルター建設活動や、放棄された元の政府機関の施設の役割も勘案する必要があると考える。
- (6) 輸送に関連して道路の補修が大変重要である。
- (7) なお、再定住に関連して東チモールには例えばインドネシアのフローレンス、スラヴェシ、ジャリなどから来た小グループがあるが、国籍についての法的基礎がなく、この点も一つの課題である。

28. WFP との打合せ (1 月 11 日 11:00)

WFP のこれまでの活動状況と今後の計画につき聴取したところ、先方の説明以下の通り。

- (1) 緊急人道援助のための食糧配付は 9 月から開始され、これまで 10000t 以上の食糧を一般配付という形で配付した。一般配付とは配付すべき東チモール人を限定せずに配るものである。この配付は CNRT、教会、NGO 等と協力して行われた。南部を除く地域については配付は車両で行われた。また、全体の 20% はヘリコプターを用いて行われた。食糧のパッケージは米、とうもろこし、たんぱく、缶詰め、野菜、塩等である。
- (2) 食糧の他に稲及びとうもろこしの種子の配付を行っている。稲の種子については東チモールの稲生産農家から種子を食糧と交換に入手するようにしているが、農家はやはり換金したいという要求が強い。
- (3) 現在は一般配付からの的を絞った配付の移行期である。的を絞った配付とは子供や病院の患者などより弱い者に対象を絞って配付することである。加えて、food for work (例えば学校の教員) のための食糧も配付する予定である。地域的にはボボサロ、コヴァリマ、オエクシが的を絞った配付の中心になると考えられる。また、ヴィケケは food for work の食糧が多く必要と予想されている。
- (4) 4 月以降は各地域の収穫量を評価した上でそれ以降配付計画を立てる予定である。今期は北部で雨期がやや遅れている。なお、南部は雨期が二回あり通常二回作付けを行っている。
- (5) 食糧の輸送に関しては、道路の補修が極めて重要である。特に南部の道路については状態が悪い。

29. UNTAET Land & Property Unit Mr.Ricks Mackinnon との打合せ及び事務所候補地調査

(1月11日 12:00)

先方より新たな物件として提示された No.12 及び No.26 を現地調査したうえで、契約書の案を13日までに提示するよう依頼した。

30.ポルトガル (Mr. Rui Funseca, Deputy Commissioner, Portuguese Mission) との打合せ

(1月11日 15:00)

東チモールに対するポルトガルの協力の現状と今後の計画について聴取したところ、先方の説明以下の通り。

- (1) Portuguese Commissioner は東チモールにおける外交活動と援助活動の二つの機能を有している。
- (2) 援助関連ではこれまで国連の緊急人道支援アピールに対して一千六十万米ドルの拠出、UNTAET トラストファンドに行政及び能力開発のため七百五十万米ドルの拠出、世銀のトラストファンドに一千五百万米ドルの拠出をコミットしているの加え、二国間援助で2000年に二千七百万米ドルを支出する予定であり、教育分野、司法分野、行政分野を中心に協力することとしている。
- (3) 二国間援助については具体的には昨年10月に緊急人道支援として米、大豆油、食用油などの供与等約二十万米ドルの支援を行った。
- (4) 教育分野についてはポルトガル語の教科書の供与と約200人のポルトガル語の教員を小学校と中学校に派遣することとしており、ポルトガル語の授業は来週始まる予定である。また600台のテレビセットの供与も行っている。
- (5) 保健セクターについては赤十字やNGOの活動を支援するために約二十万米ドルの支援を行っている。
- (6) 商業団体の設立に関しても協力しようと考えている。
- (7) UNTAET が本格的に活動できるまでには今しばらく時間がかかると考えられるので、東チモール人の収入に直接寄与するという観点から以下の協力を行っている。一つはポルトガル時代に公務員であった者に対する年金の支給である。二つ目はインドネシア時代の公務員に対しそれを証明するものを持参すれば、当時受領していた給与の2ヵ月分を補償金として支払うというものである。これら補助金はエスクードで支給され、予算額は約5百万米ドルである。三つ目はUNTAETのトラストファンドを用いてUNTAETの現地スタッフに給与を支給するというものである。

31.USAID との打合せ (1月11日 16:00)

東チモールに対する USAID の協力の現状と今後の計画について聴取したところ、先方の説明以下の通り。

- (1) USAID 昨年10月初めより活動を開始している。

- (2) まず、緊急人道援助については OFDA が担当しているが、UNICEF（東チモールと西チモールの NGO と連携）、WFP、シエルターを担当する NGO などに協力した。但し、食糧については余り多くの協力は行っておらず、World Vision や CARE 等の NGO にトラックなどを供与した程度である。
- (3) また、移行期間の協力は OTI（Office of Transition Initiatives）が担当しているが、オートバイや一般事務機器といったものを必要なところに供与している。特に CNRT に対してはコンピュータや車両など約二十万米ドル分の機材を供与した。それ以外に OTI としては保健セクター、統治及びコーヒー生産に重点を置くことを考えている。
- (4) 保健セクターについては多くの緊急救援機関が保健分野の支援を行っているが、これらの多くが 4 月までの計画であり、その後の対応が一つの課題と考えられる。
- (5) 統治に関しては、東チモール NGO の活用やメディアに関するプロジェクトの実施を考えている。
- (6) コーヒー生産については National Cooperative Business Association という米国の協会が東チモールの約 17000 のコーヒー栽培家族に対し、銀行からの資金の借入れに対する保証や栽培技術の訓練計画や医療サービスの提供を行っているが、これに対し支援を行っている。
- (7) UNTAET のトラストファンド及び世銀のトラストファンドへの拠出もコミットしている。
- (8) オェクシ県は特に重視している。
- (9) 現在の USAID の事務所は一時的なものであり、米国大使館の完成後はそこへ移転する予定である。また、現在 OTI はジャカルタがカバーしている。

32. Mr. David Harland との打合せ（1 月 11 日 18:00）

1 月 10 日に Mr. Cady 宛提出した開発調査 3 件（緊急インフラ整備、緊急水供給システム整備、地理情報整備）の S/W 案、機材供与案件 2 件（医薬品、耕耘機）にかかる A4 フォーム案、JICA ボランティア派遣にかかる一般的な要請書の案に関する文言修正について先方と協議した。

33. UNTAET 農業担当部長（Mr. Francesco Osler）との打合せ（1 月 12 日）

耕耘機の供与先については Manatuto に 15 台、Baucau に 15 台の計 30 台とすることで合意した。

34. Mr. David Harland との打合せ（1 月 12 日 14:30）

1 月 12 日に打ち合わせた各種合意文書及び要請書の文言の最終確認を行なった。先方には特別代表の Mr. Sergio de Mello を署名者とするよう依頼した。

35. UNTAET 司法部門担当部長 Mr. Hansborg Strohmener との打合せ（1 月 12 日 16:00）

東チモールにおける司法システム整備の現状と今後の課題につき、先方の説明以下の通り。

- (1) インドネシアの撤退以降司法分野についても他の分野同様にゼロから始めなくてはならない状況である。

- (2) まず、東チモール人の法律として人権に抵触しない限りインドネシアの法律が適用されることを決定した。次に国会にあたる国家協議委員会の設立を決定し、更に司法サービス委員会の設置を決定した。現在この委員会で法律家（検察官、裁判官、弁護士）の選定を行っているところである。
- (3) 具体的には 10 人の法律家の任命定員に対して 60 人の応募があり、そのうち 20 人を審査して 10 人を任命したが、この 10 人は法律家の経験が全くなく、研修を行っていく必要がある。計画としては任命前に一週間の導入研修を行い、任命後 2～3 週間の研修、その後 mentors による研修を考えているが、現実には研修を行える法律家が不足している。例えば UNDP は外国から法律家を招請することを検討しているが、日本からも法律家を派遣し研修をおこなっていただけるとありがたい。研修の言語は問題の一つであるが、日本から短期でやってきて英語でセミナーを行っていただけだけでも十分参考になる。東チモール人の法律家の一番の弱点は実務経験がないところであるので、法廷での証拠の評価の仕方など実践的な研修が受けられればもっとありがたい。また、東チモール人の法律家を海外に派遣して研修を受けるのも非常に有効と考えている。
- (4) 司法システムの整備のためには物理的な施設がほとんど破壊されていることも大きな問題である。裁判所、検察官事務所、弁護士事務所、刑務所などの建物や備品の整備は急務である。刑務所は法と秩序の維持のために重要と考えるが、現在 INTERFET が持っている施設は約 40 人しか収容できない。まず、デイリの刑務所を整備して次にパウカウの刑務所を整備する必要があると考えている。また、刑務所の運営についても技術的支援が必要で、国際的に経験のある刑務所長に助言が得られると大変ありがたい。
- (5) 司法システムの調度面の整備では、将来の政府の司法制度担当部局を作ったり、UNTAET で法律家を確保したりする必要があるが、大きな問題はこういう法律家の給与の問題であり、司法サービスの可能な資金供給構造について検討する必要がある。また、裁判所も将来はデイリ以外にもパウカウ、ロスパロス、ヴィケケ、オェクシ等に設立する必要があると考えている。また過去の裁判関係の文書も失われているので、法律図書館のようなものも設立する必要がある。
- (6) その他官報も早急に発行したいと考えている。

36.ADB 及び世界銀行との打合せ (1 月 12 日 17:00)

当方より ADB に対し JICA の対東チモール協力とりあえずの重点分野はインフラの復興整備と能力開発である旨説明したうえで、JICA の当面の協力案件（開発調査 3 件と機材供与案件 2 件）を説明した。ADB からは道路と港湾及び灌漑に関心がある旨説明があった。

37.ILO との打合せ (1 月 13 日)

38.UNTAET、世界銀行、ADB、オーストラリア、USAID、UNDP、DFIDとの打合せ

(1月13日16:00)

世銀より今後の信託基金の取りすめ振りについて以下の説明があった。

- (1) トラストファンド取り扱いメカニズムについての提案は1月22、23日にワシントンで行う予定である。また、具体的な案件の確定については2月から順次道路及び港湾、農業、水、保健、教育等セクター毎にプログラミングミッションを派遣して検討していく予定であるので、他のドナーの協力をお願いしたい。
- (2) 援助調整推進の観点から現地での調整委員会を設けたく、二国間援助国、国連機関の参加をお願いしたい。なお、調整はUNDPをお願いしたいと考えている。
- (3) また、現在、UNTAETでは小さな費用で雇用等インパクトを与えるとい観点からQuick Impact Projectに力を入れている旨説明があった。
- (4) その後、各二国間援助国からコメントが述べられ、当方からは開発調査3件、機材供与2件とそれに加え開発福祉支援案件を実施する予定である旨説明した。なお、当方より電力セクターの現状について質問したところ、世銀より、現在IFADが提供しているディリの電力供給のためのリカレントコストは3月末までの予定であり、また、UNDPが発電機の調達を支援する予定であるとの説明があった。

以上

MJICA