

## **Chapter 4 Project Evaluation and Recommendation**

## Chapter 4 Project Evaluation and Recommendation

### 4-1 Project Effect

#### 4-1-1 Beneficial Effects and Extents of Improvement Expected from the Project

After the implementation of the Project, if the hospital is operated appropriately by the Sri Lankan party then the beneficial effects and extents of improvement which are described in Table 4-1 can be achieved.

Table 4-1 Beneficial effects and extents of improvement expected from the Project

Present state	Measures taken on the Project	Effects and improvement
<b>1) Diagnostic function</b>		
<ul style="list-style-type: none"> <li>It is difficult to acquire information necessary for diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>The Project will procure apparatus for diagnostic imaging such as X-ray apparatus and ultrasound diagnostic apparatus.</li> </ul>	<ul style="list-style-type: none"> <li>The accuracy of diagnosis will be improved because of the diagnostic imaging.</li> <li>Information necessary for determining the methods of treatments and operations can be available.</li> </ul>
<ul style="list-style-type: none"> <li>Pathological examination is not performed at the hospital, so lesions are referred to other hospitals for pathological examination. In this condition, results are not readily available.</li> </ul>	<ul style="list-style-type: none"> <li>The Project will procure items of medical equipment used for pathological examination.</li> </ul>	<ul style="list-style-type: none"> <li>Pathological examination will be available for determining treatment methods including operations.</li> </ul>
<b>2) Treatment function</b>		
<ul style="list-style-type: none"> <li>It is difficult for the hospital to meet the current demand for operations because the equipment and instruments used for performing operations are in dilapidation and in shortage.</li> </ul>	<ul style="list-style-type: none"> <li>The Project will procure items of medical equipment necessary for performing treatments and operations in each medical department.</li> </ul>	<ul style="list-style-type: none"> <li>These items procured on the Project enable the hospital to perform operations effectively and to meet the present demand for surgical operations.</li> </ul>
<b>3) Education and training</b>		
<ul style="list-style-type: none"> <li>The hospital lacks teaching materials and audiovisual aids, so it cannot provide the staff with effective education and training.</li> </ul>	<ul style="list-style-type: none"> <li>The Project will procure audiovisual equipment to improve the effectiveness of the staff education.</li> </ul>	<ul style="list-style-type: none"> <li>Lectures will be provided effectively with interesting teaching materials and audiovisual aids.</li> <li>Activities for enlightening mothers and children and</li> </ul>

		patients in hygiene and sanitation can be conducted more effectively.
<ul style="list-style-type: none"> <li>The hospital does not have training equipment and materials in sufficient quantities. In this condition, trainees cannot receive simulated trials sufficiently.</li> </ul>	<ul style="list-style-type: none"> <li>The Project will procure equipment and materials which can be used in simulated training for cardiopulmonary resuscitation.</li> </ul>	<ul style="list-style-type: none"> <li>The hospital will be able to provide simulated training and to improve the effectiveness of such training.</li> </ul>
<b>4) Referral system</b>		
<ul style="list-style-type: none"> <li>There is a "bypass phenomenon", in which patients are referred from lower level hospitals (for example, provincial hospitals) directly to upper level hospitals (for example, Karapitiya Teaching Hospital) without passing through this hospital.</li> </ul>	<ul style="list-style-type: none"> <li>The diagnostic function of the hospital will be improved by the procurement of medical equipment such as instruments for pathological examination, ultrasound diagnostic apparatus and X-ray fluoroscopy apparatus.</li> <li>The treatment function of the hospital will be improved by the procurement of medical equipment such as items used for operations in obstetrics and gynecology and items used in the pediatric premature baby unit.</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic accuracy and treatment techniques will be improved. As a result the hospital will be able to treat an increased number of outpatients effectively.</li> <li>Because operation rooms are newly built for the obstetrics and gynecology department on the Project, the hospital will be able to perform operations in an increased number, annually.</li> </ul>

#### 4-1-2 Beneficial Effects

On this Project, items of medical equipment are procured as supplements to solve the shortage of medical equipment and as replacements to renew the existing dilapidated equipment. By the implementation of the Project, GHM will be improved to function as a general hospital. As the hospital performs the functions expected of a general hospital, an immediate benefit will be realized in the care received by the patients. Furthermore, as the hospital is the only general hospital in the southern region of Sri Lanka, GHM will become a referral center for other hospitals in the whole southern region. This beneficial effect will be felt by the people living in the region. More specifically, the following effects are expected from the implementation of the Project.

##### 1) Direct effect

###### (1) Improved medical service

At present, the hospital has a shortage of basic medical equipment because many items of

the existing equipment are in dilapidation. In this condition, the hospital cannot provide effective medical care, currently. If the medical equipment of the hospital is improved by the implementation of this Project, then the following improvements will be realized: quantitative improvement like an increased number of operations performed, and qualitative improvement like an increased level of diagnostic function and operational accuracy. As a result, quality medical care will be available to the people living in the southern region including Matara District, Hambantota District. Therefore, certain increase is expected as an indicator, in the number of outpatients after the implementation of the Project.

## (2) Education in hygiene and sanitation

The hospital has a plan to provide local people with opportunities to learn public health and hygiene. This will be implemented by installing audiovisual equipment, which is procured on the Project, in the waiting room of the outpatient department and the obstetrics and gynecology ward. The hospital is a place where many people (patients, and family members and friends of the patients) gather, so hygienic information provided in this way can be propagated effectively to the people. This hygienic education is expected to result in a reduced infection rate.

## (3) Strengthened training function

On the Project, audiovisual equipment and training materials will be procured to strengthen the training function of the hospital. As the staff of the hospital including nurses, medical technicians, etc. receives effective training in medical technology, the quality of medical care is expected to be improved.

## 2) Indirect effect

### (1) Improvement in the referral system

After the medical equipment of GHM is improved by the implementation of the Project, the hospital will be able to receive patients who are in need of secondary and tertiary care. In response, the number of such patients received by the top referral hospitals (for example, Karapitiya Teaching Hospital) will be reduced, and the loads of the top referral hospitals will be lightened to provide medical care to only the most seriously ill patients, which is the original and primary objective of the top referral hospitals. In this way, the Project will contribute to the improvement of the referral system in the region.

### (2) Education and training to medical personnel working at lower level hospitals

GHM is the center of medical circles in the southern province, and it provides medical personnel in the southern region with education in medical technology by introducing clinical cases. Therefore, after the medical equipment of the hospital is improved by the implementation of the Project, as the quality of medical care rises to a higher level, such educational or training activities will be conducted in a more effective manner. As a result, the medical personnel who are trained at GHM and working at other hospitals will promote the improvement of the quality

of medical care in the southern region.

#### 4-2 Recommendation

As mentioned above, it is expected that this Project will produce a substantial beneficial effect and contribute widely to the welfare of the people. Therefore, it is meaningful to implement the Project with a grant from the Government of Japan. For the Project to be implemented smoothly and to be effective, the following points should be considered further.

##### (1) Maintaining the equipment

- It is desirable that GHM together with the MOH will establish an administrative framework and ensure accountability which are necessary for proper maintenance and repair of medical equipment and maintain them with assistance of BES.
- It is desirable that the MOH will take necessary measures including assignment of personnel, provision of material, allocation of budget, establishment of maintenance system and so forth, to ensure proper and effective use of the equipment procured for the Project.

##### (2) Effective use of the equipment

By taking the following measure, the MOH can assure effective use of the equipment.

It is desirable that that the MOH and GHM make the following measure firmly.

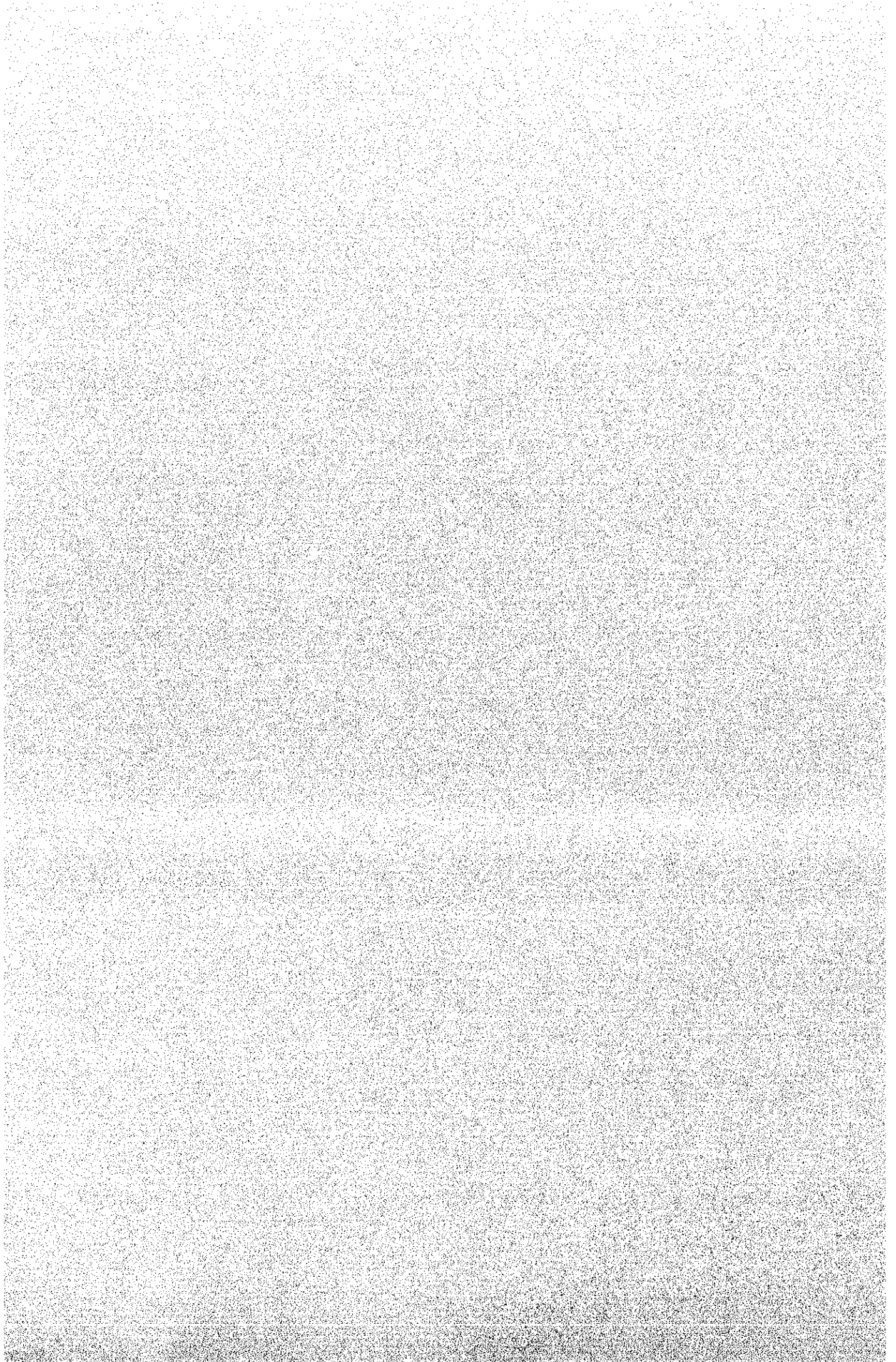
- The MOH is planning to assign a cardiologist and a pathologist to GHM. It is necessary to monitor that this assignment will be done as originally scheduled.
- As mentioned above in the section of "Project Cost Estimation", after the implementation of the Project, it is necessary to take budgetary measures to cover the increased cost for the operation and maintenance of the items which are newly introduced through the Project

## **Appendices**



## **1. Member List of Survey Team**





## 1. Member List of the Survey Team

### [ Basic Design Study Team]

1. Leader	Mr. Y. MORIMOTO	Deputy Director, Second Project Management Grant Aid Division, Economic Cooperation Bureau, Japan International Cooperation Agency (JICA)
2. Technical Advisor	C. MIYOSHI, M.D.	Assistant Director, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health and Welfare
3. Project Manager / Hospital Improvement Planner	Mr. R. HARADA	Chief Executive Officer, Earl Consultants Incorporated
5. Equipment Planner	Mr. Y. FURUYA	Manager Earl Consultants Incorporated
6. Facility Planner	Mr. K. IYOGI	General Manager Planning Division Earl Consultants Incorporated
7. Procurement Planner / Cost Estimator	Mr. Y. TAKAHASHI	Deputy General Manager Earl Consultants Incorporated
8. Baseline Surveyor	Mr. T. HIROBE	Assistant Manager Earl Consultants Incorporated

**[ Draft Final Report Explanation Team]**

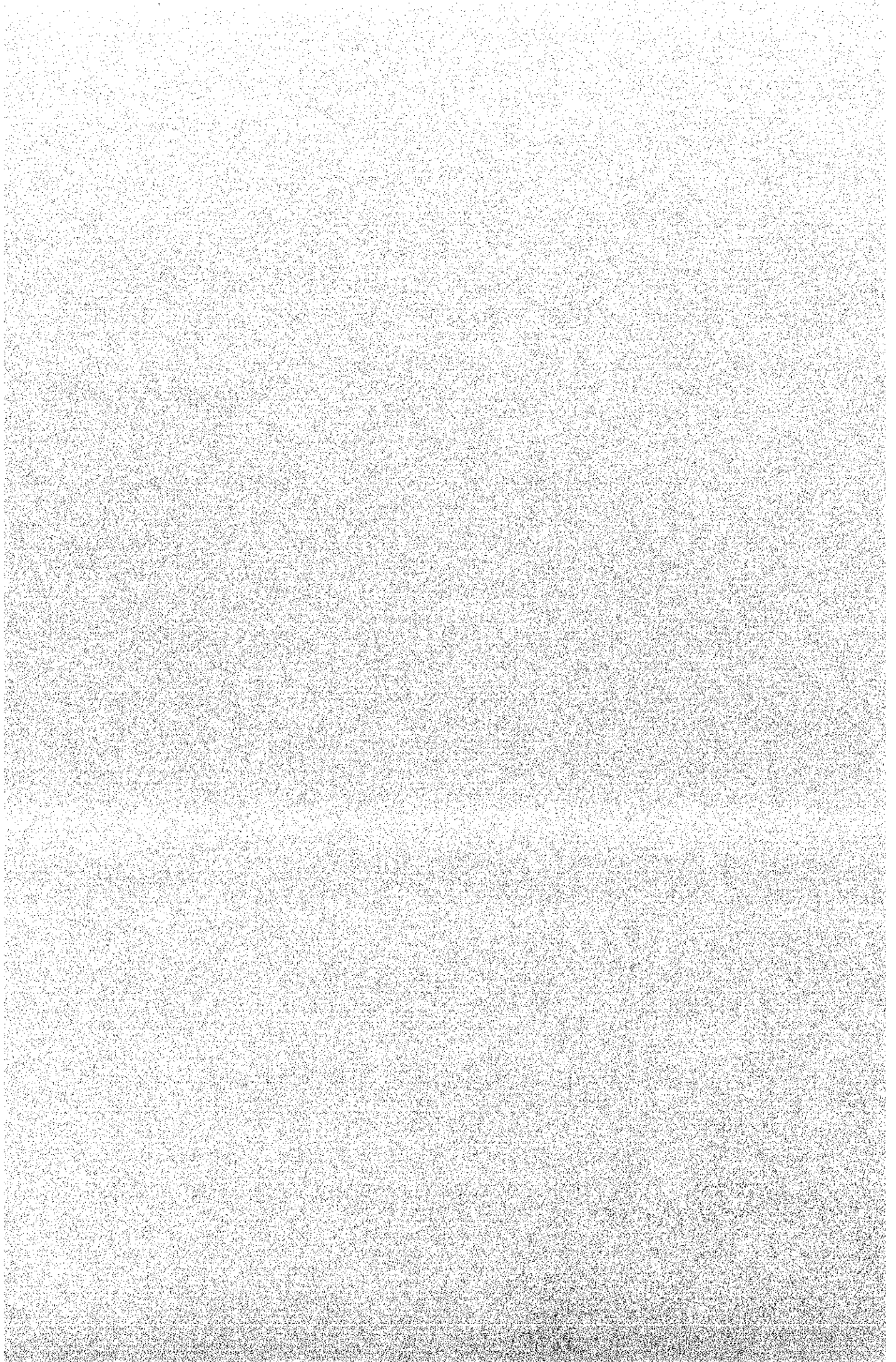
1. Leader	Mr. Y MORIMOTO	Deputy Director, Second Project Management Grant Aid Division, Economic Cooperation Bureau, Japan International Cooperation Agency (JICA)
2. Technical Advisor	H. AKASHI, M.D.	Surgeon, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health and Welfare
3. Project Manager / Hospital Improvement Planner	Mr. R. HARADA	Chief Executive Officer, Earl Consultants Incorporated
4. Equipment Planner	Mr. Y. FURUYA	Manager Earl Consultants Incorporated
5. Procurement Planner / Cost Estimator	Mr. Y. TAKAHASHI	Deputy General Manager Earl Consultants Incorporated
6. Baseline Surveyor	Mr. T. HIROBE	Assistant Manager Earl Consultants Incorporated

## **2. Survey Schedule**

**[ Draft Final Report Explanation Team]**

1. Leader	Mr. Y MORIMOTO	Deputy Director, Second Project Management Grant Aid Division, Economic Cooperation Bureau, Japan International Cooperation Agency (JICA)
2. Technical Advisor	H. AKASHI,M.D.	Surgeon, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health and Welfare
3. Project Manager / Hospital Improvement Planner	Mr. R. HARADA	Chief Executive Officer, Earl Consultants Incorporated
4. Equipment Planner	Mr. Y. FURUYA	Manager Earl Consultants Incorporated
5. Procurement Planner / Cost Estimator	Mr. Y. TAKAHASHI	Deputy General Manager Earl Consultants Incorporated
6. Baseline Surveyor	Mr. T. HIROBE	Assistant Manager Earl Consultants Incorporated

## 2. Survey Schedule



## 2. Survey Schedule [Basic Design Study]

Member	Period			Leader	Technical Advisor	Project Manager	Equipment Planner	Facility Planner	Procurement Planner / Cost Estimator
	Date			Mr. MORIMOTO (8 days)	Dr. MIYOSHI (13 days)	Mr. HARADA (30 days)	Mr. FURUYA (30 days)	Mr. IYOGI (20 days)	Mr. TAKAHASHI (20 days)
1	Sept 4	Mon				Narita → Singapore Singapore →			
2	Sept 5	Tue				→ Colombo Courtesy call on JICA, Ministry of Finance & Planning, Ministry of Health and BES Discussion with BES and JICA			
3	Sept 6	Wed				Meeting and discussion with Local Consultant Colombo → Matara			
4	Sept 7	Thu				Courtesy call and survey at General Hospital Matara			
5	Sept 8	Fri				Survey at GHM			
6	Sept 9	Sat				Matara → Hambantota Courtesy call and survey at Base Hospital, Hambantota and District Hospital, Tissamaharamaya			
7	Sept 10	Sun				Hambantota → Matara Paper Work			
8	Sept 11	Mon			Narita → Singapore Singapore →	Survey on GHM Matara → Colombo		Narita → Singapore Singapore →	
9	Sept 12	Tue			→ Colombo Courtesy call on JICA, and Ministry of Health Colombo → Matara	Survey on GHM		→ Colombo Courtesy call on JICA, and Ministry of Health Colombo → Matara	
10	Sept 13	Wed	Narita → Singapore Singapore →			Team meeting and paper work			
11	Sept 14	Thu	→ Colombo Courtesy call on JICA and Ministry of Health Colombo → Matara			Survey at GHM			
12	Sept 15	Fri	Courtesy call and Inspection and Discussion in GHM			Survey at GHM			
13	Sept 16	Sat				Survey and Discussion at GHM Team Meeting			
14	Sept 17	Sun				Matara → Ratnapura Survey and Discussion at General Hospital, Ratnapura			
15	Sept 18	Mon				Ratnapura → Colombo	Ratnapura → Matara		Ratnapura → Colombo
16	Sept 19	Tue	Discussion on Minutes of Discussion in Ministry of Health Discussion in JICA				Survey at GHM		Local Agent Survey
17	Sept 20	Wed	Colombo → Singapore Singapore → Narita				Survey at GHM		Local Agent Survey
18	Sept 21	Thu					Study on Teaching Hospital, Karapitiya and Teaching Hospital, Mahamodara		Local Agent Survey
19	Sept 22	Fri			Matara → Colombo		Survey at GHM		Local Agent Survey
20	Sept 23	Sat			Colombo → Singapore Singapore → Narita		Survey at GHM Paper Work		Local Agent Survey
21	Sept 24	Sun					Paper Work		
22	Sept 25	Mon					Survey at GHM		Local Agent Survey
23	Sept 26	Tue					Survey at GHM		Local Agent Survey
24	Sept 27	Wed				Matara → Colombo		Survey on G.H. Matara	Local Agent Survey
25	Sept 28	Thu				Discussion with BES Visit to WHO and UNICEF	Discussion with BES	Survey at GHM	Local Agent Survey
26	Sept 29	Fri				Discussion with BES		Matara → Colombo	Local Agent Survey
27	Sept 30	Sat				Team meeting Paper Work		Colombo → Singapore Singapore → Narita	
28	Oct 1	Sun				Paper Work			
29	Oct 2	Mon				Report to JICA and Ministry of Health Discussion with UNICEF and Supplementary Survey at BES			
30	Oct 3	Tue				Colombo → Singapore Singapore → Narita			



[Draft Final Report Explanation]

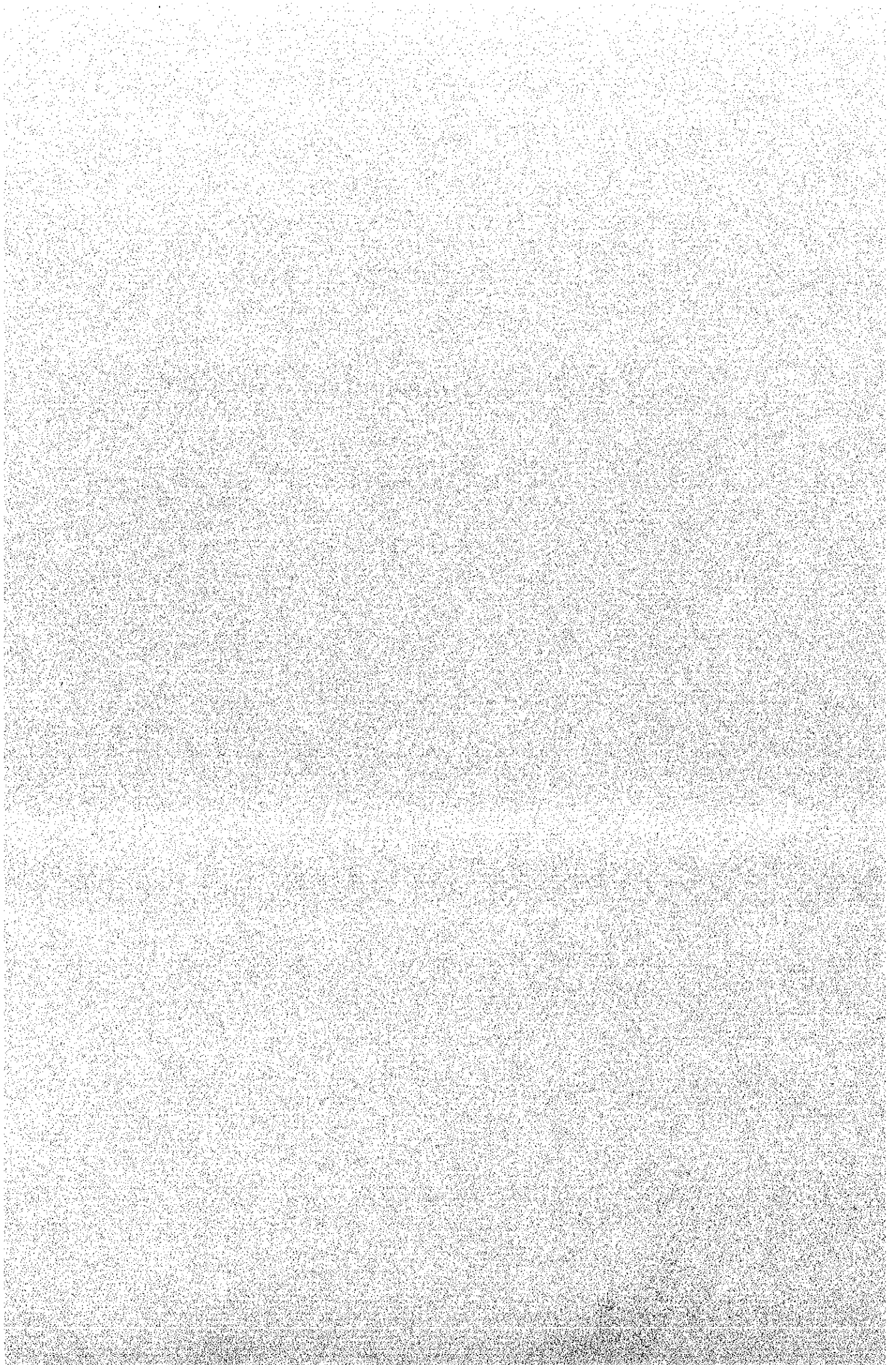
Member				Leader	Technical Advisor	Project Manager	Equipment Planner	Procurement Planner / Cost Estimator
Period Date				Mr. MORIMOTO (13 days)	Dr. AKASHI	Mr. HARADA	Mr. FURUYA (30 days)	Mr. TAKAHASHI (20 days)
1	Dec.	3	Sun			Narita → Singapore Singapore →		
2	Dec.	4	Mon			→ Colombo		
						Courtesy call on JICA, Ministry of Finance & Planning, Ministry of Health and BES		
3	Dec.	5	Tue		Colombo → Karapitiya Teaching Hospital and Other medical Institution Karapitiya → Matara	Colombo → Matara Courtesy call and Discussion with Director of G.H.Matara	Colombo → Karapitiya Teaching Hospital and Other medical Institution Karapitiya → Matara	
4	Dec.	6	Wed		Visit to Base Hospital Hambantota and District Hospital, Tissamaharamaya		Survey at GHM	
5	Dec.	7	Thu				Survey at GHM	Narita → Singapore Singapore →
6	Dec.	8	Fri				Survey and Discussion at GHM	→ Colombo Local agent survey Colombo → Matara
7	Dec.	9	Sat				PCM Workshop at GHM	
8	Dec.	10	Sun	Narita → Singapore Singapore →			Team Meeting	
9	Dec.	11	Mon	→ Colombo Courtesy call on JICA at Embassy of Japan Colombo → Matara			PCM Workshop at GHM	
10	Dec.	12	Tue				Discussion on Minutes of Discussion at GHM	
11	Dec.	13	Wed	Matara → Colombo Discussion about Minutes of Discussion in Ministry of Health and Report to JICA Visit to Medical Dept. of Sri Jawardenapura University			Discussion on Specifications at GHM	
12	Dec.	14	Thu	Discussion at Ministry of Health Report to Embassy of Japan			Discussion on Specifications at GHM	
13	Dec.	15	Fri	Signing of Minutes of Discussion Report to JICA			Matara → Colombo	
14	Dec.	16	Sat	Colombo → Singapore Singapore → Narita			Team Meeting Paper Work	
15	Dec.	17	Sun				Paper Work	
16	Dec.	18	Mon				Discussion on Specifications at BES	
17	Dec.	19	Tue				Discussion on Specifications at BES	
18	Dec.	20	Wed				Discussion on Specifications at BES	Local Agent Survey
19	Dec.	21	Thu				Report to Embassy of Japan	Local Agent Survey
20	Sept.	22	Fri				Report to Ministry of Health Report to BES and JICA	Colombo → Singapore Singapore → Narita
21	Sept.	23	Sat				Colombo → Singapore Singapore → Narita	

### **3. List of Party Concerned in the Recipient Country**

[Draft Final Report Explanation]

Member				Leader	Technical Advisor	Project Manager	Equipment Planner	Procurement Planner / Cost Estimator
Period Date				Mr. MORIMOTO (13 days)	Dr. AKASHI	Mr. HARADA	Mr. FURUYA (30 days)	Mr. TAKAHASHI (20 days)
1	Dec.	3	Sun			Narita → Singapore Singapore →		
2	Dec.	4	Mon			→ Colombo Courtesy call on JICA, Ministry of Finance & Planning. Ministry of Health and BES		
3	Dec.	5	Tue		Colombo → Karapitiya Teaching Hospital and Other medical Institution Karapitiya → Matara	Colombo → Matara Courtesy call and Discussion with Director of G.H.Matara	Colombo → Karapitiya Teaching Hospital and Other medical Institution Karapitiya → Matara	
4	Dec.	6	Wed		Visit to Base Hospital Hambantota and District Hospital, Tissamaharamaya		Survey at GHM	
5	Dec.	7	Thu				Survey at GHM	Narita → Singapore Singapore →
6	Dec.	8	Fri				Survey and Discussion at GHM	→ Colombo Local agent survey Colombo → Matara
7	Dec.	9	Sat				PCM Workshop at GHM	
8	Dec.	10	Sun	Narita → Singapore Singapore →			Team Meeting	
9	Dec.	11	Mon	→ Colombo Courtesy call on JICA a Embassy of Japan Colombo → Matara			PCM Workshop at GHM	
10	Dec.	12	Tue				Discussion on Minutes of Discussion at GHM	
11	Dec.	13	Wed	Matara → Colombo Disucussion about Minites of Discussion in Ministry of Health and Report to JICA Visit to Medical Dept. of Sri Jawardenapura University			Discussion on Specifications at GHM	
12	Dec.	14	Thu	Discussion at Ministry of Health Report to Embassy of Japan			Discussion on Specifications at GHM	
13	Dec.	15	Fri	Signing of Minutes of Discussion Report to JICA			Matara → Colombo	
14	Dec.	16	Sat	Colombo → Singapore Singapore → Narita			Team Meeting Paper Work	
15	Dec.	17	Sun				Paper Work	
16	Dec.	18	Mon				Discussion on Specifications at BES	
17	Dec.	19	Tue				Discussion on Specifications at BES	
18	Dec.	20	Wed				Discussion on Specifications at BES	Local Agent Survey
19	Dec.	21	Thu				Report to Embassy of Japan	Local Agent Survey
20	Sept.	22	Fri				Report to Ministry of Health Report to BES and JICA	Colombo → Singapore Singapore → Narita
21	Sept.	23	Sat				Colombo → Singapore Singapore → Narita	

### **3. List of Party Concerned in the Recipient Country**



### 3. List of Party Concerned in the Recipient Country

(Position)	(Name)
<b>1) Ministry of Health</b>	
Secretary	Mr. Tilak Ranavilaja
Senior Assistant Secretary	Ms. Subadra Gunawardhene
Additional Secretary (Medical Services)	Dr. Y.D. Nihal Jayathilaka
Director General of Medical Services	Dr. Berigaswatte
Deputy Director General (Logistics)	Ms. S. Wijyaratne
Director (Building)	Ms. Abeygunawardena
Director Tertiary Care Services	Dr. P.G. Mahipala
<b>(1) Biomedical Engineering Services Division (BES)</b>	
Deputy Director General	Mr. Jayathilaka
Senior Engineer	Mr. R.D. Liqanege
Laboratory Engineer	Mr. Gna Velaruruga
OT Engineer	Ms. Emad Perara
Head of X-ray section	Mr. E.L. Wickramaratne
Engineer	Mr. W.A.A. Asanga
<b>(2) Family Health Bureau</b>	
	Dr. Rajarathe
<b>2) Ministry of Financing and Planning</b>	
Director	Mr. J. H. J. Jayamaha
Deputy Director	Mr. M.P.D.U.K. Mapapathirana
<b>3) General Hospital Matara</b>	
Director:	Dr. P. Ekanayake
Physician	Dr. K. Sivimanra
Physician	Dr. W.J.M. Silva
ETU	Dr. A.M.T. Wejerathna
ETU	Dr. Weerarathna E.K.
ICU	Dr. A. Galketiya
Anesthesiologist	Dr. J.H. de Silva
Obstetrician/Gynecologist	Dr. S.R. Samaratunge
Pediatrician	Dr. J. Weeraman
Pediatrician	Dr. S.K. Lokuarachchi

Ophthalmologist	Dr. M.R.K. Wijawardena
Ophthalmologist	Dr. P. Narangoda
ENT	Dr. H.L. Leelasena
Radiologist	Dr. P.H. Ariyawansa
Maxillo-facial Dept.	Dr. D.K. Dias
Dental surgeon	Dr. K.I. Samasanayaka
Juridical Medical Officer	Dr. K.I. Padmatilaka
Laboratory doctor	Dr. R.W. Wadanamby
Laboratory technician	Mr. R. Awarasesa
Infection Control unit	Mr. W. Thrimahawithana
Matron	Ms. S. Welivitiya
Matron	MS. E.G.O. Gunasiyha
Engineer(C.E.C.B.)	Mr. N.C. Weerasighe
Statistic Department	
Medical Record Officer	Ms. P.K.D.Indrani
<b>4) General Hospital Matara</b>	
Director:	Dr. A.K.S.B. De Alwis

**5) Base Hospital Hambantota**

District Medical Officer (DMO):	Dr. M.Y. Kamil
Consultant Pediatrician	Dr. A. Amoresinghe

**6) District Hospital Thissamaharamaya**

District Medical Officer (DMO):	Dr. D. Dissanayake
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**7) International Aid Agencies**

**(1) WHO**

Medical Officer:	Dr. A.Samada Abudullah
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**(2) UNICEF**

Program Officer:	Ms. Jayanthi Liyanage
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**8) Non Governmental Organization (NGO)**

**Boddi Arakshaka Saba Matara**

Chairman	Mr. S.K. Chandrasoma
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(Position)

(Name)

**9) Local Consultant**

TEAMS Consultants Limited

Senior Executive Director

Professor

Research Assistant

Mr. Abeysekera M.I.C.E.

Dr.P.H.G. Fonseka

Mrs. R. Ranaweera

**10) Embassy of Japan in Sri Lanka**

Second Secretary:

Atushi Kumon, M.D.

**11) JICA Sri Lanka Office**

Resident Representative

Deputy Resident Representative

Assistant Resident Representative

Seiji Kaiho

Yasujiro Suzuki

Norihito Yonebayashi



#### **4. Minutes of Discussion (in Basic Design Study)**

MINUTES OF DISCUSSIONS  
ON THE BASIC DESIGN STUDY  
ON THE PROJECT FOR IMPROVEMENT OF GENERAL HOSPITAL MATARA  
IN THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

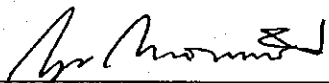
In response to a request from the Government of the Democratic Socialist Republic of Sri Lanka (hereinafter referred to as "Sri Lanka"), the Government of Japan decided to conduct a Basic Design Study on the Project for Improvement of General Hospital Matara (thereinafter referred to as "the Project") and entrusted the study to the Japan International Cooperation Agency (hereinafter referred to as "JICA").

JICA sent to Sri Lanka the Basic Design Study Team (hereinafter referred to as "the Team") which is headed by Mr. Yasuhiro Morimoto, Deputy Director, Second Project Management Division, Grant Aid Management Department, JICA, and is scheduled to stay in the country from September 4 to October 3, 2000.

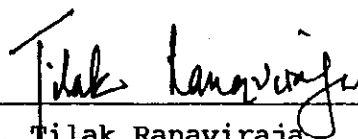
The Team held discussions with the officials concerned of Sri Lanka and conducted a field survey at the study area.

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

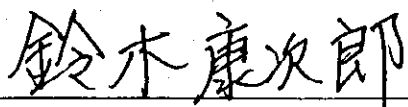
Colombo, September 19, 2000



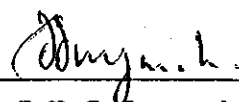
Mr. Yasuhiro Morimoto  
Leader  
Basic Design Study Team  
Japan International Cooperation  
Agency



Mr. Tilak Ranaviraja  
Secretary  
Ministry of Health & Indigenous  
Medicine



for Mr. Seiji Kaiho  
Resident Representative  
JICA Sri Lanka Office



Mr. J.H.J Jayamaha  
Director (Japan Division)  
Department of External Resources  
Ministry of Finance & Planning

## ATTACHMENT

### 1. Objective of the Project

The objective of the project is to improve the quality of medical services in General Hospital Matara through the procurement of medical equipment.

### 2. Project Site

The site of the Project is General Hospital Matara.

### 3. Responsible and Implementing Agency

- (1) The Responsible Agency is Ministry of Health & Indigenous Medicine.
- (2) The Implementing Agency is General Hospital Matara.

### 4. Items requested by the Government of Sri Lanka

(1) After discussions with the Team, the items in Annex 1 were finally requested by the Sri Lankan side. JICA will assess the appropriateness of the request and items to be included in the Project will be finalized after further study in Japan.

(2) The Government of Sri Lanka assigned their own priorities on the items in Annex 1.

Note: A: 1st priority/essential                      B: 2nd priority/necessary  
          C: 3rd priority/desirable

(3) The quantities of the items in Annex 1 will be studied further to identify appropriate and necessary quantities in order to achieve the objective of the project.

### 5. Japan's Grant Aid Scheme

(1) The Sri Lankan side understands the Japan's Grant Aid Scheme explained by the Team, as described in Annex 2.

(2) The Sri Lankan side will take the necessary measures, as described in Annex 3, for smooth implementation of the Project, as a condition for the Japanese Grant Aid to be implemented.

### 6. Schedule of the Study

(1) The consultants will proceed to further studies in Sri Lanka until October 3, 2000.

(2) JICA will prepare the draft report in English and dispatch a mission in order to explain its contents in December 2000.

(3) In case that the contents of the report are accepted in principle by

the Government of Sri Lanka, JICA will complete the final report and send it to the Government of Sri Lanka around March, 2001.

7. Other relevant issues

(1) Sri Lankan side agreed with the followings:

- a. The Ministry of Health & Indigenous Medicine shall make necessary budgetary provision to settle GST and any other duties and fiscal levies applicable for equipment and materials procured under the Project,
- b. The General Hospital Matara will complete the rehabilitation works to secure facilities of the distribution of electricity, water supply and drainage and other facilities incidental to the installation of the equipment prior to the procurement,
- c. The General Hospital Matara will complete the installation work of the partition in the operation theaters where the equipment will be installed prior to the procurement,
- d. The General Hospital Matara will forward to the Japanese side a concrete plan on the laundry facility including location and budgetary provision prior to the dispatch of the draft final report explanation mission, and
- e. The General Hospital Matara will consider to rationalize the operation method of "the Labour Room".

(2) The Ministry of Health & Indigenous Medicine confirmed that a pathologist and an orthopedic surgeon will be allocated to the General Hospital Matara in January 2001. The Ministry of Health & Indigenous Medicine understands that assignment of a cardiologist to the General Hospital Matara is a prerequisite for the request for the equipment relevant to cardiology in the CCU, the ICU and other related units. The Ministry of Health & Indigenous Medicine agreed to forward to the Japanese side the evidence for the assignment of those doctors prior to the dispatch of the draft final report explanation mission, otherwise the requested for those relevant items shall be reconsidered.

(3) The Ministry of Health & Indigenous Medicine explained that the Biomedical Engineering Service Division would allocate its technical staff to the General Hospital Matara prior to the procurement.

(4) The General Hospital Matara will endeavor to improve the quality of medical services which is measured by the indicators identified in the discussions with the Team.

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