

RECORD OF DISCUSSIONS
BETWEEN THE JAPANESE IMPLEMENTATION SURVEY TEAM
AND
THE AUTHORITIES CONCERNED OF HIS MAJESTY'S GOVERNMENT
OF NEPAL
ON THE TECHNICAL COOPERATION
FOR
THE PRIMARY HEALTH CARE PROJECT

The Japanese Implementation Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Takeshi Kawaguchi, Director-General, Public Health Department, Saitama Prefectural Government, visited the Kingdom of Nepal from December 19 to December 26, 1992 for the purpose of working out the details of technical cooperation for the Primary Health Care Project (hereinafter referred to as "the Project").

During its stay in the Kingdom of Nepal, the Team held a series of discussions and exchanged views with the Nepalese authorities concerned in respect of desirable measures by both governments for successful implementation of the Project.

As a result, both parties agreed to recommend to their respective Governments the matters stated in the document attached hereto.

Kathmandu, December 25, 1992

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THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN THE TWO GOVERNMENTS.

The Government of Japan and His Majesty's Government of Nepal will cooperate with each other in implementing the Project in accordance with the Master Plan given in Annex 1.

II. MEASURES TO BE TAKEN BY THE GOVERNMENT OF JAPAN.

In accordance with the laws and regulations in force in Japan, the Government of Japan will take the following measures through JICA, at its own expense, according to normal procedures under the Colombo Plan Technical Cooperation Scheme (hereinafter referred to as "the Colombo Plan Scheme").

1. Dispatch of Japanese Experts.

The Government of Japan will provide the services of Japanese experts as listed in Annex 2.

2. Provision of machinery and equipment

(1) The Government of Japan will provide such machinery, equipment, and other materials (hereinafter referred to as "the Equipment") as listed in Annex 3.

(2) The Equipment will become the property of His Majesty's Government of Nepal upon delivery CIF to the Nepalese authorities concerned at the airports or borders of disembarkation, and will be utilized exclusively for implementation of the Project in consultation with the Japanese experts referred to in Annex 2.

3. Training of Nepalese personnel in Japan

The Government of Japan will host Nepalese personnel connected with the Project for technical training in Japan.



III. MEASURES TO BE TAKEN BY HIS MAJESTY'S GOVERNMENT OF NEPAL

In accordance with the laws and regulations in force in the Kingdom of Nepal, His Majesty's Government of Nepal will take, at its own expense, the following measures through normal procedures under the Colombo Plan Scheme:

1. Services of counterpart and administrative personnel.

- (1) His Majesty's Government of Nepal will secure the services of suitably qualified Nepalese counterpart and administrative personnel as listed in Annex 4.
- (2) His Majesty's Government of Nepal will ensure that the knowledge and experience acquired by Nepalese counterpart personnel from technical training in Japan will be utilized effectively for successful implementation of the Project.

2. Provision of buildings and facilities.

His Majesty's Government of Nepal will provide buildings and facilities as listed in Annex 5.

3. Supply and/or replacement of machinery and equipment.

His Majesty's Government of Nepal will supply and/or replace machinery, equipment, instrument, vehicles, tools, spare parts and other materials necessary for implementation of the Project other than the Equipment referred to in II-2 above.



4. Extension of privileges , exemptions and benefits to the Japanese experts and their families.

His Majesty's Government of Nepal will extend privileges, exemptions and benefits no less favorable than those granted to experts of third countries or of other international organizations performing similar functions in the Kingdom of Nepal as stated in Annex 6.

5. Expenses necessary for implementation of the Project

His Majesty's Government of Nepal will cover the following expenses:

- (1) Expenses necessary for the transportation of the Equipment within the Kingdom of Nepal, as well as for installation , operation and maintenance thereof, after delivery at the Government store in Kathmandu;
- (2) Customs duties, internal taxes and any other charges imposed in the Kingdom of Nepal on the Equipment;
- (3) All running expenses necessary for implementation of the Project.



IV. ADMINISTRATION OF THE PROJECT

1. Chief, Public Health Division, Ministry of Health will bear overall responsibility for successful implementation of the Project in cooperation and coordination with other relevant divisions, departments and district public health offices.
2. Officers of the District Public Health Offices of Bhaktapur and Nuwakot will be responsible for administrative and technical matters of the Project activities in the respective districts.
3. The Director and the Medical Officer of the District Hospitals of Bhaktapur and Nuwakot will be responsible for administrative and technical matters of the Project activities related to hospital services and cooperation with public health activities.
4. The Japanese Chief Advisor will provide necessary recommendations and advices on technical and administrative matters concerning implementation of the Project.
5. The Japanese Experts will give necessary technical guidance and advices to the Nepalese counterpart personnel on matters concerning implementation of the Project.
6. For effective and successful implementation of the Project, the Joint Coordinating Committee will be established with the functions and composition as referred to in Annex 7.

V. CLAIMS AGAINST JAPANESE EXPERTS

His Majesty's Government of Nepal shall undertake to bear claims, if any arise, against the Japanese experts engaged in the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Kingdom of Nepal, except for those arising from willful misconduct or gross negligence by the Japanese experts.

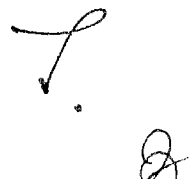


VI. MUTUAL CONSULTATION

There will be mutual consultation between the two Governments on any major issues arising from or in connection with this Attached Document.

VII. TERM OF COOPERATION

The duration of technical cooperation for the Project under this Attached Document will be five (5) years from April 1, 1993.

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1. Objective of the Project:

Overall Goal

The overall goal of the Project is to improve the health status of the population in the model districts, that is, Bhaktapur and Nuwakot in the Kingdom of Nepal through intensification of primary health care services in accordance with the National Health Policy 1991.

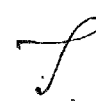
Emphases will be placed on effective management information system, participatory community health planning and evaluation, strengthened functioning of the District Public Health Offices, the District Hospitals, the Health Posts and existing and planned Sub Health Posts and Primary Health Care Centers in the model districts, and reinforced cooperation among these institutions.

Specific Objectives

Specific objectives of the Project are;

- (1) to develop management information system (MIS) for primary health care which allows timely and effective resource management, which will be done in close collaboration with national level management information system.
- (2) to promote participatory community health planning through activities in nutrition, health education, and community organization,
- (3) to increase rural population's access to health care services through upgrading of health facilities and training of health personnel, and
- (4) to strengthen functional cooperation between the District Public Health Offices and the District Hospitals for providing comprehensive health care services to target population,

in the above-mentioned model districts. Approaches and target levels of attainment in the respective districts reflect difference in the existing conditions.



2. Expected Outputs:

The following outputs are expected by the end of the Project;

- (1) More timely and accurate health statistics and periodical work reports made by health personnel, which will be utilized as the basis of health services planning.
- (2) Increased community involvement and participation on health activities as well as raised awareness on health among the population.
- (3) Increased utilization of the health posts and existing and planned sub-health posts and primary health care centers as well as increased cases referred from these facilities to higher level facilities.
- (4) Improvement of case-finding and treatment of tuberculosis through enhanced utilization and strengthening of health care services.
- (5) Improvement of health personnel training through manpower development planning and production of training materials. These activities will be done in close cooperation with the training coordination unit and proposed national training center when it is established.

3. Main Activities of the Project

The following activities will be conducted in order to produce the outputs stated above:

- (1) Surveys for baseline situation analysis, mid-term review and impact assessment in selected areas of the model districts.
- (2) Strengthening of capacity for data collection and analysis in the relevant units of the District Public Health Offices and the Ministry of Health.
- (3) Training of health personnel, volunteers and community leaders through seminars, workshops and on-the-job guidance.
- (4) Upgrading of health posts in terms of physical facilities and /or equipment.



- (5) Qualitative and quantitative improvement of district hospital services to provide effective support for lower level health care facilities.
- (6) Tuberculosis control measures integrated into the primary health care system.
- (7) Production and dissemination of educational materials targeted at the audience stated above.
- (8) Action researches on selected topics relevant to primary health care, such as drug schemes at the district levels and local levels..

These activities will be coordinated with on-going activities supported by the other bilateral and multi-lateral agencies.

ANNEX 2

JAPANESE EXPERTS

- (1) Chief Advisor cum Expert in Public Health
- (2) Project Coordinator
- (3) Experts in the Field of;
 - a) Public Health Administration
 - b) Health Education
 - c) Public Health Nursing
 - d) Pharmacy
 - e) Nutrition
 - f) Pediatrics
 - g) Maintenance of Medical Equipment.
 - h) Other related fields mutually agreed upon as and when necessary



ANNEX 3

LIST OF MACHINERY AND EQUIPMENT

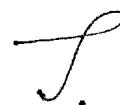
- (1) Equipment for management information system
personal computers with necessary accessories
- (2) Equipment for Surveys and Field Supervision
Vehicles - up to five (5)
Motor bikes - up to ten (10)
Map drafting apparatus
- (3) Equipment for Health Facilities
Medical equipment
Equipment for Clinical Laboratory
Home visit kits.
(List to be worked out with mutual-consultation)
- (4) Equipment for Health Education and Community Mobilization
Audio-visual equipment
- (5) Other equipment and materials mutually agreed upon as necessary.

ANNEX 4

LIST OF NEPALESE COUNTERPART AND ADMINISTRATIVE PERSONNEL

- (1) Ministry of Health.
- (2) Bhaktapur District Public Health Office.
- (3) Nuwakot District Public Health Office.
- (4) Bhaktapur District Hospital.
- (5) Nuwakot District Hospital.

His Majesty's Government of Nepal will assign the personnel to the District Hospitals, the District Public Health Offices and the Health Posts in the model areas according to the standard staffing pattern of these facilities under its National Health Policy 1991.



ANNEX 5

LIST OF BUILDINGS AND FACILITIES

Buildings and facilities:

- (1) Offices and necessary facilities for the Japanese experts, in the following institutions.
 - a) Ministry of Health
 - b) Bhaktapur District Hospital
 - c) Nuwakot District Hospital
- (2) Facilities, such as electricity, gas and water supply systems, sewerage system, telephones and furniture, necessary for Project activities.
- (3) Other facilities mutually agreed upon as necessary.

ANNEX 6

PRIVILEGES, EXEMPTIONS AND BENEFITS

1. His Majesty's Government of Nepal will grant exemption from income tax and other charges of any kind imposed on or in connection with allowances remitted from abroad.
2. His Majesty's Government of Nepal will grant exemption from customs duties on the importation of personal effects by the Japanese experts and their families, as well as on the importation of machinery and equipment related to their activities.



ANNEX 7

THE JOINT COORDINATING COMMITTEE

1. Functions;

The Joint Coordinating Committee will meet at least once a year and whenever necessity arises, and work:

- (1) To formulate the annual work plan of the Project;
- (2) To review the overall progress of the Project as well as the achievements of the above-mentioned annual work plan ; and
- (3) To review and exchange views on major issues arising from or in connection with the Project.

2. Composition

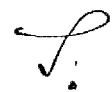

- (1) Chairperson, Secretary, Ministry of Health,
His Majesty's Government of
Nepal.

(2) Members

- Nepalese Side :
- a) Chief, Policy, Planning, Monitoring and Supervision Division, Ministry of Health.
 - b) Chief, Public Health Division, Ministry of Health.
 - c) Chief, Curative Division , Ministry of Health
 - d) Officer, District Public Health Office, Bhaktapur.
 - e) Officer, District Public Health Office, Nuwakot
 - f) Director, District Hospital, Bhaktapur
 - g) Medical Officer, District Hospital, Nuwakot
 - h) Representative, Ministry of Finance,
 - i) Representative ,National Planning Commission.

- Japanese Side:
- a) Chief Advisor.
 - b) Project Coordinator
 - c) Other Experts.
 - d) Resident Representative of JICA in Nepal.
 - e) Other personnel to be dispatched by JICA, as necessary.

Note: Official (s) of the Embassy of Japan may attend the Joint Coordinating Committee as observer (s).

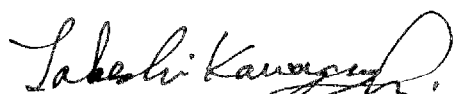



TENTATIVE SCHEDULE OF IMPLEMENTATION
OF
THE PRIMARY HEALTH CARE PROJECT

The Japanese Implementation Survey Team (hereinafter referred to as "the Team") and the Nepalese authorities concerned have jointly formulated the Tentative Schedule of Implementation and the Organization Chart of the Project as annexed hereto.

This schedule and chart has been formulated in connection with the Attached Document of the Record of Discussions signed between the Team and the Nepalese authorities concerned for the Project on condition that the necessary budget be allocated for implementation of the Project, and that the schedule be subject to change within the framework of the Record of Discussion when the necessity arises in the course of Project implementation.

Kathmandu, December 25, 1992



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Japan International Cooperation
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TENTATIVE SCHEDULE OF IMPLEMENTATION - I

I. Activities		YEAR 1 APR. 1993 - MAR. 1994	YEAR 2 APR. 1994 - MAR. 1995	YEAR 3 APR. 1995 - MAR. 1996	YEAR 4 APR. 1996 - MAR. 1997	YEAR 5 APR. 1997 - MAR. 1998
(1) Baseline Survey	B N	←=====→	←=====→			
(2) Strengthening Data Collection and Analysis	B N	←=====→			←=====→	
(3) Personnel Training / Community Involvement	B N		←=====→		←=====→	
(4) Upgrading of the Health Posts	B N	←=====→		←=====→		
(5) Improvement of the District Hospitals	B N	←=====→	←=====→			
(6) Integration of TB control into PHC	B N	←=====→				
(7) Educational Materials Production / Dissemination	B N		←=====→		←=====→	
(8) Action Research	B N	←=====→			←=====→	
(9) Mid-term Review / Impact Survey	B N			Mid-term Review ▲		←=====→ ←=====→

Note: B: Bhaktapur N: Nuwakot



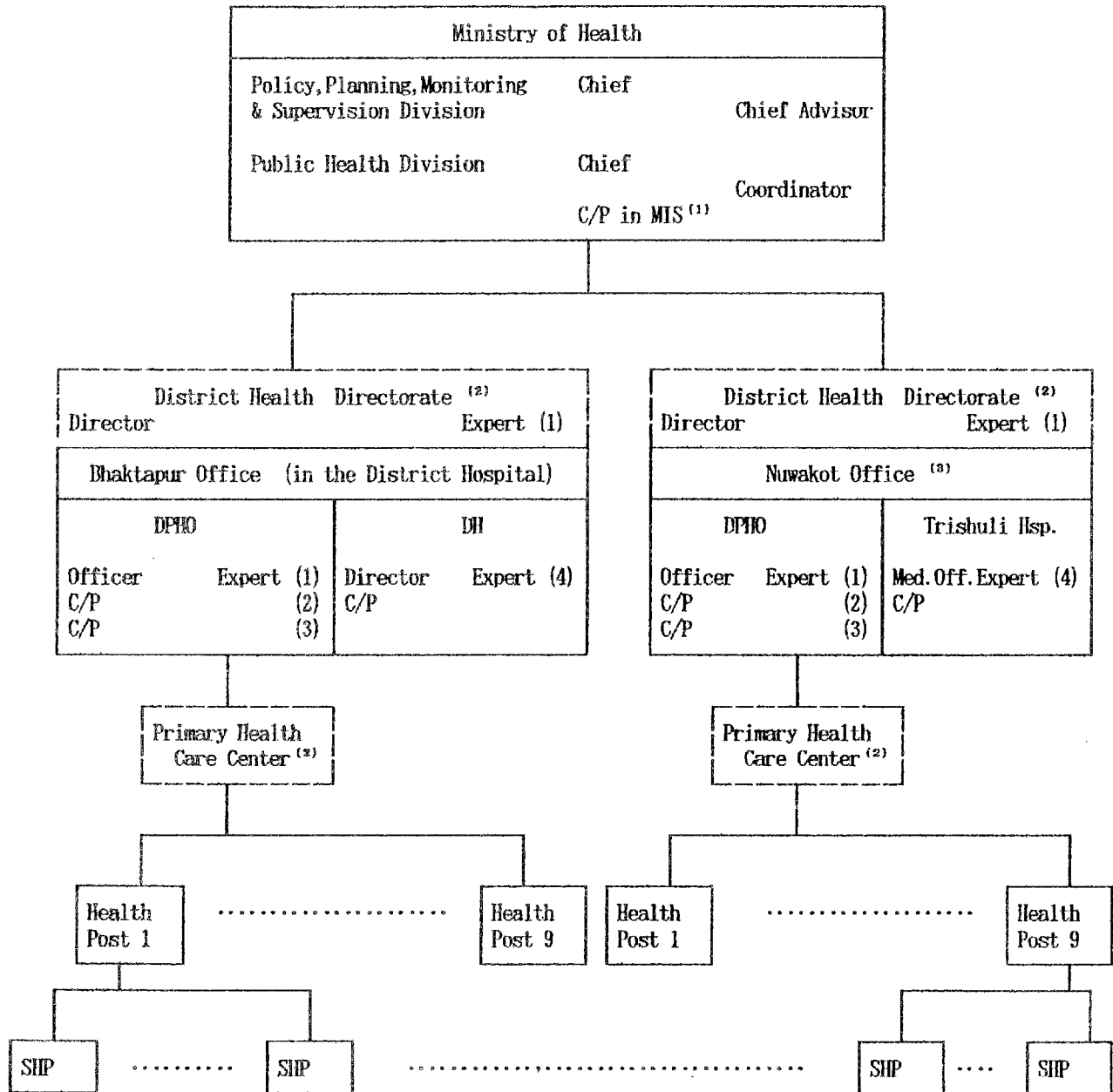

TENTATIVE SCHEDULE OF IMPLEMENTATION - I I

	YEAR 1 APR. 1993 - MAR. 1994	YEAR 2 APR. 1994 - MAR. 1995	YEAR 3 APR. 1995 - MAR. 1996	YEAR 4 APR. 1996 - MAR. 1997	YEAR 5 APR. 1997 - MAR. 1998
II. Inputs by JICA					
1. Dispatch of Japanese Experts					
(1) Chief Advisor					
(2) Project Coordinator					
(3) Public Health Administration					
(4) Health Education					
(5) Public Health Nursing					
(6) Pharmacy					
(7) Nutrition / Pediatrics / Medical equipment maintenance/ other relevant fields	3 long-term experts 10 short-term experts	3 long-term experts 10 short-term experts	3 long-term experts 10 short-term experts	3 long-term experts 10 short-term experts	3 long-term experts 10 short-term experts
2. Counterpart Training in Japan					
(1) Ministry of Health	2 - 4 persons	2 - 4 persons	2 - 4 persons	2 - 4 persons	2 - 4 persons
(2) Bhaktapur District					
(3) Nuwakot District					
3. Provision of Equipment for Technical Cooperation	▲	▲	▲	▲	▲
4. Japanese Mission to Nepal		Consultation Team	Consultation Team		Evaluation Team
III. Inputs by HMG of Nepal					
1. Assignment of Personnel					
(1) Ministry of Health	Staffing in accordance with the National Health Policy 1991	Staffing in accordance with the National Health Policy 1991	Staffing in accordance with the National Health Policy 1991	Staffing in accordance with the National Health Policy 1991	Staffing in accordance with the National Health Policy 1991
(2) District Public Health Offices					
(3) District Hospitals					
(4) Primary Health Care Centers					
(5) Health Posts / Sub Health Posts					
2. Office Space					
(1) Ministry of Health					
(2) Bhaktapur					
(3) Nuwakot					
IV. Annual Report	△	△	△	△	△

Note (1) : This schedule is formulated tentatively on the assumption that the necessary budget will be acquired by both sides.

Note (2) : This schedule is subject to change within the framework of the Record of Discussions as the necessity arises in the courses of Project Implementation.

Organization of the Project



- Notes: (1) to be decided
 (2) planned to be established under the National Health Policy 1991
 (3) place to be decided
 C/P : Nepalese Counterpart Personnel
 Expert in (1) Public Health Administration / Health Education
 (2) Public Health Nursing
 (3) Pharmacy or others
 (4) Clinical Medicine
 DPHO: District Public Health Office
 DH: District Hospital
 SHP: Sub Health Post
 MIS: Management Information System

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