

2. いままで作成されたPDM

At the Preliminary Survey / 事前調査 (February 1996)

Preliminary Project Design Matrix

Project Summary	Important Assumptions
<u>Overall Goal</u> The overall health status of the community in Lusaka City will be improved	No change in government health policy
<u>Project Purpose</u> Health care system of Lusaka City will be improved in line with Zambian Health Reform and Strategic Health Plan.	No further deterioration of Zambia economy Continuous drug supply
<u>Outputs</u> 1. Community based health care system will be strengthened in pilot compounds 2. Capacity of medical & management staff of Urban Health Centres (UHCs) in Lusaka City will be improved 3. Proper referral system among UHCs in Lusaka City and UTH will be developed.	Trained personnel will stay in the institutions
<u>Activities</u> 1-1. Conduct medical as well as socio-economic and cultural surveys on the pilot compounds in collaboration with community-level health workers 1-2. Identify leaders and groups relevant to health activities at community level 1-3. Establish a community project implementation committee for each pilot compound, consisting of representatives from relevant community groups, community leaders and community polyvalent health workers. 1-4. Assist community project implementing committees in identifying, designing and implementing health promotion and disease preventing activities (including improvement of malnutrition) that could also address community's development interests 1-5. Train community -level health workers 1-5. Assist community project implementing committees in identifying materials, equipment, means of transportation, etc. that would be required for health promotion and disease preventing activities and provide them through the committees 2-1. Assist UTH Board/CHCH in designing & conducting in-service training programs(in the fields of anti-HIV, malaria control, for example) for UHC medical & management staff 2-2. Provide self-learning materials on PHC to UHCs 2-3. Provide training to UHC medical staff on routine maintenance of medical equipment 2-4. Assist UTH Board in designing & conducting training programs for CHCH medical staff for their outreach activities at UHC level 3-1. Assist DHMT in designing ambulance service system for Lusaka City 3-2. Assist DHMT in designing and conducting their outreach activities and training programs 3-3. Assist DHMT in training management staff	No epidemics will occur There will be no abrupt change in population in Lusaka City <u>Preconditions</u> Government counterpart staff at DHMT, LCC, CHCH and NMCC are appointed Government budget for the project is in place Consensus on the project framework among relevant government agencies are reached Outreach centre is established at UTH

Inputs will be discussed during the R/D mission. Objectively Verifiable Indicators and Means of Verification will be discussed after the commencement of the project.

At the Long Term Survey / 長期調査 (August 1996)

Project Summary
Overall Goal
The overall health status of the community in Lusaka City will be improved.
Project Purpose
Health care system of Lusaka City will be improved in line with Zambian Health Reform and Strategic Health Plan.
Outputs
<ol style="list-style-type: none"> 1. Community based health care system will be strengthen in pilot compounds. 2. Capacity of medical and management staff of Urban Health Centers (UHCs) in Lusaka will be improved. 3. Adequate referral system among UHCs in Lusaka City and UTH will be developed.
Activities
<ol style="list-style-type: none"> 1-1 Conduct health as well as socio-economic and cultural surveys on the pilot compounds in collaboration with community-level health workers 1-2 Identify leaders and groups relevant to community based health activities at the pilot compounds 1-3 Establish a community based project implementation committee for each pilot compounds, consisting of representatives from relevant community groups, community leaders and community polyvalent health workers 1-4 Assist community project implementation committees in identifying, designing and implementing health promotion and disease preventing activities (including improvement of malnutrition) that could address community's development interests 1-5 Train community-level health workers 1-6 Assist community project implementation committee in identifying materials, equipment, means of transportation, etc. that would be required for health promotion and disease preventing activities, and provide them through the committees 2-1 Assist CHCH Board in designing and conducting in-service training programs in the fields identified as necessary in the planning stage of the project, for UHC clinical and administrative staff. 2-2 Provide self-learning materials on PHC to UHCs 2-3 Develop community based health education materials for UHCs and relevant community based project implementation committees 2-4 Provide training to UHC clinical staff on routine maintenance of medical and related equipment 2-5 Assist CHCH to conduct research on nutritional status in pilot compounds and develop a model menu which can be utilized against community's chronic malnutrition problem 2-6 Assist UTH to implement on the job training out reach program for UHC's medical doctors in a pilot health center 3-1 Assist DDMT to function as a facilitator of above described activities 3-2 Assist DDMT to strengthen inter-sectoral collaboration among relevant departments and other institutions 3-3 Assist DDMT in strengthening health information management system 3-4 Assist DDMT in designing ambulance service for Lusaka City 3-5 Assist DDMT to build capacity for planning community based health related activities 3-6 Assist DDMT to collaborate NGOs in PHC related poverty alleviation in the model sites

Tentative Project Design Matrix

Project Summary	Important Assumptions
<p><u>Overall Goal</u> To improve the overall health status of people in the community of the Lusaka urban area.</p>	No change in government health policy
<p><u>Project Purpose</u> To improve the primary health care management system in Lusaka City in line with the Zambia Health Reform Policy and the Strategic Plan.</p>	No further deterioration of Zambia economy Continuous drug supply
<p><u>Output</u> (1) The community based PHC programmes (health services and education) are improved. (2) The referral system between the Urban Health Centers (UHCs) and the University Teaching Hospital (UTH) is operated effectively.</p>	Trained personnel will stay in the institutions
<p><u>Activities</u> (1)- a. To review the current status of the existing PHC programmes. b. To execute base line studys including social aspects in the pilot compound(s). c. To execute community based PHC programmes in collaboration with UTHs' staffs, community groups, NGOs, and other donor agencies. d. To strengthen the capacity of UHCs staffs who are engaged in PHC programmes. e. To strengthen the basic health information system in DHMT. f. To collect and analyze covering and outcome indicators to monitor the effects of the programmes mentioned above. (2)- a. To review the current status of the referral system between UHCs and UTH. b. To strengthen the capacity of UHCs' clinical staffs through UTH' s outreach activities and other training programmes. c. To improve the referral system in collaboration with relevant departments and institutions.</p>	<p>No epidemics will occur</p> <p>There will be no abrupt change in population in Lusala City</p> <p>Preconditions</p> <p>Government counterpart staff at DHMT are appointed.</p> <p>Government budget for the project is in place</p> <p>Consensus on the project framework among relevant government agencies are reached.</p>

Objectively Verifiable Indicators and Means of Verification will be discussed after the commencement of the project.

**Project Design Matrix (PDM)
for the Lusaka District Primary Health Care Project**

Project Structure (Narrative Summary)	Indicators of Achievements (Verifiable Indicators)	How quantified and assessed (Means of Verification)	Important Assumptions and Risks
(Overall Goal) The overall health status of people in the community of the Lusaka District will be improved.	1. Improvement of health indicators in Lusaka District.	1. Health report by Ministry of Health or LDHMT	a. Economic and political situation in the Republic of Zambia will be stable.
(Project Purpose) The primary health care management system will be improved in Lusaka District in line with the Zambian Health Reform Policy and the Strategic Plan.	1. Improvement of capability of LDHMT staff, co-medical with the Project in pilot area.	1. In-service training policy documents including guideline, procedures and forms. 2. Project annual report . 3. Monitoring surveys for people in pilot compound(s).	a. The role and function of LDHMT will not change.
(Output / Result) (1) The community based PHC programmes are improved. (2) The referral system between the different levels health care in Lusaka District is operated effectively.	1. Contents and frequency of PHC programmes and activities. 2. Contents of referral system. 3. Number of co-medical staff trained.	1. Project annual report of PHC activities. 2. Project annual report of referral system. 3. Project annual report of in-service training including the subjects and the list of co-medical staff.	a. LDHMT will maintain local budget for sustainable PHC activities and in-service training. b. Referral system established will be enforced smoothly.
(Activities) (1) a. To review the current status of the existing PHC programmes. b. To execute base line surveys including socioeconomic aspects in the pilot compound(s). c. To execute community based PHC programmes in the pilot compound(s) in collaboration with district health staff, community groups, NGOs, and other international donor agencies. d. To strengthen the capacity of district health staff who are engaged in PHC programmes. e. To strengthen the basic health management information system in Lusaka District. f. To monitor and evaluate the effects of the programmes mentioned above. (2) a. To review the current status of the referral system between different levels of health care in Lusaka District. b. To strengthen the capacity of district health staff through several training programmes including UTH's outreach activities. c. To improve the referral system in collaboration with relevant departments and institutions.	(Inputs)	<p align="center">-Japanese Side-</p> 1. Dispatch of Japanese Experts <Long Term> Chief Advisor Coordinator Primary Health Care Health Programming and Planning Public Health Health Education <Short Term> Health Programming and Planning Medical Equipment Maintenance Social Research/Sociology Medical Laboratory Community Development Primary Health Care Other related field mutually agreed upon as necessary 2. Provision of Machinery and Equipment 3. Training of the Counterpart in Japan. <p align="center">-Zambian Side-</p> 1. Counterparts Project Director Project Coordinator Counterparts for Japanese Experts Administrative personnel 2. Provision of land and facilities for the Project 3. Appropriation of local cost for the Project	Counterpart personnel will continue to work for the Project. (PRE-CONDITION) The Zambian Government maintains PHC policy for the improvement of health status.

Project Design Matrix for the Lusaka District Primary Health Care Project

Narrative Summary	Verifiable indicators	Means of Verification	Assumptions
<p><u>Overall goal</u> The overall health status of people in the community of the Lusaka District will be improved.</p>	Improvement of health indicators in Lusaka District	Health Report by Ministry of Health or LDHMT	Economic and political situation in the Republic of Zambia will be stable
<p><u>Project Purpose</u> The primary health care management system will be improved in Lusaka District in line with the Zambian Health Reform Policy and the Strategic Plan</p>	Improvement of capability of LDHMT staff, co-medical with the Project in pilot area	<ol style="list-style-type: none"> DHMT Annual Report Focus group discussion 	The role and function of LDHMT will not change
<p><u>Outputs</u></p> <ol style="list-style-type: none"> The community based PHC programmes are improved The referral system between the different level health care in Lusaka District is operated effectively School health services are effectively in operation 	<ol style="list-style-type: none"> Improvement of capacity and capability of community members to conduct community based health activities in nutrition and environmental health Knowledge and behavioural change in pilot areas Existence of a system to measure appropriateness of referral Existence of systems to evaluate <ul style="list-style-type: none"> reliability of equipment skills and training of Health Centre staff Improvement of capability and knowledge of school health coordinators on specific components of the school health programmes Prevalence of worm infestation in primary school children in the pilot schools 	<ol style="list-style-type: none"> Observation and evaluation by Health Centre staff and JICA Experts Knowledge, Attitude and Practice (KAP) survey Report of UTH-DHMT Paediatric Data System Report of DHMT medical equipment management, Report of staff training and skills evaluation Pre- and post-training tests, report by school health team to DHMT, performance assessment by DHMT Stool examination survey 	<ol style="list-style-type: none"> LDHMT will maintain local budget for sustainable PHC activities and in-service training Referral system established will be enforced smoothly
<p><u>Activities</u></p> <ol style="list-style-type: none"> To review the current status of the existing PHC programmes To execute baseline surveys including socio-economic aspects in the pilot compound(s) 	<p><u>Inputs</u></p> <p>- Japanese Side -</p> <ol style="list-style-type: none"> Dispatch of Japanese Experts <p><Long-term> Chief Advisor Coordinator</p>	<p>- Zambian Side -</p> <ol style="list-style-type: none"> Counterparts Project Director Project Coordinator Counterparts for Japanese Experts 	Counterpart personnel will continue to work for the project

<p>1-c To execute community based PHC programmes in the pilot compound(s) in collaboration with district health staff, community groups, NGOs, and other international donor agencies</p> <p>1-d To strengthen the capacity of district health staff who are engaged in PHC programmes</p> <p>1-e To strengthen the basic health management information system in Lusaka District</p> <p>1-f To monitor and evaluate the effects of the programmes mentioned above</p> <p>2-a To review the current status of the referral system between different levels of health care in Lusaka District</p> <p>2-b To strengthen the capacity of district health staff through several training programmes including UTH's outreach activities</p> <p>2-c To strengthen the basic health management information system in Lusaka District</p> <p>2-d To improve the referral system in collaboration with relevant department and institutions.</p> <p>3-a To Review the current status of school health programme</p> <p>3-b To select pilot primary schools in Lusaka</p> <p>3-c To conduct school health workshops for school health coordinators</p> <p>3-d To develop the guideline document for school health programme</p> <p>3-e To execute school health activities including deworming and physical examinations in pilot schools</p> <p>3-f To monitor and evaluate the effects of the school health programme</p>	<p>Primary Health Care Health Planning Public Health Health Education</p> <p><Short-term> Health Programming and Planning Medical Equipment Maintenance Social Research/Sociology Medical Laboratory Community Development Primary Health Care Other related field mutually agreed upon as necessary</p> <p>2. Provision of Machinery and Equipment</p> <p>3. Training of the Counterparts in Japan</p>	<p>Administrative personnel</p> <p>2. Provision of land and facilities for the Project</p> <p>3. Appropriation of local cost for the Project</p>	<p>Pre-condition</p> <p>The Zambian Government maintains PHC policy for the improvement of health status.</p>
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3. 質問表例

P.O.Box 30027 Lusaka Zambia



In reply please quote

TEL 1-224912 FAX 1-225284 E-Mail jicaphc@zamnet.zm

No. _____

Office Plot No.5231 Makishi Road

LUSAKA PRIMARY HEALTH CARE PROJECT

19th September, 2001

ATTENTION TO:

Dr. / Mr. / Ms.

RE/ Provision of data and answer to Evaluation Question(s) raised by the JICA Project Evaluation Team coming to the Project in 16/Sep - 6/Oct/2001

Dear colleague(s),

Thank you for your continuing support to various project activities. I would appreciate having your prompt response to the monitoring questions.

Please take the following points into your consideration when you answer the questions.

- | | |
|-----|--|
| 01/ | Please use the attached answer form (If you received multiple questions, please use one form for each question). |
| 02/ | Please try to provide the figures at your best knowledge for the answer. |
| 03/ | Please show the information sources of your answer. |
| 04/ | Please send the form back within 24 hours after receiving this letter to JICA Project Office. |
| 05/ | If you have any supportive and explanatory data or documents for the better understanding of the answer, please attach them to the answer form. |
| 06/ | If you have NO information for the asked question, please state so in the form and suggest potential respondents at your best knowledge. |

Thank you in advance for your cooperation to this information collection.

Yours sincerely,

KUNIYOSHI MATSUO

Project Leader

LDHMT - JICA Lusaka District Primary Health Care Project

Encl. Answer form to evaluation question

Answer Form to Monitoring Question

JICA Project Office

Please return this form to JICA Project Office immediately after fillout. This form should be used for one question. If you need more forms, please use the copy.

Date: (/Sep/2001)

Respondent Name:

Title:

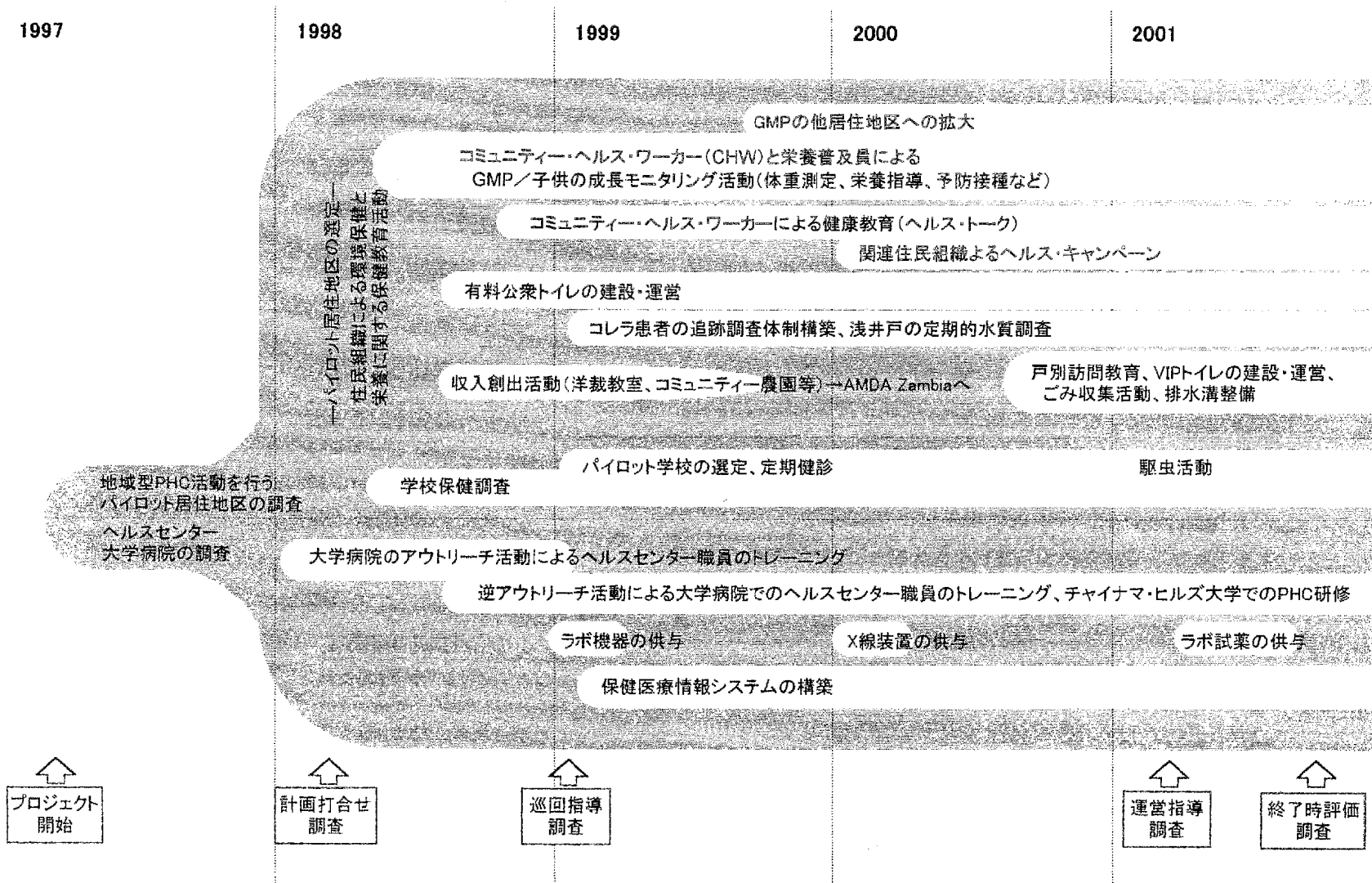
Question: 62

Do you think of any other the approach(es) or activities that could be taken to improve community based PHC programme? If you do, itemize possible alternative(s).

Answer(s):

Information Source(s):

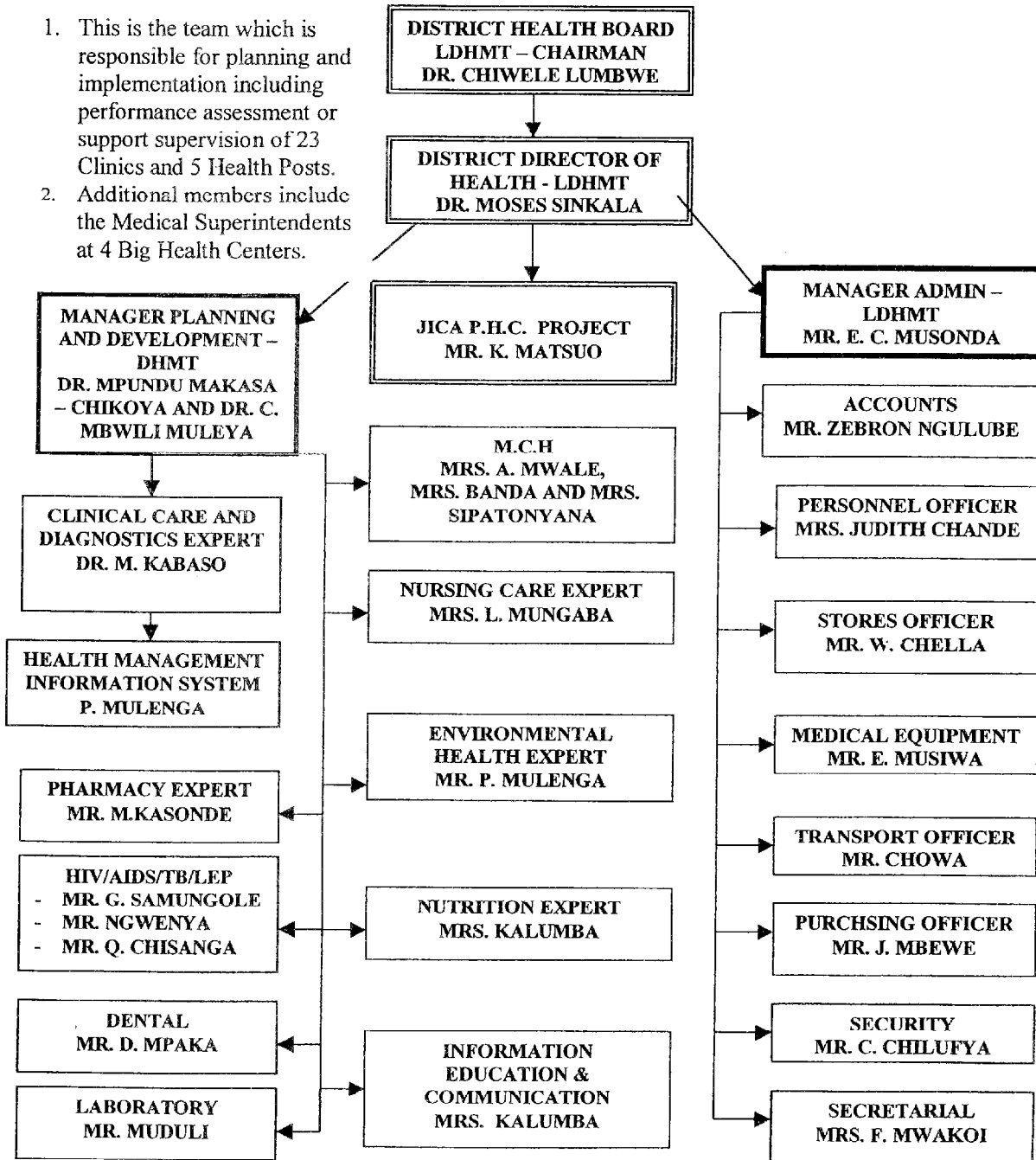
Comments: *Please use the space for your comments and additional information on the above question(s) if necessary.*



5. ルカサ地区保健管理局組織図

LUSAKA DISTRICT HEALTH OFFICE ORGANOGRAM - LDHMT

1. This is the team which is responsible for planning and implementation including performance assessment or support supervision of 23 Clinics and 5 Health Posts.
2. Additional members include the Medical Superintendents at 4 Big Health Centers.



6. 投入専門家の補足リスト

投入専門家の補足リスト

指導科目	専門家 区分	氏名	所属先	派遣期間
チーフアドバイザー	長期	斉藤 良夫	国際協力データサービス	97.03.24 - 99.10.23
	長期	松尾 邦義	国際協力データサービス	99.10.12 - 02.03.18
業務調整	長期	及川 雅典	MD インターナショナル	97.03.24 - 00.03.24
	長期	佐々木 諭	MD インターナショナル	00.02.29 - 02.03.18
保健計画	長期	服部 恵子	聖マリア病院	97.12.03 - 00.03.01
	短期	荻原 理江		00.06.18 - 00.08.19
	長期	平岡 亜矢	JICA	00.12.19 - 02.03.18
保健教育	長期	島田 陽子		97.12.12 - 98.12.11
	長期	妹尾 美樹	MD インターナショナル	98.07.04 - 01.07.02
	短期	畑 久美子	MD インターナショナル	01.06.08 - 02.03.18
公衆衛生	短期	山本 秀樹	岡山大学医学部	97.08.04 - 97.08.25
	長期	山本 秀樹	岡山大学医学部	98.12.12 - 00.03.31
	長期	広田 眞美	MD インターナショナル	00.05.23 - 02.03.18
参加型環境衛生	短期	岡安 利治	MD インターナショナル	00.06.27 - 00.09.27
プライマリーヘルス ケア	長期	岡安 利治	MD インターナショナル	00.12.10 - 02.03.18
社会調査	短期	岡本 正博		98.02.20 - 98.04.04
栄養学	短期	宮西 邦夫		98.08.07 - 98.09.01
医療機器保守管理	短期	廉野 光明	JICA	00.12.05 - 01.03.31
評価分析	短期	福士 恵里香	JICA	01.03.11 - 01.03.26
臨床検査	短期	佐藤 延子	東北大学医学部附属病院	01.08.07 - 01.08.16
量的・質的評価調査	短期	上地 勝	筑波大学社会医学系	01.08.20 - 01.09.27

7. 供与機材の補足リスト

平成10年度供与機材 基礎医療機器 / Basic Medical Equipment 詳細リスト

	Item	Maker/Type	Total QTY	George HC	Lilanda Sub-clinic	Ng'ombe HC	Matero Ref HC	Other
1	Examining Couch 診察台	Impact Medical BD800	9	--	4	5	0	--
2	Delivery Bed 分娩台	Impact Medical BD113	11	2	1	5	3	--
3	Stretcher ストレッチャー	Impact Medical TT840	5	2	--	2	1	--
	同上	GIMA Code 34101	5	3	1	1	--	--
4	Screen 衝立て	Impact Medical 3 fold	8	2	2	4	--	--
5	Sphygmomanometer 血圧計	Fazzini Aneroid/Handheld	16	5	2	5	4	--
6	Stethoscope 聴診器	Register Nurse's	30	7	4	10	9	--
7	Diagnostic Set for Eyes and Ears 検眼鏡、耳鏡セット	Fazzini Code 6750	5	2	--	1	2	--
8	Laryngoscope Set for Child and Adult 咽頭鏡セット	GIMA	1	1	--	--	--	--
9	Kidney Dish 膿盆	Expomed S M L	8 10 8	3 4 3	2 2 2	3 4 3	-- -- --	-- -- --
10	Medicine Cup 薬杯	Expomed Stainless	50	30	--	20	--	--
11	Dressing Drum ガーゼカスト	Expomed 20cm/A1061190	5	3	--	2	--	--
12	Dressing Jar 万能壺	Fazzini 500ml	5	3	--	2	--	--
13	Basin 手洗い鉢	Expomed Stainless	5	--	2	3	--	--
14	Kick Bucket 足踏み衛生缶	Impact Medicine St351	11	3	3	3	2	--
15	Instrument Trolley ワゴン車	Impact Medicine 610*458 TR582	6	--	3	3	--	--
16	Foot Stool 踏み台	Impact Medicine BD806	4	--	2	2	--	--
17	Forceps Toothed 有鉤ピンセット	Expomed/stainless 15cm 23cm	20 9	5 5	3 2	6 2	6 --	-- --
18	Forceps Plain 無鉤ピンセット	Expomed/stainless 15cm 20cm	10 9	3 5	2 2	5 2	-- --	-- --
19	Artery Forceps (s) 直一止血かんな子	Expomed 14cm 18cm	25 5	5 5	-- --	10 --	10 --	-- --
	Artery Forceps (cu) 反一止血かんな子	14cm 18cm	5 5	5 5	-- --	-- --	-- --	-- --
20	Episiotomy Scissors 会陰切開せん刀	Stainless 14cm	25	5	--	10	10	--
21	Cord Scissors	Stainless	15	5	--	5	5	--

	臍帯せん刀	14cm							
22	Needle Holder Mathieu 持針器	Stainless 18cm	20	5	--	5	10	--	
23	Sponge Holder Forceps 舌かん子	Stainless 18cm	5	5	--	--	--	--	
24	Instrument Cabinet 器械戸棚 (ガラス戸)	Impact Medical W75-D36-H90 LR439	5	2	1	2	--	--	
25	Spotlight with Stand スタンド照明	Mobile	12	4	2	4	2	--	
26	Foetal Scope 胎児聴診器	Fazzini Stainless	20	2	3	10	5	--	
27	Cusco's Vaginal Speculum クスコ膣鏡	Expomed S M L	5 10 5	-- -- --	3 3 3	2 3 2	-- 4 --	-- -- --	
28	Desktop Autoclave 卓上型オートクレーブ	Prestige 250mm Prestige	2	--	1	1	--	--	
29	Weight Scale / Baby 小児用体重計	15kg	23	3	2	3	3	DHMT 12	
30	Hanging Scale 釣り下げ体重計		38	6	3	6	4	CHW 19	
31	Weight Scale / Adult 体重計	150kg	40	4	2	4	3	CHW 19 学校 8	
32	Baby Doll Nursing 看護人形	AMBU	3	1	1	1	--	--	
33	Small Table / Counselling 診察机	Impact Medical	39	6	7	7	5	DHMT 6 学校 8	
34	Chair 椅子	Impact Medical	73	10	20	30	--	CHW 13	
35	Bench ベンチ	Impact Medical	23	-	10	13	--	--	
36	Filing Cabinet ファイル用戸棚	Impact Medical 4 drawers	10	--	1	1	--	学校 8	
37	Refrigerator 冷蔵庫	A Polymers 200L cold, 60L freezing	4	--	1	3	--	--	
38	Cooler Box / Vaccine ワクチン保存用箱	UNICEF type 22L	14	1	1	2	2	学校 8	
39	Electric Cooker 電機調理器	A Polymer 2 plate	10	2	2	2	2	DHMT 2	
40	Wall Height Rod 身長計	200cm	8	--	--	--	--	学校 8	
41	MCH Kit MCH キット	Sterizer	1	1	--	--	--	--	

平成 10 年度供与機材 臨床検査機器 / Laboratory Equipment 詳細リスト

	Item	Maker/Type	Total QTY	Chelstone HC	Kanyama HC	Chilenje HC	Matero Ref HC	George HC	Other HC
1	Microscope Objective Lens 顕微鏡	Nikon binocular x40, 20, 40, 100	4	--	1	1	--	1	Chipata 1
2	Micro-Haematcrit Centrifuge ヘマトクリット遠心機	A-J. Corp, 24 capillary, tubes packed of 1000 CE800-10 CE805-10 CE806-14	9 9 9	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	Chawama Chipata Matero Main Mtendere に 1 台づつ
3	Distilling Apparatus 蒸留水精製器	A-J. Corp WL600-10 WL604-08	3 9	-- --	-- --	-- --	1 3	1 3	Mtendere 1 3
4	Incubator インキュベーター	A-J. Corp Model 5290, 140L IN540-10	4	1	1	1	1	--	--
5	Blood Cell Counter 血球分類計数器	Becton Dickinson Parameter / WBC, RBC, Hb, Hct, MCV, MCH, MCHC, Plt	4	1	1	1	1	--	--
6	Glucose Analyser 血糖分析器	Boehringer Mannheim Reflux S Test strip pack 50 Spare battery	11 11 11	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	Chawama Chipata Kalingalinga Kamwala Matero Main Mtendere に 1 台づつ
7	Bilirubin Analyser ビリルビン分析器	African Polymers Digital Display	4	1	1	1	1	--	--
8	Electrolyte Analyser 電解質分析器	African Polymers	8	1	1	1	1	--	Chawama Chipata Kalingalinga Kamwala に 1 台づつ
9	Warmer Bath 恒温槽	BJ750-10 BJ815-10	4 4	1 1	1 1	1 1	1 1	-- --	-- --
10	Culture Materials 培養セット	A-J. Corp Bottle Bs 150-10 Bottle Bs 150-15 Petri dish PD250-40 Conical flask FK200-40 FK200-35 FK200-30 FK200-24 FK200-22 Round flat flask FK100-40 FK100-35 FK100-30 FK100-24 FK100-22 Culture tube IP190-35	4 4 200 20 20 20 20 20 20 20 20 20 20 20 2	1 1 50 5 5 5 5 5 5 5 5 5 5 1	1 1 50 5 5 5 5 5 5 5 5 5 5 --	1 1 50 5 5 5 5 5 5 5 5 5 5 --	1 1 50 5 5 5 5 5 5 5 5 5 5 1	-- -- -- -- -- -- -- -- -- -- -- -- -- --	-- -- -- -- -- -- -- -- -- -- -- -- -- --

平成 12 年度供与機材 臨床検査試薬及び培地 / Laboratory agar and consumable 詳細リスト

The items bellow were evenly distributed to Matero Reference, Chelstone and Chilenje Health Centre.

Item	Kit Size	Qty
Nutrient Agar	500g	3
Urea	500g	3
Fluid Thioglycollate Medium	500g	3
Muelier Hinton Medium	500g	3
Potato Dextrose Agar	500g	3
Selenite Broth	500g	3
Desoxycholate Citrate Agar	500g	3
Bile Esculin Azide Agar	500g	3
Cary-Blair Transport Medium	500g	3
TCBS Agar	500g	3
Fluid Sabouraud Medium	500g	3
Sabouraud Dextrose Agar	500g	3
India Ink	50 x 0.75ml	1
Nigrosin Stain	5ml	3
Hydrogen Peroxide for Catalase Test	50 x 0.75ml	3
Oxidase Reagent	50 x 0.75ml	3
Capillary Tubes, non-heparinised	100 / bottle	9
Capillary Tubes, heparinised	100 / bottle	9
Stainless Steel Racks		
5 rows, 17 holes/row, 11.0mm diameter, 50mmH	Each	6
4 rows, 15 holes/row, 13.5mm diameter, 50mmH	Each	6
2 rows, 15 holes/row, 13.5mm diameter, 50mmH	Each	6
4 rows, 12 holes/row, 17.5mm diameter, 50mmH	Each	6
2 rows, 12 holes/row, 17.5mm diameter, 50mmH	Each	6
3 rows, 11 holes/row, 20.6mm diameter, 50mmH	Each	6
2 rows, 10 holes/row, 23.7mm diameter, 50mmH	Each	6
2 rows, 9 holes/row, 26.0mm diameter, 50mmH	Each	6
Plastic Racks		
6 rows, 15 holes/row, 13mm diameter	Each	6
5 rows, 12 holes/row, 16mm diameter	Each	6
4 rows, 10 holes/row, 20mm diameter	Each	6
4 rows, 10 holes/row, 25mm diameter	Each	6
3 rows, 8 holes/row, 30mm diameter	Each	6
X discs	10 x 50 discs	6
V discs	10 x 50 discs	1
XV discs	10 x 50 discs	1
GasPak 100 system (Jar)	Each	3
GasPak CO2 envelope	10 / pack	6
Salmonella H Antiserum poly a-z, EN, G, L, Z4 and I complexes and a-k, r-z, z6, z10, z29 agglutinins	3ml	6
Salmonella O Antiserum poly A-I & Vi, factors 1-16, 19, 22-25, 34 & Vi	3ml	6
Salmonella O Antiserum poly A	3ml	6
Salmonella O Antiserum poly B	3ml	6
Salmonella O Antiserum poly C	3ml	6
Salmonella O Antiserum poly D	3ml	6
Salmonella O Antiserum poly E	3ml	6

Salmonella O Antiserum group G	3ml	3
Salmonella Vi Antiserum	3ml	6
Salmonella H Antiserum d	3ml	3
Shigella Antiserum poly group A, S dysenteriae types 1-7	3ml	3
Shigella Antiserum poly group A1, S dysenteriae types 8ab, 8ac, 9, 10	3ml	3
Shigella Antiserum poly group B, S flexneri types 1-6	3ml	3
Shigella Antiserum poly group C, S boydii types 1-7	3ml	3
Shigella Antiserum poly group C1, S boydii types 8-11	3ml	3
Shigella Antiserum poly group C2, S boydii types 12-15	3ml	3
Shigella Antiserum poly group D, S sonnei types I & II	3ml	3
V Cholerae Inaba	3ml	6
V Cholerae Ogawa	3ml	6
V Cholerae 0139 Bengal	3ml	6
V Cholerae poly (Inaba, Ogawa, Bengal 0139)	3ml	6
Ampicillin, 10mcg	10 x 50 discs	1
Oxacillin, 1mcg	10 x 50 discs	1
Penicillin G, 10U	10 x 50 discs	1
Erythromycin, 15mcg	10 x 50 discs	1
Cefotaxime, 30mcg	10 x 50 discs	1
Gentamicin, 10mcg	10 x 50 discs	1
Kanamycin, 30mcg	10 x 50 discs	1
Ciprofloxacin, 5mcg	10 x 50 discs	1
Sulfamethoxazol with Trimethoprim, 23.75/125mcg	10 x 50 discs	1
Chloramphenicol, 30mcg	10 x 50 discs	1
Nitrofurantoin, 300mcg	10 x 50 discs	1
Nalidixic Acid, 30mcg	10 x 50 discs	1
Amoxicillin with Clavulanic Acid, 20/10mcg	10 x 50 discs	1
Doxycycline, 30mcg	10 x 50 discs	1
Taxo P Discs (Optochin)	10 x 50 discs	1
Taxo A Discs (Bacitracin)	10 x 50 discs	1