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1 . 調査団員・氏名

調査団員氏名・所属

1. 基本設計調査

- | | | |
|------|-------|------------------------|
| (1) | 池崎 保 | 総括（JICA 無償資金協力部） |
| (2) | 稲葉 淳一 | 技術参与/計画管理（国立国際医療センター） |
| (3) | 石川 洋次 | 業務主任/維持管理計画（アイテック株式会社） |
| (4) | 笹田 志穂 | 地域医療計画（アイテック株式会社） |
| (5) | 木村 裕幸 | 機材計画（アイテック株式会社） |
| (6) | 中島 浩則 | 機材計画（アイテック株式会社） |
| (7) | 島田 義一 | 建築計画（株式会社 山下設計） |
| (8) | 金 和彦 | 設備計画（株式会社 山下設計） |
| (9) | 望月 裕明 | 調達積算計画（株式会社 山下設計） |
| (10) | 竹 直樹 | 業務調整（アイテック株式会社） |

2. 概要書説明調査

- | | | |
|-----|-------|------------------------|
| (1) | 今村 嘉宏 | 総括（JICA 南アフリカ事務所） |
| (2) | 石川 洋次 | 業務主任/維持管理計画（アイテック株式会社） |
| (3) | 木村 裕幸 | 機材計画（アイテック株式会社） |
| (4) | 島田 義一 | 建築計画（株式会社 山下設計） |
| (5) | 望月 裕明 | 調達積算計画（株式会社 山下設計） |

2 . 調查行程

南アフリカ国 リンボホ州医療施設向上計画 基本設計調査計画

日順	日付	総括	技術参与	業務主任/ 維持管理計画	地域医療計画	機材計画Ⅰ	機材計画Ⅱ	建築計画	設備計画	調達計画/積算	業務調整	
		池崎 保 8日	稲葉 淳一 12日	石川 洋次 38日	笹田 志穂 24日	木村 裕幸 38日	中島 浩則 36日	島田 義一 38日	金 和彦 36日	望月 裕明 28日	竹 直樹 38日	
1	3月22日	土		日本発 SQ997 NRT12:00- SIN18:20(機内泊)		業務主任と同じ		業務主任と同じ			業務主任と同じ	
2	3月23日	日		SQ406 SIN01:35-JNB06:05 ヨハネスブルグ着(P)		業務主任と同じ(P)		業務主任と同じ(P)			業務主任と同じ(P)	
3	3月24日	月		大使館、JICA、保 健省表敬(P)		業務主任と同じ(P)	日本発 SQ997 NRT12:00- SIN18:20	業務主任と同じ(P) 午後、自然条件調 査発注準備	機材計画Ⅱと同じ		業務主任と同じ(P)	
4	3月25日	火		機材代理店打合せ 午後、ザニン移動 (T)		業務主任と同じ (T)	SQ406 SIN01:35-JNB06:05 ヨハネスブルグ着 ザニンへ移動(T)	地盤調査現地再委 託契約。 午後、業務主任と 同じ (T)	機材計画Ⅱと同じ (T)		業務主任と同じ (T)	
5	3月26日	水		ザニンで関係者協 議、建築サイト視察 (T)		業務主任と同じ (T)					業務主任と同じ (T)	
6	3月27日	木		ファンデルレン病院増 改築を含む調査 (T)		業務主任と同じ (T)					業務主任と同じ (T)	
7	3月28日	金		レタバ病院調査 (T)		業務主任と同じ (T)					業務主任と同じ (T)	
8	3月29日	土		団内打合せ (T)		業務主任と同じ (T)				日本発 SQ997 NRT12:00- SIN18:20	業務主任と同じ (T)	
9	3月30日	日		M.グレースHC視察 (T)		業務主任と同じ (T)				SQ406 SIN01:35-JNB06:05 ヨハネスブルグ着 ザニンへ移動(T)	業務主任と同じ (T)	
10	3月31日	月		州厚生省との協議 (T)		業務主任と同じ (T)						
11	4月1日	火		Dr.CH ファトティ病院 調査 (T)		業務主任と同じ (T)		自然条件調査現場 打合せ。ザニンで 建築関連調査 (T)	業務主任と同じ (T)	建築計画と同じ (T)	業務主任と同じ (T)	
12	4月2日	水		モバニ地区保健事 務所との協議(T)		ソコワコワHC、ジュレスバーク HC、シルハナ HC 調査(T)		ザニンで建築関連調 査。 午後、ホロクワへ移動 し建築関連調査 (PL)	機材計画Ⅰと同じ (T)	建築計画と同じ (PL)	業務主任と同じ (T)	
13	4月3日	木		モバニで協議 午後、州厚生省と の協議(PL)		クリニック調査 (T)		ホロクワで建築関 連調査 (PL)	機材計画Ⅰと同じ (T)	建築計画と同じ(PL)	業務主任と同じ (PL)	
14	4月4日	金		州厚生省との協議 午後、プレトリアへ 移動(P)		クリニック調査 (T)		ホロクワで建築関連 調査。 午後、ザニンへ移 動し建築関連調査 (T)	機材計画Ⅰと同じ (T)	建築計画と同じ (T)	業務主任と同じ (P)	
15	4月5日	土		資料整理(P)	日本発 SQ997 NRT12:00- SIN18:20	クリニック調査 (T)		建築関連調査 (T)	機材計画Ⅰと同じ (T)	建築計画と同じ (T)	業務主任と同じ (P)	
16	4月6日	日		ザニンへ移動 後、団内会議(T)	SQ406 SIN01:35-JNB06:05 ヨハネスブルグ着 ザニンへ移動(T)	資料整理・団内会議 (T)						
17	4月7日	月		リンボホ州保健省関 係者協議、ザニンへ 移動後協議 (T)	ザニンで関係者 協議、レタバ病院見 学 (T)	業務主任と同じ (T)	クリニック調査 (T)	建築関連調査 午後ホロクワへ移 動、DOHと施設関連 打合せ。(PL)	機材計画Ⅱと同じ (T)	建築計画と同じ (PL)	地域医療計画と同 じ (T)	
18	4月8日	火		ザニンで関係者協 議 (T)	フォーカスグループ ディスカッション (T)	業務主任と同じ (T)	クリニック調査 (T)	プレトリアへ移動し建 築関連調査 (P)	機材計画Ⅱと同じ (T)	建築計画と同じ (P)	地域医療計画と同 じ (T)	
19	4月9日	水		ザニンで関係者協 議 (T)	フォーカスグループ ディスカッション (T)	業務主任と同じ (T)	クリニック調査 (T)	プレトリアで建築関連 見積り調査 (P)	機材計画Ⅱと同じ (T)	建築計画と同じ (P)	地域医療計画と同 じ (T)	
20	4月10日	木		ザニンで関係者協 議 (T)	フォーカスグループ ディスカッション 午後NGO「Choice」 訪問(T)	ソコワコワ保健区巡回診療調査 (T)		プレトリアで建築関連 見積り調査 (P)	機材計画Ⅰと同じ (T)	建築計画と同じ (P)	地域医療計画と同 じ (T)	
21	4月11日	金		ザニンで関係者協 議 (T)	レタバ病院にて HIV/AIDS対策、栄 養関連調査(T)	ジュレスバーク保健区巡回診療調査 (T)		プレトリアで建築関連 見積り調査 (P)	機材計画Ⅰと同じ (T)	建築計画と同じ (P)	地域医療計画と同 じ (T)	
22	4月12日	土		資料整理・団内打合せ (T)					プレトリアで建築関連 見積り調査。 午後ザニンへ移 動(T)	業務主任と同じ (T)	建築計画と同じ (T)	業務主任と同じ (T)
23	4月13日	日		資料整理・団内打合せ (T)								
24	4月14日	月		地区保健事務所、地域保健事務所(ギ ヤニ)、レタバ病院調査 (T)	Dr. CN ファトティ病 院補足調査 (T)	レタバ病院補足調 査 (T)	ホロクワへ日帰りでDOH と施設関連打合せ。ファン デルレン病院の既存調 査入手。(T)	機材計画Ⅱと同じ (T)	建築計画と同じ (T)	資料整理及び分析 (T)		

南アフリカ国 リンボネ州医療施設向上計画 基本設計調査計画

日順	日付	総括	技術参与	業務主任/ 維持管理計画	地域医療計画	機材計画Ⅰ	機材計画Ⅱ	建築計画	設備計画	調達計画/積算	業務調整	
		池崎 保 8日	稲葉 淳一 12日	石川 洋次 38日	笹田 志穂 24日	木村 裕幸 38日	中島 浩則 36日	島田 義一 38日	金 和彦 36日	望月 裕明 28日	竹 直樹 38日	
25	4月15日	火		州厚生省にて協議、プレトリアへ移動(P)	レタバ病院補足調査 (T)	ファンフェルテン病院補足調査、プレトリア移動 (P)	業務主任と同じ (P)	機材計画Ⅱと同じ (T)	業務主任と同じ (P)			
26	4月16日	水	ポロクワネへ移動、州保健省協議 (PL)	レタバ病院調査 (T)	レタバ病院補足調査、Dr. CN7アグティ病院、VV病院調査 (T)	見積り回収、ザニンへ移動 (T)	業務主任と同じ (T)	クリニック補足調査 (T)	建築関係見積もり調査 (P)	他ドナー状況調査、午後ザニンへ移動 (T)		
27	4月17日	木	ザニンへ移動、サイト補足調査 (T)	NGO(CHOICE)活動調査、ファンフェルテン病院調査 (T)	レタバ病院補足調査 (T)	建築予定地補足調査 (T)	業務主任と同じ (T)	機材計画Ⅱと同じ (T)	建築関係見積もり調査 (P)	帰路変更にかかる調整業務、資料整理・分析 (T)		
28	4月18日 祝日	金	資料整理・団内打合せ・サイト補足調査 (T)							建築関係見積もり調査 ザニンへ移動 (T)	業務主任と同じ (T)	
29	4月19日	土	資料整理・団内打合せ (T)									
30	4月20日	日	プレトリア着	資料整理・団内打合せ (T)	プレトリアへ移動 (P)	資料整理・団内打合せ (T)						
31	4月21日 祝日	月	ザニンへ移動、関係者協議、ファンフェルテン病院、建築サイト視察 (T)	資料整理・団内打合せ・サイト補足調査 (T)	ザニンへ移動 (团长同行) (T)	資料整理・団内打合せ・サイト補足調査 (T)						
32	4月22日	火	ザニンで保健省関係者協議、ポロクワネへ移動、州厚生省ミッツ協議 (PL)						プレトリアへ移動 (P)	プレトリアへ移動 建築関係見積もり調査 (P)	プレトリアへ移動 (P)	
33	4月23日	水	州厚生省ミッツ署名 プレトリアへ移動 (P)						建築見積もり入手 (P)	建築関係見積もり調査 (P)	業務主任と同じ (P)	
34	4月24日	木	資料整理・団内打合せ (P)				機材見積もり入手 (P)	業務主任と同じ (P)	建築見積もり入手 (P)	ヨハネスブルグへ移動 ヨハネスブルグ発 MH202 JNB13:40-KUL +1機内泊	業務主任と同じ (P)	
35	4月25日	金	保健省ミッツ署名、大使館、JICA事務所表敬 (P)				機材見積もり入手 (P)	業務主任と同じ (P)	建築見積もり入手 (P)	MH070 KUL11:00 - NRT 日本着	業務主任と同じ (P)	
36	4月26日	土	機内	ヨハネスブルグ発 SA288 JNB19:20 - BKK11:20+1機内泊							業務主任と同じ	
37	4月27日	日	日本着	バンコク発 JL718 BKK22:15 - NRT06:15+1機内泊							業務主任と同じ	
38	4月28日	月		日本着							業務主任と同じ	

以下の表示は滞在先
(P) プレトリア
(PL) ポロクワネ
(T) ザニン

以下の表示は移動の都市名
SIN シンガポール
NRT 東京
JNB ヨハネスブルグ
BKK バンコク
KUL クアラルンプール

南アフリカ共和国 リンボポ州医療施設改善計画 基本設計概要説明調査

調査日程

日順	日付	JICA南ア事務所 (今村嘉宏団長)	業務主任 (石川洋次)	機材計画 (木村裕幸)	建築計画 (島田義一)	調達計画/積算 (望月裕明)	宿泊地
1	7月27日 日			日本発 (SQ997/ TY012:00 SIN18:00)			機内
2	7月28日 月			(SQ406/ SIN01:35 JNB06:15) ヨハネス着			
			大使館、JICA事務所、南ア保健省表敬 ザニンへ移動	ザニンへ移動	大使館、JICA事務所、南ア保健省表敬 ザニンへ移動	ザニンへ移動	ザニン
3	7月29日 火			ザニン地区保健事務所にて概要書の説明 機材及び建築予定サイトの確認			ザニン
4	7月30日 水	ボロクワネへ移動		ザニン地区保健事務所にて概要書の協議 ボロクワネに移動		見積り収集 ボロクワネに移動	
		リンボポ州厚生省にて概要書説明		リンボポ州厚生省にて概要書説明、ミニッツ協議			ボロクワネ
5	7月31日 木	リンボポ州厚生省にて概要書説明 ミニッツ協議 プレトリアに戻る		リンボポ州厚生省にてミニッツ協議		見積り収集	ボロクワネ
6	8月1日 金	ボロクワネへ移動 ミニッツ協議 プレトリアに戻る		ミニッツ協議 (追記事項等の確認) プレトリアへ移動			プレトリア
7	8月2日 土			見積り依頼・回収			プレトリア
8	8月3日 日			ザニンへ移動、団内会議、資料整理			ザニン
9	8月4日 月		機材仕様書協議 (ザニン地区保健事務所及び Dr. C.N.バトゥ ディ病院)	建設予定地に関する調査・確認 (3クリニック及び4巡回診療センター)			ザニン
10	8月5日 火		機材仕様書協議 (レタバ病院)	建物の申請等、諸手続きに関する調査・確認 (ザニン市役所)			ザニン
11	8月6日 水			ザニン地区保健事務所への報告 ボロクワネに移動、見積り回収			ボロクワネ
12	8月7日 木			リンボポ州厚生省にて概要書説明 (予算措置、免税措置等の説明・確認等) 計画機材および施設の承認取得 ミニッツ署名 (リンボポ州厚生省)、プレトリアへ移動			プレトリア
13	8月8日 金	JICA事務所への報告 協議事項の総括確認	資料整理 機材計画の合意事項確認	JICA事務所への報告 建築計画の合意事項確認	見積り収集、内容確認 調達計画の確認		プレトリア
14	8月9日 土		補足調査	建設資材等、補足調査	見積り収集、補足調査		プレトリア
15	8月10日 日			団内会議、資料整理、概要報告作成			プレトリア
16	8月11日 月	南ア保健省にてミニッツ署名		南ア保健省 (報告及びミニッツ署名) 日本大使館への報告			プレトリア
17	8月12日 火			ヨハネス発 (SQ405/ JNB14:15 SIN06:35+1)			機内
18	8月13日 水			(SQ012/ SIN09:45 TY017:35) 日本着			-

3．関係者（面談者）リスト

相手国関係者リスト(基本設計調査)

1. 在南ア日本大使館

- 1) 花田 吉隆 公使
- 2) 松井 敬一 一等書記官

2. JICA 南ア事務所

- 1) 村上 博 所長
- 2) 今村 嘉宏 次長
- 3) 実川 幸司 所員

3. 南ア保健省 (Department of Health)

- 1) Ms. Catherine Makwakwa Director, International Health Liaison
- 2) Ms. Tsakani Mnisi Deputy Director, International Health Liaison

4. リンポポ州厚生省 (Department of Health and Welfare, Limpopo Province)

- 1) Dr. N. H. Manzini Head of Department
- 2) Dr. M. Nkadimeng Senior General Manager, Health Care Services Branch
- 3) Mr. Mpho Mofokeng Chief Financial Officer, Financial Management Branch
- 4) Mr. Charlie Nkadimeng General Manager, Strategic Management Services Branch
- 5) Mr. Anton van Geffen General Manager, Financial Management Chief Directorate
- 6) Mr. Jimmy Ledwaba Senior Manager, Devolution Support Directorate, DHS Chief Directorate
- 7) Mr. Frans Faul Manager, Physical Resource Management Sub-directorate, Strategic Management and Planning Directorate, Strategic Management Services Branch
- 8) Ms. M. M. P. Mongwe Manager, Nutrition Sub-directorate, DHS Chief Directorate
- 9) Mr. Manasseh Khosa Deputy Manager, Physical Resource Management Sub-directorate

5. モパニ地区保健事務所 (Mopani District Health Office)

- 1) Ms. Minah Ombie Mdhluli Manager (Primary Health Care)
- 2) Ms. Emily Tshabalala Manager (District Hospital Coordination)
- 3) Mr. Donald Shivambu Deputy Manager, Financial Management Division
- 4) Ms. Caroline Mathebula Deputy Manager, Corporate Services Division
- 5) Ms. Jane Maluleke Deputy Manager, Corporate Service Division
- 6) Ms. Miriam Mackaukau Deputy Manager, PHC Programmes Division
- 7) Ms. Lindy Milumbete Deputy Manager, Nutrition, MCHW, Youth and Adolescence Division

- 8) Mr. Thomas Ndhlovu Chief Accounting Clerk
 9) Ms. Julian Masingi CCLO (Epidemiology), Communicable Diseases,
 Environmental and Occupational Health and Epidemiology

6. **グレートザネン地域保健事務所 (Greater Tzaneen Sub-district Health Office)**

- 1) Ms. Soekie van der Westhuizen Manager
 2) Mr. Edward Maake CCLO (Chief Community Liaison Officer), Nkowankowa
 Local Area
 3) Ms. Elizabeth Mtebule CCLO, Julesburg Local Area
 4) Ms. Judith Muhlarhi CCLO, Tzaneen Local Area
 5) Ms. Merry Nkuna CCLO, Mugodeni Grace Local Area
 6) Ms. Norah Mгимети CCLO, Shiluvana Local Area
 7) Mr. Phillimon Sape CCLO, Communication
 8) Ms. Susan Nimb CCLO, TB-HIV/AIDS-EPI-Health Information
 9) Ms. Thembi Nyathi Primary Health Care Coordinator
 10) Ms. Jane Mushwana CPN
 11) Ms. Joyce Thiba CPN, Julesburg Local Area

7. **レタバ地方病院 (Letaba Regional Hospital)**

- 1) Dr. Uma Nagpal CEO
 2) Dr. Monica Ndala Clinical Care Service Manager
 3) Ms. E. L. Madike Nursing Service Manager
 4) Mr. M. D. Banda Corporate Service Manager
 5) Mr. M. B. Halati Finance, Procurement and IT Manager
 6) Mr. Dan Nkuna Corporate Service Deputy Manager
 7) Ms. Esther Mawila Infection Control Nurse
 8) Ms. Musan Marivate Occupational Health and Society Nurse
 9) Mr. N. R. Mandlhezi Dietician
 10) Ms. Mkhari Tsakani Statistics Officer

8. **ファン・フェルデン地区病院 (Van Velden District Hospital)**

- 1) Dr. Peter Davies Medical Superintendent
 2) Ms. Khomotso Mashego Nursing Manager
 3) Ms. Marianna van Dyk Deputy Nursing Manager

9. **Dr. C. N. パトウディ地区病院 (Dr. C. N. Phatudi District Hospital)**

- 1) Dr. M. N. Nara Medical Superintendent
 2) Ms. M. S. Mabitsela Nursing Manager
 3) Ms. Semna Peu CPN

- 4) Mr. Photsane Simon Mahapa Deputy Manager
10. グレーターザニーン市役所 (Greater Tzaneen Municipality Office)
- 1) Mr. Maake N. V. Civil Engineering Manager
- 2) Ms. Morongoa Ramphele Manager, Strategy and Planning
- 3) Mr. H. L. Minnie Waste Management
- 4) Mr. A. P. Kilian Civil Town Engineer
11. CHOICE
- 1) Ms. Antoinette Schutte Project and Training Manager
- 2) Ms. Toni Stevens Finance Manager
- 12 Limpopo Economic Development Enterprise
- 1) Ms. Beular Fouché Secretary

相手国関係者リスト(概要書説明調査)

1. 在南ア日本国大使館
 - 1) 松井 敬一 一等書記官

2. JICA 南アフリカ事務所
 - 1) 今村 喜宏 次長(本件団長)

3. 南ア国保健省
 - 1) Dr. Catherine Makwakwa Director, International Health Liaison
 - 2) Ms. Tsakani Mnisi Deputy Director, International Health Liaison

4. リンポポ州厚生省
 - 1) Dr. N.H. Manzini Head of Department
 - 2) Dr. M. Nkadameng * Senior General Manager, Health Care Services Branch
 - 3) Dr. Peter Kgaphole * General Manager, District Health Services
 - 4) Mr. Anton van Geffen * General Manager, Finance Management Chief Directorate
 - 5) Dr. E.T. Moloko * Senior Manager, District Health Services
 - 6) Dr. A.C. Mutheiwana Senior Manager, Transformation and Transversal Services
 - 7) Mr. Jimmy Ledwaba * Senior Manager, Devolution Support Directorate, DHS Chief Directorate / Project Manager
 - 8) Ms. Mantji Mahlo * Senior Manager, Integrated Primary Health Care Unit
 - 9) Ms. Mamsie Mogadime Senior Manager, Strategic Management and Planning Directorate
 - 10) Mr. Frans Faul * Manager, Physical Resource Management sub-directorate, Strategic Management and Planning Directorate, Management Services Branch
 - 11) Mr. Manasseh Khosa Deputy Manager, Physical Resource Management sub-directorate
 - 12) Mr. Don Moeng Manager, Intergovernmental Relations

* Member of Project Committee

5. モパニ地区保健事務所
 - 1) Ms. Emily Tshabalala District Manager

6. グレーターザネーン地区保健事務所
 - 1) Ms. Thembi Nyathi Manager, PHC Coordinator
 - 2) Mr. R.S. Shivila Administrator
 - 3) Mr. Edward Maake CCLO (Chief Community Liaison Officer), Nkowankowa Local Area
 - 4) Ms. Elizabeth Mtebule CCLO, Julesburg Local Area
 - 5) Ms. Constance Mapimele Deputy CCLO, Nkowankowa Local Area, CPN
 - 6) Ms. N.I. Mokawane Deputy CCLO, Mugodeni Grace Local Area, CPN
 - 7) Ms. J.E. Mushwana Deputy CCLO, Shilvana Local Area, CPN
 - 8) Ms. N.J. Thiba Deputy CCLO, Julesburg Local Area, CPN

- | | |
|----------------------------------|---|
| 9) Ms. H.R. Mashakeng | Deputy CCLO, Tzaneen Local Area, CPN |
| 10) Mr. Mphapi Phillimon Sape | CCLO, Communication |
|
 | |
| 7. レタバ地方病院 | Letaba Regional Hospital |
| 1) Dr. Monica Ndala | Acting CEO |
| 2) Dr. Emeka Ezenwugo | Acting Senior Medical Superintendent |
| 3) Mr. M.D. Banda | Manager, Corporate Services |
| 4) Mr. M.B. Halati | Manager, Finance, Procurement and IT |
| 5) Dr. C.A. Visser | Dentist, Clinical Care Services |
| 6) Ms. Mihloti Esther Shipalana | Deputy Manager, Nursing Services |
|
 | |
| 8. Dr. C.N. パトゥディ地区病院 | Dr. C.N. Phathudi District Hospital |
| 1) Dr. M.N. Nala | Medical Superintendent |
| 2) Ms. M.S. Mabitsela | Manager, Nursing Services |
|
 | |
| 9. ファン・フェルデン地区病院 | Van Velden District Hospital |
| 1) Ms. Soekie van der Westhuizen | CEO |
|
 | |
| 10. ザネーン市役所 | Tzaneen City Municipality Office |
| 1) Mr. D.J. Mmetle | Health Desk Councilor |
| 2) Mr. W. Shivamba | Administration Secretary |
| 3) Mr. H.J. Cronje | Town Manager of Letistele, Strategy and Development |
| 4) Mr. S. Rademeyer | Town Planner, Strategy and Development |
| 5) Mr. A. Cloete | Strategy and Development |
| 6) Mr. Anton Kilian | Civil Engineer |
| 7) Mr. L.M. Valentine | Ward 17 councilor |
| 8) Mr. A.M. Maake | Ward 4 councilor |

4 . 当該国の社会経済状況（国別基本情報抜粋）

南アフリカ共和国
Republic of South Africa

一般指標				
政体	共和制	*1	首都	プレトリア (Pretoria) *2
元首	大統領/ターボ・ムベキ (Thabo Mbeki)	*1,3	主要都市名	ヨハネスブルク、ケープタウン、ダーバン *3
独立年月日	1910年5月31日	*3,4	労働力総計	16,983千人 2000年 *6
主要民族/部族名	黒人74%、白人13%、カワード9%	*1,3	義務教育年数	9年間 (年) *13
主要言語	英語、アフリカーンス、ズールー語、コサ語	*1,3	初等教育就学率	126.9% 1998年 *6
宗教	キリスト教80%、ヒンズー教、イスラム教	*1,3	中等教育就学率	103.7% 1998年 *6
国連加盟年	1945年11月7日	*12	成人非識字率	14.7% 2000年 *6
世銀加盟年	1945年12月27日	*7	人口密度	35.05人/km2 2000年 *6
IMF加盟年	1945年12月27日	*7	人口増加率	2.2% 1990-2000年 *6
国土面積	1,220.00千km2	*1,6	平均寿命	平均 52.10 男 50.20 女 53.90 *10
総人口	42,801千人 2000年	*6	5歳児未満死亡率	79/1000 2000年 *6
			カロリー供給量	2,885.7cal/日/人 2000年 *17

経済指標				
通貨単位	ランド (Rand)	*3	貿易量	2001年)
為替レート	1 US \$ = 8.84 (2002月)2	*8	商品輸出	30,642百万ドル *15
会計年度	Mar. 31	*6	商品輸入	-25,677百万ドル *15
国家予算	(2000)		輸入カバー率	2.4(月) 2000年 *14
歳入総額	272,651 Millions of Rand	*9	主要輸出品目	金、希金属、鉱物製品、化学製品、食品 *1
歳出総額	283,189 Millions of Rand	*9	主要輸入品目	機械、自動車類、化学製品、科学機器 *1
総合収支	2,158百万ドル 2001年	*15	日本への輸出	2,795百万ドル 2001年 *16
ODA受取額	487.5百万ドル 2000年	*19	日本からの輸入	1,500百万ドル 2001年 *16
国内総生産(GDP)	125,887.38百万ドル 2000年	*6	総国際準備	百万ドル 2000年 *6
一人当たりのGNI	3,020.0ドル 2000年	*6	対外債務残高	24,861.4百万ドル 2000年 *6
分野別GDP	農業 3.2% 2000年 *6		対外債務返済率(DSR)	10.0% 2000年 *6
	鉱工業 30.9% 2000年 *6		インフレ率 (消費者価格物価上昇率)	8.7% 1990-2000年 *6
	サービス業 65.9% 2000年 *6		国家開発計画	成長・雇用・再分配 (GEAR)(1996~2001) *11
産業別雇用	農業 男 % 女 % 1998-2000年 *6			
	鉱工業 % % 1998-2000年 *6			
	サービス業 % % 1998-2000年 *6			
実質GDP成長率	2.0% 1990-2000年	*6		

気象 (1990年~2000年平均)		観測地: プレトリア (南緯25度44分、東経28度11分、標高1,330m)												*4,5
月	1	2	3	4	5	6	7	8	9	10	11	12	平均/計	
降水量	135.3	76.9	79.3	54.1	12.9	7.4	2.7	5.4	21.3	73.5	101.3	104.7	674.8 mm	
平均気温	22.4	22.0	20.8	17.8	14.5	11.3	11.7	14.5	18.4	20.0	20.8	21.8	18.0 °C	

*1 各国概況(外務省)
 *2 世界の国々一覧表(外務省)
 *3 世界年鑑2002(共同通信社)
 *4 最新世界各国要覧10訂版(東京書籍)
 *5 理科年表2000(国立天文台編)
 *6 World Development Indicators 2002(WB)
 *7 BRD Membership List(WB)
 IMF Members' Financial Data by Country(IMF)
 *8 Universal Currency Converter
 *9 Government Finance Statistics Yearbook 2001 (IMF)

*10 Human Development Report 2002(UNDP)
 *11 Country Profile(EIU),外務省資料等
 *12 United Nations Member States
 *13 Statistical Yearbook 1999(UNESCO)
 *14 Global Development Finance 2002(WB)
 *15 International Financial Statistics Yearbook 2002(IMF)
 *16 世界各国経済情報ファイル2002(世界経済情報サービス)
 *17 FAO Food Balance Sheets 2002年6月 FAO Homepage
 注: 商品輸入については複式簿記の計上方式を採用しているため
 支払い額はマイナス表記になる

南アフリカ共和国
Republic of South Africa

項目	年度	1996	1997	1998	1999	2000
技術協力		4.08	5.54	4.05	4.09	5.38
無償資金協力		2.12	18.25	11.83	9.56	2.99
有償資金協力		78.31	62.30	60.84		
総額		84.51	86.09	76.72	13.65	8.37

項目	暦年	1996	1997	1998	1999	2000
技術協力		5.76	5.93	4.98	7.01	6.75
無償資金協力		1.54	2.23	13.76	5.00	13.04
有償資金協力			20.75	12.08	2.05	
総額		7.30	28.91	30.82	14.05	19.79

	贈与(1) (無償資金協力・ 技術協力)	有償資金協力 (2)	政府開発援助 (ODA) (1)+(2)=(3)	その他政府資金 及び民間資金(4)	経済協力総額 (3)+(4)
二国間援助 (主要供与国)	326.0	27.6	353.6	-892.6	-539.0
1. United States	105.9	0.0	105.9	-828.6	-722.7
2. United Kingdom	42.7	-0.1	42.6	-42.0	0.6
3. Germany	23.5	18.1	41.6	704.9	746.5
6. Japan	19.8	0.0	19.8	-508.2	-488.4
多国間援助 (主要援助機関)	115.4	16.6	132.0	199.3	331.3
1. EC			119.8	91.0	210.8
2. UNHCR			3.7	0.0	3.7
その他	2.0	0.0	2.0	10.5	12.5
合計	443.4	44.1	487.5	-682.7	-195.2

技術協力:大蔵省
無償 :大蔵省
協力隊 :

*18 政府開発援助 (ODA) 国別データブック 2001 (国際協力推進協会)
 *19 International Development Statistics (CD-ROM) 2002 OECD
 *20 JICA資料

5 . 討議議事録 (基本設計調査)

MINUTES OF DISCUSSIONS
ON THE BASIC DESIGN STUDY
ON THE PROJECT FOR IMPROVEMENT OF THE HEALTH FACILITIES
IN THE LIMPOPO PROVINCE
IN THE REPUBLIC OF SOUTH AFRICA

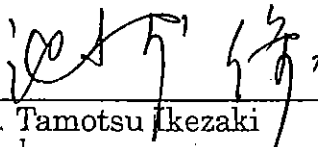
In response to a request from the Government of the Republic of South Africa (hereinafter referred to as "South Africa"), the Government of Japan decided to conduct a Basic Design Study on the Project for Improvement of the Health Facilities in the Limpopo Province in the Republic of South Africa (hereinafter referred to as "the Project") and entrusted the study to the Japan International Cooperation Agency (hereinafter referred to as "JICA").

JICA sent to South Africa the Basic Design Study Team (hereinafter referred to as "the Team"), which is headed by Mr. Tamotsu Ikezaki, Director, Second Project Management Division, Grant Aid Management Department, Japan International Cooperation Agency, and is scheduled to stay in the country from March 23 to April 26, 2003.

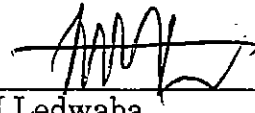
The Team held discussions with the officials concerned of the Government of South Africa and conducted a field survey at the study area.

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

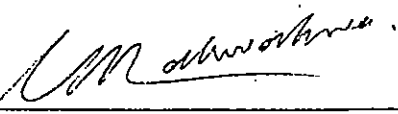
Polokwane, April 23, 2003
Pretoria, April 25, 2003



Mr. Tamotsu Ikezaki
Leader
Basic Design Study Team
Japan International Cooperation Agency



Mr. J. Ledwaba
Project Manager
Department of Health and Welfare,
Limpopo Province
Republic of South Africa



Ms. Catherine Makwakwa
Director, International Health Liaison
National Department of Health
Republic of South Africa



Dr. H.N. Manzini
Head of Department
Department of Health and Welfare,
Limpopo Province
Republic of South Africa

ATTACHMENT

1. Objective of the Project

The objective of the Project is to improve and strengthen the healthcare service in Greater Tzaneen Municipality in Mopani District of Limpopo Province in the Republic of South Africa, through construction of health facilities and procurement of medical equipment.

2. Project sites

The sites of the Project are 2 Hospitals, 4 Health Centres and 27 Clinics in Greater Tzaneen Municipality in Mopani District of Limpopo Province as described in Annex-1.

3. Responsible and Implementing Agency

3-1. Responsible Agency

National Department of Health

3-2. Implementing Agency

Limpopo Department of Health and Welfare

4. Items requested by the Government of South Africa

After discussions with the Team, following items were finally requested by the South African side. JICA will assess the appropriateness of the request and will recommend to the Government of Japan for approval.

(1) Construction of health facilities described in Annex-2

(2) Procurement of the equipment described in Annex-3

5. Japan's Grant Aid Scheme

5-1 The South African side understands the Japan's Grant Aid Scheme explained by the Team, as described in Annex -4.

5-2 The South African side will take the necessary measures, as described in Annex-5, for smooth implementation of the Project, as a condition for the Japan's Grant Aid to be implemented.

6. Schedule of the Study

- 6-1 The consultants will proceed to further studies in Republic of South Africa until April 26, 2003.
- 6-2 JICA will prepare the draft report in English and dispatch a mission in order to explain its contents in July 2003.
- 6-3 In case that the contents of the report is accepted in principle by the Government of South Africa, JICA will complete the final report and send it to the Government of South Africa around September, 2003.

7. Other relevant issues

- 7-1 The South African side has agreed to secure and allocate enough budgets to operate and maintain the medical equipment supplied by the Grant Aid properly and effectively after warranty period.
- 7-2 Limpopo Provincial Government in its Department of Health and Welfare will reimburse VAT and/or request SARS exemption concerning local purchase under the project, to Japanese Supplier(s) and/or Contractor(s).
- 7-3 For the sake of the technology transfer on hospital administration and/or infectious disease control, the South African side pointed out the need for dispatch of Japanese experts and/or volunteers as well as technical training of counterpart personnel in Japan. They also understood that another official request on technical cooperation should be submitted through diplomatic channels such as the Embassy of Japan and/or the JICA Office.
- 7-4 The Team additionally explained followings regarding undertakings described on Annex-5, which is to be covered by the South African side.
 - (1) Procurement of equipment except for construction of Letsitele, Maake and Mohlaba Clinics
 - To prepare necessary facility arrangements such as removal of existing equipment and supply of water, electricity, etc to install new equipment
 - (2) Construction of Clinics and Visiting Point Shelters
 - To obtain building permissions and other necessary authorizations from the relevant authorities to construct new buildings
 - To bear all the expenses other than construction work and supply of equipment, such as charges for building permits, distribution of infrastructure to the

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construction site

7-5 The Team explained that the following items are not covered by Japanese side.

- (1) Landscaping work within construction site
- (2) Renovation work of the existing hospitals and/or clinics
- (3) Staff accommodation

JIC

Lists of the Sites

1. Procurement of equipment for the following sites:
 - (1) One regional hospital
Letaba
 - (2) One district hospital
Dr. C N Phatudi
 - (3) Four Health Centres
Mugodeni Grace, Nkowankowa, Shiluvana, Julesburg,
 - (4) Twenty four Clinics
Carlotta, Dan, Dr. Hugo Nkabinde, Jamela, Khujwana, Lenyenyane, Lephephane, Madumane, Makgope, Mamitwa, Mariveni, Mogapeng, Mogoboya, Moime, Mokgwathi, Morapalala, Morutji, Motupa, Nyavana, Ooghoek, Ramotshinyadi, Tours, Tzaneen, Zangoma

2. Construction and procurement of equipment for the following sites:
 - 1) Letsitele Clinic
 - 2) Maake Clinic
 - 3) Mohlaba Clinic

3. Construction of Visiting Point Shelters for mobile clinic (see Annex-2, 2 Construction Sites)

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Construction and procurement of equipment

1. Requested Facilities

New construction and procurement of equipment for three clinics at Letsitele, Maake, Mohlaba, and visiting point shelters, which provide primary health care services, have been requested.

2. Construction Site

Construction site of the above requested facilities are;

- 1) Letsitele,
- 2) Maake,
- 3) Mohlaba,
- 4) Visiting Point Shelters in the following villages (Health Centre)
Burgersdorp (Julesburg HC), Pharare (Julesburg HC) J.B. Village (Nkowankowa HC), Khujwana (Nkowankowa HC), Mogoloboto2 (Tzaneen CL)

3. Detail of Items for Requested Facilities

3.1. Construction of buildings

3.1.1. Clinics at Letsitele, Maake, Mohlaba

- Clinic building (Consultation, Treatment, Dispensary, Labour)
- Other incidental facilities to provide health services and to operate the clinic building

3.1.2. Visiting Point Shelters for Mobile Clinic

- Shelter to house the vehicle for mobile clinic and provide waiting area for patients and community

3.2. Procurement of equipment for three clinics at Letsitele, Maake, and Mohlaba

Details of items are listed in Annex-3.



Lists of the Equipment (Hospitals)

Annex-3

DEPARTMENT /SECTION	DESCRIPTION	Qty Requested	
		CNP	LTB
CASUALTY			
	Cervical collars set. various size		5
	IV stand	4	8
	Emergency cart with defibrillator	1	1
	Instrument set, for treatment	2	4
	Operation light, mobile with battery back up	1	1
	Pulse oxymeter	1	1
	Resuscitator with mask, for adult & paediatric	1	1
	Resuscitator with mask, for infant	1	1
	Suction unit - electric, mobile	1	1
	Wheelchair	1	1
	Laryngoscope set. for adult & paediatric	1	1
	Laryngoscope set. for infant	1	1
OPD (OUTPATIENT DEPARTMENT)			
	Weighing scale, for adult	1	2
	Basin stand, double with s/s basins	4	8
	Diagnostic set (incl. ophthalmoscope & ear scope)	4	8
	ECG, 6 channel	1	1
	EEG, 14 channel		1
	Ultrasonic nebulizer		2
	Glucometer	4	5
	Height measure	1	2
	Laryngoscope set, in case	1	1
	Medicine cabinet		5
	Blood pressure monitor	1	2
	Sphygmomanometer, desk type	4	8
	Spirometer	1	1
	Stethoscope	8	10
	Ultrasound scanner	1	1
	X-ray viewing box, single film	1	2
	Screen, mobile 4 section	4	6
	Reflex Hammer	4	4
	Tuning Fork (128Db)	2	2
	Instrument set, for treatment	4	8
	Instrument cabinet	4	8
	Instrument cart	4	8
SURGERY			
	Instrument set, for biopsy	2	2
	Laryngoscope set, in case	2	2
PAEDIATRIC			
	Bilirubinmeter with Centrifuge	1	1
	Medicine cabinet	1	1
	Dressing trolley	1	1
	Double foot step	1	1
	Height measure, for paediatric	1	2
	Infant incubator, handy type	1	1

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Lists of the Equipment (Hospitals)

Annex-3

DEPARTMENT / SECTION	DESCRIPTION	Qty Requested	
		CNP	LTB
	Infant warmer	2	2
	Syringe pump	1	2
	Infusion pump	1	2
	Laryngoscope set. in case	2	2
	Neonatal monitor	1	1
	Oxygen tent	2	2
	Phototherapy unit	1	2
	Resuscitator. for infant	2	2
	Resuscitator. for adult & paediatric	2	2
	Stethoscope	2	4
	Suction unit	2	2
	Ultrasonic nebulizer	1	2
	Ventilator for infant and paediatric	1	
	Weighing scale, for paediatric	2	4
	IV stand	2	4
	Instrument cart	2	2
	Medicine cabinet	1	1
	Instrument cabinet	1	1
	Instrument set, for treatment	2	4
GYNAECOLOGY / OBSTETRICS			
	Amnioscope	1	1
	Patient monitor		1
	Doppler fetus detector	2	2
	Dressing trolley	2	2
	Instrument set, for Delivery (Episiotomy & Stitch)	4	4
	Weighing scale, for infant	2	2
	Laryngoscope set for neonates	1	1
	Laryngoscope set for adult	1	1
	Resuscitator, for adult	1	1
	Resuscitator, for infant	1	1
	Suction unit	2	2
	Vacuum Extractor		1
	Weighing scale, for adult	1	1
	Cardio Tokograph		1
	Hysteroscope		1
	Emergency trolley	1	1
	Instrument set, for Obstetric/Gynaecology examination	2	2
	Instrument set, for treatment	2	2
RADIOLOGY			
	Dark room accessories set	1	1
	I.D printer		1
	X-ray apparatus, general purpose or remote controlled fluoroscopy		1
OPERATION THEATRE			
	Instrument cabinet – floor standing	2	4
	Instrument trolley	2	4
	Laryngoscope set, for paediatric	1	1

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Lists of the Equipment (Hospitals)

Annex-3

DEPARTMENT / SECTION	DESCRIPTION	Qty Requested	
		CNP	LTB
	Laryngoscope set. for adult	2	4
	Resuscitator. for adult & paediatric	2	4
	Suction unit. 2 bottle mobile	2	4
	Operation instrument set for Appendectomy	2	2
	Operation instrument set for Finger bone	2	2
	Operation instrument set for Gastrectomy		2
	Operation instrument set for Hand surgery		2
	Operation instrument set for Orthopedic	1	1
	Operation instrument set for Nephrectomy		2
	Operation instrument set for Prostectomy		2
	Operation instrument set for Thyroidotomy		2
	Operation instrument set for Cholecystotomy		2
	Operation instrument set for Cesarean section	4	4
	Operation instrument set for General surgery	4	8
<i>CSSD</i>			
	High Pressure Steam Sterilizer		2
	Dressing drum	20	40
	Dressing drum stand	8	16
<i>ICU / RESUSCITATION</i>			
	Dressing trolley		1
	Syringe pump		4
	Infusion pump		4
	IV stand		8
	Suction unit		4
<i>LABORATORY</i>			
	Blood gas analyzer		1
	Bilirubinmeter with Centrifuge	1	1
	Electrolyte analyzer	1	1
<i>OPHTHALMOLOGY</i>			
	Ophthalmoscope	1	1
	Otoscope	1	1
	Sight tester	1	1
	Slit lamp	1	1
	Tonometer		1
	Trial lens set with trial frame & test chart	1	1
<i>DENTAL</i>			
	Dental unit with chair, operating stool and compressor	1	2
	Instrument set, for dental treatment	1	2
	Steam Sterilizer Table Top	1	1
<i>PHYSIOTHERAPY</i>			
	Bicycle exerciser	1	1
	Treadmill	1	1
	Low frequency therapy unit	1	1
	Infrared lamp	1	1
<i>LAUNDRY</i>			
	Washing Machine for Laundry (load 100Kg)	1	1

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Lists of the Equipment (Hospitals)

Annex-3

DEPARTMENT /SECTION	DESCRIPTION	Qty Requested	
		CNP	LTB
	Extractor	1	1
	Drying machine	1	1

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Lists of the Equipment (Health Centres / Clinics)

Annex-3

DESCRIPTION	Q'ty Requested	
	HC	CL
<i>ALTH CENTER / CLINIC</i>		
Weighing and height scale	4	27
Autoclave	4	27
Computer with printer	4	
Delivery bed		3
Instrument set. for Delivery with Episiotomy and Cord instruments	4	27
ECG, 6 channel	4	
Examination lamp	8	27
Infant Incubator. handy type	4	
Infant Warmer	4	24
Weighing scale for Infant	4	27
Laryngoscope set. for paediatric	4	27
Laryngoscope set. for adult	4	27
Medicine cabinet	4	27
Ophthalmoscope	4	27
Otoscope	4	27
Vaccine refrigerators	4	27
Blood pressure monitor	4	27
Sphygmomanometer	4	27
Stethoscope	16	70
Suction unit, portable	4	27
Suction unit, manual	4	27
Peak flow meter	8	54
Glucometer	8	27
Reflex hammer	4	27
Tuning fork (128dB)	4	27
Tonometer (intra-ocular pressure)	4	27
Snellen's chart Literate	4	27
Snellen's chart Illiterate	4	27
Hemoglobinmeter	4	27
Ultrasonic nebulizer	4	27
Emergency Trolley	4	27
Dressing Trolley	4	27
Baby Resuscitation Unit	4	27
Digital Thermometer	8	54
Doppler fetus detector	8	27
IV stand (Mobile Drip Stand)	8	27
Oxygen concentrator	4	27
Audiometer - Battery type	5	
Emergency box	4	27
Instrument set. for clinical treatment (including above. Gallipots - Dissecting	16	54
Resuscitator with mask, for paediatric and adult	4	27
Oxygen meters	1	27
Vehicle for Mobile clinic	8	

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Japan's Grant Aid Scheme

1. Japan's Grant Aid Procedures

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

Application (request made by a recipient country)

Study (Basic Design Study conducted by JICA)

Appraisal & Approval (appraisal by the Government of Japan and approval by the Cabinet of Japan)

Determination of Implementation (Exchange of Notes between both Governments)

Implementation (implementation of the Project)

(2) Firstly, an application or a request for a Grant Aid project submitted by the recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to determine whether or not it is eligible for Japan's Grant Aid. If the request is deemed appropriate, the Government of Japan assigns JICA to conduct a study on the request.

Secondly, JICA conducts the study (Basic Design Study), using (a) Japanese consulting firm(s).

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

Fourth, the project approved by the cabinet becomes official with the Exchange of Notes signed by the Government of Japan and the recipient country.

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

2. Contents of the Study

(1) Contents of the Study



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The purpose of the Basic Design Study conducted by JICA on a requested project is to provide a basic document necessary for appraisal of the project by the Japanese Government. The contents of the Study are as follows:

- a) confirmation of the background, objectives, benefits of the project and also institutional capacity of agencies concerned of the recipient country necessary for project implementation,
- b) evaluation of the appropriateness of the project for the Grant Aid Scheme from a technical, social and economical point of view,
- c) confirmation of items agreed on by the both parties concerning a basic concept of the project,
- d) preparation of a basic design of the project,
- e) estimation of cost of the project.

The contents of the original request are not necessarily approved in their initial form as the contents of the Grant Aid project. The Basic Design of the project is confirmed considering the guidelines of Japan's Grant Aid Scheme.

Final project components are subject to approval by the Government of Japan and therefore may differ from an original request. Implementing the project, the Government of Japan requests the recipient country to take necessary measures involved which are itemized on Exchange of Notes.

(2) Selection of Consultants

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

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

3. Japan's Grant Aid Scheme

(1) What is Grant Aid?

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

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accordance with relevant laws and regulations of Japan. The Grant Aid is not supplied through the donation of materials or such.

(2) Exchange of Notes (E/N)

Both Governments concerned extend Japan's Grant Aid in accordance with the Exchange of Notes in which the objectives of the Project, period of execution, conditions and amount of the Grant Aid etc., are confirmed.

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

(4) Under the Grant, in principle, products and services of origins of Japan or the recipient country are to be purchased.

When the two Governments deem it necessary, the Grant may be used for the purchase of products or services of a third country.

However the prime contractors, namely, consulting, contractor and procurement firms, are limited to "Japanese nationals". (The term "Japanese nationals" means persons of Japanese nationality or Japanese corporations controlled by persons of Japanese nationality.)

(5) Necessity of the "Verification"

The Government of the recipient country or its designated authority will conclude contracts denominated in Japanese yen with Japanese nationals. The Government of Japan shall verify those contracts. The "Verification" is deemed necessary to secure accountability to Japanese tax payers.

(6) Undertakings Required to the Government of the Recipient Country

In the implementation of the Grant Aid project, the recipient country is required to undertake such necessary measures as the following:

a) to secure land necessary for the sites of the project prior to the installation work in case the project is providing equipment,

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

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

d) to ensure all the expenses and prompt execution for unloading, customs clearance at the port of disembarkation and internal transportation of the products purchased under the Grant Aid,

e) to exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which will be imposed in the recipient country with respect to the supply of the products and services under the Verified Contracts,

f) to accord Japanese nationals whose services may be required in connection with the supply of the products and services under the Verified Contracts, such facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work.

(7) Proper Use

The recipient country is required to maintain and use the equipment purchased under the Grant Aid properly and effectively and to assign staff necessary for the operation and maintenance as well as to bear all expenses other than those covered by the Grant Aid.

(8) Re-export

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

(9) Banking Arrangement (B/A)

a) The Government of the recipient country or its designated authority shall open an account in the name of the Government of the recipient country in a bank in Japan. The Government of Japan will execute the Grant Aid by making payments in Japanese yen to cover the obligations incurred by Government of the recipient country or its designated authority under the Verified Contracts.

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

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Major Undertakings taken by Each Government

No.	Items	To be covered by Grant Aid	To be covered by Recipient
1	To secure land		●
2	To clear, level and reclaim the site when needed		●
3	To construct gates and fences in and around the site		●
4	To construct the parking lot	●	
5	To construct roads		
1)	Within the site	●	
2)	Outside the site		●
6	To construct the building	●	
7	To provide facilities for the distribution of electricity, water supply, drainage and other incidental facilities		
1)	Electricity		
a.	The distributing line to the site		●
b.	The drop wiring and internal wiring within the site	●	
c.	The main circuit breaker and transformer	●	
2)	Water Supply		
a.	The city water distribution main to the site		●
b.	The supply system within the site (receiving and/or elevated tanks)	●	
3)	Drainage		
a.	The city drainage main (for storm, sewer and others) to the site		●
b.	The drainage system (for toilet sewer, ordinary waste, storm drainage and others) within the site	●	
4)	Telephone System		
a.	The telephone trunk line to the main distribution frame / panel (MDF) of the building		●
b.	The MDF and the extension after the frame / panel	●	
5)	Furniture and Equipment		
a.	General furniture		●
b.	Project furniture and equipment	●	
8	To bear the following commissions to a bank of Japan for the banking services based upon the B/A		
1)	Advising commission of A/P		●
2)	Payment commission		●

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No.	Items	To be covered by Grant Aid	To be covered by Recipient
9	To ensure prompt unloading and customs clearance at the port of disembarkation in recipient country		
1)	Marine(Air) transportation of the products from Japan to the recipient country	●	
2)	Tax exemption and customs clearance of the products at the port of disembarkation		●
3)	Internal transportation from the port of disembarkation to the project site	●	
10	To accord Japanese nationals whose services may be required in connection with the supply of the products and the services under the verified contract such facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work		●
11	To exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which may be imposed in the recipient country with respect to the supply of the products and services under the verified contract		●
12	To maintain and use properly and effectively the facilities constructed and equipment provided under the Grant Aid		●
13	To bear all the expenses deem necessary, other than those to be borne by the Grant Aid, for construction of the facilities as well as for the transportation and installation of the equipment		●

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6 . 討議議事録 (概要説明調査)

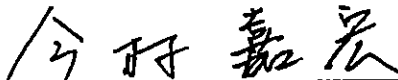
**MINUTES OF DISCUSSIONS
ON THE BASIC DESIGN STUDY
ON THE PROJECT FOR IMPROVEMENT OF THE HEALTH FACILITIES
IN THE LIMPOPO PROVINCE
IN THE REPUBLIC OF SOUTH AFRICA
(EXPLANATION ON DRAFT FINAL REPORT)**

In April 2003, the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched a Basic Design Study Team on the Project for Improvement of the Health Facilities in Limpopo Province in the Republic of South Africa (hereinafter referred to as "the Project") to the Republic of South Africa (hereinafter referred to as "South Africa"), and through discussions, field survey, and technical examination of the study results in Japan, JICA prepared a draft final report of the study.

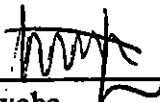
In order to explain and to consult South Africa on the components of the draft final report, JICA sent to South Africa the Draft Final Report Explanation Team (hereinafter referred to as "the Team"), which is headed by Mr. Yoshihiro Imamura, Assistant Resident Representative, South Africa Office of Japan International Cooperation Agency from 28th July 2003 to 12th August 2003.

As a result of discussions, both parties confirmed the main items described on the attached sheets.

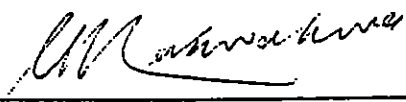
Polokwane 7th August, 2003
Pretoria 11th August, 2003




Mr. Y. Imamura
Leader
Draft Final Report Explanation Team
Japan International Cooperation Agency



Mr. J. Ledwaba
Project Manager
Department of Health and Welfare,
Limpopo Province
The Republic of South Africa



Ms. C. Makwakwa
Director,
International Health Liaison
National Department of Health
The Republic of South Africa



Dr. H. N. Manzini
Head of Department
Department of Health and Welfare,
Limpopo Province
The Republic of South Africa

ATTACHMENT

1. Components of the Draft Report

The Government of South Africa agreed and accepted in principle the components of the draft report explained by the Team and confirmed that the components and items proposed in the draft report were in order, namely equipment, project sites, construction of the three (3) clinics and four (4) visiting point shelters and provision of five (5) mobile clinics.

However, both parties confirmed that the South African side strongly expressed the necessity for the three (3) excluded mobile clinics to be included in the Project, based on the South African Government priorities regarding Primary Health Care. Both parties also confirmed that components and items to be included in the Project would be finalised after further analysis in Japan.

2. Japan's Grant Aid Scheme

The South African side confirmed the Japan's Grant Aid scheme and necessary measures to be taken by the Government of South Africa, explained by the Basic Design Study Team and described in Annex-4 and Annex-5 of the Minutes of Discussions signed on 23rd April 2003 and 25th April 2003.

3. Completion of the Final Report

JICA will complete the final report in accordance with the confirmed items and send it to the Government of South Africa around October 2003.

4. Other Relevant Issues

4-1 Personnel and Budget Allocation

Limpopo Department of Health and Welfare shall ensure the allocation of sufficiently qualified staff and budget to operate and maintain the equipment, new clinics and visiting point shelters to be covered by the Project.

4-2 Soft Component

The South African side requested technical assistance for a medical equipment management system at Letaba Regional Hospital as one of the components of the Project.

In order to ensure outcomes of the technical assistance, Limpopo Department of Health and Welfare shall appoint appropriate staff to be trained and allocate adequate budget to establish and operate the system.

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4-3 Necessary Arrangements for Equipment Installation

Limpopo Department of Health and Welfare shall ensure necessary arrangements for the removal of existing equipment, preparatory work for installation, and connection to electricity and water, as well as provide a temporary storeroom for equipment before delivery.

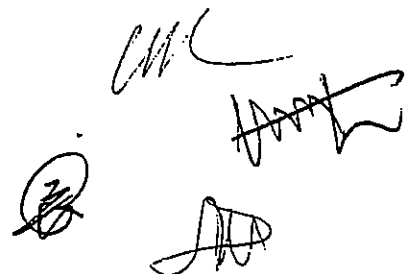
4-4 Necessary Arrangements for Construction of New Clinics and Visiting Point Shelters

Limpopo Department of Health and Welfare agreed to carry out the following arrangements in accordance with the schedule of the Project;

- (1) To secure the construction site of new clinics and visiting point shelters.
- (2) To ensure necessary arrangements of construction permission and any other authorisation required for construction of clinics and visiting point shelters.
- (3) To secure access road to the site and, if necessary, facilities for distribution of electricity, water supply and telephone lines to the site.

4-5 Motivation for Mobile Clinics

Limpopo Department of Health and Welfare shall submit additional written motivation pertaining to the three (3) excluded mobile clinics.

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Limpopo

PROVINCIAL GOVERNMENT

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THE BASIC DESIGN STUDY ON THE PROJECT FOR THE IMPROVEMENT OF THE HEALTH FACILITIES IN THE LIMPOPO PROVINCE OF THE REPUBLIC OF SOUTH AFRICA

MOTIVATION FOR THE MOBILE CLINICS FOR THE FARMS

The Limpopo Department of Health and Welfare has noted with concern, the decision taken by JICA/Government of Japan to exclude three of the requested eight mobile clinics from the Requested Japan's Grant Aid Scheme Assistance.

The decision may have been taken without a full understanding of the need of the communities to be served and also the South African health policy pertaining to Primary Health Care services and the right of access to health services.

The constitution of the Republic of South Africa, through its Bill of Rights, states that:

"Everyone has the right to have access to health care services,
including reproductive health care"

In 1994, the South African Government committed itself to transforming the health sector in order to unify fragmented health services at all levels into a comprehensive and integrated National Health System for purposes of addressing socio-economic injustices, imbalances and inequities of health services of the past. The District Health System is a vehicle to deliver Primary Health Care Services.

The National Health Bill being piloted through Parliament further endeavours to provide a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitutions and other laws on the national, provincial and local governments with regard to health services, and to provide for matters connected therewith.

Primary health care, of which mobile services are part of, is the basis of government policy and a priority. The MEC's 2002/03 and 2003/04 Speeches had prioritised Mobile clinics to increase access to Primary Health Care Services

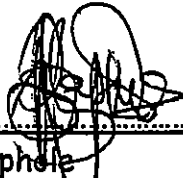
To speed up delivery of an essential package of services through the district health system, all primary care facilities must run community outreach programs aimed at galvanising the energies of communities so that they actively participate in health programs, in particular the preventive and promotive aspects of health service. Farm workers form part of communities.

The official policy of the Department of Health is that the health of farm workers is a sole responsibility of government. The provisions of the Occupational Health and Safety Act further support this.

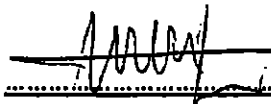
Mobile clinics are used in rural areas, informal settlements and farms. Each is operated by a team of three (3) and serve a population of approximately five to ten thousand (5 - 10 000).

The area to be served by the original eight (8) mobile clinics has 450 visiting points. The three excluded vehicles would, on the average, serve fifty-six (56) visiting points. All mobile clinics do not operate on the farms only, but also visit other rural villages, e.g. Ga-Modjadji. In reality, the mobile clinics serve the rural villages and adjoining commercial farms.

Having noted the above government policy imperatives and priorities, we therefore, humbly request that JICA/Government of Japan rescind the decision to exclude these mobile clinics. The availability of these mobile clinics will greatly improve service delivery in both the rural villages and surrounding commercial farms which are a responsibility of the Provincial Department of Health and Welfare.



.....
Dr P Kgaphole
(General Manager: DHS & PHC)



.....
Mr J. Ledwaba
(Project Manager)

DATE: 07th August 2003



