

キリバス・トゥヴァル・在外プロジェクト形成調査
(保健医療分野)

付 属 資 料

要請案件に係る背景調査

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Future Projects of Bilateral Cooperation in Health

Between JICA and the Government of Tuvalu.

1. Preamble and Introduction.

The contractual agreement signed with JICA was to compile a Report on the Health Services of Tuvalu, as well as further explore a number of confidential verbal requests apparently made by the Tuvaluan Minister of Health and his Permanent Secretary, during a Meeting of Ministers and Permanent Secretaries of Health of Pacific Island countries, that was held in Tokyo last year under JICA's sponsorship. I was to also discuss and fully define the details of those requests, as well as list them in their order of importance and priority as perceived by the Tuvalu government.

2. Wording of the Requests.

The wording of the five items were essentially as stated below;

- To repair, or fix, or rebuild, present facilities of the National Hospital,
- To build Health Institutions for Primary and Secondary Schools,
- To improve services to eight islands in Tuvalu (equipment disposal, water supply, etc.),
- To provide a boat between islands,
- To build an institution for School Teachers.

Regrettably and most unfortunately, the Minister for Health, Women and Community Affairs, who also holds the portfolio for Education and Culture, was just medically evacuated off island when I arrived and I was not able to consult him. I did however consult and hold discussions on these requests, with the Special Ministerial Advisor (SMA) on Health, Permanent Secretary for Health, the two Directors (of Health, and Public Health) as well as other relevant staff of the Ministry and Princess Margaret National Hospital.



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I also consulted the Minister for Finance, who was a fellow student, as well as the Governor General, who was actually a student of mine at the Fiji School of Medicine many years ago (when it was called the Central Medical School).

3. Priority Listing.

To repair, fix or rebuild the existing Princess Margaret National Hospital (PMH) is indeed regarded as a Project of top priority by the Health sector; from the SMA and the Permanent Secretary, and all the way down to all health professionals and staff I consulted and discussed the issue with. The Minister for Finance on the other hand, was adamant that the National priority for bilateral cooperation with JICA, is the construction of roads in the outer islands, and showed concern that the Minister for Health had given these verbal requests to JICA last year, without Cabinet's blessing.

The fifth item on the list would appear to be no longer applicable, as government and another development partner will be cooperating on the construction of such an institution for School Teachers. This would appear to be the set up also with the request for improvement of services to the eight islands in Tuvalu (# 3 item) because of the Fale Kau Pule Act which Parliament passed last year, authorizing the decentralization of government to the eight Island Councils, who would then be responsible for providing facilities for such services. I was not however able to get a clear picture of this development because, no one I spoke to seemed to be fully informed about the exact nature of the proposed changes.

The second and fourth items on the list are seen as still important, with the provision of a boat between islands as being costlier, but of greater significance and higher priority, due to the escalating urgency of the need for one.

3.1. To Repair or Fix or Rebuild Present Facilities of the National Hospital.

In actual fact, this item should read, ***To Build a New National Hospital*** because, in the opinions of everyone I had spoken to, a specific request for this had been finalized and formally submitted as an ***Application For Japan's Grant Aid***, with **July 1988 as Date of Entry**. The Project title was ***Project for Construction and Supply of Medical Equipment for Princess Margaret Hospital, Tuvalu.***

The amount requested was **690 million Japanese Yen** with 370 million yen for construction and 320 million for medical equipment. There is 10,529.25 square metres of government land earmarked and immediately available for the facility. Everyone consulted, with the possible exception of Minister for Finance, have clearly and emphatically given their opinions and feelings in favour of the project although most of them know little about it, nor even seen the Proposal itself.

3.1.1. Arguments and Reasons for Requesting a new Hospital.

The Princess Margaret Hospital (PMH) was completed in 1978, as a secondary referral facility for the outer islands, in addition to serving Funafuti itself, where more than one third of Tuvalu's population reside. It consists of three wards; men's, women's and maternity; together with an X-ray unit and a Pathology Laboratory. Although its average monthly occupancy rate is less than 60%, patients from the outer islands are usually accompanied by relatives to look after the patients, and they invariably occupy at least one other hospital bed for each inpatient.

Despite the provision of theatres for surgical operations and complicated obstetrical deliveries, only a small proportion of these procedures are undertaken at PMH, which had referred virtually all such cases to either Fiji or N.Z. in the past, due primarily to the chronic situation of absence of doctors competent enough to undertake such operations. Unfortunately however, the overall long term effect of such management practice is a progressive decline in the capability of the institution per se, to carry out these technical procedures, because the other related services and support facilities also decline to the point of nonexistence.

For the Ministry of Health therefore, the initiating strategic options to improve health care services in Tuvalu would be to, either upgrade the PMH as a referral centre for the outer island health services, or upgrade the outer island facilities and services themselves, by building better clinics and having doctors as well as nurses to service such clinics. With the first option, upgrading the capability and capacity of PMH would mean that patients referred from the outer islands would be appropriately managed and treated in Tuvalu. Opting for the second choice however would mean that, PMH itself would merely act as a transferal facility for further and onward referral of outer island patients to Fiji or NZ.

Three young Tuvaluan medical graduates will join the Ministry shortly and more graduates will follow in the immediate future. Some of these will be able to go on for further specialized training to provide the human resource capabilities needed to make PMH an effective secondary/tertiary health care facility. Unless PMH is institutionally capable of fully utilizing such human resource expertise, little benefit or advantage will be gained from the proposed restructuring of facilities or reorganization of the services. Therefore, the rationale and request for a new national health care facility at PMH is for capacity building in terms of both the technical and human resource capabilities of PMH and available health services.

3.2. To provide a boat between islands.

The present government ship which services the outer islands of Tuvalu is a 1,300 ton vessel with a cargo capacity of 300 tons and 169 passengers with 3 first class and 9 second class cabins. It operates on a standardized shipping schedule that regularly services all of the outer islands. It may also be used sometimes for special or emergency services, a role for which it is too big and too slow, but for which the national Patrol boat is too costly to charter. Evacuating patients from, or undertaking special health promotional or disease prevention campaigns in the outer islands, must accordingly comply with the *S.S. Nivaga's* normal shipping schedule to the outer islands, and this invariably clashes with the Ministry's own plans and strategies to address such needs.

Having a smaller government boat with a cargo capacity of about 50 tons and a cruising speed of around 12 knots is seen as the solution to this problem. Such a boat can also be utilized for other government services, one of which will be as a Training Ship for the Marine Training School which can actually combine the operational running of the vessel with its own training requirements for practical seamanship. There have been discussions between the Director of Public Health and the former Captain and Head of the Marine Training School, and he had assured the Ministry that, if such a boat becomes available, the Marine Training School will be able to absorb most of its operational costs through additional revenue which can be obtained from shipping cargoes and passengers as well as fees charged on seamen for the training and upgrading of their competencies.

With the Fale Kau Pule Act coming into effect and decentralizing of governance to the Island Councils, who will be responsible for providing communal services to their own inhabitants, the need to maintain and upgrade the degree and extent of communication links between national and outer island authorities and agencies are substantially magnified. Better shipping links between islands is a must therefore for Tuvalu, and such a boat will cater for that particular need.

3.3. To Build Health Institutions For Primary And Secondary Schools.

This request was not very well understood at all by those I interviewed and discussed the issue with, including the Permanent Secretary herself. The most credible explanation as to what is actually involved refers to the Ministry's intention to have proper ablution facilities incorporated into the construction of new Schools, particularly at the Primary level in the rural communities, because many of these facilities are built without them, and for those that do have them, more often than not, they are not functional, so the children resort to the natural environment, when coping with their urge to urinate or worse, defaecate.

What the Health promotional/educational arm of the Ministry wanted therefore, was to not only ensure that functional ablution facilities are built for Schools, but that they be constructed in such a way that will allow for better health education exposure, such as having wash basins and taps placed outside the facilities in full view of the children. Practical demonstrations on washing soiled and dirty hands. brushing teeth etc. will be in full view of all the children. It is therefore expected that young children will be encouraged and enticed to follow these healthy habits which will grow and become entrenched as part of their character and aptitude.

Requests for Future Projects of Bilateral Cooperation in Health Between JICA and Republic of Kiribati.

Introduction and Preamble.

JICA commissioned me to discuss and further explore with the Kiribati Health Administration, two verbal requests for bilateral cooperation with the Japanese government that were submitted by the Minister of Health and his Permanent Secretary in Tokyo last year, during a Meeting of Pacific Island Ministers and Permanent Secretaries of Health. The exact wordings of those two requests as given to me were;

- **to build a training institution for doctors and nurses,**
- **to improve the hospital, which is working now.**

Consultation and Enquiries.

It was unfortunate that the Hon. Minister and his Permanent Secretary were in Holland to attend a UNFPA Conference on Reproductive Health and Family Planning when I got to Kiribati, and I was therefore unable to personally consult or discuss these requests with them. All other Senior Administrators and Professional Officers, including the Director of Public Health who was acting as the Permanent Secretary, Director of Hospital Services, Director of Nursing, the Heads of Nursing and Medical Assistant Training Schools; Senior Health Education Officer, Chief Pharmacist, Senior Assistant Secretary, Laboratory Superintendent, Officers-in-Charge of Environmental Health, Health Information, Nutrition Centre, District Principal Nursing Officers, as well as various clinicians and staff nurses, were met and interviewed on a one on one basis for their views and opinions. I also discussed these issues with the WHO Country Liaison Officer in Kiribati, and my overall impressions and conclusions from these interviews are summarized hereunder.

1. To build a training institution for doctors and nurses.

The reactions and responses to my questions and discussions about whether an undergraduate, postgraduate or continuing health education institution is what they want, very quickly and unequivocally ruled out any serious thoughts about undergraduate training programs in medicine, nursing or other cadres of health workers, as the training institution(s) that the health services in Kiribati wants.

The training institution they had in mind therefore is one that would serve their perceived needs in postgraduate and continuing medical and health education.

1.1. Current Human Resource Training Set Up.

For ***Nurse Training***, there is a three year basic program for Registered Nurses (RN), plus two post-basic programs in ***Midwifery*** and ***Public Health***. In the ***Medical Assistants*** program, selected RN undergo an additional year of higher education and training in Primary Health Care (PHC) and graduate with the extra knowledge and skills needed to operate a rural Health Centre. Discussions with the Principal Nursing Officer in charge of nurse training and the Doctor who is conducting and coordinating the Medical Assistants training programme, identified the following constraints and short comings which they would like to be addressed and rectified, by upgrading and expanding existing facilities.

Library Facilities for both institutions are regarded as inadequate in terms of available space and resource materials. Extending it to at least twice the floor space they have at the moment is a minimum requirement, if they are to provide chairs and tables or reading and working places for the students. The extended floor space would also provide additional storage and holding shelves for the expected increase of additional volumes of resource materials needed. Such an upgraded and enlarged library would also service the needs of the Tugaru Central Hospital by providing a professional resource centre for its staff and health workforce.

Lecture Rooms. The Nursing School has two small lecture rooms only, as well as one practical demonstration room. This places a severe constraint on the size of the intake of student nurses for the basic program. It also limits the number of post-basic courses they can offer, which only become available when the basic nurse trainees are on holidays.

For the ***Medical Assistants***, the availability of additional lecture rooms and the extension of library facilities would enable the program to institute an essential ***Bridging Course*** in collaboration with the Fiji School of Medicine, that would allow Medical Assistants to enter the second tier of the MBBS program when they successfully complete that course.

Expansion of these facilities would also provide the necessary space for TCH to develop and run short courses, programmes or workshops on selected health care topics as part of ***Continuing Education*** for its professional staff. Thus, the request for a training institution for doctors and nurses merely encompasses no more than the extension and upgrading of existing training facilities, in order to

encourage and enhance the institutionalization of postgraduate and continuing education at the TCH and MHFP.

2. To Improve the Hospital Which is now Working.

Tungaru Central Hospital (TCH) was built and opened in the early nineties as a secondary in-patient health care facility under the development assistance and bilateral cooperation of the Japanese government through JICA. This one hundred (120) inpatient bed facility and essential allied secondary care services, had served the needs of the community very well during the time that it has been in operation. Because of the high population growth rate however, and the even greater upsurge in the urban drift of the population to Tarawa, this same facility is now seriously overloaded and grossly inadequate, with occupancy rates at around or well over the 100 percent mark in recent years. Upgrading and enlarging the operational size of the TCH is therefore the highest priority in the developmental needs of the MHFP.

2.1. Requested Extensions.

The requested extension for the TCH include the following additional facilities:

- Accident and Emergencies.
- Obstetric Ward
- Gynecology Ward
- Gynecology Clinic.

2.1.1. Accident and Emergencies.

The working Plan for this extension has been completed and is awaiting costing prior to the solicitation of the necessary funding for renovation. The enlarged facility would provide the necessary additional space for a separate cleaning up room, an examination room, space for holding and emergency treatment beds, as well as a separate waiting room for relatives. The new facility would be constructed in a way that will ensure security and privacy from the prying eyes of the general public as is the situation at the moment.

2.1.2. Obstetric Ward.

This will be accomplished by extending the existing Obstetric ward towards the Surgical ward to allow for fifteen (15) postnatal beds as well as for another ten (10) antenatal beds. As stated in the report on the health problems of women, antepartum and postpartum bleeding, as well as pre-eclampsia and puerperal

sepsis appear to have a strangle hold of unusually high incidences in Kiribati, and is accordingly an area of high morbidity and associated mortality, which the MHFP is fully committed to redress.

2.1.3. Surgical Ward.

Situated at the opposite side to each other, the intention here is to have a mirror image extension of the Surgical ward which is symmetrical and similar to the extensions for the Obstetric ward, to provide an additional 10 to 15 beds for the increasing load of gynecological cases that result from the rising incidence of cervical cancer in Kiribati.

2.1.4. Gynecology Clinic.

This will be housed in the proposed Accident and Emergency extension in the Outpatient Department to cater for the need to encourage PAP smears together with any necessary Colposcopy investigations, again because of the increasing incidence of cervical cancer.

2.2. Other Extension Needs for TCH.

2.2.1. A New Incinerator.

The old Incinerator no longer works and must be replaced. Part of the problem with the old incinerator is its inefficiency which was far from satisfactory, given the amount of fuel required to operate it. A new and different version of the same facility would be far more efficient because of the recycling of the heat generated from the burning of incinerated waste, which is used to maintain the temperature at the optimal levels for combustion and incineration.

2.2.2. Protective Sea Wall.

The salt water spray from the pounding surf on the ocean side of the Hospital is a very serious problem for the operational life of the hospital because of salt water corrosion. The strong and ever present prevailing wind carries the salt water spray right throughout the hospital compound and the only effective counter measure against it is a high brick or concrete wall right across the front of the complex to stop the salt spray from affecting the hospital.

TUNGARU CENTRAL HOSPITAL PHOTOGRAPHS.

1. ARIAL OVERVIEW AND LAYOUT.

- A.** *Mortuary (next to the Incinerator; see Photograph)*
- B.** *T. B. Ward.*
- C.** *Obstetrics Ward. (extension requested for 10 to 15 additional beds)*
- D.** *Surgical Ward. (extension also requested for 10 to 15 extra beds)*
- E.** *Children's Ward.*
- F.** *Medical Ward.*
- G.** *Private Ward*
- H.** *Ocean Side Shoreline (concrete protection wall against salt water spray)*
- I.** *Nurses Quarters.*
- J.** *Nursing and Medical Assistants Training Schools. (extensions to class rooms and Library requested to enable Postgraduate and Continuing Medical and Health education to be institutionalized at TCH; see Photographs)*
- K.** *Tennis Courts.*
- L.** *Administration Block. (including WHO C.L.O. for Kiribati).*
- M.** *Accident, Emergency & Outpatients. (for renovation and rebuilding).*
- N.** *Special Clinics. (renovations for PAP smears & Colposcopy clinics)*
- O.** *Pharmacy and Stores.*
- P.** *Operating Theatres.*

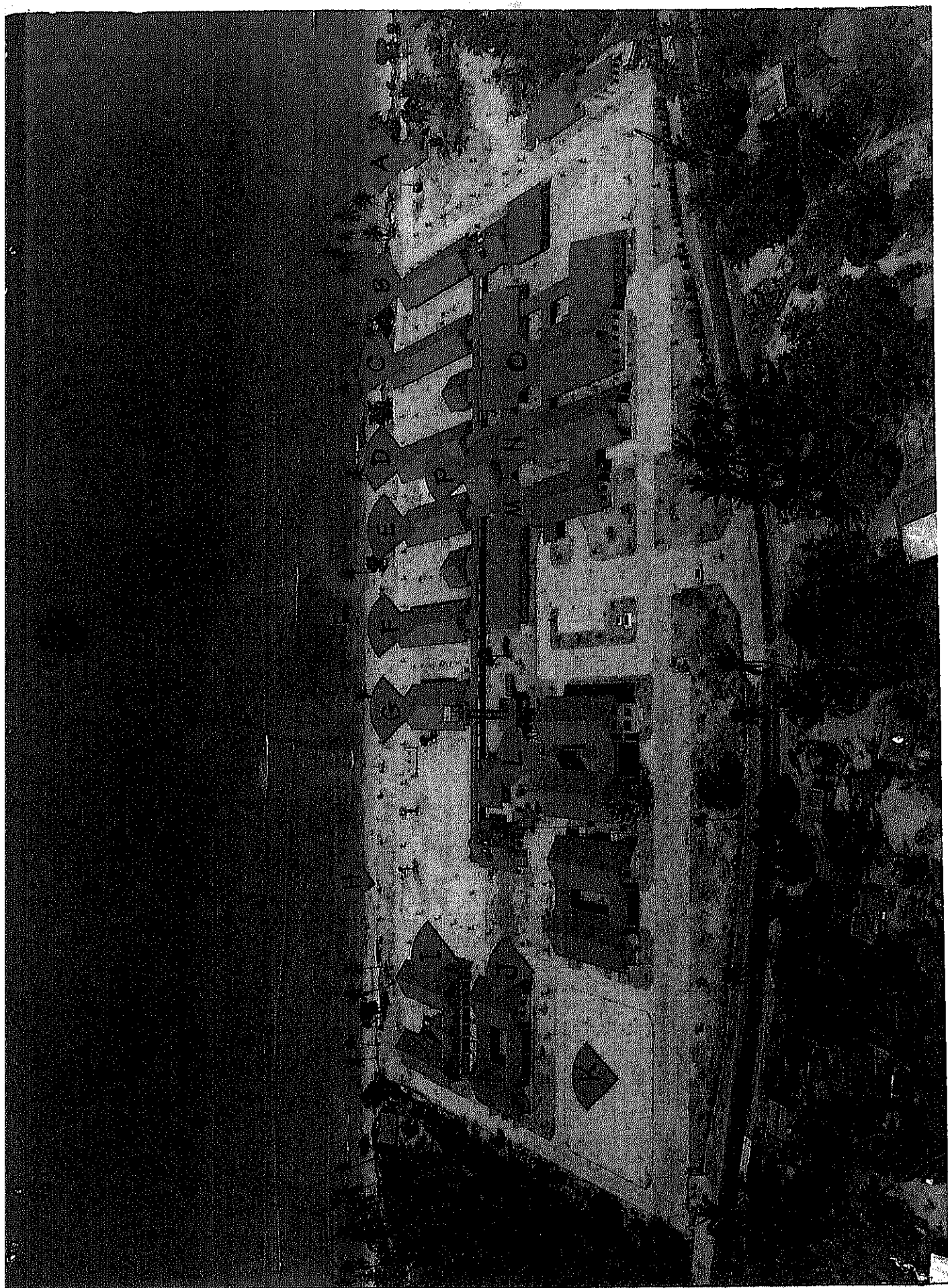
2. SNAPSHOT PHOTOGRAPHS.

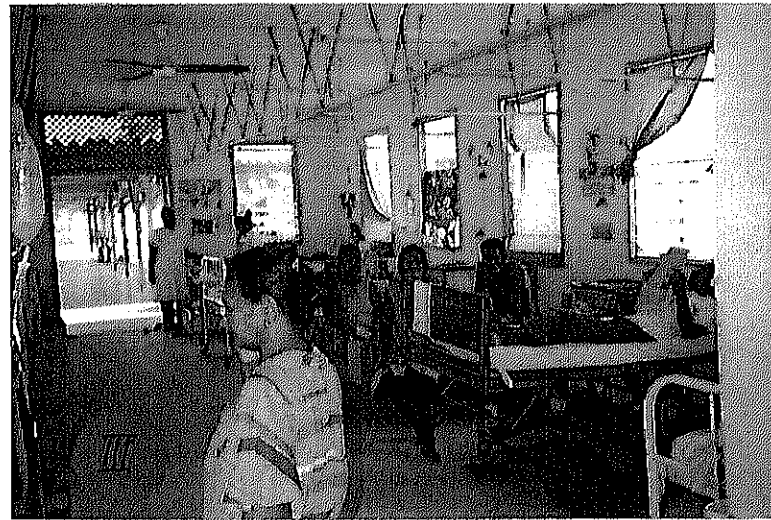
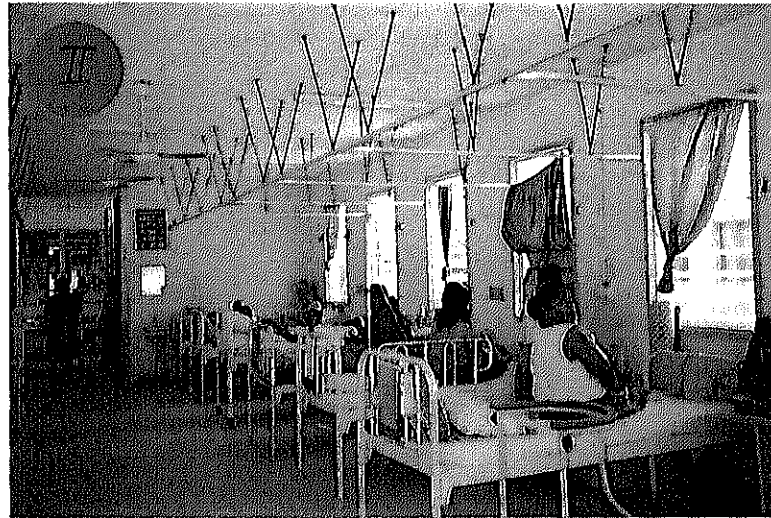
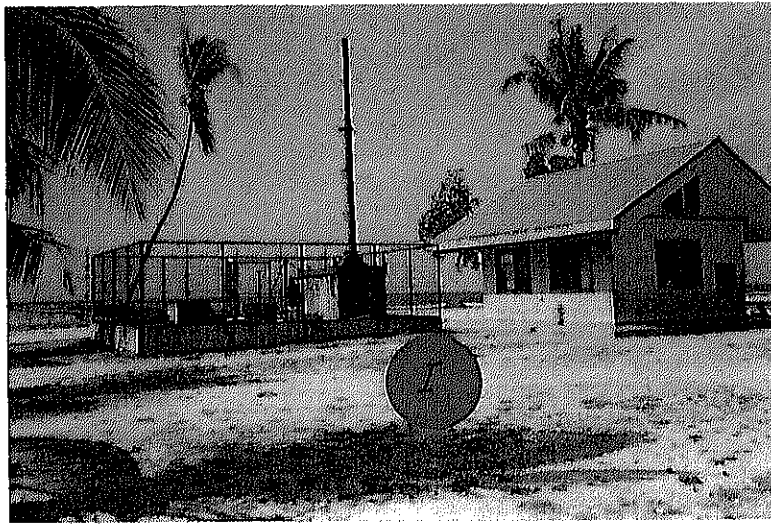
- I.** *Mortuary and Incinerator (next door to it but not working at the moment)*
- II.** *Obstetrics Ward. (overcrowded extra beds with no curtained privacy)*
- III.** *Surgical Ward. (similar overcrowding of extra beds and no privacy)*
- IV.** *Accident & Emergency. (overcrowded reception, cleaning, treatment room)*
- V.** *Special Clinics Area. (to include Pap smears & colposcopy clinics)*
- VI.** *Nursing & Medical Assistant Schools Library. (congested & inadequate)*
- VII.** *Lecture Room I. (tiny and congested)*
- VIII.** *Lecture room II. (as above)*

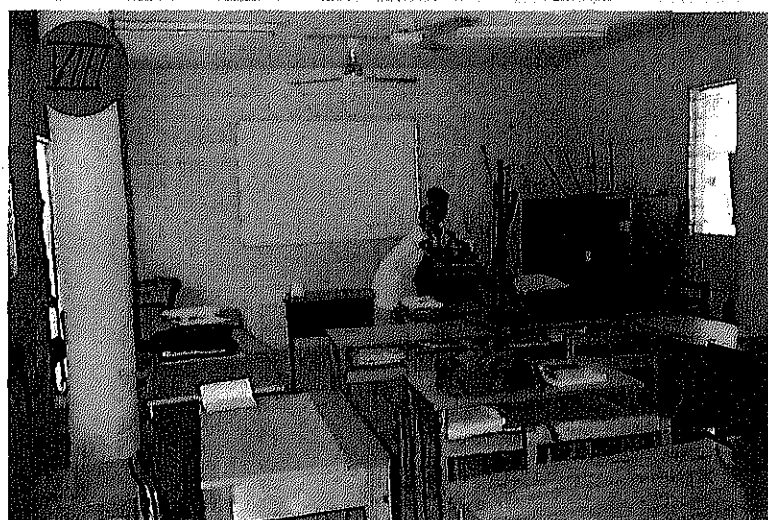
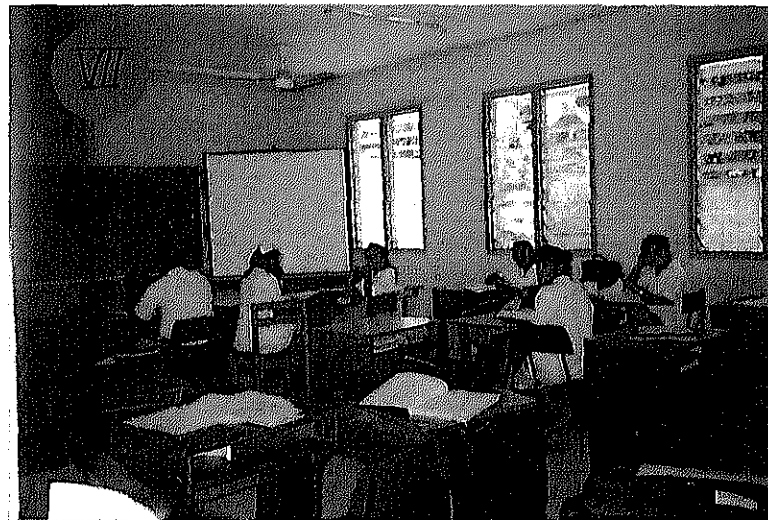
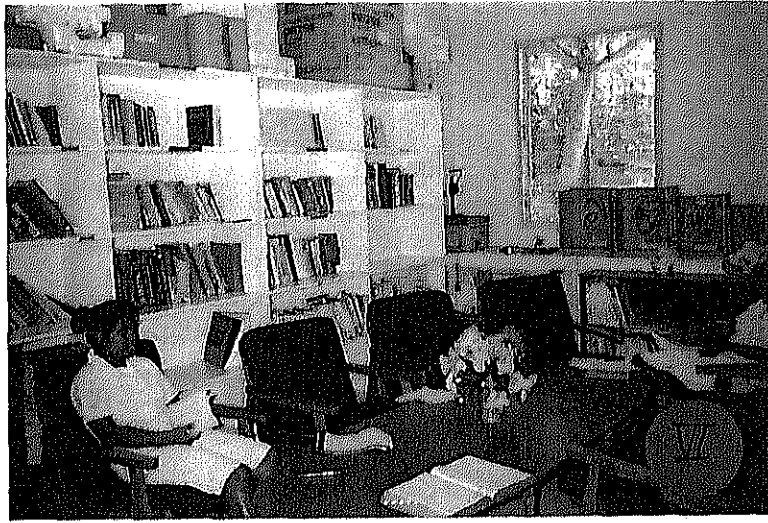
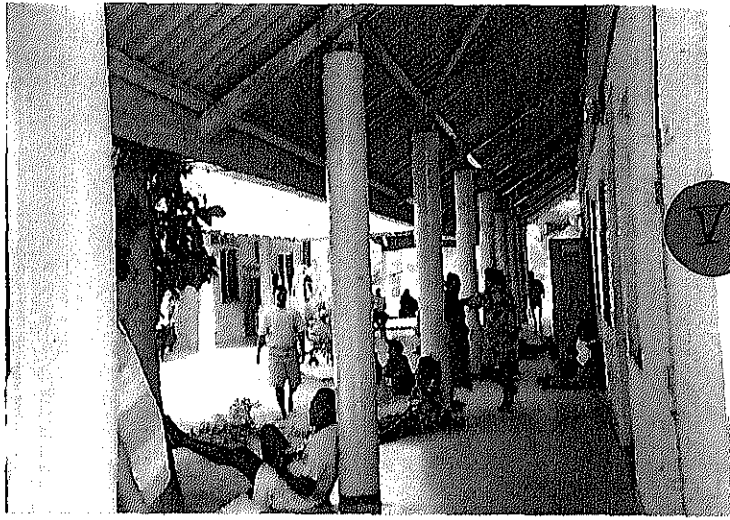
PRINCESS MARGARET HOSPITAL PHOTOGRAPHS

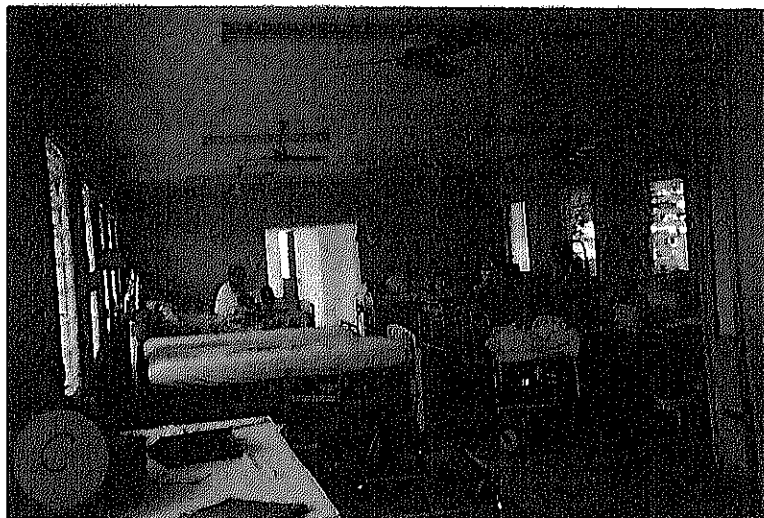
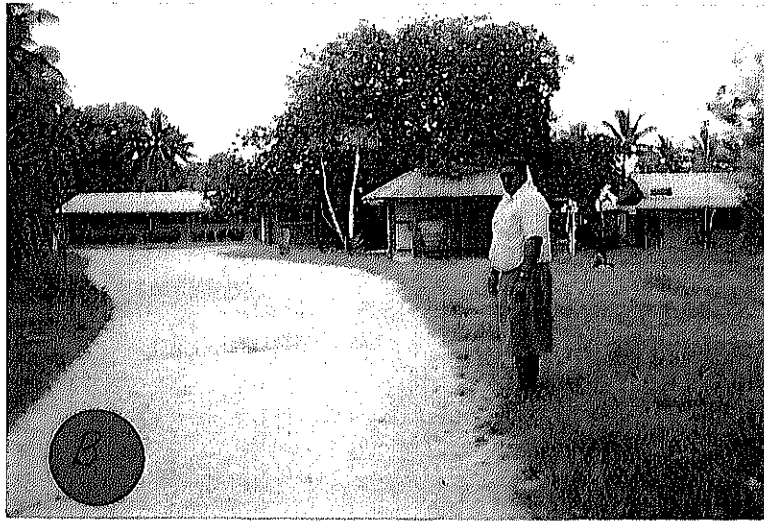
SNAPSHOTS.

- A. Public Health Building & Ground.** *(part of the site for new Hospital).*
- B. Back of PMH.** *(where new Hospital is to be built).*
- C. Women's Ward at PMH.**
- D. Men's Ward at PMH.**
- E. X-Ray Unit** *(purchased by NZODA)*
- F. Preparation and Equipment Area for Delivery Room.**
- G. Obstetrics Ward.**
- H. Obstetrics Ward.**
- I. PMH, Outpatient Entrance side.**
- J. PMH, Outpatient Waiting Room.**
- K. Red Cross HQ** *(Opposite Outpatient Entrance to PMH).*

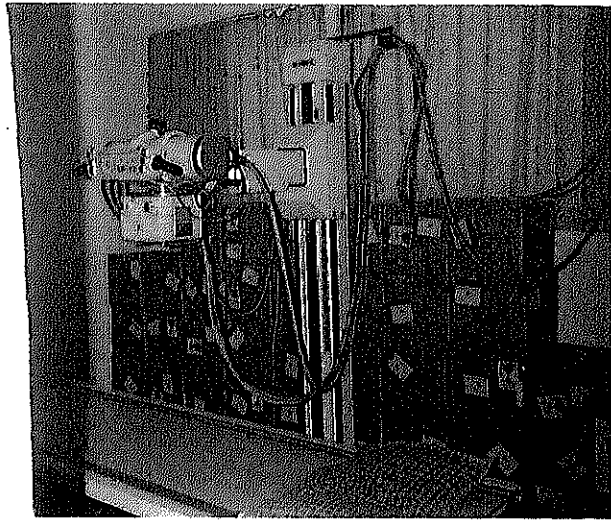




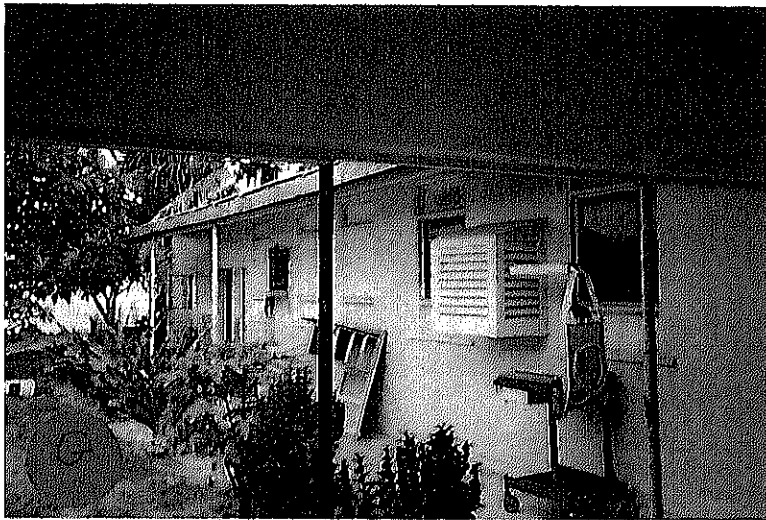
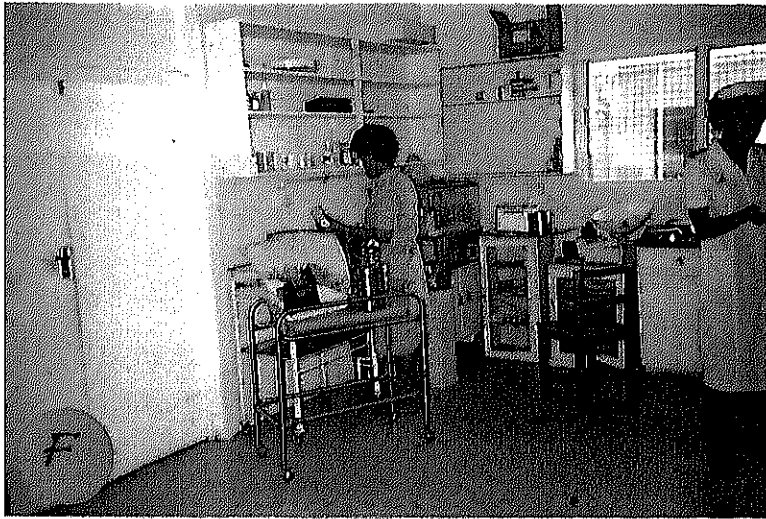




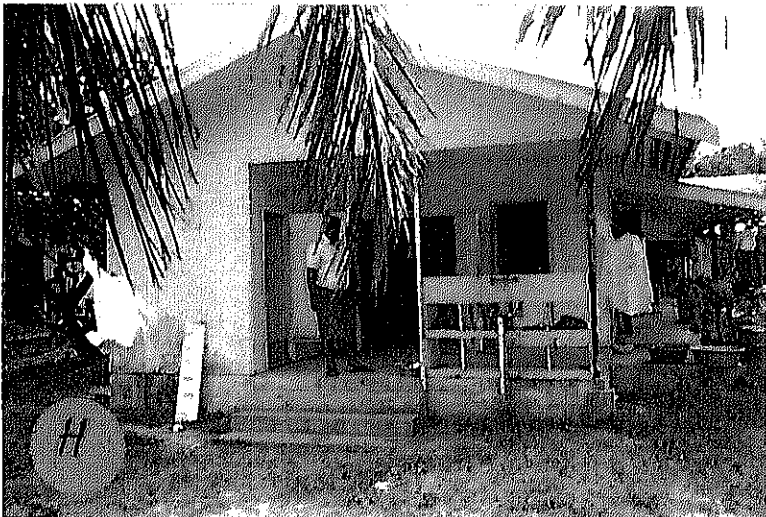
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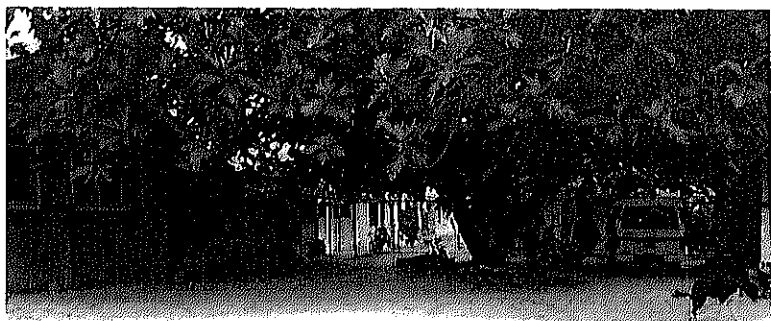


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