

## 2-3 OBLIGATIONS OF RECIPIENT COUNTRY

It will be necessary for the Government of Malawi to undertake the following items for the implementation of the Project with the grant aid provided by the Government of Japan.

### (1) Procedures to be undertaken by Government of Malawi

#### 1) Tax Exemption

- Exemption of Japanese nationals (persons and companies) from domestic taxes, including VAT, and financial levies imposed in Malawi for the procurement of goods and the provision of services based on the verified contracts for the Project
- Provision of all conveniences for (i) the speedy customs clearance, (ii) exemption of import tax on equipment and materials imported from Japan and/or the third countries for the purpose of the Project based on the verified contracts, and (iii) the inland transportation of such equipment and materials
- Exemption of Japanese companies and Japanese persons working for the Project from customs duty, domestic taxes including VAT and any other financial levies imposed in Malawi.

#### 2) Visas, etc.

- Provision of all conveniences necessary for the entry to and stay in Malawi of Japanese nationals who enter and stay in Malawi to conduct their assigned work for the implementation of the Project.

#### 3) Issue of Permits, etc.

- Issue of various permits and authorisations, which are required for the implementation of the Project

#### 4) Issuance of Banking Arrangement (B/A) and Authorization to Pay (A/P)

- Making a banking arrangement and payment commission of contracts amount and issue of authorization to pays (A/P) and commission for the issue.

## **(2) Works to be undertaken by Government of Malawi**

Works to be undertaken by Government of Malawi for the implementation of the Project are as follows. These items are explained and discussed during draft report explanation and all of items are basic items and it was responded that it is possible to undertake by the Government of Malawi.

### 1) Before starting construction

- Secure construction sites (Title and Deed) and reclamation of sites.
- Cut down of trees and dig out the roots in the construction area at Rumphi district Hospital.
- Top soil cut (50cm) for building site area plus 5m around the building if the construction site is farming land

### 2) During Construction

- Providing temporally site for material storage and temporally offices in the sites
- Construction of fences along with boundary line for all of health centres.
- Procurement of general furniture, window curtains and fixture excluded from the scope of the Japanese grant aid, including relocation of the existing general furniture and fixtures.

### 3) After Completion of the Project

- Providing medical equipment which are recommended by EHP by SWAp to the Paediatric Ward of Rump and Mzimba District Hospital, and Maternity Ward in Rumphi District Hospital before completion if this Project
- Necessary budget and staffs allocation for effective and appropriate use of building and equipment provided under the grant aid
- Appropriate as well as effective use and maintenance of the facilities and equipment provided under the grant aid
- Arrangement of consumables and spare parts which will be required for the maintenance of the facilities and equipment
- Renovation and repair work for the existing facilities to be able to use continuous operation.

## **2-4 PROJECT OPERATION PLAN**

### **2-4-1 Operations and Maintenance Plan**

#### **(1) Ministry of Health and District Hospital**

The Planning and Policy Department of the Ministry of Health shall be the responsible department in the implementing agency, while the directors of each district hospital (also combining the post of district health office director) shall act as planning coordinators between each hospital and health centre. On the technical front relating to the construction works, the Building Department of the Ministry of Transport and Public Works shall cooperate. The district hospitals and health centres targeted in the Project already have medical staffs that provide everyday medical care services in existing facilities. In Malawi, doctors and nurses are educated in university medical departments and nursing colleges, however, it is thought that it will take some years in order to secure the necessary personnel required in the whole country. Accordingly, plans in the Project shall be compiled over a scope that doesn't require additional medical personnel and enables medical care services to be conducted under the same medical setups as at present.

#### **(2) Current Condition of Medical Personnel**

##### **1) Medical personnel at district hospital**

Rumphi District Hospital paediatric ward has eight medical staff, which cares for 220 paediatric patients per month while working in daytime and night time shifts. Moreover, the maternity department has six staff and handle 250 deliveries per month including complicated deliveries. Basic tending to patients and pregnant women is entrusted to attendant family members (guardians).

Mzimba District Hospital paediatric ward has 21 medical staff, which cares for approximately 300 paediatric patients per month.

**Table 2-47 Number of Medical Staff at Planned District Hospitals**

	Rumphi DH Paediatrics	Rumphi DH Maternity	Mzimba DH Paediatrics
Clinical Officer	1	1	1
Ward in Charge	-	-	1
Nursing Officer	1	1	-
Senior Enrolled Nurse Midwife	3	-	-
Registered Nurse	-	-	5
Nurse Midwife Technician	1	-	-
Enrolled Nurse Mid wife	-	1	-
Auxiliary Nurse	-	-	4
Patient Attendant	-	-	1
Hospital Attendant	-	-	6
Wards Clark	-	-	1
Nurse technician	2	3	2
Total	8	6	21

Source: Survey Results

## 2) Health care staff at health centres

The seven health centres that are targeted for the construction of dispensaries are operated under the staff setups shown in the following table.

Full-time staff members are the medical assistants and (enrolled) nurses or (enrolled) midwives, and the health centres are able to fulfil their functions if these two posts are filled.

**Table 2-48 Number of Health Staff at HC – Planned Dispensary**

	Endindeni HC	Kafukule HC	Chulu HC	Simlemba HC	Khola HC	Chiwamba HC	Mbangombe-1 HC
Medical Assistant	-	-	1	1	1	1	1
Registered Nurse	-	-	-	-	-	2	1
Enrolled nurses	1	1	1	-	-	-	-
Enrolled Midwives			1	-	-		
Environmental / Health Education Staff	4	-	-	-	-	-	-
Health Surveillance Assistant		5	6	4	5	17	5
Health Attendant	-	-	-	1	-	3	1
Cleaner	2	2	2	1	1	2	-
Ground Staff	-	3	1	1	-	2	-
Security	1	1	2	2	1	2	1
Total	8	12	14	10	8	29	9

Source: Survey Results

However, there is no medical assistant in Endindeni Health Centre and Kafukule Health Centre, and there is no (enrolled) Nurse/ midwife in Simulemba Health Centre and Chola Health Centre when survey team visited there.

The health centres that are targeted for the construction of maternity wards are operated under the staff setups shown in the following table. Similarly, the health centres are able to

deal with general outpatients and deliveries providing that they have permanently assigned medical assistants and enrolled nurses or enrolled midwives. However, since it is necessary to respond to deliveries 24 hours a day, there is a limit to the amount of work one enrolled midwife can achieve. Chamwabvi health centre, where it is planned to construct a maternity ward, currently has no enrolled midwife and the medical assistant conducts deliveries, however, it will be essential to assign a permanent enrolled midwife when the Project facilities are completed.

**Table 2-49 Number of Health Staff at HC – Planned Maternity**

	Katowo RH	Mwazisi HC	Emfeni HC	Euthini HC	Kapelua HC	Chamwabvi DP	Mtenthela HC
Medical Assistant	1	1	1	1	1	1	1
Registered Nurse	-	-		-	-	—	-
Enrolled nurses		1	1	1		-	-
Enrolled Midwives	1				1	-	1
Environmental Health / Health Education Staff	1	1	1	1	7	-	-
Health Surveillance Assistant	14	5	11	14		5	13
Health Attendant	-	-	1	4	2		1
Cleaner	4	4	1	-	-	1	1
Ground Staff	2	1	1	1	1	1	-
Security	2	2	1	24	2	1	-
Total	25	15	19	14	14	9	17

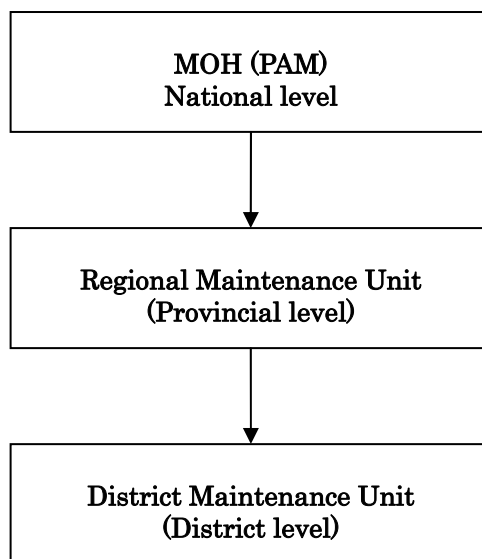
Source: Survey Results

### 3) Maintenance personnel for equipment

MOH has introduced the maintenance system of medical equipment, which is called as PAM: Physical Asset Management that is shown as the following figure by the assistance such as European Unions (EU) and German technical development corporation (GTZ). The equipment maintenance in this project will be executed with the DMU, which is positioned as the end organization of this system.

As for maintenance and management of the equipment which will be procured through this project, the District Maintenance Unit (DMU), which has been set up within each district hospital will basically take charge of the equipment spare parts are kept in the store where is adjacent to this unit and managed in case of general-purpose items that can be obtained in the local markets. There are some DMUs where are producing and making repair works as the Rumphu district hospital about simple items such as beds and chairs. The health centres are kept under the jurisdiction over the district health office, actually the health centre is in a situation that DMU staff cannot take a necessary action at once even if the equipment repair is requested because about 5 to 6 personnel of the DMU are too little to cover all the institutions

in the whole district, and the DMU has no transportation though the DMU is supposed to visit the site according to the request of the repair.



**Fig. 2-16 Maintenance System of Medical Equipment**

The three target district hospitals have maintenance departments that comprise the staff shown in the following table. These departments are responsible for conducting maintenance in all the health centres in their respective districts, however, they mainly look after just the district hospitals at present. Accordingly, the Project facilities and equipment have been planned based on roughly the same specifications as at present; in particular, the medical equipment shall largely consist of fixtures and beds that do not require maintenance work.

There is a medical equipment maintenance department in Lilongwe Central Hospital and this conducts maintenance and repairs of medical equipment all over the country. Japan Overseas Cooperation Volunteers were dispatched to this department and conducted technical guidance in the past.

**Table 2-50 Number of Maintenance Staff at District Hospitals**

	Maintenance Officer	Medical Technician	Carpenter	Plumber	Electric Technician	Brick Layer	Total
Rumphi DH	1	-	1	1	1	1	5
Mzimba DH	-		1	1	2	-	4
Kasungu DH	1	2	1	1	2	-	7

Source: Survey Results

## 2-4-2 Maintenance Plan

### (1) Facilities

Maintenance of facilities is in two folds, i.e. a) daily cleaning, b) repair of wear/ breakdown/ deterioration. Encourage of daily cleaning gives good influence to the use of the facilities, and it leads to careful handling of facilities and equipment. Furthermore, it is important to maintain the performance of equipment and materials. It also prolongs duration of the services equipment. Main repair works are repair and refurbish of interior/exterior finishes for protection of structural elements. Required refurbishment to maintain the function of the facilities is expected every 10 years in Japan.

Items of regular inspections and repairs that influence the durability of the facilities will be submitted as a part of Maintenance Manual by the contractor at the time of handover. Inspection methods and method of regular cleanings will be explained. The outlines of the Regular inspections are as follows;

**Table 2-51 Outline of Regular Inspection for Facility**

	Type of Maintenance Work	Frequency
Exterior	<ul style="list-style-type: none"> <li>• Repair and repainting of external walls</li> <li>• Inspection and repair of roofing materials</li> <li>• Regular cleaning of gutters and drainage</li> <li>• Inspection and repair of sealing for Doors</li> <li>• Regular inspection and cleaning of ditches and manholes</li> </ul>	Repair: every 5 years, Inspection: every year, Repair: every 5 years Monthly Every year
Interior	<ul style="list-style-type: none"> <li>• Renewal of interior finishing</li> <li>• Repair and repainting of partition walls</li> <li>• Adjustment of windows and doors</li> <li>• Replacement of ironmongery</li> </ul>	As required As required As required As required

### (2) Building Services

For building services, daily preventive maintenance is important as a mean to prevent repair of malfunctioning or replacement of parts. Life-spans of services equipment are influenced by operation hours and they can be certainly prolonged by proper operation and daily inspection/lubrication/adjustment/cleaning/repair. These daily inspections can prevent breakdown or accident and spread of accidents. Due to lack of maintenance staff in CEMASTEVA, it is important to establish a maintenance formation to conduct periodic inspections for generator and pump, etc. once a year by subcontracting to outside contractors.

Expected life-spans of major equipments are as per shown in following table.

**Table 2-52 Life Expectancy of Building Equipments**

	Type of Building Equipment	Life Expectancy
Electrical System	• Generator	15 to 20 years
	• Distribution panels	20 to 30 years
	• Fluorescent tubes	5,000 to 10,000 hours
	• Incandescent lamps	1,000 to 1,500 hours
Water supply & Mechanical system	• Pumps, pipes & valves	10 to 15 years
	• Sanitary fixture	15 to 20 years
	• Soak pit	5 to 10 years
	• Exhaust fans	10 to 15 years

1) Operation and maintenance work by hospital staffers

It is important to manage the medical equipment to have it used for the long term, and that medical personnel accomplish the following items.

- ① to know equipment operation method very well,
- ② to check it before and after operating it, and
- ③ to clean after use.

Knowing equipment operation method very well prevents from occurrence of wrong operation and decreases occurrence of breakdown. Especially, it often breaks down soon after delivery because of immaturity of handling it. Hospital staffers are recommended to carry out checking the equipment before and after use, which means confirming functions by the main body switches, presence of scratches on surface of the equipment and its accessories and so on. It is effective to secure safety of patients and to decrease inner malfunctions of the main body caused by external defects.

2) Maintenance by maintenance and management staff

The following three items are raised to the medical equipment maintenance that the technical maintenance staff should do:

- ① Repair works,
- ② Scheduled check, and
- ③ Management of the equipment by equipment management Integration

It is an important work to repair and to restore to working condition to equipment which fall out-of-order due to some reason. Periodical check-up can prevent equipment from break-down, which lead to extension of the life span. Integration of equipment management into one department can decrease breakdown frequency that occurs in two or more facilities by the same cause, and can also extend the life span.



### 3) Strengthening of maintenance and repair ability of medical equipment

The PAM of MOH, which is responsible for medical equipment management and maintenance, is planning to improve the maintenance ability with the assistance of DFID of UK and JICA. DFID is supporting the engineer dispatch to the medical equipment maintenance training course which is held in the Technical Institute of Mombassa in Kenya, and JICA decided to implement the technology transfer scheme for the medical equipment maintenance to local engineers by the senior volunteers, which is scheduled to dispatch in October, 2006.

## 2-5 PROJECT COST ESTIMATION

### 2-5-1 Project Cost Estimation

In the event where the Project is implemented under the Grant Aid Scheme of the Government of Japan, the total project cost will be approximately 793 million yen, comprising 725 million yen as the Japanese government portion and 68 million yen as the Malawian government portion. The breakdown of costs for both sides based on the aforementioned scope of works is estimated as shown below according to the following estimation conditions.

Moreover, the following project cost estimation does not indicate the upper limit of the grant aid as specified on the E/N.

#### (1) Cost burden of the Japanese side

**Table 2-53 Japanese side Project Cost**

**Total Project Cost: approximately 725 million Yens**

Items		Project Cost (million Yens)	
Facilities	District Hospitals (Paediatric Ward, Maternity Ward)	515	636
	Health Centre 14 units (Total Floor Area: 3,891.4m <sup>2</sup> )		
Equipment	Adult beds, Bedside cabinets, Delivery beds, Weighing Scales, Stethoscope, Vacuum Extractor, Examination Light	121	
Consultant Services Fee			89

#### (2) Cost burden of the Malawian side

**Table 2-54 Malawian side Cost (Unit: US\$)**

Classification	Cost Amount		Notes
	2006	2007	
(1) Construction related work			
① Boundary Fencing work	560,000	—	When site is 1 ha for HC, length of fence is 400m. Then cost per 1m=US\$100. 14HCs
② Removal of trees (5 units)	1,000	—	Removal US\$200 per 1 unit.
③ Fill back existing pit (3m <sup>3</sup> )	200	—	Toilet pit at Rumphu DH.
④ Removal of top farm soil	18,000	—	700m <sup>2</sup> per 1 HC x 8 HC
⑤ Window Curtain		2,500	Window 246 Pices, US\$10.0/piece
(2) Banking Arrangement (BA) and Authorization to Pay (PA)	—	6,200	Approx. 0.1% of E/N amount
Sub-Total	579,200	8,700	
Total		587,900	

**(3) Estimation Conditions**

- 1) Estimation point      March 2006
- 2) Exchange rate        1 US\$ = 117.11 yen
- 3) Execution period     Single fiscal year works with the required detailed design and works period as indicated in the project implementation schedule
- 4) Other                    the Project will be implemented according to the Grant Aid Scheme of the Government of Japan

## 2-5-2 Operation and Maintenance Costs

### (1) Estimation of operation and maintenance costs in each district health office

Estimation of the annual facilities operation cost and maintenance cost after the Project facilities go into operation was carried out as follows. Concerning the operating cost of facilities and equipment, 1) electricity tariffs, 2) water tariffs, and 3) building maintenance cost were calculated, while maintenance costs were calculated for the facilities, equipment and materials. In the Project, since each district health office is responsible for conducting budget supervision, the operation costs and maintenance costs expected to increase in each district following Project implementation are calculated as follows (personnel expenses are not included).

**Table 2-55 Calculation Results of Additional Maintenance Cost (1,000MK)**

Items	Year of Completion				After Completion				
	Rumphi	Mzimba	Kasungu	Lilongwe	Rumphi	Mzimba	Kasungu	Lilongwe	
①Electricity Charge	57	20	0	0	225	80	0	0	
②Water Charge	230	92	0	0	920	367	0	0	
③Lighting Blabs					40,	20			
Sub-total①~③ (first 5 years)	287	112	0	0	1,185	467	0	0	
④anti-Termite (per every 5 years)	0	0	0	0	260	180	160	120	
Sub-total ①~④ (at 6 <sup>th</sup> year)					1,445	647	160	120	
⑤Wall repainting (per every 10 years)	0	0	0	0	2,247	2,230	1,680	1,270	
Sub-total①~⑤ (at 11 <sup>th</sup> year)	287	112	0	0	3,692	2,877	1,840	2,470	
⑥Spare parts (HC)	0	0	0	0	92	418	144	27	
Sub-total ⑥	0	0	0	0	92	618	144	27	
Total ①,②,③&⑥	287	112			1,277	885	144	27	
Total Cost (every year for first 5 years)					399				2,333

(Exchange rate: 1MK=0.9Yen)

As a result of the above estimation, the increase in annual operation and maintenance costs following completion of the Project facilities will be approximately 2,333,000 MK (2,099,000 yen) covering water tariffs, electricity tariffs, light bulb replacements and equipment replacement parts, etc.

## (2) Estimation of operation costs by facility

### 1) Electricity tariff

Since the electricity consumption of each room in each facility differs greatly according to the purpose of use of each room, consumption was determined upon taking into account the projected time of use of each room. The results of this examination are shown in the attached Electric Power Calculation Sheet.

When calculating the electricity tariff in Malawi, hospitals are classified as Scale IV and the calculation method is as follows:

- ① Basic tariff 1 : 1,322.8021 MK
- ② Specific tariff (kwh/month) : Consumption (A = KVA/month) x 2.9646 = (Tariff) MK
- ③ Basic tariff 2 (kwh/month) : Peak power daily peak (B = kw) x 816.8371 = (Tariff) MK

When electricity tariffs are calculated using the above expressions, the following results are obtained.

When the electricity tariff for Rumphi District Hospital paediatric ward and maternity ward is calculated from these consumption amounts, the tariff for the two wards works out as follows:

- ① Basic tariff 1: 1,322.8 MK
- ② Specific tariff 3,118 x 2.9646 = 9,243.6 MK/month
- ③ Demand tariff 2 10 x 816.8371 = 8,168.8 MK/month
- Total 18,735.2 MK/month (224,822.4 MK per year)

The electricity tariff for Mzimba District Hospital paediatric ward works out as follows:

Electricity consumption : 946 kwh/month

When the electricity tariff is calculated from this electricity consumption, the tariff for this ward works out as follows:

- ① Basic tariff 1: 1,322.8 MK
- ② Specific tariff 946 x 2.9646 = 2,813 MK/month
- ③ Demand tariff 2 3 x 816.8371 = 2,451 MK/month
- Total 6,586.8 MK/month (79,000 MK per year)

## 2) Water tariff

The monthly water requirement of Rumphi District Hospital (60 additional beds) is computed as 33,000 litres/day, so it is estimated that water consumption will increase by 990,000 litres per month. The resulting water tariff is calculated as follows:

(a) Water consumption (from 0 to 4 m <sup>3</sup> )	553.64 MK	553.64 MK/month
(b) Water consumption (from 4 to 30 m <sup>3</sup> )	65.33 MK/m <sup>3</sup>	
	$65.33 \text{ MK/m}^3 \times 26 \text{ m}^3 = 1,620.58 \text{ MK}$	1,620.58 MK/month
(c) Water consumption (more than 30 m <sup>3</sup> )	77.50 MK/m <sup>3</sup>	
	$77.50 \text{ MK/m}^3 \times 990 \text{ m}^3 = 76,725 \text{ MK}$	77,700 MK/month

The annual water tariff works out as 924,000 MK/year

At Mzimba District Hospital, it is forecast that water consumption will increase by 396,000 litres per month. This translates into the following water tariff:

(a) Water consumption (from 0 to 4 m <sup>3</sup> )	553.64 MK	553.64 MK/month
(b) Water consumption (from 4 to 30 m <sup>3</sup> )	65.33 MK/m <sup>3</sup>	
	$65.33 \text{ MK/m}^3 \times 26 \text{ m}^3 = 1,620.58 \text{ MK}$	1,620.58 MK/month
(c) Water consumption (more than 30 m <sup>3</sup> )	77.50 MK/m <sup>3</sup>	
	$77.50 \text{ MK/m}^3 \times 366 \text{ m}^3 = 28,365 \text{ MK}$	28,365 MK/month

The annual water tariff works out as 366,000 MK/year

## (3) Facilities and equipment maintenance costs

### ① Facilities maintenance cost

Building repair costs vary a lot over time; moreover, in the case of Malawi, since there is a lot of termite damage, it is necessary to carry out termite proofing once every five years or so after construction. Assuming the case where chemicals are sprayed around the perimeters of buildings, the cost of this will be MK 260,000 in Rumphi District, MK 1,809,000 in Mzimba District, MK 160,000 in Kasungu District and MK 120,000 in Lilongwe District.

**Table 2-56 Area Calculation for Anti-Termite Solution (m<sup>2</sup>)**

	Rumphi				Mzimba			Kasungu		Lilongwe	
	Maternity	Paediatric	Dispensary (1 HC)	Maternity (2 HC)	Paediatric	Dispensary (2HC)	Maternity (2 HC)	Dispensary (3HC)	Maternity (2 HC)	Dispensary (2HC)	Maternity (1 HC)
Area around building (m <sup>2</sup> )	190	150	280	260	150	190	260	285	260	280	130
Total	880				600			545		410	

**Table 2-57 Cost for Anti-Termite Solution (every 5 years) (MK)**

	Rumphi	Mzimba	Kasungu	Lilongwe
	DH+2 HCs	DH+4HCs	5HCs	3HCs
Cost for Anti-Termite	260,000	180,000	160,000	120,000

It is necessary to carry out recoating of exterior walls and interior walls once every 10 years. Following table shows the target areas. Since the cost of coating is the same US\$ 2.9 (MK 382.8) for exterior walls and interior walls, the cost per district works out as MK 2,247,000 (2,022,000 yen) in Rumphi, MK 2,230,000 (2,000,000 yen) in Mzimba, MK 1,680,000 (1,512,000 yen) in Kasungu and MK 1,270,000 (1,143,000 yen) in Lilongwe.

**Table 2-58 Area Calculation of External & Internal Walls (m<sup>2</sup>)**

	Rumphi				Mzimba			Kasungu		Lilongwe	
	Maternity	Paediatric	Dispensary (1 HC)	Maternity (2 HC)	Paediatric	Dispensary (2HC)	Maternity (2 HC)	Dispensary (3HC)	Maternity (2 HC)	Dispensary (2HC)	Maternity (1 HC)
External wall(m <sup>2</sup> )	380	480	280	600	480	560	600	840	300	560	300
Sub-total	1,740				1,640			1,140		860	
Internal wall(m <sup>2</sup> )	800	740	780	1,760	740	1,560	1,760	2,340	880	1,560	880
Sub-total	4,080				4,060			3,220		2,440	
Total	5,820				5,700			4,360		3,300	

**Table 2-59 Cost for Wall Repainting (every 10 years) (MK)**

	Rumphi	Mzimba	Kasungu	Lilongwe
	DH+2 HCs	DH+4HCs	5HCs	3HCs
External Wall	666,000	628,000	436,000	329,000
Internal Wall	1,561,000	1,554,000	1,233,000	934,000
Total	2,227,000	2,182,000	1,672,000	1,273,000

## ② Equipment Maintenance Cost

The only equipments in district hospital paediatric wards are lighting fixtures, ceiling fans and water supply equipment. Lighting fixture replacement cost will arise every five years following construction, and this will be MK 40,000 (36,000 yen) in Rumphi and MK 20,000

(18,000 yen) in Mzimba. Lighting fixtures in the labour and delivery rooms of maternity wards in district hospitals are estimated under equipment works.

**Table 2-60 Cost for Facility Equipment (MK)**

	Rumphi	Mzimba	Kasungu	Lilongwe
Lighting Bulbs	40,000	20,000	N/A	N/A
Gasket for Water tap	-	-	-	-
Total	40,000	20,000	0	0

#### (4) Equipment maintenance cost

Consumable items expense for medical equipment is provisionally calculated as follows on condition that the life span of bulb is 5000 hours and that of rechargeable battery is 2 years, under normal use.

**Table 2-61 Items of Equipment which Need Consumable Items for Health Centres**

Districts	Equipment names	Consumable items	Amount of use/year	Unit price (MK)	No. of sites	Total amount (MK)
Rumphi	Examination light	Bulbs	1 piece	540	7	3,780
		Rechargeable battery	0.5 piece	25000	7	87,500
	Sub-total					91,280
Mzimba	Examination light	Bulbs	1 piece	540	32	17,280
		Rechargeable battery	0.5 piece	25000	32	400,000
	Sub-total					417,280
Kasungu	Examination light	Bulbs	1 piece	540	11	5,940
		Rechargeable battery	0.5 piece	25000	11	137,500
	Sub-total					143,440
Lilongwe	Examination light	Bulbs	1 piece	540	2	1,080
		Rechargeable battery	0.5 piece	25000	2	25,000
	Sub-total					26,080
Total						678,080

(Exchange rate: 1K=0.9 yen)

#### (5) Maintenance Budget

The maintenance budgets for the year 2006/2007 at the target district hospitals are as shown in the following table, and range in size from 1.5 million MK at Rumphi District, 5.0 million at Mzimba District Hospital and to 7.2 million MK at Kasungu District Hospital. These budgets include the maintenance expenses for health centres too.

**Table 2-62 Maintenance Budget for District Hospital (MK)**

	Building	Medical Equipment	Total
Rumphi DH	1,000,000	500,000	1,500,000
Mzimba DH	15,000,000	5,000,000	20,000,000
Kasungu DH	4,800,000	2,400,000	7,200,000

Source: Survey Results



Since maintenance costs are issued from the budget for other recurrent costs, the ratio of the increase in this item was calculated from other recurrent expenses in 2005/06.

**Table 2-63 Ratio of Operation and Maintenance Cost to Other Recurrent Cost 2005/06 (1,000MK)**

	Rumphi District Hospital	Mzimba District Hospital	Kasungu District Hospital	Lilongwe District Hospital	MOH Total Amount
Other Recurrent Cost (MK)	22,703	40,480	29,440	52,705	1,910,533
Additional cost for operation & maintenance (MK)	1,277	885	144	27	2,333
Ratio (%)	5.6	2.2	0.5	0.1	0.1

As a result, it works out that maintenance costs in the first five years after completion increase by 5.6% in Rumphi District Hospital, 2.2% in Mzimba District Hospital, 0.5% in Kasungu District Hospital and zero in Lilongwe District Hospital. Since the increase in terms of the operating budget for each district hospital is just 5.6% even in Rumphi District, which has the highest maintenance costs, the government can cover this and has promised the necessary budget. However, concerning termite proofing in the sixth year after construction and coating of interior and exterior walls in the 11<sup>th</sup> year, since the indicated budget will be required, it will be necessary to plan appropriate budget steps.

### 3-6 Other Relevant Issues

#### (1) Staff Assignment

There is no Medical Assistant in Endindeni Health Centre, Kafukule Health Centre and Chamwabvi Dispensary, and no (enrolled) Nurse/ Midwife in Simulemba Health Centre and Chola Health Centre. It is necessary to assign three medical assistant and two (enrolled) nurse/midwife before completion of the project to be able to serve standard diagnostic services in the health centre. The Maternity is operated by the minimum number of (enrolled )nurse/ midwife for assisting delivery, but the 24 hours operation of Maternity is essential, and 2 (enrolled)nurses/ midwives system which is planned by MOH hope to early realization.

#### (2) Construction of Boundary Fence

It was confirmed that the all of construction sites are public land by the title and deed, which were submitted by District Hospital. MOH construct boundary fence for security purpose as the work to be undertaken by Malawian side, but the area of Health Centres are big and need a lot of

budget. MOH scheduled to construct these boundary fences by several years, and it is necessary to observe progress of this construction work.

(3) Medical Equipment provided by PAM

Beds and bedside cabinets are installed by the Project in the district hospital and another necessary medical equipment that are listed by the Consultant for Paediatric Ward and Maternity Ward in Rumphu and Mzimba District Hospital will be procured and delivered by PAM after the completion of Project. It is necessary to be procured and installed just after the completion of the Project to be able to operate these wards.

(4) Secure Enough Budget for Operation and Maintenance

All of works undertaken by Malawian side need to be completed without any delay. And secure of enough budget for operation and maintenance are essential to effective utilize of the facilities and medical equipment.

(5) Coordination between Other Donors

MOH make a point of coordination by other donors and international organization through SWAp, in addition to the construction of building and procurement of medical equipment by this Project, supply of medical equipment, and training of medical staffs and operation and maintenance staffs hope to continue through SWAp.

## CHAPTER 3. PROJECT EVALUATION AND RECOMMENDATIONS

### 3-1 Project Effects

The following effects can be expected by implementing this plan.

**Table 3-1 Project Effects**

Status quo and problems	Measures in the cooperative project	Direct effects/Degree of improvement	Indirect effects/Degree of improvement
The basic EHP health and medical services planned by the Ministry of Health cannot be provided because of old and insufficient medical facilities and equipment at the district level.	<ul style="list-style-type: none"> <li>- Expansion of the paediatrics and maternity wards of the Rumphi District Hospital, and procurement of beds and bedside cabinets.</li> <li>- Expansion of the paediatrics ward of the Mzimba District Hospital, and procurement of beds and bedside cabinets.</li> <li>- Construction of dispensary (seven) and maternity (seven) at the health centres in Rumphi, Mzimba, Kasungu and Lilongwe districts.</li> <li>- Procurement of equipment according to the EHP recommendations for 55 health centres in Rumphi, Mzimba, Kasungu and Lilongwe districts.</li> </ul>	<p>1) The number of patients that can be handled by the hospitals in the target districts will increase.</p> <p>&lt;Rumphi District Hospital&gt; The number of beds in the paediatrics ward will increase from 24 to 48 and the number of beds in the maternity ward will increase from 24 to 60.</p> <p>&lt;Mzimba District Hospital&gt; The number of beds in the paediatrics ward will increase from 48 to 72.</p> <p>2) The number of pregnant and parturient women in the maternity wards of health centres and the number of births that can be handled will increase, and the number of patients who will have to be sent to the district hospital or other hospitals will decrease.</p> <p>3) The number of patients at health centre dispensary will increase.</p>	Will contribute to the quality of medical services available to patients and their families.

The reason that there will be a significant increase in the number of patients that can be handled by the paediatrics and maternity wards of Rumphi District Hospital and the paediatrics ward of Mzimba District Hospital by increasing the number of beds is based on the following table.

**Table 3-2 Increase in the Number of Beds by Implementing this Plan**

	2006 (Present) (Beds)	After 2008 (Beds)
Rumphi District Hospital, Paediatrics ward	24	48
Rumphi District Hospital, Maternity ward	24	60
Mzimba District Hospital, Paediatrics ward	48	72

## **3-2 Recommendations**

### **3-2-1 Tasks and Proposals**

#### **(1) Construction that Must be Implemented by the Recipient Country**

In implementing these plans, it is necessary that the construction works for which Malawi is responsible be conducted at an appropriate time. It is especially important for the following to be completed before construction work by the Japanese side begins: combing off the surface soil if the site is on farmland, and cutting of trees, disposal of roots and filling in of old toilets at the Rumphu District Hospital.

#### **(2) Securing and Training Personnel**

Although Malawi educates doctors and nurses at medical colleges and nursing schools, neither are trained to work in sufficient numbers at all 2,850 medical facilities around the country. In addition, because there are only enough doctors to allocate to the Central Hospital, which is a tertiary medical facility, and the district hospitals, which are secondary medical facilities, there are only minimum numbers of medical workers at health centres and health posts. This makes providing 24-hour maternity services difficult. This is why the Ministry of Health is currently implementing the "Plan to Increase Health and Medical Workers" and is increasing the number of nurse and midwife candidates at the schools. It is desirable to train medical workers with the proper qualifications and assign the appropriate numbers to regional facilities.

#### **(3) Daily Management of Facilities and Equipment**

The existing facilities at district hospitals have clean floors and organized equipment and machinery. Conversely, the hospital rooms for patients and their families tend to have dirty walls and the lavatories are also unclean and unhygienic. In other words, the examination rooms and operating rooms that have definite personnel responsible for them are cleaned and maintained on a daily basis, but there are not enough resources for outpatient areas and hospital wardrooms that tend to get dirty. Therefore, it is necessary to develop maintenance and management setups that will be responsible for the cleaning, policing and maintenance control of hospitals overall. Daily cleaning and maintenance will lead to the early detection of problems and will prevent malfunctions and damage before they occur. This is why they must be implemented for entire hospitals on a continuous basis. We hope that the effect of technological transfer by dispatched JOCV members who are specialists in these fields will improve the maintenance work at medical facilities.

#### (4) Establishing appropriate number of health care facilities in relation to the service population

Health centres are established according to the basic Ministry of Health criteria of one per 20,000 people in urban areas and one per 10,000 people in rural area. However, out of the 16 targeted health centres, the Study Team found that only two health centres satisfied these criteria, i.e. RHC-1 Chitimba Health Centre with a service area population of 5,000 and MHC-12 Kafukule Health Centre with 10,089. The other 14 health centres had service area populations ranging from 15,000 to 50,000 at KHC-8 Simlemba Health Centre, which was found to cater to more than five times its prescribed service population. In order to ensure that the basic services of health centres do not show disparities according to area and staff numbers, it is desirable to review the current distribution of health centres and allocate appropriate numbers.

### **3-2-2 Possibility of Cooperating with Technical Cooperation and Other Donors**

#### (1) Collaboration with Technical Cooperation and Other Donors

The high mortality rates caused by HIV/AIDS and among pregnant women, new born infants and children under five as demonstrated by health indices in Malawi result from the combination of issues in nutrition, sanitation and infections, etc. In particular, improvement is sought in rural areas that do not have good access to basic medical services. In these conditions, the Project will play an important role in the practice of the EHP, i.e. the new VCT in health centres will help control the spread of HIV/AIDS, maternity departments and family planning rooms will contribute to reproductive health, and new facilities and equipment will enhance infrastructure. If these facilities and equipment are utilized as centres for JOCV, travelling clinics and other donor activities, it is anticipated they will realize greater effects and become core models for infrastructure development.

The policy for dispatch of JOCV to the health field is currently to promote support for the provision of EHP services, and the priority area for dispatch is the south, where there are many socially disadvantaged people in need of EHP services. Numerous JOCV in the health sector are dispatched throughout the north and centre of the country as nurses, pharmacists, nutritionists, AIDS countermeasure officers and clinical examination technicians, etc. Particularly in Mzimba District, JOCV team dispatches under the title of the Mzimba District Health and Medical Improvement Project are in progress. (Volunteers are dispatched to health and medical care facilities under Mzimba District Hospital, and civic groups (local authorities) in local areas, and they are active as nurses, HIV/AIDS countermeasure officers, nutritionists, public sanitation officers, village development officers, youth leaders and vegetable cultivation officers). Since the district hospitals and health centres targeted in the Project overlap with the areas of JOCV activity, there is a strong element of backup for JOCV activities and it is anticipated that this will lead to the optimization and maximization of the cooperation activities.

## (2) Collaboration with SWAp

In the Fourth National Health Plan, the Ministry of Health has decided to conduct development in the health sector via the sector-wide approach (SWAp) by donors. It has adopted the comprehensive implementation plan (POW) as the basic policy for improving health and medical services in Malawi, and the contents of this support the implementation of the EHP. Concerning the funding for this, it is planned to have donor nations contribute to a common basket on one hand and to provide funds under separate projects on the other.

The objective of the SWAp is to coordinate aid agencies and groups that have differing aid policies and methods in order to ensure the efficient and effective implementation of assistance. In addition to the Ministry of Health, related agencies comprise United Nations organizations (WHO, UNICEF, UNAID, UNDP, UNFPA, World Bank), overseas agencies (DFID, Norway, USAID, GTZ, JICA), international agencies (AfDB, CDC) and domestic groups (CHAM and NGOs), and these agencies periodically meet in the Health Donor Group (HDG) in order to exchange opinions and coordinate POW topics such as aid contents, budgets and target areas, etc.

The status of the Project under the POW is the improvement of existing facilities under infrastructure and facilities development under POW Program 4. Specifically, it aims to rehabilitate the maternity departments and outpatient dispensaries of health centres and support the practice of EHP via SWAp.

## Appendix-1 Member of the Study Team

### < Basic Design Study Survey Team >

February 26, 2006~March 27, 2006

	Name	Position	Assignment
1	Mr. Kyoji Mizutani	Leader	Resident Representative, JICA Malawi Office
2	Mr. Tsunenori Aoki	Project Coordinator	Health Team, Project Management Group II, Grant Aid Management Department
3	Dr. Masayuki Suzukawa	Technical Advisor	Professor & Chairman, Department of Emergency and Critical Care Medicine, Jichi Medical School
4	Mr. Osamu Hamano	Project Manager	KUME SEKKEI Co., LTD.
5	Mr. Kazuyoshi Kiso	Architect & Facility Planner	KUME SEKKEI Co., LTD.
6	Mr. Ryoji Harada	Equipment Planner	EARL Consultants Inc.
7	Mr. Takenori Nakano	Constructio & Cost Planner	KUME SEKKEI Co., LTD.
8	Mr. Yo Takahashi	Equipment and Cost Planner	EARL Consultants Inc.
9	Mr. Koichiro Horiuchi	Reinforcement/Building Planner	KUME SEKKEI Co., LTD.

### < Explation on the Draft Final Report Survey Team >

August 8, 2006~August 17, 2006

	Name	Position	Assignment
1	Mr. Kyoji Mizutani	Leader	Resident Representative, JICA Malawi Office
2	Mr. Osamu Hamano	Project Manager	KUME SEKKEI Co., LTD.
3	Mr. Ryoji Harada	Equipment Planner	EARL Consultants Inc.

**Appendix -2 Study Schedule  
Basic Design Survey**

**(February 26 - March 27, 2006)**

Date	Officials			Consultant							
	Team Leader	Technical Adviser	Project Coordinator	Project Manager	Building /Facility Design I	Equipment Planner	Construction Planner/ Cost Estimate	Procurement Plan/ Cost Estimate	Reinforcement/ Building Design II		
	K. Mizutani	M. Suzukawa	T. Aoki	O. Hamano	K. Kiso	R. Harada	T. Nakano	Y. Takahashi	K.Horiuchi		
1	2/26	Sun			Leave Narita (17:45) → Hong Kong(21:50)(23:50)						
2	27	Mon			→ Yohanesburg(7:10) (10:20) → Lilongwe(12:45) Courtesy Call to JICA (15:00) , Meeting with Japanese Ambassador(14:00)						
3	28	Tue			MoH / IR	Land survey / Soil test Estimate	Same as PM		Land survey / Soil test estimate		
4	3/1	Wed			Other donor project survey						
5	2	Thu			Cusung District Hospital, Mujimba district Hospital, Regional Health Office Survey						
6	3	Fri			Mzuzu Central Hospital, Rumpi District Hospital, District Health Office Survey						
7	4	Sat			Rumpi district 3 HC Survey	Rumpi HC No.2,7,8	Same as PM	Rumpi HC No. 4,5,11	Same as PM		
8	5	Sun			Survey Team Meeting, Filing Survey Data						
9	6	Mon			Rumpi HC Survey, JOCVHearing	Rumpi HC No.3,10	Same as PM	Rumpi HC No. 6, 9	Same as PM		
10	7	Tue			Mzimba HC Survey, JOCVHearing	Mzimba HC No. 14,16,35 JOCVHearing	Same as PM	Mzimba HC No. 24,33,36 JOCVHearing	Same as PM		
11	8	Wed			Mzimba HC Survey	Mzimba HC No. 23,27,29,30	Same as PM	Mzimba HC No.13,17,32,34	Same as PM		
12	9	Thu			Kasungu HC Survey	Mzimba HC No.20,21,26,28	Same as PM	Mzimba HC No.22,31,39,40	Same as PM		
13	10	Fri			Kasungu HC Survey	Mzimba HC No. 15,18,19	Same as PM	Mzimba HC No.25,37,38	Same as PM		
14	11	Sat			Lilongwe HC Survey	Kasungu HC No.42,47,50	Lilongwe Cost Survey	Kasungu HC No.44,49,52	Filing of Survey Data		
15	12	Sun			Survey Team Meeting, Filing Survey Data						
16	13	Mon			Supplement day for HC Survey	Kasungu HC No.46,48,51	Cost and Buildong Survey in Lilongwe	Kasungu HC No.43,45	Preparation of Building Plan		
17	14	Tue			Other Donor Project Survey	Building Facilities Material Survey	Medical Equipment Agent Survey	Cost and Buildong Survey in Lilongwe	Medical Equipment Agent Survey	Preparation of Building Plan	
18	15	Wed			Narita (16:20)→ Hong Kong(20:45) (23:45)	Survey of Upper Plan	Power, City Water and Tel Survey	Preparatio of Equipmet Plan	Cost Survey in Lilongwe	Cost Survey in Lilongwe	Cost Survey in Lilongwe
19	16	Thu			Yohanesburg(6:35)(10:20)→ Lilongwe(12:45) Courtesy Call to JICA, Report from Survey Team	Report to Team Leader	Land Title Confiramtion	Report to Team Leader	Building Material Survey in Blantyre	Medical Equipment Survey in Blantyre	Land Title Confiramtion
20	17	Fri			Coutesy Call to MoH, Survey Similar Project Building	Same as Team Leader	Survey of Maintenance and operation organization	Other Donor Project Survey	Building Material Survey in Blantyre	Medical Equipment Survey in Blantyre	Preparation of Building design
21	18	Sat			Mzimba District Hospital and HC Survey	Same as Team Leader	Building Material & Specification meeting	Same as Team Leader	Blantyre(13:40)→Yohanesuburg(16:00)	LLG(11:15) YBG (13:35) (17:00)→	
22	19	Sun			Mzimba District Hospital and HC Survey	Same as Team Leader	Filling of Survey Data	Same as Team Leader	Cost Survey in YBG	Agent Survey in YBG	→HKG (12:15)(15:10)→ Narita(20:00)
23	20	Mon			Meeting on Building Plan, Medical Equipment & MM	Same as Team Leader	Preparation of Buiilding Design	Same as Team Leader	Cost Survey in YBG	Agent Survey in YBG	
24	21	Tue			Discussion of M/M	Same as Team Leader	Survey of Building Code	Same as Team Leader	YBG (17:00)→		
25	22	Wed			Signing of MM, Report to JICA	Same as Team Leader	Building & Facilities Material Survey	Same as Team Leader	→HKG(12:15)(15:10) →Narita(20:00)		
26	23	Thu			Lilongwe(7:30)→Lusaka(9:40) Report to Embassy of Japan in Zambia	Same as Team Leader	Supplement Survey	Same as Team Leader			
27	24	Fri			Lusaka(7:40)→YBG (9:45)(13:10)→	Collection of Survey Sheet in YBG	Supplement Survey	Collection of Survey Sheet in YBG			
28	25	Sat			Hong Kong(7:35)(9:10) →Narita(13:55)	Collection of Survey Sheet in YBG	LLG(11:15)→YBG (13:35)(16:35)→	Cost Survey in YBG			
29	26	sun				YBG (16:35)→	→HKG (12:05)(14:35)→ Narita(19:45)	YBG (16:35)→			
30	27	Mon				→ HKG(12:05)(14:35) →Narita(19:45)		→ HKG(12:05)(14:35) →Narita(19:45)			



### Study Schedule for Draft Report Explanation (August 9 - 19, 2006)

No.	Date	Day	Officials		Consultant	
			Team Leader		Project Manager	Equipment Planner
			Kyoji Mizutani		Osamu Hamano	Ryoji Harada
1	8/9	Wed			Narita 18:30 → Hong Kong 22:05 (CX505)	
2	8/10	Thu			Hong Kong 23:45 →Johanesburg 655(CX749) 10:20 →Lilongwe 12:45 (SA170)	
3	8/11	Fri	Explanation and Discussion on Draft BD report with MOH and Development Partners at 9:00			
4	8/12	Sat	Re-survey of Mbangombe 1 HC and Chiwamba HC			
5	8/13	Sun	Data Filing			
6	8/14	Mon	Discussion on Draft BD report to TWG on Infrastructure and Equipment、Hearing from Ministry of Land & Survey			
7	8/15	Tue	Discussion on Minutes of Meeting at MOH, Survey on Electricity Supply at Energy Dep.of Ministry of Natural Resource and Environmental			
8	8/16	Wed	Signing of Minutes of Meeting at MOH			
9	8/17	Thu	Lilongwe 8:20→Lusaka 15:00 (QM 181) Report to Embassy of Japan in Zambia			
10	8/18	Fri	Lusaka →Lilongwe		Lusaka 7:50→Johanesburg 10:00 (SA 069) 12:50→	
11	8/19	Sat			Hong Kong 7:55 (CX748) 9:10 →Narita 14:25 (CX504)	

## Appendix 3. List of Persons Concerned in Malawi

< Name >	< Position >	< Assignment >
<b>1 Ministry of Health</b>		
Dr. Wesley Sangala	Principal Secretary	
Ms. Trish Araru	SWAp Secretariat	
Dr. Anne Phoya	Deputy Director	
Mr. Nelson Kalanje	Director	Planning and Policy Dep.
Mr. Ben Mbwana	Deputy Director	Physical Asset Management
<b>2 Meteorological Department</b>		
Mr. B.B.Njunga		Mzuzu Meteorological Dep.
Mr. Patric Kumwanda	Meteorologist	Airport
<b>3 Ministry of Transport &amp; Public Works</b>		
Mr. Gerald Manthalu		Building Dep.
Mr. Knight Munthali	Chief Architect	Building Dep.
Mr. Ellington Gondwe	Chief Quantity Surveyor	Building Dep.
Mr. Griffin Kunje	Chief Building Services Engineer	Building Dep.
<b>4 Rumphu District</b>		
Mr. Bernard Chavinda	District Health Officer	Rumphu District Hospital
Mr. Raymond E. Mkuadawire	Environmental Officer	Rumphu District Hospital
Mr. Austin Chinoko	Environmental Officer	Rumphu District Hospital
Mr. Josua Kalambo	Environmental Officer	Rumphu District Hospital
Mr. Emmanuel Phiri	Medical Assistant	Chitimba Health Centre
Mr. Steven Sichinga	Medical Assistant	Katowo Health Centre
Mr. Newton Sichali	Medical Assistant	Mhuju Health Centre
Ms. Sayani Kamwani	Enrolled Nurse/Midwife	Mwazisi Health Centre
Mrs. Veronics Gondut	Enrolled Nurse/Midwife	Bolero Rural Hospital
Mr. Oswald Ngwire	Medical Assistant	Mzokoto Health Centre
<b>5 Mzimba District</b>		
Mr. Burton E..K. Jere	District Health Officer	Mzimba District Hospital
Mr. Atisiya Clara Mwase	Registered Nurse/Midwife, Nursing Sister	Mzimba District Hospital
Mr. Andrick Neba	Clinical Officer	Mzimba District Hospital
Mr. Blessing Kamanga	Clinical Officer	Mzimba District Hospital
Mr. Maxdn C. Mughogho	Assistant Environmental Health Officer	Mzimba District Hospital
Ms. E.A. Mkandawire	Enrolled Nurse/Midwife	Bulala Health Centre
Ms. Nyasulu	Enrolled Nurse	Choma Health Centre
Mr. James Kalavina	Guide	Emfeni Health Centre
Mr. Andrick Neba	Clinical Officer	Emfeni Health Centre
Ms. Elsie Kaonga	Midwife	Emsizini Health Centre
Ms. Sr. Ngwira	Enrolled Nurse/Midwife	Endindeni Health Centre
Mr. David Tumba	Medical Assistant	Euthini Health Centre
Mr. D.N.Chirwa	Environmental Health Assistant	Holo Health Centre
Ms. P. Nkanika	Medical Assistant	Jenda Health Centre
Mr. O. Sibakwe	Health Surveillances Assistant	Kafukule Health Centre
Mr. Benson Ws. Mltha	Community chairman	Kafukule Health Centre
Mr. Geofferey Colby Banda	Health Surveillances Assistant	Kafukule Health Centre
Ms. A. Nyirongo	Enrolled Nurse/Midwife	Madede Health Centre
Ms. R. Phiri	Enrolled Nurse/Midwife	Kamteteka Health Centre
Ms. Eyp Nhasuly	Enrolled Nurse/Midwife	Kabuwa Health Centre
Ms. Siula	Midwife	Luvwere Health Centre
Mr. Mpolera	Medical Assistant	Luwerezi Health Centre
Mr. Msiska Agrvy	Medical Assistant	Malidade Health Centre
Mr. S.I. Phiri	Medical Assistant	Manyamula Health Centre
Ms. O.P. Magaleta	Enrolled Nurse/Midwife	Mbalachanda Health Centre

< Name >	< Position >	< Assignment >
Mr. P. Chirando	Medical Assistant	Mpherembe Health Centre
Ms. Emelda Phiri	Midwife	Msese Health Centre
Ms. Felista Lungu	Midwife	Mtende Health Centre
Ms. Chrissy Chipeta	Enrolled Nurse	Mtwalo Health Centre
Ms. T.D. Kayiria	Enrolled Nurse/Midwife	Mzalangwe Health Centre
Ms. Margaret Nyirenda	Enrolled Nurse	Mzuzu Health Centre
Ms. J.Nyrenda	Midwife	Njuyu Health Centre
Ms. Ry Mihango	Enrolled Nurse/Midwife	Kabwafu Health Centre
Ms. P. Myula	Enrolled Nurse/Midwife	Mkoma Health Centre
Ms. Malanga	Midwife	Luwana Health Centre
Ms. Reya Kumaenda	Midwife	Nkhuyukuyu Health Centre
Mr. CM Mkandawire	Clinical Officer	Thunduwike Health Centre
Mr. R.T.Egambo	Clinical Officer	Luzi Health Centre
Mr. Lazarus Chilongo	Chief Health Surveillance Assistant	Bwengu Health Centre
Ms. Maggie Moyo	Midwife	Engucwini Health Centre

## 6 Kasungu District

Mr. K. Dakamawo	The District Commissioner	Kasungu District Assembly
Mr. T.E. W Chirwa	Director of Administration	Kasungu District Assembly
Mr. Albert W. Mbowe	District Health Officer	Kasungu District Hospital
Mr. Fredson K. Kambeni	Administrator	Kasungu District Hospital
Mr. Messiah Moyo Seha	Senior Environmental Health Assistant	Kasungu District Hospital
Mr. Joseph Chitsime	Health Surveillance Assistant	Kasungu District Hospital
Mr. Rudolf Z. Inkanda Banda	Assistant Environmental Health Officer	Kasungu District Hospital
Mr. Joseph Chitsime	Assistant Environmental Health Officer	Kasungu District Hospital
Mr.E. Benito	Medical Assistant	Chulu Health Centre
Ms. Drothy Kasawala	Enrolled Nurse	Chulu Health Centre
Mr. J. Banda	Medical Assistant	Kamboni Health Centre
Mr. Macswell Khungwa	Medical Assistant	Kapelula Health Centre
Mr. Brown Mtiza	Medical Assistant	Kawamba Health Centre
Mr. P. Kadumbo	Medical Assistant	Mkhota Health Centre
Mr. McDonald Linyama	Health Surveillance Assistant	Sante Health Centre
Mr. Henry Chunga	Medical Assistant	Simulemba Health Centre
Mr. Chaipa	Health Surveillance Assistant	Simulemba Health Centre
Ms. Doreen Phiri	Midwife	Wimbe Health Centre
Mr. Bevin Kang'oma	Medical Assistant	Khola Health Centre
Mr. Steve Thengo	Registered Nurse	Chamwabvi Health Centre

## 7 Lilongwe District

Dr. Alice Maida	District Health Officer	District Health Office
Mr. Lackson Mbowela	Medical Assistant	Chiwamba Health Centre
Mr. Francis Njewa	Medical Assistant	Mtenthela Health Centre
Mr. Chakwera Gondwe	Medical Assistant	Mbangombe 1 Health Centre
Mr. Mandala	Immunization Technician	Lilongwe District Hospital
Dr. T. Meguid	Obstetrician	Bottom Hospital
Ms. Jane Chisenga	Nursing Officer	Bottom Hospital
Mr. Mulungu	Engineer	Kamuzu Central Hospital

## 8 Donor Countries

Dr. Michael Tawanda	First Secretary	Royal Norwegian Embassy
Mr. Andrew Maclean	Infrastructure Advisor	DIFID
Mr. Andreas Stadler	Health Advisor	GTZ

## 9 CHAM

Mrs. Banda	In charge in the Training Division	CHAM Headquarter
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< Name >	< Position >	< Assignment >
<b>10 Nurses and Midwives Council of Malawi</b>		
Ms. Harriet Kapyepye	Director	Education Programs
<b>11 Medical Council of Malawi</b>		
Mr. Malira Nyirenda	Senior Clerk	Lilongwe Main Office
Mr. Richard Ndovie	Inspections Officer	Lilongwe Main Office
Mr. Melody Wandidya	Inspections Officer	Lilongwe Main Office
<b>12 Malawi College of Health Science</b>		
Mr. E.Y. Ngaye	Registrar	Lilongwe Office
<b>13 University of Malawi Kamuzu College of Nursing</b>		
Mr. Ellius Chizimba	Assistant Registrar	Lilongwe Office
<b>14 Lilongwe Fire Department</b>		
Mr. Philip M. Nkhulika	Senior Fire Officer	Lilongwe City Assembly
<b>15 Lilongwe Civic Centre</b>		
Mr. Mpoola	Director	Planning and Housing
<b>16 Power Link Solutions Ltd.</b>		
Mr. Glen Laporte	Sales Manager	Lilongwe
<b>17 District Commissioner's Office</b>		
Mr. Kanthunka	Assistant Regional Commissioner for Land	Lilongwe
<b>18 Ministry of Energy</b>		
Mr. Dorothy E. Lazaro	Programe Officer, Dep. of Energy	Lilongwe
<b>19 Embassy of Japan in Zambia</b>		
H.E. Mr. Masaaki MIYASHITA	Ambassador	
Mr. Tatsuro KOGA	First Secretary	
Mr. Takahito KATAYAMA	Second Secretary	
<b>20 JICA Malawi Office</b>		
Mr. Kyouji MIZUTANI	Representative	
Mr. Hiroyuki MORONAGA	Deputy Resident Representative	
Mr. Takayuki UCHIYAMA	Assistant Resident Representative	
Ms. Fumiko SATO	Project Formulation Advisor (Health)	
Mr. Kenji SADAMOTO	JICA Senior Volunteer	
Mr. Makoto TSUJIMOTO	JOCV Coordinator	
Mr. Chihiro TSUCHIYA	Field Coordinator	
Mr. Kohe YAMADA	JOCVer in Robi (Village Development)	
Mr. Shinichiro HIROSE	JOCVer in Dowa (AIDS Control)	
Ms. Eriko AIZAWA	JOCVer in Euthini (Nurse)	
Ms. Miwa OBA	JOCVer in Robi (Nutritionist)	
Ms. Tomoko YAMAZAKI	JOCVer in Kaporo (Nurse)	
Ms. Kyoko FUJIYOSHI	JOCVer in Rumpi (Nutritionist)	

MINUTES OF DISCUSSIONS  
ON THE BASIC DESIGN STUDY  
ON THE PROJECT FOR THE RURAL HEALTH FACILITIES IMPROVEMENT  
IN THE REPUBLIC OF MALAWI

Based on the results of the Preparatory Study from 11 October to 29 October, 2005, the Government of Japan decided to conduct a Basic Design Study on the Project for the Rural Health Facilities Improvement (hereinafter referred to as "the Project") and entrusted the study to the Japan International Cooperation Agency (hereinafter referred to as "JICA").

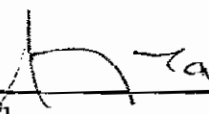
JICA sent to the Republic of Malawi ( hereinafter referred to as "Malawi" ) the Basic Design Study Team (hereinafter referred to as "the Team" ), which is headed by Mr. Kyoji Mizutani, Resident Representative, JICA Malawi Office , and is scheduled to stay in the country from 27 February to 25 March, 2006.

The Team held discussions with the officials concerned of the Government of Malawi and conducted a field survey in 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.

Lilongwe, 22 March, 2006

  
\_\_\_\_\_  
Mr. Kyoji Mizutani  
Leader  
Basic Design Study Team  
Japan International Cooperation Agency  
Japan

  
\_\_\_\_\_  
Dr. Wesley Sangala  
Principal Secretary  
Ministry of Health  
The Republic of Malawi



## 5. Japan's Grant Aid Scheme

- 5-1. The Malawi side understands the Japan's Grant Aid Scheme explained by the Team, as described in Annex- 8 and Annex-9.
- 5-2. The Malawi side will take the necessary measures, as described in Annex-10, for smooth implementation of the Project, as a condition for the Japanese Grant Aid to be implemented.

## 6. Schedule of the Study

- 6-1. The consultants will proceed to further studies in Malawi until 25 March, 2006.
- 6-2. JICA will prepare the draft report in English and dispatch a mission in order to explain its contents around July, 2006.
- 6-3. In case that the contents of the report are accepted in principle by the Government of Malawi, JICA will complete the final report and send it to the Government of Malawi by October 2006.
- 6-4. The implementation schedule of the Project is shown in Annex-11.

## 7. Other relevant issues

- 7-1. Based on the objective of the Project, the criteria to select facilities and equipment of rural health centres are summarized in Annex-12.
- 7-2. The Malawi side agreed to allocate sufficient number of Medical Assistant (MA) and Enrolled Midwife/Nurse and maintenance technicians to the Project sites to operate and maintain the facilities and equipment provided by this Project before March 2008.
- 7-3. The Malawi side agreed to allocate to the Project sites necessary budget for operational and maintenance cost such as salary, water and electricity charges for facilities, repairs, spare parts, reagents, consumables and periodical or annual maintenance contracts after handing over the facilities and equipment provided by the Project.
- 7-4. The Malawi side agreed to complete the necessary undertakings written in Annex- 10 prior to the commencement of the construction works by April 2007.  
To secure land for construction of the facilities, the Malawi agreed to prepare the deed of the land and submit the copy of the documents to JICA Malawi Office before the end of June, 2006. Both sides understand that without those documents, the Project will not be approved by the Government of Japan.
- 7-5. The Malawi side agreed on usage of existing facilities in relation to the constructed facilities, and that necessary renovation of the existing facilities will be taken place by the Malawi side.
- 7-6. The Malawi side confirmed that there is no over-rapping between this Project and other donor's support of similar support. Malawi side acknowledged importance of coordination among donors and partners and coordinates the projects. As the coordination mechanism, both side agreed the importance of function of Technical Working Group (TWG) on Infrastructure and Equipment.
- 7-7. For sustainability of the facilities and equipment provided by the project, both sides confirmed that the Project will be implemented more effectively in collaboration with technical cooperation

Programme as follows, and both sides will take into consideration synergy between grant aid and technical cooperation.

(1) Japan Overseas Cooperation Volunteers (JOCV)

(2) Senior Volunteers (SV)

(3) Special Equipment Supply Programme "Maternal & Child Health"

(4) Technical Cooperation Project "Support for Physical Assessment Management (PAM) Unit"

7-8. Regarding upgrading staff house for rural health centres requested by the Malawi side, the study team informed the Malawi side that staff house is not in the scope of the Project and that the provision of rural health centres is responsibility of the Malawi side.

7-9. Both sides confirmed that the detailed specification of the drawings, equipment and the other technical information shall not be released before the tender to be held in the implementation stage of the Project.

Annex-1 Location of Project Sites

Annex-2 Requested Facilities for Rural Health Centres

Annex-3 Project Sites Plan for Rural Health Centres

Annex-4 Requested Equipment for Rural Health Centres

Annex-5 Requested Facilities for District Hospitals

Annex-6 Project Sites Plan for District Hospitals

Annex-7 Requested Equipment for District Hospitals

Annex-8 Japan's Grant Aid Scheme

Annex-9 Flow Chart of Japan's Grant Aid Procedures

Annex-10 Major Undertakings to be taken by Each Government

Annex-11 Implementation Schedule of the Project

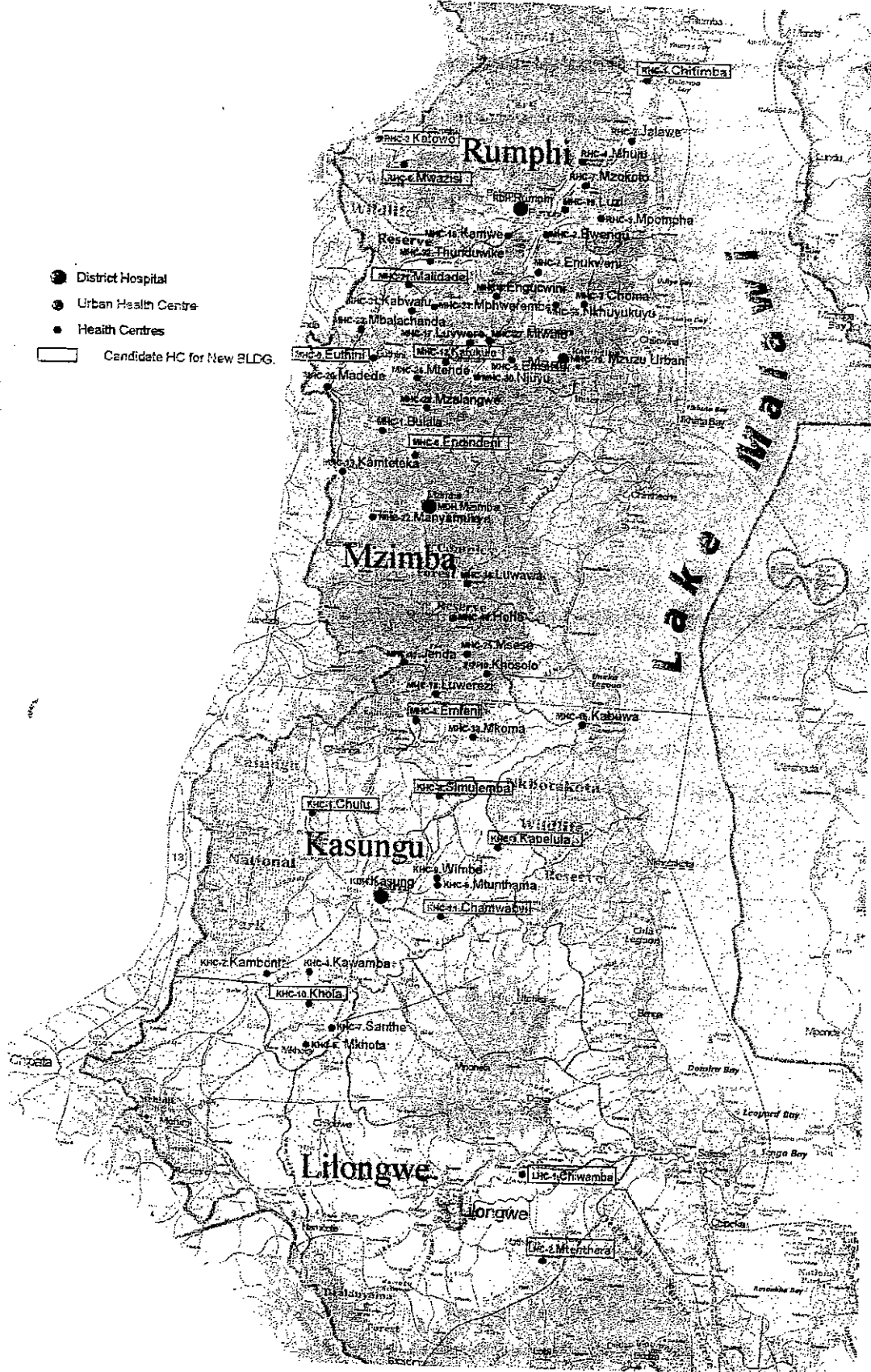
Annex-12 The Criteria to Select Facilities and Equipment of Rural Health Centres

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# Annex-1 Location of Project Sites



Kae

## Annex-2 Requested Facilities for Rural Health Center

### Basic Design Study on Rural Health Facility Improvement in Malawi

Table: Summary of Proposed Rural Health Center

	Final ID No.	Old ID. No.	Building Name	Proposed Type of Building	Priority	Remarks
1	RHC-1	1-2-2	Chitimba Health Center	Dispensary	C	Renovation is available
2	RHC-3		Katowo Health Centre	Maternity	A	
3	RHC-6	1-2-8	Mwazisi Health Center	Maternity	A	
4	MHC-4	2-2-3	Emfeni Health Center	Maternity	A	
5	MHC-6	2-2-5	Endindeni Health Center	Dispensary	B	
6	MHC-9		Euthini Health Centre	Maternity	A	
7	MHC-12	2-2-8	Kafukule Health Center	Dispensary	D: A	
8	MHC-21	2-2-15	Malidade Health Center	Dispensary	C	No MOH well, temp MA, access is bad.
9	KHC-1	3-2-1	Chulu Health Center	Dispensary	A	
10	KHC-3	3-2-3	Kapelula Health Center	Maternity	B	
11	KHC-8	3-2-8	Simulemba Health Center	Dispensary	B	
12	KHC-10	3-2-10	Khola Health Center	Dispensary	A	
13	KHC-11	3-2-11	Chamwabvi Health Center	Maternity	A	
14	LHC-1		Chiwamba Health Center	Dispensary	D: A	
15	LHC-2		Mtenthera Health Center	Maternity	A	
16	LHC-3		Mbangombe 1 Health Center		B	

A: Essential  
 B: Necessary  
 C: Least feasible

Kay

17

Basic Design Study on Rural Health Facility Improvement in Malawi

Table: Detail Information of Targeted Rural Health Center (Reference)

Final ID No.	Old ID No.	Name of Rural Health Center	Total Points	Establishment	Points: More than 40 years : 5, 30 years : 3, 20 years : 1	Population of Catchment Area (Unit:000)	Clinical Officer	Medical Assistant	Enrolled Nurse /Midwife	Perm or temp.	No. of Perm. Nurse	Point: 3 staffs: 3, 2 staffs: 1	Number of delivery	No. of Art Natal Care	No. of Patents in Dispensary	Static Immunization	Immunization Outreach	Points	Water Source	Ownership of Water Source	Points: MOH's Well : 2, Community's Well : 1
1 RHC-1	1-2-2	Chitimba Health Center	6	1988	1	5	0	1	1	Perm.	2	2	15/Mon	157/Mon	30/Day	Y	Y	1	Well	MOH	2
2 RHC-3		Katowo Health Centre	10	1957	5	15	0	1	1	Perm.	2	2	18/Mon	244/Mon	10/Mon	Y	Y	1	Well	MOH	2
3 RHC-6	1-2-8	Mwazigi Health Center	6	1978	1	14	Dead/Temp	1	1	Perm.	2	2	28/Mon	722/Mon	24/Day	Y	Y	1	Well	Community	2
4 MHC-4	2-2-3	Emfeni Health Center	7	1983	1	20	0	1	2	Perm.	3	3	31/Mon	6/Day	103/Day	Y	Y	1	Well	MOH	2
5 MHC-6	2-2-5	Endindeni Health Center	5	1981	1	16	0	0	1	Perm.	1	1	18/Mon	24/Day	51/Day	Y	Y	1	Well	MOH	2
6 MHC-9		Euthini Health Centre	6	1987	1	16	0	1	1	Perm.	2	2	125/Mon	?	350/Day	Y	Y	1	Well	MOH	2
7 MHC-12	2-2-8	Kafukule Health Center	D: 9 M: 3	D: 9 M: 1997	D: 5 M: 0	10	0	0	1	Perm.	1	1	15/Mon	258/Mon	57/Day	Y	Y	1	Well	MOH	2
8 MHC-21	2-2-15	Malidade Health Center	8	50's	5	25	0	1	0	Temp.	1	1	-	-	625/Mon	Y	Y	1	Well	Comm.	1
9 KHC-1	3-2-1	Chulu Health Center	11	1957	5	32	0	1	2	Perm.	3	3	25/Mon	230/Mon	100/Day	Y	Y	1	Well	MOH	2
10 KHC-3	3-2-3	Kapelula Health Center	5	1978	1	35	0	1	0	Perm.	1	1	14/Mon	?	885/Mon	Y	Y	1	Well	MOH	2
11 KHC-8	3-2-8	Simulamba Health Center	5	1978	1	51	0	1	0	Perm.	1	1	308/Mon	100/Mon	929/Mon	Y	Y	1	Well	MOH	2
12 KHC-10	3-2-10	Khola Health Center	5	1980	1	30	0	1	0	Perm.	1	1	15/Mon	127/Mon	1400/Mon	Y	Y	1	Well	MOH	2
13 KHC-11	3-2-11	Chamwabvi Health Center	5	1980	1	27	0	0	1	Perm.	1	1	-	-	500/Mo	Y	Y	1	Well	MOH	2
14 LHC-1		Chiwamba Health Center	D: 10 M: 5	M: 1971 O: 1987	M: 5 D: 0	56	0	1	2	Perm.	3	3	35/Mon	104/Mon	1367/Mon	Y	Y	1	Well	MOH	2
15 LHC-2		Mfenthara Health Center	8	1986	1	45	0	1	1	Perm.	2	2	?	36/Mon	1620/Mon	Y	Y	1	Well	MOH	2
16 LHC-3		Mbangombe 1 Health Center	5	80's	1	12	0	1	1	Perm.	2	2	20-25/Mon	150/Mon	1300/Mon	Y	Y	1	Well	Comm.	1

Ref Y: Yes, Existence, do.  
N: No, No Existence, not do  
Source: Data from Basic Design Survey

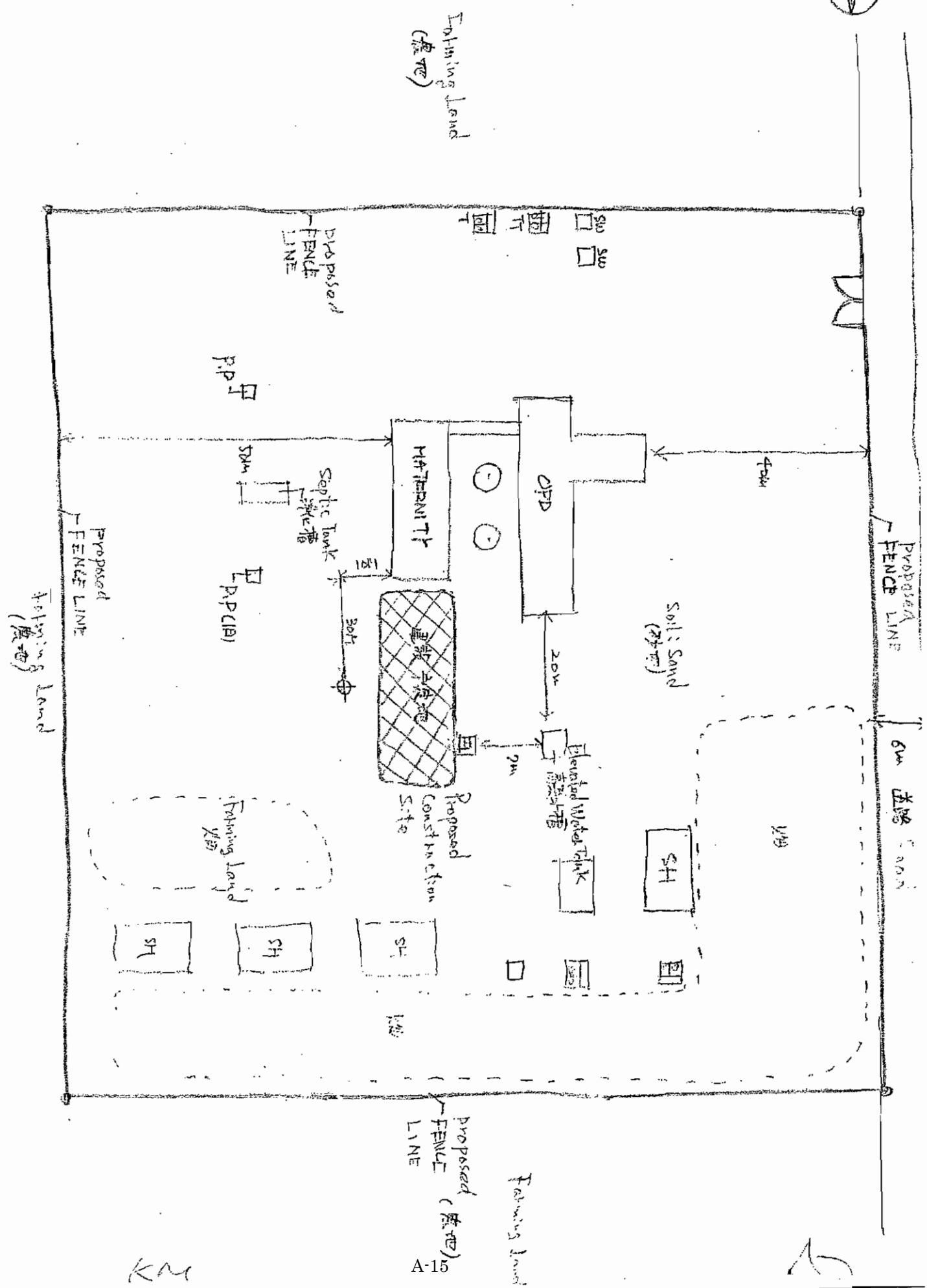
Kw

h

No. of HAS	Delivery Care	Delivery Care Normal	Delivery Care Complicated	Family Planning	Growth Monitoring	Treatment of Childhood	Infectious disease TB Care	Infectious disease Malaria	Infectious Disease ENT	Infectious Disease STI	Common Injury	VCT	Guardian Shelter	No. of Staff Houses	Connecting Piping	ESCOM	Solar Panel Power	Communication	Mobile Phone	Radio Communication	Requested Ward
4	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	O	4	Y	N	Y	N	N	N	Dispensary
11	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	O	4	Y	N	Y	N	N	N	Maternity
5	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	O	4	Y	N	Y	Y	Y	Y	Maternity
11	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	O	3	Y	N	Y	N	N	Y	Maternity
4	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	O	5	Y	N	Y	Y	N	Y	Dispensary
14	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	?	5	Y	N	Y	Y	N	Broken	Maternity/dispensary
5	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	O	2	Y	N	Y	Y	N	Y	Dispensary
6	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	O	5	N	N	Y	N	N	N	Dispensary
6	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	O	5	Y	N	Y	Y	N	Y	Dispensary
7	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	O	O	4	Y	N	Y	Y	N	Y	Maternity
4	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	O	O	5	Y	N	Y	Y	N	Y	Dispensary
5	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	N	X	3	Y	N	Y	Y	N	Y	Maternity/Dispensary
5	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	N	X	3	Y	N	Y	Y	Y	Y	Maternity
17	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	O	4	Y	N	Y	Y	Y	Y	Dispensary
13	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	X	8	Y	Y	Y	Y	Y	Y	Maternity
?	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	O	3	N	N	Y	Y	N	Y	Maternity/Dispensary

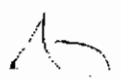
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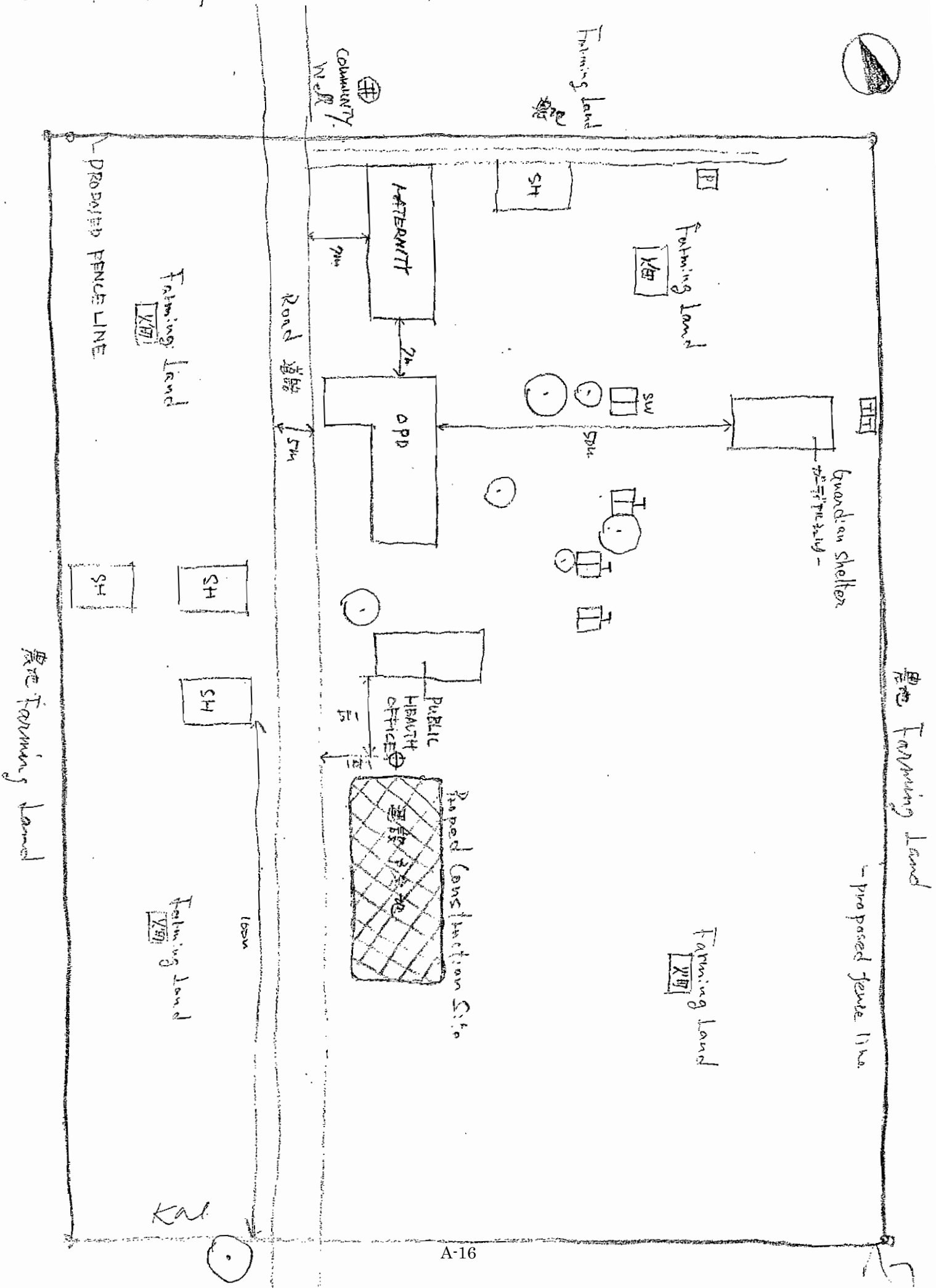
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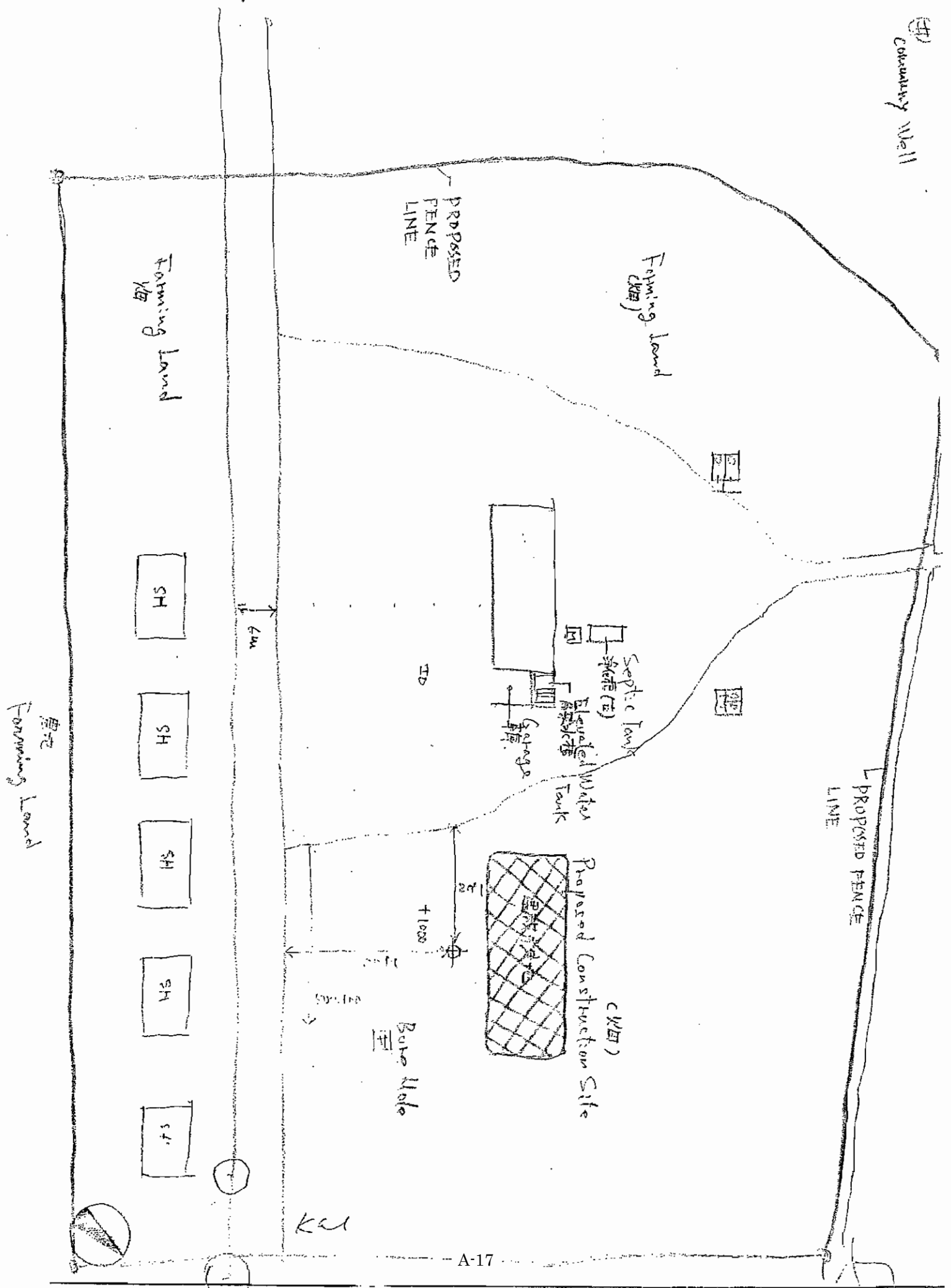
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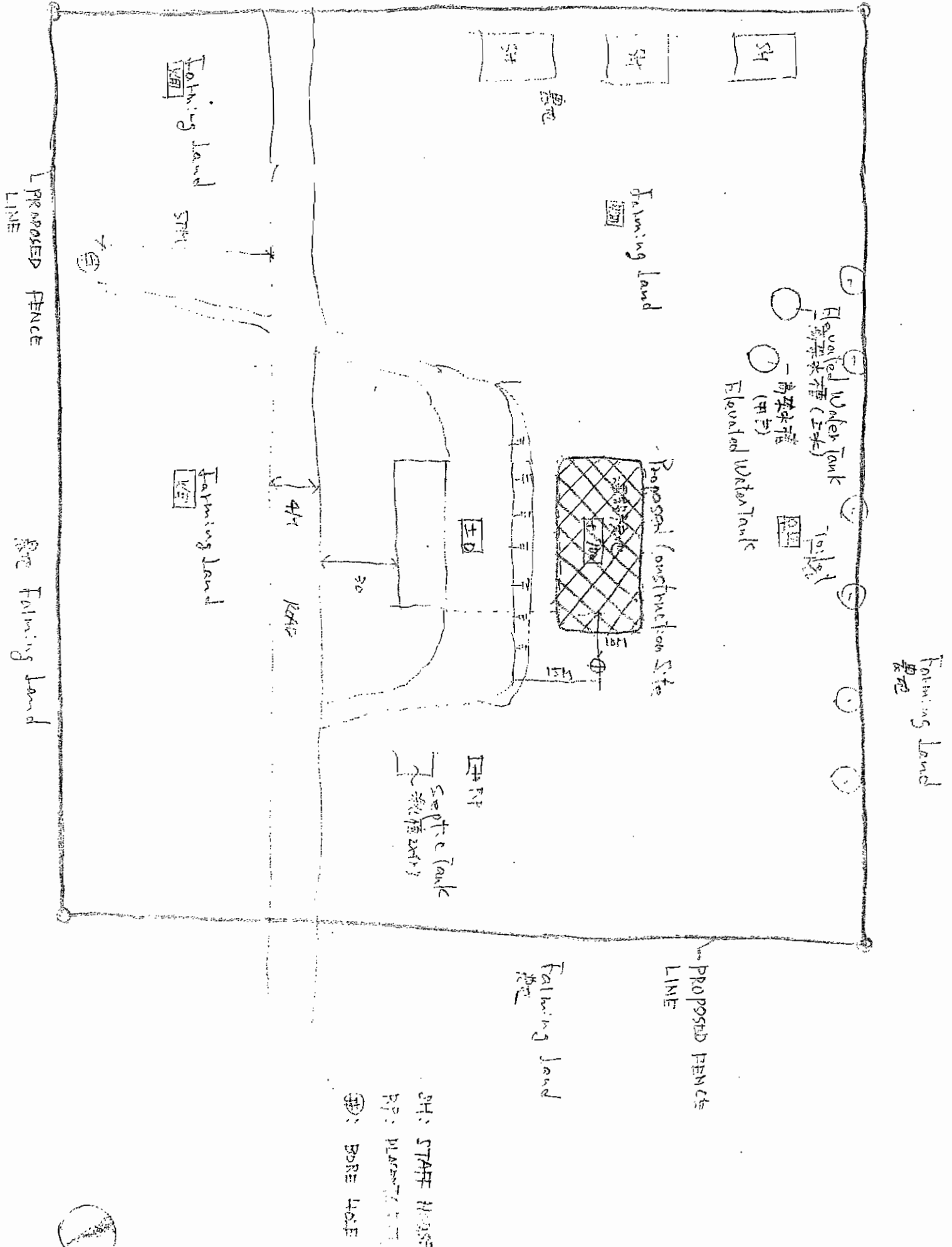




A-16

Country Well



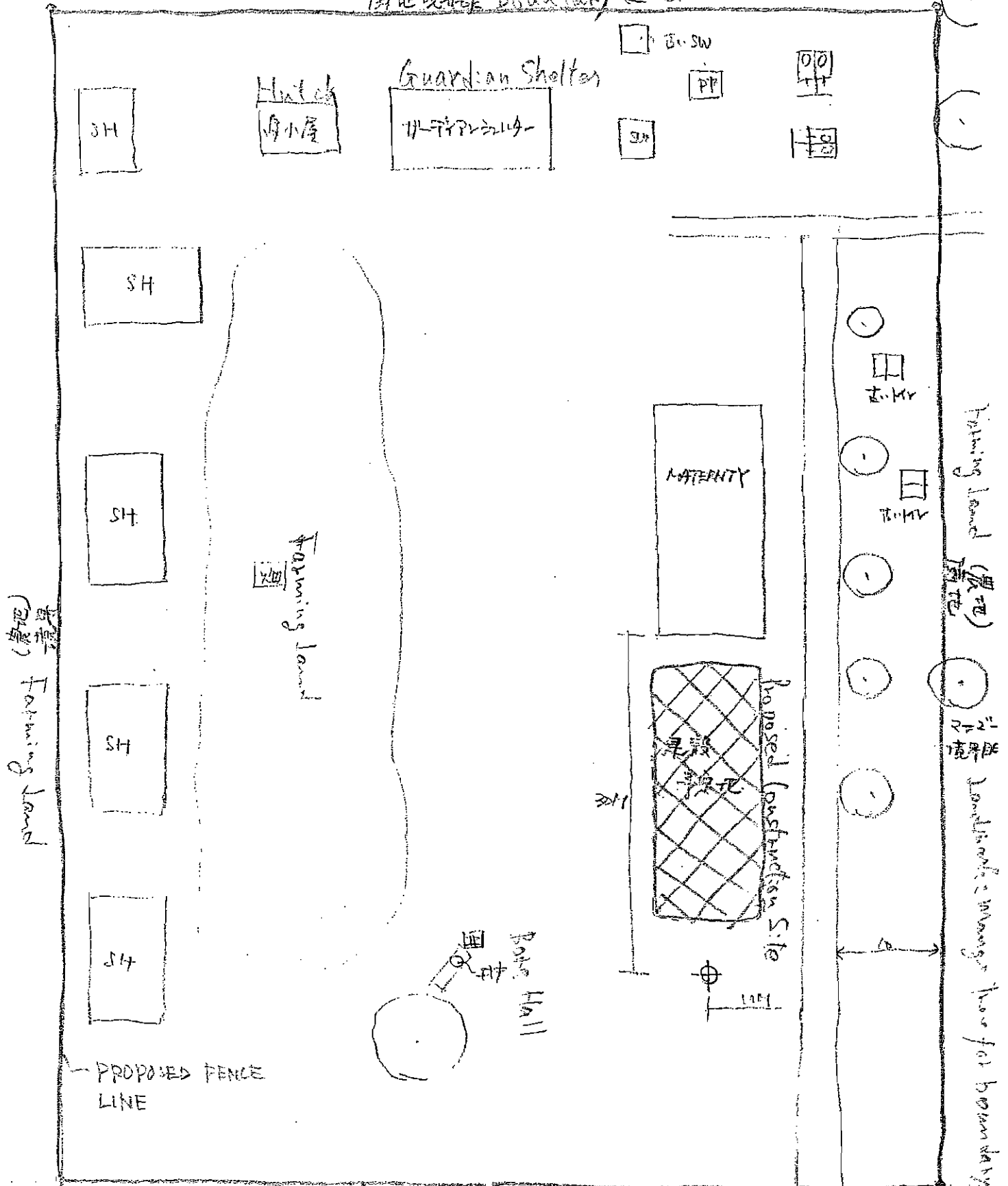


- SH: STAFF HOUSE
- PP: PLACEMENT
- 井: BORE HOLE

Ka



(農地) 農地境界線 Boundary Line



Front Road

KM

CHARTER

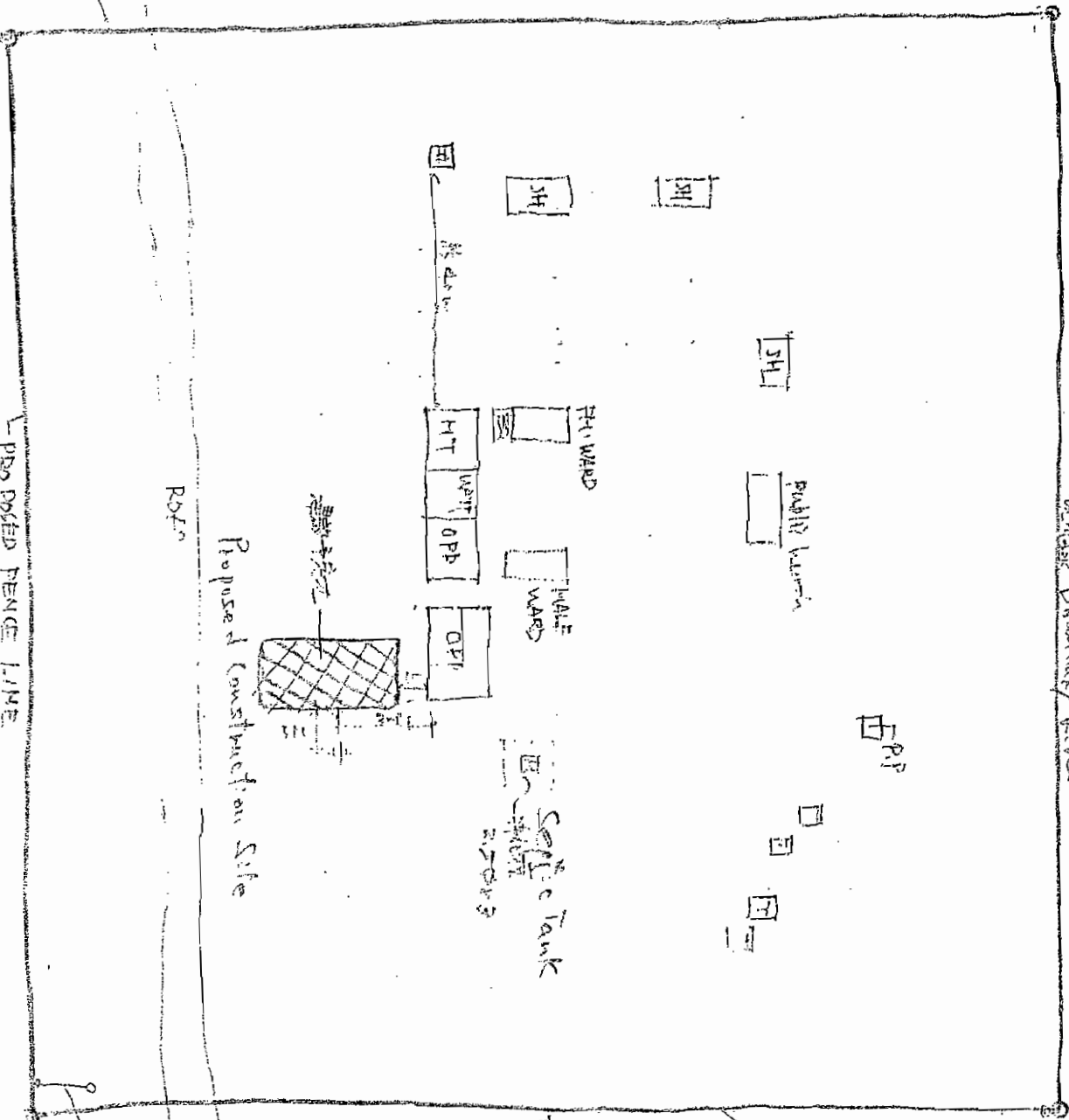
A-19

- SH: STAFF HOUSE
- PP: PLACENTA PIT
- ⊞: BORK HILL

Forming Land  
(農地)

(農地) Forming Land

Boundary Line



Proposed Fence Line  
(学校) School

Rd 2

Proposed Construction Site

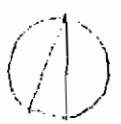
Septic Tank

Boundary Line

PROPOSED FENCE LINE

- SH: STAFF HOUSE
- T: TOILET
- #: BORE HOLE
- PP: PLACENTA PIT

Gate Post  
1:1000



KAI



ROAD

Proposed  
Construct  
Site



建設予定地  
Proposed  
Construction  
Site

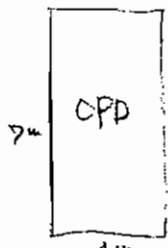
Farming land  
X

IIA

IA



IIA



7m

4m

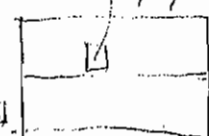


6m

7m

tel line  
電話

Solar Panel



Solar Panel



Septic Tank

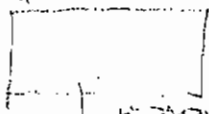
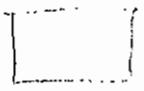
III

PP

PROPOSED FENCE  
LINE

IIA

Guardian Shelter



建設予定地

Farming land  
X

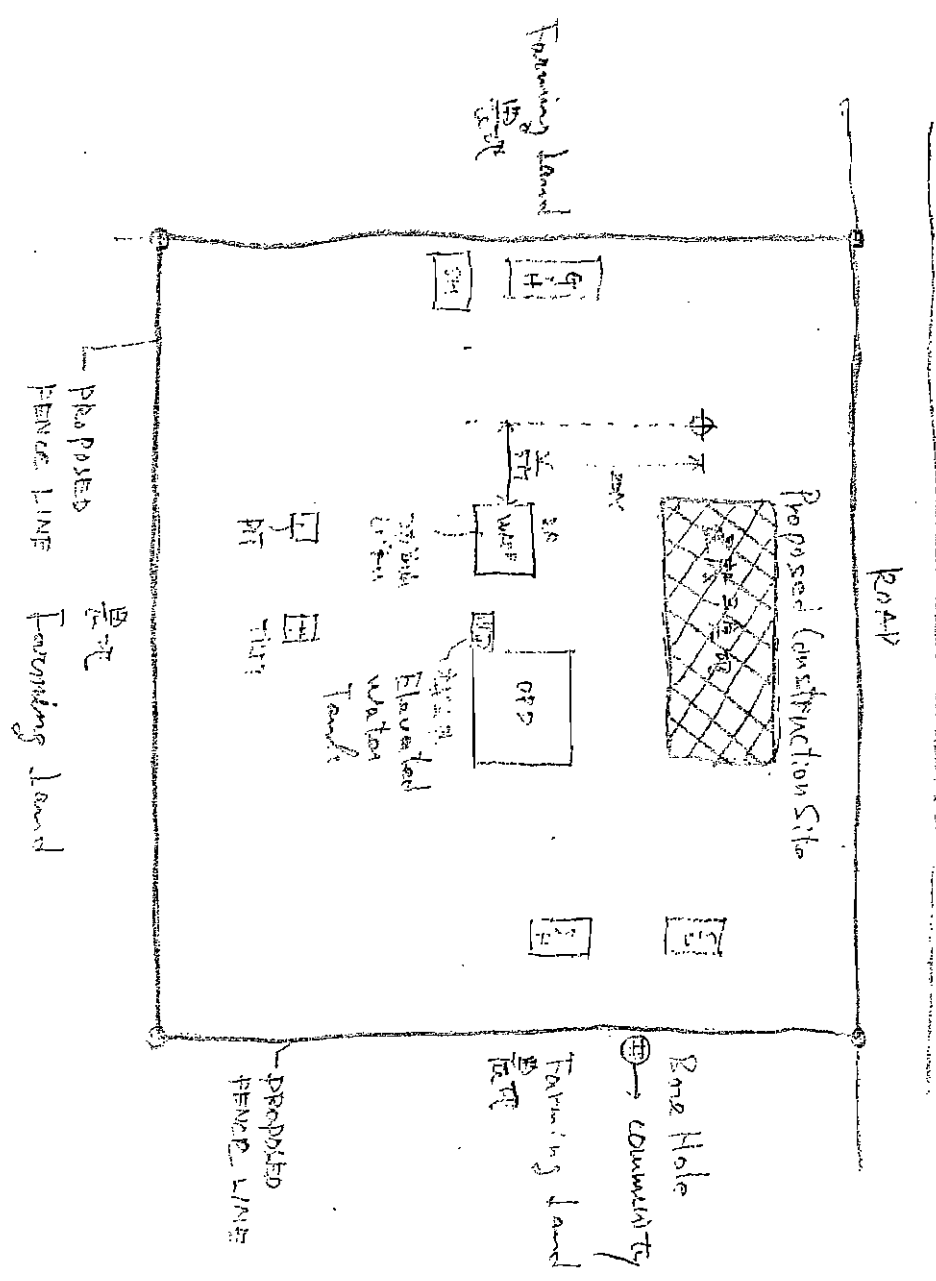
TOilet  
Pit Floor to Pit  
III: Bone Hole

PROPOSED FENCE LINE

Ka1

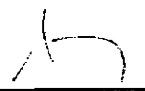
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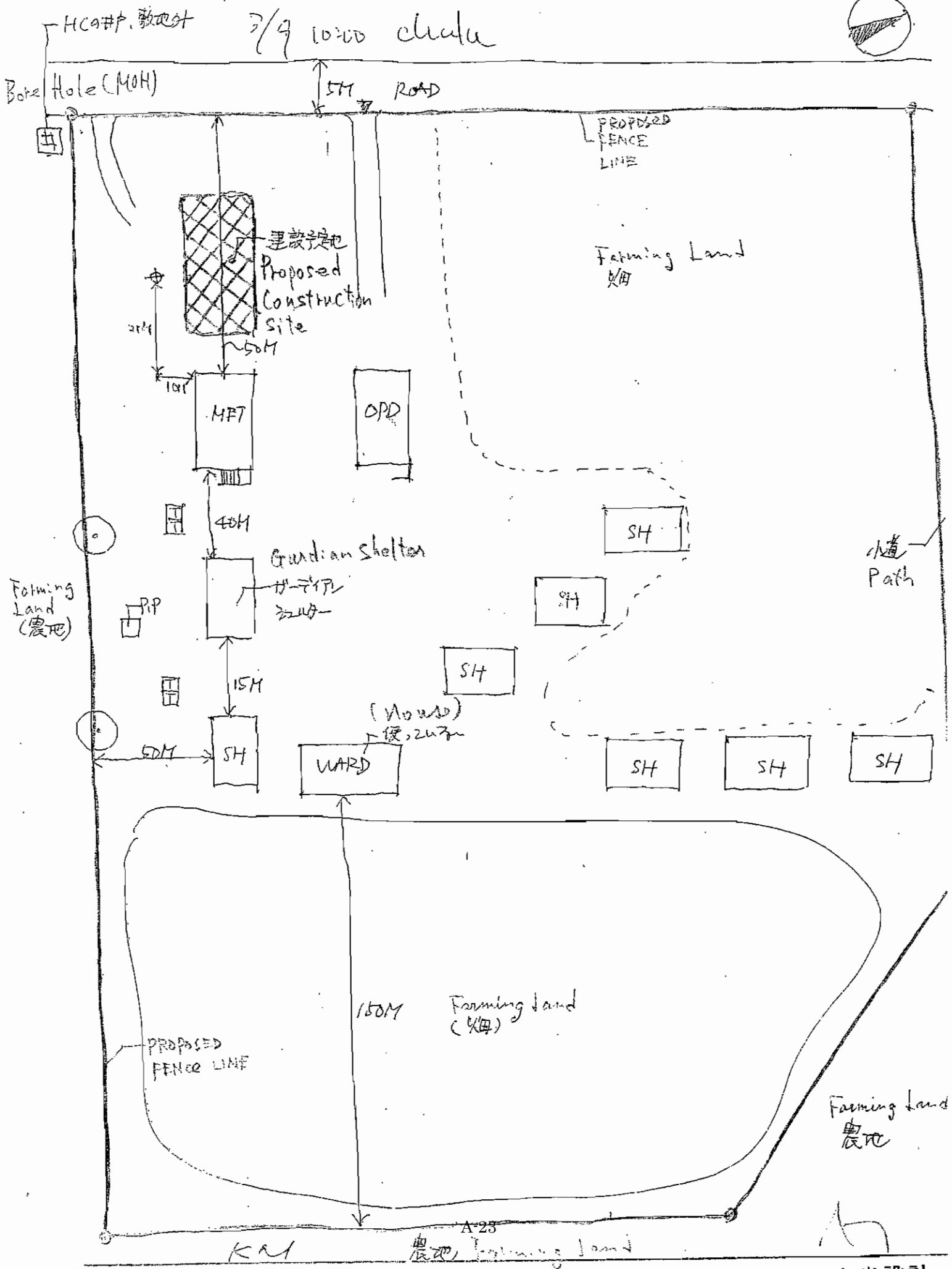
Farming land



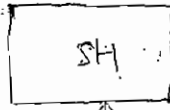
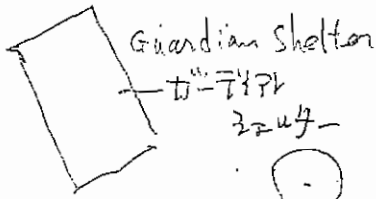
KAL

A-22

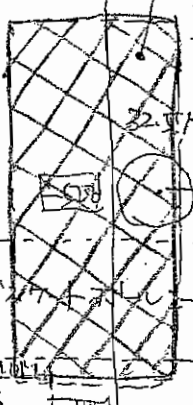
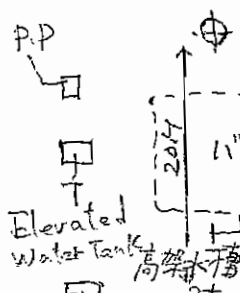




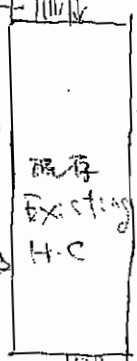
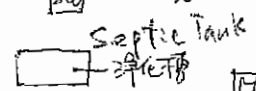
向=河の建物との中心



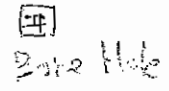
建設予定地  
 Proposed Construction Site



Basket Court



Antenna  
 327



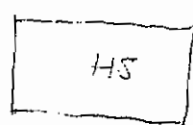
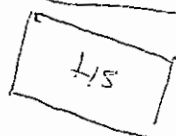
ROAD  
 5M

PROPOSED FENCE LINE

200M

22M

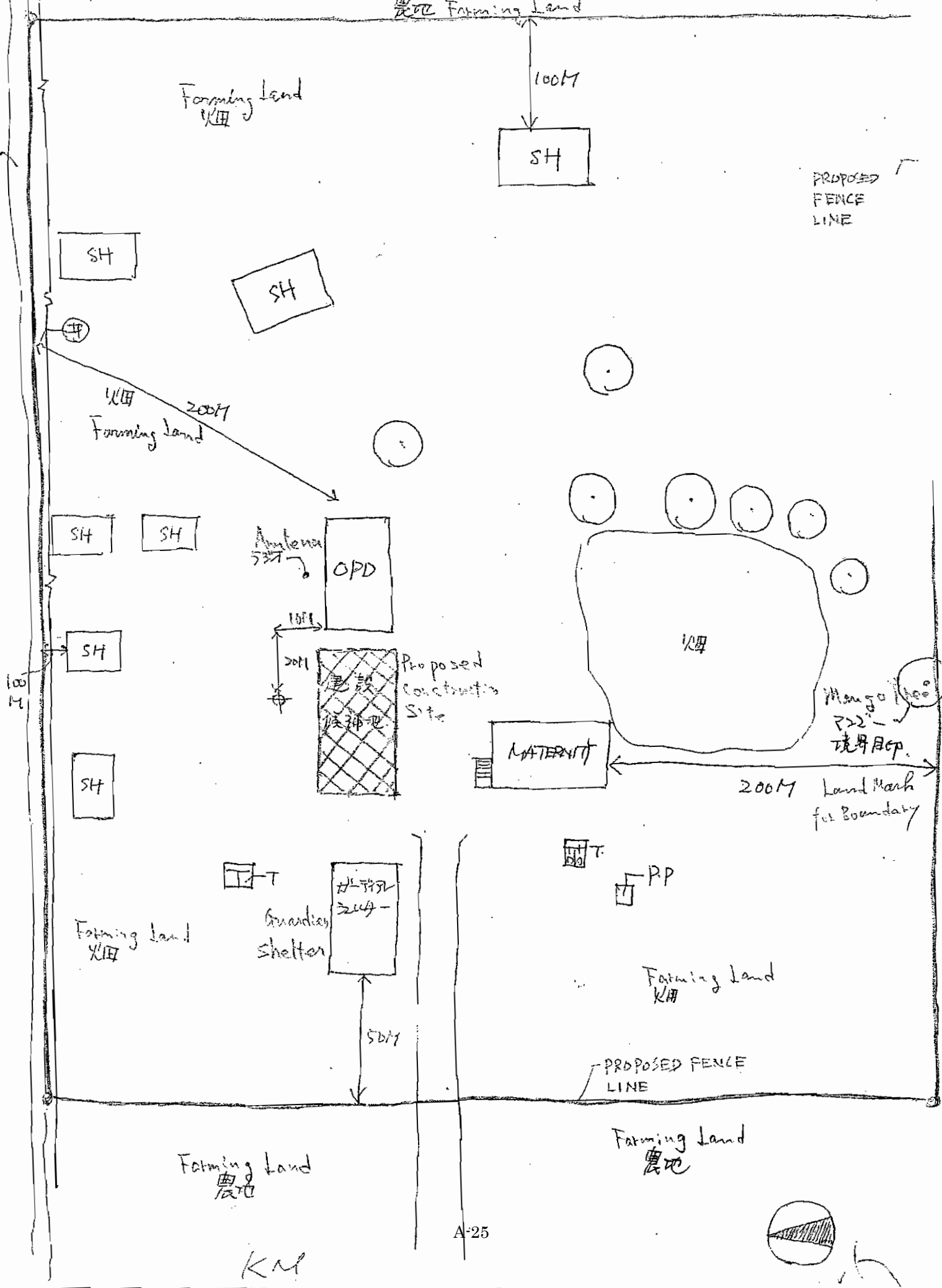
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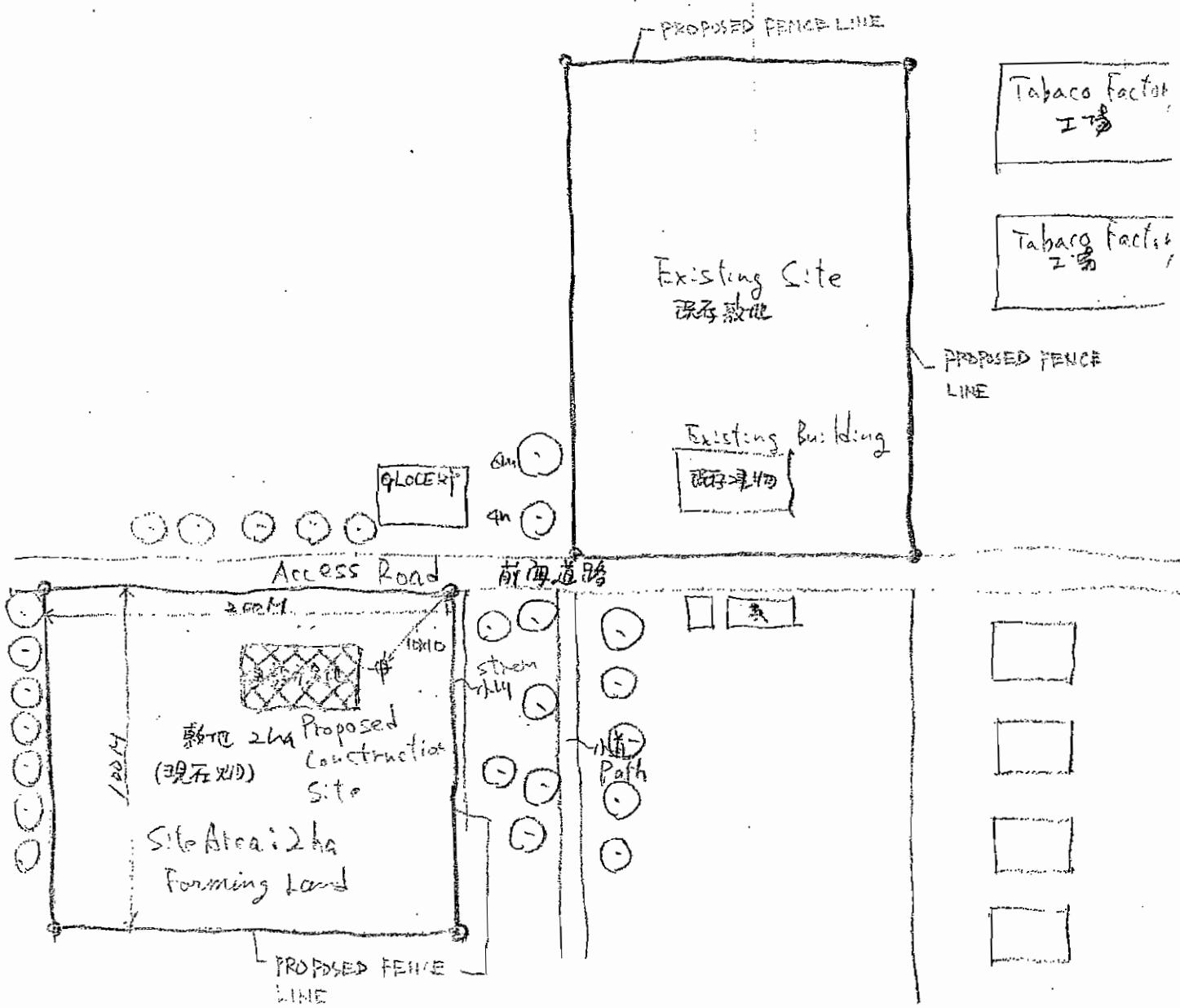


PROPOSED FENCE LINE

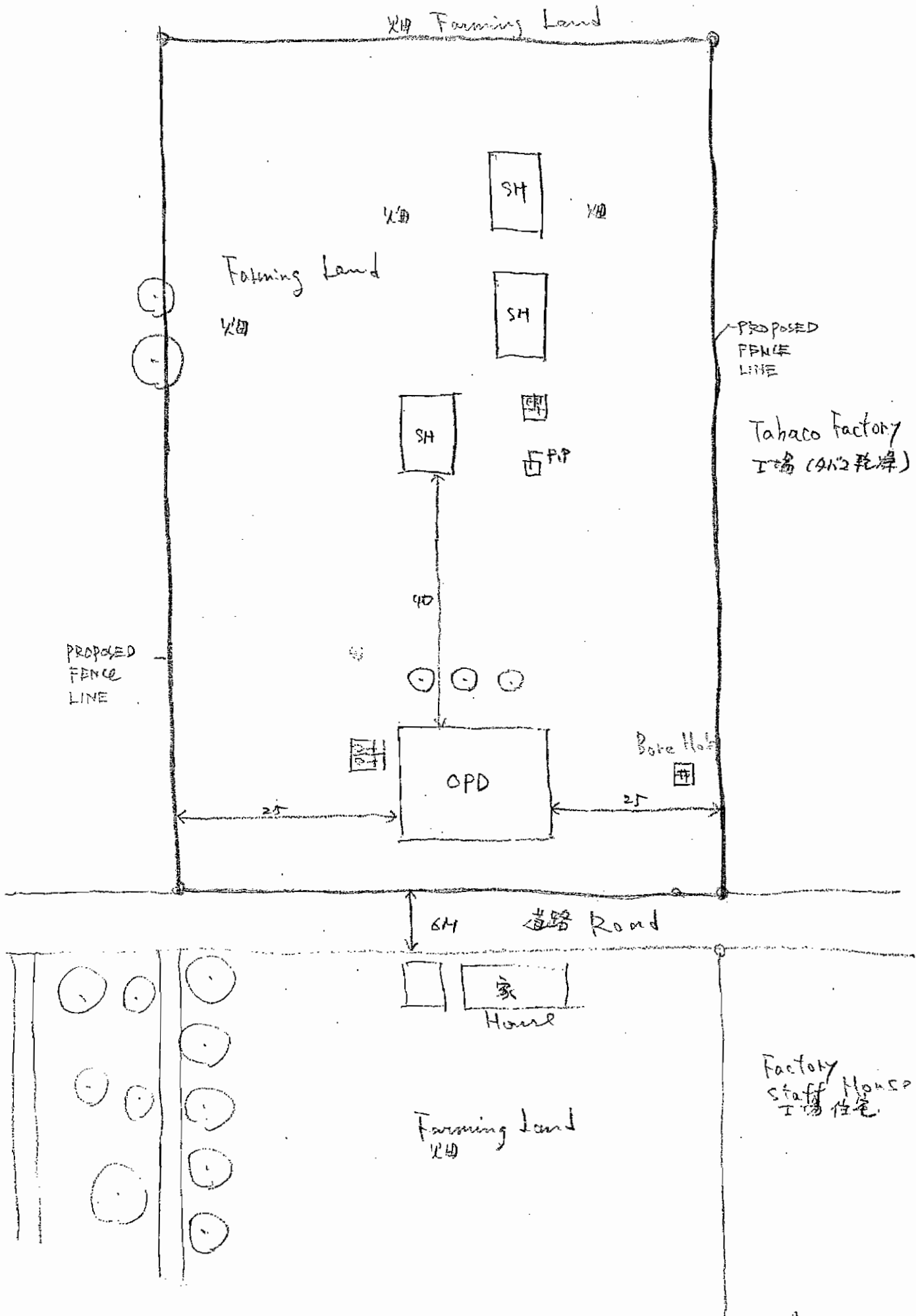
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A-24







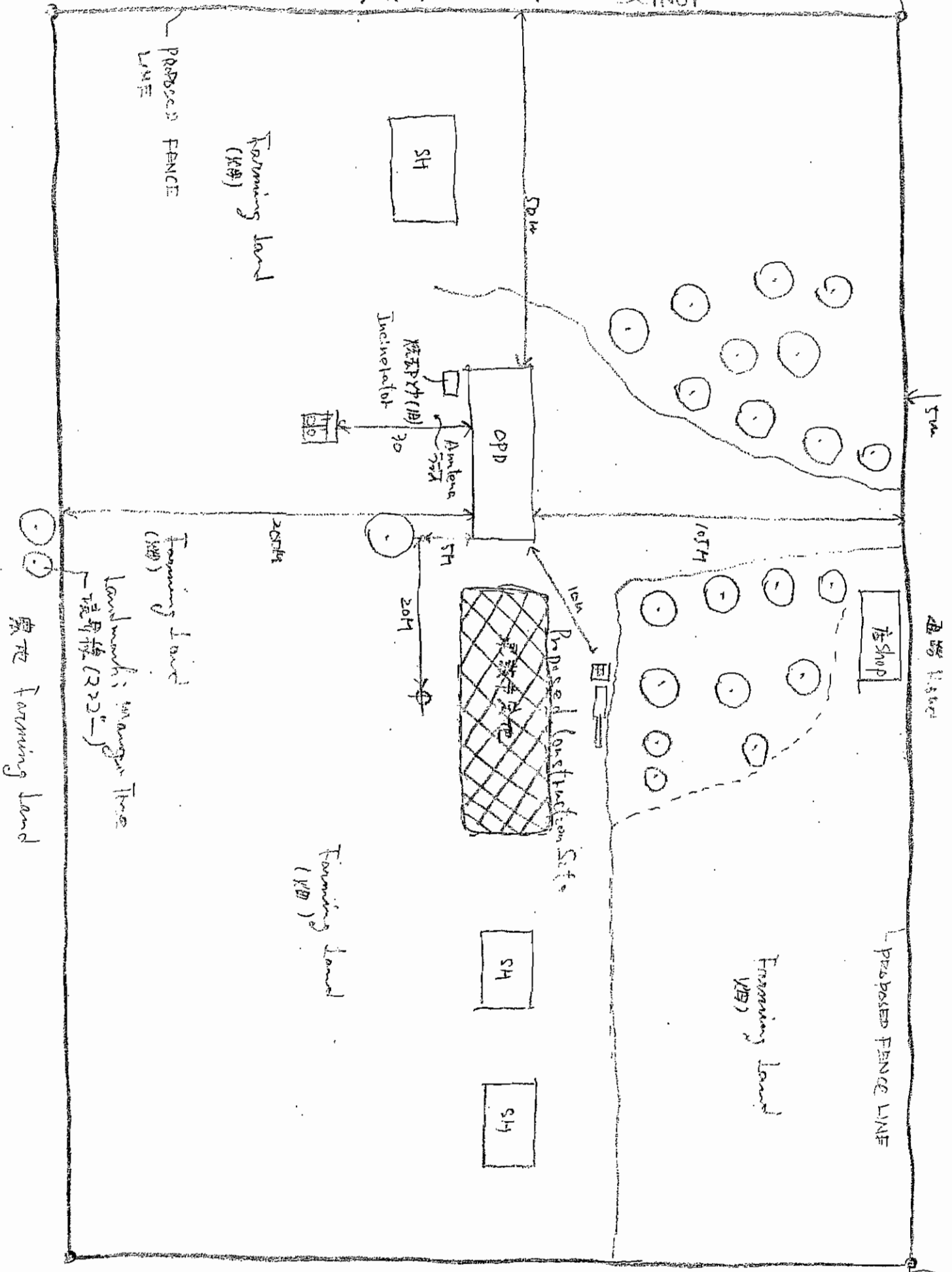


KM

A-27

Handwritten signature or initials.

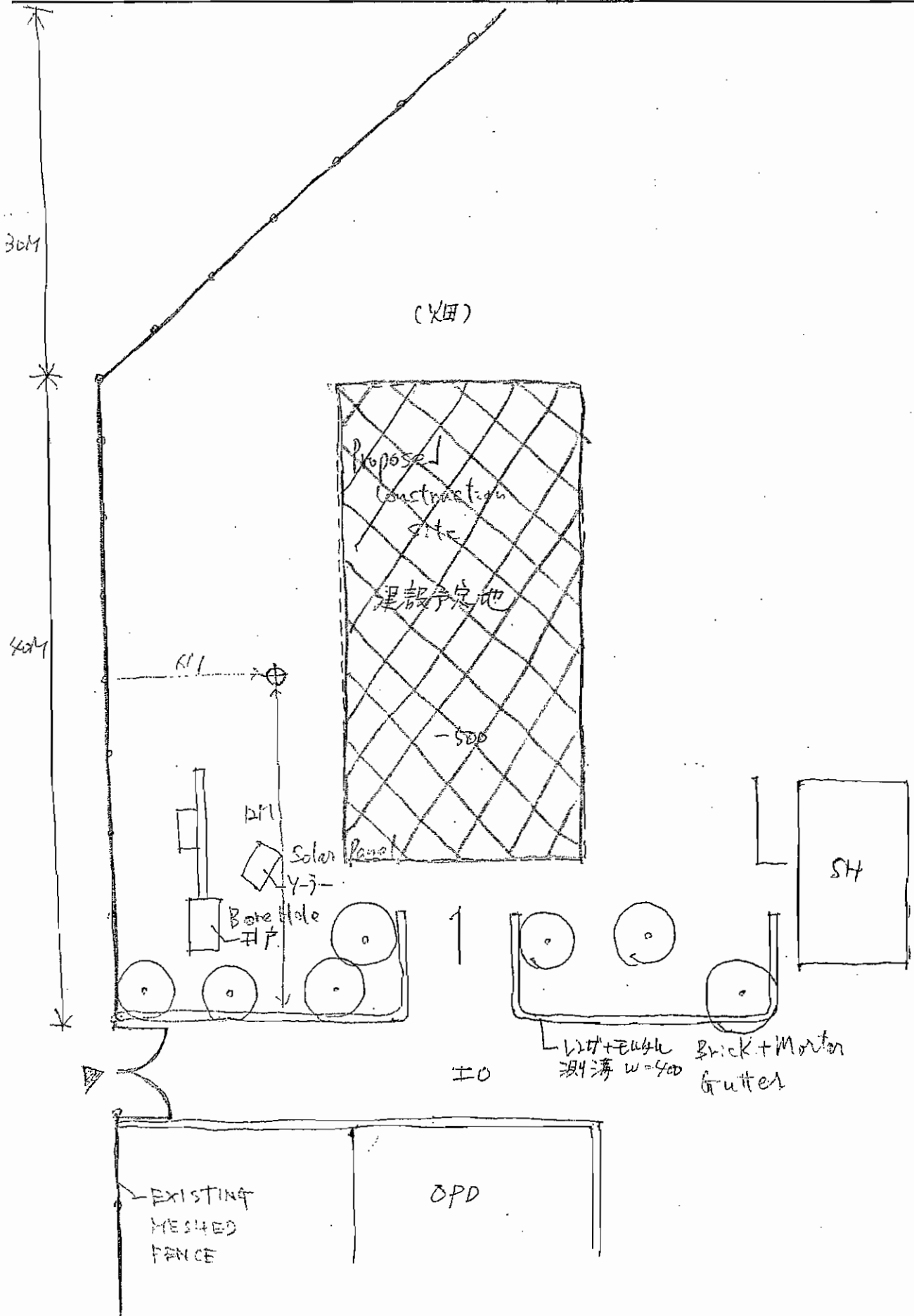
学校 'SIT' 'ED' 'E' 'E' 'E' 'E' 'E' School



KAY

A-28

豊地



Residential Area

EXISTING MESHED FENCE

Proposed Construction Site  
Forming Land

Broken House

SH

SH

SH

P.P.

Farming Land

前圍道路 Road

CPD

MATERNITY

Septic Tank

SW

Isolation Ward  
265 痛棟

Guardian Station  
SH

EXISTING MESHED FENCE

Bore Hole

SH

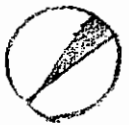
SH

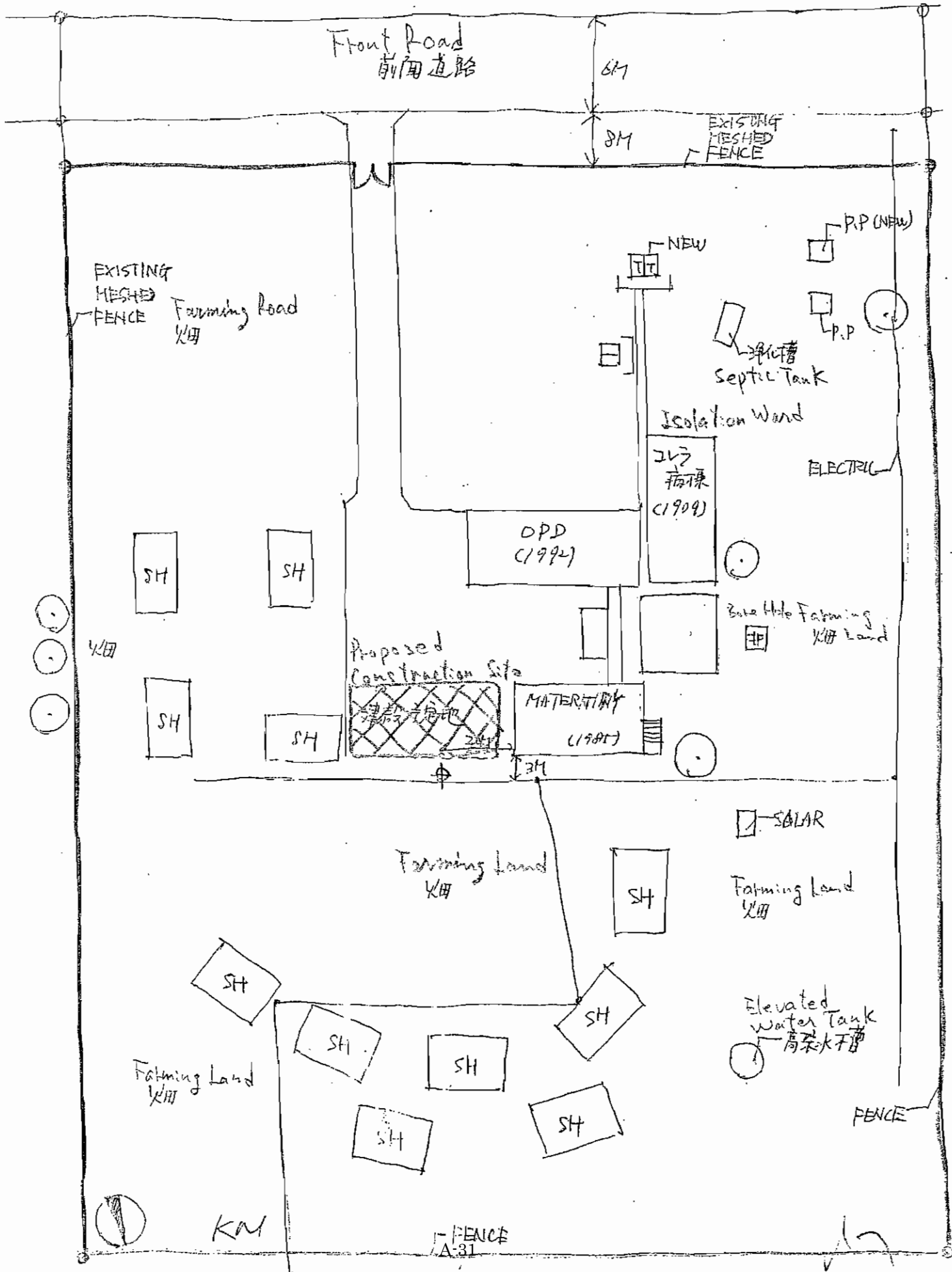
SH

SH

Residential Area

Farming Land





## Annex-4 Requested Equipment List for Health Centres

### (1) Project Sites of Health Centres to be equipped

<b>1. Rumphi District</b>		
1	RHC-1	Chitimba Health Centre
2	RHC-2	Jalawe Health Centre
3	RHC-3	Katowo Health Centre
4	RHC-4	Mhuju Health Centre
5	RHC-5	Mpompha Health Centre
6	RHC-6	Mwazisi Health Centre
7	RHC-7	Mzokoto Health Centre
<b>2. Mzimba District</b>		
8	MHC-1	Bulala Health Centre
9	MHC-2	Bwengu Health Centre
10	MHC-3	Choma Health Centre
11	MHC-4	Emfeni Health Centre
12	MHC-5	Emsizini Health Centre
13	MHC-6	Endindeni Health Centre
14	MHC-7	Erukweni Health Centre
15	MHC-8	Engucwini Health Centre
16	MHC-9	Euthini Health Centre
17	MHC-10	Hoho Health Centre
18	MHC-11	Jenda Health Centre
19	MHC-12	Kafukule Health Centre
20	MHC-13	Kamteteka Health Centre
21	MHC-14	Khosolo Health Centre
22	MHC-15	Kabuwa Health Centre
23	MHC-16	Kamwe Health Centre
24	MHC-17	Luvwere Health Centre
25	MHC-18	Luwerezi Health Centre
26	MHC-19	Luzi Health Centre
27	MHC-20	Madede Health Centre
28	MHC-21	Malidade Health Centre
29	MHC-22	Manyamula Health Centre
30	MHC-23	Mbalachanda Health Centre
31	MHC-24	Mpherembe Health Centre
32	MHC-25	Mseke Health Centre
33	MHC-26	Mtende Health Centre
34	MHC-27	Mtwalo Health Centre
35	MHC-28	Mzalangwe Health Centre
36	MHC-29	Mzuzu Urban Health Centre
37	MHC-30	Njuyu Health Centre
38	MHC-31	Kabwafu Health Centre
39	MHC-32	Thunduwiki Health Centre
40	MHC-33	Mkoma Health Centre
41	MHC-34	Luwawa Health Centre
42	MHC-35	Nkhukuyu Health Centre
<b>3. Kasungu District</b>		
43	KHC-1	Chulu Health Centre
44	KHC-2	Kamboni Health Centre
45	KHC-3	Kapelula Health Centre
46	KHC-4	Kawamba Health Centre
47	KHC-5	Mkhota Health Centre
48	KHC-6	Mtunthama Health Centre
49	KHC-7	Santhe Health Centre
50	KHC-8	Simulemba Health Centre
51	KHC-9	Wimbe Health Centre
52	KHC-10	Khola Health Centre
53	KHC-11	Chamwabvi Health Centre
<b>4. Lilongwe District</b>		
54	LHC-1	Chiwamba Health Centre
55	LHC-2	Mtentera Health Centre

(2) Requested Equipment List for Health Centres

Location	No.	Equipment	Total No.	Priority
OPD	1	Weighing scale, adult	24	A
OPD, Examination room	2	Diagnostic equipment set	48	A
	3	Sphygmomanometer	31	A
	4	Examination couch	22	B
	5	Screen with castors	38	C
	6	Water container with tap, on stand, capacity of container 20 Litre, inclusive basin	33	B
	7	Stool	34	C
	OPD, Treatment room	8	Instrument set, minor surgical set	154
9		Examination couch	44	B
10		Screen with castors	49	C
11		Stretcher	31	C
12		Instruments trolley with castors	37	C
13		Bowl, kick, with stand and castors	36	C
14		Water container with tap, on stand, capacity of container 20 Litre	39	C
15		Stool	25	C
OPD, Dressing room	16	Stove, kerosene or paraffin	37	C
	17	Sterilizer, steam, pressure cooker type	38	C
	18	Instrument set, minor surgical set	106	A
	19	Instruments trolley with castors	46	C
	20	Water container with tap, on stand, capacity of container 20 Litre	42	C
Maternity Delivery room	21	Stool	51	C
	22	Delivery bed	53	A
	23	Cot, baby (bassinet)	42	C
	24	Screen with castors	39	C
	25	Suction unit, manual	29	A
	26	Resuscitator, manual, infant and adult	47	A
	27	Instrument set, delivery and suturing	131	A
	28	Instrument set, episiotomy and tears, extra	46	C
	29	Sphygmomanometer	30	A
	30	Weighing scale, baby	6	A
	31	Instruments trolley with castors	16	C
	32	Light with battery backup	41	C
	33	Sterilizer, steam, pressure cooker type	35	C
	34	Stove, kerosene or paraffin	25	C
	35	Stool	23	C
	36	Water container with tap, on stand, capacity of container 20 Litre	29	C

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Location	No.	Equipment	Total No.	Priority
Maternity	37	Hospital bed with mattress, adult	104	B
Ward, maternity	38	Bedside table	249	B
	39	Cot, baby (bassinet)	397	C
	40	Screen with castors	296	C
	41	Water container with tap, on stand, capacity of container 20 Litre	41	C
Ward, Holding room	42	Hospital bed with mattress, adult	50	B
Ward, Holding room	43	Hospital bed with mattress, child, with sliding, side-rails	96	C
	44	Drip stand, double hook, with castors	32	B
Administration	45	Radio communication equipment	14	C
Administration	46	Solar battery system for radio communication and light for rooms	18	C
	47	Lamp, pressure, paraffin	22	C

Priority A: Essencial B: Necessary, but to be examined carefully C: Least feasible

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## Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Qty	(1)Pumpi Total No.	(1)Rumphi District															
					(1)	(2)	(3)	(4)	(5)	(6)	(7)									
					RHC-1	RHC-2	RHC-3	RHC-4	RHC-5	RHC-6	RHC-7									
OPD	1	Weighing scale, adult	1	3	1	0	0	0	1	1	0	0	0	1	1	0				
	2	Diagnostic equipment set	1	5	0	1	0	0	1	0	1	1	0	1	0	1				
	3	Sphygmomanometer	1	4	0	1	0	0	1	1	0	0	1	0	1	1	0			
	4	Examination couch	1	1	1	0	0	0	1	1	0	1	0	1	0	1	0			
	5	Screen with castors	1	3	1	0	0	0	1	1	0	0	1	0	1	1	0			
OPD	6	Water container with tap, on stand, capacity of container 20 Litre, inclusive basin	1	6	0	1	0	0	1	0	1	0	1	0	1	0	1			
	7	Stool	2	3	2	0	0	0	1	1	2	0	2	0	0	2	2	0		
OPD, Treatment room	8	Instrument set, minor surgical set	3	18	0	3	0	0	0	3	0	3	0	3	0	3	0	3		
	9	Examination couch	1	5	0	1	0	0	0	1	0	1	0	1	0	1	0	1		
OPD	10	Screen with castors	1	6	0	1	0	0	1	0	1	0	1	0	1	0	1	0		
	11	Stretcher	1	4	0	1	0	0	1	0	0	1	0	1	2	0	0	1		
	12	Instruments trolley with castors	1	1	1	0	0	0	5	0	2	0	0	1	1	0	1	0		
	13	Bowl, kick, with stand and castors	1	4	2	0	0	0	0	1	0	1	0	1	0	1	0	1	2	0
	14	Water container with tap, on stand, capacity of container 20 Litre	1	5	0	1	0	0	0	1	0	1	0	1	0	1	0	1	1	0

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## Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Q'ty	(1)Pumpi Total No.	(1)Rumphi District											
					(1)	(2)	(3)	(4)	(5)	(6)	(7)					
					RHC-1	RHC-2	RHC-3	RHC-4	RHC-5	RHC-6	RHC-7					
	15	Stool	1	2	1	0	0	0	1	0	1	0	0	0	0	0
	16	Stove, kerosene or paraffin	1	5	0	1	0	0	1	0	1	0	1	1	0	0
OPD	17	Sterilizer, steam, pressure cooker type	1	5	0	1	0	0	1	1	0	0	1	0	1	0
OPD, Dressing room	18	Instrument set, minor surgical set	2	12	0	2	0	0	2	0	2	0	2	0	2	0
	19	Instruments trolley with castors	1	2	2	0	0	0	1	2	0	0	1	1	0	1
	20	Water container with tap, on stand, capacity of container 20 Litre	1	6	0	1	0	0	1	0	1	0	1	0	1	0
	21	Stool	2	4	2	0	0	0	2	2	0	2	0	0	2	0
Maternity	22	Delivery bed	2	8	2	0	0	0	2	0	2	0	2	0	2	0
Delivery room	23	Cot, baby (bassinette)	1	4	0	1	0	0	1	1	0	1	0	0	1	0
	24	Screen with castors	1	6	0	1	0	0	1	0	1	0	1	0	1	0
	25	Suction unit, manual	1	1	1	0	0	0	2	0	0	1	1	0	1	0
	26	Resuscitator, manual, infant and adult	1	4	1	0	0	0	1	1	0	0	1	0	1	0
	27	Instrument set, delivery and suturing	3	15	0	3	0	0	3	0	3	0	3	0	0	3
	28	Instrument set, episiotomy and tears, extra	1	5	0	1	0	0	1	0	1	0	1	3	0	1

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## Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Qty	(1)Pumpi Total No.	(1)Rumph District									
					(1)	(2)	(3)	(4)	(5)	(6)	(7)			
					RHC-1	RHC-2	RHC-3	RHC-4	RHC-5	RHC-6	RHC-7			
	29	Spygnomanometer	1	5	0	1	0	0	1	0	1	0	0	1
	30	Weighing scale, baby	1	0	2	0	0	0	1	0	1	0	3	0
	31	Instruments trolley with castors	1	2	1	0	0	0	1	0	0	1	0	3
	32	Light with battery backup	1	4	0	1	0	0	1	0	1	1	0	1
	33	Sterilizer, steam, pressure cooker type	1	6	0	1	0	0	1	0	1	0	1	0
	34	Stove, kerosene or paraffin	1	6	0	1	0	0	1	0	1	0	1	0
	35	Stool	1	1	1	0	0	0	1	0	1	0	1	0
	36	Water container with tap, on stand, capacity of container 20 Litre	1	6	0	1	0	0	1	0	1	0	1	0
Maternity	37	Hospital bed with mattress, adult	8	7	6	2	8	0	10	0	9	0	2	4
Ward, maternity	38	Bedside table	8	21	7	1	0	0	2	6	0	8	3	5
	39	Cot, baby (bassinette)	8	47	0	8	0	0	0	8	0	8	0	8
	40	Screen with castors	6	35	0	6	0	0	1	5	0	6	0	6
	41	Water container with tap, on stand, capacity of container 20 Litre	1	6	0	1	0	0	0	1	0	1	0	1
Ward, Holding room	42	Hospital bed with mattress, adult	2	4	1	1	0	0	8	0	2	0	1	1
Ward, Holding room	43	Hospital bed with mattress, child, with sliding, side-rails	2	10	0	2	0	0	5	0	0	2	0	2

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## Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Qty	(1)Pumpi Total No.	(1)Rumphri District														
					(1)	(2)	(3)	(4)	(5)	(6)	(7)								
					RHC-1	RHC-2	RHC-3	RHC-4	RHC-5	RHC-6	RHC-7								
	44	Drip stand, double hook, with castors	1	1	1	0	0	0	5	0	1	0	2	0	0	1	3	0	
Administration	45	Radio communication equipment	1	5	0	1	0	0	1	1	0	1	1	0	1	0	1	0	1
Administration	46	Solar battery system for radio communication and light for rooms	1	5	0	1	0	0	0	1	0	1	1	0	0	1	0	1	0
	47	Lamp, pressure, paraffin	1	1	2	0	0	0	2	0	1	0	1	0	1	0	1	1	0

  = No. of Existing Equipment(Working)

  = No. of Planned Equipment

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Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Qty	(2)Mzimba Total No.	(2)Mzimba District																					
					(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)				
					MHC-1	MHC-2	MHC-3	MHC-4	MHC-5	MHC-6	MHC-7	MHC-8	MHC-9	MHC-10	MHC-11	MHC-12	MHC-13	MHC-14	MHC-15	MHC-16						
OPD OPD, Examination room	1	Weighing scale, adult	1	16	1	0	1	0	0	1	0	0	1	1	0	0	1	1	0	0	1	0	1	0		
	2	Diagnostic equipment, set	1	30	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
	3	Sphygmomanometer	1	20	0	1	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	4	Examination couch	1	16	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	5	Screen with castors	1	29	0	1	1	0	2	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	6	Water container with tap, on stand, capacity of container 20 Litre, inclusive basin	1	20	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	7	Stool	2	21	2	0	0	2	3	0	0	2	0	2	0	0	2	0	2	0	0	2	0	2	0	
OPD OPD, Treatment room	8	Instrument set, minor surgical set	3	99	0	3	0	3	1	2	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	
	9	Examination couch	1	29	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	10	Screen with castors	1	31	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
OPD OPD, Dressing room	11	Stretcher	1	26	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	12	Instruments trolley with castors	1	27	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	13	Bowl, kick, with stand and castors	1	24	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	14	Water container with tap, on stand, capacity of container 20 Litre	1	24	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	15	Stool	1	16	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	16	Stove, kerosene or paraffin	1	21	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	17	Sterilizer, steam, pressure cooker type	1	23	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	18	Instrument set, minor surgical set	2	68	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2
	19	Instruments trolley with castors	1	32	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Maternity Delivery room	20	Water container with tap, on stand, capacity of container 20 Litre	1	28	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
21		Stool	2	32	2	0	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	
22		Delivery bed	2	32	1	1	1	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	
	23	Cot, baby (bassinette)	1	27	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	

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Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Qty	(2)Mzimba District																				
				(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)			
				MHC-1	MHC-2	MHC-3	MHC-4	MHC-5	MHC-6	MHC-7	MHC-8	MHC-9	MHC-10	MHC-11	MHC-12	MHC-13	MHC-14	MHC-15	MHC-16	MHC-17	MHC-18	MHC-19		
	24	Screen with castors	1	0	1	1	0	2	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	25	Suction unit, manual	1	0	1	0	1	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	26	Resuscitator, manual, infant and adult	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	27	Instrument set, delivery and suturing	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	
	28	Instrument set, episiotomy and tears, extra	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	29	Spynomanometer	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	30	Weighing scale, baby	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	31	Instruments trolley with castors	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	32	Light with battery backup	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	33	Sterilizer, steam, pressure cooker type	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	34	Stoves, kerosene or paraffin	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	35	Stool	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	36	Water container with tap, on stand, capacity of container 20 Litre	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
Maternity	37	Hospital bed with mattress, adult	8	7	0	3	5	6	2	8	0	3	5	5	3	0	10	0	8	0	6	2	8	0
Ward, maternity	38	Bedside table	8	2	5	3	5	6	2	0	8	0	8	2	6	0	0	8	6	3	4	4	0	8
	39	Cot, baby (bassinette)	8	0	8	0	8	0	8	0	8	0	8	0	8	0	8	0	8	0	8	0	8	0
	40	Screen with castors	6	0	6	0	6	2	4	0	6	0	6	0	6	0	6	0	6	0	6	0	6	0
	41	Water container with tap, on stand, capacity of container 20 Litre	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
Ward, Holding room	42	Hospital bed with mattress, adult	2	2	0	0	2	0	2	0	0	2	0	0	2	0	0	2	0	2	0	0	2	0
Ward, Holding room	43	Hospital bed with mattress, child, with sliding, side-rails	2	0	2	0	2	0	2	0	0	2	0	0	2	0	0	2	0	2	0	0	2	0
	44	Drip stand, double hook, with castors	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
Administration	45	Radio communication equipment	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
Administration	46	Solar battery system for radio communication and light for rooms	1	2	0	0	1	0	1	0	2	0	0	1	0	1	0	1	0	1	0	2	0	0
	47	Lamp, pressure, paraffin	1	2	0	1	0	0	1	2	0	1	0	1	0	1	0	1	0	1	2	0	1	0

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Breakdown of Final Requested Equipment List for Health Centres

		(2)Mzimba District																					
Location	No.	Equipment	Required Qty	(2)Mzimba Total No.	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)		
					MHC-1	MHC-2	MHC-2	MHC-2	MHC-2	MHC-2	MHC-2	MHC-2	MHC-2	MHC-2	MHC-2	MHC-3	MHC-3	MHC-3	MHC-3	MHC-3	MHC-3		
OPD	1	Weighting scale, adult	1	18	0	1	0	1	1	0	1	0	1	1	0	1	1	0	0	1	1	0	
	2	Diagnostic equipment set	1	30	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	3	Sphygmomanometer	1	20	2	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	4	Examination couch	1	16	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	5	Screen with castors	1	29	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	6	Water container with tap, on stand, capacity of container 20 Litre, inclusive basin	1	20	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	7	Stool	2	21	0	2	0	2	0	2	0	4	0	2	0	2	0	2	0	2	0	2	0
OPD	8	Instrument set, minor surgical set	3	99	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0
	9	Examination couch	1	29	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
OPD, Treatment room	10	Screen with castors	1	31	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	11	Stretcher	1	26	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	12	Instruments trolley with castors	1	27	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	13	Bowl, kick, with stand and castors	1	24	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	14	Water container with tap, on stand, capacity of container 20 Litre	1	24	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	15	Stool	1	16	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	16	Stove, kerosene or paraffin	1	21	1	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	17	Sterilizer, steam, pressure cooker type	1	23	1	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	18	Instrument set, minor surgical set	2	68	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0
	19	Instruments trolley with castors	1	32	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
	Maternity	20	Water container with tap, on stand, capacity of container 20 Litre	1	28	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
21		Stool	2	32	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0
22		Delivery bed	2	32	0	2	0	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Delivery room	23	Cot, baby (bassinette)	1	27	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1

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Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Qty	(2)Mzimba District																			
				(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)			
				MHC-1	MHC-2	MHC-3	MHC-4	MHC-5	MHC-6	MHC-7	MHC-8	MHC-9	MHC-10	MHC-11	MHC-12	MHC-13	MHC-14	MHC-15	MHC-16	MHC-17			
	24	Screen with castors	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	25	Suction unit, manual	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	26	Resuscitator, manual, infant and adult	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	27	Instrument set, delivery and suturing	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	
	28	Instrument set, episiotomy and tears, extra	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	29	Sphygmomanometer	1	2	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	30	Weighing scale, baby	1	6	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	31	Instruments trolley with castors	1	12	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	32	Light with battery backup	1	27	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	33	Sterilizer, steam, pressure cooker type	1	22	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	34	Stove, kerosene or paraffin	1	14	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	35	Stool	1	15	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	36	Water container with tap, on stand, capacity of container 20 Litre	1	16	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
Maternity	37	Hospital bed with mattress, adult	8	64	5	3	4	4	0	8	8	0	6	2	15	0	5	3	4	4	7	1	5
Ward, maternity	38	Bedside table	8	161	0	8	5	3	0	8	0	8	0	8	0	8	0	8	0	8	0	8	0
	39	Cot, baby (bassinetc)	8	251	0	8	0	8	0	8	0	8	0	8	0	8	0	8	0	8	0	8	0
	40	Screen with castors	6	186	0	6	0	6	0	6	0	6	0	6	0	6	0	6	0	6	0	6	0
Ward, Holding room	41	Water container with tap, on stand, capacity of container 20 Litre	1	27	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
Ward, Holding room	42	Hospital bed with mattress, adult	2	29	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0
Ward, Holding room	43	Hospital bed with mattress, child, with sliding, side-rails	2	60	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0
	44	Drip stand, double hook, with castors	1	24	3	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
Administration	45	Radio communication equipment	1	9	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
Administration	46	Solar battery system for radio communication and light for rooms	1	11	0	1	2	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	47	Lamp, pressure, paraffin	1	12	2	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0



### Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Qty	(3) Kasungu Total No.	(3) Kasungu District																			
					(43) KHC-1	(44) KHC-2	(45) KHC-3	(46) KHC-4	(47) KHC-5	(48) KHC-6	(49) KHC-7	(50) KHC-8	(51) KHC-9	(52) KHC-10	(53) KHC-11									
OPD	1	Weighing scale, adult	1	3	1	0	1	0	0	1	1	0	1	0	1	0	1	0	1	0				
	2	Diagnostic equipment set	1	11	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1				
	3	Sphygmomanometer	1	6	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0			
	4	Examination couch	1	5	0	1	0	1	0	1	2	0	1	0	0	1	0	1	0	1	0			
	5	Screen with castors	1	4	1	0	1	0	0	1	1	0	0	1	1	0	1	0	1	0	1	0		
OPD	6	Water container with tap, on stand, capacity of container 20 Litre, inclusive basin	1	6	1	0	1	0	1	1	0	1	0	1	1	0	1	0	1	1	0			
	7	Stool	2	9	2	0	2	0	1	1	2	0	1	1	1	0	2	2	0	1	1	1		
	8	Instrument set, minor surgical set	3	31	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	2	1	0	
OPD, Treatment room	9	Examination couch	1	8	0	1	1	0	0	1	1	0	1	0	1	0	1	0	1	0	1	0		
	10	Screen with castors	1	10	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
	11	Stretcher	1	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	2	
	12	Instruments trolley with castors	1	7	0	1	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
OPD	13	Bowl, kick, with stand and castors	1	8	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	14	Water container with tap, on stand, capacity of container 20 Litre	1	8	1	0	2	0	0	1	1	0	0	1	0	1	0	1	0	1	0	1	0	
OPD	15	Stool	1	6	1	0	1	0	0	1	1	0	0	1	1	0	1	0	0	1	0	1	0	
	16	Stove, kerosene or paraffin	1	9	0	1	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	
	17	Sterilizer, steam, pressure cooker type	1	8	0	1	2	0	0	1	1	0	1	1	0	1	1	0	1	1	0	1	3	0
OPD, Dressing room	18	Instrument set, minor surgical set	2	22	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2
	19	Instruments trolley with castors	1	10	0	1	1	0	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0

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## Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Qty	(3) Kasungu Total No.	(3) Kasungu District											
					(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	
					KHC-1	KHC-2	KHC-3	KHC-4	KHC-5	KHC-6	KHC-7	KHC-8	KHC-9	KHC-10	KHC-11	
Maternity Delivery room	20	Water container with tap, on stand, capacity of container 20 Litre	1	6	1	0	1	0	0	1	0	0	1	0	1	0
	21	Stool	2	13	2	0	2	0	0	2	0	2	1	1	2	0
	22	Delivery bed	2	10	1	1	2	0	1	1	2	0	1	1	2	0
	23	Cot, baby (bassinette)	1	11	0	1	0	1	0	1	0	1	1	0	1	0
	24	Screen with castors	1	5	1	0	1	0	0	1	1	0	0	1	1	0
	25	Suction unit, manual	1	4	1	0	1	0	0	1	1	0	1	0	1	0
	26	Resuscitator, manual, infant and adult	1	10	0	1	0	1	0	1	0	1	0	1	0	1
	27	Instrument set, delivery and suturing	3	26	0	3	0	3	5	0	0	3	0	3	1	2
	28	Instrument set, episiotomy and tears, extra	1	10	0	1	0	1	5	0	0	1	0	1	0	1
	29	Sphygmomanometer	1	9	0	1	0	1	0	1	1	0	1	1	0	1
Maternity	30	Weighing scale, baby	1	0	1	0	2	0	1	0	2	0	1	0	1	0
	31	Instruments trolley with castors	1	2	1	0	1	0	2	0	1	0	2	0	1	0
	32	Light with battery backup	1	9	0	1	0	1	0	1	1	0	1	0	1	0
	33	Sterilizer, steam, pressure cooker type	1	5	1	0	0	1	1	0	1	0	0	1	1	0
	34	Stove, kerosene or paraffin	1	5	1	0	1	0	1	0	0	1	0	1	0	0
	35	Stool	1	6	1	0	1	0	0	1	1	0	1	0	1	0
	36	Water container with tap, on stand, capacity of container 20 Litre	1	6	0	1	1	0	0	1	1	0	1	1	0	0
	37	Hospital bed with mattress, adult	8	31	6	2	7	1	6	2	7	1	6	2	5	3
	38	Bedside table	8	56	1	7	7	1	0	8	6	2	5	3	4	4

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**Breakdown of Final Requested Equipment List for Health Centres.**

Location	No.	Equipment	Required Qty	(3)Kasungu Total No.	(3)Kasungu District																				
					(43) KHC-1	(44) KHC-2	(45) KHC-3	(46) KHC-4	(47) KHC-5	(48) KHC-6	(49) KHC-7	(50) KHC-8	(51) KHC-9	(52) KHC-10	(53) KHC-11										
	39	Cot, baby (bassinette)	8	83	0	8	0	8	1	7	4	4	0	8	0	8	0	8	0	8	0	8			
	40	Screen with castors	6	64	0	6	0	6	0	6	0	6	0	6	0	6	0	6	1	5	0	6	0		
	41	Water container with tap, on stand, capacity of container 20 Litre	1	7	0	1	0	1	0	0	1	0	1	0	1	0	1	0	1	0	0	1	0	1	
Ward, Holding room	42	Hospital bed with mattress, adult	2	15	0	2	1	1	0	2	1	1	1	0	2	2	0	1	0	0	2	0	2	0	
Ward, Holding room	43	Hospital bed with mattress, child, with sliding, side-rails	2	22	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	
	44	Drip stand, double hook, with castors	1	6	1	0	3	0	0	1	3	0	0	1	0	1	0	1	0	0	1	1	2	0	1
Administration	45	Radio communication equipment	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
Administration	46	Solar battery system for radio communication and light for rooms	1	2	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
	47	Lamp, pressure, paraffin	1	8	3	0	1	0	0	1	2	0	0	1	0	1	0	1	0	1	0	1	0	1	

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## Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Qty	(4)Lilongwe Total No.	(4)Lilongwe District	
					(54)	(55)
					LHC-1	LHC-2
OPD OPD, Examination room	1	Weighing scale, adult	1	0	1	0
	2	Diagnostic equipment set	1	2	0	1
	3	Sphygmomanometer	1	1	0	1
	4	Examination couch	1	0	1	0
	5	Screen with castors	1	2	0	1
OPD OPD, Treatment room	6	Water container with tap, on stand, capacity of container 20 Litre, inclusive basin	1	1	0	1
	7	Stool	2	1	1	2
	8	Instrument set, minor surgical set	3	6	0	3
	9	Examination couch	1	2	0	1
	10	Screen with castors	1	2	0	1
OPD, Examination room	11	Stretcher	1	0	1	0
	12	Instruments trolley with castors	1	2	0	1
	13	Bowl, kick, with stand and castors	1	0	1	0
	14	Water container with tap, on stand, capacity of container 20 Litre	1	2	0	1

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## Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Q'ty	(4)Lilongwe Total No.	(4)Lilongwe District		
					(54)	(55)	
					LHC-1	LHC-2	
OPD	15	Stool	1	1	0	1	0
	16	Stove, kerosene or paraffin	1	2	0	1	1
	17	Sterilizer, steam, pressure cooker type	1	2	0	1	1
	18	Instrument set, minor surgical set	2	4	0	2	2
OPD, Dressing room	19	Instruments trolley with castors	1	2	0	1	1
	20	Water container with tap, on stand, capacity of container 20 Litre	1	2	0	1	1
	21	Stool	2	2	0	2	0
	22	Delivery bed	2	3	0	2	1
Maternity Delivery room	23	Cot, baby (bassinette)	1	0	1	0	1
	24	Screen with castors	1	1	0	1	0
	25	Suction unit, manual	1	1	0	1	0
	26	Resuscitator, manual, infant and adult	1	2	0	1	1
	27	Instrument set, delivery and suturing	3	6	0	3	3
	28	Instrument set, episiotomy and tears, extra	1	2	0	1	1

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## Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Q'ty	(4)Lilongwe Total No.	(4)Lilongwe District		
					(54)	(55)	
					LHC-1	LHC-2	
	29	Sphygmomanometer	1	1	0	1	
	30	Weighing scale, baby	1	0	1	0	
	31	Instruments trolley with castors	1	0	1	0	
	32	Light with battery backup	1	1	0	1	
	33	Sterilizer, steam, pressure cooker type	1	2	0	1	
	34	Stove, kerosene or paraffin	1	0	1	0	
	35	Stool	1	1	0	1	
	36	Water container with tap, on stand, capacity of container 20 Litre	1	1	1	0	
	Maternity	37	Hospital bed with mattress, adult	8	2	7	1
		38	Bedside table	8	11	0	8
		39	Cot, baby (bassinette)	8	16	0	8
	Ward, maternity	40	Screen with castors	6	11	0	6
		41	Water container with tap, on stand, capacity of container 20 Litre	1	1	0	1
		42	Hospital bed with mattress, adult	2	2	0	2
	Ward, Holding room	43	Hospital bed with mattress, child, with sliding, side-rails	2	4	0	2

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## Breakdown of Final Requested Equipment List for Health Centres

Location	No.	Equipment	Required Q'ty	(4)Lilongwe Total No.	(4)Lilongwe District			
					(54)	(55)		
					LHC-1	LHC-2		
	44	Drip stand, double hook, with castors	1	1	0	1	0	
Administration	45	Radio communication equipment	1	0	1	0	1	0
Administration	46	Solar battery system for radio communication and light for rooms	1	0	1	0	1	0
	47	Lamp, pressure, paraffin	1	1	0	1	3	0

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Annex-5 Requested Facilities for District Hospital

Basic Design Study on Rural Health Facility Improvement in Malawi

Table: Summary of Proposed District Hospitals

ID No.	ID No. for BD survey	ID. No. in the W/M	Hospital Name	Construction of Ward	Priority	Remarks
<b>Rumphi District</b>						
1	RDH	1-1	Rumphi District Hospital	Pediatric (24beds)	A	
				Maternity (36 beds)	A	
<b>Mzimba District</b>						
12	MDH	2-1	Mzimba District Hospital	Pediatric (24 beds)	A	
				Maternity	C	Existing number of beds are enough.
<b>Kasungu District</b>						
41	KDH	3-1	Kasungu District Hospital	Pediatric	C	Construction of Pediatric Ward is on going.
				Maternity (36 beds)	A	

A: Essential

B: Necessary

C: Least Feasible

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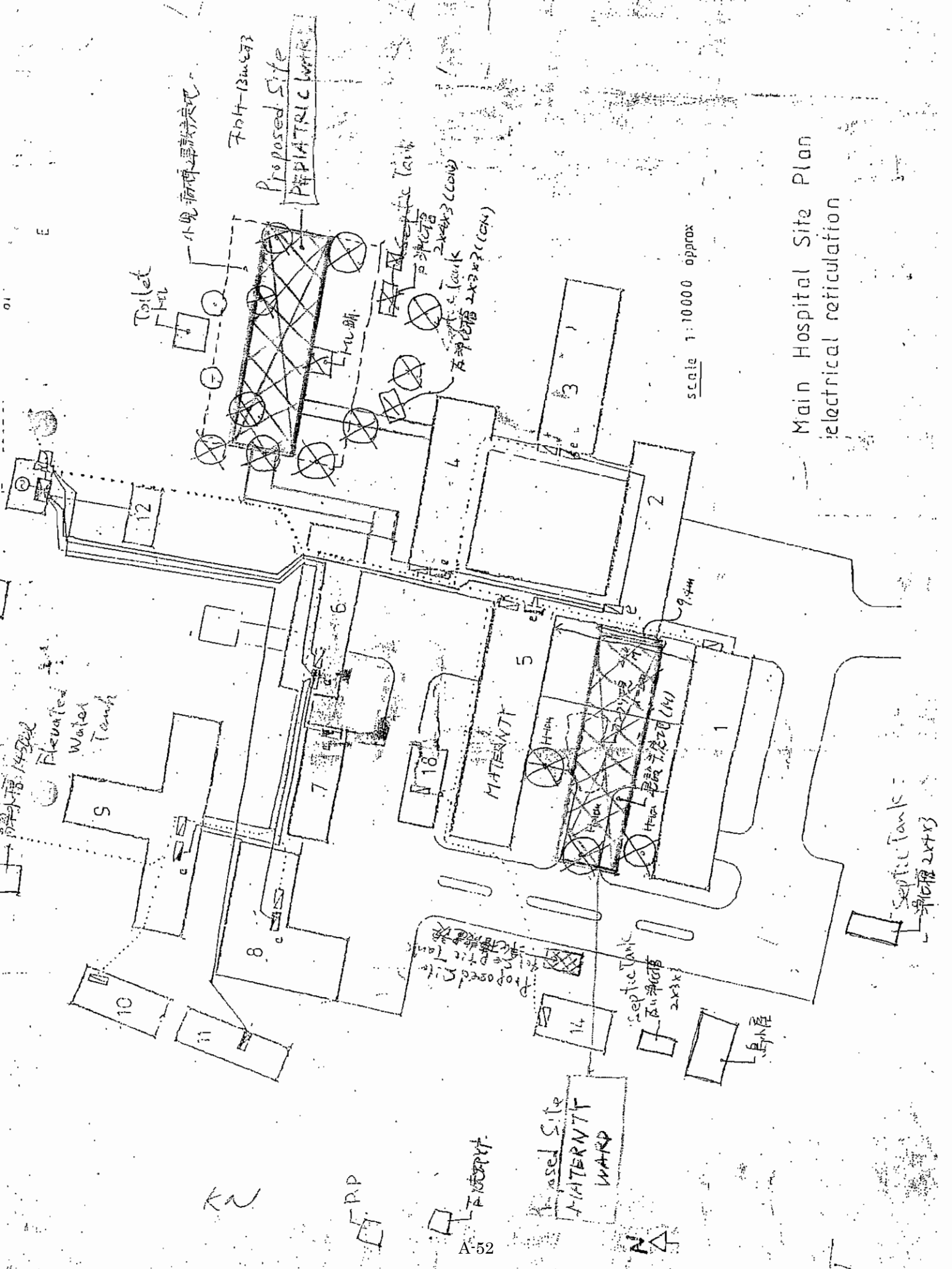


Basic Design Study on Rural Health Facility Improvement in Malawi

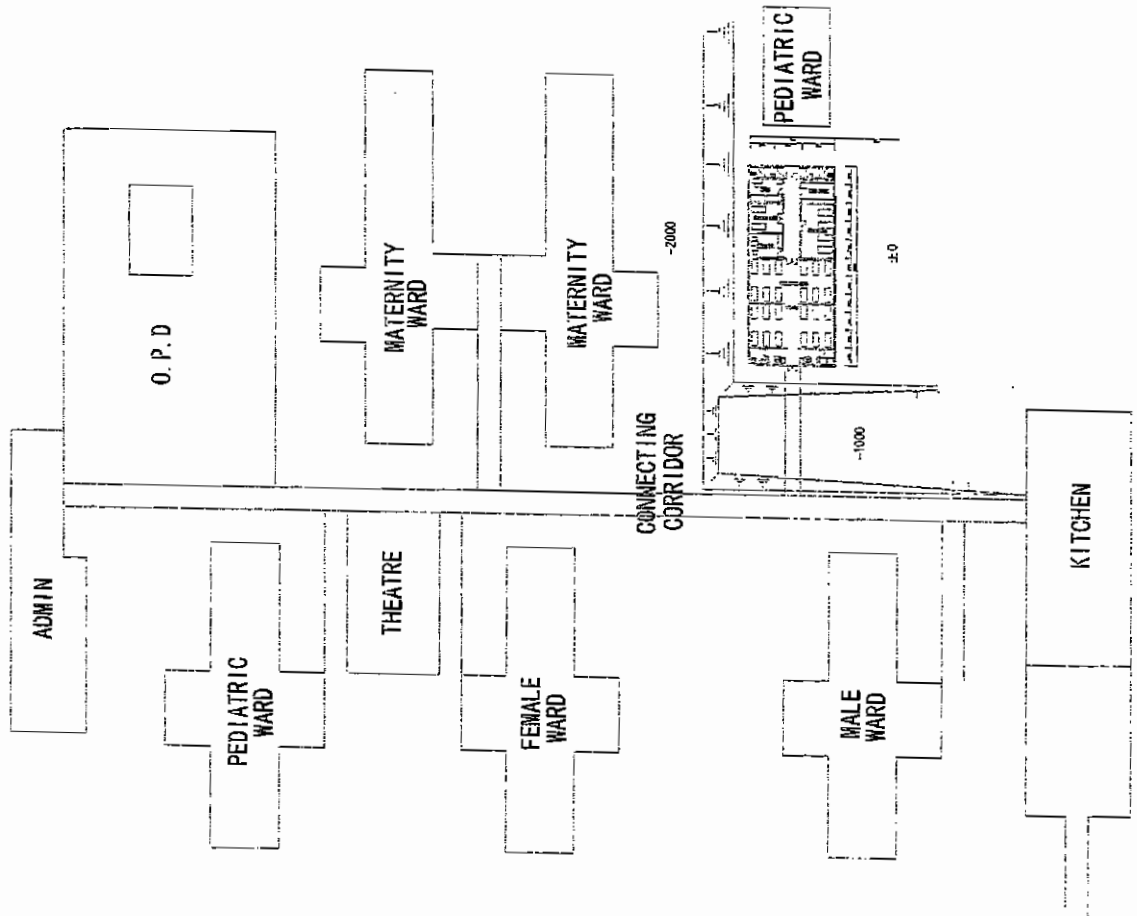
Table: Detail Information of District Hospital (Reference)

ID No.	ID No. for BD survey	ID No. in the M/M	Hospital Name	Construction of Ward	Establishment	No. peoples in the Catchment Area (Unit: 100)	Medical Specialist	Medical Officer	Clinical Officer	Medical Assistant	Registered Nurse	Enrolled Nurse/Midwife	Temp. or Perm.	No. of Perm Medical Officer and/or Nurse, Midwives	Auxiliary Nurse	Hospital Attendant	No. of HSA	Guardian Shelter	No. of Admission (Pediatric & Maternity)	No. Beds	Staff House	Water source	Plumbing Work	Power ESCOM	Power from solar Panel	Communication Method	Mobile Phone	Radio Communication	Assistance to Building from other Donor	
1	RDH 1-1		Rumphi District Hospital	Over All			0	0	8	3	5	47			14	4		67	0	2,637	24	Y	Water Board/ Bore Hall	Yes	ESCOM	0	Yes	0	No	
				Pediatric (24 beds)	1969	0	0	1	0	3	Perm.	5	0	0							2,854	24		Water Board/ Bore Hall	Yes	ESCOM	0	Yes	0	No
				Maternity (36 beds)		0	0	1	0	6	Perm.	0	0	0																
12	MDH 2-1		Mzimba District Hospital	Over All			0	0	7	2	8	38						300	0	3,070	48	Y	Water Board/ Bore Hall	Yes	ESCOM	0	Yes	0	No	
				Pediatric (24 beds)	1992	0	0	1	0	0	Perm.	7	4	7							2,854	24		Water Board/ Bore Hall	Yes	ESCOM	0	Yes	0	No
				Maternity		0	0	1	0	6	Perm.	10	4	7																
41	KDH 3-1		Kasungu District Hospital	Over All			0	1	6	4	11	35						164	0	7,268	12	Y	Water Board/ Bore Hall	Yes	ESCOM	0	Yes	0	No	
				Pediatric	1967	0	0	0	0	1	Perm.	0	2	6							4,406	24		Water Board/ Bore Hall	Yes	ESCOM	0	Yes	0	No
				Maternity (36 beds)		1	1	2	0	1	Perm.	12	4	0																

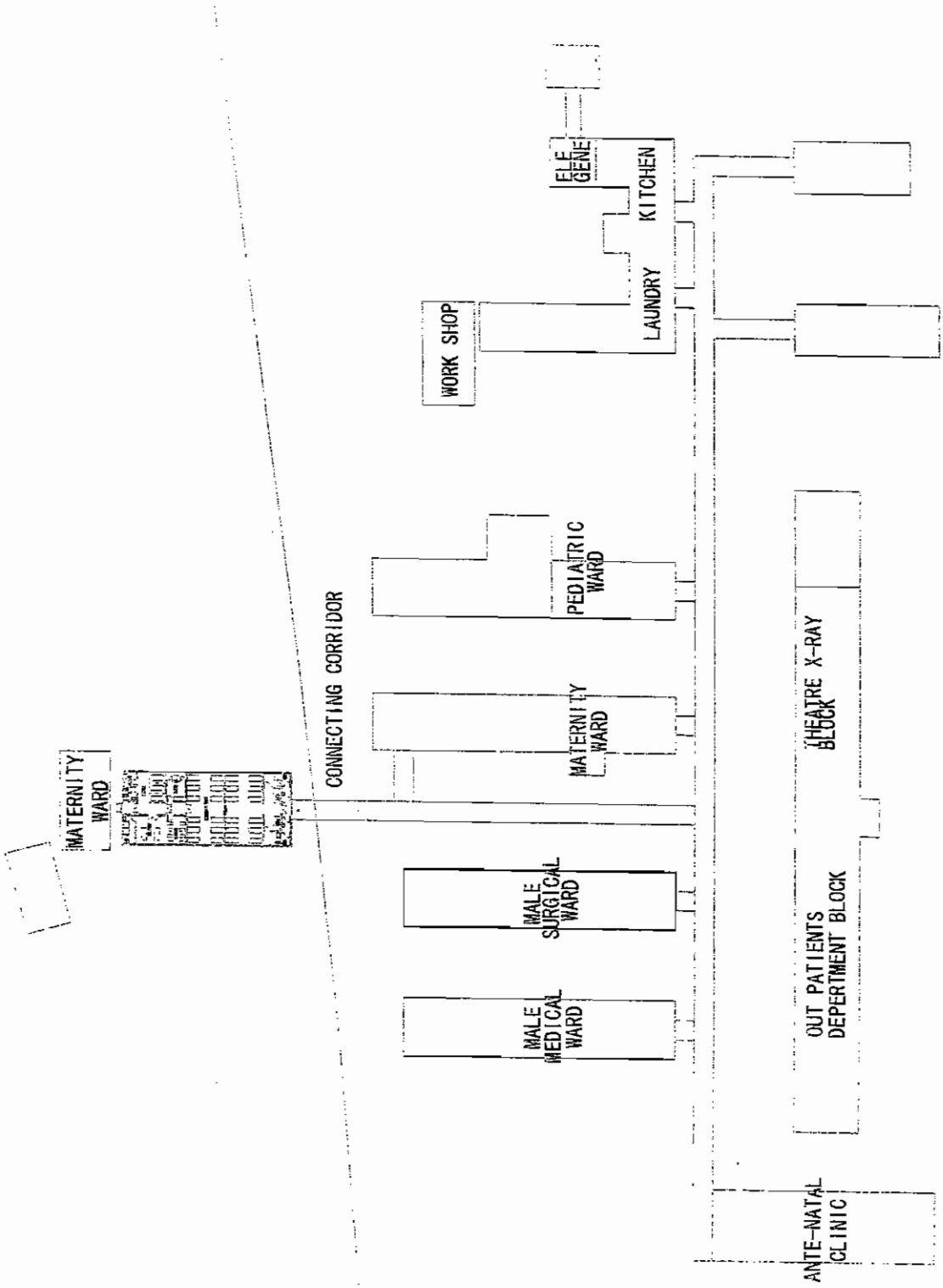
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Main Hospital Site Plan  
electrical reticulation



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## Annex-7 Requested Equipment List for District Hospitals

### (1) Project Sites of District Hospitals

1. Rumphi District		
1	RDH	Rumphi District Hospital
2. Mzimba District		
2	MDH	Mzimba District Hospital
3. Kasungu District		
3	KDH	Kasungu District Hospital

### (2) Requested Equipment List for District Hospitals

Location	No.	Equipment	Quantity	Priority
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#### Rumphi District Hospital

Maternity ward	1	Bedside table	36	B
	2	Hospital bed with mattress, adult	36	B
Pediatric ward	3	Bedside table	24	B
	4	Hospital bed with mattress, adult	24	B

#### Mzimba District Hospital

Pediatric ward	5	Bedside table	24	B
	6	Hospital bed with mattress, adult	24	B

#### Kasungu District Hospital

Maternity ward	7	Bedside table	36	B
	8	Hospital bed with mattress, adult	36	B

## Japan's Grant Aid Scheme

The Grant Aid Scheme provides a recipient country with non-reimbursable funds to procure the facilities, equipment and services (engineering services and transportation of the products, etc.) for economic and social development of the country under principles in accordance with the relevant laws and regulation of Japan. The Grant Aid is not supplied through the donation of materials as such.

### 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. If necessary, JICA sends a Preliminary Study Team to the recipient country to confirm the contents of 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.

Fourthly, 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. Basic Design Study

(1) Contents of the Study

The aim of the Basic Design Study (hereinafter referred to as "the Study"), conducted by JICA on a requested project (hereinafter referred to as "the 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:

*Ka*

*b*

- a) Confirmation of the background, objectives, and benefits of the Project and also institutional capacity of agencies concerned of the recipient country necessary for the Project's 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.

The Government of Japan requests the Government of the recipient country to take whatever measures are necessary to ensure its self-reliance in the implementation of the Project. Such measures must be guaranteed even through they may fall outside of the jurisdiction of the organization in the recipient country actually implementing the Project. Therefore, the implementation of the Project is confirmed by all relevant organizations of the recipient country through the Minutes of Discussions.

#### (2) Selection of Consultants

For smooth implementation of the study, JICA uses (a) registered consultant firm(s). JICA selects (a) firm(s) based on 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 to also work in the Project's implementation after Exchange of Notes, in order to maintain technical consistency between the Basic Design and detailed Design.

### 3. Japan's Grant Aid Scheme

#### (1) Exchange of Notes (E/N)

Japan's Grant Aid is extend in accordance with the Notes exchanged by the two Government concerned, in which the objectives of the Project, period of execution, conditions and amount of the Grant Aid etc., are confirmed.

(2) "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 exchanging of the Notes, concluding a contract with (a) consulting firm(s) and (a) contractor(s) and final payment to them must be completed.

However, in case of delays in delivery, installation or construction due to unforeseen factors such as weather, the period of the Grant Aid can be further extended for a maximum of one fiscal year at

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most by mutual agreement between the two Governments.

(3) Under the Grant, in principle, Japanese products and services including transport or those of 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.)

(4) Necessity of the "Verification"

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

(5) 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, and to clear, level and reclaim the land prior to commencement for the construction,
- 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 installation of the 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 may 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.

(6) Proper Use

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The recipient country is required to maintain and use the facilities constructed and 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.

(7) Re-export

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

(8) Banking Arrangement (B/A)

- a) The Government of the recipient country or its designated authority should open an account in the name of the Government of the recipient country in an authorized foreign exchange bank in Japan (hereinafter referred to as "the Bank"). 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 (A/P) issued by the Government of the recipient country or its designated authority.

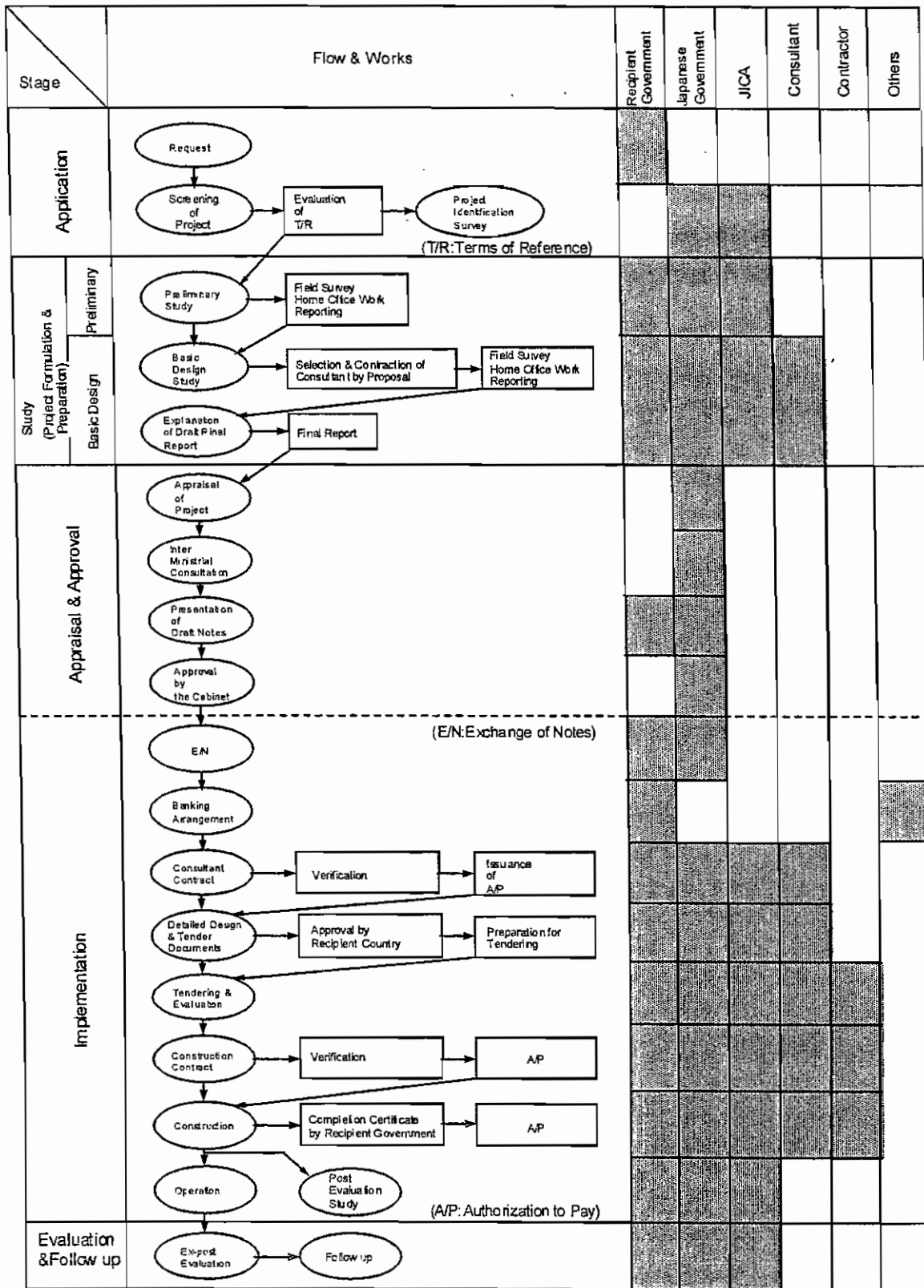
(9) Authorization to Pay (A/P)

The Government of the recipient country should bear an advising commission of an Authorization to Pay and payment commissions to the Bank.

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Flow Chart of Japan's Grant Aid Procedures



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## Major Undertakings to be taken by Each Government

No.	Items	To be covered by Grant Aid	To be covered by Recipient Side
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 building facilities	●	
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 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) Gas Supply		
	a. The city gas main to the site		●
	b. The gas supply system within the site	●	
	5) 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	●	
	6) Furniture and Equipment		
	a. General furniture		●
	b. Project equipment	●	
8	To bear the following commissions to the Japanese bank for the banking services based upon the B/A		
	1) Advising commission of A/P		●
	2) Payment commission		●
9	To ensure unloading and customs clearance at port of disembarkation in recipient country		
	1) Marine (Air) transportation of the products from Japan to the recipient	●	
	2) Tax exemption and custom 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 contracts		●
12	To maintain and use properly and effectively the facilities constructed and equipment provided under the Grant		●
13	To bear all the expenses, other than those to be borne by the Grant, necessary for construction of the facilities as well as for the transportation and installation of the equipment		●

(B/A: Banking Arrangement, A.P: Authorization to pay)

\*to be specified in the contract

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# Annex-11 Implementation Schedule of the Project

## Project for the Rural Health Facilities Improvement in the Republic of Malawi

Table: Overall Project Schedule

Date: March 21, 2006

Calendar Year	2006												2007												2008				
	Month	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
<b>Project Schedule</b>	Basic Design												Detail Design												Construction				
<b>Consultation Schedule</b>	Basic Design Survey												E/N												Turn Over				
<b>Construction Schedule</b>													Tender												Supervising				
<b>Medical Equipment Supply Schedule</b>																									Building Construction				
<b>Ministry of Health (Medical Equipment Procurement &amp; Supply)</b>																									Manufacturing Package				
																									Delivery				
																									Manufacturing				
																									Package Transportation				
																									Delivery				
																									(Rainy Season)				
																									Budgeting				
																									Procurement				
																									Delivery				

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