

**KYRGYZ REPUBLIC
MINISTRY OF HEALTH**

**PREPARATORY SURVEY
FOR
THE PROJECT FOR
THE IMPROVEMENT OF MEDICAL
EQUIPMENT AT REFERRAL HOSPITALS
IN THE SOUTHERN REGIONS**

NOVEMBER 2025

**JAPAN INTERNATIONAL COOPERATION AGENCY
(JICA)**

INTEM CONSULTING, INC.

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PREFACE

Japan International Cooperation Agency (JICA) decided to conduct the preparatory survey for the Project for the Improvement of Medical Equipment at Referral Hospitals in the Southern Regions and entrust the survey to INTEM Consulting, Inc.

The survey team held a series of discussions with the officials concerned of the Government of the Kyrgyz Republic from December 2024 to November 2025 and conducted field investigations. As a result of further studies in Japan, the present report was finalized.

I hope that this report will contribute to the promotion of the Project and to the enhancement of friendly relations between our two countries.

Finally, I wish to express my sincere appreciation to the officials concerned of the Government of the Kyrgyz Republic for their close cooperation extended to the survey team.

November 2025

Hiromichi Morishita
Director General
Human Development Department
Japan International Cooperation Agency

SUMMARY

SUMMARY

1 Overview of the Country

The Kyrgyz Republic (hereafter referred to as "Kyrgyzstan") is an inland country in Central Asia, bordering China, Kazakhstan, Uzbekistan, and Tajikistan, and its area is approximately 200,000 km², about half the size of Japan. Approximately 40% of the country is mountainous with elevations exceeding 3,000 meters. Due to the large number of neighboring countries, Kyrgyzstan is a multi-ethnic country, consisting of Kyrgyz 77.8%, Uzbek 14.2%, Russian 3.8%, Dungan 1.0%, Tajik 0.9%, and other 2.3% (in descending order). The majority of the population is concentrated in Chuy Oblast (31.5%) in the north, which includes the capital Bishkek, and Osh Oblast (26.0%) including Osh City in the south.

Kyrgyzstan's economy has shown strong growth in recent years with real Gross Domestic Product (hereinafter referred to as "GDP") growth rates expected to exceed 9.0% in 2022 and 2023, significantly exceeding the global average of 3.2%. The recent high growth rates are assumed to be results of fiscal management driven by solid revenue collection with controlled public debt as a major factor. The proportion of the working-age population aged 16-60 is expected to remain stable, and those age group are expected to continue contributing to economic development as the core of the labour force. However, the growth rate is expected to moderate because of domestic demand slowing.

Steady economic growth has also led to stable increase in Gross National Income (hereinafter referred to as "GNI"), with Kyrgyzstan's per capita GNI increasing by approximately 1.3% between 1990 and 2023. In addition, as a result of education reforms and investments in health services, Kyrgyzstan's Human Development Index (hereafter referred to as "HDI") has been showing steady growth, 0.720 in 2023 ranking 117th out of 192 countries, which placed it in the high-ranking group for the second consecutive year, and the overall quality of life is continuing to improve.

2 Background, History and Outline of the Project

Kyrgyzstan has achieved success in combating infectious diseases including reducing infectious disease and infant mortality rates as results of the health reforms from the 1990s to the early 2000s. In contrast, the increasing incidence of non-communicable diseases (hereinafter referred to as "NCDs") which are thought to be caused by diet, smoking, and also alcohol consumption and the accompanying increase in mortality rates have become a recent challenge. In 2023, mortality from NCDs accounted for more than 80% of total deaths, with the highest at 52% for cardiovascular diseases such as hypertension, ischemic heart disease and cerebrovascular disease, and followed by cancer at just under 13%. With regard to cancer, low rates of early diagnosis and detection (20% for digestive system cancers and 12% for lung cancer) and a lack of treatment following diagnosis have been major issues, resulting in a five-year survival rate of less than 50%. Early detection is a key issue as more than 25% of cancer patients are diagnosed as stage IV at the first-time diagnoses and the one-year mortality rate is nearly 50%. Furthermore, the proportion of stage IV patients and one-year mortality rates are both higher in

rural areas compared to the urban areas such as Bishkek, it raises concerns about further disparities in medical care between urban and rural areas regarding cancer, and it shows the necessity of urgent action to address these disparities.

The southern region of Kyrgyzstan is composed of Osh oblast, Jalal-Abad Oblast and Batken Oblast centering around Osh City, Kyrgyzstan's second largest city, whose population is approximately half of the country's population.

Residents in this region access Osh Interregional United Clinical Hospital (hereinafter referred to as the "Interregional Hospital") and Osh Interregional Oncology Center (hereinafter referred to as the "Oncology Center") in Osh City when they need advanced medical care or treatment. However, these hospitals lack advanced imaging equipment such as Magnetic Resonance Imaging (hereinafter referred to as "MRI"), and their facilities and human resources are less developed compared to tertiary hospitals in Bishkek, limiting diagnostic and treatment options. Due to its mountainous geographical location, access to tertiary facilities in Bishkek is mainly by air, so many patients give up on medical consultations or treatment. Therefore, it is necessary to improve the standard of medical care services in the southern region.

The Project for the Improvement of Medical Equipment at Referral Hospitals in Southern Regions (hereinafter referred to as "the Project") aims to strengthen the diagnostic and treatment system for NCDs by providing medical equipment necessary for the diagnosis and treatment of cardiovascular diseases, cancer and other diseases at Interregional Hospital and Oncology Center which serve as the core hospitals providing public medical services in the southern region. Through these efforts, the Project will contribute to improving the quality of medical services and promoting the health of the people in southern Kyrgyzstan.

3 Outline of the Survey and Description of the Project

The Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched a survey team for preparatory survey to Kyrgyzstan from January 29 to February 20, 2025, and the team discussed with the officials of the Government of the Kyrgyzstan and conducted a field survey at target hospitals. After review and analyses of information and data gathered from the survey in Japan, the explanatory mission of the Preparatory Survey Report (Draft) was conducted as well as subsequent discussions from August 4 to 20, 2025. Then, the Preparatory Survey Report was finalized and completed.

3-1 Target Site

The Project will procure medical equipment necessary for the diagnosis and treatment of cardiovascular diseases, cancer and other NCDs at the Interregional Hospital and Oncology Center which serve as the top referral hospitals providing public medical services in the southern region.

3-2 Equipment Plan

An outline of the equipment plan for the Project is shown in the tables below.

Table I Outline of Equipment Plan (Interregional Hospital)

Target Department	Equipment
Diagnostic Imaging Department	CT scan
Angiography Room	Angiography, Ventilator, Anesthesia machine, Suction machine, Defibrillator, Patient monitor
Ultrasound Diagnostic Department	Ultrasound for cardiovascular (stationary), Ultrasound (portable)
Endoscopy Room	Flexible bronchoscope, Gastroscope, Colonoscope, Duodenoscope
ICU Department	Anesthesia machine, Ventilator, Suction machine, ICU bed, Infusion pump, Syringe pump, Patient monitor (central), Defibrillator
Operation Room	Anesthesia machine, Ventilator, Suction machine, Defibrillator, Operation table, Electro surgical unit
Cardiology Department	ECG (12ch), Electrocardiographic data recorder (Holter)
Neurosurgery Department	Endoscope (spinal and neurosurgery), Surgery microscope (neurosurgery), C-arm
Trauma Department	Electric dermatome, Skin puncture
Abdominal Surgery Department	Laparoscope for abdominal surgery, Large surgical instrument set
Laparoscopy Department	Laparoscope for abdominal surgery
Urology Department	Ureterorenoscope, Percutaneous nephroscope, Cystoscope, Laser lithotripsy unit
Otolaryngology Department	Endoscope (ENT) , Surgery microscope (ENT), Audiometer

Table II Outline of Equipment Plan (Oncology Center)

Target Department	Equipment
Radiology Department	General X-ray machine, MRI
Endoscopy Room	Flexible bronchoscope, Gastroscope, Colonoscope, Duodenoscope
ICU	ICU bed, Patient monitor
Operating Room	Electro surgical unit, Head lamp for operation, Suction machine, Hysteroscope
Gynecology	Ultrasound for gynecology, Mammography system, Aspiration tissue biopsy needle unit
Central Sterilization Room	Autoclave
Pathology Laboratory	Pre-processing unit for pathology test (tissue processor, automatic stainer)

3-3 Soft Component/Technical Assistance

For the Interregional Hospital, most of the requested equipment is additional or replacements for equipment that has already been used appropriately, and with the limited amount of the budget, the hospital requested the largest possible allocation of the budget to the equipment procurement. Therefore, it was decided not to plan soft components. For the Oncology Center, large scale equipment such as MRI and X-ray machines is new to the hospital, but maintenance of the equipment by end users is not normally recommended but instead regular inspections and repairs generally carried out by technicians from manufacturer agents. Other equipment, except for large-scale equipment, is additional or replacement equipment that has already been used appropriately, therefore it was agreed not to plan soft components.

3-4 Maintenance Service of Equipment

Under the Project, a two-year maintenance contract will be granted after the expiry of manufacturer's warranty, and this contract provides regular inspections (including instructions on daily

maintenance) by engineers from local agents and on-call services for high-value equipment requiring long-term maintenance. During engineers' site visit, reconfirmation of daily maintenance inspection items and technical instructions are provided to hospital maintenance engineers and end users such as doctors and nurses. This maintenance contract also includes the spare parts and repair components, but disposable supplies and other consumables are the responsibility of the hospitals.

4 Project Schedule and Cost Estimation

For the implementation schedule of the Project, approximately 4 months is scheduled for the detailed design and the approval of tender documents after the conclusion of the consultant agreement, 2 months for bidding and supplier contract, and then 14 months for procurement of equipment.

The total amount to be borne by the Kyrgyz side for the Project is estimated as 3.8 millions yen with the applied exchange rates : 1EUR = 163.71JPY、 1USD=155.67JPY、 1KGS=0.568JPY as of February 2025.

5 Project Evaluation

5-1 Relevance

(1) Perspectives on strengthening the referral system

The population of the southern region, the target region of the Project, is approximately 3.8 million, accounting for more than half of Kyrgyzstan's population. Compared to the northern region centered around Bishkek, the southern region has limited capacity for the diagnosis and treatment of NCDs such as cardiovascular diseases and cancer.

The two hospitals targeted by the Project are core hospitals in the southern region, accepting patients from the southern region (Osh City, Osh Oblast, Jalal-Abad Oblast, and Batken Oblast). In 2024, the number of cardiovascular diseases accepted at the Interregional Hospital accounted for 35% of total patients. Furthermore, 6,229 cancer patients were registered in the southern region accounting for 30% of the total cancer patients in Kyrgyzstan. Since there are no other hospitals serving oncology departments, the role of the Oncology Center is also important as the only specialized oncology hospital in the southern region. Unfortunately, both target hospitals often face difficulties in providing early diagnosis and treatment due to outdated or insufficient equipment, therefore the Project plans necessary medical equipment for the diagnosis and treatment of cardiovascular diseases and cancer for the purpose of enhancing medical functions, thereby enabling residents of the southern region to access high-quality medical services. For these reasons, it is considered appropriate to strengthen the referral system.

(2) Consistency with Kyrgyz' Development Plans

It is consistent with the needs of the Kyrgyz health sector for the following reasons. The Government of Kyrgyzstan has formulated policies to address NCDs in the "National Development

Strategy of Kyrgyz Republic for the period of 2018-2040" and the "Control And Prevention Strategy For Oncological Disease (2021-2025)". The main goal is to reduce premature mortality caused by the four major NCDs by 30% by 2030 through improved disease prevention and early detection rates.

(3) Consistency with Japan’s Aid Policy

The Project is consistent with Japan's aid policies, and it is appropriate to implement this cooperation project using Japan's Grant Aid from the following points of view. First, it emphasizes the importance of strengthening healthcare infrastructure and improving healthcare services in the "Country Development Assistance Policy for the Kyrgyz Republic (April 2022)" and the "JICA Country Analysis Paper for the Kyrgyz Republic (March 2020)". Furthermore, a Memorandum of Cooperation was signed between the two countries in 2023 with the aim of promoting bilateral relations in the healthcare sector and improving the standards of healthcare in both countries. And finally, JICA's Global Agenda for Healthcare also includes a focus on "strengthening healthcare service delivery."

(4) Confirmation of Validity of the Target Area (site)

The Interregional Hospital and Oncology Center in Osh City play central roles in the diagnosis and treatment of cardiovascular and cancer diseases in the southern region. The Interregional Hospital is positioned as a core hospital and top referral hospital in the southern region; it is unable to provide adequate diagnosis and treatment due to the deteriorating and inadequate functionality of its existing equipment. With regard to cancer care, there are only two specialized oncology hospitals in Kyrgyzstan: The National Oncology Center in Bishkek and the Oncology Center which is the target hospital of the Project. However, diagnostic and treatment equipment is extremely limited. Therefore, improving the medical service at the Oncology Center is necessary to improve early detection and survival rates in the southern region. To enhance clinical functions, the Project plans medical equipment for the diagnosis and treatment of cardiovascular diseases and cancer, thereby it is expected to enable to provision of high-quality medical services to the people of southern Kyrgyzstan. From these points of views, it is considered appropriate for the Project to target the Interregional Hospital and the Oncology Center.

5-2 Effectiveness

The target effective outputs expected from the Project are shown as follows.

- (1) Quantitative Effects
- 1) Interregional Hospital

Table III Quantitative Effects at Interregional Hospital (Output Level)

Indicators	Baseline (Actual in 2024)	Target (2030) (3 years after the Project completion)
1. Number of angiography examinations and treatment (cases/year)	700	1,860
2. Number of CT examination for outpatients in cardiology outpatient department (cases/year)	0	4,642

Table IV Quantitative Effects at Interregional Hospital (Outcome Level)

Indicators	Baseline (Actual in 2024)	Target (2030) (3 years after the Project completion)
1. Number of patients with cardiovascular diseases referred from other hospitals (persons/year)	296	592
2. Reduction of average hospitalization days in the Angio Neurological Department (against planned days) (%)	90.5	85.9
3. Reduction of average hospitalization days in the Neurosurgery Department (against planned days) (%)	88.6	83.6
4. Number of patients who have operations in Neurosurgery Department (cases/year)	673	1,348

2) Oncology Center

Table V Quantitative Effects at Oncology Center (Output Level)

Indicators	Baseline (Actual in 2024)	Target (2030) (3 years after the Project completion)
1. Number of mammography examinations (cases/year)	1,288	3,100
2. Number of MRI examinations (cases/year)	0	1,530
3. Number of endoscopy examinations (cases/year)	0	1,570

Table VI Quantitative Effects at Oncology Center (Outcome Level)

Indicators	Baseline (Actual in 2024)	Target (2030) (3 years after the Project completion)
1. Percentage of patients with stage I and II breast cancer at initial diagnosis (%)	61	80
2. Percentage of patients with stage I and II stomach cancer at initial diagnosis (%)	24	36
3. Number of surgeries (cases/year)	1,296	1,918

(2) Qualitative Effects

The target qualitative effects from the Project are shown below. These indicators apply for both the Interregional Hospital and Oncology Center.

- 1) Improvement of the Quality of Medical Services at Target Hospitals
 - 2) Improvement in Patient Satisfaction at Target Hospitals
 - 3) Improvement of Hospital Staff Motivation at Target Hospitals
- (3) Impact-Level Indicators

The impact indicators are shown in Table VII. These indicators take into consideration common issues among the two preceding grants projects, the technical cooperation project as well as the Project in Kyrgyzstan.

Table VII Comprehensive Impact Indicators

Indicators	Baseline (Actual in 2023)
1. Reduction of national mortality rate caused by cardiovascular diseases (per 100,000 population)	232.7
2. Reduction of national mortality rate of breast cancer patients within 1 year (per 100,000 population)	18.7

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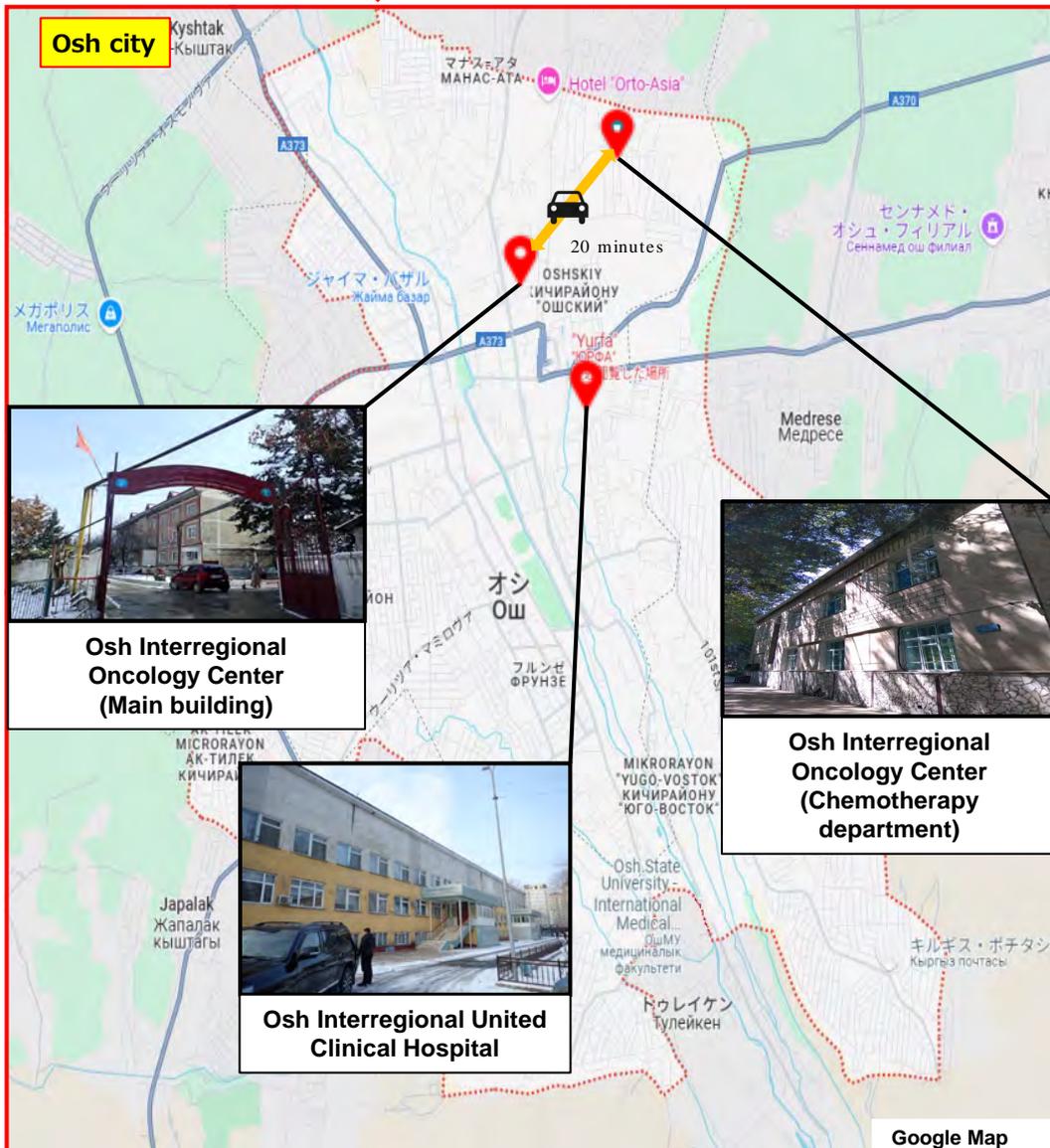
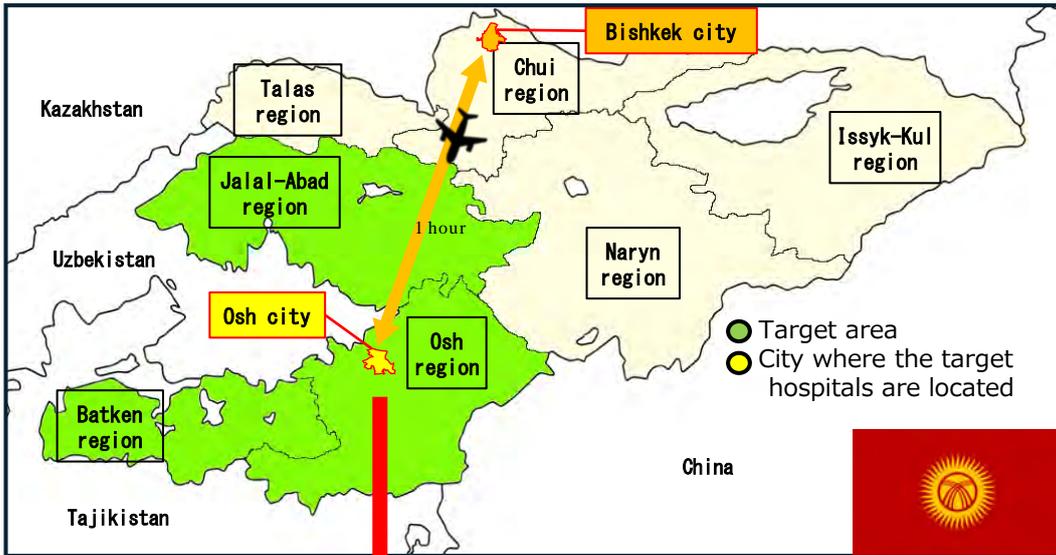
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ABBREVIATIONS

A/P	Authorization to Pay
AVR	Automatic Voltage Regulator
B/A	Banking Arrangement
CE	Essential Requirements
CMR	Convention on the Contract for the International Carriage of Goods by Road
COVID-19	Coronavirus Disease 2019
CSSD	Central Sterile Supply Department
CT	Computed Tomography
DAC	Development Assistance Committee
DICOM	Digital Imaging and Communications in Medicine
DX	Digital Transformation
EAEU	Eurasian Economic Union
EoJ	Embassy of Japan
E/N	Exchange of Notes
ENT	Ear, Nose and Throat
ECG	Electrocardiogram
EUR	Euro
FOMS	Compulsory Medical Insurance Fund
G/A	Grant Agreement
GDP	Gross Domestic Product
HDI	Human Development Index
ICU	Intensive care unit
ID	Identification
IEC	International Electrotechnical Commission
JICA	Japan International Cooperation Agency
JIS	Japanese Industrial Standards
KGS	Kyrgyz Som
LAN	Local Area Network
MoF	Ministry of Finance
MoEC	Ministry of Economy and Commerce
MOFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
NCDs	Noncommunicable diseases
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
OCCH	Osh City Clinical Hospital
OIUCH	Osh Interregional United Clinical Hospital
OIOC	Osh Interregional Oncology Center
PACS	Picture Archiving and Communication System

PC	Personal Computer
PMR	Project Monitoring Report
UN	United Nations
UNDP	United Nations Development Programme
UPS	Uninterruptible Power Supply
USD	United States Dollar
VAT	Value Added Tax

CHAPTER 1 BACKGROUND OF THE PROJECT

CHAPTER 1 Background of the Project

1-1 Background, History and Outline of the Requested Japan's Grant Aid Project

The Kyrgyz Republic (hereinafter referred to as "Kyrgyzstan") achieved significant progress in combating infectious diseases through healthcare reforms implemented from the 1990s to the early 2000s, including reductions in infectious disease and infant mortality rates. In contrast, the increase in incidence of non-communicable diseases (hereinafter referred to as "NCDs") caused by diet, smoking, and alcohol consumption as well as the accompanying increase in mortality, have become challenges to overcome. In 2023, mortalities caused by NCDs accounted for over 80% with cardiovascular diseases such as hypertension, ischemic heart disease, and cerebrovascular disease accounting for the highest percentage at 52%, followed by cancer at approximately 13%¹. Regarding cancer, digestive system cancers are the leading cause of cancer, followed by breast cancer, lung cancer, and cervical cancer². The main challenges are the low rates of early diagnosis (20% for digestive system cancers and 12% for lung cancer) and treatment abandonment after diagnosis, and this may have resulted in the low-five-year survival rate which is less than 50%³. Early detection of cancer is crucially important as over 25% of cancer patients are diagnosed at stage IV and the one-year mortality rate is nearly 50%. Furthermore, the proportion of stage IV cancer patients and one-year mortality rates are higher in rural areas than in urban areas such as Bishkek in comparison⁴, raising concerns about widening disparities in cancer care between urban and rural regions and highlighting the need for urgent action to address them.

Public hospitals in Kyrgyzstan are classified into three levels: tertiary facilities (20 facilities) such as state/national hospitals, specialized hospitals, and research institutes; secondary facilities (104 facilities) with outpatient and inpatient care facilities; and primary facilities (1,928 regional facilities) which provide only outpatient services⁵. Because the referral mechanism between these levels has been unclear, efforts are currently undertaken for a clearer mechanism. In recent years, multiple facilities have been consolidated and closed down in order to improve efficiency, and it has resulted in a decline in the total number of hospitals. In addition to public hospitals, there are private hospitals, but most are concentrated in urban areas⁶. As tertiary facilities providing advanced medical care are mainly in the capital, Bishkek City, and the beneficiaries of medical services are the people living in Bishkek and Chuy Oblast, there are disparities in the level of medical care among regions. People in other regions, particularly rural areas, mainly depend on primary and secondary hospitals, where the quality of medical services is inadequate due to a shortage of equipment and personnel. Moreover, because of the unclear referral system, it is difficult for them to access advanced medical care in a timely manner.

The southern region of Kyrgyzstan is composed of Osh, Jalal-Abad, and Batken Oblasts surrounding Osh city, the second largest city in Kyrgyzstan, and its residents approximately half of Kyrgyz population. When people in this region need to have advanced medical care or treatment, they go to the Osh Interregional United Clinical Hospital (hereinafter referred to as the "Interregional Hospital") and the Osh Interregional Oncology Center (hereinafter referred to as the "Oncology Center") in Osh City. However,

¹ Kyrgyz Republic State Statistical Committee, Health Statistics 2023

² National Oncology and Hematology Hospital 2022 Statistics

³ ditto

⁴ Kyrgyz Republic State Statistical Committee, Health Statistics 2023

⁵ Network of medical institutions in the Kyrgyz Republic (provided by the Ministry of Health as of January 2024)

⁶ Kyrgyzstan Health System Review, 2022

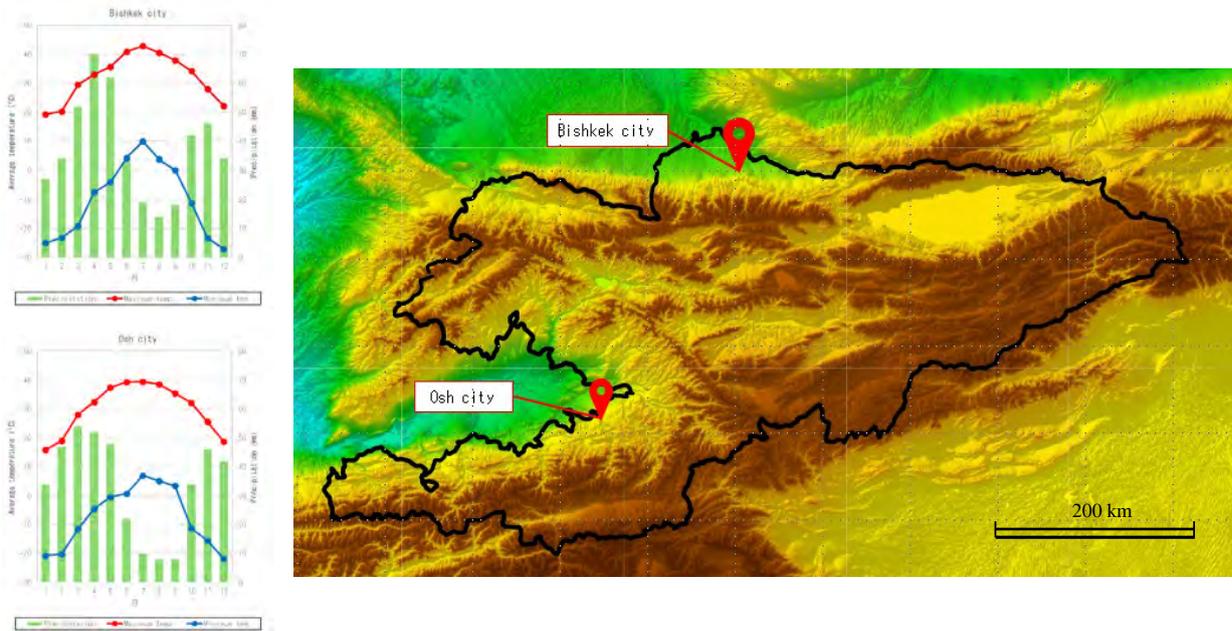
these hospitals lack advanced imaging equipment such as magnetic resonance imaging (hereinafter referred to as "MRI") as well as other essential medical equipment, facilities and also have limited personnel, thus their diagnosis and treatment options are limited compared to the tertiary hospitals in Bishkek. Due to the region's mountainous geography, access to tertiary facilities in Bishkek is mainly by air, causing many patients to forgo medical consultations or treatment. For this reason, it is necessary to improve healthcare services in the southern region.

The Project for the Improvement of Medical Equipment at Referral Hospitals in the Southern Regions (hereinafter referred to as "the Project") aims to strengthen the diagnoses and treatment system and to improve public healthcare services in the southern region by procuring medical equipment of the diagnostic and treatment system for NCDs such as cardiovascular diseases, cancer, and other diseases at the Interregional Hospital and Oncology Center, the top referral hospitals. The Project is considered as high-priority project for improving the healthcare system because it is consistent with the Kyrgyz Government's policy of "strengthening the healthcare system by improving the level of inpatient care including emergency care at seven interregional hospitals in each region as well as improving access to healthcare services for people in remote areas⁷."

1-2 Natural Conditions

The target site of the Project, Osh City, is located inland at a high altitude and is characterized by a continental climate, hot and dry in summers and cold and harsh in winters. In summer, temperatures can be above 30°C during daytime but can drop to around 10°C at night. In winter, temperatures can go below -10°C, and it can have heavy snow. Since the equipment planned in the Project are mainly used indoors, it is considered to have little impact on the equipment due to the operating environment (temperature and humidity).

⁷ Healthcare Delivery Optimization Plan for the Kyrgyz Republic (Master Plan), Management for Health and Avanco Consulting Company supported by World Bank (2020) (https://med.kg/uploads/9a367d20-f49a-4007-9f70-9e2ca282adb7-kg_wb_MasterPlan_FinalReport_MasterFile_v07_RUS_FINAL.pdf)



Source : World Meteorological Organization, Geospatial Information Authority of Japan

Figure 1 Temperature, precipitation, and altitude in Kyrgyzstan

1-3 Environmental and Social Considerations

There will be no negative impacts on the environment or society from the procurement of equipment borne by the Japanese side and the construction work at the target hospitals in which the equipment is planned to be installed for which the installation is borne by the Kyrgyzstan. Therefore, the Project is categorized as “C” because the Project is likely to have minimal adverse impact on the environment under the “JICA Guidelines for Environmental and Social Considerations (January 2022)”.

CHAPTER 2 CONTENTS OF THE PROJECT

Chapter 2 Contents of the Project

2-1 Basic Concept of the Project

The Project aims to strengthen the diagnostic and treatment system and to improve the quality of public healthcare services in the southern region by procuring medical equipment of the diagnostic and treatment system for NCDs such as cardiovascular diseases, cancer, and other diseases at the Interregional Hospital and the Oncology Center, hospitals that are core hospitals in the southern region. Therefore, the equipment plan is made in accordance with this concept. Furthermore, the imaging diagnostic equipment planned in the Project is designed to be capable of obtaining digital images (adopting the DICOM standard) and is able to support the operation of Picture Archiving and Communication System (hereinafter referred to as “PACS”) because the introduction of PACS through digitalization has been currently underway in Kyrgyzstan with the assumption that PACS would be introduced by the e-Health center in the future, although PACS is not included into the Project.

(1) Equipment

The outline plan of the equipment under the Project is as follows.

Table 1 Outline of Equipment Plan (Interregional Hospital)

Target Department	Equipment
Diagnostic Imaging Department	CT scan
Angiography Room	Angiography, Ventilator, Anesthesia machine, Suction machine, Defibrillator, Patient monitor
Ultrasound Diagnostic Unit	Ultrasound for cardiovascular (stationary), Ultrasound (portable)
Endoscopy Room	Flexible bronchoscope, Gastroscope, Colonoscope, Duodenoscope
ICU Department	Anesthesia machine, Ventilator, Suction machine, ICU bed, Infusion pump, Syringe pump, Patient monitor (central), Defibrillator
Operation Room	Anesthesia machine, Ventilator, Suction machine, Defibrillator, Operation table, Electro surgical unit
Cardiology Department	ECG (12ch), Electrocardiographic data recorder (Holter)
Neurosurgery Department	Endoscope (spinal and neurosurgery), Surgery microscope (neurosurgery), C-arm
Trauma Department	Electric dermatome, Skin puncture
Abdominal Surgery Department	Laparoscope for abdominal surgery, Large surgical instrument set
Laparoscopy Department	Laparoscope for abdominal surgery
Urology Department	Ureterorenoscope, Percutaneous nephroscope, Cystoscope, Laser lithotripsy unit
Otolaryngology Department	Endoscope (ENT) , Surgery microscope (ENT), Audiometer

Table 2 Outline of Equipment Plan (Oncology Center)

Target Department	Equipment
Radiology Department	General X-ray machine, MRI
Endoscopy Room	Flexible bronchoscope, Gastroscope, Colonoscope, Duodenoscope
ICU	ICU bed, Patient monitor
Operating Room	Electro surgical unit, Head lamp for operation, Suction machine, Hysteroscope
Gynecology	Ultrasound for gynecology, Mammography system, Aspiration tissue biopsy needle unit
Central Sterilization Room	Autoclave
Pathology Laboratory	Pre-processing unit for pathology test (tissue processor, automatic stainer)

(2) Equipment Maintenance Services

For equipment that require long-term maintenance, such as MRI, CT scan and angiography, 2 years of regular inspections including daily maintenance instruction and on-call service will be provided by agency engineers after the expiry of the one-year warranty period from the manufacturer. During regular inspections at sites, the instruction of daily maintenance inspection items and practical inspection are provided to maintenance engineers and end-users such as doctors, nurses, and laboratory technicians at the hospitals. The cost of repair and replacement parts is included, but all consumables such as reagents and disposable parts will be borne by the users.

2-2 Outline Design of the Japanese Assistance

2-2-1 Design Policy

(1) Basic Policy

For the equipment plan has been developed mainly according to the following policies.

Table 3 Outline of the Equipment Plan

Hospital	Basic Policy
Interregional Hospital	Although the hospital is already providing medical services for the diagnosis and treatment of NCDs as a top referral hospital, sufficient diagnosis and treatment are not provided due to the deterioration, inadequate specifications and insufficient quantity of equipment. Therefore, the current medical equipment will be replaced and extended in accordance with the specifications of the equipment required as a top referral hospital.
Oncology Center	Currently, medical services are provided on a limited basis. Because the diagnostic capabilities for early cancer detection are also limited due to only using mammography and ultrasound diagnostic equipment, and not using appropriate medical equipment. Therefore, the priority is to plan equipment to improve the diagnostic capabilities for cancer as atop referral hospital in the southern region.

(2) Policy on Natural Conditions

The standard supply voltage in Osh is 220 V \pm 10% of the nominal single-phase voltage, and the maximum measured value was slightly higher than the standard voltage. In winter and summer, the voltage may significantly exceed the standard voltage, therefore AVR and UPS will be installed for the main planned equipment as necessary.

(3) Policy on Social and Economic Conditions

In Kyrgyzstan, the Constitution guarantees equal rights and opportunities for men and women in the areas of employment, career advancement, and professional development. The 2008 amended law “On National Security of Equal Rights and Opportunities for Women and Men” stipulates that individuals of different genders shall have equal rights and opportunities when assuming positions in state and local government bodies, when being promoted, and when undertaking further duties within these institutions. Furthermore, labor laws include provisions aimed at ensuring equality in labor relations. Additionally, in 2024, the establishment of the “State Council on Family, Gender Development, Social Protection, and Protection of Children's Rights” under the Cabinet of Ministers was approved. This Project adopts the following gender-related policies: i) To establish gender-disaggregated data collection, particularly for project evaluation at target hospitals; ii) To procure equipment for treating diseases specific to women, such as breast cancer and cervical cancer; iii) To ensure the placement of this equipment considers women's privacy.

(4) Policy on Procurement Condition

For the Project, it is premised on the existence of distributors in Kyrgyzstan, but if none exist, distributors in neighboring countries will also be accepted. However, for equipment requiring immediate response such as MRI, CT scan and angiography, it is required that distributors be located in Kyrgyzstan. In all cases, the conditions are possessing immediate after-sales services, and the plan will be made with the scope of procurement including not only Japanese products but also products from third countries. In case the scope of procurement includes third countries, factors such as repair and after-sales systems as well as popularity will be considered for the purpose of prevention of selecting products based solely on price. In order to ensure the standard of quality that is the same as Japanese products, certain restrictions are to be imposed such as restricting locations of the headquarters to member countries of the Organization for Economic Cooperation and Development (hereinafter referred to as "OECD").

(5) Policy on Utilization of Local Agent

It has been confirmed that there are several local agents of the equipment manufacturers planned to be sources of procurement in Bishkek city. These local agents employ technicians and/or engineers with sufficient skills and experience in operating and installing the equipment. In addition, these engineers of each agent are trained and certified by the manufacturers, if necessary, when procuring medical equipment for Kyrgyzstan. These local agents are also capable of providing spare parts and after-sales services, to enable them to maintain the equipment procured in the Project. Repair and procurement of spare parts can be handled promptly and properly by limiting the equipment manufacturers to those with local agents in Kyrgyzstan or neighboring countries even if the equipment is procured in Japan or third countries. Therefore, utilization of local agents is set as policy.

(6) Policy on Operation and Maintenance Capacity

The Medical Equipment Monitoring Department of the (hereinafter referred to as “MoH”) is responsible for managing and supervising maintenance and repair activities carried out at each hospital. However, each hospital itself is responsible for procuring, repairing, and maintaining its own medical

equipment. Because there is no medical equipment maintenance department or assigned maintenance engineers at both target hospitals for the Project, routine maintenance is normally carried out by end-users in accordance with instructions provided by the distributor or equipment supplier at the time of equipment purchase and instruction manuals. Medical equipment is normally procured through a bidding process. For older equipment procured during the Soviet era or donated equipment there are often no sales distributors or repair services. In cases where there is no authorized manufacturer or distributor in the country, bidding may be conducted to select a repair contractor or to specify repair specifications.

It has been agreed to assign at least one medical equipment maintenance staff member to be borne by the Kyrgyzstan to each hospital by the time of the Project completion. At the delivery time, initial and operational training will be conducted for the maintenance personnel and end users including doctors, nurses, and laboratory technicians by the technicians of manufacturer distributors. Additionally, the 2-year maintenance service contract will be provided as the Grant Aid borne by the Japan after the expiry of the 1-year manufacturer's warranty period, and this applies for the selected equipment. This 2-year maintenance service contract will cover periodic inspections including confirmation and technical training of daily inspection items with the purpose of improvement in equipment maintenance and management capabilities for proper operation and maintenance of the equipment. Regarding the cost of equipment maintenance, and consumable and spare parts, the amount of the necessary amount is confirmed with MoH and each hospital and it has been agreed to secure the budget under support from MoH.

(7) Policy on Grade Setting for Equipment

The planned equipment is essential for a regional referral hospital. The grade of equipment will be determined based on the hospital's medical services considering the required medical care level, and the current usage status of existing equipment. In addition, the maintenance service system and technical level of local distributors including the supply routes for spare parts and consumables will be carefully examined to ensure the proper and sustainable operation of the procured equipment. Furthermore, as much as possible, the same model of equipment will be procured in case multiple units are requested concerning the necessity and ease of medical device registration and after-sales service. Because the equipment to be procured includes MRI, which the hospital will own for the first time, it is required for the Kyrgyz side to allocate appropriate personnel while providing clinical training for proper use of the equipment.

(8) Policy on Procurement Method and Schedule

Regarding equipment procurement, the selection focus is on equipment that ensures high quality and accuracy. Installation and calibration will be carried out by experts with sufficient knowledge and expertise for each piece of equipment. For implementation of the Project, it is considered that the procurement will be done by a supplier with sufficient experience in medical equipment procurement under Japan's Grant Aid projects. Also, as the equipment installation rooms are located in the existing facilities, the construction or reinforcement work required will depend on the installation location by the Kyrgyz side. Therefore, the schedule for equipment procurement and installation needs to be planned properly in accordance with the progress of the preparatory work mentioned above pre-installation works.

The procurement advanced medical equipment such as MRI, CT scan, angiography, rigid endoscopes, and microscopes that require long manufacturing lead times depends on the completion of construction

work done by the recipient country. Therefore, the installation and handing over of equipment are planned in two phases: 1st phase; for equipment with a short manufacturer lead time, and 2nd phase; for equipment with a long manufacturer lead time.

2-2-2 Basic Policy (Equipment Plan)

(1) Overall Plan

The medical equipment planned under the Project for the diagnosis and treatment of cardiovascular diseases and cancer at the top referral hospitals in Osh City, which provide public medical services covering three oblasts in the south region (Osh City, Osh Oblast, Jalal-Abad Oblast and Batken Oblast).

(2) Equipment Plan

1) Examination of Requested Equipment

The equipment listed on the final requested equipment list was prepared through visiting each target hospital and carefully discussed and examined with the hospital directors, vice directors as well as end-user doctors concerning the requested equipment list and the selection criteria in the table below, and this equipment list is consented to by MoH. In addition, the deterioration and usage status of existing equipment were investigated, and the equipment was considered to have high needs at each hospital. Therefore, the content of the list is highly relevant fundamentally. In the domestic analyses conducted in Japan after survey, various conditions obtained during the field survey and the appropriateness of each unit of equipment was re-examined and then reflected into the equipment plan.

Table 4 Evaluation Criteria of Equipment Selection

Evaluation Criteria of Equipment Selection
① Equipment is compatible with the currently anticipated medical activities.
② Equipment expected to have eligible patients who need the equipment for their treatment.
③ Equipment with technically feasible operation and maintenance.
④ Equipment not requiring excessive burden for its operation.
⑤ Consumables and spare parts are available.
⑥ Rooms for the equipment are well-prepared, or renovation work carried out at the recipient's expense.
⑦ Equipment that requires high quality and is highly likely to need to be made in Japan or Europe.
⑧ Equipment to be procured through the Project due to its high unit price.

2) Examination of Equipment Quantity

The quantity of equipment selected in accordance with the criteria mentioned above are considered and determined by the frequency of use, medical activities in the future and the size of the main rooms of the facility. The details of equipment selection are referred to Appendix 5 “Evaluation Chart of Requested Equipment.”

3) Planned Equipment

As a result of above study, the equipment and quantity have been determined the table below.

Table 5 Planned Equipment List (Interregional Hospital)

Item No.	Request No.	Items	Quantity
1	U-1	CT scan	1 Set
2	U-2	Angiography	1 Set
3	U-3	Mechanical ventilator	11 Sets
4	U-4	Anesthesia machine	11 Sets
5	U-5	Suction machine	11 Sets
6	U-6	Defibrillator	3 Sets
7	U-7	Patient monitor	3 Sets
8	U-8	Ultrasound for cardiovascular (stationary)	2 Sets
9	U-9	Ultrasound (portable)	1 Set
10	U-10	Endoscope (gastroscope, bronchoscope, duodenoscope)	1 Set
11	U-12	Endoscope (colonoscope)	1 Set
12	U-17	ICU Bed	16 Sets
13	U-18	Infusion pump	16 Sets
14	U-19	Syringe pump	16 Sets
15	U-20	Patient monitor (central monitor)	1 Set
16	U-29	Operating table	10 Sets
17	U-31	Electro surgical unit	8 Sets
18	U-35	ECG (12ch)	3 Sets
19	U-38	Electrocardiographic data recorder (Holter)	1 Set
20	U-39	Endoscope (spinal and neurosurgery)	1 Set
21	U-40	Surgical microscope (neurosurgery)	1 Set
22	U-41	C-arm	1 Set
23	U-42	Electric dermatome	1 Set
24	U-43	Skin puncture	1 Set
25	U-44	Laparoscope for abdominal surgery	1 Set
26	U-45	Large surgical instrument set	2 Sets
27	U-50	Endoscope (ureterorenoscope, percutaneous nephroscope, cystoscope)	1 Set
28	U-51	Laser lithotripsy unit	1 Set
29	U-61	Endoscope (ENT)	1 Set
30	U-62	Surgery microscope (ENT)	1 Set
31	U-63	Audiometer	1 Set

Table 6 Planned Equipment List (Oncology Center)

Item No.	Request No.	Item	Quantity
1	O-1	General X-ray machine	1 Set
2	O-2	Magnetic resonance imaging (MRI)	1 Set
3	O-4	Endoscope (gastroscope, bronchoscope, duodenoscope)	1 Set
4	O-5	Endoscope (colonoscope)	1 Set
5	O-8	ICU Bed	6 Sets
6	O-10	Patient monitor	8 Sets
7	O-15	Electro surgical unit	4 Sets
8	O-22	Head lamp for operation	3 Sets
9	O-27	Suction machine	2 Sets
10	O-29	Hysteroscope	1 Set
11	O-31	Ultrasound for gynecology	1 Set
12	O-33	Mammography system	1 Set
13	O-34	Aspiration tissue biopsy needle unit	1 Set
14	O-35	Autoclave	2 Sets
15	O-36	Pre-processing unit for pathology test	1 Set

4) Maintenance Service Contract after Expiration of the Warranty Period

In order to prevent situations in which the equipment is left unattended due to equipment failure in a relatively early stage after the handing over, it is planned to include a maintenance service contract for an additional 2 years after the expiry of the 1-year manufacturer's warranty under the Project. The maintenance service contract under the Project includes the periodic inspections (scheduled maintenance) and on-call services for selected equipment borne by the Japanese side for 2 years after the 1-year manufacturer's warranty. During these periods, the spare parts and replacement parts will also be included, but all consumables such as reagents and disposables are to be borne by the user side.

The selection criteria of the equipment subject to the maintenance service contract are equipment failure with a significant impact on medical services, and equipment with high repair costs as well as equipment whose maintenance is important for sustainable operation of equipment. The target equipment list subject to maintenance service contract and contents of maintenance services are described in the table below.

Table 7 Target Equipment and Contents of Contract Service

Request No.	Item	Number of scheduled maintenance / years	On-call limit	Repair and spare parts
U-1	CT scan	4	4	Included (1 piece of X-ray tube within the 2-years maintenance service contract period)
U-2	Angiography	4	4	Included (1 piece of X-ray tube within the 2-years maintenance service contract period)
O-2	MRI	4	4	Included

2-2-3 Outline Design Drawing

(1) Site Plan

The site plan for the target hospital is shown on the next page.

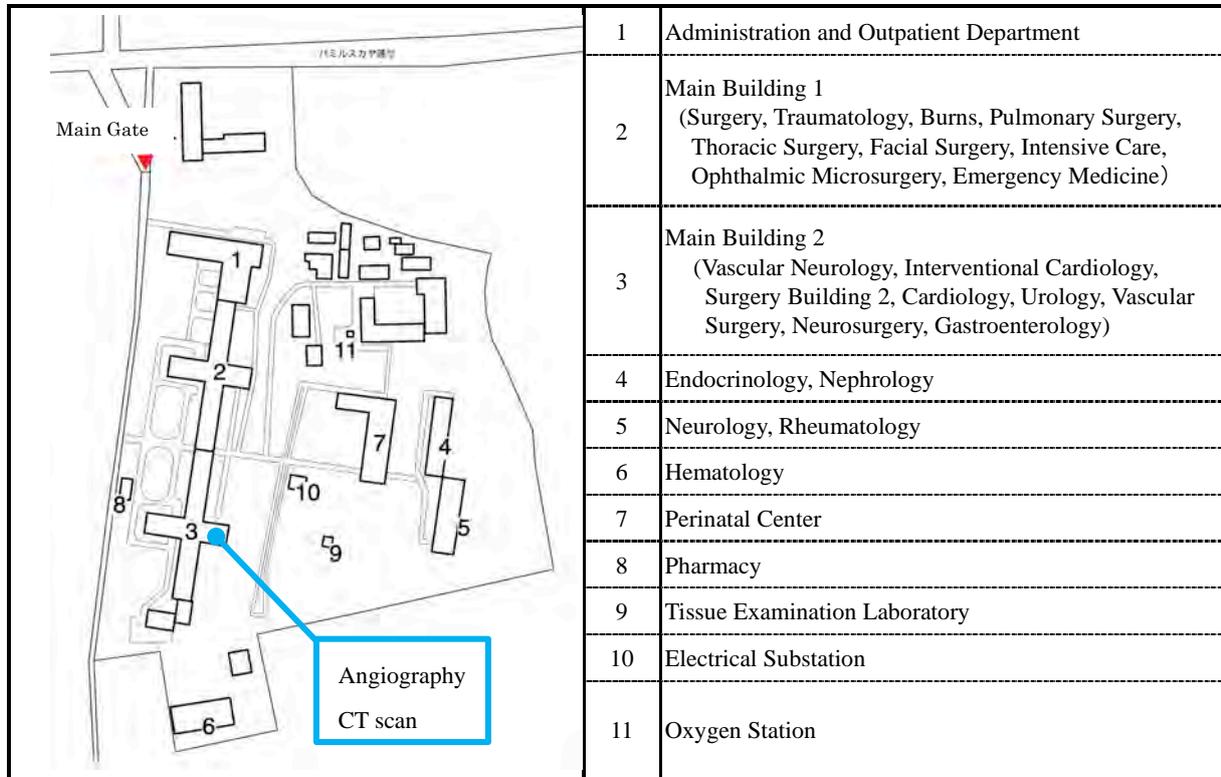


Figure 2 Site Plan (Interregional Hospital)

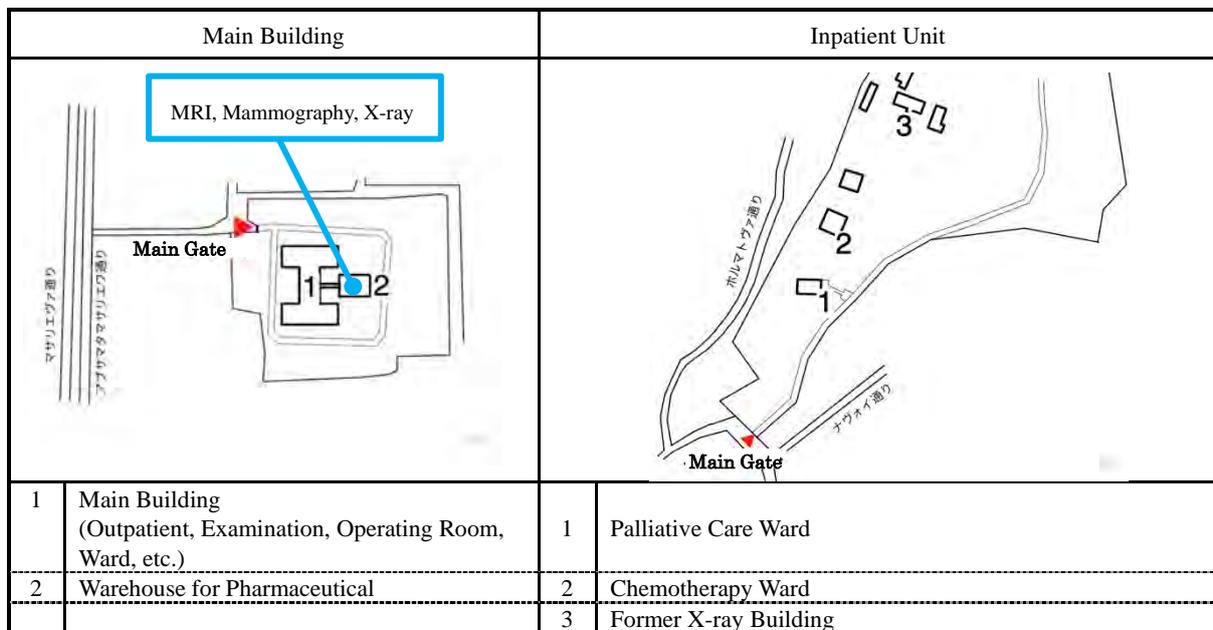


Figure 3 Site Plan (Oncology Center)

(2) Floor Layout Plan of Equipment Installation Location

The layout of large-scale equipment at the target hospitals is shown on the next page along with floor plans. At the Interregional Hospital, the existing CT scan and angiography are in the diagnostic imaging unit located on the east side of Main Building No. 2. There is an open area and an access road on the east side of the main building which can be used for transporting large-scale equipment. The existing diagnostic imaging unit is a concrete building with one basement floor and two aboveground floors, and the floor of the CT scan room on the ground floor has been reinforced in the basement to support the weight of the CT scan. Electricity, water supply and drainage are already in place as well as radiation protection. The angiography is planned to be installed in a new building to be constructed, and this new building will be constructed to the same specifications as the existing angiography room. Therefore, it will be no issue for the installation of the large equipment procured.

The existing angiography is deteriorating, being installed over 10 years ago, but is still operational. However, it is confirmed that this existing machine will not be relocated to another hospital but will be utilized for operational training for residence doctors and medical staff. Regarding the CT scan, it is confirmed that the space and other necessary facilities for the existing CT scan could be utilized because the new machine would be a replacement for the existing equipment.

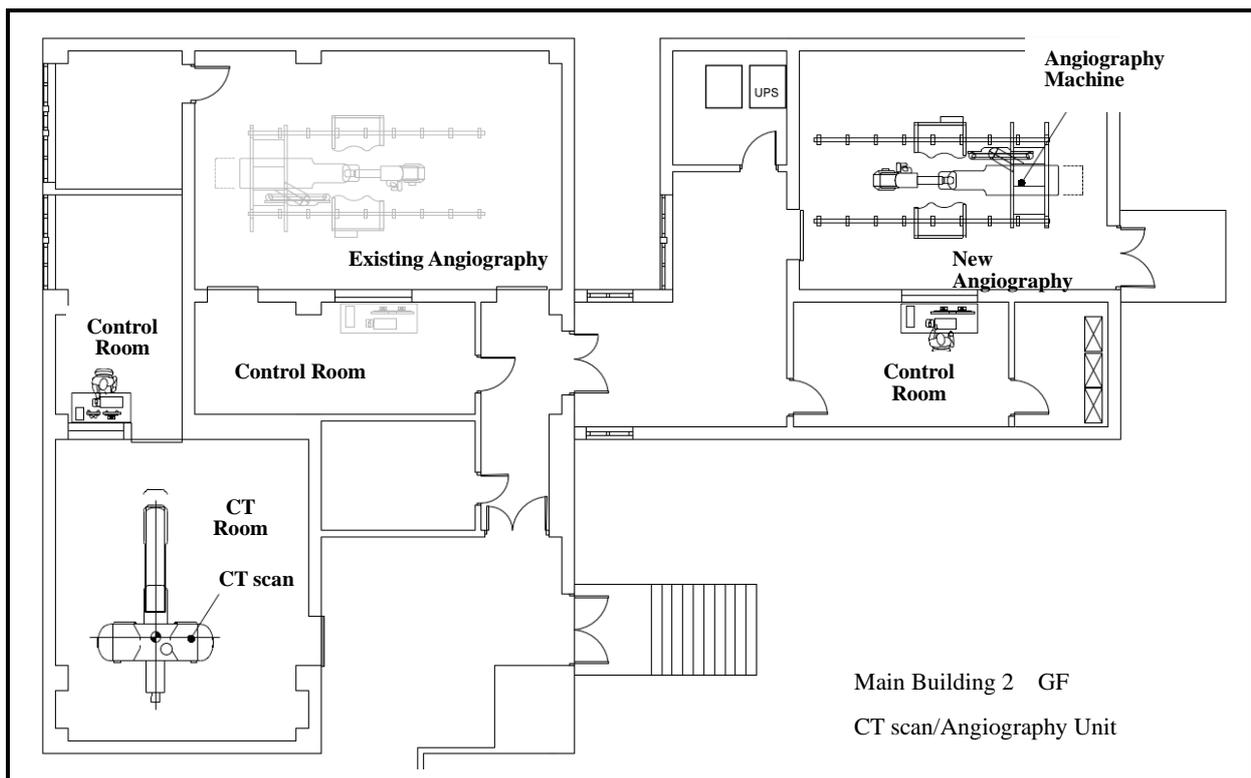


Figure 4 Floor Plan and Equipment Layout (Interregional Hospital)

At the Oncology Center, it is planned to renovate the existing pharmaceutical warehouse to establish a new imaging diagnostic department, and the equipment such as MRI, CT scan, and general X-ray equipment are planned to be procured. This building was constructed with the Soviet-era modular construction technique, in which wall and roof structural units were fastened to reinforce concrete columns. The building is a robust building because the roof units are constructed using precast materials, providing

(1) Implementation Organization

1) Executing Agency

The executing agency for the Project is the MoH of Kyrgyzstan and a contracting party. Under the supervision by the MoH, the target hospitals will conduct the works borne by the Kyrgyz side.

2) Japan International Cooperation Agency (JICA)

JICA will sign the G/A with the Government of Kyrgyzstan and will supervise to ensure the Project for proper implementation in accordance with the Japan's Grant Aid schemes.

3) Consultant

After signing of the E/N and G/A for the Project as well as the agreement approved and ratified by the National Assembly of Kyrgyz, the executing agency of the Project and a consultant in Japan will sign an agreement for the consulting services with the MoH of Kyrgyzstan according to the processes of the Japan's Grant schemes. The Consultant will carry out the following works.

- A) Detailed Design Stage : Final confirmation of the Project, preparation of design documents (specifications and technical reference materials on the medical equipment included in the Project)
- B) Bidding Stage: Assistance with the executing agency in the bidding and contractual procedures (including preparation of bidding documents, bid openings, bid evaluation, contracts with contractors and the supplier)
- C) Procurement Supervision: Supervisory works for equipment procurement, delivery, installation, operational guidance and maintenance guidance of equipment
- D) Inspection before expiration of manufacturer's warranty : Inspection before expiration of the 1-year manufacturer's warranty (1 year after handing over)
- E) Inspection of maintenance services contract : Supervision of implementation status of maintenance service contract and equipment conditions

The detailed design stage involves determining the details of the equipment plan in accordance with the Preparatory Survey Report and preparing tender documents consisting of related specifications, bidding conditions, and contract draft, including estimated costs necessary for the equipment procurement. In addition, the tender and contract assistance includes attendance at the tender for the selection of the equipment supplier, assistance works in concluding a contract and reporting to JICA, and other activities.

The supervision of the equipment procurement work involves ensuring that the supplier properly carries out the procurement and installation of medical equipment in accordance with the contractual terms and obligations. For the successful completion of the Project, the consultant will provide appropriate advice, guidance, and coordination among the stakeholders from a fair and objective standpoint. The consultant's specific supervisory services include the following:

- A) Review and approval of the work program, equipment specifications and other documents prepared and submitted by the medical equipment supplier.

(2) Monitoring on Implementation of the Maintenance Service Contract by the Supplier After Taking Over of the Equipment.

The consultant will visit the target hospitals and equipment local agents once a year for 3 years after the handing over of the equipment to check the implementation status of the maintenance contract included in the procurement contract and report to the MoH, each hospital and JICA. Additionally, it is to check whether end users are carrying out the daily maintenance as instructed by the manufacturer or manufacturer's distributor engineers at the time of installation and whether there are any issues with the implementation methods (checklists etc.). Based on the findings, the consultant will propose appropriate improvement measures as necessary.

2-2-4-2 Implementation Conditions

(1) Schedule Management

All medical equipment (including peripherals and consumables) used in Kyrgyzstan must be registered, and unregistered equipment is not permitted through customs. Therefore, it is necessary to confirm whether the equipment is already registered or eligible for registration when procuring from Japan or third countries. Similarly, it is necessary to confirm and facilitate tax exemption procedures with the equipment supplier, MoH, and other related parties to prevent these procedures from interfering with the transportation and installation schedule. In addition, the progress of pre-installation works must be monitored and coordinated with the MoH and other relevant organizations to ensure that these works do not interfere with the transportation and installation schedule. Furthermore, the agents and personnel of neighboring countries may be largely relied on because of the limited number of local agents and engineers who can install equipment procured in Kyrgyzstan. Therefore, cautious schedule management of importation, transportation, installation and initial operational instruction of equipment is required to ensure smooth implementation of the Project.

(2) Dispatch of Technicians for Equipment Installation

It is extremely important to transfer the knowledge and skills regarding appropriate operation and maintenance of the equipment to contribute to medical service quality through continuous and proper operation of the procured equipment after implementation of the Project. For that purpose, technicians who are thoroughly familiar with the operation of each equipment need to be assigned. And then, there needs to be sufficient time for explanation of equipment handling (operation techniques, simple repair techniques, inspection methods, etc.), while carefully checking the level of comprehension of the participants during training.

(3) Tax Exemption (Borne by the executing agency)

For equipment procured under the Grant Aid project scheme, the tax exemptions apply to import duties (0.25%), customs clearance fees (0-6%), and value-added tax (12%), and it is necessary to complete tax exempt procedures prior to the cargo arrival at customs. Tax exemptions also apply for locally procured products if imported by local agents for the Project.

In order to qualify for tax exemption, the following documents are to be submitted to the customs office, and the documents have to be completed with a signature, organizational stamp, date, and

information about the recipient government and equipment supplier. In case the original is not in Russian, a Russian translated version must be attached.

- A) International agreements, laws, and international documents issued in accordance with legal procedures (copies of E/N, G/A and others must state the scope of the tax exemption)
- B) Letters stating the validity of the tax exemption, issued by government agencies competent to regulate customs and tax laws and regulations in accordance with government procedures (tax exemption request letter from MoH to the Ministry of Economy and Commerce (hereinafter referred as to "MoEC")/ MoF (with equipment list attached) and tax exemption approval letter from the MoEC/MoF)
- C) Supply contracts (copies of Supplier Contracts between MoH and the equipment supplier, etc.)
- D) Documents certifying the activities of the organization eligible for tax exemption, and invoices specifying the name, quantity, price, and delivery terms of the imported goods
- E) Other documents (it is advisable to check each time): equipment list, packing list, airway bill/bill of lading/tracking. Documents that can prove and trace cargo delivery and transportation, such as a cargo number/international waybill (hereinafter referred to as "CMR"), Quality certificates (CE marking certificate, manufacturer's quality certificate, etc.), Technical documentation (manuals, etc.), and copies of the contract between the equipment supplier and the manufacturer.

According to the local agents and equipment suppliers with experience in Kyrgyzstan, it is dependent on the scope of tax exemption stated in A) above. In the past, there have been several cases where tax exemption was not granted, or a long time was required for approval. Specifics are as follows:

- Components and consumables transported and imported separately from the equipment itself (with separate invoices) were deemed ineligible for tax exemption, because the contract only listed the name of the equipment.
- When equipment broke down and spare parts were imported during the contract validity period separately from the equipment. The contract listed only the name of the equipment, therefore imported spare parts were deemed ineligible for tax exemption.
- Because the tax-exemption item description was interpreted as "items procured by parties under contract with the MoH," goods imported by local agents were not exempt from tax.

To avoid these issues, according to local agents, the scope of tax exemption should be specified as much as possible in the contract, and it should be clearly stated that the items are subject to tax-exemption on the invoice, such as "consumables for XX equipment." Besides, it may be effective to state in the G/A's responsibilities that "tax exemption applies not only for the main unit but also for its components, consumables and peripherals."

The local agents have additionally mentioned that the Value Added Tax (hereinafter referred to as "VAT") refund process is extremely complicated, therefore it is not practical to pay the tax first for customs clearance, and then to get refunded.

(4) Import License Application

All medical devices (including peripherals and consumables) used in Kyrgyzstan must be registered, and customs clearance is only granted for registered items. Therefore, it is necessary to submit to the custom office upon import documents verifying device registration. Components and consumables are often listed and submitted simultaneously with the registration application for the main unit. The necessary documents must be submitted to the Medical Devices Registration Department of MoH, and it is necessary to submit a re-registration application whenever the model is changed or improved. Responsibility for registration is with the manufacturer or distributor. Normally, distributors obtain the necessary documents from the manufacturer, translate them into Russian, and then submit them to the Medical Device Registration Department.

The registration fee for equipment related to Grant Aid projects is 1,422 KGS/unit (regularly 4,000-6,000 KGS/unit), and it is paid upon invoice from the Medical Device Registration Department after the registration application submission. Preparation of registration documents may begin as soon as a quotation is requested as it takes 2 to 6 months from document submission to the issuance of a registration certificate. Some distributors have specialized teams for registration applications.

Registered medical equipment can be viewed on the website of the Drugs and Medical Devices Division (https://dlsmi.kg/ru/reestr_vrem). Consumables and spare parts for repair frequently ordered by hospitals are often stocked in company warehouses, but other items are ordered from manufacturers on an order basis. Components and parts not listed at the time of the initial registration must be registered separately. However, since it is not practical to prepare a comprehensive list of all components during the initial application, the necessary parts are identified in the event of a malfunction, and registration applications are then submitted accordingly.

From January 2026, as the registration of medical devices will follow the Eurasian Economic Union (hereinafter referred to as “EAEU”) common rules that Kyrgyzstan, Russia, Kazakhstan, Belarus, and Armenia follow, it is necessary to send the actual equipment to an inspection facility in Russia or Kazakhstan to get registered (transportation costs will be borne by the applicant) to register in accordance with these rules. The common rules of medical device registration in Kyrgyzstan are declared in “On the Circulation of Medical Devices No. 216 (December 29, 2023)”, but “Resolution of the Cabinet of Ministers of the Kyrgyz Republic No. 513 (August 27, 2024)” as a Special Law was also published and has entered into force which simplifies the registration process for medical devices exported from certain countries. The special law was enacted with the aim of registering as many medical devices as possible before the EAEU common rules come into effect in January 2026, and if a medical device is registered in EU, Australia, the UK, Canada, the US, Switzerland, Norway, or Japan, the submission of the specified documents are not necessary (a list of the compliance standard, protocols for efficacy and safety tests, clinical trials reports, storage stability test reports, and documents regarding contained pharmaceuticals, sterilization and software). According to the Department of Registration of Medical Devices of MoH, both Law No. 216 and Law No. 513 will be no longer valid in principle, once the EAEU common rules come into force. However, it is currently uncertain whether the EAEU common rules will actually take effect in January 2026, or whether Law No.216 and No.513 will be still in force with its extension. Meanwhile, it was agreed with MoH at the meeting with the Deputy Minister of Health regarding the Minutes of Discussion that the

Kyrgyz side would take measures specific to the Project, including possible exemptions or simplified registration for medical devices and potential extension of the validity of Laws No. 216 and No. 513.

(5) Points for Equipment Installation

For the installation of the major large equipment, the preparation of facilities meeting the specifications of the equipment to be procured is borne by the recipient country. Such preparatory works include ensuring appropriate equipment access routes, floor load-bearing capacity of the installation room, necessary power supplies, and air conditioning and ventilation. Furthermore, the installation conditions and environmental requirement for installation of X-ray generating equipment must comply with Kyrgyz radiation protection standards, and the facility must take into consideration the impact on the surrounding areas for MRI installation. The consultant will monitor the progress of the construction work during on-site visits such as the kick-off meeting and final inspection of the recipient country's responsibilities. When the consultant is not present at the site, a local engineer hired by the consultant will regularly monitor the site situation to ensure that the installation schedule is maintained.

1) Floor Load Capacity

Since the weight of the gantry of CT scan and MRI is extremely heavy, it is necessary to check the floor load capacity of the installation room. It is also required to check the size of the installation room, the type of floor structure, and the allowable loading capacity prior to installation.

2) Delivery Route

For CT scan, MRI and angiography, the size of the equipment is large, and it is necessary to check the doors, aisle widths, ceiling heights, and floor load capacity along the delivery routes. In particular, it is necessary to pay careful attention to CT scan and MRI because of strict conditions for the delivery route.

3) Radiation Protection

The X-ray equipment must be installed in rooms that provide radiation protection equivalent to the required lead shielding, based on the radiation dose emitted from each X-ray tube. The installation rooms must comply with the radiation protection performance standards stipulated in the Kyrgyz Radiation Protection Standards. The Agency for Disease Prevention and Hygiene Surveillance of MoH inspects and approves the radiation protection performance of X-ray diagnostic rooms.

4) Installation of Angiography at Interregional Hospital

The Interregional Hospital plans to construct a new angiography room adjacent to the existing CT scan/angiography block to install the procured angiography. Therefore, it is necessary to check that the environment of the new angiography room fulfills the installation environmental conditions such as the necessary power supply, installation area, and temperature and humidity control for the procured equipment prior to installation.

5) Installation of Diagnostic Imaging Equipment at Oncology Center

At the Oncology Center, it is planned to install imaging diagnostic equipment (MRI, general X-ray and mammography) in an existing pharmaceutical warehouse after being renovated. Therefore, it is necessary to check that the environment of newly prepared place fulfills the installation environmental conditions such as the necessary power supply, the room space, and temperature and humidity control prior to installation.

2-2-4-3 Scope of Works

Implementation of the Project is conducted under mutual cooperation between Japan and the Kyrgyz sides. As the Project is implemented under Japan's Grant Aid, the scope of works undertaken by both governments will be as described as follows.

Table 8 Scope of Work

Items	Japan Side	Kyrgyz Side
□ Equipment procurement work		
- Procurement of equipment	○	
- Installation of equipment	○	
- Test run and adjustment	○	
- Operational training	○	
- Removal of existing equipment		○
- Legal procedures and inspection related to equipment installation		○
□ Utility work		
- Securing space, building renovation and expansion work for the equipment installation		○
- Supervision of preparatory work for equipment installation	○	○
- Utility installation work inside the building		○
- Power supply connection work for procured equipment	○	
□ Securing storage space for equipment		○
□ Registration of medical device		
- Simplified exemption procedures (if necessary)		○
□ Transportation and customs clearance		
- Transportation to the site	○	
- Customs clearance	○	○
- Tax exemption		○
□ B/A and payment commissions for B/A		○
□ Provision of convenience to Japanese and/or physical persons of third countries concerned with the Project necessary for their embarkation, disembarkation and stay in Kyrgyzstan		○
□ Effective use and management of the procured equipment		○
□ Acquisition of permits necessary for the Project implementation		○
□ Payment of all the costs of related tasks that are not covered by the Japan's Grant Aid		○

2-2-4-4 Consultant Supervision

(1) Procurement Supervision Policy

Under the Grant Aid policy of the Government of Japan, based on the concept of the outline design, the consultant forms a team that has a continuous responsibility to execute the Project, including preparation of the detailed design to achieve smooth and successful implementation. The procurement supervision policy for the Project is outlined below.

- A) To keep close contact with the personnel in charge of the Project and relevant organizations of both countries so that installation of equipment will be completed without delay.
- B) To provide appropriate guidance and suggestions regarding operation and management after the handing over.
- C) To confirm that installation work has been completed and the terms of contract are fulfilled and to observe the handing over of the equipment and the obtaining approval of receipt from the Kyrgyz side.

(2) Procurement Supervision Plan

The countries of procurement of the Project are Japan, the Kyrgyzstan and third countries. When the equipment is shipped from Japan or third countries, the pre-shipment inspection(s) will be conducted by the third-party inspection agent at the port of embarkation. The consultant will confirm the contents of the inspection certificate submitted by the inspection agent in writing. The consultant will issue the Inspection Report and report to the MoH right after the completion of pre-shipment inspection(s). The person in charge of the MoH, each hospital, the supplier and the consultant will conduct the acceptance inspection for all procured equipment after installation and initial operational guidance and finalize the handing over. Model name, country of origin, manufacturer name, Official Development Assistance (hereinafter referred to as “ODA”) sticker, and appearance of the equipment, etc. will be checked during the acceptance inspection(s).

2-2-4-5 Quality Control Plan

Under the Project, the eligibility of equipment procurement will be eligible from manufacturers in third countries in addition to Japanese manufacturers. However, certain restrictions will be imposed, such as limiting it to products from Development Assistance Committee (DAC) or OECD member countries or designated countries to avoid the cases of being selected solely on a price basis. In addition, the quality assurance of the equipment will be verified through international standards such as the Japanese Industrial Standards (hereinafter referred as to JIS), CE, or International Electrotechnical Commission (hereinafter referred to as IEC).

Furthermore, quality control will be carried out on the procured equipment through factory acceptance inspections and pre-shipment equipment verification because the equipment procured under the Project is a ready-made product. Inspections before shipping will be conducted for equipment requiring specific packaging in factories, and precision or large machinery whose quality control is not adequate through only pre-shipment inspections, as well as precision medical equipment that cannot be inspected at the port. Pre-shipment inspections will be conducted at designated warehouses near the port of loading (or airport) for equipment procured from both Japanese and third country.

2-2-4-6 Procurement Plan

Since medical equipment is rarely manufactured in Kyrgyzstan, equipment will be procured from Japan or third countries. However, some manufacturers do not have distributors or agents in Kyrgyzstan but instead have regional representatives in Kazakhstan or Uzbekistan covering the Kyrgyz market. Therefore, the criteria of the procurement plan will allow third-country products that are not limited to Japanese products, with the condition that the manufacturers have a distributor or an agent with capability of after-sales service in Kyrgyzstan or Russian. However, for equipment requiring immediate response and maintenance such as MRI, CT scan, and angiography, it imposes the condition to have an agent in Kyrgyzstan. If the scope of procurement scope is inclusive of third countries, it will be planned to ensure the same quality as Japanese products, and to include factors such as repair and after-sales service systems.

Regarding the transportation plan, all medical equipment used in Kyrgyzstan must be registered, and unregistered equipment is not permitted through customs. Therefore, it is necessary to confirm whether the equipment is registered and whether exemptions are possible when procuring from Japan or a third country. Similarly, it is necessary to confirm and facilitate tax exemption procedures with the equipment supplier, MoH, and other related parties to prevent these procedures from interfering with the transportation and installation schedule. Besides, the progress of pre-installation work has to be monitored, confirmed with MoH and other relevant parties, and to be facilitated to ensure that pre-installation work does not interfere with the transportation and installation schedule.

For cargo transportation from Japan to the target hospitals, equipment can be shipped by sea to China and transported by land to Osh for customs clearance, or alternatively, cleared in Bishkek and then delivered to Osh. For third-country products, several transportation routes are available, including a combination of sea and land transport, all-land transport, or air freight, depending on the characteristics, quantity, and manufacturer's shipping policy. For inland rail transport, potential delays due to cargo congestion must be taken into account. Transportation within Kyrgyzstan is often arranged by local agents using transport companies, but some agents are able to transport using their own trucks. Although traffic conditions between Bishkek and Osh can deteriorate during winter due to snow and icy roads, no major impact on transportation is expected. The installation schedule must be planned considering these transportation conditions.

2-2-4-7 Operational Guidance Plan

The equipment planned under the Project is medical equipment needing careful attention in operation and management for safe and continuous use. Therefore, initial instructions and operational trainings are to be provided adequately by engineers with sufficient knowledge and skills provided from the manufacturers or local agents upon the installation of equipment. The consultant will monitor if these trainings are properly performed and confirm that the hospital staffs have fully understood the guidance provided. Regarding the operation and daily maintenance of the equipment, the necessary instructions and inspection items will be provided from the initial instruction and operational trainings to the stage of maintenance and management.

2-2-4-8 Soft Component

For the Interregional Hospital, most of the requested equipment is additional or replacement equipment that is already currently being used appropriately. Besides, budget allocation for equipment was

requested to the extent possible within the limited budget by the hospital, therefore soft components are not planned. For the Oncology Center, large equipment such as MRI and X-ray machines is newly installed. However, it is not generally recommended to conduct maintenance by end users on such equipment, because inspections and requirements are normally handled by technicians from manufacturers or their authorized distributors/agents. All other equipment is replacement for the existing equipment or additional units already currently being used appropriately. Therefore, soft components are not planned.

2-2-4-9 Implementation Schedule

The implementation schedule of the Project is as shown in the table below. The large equipment and advanced medical equipment such as MRI, CT scan, Angiography and rigid endoscopes take a longer procurement lead time for manufacture and installation work, so it is expected to take 14 months for handing over after the Supplier contract signed. In contrast, as it does not take much time for manufacture and installation work for the smaller equipment, it is estimated to take 9 months for the handing over after the contract signed. Therefore, installation work and handing over will be separated into 2 phases.

Table 9 Implementation Schedule

Month	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th
Detailed Design	■	Confirmation of field survey result																
		Design development in Japan																
				■	Approval of bid documents													
					Bidding													
							■	Analysis of bid										
											(Total 6 months)							

Month	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th
Procurement		Confirmation of equipment design																
		Equipment																
			■	Kick-off meeting														
				□	Inspection at factory				□	Inspection at factory								
				□	Pre-shipment inspection				□	Pre-shipment inspection								
					□	Shipping				□	Shipping							

Month	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th
Maintenance Service																		

2-3 Safety Measure Plan

The safety measures will be thoroughly taken in accordance with the safety manual and the overseas safety handbook throughout the Project. According to the Ministry of Foreign Affairs (hereinafter referred as to “MOFA”) of Japan, as it is classified as a Level 2 safety area, Osh oblast in particular, every precaution will be taken to ensure safety during travel and closely cooperate with and exchange information with Japan's diplomatic missions. Furthermore, for procurement supervision and management on-site, safety measures will be taken accordance with the “Safety Measures Guidance” prepared by JICA to ensure safety during travel and closely cooperate with Japan's diplomatic missions.

Travel between Bishkek and Osh will be by air regardless of the season due to poor road conditions, frequent traffic accidents, and the risk of natural disasters such as freezing, avalanches and blizzards in winter. Furthermore, flooding and landslides caused by heavy rains have been reported in southern Kyrgyzstan in the past, occurring more frequently between April and August every year. Therefore, it is necessary to gather weather information before traveling, to choose accommodation in the center of Osh city, where there is little risk of flooding and landslides, and then to secure multiple evacuation routes and means of communication.

2-4 Obligation of Recipient Country

Specific obligations of the Kyrgyz side confirmed during the survey for the Project are listed in Table 10.

Table 10 Obligations of the Kyrgyz Side

Before bidding	<ul style="list-style-type: none"> • B/A opening • A/P issuance, issuance fee and payment commission for the contract of the Consultant
During the Project implementation until handing over	<ul style="list-style-type: none"> • A/P issuance, issuance fee and payment commission for the contract of the suppliers • To ensure prompt customs clearance of procured equipment and assist Supplier(s) with internal transportation in Kyrgyzstan, and to ensure that equipment registration be exempted or simplified including the preparation of procedures and documentation where necessary • To assist Japanese or other persons and/or other persons of third countries who are involved in the Project concerning their necessary entry into the country of Kyrgyzstan and stay therein for the performance of their work • To ensure the custom duties, internal taxes and other fiscal levies which may be imposed in the country of the Recipient with respect to the purchase of the products and/or the services is exempted by the relevant authorities • To bear all the expenses, other than those covered by the Grant, necessary for the implementation of the Project such as furniture and fixtures (tables, chairs, etc.). • To relocate existing equipment, to prepare all necessary renovation and construction work, and utility work (electricity, water supply, drainage, and internal LAN) • To submit Project Monitoring Report (PMR) and Project Completion Report (PCR) • To allocate necessary staff
After the handing over	<ul style="list-style-type: none"> • To secure maintenance costs for the proper use and management of procured equipment • To organize the operation and maintenance (management) structure • To implement daily (routine) checks and periodic inspections • To conduct clinical skill training for newly installed equipment

The following table shows the scope of works for major equipment and facilities for both the Japan and Kyrgyz sides.

Table 11 Scope of Works for Major Equipment Installation

No.	Ancillary Works	Japan Side	Kyrgyz Side
【Interregional Hospital】 Construction of a New Angiography Building			
1	Presenting requirements of equipment installation.	○	
2	Construction of a new angiography facility/building block (including the following):		
3	※Preparation of construction drawings, bidding, and selection of local contractors.		○
	※Preparation of rooms including ceilings and floors to support the equipment's load capacity.		
	※Installation of walls, ceilings, doors, and control windows complying with the Kyrgyz national X-ray protection standards.		
	※Securing electrical distribution boards, electrical capacity and grounding according to the equipment's power consumption requirements.		
	※Installation of switchboards and power outlets in the equipment installation rooms.		
	※Wiring, wiring ducts, and connections from power outlets to the equipment.		
	※Preparation of the indoor environment (temperature and humidity) at the level required for the equipment, including air conditioning installation.		
	※Procurement, wiring and connection work for emergency generators and automatic switchboards for a power outage.		
	※Finishing work for each room such as installation of doors, lighting equipment, and general outlets.		
4	Securing sufficient space and access routes for equipment delivery to the installation room.		○
5	Installation of supportive materials for the ceiling rail of the angiography unit.		○
6	Procurement of UPS unit, and wiring and connection works to the power distribution panel for the Angiography unit.	○	
7	Procurement of a table and chairs for the control panel.		○
【Interregional Hospital】 CT scan			
1	Removal and disposal of existing equipment.		○
2	Installation of floor pits and wiring covers for CT scan wiring.		○
3	Finishing works in the CT scan room, control room and machine room.		○
4	Floor leveling works for CT scan installation.		○
5	Installation of air conditioning and ventilation units in the CT scan room, control room and machine room (including the UPS room).		○
6	Procurement and wiring works for CT scan in-use indicator lights.		○
7	Installation of switchboards and power outlets in the equipment installation rooms.		○
8	Procurement and wiring works for the patient communication microphone and speaker system.	○	
9	Wiring and connection work between the power distribution panel, CT scan and control panel.	○	
10	Procurement, wiring and connection works for emergency generators and automatic switchboards for in the event of a power outage.		○
11	Procurement of UPS and wiring and connection works to the CT scan distribution panel.	○	
12	Procurement of a table and chairs for the control panel.		○
【Oncology Center】 Construction of Imaging Diagnostic Unit (MRI room, Mammography room, X-Ray room)			
1	Presenting requirements of equipment installation.	○	
2	Renovation of the existing pharmaceutical warehouse (including the following):		
	※Preparation of construction drawings, bidding, and selection of local contractors.		○
	※Preparation of rooms including ceilings and floors, meeting the required load-bearing capacity for the equipment.		

No.	Ancillary Works	Japan Side	Kyrgyz Side
	※Finishing work for each room such as installation of doors, lighting equipment, and general outlets.		
	※Securing electrical distribution boards, electrical capacity and grounding according to the equipment's required power consumption.		
	※ Installation of switchboards and power outlets in the equipment installation rooms.		
	※Wiring, wiring ducts, and connections from power outlets to the equipment.		
	※Procurement, wiring and connection work for emergency generators and automatic switchboards for a power outage.		
	※Preparation of the indoor environment (temperature and humidity) at the level required for the equipment, including air conditioning installation (except for MRI room).		
MRI room			
1	Preparation of the indoor environment (temperature and humidity) for the MRI room and control room at the level required for the equipment, including air conditioning installation.	○	
2	MRI electromagnetic shielding installation (including procurement and installation of doors and control windows)	○	
3	Procurement and wiring works for the patient communication microphone and speaker system .	○	
4	Installation of temperature, humidity, and ventilation environment for the MRI room/control room, including installation of air-conditioning system.	○	
5	Procurement and wiring works for MRI "In-use" indicator lights.		○
6	Securing space and access routes for equipment delivery to the installation room.		○
7	Procurement of UPS unit.	○	
8	Wiring and connection works from UPS to the MRI distribution panel.	○	
9	Procurement of tables and chairs for the control consol.		○
X-Ray Equipment			
1	Installation of walls, ceilings, doors, and control windows complying with Kyrgyz national X-ray protection standards.		○
2	Securing space and access routes for equipment delivery to the installation room		○
3	Floor leveling works for X-Ray installation.		○
4	Installation of wiring covers for X-Ray wiring.	○	
5	Procurement and wiring works for X-Ray in-use indicator lights.		○
6	Procurement and wiring works for the patient communication microphone and speaker system.	○	
7	Wiring and connection works between the X-Ray distribution panel and Control room.	○	
Mammography			
1	Installation of walls, ceilings, doors, and X-ray shielding screens in compliance with Kyrgyz national X-ray protection standards.		○
2	Securing space and access routes for equipment delivery to the installation room.		○
3	Floor leveling works for mammography installation.		○
4	Installation of wiring covers for equipment wiring.	○	
5	Wiring and connection works between the mammography distribution panel and control room.	○	

Additionally, the schedule of the ancillary works by the Kyrgyz side is shown in the table below.

Table 12 Schedule of Construction works by the Kyrgyz Side

Items	2025		2026												2027											
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	
Exchange of Note (E/N)	▲																									
Grant Agreement (G/A)	▲																									
Consultant Agreement				▲																						
Detailed Desig, Announcement of Bid																										
Determination of Equipment Delivery Time, Determination of Construction Schedule by the Recipient																										
Bidding																										
Supplier Contract																										
Equipment Procurement Period																										
Shipment																										
Transportation, Custom Clearance, VAT Exemption																										
Equipment Installation etc.																										
Inspection and Handover																										
【Interregional Hospital】 Securing Budget for Construction																										
【Interregional Hospital】 Tender & Supplier Contract for Construction																										
【Interregional Hospital】 Requirement for Equipment Installation for Construction																										
【Interregional Hospital】 Construction Period																										
【Oncology Hospital】 Securing Budget for Construction																										
【Oncology Hospital】 Tender & Supplier Contract for Construction																										
【Oncology Hospital】 Requirement for Equipment Installation for Construction																										
【Oncology Hospital】 Construction Period																										

Legend :  Work in Japan  Site Survey  Time Point (Japan)  Time Point (Kyrgyzstan)

2-5 Project Operation Plan

(1) Operation Structure

MoH of Kyrgyzstan is the supervising and executing agency for the Project, and each target hospital will take responsibility for operation and maintenance after the handing over. Concerning the purpose of the Project, it aims to enhance the diagnosis and treatment system for NCDs by procuring medical equipment necessary for such cardiovascular diseases, cancer and other diseases at the Interregional Hospital and Oncology Center as the top referral hospitals serving public medical services in the southern region, thereby contributing to improving the quality of health care services. It is necessary for each hospital to make continuous efforts to assign the necessary personnel to maintain the medical equipment. The Project also plans to provide initial operation trainings to hospital staff by the engineers from the local agents as well as technical trainings during their site visit to ensure smooth operation and maintenance of the equipment after handing over.

(2) Workforce Plan

There is no specific department responsible for medical equipment maintenance at MoH, so each hospital is responsible for maintenance and repairs. Neither of the two target hospitals for the Project has any maintenance department, nor do they have medical equipment engineers. Therefore, daily maintenance is generally done by the end user based on the instructions about maintenance and user's manual provided by technicians from the equipment suppliers or agencies upon its installation.

With the implementation of the Project, the number of medical devices requiring maintenance will increase. Therefore, it was confirmed that MoH will work together with each hospital to take the necessary countermeasures to ensure each hospital has sufficient capabilities for the necessary maintenance of equipment procured along with the supports from maintenance companies and local agencies. Specifically, concerning the allocation of maintenance personnel, the allocation of at least one medical equipment maintenance specialist to each of the two target hospitals was agreed on. By this countermeasure, equipment maintenance personnel will be responsible for repairs within the capable scope, identifying the cause, and dealing with any related companies as well as arranging for the equipment's disposal when medical equipment malfunctions after the completion of the Project. For any malfunctions out of the scope of the hospital personnel, repairs will be taken care of by contractors selected by tender same as the current procedure.

(3) Equipment Maintenance and Management Plan

During the initial operation training at installation, instruction regarding operation and daily inspection procedures will be provided to the end users such as doctors, nurses, and medical technicians. Furthermore, it is planned to provide the 2-year additional maintenance contract after the expiration of the 1-year warranty period after handing over to ensure the appropriate operation and maintenance of the equipment procured under the Project. The additional maintenance contract will provide regular maintenance and on-call services and periodical replacement of parts by distributors' engineers, as well as reconfirmation of daily inspections items and practical inspection training.

2-6 Project Costs Estimation

2-6-1 Initial Costs Estimation

According to the initial cost estimation, the burden on the Kyrgyz side was estimated as follows.

(1) Costs to be borne by the Kyrgyz Side

Table 13 Costs to be Borne by the Kyrgyz Side

Items	Estimated Cost	
	USD	Thousands of Yen
[1] Removal of large existing equipment (total of 2 target hospitals)	13,207	2,056
Interregional Hospital (removal of CT scan)	13,207	2,056
Oncology Center	0	0
[2] Renovation and construction (total of 2 target hospitals)	218,218	33,970
Interregional Hospital (renovation and expansion of Angiography building, installation of generator, etc.)	122,631	19,090
Oncology Center (radiation protection, installation of generator, etc.)	95,587	14,880
[3] Banking Commissions	11,974	1,864
Total [1]+[2]+[3]	243,399	37,890

(2) Calculation Conditions

Time of Estimation : February 2025

Exchange Rate : 1 EUR = 163.71 JPY, 1 USD = 155.67 JPY, 1 KGS = 0.5615 JPY

Procurement Period : The periods of Detailed Design and Procurement are as shown in the Implementation Schedule.

Others : The Project will be implemented in accordance with the Grant Aid Scheme of the Japanese government.

2-6-2 Operation and Maintenance Costs

(1) Annual Operation and Maintenance Costs

Maintenance costs of equipment consist of repair costs and the costs of consumables and replacement parts. Consumables are required from the first year after the handing over, but malfunctions are to be covered by the manufacturer's warranty. Repair costs are not incurred for equipment covered by maintenance contracts until the 3rd year but are incurred for other equipment. As all maintenance contracts will expire after the 4th year, each hospital will be required either to renew the contract or to request repair services from the manufacturer's agent when necessary.

The estimated maintenance costs for the medical equipment procured under the Project are as shown in Table 14. It is expected that the annual increase in revenue of medical fees will increase by approximately USD140,000 from the use of MRI, CT scan, angiography, and mammography procured under the Project at the two target hospitals 3 years after project completion. It is also expected that there will be increased revenue from other equipment, and this can be fully allocated for hospital operating expenses. It is agreed that the MoH and each hospital will secure the budget for the necessary amounts for maintenance costs,

consumables and replacement parts for the medical equipment procured under the Project with supported funds from MoH and Compulsory Medical Insurance Fund (hereinafter referred to as “FOMS”).

Table 14 Annual Costs for Operation and Maintenance, Consumables and Spare Parts (USD)

Items	1 st year	2 nd year	3 rd year	4 th year and after
[1] Operation and Maintenance Costs (total of 2 target hospitals)	0	90,000	90,000	532,000
Interregional Hospital	0	67,000	67,000	382,000
Oncology Center	0	23,000	23,000	150,000
[2] Consumables (total of 2 target hospitals)	109,505	109,505	109,505	109,505
Interregional Hospital	70,835	70,835	70,835	70,835
Oncology Center	38,670	38,670	38,670	38,670
Total ([1] + [2])	109,505	199,505	199,505	641,505

(2) Annual Costs for Consumables

The annual costs and breakdown for consumables are as follows.

Table 15 Annual Costs for Consumables and Spare Parts (Interregional Hospital)

Name of Equipment	Q'ty	Name of Consumables, Spare Parts	Annual Requirement	Unit Price (USD)	Total (USD)	
Interregional Hospital TOTAL					70,835	
U-1	CT scan	1	X-ray film	20	375	7,500
U-3	Ventilator	11	Respiratory circuit filter	11	420	4,620
			Bacteria filter	11	15	165
U-4	Anesthesia machine	11	Anesthetic gas	11	20	220
			Soda lime	11	20	220
U-5	Suction machine	11	Suction tube	11	15	165
			Filter	11	110	1,210
			Hose	11	55	605
U-6	Defibrillator	3	Pad (for adult)	3	165	495
			Pad (for child)	3	165	495
U-8	Ultrasound for cardiovascular (stationary)	2	Gel	5	12	60
			Printing paper	20	8	160
U-9	Ultrasound (portable)	1	Gel	10	12	120
			Printing paper	40	8	320
U-20	Patient monitor (central monitor)	1	Probe (for adult)	8	215	1,720
			Probe (for child)	8	215	1,720
			Electrode	400	1	400
			Printing paper	80	7	560
			Battery	1	100	100
U-31	Electro surgical unit	8	Hand Piece	8	400	3,200

Name of Equipment		Q'ty	Name of Consumables, Spare Parts	Annual Requirement	Unit Price (USD)	Total (USD)
			Brade	40	80	3,200
U-35	ECG (12ch)	3	Gel	5	12	60
			Printing paper	5	8	40
U-40	Surgical microscope (neurosurgery)	1	Xenon lamp	1	2,240	2,240
			Drape	100	35	3,500
U-42	Electric dermatome	1	Replacement blade	100	145	14,500
U-43	Skin puncture	1	Carrier	50	350	17,500
U-62	Surgery microscope (ENT)	1	Xenon lamp	1	2,240	2,240
			Drape	100	35	3,500

Table 16 Annual Costs for Consumables and Spare Parts (Oncology Center)

Name of Equipment		Q'ty	Name of Consumable, Spare Parts	Annual Requirement	Unit Price (USD)	Total (USD)
Oncology Center TOTAL						38,670
O-1	General X-ray machine	1	X-ray film	20	375	7,500
O-15	Electro surgical unit	4	Hand piece	4	400	1,600
			Blade	20	80	1,600
O-31	Ultrasound for gynecology	1	Gel	5	12	60
			Printing paper	20	8	160
O-33	Mammography system	1	X-ray film	20	375	7,500
O-34	Aspiration tissue biopsy needle unit	1	Biopsy needle	500	30	15,000
O-35	Autoclave	2	Sterilization film	5	100	500
			Printing paper	5	50	250
O-36	Pre-processing unit for pathology test	1	Staining reagents	10	200	2,000
			Paraffin wax	10	250	2,500

CHAPTER 3 PROJECT EVALUATION

Chapter 3 Project Evaluation

3-1 Preconditions

The implementation of the Project requires that the Kyrgyz side promptly complete all necessary procedures and work such as tax exemption, equipment registration for imported equipment and materials, B/A and A/P, and infrastructure preparations including removal of existing equipment, and renovation of equipment installation sites described in section "2-4. Overview of the Recipient Country's Obligations." In addition, the budget and personnel for the maintenance and management of medical facilities are to be secured. The following preconditions must be met specifically:

- A) No hindrance to equipment procurement and transportation due to the Kyrgyz political decisions to not approve tax exemptions or due to failure to register medical equipment.
- B) No significant delays in equipment procurement and transportation due to the cancellation or invalidation of medical equipment registration due to legal amendments in Kyrgyzstan.
- C) No changes to the friendly bilateral relationship between Japan and Kyrgyzstan.
- D) The necessary budget and personnel will be secured at the target hospitals, and they will carry out their responsibilities reliably.
- E) The necessary budget and personnel will be secured for sufficient equipment operation and maintenance at the target hospitals.
- F) The planned equipment will not become unnecessary or there will be no requests for changes due to equipment provided other than the Project.

3-2 Necessary Inputs by Recipient Country

Issues the Kyrgyz side needs to make efforts for the realization and continuation of effects of the Project are as follows.

(1) Recruitment and allocation of appropriate human resources

It is considered that the appropriate allocation of human resources and increase in appropriate personnel for appropriate operation and maintenance of the equipment procured under the Project will be necessary. Under this Project, the Oncology Center will, for the first time, install an MRI system, and the Interregional Hospital will receive a CT scanner with higher specifications than the existing unit. Therefore, it is necessary to assign physicians and radiologic technologists who possess sufficient knowledge and skills to operate the equipment appropriately. MoH and each hospital have agreed to take measures either to recruit new personnel with sufficient clinical skills or to train current medical staff in clinical skills to operate the equipment properly prior to equipment installation.

In addition, as mentioned earlier, there is no medical equipment maintenance department or medical equipment technicians at either the Interregional Hospital or the Oncology Center. It has been also agreed that each hospital will assign the minimum of one equipment maintenance technician prior to equipment installation to ensure the appropriate equipment maintenance procured under the Project.

(2) Securing a budget for facility operation and equipment maintenance

In order to achieve the effects of the Project, it is necessary for MoH and each target hospital to secure the budget described in the section "2-5-2 Operation and Maintenance Costs" and to operate and maintain the equipment properly. It has been agreed that both MoH and each hospital would secure the budget for operation and maintenance because it is available to be funded by the public financial resources (FOMS) in addition to medical fees.

(3) Capacity improvement of human resources

Although no soft component is planned under the Project, it is necessary to build human resource capacity for the maintenance engineers in the equipment maintenance department and the medical staff of the hospital in order for appropriate and continuous maintenance. It is important to conduct appropriate maintenance by utilizing any possible aid efforts other than the Project. Besides, it is necessary to take measures to sustain the levels of knowledge and skills and to transfer those to other personnel including those newly employed within the hospital.

3-3 Important Assumptions

The external conditions for the smooth implementation of the Project include the absence of any major changes in the Kyrgyz government's policies, the global economic situation, as well as the situations in neighboring countries. The specifics are as follows.

- A) No unexpected price increase and or exchange rate fluctuations due to economic conditions occur which may influence the implementation of procurement of equipment.
- B) No deterioration of public safety or outbreak of conflicts in Kyrgyzstan or neighboring countries which may influence equipment procurement and travel to the area.
- C) No outbreak or epidemic of infectious diseases at the level of COVID-19 which may seriously impact equipment procurement or travel to the area.
- D) No drastic decrease in the number of patients visiting the target hospitals due to changes in the economic situation, changes in surrounding hospitals, or the hospital's reputation.
- E) No drastic technological innovation which may impact a major change in the planned equipment that makes the planned and maintained equipment unnecessary as result.
- F) No major changes in the current referral system or medical care delivery system due to any changes in the Kyrgyz policies for new hospitals' establishment and or merging and closing existing hospitals.

3-4 Project Evaluation

3-4-1 Relevance

(1) Examination of Validity of the Project

1) Perception of the Enhancement of the Referral System

The population of the southern region, the target of the Project, is approximately 3.8 million, accounting for more than half of Kyrgyz total population. The two target hospitals are considered to be the top referral hospitals, receiving patients from the southern region (Osh City, Osh Oblast, Jalal-Abad Oblast,

and Batken Oblast). In 2024, 35% of the total patients were those with cardiovascular diseases at the Interregional Hospital. While there is a specialized cardiovascular hospital in Jalal-Abad Oblast, it is easier for patients to access the Interregional Hospital located in the central of the southern region geographically. Furthermore, a total of 6,229 cancer patients is registered in the southern region, accounting for 30% of all cancer patients in Kyrgyzstan. The Oncology Center plays an important role in the southern region because of the absence of oncology departments in other hospitals. However, both target hospitals have been unable to provide adequate services due to the insufficient equipment necessary for early diagnosis and treatment. Therefore, the Project will procure essential medical equipment for the diagnosis and treatment of cardiovascular disease and cancer, leading to empowerment of the hospital's clinical functions and enabling access of high-quality medical services to the people of the southern region.

2) Consistency of the Kyrgyz's development plan

As mentioned in Chapter, "1. Background and history of the Project 1-1. Current situation and challenges in the sector 1-1-2. Development plans (1) National development plan and health development plan," the Government of Kyrgyzstan has set policies to respond to NCDs. The improvement in the prevention and early detection rates of diseases are stated as policies in "The National Public Health Protection and Health System Development Program 2023-2030" and "The Oncology Disease Control and Prevention Strategy (2021-2025)", and these factors are expected to contribute to achieving the policy goal of reducing deaths at young age from the four major NCDs by 30% by 2030. From this point of view, the Project is consistent with the Kyrgyzstan's national policies and needs in the health and medical sector.

3) Consistency of the Japanese Aid Policy

In the section "Priority Area (2) Improving Administrative and Social Services of The Country Assistance Policy for the Kyrgyz Republic (April 2022) ", a stated objective is to promote the further cooperation for the empowerment of the weakened social infrastructure such healthcare, and also for the fragile healthcare system evidenced during COVID-19 pandemic considering the Kyrgyzstan's needs. In addition, a memorandum of understanding was signed between the two countries in 2023 with the aim of promoting bilateral relations in the health and medical fields and improving the standards of health care in both countries. In the JICA Country Analysis Paper for the Kyrgyz Republic (March 2020), it is pointed out the importance of improving health care services including updating deteriorated medical infrastructure (facilities, and equipment) and empowering maintenance capacity, as part of the development issue of "Improvement in social services." Furthermore, JICA's Global Agenda for Health Care states that, it is to make efforts to focus on "strengthening health care service delivery." The Project is consistent with these aid policies; therefore, it is relevant to implement this cooperation project using Japan's Grant Aid.

4) Confirmation of validity of the Target Area

The target hospitals, serving as the top referral institutions in the southern region for cardiovascular diseases and cancer, receive critically ill patients requiring advanced medical care. However, they are currently unable to function fully as referral hospitals due to deteriorated, insufficient, and outdated equipment. The Project is certain to enhance medical care functions to provide high-quality medical services to the people in this region through procurement of necessary medical equipment for the diagnoses

and treatment of cardiovascular disease and cancer. The validities of the target region for the Project and the target hospitals are described below.

Target Area: Kyrgyz Southern Region

Although the 2 target hospitals received patients with critical conditions which require advanced medical treatment as the top referral hospital in the southern region, their medical services of diagnoses and treatment are not adequate due to the deteriorative and insufficient functionalities of their existing equipment. It is expected that the Project will contribute to the enhancement of medical care functions, and the improvement of the quality of medical services to the people in the southern region through procuring medical equipment for the diagnosis and treatment of cardiovascular diseases and cancer, therefore the target area and hospitals are considered appropriate for the Project.

3-4-2 Effectiveness

The target effective outputs expected from the Project are described as follows. The indicators are set considering the main objectives of the Project, cardiovascular diseases and cancer, and the equipment to be procured.

(1) Quantitative Effects

The target quantitative effects output from the Project are shown in bellow tables, and its calculation bases and evaluation methods are described.

1) Interregional Hospital

Table 17 Quantitative Effects at Interregional Hospital (Output Level)

Indicators	Baseline (Actual in 2024)	Target (2030) (3 years after the Project completion)
1. Number of angiography examinations and treatment (cases/year)	700	1,860
2. Number of CT examinations for outpatients in cardiology outpatient department (cases/year)	0	4,642

Number of angiography examination and treatment (cases/year)

Currently at the Interregional Hospital, there is 1 unit of the ceiling-mounted single-plane angiography system installed in 2016. However, the equipment frequently breaks down and has become difficult to operate for long hours due to deterioration. Additionally, the detector size of the existing equipment is relatively small, leading to limitation in its efficient examination and difficulties in imaging a wide range of intracranial blood vessels simultaneously. The hospital is unable to conduct the required number of examinations, currently handling only about two to three patients per day.

Under normal circumstances, the angiography unit is operated approximately 9 hours per day, excluding emergency cases. The occupancy time of the angiography room varies depending on the treatment. The actual daily operation time is estimated to be approximately 7 hours when assuming the time

requirement of the non-stent diagnosis (20-30 minutes), stent diagnosis (40 minutes to 1 hour), cerebral angiography (2-3 hours) and the additional time requirement for setup and cleanup (1-2 hours). Considering the hospital’s plan to introduce free angiography examinations (currently offered as paid services), the number of patients is expected to increase. Therefore, the average number of angiography cases per day is projected at 6. Assuming the hospital operation as 310 days a year, the target number is set as 1,860 cases per year. The angiography equipment procured through the Project will replace the current equipment, therefore the number of angiography equipment owned by the hospital will be unchanged.

Number of CT examinations for outpatients in the cardiology outpatient department (cases/year)

Currently at the Interregional Hospital, there is 1 unit of the 16-slice CT scan installed in 2023, providing examinations to 15-25 patients per day limited to those scheduled for inpatient treatment. Due to the limitation of the equipment accuracy, it is not used to scan cardiac patients although it is estimated that approximately 50% of cardiac outpatient require examination by CT scans. If it is assumed that the daily average examination is 15 patients and the hospital operations are 310 days a year, the target number of cases is set 4,642, 50% of the 9,284 cardiac outpatients in 2024. The CT scan procured under the Project will replace the current equipment, therefore the number of CT scans owned by the hospital will be unchanged.

2) Oncology Center

The quantitative effects (output level) for the Oncology Center are shown in Table 18 below considering the mammography, MRI, and endoscope procured under the Project.

Table 18 Quantitative Effects at Oncology Center (Output Level)

Indicators	Baseline (Actual in 2024)	Target (2030) (3 years after the Project completion)
1. Number of mammography examinations (cases/year)	1,288	3,100
2. Number of MRI examinations (cases/year)	0	1,530
3. Number of endoscopy examinations (cases/year)	0	1,570

Number of mammography examinations (cases/year)

Currently, there is 1 unit of the mammography installed in 2013, but it is experiencing frequent breakdowns due to its deterioration, and it was broken and unusable at the time of the survey in fact. At the time of the survey, it was explained by the hospital that it is possible to provide examinations to approximately 10 to 12 patients per day if the equipment is operating normally. Therefore, with the assumption of the hospital operation as being 310 days a year, the target number is set as 3,100 examinations per year. The mammography procured through the Project will replace the current equipment, therefore the amount of mammography owned by the hospital will be unchanged.

Number of MRI examinations (cases/year)

Regardless of the types of cancer disease, it is recommended for newly registered cancer patients to take MRI imaging diagnosis to check if there is any metastasis to other organs. Currently, approximately 10% of outpatients are newly registered cancer patients each year. In addition, inpatients with breast cancer or gynecological tumors (such as cervical and endometrial cancer) require follow-up MRI examinations every six months. At present, it is difficult to meet this requirement even to have MRI examination once a year, because MRI examinations are to be at external medical institutions as there is no MRI at the hospital. For these situations, it is aimed for those patients to receive at least one time of MRI examination per year as the target value at 3 years from the completion of the Project. The target number of MRI examinations is set at 1,530 cases per year, based on the assumption that there will be 1,025 newly registered cancer patients and 505 inpatients with breast or gynecological tumors (each receiving one MRI examination per year) in 2024.

Number of endoscopy examination (cases/year)

Previously, there was 1 unit of endoscopic device which broke down in 2020, and then it was subsequently disposed. It was assumed the average number of endoscopic examinations of 860 in 2018 and 711 in 2019 are applied as the baseline value which is based on 1 unit of endoscope. Under the Project, 2 units of endoscopic systems will be procured. Therefore, the target number of examinations is set at 1,570 cases per year, which is twice the baseline value.

(2) Qualitative Effects

The target qualitative effects from the Project are described below. These indicators apply for both the Interregional Hospital and Oncology Center.

Improvement of the Quality of Medical Services at Target Hospitals

It is predicted that the detection, diagnoses and treatment of NCDs will become more accurate and efficient as well as shortened waiting time and surgery time, as a result of the installation and replacement of new equipment, and this may lead to improving the quality of medical services and treatment outcome at target facilities as consequences. Besides, it is expected that the number of outpatients for examinations will increase, and this may also contribute to increased hospital revenue and improved hospital operations, potentially leading to improvements in the hospital environment such as improved facilities and treatment environment and atmosphere. Changes in the quality of medical services and treatment environments will be evaluated through interviews and questionnaire surveys will be conducted with patients and their families 3 years after the completion of the Project.

Improvement in Patient Satisfaction at Target Hospitals

By the renewal and replacement of equipment, the efficiency of diagnoses and treatment at the target hospitals is expected to improve. Consequently, patients are anticipated to experience reduced financial and physical burdens, as the hospitals will be able to provide examinations that are currently conducted at external institutions and serve patients who cannot afford examinations at private hospitals. Changes in patients' satisfaction such as reduction of their financial and physical burden as well as increase of their

level of trust concerning the target hospitals will be evaluated through interviews and questionnaire surveys of patients and their families 3 years after the completion of the Project. The effectiveness of the Project will be verified by including questions regarding the equipment procured by the Project in the survey.

Improvement of Hospital Staff Motivation at Target Hospitals

Through the renewal and replacement of equipment, the efficiency in diagnoses and treatment at the target hospitals is expected to improve, thereby reducing workload of medical personnel as well as reducing the psychological burden from the frustrations caused because of being unable to provide the best possible diagnosis and treatment to patients. Consequently, improvement in the sense of fulfillment and motivation through increased early detections and a wider range of diagnostic and treatment options is expected. Changes in the sense of fulfillment and motivation will be evaluated through interviews and questionnaire surveys of medical personnel 3 years after the completion of the Project. The effectiveness of the Project will be verified by including questions regarding the equipment procured by the Project in the survey.

(3) Quantitative Effects (Outcome Level)

The target quantitative effects (outcome level) from the Project are as below, and its calculation bases and evaluation methods are described.

1) Interregional Hospital

The quantitative effects (outcome level) for the Interregional Hospital are shown in Table 19 considering the equipment procured by the Project. The baseline values are actual based on 2024 statistics⁸ provided by hospitals.

Table 19 Quantitative Effects at Interregional Hospital (Outcome Level)

Indicators	Baseline (Actual in 2024)	Target (2030) (3 years after the Project completion)
1. Number of patients with cardiovascular diseases referred from other hospitals (persons/year)	296	592
2. Reduction of average hospitalization days in the Angio Neurological Department (against planned days) (%)	90.5	85.9
3. Reduction of average hospitalization days in the Neurosurgery Department (against planned days) (%)	88.6	83.6
4. Number of patients who have surgeries in Neurosurgery Department (cases/year) ⁹	673	1,348

Number of Patients with Cardiovascular Diseases referred from Other Hospitals (%)

The baseline value is the number of referred cardiovascular disease patients in 2024, prior to the implementation of the Project. The target value is calculated as follows. The annual planned number of inpatients at the emergency ward in 2024 was 1,950 while the actual was 1,389 (approximately 70% Bed

⁸ Osh Interregional United Clinical Hospital Report 2024 (12 months) (Quantitative Analysis of Patient Plan Implementation)

⁹ Because the data for 2024 differed significantly from the data for the previous year, the base value was set as the average value for the period from 2022 to 2024.

occupation rate), assuming the possibility of additional 561 patients. Considering patients with other diseases, the target number of referred patients is set at twice the baseline value (296 patients, corresponding to 53% of the 561 possible additional patients). The indicator covers clinical departments of Vascular Neurology, Cardiology, Neurology, Neurosurgery, Acute Cardiology, and Cardiac Surgery. While cardiovascular disease patients referred from other hospitals are not necessarily in critical condition, it is assumed that referred patients are to be temporarily treated in the emergency ward because the bed occupation rate for cardiovascular disease-related wards is already over 100% at the Interregional Hospital. Post-treatment care at the emergency ward is to be provided not only within the hospital itself but also through remote consultations via telephone and through on-site consultations and treatments provided by the interregional Hospital, in a method that does not burden cardiovascular inpatient wards.

Reduction of average hospitalization days in the Angio Neurological Department (against planned days) (%)

The baseline value is based on the data from the Angio Neurological Department in 2024, prior to the implementation of the Project. The Interregional Hospital sets a predicted average length of stay each year, and it was 11 days for the Department of Angio Neurological Department in 2024 while the ratio of the actual average length of stay against the predicted average length of stay was 90.5% (9.9 days)¹⁰. This ratio was set as the baseline value, with the target value assumed to be a reduction of approximately 5% from the baseline, resulting in 85.9%. For comparison, a predicted average length of stay will use the baseline year's value, making the actual average length of stay of 9.4 days the target. The basis for the 5% reduction was comprehensively calculated based on recent trends in average length of stay. The data will be the statistical values managed by the hospital.

Reduction of average hospitalization days in the Neurosurgery Department (against planned days) (%)

The baseline value is based on the data from the Neurosurgery Department in 2024, prior to the implementation of the Project. As the Vascular Neurology Department above, the calculation is based on the predicted average length of stay set by the Interregional Hospital. The ratio of the actual average length of stay against the predicted average length of stay (10.4 days) was 88.6%¹¹ (9.2 days) in 2024. Therefore, the target value is set as at 83.6%, assuming a reduction of approximately 5% from the baseline value (if the predicted average length of stay is same as in the baseline year, the target would be 8.7 days). The reduction of 5% is calculated comprehensively from past trends in average length of stay. The data used is statistical data managed by the hospital.

Number of patients who have surgeries in Neurosurgery Department (cases/year)

With the equipment procured under the Project, it is expected that the surgical capabilities will improve, enabling operations for patients who currently have inoperable conditions, reducing repeated hospitalizations, and shortening the average length of stay. Since the number of surgeries during period 2020 to 2024 fluctuated, the baseline value is set as the average number of surgeries from 2022 to 2024.

¹⁰ The values are based on hospital-provided data, but the actual average length of hospital stay is rounded down to the second decimal point, resulting in an error in the calculation of the percentage.

¹¹ ditto

Based on the fluctuations observed during this period, it is anticipated that the annual number of surgeries will remain relatively stable until the completion of the Project in 2027. Accordingly, a conservative annual growth rate of 5% has been assumed before the completion of the Project. After the completion of the Project, considering the expected impact of the newly installed equipment, the target value is projected to increase at an annual rate of 20%. The annual growth rate of 20% is a reasonable with no significant exceeding in the predicted number of inpatients (the predicted number of inpatients in the Neurosurgery Department was 1,308 in 2024¹²).

Table 20 Basis for Calculating Target Value

	2020	2021	2022	2023	2024	2025	2026	2027 (Completion Year)	2028	2029	2030
Actual No. of Patient received Surgeries	244	No Data	624	642	755						
Annual Average Increase Rate (%/year)			5%			5%	5%	5%	20%	20%	20%
Predicted No. of Patients						707	743	780	936	1123	1348

2) Oncology Center

The quantitative effects (outcome level) for the Oncology Center are shown in Table 21 considering the equipment procured by the Project. The baseline values are actual based on 2024 statistics¹³ provided by the hospital. Evaluation will be conducted by comparing data from 3 years after the Project completion with the 2024 baseline.

Table 21 Quantitative Effects at Oncology Center (Outcome Level)

Indicators	Baseline (Actual in 2024)	Target (2030) (3 years after the Project completion)
1. Percentage of patients with stage I and II breast cancer at initial diagnosis (%)	61	80
2. Percentage of patients with stage I and II stomach cancer at initial diagnosis (%)	24	36 ¹⁴
3. Number of surgeries (cases/year)	1,296 ¹⁵	1,918

Percentage of patients with stage I and II breast and gastric cancer at initial diagnosis (%)

The baseline value is based on the data of newly registered patients in 2024, prior to the implementation of the Project. The target value for breast cancer is set at 80.0% for Stages I and II, in accordance with the target specified in "The Oncology Disease Control and Prevention Strategy (2021-2025)." As the baseline value for gastric cancer is extremely low, the target value is set a 1.5 time increase

¹² Based on Documents provided by the Interregional Hospital.

¹³ FORM No. 7 Health Report on medical observation of patients with malignant neoplasms (2024).

¹⁴ In order to improve the early detection rate of stomach cancer, it is necessary to widely raise public awareness, like the breast cancer screening currently being conducted by oncology centers.

¹⁵ Since the data collection method for this indicator is different for 2024, the value for 2023 is used as the base value.

from the baseline value considering availability of endoscopic examination, rather than the target of stage I and II diagnosis rate in the "Oncology Disease Control and Prevention Strategy (2021-2025)."

Number of surgeries (cases/year)

The actual number of surgeries in 2023 is used as the baseline value, as the 2024 figure differed significantly from the previous years. It is assumed that there will be no significant fluctuation in the annual number until the year of the completion of the Project, based on the trend observed from 2021 to 2023, therefore, the annual increase rate is set at 6%. Then, the annual increase rate is set at 7.5%, reflecting the expected impact of the newly procured equipment (Table 22). The current capacity of inpatient ward is 50 beds, and the bed occupancy rate is 91% including patients with no scheduled surgery, but it is predicted that the average length of hospital stay will be shortened with the potential of improvement in early detection and early surgery by equipment procured. Consequently, the annual increase rate of approximately 7.5% is appropriate.

Table 22 Basis for Calculating Target Value

	2021	2022	2023	2024	2025	2026	2027 (Completi on Year)	2028	2029	2030
Actual No. of Patients received surgery	1,130	1,214	1,296	496						
Annual Average Increase Rate (%/year)	6%				6%	6%	6%	7.5%	7.5%	7.5%
Predicted No. of Patients					1,374	1,456	1,544	1,659	1,784	1,918

Additionally, it will be examined to determine how improving early detection rates affects survival rates.

(4) Impact-Level Indicators

The comprehensive impact indicators shown in Table 22 are to be also monitored considering the effects of similar Grant Aid projects currently being implemented in Kyrgyzstan, "The Project for the Improvement of Medical Equipment in Bishkek City and Chuy Oblast" (G/A signed in February 2023), and "The Project for the Improvement of Medical Equipment in Tertiary Hospitals of Bishkek City" (G/A signed in August 2024), and the technical cooperation "The Project for Strengthening Pilot Referral Systems for the Early Detection and Treatment of Non-Communicable Diseases" (March 2022 - June 2026). The indicators are selected considering the common issues among the 2 preceding projects, the technical cooperation project and the Project, and also considering the response to NCDs in the national development goals (particularly the early detection and treatment of cardiovascular diseases and cancer). These indicators are largely influenced by factors beyond JICA projects, and the causal pathways through which they manifest effects are complex, making it difficult to establish objective target values. Therefore, no target values will be set.

Table 23 Comprehensive Impact Indicators

Indicators	Baseline (Actual in 2023)
1 Reduction of national mortality rate caused by cardiovascular diseases (per 100,000 population)	232.7
2 Reduction of national mortality rate of breast cancer patients within 1 year (per 100,000 population)	18.7

Reduction of national mortality rate caused by cardiovascular diseases (per 100,000 population)

The baseline value is the Kyrgyz national mortality rate caused by cardiovascular diseases (per 100,000 population) data in 2023. The indicator will be evaluated by comparing data obtained 3 years after the Project completion with the baseline.

Reduction of national mortality rate of breast cancer patients within 1 year (per 100,000 population)

The baseline value is the Kyrgyz national mortality rate caused by breast cancer (per 100,000 population) data in 2023. The indicator will be evaluated by comparing data obtained 3 years after the Project completion with the baseline.

APPENDICES

1. Member List of Survey Team
2. Survey Schedule
3. List of Parties Concerned in the Recipient Country
4. Minutes of Discussions
5. Evaluation Chart of Requested Equipment

Appendix 1 Member Lists of Survey Team

The First Survey (January 29th to February 20th of 2025)

Name	Position	Organization
Ms. Rie SATO	Team Leader	Health Team 4, Health Group 2, Human Development Department JICA
Mr. Shotaro TOGAWA	Program Coordinator	Health Team 4, Health Group 2, Human Development Department JICA
Mr. Takashi MORITA	Project Manager/ Equipment Plan I / Needs Survey	INTEM Consulting, Inc.
Ms. Misato OHARA	Vice Project Manager / Equipment Plan II / DX	INTEM Consulting, Inc.
Ms. Naoko SHIBAYAMA	Procurement / Cost Estimation	INTEM Consulting, Inc.
Mr. Mitsuhiro NASU	Facility Planning / Architectural Planning	INTEM Consulting, Inc.
Ms. Mika ITO	Health Care Planning / Gender Issue	INTEM Consulting, Inc.

The Second Survey (August 4th to 20th of 2025)

Name	Position	Organization
Mr. Shotaro TOGAWA	Team Leader	Health Team 4, Health Group 2, Human Development Department JICA
Mr. Takashi MORITA	Project Manager/ Equipment Plan I / Needs Survey	INTEM Consulting, Inc.
Ms. Misato OHARA	Vice Project Manager / Equipment Plan II / DX	INTEM Consulting, Inc.

Appendix 2 Survey Schedule

The First Survey (January 29th to February 20th of 2025)

Date			JICA Members	Project Manager/ Equipment Plan I / Needs Survey	Vice Project Manager / Equipment Plan II / DX	Procurement / Cost Estimation	Facility Planning / Architectural Planning	Health Care Planning / Gender Survey
			Ms. Rie SATO Mr. Shotaro TOGAWA 10 days	Mr. Takashi MORITA 23 days	Ms. Misato OHARA 23 days	Ms. Naoko SHIBAYAMA 20 days	Mr. Mitsuhiro NASU 16 days	Ms. Mika ITO 20 days
Jan. 29	Wed	1		Japan → Kyrgyz	Japan → Kyrgyz			
Jan. 30	Thu	2						
Jan. 31	Fri	3		JICA, MoH	JICA, MoH			
Feb. 01	Sat	4		Team Meeting	Team Meeting	Japan → Kyrgyz	Japan → Kyrgyz	Japan → Kyrgyz
Feb. 02	Sun	5		BSZ → OSS	BSZ → OSS			
Feb. 03	Mon	6		Interregional Hospital (OIUCH)/ Oncology Center (OIOC)	Interregional Hospital (OIUCH)/ Oncology Center (OIOC)	Survey on Tax exemption, Import permit, Equipment Registration	BSZ → OSS OIUCH/ OIOC	MoH, e-Health Center, FOMS
Feb. 04	Tue	7		OIUCH/ OIOC	OIUCH/ OIOC	Procurement Survey (Bishkek)	OIOC	MoH, FOMS
Feb. 05	Wed	8		OIUCH	OIUCH	BSZ → OSS OIUCH	OIUCH	BSZ → OSS OIUCH
Feb. 06	Thu	9		OIOC	OIOC	OIOC	OIOC	OIUCH/ OIOC
Feb. 07	Fri	10		OIUCH	OIUCH Survey on Maintenance, DX	OIUCH/ OIOC	OIOC	OCCH/OIUCH/OI OC
Feb. 08	Sat	11		Team Meeting	Team Meeting	Team Meeting	OIUCH/ OIOC	Team Meeting
Feb. 09	Sun	12		Discussion on Survey Results	Discussion on Survey Results	Discussion on Survey Results	Discussion on Survey Results	Discussion on Survey Results
Feb. 10	Mon	13	Japan → Kyrgyz	Needs Survey	OIOC Survey on Maintenance, DX	OIUCH	Facility construction company survey OSS → BSZ	OIUCH/OIOC
Feb. 11	Tue	14		OIUCH/OIOC Final Confirmation Survey	OIUCH/OIOC Final Confirmation Survey	OIOC	Facility construction company survey	OIUCH/OIOC
Feb. 12	Wed	15	JICA MoH	OSS → BSZ JICA MoH	Discussion on Equipment Plan	OIUCH Procurement Survey (Osh)	Facility construction company survey	OIUCH/OIOC
Feb. 13	Thu	16	BSZ → OSS OIUCH	Team Meeting	OIUCH with JICA Members	Procurement Survey (Osh)	Team Meeting	OIUCH with JICA Members/ OIUCH
Feb. 14	Fri	17	OIOC	Team Meeting	OIOC with JICA Members	Procurement Survey (Osh)	Team Meeting	OIOC with JICA Members/OIUCH
Feb. 15	Sat	18	Osh State University Hospital/ OCCH	Team Meeting	Osh State University Hospital/OCCH	Osh State University Hospital/OCCH	Kyrgyz → Japan	Osh State University Hospital/OCCH
Feb. 16	Sun	19	Discussion on MD	Team Meeting	Discussion on MD	OSS → BSZ		Team Meeting
Feb. 17	Mon	20	Discussion with Hospitals	Procurement Survey (Bishkek)	Discussion with Hospitals	Procurement Survey (Bishkek)		OIUCH/OIOC OSS → BSZ
Feb. 18	Tue	21	OSS → BSZ Discussion on MD	Needs Survey Discussion on MD	OSS → BSZ Discussion on MD	Procurement Survey (Bishkek)		MoH
Feb. 19	Wed	22	Discussion on MD	Discussion on MD	Discussion on MD			
Feb. 20	Thu	23	Signing MD JICA, Embassy of Japan	Signing MD JICA, Embassy of Japan	Signing MD JICA, Embassy of Japan	Kyrgyz → Japan	Kyrgyz → Japan	Kyrgyz → Japan

The Second Survey (August 4th to 20th of 2025)

Date			JICA Member	Project Manager/ Equipment Plan I / Needs Survey	Vice Project Manager / Equipment Plan II / DX
			Mr. Shotaro TOGAWA 5 days	Mr. Takashi MORITA 14 days	Ms. Misato OHARA 14 days
Aug. 04	Mon	1		Japan → Kyrgyz	Japan → Kyrgyz
Aug. 05	Tue	2			
Aug. 06	Wed	3		BSZ → OSS OIUCH	BSZ → OSS
Aug. 07	Thu	4		OIUCH	OIUCH
Aug. 08	Fri	5		OIOC	OIOC
Aug. 09	Sat	6		Team Meeting	Team Meeting
Aug. 10	Sun	7		Team Meeting	Team Meeting
Aug. 11	Mon	8	MOH	OIOC (AM) Online Meeting with MOH	OIOC (AM) Online Meeting with MOH
Aug. 12	Tue	9	BSZ → OSS OIUCH	OIUCH	OIUCH
Aug. 13	Wed	10	OIOC OSS → BSZ	OIOC OSS → BSZ	OIOC OSS → BSZ
Aug. 14	Thu	11	MOH Discussion on MD	MOH Discussion on MD	MOH Discussion on MD
Aug. 15	Fri	12	JICA Embassy of Japan	JICA Embassy of Japan	JICA Embassy of Japan
Aug. 16	Sat	13		Kyrgyz → Japan	Kyrgyz → Japan
Aug. 17	Sun	14			
Aug. 18	Mon	15			
Aug. 19	Tue	16			
Aug. 20	Wed	17	Discussion on MD Signing MD (by JICA Kyrgyz Office)		

Appendix 3 List of Parties Concerned in the Recipient Country

Organization	Name	Position/Department
Ministry of Health	Baydavletov Kaarmanbek	Deputy Minister
	Ibraeva Nurgul	General Manager/ Department of Health Care Organization and Drug Policy
	Zhumabekov Asadi	Chief Specialist/ Department of Strategic Planning and Program Implementation
	Nogoibaev Bek	General Manager/ Department of Strategic Planning and Program Implementation
	Raimbaeva A	General Manager/ Department of Financial Policy
	Kalmanatov Kubanychbek	Chief/ Department of Health Care Organization and Drug Policy
	Ibraimova Aida. N	General Manager Department of Public Health, Licensing of Medical and Pharmaceutical Services
	Asel Turdalieva	Department of Accounting and Reporting
	Nursultan Kalilov	Department of Strategic Planning and Program Implementation
e-Health Center	Torobekova Elvira	General Manager/ Statistic Unit
	Chumagon V	Vice Director
	Majitova LH	Statistical Analysis Unit
FOMS	Karabekov Urustom	Chief
	Tologonova Aisuluu	Chief
	Shabdanov M	Vice Director
Osh Interregional United Clinical Hospital	Zhumaliev Atabek	Director
	Zharkynai Omurzakova	1 st Vice Director
	Aliskek Drozov	3 rd Vice Director
	Bazamat Rahimovich	Vice Head/Endoscopy Unit
	Janalieva Gulumkan Nazarovna	Vice Head/ECG Unit
	Gapanov Amnbol Keneshbekovich	Vice Head/Ultrasound Unit
	Arikov Aidarly Borkonovich	Vice Heald/Ophthalmology
	Idirisova Gulnara Tashtemirovich	Nursing Director
	Toktorava Makhabat	Nursing Director/CSSD
	Turgunova Gulbutal	Nursing Director
	Tashbaev Ulanbek Tashbaevich	Doctor
	Abdusattarov Estebes Anarmamatovna	Doctor
	Atambaev Azamat	Doctor
	Sarmambetov Eloliyar	Doctor/Traumatology Department
	Murzaliev Muhamedsalyk	Doctor/ Urology Department
Ashizov Kanatbek	Staff/Angiography Unit	
Omurzakov Nurkamal	Staff/CT Scan Room	

Organization	Name	Position/Department
	Sarymsakova Dilaram	Staff/CT Scan Room
	Ismailov Kurbankek	Staff/Abdominal Surgery 腹部外科
	Ryskulova Gulzar	Director/Laboratory Unit
	Abdiev Azamat	Director/Surgery 2 Department
	Duishobaev Abdyrakman	Director/Neurosurgery Department
	Sharybanov Abdykalyk	Director/Vascular Surgery Department
	Hasanov Rasim	Director/Thoracic Surgery Department
	Abdullavaev D.	Director/Burn Department
	Abdiraimov Tynchtik	Surgeon
	Bakieva Sakura	Staff/Emergency Department
	Sharipov Akmat	Director/Otorhinolaryngology
	Amirvekov Ulkman	Otorhinolaryngologist
	Dameera Tursunbekovna	Director/Statistic Department
	Kulakmatova Barchin	Manager/Medical Service
	Ergeshova Gulgara	Statistical Analyst/Statistic Department
	Saparov Gazarbaevna Tazagul	Director/Accounting Department
	Jumaeva Saikal Jypargul	General Manager/HR Department
	Ocomonova Jypargul Sharipovna	Inspector
	Orizmamafov Adilet	Specialist/Procurement Department
	Kanybekov Syimyk	IT Specialist
	Jumabaev Maksatbek Azamatovich	Manager
Osh Interregional Oncology Center	Paizova Zaripahan	Director
	Kasymov Denis Bakytovich	Acting Director, Vice Director Medical Affairs (DOD)
	Aiderov Avaz	Vice Director/Organizational Management
	Sadikov Mirbek	Oncologist
	Mataev Altynbek	Anesthesiologist
	Rapieva Saida	Gynecologic Oncologist
	Diykhanbaeva Iriskhan	Staff/HR Department
	Torogeldiev Almanbet	Director/Accounting Unit
Osh City Clinical Hospital	Abdurahmanov Shayatbek Tulonbuevich	Director, Osh City Clinical Hospital Regional Coordinator/Ministry of Health

Minutes of Discussions
on the Preparatory Survey for the Project for
the Improvement of Medical Equipment at Top Referral Hospitals in the Southern
Regions

Based on the several preliminary discussions between the Government of the Kyrgyz Republic (hereinafter referred to as “the Kyrgyz Republic”) and Japan International Cooperation Agency (hereinafter referred to as “JICA”), JICA dispatched the Preparatory Survey Team for the Outline Design (hereinafter referred to as “the Team”) of the Project for the Improvement of Medical Equipment at Top Referral Hospitals in the Southern Regions (hereinafter referred to as “the Project”) to the Kyrgyz Republic. The Team held a series of discussions with the officials of the Government of the Kyrgyz Republic and conducted a field survey. In the course of the discussions, both sides have confirmed the main items described in the attached sheets.

Bishkek, 20th February 2025



Ms. Rie SATO
Team Leader
Preparatory Survey Team
Japan International Cooperation Agency
Japan



Mr. Kaarmanbek BAYDAVLETOV
Deputy Minister
Ministry of Health
The Kyrgyz Republic

ATTACHMENT

1. Objective of the Project

The objective of the Project is to strengthen diagnosis and treatment capacity of non-communicable diseases (hereinafter referred to as “NCDs”) by providing medical equipment dealing with cardiovascular diseases and cancer to top referral hospitals for the southern regions of the Kyrgyz Republic (Osh, Jalal-Abad, Batken) located in Osh City, thereby contributing to improving the quality of healthcare services.

2. Title of the Preparatory Survey

Both sides confirmed the title of the Preparatory Survey as “the Preparatory Survey for the Project for the Improvement of Medical Equipment at Top Referral Hospitals in the Southern Regions”.

3. Project site

Both sides confirmed that the sites of the Project are the Osh Interregional United Clinical Hospital and the Osh Interregional Oncology Center in Osh City, which are shown in Annex 1.

4. Responsible authority for the Project

Both sides confirmed the authorities responsible for the Project are as follows:

The Ministry of Health will be the executing agency for the Project (hereinafter referred to as “the Executing Agency”). The Executing Agency shall coordinate with all the relevant authorities to ensure smooth implementation of the Project and ensure that the undertakings for the Project shall be managed by relevant authorities properly and on time. The organization charts are shown in Annex 2.

5. Items requested by the Government of the Kyrgyz Republic

5-1. As a result of discussions, both sides confirmed that the items requested by the Government of the Kyrgyz Republic are as shown in Annex 3. In terms of CT scan, the priority location is the Osh Interregional United Clinical Hospital, rather than the Osh Interregional Oncology Center, taking into consideration the clinical needs and available budget for operation and maintenance.

5-2. JICA will assess the feasibility of the above requested items through the survey and will report the findings to the Government of Japan. The final scope of the Project will be decided by the Government of Japan.

5-3. The Government of the Kyrgyz Republic shall submit an official request to the Government of Japan through a diplomatic channel **by the end of March 2025**.

6. Procedures and Basic Principles of Japanese Grant

6-1. The Kyrgyz Republic side agreed that the procedures and basic principles of Japanese Grant (hereinafter referred to as “the Grant”) as described in Annex 4 shall be applied to the Project. As for the monitoring of the implementation of the Project, JICA requires the Kyrgyz Republic side to submit the Project Monitoring Report, the form of which is attached as Annex 5.

6-2. The Kyrgyz Republic side agreed to take the necessary measures, as described in Annex 6, for smooth implementation of the Project. The contents of the Annex 6 will be elaborated and refined during the Preparatory Survey and be agreed in the mission dispatched for explanation of the Draft Preparatory Survey Report. The contents of Annex 6 will be updated as the Preparatory Survey progresses, and eventually, will be used as an attachment to the Grant Agreement.

7. Schedule of the Survey

7-1. An official request to the Government of Japan will be submitted before the end of March 2025.

7-2. JICA will prepare a draft Preparatory Survey Report in Russian and dispatch a mission to the Kyrgyz Republic in order to explain its contents around June 2025.

7-3. If the contents of the draft Preparatory Survey Report are accepted and the undertakings for the Project are fully agreed by the Kyrgyz Republic side, JICA will finalize the Preparatory Survey Report and send it to the Kyrgyz Republic around September 2025.

7-4. The above schedule is tentative and subject to change.

8. Environmental and Social Considerations

8-1. The Kyrgyz Republic side confirmed to give due environmental and social considerations during implementation, and after completion of the Project, in accordance with the JICA Guidelines for Environmental and Social Considerations (January, 2022).

8-2. The Project is categorized as “C” from the following considerations:

The Project is likely to have minimal adverse impact on the environment under the JICA Guidelines for Environmental and Social Considerations (January, 2022).



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9. Other Relevant Issues

9-1. Gender Mainstreaming

Both sides confirmed that following gender elements shall be duly reflected in the scope of Preparatory Survey.

- (a) Collection of information and gender disaggregated data for assessment of gender needs.
- (b) Examination of gender-responsive measures based on the assessment, such as:
 - ✓ Selection of equipment that reflects gender-specific needs and ensure usability by women.
 - ✓ Implementation of soft-component activities that promote women's empowerment.
 - ✓ Collection of gender-disaggregated data for monitoring and evaluation.

9-2. Maintenance of the equipment

(1) Allocation of Budget and Human Resources

The Kyrgyz Republic side agreed to secure and allocate the necessary staff and budget to operate and maintain the medical equipment procured under the Project properly and effectively. Besides, the Kyrgyz Republic side agreed to allocate an engineer for each target hospital, as prescribed by the national legislation.

(2) Maintenance Services

The Team explained the importance of the routine maintenance and periodical maintenance service of some major equipment. Keeping this in view, both sides agreed to consider including a maintenance service contract in the Project for the major medical equipment such as angiography, CT and MRI, whose appropriate contract years will be investigated during the Preparatory Survey.

The Kyrgyz Republic side also agreed to bear maintenance cost after the expiration of the maintenance contract and/or manufacture guarantee depending on the equipment. JICA will inform the results of the maintenance service contract of each equipment to be covered by the Grant during the mission for the explanation of the draft Preparatory Survey Report.

9-3. Precondition of Installment of Equipment

The Kyrgyz Republic side agreed to take necessary measures to remove the existing equipment and conduct necessary renovation and construction works, including room walls, ceiling and radiation protection works, to secure the space before the installment of the equipment procured under the Project.



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9-4. Soft Components

The Kyrgyz Republic side took note of the importance of operational training for the equipment and requested initial operational training by the manufacturers upon installment of the equipment. However, additional training as soft components will not be necessary for the Project because both hospitals have sufficient staffs who are able to conduct daily maintenance of the equipment according to the national standards.

9-5. Registration of the equipment

The Kyrgyz Republic side agreed to ensure that procedures upon registration of the equipment provided under the Project is exempted or simplified even after the rules and regulations of the Eurasian Economic Union (EAEU) become effective.

Annex 1 Project Site

Annex 2 Organization Chart

Annex 3 Equipment List

Annex 4 Japanese Grant

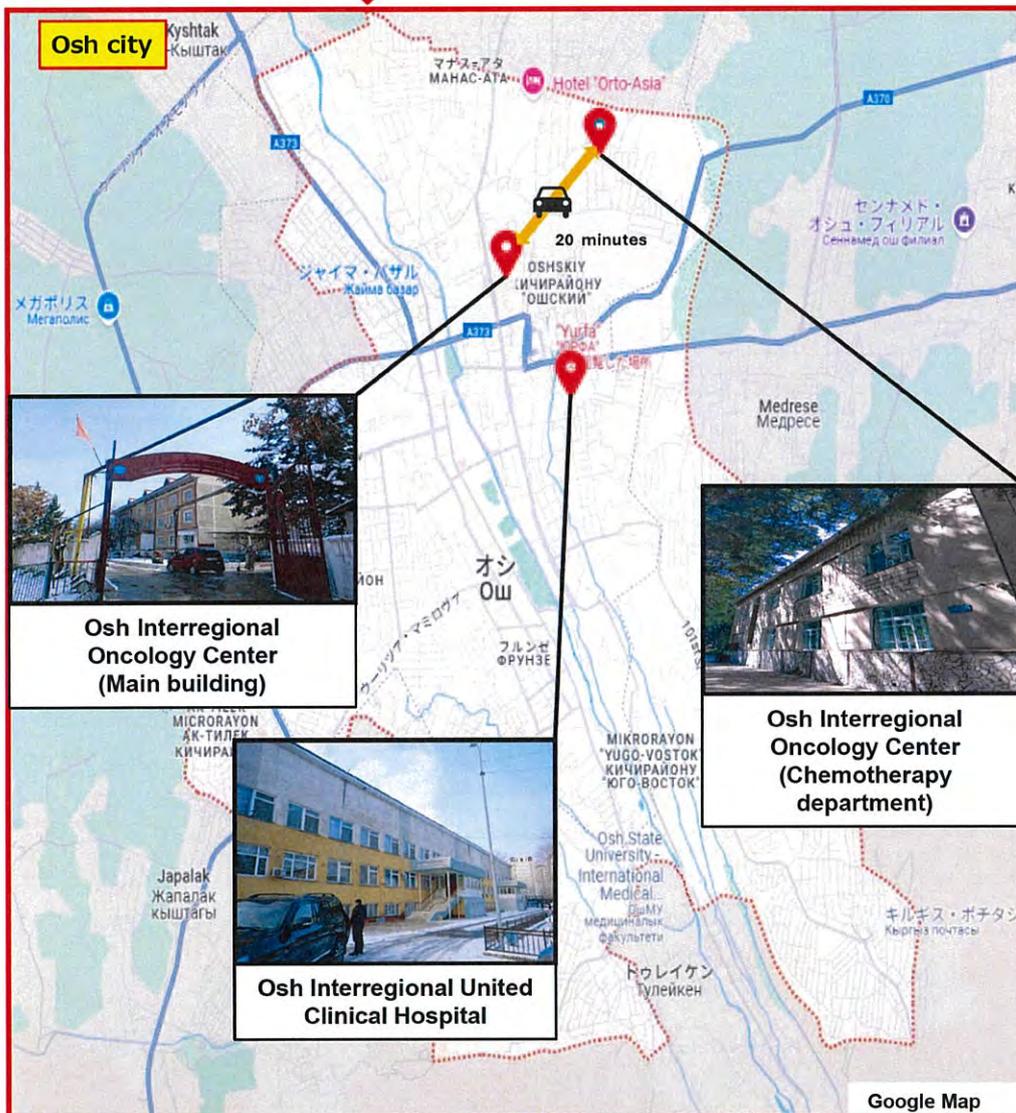
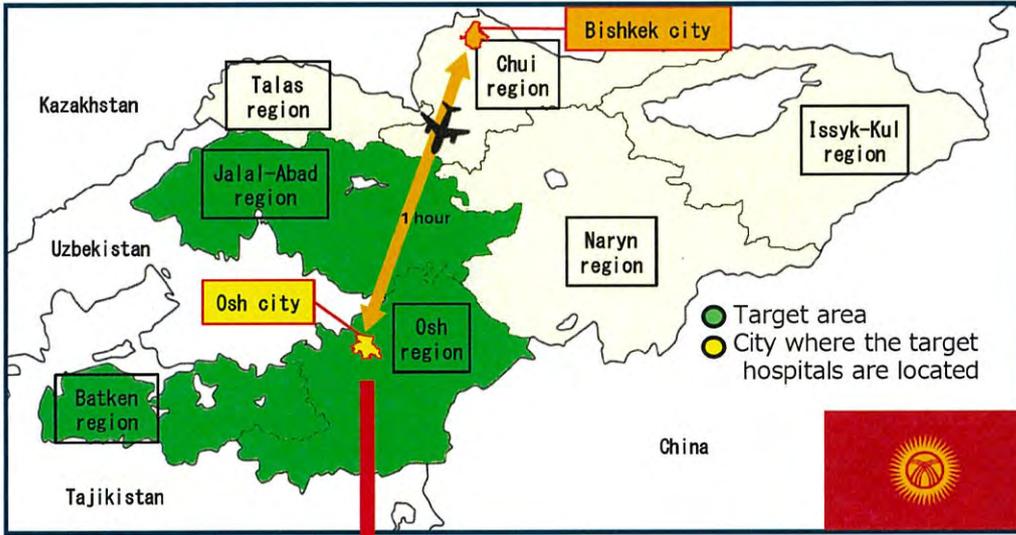
Annex 5 Project Monitoring Report (template)

Annex 6 Major Undertakings to be taken by the Government of the Kyrgyz Republic



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Annex 1 . Project site



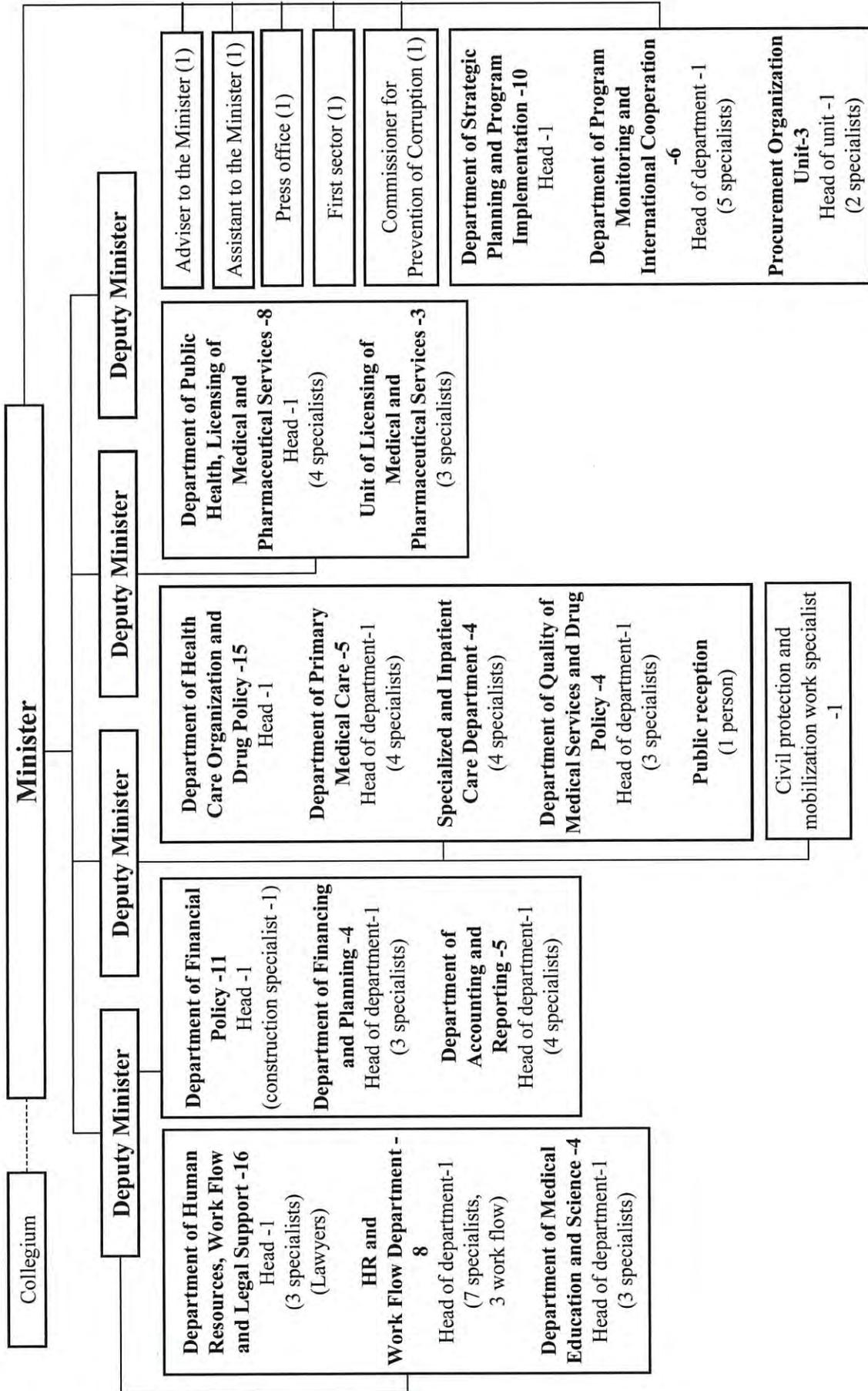
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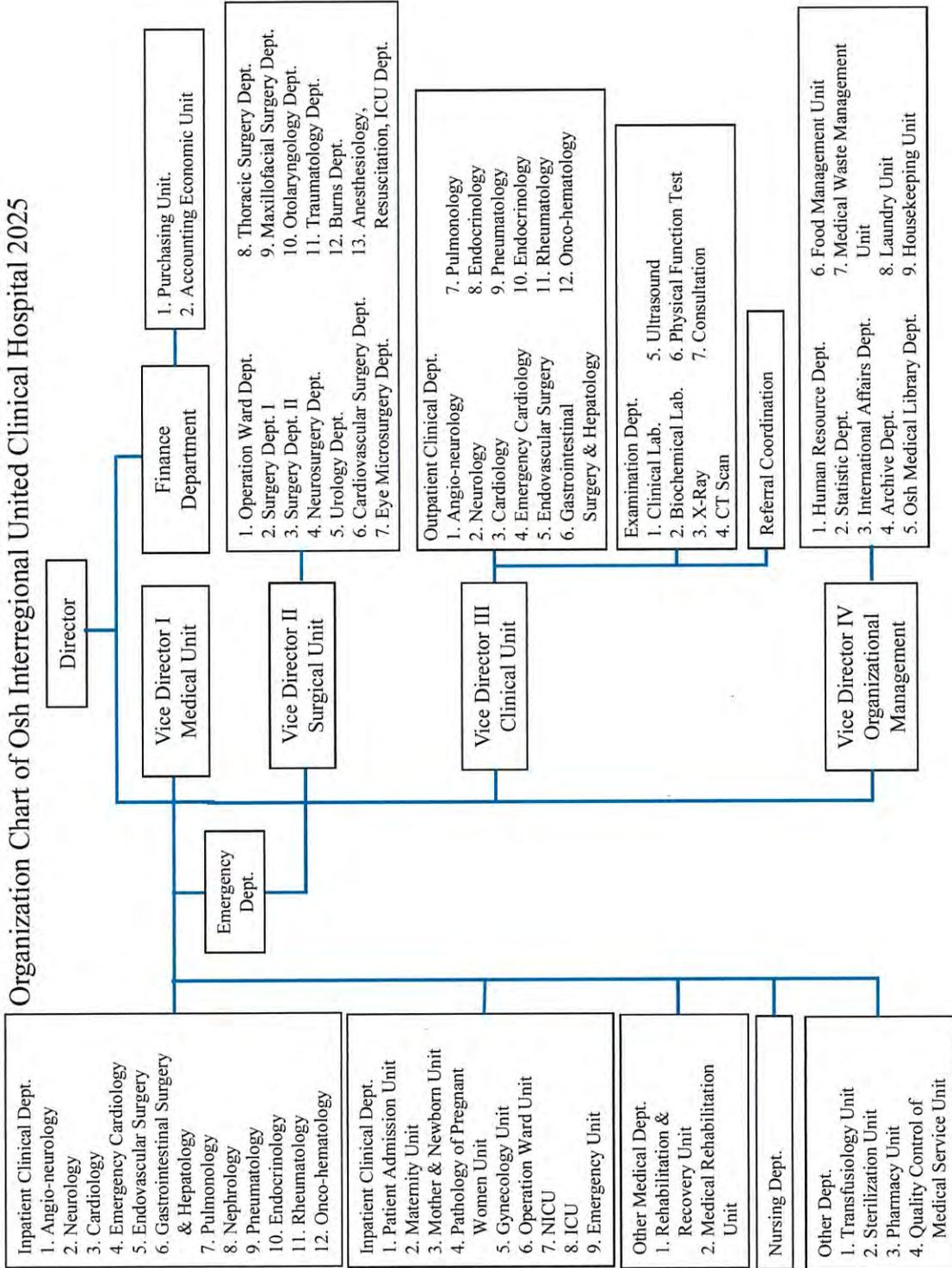
Annex 2. Organization Chart

Structure of Central Office of the Ministry of Health of the Kyrgyz Republic (71 persons)

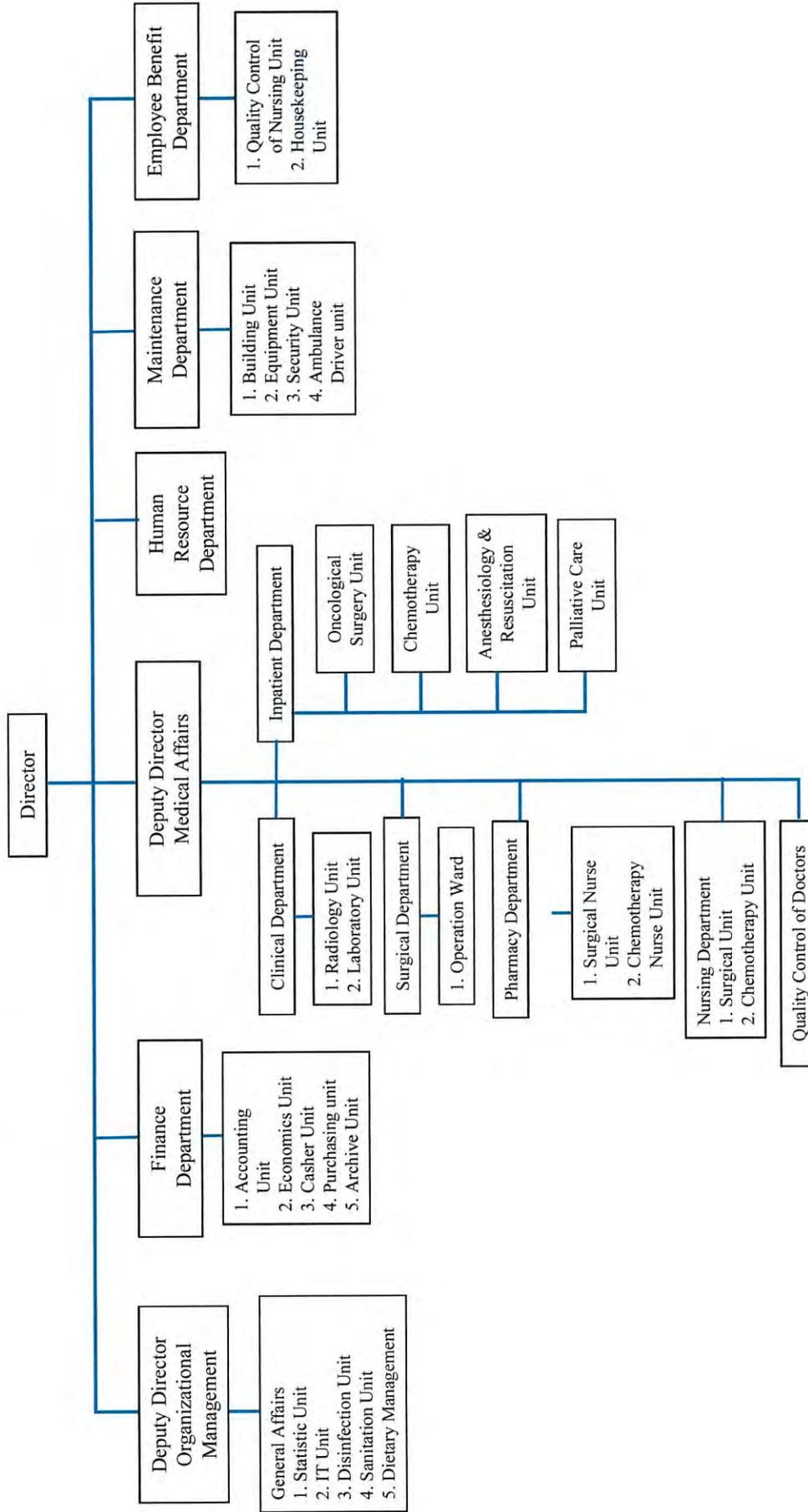


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Organization Chart of Osh Interregional United Clinical Hospital 2025



Organization Chart of Osh Interregional Oncology Center



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Osh Interregional United Clinical Hospital/ Ошская межобластная объединенная клиническая больница/ オシユ州統合病院

No.	Equipment Name			Q'ty	Priority
	ロシア語	英語	日本語		
Radiology department/ Отделение визуальной диагностики / 画像診断部 画像診断部門					
1	Компьютерный томограф	CT scan	CTスキャン	1	A
Angiography/ Ангиографический аппарат/ 血管造影撮影装置					
2	Ангиографический аппарат	Angiography	血管造影撮影装置	1	A+
3	Аппарат ИВЛ	Ventilator	人工呼吸器	1	A+
4	Наркозно дыхательный аппарат	Anesthesia machine	麻酔器	1	A+
5	Хирургический отсасыватель	Suction machine	吸引機	1	A
6	Дефибриллятор	Defibrillator	除細動器	1	A
7	Монитор пациента	Patient monitor	患者監視装置	3	A
Ultrasound department / Отделение УЗИ / 超音波診断部門					
8	Эхокардиограф (стационарный и портативный)	Ultrasound imaging system for cardiovascular (stationary)	心臓用超音波診断装置 (据置型)	2	A+
9	Портативный УЗИ аппарат	Portable Ultrasound	超音波診断装置 (ポータブル)	2	A+
Endoscopy department / Отделение эндоскопии / 内視鏡室					
10	Видеобронхофиброскоп	Flexible video bronchoscope	ビデオ軟性気管支鏡	2	1A+,1B
11	Видеогастроскоп	Video gastroscope	ビデオ上部消化管内視鏡	2	1A+,1B
12	Видеokolonoskop	Video colonoscope	ビデオ下部消化管内視鏡	1	A+
13	Видеодуоденоскоп	Duodenoscope	十二指腸内視鏡	1	A+
ICU / Отделение реанимации / ICU					
14	Наркозно-дыхательный аппарат	Ventilator for anesthesia	麻酔器	2	A+
15	Аппарат ИВЛ	Mechanical ventilator	人工呼吸器	8	A+
16	Хирургический отсасыватель	Suction machine	吸引器	2	A+
17	Функциональная кровать	ICU Bed	ICUベッド	16	A+
18	Инфузомат капельный	Infusion pump	輸液ポンプ	16	A+
19	Инфузомат шприцовый	Syringe pump	シリンジポンプ	16	A+
20	Монитор пациента с центральной станцией мониторинга	Patient monitor with central monitor	患者モニター、セントラル	16	A+
21	Дефибриллятор	Defibrillator	除細動装置	1	A+
22	Видеоларингоскоп	Video laryngoscope	ビデオ喉頭鏡	5	A
23	Аппарат для гемодиализа	Hemodialysis machine	透析装置	1	A
Operation theatre/Отделение хирургии / 手術室					
24	Наркозно-дыхательный аппарат	Ventilator for anesthesia	麻酔器	8	A+
25	Аппарат ИВЛ	Mechanical ventilator	人工呼吸器	2	A+
26	Хирургический отсасыватель	Suction machine	吸引器	8	A+
27	Дефибриллятор	Defibrillator	除細動装置	1	A+
28	Видеоларингоскоп	Video laryngoscope	ビデオ喉頭鏡	5	A
29	Операционный стол	Operating table	手術台	10	A+
30	Операционная лампа двухкупольная	Operating light (dual)	二灯式手術用无影灯	10	A
31	Электрокоагулятор	Electro surgical machine	電気メス	8	A+

No.	Equipment Name			Qty	Priority
	ロシア語	英語	日本語		
CSSD / IICO / 中央滅菌部門					
32	Автоклав	Autoclave	高压蒸気滅菌器	2	A
33	Моющий аппарат для инструментов	Washer Disinfector	器具洗浄装置	1	A
Cardiology department / КФД / 循環器科					
34	Беговая дорожка	Treadmill	トレッドミル	1	A
35	ЭКГ аппарат, 12-канальный	ECG, 12ch	ECG, 12ch	3	A
36	ЭКГ аппарат, портативный	ECG, portable	ECG, 3ch, ポータブル	2	A
37	Капилляроскоп	Capillaroscopy	毛細血管顕微鏡	1	A
38	Аппарат суточного мониторинга (Холтер)	Electrocardiographic data recorder	ホルター心電計	6	A
Neurosurgery department / Отделение нейрохирургии / 脳神経外科					
39	Эндоскопическая стойка для позвоночника с набором нейрохирургических инструментов	Spinal endoscope and neurosurgery instrument	脊椎、脳神経外科用内視鏡	1	A
40	Микроскоп нейрохирургический	Surgical Microscope	手術顕微鏡	1	A
41	C-дуга	C-arm	Cアーム	1	A
Traumatology department / Ожоговое отделение / 外傷部門					
42	Дерматом электрический	Electric dermatome	電動ダーマトーム	1	A+
43	Кожный перфоратор	Skin puncture	皮膚メッシュ拡張ダーマトーム	1	A+
Abdominal surgery department / Абдоминальная хирургия / 腹部外科					
44	Лапароскопическая стойка для абдоминальной хирургии	Laparoscope for abdominal surgery	腹部手術用腹腔鏡	1	A+
45	Большой хирургический набор инструментов	Large surgical instrument set	大型手術器具セット	2	A+
Laparoscopy department / Отделение лапароскопической хирургии / 腹腔鏡部門					
46	Лапароскопическая стойка для абдоминальной хирургии	Laparoscope for abdominal surgery	腹部手術用腹腔鏡	1	A+
Orthopedic surgery department / Отделение пластической хирургии / 整形外科					
47	Мобильный рентген аппарат C-дуга	Mobile diagnostic X-ray system	移動型X線透視診断装置 (Cアーム)	1	B
48	Набор инструментов для ортопедической хирургии	Orthopedic surgery instrument set	整形外科手術器具セット	1	B
49	Артроскоп	arthroscope	関節鏡 (大腿骨用)	1	B
Urology department / Отделение урологии / 泌尿器科					
50	Уретероскоп	Ureterorenoscope	尿管内視鏡	1	A
51	Хирургический гольмиевый лазер 80 Ватт	Surgical Holmium Laser (80W)	外科用ホルミウムレーザーセット	1	A
52	Мини-перкутанный нефроскоп	Percutaneous nephroscope (mini)	経皮的腎鏡 (小)	1	A
53	Цистоскоп	Cystoscope	膀胱鏡	1	A
54	Контактный комбинированный литотриптор	Lithotripsy	空気破碎装置	1	A
55	Ультразвуковой генератор с лигирующими инструментами (типа пистолет)	Ultrasonic generator with ligating device (gun type)	超音波凝固切開装置	1	A
Ophthalmology department / Микрохирургия глаза / 眼科					
56	Оптический когерентный томограф	OCT	OCT	2	B
57	Фундус-камера	Fundas camera	眼底カメラ	1	B

No.	Equipment Name			Q'ty	Priority
	ロシア語	英語	日本語		
58	Целевая лампа	Slit lamp	スリットランプ	1	B
59	YAG лазер	YAG laser	YAGレーザー	1	B
ENT department / ЛОР / 耳鼻科					
60	ЛОП комбайн	Ear/nose/throat treatment unit	耳鼻咽喉科 (ENT) 用治療ユニット	2	A
61	Шейвер для ЛОР хирургии	Shaver for ENT surgery	ENT内視鏡	1	A
62	Хирургический микроскоп	General surgery microscope	手術顕微鏡	1	A
63	Аудиометр	Audiometer	オーディオメーター	1	A+
Maternity department / Роддом / 産科					
64	Неонатальный столик	Infant warmer	インファントウォーマー	6	B
65	СИПАП	CPAP	CPAP	6	B
66	ИВЛ для взрослых	Ventilator for adult	人工呼吸器	1	B
67	Прикроватный фетальный монитор	Fetal monitor	分娩監視装置	6	B
68	Портативный рентген аппарат	Portable X-ray machine	モバイルX線撮影装置	1	B
69	Кольпоскоп	Colposcope	コルポスコープ	1	B
70	Лапароскопическая стойка для абдоминальной хирургии	Laparoscope for gynecological surgery	婦人科手術用腹腔鏡	1	B
71	Инкубатор для новорожденных	Infant incubator	保育器	4	B
72	Наркозно-дыхательный аппарат	Anesthesia machine	麻酔器	1	B
73	инфузионный насос	Infusion pump	輸液ポンプ	7	B
74	Монитор пациента	Patient monitor	患者監視装置	7	B
75	Центрифуга	Centrifuge	遠心分離機	1	B
76	анализатор газов крови	Blood gas analyzer	血液ガス分析装置	1	B
77	Аудиометр	Audiometer	オーディオメーター	1	B
78	Электротоосос	Suction machine	吸引機	5	B
79	Автоклав	Autoclave	高圧蒸気滅菌機	1	B
80	Хирургический инструмент гинекологический	Instrument set for gynecological surgery	婦人科手術器具セット	1	B
Laboratory department / Клиническая лаборатория / 臨床検査室					
81	Сухожаровой шкаф	Dry heat oven	乾熱滅菌機	1	B
Pulmonary surgery department / Отделение легочной хирургии / 肺外科部門					
82	Торакальный набор инструментов	Thoracic instrument set	胸部器具セット	1	B
Vascular surgery department / Сосудистая хирургия / 血管外科					
83	Сосудистый набор инструментов	Vascular surgical instrument set	血管手術器具セット	1	B
84	Эндовенозная лазерная абляция	Endo venous laser ablation	静脈瘤レーザー焼灼装置	1	B
Outpatient department / АДО / 外来					
85	Каталки для пациентов	Patient trolley	ストレッチャー	10	B
86	Кресло-каталки для пациентов	Wheelchair	車いす	10	B
87	Инвалидные коляски для пациентов	Wheelchair	車いす	10	B

Osh Interregional Oncology Center/ Ошский межобластной онкологический центр / 腫瘍センター

No.	Equipment Name			Q'ty	Priority
	ロシア語	英語	日本語		
Radiology department/ Отделение визуальной диагностики/画像診断部門					
1	Цифровой рентген аппарат	Digital X-ray machine	一般X線撮影装置	1	A+
2	Магнитно-резонансный томограф	Magnetic resonance diagnostic imaging system (MRI)	磁気共鳴画像診断装置 (MRI)	1	A+
3	Компьютерный томограф	CT scan	CTスキャン	1	A
Endoscopy department/ Отделение эндоскопии / 内視鏡室					
4	Эндоскопический набор (Гастроскоп)	Endoscopic set (Gastroscope)	上部消化管内視鏡	1	A+
5	Эндоскопический набор (Колоноскоп)	Endoscopic set (Colonoscope)	下部消化管内視鏡	1	A+
6	Эндоскопический набор (Бронхоскоп)	Endoscopic set (Bronchoscope)	気管支内視鏡	1	A+
7	Эндоскопический набор (Дуоденоскоп)	Endoscopic set (Duodenoscope)	十二指腸内視鏡	1	A+
ICU / Отделение реанимации/ ICU					
8	Функциональная кровать	Functional bed	ICUベッド	6	A
9	Видеоларингоскоп	Video laryngoscope	ビデオ喉頭鏡	2	B
10	Прикроватный монитор	Patient monitoring system	患者監視装置	8	A
11	Концентратор кислорода	Oxygen concentrator	酸素濃縮装置	4	B
12	Пульсоксиметр	Pulse oximeter	パルスオキシメーター	8	B
Operation theatre / Отделение хирургии / 手術室					
13	Ранорасширитель	Retractor	開創器	1	A
14	Электрический операционный стол	Electric operating table	電動手術台	2	B
15	Электрокоагулятор	Electro coagulator	電気手術器 (電気メス)	4	A
16	Ультразвуковой электрокоагулятор	Ultrasonic electro coagulator	超音波電気メス	2	B
17	Подставка для биксов	Sterilization cart	カスト台	4	B
18	Стол для большого набора операционных инструментов	Table for operational instruments (large)	手術器具用テーブル (大)	1	B
19	Стол для маленького набора операционных инструментов	Table for operational instruments (small)	手術器具用テーブル (小)	2	B
20	Стол для анестезиологических инструментов	Operating table for anesthetic instruments	麻酔器械台	2	B
21	Операционная лампа мобильная	Mobile operating light	モバイル无影灯	2	B
22	Хирургический налобный осветитель	Head lamp for operation	ヘッドランプ	3	A
23	Передвижная кварцевая лампа	Mobile Quartz lamp	石英ランプ (紫外線ランプ)	1	B
24	Большой хирургический набор	Operational instrument (large)	手術器具セット (大)	1	A
25	Многофункциональный аппарат ингаляционной анестезии	Anesthesia system	麻酔器	1	A
26	Ларингеальная маска	Anesthesia mask	麻酔用マスク	10	B
27	Электрический хирургический отсасыватель	Electric surgical aspirator	外科用電動吸引装置	2	A
28	Электрохирургический высокочастотный аппарат (скальпель-коагулятор)	High frequency electrosurgical unit	高周波電気手術器 (電気メス)	1	B
29	Гистероскоп	Hysteroscope	子宮鏡	1	A

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No.	Equipment Name			Q'ty	Priority
	ロシア語	英語	日本語		
Gynecology department/ Отделение гинекологии / 婦人科					
30	Гинекологическое кресло	Gynecological chair	婦人科検診用椅子	2	B
31	Ультразвуковой аппарат с гинекологическими датчиками (стационарный)	Stationary ultrasound for gynecology	婦人科用超音波診断装置	1	A+
32	Ультразвуковой аппарат	Ultrasound machine	超音波診断装置	1	A
33	Цифровой маммограф	Mammography	マンモグラフィ装置	1	A+
34	Аппарат для вакуумной аспирационной биопсии	Aspiration tissue biopsy needle unit	吸引式組織生検装置	2	A+
CSSD / ЦСО / 中央滅菌部門					
35	Автоклав	Autoclave	高圧蒸気滅菌器	2	A+
Pathology laboratory / Гистологическая лаборатория / 病理検査室					
36	Гистопроцессор	Tissue processor	ティッシュプロセッサー	1	A+
37	Автоматический иммуногистостейнер	Automated staining device	自動染色装置	1	A
Outpatient department/ АДО / 外来					
38	Кровать универсальная медицинская	Universal medical bed	医療用ベッド	4	B
39	Каталка реанимационная	Resuscitation stretcher	蘇生用担架	2	B
40	Кресло-каталка медицинская	Medical wheelchair	医療用車いす	4	B

JAPANESE GRANT

The Japanese Grant is non-reimbursable fund provided to a recipient country (hereinafter referred to as “the Recipient”) to purchase the products and/or services (engineering services and transportation of the products, etc.) for its economic and social development in accordance with the relevant laws and regulations of Japan. Followings are the basic features of the project grants operated by JICA (hereinafter referred to as “Project Grants”).

1. Procedures of Project Grants

Project Grants are conducted through following procedures (See “PROCEDURES OF JAPANESE GRANT” for details):

(1) Preparation

- The Preparatory Survey (hereinafter referred to as “the Survey”) conducted by JICA

(2) Appraisal

- Appraisal by the government of Japan (hereinafter referred to as “GOJ”) and JICA, and Approval by the Japanese Cabinet

(3) Implementation

Exchange of Notes

- The Notes exchanged between the GOJ and the government of the Recipient

Grant Agreement (hereinafter referred to as “the G/A”)

- Agreement concluded between JICA and the Recipient

Banking Arrangement (hereinafter referred to as “the B/A”)

- Opening of bank account by the Recipient in a bank in Japan (hereinafter referred to as "the Bank") to receive the grant

Construction works/procurement

- Implementation of the project (hereinafter referred to as “the Project”) on the basis of the G/A

(4) Ex-post Monitoring and Evaluation

- Monitoring and evaluation at post-implementation stage

2. Preparatory Survey

(1) Contents of the Survey

The aim of the Survey is to provide basic documents necessary for the appraisal of the the Project made by the GOJ and JICA. The contents of the Survey are as follows:

- Confirmation of the background, objectives, and benefits of the Project and also institutional capacity of relevant agencies of the Recipient necessary for the implementation of the Project.



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- Evaluation of the feasibility of the Project to be implemented under the Japanese Grant from a technical, financial, social and economic point of view.
- Confirmation of items agreed between both parties concerning the basic concept of the Project.
- Preparation of an outline design of the Project.
- Estimation of costs of the Project.
- Confirmation of Environmental and Social Considerations

The contents of the original request by the Recipient are not necessarily approved in their initial form. The Outline Design of the Project is confirmed based on the guidelines of the Japanese Grant.

JICA requests the Recipient to take measures necessary to achieve its self-reliance in the implementation of the Project. Such measures must be guaranteed even though they may fall outside of the jurisdiction of the executing agency of the Project. Therefore, the contents of the Project are confirmed by all relevant organizations of the Recipient based on the Minutes of Discussions.

(2) Selection of Consultants

For smooth implementation of the Survey, JICA contracts with (a) consulting firm(s). JICA selects (a) firm(s) based on proposals submitted by interested firms.

(3) Result of the Survey

JICA reviews the report on the results of the Survey and recommends the GOJ to appraise the implementation of the Project after confirming the feasibility of the Project.

3. Basic Principles of Project Grants

(1) Implementation Stage

1) The E/N and the G/A

After the Project is approved by the Cabinet of Japan, the Exchange of Notes (hereinafter referred to as “the E/N”) will be signed between the GOJ and the Government of the Recipient to make a pledge for assistance, which is followed by the conclusion of the G/A between JICA and the Recipient to define the necessary articles, in accordance with the E/N, to implement the Project, such as conditions of disbursement, responsibilities of the Recipient, and procurement conditions. The terms and conditions generally applicable to the Japanese Grant are stipulated in the “General Terms and Conditions for Japanese Grant (January 2016).”

2) Banking Arrangements (B/A) (See “Financial Flow of Japanese Grant (A/P Type)” for details)



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a) The Recipient shall open an account or shall cause its designated authority to open an account under the name of the Recipient in the Bank, in principle. JICA will disburse the Japanese Grant in Japanese yen for the Recipient to cover the obligations incurred by the Recipient under the verified contracts.

b) The Japanese Grant will be disbursed when payment requests are submitted by the Bank to JICA under an Authorization to Pay (A/P) issued by the Recipient.

3) Procurement Procedure

The products and/or services necessary for the implementation of the Project shall be procured in accordance with JICA's procurement guidelines as stipulated in the G/A.

4) Selection of Consultants

In order to maintain technical consistency, the consulting firm(s) which conducted the Survey will be recommended by JICA to the Recipient to continue to work on the Project's implementation after the E/N and G/A.

5) Eligible source country

In using the Japanese Grant disbursed by JICA for the purchase of products and/or services, the eligible source countries of such products and/or services shall be Japan and/or the Recipient. The Japanese Grant may be used for the purchase of the products and/or services of a third country as eligible, if necessary, taking into account the quality, competitiveness and economic rationality of products and/or services necessary for achieving the objective of the Project. However, the prime contractors, namely, constructing and procurement firms, and the prime consulting firm, which enter into contracts with the Recipient, are limited to "Japanese nationals", in principle.

6) Contracts and Concurrence by JICA

The Recipient will conclude contracts denominated in Japanese yen with Japanese nationals. Those contracts shall be concurred by JICA in order to be verified as eligible for using the Japanese Grant.

7) Monitoring

The Recipient is required to take their initiative to carefully monitor the progress of the Project in order to ensure its smooth implementation as part of their responsibility in the G/A, and to regularly report to JICA about its status by using the Project Monitoring Report (PMR).

8) Safety Measures

The Recipient must ensure that the safety is highly observed during the implementation of the Project.

9) Construction Quality Control Meeting

Construction Quality Control Meeting (hereinafter referred to as the "Meeting") will be held for quality assurance and smooth implementation of the Works at each stage of the Works. The member of the Meeting will be composed by the Recipient (or executing agency), the Consultant, the Contractor and JICA. The functions of the Meeting are as



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followings:

- a) Sharing information on the objective, concept and conditions of design from the Contractor, before start of construction.
- b) Discussing the issues affecting the Works such as modification of the design, test, inspection, safety control and the Client's obligation, during of construction.

(2) Ex-post Monitoring and Evaluation Stage

- 1) After the project completion, JICA will continue to keep in close contact with the Recipient in order to monitor that the outputs of the Project is used and maintained properly to attain its expected outcomes.
- 2) In principle, JICA will conduct ex-post evaluation of the Project after three years from the completion. It is required for the Recipient to furnish any necessary information as JICA may reasonably request.

(3) Others

1) Environmental and Social Considerations

The Recipient shall carefully consider environmental and social impacts by the Project and must comply with the environmental regulations of the Recipient and JICA Guidelines for Environmental and Social Considerations (April, 2010).

2) Major undertakings to be taken by the Government of the Recipient

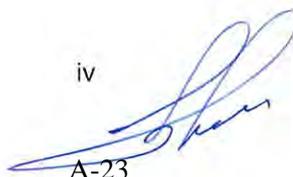
For the smooth and proper implementation of the Project, the Recipient is required to undertake necessary measures including land acquisition, and bear an advising commission of the A/P and payment commissions paid to the Bank as agreed with the GOJ and/or JICA. The Government of the Recipient shall ensure that customs duties, internal taxes and other fiscal levies which may be imposed in the Recipient with respect to the purchase of the Products and/or the Services be exempted or be borne by its designated authority without using the Grant and its accrued interest, since the grant fund comes from the Japanese taxpayers.

3) Measures to ensure more efficient implementation of the Grant

- i) In the event that the E/N and the G/A concerning a project cannot be signed by the end of the following Japanese fiscal year of the cabinet decision concerned by the GOJ, the authorities concerned of the two Governments will discuss the cancellation of the project.
- ii) In the event that the period, specified in the G/A, during which the grant is available expires before the completion



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of the disbursement, the authorities concerned of the GO J will thoroughly review the status, situation and perspective of the implementation of the project concerned before extending the said period. The authorities concerned of the two Governments will discuss the termination of the project including a refund, unless there are concrete prospects for its completion.

iii) Regardless of the period mentioned in ii) above, the authorities concerned of the two Governments will, in the event that five years have passed since the cabinet decision concerned by the GOJ before the completion of the disbursement, except as otherwise confirmed between them, discuss the termination of a project including a refund, unless there are concrete prospects for its completion.

4) Proper Use

The Recipient is required to maintain and use properly and effectively the products and/or services under the Project (including the facilities constructed and the equipment purchased), to assign staff necessary for this operation and maintenance and to bear all the expenses other than those covered by the Japanese Grant.

5) Export and Re-export

The products purchased under the Japanese Grant should not be exported or re-exported from the Recipient.



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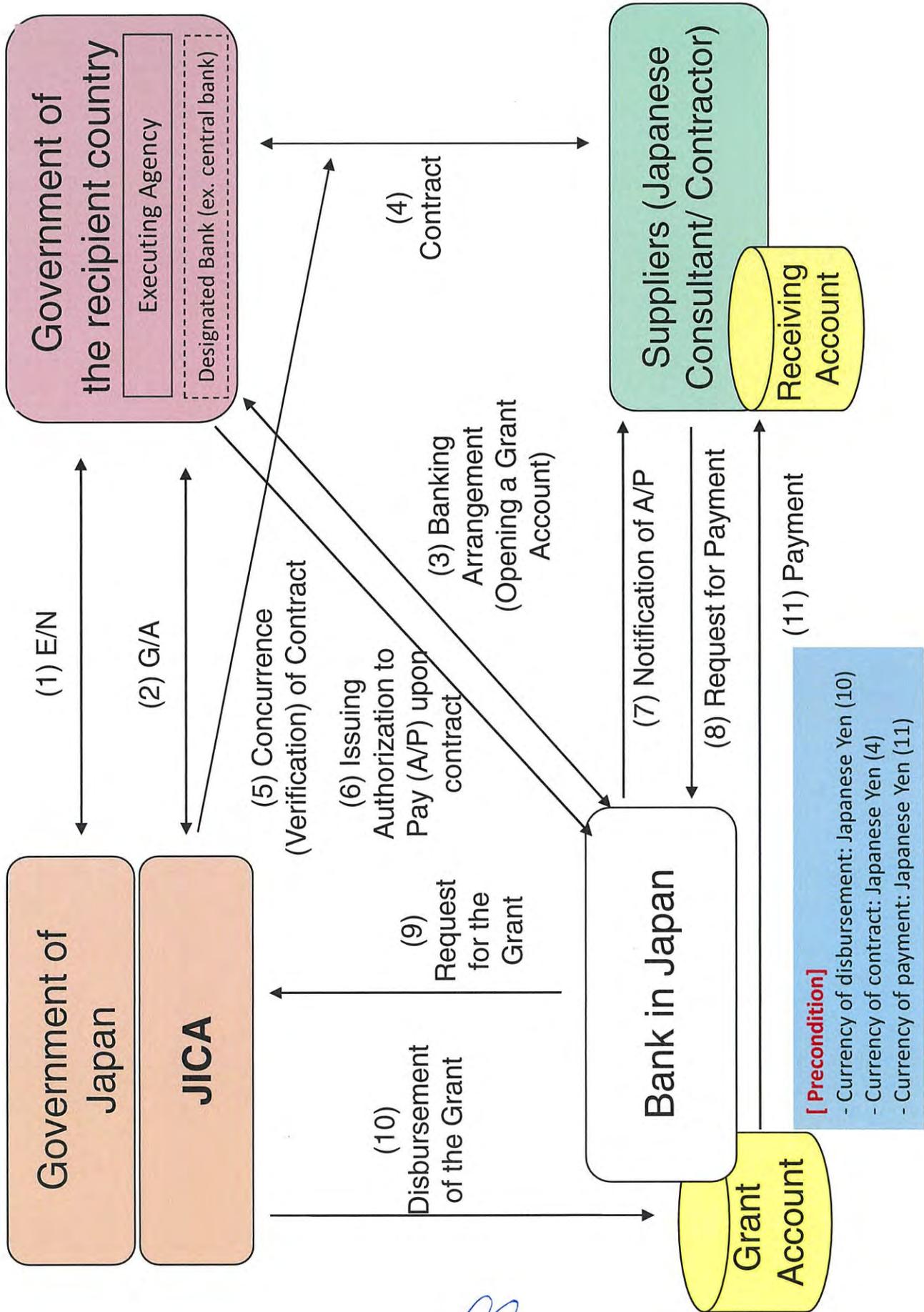
PROCEDURES OF JAPANESE GRANT

Stage	Procedures	Remarks	Recipient Government	Japanese Government	JICA	Consultants	Contractors	Agent Bank
Official Request	Request for grants through diplomatic channel	Request shall be submitted before appraisal stage.	x	x				
1. Preparation	(1) Preparatory Survey Preparation of outline design and cost estimate		x		x	x		
2. Appraisal	(2) Preparatory Survey Explanation of draft outline design, including cost estimate, undertakings, etc.		x		x	x		
	(3) Agreement on conditions for implementation	Conditions will be explained with the draft notes (E/N) and Grant Agreement (G/A) which will be signed before approval by Japanese government.	x	x (E/N)	x (G/A)			
	(4) Approval by the Japanese cabinet			x				
3. Implementation	(5) Exchange of Notes (E/N)		x	x				
	(6) Signing of Grant Agreement (G/A)		x		x			
	(7) Banking Arrangement (B/A)	Need to be informed to JICA	x					x
	(8) Contracting with consultant and issuance of Authorization to Pay (A/P)	Concurrence by JICA is required	x			x		x
	(9) Detail design (D/D)		x			x		
	(10) Preparation of bidding documents	Concurrence by JICA is required	x			x		
	(11) Bidding	Concurrence by JICA is required	x			x	x	
	(12) Contracting with contractor/supplier and issuance of A/P	Concurrence by JICA is required	x				x	x
4. Ex-post monitoring & evaluation	(13) Construction works/procurement	Concurrence by JICA is required for major modification of design and amendment of contracts.	x			x	x	
	(14) Completion certificate		x			x	x	
4. Ex-post monitoring & evaluation	(15) Ex-post monitoring	To be implemented generally after 1, 3, 10 years of completion, subject to change	x		x			
	(16) Ex-post evaluation	To be implemented basically after 3 years of completion	x		x			

notes:

1. Project Monitoring Report and Report for Project Completion shall be submitted to JICA as agreed in the G/A.
2. Concurrence by JICA is required for allocation of grant for remaining amount and/or contingencies as agreed in the G/A.

Financial Flow of Japanese Grant (A/P Type)



Se
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Date:

Ref. No.

JAPAN INTERNATIONAL COOPERATION AGENCY

JICA XXX OFFICE

[Address specified in the Article 5 of the Grant Agreement]

Attention: Chief Representative

Ladies and Gentlemen:

NOTICE CONCERNING PROGRESS OF PROJECT

Reference : Grant Agreement, dated 署名日(signed date of the G/A), for プロジェクト名(name of the Project)

In accordance to the Article 6 (3) of the Grant Agreement, we would like to report on the progress of the Project up to the following stages:-

[Common]

- Preparation of bidding documents - result of detailed design
- Completion of final works under construction/procurement contract

[Construction]

- Monthly progress [Month/Year]

[Procurement of Equipment]

- Shipping/delivery, hand-over (take over) of equipment
- Installation works
- Operational training

- Other _____

Please see the details as per attached Project Monitoring Report (PMR).

Very truly yours,

[Signature]

[Name of the signer]

[Title of the signer]

[Name of the executing agency]



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cc:
Director General
Financial Cooperation Implementation Department
Japan International Cooperation Agency
[Address specified in the Article 5 of the Grant Agreement]

se

[Signature]
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Project Monitoring Report
on
Project Name
Grant Agreement No. XXXXXXXX
20XX, Month

Organizational Information

Signer of the G/A (Recipient)	_____ Person in Charge (Designation) _____ _____ Contacts Address: _____ Phone/FAX: _____ Email: _____
Executing Agency	_____ Person in Charge (Designation) _____ _____ Contacts Address: _____ Phone/FAX: _____ Email: _____
Line Ministry	_____ Person in Charge (Designation) _____ _____ Contacts Address: _____ Phone/FAX: _____ Email: _____

General Information:

Project Title	
E/N	Signed date: Duration:
G/A	Signed date: Duration:
Source of Finance	Government of Japan: Not exceeding JPY _____ mil. Government of (_____): _____

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1: Project Description	
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1-1 Project Objective

1-2 Project Rationale

- Higher-level objectives to which the project contributes (national/regional/sectoral policies and strategies)
- Situation of the target groups to which the project addresses

1-3 Indicators for measurement of "Effectiveness"

Quantitative indicators to measure the attainment of project objectives		
Indicators	Original (Yr)	Target (Yr)
Qualitative indicators to measure the attainment of project objectives		

2: Details of the Project

2-1 Location

Components	Original <i>(proposed in the outline design)</i>	Actual
1.		

2-2 Scope of the work

Components	Original* <i>(proposed in the outline design)</i>	Actual*
1.		

Reasons for modification of scope (if any).

(PMR)

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2-3 Implementation Schedule

Items	Original		Actual
	<i>(proposed in the outline design)</i>	<i>(at the time of signing the Grant Agreement)</i>	

Reasons for any changes of the schedule, and their effects on the project (if any)

2-4 Obligations by the Recipient

2-4-1 Progress of Specific Obligations

See Attachment 2.

2-4-2 Activities

See Attachment 3.

2-4-3 Report on RD

See Attachment 11.

2-5 Project Cost

2-5-1 Cost borne by the Grant(Confidential until the Bidding)

Components			Cost (Million Yen)	
	Original <i>(proposed in the outline design)</i>	Actual <i>(in case of any modification)</i>	Original ^{1),2)} <i>(proposed in the outline design)</i>	Actual
1.				
Total				

Note: 1) Date of estimation:
 2) Exchange rate: 1 US Dollar = Yen

2-5-2 Cost borne by the Recipient

Components			Cost (1,000 Taka)	
	Original <i>(proposed in the outline design)</i>	Actual <i>(in case of any modification)</i>	Original ^{1),2)} <i>(proposed in the outline design)</i>	Actual
1.				

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- Note: 1) Date of estimation:
2) Exchange rate: 1 US Dollar =

Reasons for the remarkable gaps between the original and actual cost, and the countermeasures (if any)

(PMR)

2-6 Executing Agency

- Organization's role, financial position, capacity, cost recovery etc,
- Organization Chart including the unit in charge of the implementation and number of employees.

Original (at the time of outline design) name: role: financial situation: institutional and organizational arrangement (organogram): human resources (number and ability of staff):
Actual (PMR)

2-7 Environmental and Social Impacts

- The results of environmental monitoring based on Attachment 5 (in accordance with Schedule 4 of the Grant Agreement).
- The results of social monitoring based on in Attachment 5 (in accordance with Schedule 4 of the Grant Agreement).
- Disclosed information related to results of environmental and social monitoring to local stakeholders (whenever applicable).

3: Operation and Maintenance (O&M)

3-1 Physical Arrangement

- Plan for O&M (number and skills of the staff in the responsible division or section, availability of manuals and guidelines, availability of spareparts, etc.)

Original (at the time of outline design)
Actual (PMR)

3-2 Budgetary Arrangement

- Required O&M cost and actual budget allocation for O&M

Original (at the time of outline design)



Actual (PMR)

4: Potential Risks and Mitigation Measures

- Potential risks which may affect the project implementation, attainment of objectives, sustainability
- Mitigation measures corresponding to the potential risks

Assessment of Potential Risks (at the time of outline design)

Potential Risks	Assessment
1. (Description of Risk)	Probability: High/Moderate/Low
	Impact: High/Moderate/Low
	Analysis of Probability and Impact:
	Mitigation Measures:
	Action required during the implementation stage:
2. (Description of Risk)	Probability: High/Moderate/Low
	Impact: High/Moderate/Low
	Analysis of Probability and Impact:
	Mitigation Measures:
	Action required during the implementation stage:
3. (Description of Risk)	Probability: High/Moderate/Low
	Impact: High/Moderate/Low
	Analysis of Probability and Impact:
	Mitigation Measures:
	Action required during the implementation stage:

	Contingency Plan (if applicable):
Actual Situation and Countermeasures (PMR)	

5: Evaluation and Monitoring Plan (after the work completion)

5-1 Overall evaluation

Please describe your overall evaluation on the project.

5-2 Lessons Learnt and Recommendations

Please raise any lessons learned from the project experience, which might be valuable for the future assistance or similar type of projects, as well as any recommendations, which might be beneficial for better realization of the project effect, impact and assurance of sustainability.

5-3 Monitoring Plan of the Indicators for Post-Evaluation

Please describe monitoring methods, section(s)/department(s) in charge of monitoring, frequency, the term to monitor the indicators stipulated in 1-3.

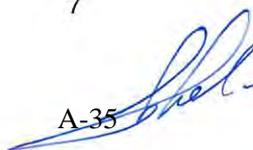


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Attachment

1. Project Location Map
2. Specific obligations of the Recipient which will not be funded with the Grant
3. Monthly Report submitted by the Consultant
- Appendix - Photocopy of Contractor's Progress Report (if any)
 - Consultant Member List
 - Contractor's Main Staff List
4. Check list for the Contract (including Record of Amendment of the Contract/Agreement and Schedule of Payment)
5. Environmental Monitoring Form / Social Monitoring Form
6. Monitoring sheet on price of specified materials (Quarterly)
7. Report on Proportion of Procurement (Recipient Country, Japan and Third Countries) (PMR (final) only)
8. Pictures (by JPEG style by CD-R) (PMR (final) only)
9. Equipment List (PMR (final) only)
10. Drawing (PMR (final) only)
11. Report on RD (After project)
12. Report on the Management of Safety for Construction Works



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Monitoring sheet on price of specified materials

1. Initial Conditions (Confirmed)

Items of Specified Materials	Initial Volume A	Initial Unit Price (¥) B	Initial total Price C=A×B	1% of Contract Price D	Condition of payment	
					Price (Decreased) E=C-D	Price (Increased) F=C+D
Item 1	●●t	●	●	●	●	●
Item 2	●●t	●	●	●		
Item 3						
Item 4						
Item 5						

2. Monitoring of the Unit Price of Specified Materials

(1) Method of Monitoring : ●●

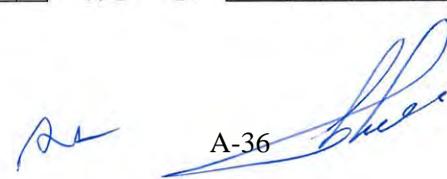
(2) Result of the Monitoring Survey on Unit Price for each specified materials

Items of Specified Materials	1st month, 2015	2nd month, 2015	3rd month, 2015	4th	5th	6th
Item 1	●	●	●			
Item 2						
Item 3						
Item 4						
Item 5						

(3) Summary of Discussion with Contractor (if necessary)

-
-
-

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Report on Proportion of Procurement (Recipient Country, Japan and Third Countries)
 (Actual Expenditure by Construction and Equipment each)

	Domestic Procurement (Recipient Country) A	Foreign Procurement (Japan) B	Foreign Procurement (Third Countries) C	Total D
Construction Cost	(A/D%)	(B/D%)	(C/D%)	
Direct Construction Cost	(A/D%)	(B/D%)	(C/D%)	
others	(A/D%)	(B/D%)	(C/D%)	
Equipment Cost	(A/D%)	(B/D%)	(C/D%)	
Design and Supervision Cost	(A/D%)	(B/D%)	(C/D%)	
Total	(A/D%)	(B/D%)	(C/D%)	



Report on the Management of Safety for Construction Works

Month/Year 2022年×月	Cumulative number of labor 労働延人数	Cumulative number of public accident 公衆災害件数	Cumulative hours worked 延べ実労働時間数	Number of deaths and injuries due to industrial accidents 労働災害による死傷者			Frequency rate 度数率	Severity rate 強度率
				Death and injuries 死傷者数	Aggregated number of calendar days absent 延べ休業日数	Aggregated number of work-days lost 延べ労働損失日数		
This Month 当月				Death 死者				
				More than 4 calendar days absent 休業4日以上				
				1 to 3 calendar days absent 休業1~3日				
				Total 計				
Total including this month 当月迄累計				Death 死者				
				More than 4 calendar days absent 休業4日以上				
				1 to 3 calendar days absent 休業1~3日				
				Total 計				
<p>Note 注)</p> <p>1. Frequency rate is the frequency of occurrence of industrial accidents. 度数率 = (Number of deaths and injuries due to industrial accidents ÷ Cumulative hours worked) × 1,000,000 度数率 = (労働災害による死傷者数 ÷ 延べ実労働時間数) × 100万時間</p> <p>2. Severity rate is degree of seriousness of the industrial accident. 強度率 = (Aggregated number of work days lost ÷ Cumulative hours worked) × 1,000 強度率 = (延べ労働損失日数 ÷ 延べ実労働時間数) 1000時間</p> <p>3. Aggregated number of work days lost = Aggregated number of calendar days absent × (300 ÷ 365) Death (7,500 days) : death as a result of an industrial accident includes not only instantaneous death but also death as a result of occupational injury or disease. 延べ労働損失日数 = 延べ休業日数 × (300 ÷ 365) . . . 死亡 7500日 (即死のほか、負傷が原因で死亡したものを含む)</p> <p>4. Frequency rate and severity rate are rounding off the third decimal place. 度数率・強度率は小数点第3位以下四捨五入</p>								

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Major Undertakings to be taken by the Government of the Kyrgyz Republic

MOF: Ministry of Finance
 MOH: Ministry of Health
 OIUCH: Osh Interregional United Clinical Hospital
 OIOC: Osh Interregional Oncology Center

1. Specific obligations of the Government of the Kyrgyz Republic which will not be funded with the Grant

(1) Before the Bidding

NO	Items	Deadline	In charge	Estimated Cost	Ref.
1	To sign the banking arrangement (B/A) with a bank in Japan (the Agent Bank) to open bank account for the Grant	within 1 month after the signing of the G/A	MOF		
2	To issue the Authorization to Pay (A/P) to the Agent Bank for the payment to the consultant	within 1 month after the signing of the contract(s)	MOF/MOH		
3	To bear the following commissions to the Agent Bank for the banking services based upon B/A				
	1) Advising commission of A/P	within 1 month after the signing of the contract(s)	MOH/MOF	JPY10,000	
	2) Payment commission for A/P	every payment	MOH/MOF	0.1% of Agreement price	
4	To conclude a contract with a construction company to construct a new space including radiation protection for angiography.	before notice of the bidding documents	OIUCH with support from MOH		
5	To conclude a contract with a construction company to conduct all necessary renovation and construction works in the current storage room, including room walls, ceiling and radiation protection works for X-ray, Mammography, CT (if applicable), MRI.	before notice of the bidding documents	OIOC with support from MOH		
6	To submit Project Monitoring Report (with the result of Detailed Design)	before preparation of the bidding documents	MOH		

(B/A: Banking Arrangement, A/P: Authorization to pay, N/A: Not Applicable)

(2) During the Project Implementation

NO	Items	Deadline	In charge	Estimated Cost	Ref.
1	To issue A/P to the Agent Bank for the payment to the supplier and the contractor	within 1 month after the signing of the contract(s)	MOF/MOH		
2	To bear the following commissions to the Agent Bank for the banking services based upon the B/A				
	1) Advising commission of A/P	within 1 month after the signing of the contract(s)	MOH/MOF	JPY10,000	
	2) Payment commission for A/P	every payment	MOH/MOF	0.1% of Agreement price	
3	To ensure prompt customs clearance and to assist the Supplier(s) with internal transportation in the country of the Recipient	during the Project	MOH		
4	To accord Japanese physical persons and/or physical persons of third countries whose services may be required in connection with the supply of the products and the services such facilities as may be necessary for their entry into the country of the Recipient and stay therein for the performance of their work	during the Project	MOH		
5	To ensure that equipment registration under the current rule and EAEU rule be exempted or simplified, if the equipment procured under this Project is not registered		MOH		
6	To ensure that customs duties, internal taxes and other fiscal levies which may be imposed in the country of the Recipient with respect to the purchase of the products and/or the services be exempted	during the Project	MOH		
7	To bear all the expenses, other than those covered by the Grant, necessary for the implementation of the Project	during the Project	MOH		
8	To notify JICA promptly of any incident or accident, which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers.	during the construction	MOH		
9	To submit Project Monitoring Report after each work under the contract(s) such as shipping, hand over, installation and operational training	within 1 month after completion of each work	MOH		
10	To submit Project Monitoring Report (final) (including as-built drawings, equipment list, photographs, etc.)	within 1 month after issuance of Certificate of Completion for the works under the contract(s)	MOH		
11	To submit a notice concerning completion of the Project	within 6 months after completion of the Project	MOH		
12	To provide facilities for distribution of electricity, water supply and drainage and other incidental facilities necessary for the implementation of the Project outside the site(s)		OIUCH/OIOC with support from MOH		
	1) Room preparation Remove existing equipment, if necessary, Prepare all necessary renovation and construction works, including room walls, ceiling and radiation protection works, before the installation equipment	before the shipment of equipment			
	2) Electricity The distributing line to the site	before the shipment of			

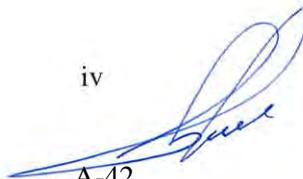
	Increase the capacity of power distribution cabinet of each equipment, if necessary, to satisfy the requirement of the equipment power consumption	equipment			
	3) Water Supply The city water distribution main to the site	before the shipment of equipment			
	4) Drainage The city drainage main (for storm, sewer and others) to the site	before the shipment of equipment			
	5) Transport of equipment for installation Secure enough opening space to transport the equipment to the room	before the shipment of equipment			
13	To provide equipment, furniture, facilities necessary for the implementation of the Project in the site(s)	before completion of procurement works	OIUCH/ OIOC with support from MOH		
14	To ensure the safety of persons engaged in the implementation of the Project	during the Project	MOH/ OIUCH/ OIOC		
15	To recruit and train necessary human resources for the equipment provided under the Project	during the Project	MOH/ OIUCH/ OIOC		

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[Signature]
A-41

(3) After the Project

NO	Items	Deadline	In charge	Estimated Cost	Ref.
1	To maintain and use properly and effectively the facilities constructed and equipment provided under the Grant Aid 1) Allocation of maintenance cost 2) Operation and maintenance structure 3) Routine check/Periodic inspection	after completion of the procurement works	MOH/ OIUCH/ OIOC		
2	The products to be purchased under the Project shall not be used for military purposes.	after completion of the delivery of the equipment	MOH/ OIUCH/ OIOC		



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2. Other obligations of the Government of the Kyrgyz Republic funded with the Grant

NO	Items	Deadline	Amount (Million Japanese Yen)*
1	To provide equipment 1) To conduct the following transportation a) Marin (Air) transportation of the products from Japan to the country of the Recipient b) Internal transportation from the port of disembarkation to the project site 2) To provide equipment with installation and commissioning		/
2	To implement detailed design, bidding support and procurement supervision (Consulting Service)		
3	Contingencies		
	Total		XXX

*The Amount is provisional. This is subject to the approval of the Government of Japan.



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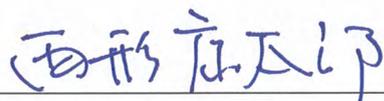


**Minutes of Discussions
on the Preparatory Survey for the Project for
the Improvement of Medical Equipment at Referral Hospitals in Southern Regions**

With reference to the minutes of discussions signed between the Ministry of Health and the Japan International Cooperation Agency (hereinafter referred to as "JICA") on 20th February 2025 and in response to the request from the Cabinet of Ministers of the Kyrgyz Republic (hereinafter referred to as "the Kyrgyz Republic") dated 9th April 2025, JICA dispatched the Preparatory Survey Team (hereinafter referred to as "the Team") for the explanation of Draft Preparatory Survey Report (hereinafter referred to as "the Draft Report") for the Project for the Improvement of Medical Equipment at Referral Hospitals in Southern Regions (hereinafter referred to as "the Project").

As a result of the discussions, both sides agreed on the main items described in the attached sheets.

Bishkek, 20th August 2025



Mr. Kotaro NISHIGATA
Chief Representative
Japan International Cooperation Agency
Kyrgyz Office
Japan



Mr. Kaarmanbek BAIDAVLETOV
Deputy Minister
Ministry of Health
The Kyrgyz Republic

ATTACHMENT

1. Objective of the Project

The objective of the Project is to strengthen diagnosis and treatment capacity of non-communicable diseases (hereinafter referred to as “NCDs”) by providing medical equipment dealing with cardiovascular diseases and cancer to referral hospitals for southern regions of the Kyrgyz Republic (Osh, Jalal-Abad and Batken) located in Osh City, thereby contributing to improving the quality of healthcare services.

2. Title of the Project

Both sides confirmed the title of the Project as “the Project for the Improvement of Medical Equipment at Referral Hospitals in Southern Regions”.

3. Project site

Both sides confirmed that the sites of the Project are the Osh Interregional United Clinical Hospital and the Osh Interregional Oncology Center in Osh City, which are shown in Annex 1.

4. Responsible authority for the Project

Both sides confirmed the authorities responsible for the Project are as follows:

The Ministry of Health will be the executing agency for the Project (hereinafter referred to as “the Executing Agency”). The Executing Agency shall coordinate with all the relevant authorities to ensure smooth implementation of the Project and ensure that the undertakings for the Project shall be managed by relevant authorities properly and on time. The organization charts are shown in Annex 2.

5. Contents of the Draft Report

After the explanation of the contents of the Draft Report by the Team, the Kyrgyz Republic side agreed to its contents including the Equipment List as shown in Annex 3. JICA will finalize the Preparatory Survey Report based on the confirmed items. The report will be sent to the Kyrgyz Republic side around November 2025.

6. Cost estimate

Both sides confirmed that the cost estimate explained by the Team is provisional and will be examined further by the Government of Japan for its approval.



7. Confidentiality of the cost estimate and technical specifications

Both sides confirmed that the cost estimate and technical specifications of the Project should never be disclosed to any third parties until all the contracts under the Project are concluded.

8. Timeline for the Project implementation

The Team explained to the Kyrgyz Republic side that the expected timeline for the Project implementation is as attached in Annex 4.

9. Expected outcomes and indicators

Both sides agreed that key indicators for expected outcomes are as follows. The Kyrgyz Republic side will be responsible for the achievement of agreed key indicators targeted three years after the Project completion and shall monitor the progress for Ex-Post Evaluation based on those indicators.

[Quantitative indicators]

(1) Osh Interregional United Clinical Hospital

	Indicators	Baseline (2024)	Target (3 years after the Project completion)
Output level			
1	Number of angiography examination and treatment (cases/year)	700	1,860
2	Number of CT examination for outpatients in cardiology outpatient department (cases/year)	0	4,642
Outcome level			
3	Number of patients with cardiovascular diseases referred from other hospitals (persons/year)	296	592
4	Reduction of average hospitalization days in the Angio Neurological Department (against planned days) (%)	90.5	85.9
5	Reduction of average hospitalization days in the Neurosurgery Department (against planned days) (%)	88.6	83.6
6	Number of patients who have operations in Neurosurgery Department (cases/year)	673*	1,348

*Average of 2022-2024 due to fluctuations in the past five years.

(2) Osh Interregional Oncology Center

Indicators		Baseline (2024)	Target (3 years after the Project completion)
Output level			
1	Number of mammography examination (cases/year)	1,288	3,100
2	Number of MRI examination (cases/year)	0	1,530
3	Number of endoscopy examination (cases/year)	0	1,570
Outcome level			
4	Percentage of patients with stage I and II breast cancer at initial diagnosis (%)	61	80
5	Percentage of patients with stage I and II stomach cancer at initial diagnosis (%)	24	36**
6	Number of operations (cases/year)	1,296*	1,918

*Figures of 2023 due to anomalies in 2024.

**It is essential to implement associated screening activities to achieve this target, referring to the current practice in breast cancer screening.

[Qualitative indicators]

- (1) The quality of medical service at the target hospitals is improved
- (2) Patient satisfaction at the target hospitals is improved
- (3) Motivation of staff at the target hospitals is improved

In addition, the following impact-level indicators will be monitored in light of the other ongoing projects supported by JICA in the Kyrgyz Republic.

Indicators	Baseline (2023)
1 Reduction of national mortality rate caused by cardiovascular diseases (per 100,000 population)	232.7
2 Reduction of national mortality rate of breast cancer patients within 1 year (per 100,000 population)	18.7

10. Ex-Post Evaluation

JICA will conduct ex-post evaluation after three (3) years from the Project completion, in principle, with respect to six (6) evaluation criteria (Relevance, Coherence, Effectiveness, Efficiency, Impact, Sustainability). The result of the evaluation will be publicized. The Kyrgyz Republic side is required to provide necessary support for data collection.



11. Undertakings of the Project

Both sides confirmed the undertakings of the Project as described in Annex 5. With regard to exemption of customs duties, internal taxes and other fiscal levies as stipulated in 1. (2) No. 6 and 7 of Annex 5, both sides confirmed that such customs duties, internal taxes and other fiscal levies shall be clarified in the bid documents by the Executing Agency during the implementation stage of the Project.

The Kyrgyz Republic side assured JICA to take the necessary measures and coordination including allocation of the necessary budget which are preconditions of implementation of the Project. It is further agreed that the costs are indicative, i.e. at the Outline Design level. More accurate costs will be calculated by the Kyrgyz Republic side at the Detailed Design stage. Both sides also confirmed that Annex 5 will be used as an attachment of G/A.

As shown in Annex 5, both sides confirmed that the Executing Agency shall take necessary measures to ensure and maintain the security of the Project site and the persons related to the implementation of the Project, in cooperation with relevant authorities such as police.

The Team explained that JICA's policy to prevent and address Sexual Exploitation, Abuse and Harassment (SEAH) is based on the DAC "Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance" adopted by DAC in July 2019, and is announced below. The Kyrgyz Republic side understood JICA's policy and agreed to make maximum efforts to eradicate SEAH throughout the Project according to JICA's policy.

https://www.jica.go.jp/english/about/organization/corp_gov/seah_eradication.html

12. Monitoring during the implementation

The Project will be monitored by the Executing Agency and reported to JICA by using the form of Project Monitoring Report (PMR) attached as Annex 6. The timing of submission of the PMR is described in Annex 5.

13. Project completion

Both sides confirmed that the Project completes when all the equipment procured by the Grant are in operation. The completion of the Project will be reported to JICA promptly, by using a format of Project Completion Report (PCR) attached as Annex 7, but in any event not later than six months after completion of the Project.



14. Environmental and Social Considerations

The Team explained that 'JICA Guidelines for Environmental and Social Considerations (January 2022)' (hereinafter referred to as "the Guidelines") is applicable for the Project. The Project is categorized as C because the Project is likely to have a minimal adverse impact on the environment under the Guidelines. The Kyrgyz Republic side confirmed to give due environmental and social considerations during implementation, and after completion of the Project, in accordance with the Guidelines.

15. Other Relevant Issues

15-1. Disclosure of information

Both sides confirmed that the Preparatory Survey Report from which the Project cost is excluded will be disclosed to the public after completion of the Preparatory Survey. The comprehensive report including the Project cost will be disclosed to the public after all the contracts under the Project are concluded.

15-2. Gender mainstreaming

Both sides confirmed that gender mainstreaming shall be duly ensured in the Project. In particular, both sides agreed on the following gender-responsive activities and indicators in the Project.

- (1) Prepare gender-disaggregated data for the above indicators for the future data collection
- (2) Provide medical equipment which deal with female-specific diseases, such as hysteroscope, ultrasound for gynecology and mammography system
- (3) Take into consideration female patients' privacy for the above equipment layout

15-3. Maintenance of the equipment

(1) Allocation of budget and human resources

The Kyrgyz Republic side agreed to secure and allocate the necessary staff and budget to operate and maintain the medical equipment procured under the Project properly and effectively. Besides, the Kyrgyz Republic side agreed to allocate at least one engineer or technician for medical equipment for each target hospital, as prescribed by the national legislation.

(2) Maintenance services

The Team explained the importance of the routine maintenance and periodical maintenance service of some major equipment. Keeping this in view, both sides agreed



to consider including a two-year maintenance service contract in the Project for the major medical equipment such as CT, angiography and MRI.

Both sides confirmed that a two-year on-call service and periodical maintenance service from the expiration of the one-year manufacturer's guarantee period will be secured by the Grant. The Team explained that at the time of delivery, the manufacturer's agency technician will provide guidance of initial operation and daily maintenance to engineers and end users such as doctors, nurses, laboratory technicians, and medical engineers. Additionally, under the two-year maintenance service contract, periodical maintenances will be carried out every three months, and practical guidance will be provided to improve the target hospitals' maintenance and management capacity of the equipment.

The Kyrgyz Republic side also agreed to bear maintenance cost described in Annex 5 after the expiration of the maintenance contract and/or manufacture guarantee depending on the equipment.

(3) Relocation of the equipment

Both sides confirmed that once major equipment such as MRI were installed in the current target hospitals, it would be difficult to relocate them to other places. The Kyrgyz Republic side assured JICA to continue using the provided equipment regardless of the future hospital construction plan in Osh City and not to relocate them at least during the warranty and maintenance service contract periods.

15-4. Precondition of installation of the equipment

The Kyrgyz Republic side agreed to take necessary measures to remove the existing equipment and to conduct the necessary renovation and construction works, including construction of a new space and radiation protection walls, electrical work, installation of air conditioners and generator, etc. prior to the shipment of the equipment procured under the Project.

15-5. Registration of the equipment

The Kyrgyz Republic side agreed to ensure that the registration procedures for the equipment provided under the Project would be exempted or simplified even after the common rules and regulations of the Eurasian Economic Union (EAEU) become effective.

15-6. Ratification of the Project

The Kyrgyz Republic side explained that the Project should be approved by the Cabinet



of Ministers of the Kyrgyz Republic before the signing of Exchange of Note (E/N) and Grant Agreement (G/A), and that the Project should be officially ratified by the Parliament of the Kyrgyz Republic before signing the contract with the Consultant. The Kyrgyz Republic side agreed to take necessary measures to complete the process as soon as possible to start the Project smoothly.

Annex 1: Project Site

Annex 2: Organization Chart

Annex 3: Equipment List

Annex 4: Project Implementation Schedule

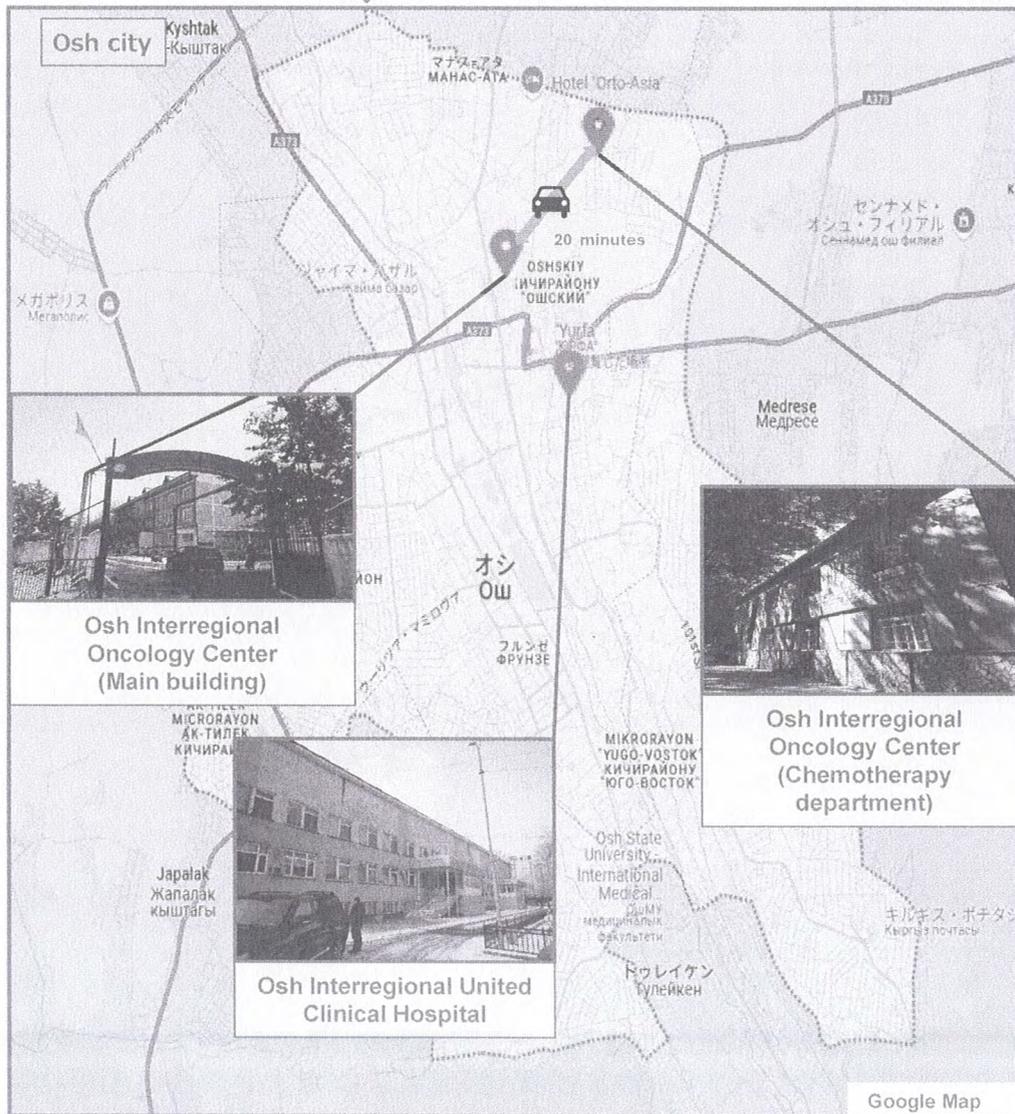
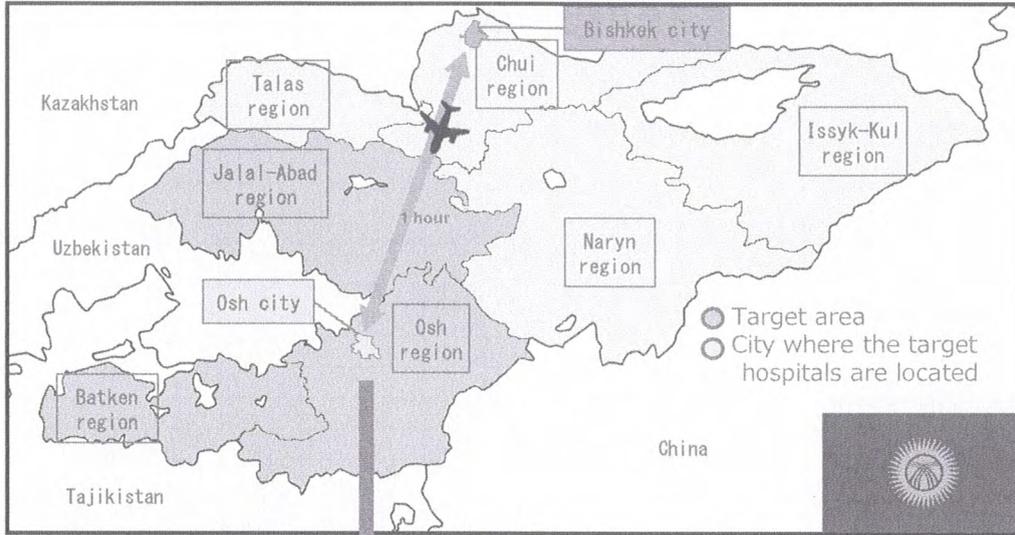
Annex 5: Major Undertakings to be taken by the Government of the Kyrgyz Republic

Annex 6: Project Monitoring Report (template)

Annex 7: Project Completion Report (template)

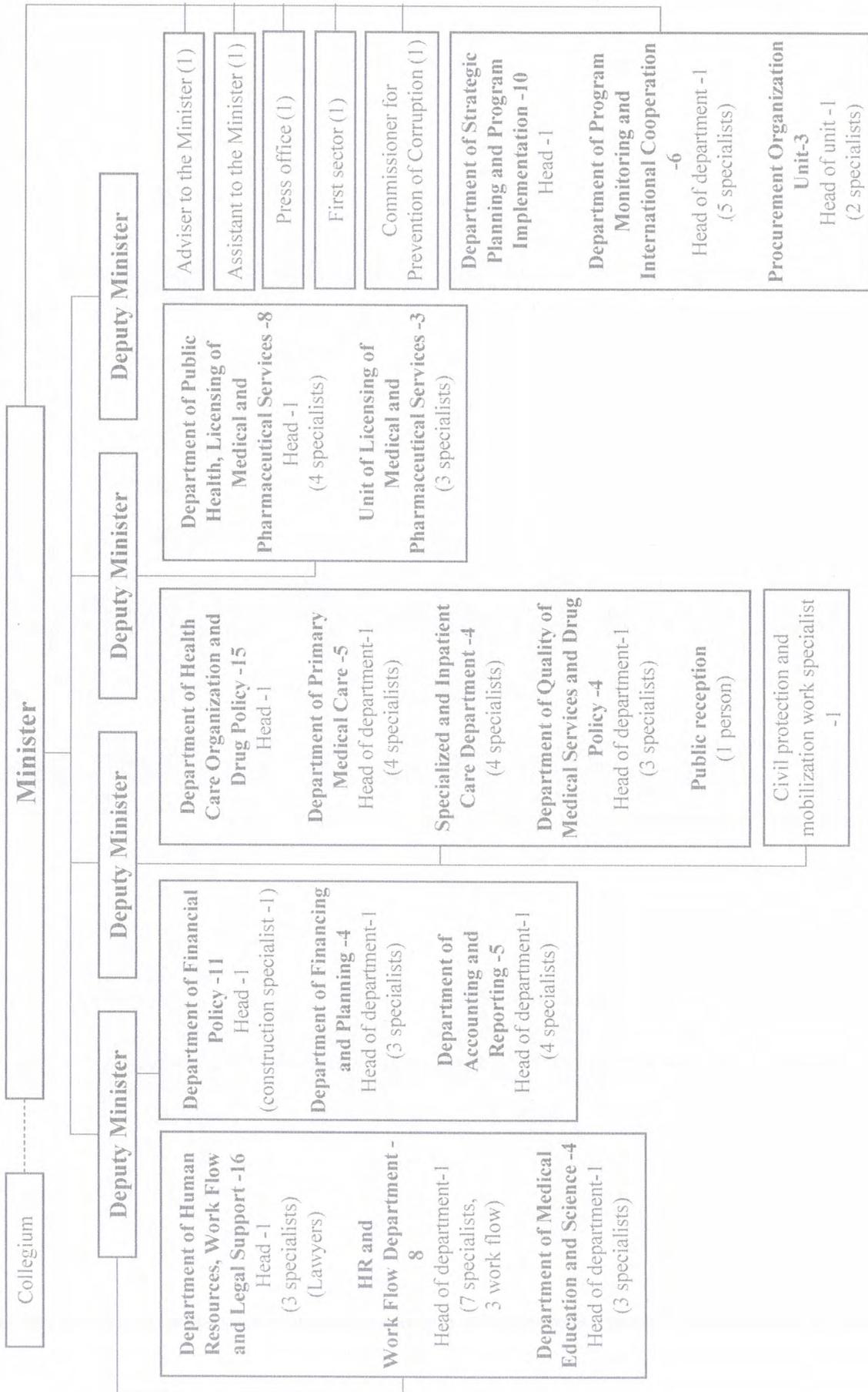


Annex 1 . Project site

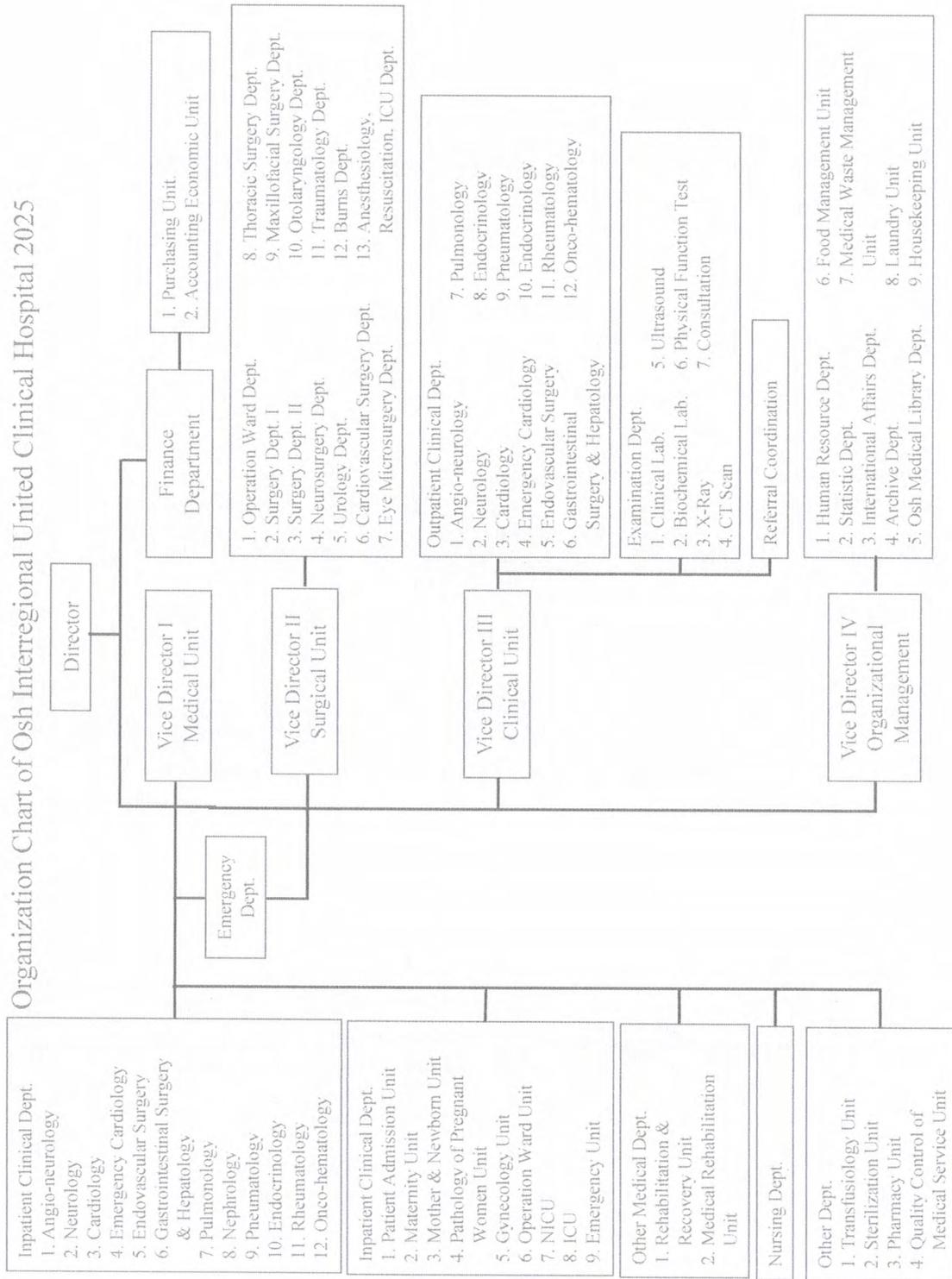


Annex 2. Organization Chart

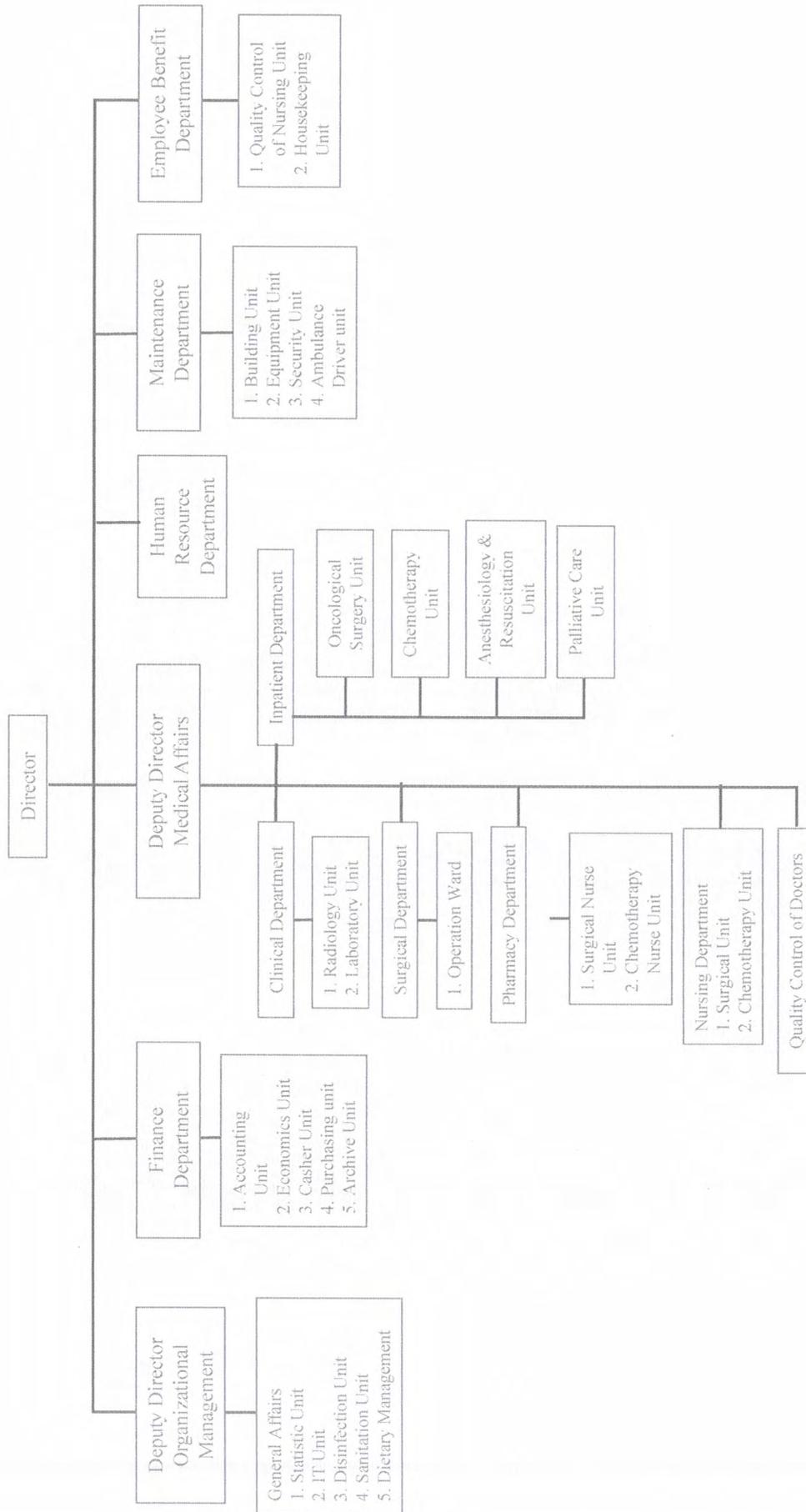
Structure of Central Office of the Ministry of Health of the Kyrgyz Republic (71 persons)



Organization Chart of Osh Interregional United Clinical Hospital 2025



Organization Chart of Osh Interregional Oncology Center



Planned Equipment List

Osh Interregional United Clinical Hospital / Ошская межобластная объединенная клиническая больница

No.	Req. No.	Name of Equipment	Название оборудования	Qty
1	U-1	CT scan	Компьютерный томограф	1
2	U-2	Angiography	Ангиографический аппарат	1
3	U-3	Mechanical ventilator	Аппарат ИВЛ	11
4	U-4	Anesthesia machine	Наркозно дыхательный аппарат	11
5	U-5	Suction machine	Хирургический отсасыватель	11
6	U-6	Defibrillator	Дефибриллятор	3
7	U-7	Patient monitor	Монитор пациента	3
8	U-8	Ultrasound for cardiovascular (stationary)	УЗИ аппарат для сердечно-сосудистой (стационарный)	2
9	U-9	Ultrasound (portable)	УЗИ аппарат (портативный)	1
10	U-10	Endoscope (gastroscope, bronchoscope, duodenoscope)	Эндоскоп (гастроскоп, бронхоскоп, дуоденоскоп)	1
11	U-12	Endoscope (colonoscope)	Эндоскоп (колоноскоп)	1
12	U-17	ICU Bed	Кровать в отделении интенсивной терапии	16
13	U-18	Infusion pump	Инфузомат капельный	16
14	U-19	Syringe pump	Инфузомат шприцовый	16
15	U-20	Patient monitor (central monitor)	Монитор пациента (центральный монитор)	1
16	U-29	Operating table	Операционный стол	10
17	U-31	Electro surgical unit	Электрохирургический блок	8
18	U-35	ECG (12ch)	ЭКГ аппарат (12-канальный)	3
19	U-38	Electrocardiographic data recorder (Holter)	Аппарат суточного мониторирования (Холтер)	1
20	U-39	Endoscope (spinal and neurosurgery)	Эндоскоп (спинальная и нейрохирургия)	1
21	U-40	Surgical microscope (neurosurgery)	Хирургический микроскоп (нейрохирургия)	1
22	U-41	C-arm	С-дуга	1
23	U-42	Electric dermatome	Дерматом электрический	1
24	U-43	Skin puncture	Кожный перфоратор	1
25	U-44	Laparoscope for abdominal surgery	Лапароскоп для абдоминальной хирургии	1
26	U-45	Large surgical instrument set	Большой хирургический набор инструментов	2
27	U-50	Endoscope (ureterorenoscope, percutaneous nephroscope, cytoscope)	Эндоскоп (уретерореноскоп, перкутанный нефроскоп, цитоскоп)	1
28	U-51	Laser lithotripsy unit	Аппарат лазерной литотрипсии	1
29	U-61	Endoscope (ENT)	Эндоскоп (ЛОР)	1
30	U-62	Surgery microscope (ENT)	Хирургический микроскоп (ЛОР)	1
31	U-63	Audiometer	Аудиометр	1



Planned Equipment List

Osh Interregional Oncology Center / Ошский межобластной онкологический центр

No.	Req. No.	Name of Equipment	Название оборудования	Qty
1	O-1	General X-ray machine	Общий рентген аппарат	1
2	O-2	Magnetic resonance imaging (MRI)	Магнитно-резонансный томограф (МРТ)	1
3	O-4	Endoscope (gastroscope, bronchoscope, duodenoscope)	Эндоскоп (гастроскоп, бронхоскоп, дуоденоскоп)	1
4	O-5	Endoscope (colonoscope)	Эндоскоп (колоноскоп)	1
5	O-8	ICU Bed	Кровать в отделении интенсивной терапии	6
6	O-10	Patient monitor	Монитор пациента	8
7	O-15	Electro surgical unit	Электрохирургический блок	4
8	O-22	Head lamp for operation	Хирургический налобный осветитель	3
9	O-27	Suction machine	Хирургический отсасыватель	2
10	O-29	Hysteroscope	Гистероскоп	1
11	O-31	Ultrasound for gynecology	УЗИ аппарат для гинекологическими	1
12	O-33	Mammography system	Маммографическая система	1
13	O-34	Aspiration tissue biopsy needle unit	Аппарат для вакуумной аспирационной биопсии	1
14	O-35	Autoclave	Автоклав	2
15	O-36	Pre-processing unit for pathology test	Блок предварительной обработки для патологического исследования	1



Major Undertakings to be taken by the Government of the Kyrgyz Republic

MOF: Ministry of Finance

MOH: Ministry of Health

OIUCH: Osh Interregional United Clinical Hospital

OIOC: Osh Interregional Oncology Center

1. Specific obligations of the Government of the Kyrgyz Republic which will not be funded with the Grant

(1) Before the Bidding

NO	Items	Deadline	In charge	Estimated Cost	Ref.
1	To sign the banking arrangement (B/A) with a bank in Japan (the Agent Bank) to open bank account for the Grant	within 1 month after the signing of the G/A	MOF		
2	To issue the Authorization to Pay (A/P) to the Agent Bank for the payment to the consultant	within 1 month after the signing of the contract(s)	MOF/MOH		
3	To bear the following commissions to the Agent Bank for the banking services based upon B/A				
	1) Advising commission of A/P	within 1 month after the signing of the contract(s)	MOH/MOF	JPY10,000	
	2) Payment commission for A/P	every payment	MOH/MOF	0.1% of Agreement price	
4	To secure the budget for renovation and construction works for the equipment	Until January of the year in which the contractor agreement is scheduled	OIUCH/OIOC with support from MOH	Approx. USD122,631 for OIUCH, Approx. USD95,587 for OIOC	
5	To announce the bid for construction of a new space including radiation protection for angiography.	before the notice of the bidding documents	OIUCH with support from MOH		
6	To announce the bid for renovation and construction works in the current storage room, including room walls, ceiling and radiation protection works for X-ray, Mammography and MRI .	before the notice of the bidding documents	OIOC with support from MOH		
7	To submit Project Monitoring Report (with the result of Detailed Design)	Every quarter (Jan, Apr, Jul and Oct)	MOH		

(B/A: Banking Arrangement, A/P: Authorization to pay, N/A: Not Applicable)

(2) During the Project Implementation

NO	Items	Deadline	In charge	Estimated Cost	Ref.
1	To issue A/P to the Agent Bank for the payment to the supplier and the contractor	within 1 month after the signing of the contract(s)	MOF/MOH		
2	To bear the following commissions to the Agent Bank for the banking services based upon the B/A				
	1) Advising commission of A/P	within 1 month after the signing of the contract(s)	MOH/MOH	JPY10,000	
	2) Payment commission for A/P	every payment	MOH/MOH	0.1% of Agreement price	
3	To ensure prompt customs clearance and to assist the Supplier(s) with internal transportation in the country of the Recipient	during the Project	MOH		
4	To accord Japanese physical persons and/or physical persons of third countries whose services may be required in connection with the supply of the products and the services such facilities as may be necessary for their entry into the country of the Recipient and stay therein for the performance of their work	during the Project	MOH		
5	To ensure that equipment registration under the current rule and the EAEU rule be exempted or simplified, if the equipment procured under this Project is not registered	during the Project	MOH		
6	To ensure that customs duties, internal taxes and other fiscal levies which may be imposed in the country of the Recipient with respect to the purchase of the products and/or the services be exempted	during the Project	MOH		
7	To ensure that customs duties, internal taxes and other fiscal levies which may be imposed in the country of the Recipient with respect to the purchase of spare parts and consumables for the products and/or services procured under the Project be exempted	during the Project	MOH		
8	To bear all the expenses, other than those covered by the Grant, necessary for the implementation of the Project	during the Project	MOH		
9	To notify JICA promptly of any incident or accident, which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers.	during the construction	MOH		
10	To submit Project Monitoring Report after each work under the contract(s) such as shipping, handover, installation and operational training	Every month	MOH		
11	To submit Project Completion Report (PCR) (including equipment list, photographs, etc.)	within 1 month after issuance of Certificate of Completion for the works under the contract(s)	MOH		
12	To submit a notice concerning completion of the Project	within 6 months after completion of the Project	MOH		
13	To secure the budget for removing existing CT scan in OIUCH	Until January of the year in which the contractor agreement is scheduled	OIUCH with support from MOH	Approx. USD13,207 for OIUCH	

14	To provide facilities for distribution of electricity, water supply and drainage and other incidental facilities necessary for the implementation of the Project outside the site(s)		OIUCH/ OIOC with support from MOH		
	1) Room preparation Remove existing equipment, if necessary Prepare all necessary renovation and construction works, including room walls, ceiling and radiation protection works	1-2 months before the shipment of equipment			
	2) Electricity The distribution line to the site Increase the capacity of power distribution cabinet of each equipment, if necessary, to satisfy the requirement of the equipment power consumption Prepare a generator with enough capacity for operation equipment and connect to the machine	1-2 months before the shipment of equipment			
	3) Water Supply The city water distribution main to the site	before the shipment of equipment			
	4) Drainage The city drainage main (for storm, sewer, and others) to the site	before the shipment of equipment			
	5) Transport of equipment for installation Secure enough opening space to transport the equipment to the room	before the shipment of equipment			
15	To provide equipment, furniture, and facilities necessary for the implementation of the Project in the site(s)	before completion of procurement works	OIUCH/ OIOC with support from MOH		
16	To ensure the safety of persons engaged in the implementation of the Project	during the Project	MOH/ OIUCH/ OIOC		
17	To recruit and train necessary human resources for the equipment provided under the Project, including at least one engineer or technician for medical equipment for each target hospital	during the Project	MOH/ OIUCH/ OIOC		



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(3) After the Project

NO	Items	Deadline	In charge	Estimated Cost	Ref.
1	To maintain and use properly and effectively the facilities constructed and equipment provided under the Grant Aid 1) Allocation of maintenance cost 2) Operation and maintenance structure 3) Routine check/Periodic inspection	after completion of the procurement works	MOH/ OIUCH/ OIOC	Approx. USD109,505 for the first year, Approx. USD199,505 for the second and third years, Approx. USD641,505 from the fourth year from the handover of equipment	
2	The products to be purchased under the Project shall not be used for military purposes.	after completion of the delivery of the equipment	MOH/ OIUCH/ OIOC		



2. Other obligations of the Government of the Kyrgyz Republic funded with the Grant

NO	Items	Deadline	Amount (Million Japanese Yen)*
1	To provide equipment 1) To conduct the following transportation a) Marin (Air) transportation of the products from Japan to the country of the Recipient b) Internal transportation from the port of disembarkation to the project site 2) To provide equipment with installation and commissioning		/
2	To implement detailed design, bidding support and procurement supervision (Consulting Service)		
3	Contingencies		
	Total		

*The Amount is provisional. This is subject to the approval of the Government of Japan.



Date:
Ref. No.

JAPAN INTERNATIONAL COOPERATION AGENCY
JICA XXX OFFICE
Attention: Chief Representative
CC:
Director General
Financial Cooperation Implementation Department
Japan International Cooperation Agency

Notice concerning Progress of the Project

Reference: *[insert the name of the Project]*

In accordance with the Article 6 (3) of the Grant Agreement, I would like to report on the progress of the Project.

Please see the details as per attached Project Monitoring Report (PMR).

Very truly yours,

[Signature]

[Name of the signer]

[Title of the signer]

[Name of the executing agency]

[Option]¹

On behalf of the *[name of the executing agency]*

[Signature]

[Name of the signer]

Chief Consultant

[Name of the Consultant]

¹ 受贈国実施機関がコンサルタントに対し「直接 JICA へ PMR を提出する権限」を与えている場合は、このオプションにより、PMR を直接 JICA に提出願います。なおその場合、施主に CC: を入れてください。

Project Monitoring Report (PMR)

on

[Project Name]

~ [Month], 202# ~

1. General Information

(a) Exchange of Notes (E/N):

- (i) signed on [date, year]
- (ii) grant amount up to [amount] yen
- (ii) grant available until [date, year]

(b) Grant Agreement (G/A):

- (i) signed on [date, year],
- (ii) grant amount up to [amount] yen
- (iii) including contingency up to [amount] yen
- (iv) grant available until [date, year]
- (v) grant availability by Terms:¹
 - Term 1: Amount: [amount] yen, available from the signing date
 - Term 2: Amount: [amount] yen, available from [1st April, year]
 - Term 3: Amount: [amount] yen, available from [1st April, year]
 - Term 4: Amount: [amount] yen, available from [1st April, year]
 - Term 5: Amount: [amount] yen, available from [1st April, year]

(c) Banking Arrangement (B/A):

- (i) signed on [date, year]
- (ii) with [name of a bank in Japan]

2. Contract/Agreement verified

(a) Consultant Agreement

- (i) the Consultant: [name of the Consultant]
- (ii) signed on [date, year], and verified on [date, year]
- (iii) Authorization to Pay (A/P)² is issued on [date, year]
- (iv) 1st amended³ on [date, year], and verified on [date, year]
- (v) amended A/P issued on [date, year]
- (vi) 2nd amended on [date, year], and verified on [date, year]
- (vii) amended A/P issued on [date, year]

(b) Procurement Contract (works)

- (i) the Contractor: [name of the Contractor]
- (ii) signed on [date, year], and verified on [date, year]
- (iii) Authorization to Pay (A/P) issued on [date, year]
- (iv) 1st amended on [date, year], and verified on [date, year]
- (vi) amended A/P issued on [date, year]

¹ 国庫債務負担行為の場合。

² A/P が未発給の場合は、“is scheduled to be issued by”等として、発給予定月を記入。以下同じ。

³ 契約変更を行った際に追記。以下同じ。

- (vi) 2nd amended on [date, year], and verified on [date, year]
- (vii) amended A/P issued on [date, year]
- (viii) 3rd amended on [date, year], and verified on [date, year]
- (ix) amended A/P issued on [date, year]

(c) Procurement Contract (goods I)

- (i) the Supplier: [name of the Supplier]
- (ii) signed on [date, year], and verified on [date, year]
- (iii) Authorization to Pay (A/P) issued on [date, year]
- (iv) 1st amended on [date, year], and verified on [date, year]
- (v) amended A/P issued on [date, year]
- (vi) 2nd amended on [date, year], and verified on [date, year]
- (vii) amended A/P issued on [date, year]

(d) Procurement Contract (goods II)⁴

- (i) the Supplier: [name of the Supplier]
- (ii) signed on [date, year], and verified on [date, year]
- (iii) Authorization to Pay (A/P) issued on [date, year]
- (iv) 1st amended on [date, year], and verified on [date, year]
- (v) amended A/P issued on [date, year]

(e) Remaining Balance

JPY ##,###,000- including contingency amount of JPY ##,000/

3. Payment Schedule and Status⁵

(a) Consultant Agreement:

revised or confirmed 202X/XX/XX⁶

Stage ⁷	Amount	Terms of Payment	Date of Payment
Advance Payment	JY ##,###,000	Verification of the Agreement by JICA	[date, year] ⁸ [date, year] ⁹
1st Interim Payment		Verification of (all) the Contract(s) by JICA	
2nd Interim Payment			
Final Payment		Completion of the Service for design and supervision	
Payment for Start-up Operation		Completion of Start-up Operation	

⁴ 物品調達契約が複数ある場合は、記載を追加。建設工事契約が複数ある場合も同様。(goods I)、(goods II)という表記は、契約を分かりやすく区分する名称に変更してください。

⁵ "Payment Schedule and Status"は、一般的な書式(支払条件等)を提示しています。現地企業活用型や人材育成奨学計画では若干書式が異なるため、個別に提示します。

⁶ 支払スケジュールは Grant (無償資金) 管理上極めて重要であるため、確認日を明記してください (PMR 提出日とは異なる場合があることを想定)。

⁷ 国庫債務負担行為の案件では、Term 区分も記載。

⁸ 契約当事者の取引銀行に対する支払請求書の提出日または提出予定日をイタリック体で記入。また、当該月に提出予定日の変更があった場合は、"revised in this month"と付記。

⁹ 着金があった場合は2行目に着金日を太字で記入。

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Payment for Defect Inspection		Completion of Defect Inspection	
		Expiry date of A/P ¹⁰	

(b) Procurement Contract (works):

revised or confirmed 202X/XX/XX

Stage	Amount	Terms of Payment	Date of Payment
Advance Payment	JPY ##,###,000	Verification of the Agreement by JICA	<u>[date, year]</u> <u>[date, year]</u>
1 st Interim Payment		Completion of 50% of the Construction Works	
2 nd Interim Payment		Completion of 85% of the Construction Works	
Final Payment		Completion of the Construction Works	
Payment for Operation Training		Completion of Operation Training	
			Expiry date of A/P

(c) Procurement Contract (goods)¹¹:

revised or confirmed 202X/XX/XX

Stage	Amount	Terms of Payment	Date of Payment
Payment on 1 st Shipment		Shipment of the said equipment	
Payment on 2 nd Shipment		Shipment of the said equipment	
Payment on 3 rd Shipment		Shipment of the said equipment	
Payment on 1 st Delivery		Delivery of the said equipment	
Payment on 2 nd Delivery		Delivery of the said equipment	
Payment for Installation Works		Completion of the Installation Works	
Payment for Operation Training		Completion of Operation Training	
Payment for Maintenance Services (2nd year)			
Payment for Maintenance Services (3rd year)			
			Expiry date of A/P

¹⁰ A/P に規定される支払請求期限 (deadline for presentation of the required documents stipulated in A/P) を記入。

¹¹ 複数の契約がある場合は項目を追加。

4. Summary of the Progress

業者契約ごとの進捗状況を端的に取りまとめて記載してください。
建設工事契約（Works）及びプラント契約（Plant：機材調達契約のうち相当規模の据付工事を伴うもの）については、進捗曲線付（進捗曲線は、計画と実績の2本）バーチャート工程表（Construction Schedule with bar-chart and cumulative curve）を作成・添付してください。

(a) Works

(b) Goods

5. Variation or Modification

業者契約締結後に発生した（または発生する見込みの）設計変更や追加作業等（Variation or Modification）について、以下の項目に分けて記載してください。

- ・ 当月の設計変更や追加作業等
- ・ 今後発生する可能性がある設計変更や追加作業等
- ・ 契約変更を伴った設計変更や追加作業等（過去の全ての契約変更実績を記載）
- ・ 契約変更を伴わない軽微な設計変更や追加作業等（過去の全ての実績概要を記載）

(a) Variation or modification of this month

(b) Variation or modification to be expected

(c) Variation or modification caused amendment of the Contract

- i) 1st Amendment dated [date, year]
 - Contract Price amended:
 - Contents of amendment:
- ii) 2nd Amendment dated [date, year]
 - Contract Price amended:
 - Contents of amendment:
- iii) 3rd Amendment dated [date, year]
 - Contract Price amended:
 - Contents of amendment:

6. Potential Risk and Mitigation Measures

①受贈国実施機関（施主）等の実施責任事項の遅延によるプロジェクト全体進捗の支援や施工現場条件等による近い将来の追加工事（契約変更）の可能性、②住民紛争や工事事故等の発生、③その他受贈国実施機関と JICA で共通認識を持つべきリスク可能性、等々について、簡潔に記載してください。

案件の内容やその進捗状況に応じ、JICA から記載すべき項目を指示することがあります。また、必要に応じ、より具体的な情報をコンサルタントから直接ヒアリングさせていただきます。

Attachments :

- Construction Schedule with bar chart and cumulative curve
- Monthly Progress Report submitted by the Contractor(s)/Supplier(s)
- Environmental (Social) Monitoring Sheet (*if indicated in G/A*)



Date:
Ref. No.

JAPAN INTERNATIONAL COOPERATION AGENCY
JICA XXX OFFICE
Attention: Chief Representative
CC:
Director General
Financial Cooperation Implementation Department
Japan International Cooperation Agency

Report concerning the Completion of the Project

Reference: *[insert the name of the Project]*

In accordance with the Article 6 (3) of the Grant Agreement, I would like to report on the completion of the Project:

Please see the details as per attached Project Completion Report (PCR).

Very truly yours,

[Signature]

[Name of the signer]

[Title of the signer]

[Name of the executing agency]

[Option]¹

On behalf of the *[name of the executing agency]*

[Signature]

[Name of the signer]

Chief Consultant

[Name of the Consultant]

¹ 受贈国実施機関がコンサルタントに対し「直接 JICA へ PCR を提出する権限」を与えていている場合は、このオプションにより、PCR を直接 JICA に提出願います。なおその場合、施主に CC: を入れてください。



1: Project Description

1-1 Project Objective

--

1-2 Project Rationale

- Higher-level objectives to which the project contributes (national/regional/sectoral policies and strategies)
- Situation of the target groups to which the project addresses

--

1-3 Indicators for measurement of "Effectiveness"

Quantitative indicators to measure the attainment of project objectives		
Indicators	Original (Yr)	Target (Yr)
Qualitative indicators to measure the attainment of project objectives		

2: Details of the Project

2-1 Location

Components	Original <i>(proposed in the outline design)</i>	Actual

2-2 Scope of the work

Components	Original <i>(proposed in the outline design)</i>	Actual
1.		

Reasons for modification of scope (if any).

--

2-3 Implementation Schedule




Items	Original		Actual
	<i>(proposed in the outline design)</i>	<i>(at the time of signing the G/A)</i>	

Reasons for any changes of the schedule, and their effects on the project (if any)

2-4 Obligations by the Recipient

Original <i>(at the time of outline design)</i>
Actual

Reasons for any changes of the obligations by the Recipient, and/or schedule thereof, and their effects on the project (if any)

2-5 Project Cost

2-5-1 Cost borne by the Grant

	Components		Cost (Million Yen)	
	<i>Original (proposed in the outline design)</i>	<i>Actual (in case of any modification)</i>	<i>Original^{1),2)} (proposed in the outline design)</i>	<i>Actual</i>
1.				
Total				

Note: 1) Date of estimation:
2) Exchange rate: 1 US Dollar =

2-5-2 Cost borne by the Recipient

	Components		Cost (Million Yen)	
	<i>Original (proposed in the outline design)</i>	<i>Actual (in case of any modification)</i>	<i>Original^{1),2)} (proposed in the outline design)</i>	<i>Actual</i>
1.				
Total				

Note: 1) Date of estimation:




2) Exchange rate: 1 US Dollar =

Reasons for the remarkable gaps between the original and actual cost, and the countermeasures (if any)

--

2-6 Contract/Agreement verified

(a) Consultant Agreement

- (i) the Consultant: *[name of the Consultant]*
- (ii) signed on *[date, year]*, and verified on *[date, year]*
- (iii) 1st amended on *[date, year]*, and verified on *[date, year]*
- (iv) 2nd amended on *[date, year]*, and verified on *[date, year]*

(b) Procurement Contract (works)

- (i) the Contractor: *[name of the Contractor]*
- (ii) signed on *[date, year]*, and verified on *[date, year]*
- (iii) 1st amended on *[date, year]*, and verified on *[date, year]*
- (iv) 2nd amended on *[date, year]*, and verified on *[date, year]*
- (v) 3rd amended on *[date, year]*, and verified on *[date, year]*

(c) Procurement Contract (goods I)

- (i) the Supplier: *[name of the Supplier]*
- (ii) signed on *[date, year]*, and verified on *[date, year]*
- (iii) 1st amended on *[date, year]*, and verified on *[date, year]*
- (iv) 2nd amended on *[date, year]*, and verified on *[date, year]*

(d) Procurement Contract (goods II)

- (i) the Supplier: *[name of the Supplier]*
- (ii) signed on *[date, year]*, and verified on *[date, year]*
- (iii) 1st amended on *[date, year]*, and verified on *[date, year]*
- (iv) 2nd amended on *[date, year]*, and verified on *[date, year]*

2-7 Executing Agency

- Organization's role, financial position, capacity, cost recovery etc,
- Organization Chart including the unit in charge of the implementation and number of employees.

<p>Original (at the time of outline design)</p> <p>name:</p> <p>role:</p> <p>financial situation:</p> <p>institutional and organizational arrangement (organogram):</p> <p>human resources (number and ability of staff):</p>
<p>Actual</p>

2-8 Environmental and Social Impacts

- The results of environmental monitoring based on Attachment 5.
- The results of social monitoring based on in Attachment 5.
- Disclosed information related to results of environmental and social monitoring to local stakeholders (whenever applicable).

3: Operation and Maintenance (O&M)

3-1 Physical Arrangement

- Plan for O&M (number and skills of the staff in the responsible division or section, availability of manuals and guidelines, availability of spare-parts, etc.)

Original (at the time of outline design)
Actual

3-2 Budgetary Arrangement

- Required O&M cost and actual budget allocation for O&M

Original (at the time of outline design)
Actual (PMR)

4: Potential Risks and Mitigation Measures

- Potential risks which may affect the project implementation, attainment of objectives, sustainability
- Mitigation measures corresponding to the potential risks

4-1 Assessment of Potential Risks (at the time of outline design)

Potential Risks	Assessment
1. (Description of Risk)	Probability: High/Moderate/Low
	Impact: High/Moderate/Low
	Analysis of Probability and Impact:
	Mitigation Measures:
	Action required during the implementation stage:
2. (Description of Risk)	Probability: High/Moderate/Low
	Impact: High/Moderate/Low

	Analysis of Probability and Impact:
	Mitigation Measures:
	Action required during the implementation stage:
	Contingency Plan (if applicable):
Actual Situation and Countermeasures	

5: Evaluation and Monitoring Plan (after the work completion)

5-1 Overall evaluation

- Please describe your overall evaluation on the project.

5-2 Lessons Learnt and Recommendations

- Please raise any lessons learned from the project experience, which might be valuable for the future assistance or similar type of projects, as well as any recommendations, which might be beneficial for better realization of the project effect, impact and assurance of sustainability.

5-3 Monitoring Plan of the Indicators for Post-Evaluation

- Please describe monitoring methods, section(s)/department(s) in charge of monitoring, frequency, the term to monitor the indicators stipulated in 1-3.

Attachments

1. Project Location Map
2. Drawings
3. Equipment List
4. Pictures
5. Environmental Monitoring Form / Social Monitoring Form
6. Report on the Management of Safety for Construction Works




Appendix 5 Evaluation Chart of Requested Equipment Interregional Hospital

Req. No.	Name of Equipment English	QTY.	Priority	Evaluation Criteria								Overall	Remarks	QTY. Plan
				①	②	③	④	⑤	⑥	⑦	⑧			
Radiology department														
Req-U1	CT scan	1	A	○	○	○	○	○	△	○	○	○	Existing equipment will be removed at the expense of the recipient	1
Angiography														
Req-U2	Angiography	1	A+	○	○	○	○	○	△	○	○	○	Preparation of installation space at the expense of the recipient	1
Req-U3	Ventilator	1	A+	○	○	○	○	○	○	○	○	○		1
Req-U4	Anesthesia machine	1	A+	○	○	○	○	○	○	○	○	○		1
Req-U5	Suction machine	1	A	○	○	○	○	○	○	○	△	○		1
Req-U6	Defibrillator	1	A	○	○	○	○	○	○	○	○	○		1
Req-U7	Patient monitor	3	A	○	○	○	○	○	○	○	○	○		3
Ultrasound department														
Req-U8	Ultrasound imaging system for cardiovascular (stationary)	2	A+	○	○	○	○	○	○	○	○	○		2
Req-U9	Portable Ultrasound	2	A+	○	○	○	○	○	○	○	○	○		2
Endoscopy department														
Req-U10	Flexible video bronchoscope	2	1A+,1B	○	○	○	○	○	○	○	○	○		1
Req-U11	Video gastroscope	2	1A+,1B	○	○	○	○	○	○	○	○	○		1
Req-U12	Video colonoscope	1	A+	○	○	○	○	○	○	○	○	○		1
Req-U13	Duodenoscope	1	A+	○	○	○	○	○	○	○	○	○		1
ICU														
Req-U14	Ventilator for anesthesia	2	A+	○	○	○	○	○	○	○	○	○		2
Req-U15	Mechanical ventilator	8	A+	○	○	○	○	○	○	○	○	○		8
Req-U16	Suction machine	2	A+	○	○	○	○	○	○	○	△	○		2
Req-U17	ICU Bed	16	A+	○	○	○	○	○	○	△	○	○		16
Req-U18	Infusion pump	16	A+	○	○	○	○	○	○	○	○	○		16
Req-U19	Syringe pump	16	A+	○	○	○	○	○	○	○	○	○		16
Req-U20	Patient monitor with central monitor	16	A+	○	○	○	○	○	○	○	○	○	Planned as 1 system	1
Req-U21	Defibrillator	1	A+	○	○	○	○	○	○	○	○	○		1
Req-U22	Video laryngoscope	5	A	○	○	○	○	○	○	△	△	×	Deleted due to budgetary reasons	0
Req-U23	Hemodialysis machine	1	A	○	△	○	○	△	○	○	○	×	Deleted due to budgetary reasons	0
Operation theatre														
Req-U24	Ventilator for anesthesia	8	A+	○	○	○	○	○	○	○	○	○		8
Req-U25	Mechanical ventilator	2	A+	○	○	○	○	○	○	○	○	○		2
Req-U26	Suction machine	8	A+	○	○	○	○	○	○	○	△	○		8
Req-U27	Defibrillator	1	A+	○	○	○	○	○	○	○	○	○		1
Req-U28	Video laryngoscope	5	A	○	○	○	○	○	○	△	△	×	Deleted due to budgetary reasons	0
Req-U29	Operating table	10	A+	○	○	○	○	○	○	○	○	○		10
Req-U30	Operating light (dual)	10	A	○	○	○	○	○	○	○	○	×	Deleted due to budgetary reasons	0
Req-U31	Electro surgical machine	8	A+	○	○	○	○	○	○	○	○	○		8
CSSD														
Req-U32	Autoclave	2	A	○	○	○	○	○	△	○	○	×	Deleted due to budgetary reasons	0
Req-U33	Washer Disinfecter	1	A	○	○	○	○	○	△	○	○	×	Deleted due to budgetary reasons	0
Cardiology department														
Req-U34	Treadmill	1	A	○	○	○	○	○	○	○	○	×	Deleted due to budgetary reasons	0
Req-U35	ECG, 12ch	3	A	○	○	○	○	○	○	○	○	○		3
Req-U36	ECG, portable	2	A	○	○	○	○	○	○	○	△	×	Deleted due to budgetary reasons	0
Req-U37	Capillaroscopy	1	A	○	△	○	○	○	○	○	○	×	Deleted due to budgetary reasons	0
Req-U38	Electrocardiographic data recorder	6	A	○	○	○	○	○	○	○	○	○		6
Neurosurgery department														
Req-U39	Spinal endoscope and neurosurgery instrument	1	A	○	○	○	○	○	○	○	○	○		1
Req-U40	Surgical Microscope	1	A	○	○	○	○	△	○	○	○	○		1
Req-U41	C-arm	1	A	○	○	○	○	○	○	○	○	○		1
Traumatology department														
Req-U42	Electric dermatome	1	A+	○	○	○	○	○	○	○	○	○		1
Req-U43	Skin puncture	1	A+	○	○	○	○	○	○	○	○	○		1

Req. No.	Name of Equipment English	QTY.	Priority	Evaluation Criteria								Overall	Remarks	QTY. Plan
				①	②	③	④	⑤	⑥	⑦	⑧			
Abdominal surgery department														
Req-U44	Laparoscope for abdominal surgery	1	A+	○	○	○	○	○	○	○	○	○		1
Req-U45	Large surgical instrument set	2	A+	○	○	○	○	○	○	○	○	○		2
Laparoscopy department														
Req-U46	Laparoscope for abdominal surgery	1	A+	○	○	○	○	○	○	○	○	○		1
Orthopedic surgery department														
Req-U47	Mobile diagnostic X-ray system	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U48	Orthopedic surgery instrument set	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U49	arthroscope	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Urology department														
Req-U50	Ureterorenoscope	1	A	○	○	○	○	○	○	○	○	○		1
Req-U51	Surgical Holmium Laser (80W)	1	A	○	○	○	○	○	○	○	○	○		1
Req-U52	Percutaneous nephroscope (mini)	1	A	○	○	○	○	○	○	○	○	○		1
Req-U53	Cystoscope	1	A	○	○	○	○	○	○	○	○	○		1
Req-U54	Lithotripsy	1	A	○	○	○	○	○	○	○	○	×	Deleted due to budgetary reasons	0
Req-U55	Ultrasonic generator with ligating device (gun type)	1	A	○	○	○	○	○	○	○	○	×	Deleted due to budgetary reasons	0
Ophthalmology department														
Req-U56	OCT	2	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U57	Fundas camera	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U58	Slit lamp	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U59	YAG laser	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
ENT department														
Req-U60	Ear/nose/throat treatment unit	2	A	○	○	○	○	○	○	○	○	×	Deleted due to budgetary reasons	0
Req-U61	Shaver for ENT surgery	1	A	○	○	○	○	○	○	○	○	○		1
Req-U62	General surgery microscope	1	A	○	○	○	○	○	○	○	○	○		1
Req-U63	Audiometer	1	A+	○	○	○	○	○	○	○	○	○		1
Maternity department														
Req-U64	Infant warmer	6	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U65	CPAP	6	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U66	Ventilator for adult	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U67	Fetal monitor	6	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U68	Portable X-ray machine	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U69	Colposcope	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U70	Laparoscope for gynecological surgery	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U71	Infant incubator	4	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U72	Anesthesia machine	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U73	Infusion pump	7	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U74	Patient monitor	7	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U75	Centrifuge	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U76	Blood gas analyzer	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U77	Audiometer	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U78	Suction machine	5	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U79	Autoclave	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U80	Instrument set for gynecological surgery	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Laboratory department														
Req-U81	Dry heat oven	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Pulmonary surgery department														
Req-U82	Thoracic instrument set	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Vascular surgery department														
Req-U83	Vascular surgical instrument set	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U84	Endo venous laser ablation	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Outpatient department														
Req-U85	Patient trolley	10	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U86	Wheelchair	10	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-U87	Wheelchair	10	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0

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Oncology Center

Req. No.	Name of Equipment	QTY.	Priority	Evaluation Criteria								Overall	Remarks	QTY. Plan
	English			①	②	③	④	⑤	⑥	⑦	⑧			
Radiology department														
Req-O1	Digital X-ray machine	1	A+	○	○	△	○	○	△	○	○	○	The recipient will be responsible for renovating the installation room, assigning available personnel, and securing the budget.	1
Req-O2	Magnetic resonance diagnostic imaging system (MRI)	1	A+	○	○	△	△	○	△	○	○	○	The recipient will be responsible for renovating the installation room, assigning available personnel, and securing the budget.	1
Req-O3	CT scan	1	A	○	○	△	△	○	△	○	○	×	Deleted due to increased maintenance burden	0
Endoscopy department														
Req-O4	Endoscopic set (Gastroscope)	1	A+	○	○	△	○	○	○	○	○	○	Assigning available personnel by the recipient	1
Req-O5	Endoscopic set (Colonoscope)	1	A+	○	○	△	○	○	○	○	○	○	Assigning available personnel by the recipient	1
Req-O6	Endoscopic set (Bronchoscope)	1	A+	○	○	△	○	○	○	○	○	○	Assigning available personnel by the recipient	1
Req-O7	Endoscopic set (Duodenoscope)	1	A+	○	○	△	○	○	○	○	○	○	Assigning available personnel by the recipient	1
ICU														
Req-O8	Functional bed	6	A	○	○	○	○	○	○	△	○	○		6
Req-O9	Video laryngoscope	2	B	○	○	○	○	○	○	△	△	×	Deleted due to budgetary reasons	0
Req-O10	Patient monitoring system	8	A	○	○	○	○	○	○	○	○	○		8
Req-O11	Oxygen concentrator	4	B	○	○	○	○	○	○	△	△	×	Deleted due to budgetary reasons	0
Req-O12	Pulse oximeter	8	B	○	○	○	○	○	○	△	△	×	Deleted due to budgetary reasons	0
Operation theatre														
Req-O13	Retractor	1	A	○	○	○	○	○	○	△	○	×	Deleted due to budgetary reasons	0
Req-O14	Electric operating table	2	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O15	Electro coagulator	4	A	○	○	○	○	○	○	○	○	○		4
Req-O16	Ultrasonic electro coagulator	2	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O17	Sterilization cart	4	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O18	Table for operational instruments (large)	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O19	Table for operational instruments (small)	2	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O20	Operating table for anesthetic instruments	2	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O21	Mobile operating light	2	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O22	Head lamp for operation	3	A	○	○	○	○	○	○	△	△	○		3
Req-O23	Mobile Quartz lamp	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O24	Operational instrument (large)	1	A	○	○	○	○	○	○	○	○	×	Deleted due to budgetary reasons	0
Req-O25	Anesthesia system	1	A	○	○	○	○	○	○	○	○	×	Deleted due to budgetary reasons	0
Req-O26	Anesthesia mask	10	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O27	Electric surgical aspirator	2	A	○	○	○	○	○	○	○	△	○		2
Req-O28	High frequency electrosurgical unit	1	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O29	Hysteroscope	1	A	○	○	△	○	○	○	○	○	○		1
Gynecology department														
Req-O30	Gynecological chair	2	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O31	Stationary ultrasound for gynecology	1	A+	○	○	○	○	○	○	○	○	○		1
Req-O32	Ultrasound machine	1	A	○	○	○	○	○	○	○	○	×	Deleted due to budgetary reasons	0
Req-O33	Mammography	1	A+	○	○	○	○	○	○	○	○	○		1
Req-O34	Aspiration tissue biopsy needle unit	2	A+	○	○	○	○	○	○	○	○	○		1
CSSD														
Req-O35	Autoclave	2	A+	○	○	○	○	○	○	○	○	○		2
Pathology laboratory														
Req-O36	Tissue processor	1	A+	○	○	○	○	○	○	○	○	○		1
Req-O37	Automated staining device	1	A	○	○	○	○	○	○	○	○	○		1
Outpatient department														
Req-O38	Universal medical bed	4	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O39	Resuscitation stretcher	2	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0
Req-O40	Medical wheelchair	4	B	-	-	-	-	-	-	-	-	×	Priority B: Deleted due to budgetary reasons.	0

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