

# Bangladesh国循環器病対策 プロジェクト調整委員会報告書

昭和59年11月

国際協力事業団  
医療協力部

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バングラデシュ国循環器病対策  
プロジェクト調整委員会報告書

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## プロジェクト調整委員会会議について

### 1. 経緯

バングラデシュ国循環器病対策プロジェクトは、昭和54年2月から5ヶ年計画で実施され、59年2月からプロジェクト期間を2年延長して現在に至っている。

プロジェクトが延長となった最大の理由はプロジェクトサイトであるICVD (Institute of Cardiovascular Diseases : 循環器病研究所) が自立して運営できる状況でなかったことであった。技術移転という視点で見れば3年間専門家チームが継続的に派遣され技術指導を行なってきて高い評価を得ている。延長後は日本人専門家の不在期間が3ヶ月あるが、開心術、非開心術を現地人スタッフだけで成功させてきている。また診断、検査の分野でも延長前と同様に運営されている。しかし、これは機械のメンテナンス消耗品の供給が日本の援助によって行なわれている条件があつたことである。

ICVDが自立していくには消耗品、スペアパーツ、機械の維持補充をどうするか、この問題を解決しなければならない状況になってきている。ところが現地側ではこの大問題をプロジェクトが終了するまで1年数ヶ月あり、日本の協力は求めれば続いてくれるものと安易にとらえているようであつた。

そこでICVDのスタッフはもちろん、バ国保健省、プロジェクトに関連する部局に現状の把握とプロジェクト終了後自立していけるよう認識させるべくこの会議を行なうことになった。

予定していた会議での討議項目は次の通りである。

- (1) 59年2月から延長後のプロジェクト運営の評価
- (2) 61年2月、プロジェクト終了までの運営方針について
- (3) プロジェクトの再延長について
- (4) 第3次5ヶ年計画におけるICVDの拡張計画について
- (5) 消耗品、スペアパーツの調達について
- (6) 第2回日本バングラデシュ Joint Conference について
- (7) 青年海外協力隊員の派遣について
- (8) 60年度供与機材と無償資金協力について

これらの討議項目について日本側のインプット実績をまとめ、現地側にも必要な資料をまとめさせた。

国内委員会から会議への参加があり、事前に日程と内容を事務連絡にてJICA本部と国立循環器病センターへ伝えた。

なお当プロジェクトにおけるプロジェクト調整委員会会議(Co-ordinating Committee Meeting) は昨年10月にエバリュエーションチーム滞在中に行なつたものに続き第2回目である。

## 2. 会場と参加者

会 場：ショナルガオンホテル スルマルーム

日 時：昭和59年11月8日(木) 10:00～11:30 AM

日本側参加者(7名)

尾前 照雄	国立循環器病センター病院長
奥村 福一郎	同 麻酔科部長
大橋 功	在バングラデシュ日本大使館一等書記官
江崎 政久	国際協力事業団ダッカ海外事務所長
松久 茂久雄	循環器病対策プロジェクト専門家, 心臓内科医
三井 佐代子	同 看護婦
横井 健二	同 調整員

バングラデシュ側参加者(14名)

Mr. A. B. M. Golam Mustafa, Secretary Health & Population Cont.  
Brig. Abdul Malik, Director, Institute of Cardiovascular Diseases  
Mr. A. S. Ahmed, Senior Section Officer of E. R. D.  
Depty Secretary, Ministry of Finance  
Dr. A. Hai, Planning Commission  
Col. A. Hakim, Director, Central Medical Stor  
Mr. Rashid, Depty Secretary of Health  
Dr. R. K. Khandaker, Cardiologist, I. C. V. D.  
Dr. N. A. Khan, Cardiac Surgion, I. C. V. D.  
Dr. S. R. Khan, Cardiac Surgion, I. C. V. D.  
Dr. Abu Zafar, Cardiologist, I. C. V. D.  
Dr. Khalilur Rahman, Anaesthesiologist, I. C. V. D.  
Mr. Rulhl Amin, Office Superintendent, I. C. V. D.  
Mr. Md. Mofizullah, P. A. to Director of I. C. V. D.

## 3. 討議経過

- 1) 最初に Brig. A. Malik, ICVD 所長から会議参加者への挨拶があり、その中で日本政府と JICA・日本人のこれまでの協力に対して感謝していることが強調された。  
挨拶につづき ICVD が行なってきたこれまでの活動が報告された。(添付資料 No. 1, No. 2, No. 3)  
また増加する循環器病患者に ICVD の現状は十分でなく、バ国政府に対して第3次5ヶ年計画での ICVD の拡張(添付資料 No. 4-1 ~ No. 4-6)を強く要請した。日本側に対しては ICVD が日本とバ国の友好のシンボルとなるよう協力の継続要望があった。
- 2) 日本側とバ国側参加者紹介のあと横井調整員が日本側のインプット実績を報告した。(添付資料 No. 5-1 ~ No. 5-6)
- 3) 尾前国立循環器病センター病院長挨拶のあと議長である A. B. M. Golam Mustafa 保健省次官



の挨拶があり討議を始めた。

- 4) S. R. Khan 心臓外科医から、外科部門での問題はより近代的な技術の向上と高価な消耗品をどうするかであると指摘があった。
- 5) N. A. Khan 心臓外科医はこの問題について、日本の協力を頼らず自立するには少なくとも30～35例の開心術ができる予算をバ国政府が出すべきであると具体的な提案をした。
- 6) 計画省のA. Hai 氏より医療器機のエンジニアについても日本での研修が必要であり、この分野の青年海外協力隊員を要請していると報告があった。

またCCUを7ヶ所の医科大学に設置するべきとの提案があった。

- 7) これに答えてBrig. A. Malik 所長は、

既にICVDでは日本で研修したシニアエンジニアの他、ジュニアエンジニアも働いている。

CCUの設置については、1億人の人口に対して1ヶ所の設置では不十分であり各医科大学にCCUの他にICUも設置し、非開心術などができる体制をバ国政府にアドバイスしてきている。最終的にはICVDを頂点にして郡の保健所レベルまでリンクを結ぶ計画である。

協力隊員については臨床検査・放射線技師についてバ国政府に要請を出すよう働いている。

と述べた。

- 8) 尾前院長から、

日本を立つ前にJICA本部で打ち合せたところでは1986年2月までNCVC（国立循環病センター）から予定通り4回専門家チームを派遣することを決定した。NCVCでは10ヶ国以上から研修員を受け入れており、近年中国・韓国などとの関係も強まってきている。対バングラデシュにはこのプロジェクトが終了した後、NCVCからの専門家派遣は非常に困難である。

プロジェクト終了までどの分野の専門家を要望しているのか質問があり、これについては11月10日にICVDにて話し合うことが決定された。

また機材について、JICAは59年度供与機材として来年2月に4,400万円を供与する予定である。

と報告した。

- 9) Cal. Hakim. CMS所長から、

現在バ国政府の医薬品における予算は1人当たり年間3タカ（約30円）である。政府の病院では基本的に治療費は無料であるため、この予算では開心術を行なうことは無理である。そこで消耗品など購入できうる人々からは金を徴収すべきである。

との提案があった。

- 10) Brig. A. Malik 所長はこの提案について、現在でも人工弁やペースメーカーを自分で購入しているケースがいくつかある。将来は30%のサービスチャージを支払うことのできる人々からは徴収することを考えている。またバ国政府の許可を得て既に福祉基金を開いていることが報告された。
- 11) 尾前院長の、ICVDから18人のスタッフが中東に出稼に出た件の質問に対して、Brig. A. Malik 所長は、日本で研修を受けた人間は3人で、その中の2人については許可を出しておらず残念なことである。外国で研修した人間の束縛期間は現在の3年を5年に延ばすべきと提案した。
- 12) A. B. M. Golam Mustafa 保健省次官は参加者に対して礼とこの会議が有意義であるあいさつ

のあと、これまでの討議をまとめて次のことを述べた。

- (1) 日本で研修した人間はその職場を離れるべきでなく、束縛期間は3年を7年に延ばすべきである。
  - (2) 機械の維持管理について、新しい機械・スペアとなる機材も必要であるが、現在ある機材を維持していくのも大切である。
  - (3) 現在バ国政府は初等保健医療に力を入れているが循環器病も重要な問題である。ICVDが郡レベルの医療関係者にトレーニングを行なっていることは良い方向である。地方の医療レベルが高まり、重症で複雑な症例をICVDで治療していくような体制が望ましい。
  - (4) 日本政府とJICAが消耗品を供給していくことに感謝している。しかし将来は人工弁などの消耗品は患者自身で供給し、金持ちからは金を徴収し、貧しい人々に循環する方法も考えるべきである。
  - (5) 日本政府・JICAに対して、第3次5ヶ年計画についてもこの重要なプロジェクトに協力が継続できるよう要望した。
- 13) 尾前院長から、シニアクラスの医師のレベルは向上している。これからは看護婦の教育と手術後の管理が課題であるという小原専門家の意見を述べた。
- また日本・バングラデシュ Joint Conference については、JICAの予算上2回目を同規模で行なうことは困難である。プロジェクト終了時に強い希望があれば小規模には可能性があるとして述べた。
- 14) A. B. M. Golam Mustafa 保健省次官がジュネーブに出発するため議長をBrig. A. Malik 所長に交替する。
- 15) 江崎 JICA グッカ海外事務所長より、プロジェクトが終了した場合、一般的に研修員の受け入れや機材の供与のみが継続するケースはない。単独の専門家派遣・機材供与、グループ研修などがあるが、すべて現地側の要請によるものであると説明があった。

#### 4. 11月10日会議の討議内容 於：ICVD 所長室

- 1) プロジェクト終了までの専門家チームの構成は以下のとおり決定した。しかしNCVC側の都合によって替る場合があることで合意した。
  - (1) 15次チーム  
心臓外科医・心臓内科医・ICU看護婦・放射線技師
  - (2) 16次チーム  
心臓外科医・放射線医師・臨床検査技師・ME技術者
  - (3) 17次チーム  
心臓外科医・心臓内科医・ICU看護婦・臨床検査技師
  - (4) 18次チーム  
心臓外科医・心臓内科医・ICU看護婦
- 2) CCU看護婦についても現地側から要望があったが、現状からみて内科医とペアでないと業務が困難であるとした。

- 3) 上記の専門家を派遣してほしいと要望があったが各専門家に具体的にどんな専門分野を求めるかについては発言がなかった。
- 4) 1年4ヶ月を残したプロジェクトで何を目標とするかについて弁置換・先天性心奇形などの手術を行ないたいと意見が出たが、現状では全てを求めることは無理ということで冠動脈バイパスを目標とすることに決定した。

## 5. 総括

- 1) 現在のプロジェクト運営についてとくに問題の指摘がないことから、現地側では現状に満足しているものと思われる。専門家チームの派遣について個々の専門家に具体的な要望はなく、11月10日の会議では第2次R/Dの再確認であったが今後のチーム構成が決定した。

プロジェクト終了までの目標を冠動脈バイパスに絞ったことで派遣専門家の人選、業務の目的をどう持つかなど日本側としては容易になったと思われる。

- 2) プロジェクトの再延長を現地側は、これまでの成果をふまえ、第3次5ヶ年計画でICVDが拡張される予定も含めて強く要望してきた。これについて日本側は専門家の派遣が困難であること、消耗品・スペアパーツを自力で調達する方向に持っていくことが会議前の方針であった。プロジェクトは安易に継続しないということは現地側にもいくらか伝わったようである。

会議での発言をみると、外科サイドではプロジェクトの存続、機械の供給に対して危機感を持っているが内科の方はそうでもないようである。ICVDの自立を考える場合、外科サイドの意見を伸ばすべきであるが体制は内科の方が上位にある。内科医の歴史は古く確固たる地位があるのに対し、外科はプロジェクトと同時にスタートしたようなもので残念ながら弱い立場となっている。

会議ではICVDの医師だけでなく他の政府関係者からも無料診療を行なっている政府病院の問題について指摘があり、バ国政府もこれについて打開策を持っていることがわかったのは収穫であった。

- 3) 青年海外協力隊員の派遣について保健省、計画省の上層部にその活動の理解者がいたことは喜ばしいことである。

バ国の医療技師のレベルが低いことはよく耳にするところでX線技師・臨床検査技師・歯科技師などの分野で隊員が派遣されることを期待している。特にICVDではプロジェクトが終了した場合、最初に機能低下するのは試薬を日本から持ち込まなければならない臨床検査部である。ここへの隊員派遣からは技師のレベル向上と隊員支援経費による試薬の供給が期待できるのであろう。

- 4) 機械の供与について会議では具体的な討議がなされなかった。

現地では60年度供与機材に消耗品を中心に要請しスペアパーツ・大きな機材については無償資金協力で要請するよう進めている。

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ACADEMIC ACTIVITIES:

- 1) M.D. in Cardiology: - Three years course under Dhaka University, started in July, 1982.
- i) 1982 - 4 Students.
  - ii) 1983 - 5 Students.
  - iii) 1984 - 4 Students.
- 2) Diploma in Cardiology: - One year course under Dhaka University started from July, 1984
- i) 1984 - 6 Students.
- 3) M.S. Cardiothorasic Surgery: - 3 years course under Dhaka University will be started from July, 1985
- 4) Training of Doctors working in U.Z.H.C. (Community level).
- |            |           |           |              |
|------------|-----------|-----------|--------------|
| Workshop : | 1979      | Trainee : | 25           |
| Workshop : | 1980      | Trainee : | 41           |
| Workshop : | 1981      | Trainee : | 53           |
| Workshop : | 1982      | Trainee : | 42           |
| Workshop : | 1983      | Trainee : | 48           |
| Workshop : | July/1984 | Trainee : | 67           |
|            |           |           | Total :      |
|            |           |           | 276 Trainee. |
- 5) Post Graduate students from other Institutions: -
- a) F.C.P.S. -
    - 1) Medicine.
    - 2) Surgery.
    - 3) Paediatrics.
  - b) D.T.C.D.
  - c) D.A. (Ansesthesia)
  - d) Nursing Training Intersive Care for 12 weeks.

i) 1984 - 20 Students.

Students are placed for 2-4 weeks to have preactical experiences in Cardiology in this hospital.

6) Daily Staff Meeting

Each morning from 8.00 to 8.30 A.M. all doctors of the Institute & discuss interesting cases.

7) Weekly Journal Club

8) Weekly Clinical Meeting

9) Monthly Grand Round

## MAJOR STATISTICS ON INSTITUTE ACTIVITY

1. Humber of patients from January/1984 to October, 1984.	
2. Out patients atiendance	25675
Admission including General Beds & Cabins	3452
Admission in C.C.U.	1296
Admission in I.C.U.	221

2. OPERATIONS

Open Heart Surgery	21
Closed Heart Surgery	197
Vascular Surgery	58
Permanent pacemaker implantation	34
Others	90

3. EXAMINATIONS

Cardiac Catheterization & Angiocardiography	235
Electro-Cardiography (E.C.G.)	17447
Echo-Cardiography Examination	1106
Exercise Stress Test	119
Radiological Examination	7666
Laboratory Examination (Pathology & Biochemistry)	45437
Peripheral Angiography	18

# **INSTITUTE OF CARDIOVASCULAR DISEASES**

SHER-E-BANGLA NAGAR, DHAKA-7, BANGLADESH

**1981 - 1983**

**DHAKA, BANGLADESH**



### **Introduction**

Cardiovascular Disease is one of the major health problems of Bangladesh. With the control of infectious & communicable diseases, Cardiovascular diseases will become the main health problems in this country also. (As it happened in other developed countries.

In view of these the Govt. of Bangladesh with the Co-operation of Govt. of Japan, & Japan International Co-operation agency (JICA) has set up the Institute of Cardiovascular Diseases to provide treatment & other facilities for cardiovascular patients.

Institute of Cardiovascular Diseases (I.C.V.D.) is located in Sher-e-Bangla Nagar, Dhaka, in Shaheed Suhrawardy Hospital Complex.

It is about 16 Km from Dhaka Airport & about 10 Km from Dhaka Railway Station.

## **BRIEF HISTORY**

- November, 1977 : Scheme of the Institute of Cardiovascular Diseases, at a cost of Tk-372.68 lacs to be established at Shaheed Suhrawardy Hospital Complex was approved by ECNEC under the Chairmanship of Lt.General Ziaur Rahman, the then President of Bangladesh.
- 1st July, 1978 : Brig. Abdul Malik joined as the Director of the Institute.
- February, 1979 : Aggrement of the Technical Co-operation between the Government of Bangladesh and Japan was signed. Institute of Cardiovascular Diseases, Dhaka and National Cardiovascular Centre, OSAKA, JAPAN were linked for five years under Technical Co-operation aggrement.
- August, 1979 : An aggrement for a grant of 700 million Yen to buy modern instruments for the Institute was signed between the Governments of Bangladesh and Japan.
- December, 1980 : Echocardiography Laboratory started functioning.
- 11th February, 1981 : Cardiac Catheterization Laboratory started functioning.

- 24th March, 1981 : First permanent pace maker implanted.
- 3rd. April, 1981 : The Institute was formally inaugurated by the then President of the People's Republic of Bangladesh, Lt. General Ziaur Rahman.
- 18th September, 1981 : First open heart Surgery performed.
- July, 1982 : M.D. (Cardiology) Course under Dhaka University started.
- Oct. 1983 : Diploma in Cardiology Course approved by Dhaka University.

## **ROLE OF THE INSTITUTE OF CARDIOVASCULAR DISEASES.**

1. To provide modern medical and surgical Investigations and treatment to patients with Cardiovascular Diseases referred from other hospitals of the country through:
  - a) General medical & surgical wards.
  - b) Open and closed heart surgery.
  - c) Vascular Surgery.
  - d) Coronary Care Unit. (C.C.U.)
  - e) Intensive Care Unit (I.C.U.)
  - f) Pace-making.
2. To provide latest investigative facilities for proper diagnosis of Cardiovascular Diseases.
  - a) E.C.G. including Holter monitoring.
  - b) His Bundle ECG.
  - c) Exercise Stress Test.
  - d) Phonocardiography.
  - e) Echocardiography.
  - f) Cardiac Catheterization & Angiography
  - g) Pathology & Biochemistry.
3. Training of Doctors, Nurses, Paramedics who will provide Cardiovascular health cover upto community level through:
  - a) Inservice Training.
  - b) Workshop on Cardiology.
  - c) Different Specialised Courses.
4. Prevention of Cardiovascular Diseases through Health education of the public (through Radio, TV, Press etc.)
5. Research and epidemiological studies of Cardiovascular Diseases.

**ORGANISATION:**

The Institute is functionally composed of Academic departments, Hospital and Administration. All three are controlled by the Director of the Institute.

**Academic (and hospital) Departments:**

Both Academic side and Hospital function as a single entity.

1. Department of Cardiology.
2. Department of Cardiovascular Surgery.
3. Department of Anaesthesiology & Intensive care.
4. Department of Radiology.
5. Department of Pathology.
6. Department of Biochemistry.
7. Department of Physical Medicine & Rehabilitation.
8. Department of Blood transfusion.
9. Library.

**Accommodations:**

Total Beds:—	110
General Beds:—	100
Non Paying	60 beds.
Paying	40 beds.
Cabins:—	10

There is a plan for extension of the present buildings to accomodate total 400 patients.

**Employees:**

Total Employees:	179
1) Doctors	31
2) Nursing	35
3) Radiology Technologist	2
4) Clinical Lab. Technologist	4
5) E.C.G. Technologist	2
6) Electromedical technologist	1
7) Heart lungs machine Technologist	2

8) Instrument Care Taker	1
9) Pharmacist	4
10) Administration:—(Officers, Clerical Personnel, Kitchen, dietetician, Wardboys, Sweepers etc)	97

### ACADEMIC ACTIVITIES

- 1) M.D. in Cardiology:—Three Years Course under Dhaka University started in July, 1982.
- 2) Diploma In Cardiology:—One year Course under Dhaka University to start from July 1984.
- 3) M.S. in Cardiovascular & Thoracic Surgery (Proposed)
- 4) Post-Graduate students from other Institutions:—
  - a) F.C.P.S.—1) Medicine.  
2) Surgery.  
3) Paediatrics.  
4) Anaesthesia.
  - b) D.T.C.D.
  - c) D.A. (Anaesthesia)
  - d) Nursing.

Students are placed for 2-4 weeks to have practical experiences in Cardiology in this hospital.

- 5) Yearly Workshop on cardiovascular diseases to train doctors working in rural areas of Bangladesh.
- 6) Daily Staff Meeting.  
Each morning from 8.00 to 8.30 A.M. all doctors of the Institute meet and discuss about previous night's problems and other interesting cases.
- 7) Weekly Journal Club.
- 8) Weekly Clinical meeting.
- 9) Bedside Clinical Teaching Programme.
- 10) Monthly Grand Round.

## MAJOR STATISTICS ON INSTITUTE ACTIVITY

### I. Number of patients (Yearwise)

		1981	1982	1983
Admission	Total—(Including General beds, Cabin, CCU & ICU)	1918	2912	3618
	Coronary Care Unit.	933	802	1303
	Intensive Care Unit.	120	200	374
Out patients Attendance.	Total	13991	16718	24053

### II. Number of operations , Examinations etc. (Yearwise)

		1981	1982	1983
Total Operations	:	168	272	362
Open heart Surgery	:	1	33	26
Closed heart Surgery	:	56	125	174
Vascular Surgery	:	21	26	40
Others	:	56	18	58
Permanent pacemaker implantation:		34	70	64
Cardiac Catheterization and				
Angiocardigraphy		112	167	157
Electrocardiography (E.C.G.)		9285	15526	18087
Echocardiography Examination		874	2042	1539
Exercise Stress Test		23	68	56
Radiological Examination		8600	12266	10795
Laboratory Examination (Pathology & Biochemistry)		30946	54926	56335

The present facilities of the Institute are inadequate for a country of 90 million people.

Proposals have been sent to authorities for expansion of the buildings to accommodate at least 400 patients.

Present investigative and operative facilities need expansion for future workload.

Cardiovascular investigations and treatments are extremely costly—one closed heart operation would cost about Tk. 20,000 - (Twenty thousand), one open heart Tk. 1,00,000 - (one Lac), one permanent pace Maker Tk. 50,000 - (Fifty thousand), one Echocardiography examination Tk. 2,000 - (two thousand), one Cardiac Catheterisation & Angiography Tk. 10,000- (ten thousand) in foreign country.

In last three years (till 31st Dec. 1983) foreign exchange worth of at least Taka three Crores has been saved by providing services in I.C.V.D. (Cost of ECG, X-Ray, Biochemical investigation are not included in this estimate).

Moreover poor patients who could not afford treatment abroad are getting it free in the Institute of Cardiovascular Diseases, Dhaka.



Government of the People's Republic of Bangladesh  
Office of the Director-cum-Professor  
Institute of Cardiovascular Diseases  
Sher-e-Bangla Nagar, Dhaka-7.

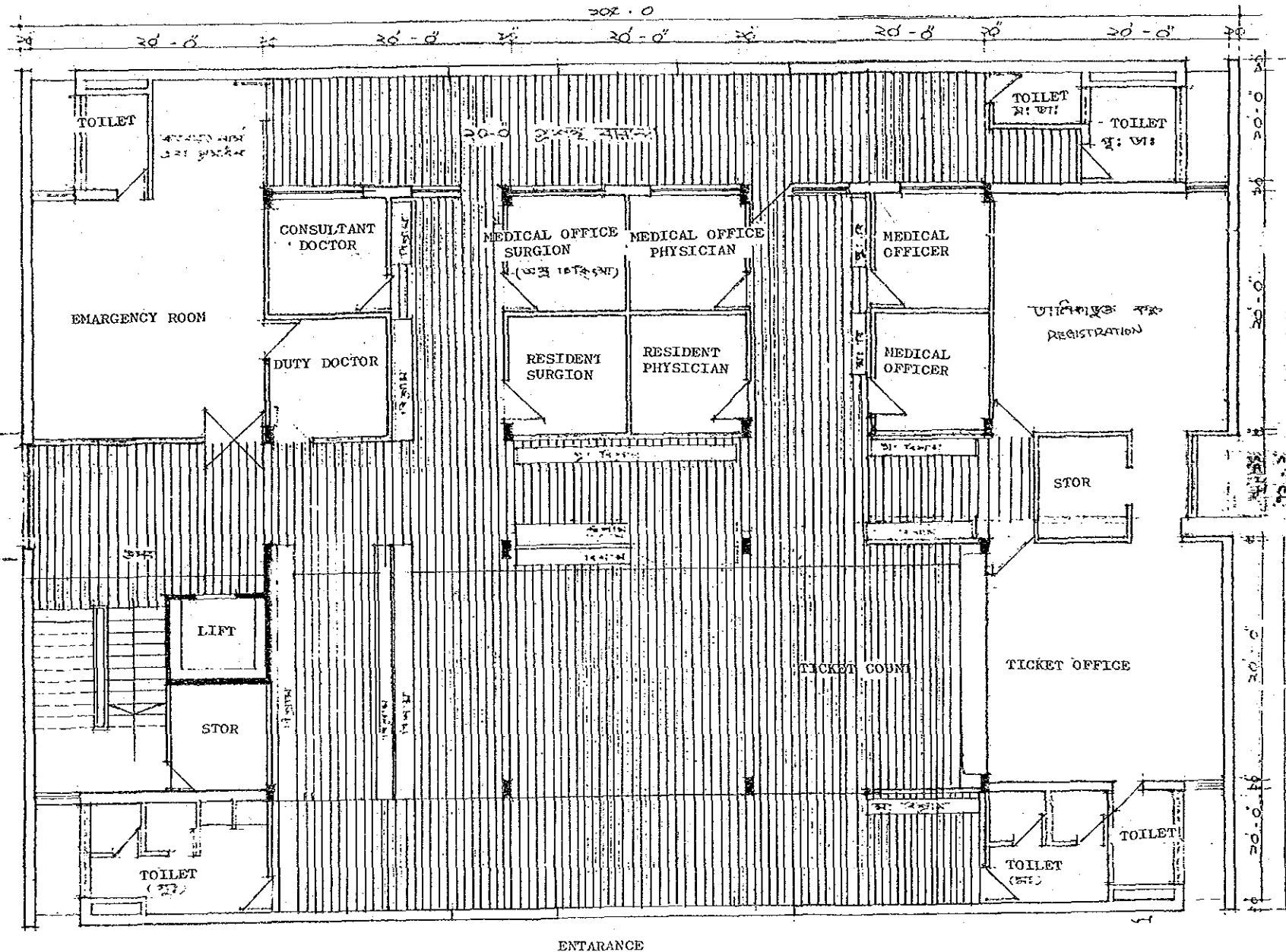
SCHEME FOR NEXT FIVE YEAR PLAN

Institute of Cardiovascular Diseases, Dhaka is receiving cardiac patients from various hospitals of Bangladesh as modern facilities for investigations and treatment do not exist in other hospitals.

Existing facility with 100 beds is not enough for 100 million people of whole country. The plan is under preparation for further strengthening of Institute of Cardiovascular Diseases by increasing 200 more Indoor beds over existing South-West Nursing Wing of Institute of Cardiovascular Diseases and to increase Outdoor facility, one more Operation Theatre (O.T.), Casualty Block, one more Catheter, Angio room, and other investigations facilities by constructing additional building in the vacant space south of existing CPD. building, to cope with increasing load of works so that the Institute can function effectively during next Five Year Plan period starting from July 1985. (Sketch plan is attached.)



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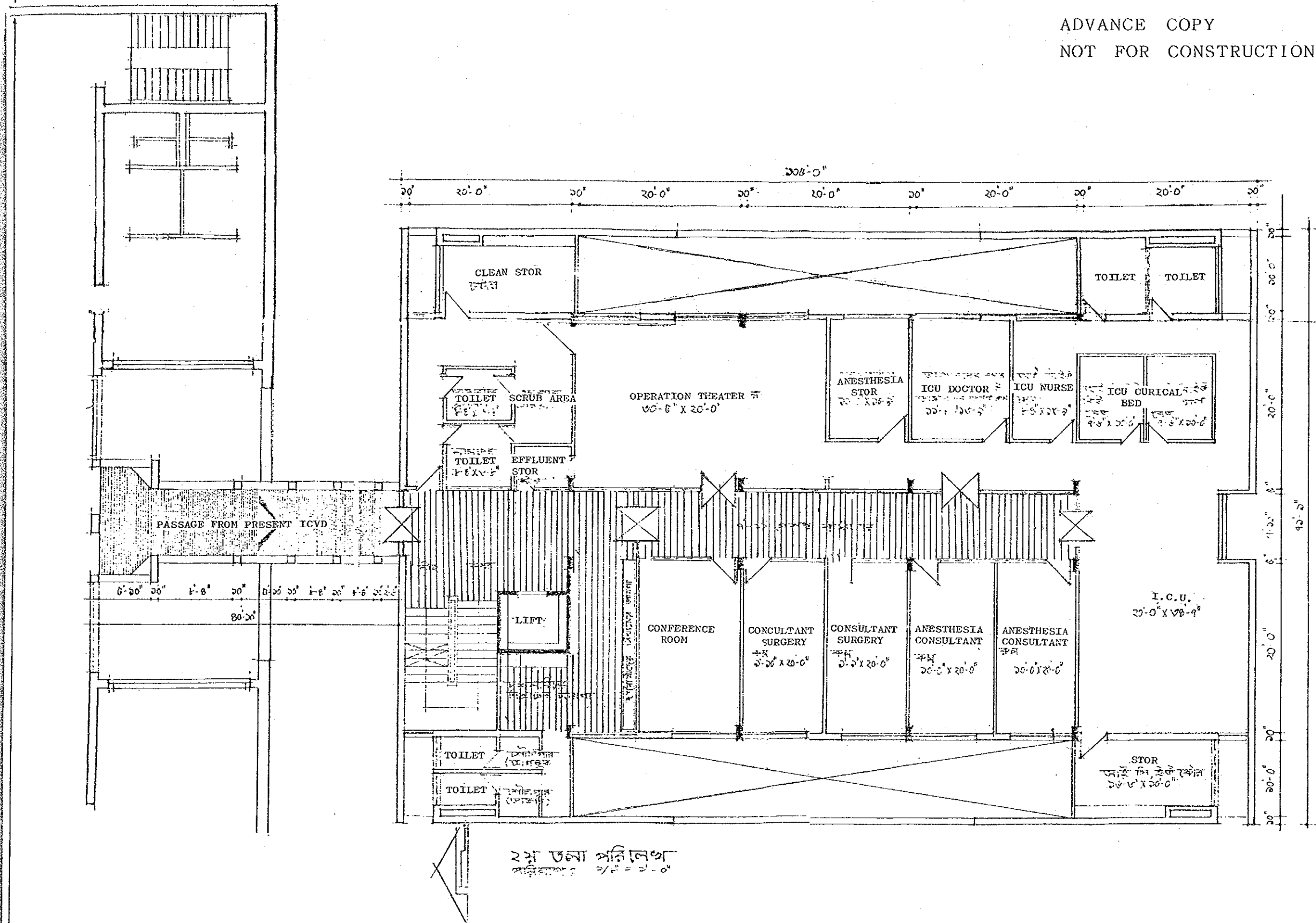


বর্তমান শব্দে কোরোনার  
হাসপাতাল

১ম ওমা পরিদপ  
পরিমাপ: ২/৮ = ১-০

স্বাস্থ্য কেন্দ্রের নাম		
ঠিকানা, ঠিকানা		
অধ্যক্ষ	সহকারী	ডাক্তার
স্থাপত্য দপ্তর পূর্ব মন্ত্রণালয় বাংলাদেশ সরকার		
প্রকল্পের নাম: শরীফ মোহাম্মদ আলী হাসপাতাল নতুন প্রকল্প স্থাপনা ইনস্টিটিউটের অধীনস্থ		
নকশার বিবরণ: ১ম ওমা পরিদপ		
সহকারী ডাক্তারের অধীনস্থ		
ডাক্তারের অধীনস্থ		
সহকারী ডাক্তারের অধীনস্থ, বিজন		
সহকারী ডাক্তারের অধীনস্থ		
নির্দেশিকা		
মোট নকশা:	ডাক্তার:	
পরিমাপ: ২/৮ = ১-০		
তারিখ: ২০ x ৩০		

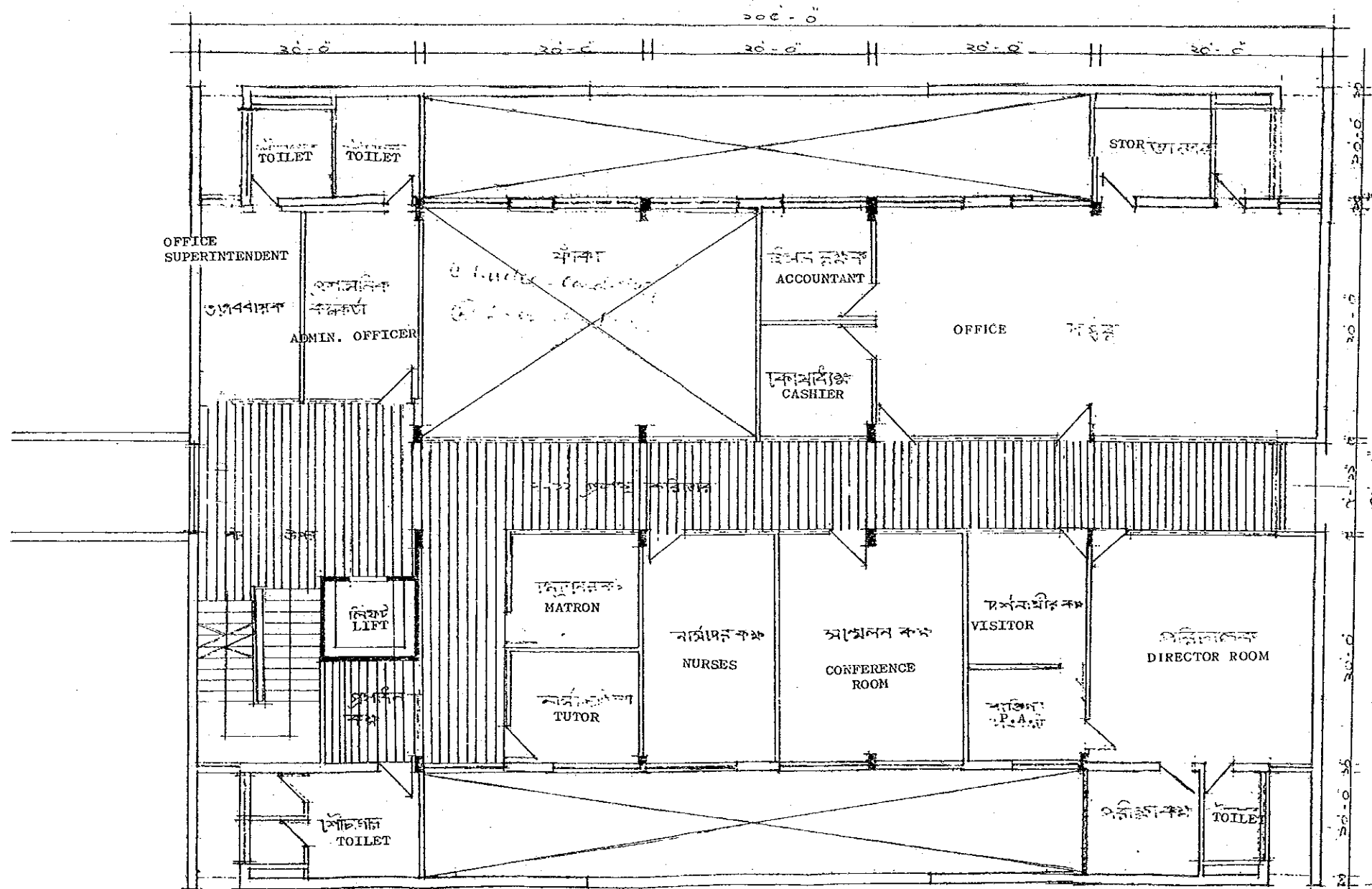
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২য় তলা পরিলেখা  
সংস্করণ: ২/৮ = ২'-০"

টিকন/নির্দিষ্ট /		
সংস্করণ	স্বাক্ষর	তারিখ
<p>স্বাস্থ্য দপ্তর পূর্ব জাভানগর শিলাদাশ সনাকার</p>		
<p>প্রকল্পনাম: শরীদ প্রাথমিক স্বাস্থ্যকেন্দ্র কম্পিউটার অধ্যয়ন ইনস্টিটিউট অতিরিক্ত ভবন</p>		
<p>নকশার বিবরণ: ২য় তলা পরিলেখা</p>		
<p>করে জলের উদ্বৃত্তি প্রধান স্থাপতি</p>		
<p>অতিরিক্ত প্রধান স্থাপতি</p>		
<p>স্বাক্ষরিত আমি স্বাক্ষরিত করেছি উপ প্রধান স্থাপতি, কস</p>		
<p>স্বাক্ষরিত প্রধান স্থাপতি, বিদ্য</p>		
<p>স্বাক্ষরিত আমি স্বাক্ষরিত করেছি স্বাক্ষরিত স্থাপতি</p>		
<p>স্বাক্ষরিত আমি স্বাক্ষরিত করেছি স্বাক্ষরিত স্থাপতি</p>		
নির্দিষ্টকারী		
<p>স্বাক্ষরিত : তারিখ : স্বাক্ষরিত : ২/৮ = ২'-০" স্বাক্ষরিত : ২'-০"</p>		

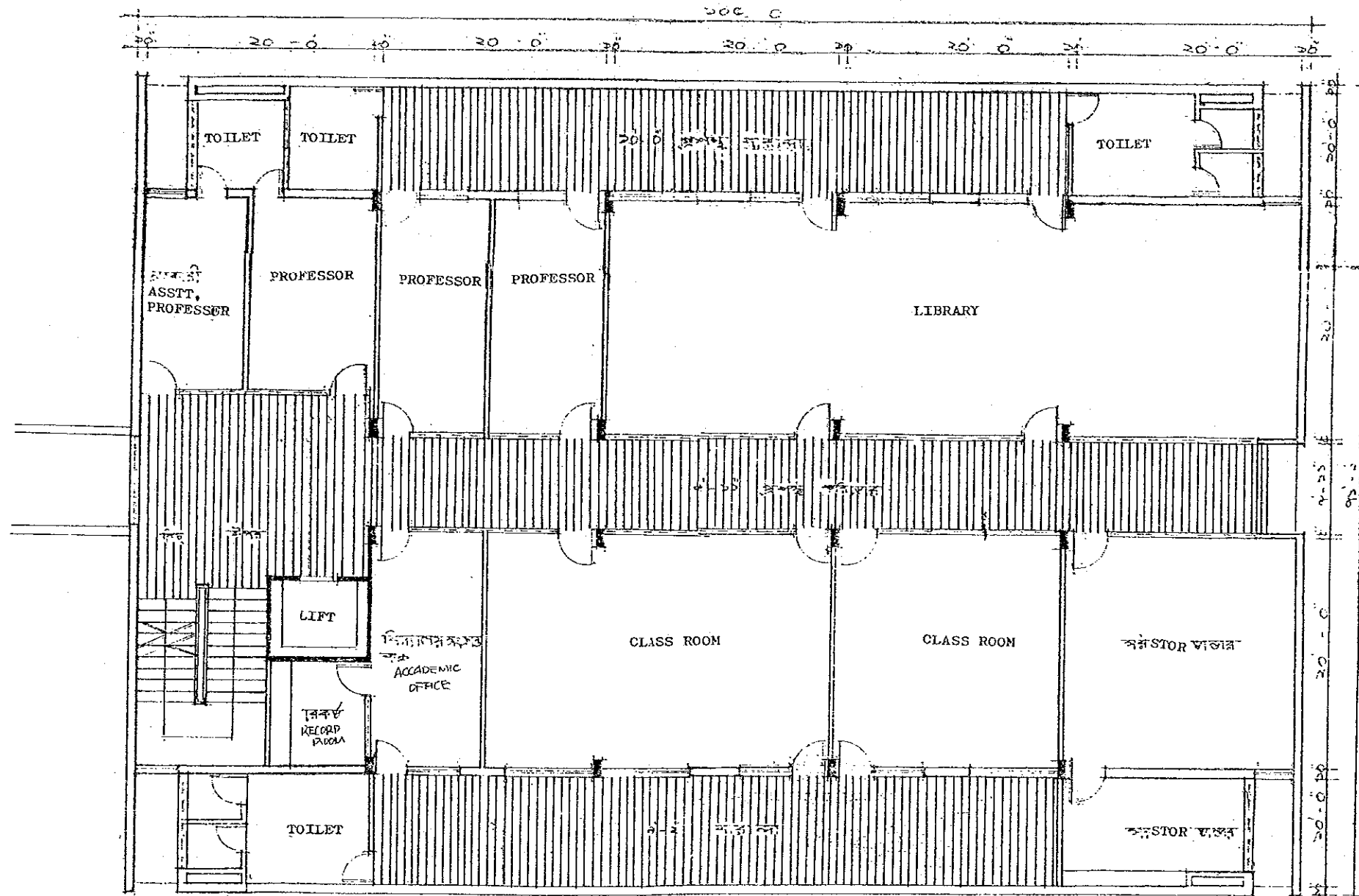
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ওয়া উলা পরিদেখা  
পরিচালক : ২/৮ - ২০-০

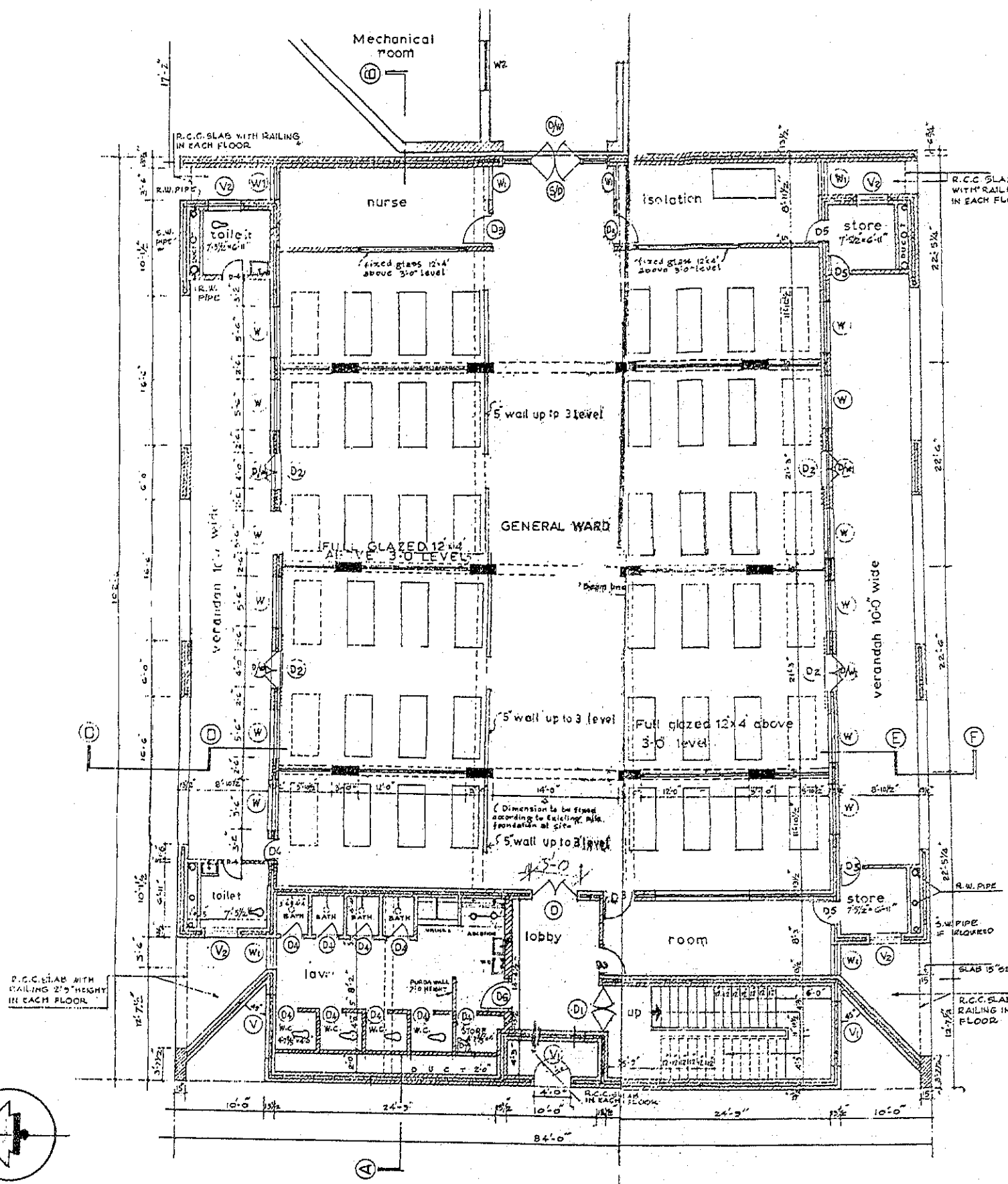
পরিচালক/নির্দেশিকা		
অংশ/নির্দেশিকা		
অংশ/নির্দেশিকা	আকার	তারিখ
স্বাক্ষরিত দস্তাবেজ পূর্ত মন্ত্রনালয় বাংলাদেশ সরকার		
প্রকল্পের নাম : অসীম হাসপাতাল কম্পিউটার বিভাগ ইনস্টিটিউট অব মেডিসিন		
নামের বিবরণ : ৩য় তলা পরিদেখা		
আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		
আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		
আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		
আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		
আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		
আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		
আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		
আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		
আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		
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আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		
আই.সি.এম.আই.সি.এম.এম. প্রকল্পের নাম		

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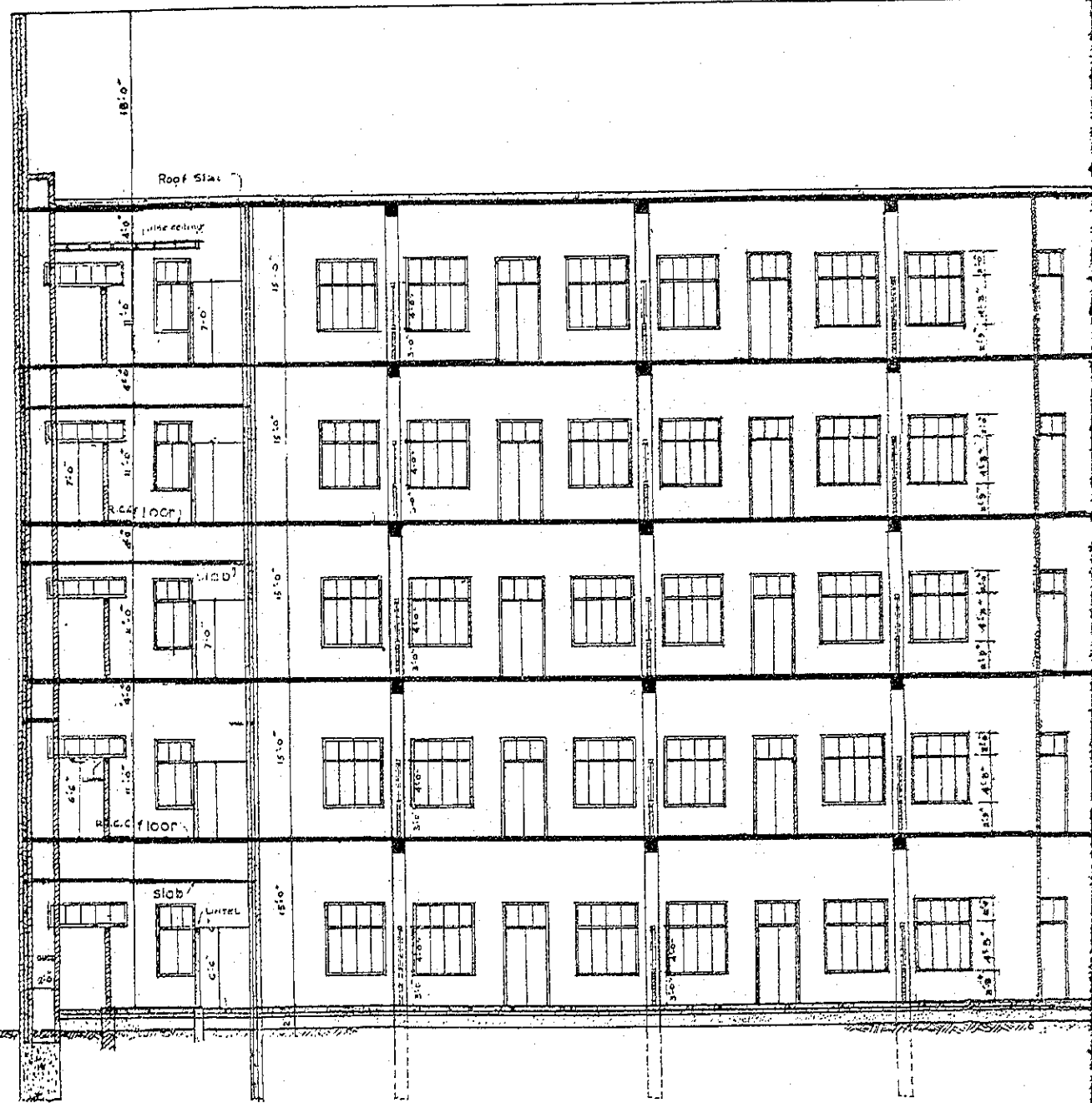
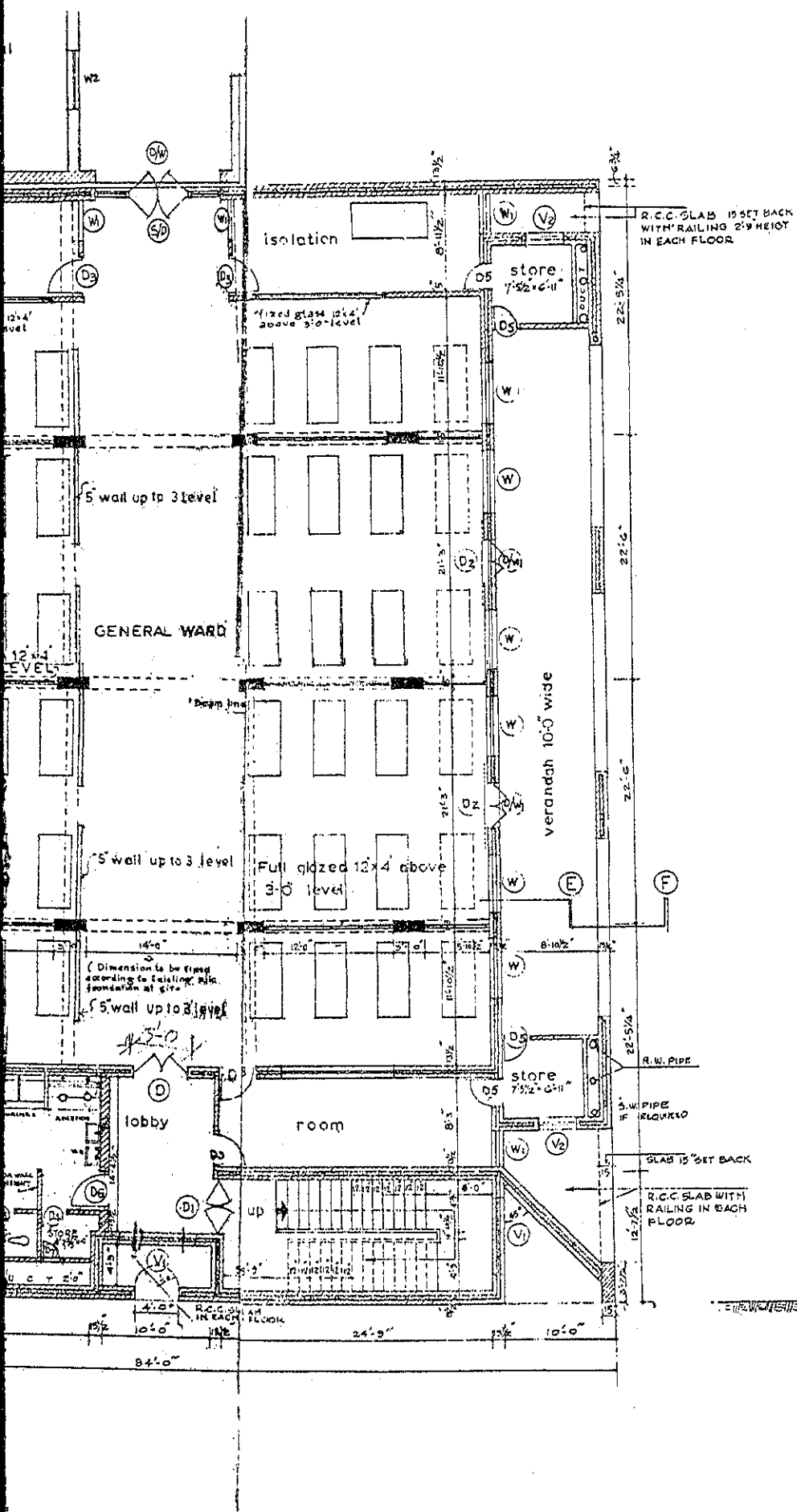
৪র্থ তলা পরিলেখ  
পারিমাণ: ১/৮ = ১'-০"

স্বতন্ত্র প্রকল্প নাম		
টিকা/নির্দেশনা		
অংশধারী	অঙ্কন	তারিখ
সুপায় দপ্তর পূর্ত মন্ত্রনালয় বাংলাদেশ সরকার		
প্রকল্পের নামঃ কম্বোডিয়া-ভিয়েটনাম-ইন্দোনেশিয়া-মালদেব কম্বোডিয়া-ইন্দোনেশিয়া-মালদেব-ভিয়েটনাম ইনসিটিউট অফ ডিভার্সিটি অ্যান্ড ইকুয়ালিটি		
নকশার বিবরণঃ ৪র্থ তলা পরিলেখ		
স্বতন্ত্র প্রকল্পের নামঃ কম্বোডিয়া-ভিয়েটনাম-ইন্দোনেশিয়া-মালদেব কম্বোডিয়া-ইন্দোনেশিয়া-মালদেব-ভিয়েটনাম ইনসিটিউট অফ ডিভার্সিটি অ্যান্ড ইকুয়ালিটি		
অতিরিক্ত প্রকল্পের নামঃ		
কম্বোডিয়া-ভিয়েটনাম-ইন্দোনেশিয়া-মালদেব কম্বোডিয়া-ইন্দোনেশিয়া-মালদেব-ভিয়েটনাম ইনসিটিউট অফ ডিভার্সিটি অ্যান্ড ইকুয়ালিটি		
অতিরিক্ত প্রকল্পের নামঃ		
কম্বোডিয়া-ভিয়েটনাম-ইন্দোনেশিয়া-মালদেব কম্বোডিয়া-ইন্দোনেশিয়া-মালদেব-ভিয়েটনাম ইনসিটিউট অফ ডিভার্সিটি অ্যান্ড ইকুয়ালিটি		
অতিরিক্ত প্রকল্পের নামঃ		
কম্বোডিয়া-ভিয়েটনাম-ইন্দোনেশিয়া-মালদেব কম্বোডিয়া-ইন্দোনেশিয়া-মালদেব-ভিয়েটনাম ইনসিটিউট অফ ডিভার্সিটি অ্যান্ড ইকুয়ালিটি		
নির্দেশনাকারী		
উইলিয়ামসন তারিখঃ ১৯৬০-০১-০১ আইসিইসি		



GROUND FLOOR PLAN  
Other floors (similar)

PROPOSED NURSING WARD FOR SHAHEED SUHRAWA  
IN SHER-E-BANGLA NAGAR, DACCA. (PLAN & SECTION)  
SCALE:- 8'-0"=1"



SECTION A-B

WARD FOR SHAHEED SUHRAWARDY HOSPITAL  
 AGAR, DACCA. (PLAN & SECTION)



資料 No. 4-6 病棟

SCHEDULE OF DOORS & WINDOWS

TYPE	DESCRIPTION	SIZE
S/D	Door special glazed with fixed fanlight (4 leaves side fixed) (burma teak wood frame)	12.038.0
D/W	Door mosquito wirenetted (2 leaves fixed with spring hinges) (burma teak wood frame)	6.027.0
D	Door full glazed double shutter with fixed fanlight fitted with spring hinges (B.T.W. frame)	5.024.0
D1	Door full glazed with fixed fanlight double shutter fitted with spring hinges (swing)	5.024.0
D2	Door sliding full glazed with fixed fanlight (anodized aluminium frame)	4.338.0
D/W1	Mosquito proof wire netted door double shutter fixed with spring hinges (burma teak wood frame)	4.027.0
D3	Full glazed door with fixed fanlight single shutter (B.T.W. frame)	3.628.0
D4	Swing door (as per design) (burma teak wood frame)	2.625.0
D5	Flush door with fan-light (burma teak wood frame)	2.625.0
D6	" " " " " " " " " " " "	2.625.0
W	Window sliding glazed with fixed fanlight (anodized aluminium frame)	5.625.0
W1	Window sliding glazed with fixed fanlight (anodized aluminium frame)	3.625.0
W2	Window full glazed with fixed fanlight Full glazed (sky light) steel frame (1.2m in each slop)	5.625.0
V1	" " " " " " " " " " " "	3.027.0
V2	" " " " " " " " " " " "	2.023.6
D7	FLUSH DOOR ABOVE 10' FROM FLOOR LEVEL, ENTRY INDOOR	2.625.0

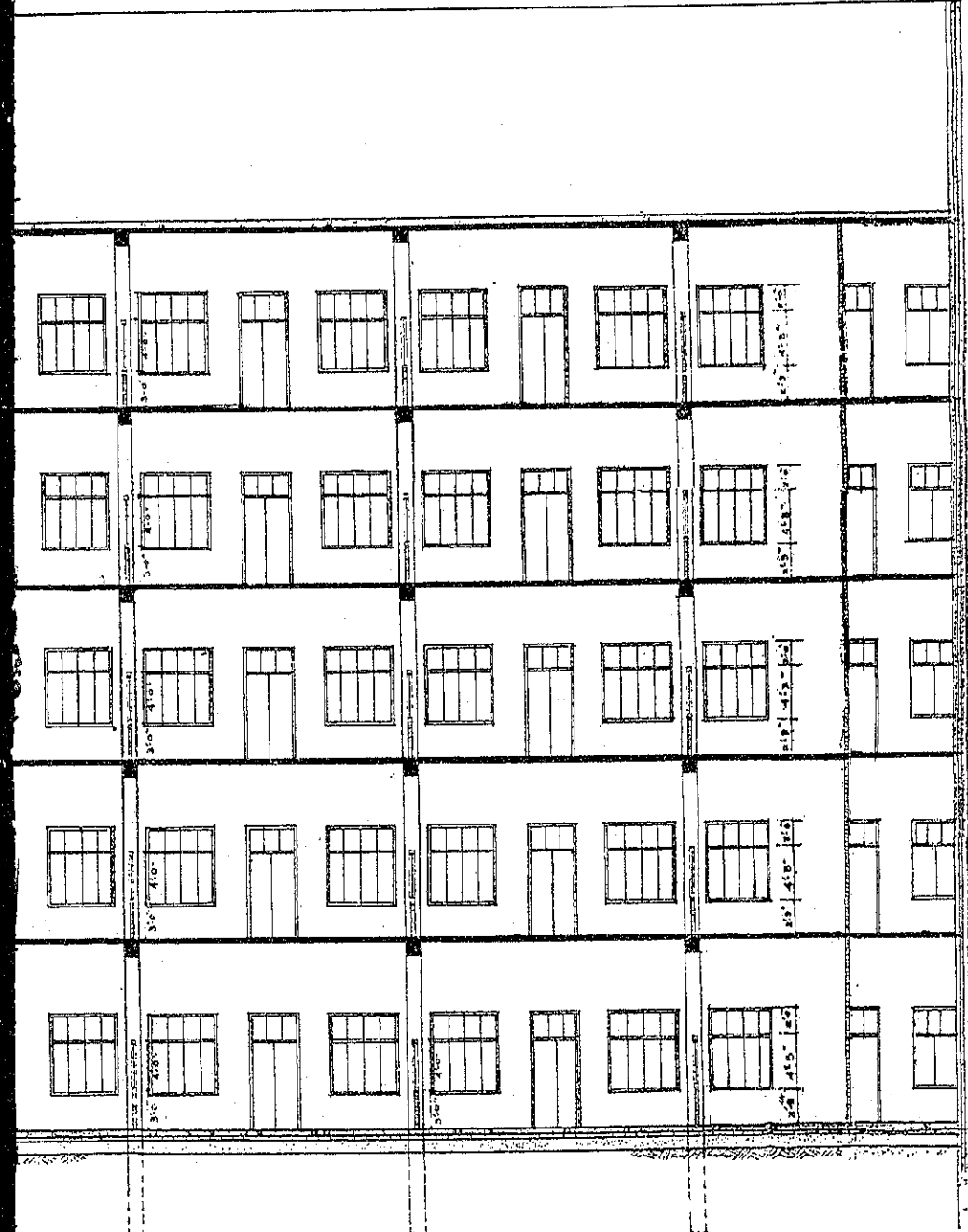
NOTE:- All windows to be provided with fixed mosquito proof wire netting out side  
All doors and windows should be airtight except in lavator block, stair room and store.

GENERAL NOTES FOR SUHRAWARDY HOSPITAL

- All electrical mechanical airconditioning plants cables conduits & junctions are to be concealed.
- Lighting arrangements, type of light intensity of light etc to be approved by the architect. ceiling light and fan points and socket outlets in the walls etc should be approved by the architect.

GENERAL SPECIFICATION

- Floors:- All floors and verandahs to be finished in white cement mosaic tiles or situ using the white marble chips, the colour and size of the tiles and divisions of situ floor as suggested by the architect.
- Lavatory blocks to be finished with white cement mosaic floor using the marble chips. The colour and design of the floor as suggested by the architect.
- Trade of stair-case to be finished with chequered white cement non slipary mosaic, colour as approved by the architect.
- Only external walls of the building will be finished in red bricks both inside and outside.
- All other walls of the building will be plastered faced, only inside face of the wall will be finished with enamel paint colour shade as approved by the architect.
- All dados in bath rooms up to the full height of partition wall will be finished with ceramic glazed tile 6" x 6" texture colour and pattern as approved by the architect.
- Mosaic skirting 9" high flush to the plastered face to be provided to nursing ward and verandah.
- Bathroom walls above dado level to be finished with enamel paint colour and shade as approved by the architect.



E.L. 103.00

E.L. 86.00

E.L. 73.20

E.L. 50.00

FIRST FLOOR OF O.R.D. OR E.L. 43.00

FLOOR OF O.R.D. OR E.L. 28.00

G.L. OF O.H.D.

Architect's Office Bangladesh P.W.D. Dacca.

Drg. NO. 1098

Date 13.11.1974

Drawn by: Kahruf Khan

Asstt. Architect 29.11.74

S.H.M.A. Bashar  
B.S.C. Eng. Civil BA. Arch. Hong  
Manchester Dip. T.P. Manchester  
P.R.I.B.A. London.  
Senior Architect

Junior Architect

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CARDIOVASCULAR DISEASE CONTROL PROJECT  
 JAPAN INTERNATIONAL COOPERATION AGENCY ( JICA )

1979 - November 1984

I. DISPATCH OF JAPANESE EXPERT

Fiscal 1979

Dr. Masao Ikeda 18/Feb./80 - 1/Mar./80  
 Dr. Hiroshi Ogawa " - "

Fiscal 1981

Dr. Hisao Manabe 1/Mar./82 - 10/Mar./82  
 Mr. Masao Hiraike " - "

1st Team

Dr. Naokazu Kinoshita 25/Apr./81 - 25/Jul./81 Cardiology  
 Dr. Yoshitsugu Kitoh Cardiac Surgery  
 Dr. Hironori Yokoyama Radiology  
 Mr. Nobuyuki Terada Clinical Laboratory

2nd Team

Dr. Tesuo Tomino 18/Jul./81 - 17/Oct./81 Cardiac Surgery  
 Dr. Kimiaki Saji Cardiac Surgery  
 Dr. Tooru Ohe Cardiology  
 Mr. Kazuo Kage Clinical Laboratory  
 Mr. Tetsuo Katabuchi Radiology

3rd Team

Dr. Muneyasu Saito 12/Oct./81 - 12/Jan./82 Cardiology  
 Dr. Keiichiro Katsumoto Cardiac Surgery  
 Dr. Mitsushige Ohta Radiology  
 Mr. Shinzo Iwa Clinical Laboratory

4th Team

Dr. Kuniyoshi Ohara 6/Jan./82 - 5/ Apr./82 Cardiac Surgery  
 Dr. Hiroya Hamajima Cardiology  
 Dr. Hiroaki Naito Radiology  
 Mr. Shigeki Ohgitani Clinical Laboratory

Fiscal 1982

## 5th Team

Dr. Yoshio Kosakai	10/Apr./82 - 10/Jul./82	Cardiac Surgery
Dr. Takeshi Tanimoto		Pediatrics
Dr. Yoshihiko Kishi	10/May./82 - 11/Sep./82	Anaesthesiology

## 6th Team

Dr. Kohei Kawazoe	28/Jun./82 - 27/Sep./82	Cardiac Surgery
Dr. Shunpei Okubo		Cardiology
Mr. Yoshikazu Masuda		Clinical Laboratory
Dr. Masaki Atobe	- 12/Oct./82	Cardiac Surgery

## 7th Team

Dr. Masaki Nagata	20/Sep./82 - 20/Dec./82	Cardiology
Dr. Fumitaka Isobe		Cardiac Surgery
Mr. Tatsushi Kajikawa		Clinical Laboratory

## 8th Team

Dr. Yoichi Egoh	13/Dec./82 - 14/Mar./83	Cardiac Surgery
Dr. Michio Nanki		Cardiology
Dr. Hisatoshi Osumi		Anaesthesiology
Dr. Michio Tanaka		Clinical Laboratory

Fiscal 1983

## 9th Team

Dr. Kenji Hayashi	7/Mar./83 - 8/Jun./83	Cardiac Surgery
Dr. Shiro Kamakura		Cardiology
Mr. Hideto Kushiro		Clinical Laboratory
Mr. Toshiya Sano	- 12/Sep./83	Radiology

## 10th Team

Dr. Susumu Okahata	2/Jun./83 - 5/Sep./83	Pediatrics
Dr. Motomu Ando		Cardiac Surgery
Ms. Satoko Hayashi		Nursing

## 11th Team

Dr. Kunihiko Yamamoto	29/Aug./83 - 28/Nov./83	Cardiac Surgery
Dr. Toshiisa Uehara		Radiology
Mr. Satoshi Ichida		Physiological Labo.
Ms. Itsuko Makise		Nursing

## Evaluation Team

Dr. Ryozo Tanaka 3/Oct./83 - 12/Oct./83  
 Dr. Hiroshi Sakakibara  
 Dr. Yasuaki Naito  
 Ms. Harumi Kitabayashi

JICA Official

## 12th Team

Dr. Katsuhiko Kaku 22/Nov./83 - 21/Feb./84  
 Dr. Seiji Adachi  
 Mr. Masamitsu Ishihara  
 Ms. Tsugimi Yoshida

Cardiac Surgery  
 Cardiac Surgery  
 Physiological Lab.  
 Nursing

## Joint Conference Team

Dr. Hisao Manabe 28/Jan./84 - 4/Feb./84  
 Dr. Koichi Nakazawa  
 Ms. Harumi Kitabayashi  
 Dr. Shunpei Ohkubo  
 Dr. Tooru Ohe  
 Dr. Masayuki Tsuchiya

JICA Official

"

Fiscal 1984

## 13th Team

Dr. Tetsuo Tomino 8/May./84 - 5/Jun./84  
 Dr. Tetsuya Sumiyoshi  
 Mr. Yoshiharu Sakashita  
 Ms. Michiko Nishimura

Cardiac Surgery  
 Cardiology  
 Radiology  
 Nursing

## 14th Team

Dr. Kuniyoshi Ohara 15/Oct./84 - 14/Nov./84  
 Dr. Mokuo Matsuhisa  
 Ms. Sayoko Mitsui  
 Mr. Tomio Sugahara 24/Sep./84 - 13/Oct./84

Cardiac Surgery  
 Cardiology  
 Nursing  
 M.E. Repairing

Plan of the Future

15th Team Feb. to Mar. 1985  
 16th Team May to Jun. 1985  
 17th Team Sep. to Oct. 1985  
 18th Team Jan. to Feb. 1986

## II. DISPATCH OF PROJECT COORDINATOR

Mr. Kimiyuki Fujita 12/Oct./81 - 11/Oct./82  
 Mr. Kenji Yekoi 9/Dec./82 - 5/Mar./85

## III. TRAINING OF I.C.V.D. STAFF IN JAPAN

Fiscal 1979

Dr. Abdul Malik	14/May./79 - 27/May./79	Observation
Dr. Abu Zafar	5/Nov./79 - 8/May./80	Cardiology
Dr. A.M.N. Mujibul Haque	" - "	Cardiology
Mr. K.M. Rahman Shah	" - "	Clinical Laboratory
Dr. Abudus Sabur	15/Mar./80 - 18/Sep./80	Radiology

Fiscal 1980

Dr. N.A. Khan	22/Oct./80 - 13/Mar./81	Cardiac Surgery
Dr. Khalilur Rahman	" - "	Anaesthesiology
Dr. Golan Mostafa	" - 3/May./81	Radiology
Ms. Ferdousi Begum	" - "	Nursing

Fiscal 1982

Dr. S.R. Khan	8/Jul./82 - 7/Nov./82	Cardiac Surgery
Dr. Minhazuddin	" - 7/Jul./83	Cardiac Surgery
Ms. Usha Konamodu	25/Oct./82 - 24/Oct./83	Nursing
Mr. L.Samad Chowdhury	9/Feb./83 - 21/May./83	Radiology
Ms. Marry Rozario	17/Feb./83 - 24/Nov./83	Nursing
Ms. Marriyam Chowdhury	" - "	Nursing

Fiscal 1983

Dr. Md. Nazrul Islam	8/Jan./84 - 2/Jun./84	Cardiology
Dr. Fazlur Rahman	" - "	Cardiac Surgery
Dr. Delwar Hossain	" - "	Anaesthesiology

## Group Training Course

Dr. Misbahuddin Ahmed	7/Sep./83 - 17/Dec./83	Radiology
Dr. A.Y.F. Elahi Chowdhury		Anaesthesiology

Fiscal 1984

## Three Persons Planned

Dr. M. Alimuzzaman		Cardiac Surgery
Dr. M. Jalaluddin		Cardiology
Dr. M. A. Basar		Radiology

## IV. PROVISION OF EQUIPMENT ( Annually Requested by A-4 Form )

Fiscal 1979

¥ 8,966,400      Heart Monitor, Resucitator, Pacemaker,  
Spectrophotometer, 16mm Projector,  
35mm Slide Maker, Camera, Reversal Film,  
Developer, Overhead Projector, etc.

Fiscal 1982

¥ 21,835,157      Reagent, Catherter, Cinefilm, Hospital  
Sealer, Cardiovascular Operation Set,  
Artificial Circulation Kit, etc.

Fiscal 1983

¥ 23,809,912      Pump Circuit, Spirometer, 3-ch. ECG machine,  
Cardio-Monitor, Cinefluorgraph, Portable  
Cardiac Monitoring & Resuscitating Apparatus,  
Repair Kit for Flame Photometer, etc.

Fiscal 1984

¥ 44,000,000 ( Planned )      Blood Gas Analyzer, Ventilator, EO Gas  
Sterilizer, Surgical Suture, needle, etc.

## V. PROVISION OF EQUIPMENT ( Accompanied by Japanese Expert Team )

1st Team	¥ 1,801,541	
2nd Team	¥ 1,860,880	
3rd Team	¥ 4,677,947	
4th Team	¥ 2,470,020	
		Fiscal 1981 Total ¥ 10,810,388
5th Team	¥ 2,551,404	
6th Team	¥ 3,781,260	
7th Team	¥ 4,144,850	
8th Team	¥ 4,054,330	
		Fiscal 1982 Total ¥ 14,531,844
9th Team	¥ 5,599,158	
10th Team	¥ 4,165,423	
11th Team	¥ 5,438,581	
12th Team	¥ 6,039,660	
		Fiscal 1983 Total ¥ 21,242,822
13th Team	¥ 3,486,523	
14th Team	¥ 4,118,786	
<hr/>		
Total	¥ 54,190,363	

## VI. DISPATCH OF EQUIPMENT REPAIR TEAM &amp; ENGINEER

Mr. Yoshinori Nakayama	13/Dec./82 - 25/Dec./82	
Mr. Takayuki Sahara	" - "	JICA Official
Mr. Takahide Watanabe	" - 20/Dec./82	
Mr. Masaharu Tabe	" - 22/Dec./82	
Mr. Teruaki Ono	8/Oct./83 - 17/Oct./83	
Mr. Tomio Sugahara	6/Feb./84 - 15/Feb./84	



Record of Co-ordinating Committee meeting on Cardiovascular Disease Control Project held in Sonargaon Hotel on 8-11-84 presided over by Mr. Golam Mostafa, Secretary, Health & Population Control.

Brig. Abdul Malik, Director-cum-Professor, ICVD., speaks first.

Mr. Chairman, Mr. Golam Mostafa, Secretary, Health & Population Control, Japanese side, the friends from Japan, Colleagues and gentlemen, I am happy to get chance to welcome you in the Co-ordinating Committee meeting between Bangladesh & Japanese side. As you know like all other countries we have got many health problems and one of the major problem is also Cardiovascular Diseases. We have got haypertension, rheumatic fever, rheumatic heart diseases, Ischaemic heart diseases, Congenital and other heart diseases prevalent in this country. Facilities for modern investigation and treatment did not exist in this country before 1978. Realising the importance our Govt. Started the Institute of Cardiovascular Diseases. The Government of Japan helped us with equipments and technical manpower for which we are grateful to Govt. of Japan, People of Japan and JICA. This Institution is functioning for treatment prevention of heart diseases, research and training of future manpower. We are teaching our Doctors, Nurses, Paramedics who are going to look after the patients in all hospitals of Bangladesh and also the rural areas. We have started M.D. Cardiology course since/82 Diploma in Cardiology we have started since July this

year and M.S. Cardiology going to start from next year. We have trained Doctors who are working in periphery Upazila Health Complex. We have hold a Workshop in July this year and going to be held another Workshop in December/84. Also we are training Doctors, Postgraduate Doctors who are getting training in Postgraduate Institute, Chest Hospital and other Nursing Institute. We are training our own people who are working as junior doctors in our Institute to meet the future increased demand of the country. In page 4 you can see the outpatient attendance from January/84 to October/84 and other 81-83 activity we have given in the booklet. Every day and every month the patients are increasing and this Institute is receiving patients referred from various hospitals and with 100 beds and 10 cabins, it is not at all adequate. Our Doctors, Specialists are working hard.

They must provide facilities so that the quality does not deteriorate. If the quantity increases it will be very difficult for us to cope with the situation. For this reason we have requested the Govt. of Bangladesh and the plan is in hand that next 5 years plan there will be further strengthening of the ICVD., by increasing the bed and investigation facility. So I hope we will get assistance and cooperation from our friends in Japan for our future expansion which is very essential and this Institute will remain as a symbol of friendship between Japan and Bangladesh & I hope this will continue and our people who are deprived of this modern investigation & treatment facilities. I again thank the Govt. of Japan, People of Japan, JICA for generously assisting us.

Our doctors & Specialists are eager to render services. So they must be provided with adequate facilities. I hope this meeting will be very useful for every one of us. Then Mr. Yokoi introduced the Japanese delegation and Brig. Malik introduced the Bangladesh representative.

Japanese side:

1. Dr. Teruo Omae, Director of Hospital, National Cardiovascular Center (NCVC), Osaka, Japan.
2. Dr. Fukuichiro Okumura, Chief of Anaesthesiology Department. NCVC
3. Dr. Mokuo Matsuhisa, Cardiologist, Anaesthesiology Department. NCVC
4. MS. Sayoko Mitsui, Nurse, Anaesthesiology Department. NCVC
5. Mr. Kenji Yokoi, Co-ordinator, Cardiovascular Diseases Control Project.
6. Mr. Takumi Ohashi, 1st Secretary, Embassy of Japan.
7. Mr. Masahisa Ezaki, Resident Representative, JICA Dhaka Office.

Bangladesh side:

1. Mr. A. B. H. Golam Mostafa, Secretary, Health & Population Control.
2. Brig. Abdul Malik, Director, ICVD., Dhaka.
3. A. S. Ahmed, Senior Section Officer of E.R.D.
4. Deputy Secretary, Ministry of Finance.
5. Dr. Khandaker. ICVD
6. Dr. S. R. Khan. ICVD

7. Prof. Abu Zafar. ICVD
8. Col. A. Hakim, Director, C.M.S.
9. Mr. A. Hai, Planning Commission.
10. Dr. Khalilur Rahman. NCVC
11. Mr. Ruhul Amin, O.S., ICVD.
12. Mr. Md. Hofizullah, P.A. to Director, ICVD.
13. Mr. Rashid, D.S. Health.
14. Dr. Nabi Alam Khan. ICVD

Mr. Yokoi: JICA Project type of technical cooperation, there are three main activities - 1st is despatching of Japanese experts, 2nd is training in Japan from Project side, 3rd is provision of equipments. This Project started from 1979, dispatching experts total 68. In the 1st fiscal year 2 persons for planning, observation and assignment and the fiscal year 1981 - 4 teams and 1982 also 4 teams in the fiscal year 1983 - a evaluation team and also joint conference team in February. We had a joint conference which was very successful. After 2 years extension of the Project from February 1984 there was two team 13th & 14th they stay only one month and the 14th team are here they will stay until 13th November. We are planning 4 teams in future until February 1986.

They also stay only one month. About Project Coordinator 2 persons was despatched by JICA - Mr. Fujita and myself will stay upto March 1985. Training of I.C.V.D. staff in Japan - there was 20 Doctors & Technicians and Nurses already training in Japan. But 6 of them now working outside I.C.V.D. This year planning 3 doctors. The provision of equipment annually requested by A-4 Form started from 1979 about 9

million Japanese Yen. In 1981 it was not donated because request was not received by Japanese side on time. Fiscal year 1984 - this year also planning this amount of money about 44 million Yen. Experts team bringing some equipments about 3-4 million Yen. Medical equipment is very difficult to maintain here and also JICA is despatching oftenly the medical equipment repairing team & experts. Six experts already despatched by JICA.

Dr. Omae, team leader: - It is the first time I came to Bangladesh with a team for the recognition of this technical cooperation. This programme has been working very successfully. Though I stay for only one week, I am trying to do my best to coordinate this Project.

Mr. A. B. M. Golam Mostafa: - I think about the idea has to exchange the views about what has been done so far & the Institute what difficulties has been faced and now those difficulties have been more. What is the challenges, what is the prospects and what would be done in future. Lets try to talk in this coordinating committee meeting.

Dr. S. R. Khan: - It has been gratifies from the World that the progress in cardiovascular diseases in mainly surgical field. Of course the support by the Intensive Care Unit and diagnostic by Cardiologist has been highly applicated prosecuting with duty of Surgeon in the surgical department of the I.C.V.D. Our main problem is the modern technique demand a lot of disposable items to be cardiovascular surgery and these disposable items are quite expensive.

Dr. Nabi Alam Khan: I know that people of Japan is

helping what is happening two years contract. Now long going to help unless we stand our own feet. I have 3 Oxygenerator it is impossible to give this 3. I was suggest at least 30 to 35 open heart surgery's budget should be supply by Govt. In this way you can carry on because it is need to practice, it needs to development treatment, it needs pasted flow. I am asking and requesting to Govt. to do something to carry on this Instt. Project. We would like to express our difficulties to our Govt. in the surgical unit of cardiovascular Instt. about the supporting of supply of disposable items in future.

Dr. R. K. Khandaker: I would request our Govt. that recently our Instt. a vertical Project in near future we need more expansion. Our Govt. has given us plan for next 5 year to develop the Instt. and here I would request the Japanese side to extend our investigation facilities such as C.C.U., Echo cardiography and I like to mention that we have only one instrument in our Echo cardiography. If it goes out of order and for repair, then it is very difficult to work. Therefore in view of the future development which our Govt. is starting, I like to request our Govt. & team leader of Japanese side to consider generously for future development and supply of equipment and manpower techniques and technical personnel. In our side Brig. Malik has give description about our teaching programme in C.R.B., near future I think we will be able to have equipment with our personnel in our Instt. We can imagine in our whole different Instt. I know that people of Japan helping what is happening two years contract how long going to help unless stand our own feet.

Dr. A. K. M. A. Hai of Planning Commission suggested to give training our own people in Engineering line in Japan so that they can repair and maintain the equipments. At the same time we are also planning to get some JOCV volunteers replaced in our equipment repair centre in Mohakhali, Dhaka. If trained people from Japan are available we could train our own people for maintainance of these equipments. About 3rd plan we have already got I.C.V.D. which is rendering a very valuable service. Now time has come to transfer part of technique in other Hospitals because patients of coronary care it is not possible to bring from other parts of country to Dhaka. So C.C. Unit should be provided in other 7 Medical Colleges. Brig. Abdul Malik answered that we have got one senior service Engineer who has been in Japan and one Junior service engineer who already working. But we need more. We have already recommended to Govt. that all Medical Colleges and Hospitals must have C.C.U. for coronary cases and ideally when we trained our people we would like that all Medical College should have done the C.M.C. surgery, and this Instt. will look after only complicated case referred cases by trained people because 100 million peoples cannot be looked after by a Instt. only. So the Instt. should further develop to link with community level. We have a meeting with Director General Health and made Secretary Health as Patron, Minister as Chief Patron and we have formed a committee and we have circulated to the Upa Zilla that how to prevent cardiovascular diseases. The trained people of I.C.V.D. will visit other Hospitals of the country by rotation if Govt. approved.

Dr. Omae from Japanese side discussed that "we discussed future plan with JICA people in JICA head office before we left Japan. We are agreed with the cooperation until February 1986 to sending 4 more teams. But it may be very difficult to send Specialist from Japan after that we have had many trainees and visitors from many foreign countries and the tendency will further increase in future. The connection with China and Korea will also be strengthened. The staff members is fixed in N.C.V.C. We asked that which type of Specialist you want until the 18th team. We will send Specialist as per requirement of ICVD and also mention that JICA has decided to give equipment about 44 million Yen in next February.

Brig. Abdul Malik said that "we will sitting on next Saturday with our people about Specialist which we want about training after 86 we will only require some advance training in Japan for young junior Doctors. In next 5 Year Plan we require some material, instrument help.

Col. Abdul Hakim said that we cannot provide even basic medicines budget which budget is Tk. 3.00 per year per person. So we must do something for this open surgery or disposable items can be procured if the people can pay for that & the Instt. should collect money from those who can pay otherwise procurement of disposable items will be impossible.

Brig. Malik said that it was also decided to receive cost of disposable items from the beneficiary patients and 30% service charge should also be received in future. He informed that such process has already introduced and those who can afford, have already purchased valves etc.



It has been decided that in future bond period will be increased from 3 years to 5 or more years as some trained persons has resigned from service after completion of 3 years bond period and 2 persons left without knowledge of Government.

Secretary Health thanked the Japanese, JICA and Brig. Malik as such sort of modality to its committee is very helpful. Occassionally to exchange views to make review of progress of difficulties and to remove them. Secondly we have heard about the progress made, the number of patients and also the plan for future expansion. He suggested to take step before expansion that trained personnel cannot leave their service after getting training in Japan. He suggested to increase bond period from 3 years to 7 years. He told that we have a systematic phase manner to send our people for training. Third is the maintenance and repair of equipments. We need new equipments and additional equipments but existing one should maintain properly. I am happy that Government has sanctioned some Engineers who could maintain the equipments.

Maintenance is very important. Government policy is to have the primary health care. Cardiovascular diseases is an important from the points. We should give our attention along with our concern primary health care with rheumatic fever, rheumatic heart deseases. Steps taken by Brig. Abdul Malik to give short training to our Doctors to Upa Zilla Health Complex is very right direction. Only very critical and complicated cases to refer to Institute of Cardiovascular Diseases. He said that we are very grateful to Japanese Government & JICA for supplying disposable items, raw materials.

He suggested that valves should be supplied by the patients and some service charges not whole should be given by the rich patients in addition Tk. 1000/- or more to be charged for by the Instt. and for poor patients should be given by Government.

Brig. Abdul Malik informed that with the permission of Government we have started patients welfare fund & opened an Account with Bank.

Secretary Health requested the Government of Japan, JICA to keep in mind about our 3rd Five Year Plan for continuation of some assistance for expansion of this important Project.

Dr. Omae said Dr. Ohara's opinion that it is very necessary to train young Doctors and Nurses. Post operative management of patients should be improved.

Brig. Malik said "we are requesting for some technique by JOCV younger people can come.

Dr. Omae gave the message from JICA that the 2nd Joint Conference similar to the 1st Conference is rather difficult because of the limitation of the budget. But if you want strongly to have a small conference at the end of the Project, the possibility could be considered.

Mr. Golam Mustafa requested Brig. Abdul Malik to continue the meeting after his departure.

Finally Mr. Ezaki, Resident Representative of JICA said that "I think this is most successful Project. But team of Project remain only one year and 4 months. In generally JICA cannot keep same cooperation and cannot keep only training programme or provision of equipment. He advised usually

Government have try to pre-handover and try to get budget and manpower by yourself before the Project is over. He suggested also that JICA has another way of cooperation which are group training course, dispatching individual Expert, Grant and providing individual equipments but that as a case by case and only requirement of Government.

Brig. Abdul Malik, Director-cum-Professor, Institute of Cardiovascular Diseases told that on next Saturday we will decide what kinds of assistance and how many experts and type of speciality we require. The meeting adjourned by the Chair with a vote of thanks.

Dr. Teruo Omae, Director of Hospital National Cardiovascular Centre, Osaka, Japan & Dr. Fukuichiro Okumura, Chief of Anaesthesiology Department visited Institute of Cardiovascular Diseases, Dhaka, Bangladesh from 6th to 11th November, 1984. During their stay in Dhaka a coordinating committee meeting in cardiovascular disease control project was held on 8.11.84 in Sonargaon Hotel, Dhaka presided over by Mr. A. B. M. Golam Mustafa, Secretary, Health & Population Control, Government of Bangladesh. Brig. Abdul Malik, Director-cum-Professor, Institute of Cardiovascular Diseases, Heads of various Department of Institute of Cardiovascular Diseases, Representative from Ministry of Health, Ministry of Finance, E. R. D., Planning were present from Bangladesh side. Japanese side was represented by Dr. Teruo Omae, Director of Hospital National Cardiovascular Centre, Osaka, Japan & Dr. Fukuichiro Okumura, Chief of Anaesthesiology Department, JICA representative in Dhaka, 1st Secretary, Embassy of Japan, Specialists from Japan working in Institute of Cardiovascular Diseases, Mr. Kenji Yokoi, Coordinator, Cardiovascular disease Control Project.

Brig. Abdul Malik, Director-cum-Professor spoke on problem, progress, various activities & future development & strengthening of Institute of Cardiovascular Diseases in next Five Year Plan starting from July 1985 & increasing demand of patients referred from various Hospitals of Bangladesh. He also mentioned about steps taken for prevention & control of Rheumatic fever & Rheumatic heart disease by forming high

level committee with Minister of Health as Chief Patron & plan to integrate with Primary Health Care system involving community for prevention of heart disease. He also expressed thanks to Government of Japan, People of Japan & JICA for helping in development of Institute of Cardiovascular Disease to provide modern cardiovascular investigation & treatment facilities in this country & hope Institute of Cardiovascular Diseases will get assistance from Japan for further development of Institute & promotion of cardiovascular health in future.

Mr. A. B. M. Golam Mustafa, Secretary, Health & population Control expressed satisfaction about progress of Institute of Cardiovascular Diseases in form of prevention & treatment and training of people working in community & thanked Government of Japan & JICA for helping Bangladesh in cardiovascular disease control programme. He also requested Government of Japan & JICA to keep in mind about 3rd Five Year Plan for continuation of assistance for expansion of this important project.

Need for further strengthening of Institute of Cardiovascular Diseases & cardiovascular control programme was agreed.

Dr. Teruo Omae & other spoke. Discussion took place on various problems, development. Satisfaction was expressed for progress & achievement of Institute of Cardiovascular Diseases. Dr. Omae told that Technical Co-operation in present form will be very difficult to be continued after February 1986 as JICA & National Cardiovascular Centre, Osaka will have other commitments.

Invasive, non-invasive investigations, closed heart surgery and open heart surgery & pace making are going on in Institute of Cardiovascular Diseases. It was agreed upon that upto January 1986 emphasis will be given for development of coronary by pass surgery beside single valve replacement in addition to A.S.D., V.S.D. & other simple operation. In all Japanese team one Cardiac Surgeon will be included in future. Other members of team will be chosen from Cardiologist, Radiologist, Radiographer, I.C.U. Nurse, Laboratory Technician & maintenance Engineer. Importance was also given for maintenance of the equipment regularly.

(署 名)

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Prof. Teruo Omae,  
Director of Hospital  
National Cardiovascular Center,  
Osaka, Japan.

(署 名)

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Prof.(Brig.) Abdul Malik  
Director-cum-Professor,  
Institute of Cardiovascular  
Diseases,  
Dhaka, Bangladesh.

INSTITUTE OF CARDIOVASCULAR DISEASES  
SHER-E-BANGLA NAGAR, DHAKA, BANGLADESH

DEVELOPMENT BUDGET

<u>Year</u>	<u>ALLOCATION OF FUND</u>
1. 1977—78	1.90 Lakh
2. 1978—79	8.00 "
3. 1979—80	10.00 "
4. 1980—81	86.00 "
5. 1981—82	4,21,36,000
6. 1982—83	37,00,000
7. 1983—84	34,00,000

REVENUE BUDGET

1. 1978—79	
2. 1979—80	15,00,000/-
3. 1980—81	15,00,000/-
4. 1981—82	39,91,000/-
5. 1982—83	31,57,000/-
6. 1983—84	34,25,000/-
7. 1984—85	42,87,000/-

PROPOSED BUDGET (REVENUE) FOR NEXT YEAR

1985—86	1,10,83,009/-
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EQUIPMENTS RECEIVED BY THE  
INSTITUTE OF CARDIOVASCULAR DISEASES FROM W.H.O.

<u>SL.NO.</u>	<u>NAME OF THE ITEMS</u>	<u>QUANTITY</u>
1.	Adult Oxygenerator, (Box-10-S)	20 Pcs.
2.	Shily Oxygenerator, (100A)	6 Pcs.
3.	Forgrety Catheter	15 Pcs.
4.	Automatic Voltage Regulator	4 Pcs.
5.	VA-1000 Pacemaker Analyser, (Make Vitatron Medical)	1 Pcs.
6.	Vitatest battery powered test Instrument inclusive accessories	2 Pcs.
7.	MEP-300 Triplextern external pules bipolar pacing lead	2 Pcs.
8.	Semi-floting temporary bipolar pacing lead	1 Pcs.
9.	Standard temporary bipolar pacing lead	1 Pcs.
10.	ED-410 Protatable defibrillator with built in Monitor battery operated.	1 Pcs.
11.	Tube Jelly	6 Pcs.
12.	CM-III One Channel Compact patient monitor with non fade, moving bar, ECG trace and numerical heart-rate display on 5" screen.	1 Pcs.
13.	Basic ECG Cable for 5 leads	1 Pcs.
14.	Single patient lead with scissorclip	5 Pcs.
15.	Disposable, Progelled Ag/Agcl ECG Electrode Ready for use	1 Pcs.
16.	AR-110 Single Channel alarm recorder for patient monitoring Manual or automatic start from CM-III	1 Pcs.
17.	Cable for Connection of recorder AR-110 with monitor CM-III	1 Pcs.
18.	Paper for AR-110 for recorder in ED 4101	10 Rolls
19.	Compact emergency suction unit model SU 81500, complete	4 Pcs.
20.	Pressure Tranducer	3 Pcs.
21.	Cardiovascular Catheter renal type 7F, 1-Omm 65cm (007679)	5 Pcs.
22.	- Ditto - (007786)	5 Pcs.
23.	Pigtail Catheters 6F 100cm (USCI) not cordies (008303)	10 Pcs.



<u>SL.NO.</u>	<u>NAME OF THE ITEMS</u>	<u>QUANTITY</u>
24.	Cobra type Catheter type-I	10 Pcs.
25.	- Ditto type-II - (007683)	10 Pcs.
26.	- Ditto type-III - (007684)	10 Pcs.
27.	Head Hunter Cerebral type Catheter type, 7F, 1.0mm (100cm) (007815)	10 Pcs.
28.	- Ditto - III (007816)	10 Pcs.
29.	Guide wire 3mm 'J' Safety spring guide, 0.9mm 145cm (007042)	10 Pcs.
30.	Spirometer R-Model, Cat. 20.640	1 Pcs.
31.	Vitalogram Charts Cat. 20.200	1 Box
32.	Disposable mouth pieces, Cat. 20.201	200 Pcs.
33.	Pulmonary monitor Peak flow meter	1 Pcs.
34.	Perfuser VI Precision syring pump 220V 50HZ	3 Pcs.
35.	Original Perfuser syring 50ml Luar Lok	30 Pcs.
36.	Perfuser infusion tubing 150cm Long	30 Pcs.









JICA