Annex II

Following measures are required to be taken by the Government of the Kingdom of Thailand:

1. To provide data and information necessary for the design and the construction
2. To secure lots of land necessary for the construction of facilities and to clear, fill and level the site as needed before the start of the construction
3. To provide facilities for distribution of electricity, telephone, water supply and drainage and other incidental facilities outside the Buildings at each proposed sites
4. To ensure prompt unloading, tax exemption, customs clearance at ports of disembarkation in Thailand, and prompt internal transportation therein of the products purchased under the grant
5. To exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which may be imposed in Thailand with respect to the supply of the products and the services under the verified contracts
6. To accord Japanese nationals whose services may be required in connection with the supply of the products and the services under the verified contract such facilities as may be necessary for their entry into Thailand and stay wherein for the performance of their work
7. To maintain and use properly and effectively the facilities constructed and equipment purchased under the grant
8. To provide and accord necessary permissions licences and other authorization required for carrying out the Project
9. To provide other Items listed in Annex III

Annex III

Items whose costs will be borne by the Government of the Kingdom of Thailand:

1. Water supply mains to the project sites
2. External drainage from the buildings and sewage treatment facilities
3. Electrical power main line to the project sites
4. Telephone lines to the project sites
5. Exterior facilities and landscaping
6. Provision of space necessary for such construction as temporary office, working area, stock yards and others
7. Furniture, carpet, curtains and other furnishings
8. Maintenance and operation cost and expenses

資料 II　調査団の構成とカウンターパート

調査団の構成

Leader	Dr. Saburo Nishi	Chief, Division of Health Administration Dept. of Public Health National Institute of Public Health
Member (PHC)	Prof. Shunichi Yamamoto	Dept. of Hygiene & Preventive Medicine Faculty of Medicine The University of Tokyo
Member (Coodination)	Mr. Takeshi Imazu	Deputy Head Basic Design Div. Grant Aid Dept. Japan International Cooperation Agency
Member (Architectural Planning)	Mr. Eiichi Yabumae	Chief Architect Ishimoto Architectural & Engineering Firm, Inc.
Member (Building Design)	Mr. Shozo Ibe	Architect Ishimoto Architectural & Engineering Firm, Inc.
Member (Incidental Facilities)	Mr. Yoshihisa Omura	Mechanical Engineer Ishimoto Architectural & Engineering Firm, Inc.
Member (Equipment)	Mr. Seiichi Nishikubo	Electrical Engineer Ishimoto Architectural & Engineering Firm, Inc.

注：この調査には　株式会社石本建築事務所が参加した。

カウンターパートリスト

マヒドン大学関係者

1. Prof. Dr. Natth Bhamarapravati, Rector
2. Prof. Dr. Prawase Wasi, Deputy Rector
3. Prof. Dr. Debhanom Muanyman, Dean, Faculty of Public Health
4. Dr. Krasae Chanawongse, F of P.H.
5. Dr. Mali Thainua, Visiting Professor
6. Assoc. Prof. Dr. Dusanee Suthapreyasri, F of P.H.
7. Assoc. Prof. Dr. Kraisid Tanfisinin, Faculty of Medicine
8. Dr. Anong Mondasuta, Asist. Dean, F of Medicine
9. Dr. Orapin Singhadej Dept. of Maternal & Child Health
10. Dr. Soowapat Pongroch, Dept. of P.H. Administration
11. Prof. Chote Buranakari, Dept. of San. Engineering, F of P.H.
12. Asist. Prof. Romsai Klnsoonforn, Dept. of San. Engineering, F of P.H.
13. Mr. Anucha Mokkhavesa, Chief of Planning Division
14. Miss. Sasithorn Santiwongsakul, F of P.H.
15. Miss. Chawewan Fnnivechayunt, F of P.H.

公衆衛生関係者

1. Dr. Pricha Deesawati, Director
2. Dr. Chawalit Suntikitrungruang, Nutrian Division
3. Miss. Pisamai Chandavimol, Policy & Planning Analyst 6
4. Mr. Matee Chanjaruporn, Chief, Planning & Evaluation
5. Mr. Chatchai Traurattanapiron, Policy & Planning Analyst 3

KHON KAEN 関係者

1. Dr. Prakas Chavapricha, Chief Medical Officer
2. Dr. Vanit Lovahapun, Director

NAKHON SI THAMMARAT 関係者

1. Dr. Yutthana Sinlaparatsamee, Director of Health Promotion & Service
2. Dr. Uraphong Veskijkul, Chief of Surgical Dept.
3. Dentist, Vipas Leelaprute, Chief of Dental Dept.

NAKHON SAWAN 関係者

1. Dr. Sunthorn Thongkong, Chief Medical Officer
2. Dr. Chaiwat Siripong, Director

CHOLBURI 関係者

1. Mr. Sompong, Head of Administration Section Cholburi Province
2. Mr. Sornsakd

A/V 関係技術者

1. Mr. Choosak Pongsawat, Engineering Division Radio Thailand
2. Mr. Nopadol Klaikeow, Public Relations Dept.
3. Mr. Karnjanapot Sonsilpong, Health Education Division M. of P.H.

コンピューター関係技術者

1. Dr. Supachai Tangwongsan, Director, M.U.C.C.F.of Science

資料Ⅲ　調査日程

日時	調査行程
5／23 (日)	・成田発（TG 741便）17：00→BANGKOK着 21：05 ・22：00～24：00　団内打合せ－スケジュールについて (BANGKOK泊)
5／24 (月)	・10：00～12：00　日本大使館並びにJICA BANGKOK事務所表敬訪問及びスケジュール打合 日本大使館　久保田参事官，伍藤書記官 JICA　河西所長，坂牧氏 ・13：30～15：30　第1回協議 場　所　マヒドン大学シリラット病院会議室 出席者　タイ側　Dr. NATTH, Dr. KRASAE, Dr. MALI, Dr. ANONG, Dr. ORAPIN, Dr. DUSANEE, Dr. KRAISID, Dr. CHAWALIT, Mr. ROMSAI, Mr. CHOTE, Mr. ANUCHA, Ms. CHAWEWAN 日本側　伍藤書記官，坂牧氏，調査団員 事　項 1）Dr. NATTHの挨拶及び今回の無償援助に対するタイ側の要望事項の概略説明 2）西団長の挨拶及びタイ側の要望事項について日本側分析結果についての概略説明 3）日本側調査団員の紹介 4）タイ側カウンターパートの紹介 5）ビデオテープに依るPHC活動及びマヒドン大学の紹介 6）日本側提出のインセプションレポートの内容について概略説明 7）打合及び調査スケジュールの協議 8）日本側質問事項の説明 9）質疑応答 ・17：00～18：00　団内打合せ 1）次回打合せ迄の資料作製について (BANGKOK泊)

5／25　・9：00～17：30　団内打合

(火)　　1）建物概要，資機材について意見統一

(BANGKOK泊)

5／26　・BANGKOK 9：30～SURAT THANI　10：40（TH324便）

(水)　～NAKHON SI THAMMARAT着　13：15

・13：20～15：00　MAHARJ病院内敷地調査並びに打合せ

出席者　Dr. KRASAE, Dr. YUTTHANA

Dr. URAPHONG, Mr. VIPAS

事　項

1）病院より現況図及び将来計画の説明を受け，敷地図を受領した。

2）RTCへの給水は病院内のエネルギープラントより供給可能である。

3）厨房は病院の施設を利用することによりパントリー程度でよい。

4）A／V機器は，ビデオテープ，スライド，OHP，サウドシステム等とし，操作は教卓で可能とする。

5）予定地は現在水田になつて居り，盛土を要する。

6）次回現地調査は6／7～9日を予定する。

・NAKHON SI THAMMARAT 15：15～HAT YAI 21：00着

(HAT YAI泊)

5／27　・HAT YAI 10：40～BANGKOK 12：50（TH319便）

(木)　・BANGKOK 14：30～KHON KAEN 15：40（TH208便）

・16：30～18：00　NORTHEASTERN REGION COLLEGE OF PUBLIC HEALTH

内敷地調査並びに打合せ

出席者　Dr. KRASAE, Dr. PRAKAS, Dr. VANIT

事　項

1）RTC予定敷地の大きさについて（若干拡大は可能である）

2）大学内既存，寮，食堂の見学

3）厨房は大学の施設を利用可能なのでパントリー程度でよい。

(KHON KAEN泊)

5／28 ・9：00～10：00　KHoN KAEN PROUINCIAL HEALIH
(金)　OFFICEにて打合せ

出席者　Dr. KRASAE, Dr. PRAKAS

事　項

1）敷地について

2）質疑書提出及び内容説明

3）次回敷地調査の日程は6／14～15とする。

4）資機材はA／V機器の他インターホンの要求があつた。

5）当地域は雨期になると夜間停電が多く電圧変動も大きいということである。

・KHON KAEN 12：15～BANGKOK 13：25（TH211便）

・16：00～17：00　団内打合せ（山本団員と合流）

1）スケジュール打合せ

（BANGKOK泊）

5／29 ・BANGKOK 8：30～NAKHON SAWAN 11：30着
(土) ・11：40～15：30　NAKHON SAWAN PROVINCIAL CHIEF MEDICAL OFFICE

内敷地調査並びに打合せ

出席者　Dr. PRICHA, Dr. SUNTHORN, Dr. CHAIWAT

事　項

1）ナコンサワンに於けるPHC活動の現況説明を受けた。

2）敷地第1候補は当敷地内，第2候補は現在未開発地である。

・15：30～16：30　警察学校宿舎　DISTRICT OFFICE
見学

・NAKHON SAWAN 16：30～BANGKOK 18：45着

・18：45～19：30　団内打合せ

1）RTC現地調査スケジュール

（BANGKOK泊）

5／30 ・BANGKOK 8：20～CHON BURI 10：00 着

(日) ・10：00～15：00 CHON BURI 敷地調査並びに打合せ

出席者 Dr. PRICHA, Mr. SOMPONG, Mr. SOMSAKD

・CHON BURI 15：00～BANGKOK 16：30 着

・16：30～19：30 団内打合せ

1）RTC必要諸室の意見統一

(BANGKOK泊)

5／31 ・9：15～13：45 第2回協議

(月) 場 所 マヒドン大学公衆衛生学部スタジオ

出席者 Dr. MALI, Dr. PRICHA, Dr. DEBHANOM,

Dr. KRASAE, Dr. ORAPIN, Dr. KRAISID,

Dr. CHAWALIT, Dr. ANONG, Mr. ROMSAI,

Mr. HATEE, Ms. PISAMAI, MS. SASITHORN

事 項

1）タイPHC活動の印象及びASEANのPTC活動について（山本団員）

2）ATC，RTCの日本側の案について（西団長）

3）ATC，RTCの基本案について（藪前団員）

4）今プロジェクトの範囲について（今津団員）

5）タイ側の質疑についての応答

6）今後のスケジュール打合せ

・13：50～17：00 サラヤキャンパス敷地調査（西団長，山本・今津各団員）

・14：30～18：00 打合用資料作製（藪前・井部・西久保・大村各団員）

(BANGKOK泊)

6／1　・9：00～17：00　資料作製及び団内打合せ

(火)　　1）ＡＴＣ／ＰＴＣ，ＲＴＣ／ＰＴＣ各室面積の検討及び説明，資料作製

　　2）調査資料整理

・18：30～21：00　調査団主催ディナーパーティー

(BANGKOK泊)

6／2　・9：00～12：30　第３回協議

(水)　　場　所　マヒドン大学公衆衛生学部スタジオ

　　出席者　Dr. MALI, Dr. DEBHANOM, Dr. DUSANEE, Dr. KRASAE, Dr. PRICHA, Dr. SOOWAPAT, Dr. SUPACHAI, Ms. PISAMAI, Mr. MATEE, Mr. CHATCHAI, Mr. CHOOSAK, Mr. NOPAPOL, Mr. KARNJANAPOT

事　項

1）ＲＴＣは調査団作製の面積表及び資機材リストにより，合意に達した。

2）ＡＴＣは面積について，タイ側の要望に基づいて検討及び打合せをした。

3）ＡＴＣの資機材について，マヒドン大学のコンピューター及びＡ／Ｖの技術者が参加して打合せた。Ａ／Ｖは殆んど了解したが，コンピューターについては午後M.U.C.C.（マヒドン大学コンピューターセンター）に行き，コンピューターを見学することにした。

・14：20～15：00　マヒドン大学コンピューターセンター見学

・15：30～18：40　団内打合せ

　　1）ＡＴＣの各室面積については再度検討し，案を作製する。

　　2）コンピューター及びスタジオの仕上げについてタイ側の了解を得る。

・山本団員帰国

(BANGKOK泊)

6／3 ・9：00～12：30　団内打合せ及び資料作製

(木)　　1）ＡＴＣ，ＲＴＣの面積及び資機材記入のリスト作製

　　2）ＲＴＣ敷地調査表作製

・14：00～17：00　第４回協議

場　所　マヒドン大学公衆衛生学部スタジオ

出席者　Dr. MALI, Dr. KRASAE, Dr. DEBHANOM,
Dr. PRICHA, Mr. ROMSAI, Ms. PISAMAI,
Mr. MATEE, Ms. CHAWEAN

事　項

1）ＲＴＣについては，調査団提出の資料をチェックし，一部訂正で合意に達した。

2）ＡＴＣには調査団の案で打合をし，殆んど合意に達した。

1. コンピューターはＮＥＣ　ＳＹＳＴＥＭ100／85（CRT－２台）程度とする。

2. スタジオは日本の中高校程度とし，一応の防音は考慮する。

3. ＲＴＣの建設順序は①コンケン，②ナコンサワン，③ナコンシタマラート，④チョンブリとする。

4. 各資機材はバンコック港渡しとする。

5. ミニッツ案の打合せ

(BANKOK泊)

6／4 ・9：00～11：30　第５回協議

(金)　場　所　マヒドン大学シリラット病院会議室

出席者　Dr. NATTH, Dr. PRAWSE, Dr. MALI,
Dr. DEBHANOM, Dr. KRASAE, Dr. PRICHA,
Ms. PISAMAI
伍藤書記官

事　項

1）ミニッツの内容チェック一部訂正し，夕食会にサインをすることに決定した。

2）ＡＴＣの資機材も合意に達した。（スタジオについては，Dr. NATTH が日本に来られた時適当な場所に案内する。コンピューターについては昨日打合せした程度のものとする。）

・15：00～16：20　日本大使館並びにＪＩＣＡバンコック事務所報告

出席者　日本大使館　久保田参事官，伍藤書記官

ＪＩＣＡ　河西所長，坂牧氏

1）ＲＴＣ各サイトの調査報告書の説明。

2）ＡＴＣ，ＲＴＣ（コンケン）の面積及び資機材についてタイ側との打合せ経過及び合意内容についての説明。

3）在タイ調査員（藪前・井部・大村・西久保）の今後のスケジュールの説明。

4）タイ側ＰＨＣの印象についての説明。

・19：00～21：00　ミニツツ署名

Dr. NATTH主催ディナーパーティー

(BANGKOK泊)

6／5　・9：00～17：30　団内打合せ

(土)　1）現在までの各問題点についての意見統一

2）今後の調査の進め方について

3）今後の調査行程表作製

(BANGKOK泊)

6／6　・図面作製及び敷地調査準備

(日)　・西団長・今津団員帰国

(BANGKOK泊)

6／7
(月)

（藪前団員）

・9：00～10：00

Dr。KRASAEと打合せ

場　所　マヒドン大学公衆衛生学部事務室

事　項

1）今後の調査スケジュール打合せ

・10：30～11：00

JICAバンコク事務所打合せ

出席者　坂牧氏

事　項

1）ミニツツのコピー提出

2）今後の調査スケジュール打合せ

・13：00～15：00

Dr。KRASAEと打合せ

場　所　マヒドン大学公衆衛生学部事務室

事　項

1）再度QUESTIONNAIREの説明をし，回答の提出を求める。

・15：00～17：00

バンコク市内にて出版物資料収集

（BANGKOK泊）

（井部・西久保・大村各団員）

・BANGKOK8：00～SURAT THANI9：00（TH300便）NAKHON ST THAMMARAT着11：45

・14：00～19：00

MAHARAJ病院打合せ

出席者　Dr，URAPHONG

事　項

1）病院各施設の一般概要説明を受ける。

2）質疑応答

3）病院関係資料受領

（NAKHON SI THAMMARAT泊）

6／8
(火)

・終日図面作製

（BANGKOK泊）

・9：00～15：30

病院打合せ並びに敷地調査

出席者　Dr，URAPHONG
Dr，YUTTHANA

事　項

1) 現地建設業者の事情調査

2) インフラ状況調査

3) 敷地調査及び測量

4) 質疑応答

5) 看護学校見学

・NAKHON SI THAMMARAT 15：30～18：00 SURAT THANI着

(SURAT THANI泊)

6／9 (水)

・終日図面作製

(BANGKOK泊)

・9：00～11：00

SURAT THANI建設事情調査，杭製造工場見学

SURAT THANI13：20～BANGKOK14：20 (TH325便)

・16：00～17：00

団内打合せ

1) NAKHON SI THAMMARATの敷地状況について

(BANGKOK泊)

6／10 (木)

・終日図面作製

(BANGKOK泊)

・BANGKOK9：00～NAKOH SAWAN12：30着

・13：00～16：30

敷地調査及び打合せ

出席者　Dr. CHAIWAT
　　Mr. MATEE

事　項

1) NAKHON SAWAN地区のPHCの概要説明を受ける。

2) 現地建設業者の事情調査

3) インフラ情況調査

4) 敷地調査及び測量

5) 質疑応答

6) 市街地図受領

・NAKHON SAWAN 17:40～BANGKOK 着 20:50

(BANGKOK泊)

6／11 (金)

・図面作製及び資料整理

(BANGKOK泊)

6／12 (土)

・図面作製及び資料整理

・BANGKOK市内にて出版物収集

(BANGKOK泊)

6／13 (日)

(藪前団員)

・終日図面作製

(BANGKOK泊)

(井部・西久保・大村各団員)

・BANGKOK 7:40～CHOLBURI 9:15 着

1) 敷地調査及び測量

2) インフラ状況調査

・CHOLBURI 10:30～BANGKOK 12:00 着

・13:00～16:00 資料整理

・16:00～18:00 団内打合せ

(BANGKOK泊)

6／14 (月)

・10:00～17:00

場所 マヒドン大学公衆衛生学部

出席者 Dr. NATTH
Dr. KRASAE
Dr. JUMROON

事項

1) ATC／PHCの平面計画図の説明

2) 質疑応答

3) 今後のスケジュールについて

(BANGKOK泊)

・BANGKOK 7:15～KHON KAEN 8:35 着 (TH206便)

・9:00～12:00

敷地調査及び打合せ

場所 NORTHEASTERN REGION COLLEGE OF P.H.

出席者 Dr. PRAKAS
Dr. VANIT

事項

1) COLLEGEの一般概要の説明を受ける。

6／15 (火)

・9：30～11：30

公衆衛生省訪問

出席者　Mr. RANGSII, (ARCHITECT)
Mr. KASIN, (CIVIL ENGINEER)

事　項

1) 平面計画図を説明し，建築計画上の意見を聴取する。

2) タイ国官庁建築物に対する各種規準資料を受領

・14：00～15：30

JICA事務所訪問

出席者　坂牧氏

事　項

1) 現在までの調査進捗状況の説明

・16：00～18：00　団内打合せ

(BANGKOK泊)

2) 現地建設業者の事情調査

3) インフラ状況調査

4) 敷地調査及び測量

5) 質疑応答

・13：00～17：00

1) MUNICIPAL OFFICE 訪問，市街地図受領

2) コンケン大学建設現場見学

(KHON KAEN泊)

・9：00～11：30

1) 建設基盤調査

2) KHON KAEN市内の類似施設見学

・KHON KAEN 12：15～ BANGKOK 13：25 (TH211便)

・16：00～18：00 団内打合せ

(BANGKOK泊)

6／16 (水)

・8：30～17：00　マヒドン大学サラヤキャンパス敷地調査

出席者　サラヤキャンパス建築管理者

事　項

1）サラヤキャンパスの概要説明を受ける。

2）敷地調査及び測量

3）インフラ状況調査

4）質疑応答

5）キャンパス施設見学

(BANGKOK泊)

6／17 (木)

（藪前団員）

・8：30～12：00

ATC／PHC打合せ

場　所　マヒドン大学公衆衛生学部

出席者　Dr。NATTH
Dr。KRASAE

事　項

1）ATC／PHC建築計画図に対する最終協議

・13：00～17：00　資料整理

(BANGKOK泊)

（井部・西久保・大村各団員）

・9：00～17：00

BANGKOK市内にて資料収集

1）日本商工会議所訪問，各種資料収集

2）DTEC訪問
各種資料収集

(BANGKOK泊)

6／18 (金)

・10：30～14：00　日本大使館，JICA事務所訪問

出席者　伍藤書記官
河西所長，坂牧氏

事　項

1）調査経過報告

2）今後のスケジュール打合せ

・15：00～18：00　資料整理及び帰国準備

(BANGKOK泊)

6／19 (土)

・BANGKOK8：15～成田16：15（JL476便）

資料 IV

ドラフト・ファイナル・レポート説明ミッション関係資料

その(1) ミニッツ

MINUTES OF DISCUSSIONS

ON

THE DRAFT FINAL REPORT OF THE BASIC DESIGN STUDY

ON

THE ESTABLISHMENT PROJECT OF

PRIMARY HEALTH CARE TRAINING CENTERS IN THE KINGDOM OF THAILAND

The Government of Japan has sent, through Japan International cooperation Agency (JICA), a Basic Design Survey Team to The Kingdom of Thailand from September 26th to October 2nd, 1982 for the purpose of presenting and explaining the Draft Final Report of the Basic Design Study (The Report) on the Establishment Project of Primary Health Care Training Centers in the Kingdom of Thailand (The Project).

The team held meetings with the Thai counterpart's party headed by Prof. Dr. Natth Bhamarapravati, Rector of Mahidol University to explain and to discuss on the Report.

The main items which were discussed and understood by both parties at the meetings are as follows :

1. The Thai side principally approved the Report and appropriate alternations in design agreed during the discussions will be incorporated in the Final Report.
2. The Final Report (10 copies in English) on the Project will be submitted to the Government of Thailand by the end of November, 1982.
3. Both side confirmed that the Thai side understood the system of Grant Aid Programme to be extended by the Government of Japan, especially the arrangements to be taken by the Government of Thailand (as agreed in the Minutes for the Project dated on June 4th, 1982)

September 29, 1982
Bangkok, Thailand

Natth Bhamarapravati		Khatelai Mungkandee
Masami Hashimoto	Natth Bhamarapravati	for Pirote Ningsanonda
Leader,	Rector,	Deputy Under-Secretary of
Japanese Survey Team	Mahidol University	State for Public Health

Masami Hashimoto

その(2)

ドラフト・ファイナル・レポート説明ミッション・カウンターパートリスト

マヒドン大学関係者

1. Prof. Dr. Natth Bhamarapravati, Rector
2. Prof. Dr. Debhanom Muanyman, Dean, Faculty of Public Health
3. Dr. Krasae Chanawongse, F of P.H.
4. Dr. Mali Thainua, Visiting Professor
5. Dr. Siripath Vathanakaset, Ramathibodi Hospital
6. Assoc. Prof. Dr. Dusanee Suthapreyasri, F of P.H.
7. Asist. Prof. Romsai Klnsoonforn, Dept. of San. Engineering, F of P.H.
8. Mr. Vason Praditsuk, Architect, Salaya Campus
9. Mr. Sonthi Raktawat, Architect, Salaya Campus
10. Miss. Sasithorn Santiwongsakul, F of P.H.

公衆衛生関係者

1. Dr. Dhadchai Mungkarndee, Principal Medical Office
2. Dr. Pricha Deesawati, Director
3. Dr. Chairat Pathanacharoen, Health Planning Div.
4. Dr. Chavalit Santikitrongrung, Nutrian Division
5. Miss. Pisamai Chandavimol, Policy & Planning Analyst 6
6. Mr. Matee Chanjaruporn, Chief, Planning & Evaluation
7. Mrs. Kaisri Tunsiri, Director of Design and Construction Div.
8. Mr. Somchai Sakul-isariyaporn, Design and Construction Div.
9. Mr. Kanchanachak Stapanasut, Design and Construction Div.

D.T.E.C 関係者

1. Mr. Sutin Susila, Colombo Plan Sub-Div.

その(3) ドラフト・ファイナル・レポート説明ミッションの構成

団長	橋本正己	埼玉県立衛生短期大学学長
団員	藪前栄一 （建築計画）	石本建築事務所
団員	西久保聖一 （資機材）	仝上

その(4)

ドラフト・ファイナル・レポート説明ミッション日程

9月26日(日)　晴

・行程　成田発12:20 JL-461 →バンコク着16:25　　→ナライホテル着17:50

9月27日(月)　曇後晴

・行程　ホテル発7:30　　→総理府着8:00，同発8:50　　→日本大使館着9:20

同発11:35　　→ホテル着12:00，同発13:00　　→マヒドン大学着13:15

同発16:45　　→ホテル着17:15

・総理府表敬訪門，　伍藤書記官，近藤書記官に同行

・日本大使館及ＪＩＣＡ事務所表敬訪門　(9:20～11:30)

1)　出席者，大　使　館　　久保田参事官，伍藤書記官

JICA事務所　　能代氏

団　　員　　藪前，西久保

2)　大使館及ＪＩＣＡ事務所打合事項

(1)　業務内容の説明

(2)　スケジュール打合

以　上

・第1回協議　(14:00～16:40)　於　マヒドン大学，3階会議室

1)　出席者　タイ側　ナット学長，Dr.クラッセ，Dr.マリ，Dr.ロムサイ，Dr.デュサニー

Mrs.カイスリ，Mr.チャイラート，Mr.チャワリット，Mr.ソムチャイ

他。

日本側　藪前，西久保各団員

2)　協議事項

(1)　ドラフト・レポートの説明

(2)　日本側からの質疑についての応答

以　上

・橋本団長　バンコク着

9月28日(火)　曇後晴

・行程　ホテル発8:20　　→マヒドン大学着8:45，同発16:30　　→ホテル着17:20

同発18:15　→レストラン(トール・ゲート)着19:10，同発21:00　→ホテル着21:30

・第２回協議　（９:00～12:20）　於　マヒドン大学，３階会議室

1)　出席者　タイ側　Dr.クラッセ，Dr.マリ，Dr.ロムサイ，Dr.シリパット，
Mrs.カイスリ，Mr.チャイラート，Mr.チャワリット，Mr.ソムチャイ
Mr.パソン，Mr.ソンティ，他

日本側　藪前，西久保各団員

2)　協議事項

(1)　レポート内容の訂正事項がタイ側から提出された。

(2)　レポート内容の再度確認協議

(3)　施設基本設計の細部協議

以　上

・第３回協議　（13:40～16:30）　於　マヒドン大学スタジオ

1)　出席者　タイ側　Dr.クラッセ，Dr.マリ，Dr.ロムサイ，Dr.デュサニー，Mr.パソン，
Mr.ソンティ，Miss.ピスマイ，Mr.チャイラート，Mr.チャワリット，
Mrs.カイスリ，Mr.ソムチャイ，他。

日本側　橋本団長，百井，橋爪，杉山，岩本，近藤，藪前，西久保各団員
伍藤書記官，能代氏

2)　協議事項

(1)　タイ及日本側カウンターパートの紹介

(2)　橋本団長挨拶

(3)　Dr.クラッセ挨拶

(4)　技術協力関係のＲ／Ｄ協議

(5)　基本設計ドラフト・レポートのミニッツ文面協議（サイナーとして，Dr.ナッツの他に
Dr.パイロートも併記する事の要望がタイ側よりあり，日本側は諒解する）

以　上

・タイ側主催夕食会　（19:10～21:00）　於　レストラン，トール・ゲート

９月２９日（水）　曇後晴

・行程　ホテル発8:35　→マヒドン大学シリラット病院着　→9:10，同発11:30
→ホテル着12:00，同発13:15　→マヒドン大学着13:30，同発17:20
→ホテル着18:00，同発18:15　→レストラン（マリー）着18:40
同発21:00　→ホテル着21:20

・ミニッツ署名　（9:45～10:15）　於　マヒドン大学附属シリラット病院３階会議室

1) 出席者　タイ側　ナット学長，Dr.ダチャイ，Dr.マリ，Dr.クラッセ，Dr.デハツン，Dr.ロムサイ，Mr.スティン，Mr.チャワリット，Mr.チャイラート，他

日本側　橋本団長，小泉，百井，橋爪，杉山，岩本，近藤，藪前，西久保各団員

伍藤書記官，坂牧氏

2) ミニッツ署名

(1) ミニッツ署名

(2) ナット学長挨拶

(3) 橋本団長　〃

(4) Dr.ダチャイ〃

以　上

・第4回協議　（13:30～17:15）　於　マヒドン大学3階会議室

1) 出席者　タイ側　Dr.クラッセ，Dr.デュサニー，Mr.チャイラート，Mrs.カイスリ，Mr.パソン，Mr.ソンティ，他

日本側　藪前，西久保各団員

2) 協議事項

(1) リポート内容最終協議

(2) 設計上の細部協議

以　上

・日本側主催夕食会　（18:50～21:00）　於　レストランマリー

9月30（木）　曇一時雨

◦行程　ホテル発9:20　→公衆衛生省着9:55，同発13:45　→D.T.E.C着14:00

同発14:25　→公衆衛生省着14:10，同発16:20　→ホテル着17:15

・公衆衛生省，Design & Construction Div.訪問（10:00～12:00，14:20～16:20）

於　公衆衛生省，6階会議室

1) 出席者　タイ側　Mrs.カイスリ，Mr.ソムチャイ，Mr.カンチャナチャク

日本側　藪前，西久保各団員

2) 協議事項

(1) 建築資材及び工法等の協議

(2) タイの構造基準（E. E. T　Standand）の説明を受ける。

以　上

◦公衆衛生省，ＰＨＣ　Div.訪問　（12:50～13:45）　於　ＰＨＣ　Ｄｉｖ事務室

1)　出席者　タイ側　Ｄｒ.プリチャー，Ｍｒ.マティ

日本側　藪前，西久保各団員

2)　協議事項

(1)　現在迄の協議経過の説明

以　上

◦Ｄ.Ｔ.Ｅ.Ｃ訪問　（14:00～14:20）　於　Ｄ.Ｔ.Ｅ.Ｃ，２階事務室

1)　出席者　タイ側　Ｍｒ.スティン

日本側　藪前，西久保各団員

2)　協議事項

(1)　契約関係の署名者についての協議　以　上

・橋本団長帰国

第６日目　10／1　（金）　曇

・行程　ホテル発9:00　→ＪＩＣＡ事務所着9:30，同発12:15　→ホテル着12:50

・ＪＩＣＡ事務所報告　（10:00～12:10）　於　ＪＩＣＡ事務所

1)　出席者　ＪＩＣＡ　河西所長，坂牧氏

団　員　藪前，西久保

・大使館報告

1)　出席者　伍藤書記官

団員　藪前，西久保

第７日目　10／2　（土）　曇

・行程　ホテル発6:00　→バンコク空港着6:30，同発8:30　KL－863　→

成田空港着16:35

資料V　マヒドン大学の組織

MAHIDOL UNIVERSITY ORGANIZATION

Rector — Vice Rectors (5)

- Office of the Rector
- Fac. of Medicine, Siriraj Hosp.
- Fac. of Public Health (*)
- Fac. of Medical Technology
- Fac. of Tropical Medicine
- Fac. of Science
- Fac. of Graduate Studies
- Fac. of Medicine, Ramathibodi Hosp.
- Fac. of Dentistry
- Fac. of Pharmacy
- Fac. of Social Science & Humanities
- Fac. of Nursing
- Fac. of Environment & Resources Studies
- Inst. for Population & Social Research
- Inst. of Nutrition
- Inst. of Language & Culture for Rural Development
- Inst. of Scientific & Technological Research & Development

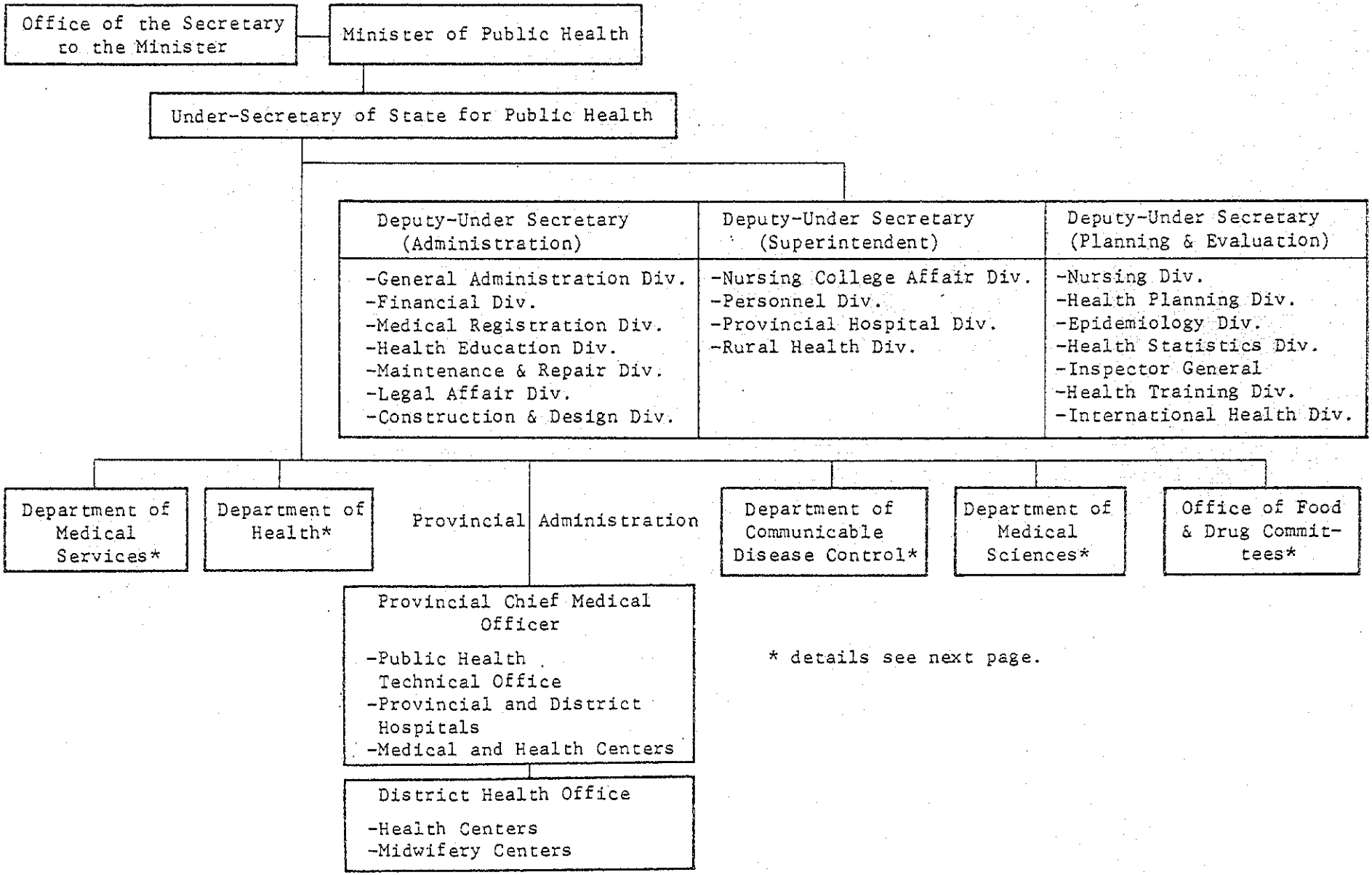
* Faculty of Public Health

- Office of the Dean
- Dept. of Microbiology
- Dept. of Parasitology
- Dept. of Biostatistics
- Dept. of Public Health Administration
- Dept. of Public Health Nursing
- Dept. of Nutrition
- Dept. of Epidemiology
- Dept. of Sanitary Science
- Dept. of Health Education
- Dept. of Sanitary Engineering
- Dept. of Maternal & Child Health

学生数　約　6,000人

スタッフ　800人

ORGANIZATION OF THE MINISTRY OF PUBLIC HEALTH



Department of Medical Services	Department of Health	Department of Communicable Disease Control	Department of Medical Sciences	Office of Food and Drug Committees
-Office of the Secretary -Financial Div. -Personnel Div. -Technical Div. -Mental Health Div. -Children's Hospital -Thanyarak Hospital -Prasart Neurological Hospital and Institute -Mental Deficiency Hospital -Lerd Sin Hospital -Srithanya Hospital -Buddhist Monk's Hospital -Somdej Chaophraya Hospital -Women's Hospital -Institute of Pathology Pathology -National Cancer Institute -Institute of Dermatology	-Office of the Secretary -Financial Div. -Personnel Div. -Dental Health Div. -Rural Water Supply Div. -Nutrition Div. -Sanitation Div. -Family Health Div. -School Health Div. -Environmental Health Div. -Occupational Health Div.	-Office of the Secretary -Financial Div. -Personnel Div. -V.D. Control Div. -Malaria Eradication Div. -General C.D.C. Div. -Filariasis Control Div. -Leprosy Control Div. -T.B. Control Div. -Bamrasnaradura I.D. Hospital -Leprosy Hospital -Chest Hospital	-Office of the Secretary -Entomology Div. -National Health Laboratories Project Div. -Radiation Protection Service Div. -Clinical Pathology Div. -Toxicology Div. -Drug Analysis Div. -Food & Beverage Analysis Div. -Medical Research Div. -Virus Research Institute	-Office of the Secretary -Public Relation and Advertisement Control Div. -Cosmetic Control Div. -Drugs Control Div. -Psychotromic Substance Control Div. -Food & Beverage Control Div. -Technical Div. -Inspector Div.

資料Ⅶ　ＶＨＶ，ＶＨＣの役割

Responsibilities of PHC Workers:-

I. VHC

1. Inform the villagers in his/her area about news related to health.

2. Collect information from the public regarding health and other information, i.e. birth, death, migration, pregnancies, problems and needs.

3. Disseminate knowledge, advices and stimulate the public in the following 8 elements:-

3.1 Education concerning health problems and methods of preventing and control them.

3.2 Promotion of food supply and proper nutrition.

3.3 An adequate supply of safe water supply and sanitation.

3.4 Maternal and child health care including family planning.

3.5 Immunication against the major infections disesses.

3.6 Prevention and control of local endemic diseases.

3.7 Appropriate treatment of common disesses and injurious.

3.8 Provision of essential drugs.

The elements of PHC might be more or less than above according to the needs and problems of the community and it varies from country to country. In Thailand, according to the National Meeting held in Bangkok on December 1979, the members of the meeting stated that other elements should be added such as drug abuse, mental health, and dontal health.

4. Help carry out and coordinate health activities and join in other activities.

II. VHV

The responsibilities of the VHV are the same as VHCs with the following additional: -

1. Give services to the public, for exsample:

   a. Distribution of suplementary foods for children, weighing the pre-school children.

   b. Helps and gives simple symtomatic medical care by using home remidies or other medicines which the Ministry of Public Health has given permission to use.

   c. First aid treatments for fresh wounds, fractures, burns, etc.

   d. Distribution of birth control pills to the patients who have already been examined by the government health staff, and condoms.

資料Ⅷ　ＶＨＶ，ＶＨＣ訓練教課目

Titles of 52 Training Modules

C + V	A	Public Health Problems to be solved by Community.
C + V	A_1	Identification of Problems in the Village.
C + V	A_2	Group Activities/Communicaty Participation.
C + V	1.	Utilization of Government Public Health Facilities.
C + V	2.	Utilization of Household drugs.
C + V	3.	Utilization of Traditional Herb Medicines.
C + V	4.	Dressing of Fresh Wounds.
C + V	5.	Assist the Persons with Fractures and Sprains.
C + V	6.	Assist the Fainting Persons.
C + V	7.	Assist the Persons with Burns and Scales.
C + V	8.	Assist the Persons with Convulsion.
C + V	9.	Assist the Drowning Persons.
C + V	10.	Assist the Persons with Snake Bites.
C + V	11.	Assist the Persons Bitten by the dogs.
C + V	12.	Assist the Persons Taking in Poisons.
C + V	13.	Providing Immunization Services.
C + V	14.	Prevention of Tuberculosis.
C + V	15.	Assist the Persons Suffering from Leposy.
C + V	16.	Portable Water and Water for Household Use.
C + V	17.	Construction of Sanitary Privies (latrines).
C + V	18.	Garbage Disposal.
C + V	19.	Sewage Disposal.
C + V	20.	Mosquito, Fly and Cockroach Control.
C + V	21.	House Mice and Rats Control.
C + V	22.	Fool Poisoning and Contaminated (dirty) Foods.
C + V	23.	Household Improvement.
C + V	24.	Vegetable Preservation.
C + V	25.	Fruit Preservation.
C + V	26.	Kitchen Gardening.
C + V	27.	Chicken Raising.
C + V	28.	Duck Raising.
C + V	29.	Fish Raising (fish ponds)
C + V	30.	Big Raising.

C + V	31.	Personal Hygiene.
C + V	32.	Daily Diets.
C + V	33.a	Family Planning Knowledge.
V	33.B	Oral Pills and Condoms.
V	34.A	Maternal and Child Health.
V	34.B	Postpartum Care.
V	34.C	Infant Care.
C + V	35.A	Assist Malnourished Children.
C + V	35.B	Infant Foods.
C + V	35.C	Infant Food Supplement.
C + V	35.D	Foods for Preschool Children.
V	36.	Assist the Persons with Fever.
V	37.	Assist the Children with Fever and Rash and Red Dots.
V	38.	Assist the Persons with Cough.
V	39.	Assist the Persons with Headache.
V	40.	Assist the Persons with Back Ache, Weist Ache and Ache all over the Body.
V	41.	Assist the Persons with Constipation.
V	42.	" " Stomach Ache.
V	43.	" " Diarrhea.
V	44.	" " Intestinal Parasite Worms.
V	45.	" " Boils.
V	46.	" " Skin Diseases.
V	47.	" " Dental Caries.
V	48.	" " Conjunctivities.
V	49.	" " Ear Ache.
V	50.	" " Beriberi.
V	51.	" " Anemia.
V	52.	" " Malaria.

C = Village Health Communicator

V = Village Health Volunteer

資料 IX　トレーナーを訓練するための教課目

Unit 0　- Motivation

Unit 1　- Training and Modules of Training

Unit 2　- Job Analysis and performance discrepency

Unit 3　- Objectives of Training and Methods of Evaluation during the period of Training

Unit 4　- Learning Activities and Planning Teaching-Learning Methods

資料X　ATC／PHCの初年度訓練計画

Oct. 1982 ～ Apr. 1983

FIRST YEAR OPERATIONAL PLAN

ASEAN/PHC Training Program

Purpose : 1.) To enable Thai officials to effectively cooperate in the training, supervision and support the PHC activities.

2.) To generate intersectoral participation and commitment in the area of primary health care.

The Challenge : Subject to the global goal of health for all by the year 2,000, it is essential the Thai officials be reoriented to realize the importance of primary health care as the key strategy for health for all. The ASEAN/PHC training programme for 1982 - 83 is planned accordingly.

Participants : Directors of district hospitals and provincial hospitals (about 10 persons), Provincial Chief Medical Officer, Director and Section Chief of the office technical and health promotion (10 persons) and Government officials from other relevant sectors eg. education, local government, agriculture etc. (10 persons)

Location : Salaya Campus, Mahidol University

Faculty and Training Philosophy : Faculty members are Mahidol University Specialists, Senior officials from the Ministry of Public Health and other resource persons, who are professionally

trained in their respective fields (Primary Health care and community development etc.) and experienced at adapting their specialties to tackle rural problems.

The participants themselves play an important role in the training, through sharing of experiences and ideas, comparative analysis of problems, group discussions and joint responsibility for program management. Though the lecture method is frequently employed, sessions will be conducted through role-playing, game ,discussion, and workshops.

Action-oriented teaching and learning experience and active participation is fundamental to the success of the training, both in regularly scheduled programme activities and during free time.

Facilities

The ASEAN/PHC training centre at Salaya Campus, Mahidol University is located at Nakorn Prathom Province, approximately a one-hour drive south from Bangkok. The facilities offered include conference rooms, library and audio-visual equipments. Field demonstrating areas are available for a few days visit. Opportunities are available for recreational activities. Weekend field trips can also be organized.

Course Content

The objectives and content of PHC training course have evolved through close participatory planning among Faculty staff of Mahidol University and Ministry of Public Health. After the end of the Course, the participants should be able to participate the PHC activities efficiently. The team has identified and addressed key areas of concern for Primary Health Care worldwide as well as for Thailand. They include :

1. History and Philosophy of PHC

A series of lectures by the Rector of Mahidol University, Under-Secretary of State for Public Health, Dean of School of Public Health and Director of Primary Health Care Division (MOPH), etc, describing the conditions and the process through which the fundamental principles of PHC have been conceptualized, tested and applied during the last decade.

2. PHC Issues and Strategies

A survey, situational analysis and comparison of selected PHC programmes worldwide.

3. Primary Health Care System in Thailand

Introduction and analysis of an integrated, participatory development approach pioneered at the Ministry of

Public Health, which utilizes three mutually supporting strategies : leadership development; technology transfer; and development of community organizations.

4. Primary Health Care Principles for Field Work

Socio - psychological approach in promoting change at the village - level , from group building to participatory - solving.

5. Village Round

An opportunity for each participant to live with a rural family and share the work of the village. Experiential learning and observaion would stimulate participants to formulate insights directly applicable to their own work and to consider ways to implement these insights.

6. Strengthening PHC through Inter - Agency Collaboration

Inter - agency collaboration, both between ministries and among private voluntary organizations, has been identified as a key component of effective PHC development efforts.

7. Other Topics

- Appropriate Technology
- Cooperatives and Financing
- Socio - Economic Problems to Health Development

- The Role of Physicians in PHC
- Research Studies and Design
- Woman and Development
- Health Issues in Rural Development
- Principle of Management

Program Dates and Duration

The 1st PHC Training Course will be conducted for 2 weeks at the beginning of October, 1982. Sufficient funds for participants are available which include boarding and lodging, materials and travels.

There will be totally 6 courses during the time period of Oct. 1982 - August, 1983. Each course lasts 2 weeks.

Evaluation

Formative and summative evaluation will be performed for each course. Follow-up study for performance evaluation on PHC and related activities will be done about 6 months after the completion of each course. Problems will be solved and improvement will be made.

Budgets (Per Course)

Items	Estimate (Baht)
1. Honorarium	
- Course Co-ordinator (1)	20,000
- Core Faculties (6)	60,000
- Guest Lecturers (10)	10,000
2. Stipend for Trainees ฿ 8,000 per person for 30 persons	240,000
3. Stationery	20,000
4. Book Allowance for Trainees ฿ 500 per person for 30 persons	15,000
5. Other Cost (Administrative support, field study, etc.)	35,000
Total	400,000

(Att.1)

Lecturers

Ministry of Public Health

1. Prof. Dr. Prakorb Tu-Chinda
2. Dr. Amorn Nondasuta
3. Dr. Prirote Ningsanonda
4. Dr. Pricha Deesawadi
5. Dr. Damrong Boonyuen

Mahidol University

1. Prof. Dr. Nath Bhamarapravati
2. Prof. Dr. Praves Vasi
3. Dr. Debhanom Muangman
4. Dr. Kraisit Tantisirintr
5. Dr. Santhad Sermsri
6. Dr. Taweethong Hongswiwat

Other Ministries and Training Institutions

1. Prof. Bumrungsuk Sriha-ampai
2. Prof. Chamriang Pawichit
3. Prof. Pataya Saihu
4. Prof. Vitaya Suvarnachot
5. Dr. Pirath Techaim
6. Mr. Suwanai Tong-nop

7. Prof. Dr. Kramol Tongthammachart

8. Dr. Louis Champathes

9. Mr. Charubutr Ruangsuwarn

10. Mr. Tinawath Harukapitak

(Att.2)

Subjects

1. Sociology and Community Development

   1.1 Basic Needs

   1.2 Nature of Rural Community

   1.3 Basic Community Services

   1.4 Community Development

   1.5 Social Preparation for Development

   1.6 Rural Economy

2. Primary Health Care

   2.1 Introduction to PHC (Philosophy and Concept)

   2.2 Planning Administration and Management in PHC

   2.3 PHC in Thailand (Objective, Strategies and Implementation)

   2.4 Implementation Problem and Way to tackle the Problem

3. Other Subjects

   3.1 Social Psychology

   3.2 Leadership

   3.3 Public Speaking

4. Field Study

(Att.3)

Tentative Schedule for PHC two Weeks Training Course

	Day \ Time	9.00 - 10.00 A.M.	10.00 - 11.00 A.M.	11.00 - 12.00 A.M.	1.30 - 2.30 P.M.	2.30 - 3.30 P.M.	3.30 - 4.30 P.M.	Night Session
1st week	1.	Opening ceremony	Introducing Participants	Introduction game	Leadership			
	2.	Public Speaking			Introduction to PHC			
	3.	PHC in Thailand (I)			PHC in Thailand II			
	4.	Field Study	Nature of Rural Community		Rural Economy			
	5.	Field Study	Community Services and Basic Needs		Discussion			
2nd week	6.	Field study Report			Community Development			
	7.	Social Preparation for Social change and development			Planning and Management for PHC I			
	8.	Planning and Management for PHC II			Social Psychology and Social change			
	9.	Design Planned change in PHC I			Design Planned change in PHC II			
	10.	Presentation of Planned change in PHC			Conclusion and Evaluation	Closing		

資料XI　研究・開発について

Research and development

One major function of the ATC/PHC is to act as a research and development arm of the national PHC program. Therefore, research projects will emphasis on improvement of PHC training activities, the eight essential PHC technical service component areas: food and nutrition, safe water and sanitation, immunzation, mother and child health, control of endemic diseases, treatment of common illness and injuries, provision of essential drugs, and health education. Field action research projects will also solicited to focus on community and organization development and the behavioral aspects of PHC development.

During the first year from October 1982 - September 1983, research projects will cover the following areas:

1. Situation analysis of the PHC activities
2. Collection and analysis of research information of PHC activities
3. Methods and approaches for effective community participation in PHC
4. Training module for health volunteers
5. Effective supervision and provision of continuing education for health volunteers
6. Development of education aids in PHC
7. Methods of improvement of knowledge and educational skill of tambon trainers
8. Managing and coordinating of PHC activities
9. Proper referral system for better patient care at community level
10. Role of district and provincial hospitals in supporting PHC
11. Evaluation of health volunteers perforamance in PHC.

Research informations from the above mentioned projects will be immediately a major input in training and seminar for personnels involved.

During the subsequent years in 1983-1986, research projects will cover some of the previous mention projects and the eight essential PHC service components (see Annex). Semi annual and annual reviews of all research activities will be conducted so that any new informations will be utilized in training and implementing PHC program.

PHC model development

In order to strengthening the national and regional PHC programs, there is a need to develop PHC models in various regions of the countries. Selection and development of PHC models will be stated with documentation research and situation analysis of PHC approaches. The selected models will be modified and improved so that the most practical models will be derived. The ATC/PHC in close consultation and cooperation with the Ministry of Public Health, then will make arrangement to test the models at tambon levels with a careful monitoring system. There will be 5 modelling areas, 4 in the rural and one in urban areas. Each modelling site will cover 10 villages of about 10000 population and will be used as demonstration area for training. The finding from modelling of PHC will be critical for improvement of PHC program as well as for training at all levels.

Annex

1. Food and nutrition

   1.1 Development and evaluation of production and distribution of local food supplements

   1.2 Food habits and nutrition education

   1.3 Improvement of existing will accepted local foods

   1.4 Management of community nutrition service

   1.5 Appropiate technology for nutrition surveillance

   1.6 Food additives and pesticide residue, harzards to health and people

   1.7 Nutrient fortification at village level

2. Health education

   2.1 Educational approaches to modify factors influencing community participation in PHC at tambon and village level

   2.2 Effective health education innovation in the support of PHC activities

   2.3 Comparison of different education media for PHC information transfer

   2.4 Culture, language and value variables in the perception of PHC by village community

3. Adequate and safe water supply

   3.1 Selection and development of appropiate technology in order to provide adequate, clean water supply for the community (storage and purification system)

   3.2 Daily utilization of water at village level

   3.3 Appropiate standard of quality of water in village

   3.4 Appropiate waste and water disposal.

4. Expanded immunization

4.1 Motivation technology for high coverage of immunization.

4.2 Evaluation of basic immunization

4.3 Evaluation of vaccine efficacy under field condition

4.4 Innovative delivery of immunization services

4.5 Development of special vaccination program for specific endemic diseases

5. Simple treatment of diseases and injuries

5.1 Appropiate technology for diagnosis of common illness and injuries at community level

5.2 Selection, development and evaluation of the practical treatments of common illnesses by health volunteers

5.3 Role of specialists in prevention and treatment of common illnesses through PHC

5.4 Improvement in the treatment of snake bites and other poisonous animals and plants

5.5 Appropiate treatment of diarrheal diseases by health volunteers

5.6 Methods of modification of "human behavior" in controlling of common village diseases.

6. Essential drugs

6.1 Provision of essential drugs at community level through "medical cooperative"

6.2 Alternative drug service system

6.3 List and usage of essential drugs from modern sources

6.4 Development of essential drugs from traditional services

6.5 Pilot study of community and family garden plot of medicinal plants

6.6 Pilot production and distribution of essential drugs at local vs central levels

7. Maternal and child health and family planning (MCH and FP)

7.1 Utilization of "risk approach" in MCH service

7.2 utilization and evaluation of the "norms" of growth and development of children in health service at village level

7.3 changing attitudes and values of birth control measures among villagers

7.4 Surveillance of morbidity and mortality of infants at village level

7.5 Role of women as health promotion at family and community

8. Sanitation

8.1 Selection and development of appropiate technology for proper management of waste and excreta. (waste-disposed system and latrine system)

8.2 Appropiate family food sanitation system

8.3 Development of composit sanitation for individual village health assessment.

9. Policy and managerial research in PHC

9.1 Policy development and intersectoral link

9.2 Operation research on management of PHC in both urban and rural.

資料 XII　RTC／PHCの初年度及び次年度の活動計画
（Oct. '82 ～ Mar. '84）

Regional Training Center

For

Primary Health Care Development

.....

Background

The ASEAN Training Center for PHC Development Project will be another important progressive step for improvement of the living status of the ASEAN rural community. It is a five-year project (1982-1986) supported by the Government of Japan in term of grant in aid and technical cooperation. The main purpose of the program is not only to concentrate on the training activities, but also to stress the strategic development activities, which are research for model development and modelling process.

According to the principle of Primary Health Care, community participation is the core concept of all activities. Full community participation will exist after community acceptation of problems, self identification of the causal factors, self analysis of the information, self planning and testing of the innovative procedure. Therefore, in the training program, every effort should be put forth towards community understanding of the above mentioned activities. Research and modelling activities concerning people in the community should also be emphasized. The ATC at Salaya is suitable for international and national conceptual orientation and training. The Regional Training Center for PHC Development will be responsive to practical experiences, field studies, modelling and research on PHC management.

Four RTC$_s$ will be built up at the rural provinces. One for each region are as:-

RTC at Khon-Kaen is responsible for PHC activities in 16 provinces of Northeastern region

RTC at Chonburi is responsible for PHC activities in 24 provinces of Central region.

RTC at Nakornsawan is responsible for PHC activities in 17 provinces of Northern region.

RTC at Nakorn-Srithamarat is responsible for PHC activities in 14 provinces of Southern region.

The first RTC at Khon-Kaen will be constructed in 1983 and the other three RTCs will be constructed in 1984.

Objectives.

1) To extend the functions of ATC (Salaya) down to the district, tambon and village levels particularly in the areas of field training, research and modelling.
2) To provide and conduct training courses in primary health care for PHC trainers of volunteers, PHC managers and supporters at district, tambon and village level.
3) To conduct research and models for primary health care in local area.
4) To collect and disseminate information on primary health care
5) To act as a focal point of all regional PHC activities in the view of coordination and technical office.

Activities

The RTCs as a part of the PHC system will comprise 3 major activities.

1. Orientation and Training

The RTCs are responsible for orientation and training programs for administrators, technical officers, implementers and village community health workers from district level down to the community level. Another part is to arrange field training program for ATC field training courses. Orientation and Training will follow the following framwork.

a) Training contents
- to clearify the PHC coneept and the activities.
- to introduce and encourage multisectoral collaboration concept.
- to establish intersectoral planning and management ability within the scope of primary health care.
- to create consciousness and willingness to work for the communi community.

b) Target groups

1. Above district level: those in the ATC/PHC training program.
2. District level: the District Development Committee and District PHC Committee members (app.13 persons for one district):
   - District officer (1)
   - Deputy district officers(2)
   - CD officer (1)
   - Agriculture officer (1)
   - Co-operative officer (1)
   - Education officer (2)
   - Health officer (2)
   - District representative in Provincial Council (1)
   - Other related delegation from DDC
3. Tambon level: 5 governmental officers (2 health officers, 1 CD officer, 1 Agriculture officer and 1 Teacher) and 12 Elite group (Tambon chief, Village chiefs and the Village sages) per each tambon.
4. Village level: Approximately 20 villagers (9 village development members, 1 VHV and 10 VHCs) per each village.

c) Course duration

The training courses for district and tambon officers will be 2 weeks for each course, for tambon and village elite group the courses will be 1 week.

d) Curriculum outline

Details in table 1.

Table 1 Curriculum subject and training method.

Subjects..	District Level (1)	Tambol Level Gov's Offices (2)	Tambol Level Elite Group (3)	Village Level (4)	Remark
1. Nature of Rural Community	L	L	-	-	L = Lecture
2. Basic Needs	L/G	L/G	G	G	G = Group Discussion
3. Basic Community Services	L/G	L/G	L/G	L/G	F = Field work
4. Community Development					
5. Social Preparation for Development	L/G	L/G	-	-	
6. PHC concept and Philosophy	L	L	L	L	
7. PHC Strategies and Implementation	L/G	L/G	L/G	L/G	
8. PHC Plan and Management	L/G	L/G	L/G	L/G	
9. Planning (Village investigation/synthesis and analysis in relation to BCS/PHC)	F	F	-	-	
10. Planning (Problem identification and Priority Setting)	G	G	G	G	
11 Planning (~~Program~~/Project Formulation)	G	G	G	G	
12. Program (administration and management)	L/G	L/G	L/G	L/G	
13. Field Observation	G	G	G	G	
Period of Training	2 weeks	2 weeks	1week	1week	

e) Teaching staffs and lecteurers

The core teaching staffs will be the existing central and Provincial PHC trainers who work near the RTCs. Lecturers and Resource Persons will be invited from the nearby university, Public Health College, Nursing College, Provincial officers and from other related sections.

2. Research and Model Development

a) Research

RTCs will have two responsible area for researches.

1) RTCs will act as the operational bases for field works of those researches on PHC elements made by ATC, the research and development section staffs will act as the field coordinator for the ATC researches and will contribute in the research designation step for implementable purpose on the respective circumstances.

2) RTCs will act as the core center for local PHC researches. 10 PHC researches for each RTC will be carried out each year using the district hospitals and the district health office as the operational bases, researchers from the existing health staffs of the Ministry of Public Health will be encouraged and supported directly by the RTCs. The research projects will cover the following areas:

1. Situation analysis of the PHC activities.
2. Collection and analysis of research information of PHC activities.
3. Methods and approaches for effective community participation in PHC.
4. Training module for health volunteers.
5. Effective supervision and provision of continuing education for health volunteers.
6. Evaluation of education aids in PHC.
7. Methods of improvement of knowledge and educational skill of district and tambon trainers.
8. Managing and coordinating of PHC activities.

9. Proper referral system for better patient care at community level.
10. Role of district and provincial hospitals in supporting PHC.
11. Evaluation of health volunteers performance in PHC.

Special concerned research topics will be those related with community organization, community financing, continuing training for PHC and multisectoral collaboration strengthening programs. At the begining, a training course on research methodology will be essential for the peripheral health staffs. This can be carried out as one of the training lessons in all of the training programs of RTCs.

b) Model Development

RTCs will be responsible for 4 modelling sites in rural areas, while the urban modelling site will be managed by the ATC. Consultative meeting on planning, monitoring and evaluation of the models will be organized with staffs from ATC and related sectors. The results of the PHC situation analysis and other PHC researches will be fully operationalized in the implementation of the model development activities. The characteristices of the tambon chosen in the program should be the following:-

1. Consisting of at least 10 villages with an average of 1,000 - 1,500 household.
2. Having no previous intensive primary health care program or similar activities.
3. Located not so for from the RTCs.

The activities in the model tambon should be facing toward the objectives of organizing a community self reliance system on the 8 PHC elements with a complete, approoriate community organization on services, referral system, information system, monitoring and evaluation system, with the tambon health office acting as a center for intersector collaboration

activities, documantation, information and technical supports. Only 1 Tambon will be implemented in 1983 and the other 3 tambons will begin in 1984. The model tambon will also be used as a training site for field experience which is a part of the training program content of the A TC and RTCs.

Work Plan

Activities \ Month	Oct.82 - Mar. 83						Apr. 83 - Mar. 84												Remark
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May.	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	
1. Training*																			
1.1 PHC management courses for District and Tambon officers.			XX		XX			XX			XX			XX			XX		
1.2 PHC courses for elite groups at ambon and village level.							XX		XX	XX		XX	XX		XX	XX		XX	
1.3 Field Work Training for ATC courses		XX		XX		XX		XX		XX		XX		XX		XX		XX	
2. Research																			
2.1 Local PHC researches																			
- preparation (submission of proposal and approval)	X	XX	XX																
- research implementation				XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	
2.2 Coordinating ATC researches	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	
3. Model Development																			
3.1 Area Selection		XX																	
3.2 Preliminary Survey		X	XX	XX															
3.3 Planning Phase					XX	XX													
3.4 Operation							XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	

* Training : The RTC will conduct 12 regional training courses each year. The first six month, only 2 PHC management courses for district and tambon officers will be arranged.

Evaluation

Internal and external evaluation will be used for evaluation of the whole program. Internal evaluation will base on the reports of each activities of the RTCs/pHC, close monitoring and internal checking will edit the information for its validity and accuracy. External evaluation will concentrate on the impacts of all the activities both to the health delivery system and the community. For the training activities, the evaluation methodology using will be both formative and summative evaluation.

Health Planning Division
No.8/T.67/C.67
27 September 1982

出典：Base year data and background information, of Tailand, Health Planing Diuision, Jane, 1980

Table 4.9

Ministry of Public Health, Distribution of Health Manpower by Selected Catagories in the year 1977

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No.	Region and section / Personnel	Grand Total	Central region					North-East region			Northern region			Southern region		
			Bang-kok	Sec-tion 1	Sec-tion 2	Sec tion 7	Total	Sec-tion 3	Sec-tion 4	Total	Sec-tion 5	Sec-tion 6	Total	Sec-tion 8	Sec-tion 9	Total
1.	Physician	2,205	639	225	164	186	1,214	210	224	434	151	153	304	130	123	253
2.	Nurse	6,428	1,062	747	474	599	2,882	633	632	1,265	613	631	1,244	422	615	1,037
3.	Pharmacist	414	255	30	15	21	321	13	19	32	20	10	30	13	18	31
4.	Dentist	220	59	27	16	25	127	17	21	33	20	14	34	13	16	29
5.	Practical nurse	3,352	334	1,247	719	849	3,649	982	872	1,854	827	686	1,513	662	674	1,336
6.	Dental Hygientist	126	13	7	22	17	59	30	9	39	9	10	19	7	2	9
7.	Health worker	6,765	946	725	433	523	2,627	861	1,113	1,974	752	442	1,194	399	571	970
8.	Midwife	7,151	125	745	1,064	450	2,384	995	1,120	2,115	839	678	1,517	431	704	1,135
9.	Scientist	627	356	54	38	20	478	23	34	57	19	30	49	20	23	43
10.	Technician	168	106	8	17	5	136	5	6	11	5	9	14	3	4	7
11.	Physiotherapist	40	15	—	3	3	21	4	4	8	3	1	4	2	5	7
12.	Dietician	241	102	24	10	22	158	10	21	31	18	8	26	11	15	26
13.	Health Educator	48	36	7	—	1	44	1	1	2	—	2	2	—	—	—
14.	X-ray technician	166	45	18	9	20	92	14	15	29	12	14	26	9	10	19
15.	VHV	3,461	—	60	90	215	365	1,066	927	1,993	420	129	549	188	366	554
16.	VHC.	32,861	—	435	766	2,150	3,351	9,748	8,276	18,024	4,200	2,190	6,390	1,225	4,771	5,996

Table 4.1.0 Health Manpowers by Selected Categories and Institutions for 1977

	General Hospital		Special Hospital		Dis-tric Hos-pital		Health Centre	Mid-wife Cen-tre	Admini-trative		Special Programme						Other Minis-tries	State Enter-prise	Municipality				Pri-vate
																					Health C.		
	BKK	Prov.	BKK	Prov.					BKK	Prov.	DC	TB	VD	LEP	Mal	A			BKK	Prov.	BKK.	Prov.	1
1. Physician	160	921	120	89	230	47	1	—	—	145	—	6	4	—	3	27	50	13	181	4	129	34	22
2. Nurse	422	3,221	269	11,321	373	103	107	4	—	395	—	21	6	—	—	104	826	145	664	15	301	150	465
3. Pharmacist	21	123	17	19	3	—	—	—	—	1	—	5	—	—	—	7	78	8	22	1	33	3	74
4. Dentist	15	127	10	10	5	—	—	—	—	15	—	—	—	—	—	3	82	7	20	1	14	4	12
5. Practical Nurse	299	651	241	679	48	9	27	5	—	16	—	5	2	—	—	19	188	5	184	21	107	61	88
6. Dental Hygientist	—	4	—	—	52	9	—	—	—	21	—	—	—	—	—	—	27	35	—	—	—	—	50
7. Health Worker	1	5	—	68	311	110	3,673	16	—	799	19	48	27	—	420	6	7	—	63	3	63	179	3
8. Midwife	—	22	—	20	494	155	4,327	1,531	—	379	—	—	—	—	—	117	24	9	1	6	11	—	83
9. Scientist	16	188	15	28	4	1	—	—	—	16	—	4	9	—	—	—	18	6	16	—	—	—	95
10. Technician	27	52	—	4	1	—	—	—	—	5	—	3	1	—	—	1	13	5	26	—	—	—	19
11. Phyiotherapist	6	26	7	2	—	—	—	—	—	—	—	—	—	—	—	—	3	2	3	—	—	—	9
12. Dietician	14	65	8	13	4	—	—	—	—	12	—	—	—	—	—	6	8	1	7	—	5	—	2
13. Health education	—	4	—	4	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—
14. X-ray Technician	27	111	6	4	2	—	—	—	—	—	—	4	—	—	—	—	14	4	4	—	5	—	1,243
15. VHC.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25,512
16. VHV.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,879
17. Family Planning Volunteer Worker	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3,223
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Traditional Doctor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. Tambol Doctor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5,456	—	—	—	—	—	—
20. Traditional Midwife	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17,360

Table 4.11 Number of Medical and Health Personel in the Governmental State-enterprising, Municipal and Private Activities (1976 - 1977)

Organization	Category of Personnel	Physician	Dentist	Dental Hygienist	Health Worker	Nurse	Practical Nurse	Midwife	Pharmacist
Total	1976	5,210	746	241	6,273	13,700	12,474	7,304	2,074
	1977	5,796	818	288	6,983	15,208	13,611	7,749	2,236
Government	1976	4,314	602	201	6,050	10,816	8,710	6,785	687
	1977	4,779	648	229	6,776	12,029	11,043	7,233	813
Ministry of Public Health	1976	2,024	206	146	5,991	6,296	6,246	6,713	359
	1977	2,205	228	180	6,765	6,428	8,352	7,151	415
Other Ministries	1976	2,290	398	55	59	4,520	2,464	72	328
	1977	2,574	420	49	11	5,601	2,691	82	398
State Enterprise	1976	151	29	7	5	525	184	29	96
	1977	147	34	8	4	548	174	25	105
Municipality	1976	284	77	23	211	1,073	316	46	62
	1977	344	83	44	196	1,099	337	47	59
Private	1976	461	36	10	7	1,286	1,264	444	1,229
	1977	526	53	7	7	1,532	2,057	444	1,259

Table 4.12 Average Annual Increase of Health Personnel and Beds during 1973 - 1977

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	BEDS	PHISI-CIAN	DEN-TIST	DENTAL HYGIE-NIST	PHARMA-CIST	HEALTH WORKER	NURSE	PRACTI-CAL NURSE	MIDWIFE	SANITARY ENGINEER
Total 1974	51,145	4,646	600	228	1,757	5,748	11,613	7,963	5,907	71
Average Increase each year (1974 - 1974)	2,090	39	4	8	130	436	1,051	769	185	6
Total 1975	52,652	5,005	652	235	1,913	6,079	12,658	8,780	6,335	74
Average Increase each year (1975 - 1974)	1,507	359	52	7	156	331	1,045	817	428	3
Total 1976	57,786	5,210	744	241	2,074	6,273	13,700	10,474	7,304	68
Average Increase each year (1976 - 1975)	5,134	205	92	6	161	194	11,042	1,694	969	-6
Total	59,482	5,789	846	290	2,236	6,708	15,231	13,483	7,436	135
Average Increase each year (1977 - 1976)	1,696	579	72	49	162	435	1,531	3,009	132	67
Average Annual Increase (1973 - 1977)	2,607	295	55	17	152	349	1,167	1,572	428	18

Table 4.13 Health Services Institutions by Regions 1977

Type of Institutions	All Regions and Bangkok	Bangkok	Central (exclude BKK)	North	Northest	South
A. Governmental						
1. No. of Hospitals	182	38	62	29	27	26
2. No. of Hospital Beds and Medical Health Centres	41,950	10,137	12,240	7,125	7,457	4,991
3. No. of District Hospitals	327	43	85	71	81	47
4. Municipal Health Centres and Medical Health Centres	42	42	—	—	—	—
5. No. of Beds in District Hospitals	4,135	57	1,229	816	1,273	760
6. No. of Health Centres	3,828	60	1,161	824	1,121	662
7. No. of Midwifery	1,570	8	309	287	661	305
8. No. of M.C.H. Centres	6		1	2	2	1
9. No. of Specialized Service Institutions						
- T.B.	11	1	2	4	2	2
- Teprosy - Leprosarium	12		2	5	4	1
- Clinic	3		2		1	-
- V.D. and Yows	78	8	24	16	16	14
- Skin	1	1				
- Cancer	1	1				
10. Population						
- Municipality	7,586,395	4,742,774	941,478	628,590	647,614	625,939
- Outside Municipality	36,686,298	—	8,781,477	8,573,330	14,500,746	4,830,745
- Bed: Population (1: 1,000 population) and Medical Health Centres	0.95	2.14	1.26	0.78	0.49	0.92
- No. of District Hospital Population (Outside Minicipality)	1:112,191	-	1:114,388	1:120,751	1: 179,021	1:102,782
- No. of Health Centres : population (outside Municipality)	1: 9,584	-	1:7,564	1:10,404	1:129,349	1: 7,297
- No. of Midwifery Centre: Population (Outside Municipality)	1:23,367	-	1:28,419	1:29,872	1:21,937	1:15,838

Type of Institutions	All regions and BKK.	BKK.	Central (exclude BKK)	North	Northeast	South
B. Private						
1. No. of Hospitals	113	45	24	15	9	20
2. No. of Hospital Beds	5,395	3,022	592	866	171	744
3. No. of Clinics (under 25 beds and without bed)	3,553	1,843	681	381	286	362
4. Old-fashioned Doctors' clinic	705	494	105	40	30	36
5. Dental Clinics	396	200	76	47	33	40
6. Maternity Hospitals (Modern)	58	22	25	1	4	6
7. Modern-styled Drugstores	7,894	2,483	2,110	1,214	1,361	726
8. Old-styled Drugstores	7,875	2,157	2,261	1,390	1,417	650

1. Governmental hospitals include M.O.P.H. Other munistries and state enterprises.

2. Bed : 1,000 population of each region

Table 4.14 Governmental Hospitals and Health Centres with Selected Categories of Personnel 1977

Institution	No.	Bed		Physician		Nurse		Practical Nurse		Midwife		Health Worker		Average Bed-day
		Existing	* 4	Existing	*	Existing	*	Existing	*	Existing	*	Existing	*	Cost
Hospitals (2)														
All governmental	206	54,490	2,005											
Health Centres (3)														
All governmental	5,735	5,053	201											
Total		59,526		5,263	227	13,699	937			6,992	450	6,701	314	

1. All governmental = Ministry of Public Health, Other Ministries, State Enterprise and Municipality

2. Hospitals = Gernal and psychiatric hospitals.

3. Health Centres = Distric Hospital, Medical Health Centre, Midwifery Centres and M.C.H. Centres.

4. Average Annual Increabe is the Average of 1972 - 1976

資料 XIV　政府関係建物設計規準

Government Building Standard

1978

Objective : To standardize government office building in terms of functional floor area and cost per squaremeter as stipulated by the Budget Bureau. The following guidelines for designing and specification writing are used for all building-those required piling or non piling.

Design : All designs are encouraged on applying modular coordination method according to standard of Institute of Applied Science Technology of Thailand.

Building : For purpose of estimating total floor area of a building, each functional area shall be estimated according to the following guidelines

- Office of Minister, Under Secretary of State (including toilet) = 40 M^2/person
- Office of Deputy under secretary of state, Director general, Deputy Director General = 30 M^2/person
- Office of Director of Division/Chief of Division = 16 M^2/person
- Office of the officials whom position higher than level 6 = 12 M^2/person
- Working space for other officials employees = 4.5 M^2/person
- Working space for professionals = 6 M^2/person
- Auditorium = 2 M^2/person
- Waiting area = 1 M^2person
- W.C. = 0.5 M^2/person
- storage or other areas shall be considered according to the needs of each government unit e.g.,laboratory, sitting room
- service area, circulation core shall be provided 1/3 of total above areas
- Building higher than 4 storeys shall have fire escape.

Remarks : Parking area shall follow the law. If there is a need to build a cars'park within the building it is required an approval from Budget Bureau as special case.

Structure : Floor and stairs shall be reinforced concrete or fire-proofed material; shall be economically designed. In the case that piling is required, the concrete pile or prestressed concrete pile shall be used.

- roof truss shall be wood, steel or reinforced concrete according to suitability and economical considerations
- longitudinal span of building each bay shall not exceed 4.20 meters, cross span shall not exceed 8.40 meters.
- height of building
  - . ground floor shall not higher than 4 M.
  - . other floor shall not higher than 3.60 M.
- false cieling shall be provided where deemed necessary for example under the roof, under W.C. and the conference room
- corridor shall not exceed 2.70 meter wide except emergency exit could be wider
- roof and slab overhang shall not exceed 2.10 meters
- sunscreen shall be provided where deemed necessary with economical design.

Building Materials: all materials quoted here if not indicated source of origin, shall be used domestic products.

Reinforced Concrete Structure :

- cement shall be portland cement according to Industrial Standard Product
- sand aggriate or gravel shall be local material or of neighboring sources acceptable with the technical requirement.
- reinforced steel shall meet Industrail Standard Product

Wood structure :

- shall be hard wood or chemical treated wood of similar strength

Steal Roof

- shall meet Industrial Standard Product

Roof truss and Roofing

- Wood roof truss shall be hard wood or chemical treated wood of similar strength
- steel roof shall meet Industrial Standard Product
- reinforced concrete roof truss same as 3.1
- roofing shall be asbestos cement shall meet Industrial Standard - Product

Floor Stairs and Finishing

- reinforced concrete floor same as 3.1 or prefabricated floor system of equal allowable strength according to the requirement of the work
- floor finish of general building and stairs, general floor shall be terrazzo, the aggrigates shall not larger than No. 3; shall be either cast in place or prefabricated. Vinyle tile shall be at least 2 m.m. thick.
- toilet floor finish shall be of mosaic or ceramic with inexpensive price.

Wall

- exterior wall shall be of solid baked brick or hollowed baked brick or concrete baked brick veneer, non plastered or conglomerated wash. The end wall shall be reinforced concrete.
- interior wall shall be suitable and inexpensive material.
- toilet wall shall be the same material as exterior wall.
- The inside wall shall finished with 2 meter high white ceramic or equivalent product.

False cieling, Cieling stud

- false cieling shall be suitable and inexpensive material, wood cieling stud shall hard wood or chemical treated wood
- general cieling shall be plastered or exposed concrete

Door and Door frame

- general door shall be glass with teak frame, steel frame aluminum frame or ply wood door conforming to Industrial Standard Product

- frame shall be of hard wood/steel or aluminum

Hardwares

- hinges shall conform to Industrial Standard Product brass hinges shall be suitable to the weight of the door
- bolts, handles, door holders shall be anodized or chromium coated or alluminum alloy or brass
- lock shall be suitable for nature of work conforming to Japanese, European or American industrial standard.
- other shall be provided as necessary

Window and Window Frame

- window panel, general window shall be glass window with teak wood frame, aluminum frame, steel frame or teak wood panel or teak wood frame
- frame shall be of hardwood, steel or aluminum

Hardwares

hinges shall be galvanized iron, adjustable lock, handle and window holder shall be the same as door hardwares size to be supplied according to size and weight of window. For glass window, steel or aluminum frame shall be used hardwares as provided by the manufacturer's product.

Sanitary Fixtures

shall be white porcelain, model and size shall not be expensive and meet the needs.

- water closet shall be Western/Eastern type
- lavatory with wall hung shelf
- urinal shall be wall type
- avatory accessories shall be provided according to need. Domestic product shall be prime consideration.

Sewage, Drainage and Vent Pipe

- water supply pipe shall be galvanized iron or hard type P.V.C
- drainage and vent pipe shall be galvanized iron or hard type P.V.C
- sewage shall be cast iron with asphalt coated or hard type P.V.C. The underground sewage shall be cement or ceramic locally made.
- Galvanized iron pipe, P.V.C. pipe and cast iron pipe shall meet with Industrial Standard Product

Electrical Equipment

- all wiring could be exposed
- the quality of wiring and electrical appliances shall meet with Industrial Standard Product
- lighting fixtures and accessories shall meet with Industrial Standard Product

Finishing Material

- primer
- dyer
- wood/brick preservatives
- oil paint, linseed, lacquer
- varnish, shellac, epoxy
- plastic emulsion paint
- water plastic paint
- cement paint
- metal paint

shall be considered according to the surface of the object, necessity and economical view point. If there is a required standard of material, all material shall conform to the standard.

Other Component of the Building

- septic tank, underground drainage shall provide with size, quantity and design conforming to sanitary technology
- pavement shall be provided where necessary
- rain gutter shall be provided where necessary

Other Conditions

- For office buildings to be designed and specified as special case besides the said guidelines are required to negotiate with Budget Bureau for special conditions, for example
    - Thai style building
    - Building with concrete decking or prefabricated material
    - Building with high live load other than stipulated by law
    - Special types of building that require an excessive strength due to site
    - Building on stilt, reinforced concrete floor on girder shall estimate the cost, according to Budget Bureau, only the open part.

. lifts, air conditions, furniture and site development, electrical system, water supply system

- When requesting budget the size of building shall be estimate according to the area as mentioned earlier with the projection number of staff requirement within the period of 5 year. The total floor area shall multiply by cost/sq.meter.
- Room layout of the building shall be according to the nature of work.
- The estimation of floor area of a building shall be the multiplying of the length and width of the building at center of the column.
- When the design has been finished, it is required that median cost estimate be worked out for evaluation of the bids. The median cost estimate shall not exceed the cost estimate when calculated by area/sq.m as previously mentioned.
- If the design does not conform to the guideline, the building shall have cost per squaremeter with similar type of building.

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