

資料2. 日本人専門家による評価資料（技術協力実施計画および評価）

評価の基準について

別紙の評価表の記入に当たっては、プロジェクト終了時までには達成すべき各科の最終目標を箇条書きにし、それぞれの目標の達成状況を以下の5段階の評価基準により記入した。

5 - 非常に良い。

カウンターパートに対する技術移転は100%完了し、カウンターパートは専門家の手助け無く、修得した知識技術を応用して、自主的に業務の準備、実施、評価を行うことができ、後進の指導にあたることができる。

4 - 良い。

カウンターパートに対する技術移転は70~90%終了し、カウンターパートは修得した知識技術の基本に従って、自主的に業務の準備、実施、評価を行うことができる。知識技術の応用、後進の指導に関しても、プロジェクト終了時までには概ね問題のないレベルに達しうる。

3 - 普通。

カウンターパートに対する技術移転は50~60%終了し、カウンターパートは部分的に専門家の助けを借りつつ、業務の準備、実施、評価を行うことができる。自主的な業務の展開、知識技術の応用、後進の指導に関しては、引き続き専門家の指導が必要である。

2 - 不十分。

カウンターパートに対する技術移転は30~40%程度であり、専門家がかなりの程度カウンターパートの業務の準備、実施、評価を援助しており、カウンターパートの自立は十分とは言えず、引き続き専門家の全般的な指導が必要である。

1 - 悪い。

カウンターパートに対する技術移転はほとんど進んでおらず、専門家がカウンターパートの業務を肩代りしている状態であり、カウンターパートが自主的に業務を運営できるようになるまでには、今後もかなり長期に亘る専門家の指導が必要である。

パキスタン・イスラマバード小児病院プロジェクト技術協力実施計画および評価

パキスタン・イスラマバード小児病院プロジェクトは、パキスタンの子供たちにより良い保健医療施設を提供することを目的とする。同病院は、同国における小児専門医療に関する最高機関として、患者の診療のみならず、卒後医療研修、研究を行う。

部門	目的	分野	技術移転項目				インプット 専門家・研修員 (実績)	主な支援機関 (評価責任者)	カウンターパート (相手側責任者)									
			最終的目標	目標達成状況		延長の必要性 延長後の目標												
				現時点	最終時点での予測													
病 院	診断と 治療	新生児科	①新生児疾患の理解	⑤	4	3	2	1	現在入院してくる児の予後は搬入時の状態に大きく左右されている。これを改善するためには周産期医療の啓蒙が必要であり、病院機能の充実とともに、これができる体制に成りつつある。今後は北パキスタンの周産期医療のセンターとして様々な対外活動の中心とすべきで、同様のプロジェクトのモデルケースとしたい。	専門家 ・長期 2人 ・短期 3人 研修員 1人	久留米大学 東邦大学	Dr. Abdul Haq						
			②新生児の管理に必要な技術の習得	5	4	③	2	1					5	④	3	2	1	
			③病棟管理	5	④	3	2	1					5	④	3	2	1	
				④新人医師の教育	5	④	3	2	1	5	④	3	2	1				
				⑤対外啓蒙活動	5	4	3	②	1	5	4	③	2	1				
				近隣コミュニティの訪問														
				レファラル体制の確立														
				母親教育														
				部門全体の目標達成度				%		%								
	小児科	①小児疾患の理解	⑤	4	3	2	1	⑤	4	3	2	1	現在、小児科一般診療ではかなり自立しているが、より専門的な診療機能の確立が必要である。パ国内の人材の問題もあり、継続的な支援が望ましい。方法としてはこれまで通り、短期専門か派遣とC/P研修員の受入れが良いと思われる。	専門家 ・長期 0人 ・短期 11人 研修員 5人	久留米大学 東邦大学	Dr. Mushtaq Khan Dr. K. Abbas Dr. Muntaz Hassan Dr. S. Qureshi Dr. Javed Iqbal Dr. Frakhanda Dr. Matloob Azam Dr. Amjad		
②専門分野別診療能力の向上			5	4	③	2	1	5	4	③	2	1						
イ) 循環器病			5	4	③	2	1	5	4	③	2	1						
			ロ) 感染症	5	4	③	2	1	5	4	③	2	1					
			ハ) 血液・腫瘍	5	④	3	2	1	5	④	3	2	1					
			ニ) 代謝・内分泌病	5	4	③	2	1	5	4	③	2	1					
			ホ) 神経病	5	4	③	2	1	5	④	3	2	1					
			ヘ) 腎臓病	5	4	3	②	1	5	4	③	2	1					
			ト) 臨床病理	5	④	3	2	1	5	④	3	2	1					
			③教育	5	4	③	2	1	5	4	③	2	1					
			部門全体の目標達成度				%		%									
	小児外科	①外来診療	5	4	3	②	1	5	4	3	②	1	カウンターパートのDr. Naeemは技術・指導力は十分であり長期専門家は不要と考えられる。技術面で今後望まれることは一部の形成外科、小児外科の先進的技術程度である。しかし、新生児や重症疾患の術前術後管理、特に輸液栄養管理は十分とはいえない。他の科とのコミュニケーション・カンファレンスも不十分と考えられる。症例数は十分であるので今後は質的な向上を目指すための指導が必要であり、次代を担う医師の日本での研修も有効と思われる。	専門家 ・長期 0人 ・短期 4人 研修員 1人	九州大学	Dr. Naeem Kahn		
②診断技術			5	4	③	2	1	5	④	3	2	1						
③手術手技			5	④	3	2	1	⑤	4	3	2	1						
			④術前術後管理	5	4	③	2	1	5	④	3	2	1					
			⑤輸液・栄養管理	5	4	③	2	1	5	④	3	2	1					
			⑥化学療法	5	4	③	2	1	5	4	③	2	1					
			⑦教育指導	5	④	3	2	1	⑤	4	3	2	1					
			⑧外科内部のチームワーク	5	④	3	2	1	5	④	3	2	1					
			⑨他の科とのチームワーク、カンファレンス	5	4	③	2	1	5	④	3	2	1					
			⑩長期フォローアップ	5	4	③	2	1	5	4	③	2	1					
			部門全体の目標達成度	5	④	3	2	1	⑤	4	3	2	1					

部門	目的	分野	技術移転項目				インプット 専門家・研修員 (実績)	主な支援機関 (評価責任者)	カウンターパート (相手側責任者)
			最終的目標	目標達成状況		延長の必要性 延長後の目標			
				現時点	最終時点での予測				
病院	診断と治療	臨床検査室	①施設管理				専門家 ・長期 6人 ・短期 4人 研修員 3人	久留米大学	Dr. Naseer
			イ) 電気	⑤ 4 3 2 1	⑤ 4 3 2 1	パキスタン側の自助努力およびJICAの理解により十分であると思われる。 検査室面積は外来棟の建設により広くなるものの、検査室が2か所に別れ新たな問題が生じるものと思われる。最終目標の⑨および⑩、特に⑨を充実させることにより解決が可能と考える。 病院の予算不足により評価が悪い。パキスタン側の自助努力が求められる。 精度管理に必要な結成試薬はJICAの現地業務費により支給されており、プロジェクト終了後、これを病院が購入できるかが課題である。 延長の必要性なし。 延長の必要性なし。 延長の必要性なし。 延長の必要性なし。 延長の必要性なし。 延長の必要性なし。 延長の必要性なし。 ⑩の有機的な組織形成が成されれば、かなり達成されたと考える。			
			ロ) 水	⑤ 4 3 2 1	⑤ 4 3 2 1				
			ハ) 温度	⑤ 4 3 2 1	⑤ 4 3 2 1				
			ニ) 浮遊塵	⑤ 4 3 2 1	⑤ 4 3 2 1				
			ホ) スペース	5 4 ③ 2 1	5 ④ 3 2 1				
			②物品管理						
			イ) 機材 (メンテナンスも含む)	5 ④ 3 2 1	5 ④ 3 2 1				
			ロ) 器具	5 4 ③ 2 1	5 4 ③ 2 1				
			ハ) 試薬	5 4 ③ 2 1	5 4 ③ 2 1				
ニ) 薬品	5 4 ③ 2 1	5 4 ③ 2 1							
ホ) 消耗品	5 4 ③ 2 1	5 4 ③ 2 1							
③精度管理	⑤ 4 3 2 1	5 ④ 3 2 1							
④研究リサーチに関して	5 ④ 3 2 1	5 ④ 3 2 1							
⑤データ収集									
イ) 検査記録	5 ④ 3 2 1	⑤ 4 3 2 1							
ロ) 集計等	5 ④ 3 2 1	⑤ 4 3 2 1							
⑥教育および波及効果に関して	5 4 ③ 2 1	5 ④ 3 2 1							
⑦検査一般に関する知識・手技	5 ④ 3 2 1	⑤ 4 3 2 1							
⑧バイオハザード意識	5 4 ③ 2 1	⑤ 4 3 2 1							
⑨検体									
イ) 採取時期・手法	5 4 ③ 2 1	5 ④ 3 2 1							
ロ) 輸送	5 4 ③ 2 1	5 ④ 3 2 1							
ハ) 保存	5 4 ③ 2 1	5 ④ 3 2 1							

部 門	目的	分野	技 術 移 転 項 目				インプット 専門家・研修員 (実績)	主な支援機関 (評価責任者)	カウンターパート (相手側責任者)
			最 終 的 目 標	目標達成状況		延長の必要性 延長後の目標			
				現時点	最終時点での予測				
病 院	診 断 と 療 治	臨床検査室	⑩有機的な組織形成	5 4 ③ 2 1	5 ④ 3 2 1	機材のメンテナンス、物品の調達等に関しては、それなりの専門家が必要であるが、この場合も部門間の有機的連携の意味から検査専門家と同時派遣によって効果的な技術移転が期待でき、またC/P研修もこの領域に重点を置いた研修をしていく必要がある。人員の補充、組織作りが進行すれば新たな項目も導入可能であり、今後、短期専門家による定期的フォローアップが望ましい。			
			部門全体の目標達成度	5 4 ③ 2 1	5 ④ 3 2 1				
		放射線科	①X線撮影に必要な解剖学等の基礎知識 ②撮影ポジショニング ③撮影条件の設定 ④放射線防護 ⑤フィルム現像操作 ⑥X線機器管理 ⑦物品管理 ⑧教育指導	5 4 3 ② 1 5 4 ③ 2 1 5 4 ③ 2 1 5 4 3 ② 1 5 4 ③ 2 1 5 4 3 ② 1 5 ④ 3 2 1 5 4 ③ 2 1	5 ④ 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 ⑤ 4 3 2 1 5 ④ 3 2 1				日本で研修を受けたカウンターパートの一人は一応の知識経験もあり、このカウンターパートを中心とした自助努力により技術の維持は可能と思われる。しかし、X線防護、X線解剖学等、X線撮影に必要な基礎知識の教育に関しては引き続き専門家によって行なわれる必要があると思われる。
	部門全体の目標達成度	5 4 ③ 2 1	5 ④ 3 2 1						
	看 護	NICU看護	以下について知識、技術を修得し、実施可能となること。 ①環境管理（重症新生児を対象としていることを踏まえた） ②物品管理（医療材料の過不足なき管理、滅菌材料、リネン類、医療機器の管理） ③患者看護管理 イ）観察、記録、報告 ロ）看護計画立案、実施 ハ）身体の清潔 ニ）体温管理 ホ）呼吸管理 ヘ）輸液管理 ト）栄養管理 チ）院内感染対策 リ）診療介助 ヌ）家族指導 ④教育指導（新人教育、卒後教育、看護研究）	5 ④ 3 2 1 5 4 ③ 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1	⑤ 4 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1	臨床の場において特にチーム全員の技術レベルの均等化が必要である。過去3年間継続してNICUに働いているカウンターパートに対してはほぼ80%の技術移転を終了していると考えられる。最終時点までに彼女らが修得した知識技術を他のスタッフに教育指導していくシステムを確立する予定であり、どうにか達成できると判断し、技術移転のための延長の必要性は無いと考える。ただし、後進の指導は引き続き行なう必要がある。	専門家 ・長期 ・短期 研修員 3人 0人 2人	聖マリア病院	
	部門全体の技術移転度	5 ④ 3 2 1	⑤ or ④ 3 2 1						

部 門	目的	分野	技 術 移 転 項 目				インプット 専門家・研修員 (実績)	主な支援機関 (評価責任者)	カウンターパート (相手側責任者)
			最 終 的 目 標	目標達成状況		延長の必要性 延長後の目標			
				現時点	最終時点での予測				
病 院	看 護	手術室看護	①物品管理技術						
			イ) 医療器械 (および附属品)	5 4 ③ 2 1	5 4 ③ 2 1	休日の取り方等、もう少し考慮されるべき点がある。また定期的な健康診断等の実施が望ましい。	専門家 ・長期 2人 ・短期 0人 ・研修員 1人	聖マリア病院	Dr. Naheem Mrs. Priscilla Mrs. Maqsoom
			ロ) 手術器械	5 4 ③ 2 1	5 ④ 3 2 1				
			ハ) 衛生材料	5 4 ③ 2 1	5 4 ③ 2 1				
			ニ) 薬品	5 4 ③ 2 1	5 4 ③ 2 1				
			ホ) リネン	5 ④ 3 2 1	5 ④ 3 2 1				
			②無菌操作			延長の必要性なし。			
			イ) 手指消毒法	5 4 ③ 2 1	5 ④ 3 2 1				
			ロ) 手拭きの方法	5 4 ③ 2 1	5 ④ 3 2 1				
			ハ) ガウンテクニック	5 ④ 3 2 1	5 ④ 3 2 1				
			ニ) 滅菌手袋装着	5 ④ 3 2 1	5 ④ 3 2 1				
			ホ) 滅菌物の取り扱い	5 ④ 3 2 1	5 ④ 3 2 1				
			ヘ) 鉗子操作	5 4 ③ 2 1	5 ④ 3 2 1				
			③器械渡し	5 ④ 3 2 1	⑤ 4 3 2 1	延長の必要性なし。 延長の必要性なし。			
			④麻酔介助						
			イ) 必要物品の準備	5 4 ③ 2 1	5 ④ 3 2 1				
			ロ) 介助 (挿管、抜管時)	5 4 ③ 2 1	5 ④ 3 2 1				
			⑤患者の体位と固定			延長の必要性なし。			
			イ) 必要物品の準備	5 4 ③ 2 1	5 ④ 3 2 1				
			ロ) 安全、安楽性	5 4 ③ 2 1	5 ④ 3 2 1				
			⑥観察			延長の必要性なし。			
			イ) 術前	5 4 ③ 2 1	5 ④ 3 2 1				
			ロ) 術中	5 4 ③ 2 1	5 ④ 3 2 1				
			ハ) 術後	5 ④ 3 2 1	5 ④ 3 2 1				
			⑦滅菌・消毒			延長の必要性なし。			
			イ) 知識	5 4 ③ 2 1	5 ④ 3 2 1				
			ロ) 種類に応じた方法	5 4 ③ 2 1	5 ④ 3 2 1				
			⑧手術手技手順	5 4 ③ 2 1	5 ④ 3 2 1	日本研修を行なったカウンターパートを中心としてマニュアル作成中であり、プロジェクト終了までには完了する予定である。			
			⑨教育・指導	5 4 ③ 2 1	5 ④ 3 2 1	オリエンテーションマニュアル (新人看護婦対象) の作成が終了し、現在それに基づいて日本で研修したC/Pラシニアにより実施されている。よって技術面に限れば、プロジェクト終了後もスタッフによる自主的な技術の継続は可能であり、延長の必要はないと考える。しかし、手術室は職種の多い分野であり、相互間の教育指導の点ではまだ不十分である。また、小児外科看護専門かによって患者の継続看護の観点から外科病棟の強化が現在進行中である。			
			部門全体の目標達成度	5 4 ③ 2 1	5 ④ 3 2 1				

部門	目的	分野	技術移転項目				インプット 専門家・研修員 (実績)	主な支援機関 (評価責任者)	カウンターパート (相手側責任者)
			最終的目標	目標達成状況		延長の必要性 延長後の目標			
				現時点	最終時点での予測				
病院	看護	PICU看護	①人事管理				<p>休日の取り方等、もう少し考慮されるべき点がある。また定期的な健康診断等の実施が望ましい。</p> <p>③、④は病院の在庫管理がスムーズに行なわれれば特に問題はないと思われる。</p> <p>ME機器については定期的な点検を行ない、メンテナンスや部品の入手がパキスタン国内で行なわれるようになれば特に問題はない。</p> <p>防災対策はPICUだけでなく、病院全体で統一されたものを作成する必要がある。</p> <p>いくつかの項目については勉強会を持ち、学習した。それらが更に臨床に活かされるようにしていかなければならない。</p> <p>PICU内から病院全体へと勉強会が徐々に行なわれつつある。学生指導、スタッフ指導ともPICU内ではまだ不十分であり統一された教育が行なわれるようにする必要がある。</p> <p>実質3年間の技術移転によりPICUは現地スタッフにも恵まれ、目覚ましい発展を遂げたと思われる。全体の80%は終了し、まとめの段階である。これからのスタッフ自身の学習意欲によっては更に成長が期待される。</p>	聖マリア病院	Dr. Javeed Iqbal Ms. Farhat Ms. Saira Mr. Sajid Ms. Zahida
			イ) 勤務の割り当てと勤務表の作成	5 4 ③ 2 1	5 ④ 3 2 1				
			ロ) スタッフの健康管理	5 4 ③ 2 1	5 ④ 3 2 1				
			②書類管理	5 ④ 3 2 1	5 ④ 3 2 1				
			③薬品管理	5 ④ 3 2 1	5 ④ 3 2 1				
			イ) 内服薬	5 ④ 3 2 1	5 ④ 3 2 1				
			ロ) 注射薬	5 ④ 3 2 1	5 ④ 3 2 1				
			④物品管理	5 4 ③ 2 1	5 ④ 3 2 1				
			イ) 衛生材料	5 4 ③ 2 1	5 ④ 3 2 1				
			ロ) 医療器械	5 4 ③ 2 1	5 ④ 3 2 1				
			ハ) ME機器	5 4 ③ 2 1	5 ④ 3 2 1				
			⑤患者管理	5 4 ③ 2 1	5 4 ③ 2 1				
			イ) 患者把握	5 4 ③ 2 1	5 ④ 3 2 1				
			ロ) 防災対策	5 4 3 ② 1	5 4 ③ 2 1				
			⑥看護管理	5 4 ③ 2 1	5 ④ 3 2 1				
			イ) 基本的看護技術	5 4 ③ 2 1	5 ④ 3 2 1				
			a. 清潔不潔の理解	5 4 ③ 2 1	5 ④ 3 2 1				
			b. 基本的看護処理	5 4 ③ 2 1	5 ④ 3 2 1				
			c. 主な症状に対する看護	5 4 ③ 2 1	5 ④ 3 2 1				
			d. 観察記録	5 4 ③ 2 1	5 ④ 3 2 1				
ロ) 小児看護の特殊技術	5 4 ③ 2 1	5 ④ 3 2 1							
a. 小児の理解	5 4 ③ 2 1	5 ④ 3 2 1							
b. 主な疾患に対する看護	5 4 ③ 2 1	5 ④ 3 2 1							
c. 救急処置	5 4 ③ 2 1	5 ④ 3 2 1							
ハ) 教育指導	5 4 ③ 2 1	5 ④ 3 2 1							
a. 学生指導	5 4 ③ 2 1	5 ④ 3 2 1							
b. スタッフ教育	5 4 ③ 2 1	5 ④ 3 2 1							
		部門全体の目標達成度	5 4 ③ 2 1	5 ④ 3 2 1					

部 門	目的	分野	技 術 移 転 項 目				インプット 専門家・研修員 (実績)	主な支援機関 (評価責任者)	カウンターパート (相手側責任者)
			最 終 的 目 標	目標達成状況		延長の必要性 延長後の目標			
				現時点	最終時点での予測				
病 院	リハビリ テーショ ン	理学療法科	①脳性麻痺児の評価(観察) ②脳性麻痺児の評価(分析) ③脳性麻痺児の治療の模倣 ④脳性麻痺児の治療の応用 ⑤ポリオ・ギャランバレーの評価 ⑥ポリオ・ギャランバレーの治療 ⑦分娩麻痺、Volkman 拘縮等の上司、手指機能 の評価治療 ⑧物品管理 ⑨両親指導 ⑩アシスタント指導教育 ⑪入院、急性期、頭部外傷、重症児の評価治療	5 4 ③ 2 1 5 4 3 ② 1 5 4 3 ② 1 5 4 3 2 ① 5 4 ③ 2 1 5 4 ③ 2 1 5 4 3 ② 1 5 4 ③ 2 1	5 ④ 3 2 1 5 4 ③ 2 1 5 4 ③ 2 1 5 4 3 ② 1 5 ④ 3 2 1 5 ④ 3 2 1 5 4 ③ 2 1 5 4 ③ 2 1	脳性麻痺児の分析、治療技術に欠け、これが元で、アシスタント教育の実力がない。今後、脳性麻痺児の評価、治療治療の応用まで自信を持ってアシスタントをひっばてゆくためには、自ら症例数をこなし、かつ専門家の指導を受けなければならない。年2か月の専門家の派遣を少なくとも1~2年延長し、またC/Pが日本研修により日本の教育体制を知るのも有意義と思われる。	専門家 ・長期 0人 ・短期 2人 研修員 0人	ボバース記念病院	Mr. Zulfiqar
	研 究	小 児 科	①研究の基礎知識 ②各部門の協力体制	5 4 ③ 2 1 5 4 ③ 2 1	5 4 ③ 2 1 5 4 ③ 2 1	現在、髄膜炎の研究が進行中であり、また過去に外科チームの尿路結石研究があった。これらをモデルケースとして研究の基礎知識の修得、各部門の協力体制確立の技術移転が進行中である。日本側の関与は大きく支援の継続が必要である。研究は技術の応用であり、これまでの基礎技術移転の集大成である。さらに小規模の研究を奨励し、自立できるようにしたい。	専門家 ・長期 0人 ・短期 3人 研修員 0人	久留米大学 東邦大学 九州大学	Dr. Mushtaq Khan Dr. K. Abbas Dr. Naeem Khan
	部門全体の目標達成度		5 4 3 ② 1	5 4 ③ 2 1					
病 院	そ の 他	病院管理 財政管理 財政の自立 物品の調達	①財政の自立 ②財務管理 ③物品の調達	5 4 3 ② 1 5 4 ③ 2 1 5 4 ③ 2 1	5 4 ③ 2 1 5 4 ③ 2 1 5 ④ 3 2 1	パキスタン側に財務管理の専門家が不在で非常に弱い部門である。しかし、一部有料化や保健省への働きかけ等、自助努力は認められ、今後、病院財務管理や調達に関し、専門家派遣、C/P研修等による自立への支援が必要と思われる。延長による支援強化の効果は十分にあると考えられる。			Dr. Javed Chaudry
		地域保健	母子保健・家族計画等	5 4 ③ 2 1	5 4 ③ 2 1	途上国の中心的病院は、広域保健活動の中心としての機能を持つことが不可欠である。種々の活動が行なわれつつあるが、新生児医療のレファラル体制等、未開発の分野も多く、支援が必要と思われる。			
	部門全体の目標達成度		5 4 3 ② 1	5 4 ③ 2 1					

資料3. パキスタン側の評価資料 (エバリュエーションシート)

EVALUATION SHEET

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Please check the following items and give us your comment on the Islamabad Children Hospital Project.

Your department ()

Your profession Doctor (Professional division:) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 4 3 2 1 5 4 3 2 1	
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1	
3. Training in Japan Term Number of received persons Achievement	5 4 3 2 1 5 4 3 2 1 5 4 3 2 1	
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.)	5 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1	
5. Donated Materials Equipment	5 4 3 2 1 5 4 3 2 1	
6. Your department as a whole	5 4 3 2 1	
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		
8. Other comments if any.		

EVALUATION SHEET

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Please check the following items and give us your comment on the Islamabad Children Hospital Project.

Your department (Project Director)

Your profession Doctor (Professional division: Project Director) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	⑤ 4 3 2 1 5 4 ③ 2 1	Pakistan Government is providing Grant in Aid for this project, which is not sufficient to meet the need for purchase of equipment, maintenance etc.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	⑤ 4 3 2 1 5 4 ③ 2 1 5 ④ 3 2 1 5 4 ③ 2 1	Short-term experts were sent on shorter durations, so Pakistani side could not take full advantage of their expertise. It would be more appropriate if these experts are sent for a longer duration.
3. Training in Japan Term Number of received persons Achievement	⑤ 4 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1	Training facilities for Pakistani side should be increased. There are varied fields in which Children Hospital can benefit from training in Japan. e.g. A/E, Surgery, PICU, General nursing etc.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) Laboratory Nursing Ward Management Hospital Management	5 ④ 3 2 1 5 ④ 3 2 1 5 4 3 ② 1 5 4 3 ② 1	We are more than satisfied with the performance of the Japanese experts, their transfer of technology, especially the long-term experts based in the Children Hospital. They have adequately trained our nurses and laboratory technicians. It is also recommended that nurses or technicians who are based in Children Hospital should stay for longer period as they start getting used to the general condition in Pakistan by the time their orders for porting back are sent. Further cooperation is requested in Ward management and Hospital management.
5. Donated Materials Equipment	⑤ 4 3 2 1 ⑤ 4 3 2 1	Spare parts for the equipment are not available in the country nor have they been specified. Government of Pakistan is not in a position to very new equipment.
6. Your department as a whole	⑤ 4 3 2 1	As a Hospital Director's opinion, the overall achievement of the project is well evaluated.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		Of course there is a dire need for the extension of this project. Children Hospital has just branched into subspecialities, medical & comedical staff education, community health care and research etc. and it is imperative that Japanese cooperation be extended so as to develop these specialities.
8. Other comments if any.		

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Please check the following items and give us your comment on the Islamabad Children Hospital Project.

Your department (Neonatology)

Your profession Doctor (Professional division:) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 ④ 3 2 1 5 4 ③ 2 1	Japanese side was reasonably good and they were involved in NICU from the very beginning. Nurses were good in ward management. Pakistani side picked up lots of good things from their counterparts.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 ④ 3 2 1 5 4 3 ② 1 5 4 3 2 1 5 4 ③ 2 1	For long-term, we received 3 nurses and one doctor along with two Japanese team leaders, who were involved in neonatology. However, we received only one short term expert, just for one week, which was quite insufficient as far as the contribution to the project is concerned.
3. Training in Japan Term Number of received persons Achievement	5 4 3 2 1 5 4 3 2 1 5 4 3 2 1	Only two nurses and one doctor received training in Japan, there should have been more nurses and doctors involved in training.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) General patient care Nursing procedures Equipment handling Record keeping	5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 4 3 ② 1	Generally, there was improvement in patient care, nursing procedures, basic nurses techniques and equipment handling. However, record keeping technology was insufficient in the department as a whole.
5. Donated Materials Equipment	5 4 ③ 2 1 5 4 ③ 2 1	Selection of donated material was not based on the needs of local problems and there was problems of maintenance of equipment just from the start.
6. Your department as a whole	5 ④ 3 2 1	Department is running reasonably good condition, but still need a lot of improvement.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		Yes, still there is a need for further cooperation especially from nurses' side. Nurses from Pakistani side should be trained nurses in Japan and at the same time we need Japanese experts (nurses and neonatologist) for transfer of technology to Pakistani side.
8. Other comments if any.		

EVALUATION SHEET

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Your department (Pediatrics)

Your profession Doctor (Professional division:) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 ④ 3 2 1 5 4 ③ 2 1	The patient care has been quite adequate, there have been some limitations in the drug supplies, disposable supplies and laboratory help. The clinical side has worked very hard and well.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 4 3 2 1 5 4 ③ 2 1 5 4 ③ 2 1 5 4 ③ 2 1 5 4 ③ 2 1	Short-term experts who have helped in streamlining the smooth functioning of different subspecialities like control of infectious diseases, neurology, cardiology etc., but the duration of the visits have been very short and not backed up by subsequent visits of the same experts, who could follow-up the things started in their first visits. Furthermore, the experts in the short-term that they have barely have time to adjust with the different social and clinical set up.
3. Training in Japan Term Number of received persons Achievement	5 ④ 3 2 1 5 4 3 ② 1 5 4 ③ 2 1	The trainings have been quite useful, but the number of people trained have been very few.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) General patient care Basic procedures Record keeping Research	5 4 ③ 2 1 5 4 3 ② 1 5 4 3 ② 1 5 4 ③ 2 1	The technology transfer has been limited in nature and e need much more in these fields, especially in research and related fields. We specially request more training for the ward nurses and junior doctors for general patient care and basic procedures.
5. Donated Materials Equipment	5 4 ③ 2 1 5 4 ③ 2 1	We need more equipment like nebulizers, wall mounted flow meters etc. in wards.
6. Your department as a whole	5 ④ 3 2 1	Overall functioning is quite reasonable but there is a need for further improvement.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		Yes, there is a need for further cooperation in the following areas: 1. Involvement of Japanese side in Postgraduate teaching system such as DCH, M.D. and need infrastructure and relevant help. 2. Research in the basic and clinical problems. 3. Community out reach programmes.
8. Other comments if any.		

EVALUATION SHEET

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Please check the following items and give us your comment on the Islamabad Children Hospital Project.

Your department (Pediatric Surgery)

Your profession Doctor (Professional division:) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 ④ 3 2 1 5 4 3 ② 1	Department is 4 years old and it has come a long way in establishing pediatric surgical services. To progress it, further more doctors are needed. Japanese side can help more in sending us short term experts to identify our deficiencies.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	⑤ 4 3 2 1 ⑤ 4 3 2 1 5 4 3 ② 1 5 ④ 3 2 1	Long term experts in areas like operation theater have proved of great value in getting us ideas identifying our faults in providing assistance in terms of material and maintenance. To keep high standards more assistance should be continued.
3. Training in Japan Term Number of received persons Achievement	5 ④ 3 2 1 5 4 3 2 1 5 4 ③ 2 1	Our younger doctors should benefit from long visits to surgical department in Japan.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) Administrative Clinical work Research Development of Surgery Practical training skills	5 ④ 3 2 1 5 ④ 3 2 1 5 4 3 ② 1 ⑤ 4 3 2 1 5 4 ③ 2 1	Technical transfer has certainly enabled us to maintain higher standards in Children Hospital than other hospitals in our vicinity. Both in use and maintenance of equipment further cooperation is required so that personnel in Pakistan get more polished in these two fields.
5. Donated Materials Equipment	5 ④ 3 2 1 5 ④ 3 2 1	There is further need to continue donations of equipment and spare parts.
6. Your department as a whole	5 4 ③ 2 1	Surgical unit has potential for further improvement and expansion.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		There is more need for personal exchange. Development of accident and emergency unit where both material and man power training is required.
8. Other comments if any.		The cooperation with Japanese government has allowed us to start and develop pediatric surgical services. In this part, Pakistan is still old fashioned. It has enabled several thousand children to be treated surgically. This service should be continued.

EVALUATION SHEET

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Your department (Pediatric Anesthesiology)

Your profession Doctor (Professional division:

) Nurse Paramedical

Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 ④ 3 2 1 5 ④ 3 2 1	Some difficulties of management exist in respect of transfer of patients between wards and operation theaters and management of post-operative recovery area. Difficulties are faced due to shortage of space, staff and training.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 ④ 3 2 1 5 4 ③ 2 1 5 4 ③ 2 1 5 4 ③ 2 1	Main stress of long term experts is on surgical side, less stress on anesthesiology side. Visits of short-term experts in anesthesiology were few and far apart.
3. Training in Japan Term Number of received persons Achievement	⑤ 4 3 2 1 5 4 3 2 ① 5 4 3 2 1	Achievement cannot be evaluated because the person is still under training in Japan.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) 1. General patient care 2. Basic techniques 3. Special techniques 4. Patient monitoring 5. Service & maintenance 6. Technical training 7. Record keeping 8. Research	5 4 ③ 2 1 5 4 3 ② 1 5 4 3 2 ① 5 4 3 ② 1 5 4 3 ② 1 5 4 3 2 ① 5 4 3 2 ① 5 4 3 2 ①	1. General patient care: Fair amount of improvement is provided by modern techniques such as infusion pumps, refrigeration and warming cabinets, central medical gases and air conditioning systems. Deficiencies exist in respect of thermoexchangers, disinfection protocol and hospital paging system. 2. Basic techniques: Out of four regular and one accident/emergency operating table, three are equipped with standard and one with a sophisticated anaesthesia ventilator apparatus. Therefore advanced basic anaesthetic techniques are available to a small number of patients only. 3. Special techniques: No equipment is available for special anaesthetic techniques such as flexible fiberoptic aided incubation and mechanical ventilation of neonate/infant age group patients. 4. Patient monitoring: Considerable deficiencies exist. No blood pressure, CVP, ICP, neuromuscular transmission and anaesthetic agent monitor is available. One each of ECG, Sao ₂ and capnograph monitors are available, that have to be used piece-meal on different patients. An up-dated multiparameter centralized monitoring system and a cardiac defibrillator is desirable for PICU. 5. Service & maintenance: Difficulties in service/maintenance of infusion pumps, monitors, defibrillators and ventilators are faced because of lack of trained electromedical staff and non-availability of domestic service/spare parts agents of some items in Pakistan. 6. Technical training: Long-term Japanese experts in hospital equipment/technology are required in order to impart on-the-job training to local staff. 7. Record keeping: No modern methods are available for record keeping and data analysis. 8. Research: Difficulties are faced due to multiple problems mentioned above.
5. Donated Materials Equipment	5 4 ③ 2 1 5 4 ③ 2 1	
6. Your department as a whole	5 4 ③ 2 1	Pediatric anesthesiology was commissioned in February 1987 and PICU in July 1988. Therefore not sufficient time was available to organize, train the staffs and establish these departments on modern lines.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		Yes, there is need for further cooperation in the field of training, management, man-power exchange and transfer of technology in pediatric anesthesiology and intensive care.
8. Other comments if any.		We aim at multi-disciplinary surgery for 2500-3000 patients a year. Existing space for operation theater department is inadequate for this purpose. We need more space for the following purposes: 1) Pre-operative waiting area, 2) Area for patient attendants, 3) Dirty utility room, 4) Changing rooms, 5) Equipment store, 6) Equipment maintenance room, 7) CCTV monitor room, 8) Seminar room

EVALUATION SHEET

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Your department (Clinical Laboratory)

Your profession Doctor (Professional division:) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 ④ 3 2 1 5 ④ 3 2 1	In the management area better coordination could have been achieved. There is still much deficiency in the management of the laboratory technicians by the technologist.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 ④ 3 2 1 ⑤ 4 3 2 1 5 ④ 3 2 1 ⑤ 4 3 2 1	The presences of long-term experts has been very helpful to us and has provided a lot of "role model" and training to the technical staffs. The short-term expert (Prof. Kondo) has been exceptionally helpful in providing direction and technical expertise in developing the laboratory. His frequency of visits is less than we would have liked. However, in the short term he was be here his help was of a large amount.
3. Training in Japan Term Number of received persons Achievement	5 4 ③ 2 1 5 4 ③ 2 1 5 4 ③ 2 1	A persons have been trained. A shorter period of training (2-3 months) would be better. We could then send more people as this would allow more people to be free in our staff at the Children Hospital. Also most of the Pakistanis who were trained have not done much training after their return.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) Haematology Chemistry Serology Parasitology Microbiology General	5 ④ 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1 5 ④ 3 2 1 ⑤ 4 3 2 1 ⑤ 4 3 2 1	The overall technology transfer has been excellent in most areas, it has been exceptionally strong/effective in the following areas:- 1. Repair/preventive maintenance of equipment 2. Quality control 3. Development of registrar importing/documentation 4. Technical skills
5. Donated Materials Equipment	5 4 ③ 2 1 ⑤ 4 3 2 1	Equipment selection was excellent. Almost all pieces of equipment are in very good or excellent working condition. Material could not be put in routine sometimes because of lack of availability in local market or instruction in Japanese.
6. Your department as a whole	5 ④ 3 2 1	Overall improvement development has been very good.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		There is definite need for cooperation in the followings:- Research especially of common diseases such as diarrhoea, other infections anemia from the laboratory side. Development of specific, highly specialized tests such as Hb electrophoresis, metabolic screening.
8. Other comments if any.		

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Please check the following items and give us your comment on the Islamabad Children Hospital Project.

Your department (NICU Nursing)

Your profession Doctor (Professional division:) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 ④ 3 2 1 5 4 ③ 2 1	Their contribution is helpful in approaching nursing care although they have lacking in communication. Our nurses has difficulties in grasping new methods and techniques
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 4 ③ 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1	Their way of teaching is useful. It might change the status of patients care which he/she may required.
3. Training in Japan Term Number of received persons Achievement	5 ④ 3 2 1 5 4 3 ② 1 5 ④ 3 2 1	Useful and should be continued to encourage our nurses in adapting the ward sitting.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) Basic training techniques Specialized training Ward administration training Nursing education	5 ④ 3 2 1 5 4 ③ 2 1 5 4 ③ 2 1 5 4 3 ② 1	We need technology transfer of these specialities to identify our nurses systematic approach towards nursing care.
5. Donated Materials Equipment	5 ④ 3 2 1 5 ④ 3 2 1	
6. Your department as a whole	5 4 ③ 2 1	Logical, motivative and put an interest in adapting of new techniques.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		We would like to send more personnel for training to Japan to establish our educational system. Because it might help in planning suitable nursing care
8. Other comments if any.		

EVALUATION SHEET

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Your department (PICU Nursing)

Your profession Doctor (Professional division:) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 ④ 3 2 1 5 4 ③ 2 1	Their contribution is helpful in approaching nursing care although they have lacking in communication. Our nurses has difficulties in grasping new methods and techniques
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 4 ③ 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1	Their way of teaching is useful. It might change the status of patients care which he/she may required.
3. Training in Japan Term Number of received persons Achievement	5 ④ 3 2 1 5 4 3 ② 1 5 ④ 3 2 1	Useful and should be continued to encourage our nurses in adapting the ward sitting.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) Basic training techniques Specialized training Ward administration training Nursing education	5 ④ 3 2 1 5 4 ③ 2 1 5 4 ③ 2 1 5 4 3 ② 1	We need technology transfer of these specialities to identify our nurses systematic approach towards nursing care.
5. Donated Materials Equipment	5 4 3 2 1 5 4 3 2 1	
6. Your department as a whole	5 4 ③ 2 1	Logical, motivative and put an interest in adapting of new techniques.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		We would like to send more personnel for training to Japan to establish our educational system. Because it might help in planning suitable nursing care.
8. Other comments if any.		

EVALUATION SHEET

This sheet should be submitted to the Evaluation Team by the Pakistani responsible persons of each department of the Islamabad Children Hospital as a basic document for a joint evaluation report that the Team would make with the Pakistani side.

Please check the following items and give us your comment on the Islamabad Children Hospital Project.

Your department (Operation Theater)

Your profession Doctor (Professional division:) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 ④ 3 2 1 5 ④ 3 2 1	Japanese contribution is helpful in approaching new techniques and procedure. Pakistani nurses have difficulties to handle the new equipment.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 ④ 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1	Effective and more thoughtful.
3. Training in Japan Term Number of received persons Achievement	5 4 3 2 1 5 4 3 2 1 5 4 3 2 1	Useful and should be continued. It may help to identify the systematic approach to solve several problems and difficulties concerning patients.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) Basic training techniques Specialized training Ward administration training Nursing education	5 ④ 3 2 1 5 ④ 3 2 1 5 4 ③ 2 1 5 4 ③ 2 1	We need technology transfer of these specialities to identify our nurses systematic approach towards nursing care.
5. Donated Materials Equipment	5 4 3 2 1 5 4 3 2 1	
6. Your department as a whole	5 4 ③ 2 1	Logical, motivative and put an interest in adapting of new techniques.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		We would like to send more personnel for training to Japan to establish our educational system. Because it might help in planning suitable nursing care.
8. Other comments if any.		

EVALUATION SHEET

This sheet should be submitted to the Evaluation Team by the Pakistani responsible persons of each department of the Islamabad Children Hospital as a basic document for a joint evaluation report that the Team would make with the Pakistani side. Please check the following items and give us your comment on the Islamabad Children Hospital Project.

Your department (Radiology)

Your profession Doctor (Professional division:) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 4 ③ 2 1 5 4 ③ 2 1	The radiology department started working in July 1986, with a Japanese expert and only two radiographers. Now a days, we have a radiologist in charge of the department and have five radiographers and three dark room assistant as its staff members. The department is open for 24 hours a day and the management is satisfactory. However, management can be improved by installing a computer for record keeping and reporting.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 4 3 2 ① 5 ④ 3 2 1 5 4 ③ 2 1 5 ④ 3 2 1	No long-term experts have been provided to the radiology department. However, the contribution of the short-term experts was quite satisfactory. There were 5-6 visits with a variable duration of 2 weeks-3 months.
3. Training in Japan Term Number of received persons Achievement	⑤ 4 3 2 1 5 4 3 2 ① 5 4 3 ② 1	Only one staff member was sent to Japan for a period of 6 months. His duration of stay and training in Japan were good. However, overall training of the Pakistani staff in Japan is not satisfactory and we need to send more Pakistanis to Japan.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) 1. Patient care 2. Technical education 3. Provision of equipment 4. Use of equipment 5. Maintenance of equipment 6. X-rays 7. Ultrasound 8. CT 9. MRI	5 ④ 3 2 1 5 4 ③ 2 1 5 4 ③ 2 1 5 4 ③ 2 1 5 4 3 2 ① 5 ④ 3 2 1 5 4 3 2 ① 5 4 3 2 ① 5 4 3 2 ①	We started on a limited bases and performed X-rays on 4093 patients in 1986. Now a days, we are performing X-rays on a large scale. The total number of patients for which X-rays were performed, in the last few years, is as follows: 1986-4093, 1987-12097, 1988-14735, 1989-21729, 1990(so far)-25465. We are performing all sorts of X-rays, which include specialized studies for the evaluation of urinary tract, gastrointestinal tract and biliary tract. An ultrasound division was established in October 1989. A small portable ultrasound machine was provided and a sonologist was appointed. 233 ultrasound were performed during the last few months of 1989. During 1990, 1466 ultrasounds have been performed, so far. However, we have serious limitations due to poor image quality of our ultrasound machine, which also lacks pediatric transducers and Doppler facilities. Purchase of a high resolution ultrasound unit, having Doppler facilities, was promised by JICA; which is still awaited. We also lack CT & MRI facilities, which may be installed in the new building. We have serious limitations regarding maintenance of equipment.
5. Donated Materials Equipment	5 4 ③ 2 1 5 4 ③ 2 1	Regarding X-ray division the donation of materials and equipment is satisfactory. Following equipment have been provided. Three 500 MA units, two portable units, two autoproces and fixing devices. However, we require an autoprocesor for our new building; which has not been included in the list of equipment for the new building. No equipment has been donated for other division of Radiology-i.e. ultrasound, CT, MRI.
6. Your department as a whole	5 4 ③ 2 1	X-ray division is satisfactory. Ultrasound division lacks proper equipment, CT & MRI divisions are not existed.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		Yes, We need cooperation for: -maintenance and repair of equipment -improvement of ultrasound division -setting up CT & MRI divisions
8. Other comments if any.		Thank you. We appreciate your cooperation.

EVALUATION SHEET

This sheet should be submitted to the Evaluation Team by the Pakistani responsible persons of each department of the Islamabad Children Hospital as a basic document for a joint evaluation report that the Team would make with the Pakistani side.

Please check the following items and give us your comment on the Islamabad Children Hospital Project.

Your department (Physical medicine & Rehabilitation for the disabled children)

Your profession Doctor (Professional division:) Nurse Paramedical Others

Achievement: 5-very good, 4-good, 3-fare, 2-not enough, 1-poor

	Achievement	C O M M E N T
1. Project management Japanese side Pakistani side	5 ④ 3 2 1 5 4 3 ② 1	Cooperation from the JICA side is good enough in both ways i.e. technical staff and equipment. As far as the Pakistani side is concerned we lack technical staff, facilities and good facilities to patients.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 4 3 2 1 5 4 ③ 2 1 5 4 3 ② 1 5 ④ 3 2 1	There was no long term expert in physical medicine. Two short term experts were received during the last five years, each for 6 weeks. This should have been more frequent and for some longer duration. Anyway this contribution was excellent and they trained and taught our staff very well.
3. Training in Japan Term Number of received persons Achievement	5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1	The paediatrician in charge of the department was sent to Japan for further training in the field of rehabilitation of disabled children. It was 6 month-programme and a good experience learnt at Japan.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) 1. Basic therapeutic techniques 2. Applied therapeutic techniques 3. Evaluation of patients' condition 4. Technique and training of technicians and assistants	5 ④ 3 2 1 ⑤ 4 3 2 1 5 ④ 3 2 1 ⑤ 4 3 2 1	We have received very good experts in the field of Bobath Therapy for the disabled children and they have applied this technique very efficiently in this field. Also they evaluate the patient quite precisely and apply the technique accordingly. To train and teach our staff, we have received very elaborate audio visual equipment and with the help of pre-recorded teaching programmes which is very convenient to continue teaching. The experts themselves have made good teaching and training efforts.
5. Donated Materials Equipment	⑤ 4 3 2 1 5 ④ 3 2 1	We have got a fully equipped gymnasium to accommodate 5-6 patients at a time, Hydrotherapy. The material and equipment used are very useful and maintained well.
6. Your department as a whole	5 ④ 3 2 1	I think this department of the Children Hospital is one of the best in the country.
7. Do you think there is a need for further cooperation? If yes, in what field and/or on what items should we cooperate?		As far as the facilities are concerned, we need to improve further in this field. we need some vocational therapist, some transport facilities for the patients, some field visit and home visit programmes, also we need to expand the working area with more facilities and a workshop for the disabled children. Also facilities for mothers of the disabled children to stay and learn the therapy called Mother-child room service.
8. Other comments if any.		

資料4. フォローアップ協力に関する協議議事録 (ミニッツ)


MINUTES OF DISCUSSIONS
BETWEEN THE JAPAN INTERNATIONAL COOPERATION AGENCY AND
THE AUTHORITIES CONCERNED OF THE ISLAMIC REPUBLIC OF PAKISTAN
CONCERNING THE FOLLOW-UP PROGRAM ON TECHNICAL COOPERATION
FOR THE ISLAMABAD CHILDREN HOSPITAL PROJECT

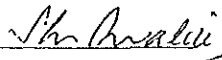
The Japan International Cooperation Agency (hereinafter referred to as "JICA") represented by Mr. Akihiro Mitarai, Resident Representative of JICA Pakistan Office, held a series of discussions with the authorities concerned of the Government of the Islamic Republic of Pakistan, concerning the follow-up program on technical cooperation for the Islamabad Children Hospital Project (hereinafter referred to as "the Project") proposed by the Pakistani side to the Japanese Evaluation Team which visited the Islamic Republic of Pakistan in December 1990.

JICA studied the possibilities of a follow-up on technical cooperation with the authorities concerned of the Government of Japan and concluded that a follow-up was vital for the success of the project.

Based on this conclusion, both parties hereby agreed to recommend to their respective Governments that the following measures mentioned in the attachment be taken as a follow-up program to be implemented from July 1, 1991 to June 30, 1993.

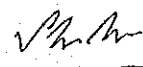
Islamabad, March 25, 1991


Mr. Akihiro Mitarai
Resident Representative
Japan International Cooperation
Agency (JICA) Pakistan Office


Dr. Shaukat Malik
Executive Director
Pakistan Institute of
Medical Sciences
the Islamic Republic of
Pakistan

ATTACHMENT

1. A number of Japanese long-and/or short-term experts in the following fields will be dispatched at a proper time and for an appropriate period during the two years of follow-up cooperation on condition that Pakistani counterparts to the Japanese experts be made available during the latter's stay in Pakistan. A-1 application forms shall be submitted by the Pakistani side not later than the end of April 1991.
 - a. Rehabilitation (Physical Therapy)
 - b. Pediatrics
 - c. Clinical Laboratory Technology
 - d. Ward Management and Nursing Education
 - e. Coordination
 - f. Other fields mutually agreed upon
2. A number of Pakistani counterparts in suitable fields will participate in JICA's training program in Japan each year, upon submission of A-2-3 application forms by the Pakistani side.
3. JICA will provide supplementary equipment necessary for technology transfer, upon submission of an A-4 application form by the Pakistani side, within the limit of the budgetary allocation by the Japanese Government.
4. The tentative schedule of implementation of the follow-up program is as given in the Annex.
5. All matters other than those mentioned above will be treated as prescribed in the Record of Discussions signed on March 19, 1986, during the period of the follow-up programme.



ANNEX

TENTATIVE SCHEDULE OF IMPLEMENTATION OF THE FOLLOW-UP PROGRAM

Japanese Fiscal Year	1991/92												1992/93												1993/94					
	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6			
(Dispatch of Japanese Expert)																														
a. Rehabilitation (Physical Therapy)																														
b. Pediatrics																														
c. Clinical Laboratory Technology																														
d. Ward Administration and Nursing Education																														
e. Coordinator																														
f. Other fields mutually agreed upon																														
(Counterpart Training in Japan) 2-3 persons per year																														

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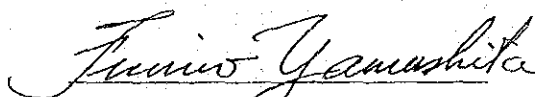
RECORD OF DISCUSSIONS
BETWEEN
THE JAPANESE IMPLEMENTATION SURVEY TEAM AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE ISLAMIC REPUBLIC OF PAKISTAN
ON
THE JAPANESE TECHNICAL COOPERATION FOR
THE CHILDREN HOSPITAL ISLAMABAD PROJECT

The Japanese Implementation Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Fumio Yamashita visited the Islamic Republic of Pakistan from 15th to 19th March, 1986, for the purpose of working out the details of the technical cooperation program concerning the Children Hospital Islamabad Project.

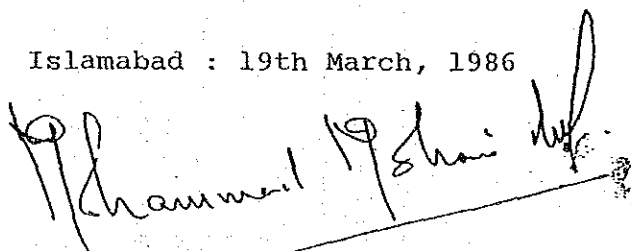
During its stay in the Islamic Republic of Pakistan, the Team exchanged views and had a series of discussions with the Pakistani authorities concerned in respect of the desirable measures to be taken by both Governments for the successful implementation of the above-mentioned project.

As a result of the discussions, both parties agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

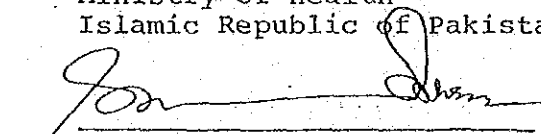
Islamabad : 19th March, 1986



Dr. Fumio Yamashita
Head
Implementation Survey Team
Japan International
Cooperation Agency, Japan



Surgeon Rear Admiral
Mohammad Mohsin Pal
Director General
Ministry of Health
Islamic Republic of Pakistan



Economic Affairs Division
Islamic Republic of Pakistan

ATTACHED DOCUMENT

I. COOPERATION BETWEEN BOTH GOVERNMENTS

1. The Government of Japan and the Government of the Islamic Republic of Pakistan will cooperate with each other in Implementing the Children Hospital Islamabad Project (hereinafter referred to as "the Project") for the purpose of upgrading and optimal functioning of the Project and thus contributing to the promotion of health and welfare of Pakistani children.

2. The Project will be implemented in accordance with the Master Plan which is given in I of Annex.

II. DISPATCH OF JAPANESE EXPERTS

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide at its own expense services of the Japanese experts as listed in II of Annex through the normal procedure under the Colombo Plan Technical Cooperation Scheme.

2. The Japanese experts referred to in I above and their families will be granted in the Islamic Republic of Pakistan the Privilliges, exemptions and benefits no less favourable than those accorded to experts of third countries or of international organizations performing similar missions in the Islamic Republic of Pakistan, which will include the following:

- (1) Exemption from income tax and charges of any kind imposed on or in connection with the living allowances remitted from abroad in relation to the implementation of the Project;
- (2) Exemption from import and export duties and any other charges imposed in respect of personnel and household effects including one vehicle per each expert which may be brought into from abroad or taken out of the Islamic Republic of Pakistan;

- (3) Free medical services and facilities to the Japanese experts and their families.

III. PROVISION OF MACHINERY AND EQUIPMENT

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide at its own expense such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in III of Annex through the normal procedures under the Colombo Plan Technical Cooperation Scheme.
2. The Equipment will become the property of the Government of the Islamic Republic of Pakistan upon being delivered c.i.f. to the Pakistani authorities concerned at the ports and/or airports of disembarkation, and will be utilized exclusively for the implementation of the Project in consultation with the Japanese experts referred to in II of Annex.

IV. TRAINING OF PAKISTANI PERSONNEL IN JAPAN

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to receive at its own expense the Pakistani personnel connected with the Project for technical training in Japan through the normal procedures under the Colombo Plan Technical Cooperation Scheme.
2. The Government of the Islamic Republic of Pakistan will take necessary measures to ensure that the knowledge and experience acquired by the Pakistani personnel from technical training in Japan will be utilized effectively for the implementation of the Project.

V. SERVICES OF PAKISTANI COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. In accordance with the laws and regulations in force in the Islamic Republic of Pakistan, the Government of the Islamic Republic

of Pakistan will take necessary measures to secure at its own expense the necessary services of Pakistani counterpart and administrative personnel as listed in IV of Annex.

2. The Government of the Islamic Republic of Pakistan will allocate the necessary number of suitably qualified personnel corresponding to each Japanese expert to be dispatched by the Government of Japan as specified in II of Annex for the effective and successful transfer of technology under the Project.

VI. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE ISLAMIC REPUBLIC OF PAKISTAN.

1. In accordance with the laws and regulations in force in the Islamic Republic of Pakistan, the Government of the Islamic Republic of Pakistan will take necessary measures to provide at its own expense:

- (1) Land, buildings and facilities as listed in V of Annex;
- (2) Supply or replacement of machinery, equipment, instrument, vehicles, tools, spare parts and any other materials necessary for the implementation of the project other than those provided through JICA under III above;
- (3) Transportation facilities and travel allowance for the official travel of Japanese experts within the Islamic Republic of Pakistan for the purpose of this project;
- (4) Suitable accommodations for the Japanese experts and their families.

2. In accordance with the laws and regulations in force in the Islamic Republic of Pakistan the Government of the Islamic Republic of Pakistan will bear:

- (1) Expenses necessary for the transportation of the Equipment within the Islamic Republic of Pakistan as well as for the installation, operation and maintenance thereof;
- (2) Customs duties, internal taxes and any other charges, imposed on the Equipment in the Islamic Republic of Pakistan;
- (3) All running expenses necessary for the implementation of the Project.

VII. ADMINISTRATION OF THE PROJECT

1. The Ministry of Health of the Islamic Republic of Pakistan will bear overall responsibility for the implementation of the Project.
2. The Director of the Children Hospital, as the Head of the Project, will be responsible for the administrative and managerial matters of the Project.
3. The Japanese Team Leader will provide necessary recommendation and advice on technical and administrative matters concerning the implementation of the Project to the Head of the Project.
4. The Japanese experts will give necessary technical guidance and advice to the Pakistani counterpart personnel on matters pertaining to the implementation of the Project.
5. For the effective and successful implementation of the Project, a Coordinating Committee will be established with the function and composition as referred to in VI of Annex.

VIII. CLAIMS AGAINST JAPANESE EXPERTS

The Government of the Islamic Republic of Pakistan undertake to bear claims, if any arises, against the Japanese experts engaged in the Project resulting from, occurring in the course of, or otherwise

connected with the discharge of their official functions in the Islamic Republic of Pakistan except for those arising from the willful misconduct or gross negligence of the Japanese experts.

IX. MUTUAL CONSULTATION

There will be mutual consultation between the two Governments on any major issues arising from, or in connection with this Record of Discussions.

X. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Record of Discussions will be five (5) years from 1st July, 1986.

However, there will be a general review by the Coordinating Committee on the progress of the implementation of the Project during the third year of the cooperation period in order to assess whether the term of cooperation should be modified for the successful implementation of the Project.

ANNEX

I. MASTER PLAN

1. OBJECTIVES OF THE PROJECT

The objective of the Project is to provide better health care facilities to the Pakistani children. Besides, the Hospital should function as a centre of excellence not only for patient care but also postgraduate medical training and research.

2. MAIN JAPANESE TECHNICAL COOPERATION UNDER THE PROJECT

(1) Dispatch of Japanese experts

Relevant Japanese experts will be dispatched as mentioned in II of Annex provided that Pakistani counterparts have been assigned.

(2) Provision of equipment

Necessary equipment will be supplied as mentioned in III of Annex.

(3) Acceptance of Pakistani trainees

Pakistani trainees will be received in Japan to give training.

Details will be agreed upon.

(4) Middle-level training of the hospital staff will be conducted.

II. JAPANESE EXPERTS

1. Team Leader
Paediatric Anaesthesiologist
2. Experts:
 1. Neonatologist
 2. Clinical Pathologist
 3. Paediatric Surgeon
 4. Senior Physiotherapist
 5. Senior Radiographer
 6. Head Nurses

- a) Neonatology (NICU)
- b) I.C.U.
- 7) Laboratory Technicians
- 8) Short Terms Experts

III LIST OF EQUIPMENT

MEDICAL EQUIPMENT

1.	Spectrophotometer	Two
2.	Automatic Blood Cell Counter for Paediatric use (Micromethod)	Two
3.	Echo-cardiograph Toshiba S.S.H. 40-A with pulse doppler and continuous wave, along with transducer, Paper recorder included, with V.T.R. & Transducer 2.25 mega hertz and additional transducer 3.5 mega hertz	One
4.	Multi-Mode Ultra-sound (Paediatric)	One
5.	Paediatric Endoscopy set (Fibrescope type, including Gastroscope and Colonoscope with attachment for infants, toddler and children	One
6.	Bronchoscope Paediatric (Flixible Type)	One
7.	Per-Oral Jejunal Biopsy Capsule, (waterman) Paediatric	Four sets
8.	Electrophoresis Apparatus	One set
9.	Microinjector (Syringe type)	Twenty

AUDIOVISUAL EQUIPMENT FOR TEACHING,
TRAINING OF MEDICAL/NURSING PERSONNEL

1.	V.C.R.	One
2.	Overhead Projectors with software providing material	Two
3.	Slide Projector	Three
4.	Slide Film Reprinter	One
5.	Photo workshop facilities and equipment	One Package
6.	Photoprint system from C.T.V.	One

- | | | |
|----|---|-----|
| 7. | Portable tape Recorder and
replaying system for clinical
use including speech therapy etc. | Two |
| 8. | Colour off set printing press and
material for teaching and Health
Education Material development | One |

LIST OF ADDITIONAL MEDICAL EQUIPMENT

- | | | |
|----|--|-------------|
| 1. | Paediatric Diagnostic Sets
Including Otoscope and
Ophthalmoscope | Twenty sets |
| 2. | Blood Pressure Apparatus for
children with cuffs of different
sizes (Mercury type) | Thirty sets |
| 3. | Physicians Office Scale for
Height and Weight: | |
| | a. For babies | Ten |
| | b. For older children | Ten |
| 4. | Bone Marrow Aspiration sets | Ten |
| 5. | Percutaneous Paediatric Liver
Biopsy | Ten sets |
| 6. | Microscope - Binocular
for Clinical Lab. to be used
in ward Lab. | Five sets |
| 7. | Clinical Lab. Centrifuge for
Haematocrit, Urine etc. (to be
used in ward Lab). | Five sets |

LIST OF MISCELLANEOUS ITEMS

- | | | |
|----|---|---------|
| 1. | One set of Computer System for
Medical records etc. | One |
| 2. | Another small computer for inven-
tory drug, chemicals, equipment
stocks | One set |
| 3. | Ambulance for sick children &
Newborns | Four |
| 4. | Vehicles for Rehabilitation of
Malnourished Preshool children | Three |
| 5. | Medical Books for Library | |
| 6. | Vehicles for Field Activity
(Wagon type) for Japanese Medical
Experts and Pakistani counterparts
for outreach programmes | Three |

7. Additional support for reorganisation and strengthening of outpatient department including Laboratory equipment - with increasing number of patients in OPD over the next 1-2 years
8. Blood Bank set (Complete) for children One
9. Special Equipment for education and rehabilitation of hospitalised children Teaching Toys material etc.
10. In-house keeping and maintainace equipment
11. Equipment for postgraduate teaching of Doctors and Nurses etc (hard ware) Software to be developed locally
12. Audiovisual Aids-Simple dubbing unit for video tape-for training and teaching etc.
13. Replacement of old equipment with the advancement of technology, according to the advice of Japanese experts

IV. LIST OF PAKISTANI COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Head of the Project
Director or Senior Physician
2. Conterpart Personnel:
 - A.Physician
 - B.Nurses
 - C.Paramedicals
3. Administrative Personnel:
 - 1.Administration (These personnel are already available in the Children Hospital.
 - 2.Accounting
 - 3.Other necessary supporting Staff.

V. LIST OF LAND, BUILDING AND FACILITIES

1. Land (for Children Hospital)
2. Building and facilities

The Children Hospital is already completed with most of physical facilities in place.

VI. THE COORDINATING COMMITTEE

1. Functions

The Coordinating Committee will meet at least once a year and whenever necessity arises, and work:

1. To formulate the Annual work Plan of the Project in line with the Tentative Schedule of Implementation formulated under the framework of this Record of Discussions;
2. To review the overall progress of the technical cooperation programme as well as the achievements of the above mentioned Annual Work Plan;
3. To review and exchange views on major issues arising from or in connection with the technical cooperation programme.

2. Composition

1. Pakistani Side:

- a) Chairman
- b) Members

2. Japanese Side:

- a) Team Leader
- b) Coordinator
- c) Other experts and personnel concerned to be dispatched by JICA, if necessary
- d) Resident representative of Office, JICA.

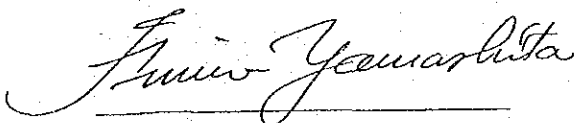
Note: Officials of the Embassy of Japan may attend the Coordinating Committee as observers.

TENTATIVE SCHEDULE OF IMPLEMENTATION OF
THE CHILDREN HOSPITAL ISLAMABAD PROJECT

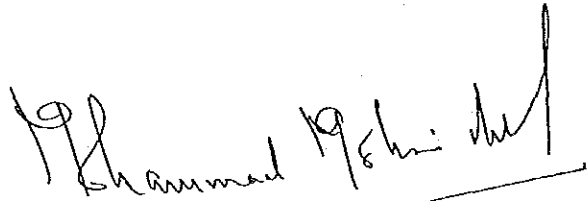
The Japanese Implementation Survey Team and the Pakistani authorities concerned have jointly formulated the Tentative Schedule of Implementation of the Project as annexed hereto.

These have been formulated in line with Attached Document of the Record of Discussions signed between the Japanese Implementation Survey Team and the Pakistani authorities concerned for the Project on condition that the necessary budget will be allocated for the implementation of the Project, subject to changes within the framework of the Record of Discussions when necessity arises in the course of implementation.

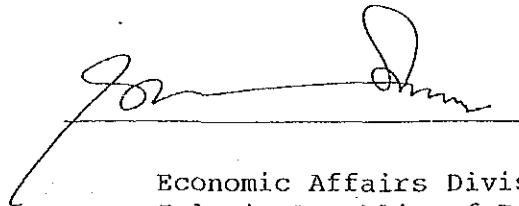
Islamabad, 19th March, 1986.



Dr. Fumio Yamashita
Head of Implementation Survey
Japan International Cooperation
Agency, Japan.



~~Surgeon Rear Admiral~~
Mohammad Mohsin Pal
Director General
Ministry of Health
the Islamic Republic of
Pakistan.



Economic Affairs Division
Islamic Republic of Pakistan

Fiscal Year		1986	1987	1988	1989	1990
I	Dispatch of Japanese experts in	July 1, 1986				
	1. Pediatric anaesthesiology	3ms	24 months	3ms	3ms	3ms
	2. Pediatric Surgery	3ms	1ms	1ms	1ms	1ms
	3. Radiology (technician) (1)	12ms	12ms	12ms	12ms	12ms
	4. Clinical laboratory technician (2)	6ms	6ms	6ms	6ms	6ms
	5. Neonatology	6ms	6ms	6ms	6ms	6ms
	Neonatologist	6ms	6ms	6ms	6ms	6ms
	Nurse (NICU)	6ms	6ms	6ms	6ms	6ms
	Nurse (ICU)	3ms	3ms	3ms	3ms	3ms
	6. Physical Therapy	3ms	3ms	3ms	3ms	3ms
	7. Experts (short term)	1ms	1ms	1ms	1ms	1ms
II	Training of Pakistani Personnel in Japan					
	In the field of clinical laboratory technician (2)	6ms	6ms	6ms	6ms	6ms
	radiology technician (2)	6ms	6ms	6ms	6ms	6ms
	neonatology physician (2)	3	3	3	3	3
	Nurse NICU (1)	12ms	12ms	12ms	12ms	12ms
	Nurse ICU (1)	12ms	12ms	12ms	12ms	12ms
	experts (3)	1ms	1ms	1ms	1ms	1ms

資料6. 評価調査に関する質問票とパキスタン側の回答

QUESTIONNAIRE FOR EVALUATION
ON THE PROJECT FOR ISLAMABAD CHILDREN HOSPITAL

1. Please state annual budget and its balance for the Children Hospital from 1986 to 1990.
Please state measures taken by PIMS to increase the budget, if any.
2. Please state the number of personnel of each department from 1986 to 1990.
Please give us the name list of present personnel of each department. Please describe measures taken by PIMS or the Children Hospital to sanction adequate number of doctors, nurses and other paramedical staffs, if any.
3. Please state the annual number of out-patients and in-patients of each department from 1986 to 1990.
4. Please state the annual number of students and/or post-graduates that the Children Hospital accepted for medical training from 1986 to 1990.
5. What is your evaluation on accomplishment of each department based on the following items in the master plan of the Record of Discussions (R/D) signed on March 19, 1986?
 - (1) Patient care in the following department
 - a. Pediatrics
 - b. Pediatric surgery
 - c. Pediatric anesthesiology
 - d. Neonatology
 - e. Radiology
 - f. Clinical laboratory technology
 - g. Nursing-Pediatric Intensive Care Unit
 - Neonatal Intensive Care Unit
 - Operation Theatre
 - Surgery
 - h. Physical therapy
 - (2) Postgraduate medical training
 - (3) Research works

6. Have you held meetings for coordinating committee mentioned in the R/D at least once a year from 1986 to 1990.
7. Do you have any problem or obstacle to manage the project?
8. Do you extend any activities in the surrounding community? If yes, what kind of activities do you extend and what is the effect of your activities?
9. Do you think it is necessary to continue this project? If yes, what is the reason and in what field and/or on what items should we continue our cooperation?
10. Do you have any idea or plan to develop or expand this project in the future? If you have any idea, please describe.

ADDITIONAL QUESTIONS FOR EVALUATION
ON THE PROJECT FOR ISLAMABAD CHILDREN HOSPITAL

1. If you have any statistics on the number of inpatients of main diseases that show transition or tendency of main diseases for the recent 5 years, please give us.
2. If you have any statistics that show transition of inpatients' death rate of main diseases for the recent 5 years, please give us.
3. If you do not have those 1 and/or 2 above, please give us the data on inpatients' death rate of each department, such as pediatrics, pediatric surgery and neonatology for the recent 5 years.
4. If you have any data on the number of patients by regional groups, please give us.
5. If you did any presentation on studies at academic congress concerning Pediatrics in Pakistan, please show us.

EVALUATION OF ISLAMABAD CHILDREN'S HOSPITAL PROJECT

1. BUDGET STATEMENT:

Statement showing the annual Budget and expenditure from 1985-86 to 1990-91.

<u>Financial Year</u>	<u>Alloted Budget</u>	<u>Expenditure</u>	<u>Balance</u>
1985-86	80,00,000	58,27,135	1,73,865
1986-87	1,76,17,000	1,00,67,457	75,49,543
1987-88	2,84,70,000	2,73,63,657	11,06,343
1988-89	3,10,32,000	3,10,32,581	-581
1989-90	3,03,40,000	3,03,28,510	11,490
1990-91	3,11,60,000		

The budget remained almost fixed with annual increase 3 - 5%. However with the commissioning of Private Ward, Children's Hospital grosses almost 3 million rupees per year which supplement the existing budget.

EVALUATION OF ISLAMABAD CHILDREN'S HOSPITAL PROJECT.

2. DETAIL OF PERSONNAL OF EACH DEPARTMENT.

MEDICAL DEPARTMENT

Medical Unit-I

1. Prof. Mushtaq A. Khan	Consultant
2. Dr. Shahina Qureshi	Associate Consultant
3. Dr. Shamim A. Qazi	Assistant Consultant
4. Dr. Tabish	Registrar
5. Dr. Mushtaq	Registrar(Deputation PG MD)
6. Dr. Hamid	Registrar
7. Dr. Ejaz	Registrar
8. Dr. Shamas	Medical Officer
9. Dr. Bilgees	Medical Officer
10. Dr. Zaman	Medical Officer

Medical Unit-II

1. Dr. K. A. Abbas	Consultant
2. Dr. M. Mumtaz Hassan	Associate
3. Dr. Matloob Azam	Assistant Consultant
4. Dr. Dhani Bux	Registrar
5. Dr. Paikder	Registrar
6. Dr. Nadeem Haider	Registrar
7. Dr. Saqib	Medical Officer
8. Dr. Zahid Ishaq	Medical Officer (Deputation NIH)
9. Dr. Jai Parkash	Medical Officer

Surgical Department.

1. Dr. Naeem Khan	Consultant
2. Dr. Zaheer Abbasi	Associate
3. Dr. Sher Afzal	Registrar
4. Dr. Iftikhar	Registrar
5. Dr. Nadeem	Medical Officer
6/ Dr. Zareef	Medical Officer
7. Dr. Farhana	Medical Officer
8. Dr. Yousaf	Medical Officer
9. Dr. Rafi	Medical Officer
10. Dr. Ansir	Medical Officer

P..... 2/-

PRIVATE WARD:

- | | | |
|----|-------------------|-----------------|
| 1. | Dr. Munir | Registrar |
| 2. | Dr. Mansoor Jamal | Medical Officer |
| 3. | Dr. Jamal Akbar | Medical Officer |
| 4. | Dr. Das | Medical Officer |

ISOLATION WARD:

- | | | |
|----|-------------------|---|
| 1. | Dr. Shamim A.Qazi | Consultant (From East M/W) |
| 2. | Dr. Awais | Registrar |
| 3. | Dr. Shireen | Registrar (Deputation DCH Naval Hospital) |

ONCOLOGY DEPARTMENT:

- | | | |
|----|---------------------|-------------------------|
| 1. | Dr. Shahina Qureshi | Consultant (From E/M/W) |
| 2. | Dr. Hamid | Registrar E/M/W |
| 3. | Dr. Naheed Qadir | Medical Officer |
| 4. | Dr. Zaman | Medical Officer |
| 5. | Dr. Kausar | Medical Officer |

PHYSIOTHERAPY DEPARTMENT:

- | | | |
|----|---------------------|-----------|
| 1. | Dr. Farkhanda Nazli | Physician |
|----|---------------------|-----------|

BLOOD BANK:

- | | | |
|----|-----------|-----------------|
| 1. | Dr. Naila | Medical Officer |
|----|-----------|-----------------|

O.P.D.

Consultant on call for the day

1.	Dr. Bushra	Registrar
2.	Dr. Sara	Medical Officer
3.	Dr. Gulbin	"
4.	Dr. Asma	"
5.	Dr. Umbreen	"
6.	Dr. Ferkhanda	"
7.	Dr. Kaltar	"
8.	Dr. Hafeez	"
9.	Dr. Najeeb	"
10.	Dr. Fouzia	"
11.	Dr. Ferzana	"
12.	Dr. Kanwal	"
13.	Dr. Shahida	"

PICU DEPARTMENT:

1.	Dr. K. A. Abbas	Consultant
2.	Dr. Rubina Rani	Medical Officer
3.	Dr. Jai Kirishan	Medical Officer
4.	Dr. Noreen	Medical Officer (DCH Student)
5.	Dr. Samina Afghan	Medical Officer

NICU DEPARTMENT:

1.	Dr. Mahmood Jamal	Consultant & Head of Department
2.	Dr. Ejaz	Registrar
3.	Dr. Naheed Afroz	Medical Officer
4.	Dr. Saeed Malik	Medical Officer
5.	Dr. Nelofir	Medical Officer (DCH Student)

PATHOLOGY DEPARTMENT:

1.	Dr. Naseer	Consultant Pathologist
2.	Dr. Farah	Registrar
3.	Dr. Ghazala	Medical Officer

X RAY DEPARTMENT:

1.	Dr. Zahid Pasha	Registrar
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EYE DEPARTMENT:

1. Dr. Shafi Consultant
2. Dr. Jehangir Associate
3. Dr. Amjid Medical Officer (Supervised by consultant incharge for the day Main complex).

ENT DEPARTMENT:

1. Dr. Usmai Registrar
2. Dr. Rehman Medical Officer (For the day from Main Hospital)

DENTAL CLINIC:

1. Dr. Ansir Registrar
2. Dr. Abid Medical Officer

ANESTHESIA DEPARTMENT:

1. Dr. Akhter Registrar
2. Dr. Ali Medical Officer
3. Dr. Joseph Medical Officer
4. Dr. Shoaib Medical Officer
5. Dr. Mohsina Medical Officer
6. Dr. Iqbal Medical Officer

ACCIDENT & EMERGENCY DEPARTMENT:

1. Dr. Zaheer Abbasi Consultant from surgical Deptt:
2. Dr. Bushra Registrar (Registrar Morning from Medical OPD).
Registrar Evening on call from Medical and Surgical Ward.
CMO Morning from Surgical Deptt:
CMO Evening from Medical OPD
CMO Night from Medical OPD

P..... 5/-

DIARRHOEA TRAINING UNIT (DUT):

1. Dr. Gul Nayyer Registrar (Incharge)
2. Dr. Azra Hashmi Medical Officer (On leave
deputation Cantonment General
Hospital).

ACUTE RESPIRATOR INFECTION (ATU) ARI TRAINING UNIT:

1. Dr. Gul Nayyer Incharge
2. Dr. Bari Deputy National Manager
3. Dr. Ashraf Medical Officer

LIST OF HEAD NURSES WORKING IN THE
CHILDREN HOSPITAL, PIMS, ISLAMABAD.

<u>S.No.</u>	<u>Name</u>	<u>Department.</u>
1.	Mrs. Khatoon Akhter	Accident/Emergency
2.	Mrs. V. S. John Peter	Private Ward.
3.	Mrs. Kaniz Iftikhar	N.I.C.U.
4.	Mrs. Zeenat Islam	West Medical Ward G.F.
5.	Mrs. Phailomina Mehboob	Est Medical Ward G.F.
6.	Mrs. Rashida Sultana	Isolation Ward.
7.	Mrs. Dilshad M. Din.	O.P.D.
8.	Miss. Tahira Sadiq	Surgical Ward.
9.	Mrs. Zahida Farveen	P.I.C.U.
10.	Miss. Farzana Islam	On Training Teaching and Administration in College of Nursing, PIMS, Islamabad.

Charge Nurses = 110

EVALUATION OF ISLAMABAD CHILDREN'S HOSPITAL PROJECT.

3.

A. NUMBER OF PATIENTS SEEN IN OUTPATIENT DEPARTMENT.

1986	1,12,792
1987	1,68,116
1988	1,42,484
1989	1,13,057
1990	86,073 (Till October)

B. NUMBER OF PATIENTS ADMITTED INPATIENTS.

	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990 (Till Nov)</u>
1. East Medical Ward	640	1299	1102	851
2. West Medical Ward	630	1343	1396	1680
3. Surgical Ward	392	1170	1687	-
4. Isolation Ward	-	-	516	779
5. P.I.C.U	-	113	497	425
6. N.I.C.U	30	218	402	496
7. Private Ward	-	-	-	375

C. OTHER DEPARTMENTS.

	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
1. Anaesthesia	565	1381	2068	
2. Physical Therapy	5108	4587	4252	
3. Radiology (X-Rayed)	12108	18104	20229	
4. Pathology (Indoor)	51289	86895	186060	
5. E.C.G	1485	1488	1618	
6. Immunization (Total)	26146	30677	28015	
7. Blood Bank Donation	-	1354	1476	

EVALUATION OF ISLAMABAD CHILDREN'S HOSPITAL PROJECT.

4. NUMBER ACQUIRING POSTGRADUATE QUALIFICATION/
OR ADMITTED FOR POSTGRADUATION.

1987	One	F.C.P.S. (Paed)
1988	Two	F.C.P.S. Part-I
1989	12	Diploma in Child Health
	06	Master degree in paediatric
	01	F.C.P.S. Part-I
1990	10	Diploma in Child Health
	02	Master degree in paediatric
	01	F.C.P.S. Part-I

EVALUATION OF ISLAMABAD CHILDREN'S HOSPITAL PROJECT.

5.

1. PATIENT CARE IN THE FOLLOWING DEPARTMENTS:

(Proformas attached)

2. POSTGRADUATE MEDICAL TRAINING:

Islamabad Children's Hospital has started formal postgraduate training as fallen:-

- | | | |
|---------------------------------|-------|------|
| 1. Diploma in Child Health | since | 1989 |
| 2. Master degree in Paediatrics | " | 1989 |
| 3. F.C.P.S. | " | 1987 |
| 4. Community Paediatrics | " | 1988 |

3. RESEARCH WORK:

- a. About 30 Publication have appeared in various International and national Journals so far.
- b. Meningitis stud is being carried in Children's Hospital.

EVALUATION OF ISLAMABAD CHILDREN'S HOSPITAL PROJECT.

6.

Yes, we held meetings of coordinating committee every year except 1989.

EVALUATION OF ISLAMABAD CHILDREN'S HOSPITAL PROJECT.

7.

Problems in Managing the Project.

Initially few problems arose like budget constraints, shortage of nurses etc. To some extent this has been over come. However one problem foreseeable in future is the replacement of equipment, whole spare parts are not available in the country.

EVALUATION OF ISLAMABAD CHILDREN'S HOSPITAL PROJECT.

8.

Yes, there are programmes being carried out in the surrounding community. There are as follows:-

1. Rural child survival project, for rural areas of Islamabad Capital Territory.
2. National Acute Respiratory Infection (ARI) control programme.
3. Diarrhoeal Diseases Central Programme involving Diarrhoe Training Unit at Islamabad Children Hospital.
4. Maternal of Child Health Project for rural areas of Islamabad, being carried out by Islamabad Children's Hospital.
5. Postgraduate course in community paediatrics (10 - 12 weeks) duration.

EVALUATION OF ISLAMABAD CHILDREN'S HOSPITAL PROJECT.

9.

The project was commissioned five years back and is now fully functional. It has still a long way to go. Being the only hospital of its kind in the country it needs to be strengthened to the extent where it can cater to maximum needs of the country. Now that Children's Hospital has branched in ^{to} sub specialties like oncology, neurology, cardiology, nephrology etc. There is ample scope for the cooperation to be extended to strengthen this project.

EVALUATION OF ISLAMABAD CHILDREN'S HOSPITAL PROJECT.

10.

Children's Hospital was conceived as a tertiary care hospital. Now it has started quite a few community outreach programmes which involves training of all kinds of peronnal like, doctors, TBA's, CHW etc. There is a dire need to strengthen such activities. Moreover there is ample scope for research activities.

PAKISTAN INSTITUTE OF MEDICAL SCIENCES
(I.H, C.H, CN&PI, S/NURS.& Q.P.G.M.C.)

	EXPENDITURE 89-90		DEMAND FOR THE YEAR 90-91		ALLOCATION	
	IH	CH	IH	CH	IH	CH
000 PAY ALLOWANCES	0.000	0.000	54.142	21.057	40.000	16.000
110 PURCHASE OF TRANSPORT	0.000	0.000	1.500	0.600	0.000	0.000
120 PURCHASE OF MACH/EQP	3.511	0.488	10.100	4.000	3.6	0.500
130 PURCHASE OF FURNITURE	0.426	0.060	1.000	0.300	0.500	0.060
410 REPAIR OF TRANSPORT	0.208	0.063	0.320	0.150	0.250	0.100
420 REPAIR OF MACHINERY	4.466	0.075	6.290	0.600	5.750	0.075
430 REPAIR OF FURNITURE	0.004	0.000	0.110	0.050	0.040	0.010
441 REPAIR OF BUILDING	1.565	0.042	5.000	2.000	2.000	0.150
511 PERSONAL T-A	0.139	0.041	0.150	0.100	0.150	0.040
512 TRANSPORTATION	0.000	0.180	0.010	0.400	0.005	0.130
513 RUNNING COST OF VEHICLE	0.528	0.214	0.650	0.300	0.600	0.240
514 CONVEYANCE	0.002	0.019	0.005	0.050	0.005	0.020
521 PSTAGE AND TELEGRAPH	0.053	0.008	0.055	0.020	0.055	0.008
522 TELEPHONE & TRUNK CALLS	1.222	0.504	1.100	0.600	1.500	0.550
531 GAS CHARGES	0.155	0.637	0.850	0.600	0.200	0.500
532 WATER CHARGES	1.644	0.000	1.800	0.100	1.680	0.000
533 ELECTRICITY	10.066	0.000	9.000	1.200	9.796	0.460
540 OFFICE STATIONERY	0.654	0.141	0.750	0.400	0.600	0.150
550 PRINTING	0.416	0.364	0.760	1.000	0.430	0.350
595 ADVERTISEMENT	0.588	0.099	0.400	0.250	0.500	0.100
560 PURCHASE OF BOOKS	0.233	0.106	1.000	0.400	0.350	0.020
570 UNIFORM	0.421	0.026	0.760	0.450	0.500	0.200
596 DIET CHARGES	3.090	1.581	4.000	3.400	3.250	1.590
581 RENT AND TAXES	0.000	0.010	0.000	0.000	0.000	0.000
582 ACCOMMODATION	4.554	2.242	7.500	3.500	4.750	3.000
598 GENERAL STORES	2.276	0.515	3.000	1.000	1.750	0.450
599 MISC	1.520	0.312	1.500	3.400	1.000	0.347
590 DRUGS & MEDICINES	29.207	6.161	45.000	12.500	27.000	6.000
650 STIPEND	0.006	0.056	1.680	0.250	0.500	0.060
670 ENTERTAINMENT	0.022	0.052	0.060	0.050	0.025	0.050
AMOUNT SULENDER	0.000	0.000	0.000	0.000	0.000	0.000
INCOME TAX	0.000	0.200	0.000	0.000	0.000	0.000
RENT AND TAXES	0.000	0.000	0.000	0.050	0.000	0.000
820 LOANS TO PROJECTS	0.000	0.000	7.100	0.000	0.000	0.000
TOTAL	105.511	30.329	165.592	58.777	106.786	31.160

**THE CHILDREN'S HOSPITAL
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
ISLAMABAD**

STATEMENT SHOWING THE LEVY CHARGES FROM 7/88 TO 10/90

<u>MONTH</u>	<u>INDOOR</u>	<u>OUTDOOR</u>	<u>TOTAL</u>
7/88	1,20,161	71,163	1,91,324
8/88	1,81,466	71,327	2,52,793
9/88	2,40,630	72,815	3,13,445
10/88	2,13,480	68,857	3,82,337
11/88	2,17,116	52,182	2,69,298
12/88	2,28,437	47,979	2,76,419
1/89	1,95,521	52,800	2,48,321
2/89	1,69,200	49,618	2,18,818
3/89	2,18,112	49,926	2,68,038
4/89	1,12,421	36,155	1,48,576
5/89	1,12,322	26,857	1,39,179
6/89	76,215	31,968	1,08,183
			Total 27,16,728
7/89	1,10,570	26,753	1,37,323
8/89	1,01,632	31,860	1,33,492
9/89	1,00,281	39,530	1,39,811
10/89	1,26,908	41,222	1,68,130
11/89	2,10,406	44,116	2,54,522
12/89	1,37,160	31,647	1,68,807
1/90	1,36,573	44,333	1,80,906
2/90	1,45,111	37,517	1,82,628
3/90	1,98,287	39,964	2,38,251
4/90	1,82,369	41,817	2,24,186
5/90	2,74,627	46,193	3,20,820
6/90	2,05,001	46,829	2,51,830
			Total 24,00,706
7/90	3,43,345	45,384	3,88,729
8/90	2,80,450	45,618	3,26,068
9/90	2,88,107	40,584	3,28,691
10/90	2,61,729	37,111	2,98,840
			Total 13,42,328
Grand Total:	51,87,637	12,72,125	64,59,762
	=====	=====	=====

MINISTRY OF HEALTH AND SOCIAL WELFARE

COMMANDS PRESENTED ON BEHALF OF THE
MINISTRY OF HEALTH SOCIAL WELFARE.

(RUPEES IN THOUSANDS)

Current Expenditures Met from Revenue

Health Division	29,360
Medical Services	492,403
Public Health	43,667
Special Education and Social Welfare Division	8,185
Other Expenditure of Social Welfare	-
Special Education	40,508
Other Expenditure of Special Education	3,673
Total	617,796
	=====

FEDERAL GOVERNMENT SERVICES HOSPITAL, ISLAMABAD (POLY CLINIC)

DEMANDS FOR GRANTS

	1989-90 Budget Estimate Rs.	1989-90 Revised Estimate Rs.	1990-91 Budget Estimate Rs.
Total Establishment Charges.	26,740,000	26,740,000	27,374,000
Pay 1,068 1,063	19,404,000	19,404,000	19,676,000
Pay of Officers (225 (221	(9,722,000	9,722,000	(10,068,000
Pay of Other staff (843 (842	(9,682,000	9,682,000	(9,608,000
Total-Regular Allowances	7,102,000	7,102,000	7,488,000
Total Other Allowances(Excluding T.A)	234,000	234,000	210,000
Total purchase of Durable Goods	2,480,000	2,480,000	2,480,000
Transport	1,000	1,000	1,000
Machinery and Equipment	2,000,000	2,000,000	2,000,000
Furniture and Fixtures	479,000	479,000	479,000
Total-Repairs and Maintenance of Durable Goods and Works	1,150,000	1,150,000	1,150,000
Transport	150,000	150,000	150,000
Machinery and equipment	505,000	505,000	505,000
Furniture and Fixtures	60,000	60,000	60,000
Buildings and Structures	435,000	435,000	435,000
Total Commodities and services	43,681,000	43,658,000	46,398,000
Transportation	565,000	565,000	590,000
Communication	709,000	709,000	1,022,000
Utilities	400,000	400,000	700,000
Office Stationery	290,000	290,000	300,000
Printing and publication	240,000	240,000	300,000
Newspapers, Periodicals and Books	10,000	5,000	10,000
Uniform and Liveries	130,000	130,000	130,000
Rent, Royalties, Rates and Taxes.	500,000	500,000	500,000
Other Expenditures on Commodities and Services	40,837,000	40,819,000	42,846,000
Total-transfer payments	756,000	756,000	756,000
Scholarships, Bonuses & Other Awards	756,000	756,000	756,000
Total Federal Govt. Services Hos- pital, Islamabad.	74,807,000	74,784,000	78,158,000
	=====	=====	=====

JINNAH POST GRADUATE MEDICAL CENTRE, KARACHI
FEDERAL HOSPITAL

Total-Establishment Charges	39,985,000	40,689,000	41,739,000
Pay	1,823 1,730	27,400,000	27,590,000
Pay of Officers	(381 (316	(11,890,000	11,984,000
Pay of Other Staff	(1,442 (1,414	(15,510,000	15,606,000
Total-Regular Allowances	12,365,000	12,879,000	13,521,000
Total-Other Allowances(Excluding(T.A)	220,000	220,000	224,000
Total-Purchase of Durable Goods	3,000,000	3,000,000	3,300,000
Machinery and Equipment	2,500,000	2,500,000	2,700,000
Furniture and Fixtures	500,000	500,000	600,000
Total-repairs and Maintenance of Durable Goods and Works	2,200,000	3,972,000	2,300,000
Transport	121,000	193,000	156,000

MINISTRY OF HEALTH, SPECIAL EDUCATION
AND SOCIAL WELFARE

1990-91
Budget
Estimate
(Rupees in Thousands)

Demand presented on behalf of the Ministry of Health, Special Education and Social Welfare.

Development Expenditure met from Revenue :

Development Expenditure of Health Division.	1,429,673
Development Expenditure of Cosical Welfare Division	17,376
Development Expenditure of Special Education	72,000
Total	<u>1,519,049</u> -----

THE CHILDREN'S HOSPITAL
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
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EAST MEDICAL WARD STARTED IN OCT, 1986.

WEST MEDICAL WARD STARTED IN FEB. 1988.

TOTAL NO. OF ADMISSIONS.
MEDICAL WARD-I & MEDICAL WARD-II
(3,705)

<u>MEDICAL WARD-I</u>		<u>MEDICAL WARD-II</u>	
1989	-	1348	1989 - 1271
ca 1990		1246	1990 1386

THE CHILDREN'S HOSPITAL
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
ISLAMABAD.

REHABILITATION DEPARTMENT.

NO. OF PATIENT ATTENDED.

1986	2179
1987	5108
1988	4587
1989	4252
1990	4038
(Upto October)	

THE CHILDREN'S HOSPITAL
PAKISTAN INSTITUTE OF MEDICAL SCIENCES
ISLAMABAD.

RADIOLOGY DEPARTMENT.
STARTED JUNE, 1986.

NO. OF PATIENTS X-RAYED.

1986	4094
1987	12108
1988	18104
1989	20229
1990	22187
(Upto October)	

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PATHOLOGY DEPARTMENT.

NO. OF INVESTIGATIONS MADE.

1986	11493
1987	51298
1988	86895
1989	186060
1990	189839

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E.C.G DEPARTMENT.

E.C.G DEPARTMENT STARTED IN 1986.

TOTAL NO. OF E.C.G. CASES

1986	445
1987	1,485
1988	1,488
1989	1,618
1990	14,00
(Upto October)	

E N T	5395
Dental	4244
Eyes	4484

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IMMUNIZATION DEPARTMENT.

	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
B.C.G.	2168	3911	3900	2242	1296
D.P.T.	4478	8186	9868	9747	7606
POLIO	5705	9915	11710	9437	8289
D.T.	1099	1089	1142	666	195
T.T.	335	850	1333	1772	924
MEASLES	746	1305	1349	1227	1101
BOOSTER	448	890	1375	2924	2682
TOTAL:-	<u>14979</u>	<u>26146</u>	<u>30677</u>	<u>28015</u>	<u>22093</u>

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B L O O D B A N K.

TOTAL NO. OF DONATIONS IN 1988.

1988	1354
1989	1476
1990	1481

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ACCIDENT AND EMERGENCY DEPARTMENT.

STARTED ON JANURAY 1988.

TOTAL NO. OF PATIENTS ATTENDED
UPTO 1989 41,323.

1990	21861
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P.I.C.U. & N.I.C.U.

PICU STARTED IN JULY, 1988.
NICU STARTED IN OCTOBER, 1987.

TOTAL NO. OF ADMISSIONS IN
PICU AND NICU 244.

		<u>1990</u>
P.I.C.U.	387	385
N.I.C.U.	393	396
Isolation	-	448
Private	-	393
(April 90 to Oct 90)		

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SURGICAL WARD.

STARTED ON JUNE, 1987.

TOTAL NO. OF ADMISSIONS.

1987	239
1988	918
1989	1232
1990	1458

TOTAL NO. OF OPERATIONS.

1987	560
1988	914
1989	1094

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OUT PATIENT DEPARTMENT.

NO OF PATIENTS ATTENDED AT THE OUT
PATIENT RECEPTION COUNTER.

1985	126
1986	1,12,792
1987	1,68,116
1988	1,42,484
1989	1,13,057
Oct-1990	8,6607

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BASIC DATA.

1.	DATE OF COMMISSIONING	DECEMBER, 1985
2.	SITE AREA	59,20,000 Sft
3.	FLOOR AREA	01,40,000 Sft
4.	DATE OF CONSTRUCTION COMMENCEMENT	MARCH, 1983
5.	DATE OF COMPLETION	MARCH, 1985
6.	TOTAL NUMBER OF BEDS	230

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