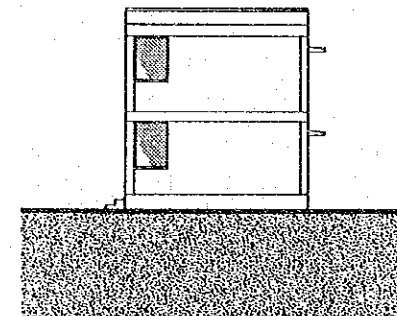
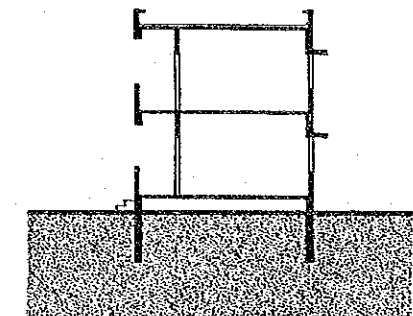


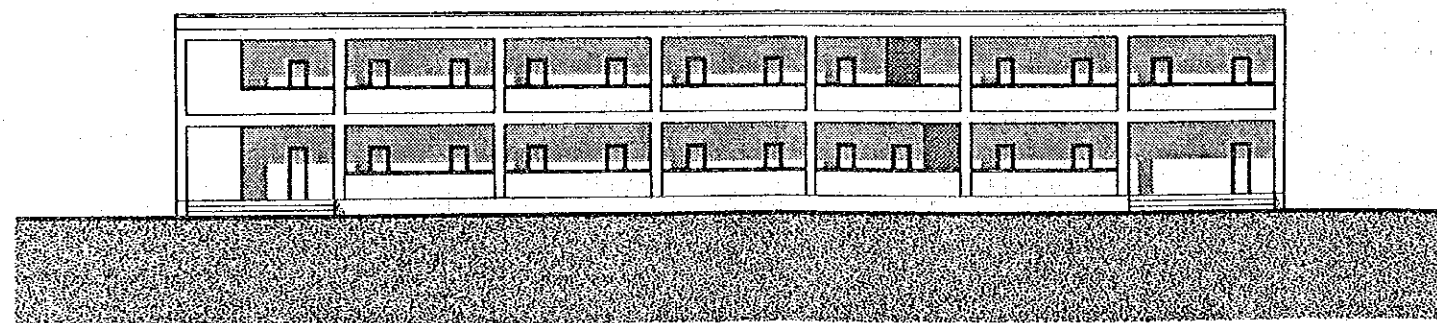
NORTH. ELEVATION



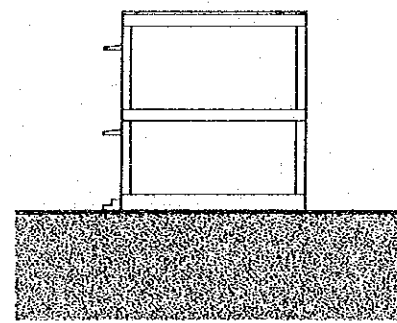
EAST ELEVATION



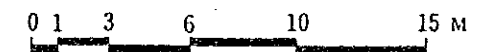
EAST SECTION



SOUTH ELEVATION



WEST ELEVATION



4-4 Implementation Plan

4-4-1 Implementation Policy

To implement of the project, both for the main center and the sub center, simultaneously, as requested by the the Bangladesh side, will result in an increase of the operational budget by 3.78 times. The number of staff members also needs to be increased by more than three times. This sharp increase will burden the government of Bangladesh.

Therefore, it has been decided that the project shall be implemented in two phases to assure the sound operation of MCHTI. Phase I includes the strengthening of the main center. Phase II will strengthen the sub center and its implementation will be decided after it is confirmed that the Bangladesh side allocates operational budget as well as personnel necessary for the operation of the sub center.

4-4-2 Construction Management Plan

(1) Project implementing system

The project will be implemented within the framework of the grant aid assistance system of the government of Japan. After the signing of the Exchange of Notes (E/N) by the government of Bangladesh and the government of Japan, and its verification by the government of Japan, grant aid assistance for the project will be commenced formally. The Directorate of Family Planning of the Ministry of Health and Family Welfare of Bangladesh is the agency responsible for the implementation of the project.

(2) Consultant for the Project

Immediately after the signing of the E/N by the governments of the two countries, the Directorate of Family Planning of the Ministry of Health and Family Welfare of Bangladesh will conclude a consultant contract concerning the detail design and the supervision of the

construction work with the Japanese consultant firm which participated in the basic design study of the project. In order to ensure the smooth implementation of the project, it is necessary to conclude the said consultant contract immediately after the signing of the E/N. After the consultant contract is verified by the government of Japan, the Japanese consultant firm will prepare detailed design drawings and specifications based on the contents of the basic design study report. Subsequent to obtaining approval of the detail design documents from the Directorate of Family Planning, the consultant will carry out tender assistance work and construction supervising work.

(3) Building contractor

A qualified Japanese construction company will be selected for each phase by tender. In principal, the Directorate of Family Planning will conclude a building work contract with the tenderer who submits the lowest tender, and will obtain verification of the contract from the government of Japan. The contractor shall complete the building work and turn over the facilities by the due date shown on the contract.

(4) Equipment contractor

A qualified Japanese trading company will be selected for each phase by tender. In principle, the Directorate of Family Planning will conclude a equipment procurement contract with the tenderer who submits the lowest tender, and will obtain verification of the contract from the government of Japan. The contractor shall complete the equipment procurement work and turn over the equipment by the due date shown on the contract.

4-4-3 Present State of the Local Construction Industry and Important Points to Note in Construction

(1) Present state of the local construction industry

1) Local consultant

Detail design requires the coordination of architectural design, structural design, electrical design, sanitary design, mechanical design and equipment design. In other words, it must be conducted by a group of architects and engineers with sufficient inter-communication. For this reason, it is considered difficult to commission a local consultant firm to participate in the detail design of the project.

2) Local contractors

Only three to four local contractors are considered eligible for large-scale construction projects in light of the general technical level. These large contractors have sufficient technical capabilities as well as an adequate quantity of machines and materials in stock and the ability to recruit the necessary number of construction workers. There will be no problem, therefore, utilizing these large local contractors as subcontractors for the construction of the project.

3) Construction materials

Materials for structural work except for deformed bars and structural steel can be procured locally. However, brick chips are generally used as aggregate in concrete in Bangladesh. As for finishing materials, only paints, terrazzo and wooden doors and windows can be procured locally in light of the production capacity of local suppliers and product quality. The government of Bangladesh restricts a importation of certain materials. This

restriction is applicable to grant aid projects as well. Followings are banned materials related to the project:

- Plastic sanitary appliances except for plastic bathtubs
- Carpets and rugs
- Sanitary ceramic ware except bathtubs
- Electric ceiling fans
- Fluorescent lamp stabilizers
- 100kVA-250kVA (11kVA/415) transformers
- 15-100W GLS lamps
- Fluorescent lamps which are 12 inches or more in length
- Insulators with a capacity of up to 33kVA
- single-phase wattmeters

Since the list is revised every three years, it is necessary to reconfirm the contents of the list when the project is implemented after 1994.

4) Procedure for applying for the building permit

Building construction on the proposed project sites, both in Azimpur and Mirpur, is subject to the examination and approval of the application for the building permit by RAJUK even though it is to be carried out under a grant aid project.

Documents required by RAJUK for application of the building permit are as listed below:

- Attested copy of land registration (indicating the name of the government ministry as landowner in the case of state land)
- Prescribed application forms
- Land use clearance form
- Design drawings (site plan, layout plan, floor plan, elevation, section, structural plan, etc.)

According to the local building regulation, building permits shall be issued within 30 days after the date of application. When incomplete or wrong entries are found in the application documents, the documents must be corrected and resubmitted. This will result in a delayed issuance of the building permit. In actuality, building permits are rarely issued within 30 days after the date of application. Usually they are issued several months after the date of application.

The important provisions of the local building regulation are the following:

- Restrictions on the building height according to the width of the front road.
- Parking space required from the size of the building
- Distance between the road and the building

The building regulation of Bangladesh has fewer provisions than that of Japan. However, other provisions are sometimes added as verbal instructions in the course of examination of the applications.

(2) Points to note in construction

1) Work of the Bangladesh side

The existing buildings on the proposed project sites must be removed by the Bangladesh side before construction work by the Japanese side can begin. The above ground portion of the existing buildings, if dismantled carefully, will leave many re-usable materials, thus offsetting the cost of their dismantle. The same cannot be said for the underground facilities, which, having

little utility value, will incur some cost. It is important for the Bangladesh side to recognize its responsibility for the complete (above and below grade) removal of the existing facilities within the specified time frame so that the Japanese side will not be delayed in commencing their construction activities. It is essential to relocate the main functions of the existing facilities prior to the demolition of the existing buildings.

The sewer pipe from the Directorate of Family Planning building runs in the premise of the main center. It must be relocated before the work by the Japanese side can begin.

2) Work of the Japanese side

Both project sites do not have sufficient area for its building area. It is necessary, therefore, to secure sites for the stock yard and the site office for the construction work well before the start of the construction work.

In Bangladesh, the rainy season lasts five months, from June to October, and the monthly average rainfall during the rainy season can be as large as 350mm. It is difficult to carry out the foundation work during the rainy season, and this should be taken into account in the construction schedule.

4-4-4 Construction Supervision Plan

The Japanese consultant firm will conclude a consultant contract with the competent authority of the government of Bangladesh in accordance with the grant aid program procedures of the government of Japan. Under the contract, the consultant will be responsible for the detail design and supervision of the construction work carried out under the project. The

main purposes of construction supervision are to ascertain whether the construction work is carried out in compliance with the contract documents and to ensure the quality of the construction work as well as proper performance of the provisions of the construction contract from an impartial point of view.

The consultant shall be responsible for the following activities:

(1) Assistance to tendering and construction contract

The consultant shall prepare all the tender documents necessary for the selection of the Japanese contractors to take charge of the construction work and the equipment work, and carry out the tender procedure, which includes announcement of tenders, acceptance of applications, prequalification, distribution of the tender documents and collection of tenders' documents. They shall also give advice to the competent authority of the government of Bangladesh on concluding the construction contract as well as the equipment procurement contract.

(2) Guidance, advice and coordination to the contractor

The consultant shall examine the construction schedule, the construction plan, the construction machinery/materials procurement plan, the medical equipment procurement plan and the medical equipment installation plan, and give guidance and advice to the contractors.

(3) Examination and approval of the shop drawings and the manufacturing drawings.

The consultant shall examine and approve the shop drawings, the manufacturing drawings and other necessary documents submitted by the contractors.

(4) Confirmation and approval of the building materials and the equipment

The consultant shall examine proposed building materials and equipment and determine whether they satisfy the contract documents.

(5) Inspection at manufacturers' factories

The consultant shall inspect the building materials and medical equipment at their manufacturers' factories in order to ascertain their quality and performance.

(6) Reporting on the progress of the construction work

The consultant shall observe the actual progress conditions of the construction work, and report back to both governments.

(7) Completion inspection and test operations

The consultant shall inspect the completed facilities and the installed equipment by making a test run for each piece of equipment in order to confirm that all facilities and equipment are in compliance with the provisions of the contract documents. The Consultant shall then submit inspection certificates to the Bangladesh side.

(8) Training in operation of the completed facilities and the installed equipment

Some equipment installed under the project will require basic knowledge of operation and maintenance. For this reason, it will be necessary for the personnel who are in charge of maintenance of facilities and equipment to receive on-site training in operation and maintenance techniques during the construction period. The consultant shall give guidance and advice concerning the training programs for this purpose.

Considering the scale of the project, to aid in carrying out the aforementioned tasks, the consultant will station an engineer on the construction site throughout the period of the implementation of this project (both Phase 1 and Phase 2). The consultant shall also dispatch the necessary number of engineers to the project sites for inspection,

guidance and coordination. At the same time, a backup organization consisting of engineers shall be established in Japan. The consultant shall report to the pertinent agencies of the Japanese government on the progress of the project, the payment procedures, the completion of the facilities and the installation of the equipment.

Fig.4-6 gives an outline of the proposed construction supervision structure.

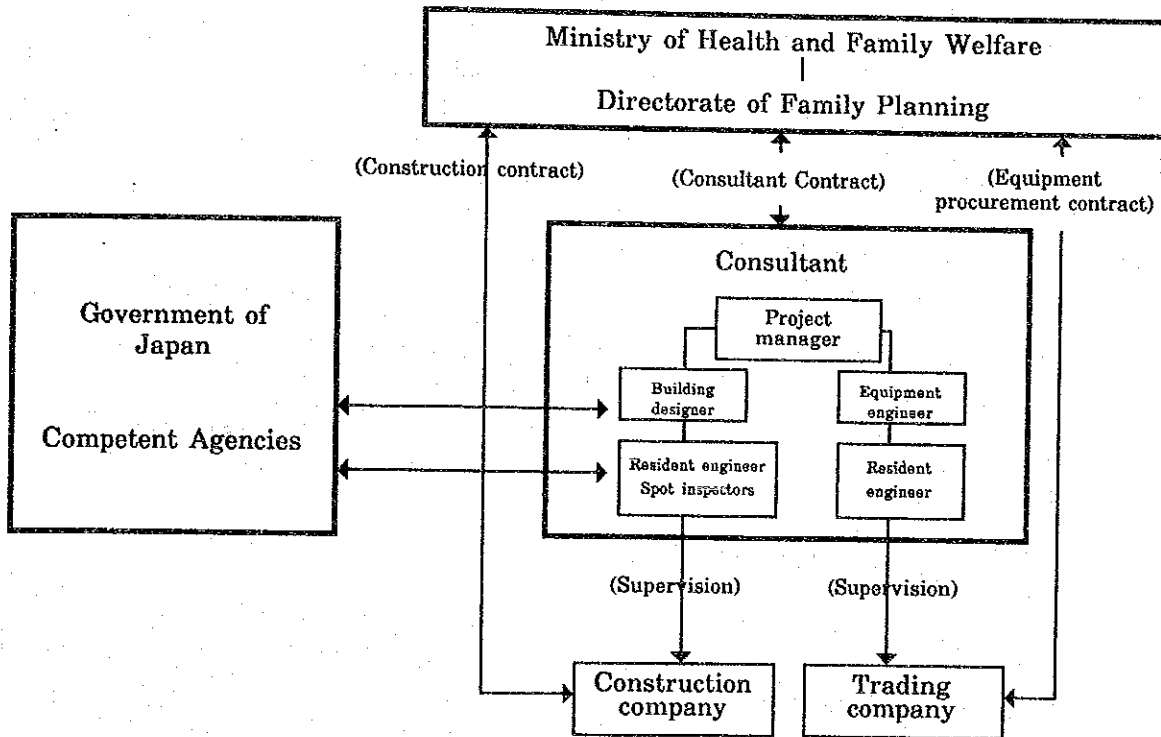


Fig. 4-6 Supervision organization

4-4-5 Material Procurement Plan

(1) Material Procurement Criteria

When procuring the appliances and materials for the construction of the facilities, the followings shall be noted:

1) Local procurement

To facilitate the repairs and maintenance of the facilities, primarily local construction materials shall be selected. In this case, each material should be ordered after the current level of its supply is confirmed in order not to cause a delay in the construction work.

2) Imported materials

If the locally procurable materials are considered to be of poor quality or in short supply, corresponding Japanese-made materials shall be imported. In this case, the contractor shall keep in close contact with the competent agencies of the government of Bangladesh upon importation of them in order to ensure that all the necessary procedures are followed without delay.

3) Unit prices of materials

The unit price for the importation of material (including packing, transportation and insurance costs) should be compared with that for its local procurement. If the unit price for its local procurement is judged to be lower than or nearly equal to that for its importation, it should be procured locally.

(2) Material Procurement Plan

The following material procurement plan was worked out in accordance with the above-mentioned criteria.

Table 4-8 Country for procurement of main construction materials

Portion	Name of material	Country to procure	Quality			Remarks
			Good	Ave.	Poor	
Structural	Concrete	Bangladesh		○		Quality is not even due to site mixing. Brick chips is used as aggregate.
	Steel bar	Japan	○			Only round bar is available in Bangladesh. In the project deformed bar shall be used.
Exterior finishing material	Brick	Bangladesh	○			Common in Bangladesh. Quality and workmanship is no problem.
Roof	Lime terracing	Bangladesh		○		Popular waterproofing method in Bangladesh. Waterproofing performance is no problem.
Doors and Windows	Aluminum	Japan	○			Aluminum doors and windows available in Bangladesh is only Thai made. And quality of it is poor.
	Wood	Japan	○			At manufacturing stage, termite treatment and hardware position need to be inspected.
Floor finishing	Terrazzo	Bangladesh	○			Common in Bangladesh.
	Ceramic tile	Japan	○			Applied for tiles.
Wall finishing material	Texture paint	Japan	○			To expand repaint span, durable material shall be used.
Ceiling finishing material	Mineral acoustic board	Japan	○			Used to prevent echo in rooms where hard materials are used for floor and wall.
	Calcium silicate board	Japan		○		Applied for portions where humidity is problem. Water resisting performance is high.
Other	Valves	Japan	○			In consideration of durability, Japan made is used.

(3) Equipment procurement plan

Various foreign-made items of medical equipment can be procured locally. Items imported from Japan shall be selected in consideration of product quality and price. However, those items which require technical expertise in operation and maintenance as well as the supply of consumables, shall be supplied by manufacturers who have distributors and maintenance systems in Bangladesh. All the other equipment should be locally manufactured ones or foreign made equipment available in Bangladesh.

Since medical equipment can be vulnerable to shocks, humidity and high temperatures, close attention should be paid to their packing and transportation. For these pieces of equipment, a moisture-proof packing should be employed so that they may withstand the transportation conditions in a tropical zone.

4-4-6 Project Implementation Schedule

After the signing of the Exchange of Notes by the government of Japan and the government of Bangladesh, the project will be implemented in three stages: detail design; tender and construction; equipment procurement/installation work.

(1) Detail design

After the conclusion of a consultant contract with the competent agency of the government of Bangladesh, the consultant firm, subject to its verification by the government of Japan, shall start the detail design work. Detail design includes the preparation of design documents such as detailed drawings, specifications, and tender documents on the basis of the contents of this basic design study report. The consultant shall discuss the contents of the facilities and equipment with the Bangladesh side upon preparation of design documents, and shall gain approval from the Bangladesh side. The time required to complete this procedure is estimated at five months, for both Phase 1 and Phase 2.

(2) Tender

The contractors to take charge of Phase 1 (a Japanese general contractor and a Japanese trading company) will be selected through a public tender. Tender procedure includes public announcement of the tender, collection of applications, prequalification of participants, issue of tender documents, opening of tenders, evaluation of tenders, designation of the contractors, and conclusion of the construction

contract. It will take about one and a half months to complete this procedure. The contractor to take charge of Phase 2 (a Japanese general contractor and a Japanese trading company) will be selected in accordance with a similar procedure. It will take about six weeks to complete the procedure in Phase 2.

(3) Construction and equipment procurement/installation work

The construction and equipment procurement/installation work will begin after the construction contracts are verified by the government of Japan. Judging from the scale and contents of the proposed facility, and the situation of the local construction industry and the in efficiency of construction work during the rainy season, it will take about 18 months to complete Phase 1 on assumption that no inevitable accidents occur during this period of construction work. It will take about 18 months to complete Phase 2 assuming that construction work will proceed under similar conditions.

The overall implementation schedule, from signing the Exchange of Notes to the completion of the entire project, is shown in the following table.

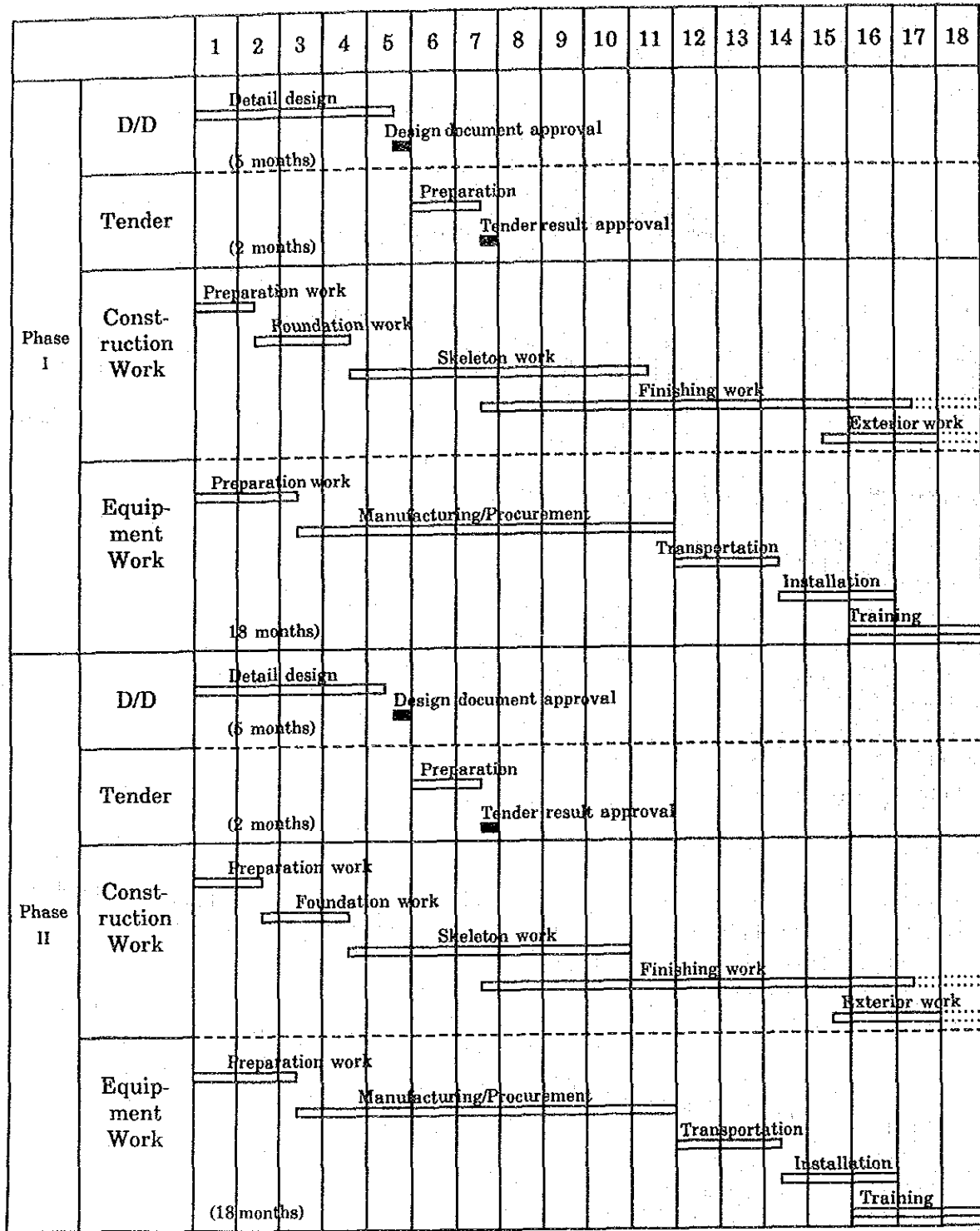


Fig. 4-7 Project Implementation Schedule

4-4-7 Scope of work

(1) Scope of work

This project is to be implemented through close collaboration between the government of Bangladesh and the government of Japan within the framework of grant aid assistance from the government of Japan. The scope of work to be carried out by each side is as follows:

1) Scope of work by the government of Japan

- Facilities
 - Banking work of the project site for the sub center
 - Construction of the buildings as described in this basic design study report
 - Electrical, mechanical and sanitary works for these buildings
- Equipment
 - Procurement of the equipment listed in this basic design study report
 - Installation of this equipment
- Infrastructure
 - Low tension power line from the substation which shall be installed by the Bangladesh side.
 - Plumbing work within the project site excluding city water lead-in line and water meter which shall be installed by the Bangladesh side.
 - MDF and telephone facilities within the project site excluding central office line
- Exterior work
 - Service road and parking lot within the premise, and courtyards
 - Septic tanks for the sub center
 - Outdoor lighting

- Transportation and other related works
 - Packing, insurance, loading, marine transportation, unloading, and inland transportation of equipment and materials necessary for the Japanese work.
- 2) Scope of work by the government of Bangladesh
 - Site preparation
 - Securing the sites for the project
 - Removal of existing buildings and obstacles, preparation of the project sites
 - Preparatory work for construction
 - Provision of the sites for the site office, workshops and material stock yard
 - Supply of temporary electricity, telephone lines and water
 - Facilities
 - The buildings not included in the work of the government of Japan
 - Temporary facilities necessary for routine services during construction time
 - Infrastructure (including payments for the following work)
 - High tension power supply line and substation
 - Telephone Central Office Line up to MDF
 - City water lead-in pipe and water meter
 - Connecting work of the private drainage to the public drainage facilities
 - Exterior work
 - Fences, gate doors and planting
 - Fittings and furniture
 - Fittings and furniture other than those to be supplied by the government of Japan
 - Miscellaneous procedure and its costs

- To conclude a banking arrangement (B/A) with an authorized Japanese foreign exchange bank and to bear the necessary commissions to the bank
- To issue necessary authorization to pay (A/P) and to bear the necessary payment commissions for A/P
- All taxes on the customs clearance, port charge, unloading and inland transportation of the imported building materials and equipment
- Prompt actions related to customs clearance and inland transportation
- Necessary measures for exempting the Japanese nationals engaged in the project from internal taxes, value added tax and other fiscal levies in accordance with the verified contract
- Provision of every facility to the Japanese nationals engaged in the project under the verified contract for their entry into and stay in Bangladesh
- Formalities of and expenses for obtaining building permits
- Maintenance and operational expenses for the facilities and the equipment
- Other expenses beyond the scope of Japanese grant aid cooperation

(2) Estimated project costs to be borne by the government of Bangladesh

Phase 1

- Temporary move 120,000 TK
(to the temporary facility and move in to the new facility)
- Temporary facility rental fee 1,200,000 TK
- Site preparation work
 - Removal of existing buildings and obstacles, site leveling 3,000,000 TK
 - Relocation of sewer pipe running from the Directorate of Family Planning building 100,000 TK
- Temporary infrastructure supply work for the construction

- Power supply work	160,000 TK
- Telephone line supply work (not needed since existing telephone lines can be used)	
- Water supply work	250,000 TK
• Permanent infrastructure supply work	
- Power supply work	500,000 TK
- Telephone line supply work	400,000 TK
- City water supply work (not needed if temporary city water can be used)	
- Gas supply	100,000 TK
• Exterior work	
- Fences, gutter and planting	250,000 TK
• Curtain, bedclothes for patients, misc. consumables	250,000 TK
<hr/>	
Total	6,330,000 TK

• Other than the items listed above, following expenses shall be borne by the Bangladesh side.

- Formalities of obtaining building permit
- Customs duties on imported appliances and materials
- Banking arrangement and other related charge
- Internal taxes, value added tax and other fiscal levies

Phase 2

- Temporary move 6,000 TK
- Site preparation work
 - Removal of existing buildings and obstacles, Site preparation 570,000 TK
- Preparatory work

- Power work	160,000 TK
- Telephone line supply work (not needed since existing telephone can be used)	
- Water connection work	70,000 TK
● Permanent infrastructure work	
- Power supply work	500,000 TK
- Telephone line supply work	360,000 TK
- City water supply work (not needed if temporary city water can be used)	
- Gas supply work	100,000 TK
● Exterior work	
- Fences, gutter and planting	500,000 TK
● Curtain, bedclothings, misc. consumables	200,000 TK
<hr/>	
Total	2,466,000 TK

- Other than the items listed above, following expenses shall be borne by the Bangladesh side.

- Formalities of obtaining building permit
- Customs duties on imported appliances and materials
- Banking arrangement and other related charge
- Internal taxes, value added tax and other fiscal levies

The government of Bangladesh is required to allocate necessary budget as mentioned above and to complete their scope of works at the relevant time.

CHAPTER 5 EXPECTED EFFECTS OF THE PROJECT AND CONCLUSION

CHAPTER 5 EXPECTED EFFECTS OF THE PROJECT AND CONCLUSION

(1) Expected Effects of the Project

The following table shows positive effects and improvements caused by the project when Phase I and Phase II of the project are completed and the facilities are maintained and managed properly by the government of Bangladesh.

Table 5-1 Effects and Improvements Expected from the Project

Present state and problems	Measures to be taken in the project	Expected effects and improvements
At present, the population of Dhaka's metropolitan area is 20 times as large as in 1953 when MCHTI was founded. But the number of midwifery facilities has not increased accordingly. As a result, the ratio of institutional delivery is still low.	The number of beds for the main center is to be increased from 100 to 200, and from 15 to 150 for the sub center.	Noninstitutional deliveries can be reduced from 32405 to 28105 in the Dhaka metro-politan area. An increase in the number of beds for the sub center will result in an increase in the rate of institutional delivery in Mirpur district, a new residential section suffering from a shortage of midwifery facilities.
MCHTI's existing facilities have not been expanded or repaired since its founding. Each facility is overcrowded with outpatients.	Facilities suitable for the numbers of outpatients, inpatients and staff members will be constructed.	
In order to reduce the infant mortality rate and maternal mortality rate, it is necessary to increase the number of FWVs and TBAs and at the same time improve the quality of their services. But this goal has not been attained due to a shortage of necessary facilities.	To draw up a training plan which meet the governments policy. Facilities necessary for achievement of the plan will be constructed.	The improvement and expansion of the main center's facilities will result in an improvement in its quality of MCH service functions as well as in the quality of its training programs. The improvement and expansion of the sub center's facility will lead to an expansion of its training programs.
At present, MCHTI has only one training room. Its existing examination rooms are so small that it is difficult for the trainees to observe medical examinations there.	Facilities suitable for the contents of training programs will be constructed.	
In Bangladesh, average delivery number for each woman as well as maternal mortality rate is high. To improve this condition, educating women is indispensable as well as improving MCH services.	To regard the project as a WID project, women are regarded not only beneficialities but also active participants in the project.	To increase trained MCH/FP female personnel such as FWV, TBA will enhance women's education. It will contribute to reducing average number of child birth for each woman. Consequently, women's status in each family will be improved.

(2) Appropriateness of the Implementation of the Project

The feasibility of the project of MCHTI is examined in terms of management plan, budgetary allocation and maintenance plan.

1) Management plan

MCHTI is operated under the control of the Directorate of Family Planning of the Ministry of Health and Family Welfare of Bangladesh. The Azimpur main center currently has a staff of 170 which will be increased by 123 through the implementation of the project for a total of 293. The main center's activities at the new facility will basically be the same as those currently carried out at its existing facility - the objective of the project is to expand and improve the existing functions. It is assumed, therefore, that its present 170 staff members are well experienced in the field of activities conducted in the new facilities. Out of the additional 123 staff members, 38 will be qualified officers. They consist of 30 Class I officers who will be appointed by the Minister of Health and Family Welfare and 8 Class II officers who will be appointed by the Director General of the Directorate of Family Planning. Since newly hired personnel shall not be assigned to MCHTI, those officers are to be transferred from other institutions instead of being newly recruited. Therefore, acquisition will be no problem. However, all the additional staff members should be assigned to the main center to follow the schedule as shown in Fig. 5-1.

The Lalkuthi sub center is to have a staff of 240. Out of 240, 49 are qualified officers. They consist of 41 Class I officers who will be appointed by the Minister of Health and Family Welfare, and 8 Class II officers who will be appointed by the Director General of the Directorate of Family Planning. Those 49 officers will be transferred from other institutions instead of being newly

recruited. Since the sub center will be operated by those new staff members, it is necessary that they should take on-the-job training at the main center to acquire sufficient practical knowledge and experience before they are assigned to the sub center. Therefore, they must be assigned to follow the schedule as shown in Fig. 5-1. Implementation of Phase II shall be decided after it is confirmed that the personnel plan is implemented as scheduled.

At present, the Ministry of Health and Family Welfare has 9118 sanctioned positions for class I personnel, and 90% of them are occupied. The ministry need to recruit 30 class I personnel and 41 class I personnel upon implementation of Phase I and Phase II of the project respectively. Though 30 number and 41 number occupy 0.3% and 0.45% of total class I personnel of the Ministry respectively, personnel plan of the Ministry shall be well organized not to cause inconvenience to other institutions as well as not to lower occupancy ratio of the sanctioned position.

Regarding class II personnel, the Ministry has 1258 sanctioned positions and 66.5% of them are occupied. Upon implementation of Phase I and Phase II of the project, the Ministry need to recruit 8 class II personnel for each phase which occupies 0.6% of the total class II personnel of the Ministry. Since the occupancy ratio of class II is relatively low, special attention shall be placed for recruitment of them.

Fig. 5-1 shows assignment schedule for Phase I and Phase II of the project.

Phase I (Azimpur Main Center)

Class	Position	Nos.	Months prior to inauguration														
			12	11	10	9	8	7	6	5	4	3	2	1	0		
I	Director	1															
	Deputy Director	1															
	Training coordinator	1															
	Senior consultant	3															
	Assistant Director	1															
	Registrar	4															
	Medical officer	9															
	Ultrasonogram specialist	2															
	Pathologist	1															
	Blood bank officer	1															
	M.O. Clinical instructor	1															
	Engineer	1															
	Medical officer (Training)	3															
	Senior matron	1															
		Total	30														
II	Supervising staff nurse	6															
	Statistician	1															
	Junior matron	1															
		total	8														
III	Sister tutor	2															
	O.T. sister	7															
	Stenographer	1															
	Head assistant	1															
	Senior staff nurse	10															
	FWV	20															
	Storekeeper	2															
	A/V operator	1															
	Typist cum clerk	1															
	LDA cum typist	3															
	Record keeper	1															
	Driver	3															
	Total	52															
IV	Ward boy	4															
	Guard	3															
	Sweeper	10															
	AYA	12															
	MLSS	3															
	Cash shaker	1															
		Total	33														
	Grant total	123															

Phase II (Lalkuthi Sub center)

Class	Position	Nos.	Months prior to inauguration													
			12	11	10	9	8	7	6	5	4	3	2	1	0	
I	Deputy superintendent	1														
	Deputy director	1														
	Training coordinator	1														
	Senior consultant	4														
	Assistant director	1														
	Registrar	4														
	Medical officer	12														
	Ultrasonogram specialist	2														
	Assistant surgeon	4														
	Pathologist	1														
	Blood bank officer	1														
	M.O. Clinical instructor	1														
	Anesthetist	1														
	Engineer	1														
	Medical officer (Training)	3														
	Senior matron	1														
	Medical social worker	1														
Nutrition officer	1															
	Total	41														
II	Supervising staff nurse	5														
	Administrative officer	1														
	Statistician	1														
	Junior matron	1														
	Total	8														
III	Sister tutor	6														
	O.T. sister	5														
	Stenographer	1														
	Head assistant	1														
	Accountant	1														
	Senior staff nurse	14														
	Pharmacist	2														
	FWV	40														
	Storekeeper	3														
	U.D. assistant	1														
	Cashier	1														
	Lab. assistant	1														
	A/V operator	1														
	Steward	1														
	Typist cum clerk	1														
	LDA cum typist	5														
Record keeper	1															
Driver	6															
House keeper	1															
	Total	92														
IV	Cook	5														
	Male attendant	4														
	Ward boy	4														
	Guard	12														
	Sweeper	31														
	AYA	34														
	MLSS	8														
	Cash shaker	1														
	Total	99														
Grant total		240														

Fig. 5-1 Assignment schedule

2) Budgetary allocation

It is estimated that the operational budget of MCHTI will increase from 10,079,012 TK to 38,096,167 TK if the existing facilities of both the main center and the sub center are to be improved at one time as requested by the government of Bangladesh. Since the government of Bangladesh will allocate a total of 70,000,000 TK for the project over the next four years, it may be financially possible to implement the entire strengthening project at one time. However, the size of the budget allocated for the project after the lapse of the four years has not been certain. Therefore, it would be inadvisable to implement the project as the Bangladesh side requested from the stand point of sustainable, smooth operation of MCHTI. For this reason, it is concluded that the project is to be divided into two phases. Phase I for the main center and Phase II includes strengthening the sub center. The operating budget after the completion of Phase I is estimated to be 20,523,560 TK which is about 2.04 times bigger than the present budget of MCHTI. Therefore, it is not difficult to receive the sustainable allocation of that amount of budget and also can be covered by the above mentioned special budget. And it is estimated another 18,000,000 TK is needed when the Phase II is completed. Implementation of Phase II of the project shall be decided after it is confirmed that the necessary budget is allocated by the Bangladesh side.

3) Maintenance and operation plan

The project is planned in a manner that makes it easy for the Bangladesh side to maintain the facilities and equipment. In the building design, priority is given to high durability and availability upon selection of construction materials. In the equipment procurement plan, a particular emphasis is placed on the maintenance capability of local agencies when selecting equipment

which require technical expertise.

Therefore, life span of the facilities and equipment can be lengthened to conduct daily inspection. For this purpose, maintenance personnel shall be assigned even during construction to acquire sufficient knowledge for simple repair and troubleshooting.

(3) Conclusion

As stated above, it is expected that the implementation of the project will make great contributions to the enhancement of the quality of the MCH/FP services in Bangladesh. Furthermore, it is possible to ensure a more efficient operation of MCHTI by dividing the project in two phases. It has been decided to implement Phase II of the project after it is confirmed that sufficient budget and personnel are allocated by the Bangladesh side.

(4) Recommendations

The following recommendations are made for the prompt realization of the project and successful operation of MCHTI:

1) Prompt arrangement by the Bangladesh side

The project is to be implemented within the framework of Japanese grant aid cooperation, and therefore there are some time restrictions on its implementation. For this reason, it is necessary that the government of Bangladesh take prompt actions concerning signing of the Exchange of Note and the consultant contract, approval of the detailed design documents prepared on the basis of the contents of the basic design study report, and the signing of the construction contracts etc.

2) Smooth implementation of the Bangladesh side work

The Japanese basic design study team has already explained the framework of Japanese grant aid cooperation to the Bangladesh counterparts, and therefore Bangladesh side works for the project will be implemented properly. However, it shall be assured that the government of Bangladesh take budgetary measures at the necessary time for this project relative to its fiscal year. Especially important is the necessity for the Bangladesh side to complete the work of removing the existing buildings, site preparation, acquisition of building permits, and the temporary power/ telephone/water supply before the Japanese side work is started. The budget to cover the customs duties on imported equipment and materials must be secured before the start of the project. The water supply work must be completed at least four months prior to the completion of the facilities for the tests and trial operations of the newly procured facilities and equipment.

3) Appropriate personnel plan

As stated above, the government of Bangladesh has already secured a special budget for the project. Necessary number of staff members can be appointed with the budget. Therefore, it is desired that the Bangladesh side shall implement assignment plan of all necessary staff members as shown Fig. 5-1. On the other hand, the sharp increase in the number of staff members should not lead to a decline in the quality of the services. It is desirable, that the personnel plan be executed properly based on Fig. 5-1 and that the additional staff members be trained for their new tasks to maintain the quality of MCHTI.

4) Maintenance and operation

As stated above, in order to lengthen life span of facilities and equipment, systematical maintenance is indispensable. Therefore,

it is desired that the Bangladesh side keep periodical maintenance record such as daily, weekly and monthly to grasp updated condition of facilities and equipment as well as stock condition of spare parts.

5) Budgetary appropriations

The project will become feasible only when the work of the Bangladesh side is carried out properly, as stated above. It is necessary, therefore, for the government of Bangladesh to secure the budget as described in "4-4-7 Scope of Work" when it is needed in order to prevent any delay in the implementation of the project. It is desirable that the Bangladesh side take every necessary budgetary measure on the basis of the estimate as shown in "3-3-5 Maintenance and Operation Plan" not to cause any serious hindrance to the operation of MCHTI.

ANNEX

1. Member List of Basic Design Study Team

(1) Basic Design Study (January 10 ~ February 14, 1992)

Dr. Takashi Wagatsuma	Team Leader	Director Department of International Cooperation National Medical Center Hospital Ministry of Health and Welfare
Dr. Hiromi Ohto	Maternal and Child Health Planner	Department of International Cooperation National Medical Center Hospital Ministry of Health and Welfare
Ms. Noriko Suzuki	Grand Aid Planner	First Basic Design Study Division, Grant Aid Study and Design Dept., Japan International Cooperation Agency (JICA)
Mr. Munetake Sugano	Project Manager, Architect	Yamashita Sekkei Inc.
Mr. Fumio Arai	Architectural Design Architect	〃
Mr. Masayoshi Masuzawa	Mechanical & Sanitary Engineer	〃
Mr. Kazuhiro Abe	Facility Engineer Operation and Management Specialist	〃
Mr. Shigetaka Tojo	Medical Equipment Specialist	〃
Mr. Kunihiko Inadome	Quantity Surveyor	〃

(2) Explanation of Draft Final Report (May 25 ~ June 3, 1992)

Dr. Katsuhiko Yoshitake	Team Leader	Department of International Cooperation National Medical Center Hospital Ministry of Health and Welfare
Dr. Hiromi Ohto	Maternal and Child Health Planner	Department of International Cooperation National Medical Center Hospital Ministry of Health and Welfare
Ms. Noriko Suzuki	Grand Aid Planner	First Basic Design Study Division, Grant Aid Study and Design Dept., Japan International Cooperation Agency (JICA)
Mr. Munetake Sugano	Project Manager, Architect	Yamashita Sekkei Inc.
Mr. Fumio Arai	Architectural Design Architect	〃
Mr. Kazuhiro Abe	Facility Engineer Operation and Management Specialist	〃
Mr. Shigetaka Tojo	Medical Equipment Specialist	〃

2. Study Schedule

(1) Basic Design Study Team (January 10 ~ February 14, 1992)

No.	Date	Schedule
1	Jan. 10 (Fri)	● Lv. Tokyo (Mr. Sugano, Mr. Arai, Mr. Masuzawa, Mr. Abe, Mr. Tojo, Mr. Inadome) Ar. Bangkok (Transit)
2	11 (Sat)	● Lv. Bangkok (Mr. Sugano, Mr. Arai, Mr. Masuzawa, Mr. Abe, Mr. Tojo, Mr. Inadome) Ar. Dhaka
3	12 (Sun)	● Meeting at JICA office, Meeting at Ministry of Health and Family Welfare (MOHFW), Meeting at MCHTI (Azimpur), Survey of construction and equipment industry.
4	13 (Mon)	● Submission of Questionnaires and Inception report to the Directorate of Family Planning (DFP), MOHFW. Survey of the proposed construction site (Lalkuthi)
5	14 (Tue)	● Meeting at MCHTI (Azimpur), Survey of local condition (PWD, PDB, DESA, Local construction companies)
6	15 (Wed)	● Meeting at NIPSOM, Meeting at FWVTI, Meeting at NPORT, Survey of local condition (TITAS GAS, DWASA, T & T)
7	16 (Thu)	● Meeting at MCHTI (Azimpur), Survey of Narayanganj Hospital, Courtesy call on the Embassy of Japan
8	17 (Fri)	● Review of the collected data, Team meeting Lv. Tokyo (Dr. Wagatsume, Dr. Ohto, Ms. Suzuki) Ar. Bangkok (Transit)
9	18 (Sat)	● Meeting at MCHTI (Azimpur), Survey of Central Warehouse, Survey of local condition (Meteorological Agency) Lv. Bangkok (Dr. Wagatsume, Dr. Ohto, Ms. Suzuki) Ar. Dhaka
10	19 (Sun)	● Meeting at MCHTI (Azimpur), Meeting at DFD, Survey of local condition (DESA)
11	20 (Mon)	● Meeting with World Bank, WHO and GTZ at JICA office, Meeting at DFP, Survey of Infrastructure (T & T, TITAS GAS)
12	21 (Tue)	● Meeting at MCHTI (Azimpur), Meeting at RAJUK

No.	Date	Schedule
13	Jan. 22 (Wed)	• Survey of Radda Barnen, Survey of Dhaka Shishu Hospital, Meeting at MCHTI, Meeting at Fire Department, survey of local condition (construction materials)
14	23 (Thu)	• Meeting with Coordination committee at MOHFW
15	24 (Fri)	• Review of the collected data, Team meeting
16	25 (Sat)	• Meeting at MCHTI, Survey of local condition (Local construction company)
17	26 (Sun)	• Meeting with World Bank, WHO and GTZ at JICA office, Meeting at DFP on Minutes of Discussion, Survey of proposed construction site (Lalkuthi)
18	27 (Mon)	• Signing of Minutes of Discussion at MOHFW, Report the results to JICA office and Embassy of Japan, Survey of Exchange rate
19	28 (Tue)	• Meeting at MCHTI, Lv. Dhaka (Dr. Wagatsuma, Dr. Ohto, Ms. Suzuki, Mr. Masuzawa, Mr. Inadome) Ar. Bangkok
20	29 (Wed)	• Survey of Mohammadpur Fertility Service & Training Center, Survey of FWVTI, Review of the collected data Lv. Bangkok (Dr. Wagatsuma, Dr. Ohto, Ms. Suzuki, Mr. Masuzawa, Mr. Inadome) Ar. Tokyo
21	30 (Thu)	• Survey of Narayanganj Hospital, Review of the collected data
22	31 (Fri)	• Review of the collected data
23	Feb. 1 (Sat)	• Survey of Salimullah Medical Collage & Hospital, Meeting at DFP
24	2 (Sun)	• Meeting at MCHTI, Team meeting, Review the collected data
25	3 (Mon)	• Report the results to JICA, Meeting at MCHTI, Meeting at DFP, Survey of IPGMR
26	4 (Tue)	• Meeting at DFP, Survey of TEMD, Survey of NEMEMW, Survey of proposed construction site (Lalkuthi)
27	5 (Wed)	• Meeting at DFP, Survey of Dhaka Shishu Hospital, Meeting at MCHTI, Survey of proposed construction site (Azumpur), Survey of local condition (Medical equipment)

No.	Date	Schedule
28	Feb. 6 (Thu)	• Survey of local condition (Market), Survey of Narayanganj Hospital and Dhaka Shishu Hospital, Meeting at MCHTI, Survey of proposed construction site (Azimpur)
29	7 (Fri)	• Review of the collected data
30	8 (Sat)	• Survey of existing Japanese grant aid project Meeting at MCHTI, Survey of local condition (General matter)
31	9 (Sun)	• Meeting at MCHTI, Meeting at DFP
32	10 (Mon)	• Meeting at MCHTI, Meeting at RAJUK, Meeting at DFP
33	11 (Tue)	• Meeting at MCHTI, Survey of NIPORT, Survey of local condition (General matter)
34	12 (Wed)	• Report the results to JICA office and Embassy of Japan, Meeting with coordination committee at MOHFW.
35	13 (Thu)	• Lv. Dhaka (Mr. Sugano, Mr. Arai, Mr. Abe, Mr. Tojo) Ar. Bangkok (Transit)
36	14 (Fri)	• Lv. Bangkok (Mr. Sugano, Mr. Arai, Mr. Abe, Mr. Tojo) Ar. Tokyo

(2) Explanation of Draft Final Report (May 25 ~ June 3, 1992)

No.	Date	Schedule
1	May 25 (Mon)	● Lv. Tokyo (Dr. Ohto, Ms. Suzuki, Mr. Sugano, Mr. Arai, Mr. Abe, Mr. Tojo) Ar. Bangkok (Transit)
2	26 (Tue)	● Lv. Bangkok (Dr. Ohto, Ms. Suzuki, Mr. Sugano, Mr. Arai, Mr. Abe, Mr. Tojo) Ar. Dhaka Meetign at Embassy of Japan
3	27 (Wed)	● Meeting at JICA office, Meeting at ERD, Meeting at MOHFW, Meeting at MCHTI, Meeting at DOFP
4	28 (Thu)	● Meeting at MCHTI Lv. Tokyo Ar. Bangkok (Dr. Yoshitake)
5	29 (Fri)	● Lv. Bangkok Ar. Dhaka (Dr. Yoshitake) Team meeting
6	30 (Sat)	● Meeting at ERD, Meeting at DOFP, Meeting at MCHTI
7	31 (Sun)	● Meeting on Minutes of Discussion at MOHFW Meeting at World Bank
8	June 1 (Mon)	● Survey of proposed construction site (Lalkuthi) Signing of Minutes of Discussion at MOHFW
9	2 (Tue)	● Lv. Dhaka (Dr. Yoshitake, Dr. Ohto, Ms. Suzuki, Mr. Sugano, Mr. Arai, Mr. Abe, Mr. Tojo) Ar. Bangkok
10	3 (Wed)	● Lv. Bangkok (Dr. Yoshitake, Dr. Ohto, Ms. Suzuki, Mr. Sugano, Mr. Arai, Mr. Abe, Mr. Tojo) Ar. Tokyo

3. Member List of Concerning Party in Bangladesh

(1) Ministry of Health and Family Welfare

Mr. Chowdhury Kamal Ibne Yusuf	(Minister)
Mr. Serajul Huq	(Deputy Minister)
Mr. M. Mokammel Haque	(Secretary)
Mr. Syed Ahmed	(Secretary)
Dr. K. M. Fariduddin	(Additional Secretary)
Mr. Fazlur Rahman	(Joint Secretary)
Dr. M. Khalilullah	(Joint Secretary)
Mr. A. M. Alimuzzaman	(Joint Secretary)
Mr. S. A. Shahid	(Joint Secretary)
Mr. B. R. Khan	(Deputy Secretary)
Dr. Samsul Islam	(Director PHC)
Mr. Akhtaruzzaman	(Director Logistics & Supply)
Mr. Azizul Karim	(Deputy Chief)
Mr. Abul Khair Chowdhury	(Assistant Chief)

(2) Directorate of Family Planning

Mr. Md. Najmul Huq	(Director General)
Mr. A. K. M. Rafiquzzaman	(Director General)
Dr. Md. Aminul Islam	(Director)
Dr. Jahir Uddin Ahmed	(Deputy Director)
Dr. Md. Ziaul Karim	(Assistant Director)
Dr. Nasir Uddin	(Assistant Director)
Dr. Momena Khatun	(Assistant Director)
Dr. Jafar Ahmad Hakim	(Assistant Director)

(3) Maternal and Child Health Training Institute (MCHTI)

Dr. Razia Begum	(Superintendent)
Dr. Rahima Ali	(Sr. Consultant)
Dr. Anwara Khatun	(Sr. Consultant)
Dr. Suphia Begum	(Former Superintendent)
Ms. Mashura Hossain	(Medical Social Worker)
Mr. Kazi Faizul Mohee	(Administrative Officer)

- | | | |
|------|---|---------------------------|
| | Mr. Syed Hamidul Hoque | (Accountant) |
| (4) | Economic Relations Division, Ministry of Finance | |
| | Mr. Khondkar Abul Hossain | (Deputy Secretary) |
| | Mr. Md. Rafiqul Islam | (Assistant Chief) |
| (5) | World Bank | |
| | Dr. Philip Gowers | (MCH Specialist) |
| | Dr. A. I. Begum | (MCH Consultant) |
| (6) | German Technical Cooperation (GTZ) | |
| | Mrs. Margaret Leppard | (MCH Consultant) |
| (7) | World Health Organization (WHO) | |
| | Mr. Janusz J. Kretowicz | (Medical Officer) |
| (8) | Public Works Department | |
| | Mr. K. A. M. Shahiduzzan | (Executive Engineer) |
| | Mr. S. M. Hannan | (Executive Engineer) |
| | Mr. S. D. M. Quanruz Alam Chowdhury | (Executive Engineer) |
| | Mr. Md. Wahidul Alam | (Sub-Divisional Engineer) |
| (9) | Central Warehouse | |
| | Dr. A. T. M. Fazlur Rahman Khan | (Additional Director) |
| | Mr. A. T. M. Refiqul Islam | (Assistant Manager) |
| (10) | National Institute of Population Research and Training (NIPORT) | |
| | Mr. A. K. M. Rafiquzzaman | (Director General) |
| | Mr. Md. Najmul Huq | (Director General) |
| | Mr. Abul Fazal Md. Salim | (Acting Director) |

(11) Family Welfare Visitor Training Institute (FWVTI)

Dr. Mahmuda Benun (Principal)

(12) National Institute of Preventive and Social Medicine (NIPSOM)

Dr. Sadiqa Tahera Khanm (Professor)

(13) Rädda Barnen, Swedish Save the Children

Mr. Gunnar Löffberg (Resident Representative)

Dr. Md. Golam Firoz (Medical Consultant)

(14) Rheumatic Fever and Rheumatic Heart Disease Control Pilot Project

Dr. Kamhs Sirajul Haque (Project Director)

Dr. M. a. Rouf (Microbiologist, Deputy Project Director)

Mr. Yutaka Kuno (Expert of Clinical Laboratory)

(15) Dhaka Shishu Hospital

Dr. Srigadier Maksul Chovdhal (Director)

Dr. A. F. M. Salim (Associate Professor)

Dr. Md. Darul Islam (Resident Physician)

Mr. Shah Alam Miah (Assistant Director)

Dr. Samir K. Saha (Consultant)

Mr. Shamsur Ali Khan (Public Relation Officer)

(16) Mohammadpur Fertility Service & Training Centre

Dr. Sabera Rahman (Director)

Dr. Husnara Ali (Deputy Director)

Mr. Md. Nazrul Islam (Administrative Officer)

(17) Salimullah Medical College & Hospital

Dr. Md. Abdus Sattar (Director Professor)

Dr. Abdur Razzaque (Professor)

(18) Narayanganj Hospital

Dr. Mavibar Rahman	(Superintendent)
Dr. ASM Akramul Islam	(Sr. Consultant)
Dr. Amal Kumar Roy	(Sr. Consultant)

(19) The Institute of Post Graduate Medical Research (IPGMR)

Dr. T. A. Chowdhury	(Director, Professor)
Dr. S. A. R. Chowdhury	(Professor)
Dr. Muhsin	(Assistant Professor)
Dr. Sameena Chowdhury	(Assistant Professor)

(20) Transport Equipment Maintenance Organization (TEMO)

Mr. Mahbubul Haque	(Workshop Manager)
--------------------	--------------------

(21) National Electro Medical Equipment Maintenance Workshop (NEMEMW)

Mr. B. A. H. Baktiyar	(Chief Technical Manager)
Mr. Abdullah Al Quayyum	(Engineer)

(22) Rajdhani Unnyan Katripakha (RAJUK)

Mr. Md. Hajurul Hoque	(Authorized Officer)
-----------------------	----------------------

(23) Dhaka Water Supply & Sewerage Authority (WASA)

Mr. Md. Sanaullah	(Superintending Engineer)
Mr. S. M. Quamruz Alam Chowdhury	(Executive Engineer)
Mr. Md. Noimuddin	(Executive Engineer)

(24) Power Development Board

Mr. Harunur Rashid	(Deputy Superintendent)
--------------------	-------------------------

(25) Dhaka Electric Supply Authority

Mr. Nepal Chandra Chowdhury	(Superintendent Engineer)
Mr. Mahboob Sarwar E. Kainat	(Executive Engineer)
Mr. Arunangshu Hor	(Executive Engineer)
Mr. S. R. Talukler	(Executive Engineer)

(26) Telegraph & Telephone Board

Mr. Md. Abdus Sasam	(General Manager)
Mr. Sk. Altafuddin Ahmed	(Divisional Engineer)
Mr. Nasim Ahmed	(Divisional Engineer)

(27) Bangladesh Fire Service & Civil Defence, Dhaka

Mr. M. Kaikubed	(Director)
Mr. M. Rahman	(Deputy Assistant Director)

(28) Embassy of Japan (in Dhaka)

Mr. Yasuyoshi Ichihashi	Minister Counselor
Mr. Takeshi Ohta	First Secretary
Dr. Atsushi Takahashi	Second Secretary
Mr. Keizo Inoue	Second Secretary

(29) JICA Bangladesh Office

Mr. Takeshi Imazu	Resident Representative
Mr. Haruo Naito	Deputy Resident Representative
Mr. Takeshi Naruse	Deputy Resident Representative
Mr. Yoshiro Ishii	Deputy Resident Representative
Mr. Kenichiro Tominaga	

4. Minutes of Discussions (Basic Design Study)

MINUTES OF DISCUSSIONS
ON
THE BASIC DESIGN STUDY ON THE PROJECT FOR
STRENGTHENING OF MATERNAL AND CHILD HEALTH TRAINING INSTITUTE
IN
THE PEOPLE'S REPUBLIC OF BANGLADESH

Based on the results of the Preliminary Study, the Japan International Cooperation Agency (JICA) decided to conduct a Basic Design Study on the Project for Strengthening of Maternal and Child Health Training Institute in Azimpur and Lalkuthi in Dhaka (hereinafter referred to as "the Project").

JICA sent to the People's Republic of Bangladesh a study team, which is headed by Dr. Takashi Wagatsuma, Director, Department of International Cooperation, National Medical Center Hospital, Ministry of Health and Welfare from January 11 to February 13, 1992.

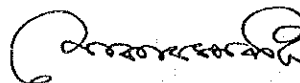
The team had a series of discussions with the officials concerned of the Government of Bangladesh and conducted a field survey at the study area.

As a result of discussions and field survey, both sides have confirmed the main items described in the attached sheets. The team will proceed to further works and prepare the Basic Design Study Report.

Dhaka, January 27, 1992



Dr. Takashi Wagatsuma
Leader
Basic Design Study Team
JICA



M. Mokammel Haque
Secretary
Ministry of Health
and Family Welfare

ATTACHMENT

1. Objective

The objective of the Project is to improve maternal and child health services by strengthening main and sub centers of Maternal and Child Health Training Institute (MCHTI), including the provision of necessary facilities and equipment for the following activities.

- 1) Clinical services in the field of maternal and child health
- 2) Training services for health personnel in the field of maternal and child health

2. Project Site

The Project sites are located at Azimpur, Dhaka for main center and Lalkuthi, Mirpur, Dhaka for sub center as shown in Annex I, with the total area of approximately 2,990 m² and 4,145 m² respectively.

3. Executing agency

Directorate General of Family Planning, Ministry of Health and Family Welfare is responsible for the administration and execution of the Project.

4. Activities of MCHTI

Summary of activities in MCHTI are described in Annex II (II-1 and II-2).

5. Organization of MCHTI

Organization of MCHTI is shown in Annex III.

6. Items requested by the Bangladesh side

The following items were finally requested by the Bangladesh side.

- 1) Construction of the facilities described in Annex IV
- 2) Provision of equipment related to the Project which are described in Annex IV

J. W.

[Signature]

7. Comments by the Japanese side on the requested items mentioned in 6. above

- 1) The Japanese side will review the necessary facilities and equipment for the Project according to the priority order proposed by the Bangladesh side.
- 2) The final components of the Project may differ, when considered necessary after further studies in Japan.

8. Japan's Grant Aid system

- 1) The Bangladesh side understands the system of Japan's Grant Aid as explained by the team.
- 2) The Bangladesh side will take necessary measures, as described in Annex V for the smooth implementation of the Project on condition that the Grant Aid by the Government of Japan is extended to the Project.

9. Other relevant issues

On condition that Japan's Grant Aid is extended to the Project;

- 1) the Government of Bangladesh will allocate the necessary budget to the Project with the cooperation of other donor organizations for securing proper operation and maintenance of MCHTI.
- 2) the Ministry of Health and Family Welfare will recruit the necessary personnel for MCHTI.
- 3) the Ministry of Health and Family Welfare will make efficient use of MCHTI both in clinical services and in training services.
- 4) the Ministry of Health and Family Welfare will establish a committee for promoting training activities in MCHTI, which consists of representatives from related organizations.

10. Schedule of the Study

- 1) The consultants will proceed to further studies in Bangladesh until February 13, 1992.

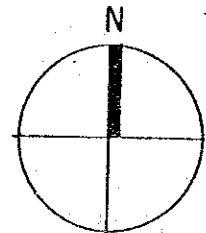
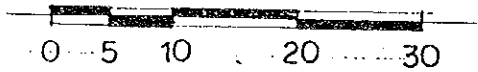
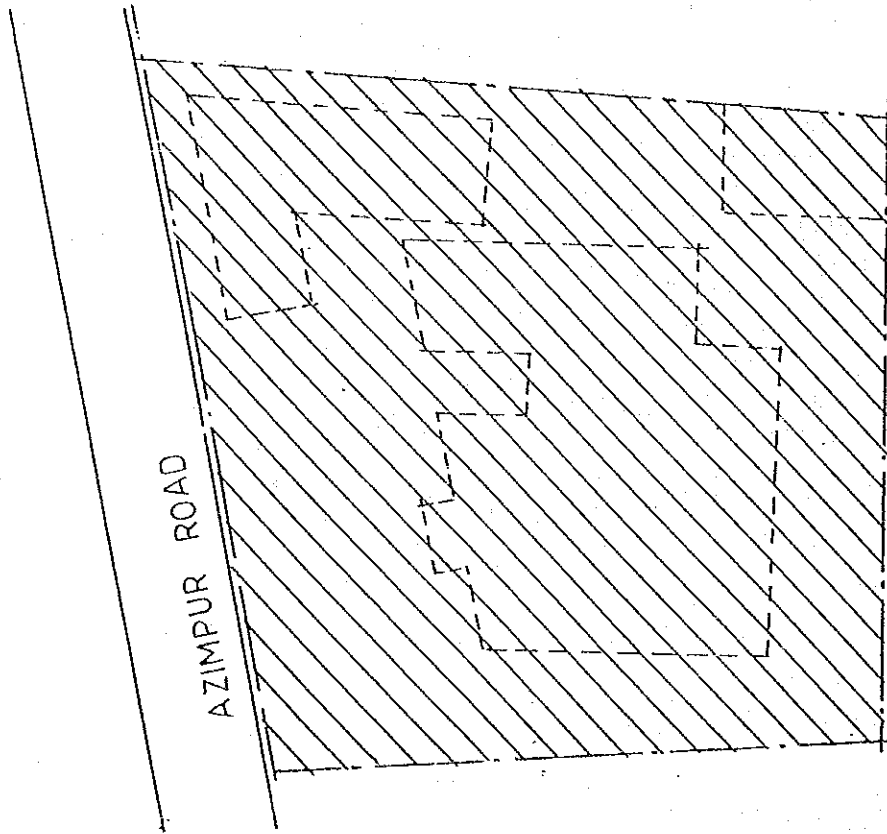
T.W.

Q. 202

- 2) Based on the Minutes of Discussions and the results of the study, JICA will compile a draft report and dispatch a mission in order to explain its contents in May 1992.
- 3) Upon approval of the said draft report by the Bangladesh side, JICA will complete the final report and send it to the Government of Bangladesh around July 1992.



PROJECT SITE 1

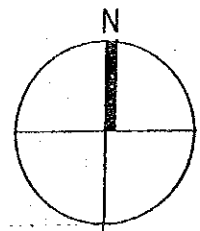
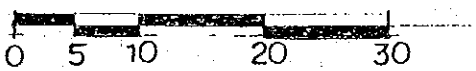
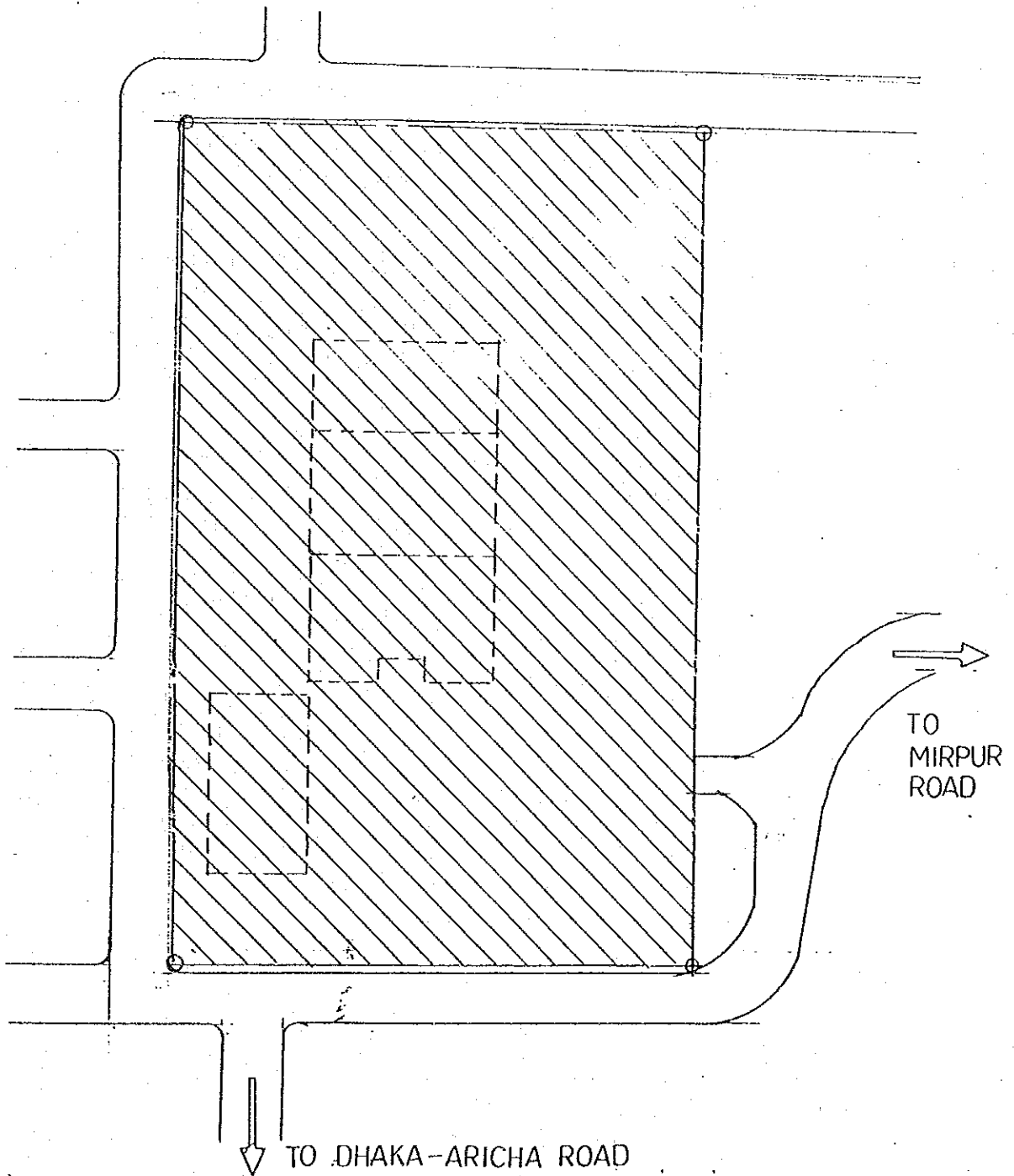


MCHTI AZIMPUR

08/02

P.H.

PROJECT SITE 2

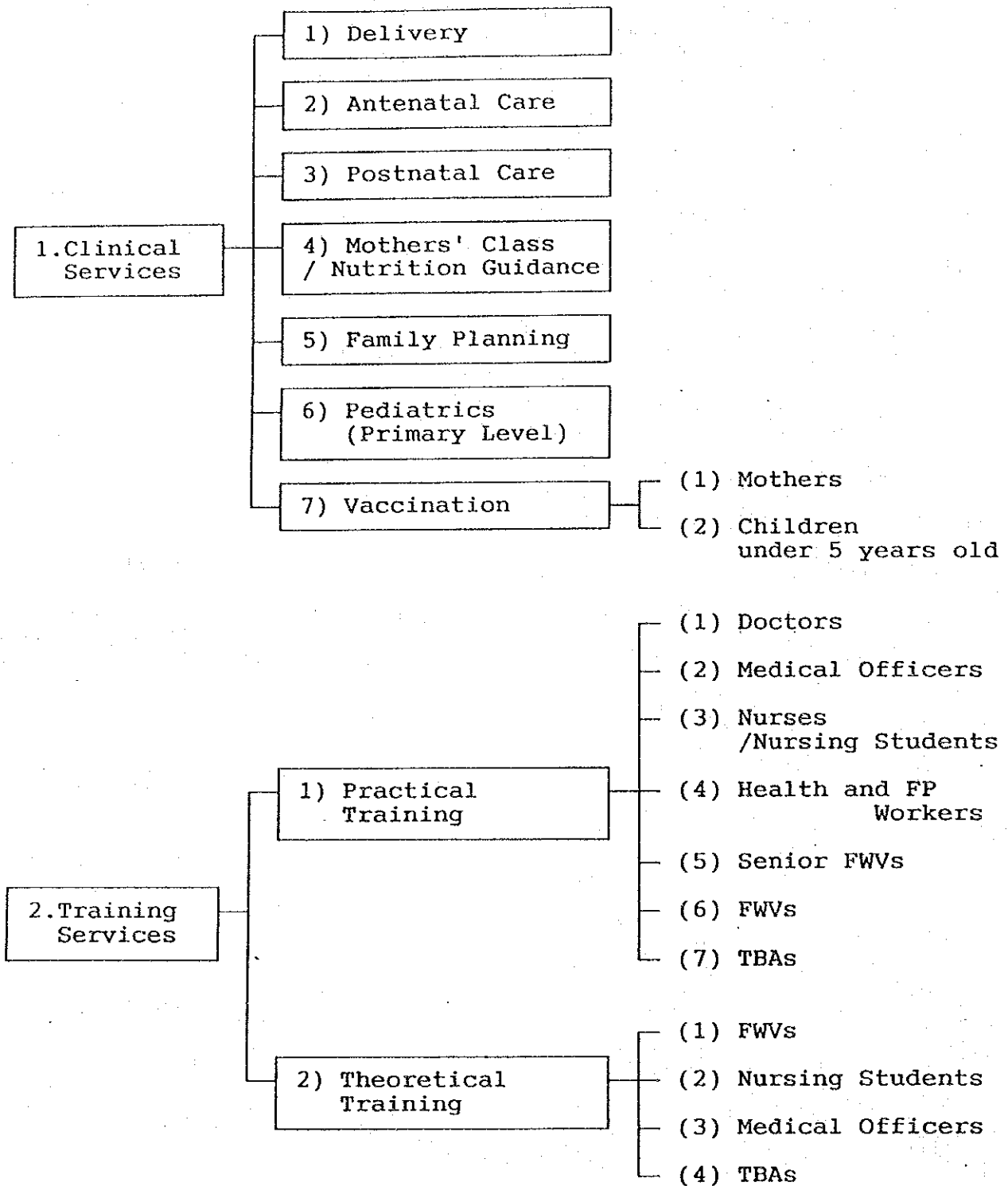


MCHTI, MIRPUR, LALKUTI

P.W.

Annex II-1

Summary of Activities in MCHTI



Handwritten signatures and initials.

Time Schedule for Training Course

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	Remarks
1. Sr. FWV (Refreshers)	14 days	14 days	14 days	14 days	14 days	14 days	14 days	14 days	14 days	14 days	14 days	14 days		Practical in OPD and in words
Total Number	20	20	20	20	20	20	20	20	20	20	20	20	220	
2. FWV (Refreshers)	14 days	14 days	14 days	14 days	14 days	14 days	14 days	14 days	14 days	14 days	14 days	14 days		Practical hand on skill training in OPD words
Total Number	20	20	20	20	20	20	20	20	20	20	20	20	240	
3. FWV (Basic Training)							30 days	30 days	30 days	30 days	30 days	30 days		Theory Practical
							20	20	20	20	20	20	20	
4. Midwifery Nurse	21 days	21 days	21 days	21 days	21 days	21 days	21 days	21 days	21 days	21 days	21 days	21 days		Practical in indoor and OPD
Total Number	40	40	40	40	40	40	40	40	40	40	40	40	80	
5. Nurse Students						28 days	28 days	28 days	28 days	28 days	28 days	28 days		Observe Practical work & Practical in OPD & in wards
Total Number						20	20	20	20	20	20	20	40	

P.D.
Q.M.

Time Schedule for Training Course

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	Remarks	
6. MCHFP	7 days													Hand on skill training in OPD and indoor	
Total Number	40													80	
7. Upazila Specialist	30 days													Hand on skill training in OPD and indoor	
Total Number	5	5	5	5	5	5	5	5	5	5	5	5	10		
8. TBA	21 days													Practical hand on skill training, lectures, demonstration	
Total Number	15	15												30	
Grand Total														720	

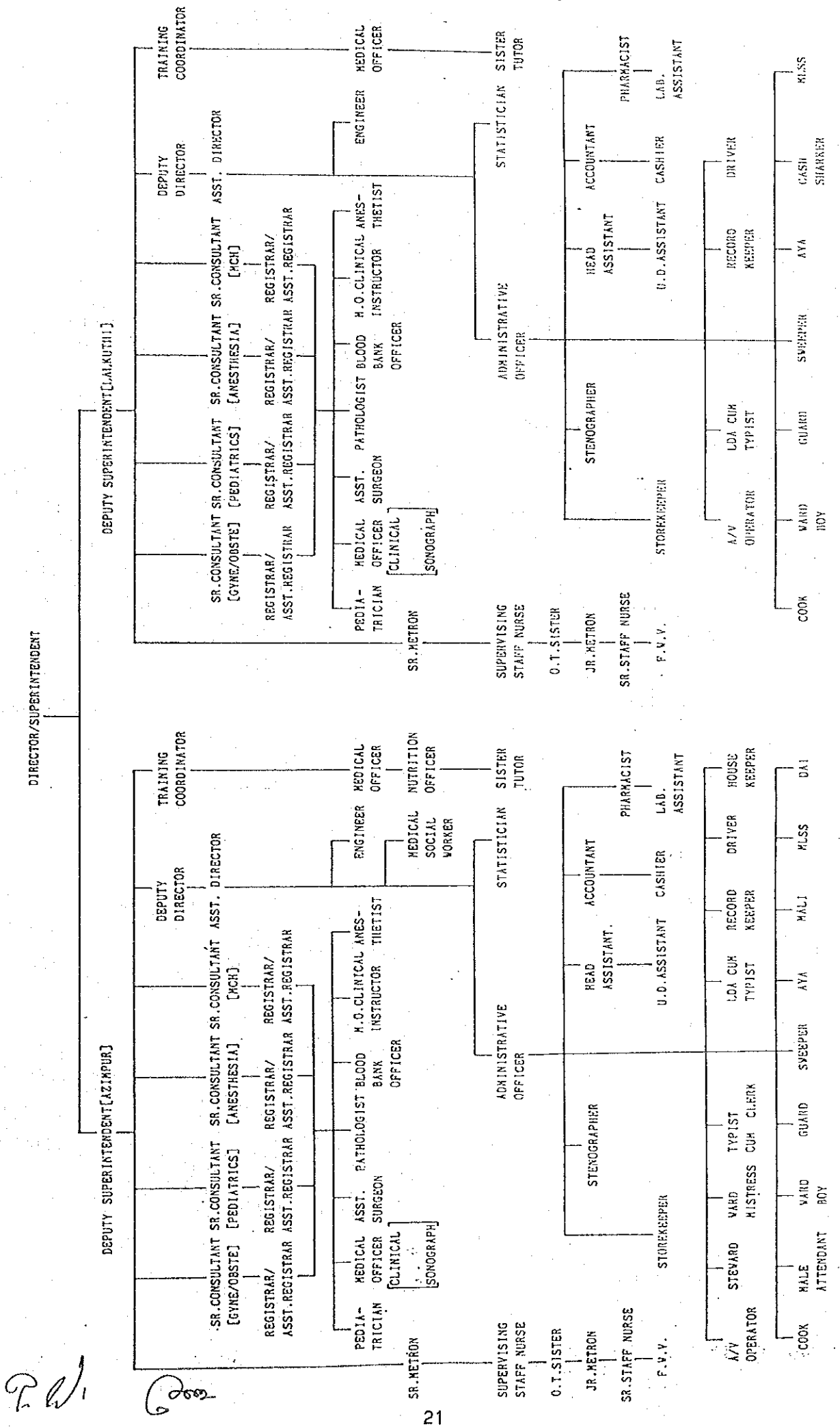
Ad HOC Training program

1. DMCH & FP students from Post Graduate Instt. study tour 7 days 10 Trainees 1 batch Total 10 Visit to OPD & indoor
2. DCH students from Post Graduate Instt. IPGM&R study tour 7 days 10 Trainees 1 batch Total 10 Visit to OPD & indoor
3. Under Graduate Medical Student of 4th year study tour No specified 1 batch No specified Visit OPD

P.W.

0552

Organization Chart of MCHTI



Annex IV

1. Construction of the facilities

1) Facilities for Clinical Services

(1) Outpatient Department

- a) Obstetrics Clinic
- b) Gynecology Clinic
- c) Pediatrics Clinic
- d) Maternity Class

(2) Inpatient Department

- a) Obstetrics/Gynecology Section
- b) Pediatrics Section
- c) Family Planning Section

(3) Delivery/Operation Department

(4) Central Sterilizing and Supply Department

(5) Laboratory Department

(6) X-ray Department

(7) Pharmacy Department

(8) Nutrition/Kitchen Department

2) Facilities for Training Services

(1) Lecture Room

(2) Simulation Room

3) Facilities for Administration

4) Trainees' Dormitory (only for sub center)

2. Provision of equipment related to the Project

1) Equipment for Clinical Services

2) Equipment for Training Services

3) Equipment for Administration Services

G.W. *[Signature]*

Annex V

Necessary measures to be taken by the Government of Bangladesh on condition that Japan's Grant Aid is extended:

1. To secure the site for the Project
2. To demolish the present buildings and clear the site prior to commencement of the construction
3. To undertake incidental outdoor works such as gardening, fencing, gates and exterior lighting within and around the site
4. To provide facilities for distribution of water supply, drainage, sewage and other incidental facilities to the Project site
 - 1) City water distribution main to the site
 - 2) City drainage main to the site
 - 3) City gas main to the site
 - 4) General furniture such as carpets, curtains, tables, chairs, and others
5. To arrange exemption of taxes and to take the necessary measures for customs clearance of the materials and equipment brought for the Project at the port of disembarkation
6. To arrange exemption of Japanese nationals from customs duties, internal taxes and other fiscal levies which may be imposed in Bangladesh with respect to the supply of the products and services under the verified contracts

P.W. GCM

7. To arrange entry and stay of Japanese Nationals whose services may be required in connection with the supply of products and the services under the verified contracts such facilities as may be necessary for the performance of their work
8. To use and maintain properly and effectively that the facilities constructed and equipment purchased under the Grant
9. To arrange to bear all the expenses other than those to be borne by the Grant, necessary for construction of the facilities as well as for the transportation and the installation of the equipment

Corr

P.W.

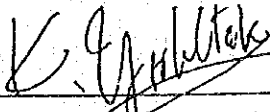
MINUTES OF DISCUSSIONS
ON
THE BASIC DESIGN STUDY ON THE PROJECT FOR
STRENGTHENING OF MATERNAL AND CHILD HEALTH TRAINING INSTITUTE
IN
THE PEOPLE'S REPUBLIC OF BANGLADESH
(CONSULTATION ON DRAFT REPORT)

In January 1992, the Japan International Cooperation Agency (JICA) dispatched a Basic Design Study Team on the Project for Strengthening of Maternal and Child Health Training Institute in Azimpur and Lalkuthi in Dhaka (hereinafter referred to as "the Project") to the People's Republic of Bangladesh, and based on the discussions with the Bangladesh side and the examination of the results of the field survey, JICA has prepared the draft report of the study.

In order to explain and discuss the contents of the draft report, JICA sent to Bangladesh a study team, which is headed by MD. Katsuhiko Yoshitake, Department of International Cooperation, National Medical Center Hospital, Ministry of Health and Welfare from May 26 to June 2, 1992.

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

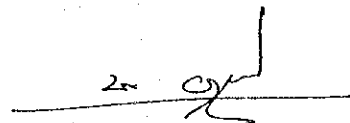
Dhaka, June 1, 1992



MD. Katsuhiko Yoshitake

Leader

Draft Report Explanation Team
JICA



M. Fazlur Rahman
Joint Secretary
Ministry of Health
and Family Welfare

ATTACHMENT

1. Contents of the Draft Report

The Bangladesh side has agreed and accepted in principle the contents of the Draft Report proposed by the team including a phased implementation.

2. Japan's Grant Aid system

- 1) The Bangladesh side understands the system of Japan's Grant Aid as explained by the team.
- 2) The Bangladesh side will take the necessary measures, as described in the Annex I for the smooth implementation of the Project on condition that the Grant Aid by the Government of Japan is extended to the Project.

3. Other relevant issues

On condition that Japan's Grant Aid is extended to the Project;

- 1) the Government of Bangladesh will allocate the necessary budget to the Project for securing sustainable and proper operation and maintenance of Maternal and Child Health Training Institute (MCHTI)
- 2) the Ministry of Health and Family Welfare will recruit the necessary personnel for MCHTI based on the assignment schedule described in page 223 and 224 of the said Report.
- 3) MCHTI will maintain adequate performance and utilization data as described in the Annex II on the facilities included in the Project. And these data will be submitted by the end of each calendar year to the Japanese side.
- 4) MCHTI will make an inventory list on the equipment and spare parts included in the Project. And the list will be renewed in accordance with the conditions of the equipment and the consumption of the spare parts.

K.E.F.

4. Further Study

JICA will complete the final report with the confirmed items, and send it to the Government of Bangladesh around July 1992.

5. Technical Cooperation

The Bangladesh side requested the following technical cooperation to the Japanese side.

- 1) Dispatch of expert in the field of maternal and child health
- 2) Dispatch of volunteer in the field of midwifery under the scheme of Japan Overseas Cooperation Volunteers
- 3) Acceptance of trainee in Japan in operation of ultrasonic diagnosis equipment and delivery monitor equipment

K. G.

2

Annex I

Necessary measures to be taken by the Government of Bangladesh on condition that Japan's Grant Aid is extended:

1. To secure the site for the Project
2. To demolish the present buildings and clear, level and reclaim the site prior to commencement of the construction
3. To provide areas for the temporary site office, workshops and yards
4. To provide power, water and telephone facilities to the site for the Japanese work
5. To undertake incidental outdoor works such as gardening and fencing within and around the site
6. To provide facilities for distribution of electricity, water supply, telephone, drainage, sewage and other incidental facilities to the Project site
 - 1) High tension power supply line and substation
 - 2) City water lead-in pipe up to the water meter
 - 3) Telephone Central Office line up to the main distribution frame and necessary pay-telephone equipment
 - 4) Drainage city mains to the site
 - 5) City gas main to the site
 - 6) General furniture such as carpets, curtains, tables, chairs and others
7. To arrange conclusion of a Banking Arrangement (B/A) with an authorized Japanese foreign exchange bank and bearing the necessary commissions to the Japanese foreign exchange bank for the banking services based upon the B/A

K. G.

2

8. To arrange issue of necessary Authorization(s) to Pay (A/P) and bearing the necessary payment commissions for A/P based upon the B/A
9. To arrange tax exemption and customs clearance of imported materials and equipment for the Project at the port of disembarkation in Bangladesh
10. To arrange payment or ensure exemption of customs, internal taxes, value added taxes and other fiscal levies for unloading, customs clearance, inland transportation of imported materials and equipment for the Project
11. To arrange exemption of Japanese nationals from customs duties, internal taxes and other fiscal levies which may be imposed in Bangladesh with respect to the supply of the products and services under the verified contracts
12. To arrange entry and stay of Japanese Nationals whose services may be required in connection with the supply of products and the services under the verified contracts such facilities as may be necessary for the performance of their work
13. To obtain building permission and other necessary permission for the Project
14. To use and maintain properly and effectively the facilities constructed and equipment purchased under the Grant
15. To arrange to bear all the expenses other than those to be borne by the Grant

K. G.

3

ANNUAL DATA/PERFORMANCE OF MCHTI

ITEM		88	89	90	91	92	93	94	95	96	97
1	Outpatient Clinical Activities										
	1) Number of Outpatient (M)										
	2) Number of Outpatient (C)										
	3) Number of Antenatal care										
	4) Number of Postnatal care										
	5) Number of Family Planning										
	6) Number of Immunization (M)										
7) Number of Immunization (C)											
2	Inpatient Clinical Activities										
	1) Number of Inpatient (M)										
	2) Number of Inpatient (C)										
	3) Number of Delivery										
	4) Number of Caesarean section										
5)	Number of Low Birthweight										
	1,500 ~ 2,500 kg										
	1,000 ~ 1,500 kg										
	< 1,000 kg										

B. J.

ITEM		88	89	90	91	92	93	94	95	96	97
3	Referred Cases to Other Hospital										
	1) Number of Referred (M)										
	2) Number of Referred (C)										
	3) Number of Referred Neonate										
4	Mortality										
	1) Number of Maternal Death										
	2) Number of Child Death										
	3) Number of Stillbirth										
	4) Number of Early Neonatal Death (less than 8 days old)										
5	5) Number of Neonatal Death (less than 29 days old)										
	Training Activities (BY Each Courses)										

Note: (M)=Mother (C)=Child

Handwritten signature

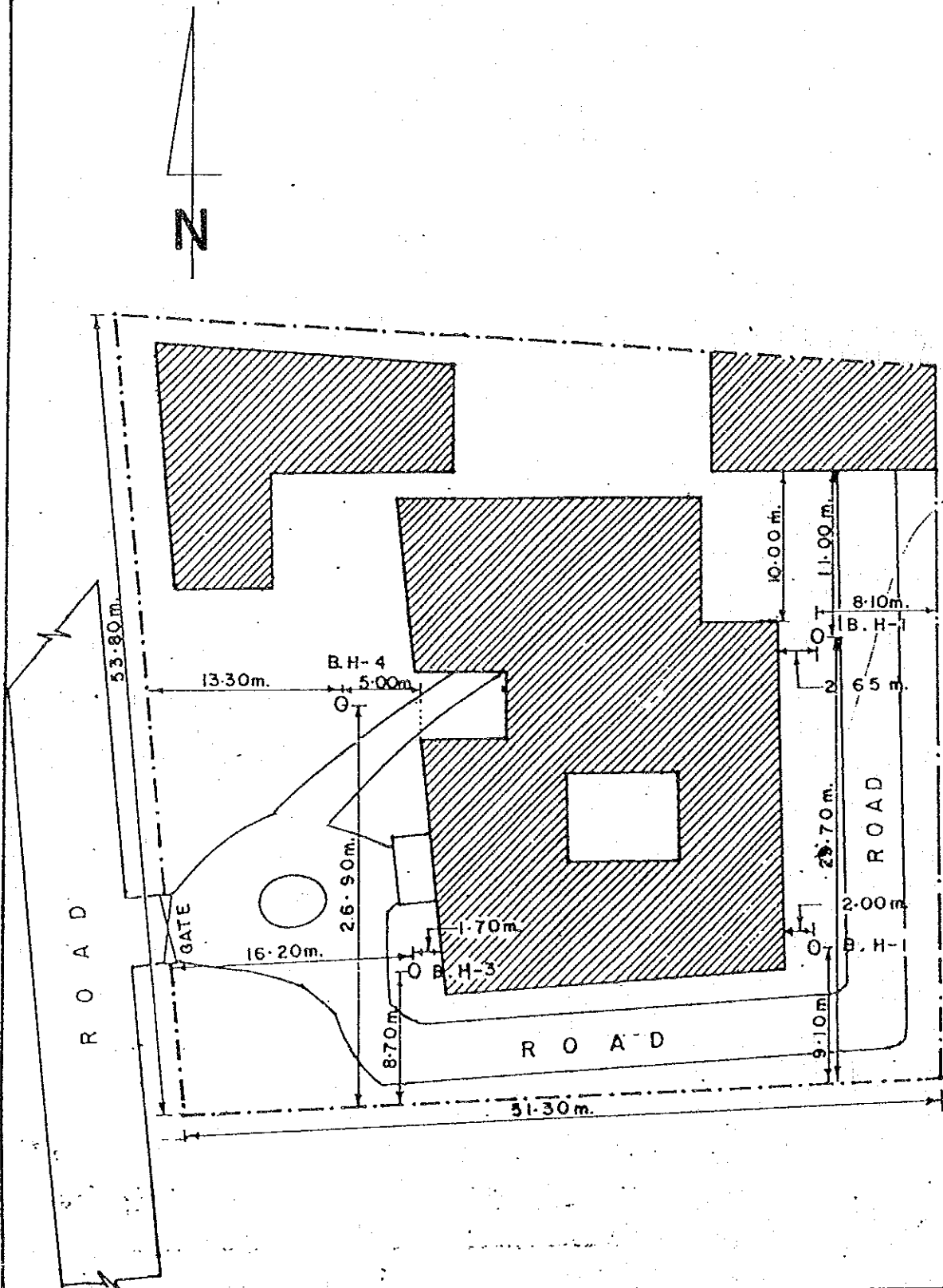
SITE PLAN

SHOWING LOCATION PROFILE & LEVEL OF BOREHOLES

CLIENT: C.M.C./M.H. & F.P.

PROJECT: CONST. OF M.C.H.T.I. BUILDING.

LOCATION: AZIMPUR, DHAKA-1205.



DEVELOPMENT DESIGN CONSULT LTD

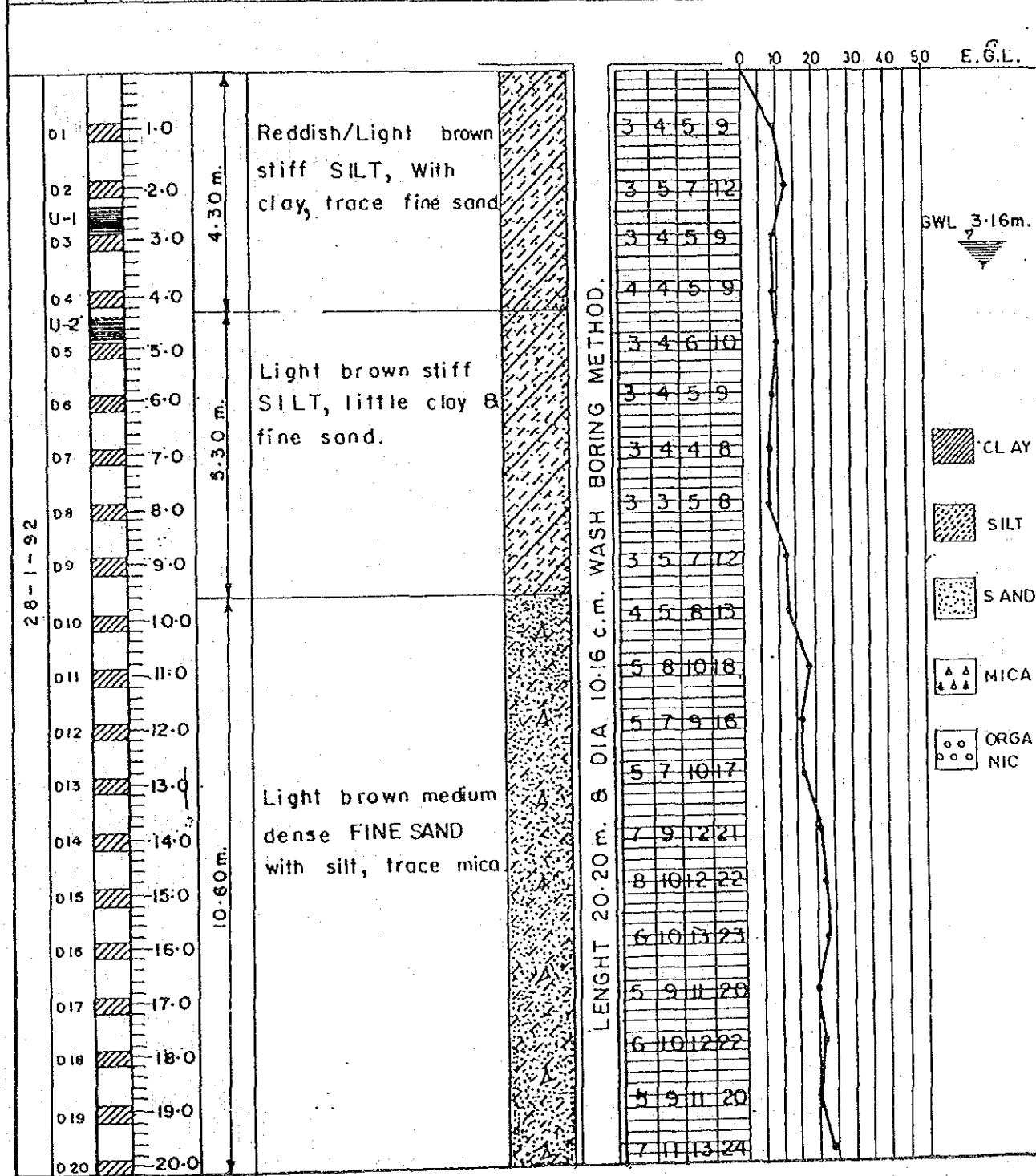
APPROVAL

ATTACHMENT - i

DEVELOPMENT DESIGN CONSULTANT LTD.

CLIENT: C.M.C./ M.H & F.P. PROJECT: CONST. OF M.C.H.T.I. BUILDING.(Sub. Centre) LOCATION: LALKUTHI, MIRPUR, DHAKA. BORE HOLE NO.-1	GROUND LEVEL: (-) 1.02m. (P.L.) GROUND WATER LEVEL: (-) 3.16m. (E.G.L.) DATE: 29-01-92 TIME: 7AM
--	--

DATE	NUMBER OF SAMPLE	TYPE OF SAM	DEPTH	THICKNESS	DESCRIPTION OF MATERIALS	BLOWS ON SPOON PER 15cm PENETRATION				STANDARD PENETRATION PERSISTANCE	INDEX
						3cm	15cm	15cm	30cm	BLOWS PER METRE OF PENETRATION	UN DISTURBED



DRN. DATE: *[Signature]* SCALE: SHEET OF ATTACHMENT: II

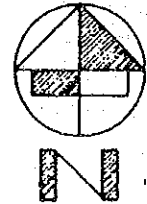
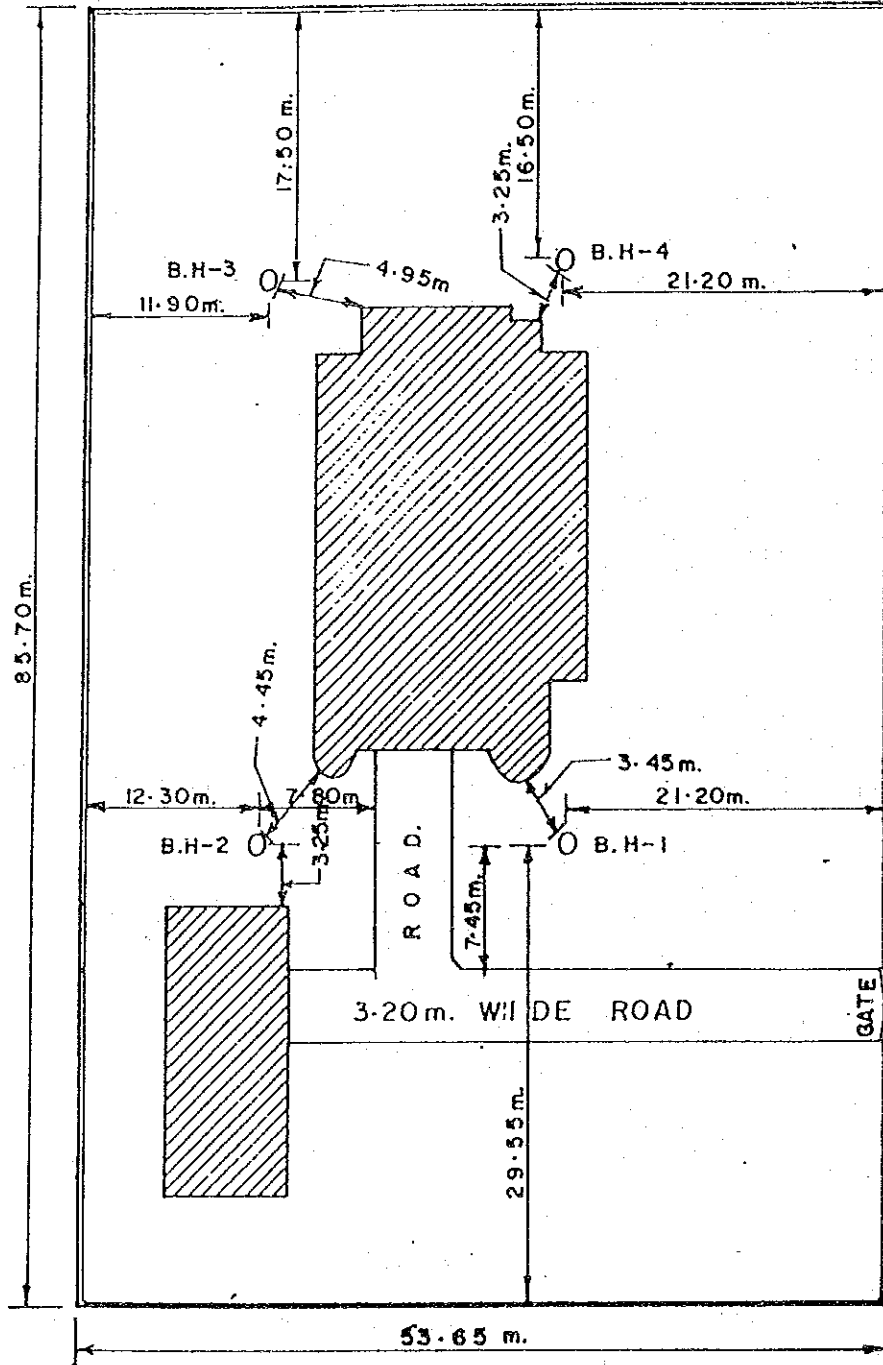
SITE PLAN

SHOWING LOCATION PROFILE & LEVEL OF BOREHOLES

CLIENT: C. M. C / M. H & F. P

PROJECT: CONST. OF M. C. H. I. BUILDING. (SUB-CENTRE)

LOCATION: LALKUTHI, MIRPUR, DHAKA.



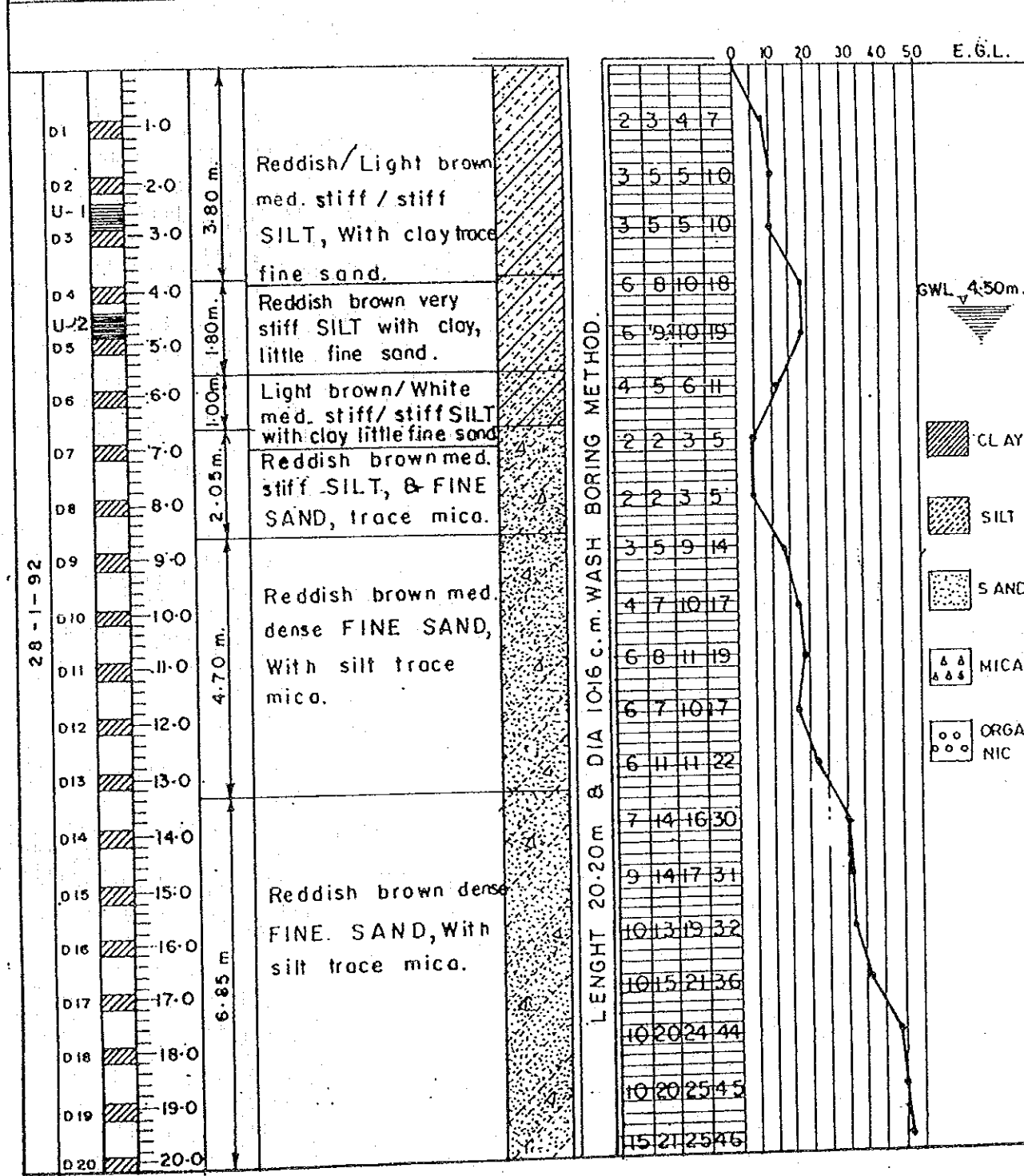
DEVELOPMENT DESIGN CONSULTANTS LTD. APPROVAL

ATTACHMENT - I

DEVELOPMENT DESIGN CONSULTANTS LTD.

CLIENT: C.M.C. / MH. & F.P. PROJECT: CONST. OF M.C.H.T.I. BUILDING. LOCATION: AZIMPUR, DHAKA-1205. BORE HOLE NO. - 1	GROUND LEVEL: (+) 0m. (Road level) GROUND WATER LEVEL: (-) 4.50m. (E.G.L.) DATE: 29-1-92 TIME: 7AM
---	---

DATE	NUMBER OF SAMPLE	TYPE OF SAM	DEPTH	THICKNESS	DESCRIPTION OF MATERIALS	BLOWS ON SPOON PER 15 cm PENETRATION				STANDARD PENETRATION PERSISTANCE	INDEX	REMARKS
						5cm	5cm	5cm	5cm	BLOWS PER METRE OF PENETRATION	UN DISTURBED	



DRN. DATE: *[Signature]* SCALE: SHEET OF ATTACHMENT: II

6. Memorandum of Mutual Understanding

Memorandum of Mutual Understanding

Project; Strengthening Maternal and Child Health Training
Institute in Azimpur and Lalkuthi

On condition that Japan's Grant Aid is extended to the Project for Strengthening Maternal and Child Health Training Institute (hereinafter referred to as "the Project"), the following items are agreed by the undersigned.

- 1) The Government of Bangladesh will take necessary measures as described in the Minutes of Discussion to be signed by the Bangladesh side and the Japanese side.
- 2) The Japanese side will extend its Grant Aid to the Project for the purpose of constructing the necessary buildings and providing the necessary equipment for the Project.
- 3) The World Bank/the International Development Association will monitor implementation process of the Project and coordinate the donor organizations to secure proper management and smooth operation of the Project, which includes bearing the recurring cost of the Project, if it is requested by the Government of Bangladesh.
- 4) The World Health Organization will assist the training activities of Maternal and Child Health Training Institute (MCHTI) in developing training curriculum, training materials, etc., if it is requested by the Government of Bangladesh.

Em. *J.M.A.* *Richard Yeargan* *T. H. Wajid*

Dhaka, January 26, 1992



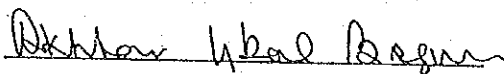
DR. AMINUL ISLAM

Director

Directorate of Family Planning

Ministry of Health and Family Welfare

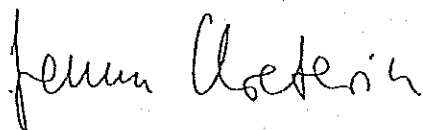
Government of Bangladesh



DR. A.I. BEGUM

MCH Consultant

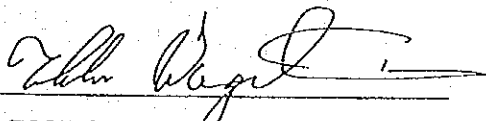
The World Bank



DR. J. KRETOWICZ

MCH Consultant

The World Health Organization



DR. TAKASHI WAGATSUMA

Leader

Basic Design Study Team

on the Project for Strengthening MCHTI

Japan International Cooperation Agency

JICA