

第4章 計画の概要

4-1 計画の目的

従来、人口増加率の低減のために家族計画を重要視してきた保健家族福祉省は、高い妊産婦死亡率、乳幼児死亡率を鑑み母子保健の重要性を認識し、1991年に開始した第4次5か年計画において、母子保健サービスの向上を図り様々な施策を実施しようとしている。なかでも郡保健所、家族福祉センターに配置される医師、看護婦、FWV等に対する母子保健教育を強化して、母子保健サービスの地方への普及を図っている。

また、施設分娩の比率が極度に低いことも、高い妊産婦・乳幼児死亡率の原因のひとつであり、ダッカ市内における高い出生率に対応する分娩施設の整備も急務となっている。

本計画の目的は、本研修所のメインセンター及びサブセンターの臨床研修部門を拡充することにより、母子保健分野における医師、看護婦、FWV、ヘルスワーカー等の当該分野にかかる訓練を実施し、併せてダッカ市内における中心的な母子保健サービス施設としての役割を果たすことである。

4-2 母子保健研修所改善計画

4-2-1 計画の内容

(1) 対象施設

バングラデシュ側は本研修所のメインセンター、サブセンターを拡充し、診療施設と訓練施設を併設したいとしている。

現在フル稼働中のメインセンターはまだしも、殆ど機能していないサブセンターを250床規模の病院施設とすることは、要員配置及び維持管理経費の面からも不安は大きく、また訓練の実施についても、バングラデシュ側の整理が十分ではなく、研修に伴う経費、研修カリキュラム開発など、不明の部分も多い。

しかしながら、サブセンターの診療活動に対する潜在的ニーズは大きく、その必要性については認められるところ、本計画実施にあたっては前述の世銀及びWHOがドナー間の協力調整を行う前提においてメインセンター、サブセンターの両施設を対象とする。

(2) 改善内容

両施設とも老朽化が著しく、既存の施設を改修しての使用は、全体の施設利用に影響を与えるため、避けるべきである。

(3) 病床規模

バングラデシュ側要請のメインセンター、サブセンターそれぞれが250床の病床規模については、妥当な規模と判断されるが、更に基本設計調査時に算定根拠について詳細に調査する必要がある。

(4) 活動内容

現在の活動内容は、2-4にて述べたとおり、1)研修(医療スタッフの養成)、2)外来診療、3)入院診察に大きく分けられる。本計画実施後もこの活動内容については、大幅な変更はない。

4-2-2 活動内容

本計画実施後の活動内容は以下のとおりとなる。

(1) 研修活動

メインセンター、サブセンターにおける研修分担については、未だバングラデシュ側に明確な計画案がないが、本研修所全体にて実施予定の研修活動は以下のとおりである。(別添2参照)

- a) 医学生 4グループ(1グループ10名、それぞれ年1回、1週間)
- b) ｽﾀｯﾌ 6グループ(1グループ10名、年2回、3週間;
1グループ20名、年2回、6ヶ月;
1グループ40名、年2回、1週間)
- c) 看護婦 4グループ(1グループ40名、年2回、1週間;
1グループ20名、年2回1ヶ月)
- d) 准看護婦 2グループ(1グループ40名、年2回、3週間)
- e) シニア FWW 11グループ(1グループ20名、年11回、2週間)
- f) FWW 12グループ(再研修)(1グループ20名、年12回、2週間)
1グループ(基礎)(1グループ20名、年1回、1年間)
- g) TBA 2グループ(1グループ15名、年2回、3週間)
- h) ﾈﾙｽｸ-ｶｰ 2グループ(1グループ20名、年2回、2週間)

(2) 外来診療

現在は産科外来と小児科外来を隔日交代で行っているが、本計画実施後は、それぞれ毎日行い、患者数は一日メインセンター500名、サブセンター400名を設定する。

a) 産科外来

- ・週6日(診療時間:午前8時から午後2時)
- ・診察内容

栄養指導

家族計画

妊婦検診

b) 小児科外来(5才以下の小児対象)

- ・週6日(診療時間:午前8時から午後2時)
- ・診察内容
 - 予防接種(DPT、ポリオ、BCG、麻疹、破傷風等)
 - 一般診療

研修コースの時間割

別添 2

	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Total	Remarks
<u>Postgraduate students : (NIPSOM)</u>														
(1) <u>DMCHFP (MCHFP Practical)</u>		7th to 13th												
(2) <u>DCM Ditto</u>	14th to 20th												4 Batch	On request Training Program
(3) <u>DCH Ditto</u>		21st to 27th												
(4) <u>FCPS (Pediatrics) Ditto (IPGMR)</u> 10 Students per Batch		1st to 7th												
Total Number of Trainee	10	30											40	
<u>Medical Officer :</u>														
(1) <u>MOMCH/MOCC/ (MCHFP)</u> 10 Students per Batch In Service Tr.of MCHTI Staff			1st to 21st	1st to 21st										
(2) <u>Upazila Medical Officer</u> (In Service Tr.on Essential Obst					1st		to	to		31st				Will be on regular basis on completion of the Project on request.
20 Students per Batch			22nd to 28th	22nd to 28th		1st					28th		6 Batch	
(3) <u>Undergraduate Medical Students (MCHFP Practical)</u> 40 Students per Batch														
Maximum Number of Trainee			50	50						20	20		140	

<u>Postgraduates student nurse</u> (1) MCHFP (Orientation & Practical) 40 Students per Batch <u>Senior Staff Nurse (20 Nurse/Batch)</u> (1) MCH (Certificate Course) Pediatrics Special Course (Practical)	1st to 7th 21st to 27th					1st to 28th	1st to 28th					4 Batch	On request, will be on regular basis on completion of the Project
Total Number of Trainee	80				20	20						120	
<u>Student Nurse of 4th years</u> (1) Midwifery/Obstetrics Practical (21 days Course) 40 Students per Batch <u>Senior FWV (Refresher Course)</u> 20 Trainees per Batch Two Weeks Course		1st to 21st 2nd to 15th	1st to 21st 2nd to 15th	2nd to 15th	2nd to 15th	2nd to 15th	2nd to 15th	2nd to 15th	2nd to 15th	2nd to 15th	2nd to 15th	300	On going Programme Practical Course on going training programme.
Maximum Number of Trainee		60	60	20	20	20	20	20	20	20	20		

	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Total	Remarks
<u>FWV (Refresher Course)</u> 20 Trainees Per Batch Two Weeks Course	15th to 30th	15th to 30th 1st to 21st	15th to 30th	15th to 30th	15th to 30th	15th to 30th	15th to 30th	15th to 30th	15th to 30th	15th to 30th	15th to 30th	15th to 30th		FWV (Ref) Course & on going programme, Basic course will start on completion of Project.
<u>TAB (BASIC COURSE & Refresher Course.</u> 15 Trainees Per Batch														Urban TABP rogramme will be on regular basis on completion of the Project.
<u>HEALTH WORKERS</u> MCHFP Orientation & Practical 20 Students Per Batch														On going training Programme on request.
Total Number of Trainee	20	35	20	20	20	20	20	20	20	20	40	40	310	
FWV (Basic Course) 20 Students Per Batch (12 months 9 institutional 6 months in the Field)	15th					to						15th		Will be start on regular basis after completion of the Project.
Maximum Number of Trainee												20	20	

* Target of Trainees 720 per Year, but number of trainee may increase/decrease as per request from different organizations.

(3) 入院診察

- a) 分娩管理
 - ・分娩数5,000名
- b) 新生児管理
- c) 妊婦管理
- d) 褥婦管理
- e) 手術
 - ・手術内容 (産婦人科のみ)
 - 不妊手術
 - 帝王切開術

4-2-3 施設・設備内容

(1) メインセンター

1) 施設

a) 研修用施設

- ・教室 (20名規模) 4室
- ・家庭分娩教育用教室 1室ほか

b) 診療用施設

- ・外来部
 - 診察室 2室 (産科、小児科各1室)
 - 処置室 2室 (産科、小児科各1室)
 - 母親学級・家族計画指導用教室 (20名規模) 1室
 - 待合室、薬局ほか
- ・入院部
 - 病室 250床
 - (産科170床、小児科50床、新生児30床)
- ・分娩/手術部
 - 分娩室
 - 手術室
 - 陣痛室
 - 新生児室
- ・中央材料部
 - 中央材料室、滅菌室
- ・検査部
 - 検査室
- ・その他
 - 厨房、洗濯室

c) 管理用施設

- ・所長室
- ・職員室

2) 設備

今後の基本設計調査時に詳細の調査・検討が必要とされるが、バングラデシュ国の場合、特に維持管理経費の低減化、維持管理の容易さが大変重要であり、病院運営上最低限必要とされる設備のみにとどめる。

(2) サブセンター

1) 施設

a) 研修用施設

- ・教室（20名規模）4室
- ・家庭分娩教育用教室1室ほか

b) 診療用施設

- ・外来部 診察室 2室（産科、小児科各1室）
処置室 2室（産科、小児科各1室）
母親学級・家族計画指導用教室（20名規模）1室
待合室、薬局ほか
- ・入院部 病室 250床
（産科170床、小児科50床、新生児30床）
- ・分娩／手術部 分娩室
手術室
陣痛室
新生児室
- ・中央材料部 中央材料室、滅菌室
- ・検査部 検査室
- ・その他 厨房、洗濯室

c) 管理用施設

- ・所長室
- ・職員室

d) 訓練生用宿泊施設

- ・宿泊室（40人、二人1部屋）

2) 設備

今後の基本設計調査時に詳細の調査・検討が必要とされるが、バングラデシュ国の場合、特に維持管理経費の低減化、維持管理の容易さが大変重要であり、病院運営上最低限必要とされる設備のみにとどめる。

4-2-4 機材内容

基本設計調査時に詳細調査の必要があるが、維持管理上の観点から、両施設の中心的な活動である産婦人科の診療活動に最低限必要な医療機材のみとし、高度な機材は設置しないこととする。

必要と思われる機材・施設としては、血液銀行とレントゲン撮影装置及び帝王切開を行う手術室とそれに必要な医療機器がある。

研修活動についても、原則的には講義に必要な机と椅子及びOHPのみ設置し、高度なAV機材は導入しない。

4-3 バングラデシュ側実施体制

4-3-1 実施体制

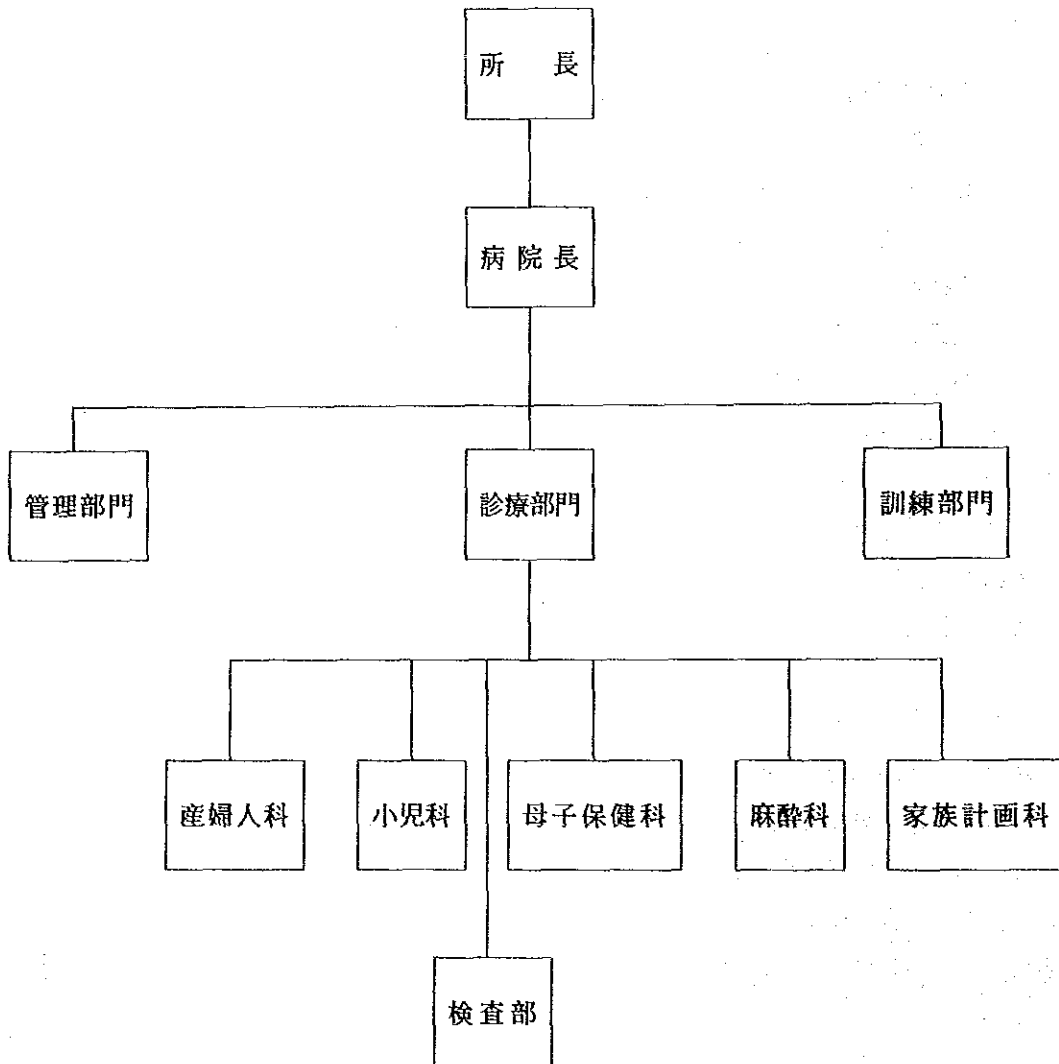
本計画実施機関は、保健家族福祉省家族計画局である。

家族計画局及び本研修所には、病院計画、病院運営等の十分な経験が蓄積されていないと考えられる。特に、本研修所については、実施体制が非常に弱い。実施体制の強化は緊要であり、これが本計画のキーポイントともなり得るため、今後、保健家族福祉省とも十分協議する必要がある。

4-3-2 運営体制

本研修所は、所長をはじめとする307名のスタッフで運営する計画である。体制は以下のとおりであるが、その適正については、適正能力を持った人員配置の可能性の面からも基本設計調査時に詳細に協議・検討する必要がある。

組 織 図



4-3-3 予算措置

保健家族福祉省の90-91年度通常歳出は36億9千万タカ、開発歳出は、42億タカで、合計78億9千万タカである。このうち家族計画部門の歳出はそれぞれ3億2千万タカ、27億5千万タカ、合計で30億7千万タカとなっている。本研修所については、通常予算歳出が522万タカ、開発歳出が190万タカ、合計で712万タカ（邦貨約2,848万円）となる。歳出の内訳は以下のとおりである。これは家族計画部門歳出の約0.23%であり、現行施設の運営は、家族計画部門においてさほどの負担にはなっていないと考えられる。

しかしながら、歳出全体に占める開発歳出（援助）が、約26.7%を占め、その内訳も、スタッフの給与に大部分が割かれているため、この開発予算が担保されなければ、病院の運営に支障を来すと言えよう。

新施設完成後の維持管理経費については、バングラデシュ側では試算を行っていないが、サブセンターは新設に等しいため、少なくとも現在の3倍程度の維持管理費がかかると判断されるため、基本設計調査時には日本側試算を提示するとともに、維持管理経費負担にかかる協力を他の援助機関に要請する必要があるだろう。

通常歳出内訳

項目	支出額（タカ）
スタッフ給与	3,841,614
食事代	291,751
予備費	284,008
分娩用医療資機材費	518,895
ベッド及びシーツ類	99,900
車両等維持費	114,897
娯楽費	38,975
地方税	23,060
水道料金	9,627
超過勤務費	3,537
合計	5,226,204

開発歳出内訳

スタッフ給与	1,514,539
予備費	216,138
食事代	72,829
家具購入・修理費	29,800
娯楽費	9,265
超過勤務費	1,289
車両等維持費	47,660
その他	2,081
合計	1,893,602

4-3-4 要員確保計画

本計画では次表のとおり135名の新規人員確保を計画しており、これらの人員は、保健省を通じて公募する計画である。その適正度、実現性については、基本設計調査時に再調査する必要がある。

職 種	現スタッフ	採用計画	計画スタッフ
医 師	12	10	22
看 護 婦	5	51	56
パ ラ メ デ ィ カ ル	30	35	65
訓 練 講 師	8	18	26
管 理	117	21	138
合 計	172	135	307

4-4 技 術 協 力

本計画実施後の技術協力については、プロジェクトタイプ技術協力は実施しないとしても、単独に母子保健や助産婦教育の専門家を派遣したり、青年海外協力隊の参加を得ることはきわめて有意義である。

第5章 結論及び提言

5-1 結 論

今回の調査により、本計画の目的は、母子保健・家族計画に係る診療サービスの機能強化を主眼としたものであり、その診療サービスに基づく臨床実習を主体とした研修活動を行うことであることが判明した。併せて本計画が、同国保健・医療分野における世銀第4次保健・家族福祉5か年計画にて採択された案件であることから、世銀を中心とした他の援助機関が、本計画実施後、同研修所の維持管理経費及び右研修活動に係るカリキュラム開発等に対して、積極的に協力する方針である点も確認できた。よって、本計画の無償資金協力案件としての妥当性は認められた。

5-2 効 果

本計画の実施により以下の効果が予想される。

- (1) 母子保健・家族計画分野において、一部の医師を含むパラメディカルスタッフの実習の場として用いられている研修施設を強化することにより、研修を受けたFWVが地域に入り母子保健・家族計画の啓蒙活動、医療サービス活動を行うため、地域保健に対する裨益効果が期待できる。
- (2) バングラデシュ国では、全出産の90%以上が家庭で行われていることから、本研修所にFWVの家庭出産教育用の施設を設置することにより、家庭出産の安全性を向上させる効果がある。
- (3) ダッカ市内における施設分娩の1/3をこの施設で取り扱っていることから、本研修所の診療施設を強化することにより、母子保健の医療サービス面における効果が期待される。

5-3 提 言

バングラデシュ側に本計画実施後の運営・維持管理費を確約する為適切な予算配分を行うとともに、他の援助機関からの右に係る協力を得られるよう同国政府より世銀に対して調査を依頼するよう、日本側より申し入れる必要がある。また、完成後の所長人事については政治的にも行政的にも能力のある女性を任命するように日本側からバングラデシュ側に申し入れる必要がある。なお、施設が拡充されれば、研修担当教官数も臨床に従事する職員数も増加するので、それら人材の確保と増加する人件費の確保を先方政府に用意させる必要がある。

その他、今後基本設計調査を実施する上で以下の点を留意すべきである。

(1) 施設 の 構 造

施設の構造は高温多湿の気候に耐えるような工夫が必要である。サブセンターの土地は雨水が溜り易いので、土地を少しレベルアップし、水はけを良くする必要がある。

(2) 研 修 部 門

各種の研修生に対する研修用のカリキュラムの作成、準備が必要である。研修用の教材要請に対しては、視聴覚機器などの中で高価で故障し易いものや維持管理経費のかかるものは調達せず、分娩用のファントム（模型）やスライド機器、OHP等の故障し難いものに限定すべきで、テレビやビデオのように技術的にも先方が使用不可能なものは調達すべきではない。

(3) 臨 床 部 門

臨床部門については、運営費がかからないように高度の検査機器・治療機器などは避け、医療機器の調達は最低限にすべきである。本研修所高度の先進医療を行うのではなく、医師や看護婦、FWVなどに対して自宅分娩介助の研修、施設における正常分娩介助の研修、施設における異常分娩の対応方法等の臨床研修を行う施設であり、その目的に必要な設備、検査・治療機器のみに限定すべきである。また修理や交換が容易なように簡単な医療機器、ベッドなどは可能であればバングラデシュ製品ないし第3国製品を用いるべきである。

(4) 世界銀行との関係

このプロジェクトは世界銀行の五カ年計画に直接参加してはいないが、協力する形で行われる。従って、今後の進捗状況などについて世界銀行及びWHOとの密接な連絡が必要である。

添 付 資 料

1. 事前調査団団員リスト
2. 調 査 日 程
3. 面談者リスト
4. 協 議 議 事 録
5. バングラデシュ国の一般情勢
6. 質 問 書 回 答

1 事前調査団団員リスト

我 妻 堯	団長	国立病院医療センター 国際医療協力部 部長
大 戸 寛 美	母子保健計画	国立病院医療センター 産婦人科
鈴 木 規 子	無償資金協力	国際協力事業団 無償資金協力調査部 基本設計調査第一課
森 下 雅 子	基本計画策定	日本国際協力システム 総務部 企画調整課
谷 口 裕	母子保健事情	日本国際協力システム 総務部 企画調整課

2 調査日程

日順	月日(曜日)	行 程	調 査 内 容
1	9月2日(月)	成田→バンコック	
2	3日(火)	バンコック→ダッカ	移動
3	4日(水)	ダッカ	大蔵省表敬及び協議 保健家族福祉省にて協議
4	5日(木)	ダッカ	リュウマチ性心疾患病院訪問 WHOにて協議 家族計画局にて協議
	6日(金)	ダッカ	NIPORTにて協議
5	7日(土)	ダッカ	内部打合せ
6	8日(日)	ダッカ	MCHTIにて協議
7			世銀にて協議 プロジェクトサイト視察 ICDDR(B(国際下痢性疾患調査 機関)訪問
8	9日(月)	ダッカ	GTZ(ドイツ技術協力庁)にて 協議 NIPSOMにて協議
9	10日(火)	ダッカ	保健家族福祉省にて協議 MCHTIにて協議 ミニッツ署名
10	11日(水)	ダッカ	
11	12日(木)	ダッカ→バンコック	移動
12	13日(金)	バンコック→成田	帰国

3 面談者リスト

1) Ministry of Health and Family Welfare

Mr. M. Mokammeel Haque	Secretary
Dr. K. M. Fariduddin	Additional Secretary
Mr. Md. Nazmul Haq	Director General Directorate of Family Planning
Dr. Md. Khalillulah	Joint Secretary (Development)
Mr. A. K. M. Rafiquzzaman	Director General NIPORT
Mr. Md. Akhtaruzzaman Khan	Director (Logistics & Supply) Directorate of Family Planning
Mr. Md. Azizul Karim	Deputy Chief Family Welfare Wing
Dr. Sadiqa Tahera Khanam	Director (MCH Services) Directorate of Family Planning
Dr. Md. Aminul Islam Tarafdar	Director (MCH Services) Directorate of Family Planning
Prof. Mohammed Khabiruddin	Director (MCH Services) Directorate of Family Planning
Dr. Sufia Begum	Director Institute of Public Health
Dr. Rahim Ali	Acting Director MCHTI
Dr. Anowarn Begum	Senior Consultant MCHTI
Ms. Mushuna Hossain	Medical Social Worker MCHTI

2) ERD (Economic Relations Division)

Mr. Ahmed Shahriar Chowdhury	Deputy Secretary
Mr. Md. Rafiqul Islam	Assistant Chief

3) 国際機関等

Dr. A. N. A. Abeyesundere	Resident Representative WHO
Dr. Janusz J. Kretowuz	M. D. Ph. D. Medical Officer WHO
Dr. Philips Gowers	MCH Specialist World Bank
Dr. A. I. Begum	Consultant World Bank
Dr. Shambhu P. Acharya	Consultant World Bank
Dr. Demissie Habte	Director ICDDR' B
Dr. Jens Herrman	Head of Project Administration Service GTZ
Dr. C. M. Allwardt	Team Leader GTZ
Mr. Philip D. O'brien	Coordinator UNICEF
Ms. Tahera Ahmed	Programme Officer UNFPA

4) 在バングラデシュ日本大使館

伊藤 哲郎	公使
野田 亮二	二等書記官

5) JICAバングラデシュ事務所

今津 武	所長
内藤 治男	次長
佐藤 映二	次長
成瀬 猛	所員

4 協議議事録

MINUTES OF DISCUSSIONS

ON

THE PRELIMINARY STUDY ON THE PROJECT FOR
STRENGTHENING OF MATERNAL AND CHILD HEALTH TRAINING INSTITUTE

IN

THE PEOPLE'S REPUBLIC OF BANGLADESH

In response to the request made by the Government of the People's Republic of Bangladesh, the Government of Japan decided to conduct a Preliminary 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") and Japan International Cooperation Agency (JICA) has sent the Preliminary Study Team headed by Dr. Takashi Wagatsuma, Director, Department of International Cooperation, National Medical Center Hospital, Ministry of Health and Welfare from September 3 to 12, 1991.

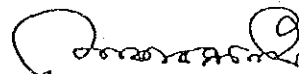
The team had a series of discussions with the officials concerned of the Government of Bangladesh and conducted a field survey at the study area.

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

Dhaka, September 11, 1991



Dr. Takashi Wagatsuma
Leader
Preliminary 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 (hereinafter referred to as "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

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

4. Activities of MCHTI

The activities in MCHTI proposed by the Bangladesh side are described in Annex II.

5. Items requested by the Bangladesh side

The items described in Annex III have been requested by the Bangladesh side.

6. Japan's Grant Aid system

- 1) The Bangladesh side understands the system of Japan's Grant Aid as explained by the team.

Qm

P. W.

2) The Bangladesh side will take necessary measures, as described in Annex IV for the smooth implementation of the Project on condition that the Grant Aid by the Government of Japan is extended to the Project.

7. The Scope of cooperation.

The scope of cooperation covered by the scheme of Japan's Grant Aid will be studied and clarified by the forthcoming Basic Design Study Team dispatched by JICA after validity of the Project is confirmed by the Government of Japan.

8. Basic Design Study

The scope of works of the Basic Design Study will include;

- 1) Technical survey
- 2) Management and financial survey
- 3) Preparation of basic design of facilities and medical equipment
- 4) Preparation of the implementation plan
- 5) Evaluation of the Project

9. Other relevant issues

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

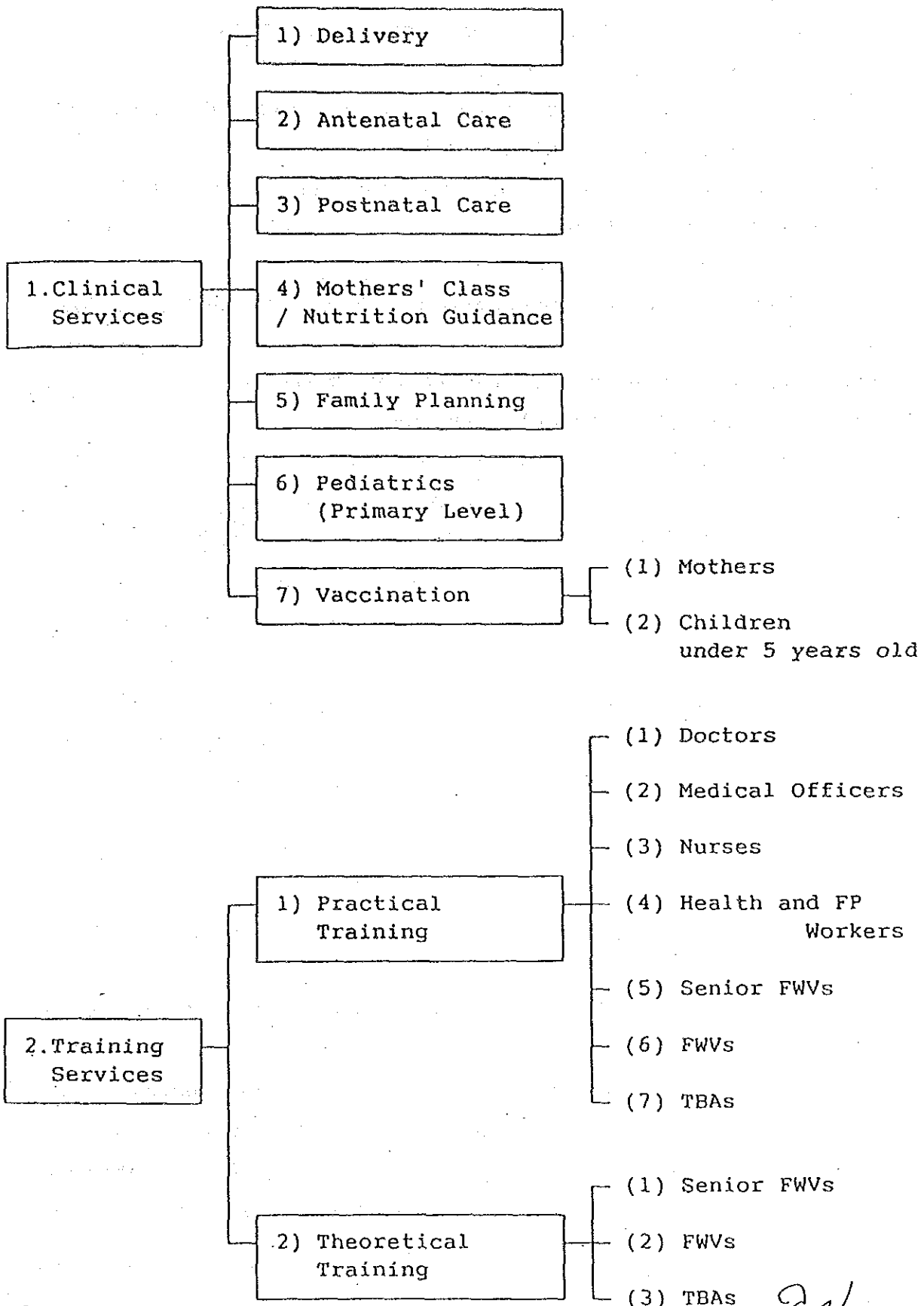
- 1) the Government of Bangladesh will allocate the necessary budget to the Project with the cooperation of other donor organizations for securing proper operation and maintenance of MCHTI.
- 2) the Ministry of Health and Family Welfare will recruit the necessary personnel for MCHTI.
- 3) the Ministry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

P. W.

05/12
G/

Annex II

Activities of MCHTI



Amz

P.W.

Annex III

1. Construction of the facilities

1) Facilities for Clinical Services

(1) Outpatient Department

(2) Inpatient Department

2) Facilities for Training Services

(1) Lecture Room

(2) Simulation Room

(3) Trainees' Dormitory

3) Facilities for Administration

2. Provision of equipment related to the Project

1) Equipment for Clinical Services

2) Equipment for Training Services

C. W.

P. W.

Annex IV

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 clear, level and reclaim 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 construct the access road to the site prior to commencement of the construction
5. 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
6. 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
7. 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



8. 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
9. To use and maintain properly and effectively that the facilities constructed and equipment purchased under the Grant
10. 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

C. W.

G. W.

5 バングラデシュ国の一般事情

国名	バングラデシュ人民共和国 People's Republic of Bangladesh
独立	1971年3月26日（独立戦争および第3次印・パ戦争を経て、同年12月16日にパキスタン軍の降伏によって、ベンガルの自治運動が達成され完全独立となった。
首都	ダッカ Dhaka
国土	面積 14万4千km（日本の約0.4倍）
人口	総人口 1億453万人 人口増加率 2.8% 人口密度 726人/km ²
人種構成	人種的には有史以前からの土着民族、モンゴル系人種、ドラヴィダ人およびアーリア人の4人種の混血とされているベンガル人が大部分である。
言語	公用語 ベンガル語 英語も有識者の間では広く普及
宗教	国教 イスラム教 イスラム教徒 86.6% ヒンドゥー教徒 12.1% 仏教徒 0.6% キリスト教徒 0.3% その他 0.4%
気候	気候的には亜熱帯のモンスーン地帯に属し、6季に分けられるが、大別すると、冬、夏、モンスーン季からなる。 冬 11月～2月 夏 3月～5月 モンスーン季 6月～10月
政治	政体 共和制 元首 フセイン・モハマド・エルシャド大統領
経済	国内総生産 167億2000万ドル 主要産業 農業、ジュート産業、他
通貨	タカ（1タカ＝4.5円）

ANSWERS TO JICA QUESTIONNAIRE REGARDING MCHTI AZIMPUR/LALKUTI

II. Project for strengthening Maternal and Child Health Training Institute.

01. Budget

Japanese Government is difficult to bear the recurring costs for operation staff salary, training of which are expected to increase after the realization of the project. Based on this, please answer the following questions.

1) Is it possible to allocate the above mentioned costs to MCHTI from the budget of Ministry of Health and Family Welfare (MHFW)?

Yes for recurring costs for staff salary;

but for training etc. other donor's support will be sought.

2) If the allocation is possible, to which costs is it possible to allocate the budget ?

All operational expenses for salaries etc.

3) If the allocation is not possible, do you plan to receive the assistance from other donor organizations ?

Yes. From IDA, UNICEF, WHO etc.

4) If you plan to receive the above mentioned assistance, from which organizations do you expect to receive it ?

UNICEF, UNFPA, WORLD BANK, WHO.

02. Personnel

After the realization of the project, it is necessary to increase the number to operate MCHTI. Based on this please answer the following questions.

1) Please describe the present conditions of supply and demand on each staff.

	SUPPLY	DEMAND/PROPOSED (Subject to further examination)
a) doctor	12	48
b) nurse	05	36
c) Paramedical Staff	30	80
d) Teachers for Training	08	26
e) administrative staff including 117 supporting staff	117	173

2) Please describe the methods of staff recruitment.

- a) doctor As per Gpvt. Rules (through open advertisement & competition)
- b) nurse Ditto
- c) Paramedical staff Ditto

d) teachers for training

Ditto

e) administrative staff

Ditto

3) Please explain your plan to recruit/allocate necessary staff to the MCHTI

Such recruitment shall be as per the "proposed new recruitment rules" & request for the additional manpower/salary funding has already been submitted to the planning commission. The process of recruitment will begin when additional & new facilities are established at least 50% of the recruitment, otherwise manpower will remain under utilized.

03. Training

Please answer the following question about the training.

1) Please explain the training (including the name of training organizations, number of trainees, training duration, etc.) of personnel by the category.

Please see annexure - 1

2) Please explain your plan to combine training courses among NIPORT, NIPSOM, and MCHTI.

MCHTI shall provide the practical training facilities for doctors, paramedics including NIPORT/NIPSOM courses, as well as additional course of it's own. There will be a national coordination committee to coordinate HEALTH-MCH-FP related training. This committee will ensure

effective coordination and implementation of training program.

3) Which, training courses do you provide at MCHTI in connection with the above (1)

NIPORT/NIPSOM trinees are currently coming to MCHTI for practical training in the field of pre & post natal care, RAF delivery, mother care, immunization, FP clinical procedure, tratment of complicaion, high-risk pregnancies etc.

4) Please state target number of trainees at MCHTI by the category of personnel.

720/year

Doctors:	180	FWV(basic):	20
FWVs(R):	120	Nurse:	120
Sr.FWVs(R):	120	Student:	80
TBA:	30	Student:	50

5) Which organization will bear the training costs including trainees accommodation, food, etc?

Partly government and NGO's but mainly donors like UNICEF, WHO, IDA

6) After the completion of training, to which organization (UHC, UHFWC, etc) do you allocate the trainees?

MCHTI does not allocate; trainees belong to the directorate of family planning, directorate of health, NIPORT etc. most of these trainees go back to UHCs, DIST. Hospital, MCWCs and clinic after completion of their training.

7) To provide more effective training, it is utmost important to establish curriculum on respective training courses, do you have any concrete idea of establishing it?

Yes.. Some of the curriculum already developed, beside this, we proposed for a team of trainer who will undergo training overseas. After returning, they will develop curriculum under the guidance of an international expert.

8) Please explain your priority on the activities of MCHTI.

(1) 1. Registration (Mother)

2. Health Education
3. History taking
4. Clinical check up
5. Screening of High Risk
6. R. Pathological check up
7. Immunization
8. Treatment
9. Regular follow up
10. F. Planning service and advise
11. Normal and Abnormal delivery care
12. Post Natal care & advise.

(2) For children

1. Legislation
2. Routine check up with growth monitors
3. Clinical check up
4. Treatment of all common disease
5. Immunization
6. Nutritional education

(3) Training of personnel for above services

To Maternity and Child Health Training Institute

1. Concerning the Application Form to the Project for Strengthening of Maternity and Child Health Training Institute, Please answer the following questions.

01. Budget

1) Please indicate the amount of budget allocated by the Ministry of Health and Family Welfare (MHFW) to the MCHTI in the fiscal year 1990.

TAKA 2,069,538.-

2) In p.24 item 9 (2) (i), there is an explanation that the additional budget has been already allocated. Does it mean that the MHFW has already allocated the additional budget for the implementation of this project? If not, please explain the meaning of this item.

Yes. The government has allocated nearly TK350 million (equivalent to US \$ 10.- million in the budget of the 4th five year plan (1990-95) IF external assistance (grant money) is available, there will be no problem of release of fund for this institute (MCHTI).

3) In p.11, item 2 (4) Cost Estimates, cost for manpower, training, operation, etc. are requested items for the Japanese Assistance. However, under the Japanese system for Grant Aid it capability to bear the above mentioned costss by itself? If not, is donor organizations on this portion?

Yes. Partially possible, but it will also be possible to get support from other donors such as IDA, UNICEF, WHO etc.

02. Personeel

1) According to your application form p.24, item 9 (1), 363 personeel will be newly recruited to the MCHT, does MHFW secure the allocation of the personeel?

This is the proposed number (363) but Government is committed to provide required number of personeel to run the Institute.

2) Due to the religious reason, female staff will be preferable to male staff in operating MCHTI. Please give us the comments on this point and also the plan of securing enough female staff.

There are enough educated unemployed females in this country who need jobs, as such recruitment shall pose no problem.

03. Training

1) As for the training, in p.6, item 6 (11) (c), you have a plan to provide training to 720 persons per year. Please specify the number of the trained personnel by the category of the personnel.

See Annexure - 2

2) Please state the duration of each training.

See annexure - 2

3) What kind of curriculum will be used for each training?

The curriculum now under preparation will be comprehensive with special emphasis on practical training programme. The curriculum will be need based as required to oriented to fulfill the needs of clientel.

4) Who will be the teachers for each training?

Qualified specialists with teaching background particularly those who are qualified, trained, experienced in the related field.

5) Please fill in the form in the attached to indicate annual schedule, the name of courses, number of trainees etc.

See annexure 2

6) After receiving the training in MCHTI, do the trainees get the Official certificate issued by the MHFW?

Yes.

7) Please explain the activities of FWV.

Safe delivery, community health care & child care, FP Service, satellite clinic union at village level.

8) As for domiciliary delivery care, please explain in details about the personnel in charge, service system, notification from the patients to MCHTI at the time of delivery etc.

Presently there is no provision for domiciliary care but on completion of the project, a domiciliary delivery care unit will be in charge of this care & will develop the system.

9) Please explain your plan of combining training in NIPORT, NIPSOM and MCHTI. MCHTI is already providing practical training combining with NIPORT/NIPSOM trainees. We plan to coordinate MCH training programme as the lead organization.

04 others

1) According to the form one of the purposes of this project is to decrease Maternal Mortality. To what extent do you expect to decrease it after completion of this project?

Directly/indirectly mortality can be expected to be reduced by 50% over a period of 5 years in Dhaka city particularly in the catchment areas; in addition, MCHTI will contribute to the national efforts for reducing substantially (say 50%) all over the country within 10 years period.

2) How do you identify the high risk delivery cases?

Based on patient's past obstetric history & present history clinical examination with age, marital status, infant mortality and laboratory examination etc.

3) As for dormitory for trainees, please give us the reason to request it only in Lalkuthi what is your expectation of maximum number of trainees who stay in the dormitory at one time?

Because of Lalkuthi has enough space suitable for construction of dormitory; also because trainees would need a quieter place to live in a community setting. At one time 40-50 trainees will stay on in the dormitory at Lalkuthi sub-centre.

II. Relation of the institute to regional medical care.

01. From which areas do the patients who use the institute originate?

In and around Dhaka city.

02. What is the population and population structure of the area covered by the institute?

Approx. 5 million population with about 18-19% eligible couples, (49% female, 51% male);

3. What is the mode of transportation most used by patients to reach the institute?

Rikisha, baby-taxi, bus, car etc.

4. Are those patients who require more sophisticated medical care referred to any other hospitals at the higher level?

Yes, to medical college hospitals, IPGMR Shiso Hospital.

III. Present activities in MCHTI

Please explain your present activities on the following items.

01. Clinical services at Azimpur and Lalkuthi (Please describe separately)

At Azumpur:

1) Delivery (inpatient department)

a) Number of beds

100

b) Total number of delivery per year in the past three years.

1988	1989	1990
------	------	------

3303	3359	3405
------	------	------

c) Number of normal delivery per year in the past three years.

1988	1989	1990
------	------	------

3259	3289	3341
------	------	------

d) Number of cesarean section per year in the past three years.

1988	1989	1990
------	------	------

5	15	84
---	----	----

e) Number of abnormal (Vacuum or forceps) delivery per year in the past three years.

1988	1989	1990
------	------	------

30	50	32 (V)
----	----	--------

14	32	32 (F)
----	----	--------

3) Vaccinations

a) How many days a week do your practice vaccination?

6 days in a week.

b) What kind of vaccination do you practice?

DPT, TT, Polio, Measles, BCG.

c) Number of patients vaccinated per year in the past three years.

1988	1989	1990
------	------	------

12905	13253	12357 (mothers)
-------	-------	-----------------

7673	9403	8814 (infants)
------	------	----------------

d) Do you obtain necessary vaccines only from UNICEF?

Yes.

e) Do you obtain necessary vaccines only from UNICEF?

No. All registered mothers and children under 5 years of age and also those come on request.

04. Antenatal care.

a) Who is in charge of antenatal care?

Sr. Consultant/doctors.

b) How many days a week do you provide antenatal care?

3 days.

c) Number of mothes per year in the past three years.

1988	1989	1990
------	------	------

28591	31922	30416
-------	-------	-------

d) Please explain the services you provide as antenatal care.

Antenatal care:

1) Registration

2) Health education

3) History taking

4) Clinical Examination

5) Laboratory Examination (Blood & Urine)

6) Consultation & treatment

7) Screening of High risk mother

8) Immunization

5) Mother's Class and Nutrition Guidance

a) Who is in charge of mother's class and nutrition guidance?

Sister tutor & nutrition officer.

b) How many days a week do you have mother's class and nutrition guidance?

Every 3 days a week.

c) What kind of items are to be taught?

Nutrition, FP, immunization, breast feeding, (promotion) health education risk factors for home delivery, personal hygiene.

d) Number of mothers per year in the past three years.

Patient mothers:

1988	1989	1990
------	------	------

28451	31422	30416
-------	-------	-------

6) Family planning

a) Who is in charge of family planning?

Sr. FWV under care of doctor.

b) How many days a week do you teach family planning?

6 days a week.

c) What kind of items are being taught?

All female methods such as IVD, injectavles, oral pill, norplant, tubeligation etc.

d) Number of mother/father to be taught per year in the past three yers.

Approx. 1000 anually.

e) Methods of gathering above d).

By the own accord of patients.

f) How do you obtain necessary contraceptives?

By indent from the directorate of family planning free of cost.

g) Do you have any follow-up system for proper usage?

Yes. All patients have registration & provided with one card and they regularly followed up as per advise.

At Lalkuthi:

1) Delivery (inpatient department)

a) Number of beds

15

b) Total number of delivery per year in the past three years.

1988	1989	1990	
281	235	294	(average 200)

c) Number of normal delivery per year in the past three years.

1988	1989	1990	
281	235	294	

d) Number of cesarean section per year in the past three years.

Not done here.

e) Number of abnormal (vacuum or forceps) delivery per year in the past three years.

Not applicable.

f) Average duration of stay.

Normal delivery: 2~5 days.

Cesarean section: not applicable.

2) Gynecology and pediatrics (outpatients department)

a) How many days a week do you accept the patients?

6 days.

b) Number of patients per year in the past three years.

1988	1989	1990
------	------	------

7124	7862	9383
------	------	------

c) Number of patients per year by the kinds of diseases in the past three years.

Gastrointestinal	100
------------------	-----

Respiratory tract infection	90
-----------------------------	----

Skin disease	110
--------------	-----

Malnutrition	100
--------------	-----

d) Average waiting time

1 hour.

e) Is the space of the outpatient clinic sufficient?

No.

3) Vaccinations

a) How many days a week do your practice vaccinations?

2 days in a week.

b) What kind of vaccinations do you practice?

DPT, TT, Polio, BCG Measles etc.

c) Number of patients vaccinated per year in the past three years.

1988	1989	1990
512	631	521 (mothers)
232	241	282 (infants)

d) Do you obtain necessary vaccines only from UNICEF?

Yes.

e) Do you vaccinate only mothers admitted to the inpatient department of MCHTI?

No.

Or do you have any extension program for vaccination?

Yes.

4) Antenatal care.

a) Who is in charge of antenatal care?

Paramedics (FWV).

b) How many days a week do you provide antenatal care?

3 days.

c) Number of mothers per year in the past three years.

1988	1989	1990
3212	3311	3059

d) Please explain the services you provide as antenatal care.

Same as page 12, antenatal care.

5) Mothers' class and nutrition guidance:

- a) Who is in charge of mothers' class and nutrition classes?
b) How many days a week do you have mothers' class and nutrition guidance?

3 days a week.

- c) What kind of items are to be taught?

Nutrition, FP, Immunization, breast feeding, health education, risk factors for home delivery.

- d) Number of mothers per year in the past three years.

1988	1989	1990
3212	3311	3059

6) Family planning

- a) Who is in charge of family planning?

FWV.

- b) How many days a week do you teach family planning?

6 days a week.

- c) What kind of items are to be taught?

All female methods.

- d) Number of mother and father to be taught per year in the past three years.

1988	1989	1990
100	102	101

- e) Methods of gathering above d)

By the own accord of patients.

- f) How do you obtain necessary contraceptives?

From the Directorate of FP through MCHLI main centre.

- g) Do you have any follow-up system for proper usage?

Yes. All patients have registration and FP Acceptor's card to follow up.

IV. Future plans of MCHTI

Please explain your future plans on the following items.

01. Clinical Services

1) Delivery (Inpatient Department)

- a) Number of beds
- b) Number of deliveries per year

Azimpur	Lalkuthi	
250	250	(beds)
5000	5000	(deliveries)

2) Gynecology and Pediatrics (Outpatient Department)

- a) How many days a week do you plan to accept the patients?
6 days a week.
- b) Number of patients per day.

Azimpur	Lalkuthi
500/day	400/day

3) Vaccinations

- a) How many days a week do you plan to practice vaccinations?
6 days a week.
- b) What kind of vaccinations do you plan to practice?

All (DPT, Polio, BCG, Measles, TT)

- c) Number of patients who will get vaccination per day/year.

Mothers: All pregnant mothers.

Infants: All new born & who had not been previously vaccinated.

- d) How do you plan to obtain necessary vaccines?

Government supplies - Directorate of Health/Central Medical Store,

EPI (UNICEF).

e) How do you recruit pregnant women and infants?

No special efforts seems to be required. The facility is well-known to the people of the catchment area and they do come for service on their own accord. This is a very popular and well known institute.

4) Antenatal care

a) Who will be in-charge of antenatal care?

Doctor/FWV.

b) How many days a week do you plan to provide antenatal care?

6 days a week.

c) What kind of services do you plan to provide as antenatal care?

All required services as per standard of obstetrics.

d) Number of mothers per day/year.

500/day.

5) Mothers' class and nutrition guidance.

a) Who will be in charge of mothers' class and nutrition guidance?

Sister tutor/nutritionist (nutrition officer/training coordinator).

b) How many days a week will you have mothers' class/nutrition guidance?

6 days a week.

c) What kind of items will be taught?

Nutrition, FP, immunization, breast feeding, health education. (Personal hygiene) risk factor for home delivery etc.

d) Number of mothers per day/year.

All attending patient mothers in batches.

6) Family planning

a) Who will be in charge of Family Planning?

Sr. FWV under doctor's guidance.

b) How many days a week do you plan to teach family planning?

6 days a week.

c) What kind of items will be taught?

All family planning with special emphasis on female methods like oral pill injectable, MR, IUD, norplant, F. STERLISATION.

d) Number of mothers/fathers taught per day/year.

All willing mothers.

e) Methods of gathering

Own accord.

f) How do you plan to obtain necessary contraceptives?

From the Directorate of Family Planning as per requirement. DGFP Procedures for the national need.

V. System for Administration, Maintenance & Operation.

Please answer the present conditions and future plans on the following items.

01. Present condition

1) Number of medical and paramedical staff.

a) Administration staff (including supporting staff).

117.

b) Medical and paramedical staff (family planning, pediatrics obst. & Gyn.)

47.

c) Training staff.

8.

2) Budget.

a) Revenue and Expenditure in the past three years.

	Revenue	Expenditure
1988~1989	4,700,000.-	4,548,806.-
1989~1990	5,900,000.-	5,055,903.-
1990~1991	6,500,000.-	5,226,204.-

Development

1988~1989	2,045,000.-	1,970,285.-
1989~1990	2,435,000.-	2,033,426.-
1990~1991	2,825,000.-	1,893,602.-

b) Sources of Revenue.

Government allocation; no other source.

02. Future plan (upon the realization of the project).

1) Number of medical and paramedical staff.

a) Administration staff.

184 (including supporting staff).

b) Medical and paramedical staff by department.

Family planning	15
Pediatrics	31
Obstetrics & Gyn. MCH	78
anesthesia, pathology	29
blood bank	26

(subject to further examination by GOB).

2) Future organization chart of the MCHTI.

See annexure III.

Please provide us the following reference materials.

- 1) Bangladesh Fertility Survey 1989.
- 2) BAVS Annual Report 1989 and 1990.
- 3) Proceedings or Report of the GOB - donor workshop held in February 1990.

Prepared by Dr. Sufia Begum, Director, IPH Ex-superintendent, MCHTI.

JICA