

ANNEX 2 Interim Report, July 1991--March 1992

Pilot Project for Prevention and Control of Rheumatic Fever and Rheumatic Heart Disease, Sher-e-Bangla Nagar, Dhaka-1207.

INTERIM REPORT

July, 91 to March, 92

Summarised report of each section of the project is given below:

1. CLINICAL SECTION

RESULTS OF OUT PATIENT DEPARTMENT ( OPD )

MONTH	TOTAL NO. PTS.	NEW PATIENTS	DEF. CASES	FOLLOW UPS	PEN. NO. OF PTS. CLINIC IN
JULY '91	1,086	159	157	17	122
August	1,066	269	69	23	53
Sept.	1,289	283	83	75	67
Oct.	1,613	325	73	31	73
Nov.	1,318	316	51	9	62
Dec.	1,318	335	69	4	50
Jan.	1,413	362	26	13	20
Feb.	1,320	305	28	2	43
March '92	1,472	222	47	2	47

11,895      2577      663      176      137  
 Total No. of patients getting Injection Penicillin = 1,442

Total Echo done ( from 14.5.91 )      21,392 = 442

## 2, LABORATORY

### Summarised result of Laboratory section

No.	Name of test	Total	Positive (%)	Negative (%)	Remarks
1.	T/S for culture	3425	599(17.5)	2826(82.5)	
2.	C.R.P ( Ppt.)	846	297(35.1)	549(64.9)	
3.	R.A	510	18(3.5)	492(96.5)	
4.	C.R.P.(LA-2000)	410	32(7.7)	378(92.3)	
5.	E.S.R	3393	2118(62.4)	1275(37.6)	> 20 mm positive
6.	ASO( Slide)	3493	1518(43.5)	1775(56.5)	> 200 Iu/ml positive
7.	ASO (LA-2000)	410	218(53.0)	192(47.0)	> 400 Iu /ml "
8.	ASK	445	145(32.6)	300(67.4)	> 2560 "
9.	ADN-B	442	160(36.2)	282(63.8)	> 340 "
10.	ASP	395	99(25.0)	296(75.0)	> 16 "
11.	IgA	410	91(22.1)	319(77.9)	> 200 "
12.	IgG	410	152(37.0)	258(63.0)	> 1800 "
13.	IgM	410	177(43.3)	233(56.7)	> 200 "
14.	BHS groups	599	A=125(20.9) B= 22(3.7) C= 92(15.3) G=360(60.1)		
15.	T-Typing of BHS-A	50	33(66.0)	17(34.0)	
16.	Blood group in ARF	82	A=19(23.2) AB=08(09.7) B=27(26.8) O=33(40.3)		
17.	Scientific papers presented	=4			
18.	" " published	=2			
19.	" " prepared	=3			
20.	Research Protocols under study	=11			

Total Tests done - 15730

### 3. Training

#### A. Training in Bangladesh.

With a view to develop health manpower and implement project activities at different locations this project conducts training courses periodically for doctors, medical technologist (lab) and health assistants. During the period of July '91 to March '92 no personnel was trained. Ministry of Health and Family Welfare (MOHFW) was requested by the project <sup>for necessary fund.</sup> Accordingly MOHFW allocated necessary fund, to train following manpower. The training programme will commence on late May 92.

<u>Category of personnel</u>	<u>No. to be trained</u>	<u>Duration</u>	<u>No. of batches</u>
1. Doctors	40	1 Week	4
2. Medical technologist	20	1 Week	2
3. Health Assistants	50	2 Week	5
Total			11

#### B. Training in Japan

Following doctors were trained in Japan with a view to transfer technology during the period July '91 to March '92.

<u>Name and Designation</u>	<u>Subject</u>	<u>Duration</u>
1. Dr. Md. Iqbal Hossain Medical Officer RF & RHD Control Project	Epidemiology	6 Months from Aug 1'91
2. Dr. Abu Zafar Professor and Director NICVD	Observation Tour	2 Weeks from Dec 8'91
3. Dr. KMHS. Sirajul Haque Professor of Cardiology (c.c) and Project Director RF & RHD Control Project.	Observation Tour	4 Weeks from March 16'92

#### 4. Health Education:

During house to house survey Health Assistants educate children, their parents and their relatives. During school survey they also educate school children and their teachers under supervision of doctors.

- I Materials printed for distribution  
 II Leaflet - 4000 Nos.  
 III Radio Programme - 7  
 IV Articles Printed in Daily News paper - 3.

5. Budget

in Lakh TK.

	<u>ADP Allocation</u>	<u>Released</u>	<u>% already incurred</u>
1. Bangladesh Side	20.0	15.0	100%
2. JICA	71.0	71.0	100%
6. <u>Manpower Recruitment</u>	<u>91.00</u>	<u>86.00</u>	

A. Personnels recruited

1. Accountant - 1
2. Medical Technologist (Lab.) - 4
3. Store Keeper - 1
4. LDA-cum-Typist- 1
5. Laboratory attendant - 4
6. Security Guard - 4
7. Peon - 2
8. Cleaner - 2

Total - 19

B. Personnels to be recruited within May'92

1. Electro-Medical Engineer -1
  2. Health Education Officer -1
  3. Statistical Officer -1
  4. Health Assistant -2
- Total 38

7. Newsletter 'MURMUR'

Scientific and Publication Committee of the project has been publishing a quarterly newsletter 'MURMUR' since July'91.

So far four issues are printed regularly and distributed widely.

## COLLABORATIVE HOSPITALS

### Patients examined and treated in Collaborative Hospitals:

<u>Name of the Hospital</u>	<u>RHD</u>	<u>Definite RF</u>	<u>Suspected RF</u>	<u>Total</u>	<u>Remarks</u>
NICVD Dec-91 to April, 92	37	21	82	140	
PGM & R Dec, 91 to April, 92	10	4	1	15	
DMH November, 91 to April, 92	35	45	56	136	
Dhaka Shishu Hospital December, 91 to March, 92	9	18	1	28	
SSMC & Mitford Hospital November, 91 to March, 92	9	10	19	38	
Total	100	98	159	357	

### 9. Regional Centres

Activities in Mymensingh Medical College Regional Centre was started in June, 92 (91)

Out of remaining 6 RCs Health Assistants were posted recently in 4 RCs. Report from RCs are not yet available.

<u>Name of RCs</u>	<u>No. of Health Assistant posted</u>
1. Rangpur Medical College RC.	3
2. Rajshahi Medical College RC	3
3. Sylhet Medical College RC.	1
4. Chittagong Medical College RC	1

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10. Presentation of Scientific Papers:

- i. Study of consciousness About Rheumatic Fever and Rheumatic Heart Diseases in Dhaka City.

Shigemi Tokeshi, M. Hossain, R.S. Mahmud, M.S. Arzu, O. Jalil, M.S. Haque, M.I. Hossain, K. Yoshitake, KMHS Sirajul Haque, Abu Zafar  
Presented at 1st International Scientific Conference of Bangladesh College of Physicians and Surgeons; 22nd-24th January, 1991, Dhaka Bangladesh.

- ii. Prevalence of Rheumatic fever and Rheumatic heart disease in rural school: Dhamrai experience.

Monwar Hossain, S. Tokeshi, R.S. Mahmud, M.S. Arzu, O. Jalil, M.S. Haque, M.I. Hossain, K. Yoshitake, KMHS. Sirajul Haque, Abu Zafar  
Presented at 1st International Scientific Conference of Bangladesh College of Physicians and Surgeons; 22nd-24th January, 1991, Dhaka, Bangladesh.

- iii. Rheumatic fever and Rheumatic Heart Disease: House to House Survey Experience in Bangladesh.

Sirajul Haque, Shigemi Tokeshi, Monwar Hossain, Razia Sultana Mahmud, Md. Shahed Arzu, Oamrul Jalil, Mohammad Iqbal Hossain, Katsuhiko Yoshitake, Yutaka Kuno, Mohammad Nazrul Islam, Abu Jafar, Abdul Malik  
Presented at the 10th Asian-Pacific congress of cardiology; October 6-11, Seoul, Korea.

- iv. Epidemiology of Rheumatic fever and Rheumatic heart disease in urban and rural schools: survey of 8102 children.

Monwar Hossain, Shigemi Tokeshi, Sirajul Haque, Razia Sultana Mahmud, Md. Shahed Arzu, Oamrul Jalil, Mohammad Iqbal Hossain, Katsuhiko Yoshitake, Yutaka Kuno, Mohammad Nazrul Islam, Abu Jafar, Abdul Malik  
Presented at the 10th Asian-Pacific congress of cardiology; October 6-11, Seoul, Korea.

V) Group distribution of Beta-Haemolytic Streptococci among the school children of Dhaka city in Bangladesh

Miah Mohammad Monzur Hassan, Miah Abdur Rouf, Yulaka Kuno, Shigeml Tokeshi, Jasimuddin Ahmed, Katsuhiko Yoshitake, Sirajul Haque.

Presented at the 10th Asian-Pacific congress of Cardiology; October 6-11, 1991, Seoul, Korea.

VI) Primary Lung TB in a patient of Rheumatic Fever :



Abdul Hannan

To be presented at Bi-ennial conference of Bangladesh Paediatric Association, November 15-17, 1991, Dhaka, Bangladesh.

VII) Clinical profile of patients with limb and joint pain

M. A. Hannan, A. K. M. Nurul Islam, R. S. Mahmud, M. Hossain, Md. Shahed Arzu, O. Jalil, KMHS, Sirajul Haque,

To be presented at Bi-ennial conference of the Bangladesh Paediatric Association, November 15-17, 1991, Dhaka, Bangladesh.

VIII) Echocardiography at Dhaka Shishu Hospital: Experience with first 297 cases

Monwar Hossain, Abdul Zaher, Monzoor Hussain

To be presented at Bi-ennial conference of Bangladesh Paediatric Association, November 15-17, Dhaka, Bangladesh.

IX) PREVALENCE OF BETA-HAEMOLYTIC STREPTOCOCCI (DHS) IN THE THROAT OF PATIENTS ATTENDED THE NATIONAL CENTRE FOR PREVENTION AND CONTROL OF RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE.

Dr. M. A. Rouf, Dr. M. M. Monzur Hassan, Dr. Jasimuddin Ahmed, M. Y. Kuno, Dr. K. O. Farooque, Dr. K. M. H. S. Haque, Dr. S. Tokeshi

Presented at 10th national convention of Bangladesh Society of Pathologists, Dec. 24, 1991, IGCNR, Dhaka.

X) STUDY ON STREPTOCOCCAL ANTIBODIES AMONG SCHOOL CHILDREN OF DHAKA CITY

M. A. Rouf, Jasimuddin Ahmed, Y. Kuno, M. M. Monzur Hassan, Razla S. Mahmood, M. Hossain, S. Tokeshi, O. Jalil, Shahed Arzu, KMHS Sirajul Haque

XI) PRESENTATION PATTERN OF ACUTE RHEUMATIC FEVER IN THE NATIONAL CENTRE FOR PREVENTION AND CONTROL OF RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE

Razla Sultana Mahmud, KMHS, Sirajul Haque, Monwar Hossain, S. Arzu, A. Hannan, AKM, Nurul Islam, O. Jalil, Shigeml Tokeshi, O. O. Faruq, M. A. Rouf, A. Malik, Abu Zafar

XII) RHEUMATIC FEVER PRECEDING RHEUMATIC HEART DISEASE : ITS CHARACTERISTICS AND PRACTICE OF SECONDARY PROPHYLAXIS

M. Hossain, KMHS Haque, RS Mahmud, S. Arzu, AKM, Nurul Islam, M. A. Hannan, O. Jalil, H. Islam, O. O. Faruq, S. Tokeshi, Y. Kuno

XIII) NUTRITIONAL STATUS AND SOCIO-ECONOMIC STATUS OF R/RHD CASES - AN EXPERIENCE OF R/RHD PROJECT

Quazi Omar Faruq, Shigeml Tokeshi, Monwar Hossain, Razla S. Mahmud, Shahed Arzu, Oumut Jalil, A. Hannan, Nurul Islam, Mostafa Zaman, KMHS, Sirajul Haque, Yulaka Kuno, K. Yoshitake, Abu Zafar, A. Malik

11. Publication of Scientific Paper:

Two scientific papers have been published in local journal, Name of author, title of papers and name of journals including volume and date are given below:

- i. Rouf MA, Hassan MMM, Ahmed MJ, Kuno Y, Jalil, C, Mahmud RS, Hossain M, Haque S, Tokeshi S; Prevalence of Beta-Hemolytic Streptococci (BHS) in the throat of patients attended National Centre for Prevention and Control of Rheumatic Fever and Rheumatic Heart Disease; Chest and Heart Bulletin, vol xvi, No. 1, Jun'92. PP 11-14.
- ii. Mahmud RS, Hossain M, Masud, Ahmed N, Parveen, Tokeshi S, Yoshitake K, Haque KMIS.S, Zofar A: Prevalence of Rheumatic Fever and Rheumatic Heart Disease in 5-18 years school children of Dhaka city- A study of 5011 school children; Chest and Heart Bulletin, vol xv1, No.1, Jan892, PP 15-22

12. Control Area - Savar .

i. Activities in control area was started in August, 91; Geographical Reconnaissance (GR) was done covering whole area of ward No. 3 of Dhamsona Upa

No. of Jurisdiction limit (JL) = 7	
No. of population = 4,798	
0-4 yrs = 1,921	
5-15 yrs = 4,772	
16 yrs + = 8,655	
No. of house hold = 3,403	
No. of Primary School = 4	Total = 0
Secondary " = 3	
Madrasha = 2	
No. of Students = 3628	

ii. Awareness study among the people is carried out in a JL covering a population of 4,511 and 944 House Hold. Eight hundred thirty four persons were interviewed from each and every house hold.

iii. A study on prevalence of 'Blood Report' was carried out covering the same population in same JL.



Future Plan.

1. Workplan upto June '93:

A. Epidemiological:

1. Establishment of normal values related to RF & RHD.
2. Streptococcal sore throat study.

B. Clinical:

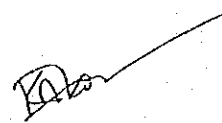
Establishment of treatment criteria through participation of experts from National Centre and Collaborative Hospitals.

C. Laboratory:

Protocols already undertaken:

1. Grouping pattern of streptococcus beta-haemolyticus in OPD patients of the national centre of RF & RHD.
2. Antibodies detection and comparative results in identification of RF & RHD patients.
3. Comparative results of manual ASO titration with LA-2000 machine.
4. Comparative studies of CRP in precipitation technique and LA-2000 method.
5. T-typing of group A streptococci.
6. Immunoglobulins detection in RF patients.
7. Studies on different streptococcal antibodies in normal children.
8. Antibigram susceptibility of streptococcus beta-haemolyticus.
9. Studies on survival rates of streptococcus beta-haemolyticus in different medias at different temperatures.
10. Studies on filter paper technique for transport of different groups of streptococcus beta-haemolyticus.

In addition to the above research protocols, new protocols may be taken and it will be decided accordingly.



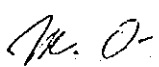
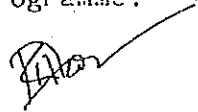
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D. Training:

For transfer of technology training in Japan is essential. Number of persons received training in Japan is fair. More training in Japan will help to implement the project activity properly. We are going to request JICA for training in Japan of some other personnels involved actively in the project.

2. Plan after June'93:

The pilot project will continue it's activities as National Centre for Preventive Cardiology. It will Cordinate preventive activities in cardiovascular field like RF, RHD, hypertension, IHD. It will also train doctors, Paramedics, field workers and carryout research. As per revised PP manpower recruited by the project will be absorbed in vacant posts under DGHS. If project activities are found replicable it will be a regular programme.



ANNEX 3 Joint Evaluation Report

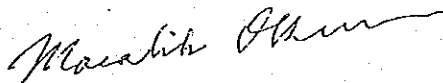
JOINT EVALUATION REPORT  
ON  
JAPANESE TECHNICAL COOPERATION  
FOR  
THE PILOT PROJECT ON CONTROL  
OF  
RHEUMATIC FEVER AND RHEUMATIC HEART DISEASES  
IN  
BANGLADESH

May 2, 1992  
Dhaka  
Bangladesh

Mutually attested and submitted

to all concerned

Dhaka  
The People's Republic of  
Bangladesh  
May 2, 1992



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Dr. Masahiko Okuni  
Leader,  
Japanese Evaluation Team,  
Japan International Cooperation  
Agency,  
Japan



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Dr. KMHS Sirajul Haque  
Project Director,  
Pilot Project on Control of  
Rheumatic Fever and Rheumatic  
Heart Diseases,  
Government of the People's  
Republic of Bangladesh

Discussion meeting between the Evaluation Team of the Japan International Cooperation Agency (JICA) and the Bangladesh Project Authorities concerned, for evaluation of Japanese Technical Cooperation for the Pilot Project on Control of Rheumatic Fever and Rheumatic Heart Diseases in Bangladesh

Date : April 28 - May 2, 1992

Place : Project Center, Shahid Shuhrawardy Hospital Complex,  
Sher-e-Bangla Nagar, Dhaka, Bangladesh

Attendants :

JAPANESE PANEL

JAPANESE EVALUATION TEAM

Dr. Masahiko Okuni	Leader
Dr. Hiroshi Horibe	Member
Dr. Satoshi Fujikawa	Member
Dr. Katsuhiko Yoshitake	Member
Ms. Michiyo Hashiguchi	Member

Japanese Expert Team

Dr. Yasuhiro Arasaki	Team Leader
Dr. Shigemi Tokeshi	Epidemiology
Mr. Yasuo Morikawa	Coordinator

JICA Bangladesh Office

Mr. Yoichiro Ishii	Deputy Resident Representative
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BANGLADESH PANEL

Dr. KMHS Sirajul Haque	Project Director/Cardiology
Dr. M.A.Rouf	Deputy Project Director/Clinical Pathology

Cardiology

Dr. Monowar Hossain	Asst. prof. of Cardiology
Dr. Razia Sultana	Asst. prof. of Cardiology
Mahumud	
Dr. A.K.M. Nurul Islam	Paediatrician
Dr. Md.Rafiqul Islam	Paediatrician
Dr. Nurul Islam	Medical Officer
Dr. S.M.Billah	Medical Officer

M.O.

*S. M. Billah*

Epidemiology

Dr. Q.O.Faruq

Epidemiologist

Dr. M.M.Zaman

Epidemiologist

Clinical Pathology

Dr. M.M.Monjur Hassan

Asst. Prof. of Microbiology

Dr. Josimuddin Ahmed

Clinical Pathologist

Equipment Maintenance

Mr. Imtiaz Alam Khan

Electro Medical Engineer

AM.O.



## I . INTRODUCTION

The Japanese Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr.Masahiko Okuni, visited the People's Republic of Bangladesh from April 28 to May 7, 1992 in order to jointly evaluate with the Bangladesh authorities concerned the past achievements and future prospects of Japanese Technical Cooperation for the Pilot Project on Control of Rheumatic Fever and Rheumatic Heart Diseases (hereinafter referred to as "the Project") on the basis of the Record of Discussions on Japanese Technical Cooperation signed on August 3, 1988.

During its stay in the People's Republic of Bangladesh, the Team discussed and studied together with the Bangladesh counterpart personnel concerned a number of aspects regarding the progress and achievements of the Project, as well as fulfillment of commitments.

Through careful studies and discussions, both sides summarized their findings and observations as described in the following chapters.

## II . METHOD OF EVALUATION

### 1. Materials used as reference

In order to evaluate the past performance and achievements both quantitatively and qualitatively, the following materials were used as references:

- (1) The Record of Discussions of Japanese Technical Cooperation
- (2) The Tentative Schedule of Implementation
- (3) The official requests made by the Government of the People's Republic of Bangladesh concerning dispatch of Japanese experts, acceptance of Bangladesh counterpart personnel for training in Japan and provision of equipment, by means of Technical Cooperation Forms A-1, A-2, A-3, and A-4, respectively.
- (4) Other publications concerning the Project

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## 2. Discussions and Observations

The Team discussed various aspects of the Project and observed the buildings, machinery, equipment, facilities and utilities made available for the Project.

To recognize the impact and efficiency of the training, discussions were held with counterparts trained in Japan.

## III . OBJECTIVE AND ACTIVITIES OF TECHNICAL COOPERATION FOR THE PROJECT

### 1. Objective of the Technical Cooperation

According to the Record of Discussions signed on August 3, 1988 and the Minutes of Meetings signed on August 20, 1990, the objective of the technical cooperation is to develop the capability to control rheumatic fever and rheumatic heart diseases through cooperation with the National Project Center, Institute of Cardiovascular Diseases and other collaborating hospitals and accordingly to contribute to the promotion of public health by applying the results of the cooperation in the nationwide program of the Ministry of Health and Family Welfare.

### 2. Activities of Technical Cooperation

In order to accomplish the above-mentioned objective, both sides agreed that technical cooperation should be implemented for the following activities through dispatch of Japanese experts, acceptance of Bangladesh counterpart personnel for technical training in Japan and provision of equipment.

- (1) Promotion of diagnostic capability of beta-hemolytic streptococcal infections, rheumatic fever and rheumatic heart diseases
- (2) Studies on effective and efficient methods of prevention and control of rheumatic fever and rheumatic heart diseases
- (3) Bacteriological and serological studies of beta-hemolytic streptococcal infections, rheumatic fever and rheumatic heart diseases
- (4) Epidemiological studies in the fields concerned
- (5) Training of medical doctors and health assistants who will be in charge of the Project
- (6) Other relevant research activities mutually agreed upon as necessary

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#### IV . PERFORMANCE OF THE PROJECT

##### 1. Facilities

Construction of the Project Center was completed at the end of 1989 and handed over to Bangladesh on March 25,1990. Other facilities (including electricity, gas, water supply systems, sewage system, telephone and furniture) necessary for implementation of the Project were provided by the Bangladesh side.

##### 2. STAFFING

At present, a total of twenty (20) Bangladesh counterpart personnel have been assigned to the Project for its effective implementation and for successful transfer of technology. The list of the Bangladesh counterpart personnel is presented in ANNEX 1.

##### 3. MANAGEMENT AND ADMINISTRATION

All administrative and managerial services are being provided by the Bangladesh counterpart personnel.

In the past, the Coordinating Committee composed both by Japanese and Bangladesh sides was convened to review and exchange views to solve problems arising from the project for smooth implementation of the Project.

##### 4. JAPANESE EXPERTS

JICA has dispatched six (6) long-term experts and twenty-nine (29) short-term experts whose names and fields are listed in ANNEX2.

Their effort in technology transfer contributed to the betterment of the Project.

##### 5. BANGLADESH COUNTERPART PERSONNEL TRAINING IN JAPAN

Thus far, ten (10) Bangladesh counterpart personnel have been sent to Japan for either observation or technical training. Their names are listed in ANNEX 3.

JICA accepted the Bangladesh counterpart personnel in the fields agreed in the Record of Discussions. Their technical training was very effective for obtaining useful information.

*M. O.*

*[Signature]*

## 6. EQUIPMENT

Between 1988 and 1992, equipment worth about 260 million yen was donated by the Government of Japan. The main equipment items and machinery are listed in ANNEX 4.

Equipment for the Project provided by the Government of Japan has been used efficiently in the activities of the Project.

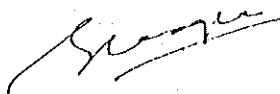
## 7. BUDGET

A summary of the Project cost spent by the Japanese and Bangladesh sides is shown in ANNEX 5. Both sides made the best effort to secure the budget necessary for implementation of the Project.

## 8. ACCOMPLISHMENT OF TECHNICAL COOPERATION

1. As to promotion of diagnostic capability of beta-hemolytic streptococcal infections, rheumatic fever and rheumatic heart diseases, accomplishment of technical cooperation is fair.
2. As to studies on effective and efficient methods of prevention and control of rheumatic fever and rheumatic heart diseases, accomplishment of technical cooperation is not enough at this moment, but within the project period some improvement is expected.
3. As to bacteriological and serological studies of beta-hemolytic streptococcal infections, rheumatic fever and rheumatic heart diseases, accomplishment is fair and expected to be advanced within the project period of Japanese technical cooperation.
4. As to epidemiological studies in the field concerned, overall achievement is fair, but some items such as data analysis need additional technical cooperation.
5. As to training of medical doctors and health assistants who will be in charge of the project, accomplishment of technical cooperation is fair.

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6. Though technical cooperation concerning maintenance of equipment was not specified in the Record of Discussion, both sides recognized its importance and technical cooperation was conducted. Accomplishment is quite satisfactory.

7. As to the accomplishment of the technical cooperation, following items are worth being noted:

- Bangladesh side responded well to Japanese suggestion to establish an appropriate organization to control the concerned diseases.
- Secondary prevention system which in general has not been conducted previously in Bangladesh is being formulated and implemented.
- Research work which had not been conducted in Bangladesh so far, started in the center.
- It is also important to note that the school survey conducted in some area contributes to the evaluation of standard health status of children in Bangladesh.

#### IV. CONCLUSION

As a result of the joint evaluation and discussions, both sides reached the following conclusions:

1. As regard to the overall evaluation, Bangladesh counterparts acquired a lot of knowledge and concept of prevention necessary to control rheumatic fever and rheumatic heart diseases through technical cooperation.
2. With great effort made both by Japanese and Bangladesh sides, the center has grown to be the national reference center of rheumatic fever and rheumatic heart diseases. It has a great meaning in promoting public health in Bangladesh.
3. However, to bring up capability of the center there still remain items which need technical improvement.

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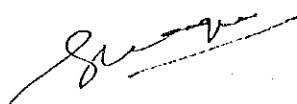


ANNEX 1

LIST OF BANGLADESH COUNTERPART PERSONNEL  
(STAFF OF EACH SECTION)

Dr. KMHS S. Haque	Project Director
Dr. M.A. Rouf	Deputy Project Director
1. Cardiology	
Dr. KMHS Sirajul Haque	Prof. of Cardiology/Project Director
Dr. Monowar Hossain	Asst. prof. of Cardiology
Dr. Razia Sultana Mahumud	Asst. prof. of Cardiology
Dr. A.K.M. Nurul Islam	Paediatrician
Dr. Md. Rafiqul Islam	Paediatrician
Dr. Md. Shaheed Arzu	Medical Officer
Dr. Qumurul Jalil	Medical Officer
Dr. A. Rashid	Medical Officer
Dr. Nurul Islam	Medical Officer
Dr. S.M. Billah	Medical Officer
2. Epidemiology	
Dr. Q.O. Faruq	Epidemiologist
Dr. M.M. Zaman	Epidemiologist
Dr. Md. Iqubal Hossain	Medical Officer
Mr. Abu Zafar	Statistical Assistant
3. Clinical Pathology	
Dr. M.A. Rouf	Microbiologist/Deputy Project Director
Dr. A.K. Khan	Assoc. prof. Biochemistry (Part time)
Dr. M.M. Monjur Hassan	Microbiologist
Dr. Josimuddin	Clinical Pathologist
4. Equipment Maintenance	
Mr. Intiaz Alam Khan	Electro Medical Engineer
5. Others	
Mr. Mustafa Salim Khan	Project Officer

M. O.



## ANNEX 2

## LIST OF JAPANESE EXPERTS DISPATCHED BY JICA

NO.	JAPANESE FISCAL YEAR	NAME	PERIOD	FIELD
(LONG TERM EXPERT)				
1.	1988-1991	Dr.Katsuhiko Yoshitake	88.11.02~ 91.05.01	Project Leader Cardiology
2.	1988-1991	Mr.Takeo Oshima	88.11.02~ 91.05.31	Coordinator
3.	1988-1992	Dr.Shigemi Tokeshi	88.11.02~ 92.11.02	Epidemiology
4.	1989-1991	Mr.Kazushiro Suzuki	89.09.16~ 91.12.15	Medical Equipment
5.	1989-1991	Mr.Yutaka Kuno	90.03.28~ 92.03.27	Clinical Pathology
6.	1991-1993	Mr.Yasuo Morikawa	91.04.27~ 92.10.31	Coordinator
(SHORT TERM EXPERT)				
1.	1988-1989	Dr.Toshihiko Yamada	88.07.11~ 88.07.20	Laboratory Works
2.		Mr.Yoshiaki Nagao	88.07.11~ 88.07.20	Medical Equipment
3.		Mr.Takeo Oshima	88.07.11~ 88.08.10	Planning and Coordination
4.		Dr.Hiroshi Horibe	88.07.28~ 88.08.05	Epidemiology
5.		Dr.Shigemi Tokeshi	88.07.28~ 88.08.10	Epidemiology
6.		Mr.Seiji Utsumi	89.03.02~ 89.03.08	Audio Visual Education
7.		Mr.Yoichi Furukawa	89.03.04~ 89.03.11	Architecture
8.		Mr.Tatsuou Yasuda	89.03.04~ 89.03.11	Cooperation Planning
9.		Mr.Yasutaka Inoue	89.03.13~ 89.03.22	Architecture
10.	1989-1990	Mr.Yoichi Furukawa	89.04.22~ 89.04.29	Architecture
11.		Mr.Yoichi Furukawa	89.09.23~ 89.09.29	Architecture
12.		Mr.Hideo Watanabe	89.12.18~ 89.12.25	Architecture
13.		Mr.Yasutaka Inoue	89.12.21~ 89.12.29	Architecture
14.		Mr.Nobuo Kobayashi	90.03.26~ 90.04.25	Medical Equipment
15.		Mr.Yoshiie Watanabe	90.03.26~ 90.04.25	Medical Equipment
16.	1990-1991	Mr.Shigeyuki Suzuki	90.05.02~ 90.05.09	Technical Cooperation

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17.	Mr.Toshimichi Aoki	90.05.01~ 90.05.09	Cooperation Planning
18.	Dr.Takashi Wagatsuma	90.06.06~ 90.06.13	Project Manage- ment Planning
19.	Mr.Yushi Saito	90.06.04~ 90.06.13	Cooperation Planning
20.	Dr.Toshihiko Yamada	90.08.16~ 90.08.24	Bacteriology
21.	Dr.Satoshi Fujikawa	91.01.07~ 91.01.18	Serology
22.	Dr.Toshihiko Yamada	91,01,07~ 91,01,18	Bacteriology
23.1991-1992	Dr.Katsuhiko Yoshitake	91.07.24~ 91.08.03	Project Manage- ment Planning
24.	Ms.Michiyo Hashiguchi	91.07.24~ 91.08.03	Cooperation Planning
25.	Dr.Hiroshi Horibe	91.11.30~ 91.12.14	Epidemiology
26.	Dr.Toshihiko Yamada	92.02.10~ 92.02.23	Bacteriology
27	Dr.Satoshi Fujikawa	92.02.10~ 92.02.23	Serology
28.	Dr.Yasuhiro Arasaki	92.03.09~ 92.05.11	Team Leader
29.	Mr.Masatsugu Shitara	92.03.14~ 02.03.27	Clinical Pathology

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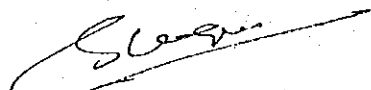
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## ANNEX 3

## LIST OF COUNTERPART PERSONNEL SENT TO JAPAN

JAPANESE FISCAL YEAR	NAME	TRAINING PERIOD	TRAINING FIELD
1987-1988	Dr.Monwar Hossain	88.03.24-88.06.29	Epidemiology
1988-1989	Dr.Abdul Kadir Khan	89.03.28-89.08.02	Clinical Pathology
	Dr.Razia S.Mahmud	89.03.28-89.08.02	Epidemiology
	Dr.Mian Abdur Rouf	89.03.28-89.07.12	Bacteriology
1989-1990	Dr.Nur Monammed	90.01.31-90.03.23	Health Education
	Mr.Md.Abu Tahar	89.11.08-90.04.03	Serology
	Dr.A.K.M.Mohibullah	90.03.08-90.07.17	Cardiology
1990-1992	Dr.Md.Iqbal Hossain	91.07.31-92.01.30	Epidemiology
	Dr.Abu Zafor	91.12.08-91.12.22	Cardiology
	Dr.Sirajul Haqae	92.03.16-92.04.18	Cardiology

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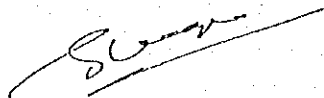


## ANNEX 4

## PROVISION OF EQUIPMENT

JAPANESE FISCAL YEAR	ITEMS OF MAIN EQUIPMENT	AMOUNT	(THOUSAND YEN)
1988-1989	1-ch Electrocardiograph Electrocardiograph Holter Recorder Reagent Gas Generator Air Conditioner Personal Computer Penicillin Motorcycle Copying Machine Station Wagon	43,728	
1989-1990	Autoclave Medical Refrigerator(2) Shaking Water Bath PH Meter Hotting Stirrer Vaccum Pump Electric Balance High Speed Centrifuge Binocular Microscope Spectrophotometer Incubator Hot Air Sterilizer Auto-Still(Water Distiller) Glass Wares and Syringes Slide Projector Overhead Projector Video TV System Automatic Voltage Regulator Center Table Side Table	62,929	

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	Sink	
	Dehumidifier	
	Prefab Freezer	
	Reagent	
1990-1991	Color Doppler	120,170
	Echo Camera	
	Penicillin	
	Motorcycle	
	Bicycle	
	Electrocardiograph	
	Spare Parts	
	Incubator	
	Hot Air Sterilizer	
1991-1992	Reagent	31,035
	Electrocardiograph	
	Spare Parts	

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## ANNEX 5

## SUMMARY OF PROJECT COST

## 1. Japanese Side

(Unit: Thousand Yen)

JAPANESE FISCAL YEAR	1988-1989	1989-1990	1990-1991	1991-1992	1992-1993	TOTAL
COST OF DISPATCH OF EXPERTS	51,403	100,926	72,692	59,558	4,529	289,108
COST OF PROVISION OF EQUIPMENT	43,728	62,929	120,170	31,035	-	257,862
COST OF DISPATCH OF SURVEY TEAMS	38,598	3,690	3,068	0	-	45,356
OTHER LOCAL RUNNING COSTS	0	0	0	0	-	0
OTHERS	0	133	844	992	38	2,007
TOTAL	133,729	167,678	196,774	91,585	4,567	594,333

This table is as of April, 1992.

Japanese fiscal year is from April 1 to March 31.

Cost of training of counterpart personnel is not included in this table.

## 2. Bangladesh Side

(Unit: 100,000Taka)

BANGLADESH FISCAL YEAR	1988-1989	1989-1990	1990-1991	1991-1992	1992-1993	TOTAL
TOTAL	-	6	7.2	16.2	-	29.4

This Table is as of April, 1992.

Expenditure was from the common budget of NICVD from Nov. 1988 to Jun. 1989.

Bangladesh fiscal year is from July 1 to June 30.

Cost of custom duty sale tax (CDST) for imported equipments are not included in this table.

48 Lakhs(100,000)Taka allocated for CDST of equipment from MOHFW upto April 1992.

② バングラデシュ・リウマチ熱・リウマチ性心疾患抑制パイロットプロジェクト技術協力計画及び評価

バンガラデシュ・リウマチ熱・リウマチ性心疾患抑制パイロットプロジェクト技術協力計画および評価

バンガラデシュ・リウマチ熱・リウマチ性心疾患抑制パイロットプロジェクトは、同疾患を抑制する能力を向上させ、ひいては、パイロットプロジェクトの結果を全国レベルのプログラムとして展開する際の基礎とすることを目的とする。

部門	分野	最終的目標	技術移転項目			問題点、今後の見通し及び延長の必要性	インプット 専門家・研修員 (実績)	カウンターパート (相手側責任者)
			最終点	経過状況	終了時点での予測			
パイロットプロジェクト	循環器病	<p>①患者登録・診療記録の整備・保管・利用状況</p> <p>②診断技術の向上</p> <p>1) 循環器病性感染症</p> <p>2) リウマチ熱</p> <p>3) リウマチ性心疾患</p> <p>4) 診断技術の統一</p> <p>③予防・治療技術の向上</p> <p>1) 2次予防</p> <p>2) 1次予防</p> <p>3) リウマチ熱治療薬の投与</p> <p>4) フォローアップシステムの統一</p> <p>④論文発表</p> <p>⑤関連医療施設との連携</p>	5 4 5 5 5 5 5 5	<p>5 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1</p>	<p>5 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1</p>	<p>①記載漏れや正確さにやや難点が残っており、延長して技術指導の必要あり。 ②心疾患の病態にやや難があるが、それ以外はほぼ技術移転終了。また、リーダーシップの必要あり。 ③1次予防・治療薬の投与の必要あり。 ④国際的な治療法を完成してはいない。 ⑤患者の臨床データと連携するレベルに達するまではいまだ少ない。 ⑥適切な医療施設が必要。 ⑦連携については、形の上では成功しているが、セッションリズムの極端に激しいこの国では要質的には成功したとはいえず、延長して協力を必要あり。</p>	<p>専門家 ・長期 ・短期 研修員 1人 1人 3人</p>	Dr. M. Hassan
	PHC	<p>①予防体制整備</p> <p>②一般医師への啓蒙活動</p>	5 5 4 3 2 1	<p>5 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1</p>	<p>5 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1</p>	<p>①パイロット段階では、専門家による技術移転は時期早尚である。 ②本疾患の制位の主体は医師であり、同分野の協力は今後も継続する必要がある。</p>	<p>専門家 ・長期 ・短期 研修員 0人 0人 0人</p>	
		部門全体の目標達成度		5 4 3 2 1	5 4 3 2 1	5 4 3 2 1		
		部門全体の目標達成度		5 4 3 2 1	5 4 3 2 1	5 4 3 2 1		

部門	目的	分野	最終的目標	技術移転項目			問題点、今後の見通し及び延長の必要性	インプット 専門家・研修員 (要員)	カウンタースパート (相手側要員)
				最終的目標	目標達成状況	終了時点での予測			
				現時点	5	4	3	2	1
研究	臨床検査	臨床検査	①知能学検査 ②血清学検査 ③遷延性の設定 ④その他の検査成績の評価 ⑤検査の標準化 ⑥検査データの精度管理 ⑦RF/RHDに関する病態研究 ⑧論文発表	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	1 1 1 1 1
				5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1
疫学調査	疫学	疫学	①ゲースファイディング 1) 計画立案 (学校検診調査、家庭訪問調査) 2) 調査調査 (アンケート調査) ③アンケート解析 ④疫学調査結果のプロジェクティブ活動への反映 ⑤論文発表	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1
				5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1
教育	研修	研修	①メディカリストスタッフの研修 ②ヘルスケアスタッフの研修 ③研修用教材の作成	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1
				5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1	5 4 ③ 2 1

パイロットプロジェクト

部門	目的	分野	技術移転項目				カウンタート (相手側責任者)
			最終的目標	目標達成状況		インプット 専門家・研修員 (実績)	
				現時点	終了時点での予測		
その他	医療器材	① 器材の定期保守点検 ② 器材の故障診断及び応用修理技術 ③ 器材運用管理のシステム化 ④ 器材の日常の取扱方法 ⑤ 器材の設置据え付け方法	5 ④ 3 2 1	5 ④ 3 2 1	1 人 3 人 0 人	Mr. I. A. Khan	
			5 ④ 3 2 1	5 ④ 3 2 1	専門家 ・長期 ・短期 研修員		
部門全体の目標達成度			5 ④ 3 2 1	5 ④ 3 2 1			
運営・管理		① プロジェクトファーマーセッション ② カウンタートサービスの配置 ③ センター管理 ④ 財政管理 ⑤ 財政の自立 ⑥ 物品管理	5 ④ 3 2 1	5 ④ 3 2 1	9 人 0 人	Dr. K. S. Ilaque	
			5 ④ 3 2 1	5 ④ 3 2 1	専門家 ・短期 研修員		
部門全体の目標達成度			5 ④ 3 2 1	5 ④ 3 2 1			

問題点、今後の見通し及び延長の必要性

当初の目的はほぼ達成され、カウンタートも競争に技術を修得しつつあり、特に延長後に協力を継続する必要があるではないものと考えられる。

協力開始当初に比べ、かなり成果をあげた分野であり、評価できる。しかし、当初の目標の達成という面からみると、さらに協力を継続し、プロジェクト全体の運営管理面の強化を徹底する必要がある。

(別紙の評価基準を参照し、目標ごとに5段階評価の該当項目に○印を付す。)

(別紙の評価基準を参照し、目標ごとに5段階評価の該当項目に○印を付す。)

③ バングラデッシュ側記載のエバリユエーションシート

EVALUATION SHEET

Date: 30. Apr. 92

This sheet should be submitted to the Evaluation Team by the Bangladesh responsible persons of each section of the Pilot Project of Rheumatic Fever and Rheumatic Heart Diseases as a basic document for a joint evaluation report that the Team would make with the Bangladesh side. Please check the following items and give your comments on the Pilot Project.

Your Section (Administration)  Doctor (Professional division)  Medical Technician  Others

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

	Achievement	COMMENT
1. Project management Japanese side Bangladesh side	5 ④ 3 2 1 5 ④ 3 2 1	Management of Japanese side is good. Except initial lack of manpower, Management of Bangladesh side had been good.
2. Japanese experts (1) Long-term experts (2) Short-term experts Term Frequency Contribution on the whole	5 ④ 3 2 1 5 4 ⑤ 2 1 5 ④ 3 2 1 5 ④ 3 2 1	Contribution of long term experts had been good. The team leader, The epidemiologist, the Co-ordinator, the clinical pathologist, and the engineer experts have contributed much to bring the project to this level. Contribution could not reach level due to shortage of time.
3. Training in Japan Term Number of received persons Achievement	5 4 ④ 2 1 5 4 ④ 2 1 5 4 ④ 2 1	Only one trained in administration. More administrative personnels should be trained.
4. Technology transfer (Write the items of transferred technology and tick the achievement of each item.) a) Administration b) Cardiology c) Epidemiology d) Microbiology e) Clinical Pathology f) Health education	5 4 ④ 2 1 5 4 ④ 2 1 5 4 ④ 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 4 ④ 2 1	Only one person trained for two weeks in administration which is not sufficient. Only two person trained in Cardiology of which one could not be utilized. Two Cardiologist and one Medical Officer trained in Epidemiology. At least two more epidemiologist will be trained. Two trained another two to be trained. One trained but could not be utilized. No transfer of technology regarding video editing system.
5. Institute facilities Building Laboratory	5 4 ④ 2 1 5 ④ 3 2 1	No space for Director, Clinical doctor, administrative personnels office staff, Store room, OPD room, ECG room and injection room. Laboratory side required room for collection of samples.
6. Donated Materials Equipment	5 ④ 3 2 1 5 ④ 3 2 1	Specially video editing system and color Doppler. ECG Machine for regional centre is required.
7. Yours Section as a whole	5 4 ④ 2 1	Implementation is not adequate due to delay and lack of manpower.
8. Do you have any problem in your department? If any, please describe in details.		No facilities for activity and admission of serious patients after seperation from NICVD.
9. Other comments if any		As Project implementation is started late, So implementation period to be extended.

EVALUATION SHEET

Date: 30. Apr. 92.

This sheet should be submitted to the Evaluation Team by the Bangladesh responsible persons of each section of the Pilot Project of Rheumatic Fever and Rheumatic Heart Diseases as a basic document for a joint evaluation report that the Team would make with the Bangladesh side. Please check the following items and give your comments on the Pilot Project.

Your profession  Doctor (Professional division:  Microbiology, Deputy Project Direct & in charge of Laboratory

Medical Technician  Others

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

	Achievement	COMMENT
1. Project management Japanese side Bangladesh side	5 ④ 3 2 1 5 ④ 3 2 1	Delay in implementation of the project Delay in providing man power.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1 5 ④ 3 2 1	Established all types of tests in Bacteriology, Serology Clinical Pathology with the transfer of technology. He worked efficiently as acting Team Leader also. Less concentration due to shortage of time.
3. Training in Japan Term Number of received persons Achievement	5 4 ④ 2 1 5 4 ④ 2 1 5 ④ 3 2 1	3 persons trained in laboratory sections. One did not actively participated. Another one is very often sick. More persons need to be trained. After all the training in Japan is considered to be useful.
4. Technology transfer (Write the items of technical transfer and tick the achievement of each item.) Bacteriology Serology Clinical Pathology Equipment Quality control Record	5 4 ④ 2 1 5 4 ④ 2 1 5 4 ④ 2 1 5 4 ④ 2 1 5 4 ④ 2 1 5 4 ④ 2 1	Due to shortage of man power, less attention was given in the recording system. Laboratory section has got no standard system of recording reports.
5. Intrinsic facilities Building Laboratory	5 ④ 3 2 1 5 ④ 3 2 1	Accommodation problem will present increased man power, Laboratory No. 1 is occupied by clinical & Epidemiological doctors.
6. Donated Materials Equipment	5 ④ 3 2 1 5 ④ 3 2 1	Excellent quality & quantity and functioning perfectly.
7. Yours Section as a whole	5 ④ 3 2 1	Successful in completion of desired activity.
8. Do you have any problem in your department? If any, please describe in detail.		(1) No proper place and arrangement for sample collection (2) Space problem with increased man power (3) Short period for research and follow up results.
9. Other comments if any		The Project activity could not be expanded as desired in P.P.

EVALUATION SHEET

Date: 30. Apr. 72

This sheet should be submitted to the Evaluation Team by the Bangladesh responsible persons of each section of the Pilot Project of Rheumatic Fever and Rheumatic Heart Diseases as a basic document for a joint evaluation report that the team would make with the Bangladesh side. Please check the following items and give your comments on the Pilot Project.

Your profession:  Doctor (Professional division: )  Microbiology, Deputy Project Direct & incharge of Laboratory

Achievement: 5-very good, 4-good, 3-fair, 2-not enough, 1-poor  Medical Technician  Others

	Achievement	COMMENT
1. Project management Japanese side Bangladesh side	5 ④ 3 2 1 5 ④ 3 2 1	Japanese side had been managing the Project quite well except a period of absence of term leader. Except initial lack of manpower, Management of Bangladesh side had been good.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 ④ 3 2 1 5 4 3 ② 1 5 ④ 3 2 1 5 4 ③ 2 1	Contribution of long term experts had been good. The team leader, The engineer, The epidemiologist and the clinical pathologist experts have contributed much to bring the project to this level. The term of short term experts seem to be inadequate. Exchange of views need more time. Frequency of visit by them is quit adequate. Because of short duration of their stay, their contribution could not reach level of excellence.
3. Training in Japan Term Number of received persons Achievement	5 4 3 ② 1 5 4 3 ② 1 5 4 ③ 2 1	The term of training in Japan specially for cardiologists is not adequate. Number of persons who received training is not adequate. More cardiologist, epidemiologists and clinical pathologists should receive training. The achievement is only fair because training of cardiologists cover only a bit of echocardiography.
4. Technology transfer (Write the items of transferred technology and tick the achievement of each item.) Guidelines for diagnosis of RFR/RHD Patient record system Echocardiography	5 ④ 3 2 1 5 ④ 3 2 1 5 4 3 ② 1 5 4 3 2 1 5 4 3 2 1	The guidelines for diagnoses of RFR/RHD has been well, appreciated both at home and abroad. The patient record system is very useful for follow up although some recent modification have been done. Except some training during stay in Japan only little technology transfer has been done in the field of echocardiography. Only experts coming from Japan can impart proper technology transfer in this field because more cases are available in our country.
5. Institute facilities Building Laboratory	5 4 3 ② 1 5 ④ 3 2 1	The building space is not adequate. There is not enough space for doctor's room, OPD room, Patient education room, Patient waiting room, X-ray room and ECG room. Injection room is very small and we need room for proper examination of patients and keeping patients for observation. Laboratory side require room for collection of samples.
6. Donated Materials Equipment	5 ④ 3 2 1 5 ④ 3 2 1	The supply of lab equipments and in), Penicillin is adequate. Penicillin, Erythromycin A spirin and steroid tablets should be supplied. One X-ray machine to be installed.
7. Yours Section as a whole	5 4 ③ 2 1	Activity of our section is fair. Training of more doctors would improve the activity of the section.
8. Do you have any problem in your department? If any, please describe in detail.		Space problem as specified above. More doctors to be trained. Future prospects of the doctors to be ensured. The doctors room to be air cooled to improve work efficiency. Provisions should be made so that both echocardiography machines can be operate simultaneously.
9. Other comments if any		



Date: 30. Apr. 91

EVALUATION SHEET

This sheet should be submitted to the Evaluation Team by the Bangladesh responsible persons of each section of the Pilot Project of Rheumatic Fever and Rheumatic Heart Diseases as a basic document for a joint evaluation report that the Team would make with the Bangladesh side.

Please check the following items and give your comments on the Pilot Project.

Your Section (EPIDEMIOLOGY)

Your profession Doctor (Professional division: PREVEN. (EDI)

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

	Achievement	COMMENT
1. Project management Japanese side Bangladesh side	5 ④ 3 2 1 5 4 ③ 2 1	Japanese side=1. Sometimes response is very slow 2. Transport management is not sufficient. Bangladesh side = Release of fund was very slow as per workload.
2. Japanese experts (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	5 ④ 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1	Long term experts=1. Could not take part in regular data entry, correction and validity check up due to preoccupation and lack of cooperation. 2. Analysis part still remains pending. Short term experts= should come twice in a year (as soon as possible)
3. Training in Japan Term Number of received persons Achievement	5 4 ① 2 1 5 4 ① 2 1 5 4 ① 2 1	Two Cardiologists and one Medical Officer received training in Epidemiology but doctors with epidemiology or public health background should be trained.
4. Technology transfer (Write the items of transferred technology and tick the achievement of each item) a) Study plan preparation b) Data collection validation c) Data entry, analysis d) Scientific paper presentation	5 4 ① 2 1 5 4 ③ 2 1 5 4 3 ② 1 5 4 3 ② 1	Regular data entry was not possible due to insufficient access to computer and huge accumulation of data. Some oral presentation is done, but no full scientific paper has yet prepared and published. Some amount of data will be left unprocessed at the end of the project period.
5. Institute facilities Building Laboratory Donated	5 4 3 ② 1 5 4 3 2 1	a. Insufficient office accommodation for Epidemiology section. Situation improved partly. b. Services for field activity. epidemiological survey obtained partly upto, 1991. Now laboratory section gave assurance for full support.
6. Materials Equipment	5 ④ 3 2 1 5 4 3 ② 1	Computer.
7. Yours Section as a whole	5 4 ③ 2 1	Could not reach the target due to inadequate protocol taken up initially.
8. Do you have any problem in your department? If any, please describe in details...		a. Mismanagement of transport (vehicle was sufficient but inadequate fuel) b. insufficient budget. c. Facilities should be made available to conduct studies c.i. Normal levels of ASO titre among children of 5-15 yrs. c. 2. Prevalence of Streptococcal sore throat among those age group.

EVALUATION SHEET

Date: 30, Apr. 78

This sheet should be submitted to the Evaluation Team by the Bangladesh responsible persons of each section of the Pilot Project of Rheumatic Fever and Rheumatic Heart Diseases as a basic document for a joint evaluation report that the Team would make with the Bangladesh side. Please check the following items and give your comments on the Pilot Project.

Your profession  Doctor (Professional division : Epidemiology)

Medical Technician  Others

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

	Achievement	COMMENT
1. Project management Japanese side	5 4 ③ 2 1	Training in Japan was delayed for one financial year due to unavoidable circumstances.
Bangladesh side	5 4 ③ 2 1	
2. Japanese experts (1) Long-term experts Contribution on the whole	5 4 3 2 1	Not applicable.
(2) Short-term experts Term	5 ④ 3 2 1	
Frequency Contribution on the whole	5 ④ 3 2 1	
3. Training in Japan Term	5 ④ 3 2 1	Term is more or less enough. Number received training is inadequate. Services of Dr. Abdul Kadir Khan, Dr. Mohibullah, Mr. Nur Mohammad can not be utilized.
Number of received persons Achievement	5 4 ③ 2 1	
4. Technology transfer (Write the items of transferred technology and tick the achievement of each item.)	5 4 ③ 2 1	
1) Cardiology	5 4 ③ 2 1	Technology transfer in Audio-Visual units is essential.
2) Epidemiology	5 4 ③ 2 1	
3) Health Education	5 4 ③ 2 1	
4) Administration	5 4 ③ 2 1	
5) Lab Science	5 4 ③ 2 1	
5. Institute facilities Building	5 4 3 ② 1	Space for training is not available. Conference room is used for training and OPD. During OPD days training classes can not be taken.
Laboratory	② 4 3 2 1	
6. Donated Materials Equipment	5 4 3 ② 1	Slide making is a common need of the Project. Films for slide making was expired. It is not available in the market. Audiovisual unit is available. But it can not be used for lack of technology transfer.
7. Yours Section as a whole	5 4 3 ② 1	
8. Do you have any problem in your department? If any, please describe in details.	5 4 ③ 2 1	It needs strengthening with increase in frequency and logistic support Manual for training of different categories of manpower is not available.
9. Other comments if any		

EVALUATION SHEET

Date: 30. Apr. 92

This sheet should be submitted to the Evaluation Team by the Bangladesh responsible persons of each section of the Pilot Project of Rheumatic Fever and Rheumatic Heart Diseases as a basic document for a joint evaluation report that the Team would make with the Bangladesh side. Please check the following items and give your comments on the Pilot Project.

Your profession:  Doctor (Professional division) )  Medical Technician  Others Electro Medical Engineer

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

	Achievement	COMMENT
1. Project management Japanese side Bangladesh side	5 ④ 3 2 1 5 ④ 3 2 1	
2. Japanese exports (1) Long-term experts Contribution on the whole (2) Short-term experts Term Frequency Contribution on the whole	③ 4 3 2 1 5 4 3 2 1 5 4 3 2 1 5 4 ③ 2 1	ONE SHORT TERM EXPERT SHOULD COME AT LEAST ONCE A YEAR.
3. Training in Japan Term Number of received persons Achievement	5 4 3 2 1 5 4 3 2 1 5 4 3 2 1	NO TRAINING GIVEN TO THIS SECTION IN JAPAN.
4. Technology transfer (Write the items of transferred technology and tick the achievement of each item.) a) Installation of Equipment b) Maintenance work c) Repair work d) Theoretical knowledge	5 4 ④ 2 1 5 4 ④ 2 1 5 4 ④ 2 1 5 4 3 2 1 5 4 3 2 1	TECHNOLOGY TRANSFERRED TO ME BY MR. K. SUZUKI (MEDICAL EQUIPMENT ENGINEER)
5. Institute facilities Building Laboratory	5 ④ 3 2 1 5 ④ 3 2 1	CONGESTED INSTALLATION DUE TO SHORT SPACE.
6. Donated Materials Equipment	5 4 3 2 1 5 ④ 3 2 1	GOOD QUALITY, EXCEPT ONE WASHING MACHINE (DAMAGED DURING TRANSPORTATION)
7. Yours Section as a whole	5 ④ 3 2 1	
8. Do you have any problem in your department? If any, please describe in details.		YES. SERVICE MANUAL OF SOME EQUIPMENT MEASURING TOOLS SUCH AS DIGITAL MULTITESTER, SOCILLOSCOPE, VARIABLE POWER SUPPLY, AND SOME CONSUMABLE ARE NOT AVAILABLE.
9. Other comments if any		FACTORY TRAINING IS NECESSARY FOR PROPER MAINTENANCE OF LA 2000 EQUIPMENT.