

④ 延長についてのR/D (案)

THE RECORD OF DISCUSSIONS
CONCERNING EXTENSION OF THE PERIOD OF
TECHNICAL COOPERATION FOR
THE PILOT PROJECT ON CONTROL OF
RHEUMATIC FEVER AND RHEUMATIC HEART DISEASES

With regard to the Minutes of Meetings and the Joint Evaluation Report made by the Japanese and Bangladesh Joint Evaluation Team in Dhaka on May 2-6, 1992, Mr. Takeshi Imazu, Resident Representative of JICA Bangladesh Office, held a series of discussions with the authorities concerned of the Government of the People's Republic of Bangladesh concerning extension of the period of technical cooperation for the Pilot Project on Control of Rheumatic Fever and Rheumatic Heart Diseases (hereinafter referred to as "the Project") based on the Record of Discussions which was signed in Dhaka on August 3, 1988.

As a result of the discussions, both sides agreed to recommend to their respective governments that the period of technical cooperation for the Project be extended from November 1, 1992 to June 30, 1993, according to the document attached hereto.

Dhaka, June 1992

Mr. Takeshi Imazu
Resident Representative
JICA Bangladesh Office

Prof. M. A. T. Siddique
Director General of Health Services
Government of the People's
Republic of Bangladesh

ATTACHED DOCUMENT

1. The objective of technical cooperation during the period of extension is as follows:

To develop the capability to control rheumatic fever and rheumatic heart diseases through cooperation with the National Center of RF and RHD Project, the 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 to the nationwide program of the Ministry of Health and Family Welfare.

2. Measures to be taken by both sides are as follows:

Bangladesh side

- (1) Provision of the National Center of RF and RHD Project for the implementation of the Project
- (2) Securing budgetary allocation (as prescribed in the Record of Discussions signed on August 3, 1988, Article VII, paragraph 1. and 2.) necessary for successful implementation of the Project
- (3) Provision of the services of suitably qualified Bangladesh counterpart personnel and administrative personnel for successful implementation of the Project

Japanese side

- (1) Dispatch of Japanese experts to the Project in the following fields:
 - Team Leader
 - Coordinator
 - Cardiology
 - Epidemiology
 - Clinical Pathology
 - Other relevant fields mutually agreed upon as necessary
- (2) Acceptance of Bangladesh Counterparts for technical training in Japan
- (3) Provision of supplementary equipment

3. The specific activities during the extension period and the Tentative Schedule of Implementation are described in ANNEX I and II.

4. Administration of the Project

The Director General of Health Services, Ministry of Health and Family Welfare will bear overall responsibility for implementation of the Project.

The Project Director of the Project will be responsible for the administrative and managerial matters of the Project

Other matters will be treated in the same manner as prescribed in the article VIII of the Record of Discussions signed on August 3, 1988.

5. Coordinating Committee

The composition of the Coordinating Committee is as follows:

Chief Patron : Minister of Health and Family Welfare
Chairman : Secretary , Ministry of Health and Family Welfare
Co-Chairman : Additional Secretary, Ministry of Health and Family Welfare
Director General of Health Services
Leader of the Japanese Expert Team
Member Secretary: Project Director, RF and RHD Project
Members : Director, NICVD
Representative of ERD
Representative of IMED
Representative of Planning Commission
Director, Primary Health Care, DHS
Representative of Bangladesh Cardiac Society
Representative of Pediatrics Association of Bangladesh
Deputy Project Director
Japanese Experts except the Leader
Other personnel to be dispatched by JICA
Resident Representative of JICA Bangladesh Office

Note: Official(s) of the Embassy of Japan may attend the coordinating committee as observer(s).

6. During the period of extended cooperation, all matters other than those mentioned above will be treated in the same manner as prescribed in the articles of the Record of Discussions signed on August 3, 1988.

ANNEX I

SPECIFIC ACTIVITIES

1. Development of capabilities for diagnosis 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
5. Other relevant research activities mutually agreed upon as necessary

ANNEX II

TENTATIVE SCHEDULE OF IMPLEMENTATION
OF THE EXTENSION PERIOD

ITEMS	CONTENT	11	12	1	2	3	4	5	6
Activity	Development of diagnostic capabilities	-----	-----	-----	-----	-----	-----	-----	-----
	Studies on prevention methods	-----	-----	-----	-----	-----	-----	-----	-----
	Bacteriological and serological studies	-----	-----	-----	-----	-----	-----	-----	-----
	Epidemiological studies	-----	-----	-----	-----	-----	-----	-----	-----
	Others	-----	-----	-----	-----	-----	-----	-----	-----
Dispatch of Experts	Team leader	-----	-----	-----	-----	-----	-----	-----	-----
	Coordinator	-----	-----	-----	-----	-----	-----	-----	-----
	Cardiology	-----	-----	-----	-----	-----	-----	-----	-----
	Epidemiology	-----	-----	-----	-----	-----	-----	-----	-----
	Clinical Pathology	-----	-----	-----	-----	-----	-----	-----	-----
	Audio Visual	-----	-----	-----	-----	-----	-----	-----	-----
	Bacteriology Serology	-----	-----	-----	-----	-----	-----	-----	-----
C/P Training in Japan	Medical Equipment	-----	-----	-----	-----	-----	-----	-----	-----
	Serology	-----	-----	-----	-----	-----	-----	-----	-----
	Cardiology	-----	-----	-----	-----	-----	-----	-----	-----
	Health Education	-----	-----	-----	-----	-----	-----	-----	-----
	Epidemiology Bacteriology	-----	-----	-----	-----	-----	-----	-----	-----
Equip-ment		○							

PILOT PROJECT FOR PREVENTION AND CONTROL OF RHEUMATIC FEVER AND RHEUMATIC HEART
DISEASES IN BANGLADESH (RF/RHD CONTROL PROJECT) REVISED.

MINISTRY OF HEALTH AND FAMILY WELFARE

DATED THE MARCH 1992

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PROJECT PROFORMA
PART: A
PROJECT DIGEST.

1. Name of the Project :

PILOT PROJECT FOR PREVENTION AND CONTROL OF RHEUMATIC FEVER AND RHEUMATIC HEART DISEASES IN BANGLADESH (RF & RHD CONTROL PROJECT) REVISED.

2. Location of the Project :

A. National Centre : Shahid Shuhrawardy Hospital Complex, Sher-e-Bangla Nagar, Dhaka.

B. Regional Centre : (a) Mymensingh Medical College Regional Centre:

(i) Medical College Level: Hospital based activities.

(ii) Upazila Level-Health Complex based &
-Ward Level Surveillance.

(b) Chittagong, Rajshahi, Rangpur, Osmani, Sher-e-Bangla Medical College Hospital and Khulna (250 bed) Hospital Regional Centre:

(i) Medical College Hospital based and

(ii) Upazila Health Complex based activities.

C. Collaborative Hospitals (5)

1. National Institute of Cardiovascular Diseases.

2. Institute of Postgraduate Medicine and Research.

3. Dhaka Medical College Hospital.

4. Sir Salimullah Medical College and Mitford Hospital.

5) Dhaka Shishu Hospital.

D. Project Areas :

(a) Under National Centre : Some areas of Dhaka city.

: Satellite centre at Dhamrai, Dhaka.

: Control area Savar, Dhaka.

: NGOs may be considered to be involved in Project.

(b) Under Regional Centre : 2 Upazilas under each Regional Centre.

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3. Objectives :

a. General Objectives :

To establish a national strategy for prevention and control of RF and RHD in Bangladesh.

b. Specific Objectives:

1. To conduct epidemiological studies on streptococcus, RF and RHD.
2. To impart training for doctors, Paramedics and primary health care workers.
3. To detect and provide prophylaxis for streptococcal sore throat, RF and RHD in 5-15 years age group in project areas.
4. To carry out laboratory and other non-invasive investigations.
5. To carry out research on various aspect of streptococcal sore throat, RF and RHD.
6. To arrange health education programme for general people, school teachers and students, patients and their relatives, community leaders.
7. To formulate a national strategy for prevention and control of streptococcal sore throat, RF and RHD, economic and convenient for Bangladesh to be implemented through Practitioners, doctors & existing primary health care system.

4. Back ground of the Project:

- 4.1 Rheumatic fever and Rheumatic heart diseases are very common heart diseases in Bangladesh. The main work load of National Institute of Cardiovascular Diseases (NICVD) is due to RF & RHD. It is about 30% of all Hospital admission, 44% of all echocardiographic examination and 80% of surgical work load of NICVD. It's prevalence is about 7.5 per 1000 population (Malik at all, Bangladesh Medical Research Bulletin 2:115-119), by another study it is about 6.3 per 1000 school children (Awal, unpublished).

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- 4.2 It affects young population of poor socio economic group living in overcrowded and unhygienic conditions. It is a preventable disease, which has already been done in developed countries. It is initiated by streptococcal (a type of bacteria) infection in throat later affects the heart causing damage to the 'heart valves' which causes great morbidity and mortality.
- 4.3 Cost of prevention is approximately Taka 300/00 per year for on affected child. But to treat a damaged valve about taka 3 lakh is required. It's prevention has been found to be cost effective and beneficial for general people.
- 4.4 There was no organized body in Bangladesh to cope with the situation. We had no sufficient skilled manpower and resources to undertake a project for whole country. Realizing the magnitude of the problem (financial and health) without waiting for improvement of socio-economic condition ministry of health and family welfare, government of Bangladesh (GOB) has initiated this pilot project and requested government of Japan (GOJ) to provide technical co-operation. GOJ has agreed to provide technical co-operation for 4 years upto 31st October 1992 and a record of discussion about technical co-operation for implementation of the pilot project was signed between the authorities of GOB and GOJ on 3rd August 1988. On the basis of agreement GOJ has been despatching technical experts as well as foreign exchange component and training of manpower in Japan in order to implement Technical Co-operation properly.
- 4.5 The national centre of the project has been established at shahid suhrawardy hospital complex. Project Director will maintain an office for the project in the national centre and plan, direct, supervise & implement the project activities under supervision of Director General of health services as per instruction from the ministry of health & family welfare. Project Director will be the counterpart of the team leader of Japanese experts.
- 4.6 A diagnostic and research laboratory has been set up in the national centre. It has been conducting bacteriological, sero-immunological and clinical pathological studies for pharyngitis, RF and RHD. It is functioning as central laboratory of the project and extending services for patients from all collaborative hospitals and project areas as permissible within limited resources.

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4.7 Methodology:

Objective of the project will be fulfilled through-

- a) Survey to screen out RF & RHD cases.
- b) Registration of RF & RHD cases.
- c) Providing the facilities for investigation & prophylaxis.
- d) Follow-up of cases.
- e) Health education of the general people to raise consciousness.
- f) Training of health personnel to enhance their knowledge, raising awareness and skill for better participation in the Project.
- g) Carry out research on RF & RHD.
- h) Monitoring and evaluation of project activities within last 6 months of this Project.
- i) Formulation of national strategy for Prevention and Control of RF/RHD by replication of project activities through out the country.

a. Survey:

- i) Fixed facilities surveillance in all project areas, regional centres, collaborative hospitals.
- ii) Community based surveillance, like school and house to house survey in Dhaka city Dhanrai, Savar, Ishwarganj and Vhaluka under Mymensingh regional centre.

Survey method:

At satellite centres and Dhaka city areas survey will be done by Health Assistants under the guidance and direct supervision of Doctors. Epidemiologists of the National centre will prepare detailed action plan in consultation with other departments of the National centre. HAs will refer the probable cases to the national centre.

At the upazilla level HAs will work under the supervision of trained Medical officer. Director General of Health services will assign one Medical officer out of nine Medical officers in upazilla to work for RF & RHD control project. Patients will be referred to respective regional centres.

Survey instrument:

- i) Prescribed questionnaire.
- ii) Clinical examination.
- iii) Laboratory investigation.

Contd.....P/5

b. Registration of cases:

Definite cases of RF & RHD as well as patients with past history of RF are registered as per guidelines established by the project in the respective centre of the project. Later on satellite centre, regional centres and collaborative hospitals will send their list of registered cases to the national centre. So that national centre can keep a central record of all registered cases. The national centre will maintain a separate record for its own working area.

c. Investigation and prophylaxis:

The probable cases as sent by HAS from the field or as detected from the outdoor clinics of the project centre will be examined by trained doctors of the project. Then necessary investigation (of blood, throat swab, ECG, Echocardiography) will be done to confirm the diagnosis.

Patients with streptococcal pharyngitis or with confirmed RF & RHD cases will be provided long acting penicillin injection from the specified centre of the project for prophylaxis. Details has been described in implementation plan.

d. Follow up of cases:

Any person once registered with any centre of the project will be followed up to over see the prognosis. During follow up necessary investigations will be done and treatment plan will be reviewed time to time.

e. Health education:

Education and motivation of general mass is one of the effective measure for prevention. Educational programme are being conducted for patient and their attendants waiting in out patients department, general people at community, teachers and students at school by health education experts, nurses and health assistants.

A few spot advertisement have been published in periodicals and daily news papers. Educational programmes through mass medias will be conducted by Bureau of Health Education in collaboration with National Centre of the Project. One Asstt. Chief of the Bureau has been working on part time basis in the Project.

Contd.....P/6

Main focus of Health Education programme will be to make people understand the method and practice of primary prevention of RF & RHD.

f. Training:

Since inception of the project JICA has trained some personnels in Japan and in Bangladesh. Some experience and expertise have been built up and the project is capable to train local health manpower in addition to training provided by JICA.

a) Training in Bangladesh:

National centre of the project has been working as focal point for training for doctors, medical technologists (Lab.), primary health care workers (MI, AHI, HAs) from collaborative hospitals, regional centres and project areas. NGO personnels and general practitioners are also considered to be trained by the project. Detailed schedule enclosed (Appendix "H")

Through training, refresher training and by group discussion with the experts a general consensus will be developed to bring uniformity in the activity of different project centres.

Repeated training programmes will help to develop consciousness about RF & RHD among Doctors and other health personnel.

b) Training in Japan:

Doctor and other staffs of national centre will be trained in Japan in the following fields. All expenses will be borne by GOJ. Schedule attached (Appendix "H")

- 1) Cardiology
- 2) Bacteriology
- 3) Serology
- 4) Epidemiology
- 5) Clinical pathology
- 6) Administration
- 7) Health Education.
- 8) Electro-Medical Engineering

g. Research:

The project has been carrying out applied research on various aspects of streptococci, RF & RHD. Some papers have been presented in different scientific sessions at home and abroad. A few papers have already been published. The laboratory attached to the national centre will conduct basic research in the subject. The research work will provide deeper insight into prevention, prophylaxis and treatment of the diseases for future appropriate national strategy.

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h. Monitoring and evaluation:

The activities of the project will be monitored from time to time and the activities of the project will be evaluated through Jan-June 92 & June 93. Monitoring and evaluation schedule enclosed in appendix..... (K)

4.8 Implementation Plan:

This project started functioning in November, 88 under Colombo plan technical cooperation programme. Japanese experts joined the Project on schedule. Initially it's implementation period was estimated for 4 years from 1988-89 to 1991-92. Construction of the national centre and laboratory was delayed for one year and project implementation was also delayed mainly due to lack of manpower from Bangladesh side. Hence forth it has been approved by ECNEC to extend the implementation period upto June 93.

All doctors, General Practitioners, Cardiologist, Paediatrician has been inducted for implementation of the Project. Seminar symposium & discussion will be held in Medical Institution e.i. Medical Colleges, Postgraduate institutions and thus a consciousness for Prevention & control of RF/RHD. As the doctor population ratio is very narrow, Primary Health care workers will be apprised of the implementation of the programme regarding increasing the awareness of general mass.

From 1988-'90=

The project activity was limited within Dhaka District. The national centre was established at Sher-e-Bangla Nagar. Survey was carried out in three areas of Dhaka city e.g. Dhanvondi area (selected as high income group), Mohammadpur area (selected as Middle income group), Agargaon slum area (selected as low income group). One upazilla of Dhaka district (Dhamrai) was taken as satellite centre. Activities at Savar will start on schedule.

Following schedule will be maintained.

1990-91:

1. Collaborative hospitals: As mentioned in item 2.c.
2. Mymensingh Medical College Regional Centre:
(Upazilas selected: Bhaluka, Ishwargonj)

1991-92:

1. Chittagong Medical College.
(Upazilas selected: Arwar and Mirersharai)
2. MAG Osmani Medical College, Sylhet.
3. Rajshahi Medical College.
4. Rangpur Medical College.

1992-93:

1. Sher-e-Bangla Medical College, Barishal.
2. Khulna (250 bed) Hospital.

(Cont.....p/8)

Schedule for Implementation of the Project.

Sl. No.	National Centre/Regional Centre / Collaborative Hospital/Satellite Centre/Control Area.	1988-90		1989-91		1990-91		1991-92		1992-93	
		July-88-June-89	July-89-June-90	July-90-Dec-90	Jan-91-June-91	July-91-Dec-91	Jan-92-June-92	July-92-Dec-92	Jan-93-June-93		
1.	National Centre										
2.	Satellite Centre, Dharmai										
3.	Collaborative Hospitals										
4.	Mymensingh Medical College Regional Centre										
5.	Chittagong Medical College Regional Centre										
6.	MAG Osmani Medical College, Sylhet										
7.	Rajshahi Medical College Regional Centre										
8.	Rangpur Medical College Regional Centre										
9.	Sher-e-Bangla Medical College, Barisal										
10.	Khalna (250 bed) Hospital Regional Centre										
11.	Control Area, Savar										
12.	Evaluation										
13.	Reporting and Dissemination of Results, Experience										

	Epidemiological	Case finding	Lab. Non Invasive Investigation	Recording	Registration	Propylaxis	Follow-up	Health Education	Training	Monitoring/Evaluation	Research.	Reporting
National Centre	+	+	+	+	+	+	+	+	+	+	+	+
Satellite Centre (Dharmai)	+	+	-	+	+	+	+	+	-	-	-	+
Collaborative Hospitals	-	+	-	+	+	+	-	+	-	-	-	+
Mymensingh Medical College Regional Centre with upazilas	+	+	+	+	+	+	-	+	-	-	-	-
Other Regional Centre with upazilas	-	+	-	+	+	-	-	+	-	-	-	-
Control Area (Savar)	+	+	-	+	+	+	-	+	-	-	-	+

* Including Ctg.

(Contd. ...P/9)

4.9 Collaborative Hospitals:

Five collaborative hospitals in the Dhaka city have been inducted for the implementation of the activity of RF & RHD Project. Out patient services are given by the paediatrician and cardiologists. Admissible patients are investigated & treated in the respective wards. The over all work of the project are supervised by the Professors/Assoc. Prof./Asstt. Prof. of Paediatrics and cardiology department. Experience from the collaborative hospitals, through many patients of RF & RHD attended those hospitals, due to lack of manpower record keeping, registration & reporting could not be done properly & so implementation of the programme of the Pilot Project could not be made satisfactorily.

In view of the suggestion forwarded by the Team Leader of JICA'S Mission, activities of the collaborative hospitals to be intensified with more operational inputs for which the following schedule is under taken.

Operational schedules:

All the medical officers working in the emergency, OPD and in patient of medicine paediatrics and cardiology will be apprised of the project programme regarding referral of definite & suspected cases to concerned Assoc./Asstt. Prof. cardiology. Health Assistants will be deputed to the collaborative hospitals to assist the concerned departments for implementation of the programme.

Functions of the collaborative hospitals:

1. Case finding by clinical examination & laboratory investigations on the basis of revised Jone's criteria (1965).
2. Treatment by the concerned collaborative hospital.
3. Case recording and analysis.
4. Registration in the local centre.
5. Reporting to the national centre for national registration.
6. Prophylaxis by the concerned hospitals/Project.
7. Follow-up.
8. Special investigations of needed will be undertaken by the national centre (T/S culture, Serology & Echocardiography.)

Assoc. Prof./Asstt. Prof. of cardiology under the guidance of Prof./Assoc. Prof. of Paediatrics, Cardiology, Medicine & Pathology (as the case may be) will be responsible to implement the project activities. Residents physicians (Medicine Paediatrics) & Registrars & Asstt. Registrars of Medicine, Cardiology & Paediatrics will co-operate him in this regard. One Prof./Assoc./Assist. Professor in the collaborative hospital will be assigned by Ministry of Health & Family Welfare.

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4.10 Regional Center:

Activities in regional centres will include:

I. Epidemiological and clinical activities under Mymensingh Medical College Regional Centre.

II. Case finding and registration in the following regional centres.

- i) Chittagong Medical College.
- ii) Rajshahi Medical College.
- iii) Sylhet Medical College.
- iv) Rangpur Medical College.
- v) Shere Bangla Medical College, Barisal.
- vi) Khulna 250 bedded hospital.

1) Activities in Mymensingh Regional Centre:

Associate/Assistant Professor of Cardiology will be responsible for implementation of project programmes in the regional centre under the guidance of Professor /Associate Professor of Medicine/Paediatrics/Pathology with cooperation of Resident Physicians (Paediatrics/Medicine), Registrar (Medicine/Paediatrics), Assistant Registrar (Medicine/Paediatrics) and out patient Medical Officers. Health Assistants from Project will be provided to assist Associate/Assistant Professor in performing his duties.

Epidemiological activities have been started in two upazillas Iswarganj and Bhaluka under the supervision of UHFPO/Medical officer, who have been trained in the National Center. Health Assistants from the project will be deputed to work at upazilla level.

Functions of Mymensingh Medical College Hospital:

- 1) Case finding by clinical examinations & laboratory investigations on the basis of Revised Jones criteria (1965).
- 2) Case recording.
- 3) Registration in local registry.
- 4) Reporting to national centre for registration.
- 5) Diagnosis of cases referred from upazila level.
- 6) Treatment to be undertaken by concerned hospital.
- 7) Prophylaxis by concerned hospital.

Contd.....p/11

Functions at upazilla level of Mymensingh Regional Centre:

- I. Epidemiological surveillance
 - a) House to house survey.
 - b) School survey.
 - 2) Case finding at upazilla health complex by clinical examination & ESR only.
 - 3) Registration.
 - 4) Reporting to National Centre/Medical College/Civil Surgeon.
 - 5) Prophylaxis^{oral}/by concerned health complex
- II. Activities in six other regional centres:

Prof./Associate/Asstt. Professor of Cardiology/Consultant of Medicine/Paediatrics will be responsible for implementation of project programmes in the regional centre under the guidance of Professor/Associate Professor of Medicine/Paediatrics/Pathology/Superintendent with cooperation of Resident Physicians, Resistrars. Assistant Resistrars and out patient Medical officers. Health Assistants will be deputed from the project to Medical College/District hospital for assisting assigned Associate/Assistant Professor/Consultant in discharging his duties.

Two upazillas under each regional centre will be selected. Activities in upazillas will be confined to health complex under supervision of UHFPO/Medical officer. Health Assistants will be deputed from the project to assist assigned UHFPO/Medical officer in performing his duties.

Functions of the Regional Medical College/District Hospitals:

- 1) Case finding at the hospital (In patient and out patients of Medicine/Paediatrics/ Cardiology) (Revised Jones Criteria)
- 2) Registration locally.
- 3) Reporting to National Centre.
- 4) Prophylaxis to be undertaken by concerned hospital.
- 5) Treatment to be provided by concerned hospital.

Functions at upazila level:

- 1) Case finding at upazila health complex by/clinical examination & ESR.
- 2) Case recording.
- 3) Reporting to National Centre/Medical College/Civil Surgeon.
- 4) ^{Asstt.} Prophylaxis to be undertaken by concerned hospital.
- 5) Treatment to be provided by the health complex.

Director/superintendent will be responsible for activities in Medical Colleges/Hospitals, UHFPO/MO concerned will be responsible for activities at upazila level. Civil surgeon will be kept informed by UHFPO. Principal of the Medical Colleges will be kept informed about the activities of teaching staff involved by the Project Director. One Prof./Assoc./Asstt. Prof. of cardiology in the regional centre will be assigned by Ministry of Health & Family Welfare.

(Contd-----F/12)

11 Functions of National Centre:

1. Administration and Coordination of activities of the pilot project.
2. Training of doctors, paramedics, health assistants.
3. Health Education.
4. Maintenance of OPD in collaboration with NICVD. (Patients with NICVD OPD ticket only are entertained).
5. National registration.
6. Prophylaxis.
7. Follow-up.
8. Research.

Implementation of project activities is undertaken as per guideline are instruction contained in the memorandum of Director General of health services (vide memo No. H.D/Hosp./FHD-219/90/19289/1(100), Dated:14, November, 1990.)

Project Director will work under the supervision of Director General of Health Services and maintained an office in the national centre. He is the administrative head of the national centre.

Main efforts will be given to the activities of national centre & collaborative centres and hospital base servillance will be done in regional centres.

12 National Conference, Seminer & Symposium on RF & RHD.

Two National Conferences on RF/RHD will be held in the national centre. One in 1992 and one in 1993. Symposium will be held in each regional centre and seminer & health educational meeting will be organized in each upazilla.

Cntd.....P/13

4.13 NGOs

Participation of interested NGOs also may be considered to exchange experiences and to expand project activities beyond limited project areas. No logistic support will be provided. NGO personnels will be trained in the project. All the expenses should be borne by the concerned NGOs. Philosophical and technical know-how will be transferred for mutual benefit. Record keeping system will be same or similar so that their (NGOs) data can be an additional input to project data.

4.14 Operational aspects of Management:

- a) A national Co-ordination committee has been formed as follows:
1. Chief patron : Honourable Minister for Health and Family Welfare.
 2. Chairman : Secretary, Ministry of Health & Family Welfare.
 3. Co-Chairman : i) Additional Secretary, Ministry of Health and Family Welfare.
ii) Director General of Health Services.
iii) Leader of Experts Team.
 4. Member Secretary: Project Director, RF & RHD Control Project.
 5. Members :
 - a) Director, NICVD.
 - b) Representative from ERD.
 - c) Representative from IMED.
 - d) Representative from Planning Commission.
 - e) Director, Primary Health care, DGHS.
 - f) Representative from Bangladesh Cardic Society.
 - g) Representative from Paediatric Association of Bangladesh.
 - h) Deputy Project Director/Microbiologist in charge of Laboratory at national centre.
 - i) 8 Members from Japan:-
 - Experts except team leader.
 - Other personnel to be dispatched by JICA.
 - Resident Representative of JICA Bangladesh office.

Note: Official(s) of the Embassy of Japan may attend the coordinating committee as observer(s).

The committee will meet from time to time to assess the progress of work and to take future action programme.

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- b. Working committee: A working committee will be formed for project implementation as follows:

BANGLADESH SIDE:

1. Chairman : Joint Secretary (DEV.) MOHFW.
2. Member Secretary : Project Director, RF/RHD Project.
3. Members : Chief, of each section, of the project.

JAPANESE SIDE:

1. Team leader of JICA Experts.
 2. Coordinator of RF/RHD Project.
 3. JICA Experts.
The Committee will meet every 3 months to assess the progress of work.
- c. General Meeting:

Monthly general meeting is being held regularly in the national centre between the Japanese experts and with their Bangladeshi counterparts.

4. 15 Manpower employment aspect:

- (I) As it is a Pilot Project on its successful completion the programme will be expanded throughout the country. The provision of full time Project Director or Professor/Associate Professor/Assistant Professor/Medical Officer was not kept at the time of preparation of original project proforma because it was decided that Director, NICVD would act as ex-officio Project Director and he would nominate some doctors of NICVD to work for the project on part time basis. But afterwards it was observed that with these arrangement it was impossible to implement the project smoothly. As a result a memorandum was signed between Japanese Consultation team and representative of Bangladesh Government. As per the memorandum it was proposed to create the post of Project Director, Bangladeshi counterparts and other necessary posts.

In the original project proforma there was provision for 96 posts. But in the PCI 136 posts are proposed & approved by ECNEC; out of 136 posts, 55 posts have already been created and the rest 81 posts, 19 personnel will be assigned by appointment/deputation by Director General of Health Services and concerned ministries (Annexure-A, Serial No. 1-10, 14). After completion of Pilot Project these deputed personnel will be returned back to their original posts and they will not have to be transferred to revenue head. However, provision of said manpower is possible if the arrangement for continuation of the project as national centre is made. The services of the personnels experienced in this project may preferably be utilized.

Contd.....P/15

Rest 62 posts will be created and appointed. After completion of the Project period the expenditure of pay and allowances of appointed officers and staffs (Breakup of manpower in appendix-A) and other expenditure will be transferred to revenue budget of Health Sector. Provision of Project officer would be absorbed as Administrative Officer/ equivalent post in NICVD or any other institutions under D.G.H.S. at the time of revision of the Scheme.

(II) Health Assistants:

A total of 80 health assistants will be recruited. They will conduct surveillance at houses and schools (both primary and secondary). 45 Health Assistants have already been recruited. Recruitment of rest 35 health assistants is under process. After completion of project period these 80 health assistants will be absorbed in vacant posts of health department depending on satisfactory performance during the pilot project.

- i) National Centre - 7
- ii) Collaborative hospital - $5 \times 3 = 15$
- iii) Satellite centre, Dhamrai = 10
- iv) Control area Savar = 5
- v) Mymensingh RC - $10 + 3 = 13$
- vi) Other RC. $6 \times 5 = 30$.

Job description of HAS:

1. Epidemiological survey and reporting to medical officer concerned.
2. Assists doctor in clinical examination in OPD.
 - Receiving the patient.
 - Taking height, weight, temperature, arm circumference, head circumference.
3. Participation in prophylaxis programme; injection.
4. Collection of throat swab, blood sample, and transport them to the laboratory concerned.
5. Performing simple laboratory test with the guidance of pathologist/lab. technicians.
6. Responsible for record keeping and registration done by doctors.
7. Follow-up of patients.
8. Reporting to UHFPO/civil surgeon/superintendent/ national centre.
9. Health Education.

Supervision of Health Assistants:

They will be supervised by medical officer/UHFPO/Epidemiologists/Assistant Professor/Associate professor/Consultant Physician as the case may be.

Contd.....P/16

(III) Drivers.

Ten (10) drivers will be recruited. Among them 4 drivers already recruited. Rest will be recruited in next financial year. Among them 3 will work in the national centre and 7 will work in 7 regional centre.

(IV) Non transfer of project personnels : For transfer of technology and best implementation of project activities and also for delivery of services the manpower involved and trained in the project will be utilized in the project. They will not be transferred elsewhere till completion of the project. An administrative order, will be issued in this respect.

4.16 Japanese Experts :

a) The following Japanese experts will be dispatch to Bangladesh for Transfer of technology mainly in the national centre. The experts will provide consultation with each counterparts in the national center and performs activity mainly for national center.

Experts:

1. Team Leader	1 (One)	6. Epidemiology	(one)
2. Cardiology	1 (one)	7. Coordinator	(one)
3. Serology	1 (one)	8. Electro-medical engineering	(one)
4. Clinical Pathology	1 (one)	9. Any other experts if necessary	
5. Bacteriology	1 (one)		

b). All expenses concerning these experts while their stay in Bangladesh will be borne by the Government of Japan.

c) In transferring technology to the Bangladeshi counterparts full cooperation from concern recipient to be ensured so as to enable the experts to fulfill his task without any trouble.

d) These experts will be extended all facilities and Privileges as enjoyed by the foreign experts engaged under the Colombo Plan Technical Cooperation Scheme.

e) In matters of administrative problems and disputes that may arise in implementing schedule of the project, action will be taken to settle these problems and disputes by mutual discussion and understanding with honourable condition

4.17 Reasons for revision:-

1. The Project was started from November, 1988. 3 (three) Japanese Experts & Co-ordinator joined the Project 3rd November, 1988. As there is no provision of doctors and the experts in the original P.P., a few doctors from NICVD had been working in the project in addition to their own duties. GOJ has requested Govt. of Bangladesh to increase the number of manpower for the national centre. It was decided in the national Co-ordination Committee meeting (20th August, 1990) to

(Contd.....P/17)

revised the P.P. with provision of extra manpower.

2. There was delay in the implementation as time Schedule of the work plan could not be maintained.
3. Due to variation of Taka & foreign currency exchange rate during the period. The amount should have been revised.
4. PCP was approved by the ECNEC on 10th February, 1991 with instruction to revise the P.P. along with the inclusion of the expenditure for foreign experts with original Project cost TK.801.48 Lakh(Appendix..L). The P.P. has been prepared in line with the 'ECNEC' decisions. The Departmental Project Evaluation Committee (DPEC) recommended the P.P. for approval on its meeting held on 21.10.91 with the a total cost of TK.1587.03 lakhs including F.E. of TK.1422.92 Lakhs Appendix-"M"). It may be mentioned here that after completion of the project TK.81.18 Lakh will be required as recurring expenditure including foreign exchange component of TK.30.08 Lakh from revenue budget of GOB.

- 11.18. Future plan:- This Pilot Project will be completed in June, 1993. In the light of experience and information gathered a national strategy for control of RF/RHD will be developed for replication and implementation. After its completion details of a viability of the programme for its replication will be submitted. On the basis of the report, if it is replicable, the strategies so developed will be implemented in phases to cover the whole country within existing health delivery system e.i. from tertiary (National Centre NICVD) through secondary (Medical College and District Hospitals) and primary health care (Upazilla health complex and community level) system with involvement of doctors, paramedics in particular and general people at large.

Information and experience gathered will be utilized for development of proper system of diagnosis treatment and follow up of RF/RHD by the Medical College Hospitals and District Hospitals.

National Centre of the Pilot Project will continue its activities after completion of the Pilot Project as National Centre for preventive Cardiology under supervision of Director General of Health Services with clinical support of NICVD, Medical Colleges, IGM&R and Dhaka Shishu Hospital. This National Centre will responsible for:-

1. Co-ordination of prevention of RF/RHD, Hypertension and Ischemic heart disease in the country.
2. Training of doctors, health personnel and community leaders.
3. Research of preventive aspects of Cardiovascular diseases.
4. Collaboration with National, International organization for prevention of Cardiovascular diseases.

The well equipped laboratory attached to the National Centre will conduct basic and applied research. It will be utilized as national reference laboratory on streptococci, RF/RHD prevention of hypertensive heart disease and Ischemic heart disease will be undertaken if permissible within the facilities available.

(Contd....P/18)

In future the Project may be made self sustained and self sufficient if income generation & cost sharing is allowed.

The prevention and control programme will be integrated with the existing primary health Care Programme with a view to extend it throughout the country. Collaborating hospitals (NICVD, IPGM&R, Dhaka Shishu Hospital, Dhaka Medical College, SSMCH) and Regional Centres (Medical College of Chittagong, Sylhet, Rangpur, Mymensingh, Rajshahi, Barisal and Khulna General Hospital) with their field areas of study at Upazilla level will continue as Regional Centre for Control and Prevention of Cardiovascular Diseases.

5. (a) Is the project included in the current Five Year Plan? (Tick One)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

(b) If yes, what allocation is provided for the Project (In Lakh Taka)

Local Currency	Foreign Exchange	Total
170.00	330.00	500.00

(c) Indicate in the table below the allocation provided for the sector in the current Five Year Plan to which the Project belongs and how much has been allocated for projects already undertaken:

Allocation for the sector in the Five Year Plan	Fund allocated to the projects already undertaken	Allocation for this project	Balance available for other projects
106700.00		500.00	

(d) What is the position of the project in terms of priority in the list of projects of the concerned sector?

Core Project in 3 years plan.

(e) If the project is not included in the current Five Year Plan; why it should now be included and now it is proposed to be accommodated within the Plan allocation.

Not applicable

6. Administrative authorities responsible for:

- (i) Sponsoring : Ministry of Health and Family Welfare Govt. of the People's Republic of Bangladesh.
- (ii) Execution : Director General of Health Services Govt. of the People's Republic of Bangladesh.
- (iii) Operation & Maintenance : Pilot Project for Prevention and Control of Rheumatic Fever and Rheumatic Heart Disease.

7. Proposed dates of:

- (i) Commencement : 1988-1989.
- (ii) Completion : 1992-1993.

(Contd....P/19)

(In Lakh Taka)

8. Investment Cost of the Project (Including cost escalation)

Local	TK.164.11	F.E.	TK.1422.92	Total	TK.1587.03
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Items of Cost	Local	F.E.	Total
9. Indicate the major items of investment cost.			
1. Construction	-	136.24	136.24
2. Imported Machinery, Equipment, Medicine (Appendix "J")	-	402.39	402.39
3. Vehicles	-	98.74	98.74
4. Local Equipment, chemicals & Reagents (Appendix.....J(2))	3.00	-	3.00
5. Furniture	3.80	-	3.80
6. Manpower	82.82	-	82.82
7. Training in Bangladesh & Symposium/Seminar (Tk:0.76 (Lakh)	5.00	-	5.00
8. Foreign experts	-	785.55	785.55
9. CDSI	30.00 ✓	-	30.00
10. Vehicle maintenance & Fuel, Oil	11.67 ✓	-	11.67
11. Gas, Electricity, Washa, Telephone, Taxes and Fees.	6.00 ✓	-	6.00
12. Reporting, evaluation, studies, publications & printings.	2.00	-	2.00
13. Office Stationary	2.00	-	2.00
14. Other Contingency	13.65	-	13.65
15. T.A & D.A	2.00	-	2.00
16. Cost escalation	2.17	-	2.17
	164.11	1422.92	1587.03

10. Indicate the conversion rate US \$(Dollar)= TK. 35.23 of foreign currency.

11. Mode of Financing (In Lakh Taka)

i) Local Cost

ii) Government and/or other source(s) TK. 164.11 (GOB. Grant)

iii) Grant

b) Project Aid

IV) Loan
V) Equity

Contd.....P/20

- (ii) Foreign Exchange:
 - (a) Cash :
 - (b) Commodity Aid :
 - (c) Supplier's Credit :
 - (d) Project Aid : Tk. 1422.92 (including experts cost)

(c) Barter :

(iii) Debt-Equity Ratio :

(iv) Terms of Financing
(grant, loan, equity, rate of interest, down payment repayment period, grace period etc. Grant.

12. If the project is proposed to be financed from own resources of the Agencies, has liquidity certificate been obtained from the Ministry of Finance :

Yes- No

13. Annual operating/recurring expenditure on completion of the project at normal capacity. (In Lakh Taka)

Local Currency	Foreign Exchange	Total
51.48	30.08	81.48

14. List of reports on project including preparatory surveys investigation, feasibility reports etc. :

- (i) Completed (attach copies) Not applicable
- (ii) Under preparation (Indicate expected date of completion) Mid term evaluation report

15. (a) Indicate the expenditure incurred on such studies surveys etc. : (In Lakh Taka)

Local Currency	Foreign Exchange	Total

- (i) Government source :
- (ii) Foreign Assistance :

(b) Give the name and address of the consultants who did the studies, etc. :

- (i) Local :
- (ii) Foreign :

Not applicable.

16. Specify the nature of the contract for the implementation of the Project (Tick one)

Turnkey Otherwise

17. (a) Is the project a revision:
of an earlier project
(Tick one)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

(b) If yes, indicate the
reason or reasons for
revision (Tick relevant
box(s))

Exceeds approved cost.	Needs change in design.	Needs change in scope.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) Revised cost of the
project. (In Lakh Taka)

Already incurred as on date	To be incurred	Total
-----------------------------------	-------------------	-------

30th June '91

(i) Local currency	17.99	151.12	164.11
(ii) Foreign Exchange	1015.11	40781	1422.92
(iii) Total	1020.10	558.93	1587.03

(d) Describe briefly the main
features of the revision
(Indicate the present
stage of the earlier
project.

As mentioned item No. 4.8, 4.13 & 4.17

18. Justify the location of the
project by giving details with
respect to the following :

(a) Surrounding and tie in with
transportation facilities
such as availability of raw
materials, nearness to
market, concentration of
cheap labour etc.

N/A

(b) Provision of service to
special areas etc.

(c) Any other

19. (a) What is the minimum quality
of land required for the
Project?

N/A

(b) Indicate whether it is
possible to accommodate
the project within the
land already under
possession of the Agency
and/or buildings already
constructed.

20. (a) Is there any possibility
of the participation of
the Zila and Upazila in
the process of the
implementation of project?

N/A

Contd.....P/22

(b) If yes, give the items of works to be implemented by the Zilas and Upazila.

(In lakh taka)

Name of the Zila and Upazila.	Items of work	Physical quantity of work	Financial Provision		
			Total	Local	F. Exchange

21. (a) Explain briefly the Management and control system towards efficient implementation and operation of the project fixing the responsibilities of the implementation agencies.

Project Director in consultation with team leader of Japanese experts will be responsible for implementation, monitoring, evaluation and also accountable for financial aspects of the project. Project Director will work in accordance with the policy laid by National Co-ordination Committee (Para No. 4.12) and under supervision of DGHS as per instruction from MOHFW.

(b) Is the project dependent on the implementation of projects and/or operation of the projects of other agencies ?

	J
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(c) If yes, list the related projects or developments which must be completed in time so as not to delay the schedule of works or effective operation of this project:

22. Describe the output /benefit (qualitative statement):

- a. Institutional:- Due to construction of project office/diagnostic and research laboratory there will be an improvement of existing treatment system for RF & RHD.
- b. Productivity: This project is not related with Productivity.
- c. Income and Job opportunity: There will no income but 117 persons will be employed in this Project.
- d. Affect on Socio-economic aspect Particularly on poor classes of People: This disease is more Prevelent in low socio-economic group. Therefore they will more benefited if the disease is Prevented.
- e. Women development: Women suffering from this disease developes vari^{ous} complications during Pregnancy. So these complications will be minimised if it can be Prevented.
- f. Environment : No. bad effect on environment.

Contd.....-.-P/23

23. (a) Have the technological alternatives have been examined in designing the project :

Yes

No

(b) If yes, justification for the choice alongwith a list of the alternatives:

(c) Have similar types of technologies been tried in any other sectors in the past.

Yes

No

(d) If yes, what are their experiences.

(e) What will be impact of the technology on the improvement of indigenous technology and/or transfer /adoption of foreign technology.

(A write-up on technology transfer as envisaged in the project is to be appended with the project proforma as per guidelines provided against Item-23 in the Manual).

Cardiologist and Epidemiologist from Japan and Bangladesh have been performing activities together since inception of the project. Clinical skill of cardiologists and epidemiological surveillance system will be improved. Modern equipment have been set up the diagnostic and research laboratory. Modern techniques on operational aspect will be transferred to Bangladeshi counterparts working in laboratory. Similarly modern technology on electro-medical and audio-visual equipments will be transferred through shared experience.

24. Name and designation of Officer responsible for the preparation of this project proforma.

1. Dr. RMHS. Sirajul Haque, Project Director, RF/RHD control project.
2. Mr. Asad Uddin Ahmed, Assistant Chief, Ministry of Health and Family Welfare.
3. Dr. Md. Mostafa Zaman, Epidemiologist, RF/RHD control, project.
4. Mr. Md. Mustofa Salim Khan, Project Officer, RF/RHD control project.

25. (a) Recommendation of Head of the Executing Authority.

Date:

Signature of the Head of the Executing Authority

(Jahan Ara Rabbee.)

Addl Director General

Directorate General of Health Services
Mohakhali, Dhaka.

(b) Recommendation of the Head of the Ministry.

Date:

Signature of the Secretary of Sponsoring Ministry

Contd.....P/24.

PART-B
PROJECT DESCRIPTION

6. Give a description of the project covering the following aspects:

a. Background:

Rheumatic fever (RF) is a disease which follows streptococcal infection of throat. RF may affect and damage heart valves leading a great morbidity and mortality. RF and Rheumatic heart disease (RHD) is definitely preventable and its prevention has been found to be cost effective and beneficial for general people. It is common among children and young adults of developing countries like Bangladesh. Prevalence of RF and RHD has been said to be around 7 per thousand population. Realising the magnitude of the problem this pilot project for its prevention and control of has been under taken by government of Bangladesh with technical cooperation from the government of Japan through Japan International Cooperation Agency (JICA). (Mentioned in item no. 4)

b. Objective and target:

1. To conduct epidemiological studies, impart training, detect cases and provide prophylaxis, carry out research, investigations, arrange health education programmes.
2. To establish a national strategy for prevention and control of RF and RHD in Bangladesh in the light of experience and information gathered, (Mentioned in item no. 3).

c. Physical and other components of the project:

- | | |
|--|--|
| 1. Construction | 2. Imported Machinery, Equipment, Medicine & Reagents. |
| 3. Local Equipment & chemical | 4. Vehicles |
| 5. Office Stationary | 6. Furniture |
| 7. Manpower | 8. Training in Bangladesh, Symposium. |
| 9. Foreign experts | 10. Other Contingency |
| 11. TA & DA | 12. CDSI. |
| 13. Vehicle maintenance & Fuel, oil. | 14. Gas, Electricity, Washa, Telephone, Taxes & fees. |
| 15. Reporting, evaluation studies and publications | |

d. Choice of the project;

- i) Experience of other similar project(s):
- ii) Effect on balance of payment either through import substitution or export promotion: No
- iii) Overall employment generation and alleviation of poverty highlighting the creation of income generating activities for the target groups, especially for women: No

Contd..... P/25

- iv) Income distribution : No
- v) Effecton on Population Control: No
- vi) Cost effectiveness of domestic resource utilisation: No

27. Give a brief account of the effect on environment as a result of the undertaking of the project covering the following aspects.

- | | | |
|--|--|---|
| a) Is the site selected for the project congenial as well as adaptable/acceptable from environmental point of view. | Yes
<input checked="" type="checkbox"/> | No
<input type="checkbox"/> |
| b) Will any exhaustible and non-renewable resources be utilised for the project. | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| c) If yes, what remedial measures have been adopted for their replanishment. | | |
| d) Is there any chance of environmental pollutions as a result of adoption of the project. | | No |
| e) If yes, please indicate there is built-in external treatment arragnements in the machineris to be used for keeping the level of pollution to an acceptable limit. | | N/A |
| f) Effect on natural resources: | | No |
| g) Effect on culture: | | No |

Part-C
INVESTMENT COST

(In lakh taka)

28. Total investment cost of the Project	:	<u>Local currency</u>	164.11		<u>Foreign Exchange</u>	1422.92	<u>Total</u>	1587.03
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29. a) Give date when cost estimates were prepared : June, 1991
- b) If prepared more than six months ago, confirm that they are still valid : Not applicable.
30. Give the annual breakdown of investment cost over the entire investment period as per table below

TABLE C-1
INVESTMENT COST
(at 1991 Prices)

Items of work	Total cost			Already incurred (Up to 30th June, 1991)			1991-92			1992-93		
	F.E.		Total	F.E.		Total	F.E.		Total	F.E.		Total
	L.C.	F.E.	Total	L.C.	F.E.	Total	L.C.	F.E.	Total	L.C.	F.E.	Total
1. Pre-construction expenditure												
a) Advance expenditure												
b) Land acquisition												
c) Land development												
d) Right of way												
e) Others												
Land is available.												
Sub-Total-1												
Cost escalation												
II.												
II. Construction works:	-	134.70	134.70	-	134.70	134.70	-	134.70	134.70	-		
a) Functional buildings:												
i) Area (in sq.m.) (989.8m ²)												
ii) Cost (Taka per sq.m.) (Tk.13500/=Per Sq.m.)												
iii) Foundation Cost (up to plinth above the flood level)	-	Tk.16.83	-									
iv) Cost of superstructure (Attach designs and Specification, if already made)	-	Tk.117.87	-									

Item of work	Total cost		Already incurred (Up to 30th June, 1991)		1991-92		1992-93				
	L.C.	F.E.	Total	L.C.	F.E.	L.C.	F.E.	Total	L.C.	F.E.	Total
b. Residential buildings											
i) Area (in sq.m.) ()											
ii) Cost (Taka per sq.m.) ()											
iii) Foundation cost (up to plinth above the flood level)											
iv) Cost super structure (attach design and specifications, if already made):											
c. Other construction works (Specify)											
i) Animal House											
ii)											
iii)											
Details of construction maturing used in the above construction works should be given in Annexure 'A' (Page-)											
Sub- Total II	-	136.24	136.24	-	134.70	-	134.70	-	-	-	-
Cost Escalation											

* Give the required information in the bracketed space.

Item of work	Total cost			Already incurred (Up to 30th June, 1991)			1991-92			1992-93			
	F.E.		Total	L.C.		Total	L.C.		F.E.	L.C.		F.E.	Total
	L.C.	F.E.	Total	L.C.	F.E.	Total	L.C.	F.E.	Total	L.C.	F.E.	Total	
III. Machinery & equipment (including spares)													
a) Imported machinery, equipment & spares.													
i) c.i.f. cost		402.39	402.39		381.84	381.84		20.55	20.55				
ii) Duties & Taxes													
iii) Landing charges & Transportation cost to site:	30.00		30.00				30.00		30.00				
CDST Exempted by National Board of Revenue.													
b) Locally produced machinery, equipment & spares.													
i) Ex-factory cost.	3.00		3.00				1.00		1.00		2.00		2.00
ii) Transportation cost to site furnish wise details of spares in Annexure "B" (Page-)													
Sub-total III:	33.00	402.39	435.39		381.84	381.84	31.00	20.55	51.55	2.00		2.00	
Cost escalation:										0.20		0.20	

Item of work	Total cost		Already incurred (Up to 30th June, 1991)		1991-92		1992-93	
	L.C.	F.E.	Total	L.C.	F.E.	L.C.	F.E.	Total
IV. Transport/vehicles:								
a. Imported								
i. c.i.f. cost.								
ii. Duties & Taxes								
iii. Landing charges & Transportation cost.								
b. Locally produced vehicles	-	98.74	98.74	-	48.93	48.93	49.81	49.81
i. Ex-factory cost:								
ii. Duties & Taxes:								
iii. Transportation cost to site: (Furnish item-wise details of Transport vehicles in Annexure "B" (Page-))								
Sub-Total IV	-	98.74	98.74	48.93	48.93	49.81	49.81	49.81
Cost escalation:								

Item of work	Total cost			Already incurred (Up to 30th June, 1991)			1991-92			1992-93				
	F.E.		Total	F.E.		Total	L.C.		F.E.	Total	L.C.		F.E.	Total
	L.C.	F.E.	Total	L.C.	F.E.	Total	L.C.	F.E.	Total	L.C.	F.E.	Total		
v) Manpower (Excluding manpower engaged specifically for construction works)														
i) Foreign Personnel, if any:	-	785.55	785.55	-	449.64	449.64	215.91	215.91	-	120.00	120.00			
ii) a) Remuneration:														
b) Taxes :														
iii) Local personnel														
a) Managerial :	26.81	-	26.81	.47	-	.47	13.17	13.17	-	13.17	-	-	13.17	
b) Skilled :	56.01	-	56.01	1.80	-	1.80	25.00	25.00	-	29.21	-	-	29.21	
c) Semi-Skilled:														
d) Unskilled :														
iv) Training symposium (Furnish Personnel) wise details in Annexure "C" (Page-)	5.00	-	5.00	1.24	-	1.24	2.49	2.49	-	1.27	-	-	1.27	
							(.25)	(.25)		(.27)			(.27)	
Sub-Total V.	87.82	785.55	873.37	3.51	449.64	453.15	40.66	215.91	256.57	43.65	120.00	163.65		
Cost escalation										.12			.12	

Item of work	Total cost			Already incurred (Up to 30th June, 1991)			1991-92			1992-93			
	F.E.		Total	L.C.		Total	L.C.		F.E.	Total		F.E.	Total
	L.C.	F.E.	Total	L.C.	F.E.	Total	L.C.	F.E.	Total	L.C.	F.E.	Total	
VI. Other cost.													
i) Vehicle maintenance & Fuel oil.	11.67	-	11.67	.90	-	.90	3.97	-	3.97	6.80	-	6.80	5.80
ii) Gas, Electricity, Telephone, Washa, Taxes & Fees.	6.00	-	6.00	.80	-	.80	2.20	-	2.20	3.00	-	3.00	3.00
iii) Reporting, Evaluation, studies, publication & Printings.	2.00	-	2.00	-	-	-	1.00	-	1.00	1.00	-	1.00	1.00
iv) Office stationeries.	2.00	-	2.00	-	-	-	1.00	-	1.00	1.00	-	1.00	1.00
v) Other contingency	13.65	-	13.65	3.95	-	3.95	4.00	-	4.00	5.70	-	5.70	5.70
vi) Furniture	3.80	-	3.80	3.80	-	3.80	-	-	-	-	-	-	-
vii) TA. & DA.	2.00	-	2.00	0.03	-	0.03	.97	-	.97	1.00	-	1.00	1.00
Sub total: VI.	41.12	-	41.12	9.48	-	9.48	13.14	-	13.14	18.50	-	18.50	18.50
Cost escalation:	1.85	-	1.85	-	-	-	-	-	-	1.85	-	1.85	1.85
A. Total of Sub-totals: I, II, III, IV, V & VI.	161.94	1422.92	1584.86	12.99	1015.11	1028.10	84.80	287.81	372.61	64.15	120.00	184.15	184.15
B. Total of cost escalation:	2.17	-	2.17	-	-	-	-	-	-	2.17	-	2.17	2.17
C. Total investment cost: (A+B)	164.11	1422.92	1587.03	12.99	1015.11	1028.10	84.80	287.81	372.61	66.32	120.00	186.32	186.32
D. Total Duties and Taxes:	30.00	-	30.00	-	-	-	30.00	-	30.00	-	-	-	-

Contd...../P/33

31. Compare the estimated investment cost with that of actual cost of similar and comparable projects giving reasons for difference, if any ;
32. If the project is a revision of an earlier project, answer questions in annexure - D delineating the charges in cost.

Not applicable

ContdP/ 34

PART D

Financing of the Project.

33. Is the project included in the current Five Year Plan :

Yes

No

a. If yes, specify actual allocation.

TK. 500.00 Lakh

b. If not, how is it proposed to be accommodated ? (Infra-sectoral adjustments in allocation or other resources may be indicated)

c. If the project is proposed to be financed out of a block provision for a programme, indicate.

[In lakh Taka]

Total Block Allocation	Amount already	Amount proposed for the project	Balance available for other project
106700.00	-	500.00	

34. Was the Project included in the previous Five Year Plan ?

Yes

No

35. If yes, specify :

a. Allocation in the Plan : 801.48
 b. Actual expenditure incurred 369.57

36. Indicate the sources and amount of financing the local cost of the project :

a. Type/ Sources of Financing

Amount Source
 [In Lakh Taka]

i. Grant : 164.11 GOB (Grant)
 ii. Loan :
 iii. Equity :

(Contd.....P/35)

- iv. Project Aid :
- v. Sponsoring Agency's own resource :
- vi. Non-government borrowing :
- vii. Other sources :

b. Terms of financing (terms of each type of financing should be shown separately).

Not applicable

37. Indicate the likely sources and amount :

a. Type/ Sources of Financing

- i. Cash
- ii. Commodity Aid
- iii. Supplier's credit
- iv. Project Aid
- v. Barter

1422.92 Lakh (Japan Government)

b. Terms of financing (terms of each type of financing should be shown separately).

38. Have appropriate measures been taken with regard to :

i. Status of aid negotiation

Agreement signed on 3rd August, 1988.

ii. Clearance from appropriate authorities.

- for imported products
- for banned items from Ministry of Commerce.

iii. Clearance from Ministry of Industries for products which are locally available.

Not applicable

iv. Clearance from NBR with regard to non-payment of custom duties etc.

v. Consent of the LGRD, BRDB etc. to utilisation of the output of the project where applicable.

iv. any other.

39. a. Is it proposed recover investment cost of the project from the beneficiaries ?

Yes

No

b. If so, how ?

(Contd.....P/36)

40. Initial working capital

not required.

a. Indicate the amount of working capital required, if any (In Lakh Taka)

b. State how the required working capital is proposed to be financed ?

(Contd.....P/37)

PART - E

Project Implementations

41. Give the proposed dates of :
- a. Commencement of the Project : 1988-89
 - b. Completion of the Project : 1992-93
42. Give the implementation plan for the project in terms of Logical Framework Approach. (This may be appended with the Project Proforma).
- In Case of social sector (Health) Project it is not applicable.
43. Give details of the proposed management set-up for the implementation of the project.
- As explained in items No.-21(a) above.
44. Give year-wise financial phasing and physical work of the project for the entire investment period in the following table (E-I).
- do-

Contd.....P/33

TABLE-E-1.
Year wise physical and financial schedule of works.

Items of work.	Total Provision		Already Incurred 30th June, 1991.		Schedule for year 1991-92		Schedule for year 1992-93	
	Physical Qty. of works	Financial Total L.C., F.E.	Physical Qty. of works	Financial Total L.C., F.E.	Physical Qty. of works	Financial Total L.C., F.E.	Physical Qty. of works	Financial Total L.C., F.E.
1. Construction	989.8m ²	136.24	989.8m ²	134.70	-	1.54	-	-
2. Machinery Equipment, Reagent & Medicine (Imported)	-	402.39	-	381.84	-	20.55	-	-
3. Equipments (Local)	-	3.00	-	-	-	1.00	-	2.00
4. Vehicles	95	98.74	-	48.93	-	49.81	-	-
5. Furniture	-	3.80	-	3.80	-	-	-	-
6. Manpower Persons	136	82.82	55	2.27	-	38.17	-	42.38
7. Training in Bangladesh	-	5.00	-	1.24	-	2.49	-	1.27
8. Foreign experts	-	785.55	-	449.64	-	215.91	-	120.00
9. CDS.	-	30.0	-	-	-	30.00	-	-
10. Vehicle maintenance & Fuel, Oil.	-	11.67	-	.90	-	3.97	-	6.80
11. Gas, Electricity, Tele- phone, Washa, Taxes & Fees.	-	6.00	-	.80	-	2.20	-	3.00
12. Reporting, Evaluation, studies, publication & Printings.	-	2.00	-	-	-	1.00	-	1.00
13. Office Stationeries.	-	2.00	-	-	-	1.00	-	1.00
14. Other contingency	-	13.65	-	3.95	-	4.00	-	5.70
15. TA. & DA.	-	2.00	-	.03	-	.97	-	1.00
16. Cost escalation.	-	2.17	-	-	-	-	-	2.17
TOTAL :		1587.03	164.11	1422.92-1028.10	12.99	1015.11	-	186.32
						372.61	84.8	287.81
								120.00

45. Give location-wise break-up of the work components as indicated in Table E-1 with allocation provided for during the implementation period of the project. (This should be appended with the Project Proforma).

not applicable.

46. Give a procurement schedule of both foreign and local equipment and materials for the Project (Attach a bar diagram showing the major items of procurement).

not applicable.

47. Give the major item-wise schedule of physical works in terms of time schedule with the bar diagram and in the case of large project, in terms of network analysis such as CPM.

not applicable.

ContdP/40

PART - F

Operation of the Project
(at 19 prices)

48. Give annual breakdown of the operating cost over the economic life of the project in the Table below

Items of Work	Year - 1			Year - 2			Year - 3		
	Local	F.E.	Total	Local	F.E.	Total	Local	F.E.	Total

I. Raw materials and supplies

a. Imported raw materials, supplies, and spares :

i. c.i.f. cost.

ii. Duties and Taxes

iii. Landing charges and transportation cost to site :

b. Locally produced raw materials, supplies and spares :

i. Ex-factory Cost :

ii. Duties and Taxes:

iii. Transportation cost of site :

iv. Others :

[Furnish item-wise details and spares in Annexure "E" (see page ___ of the PP).]

Sub-Total - I :

II. Fuel and Power

i. Electricity

ii. Oil

iii. Gas

iv. Coal

v. Others

[Furnish details in Annexure "E"]

Sub-Total - II :

(Contd.....P/41)

III. Manpower

i. Foreign Personnel if any:			
a. Remuneration.			
b. Taxes.			
ii. Local personnel.	39.80	---	39.80
a. Management.			
b. Skilled.			
c. Unskilled.			

[Furnish personnel-wise details in Annexure "A" (see page 43 of the PP)]

Sub-total III :	39.80	---	39.80

IV. Other Costs			
1. Fuel, oil and Lubricant	4.50	--	4.50
2. Office contingency (Stationary and others)	4.00	--	4.00
3. Repair and maintenance of furniture Tk.3.80 (10% of Total cost)	.38	--	.38
4. Repair and maintenance of equipment , machinaries & vehicles.	--	10.08	10.08
5. Repair and maintenance of Building. (2% of total cost)	2.72	--	2.72
6. M.S.R. including reagent.	--	20.00	20.00

Sub-total-IV :	11.60	30.08	41.68

Total :	51.48	30.08	81.48

49. Indicate how the operating/ recurring cost of the project will be financed.

From revenue budget of the Ministry of Health
and Family Welfare

Contd p/42

PART - G

Project Analysis

The ultimate aim of project analysis is the determination of investment worth of projects which is defined as the net benefits over costs of projects. It is to mention here that projects differ from one another in respect of their benefits. Benefits may be divided into tangible and intangible benefits. Tangible benefits may be quantified. So far as the intangible benefits are concerned, these may be quantified only indirectly through compensation principle, prospective beneficiary being ready to pay towards the cost of the project for the psychological satisfaction, one would have to forego had the project been shelved. These are projects which provide only service benefits which can hardly be quantified. Such benefits may accrue either to an individual or to a community. Most education and health projects fall in this category.

An approach towards appraising the projects whose benefits cannot be directly quantified for investment decision making has been explained in Part G of the Manual of Instructions.

50. Describe the nature of benefits expected from the project. Give as much quantitative details as possible.

not applicable.

Contd.....P/43

STAFFING PATTERN IN RESPECT OF THE RHEUMATIC FEVER & RHEUMATIC HEART DISEASES CONTROL PROGRAMME IN BANGLADESH.

Appendix-"A"

Sl. No.	Name of Post	Total Number of Post	Scale of Pay	Average Pay	Allowances & Honararia
1	2	3	4	5	6
1.	Project Director	1	TK.4750-150-5500/=	TK.5125/=X1X12 = 61500/=	H.R. 24,600/= M.A. 1,200/= D.A. 18,450/=
2.	Associate Professor (Microbiology)	1	TK.4200-150-5250/=	TK.4725/=X1X12 = 56700/=	H.R. 22,680/= M.A. 1,200/= D.A. 17,010/=
3.	Ass.ociate Professor (Epi demiology)	1	TK.4200-150-5250/=	TK.4725/=X1X12 = 56700/=	H.R. 22,680/= M.A. 1,200/= D.A. 17,010/=
4.	Assistant. Professor (Cardiology)	2	TK.2800-150-4425/=	TK.3612.5X1X12 = 86700/=	H.R. 34,680/= M.A. 2,400/= D.A. 26,010/=
5.	Assistant Professor (Epidemiology)	1	TK.2800-150-4425/=	TK.3612.5X1X12 = 43350/=	H.R. 17,340/= M.A. 1,200/= D.A. 13,005/=
6.	Assistant Professor (Microbiology)	1	TK.2800-125-4425/=	TK.3612.5X1X12 = 43350/=	H.R. 17,340/= M.A. 1,200/= D.A. 13,005/=
7.	Paediatrician,	2	TK.2400-120-3600/=	TK.3000/=X2X12 = 72000/=	H.R. 32,400/= M.A. 2,400/= D.A. 21,600/=
8.	Medical Officer	5	TK.1650-100-2250/= EB-110-3025/=	TK.2335/=X5X12 = 140100/=	M.R. 63,045/= 6,000/= 58,030/=

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P.T.O.

1	2	3	4	5	6
9.	Clinical Pathologist	1	TK.1650-100-2250EB-110-3020/=	TK.2335/=X1X12 = 28020/=	H.R. M.A. D.A. 12,609/=
					1,200/=
					8,406/=
10.	Health Education Officer	1	TK.1650-100-2250-EB-110-3020/=	TK.2335/=X1X12 = 28020/=	H.R. M.A. D.A. 12,609/=
					1,200/=
					8,406/=
11.	Statistical Officer	1	TK.1650-100-2250EB-110-3020/=	TK.2335/=X1X12 = 28020/=	H.R. M.A. D.A. 12,609/=
					1,200/=
					8,406/=
12.	Electro -Medical Engineer	1	TK.1650-100-2250EB-110-3020/=	TK.2335/=X1X12 = 28020/=	H.R. M.A. D.A. 12,609/=
					1,200/=
					8,406/=
13.	Project Officer(Administrative Officer)	1	TK.1350-90-2250EB-100-2750/=	TK.2050/=X1X12 = 24600/=	H.R. M.A. D.A. 11,070/=
					1,200/=
					7,380/=
14.	Staff Nurse	3	TK.1000-70-1560-EB-90-2280/=	TK.1640/=X3X12 = 59,040/=	H.R. M.A. D.A. C.A. 29,520/=
					3,600/=
					17,712/=
					1,440/=
15.	Statistical Assistant	1	TK.900-65-1550-EB-75-2075/=	TK.1487.5X1X12 = 17850/=	H.R. M.A. D.A. C.A. 8,925/=
					1,200/=
					5,355/=
					480/=
16.	Laboratory Technician	4	TK.800-50-1300-EB-55-1630/=	TK.1215/=X4X12 = 58,320/=	H.R. M.A. D.A. C.A. 32,075/=
					4,800/=
					17,495/=
					1,925/=
		Total Officer		19	

	2	3	4	5	6
17. Accountant	1	TK. 800-50-2300-EB-55-1630/=	TK.1215/=X1X12	= 14,580/=	H.R. M.A. D.A. C.A. 8,019/- 1,200/- 4,372/- 480/-
18. Store Keeper	1	TK. 750-45-1200-EB-50-1550/=	TK.1150/=X1X12	= 13,800/=	H.R. M.A. D.A. C.A. 7,590/= 1,200/= 4,140/= 480/=
19. Account Assistant	1	TK. 700-40-1100-45-1415/=	TK.1057.5X1X12	= 12,690/=	H.R. M.A. D.A. C.A. 6,980/= 1,200/= 3,807/= 480/=
20. L.D.A-cum-Typist (Office Assistant)	2	TK. 700/=--40-1100-EB-45-1415/=	TK.1057.5X2X12	= 25,380/=	H.R. M.A. D.A. C.A. 13,959/= 2,400/= 7,614/= 960/=
21. Health Assistant	80	TK. 700/=--40-1100-EB-45-1415/=	TK.1057.5X80X12	=10,15,200/=	H.R. M.A. D.A. C.A. 4,08,360/= 96,000/= 3,04,560/= 38,400/=
22. Driver	10	TK. 750/=--45-1200-EB-50-1550/=	TK.1150/=X10X12	=1,38,000/=	H.R. M.A. D.A. C.A. 75,900/= 12,000/= 31,500/= 4,800/=
23. Laboratory Attendant	4	TK. 550/=--25-725/=--30-965/=	TK.757.5X4X12	= 36,360/=	H.R. M.A. D.A. C.A. 19,998/= 4,800/= 10,908/= 1,920/=

	2	3	4	5	6
24. Peon. (M.L.S.S)		3	TK. 500/= --20-860/=	TK. 680/=X3X12 = 24,480/=	H.R. 13,465/= M.A. 3,600/= D.A. 7,344/= C.A. 1,440/=
25. Security Guard.		4	TK. 550/= --25-725-EB-30-965/=	TK. 757.5X4X12 = 36,360/=	H.R. 19,998/= M.A. 4,800/= C.A. 10,908/= C.A. 1,920/=
26. Cleaner.		3	TK. 500/= --20-860/=	TK. 680/=X3X12 = 24,480/=	H.R. 13,464/= M.A. 3,500/= D.A. 7,344/= C.A. 1,440/=
Total staff		117			
Total Officer		19		Tk. = 21,73,620/-	
GRAND TOTAL		136			Tk. 18,06,970/-

Pay of Officer and Staff = Tk. 21,73,620/=

Allownees and Honararia = Tk. 18,06,970/-

Total Tk. 39,80,590/=

This assisment only for 1(one) year expenditure from Revenue budget.

Say Tk. 39.80 Lakh.

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Manpower Programme of RE/RHD Project.

No.	Name of Post	No. of Post As per Original P.P	No. of Post As per revised P.P.	Already appointed (up to June 1991)	To be appointed.
	2	3	4	5	6
1.	Project Director	--	1	1	
2.	Associate Professor. (Epidemiology)	--	1	--	1
3.	Assistant Professor (Epidemiology)	--	1	--	1
4.	Associate Professor (Micro Biology)	--	1	--	1
5.	Assistant Professor (Micro-biology)	--	1	1	
6.	Assistant Professor (cardiology)	--	2	2	
7.	Paediatrician.	--	2	2	
8.	Medical officer	--	5	5	
9.	Clinical Pathologist.	--	1	1	
10.	Health Education officer.	--	1	--	1
11.	Statistical officer	--	1	--	1
12.	Electro Medical Engineer.		1		1
13.	Project officer (Administrative officer)	1	1	1	--
14.	Staff nurse.	--	3	2	1
15.	Statistical Assistant	1	1	1	
16.	Laboratory technician	--	4	--	4
17.	Accountant	--	1	--	1
18.	Account Assistant	1	1	1	--
19.	L.D.A.cum typist (office Assistant)	1	2	1	1
20.	Store Keeper.	--	1	--	1
21.	Health Assistant	80	80	45	35
22.	Driver	10	10	4	6
23.	Laboratory attendant	--	4		4
24.	Peon (M.L.S.S.)	1	3	1	2
...	Security Guard.	--	4	--	4
26.	Cleaner.	1	3	1	2
		96	136	69	67

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Appendix "C"

Detail cost break-up of the project. (Doner wise).

		<u>In. Lakh Taka</u>		
<u>SL.NO.</u>	<u>Item of Cost</u>	<u>GOB</u>	<u>JICA</u>	<u>Total</u>
1.	Construction	-	136.24	136.24
2.	Imported machinery equipments, Medicine & reagents (Appendix- I)	-	402.39	402.39
3.	Machinery and Equipment (Local)	3.00	-	3.00
4.	Vehicles	-	98.74	98.74
5.	Furniture	3.80	-	3.80
6.	Manpower	82.82	-	82.82
7.	Training & Symposium	5.00	-	5.00
8.	Foreign experts	-	785.55	785.55
9.	CDST	30.00	-	30.00
10.	Vehicle maintenance & Fuel, Oil	11.67	-	11.67
11.	Gas, Electricity, Washa, Telephone, Taxes and Fees	6.00	-	6.00
12.	Reporting, evaluation, studies, publications & printings	2.00	-	2.00
13.	Stationary for office	2.00	-	2.00
14.	Other contingency	13.65	-	13.65
15.	T.A. & D.A.	2.00	-	2.00
16.	Cost escalation	2.17	-	2.17
		164.11	1422.92	1587.03

Contd.....P/49

Revised Cost Estimates.
i. Comparative cost estimates of the original & revised scheme.

In Lakh Taka.

Items	Original Estimate			Revised Estimate			
	Qty	Cost		Qty	Cost		
		Local	F. E		Local	F. E	Total
1. Construction	1219.70	-	140.00	989.8m ²	-	136.24	136.24
2. Imported Machinery, equipments & reagents	-	-	318.06	-	-	402.39	402.39
3. Machinery equipments (Local)	-	-	-	-	3.00	-	3.00
4. Vehicles (Jeep-9, Motor cycle-8, Bicycle-80)	97	-	95.48	95	-	98.74	98.74
5. Furniture	-	3.51	-	-	3.80	-	3.80
6. Manpower	96	43.15	10.39	136	82.82	-	82.82
7. Training & Symposium	-	-	3.80	-	5.00	-	5.00
8. Foreign experts	-	-	-	-	-	785.55	785.55
9. CDST.	-	87.71	-	-	30.00	-	30.00
10. Vehicle maintenance & Fuel, Oil.	-	3.00	5.50	-	11.67	-	11.67
11. Gas, Electricity, Telephone & others	-	9.58	-	-	6.00	-	6.00
12. Reporting, evaluation, studies, publications & Printings.	-	-	-	-	2.00	-	2.00
13. Office stationery	-	-	3.00	-	2.00	-	2.00
14. Office Contingency	-	-	-	-	13.65	-	13.65
15. Other sanitary works, Telephone installation & Office advance.	-	2.19	-	-	-	-	-
16. T.A & D.A	-	-	-	-	2.00	-	2.00
17. Cost escalation	-	14.97	61.14	-	2.17	-	2.17
		<u>164.12</u>	<u>637.37</u>		<u>164.11</u>	<u>1422.92</u>	<u>1587.03</u>

Contd.P/50

II. Give reasons for the revision in cost estimate :

Items	Variation in cost over original		Reason for variation
	due to cost variation over original scope and quantity of work.	due to variation in foreign exchange rate over original scope and quantity of work.	
1. Imported equipments Medicine & reagents	—	✓	Time over run.
2. Machinery Equipments. (Local)	—	—	To purchase some of the locally available equipment
3. CDST	—	—	CDST exempted before July, 91
4. Training, symposium	—	—	JICA will not spent for in country training
5. Manpower	—	—	Increase in nos. of sanctioned post.
6. Furniture	—	—	For cost escalation
7. Other contingency & T.A, D.A	—	—	No provision was kept.
8. F. Experts	—	—	As desired by ECNEC
9. Vehicle maintenance & Fuel, oil	—	—	Allocation was less than required.
10. Gas, Electricity, Wash, Telephone, Taxes & Fees.	—	—	Minor repair, maintenance to be done by GOB.
11. Reporting, Evaluation, studies, Publication & Printing.	—	—	Essential events omitted in original P.P.
12. Office Stationary	—	—	Allocation was less than required.

III. Total expenditure incurred so far and to be incurred and progress of work.

Items	Work done	Expenditure incurred upto June/91		Balance work	Expenditure to be incurred		
		Local	F.E.		Local	F.E.	Total
1. Construction	96.87%	-	134.70	1.13%	-	1.54	1.54
2. Imported Machinery equipments, chemicals & Reagents	94.19%	-	381.84	5.81%	3.00	20.55	23.55
3. Vehicles	49.55%	-	48.93	50.45%	-	49.81	49.81
4. Furniture	100%	3.80	-	-	-	-	-
5. Manpower	53.73%	2.27	-	46.27%	80.55	-	80.55
6. Foreign experts	57.23%	-	449.64	42.77%	-	335.91	335.91
7. CDST.	-	-	-	100.00%	30.00	-	30.00
8. Training, Vehicle maintenance & Fuel, oil, Office contingency, Stationery & other.	16.85	6.92	-	83.65%	35.40	-	35.40
9. Cost escalation	-	-	-	100.00%	2.17	-	2.17
		Tk. 12.99	1015.11	1028.1	151.12	407.81	558.93

Details cost break-up of the RF/RHD Project

Appendix "E"
(Taka in Lakh)

Sl.No.	Items	As per original P.P.		As per revised estimate		Already incurred; (Upto 30.6.1991)	To be incurred	Remarks
		Quantity	cost	Quantity	cost			
1.	Construction	1219.70m ²	140.00	989.8m ²	136.24	134.70	1.54	-
2.	Machinery Equipments & Reagents (Imported)	-	318.06	-	402.39	381.84	20.55	-
3.	Machinery Equipments & Reagents (Local)	-	-	-	3.00	-	3.00	-
4.	Vehicles	97	95.48	95	98.74	48.93	49.81	-
5.	Furniture	-	3.51	-	3.80	3.80	-	-
6.	Manpower	96	53.54	136	82.82	2.27	80.54	-
7.	Training, Seminar & Symposium	-	3.80	-	5.00	1.24	3.76	-
8.	Foreign Experts	-	-	-	785.55	449.64	335.91	-
9.	CDSI	-	87.71	-	30.00	-	30.00	-
10.	Vehicle Maintenance & Fuel Oil	-	8.50	-	11.67	0.90	10.77	-
11.	Gas, Electricity, Telephone, & others	-	9.58	-	6.00	0.80	5.20	-
12.	Reporting, Evaluation, Studies, Publications & Printings	-	-	-	2.00	-	2.00	-
13.	Office Stationery	-	-	-	2.00	-	2.00	-
14.	Office Contingency	-	-	-	13.65	3.95	9.70	-
15.	Other Sanitary works, Telephone installation & Office advance	-	2.19	-	-	-	-	-
16.	TA, & DA	-	-	-	2.00	0.03	1.97	-
17.	Cost Escalation	-	76.11	-	2.17	-	2.17	-
		-	801.48	-	1587.03	1028.10	558.93	-

Annual Recurring Expenditure of Rheumatic Fever and Rheumatic
Heart Disease Control Project in Bangladesh.

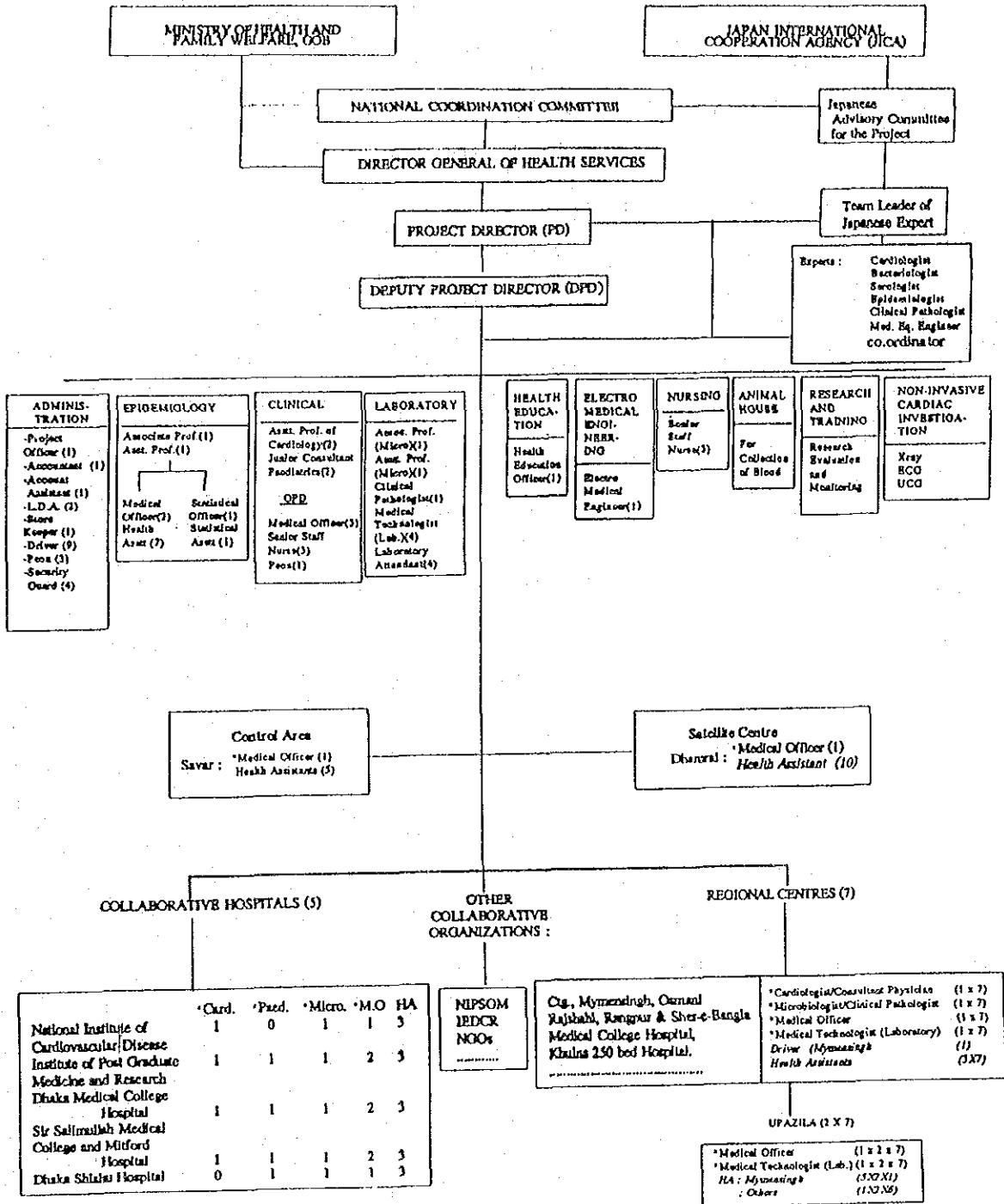
Appendix "F"

	<u>L.C.</u>	<u>F.E.</u>	<u>Total</u>
1. Pay and allowances of Establishment.	39.80	-	39.80
2. Fuel, Oil and Lubricant	4.50	-	4.50
3. Office contingency (Stationary and others)	4.00	-	4.00
4. Repair and maintenance of furniture TK. 3.80 (10% of Total cost)	3.8	-	38.38
5. Repair and maintenance of equipment, vehicles & machinaries	-	10.08	10.08
6. Repair and maintenance of Building	2.72	-	2.72
7. M.S.R. (2% of total cost) including reagent	-	20.00	20.00
	51.48	30.08	81.48

Say Tk. 81.48 Lakh.

Contd. P/ 54

ORGANOGRAM



(* They will work in addition to their own duties.)

(Contd.....P/55)

TANTATIVE TRAINING IMPLEMENTATION SCHEDULE OF THE
PILOT PROJECT OF RHEUMATIC FEVER & RHEUMATIC HEART DISEASE

Annexure // "II" //

A. In Bangladesh

Contingency of personnel	1988-June, 90	1990-91	1991-1992	1992-1993
1. Doctor's	5	30	40	-
2. Medical Technologist (Lab.)	-	11	20	-
3. Primary Health care workers (HI, AHI, HA)	27	44	50	-
B. Counter Part Training in Japan				
1. Administration / Observation tour	-	1 (3w)*	1(3w)	-
2. Epidemiology	2	1 (3m)*	1(3m)	-
3. Cardiology	1	1 (3m)*	1(3m)	-
4. Bacteriology	1	-	-	1(3m)
5. Serology	1	-	-	-
6. Clinical Pathologist	1	-	-	1(3m)
7. Health Education	1	-	1(3m)	-
8. Electro Med.Engineer	-	-	-	1(3m)

* Proposed, not yet trained

(Cont.....P/56)

Appendix I

List of the Office Furniture for RF/RHD Project Centre and Regional Office.

SL.No.	Name of the Items	Total Requirements	Rate of per unit	Total price.
1.	Secreteriate Table Ctg. Teak Top	2	Tk. 10,945/=	Tk. 21,890/=
2.	Half Secreteriate Table Ctg.	18	Tk. 4,215/=	Tk. 75,870/=
3.	Wooden Table for Typing	2	Tk. 3,913/=	Tk. 7,826/=
4.	Tools	2	Tk. 828/=	Tk. 1,656/=
5.	Steel Almirah	10	Tk. 6,134/=	Tk. 61,340/=
6.	File Cabinet	10	Tk. 5,912/=	Tk. 59,120/=
7.	Iron safe for cash	1	Tk. 8,298/=	Tk. 8,298/=
8.	Telephone stand	3	Tk. 2,390/=	Tk. 7,170/=
9.	Armed Cushion chair	18	Tk. 2,212/=	Tk. 39,816/=
10.	Armed nylon seated chair	18	Tk. 1,320/=	Tk. 23,760/=
11.	English Type writer	1	Tk. 3,778.75	Tk. 3,778.75
12.	Bengali Type writer	1	Tk. 10,685.22	Tk. 10,685.22
13.	Stand Fan	4	Tk. 5,000/=	Tk. 20,000/=
14.	Calculator machine	1	Tk. 3,397.69	Tk. 3,397.69
15.	Conference Table	8	Tk. 3,000/=	Tk. 24,000/=
16.	Patient Examination Table	4	Tk. 3,000/=	Tk. 12,000/=
			Total	Tk.3,80,567.66

(Contd.....P/57)

Appendix "J"

List of Equipments for Rheumatic fever & Rheumatic Heart Diseases control Programme as per R/D.

A B R E X (1) (A)

No.	Items	Total Qty.	Price per unit	Total
1-1-1	Autoclave	1		1,17,500/-
1-1-2	Autoclave	1		74,000/-
1-1-3	"	1		1,85,000/-
1-2-1	Refrigerator	5	37,812.50	
1-2-2	"	5		2,62,000/-
1-3-1	Deep-freezer (-20°C)	5		
1-3-2	" (-20°C)	5		
1-3-3	" (-85°C)	2		
-4	Automatic Media Dispenser	2		
1-5	Auto Disco Dispenser	4		
1-6	Fluorescence Microscope	1		
1-7	Ultrasonic Clesner	1	82,500/-	82,500/-
1-8-1	Water Bath (27 l)	1		
1-8-2	" (42 l)	1		
1-8-3	" (70 l)	1		
1-8-4	" (18 l)	1		
1-8-5	" (7 l)	1	1,07,500/-	8,60,200/-
1-9	Air Conditioner	8		
1-10	Millipor Filter set	2		
1-11-1	PH Meter	5		
1-11-2	"	2		
1-12	anaerobic jar	2		
1-13	Lamp Magnifier	2		
1-14	Colony-Counter	2		
1-15-1	Incubator Co ₂	1		
1-15-2	"	1		
-16	ELISA Analyzer	1		
-17-1	Micro Plate Washer	1		
-17-2	"	1		
-18-1	Net Plate	2	21,500/-	43,000/-
-18-2	"	2		

Contd. P/5th

A. E. X (1) (A)

No	Items	Total Qty.	For unit price	Total Price
1-19-1	Heating stirrer	3		
1-19-2	"	3		
1-20	Vacuum pump	2		
1-21-1	Analytical Balance	3	75,00/-	2,25,000/-
1-21-2	"	3		
1-22-1	Centrifuge (N.T.H.S)	2		
1-22-2	"	2		
1-22-3	"	2		
1-22-4	" (H.S)	2		
1-23	Safety Cabinet	2		
1-24-1	Laboratory Washer	1	2,75,000/-	2,75,000/-
1-24-2	"	1		
1-25	Hot Air Dryer	1		
1-26	Photomicrographic scope	3	2,15,500/-	6,46,500/-
1-27	Spectrophotometer	2	2,98,750/-	5,87,500/-
1-28	Flask 50 ml	20		
1-28	" 100 ml	20		
1-28	" 200 ml	20		
1-28	" 300 ml	20		
1-28	" 500 ml	20		
1-28	" 1000 ml	20		
1-28	Beaker 50 ml	20		
1-28	" 100 ml	20		
1-28	" 200 ml	20		
1-28	" 250 ml	20		
1-28	" 300 ml	20		
1-28	" 500 ml	20		
1-28	" 1000 ml	20		
1-28	Desiccator 30 cm	3		
1-28	" 36 cm	3		
1-28	" 40 cm	3		
1-28	Spitz 10 ml	5,000		
1-28	Flavo-test 20 g	20,000		
1-28	Disposal syringe 2 cc	8,000		
1-28	" 5 cc	10,000		
1-28	" 10 cc	7,600		

Contd.....P/5 9

ANNEX (1) (A)

S/No.	Items	Total Qty.	Per unit price	Total price
1-28	Measuring Pipet 1 cc	50	202.50	10,125/-
1-28	" 2 cc	50	415.00	10,750/-
1-28	" 5 cc	50	230.00	11,500/-
1-28	" 10 cc	50	257.50	12,875/-
1-28	" 20 cc	50		
1-28	Volumetric Pipet 1 cc	50		
1-28	" 100 cc	50		
1-28	Measuring Cylinder 50 cc	10	400/-	4,000/-
1-28	" 100 cc	10		
1-28	" 200 cc	10		
1-28	" 250 cc	10		
1-28	" 300 cc	10		
1-28	" 500 cc	10		
1-28	" 1000 cc	10	2,000/-	20,000/-
1-28	" Cup Type 50 cc	10		
1-28	" 100 cc	10		
1-28	" 200 cc	10		
1-28	" 250 cc	10		
1-28	" 500 cc	10		
1-28	" 1000 cc	10	2,575/-	25,750/-
1-28	Pipet 1 cc	50	60/-	3,000/-
1-28	" 2 cc	50		
1-28	" 3 cc	50		
1-28	" 5cc	50		
1-28	" 10 cc	50		
1-28	Pasteur Pipet 146 mm	50 case		
1-29	Sterilizer Box	60	1,562.50	93,750/-

Contd... P/ 60.

ANNEX (1) (A)

No.	Items	Total Qty.	Per unit price	Total pri
1-30-1	Incubator	2	80,000/-	1,60,000
1-30-2	"	2		
1-30	Electrophoresis Appartus	2 set	16,25,000/-	32,50,00
1-32	Gas Chromatograph	1		
1-33-1	Micro Pipets 0.01 cc	20		
1-33-2	" 0.1 ml	20		
1-33-3	" 1.0 ml	20		
1-33-4	" 10.0ml	20	8,000/-	1,60,00
1-33-5	Micropipets Tip	50 case		
1-34	ESR Tube and rcc (Tube 50) (RacX2)	2		
1-35	Oximeter	1	3,75,000/-	3,75,000

Contd.....P/ 61

A N N E X (1) B

No.	Items	Total Qty.	Per unit price	Total price
1	2	3	4	5
1.	Microtiter Unite	1	8,60,000/-	8,60,000/-
2.	Sterilizer Dry	1		
3.	Refrigerator(8 centers)	8		
4.	Dispo Culture dise	50		
5.	Auto and manual Dispensers	4	1,12,500/-	4,50,000/-
6.	Ice Maker	1		
7.	Camera stand	1		
8.	Slide System	1		
9.	Projector auto	1		
10.	Projector manual	1		
11.	Overhead Projector	1	30,000/-	30,000/-
12.	Water Bath with shaker	1		
13.	Distilling Apperatus	1	1,07,500/-	1,07,500/-
14.	Pipers Washer	2		
15.	Gas Burner (661)	5		
16.	Gas Burner (662)	5		
17.	Gas Burner (663)	5		
18.	Gas Burner (664)	5		
19.	Test Tube Support (L)	10		
20.	Test Tube Support (M)	20		
21.	Test Tube Support(S)	70		
22.	Boardfax	1		
23.	Holder Platinum	50		
24.	Nichrome wire	100 m		
25-1.	Voltage Regulator 5KVA	3	4,70,000/-	14,10,000/-
25-2.	" 10KVA	2	5,50,000/-	11,00,000/-

ANNEX 1 (c)

No.	Items	Total Qty.	Per unit price	Total price
26.	Freezing Container and tube	200 set.	2,000/-	4,00,000/-
27.	Ultracentrifuge	1 set	37,50,000/-	37,50,000/-
28.	ASO Autoanalyzer	1		
29.	Liquid nitrogen Container	1		
30.	Video TV System with Camera (VHS)	1 set		
31.	Autoanalyzer 6ch.	1	37,50,000/-	37,50,000/-
32.	M.I.C. Dropper	1 set		
33.	Stop watch	5		
34.	Roter Mixer	5		
35.	Main wireless system (NICVD)	1	1,59,000/-	1,50,000/-
36.	Electric Range (L)	1		
37-1	Dispo Loop (S)	5000		
37-2	Dispo Loop (C)	5000		
38.	Injection syringe (500)	1000 case	900/-	9,00,000/-
39.	Stethoscope	104		

Contd.....P/63

A N N E X (2) A.

No.	Items	Total Qty.	Per unit price	Total Price.
1.	Personal Computer IBM	2	2,12,500/-	4,25,000/-
2.	C.R.T. IBM	2		
3.	Printer IBM	2		
4.	Pasocom Puls	2	13,750/-	27,500/-
5.	Copying Machine Canon	1		
6.	Desk Conon	1		
7.	Uninterruptible Power wupply IBM	2		
8	Calculator (Solar power)	5		
9.	Program soft IBM	1		
9-2.	Medical statistics IBM	1	10,000/-	10,000/-
9-3.	Drug stock control IBM	1	1,37,500/-	1,37,500/-

Contd.....P/64

ANNEXURE (2)B.

Sl.No.	Items.	Total Qty.	Per unit price	Total Price.
.1	E.C.G. (1ch)	1	77,500/-	77,500/-
.2	X-Ray Unit	1		
.3	Defibrillator	1		
.4	Oxygen-cylinder	4		
.5	C.P.R. - Accessories	1		
.6	Mobile -Clinic	1		
.	E.C.G.			
.4	E.C.G.(1ch)	110		
.2	Paper	10		
.3	Holter E.C.G.	1	20,50,000/-	20,50,000/-
.4	Recorder	5		
.	Medicine, Articles of Consumption.			
.	Ultra-sono Cardiography Machine Two dimensional doppler color flow mapping system for MICVD,Dhaka.	1	38,55,000/-	38,55,000/-
.	Ultra-sono Cardiography Machine 2 Dimensional for 8 centres.	8	26,95,000/-	2,15,60,000/-

Contd.....P/6 5

ANNEXURE (3)

CHEMICALS AND REAGENTS FOR 1ST YEAR.	Quantity.	Per unit price.	Total price.
1. a. ASO	20,000 Sample/yr.	1,31,250/-	10,50,000/-
b. CRP	20,000 Sample/yr.	6,325/-	25,30,000/-
c. Group A Strept. ID (Culturet II)	20,000 Sample/yr.	12,500/-	50,00,000/-
2. AD. Nase B	2,000 Sample/yr.		
ASP.	"		
RA	"		
3. Grouping, (A.B.C. & G.)	6,000/yr.		
4. T. Typing	5,000/yr.		
5. a. Defbrinated sheep Blood (200,ml)	500/yr. (Bottle)	34,020/-	44,22,500/-
5. b. Difce Agars Media (500 gm)	20/yr. (Bottle)		
c. BHI Broth	20/yr. (Bottle)		
d. HI Broth	20/yr. (Bottle)		
e. Todd-Hewtt broth	20/yr. (Bottle)		
6 B. Cell Allcantigen			
7. HLA Typing		Future researck peropose	
8. Chemical Sterilizer	100		
9. Penicillin(120M-U)10,000 Vial	50 Box.		

Contd.....P/66

ANNEX 4(A)

No.	Items.	TOTAL QTY.	per unit price	Total price.
1-1	Autoclave	1	1,17,500/-	1,17,500/-
1-1	"	1	1,85,000/-	1,85,000/-
1-1	"	1	74,000/-	74,000/-
1-2	Refrigerator	5	1,31,250/-	6,56,250/-
1-2	"	5		
1-3	Deep-freezer (-31C)	5		
1-3	" (-20)	5		
1-3	" (-85.C)	2		
1-4	Automatic Medi. Dispensor	2		
1-5	Auto Line Dispensor	4		
1-6	Fluorescence Microscop	1	5,36,250/-	5,36,250/-
1-7	Ultrasonic Cleaner	1	82,500/-	82,500/-
1-8	Water Baths (27 °)	1		
1-8	" (42, °)	1		
1-8	" (70 °)	1		
1-8	" (18 °)	1		
1-8	" (7 °)	1		
1-09	Air Conditioner	8		
1-10	Filter	2		
1-11	PA Motor	5		
1-11	"	2		
1-12	Anaerobic	2		
1-13	Cap Inhibitor	2		
1-14	Colony-Counters	1		
1-15	Incubator	1		
1-15	"	1		
1-16	Glucose Analyzer	1		
1-17	Micro Plate Washer	1		
1-17	"	1		
1-18	Hot Plate	2		
1-19	"	2		
1-19	Heating stirrer	3	32,500/-	97,500/-

Contd.....P/67

ANNEX-2(A)

No.	Items	Total Qty.	Rate of per unit.	Total price
1-19	Heating stirrer	3	9,625/-	28,875/-
1-20	Vacuum Pumps	2	30,000/-	60,000/-
1-21	Analytical Balance	3	75,000/-	2,25,000/-
1-21	ANALYTICAL Balance	3		
1-22	Centrifuge (N.T.H.S)	2		
1-22	"	2		
1-22	"	2		
1-22	" (H.S)	2		
1-23	Safety Cabinets	2		
1-24	Laboratory Washer	1	2,75,000/-	2,75,000/-
1-24	"	1		
1-25	Hot Air Dryer	1		
1-26	Photomicrographic	3	1,77,500/-	5,32,500/-
1-27	Spectrophotometer	2	2,93,750/-	5,87,500/-
1-28	Flasks 50 ml	20		
1-28	Flasks 100 ml	20		
1-28	Flasks 200 ml	20		
1-28	Flasks 300 ml	20		
1-28	Flasks 500 ml	20		
1-28	Flasks 1000ml	20		
1-28	Beakers 50ml	20		
1-28	Beakers 100ml	20		
1-28	Beakers 200ml	20		
1-28	Beakers 250ml	20		
1-28	Beakers 300ml	20		
1-28	Beakers 500ml	20		
1-28	Beakers 100ml	20		
1-28	Desiccators 30cm	3	10,000/-	30,000/-
1-28	Desiccators 36cm	3		
1-28	Desiccators 40cm	3		
1-28	Spitz 10m	5,000		
1-28	Plavatest 20g	20,000		
1-28	Disposal 1cc	8,400		
1-28	Disposal 2cc	8,000		
1-28	Disposal 5cc	8,400		
1-28	Disposal 10cc	7,800	10.00	78,000/-

Contd....P.68

ANNEX - (A)

NO.	Items	Total Quantity	Per unit price.	Total price.
1-28	Measuring Pipets 1cc	50	202.50	10,125/-
1-28	" 2cc	50	215.00	10,750/9
1-28	" 5cc	50	230.00	11,500/-
1-28	" 10cc	50		
	" 20cc	50		
1-28	Volmetric Pipets 1cc	50		
1-28	" 100cc	50		
1-28	Measuring Cylinders. 50cc	10	350.00	3,500/-
1-28	" 100cc	10		
1-28	" 200cc	10		
1-28	" 250cc	10		
1-28	" 300cc	10		
1-28	" 500cc	10		
1-28	" 1000cc	10		
1-28	" 50cc	10		
1-28	" 100cc	10		
1-28	" 200cc	10		
1-28	" 250cc	10		
1-28	" 500cc	10	2,575/-	25,750/-
1-28	" 1000cc	10	60/-	3,000/-
1-28	Pipets 1cc	50		
1-28	" 2cc	50		
1-28	" 3cc	50		
1-28	" 5cc	50		
1-28	" 10cc	50		
1-28	Sterilizer Petridisher and pipets Pastear	60		
1-28	Pasteur pipets 146mm	50	2,750/-	1,37,500/-

Contd. P/88

No.	Items	Total Quantity	Per unit price.	Total price
1-36	Incubators	2	80,000/-	1,60,000/-
1-36	"	2	52,500/-	1,05,000/-
1-31	Electrophoresis Apparatus	2		
1-32	Gex Chromatograph	11		
1-33	Micro Pipets 0.01cc	20		
1-33	" 0.1 ml	20		
1-33	" 10.0 ml	20		
1-33	Micropipets Tip	50 cases		
1-34	Esp. Tube and rac	2		
1-35	Oximeter Erma 200	1	3,75,000/-	3,75,000/-
2.1	Jeep (Landcruiser)	7		
2.2	Motor cycle (Honda)	8		
2.3	Bicycle	80		
3.	Mobil Unit	1		
3.a.	E.C.G. (1ch)	1		
3.b.	X-Ray Unit	1		
3.c.	Defibrillator	1		
3.d.	Oxygen cylinder	4		
3.e.	C.P. Accessories	1		
3.f.	Mobile Clinic	1		
4.	E.C.G.			
4.1.	E.C.G. (1ch)	10		
4.2.	Paper	10		
4.3.	Alter ECG.	1		
4.4.	Recorder	5	2,15,000/-	10,75,000/-
5.	Medical Articles of consumption.	1	30,75,000/-	30,75,000/-
6.	Ultra-sono Cardiography Machine - 1 st Two dimensional doppler color flow mapping system for ICVD, Dhaka.		38,55,000/-	38,55,000/-
7.	Ultra-sono Cardiography Machine 2 Dimensional for 8 Centres.	8		

Contd P/10

(70.)

CHEMICALS AND REAGENTS FOR ONE YEAR.		Total Qty.	Per unit price	Total price
1.	a. ASO	20,000 sample/Yr.	1,312.50	1,050,000/-
	b. CRP	20,000	" 6,325.00	2,530,000/-
	c. Strept.ID Group A.	20,000	" 12,500.00	5,00,000/-
2.	AD Nase B	2,000	"	
	ASP.			
	RA.			
3.	Grouping, A.B.C. and G	6,000/Yr		
4.	Typing	3,000/Yr		
5.	a. Defibrinated Sheep Blood 200ml	500/Yr/Yr: (3 bottle)	2,920/-	8,750.00
	b. Blood Agens Media 500gm	20/Yr (Bottle)	1,700/-	5,100.00
	c. BHI Media	20	"	
	d. HI Media	20	"	
	e. Todd-Hewtt broth	20/Yr	" 3,325/-	6,650/-
6.	B-Cell Autoantigen			
7.	HIA Typing			
				Future Research purposes.

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Epidemiology.

No.	Item		Total Quantity.	Per unit price.	Total price.
1.	Personal computer	IBM	1	2,12,500/-	2,12,500/-
2.	C.R.T.	IBM	1		
3.	Printer	IBM	1		
4.	Pasocom Desk	PULS	1		
5.	Copying Machine	XEROX	1		
6.	Desk	XEROX	1		
7.	Uninterruptible power supply	DENSET	1	39,500/-	39,500/-
8.	Calculator (Solar power)	CASIO	1		
9.	PC-9801 Program soft Mc.Word Processor.	IBM			
	Medical Statistics		1	10,000/-	10,000/-
	Drug stock control	IBM	1	1,37,500/-	1,37,500/-

Contd.....P/ 72

<u>NO.</u>	<u>ITEM</u>	<u>Total Quantity.</u>	<u>Per unit price.</u>	<u>Total price.</u>
1.	Micartoter Unite	1	8,60,000/-	8,60,000/-
2.	Sterilizer	1		
3.	Refrigerator	8		
4.	Dispo Culture dise	50		
5.	Auto Dispensers	4	1,12,500/-	4,50,000/-
6.	Ice Maker	1		
7.	Camera Stand	1		
8.	Slide system	1	21,700/-	21,700/-
9.	Projector	1		
10.	Projector	1		
11.	Overhead Projector	1	30,000/-	30,000/-
12.	Water Bath with Shaker	1		
13.	Distilling Apparatus	1	1,07,500/-	1,07,500/-
14.	Pipes Washers	2		
15.	Gas Burners	5		
16.	Gas Burners	5		
17.	Gas Burners	5		
18.	Gas Burners	5		
19.	Test Tube Supports	10		
20.	Test Tube Supports	10		
21.	Test Tube Supports	70		
22.	Boardfax	1	62,000/-	62,000/-
23.	Holder Platinum	50		
24.	Microme wire	100m		
25.	Voltage Regulator	5	5,50,000/-	11,00,000/-

Contd.....P/73

List of Vehicles

Appendix "A" (1)

Sl.No.	Items	Total Quantity	Per Unit Price	Total Price
1.	Jeep (Landcruiser)	7	13,07,714/=	91,54,000/=
2.	Motor Cycle	8	50,000/=	4,00,000/=
3.	Bi-cycle	80	4,000/=	3,20,000/=

(Contd,.....P/74)

List of Local Equipment & Chemicals for R&D Project
from GOB Side

Appendix (2)

No.	Items	Total Qty.	Per Unit Price	Total Price
1.	Analog Multimeter:	1	5,000/=	5,000/=
2.	Camera (Yashica Manual)	1	5,000/=	5,000/=
3.	Wall Clock	6	800/=	4,800/=
4.	Weighing Scale	10	3,500/=	35,000/=
5.	Statistical Calculator	2	4,000/=	8,000/=
6.	Dual Channel Oscilloscope MH ₂	1	50,000/=	50,000/=
7.	Digital Multimeter	1	5,000/=	5,000/=
8.	V.C.R.	1	20,000/=	20,000/=
9.	Regulated DC Power Supply (Two Channel) with variable voltage & current Voltage Range : 0-30 v, Current Range-0-5A	1	15,000/=	15,000/=
10.	Shoulder Iron 220 v, 25w	1	250/=	250/=
11.	Shoulder Iron 220 v, 45w	1	250/=	250/=
12.	Shoulder Sucker	2	250/=	500/=
13.	Vortex Mixture	1	10,000/=	10,000/=
14.	Petridish	35	200/=	7,000/=
15.	Methanol BDH/E.Mark	10 Litre	250/=	2,500/=
16.	Ethanol BDH/E.Mark	2½ Litre	1,350/=	3,300/=
17.	Leishman stain BDH/E.Mark 25gm.		625/=	625/=
18.	Glass Slide	20 box	70/=	1,400/=
19.	Cover Slip	20 box	36/=	720/=
20.	Disposable Syringe (5 c.c)	20,000Pcs.	3.36	67,200/=
21.	Cotton	20 Kg.	70/=	1,400/=
22.	Test Tube 6"	1,000 Pcs.	2.60	2,600/=
23.	Iodine BDH/E.Mark	500 gm.	2,300/=	2,300/=
24.	Potassium Iodine BDH/E.Mark	500gm.	2,300/=	2,300/=
25.	Crystal Violet BDH/E.Mark	100gm.	300/=	600/=
26.	Carbol Fucsin BDH/E.mark	500gm	650/=	650/=
27.	Methylene Blue BDH/E.Mark	100gm.	300/=	1,200/=
28.	Sodium Chloride BDH/E.Mark	500gm.	300/=	300/=
29.	Sodium Citrate BDH/E.Mark	500gm.	600/=	600/=
30.	1lb reagent	600 tests	140/=X6	8,400/=
31.	ESR Stand	4 Pcs.	1,850/=	7,400/=
32.	ESR Tube	25 Pcs.	32/=	800/=
33.	Blood Agar	2,5KG.	2,375/=	5,937/=
34.	Mac-Conkey Agar	1 Kg.	1,700/=	3,400/=
35.	Nutrient Agar	500 gm.	2,250/=	2,250/=
36.	Potassium Oxalate	500 gm.	850/=	850/=
37.	Ampicillin	200 Disc	150/=	600/=
38.	Penicillin	200 Disc	150/=	600/=

<u>No.</u>	<u>Items</u>	<u>Total Qty.</u>	<u>Per Unit Price</u>	<u>Total Price</u>
39.	Cotrimexazol	200 Disc	150/=	600/=
40.	Amoxicillin	200 Disc	150/=	600/=
41.	Nalidixic Acid	200 Disc	150/=	600/=
42.	Erythromycin	200 Disc	150/=	600/=
43.	Centamycin	200 Disc	150/=	600/=
44.	Chloramphenicol	200 Disc	150/=	600/=
45.	Tetracycline	200 Disc	150/=	600/=
46.	Paradantin	200 Disc	150/=	600/=
47.	Co ₂ Gas for Co ₂ incubator	160 Litre	3.15	6,000/=
48.	Disposable Syringe 50 ml.	200 Pcs.	15/=	3,000/=
49.	Pipettes:			
	a) 50 ml.	2	350/=	700/=
	b) 10 ml.	5	45/=	225/=
	c) 5 ml.	5	35/=	175/=
	d) 1 ml.	5	35/=	175/=
	e) .2 ml.	10	45/=	450/=
50.	Cylinders:			
	a) 1000 ml.	2	190/=	380/=
	b) 500 ml.	2	190/=	380/=
	c) 250 ml.	2	160/=	320/=
	d) 100 ml.	2	90/=	180/=
51.	Beaker:			
	a) 1000 ml.	2	120/=	240/=
	b) 500 ml.	2	90/=	180/=
	c) 250 ml.	2	60/=	120/=
	d) 100 ml.	2	40/=	80/=

1. Approximate Tk. 402.39 Lakh + 3.00 Lakh (Local) =405.39 Lakh for equipments, Medicines & Reagents.
2. Approximate Tk. 98.74 Lakh for Vehicles & office equipments.

Contd.....P/76

MONITORING AND EVALUATION SCHEDULEEVALUATION OF THE ACTIVITIES OF RF & RHD PROJECT.

<u>PLANNED STATUS</u>	<u>CURRENT STATUS</u>	<u>REMARKS</u>
Target.		
A) Construction :		
i. Proposed date of completion :	Actual date of completion:	
B) Recruitment of manpower :		
i. Proposed no. :	Recruited no. :	
ii. Time schedule for appointment:	Time taken to fill up :	
iii.	Reasons for vacancies :	
C) Equipment :		
i. Schedule for equipment installation :	Actual time taken for installation:	
ii.	Reasons for shortage of supply /alteration of equipment if any.	
	1.	
	2.	
iii) operation of instrument:		
a) Schedule	a) Actual date of operation.	
b) Workable	b) If not workable ; reasons -	
c) Provision of spare parts.	c)	
d) Number proposed.	d) Number actually obtained. Reasons for changes (if any)	
D) Proposed activities:		
<u>CLINICAL SERVICES</u>		
i. Nos. of patient to be served :		
ii. Nos. of household to be served :		
iii. Proposed coverage area :	Actual coverage :	
iv.	Reasons for shortfall of coverage :	
v. Outdoor services :		

Contd.....P/7}

MICROBIOLOGICAL SERVICES

- i. Number of sample to be collected.

- i. Number actually collected.

EPIDEMIOLOGICAL ACTIVITIES

- i. House to house survey :

Actual performance (area wise) :
Nos of population covered :

- ii. School survey :

Prevalence of RF:
Actual performance (area wise)
Nos of population covered
Prevalence of RF:

E) Schedule for publishing reports and Training materials:

- i. Time interval for publishing report of activities.

- ii. Nos reports to be published.

- ii. Nos of reports actually published.

- iii. Quality of the report & its lackings if any

- a)
b) Whether it will fulfill objective of the project.

- iv. Reasons for difficulties in publications if any

- a)
b)
c)

F) Schedule for training :

G) Transfer of technology

- i) Proposed method/process of transferring technology department wise.

- a) Epidemiology
- Survey method
- Data collection
- Record keeping
- Data analysis

Contd.....P/78

b) Clinical

- Case detection
- Case management
- Internationally acceptable standard treatment.

g) Laboratory

- Laboratory technique for diagnosis
- Operation of instrument
- Maintenance of instrument

d) Administration

- Good office management

e) Transport:

- Nos. of Vehicle to be given
- Operation of Vehicle
- Maintenance of Vehicle
- Type & Nos. actually given
- Reasons for shortfall if any

f) Audiovisual aids

- Type & Nos. of equipments to be given
- Operation of equipments
- Maintenance of equipments.
- Nos. actually given

Contd.....P/79

COST EFFECTIVENESS OF THE PROJECT

For this the existing data should be made available to the working group. Facilities should be extended to the working group to analyze the data in the Project.

Objective of the study

- i) To determine the no. of case averted i.e., to determine the no. of Primary RF cases catch hold & treated to prevent the RHD.
- ii) To compare the cost of providing Primary prophylaxis to a patient of RF. With the cost of treating a RHD patient.
- iii) To determine the awareness of the general people about RF/RHD.
- iv) To determine the effectiveness of the project by measuring the incidence of RF/RHD.

Inference

How to develop a system to provide or continue prophylaxis for a definite RF patient. Particularly for rural people. And to conduct a study to compare the incidence of RHD in Control area and in project area.

Abstract of the decisions of the 'ECNEC' meeting held on 10-2-1991 on the PCF of the Pilot Project for Prevention and Control of Rheumatic Fever and Rheumatic Heart Diseases in Bangladesh (Revised)!"

সিদ্ধান্ত	বাস্তবায়ক
<p>ক) একনক"বাংলাদেশে বাতজ্বর ও বাতজ্বরজনিত হৃদরোগ প্রতিরোধ ও নিয়ন্ত্রণার্থে পাইলট প্রকল্প" এর উপর সুস্থতা ও পরিবার কল্যাণ মন্ত্রণালয়ের প্রতিবেদন সমন্বয়ে অবহিত হইল।</p>	
<p>খ) প্রকল্পের বটদাঁন অনুমোদিত ব্যয় ৳০১*৪৮ লক্ষ টাকার সহিত প্রকল্পের বৈদেশিক বিশেষজ্ঞ ব্যয় অন্তর্ভুক্ত করিয়া প্রকল্পটিকে সংশোধন করিতে হইবে।</p>	<p>খ) বৈদেশিক বিশেষজ্ঞ ব্যয় অন্তর্ভুক্ত করিয়া প্রকল্প ছক সংশোধন করা হইয়াছে। পৃষ্ঠা নং-১৯, ৪৮ (সংশোধিত) -সি)।</p>

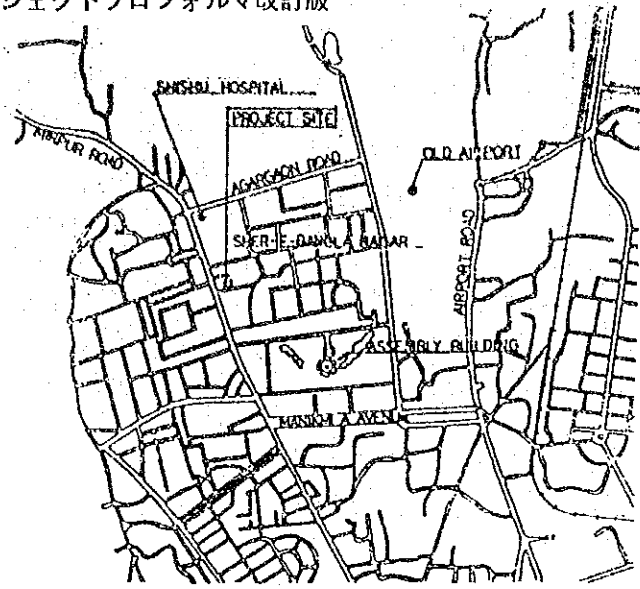
(Contd. P/8d)

Abstract of the decisions of the 'DPEC' meeting held on 21-10-1991 on the Project Program of the "Plan to Project for Prevention and Control of Rheumatic Fever and Rheumatic Heart Diseases in Bangladesh (Revised)".

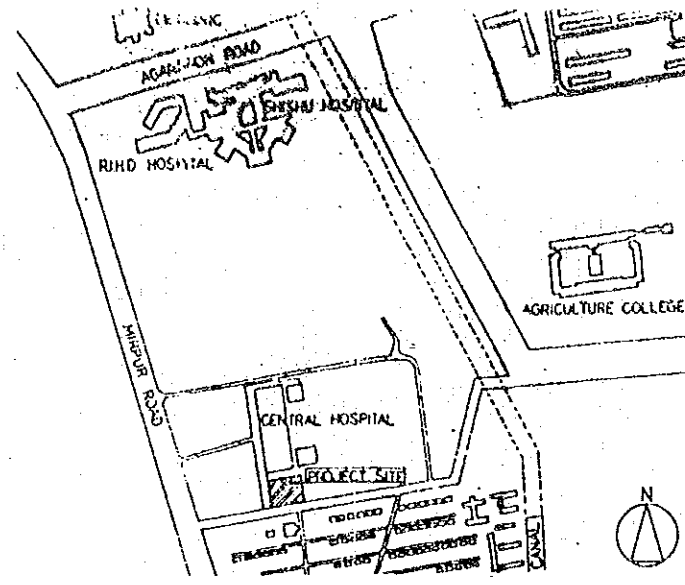
সিদ্ধান্ত	বাস্তবায়ন
<p>(ক) স্থানীয় মুদ্রায় ১৬৩*১১ লক্ষ টাকা সহ মোট ১৫৮৭*০০ লক্ষ টাকা প্রকল্পিত ব্যয় পরিশোধিত প্রকল্প ছকটি অনুমোদনের জন্য সুপারিশ করা হইল।</p>	<p>(ক) প্রকল্প ছকে মিলিবদ্ধ করা হইয়াছে (পর্যায় নং-১৭)।</p>
<p>(খ) ঢাকা মহানগরীসহ অন্যান্য বড় বড় নগরীতে জমিতে হাসপাতাল নির্মাণে মন্ত্রিকার অবস্থা বিচিনায় বহুতল বিশিষ্ট ভবনের সংস্থান রাখিয়া স্থাপত্য নকশা করিতে হইবে।</p>	<p>(খ) এই বিষয়ে স্থাপত্য বিভাগকে অবহিত করা হইয়াছে।</p>
<p>(গ) প্রকল্প ভবনটি রক্ষণাবেক্ষণের জন্য গণপুর্ন অধিদপ্তরের খাতায় অন্তর্ভুক্ত করিতে হইবে।</p>	<p>(গ) এই বিষয়ে প্রয়োজনীয় ব্যবস্থা গ্রহণ করা হইতেছে।</p>

(Contd.....P/82)

⑤ プロジェクトプロフォルマ改訂版



LOCATION MAP -1 S=1:200000



LOCATION MAP -2 S=1:60000

PROJECT TITLE: LABORATORY CONSTRUCTION PROJECT FOR THE PILOT PROJECT ON CONTROL ON RHEUMATIC FEVER AND RHEUMATIC HEART DISEASES

LOCATION OF THE SITE: SHER-E-DANGLA NAGAR, DHAKA, BANGLADESH

EXECUTING AGENCY: JAPAN INTERNATIONAL COOPERATION AGENCY

SITE AREA: APPROX. 5000 M²

FLOOR AREA: 833.2 M²

STRUCTURE:

- PILE WORK: CAST-IN-SITU PILE
- FOUNDATION: REINFORCED CONCRETE
- COLUMN & GIRDER: REINFORCED CONCRETE
- FLOOR SLAB: REINFORCED CONCRETE

THE PILOT PROJECT ON CONTROL OF RHEUMATIC FEVER AND RHEUMATIC HEART DISEASES

NIKKEN SEKKEI
JAPANESE ARCHITECTS & ENGINEERS

SCOPE OF THE WORK

THE FOLLOWING WORKS SHALL BE CARRIED OUT WITHIN THE SCOPE OF A SINGLE PACKAGED CONTRACT

- A) BUILDING WORK & CIVIL WORK
- B) MECHANICAL WORK
- C) PLUMBING WORK
- D) ELECTRICAL WORK
- E) EXTERNAL WORK

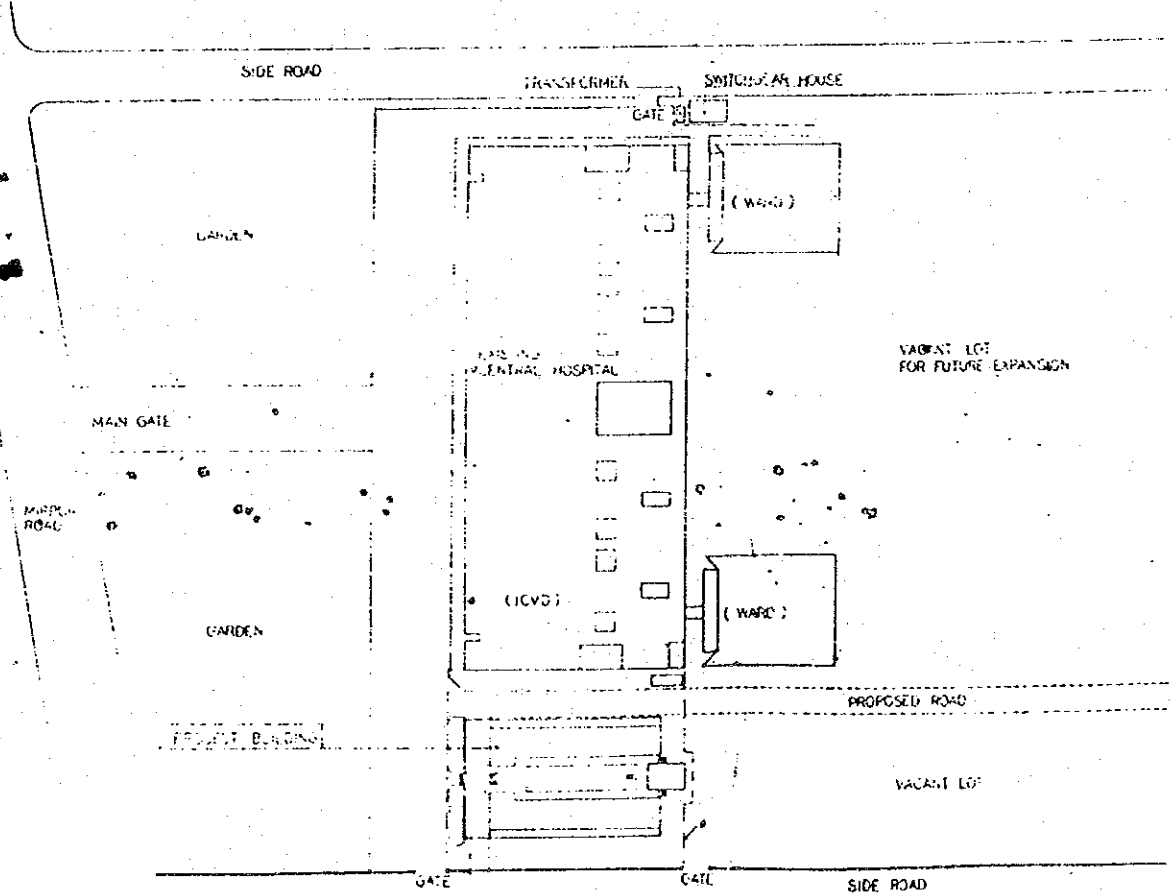
DRAWING INDEX

NO.	TITLE	NO.	TITLE
1	General Notes, Site Plan	1	Site Plan Legend
2	Final Schedule	2	Equipment List
3	First Floor Plan	3	Plan
4	Roof Plan	4	Standard Detail
5	Elevation	5	Standard Detail
6	Section		
7	Typical Detailed Section		
8	Detailed Plan, Interior Elevation		
9	Standard Detail		
10	Door & Window Key Plan	1	Site Plan Legend
11	Door & Window Schedule	2	Equipment List
12	External	3	Plan
13	Internal	4	Standard Detail
14	Standard Detail	5	Standard Detail
15	Standard Detail	6	Standard Detail
16	Standard Detail	7	Standard Detail
17	Standard Detail	8	Standard Detail
18	Standard Detail	9	Standard Detail
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100	Standard Detail	91	Standard Detail

Dr. J. A. Rabbecc
Chief of Health Services
Ministry of Health, Dhaka

12.12.91
J. A. Rabbecc
Chief of Health Services
Ministry of Health, Dhaka

PROJECT REPORT
FOR THE PILOT PROJECT ON CONTROL & TREATMENT OF RHEUMATIC FEVER & RHEUMATIC HEART DISEASE
SHER-E-DANGLA NAGAR, DHAKA-1207



SITE PLAN S=1:800

(Contd.....P/83)

SHALL INDICATE THE USABLE AREA DURING CONSTRUCTION WORK.

প্রধান স্থপতি
স্বাপত্য অধিদপ্তর
বুর্জ ডবল, সের্শবাগিচা, ঢাকা।

GENERAL NOTES
SITE PLAN

SCALE
1:200000, 1:60000, 1:800
SHEET NO

FOR THE PILOT PROJECT ON CONTROL OF RHEUMATIC FEVER AND RHEUMATIC HEART DISEASES

日建設計
NIKKEN SEKKEI
PLANNERS ARCHITECTS ENGINEERS

12-12-91

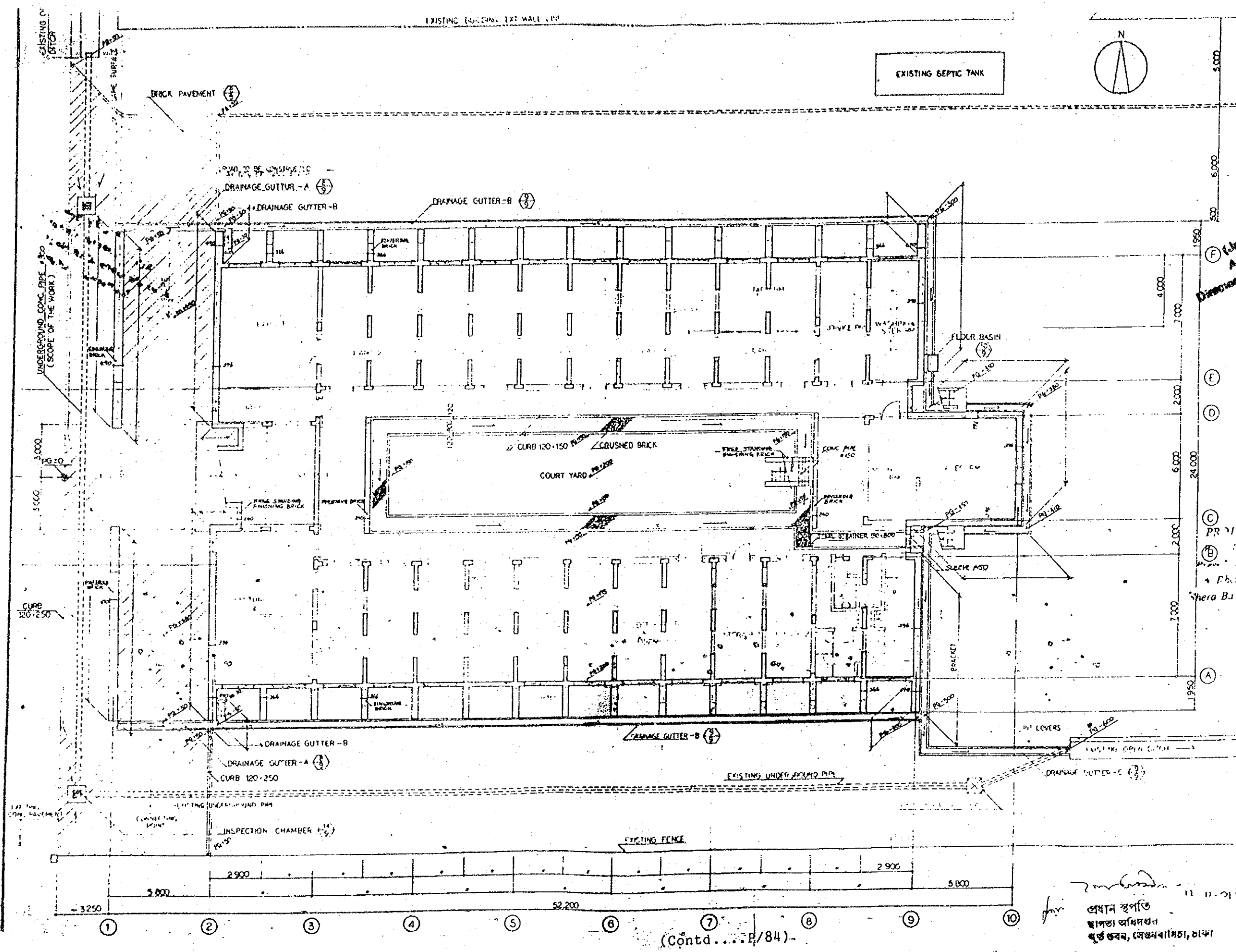
(Jahan Ans Rabbani)
Asst. Director General
Department of Health Services
Ministry of Health

LEGEND

- WALL INDICATION BELOW 1ST FLOOR BEAM: FIGURES ARE INCLUSIVE OF CONC. COLUMN, STRUCTURAL BRICK & FINISHING BRICK. CONC. COLUMN STRUCTURAL DECK - SEE STRUCTURAL DECK.
- BRICK PAVEMENT
- PL-200: INDICATE THE HEIGHT FROM THE PRESCRIBED GRADE
- INDICATE THE SCOPE OR THE CONC. BRACKET UNDER FINISHING BRICK SEE (6-6)

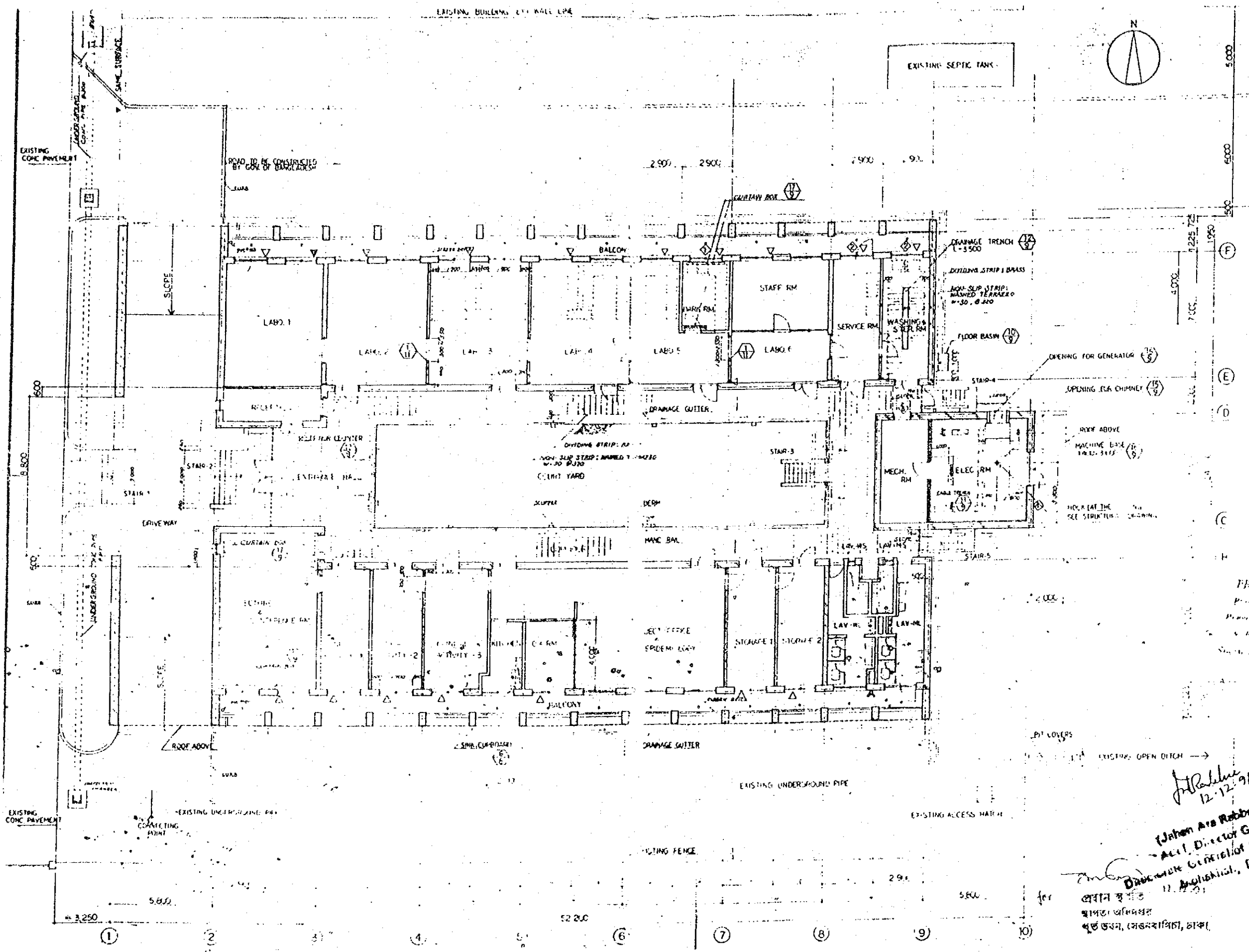
Shoja
DIRECTOR (LIVM)
Comd. &
Jahan Ans Rabbani
Asst. Director General
Department of Health Services
Ministry of Health

DATE	OCT. 4. 1986
SCALE	1/4" = 1'-0"
SHEET NO.	A-12
EXTERNAL	



(Contd....P/84)-

প্রধান স্থপতি
জাহান আনিস রব্বানী
মন্ত্রণালয়, সেগুনবাগিচা, ঢাকা



THE PILOT PROJECT ON
CONTROL
OF
RHEUMATIC FEVER
AND
RHEUMATIC HEART DISEASES

日建設計
NIKKEN SEKKEI
Architects & Engineers

- LEGEND
- SLEEVE SEE (8)
 - △ SLEEVE FOR A/C, 50x50
 - △ SLEEVE FOR SPECIAL GAS, 190mm (50IN)
 - △ SLEEVE, PVC, Ø 25, H=PL 1.350
 - △ SLEEVE FOR AIR VENT Ø20, H=PL 2.000
 - WOODEN FRAME FOR FAN SEE (8)
 - ◇ 215x150 W/ MOSQUITO NET
 - ◇ 215x75
 - ◇ 425x125 W/ MOSQUITO NET
 - ◇ 315x125 W/ MOSQUITO NET
 - WALL TYPE SEE (9)
- THE WALL OTHER THAN SPECIFIED BELOW SHALL BE WALL TYPE-1
- ===== WALL TYPE-2
 - ===== WALL TYPE-3
 - ===== WALL TYPE-4
 - ===== WALL TYPE-5
 - ===== WALL TYPE-6
 - ===== WALL TYPE-7
 - ===== WALL TYPE-8

S. Rahman
PROJECT DIRECTOR
Project Director Control &
Prevention of Rheumatic Fever
& Rheumatic Heart Disease.
S. Rahman
12/12/91

DATE	OCT 4 1988
APPROVED	APPROVED
DESIGNED	DESIGNED
CHECKED	CHECKED
PROJECT NO.	T-880513

FIRST FLOOR PLAN
SCALE 1:100
SHEET NO. A-3 ✓

Jahan Ara Robson
12-12-91
Act. Director General
Directorate General of Health Services
12, Anshidhara, Dhaka
জাহান আরা রবসন
স্বাস্থ্য পরিদপ্তর
পূর্ব ডবল, সেতুবাগিচা, ঢাকা



Rashed Khan Menon, MP, speaking at the joint congress of the three left political parties at Engineers Institute yesterday. — Sun photo

Prevention of rheumatic diseases stressed

Deputy Leader of the Jatiya Sangsad Prof AQM Badruddoza Chowdhury yesterday (Sunday) underscored the need for total involvement of the people, particularly the physicians, paramedics and mothers for the prevention and control of rheumatic heart disease in Bangladesh, reports BSS.

He was speaking at the inaugural session of a two-day national scientific conference on rheumatic fever and rheumatic heart disease held at Bangladesh College of Physicians and Surgeons auditorium in Dhaka.

He said if the physicians take the initiative with the commitment that they have to serve the society it would be possible to prevent rheumatic diseases.

Referring to the successes of BCG vaccination and EPI programmes, he said if proper leadership and right directions were given the people would accept the programme for preventing rheumatic disease which was much cheaper and easier than cure.

A pilot project to prevent and control the disease was undertaken in 1988 which is being implemented by the government with technical cooperation of Japan through the Japan International Cooperation Agency (JICA).

Concerned physicians and experts from the national heart disease institute and hospital and all the medical colleges will deliberate at the conference, on the basis of the experiences of the pilot project, and on formulation of an appropriate national strategy for prevention and control of the disease.

Jointly sponsored by the health and family welfare ministry and JICA, the inaugural session was also addressed by deputy minister of the health ministry M Sirajul Haque leader of the visiting Japanese team Prof M Okuni, project director Prof KMHS Sirajul Haque, minister of Japanese embassy, Yasuoshi Ichihashi and deputy project director Dr MA Rouf.

Additional secretary of the health ministry Dr KM Farid Uddin presided over.

According to survey conducted under the pilot project, seven children in every one thousand in the age group 5 to 15 years were suffering from rheumatic fever. One third of the heart disease patients admitted in the hospital were suffering from rheumatic heart disease which damages the valves of the heart.

Dr Badruddoza urged the scientists to discuss both the scientific and social aspects of the disease and its prevention.

He suggested to involve the mothers in the implementation of the national programme as it is the mothers who take care of children.

He also suggested to extensively use the media, particularly radio and television, for the success of the programme. He said the NGOs should be involved and they should be specifically told which task they would have to perform.

Deputy Minister of the health ministry M Sirajul Haque said the government was aware of public health problems in the country. He said a national policy would be adopted for prevention and control of the disease on the basis of evaluation of the pilot project.

Project Director Dr Sirajul Haque said they had completed analysis of the data collected from Dhamrai, Savar, Ishwarganj and Bhaluka upazilas and the pilot project area in Dhaka city. In Dhaka they had examined 21,245 children and gave prescriptions, he added.

Prof Okuni hoped that with the cooperation of Japan Bangladesh would be able to develop its capabilities to prevent the disease.

Mr Yasuyoshi Ichihashi said Japan was happy that the assistance of Japan was properly utilised in implementing the pilot project.

JICA