

側の供与に対する取り組み方と供与後の考え方により、その殆どについて解決が可能である。それは、物（医薬品、医療品、医療施設）の供与にあたって人間（医師、医療専門家）を介在させることにより、前記G）を除いて起こり得ないか、たとえ問題が起きても解決できるものである。

例えば、1979年循環器病研究所、1986年循環器病研究所医療機材整備計画の両無償協力案件は、1979年より開始されたプロジェクト方式技術協力による循環器疾患治療の技術移転により、供与機材が十分に能力を発揮したとの情報を当事者より聞くことができ、今回の調査でもホコリをかぶって未使用の機材は見当たらなかった。

医療分野における日本の援助は、「バ」国にとって、欠くべからざるものであり、必要なものであるが、医療の根本である人間を忘れて、物だけを供与するのではなく、今までの一貫性のない援助を改める必要がある。

これまでの援助が一貫性のない物中心であるため、援助の必要性を認めても良い評価を出すことは難しい。今後、医療専門家を中心としたポリシーを持った援助を行うことにより、また今迄のフォローアップを行うことにより、再評価したい。

3 将来の援助計画に対する提言

3-1 保健医療分野における援助方針の確立

既述のごとく、従来の我が国の援助は第1次レベルの医療から第3次レベルまで広範に及んでおり、その間の相互関連もなく一定の方針も全く見られない。要請主義によるためと思われるが、今後は少なくともある一定の方針、哲学を持って援助を行うべきである。例えば、上述のように、現在我が国においては医療援助の専門家が不足しており予防医学重点主義の援助は実施困難であるから、第3次レベルの医療施設援助に徹底するのも一つの考え方である。但し、その場合には次ぎに述べる注意が必要である。

3-2 長期計画に基づいた案件の作成

無償資金協力は、被援助国の要請より始まるが、医療分野に於いては「バ」国保健・家族計画省と日本側医療専門家が長期計画、年次計画、援助案件を作成すべきであろう。これらの計画を軌道に乗せるべく、「バ」国側では企画委員会、外資部門、日本側では大使館、外務省 が協力することにより一貫性を持った医療協力案件が生まれる。

現在、保健・家族計画省が長期計画と案件形成に当たっているが、案件作成時に日本

の商社の関与があると聞く。現地に支店を設け、納入業者として深く現地政府の中に入り込んでいる商社の力は大きく、ある一面では必要であろう。しかしながら、医療援助が一貫性を持った、物中心から人間中心に変わるべき時に、医療専門家のいない、物と金中心の商社によって適切な案件が生まれるとは考えられない。

たとえば、現地での案件作成時より専門家による打ち合わせが不可能であっても、外務省中心の年次協議に医療専門家を参加させることを考慮すべきであろう。

3-3 相手側の要請内容の詳細な検討

「バ」国側も我が国に高価な医療施設の建設や、高度な医療機器の供与案件を要請するであろうことは容易に推測される。しかし、その場合に相手側の要求を鵜呑みにするのではなく、事前に地域の医療需要、施設の必要性、医師その他医療従事者の数や能力などを十分に調査する必要がある。

事前調査、基本設計調査も従来のように計画が殆ど出来上がった段階で、短期間だけ業務に慣れない、また、知識の浅い専門家を派遣するような方法は取るべきではない。

無償資金協力に係わる調査団は、現地の医療事情に詳しい専門家の意見を現地、または国内で聴取すべきであろう。残念ながら、現状はそれぞれがあまりに独立しており、無償案件に係る調査のメンバーは、JICAの他の部より派遣された医療専門家の存在すら知らず、たとえ知っていても調査案件に何かクレームが出ることを恐れて心を開かない。一方、現地駐在の専門家は、消耗品等の予算も十分でない各病院で努力している間に、億単位の無償資金による機材、施設の供与がなされることに不快感を示し、完了した案件に対し批判的な見方をする。

JICAの中で医療協力部、無償資金協力部が中心となって、医療協力を一本化して行うことができれば、より詳細な調査が出来るであろう。

JICAの組織以外にも、厚生省、大使館の医務官、過去にNGO、ボランティアなど現地で医療活動の経験のある人々の意見も有用であろう。

3-4 適切な施設の建設と、機材の供与

既に述べたように、無償資金協力による病院の建設、医療機器の供与には多くの問題点があり、今回の評価調査でも明らかにされている。

建設する病院の規模、建設場所などが本当に現地の医療需要に適した物で、多数の患者が利用する予測がついているのか、建設後に十分な数と能力のある医療従事者がその中で働き得るのか、病院はどのように運営されるのか、維持管理の資金は有るのかなどを十分に調査しないで援助を行った場合、技術協力を開始しても援助対象病院の運営さえ満足に行えない可能性が起り得る。

医療機材も現地の事情に即した、実用的な機材を供与すべきである。

修理部品、維持管理に必要な消耗品、フィルム、試薬などの入手が可能かどうかも事前に調査が必要である。

このような問題が発生する原因は、調査団の調査時期、調査期間、調査団員の構成、調査方法等にあることは明らかであるが、使用できない機材に関しては、調査団の機材打合わせの相手が違っているのではないか。新築医療施設の場合は運営する医師が決定していない、また地方病院の場合、中央で打合わせを行うなどで、直接機材を使用する医師とは十分な打合わせを行えず、相手国厚生省の高官との打合わせだけで終わることが多いのではないかと思われる。

発展途上国における医師の技術レベルは、その差が大きく、海外留学等、十分な経験のある医師は常に中央におり、その反面、供与しようとする機材を直接使用する医師は機材を操作した経験のないことが多い。調査団は、常に供与案件に直接関係する医師と充分、機材の打合わせを行う必要がある。

相手国においても、新規の医療施設案件において、従事する予定の医師が決定していないことが多いこと、また供与後は、従事する医師が長続きしないで、止めていくことが有るが、これらは今後の課題であろう。

3-5 フォローアップ及び派遣事業部との連携

今回の対象案件においても、日本側が供与した医療施設に設けられている高級、高度な機材が活用されているとは思えない。これらが使用されていない理由は既に述べたとおりである。日本のように各メーカーの代理店が電話一つで病院に駆け付け、使用方法からメンテナンス、時にはサービスでスペアパーツを供与するのは大きく異なり、メーカー代理店も存在しない発展途上国にとっては、常に外貨に頼らなければ何もできない状況にある。

(無) 打ち合わせについては、可能な限り行っているが、医師も機材についての知識に限界がある。

そのため、無償資金として行った医療案件に関しては、関係部との連携によるフォローアップが必要となる。

その方法について提言すると、

1) 院内メンテナンスシステム

機材供与案件に関しては、現地で一般機材のメンテナンスができるよう、工具も必ず送ること、また現地メンテナンスメンバーの能力に疑問がある時には派遣業務を通じ必ず3ヶ月以上の日本人メンテナンス技術者を派遣することである。

現地青年海外協力隊員との打合わせにて、看護婦として派遣された人が、スクリュードライバーを持って機材のメンテナンスに当たっているとの話があり、メンテナンスの必要性を痛感する。

現在日本でもこのような機材のメンテナンスを行う人材が不足しているが、単一メーカーの技術員でなく、医療機材一般を取扱う能力がある人材が必要である。

公的機関ではないが、社団法人 日本エム・イー学会では、M. E. (Medical Engineering.) 技術実力検定試験を行い、「医用生体工学技術を応用した機器、システムの安全管理を中心とした医用生体工学に関する知識を持ち、実際に日常の医療に応用し得ること」を目的としたM. E. 技術者を認定している。このような人材を派遣すべきであろう。

彼らが中心となって、現地エンジニアの養成、メンテナンスマニュアルの確立、機材の管理、修理等、医師のバックアップを行うことが急務であろう。

2) フォローアップによる消耗品、スペアパーツ供与

どの基本設計報告書にも「スペアパーツの供給が容易なこと」とあるが、一般的な問題として、GNPも低く、外貨準備の十分でない発展途上国が、外国から調達するより方法のない消耗品、スペアパーツを十分購入できないことは明らかである。

新規医療案件を少なくしても、今まで無償資金協力で行ったプロジェクトを見直し、少なくともスペアパーツ、場合によっては、消耗品、試薬等を追加供与する必要がある。

現在、無償資金協力部で一部案件については行われているようである。

3-6 プロジェクト方式技術協力との連携

バングラデシュの場合にICVDでは、心臓疾患外科治療の技術協力が行われ、その際には無償資金協力の問題が余り起こらなかったことは、既に述べたとおりである。

無償資金協力による援助が常になんらかのプロジェクト方式技術協力と連携して行われ、病院建設の後、我が国の専門家が一定期間駐在して技術協力を行えば、上述のような問題はかなり改善されるであろう。

JICAからは、「プロジェクト方式技術協力と関係のない無償資金協力はあまりやらないようにしている」との声を最近よく聞く。しかし、派遣専門家の不足等もあり、技術協力と無関係の無償資金協力による病院建設や医療機材供与の計画が次々に立てられている。糖尿病・代謝疾患研究所（BIRDEM）にCTスキャナーを供与する計画も技術協力とは無関係で、これらの機器が果たして十分に利用され得るのか、機器到着後のぬかりない事後監視が必要ではないか。

プロジェクト方式技術協力は、期間が5年と長く、その内容もかなり高度であったり複雑なものが多い。一般病院の建設の場合には、循環器疾患の治療、小児外科の技術移転など、特殊な医療技術の移転を目的とするものの他に、もっと短い期間専門家を派遣して、建設した病院がまともに活動を開始するまで協力するタイプの技術協力もあって良いのではないだろうか。国立病院医療センターにおいてはそのような専門家を養成しつつあるから、この活用が望まれる。また、そのような事例に対しては、JICA内部において無償資金協力担当部門、医療協力部、更に派遣事業部との相互の密接な連携が望まれる。

技術移転の本来の目的には多少反するかも知れないが、そのようなミニ技術移転計画も今後は考えるべきであろう。

3-7 国立小児病院の援助要請への対応について

今次評価調査団の滞在中に、「バ」国政府の当事者から「この次は国立小児病院を建設して貰いたい」という要請がほのめかされていた。これは大統領認可済みの最優先案件とのことである。

今次調査団の目的とは直接の関係はないが、この件はいろいろな点で今後の援助計画作成にあたって問題とすべき、極めて適当な材料を提供しているので以下考察を加える。

既に述べたように、小児の専門病院としては半官半民のShishu Hospital が存在し、施設も設備も劣悪ではあるが人材はかなり揃っており、活動状況も活発で小児科の専門医を養成する研修コースを持っている。我が国の青年海外協力隊員も数名派遣されており、同様意見を述べている。

この病院を放置したままで、新たに国立の小児病院を建設した場合にはどうなるであろうか。

伝統ある病院が既に存在するので、患者は相変わらず既存の病院に殺到し、新病院には患者が来ないか、あるいは反対に新しい所にきて従来の病院がつぶれるかどちらかであろう。

いずれにしても、先進工業国のように専門医が大勢存在する国ではないから、二つの小児専門病院の活動を十分に賄うに足る数の小児科医はいない。どちらかの病院が医師不足に悩まされることは明らかで、その結果どちらかの医療レベルが低下するであろう。

「バ」国側は、既存の小児病院が国立ではなく民間病院であること、敷地が狭くて発展の可能性が無いことなどを挙げて、新病院の建設を要請しており、また新病院の建設予定地がダッカ郊外にあるから、両者は競合しないと言っているが、医師不足が起こることについては対策を示していない。

新病院の計画にはPostgraduate Medical Institute Hospital の小児科教授が関与しており、既存の小児病院のスタッフとは全く連携がない。このような相互連絡の欠如、協力意識の欠如は発展途上国にありがちな問題ではあるが、それに我が国が押し切られて良いものであろうか。ことに新小児病院の計画書には、既存の病院の活動などについては全く触れられていない。ただでさえ人的、物的資源の少ない発展途上国においては、既に存在する資源を有効に活用することなしに、援助を依頼するのは誤りと言うべきである。

このような過去の経験を良く研究し、将来の計画のために生かさなければ、我が国の保健医療分野の援助は何時までたっても向上はしないであろう。

関係者の努力を御願ひする次第である。

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1 質問票分析結果

1-1 質問票

1-1-1 政府向け質問票

質問内容は以下のとおりである。

Q1 プロジェクトの背景について

- Q1-1 本件プロジェクトは、当時の国家開発計画及びその目標にどのように関連していましたか。
- Q1-2 国家開発計画と医療プロジェクトの将来計画に関連して、この無償資金援助を要請した理由は何だったのですか。
- Q1-3 本件を無償資金協力として要請する前に、どの機関がこの医療プロジェクトを始めましたか。
- Q1-4 日本政府の無償援助はどのようにこのプロジェクトに紹介されましたか。
- Q1-5 日本以外の国々から無償資金や有償資金協力の申し出がありましたか。もしあった場合、日本の無償資金協力を選んだ主な理由は何でしたか。
- Q1-6 職員数とその組織図。
- Q1-7 歳出入書
- Q1-8 貸借対照表
- Q1-9 メンテナンス（予算、減価償却額、メンテナンス要員数、スペアパーツの在庫）

Q2 プロジェクト実施について

- Q2-1 援助実施のタイミングと規模についてどう思いますか。
- Q2-2 タイミングや規模について適切でなかったとお思の場合は、その理由を述べて下さい。そして、あなたはそれを補うどんな対策をとりましたか。
- Q2-3 本件無償資金援助は目標達成のために最良の方法だったと思いますか。借款を考慮にいれましたか。

Q2-4 援助国、被援助国の間でどんな協力方法があなた達の目標達成のために最も効果的であるとお考えでしょうか。

Q2-5 本件プロジェクトのサイト選定は適切だったとお考えでしょうか。そのプロジェクトサイト獲得に当たっての状況は如何でしたか。

Q2-6 本病院と地域医療との関係（国レベルで）

1) 本病院がカバーする地域の人口

2) 本病院下の保健所

3) それらの保健所より送られる1日当たりの患者数

4) 高度な医療を必要とする患者は、他の高度な病院へ送られますか。もし、そうでしたら何名の患者が送られますか。

それらの病院名を教えてください。

5) 貴国の保健医療組織において、主要病院、そのすぐ下の位置にあたる病院、第3位置にあたる病院、と分類すれば、各々の位置に属する病院数は、どうなりますか。

Q2-7 供与機材、建物はあなた達のニーズを満足させるものだと思いでしょうか。

Q2-8 日本からの贈与に加えてどんな資機材を調達しましたか。

Q2-9 日本無償援助物件完成後、自己資金で他の建物、施設を造りましたか。

Q2-10 本件援助実施に際してのコンサルタント・サービスはいかがでしたか。

Q2-11 本件プロジェクト実施に当たった請負業者の仕事振りをどう思われましたか。

Q2-12 本件供与施設の効果的運用についての技術移転促進の専門家活動についてどう思いますか。

Q2-13 将来の貴国の医療開発計画についてどのようにお考えですか。

1) 資金面

開発プロジェクト予算、施設間での投資の割合、技術促進と現在のプロジェクトの保守管理。

2) 医療レベル

医療サービスの現在及び将来の目標。

都市と地方間でのサービスの割り振り。

3) 健康と公衆衛生面

保健衛生に対する国民意識の活性化。

4) 人材面

いかにして医療に携わる人員を確保するか。また、その人々
へのトレーニングについての政策は。

Q2-14 下に示す項目について、本件無償援助の実施に際しての被援助国側の支出について教えてください。

1) 建物の建築費

2) 造作（備品、建具等）及び機械類

3) 運用費（電話料、電気料、燃料費等）

4) 要員訓練費用

5) 地域の人々の医療費への影響

Q2-15 貴国でこれに類似する建物の建築計画をお持ちですか。

Q3 プロジェクトの波及効果について

Q3-1 本件無償援助は貴国の国家開発計画推進に役立っていますか。

もしそうでないのでしたら、どんな理由が考えられますか。

Q3-2 本件計画実施中に開発政策、目標、開発分野について何らかの変更がありましたか。

Q3-3 本件プロジェクト完成以来、この施設は当初の目標通りに機能していますか。

Q3-4 本件援助が貴国の社会に対して直接的或いは間接的に、経済、社会教育面においてどのように影響しているか聞かせて下さい。

1) この日本のプロジェクトは、将来における医療技術の協調を目指す模範となっていますか。

2) 地方に医療をという目的において、本プロジェクトは患者が都市へ集中してくるのを防いでいますか。

3) 本プロジェクトは、医療に携わる人々の教育、または、技術向上に寄与していますか。

Q3-5 もし本件無償援助が、貴国における他の日本よりの援助に影響を及ぼしているのであれば、どんな影響を及ぼしているか、また、それはどんな援助プロジェクトなのかを教えてください。

Q3-6 本件援助に関連する他国の援助プロジェクトから、貴国が得た影響はどんなものがありますか。もし何かあれば教えてください。

Q3-7 本件無償援助について、貴国の人々は親しみを持たれていますか。

Q3-8 医療分野の日本政府無償援助について他国政府の援助と比較して、ご意見を下さい。

Q3-9 次の事項に関し、日本の開発途上国援助と、他の多国間援助または二国間援助との主な違いについてどのように考えておられますか。

- 1) 意志決定手順
- 2) 協力の分野と方法
- 3) 融資条件
- 4) 協力後の配慮

Q3-10 上記の他に、もし何かこの無償援助プロジェクトに対して、ご意見をお持ちでしたらお聞かせ下さい。

Q3-11 将来の日本よりの医療についての協調と援助に対して、あなたは、何を期待しますか。

- 1) 日本政府による医療援助の種類
(ローン、資金援助、技術の協調、等)
- 2) 援助の分類
(施設、機材と資材、スペアパーツ、技術援助、開発計画、プロジェクト形成、等)
- 3) その他
(援助システム、多国間援助の調整、等)

QUESTIONNAIRE

FOR THE EVALUATION OF JAPAN'S ECONOMIC AND TECHNICAL COOPERATION
(MEDICAL SECTOR)

TO THE GOVERNMENT OFFICIALS AND TOP MANAGEMENT OF THE RELATED
ORGANIZATION

In regard to the grant aid programme, please answer the following
questions:

Q1. PROJECT BACKGROUND

Q1-1. How was the project related to the national development
plan and its goals at that time ?

Q1-2. What were the reasons for requesting the grant aid
programme with relation to the national development plan
and the future plan for medical project ?

Q1-3. Which institution did implement the study for the medical
project before submitting the grant aid programme ?

Q1-4. How was the grant aid scheme by the Government of Japan
introduced for the project ?

Q1-5. Were there any proposals of grant aid or soft loan from
other countries except Japan ?

If so, what was the major reason to choose the grant aid
from Japan ?

Q1-6. Number of staff and organization chart

Q1-7. Income statement (Profit-and-Loss statement)

Q1-8. Balance sheet

Q1-9. Maintenance of equipment

(Budget, Amount of depreciation, Number of personnel for
maintenance and Stocks of spareparts)

Q2. PROJECT IMPLEMENTATION

Q2-1. What do you think about the timing and scale of the aid
programme ?

Q2-2. If you think that the timing or the scale of the programme
was not adequate, please state what are the reason and
what kind of counter measures you took to supplement the

- insufficiency ?
- Q2-3. Do you think that the grant aid programme was the best way to achieve your target ?
Did you take into account the soft loan ?
- Q2-4. In your opinion, what kind of cooperation way is the most effective to fulfill your goal between the donor and recipient country ?
- Q2-5. Do you think that the site selection for this project was done properly and what was the circumstance for acquiring the project site ?
- Q2-6. Relation of the hospitals to regional medical care (for countrywide level)
- 1) Population of the area covered by the hospitals.
 - 2) Number of Health Complexes situated under the hospitals in the medical care system.
 - 3) Number of patients per day that usually referred from these Health Complexes to the hospitals
 - 4) Are those patients who require more sophisticated medical care referred to any other hospitals at a higher level ?
If so, please state the number of such patients and the names of the hospitals:
 - 5) Number of the primary, secondary and the tertiary hospitals in the medical organization system in your country
- Q2-7. Do you think that the supplied equipment, materials and buildings satisfy your needs ?
- Q2-8. What kind of equipment and materials did you purchase for this programme besides those grant aid from Japan ?
- Q2-9. Did you construct any other buildings and facilities by yourself after the completion of the project ?
- Q2-10. What do you think about the service of the consultant for implementing the project ?
- Q2-11. What do you think of the contractor's performance for the construction of the project ?
- Q2-12. What do you think of the expert's to facilitate the transfer of technology for efficient and effective operation of the granted facilities ?
- Q2-13. What do you think of the future development plan of medical service in your country ?
- 1) Financial aspect:

Budget for development projects, investment balance between facilities, technical development and maintenance of on-going projects etc.

2) Medical service level:

Present and future goal of medical service

Balance of service for medical sector in cities and regions (for example; balance of general or special hospitals)

3) Health and sanitation aspect:

How to improve and to up-grade people's consciousness on health-sanitation.

4) Human resource aspect:

How to acquire personnel for medical health service sector and their training policy.

Q2-14. Please tell us the expenses born by the recipient side under the grant aid programme for the following items ?

1) Construction cost of buildings

2) Fixtures and machinery

3) Running cost (telephone, electricity, fuel etc.)

4) Expenses for the training programme

5) The influence for saving medical expenses of people in the project region.

Q2-15. Do you have any plans for the construction of similar buildings in your country ?

Q3. IMPACT OF THE PROJECT

Q3-1. Has the grant aid programme been successfully implemented for your national development plan ?

If not, what were the reasons which have brought the results ?

Q3-2. Were there any changes in the development policy, targets and the areas of development in the course of implementing the plan ?

Q3-3. Since its completion, is this facility still functioning well according to its initial sectoral target and goals ?

Q3-4. Please tell us whether the aid programme generated the economic or social or educational influence etc., directly or indirectly to your society ? For example;

1) Do these projects of Japan perform the role as the model

- case for medical-technical cooperation in future ?
- 2) For regional distribution of medical sector, do these projects contribute to reduce over-concentration of patients to the cities ?
 - 3) Do these projects contribute for up-grading educational, technical skill of the staffs in medical sector ?
- Q3-5. If the aid programme had influence on other Japan's cooperation projects in your country, please tell us what kind of influence and grant aid programmes ?
- Q3-6. What kind of influence did you get from grant aid project of foreign countries related with this aid programme, if any ?
- Q3-7. Do you think that your people are familiar with the aid programme ?
- Q3-8. Please comment on the grant aid programme of Japan in medical sector in comparison with those of other governments ?
- Q3-9. What do you think of the major difference between Japan's cooperation and those by other multilateral and bilateral aid agencies on the following issues ?
- 1) Decision-making process:
 - 2) Areas and method of cooperation:
 - 3) Terms of finance:
 - 4) Way of following-up in cooperation:
- Q3-10. If you have any other comments on this grant aid programme and project, please tell us them.
- Q3-11. What kind of expectation would you have on Japan's medical cooperation and aid in future ?
- 1) Types of medical aid by Government of Japan
(Loan, Grant and Technical cooperation etc.)
 - 2) Categories of the aid
(Facilities, equipment and materials, Spareparts, Technical transfer, Development plan and Project formation etc.)
 - 3) Others
(System of the aid, Coordination of aid among donor countries etc.)

1-1-2 対象病院向け質問票

質問内容は次の通りである。

1 本病院の地域に対する役割

- 1-1 本病院の診療圏
- 1-2 診療圏の人口及びその構成
- 1-3 診療圏の出生数、出生率、死亡数、死亡率
- 1-4 来院の手段
- 1-5 本病院の下部機構である Health Complex の数
- 1-6 下部機構の施設より、1日何人の患者が来るか
- 1-7 本病院の上位機構の医療施設の有無
- 1-8 本病院の位置付けは、二次医療か、三次医療か

2 本病院の現状

- 2-1 本病院の職員数と組織
- 2-2 外来患者数（各科別）
- 2-3 病床数（各科別）
- 2-4 入院患者数（各科別）
- 2-5 救急患者数（1日当たり）
- 2-6 病床占有率（各科別）
- 2-7 平均入院日数
- 2-8 手術件数
- 2-9 分娩数
- 2-10 解剖数
- 2-11 死亡数及び死亡率

3 無償資金により本病院開院前と開院後の比率

- 3-1 死亡数、死亡率
- 3-2 本病院の統計
- 3-3 診療圏での死亡数、死亡率

4 その他の問題点

4-1 診療に関して

- 1) 外来患者の待ち時間
- 2) 外来診療のスペースは十分か
- 3) 入院の為の待ち日数
- 4) 救急患者の入院は直ぐできるか
- 5) その他の問題

4-2 職員に対し

- 1) 医師、看護婦、パラメディカルスタッフの員数と能力
- 2) 供与された機材を十分に活用できる能力はあるか
- 3) その他

4-3 供与された機材に対して

- 1) 使用していない、修理できない機材
- 2) 故障した主な原因
- 3) 供与された機材を使用するため、必要とされるフィルム、スベ
アパーツの入手は容易か
- 4) 供与された機材の中で、実情に合わない機材
- 5) 内視鏡の使用状況
- 6) その他の問題点

4-4 その他の医療機材

- 1) 開院後、他よりの供与または、購入した機材

4-5 将来の購入計画

- 1) 将来購入計画にある機材

4-6 病院の建物について

- 1) 建物の設計は、自国の気候風土に合っているか
- 2) 診療に対して、設計が不都合、不便な所
- 3) 運営、管理に対して、設計が不都合、不便な所
- 4) 職員の宿泊施設は満足か
- 5) 他の問題点

4-7 公共設備

- 1) 1ヶ月当たりの電力消費量 KW/HOUR
- 2) 電力の安定
- 3) 停電の有無
- 4) 1ヶ月の公共水道消費量
- 5) 断水の有無
- 6) 病院の排水及び排水処理

4-8 本病院の運営経費

QUESTIONNAIRE

1. Relation of the hospital to regional medical care.

- 1) From which areas do the patients who use the hospital originate ?
Please indicate on the map.
- 2) What is the population and population structure of the area covered by the hospital ?
- 3) What is the number of births and birth rate in the region ?
What is the mortality and morbidity in the region ?
- 4) What is the mode of transportation most used by patients to reach the hospital ?
- 5) How many Health Complexes are situated under the Hospital in the medical care system ?
Please indicate the number of beds, number of out-patients, and the departments of these Health Complexes.
Please specify the number of medical staff and specialists in these Health Complexes as well.
- 6) How many patients per day are usually referred from these Health Complexes to the hospital ?
- 7) Are those patients who require more sophisticated medical care referred to any other hospitals at a higher level ?
If so, please state the number of such patients and the names of the hospitals.
- 8) Is the hospital considered a secondary hospital or tertiary hospital in the medical organization system in your country ?

2. The present activity of the hospital.

Please provide the following information and statistics.

- 1) Number of staff and organization structure.
(Please use tables and figures)
- 2) Number of out-patients in each Department.
- 3) Number of hospital beds in each Department.
- 4) Number of hospital admissions in each Department.
- 5) Number of emergency cases per day.
- 6) Percentage bed occupancy in each Department.
- 7) Average duration of stay (days).
- 8) Number of surgeries and related statistics.
- 9) Number of deliveries.
- 10) Number of deaths and autopsies.
- 11) Hospital Morbidity and Mortality.

3. Is there any significant difference observed in the following subjects before and after the construction of the hospital with the Japanese Grant aid program ?

- 1) Hospital morbidity and mortality.
- 2) Hospital statistics.
- 3) Morbidity and mortality of the people in the area covered by the hospital.

4. Present Difficulties.

1) Patient Care.

- (1) What is the average waiting time of the out-patient ?
- (2) Is the space of the out-patient-clinic sufficient ?
- (3) How many days must a patient wait to be admitted ?
- (4) Is it possible to admit emergency cases immediately ?
- (5) Any other difficulties ?

2) Hospital staff.

- (1) Are the number of doctors, nurses, and other para-medical staff sufficient ?
- (2) Are they capable of utilizing the donated medical equipment ?
- (3) Any other difficulties ?

3) The medical equipment donated by Japan.

- (1) Please state the number and names of the equipment which are unusable and/or unrepairable.
- (2) What is the main cause of damage to these equipment ?
- (3) Is there any difficulty in obtaining reagents, films, spare parts, and other consumables for the continuous usage of the donated equipment ?
- (4) Is there any medical equipment which is unsuitable or inappropriate for the present condition of the hospital ?
If so, please identify the equipment and the reason.
- (5) Is the donated endoscope working satisfactorily ?
- (6) Any other difficulties ?

4) Other medical equipment.

- (1) Please list the equipment which were procured locally or donated after the hospital began operation.

5) Future procurement plans.

- (1) Please list the equipment you are planning to procure in the future.
 - A. by purchase.
 - B. by foreign country donation.
 - C. by obtaining what is already in use in an existing hospital.

6) Design and Architecture of the hospital.

- (1) Is the design and architecture appropriate to the climate and temperature of your country ?
- (2) Are there any particular points in the design of the hospital inconvenient for patients care ?
If so, please specify.
- (3) Are there any particular points in the design of the hospital inconvenient for administration and management ?
If so, please specify.
- (4) Is the accomodation of the doctors and nurses in satisfactory condition ?
- (5) Any other problems ?

7) Regarding public utilities.

- (1) What is the electric power consumption per month ?
Please specify the peak load in KW/hour.
- (2) How does the voltage fluctuate and what effect does this have on the equipment ?
- (3) How often does the power fail ?
How long does it take for the power supply to be restored ?
How does the hospital cope with power failure ?
- (4) What is the volume of city water used per month ?
- (5) How often is the city water supply interrupted ?
- (6) Please explain the hospital's system of drainage and sewerage.

8) Please submit a summary of the hospital's accounts and budget.

1-2 回答

1-2-1 バングラデシュ政府からの回答

Government of the People's Republic of Bangladesh
Ministry of Health and Family Planning
Dev-II.

Memo No. Dgv-II/GA-66/87/378

Dated 30.7.95 B.
13.11.88 E.

To
Mr. Norio Matsuzawa
Resident Representative
JICA Bangladesh Office
Hst No. NW(6) 1
Road No. 62/63
Gulshan,
Dhaka-1212.

Subject:- Visit of Japanese Medical Evaluation team.

Ref: No. GEN-504/88 dt. 29.8.88.

Dear Sir,

With reference to your above quoted letter please find herewith the filled in questionnaire relating to two projects namely (i) Narayangonj 200 bed Hospital (ii) Dhaka National Medical Institute Hospital, for favour of your information and necessary action at your end.

Encl:- As stated above.

Yours sincerely,

(Abul Bashir Hossain)
Sr. Assistant Secretary.

QUESTIONAIRES

Q1 - 1. PROJECT BACK GROUND .

Q1 - 1. How was the Project related to the national development plan and its goals at that time ?

Ans :- Narayanganj is an industrial town & with a population of 17 lac moreover there is a river port . The Health facilities of that area was very inadequate . Considering the need & importance of medical facilities initiative was taken to established a 200 Bedded Hospital in that area . Accordingly the project was included in the 5 year plan & in A.D.P (Annual Development project) in 1984 -85 .

Q1 - 2. What were the reasons for requesting the grant aid program with relation to the national development plan and the future plan for Medical project .

Ans. The reasons were as follows :-

To establish and strengthened the Medical facilities to meet the ever increasing demand of the population of Narayanganj and adjoining areas .

Q1 - 3. Which institution did formulate for the Medical project before requesting the grant aid program ?

Ans :- Planing Cell of the Ministry of Health & Family Planing in-~~the~~ Co-operation of Director general Health services .

Q1 - 4. How was the grant aid scheme by the Government of Japan introduced for the project ?

Ans :- The grant aid scheme was introduced for the project by Government of Japan through JICA with the idea of strengthening friendly and co-operation relation between the Government of Bangladesh & Japan .

Q1 - 5. Were there any proposals of grant aid or soft loan from other countries except Japan ?

Ans :- No

Q1 - 6. Number of staff and organisation chart ?

Ans :- Attached herewith appendix - A

Q1 - 7. Income statement (Profit and loss statement)

Ans :- Attached herewith appendix - B

A1 - 8. Balance sheet

Ans :- Attached herewith appendix - C

Contd . 2

Q1 - 9, Maintenance of equipment

(Budget, Amount of depreciation, Number of personnel for maintenance and stocks of spareparts)

Ans :- Maintenance of equipment & repair done by the central Medical store and National Electro Medical equipment maintenance workshop Dhaka .

Q2. PROJECT IMPLEMENTATION

Q2 - 1. What do you think about the timing and scale of the aid program ?

Ans :- The project has been completed as per schedule .

Q2 - 2. If you think that the timing or the scale of the programme was not adequate, please state what are the reason and what kind of counter measures you took to supplement the insufficiency ?

Ans :- It seems adequate .

Q2 - 3. Do you think that the grant aid programme was the best way to achieve your target ?

Ans :- Yes, Grant aid programme is the best way to achieve/target the

Q2 - 4. In your opinion, what kind of co-operation way is the most effective to fulfill your goal between the donor and recipient country ?

Ans :- Grant aid programme with active participation of the recipient country at all stages .

Q2 - 5. Do you think that the site selection for this project was done properly and what was the circumstance for acquiring the project site ?

Ans :- Site selection was done properly considering the Health need of the huge population around it .

Q2-6. Relation of the Hospitals to regional Medical care (for countrywide level)

1. Population of the area covered by the Hospitals .

Ans :- About 30 acs .

2. Number of Health complexes situated under the Hospitals in the Medical care system .

Ans :- As a chain of administration no Health complexes are placed under this Hospitals

3. Number of patients per day that usually referred from those Health complexes to the Hospitals .

Ans :- About 100 perday referred patients and others are self reported .

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

Ans :- If so, please state the Number of such and the named of the Hospitals.
Number of patients

Ans :-/Institute of post graduate Medicine and Research (IPGH & R), Institute of cardiovascular diseases (ICVD), Rehabilitation Institute Hospital for the disabled (RIHD), Institute of Diseases of the Chest and Hospital (IDCH), Infectious Diseases Hospital (IDH)

Contd . 3

5. Number of the primary, Secondary and the tertiary Hospitals in the Medical organization system in your country .

Ans :- Primary

At Union level :- Union Health & Family planing welfare centre - 4,500

At Upa Zela level :- Upa Zela Health complex :- 350

Secondary

District level :- District Hospital :- 64 (Bed No. various from 50 to 25)

Tertiary :-

Medical College	- 8
I.P.G.I.I.&R	- 1 Institute Post Graduate Medical Research
I,C,V,D	- 1 Institute of Cardiovascular Diseases
H I O	- 1
R I H D	- 1 Rehabilitation Institute Hospital For the Disabled
I D C H	- 1
H I C H	- 1
B I R D E H	- 1
Specialised Hospital	
I C D D R B	- 1

Q2 - 7 . Do you think that the supplied equipment, Materials and buildings satisfy your needs ?

Ans :- To a great extent were satisfied, but there are laps are found in the following :-

1. Equipment :- Endoscope - It is an old Model, spare parts are not available in this country .

Flame Photometer - U.S.A Model , disposable butane gas cylinder is required to run the photometer which is not available in this country & also lack of train personnel to handle the instrument .

II. Building :- Intensive cardiac care unit :- In the project programme there was a provision to construct intensive care unit in this Hospital but at present there is no existence/ intensive care unit .

b) Lack of central air condition in X-Ray & Pathology Department .

c) Pipe line for central oxygen supply in different wards & O.T was not completed .

d) All the doors of toilet were made by woodtex & that were already damaged .

III. Materials :-

Q2 - 8 What kind of equipment and Materials did you purchase for this programme beside those grant aid from Japan ?

Ans :- No other equipment except the following Materials are purchased :-

- I) Wooden & Still Furniture
- II) Duplicating Machine & Bengali Type writing Machine etc.
- III) Crocheters
- IV) Book'S & Journals

Q2 - 9 Did you construct any other buildings and facilities by yourself after the completion of the project ?

Ans :- Residential Building are being constructed .

Q2 - 10 What do you think about the service of the consultant for implementing the project ?

Ans :- Performance of consultants were satisfactory .

Q2 - 11 What do you think of the contractor'S performance for the construction of the project ?

Ans :- Performance of contractor's were quite satisfactory .

Q2 - 12 What do you think of the expert's activities to facilitate the transfer of technology for efficient and effective operation of the granted facilities .

Ans :- Expert activity in relation to implementation of the project was good but the process of technology was not transferred to run the Hospital smoothly . That was mainly due to absence of local experts in the process. As such training facilities for the doctors & technicians are needed to use the maintain the apparatus properly .

Q2 - 13 What do you think of the future development plan of Medical service in your country ?

Ans :- I) Financial aspect :- Budget for development project , investment balance between facilities , Tech. development and maintenance of on- going project ect.

Ans : Attached herewith appendix - D

II) Medical service level :-

Present and future goal of Medical service

Balance of service for Medical sector in cities and regions (For example; balance of general or special hospitals)

Ans :- Medical service level at present :

Primary level - Village & ward

One ward comprises four villages having population of 7000 approximately.
3 Health worker^{for} domiciliary service .

Contd . 5

Number of village 68 Thousand | Community level
Number of ward 13 Thousand |

Union level :-

Number of population :- 20 thousand approximately

1 - H & F W C Headed by M.O (Medical officer)

Number of Union :- 4,500

Number of H & F W C :- 2,750

Without H & F W C :- 1,750

Upa zila :- 460

Rural Upa zila :- 397

Urban upa zila :- 63

Out of 397 Rural upa zila 350 has got Health complexes with 31 Bedded indoor facilities OPD & field Domicillary activities. Remaining 47 upa zila Health complexes are to be developed. Urban upa zila (in the district level) there is no health complexes.

Secondary level :-

Secondary Health care deliveries is being provided by district hospital :-

Number of district Hospital :- 64

These district Hospital having beds from 50 to 250 and regular specialised service available.

There is a plan of bringing uniformity in bed strength of all the district having 200/250 Bedded Hospital.

Tertiary level :-

8 (eight) Medical colleges and other specialised Hospital having bed strength running from 500 to 1050 delivers the tertiary level health care services.

Apart from the above mentioned 3 tier of health care delivery services. There are several specialised health care facilities such as :-

ICVD, IPGM & R, IIRD, IDCH, NICH, NIO & BARZEN

ICDDR is a specialised institute for treating & Diarrhoeal diseases and research & training financed by Multinationals.

NIPSON ~~Minuzad~~/IPGM & R which develop health manpower in the post graduate level in different discipline to cater the need of the country.

There are some other training institute too :-

Number 1 - IPHI, PKI, HATS, NTC

Above mentined institute developed auxelary manpower.

Number 2 - IPH is responsible for production of vaccin and sera, IV fluid etc.

Contd . 6

Number of village	68 Thousand	} Community level
Number of ward	27 Thousand	

Union level :-

Number of population :- 20 thousand approximately

1 - H & F W C Headed by M.O (Medical officer)

Number of Union :- 14,500

Number of H & F W C :- 4,500

Without H & F W C :- 10,000

Upa Zela :- 460

Rural Upa zela :- 397

Urban upa zela :- 63

Out of 397 Rural upa zela 350 has got Health complexes with 31 Bedded indoor facilities OPD & field Domicillary activities . Remaining 47 upa zela Health complexes are to be developed. Urban upa zela (in the district level) there is no health complexes .

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8 (Eight) Medical colleges and other specialised Hospital having bed strength running from 500 to 1050 deliver the tertiary level health care services .

Apart from the above mentioned 3 tier of health care delivery services, there are several specialised health care facilities such as :- ICVD, IPGH & R, RIHD, IDCH, HIGH, HIO & BARDEN .

ICDDR is a specialised institute for treating Diarrhoeal diseases and research & training & financed by Multinationals .

WIPSON /IPGH & R which develop health manpower in the post graduate level in different discipline to cater the need of the country.

There are some other training institute too :-

Number 1 - IPHI, PH, RATS , ITC

Above mentioned institute developed auxiliary manpower .

Number 2- IPH is responsible for production of vaccin and sera, IV fluid etc.

Contd. 6

3) Health and sanitation aspect :-

How to improve and to upgrade people's consciousness on health sanitation .

Ans : 1) Increasing the literacy rate .

2) Creating awareness by health education using different medias.

3) Direct health educations by health worker .

4) Human resource aspect :-

How to acquire personnel for medical health service sector and their training policy .

Ans :- Acquire health personnel :-

1) The Bulk of the Medical personnels (80%) provided by the government through Ministry of health & Family planing . The recruited number of manpower is recruited as per need .

2) Training of personnels :-

There are several Institutes and 8 (Eight) Medical college to train health manpower of different level such as .

1) Health auxiliary.

2) Nurses

3) Doctor's

4) Specialised etc.

In some areas where training facilities are not available in the country people's are sent abroad for training .

Q2 - 14. Please tell us the expenses born by the recipient side under the grant aid programme for the following items ?

1) construction cost of buildings

Ans:- 137.20 lacs

2) Fixtures and machinery.

Ans :- Nil

3) Running cost (telephone ,electricity, fuel etc.)

Ans :- Telephone :- 48,491.00

Electricity :- 24,86,319.00

Fuel :- 2,14,999.00

4) Expenses for the training programme :

Ans :- Nil

5) The influence for saving medical expenses of people in the project region .

Ans :- The Medical expenses of the people of the region considerably decreased.

Q2 - 15. Do you have any plans for the construction of similar buildings in your country ?

Contd . ?

Ans :- Yes infuture .

Q3. IMPACT OF THIS PROJECT.

Q3 - 1. Has the grant aid programme been successfully implemented for your national development plan ?

If not what were the reasons which have brought the results ?

Ans :- The programme successfully implemented. How ever further technical co-operation is needed .

Q3 - 2. Were there any changes in the development policy, targets and the areas of development in the course of implementing the plan ?

Ans :- NO

Q3 - 3. Since it's completion is this facility still functioning well according to its initial sectoral target and goals ?

Ans : Functioning well as per target and goals .

Q3 - 4. Please tell us whether the did programme the economic or social educational influence etc. directly or indirectly to your society for example :

1) Do these projects of Japan perform the role as the model case for medical technical co-operation in future ?

Ans :- This Hospital will be a good guide for Medical technical co-operation infuture .

2) For regional distribution of Medical sector ,Do these projects contribute to reduce over concentration of patients to the cities ?

Ans :- YES

Q3 - 5. If the aid programme had influence on other Japan's Co-operation projects in your country ,Please tell us what kind of influence and grant aid programme ?

Ans :- Yes this programme creates opportunity to further grant assistance & technical co-operation in future in Health sector .

Q3 - 6 .What kind of influence did you get from grant aid project of foreign countries related with this aid programme if any ?

Ans :- The experience of this aid programme is expected to influence positively to wards implementation of more projects in Japan's grant assistance in health sector .

Q3 - 7. Do you think that your people are familiar with the aid programme ?

Ans :- People are aware fairly .

Q3 - 8. Please comment on the grant aid programme of Japan in Medical sector in comparison with those of other governments ?

Ans : The terms and condition of Japan's grant aid programme seems to be accommodating .

Contd. 8

Q3 - 9. What do you think of the major different between Japan's co-operation and those by other multilateral and bilateral aid agencies on the following issues .

1) Decision - making processes :-

Ans :- Recipients' need is well taken up in the decision making process.

2) Areas and method of co-operation :-

Ans : Method of co-operation is more acceptable than other donors .

3) Terms of finance :-

Ans :- Japanes assistance in Health sector is mainly grant in aid basis while other multinational assistance .

4) Way of following up in co-operation :-

Ans:- By Ministry of Health, Director of General of Health services ,and special J. Japanes team .

Q3 - 10. If you have any other comments on this grant aid programme and project please tell us them .

Ans :- NOTHING .

Q3 - 11. What kind of expectation would you have on Japan's Medical co-operation and aid in future ?

1) Types of Medical aid by Government of Japan

(Loan ,grant and technical co-operation etc)

Ans :- Loan ,grant and technical co-operation etc .

2) Categories of the aid

(Facilities ,equipment and Materials ,spareparts ,Technical transfer, development plan and project formation etc .

Ans :- Facilities ,equipment and materials, spareparts, Technical, transfer, development plan and project formation etc.

3) Others :-

(System of the aid co-operation of aid among donor countries etc)

- Contd . 9

NARAYANGANJ HOSPITAL, NARAYANGANJ FOR THE YEAR
1987 - 1988

Sl. No.	Particular	Total Income	50% Distribution	Balance
1.	X-Ray Fees	2,70,330/-	1,35,165/-	1,35,165/-
2.	Pathology Fees	1,27,796/50	63,898/25	63,898/25
3.	E,C,G Fees	34,130/-	17,065/-	17,065/-
4.	Cabin & operation Charge	3,65,160/-	Nil	3,65,160/-
5.	Out Door & emergency Fees	2,79,554/-	Nil	2,79,554/-
6.	Amboance Fare	20,314/-	Nil	20,314/-
7.	Schedul sales for tender	12,355/85	Nil	12,355/85
Total Taka		11,09,640/35	2,16,128/25	8,93,512/10

[Signature]
Superintendent
Narayanganj General Hospital
C/O. Ministry of Health,
Bangladesh,
R. 3.10.88

IN CODE OF NARAYANGANJ HOSPITAL, NARAYANGANJ FOR THE
1986 - 1987

Sl.No.	Particular	Total Income	50% Distribution	Balance
1.	X-Ray Fees	1,53,440/-	76,720/-	76,720/-
2.	Pathology Fees	63,624/-	31,812/25	31,812/25
3.	E,C,G	19,890/-	9,945/-	9,945/-
4.	Cabin & operation charge	87,140/-	Nil	87,140/-
5.	Schedule sales for tender	35,910/-	Nil	35,910/-
6.	Ambulance Fare	5,890/-	Nil	5,890/-
		3,65,894/50	1,18,477/25	2,47,417/25

J. J. J.
Superintendent
Narayanganj General Hospital.
C/O. Ministry of Health,
Bangladesh,
D. 3. 10. 88

BALANCE SHEET OF NARAYANGANJ HOSPITAL, NARAYANGANJ
FOR THE YEAR 1987-1988

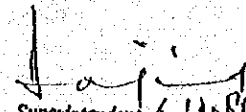
Sl.No.	Particulars	Received Taka	Actual expenditure	Balance
1.	Pay Officers	17,20,000/-	16,03,998/-	1,16,302/-
2.	Pay Employee	23,40,000/-	21,43,140/-	1,96,860/-
3.	Travelling allowances	50,000/-	49,994/-	06/-
4.	Dearnes allowance	4,06,000/-	4,01,563/-	4,437/-
5.	House rent	19,50,000/-	18,16,075/-	1,33,925/-
6.	Medical allowances	3,44,000/-	3,37,200/-	6,800/-
7.	Convanee allowance	54,000/-	54,000/-	Nil
8.	Rest & recreation & Festival allowance	6,03,000/-	4,76,293/-	1,26,707/-
9.	Other allowances	1,00,000/-	51,245/-	48,755/-
10.	Telephone Charges	50,000/-	48,491/-	1,509/-
11.	Electric & Muni Charge	34,21,000/-	31,15,061/-	3,05,939/-
12.	Fuel & Maintenance	1,20,000/-	1,16,999/-	3,001/-
13.	Office Cont. Charge	4,00,000/-	3,99,359/26	640/74
14.	Diet Charge	13,14,000/-	12,34,399/64	79,680/36
15.	Oxygen Charge	1,00,000/-	68,429/78	31,570/22
16.	H, S, R	25,00,000/-	24,70,580/-	29,420/-
Total Taka		1,54,72,000/-	1,43,86,747/68	10,85,252/32

J. J. J.
Superintendent 4.11.88
Narayanganj General Hospital
C/O. Ministry of Health,
Dangladesh,
R. 3. 10. 54

APPENDIX - C
2

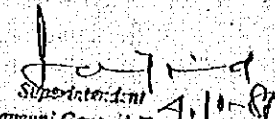
BALANCE SHEET OF NARAYANGANJ HOSPITAL, NARAYANGANJ FOR
THE YEAR 1986 - 1987

Sl.No.	Particular	Received Taka	Actual Expenditure	Balance
1.	Pay of Officer	30,20,000/-	15,70,000/-	14,50,000/-
2.	Pay of Employee	36,93,000/-	18,93,000/-	18,00,000/-
3.	Allowance & Honuarary	40,68,000	22,38,000/-	18,30,000/-
4.	Travelling allowance	1,00,000/-	50,231/06	49,768/94
5.	Festeval & Rest & Recreation	3,40,000/-	2,38,860/-	1,01,140/-
6.	Office Cont.Charge	11,57,000/-	7,14,556/24	4,42,443/76
7.	Fuel & Maintenance	1,95,000/-	1,85,525/10	9,473/90
8.	Diet Charge	13,40,000/-	4,40,108/30	8,99,891/70
9.	Electric Charge	35,32,000/-	22,18,827/32	13,13,172/68
10.	Furniture	13,00,000/-	12,99,365/58	634/42
11.	Tele phone Charge	50,000/-	30,000/-	20,000/-
12.	G.D.S.T	4,65,000/-	4,64,463/99	536/01
Total Taka		1,92,60,000/-	1,13,42,938/59	79,17,061/41


Superintendent of H.R.
Narayanganj General Hospital
C/O. Ministry of Health,
Bangladesh,
A. 3.10.87

BALANCE SHEET OF NARAYANGANJ HOSPITAL, NARAYANGANJ
FOR THE YEAR 1985 - 1986

Sl.No.	Particulars	Received Taka	Actual expenditure	Balance
1.	Pay of Officers	4,05,000/-	2,76,922/21	1,28,077/79
2.	Pay of Employee	4,45,000/-	2,98,735/32	1,46,246/68
3.	Allowance & Honourary	4,28,089/-	3,64,841/41	63,247/59
4.	Festival Allowance	1,00,000/-	49,242/50	50,757/50
5.	Rest & Reception	10,000/-	7,110/-	2,890/-
6.	Travelling allowance	75,000/-	67,296/85	7,703/15
7.	Furniture	3,00,000/-	2,99,999/60	0/40
8.	Fuel & Maintenance	10,000/-	9,998/28	1/72
9.	Bank Charge	48,403/-	48,403/-	N11
10.	Office Contingency	14,78,481/-	14,78,469/55	11/45
11.	C.D.S.T	4,23,026/06	4,23,026/06	N11
Total Taka		44,22,999/06	39,89,587/86	4,33,411/20


 Superintendent
 Narayanganj General Hospital
 C/O. Ministry of Health,
 Bangladesh,
 23.10.86

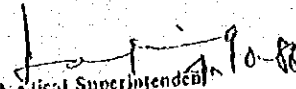
HEALTH ALLOCATIONS

Health Services Programmes in Bangladesh are financed from the two budget sources; Revenue and Development. The operation and maintenance of the health facilities and ongoing programmes are normally financed through the mechanism of the Revenue Budget which is formulated on the annual basis. On the other hand, the development programme is essentially concerned with the creation of new facilities and programmes and is formulated on the basis of the five year plan. The annual development programme (ADP) is a part of the plan and is designated to finance the various projects included in the plan. The First Five Year Plan of Bangladesh covered the period of 1973-78. Subsequently, a two-year plan was formulated for the period of 1978-80. The Second Five Year Plan was for the period of 1980-85 and the Third Five Year Plan which has been initiated from July 1985 and will run through June 1990. The allocations for the health sector during the plan are shown below:

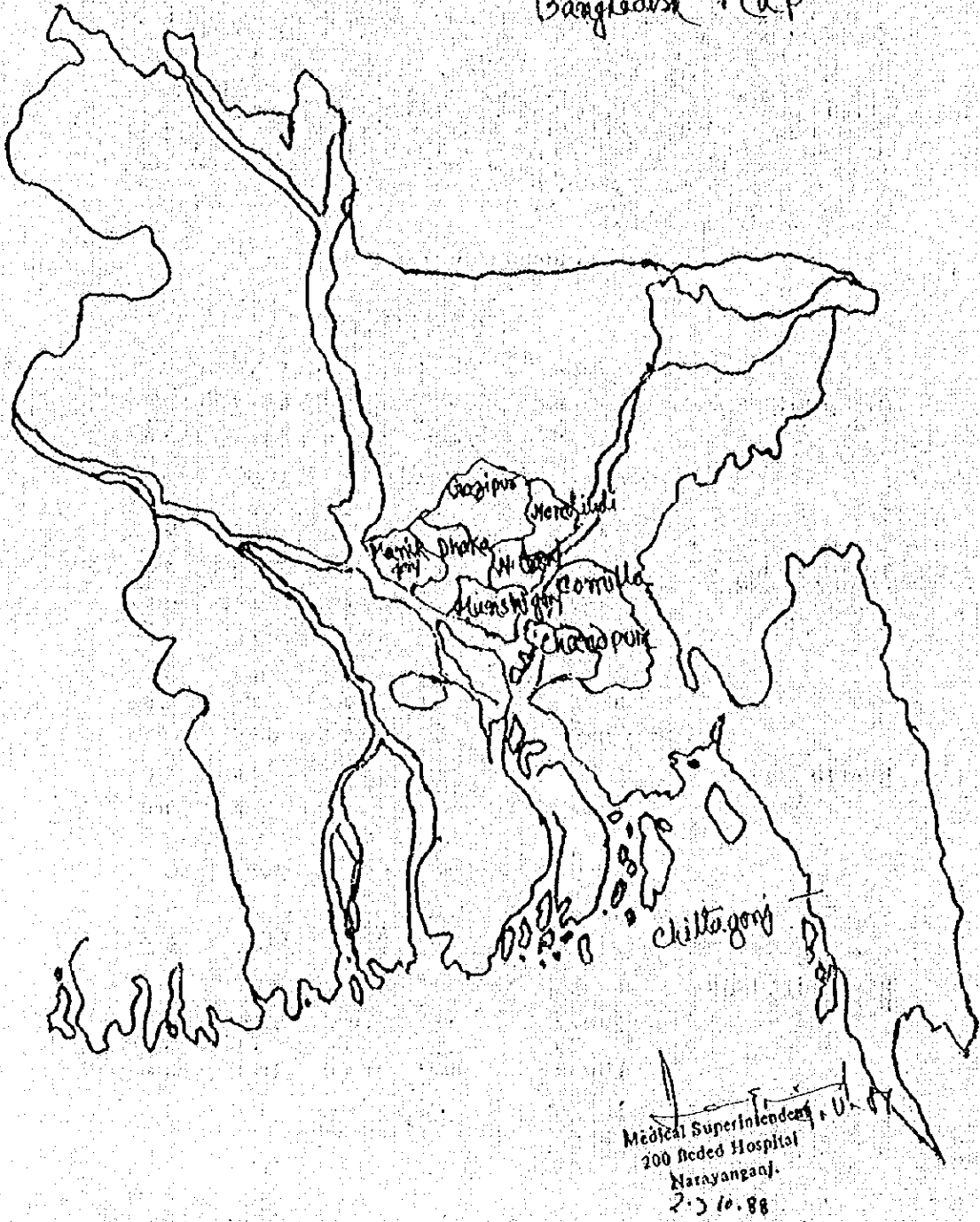
HEALTH BUDGET BY YEAR 1983-87

(All Fig. in Crore Taka)

	1 Budget	Financial Year			
		1983-84	1984-85	1985-86	1986-87
National Budget ALLOCATION	2 Revenue	6,860.3	6,968.3	7,954.7	8,525.9
	3 Dev.	3,483.9	3,896.0	4,095.5	4,764.0
	4 Total Rev.+Dev.	10,344.2	10,864.3	12,050.2	13,289.9
	5 Rev.	113.2	144.5	226.9	238.9
TOTAL HEALTH & FAMILY PLANNING BUDGET	6 %	1.7	2.1	2.9	2.8
	7 Dev.	174.9	206.5	204.5	244.8
	8 %	5.0	5.3	5.0	5.1
	9 Total Rev.+Dev.	288.1	351.0	431.4	483.7
HEALTH BUDGET	10 %	2.8	3.2	3.6	3.6
	11 Rev.	100.3	128.4	206.5	218.3
	12 %	1.5	1.8	2.6	2.6
	13 Dev.	82.1	87.0	75.8	101
FAMILY PLANNING BUDGET	14 %	2.4	2.2	1.9	2.1
	15 Total Rev.+Dev.	182.4	215.4	282.3	319.3
	16 %	1.8	2.0	2.3	2.4
	17 Rev.	12.9	16.1	20.4	20.6
	18 %	0.2	0.2	0.3	0.2
	19 Dev.	92.8	119.5	128.7	143.9
	20 %	2.7	3.4	3.1	3.0
	21 Total Rev.+Dev.	105.7	135.6	149.1	164.4
	22 %	1.0	1.2	1.2	1.2


 Medical Superintendent
 100 Bedded Hospital
 Narayanganj
 Bangladesh

Bangladesh Map



QUESTIONNAIRE

Q1.1 PROJECT BACKGROUND

Q1.1 How was the project related to the national development plan and its goals at that time ?

Ans. The project was included by the ERD in the 2nd five year National development plan of 1982 to agument the shortfall and eq uip the newly constructed 200 beded 7 storied hospital bulding with required number of equipment and apparatus for rendering proper medical servlees to the patients.

Q1.2. What were the reasons for req uesting the grant aid programme with relation to the national development plan and the future plan for medical project ?

Ans. As stated above to improve the medical eq uipment and to make good the shortage of instrument, apparatus required to by the newly expanded 200 beded hospital for the purpose of better medical servlees in future.

Q1.3. Which insititution did formulate for the medical project before requesting the grant aid programme ?

Ans. DHAKA NATIONAL MEDICAL INSTITUTE HOSPITAL .

Q1.4. How was the grant aid scheme by the government of Japan introduced for the project ?

Ans. The grant in aid scheme was introduced for the project by the govt. of Japan with the idea of strengthening friendly and co-operative relations between the govt. of Bangladesh and Japan .

Q1.5. Where there any proposals of grant aid or soft loan from other countries except Japan ?

Ans. No .

Contd...P/2.

Q1.6. Number of staff and organization chart ?

Ans. a) Administrative : 1. Director - 1
2. Dy. Director - 2
3. Admn. Officer - 1
4. Staff - 10
b) Medical : 1. Consultant - 12
2. Doctors - 45
3. Nurses - 55
4. Technical staff - 15
5. Ward boy - 30
6. Cleaner - 35
7. Other staff - 20

Q1.7. Income statement (Profit and loss statement)

Ans. * The hospital is run on No Profit No loss basis (non-commercial concern). The statement of income and expenditures enclosed.

Q1.8. Balance sheet .

Ans. Balance sheet enclosed!

Q1.9. Maintenance of equipment
(Budget, amount of depreciation, number of personnel for maintenance and stocks of spare parts)

Ans. 1. Budget for maintenance of equipment Tk. 50,000/-
2. Amount of depreciation Tk. @ 10% Tk. 12,27,841/-
3. Number of personnel for maintenance : 8
4. Stocks of spare parts : enclosed!

Q2. PROJECT IMPLEMENTATION.

Q2.1. What do you think about the timing and scale of the aid program ?

Ans. The timing and scale of the aid programme was proper and more or less adequate.

Q2.2. If you think that timing or the scale of the programme was not adequate. Please state what are the reason and what kind of counter measures you took to supplement the insufficiency ?

Ans. Whatever shortfall was there, though negligible, were met up from our local fund.

Contd.....P/3

- Q2.3. Do you think that the grant aid programme was the best way to achieve your target ?
- Ans. Yes, to a very great extent.
- Q2.4. In your opinion what kind of co-operation way is the most effective to fulfil your goal between donor and recipient country ?
- Ans. The best way of co-operation would be to permit the recipient countries to choose their particular/brand of instrument and apparatus. Alternatively the grant in aid money may be placed at the disposal of the recipient country with some instructions so that they can spend the same in accordance with the needs of local countries.
- Q2.5. Do you think that the site selection for this project was done properly and what was the circumstance for acquiring the project site ?
- Ans. Yes, and the circumstance was that the project site was established in the year 1925 to cater to the need of medical treatment of the huge population around it.
- Q2.6. Relation of the hospitals to regional medical care (for country wide level)?
- Ans. The hospital service is opened to medical care at country wide level and the patients all over the country is at liberty to receive medical care.
- Q2.6.1. Population of the area covered by the hospitals ?
- Ans. About 20 laos.
2. Number of health complexes situated under the hospitals in the medical care system ?
- Ans. No applicable.
3. Number of patients per day that usually referred from these health complexes to the hospitals ?
- Ans. Not applicable.
4. Are those patients who require more sophisticated medical care referred to any other hospitals at a higher level ?
- Ans. Yes, when it is necessary.
- Q3. Number of the primary, secondary and the tertiary hospitals in the medical organisation system in your country ?
- Ans. Not applicable.

Contd....P/4

6.
7. Do you think that the supplied equipment, materials and buildings satisfy your needs ?
- Ans. To a great extent we are satisfied. But there are scopes for expansion and improvement.
8. What kind of equipment and materials did you purchase for this program besides those grant aid from Japan ?
- Ans. We have purchased some equipment for the department of E.N.T. & eye to cover the shortage materials are purchased from time to time according to our needs.
9. Did you construct any other buildings and facilities by your self after the completion of the project ?
- Ans. A small construction has been made at the top of the building at the 7th floor to be used as quarter of Resident Physicians and Resident Surgeon. We have a proposal to construct a nursing hostel too.
10. What do you think about the service of the consultant for implementing the project ?
- Ans. Consultancy for implementing the project is more or less satisfactory.
11. What do you think of the contractors performance for the construction of the project ?
- Ans. Not applicable.
12. What do you think of the experts activities to facilitate the transfer technology for efficient and effective operation of the granted facilities ?
- Ans. By and large satisfactory, But we need training facility so that our technicians/doctors can use and maintain the apparatus properly. At present we are facing difficulties in using and maintaining the granted facilities by the Japanese govt. in the absence of training facilities and maintenance work shop with necessary tools.
13. What do you think of the future development plan of medical services in your country ?
- Ans. Not applicable.
14. Please tell us the expenses born by the recipient side under the grant aid programme for the following items:
1. Construction cost of Building : Tk. 2,50,000/-
2. Fixtures and machinery : Tk. 4,25,000/-
3. Running cost (Telephone, Electricity, fuel etc.) Tk. 3,48,200/-
4. Not applicable.
5. Not applicable.

Q3. IMPACT OF THE PROJECT:

Q3.1 Has the grant aid programme been successfully implemented for your national development plan ?

Ans. Yes.

Q3.2 Were there any changes in the development policy, targets and areas of development in the course of implementing the plan?

Ans. No.

Q3.3 Since its completion, is this facility still functioning well according to its initial sectoral target and goals ?

Ans. Yes.

Q3.4 Please tell us whether the aid program generated the economic or social or educational influence etc. directly or indirectly to your society for example ?

Ans. Yes.

1) Do these projects of Japan perform the role as the model case for medical-technical cooperation in future ?

Ans. Yes.

2) For regional distribution of medical sector, do these projects contribute to reduce over-concentration of patients to the cities ?

Ans. Yes.

3) Do these projects contribute for up-grading educational, the technical skill of the staffs in medical sector ?

Ans. Yes.

Q3.5 If the aid program had influence on other Japan's cooperation projects in your country please tell us what kind of influence and grant aid programs ?

Ans. Not applicable.

Q3.6 What kind of influence did you get from grant aid project of foreign countries related with this aid program, if any ?

Ans. Not applicable.

Q3.7 Do you think that your people are familiar with the aid program.

Ans. Yes.

Q3.8 Please comment on the grant aid programme of Japan in medical sector in comparison with those of other governments ?

Ans. Not applicable.

Q3.9 What do you think of the major difference between Japan co-operation and those by other multilateral and bilateral aid agencies on the following issues ?

Ans. Not applicable.

Q3.10 If you have any other comments on this grant aid programme and project, please tell us them ?

Ans. If we could receive the grand in aid in cash and allowet to perohage apparatus of our choise brand, these could remove many bottle necks in efficient use and maintenance.

Q3.11 What kind of expectation would you have on Japan's medical co-operation and aid in future ?

Ans. Regular Supply of medical instruments, apparatus, spare parts and maintenance assistance.

1. Types of medical aid by government of Japan loan, grant and technical co-operation, etc.

Ans: Grant and technical co-operation.

2. Categories of the aid (facilities equipment and materials spare parts, technical transfer, development plan and project formulation etc.)

Ans: Facilities^{of} equipment and materials spare parts technical transfer etc.

3. Other (system of the aid, co-ordination of aid among donor countries etc.)

Ans: Not applicable.

Cont....P/7

ADDITIONAL QUESTIONNAIRE

PROJECT BACKGROUND:

1. Financial aspect (budget for development plan, investment balance between facilities, ~~xxxx~~ maintenance etc, and between cities and rural areas)

Ans: Not applicable.

2. Medical service level (present and future goal of medical service situation of medical service in cities and rural areas, number of general and special hospitals and geographical distribution of those hospitals).

Ans: Not applicable.

3. Health and sanitation aspect (how to enhance and up-grade people's consciousness on health sanitation)

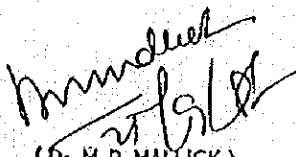
Ans: Not applicable.

4. Human resources aspect (way of recruitment of personnel for medical sector, training system of those people).

Ans: Not applicable.

5. Number of staff of your ministry and the chart of the ministry

Ans: Not applicable.


(Dr. M. R. MALLICK)
Director
Dhaka National Medical Institute
Hospital, Dhaka.

1-2-2 ナラヤンガンジ総合病院からの回答

Government of the People's
Republic of Bangladesh
Office of the Medical Superintendent
Narayanganj(200 Bed), Hospital.

Nemo No. N/H/88/3171

Dated :- 6-12-1988

To
The Resident Representative,
JICA Bangladesh Office,
Road No. 62/63,
Gulshan,
Dhaka-1212

Subject :- Reply of the Questionnaire.

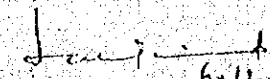
Ref. No. GEN-693/88. Dated. 24-11-1988.

With reference to the subject cited above memo under reference
the undersigned is sending herewith the reply of the questionnaire of
Narayanganj (200 Bed) Hospital.

Thanking you,

Yours sincerely,

Encl. 11 (Eleven).


(Dr. Abdul Hajid)⁶ 12. 88
Medical Superintendent.

P. b. 12. 88

QUESTIONNAIRE (A)

EVALUATION ITEMS FOR JAPAN'S ECONOMIC AND TECHNICAL COOPERATION (MEDICAL SECTOR)

TO HOSPITAL CONSTRUCTED UNDER THE JAPAN'S GRAND AID PROGRAM

1. Relation to regional medical care .

- 1) From which areas do the patients who use the hospital originate ?
Please indicate on the map .

Ans : Map attached here with .

- 2) What is the population and population structure of the area covered by the hospital ?

Ans :- 30 Lacs

Age Group :- 0 - 5 Years - 6,90,000
 6 - 14 Years - 9,00,000
 15 & above years- 14,10,000

- 3) What is the number of births and birth rate in the region ?
What is the mortality and morbidity in the region ?

Ans :- Number of births - 478 in Hospital
 Number of birth rate 34.4 per thousand population in Bangladesh .
 Hospital Morbidity - 1,76,663
 Hospital Mortality - 365

- 4) What is the mode of transportation most used by patients to reach the hospital ?

Ans :- Rickshaw ,Auto Rickshaw, Country boat, Bus, and Launch .

- 5) How many Health Complexes are situated under the Hospital in the medical care system ?

Please indicate the number of beds, number of out-patients, and the departments of these Health Complexes .
Please specify the number of medical staff and specialists in these Health Complexes as well .

Ans :- There is no Health Complexes under the Administrative control of this hospital .

Number of beds of Narayanganj district Health Complexes - 93
Out patients Number - 605 per day .
Number of Major department:- Medicine, Surgery, Gyans & obs. .
Number of specialist Nil .

- 6) How many patients per day are usually referred from these Health Complexes to the hospital ?

Ans :- Though no Health complexes are placed under the administrative control of the Hospital but patient usually comes from those Health complexes & adjoining areas are referred to this Hospital .

Contd. 2

7) Are those patients who required more sophisticated medical care referred to any other hospital at a higher level ?

If so, please state the number of such patients and the names of the Hospitals .

Ans :- Yes

Number of patients referred to other Hospital for more sophisticated medical care :-

Surgery	--	22	(from January to November 1988)
E.N.T	-	9	(" " " ")
Medicine	-	77	(" " " ")
Paediatrics		45	(" " " ")

Name of institution :- Institution of post graduate Medicine and Research (IPGM & R), Institution of Cardiovascular diseases(ICVD), Rehabilitation Institution Hospital for the disabled (RIMD), Institute of diseases of the chest and Hospital(IDCH), Infectious diseases Hospital (IDH) .

8) Is the Hospital considered a secondary hospital or tertiary hospital in the medical organization system in your country ?

Ans :- Secondary .

2. The present activity of the Hospital .

Please provide the following information and statistics .

1) Number of staff and organisation structure .
(Please use tables and figures)

Ans :- Appendix -(attached here with) - ' B '

2) Number of out - patients in each Department .

Ans :- Attached herewith - Appendix - ' C '

3) Number of hospital beds in each Department .

Ans :- Attached herewith - Appendix - ' D '

4) Number of Hospital admission in each Department .

Ans :- Attached herewith - Appendix - ' E '

5) Number of emergency cases per day .

Ans :- 39.45

6) Percentage of bed occupancy in each Department.

Ans:- 88.10 %

7) Average duration of stay (days)

Ans:- 10.65 days

8) Number of surgeries and related statistics .

Ans :- Appendix - ' F '

9) Number of deliveries .

Ans :- 267 (from Jan. to July 88)

10) Number of deaths and autopsies .

Ans:- Number of deaths - 187

11) Hospital Morbidity and Mortality.

Ans:- Morbidity - 1,76,663

Mortality - 365

Cont. 3

3. Is there any significant difference observed in the following subjects before and after the construction of the hospital with the Japanese Grant aid program?

1) Hospital morbidity and mortality.

Ans:- Changes are observed in the hospital morbidity and mortality rate.

2) Hospital statistics.

Ans:- Attached herewith Appendix - 'G'

3) Morbidity and mortality of the people in the area covered by the hospital.

Ans:- Morbidity and mortality of the people in the ~~xxxxxx~~ area covered by the hospital - 17 lacs.

4. Present Difficulties.

1) Patient care.

1) What is the average waiting time of the out-patient?

Ans:- About one hour.

2) Is the space of the out-patient-clinic sufficient?

Ans:-

3) How many days must a patient wait to be admitted?

Ans:- 7 days in Medical side & 2 to 3 weeks in Surgical side.

4) Is it possible to admit emergency cases immediately?

Ans:- Not all, due to lack of vacant bed.

5) Any other difficulties?

Ans:- Accommodation problems of Officers and staff.

2) Hospital staff.

1) Are the number of doctors, nurses and other paramedical staff sufficient?

Ans:- Emergency Medical officer, Medical officer and anaesthesiologist are not sufficient, Nursing and paramedical staff are also not sufficient.

2) Are they capable of utilizing the donated medical equipment?

Ans:- Capable, but they require training home and abroad.

3) Any other difficulties?

Ans:- Trained personnel, paramedics/Technicians/Nurses/Doctors are not sufficient in this hospital.

3) The medical equipment donated by Japan.

1) Please state the number and names of the equipment which are unusable and/or unrepairable.

Ans:- The Endoscope donated by Japan Govt. is unusable due to the growth of fungus in the lens which obstructs vision. Moreover the supplied machine is of old model and unserviceable as the spare parts are not available in the National Electro Medical Equipment Workshop or Central Medical Depot Dhaka.

2) What is the main cause of damaged to these equipment?

Ans:- As stated above.

3) Is there any difficulty in obtaining reagents, films, spare parts, and other consumables for the continuous usage of the donated equipment?

Ans:-

contd., 4

Ans : - Spare parts for electro medical equipments donated by the Japan Govt. to the Hospital are not available either in Central Medical store Depot of National electro Medical equipments workshop .

4) Is there any Medical equipment which is unsuitable or inappropriate for the present condition of the hospital?

If so, please identify the equipment and the reason .

Ans : - No.

5) Is the donated endoscope working satisfactory ?

Ans :- Not working properly .

6) Any other difficulties ?

Ans :- No.

4) Other medical equipment .

1) Please list the equipment which were procured locally or donated after the hospital began operation .

Ans :- Nil

5) Future Procurement plans.

1) Please list the equipment you are planning to procure in the future.

A. by Purchase .

B. by foreign .

C. by obtaining what is already in use in an existing hospital .

Ans :- A. Equipment for central oxygen supply to wards & operation theatre . It will be newly purchased .

B. If any foreign country willingly donate, the Government of Bangladesh will cordially accept it .

C. No .

6) Design and Architecture of the hospital .

1) Is the design and architecture appropriate to the climate and temperature of your country ?

Ans :- YES

2) Are there any particular points in the design of the hospital inconvenient for patients care ?

Ans :- The intensive care unit and central/supply oxygen system is required .

3) Are there any particular points in the design of the hospital inconvenient for administration and management ?

If so, please specify .

Ans :- There is no space for Medicine store. There are open spaces in above the wall O.P.D & indoor department which need to be covered by grsele for production and security reasons .

4) Is the accomodation of the doctors and nurses in satisfactory condition ?

Ans :- Accomodation of the doctors are quite inadequate .

5) Any other Problems ?

Ans :- There is acute accomodation problem of officers & Staff . .

Contd. 5

2) Regarding public utilities .

1) What is the electric power consumption per month ?

Please specify the peak load in KW/hour .

Ans :- The electric power consumption is 1076 KW average per month and peak load is 1.5 KW /per hour .

2) How does the voltage fluctuated and what effect does this have on the equipment

Ans :- If one or two phases of power supply is disturbed then the voltage becomes down and as a precautionary measure the equipment to be stopped other wise they may suffer damage .

3) How often does the power fail ?

How long does it take for the power supply to be restored ?

How does the hospital cope with power failure ?

Ans :- P, D, B power fails two to three times daily averagely . Normally it takes 5 to ten minutes . Occasionnaly it takes 3 to 4 hour or more .

This Hospital has its own auto system generator through which power failure is cope .

4) What is the volume of city water used per month ?

Ans :- This hospital has its own deep water supply . So city water is not used .

5) How often is the city water supply interrupted ?

Ans :- Question does not arise .

6) Please explain the hospital's system of drainage and sewerage .

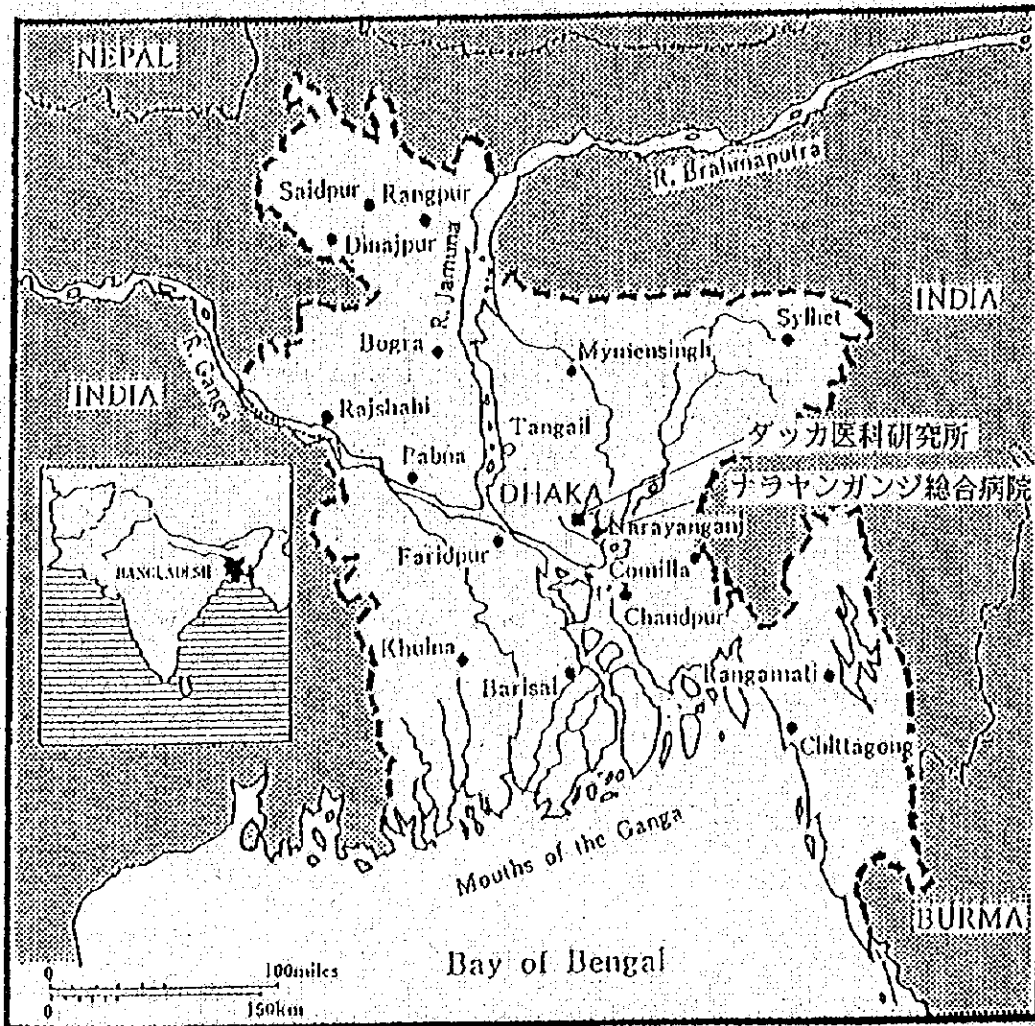
Ans :- This hospital has got conceal under ground system of drainages and sewerage .

8) Please present a summary of the hospitals accounts and budget if possible .

Ans :- Attached here with appendix - ' H ' .


J. S. S. S.
Medical Superintendent
100 Bedded Hospital
Narayanganj.
2.1.74

バングラデシュ人民共和国
People's Republic of Bangladesh



HOSPITAL OUT DOOR PATIENTS DURING THE TIME OF JANUARY TO JULY 1988 APPENDIX - C

MONTH	MEDICINE	SURGERY	CHILDREN	P.N.T	GYN&E	MENTAL	DENTAL	ENT	EMERGENCY	F.PLANNING	SKIN & VD	TOTAL
JANUARY	2865	1415	1515	1266	707	50	753	1431	1110	68	1470	12686
FEBRUARY	2492	1283	1296	1093	685	-	749	1187	1029	52	1306	11132
MARCH	2800	1588	1766	1279	987	-	874	1352	1207	52	1536	13441
APRIL	2596	1415	1410	1273	761	37	825	1390	1172	84	1415	12381
MAY	2295	1470	1058	1119	792	65	820	1020	1166	52	1239	11116
JUNE	2794	1613	1583	1452	702	51	770	1550	1207	42	1524	13372
JULY	2577	1517	1383	1399	719	38	690	1228	1265	73	1537	12446
TOTAL	18583	10387	10011	8884	5423	241	5481	9158	8156	423	10077	86574


 Medical Superintendent SS
 24.8.88
 R. 6.12.88

200 BEDDED HOSPITAL
NARAYANGANJ

The distribution of Hospital Beds are as follows :-

MEDICAL -----	40
SURGICAL -----	40
GYNAB -----	40
PAEDIATRICS -----	20
OPHTHALMOLOGY -----	15
E . N . T -----	10
ORTHOPAEDICS -----	10
SKIN & V.D -----	5
MENTAL -----	10
CABIN -----	10


TOTAL 200

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@.3.10.68

Appendix - 5


HOSPITAL ADMISSION IN EACH DEPARTMENT (FROM JANUARY TO JULY) - 1988

DEPARTMENT	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	TOTAL
SURGERY	64	61	72	51	46	45	44	383
GENRAL	118	106	82	78	121	96	95	696
PAEDIATRIC	86	96	98	97	106	106	75	664
ORTHOPAEDICS	18	13	7	8	10	10	13	79
E.N.T	8	9	17	8	13	10	13	78
SKIN & V.D	4	7	4	5	4	8	4	36
MENTAL	7	5	6	4	3	6	7	38
ENT	16	25	34	18	21	33	24	171
CALIN	18	20	17	18	12	14	19	118
MEDICINE	106	102	119	120	125	135	137	844
TOTAL	445	444	456	407	461	463	431	3107


 Medical Superintendent
 200 Bedded Hospital
 Narayanaagar
 6.12.88

8. SURGERY AND ITS RELATED STATISTICS

<u>GENERAL ANAESTHESIA</u>		
ROUTINE OPERATION	-	500
EMERGENCY	-	619
<u>LOCAL ANAESTHESIA</u>		
ROUTINE	-	304
EMERGENCY	-	200
<u>DEEP SEDATION</u>		
ROUTINE	-	305
EMERGENCY	-	245
<u>E.N.T.</u>		
ROUTINE	-	03
EMERGENCY	-	06
<u>ORTHOPAEDICS</u>		
ROUTINE	-	60
EMERGENCY	-	02
<u>GYNAECOLOGY</u>		
ROUTINE	-	248
EMERGENCY	-	120
<u>EYE</u>		
ROUTINE	-	07
EMERGENCY	-	246
<u>E.N.T.</u>		
ROUTINE	-	200
EMERGENCY	-	245
<u>ORTHOPAEDICS</u>		
ROUTINE	-	03
EMERGENCY	-	69
<u>ORTHOPAEDICS</u>		
ROUTINE	-	02
EMERGENCY	-	121
<u>ORTHOPAEDICS</u>		
ROUTINE	-	07
EMERGENCY	-	


 Medical Superintendent
 200 Bed Hospital
 Narayana, J.
 2.3.10.88
 10.88

HOSPITAL STATISTICS
 NABAIANGAN HOSPITAL
 NABAIANGAN

Appendix - G

YEAR	BED	NO. OF ADMISSION	NO. OF DISCHARGE	NO. OF DEATH	HED OCCUPENCY RATE	HOSPITAL DEATH RATE	AVERAGE DURATION OF STAY	EMERGENCY CASE (PER DAY)
1987	200	6616	6519	365	90.33%	5.60%	10.14 days	30.14
1988 Up to July	200	3107	2915	187	88.10%	5.17%	10.65 days	39.45

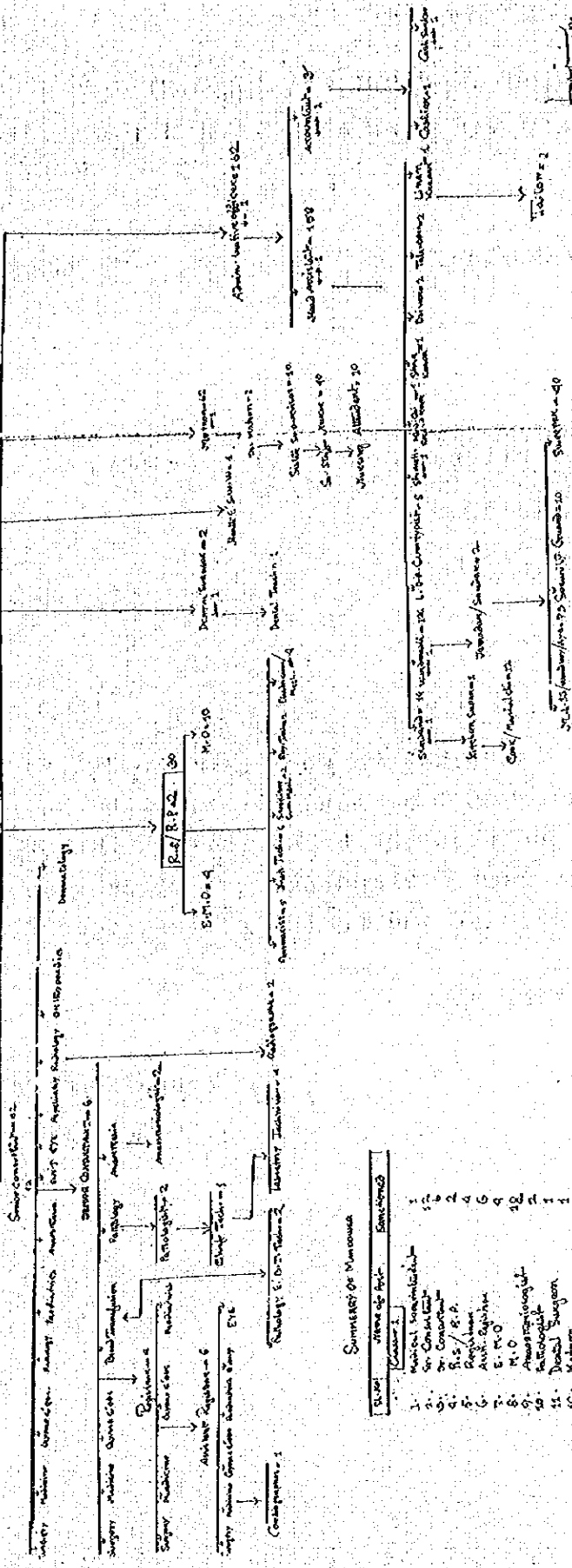
[Signature]
 Medical Superintendent
 Nabaiangan Hospital
 R. 6.12.88

BALANCE SHEET OF NARAYANKIAW HOSPITAL, NARAYANKIAW
FOR THE YEAR 1987-1988

Sl. No.	Particulars	Received Taka	Actual expenditure	Balance
1.	Pay Officers	17,20,000/-	16,03,998/-	1,16,002/-
2.	Pay Employee	23,40,000/-	21,53,140/-	1,86,860/-
3.	Travelling allowances	20,000/-	49,994/-	00/-
4.	Dearness allowance	4,06,000/-	4,01,563/-	4,437/-
5.	House rent	19,50,000/-	18,16,075/-	1,33,925/-
6.	Medical allowances	3,44,000/-	3,37,200/-	6,800/-
7.	Convance allowance	54,000/-	54,000/-	Nil
8.	Rest & recreation & Festival allowance	6,03,000/-	4,76,293/-	1,26,707/-
9.	Other allowances	1,00,000/-	51,245/-	48,755/-
10.	Telephons Charges	50,000/-	48,491/-	1,509/-
11.	Electric & Hunt Charge	31,21,000/-	31,15,061/-	3,05,939/-
12.	Fuel & Maintenance	1,20,000/-	1,16,959/-	3,041/-
13.	Office Cont. Charge	4,00,000/-	3,99,359/26	60/74
14.	Diet Charge	13,14,000/-	12,74,399/64	79,600/36
15.	Oxygen Charge	1,00,000/-	68,429/78	31,570/22
16.	H, S, R	25,00,000/-	24,70,580/-	29,420/-
Total Taka		1,54,72,000/-	1,43,86,747/68	10,85,252/32

Medical Superintendent
200 Bedded Hospital
Narayanpuri
D. 3.10.88

OVERSIGHT
on Basis of Annual Assessment
Mission Statement: 2004
1. Medical Support
2. Security
3. Logistics



Signature of the
Commander
2004

Summary of Manpower

Class	Manpower	Function
Class I	1	Medical Support
Class II	1	Medical Support
Class III	1	Medical Support
Class IV	1	Medical Support
Class V	1	Medical Support
Class VI	1	Medical Support
Class VII	1	Medical Support
Class VIII	1	Medical Support
Class IX	1	Medical Support
Class X	1	Medical Support
Class XI	1	Medical Support
Class XII	1	Medical Support
Class XIII	1	Medical Support
Class XIV	1	Medical Support
Class XV	1	Medical Support
Class XVI	1	Medical Support
Class XVII	1	Medical Support
Class XVIII	1	Medical Support
Class XIX	1	Medical Support
Class XX	1	Medical Support
Class XXI	1	Medical Support
Class XXII	1	Medical Support
Class XXIII	1	Medical Support
Class XXIV	1	Medical Support
Class XXV	1	Medical Support
Class XXVI	1	Medical Support
Class XXVII	1	Medical Support
Class XXVIII	1	Medical Support
Class XXIX	1	Medical Support
Class XXX	1	Medical Support
Class XXXI	1	Medical Support
Class XXXII	1	Medical Support
Class XXXIII	1	Medical Support
Class XXXIV	1	Medical Support
Class XXXV	1	Medical Support
Class XXXVI	1	Medical Support
Class XXXVII	1	Medical Support
Class XXXVIII	1	Medical Support
Class XXXIX	1	Medical Support
Class XL	1	Medical Support
Class XLI	1	Medical Support
Class XLII	1	Medical Support
Class XLIII	1	Medical Support
Class XLIV	1	Medical Support
Class XLV	1	Medical Support
Class XLVI	1	Medical Support
Class XLVII	1	Medical Support
Class XLVIII	1	Medical Support
Class XLIX	1	Medical Support
Class L	1	Medical Support

I-2-3 ঢাকা মেডিক্যাল ইনস্টিটিউট হাসপাতাল

Phone 233469
250500

ঢাকা ন্যাশনাল মেডিক্যাল ইনস্টিটিউট হাসপাতাল

DHAKA NATIONAL MEDICAL INSTITUTE HOSPITAL

৫৩/১, জনসন রোড,
ঢাকা-১ বাংলাদেশ।

53/1, JOHNSON ROAD
Dhaka-1, Bangladesh

Ref. GA-165/83/NMH/III/783

Dated 12.12.1988.

To
Resident Representative,
Japan International Cooperation Agency,
Plot No. NW(C) 1, Road No. 62/63,
Gulshan, Dhaka-1212,
Bangladesh.

Dear sir,

With reference to your Memo No. GEN 698/88 dated 24.11.1988 I am sending herewith the reply of the questionnaire sent to us through the Ministry of Health & Family Planning, Govt. of Bangladesh for your kind perusal and taking necessary action.

Thanking you.

Yours sincerely,

M. M. Hossain

11/12/88

Resident Director

Q U E S T I O N N A I R E

1. Relation to regional medical care

1. From which areas do the patients who use the hospital originate?

Ans: Throughout Bangladesh, specially Dhaka Old city.

2. What is the population and population structure of the area covered by the hospital?

Ans: 10(Ten) Lacs Male and female of lower and middle class.

3. What is the number of births and birth rate in the region?

Ans: Not available. Concern of Dhaka Municipal Corporation.

4. What is the mode of transportation most used by patients to reach the hospital.

Ans: Ricksha, Baby Taxi etc.

5. How many Health Complexes are situated under the hospital in the Medical Care System?

Ans: Nil.

6. How many patients per day are usually referred from these health Complexes to the hospital?

Ans: Not applicable. No health complex system in the city.

7. Are those patients who require more sophisticated medical care referred to any other hospitals at a higher level? If so, please state the number of such patients and the names of the hospitals.

Ans: Not applicable.

8. Is the hospital considered a secondary hospital or tertiary hospital in the medical organization system in your country?

Ans: This hospital is considered to be a Primary Hospital.

2. The present activity of the hospital.

1. Number of staff and organization structure.

Ans: Medical, Administrative and diff type of staff - 300

2. Number of out patients in each department.

Ans: Average per day as follows, Surgical-40, Gynae-40, E.N.T.-25, Skin-20, Medical-10, Eye-20, Dental-25, Physiotherapy-10.

3. Number of hospital beds in each department?

Ans: Surgical-58, Gynae-60, Medical-45, Eye-10, Cabin-34, E.N.T.-12,

4. Number of hospital admissions in each department.

Ans: Average per day as follows, Surgical-5, Medical-8, Eye-2, Gynae-8, Ent-2.

5. Number of emergency cases per day.

Ans: Average 30 per day.

6. Percentage of bed occupancy in each department.

Ans: 80% average.

7x

contd....p/2.

7. Average duration of stay(days)

Ans: 10 days.

8. Number of surgeries and related statistics.

Ans: Operation average 10 per day.

9. Number of deliveries

Ans: Average 5

10. Number of deaths and autopsies.

Ans: 2%. Autopsy usually not done in this hospital.

11. Hospital Morbidity and Mortality.

Ans: 3% approx.

3. Is there any significant difference observed in the following subjects before and after the donation of the medical equipment with the Japanese Grant aid program?

Ans: Nil.

4. Present Difficulties (i) Patient care.

1. What is the average waiting time of the out patient?

Ans: 20 minutes.

2. Is the space of the out patient-clinic sufficient?

Ans: To a greater extent we have plan for further extension.

3. How many days must a patient wait to be admitted?

Ans: No waiting required.

4. Is it possible to admit emergency cases immediately?

Ans: Yes.

5. Any other difficulties?

Ans: Maintenance of instrument and apparatus is difficult for want of spare parts and technical know how which is not easily available in the country.

2. Hospital staff:

2.1 Are the number of doctors, nurses and other paramedical staff sufficient?

Ans: Almost sufficient.

2.2 Are they capable of utilizing the donated medical equipment?

Ans: To a very great extent.

2.3 Any other difficulties?

Ans: Want of technical know how.

Contd...P/3.

3. The Medical equipment donated by Japan

3.1 Please state the number and names of the equipment which are unusable and/or unrepairable.

Ans: There is no equip. unusable but a few number of equipments which are not functioning properly such as (a) Bed side Patient monitor, (b) Defibrillator, (c) Emergency ventilator, Upper G.I. Endoscope, Colonoscope, Bronchoscope are unrepairable.

H.B. automatic Bed-Pan cleaner can not be used in this hospital.

3.2. What is the main cause of damage to these equipment?

Ans: Due to voltage fluctuation, climate and electricity break down occasionally.

3.3 Is there any difficulty in obtaining reagents, films, spare parts and other consumables for the continuous usage of the donated equipments?

Ans: Yes, difficulties arise as spare part of the instrument have not been supplied with the donated equipments and they are not available in the country.

3.4 Is there any medical equipment which is unsuitable or inappropriate for the present condition of the hospital? If so, please identify the equipment and the reason.

Ans: No.

3.5 Is the donated endoscope working satisfactorily?

Ans: Yes, it is present working satisfactorily, surplus spare parts necessary.

3.6 Any other difficulties?

Ans: No.

4. Other medical equipment

4.1 Please list the equipment which were procured locally or donated after the hospital began operation.

Ans: After operation of the hospital with the donated equipments instruments and other accessories have been procured locally for surgery, eye, ENT, Pathology, Skin & V.I. Deptts.

5.1 Future Procurement plans

A) By purchase - Yes

B) By purchase - Ultrasonogram machine from Japan

C) Nil.

6. Design and architecture of the hospital

6.1 Is the design and architecture appropriate to the climate and temperature of your country?

Ans: Yes, to a very great extent.

6.2 Are there any particular points in the design of the hospital inconvenient for patients care? If so, please specify

Ans: No.

6.3 Are there any particular points in the design of the hospital inconvenient for administration and management? If so, please specify.

Ans: No.

contd...p/4

6.4 Is the accomodation of the doctors and nurses in satisfactory condition?

ans: To a great extent, Yes, and to some minor extent - No.

6.5 Any other problems?

ans: No.

7. Regarding public utilities:

7.1 What is the electric power consumption per month? Please specify the peak load in KW/hour.

ans: 11,220 Unit.

7.2 How does the voltage fluctuate and what effect does this have on the equipment?

✓ans: Often above 20V & 40V fluctuation takes place & such voltage fluctuation causes damage to equipment.

7.3 How often does the power fail?

ans: Very occasionally the power fails.

7.4 What is the volume of city water used per month?

ans: 40,00,000 gallons per month approx.

7.5 How often is the city water supply interrupted?

ans: Occasionally.

7.6 Please explain the hospital's system of drainage and sewerage.

ans: The drainage system of the hospital are connected with sewerage system of the city and as such there is no problem.

8. Please present summary of the hospital account and budget if possible.

ans: Total Expenditure (annually)	Tk. 90.00 lacs.
Total Income (annually)	Tk. 60.00 Lacs
Budget Provision 1988-89	Tk. 130.00 lacs
Government aid	Tk. 55.00 lacs.

1-2-4 スリランカ政府からの回答



MINISTRY OF WOMEN'S AFFAIRS AND TEACHING HOSPITALS
2, GALLE ROAD, BAMBALAPITIYA, COLOMBO 04.

P. O. Box 1555
Tel.
Tel. Code "MINWATHI"

Telex Nos.: 21193 BOOTH CE
21213 BOOTH CE

Your Ref: L/88/887/H
My Ref: AD/S/1

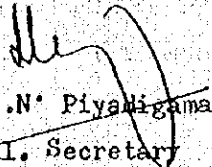
Dr. Yuichiro Hirano,
First Secretary,
The Embassy of Japan,
No:20, Gregory's Road,
Colombo 07.

Dear Dr. Hirano,

Visit of an Evaluation Team on Japanese
Medical Cooperation in Sri Lanka

Reference your letter No: L/88/887/YH dated November, 1988.

I attached herewith partially completed questionnaire A and
questionnaire B duly completed by the Chairman, Sri Jayewardenepura
General Hospital.


D.H.N. Piyadigama
Addl. Secretary
Ministry of Women's Affairs
and Teaching Hospitals.

QUESTIONNAIRE - A

For the Evaluation of Japan's Economic and
Technical Cooperation (Medical Sector)

Answers to the above questionnaire :-

- Q.1-6 Please see the attached ^{acquisition chart.} schedule.
- Q.1-7 The Ministry does not prepare and Annual Profit and Loss A/c. The accounts of this Ministry are not prepared in a commercial basis. The small revenue collected is reported to the Treasury and gets merged in the Island's a/cc. The revenue collected during 1988 to end of October is Rs. 12,503,835/-.
- Q.1-8 A balance sheet is not being prepared by the Ministry. Expenditure is met from provision made available annually through the Appropriation Act. Monthly expenditure is reported to the Treasury and gets merged in the Island's accounts. The total expenditure to end of October 1988 is Rs. 702.6 M - Rs. 163M capital and Rs. 539.6 M recurrent.
- Q.2-1 Very obviously, the equipment satisfy the needs of the hospital. Within this short period of 5 years, the hospital has become so popular that it is increasingly finding it difficult to cope with the demand. In areas such as Neonatal Intensive Care, Endoscopy & the operating theatre, the facilities afforded are unparalleled in the rest of the country. The only deficiency is in terms of storage due to the peculiar conditions in Sri Lanka and the needs to store for long periods of time. This matter however will be attended to within the next year.
- Q.2-4 In the grant aid donations, the equipment were mainly the large items. However, a large quantity of small items such as artery forceps, test tubes, small vessels and containers etc. had to be initially purchased when the hospital started running. Subsequently, much laboratory equipment and other replacement items were purchased at the expense of the hospital and much equipment were supplied on technical cooperation by JICA. The type of laboratory apparatus purchased are listed in Annex I.

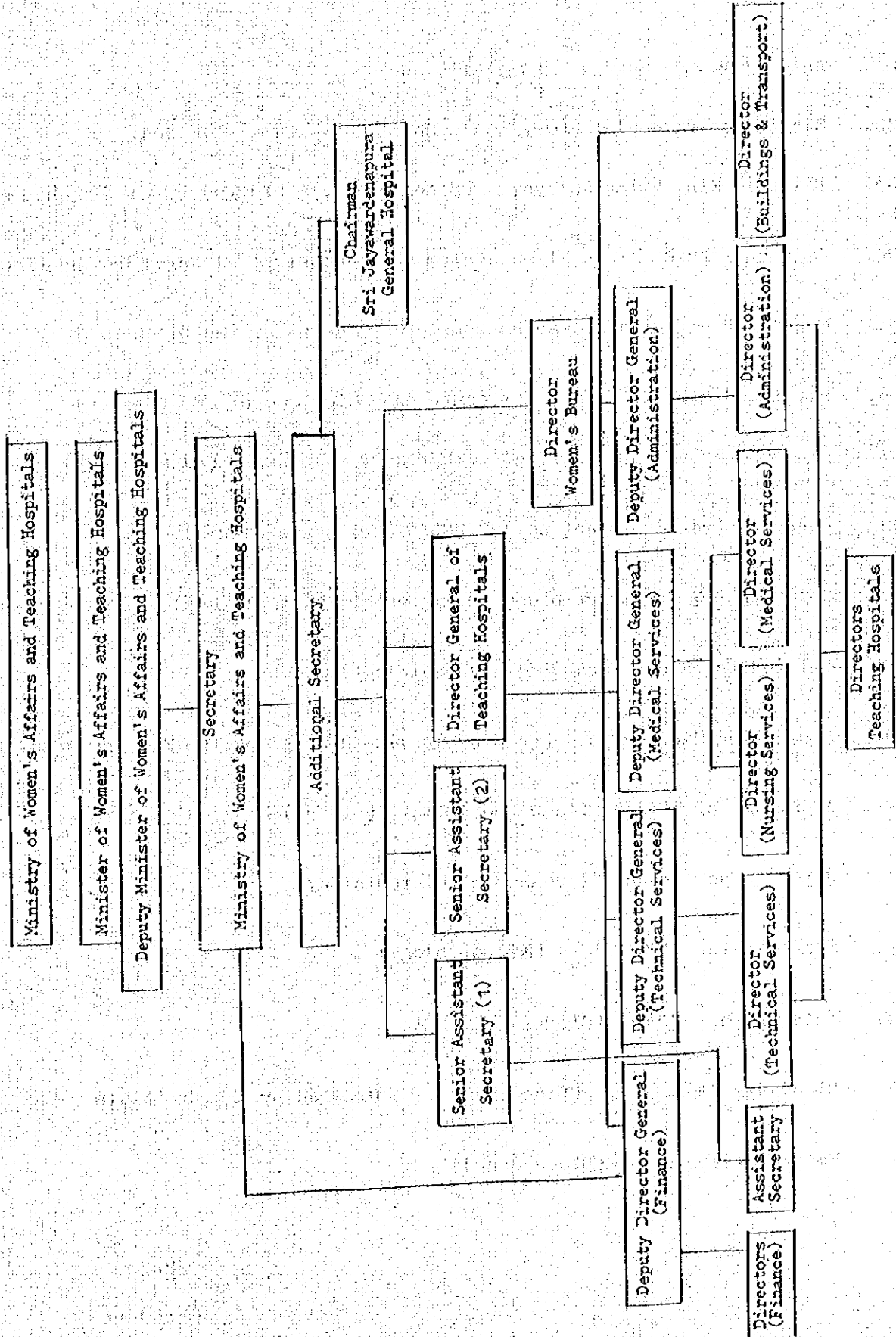
- Q.2-9 The Director's Quarters & a Consultants Restaurant together with a general store were constructed after completion of the project. At present 18 flats as Married Quarters for Doctors and a single storey building to include works stores, workshop, maintenance & security offices is being constructed. Alterations are also been done at the Nurses Quarters to accomodate a larger number of Pupil Nurses. In 1989, it is proposed to build a drug store.
- Q.2-10 No Japanese Consultants were utilised for implementing the project. However, the highest quality of Consultants have been sent from Japan to advise our own Consultants - largely academicians from Keio University.
- Q.2-11 The building of the Sri Jayewardenepura Hospital has been beautifully constructed and one of the most pleasing sites in the new metropolis. It is not only beautiful in appearance and finish, it has also been done in a very solid manner. During the past 5 years, we have hardly had the need for repairs.
- Q2-12 As mentioned in question 2.-8, under technical cooperation, the JICA has sent very able academicians from Keio University as well as other technical engineering experts. They have been very helpful to our own experts in utilisation of the facilities.
- Q.2-14
- 1) Rs. 50 million
 - 2) Nil
 - 3) The running costs for 1989 are indicated in the Annex II (from our Annual Report).
 - 4) There has been no expenses on the part of the hospital for any form of training under technical cooperation.
 - 5) There was no major hospital in this region and in a sense, it decreases the overload at the Colombo General Hospital. Treatment at the SJGH is almost free and since free medical facilities are afforded in the entire health service, there is no particular influence on the medical expenses borne by the people in the region, but the quality of care available to them has increased beyond measure. Further, the expense of transporation of those living around the hospital has obviously been reduced.

Contd...3.

Q.3-6 The project has certainly had any impact on the rest of the health service in that it was able to implement new and necessary features in the hospital administration and hygiene which the rest of the health service was sadly lacking. But as a result of the success of this project, these features are gradually coming into use in the health service too.

Q.3-7 The project is very widely known throughout the length & breadth of the country.

ORGANISATION CHART



LAB APPARATUS PURCHASED FROM 01.06, 1985 UPTO DATE

01. Autp clave - Sakura (Bacteriology)
02. Microscope Binocular -(Olympus) Model CIA - 213 - 10 Nos.
03. Daiichi Mini Urine Analyser (Biochemistry) - Ordered by the Biochemist
04. Organon Teknika Micro Elisa System (Biochemsstry) -Ordered by the Biochemist
05. Model PFP - Digital Flame Photometer - Ordêred by the Biochemist
06. Olympus Microscope Heads for conference Microscope - 02 (Stores)
07. Micro Haemocrit Centrifuge with reader - Howksley (Haematology)
08. Hand Spectroscope model no; SP 200/5 (Dr. M. De. Alwis)
09. Cell Dyn - 7 Parameter Blood cell counter (Haematology)
10. Dilutor for above apparatus (Haematology)
11. Dissecting Microscope - (In Histology) - Ordered by the Mr. Narangoda-Tutor MLT
12. Atomiser for Hitachi flame Photometer (Stores)
13. Olympus Dark ground Microscoope (Microbiology)
14. Seitz Filter (1004-2) - (Microbiology)
15. Water Bath - Two (Stores)
16. Blood Bag Centrifuge (Blood Bank) - Ordered by the Dr. Alwis
17. Retor for above (Blood Bank)

S. H. C. T.
Patl. U.
S. T. C. A.

STATEMENT OF INCOME AND EXPENDITURE

(Thousand Rupees)

<u>EXPENDITURE</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
Salaries, EPF, ETF etc	17,118	27,584	29,732
Electricity	3,030	4,213	5,285
Telephone	323	344	333
Food Provisions	1,873	3,521	4,698
Drugs, Dressings etc	4,138	13,207	13,896
Other Supplies	2,428	6,011	6,769
Security	1,820	1,761	1,763
Janitorial Services	2,280	1,908	1,932
Garbage Disposal	107	129	114
Fuel	328	534	574
Water	470	736	1,050
Miscellaneous Payments	73	374	1,326
Depreciation	60,284	63,733	- *
	<u>94,272</u>	<u>124,055</u>	<u>67,472</u>
	=====	=====	=====
 <u>INCOME</u>			
Hospital Charges	2,369	6,283	7,922
Government Grant	62,000	58,900	66,500
Others	1,387	4,087	4,116
	<u>65,756</u>	<u>69,270</u>	<u>78,538</u>
Surplus of Income over Expenditure	(28,516)	(54,785)	11,066

* No depreciation has been provided for 1987.