

#### 4. Implementation Plan

##### 4-1 Construction Condition

###### (1) Project Implementation Policy

This project is to be implemented under the Government of Japan's grant aid, subject to the Government of Japan's approval at a Cabinet meeting and the conclusion of an Exchange of Notes between the governments of the two countries. The main facilities to be constructed under this Project are a four-story building with total floor space of about 5,600m<sup>2</sup> to be constructed on the premises of Kalawati Saran Children's Hospital and a two-story building with total floor space of about 410m<sup>2</sup> to be constructed on the premises of Kalyanpuri Urban Health Centre. Judging from the situation in and around the project site and the actual conditions of procurement of building materials in India, it will be difficult to complete construction, equipment procurement and installation work within 12 months. Thus, it is necessary to divide the work into two phases as described below.

Table 3-15 Scope of Work by Phases

Phase 1	Construction	<ul style="list-style-type: none"> <li>■ Kalawati Saran Children's Hospital Central Building, Workshop · Substation Building</li> </ul>
	Equipment Procurement & Installation	<ul style="list-style-type: none"> <li>■ Kalawati Saran Children's Hospital Equipment for; Radiology Dept., Operation Theatre, Central Supply &amp; Sterilization</li> </ul>
Phase 2	Construction	<ul style="list-style-type: none"> <li>■ Kalawati Saran Children's Hospital Laundry Building, Incinerator Building</li> <li>■ Kalyanpuri Urban Health Centre Health Centre Building</li> <li>■ Palam Primary Health Centre Installation of deep tube well</li> </ul>
	Equipment Procurement & Installation	<ul style="list-style-type: none"> <li>■ Kalawati Saran Children's Hospital Equipment for; Outpatient Dept., ICU Isolated Room, Central Laboratory Dept., Surgical ICU, Follow-up Clinic Kidney Dept., Physical Medicine &amp; Rehabilitation Dept., Paediatric Orthopedics Dept., Paediatric ENT Dept., Paediatric Ophthalmology Dept., Paediatric Dermatology Dept., Endoscopy, Workshop, Laundry, Medical Record, Preventive &amp; Social Medicine Dept., Administration, Photography, Transportation, Incinerator</li> </ul>

	<ul style="list-style-type: none"> <li>■ Nursery, Feeding Bath and Milk Kitchen Room, Autopsy Room (to be installed in Suchita Kriparani General Hospital)</li> <li>■ Kalyanpuri Urban Health Centre</li> <li>■ Palam Primary Health Centre</li> <li>■ Najafgarh Primary Health Centre</li> </ul>
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There are only a few items of equipment which require construction work. Judging from the details, it is appropriate to place separate orders for the construction work and the equipment procurement & installation work. Authorized Japanese construction contractor and trading company in charge of construction, equipment procurement and installation shall be selected through competitive bidding.

(2) The Indian Side's Project Implementing System

As stated above, the Project is to be implemented within the framework of the Government of Japan's grant aid, subject to the Government of Japan's approval at a Cabinet meeting and an Exchange of Notes between the governments of the two countries. Lady Hardinge Medical College, which is the Indian organization in charge of implementing the project, shall do so as a party to the consultant agreement, construction contract and equipment procurement and installation contract. It shall also execute the Indian side's Project work.

(3) Consultant

Upon conclusion of the above-mentioned Exchange of Notes, Lady Hardinge Medical College shall conclude a Consultant Agreement for Project design and supervision with the Japanese consultant firm involved in the basic design study for the Project and shall have the said agreement verified by the Government of Japan. It is important that the Consultant Agreement be concluded promptly following conclusion of the Exchange of Notes for

smooth efficient implementation of the Project. After conclusion of the Consultant Agreement, the Consultant shall prepare detailed design drawings and specifications based on the contents of this basic design study report and due consultation with Lady Hardinge Medical College. When they are approved by the Medical College, the Consultant shall carry out activities to assist bidding and construction supervision work.

#### (4) Contractor

The contractor shall be selected from among qualified Japanese contractors through competitive bidding. Lady Hardinge Medical College shall conclude the Construction Contract, in principle, with the lowest bidder and have the Construction Contract verified by the Government of Japan. The Japanese contractor needs to make good use of local contractors in procuring locally available materials and recruiting local construction workers.

There will be no need to dispatch Japanese experts except for installation, test running and adjustment of special equipment.

### 4-2 Implementation Method

#### (1) Local Construction Situation

##### 1) Local Consultant

Around Delhi, there are architects who have created excellent published work and building consultancies. Most of them are small-scale organizations led by individual architects. Depending on the scale of the project, these organizations hire structural engineers, electrical engineers, mechanical engineers, etc. to form a group necessary for proceeding with design work. By contrast, since the

detail design of the Project will be implemented under the framework of a grant aid from the Government of Japan, it must be completed in a limited period of time. Furthermore, as the Project is a medical institution, close coordination in Japan is necessary between the building design side and the equipment side. Thus, it is difficult to commission Indian consultants to participate in Project detail design.

## 2) Local Contractors

Indian construction companies are rated on a CPWD (Central Public Works Department) ranking list and are given the ceiling project amount they can tender according to their rating. Regarding grade 1, there are more than 300 registered firms all over the country which have no ceiling on the project amount, but few of them run using modern management. While supervisors in these firms are familiar to construction design and quality, a future challenge lies in improving productivity, speed of construction, construction mechanization, etc. However, as the construction work in India must be executed by registered firms, Japanese corporations are required to make subcontract with local contractors to execute the project.

## 3) Building Materials

India restricts the import of building materials which are locally made. Therefore, in principle, Indian-made building materials must be procured. There is no problem with the quality of Indian-made building materials for general use. It is possible to procure necessary building materials for construction work under the Project in India except for some materials such as special fittings for X-ray rooms, shield materials for EEG rooms, etc. However, some of those local materials cannot be delivered promptly, so it is important to

work out a proper procurement schedule that accomodates the supply situation.

#### 4) Procedure for Applying for Building Permits

India has a formal system for building permits application. Therefore, Lady Hardinge Medical College, the Indian organization to take charge of implementating the Project, has to file an application for a conceptual building permit with the Delhi Urban Arts Commission based on the contents of this basic design study report. It will take about a month to obtain such a building permit. After obtaining the building permit from the Commission, the Medical College has to file application for a final building permit with the Municipal Corporation of Delhi (MCD). In applying for such building permits, the Japanese consultant shall prepare all necessary drawings and specifications and submit them to the Medical College, which in turn shall commission a local registered consultant to follow the procedure for applying for building permits. It will usually take 3 months to obtain a final building permit. Therefore, the building permit application work and the bidding will be implemented concurrently to shorten the construction period.

#### (2) Points to Note in Carrying Out the Construction Work

In carrying out the construction work under the Project, it is necessary to pay careful attention to the following points in light of the present conditions of the project site and the local construction situation.

1. It is necessary that the following works be completed by the Indian side before Project construction work starts.

- Removal of the existing gate, fences and building from and cutting of unnecessary trees at the project site.
  - Installation of the service wire, lead-in wire, service pipe and telephone line for construction up to the site.
  - Removal of the existing boarding house and other facilities to meet building coverage ratio restriction before Project construction work is completed.
2. In implementing the work for which the Japanese side is responsible, careful attention should be paid to the following points.
- In working out the schedule for the procurement of locally available building materials, due consideration should be given to the possibility that it may be long before building materials ordered are delivered.
  - It is necessary to coordinate construction work and equipment procurement and installation work sufficiently during the construction period.

#### 4-3 Construction Supervision Plan

In accordance with the Government of Japan's grant aid system, the Japanese consultant shall conclude a Consultant Agreement with the Indian organization responsible for implementing the Project and shall conduct detailed design work and the construction supervision work under the Agreement. The objectives of the construction supervision work are to ensure that construction is carried out in accordance with the drawings and specifications and to maintain the high quality of construction by

giving guidance and coordinating different jobs impartially throughout construction. The construction supervision work consists of the following tasks.

(1) Cooperation in Bidding and Contracting

The Japanese consultant shall prepare documents required to conduct competitive bidding for selection of Japanese organizations to take charge of construction and equipment procurement and installation under the Project, conduct competitive bidding, including publicly inviting bids, accept and screen bidding applications, distribute bidding documents, accept bids and evaluate results of competitive bidding, and give advice concerning conclusion of the construction contract between the Indian organization responsible for the implementation of the Project and the Japanese contractor.

(2) Guidance, Advice and Coordination for the Contractor

The Japanese consultant shall examine the schedule, execution plan, building machine/material procurement plan, medical equipment procurement and installation plan and give guidance, advice and coordination service to the contractor.

(3) Examination and Approval of the Working Drawing and the Manufacturing Drawing

The Japanese consultant shall examine and approve working drawings, the manufacturing drawings and other documents submitted by the contractor, giving relevant guidance and advice to the contractor.

(4) Confirmation and Approval of the Building Machines/Materials and the Medical Equipment

The Japanese consultant shall approve building machines/materials and medical equipment to be procured under the Project after confirming that it conforms to contracted standards.

(5) Factory Inspection

If necessary, the Japanese consultant shall be present at factory inspections of building parts and medical equipment to confirm quality and performance.

(6) Reporting on the Progress of the Construction Work

The Japanese consultant shall have a clear grasp of the stages of work execution and building site, and shall report the work's progress to the organizations concerned in the two countries.

(7) Completion Inspection and Test Running

The Japanese consultant shall conduct final inspection of the facilities and test run the medical equipment to ensure that they conform with contracted standards, and shall report on completion of the inspection to the Indian organization in charge of Project implementation.

(8) Training in Operation of the Equipment

In the case of some equipment to be procured under the Project, it is necessary that operators have basic knowledge of operation and maintenance/management. For this reason, it is necessary to train the Indian engineers in charge of operation and maintenance/management about installation, repairs during installation, adjustment and trial running. The Japanese consultant shall give guidance about such training programmes.



In carrying out the tasks described in 2) through 8) above, the Japanese consultant shall dispatch one of its engineers to India for the period of the Project. The Japanese consultant shall also dispatch the required number of engineers to the building site at certain stages of the Project to offer inspection, guidance and coordination, and at the same time shall appoint an engineer stationed in Japan responsible for keeping in contact with the building site and giving technical support for the Project. In addition, the Japanese consultant shall report on progress of the Project, payment procedures and completion and delivery of facilities and equipment procured under the Project.

#### 4-4 Material/Equipment Procurement Plan

##### (1) Material/Equipment Procurement Policy

In procuring materials and equipment for the Project, careful attention should be given to the following points.

- Local Procurement

To facilitate repairs, maintenance and management of the completed facilities, building equipment and materials should be procured locally as much as possible. In this case, purchase orders should be issued after confirming the actual supply situation to ensure that construction work is not adversely affected by delivery delays. Medical equipment sufficient in terms of quality and quantity should be procured locally.

- Imported materials

Materials whose locally produced equivalents are of poor quality or in short supply will be imported from Japan.

(2) Procurement of Medical Equipment

Medical equipment which is difficult to procure locally will be imported from Japan. In this case, the contractor will need to keep in close contact with the executing agency of the Indian side to facilitate formal import procedures. In the case of medical equipment requiring special procurement of expendable supplies, supplies should be procured from the manufacturer having a local agency with distribution and maintenance networks. Equipment of sufficiently high quality and which should be procured locally in light of spare parts and expendables supplies should be procured locally.

Some equipment likely to be damaged by impact, humidity and high temperature should receive special care in packing and transporting. They should be packaged in a manner suitable for transport in a tropical region.

#### 4-5 Implementation Schedule

After the the Exchange of Notes between the Governments of Japan and India, the schedule will be divided into three stages, the detail design stage, the bidding stage, and the construction work stage.

(1) Detail Design

After the conclusion of the consultant agreement with the Indian organization responsible for implementing of the Project, the Japanese consultant shall begin detailed design work subject to verification of the agreement by the Government of Japan. In this stage, detail

design drawings and specifications and bidding documents are prepared on the basis of this basic design report, the Japanese consultant discusses details of Project facilities and equipment to be procured with the Indian side, and obtains the Indian side's approval for these drawings, specifications and documents. This stage takes about two and a half months to complete.

## (2) Bidding

A Japanese contractor and a Japanese trading company in charge of construction work and equipment procurement and installation work shall be selected through competitive bidding. A public announcement shall invite bids, acceptance and screening of bidding applications, distribution of bidding documents, acceptance of bids, evaluation of the results of the bidding, appointment of the contractor and conclusion of the contracts. This stage takes about two and a half months to complete.

## (3) Construction Work and Equipment Procurement & Installation Work

After the conclusion of the construction and equipment procurement and installation contracts, the work shall commence subject to the verification of the contract by the Government of Japan. Considering the scale and details of facilities to be constructed under the Project, the local construction situation and the possibility of rainy season construction delays, it was concluded that it would take about 20 months to complete both construction and equipment procurement and installation work, given that unforeseen no events would occur during the Project period.

The work schedule from the date of conclusion of the Exchange of Note to project completion is as shown in the following table.

No. of months		1	2	3	4	5	6	7	8	9	10	11	12
Phase 1	Detail Design Stage	Preparation of working drawings in Japan											
		Indian side's approval of working drawings											
	Construction Work Stage	• Construction											
		Preparatory work											
Phase 2	Detail Design Stage	Preparation of working drawings in Japan											
		Indian side's approval of working drawings											
	Construction Work Stage	Preparatory work											
		• Construction											
		Earth work											
		Concrete work											
		Finishing work											
		Shipping											
		Manufacturing/Procurement											
		Installation/Adjustment											

Fig. 3-10 Implementation Schedule

## 4-6 Scope of Work

This project is to be implemented by the governments of the two countries within the framework of the Government of Japan's grant aid. The scope of Project work by the governments of the two countries is as described below.

### (1) Work and Activities to be Carried Out by the Japanese Side

#### 1. Facilities

- Construction of buildings described in this basic design study report (i.e., the Central Building, Workshop/Substation Building, Laundry Building, Incinerator Building of Kalawati Saran Children's Hospital and the Kalyanpuri Urban Health Centre)
- Electricity, air conditioning and plumbing work related to the above-mentioned construction work
- Work to install a tube well on the premises of Palam Primary Health Centre

#### 2. Equipment

- Procurement of equipment described in this basic design study report
- Installation of the above-mentioned items of equipment

#### 3. Utility Work

- Power receiving equipment/substation and low-tension power supply equipment
- Water supply and drainage facilities
- Telephone exchange

#### 4. Construction of Outdoor Structures

- Courtyard
- Outdoor lamps

## 5. Related Activities

- Packing and shipping of equipment and materials to be imported into India, payment of property insurance premiums, loading and unloading, inland transportation

### (2) Work and Activities to be Carried Out by the Indian Side

#### 1. Preparation of the Project Site for the Construction Work

- Clearance of obstacles and ground leveling
- Access road for construction work

#### 2. Preparation Work

- Provision at the site for temporary office, working space and material shed
- Provision of electric power (400kV, 100kVA), telephones (6 lines) and water for construction work
- Demolition of existing, workshop in KSCH and Kalyanpuri Urban Health Centre.
- Relocation of the existing power cable at the project site

#### 3. Utility Work

- Installation of the electric power service wire up to the site
- Installation of the telephone lead-in wire up to the MDF connection point

#### 4. Construction of Outdoor Structures

- Planting inside and outside of the project site

#### 5. Installation of Furniture and Fixtures

- Furniture and fixtures other than those to be provided by the Japanese side

## 6. Related Activities

- Bank arrangement and payment of expenses
- Customs clearance of equipment and materials imported into India, and payment of all customs taxes imposed under the Project
- Prompt action relating to customs clearance and inland transportation
- Exemption from taxation or payment of taxes (sales tax, customs duties, other internal taxes, charges) for work and activities carried out by the Japanese side
- Convenience for the Japanese who enter and stay in India to offer services under contract
- Necessary formalities and payments for applications such as building permits, etc.
- Payment of maintenance and management costs necessary for proper effective operation of the facilities and equipment procured under the project
- Payment of other necessary costs beyond the scope of the Government of Japan's grant aid

### (3) Estimated Cost to be borne by the Government of India

Phase I	2,53,24,000 Rs
Phase II	67,63,000 Rs
Total	3,20,87,000 Rs

#### Phase I

##### Preparation of the Project site for construction work

- Removal of obstacles at the site 55,000 Rs
- Demolition of existing workshop 60,000 Rs
- Relocation of existing power cables 5,00,000 Rs
- Relocation of existing pump house & well 1,50,000 Rs
- Relocation of existing water pipe line 2,50,000 Rs

- Provision of temporary telephones (6 lines) 1,06,000 Rs
- Provision of temporary power (400V-100kVA) 2,50,000 Rs

During construction

- Installation of electric power service wire up to new substation (11.5kV-1,000kVA) 25,00,000 Rs
- Installation of telephone lead-in wire up to new MDF (6 lines) 4,28,000 Rs
- Payment of sales tax for construction materials and medical equipment procured in India 1,63,25,000 Rs
- Payment of customs duties for imported construction materials 30,00,000 Rs

After the completion

- Furniture and fixtures other than those to be provided by the Japanese side 17,00,000 Rs

Besides above, following provisions should be undertaken by Indian side:

- Provision for payment of counterpart fund
- Provision for payment of Bank Arrangement (B/A) and Authorization to Pay (A/P) commission

Phase II

Preparation of the Project site for construction work

- Demolition of existing Kalyanpuri Urban Health Centre 1,00,000 Rs
- Provision of temporary electric power (400V-35kVA) 30,000 Rs
- Provision of temporary telephone (1 line) 9,468 Rs



During construction

- Installation of electric power (400V-50kVA) 1,20,000 Rs
- Installation of telephone & lead-in wire (1 line) 15,000 Rs
- Payment of sales tax for construction materials 62,00,000 Rs  
and medical equipment procured in India
- Payment of customs duties for imported 2,88,000 Rs  
construction materials

Besides above, following provisions should be undertaken by Indian side:

- Provision for payment of counterpart found
- Provision for payment of Bank Arrangement (B/A) and Authorization to Pay (A/P) commission

(3) Estimate Conditions

1. Estimating period : March 1995
2. Applicable exchange rate : \$1.00=¥97.0, 1 rupee=¥3.11,
3. Construction period : The period of the detail design work and the construction work is as shown in the work schedule
4. Other : This project is to be implemented under the Government of Japan's grant aid

## **CHAPTER 4 PROJECT EVALUATION AND RECOMMENDATIONS**

## CHAPTER 4 PROJECT EVALUATION AND RECOMMENDATIONS

### 1. Expected Result of the Project

It is expected that when this project is implemented and when the facilities and equipment procured under the Project are operated and maintained properly by the Indian side, the following benefits will be reaped.

Table 4-1 Effects & Improvements from the Implementation of the Project

Present state and problems	Steps to be taken under the Project	Expected positive effects and improvements
<p>The facilities of Kalawati Saran Children's Hospital, which plays a pivotal role in child health care in the National Capital Territory of Delhi are too small, and equipment is superannuated. Consequently, the hospital is unable to provide proper medical care services.</p>	<p>A new central building consisting of Outpatient, Radiology, Laboratory, Operation theatre and ICU will be constructed and required equipment will be procured.</p>	<p>Because the number of the examination rooms for Outpatients Paediatric Internal Medicine will increase from 4 to 8, it will become possible to increase the average examination time per patient to 7.5 minutes. If the average examination time per patient is increased to 7.5 minutes, the hospital's ability to examine outpatients will increase by 8 percent. An outpatient examination room for the exclusive use of Orthopedics, as well an outpatient examination room for the exclusive use of Paediatric E.N.T., which has been looked after by LHMC will be provided. The number of Operation theatres will increase from 1 to 3 (major and minor operation theatres). Replacement of the equipment of Radiology and Laboratory will make it possible to conduct more accurate radiography and Clinical inspection. The annual number of X-ray examinations and laboratory tests in 1993 was 28,200 and 256,300 respectively. These capabilities will increase by maximum 1.5 times. Construction of the central building will make it possible to remodel the hospital's existing facilities into wards. As a result, it will become easier for the Indian side to increase the number of beds by 150.</p>

Present state and problems	Steps to be taken under the Project	Expected positive effects and improvements
<p>The facilities of Kalyanpuri Urban Health Centre are too small and equipment is superannuated. Equipment necessary for primary health care is in short supply. The health centre is finding it hard to secure sufficient water supply due to a sharp increase in the population of the district.</p>	<p>Construction of new facilities and procurement of related equipment. Installation of a tube well.</p>	<p>The health centre will be able to examine and treat 37,500 outpatients will be annually, increased by 7 percent. Provision of a treatment room will make it possible to treat more than 600 cases of external injury a year. Improvement of laboratory equipment will make it possible to conduct up to 5,860 malaria, blood and urine examinations a year. The tube well will be able to supply 4,000ℓ of water a day.</p>
<p>Najafgarh Primary Health Centre is faced with a shortage of medical equipment. Existing equipment is superannuated.</p>	<p>Replacement of superannuated equipment*<sup>1</sup> and supply additional items of equipment*<sup>2</sup> to eliminate shortage.</p>	<p>Supply of required items of equipment will enhance the health centre's basic medical care capabilities. Thus far the health center has been referring about 8,000 cases*<sup>3</sup> to upper hospital, 60 percent of this number will become treatable at the health centre.</p>
<p>Palam Primary Health Centre is faced with a shortage of medical equipment and existing equipment is superannuated. The health centre is finding it hard to secure sufficient water supply due to a sharp increase in the population of the district.</p>	<p>Replacement of superannuated equipment*<sup>4</sup> and supply of additional items of equipment*<sup>5</sup> to eliminate shortage. Installation of a tube well.</p>	<p>Treatment capabilities for basic medical care and minor external injuries will be enhanced. Presently, about 2,000 cases of basic inspection including inspection for malaria, using microscopes had been performed. This number will increase up to over 2,500 cases, and accurate treatment will be enhanced. The tube well will be able to supply 2,000ℓ of water a day.</p>

- Note:
- \*1 such as sterilizer, obstetric table, examination table and equipment,
  - \*2 such as minor operation kit and treatment equipment
  - \*3 including delivery and external injuries
  - \*4 such as laboratory equipment including microscope
  - \*5 such as sterilizer, minor operation kit, and treatment equipment

## 2. Appropriateness of the Implementation of the Project

The Project is aimed at expanding and improving the functions and facilities of Department of Outpatient, Radiology Laboratory, Operation Theatre, Emergency, ICU and Preventive Social Medicine in existing Kalawati Saran Children's Hospital. After implementation of the Project, the Indian side plans to remodel its existing facilities to increase the number of beds in its wards by 150, raising the total number of beds to 500. After completion of the remodeling work by the Indian side, it will be necessary to increase hospital personnel and maintenance costs. At present the Government of India is faced with a cumulative fiscal deficit, so it was decided to minimize the possible increase in the hospital's operation and maintenance cost at Project implementation stage. Therefore, the Project is designed to implement staffing within the limits of the hospital's sanctioned posts. Since Kalawati Saran Children's Hospital operates with the cooperation of Lady Hardinge Medical College which dispatches professors/assistant professors, the staffing plan under the Project was worked out on the assumption that a total of 27 professors/assistant professors will be dispatched from the Medical College. The scale of the planned facilities and equipment for Laboratory, Radiology and Operation Theatre, etc. is sufficient to expand the scope of operations in light of the increase in the number of beds. The Project, based on the hospital's present organization, staff and budget, accounts for the future increase in the number of beds.

Kalawati Saran Children's Hospital services a total of 200,000 children per year. The three health centres Kalyanpuri, Najafgarh and Palam service a combined total population of 160,000. Most of these residents are economically unable to undergo medical examination and treatment at private medical institutions which charge medical fees. In addition, the National Capital Territory of Delhi is faced with the serious problem of a sharply increasing population. During the 1981-91 decade, Delhi's

population increased by 47.0 percent. The main objective of the Project is to enhance the quality of primary and secondary health care services provided by Kalawati Saran Children's Hospital, which is operated with the cooperation of Lady Hardinge Medical College while improving the quality of primary health care services offered by the three health centres which work closely with the Medical College. In other words, the objective is to strengthen the primary and secondary health care functions for children and referral functions of the hospital and health centres.

The Government of India considers the improvement of health care indispensable for the long-term growth of the country. It is possible to implement the Project under the Government of Japan's grant aid cooperation without any difficulty.

### 3. Recommendation

The Project is designed to meet community residents' basic human needs while producing significant results as mentioned earlier. Therefore, to implement the Project is of great significance. To attain Project objective, however, it is necessary that the Indian side make proper budgetary appropriations and maintain and manage properly the physical facilities procured under the Project. For this reason, it is recommended that a Project monitoring and evaluation programme be implemented by Indian side so that the Indian side may always get the idea how it makes progress.

Given below is the outline of questionnaire on Project monitoring/evaluation indicators. These indicators will be finalized by Coordination Committee of Monitoring and Evaluation established in Lady Hardinge Medical College.

Objective and expected results of the project	Monitoring/evaluation indicators and items	Survey period
<p>(Overall objective)</p> <ul style="list-style-type: none"> <li>● To promote the health of Karawati Saran Children's Hospital's patients and community residents to benefit from facilities related to the project</li> </ul>	<p>An epidemiological study is made in relevant areas to investigate changes in the health indicators before and after the implementation of the project.</p> <ol style="list-style-type: none"> <li>1. Death rate               <ul style="list-style-type: none"> <li>● Perinatal mortality rate</li> <li>● Infant mortality rate</li> <li>● Death rate for the 1-5 age group</li> </ul> </li> <li>2. Causes of death and incidence (no. of deaths and incidence)               <ul style="list-style-type: none"> <li>● Diarrhea</li> <li>● Tetanus</li> <li>● Respiratory disorder</li> <li>● Other</li> </ul> </li> <li>3. Immunization Coverage               <ul style="list-style-type: none"> <li>● Fully immunized rate for infants aged 1 year and under</li> <li>● Measles immunization rate for infants aged 9 months to 12 months</li> </ul> </li> <li>4. Disease rate for infants require immunization               <ul style="list-style-type: none"> <li>● Measles</li> <li>● Polio</li> <li>● Tetanus</li> </ul> </li> <li>5. Infants' health condition               <ul style="list-style-type: none"> <li>● Ratio of underdeveloped infants aged 5 and under (%)</li> <li>● Ratio of neonates weighing 2,500kg and under (%)</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>● Before the implementation of the project</li> <li>● 5 years after the implementation of the project</li> </ul>

Objective and expected results of the project	Monitoring/evaluation indicators and items	Survey period
<p>(Objective of the project)</p> <ul style="list-style-type: none"> <li>To improve the quality of medical services offered at Karawati Saran Children's Hospital and other related medical facilities</li> </ul>	<p>To investigate changes attributable to changes in medical services in the following items before and after the implementation of the project.</p> <ol style="list-style-type: none"> <li>Inpatients <ul style="list-style-type: none"> <li>No. of inpatients (by department)</li> <li>Average length of hospitalization (no. of days)</li> <li>Condition to leave hospital <ul style="list-style-type: none"> <li>No. of recoveries, no. of referrals to other hospitals, no. of deaths.</li> </ul> </li> <li>No. of referrals from other hospitals</li> <li>Patient satisfaction <ul style="list-style-type: none"> <li>Medical examination and treatment by doctors (A · B · C)</li> <li>Care by nurses (A · B · C)</li> <li>Cleanliness (A · B · C)</li> </ul> </li> </ul> </li> <li>Outpatients <ul style="list-style-type: none"> <li>No. of outpatients</li> <li>No. of referrals to other hospitals</li> <li>Patient's average waiting time</li> <li>No. of referrals from other hospitals</li> <li>Places of residence</li> <li>No. of referrals from other hospitals</li> <li>Patient satisfaction <ul style="list-style-type: none"> <li>Medical examination and treatment by doctors (A · B · C)</li> <li>Care by nurses (A · B · C)</li> <li>Cleanliness (A · B · C)</li> </ul> </li> </ul> </li> <li>Surgical cases <ul style="list-style-type: none"> <li>No. of operations</li> <li>Kinds of operations</li> <li>Results of operations <ul style="list-style-type: none"> <li>Deaths within 1 month of operation</li> </ul> </li> <li>No. of complications</li> <li>Kinds of complication <ul style="list-style-type: none"> <li>Postoperative pneumonia, Postoperative (wound dehiscence)</li> <li>Postoperative hepatitis, Defective suture of digestive tracts,</li> <li>Postoperative ileus, Atelectasis, Other</li> </ul> </li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>Before the completion of the project</li> <li>Yearly review of monthly data after the completion of the project Data</li> </ul>
<p>(Expected results of the project)</p> <ul style="list-style-type: none"> <li>Improvement in efficiency of operations at Karawati Saran Children's Hospital and other related medical facilities</li> </ul>	<p>Regarding the improvement in efficiency in operations, the following investigations will be made.</p> <ol style="list-style-type: none"> <li>Working environment <ul style="list-style-type: none"> <li>No. of posts and rate of filled vacancies</li> <li>Absentee rate (no. of absences)</li> <li>No. of revisions of work rules and contents of work rules</li> <li>Frequency of regular workplace meetings <ul style="list-style-type: none"> <li>The fixed number</li> <li>No. of persons present</li> </ul> </li> <li>Worker satisfaction</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>Before the completion of the project</li> <li>Yearly review of monthly data after the completion of the project</li> <li>Monthly review of data at end of month</li> </ul>



Objective and expected results of the project	Monitoring/evaluation indicators and items	Survey period
	<p>2. Medical activity</p> <ul style="list-style-type: none"> <li>• Operating standards</li> <li>• Frequency of case discussion meetings <ul style="list-style-type: none"> <li>No. of persons present</li> <li>Kinds of cases</li> </ul> </li> <li>• Case histories <ul style="list-style-type: none"> <li>Monthly no. of case histories</li> <li>Frequency of doctors' review of case histories</li> </ul> </li> </ul> <p>3. Examination department</p> <ul style="list-style-type: none"> <li>• No. of specimen tests</li> <li>• Average time required to complete a specimen test</li> <li>• Method of quality control (supply/consumption of reagents and expendable supplies) <ul style="list-style-type: none"> <li>FIFO system</li> <li>Storage of brown biochemical vials at dark places</li> </ul> </li> <li>• No. of pathological anatomies</li> <li>• Supplies of test reagents <ul style="list-style-type: none"> <li>Kinds of test reagents in short supply</li> <li>Time required to procure them</li> </ul> </li> </ul> <p>4. Drug Department</p> <ul style="list-style-type: none"> <li>• Supplies of drugs <ul style="list-style-type: none"> <li>Frequency of short supply of drugs by type</li> <li>Time required to procure such drugs</li> </ul> </li> </ul> <p>5. Research results</p> <ul style="list-style-type: none"> <li>• No. of presentations made at academic meeting</li> <li>• No. of lecture meetings held</li> <li>• No. of papers published</li> </ul> <p>6. In-service training results</p> <ul style="list-style-type: none"> <li>• Types of training</li> <li>• No. of trainees by type of training</li> <li>• Training period</li> </ul> <p>7. Administration Department</p> <ul style="list-style-type: none"> <li>* • Revenue/expenditure manager (personnel expenses, office expenses, equipment maintenance/management expenses, facility maintenance/management expenses, etc.)</li> <li>• Frequency of regular managers' meetings</li> </ul> <p>8. ICU Department</p> <ul style="list-style-type: none"> <li>• No. of patients</li> <li>• Average length of stay in ICU (no. of days)</li> <li>• No. of complications</li> <li>• Condition of leave hospital No. of recoveries, no. of referrals to other hospitals, no. of deaths</li> </ul> <p>9. Neonate Department</p> <ul style="list-style-type: none"> <li>• Temperature check</li> <li>• Water balance measurement</li> <li>• Pediatrician's presence in the delivery room</li> <li>• Patients' Condition of leave hospital (by weight and type of disease)</li> <li>• Tests (blood sugar, bilirubin, hematocrit)</li> </ul>	

Objective and expected results of the project	Monitoring/evaluation indicators and items	Survey period
	<p>10. Central Supply Room</p> <ul style="list-style-type: none"> <li>• No. of Supply handled</li> </ul> <p>11. Workshop</p> <ul style="list-style-type: none"> <li>• No. of repairs of equipment</li> <li>• Kinds of repaired equipment</li> <li>• Repaired parts</li> <li>• Average time required to complete repairs</li> <li>• Supplies of repair parts               <ul style="list-style-type: none"> <li>Kinds of parts in short supply</li> <li>Time required to procure such parts</li> </ul> </li> </ul> <p>12. Washing Department</p> <ul style="list-style-type: none"> <li>• Average washing workload (by type of laundry)               <ul style="list-style-type: none"> <li>Bed sheets, pillowcases, surgical gowns, working clothes</li> </ul> </li> <li>• Average time required to complete washing work (from reception to delivery)</li> </ul> <p>13. PHC Centre</p> <ul style="list-style-type: none"> <li>• No. of patients by ward</li> <li>• No. of patients immunized               <ul style="list-style-type: none"> <li>Measles, tetanus, polio, other</li> </ul> </li> <li>• No. of medical examinations made of pregnant women</li> <li>• No. of medical service seminars held</li> <li>• No. of persons present at such seminars</li> <li>• No. of patients referred to higher level hospitals</li> <li>• No. of specimen tests conducted</li> <li>• No. of specimen test requests made to higher level hospitals</li> </ul> <p>14. Equipment</p> <ul style="list-style-type: none"> <li>• Working rate of equipment.</li> </ul>	

- As to item 14, "Equipment", fill out following format for equipment which are marked with (\*) in the Table 3-15 Equipment List.

Format for Equipment Net Working Rate

No.	Equipment	Annual Net Working Rate	No. of break-downs	Remarks			Cost of expendable supplies
				In-house repairs	Repairs by manufacturer	Repair cost	

- Evaluation Period

When the Government of Japan finally decides to implement this Project, the first baseline investigation will be made during the construction period in order to grasp the present conditions of the hospital. After the completion of the construction and the equipment procurement and installation work under Japan's grant aid, such a survey will be made annually. Data on the evaluation indicators marked with \*, however, should be sorted out at the end of the month.

**ANNEX**

## 1. MEMBERS OF THE BASIC DESIGN STUDY TEAM

### (1) Basic Design Study (November 27~December 31, 1994))

Dr. Katsuhiko YOSHITAKE	Team Leader	Sr. Consultant Pediatrician Bureau of International Cooperation International Medical Center of Japan Ministry of Health and Family Welfare
Mr. Kiyoto KUROKAWA	Cordinator	First Basic Design Study Division Grant Aid Study & Design Department Japan International Cooperation Agency
Mr. Shotaro HAYASHIYA	Project Manager of the Consultant Facilities Planning I	Yamashita Sekkei Inc.
Mr. Minoru TANAKA	Facilities Planning II	Yamashita Sekkei Inc.
Mr. Kazuhiko KON	Sanitary Facilities Planning	Yamashita Sekkei Inc.
Mr. Norito NAITO	Equipment Planning	Yamashita Sekkei Inc.

### (2) Explanation of Draft Report (April 2~April 11, 1995)

Dr. Katsuhiko YOSHITAKE	Team Leader	Sr. Consultant Pediatrician Bureau of International Cooperation International Medical Center of Japan Ministry of Health and Family Welfare
Dr. Kunihiko HIRABAYASHI	Technical Advisor	Sr. Consultant Cardiologist Bureau of International Cooperation International Medical Center of Japan Ministry of Health and Family Welfare
Mr. Mutsuharu NAKAJIMA	Grand Aid	Grant Aid Division Economic Cooperation Bureau Ministry of Foreign Affairs
Ms. Junko INAMI	Cordinator	First Basic Design Study Division Grant Aid Study & Design Department Japan International Cooperation Agency
Mr. Shotaro HAYASHIYA	Project Manager of the Consultant Facilities Planning I	Yamashita Sekkei Inc.
Mr. Minoru TANAKA	Facilities Planning II	Yamashita Sekkei Inc.
Mr. Norito NAITO	Equipment Planning	Yamashita Sekkei Inc.

## 2. SURVEY SCHEDULE

### (1) Basic Design Study (November 27~December 31, 1994)

No.	Date	Schedule
1	Nov. 27 (Sun)	Lv. Tokyo (AI301) (Messrs. Yoshitake, Kurokawa, Hayashiya, Tanaka, Kon, Naito)
2	28 (Mon)	Meeting at JICA India office Courtesy call on the Embassy of Japan Courtesy call on Ministry of Finance and Ministry of Health & Family Welfare
3	29 (Tue)	Meeting at Lady Hardinge Medical College (LHMC) • Explanation of Inception Report and Questionnaire Survey of existing Kalawati Saran Children's Hospital (KSCH) Survey of the project site
4	30 (Wed)	Survey of Palam Primary Health Centre and Najafgarh Primary Health Centre Discussions with LHMC
5	Dec. 1 (Thu)	Survey of Kalyanpuri Urban Health Centre Discussions with LHMC and KSCH Survey of existing KSCH
6	2 (Fri)	Discussions with LHMC
7	3 (Sat)	Discussions with LHMC on Minutes of Discussions
8	4 (Sun)	Draft up the Minutes of Discussions
9	5 (Mon)	Discussions with LHMC
10	6 (Tue)	Discussions with LHMC and Ministry of Health & Family Welfare
11	7 (Wed)	Discussion with LHMC Signing of Minutes of Discussions at Ministry of Finance Report to the Embassy of Japan
12	8 (Thu)	Lv. Delhi (TG316) (Messrs. Yoshitake, Kurokawa) Discussions with LHMC maintenance section (CPWD) Soil investigation of the site Survey on local medical equipment supplier
13	9 (Fri)	Analysis of the collected information Discussions with KSCH (Facilities & Equipment)
14	10 (Sat)	Analysis of the collected information Survey on local market (Construction & Equipment)
15	11 (Sun)	Meeting within the team
16	12 (Mon)	Discussions with LHMC and KSCH Attendance to project site survey

No.	Date	Schedule
17	13 (Tue)	Discussions with LHMC and KSCH Visit Shiram Institute of Industrial Research (water quality test) Survey on local medical equipment supplier
18	14 (Wed)	Applied the water quality test to Shiram Institute Discussions with LHMC Survey on local medical equipment supplier
19	15 (Thu)	Attendance to site boring test Discussions with LHMC and KSCH
20	16 (Fri)	Discussions with LHMC and KSCH
21	17 (Sat)	Survey on local construction market Survey on local medical equipment supplier
22	18 (Sun)	Survey on KSCH related facilities
23	19 (Mon)	Soil investigation on Kalyanpuri site Discussions with KSCH
24	20 (Tue)	Survey on local construction site (IGNOU) Survey on local medical equipment supplier
25	21 (Wed)	Lv. Delhi (AI302) (Mr. Kon) Collect information from Directorate of Health Service Visit Ministry of Environment & Forest Survey on local medical equipment supplier
26	22 (Thu)	Visit Central Pollution Control Board Discussions with KSCH Visit Jangpura Health Centre
27	23 (Fri)	Survey on hospitals within the city Discussions with local architect Survey on local medical equipment supplier
28	24 (Sat)	Discussions with LHMC maintenance section (CPWD) Analysis of the collected information
29	25 (Sun)	Analysis of the collected information
30	26 (Mon)	Survey on similar facilities within the city Discussions with LHMC maintenance section (CPWD) Collection of information from local consultant Survey on local medical equipment supplier
31	27 (Tue)	Interim discussions on soil investigation and site survey Discussions with local consultant
32	28 (Wed)	Received water quality test result Survey on local medical equipment supplier Report survey result to JICA and Embassy

日順	月日(曜日)	内 容
33	29 (Thu)	Discussions with local consultant Collection of Questionnaire
34	30 (Fri)	Report the completion of survey to LHMC and KSCH
35	31 (Sat)	Lv. Delhi (TG915) (Messrs. Hayashiya, Tanaka, Naito) Av. Tokyo

(2) Explanation of Draft Report (April 2~April 11, 1995)

No.	Date	Schedule
1	Apr. 2 (Sun)	Lv. Tokyo (TG315) (Messrs. Yoshitake, Hirabayashi, Nakajima, Ar. Delhi Inami) (AI301) (Messrs. Hayashiya, Naito, Tanaka)
2	3 (Mon)	Meeting at JICA India Office, Embassy of Japan Courtesy call on Ministry of Finance and Ministry of Health & Family Welfare Meeting at Lady Hardinge Medical College (LHMC)
3	4 (Tue)	Survey on Kalyanpuri Urban Health Centre and Palam Primary Health Centre Discussions with LHMC on Draft Report
4	5 (Wed)	Discussions with LHMC on Draft Report
5	6 (Thu)	Meeting with Ministry of Finance and Ministry of Health & Family Welfare Courtesy call and discussions with DGHS
6	7 (Fri)	Signing of Minutes of Discussions Report to JICA and Embassy of Japan
7	8 (Sat)	Lv. Delhi (TG915) (Messrs. Yoshitake, Hirabayashi, Nakajima, Inami) Supplementary survey on site for Laundry and Incinerator Building
8	9 (Sun)	Supplementary survey on site for Workshop/Substation Building
9	10 (Mon)	Visit Central Ground Water Board Report survey result to JICA India office
10	11 (Tue)	Lv. Delhi (TG316) (Messrs. Hayashiya, Naito, Tanaka) Ar. Tokyo



3. MEMBER LIST OF CONCERNING PARTY IN INDIA

1. Ministry of Finance

Mr. D. N. Narasimha Raju	Deputy Secretary
Mr. D. S. Grewal	Under Secretary
Mr. Mool Chand	Section Officer

2. Ministry of Health & Family Welfare

SH. M. S. Dayal	Secretary
SH. I. Chaudhuri	Additional Secretary
Mrs. Namita Pradhan	Director, International Health
Mrs. Sunila Basant	Joint Secretary
Mrs. A. P. Ahluwalia	Joint Secretary & Finance Advisor
Mr. Ashok Mehta	Under Secretary
Dr. A. K. Mukherjee	Director General of Health Services
Prof. P. Rajaram	Deputy Director General, DGHS
Dr. Dey	Director, Directorate of Health Service
Dr. R. K. Verma	Add. Director, Directorate of Health Service
Dr. Moneer Alam	National Consultant, Bureau of Planning
Mr. S. B. Kalkar	Chief Architect, DGHS

3. Lady Hardinge Medical College / Kalawati Saran Children's Hospital

Prof. Chandrama Anand	Principal & Medical Superintendent
Prof. S. M. Gulati	Add. Medical Superintendent
Dr. A. K. Sarkar	Add. Medical Superintendent
Dr. S. Malik	Add. Medical Superintendent
Dr. P. K. Bhattacharya	Add. Medical Superintendent
Dr. P. L. Anand	Add. Medical Superintendent
Dr. S. C. Chawla	Director Prof. & Head, Prev. & Soc. Med.
Dr. Bul Bul Sood	Prof. Prev. & Soc. Med.
Dr. S. K. Pradhan	Prof. Prev. & Soc. Med.
Dr. T. R. Sachdev	Prof. Prev. & Soc. Med.
Dr. P. Panag	Prof. Prev. & Soc. Med.
Dr. S. K. Rasanio	Asst. Prof. Prev. & Soc. Med.
Dr. A. K. sharma	Asst. Prof. Prev. & Soc. Med.
Dr. R. K. Varwa	Lecturer, Prev. & Soc. Med.
Dr. K. Vua	Jr. Resident, Prev. & Soc. Med.
Dr. K. B. Logani	Director Prof. & Head, Pathology
Dr. L. K. Sood	Prof. & Head, Orthopedic
Dr. D. P. Garg	Consultant, Radiology
Dr. A. S. Bais	Director Prof. & Head, ENT
Dr. P. D. Souza	Prof. Head, Ophthalmology
Dr. G. K. Sharma	Prof. & Head, Forensic Medicine
Dr. B. Ahuja	Head of Dept., Physical Med. & Rehabili.

- |                      |                                     |
|----------------------|-------------------------------------|
| Dr. Sudershan Kumari | Prof. & Head, Paediatric            |
| Dr. M. Sharma        | Director Prof., Anaesthesiology     |
| Dr. Ajay Kumar       | Associate Prof., Paediatric Surgery |
4. Central Public Works Department
- |                    |                                  |
|--------------------|----------------------------------|
| Mr. H. R. Garg     | Executive Engineer, Civil        |
| Mr. H. O. Agarwal  | Asst. Engineer, Civil            |
| Mr. R. K. Singh    | Asst. Engineer, Civil            |
| Mr. J. D. Sharma   | Asst. Engineer, Civil            |
| Mr. R. Singh       | Executive Engineer, Electric     |
| Mr. B. Swarup      | Asst. Engineer, Air-conditioning |
| Mr. R. N. Malhotra | Asst. Engineer, Electric         |
| Mr. Y. P. Gogia    | Asst. Engineer, Electric         |
5. Kalyanpuri Urban Health Center
- |                |                                  |
|----------------|----------------------------------|
| Dr. Khrist Roy | Senior Resident, Medical Officer |
|----------------|----------------------------------|
6. Ministry of Environment & Forests
- |                       |   |
|-----------------------|---|
| Mr. T. George Joseph  | Joint Secretary                                   |
| Dr. S. P. Chakrabarti | Member Secretary, Central Pollution Control Board |
7. Shriram Institute for Industry Research
- |                  |                 |
|------------------|-----------------|
| Mr. K. K. Juneja | Deputy Director |
|------------------|-----------------|
8. Embassy of Japan in India
- |                   |                 |
|-------------------|-----------------|
| Mr. Okabe         | Councilor       |
| Mr. Michio Hirose | First Secretary |
| Mr. Fukushima     | First Secretary |
9. JICA India Office
- |                   |                                   |
|-------------------|-----------------------------------|
| Mr. Minoru Sasago | Resident Representative           |
| Mrs. Nana Hosoi   | Assistant Resident Representative |

4. MINUTES OF DISCUSSIONS

(1) Basic Design Study

MINUTES OF DISCUSSIONS  
ON  
THE BASIC DESIGN STUDY ON THE PROJECT FOR  
THE IMPROVEMENT OF KALAWATI SARAN CHILDREN'S HOSPITAL  
IN  
INDIA

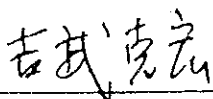
Based on the results of preliminary Study, the Japan International Cooperation Agency (JICA) has decided to conduct a Basic Design Study on The Project for The Improvement of KALAWATI SARAN CHILDREN'S HOSPITAL (hereinafter referred to as "the Study")

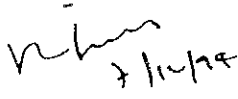
JICA has sent to India a Study Team headed by Dr. Katsuhiko YOSHITAKE Sr. Consultant Pediatrician Chief, MCH Section Sr. Coordinator, Expert Service Division, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health and Welfare, from November 27 to December 31, 1994.


The Team had a series of discussions with the officials concerned of India and conducted a field survey at the study area.

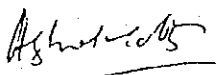
As a result of discussions and field survey, both sides have confirmed the concept of the Project described in the attached sheets. The Team will proceed to further works and prepare the Basic Design Study report.

New Delhi, December 7, 1994

  
Dr. Katsuhiko YOSHITAKE  
Leader  
Basic Design Study Team  
JICA

  
Mr. D.N. Narasimha RAJU  
Deputy Secretary  
Ministry of Finance  
Department of Economic Affairs

  
Prof. Chandrama ANAND  
Principal  
Lady Hardinge Medical College

  
Mr. Ashok MEHTA  
Under Secretary  
Ministry of Health & Family  
Welfare

## ATTACHMENT

### 1. Definition

#### 1) Project

"Project" is defined as the inputs from Japanese side under Japan's grant aid.

#### 2) Programme

"Programme" is defined as the entire scheme for the target which is formulated and to be operated by Indian side.

#### 3) Primary Medical Service

"Primary medical service" is defined as the medical service for common diseases at the first stage as well as preventive medical service.

#### 4) Secondary Medical Service

"Secondary medical service" is defined as the medical service for common diseases which requires technique and equipment and to some extent skills in a institution.

### 2. Background of the Request

The Government of India, in its 8th National Development Plan, formulated the programme towards the reduction of infant mortality and morbidity due to the common infectious and contagious diseases in India and requested the Government of Japan to implement the Project.

### 3. Concept of the Programme

Overall Goal, Purpose, Outputs and Activities of the Programme were summarized and confirmed in the Programme Design Matrix on the Minutes of Discussions between Japanese and Indian side on July 15, 1994.

### 4. Objectives of the Project

The Project contributes the reinforcement of primary and secondary medical service at the Kalawati Saran Children's Hospital (hereinafter referred to as "K.S.C.H.") of Lady Hardinge Medical College (hereinafter referred to as "L.H.M.C.")

### 5. Project Sites

The Project sites are located in L.H.M.C. and related Primary Health Centers (Palam, Najafgarh and Kalyanpuri).

(Note: The equipment and facilities for these centers will be supervised and maintained by L.H.M.C.)

### 6. Responsible Ministry and Executing Agency

Responsible Ministry: Ministry of Health and Family Welfare  
Executing Agency: Lady Hardinge Medical College

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Agreement

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7. Items requested by the Indian side  
After discussions with The Basic Design Study Team , items described in Annex I were finally requested by the Indian side.  
However, the final component will be decided after further studies.
8. Comments by the Japanese side on the items in 7. above
- 1) The Japanese side will analyze the requested items on Annex I -1) based on the following criteria :
    - a) Department which needs rationalization.
    - b) Department which requires healthy space for installation of equipment.
    - c) Department which needs reinforcement for primary or secondary medical service.
  - 2) The Japanese side will analyze the requested items on Annex I -2) based on the following criteria :
    - a. The equipment to be included in the project is;
      - 1) the equipment to be utilized for treatment of the common diseases.
      - 2) the equipment to replace the existing equipment which is already deteriorated.
      - 3) the essential equipment for primary health care identified by the World Bank, WHO, UNICEF etc.
    - b. While, the equipment to be excluded from the Project is;
      - 1) the equipment not required for health care services such as diagnosis treatment and prevention.
      - 2) the simple equipment/furniture available locally.
      - 3) the most advanced equipment to be utilized for research activities.
      - 4) the equipment with some difficulties on installation / infrastructure conditions,
      - 5) The expensive equipment less utilized because of small number of testing/less number of patients,
      - 6) the equipment hazardous to environmental control,
      - 7) the equipment only utilized with exclusive reagent kit available from the specific manufacturee, and
      - 8) the equipment with financial/marketing difficulties on the procurement of consumable and spare parts etc.

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9. Japan's Grant Aid system

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

10. Monitoring the achievement of the Programme

- 1) Ministry of Health and Family Welfare and L.H.M.C. have the responsibility of monitoring progress of all phases of the Project like funds allocated utilized, infrastructural development, equipment purchase, distribution, quality control, maintenance, manpower development, training etc. based on the indicators given in Annex III and reporting it to the Embassy of Japan and JICA India Office annually through Department of Economic Affairs, Ministry of Finance, after the completion of the Project.
- 2) L.H.M.C. will make inventory list on the equipment included in the Project. After the completion of the Project, L.H.M.C. will submit annual report on the condition of the Project through Ministry of Health and Family Welfare to the Embassy of Japan & JICA India Office.

11. Schedule of the Study

- 1) The consultants will continue to make further studies in India until December 31st, 1994.
- 2) JICA will prepare the draft report and dispatch a mission in order to finalize the contents of the report around April 1995
- 3) In case the contents of the report is accepted in principle by the Indian side, JICA will complete the final report and send it to the Government of India by June, 1995.

12. Other relevant issues

- 1) L.H.M.C. will complete and submit the detailed action plan of the Programme and the reply of the Questionnaire until December 20, 1994.
- 2) The Ministry of Health and Family Welfare will allocate the necessary budget (including counter part funds) and personnel for the Project.
- 3) The Ministry of Health and Family Welfare will get various internal clearance of the Government of India, as applicable, including expenditure / financial clearance.

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ANNEX-I-1)

1) Expansion or reinforcement of following functions

a) O. P. D.

- Reception (6 Cubicle)	1
- Examination & Treatment Rm	16
- Physical Medicine & Rehabilitation Rm	2
- Occupation Therapy Rm	1
- General Paediatric Rm	6
- Surgical Rm	2
- Orthopaedic Rm	2
- Dressing Rm	1
- Plaster Rm	1
- Eye OPD	1
- ENT OPD (with Soundproof Rm)	1
- Skin OPD	1
- Central Injection Rm	1
- Deputy Nurse Supt. Rm	1
- Assit. Nurse Supt. Rm	1
- Pharmacy/Dispensary	1
- Store (General & Medicine)	2
- Specimen Collection Rm	1
- Stretcher Rm	1

b) Radiology

- Reception	1
- X-Ray Rm	4
- Dark Rm	1
- Radiographer's Rm	1
- Ultrasound Rm	1
- Waiting Rm for Ultrasound Rm	1
- Radiologist Rm	2
- Technician's Rm	1

c) Laboratory

- Chemical Biochemistry Lab.	1
- Auto Analyser Rm	1
- Store for Biochemistry	1
- Common Lab. for Bacteriology & Parasitology	1
- Office Rm for Common Lab.	4

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*Ashok K. S.*

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- Technician's Rm for Common Lab.	2
- Store for Common Lab.	2
- Common Lab. for Hematology Lab. & Histopathology Lab.	1
- Immuno Hematology Lab.	1
- Office Rm	1
- ECG Rm	1
- ENG Rm	1
- EEG Rm	1
- Officer's Rm	1
- Doctor's Rm	1
- Store	1
d) Operation Theater	
- Reception	1
- Waiting Rm	1
- Operation Theater (1 Large.2 Small)	3
- Changing Rm	2
- Scrubbing Rm	1
- Surgical ICU	1
- Recovery Rm	1
- Doctor's Rm	1
- OT Nurse' Rm	1
- Pre & Post Operation Rm (12 Bed)	1
- Store	1
- Central Supply & Sterilisation Rm	1
e) Emergency & ICU	
- Reception	1
- Treatment Rm	1
- Examination Rm	1
- Nurse Station	1
- Doctor's Rm	2
- Police Post Rm	1
f) ICU	
- Treatment Rm	1
- Examination Rm	1
- Nurse Station	1
- Isolation Rm	1
- Medical ICU (Glass Partition. 15 Bdx2)	2
- Laboratory	1

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Asst. Dir. Lab.

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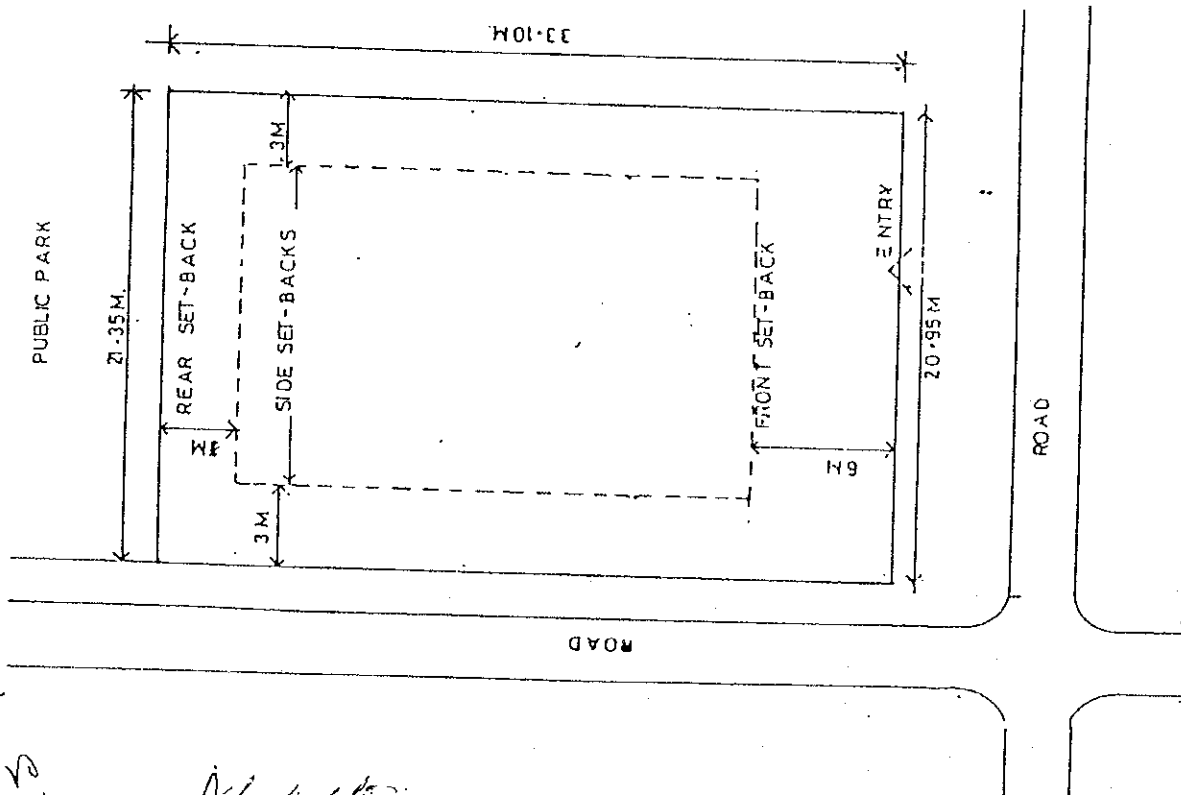
- Doctor's Rm	2
- Store	1
g) Preventive & Social Medicine	
- Reception & Resistration Hall	1
- Immunization Rm	1
- Nutrition Councelling & Growth Monitoring	1
- Child Guidance Clinic (Large & Small)	2
- High Risk Clinic with soundproof Rm	1
- Malaria Clinic	1
- Family Welfare	1
- Medical Social Services	2
- Doctor's Rm	1
- Store	
h) DTTU	
- Doctor's Rm	1
- Treatment Rm	1
- Children' sitting Rm	1
- Health Education Rm	1
i) Others	
- Telephone Exchane Rm	1
- Laundry	
- Electric Power Substation	
- Manifold Rm Augmentation	
- Lift	2
j) Kalyanpuri Urban Health Center	
- Consultation Rm	4
- Medical Social Worker's Rm	1
- Health Education (Seminar Rm for 25-30)	1
- Minor OT	1
- Observation Rm	1
- Laboratory	1
- Injection Rm	1
- Dressing Rm	1
- Pharmacy/Dispensary	1
- Store (General & Medicine)	1
- Guard Rm	1
k) Rehabilitation of Palam PHC (Deep Tube Well)	
- Water supply up to newly provided high tank	

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- PLANNING DATA AND NORMS :
- LAND AREA 700.07 Sq. M.
  - PERMISSIBLE GROUND COVERGE 33 1/3% OF PLOT AREA
  - PERMISSIBLE F. A. R. 100
  - PERMISSIBLE TOTAL COVERED ON ALL FLOORS 700.07 Sq. M.
  - WIDTH OF STAIR-CASE 1-25M.  
TREAD WIDTH 0-3M  
RISER 0-15M.
  - LACK OF DRAINAGE SYSTEM SO SEPTIC TANK
  - LACK OF SUFFICIENT WATER SUPPLY SO BOREWELL WATER SUPPLY REQUIREMENT

KALYANPURI URBAN HEALTH CENTER  
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ANNEX I-2) Requested Equipment List

DESCRIPTION	Q' TY	PRIORITY
1. RADIOLOGY		
1. X-RAY TV MONITOR, COMPATIBLE DOUBLE TUBE	1	1
2. COLOR DOPPLER ULTRASOUND SCANNER	1	1
3. DIAGNOSTIC X-RAY	1	3
4. MOBILE X-RAY UNIT	6	4
5. SERIAL FILM CHANGER	2	3
6. CONTRAST MEDIA PRESSURE INJECTOR	2	3
7. DARK ROOM EQUIPMENT	2	1
8. X-RAY PROTECTION WEARS	5	1
9. WEAR HANGER	5	4
10. X-RAY FILM CABINET	3	4
11. INSTRUMENT CABINET	3	4
12. PORTABLE ULTRASONIC DIAGNOSTIC APPARATUS	1	1
13. FILM VIEWER	5	4
2. OUTPATIENT		
1. EXAMINATING TABLE	8	3
2. EXAMINATING UNIT	8	3
3. STETHOSCOPE FOR DOCTOR	20	3
4. STETHOSCOPE FOR NURSE	20	3
5. HEMOGLOBIN METER	10	3
6. CLINICAL THERMOMETER	50	4
7. ULTRASONIC NEBULIZER	8	1(4)
8. SUCTION UNIT	8	1(4)
9. EXAMINING LIGHT	4	1
10. ELECTRO CARDIOGRAPH	4	1
11. DIAGNOSTIC SET	8	2
12. DOCTOR DESK	8	2
13. DOCTOR CHAIR	8	2
14. PATIENT CHAIR	8	2
15. FILM ILLUMINATOR, TWO HANGING TYPE	4	3
16. WEIGHING SCALE	4	3
17. HEIGHT MEASURING SCALE	4	3
18. EXAMINING INSTRUMENTS SET	12	1
19. SPHYGMOMANOMETER	4	3
20. MEDICINE CABINET	4	3
21. INSTRUMENT CABINET	4	3
22. DRESSING CART WITH DRAWERS	10	2
23. INSTRUMENT CART WITH 3 TRAYS	4	2
24. CRYOSURGICAL UNIT	2	2

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DESCRIPTION	Q' TY	PRIORITY
25. DIGESTIVE SYSTEM ULTRASOUND SCANNER	2	1
26. CHAIR FOR PATIENTS	8	3
27. EXAMINING BED	8	3
28. CLOTH BASKET	4	3
29. X-RAY FILM VIEWER	4	3
30. WASH BASIN STAND	8	3
31. TREATMENT BED	4	1
32. INJECTION STAND	8	2
33. INSTRUMENT TROLLEY	4	2
34. MEDICAL REFRIGERATOR	8	2
35. EXAMINATION BED	12	2
36. SPHYGMOMANOMETER	8	3
37. STETHOSCOPE	8	4
38. HIGHT/HEIGHING SCALE	4	4
39. KICK BUCKET	8	4
40. ELECTRO MYOGRAPH	1	1
3. ISOLATED ROOM		
1. INFANT INCUBATOR	12	1(6)
2. INFANT WARMER	12	1(6)
3. AUTOMATIC RESUSCITATOR	4	1
4. AUTOMATIC INFUSION PUMP	12	1(6)
5. IRRIGATING STAND, TWIN HANGER	8	2
6. INFANT BASSINET WITH MOBILE STAND	8	2
7. ULTRASONIC NEBULIZER	4	1
8. NEONATAL MONITOR	4	1
9. INFANT VENTILATOR	2	1
10. INSTRUMENT CART	4	2
11. INSTRUMENT CABINET	4	2
12. PHOTOTHERAPY UNIT	4	2
4. OPERATION ROOM		
1. OPERATING TABLE	4	1
2. SUCTION UNIT	8	1(4)
3. AUTOMATIC INFUSION PUMP	4	1
4. OPERATING LIGHT	4	1
5. ANESTHESIA MAC. WITH MONITORING SYS. & VENTILATOR	4	1
6. AUTOMATIC RESUSCITATOR	4	1(2)
7. DEFIBRILLATOR	4	1(2)
8. FILM ILLUMINATOR, TWO HUNGING	4	2
9. MULTI CHANNEL PATIENT MONITOR	4	1(2)

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DESCRIPTION	Q'TY	PRIORITY
10. FIBER OPTIC LARYNGOSCOPES	8	1(4)
11. NON-INVASIVE B.P. MONITOR	4	1(2)
12. ELECTRO CAUTERY	4	1
13. TABLE TOP STERILISER ELECTRIC	2	1
14. TABLE TOP E.O.G. STERILISER	1	1
15. PORTABLE LIGHTS	8	1(4)
16. EMERGENCY POWER UNIT	4	1
17. IRRIGATING STAND	8	2
18. INSTRUMENT TRAY TABLE	8	1(4)
19. INSTRUMENT CART WITH 3 TRAYS	8	1(4)
20. INSTRUMENT CABINET	4	1(2)
21. OPERATING INSTRUMENT SET	4	1
22. PATIENT WARMING SYSTEM	4	1(2)
23. OXYGEN TENT	4	1
24. ULTRASONIC NEBULISER	4	1
25. OXYGEN ANALYSER	4	1
26. SLIDING STRETCHER	4	1
27. RECOVERY STRETCHER	4	1
5. NEWBORN BABY ROOM		
1. BABY BASSINET WITH MOBILE STAND	4	1
2. INFANT EXAMINING/DRESSING TABLE	4	1
3. DIGITAL BABY SCALE	2	1
4. ULTRASONIC NEBULIZER	4	1
5. SUCTION UNIT, DIAPHRAGM TYPE	4	1
6. INFANT RESUSCITATOR	4	1
7. NURSING BOTTLE WARMER	4	3
6. PREMATURE BABY ROOM		
1. INFANT INCUBATOR	8	1(4)
2. INTENSIVE CARE INCUBATOR	4	1(2)
3. PHOTOTHERAPY UNIT	4	1(2)
4. APNEA ALARM	4	1(2)
5. AUTOMATIC INFUSION PUMP	4	1
6. NEONATAL MONITOR	4	1(2)
7. OXYGEN ANALYZER	4	1(2)
8. INFANT RESUSCITATOR	2	1
9. INFANT CARE CENTER	4	1
10. SYRINGE INFUSION PUMP	4	2
11. INFANT VENTILATOR	4	1(2)

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DESCRIPTION	Q' TY	PRIORITY
12. TRANSCUTANEOUS PO2/PCO2 MONITOR	2	1
13. SUCTION UNIT, DIAPHRAGM TYPE	4	1
14. BILIRUBIN ANALYZER	1	2
15. HEMATOCRIT CENTRIFUGE	1	1
16. ULTRASONIC NEBULIZER	2	1
17. INSTRUMENT CART	4	2
18. INSTRUMENT CART WITH 3 TRAYS	4	2
19. PORTABLE INFANT INCUBATOR	4	1(2)
20. OXYGEN TENT	4	1
21. OXYGEN HEAD BOX	4	1
<b>7. WARD</b>		
1. PATIENT BED	150	2
2. BEDSIDE CABINET	150	2
3. OVERBED TABLE	150	4
4. DOPPLER FETUS DETECTOR	4	1
5. OXYGEN TENT	10	1(6)
6. AUTOMATIC INFUSION PUMP	8	1(4)
7. SUCTION UNIT	12	1(6)
8. OXYGEN ANALYZER	8	1(4)
9. ULTRASONIC NEBULIZER	8	1(4)
10. SILICONE RESUSCITATOR	12	1(6)
11. OXYGEN INHALATION SET	6	2
12. FILM ILLUMINATOR	4	4
13. STRETCHER TROLLEY	4	1
14. HI-LO STRETCHER TROLLEY	4	1
15. DIAGNOSTIC SET	4	2
16. CHART FILM CART	4	2
17. INSTRUMENT CABINET	4	2
18. INSTRUMENT CART WITH 3 TRAYS	4	2
19. EXAMINING LIGHT	4	1
20. DRESSING CART WITH DRAWERS	4	1
21. MEDICINE CABINET	4	2
22. LAUNDRY BAG WITH CART	8	4
23. IRRIGATING STAND, TWIN HANGER	20	4
24. VACCUM CLEANERS	4	1
<b>8. FEEDING, BATH AND MILK KITCHEN ROOM</b>		
1. BREAST PUMP	4	1
2. NURSING BOTTLE STERILIZER	2	1

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DESCRIPTION	Q' TY	PRIORITY
3. NURSING BOTTLE WARMER	1	1
4. INFANT WARMER	2	1
5. DIGITAL BABY SCALE	2	1
6. INFANT LENGTH SCALE	2	2
7. INFANT STRETCHER	2	2
8. REFRIGERATOR	2	2
9. DRESSING CART	2	2
10. INFANT EXAMINATION DRESSING TABLE	2	1
9. CENTRAL OXYGEN SUPPLY		
1. AUGMENTATION TO EXISTING MANIFOLD AND PIPELINE FOR O2, NO2, AND SUCTION	1	1
10. EMERGENCY SERVICES		
1. PAGING SYSTEM	2	1
2. INCINERATOR (SMALL TO MEDIUM SIZE)	4	1(2)
11. TRANSPORT		
1. AMBULANCE WITH RESUSCITATIVE MEASURES 4WHEELER (DIESEL)	4	1
2. MINI BUS (15 SEATER)	2	1
3. 4 WHEELER (JEEP)/ PICKUP	1	1
12. AUTOPSY ROOM		
1. AUTOPSY TABLE WITH SHOWER	2	1
2. SHADOWLESS LIGHT, 5000 LUX	2	1
3. MORGUE REFRIGERATOR, TWO BODIES	2	1
4. PHOTOGRAPHIC UNIT WITH CAMERA	2	1
5. AUTOPSY INSTRUMENT SET	2	1
13. CENTRAL LABORATORIES		
A. CHEMICAL BIOCHEMISTRY		
1. BLOOD CELL COUNTER H	4	1
2. REERACTOMETER	1	1
3. BINOCULAR MICROSCOPE	2	1
4. PRECISION INVERTED MICROSCOPE	2	1
5. INCUBATOR, 150L	1	1
6. DRYING OVEN, 150L	1	1
7. VERTICAL STERILIZER, 50L	1	1
8. WATER BATH	2	1
9. MEDICAL REFRIGERATOR, 500L	2	2

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DESCRIPTION	Q' TY	PRIORITY
10. BLOOD BANK REFRIGERATOR, 480L	2	2
11. FREEZER, -45 DEG. C	1	1
12. STIRRER, DIA. 120m/m	1	1
13. MIXER FOR TEST TUBE	2	2
14. PH METER	2	3
15. TABLE TOP CENTRIFUGE	1	1
16. HEMATOCRIT CENTRIFUGE	1	1
17. REFRIGERATED CENTRIFUGE	1	1
18. ELECTRONIC BALANCE, 200g	1	2
19. DISTILLING APPARATUS, 5L/h	1	2
20. LABORATORY INSTRUMENT SET	2	2
21. SPECTRO PHOTOMETER	1	1
22. CELLULOSE ACETATE ELECTROPHORESIS APP.	1	1
23. IMMUNO AND AGAR ELECTROPHORESIS APPARATUS	1	1
24. ISOELECTRIC FOCUSING DISK GEL ELECTROPHORESIS APPARATUS	1	1
25. PH METER	2	1
26. THIN-LAYER CHROMATOGRAPHIC APPRATUS	1	4
27. HANDY URINE S.G. REFRACTOMETER	1	4
28. HANDY SERUM PROTEIN REFRACTOMETER	1	4
29. GLASSWARE FOR CLINICAL CHEMISTRY	1	1
30. SMALL ITEMS FOR CLINICAL CHEMISTRY	1	1
<b>B. BACTERIOLOGY SECTION</b>		
1. INCUBATOR	2	1
2. REFRIGERATOR	2	1
3. CO2 INCUBATOR	2	1
4. BOILING STERILIZER	2	1
5. MICROSCOPE	4	1
6. COLONY COUNTER	8	2
7. TABLE TOP CENTRIFUGE	2	1
<b>C. PARASITOLOGY</b>		
1. BINOCULAR MICROSCOPE	4	1
2. CENTRIFUGE	2	1
3. STAINING JAR	4	1
4. STAINING JAR STAND	4	1
5. STAINING BASKET	4	2
6. GLASSWARE FOR STAINING PREPARATION	8	2



DESCRIPTION	Q'TY	PRIORITY
D. HEMATOLOGY SECTION		
1. HANDY TALLY COUNTER	4	1
2. MICROSCOPE	4	1
3. ELECTROPHORESIS APPARATUS	1	1
4. SPECTROPHOTOMETER	1	1
5. CENTRIFUGE	2	1
6. WATER DISTILLER	2	1
7. HOT AIR STERILIZER	1	1
8. AUTOCLAVE	2	1
9. SHAKER	2	1
10. COAGULOMETER	2	2
11. BLOOD GLUCOSE METER	4	2
12. STANDARD HEMOMETER	4	2
13. BLOOD SPREADER	4	2
14. BLOOD SEDIMENTATOR	4	2
15. BILIRUBIN COLORIMETER	2	1
16. AUTOLET	1	2
17. COLONY COUNTER	4	1
18. DESICCATOR	2	1
19. LABORATORY SMALL INSTRUMENTS	2	1
20. GLASSWARE SET	4	1
21. PH METER	4	1
22. WATER BATH	4	3
23. BLOOD GLUCOSE METER	4	2
24. ULTRASONIC CLEANER	4	1
25. DONOR BED	2	2
26. BLOOD BANK REFRIGERATOR	4	1
27. INSTRUMENT CABINET	2	3
28. AUTO CELL COUNTER	2	1
29. HEMATOCRIT CENTRIFUGE	2	1
30. INSTRUMENT CABINET	4	2
31. ELISA SYSTEM	4	2
E. HISTOPATHOLOGY SECTION		
1. MICROSCOPE	8	1
2. SMALL ROTARY MICROTOM	2	1
3. SMALL SLIDING MICROTOM	2	1
4. FREEZING MICROTOM	2	1
5. PARAFFIN BATH	4	1
6. PARAFFIN SPREADING APPARATUS	12	1

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DESCRIPTION	Q'TY	PRIORITY
7. PARAFFIN VACUUM DRYING APPARATUS	12	1
8. PARAFFIN BURYING FRAMES	24	1
9. PARAFFIN BURYING DISHES	24	1
10. PARAFFIN PAN	4	1
11. PARAFFIN CUTTING AND SMOOTHING IRON	12	1
12. PARAFFIN MOULDS	24	1
13. PARAFFIN BURYING CUTTER	2	1
14. BURYING BASKET	2	2
15. HISTOFUME HOOD	2	2
16. DETECTION STAND	4	2
17. BLOCK ADJUSTING BOXES	4	3
18. SPECIMEN BOXES	48	2
19. CARD FILING BOXES	48	2
20. TISSUE INFILTRATOR	12	2
21. HISTOLOGICAL DISSECTING APPARATUS	12	2
22. HOMOGENIZER	24	2
23. STAINING JAR	48	2
24. SLIDE BASKET	48	2
25. STAINING JAR HOLDER	48	2
26. VDRL SET	4	2
27. SERUM REACTION SLIDE	24	2
28. SERUM PIPETTES	48	2
29. TEST TUBE STAND	48	2
30. VIEW BOX	4	4
31. INCUBATOR	4	2
32. WATER BATH	4	2
33. MAGNETIC STIRRER	4	2
34. MINI MIXER	4	2
35. ELECTRONIC BALANCE	2	2
36. TIMER	12	1
37. SPECIMEN MODEL SET	24	2
38. HEMACYTOMETER	24	2
39. PIPETTE WASHER	24	2
40. PIPETTE WASH AND DRYER	12	2
41. BLOOD PIPETTE SHAKER	12	2
42. TEST TUBE HOLDER	24	2
F. IMMUNO HEMATOLOGY SECTION		
1. IMMUNO ELECTROPHORESIS APPARATUS	1	1
2. CENTRIFUGE	2	1
3. INCUBATOR	2	1
4. WATER BATH	2	2
5. MICROSCOPE	1	1
6. VDRL SET	3	3
7. FLOURESCENT MISCROSCOPE	1	1
8. PIPETTE WASHER	1	1

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DESCRIPTION	Q'TY	PRIORITY
G. COMMON USE		
1. SPECTROPHOTOMETER	1	1
2. FLAME PHOTOMETER	1	1
3. REFRIGERATOR	6	2
4. FREEZER DEEP	2	2
5. AUTOCLAVE	2	1
6. WATER DISTILLER	12	1
7. MEDICAL WASTE STERILIZER	2	3
14. I.C.U.		
1. PEDIATRIC VENTILATORS (NEONATAL)	2	1
2. VENTILATORS FOR OLDER CHILDREN	4	1
3. INCUBATORS	8	1(4)
4. BED SIDE MULTICHANNEL MONITORS	8	1(4)
5. OPEN CARE SYSTEM	4	1(2)
15. KIDNEY		
1. HEMODIALYSIS SYSTEM (FOR EMERGENCY)	4	1(4)
16. PHYSIOTHERAPY & REHABILITATION		
1. MICROWAVE THERAPY UNIT	1	1
2. ULTRASOUND THERAPY UNIT	1	1
3. AIR MASSAGER	1	1
4. WHIRL POOL BATH	1	1
5. TRACTION UNIT	2	2
6. MICROWAVE THERAPY APPARATUS	1	2
7. LOW FREQUENCY SIMULATOR	1	2
8. INFRARED RAY LAMP	2	2
9. ULTRAVIOLET LAMP	2	2
10. PARAFFIN BATH	1	2
11. SHOULDER WHEEL	1	2
12. WRIST ROLL MACHINE	1	2
13. BICYCLE EXERCISER	1	2
14. ROWING MACHINE	1	2
15. WALL STALL BARS	1	2


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DESCRIPTION	Q'TY	PRIORITY
16. WHEEL CHAIR	2	2
17. WALKER	2	2
18. PARALLEL BARS	2	2
19. EXERCISE STAIRS	2	2
20. DUMBELL SET	2	2
17. CENTRAL SUPPLY AND STERILIZATION		
1. HIGH PRESSURE STERILIZER	2	1
2. ULTRASONIC EQUIPMENT CLEANER	2	1
3. DRYER/STERILIZER	2	1
4. WASHER/DRYER FOR SURGICAL GLOVES	2	1
5. POWDER SPRAYER FOR SURGICAL GLOVES	4	1
6. ROOM PARTITION SYSTEM (FOR LINEN)	2	2
7. TRANSFER CART	4	1
8. STORAGE CABINET	4	1
9. DRESSING JAR	2	1
10. SINK UNIT	2	1
11. DRYING CABINET	6	1
12. TUBE WASHER	4	1
13. TUBE DRYING CABINET	4	1
18. ORAL HEALTH (DENTAL)		
1. ODONTOLOGICAL TREATMENTS UNIT WITH COMPRESSOR	4	1
2. ODONTOLOGICAL APPARATUS SET WITH CABINET	4	1
3. APPARATUS SET FOR DENTAL TECHNICIAN'S ROOM	4	1
4. HIGH SPEED STERILIZER (AUTOCLAVE)	2	1
5. OCDONTOLOGICAL X-RAY SYSTEM WITH DEVELOPER	1	1
6. PORTABLE DENTAL UNIT FOR COMMUNITY DENTISTRY	1	1
7. GLASS BEAD STERILISERS	1	2
8. AMALGAMATORS	1	2
9. SUCTION MACHINES	4	2
10. DENTAL INSTRUMENT CABINET	2	2
11. DARKROOM EQUIPMENT SET	1	2
12. ULTRASONIC SCALER	4	2
13. PULP TESTER	1	2
14. DIAGNOSTIC KITS	1	2
15. INSTRUMENT SET FOR DENTISTRY	2	2
16. STRAIGHT ELEVATOR SET	2	2
17. CURVED ELEVATOR SET	2	2
18. ROOT ELEVATOR SET	2	2

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DESCRIPTION	Q'TY	PRIORITY
19. UPPER MOLAR FORCEPS	1set	1
20. UPPER PRE-MOLAR FORCEPS	1set	1
21. UPPER ANTERIOR FORCEPS	1set	1
22. UPPER ROOT FORCEPS	1set	1
23. LOWER MOLAR FORCEPS	1set	1
24. LOWER ANTERIOR FORCEPS	1set	1
25. HAND SCALER	1	1
26. PLASTIC INSTRUMENTS FOR RESTORATIVE TREATMENT	1	1
27. ENDODONTIC PLASTIC INSTRUMENTS	1	1
28. ENDODONTIC REAMER	1	1
29. MINOR ORAL SURGERY INSTRUMENTS	1set	1
<b>19. PEDIATRIC ORTHOPAEDICS</b>		
1. PEDIATRIC ORTHO. TABLE	1	1
2. SURGICAL APPARATUS SET FOR ORTHO. SURGERY	1	1
3. BONE FRACTURE ORTHO. APPARATUS	1	1
4. KNSCHER INTERMEDULLARY NAIL APPARATUS SET	12	2
5. ORTHOPEDIC LARGE FRAGMENT PLATE & SCREW SET SMALL FRAGMENT PLATE AND SCREW SET	12	2
6. STEEL WIRE TRACTION INSTRUMENT SET	12	2
7. ARTHOROSCOPE APPARATUS SET - FOR SHOULDER/KNEE - FOR SMALL JOINTS - WRIST	1	2
8. ELECTRIC DRILL SET	1	2
9. ELECTRIC SURGICAL SAW	2	1
10. SPINAL SURGERY SET	4	1
11. NERVE STIMULATOR SYSTEM	2	1
12. BED FOR PARAPLEGIA STRYKER TYPE	4	1
13. AUTO TRANSFUSION MACHINE/FILTERS	2	2
14. COAGULATOR	2	2
15. ELECTRIC BONE DRILL SET	2	2
16. AIR PRESSURE SURGICAL OPERATION SET	4	1
17. WIRE TRACTION INSTRUMENT SET	4	1
18. HAND DRILL	2	1
19. FIXATION NAIL SET	4	1
20. BONE PLATE SET (SMALL MINI FRAGMENT)	4	1
21. BONE SCREW SET (SMALL MINI FRAGMENT)	4	1
22. BONE FRACTURE SET	4	1
23. FINGER BONE INSTRUMENT SET	4	2
24. ORTHOPEDIC OPERATING TABLE	1	2
25. PLASTER TABLE	1	1
26. GYPSUM CUTTER	1	1

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DESCRIPTION	Q'TY	PRIORITY
27. PNEUMATIC TOURNIQUETS WITH PRESSURE MONITOR (FULLY AUTOMATIC)	2	1
28. C-ARM T.V. SYSTEM	1	2
29. ELECTRIC DERMATOME WITH BLADES	2	2
20. OTORHINOLARYNGOLOGY DEPT. (E.N.T.)		
1. OTORHINOLARYNGOLOGY TREATMENT TABLE	1	1
2. MOBILE OPERATING LAMP	1	1
3. OPTICAL FIBER LIGHT SOURCE, FOR ENT	2	1
4. SURGICAL MICROSCOPE FOR ENT, PERS, DISCUS. TYPE	1	1
5. ENDOSCOPIC SURGICAL APPARATUS FOR ENT	1	1
6. MICROSURGERY APPARATUS FOR EAR & THROAT	1	1
7. PEDIATORIC HEARING TESTER	1	2
8. OTORHINOLARYNGOLOGICAL TREATMENT UNIT WITH COMPRESSOR	1	2
9. INSTRUMENT SET FOR OTORHINOLARYNGOLOGY	2	2
10. AUDIOMETER	1	2
11. OTORHINOLARYNGOSCOPE	1	2
12. LARYNGEAL FIBERSCOPE	1	2
13. EARDRUM FIBERSCOPE	1	2
14. FIBERSCOPE LIGHT SCURCE	1	1
15. HEAD MIRROR	6	1
16. INSTRUMENT SET FOR ORL	1	1
17. INSTRUMENT CABINET	2	2
18. CRYOSURGERY UNIT	1	2
19. ENDOSCOPIC SINUS SURGERY UNIT WITH COLD LIGHT SYSTEM WITH VIDEO MONITOR & CTV	1	2
20. RHINOMANOMETER	1	2
21. ELECTRO COCHLEOGRAPHY	1	2
22. STERILIZER (HOT AIR)	1	2
23. DEEP FREEZER FOR STORAGE OF GRAFT MATERIALS	1	3
21. OPHTHALMOLOGY		
1. CRYOSURGERY UNIT	1	1
2. SLIT LAMP WITH CAMERA	1	1
3. PROJECTION PERIMETER	1	2
4. OPHTHALMOMETER OF JAVAL	1	2
5. SYNOPTOSCOPE	1	1
6. DIATHERMY UNIT FULL SYSTEM	2	1
7. AUTOREFRACTOMETER	1	1
8. CO-ORDINATOR	1	2
9. CATARACT SET MICROSURGERY	12	1

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DESCRIPTION	Q'TY	PRIORITY
10. GLAUCOMA SURGERY SET	2	1
11. RETINAL DETACHMENT SURGERY SET	2	1
12. IRIS HOOK AND LENS MANIPULATOR	2	1
13. KERATOPLASTY SET	2	1
14. INTRA OCULAR LENS FORCEPS	2	1
15. FORCEPS CORNEAL SUTURING	2	1
16. SCISSOR IRIS	12	1
17. SCISSOR CORNEAL VANNAS	12	1
18. INSTRUMENT SET FOR OPHTHALMOLOGY	1	1
19. ASPIRATION IRRIGATION UNIT SIMCOE	2	1
20. INDIRECT OPHTHALMOSCOPE	2	1
21. OPHTHALMOSCOPE	2	2
22. THREE MIRROR UNIVERSAL CONTACT LENS	12	1
23. TONOMETER	2	1
24. FUNDUS CAMERA	1	1
25. OPHTHALMOMETER	1	1
26. SYNOPTOSCOPE	1	1
27. SLIT LAMP	1	1
28. PERIMETER	1	1
29. RETINOSCOPE	1	1
30. OPHTHALMIC INSTRUMENT FOR CRYOSURGERY	1	1
31. TRIAL LENS SET	1	2
32. TEST TYPE OBJECT CHART ILLUMINATING UNIT	1	3
33. INSTRUMENT STERILIZER	1	2
34. INSTRUMENT CABINET	2	4
35. REFRACTING UNIT (COMPLETE) WITH MOTORIZED CHAIR	1	2
36. PEDIATRIC TRIAL FRAMES	1	3
37. FOCIMETER OR VERTEXMETER	1	3
38. AUTOTONOGRAPHY INSTRUMENT	1	2
39. ECHO-SCAN (ULTRASONOGRAPHY A & B SCAN)	1	1
40. HAND HELD FUNDUS CAMERA ALONG WITH ACCESSORIES	1	2
41. OPHTHALMIC YAG LASER	1	1
42. ARGON LASER PHOTOCOAGULATOR WITH INDIRECT OPHTHALMOSCOPE DELIVERY & ENDOLASER	1	1
43. OPERATING MICROSCOPE WITH CO-OBSERVER TUBE WITH FOOTSWITCH OPERATION AND X-Y TRANSLATOR AND RECENTING DEVICE AND CLOSED CIRCUIT COLOURED TELEVISION FACILITY	1	1
44. VITREOUS-INFUSION, SUCTION CUTTER FOR VITRECTOMY, TENSECTOMY	2	1
45. STREAK RETINOSCOPE	2	1
46. PERKIN'S HAND HELD TONOMETER	2	2
47. COMPUTER WITH FACILITY FOR IMAGENET FOR ANALYSING FLUORESCENT ANGIOGRAPHY PICTURES	1	2

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DESCRIPTION	Q'TY	PRIORITY
48. ULTRASONOGRAPHIC CLEANER FOR MICROSURGICAL INSTRUMENTS	1	1
49. SINGLE MIRROR CONTACT LENS	1	1
50. PANFUNDOSCOPIC LENS	1	1
51. INDIRECT LENS	1	1
52. ABRAMS LENS	1	1
53. PHACOEMLSIFIER	1	1
22. DEPARTMENT OF MAINTENANCE - CENTRAL WORKSHOP		
A. SECTION OF IRONWORKS		
1. WELDING MACHINE FOR THEIR SHEETS	1	1
2. ARC WELDING MACHINE	1	1
3. SPOT WELDING MACHINE	1	1
4. DRILLING MACHINE	1	1
5. BENCH GRINDER	1	1
6. DRILL	1	1
7. PORTABLE CUTTER	2	1
8. DISC GRINDER	1	2
9. PIPE THREADING TOOL SET	2	2
10. PIPE BIAS (1/8 2") WITH STAND	2	3
11. PIPE CUTTER	2	2
12. GAS WELDING/CUTTING SET	1	2
13. CORD REEL	1	3
14. INSTRUMENT SHELF	1	3
15. IRON WORK TOOLS	2	3
16. TOOL CABINET	2	3
B. SECTION OF WOODEN WORKS		
1. PLANER-JOINTER	2	1
2. TABLE SAW	1	1
3. POWER PLANER	1	2
4. MORTISER	1	2
5. ROUTER	1	2
6. ZIG SAW	1	2
7. CURCULAR SAW	1	1
8. FINISHING SANDER	2	1
9. CORD REEL	1	2
10. INSTRUMENT SHELF	2	2
11. TOOL CABINET	2	2
12. GROOVE CUTTER	1	2
13. ANGLE CLAMP SET	1	2
14. HAND CLAMP SET	1	2
15. PLANER SET	1	2



DESCRIPTION	Q'TY	PRIORITY
C. ELECTRIC SECTION		
1. MOTCP ROTOR BALANCE CONTROLLER	1	1
2. VARNISH DRYER (CABINET TYPE)	1	1
3. AUTOMATIC WINDING MACHINE	1	1
4. PHASE TESTER	1	2
5. MULTI TESTER	1	2
6. CLUMP TESTER	1	2
7. PHASE DETECTOR	1	2
8. MEG-OHM TESTER	1	2
9. SOLDERING IRON	1	2
10. CRAMPING PLYER	1	3
11. PIPE SCREW CUTTER	1	3
12. PIPE BIAS (1/8 2") WITH STAND	1	3
13. PIPE CUTTER	1	3
14. PORTABLE CUTTER	2	2
15. WIRE STRIPPER	2	3
16. CORD REEL	1	3
17. INSTRUMENT SHELF	2	3
18. TOOL CABINET	2	3
19. ELECTRIC WORK TOOL SET	2	3
D. SECTION OF ELECTRONIC WORK		
1. OSCILLOSCOPE 50-100 MHZ	1	1
2. LCR METER	1	1
3. DC POWER SUPPLY	2	2
4. DIGITAL MULTIMETER	1	1
5. MEG-OHM TESTER	1	2
6. SLIDE RESISTOR	1	3
7. THYRISTOR VOLTAGE REGULATOR	2	2
8. PORTABLE AC CURRENT METER	1	2
9. PORTABLE AC VOLTAGE METER	1	2
10. PORTABLE DC CURRENT METER	1	2
11. PORTABLE DC VOLTAGE METER	1	2
12. TRANSISTER TESTER	1	3
13. TEMPERATURE METER	2	3
14. CIRCUIT TESTER	1	3
15. TOOL SET	1	3
16. INSTRUMENT SHELF	2	3
17. BIOMEDICAL ENGINEERING EQUIPMENT	1	1

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DESCRIPTION	Q'TY	PRIORITY
<b>E. PAINTING</b>		
1. COMPRESSOR FOR PAINTING	2	1
2. SPRAYER FOR PAINTING	2	1
3. BRASS SET	1	2
4. SCRAPERS	1	2
5. VACUUM CLEANER	2	1
6. SMALL ITEMS FOR PAINTING WORKS	1	3
<b>23. PAEDIATRIC DERMATOLOGY</b>		
1. CRYOTHERAPY	1	1
2. DERMATOLOGICAL LASER FOR VASCULAR NAEVI	1	1
3. UVR THERAPY UNIT	1	1
4. WOOD'S LAMP	1	3
5. MICROSCOPE WITH PHOTOGRAPHY ATTACHMENT	1	1
6. SKIN BIOPSY PUNCHES (3mm, 4mm, 5mm)	1x3	2
7. AUTOMATIC SLIDE PROJECTOR	1	1
8. OVERHEAD PROJECTOR	1	1
9. MAGNIFYING LENSES	2	1
10. EXAMINATION BED	2	2
11. BIOPSY TRAYS	2	3
<b>24. LAUNDRY</b>		
1. WASHING MACHINE	4	1
2. DRYING TUMBLER	4	1
3. ROLL PRESS MACHINE	2	1
4. PRESS MACHINE	2	1
<b>25. ENDOSCOPY</b>		
1. PANENDOSCOPE	1	2
2. BRONCHOSCOPE	1	1
3. ESOPHAGOSCOPE	1	1
4. DUGDENOSCOPE	1	1
5. CCLONOSCOPE	1	1
6. LAPAROSCOPE	1	1
7. ARTHROSCOPE	1	1
8. ENDOSCOPIC LIGHT SUPPLY	2	1
<b>26. MEDICAL RECORD SECTION</b>		
1. COMPUTER	4	1
2. REVOLVING LADDER	2	2
3. ELECTRONIC STAPLER	2	2

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DESCRIPTION	Q'TY	PRIORITY
4. ELECTROSTAT MACHINE	2	2
5. SHELF SEPARATOR	2	3
6. PATIENT RECORD SHELF	4	3
27. PREVENTIVE AND SOCIAL MEDICINE DEPARTMENT		
1. PERSONAL COMPUTER SYSTEMS	1	1
* C.P.U.s (80486 INTEL OR EQUIVALENT)		
* C.R.T.s (COLOUR SVGA)		
* PRINTERS a) HEAVY DUTY DOT MATRIX		
b) LASER JET		
2. U.P.S.	1	1
3. DATA STORAGE CABINET	1	1
4. COMPUTER SOFTWARE	1	1
WORD PROCESSOR		
STATISTICAL ANALYSIS PACKAGE		
GRAPHICS PACKAGE		
SCAN SOFTWARE		
5. PHOTOCOPY MACHINE	1	1
6. COMPUTER DESK & CHAIR	1	1
7. FLOPPIES	40	1
8. COMPUTER PAPERS	100	1
9. PHOTOSTAT PAPERS	100	1
10. DISK STORAGE CABINET	10	1
11. PRINTER RIBBONS	40	1
12. HARD DISK DRIVES	1	1
13. CARTRIDGE TAPE DRIVE	20	1
14. CARTRIDGE TAPES AND SOFTWARE FOR BACKUP	50	1
15. NET WORKING & RELEVANT OPERATING SYSTEM	1	1
16. MODEM (HIGH SPEED WITH CORRECTION SOFTWARE)	1	2
17. PORTABLE GENERATOR	2	1
18. SLIDE PROJECTORS	2	1
19. OVERHEAD PROJECTORS	2	1
20. PORTABLE VIDEO MONITOR	2	1
21. PORTABLE PA SYSTEM	2	1
22. VIDEO CAMERA SYSTEM	1	1
23. CAMERA WITH ZOOM LENS	2	1

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DESCRIPTION	Q'TY	PRIORITY
28. PRIMARY HEALTH CENTERS		
A. EQUIPMENT		
1. STERILIZER TABLE MODEL	4	1
2. LABORATORY SMALL EQUIPMENT	4	2
3. SUCTION APPARATUS - NEONATAL (FOOT OPERATED)	4	1
4. OXYGEN CYLINDER WITH 2 REGULATORS WITH KEY STAND AND TUBING	4	1
5. PORTABLE RESUSCITATION SET	4	1
6. PORTABLE OXYGEN CONCENTRATOR	4	1
7. INCINERATOR	3	1
8. MINOR SURGICAL KIT	9	1
9. EXAMINATION TABLE	8	1
B. ADDITIONAL OBSTETRIC/PAEDIATRIC EQUIPMENTS		
1. OBSTETRIC TABLE	4	1
2. BLOWER	4	1
3. MINI LAP.KIT (TUBECTOMY KIT)	4	1
4. MCH KIT	4	1
5. NEONATAL CARE KIT	4	1
6. FAMILY WELFARE KIT	4	1
7. EPISIOTOMY SCISSORS	4	1
8. NEEDLE HOLDER	4	1
9. DISSECTING FORCEPS TOOTH	4	1
10. DISSECTING FORCEPS NONTTOOTH	4	1
11. OBSTETRIC FORCEPS WRIGLEY'S OUTLET	4	1
12. E.B. CURRETTE	4	1
13. SKIN RETRACTOR	4	1
14. DETACHABLE SCALPEL BLADE HANDLE	4	1
15. CAUTERY MACHINE	4	1
16. TOWEL CLIPS	4	1
C. HIGH RISK PREGNANCIES KIT		
1. OBSTETRIC TABLE	8	1
2. ARTERY FORCEPS (CURVED AND STRAIGHT)	48	2
3. SPONGE HOLDING FORCEPS	12	1
4. DISSECTING FORCEPS (TOOTH AND NON-TOOTH)	14	1
5. UTERINE SOUND	4set	1
6. SCALPEL BLADE HANDLE	2	1
7. UMBILICAL CLAMP	2	1
8. MOSQUITO FORCEPS (STRAIGHT AND CURVED)	48	1
9. DOYEN'S RETRACTOR	8	1

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DESCRIPTION	Q'TY	PRIORITY
10. KOCHER'S FORCEPS (STRAIGHT AND CURVED)	20	1
11. MATERNITY CRADLE	12	4
12. STERILIZER (SMALL) TABLE MODEL	1	1
13. STERILIZER (MEDIUM)	1	1
14. OBSTETRIC FORCEPS (SIMPSOM'S AND WRIGLEY'S)	4	1
15. ABDOMINAL RETRACTOR	4	1
16. SHADOWLESS LAMP (PEDESTAL)	6	1
17. INSTRUMENT TROLLEY	4	2
18. WEIGHING MACHINE (NEWBORN)	4	1
19. PORTABLE RESUSSITITION SET	4	1
20. METAL CATHETER	1	1
21. CERVICAL PUNCH BIOPSY	12	1
22. EB CURRETTE	4	1
23. CAUTERY MACHINE	2	2
24. RUBBIN'S CANNULA	12	2
25. GREEN ARMYTAGE CLAMP	4	2
26. SUCTION APPARATUS (HIGH VACUUM)	4	2
29. ADMINISTRATION - HOSPITAL		
1. PERSONAL COMPUTER WITH LASER PRINTER AND MONITOR	2	1
2. PHOTOSTAT EQUIPMENT	4	1(2)
3. PUBLIC ADDRESS SYSTEM	3	1
4. AIR*CONDITIONER FOR ABOVE SOFTWARE	2	1
5. FILING RACKS	8	1
6. AUTOMATIC STENCIL MACHINE	2	1
7. CALCULATOR MACHINE	4	1
8. STAPLAR MACHINE BIG SIZE	4	1
9. WEIGHING MACHINE FOR DESPATCH OF MAIL	2	1
10. TYPEWRITER BILINGUAL (ENGLISH & HINDI)	4	12
11. VACUUM CLEANER	2	1
30. PHOTOGRAPHIC SECTION (COMMON)		
1. CAMERA WITH ZOOM LENS AND ACCESSORIES FOR TAKING PHOTOGRAPHS OF CHARTS, DIAGRAMS, SPECIMENS	3	1

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ANNEX-II

Japan's Grant Aid

1. Japan's Grant Aid Procedures

The Japan's Grant Aid Program is executed through the following procedures.

- (1) Application ( Request made by a recipient country)
  - Study ( Basic Design Study conducted by JICA )
  - Appraisal & Approval ( Appraisal by the Government of Japan and Approval by Cabinet.)
  - Implementation ( The Notes exchanged between the Government of Japan and the recipient country.)
- (2) At the First step, the application or request for a Grant Aid project submitted by a recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to determine whether or not it is eligible for Grant Aid.

If the request is deemed appropriate, the Government of Japan assigns JICA (Japan International Cooperation Agency) to conduct a study on the request.

At the second step, JICA conducts the study (Basic Design Study), using (a) Japanese consulting firm(s).

At the third step, the Government of Japan appraises the project to see whether or not it is suitable for Japan's Grant Aid Program, based on the Basic Design Study report prepared by JICA, and the results are then submitted to the Cabinet for approval.

At the fourth step, the project, once approved by the Cabinet, becomes official with the Exchange of Notes signed by the Government of Japan and the recipient country.

2. Basic Design Study

(1) Content of the study

The aim of the Basic Design Study (hereinafter referred to as "the Study") conducted by JICA on a requested project (hereinafter referred to as "the Project") is to provide a basic document necessary for the appraisal of the Project by the Japanese Government. The contents of the Study are as follows:

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- 1) Confirmation of the background, objectives, and benefits of the requested Project and also institutional capacity of agencies concerned of the

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recipient country necessary for the Project's implementation.

- 2) Evaluation of the appropriateness of the Project to be implemented under the Grant Aid scheme from a technical, social and economic point of view.
- 3) Confirmation of items agreed on by both parties concerning the basic concept of the Project.
- 4) Preparation of a basic design of the Project
- 5) Estimation of costs of the Project

The contents of the original request are not necessarily approved in their initial form as the contents of the grant aid project. The basic design of the Project is confirmed considering the guidelines of Japan's Grant Aid scheme.

The Government of Japan requests the Government of recipient country to take whatever measures are necessary to ensure its self-reliance in the implementation of the Project. Such measures must be guaranteed even though they may fall outside of the jurisdiction of the organization in the recipient country actually implementing the Project. Therefore, the implementation of the Project is confirmed by all relevant organization of the recipient country through the Minutes of Discussions.

#### (2) Selection of Consultants

For smooth implementation of the Study, JICA uses (a) registered consultant firm(s). JICA selects (a) firm(s) based on proposals submitted by interested firms. The firm(s) selected carry(ies) out Basic Design Study and write(s) a report, based upon terms of reference set by JICA.

The consulting firm(s) used for the Study is (are) recommended by JICA to the recipient country to also work on Project's implementation after the Exchange of Notes, in order to maintain technical consistency and also avoid any undue delay in implementation should the selection process be repeated.

### 3. Japan's Grant Aid Scheme

#### (1) What is Grant Aid ?

The Grant Aid Program provides a recipient country with non-reimbursable funds to procure the facilities, equipment and services ( engineering services and transportation of the products, etc) for economic and social development of the country under principals in accordance with the relevant laws and regulations of Japan. Grant Aid is not supplied through the donation of materials as such.

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(2) Exchange of Note (E/N)

The Japan's Grant Aid is extended in accordance with the Notes exchanged by the two Governments concerned, in which the objective of the project, Period of execution, conditions and amount of the Grant Aid, etc., are confirmed.

(3) "The period of the Grant" means the one fiscal year which the Cabinet approves the Project for. Within the fiscal year, all procedures such as Exchange of Notes, concluding contracts with (a) consultant firm(s) and (a) contractor(s) and financial payment to them must be completed.

However in case of delays in delivery, installation or construction due to unforeseen factors such as weather, the period of the grant aid can be further extended for a maximum of one fiscal year at most by mutual agreement between the two Governments.

(4) The Grant is used properly and exclusively for the purchase of products. Under the Grant Aid, in principle, Japanese products and services including transport or those of the recipient country are to be purchased.

When the two Governments deem it necessary, grant aid may be used for the purchase of the products or services of a third country.

However the prime contractors, namely, consulting, contracting and procurement firms, are limited to "Japanese nationals". (The term "Japanese nationals" means persons of Japanese nationality or Japanese corporations controlled by persons of Japanese nationality.)

(5) Necessity of the "Verification".

The government of the recipient country or its designated authority will conclude contracts in Japanese yen with Japanese nationals.

Those contracts shall be verified by the Government of Japan. The "verification" is deemed necessary to secure accountability to Japanese taxpayers.

(6) Undertaking required of the Government of recipient country.

In the implementation of the Grant Aid project, the recipient country is required to undertake such necessary measures as the following:

1) To secure land necessary for the sites of the Project and clear, level and reclaim the land prior to commencement of the construction.

2) To provide facilities for the distribution of electricity, water supply and drainage and other incidental facilities in and around the site.

3) To secure buildings prior to the procurement in case the installation of the equipment.

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- 4) To ensure all the expenses and prompt execution for unloading , customs clearance at the port of disembarkation and internal transportation of the products purchased under the Grant Aid.
- 5) To exempt Japanese nationals from customs duties , internal taxes and other fiscal levies which will be imposed in the recipient country with respect to the supply of the products and services under the Verified Contracts.
- 6) To accord Japanese nationals whose services may be required in connection with the supply of the products and services under the Verified Contracts, such facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work.

(7) "Proper Use"

The recipient country is required to maintain and use the facilities constructed and equipment purchased under the Grant Aid properly and effectively and to assign staff necessary for this operation and maintenance as well as to bear all the expenses other than those covered by the Grant Aid.

(8) " Re-Export "

The products purchased under the Grant should not be re-exported from the recipient country.

(9) Banking Arrangement ( B/A )

1) The government of the recipient country or its designated authority should open an account in the name of Government of the recipient country in an authorized foreign exchange bank in Japan (hereinafter referred to as "the Bank") The Government of Japan will execute the Grant Aid by making payments in Japanese Yen to cover the obligations incurred by the Government of the recipient country or its designated authority under the verified contracts.

2) The payment will be made when payment requests are presented by the Bank to the Government of Japan under an authorization to pay issued by the government of the recipient country or its designated authority.

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MONITORING AND EVALUATION OF THE PROJECT

It is proposed that Monitoring and Evaluation be inbuilt in the project right at the planning stage. Initially the focus will be to monitor the progress of the project in terms of inputs from the Government of Japan and Government of India. Major components of the project to be monitored will be :

		<u>INPUTS</u>	
		<u>Government of Japan</u>	<u>Government of India</u>
1)	Funds allocated		According to time frame
	Funds released		
	Funds utilized		For the purpose funds allocated
2)	Infrastructural development e.g.	Building Operation Theatres Labs.	* Time frame * Quality
	Year Wise	1995-96    1996-97    ---    98-99    99-2000	

## 3) Equipment

- \* Funds allocated      (date)      Amount
- \* Equipment Supplied    "            "
- Purchased    "            "
- \* Method of quality control

Is there a system to check the supplies in terms of quality/quantity/specifications.

- \* Time gap in supply and installation.
- \* Training of the manpower handling equipment

Category of staff training

Duration of training

Place of training

Are the people trained - satisfied with training in relation to

- knowledge
- skills how to use the equipment
- have they developed confidence to use the equipment
- Was this training only theoretical by lectures at demonstration slides etc. or it was on the job?

- Is the trainee confident to use the items independently.
- Are the job aids available.
- Is the log book being maintained ?
- Who is responsible for maintaining log book - how often it is to be checked by technical staff.
- Is there a maintenance contract for a particular equipment ?
- Is the telephone number and address available to all the staff members using it
- When was the last breakdown noticed.
- What was the action taken ?
- What was the interval between breakdown and repairs.
- What is the number of investigations done during the last one year
- Is this investigation facility available to all the patients ?
- Any money charged for investigations ?
- Has the equipment been lying idle for want of - Staff, - accessories  
If yes : what action is taken.

#### 4) Manpower development

- Are any new jobs created for section.
- Has the staff been employed.
- Is there any plan for pre-service - Inservice training.
- In case the existing staff is handling the equipment - has this person given sufficient training to handle the equipment/carry out procedures.

#### 5) Training

- Funds allocated
- What is the proportion to total budget allocation for training.
- Funds utilised for training out of the total allocation for the previous year.
- How many persons are trained category wise to handle a particular equipment ?
- What is the arrangement during the absence/leave of technical staff  
- to carry out the procedure/handle equipment.

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MEASURE OF

<u>EFFICIENCY</u>	<u>EFFECTIVENESS</u>	<u>IMPACT</u>
• Baseline data 1994-95 97-98	- duration of stay - outcome of admission - case fatality	- Cost of treatment - Case fatality - Complications
• Physical Infrasrtucture	LAMA	- Health services utilization
• Staffing	- admissions	- CHPC
• Staff presence	- No. referred cases	- ANC
• Availability of drugs	- Improved attendance. in OPD	- Arrange change in utilization rates.
• Supervision	- Improved patient satisfaction	
• Basic knowledge Skills	- Improved attendance in follow up clinics.	
• Imm. coverage		
• Regularity of staff Meetings		
• Availability of transport		
• Job Aids available		
• Regular continuous Supportive services		
- Water supply		
- Electricity		
- Oxygen supply		
- Voluntary Blood donation		
- Regularity of staff/ Board meetings		

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(2) Explanation of Draft Report

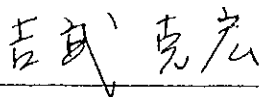
MINUTES OF DISCUSSIONS  
ON  
THE BASIC DESIGN STUDY ON THE PROJECT FOR  
THE IMPROVEMENT OF KALAWATI SARAN CHILDREN'S HOSPITAL  
IN  
INDIA  
(CONSULTATION ON THE DRAFT REPORT)

In November and December 1994, the Japan International Cooperation Agency (JICA) dispatched Basic Design Study Team on the Project for the Improvement of Kalawati Saran Children's Hospital (hereinafter referred to as "the Project") and through discussions, field surveys, and technical examination of the results in Japan, JICA has prepared the draft report of the study.

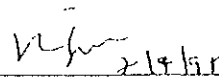
In order to explain and to consult with the concerned of the Government of India on the components of the draft report, JICA sent to India a study team (hereinafter referred to as "the Team"), which is headed by Dr. Katsuhiro YOSHITAKE, Sr. Consultant Pediatrician, Chief, MCH Section, Sr. Coordinator, Expert Service Division, Bureau of International Cooperation, International Medical Centre of Japan, Ministry of Health & Welfare, and is scheduled to study in the country from 2nd to 11th April 1995.

As a result of discussions, both parties confirmed the main items described on the attached sheets.

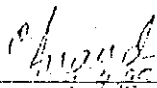
Delhi, 7th April, 1995



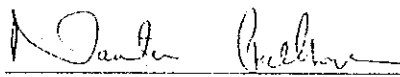
Dr. Katsuhiro YOSHITAKE  
Leader  
Basic Design Study  
Draft Report Explanation Team  
Japan International Cooperation Agency  
(JICA)



Mr. D. N. Narasimha RAJU  
Deputy Secretary  
Ministry of Finance  
Department of Economic Affairs



Director Prof. Chandrama ANAND  
Principal and Medical Superintendent  
Lady Hardinge Medical College  
(L.H.M.C.)



Mrs. Namita Pradhan  
Director  
International Health Deptt. of Health  
Ministry of Health & Family Welfare

## ATTACHMENT

### 1. COMPONENTS OF THE DRAFT REPORT

The Indian side has agreed and accepted in principle the components of the draft report including the tentative schedule of implementation which were proposed by the Team.

### 2. JAPAN'S GRANT AID SYSTEM

2-1 The Indian side has understood Japan's grant aid system explained by the Team.

2-2 The Indian side will take necessary measures described in ANNEX I and the draft report for the smooth implementation of the Project in case Japan's grant aid is extended.

### 3. TENTATIVE SCHEDULE OF IMPLEMENTATION OF THE PROJECT

3-1 According to the tentative schedule of implementation proposed by the Team, to which the Indian side has agreed, the Project will be divided into two phases. Therefore, two separate Exchange of Notes (E/N) will be necessary to be signed between the two countries for each phase of the Project in case Japan's grant aid is extended.

3-2 The Indian side will take necessary measures in order to get the approval for implementation of the Project from Expenditure/Finance Committee (EFC) and to allocate enough budget for the counterpart fund for the Project, prior to the commencement of each phase of the Project without any delay based on the tentative schedule of implementation.

3-3 The Indian side has stated that they will get the approval of second phase of the Project from EFC immediately after getting that of first phase.

### 4. FURTHER SCHEDULE OF THE BASIC DESIGN STUDY

4-1 The Team will continue the supplemental studies up to 11th April.

4-2 JICA will make the final report in accordance with the confirmed items, and send it to the Government of India around June, 1995.

### 5. MONITORING & EVALUATION

5-1 Ministry of Health & Family Welfare and L.H.M.C. have the responsibility to conduct monitoring and evaluation periodically. A coordination committee will be constituted by Principal and Medical Superintendent (PMS) of L. H. M. C. as described

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in ANNEX II. This will have two advantage:

(a) An up-date information of the yearly performance will be readily available to be passed on to both the Government of India and the Government of Japan to show the results of the Project inputs.

(b) It will also help the implementing agency in day to day monitoring of various activities.

5-2 The coordination committee will work out the details for monitoring indicators for each unit. A baseline survey will be carried out before the completion of the Project in order to see the progress over a time period. The committee will have a few sub-committees who will be assigned the task of monitoring and evaluation of certain defined units. The committee will meet once in a quarter to monitor the progress of various activities.

5-3 The committee will finalize Questionnaire on Monitoring/Evaluation Indicators which was proposed in the draft report, and submit to the Embassy of Japan and the JICA Office through Ministry of Health & Family Welfare and Department of Economic Affairs around May, 1995.

5-4 The committee will submit annual report to the Embassy of Japan and the JICA Office in the first quarter of the subsequent year through Ministry of Health & Family Welfare and Department of Economic Affairs.

## 6. OTHER RELEVANT ISSUES

6-1 Ministry of Health & Family Welfare will allocate proper amount of budget and to assign personnel in order to maintain as well as to use properly and effectively the physical facilities and equipment procured under the Project.

6-2 The Indian side has stated that they will submit official request for the project type technical cooperation, especially annual implementation of staff training in Japan and experts dispatch from Japan, in order to execute the Project most effectively and to help assess the Project.

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**ANNEX I**  
**NECESSARY MEASURES TO BE TAKEN BY THE GOVERNMENT OF**  
**INDIA IN CASE JAPAN'S GRANT AID IS EXTENDED:**

1. To provide the Japanese side with the data and information necessary for the implementation of the Project.
2. To provide facilities for the distribution of electricity, water supply, drainage and other incidental facilities.
3. To secure the land necessary for the execution of the Project and provide enough space for construction of such items as temporary site office, warehouse and storage yard for equipment and materials during the implementation period.
4. To demolish or remove and relocate any existing utilities, facilities that may interfere the works and area of the Project.
5. To clear and level the site prior to the commencement of the Project.
6. To provide electric power (11kV, 100kVA), telephone (6lines) and water supply for construction of work prior to the commencement of the Project.
7. To undertake incidental external works such as gardening, fencing, and making gates within and around the sites.
8. To bear advising commissions of the Authorization to Pay (A/P) and payment commission to the Japanese foreign exchange bank for the banking services based on the Banking Arrangement (B/A).
9. To assist prompt unloading by ensuring customs duties exemption and customs clearance of the equipment and materials for the Project at the port of disembarkation.
10. To accord Japanese nationals, whose services may be required in connection with the supply of the products and the services under the verified contracts, such facilities as may be necessary for their entry into India and stay therein for the performance of their work.
11. To exempt Japanese nationals involved in the Project from customs duties, internal taxes including sales tax and other fiscal levies which may be imposed in India with respect to the supply of the products and the services under the verified contracts.
12. To bear all the expenses other than those to be borne by the grant, necessary in connection with the implementation of the Project.

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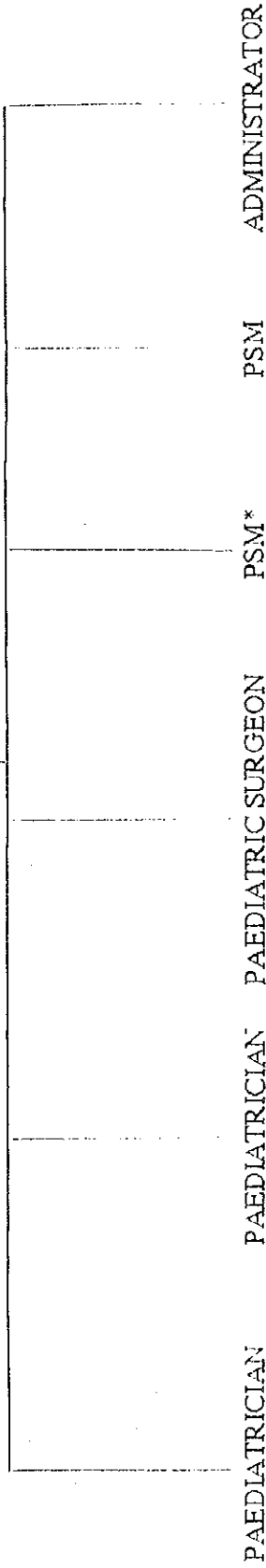


ANNEX II

ORGANIZATION OF COORDINATION COMMITTEE OF MONITORING AND EVALUATION

CHAIRMAN

PRINCIPAL/VICE PRINCIPAL



PAEDIATRICIAN

PAEDIATRICIAN

PAEDIATRIC SURGEON

PSM\*

PSM

ADMINISTRATOR

\*PSM: Preventive Social Medicine

*K. G.*


*Chairman*  
*1.11.35*


*Vice*

*M. S. A.*

5. SOIL INVESTIGATION RESULT

(1) Kalawati Saran Children's Hospital Site

		<b>SOIL PROFILE</b>		Kalawati Saran Hospi- Project at LHM Campus.		S.H. No. 2		Table No. 2a.							
				Co-ordinates	Termination Depth 20.00m	Water Table 6.10m	Job No. 94216-A								
N-Value	Depth (Meters)	Sample No.	SOIL DESCRIPTION	Grain Size Analysis			Limits			Natural Density gms/cc	Moisture Content%	Confining Pressure Kg/cm <sup>2</sup>	Triaxial Test C	Angle of Internal Friction	
				Gravel%	Sand%	Silt%	Clay%	Liquid%	Plastic%						
	0.50	DS1	FILL: Loose light brown sandy silt brick bats and boulders (3.0m)												
5	1.00	SPT1			0	22	68	10	31.1	21.1					
	1.95	DS2			8	40	44	8	27.5	19.5					
10	2.25	SPT2			2	31	54	13	30.0	20.5					
9	3.45	SPT3													
	4.50	UDS2	Loose light brown sandy silt with gravel, low plastic (5.6m)	11	18	54	17	34.0	23.5	1.83	18.7	1,2,3	0.70	12°	
14	4.95	SPT4							37.5	26.5			(UUT)		
15	5.25	SPT5							38.6	27.2					
	6.00	UDS3	Stiff brown clayey silt with traces of, gravel, medium, plastic (MI) (10.m)	2	12	61	25	39.5	27.7	1.90	20.3	1,2,3	0.75	10°	
14	6.45	SPT6							39.0	27.0			(UUT)		
	7.50	DS2													
20	7.95	SPT7	Medium dense light brown sandy silt with traces of gravel, low plastic (ML)												
	8.25	UDS2													
	8.55	UDS2													
	9.00	SPT6													
	9.45	SPT6													
	9.50	DS2													
	9.75	DS2													
	10.50	SPT7													
	10.95	SPT7													

		<b>SOIL PROFILE</b>		Project: Kalawati Saran Hospi- tal at LHMC Campus.		S. H. No. 2b (Contd.)		Table No. 2b						
				Co-ordinates		Termination Depth 20.00m		Water Table 6.10		Job No. 94216-A				
N-Value	Depth (Meters)	Sample No.	SOIL DESCRIPTION	Grain Size Analysis				Limits		Natural Density gms/cc	Moisture Content%	Confining Pressure Kg/cm <sup>2</sup>	Angle of Internal Friction	
				Gravel%	Sand%	Silt%	Clay%	Liquid%	Plastic%					Triaxial Test
	11.25	UDS4	- with traces of gravel, 10.0 to 11.6m.	3	29	55	13	31.8	22.0	1.95	21.7	1,2,3 (UUT)	0.65	13°
	11.55	SPT8		0	21	65	14	33.0	23.0					
22	12.00	SPT9		0	30	60	10	29.2	20.3					
	13.50	DS3		0	27	56	17	33.4	23.6	2.01	22.5	1,2,3 (UUT)	0.7	13°
	13.70	UDS5												
21	14.25	SPT10		3	29	55	13	30.8	21.2					
	15.45	SPT11		0	38	52	10	27.4	19.0					
24	16.50	DS4		2	30	54	14	31.3	21.6					
	17.25	SPT12	- with traces of gravel, below 18.0m											
21	18.45	SPT13												
24	19.55	DS4												
	20.00	SPT13	(20.0m)											
				UUT	Unconsolidation	Undrained	Triaxial	Shear Test.						

## (2) Kalyanpuri Urban Health Centre Site

SOIL PROFILE		Project: Urban Health Centre Kalyanpuri, New Delhi		B. H. No. 2		Table No. 2							
		Co-ordinates		Termination Depth 10.00m		Water Table 3.50m							
Job No. 94216-B		Job No. 94216-B		Job No. 94216-B		Job No. 94216-B							
N-Value	Depth (Meters)	Sample No.	SOIL DESCRIPTION	Grain Size Analysis			Limits			Triaxial Test			
				Gravel %	Sand %	Silt %	Clay %	Liquide %	Plastic %	Natural Density g/m <sup>3</sup>	Moisture Content %	Confining Pressure Kg/cm <sup>2</sup>	C Kg/cm <sup>2</sup>
	0.10	DS1	10cm Thick PCC Pavement (0.1m)										
	0.40		FILL: Loose light brown sandy silt mixed with clay, gravels & brick bats (0.4m)										
	0.50	DS2	Loose light brown sandy silt with traces of gravel, low plastic (ML)					31.2	22.1				
	1.00												
10	1.50	SPT1	Firm brown clayey silt, medium plastic (MI)	0	6	54	40	43.2	29.7				
	1.95												
	2.25	UDS1		0	5	58	37	41.4	28.4	1.79	16.0	1.2, 3 (UUT)	0.70
	2.55												
7	3.00	SPT2						40.0	27.5				
	3.45												
9	4.50	SPT3	Medium dense light brown fine sand with mica particles (SP-SM)	0	92	8	0						
	4.95												
	5.25	UDS2		0	93	7	0			1.89	20.0	0.5, 1.0, 1.5 (DS)	0
	5.55												
14	6.00	SPT4	Medium dense light brown fine sand with mica particles (SP)	UUT: Unconsolidated DS: Drained direct				Undrained Shear Test					
	6.45												
16	7.50	SPT5		0	95	5	0						
	7.95												
	8.50	DS3											
19	9.55	SPT6		0	96	4	0						
	10.00												







JICA