# ON THE PROJECT FOR THE IMPROVEMENT OF KALAWATI SARAN CHILDREN'S HOSPITAL IN INDIA

JANUARY, 1998



JAPAN INTERNATIONAL COOPERATION AGENCY
YAMASHITA SEKKEI INC.

G R O CR(2)

98-060

.

ON
THE PROJECT FOR THE IMPROVEMENT
OF
KALAWATI SARAN CHILDREN'S HOSPITAL
IN
INDIA

JANUARY, 1998

JAPAN INTERNATIONAL COOPERATION AGENCY
YAMASHITA SEKKEI INC.

1143000(6)

### PREFACE

In response to a request from the Government of India the Government of Japan decided to conduct a study for the implementation review on the Project for the Improvement of Kalawati Saran Children's Hospital and entrusted the study to the Japan International Cooperation Agency (JICA).

The team reviewed and analyzed the related materials in Japan, and as this result, the present report was finalized.

I hope that this report will contribute to the promotion of the project and to the enhancement of friendly relations between our two countries.

I wish to express my sincere appreciation to the officials concerned of the Government of India for their close cooperation extended to the team.

January, 1998

Kimio Fujita

President

Japan International Cooperation Agency

### Letter of Transmittal

We are pleased to submit to you the study report for the implementation review on the Project for the Improvement of Kalawati Saran Children's Hospital in India.

This study was conducted by Yamashita Sekkei Inc. under a contract to JICA, during the period from November 6, 1997 to February 23, 1998. In conducting the study, we have examined the feasibility and rationale of the project with due consideration to the present situation of India and formulated the most appropriate basic design for the project under Japan's grant aid scheme.

Finally, we hope that this report will contribute to further promotion of the project.

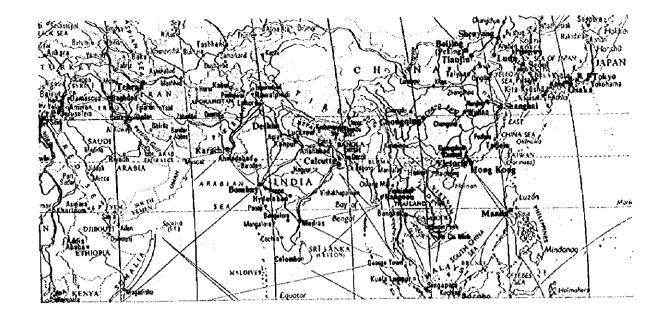
Very truly yours,

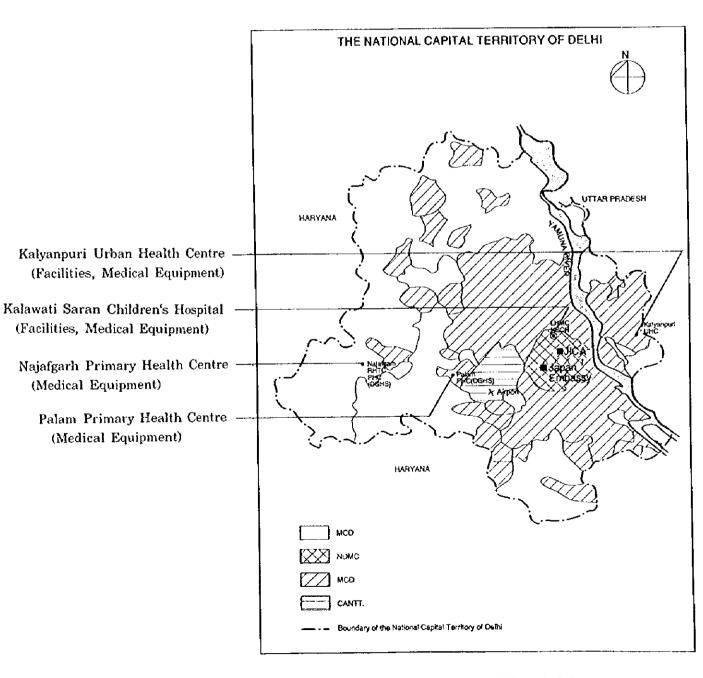
Minoru Tanaka

Project manager,

Study team for

the implementation review on the Project for the Improvement of Kalawati Saran Children's Hospital Yamashita Sekkei Inc.





### CONTENTS

### Preface

### Letter of Transmittal

### Location Map and Perspective

Chapter	1 Bacl	kground of the Project 1
1-1	Backgr	ound of the Request 1
	1-1-1	Health Care Situation in India 1
	1-1-2	Health Care Service System 5
1-2	Conter	nts of the Request
	1-2-1	Background of the Request
	1-2-2	Outline of the Request11
Chapter	2 Con	tents of the Project15
2-1	Object	tives of the Project
2-2	Basic	Concept of the Project
	2-2-1	Cooperation concepts
	2-2-2	Examination of the Request
2-3	Basic	Design 44
	2-3-1	Design Concept44
	2-3-2	Examination of the Design Condition 47
	2-3-3	Basic Design
Chapter	3 Imp	olementation Plan
3-1	Imple	mentation Plan 100
	3-1-1	Implementation Concept
	3-1-2	Implementation Condition
	3-1-3	Scope of Works
	3-1-4	Construction Supervision
	3-1-5	Material/Equipment Procurement Plan
	3-1-6	Implement Schedule
	3-1-7	Obligations of Recipient Country 115
3-2	Opera	tion and Maintenance Plan

Chapter	4 Project Evaluation and Recommendations122
4-1	Expected Results of the Project
1-2	Recommendations
ANNEX	

- 1. MEMBERS LIST OF THE SURVEY
- 2. SURVEY SCHEDULE
- 3. LIST OF PARTY CONCERNED IN THE RECIPIENT COUNTRY
- 4. MINUTES OF DISCUSSIONS
- 5. COST ESTIMATION BORNE BY THE RECIPIENT COUNTRY
- 6. SOIL INVESTIGATION RESULT



# CHAPTER 1 BACKGROUND OF THE PROJECT

# 1-1 Background of the Request

### 1-1-1 Health Care Situation in India

India has a population of about 916 million (as of 1995), of which children under the age of 15 accounted for about 40 percent. On the other hand, the national average infant mortality rate was 80/1,000 and the mortality rate for children under the age of 5 was 33.3/1,000. It is clear from these figures that children's health condition remains very bad in the country. The improvement of the quality of health care for children is thus one of the top priorities in the Government of India's health policy.

### (1) Health Care Services

India's population increased by 23.56 percent in the decade from 1981 to 1991. Particularly noteworthy was the population concentration in urban areas. Over the said decade, the urban population increased by 36.2 percent. Of the country's three major metropolitan areas, the Delhi metropolitan area has the highest rate of population growth. Over the decade its population increased by 47.0 percent.

Table 1-1 Population Increase Rates of 3 Major Cities

	Population in	Population increase rate for 1981-91(%)
City	1991 (in thousands)	10 20 30 40 50 60 70 80 90 (%)
Delhi	8,419	
Greater Bombay	12,596	
Calcutta	11,022	

Table 1-2 Population Indicators of the Seventh Five Year
Plan and Its Achievements

]	Target of the 7th 5 year Plan	Achievements at the year of 1990
Crude Birth Rate (per 1000)	29.1	29.9
Crude Death Rate (per 1000)	10.4	9.6
Infant Mortality Rate (per 1000)	90	80
Contraceptive Prevalence Rate	42.0%	44.1% (Results of Census 1991)

The Delhi metropolitan area is faced with various social problems in consequence of such a rapid increase in its population. In the field of health care, in particular, the increase and improvement of primary health care facilities in the suburbs is a problem of great urgency because of the rapid increase in the number of suburban residents. While in this metropolitan area children under the age of 15 account for 35.5 percent of its total population, it had only 1,647 hospital beds available for children, which made up only 9 percent of the total number of hospital beds in the area. In other words, there was only one hospital bed available for every 2,000 children in the area, which fell far below six hospital beds for each 1,000 children recommended by WHO. It is therefore urgently necessary to increase and improve health care facilities in the area.

Table 1-3 Area and Population of Delhi

Designation		Area Population		ation	Growth Rate	Density (per km²)		
		(km²)	1981	1991	1981~1991	1981	1991	
	(Orban)	614.52	5,409,998	8,038,€08	48.59	13,547	16,643	
MCD (Rural)	(Rural)	782.77	452,206	943,392	108.62	578	1,183	
NDMC		42.74	273,036	294,149	7.73	6,388	6,882	
CANTT		42.97	85,166	94,326	10.76	1,982	2,195	
ī	otal	1,483.00	6,220,406	9,370,475	50.64	4,194	6,319	

(Source: BUREAU OF ECONOMICS AND STATISTICS, DELHI ADMINISTRATION AND CIBIL GUIDE, MCD)

Table 1-4 Health Index of Delhi

Index	7. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Note		
Population	9,370,475 person	89.93% are living in Orban area Orban 8,427,000 Rural 943,475		
Child (under 15) population	3,326,000 person	35.5% of total population		
Crude Birth Rate (CBR)	29.5 %			
Crude Death Rate (CDR)	6.4 %			
Infant Mortality Rate (IMR)	32.6 %			
Number of Hospital	* 82 (1992)	Exclude private hospital		
Total Bed Number	*18,770 (1992)	Exclude private hospital		
Number of Pediatric Bed	*1,647 (1992)	9% of total Nos. of bed		
N.s of Bed/1,000	2.2			
Nos. of Pediatric Bed/1,000	0.5			

Note: Unless otherwise noted, figures are as of 1991

Sourse: DELHI VOLUNTARY HEALTH ASSOCIATION, MEDICAL DIRECTORY 1992

# (2) Disease Patterns in India and Delhi

The national disease pattern in India is characterized by many cases of diarrheal and respiratory diseases. On the other hand, diseases with high fatality rates include tuberculosis, acute dearrheal diseases and pneumonia.

Table 1-5 Main Diseases, Morbidity and Fatality Rate in India (1990)

Diseases	Nos. of Disease (thousand)	Morbility Rate (per 100,000)	Fatelity Rate (%)
Diarrheal Disease	9,579	1,164.19	8.63
Respiratory Disease	8,929	1,085.19	2.98
Leper	2,546	309.43	
Malaria	1,777	215.96	0.22
Tuberculose	1,131	132.45	9.31
Black water fever	577	70.12	
Pneumonia	434		3.05
Typhoid	370		0.64

According to the 1992 statistics of Delhi, the numbers of deaths from main diseases are as shown in the following table.

Table 1-6 Number of Deaths by Cause in Delhi

	Nos. of Deaths (per 1,000)	No. of Deaths under age of 15	Death Rate of Children (%)	Remarks
1. Infectious & parasitic disease	6,155	2,501	40.6	Tuberculosis 2,869, Bacterial disease 1,602, Infectious diarrheal disease 801, Virus disease 732
2. Infant abnormals	5,127	5,127	100	
3. Circulatory disease	2,919	112	3.8	
4. Respiratory disease	1,776	1,043	58.7	
5. Nervous disorder	1,149	652	56.7	
6. Others	20,418	3,775	18.4	
Total	37,544	13,210	64.6	

(Source: Anual Report Delbi)

According to the statistics on medically provided deaths by cause, there were 13,210 deaths of children under the age of 15, which accounted for 64.6 percent of the total. There were also 8,597 deaths of infants under the age of one, which represented 65 percent of the total number of deaths of children.

Diseases with high morbidity and fatality rates at Kalawati Saran Children's Hospital are as shown in the table below.

Table 1-7 Main Diseases in Kalawati Saran children's Hospital

Disease	No. of diseases (per 1,000)	Fatality rate (%)
Respiratory disease	3,724	Measles, other infectious disease: 15
Sepsis, deficiency disease, jaundice, tetanus	3,180	Tetanus : 28 Hepatitis : 8
Diarrheal disease	3,007	Typhoid: 4
Nervous disorder	1,797	
Malnutrition, amenia	1,683	
	791	
Tuberculosis	545	19
Polio	492	16
Digestive disease	467	
Uninary disease	283	

(Source: Kalawati Saran Children's Hospital)

The above-mentioned data suggest that respiratory and diarrheal diseases, both of which are contracted due mainly to malnutrition, are the main causes

of the high infant mortality rate in India.

(3) Improvement of the Quality of Health Care Services

The primary, secondary and tertiary health care services in India are greatly affected by the differences in health care facilities, the technical level and deployment of medical professionals and soci-economic situation among the states. The total number of primary health centres in the country has increased to some extent, but the problem of improvement of facilities and shortage of medical professionals is yet to be resolved.

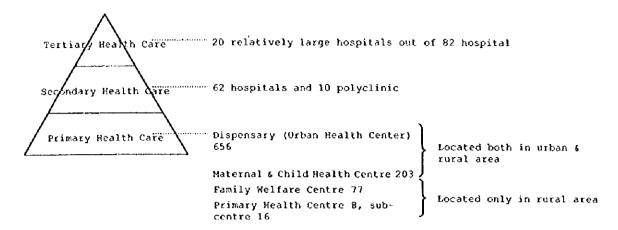
### 1-1-2 Health Care Service System

(1) Health Care Service System in Delhi

The health care service system in Delhi comprises tertiary health care service, which is provided by 20 large hospitals, secondary health care service, which is provided by 62 hospitals and 10 polytechnics, and primary health care service, which is provided by dispensaries, maternal and child health centres, family welfare centres and primary health centres. Though the referral system among them are not established well. As reported by the WHO and UNICEF, new patient directly goes to the tertiary health care service which has an advanced medical technology and well-equipped facilities. It is urgently necessary to improve the quality of medical care service in the area by improving the quality of primary and secondary medical care service and by establishing a full-blown referral system. In Delhi, hospitals are operated and managed by a wide variety of organizations, as shown in Table 1-8.

In 1977, the government of Delhi announced a health care system for public hospitals as follows. In actuality, however, the health care system is being operated without a full-fledged referral system in which patients are free

to choose hospitals where they want to have their diseases treated.



In Delhi, hospitals are concentrated in the centre, with the result that there are only a limited number of hospitals in the suburban districts, including the district on the eastern side of the Yamuna River.

Primary health centres are mainly responsible for medical care in the suburb of Delhi.

Given below is the outline of health care institutions other than hospitals in India.

### Polytechnics:

Polytechnics are health care institutions founded for the purpose of providing health care services to patients referred from dispensaries. They have only outpatient divisions, which are usually grouped into general outpatient, gynecological, ophthalmological and ENT departments.

### Dispensaries:

Dispensaries are responsible for primary health care under the national health programme, such as prevention and treatment of tuberculosis and malaria, maternal and child health care and immunizations. A typical dispensary has a staff of five to six. Dispensaries' staff members include

physicians, pharmacists, ANMs and laboratory technicians. The government of Delhi plans to increase the staff of dispensaries in about twofold and named as Urban Health Centre.

### Maternal and child health centres:

Maternal and child health centres are responsible for examining and giving guidance to expectant mothers as well as deliveries. There is a total of 25 maternal and child health centres with inpatients' wards.

### Family welfare centres;

Family welfare centres are provided with functions and facilities required to promote the spread of, and give guidance on family planning. They have contraceptive operation facilities. In the rural area, it is situated within primary health centres.

### Primary health centres:

Primary health centres are responsible for primary health care in rural districts. They have sub-centres as their lower branches.

Table 1-8 Medical Institutions in Delhi (1991)

Dis- pensary (UMC)	157	32		178 (38)	80 		12	23	126	(9)	656 (101)
FWC	35 (5)	2		භ	4 (3)	14		37	r 4		77 (8)
Private Clinic No. of Reds											2,172
Private											105
Special Clinic No. of Beds											150
Special Clinic	91	ef		Q	7			:1	5		55
Poly Clinic		e4		7		2					10
MCH No. of Beds	268	53			12						333
MCH /SC	180	133	r4		2			7			203
၁ွ					16 (16)						(9t) 9t
PHC (No. of Beds)	(47)				20) (20)						67 (67)
PHC (PHC/ FWC)	5 (5)				(E)						8 (8)
No. of Ped. Beds	245	35	0	339	513		60	315	339		1,647
No. of Beds	3,435	201	30	4,046	4,621		476	3,195	1,845		18,770 (202)
Hospital	17 (2)	2	ť	15	ø,		2	21	9		(3)
Pacilities Organization	1. MCD	2. NDMC	3. Cantt. Board	4. Delhi Admin.	5. Ministry of Health & Family Welfare (DGHS)		6. Ministry of Railway	7. Voluntary Orga.	8. Statutory Bodies	9. Others	Total

ry Wealth Centre 5645: Directorate Geneeral of Wealth Services enter

PHC : Primary Health Centre SC : Sub-center MCH : Maternal & Child Health Centre Special Clinic : Tuberculosis, STD, Leper Hospital FWC : Family Welfare Controls

<sup>( )</sup> indicates number of facilities in Rural area

### (2) Health Care Service System in the Rural Districts of Delhi

The rural districts of Delhi account for about 10 percent of the total population of Delhi while they represent about 50 percent of the total area of Delhi. It is for this reason that these districts are still not provided with a sufficient number of medical institutions. At present, there are eight primary health centres and 16 sub-centres in these rural districts.

Of the eight primary health centres, three are managed by the Ministry of Health and Family Welfare. These three primary health centres (Najafgarh, Palam, Ujawa) and the 16 sub-centres are operating under the control of the regional Health Training Centre (RHTC) in Najafgarh.

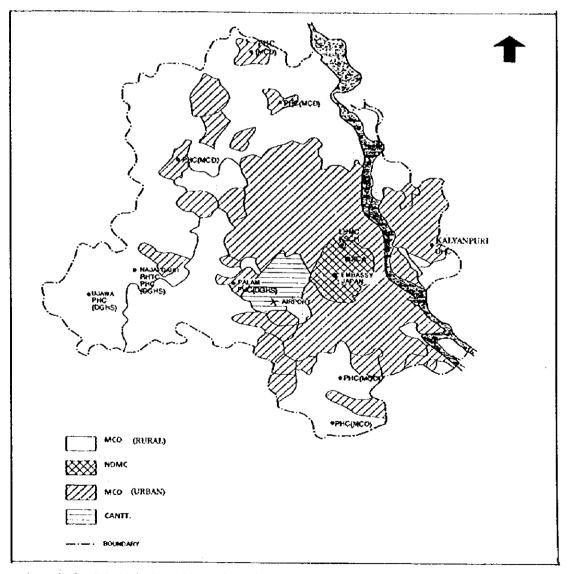


Fig. 1-1 Administrative District of Delhi and Location of PHC

### 1-2 Contents of the Request

### 1-2-1 Background of the Project

Against such a background, the Government of India made a request to the Government of Japan for grant aid cooperation for the improvement of the facilities and procurement of medical equipment of Kalawati Saran Children's Hospital, which is playing an important role in primary and secondary health care in Delhi and the surrounding neighborhood. They also made a request for the improvement of the facilities and procurement of medical equipment of the three health centres which are controlled under the Ministry of Health and Family Welfare.

In response to the request made by the Government of India, the Government of Japan sent to India a preliminary study team in July 1994 and a basic design study team in November 1994, to make the feasibility study of the request. Based on the results of these studies, the team has made a basic design for the project.

The Exchange of Notes concerning the construction of the central building and the workshop/substation building of Kalawati Saran Children's Hospital and the procurement of part of the items of equipment to be installed in these buildings was signed in December 1995 as the first phase of the project, and were completed in March 1997. The second phase of the project was planned as below.

Construction work : Laundry building, incinerator building, Kalyanpuri

UHC building and installation of deep tube well at

Palam PHC

Equipment procurement work:

Equipment for Phase 1 buildings, laundry building, incinerator building, Palam PHC and Najafgarh PHC.

However, the preparation work which is to be carried out by Indian side, such as clearance of the site, obtaining the building permit, etc. is being delayed. As a result, it become difficult to carry out all the work at the second phase as planned.

On this situation, the government of Jaspan sent to India a project expediting team in September 1997 and it was agreed by both parties that this project should be implemented with modified conditions. As a result, this study for implementation review was conducted with the aim of making a review on the works which it was planned as the second phase at the time of the basic design study.

## 1-2-2 Outline of the Request

### (1) Objective of the Request

The Project is aimed at enhancing the primary and secondary health care functions of Kalawati Saran Children's Hospital, which is operated with the cooperation of Lady Hardinge Medical College, while improving health care activities carried out at the three regional health centres which work closely with the Medical College. This will promote the health of community residents, particularly children, and improve such health indicators as the infant mortality rate.

### (2) Project Implementing Organization

Lady Hardinge Medical College is the Indian organization to implement the Project, and the Ministry of Health and Family Welfare of India is responsible for coordinating all Project efforts.

### (3) Contents of the Project

① Kalawati Saran Children's Hospital

This hospital is India's only national children's hospital. It is located on the premises of Lady Hardinge Medical College in the centre of Delhi. Its three major functions are:

- Primary and secondary health care for newborn babies and infants in the centre of and around Delhi
- Preventive/community health care under the National Health and Family Welfare Programme (family planning, immunization for children, control of diarrhea, cholera and malaria)
- Function as a teaching hospital where, undergraduate and postgraduate students, and interns of Lady Hardinge Medical College are trained in pediatrics, obstetrics & gynecology and preventive social medicine

The hospital has a total of 350 beds. According to the 1993 statistics, the annual total number of outpatients who visited the hospital was 263,753 and the average annual bed occupancy rate was 86.7 percent.

### ② Kalyanpuri Urban Health Centre

This Health Centre located in a densely populated district on the eastern side of the Yamuna River running through Delhi is operated by Lady Hardinge Medical College. Due to heavy migration, it is difficult to estimate the number of community residents to benefit from the health care services provided by the Health Centre. The total population of this district is estimated at about 80,000. This Health Centre's three main functions are:

- Community health care (medical examination and treatment of outpatients, mother and child health, family planning, etc.)
- Training (for undergraduate and postgraduate students, and interns of Lady Hardinge Medical College)

Research (on community health activities)

35,000 outpatients visit this Health Centre annually.

# ③ Najafgarh Primary Health Centre

This Health Centre located in a western suburb of Delhi is one of the eight primary health centres in the rural districts of Delhi. The technical aspects of this Health Centre's operations are managed by Lady Hardinge Medical College, but this Health Centre itself operates under the supervision of Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare. This district has a population of 78,000. 80,000 outpatients are examined and treated at this Health Centre annually.

# Palam Primary Health Centre

This Health Centre located near Delhi International Airport provides primary health care services similar to those offered by Najafgarh Primary Health Centre. The technical aspects of the operations of this Health Centre are managed by Lady Hardinge Medical College, but the Health Centre itself operates under the control of the Directorate General of Health Services, Ministry of Health and Family Welfare. This district has a population of 107,000. 46,000 outpatients are examined and treated at this Health Centre annually.

# (4) Outline of the Requested Facilities and Equipment

# 1) Contents of Phase 1 (Already completed)

- ① Kalawati Saran Children's Hospital Central & Workshop/substation
  Building
  - Construction of facilities of Outpatient Dept., Radiology Dept.,

Clinical Examination, Physiological Examination, Operation Theatre, Recovery/ICU, Preventive & Social Medicine Dept. etc.

 Procurement and installation of medical equipment necessary for primary and secondary health care services in Radiology Dept.,
 Operation Theatre and Central Supply & Sterilizing Dept.

### 2) Contents of Phase 2

- ① Kalawati Saran Children's Hospital Laundry and Incinerator Building
  - Construction of facilities of Wash/Extract Rm, Drying Rm, Press
     Rm, Reception/distribution etc.
  - Construction of Incinerator Building
  - Procurement and installation of necessary equipment for Laundry and Incinerator Building
- Kalyanpuri Urban Health Centre
  - Construction of facilities to replace the existing facility
  - Procurement and installation of medical equipment necessary for primary health care services
- ③ Najafgarh Primary Health Centre
  - Procurement and installation of medical equipment necessary for primary health care services
- Palam Primary Health Centre
  - Installation of tube well
  - Procurement and installation of medical equipment necessary for primary health care services

CHAPTER 2 CONTENTS OF THE PROJECT

\* \*\*

### CHAPTER 2 CONTENTS OF THE PROJECT

## 2-1 Objectives of the Project

This project is aimed at enhancing the primary and secondary functions of Kalawati Saran Children's Hospital located on the premises of Lady Hardinge Medical College and operated with the cooperation of the Medical College. Also, facilities will be constructed and medical equipment procured to improve the quality of regional health activities conducted at the three Health Centres which are working closely with the Medical College. Thereby, the Project will contribute to the improvement in India of such health indicators as the infant mortality rate.

In the Project, for extensive and effective attainment of objectives, first, facilities and equipment for central & workshop building consist of outpatient, radiology, laboratory, operation theatre and other departments of Kalawati Saran Children's Hospital, which is operated with the cooperation of Lady Hardinge Medical College, will be procured.

Second, facilities and equipment will be procured for Kalyanpuri Urban Health Centre, which is operated and managed by Lady Hardinge Medical College, and a tube well will be installed on its premises.

Third, equipment will be procured for Najafgarh Primary Health Centre and Palam Primary Health Centre. A tube well will also be installed on the latter's premises.

Construction of central & workshop building of Kalawati Saran Children's Hospital and procurement of medical equipment for radioloy dept. operation theatre and central supply & sterilization dept. was completed as Phase 1 in March, 1997.

### 2-2 Basic Concept of the Project

### 2-2-1 Cooperation Concept

The result from the examination of contets of the request, cooperation will be made for the project with following concept.

• Cencept-1 Improvement of primary health care level

Cooperation will be made, on where the necessity of improvement is thought to be high in the health centre facilities related to Kalawati Saran Children's Hospital, to enhance the primary health care of urban and rural area of Delhi.

 Concept-2 Improvement of secondary heath care level on pediatric medical care

Cooperation will be made on the improvement of facilities of Kalawati Saran Children's Hospital to enabace the secondary health care mainly around Delhi.

• Concept-3 Support for preventive social medicine activities

Cooperation will be made on the improvement of facilite's of Kalawati Saran Children's Hospital to enhance the ability of implementation of national programme in the field of preventive social medicine such as immunization, diarrheal and cholera control etc. for mother and child.

• Concpet-4 Support for enhancement of educational effect

Cooperation will be made on the improvement of facilities of Kalawati Saran Children's Hospotal which have the function as teaching hospital of Lady Hardinge Medical College and related health centre to enhance the training of interns and graduates.

### • Concept-5 Realistic plan

Cooperation on the improvement of Kalawati Saran Children's Hospital will be made within the scope of their operation and maintenance ability considering present staff and budget of the hospital.

### Concept-6 Easy maintenance

On planning of facilities and on selection of equipment, easy and economical maintenance should be considered.

• Concept-7 Reasonable implementation schedule

Implementation schedule should be cope with the works of both Japanese and Indian side, and rational and feasible phasing of the project should be set up.

### 2-2-2 Examination of the Request

Kalawati Saran Children's Hospital, which is India's only national children's hospital, is located on the premises of Lady Hardinge Medical College in Delhi, adjacent to Suchita Kripalani General Hospital attached to the Medical College. Its three main functions are as follows.

- Medical examination and treatment of infants and children in primary and secondary health care in and around Delhi
- Preventive/community health care, including family planning, infant immunization and control of diarrhea, cholera and malaria, under the National Health and Family Welfare Programme
- A teaching hospital (paediatrics, obstetrics and gynecology and preventive social medicine) for undergraduate and postgraduate students, and interns of Lady Hardinge Medical College

- O Present Conditions of Medical Services Provided by Kalawati Saran Children's Hospital
  - ① Medical Examination and Treatment of Outpatients

Given below is the outline of the statistical data on the medical examination and treatment of outpatients at Kalawati Saran Children's Hospital.

Table 2 -1 Annual Number of Outpatients to Kalawati Saran Children's Hospital (1993)

Classification	Annual no. of first visit outpatients	Annual no. of revisit outpatients	Total (annual)
General outpatients	59,358	26,213	85,571
Emergency outpatients	30,630		30,630
Outpatients to Physical Medicine & Rehabilitation Department	4,854	68,100	72,954
Outpatients to Special Clinics	6,953	37,671	44,624
Total	1,01,795	1,31,984	2,33,779

(Source: Kalawati Saran Children's Hospital)

In 1993, a total of 233,779 outpatients visited the hospital. Since the total number of the hospital's working days was 293 in 1993, an average of 797 outpatients visited the hospital every working day in that year. The following table shows a breakdown by department of the annual total of outpatients to the hospital.

Table 2-2 Annual Total Number of General Outpatients to Kalawati Saran Children's Hospital and the Hospital's Working Days/Consulting Hours

Clinical Department	Annual no. of Patient	Working Days	Working Hours		
(Medicine departments)					
Paediatric Medicine	69,393	Mon,∼Sat.	9:00~13:00		
Paediatric Dermatology	5,448	ditto	ditto		
(Surgical departments)					
Paediatric surgery	7,152	ditto	ditto		
Paediatric orthopedics	1,191	Twice a week	ditto		
Paediatrics E. N. T.	1,500	Mon.∼Sat.	ditto		
Paediatric ophthalmology	867	ditto	ditto		
Total	85,571				

(Source: Kalawati Saran Children's Hospital)

The Physical Medicine & Rehabilitation Department's weekly working days are Monday through Saturday from 9:00 to 16:00. The department accepted adult and infant outpatients. The ratio between the former and the latter is 6:4.

### 2 Use of the Ward

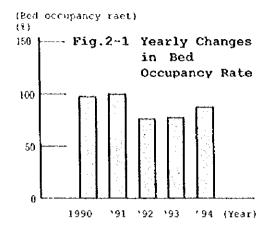
The hospital's ward has a total of 350 beds, of which 30 are for use of newborn babies in the Suchita Kripalani General Hospital. The bed occupancy rate, which is usually less than 100 percent, exceeds 100 percent during August and September, which is the monsoon season when general sanitary conditions deteriorate because of high temperature and humidity.

Table 2-3 Monthly Bed Occupancy Rates

(Unit: percent)

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Annual
1993	59.3	62.2	59.0	66.2	80.4	83.0	83.4	109.2	104.0	92.1	66.3	62.3	77.4
1994	70.2	60.8	76.7	83.7	89.0	99.8	86.9	103.7	106.4	89.4	61.3	84.1	87.1

(Source: Kalawati Saran Children's Hospital)



At Kalawati Saran Children's Hospital, the annual bed occupancy rate exceeded 100 percent in 1991. As a result, its total number of beds increased by 36 to 350. Since 1992, the bed occupancy rate has stayed below 100 percent.

Since occupancy exceeds 100 percent in summer, however, it has been decided to further increase the total number of beds.

O Preventive/Community Health Care Services Provided by Kalawati Saran Children's Hospital

Since its founding in 1956, Kalawati Saran Children's Hospital has been providing preventive/community health care services to mothers and children in and around Delhi. The hospital is providing these services at its Special Clinics.

Table 2-4 Preventive/Community Health Services Provided by KSHCH

Names and Working Days of Special Clinics	Outline of Services Provided	Annual no. of outpatients received
Child Health Promotion Clinic (Mon.~Sat.: 9:00~16:00)	Immunization service for mothers and children, tuberculin tests under the national tuberculosis control programme, and distribution of vitamin A tablets for prevention of blindness	23,292
Child Guidance Clinic (Mon.~Sat.: 9:00~16:00)	Guidance to retarded and mentally disabled children for their psychological development	3,109
Malaria Clinic (Mon.~Sat.: 9:00~16:00)	Malaria screening tests as part of the national malaria control programme	3,299
Family Welfare Clinic (Mon.~Sat.: 9:00~16:00)	Promotion of the spread of the national family planning programme under the national population policy	4,576
Diarrhea Training & Treatment Unit (Mon.~Sat.: 9:00~16:00, (24 hours in summer))	Treatment of diarrhea patients through the provision of O.R.S. under the national diarrhea/cholera control programme, training in treatment of diarrhea patients and compilation of statistics.	11,373

As is clear from the above descriptions, the hospital is engaged mainly in promoting national preventive/community health care programmes for children.

- O Activities of Kalawati Saran Children's Hospital as a Teaching Hospital
  - ① Outline of Education Provided by Lady Hardinge Medical College and the Relationship with Kalawati Saran Children's Hospital

In India, medical colleges provide four and a half years of undergraduate education, one year of internship and two to three years of postgraduate education. Below is the outline of medical education in the country.

Qualifications No. of students enrolle Year at Lady Hardinge Medical College graduation Course Undergraduate MB. BS 130 per grade course 3 Internship Graduate course 54 per grade MD. MS (deree course) Graduate course 16 per grade Г (diploma course) MD Doctor Medicine Bachelor of Surgery of Medicine Master of Surgery Bachelor

Table 2-5 Education in Medical College

Kalawati Saran Children's Hospital functions as a paediatric teaching hospital attached to Lady Hardinge Medical College, and is therefore equipped with offices of professors of paediatrics of the college and paediatric seminar rooms. The college's professors of paediatrics examine hospital patients while giving classes.

O Relationship between Lady Hardinge Medical College and the 3 Health Centres

In 1977 the Government of India announced its new medical education plan (the Rome Plan) whose goals were to promote medical colleges' active

involvement in local community health problems and to provide direct health care services to residents of rural areas. The following measures were thereby proposed.

- To send medical students to rural areas
- To send medical college instructors to rural areas
- To enhance quality of health care in rural and urban areas through medical examination and treatment by providing facilities and equipment for tests and X-ray examinations
- To promote transfer in stages of comprehensive health care (preventive medicine, health promotion and medical treatment) to the area covered by each medical college

In this Plan, it is proposed that each medical college take charge of community health care through at least three area health centres. In the case of Lady Hardinge Medical College, it was decided that the College should be responsible for enhancing the quality of community health care through Najafgarh Primary Health Centre, Palam Primary Health Centre and Kalyanpuri Urban Health Centre. At present, the Medical College is training its undergraduate and postgraduate students, and interns by sending them to these three Health Centres and while providing local community health care services to the entire area.

O Outline of Activities of the 3 Health Centres

Given below is the outline of the activities of the three Health Centres related to the Project.

Activities of Kalyanpuri Urban Health Centre

Medical Treatment

- Outpatients (internal medicine, surgery, paediatric, obstetrics and gynecology)
- 2. Immunization
- 3. Health of mothers and children
- 4. Family planning
- 5. Special clinics (ophthalmology)
- 6. School children's health
- 7. General medical tests
- 8. Emergency medical treatment

#### Training

- Medical doctors (training of undergraduate and postgraduate students, and interns of Lady Hardinge Medical College)
- Nurses (including public health nurses), paramedical, medical and social workers (training of the students of the nursing school attached to Lady Hardinge Medical College)

#### Research

- 1. Research on schoolchildren's health
- 2. Research on community health care

Outline of Activities of Najafgarh and Palam Primary Health Centres

#### Medical Treatment

- Outpatients (internal medicine, surgery, paediatrics and obstetrics and gynecology)
- 2. 24-hour emergency medical treatment (only at Najafgarh Primary Health Centre)
- 3. Health of mothers and children (immunization, guidance of childbirth at home)

- 4. Normal delivery (delivery and hospitalization)
- 5. Family planning (abortion, sterilization, guidance on family planning)
- 6. Tests (pregnancy test, blood test, urine test, saliva test)

# Training

- Medical doctors (training of undergraduate and postgraduate students, and interns of Lady Hardinge Medical College)
- Nurses (training of nursing school students attached to Lady Hardinge Medical College)

### O Present Activities of the 3 Health Centres

Lady Hardinge Medical College is responsible for all operations carried out at Kalyanpuri Urban Health Centre, but its responsibility for Najafgarh Primary Health Centre and Palam Primary Health Centre is limited to management of medical technologies at these Health Centres. The latter two Health Centres operate under the control of the Directorate General of Health Services, Ministry of Health and Family Welfare. Present activities of these three Health Centres are summarized as follows.

Table 2-6 Present Activities of the 3 Health Centres

	Kalyanpuri Urban Health Centre	Najafgarh Primary Health Centre	Palam Primary Health Centre
No. of residents to benefit from the project	80,000	78,455	1,07,000
◆ Curative Services			
Annual no. Of outpatients	35,000	80,000	46,000
Annual no, of inpatients		10,500	441
Annual no. of laboratory tests conducted	1,800	13,000	2,000
Annual no. of referrals	350	8,000	415
• Family Welfare Services			
Annual no. of operations for sterilization	9	420	101
• Immunization Services			
Annual no. of vaccinations	2,097	15,000	8,400
● MCH Services	:		
Antenatal clinic	706	3,400	2,025
Deliveries conducted		2,050	629
• Nutritional Services			
Annual no. of supplies of iron and folic, vitamin A	3,145	12,810	6,485
• IEC Activities			
Annual no. of events (Motion picture, gatherings/meetings, classes for mothers)	86	730	185

(Source: Lady Hardinge Medical College)

- O Present Conditions of the Facilities and Equipment of Kalawati Saran Children's Hospital and the 3 Health Centres
  - ① Facilities and Equipment of Kalawati Saran Children's Hospital
    Facility

Kalawati Saran Children's Hospital began operations in 1956 with 60 beds. At that time, it was estimated that it would accept about 100 outpatients per working day. Since then its facilities have been extended in keeping with the increase in the daily number of outpatients accepted. At present, however, its outpatient building

and wards are too small for the scale of medical services it provides. They are both overcrowded with outpatients and their relatives to take care of them. The facilities had already been superannuated when they began operations, and subsequent facility extension work was of such low quality that almost all the facilities need repair or reconstruction.

### Equipment

Existing X-ray equipment and many other main items of equipment are superannuated. Equipment for clinical examination and care of patients is not only superannuated but also in short supply, which makes it impossible for the hospital to provide sufficient child health care services for community residents. To improve the quality of the hospital's child health care, it is necessary to replace the superannuated equipment and to increase supplies of equipment in short supply.

## ② Kalyanpuri Urban Health Centre

## Facility

This Health Centre's facilities were originally not intended for use as part of a health centre. The space is the lower half of a high-ceilinged building which looks like a warehouse, so the rooms are not partitioned completely. Some of them have no windows. Furthermore, the partitioning work is of such low quality that these rooms are not in good sanitary condition. The Health Centre does not have an adequate number of rooms because of the limited space. It is also difficult to secure sufficient water supply due to a rapid increase in the population of the surrounding local community.

### Equipment

Superannuated medical examination tables are the only basic equipment for medical examination installed in the health centre. Under such circumstances, the Health Centre is unable to provide sufficient basic health care services to community residents. It is necessary to procure medical examination rooms and equipment for treatment and care of outpatients.

③ Najafgarh Primary Health Centre and Palam Primary Health Centre

Each of these Health Centres is finds it difficult to secure adequate water supply because of rapidly increasing local populations.

#### Equipment

Facility

These Health Centres' main items of equipment are monocular microscopes, centrifuges and medical examination tables, almost all of which are no longer serviceable. To improve the quality of primary health care services offered by these Health Centres, it is necessary to replace these superannuated items of equipment and to increase supplies of equipment in short supply.

O Summary of the Results of the Examination of the Request

Since 1956, Kalawati Saran Children's Hospital, the centre of Delhi's only national children's hospital has provided primary and secondary child health care services, as well as preventive/community health services under the National Health Plan, in and around Delhi. The hospital accepts more than 230,000 outpatients every year. Its annual average bed occupancy rate for 1994 was 87.1 percent. In summer, in

particular, the bed occupancy rate exceeds 100 percent. In light of such increasing demand for health care services in and around Delhi, it is necessary to ease congestion in the outpatient building and increase the number of beds installed in the hospital. Existing hospital medical equipment is superannuated. The hospital also functions as the teaching hospital attached to Lady Hardinge Medical College, where students and interns of the College receive practical training. The Hospital getts manpower support from the College, and the Hospital and the College share the use of some facilities. Lady Hardinge Medical College, on the other hand, is cooperating with the three Health Centres, sending its staff members, students and interns to these Health Centres, to improve the quality of primary health care services in and around Delhi. Infant patients with untreatable diseases at these Health Centers are referred to Kalawati Saran Children's Hospital; adult patients with untreatable diseases at these Health Centres are referred to Suchita Kripalani General Hospital. These three Health Centres find it difficult to attain their common objective of promoting the health of community residents because of shortages of facilities and equipment. It is imperative, therefore, to improve the facilities and equipment of these three Realth Centres to reduce the burden imposed on the above-mentioned referral hospitals.

It is difficult, however, for Lady Hardinge Medical College to work out and implement plans to improve the facilities and equipment of Kalawati Saran Children's Hospital and to resolve problems facing the three Health Centres on its own, mainly because of budgetary limitations. Under such circumstances, the principal of the Medical College requested the Government of Japan to provide grant aid to construct a central building on the premises of Kalawati Saran Children's Hospital, for its outpatient, operation theatre, X-ray and laboratory departments, as well as ICUs, to procure equipment for these facilities, to reconstruct the facilities

of Kalyanpuri Urban Health Center and procure equipment for the facilities of the Health Centre, as well as Najafgarh Primary Health Centre and Palam Primary Health Centre. The existing facilities of Kalawati Saran Children's Hospital are to be remodeled into wards by the Government of India after the completion of the planned central hospital building.

Facilities and equipment requests are to be examined in light of the above.

- 1. Requested Rooms
- (I) Kalawati Saran Children's Hospital ( indicated part completed in phase 1)

Table 2-7 Examination of Requested Rooms

Room Name	No. of rooms (in the Request)	No. of rouns (in the basic design)	Result of the examination
• Outpatient Department Reception	1	1	Six reception counters (emergency, new visit, revisit, reporting, hospitalization, Special Clinic reception counters) are to be
Internal Medicine Examination Rm and Doctors' Offices	22	8 (Examina- tion room)	installed. Average daily no. of outpatients: 69,393/year÷293day/year=237/day Daily consultation hours: 4 hours(240 minutes)
		14 (Doctor's offices)	Average consultation time: (5~ 10minutes) 7.5 minutes/patient on average 237 patients × 7.5 minutes ÷ 240 minutes = 7.4 rooms → 8 rooms
			These facilities are equivalent to medical offices in Japan. No. of offices of LHMC professors in charge of paediatric medicine: 9 (1 for the chief, 6 for paediatric internists, and 2 for internists in charge of health care of newborn infants)
Paediatric Surgical Rm Examination Rm	2	2	Average daily no. of outpatients: 7,152/year ÷ 293day/year = 24 outpatients/day
			Average daily consultation hours: 4 hours (240 minutes) Average consultation time: 20 minutes/patient 24 patients × 20 minutes ÷ 240 minutes = 2 rooms
Paediatric Orthopedic Examination Rm & Treatment Rm	2	2	1 examination room and 1 treatment room
Plaster Rm Paediatric Ophthalmology Examination Rm	1	1	·

Room Name	No. of rooms (in the Popest)	No. of rooms (in the basic design)	Result of the examination
Paediatric E. N. T. Examination Rm	1	1	
Paediatric Dermatology Examination Rm	1	1	
Dressing Rm	1	1	For paediatric surgery and paediatric orthopedics
Central Injection Rm	1	1	For all the surgical departments
Specimen Collection Rm	1	2	
Deputy Supt. Nurse Rm	1	1	
Assit. Nurse Supt. Rm	1	1	
Stretcher Rm	1	1	
Pharmacy / Dispensary	1	1	
Storage (general purpose and drug storage)	2	1	
<ul> <li>Physical Medicine &amp; Rehabilitation</li> </ul>	2		
(Following rooms are proposed in the basic design as below)			
Reception		1	
Examination Rms		4	Average daily no. of outpatients: 72,954/year÷293day/year=249 outpatients/day
		·	Average daily consultation hours: 8 hours (480 minutes)
			Average consultation time: 7.5 minutes/patient
			249 patients×7.5 minutes÷480 minutes=3.89→4 room
Doctor's Rm		3	Two senior doctor's offices and senior residents' office (for two senior residents)
Physiotherapist's Rm		2	A senior physiotherapist's office and a physiotherapists' office (for 5 physiotherapists)
Physiotherapy Treatment Rm		1	To be equipped with two microwave treatment devices, a whirlpool bath device and a low-frequency treatment device (these devices are all for the treatment of both infant and adult patients).
Exercise Therapy Rm	¢.	1	To be equipped with devices for the treatment of infant and adult patients.
Occupational Therapists' Office		1	An occupational therapists' office (for two occupational therapists)
Speech Therapy Rm		1	· -
• Radiology Department			
Reception	1	1	

Room Name	No. of rooms (in the Request)	No. of rours (in the basic design)	Result of the examination
X-ray Rm	4	3	Annual no. of X-ray examinations (general): 32,191
		•	Annual no. of X-ray examinations (special): 5,112
			Average daily no. of X-ray examinations:
			An average 34 X-ray examinations are to be conducted each working day in each X-ray examination room.
Control Rm	0	1	
Darkroom	1	1	The darkroom is to serve also as a drying room
Radiographer's Rm	1	0	
Ultrasound Rm	1	1	To be equipped with two ultrasonic devices. Annual no. of ultrasonic diagnoses: 3,684
Radiologist's Rm	2	1	A middle-rank radiologist's office cum assistant radiologist's room
Technicians' Rm	1	1	Atechnicians' room (for 8 technicians)
• Laboratory Department			
Chemical Biochemistry Lab.	1	1	Annual no. of biochemistry tests: 67,875
			Average daily no. of biochemistry tests: 201
Biochemical Store	1	1	To serve as a store for common use
Autoanalyzer Rm	1	1	The existing one is to be transferred to the planned facility.
Common Lab. for Bacteriology, Parasitology	1	. 1	Those tests were conducted at LHMC.
Store	1	0	The above-mentioned store can be utilized also by this section.
Common Lab for Hematology, Pathology	1	1	Annual no. of pathological tests: 133,077
Immuno Hematology Lab.	1	1	
ECG Rm	1	1	To be equipped with three electrocardiographs (two types)
EMG Rm	1	1	An existing electromyograph and a new one are to be installed.
EEG Rm	1	1	The existing electroencephalograph is to be transferred to the planned facility.
Officer's Rm	2	2	Two senior researcher's offices (for a senior bacteriologist and a senior biochemist)
Technicians'Rm	1	1	A technicians' room (for 4 assistant technicians, 9 testing technicians, 4 assistant testing technicians and 5 testing assistants)
Office Rm	1	1	An office room for a middle-rank chemist and assistants
Operation Theatre			
Reception	1	1	1

Room Name	No. of rooms (in the Request)	No. of rooms (in the basic design)	Result of the examination
Major Operation Theatre	1	1	Annual no. of major operations: 591 Major operations such as chest surgery, artificial anus operations and palatoplasy are to be performed in the major operation room.
Minor Operation Theatre	2	2	Annual of no. of minor operations: 1,919 Minor operations such as simple hernioplasty, artificial anus operations, lithectomy and preputiotomy are to be performed in one of the minor operation rooms. It is to be provided with an anteroom and a store. Another minor operation room is for the use of the paediatric orthopedics and paediatric ophthalmology.
Changing Rm	1	2	One for males and the other for females
Surgical ICU	1	1	For 3 beds
Scrubbing	1	1	2 unit of scrubbers will be installed
Recovery Rm	1	1	
Doctor's Rm	1	1	
Surgical Nurse Station	1	1	
Preoperation/ Postoperation Rms (12 beds)	1	2	A preoperative room with 6 beds and a postoperative room with 6 beds
• Central Supply & Sterilization	1		
The following autoclave-related rooms are proposed.			
Reception		1	
Washing Rm		1	
Autoclave Rm		1	To be equipped with 3 autoclaves (1 large-size and 2 medium-size)
Assembly Rm		1	
Clean Storage		1	·
Distribution Rm		1	
• Emergency Department			
Reception	1	1	
Examination Rm	1	1	Annual no. of emergency outpatients accepted: 30,630 Average daily no. of emergency outpatients accepted: 104 Working hour: 24 hours
Treatment Rm	1	1	
Nurse Station	1	1	
Doctor's Rm	2	2	One for an LHMC professor and the othe for a senior doctor in charge of emergency medical care
Police Post Rm	1	1	It is a law that a policeman shall be stationed on the premises of the hospital.

Room Name	No. of rooms (in the request)	No. of rooms (in the basic design)	Result of the examination
• ICU		L	
Treatment Rm	1	1	
Examination Rm	1	1	
Nurse Station	1	1	
Isolation Rm	1	l 1	
100	2	2	There are already 4 ICUs (27 bed) in the hospital which are shared with the Emergency Department. Included in the project are two additional ICUs (for 17 beds and 13 beds).
Laboratory	1	1	The existing equipment (autoanalyzer) is to be transferred to the planned facility.
Doctor's Rm	2	0	Doctors of the Emergency Department are also to be in charge of medical care at these ICUs.
Store	1	1	
• Preventive & Social Medicine Department			
Reception	1	1	
Child Health Promotion Clinic Immunization Rm	1	1	Annual no. of Immunization  OPT (diphtheria, pertussis, tetanus): 12,318  Polio: 13,457 Measles: 2,653  BCG: 5,012 Tetanus: 161  Diphtheria: 997  Annual no. of cases : 23,2  Average daily no. of patients accepted: 60~65
Nutrition Councelling/Growth Monitoring Rm	1	1	To be used for various follow-up clinics
Child Guidance Clinic	2	1	Annual no. of cases: 3,109
High Risk Clinic	1	1	
Psychological Testing Rm	1	1	For the use of psychologist
Malaria Clinic	1	1	For the use of two engineers from NDM
Family Welfare Clinic	1	1	Annual no. of patients receiving advice: 9,576
Medical Social Services	2	2	There are already two medical consulting rooms. Average daily no of patients receiving advise: 15-20
Doctor's Rm	1	1	A doctor's office for a senior doctor in charge of child health promotion
Store	1	1	Common use with Lab.
• DTTU	1		Annual no. of cases: 11,373
Doctor's Rm	1	1	To serve also as the reception counter
Treatment Rm	1	1	
Children's Sitting Rm		1	
Health Education Re • Others	n 1	1	
Telephone Exchange	1	1	To be provided with a rest station for the operators.

Room Name	No. of rooms (in the request)	No. of rooms (in the basic design)	Result of the examination
Mechanical Rm		1	
Substation	1	1	
Workshop	1	1	
Laundry	1	1	Planned as a independent building where linen and operating gowns are washed.
Incinerator Rm	1	1	Planned as a independent incinerator room building

# ② Kalyanpuri Urban Health Centre

Table 2-8 Examination of Requested Rooms -2

Room Name	No. of rooms (in the request)	No. of rooms (in the basic design)	Result of the examination
Examination Rms	4	4	Annual no. of outpatients accepted: 35,000
			Annual no. of working days: 293
			Daily working hours: 4hours
			Average consultation time: (5-10 minutes) Average: 7.5 minutes/patient
			35,000÷293×7.5÷240=3.7→4 room
			One each for the internal medicine, paediatrics, obstetrics/gynecology and ophthalmology departments
Doctor's Rm	1	1	
Medical Social Workers' Rm	1	1	A room where advice on preventive social medicine is given
Seminar Rm (25∼30 persons)	1	1	Annual no. of mothers' classes: 86 The seminar room is to serve also as a waiting hall.
Treatment Rm (Minor OT)	1	1	It will be possible to treat more than 586 (2 / day × 293days) external injuries a year in the treatment roo
Observation Rm	1	1	To be used for observation of emergency outpatients
Laboratory	1	1	It will be possible to conduct about 5,860(20/day×293) basic tests such as malaria, blood and urine tests a yea
Injection Rm	1	1	
Dressing Rm	1	1	
Pharmacy	1	1	
Store	1	1	
Guard Rm	1	1	

2. Requested Items of Equipment ( indicate part completed in phase 1)

Table 2-9 Examination of Requested Equipment

No.	Equipment name	No. of units (in the request)	to, of suits (in the tasic draigs)	Result of the examination
Radio	ology Department			
1	X-ray TV monitor	1	1	It is necessary to take X-ray photos and contrast photos of abdomen and other blood vessels. Since this equipment is operated from the control room, there is no danger of doctors and technicians being exposed to X-rays. Although no TV-mounted X-ray equipment is used at the hospital, its radiologists have the ability to operate such equipment. The existing superannuated equipment is to be replaced.
2	Color doppler ultrasound scanner	1	1	This equipment is used for diagnosis of circulatory disorders. It was difficult to do this type of diagnosis at the hospital due to a lack of the equipment. The introduction of this equipment will make it possible to do more accurate diagnosis of paediatric circulatory disorders, which will lead to a marked improvement in health care in the country.
3	Diagnostic X-ray	1	1	This equipment is used for taking general and emergency photos of bone fractures and chest diseases. The existing equipment is to be replaced.
4	X-ray film changer	2	0	This equipment is not to be included in the project because no contrast photos of blood vessels are taken at the hospital.
5	Contrast medium injection unit	2	0	This equipment is not to be included in the project because no contrast photos of blood vessels are taken at the hospital.
0pe	ration Theatre Depar	tment		
1	Examining light	4	4	These lights are necessary in lighting the affected part and the color of the patient's skin for observation purposes.
2	Cryosurgical unit	2	0	This equipment is not to be included in the project. No significant therapeutic effects can be expected of it.
3	Electro mygraph	1	1	This equipment is necessary in measuring the degree of malfunction of skeletal muscles.
ICU	Department			
1	Infant incubator	6	3	Standard Type This device is necessary to maintain an environment similar to mother's body for a premature baby until his or her weight reaches normal level. 6 incubatoras composed of 3 standard type and 3 ICU type.
2	Infant incubator	6	3	ICU Type  This device is necessary to maintain an environment similar to a mother's body for a premature baby until his or her weight reaches normal level. This type is definitely required for infants whose conditions are serious.

No.	Fauirment name	N•. of u⊨ts	So, of wits tin the basic	Result of the examination
	Equipment name	iin the roquets	dieliga)	
3	Infant warmer	12	3	To maintain the body temperature of the infant is most important for which phototherapy unit should be included. 3 units are reasonable quantity for 30 ICU beds.
4	Neonatal monitor	4	3	This equipment is necessary to monitor vital changes in a patient's heart, as well as his or her respiration and temperature. 3 units are sufficient for 30 beds ICU.
5	Infant ventilator (neonatal)	0	1	In 1993, about 6,800 patients, including 3,700 respiratory disorder patients, were treated at the hospital. It is estimated that there were about 300 cases when these patients had to be treated using ventilators. These devices are necessary for artificial ventilation control for newborn infants in the case of IRDS and dyspnea.
6	Infant ventilator	2	2	
7	Defibrillator	0	1	This equipment is necessary in removing ventricle fibrillation. It can also be used for emergency monitoring.
Oper	ation Theatre Depar	tment	·	
1	Operating table	4	3	These are electrohydraulic (height adjustable) operating tables for use with infant patients. A total of 3 such operating tables are to be procured under the project. 1 additional for paediatric orthopedic surgery.
2	Operating light with TV monitor	0	1	Shadowless lamps are indispensable in performing operations. A TV-mounted shadowless lamp is to be procured under the project for educational purposes.
3	Operating light	4	2	
4	Operating light with spot light	0	1	Shadowless lamps are indispensable in performing operations. They are necessary in performing ophthalmological and E.N.T. operations.
5	Anesthesia Mac.	4	3	This device is indispensable when an operation is performed on a patient put under general anesthesia. Though 4 of them are to be procured to match the 4 operating tables to be procured under the project, 3 are reasonable quantity in consideration of one anesthesia machine is now utilized without trouble.
6	Multi channel patient monitor	4	2	This device is necessary to monitor vital changes in a patient's heart, temperature, the oxygen content of blood and his or her respiration and blood pressure during operation. Since this device included in the anesthesia machine, it is appropriate to procure two units of general-purpose anesthesia machine under the project.
7	Table top E.O.G. steriliser	1	0	This equipment is necessary for low- temperature sterilization. However, this equipment should not be procured for this department since it was decided that Central Sterilization Supply will procure it.

No.	Equipment name	No. of (rits (a. the region)	tic, of with (in the trade design)	Result of the examination
8	Hand washing sink unit	0	2	This equipment is indispensable to keep surgeons' and assistants' hands sterile.
Newb	orn Baby Room in KSC	H	<u> </u>	
1	Neonate room			No newly equipment is to be procured for this department since the existing equipment is sufficient.
Prem	ature Baby Room in E	(SCH		
1	Infant care incubator	8	0	This equipment should be deleted since the existing one and the one existing equipment is sufficient.
2	Infant care center	4	2	Maintenance of normal body temperature is important for premature babies. The equipment is indispensable to prevent premature babies' temperatures from falling and treatment. The existing superannuated equipment is to be replaced.
3	Infant ventilator	4	0	No equipment is to be procured since the equipment to be procured for ICU will suffice.
4	Transcutaneous PO <sub>2</sub> /PCO <sub>2</sub> monitor	2	1	This equipment is used for measuring oxygen and carbon dioxide content in blood for premature and newborn babies without collecting blood from them and for monitoring oxygen replacement in these
				babies' lungs. It is appropriate to procure the equipment under the project since it requires no blood collection and therefore minimizes damage to patients. I unit is sufficient from the scale of the hospital.
Ward	i			
1	Patient bed	150	50	It is appropriate to procure the required number of beds under the project since these beds are necessary for patients to get medical treatment in a healthy environment 50 for new facility will be provided.
2	Bedside cabinet	150	50	
3	Overbed table	150	50	
4	Doppler fetus detector	4	0	This equipment should be deleted since it is for obstetric use.
5	Stretcher trolley	4	0	This equipment should be deleted since ordinary equipment can be used for this purpose.
Fee	ding, Bath and Milk	Kitchen I	Room in	SKGH
1	Breast pump	4	0	This equipment is unnecessary since there is no need for milking.
2	Nursing bottle sterilizer	2	0	This equipment is unnecessary since there is no need for milking.
3	Nursing bottle warmer	1	0	This equipment is unnecessary since there is no need for milking.
4	Infant warmer	2	3	Declines in newborn babies' temperatures are very dangerous. It is therefore appropriate to procure 3 devices under the project.

No.	Equipment name	No. of trats (in the regest)	No. of wats (in the besic dicigs)	Result of the examination
Gas	Supply System			
1	Medical gas supply system	1	0	This equipment should be deleted since it is included in the facility construction work.
Inci	nerator			
1	Paging system	1	0	This equipment should be deleted since it is included in the facility construction work.
2	Incinerator	4	3	This equipment is necessary in incinerating medical waste. It is appropriate to procure three units of the equipment under the project. It will be necessary to incinerate 600kg (1.2kg/bed X500) of medical waste a day.
Tran	sportation	· · · · · · · · · · · · · · · ·		
1	Ambulance	4	4	An ambulance is indispensable in transporting an emergency or serious patients to a medical facility when it is impossible to care by themselves. The existing ambulance is to be replaced.
2	Mini bus	1	1	A microbus is indispensable in transporting doctors and nurses for outreach health care services, as well as in transporting them for in-service training programs.
3	4 wheeler (Jeep)	1	1	This type of motor vehicle is necessary to transport outreach service doctors/nurses to the places where the road conditions are poor, and when the infectious diseases are required to be cared during the rainy season.
Auto	psy Room in SKGH			
1	Autopsy table with shower	2	2	Pathological autopsy is indispensable in investigating the causes of diseases. This equipment is necessary in conducting pathological autopsy.
2	Morgue refrigerator	1	1	A refrigerator is necessary to prevent corpses for use in pathological autopsy from decomposing. An additional refrigerator is to be procured for emergency use (when the existing refrigerator with a capacity of up to 12 corpses breaks down.)
Cent	ral Laboratory Departm	ment	· · · · · · · · · · · · · · · · · · ·	
	Chemical biochemistry			
1	Blood cell counter	4	0	This equipment, which is used to count the number of blood corpuscles, should be deleted since it is not needed at any biochemistry laboratory
2	Blood bank refrigerator	2	0	This equipment, which is used in storing blood for use in blood transfusion, should be deleted since it is not needed at any biochemistry laboratory.

No.	Equipment name	No of with (in the regret)	No. of units (in the hasic disting)	Result of the examination
3	Refrigerated centrifuge	1	1	This equipment is used to separate tangible ingredients and liquid ingredients in liquid specimens in which cells and special tangible ingredients are suspended. It is therefore appropriate to procure this equipment under the project.
4	Electrophoresis	1	0	This equipment should be deleted since it will not be used at the planned facility.
5	Immuno & Agar Electrophoresis apparatus	1	0	This equipment should be deleted since it will not be used at the planned facility.
6	Electrophoresis (disk type)	1	0	This equipment should be deleted since it will not be used at the planned facility.
7	Thin-layer choromatograph	1	0	This equipment should be deleted since it will not be used at the planned facility.
8	Elisa system	1	1	This equipment, which is used to measure various types of active oxygen in blood and grasp the degree of seriousness of patients' diseases, is indispensable.
	Bacteriology			
9	CO, incubator	2	1	This equipment is used mainly in culture of bacteria. It is indispensable in culturing bacteria in laboratory dishes or otherwise in not so precisely controlled condition.
10	Low temperature incubator	0	1	This equipment is used mainly in fixed temperature culture of bacteria. It is indispensable for this department.
11	Elisa system	0	1	This equipment is used in biological examinations aimed at identifying pathogenic organisms and is therefore indispensable for this department.
12	Clean hood	0	1	This equipment is necessary to carry out aseptic activities in ordinary rooms and is therefore indispensable for this department.
	Hematology			
13	Electropheresis apparatus	1	0	This equipment should be deleted since it is hardly needed by this department.
14	Automatic blood cell counter	0	1	This equipment, which is used in screening tests to keep track of the progress of patients suffering from blood diseases, is indispensable in treating these patients.
15	Elisa system	4	0	This equipment should be deleted since it is hardly needed by this department and it is used mainly in the fields of biochemistry and microbiology.
	Histopathology			
16	Microscope	8	1	One microscope will suffice.
17	Freezing microtom	2	1	This equipment, which is used to freeze and slice a tissue section promptly when there is not enough time to do paraffin burying, is indispensable for this department.

No.	Equipment name	the of with installing the expression	No. of tribs (in the basic disign)	Result of the examination
18	Tissue infiltrator	12	1	This equipment, which automatically does dehydration, decreasing and paraffin penetration of a tissue section, is indispensable for this section. It is appropriate to procure one unit of this equipment under the project.
Surg	ical ICU			
1	Neonatal ventilator	5	1	
2	Paediatric ventilator	4	2	
3	Defibrillator	0	1	The resuscitation device is important and indispensable for any ICU.
Fol 1	ow-up Clinic			
1	Hemodialysis system	4	2	Acute diseases such as kidney insufficiency require this system 4 systems are not necessary, but 2 systems are adequate.
Cent	ral Supply & Streriza	tion		
1	High pressure sterilizer, big size	1	1	This equipment is used to sterilize linen, small steel articles at the operation theatre and ward departments. It is indispensable for any hospital.
2	High pressure sterilizer, middle size	1	1	
3	High pressure sterilizer, middle size high speed	1	1	
4	Ultrasonic equipment cleaner	2	1	This equipment is necessary in cleaning metal goods such as forceps.
5	Washer / Dryer for surgical gloves	2	1	This equipment is necessary in cleaning rubber gloves used in operations. Its use will lead to a reduction in the running cost.
6	EO gas sterilizer table model	0	1	This equipment is required to do low-temperature sterilization. One unit of this equipment, which was originally to be procured for the operation theatre, is to be procured for this department.
Suci	ita Kripalani General	Hospita	l Dental	Department
1	Dental	1	0	Deleted as project is limited to KSCH.
<u> </u>	oatient Department Pae	T	- <sub>F</sub>	
1	Paediatric orthopedic operation table	1	1	An operating table is indispensable for paediatric orthopedic surgery.
2	Surgical apparatus set for Ortho. Surgery	1	1	These devices are indispensable for paediatric orthopedic surgery.
3	C-arm X-ray TV system	1	1	This equipment is used to take X-ray photos of bone fractures. It is used mainly in the operation theater. Since it is portable, it can also be used in the emergency department.

No.	Equipment name	No. of Huls On the regreta	No. of units out the basis design	Result of the examination
Outp	atient Department E.N.	т.		
1	Otorhinolaryngologi cal treatment table	1	J	This equipment is used in minor operations.
2	Otorhinalyaryngolog ical treatment unit with compressor	1	1	This equipment is used in E.N.T. treatment.
3	Cryosurgical unit	3	0	This equipment should be deleted because it has no significant therapeutic effect.
4	CO <sub>2</sub> laser surgical unit	1	0	This expensive equipment should be deleted because there is no significant difference in therapeutic effect between this equipment and other similar equipment.
Outp	atient Department Pae	diatric (	Ophthalmo	ology
1	Cryosurgical set	1	0	These devices are used in operations for cataract and retinal detachment, as well as for corpus ciliate freezing for hemorrhagic glaucoma, however, this should be deleted as the paediatric cases are rate.
2	Slit lamp with camera	1	1	This equipment is indispensable in conducting the ophthalmological examination of the turbidity of the cornea and the like.
3	Projection perimeter	1	1	This equipment is indispensable in testing the entire vision from the retinato the visual centre to detect glaucoma, retinal optic nerve disorders and cerebral hemorrhage.
4	Autorefractometer	1	1	This equipment, which automatically measures the refractive index of the eyes, the degree of astigmatism and the like, is indispensable in conducting ophthalmological tests.
5	Cataract set microsurgery	12	1	This equipment is used in operations for cataract. The number of units of this equipment in the request are too large.  1 is sufficient.
6	Fundus camera	1	1	This equipment, which is used in observing the condition of the optic disk, the retina and the choroidea, is indispensable in conducting ophthalmological tests.
7	Echo-scan	1	1	This equipment is used in diagnosing timorous lesions in the eye or the eye socket and retinal detachment.
8	Ophthalmology yag laser	1	0	This equipment is used in treating diabetic retionopathy, thrombosis of the central vein of retina, rhegnatogenous retinal detachment and orbit disorders, for which there is no viable pharmacotherapy. This equipment should be deleted since it is not used so frequently in paediatric ophthalmology.

No.	Equipment name	No. of wits (in the regress)	No. of units (in the basic desty)	Result of the examination
9	Argon laser	1	1	This equipment is necessary in treating diabetic retinopathy, thrombosis of the central vein of retina, hegmatogenous retinal detachment and orbit disorders, for which there is no viable pharmacotherapy. It is indispensable in treating eye diseases.
10	Vitreous operation apparatus	2	0	This equipment is sued in operations to remove suspended vitreous bodies as a result of vitreous bleeding or vitreous acyloidogis. But this equipment should be deleted since it is usually used in operations performed on elderly patients rather than on infant patients.
11	Computer graphic analyzer	1	0	This equipment is used in collecting and analyzing eyeground examination records. But this equipment should be deleted because there is no sufficient application software for it.
12	Phacoemulsifier	1	0	This equipment is suited for use in operations for senile cataract. But this equipment should be deleted since it is rarely used in operations performed on infant patients.
Outp	atient Department Pac	diatric [	ermatolo	Pgy
1	Cryosurgical unit	1	0	This equipment should be deleted since it has no significant therapeutic effect.
2	Dermatology laser unit	1	0	This equipment, which is used mainly in treating congenital hemangioma, should be deleted because there are few cases of this diseases.
Laur	dry		1	
1	Washing machine	4	2	This equipment is necessary in washing
2	Washing machine	0	1	line and bedclothes. Two washing
3	Drying tumbler	4	2	machines with a capacity of 50kg and one with a capacity of 25kg are to be procured
4	Drying tumbler	0	1	under the project on the assumption that 600kg of linen and bedclothes will be washed daily.
5	Press machine	2	0	This equipment should be deleted because it frequently breaks down and because it is hard to maintain.
6	Extractor	0	2	This equipment is necessary after washing linen and bedclothes. Two machines with a capacity of 50kg are to be procured under the project on the assumption that 600kg of linen and bedclothes will be washed daily.
End	oscopes			
1	Bronchoscope	1	0	This equipment should be deleted since it is to be procured for E.N.T.
2	Duodenoscope	1	1	This equipment is indispensable in diagnosing and observing the progress of duodenal ulcer, which it is difficult to diagnose by X-ray examination.

No.	Equipment name	No. of units (in the regrest)	ire of wits tip the tesic design)	Result of the examination
3	Laparoscope	1	1	This equipment is necessary in diagnosing chronic hepatitis, cirrhosis of the liver and hepatomegaly, as well as in conducting open biopsy of these diseases.
Medi	cal Record			
1	Computer	4	4	This equipment is necessary in compiling statistics on patients and thereby improving the quality of hospital services.
Prev	entive Social Medici	ne Departm	ent	
1	Computer	1	1	This equipment is necessary in compiling statistics on public health and thereby improves the community health service level.
The	3 Health Centers		*	
1	Sterilizer table model	4	4	This equipment is necessary in preventing infections and cross infections. 2 units for Kalyanpuri, 1 unit for Najafgarh and 1 unit for Palam are to be procured under the project.
2	Incinerator	3	3	It is necessary to incinerate medical waste.
Admi	inistration	<del></del>	<u> </u>	
1	Computer	2	2	This equipment is necessary in managing patients records and medical equipment and thereby increasing the efficiency of hospital management.

### 2-3 Basic Design

#### 2-3-1 Design Concept

The Project aims to strengthen the primary and secondary medical functions of Kalawati Saran Children's Hospital located on the premises of Lady Hardinge Medical College, improve the quality of regional health activities conducted at the three Health Centres working closely with the Medical College, promote the health of local community residents, including infants, and thereby improve the country's health indicators such as the infant mortality rate. The facility and equipment plan for the Project is therefore to be worked out paying close attention to the functionality, economy and safety of each item in accordance with the following basic design policies.

### (1) Design Concept Concerning Natural Conditions

As stated in Chapter 2, the National Capital Territory of Delhi (hereinafter referred to as Delhi) belongs to a semiarid climate which consists of the rainy season and the dry season. There is a considerable difference in temperature between the May to June period, when the average temperature exceeds 30 C and the maximum temperature reaches 45 C and the December to February period, when the average monthly temperature is about 15 C and the lowest temperature reaches 4 C. The July to August period is the very sultry rainy season when average monthly rainfall exceeds 200m/m. In light of such natural conditions, the following basic design policy was worked out.

 Since the operation theatre, ICUs and laboratories to be constructed under the Project require air conditioning, their walls and roofs should be insulated sufficiently and the amount of sunlight coming though the window glass should be minimized so that maintenance and management costs, including air conditioning expenses, may be minimized.

- To protect the medical equipment to be procured under the Project against dust during the dry season, window frames which are highly resistant to dust should be used.
- Measures should be taken to protect against unclean condition especially during the rainy season.

# (2) Design Concept Concerning Social Condition

The Project site is located in the New Delhi District in the centre of the National Capital Territory of Delhi. New Delhi Municipal Committee attaches importance to the maintenance of the beauty of the streets and environmental protection. Applications for the building permit are screened by Delhi Urban Arts Commission. As regards environmental protection, it is difficult to obtain permission to cut down existing trees. Since the Project is going to be implemented as one aimed at expanding and improving the existing facilities of Kalawati Saran Children's Hospital on the premises of Lady Hardinge Medical College, the following basic design policy was worked out.

- The design of the outer appearance of the planned facilities should be in harmony with that of the existing facilities.
- As many of the existing trees on the Project site should be preserved as possible considering the surrounding natural environment.

# (3) Design Concept Concerning Local Construction Situation

India has detailed building laws and regulations, which require that architectural plans shall be subject to screening of their contents. In working out the architectural plan for the Project it is essential to comply with the local building laws and regulations so that the building permit may be obtained smoothly.

(4) Design Concept Concerning Utilization of Local Contractors and Locally
Available Equipment and Materials

In India, the import of foreign-made goods which are the same as domestic goods is restricted. Activities of foreign companies in the country are also limited. Since the country has a viable construction industrial base, there will be no problem with the procurement of domestically produced building equipment and materials. In implementing the Project, therefore, the qualified Japanese contractor should give technical advice to its Indian subcontractor to make full use of domestically produced building equipment and materials.

(5) Design Concept Concerning Maintenance and Management Capability

The building maintenance and management cost is included in the annual budget of Kalawati Saran Children's Hospital. As the Project is aimed at expanding and improving the facilities of the existing hospital, it is expected that the building maintenance and management cost will increase as the total floor space of its facilities increases. It is important to minimize the hospital's building maintenance and management cost for the Project so that too heavy a financial burden may not be imposed on the hospital. To reduce the maintenance and management cost, natural ventilation and lighting should be utilized as much as possible, planned buildings should be sufficiently insulated, and highly durable building equipment and materials should be used.

(6) Design Concept Concerning Scope and Level of the Facilities and Equipment
After considering all the above basic design policies, the following basic
design policy was worked out for the facilities and equipment to be procured
under the Project.

- The facility plan should be consistent with the functions of Kalawati Saran Children's Hospital and the three Health Centres (in Kalyanpuri, Najafgarh and Palam).
- The facility/equipment maintenance and management cost should be minimized.
- The planned facilities should match the characteristics of the Project site.
- (7) Design Concept Concerning Implementation period of the Project.

In determining the period of the implementation of the Project, care should be taken to minimize the period of suspension of operations at the hospital while the planned facilities are connected to the existing facilities. In India, the July to August period is the rainy season when temperatures often exceed 35 C. It will therefore be difficult to carry out the earth and foundation work during this season. This should also be taken into account in determining the period of Project implementation. Considering the above conditions, it is difficult to complete construction and equipment supply within 12 months. Therefore, the Project should be divided and work carried out in 2 phases.

### 2-3-2 Examination of the Design Condition

(1) Facility Composition

The facilities to be constructed under the Project are as follows.

- 1) Kalawati Saran Children's Hospital
  - ① Central Building (Completed in the scope of the phase 1)
    - Outpatient Department:

Examination Rooms (Paediatric Internal Medicine, Paediatric Surgery, Paediatric Orthopedics, Ophthalmology, E.N.T., Dermatology), Treatment Room (Paediatric Orthopedics), Plaster Room, Treatment Room for common use, Central Injection Room, Specimen Collection Room, Add. Medical Superintendent Office, Doctor's Office, Dpty. Nurse Supt. Room, Stretcher Stockroom, Pharmacy/Dispensary, Drug Storage, General-purpose Storage, etc.

## • Radiology Department:

Reception, X-ray Room, Control Room, Darkroom, Technician's Room, Ultrasound Room, Waiting Room, etc.

### • Laboratory Department:

Chemical Biochemistry Laboratory Room, Autoanalyzer Room,
Common Laboratory (Bacteriology & Parasitology, Hematology &
Histopathology), Immuno Hematology Laboratory, ECG room, EMG
Room, EEG Room, Doctor's Room, Officer's Room, Technicians'
Room, Storage, etc.

#### • Operation Department:

Reception, Major Operation Theatre, Minor Operation Theatre, Changing Room, Surgical ICU, Recovery Room, Doctor's room, Surgical Nurse Station, Preoperative/Postoperative Room, Central Supply & Sterilization Room, Store, etc.

#### • Emergency Department:

Reception, Examination Room, Treatment Room, Doctors' room,
Nurse Station, Police Post Room, etc.

#### • ICU Department:

Treatment Room, Examination Room, Nurse Station, Isolation Room,

ICU, Laboratory, Doctor's room, Store, etc.

# • Preventive Social Medicine Department:

Reception, Immunization Room, Nutrition Counseling & Growth Monitoring Room, Child Guidance Clinic, High Risk Clinic, Malaria Clinic, Family Welfare Clinic, Doctor's Room, Store, etc.

### • Diarrhea Training & Treatment Unit:

Doctor's Office, Treatment Room, Waiting Room, Health Education Room, etc.

# • Physical Medicine & Rehabilitation Department:

Reception, Medical Record Room, Examination Room, Doctor's Office, Physiotherapy Treatment Room, Occupational Therapy Room, Language Therapy Room, Physiotherapist's Room, Occupational Therapist's Room, etc.

# ② Workshop · Substation Building

Generator Room, High-tension Panel Room, Low-tension Panel Room, Transformer Room, Metal Processing Workshop, Wood Workshop, Electrical Workshop, Electronic Workshop, Parts Store, Engineer's Room, Technician's Room, etc.

# 3 Laundry Building

Washing/Extract Room, Drying Room, Press Room, Reception Counter/Distribution Room, Rest Room, Store, etc.

### ① Incinerator Building

Incinerator Room, etc.

## 2) Kalyanpuri Urban Health Centre

Reception, Examination Room, Minor OT (Treatment Room), Injection Room, Pharmacy, Store, Observation Room, Dressing Room, Laboratory, Seminar Room, Medical Social Worker's Room, Doctor's Room, etc.

## 3) Palam Primary Health Centre

Deep tube well, water supply & drainage for existing building.

### (2) Scale of the Planned Facility

The scale of the facilities to be contracted under the Project is determined on the basis of the contents of the Indian request, staffing of each room, contents of activities, standard floor spaces required in Japan, the equipment arrangement plan and other data and information collected in India. The scale of each room is determined based on the contents of the following table.

# 2-3-3 Basic Design

- (1) Facility Plan
- 1. Kalawati Saran Children's Hospital
- (1) Site and Layout Plan

The Project site is located on the premises of Lady Hardinge Medical College.

The following figure shows the locational relationship between the planned facilities and the existing facilities.

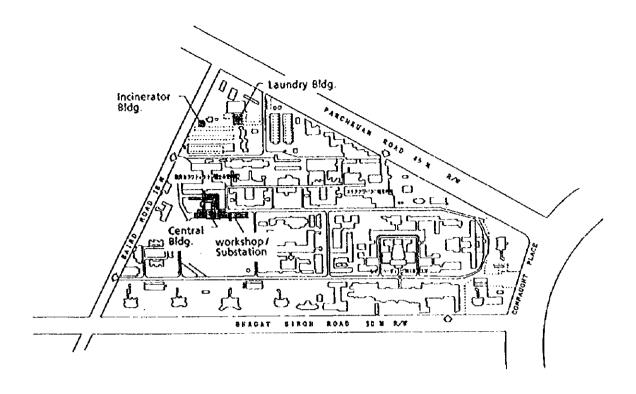


Fig. 2-2 Locational Relationship between the Planned Facilities and the Existing Facilities

The planned facilities are considered to be an extension of the existing facilities of Kalawati Saran Children's Hospital. In other words, the planned facilities and the existing facilities combine to constitute a single children's hospital. It is therefore necessary to design the planned facilities in a manner that makes connection of the two functional and easy. The traffic flow of the service approach should be completely separated from those for outpatients, their attendants and other visitors. As many of the existing trees in the Project site should be preserved as possible and included in the site plan so that the building arrangement plan may make full use of the natural environment.

## (2) Facility/Architectural Plan

#### • Building Control

The Indian building standards require that the building coverage ratio

to the site for hospital buildings shall be 25 percent or less. The planned buildings are to be constructed on the premises of Lady Hardinge Medical College. Therefore the building coverage ratio should be calculated using the entire area of premises and building. At present, the building coverage ratio for the campus is 24.93 percent, which is very close to the allowable maximum. In implementing the Project, therefore, the Indian side will relocate the existing boarding house with a floor space of 1,800m<sup>2</sup> and remove unnecessary existing facilities so that the problem of the building coverage ratio may be overcome. The building area and the building coverage ratio for the existing facilities is as shown in the following table.

Table 2-10 Site and Building Area

	Area (m²)	Building coverage ratio (%)
1. Site Area	1,94,916.17	
2. Allowable maximum building area	48,729.04	25.0
3. Total building area for the existing facilities confirmed in the 1994 basic design study	48,590.59	24.93
4. Building area under the project	2,680.14	1.37
5. (3+4)	51,270.73	26.3
<ol> <li>Building area of existing facilities to be removed (5-2)</li> </ol>	2,541.69	1.3

#### Floor Plan

The arrangement of main rooms is determined on the basis of activities to be carried out in these rooms and functions required of them. The optimal scale of required rooms is determined after examining the equipment arrangement plan for these rooms and functions required of these rooms. The rationale for the determination of the functions and floor space of each of these rooms is as shown in the following table.

Table 2-11 Determination of the Scale of Each of the Main Rooms ([[[]]]indicated part completed in phase 1)

# ① Central Building

Room	No. of room	Floor Area / Rm (m²)	Rationale / functions
Ground Floor			
Outpatient Reception		18.0	A total of 6 reception counters for an average 261 outpatients/day.
Central Specimen Collection Rm	į	6.0	
• Emergency Department			
Emergency Reception		18.0	Emergency care to be received at the counter.
Examination Rm		18.0	An average emergency outpatients/day are to be screened (24 hours./day).
Treatment Rm		36.0	Emergency treatment and minor operations.
Nurse Station		18.0	To operate 24 hours./day. A napping space include
Doctor's Rm	:	18.0	For an LHMC professor and the senior doctor to be in charge of emergency care.
Police Post Rm		10.0	Legal treatment of emergency cases.
• Pharmacy Department			
Pharmacy / Dispensary		18.0	
Store		27.0	One for storing drugs and the other for storing documents.
• Diarrhea Training & Treatment Unit			
Doctor's Rm		18.0	To serve also as the reception counter.
Treatment Rm	1	18.0	With toilet
Children Sitting Corner		14.0	
Health Education Pm	1	18.0	
Nurse Station		18.0	
• ICU Department			
icu		72.0	Each provided with 15 beds.
Isolation Rm		18.0	For cases of infectious diseases.
Treatment Rm		18.0	
Examination Rm		18.0	
Laboratory		18.0	To be provided with the existing equipment (autoalayzer).
Nurse Station	1	18.0	To be used to monitor two ICUs.
Store		18.0	
Radiology Department	-		
Reception	1	9.0	To be used to receive patients.
X-ray Rm A		36.0	To be provided with general-purpose (two-bulb) X-ray equipment.
X-ray Rm B		22.0	One to be provided with general-purpose X-ray equipment and the other with special X-ray unit
Control Rm		8.0	To serve álso as X-ray room B
Darkroom		9.0	To serve also as a drying room.
Ultrasound Rm		14.0	To be provided with two units of ultrasonic diagnosis equipment.

Room Name	No. of Room	Floor Area / Rm (m²)	Rationale / functions
Radiologist's Rm		18.0	One for a middle-ranking radiologist and for a radiologist.
Technicians' Rm		12.0	A large room for the use of 8 technicians.
First Floor			
<ul> <li>Outpatient Department (Internal Medicine)</li> </ul>			
Examination Rm		18.0	Examination rooms for Paediatric Internal Medicine
Central Injection Rm		18.0	
Store		18.0	To be used to store documents.
Stretcher Rm	,	9.0	To store stretchers.
Telephone Exchange Rm		18.0	Telephone Exchange to be installed (to be operated around the clock).
<ul> <li>Physical Medicine &amp; Rehabilitation</li> </ul>		,	
Reception		36.0	To receive patients and store case records.
Examination Fm		18.0	Designed to examine 249 patients a day on avera
Doctor's Rm		18.0	One office for two doctors (two senior doctor's offices and a senior resident's office.)
Physiotherapist's Rm		18.0	A single room for a senior physiotherapist and other for physiotherapists.
Physiotherapy Treatment Rm		27.0	To be provided wit two units of microwave treatment equipment, one unit of whirlpool treatment equipment, one unit of low-frequency treatment equipment, etc.
Electro Therapy Treatment Rm		36.0	
Occupational Therapy Rm		27.0	To be provided with equipment for use in occupational therapy of infant and adult patien
Occupational Therapists Rm		18.0	A room for two occupational therapists.
Language Therapy Rm		18.0	
Store		18.0	
Second floor			
• Laboratory			
Chemical Biochemistry Laboratory		36.0	To be provided with laboratory equipment.
Autoanalyzer Rm		18.0	Existing equipment will be transferred.
Bacteriology/ Parasitology Laboratory		36.0	To be provided with laboratory equipment.
Hematology/ Ristopathology Laboratory		36.0	To be provided with laboratory equipment.
Immuno Mematology Laboratory		36.0	To be provided with laboratory equipment.
ECG Room		15.0	Two kinds of electrocardiographs (3 units in total).
EMG Room		15.0	To be equipped with one of the existing electromyographs and a new one.
EEG Room		15.0	To be equipped with one of the existing.
Officer's Rm		18.0	One for a senior parasitologist and the other for a senior biochemist.

	Room Name	No. of Room	Floor Area / Rm (m²)	Rationale / functions
_	Technicians' Rm	. — . — . —	18.0	To be used as technicians' resting room.
	Office Rm		18.0	To serve also as a reception counter.
	Outpatient Department (Surgical)			
	Paediatric Orthopedic Treatment Rm		18.0	To be used for Paediatric orthopedic treatment
	Plaster Rm		18.0	To be used for plaster cast treatment.
	Examination Rm		18.0	2 for Surgery, 1 for Orthopedic, 1 for ENT, 1 for Dermatology, 1 for Opthalmology
	Assit. Nurse Supt. Rm		18.0	A single room.
İ	Depty. Nurse Supt. Rm		18.0	A single room.
١,	Preventive & Social Medicine Department			
l	Reception		18.0	To be used to receive patients.
	Child Realth Promotion Clinic's Immunization Rm	:	36.0	DPT, polio, BCG, diphtheria, measles, tetanus
	Nutrition Counseling /Growth Monitoring Rm		18.0	Designed to provide follow-up clinic services to 3,109 patients a year.
	Child Guidance Clinic		36.0	To be used to give child guidance.
	Psychological Testing Room		18.0	To be used to give psychological tests (in a soundproof booth set up at a corner of the room
	High Risk Clinic		18.0	A soundproof room to be used to examine those patients who have difficulty in speaking.
	Malaria Clinic		18.0	To be used to give guidance on malaria. The guidance is to be given by a technician dispatched from NDMC.
ļ	Family Welfare Clinic		18.0	To treat 9,576 patients a year.
	Doctor's Rm		18.0	A single room for the senior doctor to be in charge of Child Health Promotion Clinic.
	Medical Social Services		9.0	To give guidance to an average of 15-20 patient per day.
	Store		18.0	
	Third Floor			
	• Operation Theatre	1		
	Reception		12.0	To receive patients to undergo operations.
	Major Operation Theatre		36.0	To be equipped with two operating tables. It is estimated that 591 major operations will be performed a year in the major operation theatre
	Minor Operation Theatre		27.0	It is estimated that 19,169 minor operations (hernia, aritifical anus, lithectomy, circumcision) will be performed a year at the two minor operation theatres.
	Surgical ICU		18.0	An ICU provided with 3 beds.
ļ	Recovery Rm		18.0	
٠	Doctor's Rm		13.0	A single room.
ļ	Surgical Nurse Statio	n	18.0	
	Preoperation / Postoperation Rm		36.0	Each room is to be provided with 6 beds.
	Changing Rm		11.0	One for males and the other for females.

Room Name	No. of Room	Floor Area / Rm (m²)	Pationale / functions
Scrubbing Corner			2 scrubber unit will be installed.
Store		18.0	2 scrubber unit will be installed.
<ul> <li>Central supply &amp; Sterilization Department</li> </ul>		188	
Reception		16.0	To receive washing.
Washing Rm		33.0	To be provided with cleaning equipment and working space.
Autoclave Rm		17.0	To be provided with 3 high-pressure sterilizers (a large-size one and two medium-size ones).
Assembly Rm		30.0	To be used to assemble cleaned devices.
Clean Store		24.0	To be used to store cleaned devices.
Distribution Rm		15.0	To be used to deliver sterilized devices.
Staff Rm		18.0	
Store		54.0	
• Others			
Doctor's Rm		18.0	14 single rooms for 14 doctors.

# ② Workshop/Substation Building

Room Name	No. of Room	Floor Area / Rm (m²)	Rationale / functions
Generator Rm		68.0	No. of rooms determined according to the equipment arrangement plan.
High-tension Panel Rm		68.0	Ditto
Low-tension Panel Rm	İ	68.0	Ditto
Transformer Rm		34.0	Ditto
Metal Processing Workshop		34.0	Ditto
Wood Workshop		34.0	Ditto
Electrical Workshop		34.0	Ditto
Electronic Workshop		34.0	Ditto
Parts Store		11.0	One each for 4 workshops.
Engineers' Rm		11.0	
Technician's Rm		18.0	
Store		23.0	
		<u> </u>	

# 3 Laundry Building

Room Name	No. of Room	Floor Area / Pm (m²)	
Washing / Extract Room		60.0	No. of rooms determined according to the equipment arrangement plan. To be provided with two 50kg washing machine and two 35kg extractors.
Drying Rm		20.0	No. of rooms determined according to the equipment arrangement plan. To be provided with two 50kg dryers and a 25kg drier.
Press Rm		40.0	No. of rooms determined according to the equipment arrangement plan. To be equipped with two press
Reception / Distribution		40.0	To receive washing and distribute washed article
Resting Rm		16.0	
Store		16.0	

## 4 Incinerator Building

		Floor	
Room Name	No. of Room	Area / Rm (m²)	
Incinerator RM			No. of rooms determined according to the equipment arrangement plan. To be equipped with 3 medium size incinerator and two small-size incinerators.

#### • Section Plan

In working out the section plan, natural ventilation and lighting will be secured for general rooms giving due consideration to protection afainst direct sunlight and rainwater. The height of each story will be determined taking into account connection of planned facilities with existing facilities (where story height is 3.5m). To prevent sharp rises in room temperature, the allowable maximum ceiling height should be employed. Also, in consideration of the possibility of floods as a result of heavy rainfalls and Indian building standards, the height of the ground floor (from the ground) should be the same as that for existing facilities (0.65m)

#### • Structural Plan

### ■ Outline of the Structure

The planned facilities are considered to be an extension of the

existing facilities of Kalawati Saran Children's Hospital. The central building consists of the Outpatient Department, Emergency Department, Operation Theatre, Radiology Department, Central Laboratory Department, Preventive Social Medicine Department and Physical Medicine & Rehabilitation Department facilities. It is a reinforced concrete building with four stories and a basic span of  $6.0m \times 6.0m$ . Each story's height is 3.5m.

#### Foundation System

According to the soil investigation conducted at the time of the field survey, the Project site has uniform geological features. Up to a depth of 3.0m, there is back filling soil with N values ranging from 0 to 5, a sandy silt layer with N value of about 10 at a depth of 3.0 to 6.0m, and a clayey silt layer with trace of gravel with N values ranging from 15 to 20 following the sandy silt layer. The foundation base depth will be about 3.0m below ground. Since judging from the scale of the planned building, it is possible to use this portion of the layer as the supporting layer for the planned building, spread foundation is employed as the foundation system. It is possible to secure bearing capacity of 12t/m2. At the time of investigation during the dry season, groundwater level of 4.5m was confirmed. It is likely that the groundwater level will rise to 2.0m below ground during the rainy season. This should be taken into consideration in working out the structural design of the planned building. It should be noted that the ground water contains 300 to 350 mg/l of sulfate. Therefore, the quantity of cement used in production of the foundation concrete should be more than  $330\,\mathrm{kg/m^3}$  and the water/cement ratio should be less than 55 percent. The geological survey data are included in the Appendix to this report.

#### Superstructure System

In light of the degree of ease of the construction work, cost factors, natural conditions and the scale of the planned building, it is appropriate to employ reinforced concrete rigid frame structure as the superstructure system for the planned building. The external walls should be of brick or sand stone common in the country, in consideration of local construction conditions and cost factors.

#### Applicable Structural Standards

The Indian Building Standards (1993) Chapter 6 (Structural Design) and the Indian Concrete and Reinforced Concrete Standard should be applied as structural standards.

#### ■ Load and External Force

#### • Live Load

The live load of each room is determined in accordance with Table 1 in Article 1.3 of Chapter 6 of the Indian Building Standards (1993). The live load of each of the main rooms is as shown in the table.

Table 2-12 Five Load for Main Rooms

Room	Live Load (kg/m²)		
Laboratory	300		
Operation theatre	300		
X-ray room	300		
Office	250		
Toilet	200		
Corridor/hall	400		
Machine room	500		

#### • Earthquake Load

As the northern part of India belongs to the Eurasian Seismic Zone,

earthquakes occur in Delhi area. For this reason, buildings must feature earthquake-resistant construction. The calculation of the earthquake load should be conducted in accordance with Article 1.5 of Chapter 6 of the Indian Building Standards (1983).

O Calculation of Base Shear Coefficient (V)

 $V=K\cdot C\cdot \alpha h\cdot W$  K: structural form coefficient (1.0) C: building cycle coefficient (1.0)  $\alpha h$ : design seismic coefficient (0.075)

W : building's seismic weight

 $\alpha h = \beta \cdot I \cdot \alpha \circ \beta$  : foundation form coefficient (1.0)

I : coefficient of degree of importance

(1.5)

 $\alpha$ o : basic seismic coefficient (0.05)

 $\alpha h=1.0\times1.5\times0.05=0.075$ 

Therefore,

 $V = 1.0 \times 1.0 \times 0.075 \times W = 0.075W$ 

#### 6) Electrical Plan

Only the electric equipment plan for the planned buildings (Central Building, Workshop/Substation Building, Laundry Building, Incinerator Building) will be included in the scope of the Project (that for the existing buildings of Kalawati Saran Children's Hospital will not be included in the scope of the Project). However, consider the possibility of future unification of electrical facilities of those two buildings. The electric plan for the Project should be efficient to make it easy to maintain and manage the facilities.

#### Power Receiving and Substation Facilities

A substation will be built on the southern side of the planned building.

11kV 50Hz high-tension power shall be led in to the substation from

the cable installed along Baird Road running along the western side of the Project site. The high-tension electric power will be stepped down to 400V/230V low-tension electric power via the substation and will be distributed to each load in the planned building. Each of two transformers (each with a capacity of about 1,250kVA), able to meet the total load requirements of the hospital will be installed in the room so that the spare transformer may be used when the other breaks down. According to the records of the existing substation of Lady Hardinge Medical College, power supply to the Medical College is relatively stable, the voltage fluctuation rate ranging from -5 percent to +5 percent. There will be no need to install an automatic voltage regulator (AVR). However, an AVR should be attached to each unit of medical equipment requiring electricity with a very low voltage fluctuation rate. The Indian side should be responsible for applying for approval of high-tension power receiving, power lead-in up to the substation, and relocation of the existing power cable.

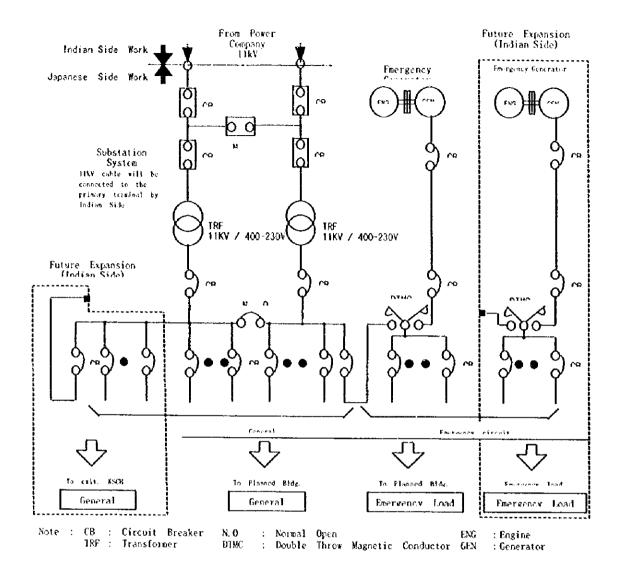


Fig. 2-3 Power Supply System

#### Generator

A diesel engine generator will be installed for the emergency power supply at the time of power failure. It should have a capacity large enough to cover the facilities of Operation Theatre, Emergency Department, ICU, etc. (about 250kVA). Electric power by the generator will not be supplied to the existing facilities of the hospital. No spare generator will be procured under the Project.

#### Lighting Fixtures and Wall Sockets

Lamps will be mainly fluorescent lamps. Lighting fixtures will be directly mounted onto the ceiling or suspended from the ceiling. Embedded lighting fixtures will be installed in clean zones such as operation theatres. The following table shows the target illuminance for each main room.

Table 2-13 Target Illuminance of Each Main Room

Room	Target illuminance (lux)	
Operation Theatre	1000~750	
Examination Rm, Treatment Rm, Nurse Station, Pharmacy, Laboratory Rm, Central Injection Rm	500~300	
Dpty. Nurse Supt. Rm, Doctor's Rm, Isolation Rm, Health Education Rm, Plaster Rm, Specimen Collection Rm, Exercise Therapy Rm, Language Therapy Rm, X-ray Rm, Control Rm, Technician's Rm	350~250	
Entrance Hall, Reception, Drug Store, Waiting Rm, Laundry, Stretcher Rm	250~100	
Corridor, Machine Rm, Store	150~50	

Wall sockets that comply with the applicable Indian standard will be procured. General-purpose wall sockets and emergency generator-powered wall sockets will be installed in each room.

#### Fire Alarm System

An automatic fire alarm system will be installed in the planned building in accordance with the Indian Building Standards (1983) and the Indian Fire Prevention Manual.

#### Lightning Arresting System

A lightning arresting system will be installed in accordance with applicable Indian standards. It will include lighting arresters to protect hospital equipment against lightning.

#### Air Conditioning Plan

The air conditioning to be planned under the Project should be determined with due consideration to usage, location of installation, the ease of operation and maintenance, and running cost and safety.

#### Design Conditions

• Design Outdoor Temperature and Humidity

Summer	Dry bulb	39.3 CDB	Winter	Dry bulb temp.	10.0 CDB
	Wet bulb temp.	22.0 CW8		Wet bulb temp.	7.6 CWB

(Source: National Buildings Organization Ministry of W.H. & R.)

#### • Design Indoor Temperature and Humidity

(Operation theatre)

Summer	Dry bulb temp.	26°C	± 2	Winter	Dry bulb temp.	22℃ ±2
	Relative humidity	45%	<u>±</u> 5		Relative humidity	45% ±5

(Other rooms)

	Summer	Dry bulb	26°C	<u>±</u> 2	Winter	Dry bulb	22℃ ±2
Į		temp.			ļ	temp.	

Note: Indoor temperature and humidity in the case of heating may be dependent on the type of the heater used.

#### Ventilating Equipment Plan

In principle, a ceiling fan will be installed in each of the rooms which do not require air conditioning. Ventilators will be used to discharge odor, heat and dust. The method of ventilation will be Class 1 (intake/exhaust) or Class 3 (exhaust) depending on the use of the room.

## • Plumbing System Plan

## ■ Water Supply System

The gravity type water supply system will be introduced so that the two existing elevated water tanks may be utilized. The two existing elevated water tanks ensure stable water supply because they are used jointly. Basically, water will be supplied to the planned building directly from the existing elevated water tanks.

## Hot Water Supply System Plan

In principle, the spot hot water supply system by the use of electric water heaters will be introduced.

## Drainage System Plan

Waste water from the indoor facilities will flow into the first outdoor waste water pits, from which it will be discharged into the drain pipe installed along the road running in front of the northern side of the project site.

In accordance with applicable local ordinance, rainwater will be made to penetrate into the ground.

## Sanitary Fixture Plan

Sanitary fixtures that conform to the local standards will be installed.

## Fire Extinguishing System Plan

An indoor fire extinguishing system will be introduced in accordance with the Indian Building Standards (1983) and the Indian Fire Prevention Manual.

## Building Material Plan

Building materials that suit local climatic conditions and local construction methods, as well as functions required of the planned facilities, will be used in the Project construction work. They also must be economical highly durable, and easy to maintain and manage.

#### ■ Main Structural Materials

Table 2-14 Classification of Building Materials by Component (1)

Part of building	Material	Remarks
Foundation Column / beam Floor	Reinforced concrete	Sufficient quality control of concrete is required.
Wall	Brick	There will be no problem with the quality of locally available bricks since bricks are widely used and there are detailed brick specifications in the country.

## Exterior Finishing Materials

Table 2-15 Classification of Building Materials by Component(2)

Part of building	Material	Remarks
Roof	Asphalt (for use in asphalt membrane waterproofing) Heat insulating brick concrete	Due consideration should be given to heat insulation to protect the building against intense heat in summer.
Wall	Brick / sand stone	The wall should be a combination of an ordinary brick wall or sand stone wall to ensure sufficient heat insulation.
Fittings	Aluminum sash	Heat reflecting glass will be used to protect the rooms against direct sunlight.

## ■ Main Interior Finishing Materials

Table 2-16 Classification of Building Materials by Component (3)

Room Name	Floor	Wall	Ceiling	Remarks
Waiting Hall, Corridor	Kota stone	Ceramic tile (FL-2,000) Upper part: paint finishing	Paint on exposed concrete	Ceramic tiles up to FL+2,000 in consideration of ease of maintenance / management and durability
Operation Theatre	Colored resin mortar	Ceramic tile	Ready-made sound absorbing ceiling	Due consideration should be given to protection against static electricity
Examination Rm Doctor's Rm	Kota stone	Ceramic tile (FL+2,000) Upper part: paint finishing	Plaster board Paint finishing	Ceramic tiles up to FL+2,000 for ease of maintenance / management and durability
X-ray Rm	Ditto	Ditto	Ditto	Fittings should have lead glass to prevent X-ray leaks.
ICU	Ditto	Ditto	Ready-made sound absorbing ceiling	Sound absorbing ceiling should be used to lessen reverberations.
EEG Rm	Ditto	Ditto	Ditto	The walls should be shielded with copper wire mesh.
Laboratories	Colored resin mortar	Ceramic tile	Plaster board Paint finishing	Due consideration should be given to waterproofing and durability.
Toilet	Mosaic tile	Ceramic tile	Chemical board Paint finishing	Due consideration should be given to waterproofing of toilets to be installed on the second to fourth floors.

#### 2. Kalyanpuri Urban Health Centre

#### (1) Site Plan

The project site, with an area of about 700m<sup>2</sup> (21m × 33m), is a plane rectangular site. At present it has a single-story brick building with a total floor space of about 160m<sup>2</sup>, around which is a concrete pavement with a thickness of about 5cm. The allowable maximum building coverage ratio applicable to the project site is 33.33 percent, and the allowable maximum floor area ratio is 100 percent. The work to demolish the existing building will be carried out by the Indian side.

## (2) Architectural Plan

#### • Floor Plan

The architectural plan covers the following rooms.

Table 2-17 Determination of the Scale of Each Room

Rm	No. of Rooms	Floor area (m²)	Rational/function
Ground Floor			
Reception		10.0	To be used to receive patients.
Examination Rm		12.0	Internal medicine, Paediatrics, obstetrics and gynecology, ophthalmology
Treatment Rm		18.0	Minor operations for injuries are to be performed in this room.
Injection Rm		8.0	To be used to carry out immunizations
Pharmacy		10.0	
Store		4.0	
Observation Rm		9.0	To be used to screen patients.
Dressing Rm		8.0	
Laboratory Rm		9.0	Equipment for use in basic malaria, blood and urine examinations is to be installed in this room.
Guard Rm		9.0	
First Floor			
Seminar Rm		60.0	Seating capacity: 25 to 30; space per person: 2.0 to 2.5m²
Medical Social Worker's Rm		14.0	
Doctors' Rm		20.0	A large office room for four doctors

#### Structural Plan

#### Outline of Structure

After demolishing the existing building of the Urban Health Centre (with a total floor space of about 150m<sup>2</sup>) by Indian side, construct under the Project a two-story reinforced concrete building with a total floor space of about 400m<sup>2</sup>. The story height for the planned building is 3.5m for both the ground floor and the first floor.

#### Foundation System

According to soil investigation conducted at the time of the field survey, the Project site has uniform geological features. There is a sandy silt layer with N values ranging from 7 to 10 up to a depth of 5m, and a layer of fine sand with N values ranging from 14 to 20 below the sandy silt layer. Since it is possible to secure bearing capacity of 12t/m² at a depth of 1.5m, it is appropriate to employ continuous footing using the layer at 1.5m below the ground as the supporting layer. At the time of soil investigation during the dry season (December), a groundwater level of 3.5m was confirmed. It is likely that the groundwater level will rise to about 2.0m below ground. But this should not cause any problem since that groundwater level is below the foundation base level.

#### Other Factors

Other factors such as the superstructure system, the applicable structural standard, load and external force are as stated in the plan for Kalawati Saran Children's Hospital.

#### • Electric Equipment Plan

#### Power Source Equipment

Low-tension electric power will be led in from the city line and distributed to the necessary load in the planned facility. No emergency generator will be installed.

#### ■ Lighting Fixtures and Wall Sockets

The same lighting fixtures and wall sockets as those installed in Kalawati Saran Children's Hospital will be installed.

#### ■ Telephone Equipment

A telephone exchange with a capacity of 2 circuits and 10 extension circuits will be installed.

#### Plumbing System Plan

#### 🔳 Water Supply System Plan

Since Kalyanpuri Urban Health Centre is unable to secure sufficient supply of city water, a tube well will be newly installed in the Project site. Water from the tube well will be sent to an elevated water tank via a water receiving tank, and then will be supplied to the necessary places.

#### • Estimation of Daily Water Consumption

According to the Japanese standard (Air Conditioning Engineering Handbook), the daily water consumption at a medium-size hospital is 500 1/day per bed. Given 50m<sup>2</sup> floor space per bed, a daily water consumption of 10 1/day m<sup>2</sup> can be assumed. Therefore, the daily water consumption at the planned building can be estimated as follows.

Total floor area:  $400\text{m}^2$  $400\text{m}^2 \times 10 \text{ l/day} \cdot \text{m}^2 = 4,000 \text{ l/day}$ 

The capacity of the water reservoir tank is equivalent to the daily water consumption. Therefore, the capacity of the water reservoir tank capacity will be 4,000 l/day.

The capacity of the elevated water tank is equivalent to the daily water consumption. Therefore, the capacity of the elevated water tank will be 4,000 l/day.

The well water pump should be able to pump up the above-mentioned quantity of water in an hour.

4,000 1/day: 1hour: 600min.=60 1/min.

Therefore, the capacity of well water supply pump will be 60 1/min.

The depth of the well will be 100m.

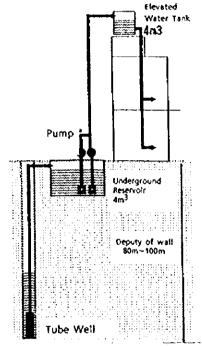


Fig. 2-4 Well System Diagram

#### Tube Well Specifications:

Regarding installation of the tube well, it is necessary to submit application to the Central Underground Water Board, the organization to do trial drilling. The appropriate depth of the tube well is determined based on the result of the trial drilling. The results of the survey of the wells existing in and around the Project site, conducted at the time of the field survey show that there is a water vein that contains high-quality water at a depth of 80 to 100m. It is also estimated through the survey that a sufficient quantity of water can be supplied from the water vein.

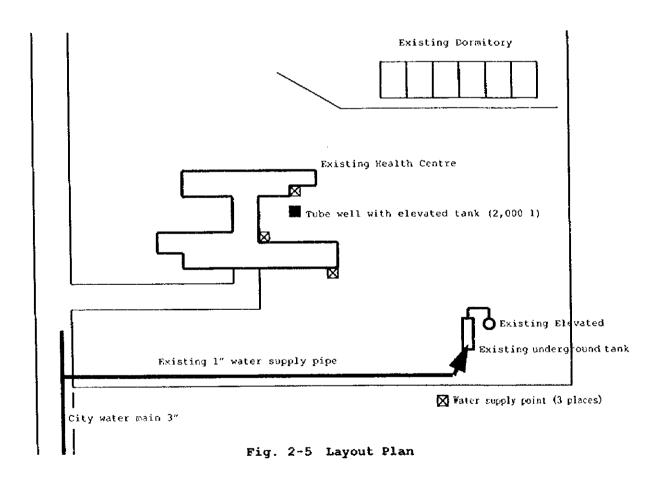
#### Drainage

Waste water from the indoor facilities will penetrate into the ground via an outdoor septic tank. Rainwater will be discharged into the side ditch laid along the Project site.

#### 3. Palam Primary Health Centre

#### (1) Site Plan

A deep tube well is to be installed at a point marked on the following rough map of the premises of Palam Primary Health Centre.



#### 1) Plumbing System Plan

Palam Primary Health Centre is unable to secure a sufficient supply of city water. Furthermore, at present, no city water is supplied to the health centre since its plumbing system has become too old to use. If the plumbing system is to be repaired, it will be necessary to repair all the related facilities as well. Under this project, a tube well will be installed and an elevated water tank to receive the water from the tube well will be installed on the premises of the health centre.

#### • Estimation of Daily Water Consumption

Suppose that the daily water consumption per unit area is  $10 \text{ l/m}^2$  and that water is to be supplied only to the outpatient clinical department (which means that the boarding facilities are excluded). On above assumption the health centre's daily water consumption can be calculated as follows.

The total floor space of the existing facilities of the health centre is around  $200\text{m}^2$ , therefore the daily water consumption is:

 $200m^2 \times 10 \text{ 1/day} \cdot m^2 = 2,000 \text{ 1/day}$ 

The capacity of elevated water tank should be equivalent to the daily water quantity supplied considering the power failure. Then we have 2,000 1 as the elevated tank's capacity.

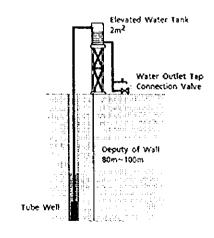


Fig. 2-6 Well System Diagram

The well water pump should be able to pump up the above-mentioned quantity of water in an hour.

2000 1/day ÷ 60min.=33 1/min.

Therefore, the capacity of well water pump will be 33  $1/m^2$ . The depth of the well will be 100m.

#### Tube Well Specifications:

The tube well specifications which are the same as those for Kalyanpuri Urban Health Centre will apply.

#### (2) Equipment Plan

The equipment to be procured under the project can be classified as follows. Table 3-38 shows the details of the items of equipment to be procured under the project.

#### Equipment for:

- Radiology Dept.
- 2. Outpatient Dept.
- 3. ICU Dept.
- 4. Operation Theatre Dept.
- Premature Baby Rm in Existing KSCH
- 6. Ward
- Feeding, Bath & Milk Kitchen Room in Suchita Kripalani General Hospital
- 8. Incinerator
- 9. Transportation
- 10. Autopsy Room in Suchita Kripalani General Hospital
- 11. Central Laboratory Dept.
- 12. Surgical ICU
- 13. Follow-up Clinic Kidney

- 14.Physical Medicine & Rehabilitation Dept.
- 15. Central Supply & Sterilization
- 16. OPD Paediatric Orthopedic
- 17. OPD Paediatric ENT
- 18. OPD Paediatric Ophthalmology
- 19. OPD Paediatric Dermatology
- 20. Endoscopic Room
- 21. Workshop
- 22. Laundry
- 23. Medical Record Dept.
- 24. Preventive & Social Medicine Dept.
- 25. Hospital Administration
- 26. Photography
- 27. Urban Health Centre & Primary Health Centres

The required items of equipment were determined on the basis of the list of the requested items of equipment and the results of the discussions with the representatives of the departments concerned of the Indian project implementing organization, paying special attention to the following points.

- Of the requested items of equipment, inclusion of the following items in the Project was judged to be quite appropriate.
  - ① Those used widely in medical services offered at the hospital.
  - ② Those to replace the existing superannuated items of equipment or to lessen shortages of the existing items.
  - Those required to improve the quality of medical services offered at the hospital.
  - Those designated as basic items of equipment by the World Bank, the World Health Organization and UNICEF.
- Of the requested items of equipment, it was decided not to include the following items in the project because they' re irrelevant.
  - ① Those not related directly to medical services such as medical examination, medical treatment and preventive medicine.
  - ② Those not necessary for clinical activities.
  - Those not so effective for medical treatment.
  - ① Those whose functions can be fulfilled by other equipment.
  - ⑤ Those not used frequently but which are very expensive (Those used for relatively small numbers of specimens and patients.)
  - 6 Those with which only reagent kits from a limited number of manufacturers can be used.
  - Those for which it is difficult both financially and geographically to procure expendable supplies and spare parts.
  - Those considered appropriate for use at other departments.

Those to be procured for other departments or which are in excess supply.

The required items of equipment should not be of higher grade than is needed, but should be of types that can be utilized in the future and that help the planned facilities attain their respective objective.

Table 2-18 Uses and Functions of Main Items of Equipment

Item of equipment	Use and Function
X-ray TV monitor (Completed in phase 1)	This equipment is used in fluoroscope and radiography of the digestive organs, as well as contrast radiography of the kidney and the ureter. It consists of an examining table with a movable plate, a control unit, a monitor and a suspended tube unit.
Color doppler ultrasound scanner (Completed in phase 1)	This equipment is used mainly to diagnose circulatory disorders. Blood flow and the like can be displayed on the screen accompanied by a voice-over and also can be recorded.
Electro myograph	This equipment is used to examine patients for skeletal muscle disorders. Skeletal muscles can be contracted or relaxed voluntarily to display their functions on the screen.
Neonatal monitor	This equipment is used to monitor abnormalities or changes in newborn infants and infant diseases. Electrocardiograms, respiratory modes and temperatures can be displayed on the screen accompanied by a voice-over.
Infant ventilator (neonatal)	This equipment is used in treatment of respiratory disorders or in life saving. Respiratory modes, oxygen concentration, respiration frequency and air breath flows can be adjusted.
Operating table (Completed in phase 1)	This equipment is used by adjusting height, angle and so on according to the positioning of the patients. Its components can be moved electrohydraulically.
Operating light (Completed in phse 1)	This is an astral lamp used to perform operations. One provided with a TV camera or a spotlight (for use in E.N.T. operations) is also available.
Anesthesia	This is used for general anesthesia. It consists of an oxygen / laughing gas flow meter, two kinds of vaporizers, a patient monitor and an automatic ventilator.
Scrubber unit (Completed in phase 1)	This equipment is used to sterilize the operator's and the assistant's hands. Two persons can use it simultaneously.
Transcutaneous PO <sub>2</sub> /PCO <sub>2</sub> monitor	This equipment is used to measure the oxygen concentration and the carbon dioxide concentration in the blood of premature babies and newborn babies. Unlike the blood gas analyzer, this equipment does not require blood collection and therefore does no damage to patients. Measured values of PO, /PCO, are displayed on the screen and the recorder.
High pressure sterilizer, big size (Completed in phase 1)	This equipment is used to sterilize linen, copper products and the like. Sterilization is carried out automatically. It is provided with a vaporizer.
C-arm X-ray TV system	This equipment is used to do fluoroscope and radiography of bone fracture patients. It is provided with a monitor.
Argon laser	This equipment is used to treat patients suffering eyeground diseases such as retinal detachment for which no viable pharmacotherapy is available. It consists of a laser beam generator and a treatment table.

The main equipment proposed in basic design are shown in the following list.

Table 2-19 Equipment List

( indicate part completed in pahse 1)

No.	Equipment Name	O' ty	Unit	Country of Origin
l. 1. Ra	adiology Department			
	X-ray TV monitor, compatible double tube %	1	No	Japan
2	Color doppler ultrasound scanner %	1	No	Japan
3	Diagnostic X-ray X	1	No	Japan
4	Mobile X-ray unit *	2	Nos	Japan
5	Darkroom equipment	1	Set	Japan
6	X-ray film cabinet	1	No	Japan
7	Instrument cabinet	1	No	Japan
8	Portable ultrasonic diagnostic apparatus ※	1	No	Japan
		2	Nos	Japan
9	Film viewer			
2 0	outpatient Department		.l	
1	Examination table	8	Nos	India
2	Examination unit	- 8	Sets	Japan
3	Stethoscope for doctor	10	Pcs	Japan
4	Stethoscope for nurse	10	Pcs	Japan
5	Hemoglobin meter	2	Nos	Japan
6	Clinical thermometer	100	Pcs	Japan
7	Ultrasonic nebulizer	2	Nos	Japan
8	Suction unit	2	Nos	India
9	Examining light	4	Nos	Japan
10	Electro cardiograph 1ch. ※	2	Nos	Japan
11	Electro cardiograph 3ch. ※	1	No	Japan
12	Diagnostic set	2	Sets	Japan
13	Doctor desk	8	Nos	India
14	Doctor chair	8	Nos	India
15	Patient chair	8	Pcs	India
16	Film illuminator	8	Nos	India
17	Sphygmomanometer	8	Nos	Japai
18	Medicine cabinet	2	Nos	Japan
19		2	Nos	Japa
20	Dressing cart with drawers	4	Nos	Japai
21		2	Nos	Јарз
22	Digestive system ultrasound scanner ※	1	No	Japa
23	Chair for patient	100	Nos	Indi
24	Clothes basket	8	Nos	Indi
25	Wash basin stand	· 4	Nos	Japa

No.	Equipment Name	Q' ty	Unit	Country of Origin
26	Treatment bed		Nos	Japan
27	Medicine refrigerator	2	No	Japan
28	Refrigerator	4	Nos	India
29	Deep freezer 3001, -20 deg.	1	No	Japan
30	Electro myograph ※	1	No	Japan
3. I	CU Department	<b></b>	<u> </u>	l
1	Infant incubator, manual ※	3	Nos	Japan
2	Infant incubator, servo / manual ※	3	Nos	Japan
3	Infant warmer 💥	3	Nos	Japan
4	Infusion pump *	3	Nos	Japan
5	Irrigating stand, twin hanger	4	Nos	Japan
6	Ultrasonic nebulizer	3	Nos	Japan
7	Neonatal monitor ※	3	Nos	Japan
8	Infant ventilator (neonatal) ※	1	No	Japan
9	Infant ventilator *	2	Nos	Japan
10	Instrument cart	2	Nos	Japan
11	Instrument cabinet	1	No	Japan
12	Bilirubin analyzer ※	1	No	Japan
13	Defibrillator %	1	No	Japan
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		*	110	oupon
4. (	Department		<u> </u>	<u> </u> _
1	Operating table *	3	Nos	Japan
2	Operating table for pediatric orthopedics ※	1	No	Japan
3	Suction unit	2	Nos	India
4	Automatic infusion pump	1	No	Japan
5	Operating light with TV monitor ※	1	No	Japan
6	Operating light ※	2	Nos	Japan
7	Operating light with focused spot light ※	1	No	Japan
8	Anesthesia Mac. with monitor & ventilator 💥	3	Nos	Japan
9	Defibrillator ※	1	No	Japan
10	Film illuminator, two hanging ※	2	Nos	Japan
11	Multi channel patient monitor	2	Nos	Japan
12	Laryngoscope	6	Nos	Japan
13	Electro cautery	2	Nos	Japan
14	Portable light	2	Nos	<i>J</i> apan
15	Emergency power unit	2	Nos	Japan
16	Irrigating stand	4	Nos	Japan
17	Instrument tray table	2	Nos	Japan

No.	Equipment Name	Q'ty	Unit	Country of Origin
18	Instrument cart with 3 trays	2	Nos	Japan
	Instrument cabinet	2	Nos	Japan
anne tancete be	Operating instrument set	2	Nos	Japan
	Patient warming system	ı	No	Japan
	Oxygen analyzer	2	Nos	Japan
23	Stretcher	2	Nos	Japan
	Recovery stretcher	2	Nos	Japan
25	Hand washing sink unit	2	Nos	Japan
				***************************************
5. P	remature Baby Room in Existing KSCH			
1	Intensive care incubator 💥	3	Nos	Japan
2	Phototherapy unit 💥	3	Nos	Japan
3	Apena alarm	2	Nos	Japan
4	Automatic infusion pump 💥	1	No	Japan
5	Neonatal monitor ※	2	Nos	Japan
6	Oxygen analyzer 💥	2	Nos	Japan
7	Infant care center 💥	2	Nos	Japan
8	Syringe infusion pump 💥	1	No	Japan
9	Transcutaneous PO <sub>2</sub> /PCO <sub>2</sub> monitor ※	1	No	India
10	Bilbirubin analyzer 💥	2	Nos	Japan
11	Hematocrit centrifuge	1	Nos	Japan
12	Instrument cart with 3 trays	2	Nos	Japan
13	Portable infant incubator	2	Nos	Japan
14	Oxygen head box	2	Nos	India
15	Instrument cabinet	1	No	Japan
6. W	L Vard in Existing KSCH	<u> </u>		
1	Patient bed (ICU 30, Isolation 3, Surgical ICU 3, Pre/ Postoperation 12, DTTU 2)	50	Nos	India
2	Bedside cabinet	50	Nos	India
3	Overbed table	50	Nos	India
4	Oxygen tent	5	Nos	India
5	Automatic infusion pump *	2	Nos	Japan
6	Suction unit	8	Nos	India
		1 1	No	Japan
7	Oxygen analyzer	2	Nos	Japan
8	Ultrasonic nebulizer Silicone resuscitator	2	Nos	Japan
		2	Sets	1
10	Oxygen inhalation set			Japan
11	Film Illuminator	4	Nos	India
12	Stretcher trolley	2	Nos	Japan
13	Diagnostic set	4	Sets	Japan
14	Chart film cart	4	Nos	Japan
15	Instrument cabinet	2	Nos	Japar
16	Instrument cart with 3 trays	2	Nos	Japan
17	Examining light	4	Nos	Japan
18	Dressing cart with drawers	2	Nos	Japan

No.	Equipment Name	Q' ty	Unit	Country of Origin
19	Medicine cabinet	2	Nos	Japan
20	Laundry bag with cart	4	Nos	India
21	Irrigating stand, twin hanger	2	Nos	Japan
22	Vacuum cleaners	2	Nos	India
7. F	deeding, Bath and Milk Kitchen Room in SKGH		<u> </u>	L
1	Infant warmer ※	3	Nos	Japan
2	Digital baby scale	2	Nos	Japan
3	Infant length scale	2	Nos	Japan
4	Infant stretcher	2	Nos	Japan
5	Refrigerator	1 1	No	India
6	Dressing cart	2	Nos	Japan
7	Infant examination dressing table	2	Nos	Japan
8. I	ncinerator		<u> </u>	
1	Incinerator	3	1 372 -	Japan
	Therhetacor		Nos	Vapan
9. T	ransportation		I	i
1	Ambulance with resuscitative measures 4 wheeler (diesel) *	4	Nos	Japan
2	Mini bus (15 seater) 💥	1	No	Japan
3	4 wheeler (Jeep) 💥	1	No	Japan
10.	Autopsy Room in SKGH		<u> </u>	
1	Autopsy table with shower	2	No	Japan
2	Shadowless light, 5000 lux	1	No	Japan
3	Morgue refrigerator, two bodies	1	No	India
1	Photographic unit with camera	1	No	Japan
5	Autopsy instrument set	1	Set	Japan
11.	Central Laboratory Department		<u> </u>	<u> </u>
	Chemical Biochemistry		1	I
1	Binocular microscope	1	N.	
2	Precision inverted microscope	1	No No	Japan
3	Incubator, 150t	1	No	Japan India
			ļ	
4	Drying oven, 1500	1	No	India
5	Vertical sterilizer, 500	1	No	Japan
6	Water bath	1	No	India
7	Medical refrigerator, 500ℓ	2	Nos	Japan
8	Stirrer, dia. 120 m/m	1	Мо	Japan
9	Mixer for test tube	1	No	Japan

No.	Equipment Name	O'ty	Unit	Country of Origin
10	pll meter	2	Nos	Japan
11	Hematocrit centrifuge	1	No	Japan
12	Refrigerated centrifuge	1	No	Japan
13	Electronic balance, 200g	1	Nο	Japan
14	Distilling apparatus, 5ℓ/h	1	No	Japan
15	Laboratory instrument set	1	Set	Japan
16	Spectrophotometer ※	1	No	Japan
17	Glassware for clinical chemistry	1	Set	Japan
18	Small items for clinical chemistry	1	Set	Japan
19	Ultrasonic cleaner	1	No	Japan
20	Bilirubin meter	1	No	Japan
21	Desiccator	1	No	Japan
22	Elisa system 💥	1	Set	Japan
23	Instrument cabinet	1	No	Japan
24	Reagents for biochemistry test	1	Set	India
			***************************************	\$ <b></b>
	Bacteriology			
25	Incubator	1	Nos	India
26	Refrigerator	1	Nos	India
27	CO, incubator	1	Nos	India
28	Sterilizer	1	No	Japan
29	Microscope	2	Nos	Japan
30	Table top centrifuge	1	No	Japan
31	Binocular microscope	1	No	Japan
32	Centri fuge	1	No	Japan
33	Glassware for staining preparation	1	Set	Japan
34	Electronic balance	1	No	Japan
35	Low temperature incubator 💥	1	Ио	India
36	Elisa system ※	1	Set	Japan
37	Clean hood *	1	No	India
38	Freezer	1	No	Japan
39	Small items for bacteriology tests	1	Set	Japan
	<b>Hematology</b>			
40	Hand tally counter	4	Nos	Japan
41	Microscope	2	Nos	Japan
42	Spectrophotometer	1	No	Japan
43	Centrifuge	1	No	Japan
44	Water distiller	1	No	Japan
45	Hot air sterilizer	1	No	India

No.	Equipment Name	Q'ty	Unit	Country of Origin
46	Autoclave	1	No	Japan
47	Shaker	1	No	Japan
48	Coagulometer	1	No	Japan
49	Hemoglobinmeter	4	Nos	Japan
50	Standard hemmometer	20	Nos	Japan
51	Blood sedimentator	50	Pcs	Japan
52	Autlet	3	Sets	Japan
53	Laboratory small instrument sets	1	Set	Japan
54	Glassware set	1	Set	Japan
55	pH meter	2	Nos	Japan
56	Water bath	1	Nos	Japan
57	Ultrasonic cleaner	1	No	Japan
58	Donor bed	1	No	Japan
59	Blood bank refrigerator	1	No	India
60	Instrument cabinet	1	No	Japan
61	Nematocrit centrifuge	1	No	Japan
62	Automatic blood cell counter %	1	No	Japan
63	Incubator	1	No	India
64	Refrigerated centrifuge	1	Nos	Japan
	Histopathology			
65	Microscope	1	No	Japan
66	Small rotary microtom ※	1	No	India
67	Freezing microtom **	1	No	India
68	Paraffin bath	1	No	Japan
69	Paraffin spreading apparatus	1	No	Japan
70	Paraffin Cutting and smoothing iron	1	No	Japan
71	Paraffin burying frames	1	No	Japan
72	Paraffin burying cutter	1	Pc	Japan
73	Burying basket	1	No	Japan
74	Histofume hold	1	No	Japan
75	Dissection stand	1	No	Japan
76	Block adjusting box	1	No	Japan
77	Specimen box	1	No	Japan
78	Card filing box	6	Nos	Japan
79	Tissue infiltrator	1	No	India
80	Histological dissecting apparatus	1	No	Japan
81	Staining jar	24	Nos	Japan
82	Slide basket	24	Pcs	Japan
83	Staining jar holder	24	Pcs	Japan
84	Test tube stand	24	Pcs	Japan
85	Incubator	1	No	India

No.	Equipment Name	Q' ty	Unit	Country of Origin
86	Magnetic stirrer	1	No	Japan
87	Mini mixer	1	No	Japan
88	Electronic balance	1	No	Japan
89	Timer	4	Pcs	Japan
90	Pipette washer	1	No	Japan
	Immuno Hematology			
91	Immuno electrophoresis apparatus 💥	1	No	Japan
92	Centrifuge	1	No	Japan
93	Incutabor	1	Ио	India
94	Water bath	1	No	India
95	Fluorescent microscope	1	No	Japan
	Common			
96	Flame photometer ※	1	No	Japan
97	Refrigerator	1	No	India
98	Deep Freezer	1	Йо	India
99	Autoclave	1	No	Japan
100	Water distiller	2	Nos	Japan
		1		
12.	Surgical ICU			
1	Pediatric ventilator (neonatal) *	1	No	Japan
2	Ventilator for infant %	2	Nos	Japan
3	Incubator X	4	Nos	Japan
4	Bed side multichannel monitors %	4	Nos	Japan
5	Open care system ※	2	Nos	Japan
6	Defibrillator %	1	No	Japan
7	Instrument cabinet	1	No	Japan
\	THIS CHARGE CADTREE			_ }
13.	Follow-up Clinic Kidney			- <b>L</b>
1	Hemodialysis system	2	Nos	India
2	Instrument cabinet	1	No	Japan
	Troctomere doctros		-	-
14.	Physical Medicine & Rehabilitation		_ 1	<u></u>
1	Microwave therapy unit **	1	No	Japan
2	Air massager	1	No	Japan
3	Whirl pool bath *	1	No	Japan
4		1	Nos	Japan
	Traction unit X	-   - 1	No	Japan
5	Shortwave apparatus	-	No	Japan
6	Infrared ray lamp			

No.	Equipment Name	Q' ty	Unit	Country of
7	Ultraviolet lamp	1	No	Origin Japan
8	Paraffin bath	1	No	Japan
9	Shoulder wheel	1	No	Japan
10	Wrist roll machine	1	No	Japan
11	Bicycle exerciser	1	No	Japan
12	Rowing machine	1	No	Japan
13	Wall stall bars	1	No	Japan
14	Wheel chair	2	Nos	India
15	Walker	2	Nos	Japan
16	Parallel bars	1	No	Japan
17	Exercise stairs	1	No	Japan
18	Dumbbell set	1	Set	Japan
19	Training ball	1	Pc	Japan
20	Roll	1	Pc	Japan
21	Laser therapy unit	1	No	Japan
15.	Central Supply & Sterilization	·	L	l
1	High pressure sterilizer, big size *	1	No	Japan
2	High pressure sterilizer, middle size 💥	1	No	Japan
3	High pressure sterilizer, middle size high speed 💥	1	No	Japan
4	Ultrasonic equipment cleaner ※	1	No	Japan
5	Dry/sterilizer	1	No	India
6	Washer/dryer for surgical gloves	1	No.	Japan
7	Powder sprayer for surgical gloves	1	No	Japan
8	Transfer cart	1	No	Japan
9	Storage cabinet	1	No	Japan
10	Dressing jar	1	Set	Japan
11	Sink unit	2	Nos	Japan
12	Drying cabinet	1	No	Japan
13	Tube washer	1	No	Japan
14	Tube drying cabinet	1	No	Japan
15	Table top EOG sterilizer ※	1	No	Japan
16	Instrument cabinet	1	No	Japan
		·		
16.	OPD Paediatric Orthopedic		-	L
1	Surgical apparatus set for Ortho. Surgery	1	Set	Japan
2	Kuncher intermedullary nail apparatus set	2	Sets	Japan
3	Orthopedic fragment plate and screw set (large/small)	2	Sets	Japan
4	Arthoroscope apparatus set (for shoulder/knee/small joints)	1	No	Japan
5	Electric drill set	1	Nos	Japan
6	Electric surgical saw	1	No	Japan

No.	Equipment Name	Q'ty	Unit	Country of Crigin
7	Spinal surgery set	1	Set	Japan
8	Nerve stimulator system	1	No	Japan
9	Coagulator	1	No	Japan
10	Wire traction instrument set	1	Set	Japan
11	Hand drill	2	Nos	Japan
12	Fixation nail set	1	Set	Japan
13	Bone plate set (small mini fragment)	2	Sets	Japan
14	Bone screw set (small mini fragment)	1	Set	Japan
15	Bone fracture set	1	Set	Japan
16	Plaster table	1	No	Japan
19	Gypsum cutter	2	Nos	Japan
20	Automatic pneumatic tourniquets with pressure monitor	1	No	Japan
21	C-arm X-ray T.V. system ※	1	No	Japan
22	Electric dermatome with blades	1	No	Japan
23	Instrument cabinet	1	No	Japan
17.	OPD Paediatric E.N.T.			
1	Otorhinolaryngological treatment table	1	No	Japan
2	Mobile operating light	1	No	Japan
3	Optical fiber light sources, for ENT	1	No	Japan
4	Microsurgery apparatus for ear & throat %	1	Set	Japan
5	Paediatric hearing tester	1	No	Japan
6	Otorhinolaryngological treatment unit with compressor	1	No	Japan
7	Instrument set for otorhinolaryngology	1	No	Japan
8	Audiometer	1	No	Japan
9	Otorhinolaryngoscope	1	No	Japan
10	Laryngeal fiberscope	1	No	Japan
11	Eardrum fiberscope	1	No	Japan
12	Fiberscope light source	1	Ио	Japan
13	Head mirror	6	Nos	Japan
14	Instrument set for ORL	1	Set	Japan
15	Instrument cabinet	1	No	Japan
16	Rhinomanometer	1	No	India
17	Electro cochleography	1	No	India
18	Sterilizer (hot air)	1	No	India
19	Deep freezer for storage of graft materials	1	No	Japan

No.	Equipment Name	Q'ty	Unit	Country of Origin
18.	OPD Paediatric Ophthalmology			•
1	Slit lamp with camera 💥	1	No	Japan
2	Projection perimeter	1	ЙО	Japan
3	Ophthalmometer of javal	1	No	Japan
4	Synoptoscope	1	No	Japan
5	Diathermy unit full system	1	Nо	Japan
6	Co-ordinator	1	No	Japan
7	Cataract set microsurgery	1	Set	Japan
8	Glaucoma surgery set	1	Set	Japan
9	Retinal detachment surgery set	1	Set	Japan
10	Iris hook and lens manipulator	1	Set	Japan
11	Keratoplasty set	1	Set	Japan
12	Intra ocular lens forceps	1	Set	Japan
13	Forceps cornmeal suturing	1	\$et	Japan
14	Scissors iris	1	Pc	Japan
15	Scissors cornmeal vannas	1	Set	Japan
16	Instrument set for Ophthalmology	1	Set	Japan
17	Aspiration irrigation unit simcoe	1	Set	Japan
18	Indirect ophthalmoscope	1	No	Japan
19	Ophthalmoscope	1	No	Japan
20	Three mirror universal contact lens	1	No	Japan
21	Tonometer	1	No	Japan
22	Fundus camera 💥	1	No	Japan
23	Slit lamp ※	1	No	Japan
24	Trial lens set	l	No	Japan
25	Test type object chart illuminating unit	1	Set	Japan
26	Instrument sterilizer	1	No	Japan
27	Instrument cabinet	1	No	Japan
28	Refracting unit (complete) with motorized chair	1	No	Japan
29	Pediatric trial frames	1	No	Japan
30	Focimeter	1	No.	Japan
31	Echo-scan (ultrasonography A & B scan) 💥	1	No	Japan
32	Argon laser phtocoagulator with indirect ophthalmoscope	1	No	Japan
33	Operating microscope with co-observer tube with footswitch $X$	1	No	Japan
34	Streak retinoscope	1	No	Japan
35	Perkin's hand held tonometer	l	No	Japan
36	Ultrasonic cleaner for microsurgical	1	No	Japan

No.	Equipment Name	Q'ty	Unit	Country of Origin
37	Single mirror contact lens	1	No	Japan
38	Indirect lens	1	No	Japan
19.	OPD Paedatric Dematology			
1	UVR therapy unit	1	No	Japan
2	Wood's lamp	1	No	Japan
3	Microscope with photography attachment	1	No	Japan
4	Skin biopsy punches (3mm, 4mm, 5mm)	5	Sets	Japan
5	Automatic slide projector	1	No	India
6	Overhead projector	1	No	India
7	Magnifying lenses	2	Nos	Japan
8	Examination bed	2	Nos	India
9	Biopsy trays	2	Nos	Japan
10	Instrument cabinet	1	No	Japan
20.	Endscopic Room	•	<u> </u>	
1	Panendoscope ※	1	No	Japan
2	Esophagoscope **	1	No	Japan
3	Duodenoscope 💥	1	No	Japan
4	Colonoscope ※	1	No	Japan
5	Laparoscope ※	1	No	Japan
***************************************		1	L	
21.	Workshop		·	T
<b></b>	Section of Iron Works			
1	Welding machine for their sheets	1	No	Japan
2	Arc welding machine	1	No	Japan
3	Spot welding machine	1	No	Japan
4	Drilling machine	1	No	Japan
5	Bench grinder	1	No	Japan
6	Drill	1	No	Japan
7	Portable cutter	1	No	Japan
8	Disc grinder	1	No	Japan
9	Pipe threading tool set	1	Set	Japan
10	Pipe bias (1/8 2") with stand	1	No	Japan
11	Pipe cutter	1	No	Japan
12	Cord reel	1	No	Japan
13	Instrument shelf	1	No	Japan
	Iron work tool	1	-	Japan

No.	Equipment Name	Q'ty	Unit	Country of Crigin
15	Tool cabinet	1	No	Japan
	Section of Wooden Works			
16	Table saw	1	No	72020
17	Power planer	1	No	Japan
18	Mortiser	1	No	Japan
19	Router	1	No	Japan Japan
20	Zig saw	1	No	
21	Circular saw	1	No	Japan
22	Finishing sander	1	No	Japan Japan
23	Cord reel	1	No	Japan
24	Instrument cabinet	1	No	Japan
25	Tool cabinet	1	No	Japan
26	Groove cutter	1	No	Japan
27	Angle clamp set	1	No	Japan
28	Hand clamp set	1	No	Japan
				V
	Section of Electric Works			
29	Motor rotor balance controller	1	No	Japan
30	Varnish dryer	1	No	Japan
31	Automatic winding machine	1	No	Japan
32	Phase tester	1	No	Japan
33	Multi tester	1	No	Japan
34	Clump tester	1	No	Japan
35	Meg-ohm tester	1	No	Japan
36	Soldering iron	1	No	Japan
37	Cramping player	1	No	Japan
38	Portable cutter	1	No	Japan
39	Wire stripper	1	No	Japan
40	Cord reel	1	No	Japan
41	Instrument shelf	1	No	Japan
42	Tool cabinet	1	No	Japan
43	Electric work tool set	1	Set	Japan

No.	Equipment Name	Q'ty	Unit	Country of Crigin
	Section of Electronic Works			
44	Oscilloscope 30 MHz	1	No	Japan
45	LCR meter	ı	No	Japan
46	DC power supply	1	Nos	Japan
47	Digital multimeter	1	No	Japan
48	Meg-ohm tester	1	No	Japan
49	Slide resistor	1	No	Japan
50	Thyristor voltage regulator	1	Nos	Japan
51	Clump meter	1	No	Japan
52	Portable AC voltage meter	1	No	Japan
53	Transistor tester	1	No	Japan
54	Temperature meter	1	No	Japan
55	Circuit tester	1	No	Japan
56	Tool set	1	Set	Japan
57	Instrument shelf	1	No	Japan
58	Biomedical engineering equipment	1	Set	Japan
			· · · · · · · · · · · · · · · · · · ·	
	Section of Painting			
59	Compressor for painting	1	No	Japan
60	Sprayer for painting	1	No	Japan
61	Brass set	1	No	Japan
62	Scraper	1	No	Japan
63	Vacuum cleaner	1	No	Japan
64	Small items for painting works	1	Set	Japan
		<u> </u>	<u> </u>	
22.	Laundry	<del></del>		<b>.</b>
1	Washing machine %	2	Nos	India
2	Washing machine **	1	No	India
3	Drying tumbler **	2	Nos	India
4	Drying tumbler **	1	Мо	India
5	Press machine ※	2	Nos	India
6	Extractor **	2	Nos	India
7	Other materials for laundry	1	Set	India
		<u></u> _		
23.	Medical Record Department			
1	Computer	4	Nos	Japan
2	Revolving ladder	1	No	Japan

No.	Equipment Name	Q'ty	Unit	Country of Origin
3	Electronic stapler	1	No	Japan
4	Photocopy machine	1	No	India
5	Patient record shelf	2	Nos	Japan
24.	Preventive & Social Medicine Department	<u> </u>		
1	Personal computer system	1	No	Japan
2	Photocopy machine	1	No	India
3	Portable generator	2	Nos	Japan
4	Slide projector	1	No	Japan
5	Overhead projector	1	No	Japan
6	Portable video monitor	1	Nos	Japan
7	Portable PA system	1	No	Japan
8	Video camera system	1	No	Japan
9	Camera with zoom lens	1	No	Japan
25.	Hospital Administration		·	
1	Personal computer with laser printer and monitor	2	Nos	Japan
2	Photocopy machine	1	No	India
3	Filing rack	4	Nos	India
4	Automatic stencil machine	2	Nos	India
5	Calculator machine	2	Nos	India
6	Stapler machine big size	2	Nos	Japan
7	Weighing machine for dispatch of mail	2	Nos	Japan
8	Typewriter bilingual (English & Hindi)	2	Nos	India
9	Vacuum cleaner	1	No	India
26.	Photography	1	<u></u>	<u> </u>
1	Camera with zoom lens and accessories	3	Sets	Japan
27.	Three Health Centers			<b>L</b>
	Equipment			
1	Sterilizer table model	K: 2 P: 1 N: 1	Nos	Japan
2	Laboratory small equipment	K: 2 P: 1	Sets	Japan
		N: 1	1	

(Note) K: Kalyanpuri Urban Health Centre P:Palam PHC N: Najafgarh PHC

No.	Equipment Name	Q'ty	Unit	Country of Origin
4	Oxygen cylinder with 2 regulators with key stand and tubing	K: 2 P: 1 N: 1	Nos	Japan
5	Portable resuscitation set	K: 1 P: 1	Nos	Japan
6	Portable oxygen concentrator	N: 2 K: 1 P: 1	Nos	Japan
7	Incinerator	N: 2 K: 1 P: 1 N: 1	Nos	Japan
8	Minor surgical kit	N: 1 K: 2 P: 2 N: 5	Sets	Japan
9	Examination table	N: 3 K: 2 P: 1 N: 1	Nos	Japan
		N. 1		
10	Additional Obstetric / Paediatric Equipment Obstetric table	K: 1 P: 1	Nos	Japan
11	Blower	N: 2 K: 0 P: 0 N: 1	No	Japan
12	Mini Lap. kit (tubectomy kit)	K: 1 P: 1 N: 2	Kits	Japan
13	MCH kit	K: 1 P: 1 N: 2	Kits	Japan
14	Neonatal care kit	K: 1 P: 1 N: 2	Kits	Japan
15	Family welfare kit	K: 1 P: 1 N: 2	Kits	Japan
16	Episiotomy scissor	K: 1 P: 1 N: 2	Sets	Japan
17	Needle holder	K: 1 P: 1 N: 2	Pcs	Japan
18	Dressing forceps tooth	K: 1 P: 1 N: 2		Japan
19	Dissecting forceps without tooth	K: 1 P: 1 N: 2	Pcs	Japan
20	Obstetric forceps wrigley s outlet	K: 1 P: 1 N: 2	Pcs	Japan
21	E. B. currette	K: 1 P: 1 N: 2	Pcs	Japan
22	Skin retractor	K: 1 P: 1 N: 2	Pcs	Japan
23	Detachable scalpel blade handle	K: 1 P: 1 N: 2	Pcs	Japan
24	Cautery machine	K: 0 P: 0 N: 1	No	Japan

(Note) K: Kalyanpuri Urban Health Centre P: Palam PHC N: Najafgarh PHC

No.	Equipment Name	Q'ty	Unit	Country of
25	Towel clips	K: ]	Pcs	Crigin Japan
		P: 1 N: 2		-
		N: Z		
	High Risk Pregnancies Kit			
26	Obstetric table	K: 1 P: 0	Nos	Japan
		N: 1		
27	Artery forceps (curved and straight)	к: з	Sets	Japan
		P: 3 N: 6		
28	Sponge holding forceps	K: 1	Pcs	Japan
		P: 1		<b>.</b>
29	Dissecting forceps (tooth and non-tooth)	N: 2 K: 1	Sets	7
	ordered for the footh and non tooth	P: 1	Sets	Japan
30		Ñ: 2	<b></b>	
30	Oterine sound set	K: 1 P: 1	Pcs	Japan
		N: 2		
31	Scalpel blade handle	K: 1 P: 0	Pcs	Japan
		P: 0 N: 1		
32	Umbilical clamp	K: 1	Pcs	Japan
ļ		P: 0 N: 1		
33	Mosquito forceps (straight and curved)	K: 3	Sets	Japan
		P: 3		Jupu
34	Doyen's retractor	N: 6 K: 2	Pcs	7
	bojen o recrudeor	P: 2	FCS	Japan
35	Kocher's forceps (straight and curved)	N: 4 K: 2		
33	kooner's forceps (straight and curved)	P: 2	Sets	Japan
		N: 4		
36	Maternity cradle	K: 1 P: 0	Nos	Japan
		N: 3	İ	
37	Sterilizer (small) table model	K: 0 P: 0	No	Japan
		N: 1		
38	Sterilizer (medium)	K: 0	No	Japan
		P: 0 N: 1		
39	Obstetric forceps (simpsom's and wrigley's)	K: 1	Pcs	Japan
		P: 1	1	
40	Abdominal retractor	N: 2 K: 1	Nos	Japan
		P: 1	""	Vapan
41	Shadowless lamp (pedestal)	N: 2 K: 1		<u>-</u>
''	angowiese tamb (beneses)	P: 1	Nos	Japan
<b> </b>		N: 2	<b></b>	
42	Instrument trolley	K: 1 P: 0	Nos	Japan
		N: 1	1	
43	Weighing machine (newborn)	K: 1 P: 1	Nos	Japan
		P: 1 N: 2		
44	Portable resuscitation set	K: 1	Sets	Japan
		P: 1 N: 2	1	
45	Metal catheter case	K: 0	Set	Japan
		P: 0		Gobail
		N: 1		

(Note) K: Kalyanpuri Urban Health Centre P: Palam PHC N: Najafgarh PHC

No.	Equipment Name	Q' ty	Unit	Ocuntry of Cryin
46	Cervical punch biopsy	K: 1 P: 1 N: 2	Pas	Japan
47	EB currette	K: 1 P: 1 N: 2	Pcs	Japan
48	Cautery Machine	K: 0 P: 0 N: 1	No	Japan
49	Rubbin's cannula	K: 1 P: 1 N: 4	Pcs	Japan
50	Green armytage clamp	K: 0 P: 0 N: 2	Pcs	Japan
51	Suction apparatus (high vacuum)	K: 1 P: 1 N: 2	Nos	India

(Note) K: Kalyanpuri Urban Health Centre P: Palam PHC N: Najafgarh PHC

## 3-3 Basic Design Drawings

#### (1) Area Schedule

1. Kalawati Saran Children's Hospital

Central Building

PH Floor	90.0 m <sup>2</sup>				
3rd Floor	$1,373.0 \text{ m}^2$				
2nd Floor	$1,373.0 \text{ m}^2$				
1st Floor	$1,373.0 \text{ m}^2$				
Ground Floor	$1,391.0 \text{ m}^2$				
		_			
Total	$5,600.0 \text{ m}^2$	(Completed	in	Phase	1)

Workshop/Substation Building

1st Floor	$334.0 \text{ m}^2$	(completed	in	Phase	1)
Ground Floor	348.0 m <sup>2</sup>				
Total	682.0 m²				

Laundry Building  $234.0 \text{ m}^2$ Incinerator Building  $100.0 \text{ m}^2$ 

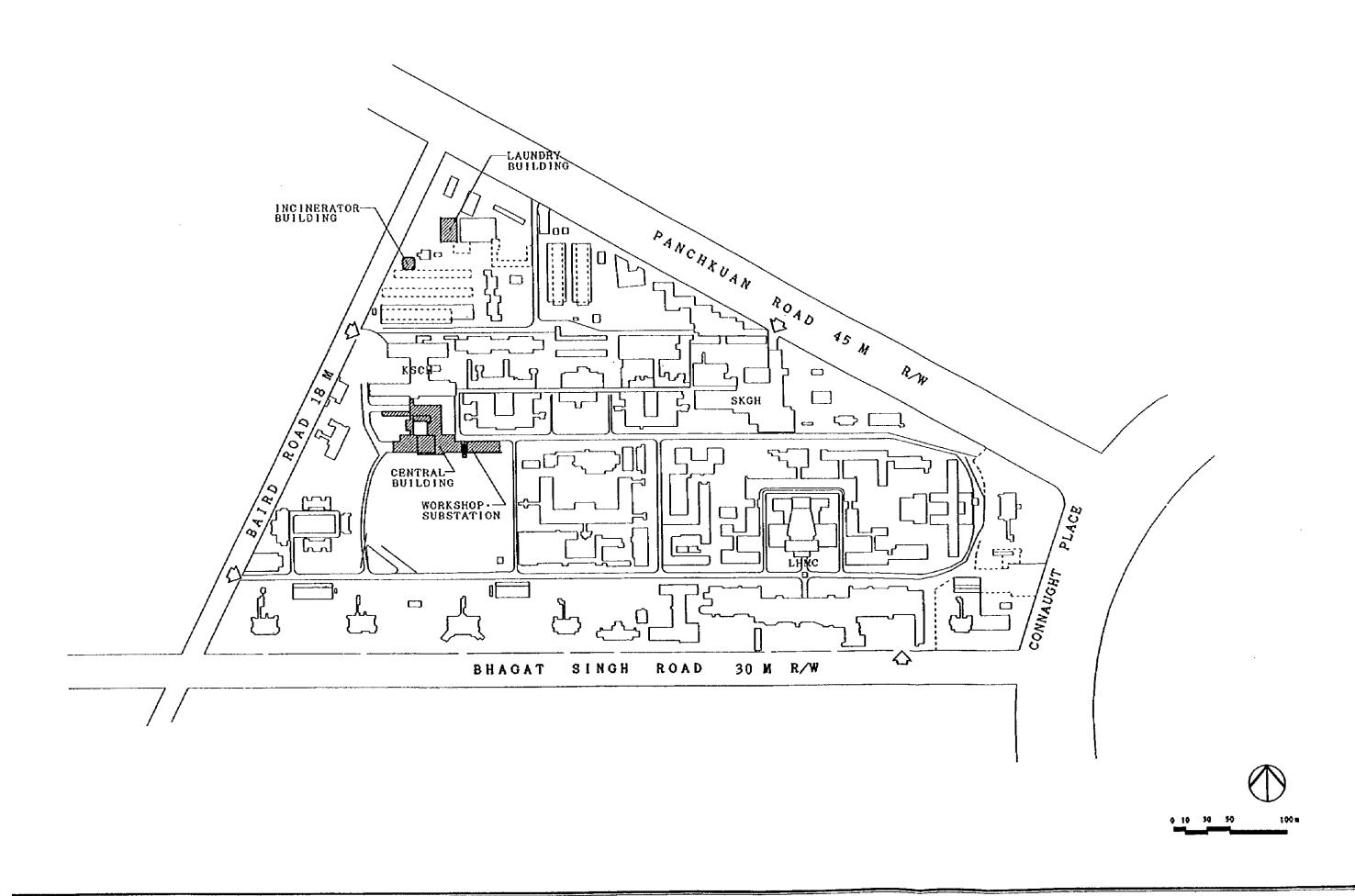
## 2. Kalyanpuri Urban Health Centre

Total	$410.0 \text{ m}^2$
Ground Floor	225.0 m²
	000 0 -3
1st Floor	$220.0 \text{ m}^2$
Penthouse	16.0 m <sup>2</sup>

## (2) Basic Design Drawings

- 1. Kalawati Saran Children's Rospital
  - 01 Layout Plan
  - 02 Laundry Building/ Plan, Elevation, Section
  - 03 Incinerator Building/ Plan, Elevation, Section
- 2. Kalawati Saran Children's Hospital
  - 04 Layout Plan, Plan
  - 05 Section, Elevation





## THE PROJECT FOR THE IMPROVEMENT OF KALAWATI SARAN CHILDREN'S HOSPITAL IN INDIA

DRYING RM

PRESS RN

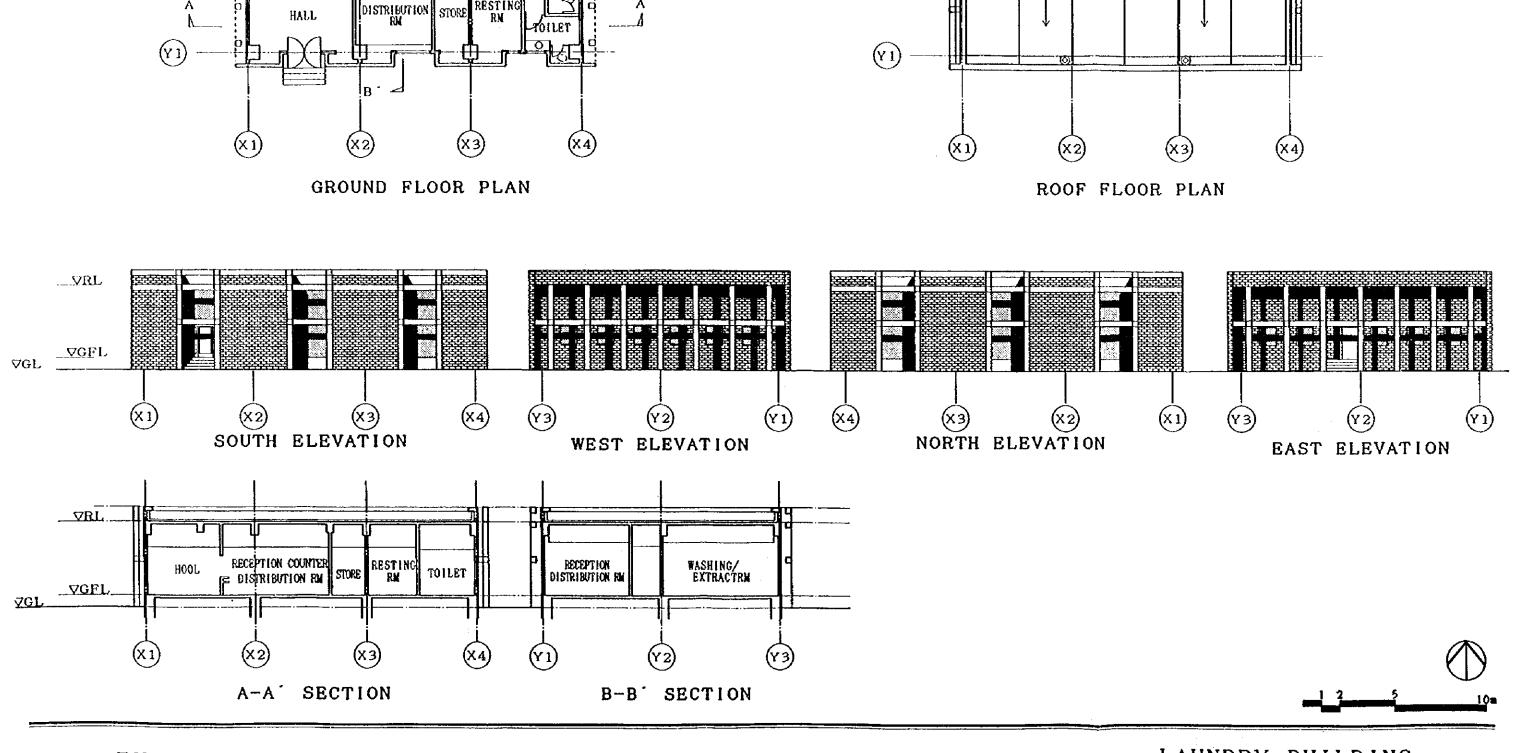
WASHING/EXTRACTRN

RECEPTION

(Y3)

(Y 2)

# LAUNDRY BUILDING PLAN/ELEVATIONS/SECTIONS



(Y3)

(Y2)

