

第4章 プロジェクトの妥当性の検証

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4-1 プロジェクトの効果

本計画により調達する機材等はいずれも各対象施設が求められている機能、役割等を果たすために必要なものであり、本計画が実施されることによる効果は、下表のように整理することができる。

| 現状と問題点 | 本計画での対策(協力対象事業) | 計画の効果・改善程度 |
|--|---|---|
| * 協力対象 45 県の妊産婦に、緊急産科医療サービスを提供できる施設が少ないため、妊産婦がこれら施設を利用することができず、妊産婦の死亡率、疾病率が高い。 | * 協力対象 45 県の 47 の郡保健所に対し C-EOC サービス提供等に必要な機材整備を、192 の B-EOC サービス提供等に必要な機材を整備する。 | * 協力対象 45 県の妊産婦約 166 万人(うち重症妊産婦約 25 万人)が緊急産科医療サービスを利用することが可能となり妊産婦の死亡率、疾病率が低減する。また、保温器等小児科関連機材により乳児体温管理等がなされ乳児死亡が低減する * 計画機材は基礎的な機材であり産科以外にも活用することができることより、地域保健衛生ネットワークも整備されることとなり、住民が基本的な保健衛生サービスを受けられるようになる。 |
| * 現在実施中のプロジェクト方式技術協力「Bangladesh 国 Riprotakティブヘルス人材開発」が育成している医療要員(助産婦等)が各施設に配属された際に、必要な機材等が整備されておらず十分なサービスを提供できない状況にある。 | 同上 | * プロジェクト方式技術協力により育成された医療要員(助産婦等)が本計画対象施設に配属され調達機材を使用すること等により求められているサービスを提供することが可能となり、援助効果が拡大される。 |

又、本計画の成果指標の選定にあたり、本プロジェクトに関する上位目標、プロジェクト目標、期待される成果及びその他の成果等について、現地調査時入手した保健医療指標及び対象 45 県を含め Bangladesh 全国 64 県全体の EOC 体制整備を評価・モニタリングしている UNICEF のモニタリング・評価指標を参照して整理すると次頁のとおりとなる。

| プロジェクトの要約 | 指標 | 指標データの入手手段 |
|--|--|--|
| 上位目標 「バ」国において緊急産科医療体制が強化・整備される。 | ① 妊産婦死亡数(率) ② 新生児死亡数(率) | 「バ」国医療統計 |
| プロジェクト目標 協力対象施設(郡保健所 239ヶ所)が提供する緊急産科医療サービスが改善される。 | 協力対象施設(郡保健所)の妊産婦に対する ① 処置した緊急産科症例数 ② 処置した緊急産科複雑症(重症)症例数(C-EOC 施設) ③ 緊急産科入院患者数 ④ 分娩件数 ⑤ 死産件数 ⑥ 帝王切開件数(C-EOC 施設) ⑦ 妊産婦死亡数 ⑧ 検査数 ⑨ C-EOC 施設における B-EOC 施設他からの患者受入れ数 ⑩ B-EOC 施設における C-EOC 施設への患者移送数 | 「バ」国保健家族福祉省 緊急産科 ケアサービス・モニタリング・システム (「Emergency Obstetric Care Services Monitoring System (EOC-SMS)」) |
| 期待される成果 協力対象施設(郡保健所)の機材が整備される。 | 機材の種類と数量 | 対象施設(郡保健所)の機材管理簿・機材統計 |
| その他の成果 | 協力対象施設(郡保健所)の ① 外来患者数 ② 検体検査数 | 「バ」国保健家族福祉省 郡保健所医療活動統計 |

上記で分類された各々の成果指標等について、現地調査の結果と、計画の実施によって改善される指標について検討すると次のとおりとなる。

又、本計画の効果とその成果指標としては、現地調査時入手した保健医療指標及び対象45県を含めバングラデッシュ全国64県全体の EOC 体制整備を評価・モニタリング している UNICEF のモニタリング・評価指標を参照して次のとおりとする。

「バ」国側もモニタリング・評価の重要性については十分に認識しており、UNICEF の支援を受けて本プロジェクトを含む緊急産科医療サービス・プロジェクトのモニタリング・評価システムである「Emergency Obstetric Care Services Monitoring System (EOC-SMS)」を開発しておりシステムの稼働を開始し始めてきている。このシステムにおいては各 EOC 施設の現状、サービス提供状況等が把握できるように設計されており、そのためのデータ等には UNICEF のフィールド・オフィサー及び保健家族福祉省の情報統計担当局(Director UMIS)が所定のフォームにより定期的に入手し更新していく体制がとられている。

「バ」国側は、このシステムのデータ及び成果資料等を第 I 期完工後より定期的に日本側へ報告することとしており、本プロジェクトのモニタリング・評価については問題は無いものと判断する。

本計画の効果と成果指標

① 協力対象45県のC-EOC郡保健所において、複合的緊急産科医療サービス等が改善される。

(例:パンチャガル県テリア郡保健所—裨益住民人口105千人、下位医療施設数19)

| (指標) | プロジェクト実施前(2000年) | プロジェクト完了後(2004年) |
|-------------------|------------------|------------------|
| 緊急産科入院患者数 | 51人/年 | 増加 |
| 処置した緊急産科複雑症(重症)例数 | 6件/年 | 増加 |
| 妊産婦死亡数 | 2人/年 | 減少 |
| 分娩件数 | 44件/年 | 増加 |
| (うち死産件数) | (2件/年) | (減少) |
| 郡保健所での帝王切開件数 | 0件/年 | 増加 |
| 上位医療機関への患者移送数 | 7件/年 | 減少 |

② 協力対象45県のB-EOC郡保健所において、基本的緊急産科医療サービス等が改善される。

(例:バンドルバン県ルマ郡保健所—裨益住民人口30千人、下位医療施設数6)

| (指標) | プロジェクト実施前(2000年) | プロジェクト完了後(2004年) |
|---------------|------------------|------------------|
| 緊急産科入院患者数 | 11人/年 | 増加 |
| 処置した緊急産科症例数 | 6件/年 | 増加 |
| 分娩件数 | 4件/年 | 増加 |
| (うち死産件数) | (2件/年) | (減少) |
| 上位医療機関への患者移送数 | 1件/年 | 増加 |

③ 協力対象郡保健所において、医療機材が整備されるため妊産婦だけでなく全般的な疾病での外来患者数が増え、併せて検体検査数が増加する。

(例:パンチャガル県テリア郡保健所—裨益住民人口105千人、下位医療施設数19)

| (指標) | プロジェクト実施前(2000年) | プロジェクト完了後(2004年) |
|-------|------------------|------------------|
| 外来患者数 | 53,024人/年 | 増加 |
| 検体検査数 | 1,100件/年 | 増加 |

なお、「バ」国側もモニタリング・評価の重要性については十分に認識しており、UNICEFの支援を受けて本プロジェクトを含む緊急産科医療サービス・プロジェクトのモニタリング・評価システムである「Emergency Obstetric Care Services Monitoring System (EOC-SMS)」を開発しておりシステムの稼働を開始し始めてきている。このシステムにおいては各EOC施設の現状、サービス提供状況等が把握できるように設計されており、そのためのデータ等はUNICEFのフィールド・オフィサー及び保健家族福祉省の情報統計担当局(Director UMIS)が所定のフォームにより定期的に入手し更新していく体制がとられている。

「バ」国側は、このシステムのデータ及び成果資料等を第1期完工後より定期的に日本側へ報告することとするとしており、本プロジェクトのモニタリング・評価については問題は無いものと判断する。

4-2. 課題・提言

プロジェクトの効果が発言・持続するために「バ」国側が取り組むべき課題としては次ぎが挙げられる。

(1) 「バ」国の保健・医療政策の継続

保健政策と人口政策を統合し、国民に必須保健医療サービスを提供するとともに人口増加を抑制することを目標とした現政策を、「バ」国が今後とも世銀等のドナーと協調して継続していくことが必要である。

(2) 公的医療機関の運営体制確立及び保健医療予算・財政の確保

保健家族福祉省が、公的医療機関の運営体制を確立し必要な医療要員を配置するとともに必要な予算を配分していくことが必要である。特に郡保健所への予算配分は厳しい財政状況等により他の医療機関に比較し十分とはいえないことから、受益者一部負担の導入等を図り改善に務める必要がある。

(3) 医療機関へのアクセスを妨げる諸要因の排除及び利用度の向上

地域住民の医療機関利用度を高めるための妊産婦も含めた地域社会の行動変容を促すための方策(施設利用動機付け教育や衛生的で安全な出産の啓蒙活動等)を保健家族福祉省が引き続き推進していく必要がある。

上記課題については、「バ」国側も十分に認識しており、(1)については世銀等ドナーの勧告により2003年6月までには保健局と家族計画局を統合して新組織にて引き続き保健政策と人口政策を統合した政策を継続することを確約しているとともに、これを踏まえて世銀等のドナーも予定されている2004年よりの「第6次保健・人口開発計画」を支援することが決定している。(2)、(3)についても世銀等のドナーの支援を得て取り組んでいる。世銀等のドナーとの関係を従来以上に緊密に保ち、「バ」国が保健医療に対する現在の方針・政策を引き続き継続していくことを強く提言することとしたい。

4-3. プロジェクトの妥当性

本計画は、以下に述べる(1)～(7)の検討結果から、我が国の無償資金協力による協力対象事業として妥当であると判断される。

- (1) 協力対象施設は全国64県のうち45県に所在する郡保健所であり一次及び二次医療を提供する「バ」国医療システムにおいて根幹をなす医療施設であり、その裨益対象は直接には45県の妊産婦 166 万人、間接的には 8,300 万人にものぼる貧困層を主体とした多数の地域住民である。
- (2) 対象施設の多くは地方の小都市や町村に所在し、都市と地方との医療格差縮小を促進するとともに、母子関連医療体制が整備されることによって、計画出産等が従来以上に広まり「バ」国にとって最大の課題である人口抑制に繋がることとなることから、「バ」国の民政の安定や住民の生活改善に資するプロジェクトであると言える。
- (3) 調達機材は既に保有している基礎的機材の更新・代替であること、及び機材を運用する医師、技術者、看護婦等医療技術者については、UNICEF 支援による要員養成計画が着実に実施されていることから十分に活用されると見込まれると共に、維持経費がほとんど発生しない機材や現有機材の更新が主体となっていることから、「バ」国が独自の資金と人材・技術で運営・維持管理を行うことができ、過度に高度な技術等を必要とするようなものではない。
- (4) 「バ」国の「国家保健人口戦略」の最優先課題である、母親(妊産婦)の死亡率及び疾病率を減らすに直結する計画であり、「バ」国の中・長期的開発計画の目標達成に資するものである。
- (5) 対象施設である郡保健所は基本的に診療・診断サービスを無料で提供しておりその運営・維持管理経費は保健家族福祉省によって全て賄われている。世銀等のドナーは受益者負担の原則のもと診療・診断費の徴収導入を勧告しており「バ」国もその実施を検討しているが、徴収されたコストは施設の維持・拡充等に使用される方向で検討されており、施設運営を円滑に行うためのものである。
- (6) 調達機材は既に保有している基礎的機材の更新・代替であり、環境面で負の影響を与えることはない。
- (7) 本計画機材は更新・代替が大部分であるので、調達機材等の設置・据付場所については既に整備済みなないしは整備中であり、給排水設備、給電等基礎的条件は整っている。「バ」国保健家族福祉省も過去に我が国の無償資金協力案件を受け入れた経験を有しており、本計画を我が国の無償資金協力の制度で実施することに、特段の困難は見出されない。

4-4. 結論

本プロジェクトは、前述のように多大な効果が期待されると同時に、本プロジェクトが広く住民のBHINの向上に寄与するものであることから、協力対象事業の一部に対して、我が国の無償資金協力を実施することの妥当性が確認される。さらに、本プロジェクトの運営・維持管理についても、相手国側体制は人員・資金ともに特段の問題はないと考えられる。しかし、「4-3. 課題・提言」にて前述したとおり「公的医療機関の運営体制確立及び保健医療予算・財政の確保」及び「医療機関へのアクセスを妨げる諸要因の排除及び利用度の向上」の諸点が改善・整備されれば、本プロジェクトはより円滑かつ効果的に実施しうると考えられる。

資 料 編

1. 調査団員・氏名
2. 調査行程
3. 関係者(面会者)リスト
4. 当該国の社会経済状況
5. 討議議事録(M/D)
6. 事業事前評価表
7. 参考資料/入手資料リスト
8. その他の資料・情報

1. 調査団員氏名、所属

バングラデッシュ国緊急産科医療サービス強化支援計画

基本設計現地調査団

官側団員

- 1) 地神 一美 (Mr.Kazumi JIGAMI) (総括)
国際協力事業団無償資金協力部業務第二課長
(2001年8月11日～8月17日)
- 2) 秋山 稔 (Dr.Minoru AKIYAMA) (技術参与)
国立熱海病院
(2001年8月11日～8月24日)

コンサルタント団員

- 1) 阿部 雅典 (Mr. Masanori ABE) (業務主任/病院整備計画)
株式会社 第一医療施設コンサルタント
(2001年8月5日～9月12日)
- 2) 高橋 征久 (Mr.Yukihisa TAKAHASHI) (機材計画 I)
株式会社 第一医療施設コンサルタント
(2001年8月5日～9月12日)
- 3) 津田 淳子 (Ms. Junko TSUDA) (機材計画 II)
株式会社 第一医療施設コンサルタント
(2001年8月5日～9月12日)
- 4) 野崎 保 (Mr.Tamotu NOZAKI) (設備計画)
株式会社 第一医療施設コンサルタント
(2001年8月5日～9月5日)
- 5) 田中 克利 (Mr. Katutosi TANAKA) (調達計画/積算)
株式会社 第一医療施設コンサルタント
(2001年8月5日～9月5日)

Bangladesh 国緊急産科医療サービス強化支援計画

基本設計概要説明調査団

官側団員

- 1) 田中 紀子 (Ms.Noriko TANAKA) (総括)
外務省経済協力局無償資金協力課
(2001年12月7日～12月14日)
- 2) 稲葉 惇一 (Dr.Junichi INABA) (技術参与)
国立国際医療センター国際協力局派遣協力課
(2001年11月30日～12月14日)

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- 1) 阿部 雅典 (Mr. Masanori ABE) (業務主任/病院整備計画)
株式会社 第一医療施設コンサルタンツ
(2001年11月16日～12月14日)
- 2) 高橋 征久 (Mr.Yukihisa TAKAHASHI) (機材計画 I)
株式会社 第一医療施設コンサルタンツ
(2001年11月16日～12月14日)
- 3) 田中 克利 (Mr. Katutosi TANAKA) (調達計画/積算)
株式会社 第一医療施設コンサルタンツ
(2001年11月16日～11月24日)

基本設計現地調査日程

| 日程 | 調査内容等 | 面談者等 |
|---------------|---|--|
| 2001年8月5日(日) | Ar.Dhaka 22:30 by SQ436 | |
| 2001年8月6日(月) | JICA事務所表敬・協議 日本大使館表敬・協議 | 坂本所長、大塚所員、ALI 担当 中村書記官、石堂書記官 |
| 2001年8月7日(火) | 母子保健研修所(MCHTI)視察・協議 保健家族福祉省保健局(MOHFW,DGHS)表敬・協議 | プロ技「リプロダクティブヘルス 人材開発計画」 山田チーフアドバイザー Dr.S.M.Jahangir,Superintendent/Director Dr.Abdul Baqi,Director(PHC & Line Directo ESP) Dr.MD.Abdul Jalil Mondal,Deputy Program Manager,Reproductive Health,ESP |
| 2001年8月8日(水) | UNICEF 表敬・協議 MOHFW,DGHS担当課表敬・協議 | Dr.Yasmin Ali Haque,Project Officer Dr.Ataur Rahman,Asst.Project Officer Dr.MD.Abdul Jalil Mondal,Deputy Program Manager,Reproductive Health,ESP |
| 2001年8月9日(木) | 郡保健所(THC)視察 Dhamurai THC,Dhaka Dist.(B-EOC) Shivalaya THC,Manikganj Dist.(C-EOC BD/UNICEF) Harirampur THC,Manikganj Dist.(C-EOC BD/UNICEF) | Dr.MD.Lutfor Rahman,Civil Surgeon,Dhaka Dr.Abul Hasnat,UH&FPO,Dhamurai Dr.Habibur Rahman,UH&FPO Dr.MD.Hbdur Rajjashin,UH&FPO |
| 2001年8月10日(金) | 資料整理・団内会議 | |
| 2001年8月11日(土) | ダッカ医科大学付属病院視察・協議 資料整理 地神団長、秋山参与 Ar.Dhaka 22:30 by SQ436 | Dr.M.Khalilur Rahman,Professor of |
| 2001年8月12日(日) | 母子保健研修所(MCHTI)視察・協議 JICA事務所表敬・協議 日本大使館表敬・協議 | プロ技「リプロダクティブヘルス人材開発計画」 山田チーフアドバイザー Dr.S.M.Jahangir,Superintendent/Director 坂本所長、大塚所員、ALI 担当 中村書記官、石堂書記官 |
| 2001年8月13日(月) | Economic Relations Div.MOF 表敬・協議 MOHFW,Planning 表敬・協議 MOHFW,DGHS 表敬・協議 | Mr.Musharraf Hossain Bhuiyan,Deputy Secretary Mr.Muktadir Mozumder,Joint Chief Dr.Abdul Baqi,Director(PHC & Line Directo ESP) Dr.MD.Abdul Jalil Mondal,Deputy Program Manager,Reproductive Health,ESP |
| 2001年8月14日(火) | UNICEF 表敬・協議 MOHFW,DGHS担当課 協議 | Mr.Jun Kukita,Senior Program Coordinator Dr.Yasmin Ali Haque,Project Officer Dr.Ataur Rahman,Asst.Project Officer Dr.MD.Abdul Jalil Mondal,Deputy Program Manager,Reproductive Health,ESP |
| 2001年8月15日(水) | 祝日 地神団長、秋山参与 郡保健所等視察 MOHFW,DGHS担当課 協議 | Dr.MD.Abdul Jalil Mondal,Deputy Program Manager,Reproductive Health,ESP |

| 日程 | 調査内容等 | 面談者等 |
|---------------|---|---|
| 2001年8月16日(木) | MOHFW/ERD ミニッツ調印 日本大使館 報告 MOHFW,DGHS担当課 協議 | Mr.A.K.M Nashirul Huq,Deputy Secretary,ERD Mr.Md Mozammel Haque,Deputy Chief,MOHFW Dr.Belayet Hossain,Program Manager (CDC & RHP),MOHFW 前田参事官、中村書記官 Dr.MD.Abdul Jalil Mondal,Deputy Program Manager,Reproductive Health,ESP |
| 2001年8月17日(金) | 地神団長 Lv.Dhaka 14:00 by TG322 対象施設等実地調査のためChittagongへ移動 | |
| 2001年8月18日(土) | Panchari THC,Khagrachari Dist(C-EOC)調査 Patiya THC,Chittagong Dist(B-EOC)調査 Anowara THC,Chittagong Dist(B-EOC)調査 Banshkali THC,Chittagong Dist(C-EOC)視察 | Dr.Sucharit Barua,in charge of UIH&FPO |
| 2001年8月19日(日) | Sitakunda THC,Chittagong Dist(B-EOC)調査 Sandwip RHC,Chittagong 視察 Teknaf THC,Cox's Bazar Dist(C-EOC)調査 Ukhiya THC,Cox's Bazar Dist(B-EOC)調査 Ramu THC,Cox's Bazar Dist(B-EOC)調査 | Dr.Abu Taher, UH&FPO |
| 2001年8月20日(月) | Rajasthali THC,Rangamati Dist(C-EOC)調査 Rangamati Dist.Civil Surgeon Office Ruma THC,Bandarban Dist(C-EOC)調査 | Dr.Bhanu Marma,MO Dr.Ahamed Kabir,Civil Surgeon |
| 2001年8月21日(火) | Chittagong Dist. Civil Surgeon Office Companiganj THC,Noakhali Dist(C-EOC)調査 Noakhali Dist. Civil Surgeon Office Feni Dist. Civil Surgeon Office Parsuram THC,Feni Dist(C-EOC)調査 | Dr.Biswas Nath Paul,Civil Surgeon Dr.MD.Mahfuzul Haque,Resident MO Dr.MD.Abudul,Civil Surgeon Dr.Mainuddin Ahmed Chowdhury,Civil Surgeon |
| 2001年8月22日(水) | Chatkhil THC,Noakhali Dist(B-EOC)調査 Hazigonj THC,Chandpur Dist(B-EOC)調査 Ramganj THC,Laxmipur Dist(C-EOC)調査 Faridganj THC,Chandpur Dist(C-EOC)調査 Chandpur Dist. Civil Surgeon Office | Dr.M.A.Hassan,MO Dr.Shafiqul Alam,UH&FPO Dr.Madame Syeda Badrun Nahar,Civil Surgeon |
| 2001年8月23日(木) | Akhaura THC,B.Barua Dist(B-EOC)調査 Kashba THC,B.Barua Dist(B-EOC)調査 Kaliganj THC,Gazipur Dist(C-EOC)調査 Gazipur Dist. Civil Surgeon Office | Dr.MD.Noor Mohammad,UH&FPO Dr.Abdul Jalil Chowdhly,Resident MO Dr.Mahbub Hassaan. Civil Surgeon |
| 2001年8月24日(金) | 秋山参与 Lv.Dhaka 14:00 by TG322 対象施設等実地調査のためBograへ移動 対象施設等実地調査のためMymensinghへ移動 | |
| 2001年8月25日(土) | Shariakandi THC,Bogra Dist(C-EOC)調査 Gabtali THC,Bogra Dist(B-EOC)調査 Mithapukur THC,Rangpur Dist(TFIPP-Proj)視察 Kaliganj THC,Lalmonirhat Dist(C-EOC)調査 Jhinaigati THC,Sherpur Dist(C-EOC)調査 Sarishabari THC,Jamalpur Dist(C-EOC)調査 Madhupur THC,Tangail Dist(C-EOC)視察 Bogra Dist. Civil Surgeon Office | Dr.MD.Serajul Islam,UH&FPO Dr.A.K.M.Abdul Razaque,UH&FPO Dr.Amzad Hossain,MO Dr.Kazi MD.Habibur Rahman,in charge of |

| 日程 | 調査内容等 | 面談者等 |
|---------------|---|---|
| 2001年8月26日(日) | Kurigram Dist. Civil Surgeon Office Rowmari THC,Kurigram Dist(C-EOC)調査 Nageswari THC,Kurigram Dist(C-EOC)調査 Chilmari THC,Kurigram Dist(B-EOC)調査 Bhurungamari THC,Kurigram Dist(B-EOC)調査 Fulbari THC,Kurigram Dist(B-EOC)調査 Kendua THC,Netorokona Dist(C-EOC)調査 Karimganj THC,Kishoreganj Dist(C-EOC)調査 Nandail THC,Mymensingh Dist(C-EOC)調査 | Dr.MD.Mozaffar Hossain,Civil Surgeon Dr.Enamul Haque,FPO Dr.MD.Abdul Shoban,UH&FPO Dr.MD.Janlīqul Islam,UH&FPO Dr.MD.Tofazzal Hossain,Resident MO |
| 2001年8月27日(月) | Birganj THC,Dinajipur Dist(C-EOC)調査 Tetulia THC,Panchagarh Dist(C-EOC)調査 Baliadangi THC,Thakurgaon Dist(C-EOC)調査 Thakurgaon Dist. Civil Surgeon Office Panchagarh Dist. Civil Surgeon Office Bhairab THC,Kishoreganj Dist(C-EOC)調査 Monohordi THC,Narsingdi Dist(C-EOC)調査 | Dr.MD.Lutful Rahman,UH&FPO Dr.A.S.M.Sultan Alam,in charge UH&FPO Dr.MD.Rafiqul Islam,UH&FPO Dr.MD.Nurul Huda,MO Dr.MD.Joynal Abedin,Civil Surgeon |
| 2001年8月28日(火) | Patonitala THC,Naogaon Dist(C-EOC)調査 Shibganj THC,C.Nawabganj Dist(C-EOC)調査 Rajshahi Divisional Director Office Chunarghat THC,Hobiganj Dist(C-EOC)調査 Sarail THC,B.Barua Dist(C-EOC)調査 | Dr.Farid Uddin Ahmed,in charge UH&FPO Dr.MD.Nurzaman,UH&FPO |
| 2001年8月29日(水) | Lalpur THC,Natore Dist(C-EOC)調査 Tarash THC,Sirajganj Dist(C-EOC)調査 Shibchar THC,Madaripur Dist(C-EOC)調査 | Dr.Ehsamul Kabir Chowdhury,UH&FPO Dr.MD.Abdur Razzaque Mondal,UH&FPO |
| 2001年8月30日(木) | Daulatpur THC,Kushtia Dist(C-EOC)調査 Alamdanga THC,Chuadanga Dist(C-EOC)調査 Harinakunda THC,Jhenaidah Dist(C-EOC)調査 Zanjira THC,Shariatpur Dist(C-EOC)調査 | Dr.Anjuman Ara,MO Dr.A.K.M.D.shah Alam,UH&FPO Dr.Abu Md Zahurruul Islam,UH&FPO |
| 2001年8月31日(金) | 資料整理 対象施設等実地調査のためBarisalへ移動 | |
| 2001年9月1日(土) | Jikargacha THC,Jessore Dist(C-EOC)調査 Shalika THC,Magura Dist(C-EOC)調査 Kalaroa THC,Satkhira Dist(C-EOC)調査 Sharsha THC,Jessore Dist(B-EOC)調査 Tongipara THC,Gopalganj Dist(C-EOC)調査 Goshairhat THC,Shariatpur Dist(C-EOC)調査 | Dr.Farid Uddin Ahmed,UH&FPO Dr.Amarendoa Nath Dewri,MO Dr.MD.Rezwanul Haque,UH&FPO Dr.Subodh Kumar Kundu,UH&FPO |
| 2001年9月2日(日) | Manirampur THC,Jessore Dist(B-EOC)調査 Koyra THC,Khulna Dist(C-EOC)調査 Bauphal THC,Patuakhali Dist(C-EOC)調査 | Dr.Dilip Roy,Resident MO Dr.MD.Asadul Haque,UH&FPO |
| 2001年9月3日(月) | Mathbaria THC,Pirojpur Dis(C-EOC)調査 Bhandaria THC,Pirojpur Dist(B-EOC)調査 Betagi THC,Barguna Dist(C-EOC)調査 Rajapur THC,Jhalokathi Dist(B-EOC)視察 | Dr.Gokul Chandra Mondal,UH&FPO Dr.MD.Khairul Islam,UH&FPO |
| 2001年9月4日(火) | Bhola Dist. Civil Surgeon Office Dhakaへ移動 | Dr.Mahmud Hasan,MO |

| 日程 | 調査内容等 | 面談者等 |
|---------------|--|---|
| 2001年9月5日(水) | JICA事務所 中間報告 設備計画・調達/積算担当 Lv.Dhaka 14:00 by TG322 MOHFW,DGHS担当課 協議 | Dr.MD.Abdul Jalil Mondal,Deputy Program Manager,Reproductive Health,ESP |
| 2001年9月6日(木) | 現地代理店調査 東京三菱銀行ダッカ事務所 MOHFW,DGHS担当課 協議 | 高橋所長 Dr.MD.Abdul Jalil Mondal,Deputy Program Manager,Reproductive Health,ESP |
| 2001年9月7日(金) | 資料整理 | |
| 2001年9月8日(土) | Bancharumpur THC,B.Barria Dist(C-EOC)調査 | Dr.MD.Khairul Islam,UH&FPO |
| 2001年9月9日(日) | 世界銀行ダッカ事務所 協議 WHOダッカ事務所 協議 MOHFW,DGHS担当課 /UNICEF 協議 現地代理店調査 | Ms.Birte Holm Sorensen,Sr.Public Health Specialist Dr.IIana Dr.MD.Abdul Jalil Mondal,Deputy Program Manager,Reproductive Health,ESP Dr.Ataur Rahman,Asst.Project Officer |
| 2001年9月10日(月) | NEMEW 協議 現地代理店調査 MOHFW,DGHS担当課 協議 | Engr.Mohd.Mahbubar Rahman,Technical Manager Repair |
| 2001年9月11日(火) | UNFPA 協議 現地代理店調査 UNICEF 協議 MOHFW,DGHS担当課 協議 | Ms.Tahera Ahmed,Asst. Representative Dr.Yasmin Ali Haque,Project Officer Dr.Ataur Rahman,Asst.Project Officer |
| 2001年9月12日(水) | MOHFW,DGHS担当課 機材協議書調印 JICA事務所 報告 Lv.Dhaka 23:55 by SQ435 | Dr.MD.Abdul Jalil Mondal,Deputy Program Manager,Reproductive Health,ESP 坂本所長、河崎次長、大塚所員、ALI 担当 |
| 2001年9月13日(木) | 帰国 | |

対象C-EOC施設実地調査数 : 44カ所
対象B-EOC施設実地調査数 : 16カ所
対象外施設視察数 : 8カ所
Dist. Civil Surgeo Office etc 訪問数 : 11カ所

2-2 調査行程

バングラデシュ国緊急産科医療サービス強化支援計画基本設計調査
概要書説明日程

| 日程 | 調査内容等 | 面談者等 |
|----------------|---|--|
| 2001年11月16日(金) | ダッカ到着 22:30/SQ436 | |
| 2001年11月17日(土) | 保健家族福祉省表敬・協議 | Dr.Shahadat Hosseain, Program Manager(RHIP) Dr.Abdul Jalil Mondal, Dty Program Manager |
| 2001年11月18日(日) | JICA 事務所表敬・協議 日本大使館表敬・協議 母子保健研修所(MCHTI) 視察・協議 UNICEF 表敬・協議 | 河崎次長、大塚所員 中村一等書記官、 プロ技「プロダクティブヘルス人材開発計画」 山田チーフアドバイザー Dr.Yasumin Ali Haque, Project Officer Dr.Ataur Rahman, Asst. Project Officer |
| 2001年11月19日(月) | 保健家族福祉省担当課協議 現地調査打合わせ | Dr.Shahadat Hosseain, Program Manager(RHIP) Dr.Abdul Jalil Mondal, Dty Program Manager |
| 2001年11月20日(火) | 対象施設等実地調査 *Nasiragar THC, B.Barua Dist | Dr.M.A.Nazrul Islam, UH&FPO |
| 2001年11月21日(水) | 対象施設等実地調査 *Nagarpur THC, Tangail Dist *Chowdhali THC, Sirajganj Dist | Dr.MD.Nazabat Hossain, UH&FPO Dr.MD.Nural Amin, UH&FPO |
| 2001年11月22日(木) | 現地代理店調査 | BABEL(メーカー及び代理店) OTOBI(メーカー) Elite(内陸輸送業者) |
| 2001年11月23日(金) | 資料整理 | |
| 2001年11月24日(土) | 現地代理店調査 調達/積算担当 ダッカ発 23:55 (SQ435にてシガポール着) | OTOBI 工場視察 POWER-PACK(発電機代理店) RANGS(空調機/発電機等代理店) |
| 2001年11月25日(日) | 保健家族福祉省担当課協議 対象施設等実地調査 調達/積算担当帰国 シガポール発 (SQ012にて成田着) | Dr.Shahadat Hosseain, Program Manager(RHIP) Dr.Abdul Jalil Mondal, Dty Program Manager Noakhaliへ移動 |
| 2001年11月26日(月) | 対象施設等実地調査 *Hatiya THC, Noakhali Dist *Noakhali Civil Surgeon Office *Noakhali DEMEW *Raipur THC, Laxmipur Dist *Haimchar THC, Chandpur Dist | Dr.Motiuddin Ahmed, UH&FPO Dr.Nasir Ahmed, Medical Officer-MCH/FP |
| 2001年11月27日(火) | 対象施設等実地調査 Khagrachari District *Khagrachari District Civil Surgeon Office | Dr.Suvash Das, Civil Surgeon |
| 2001年11月28日(水) | 対象施設等実地調査 Bandarban District *Bandarban District Civil Surgeon Office *Bandarban DEMEW THC Chittagong Dist *Chandauash THC *Boalkhali THC | Dr.Aung Swi Prue Marna, Resident M.O Mr.Misbahur Rahman, Superintendent Dr.MD.Sharafat Ali, UH&FPO Dr.Suvendu Das, UH&FPO |
| 2001年11月29日(木) | 対象施設等実地調査 Chittagong Dist *Sandwip THC | Dr.A.B.M Lutful Kabir, UH&FPO |

| 日程 | 調査内容等 | 面談者等 |
|----------------|---|---|
| 2001年11月30日(金) | *技術参与 ダッカ到着 22:30 / SQ436 *チッタゴンからダッカへ移動 *資料整理 | |
| 2001年12月1日(土) | 母子保健研修所表敬・協議 保健家族福祉省表敬・協議 OG&SB Hospital | Dr.T.Yamada Dr.Abdul Jalil Mondal,Dty Program Manager Prof.A.B.Bluiyan,President OBGY Society |
| 2001年12月2日(日) | JICA 事務所表敬・協議 保健家族福祉省担当課協議 現地調査打合わせ | Dr.Abdul Jalil Mondal,Dty Program Manager Dr.Ataur Rahman,Asst.Project Officer |
| 2001年12月3日(月) | 対象施設等実地調査 Mymensingh Dist *Trisal THC *Mymensingh Civil Surgeon Office *Nandail THC *Mymensingh DEMEW | Dr.MD.Serajul Islam,UH&FPO Dr.MD.Akbar Ali,Civil Surgeon Mr.Mumiru ZZaman,Superintendent Dr.A.K.M.Abdul Rob,in charge of UH&FPO Mr.Mumiru ZZaman,Superintendent |
| 2001年12月4日(火) | 対象施設等実地調査 Sherpur Dist *Jhenaigati THC *Nakhla THC *Sirwulji THC *Sherpur District Hospital | Dr.MD.Mosaddek,UH&FPO Dr.MD.Omar Farruk Khan,UH&FPO Dr.Z.M.Zohurul Islam,Civil Surgeon Dr.MD.Abdul Ghani Khandaker,OBGY Dr.Selina Bulbul,M.O-Clinic,MCWC |
| 2001年12月5日(水) | 対象施設等実地調査 Kishoreganj Dist *Karimganj THC *Katiadi THC *Kishoreganj District Hospital *Kishoreganj MCWC | Dr.Shamsul Hoq Gazi,UH&FPO Dr.Jatish Chandra Sutru Dhar,Civil Surgeon |
| 2001年12月6日(木) | ダッカ医科大学病院視察 保健家族福祉省担当課協議 | Prof.Kalirur Rahman,Anaesthesiology Prof.Sultana Jahan,OBGY Dr.Farhana Dewan,Sr.Consultant OBGY Dr.Abdul Jalil Mondal,Dty Program Manager |
| 2001年12月7日(金) | *団長 ダッカ到着 22:30 / SQ436 *資料整理 | |
| 2001年12月8日(土) | JICA 表敬・協議 経済協力局表敬・協議 保健家族福祉省計画局 表敬・協議 保健家族福祉省母子保健局 表敬・協議 母子保健研修所 | 坂本所長、河崎次長、大塚所員 Mr.MD.Moqsed Ali,Deputy Secretary Mr.M.A.Muktadir Mozumder,Joint Chief Dr.MD.Abdul Baqi, Director(PHC/Line Director-ESP) Dr.T.Yamada |
| 2001年12月9日(日) | 対象施設等実地調査 Gazipur Dist *Kaliakair THC Dhaka Dist *Dhamurai THC 日本大使館表敬・協議 | Dr.Roushan Akhter,UH&FPO Dr.MD.Lutfur Rahman,Civil Surgeon,Dhaka Dr.Abul Hasnat,UH&FPO 前田参事官、中村一等書記官 |
| 2001年12月10日(月) | 保健家族福祉省担当課協議 UNICEF 協議 | Dr.Shahadat Hosseain,Program Manager(RHP) Dr.Abdul Jalil Mondal,Dty Program Mana Dr.Yasumin Ali Haque,Project Officer Dr.Ataur Rahman,Asst.Project Officer |

| 日程 | 調査内容等 | 面談者等 |
|----------------|---|--|
| 2001年12月11日(火) | 対象施設等実地調査 B.Baria Dist *Bancharampur THC | Dr.MD.Khairul Islam,UH&FPO |
| 2001年12月12日(水) | 協議議事録調印 経済協力局 日本大使館報告 | Mr.MD.Moqsed Ali,Deputy Secretary, ERD Mr.MD.Mozammel Haque,MOHFW(Planning), MOHFW Dr.Shahadat Hosseain,P Manager(RHP) Mr.Shamim Ahmed Khan, Planning Commission 前田参事官、中村一等書記官、Dr.T.Yamada ,MCH-TI |
| 2001年12月13日(木) | 現地代理店調査 日本大使館協議 | *Elite(内陸輸送業者) *OTOBI(メーカー) *前田参事官、中村一等書記官、大塚所員 |
| 2001年12月14日(金) | *団長、技術参与 ダッカ発 14:20 (TG322にてバンコク着) *現地代理店調査 *ダッカ発 23:55 (SQ435にてシンガポール着) | *BOC(麻醉機等現地代理店) |
| 2001年12月15日(土) | *団長、技術参与 バンコク発成田着 *シンガポール発 (SQ012にて成田着) | |

3 関係者(面会者)リスト

(1) 日本側

在バングラデシュ日本国大使館

前田参事官

中村一等書記官

石堂二等書記官

在バングラデシュ JICA 事務所

坂本所長

河崎次長

大塚所員

Mr. Zufiker Ali

母子保健研修所

山田多佳子プロ技「リプロダクティブ人材開発計画」チーフアドバイザー

(2) バングラデシュ国側

保健家族福祉省

Dr.MD.Abdul Baqi, Director(PHC/Line Director-ESP)

Mr.M.A.Muktadir Mozumder,Joint Chief

Dr.Shahadat Hosseain,Program Manager(RHP)

Dr.Abdul Jalil Mondal,Dty Program Manager

Mr.MD.Mozammel Haque,MOHFW(Planing), MOHFW

Dr.Shahadat Hosseain,P Manager(RHP)

Mr.Shamim Ahmed Khan, Planning Commission

経済協力局

Mr.MD.Moqsed Ali,Deputy Secretary,

(3) 国際援助機関

UNICEF

Dr.Yasumin Ali Haque,Project Officer

Dr.Ataur Rahman,Asst.Project Officer

4. 当該国の社会経済状況

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

| 一般指標 | | | | |
|----------|-----------------------|------|----------|------------------------------|
| 政体 | 共和制 | *1 | 首都 | ダッカ (Dhaka) *2 |
| 元首 | 大統領 / ボドルドゥーザ・チョドリ | *1,3 | 主要都市名 | チッタゴン、クルナ、ラジハヤヒ *3 |
| 独立年月日 | 1971年3月26日 | *3,4 | 労働力総計 | 66,643千人 (1999年) *6 |
| 主要民族/部族名 | ベンガル人98% | *1,3 | 義務教育年数 | 5年間 ()年 *13 |
| 主要言語 | ベンガル語、英語 | *1,3 | 初等教育就学率 | % (1997年) *6 |
| 宗教 | イスラム教88.1%、ヒンズー教10.5% | *1,3 | 中等教育就学率 | % (1997年) *6 |
| 国連加盟年 | 1974年9月17日 | *12 | 成人非識字率 | 59.2% (2000年) *13 |
| 世銀加盟年 | 1972年8月17日 | *7 | 人口密度 | 980.79人/km2 (1999年) *6 |
| IMF加盟年 | 1972年8月17日 | *7 | 人口増加率 | 2.0% (1980-99年) *6 |
| 国土面積 | 147.00千km2 | *1,6 | 平均寿命 | 平均 58.90 男 58.90 女 59.00 *10 |
| 総人口 | 127,669千人 (1999年) | *6 | 5歳児未満死亡率 | 89 (1999年) *6 |
| | | | カロリー供給量 | 2,085.0 cal/日/人 (1997年) *10 |

| 経済指標 | | | | |
|------------|-------------------------------|-----|-----------------------|--------------------------|
| 通貨単位 | タカ (Taka) | *3 | 貿易量 | (1999年) |
| 為替レート | 1 US\$ = 56.42 (2001年12月) | *8 | 商品輸出 | 5,458.3百万ドル *15 |
| 会計年度 | Jun. 30 | *6 | 商品輸入 | -7,420.4百万ドル *15 |
| 国家予算 | ()年 | | 輸入カバー率 | 2.1(月) (1999年) *14 |
| 歳入総額 | | *9 | 主要輸出品目 | 縫製品、ニット製品、冷凍食品、ジュート *1 |
| 歳出総額 | | *9 | 主要輸入品目 | 資本財、繊維、原油・石油製品、鉄鋼 *1 |
| 総合収支 | -191.6百万ドル (1999年) | *15 | 日本への輸出 | 118百万ドル (2000年) *16 |
| ODA受取額 | 1,203.1百万ドル (1999年) | *18 | 日本からの輸入 | 483百万ドル (2000年) *16 |
| 国内総生産(GDP) | 45,961.38百万ドル (1999年) | *6 | | |
| 一人当たりのGNP | 370.0ドル (1999年) | *6 | 総国際準備 | 1,634.4百万ドル (1999年) *6 |
| 分野別GDP | 農業 25.3% (1999年) | *6 | 対外債務残高 | 17,534.0百万ドル (1999年) *6 |
| | 鉱工業 24.3% (1999年) | *6 | 対外債務返済率(DSR) | 10.1% (1999年) *6 |
| | サービス業 50.5% (1999年) | *6 | インフレ率 (消費者価格物価上昇率) | 5.5% (1990-99年) *6 |
| 産業別雇用 | 農業 男 54.4% 女 77.5% (1996-98年) | *6 | | |
| | 鉱工業 10.8% 7.6% (1996-98年) | *6 | 国家開発計画 | 第5次5カ年計画 (1997-2002) *11 |
| | サービス業 33.7% 11.0% (1996-98年) | *6 | | |
| 実質GDP成長率 | 4.7% (1990-99年) | *6 | | |

| 気象 | (1961年～1981年平均) 観測地：チッタゴン(北緯22度21分、東経91度50分、標高14m) | | | | | | | | | | | | *4,5 |
|------|--|------|------|-------|-------|-------|-------|-------|-------|-------|------|------|-----------|
| 月 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 平均/計 |
| 降水量 | 4.2 | 14.4 | 34.6 | 129.8 | 233.8 | 594.3 | 757.8 | 558.9 | 249.7 | 180.5 | 46.0 | 8.4 | 2812.4 mm |
| 平均気温 | 19.8 | 22.1 | 25.5 | 27.7 | 28.6 | 27.9 | 27.6 | 27.8 | 28.1 | 27.6 | 24.5 | 20.8 | 25.7℃ |

- *1 各国概況 (外務省)
 - *2 世界の国々一覧表 (外務省)
 - *3 世界年鑑2000 (共同通信社)
 - *4 最新世界各国要覧10訂版 (東京書籍)
 - *5 理科年表2000 (国立天文台編)
 - *6 World Development Indicators2001(WB)
 - *7 BRD Membership List(WB)
 - IMF Members' Financial Data by Country(IMF)
 - *8 Universal Currency Converter
 - *9 Government Finance Statistics Yearbook1999 (IMF)
 - *10 Human Development Report2000,2001(UNDP)
 - *11 Country Profile(EIU),外務省資料等
 - *12 United Nations Member States
 - *13 Statistical Yearbook 1999(UNESCO)
 - *14 Global Development Finance2001(WB)
 - *15 International Financial Statistics Yearbook 2000(IMF)
 - *16 世界各国経済情報ファイル2001(世界経済情報サービス)
- 注：商品輸入については複式簿記の計上方式を採用しているため
支払い額はマイナス表記になる

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

| 項目 | 年度 | 1995 | 1996 | 1997 | 1998 | 1999 |
|--------|----|--------|--------|--------|--------|--------|
| 技術協力 | | 13.33 | 16.10 | 18.66 | 18.67 | 20.86 |
| 無償資金協力 | | 204.95 | 207.56 | 238.04 | 197.41 | 307.56 |
| 有償資金協力 | | 210.79 | | 152.52 | | 164.12 |
| 総額 | | 429.07 | 223.66 | 409.22 | 216.08 | 492.54 |

| 項目 | 暦年 | 1995 | 1996 | 1997 | 1998 | 1999 |
|--------|----|--------|--------|--------|--------|---------|
| 技術協力 | | 34.84 | 30.52 | 26.83 | 22.83 | 25.04 |
| 無償資金協力 | | 228.75 | 184.77 | 169.60 | 216.35 | -102.81 |
| 有償資金協力 | | -8.69 | -41.25 | -66.45 | -50.14 | -102.81 |
| 総額 | | 254.89 | 174.03 | 129.98 | 189.05 | 123.66 |

| | 贈与 (1) (無償資金協力・ 技術協力) | 有償資金協力 (2) | 政府開発援助 (ODA) (1)+(2)=(3) | その他政府資金 及び民間資金(4) | 経済協力総額 (3)+(4) |
|-------------------|-----------------------------|---------------|--------------------------------|----------------------|-------------------|
| 二国間援助 (主要供与国) | 712.8 | -105.5 | 607.3 | -92.5 | 514.8 |
| 1. Japan | 226.5 | -102.8 | 123.7 | -113.6 | 10.1 |
| 2. United Kingdom | 104.9 | 10.0 | 114.9 | 7.4 | 122.3 |
| 3. United States | 131.9 | -18.3 | 113.6 | -8.0 | 105.6 |
| 4. Germany | 46.6 | 0.0 | 46.6 | -0.3 | 46.3 |
| 多国間援助 (主要援助機関) | 128.1 | 460.1 | 588.2 | 41.7 | 629.9 |
| 1. IDA | | | 339.6 | 0.0 | 339.6 |
| 2. AsDB | | | 214.1 | 10.0 | 224.1 |
| その他 | 2.9 | 4.8 | 7.7 | 0.0 | 7.7 |
| 合計 | 843.8 | 359.3 | 1,203.1 | -50.8 | 1,152.3 |

| |
|---|
| 技術協力：大蔵省経済関係局 (ERD) (Economic Relations Division) |
| 無償：大蔵省経済関係局 (ERD) (Economic Relations Division) |
| 協力隊：大蔵省経済関係局 (ERD) (Economic Relations Division) |

*17 我が国の政府開発援助2000(国際協力推進協会)

*18 International Development Statistics (CD-ROM) 2001 OECD

*19 JICA資料

MINUTES OF DISCUSSIONS
BASIC DESIGN STUDY
ON
THE PROJECT FOR SUPPORT TO STRENGTHENING OF EMERGENCY OBSTETRIC CARE
SERVICE IN THE PEOPLE'S REPUBLIC OF BANGLADESH

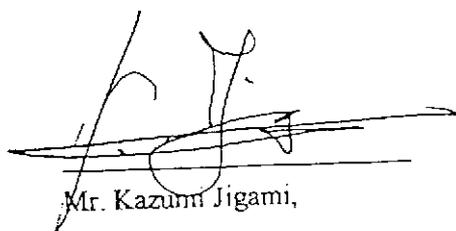
In response to a request of the Government of the People's Republic of Bangladesh, the Government of Japan decided to conduct a Basic Design Study on THE PROJECT FOR SUPPORT TO STRENGTHENING OF EMERGENCY OBSTETRIC CARE SERVICE IN BANGLADESH (hereinafter referred to as "the Project"), and entrusted the study to Japan International Cooperation Agency (JICA).

JICA sent the Basic Design Study Team (hereinafter referred to as "the TEAM") to Bangladesh, headed by Mr. Kazumi Jigami, Director, Second Project Management Division, Grant Aid Management Department, JICA from August 5 to September 12, 2001.

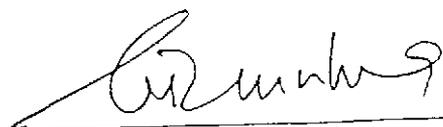
The Team had a series of discussions with the officials concerned of Bangladesh and conducted field surveys .

As the result of discussions and field surveys, both parties have confirmed the main items described on the attached sheets. The Team will proceed to further works and prepare the Basic Design Study Report.

Dhaka, Bangladesh, August 16, 2001



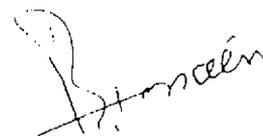
Mr. Kazumi Jigami,
Leader
Basic Design Study Team
JICA



Mr. A.K.M. Nashirul Haq
Deputy Secretary
Economic Relations Division
Ministry of Finance



Mr. Md. Mozammel Haque.
Deputy Chief (Planning)
Ministry of Health and Family Welfare



Dr. Belayet Hossain
Program Manager (CDC and RIIP)
Directorate General of Health Services

ATTACHMENT

1. Objective

The objective of the Project is to strengthen Emergency Obstetric Care (EOC) service system by procuring and installing Medical Equipment required for comprehensive EOC (C-EOC) facilities and basic EOC facilities (B=EOC) facilities of Upazilla Health Complexes.

2. Project site

Project sites are Upazilla Health Complexes in Bangladesh described in ANNEX-1.

3. Responsible and Executing Agency

Responsible Agency : Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh

Executing Agency: Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh

4. Equipment requested by the Government of the People's Republic of Bangladesh.

After discussions with the Team, equipment described in ANNEX-2 was finally requested by the Government of the People's Republic of Bangladesh to be provided under the Grant Aid. However, equipment to be included in the Project will be decided after further studies.

5. Criteria to select the Equipment.

Criteria to select the Equipment described in ANNEX-3 was mutually agreed, on the condition that the final components of the Project will be decided after further studies.

6. Japan's Grant Aid System

(1) The Government of the People's Republic of Bangladesh has understood the system of Japanese Grant Aid explained by the Team. The details are described in ANNEX-4.

(2) The Government of the People's Republic of Bangladesh will take necessary measures described in ANNEX-5, for smooth implementation of the Project on condition that the Grant Aid by the Government of Japan is extended to the Project.

7. Schedule of the study

(1) The consultants will proceed to further studies in Bangladesh until September 12, 2001.

(2) JICA will prepare the draft report in English and dispatch a mission in order to explain the contents of the report around November 2001.

(3) In case the contents of the report are accepted in principle by the Bangladesh side, JICA will complete the final report and send it to the Government of the People's Republic of Bangladesh by March, 2002.



Project Sites of Comprehensive EOC facilities

| Sl No. | Name of Division | Name of District | Name of Facilities | remarks |
|--------|------------------|------------------|--------------------|---------|
| 1 | Rajshahi | Panchagarh | Tetulia | |
| 2 | -do- | Thakurgaon | Baliadangia | |
| 3 | -do- | Dinajpur | Birgonj | |
| 4 | -do- | Lalmonirhat | Kaliganj | |
| 5 | -do- | Kurigram | Roumari | |
| 6 | -do- | | Negeswari | |
| 7 | -do- | Sirajgonj | Chowhali | |
| 8 | -do- | | Taras | |
| 9 | -do- | Bogra | Sariakandi | |
| 10 | -do- | Natore | Larapur | |
| 11 | -do- | Naogaon | Patinitola | |
| 12 | -do- | C. Nawabgonj | Shibgonj | |
| 13 | Khulna | Kushtia | Daulatpur | |
| 14 | -do- | Chuadanga | Alamdanga | |
| 15 | -do- | Jhenaidah | Harinakunda | |
| 16 | -do- | Magura | Shalika | |
| 17 | -do- | Jessore | Jhikargachha | |
| 18 | -do- | Satkhira | Kalaroa | |
| 19 | -do- | Khulna | Koyra | |
| 20 | Barisal | Perojpur | Mothbaria | |
| 21 | -do- | Barguna | Betagi | |
| 22 | -do- | Patuakhali | Bauphal | |
| 23 | -do- | Bhola | Manpura | |
| 24 | Dhaka | Shariatpur | Goshairhat | |
| 25 | -do- | | Zazira | |
| 26 | -do- | Madaripur | Shibchar | |
| 27 | -do- | Gopalganj | Tungipara | |
| 28 | -do- | Narshingdi | Monohordi | |
| 29 | -do- | Gazipur | Kaliganj | |
| 30 | -do- | Tangail | Nagarpur | |
| 31 | -do- | Jamalpur | Sharishabari | |
| 32 | -do- | Sherpur | Jhenaigati | |
| 33 | -do- | Mymensingh | Nandail | |
| 34 | -do- | Kishoreganj | Karimganj | |
| 35 | -do- | | Bhairab | |
| 36 | -do- | Netrokona | Kendua | |
| 37 | Sylhet | Habiganj | Chunarughat | |
| 38 | Chittagong | Bramanbaria | Bancharampur | |
| 39 | -do- | | Nasir Nagar | |
| 40 | -do- | | Sarail | |
| 41 | -do- | Chandpur | Faridgonj | |
| 42 | -do- | Laxmipur | Ramganj | |
| 43 | -do- | Noakhali | Hatia | |
| 44 | -do- | | Companiganj | |
| 45 | -do- | Feni | Parsuram | |
| 46 | -do- | Khagrachari | Panchhari | |
| 47 | -do- | Rangamati | Rajesthali | |
| 48 | -do- | Chittagong | Sandwip | |
| 49 | -do- | Bandarban | Ruma | |
| 50 | -do- | Cox's Bazar | Teknaf | |
| | Total No. | 43 districts | 50 facilities | |

For Basic-EOC Facilities

| Division | District | Sl. No. | Upazila | Priority |
|----------|---------------|---------|--------------|----------|
| Rajshahi | Panchagarh | 1 | Debigonj | A |
| | | 2 | Boda | A |
| | | 3 | Atowari | A |
| | Thakurgaon | 4 | Ranishankail | A |
| | | 5 | Pirgonj | A |
| | Dinajpur | 6 | Bochagonj ✓ | A |
| | | 7 | Birol ✓ | A |
| | | 8 | Kaharol ✓ | A |
| | | 9 | Khansama ✓ | A |
| | | 10 | Chirirbandar | A |
| | | 11 | Parbatipur | A |
| | | 12 | Fulbari | A |
| | | 13 | Nawabgonj | A |
| | | 14 | Hakimpur | A |
| | Rangpur ** | 15 | Pirgonj | C |
| | | 16 | Pirgachha | C |
| | | 17 | Gangachara | C |
| | | 18 | Badargonj | C |
| | | 19 | Taragonj | C |
| | Nilphamari ** | 20 | Saidpur | C |
| | | 21 | Kishorgonj | C |
| | | 22 | Domar | C |
| | | 23 | Dimla | C |
| | Lalmonirhat | 24 | Hatibandha | A |
| | | 25 | Aditmari | A |
| | Kurigram | 26 | Rajarhat | A |
| | | 27 | Fulbari | A |
| | | 28 | Bhurungamari | A |
| | | 29 | Ulipur | A |
| | | 30 | Chilmari | A |
| | | 31 | Rajibpur | A |
| | Gaibandha | 32 | Fulchhari | B+ |
| | | 33 | Shaghata | B+ |
| | | 34 | Sadullapur | B+ |
| | | 35 | Polashbari | B+ |
| | Joypurhat | 36 | Panchbibi | B |
| | | 37 | Kalai | B |
| | | 38 | Khetlal | B |
| | Bogra | 39 | Adamdighi ✓ | A |
| | | 40 | Dupchachia ✓ | A |
| | | 41 | Kahaloo | A |

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| Division | District | Sl. No. | Upazila | Priority |
|--------------|-------------|------------|-------------|----------|
| Rajshahi | Bogra | 42 | Nandigram | A |
| | | 43 | Sherpur ✓ | A |
| | | 44 | Dhunut ✓ | A |
| | | 45 | Gabtali ✓ | A |
| | | 46 | Shibgonj | A |
| | Sirajgonj * | 47 | Raigonj | A |
| | | 48 | Ullapara | A |
| | | 49 | Kamarkhand | A |
| | | 50 | Belkuchi | A |
| | Pabna | 51 | Sathia | B+ |
| | | 52 | Bera | B+ |
| | | 53 | Sujanagar | B+ |
| | | 54 | Faridpur | B+ |
| | | 55 | Chatmohar | B+ |
| | | 56 | Atgharia | B+ |
| | Natore | 57 | Bagatipara | A |
| | | 58 | Baraigram | A |
| | | 59 | Singra | A |
| | Nagaon | 60 | Atrai | A |
| | | 61 | Raninagar | A |
| | | 62 | Manda | A |
| | | 63 | Mohadebpur | A |
| | | 64 | Badalgachhi | A |
| | | 65 | Dhamurhat | A |
| | | 66 | Sapahar | A |
| 67 | | Porsha | A | |
| C. Nawabgonj | 68 | Gomastapur | A | |
| | 69 | Bholahat | A | |
| Rajshahi | 70 | Godagari | B | |
| | 71 | Tanore | B | |
| | 72 | Mohanpur | B | |
| | 73 | Durgapur | B | |
| | 74 | Puthia | B | |
| | 75 | Bagha | B | |
| Khulna | Kushtia | 76 | Mirpur | A |
| | | 77 | Kumarkhali | A |
| | | 78 | Khoksha | A |
| | Chuadanga | X 79 | Alamdanga | A |
| | | 80 | Damurhuda | A |
| | Jhenaidaha | 81 | Moheshpur | A |
| | | 82 | Kotchadpur | A |
| | | 83 | Kaligonj | A |
| | Magura | 84 | Shreepur | A |
| | Narail | 85 | Lohagara | B |

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| Division | District | Sl. No. | Upazila | Priority | |
|----------|-------------|-------------|-------------------------|-------------|---|
| Khulna | Jessore | 86 | Bagerpara | A | |
| | | 87 | Sharsha | A | |
| | | 88 | Monirampur | A | |
| | | 89 | Keshobpur | A | |
| | Satkhira | 90 | Debhatta | A | |
| | | 91 | Kaligonj | A | |
| | | 92 | Ashashuni | A | |
| | | 93 | Tala | A | |
| | Khulna | Khulna | 94 | Paikgachha | A |
| | | | 95 | Batiaghata | A |
| | | | 96 | Fultola | A |
| | | | 97 | Daulatpur | A |
| | | | 98 | Rupsha | A |
| | | | 99 | Terokhada | A |
| | Bagerhat ** | Bagerhat ** | 100 | Mollahat | C |
| | | | 101 | Chitalmari | C |
| 102 | | | Kachua | C | |
| 103 | | | Maralgonj | C | |
| 104 | | | Rampal | C | |
| 105 | | | Mongla | C | |
| 106 | | | Sharanihola | C | |
| Barishal | Pirojpur | 107 | Bhandaria | A | |
| | | 108 | Swarupkathi (Nesarabad) | A | |
| | | 109 | Kaowkhali | A | |
| | Jhalokathi | Jhalokathi | 110 | Rajapur | B |
| | | | 111 | Kathalia | B |
| | Barguna | Barguna | 112 | Bamna | A |
| | | | 113 | Amtali | A |
| | Patuakhali | Patuakhali | 114 | Galachipa | A |
| | | | 115 | Mirzagonj | A |
| | | | 116 | Dashmina | A |
| | Bhola * | Bhola * | 117 | Lalmohan | A |
| | | | 118 | Tajumuddin | A |
| | | | 119 | Borhanuddin | A |
| | | | 120 | Daulatkhan | A |
| | Barishal ** | Barishal ** | 121 | Bakergonj | C |
| | | | 122 | Babugonj | C |
| 123 | | | Uzirpur | C | |
| 124 | | | Gauranadi | C | |
| 125 | | | Agailjhara | C | |
| 126 | | | Muladi | C | |
| 127 | | | Mehendigonj | C | |
| 128 | | | Hizla | C | |
| Dhaka | Shariatpur | 129 | Damuddya | A | |

| Division | District | Sl. No | Upazila | Priority |
|-----------|-------------|------------|---------------|----------|
| Dhaka | Shariatpur | 130 | Naria | A |
| | Madaripur | 131 | Rajoir | A |
| | | 132 | Kalkini | A |
| | Gopalganj | 133 | Kashiani | A |
| | | 134 | Mokshedpur | A |
| | Faridpur | 135 | Sadarpur | B |
| | | 136 | Charbhadrasan | B |
| | | 137 | Nagarkanda | B |
| | | 138 | Boalmari | B |
| | | 139 | Modhukhali | B |
| | Rajbari | 140 | Pangsha | B |
| | | 141 | Goalanda | B |
| | Manikgonj | 142 | Daulatpur | B |
| | | 143 | Ghior | B |
| | | 144 | Singair | B |
| | | 145 | Saturia | B |
| | Dhaka | 146 | Dhamrai | B |
| | | 147 | Savar | B |
| | | 148 | Keranigonj | B |
| | Munshigonj | 149 | Dohar | B |
| | | 150 | Sireenagar | B |
| | | 151 | Lauhajong | B |
| | | 152 | Tungibari | B |
| | | 153 | Gazaria | B |
| | Narayangonj | 154 | Sonargaon | B |
| | | 155 | Araihazar | B |
| | Narshingdi | 156 | Polash | A |
| 157 | | Raipur | A | |
| 158 | | Belabo | A | |
| 159 | | Shibpur | A | |
| Gazipur | 160 | Kapashia | A | |
| | 161 | Shreepur | A | |
| Tangail * | 162 | Mirzapur | A | |
| | 163 | Delduar | A | |
| | 164 | Bashail | A | |
| | 165 | Kalihati | A | |
| | 166 | Ghatail | A | |
| Jamalpur | 167 | Mathargonj | A | |
| | 168 | Melandaha | A | |
| | 169 | Islampur | A | |
| | 170 | Bakshigonj | A | |
| Sherpur | 171 | Sreebadi | A | |
| | 172 | Nakla | A | |
| | 173 | Nalitabari | A | |

| Division | District | Sl. No. | Upazila | Priority |
|----------|--------------|-------------|---------------|----------|
| Dhaka | Mymensingh | 174 | Dhobaura | A |
| | | 175 | Fhulpur | A |
| | | 176 | Gauripur | A |
| | | 177 | Ishwargonj | A |
| | | 178 | Muktagachha | A |
| | | 179 | Fulbaria | A |
| | | 180 | Gafargaon | A |
| | | 181 | Trishal | A |
| | | 182 | Hossainpur | A |
| | Kishoregonj | 183 | Pakundia | A |
| | | 184 | Katiadi | A |
| | | 185 | Kuliarchar | A |
| | | 186 | Bajitpur | A |
| | | 187 | Austagram | A |
| | | 188 | Tarail | A |
| | | 189 | Itna | A |
| | Netrokona | 190 | Khaliajhuri | A |
| | | 191 | Madan | A |
| | | 192 | Atpara | A |
| 193 | | Mohangonj | A | |
| 194 | | Barhatta | A | |
| 195 | | Purbadhala | A | |
| 196 | | Durgapur | A | |
| Sylhet | Sunamgonj ** | 197 | Dharmapasha | C |
| | | 198 | Taherpur | C |
| | | 199 | Bishwamvarpur | C |
| | | 200 | Jamalgonj | C |
| | | 201 | Derai | C |
| | | 202 | Sullah | C |
| | | 203 | Jagannathpur | C |
| | | 204 | Chhatak | C |
| | Sylhet | 205 | Companigonj | C |
| | | 206 | Bishwanath | C |
| | | 207 | Balagonj | C |
| | | 208 | Fenchugonj | C |
| | | 209 | Joyantapur | C |
| | | 210 | Zokigonj | C |
| | Maulavibazar | 211 | Bianibazar | C |
| | | 212 | Kulaura | B |
| 213 | | Rajnagar | B | |
| 214 | | Kamalgonj | B | |
| 215 | | Shreemongal | B | |
| Hobigonj | 216 | Nabigonj | A | |

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| Division | District | Sl. No. | Upazila | Priority |
|------------|--------------|--------------|--------------|----------|
| Sylhet | Hobigonj | 217 | Baniachong | A |
| | | 218 | Lakhai | A |
| | | 219 | Bahubal | A |
| | | 220 | Madhabpur | A |
| Chittagong | B. Baria | 221 | Akhaura | A |
| | | 222 | Kashba | A |
| | | 223 | Nabinagar | A |
| | Comilla ** | 224 | Homna | C |
| | | 225 | Chandina | C |
| | | 226 | Muradnagar | C |
| | | 227 | Debidwar | C |
| | | 228 | Burichong | C |
| | | 229 | Barura | C |
| | | 230 | Chauddagram | C |
| | | 231 | Langolkot | C |
| | | 232 | Laksam | C |
| | | Chandpur | 233 | Hazigonj |
| | 234 | | Kachua | A |
| | 235 | | Haimchar | A |
| | Laxmipur | 236 | Rajpur | A |
| | Noakhali | 237 | Chalkhil | A |
| | | 238 | Begumgonj | A |
| | | 239 | Senbag | A |
| | Feni * | 240 | Sonagazi | A |
| | | 241 | Daganbhuiyan | A |
| | | 242 | Chagalnayan | A |
| | Khagrachhari | 243 | Manikchhari | A |
| | | 244 | Ramgarh | A |
| | | 245 | Matiranga | A |
| | | 246 | Laxmichhari | A |
| | | 247 | Mohalchhari | A |
| | | 248 | Dighinala | A |
| | Rangamati | 249 | Bagaichhari | A |
| | | 250 | Langadu | A |
| | | 251 | Naniarchar | A |
| | | 252 | Kawkhali | A |
| 253 | | Barkol | A | |
| 254 | | Jhuraichhari | A | |
| 255 | | Belaichhari | A | |
| 256 | | Kaptai | A | |
| Chittagong | 257 | Rangunia | A | |
| | 258 | Rawzan | A | |
| | 259 | Hathazari | A | |

| Division | District | Sl. No. | Upazila | Priority |
|------------|-------------|---------|---------------|----------|
| Chittagong | Chittagong | 260 | Sitakunda | A |
| | | 261 | Boalkhali | A |
| | | 262 | Patiya | A |
| | | 263 | Chandainish | A |
| | | 264 | Anowara | A |
| | | 265 | Satkania | A |
| | Bandarban | 266 | Rowangchhari | A |
| | | 267 | Thanchi | A |
| | | 268 | Alikadam | A |
| | | 269 | Naikongchhari | A |
| | Cox's Bazar | 270 | Lama | A |
| | | 271 | Chakaria | A |
| | | 272 | Kutubdia | A |
| | | 273 | Moheshkhali | A |
| | | 274 | Ramu | A |
| | | 275 | Ukhiya | A |

Note.

A = District with C-EOC facilities to be equipped by Japan Grant (JG).

B+ = District where C-EOC is not included but is most important for B-EOC by JG

B = District where C-EOC is not included but is important for B-EOC by JG

C = Other B-EOC facilities

* = District under former MNHC Project

** = District under former TFIPP Project

No. of UHCs as per priority category

A = 180

B+ = 10

B = 37

C = 48

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Requested Equipment List for ;

| Equipment for C-EOC Facility | | | Equipment for B-EOC Facility | |
|------------------------------|--|------|--------------------------------------|---------|
| Sl.# | Name of Equipment | Sl.# | Name of Equipment | Remarks |
| C-1 | Anaesthesia Machine | B-1 | Labour Table | |
| C1-1 | Oxygen Cylinder Pin-Index Type | B-2 | Laryngoscope | |
| C1-2 | Nitrous Oxide Cylinder Pin-Index Type | B-3 | Autoclave | |
| C-2 | Labour Table | B-4 | Sterilising Drum | |
| C-3 | Laryngoscope | B-5 | Instrument Steriliser | |
| C-4 | OT Table | B-6 | Electric Suction pump | |
| C-5 | OT Light | B-7 | Ambu Bag | |
| C-6 | Autoclave | B-8 | Cylinders (with Oxygen Therapy Unit) | |
| C-7 | Sterilising Drum | B-9 | Baby Weighing Scale | |
| C-8 | Instrument Steriliser | B-10 | Episiotomy Set | |
| C-9 | Electric Suction pump | B-11 | Neonatal Resuscitator/Laryngoscope | |
| C-10 | Ambu Bag | B-12 | Uterine Evacuation Set | |
| C-11 | Cylinders (with Oxygen Therapy Unit) | B-13 | Instrument Trolley | |
| C-12 | Baby Weighing Scale | B-14 | Instrument Table (Mayo type) | |
| C-13 | Episiotomy Set | B-15 | Instrument Tray | |
| C-14 | Laparotomy Set including Caesarian Section Set | B-16 | Revolving Stool | |
| C-15 | Neonatal Resuscitator/Laryngoscope | B-17 | Stand (Bowl) | |
| C-16 | Uterine Evacuation Set | B-18 | Basin (S/S Bowl) | |
| C-17 | Anaesthesia Table | B-19 | Stabilizer | |
| C-18 | Instrument Trolley | B-20 | Examination Light | |
| C-19 | Instrument Table (Mayo type) | B-21 | Vacuum Extractor | |
| C-20 | Instrument Tray | B-22 | Patient Examination Table | |
| C-21 | Revolving Stool | B-23 | Stretcher with Trolley | |
| C-22 | Stand (Bowl) | B-24 | Wheel chair | |
| C-23 | Basin (S/S Bowl) | B-25 | Mercury Sphygmomanometer, Stand type | |
| C-24 | Blood Transfusion Equipment : | B-26 | Stethoscope | |
| C-24-1 | Centrifuge Machine, Table Top | B-27 | Fetal Stethoscope | |
| C-24-2 | Hematocrit Centrifuge | B-28 | Instrument Cabinet | |
| C-24-3 | Binocular Microscope | B-29 | Partition (3 Pannels) | |
| C-24-4 | Blood Cell Counter | B-30 | Portable Weighing Scale | |
| C-24-5 | photo Colorimeter | B-31 | Portable Weighing Machine | |
| C-24-6 | Refrigerator for Reagents | | | |
| C-25 | Stabilizer | | | |
| C-26 | Examination Light | | | |
| C-27 | Vacuum Extractor | | | |
| C-28 | Patient Examination Table | | | |
| C-29 | Stretcher with Trolley | | | |
| C-30 | Wheel chair | | | |
| C-31 | Mercury Sphygmomanometer, Stand type | | | |
| C-32 | Stethoscope | | | |
| C-33 | Fetal Stethoscope | | | |
| C-34 | Air Conditioner | | | |
| C-35 | Generator | | | |
| C-36 | Instrument Cabinet | | | |
| C-37 | Pulse Oxymeter | | | |
| C-38 | Fetal Doppler | | | |
| C-39 | Exhaust Fan | | | |
| C-40 | Partition (3 Pannels) | | | |
| C-41 | Height and Weighing Scale | | | |
| C-42 | Portable Weighing Machine | | | |
| C-43 | Infant Warmer | | | |

ANNEX-3 Criteria to select the Equipment

Basic Criteria for Selecting the Equipment

1. Criteria for giving high priority:

- (1) Equipment that is to be replaced for existing old/decrepit equipment.
- (2) Equipment that is to be supplemented for the equipment lacking distinctly in its quantity
- (3) Equipment that is required for basic hospital treatment/diagnosis.
- (4) Equipment that is easy to operate and maintain.
- (5) Equipment that may give big benefit/effect to hospital
- (6) Equipment that is highly cost-effective.
- (7) Equipment that is proven for its medical usefulness (necessity)

2. Criteria for giving low priority

- (1) Equipment that requires high operation and maintenance cost.
- (2) Equipment that has limited benefit/effect to hospital.
- (3) Equipment that is lowly cost-effective.
- (4) Equipment that is not for treatment/diagnosis use, but for academic research purposes.
- (5) Equipment that can be substituted with a simple ones
- (6) Equipment that may cause environmental pollution by its medical waste etc.
- (7) Equipment that is not proven for its medical usefulness (necessity)
- (8) Equipment that is for personal usage by hospital staff (not medical use)
- (9) Equipment whose quantity is more than necessity (inefficient, duplicated equipment)



Additional Criteria for Selecting the Equipment (after field survey and considering of the conditions of the recipient side)

1. Additional Criteria for giving high priority.

- (1) Equipment that can be operated by hospital's current technical capabilities
- (2) Equipment that can be operated/maintained by hospital staff assigned or to be assigned.
- (3) Equipment that matches with hospital's social position/function (referral system, local needs)
- (4) Equipment that can be expected useful with the one provided by other donors.

2. Additional Criteria for giving low priority.

- (1) Equipment that is difficult to procure its spare parts and consumable locally
- (2) Equipment that cannot be operated by hospital's current technical capability
- (3) Equipment that seem to be difficult to operate/maintained by present hospital's staff.
- (4) Equipment that does not match with hospital's social position/function (referral system, local needs)
- (5) Equipment that requires large scope of infrastructure work (water, electricity supply, drainage, etc.) for its installation.
- (6) Equipment that can be substituted by existing equipment.
- (7) Equipment that is duplicated with other donors' assistance.
- (8) Equipment that has already decided to procure or secured the budget.
- (9) Equipment that is easily purchased from the local market by own budget.

Criteria when International Standard exists

Standard of WHO (ex. X-ray equipment, etc) is applicable on case by case basis



R

ANNEX-4 Japan's Grant Aid Scheme

1. Grant Aid Procedure

- 1) Japan's Grant Aid Program is executed through the following procedures.

| | |
|---------------------------------|---|
| Application | (Request made by a recipient country) |
| Study | (Basic Design Study conducted by JICA) |
| Appraisal & Approval | (Appraisal by the Government of Japan and Approval by Cabinet) |
| Determination of Implementation | (The Notes exchanged between the Government of Japan and the recipient country) |
- 2) Firstly, the application or request for a Grant Aid project submitted by a recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to determine whether or not it is eligible for Grant Aid. If the request is deemed appropriate, the Government of Japan assigns JICA (Japan International Cooperation Agency) to conduct a study on the request.

Secondly, JICA conducts the study (Basic Design Study), using Japanese consulting firms.

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

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

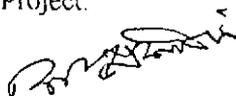
Finally, for the implementation of the project, JICA assists the recipient country in such manners as preparing tenders, contracts and so on.

2. Basic Design Study

1) Contents of the Study

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

- a) confirmation of the background, objectives, and benefits of the Project and also institutional capacity of agencies concerned of the recipient country necessary for the Project's implementation;
- b) evaluation of the appropriateness of the Project to be implemented under the Grant Aid Scheme from a technical, social and economic point of view;
- c) confirmation of items agreed on by both parties concerning the basic concept of the Project.
- d) preparation of a basic design of the Project, and
- e) estimation of costs of the Project.



The contents of the original request are not necessarily approved in their initial form as the contents of the Grant Aid project. The Basic Design of the Project is confirmed considering the guidelines of Japan's Grant Aid Scheme.

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

2) Selection of Consultants

For smooth implementation of the Study, JICA uses a consultant firm selected through its own procedure (competitive proposal). The selected firm participates the Study and prepares a report based upon the terms of reference set by JICA.

At the beginning of implementation after the Exchange of Notes, for the services of the Detailed Design and Construction Supervision of the Project, JICA recommends the same consulting firm which participate in the Study to the recipient country, in order to maintain the technical consistency between the Basic Design and Detailed Design as well as to avoid any undue delay caused by the selection of a new consulting firm.

3. Japan's Grant Aid Scheme

1) What is Grant Aid?

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

2) Exchange of Notes (E/N)

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

3) "The period of the Grant" means the one fiscal year which the Cabinet approves the Project for. Within the fiscal year, all procedures such as exchanging of the Notes, concluding contracts with consultant firms and contractors and final payment to them must be completed.

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

4) Under the Grant, in principle, Japanese products and services including transport or those of the recipient country are to be purchased.

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

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

5) Necessity of "Verification"

The Government of the recipient country or its designated authority will conclude contracts denominated in Japanese yen with Japanese nationals. Those contracts shall be verified by the Government of Japan. This "Verification" is deemed necessary to secure accountability to Japanese taxpayers.

6) Undertakings required of the Government of the recipient country

- a) to secure a lot of land necessary for the construction of the Project and to clear the site;
- b) to provide facilities for distribution of electricity, water supply and drainage and other incidental facilities outside the sites.
- c) to ensure prompt unloading, customs clearance at the port of disembarkation and internal transportation therein of the products purchased under the Grant Aid;
- d) to exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which will be imposed in the recipient country with respect to the supply of the products and services under the verified contracts.
- e) to accord Japanese nationals whose services may be required in connection with the supply of the products and services under the verified contracts such as facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work;
- f) to ensure that the facilities constructed and products purchased under the Grant Aid be maintained and used properly and effectively for the Project; and
- g) to bear all the expenses, other than those covered by the Grant Aid, necessary for the Project.

7) "Proper Use"

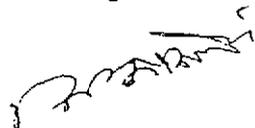
The recipient country is required to maintain and use the facilities constructed and equipment purchased under the Grant Aid properly and effectively and to assign the necessary staff for operation and maintenance of them as well as to bear all the expenses other than those covered by the Grant Aid.

8) "Re-export"

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

9) Banking Arrangements (B/A)

- a) The Government of the recipient country or its designated authority should open an account in the name of the Government of the recipient country in an authorized foreign exchange bank in Japan (hereinafter referred to as "the Bank"). The Government of Japan will execute the Grant Aid by making payments in Japanese yen to cover the obligations incurred by the Government of the recipient country or its designated authority under the verified contracts.
- b) The payment will be made when payment requests are presented by the Bank to the Government of Japan under an authorization to pay (A/P) issued by the Government of the recipient country or its designated authority.



ANNEX-5 Major Understandings to be taken by Each Government

| No. | Items | To be covered by Grant Aid | To be covered by Recipient side |
|-----|---|----------------------------|---------------------------------|
| 1 | To bear the following commissions to a bank of Japan for the banking services based upon the B/A | | |
| 1) | Advising commission of A/P | | ● |
| 2) | Payment commission | | ● |
| 2 | To ensure prompt unloading and customs clearance at the port of disembarkation in recipient country | | |
| 1) | Marine (Air) transportation of the products from Japan to the Recipient country | ● | |
| 2) | Tax exemption and customs clearance of the products at the port of disembarkation | | ● |
| 3) | Internal transportation from the port of disembarkation to the project | (●) | (●) |
| 3 | To accord Japanese nationals whose services may be required in connection with the supply of the products and services under the verified contract such facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work; | | ● |
| 4 | To exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which may be imposed in the recipient country with respect to the supply of the products and services under the verified contract | | ● |
| 5 | To maintain and use properly and effectively the facilities constructed and equipment provided under the Grant Aid | | ● |
| 6 | To bear all the expenses, other than those to be borne by the Grant Aid, necessary for the transportation and installation of the equipment | | ● |

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MINUTES OF DISCUSSIONS
ON
BASIC DESIGN STUDY
ON
THE PROJECT
FOR
SUPPORT TO STRENGTHENING OF EMERGENCY OBSTETRIC CARE SERVICE
IN
THE PEOPLE'S REPUBLIC OF BANGLADESH
(EXPLANATION ON DRAFT REPORT)

In August 2001, the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched a Basic Design Study Team on The PROJECT FOR SUPPORT TO STRENGTHENING OF EMERGENCY OBSTETRIC CARE SERVICE IN BANGLADESH (hereinafter referred to as "the Project") to The People's Republic of Bangladesh (hereinafter referred to as "Bangladesh"), and through discussion, field survey, and technical examination of the results in Japan, JICA prepared a draft report of the study.

In order to explain and to consult the Bangladesh side on the components of the draft report, JICA sent to Bangladesh the Draft Report Explanation Team (hereinafter referred to as "the Team"), which is headed by Ms.Noriko Tanaka, Grant Aid Division, Economic Cooperation Bureau, Ministry of Foreign Affairs, from November 16 to December 14, 2001.

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

Dhaka, Bangladesh, December 12, 2001

Ms.Noriko Tanaka

Leader

Draft Report Explanation Team

Japan International Cooperation Agency

Mr.Md. Moqsed Ali

Deputy Secretary

Economic Relations Division

Ministry of Finance

Mr. Md. Mozammel Haque

Deputy Chief (Planning)

Ministry of Health and Family Welfare

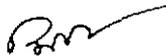
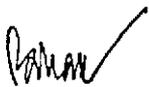
Dr. Md. Shahadat Hossain

Program Manager (RHP)

Directorate General of Health Services

ATTACHMENT

1. Components of the Draft Report
The Government of Bangladesh agreed and accepted in principle the components of the draft report explained by the Team.
2. Japan's Grant Aid Scheme
The Bangladesh side understands the Japan's Grant Aid Scheme and the necessary measures to be taken by the Government of Bangladesh as explained by the Team and described in ANNEX-4 and ANNEX-5 of the Minutes of Discussions signed by both parties on August 16, 2001.
3. Schedule of the Study
JICA will complete the final report in accordance with the confirmed item and send it to the Government of Bangladesh by May 2002.
4. Other relevant issues
 - 4-1. Term's Period Arrangement
 - 4-1-1. The site and the equipment
Both sides have confirmed the following issues;
 - The Project is composed of the Term-1 and the Term-2. The sites for the Term-1 is described in Annex-1 and the sites for the Term-2 is described in Annex-2.
 - The equipment list for Comprehensive Emergency Obstetric Care (C-EOC) facilities and Basic Emergency Obstetric Care (B-EOC) facilities is described in Annex-3.
 - 4-1-2. Implementation of the Term-2
Implementation of the Term-2 shall be considered after confirming below mentioned elements;
 - a) assignment of obstetric gynecologists and/or anesthesiologist to 27 C-EOC facilities of the Term-1
 - b) personnel assignment plan of obstetric gynecologist and/or anesthesiologists to 30 C-EOC facilities of the Term-2 and their participation in the technical training courses
 - c) preparedness and capacity for receiving the equipment at each site of Term-1
 - 4-1-3. The revival of the site
The Bangladesh side requested to revive the sites which dropped due to unavailability of the Information. The sites for requested to revive is described in Annex-4.



4-2. Delivery of the Equipment

The Bangladesh side requested that the equipment shall be installed and delivered with training at each site described in Annex-1 and Annex-2.

The Bangladesh side confirmed that they take necessary measures to receive and use the equipment properly at each site .

Both sides have confirmed that the Project is consisted with so many sites, the supplier of the equipment shall be selected considering his capability and experience at the implementation stage.

4-3. Operation and Maintenance

4-3-1. The Operation and Maintenance System

Both sides have confirmed that the Bangladesh side shall establish the Operation and Maintenance System (hereinafter referred to as "the system") for the Project and agreed as follows ;

-The Bangladesh side assigns necessary staffs at each site for operation and maintenance of the equipment provided by the Project as well as to bear all the expenses other than those covered by the Japan Grant Aid.

-The Bangladesh side assigns necessary staffs of National Electro-Medical Equipment Maintenance Workshop & Training Center (hereinafter referred to as "NEMEW") and District Electro-Medical Equipment Maintenance Workshop (hereinafter referred to as "DEMEW") in the process of the delivery inspection of the equipment at each site.

4-3-2. Supply of tool kits, spare parts and manuals for the system to NEMEW and DEMEW

The Bangladesh side requested supply of tool kits, spare parts and manuals which is necessary for the operation and maintenance of the equipment described in Annex-3 to NEMEW and DEMEW

The Japanese side confirmed that they consider the request in order to support the system.

4-4. Monitoring and Evaluation

Both sides have confirmed that it is necessary to implement the monitoring and evaluation of the Project. The Bangladesh side has made a commitment to implement the monitoring and evaluation of the results of the Project soon after completion of the Term-I in cooperation with UNICEF by using monitoring and evaluation system named "EOC-MIS" developed by Line Director UMIS of the Ministry of Health and Family Welfare.

The Bangladesh side also made a commitment that they should report and submit the above mentioned results including the conditions of facilities which supplied the equipment by Japan's Grant Aid together with data of "EOC-MIS" to the Embassy of Japan in Bangladesh and copy to JICA office in Bangladesh at quarterly basis.



The Sites for Term-1

| Division | District | C-EOC Facility | B-EOC Facility | Ref |
|----------|--------------|--------------------------|---|--|
| Rajshahi | Panchagarh | 1.Tetulia | | Exclude Anesthesia Unit Pulse Oxymeter |
| | Lalmonirhat | 1.Kaliganj | 1.Hatibandha 2.Aditmari | |
| | Kurigram | 1.Roumari 2.Negeswari | 1.Rajarhat 2.Fulbari 3.Bhurungamari 4.Ulipur 5.Chilmari 6.Rajibpur | |
| | Sirajganj | 1.Chowwhali 2.Taras | | For Taras exclude Anesthesia Unit Pulse Oxymeter |
| | Bogra | 1.Sariakandi | 1.Adamdighi 2.Dupchachia 3.Kahaloo 4.Sherpur 5.Gabtali 6.Shibgonji | |
| | C.Nawabganji | 1.Shibgonj | 1.Gomastapur 2.Bholahat | |
| Khulna | Jhenaidha | 1.Harinakunda | 1.Moheshpur 2.Kotchadpur 3.Kaligonj | |
| | Magura | 1.Shalika | | Exclude Anesthesia Unit Pulse Oxymeter |
| | Jessore | 1.Jhikargacha | 1.Bagerpare 2.Sharsha 3.Monirampur 4.Keshobpur | |
| | Satkhira | 1.Kalaroa | 1.Debhatta 2.Kaligonj 3.Tala | |

Rajshahi

2m

dmw

dmw

| Division | District | C-EOC Facility | B-EOC Facility | Ref |
|----------|-------------|--------------------------|--|---|
| Barisal | Patukhali | 1.Bauphal | | Exclude Anesthesia Unit Pulse Oxymeter |
| Dhaka | Madaripur | 1.Shibchar | | Exclude Anesthesia Unit Pulse Oxymeter |
| | Gopalganj | 1.Tungipara | | Exclude Anesthesia Unit Pulse Oxymeter |
| | Narshungdi | 1.Monohordi | 1.Raipur 2.Shibpur | |
| | Gazipur | 1.Kaligonj | 1.Kapashia 2.Shreepur | |
| | Sherpur | 1.Jhenaigati | | Exclude Anesthesia Unit Pulse Oxymeter |
| | Mymensingh | 1.Nandail | 1.Dhobaura 2.Fhulpur 3.Gauripur 4.Ishwargonj 5.Muktagachha 6.Fulbaria 7.Gafargaon 8.Trishal | |
| | Kishoreganj | 1.Bhairab 2.Karimganj | | For Bhairab exclude Anesthesia Unit Pulse Oxymeter |

Ramon

BM

AMN



| Division | District | C-EOC Facility | B-EOC Facility | Ref |
|------------|-------------|----------------------------|---|--|
| Chittagong | B.Baria | 1.Sarail 2.Bancharampur | | For Bancharampur exclude Anesthesia Unit Pulse Oxymeter |
| | Chandpur | 1.Faridganj | | Exclude Anesthesia Unit Pulse Oxymeter |
| | Laxmipur | 1.Ramganj | 1.Raipur | |
| | Khagrachari | 1.Panchari | 1.Manikchhari 2.Ramgarh 3.Matiranga 4.Laxmichhari 5.Mohalchhari 6.Dighinala | |
| | Rangamati | 1.Rajsthali | 1.Bagaichhari 2.Langadu 3.Naniarchar 4.Kawkhali 5.Barkol 6.Jhuraichhari 7.Belaichhari 8.Kaptai | |
| | Bandarban | | 1.Rowangchhari 2.Thanchi 3.Alikadam 4.Naikongchhari 5.Lama 6.Ruma | Change from C-EOC |
| Total | | 27 | 59 | |

Baron

Baron

Baron

The Sites for Term-2

| Division | District | C-EOC THC | B-EOC THC | Ref |
|----------|------------|--------------|---|--|
| Rajshahi | Panchagarh | 1.Tetulia | 1.Debiganj | For Tetulia Anesthesia Unit Pulse Oxymeter |
| | Thakurgaon | 1.Baliadanga | 1.Ranishankail 2.Pirgonj | |
| | Dinajipur | 1.Birgonj | 1.Bochagonj 2.Birol 3.Khansama 4.Chirirbandar 5.Parbatipur 6.Nawabgonj 7.Hakimpur | |
| | Sirajganj | 1.Taras | 1.Ullapara 2.Belkuchi | For Taras Anesthesia Unit Pulse Oxymeter |
| | Naogaon | 1.Patonitala | 1.Manda 2.Mohadebpur 3.Badalgachhi 4.Dhamurhat 5.Sapahar 6.Porsha | |
| | Natore | 1.Larpur | 1.Bagatipara 2.Singra | |
| | Gaibandha | | 1.Shaghata 2.Sadullapur 3.Polashbari | |
| | Pabna | | 1.Sathia 2.Bera 3.Sujanagar 4.Faridpur 5.Chatmohar 6.Atghania | |
| Khulna | Kushtia | 1.Daulatpur | 1.Kumarkhali 2.Khoksha | |
| | Chuadanga | 1.Alamdnga | | |
| | Magura | 1.Shalika | 1.Shreepur | For Shalika Anesthesia Unit Pulse Oxymeter |
| | khulna | 1.Koyra | 1.Paikgachha 2.Batiaghata 3.Fultola 4.Rupsha | |






| Division | District | C-EOC THC | B-EOC THC | Ref |
|----------|-------------|--------------------------|--|---|
| Barisal | Perojpur | 1.Mothbaria | 1.Bhandaria 2.Swarupkathi (Nesarabad) 3.Kaowkhali | |
| | Barguna | 1.Betagi | 1.Bamna 2.Amtali | |
| | Patukhali | 1.Bauphal | 1.Mirzagonj 2.Dashmina | For Bauphal Anesthesia Unit Pulse Oxymeter |
| | Bhola | | 1.Lalmohan 2.Tajumuddin 3.Borhanuddin 4.Daulatkhan 5.Monpura | Change from C-EOC |
| Dhaka | Shariatpur | 1.Goshairhat 2.Zazira | | |
| | Madaripur | 1.Shibchar | 1.Rajoir | For Shibchar Anesthesia Unit Pulse Oxymeter |
| | Gopalganj | 1.Tungipara | 1.Kashiani 2.Mokshedpur | Anesthesia Unit Pulse Oxymtr |
| | Tangail | 1.Nagarpur | 1.Mizapur 2.Delduar 3.Bashail 4.Kalihati 5.Ghatail | |
| | Jamalpur | 1.Sharishabari | 1.Mathargonj 2.Melandaha 3.Islampur 4.Bakshigonj | |
| | Sherpur | 1.Jhenaigati | 1.Sreebadi 2.Nakla 3.Nalitabari | For Jhenaigati Anesthesia Unit Pulse Oxymeter |
| | Kishoreganj | 1.Karimganj | 1.Hossainpur 2.Pakundia 3.Katiadi 4.Kuliarchar 5.Bajitpur 6.Austagram 7.Tarail 8.Itna | For Karimganj Anesthesia Unit Pulse Oxymeter |
| | Netrokona | 1.Kendua | 1.Khaliaghuri 2.Madan 3.Atpara 4.Mohangonj 5.Barhatta 6.Purbadhala | |

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| Division | District | C-EOC THC | B-EOC THC | Ref |
|--------------|-------------|-------------------------------|---|---|
| Sylhet | Hobigonj | 1.Chunarghat | 1.Bahubal 2.Madhampur | |
| Chittagong | B.Barua | 1.Bancharampur 2.Nasinagar | 1.Akhaura 2.Kashba 3.Nabinagar | For Bancharampur Anesthesia Unit Pulse Oxymeter |
| | Chandpur | 1.Faridganj | 1.Hazigonj 2.Kachua 3.Haimchar | For Faridganj Anesthesia Unit Pulse Oxymeter |
| | Noakhali | 1.Hatiya 2.Companiganj | 1.Chatkhil 2.Begumgonj 3.Senbag | |
| | Feni | 1.Parsuram | 1.Sonagazi 2.Daganbhuiyan 3.Chagalnayan | |
| | Chittagong | | 1.Rangunia 2.Rawzan 3.Hathazari 4.Sitakunda 5.Boalkhali 6.Patiya 7.Chandainish 8.Anowara 9.Satkania 10.Sandwip | Change from C-EOC |
| | Cox's Bazar | 1.Teknaf | 1.Chakaria 2.Kutubdia 3.Moheshkhali 4.Ramu 5.Ukhiya | |
| Total | | 30 | 106 | |

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The Equipment List for Comprehensive Emergency Obstetric Care (C-EOC) Facilities
and Basic Emergency Obstetric Care (B-EOC) Facilities

| Sl.No | Sl.No | Name of Equipment | Quantity | C-EOC | B-EOC | Remarks |
|-------|-------|---|---|-------|-------|--|
| C-1 | | Anaesthesia Machine with O2 & N20 Cylinder | 1 Unit | ○ | | Subject to availability of Anesthesiologist |
| C-2 | B-1 | Labour Table | 1 Unit | ○ | ○ | |
| C-3 | B-2 | Laryngoscope | 1 Unit | ○ | ○ | |
| C-4 | | Operation Table | 1 Unit | ○ | | |
| C-5 | | Operation Light (mobile) | 1 Unit | ○ | | |
| C-6 | | Autoclave, electric | 1 Unit | ○ | | |
| C-7 | | Sterilizing Drum (for C-6) | 1 Set | ○ | | |
| C-8 | B-5-1 | Instrument Sterilizer, Electric | 1 Unit | ○ | ○ | |
| | B-5-2 | Instrument Sterilizer, Kerosene | 1 Unit | | ○ | For non-Electricity facility |
| C-9 | B-6-1 | Electric Suction Pump | For C-EOC Big-1Unit, Small- Unit For B-EOC Big-1 Unit | ○ | ○ | |
| | B-6-2 | Foot Pedal Suction Pump | 1 Unit | | ○ | For non-Electricity facility |
| C-10 | B-7 | Ambu Bag | 1 Unit | ○ | ○ | |
| C-11 | B-8 | Cylinder (with Oxygen Therapy Unit and Trolley) | 1 Unit | ○ | ○ | |
| C-12 | B-9 | Baby Weighing Scale | 1 Unit | ○ | ○ | |
| C-13 | B-10 | Episiotomy Set | For C-EOC 2- Sets For B-EOC .1-Set | ○ | ○ | |
| C-14 | | Laparotomy Set including Caesarean Section Set | 2 Sets | ○ | | |
| C-15 | B-11 | Neonatal Resuscitator / Laryngoscope | 1 Unit | ○ | ○ | |
| C-16 | B-12 | Uterine Evacuation Set | 1 Set | ○ | ○ | |

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| Sl.No | Sl.No | Name of Equipment | Quantity | C-EOC | B-EOC | Remarks |
|--------|-------|--------------------------------------|----------|-------|-------|---|
| C-18 | B-13 | Instrument Trolley | 1 Unit | ○ | ○ | |
| C-20 | B-15 | Instrument Tray | 1 Set | ○ | ○ | |
| C-21 | B-16 | Revolving Stool | 3 Units | ○ | ○ | |
| C-22 | B-17 | Stand (Bowl) | 1 Unit | ○ | ○ | |
| C-23 | B-18 | Basin (S/S Bowl) | 1 Unit | ○ | ○ | |
| C-24-1 | | Centrifuge, Table Top | 1 Unit | ○ | | |
| C-24-3 | | Binocular Microscope | 1 Unit | ○ | | |
| C-24-4 | | Blood Cell Counter | 1 Unit | ○ | | |
| C-25 | B-19 | Stabilizer (AVR) | 1 Set | ○ | ○ | For all Electric Equipment |
| C-26 | B-20 | Examination Light | 1 Unit | ○ | ○ | |
| C-27 | | Vacuum Extractor | 1 Unit | ○ | | |
| C-28 | B-22 | Patient Examination Table | 2 Unit | ○ | ○ | |
| C-29 | B-23 | Stretcher with Trolley | 1 Unit | ○ | ○ | |
| C-31 | B-25 | Mercury Sphygmomanometer, Stand Type | 1 Unit | ○ | ○ | |
| C-32 | B-26 | Stethoscope | 1 Set | ○ | ○ | |
| C-33 | B-27 | Fetal Stethoscope | 1 Set | ○ | ○ | |
| C-34 | | Air Conditioner | 1 Unit | ○ | | For Operation Room |
| C-35 | | Generator | 1 Unit | ○ | | |
| C-37 | | Pulse Oxymeter | 1 Unit | ○ | | Subject to availability of Anesthesiologist |
| C-39 | | Exhaust Fan | 2 Unit | ○ | | For Delivery Room and Store Room |
| C-40 | B-29 | Partition (3 Panels) | 3 Unit | ○ | ○ | |
| C-41 | B-30 | Height and Weighing Scale | 1 Unit | ○ | ○ | |
| C-42 | B-31 | Portable Weighing Machine | 2 Unit | ○ | ○ | |
| C-43 | | Infant Warmer | 1 Unit | ○ | | |

Note : Equipment to be included for each facility will be decided after further studies

The Sites for Requested Revival

| Division | District | C-EOC Facility | B-EOC Facility | Ref |
|----------|------------|----------------|---|-----|
| Rajshahi | Panchagarh | | 1. Boda 2. Atwari | |
| | Dinajipur | | 1. Kaharol 2. Fulbari | |
| | Sirajganj | | 1. Raigonj 2. Kamarkhand | |
| | Bogra | | 1. Nandigram 2. Dhunut | |
| | Naogaon | | 1. Atrai 2. Raninagar | |
| | Natore | | 1. Baraigram | |
| | Gaibandha | | 1. Fulchari | |
| Khulna | Kushtia | | 1. Mirpur | |
| | Chuadanga | | 1. Damurhuda | |
| | Satkhira | | 1. Ashashuni | |
| | Khulna | | 1. Daulatpur 2. Terokhada | |
| Barisal | Patukhali | | 1. Galachipa | |
| Dhaka | Shariatpur | | 1. Damuddya 2. Naria | |
| | Madaripur | | 1. Kalkini | |
| | Narshungdi | | 1. Polash 2. Belabo | |
| | Netrokona | | 1. Durgapur | |
| Sylhet | Hobiganj | | 1. Nabigonj 2. Baniachong 3. Lakhai | |
| Total | | | 27 | |

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Appendices-5. References

| No | Reference | Originator etc | Date |
|----|---|---|----------------|
| 1 | Health and Population Sector Programme 1998-2003 Programme Implementation Plan | Ministry of Health and Family Welfare | 1998, April |
| 2 | Annual Operation Plan 2001-2002 Essential Service Packages(ESP) | Ministry of Health and Family Welfare | 2001 |
| 3 | Review of Availability and Use of Emergency Obstetric Care (EOC) Services in Bangladesh | UNICEF (Associates for Community and Population Research) | 2001 |
| 4 | Emergency Obstetric Care Services Monitoring System User Manual | UNICEF | 2001, December |
| 5 | Strengthening of Reproductive Health and Emergency Obstetric Care Services at MCWCs in Bangladesh | UNFPA | 2000, July |

6. 事業事前評価表

| |
|--|
| 1. 協力対象事業名 |
| バングラデシュ人民共和国 緊急産科医療サービス強化支援計画 |
| 2. 我が国が援助することの必要性・妥当性 |
| (1) バングラデシュは狭い国土（日本の4割）に多くの人口（約1.3億人）を抱える一方、天然資源は極めて限られており、洪水、サイクロン等の自然災害が頻発し1人当たりGNPも300ドル以下である。国内開発は海外援助に大きく依存しており日本は二国間ベースで最大の援助国となっている。 |
| (2) バングラデシュでは、①平均婚姻年齢及び初産年齢が低い、②男子を選考する社会慣習等により男子を出産するまで多くの出産を求められる、③望まない妊娠を回避することが難しい等の要因により女性の妊娠・出産回数が多。さらに、妊産婦の多くが慢性的な栄養不足状態にあること、出産介護訓練を受けていない者を介助者として在宅出産をするケースが大半であることから、妊産婦の死亡率、疾病率は近隣諸国に比較して非常に高くこれが女性の平均余命を引き下げる要因となっている。 |
| (3) バングラデシュ政府は、国民に必須保健医療サービスを提供するとともに人口増加を抑制することを目的として1997年に策定した「国家保健人口戦略」において、妊産婦の死亡率、疾病率を減らすことを最優先課題の1つとしている。同戦略のアクションプランである「第5次保健人口計画（1998～2003）」において、バングラデシュ保健家族福祉省は、突然の出血、妊娠中毒症、感染症等により妊産婦の容態が急変した場合に生命を維持するために必要な緊急産科医療（EOC:Emergency Obstetric Care）サービス提供施設の整備と利用率向上を目標に掲げ、UNICEF等のドナーと連携して全国レベルでの施設整備（県病院等）と産婦人科医等の母子保健従事者育成を進めている。 |
| (4) 日本政府は安全な出産のための産科病院機能と母子保健従事者の研修機能を併せ持つ「母子保健研修所」の施設改修に協力するとともに、現在同施設においてJICAプロジェクト方式技術協力により母子保健従事者（助産婦等）の人材育成を支援中である。他方、こうした母子保健従事者が研修終了後派遣される地方の郡保健所はその地域において中核的なEOCサービス拠点とされているが、機材の不足や老朽化により十分機能していない。こうした事情から、郡保健所レベルにおけるEOCサービスに必要な機材の整備が急務となっている。 |
| (5) 当該国の社会・経済事情については別添の「バングラデッシュ国の社会・経済事情」参照 |

| | | | | | | | | | | | |
|---|--|---------------|--|---------------|--|---------------|-------------------|-----|------------|-----------|------------|
| 3. 協力対象事業の目的（プロジェクト目標） | | | | | | | | | | | |
| 対象 45 県の郡保健所（239 ケ所）が提供する緊急産科医療サービスを改善することを目的とする。 | | | | | | | | | | | |
| 4. 協力対象事業の内容 | | | | | | | | | | | |
| (1) 対象地域 | 全国 64 県のうち 45 県 (残りの 19 県の郡保健所についてはバングラデッシュ側が UNICEF 等他ドナーの支援を得て整備中) | | | | | | | | | | |
| (2) アウトプット | 上記 45 県に設置されている 239 ケ所の郡保健所において緊急産科医療サービス(EOC サービス)を提供するための基本的機材が整備される。 | | | | | | | | | | |
| (3) インプット | <table border="0"> <tr> <td>1) C-EOC 郡保健所</td> <td>: 麻酔器、血中酸素飽和度測定器、手術台、手術用照明灯、高圧蒸気滅菌器、開腹器具セット、真空式胎児摘出器、遠心器、エアコン、非常用発電機、新生児用保温器、分娩台、蘇生用バッグ等</td> </tr> <tr> <td>2) B-EOC 郡保健所</td> <td>: 分娩台、器具用煮沸滅菌器、分娩用器具セット、蘇生用バッグ、胎児用聴診器等</td> </tr> <tr> <td>3) 医療機材修理センター</td> <td>: 上記機材用の機材修理工具キット</td> </tr> </table> <p>注1 : C-EOC (Comprehensive Emergency Obstetric Care)とは、重症の妊産婦等に対して提供される帝王切開、輸血等の複合的緊急産科ケアサービスであり、これを提供する施設を C-EOC 施設とする。</p> <p>注2 : B-EOC (Basic Emergency Obstetric Care)とは、通常分娩や軽度の周産期医療を必要とする妊産婦等に対して提供される基本的な緊急産科ケアサービスであり、これを提供する施設を B-EOC 施設とする。</p> <p>総事業費</p> <table border="0"> <tr> <td>日本側</td> <td>: 8.382 億円</td> </tr> <tr> <td>バングラデッシュ側</td> <td>: 0.030 億円</td> </tr> </table> | 1) C-EOC 郡保健所 | : 麻酔器、血中酸素飽和度測定器、手術台、手術用照明灯、高圧蒸気滅菌器、開腹器具セット、真空式胎児摘出器、遠心器、エアコン、非常用発電機、新生児用保温器、分娩台、蘇生用バッグ等 | 2) B-EOC 郡保健所 | : 分娩台、器具用煮沸滅菌器、分娩用器具セット、蘇生用バッグ、胎児用聴診器等 | 3) 医療機材修理センター | : 上記機材用の機材修理工具キット | 日本側 | : 8.382 億円 | バングラデッシュ側 | : 0.030 億円 |
| 1) C-EOC 郡保健所 | : 麻酔器、血中酸素飽和度測定器、手術台、手術用照明灯、高圧蒸気滅菌器、開腹器具セット、真空式胎児摘出器、遠心器、エアコン、非常用発電機、新生児用保温器、分娩台、蘇生用バッグ等 | | | | | | | | | | |
| 2) B-EOC 郡保健所 | : 分娩台、器具用煮沸滅菌器、分娩用器具セット、蘇生用バッグ、胎児用聴診器等 | | | | | | | | | | |
| 3) 医療機材修理センター | : 上記機材用の機材修理工具キット | | | | | | | | | | |
| 日本側 | : 8.382 億円 | | | | | | | | | | |
| バングラデッシュ側 | : 0.030 億円 | | | | | | | | | | |
| (4) スケジュール | 実施設計を含めて 23 ヶ月の工期を予定。 | | | | | | | | | | |
| (5) 実施体制 | バングラデッシュ人民共和国 保健家族福祉省保健局 プライマリヘルスケア・感染症対策部リプロダティブ・ヘルス課 | | | | | | | | | | |

5. プロジェクトの成果

(1) プロジェクトにて裨益を受ける対象の範囲及び規模

「バ」国の妊産婦及び胎児

裨益人口（妊産婦）：直接裨益者 対象45県の重症妊産婦 約24.9万人/年
 間接裨益者 対象45県の妊産婦 約166.1万人/年

(2) 事業の目的（プロジェクトの目標）を示す指標

- ① 協力対象45県のC-E00郡保健所において、複合的緊急産科医療サービス等が改善される。
 （例：パソチャガル県テリア郡保健所—裨益住民人口105千人、下位医療施設数19）

| （指標） | 7°プロジェクト実施前(2000年) | 7°プロジェクト完了後(2004年) |
|-------------------|--------------------|--------------------|
| 緊急産科入院患者数 | 51人/年 | 増加 |
| 処置した緊急産科複雑症(重症)例数 | 6件/年 | 増加 |
| 妊産婦死亡数 | 2人/年 | 減少 |
| 分娩件数 | 44件/年 | 増加 |
| (うち死産件数) | (2件/年) | (減少) |
| 郡保健所での帝王切開件数 | 0件/年 | 増加 |
| 上位医療機関への患者移送数 | 7件/年 | 減少 |

- ② 協力対象45県のB-E00郡保健所において、基本的緊急産科ケアサービス等が改善される。
 （例：バンタムン県ルア郡保健所—裨益住民人口30千人、下位医療施設数6）

| （指標） | 7°プロジェクト実施前(2000年) | 7°プロジェクト完了後(2004年) |
|---------------|--------------------|--------------------|
| 緊急産科入院患者数 | 11人/年 | 増加 |
| 処置した緊急産科症例数 | 6件/年 | 増加 |
| 分娩件数 | 4件/年 | 増加 |
| (うち死産件数) | (2件/年) | (減少) |
| 上位医療機関への患者移送数 | 1件/年 | 増加 |

(3) その他の成果指標

協力対象郡保健所において、医療機材が整備されるため妊産婦だけでなく全般的な疾病での外来患者数が増え、併せて検体検査数が増加する。

（例：パソチャガル県テリア郡保健所—裨益住民人口105千人、下位医療施設数19）

| （指標） | 7°プロジェクト実施前(2000年) | 7°プロジェクト完了後(2004年) |
|-------|--------------------|--------------------|
| 外来患者数 | 53,024人/年 | 増加 |
| 検体検査数 | 1,100件/年 | 増加 |

6. 外部要因リスク

- (1) **バングラデシュ国の保健・医療政策の継続**
保健政策と人口政策を統合し、国民に必須保健医療サービスを提供するとともに人口増加を抑制することを目標とした現政策を、バングラデシュ国が今後とも世銀等のドナーと協調して継続していくことが必要である。
- (2) **公的医療機関の運営体制確立及び保健医療予算・財政の確保**
バングラデシュ国が、公的医療機関の運営体制を確立し必要な医療要員を配置するとともに必要な予算を配分していくことが必要である。特に郡保健所への予算配分は厳しい財政状況等により他の医療機関に比較し十分とはいえないことから、受益者負担の導入等を図り改善に務める必要がある。
- (3) **医療機関へのアクセスを妨げる諸要因の排除及び利用度の向上**
不法な診療費請求等の医療機関へのアクセスを妨げる要因が排除されるとともに、地域住民の医療機関利用度を高めるための妊産婦も含めた地域社会の行動変容を促すための方策（施設利用動機付け教育や衛生的で安全な出産の啓蒙活動等）をバングラデシュ国は引き続き推進していく必要がある。
- (4) **郡保健所の通常の医療活動を害する程のコレラやデング熱などの熱帯性感染症が大流行したり、洪水、サイクロン等の自然災害が頻発すれば、成果指標に影響が及ぶ可能性がある。**

7. 今後の評価計画

- (1) **事後評価に用いる成果指標**
外来患者数、入院患者数、処置した緊急産科症例数、分娩件数（死産件数を含む）、帝王切開件数、検体検査件数、妊産婦死亡数、新生児死亡数、上位機関への患者移送数、下位機関よりの患者受入数
- (2) **評価のタイミング**
 - 1回目：2004年（機材引渡し完了直後）
対象45県を含めバングラデッシュ全国64県全体のEOC体制整備を評価・モニタリングしているUNICEFの計画に合わせて引渡し機材の稼働状況等のモニタリングを実施予定。
 - 2回目：2006年又は2007年
1回目評価時に発見された改善点等の確認を含めた最終評価として実施予定。

7. 参考資料 / 入手資料リスト

| 番号 | 資料名 | 形態 | オリジナル ・コピーの別 | 発行機関等 | 発行年等 |
|----|--|----|-----------------|---|--------------|
| 1 | Health and Population Sector Programme 1998-2003 Programme Implementation Plan (第五次保健人口5ヶ年計画実施計画書) | 図書 | コピー | Ministry of Health and Family Welfare (保健家族福祉省) | 1998年 4月 |
| 2 | Annual Operation Plan 2001-2002 Essential Service Packages(ESP) | 図書 | コピー | Ministry of Health and Family Welfare (保健家族福祉省) | 2001年 |
| 3 | Review of Availability and Use of Emergency Obstetric Care (EOC) Services in Bangladesh | 図書 | コピー | UNICEF (Associates for Community and Population Research) | 2001年 |
| 4 | Emergency Obstetric Care Services Monitoring System User Manual | 図書 | コピー | UNICEF | 2001年 12月 |
| 5 | Strengthening of Reproductive Health and Emergency Obstetric Care Services at MCWCs in Bangladesh | 図書 | コピー | UNFPA | 2000年 7月 |

8. その他の資料・情報

(1) Health and Population Sector Programme Summary

(第5次保健人口計画概要)

(2) 緊急産科医療プロジェクトの進捗状況

Health and Population Sector Programme Summary

| Narrative Summary | Verifiable Indicators | Means of Verification (MOV) | Important Assumptions (IA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--------|--------|--------|------|-------|-------------------------|----|----|----|----|----|----|------------------------|--|--|-------|-------|-------|--------|--------------------------------|-----|-------|--------|--------|--------|--|----------------------|--|
| GOAL Improved health and family welfare status among the most vulnerable women, children and poor of Bangladesh | 1. MMR reduced from 4 in 1997 by 2.6 over next five years. 2. IMR m/f reduced from 77 in 1997 by 55 over next five years. 3. <5 MR m/f reduced from 116 to 70. 4. Malnutrition m/f reduced - wasting from 10 to <5 5. Communicable diseases control m/f- Diarrhoea - from 2 episodes/child/yr to <1 ARI from 7 episodes/child/year to <3 6. Active life expectancy m/f increased up to male 62 years and female 62.5 years. 7. Total fertility reduced to 2.5 and age at first birth >18 | 1.1 Sample vital registration system 2.1 Demographic and Health Surveys 3.1 Health and Demographic Surveys 4.1 Nutrition surveys 5.1 Disease control evaluation surveys 6.1 Disease surveillance systems 7.1 Demographic surveys | (Goal to Supergoal); 1. Improved education status for women 2. Improved employment status and access to credit, especially for women 3. Improved legal status and protection for women | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PURPOSE Client-centered provision and client utilization of Essential Package of Services (EPS), plus selected services | 1. Increased % of the population access one or more of the ESP services esp. of women, children and poor, which meet govt./community quality standards* and satisfy clients* needs. 2. Cost of delivery service decreased/user over next five years. 3. New ESP usage rate exceeds old usage rate within first year of service delivery. | 1.1 MIS/HIS 1.2 Baseline and evaluation surveys utilization, coverage and client satisfaction 1.3 Annual public expenditure reviews 1. 3.1 MIS/HIS | (Purpose to Goal): 1. Improved food security 2. Improved water and sanitation 3. Improved environmental conditions (e.g. air quality) 4. Improved occupational health 5. Improved road safety 1. 6 Improved education, employment and status of women compliments BCC messages that encourage healthy behaviors | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUTPUTS 1. Sustainable ESP defined, funded, promoted and implemented | 1.1 ESP standards for target groups developed and agreed by 9/97 and endorsed by stakeholders 1.2 Community level delivery points reach increased percentage of population via revitalized community centers: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Year</th> <th style="text-align: center;">1999</th> <th style="text-align: center;">2000</th> <th style="text-align: center;">2001</th> <th style="text-align: center;">2002</th> <th style="text-align: center;">2003</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>a. % populatin affected</td> <td style="text-align: center;">30</td> <td style="text-align: center;">40</td> <td style="text-align: center;">50</td> <td style="text-align: center;">60</td> <td style="text-align: center;">80</td> <td style="text-align: center;">80</td> </tr> <tr> <td>b. # community clinics</td> <td></td> <td></td> <td style="text-align: center;">1,200</td> <td style="text-align: center;">6,000</td> <td style="text-align: center;">1,200</td> <td style="text-align: center;">13,500</td> </tr> <tr> <td>c. # Service providers trained</td> <td style="text-align: center;">900</td> <td style="text-align: center;">1,000</td> <td style="text-align: center;">25,000</td> <td style="text-align: center;">30,000</td> <td style="text-align: center;">36,000</td> <td></td> </tr> </tbody> </table> 1.3 Reduction in h/h visit and outreach by 20% annually over five years. 1.4 60% of total MOHFW budget reserves applied to ESP delivery annually. 1.5 CPR to be raised from 50% to 60%. | Year | 1999 | 2000 | 2001 | 2002 | 2003 | Total | a. % populatin affected | 30 | 40 | 50 | 60 | 80 | 80 | b. # community clinics | | | 1,200 | 6,000 | 1,200 | 13,500 | c. # Service providers trained | 900 | 1,000 | 25,000 | 30,000 | 36,000 | | ESP operational plan | |
| Year | 1999 | 2000 | 2001 | 2002 | 2003 | Total | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. % populatin affected | 30 | 40 | 50 | 60 | 80 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. # community clinics | | | 1,200 | 6,000 | 1,200 | 13,500 | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. # Service providers trained | 900 | 1,000 | 25,000 | 30,000 | 36,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Narrative Summary | Verifiable Indicators | MOV | IA | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------|------|------|------|------|------|-------------|----|-----|-----|-----|-----|-----------|------|------|------|------|------|---------------|---|---|---|----|----|--|--|
| <p>2 management organization and HR management delivery mechanism unified, restructured and decentralised</p> | <p>2.1 Phased implementation of unified structure at Thana and below</p> <table border="1"> <tr> <td>Year</td> <td>1999</td> <td>2000</td> <td>2001</td> <td>2002</td> <td>2003</td> </tr> <tr> <td># of Thanas</td> <td>50</td> <td>300</td> <td>460</td> <td>460</td> <td>460</td> </tr> </table> <p>2.2 Tired local health authorities designed and implemented:</p> <table border="1"> <tr> <td>Year</td> <td>1999</td> <td>2000</td> <td>2001</td> <td>2002</td> <td>2003</td> </tr> <tr> <td># of District</td> <td>1</td> <td>1</td> <td>5</td> <td>15</td> <td>20</td> </tr> </table> <p>2.3 Complete restructuring of district, division and central level</p> <p>a) Secretarial completed by 99 b) Directorate completed by 01 c) Division completed by 00 d) District completed by 00</p> | Year | 1999 | 2000 | 2001 | 2002 | 2003 | # of Thanas | 50 | 300 | 460 | 460 | 460 | Year | 1999 | 2000 | 2001 | 2002 | 2003 | # of District | 1 | 1 | 5 | 15 | 20 | | |
| Year | 1999 | 2000 | 2001 | 2002 | 2003 | | | | | | | | | | | | | | | | | | | | | | |
| # of Thanas | 50 | 300 | 460 | 460 | 460 | | | | | | | | | | | | | | | | | | | | | | |
| Year | 1999 | 2000 | 2001 | 2002 | 2003 | | | | | | | | | | | | | | | | | | | | | | |
| # of District | 1 | 1 | 5 | 15 | 20 | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Integrated support systems strengthened</p> | <p>3.1 HR training needs planning and management system operationalized by 9/98. 3.2 HRD Line Directorate providing required skilled resources at all levels of management, professional and field levels on schedule by 7/99. 3.3 User and employee survey/questionnaire review systems implemented for annual review process by 7/99 3.4 Facilities: 2237 numbers of facilities upgraded for use by women throughout system. 3.5 Logistics & Procurement: LMIS including inventory, staffed and operational by 2003. 3.6 Quality Assurance 3.7 BCC Institute operationalised by 3/99 3.8 Unified MIS operationalised by 7/98 3.9 Research on public health generated</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Hospital-level services focused and improved</p> | <p>4.1 Hospitals operating autonomously by (No. each year)</p> <table border="1"> <tr> <td>Year</td> <td>1999</td> <td>2000</td> <td>2001</td> <td>2002</td> <td>2003</td> </tr> <tr> <td>Tertiary</td> <td>1</td> <td>10</td> <td>all</td> <td>all</td> <td>all</td> </tr> <tr> <td>Secondary</td> <td>4</td> <td>8</td> <td>12</td> <td>20</td> <td>32</td> </tr> </table> <p>4.2 Integration up and down referral system within and among system and hospitals by 7/2000 4.3 Regulatory framework for accreditation by 7/2000</p> | Year | 1999 | 2000 | 2001 | 2002 | 2003 | Tertiary | 1 | 10 | all | all | all | Secondary | 4 | 8 | 12 | 20 | 32 | | | | | | | | |
| Year | 1999 | 2000 | 2001 | 2002 | 2003 | | | | | | | | | | | | | | | | | | | | | | |
| Tertiary | 1 | 10 | all | all | all | | | | | | | | | | | | | | | | | | | | | | |
| Secondary | 4 | 8 | 12 | 20 | 32 | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Sector-wide Management (SWM) established and operational</p> | <p>5.1 Plans and budget done by 6/98 for 1st year (detail) and out years. 5.2 Annual operational plan prepared by March. 5.3 Stakeholder concerns represented on during annual performance review.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6. Policy, and Regulatory Framework Strengthened</p> | <p>6.1 National policy on revenue established by 7/00. 6.2 Regulatory environment and incentive structure conducive by 7/00. 6.3 National Drug Policy revised and reviewed by 7/99.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. Other public health services strengthened</p> | <p>7.1 Arsenic pollution of tubewell water integrated by 7/00. 7.2 National Emergency Preparedness and response mechanism institutionalised by 7/99. 7.3 Sentinel Surveillance system operational by 7/00. 7.4 Strengthened intersectoral collaboration in health and population services by 12/98. 7.5 Environmental and industrial pollution program integrated by 7/98. 7.6 Integrated HIV/AIDS/STD prevention and control programme operationalised by 10/98.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8. Other health & nutrition services intensified</p> | <p>8.1 Severe malnutrition (-2SD wt. - ht) reduced by 30% within 2003. 8.2 Other health care institution established and operational.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |

(2) 緊急産科医療プロジェクトの進捗状況

本プロジェクトの進捗状況等について UNICEF が 1994 年にベースライン調査を実施するとともに、1999 年にモニタリング調査を実施しているところ、その状況等は次のとおりとなっている。
 なを、UNICEF は 2004 年に次回のモニタリング調査実施を計画している。

| | Baseline Survey 1994 年 | モニタリング結果(Oct/98-Sept/99 調査期間) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|---|--|---------|-------|-------|------|----------|----------|-----|-----------|----------|-------|-----------|-----------|----------------|-------|-------|-----------|--------|-----------|------------|---------|-----------|----------|------------|----------|---------|-----------|----------|--|--------|----------|--------|------|-------|---------|-------|-------|-------|--------|--------|-------|-------|------|------|------|-------|------|------|------|-------|------|-------|-------|---------|--------|---------|
| 調査対象施設 | Medical College Hospitals(MCH) District Hospitals MCWCs THCs FWCs | Medical College Hospitals(13) District Hospitals(59) MCWCs(62)(55District,7Others) THCs(104,incl 40 C-EOC designated) FWCs Private & NGO Clinics/Hospitals(472) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EOC サービス状況 1.EOC 施設 | C-EOC 30 施設 B-EOC 99 施設 | EOC 施設数調査結果は次のとおり <table border="1"> <thead> <tr> <th></th> <th>C-EOC</th> <th>B-EOC</th> </tr> </thead> <tbody> <tr> <td>MCH</td> <td>100%(13)</td> <td>100%(13)</td> </tr> <tr> <td>DHs</td> <td>59.3%(35)</td> <td>13.5%(8)</td> </tr> <tr> <td>MCWCs</td> <td>27.4%(17)</td> <td>19.4%(12)</td> </tr> <tr> <td>THCs</td> <td></td> <td></td> </tr> <tr> <td> C-EOC 計画</td> <td>5%(2)</td> <td>27.5%(11)</td> </tr> <tr> <td> 計画外</td> <td>1.6%(1)</td> <td>35.9%(23)</td> </tr> <tr> <td>Priv/NGO</td> <td>41.7%(197)</td> <td>5.7%(27)</td> </tr> <tr> <td>(総施設数)</td> <td>(265)</td> <td>(81)</td> </tr> </tbody> </table> <p>これより推定すると政府医療機関のうち C-EOC 施設は 68、B-EOC 施設は 151 となる。 1998 年の人口を 126,130 千人、粗出生率を 19.9/千人としてとし政府医療機関の施設数をカイトライン基準(500 千人に 1C-EOC,4B-EOC)と対比すると次のとおり。</p> <table border="1"> <thead> <tr> <th></th> <th>C-EOC</th> <th>B-EOC</th> </tr> </thead> <tbody> <tr> <td>現在の施設数</td> <td>68</td> <td>151</td> </tr> <tr> <td>基準必要施設数</td> <td>252</td> <td>1,008</td> </tr> <tr> <td>充足率</td> <td>26.98%</td> <td>14.98%</td> </tr> <tr> <td>不足施設数</td> <td>184</td> <td>857</td> </tr> </tbody> </table> <p>人口 3,938,700 人に 1 C-EOC 人口 1,312,900 人に 1 B-EOC</p> | | C-EOC | B-EOC | MCH | 100%(13) | 100%(13) | DHs | 59.3%(35) | 13.5%(8) | MCWCs | 27.4%(17) | 19.4%(12) | THCs | | | C-EOC 計画 | 5%(2) | 27.5%(11) | 計画外 | 1.6%(1) | 35.9%(23) | Priv/NGO | 41.7%(197) | 5.7%(27) | (総施設数) | (265) | (81) | | C-EOC | B-EOC | 現在の施設数 | 68 | 151 | 基準必要施設数 | 252 | 1,008 | 充足率 | 26.98% | 14.98% | 不足施設数 | 184 | 857 | | | | | | | | | | | | | |
| | C-EOC | B-EOC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCH | 100%(13) | 100%(13) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DHs | 59.3%(35) | 13.5%(8) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCWCs | 27.4%(17) | 19.4%(12) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THCs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C-EOC 計画 | 5%(2) | 27.5%(11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 計画外 | 1.6%(1) | 35.9%(23) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priv/NGO | 41.7%(197) | 5.7%(27) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (総施設数) | (265) | (81) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | C-EOC | B-EOC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現在の施設数 | 68 | 151 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基準必要施設数 | 252 | 1,008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 充足率 | 26.98% | 14.98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 不足施設数 | 184 | 857 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.施設分娩 | Institutional Deliveries(施設分娩)は全推定年出産数の 2.2% | Distribution of Deliveries <table border="1"> <thead> <tr> <th>(施設)</th> <th>(出生数)</th> <th>(割合)</th> </tr> </thead> <tbody> <tr> <td>MCHs</td> <td>36,908</td> <td>17.81%</td> </tr> <tr> <td>DHs</td> <td>29,370</td> <td>14.17%</td> </tr> <tr> <td>MCWCs</td> <td>30,230</td> <td>14.58%</td> </tr> <tr> <td>THCs(C-EOC 計画)</td> <td>4,096</td> <td>1.98%</td> </tr> <tr> <td>THCs(計画外)</td> <td>33,316</td> <td>16.07%</td> </tr> <tr> <td>All GOB 施設</td> <td>133,920</td> <td>64.62%</td> </tr> <tr> <td>Priv/NGO</td> <td>73,329</td> <td>35.38%</td> </tr> <tr> <td>(total)</td> <td>(207,249)</td> <td>(100.0%)</td> </tr> </tbody> </table> <p>従って、1998 年人口を 126,130 千人として粗出生率を 19.9/千人とすると出生数は推定 2,509,988 となることから GOB 施設での出生は 5.33%となる。 又、Priv/NGO 施設は 2.93%となることから、全体では施設における分娩数は 8.26%となり、最小限目標値の 15%を下回っている。尚、施設での分娩状況は次のとおり</p> <table border="1"> <thead> <tr> <th></th> <th>Normal</th> <th>Assisted</th> <th>帝王切開</th> </tr> </thead> <tbody> <tr> <td>MCHs</td> <td>47.3%</td> <td>5.1%</td> <td>47.6%</td> </tr> <tr> <td>DHs</td> <td>79.6%</td> <td>2.7%</td> <td>17.7%</td> </tr> <tr> <td>MCWCs</td> <td>86.2%</td> <td>3.6%</td> <td>9.9%</td> </tr> <tr> <td>THCs</td> <td>96.2%</td> <td>3.7%</td> <td>0.1%</td> </tr> <tr> <td>Priv</td> <td>53.5%</td> <td>4.2%</td> <td>42.4%</td> </tr> <tr> <td>(All)</td> <td>(65.5%)</td> <td>(3.9%)</td> <td>(30.6%)</td> </tr> </tbody> </table> | (施設) | (出生数) | (割合) | MCHs | 36,908 | 17.81% | DHs | 29,370 | 14.17% | MCWCs | 30,230 | 14.58% | THCs(C-EOC 計画) | 4,096 | 1.98% | THCs(計画外) | 33,316 | 16.07% | All GOB 施設 | 133,920 | 64.62% | Priv/NGO | 73,329 | 35.38% | (total) | (207,249) | (100.0%) | | Normal | Assisted | 帝王切開 | MCHs | 47.3% | 5.1% | 47.6% | DHs | 79.6% | 2.7% | 17.7% | MCWCs | 86.2% | 3.6% | 9.9% | THCs | 96.2% | 3.7% | 0.1% | Priv | 53.5% | 4.2% | 42.4% | (All) | (65.5%) | (3.9%) | (30.6%) |
| (施設) | (出生数) | (割合) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCHs | 36,908 | 17.81% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DHs | 29,370 | 14.17% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCWCs | 30,230 | 14.58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THCs(C-EOC 計画) | 4,096 | 1.98% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THCs(計画外) | 33,316 | 16.07% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All GOB 施設 | 133,920 | 64.62% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priv/NGO | 73,329 | 35.38% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (total) | (207,249) | (100.0%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Normal | Assisted | 帝王切開 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCHs | 47.3% | 5.1% | 47.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DHs | 79.6% | 2.7% | 17.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCWCs | 86.2% | 3.6% | 9.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THCs | 96.2% | 3.7% | 0.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priv | 53.5% | 4.2% | 42.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (All) | (65.5%) | (3.9%) | (30.6%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | Baseline Survey 1994 年 | モニタリング結果(Oct/98-Sept/99 調査期間) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|--------------------------------------|--|--------------------------------|-------|-----------------------------|-------|-------------------------|--------|-----------------------------|-------|------------------------|--------|-----------------|-------|------------------------------|----------|--------|-------|---------|----------|-------|------|----------|--------|---------|-------|---------|-----------|----------|----------|
| 3.施設利用状況 | EOC 施設によって処置を受けた複雑症例は 5.1%で全体の 0.76% | <p>調査期間中の Obs.Complications 受療原因は次のとおり</p> <table border="0"> <tr><td>Septic and non-septic abortion</td><td>27.9%</td></tr> <tr><td>Obstructed/Prolonged Labour</td><td>16.1%</td></tr> <tr><td>Eclampsia/Pre-eclampsia</td><td>16.1%</td></tr> <tr><td>Retained Placenta</td><td>6.2%</td></tr> <tr><td>Antepartum Haemorrhage</td><td>5.9%</td></tr> <tr><td>Others</td><td>27.8%</td></tr> <tr><td>(total)</td><td>(100.0%)</td></tr> </table> <p>Obs.Complications 受療施設は次のとおり</p> <table border="0"> <tr><td>MCHs</td><td>31.3%</td></tr> <tr><td>DHs</td><td>16.1%</td></tr> <tr><td>MCWCs</td><td>7.9%</td></tr> <tr><td>THCs</td><td>17.6%</td></tr> <tr><td>Pri/NGO</td><td>27.1%</td></tr> <tr><td>(total)</td><td>(100.0%)</td></tr> </table> <p>期間中 施設にて診療された Obs. Complications の件数は 99,780 件(GOB 施設 72,505,Priv/NGO27,275 件) 全出生数推定 2,509,988 の 15%が Obs.Complications の診療が必要であったと推定すると診療の潜在需要は 376,498 件と推定される。 従って、充足率は潜在需要の 26.5%,GOB 施設については 19.3%となる。 又、EOC 施設によって処置を受けた複雑症例は出生数の 3.97%となる。 これらの推定値はベ-スライン調査時の各 5.1%,0.76%より改善されてはいるものの、目標値を下回っている。</p> | Septic and non-septic abortion | 27.9% | Obstructed/Prolonged Labour | 16.1% | Eclampsia/Pre-eclampsia | 16.1% | Retained Placenta | 6.2% | Antepartum Haemorrhage | 5.9% | Others | 27.8% | (total) | (100.0%) | MCHs | 31.3% | DHs | 16.1% | MCWCs | 7.9% | THCs | 17.6% | Pri/NGO | 27.1% | (total) | (100.0%) | | |
| Septic and non-septic abortion | 27.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obstructed/Prolonged Labour | 16.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eclampsia/Pre-eclampsia | 16.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retained Placenta | 6.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Antepartum Haemorrhage | 5.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | 27.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (total) | (100.0%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCHs | 31.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DHs | 16.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCWCs | 7.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THCs | 17.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pri/NGO | 27.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (total) | (100.0%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.帝王切開 | 帝王切開件数は推定必要件数の 4.7%で全出生数の 0.23% | <p>調査期間中の各施設における帝王切開の実施状況は次のとおり</p> <table border="0"> <thead> <tr> <th></th> <th>分娩数</th> <th>帝王切開</th> <th>%</th> </tr> </thead> <tbody> <tr><td>MCHs</td><td>36,908</td><td>17,580</td><td>31.5%</td></tr> <tr><td>DHs</td><td>29,370</td><td>5,191</td><td>9.3%</td></tr> <tr><td>MCWCs</td><td>30,230</td><td>2,068</td><td>3.7%</td></tr> <tr><td>THCs</td><td>37,412</td><td>11</td><td>0.1%</td></tr> <tr><td>Priv/NGO</td><td>73,329</td><td>31,231</td><td>55.4%</td></tr> <tr><td>(total)</td><td>(207,249)</td><td>(56,081)</td><td>(100.0%)</td></tr> </tbody> </table> <p>従って、帝王切開による出生は全出生の 2.23%と推定され、これは帝王切開分娩の潜在需要/目標値を全出生の 5%(125,499 件)とすると 44.7%となり潜在需要を下回っている。又、GOB 施設については 0.99%となりベ-スライン調査時の 0.7%より増加している。</p> | | 分娩数 | 帝王切開 | % | MCHs | 36,908 | 17,580 | 31.5% | DHs | 29,370 | 5,191 | 9.3% | MCWCs | 30,230 | 2,068 | 3.7% | THCs | 37,412 | 11 | 0.1% | Priv/NGO | 73,329 | 31,231 | 55.4% | (total) | (207,249) | (56,081) | (100.0%) |
| | 分娩数 | 帝王切開 | % | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCHs | 36,908 | 17,580 | 31.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DHs | 29,370 | 5,191 | 9.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCWCs | 30,230 | 2,068 | 3.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THCs | 37,412 | 11 | 0.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priv/NGO | 73,329 | 31,231 | 55.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (total) | (207,249) | (56,081) | (100.0%) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Case Fatality Rate | Case Fatality Rate 2.6 | <p>調査期間中の Case Fatality Rate は MCHs2.24,DHs4.22,MCWCs0.53,THCs1.75,Priv/NGO0.77 となっており全体では 2.24 と改善されてきているが目標値の 1 を下回っている。又、調査期間中の妊産婦死亡原因は次のとおり</p> <table border="0"> <tr><td>Eclampsia/Pre-Eclampsia</td><td>33.7%</td></tr> <tr><td>PPH</td><td>10.6%</td></tr> <tr><td>APH</td><td>8.4%</td></tr> <tr><td>Obstructed/Prolonged Labour</td><td>7.7%</td></tr> <tr><td>Rupture Uterus</td><td>5.0%</td></tr> <tr><td>Septic Abortion</td><td>3.7%</td></tr> <tr><td>Post-partum/Puerperal sepsis</td><td>3.3%</td></tr> <tr><td>Others</td><td>27.6%</td></tr> <tr><td>(total)</td><td>(100.0%)</td></tr> </table> | Eclampsia/Pre-Eclampsia | 33.7% | PPH | 10.6% | APH | 8.4% | Obstructed/Prolonged Labour | 7.7% | Rupture Uterus | 5.0% | Septic Abortion | 3.7% | Post-partum/Puerperal sepsis | 3.3% | Others | 27.6% | (total) | (100.0%) | | | | | | | | | | |
| Eclampsia/Pre-Eclampsia | 33.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PPH | 10.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APH | 8.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obstructed/Prolonged Labour | 7.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rupture Uterus | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Septic Abortion | 3.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post-partum/Puerperal sepsis | 3.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | 27.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (total) | (100.0%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |