

Attachment 5 : SOFT COMPONENT (TECHNICAL ASSISTANCE) PLAN

“ASSISTANCE FOR THE ENHANCEMENT OF THE MAINTENANCE AND MANAGEMENT OF MEDICAL EQUIPMENT BY THE EQUIPMENT USERS”

1. Background

Finding money to address the failure of medical equipment whose warranty periods have expired is a major challenge for medical facilities in Tajikistan. Many facilities do not employ enough technicians to repair, maintain or otherwise manage medical equipment, so users (physicians, nurses and other medical workers) of equipment procured under this Project need to inspect it daily and otherwise take proper preventive measures to keep it from failing so that it can be operated and maintained for long periods of time. Therefore, soft components that include daily inspections and other technical guidance from Japanese technicians will be implemented to ensure that there is sufficient meaning to helping hospital managers and equipment users improve their maintenance skills and to supporting the continuous use of medical equipment procured with grant aid cooperation while maintaining proper precision and making use of said guidance.

2. Goal of Soft Component

The equipment procured through the cooperation project is maintained and managed appropriately at target medical facility.

3. Outcome of Soft Component

Each medical facility develops a system for medical equipment maintenance and management (personnel and organization), including equipment management logbooks and user-level preventive maintenance checkup manuals.

4. Methods to Confirm Outcome Achievement

Table 1 shows the methods to confirm outcome achievement.

Table 1 Methods to Confirm Outcome Achievement

Soft Component Summary	
<p>«Goal»</p> <p>The equipment procured through this project is maintained and managed appropriately.</p>	<p>«Method of Confirmation»</p> <p>Confirm that make out the maintenance checkup manual, equipment management logbook through the activities.</p>
<p>«Outcome»</p> <p>1) The person in charge of equipment management is clearly defined.</p> <p>1: Everyone knows who the person in charge of equipment management is.</p>	<p>«Method of Confirmation»</p> <p>Confirm that all staff members can write the name of the person in charge of equipment management (carry out</p>

<p>2: Everyone can know who substitutes for the person in charge of equipment management when he is absent.</p> <p>2) A system to practice preventive maintenance checkup of each equipment and the systematic flow of information concerning each equipment are established.</p> <p>1: It becomes easier to perform checkups.</p> <p>2: The places and frequency of checkups are clearly defined.</p> <p>3: The person in charge of checkups is clearly defined.</p> <p>4: Everyone can know who substitutes for the person in charge of checkups when he is absent.</p> <p>5: Information concerning equipment is shared between medical workers and maintenance engineers.</p> <p>3) Management logbook for each equipment is maintained.</p> <p>1: Equipment management logbooks are maintained so that one can quickly know who used which equipment when and how.</p> <p>2: Equipment management logbooks are maintained so that one can quickly know what trouble occurred in which equipment when.</p> <p>4) The cost needed for maintenance checkups is identified and the process of budget application is sorted out.</p> <p>1: A budget application form is completed and the procedures for budget application for the next fiscal year are carried out appropriately.</p>	<p>before the completion of activities).</p> <p>Confirm that the person in charge of checkups has been made clear, checkup manuals have been prepared, and the systematic flow of information has been established (carry out before the completion of activities).</p> <p>Confirm that management logbooks are maintained so that everyone can quickly know the condition of equipment (carry out before the completion of activities).</p> <p>It is confirmed that a budget application form has been completed and application procedures are followed strictly (carry out before the completion of activities).</p>
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5. Soft Component Activities (Input Plan)

Activities of soft component will be carried out 3 days workshop (first dispatch program) and 3.5 days seminar (second dispatch program) to heads of facilities, responsible persons from facility management departments, representatives of major clinical departments (physicians, nurses, midwives) and maintenance managers of facilities and medical equipment to maintain and manage the equipment procured through this project at each facilities. 15 persons from the Maternity Hospital No.3, 15 persons from Khatlon Oblast Provincial Hospital and 10 persons from 5 number hospitals (2 persons from each number hospital) will participate in these activities. In the first dispatch program, participants will try to find problems concerning the maintenance and management system of medical equipment and provision for those problems they have. Based on this, they will make equipment management logbook (draft) and preventive maintenance checkup manual (draft). In the second dispatch program, they will be demonstrated on the maintenance of equipment using the equipment management logbook (draft) and preventive maintenance checkup manual (draft). Through those activities, they will make final version of logbook and manual.

1) Workshops (Primary Dispatch Work)

Workshops will be held to intimately familiarize hospital staff members with maintenance conditions for medical equipment at target hospitals. To foster a sense of ownership among hospital staff members, pre-planned participatory methods will be employed at workshops and will often require hospital staff members to provide opinions on existing problems with maintenance and management of medical equipment. Consultants will analyze activities and input required to resolve the problems coached out of staff members and clarify actions to be taken to improve medical equipment management in an organized manner. Furthermore, drafts of preventive and regular maintenance manuals, charts showing the flow of information within hospitals and medical equipment maintenance ledgers will be prepared based on the results obtained during workshops.

Table 2 PDM Used in Workshop (Draft)

«Project summary»	«Index of achievement»	«External condition»
<p>«Overarching goal» Fewer occasions in which daily medical practice is impeded by the unavailability of medical equipment.</p>		<p>Accidents caused by human neglect do not occur (natural disasters are unavoidable). (The practice of safety management does not change.)</p>
<p>«Goal» The equipment provided through the cooperation project is maintained and managed appropriately.</p>	<p>«Index of goal achievement» Changes in the actions after equipment failures</p>	<p>Repair parts become unavailable. (Situation of information collection concerning equipment manufacturers does not change.)</p>
<p>«Outcome» 1) The person in charge of equipment management is clearly defined. 1 : Everyone can know who is the person in charge of equipment management. 2 : Everyone can know who substitutes for the person in charge of equipment management when he is absent. 2) A system for preventive maintenance checkup of each equipment and the systematic flow of information concerning each equipment are established. 1: It becomes easier to perform checkups. 2: The places and frequency of checkups are clearly defined. 3: The person in charge of checkups is clearly defined.</p>	<p>«Index of outcome achievement» Identification of the person in charge of equipment management Identification of substitute for the person in charge of equipment management Preventive maintenance checkup manual Identification of the person in charge of checkups</p>	<p>The person in charge of equipment management (including substitute) and the person in charge of checkups (including substitute) do not be absent at the same time. (The recognition of teamwork does not change.)</p>

<p>4: Everyone can know who substitutes for the person in charge of checkups when he is absent.</p> <p>5: Information concerning equipment is shared between medical workers and maintenance engineers.</p> <p>3) Management logbooks for each equipment is maintained.</p> <p>1: Equipment management logbooks are maintained so that one can quickly know who used which equipment when and how.</p> <p>2: Equipment management logbooks are maintained so that one can quickly know what trouble occurred in which equipment when.</p>	<p>Identification of substitute for the person in charge of checkups</p> <p>Diagram of information flow system with and outside the facility</p> <p>Equipment management logbook</p>	
<p>«Activity to obtain outcome and its index»</p> <p>* Derived from the workshop</p>		<p>«Matters/input provided by the facility»</p> <p>* Derived from the workshop</p>

2) Seminars and Technical Guidance (Secondary Dispatch Work)

The contents of the drafts of preventive and regular maintenance manuals and medical equipment maintenance ledgers prepared during the primary dispatch work and according operational methodology will be explained to the hospital side. Hospital staff members will provide their opinions on the drafts, and corrections and revisions will be made as necessary to produce final drafts. Then, consultants will give demonstrations on actual maintenance methods used on procured equipment and participants will use the procured equipment for practical training (opportunities will be created for seminar participants to present what they learned at the seminars to other participants so that all participants may deepen their understanding together).

3) Personnel Plan

Two engineers are planned. The first engineer takes charge of works concerning the development of the medical equipment maintenance system. The second engineer produces the preventive maintenance checkup manuals for the 18 items¹ that are considered important among the planned medical equipment and practices maintenance checkup activities aiming at the widespread consistent use of these manuals through the seminar.

¹ Anesthesia Apparatus, Electrosurgical Unit, Patient Monitor, Neonatal Monitor, Ventilator, Ultrasound Scanner, Fetal Doppler, Vacuum Extractor, Cardiotocograph, Oxygen Concentrator, Nebulizer, Autoclave, Hot Air Sterilizer, Infusion Pump, Syringe Pump, Infant Incubator, Infant Warmer, and Spectrophotometer.

- **Engineer 1:** Guiding the development of medical equipment maintenance system (1 person)

During the first dispatch, Engineer 1 takes charge of organizing and holding the workshop and sorting out the elements obtained from the workshop. During the second dispatch, he takes charge of organizing and holding the seminar and providing guidance related to the introduction and operation of the new system for medical equipment maintenance.

As a concrete example, the cycle flow involving the elements 2 through 5 as shown in the Figure below is explained. Focusing on the PPM performed by users, the second dispatch program aims to create “an environment in which equipment failures are less likely to occur.”

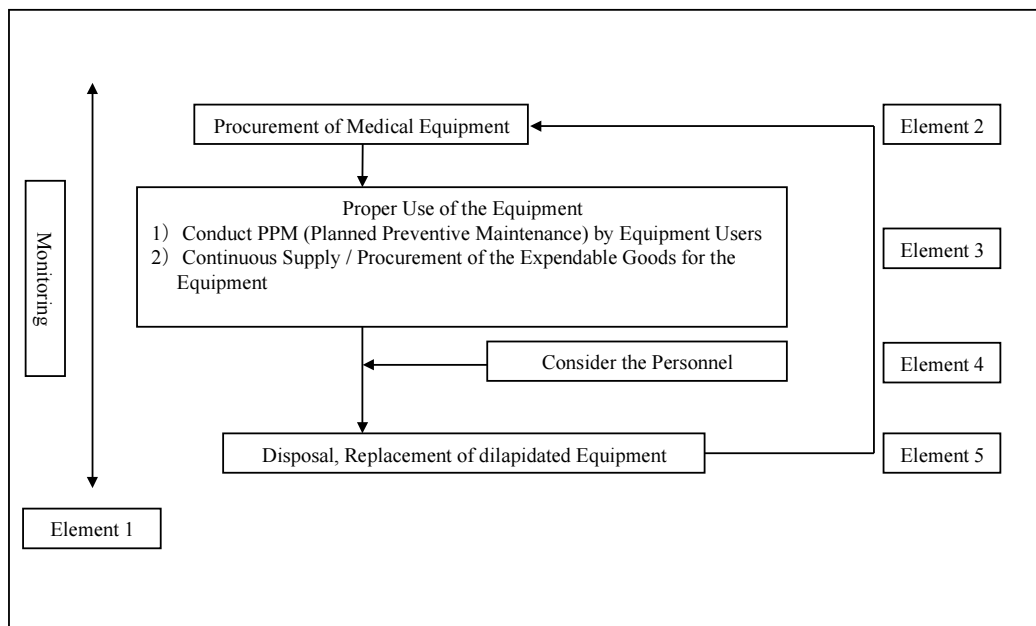


Figure 1 Elements and Flow Related to the Medical Equipment Operation & Management

- **Engineer 2:** Preparing medical equipment maintenance instructions & providing guidance (1 person)

During the first dispatch, Engineer 2 assists in the organization and holding of the seminar and prepares the draft versions of the preventive maintenance manuals for the procured medical equipment. During the second dispatch, he organizes and holds the seminar and performs the demonstration of the preventive maintenance checkup of medical equipment. In order to ensure the appropriate use of these manuals at each medical facility, he practices the introduction of the rules and mechanisms for the centralization of the management of manuals, as well as for ensuring that relevant personnel understand who the person in charge of management is.

6. Method of Procurement of Resources for Implementation

In view of the following points, the engineers performing these activities should be the personnel from the Japanese consultant, because of the following reasons.

Because it is difficult to find the proper personnel to handle the activities in the Ministry of Health and each facility and also the consultant staffs have participated in the two preparatory studies, they have sufficient understanding of the approach to organizational ability enhancement and the operation methods

that are appropriate to the recipient sites. Therefore, they can effectively and efficiently conduct the workshop and the seminar. For this reason, the Japanese consultant directly provides assistance.

7. Implementation Processes (Manpower, Form, Timing, Duration, etc. of Each Work / Term)

The number of engineers should be 2. According to the local work practice, the amount of work should basically be 8 hours a day, 5 days a week. The first dispatch program is conducted after the selection of the contractor procuring medical equipment and the second dispatch program is conducted after the completion of the installation of procured equipment. The duration of each of these programs (first dispatch and second dispatch) is planned to be about 1 month. Because it is important to have the counterpart (relevant hospital personnel who take lead in this activity) develop an awareness of problems and appropriately understand and recognize the importance maintenance of medical equipment, the work in the recipient country is conducted in 2 phases.

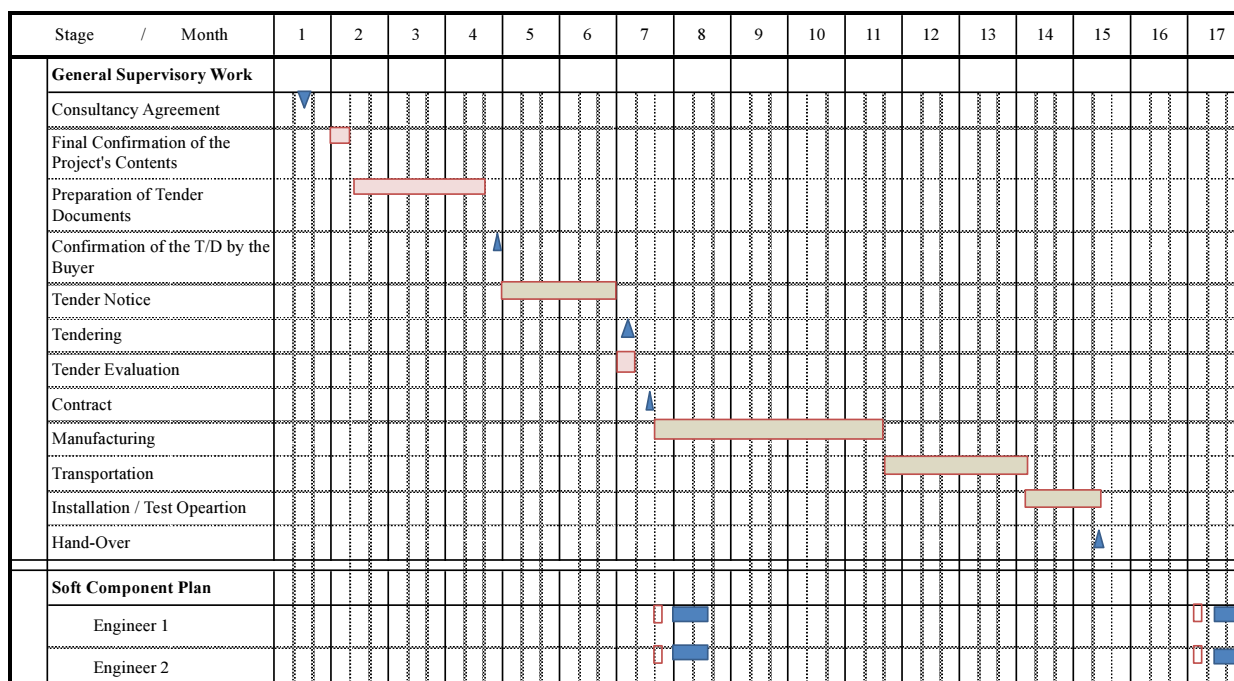


Figure 2 Soft Component Implementation Schedule

8. Outputs from the Soft Component

1) First Stage

- Workshop report (report concerning the names of participants, all “elements” obtained in the workshop, and the details of the process leading to this achievement)
- Report on the requests and proposals concerning the organizational improvement of equipment maintenance (report concerning the matters decided in the workshop and the outline produced)
- Preventive maintenance checkup manuals for medical equipment reflecting the opinions of on-site workers (draft). These are prepared for selected items of medical equipment.

2) Second Stage

- Preventive maintenance checkup manuals (final) and system description documents describing the definition of checkup personnel, the flow of objects and information within the hospital (flow chart), rules, etc.
- Management logbooks (forms for recording information from daily and periodical inspections and logbooks for the consolidation of this information)

9. Responsibility of the Executing Agency in the Recipient Country

The expenditures concerning relevant personnel expected to arise from the workshop, seminar, etc. held at each facility are covered by the Tajikistan side.

Attachment 6-1 : Geological Survey Report-1

Љумхурии ољикистон
Ҷамъияти дорои масъулияти маҳдуди
«Востокстройинвест»

VSI

Republic of Tajikistan
Vostokstroyinvest LLC.

Report on Geotechnical Conditions of the Premises of Shartuz Central District Hospital in Khatlon Oblast

(Excerpt)

September 2012

Person responsible for the survey	S.K. Khodjamurodov
Chief expert	A.R. Ruziev

1. Summary

This Report was created in accordance with contract documents agreed on September 5, 2012, between Vostokstroyinvest LLC., and Daiken Sekkei Inc. It serves as a certificate and written opinion and is based on source materials of the visual inspection of the construction site (conducted on September 8, 2012, including descriptions of the geomorphological or geotechnical properties of the sites); source materials of pit surveys at two points on the premises of the Central District Hospital, and tests and analyses of physical and mechanical properties of the soil; and data on the structures and history of the usage of the buildings on the site. The Report is for detail designing of water towers to be newly constructed as a water supply system for the Central District Hospital.

The purpose of this geological survey is to clarify geo-technological, geological and hydrogeological conditions of the construction site. The survey is compliant with the building standards, and Regulations SNiP 11-02-96 "Engineering Geological Investigations for Construction" and SNiP 11-105-97 "Rules for Engineering Geological Investigations for Construction". The methods of sampling, packing, transporting and storing soils are compliant with the national standard, "GOST 12071-2000". The field surveys on the grounds and laboratory tests were conducted in accordance with the relevant requirements of GOST.

2. Summaries of Surveys and Tests

No.	Type of Survey and Test	Date
1	Visual inspection of the premises of the Central District Hospital for ex-ante evaluation of geotechnical conditions	September 8, 2012
2	Excavation of 2 survey pits: Pit No. 1 (Sh-1) Pit No. 2 (Sh-2)	September 9, 2012 September 9, 2012
3	Sampling of massive soils at each layer for laboratory analyses	September 9, 2012
4	Laboratory tests, data processing and analyses	September 10, 2012
5	Marshaling of the results of the field surveys and laboratory analyses, and creation of the certificate / written opinion (this Report)	September 15, 2012 September 30, 2012

3. Summary of Geotechnical Conditions of the Premises of Central District Hospital

Shartuz District is located in Khatlon Oblast in the southwest area of the Republic of Tajikistan, approximately 200km away from Dushanbe, the capital of the country. The Central District Hospital is sited in the west of the central area of the district. Land on the premises of the hospital and a part of its buildings are shown in Figure 1.

Shartuz District is geomorphologically classified as adyr relief area (gentle foothill landform with dry valleys in the Central Asia) or desert area. The temperature is high in summer and Afganets (hot and dry and dusty wind) frequently blows, which is why the area is foggy. The land is relatively flat and slightly undulated. The district has been long irrigated, and cotton is grown.

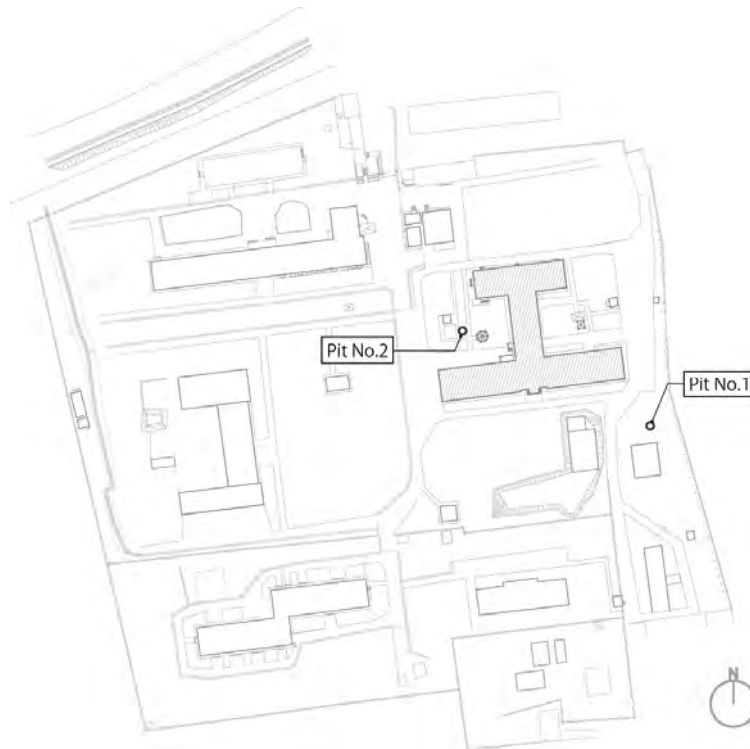
The geological structure of the site mostly consists of a thick layer of fine-grained clay soil. The entire land surface is covered by surface soil of 0.4 - 0.5m in thickness consisting of vegetation and soil. What should be especially noted is that many years of irrigation and malfunction of drains have been

raising the groundwater level in recent years. The seasonally-adjusted depth to the ground water level ranges 3.0 - 4.0m.

The land in Shartuz District which has been known as dry Beshkent lands is susceptible to deformation due to subsidence. On the land, a thick layer of loess is deposited, which is classifiable as "high" in terms of vulnerability to subsidence.

4. Physical and Mechanical Properties of the Soil

Two pits were excavated to investigate the properties of the foundation ground on the premises of Shartuz Central District Hospital. Pit No. 1 (excavated on September 9, 2012) is near the obstetric ward, and Pit No. 2 (excavated on September 9, 2012) is on the premises of the obstetric and pediatric ward. The distance between the pits is approximately 150 m.



depth	Soil density, t/m ³	Natural moisture content, %	Moisture content in dried soil	Liquid limit, %	Plastic limit, %	Porosity	Plasticity index, %	Type and state of soil
1	2	3	4	5	6	7	8	9
Sh-1 1.0m	1.65	12.9	1.46	28.5	20.3	0.85	8.2	Hard loam
Sh-2 2.0m	1.80	22.6	1.47	28.9	20.1	0.84	8.8	Low plasticity loam
Sh-2	1.83	12.5	1.62	28.1	19.8	0.67	8.3	Hard loam

1.0m								
Sh-2 2.0m	1.97	22.2	1.61	28.6	19.6	0.68	9.0	Low plasticity loam

5. Analyses of Data from the Field Surveys and Laboratory Tests

The table clearly shows that the ground on the premises of Shartuz Central District Hospital is an accumulation of fine-grained loess and clay soil with plasticity index of 0.08-0.09, classified to loam. It should be pointed out, however, that data obtained from the pit surveys show that the physical and mechanical properties of the ground near Pit No. 1 differs from those of the ground near Pit No. 2. Attention must be first paid to soil framework density (density of dried soil): for example, survey data from Pit No. 1 shows that the density of dried soil of 2.0 m in depth is 1.46-1.47t/m³, whereas survey data from Pit No. 2 shows that the density is 1.61-1.62 t/m³.

The natural moisture content of soil is also noticeable. Unlike the density, there is little difference among the pits in terms of the natural moisture content of soil of 1.0 m and 2.0 m in depth, which are 12-13% and 22-23%, respectively. The fact that the soil has low natural moisture content and low density when it is dried (1.46-1.47t/m³) means a high porosity, which is a property of the ground vulnerable to subsidence.

Compaction tests with application of the single curve method were conducted to directly confirm the vulnerability to subsidence (See Figure 8). The test results have revealed that the soil at Pit No. 1 of up to 2.0 m in depth is classified as Type-1, that is, a ground that slightly sinks when it is moist. The ground near Pit No. 2 does not easily sink.

According to tables in SNiP 3.02.01-83 "Bases of Buildings and Structures", the strength and deformation properties of the ground on the premises of Shartuz Central District Hospital formulated in the natural process of deposition can be summarized as follows:

Ground near Pit No. 1

- Cohesion..... 18 kPa
- Internal frictional angle.....19°
- Deformation coefficient 11 MPa
- Design bearing capacity of soil 180 kPa (1.8kgf/cm²)

Ground near Pit No. 2

- Cohesion..... 26 kPa
- Internal frictional angle.....21°
- Deformation coefficient 16 MPa
- Design bearing capacity of soil250 kPa (2.5 kgf/cm²)

Classification of the ground in terms of the degree of difficulty in leveling of ground is in conformity to Section 33a (loam) of Table 1.1 in SNiP 1V-2 - 82, and thus may vary depending on the types of

ground-leveling and machinery equipment to be used. In terms of chemical composition, the soil in question is slightly corrosive to concrete and steels of any kind.

The ground is classified into Type 2 in terms of earthquake-resistant design. The design seismic coefficient of land in Shartuz District is a seismic intensity of 7 according to SNiP II-7-81 "Construction in Seismic Area". However, a seismic intensity of 8 is adopted for the premises of the Central District Hospital in light of the geotechnical conditions (vulnerability to submergence and high groundwater level).

5. Conclusions and Recommendations

- 1) The grounds on the premises of Shartuz Central District Hospital is an accumulation of fine-grained clay soil (cohesive soil) such as loess loam. The ground near Pit No. 1 surveyed is prone to softening when it is moist, but the ground near Pit No. 2 is not. At both points, the soil up to 1.0m in depth is hard, and bears low plasticity at a depth of 1.0m and below.

The level of groundwater around Shartuz Central District Hospital is approximately at a depth of 3m from the natural ground surface. The seasonal fluctuation in the groundwater level ranges possibly between 2.5 and 3.3m.

Attachment 6-2 : Geological Survey Report-2

Љумхурии оликистон
Ҷамъияти дорoi масъулияти маҳдуди
«Востокстройинвест»

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Report on Geotechnical Conditions of the Premises of Jomi Central District Hospital in Khatlon Oblast

(Excerpt)

September 2012

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The purpose of this geological survey is to clarify geo-technological, geological and hydrogeological conditions of the construction site. The survey is compliant with the building standards, and Regulations SNIIP 11-02-96 "Engineering Geological Investigations for Construction" and SNIIP 11-105-97 "Rules for Engineering Geological Investigations for Construction". The methods of sampling, packing, transporting and storing soils are compliant with the national standard, "GOST 12071-2000". The field surveys on the grounds and laboratory tests were conducted in accordance with the relevant requirements of GOST.

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3	Sampling of massive soils at each layer for laboratory analyses	September 8, 2012
4	Laboratory tests, data processing and analyses	September 9, 2012 September 12, 2012
5	Marshaling of the results of the field surveys and laboratory analyses, and creation of the certificate / written opinion (this Report)	September 15, 2012 September 20, 2012

3. Summary of Geotechnical Conditions of the Premises of Central District Hospital

Jomi District (formerly Kuibyshev District) is located in Khatlon Oblast in the southern area of the Republic of Tajikistan and is approximately 7-8 km away from a sideroad in Uyaly township on on the Dushanbe - Kurgan-Tyube Road, or approximately 75-80 km away from Dushanbe, the capital of the country. The Central District Hospital, built in the 1980s, is sited at the center of the central area of the district.

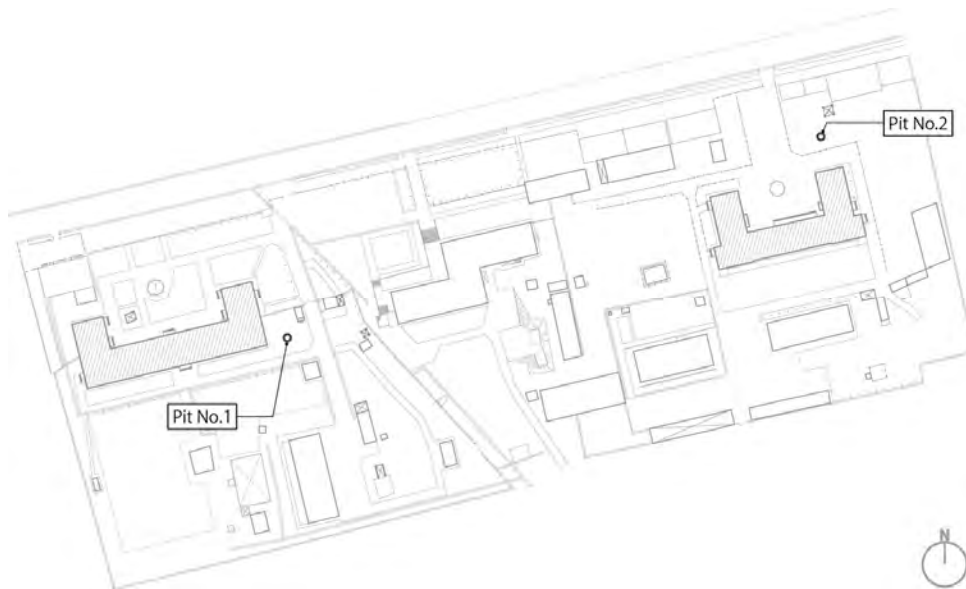
The construction site is geomorphologically classified as valley area; the land is flat and undulates slightly toward southwest. The site has been long irrigated, and chiefly cotton is grown, which requires sprinkling of a large amount of water.

The geological structure of the site mostly consists of sedimentary layers of alluvial and proluvial soils formed in the upper layer in the Fourth period of the geological age, such as fine-grained clay soil. The entire land surface is covered by surface soil of 0.4 - 0.5m in thickness consisting of vegetation and soil. What should be especially noted is

that many years of irrigation and malfunction of drains have been raising the groundwater level. The seasonally-adjusted depth to the ground water level ranges 2.0 - 3.0m. Other than this, beds and lenses, or thin intermediate layers of sandy soil, exist in the area.

4. Physical and Mechanical Properties of the Soil

Two pits were excavated to investigate the properties of the foundation ground on the premises of Jomi Central District Hospital. Pit No. 1 (excavated on September 7, 2012) is at the southwest corner of the obstetric ward near the existing water tower, and Pit No. 2 (excavated on September 8, 2012) is on the premises of the pediatric ward also near the existing water tower. The distance between the pits is approximately 120-150m.



depth	Soil density, t/m ³	Natural moisture content, %	Moisture content in dried soil	Liquid limit, %	Plastic limit, %	Porosity	Plasticity index, %	Type and state of soil	Excavation depth
1	2	3	4	5	6	7	8	9	10
Sh-1 0,8 M	1,80	22,1	1,47	27,8	19,3	0,84	8,5	Loam	Low plasticity
Sh-1 1,7 M	1,86	25,9	1,48	27,9	19,6	0,82	8,3	Loam	Liquid-like plasticity
Sh-2 1,0 M	1,83	23,6	1,48	28,1	19,5	0,87	8,6	Loam	Low plasticity
Sh-2 1,8 M	1,87	25,2	1,49	27,9	19,2	0,86	8,7	Loam	High plasticity

5. Analyses of Data from the Field Surveys and Laboratory Tests

The table clearly shows that the ground on the premises of Jomi Central District Hospital is an accumulation of fine-grained loess and clay soil with plasticity index of 0.08-0.09, classified to loam. Data of the survey on Pit No. 1 show, however, that the soil is not homogenous but the layers consist of fine-grained or fairly fine-grained sand lenses, or intermediate layer. Moreover, two kinds of clay - that is, cohesive soil that is reddish brown loam, and gray sandy soil - are observed in a sample massive soil of not so large in size (0 x 0.3 x 0.3m³). Layers of cohesive soil containing

intermediate layers of sand lenses or sandy soil are also observed below the level of groundwater. The soil at Pit No. 2 has been found to be more homogenous.

The type and properties of the soils are the same at the two pits. The natural moisture fraction of soil is higher at a deeper point: 22-23% at a point of 0.8-1.0m in depth and 25-26% at a point of 1.7-1.8m in depth. The density of dried soil (framework density) is low at 1.47-1.48t/m³, showing a low porosity and a low bearing power. The ground on the premises of Jomi Central District Hospital is identical to that of the entire valley area of A. Jomi District and is not prone to subsidence.

According to tables in SNiP 3.02.01-83 "Bases of Buildings and Structures", the standard strength and deformation properties of the ground in question which was formulated in the natural process of deposition can be summarized as follows:

- Cohesion..... 16 kPa
- Internal frictional angle 16°
- Deformation coefficient 8 MPa
- Design bearing capacity of soil 150 kPa (1.5 kgf/cm²)

Classification of the ground in terms of the degree of difficulty in leveling of ground is in conformity to Section 33a (loam) of Table 1.1 in SNiP 1V-2 - 82, and thus may vary depending on the types of ground-leveling and machinery equipment to be used. In terms of chemical composition, the soil in question is slightly corrosive to concrete and steels of any kind.

The ground is classified into Type 3 in terms of earthquake-resistant design. The design seismic coefficient of land in Jomi District is seismic intensity of 7 according to SNiP II-7-81 "Construction in Seismic Area". However, seismic intensity of 8 is adopted for the premises of the Central District Hospital in light of the geotechnical conditions (fragile ground condition and high groundwater level).

6. Conclusions and Recommendations

1) The grounds on the premises of Jomi Central District Hospital is an accumulation of fine-grained clay soil (cohesive soil) such as loess loam. The layers of reddish brown cohesive soil are formed with lenses or intermediate layers of (finely-grained or fairly finely-grained) gray sand. The soil up to 1.0m in depth bears high plasticity and becomes more liquid at the deeper point. The bearing power is low, and the required bearing power of soil is 150kPa.

2) The level of groundwater around Jomi Central District Hospital is near the ground surface; that is, according to survey data, the levels are 2.1-2.2m in depth at Pit No. 1, and 2.6-2.7m in depth at Pit No. 2. The seasonal fluctuation in the groundwater level ranges possibly between 2.0 and 3.0m.



РАЁСАТИ МОЛИЯИНОҲИЯИ СИНО

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4.01.2013 № 2

Японскому агентству
международного сотрудничества

Финансовое управление района Сино города Душанбе рассмотрев письмо Родильного дома №3 от 2 января 2013 года №1, гарантирует Вам о том, что для содержания и ремонта медицинского оборудования поставляемого за счет гранта Правительства Японии, в 2014-2020 годах выделение средств будет производиться за счет бюджетных и внебюджетных средств данного медицинского учреждения.

Начальник финансового
управления района Сино



Султонов Ф.К.

(Reference Translation from Russian to English)

Attention: Japan International Cooperation Agency

As for the grant aid assistance from Japanese Government related to the our hospital, we, Maternity Hospital No. 3 in Dushanbe promises to allocate necessary operation and maintenance costs for the planned medical equipment based on the attached details.

4 January 2013

Director

Maternity Hospital No. 3 in Dushanbe



ИСПОЛНИТЕЛЬНЫЙ ОРГАН ГОСУДАРСТВЕННОЙ ВЛАСТИ ХАКЛОНСКОЙ ОБЛАСТИ
ОБЛАСТНАЯ КЛИНИЧЕСКАЯ БОЛЬНИЦА ИМ. Б. ВАХИДОВ

Бохгарский район сельсовет Бустоикалга

тел. 2-30-63

№ 34/5 от « 25 » 10/12 г.

Японскому агенту
международного
сотрудничества

По реализации Проекта безвозмездной помощи Правительства Японии, главный врач Хаглонской областной больницы гарантирует завершение выравнивание проектной площадки для установки генератора к концу 2013 года. Главный врач также гарантирует, что расходы для надлежащей эксплуатации и содержания медицинского оборудования, поставляемого в Хаглонской областной больнице, будут покрыты бюджетом. Подробности сметных расчетов расходов приведена в приложении.

Главный врач Хаглонской
Областной клинической
больницы им. Б. Вахидова



Назаров Ф.Н

(Reference Translation from Russian to English)

Attention: Japan International Cooperation Agency

As for the grant aid assistance from Japanese Government related to the our hospital, we, Khatlon Provincial Hospital promises to finish the land preparation and leveling of planned construction site for install the new back-up generator until the end of 2013.

And we Khatlon Provincial Hospital also allocates necessary operation and maintenance costs of the medical equipment and back-up generator based on the attached details.

25 December 2012

Director

Khatlon Provincial Hospital

Расходы, которые несет таджикская сторона (единица: Сомони)

Название больницы		Ф.г.	2013	2014	2015	2016	2017	2018	2019	2020
1	ВКС									
	ЦРБ Шаартузского района	Подготовка и выравнивание площадки для устройства ВКС	12,330	-	-	-	-	-	-	-
		Содержание ВКС	-	-	2,450	2,450	2,450	2,450	2,450	2,450
	ЦРТ района Джоми	Подготовка и выравнивание площадки для устройства ВКС	83,370	-	-	-	-	-	-	-
		Содержание ВКС	-	-	5,770	5,770	5,770	5,770	5,770	5,770
	Хатлонская областная больница	Подготовка и выравнивание площадки для устройства генератора	4,700	-	-	-	-	-	-	-
2	Медицинская аппаратура									
	Родильный дом №3	Эксплуатация и техническое обслуживание	-	79,845	159,690	159,690	159,690	159,690	159,690	159,690
	Хатлонская областная больница	Эксплуатация и техническое обслуживание	-	28,870	57,740	57,740	57,740	57,740	177,740	57,740
	Номерные больницы (5 больниц)	Эксплуатация и техническое обслуживание	-	14,550	29,100	29,100	29,100	29,100	29,100	29,100
3	Другие расходы, покрываемые Минздравом	Оплата выдачи АР (платежного поручения)	700	-	-	-	-	-	-	-
		Комиссия на выплату вознаграждения	7,410	28,560	-	-	-	-	-	-

Роддом №3 в городе Душанбе

Медоборудование	Контракт на сервисные услуги Годовые расходы (Сомони)	Кол-во	Заласные части			Расходные материалы			Общий итог (Сомони)
			Наименование	Единица (Сомони)	Общая сумма (Сомони)	Наименование	Единица (Сомони)	Общая сумма (Сомони)	
1 Дефибрилятор	5,000	1	Кабель для пациента	1,800	1,800	Бумажная регистрационная лента и др	2,790	2,790	13,590
2 Система контроля состояния пациента	5,000	9	Кабель для пациента	2,500	22,500	Бумажная регистрационная лента, электрод	3,030	27,270	55,770
3 Система контроля состояния новорожденных	5,000	2	Кабель для пациента	2,500	5,000	Бумажная регистрационная лента, манжета	3,350	6,660	17,660
4 УЗИ сканер	5,000	2	Нет	0	0	Гель	160	320	9,320
5 УЗИ сканер (портативный)	5,000	4	Нет	0	0	Гель	140	560	6,560
6 Кардиотокограф (КТГ)	6,000	3	Кабель для пациента	1,500	4,500	Бумажная регистрационная лента, гель	1,540	4,620	15,120
7 Модуль фототерапии	0	2	Нет	0	0	Люминесцентная трубка, маска для глаза	770	1,540	1,540
8 Кольпоскоп	0	1	Нет	0	0	Галогенная лампа	260	260	260
9 Инфузионный насос	3,500	2	Нет	0	0	Инфузионный набор	1,010	2,020	5,520
10 Линомат	3,500	4	Нет	0	0	Удлинительная трубка, шприц	2,250	9,040	12,540
11 Инкубатор для новорожденных	0	3	Обогреватель	2,800	8,400	Фильтр	340	1,020	9,420
12 Биноккулярный микроскоп	0	2	Нет	0	0	Галогенная лампа, масло	480	960	960
13 Спектрофотоматр	9,000	1	Галогенная лампа	500	500	Бумажная регистрационная лента	160	160	9,660
14 Центрифуга	0	1	Нет	0	0	Ампулы для образцов	170	170	170
15 Центрифуга (геоматричная)	0	1	Нет	0	0	Калиллярная трубка	1,600	1,600	1,600
								Общий итог	159,690

№4 УЗИ сканер:

Необходимо заранее предусмотреть в бюджете средства на приобретение датчиков (60 000 сомони x 2) каждый 5 лет.

№5 УЗИ сканер (портативный):

Необходимо заранее предусмотреть в бюджете средств на приобретение датчиков (60 000 сомони x 4) каждый 5 лет.

Хатлонская областная больница

Медоборудование	Контракт на сервисные услуги Годовые расходы (Сомони)	Кол-во	Заласные части			Расходные материалы			Общий итог (Сомони)
			Наименование	Единица (Сомони)	Общая сумма (Сомони)	Наименование	Единица (Сомони)	Общая сумма (Сомони)	
1 Система контроля состояния новорожденного	6,000	3	Кабель для пациента	2,500	7,500	Бумажная регистрационная лента, манжета	3,350	9,990	23,490
2 УЗИ сканер	6,000	2	Нет	0	0	Гель	160	320	6,320
3 Модуль фототерапии	0	2	Нет	0	0	Люминесцентная трубка, маска для глаза	770	1,540	1,540
4 Инфузионный насос	3,500	3	Нет	0	0	Инфузионный набор	1,010	3,030	6,530
5 Инкубатор для новорожденных	0	2	Обогреватель	1,800	3,600	Фильтр	340	680	7,480
6 Генератор (А)	12,000	1	Ремень	2,000	2,000	Фильтры	1,360	1,360	15,360
								Общий итог	57,740

№2 УЗИ сканер

Необходимо заранее предусмотреть в бюджете средства на приобретение датчиков (60 000 сомони x 2) каждый 5 лет.

Номерные больницы

Медоборудование	Контракт на сервисные услуги Годовые расходы (Сомони)	Кол-во	Заласные части			Расходные материалы			Общий итог (Сомони)
			Наименование	Единица (Сомони)	Общая сумма (Сомони)	Наименование	Единица (Сомони)	Общая сумма (Сомони)	
1 Сагитальный доплер	0	5	Нет	0	0	Гель	60	300	300
2 Генератор (В)	22,000	5	Ремень	2,000	10,000	Фильтр	1,360	6,800	28,800
								Общий итог	29,100

Примечание

Выше приведены сметные расходы на эксплуатацию и техническое обслуживание. В случае повышения расходов по ходу эксплуатации оборудования, Таджикистан сторона будет обеспечивать их надлежащим образом.

Costs covered by Tajikistan Side (unit: Somoni)

	Hospital	FY	2013	2014	2015	2016	2017	2018	2019	2020
1	Water Supply and Drainage									
	Shartuz Central Hospital	Land preparation and leveling	12,330							
		Maintenance			2,450	2,450	2,450	2,450	2,450	2,450
	Jomi Central Hospital	Land preparation and leveling	83,370	-	-	-	-	-	-	-
		Maintenance	-	-	5,770	5,770	5,770	5,770	5,770	5,770
	Khatlon Oblast Hospital	Land preparation and leveling	4,700	-	-	-	-	-	-	-
2	Medical Equipment									
	Maternity Hospital No. 3	Operation & Maintenance		79,845	159,690	159,690	159,690	159,690	519,690	159,690
	Khatlon Oblast Hospital	Operation & Maintenance		25,710	51,420	51,420	51,420	51,420	171,420	51,420
	Number Hospital (5 Facilities)	Operation & Maintenance		14,550	29,100	29,100	29,100	29,100	29,100	29,100
3	Others (Covered by MOH)	AP Advising Commissions	700							
		Charges for Payment	7,410	28,560						

Remark: The costs shown above are estimated operation and maintenance expenses. If exceed these estimated costs under ordinary usage of the equipment, it is required for Tajikistan side to secure the costs properly.

Maternity Hospital No. 3, Dushanbe

Equipment	Service Contract Annual (Smon)	Q'ty	Spare Parts			Consumables			Total (Smon)
			Name	Unit (Smon)	Amount (Smon)	Name	Unit (Smon)	Amount (Smon)	
Defibrillator	9,000	1	Patient cable	1,800	1,800	Recording paper, etc	2,790	2,790	13,590
Patient Monitor	6,000	9	Patient cable	2,500	22,500	Recording paper, electrode	3,030	27,270	55,770
Neonatal Monitor	6,000	2	Patient cable	2,500	5,000	Recording paper, cuf	3,330	6,660	17,660
Ultrasound Scanner	9,000	2	Nil	0	0	Jel	160	320	9,320
Ultrasound Scanner (Portable)	6,000	4	Nil	0	0	Jel	140	560	6,560
Cardiotocograph (CTG)	6,000	3	patient Cable	1,500	4,500	Recording paper, Jel	1,540	4,620	15,120
Phototherapy Unit	0	2	Nil	0	0	Fluorscent light, eyemask	770	1,540	1,540
Colposcope	0	1	Nil	0	0	Halogen lamp	260	260	260
Infusion Pump	3,500	2	Nil	0	0	Infusion set	1,010	2,020	5,520
Syringe Pump	3,500	4	Nil	0	0	Extnsion tube, syringe	2,260	9,040	12,540
Infant Incubator	0	3	Heater	2,800	8,400	Filter	340	1,020	9,420
Binocular Microscope	0	2	Nil	0	0	Halogen lamp, oil	480	960	960
Spectrophotomer	9,000	1	Halogen lamp	500	500	Recording paper,	160	160	9,660
Centrifuge	0	1	Nil	0	0	Test tubes	170	170	170
Centrifuge (Hematcrit)	0	1	Nil	0	0	Capillary tubes, etc	1,600	1,600	1,600
								Total	159,690

No.4:Ultrasound Scanner Cost of the Probe (60,000Somonix2pcs) as a spare part should allocate every 5 years.

No.5:Ultrasound Scanner (Portable) Cost of the Probe (60,000Somonix4pcs) as a spare part should allocate every 5 years.

Hatlon Oblast Hospital

Equipment	Service Contract Annual (Smon)	Q'ty	Spare Parts			Consumables			Total (Smon)
			Name	Unit (Smon)	Amount (Smon)	Name	Unit (Smon)	Amount (Smon)	
Neonatal Monitor	6,000	3	Patient cable	2,500	7,500	Recording paper, cuf	3,330	9,990	23,490
Ultrasound Scanner	6,000	2	Nil	0	0	Jel	160	320	6,320
Phototherapy Unit	0	2	Nil	0	0	Fluorscent light, eyemask	770	1,540	1,540
Infusion Pump	3,500	5	Nil	0	0	Infusion set	1,010	5,050	8,550
Infant Incubator	0	2	Heater	1,800	3,600	Filter	340	680	2,480
Generator (A)	12,000	1	Belt	2,000	2,000	Filters	1,360	1,360	15,360
								Total	57,740

No.2:Ultrasound Scanner Cost of the Probe (60,000Somonix2pcs) as a spare part should allocate every 5 years.

Number Hospitals

Equipment	Service Contract Annual (Smon)	Q'ty	Spare Parts			Consumables			Total (Smon)
			Name	Unit (Smon)	Amount (Smon)	Name	Unit (Smon)	Amount (Smon)	
Fetal Doppler	0	5	Nil	0	0	Jel	60	300	300
Generator (B)	12,000	5	Belt	2,000	10,000	Filters	1,360	6,800	28,800
								Total	29,100

Remark: The costs shown above are estimated operation and maintenance expenses. If exceed these estimated costs under ordinary usage of the equipment, it is required for Tajikistan side to secure the costs properly.



ҶУМҲУРИИ ТОҶИКИСТОН
ВИЛОЯТИ ХАТЛОН
РАИСИ НОҲИЯИ ҶАЛОЛИДДИНИ РУМӢ

735200, ноҳияи Ҷалолiddини Румӣ, шаҳраки С. Исоев, кӯчаи Тугалатг, 6, тел.: 8 (3247) 4-33-55,
факс: 8 (3247) 4-44-55, сомонаи расмӣ: www.jaloliddinrumi.tj, суроғи электронӣ: info@jaloliddinrumi.tj

№ 1/995 аз « 24 » 12 соли 2012

Ба гурӯҳи кории
ташкилоти «Ҷайка»

Мақомоти иҷроияи ҳокимияти давлатии ноҳияи Ҷалолiddини Румӣ барои ҳамкориҳои пайваста ба Шумо миннатдорӣ баён намуда, омодагии худро бобати нигоҳдорӣ ва истифодабарии мақсадноки асбобҳои тиббӣ, ки ба беморхонаҳои ноҳия пешниҳод менамояд, тасдиқ мекунанд.

Дар соли 2014 маблағи 10620 сомонӣ ҷудо гардида, минбаъд низ дар сурати зарурат доштан аз бучети маҳаллӣ маблағи зарурӣ барои 21 номгӯи асбобҳо – миз барои муоина, кати функционалӣ барои зоиш, термометр, стетофонендоскоп бо куббачаҳои дутарафа, сфигмоманометр-анероид, ҷароғаки тиббӣ, тарозуи механикӣ барои калонсолон, кадченкунак барои навзодон, кадченкунак, кати статсионарӣ, кювез (барои навзодон), термометри хонагӣ, штатив барои ҷаконидан ба дохили рағҳои варид (барои 4 доручаконак), каталка, фесгали доплерӣ, маҷмӯи асбобҳо барои қабули зоиш, тамъизкунак, маҷмӯи асбобҳо барои гузаронидани эҳъёгарии ибтидоии навзодон, маҷмӯи асбобҳо барои эҳъёгарии кӯдакон ва генератор ҷудо карда мешавад.

Бо камоли эҳтиром,

Раиси ноҳияи
Ҷалолiddини Румӣ

А. Холов

REPUBLIC OF TAJIKISTAN
KHATLON REGION
THE GOVERNOR OF JALOLIDDINI RUMI DISTRICT

Jaloliddini Rumi district 735200, administrative center S. Isoev, Tugalang 6 str., Tel: 8 (3247) 4-33-55/ Fax: 8 (3247) 4-44-53/ Web page:
www.jaloliddinirumi.tj/E-mail: info@jaloliddinirumi.tj

Outgoing number # 1/995
Date: 24.12.2012

Addressee: The working Group of JICA

Executive board of governmental authority of Jaloliddini Rumi district expresses gratitude for your cooperation and affirms its preparedness in respect of maintenance and designated usage of medical equipment being offered by you to hospitals of the district.

For the year of 2014 an amount of 10.620TJS has been allocated and henceforth required amount will upon condition of necessity be allocated from the local budget for 21 items of equipment:

1. Gynecological Examination Table
2. Bed for Delivery Use
3. Clinical Thermometer
4. Stethoscope (Double Head)
5. Sphygmomanometer (Aneroid type)
6. Examination Light
7. Weighting Scale (for Adult)
8. Baby Scale (for Infant)
9. Height Scale (for Infant)
10. Height Scale (for Pediatric to Adult)
11. Patient Bed (for Adult)

12. Cot (for Neonate)
13. Room Temperature Meter
14. IV Pole Stand
15. Instrument Trolley
16. Fetal Doppler, Manual
17. Delivery Instrument Set
18. Hot Air Sterilizer
19. Emergency Kit (for Newborn)
20. Emergency Kit (for Pediatric)
21. Generator (A)

Yours faithfully,

The governor of J. Rumi district
Mr. Kholov A.

БАЗОВАТА ТАНДРУУСТЫН
 ЧУМБУРИН ТОНДРУУСТЫН
 БИНОУАНОУАЛААНИ
 ХОУНОН АН-УУАХУАНИ ТАНДИ
 ОНГ ИХ ХОУНОН
 ДИИЕТРИ ТАНДРУУСТЫН
 НЕСОУАНИ ТАНДРУУСТЫН
 ЦРБ АСУУ АНХАА ДУУСА
 УАТБОЛООН ОНГ

№ 60
 145 12 2012

Японскому агенту международного сотрудничества

По реализации Проекта безвозмездной помощи Правительства Японии, главный врач Центральной районной больницы района Джоми гарантирует завершение выравнивания проектной площадки для устройства водопроводно-канализационной системы к концу 2013 года и бюджетное обеспечение расходов на содержание водопроводно-канализационной системы, возникающих после 2015 финансового года. Главный врач также гарантирует, что расходы на надлежащей эксплуатации и содержание медицинского оборудования и генератора, поставляемого в номерных больницах №1 (Мехнат) и №3 (Курбонов), находящихся под управлением ЦРБ, будут покрыты бюджетом.

Подробность сметных расчетов расходов приведена в приложении.



Декабря 2012 г.

Главный врач ЦРБ района Джоми

[Handwritten signature]

(Reference Translation from Russian to English)

Attention: Japan International Cooperation Agency

As for the grant aid assistance from Japanese Government related to the our hospital, we, Jomi Central District Hospital promises to finish the land preparation and leveling of planned construction site until the end of 2013, as well as to secure the maintenance budget which is required to be allocate from the year of 2015.

And we Jomi Hospital also allocates necessary operation and maintenance costs of the medical equipment and back-up generators for the number hospitals (Mehnat and Kurbonov) which are administrated by the district government.

25 December 2012

Director

Jomi Central District Hospital

Расходы, которые несет таджикская сторона (единица: Сомони)

Название больницы		Ф.г.	2013	2014	2015	2016	2017	2018	2019	2020
1	ВКС									
	ЦРБ Шаартузского района	Подготовка и выравнивание площади для устройства ВКС	12,330	-	-	-	-	-	-	-
		Содержание ВКС	-	-	2,450	2,450	2,450	2,450	2,450	2,450
	ЦРТ района Джоми	Подготовка и выравнивание площади для устройства ВКС	83,370	-	-	-	-	-	-	-
		Содержание ВКС	-	-	5,770	5,770	5,770	5,770	5,770	5,770
	Хатлонская областная больница	Подготовка и выравнивание площади для устройства генератора	4,700	-	-	-	-	-	-	-
2	Медицинская аппаратура									
	Родильный дом №3	Эксплуатация и техническое обслуживание	-	79,845	159,690	159,690	159,690	159,690	519,690	159,690
	Хатлонская областная больница	Эксплуатация и техническое обслуживание	-	28,870	57,740	57,740	57,740	57,740	177,740	57,740
	Номерные больницы (5 больниц)	Эксплуатация и техническое обслуживание	-	14,550	29,100	29,100	29,100	29,100	29,100	29,100
3	Другие расходы, покрываемые Минздравом	Оплата выдачи АР (платежного поручения)	700	-	-	-	-	-	-	-
		Комиссия на выплату вознаграждения	7,410	28,560	-	-	-	-	-	-

Роддом №3 в городе Душанбе

Медоборудование	Контракт на сервисные услуги Годовые расходы (Сомони)	Коп-во	Запасные части			Расходные материалы			Общий итог (Сомони)
			Наименование	Единица (Сомони)	Общая сумма (Сомони)	Наименование	Единица (Сомони)	Общая сумма (Сомони)	
1 Дефибрилятор	9,000	1	Кабель для пациента	1,800	1,800	Бумажная регистрационная лента и др.	2,790	2,790	13,590
2 Система контроля состояния пацие нт	6,000	6	Кабель для пациента	2,500	22,500	Бумажная регистрационная лента, элек трод	2,030	27,270	55,770
3 Система контроля состояния новорожденного	6,000	2	Кабель для пациента	2,500	5,000	Бумажная регистрационная лента ман жета	3,330	6,660	17,000
4 УЗИ сканер	6,000	2	Нет	0	0	Гель	160	320	9,320
5 УЗИ сканер (портативный)	6,000	4	Нет	0	0	Гель	140	560	6,560
6 Кардиотокограф (КТГ)	6,000	3	Кабель для пациента	1,500	4,500	Бумажная регистрационная лента гель	1,540	4,620	16,120
7 Модуль фототерапии	0	2	Нет	0	0	Люминесцентная трубка, маска для глаза	770	1,540	1,540
8 Кольпоскоп	0	1	Нет	0	0	Газоленная лампа	260	260	260
9 Инфузионный насос	3,500	2	Нет	0	0	Инфузионный набор	1,010	2,020	5,520
10 Лигеомат	2,500	4	Нет	0	0	Удлинительная трубка, шприц	2,260	3,040	12,540
11 Инкубатор для новорожденных	0	3	Обогреватель	2,600	7,800	Фильтр	340	1,020	9,420
12 Винокулярный микроскоп	0	2	Нет	0	0	Газоленная лампа, масло	480	960	960
13 Спектросфотометр	9,000	1	Газоленная лампа	500	500	Бумажная регистрационная лента	160	160	9,600
14 Центрифуга	0	1	Нет	0	0	Ампулы для образцов	170	170	170
15 Центрифуга (гематокритная)	0	1	Нет	0	0	Капиллярная трубка	1,600	1,600	1,600
							Общий итог		159,660

№4 УЗИ сканер:

Необходимо заранее предусмотреть в бюджете средства на приобретение датчиков (60 000 сомони x 2) каждый 5 лет.

№5 УЗИ сканер (портативный)

Необходимо заранее предусмотреть в бюджете средства на приобретение датчиков (60 000 сомони x 4) каждый 5 лет.

Хатлонская областная больница

Медоборудование	Контракт на сервисные услуги Годовые расходы (Сомони)	Коп-во	Запасные части			Расходные материалы			Общий итог (Сомони)
			Наименование	Единица (Сомони)	Общая сумма (Сомони)	Наименование	Единица (Сомони)	Общая сумма (Сомони)	
1 Система контроля состояния новорожденного	6,000	3	Кабель для пациента	2,500	7,500	Бумажная регистрационная лента, манжета	3,330	9,990	23,490
2 УЗИ сканер	6,000	2	Нет	0	0	Гель	160	320	6,320
3 Модуль фототерапии	0	2	Нет	0	0	Люминесцентная трубка, маска для глаза	770	1,540	1,540
4 Инфузионный насос	2,500	5	Нет	0	0	Инфузионный набор	1,010	5,050	8,550
5 Инкубатор для новорожденных	0	2	Обогреватель	1,500	3,000	Фильтр	240	480	2,480
6 Генератор (А)	12,000	1	Ремень	2,000	2,000	Фильтры	1,360	1,360	15,360
							Общий итог		57,740

№2 УЗИ сканер:

Необходимо заранее предусмотреть в бюджете средства на приобретение датчиков (50 000 сомони x 2) каждый 5 лет.

Чумерные больницы

Медоборудование	Контракт на сервисные услуги Годовые расходы (Сомони)	Коп-во	Запасные части			Расходные материалы			Общий итог (Сомони)
			Наименование	Единица (Сомони)	Общая сумма (Сомони)	Наименование	Единица (Сомони)	Общая сумма (Сомони)	
1 Фетальный доплер	0	5	Нет	0	0	Гель	30	300	300
2 Генератор (В)	12,000	5	Ремень	2,000	10,000	Фильтр	1,360	6,800	28,800
							Общий итог		29,100

Примечание:

Виде проведены сметные расходы на эксплуатацию и техническое обслуживание. В случае увеличения расхода по ходу эксплуатации оборудования, таджикская сторона будет обеспечивать их надлежащим образом.

Costs covered by Tajikistan Side (unit: Somoni)

Hospital		FY	2013	2014	2015	2016	2017	2018	2019	2020
Water Supply and Drainage										
1	Shartuz Central Hospital	Land preparation and leveling	12,330							
		Maintenance			2,450	2,450	2,450	2,450	2,450	2,450
	Jomi Central Hospital	Land preparation and leveling	83,370	-	-	-	-	-	-	-
		Maintenance	-	-	5,770	5,770	5,770	5,770	5,770	5,770
Khatlon Oblast Hospital	Land preparation and leveling	4,700	-	-	-	-	-	-	-	
Medical Equipment										
2	Maternity Hospital No. 3	Operation & Maintenance		79,845	159,690	159,690	159,690	159,690	519,690	159,690
	Khatlon Oblast Hospital	Operation & Maintenance		25,710	51,420	51,420	51,420	51,420	171,420	51,420
	Number Hospital (5 Facilities)	Operation & Maintenance		14,550	29,100	29,100	29,100	29,100	29,100	29,100
3	Others (Covered by MOH)	AP Advising Commissions	700							
		Charges for Payment	7,410	28,560						

Remark: The costs shown above are estimated operation and maintenance expenses. If exceed these estimated costs under ordinary usage of the equipment, it is required for Tajikistan side to secure the costs properly.

Maternity Hospital No. 3, Dushanbe

Equipment	Service Contract Annual (Smon)	Q'ty	Spare Parts			Consumables			Total (Smon)
			Name	Unit (Smon)	Amount (Smon)	Name	Unit (Smon)	Amount (Smon)	
Defibrillator	9,000	1	Patient cable	1,800	1,800	Recording paper, etc	2,790	2,790	13,590
Patient Monitor	6,000	9	Patient cable	2,500	22,500	Reoording paper, electrode	3,030	27,270	55,770
Neonatal Monitor	6,000	2	Patient cable	2,500	5,000	Reoording paper, cuf	3,330	6,660	17,660
Ultrasound Scanner	9,000	2	Nil	0	0	Jel	160	320	9,320
Ultrasound Scanner (Portable)	6,000	4	Nil	0	0	Jel	140	560	6,560
Cardiotocograph (CTG)	6,000	3	patient Cable	1,500	4,500	Reoording paper, Jel	1,540	4,620	15,120
Phototherapy Unit	0	2	Nil	0	0	Fluorscent light, eyemask	770	1,540	1,540
Colposcope	0	1	Nil	0	0	Halogen lamp	260	260	260
Infusion Pump	3,500	2	Nil	0	0	Infusion set	1,010	2,020	5,520
Syringe Pump	3,500	4	Nil	0	0	Extnsion tube, syringe	2,260	9,040	12,540
Infant Incubator	0	3	Heater	2,800	8,400	Filter	340	1,020	9,420
Binocular Microscope	0	2	Nil	0	0	Halogen lamp, oil	480	960	960
Spectrophotomer	9,000	1	Halogen lamp	500	500	Reoording paper,	160	160	9,660
Centrifuge	0	1	Nil	0	0	Test tubos	170	170	170
Centrifuge (Hematrit)	0	1	Nil	0	0	Capillary tubes, etc	1,600	1,600	1,600
								Total	159,690

No.4:Ultrasound Scanner Cost of the Probe (60,000Somonix2pcs) as a spare part should allocate every 5 years.

No.5:Ultrasound Scanner (Portable) Cost of the Probe (60,000Somonix4pcs) as a spare part should allocate every 5 years.

Hatlon Oblast Hospital

Equipment	Service Contract Annual (Smon)	Q'ty	Spare Parts			Consumables			Total (Smon)
			Name	Unit (Smon)	Amount (Smon)	Name	Unit (Smon)	Amount (Smon)	
Neonatal Monitor	6,000	3	Patient cable	2,500	7,500	Recording paper, cuf	3,330	9,990	23,490
Ultrasound Scanner	6,000	2	Nil	0	0	Jel	160	320	6,320
Phototherapy Unit	0	2	Nil	0	0	Fluorscent light, eyemask	770	1,540	1,540
Infusion Pump	3,500	5	Nil	0	0	Infusion set	1,010	5,050	8,550
Infant Incubator	0	2	Heater	1,800	3,600	Filter	340	680	2,480
Generator (A)	12,000	1	Belt	2,000	2,000	Filters	1,360	1,360	15,360
								Total	57,740

No.2:Ultrasound Scanner Cost of the Probe (60,000Somonix2pcs) as a spare part should allocate every 5 years.

Number Hospitals

Equipment	Service Contract Annual (Smon)	Q'ty	Spare Parts			Consumables			Total (Smon)
			Name	Unit (Smon)	Amount (Smon)	Name	Unit (Smon)	Amount (Smon)	
Fetal Doppler	0	5	Nil	0	0	Jel	60	300	300
Generator (B)	12,000	5	Belt	2,000	10,000	Filters	1,360	6,800	28,800
								Total	29,100

Remark: The costs shown above are estimated operation and maintenance expenses. If exceed these estimated costs under ordinary usage of the equipment, it is required for Tajikistan side to secure the costs properly.