

Annex 11: List of Equipment for Dhaka Shishu Hospital

Sl.No.	Name of Equipment	Qts.
1	Echo Color Doppler	1
2	Portable Echo Doppler	1
3	Defibrillator Machine	2
4	Patient Monitor with IBP	4
5	Injector Monitor	1
6	Bipolar Diathermy Machine	2
7	Anaesthesia with Ventilator machine	1
8	Autoclave Unit/Plasma	1
9	Vaccume Suction Machine	6
10	Blood Gas Analyzer	1
11	Patient Monitor for CCU	6
12	Patient Monitor for ICU	6
13	Ventilator Machine for ICU	6
14	Syringe Pump for ICU & CCU	6
15	Air Cooler for ICU & CCU	3
16	ECG Machine	2
17	Infant Incubator	3
18	Infant Resuscitator/Open care	3
Dhaka Shishu Thalassemia Prevention Program		
19	Haematology Analyser	1
20	Variant H Beta thalassemia (HPLC)	1
21	Real time PCR	1
22	Nano Spectrophotometer	1
23	Thermal cyler	1
24	Sequencer	3
25	Electro balance (0.0001 gm)	1
26	Micro centrifuge machine (Uptp 18000 RPM)	1
27	Microscope	2

Source: Letter for procurement of equipment from Dhaka Schishu Hospital to JICA, 2013

Procurement Plan of Maternal, Neonatal Child and Adolescent Health (MNC&AH)-for 2012-2013

Directorate General of Health Services

ANNUAL PROCUREMENT PLAN 2012-2013

Procurement Plan of Maternal, Neonatal, Child and Adolescent Health (MNC&AH)

Ministry/Division	Ministry of Health & Family Welfare	
Agency	Directorate General of Health Services	
Procuring Entry Name & Code	Line Director, Mternal, Neonatal, Child and Adolescent Health	Code No.5050
Project / Programme Name & Code	Maternal, Neonatal, Child and Adolescent Health	Code No.5-2711-5050

Sl.No.	Name of Contract	Quantity
1	2	3
B. New Procurement Duruing FY 2012-2013		
1	Dexone Suture Material (Size:1/0)	9,860
	Sub Total (Consumable Stores)	
1	Plus Oxymetter	50
2	Povisep iodine solution (100ml/each)	5,000
3	Tape Measure, vinyl coated fibre glass 1.5m/5	200
4	Gloves Surgeon latex rubber, sterile, size 6.5 7 & 7.5 disposable	5,000
5	CS Sets	100
6	Spinal Needle-size 25G	15,000
7	Spinal Needle-size 23G	5,000
1	Delievry Sets	100
	Sub Total (MSR)	
1	Generator 10 KVA	30
2	Diathermy Machine Automatic (Electrocautery)	13
3	Autoclave (small size)	24
4	Light Emergency standby	50

Procurement Plan of Maternal, Neonatal, Child and Adolescent Health (MNC&AH)-for 2013-2014

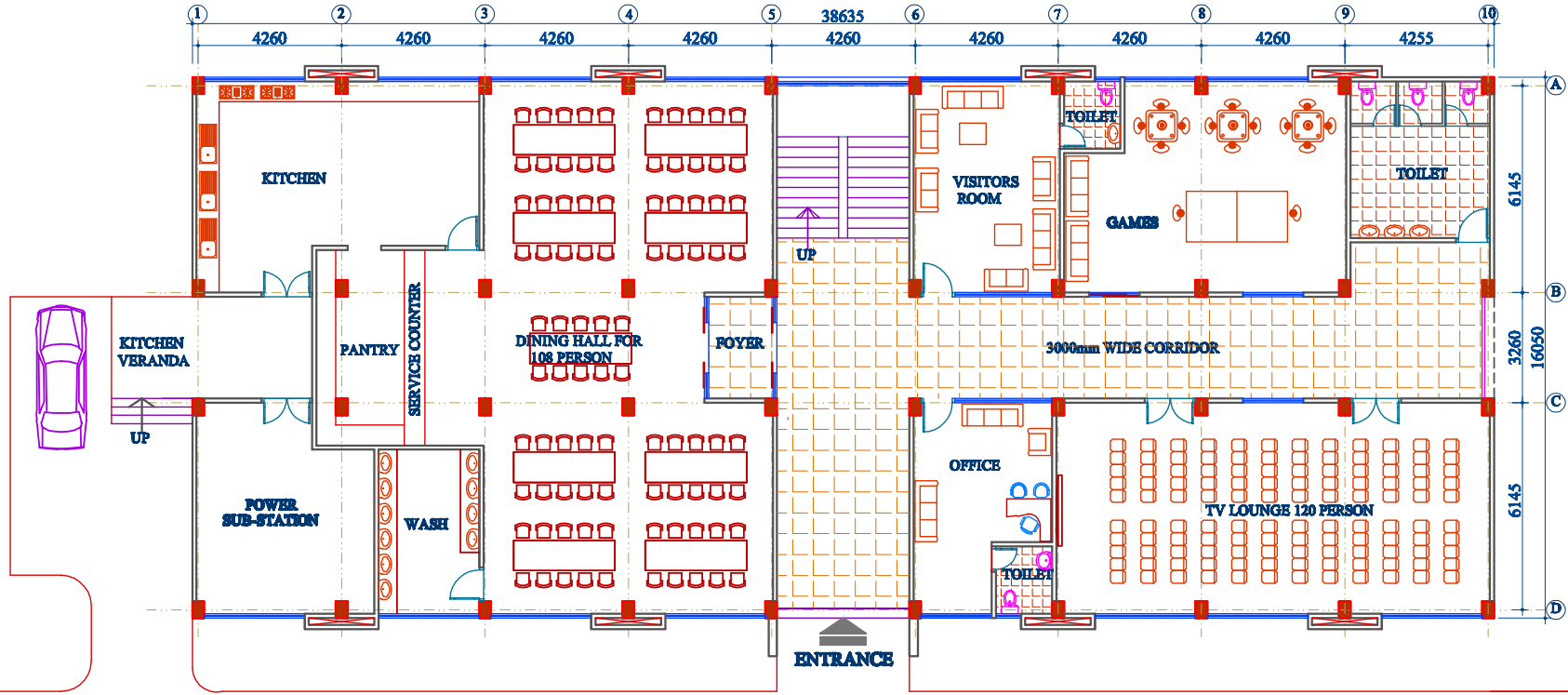
Directorate General of Health Services

ANNUAL PROCUREMENT PLAN 2013-2014

Procurement Plan of Maternal, Neonatal, Child and Adolescent Health (MNC&AH)

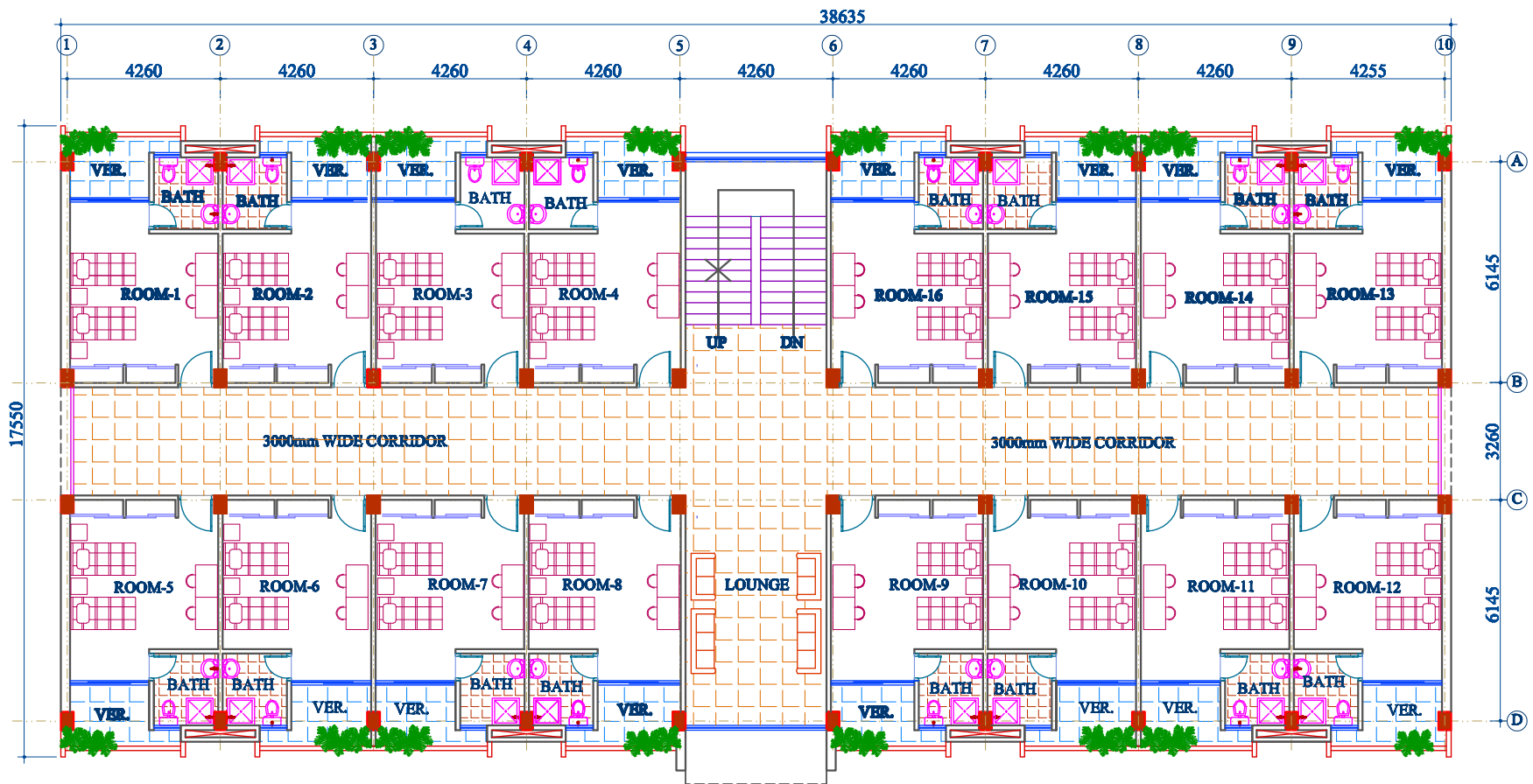
Ministry/Division	Ministry of Health & Family Welfare	
Agency	Directorate General of Health Services	
Procuring Entry Name & Code	Line Director, Mternal, Neonatal, Child and Adolescent Health	Code No.5050
Project / Programme Name & Code	Maternal, Neonatal, Child and Adolescent Health	Code No.5-2711-5050

Sl.No.	Name of Contract	Quantity
1	2	3
12	Sterilizer, Fuel heated 24 litres	465
13	Tray, Instruemnt with cover 225 x 125 x 50mm	13
14	Blood Transfusion Bag	565
15	Spinal Needle-size 25G	1,000
16	Spinal Needle-size 23G	1,000
17	Utility gloves	1,000
18	Foley's Catheter, Size:14F	8,300
19	IV Cannula Size:18G	6,600
20	IV Cannula Size:22G	6,600
21	Povisep iodine solution (100ml/each)	3,300
22	CS Sets	66
23	Delivery Sets	66
	Sub-Total	
	Medical Equipment (6813)	
1	Anaesthesia machine with Pulse Oxymetter	7
2	Protoble OT Light with Charger	13
3	OT. Table Universal, Hydraulic, Head movie	16
4	Delivery Table	18
5	CS Sets	23
6	Delivery Sets	20
7	Centre Spotlight	32
8	Autoclave	32
9	Equipment for Blood transfusion (Blood bag, reagent etc.)	32
10	Laryngoscope, Machintosh Battery operated	16
11	Light Emergency standby	11
12	Diathermy Machine Automatic (Electrocautery)	16
13	Generator 10 KVA	4
14	Sterilizer instruemnt Table top	15
15	Tray, Instruemnt with cover 225 x 125 x 50mm	23



GROUND FLOOR PLAN (6860 sqft)
SCALE : 1/8"=1'-0"

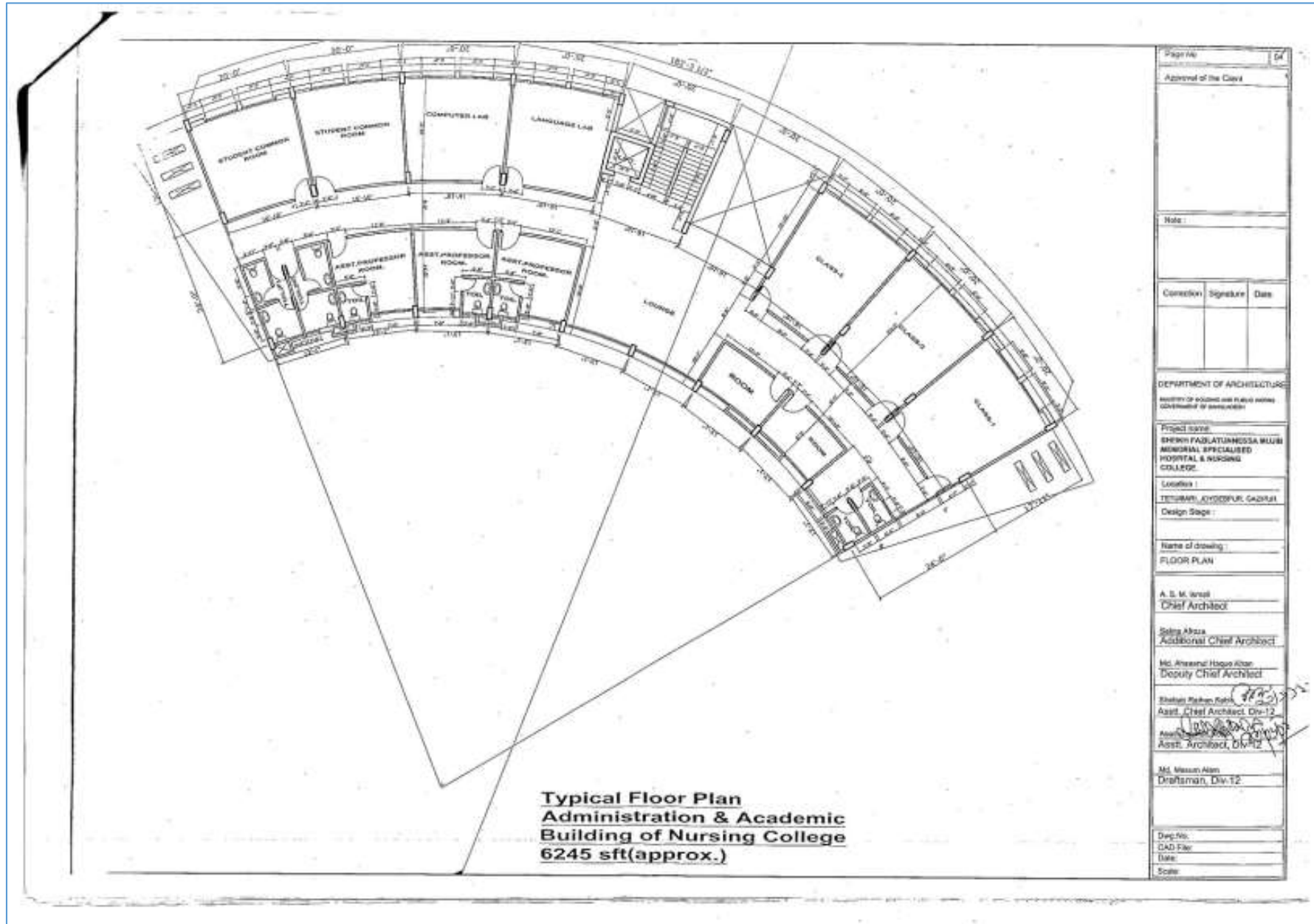
PROJECT TITLE:	JOB. TITLE:	CONSULTANT:	ARCHITECT:	DATE:	SCALE:	DRG. TITLE:	SHEET NO :
Nursing College Hostel	Conceptual Architectural Design of 6-storey Hostel For Nursing College's Students. (Gr. Floor)	ORIENTAL CONSULTANTS GLOBAL		JULY-2014	AS SHOWN	GROUND FLOOR PLAN	A - 01



1ST TO 5TH FLOOR PLAN (7300 sft per floor)
 SCALE : 1/8"=1'-0"

PROJECT TITLE:	JOB TITLE:	CONSULTANT:	ARCHITECT:	DATE:	SCALE :	DRG. TITLE:	SHEET NO :
Nursing College Hostel	Conceptual Architectural Design of 6-storey Hostel For Nursing College's Students. (Typical)	ORIENTAL CONSULTANTS GLOBAL		JULY-2014	AS SHOWN	GROUND FLOOR & TYPICAL FLOOR PLAN	A - 02

Annex 13: Typical Floor Plan of Existing Administration and Academic Building of Nursing College



Contents of MCH Kits Box

Sl.	Name of the Items
1	Sterilizer INSTR Bolling type 320X170X1000 mm Fuel
2	Basin Kidney 475 ml 91 oz. Stainless steel
3	Basin Kidney 825 ml 91 oz. Autoclavable polypropylene
4	Basin Solution deep approx. 6 litre SS
5	Bowl sponge 500 ml stainless steel
6	Cup solution 170 ml stainless steel
7	Irrigator 1.6 ltr stainless steel
8	Uar dressing with cover 2.13 litre stainless steel
9	Measure graduated with handle 500 ml/1 pint SS
10	Tray Instrument / Dressing w/ Cover 310 X 195 X 63 mm SS
11	Tray Instrument shallow 480 X 330 X 19 mm SS
12	Catheter urethral Nelaton solid-tip one ovo 14 FR
13	Connector 3- in 1 for 407 to 7.8 mm tubing nylon 9
14	Sheeting plastic clear vivyl 910 mm vide
15	Shield Nipple glass shell rubber nipple
16	Syringe ear and ulcer conical rubber tip 90 ML
17	Syringe rectal infant rubber buld bard to 30 ML
18	Tube Rectal one-eye funnel-end 20 FR 500 mm rubber
19	Tube Rectal one-eye funnel-end 24 FR 500 mm rubber
20	Tubing latex rubber for irrigation 1.5 M length
21	Dropper medicine curved tip ungraduated
22	Brush hand surgeon's white nylon bristles
23	Clamp tubing regulation Hoffman 13 X 19 mm
24	Duster(Dustergrum) hand with 530 mm extension
25	Lancet (Hagsdor sutate needle) straight 75 mm
26	Stone Sharpening oil Aakaness 50 X 19 X 6.3 mm
27	Suture Cotton white non-sterile 00 USP 91 M
28	Tape-measure 1.5 m/60 Vinyl-coated fibre glass
29	Tourniquet WEB heavy olive DRAB 38 X 1066 mm 9
30	Urinary test complete
31	Tongue Depressor 165 m metal
32	Pelvimeter collier External Grad ems/inches
33	Sphygmomanometer Anoroid 300 mm w/bandage off
34	Stethoscope Ford type Binaural complete
35	Catheter Urethrale female 12 FR metal
36	Forceps dressing spring-type 150 mm SS
37	Forceps Hemostatic keely 140 mm SS
38	Forceps sponge-holding straight 225 mm SS
39	Forceps sterilizer (Ytility) 299 mm Vaughn DRM
40	Knife-handle surgical for minor surgery S 3
41	Knife-blade surgical for minor surgery S 3 pckt 5
42	Knife-blade surgical for minor surgery S 11 pckt 5
43	Knife-blade surgical for minor surgery S 12 pckt 5
44	Needle surture 3/8 cire TRI PT PKT of 6 ASSIFD
45	Scissors bandage Angular lister 182 mm S/B SS
46	Scissors Guaze STR 215 mm sharp / blunt points SS
47	Scissors surgical straight 140 mm S/B SS
48	Speculum vaginal B1-Valve graves small SS
49	Scale physician adult Avoirdupois350 lbs X ¼ lbs

50	Scale infant Avoirdupois 30 lbs X ½ oz
51	Thermometer clinical oral 95 to 108 F
52	Needle hypo. 0.90 X 38 mm / 20 G X 11/4.6 luer box of 12
53	Needle hypo. 0.70 X 38 mm / 226 G X 11/4.6 luer box of 12
54	Needle hypo. 0.55 X 19 mm / 24 G X ¼ luer box of 12
55	Syringe hypo, 2 ml lure glass
56	Syringe hypo, 4 ml lure glass
57	Syringe hypo, 10 ml lure glass
58	Gloves surgeon's latex size 7
59	Holder needle straight Narrow-jaw Mayo-HGR 150 mm
60	Speculum BI-VALE graves medium SS

Contents of FWC Kits Box

Sl.	Name of the Items
1	Slove Kerosene single burner pressure type
2	Urinal male upright 1.5 Ltr autoclavable polypro / Metalic
3	Aspirator nasal infant size 30ml
4	Bag hot water and Ice combination 2 Ltr polypropylene
5	Pump breast hand rubber bulb glass / plastic bell
6	Baby scale upto 15 Kg
7	Tube stomach faucher ch 24 X 150 cm
8	Tourniquet gum rummer 910 mm
9	Needle crusher
10	Box for minor surgery items 185 X 90 X 27 mm SS
11	Suture silk black size 1 usp 2 X 76 cm
12	Vision testing chart sncallen Alphabet / illiterate
13	Diascope -set complete with diagnostic head
14	Spaculum nasal Basworth wire SS
15	Scaculum nasal child size Vienna pattern 140 mm
16	Airway lumbarid plastic adult size
17	Airway lumbarid plastic child size
18	Forceps dissecting spring-type CVD fine 115 mm SS
19	Sphygmomanometer aneroid 300 mm with cuff
20	Stethoscope binaural complete
21	Forceps ear spring-type amoular wilde 125 mm SS
22	Straight long artery forcep
23	Forceps tissue fenestrated jaw Collins baby 157 mm
24	Forceps tissue Spring type 1 X 2 teeth semkns 125 mm
25	Holder needle straight broad-jaw Mayo-HGR 200 mm small size, Medium size
26	Knife handle surgical for major / minor surgery
27	Knife-blade surgical for major / minor surgery #22 PXT5
28	Suture needles 6 of each type- straight, cutting, curve cutting, round body (medium and small size for each type)
29	Probe general operating flexible with eye 115 mm (maliable)
30	Scissors episiotomy angular braun 140 mm SS
31	Scissors surgical curved 140 mm S/B SS
32	Undine dropper (eye- irrigator) 50 ml glass
33	Forceps tooth extracting SSW # 101 SS medium and small
34	Rack test tube for 12 tube Metallic
35	Brush for lab test tube bristled 13 mm X 230 mm
36	Mosquito forceps (Straigh-2, curve-4)
37	Test tube holder
38	Test tube
39	Nasogastric tube
40	Metalic catheter (Female)
41	Thermometer
42	Measuring tape
43	Measuring plastic glass (50 cc, 100cc, 500cc)
44	Rubber sheet (one for labour table and one for bed)
45	Mekentosh plastic sheet (white)
46	Torch (3 cell)
47	Kidney Dish (small, medium)
48	Utility gloves

49	Gally pot
50	Instrument tray with cover SS
51	Tongue depressor (metallic)(small and medium)
52	Sponge holding forceps
53	Instrument lifter
54	Dressing jar with cover (medium)

Outline of the Construction Work

1. Scope of Work

- Candidate sites : - Dhaka Medical College Hospital (DMCH)
- Chittagong Medical College Hospital (CMCH)
- Khulna Medical College Hospital (KMCH)
- Rajshahi Medical College Hospital (RMCH)
- Sylhet MAG Osmai Medical College Hospital (SMCH)
- Rangpur Medical College Hospital (RPMCH)
- Barisal Medical College Hospital (BMCH)
- Building construction : 1 building(4stories + 1 basement) including electrical and mechanical work for each site
- Soil Investigation : Bole hole depth: 0m - 30m
- Land fill : 0.5m - 1.0m higher than planned road level
- Attached Facility : None
- Exterior Work : pavement, planting, rainwater drainage

2. Functional conditions

Number of equipment to be installed ()	No of Rooms						
	DMCH	CMCH	RMCH	KMCH	SOMCH	BMCH	RPMCH
CT	2(1)	2(1)	2(1)	2(1)	2(1)	2(1)	2(1)
MRI	2(1)	2(1)	2(1)	2(1)	2(1)	2(1)	2(0)
Digital X-ray	3(1)	3(1)	3(2)	3(2)	3(2)	3(1)	3(1)
Digital Mammography	1(0)	1(1)	1(1)	1(0)	1(1)	1(1)	1(1)
Angiogram	1(1)	1(1)	1(1)	1(0)	1(1)	1(0)	1(0)
Ultrasound 4D	4(3)	4(2)	4(2)	4(2)	4(2)	4(3)	4(2)
Ultrasound 2D	6(4)	6(4)	6(3)	6(2)	6(3)	6(4)	6(4)
Gastro scope	4(4)	4(2)	4(2)	4(2)	4(2)	4(2)	4(2)
Colonoscopy	2(2)	2(2)	2(2)	2(2)	2(2)	2(2)	2(2)

3. Outline of the Building

(1) Architectural Plan

- Plinth area : 834m²
- Total floor area : 4,170m²

1) Functionality:

- B1F : Electrical Room, Machine Room, Maintenance Office, Archive Room, Linen & Upholstery, Spare-parts Store, Equipment Store, Spare Space
- GF : CT, MRI, Control Room, Reception, Staff Room, Changing Room, Waiting Area, Machine Room, Kitchenette, Storage, Toilet
- 1F : Reception, Registration, Digital X-ray, Control Room, Changing Room, Waiting Area, Toilet
- 2F : Echo, Mammography, Control Room, Changing Room, Interpretation, Explanation, Reception, Waiting Area, Storage, Toilet
- 3F : Angiogram, Gastroscope, Colonoscope, Sterilizing, Recovery, Changing Room, Server, Staff Room, Conference Room, Waiting Area, Store, Kitchenette, Toilet

2) Material schedule:

Exterior finish				
Roof	Asphalt roofing with protective concrete layer			
Exterior wall	Cement mortar steel trowel finish AEP Aluminum Panel, Aluminum Louver			
Window/Door	Aluminum window with heart reflection glass, Steel Door			
Interior Finish Schedule				
Stories	Room Name	Floor	Wall	Ceiling
BF	Spare Space	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Maintenance Office	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Archive Room Linen & Upholstery Spareparts Store Equipment Store	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Electrical Room Machine Room	Cement mortar steel trowel finish	Cement mortar steel trowel finish	AEP on exposed concrete w/ repair mortar
GF	CT	PVC sheet, Radiological Shield	Painting, Radiological Protection Barium board	Painting, Radiological Protection Barium board
	MRI	PVC sheet, Radiological and Electromagnetic Shield	Painting, Radiological and Electromagnetic Shield	Painting, Radiological and Electromagnetic Shield
	Control Room	Free access floor PVC sheet tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Machine Room	Cement mortar steel trowel finish	Cement mortar steel trowel finish	AEP on exposed concrete w/ repair mortar
	Reception Staff Room Changing Room	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
1F	Reception Registration Changing Room	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Control Room	Free access floor PVC sheet tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Digital X-ray	PVC sheet, Radiological Shield	Painting, Radiological Protection Barium board	Painting, Radiological Protection Barium board
	Waiting Area	Marble stone on mortar base	Marble stone	T-bar rockwool decorative acoustic board

2F	Echo	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Mammography,	PVC sheet, Radiological Shield	Painting, Radiological Protection Barium board	Painting, Radiological Protection Barium board
	Changing Room Interpretation Explanation Reception	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Control Room	Free access floor PVC sheet tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
3F	Angiogram	PVC sheet	Clean Room Uint	Clean Room Uint
	Gastroscope Colonoscope	PVC sheet	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Sterilizing	PVC sheet	Ceramic tiles on mortar base	T-bar cement board VP
	Recovery Changing Room Staff Room	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Conference Room	Porcelain tile	Cement mortar steel trowel finish EP	T-bar rockwool decorative acoustic board
	Server	Free access floor	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
Common	Corridor	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board
	Waiting Area	Marble stone on mortar base	Marble stone	T-bar rockwool decorative acoustic board
	Storage	Porcelain tile	Acrylic emulsion paints on mortar	T-bar cement board VP
	Kitchenette Toilet	Porcelain tiles on mortar base	Ceramic tiles on mortar base	T-bar cement board VP

(2) Structural Plan

- Stories : 4 + 1 basement
- Structure : Reinforced concrete frame structure
- Foundation : Pile Foundation for 7 stories, L=18m, dia 500mm

(3) Electrical and Mechanical Plan

	Electrical system work	
	Power incoming system	
	Power receiving system	Generator Step-up Transformer 800kVA
	Main feeder system	
	Lighting and Socket outlet	FL, LED
	Telephone system	
	LAN system	19inch rack, router, HUB, access point
	Public address system	Amplifier, speaker
	Emergency lighting system	
	Emergency exit sign	
	Automatic fire alarm system	Fire alarm control panel + detector + manual fire alarm station
	Lightning protection system	Lightning conductor + lightning rod
	CCTV system	Monitor TV, Security camera
	Earthing system	heavy and light current
	Solar system	
	Plumbing system work	
	Water supply system	
	Plumbing fixture	Western water closet, wash basin, slop sink, etc.
	Drainage system	
	Wastewater treatment system	Septic Tank
	Well water supply	Deep well depth: 100m, deep well pump
	Hot water supply system	
	Gas supply system	City gas (LPG)
	Fire prevention system	
	Sprinkler + Indoor hydrant system	Motor pump + engine pump + jockey pump Sprinkler head + indoor fire hydrant (hose reel type) Fire-fighting tank (architectural work)
	Fire extinguishing system	Dry chemical extinguisher CO2 extinguisher
	Air conditioning work	
	Cooling and heating	Package AC, Fan coil unit
	Ventilation system	Electrical room, Machine room, Toilet, Kitchenette Ventilation Fan, Smoke extract system
	Elevator work	
	1600kg 90m/min	2 sets for general use
	2000kg 90m/min	1 set for bed carrier

(4) Furniture

General furniture: Table, Desk, Chair, File Cabinet, Rack, Chair for Waiting area, and Others

(5) Remarks

The building structure supports the vertical expansion up to 6th floor. If dialysis treatment or radiation therapy services for cancer management shall be newly installed, it is necessary to establish additional waste water treatment system separately as needed.

1. Drawing List

No.	Title of Drawing	Scale	Remarks
A-00	Finishing Schedule		
A-01	Basement Floor Plan		
A-02	Ground Floor Plan		
A-03	First Floor Plan		
A-04	Second Floor Plan		
A-05	Third Floor Plan		
A-06	Entry Side Elevation		
A-07	Right Side (of Entry) Elevation		
A-08	Left Side (of Entry) Elevation		

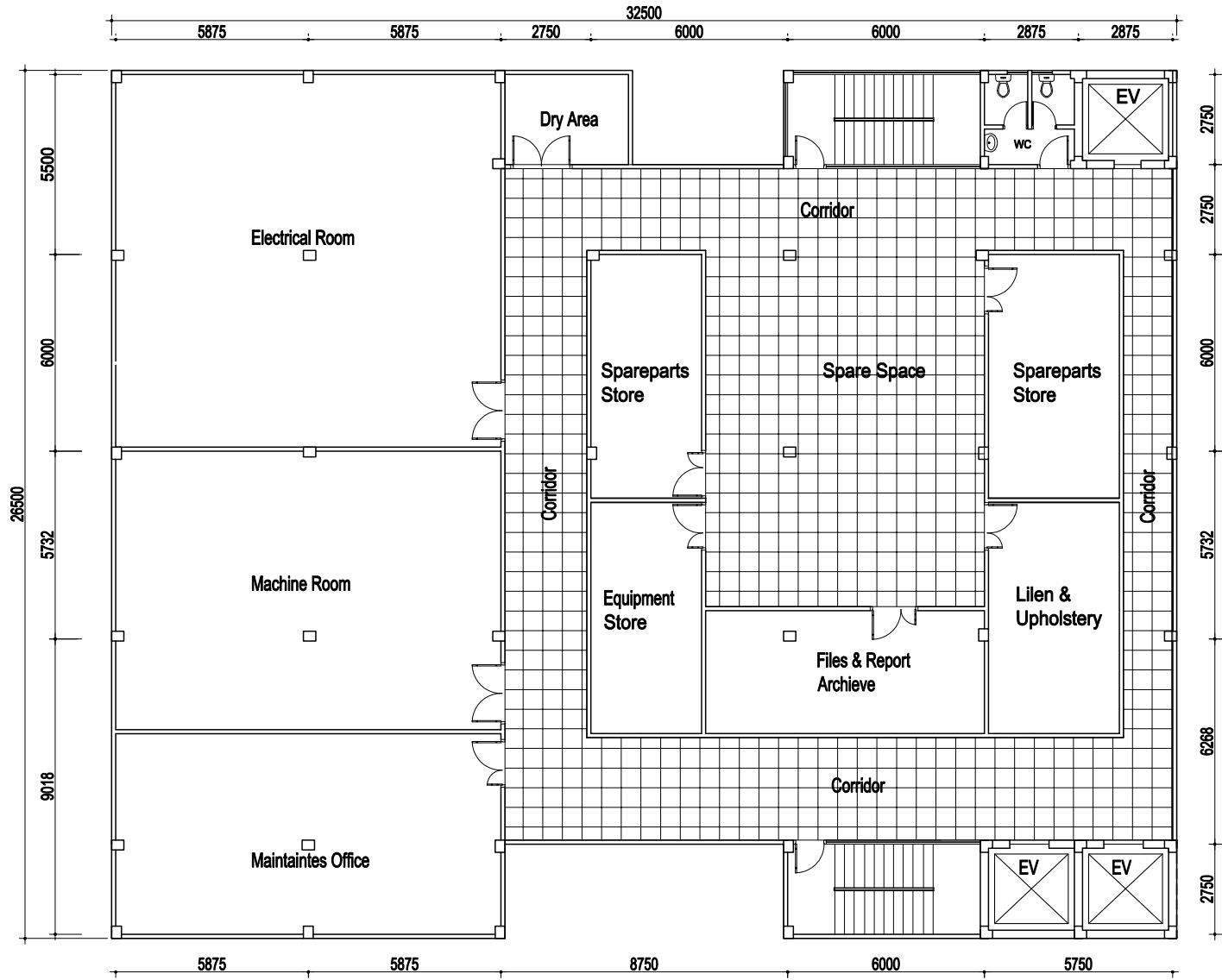
2. Finishing Schedule (A-00)

Interior Finish						
Stories	Room Name		Walls	Ceiling	A/C	Remarks
		Floor	Finishing Material	Materials		
BF	Spare Space	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Maintenance Office	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Archive Room Linen & Upholstery Spare parts Store Equipment Store	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Electrical Room Machine Room	Cement mortar steel trowel finish	Cement mortar steel trowel finish	AEP on exposed concrete w/ repair mortar	-	Mechanical ventilation
	Corridor	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
GF	CT	PVC sheet, Radiological Shield	Painting, Radiological Protection Barium Board	Painting, Radiological Protection Barium Board	○	
	MRI	PVC sheet, Radiological and Electromagnetic Shield	Painting, Radiological and Electromagnetic Shield	Painting, Radiological and Electromagnetic Shield	○	
	Control Room	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Machine Room Storage	Cement mortar steel trowel finish	Cement mortar steel trowel finish	AEP on exposed concrete w/ repair mortar	○	
	Reception Staff Room Changing Room	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Corridor	Porcelain tile	Acrylic emulsion	T-bar rockwool	○	

Interior Finish						
Stories	Room Name		Walls	Ceiling	A/C	Remarks
		Floor	Finishing Material	Materials		
			paints on mortar	decorative acoustic board		
	Waiting Area	Marble stone on mortar base	Marble stone	T-bar rockwool decorative acoustic board	○	
	Toilet	Porcelain tiles on mortar base	Ceramic tiles on mortar base	T-bar cement board VP	-	Mechanical and natural ventilation.
1F	Reception Registration	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Control Room	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Digital X-ray	PVC sheet, Radiological Shield	Painting, Radiological Protection Barium board	Painting, Radiological Protection Barium board	○	
	Corridor	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Waiting Area Hall	Marble stone on mortar base	Marble stone	T-bar rockwool decorative acoustic board	○	
	Toilet	Porcelain tiles on mortar base	Ceramic tiles on mortar base	T-bar cement board VP	-	Mechanical and natural ventilation.
2F	Echo	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Mammography,	PVC sheet, Radiological Shield	Painting, Radiological Protection Barium board	Painting, Radiological Protection Barium board	○	
	Control Room Changing Room Interpretation Explanation Reception Staff Room	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Storage	Porcelain tile	Acrylic emulsion paints on mortar	T-bar cement board VP	○	
	Toilet	Porcelain tiles on	Ceramic tiles on	T-bar cement board VP	-	Mechanical and natural

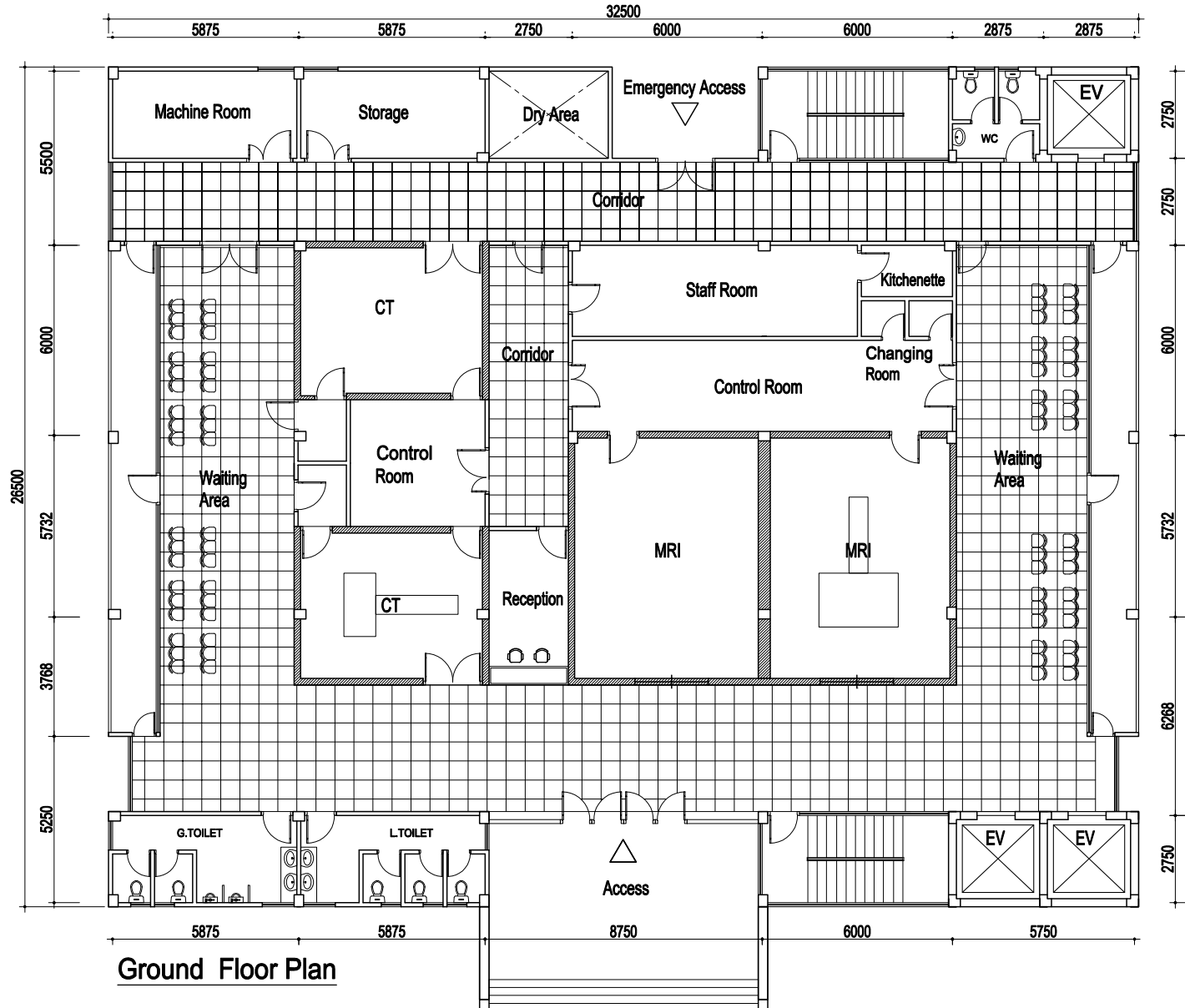
Interior Finish						
Stories	Room Name		Walls	Ceiling	A/C	Remarks
		Floor	Finishing Material	Materials		
		mortar base	mortar base			ventilation.
	Waiting Area	Marble stone on mortar base	Marble stone	T-bar rockwool decorative acoustic board	○	
	Corridor	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
3F	Angiogram	PVC sheet	Clean Room Unit Radiological Protection Barium Board	Clean Room Unit Radiological Protection Barium Board	○	
	Gastroscope Colonoscope	PVC sheet	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Sterilizing	PVC sheet	Ceramic tiles on mortar base	T-bar cement board VP	○	
	Recovery Changing Room Staff Room	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Conference Room	Porcelain tile	Cement mortar steel trowel finish EP	T-bar rockwool decorative acoustic board	○	
	Server Room	Free access floor	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Storage	Porcelain tile	Acrylic emulsion paints on mortar	T-bar cement board VP	○	
	Toilet	Porcelain tiles on mortar base	Ceramic tiles on mortar base	T-bar cement board VP	-	Mechanical and natural ventilation.
	Waiting Area	Marble stone on mortar base	Marble stone	T-bar rockwool decorative acoustic board	○	
	Corridor	Porcelain tile	Acrylic emulsion paints on mortar	T-bar rockwool decorative acoustic board	○	
	Kitchenette	Porcelain tiles on mortar base	Ceramic tiles on mortar base	T-bar cement board VP	-	Ventilation Fan
Common	Staircase	Porcelain tiles on mortar base	Ceramic tiles on mortar base	T-bar rockwool decorative acoustic board	-	

Exterior finish			
Roof	Asphalt roofing with protective concrete layer		
Exterior wall	Cement mortar steel trowel finish AEP Aluminum Panel, Aluminum Louver		
Window/Door	Aluminum window with heart reflection glass, Steel Door		



Basement Floor Plan

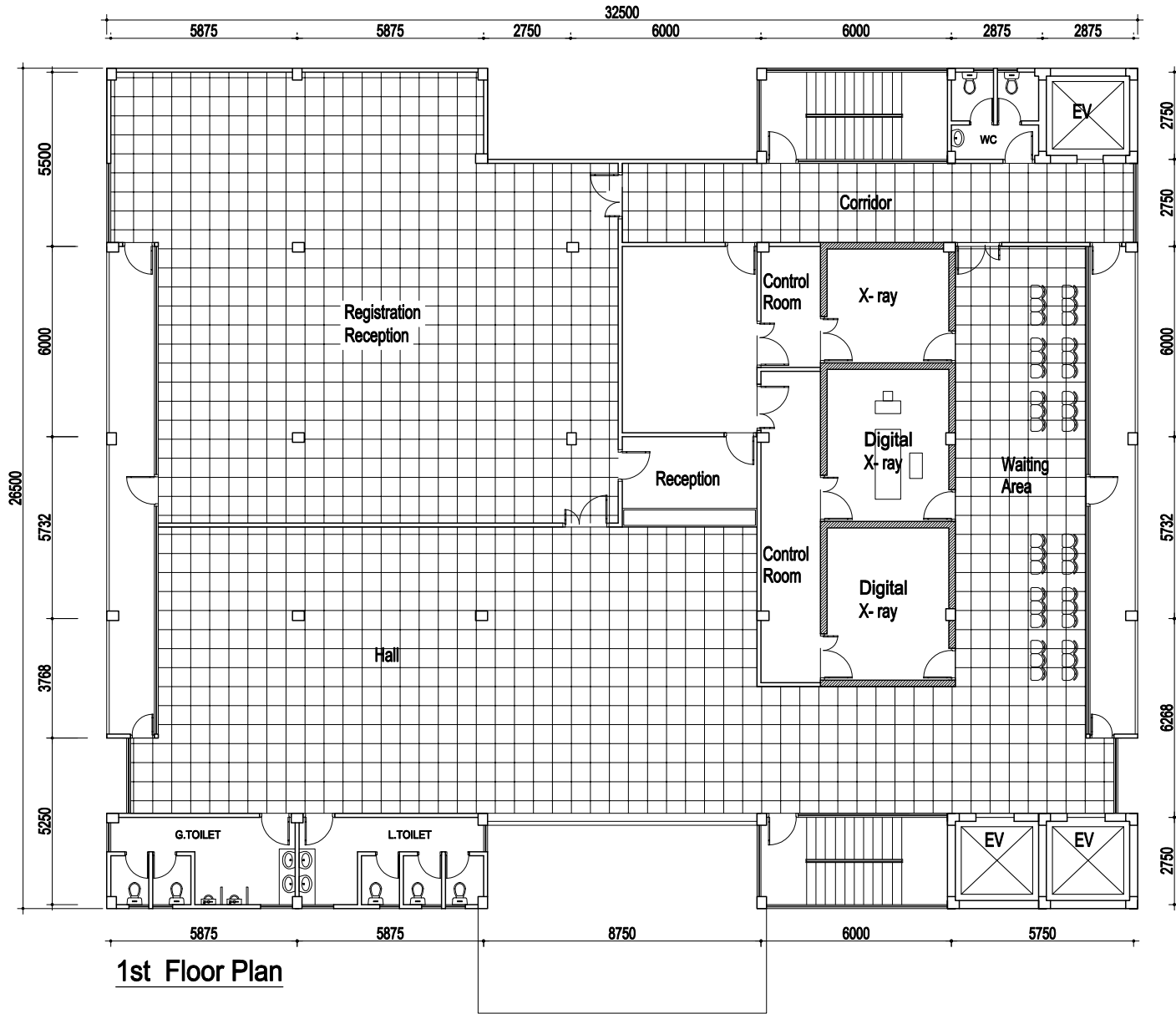
PROJECT TITLE :	JOB TITLE :	DATE :	SCALE :	DRG. TITLE :	SHEET NO :
MCH PROJECT	CONCEPTUAL ARCHITECTURAL DESIGN 5-STOREY DIAGNOSTIC & IMAGING CENTRE	NOV-2014	1/8" = 1'-0"	BASEMENT FLOOR PLAN	A-01



Ground Floor Plan

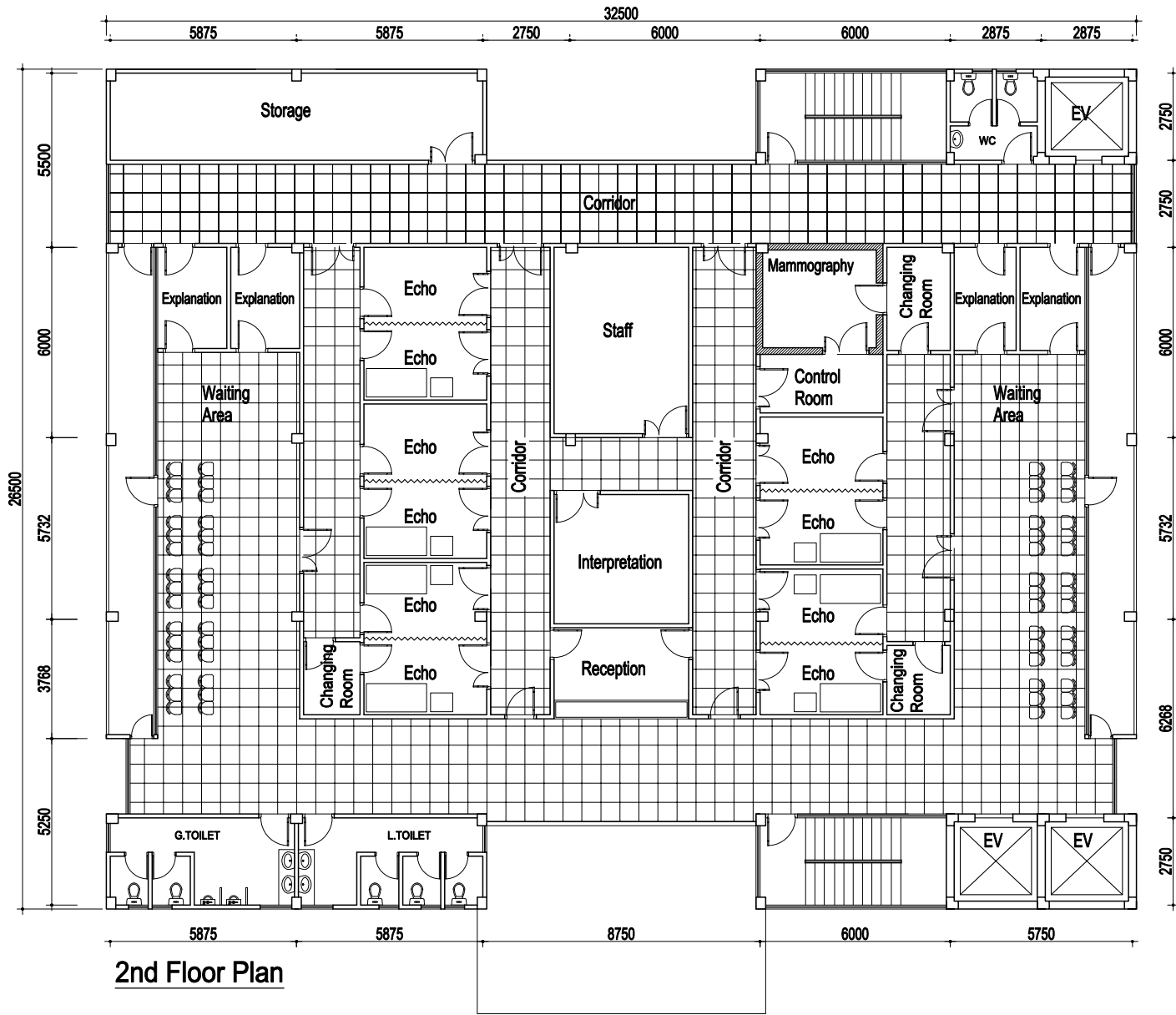
— 124 —

PROJECT TITLE :	JOB. TITLE :	DATE :	SCALE :	DRG. TITLE :	SHEET NO :
MCH PROJECT	CONCEPTUAL ARCHITECTURAL DESIGN 5-STOREY DIAGNOSTIC & IMAGING CENTRE	NOV-2014	1/8" = 1'-0"	GROUND FLOOR PLAN	A-02

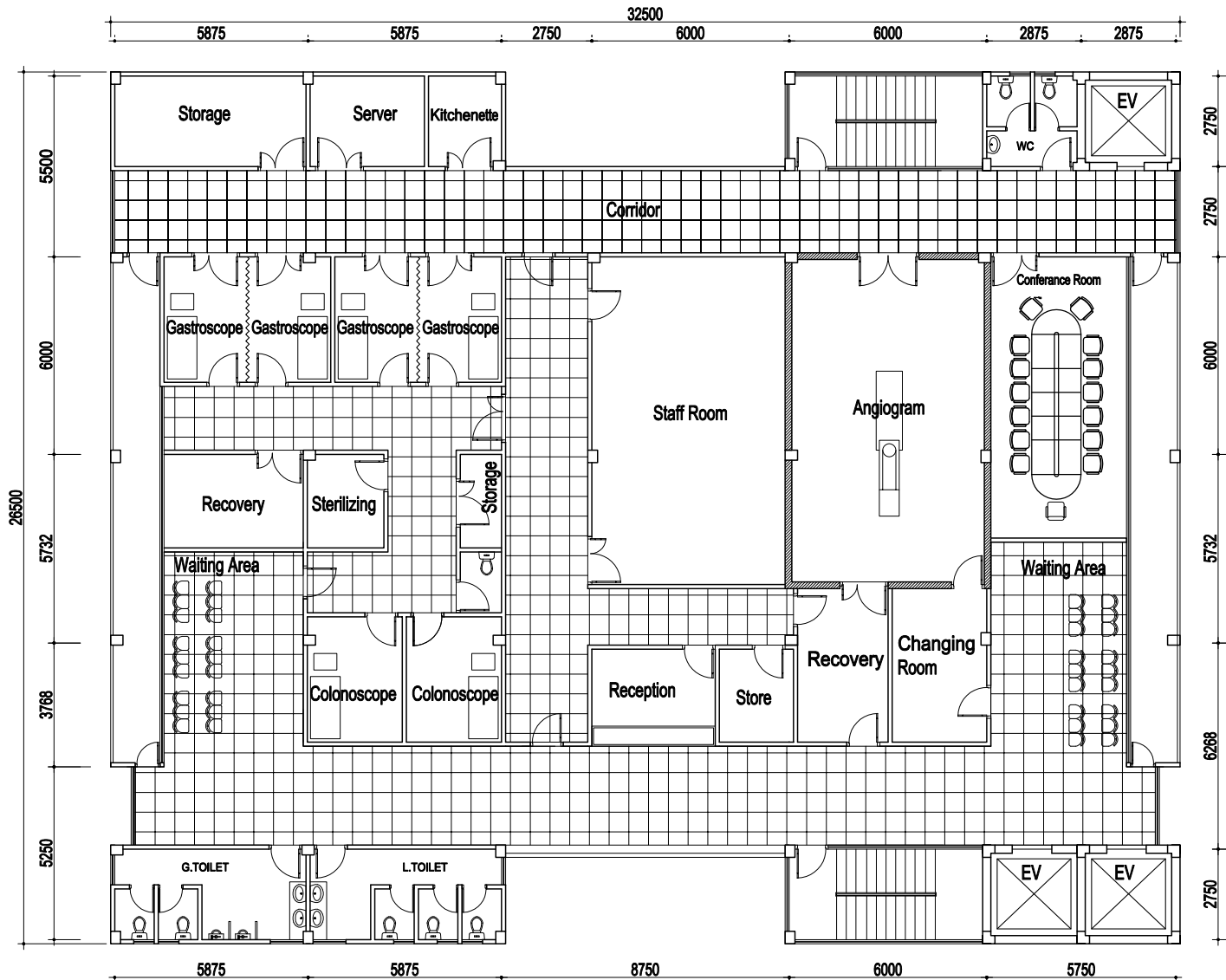


1st Floor Plan

PROJECT TITLE:	JOB. TITLE:	DATE:	SCALE :	DRG. TITLE:	SHEET NO :
MCH PROJECT	CONCEPTUAL ARCHITECTURAL DESIGN 5-STOREY DIAGNOSTIC & IMAGING CENTRE	NOV-2014	1/8"=1'-0"	FIRST FLOOR PLAN	A-03

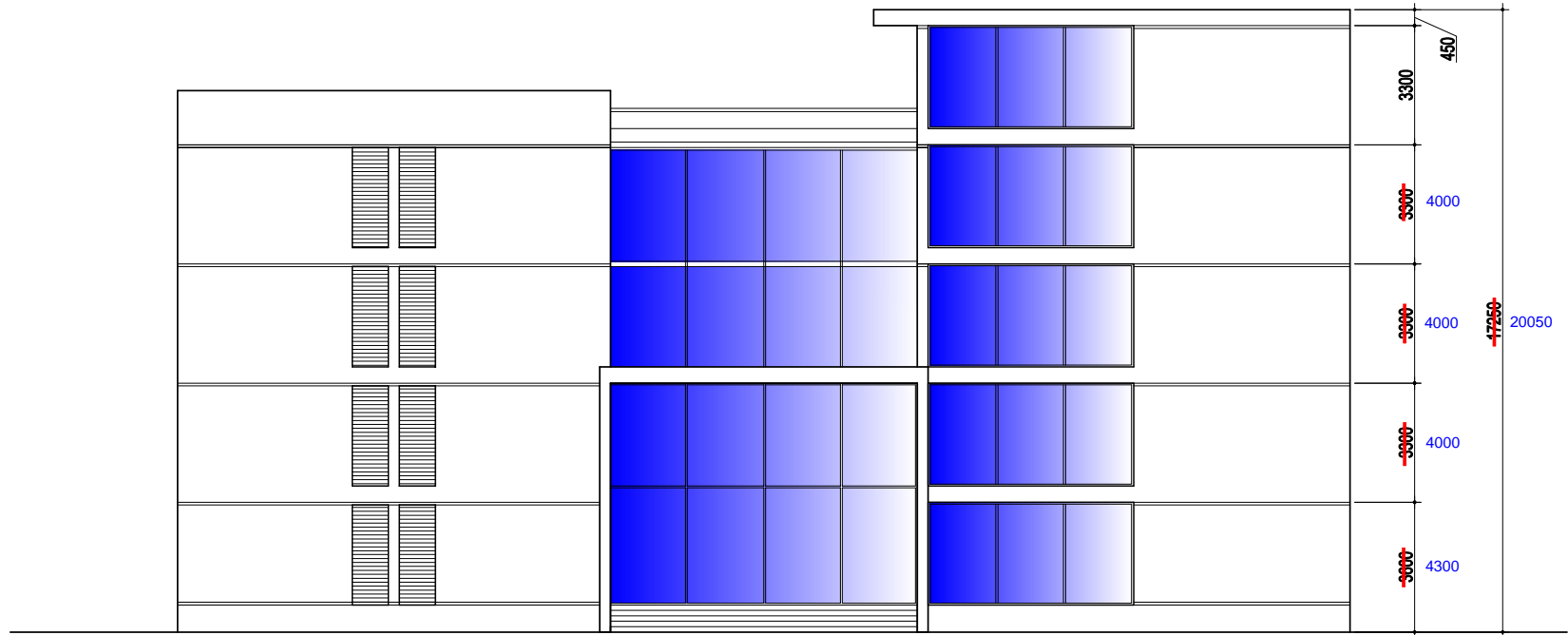


PROJECT TITLE :	JOB. TITLE :		DATE :	SCALE :	DRG. TITLE :	SHEET NO :
MCH PROJECT	CONCEPTUAL ARCHITECTURAL DESIGN 5-STOREY DIAGNOSTIC & IMAGING CENTRE		NOV-2014	1/8" = 1'-0"	SECOND FLOOR PLAN	A-04



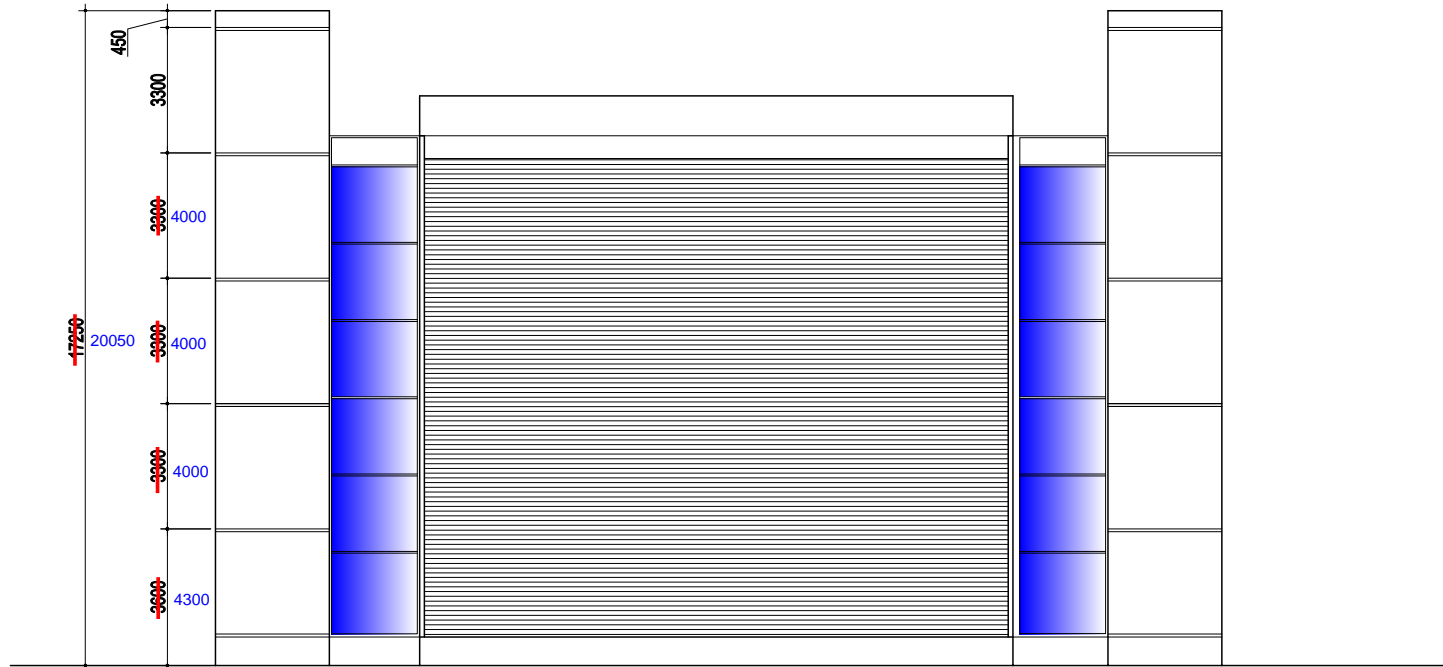
3rd Floor Plan

PROJECT TITLE:	JOB. TITLE:	DATE:	SCALE :	DRG. TITLE:	SHEET NO :
MCH PROJECT	CONCEPTUAL ARCHITECTURAL DESIGN 5-STOREY DIAGNOSTIC & IMAGING CENTRE	NOV-2014	1/8"=1'-0"	THIRD FLOOR PLAN	A-05



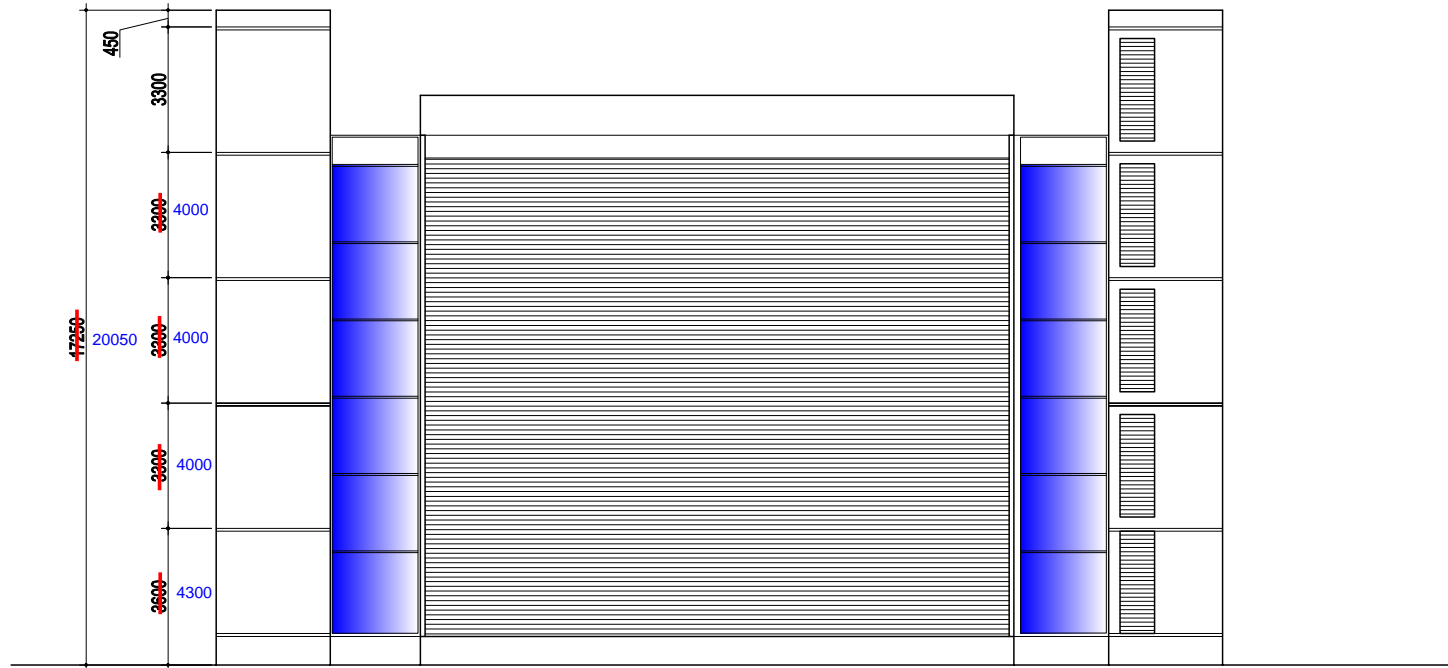
entry side elevation

PROJECT TITLE :	JOB. TITLE :	CONSULTANT :	DRAWN BY :	DATE :	SCALE :	DRG. TITLE :	SHEET NO :
MCH PROJECT	CONCEPTUAL ARCHITECTURAL DESIGN OF A 4-STOREY +1BASEMENT DIAGNOSTIC & IMAGING CENTRE	ORIENTAL CONSULTANTS GLOBAL		NOV-2014	1/8"=1'-0"	ENTRY SIDE ELEVATION	A - 06



right side (of entry) elevation

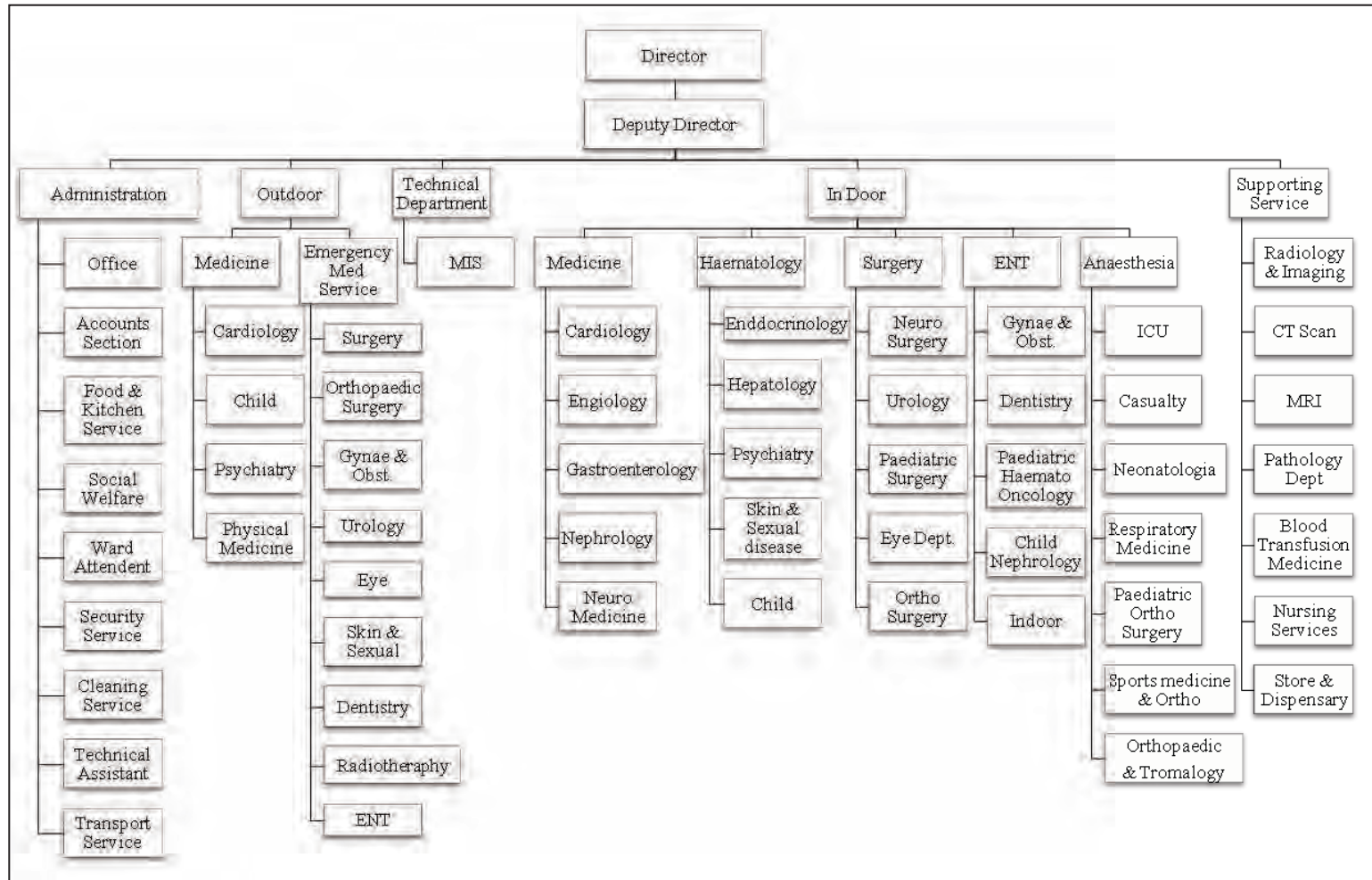
PROJECT TITLE:	JOB TITLE:	CONSULTANT:	DRAWN BY:	DATE:	SCALE:	DRG. TITLE:	SHEET NO.:
MCH PROJECT	CONCEPTUAL ARCHITECTURAL DESIGN OF A 4-STOREY +1BASEMENT DIAGNOSTIC & IMAGING CENTRE	ORIENTAL CONSULTANTS GLOBAL		NOV-2014	1/8"=1'-0"	RIGHT SIDE (OF ENTRY) ELEVATION	A - 07



left side (of entry) elevation

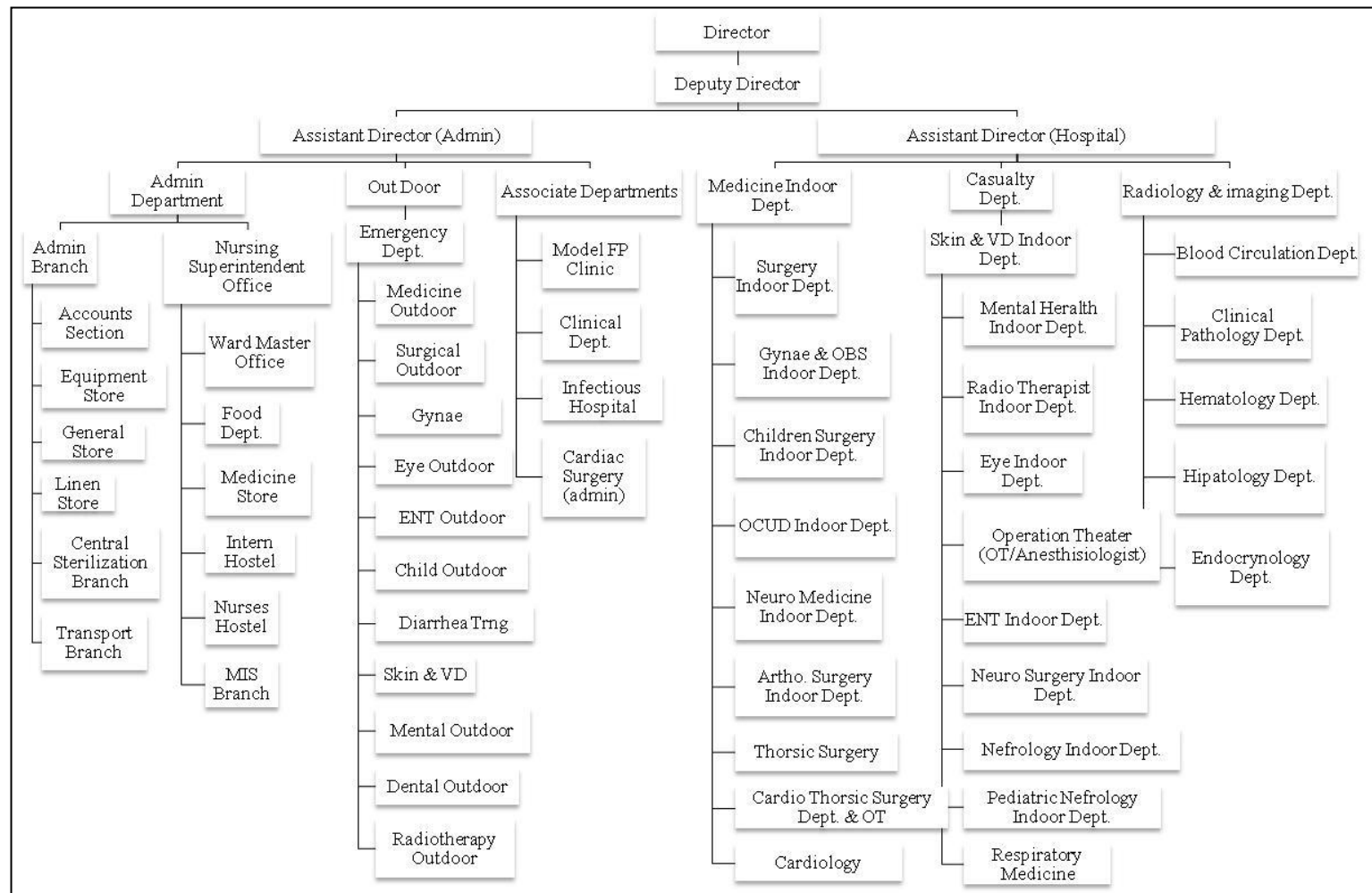
PROJECT TITLE :	JOB TITLE :	CONSULTANT :	DRAWN BY :	DATE :	SCALE :	DRG. TITLE :	SHEET NO :
MCH PROJECT	CONCEPTUAL ARCHITECTURAL DESIGN OF A 4-STOREY +1BASEMENT DIAGNOSTIC & IMAGING CENTRE	ORIENTAL CONSULTANTS GLOBAL		NOV-2014	1/8"=1'-0"	LEFT SIDE (OF ENTRY) ELEVATION	A - 08

Annex 24: Organogram of MCHs



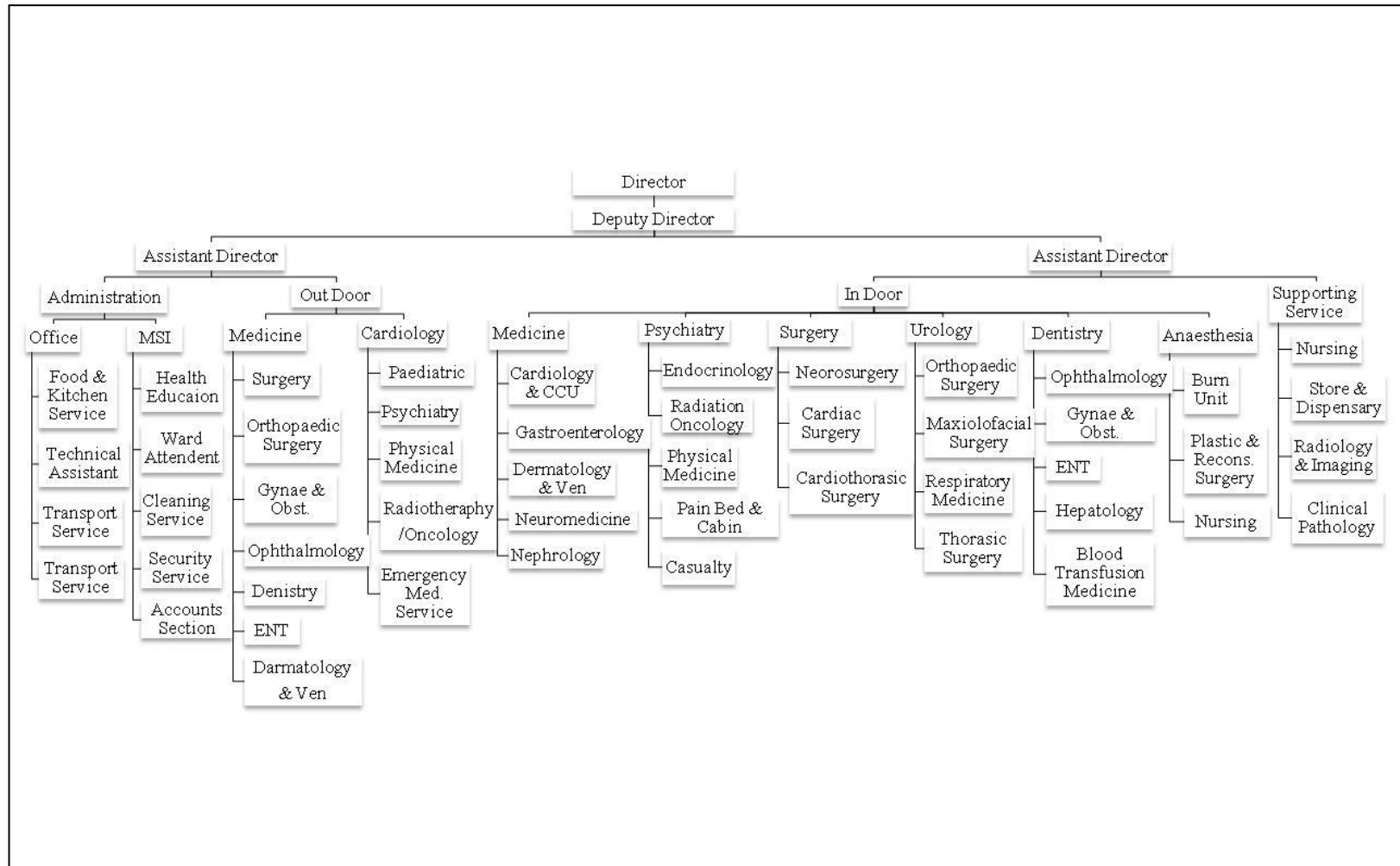
Organogram of Sher-e-Bangla MCH, Barisal

Source: Sher-e-Bangla MCH, Barisal



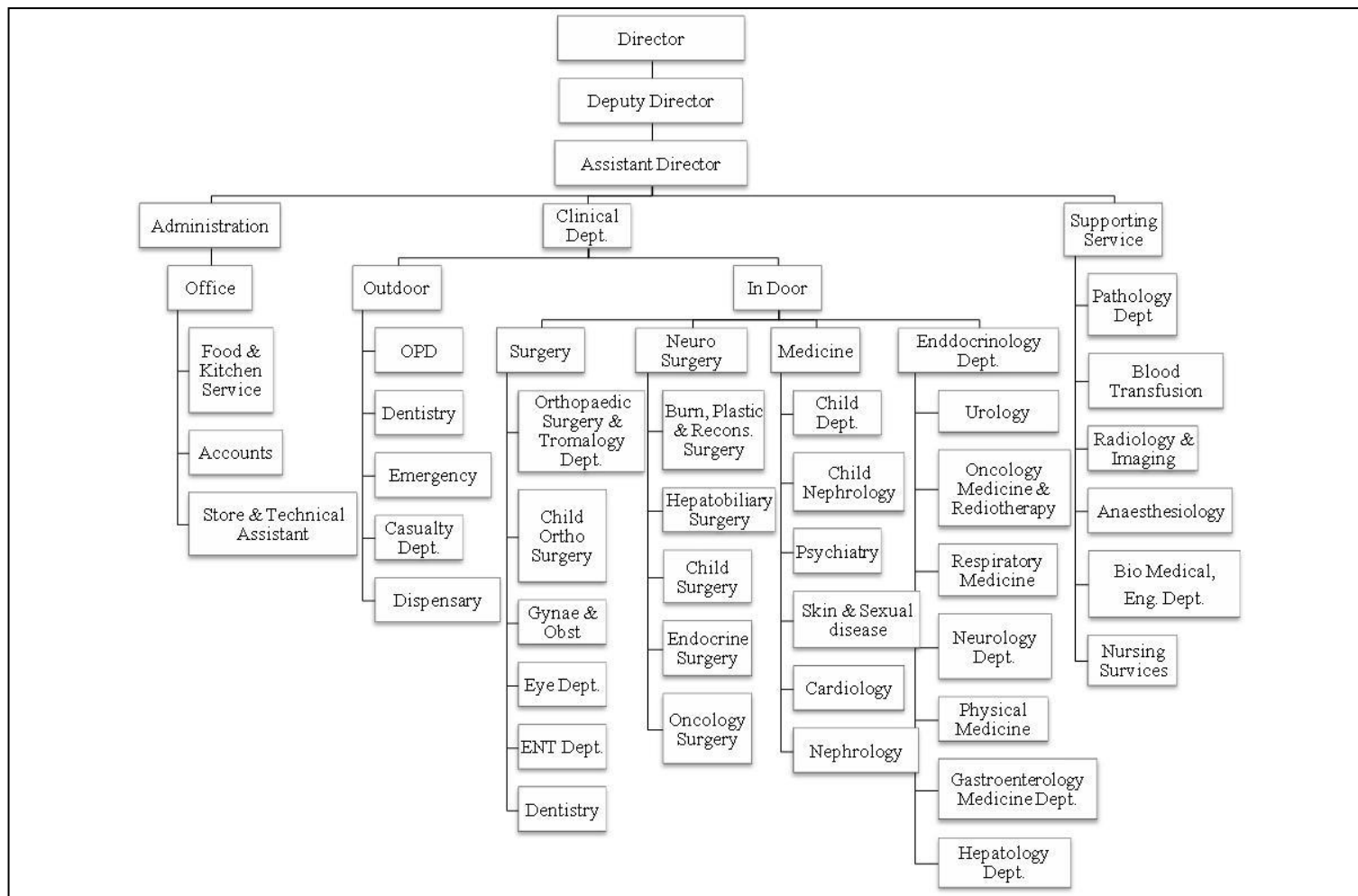
Organogram of Chittagong MCH

Source: Chittagong MCH



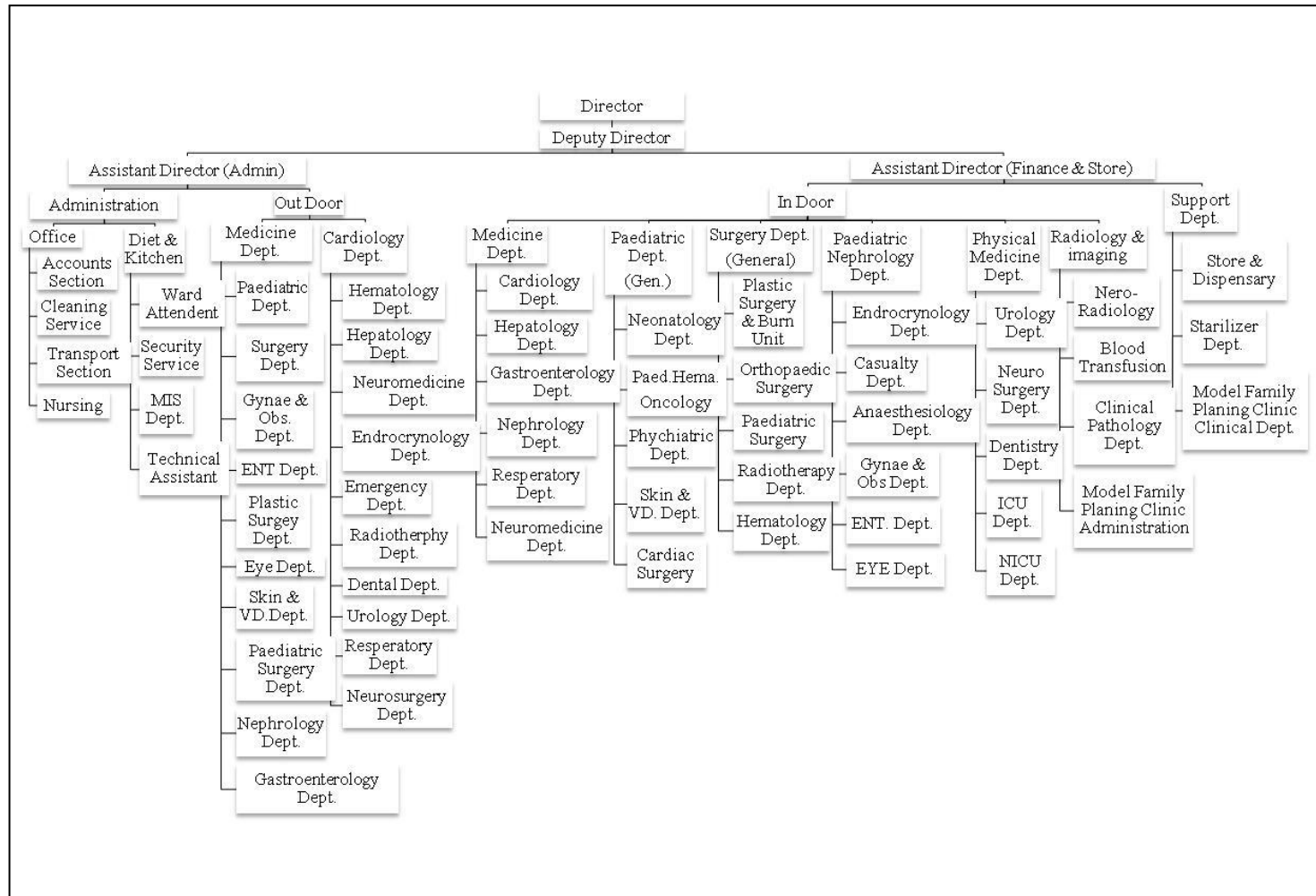
Organogram of Dhaka MCH

Source: Dhaka MCH



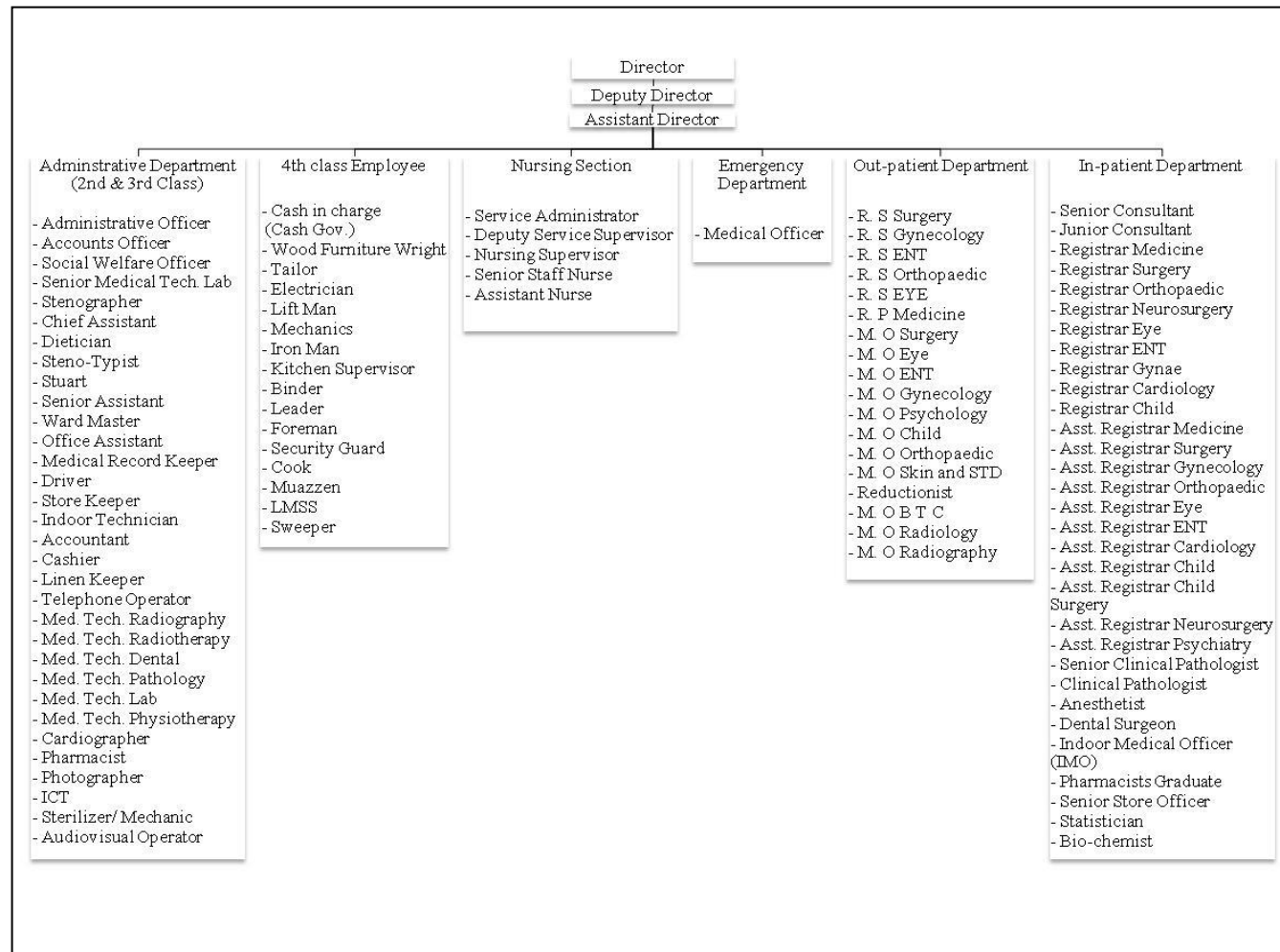
Organogram of Khulna MCH

Source: Khulna MCH



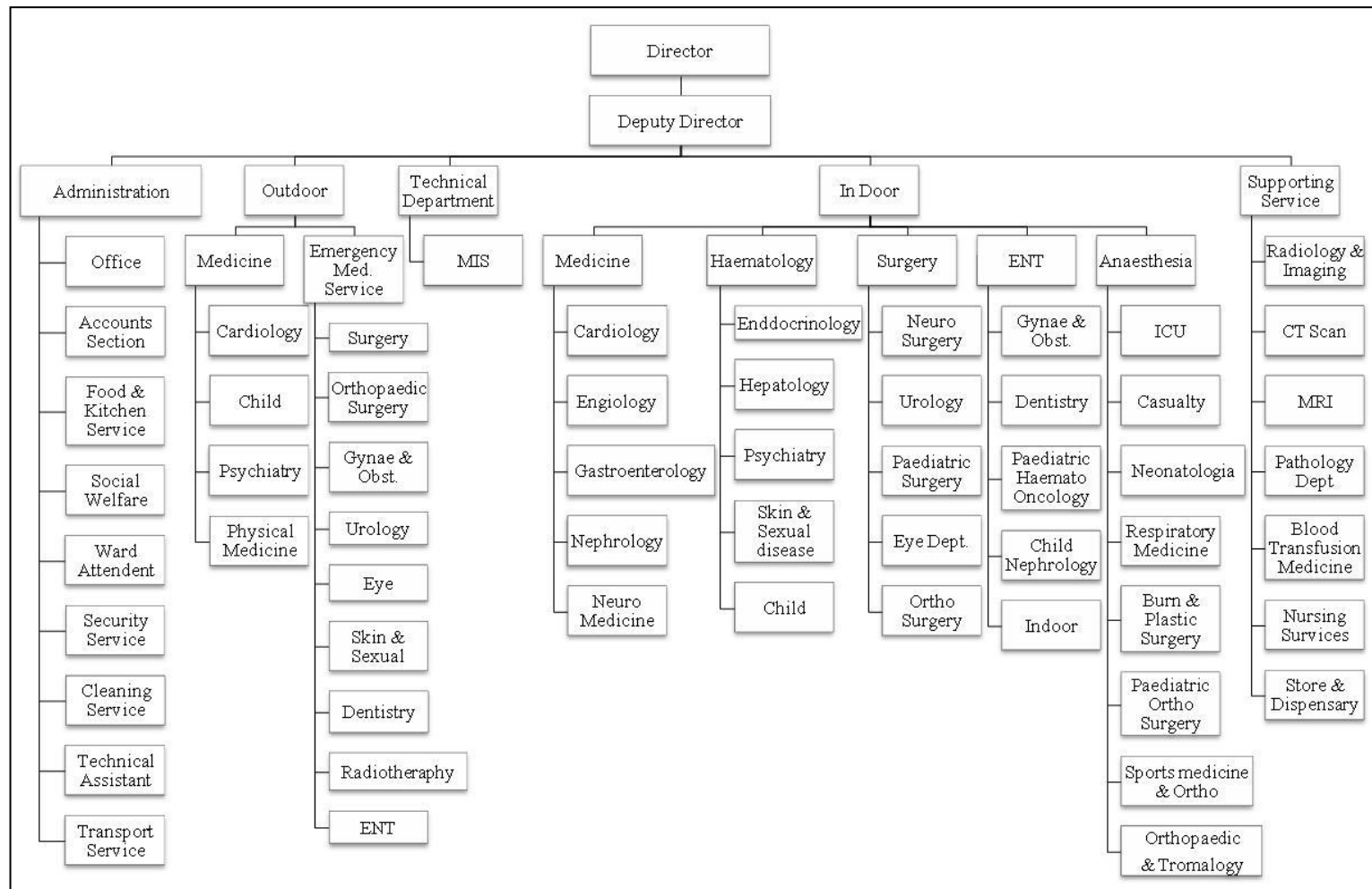
Organogram of Rajshahi MCH

Source: Rajshahi MCH



Organogram of Rangpur MCH

Source: Rangpur MCH



Organogram of M.A.G. Osmani MCH, Sylhet

Source: M.A.G. Osmani MCH, Sylhet

Environmental Checklist: 19. Other Infrastructure Projects

	Environmental Item	Main Check Items	Yes: Y No: N	Confirmation of Environmental Considerations (Reasons, Mitigation Measures)
1 Permits and Explanation	(1) EIA and Environmental Permits	(a) Have EIA reports been already prepared in official process? (b) Have EIA reports been approved by authorities of the host country's government? (c) Have EIA reports been unconditionally approved? If conditions are imposed on the approval of EIA reports, are the conditions satisfied? (d) In addition to the above approvals, have other required environmental permits been obtained from the appropriate regulatory authorities of the host country's government?	(a) N (b) N (c) N (d) Y	(a) IEE reports have been completed in accordance with the guidelines imposed by JICA and ECA. Subsequently, DGHS submitted the IEE reports to MOHFW in October 2014, then MOHFW submitted them to DOE in January 2015. (b) The Renovation of Nursing Colleges (NCs) and Construction of Hostels are Orange-B category projects. An IEE study and an approval need to be carried out and secured, respectively. Meanwhile, the Construction of a Diagnostic Imaging Center is a category Red project. An IEE study and its approval are initially necessary. After IEE approval is obtained, an EIA study needs to be carried out. In both cases, an Environmental Clearance Certificate needs to be procured after obtaining the approval of IEE/EIA. IEE reports are expected to be approved in February 2015. The schedule for EIA submission is expected to be confirmed in May 2015. Acquisition of an EIA approval is expected in June 2015, whereas the release of Environmental Clearance Certificates will be expected in July 2015. If clearance is not achieved according to the schedule above, the expected IEE and EIA schedule is as follows: - IEE approval (February 2015, 1month after submission of IEE report) - Examination of EIA and submission of EIA report to DOE (May 2015, 3 months after IEE approval) - EIA approval (June 2015, 1 month after submission of EIA report) - Application for ECC (June 2015, 1 week after obtaining EIA approval) - Acquisition of ECC (July 2015, 1 month after application for ECC) (c) The IEE approval is not yet issued as of the end of December 2014. After the issuance of the IEE approval, DGHS will submit the EIA reports. If conditions are imposed on the approval of the EIA reports, then DGHS will address them. (d) After obtaining both IEE and EIA approval, DGHS will need to obtain a Site Clearance Certificate from the local authorities.
	(2) Explanation to the Local Stakeholders	(a) Have contents of the project and the potential impacts been adequately explained to the Local stakeholders based on appropriate procedures, including information disclosure? Is understanding obtained from the Local stakeholders? (b) Have the comments from the stakeholders (such as local residents) been reflected to the project design?	(a) Y (b) Y	(a) The contents of the project has been explained to MCHs/NCs, and confirmed their opinion (related to the proposal construction site etc.) (b) All the interviewees of MCHs and NCs have agreed the explained project contents.
	(3) Examination of Alternatives	(a) Have alternative plans of the project been examined with social and environmental considerations?	(a) Y	(a) Because project site shall be in the premises of each MCH, alternative plans have been examined in terms of where in the premises of MCHs the construction should be carried out. In terms of Social Environment, especially to avoid Accident, construction shall not be carried out near the emergency center and the entrance of MCH. For the Natural Environment (Flora), a lot of tree cutting is expected at the candidate construction site in Barisal and Rajshahi MCHs. While tree cutting is not avoidable, the location with well should better to avoid. As for the Noise and Vibration, it is necessary not to choose the location where hospital building (patients room) is nearby. Considering 'Without project', the difficulties faced by all the Medical College Hospitals and Nursing Colleges will not be overcome.

Environmental Checklist: 19. Other Infrastructure Projects

Environmental Item	Main Check Items	Yes: Y No: N	Confirmation of Environmental Considerations (Reasons, Mitigation Measures)	
2 Pollution Control	(1) Air Quality	(a) Do air pollutants, (such as sulfur oxides (SO _x), nitrogen oxides (NO _x), and soot and dust) emitted from the proposed infrastructure facilities and ancillary facilities comply with the country's emission standards and ambient air quality standards? Are any mitigating measures taken? (b) Do electric and heat sources at accommodation use fuel with low emission factor?	(a) N (b) N	(a) No existing source of air pollution is there at present. During the construction the air quality around the MCHs and NCs may slightly decrease due to dust and emission of smoke and carbon from construction machinery. Hence some adverse impact is expected. It is recommended to take some mitigation measure such as avoiding unnecessary idling and sprinkling water during construction. (b) No
	(2) Water Quality	(a) Do effluents or leachates from various facilities, such as infrastructure facilities and the ancillary facilities comply with the country's effluent standards and ambient water quality standards?	(a) N	(a) There is no source of water pollution in and around MCHs and NCs. No adverse impact is expected by this project.
	(3) Wastes	(a) Are wastes from the infrastructure facilities and ancillary facilities properly treated and disposed of in accordance with the country's regulations?	(a) N	(a) At hospital level hazardous and non-hazardous wastes are collected, but it is uncertain if they segregate hazardous and non-hazardous wastes by source, collect and dispose accordingly. It is confirmed that City Corporation (Chittagong, Khulna, Rangpur MCH) and NGO (Dhaka MCH) collect wastes and dispose them with municipal waste to their dumping sites. Treatment of general waste at all MCHs is bad. It is found that there are many places where various kinds of garbage are scattered. Not only installing of related facilities but also establishing waste management system including implementation training for Hospital staff and students at all MCHs and NCs are needed urgently. It is recommended to do some mitigation measure such as selection of environmental friendly disposal system and carry out waste management training for staff.
	(4) Soil Contamination	(a) Are adequate measures taken to prevent contamination of soil and groundwater by the effluents or leachates from the infrastructure facilities and the ancillary facilities?	(a) N	(a) There is no source of soil contamination in and around MCHs and NCs. No adverse impact is expected.
	(5) Noise and Vibration	(a) Do noise and vibrations comply with the country's standards?	(a) N	(a) Currently there is no source of noise and vibration at MCHs and NCs. Construction related noise will be there and may affect the patients and staff. It is recommended to consider select construction methods which do not generate noise and vibration as much as possible.
	(6) Subsidence	(a) In the case of extraction of a large volume of groundwater, is there a possibility that the extraction of groundwater will cause subsidence?	(a) N	(a) No adverse impact is expected by this project.
	(7) Odor	(a) Are there any odor sources? Are adequate odor control measures taken?	(a) N	(a) There are sources of odor within MCHs and NCs somewhere. It seems that odor problem may arise from mismanagement of wastes. It is recommended to do appropriate waste management and using heavy machine matching with low pollution standard and regular maintenance.

Environmental Checklist: 19. Other Infrastructure Projects

	Environmental Item	Main Check Items	Yes: Y No: N	Confirmation of Environmental Considerations (Reasons, Mitigation Measures)
3 Natural Environment	(1) Protected Areas	(a) Is the project site or discharge area located in protected areas designated by the country's laws or international treaties and conventions? Is there a possibility that the project will affect the protected areas?	(a) N	(a) All Imaging canters, Nursing buildings and hostels will be constructed inside the premises of MCH or NC. Hence no adverse impact is expected.
	(2) Ecosystem	(a) Does the project site encompass primeval forests, tropical rain forests, ecologically valuable habitats (e.g., coral reefs, mangroves, or tidal flats)? (b) Does the project site encompass the protected habitats of endangered species designated by the country's laws or international treaties and conventions? (c) Is there a possibility that changes in localized micro-meteorological conditions, such as solar radiation, temperature, and humidity due to a large-scale timber harvesting will affect the surrounding vegetation? (d) Is there a possibility that the amount of water (e.g., surface water, groundwater) used by the project will adversely affect aquatic environments, such as rivers? Are adequate measures taken to reduce the impacts on aquatic environments, such as aquatic organisms?	(a) N (b) N (c) N (d) N	(a) The construction site is inside of the premises of MCH or NC. (b) The construction site is inside of the premises of MCH or NC. (c) There are no plan to cut large amount of trees by this project. (d) There are no plan to use large amount of water by this project. Hence no adverse impact is expected.
	(3) Hydrology	(a) Is there a possibility that hydrologic changes due to the project will adversely affect surface water and groundwater flows?	(a) N	(a) There are no rivers and lakes at all MCHs and NCs. Hence no adverse impact is expected.
	(4) Topography and Geology	(a) Is there a possibility the project will cause large-scale alteration of the topographic features and geologic structures in the project site and surrounding areas?	(a) N	(a) The topography of MCHs and NCs is flat and hilly. There is no important geographic feature around MCHs and NCs. Large scale geological alteration will not be expected through implement this project. No adverse impact is expected.
4 Social Environment	(1) Resettlement	(a) Is involuntary resettlement caused by project implementation? If involuntary resettlement is caused, are efforts made to minimize the impacts caused by the resettlement? (b) Is adequate explanation on compensation and resettlement assistance given to affected people prior to resettlement? (c) Is the resettlement plan, including compensation with full replacement costs, restoration of livelihoods and living standards developed based on socioeconomic studies on resettlement? (d) Is the compensations going to be paid prior to the resettlement? (e) Are the compensation policies prepared in document? (f) Does the resettlement plan pay particular attention to vulnerable groups or people, including women, children, the elderly, people below the poverty line, ethnic minorities, and indigenous peoples? (g) Are agreements with the affected people obtained prior to resettlement? (h) Is the organizational framework established to properly implement resettlement? Are the capacity and budget secured to implement the plan? (i) Are any plans developed to monitor the impacts of resettlement? (j) Is the grievance redress mechanism established?	(a) N (b) N (c) N (d) N (e) N (f) N (g) N (h) N (i) N (j) N	(a) - (j) No There is no requirement of land acquisition, as proposed facilities under the project will be built on the existing land within the hospital compound. Hospital authority will provide the land required for the proposed facilities. Therefore there is no involuntary resettlement.

Environmental Checklist: 19. Other Infrastructure Projects

Environmental Item	Main Check Items	Yes: Y No: N	Confirmation of Environmental Considerations (Reasons, Mitigation Measures)	
4 Social Environment	(2) Living and Livelihood	(a) Is there a possibility that the project will adversely affect the living conditions of inhabitants? Are adequate measures considered to reduce the impacts, if necessary?	(a) N (a) It is expected that construction of proposal facilities will generate employment. Improvement in health service will contribute to the improvement in public health, which in turn will have positive impact on local economy and livelihood. Hence no adverse impact is expected.	
	(3) Heritage	(a) Is there a possibility that the project will damage the local archeological, historical, cultural, and religious heritage? Are adequate measures considered to protect these sites in accordance with the country's laws?	(a) N (a) Cultural heritage sites do not exist at all MCHs and NCs areas. No adverse impact is expected.	
	(4) Landscape	(a) Is there a possibility that the project will adversely affect the local landscape? Are necessary measures taken? (b) Is there a possibility that landscape is spoiled by construction of high-rise buildings such as huge hotels?	(a) N (b) N	(a) (b) No adverse impact is expected.
	(5) Ethnic Minorities and Indigenous Peoples	(a) Are considerations given to reduce impacts on the culture and lifestyle of ethnic minorities and indigenous peoples? (b) Are all of the rights of ethnic minorities and indigenous peoples in relation to land and resources respected?	(a) N (b) N	(a) (b) No. There are some ethnic groups in hill areas within Chittagong Division. Generally, it is said that low-income people are using public MCH rather than private hospitals and clinics. Hence during the operation of medical service, it is expected positive impact that MCHs will take care all of the patients irrespective of being poor, indigenous or ethnic people.
	(6) Working Conditions	(a) Is the project proponent not violating any laws and ordinances associated with the working conditions of the country which the project proponent should observe in the project? (b) Are tangible safety considerations in place for individuals involved in the project, such as the installation of safety equipment which prevents industrial accidents, and management of hazardous materials? (c) Are intangible measures being planned and implemented for individuals involved in the project, such as the establishment of a safety and health program, and safety training (including traffic safety and public health) for workers etc.? (d) Are appropriate measures taken to ensure that security guards involved in the project not violate safety of other individuals involved, or local residents?	(a) Y (b) Y (c) Y (d) Y	(a) PWD is responsible agency for all construction process during the construction, and Executive Engineer of PWD is responsible person. In addition, the Contractor is implementing agency, and the Environmental Consultants supervise the contractor. PWD, Contractors and Consultants follows related laws and regulation (ex. Labor act 2006, amended 2013). (b) (c) PWD, Contractors and Consultants implement and monitor tangible and intangible safety consideration in accordance with related laws and regulation (ex. Bangladesh National Building Code: BNBC 1993, ISO). (d) PWD supervise construction site during the construction.

Environmental Checklist: 19. Other Infrastructure Projects

	Environmental Item	Main Check Items	Yes: Y No: N	Confirmation of Environmental Considerations (Reasons, Mitigation Measures)
5 Others	(1) Impacts during Construction	(a) Are adequate measures considered to reduce impacts during construction (e.g., noise, vibrations, turbid water, dust, exhaust gases, and waste)? (b) If construction activities adversely affect the natural environment (ecosystem), are adequate measures considered to reduce impacts? (c) If construction activities adversely affect the social environment, are adequate measures considered to reduce impacts?	(a) Y (b) N (c) N	(a) Environmental Management Plan has considered in IEE report for each MCH or NC. (b) No adverse impact is expected. (c) No adverse impact is expected.
	(2) Monitoring	(a) Does the proponent develop and implement monitoring program for the environmental items that are considered to have potential impacts? (b) What are the items, methods and frequencies of the monitoring program? (c) Does the proponent establish an adequate monitoring framework (organization, personnel, equipment, and adequate budget to sustain the monitoring framework)? (d) Are any regulatory requirements pertaining to the monitoring report system identified, such as the format and frequency of reports from the proponent to the regulatory authorities?	(a) Y (b) - (c) Y (d) Y	(a) Monitoring program has proposed in IEE report. (b) Item: Usage of water, Accident, Sanitation, Flora, Fauna, Biodiversity, Air pollution, Waste, Noise and Vibration, Odor. Method: Confirmation record, Interview to MCH and NC, Observation the condition of items etc. Frequency: periodically or occasional demand. (c) MOHFW/DGHS is responsible agency for monitoring process including allocation budget. During the construction, PWD is also responsible agency for pollution control. (d) MOHFW/DGHS has confirm the monitoring format to use for this project.
6 Note	Reference to Checklist of Other Sectors	(a) Where necessary, pertinent items described in the Roads, Railways and Bridges checklist should also be checked (e.g., projects including access roads to the infrastructure facilities). (b) For projects, such as installation of telecommunication cables, power line towers, and submarine cables, where necessary, pertinent items described in the Power Transmission and Distribution Lines checklists should also be checked.	(a) - (b) -	(a) N/A (b) N/A
	Note on Using Environmental Checklist	(a) If necessary, the impacts to transboundary or global issues should be confirmed (e.g., the project includes factors that may cause problems, such as transboundary waste treatment, acid rain, destruction of the ozone layer, or global warming).	(a) -	(a) N/A

1) Regarding the term “Country's Standards” mentioned in the above table, in the event that environmental standards in the country where the project is located diverge significantly from international standards, appropriate environmental considerations are required to be made.

In cases where local environmental regulations are yet to be established in some areas, considerations should be made based on comparisons with appropriate standards of other countries (including Japan's experience).

2) Environmental checklist provides general environmental items to be checked. It may be necessary to add or delete an item taking into account the characteristics of the project and the particular circumstances of the country and locality in which the project is located.

Confirmed By

Name:

Signature _____

Date: _____

Proposed Mitigation Measure

Construction of Diagnostic Imaging Center and Nursing College Building

Item	Mitigation Measure
Treatment for Discharged water /Leachate	<ol style="list-style-type: none"> 1. Installment Septic tank 2. Periodical water quality analysis
Leak of Oil and harmful material (during construction)	<ol style="list-style-type: none"> 1. Periodical maintenance of vehicles and machineries 2. Installment latrine for construction workers 3. Water quality analysis 4. Avoid unnecessary idling of vehicles and machineries 5. Implementation related training for workers

Confirmed by

Name: Dr. A B M Abdul Hannan

Date: 3 December 2014

Signature: 

MONITORING FORM for Community Clinic Construction (Draft) <During Construction>

- Waste

Monitoring Item	Monitoring Results during Report Period
✓ Condition of General waste (date, type of waste, volume)	

- Noise/Dust

Item	Monitoring Results during Report Period	Reference (Bangladesh Standards)
Noise level		50-75 dB (6AM-9PM)
Dust		-

- Odor

Monitoring Item	Monitoring Results during Report Period
Description of the situation (place, date, condition etc.)	

- Usage of Water and Groundwater

Monitoring Item	Monitoring Results during Report Period
✓ Location	
✓ Amount of affected wells and pipes by construction	

- Accident

Monitoring Item	Monitoring Results during Report Period
✓ Detailed situation (date, location etc.)	

- Sanitation

Monitoring Item	Monitoring Results during Report Period
✓ Number and location of additional latrines for construction workers	

<During Operation>

- Waste

Monitoring Item	Monitoring Results during Report Period
✓ Condition of Medical waste (date, type of waste, volume)	

Reported by:

Name and Position: _____

Date: _____

Checklist for ESMS of Financial Intermediary/Executing Agency

(Community Clinic Construction for HPNSDP phase 2)

An Environmental and Social Management System (ESMS) Checklist has been completed as a required output of the environmental and social considerations assessment during project preparation and following the format provided by JICA Environmental and Social Consideration Division¹

No	Questions (English)	Answer	Improvement Plan
1. Policy			
(1)	Does the financial intermediary/executing agency have any formal environmental policy or procedures? If yes, please describe them and provide appropriate documentation. If no, does the financial intermediary/executing agency have any plan to set such policy or procedures?	<p>Major Acts and Ordinance related to environmental and social consideration are as follows;</p> <ul style="list-style-type: none"> ✓ The Environmental Conservation Act (1995) ✓ The Environmental Court Act (2000) ✓ The Environmental Conservation Rules (1997) ✓ The Bangladesh Environmental Preservation Ordinance (1987) ✓ The Land Acquisition Act (1894) ✓ The Acquisition and Requisition of Immovable Property Ordinance (1982) <p>MOHFW uses “PRINCIPLES ON THE ESTABLISHMENT OF COMMUNITY CLINIC (April, 1999) (as per ANNEX 6) developed by Ministry of Health and Family Welfare, Bangladesh”, as the guidelines for social considerations of sub-projects establishing community clinics, that is, procedures for land donation and land title transferring.</p> <p>MOHFW confirmed to Department of Environment, Bangladesh that while subprojects to establish community clinics do not fall into Orange-B category, Initial Environment Examination (IEE)/ the clearance for Clinic & Pathological Lab isn’t applicable for Community Clinics to be established in accordance with the present plan. (as per ANNEX 1)</p>	N/A

¹ Application of JICA Guideline (2010) for correspondence during project implementation and environmental review of loan assistance category FI projects.

No	Questions (English)	Answer	Improvement Plan
(2)	Are there any types of projects in which the financial intermediary/executing agency will not take part due to the environmental risks? (e.g., projects involving handling of hazardous wastes or endangered plants or animals).	No. MOHFW does not have any plan to carry out sub-projects other than establishing community clinics during this project in the area where it may be possible to cause any serious environmental and social risks.	N/A
2. Procedures			
(3)	Does the financial intermediary/executing agency have any environmental procedures such as screening, categorization and environmental review? If yes, please describe.	<p>No. MOHFW complies with the rules and regulations relating to environmental and social considerations in Bangladesh. In Bangladesh, environmental assessment is conducted as part of the process of issuing Environmental Clearance Certificates (ECCs). Industrial projects are divided into four categories, namely, Green, Orange-A, Orange-B and Red, according to their environmental significance and the location of the proposed development. Category Green projects do not require either initial environmental examination (IEE) or EIA. Red Category projects, by contrast, require both IEE and EIA. This normative screening process enables the Department of Environment (DOE) and the proposers to determine which steps to follow in acquiring ECCs. Special emphasis is placed on site selection for industries with a significant potential for environmental impacts.</p> <p>MOHFW confirmed to Department of Environment, Bangladesh that while subprojects to establish community clinics do not fall into Orange-B category, Initial Environment Examination (IEE)/the clearance for Clinic & Pathological Lab isn't applicable for Community Clinics to be established in accordance with the present proposal. (as per ANNEX 1)</p> <p>For construction of CC under the Project, The Principles on The Establishment of Community Clinic (MOHFW, April 1999) shall be complied with. (as per ANNEX 6) The details are explained in the next answer (4).</p>	
(4)	Please describe how you ensure that your subproject companies and their subprojects are operated in compliance with the national laws and regulations and applicable JICA's requirements.	<p><u>Environmental issues</u></p> <p>MOHFW complies with rules and regulations relating to environmental and social considerations in Bangladesh. According to the ECA/ECR, Community Clinic Construction (CC) is categorized as Orange-B that requires IEE study. MOHFW/DGHS confirmed the environmental procedure that mentioned on</p>	Follow the decision by DOE. If condition of CC will be changed, MOHFW/CBHC would discuss with DOE about the IEE study. And MOHFW/CBHC will inform to JICA about the way for solution. Regarding the natural environmental issue,

No	Questions (English)	Answer	Improvement Plan
		<p>ECA/ECR. DOE issued official letter which is approval of implementation CC without IEE study and any certificate, as far as the subproject is implemented in accordance with the plans proposed to DOE. <i>(See ANNEX 1: Request letter from CBHC and No objection letter from DOE)</i></p> <p>When DOE considers the subproject is subject to the above regulations, MOHFW shall require the proponent of CC and contractors to conduct IEE surveys in accordance with relevant regulations. And such surveys should be conducted in accordance with JICA Guidelines for Environmental and Social Considerations. MOHFW, proponent of CC and contractor shall do so.</p> <p><u>Social Issues</u> For construction of CC under the Project, The Principles on The Establishment of Community Clinic (MOHFW, April 1999) shall be complied with. (as per ANNEX 6). The summary of this document is as follows.</p> <p>Site selection for CC is a one of important process. MOHFW has a principle for site selection as follows;</p> <ul style="list-style-type: none"> - Benefit for more or less 6,000 people (average 4,500-7,500) - Easy to access, flood free high land, not low and wetland - Not near graveyard or funeral place - In safe place from river erosion - Adjacent to home to care security and safety - Minimum 2km between 2CC - Minimum 5 decimal (around 202.3m²) land donation - Land acquisition process, if donor is not found <p>CG must consider those principles at first. After final selection, CG send the list to Line director of CBHC. Then Line director will request Health Engineering Department (HED) to take all the necessary steps for construction & supervision of Community Clinic. CBHC also has dispute and appeal system against land selection for CC.</p> <p>Regarding Clinic/house design, HED or private contractor must consider follows;</p> <ul style="list-style-type: none"> - Highest 450 sq.ft. (around 41.85m²) and 3 rooms 	<p>the scale of construction of CC is small (land 202.3m² and house 41.85m²). So it seems it may not necessary to detail environmental examination such as air or water pollution test on all process of construction for each CC, but it may necessary to consider dust and noise control, machinery maintenance, limited work time during construction in addition to MOHFW principle. <i>(See ANNEX 5 Monitoring Form as sample)</i></p> <p>Regarding the social issue, CBHC will consider if the condition of land selection will clear World Bank (WB) criteria (OP. 4.12 Land donation) as ODA Loan Project. Before starting CC project, CBHC will prepare ‘WB criteria checklist’ for all CC in addition to the present document. And CBHC will inform or submit checklists to JICA Quarterly. <i>(See ANNEX 4 WB checklist draft and Reporting Format)</i></p> <p>In principle, donated lands are expected for CC construction. But in case that land acquisition is required as explained in section 4.4.1 of the Principles as per ANNEX 6, CBHC shall ensure that relevant laws in Bangladesh as well as Operational Policy 4.12 of the World Bank and JICA Guidelines for Environmental and Social Considerations (2010) shall be complied, through consultation and advice with proponents of CC construction.</p>

No	Questions (English)	Answer	Improvement Plan
		<ul style="list-style-type: none"> - Separate toilet for male and female - Instalment tube well as source of safe drinking water After CC will be handed over to CG, CG will take over the responsibility for the operation and maintenance from UHFPO. Actually Natural environmental issue is not so considered on that principle and not carry out each CC site.	
(5)	How are environmental considerations taken into account in the credit review and approval process for project loans or equity investments? (For financial intermediary only)	N/A	N/A
(6)	How are environmental issues taken into account in deciding whether to offer or extend commercial credit, working capital finance, trade finance, payment services and other financial services to a company? (For financial intermediary only)	N/A	N/A
3. Organization and Staff			
(7)	Please provide us with the organization chart of the financial intermediary/executing agency's Environmental and Social Management System (ESMS).	Related the CC, Implementation Agency is CBHC/RCHCIB on national level, 1 Line Director/Project Director and 7 Programme Manager are allocated at each department such as Human Resource Management, Community Mobilization etc. Each financial year, Line Director prepare annual CC plan and MOHFW will finalize that list. At community level, Community Group (CG) set up by each community is the implementation group for CC. Upazila Health & Family Planning Officer (UHFPO) is a representative as user, and supervise all the process. So far at both national level and community level they don't have any department or staff in charge of ESMS. Meantime, the service providers (CHCP/Community Health Care Provider: Female Welfare Assistant and Male/Female Health Assistant) of Community Clinic will look after the environmental issue. <i>(See ANNEX 2: Organization Chart)</i>	It is recommended to set up ESMS section or designate responsible section for ESMS, in order to monitor all process related environmental and social condition since before start project may be necessary in CBHC and CG. Also it is necessary to allocate environmental and social management staff in CBHC and CG. After deciding the section and staff, CBHC will inform to JICA
(8)	Who is responsible for environmental and social management within the financial intermediary/executing agency? (name/role and title)	Program Manager, Infrastructure Management Monitoring & Supervision (IMMS), CBHC: Respective UHFPO, and Engineer of HED.	N/A
(9)	Are there any staff with training for environmental and social considerations in the financial	There are training including simple cleaning and waste disposal of community clinic in relation with clinical or health activities for	It is recommended to conduct environmental and social management

No	Questions (English)	Answer	Improvement Plan
	intermediary/executing agency? If so, describe.	staff of CBHC/CG at present stage.	training during the construction, if needed. CBHC would consider before launching CC subprojects. If organize such training, CBHC will inform to JICA.
(10)	Are there any technical staff with an engineering/industry background responsible for technical analysis of credit proposals?	No	In principle, MOHFW monitors the CC from the planning phase to implementation phase, and instruct CC proponent and contractors. And CBHC will consider the allocation staff if needed. If it allocates such staff, CBHC will inform to JICA.
(11)	What experience, if any, does the financial intermediary/executing agency have of hiring or dealing with environmental consultants?	No	It is recommended to consider the allocation staff if needed. If it allocates such staff, CBHC will inform to JICA.
(12)	What was the budget allocated to the ESMS and its implementation during a year? Please provide budget details including staff costs and training as well as any actual costs.	CBHC has no budget exclusively for ESMS at present but, at the national level CBHC staff work for ESMS, and at the upazila level the service providers (CHCP/Community Health Care Provider:: Female Welfare Assistant and Male/Female Health Assistant) & local managers (UHFPO) give due considerations to environmental and social issues.	
4. Monitoring and Reporting			
(13)	Do you receive environmental and social monitoring reports from subproject companies that you finance?	<p>CG and UHFPO prepare report after finishing construction of CC named 'Handing Over Certificate'. Name of contractor, date of layout and contents of major work etc. are included on that report. But environmental and social issues are not included on it. <i>(ANNEX 3: Handing over certificate)</i></p> <p>In general, construction of community clinics may not cause severe environmental impacts. And as for land donation, MOHFW monitors the procedures by proponents, especially on whether the criteria of land donation of the World Bank are satisfied.</p>	<p>During construction phase It is recommended to add the items relating to environmental and social issues on that report. Because if it is better to note about environmental and social condition, CG member and UHFPO can describe the detailed comments on that report. Also, HED engineer who is in charge of construction needs to be involved in preparation of the report.</p> <p>During Operation phase CBHC would use Monitoring Format to check environmental and social condition (ANNEX 5).</p>

No	Questions (English)	Answer	Improvement Plan
(14)	Please describe how you monitor the subproject company and their subprojects' social and environmental performance.	<p>Environmental Issues In principle, IEE is not required for construction of CC under the Project, and thus environmental audit reporting is not also required. However, some environmental impacts such as dusts and wastes are expected to appear, and thus the Environmental Monitoring Form is required to report to MOHFW, and MOHFW will report to JICA quarterly.</p> <p>Social Issues In the process from planning to construction of CC, submission of documents such as proposals, proceedings of meetings, and check sheet etc. is requested by MOHFW. MOHFW will monitor whether subprojects have been planned and implemented properly, in accordance with the Principles on The Establishment of Community Clinic (MOHFW).</p>	
(15)	Is there an internal process to report on social and environmental issues to senior management?	Yes. UHFPO supervise all the process of CC collaborated with CG. And among Community level (UHFPO, CG), district level (Medical Officer etc.) and National level (CBHC/MOHFW) has reporting system (writing and verbal also).	N/A
(16)	Do you prepare any social and environmental reports: - For other multilateral agencies or other SHs - E&S reporting in the Annual Report	MOHFW has reporting form to describe the summary of proposed land for CC. And after finishing construction of CC, HED or contractor must prepare Handing over certificate that is described major work done, and submit to UHFPO.	It is recommended to add the items to existing format that describe environmental and social contents. (If environmental and social problem occur since before construction up to handover, CG can use this revised format. So it is convenience for CG to monitor after handover CC) In addition, MOHFW will prepare 'Quarterly Environmental and Social Performance Report' and submit to JICA.
5. Experience			
(17)	Has the financial intermediary/executing agency signed any national or international agreements or declarations concerning environmental issues?	Major International Conventions, Protocols and Treaties Signed by Bangladesh government are as follows; <ul style="list-style-type: none"> ✓ International Plant Protection Convention (Rome, 1951) ✓ Plant Protection Agreement for the South East Asia and Pacific Region (Rome, 1956) ✓ Convention on Wetlands of International Importance especially 	Follow the international agreement signed by Bangladesh Government if it is applicable for Community Clinic.

No	Questions (English)	Answer	Improvement Plan
		as Waterfowl Habitat (Ramsar, 1971) ✓ Protocol to Amend the Convention on Wetlands of International Importance especially as Waterfowl Habitat, 1982 ✓ Amendments to Articles 6 and 7 of the Convention on Wetlands of International Importance especially as Waterfowl Habitat, 1987 ✓ Convention Concerning the Protection of the World Cultural and Natural Heritage (Paris, 1972) ✓ Convention on International Trade in Endangered Species of Wild Fauna and Flora (Washington, 1973) ✓ United Nations Convention to Combat Desertification in those Countries Experiencing Serious Drought and/or Desertification, Particularly in Africa (Paris, 1994) ✓ Convention on Biological Diversity, (Rio De Janeiro, 1992) ✓ International Convention to Combat Desertification, (Paris 1994) ✓ Cartagena Protocol on Biosafety to the Convention on Biological Diversity (Cartagena, 2000) ✓ Convention on the Conservation of Migratory Species of Wild Animals (Bonn, 1979) ✓ Convention on Persistent Organic Pollutants (Stockholm, 2001)	
(18)	Has the financial intermediary/executing agency ever received any criticism of its environmental record? If so, what was the criticism?	No	N/A
(19)	Does the financial intermediary/executing agency carry out environmental audits of its properties to analyze health and safety issues, waste disposal, etc.?	No.	Follow the direction by the letter from DOE. MOHFW/CBHC will monitor regularly environmental and social issues of CC.
(20)	Please state any difficulties and/or constrains related to the implementation of the ESMS.	Department or section related environment management is not exist and not allocate any staff at CBHC actually.	CBHC will consider the allocation staff in charge of ESMS. And if any difficulties will appear, MOHFW will inform to JICA.
6. Need of Capacity Development and Improvement Plan			
✓ MOHFW would consider about Capacity Development and Improvement Plan through discussion with JICA or internal meeting among related authority if needed. ✓ According to WB policy, 'Voluntary Land Donation for Community Projects' are defied as follows (source; Involuntary Resettlement Sourcebook, P22-23). Thus, DGHS would confirm these condition for each project site before starting the Community Clinic Construction. In addition, proposed monitoring procedure implemented by MOHFW to confirm if these criteria meet condition for land donation defined by WB policy also as follows; 1. The infrastructure must not be site specific.			

No	Questions (English)	Answer	Improvement Plan
	→ Confirmation of the condition of whether the land is NOT decided in compulsory manners that is whether the land is donated voluntarily. The land should not be decided prior to expression of interest for land donation. The owner(s) should join in the community group which is responsible in make a proposal to establish a community clinic, and the group will discuss whether the land to be donated is suitable or not.		
2.	The impacts must be minor, that is, involve no more than 10 percent of the area of any holding and require no physical relocation.		
	→ Confirmation of construction site map to check whether the land to be donated is not more than 10% of the total land of the owner. Confirmation of whether physical relocation is not involved.		
3.	The land required to meet technical project criteria must be identified by the affected community, not by line agencies or project authorities (nonetheless, technical authorities can help ensure that the land is appropriate for project purposes and that the project will produce no health or environmental safety hazards).		
	→ Obtain the proposal for community clinic construction prepared by the community group, and confirm whether the group members have discussed if the land to be donated is suitable or not. (The land should not be decided prior to expression of interest for land donation of land owner, and should be decided by community members) The name of community, representative, group members, land owners, location and necessary information should be described on that proposal.		
4.	The land in question must be free of squatters, encroachers, or other claims or encumbrances.		
	→ Confirmation of the proposal for community clinic construction prepared by community group in order to check no existence of such residence. Implementation hearing or interview at target community, if necessary.		
5.	Verification (for example, notarized or witnessed statements) of the voluntary nature of land donations must be obtained from <i>each</i> person donating land.		
	→ Confirmation of the proposal for community clinic construction prepared by community group. The name of all land owners, location, area for land donation (ex. ha, m ²), agreement of land owners should be included on that proposal.		
6.	If any loss of income or physical displacement is envisaged, verification of voluntary acceptance of community-devised mitigatory measures must be obtained from those expected to be adversely affected.		
	→ Confirmation of construction site map and proposal for community clinic construction prepared by community group to check if there are any displacement and to verify whether voluntary acceptance of mitigation measures is obtained from those expected to be adversely affected. (ex. confirmation of the access to public service and working place, how much livelihood of the land owner decrease, for example). Implementation hearing and interview to target community people.		
7.	If community services are to be provided under the project, land title must be vested in the community, or appropriate guarantees of public access to services must be given by the private titleholder.		
	→ Obtain the land title certificate of the community issued by Ministry of Land.		
8.	Grievance mechanisms must be available.		
	→ Confirmation of grievance mechanisms at each target community on whether it match The Principles on The Establishment of Community Clinic (MOHFW), the national ordinance/act defined on the Acquisition and Requisition of Immovable Property Ordinance (1982) and the Acquisition and Requisition of Immovable Property (Amendment) Act (1994).		
MOHFW shall inform to JICA about the result of these monitoring before start to all community clinic construction.			

Confirmed by:

Name and Signature _____

Date: _____

ANNEX 1: Request Letter from CBHC to DOE and No objection letter from DOE to CBHC

Government of the People's Republic of Bangladesh
Ministry of Health and Family Welfare
Community Clinic Project (RCHCE)
B/MRC Bhaban (1st Floor), Mohakhali, Dhaka-1212

Memo No: RCHCE/CBHC/JICA/2014/1/16 Date: 11.10.14

To
The Director General
Directorate of Environment
Star-o-Bangla Nagar
Dhaka

Sub: Request for Clearance/ No objection for establishment of Community Clinic in rural area of Bangladesh.

This is for your information that Community Clinic is being established in Bangladesh since 1998. It is a small Health facility located only in the rural area all over Bangladesh. It is a one stop service center for Health, Family Planning & Nutrition. It is a flagship program of the government. All the Community Clinics have been established on community donated land. It is the first contact point for the rural people particularly the poor & under privileged (Mothers & children) to get Primary Health Care services. For the management, each Community Clinic has one management body titled-Community Group (CG) comprising of the representatives of different sections of people in its catchment area. Target for establishment of Community Clinic is 13300, of which 13700 (92%) has already been made functional & about 300 are in different stages of construction that will be made functional within a short period. Community Clinic though named as clinic but in reality it is a prevention dominated Health facility & is basically meant for Health Education and Health promotion. In addition it provides treatment of minor ailments with some essential, simple & OTC medicine. It also supplies short acting Family Planning commodities to the eligible couples and screens non communicable diseases like hypertension, Diabetes. Emergency & Complicated cases are also referred to higher facilities from Community Clinics.

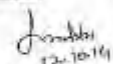
Community Clinic is not like other clinics where a lot of facilities/ service provisions exist e.g. outdoor/ emergency, indoor, diagnostic laboratory, Operation Theatre, X-ray, Blood Transfusion etc.

In the Environment Conservation Rule 1997 it is observed that in schedule-I (Classification of Industrial units/projects based on its location & impact on environment) in (C) Orange B category, serial # 25- Clinic & pathological Lab. is there and needs clearance from Directorate of Environment (DOE) for establishment. But Community Clinic is not a Clinic like other Clinic & Pathological Labs (Most of them are profitable) & doesn't have emergency, indoor, Operation Theatre, X-ray, Blood Transfusion and pathological Lab. facilities. It is a small Primary Health Care Centre of 323 square feet floor space (2 small rooms, 1 corridor & 1 wash room) at the door steps of rural people & community is involved in all its activities including management. It is absolutely a non profitable institute & till now is being implemented out of GOB fund in addition to that we have been trying to generate local fund, not at the cost of services but with voluntary contribution of the community. From Community Clinic no such waste- solid/liquid/gas is produced that can pollute soil/water/air. Even there is no reason for

noise pollution. By no means have Community Clinics created any adverse effect on the environment. It is absolutely an environmental friendly facility located in rural Bangladesh. JICA is interested to provide financial support for construction of 300 Community Clinics at this moment. As it is mentioned in The Environment Conservation Rule 1997 that Clinic & Pathological Lab is in Orange B -Category, so JICA is asking for clearance from DOE that Initial Environmental Examination (IEE) / the clearance for Clinic & Pathological Lab isn't applicable for Community Clinic.



In the light of above circumstances, I would like to request you for clearance/No Objection from DOE, so that the rest number of Community Clinics can be constructed with the support of JICA within the shortest possible time to provide Primary Health Care services to the rural people including very hard to reach remote & isolated areas of Bangladesh.

Enclosed: Record of discussion


 Dr. Makhdoom Nargis
 Additional Secretary &
 Project Director, RCHCE
 and Line Director, CBHC
 E-mail: rchceb@gmail.com

Copy for information:

- Secretary, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka (Attn: PS to Hon'ble Secretary)
- Director General, DGHS, Mohakhali, Dhaka-1212 (Attn: Director, Planning)
- Joint Chief, Planning, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka (Attention: Deputy Chief, Health)
- Chief Engineer, HED, 105/106, Motijheel C/A, Dhaka.
- Country Representative, JICA Bangladesh.

Government of the People's Republic of Bangladesh
Directorate of Environment
Paribesh Bhavan, E-16, Agargaon
Shere-e-Bangla Nagar, Dhaka-1207
www.doe-bd.org

Memo no:

Date: 11/07/14/21 Bangali
26/10/2014 English

Subject: No objection in favour of the project "Establishment of Community Clinic in Rural Area of Bangladesh"

Reference: Your Letter of 12.10.2014

In response to above subject this is to inform that under the project "Establishment of Community Clinic in Rural Area of Bangladesh" no objection is being given as directed by the authority, subject to follow the following issues in favour of constructed/ya. be constructed Community Clinic.

- a. Appropriate measures needs to be take to carry out the program of constructed/ya. be constructed Community Clinic in rural area, so that no negative impact arises on the surrounding environment. In view to establish disaster tolerant Community Clinic, the person/future/union should also be environmental friendly and sustainable.
- b. Hill/sentinal manual can be cut down and no water reservoir can be filled up for the establishment of Community Clinic.
- c. All protecting measures to be taken during construction of the project so that it cannot pollute the environment.
- d. Awareness campaign for the patient of Community Clinic about Health & Hygiene and Arsenic contamination to be arranged.
- e. Properly and safely disposed the waste material and hard rubbishes or recycled the waste materials in Hygiene manner.
f. Liquid waste created through domestic work will have to flow out properly through septic tank and soak pit.
g. Liquid waste using for washing floor cannot wash out beyond own boundary. These types of liquid wastes flowed out through septic tank and soak pit after keeping in settling those in settling tank.
- h. Proper and effective fulltime five protection measures to be ensured.
- i. To keep professional health protection in the Community Clinics, all effective and continuous arrangement is to be ensured.
- j. At present context for the proposal and Community Clinic do not require any clearance. But in future if operation theatre/indoor service, X-ray, Blood transfusion and Pathological Labary established in those clinics in that case from District/Divisional offices of the Dept. of Environment will issue such clearance as per rules of 1997.

Signed by
(Syed Nazmul Ahsan)
Deputy Director (Environment Clearance)
Phone #8121793

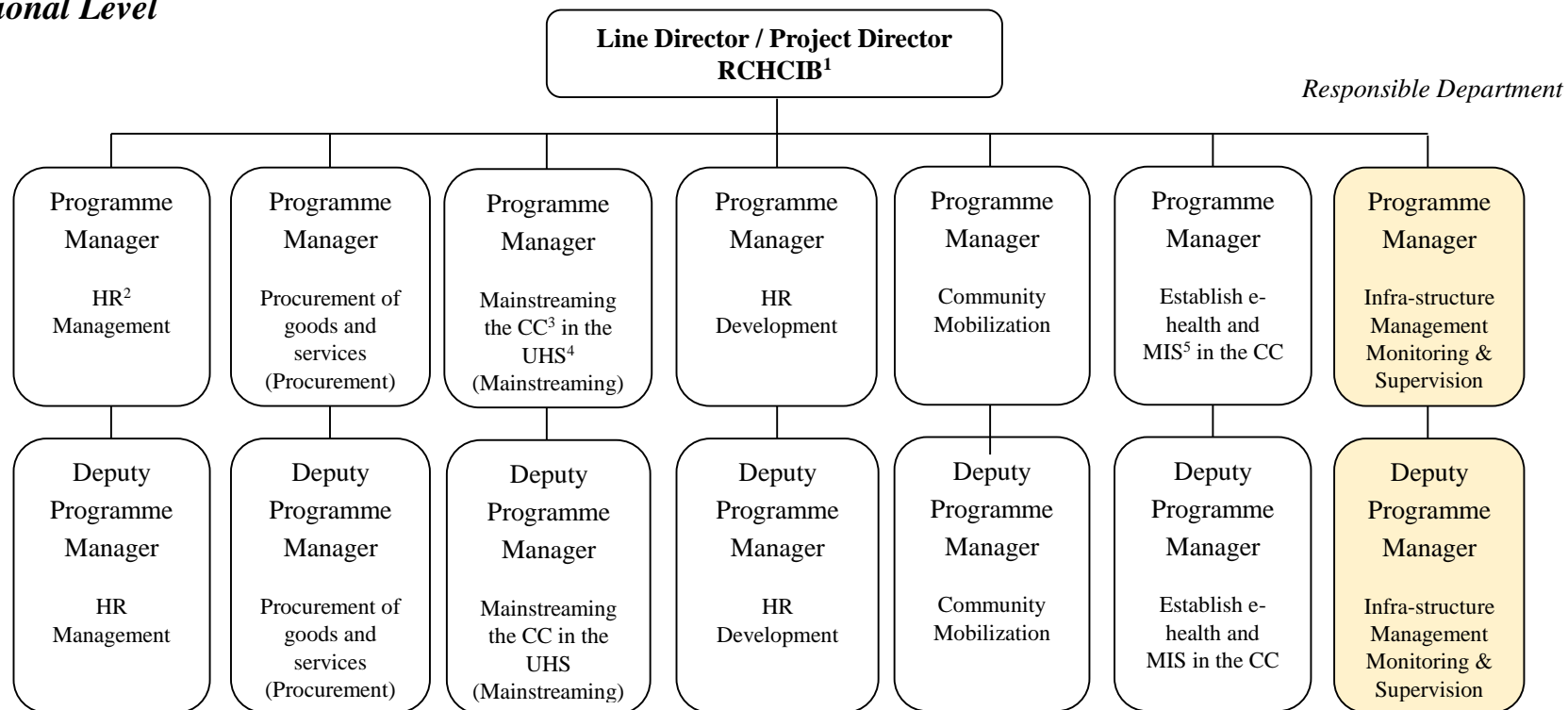
Additional Secretary and Project Director
Community Clinic Project (RCHCB)
And
Line Director, CBHC
BMRC Bhawan (1st floor),
Mokhal, Dhaka-1212

Copy Circulated to:

1, Assistant Director, Section of Director General, Director of Environment Head Quarter, Dhaka.

ANNEX 2: Organogram for Community Based Health Care

National Level



Acronyms:

(1) RCHCIB: Revitalization of Community Health Care Initiatives in Bangladesh

(2) HR: Human Resources

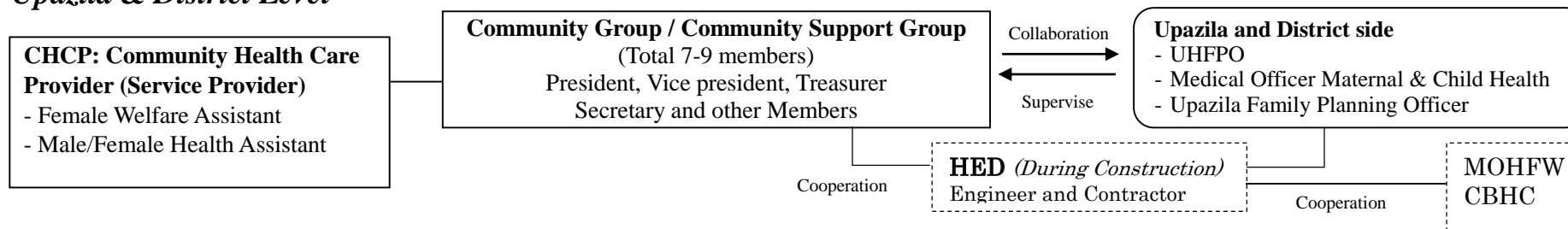
(3) CC: Community Clinic

(4) UHS: Upazila Health System

(5) MIS: Management Information System

(6) UHFPO: Upazila Health Family Planning Officer

Upazila & District Level



ANNEX 3: Handing Over Certificate (Sample)

FROM : PHONE NO. : OCT. 23 2014 10:31AM P1

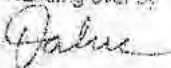
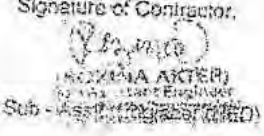
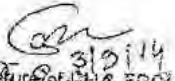
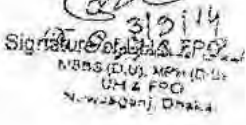
হাওরা কমিউনিটি ক্লিনিক নিঃ পুনর্নির্মাণ (২য় পর্যায়)

HANDING OVER CERTIFICATE

1. Name of Project : Construction works of Boro Barra Community Clinic at Barra Union under Nourabgonj Upazila in Dhaka District. (Package-01) under TIKAFund.
2. Name of Contractor : M/S. The Engineers & Builders.
157/188, Shah Gonibullaha R/A, Road-03
Khulshi-1, Chittagong.
3. Work order No & Date. Memo No: IED/Circle-01/CC(TIKAF) 212/2013/57, Dated: 29.08.13
4. Date of Layout : 21-09-2013.
5. Major Work Done :
 - a) Civil Work :
Construction of one storied Community Clinic on frame structure with two storied foundation having five rooms, two toilets and verandah with steel door and window, R.C.C floor, R.C pad on roof, outside weather coating & inside plastic paint complete in all respect.
 - b) Water Supply and sanitary Works (per Site).
 - i. Tube Well : 1 no. running in good condition.
 - ii. Sewerage disposal through pipe line with chary Well, Oriental 1no.
 - iii. Water supply done : Through over head tank and internal pipe line.
 - iv. Combi closet : 1no. Long pan : 1no. Plastic low down : 1no. Basin : 2 nos Glass shelf : 2 nos. Mirror : 2 nos. bib cock : 4 nos. Towel rail : 02 nos.
 - f) Electric Fitting Fixtures -
 - i. Wall bracket light : 15 nos.
 - ii. Ceiling Fan : 5 nos.
 - iii. Water Pump : 1set.
 - iv. Piano Switch
 - v. Socket
 - g) Furniture (Per Site).
 - (i) Examination Table : 1 no. (ii) Labour Table : 1 no. (iii) Plastic Chair : 6 nos. (iv) White board : 1 no. (v) Wooden - steel chair : 8 nos. (vi) Wooden - steel Table : 3 nos. (vii) Wooden-steel desk : 1 no. (ix) Steel Almirah : 2 nos (x) Steel file Rack : 1 no.

Work Completed in all respect and found in good working condition.

5 Hand over on (date)

<p>Handing over by</p> <p></p> <p>Signature of Contractor.</p> <p></p> <p>Sub - Assistant Engineer (HED)</p>	<p>Taking over by</p> <p>Representative of User</p> <p></p> <p>Signature of User</p> <p></p>
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ANNEX 4: World Bank Criteria Checklist

Project name: Community Clinic Construction Project

Location: Division _____ District _____

Name of leader of CC Committee: _____

Name of leader of UH&FPO: _____

Name of person who confirmed this checklist: _____

Confirmed date: _____

	Criteria	Check Item	Results/Condition
1	The infrastructure must not be site specific. (ANNEX 7)	✓ Confirmation the condition of construction site	
		✓ Obtain site map and drawing	
		✓ Obtain the proposal for community clinic construction prepared by community group, including minutes/proceedings of meetings of community groups	
		✓ Site reconnaissance, if needed	
2	The impacts must be minor, that is, involve no more than 10 percent of the area of any holding and require no physical relocation.	✓ Confirmation site map	
		✓ Confirmation of the percentage of donated land with the original land of land owner (no more than 10%)	
		✓ Implementation of site reconnaissance	
		✓ Implementation of hearing and interview	
3	The land required to meet technical project criteria must be identified by the affected community, not by line agencies or project authorities (nonetheless, technical authorities can help ensure that the land is appropriate for project purposes and that the project will produce no health or environmental safety hazards).	✓ Obtain the proposal for community clinic construction prepared by community group	
		✓ Confirmation of the contents of the proposal (the name of community, representative, committee members, land owners, location, proceedings of meetings of community group and necessary information)	

	Criteria	Check Item	Results/Condition
4	The land in question must be free of squatters, encroachers, or other claims or encumbrances.	✓ Confirmation of the proposal for community clinic construction prepared by community group	
		✓ Implementation of hearing and interview	
5	Verification (for example, notarized or witnessed statements) of the voluntary nature of land donations must be obtained from each person donating land.	✓ Confirmation of the proposal for community clinic construction prepared by community group	
		✓ The name of land owner	
		✓ The total area for land donation (ha, m ²)	
		✓ The deed agreement of land owners	
6	If any loss of income or physical displacement is envisaged, verification of voluntary acceptance of community-devised mitigatory measures must be obtained from those expected to be adversely affected.	✓ Confirmation of proposal for community clinic construction prepared by community member	
		✓ Confirmation of the how much livelihood of the land owner decrease due to land donation	
		✓ Implementation of hearing and interview	
7	If community services are to be provided under the project, land title must be vested in the community, or appropriate guarantees of public access to services must be given by the private titleholder.	✓ Obtain the land title certificate issued by Ministry of Land	
8	Grievance mechanisms must be available.	<ul style="list-style-type: none"> ✓ Confirmation grievance mechanism within community group ✓ Confirmation of proposal for community clinic construction prepared by community group to check grievance mechanisms on whether it match The Principles on The Establishment of Community Clinic (MOHFW), the national ordinance/act defined on the Acquisition and Requisition of Immovable Property Ordinance (1982) and the Acquisition and Requisition of Immovable Property (Amendment) Act (1994) ✓ Confirmation any problems and disputes which have occurred. 	

Reporting Format

Name of Upa-zila		1	
Name of Union		2	
Word No.(old) of the land		3	
Name of the village of proposed land		4	
Whether the alive old ward included under municipality/city corporation? (Y/N)		5	
Number of Population of that old ward		6	
Name of Community Clinic or other Health infrastructure in old ward (if any)		7	
Name and address of the currently interested donor including specification of 8 decimal land (if available)	Name	8	
	Address	9	
	Khatian No.	10	
	Dag/Plot No.	11	
	Quantity of land for donation (decimal)	12	
	Quantity of total land that donor has (decimal)	13	
Name and address of donor and specification of lands who already donated in favour of secretary	Whether donated in favour of secretary (Y/N)	14	
	Name	15	
	Address	16	
	Khatian No.	17	
	Dag/Plot No.	18	
	Quantity of land for donation (decimal)	19	
Quantity of total land that donor has (decimal)		20	
	Whether credentials documents available or not (Y/N)	21	
Remarks		22	

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Prepared by:
(Name, Designation and Phone No.)

Reporter:
(Name, Designation and Phone No.)

**ANNEX 5: MONITORING FORM for Community Clinic Construction
(Draft)
<During Construction>**

- Waste

Monitoring Item	Monitoring Results during Report Period
✓ Condition of General waste (date, type of waste, volume)	

- Noise/Dust

Item	Monitoring Results during Report Period	Reference (Bangladesh Standards)
Noise level		50-75 dB (6AM-9PM)
Dust		-

- Maintenance of Machineries and Equipment

Monitoring Item	Monitoring Results during Report Period
Description of the situation (place, date, condition etc.)	

- Usage of Water and Groundwater

Monitoring Item	Monitoring Results during Report Period
✓ Location	
✓ Amount of affected wells and pipes by construction	

- Accident

Monitoring Item	Monitoring Results during Report Period
✓ Detailed situation (date, location etc.)	

- Sanitation

Monitoring Item	Monitoring Results during Report Period
✓ Number and location of additional latrines for construction workers	

<During Operation>

- Waste

Monitoring Item	Monitoring Results during Report Period
✓ Condition of Medical waste (date, type of waste, volume)	

Reported by:

Name and Position: _____

Date: _____

ANNEX 6: PRINCIPLES ON THE ESTABLISHMENT OF COMMUNITY CLINIC

For the use of Government work only



PRINCIPLES ON THE ESTABLISHMENT OF COMMUNITY CLINIC

April, 1999

Ministry of Health and Family Welfare
Govt. of the people's Republic of Bangladesh.

Principles on the establishment of community clinic

1. **Preface:**

- 1.1. From July 1998, Government started the implementation work of Health and population sector programme (HPSP) with the objectives to provide quality Health and Family Planning Services through an inclusive integrated approach. National economic council approved the programme implementation plan (PIP) of HPSP in its executive meeting held on 28 June, 1998.
- 1.2. To establish a village level community clinic was the main intention in view to serve the rural population in respect to Health and Family Welfare from a definite center. Basic principle towards the establishment of such community clinic is to ensure community participation in taking initiatives, planning, maintenance and security.
- 1.3. Planning has been taken to set up our permanent community clinic for more or less 6000 rural population and in total 13500 for the whole country to facilitate door step integrated health and family planning services through an “Essential Service Package”. In metropolitan and municipality area there will not be necessary to establish such community clinic. For these area necessary primary Health services i.e. essential health and family welfare services will be provided through urban Health Centre under the control of City Corporation. Even people living in district and Sub district Head Quarter (HQ) nearer to union level Mother and child welfare centre (MCWC), sub district Health complex and those who are living in half an hour’s walking distance from union Health and Family Welfare Centre, no new community clinic will be constructed for them. Necessary service will be posted in existing MCWC of district H.Q, sub district Health complex and union Health and Family Welfare Centre to render community clinic services to the people of these areas. Similarly community clinics will be set up in the infrastructures like buildings constructed for multipurpose use by different ministries in ward level cyclone shelter at coastal belt, multipurpose buildings constructed by Saudi assistance etc. by posting necessary staff.

2. Planned service providing activities of the community clinics:

Community clinics will be developed transformed as the first stage of supply and distribution for essential service packages. As per desire of the community people, specific quality and integrated Health and Family Welfare service will be provided through these centres. Until and unless the community clinics are constructed and fully operationalized, service providing will be continued through house to house visit of existing system and satellite clinical activities. After operationalizing the community clinic fully, those who failed to come or show unwillingness to get services, they will be brought under service through house to house visit, even arrangement will be made for providing health services to those who are living in distant/remotest area after specific intervals. The following are the major services that will be provided through the community clinics.

- a. Under the reproductive health care; antenatal (Vaccination) care for pregnant mother, pregnancy period and postnatal services (service to new born baby as well)
- b. Timely preventive vaccination (for small pox, Hooping cough, Tetanus, polio etc.), necessary health services for baby and adolescent boys and girls.
- c. To take effective measures to eliminate malnutrition of the people in particular for women and children.
- d. To take preventive measures and facilitate limited treatment for the contagious diseases like Tuberculosis, Leprosy, Black fever, diarrhea.
- e. First Aid services for nominal injuries, snake-bite, sink in water, poisoning, fever, pain, asthma, skin diseases, worms, Respiratory problem(ARI) etc, in clocking general disease of eye, teeth and ear.
- f. Constant supply and distribution of temporary family planning products like condom, oral pill, etc.
- g. Insertion of IUD and/or pushing injection to interested women by the working family welfare visitor(FWV) of Union Health and Family Welfare Center(UHFWC).
- h. To refer the complex cases after giving first Aid quickly to UHFWC.
- i. To create group wise awareness and provide advice to incoming patients of the clinic for their behavioral change on good health, hygiene, cleanliness, sanitation, balanced food habit, vaccination for prevention, Breast-feeding benefit, prevention of diarrhea, nutritional aspects etc.

- j. Ensure Health services to incapable and unwilling persons and the people living in remotest area through house visit at specific interval.
- k. To bring back the people those who adopt temporary method for family planning and those who are under treatment for Tuberculosis and Leprosy but do not attend further in the clinic for taking pill/condom or for intaking medicine.

3. Duties and Responsibilities of site selection, Construction, Operations, Maintenance and Security of the community clinics:

Active participation of community population in government health and family welfare services is indispensable that objective joint initiative and planning has been taken between govt. and concerned community for proper execution of activities like site selection, construction, operation, maintenance and security measures of the community clinics. Government by placing all together a lump grant will ensure construction of community clinic and operationalize the services through procurement of necessary staff, medicine, apparatus, furniture and fittings. On the contrary community people will donate necessary land for site selection and ensure daily cleaning, necessary repairs including long-term maintenance/repairing/rehabilitation. For proper operations and rendering services of the community clinics, government will engage the supervisory teams of sub-district Health complex and Union Health and Family Welfare Centre for regular inspection, monitoring and supervision of the community clinics. Likewise concerned community will ensure overall supervision of the clinic through respective 'Community Group' as formed by local representatives. Moreover, in conjunction with the existing democratic environment at one end government machineries of sub districts/union/ward level are engaged in different activities, on the other hand few responsibilities are given to the elected representatives as well in their respective levels. For the purpose, duties and responsibilities of Govt. and community are as certain as described below:

3.1. Duties and Responsibilities of Govt.:

- a. To construct the community clinic by retaining the minimum quality including necessary facilities.
- b. To deploy/ recruit necessary staff (one female welfare Assistant and one Male/Female Health Assistant) for smooth operation and services of the community clinic.
- c. To ensure supply of necessary medicines, apparatus, furniture/ fittings.

3.2. Duties and responsibilities of the community:

- a. To donate necessary land in favour of government for the construction of clinic
- b. Daily maintenance of the clinic and completing necessary repair works.
- c. To keep long term maintenance of the clinic house and rehabilitations

4. Principles of the establishment of community clinic(CC)

Following principles need to be followed in view to site selection, construction and post construction operations, maintenance and security measures.

4.1. Annual plan for the construction of community clinic

At the beginning of each financial year, the line director (construction, Repair and maintenance) will include a construction plan in his operational plan of the said year. Immediately after the approval of this operational plan by the national steering committee, Line director plan (construction , Repair & Maintenance) will submit a thana wise break up based on population to the ministry for the construction of CC of that year. Ministry will then finalize a list on that and based on which, after completing the site selection within 20 days, a directive will be issued to all thana Health & Family Planning officer (TH &FPO) to submit the finalized site to the Line Director (Construction, Repair & maintenance) with copy to Thana Nirbahi Office (TNO) for information.

4.2. Produce Thana / Union Map Indicating the Location of Community:

Thana/Union map needs to be developed showing the location of the community for the construction of CC. TH&FPO in cooperation with Thana Engineer (Local Govt. Engineering Department) and other officials will produce the Thana/ Union map and reflect the community location based on population where the demarcation line needs to be shown for each community covering more or less of 6000 people. Afterwards he will show the Thana wise number of CC in the Map of Thana and Union for the concerned year. In that perspective peoples living in remotest areas and very little or no access to Health and Family Planning service will get priority. At the time of making demarcation of the Thana/Union population, following points needs to be considered:

a. For each community 6000 population have been earmarked and included in HPSP based on the geographical location. Housing pattern and concentration of population in the population of the catchments area of a community clinic shall be more or less 6000. Generally number of population of one community clinic area shall be limited 4500-7500 considering the fact that for ensuring the health services properly only 2 Health/Family Planning workers engaged. Comparatively where the population concentration is less as like Chittagong hill tract, Sylhet and other marsh area, Charland, Southern Part etc. A community clinic can be essentially established for less than 4500 population. In such cases distance in between clinic and home should be limited by maximum 1/2 hours' walking distance.

b. To execute the consideration of ½ hours walking distance the catchment area of the community clinic should keep as much as possible round shape. For that, if necessary some adjustment can be done with the boundary line of neighboring union.

4.3. **Community Group:**

Involvement of local people in the establishment of community clinics and its smooth operation and ensuring security is very essential. In view of that a 'Community Group' needs to be formed for the construction of each clinic, and for its management, operation and maintenance. Formation process of community group and its responsibility are stated below:

4.3.1. **Formation of community group:**

Community group needs to form by the nominated representatives who are to be selected more or less among 6000 population. This community group will be responsible for primary site selection, construction and post construction operation, maintenance and security. 'Union Health Inspector'/ Female inspector of Family welfare will take initiative to form Community Groups in co-operation with Union Council chairman. Community Group will maintain communication with sub district Health complex and Union Health and Family Welfare Centre for smooth operation and matters related to provide services. Community Group will perform their duties under the overall supervision of concerned union parishad chairman. Proposed Community Group will be formed as like shown below:

a. Number of members would be, 7-9 of which minimum 2 are female and donor of the land or his/her representation will be included.

b. Ward members must be included in this committee.

c. Chairperson of the Community Group will be elected by the members.

d. Family Welfare, Assistant/Health Assistant will be the member-secretary without voting right and render all sorts of secretarial cooperation

4.3.2 Responsibilities of the Community Group(CG):

- a. After selecting site, place in union parishad meeting for approved
- b. Complete the construction works by keeping its quality.
- c. Fix up the working time of CC which will not be less than 40 hrs per week.
- d. Ensure timely attendance of the service provider as per time schedule and proper quality service including overall supervision to keep the CC in operation.
- e. Provide assistance in respect to daily checking, necessary repair(Keep the clinic clear, checking all sorts of fittings, Fuel for Keroshine stove, make payment of electricity bill, Gas bill where applicable, repair the furniture etc.)
- f. Facilitate the longterm maintenance/repair/rehabilitation works(Burnishing, Changing roof repair of roof floor and walls etc).
- g. Taking proper initiative and make arrangement to instigate the cost to daily maintenance of the clinic, its rehabilitations/reconstruction.
- h. Ensure proper security measures of the clinic house, other infrastructure and other assets.
- i. To create awareness and inspiration of Community People about health, nutrition and family planning activities.
- j. In a month CG will seat for a meeting. In that meeting discussion will usally be held on the operation of clinic its maintenance, management, quality of the services, optimum use of the providing services and decisions taken accordingly. Major action for the coming month also schedule in monthly meeting.

4.4. Site selection:

4.4.1 Primary Selection;

Following the understand principle Community Group will select the site primarily for the construction of Community Clinic.

- a. Considering the benefit of more or less 6000 people site of a CC needs to selected
- b. Selected site be at the centre of the locality suitable for easy access and floodfree high land. In no way the site can be selected at low and/or Wetland.
- c. Site cannot be selected nearer to graveyard or funeral place
- d. Site will be located in safe place from river erotion.

- e. Site will be adjacent to a home so that the house owner and other can take the responsibility of security and safety.
- f. Distance in between 2 community clinics will be minimum two kilometers. Like wise distance of option. Thana Health Complex(THC) and existing/under construction/planned for construction Union Health and Family Welfare Center will be 2 K.M.
- g. For each CC minimum 5 decimal land will be required and the land owner will donate that is favour of Govt. permanently. If the land available in places more than one (Which are acceptable as per above conditions) in that case the land which provide more benefit will be acceptable. But condition can not be relaxed in cases where found easy available Land.
- h. If the donor of land is not found as per given principle(a-e) in that case Land acquisition or procedure can be considered. Cases like that, condition will be such that work for the establishment of CC will start first in donated land.

4.4.2. **Presentation of recommendation for primary land selection:**

Community Group members will discuss about the selection of land for Community clinic (CC) among themselves and finalize the proposal. Member secretary of the Community Group (CG) will present/ submit their final proposal/ recommendation to Union parishad (UP) chairperson within 3 days after getting final resolution. UP chairperson will present the recommended proposal on land selection of Community Group (CG) under his/her jurisdiction to up meeting within 7 days, after receiving from C.G. Chairperson of concerned UP then submit the finalized proposal for land selection along the proceeding of UP meeting and indicating the proposed land in Union Map to Thana (sub district) level committee of site selection for community clinic.

4.4.3 **Final Selection of land/Site:**

Thana (sub district) level committee for selecting site of CC is solely responsible for final selection. Thana Health and Family Planning Officer is the chairperson of Thana level committee. In each Thana (sub district) there will be a committee for final site selection of CC that comprises as follows:

1. Thana Health and Family Planning officer _____Chairperson
2. Chairperson of concerned UP _____ Member
3. Thana Engineer, local Govt. Engineering Department _____ Member
4. Assistant Family Planning Officer _____ Member Secretary.

- 4.4.3 Thana Level site selection committee for Community Clinic will finalize the proposals which are primarily selected by concerned union Parishad(UP) within 3 days after receive Then the final list of the selected sites will have to forward in favour of line director (Construction, repair & Maintenance), Health and Family Welfare Ministry . But before sending the final list, Thana site selection committee will have to be beyond doubt about the following aspects
- a. The site is selected as per clause 4.4.1(a-f).
 - b. The owner of selected site/Land is undisputed.
 - c. In the proposal G.L.No. khat an No. and dag(plot) No. of the land are mentioned in dirclseding the quantity of land will have to be written clearly.
 - d. The legal land owner donated the land in favour of government for construction of Community Clinic and the agreement completed formally.
 - e. Location of the selected plot has been shown in Thana/Union Map

4.4.4 Dispute and Appeal against the Land Selection:

Thana Nirbahi Officer will act as appellate officer. But as soon Upa-Zila chairperson take over his/her charges responsibility of appellate officer shifted to him and the Thana Nirbahi Officer will provide necessary assistance of any legal dispute arises regarding the selected land for Community Clinic by any person/persons; He/They will submit written objection to the chairperson Thana site selection Committee within 3 days after selection of Land. Thana level site selection Committee will take initiative to resolve the disputes in consultation with that/those person concern again forwards a written petition to Thana Nirbahi Officer/ Upazila chairperson within 4 days after the dispute resolution meeting with Thana site selection Committee. The appellate authority (Thana Nirbahi Officer/ Upazila chairperson) will resolve the dispute within 5 days after receiving the petition. Person/persons who raised the disputes with the claim that at time of Land selection condition as narrated in clauses 4.4.1 and 4.4.2 could not follow properly dispute in regard to land selection needs to be resolve completely by the Thana site selection Committee or appellate authority for consideration in no way.

4.4.5 **Final list of Selected Site/Land:**

After final selection of site/land for community clinic by the site selection Committee at Thana level, the chairperson will send the final list to line director (Construction, Repair and Maintenance), Ministry of Health and Family Welfare. Line director within 5 days after getting the final list of site/land from Thana Committee will issue direction to the Supervising Agency to supervise the construction (District/Division wise) as per list of the sites ahead.

5. Clinic House:

Design for constructing the clinic houses are planned with minimum cost and based on normal design in congenial with rural atmosphere (e.g main houses are to be built on pre-cost RCC pillars and the roofs may be congenial Tin/RCC and the wall may be constructed by 5 inch brick soling or corrugated tin in consideration with minimum long term cost and longevity. Doors and furniture may be made of MS Angles and iron sheets as alternative of wood in consideration of quality control and longevity. But the design may be of different depend and on the geographical locations and topography (e.g. areas like Hill-Track, Hoor charlands, coastal belt, cyclone prone areas of southern Pest etc). According to design highest estimated cost will be earmarked for constructing a clinic house in the donors Land except the cost of furniture and equipments. No additional financial liabilities of the government will be incurred beyond the estimated cost. But if the community people like to extend some more facilities of the clinic house in consideration of necessity locally from their own way, the government will not arise objection for such extra works.

Facilities of the clinic house will be as follows;

- a. Clinic house will be of highest 450 square feet housing 3 rooms. One room will be used for rendering health and family welfare service; another room will be used as examinational Labour room. The rest one will be arranged for seating the male and female patients by making partition by making partition inside.
- b. Separate toilet facilities for male and female
- c. A hand tub-well will be there beside the clinic house as a source of safe drinking water.

d. All Community Clinic will have to be decorated by the necessary equipments and furniture as described in Annex – A for proving essential service package.

6. Handing over the authority of Community Clinic:

As soon construction of Community Clinic completed concerned Executive Engineer or other officer on behalf of him will hand over the authority/ charges of Community Clinic to the chairperson of concerned Union Parishad so that the clinic can operationaize without delay.

7. Operation and Management:

On behalf of Community Group (CG), its member secretary will take over the responsibility for the operation of CC from the chairperson of UP. CC will communicate with TH & FPO and take initiatives to start funding of CC with immediate effect. Detailed directions on the operation and management of CC will be informed to all concerned in due course of time.

8. Effectivity:

8.1 This principle's will be effective immediately.

8.2 The previous directives regarding the administrative and financial aspect for the Union Health and Family Welfare Centre will not be changed and affected by this principle.

Annexure-1

Suppliable equipments and furnitures for each clinic:**EQUIPMENTS**

Sl.No	Description of items	Unit	No. of suppliable items in each clinic
1	Primary kits for treatment (Scissors, Forceps etc)	Kit	2
2.	Stethoscope with BP instruments	Set	1
3.	ToolKit (1 Gag, Gmask, 4 tharmometer, 2Timer, 1 Sensor Testing Kit etc)	Kit	1
4.	Insecticide spraying machine	No.	8
5.	Bathroom scale	No.	1
6.	Weight scale(For baby)	No.	1
7.	Kerosene stove	No.	1
8.	Hanging scale	No.	1

FURNITURES

Sl.No	Description of items	Unit	No. of suppliable items in each clinic
1	Delivery/Examin Table	No.	1
2.	Routine checkup Table	No.	1
3.	Steel Almirah(Comprise two compartments)	No.	1
4.	Blanked branch(For 4-5 persons)	No.	2
5.	Mat/Jajeem for service receiver	No.	2
6.	Blackboard with stand	No.	1
7.	Wooden/Plastic chair	No.	6
8.	Wooden Table (size 3 foot*21/2 foot)with single drayer	No.	1

ANNEX 7: Agreement of Land Donation (Sample)

Specimen Copy of the proceedings of Union Parishad (UP) on final selection of site based on the agreement of land donation.

Date of Meeting : 26.08.2014
Place of Meeting : UP office of Mognama Union
Time : 10.00 AM
Chairperson : Mr. Shahidul Mostofa Chowdhury, Chairman, UP, Pekua, Cox's Bazar.

Members attended in Meeting: 3 female UP members and 9 male UP members

Agenda of the Meeting:

1. Approval of last meeting minutes after reading and discussion
2. Regarding establishment of community clinic in old ward no. 3 (present ward 7, 8, 9) of the union
- 3) Miscellaneous

Discussions and decisions taken on relevant agent-2.

As per government declaration and principles of the establishment of community clinic one Mr. M. Sirajul Islam son fo late Alhaj Fazzlul Haq, village – Kolarpara, UP- Mognama, Pekua, Cox's Bazar showed his interest to donate 0.8 decimal land to serve the purpose. Accordingly Mr. Sirajul already donated his land (as he promised) through the legal agreement to establish the community clinic in old ward no.3 in the name of "Kolarpara Fazal Nahar Community Clinic". Mr. Sirajul is a social worker. All members of this meeting appreciated his donation. Finally all members opined to establish the community clinic in the location as per signed agreement and given undertaking of Mr. Sirajul. All members requested the chairman to inform the higher authority in writing, for next necessary action.

Vote of thanks given by chairperson at the end.

(Shahidul Mostofa Chowdhury)
Chairman
03 no. Mognama UP
Pekua, Cox's Bazar
Date-

Memo no. Mognama UP/Pk/Cox/44/2014

Copy for kind information to:

- 1) Additional Secretary and Project Director, RCHB, BMRC Bhaban
- 2) Civil Surgeon, Cox's Bazar
- 3) UNO, Pekua, Cox's Bazar
- 4) Concerned file

(Shahidul Mostofa Chowdhury)
Chairman
03 no. Mognama UP
Pekua, Cox's Bazar

Outline of a Quarterly Environmental and Social Performance Report to JICA

1. Basic Information

Project name Maternal, Neonatal and Child Health Improvement Project (Phase 2) (Health, Population and Nutrition Sector Development Program)

Sub project name Community Clinic Construction Project

Name of Organization: MOHFW (Ministry of Health, Family and Welfare)

Completed by (Name): _____

Position in Organization: _____

Reporting Period: From: _____ To: _____

Completed in (MM/YY) _____

2. Subprojects using JICA Funds during the Reporting Period

	Name of Subproject approved during the reporting period	Location	Estimated Project Cost (JPY/BDT)	Approval Date By MOHFW	Environmental Category	Reason of Categorization	Confirmation WB criteria	IEE preparation
1	Community Clinic Construction	<i>District and Division</i>			<i>F1/B or C</i>		<i>Clear or not clear</i>	<i>Completed and not completed</i>
2								
3								
4								
5								
6								
7								
8								

* Please refer Environmental and Social Categorization: Definition or II. 2.2. of JICA Guidelines for Environmental and Social Considerations (April 2010)

3. Subprojects using JICA Funds to be Approved in the Next FY

	Name of Subproject approved during the reporting period	Location	Project Cost (JPY/BDT)	Approval Date By MOHFW	Environmental Category	Reason of Categorization	Confirmation WB criteria	IEE preparation
1	Community Clinic Construction	<i>District and Division</i>			<i>F/B or C</i>		<i>Clear or not clear</i>	<i>Completed and not completed</i>
2								
3								
4								
5								
6								
7								
8								

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4. Environmental and Social Management System (ESMS)

Please describe if ESMS of your organization has changed in any way (e.g. establishment of a new division for environmental and social management) since JICA’s appraisal.