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**Compositon of Japanese Evaluation Study
for
Cho Ray Hospital Project**

Members of the Evaluation Mission

Team Leader

Prof. Oichiro KOBORI
Vice Director, International Medical Center of Japan

Cooperation Planning

Mr. Ryuji MATSUNAGA
Deputy Director, First Medical Cooperation Division,
Medical Cooperation Department , Japan International Cooperation Agency

Project Evaluation

Ms. Chiaki NAKAMURA
Project Manager,
Global Link Management, Inc.

ANNEX-(B)

Schedule of the Japanese Evaluation Team for Cho Ray Hospital Technical Cooperation Project

Dec.20 (Sun)	18:20	Arrival at Ho Chi Minh City by JL749
Dec.21 (Mon)	08:30	Courtesy Call to Director of CRH
		Evaluation Meeting
		Hospital Management Field (Chairman : Dr. Truong Van Viet)
	09:00	Opening
	09:10	General Hospital Management
	09:50	Hospital Information System
	10:30	Nursing Management
	11:10	Discussion
	11:30	End of morning session
		Clinical Field (Chairman : Dr. Oichiro Kobori)
	14:00	Neurosurgical field
	14:20	Digestive diseases (GEHD, GSD)
	14:50	Renal diseases
	15:10	ICU (Medical, Nursing)
	15:40	Presentation for Project follow-up plan
	16:00	Discussion
	16:30	End of afternoon session
Dec.22 (Tue)		Joint Coordination Committee (Chairman : Dr. Trinh Bang Hop)
	09:00	Summarization of the result of Evaluation Meeting
	09:30	Presentation for in-country Training Project for CRH
	10:00	Comment by Japanese evaluation team
	10:20	Study on the draft of Joint Evaluation Report
	10:50	Study on the draft of Minutes of Discussion
	11:20	Conclusion by Ministry of Health
	11:30	Signing ceremony
	12:00	Lunch hosted by Cho Ray Hospital
	16:00	Courtesy call to Consul General of Japan in HCMC

Dec.23 (Wed)	10:20	Leaving to Ha Noi by VN216
	14:00	Visit Bach Mai Hoapital (Dr. Tran Quy - Director)
Dec.24 (Thu)		Reporting to Ministry of Health (Chairman : Vice Minister of Health)
	08:30	Report by Cho Ray Hospital
	09:30	Review of the Project by JICA expert team
	10:00	Question and Answer
	10:30	Comment by Japanese evaluation team
	10:45	Comment by Dept. of International Cooperation, MOH
	11:00	Comment by JICA Viet Nam Office
	11:15	Comment by Chairman, Ministry of Health
	11:30	End of the session
	12:00	Lunch hosted by Japanese evaluation team
	15:00	Visit JICA Viet Nam Office (Mr. JIBIKI - Resident Repre.)
	16:00	Visit Embassy of Japan (Mr.MIYAHARA, Mr. ITO)
Dec.25 (Fri)	10:00	Leaving to Japan by CX790

Schedule of the Japanese Evaluation Team (PCM)

for Cho Ray Hospital Technical Cooperation Project

Ms. Chiaki Nakamura (PCM Consultant)

Jan.24 (Sun)	18:20	Arrival at Ho Chi Minh City by JL749
Jan.25 (Mon)	08:30	Courtesy Call to Director of CRH
	09:00	Meeting with JICA Expert team
	13:30	Interview with some persons in charge of ;
	13:30	-General.hospital management field
	14:00	-Hospital information system field
	14:30	-Nursing management field
	15:00	-Neurosurgery field
	15:30	-Digestive diseases field
	16:00	-Renal diseases field
	16:30	-ICU field
Jan.26 (Tue)	08:30	Preparation for PCM workshop
	13:30	PCM workshop
Jan. 27 (Wed)	08:30	Preparation of the final draft of Joint Evaluation Report
	14:00	Reporting to the director board of CRH
Jan.28 (Thu)	11:00	Leaving for Ha Noi by VN218
	15:00	Reporting to Dep. of International Cooperation, M.O.H
Jan. 29 (Fri)	09:00	Reporting to JICA Viet Nam Office
	10:30	Reporting to Embassy of Japan
Jan. 30 (Sat)	11:20	Leaving for Hong Kong by CX794

ANNEX-(C)

THE ATTENDANCE

TO THE JOINT COORDINATING COMMITTEE (December 22, 1998)

Japanese side

Japanese Evaluation Team

Dr. Oichiro KOBORI

Team leader

(International Medical Center of Japan)

Mr. Ryuji MATSUNAGA

Cooperation Planning

(Japan International Cooperation Agency)

JICA Expert Team

Dr. Minoru AKIYAMA

Chief Advisor

Mr. Akira KODAMA

Coordinator

Mr. Kazuyuki KOBAYASHI

Maintenance of Medical Equipment

Ms. Noriko KATO

Nursing Management

Vietnamese side

Ministry of Health

Trinh Bang HOP M.D.

Director, International Cooperation Dept.

Cho Ray Hospital

Ph.D. Truong Van VIET M.D.

Director

Dr. Nguyen Van CU M.D.

Vice Director

Dr. Ha Van DUC M.D.

Vice Director

Prof. Trinh Kim ANH

Former Director

Dr. Pham Thi Nguyet ANH

Vice Director/Chief of General Planning Dept.

Dr. Hoang Hoa HAI

Chief of Training Dept.

Ms. Dang Minh HIEN

Chief of Financial Dept.

Ms. Thai Thi Kim NGA R.N.

Chief of Nursing Dept.

Ms. Tran Thi Thu HO R.N.

Former Chief of Nursing Dept.

Mr. Nguyen Van DIEN

Chief of Supply and Material Dept.

Dr. Le Hong HA

Chief of ICU

Dr. Phung Van DUC

Chief of Neurosurgical Dept.

Dr. Nguyen Ba NHUAN

Chief of General Surgery Dept.

Dr. Do Quang HUY	Chief of General Surgery Dept.
Dr. Nguyen Mau ANH	Former Chief of General Surgery Dept.
Dr. Tran Ngoc SINH	Chief of Urology Dept.
Prof. Nguyen Doan HONG	Chief of Cardiosurgery Dept.
Dr. Le Thi Thanh THAI	Chief of Cardiological Dept.
Dr. Phung Minh THUY	Chief of Pneumo-Nephrology Dept.
Dr. Nguyen Thu LIEN	Chief of Gastro-Entero-Hepatology Dept.
Dr. Dang Thi Bach CUC	International Relation Division
Mr. Le Xuan ANH	Supply and Material Dept.
Dr. Le Thanh NI	Chief of HIS Unit
Dr. Le Tuyet HOA	Training Dept.
Dr. Nguyen Thi Thu LANH	Chief of Hemodialysis Unit
Dr. Vo Xuan QUANG	Gastro-Entero-Hepatology Dept.

Tentative Schedule of Implementation
For the Extended Period of Cho Ray Hospital Technical Cooperation Project

Japanese Fiscal Year 1998/99	Month	4	5	6	7	8	9	10	11	12	1	2	3	4
1. Dispatch of Japanese Expert (Long term)	1. Chief Advisor													
	2. Coordinator													
	3. Medical Equipment Management													
	4. Nursing Management													
2. Dispatch of Japanese Expert (Short term)	1. Hospital Management													
	2. Hospital Management													
	3. Hospital Management													
	4. Hospital Management (HIS)													
	5. Hospital Management (HIS)													
	6. Nursing Management													
	7. Neurosurgery													
	8. Neurosurgery													
	9. Digestive Diseases													
	10. Digestive Diseases													
	11. Renal Diseases													

Tentative Schedule of Implementation
For the Extended Period of Cho Ray Hospital Technical Cooperation Project

Japanese Fiscal Year 1998/99	Month	4	5	6	7	8	9	10	11	12	1	2	3	4
	12. ICU													
	13. ICU													
	14. ICU Nursing													
	15. Hospital Management													
	16. Hospital Management													
	17. Digestive Diseases													
3. Training of Vietnamese Personnel in Japan														
	1. ICU													
	2. ICU Nursing													
	3. Hospital Management													
	4. Histopathology													
	5. Hospital Management (Training)													
	6. Nursing Management													
4. Provision of Machinery and Equipment														
5. Dispatch of Japanese Mission														
	1. Evaluation Mission													

Project Design Matrix (PDM) For Evaluation: Cho Ray Hospital Technical Cooperation in the Socialist Republic of Viet Nam

Duration : April 1, 1998 ~ March 31, 1999
Target Group : Selected fields of staff in Cho Ray Hospital.

NARRATIVE SUMMARY		OBJECTIVELY VERIFIABLE INDICATORS		MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS	
OVERALL GOAL Health services in Ho Chi Minh City and Southern Provinces is upgraded.		<ul style="list-style-type: none">- No. of medical staff of SP hospitals who participated in the training course and apply the knowledge and technique well.- No. of medical staff of SP hospitals use the medical information sent by CRH.		Interviews to C/P and JICA experts.	The priority of government policy on the health will not change.	
PROJECT PURPOSE The function of Cho Ray Hospital as the top referral hospital in the Southern part of the country is improved.		Cho Ray Hospital contributes the improvement of the medical situation of southern provinces. <ul style="list-style-type: none">- No. of cases from southern provinces is increased.- No. of training courses involving southern provinces at CRH is increased.- No. of participants of SP hospitals in the training courses offered by CRH is increased.		Annual data by general planning department.	<ul style="list-style-type: none">- CRH have financial sustainability after the project.- CRH have enough support from other organizations.	
OUTPUTS		1) Hospital management in Cho Ray Hospital is improved. (Output no. 1,2,3) <ul style="list-style-type: none">1-1 General hospital service is upgraded.<ul style="list-style-type: none">-No. of claims by patients is decreased.1-2 General financial management is comprehensive.<ul style="list-style-type: none">-Balance between revenue and expense is proper.1-3 Coordination activity is improved.<ul style="list-style-type: none">-Bed occupancy rate is decreased.1-4 Financial management is upgraded.<ul style="list-style-type: none">-No. of mis-operations is decreased.1-5 Medical record management is upgraded.<ul style="list-style-type: none">-No. of lost medical record is decreased.1-6 Library is upgraded.<ul style="list-style-type: none">-No. of usage of library is increased.1-7 Medical equipment management is upgraded.<ul style="list-style-type: none">-No. of inspected equipment is increased.1-8 Educational activities are strengthened.<ul style="list-style-type: none">-No. of clinical conference is increased.		2) The clinical technique and skill are upgraded. (Output no. 4,5,6,7) <ul style="list-style-type: none">1 Contribution to SPs.<ul style="list-style-type: none">-No. of trainees from SPs.2 Disease care is upgraded.<ul style="list-style-type: none">-Mortality rate is decreased.3 Diagnosis is upgraded.<ul style="list-style-type: none">-No. of diagnosis procedure is increased.-No. of misdiagnosis is decreased.4 Treatment is upgraded.<ul style="list-style-type: none">-No. of treatment procedure is increased.5 Research activity is expanded.<ul style="list-style-type: none">-No. of scientific papers is increased.6 Educational activity is expanded.<ul style="list-style-type: none">-No. of clinical conference is increased.	<ul style="list-style-type: none">- Data collected by each department.- Patient's satisfaction study.	Trained C/P stay working in CRH.
1) General hospital management in Cho Ray Hospital is upgraded.		1-1 General hospital service is upgraded. <ul style="list-style-type: none">-No. of claims by patients is decreased.				
2) Hospital information network system in Cho Ray Hospital is upgraded.		1-2 General financial management is comprehensive. <ul style="list-style-type: none">-Balance between revenue and expense is proper.				
3) Nursing service and nursing management in Cho Ray Hospital are upgraded.		1-3 Coordination activity is improved. <ul style="list-style-type: none">-Bed occupancy rate is decreased.				
2) The clinical technique and skill are upgraded.		1-4 Financial management is upgraded. <ul style="list-style-type: none">-No. of mis-operations is decreased.				
4) Clinical training skill on neurosurgery in Cho Ray Hospital is upgraded.		1-5 Medical record management is upgraded. <ul style="list-style-type: none">-No. of lost medical record is decreased.				
5) Clinical training skill on digestive diseases in Cho Ray Hospital is upgraded.		1-6 Library is upgraded. <ul style="list-style-type: none">-No. of usage of library is increased.				
6) Clinical training skill on renal diseases in Cho Ray Hospital is upgraded.		1-7 Medical equipment management is upgraded. <ul style="list-style-type: none">-No. of inspected equipment is increased.				
7) Clinical training skill on ICU in Cho Ray Hospital is upgraded.		1-8 Educational activities are strengthened. <ul style="list-style-type: none">-No. of clinical conference is increased.				

ACTIVITIES	INPUTS	IMPORTANT ASSUMPTIONS
<p>1) Experts provide consultation on planning skill for training activities.</p> <p>1-2 Organize training courses on clinical fields.</p> <p>1-3 Experts transfer maintenance skill for medical equipment to counterpart.</p> <p>1-4 Experts provide consultation on management of medical equipment.</p> <p>1-5 Study on patient satisfaction.</p> <p>1-6 Follow up the result of first 3 years cooperation.</p> <p>2-1 Expand the HIS to all the wards.</p> <p>2-2 Train every staff concerned with HIS how to use the system.</p> <p>2-3 Provide useful data for hospital management.</p> <p>2-4 Draw plan for future development of HIS.</p> <p>3-1 Experts provide consultation on nursing management.</p> <p>3-2 Draw a comprehensive staff training curriculum.</p> <p>3-3 Make out a standard nursing care plan.</p> <p>3-4 Undertake nursing research.</p> <p>3-5 Make out a manual for ICU nursing.</p> <p>2) Experts transfer clinical technique to counterpart.</p> <p>4-1 Experts provide consultation on neurosurgical training activities.</p> <p>4-2 Draw a comprehensive training curriculum.</p> <p>4-3 Make out a manual for neurosurgery.</p> <p>5-1 Experts transfer clinical technique to counterpart.</p> <p>5-2 Experts provide consultation on digestive disease training activities.</p> <p>5-3 Draw a comprehensive training curriculum.</p> <p>5-4 Make out a manual for digestive disease.</p> <p>6-1 Experts transfer clinical technique to counterpart.</p> <p>6-2 Experts provide consultation on renal disease training activities.</p> <p>6-3 Draw a comprehensive training curriculum.</p> <p>6-4 Make out a manual for renal disease.</p> <p>7-1 Experts transfer clinical technique to counterpart.</p> <p>7-2 Experts provide consultation on ICU training activities.</p> <p>7-3 Draw a comprehensive training curriculum.</p> <p>7-4 Make out a manual for ICU and ICU nursing.</p>	<p>Japanese Side</p> <p>1 Dispatch experts.</p> <p>(a) Long term experts</p> <ul style="list-style-type: none"> -Chief Advisor -Coordinator -Medical Equipment -Nursing Management <p>(b) Short term experts.</p> <ul style="list-style-type: none"> -Hospital Management -Nursing Management -Neurosurgery -Digestive Diseases -Renal Diseases -ICU -ICU Nursing <p>2 Counterpart training in Japan</p> <ul style="list-style-type: none"> - ICU - Hemodialysis Nursing - Hospital Management - Histopathology - Nursing Management <p>3 Provide equipment.</p> <p>4 Cost sharing for local</p>	<p>1 The provision of equipment is not delayed.</p> <p>2 The experts dispatch timely.</p> <p>3 Staff who have received training remain at CRH.</p> <p>4 Attitude/cooperation of staff remain positive.</p>
	<p>Vietnamese Side</p> <p>1 Provision Vietnamese counterpart.</p> <p>2 Provision of office accommodation.</p> <p>3 Running expenses</p>	<p>PRECONDITIONS</p> <p>Ministry of Health accept and support the project.</p>

1. Hospital Management Field (General)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal</p> <p>Hospital management in Ho Chi Minh City and Southern Provinces are upgraded.</p>		<p>1. Annual health statistics book by MOH</p>	<p>CRH and MOH support the contribution activities for southern provinces in the hospital management field.</p>
<p>Project Purpose</p> <p>General Hospital management in Cho Ray Hospital is upgraded.</p>			<p>CRH administrator pay more attention to the activities of hospital management.</p>
<p>Outputs</p> <p>1. Cho Ray Hospital contribute the improvement of the medical situation in southern provinces.</p> <p>2. General hospital service is upgraded.</p> <p>3. General financial management is comprehensive.</p> <p>4. Coordination activity is improved.</p> <p>5. Financial management is upgraded.</p> <p>6. Medical record management is upgraded.</p> <p>7. Library is upgraded.</p> <p>8. Medical equipment management is comprehensive.</p> <p>9. Nursing management is upgraded.</p> <p>10. Educational activities are strengthened.</p> <p>11. Hospital Information System (HIS) is upgraded.</p>	<p>1. Contribution to southern provinces (SPs)</p> <p>1-1. Number of trainees from SPs</p> <p>1-2. Number of cases from SPs</p> <p>1-3. Number of informations for SPs</p> <p>2. General hospital service</p> <p>2-1. Mean hospital stay</p> <p>2-2. Patients' satisfaction</p> <p>2-3. Coverage of dietary service</p> <p>3. General financial management</p> <p>3-1. Proper balance between revenue and expenditure</p> <p>3-2. Productivity</p> <p>4. Coordination activity</p> <p>4-1. Bed occupancy rate > 140%, < 80%, etc.</p> <p>5. Financial management</p> <p>5-1. Number of mistake</p> <p>5-2. Amount of uncollected hospital fee</p> <p>5-3. Collection ratio of uncollected fee</p> <p>6. Medical record management</p> <p>6-1. Total number of utility</p> <p>6-2. Lost medical record</p> <p>6-3. Number of incomplete data</p> <p>7. Library</p> <p>7-1. Utility</p> <p>- readers, borrowers, etc</p> <p>7-2. Volume</p> <p>- books, kind of journals</p> <p>8. Medical equipment management</p> <p>8-1. Operation ratio of ME</p> <p>8-2. Successful ratio of repairing</p> <p>8-3. Regular inspection</p> <p>8-4. Regular checking</p> <p>8-5. Number of manual</p> <p>8-6. Useful statistics</p> <p>9. Nursing management</p> <p>---see Nursing Service</p> <p>10. Educational activities</p> <p>10-1. Number of seminars</p> <p>10-2. Number of training courses</p> <p>10-3. Number of conference in each department.</p> <p>10-4. Number of conference among some department</p> <p>10-5. Number of journal club</p> <p>10-6. Number of reading circle</p> <p>10-7. Number of mini-lectures</p> <p>10-8. Number of curriculums</p> <p>10-9. Number of manuals</p>	<p>Data are collected by each department.</p>	<ul style="list-style-type: none"> Monitoring system of each department's activities by the hospital is established. Self-monitoring system by each department is established.
<p>Activities</p> <p>1. To accelerate training activities of CRH</p> <p>2. To improve planning activities</p> <p>3. To analyze financial report in detail and make reasonable financial plan</p> <p>4. To manage medical equipment effectively</p> <p>5. To follow up the result of 3 years cooperation</p> <p>6. To establish evaluation system in CRH</p> <p>7. To improve nursing management</p> <p>8. To upgrade HIS</p>	<p>Inputs</p> <p>Japan</p> <p>1. Dispatch of experts</p> <p>2. Accepting trainee</p> <p>3. Equipment supply</p> <p>Viet Nam</p> <p>1. Counterpart</p> <p>2. Maintenance cost for the equipment</p> <p>3. Supply of spare parts and consumption goods</p> <p>4. Taxes and transportation cost for the equipment</p>		<ul style="list-style-type: none"> The provision procedures are not delayed. The experts dispatch timely. <p>Pre-conditions</p>

2. HIS Field (Hospital Information System)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal Hospital Information System in Southern Provinces is upgraded.		1. Annual health statistics book by MOH	CRH and MOH support the contribution activities for southern provinces in HIS field.
Project Purpose Hospital Information Network System in Cho Ray Hospital is upgraded.			CRH administrator supports the activities of HIS field.
Outputs 1. HINS is extended to the wards. 2. Existing HINS runs smoothly. 3. Every staff concerned with HINS is well trained. 4. Hospital manager utilize the data from HINS effectively for the improvement of hospital management. 5. Future extension plan for HINS is created.	1. Number of reference by request 2. Number of registered operator 3. Number of network computers 4. Kinds of statistics table by the database	1-4. Data provided by ICR	<ul style="list-style-type: none"> Monitoring system of each department's activities by the hospital is established. Self-monitoring system by each department is established.
Activities 1. To extend HINS to the wards 2. To maintain existing HINS 3. To output effective data for hospital management 4. To train the staff concerned with HINS	<p>Inputs</p> <p>Japan</p> <p>1. Dispatch of experts 2. Equipment supply Vict Nam</p> <p>1. Counterpart 2. Maintenance cost for the equipment 3. Supply of spare parts and consumption goods 4. Taxes and transportation cost for the equipment</p>		<ul style="list-style-type: none"> The provision procedures are not delayed. The experts dispatches timely. <p>Pre-conditions</p>

3. Nursing Service Field

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal</p> <p>1. Nursing service in Southern Provinces is upgraded.</p> <p>2. Nursing management in Southern Provinces is upgraded.</p>		<p>1. Annual health statistics book by MOH</p>	<p>CRH and MOH support the contribution activities for southern provinces in the nursing management field.</p>
<p>Project Purpose</p> <p>1. Nursing service in Cho Ray Hospital is upgraded.</p> <p>2. Nursing management in Cho Ray Hospital is upgraded.</p>			<p>CRH administrator supports the activities of nursing service and nursing management activities.</p>
<p>Outputs</p> <p>1. Knowledge of the nurses is upgraded.</p> <p>2. Nursing skill is upgraded.</p> <p>3. Quality of nursing care is upgraded.</p> <p>4. Education activity is upgraded.</p> <p>5. Nursing research activity is increased.</p> <p>6. Nursing management is upgraded.</p> <p>7. Manual for ICU nursing is published.</p>	<p>1. Score of the annual examination</p> <p>2. Ratio of nurses who can use modern medical equipment.</p> <p>3. Number of inpatient</p> <p>4-1. Number of educational activities</p> <p>4-2. Number of participants for educational activities</p>	<p>1.-6. Data are collected by NSD.</p>	<ul style="list-style-type: none"> Monitoring system of each department's activities by the hospital is established. Self-monitoring system by each department is established.
<p>Activities</p> <p>1. To undertake reasonable nursing management</p> <p>2. To make comprehensive staff's training curriculum</p> <p>3. To make standard nursing care plan</p> <p>4. To undertake nursing research</p> <p>5. To make manual for ICU nursing</p>	<p>Inputs</p> <p>Japan</p> <p>1. Dispatch of experts</p> <p>2. Equipment supply</p> <p>Viet Nam</p> <p>1. Counterpart</p> <p>2. Maintenance cost for the equipment</p> <p>3. Supply of spare parts and consumption goods</p> <p>4. Taxes and transportation cost for the equipment</p>		<ul style="list-style-type: none"> The provision procedures are not delayed. The experts dispatch timely. <p>Pre-conditions</p>

4. Neurosurgical Disease Care Field

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal</p> <p>Health service in the field of neurosurgery in Ho Chi Minh City and Southern Provinces are upgraded.</p> <p>Project Purpose:</p> <p>1. Neurosurgical technique of Cho Ray Hospital is upgraded</p> <p>2. Cho Ray hospital contributes to the improvement of medical situation of southern provinces in neurosurgery field.</p>		<p>1. Annual health statistics book by MOH</p>	<p>1. CRH administrator supports the activities of neurosurgery.</p> <p>2. CRH and MOH support the contribution activities for southern provinces</p>
<p>Outputs</p> <p>1. Cho Ray hospital contribute for the improvement in neurosurgical disease care field to southern provinces.</p> <p>2. Neurosurgical disease care in Cho Ray hospital is improved generally.</p> <p>3. Neurosurgical diagnosis is upgraded</p> <p>4. Neurosurgical treatment is upgraded</p> <p>5. Research activity is increased.</p> <p>6. Educational activity is improved.</p> <p>7. Manual for emergency neurosurgery is published.</p> <p>8. Comprehensive training curriculum for neurosurgery is made.</p>	<p>1. Contribution to the southern provinces</p> <p>1-1. The number of trainee from southern provinces</p> <p>2. Upgrading general hospital care</p> <p>2-1. Mortality of head trauma</p> <p>2-2. Mortality of elective neurosurgical diseases</p> <p>2-3. Ratio of cases with complication which require another operation</p> <p>2-4. Infection after shunt operation</p> <p>2-5. Mean hospital stay</p> <p>2-6. Patient satisfaction</p> <p>3. Upgrading diagnosis</p> <p>3-1. Number of diagnostic procedure</p> <p>-a. CT scan with contrast study</p> <p>-b. Sclerotherapy</p> <p>-c. Stereotaxy</p> <p>3-2. Number of doctors who can perform diagnostic procedure</p> <p>-a. Sclerotherapy</p> <p>-b. Stereotaxy</p> <p>3-3. Misdiagnosis</p> <p>-a. Total</p> <p>-b. Brain tumor</p>	<p>4. Upgrading treatment</p> <p>4-1. Ratio of microneurosurgery for elective surgery</p> <p>4-2. Number of new therapeutic technique</p> <p>4-3. Number of doctors who can perform microneurosurgery</p> <p>5. Expanding research activities</p> <p>5-1. Number of scientific papers</p> <p>5-2. Number of scientific presentations</p> <p>6. Expanding educational activities</p> <p>6-1. Number of journal club</p> <p>6-2. Number of mini-lecture</p> <p>6-3. Number of training courses</p> <p>6-4. Number of reading circle</p> <p>6-5. Number of clinical conferences</p> <p>7. Manual for emergency neurosurgery</p> <p>8. Training curriculum for neurosurgery</p>	<p>1. Annual data by general planning department</p> <p>2-1-2-5, 3-8. Data by neurosurgery department</p> <p>2-6. Patient's satisfaction study</p>
<p>Activities</p> <p>1. To make comprehensive staff's training curriculum</p> <p>2. To make manual for emergency neurosurgery diseases</p> <p>3. To undertake microneurosurgery training</p> <p>4. To hold regular educational activities</p>	<p><u>Inputs</u></p> <p>Japan</p> <p>1. Dispatch of experts</p> <p>2. Equipment supply</p> <p>Viet Nam</p> <p>1. Counterpart</p> <p>2. Maintenance cost for the equipment</p> <p>3. Supply of spare parts and consumption goods</p> <p>4. Taxes and transportation cost for the equipment</p>		<p>• The provision procedures are not delayed.</p> <p>• The expert dispatches timely.</p> <p>Pre-conditions</p>

5. Digestive Disease Care Field

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal</p> <p>Health service in the field of digestive disease care in Ho Chi Minh City and Southern Provinces are upgraded.</p> <p>Project Purpose</p> <p>1. Diagnostic and treatment technique for digestive disease in Cho Ray Hospital is upgraded</p> <p>2. Cho Ray hospital contributes to the improvement of medical situation of southern provinces in digestive disease care field.</p> <p>Outputs</p> <p>1. Cho Ray hospital contribute for the improvement in digestive disease care field to southern provinces.</p> <p>2. Digestive disease care in Cho Ray hospital is improved generally.</p> <p>3. Diagnosis for digestive diseases is upgraded</p> <p>4. Treatment for digestive diseases is upgraded</p> <p>5. Research activity is increased</p> <p>6. Educational activity is improved.</p> <p>7. Manual for endoscopy examination is published.</p> <p>8. Manual for laparoscopic surgery is published.</p> <p>9. Comprehensive training curriculum for digestive disease care is made.</p>	<p>1. Contribution to the southern provinces</p> <p>1-1. The number of trainee from southern provinces</p> <p>2. Upgrading general hospital care</p> <p>2-1. Mortality of digestive diseases</p> <p>2-2. Ratio of cases with complication</p> <p>2-3. Mean hospital stay</p> <p>2-4. Patient's satisfaction study</p> <p>3. Upgrading diagnosis</p> <p>3-1. Number of endoscopic study</p> <p>3-2. The number of doctors who can perform endoscopic study</p> <p>3-3. Number of double contrast study</p> <p>3-4. The number of staff who can perform double contrast study</p> <p>3-5. Number of PTC(D)</p> <p>3-6. Misdiagnosis ratio</p> <p>4. Upgrading treatment</p> <p>4-1. Number of endoscopic treatment cases</p> <p>4-2. Number of doctors who can perform endoscopic treatment</p> <p>4-3. Number of new technique</p>	<p>1. Annual data by general planning department</p> <p>2-1-2-3, 3-9. Data by GCHD and GSD</p> <p>2-4. Patient satisfaction study</p>	<p>1. CRH administrator supports the activities of digestive disease care field.</p> <p>2. CRH and MOH support the contribution activities for southern provinces</p> <ul style="list-style-type: none"> Monitoring system of each department's activities by the hospital is established. Self-monitoring system by each department is established.
<p>Activities</p> <p>1. To make comprehensive staff's training curriculum</p> <p>2. To make manual for endoscopic examination</p> <p>3. To make manual for laparoscopic surgery</p> <p>4. To undertake endoscopy training</p> <p>5. To undertake laparoscopic surgery training</p> <p>6. To hold regular educational activities</p>	<p>4-1. Ratio of successful endoscopic treatment cases</p> <p>4-2. Number of laparoscopic operation cases</p> <p>4-3. Number of cases who are operated by systematic lymph nodes dissection</p> <p>4-4. Number of doctors who can perform laparoscopic surgery</p> <p>4-5. Number of doctors who can perform systematic lymph nodes dissection</p> <p>5. Expanding research activities</p> <p>5-1. Number of scientific papers</p> <p>5-2. Number of scientific presentations</p> <p>6. Expanding educational activities</p> <p>6-1. Number of journal club</p> <p>6-2. Number of mini-lecture</p> <p>6-3. Number of training courses</p> <p>6-4. Number of reading circle</p> <p>6-5. Number of clinical conferences</p> <p>7. Manual for endoscopic examination</p> <p>8. Manual for laparoscopic surgery</p> <p>9-1. Comprehensive training curriculum for endoscopic examination</p> <p>9-2. Comprehensive training curriculum for laparoscopic surgery</p>	<p>1. Annual data by general planning department</p> <p>2-1-2-3, 3-9. Data by GCHD and GSD</p> <p>2-4. Patient satisfaction study</p>	<p>1. CRH administrator supports the activities of digestive disease care field.</p> <p>2. CRH and MOH support the contribution activities for southern provinces</p> <ul style="list-style-type: none"> Monitoring system of each department's activities by the hospital is established. Self-monitoring system by each department is established.
<p>1. To make comprehensive staff's training curriculum</p> <p>2. To make manual for endoscopic examination</p> <p>3. To make manual for laparoscopic surgery</p> <p>4. To undertake endoscopy training</p> <p>5. To undertake laparoscopic surgery training</p> <p>6. To hold regular educational activities</p>	<p>Japan</p> <p>1. Dispatch of experts</p> <p>2. Accepting trainee</p> <p>3. Equipment supply</p> <p>Viet Nam</p> <p>1. Counterpart</p> <p>2. Maintenance cost for the equipment</p> <p>3. Supply of spare parts and consumption goods</p> <p>4. Taxes and transportation cost for the equipment</p>	<p>1. Annual data by general planning department</p> <p>2-1-2-3, 3-9. Data by GCHD and GSD</p> <p>2-4. Patient satisfaction study</p>	<ul style="list-style-type: none"> The provision procedures are not delayed. The experts dispatch timely. <p>Pre-conditions</p>

6. Renal Disease Care Field

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal</p> <p>Health service in the field of renal disease care in Ho Chi Minh City and Southern Provinces are upgraded.</p> <p>Project Purpose</p> <p>1. Diagnostic and treatment technique for renal disease in Cho Ray Hospital is upgraded</p> <p>2. Cho Ray hospital contributes to the improvement of medical situation of southern provinces in renal disease care field.</p>		1. Annual health statistics book by MOH	1. CRH administrator supports the activities of renal disease care field. 2. CRH and MOH support the contribution activities for southern provinces
<p>Outputs</p> <p>1. Cho Ray hospital contribute for the improvement in renal disease care field to southern provinces.</p> <p>2. Renal disease care in Cho Ray hospital is improved generally.</p> <p>3. Diagnosis for renal diseases is upgraded.</p> <p>4. Treatment for renal diseases is upgraded.</p> <p>5. Research activity is increased.</p> <p>6. Educational activity is improved.</p> <p>7. Manual for hemodialysis is published.</p> <p>8. Comprehensive training curriculum for hemodialysis is made.</p> <p>Activities</p> <p>1. To make comprehensive staff's training curriculum</p> <p>2. To make manual for hemodialysis</p> <p>3. To undertake beginner's training course for hemodialysis</p> <p>4. To undertake refresher's training course for hemodialysis</p> <p>5. To hold regular educational activities</p>	<p>1. Contribution to the southern provinces</p> <p>1-1. The number of trainee from southern provinces</p> <p>2. General hospital care</p> <p>2-1. Mortality of acute and chronic renal failure cases</p> <p>2-2. Ratio of the cases with complication due to hemodialysis</p> <p>2-3. Longest survival year of hemodialysis patient</p> <p>2-4. Mean hospital stay of chronic renal failure cases</p> <p>2-5. Patient's satisfaction study</p> <p>3. Upgrading diagnosis</p> <p>3-1. Number of renal biopsy cases</p> <p>3-2. Number of doctors who can perform renal biopsy</p> <p>4. Upgrading treatment</p> <p>4-1. Number of patients for hemodialysis</p> <p>4-2. Total annual number of hemodialysis</p> <p>4-3. The number of staff who can perform hemodialysis</p> <p>5. Expanding research activities</p> <p>5-1. Number of scientific papers</p> <p>5-2. Number of scientific presentations</p> <p>6. Expanding educational activities</p> <p>6-1. Number of journal club</p> <p>6-2. Number of mini-lecture</p> <p>6-3. Number of training courses</p> <p>6-4. Number of reading circle</p> <p>6-5. Number of clinical conferences</p> <p>7. Manual for hemodialysis</p> <p>8. Comprehensive training curriculum</p>	<p>1. Annual data by general planning department</p> <p>2-1-2-4, 5-8. Data by each department</p> <p>2-5. Patient satisfaction study</p>	<p>• Monitoring system of each department's activities by the hospital is established.</p> <p>• Self-monitoring system by each department is established.</p>
	<p>Inputs</p> <p>Japan</p> <p>1. Dispatch of experts</p> <p>2. Equipment supply</p> <p>Viet Nam</p> <p>1. Counterpart</p> <p>2. Maintenance cost for the equipment</p> <p>3. Supply of spare parts and consumption goods</p> <p>4. Taxes and transportation cost for the equipment</p>		<p>• The provision procedures are not delayed.</p> <p>• The expert dispatches timely.</p> <p>Pre-conditions</p>

7. ICU Field

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal</p> <p>Health service in the field of ICU in Ho Chi Minh City and Southern Provinces are upgraded.</p> <p>Project Purpose</p> <p>1. Diagnostic and treatment technique for ICU in Cho Ray Hospital is upgraded</p> <p>2. Cho Ray Hospital contributes to the improvement of medical situation of southern provinces in ICU field.</p> <p>Outputs</p> <p>1. Cho Ray hospital contribute for the improvement in ICU field to southern provinces.</p> <p>2. ICU in Cho Ray hospital is improved generally.</p> <p>3. Diagnosis in ICU is upgraded</p> <p>4. Treatment in ICU is upgraded</p> <p>5. Research activity is increased.</p> <p>6. Educational activity is improved.</p> <p>7. Manual for ICU is published.</p> <p>8. Comprehensive training curriculum for ICU is made.</p>	<p>1. Contribution to the southern provinces</p> <p>1-1. The number of trainee from southern provinces</p> <p>2. Upgrading general hospital care</p> <p>2-1. Mortality of each disease in ICU</p> <p>2-2. Ratio of cases with complication after admitting ICU</p> <p>2-3. Survival rate of DOA patients</p> <p>2-4. Mean stay in ICU</p> <p>3. Upgrading diagnosis</p> <p>3-1. Number of diagnostic procedure in ICU</p> <p>3-2. Number of doctors who can perform diagnostic procedure</p> <p>4. Upgrading treatment</p> <p>4-1. Number of therapeutic procedure in ICU</p> <p>4-2. Number of doctors who can perform therapeutic procedure</p>	<p>1. Annual data by general planning department</p> <p>2. 8. Data provided by ICU</p>	<p>1. CRH administrator supports the activities of ICU field.</p> <p>2. CRH and MOH support the contribution activities for southern provinces</p> <ul style="list-style-type: none"> Monitoring system of each department's activities by the hospital is established. Self-monitoring system by each department is established.
<p>Activities</p> <p>1. To make comprehensive staff's training curriculum</p> <p>2. To make manual for ICU</p> <p>3. To undertake training course in ICU</p> <p>4. To hold regular educational activities</p>	<p>Inputs</p> <p>Japan</p> <p>1. Dispatch of experts</p> <p>2. Accepting trainee</p> <p>3. Equipment supply</p> <p>Viet Nam</p> <p>1. Counterpart</p> <p>2. Maintenance cost for the equipment</p> <p>3. Supply of spare parts and consumption goods</p> <p>4. Taxes and transportation cost for the equipment</p>		<ul style="list-style-type: none"> The provision procedures are not delayed. The experts dispatch timely. <p>Pre-conditions</p>

Cho Ray Hospital Technical Cooperation Project in Viet Nam

Program of Evaluation Workshop

13:30-16:30, Tuesday, January 26, 1999

◆ Objectives

- 1) To understand the concept of the Evaluation Method based on the Project Cycle Management (PCM) that is used in managing JICA Projects.
- 2) To review the project's objectives, outputs, activities, inputs, indicators, means of verification of indicators and important assumptions through the Project Design Matrix for Evaluation (PDM_E).
- 3) To assess the achievement of the project.
- 4) To evaluate the achievement of the project, in terms of the five evaluation criteria, that is efficiency, effectiveness, impact, relevance and sustainability.

◆ Program

- Introduction (10 minutes)
- Review of the PDM_E (25 minutes)
- Assessment of the achievement of the project (25 minutes)
- Break (10 minutes)
- Group work to discuss the results of each evaluation items. (55 minutes)
- Plenary session to share the result of group work and further discussion (50 minutes)
- Closing (5 minutes)

◆ Venue

Cho Ray Hospital Conference Room

◆ Participants

4 Japanese experts, 23 persons from Cho Ray Hospital, and 1 Japanese person as observer.
(Moderator: Chiaki Nakamura, PCM consultant, Member of the Japanese evaluation mission.)

◆ Working Language

English and Vietnamese

◆ Material used

- PDM for evaluation
- Worksheet for assessment of the achievement of the project
- Worksheet for evaluation of the project

◆ METHODOLOGY OF EVALUATION

The evaluation study applies the approach of Project Cycle Management (PCM) in the following aspects:

- 1) It is based on the Project Design Matrix (PDM).
- 2) The evaluation process follows the steps of PCM monitoring and evaluation method.
- 3) The project staff (experts and counterparts) jointly works to assess the achievement of the project.

WHAT IS PCM?

Project Cycle Management (PCM) is a method for managing the life cycle of the project more effectively and efficiently. This methodology is structured on the basis of "Logical framework (logframe)", which was developed in the United States in 1960s and has been widely used in a number of development assistance agencies. In PCM, this logical framework is called a "Project Design Matrix (PDM)".

A **PDM** is a summary table of overall description of the projects, its objectives and environments. PDM provides a major point of reference throughout the life cycle of the project and enables clear and consistent project management.

◆ KEY ISSUES OF EVALUATION

The evaluation is proceeded along with the following five issues, which are the major points of consideration when assessing development projects.

- | | |
|-------------------|---|
| 1) Efficiency: | Efficiency is a productivity of the implementation process: how efficiently the various inputs are converted into outputs. |
| 2) Effectiveness: | Effectiveness concerns the extent to which the project purpose has been achieved, or is expected to be achieved, in relation to the outputs produced by the projects. |

- 3) Impact: Impact is intended and unintended, direct and indirect, positive and negative changes as a result of the project.
- 4) Relevance: Relevance is to question whether the outputs, project purpose and overall goal are still in keeping with the priority needs and concerns at the time of evaluation.
- 5) Sustainability: Sustainability of the development project is to question whether the project benefits are likely to continue after the external aid has come to an end.

ANNEX-(G)

THE ATTENDANCE TO THE EVALUATION WORKSHOP (January 26, 1999)

Japanese side

Japanese Evaluation Team

Ms. Chiaki NAKAMURA	Project Evaluation (Global Link Management Inc.)
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JICA Expert Team

Dr. Minoru AKIYAMA	Chief Advisor
Mr. Akira KODAMA	Coordinator
Mr. Kazuyuki KOBAYASHI	Maintenance of Medical Equipment
Ms. Noriko KATO	Nursing Management

Vietnamese side

Ph.D. Truong Van VIET M.D.	Director
Dr. Nguyen Van CU	Vice Director
Dr. Dang Van PHUOC	Vice Director
Dr. Pham Thi Nguyet ANH	Vice Director/Chief of General Planning Dept.
Dr. Le Thanh NI	GPD
Dr. Le Tuyet HOA	Training Dept.
Ms. Nguyen Hoang THANH R.N.	NSD
Ms. Le Thi My HANH R.N.	NSD
Mr. Le Xuan ANH	SMD/MEMU
Mr. Nguyen Van HOA	SMD/MEMU
Dr. Le Hong HA	Chief of ICU
Dr. Truong Ngoc HAI	ICU
Ms. Nguyen Thi OANH	ICU nursing
Dr. Vo Van NHO	Neurosurgical Dept.
Dr. Nguyen Ba NHUAN	Chief of General Surgery Dept.
Dr. Bui An THO	GSD
Dr. Lam Viet TRUNG	GSD
Dr. Phung Minh THUY	Chief of Pneumo-Nephrology Dept.
Dr. Nguyen Xuan Bich HUYEN	Pneumo-Nephrology Dept.

Dr. Chu Van NHUAN

Urology Dept.

Dr. Nguyen Thi Thu LANH

Chief of Hemodialysis Unit

Dr. Nguyen Thu LIEN

Chief of Gastro-Entero-Hepatology Dept.

Dr. Vo Xuan QUANG

Gastro-Entero-Hepatology Dept.

**ACHIEVEMENTS OF THE PROJECT
THE PROJECT FOR TECHNICAL COOPERATION IN THE SOCIALIST REPUBLIC OF VIET NAM**

1 NARRATIVE SUMMARY OF OBJECTIVES	2 OBJECTIVELY VERIFIABLE INDICATORS	3 MEANS OF VERIFICATION	4 ACTUAL PERFORMANCE OF OVIs	5 DEGREE OF ACHIEVEMENT
OVERALL GOAL Health service in Ho Chi Minh City and Southern Provinces is upgraded.	1 No. of medical staff in SP hospital who participated in the training course use the knowledge and technique well. 2 No. of medical staff in SP hospital use the information sent by CRH.	Interviews / questionnaires to the medical staff in CRH.	The overall judgement is difficult because actual figures are not available. However, there are some progress such that neuro trauma services are started in 8 provincial hospitals of South Viet Nam.	-
PROJECT PURPOSE The function of Cho Ray Hospital as the top referral hospital in the Southern part of the country is improved.	Contribution to Southern Provinces (SPs) 1 No. of trainees from SPs 2 No. of cases from SPs 3 No. of information to SPs	Annual data by general planning department (GPD)	1 No. of trainees from SPs increased from 166 in 1994 to 331 in 1998. 2 Inpatients cases in total from SPs increased from 25,464 in 1997 to 28,154 in 1998. 3 Referral cases reported back to the original hospitals in the area significantly increased from 269 in 1997 to 436 in 1998.	1 A 2 A 3 A
OUTPUTS OUTPUTS 1 General hospital management in Cho Ray Hospital is upgraded.	1.1 Upgrading general hospital service 1.1.1 The average length of stay 1.1.2 Coverage of dietary service	1.1.1 Data collected by each department 1.1.2 Data collected by each department	1.1.1 The average of length of stay in total was slightly reduced from 12.4 days in 1994 to 11.6 days in 1998. 1.1.2 Before 1996, there were no dietary services in CRH. However, the ratio of the dieted inpatient reached 75.5 % in 1998.	1.1.1 A 1.1.2 A

1 NARRATIVE SUMMARY OF OBJECTIVES	2 OBJECTIVELY VERIFIABLE INDICATORS	3 MEANS OF VERIFICATION	4 ACTUAL PERFORMANCE OF OVIs	5 DEGREE OF ACHIEVEMENT
	1.2 General financial management 1.2.1 Balance between revenue and expenses 1.2.2 Productivity	1.2 Data collected by financial department	1.2.1 Net operating profit (loss) was -13 billion at the end of 1998. At the beginning of 1999, however, this loss will be compensated by disbursement of the budget from MOH. 1.2.2 Average revenue per capita significantly increased from 1994 to 1998.	1.2.1 B 1.2.2 A
	1.3 Coordination activity 1.3.1 Bed occupancy rate		1.3.1 The average bed occupancy rate was below 140% in each ward.	1.3.1 A
	1.4 Financial management 1.4.1 Number of mistake 1.4.2 Amount of uncollected hospital fee 1.4.3 Collection ratio of uncollected fee	1.4 Data collected by financial department	1.4.1.1 No. of miss-operations in cashing decreased from 98 cases in 1995 to 43 cases in 1998. 1.4.1.2 No. of miss-operations in reporting decreased from 35 cases in 1995 to 3 cases in 1998. 1.4.2 Amount of uncollected clinical fee increased from 2,241 to 5,653 million VND in 1998. 1.4.3 Collection ratio of uncollected fee increased from 24.6 % in 1994 to 29.38 % in 1998	1.4.1.1 A 1.4.1.2 A 1.4.2 A 1.4.3 A
	1.5 Medical record management 1.5.1 Total number of utility 1.5.2 Lost medical record 1.5.3 Number of incomplete data	1.5 Data collected by GPD	1.5.1 Both total no. of users and borrowers of medical record increased. 1.5.2 No. of lost medical record decreased from 600 in 1994 to 203 in 1998. 1.5.3 No. of incomplete data decreased from	1.5.1 A 1.5.2 A 1.5.3 A
	1.6 Library 1.6.1 Utility (readers, borrowers, etc) 1.6.2 Volume (books, kind of journals)	1.6 Data collected by GPD	1.6.1 No. of readers and borrowers sharply increased. 1.6.2 No. of books and kinds of medical journals significantly increased.	1.6.1 A 1.6.2 A
	1.7 Medical equipment	1.7 Data collected by	1.7.1 Operation ratio of medical equipment	1.7.1 A

1 NARRATIVE SUMMARY OF OBJECTIVES	2 OBJECTIVELY VERIFIABLE INDICATORS	3 MEANS OF VERIFICATION	4 ACTUAL PERFORMANCE OF OVIS	5 DEGREE OF ACHIEVEMENT
	management 1.7.1 Operation ratio of ME 1.7.2 Successful ratio of repairing 1.7.3 Regular inspection 1.7.4 Regular checking 1.7.5 Number of maintenance book	supply and materials department and MEMU	1.7.2 increased from 75 in 1995 to 87.56 in 1998. Successful ratio of repairing medical equipment was well sustained in 1998. 1.7.3 Total no. of inspected equipment sharply increased from 22 in 1995 to 342 in 1998 1.7.4 Total no. of checked equipment sharply increased from 20 in 1995 to 342 in 1998 1.7.5 Total no. of maintenance book was used for 55 kinds of equipment in 1998. (Total no. of equipment increased from 155 in 1995 to 860 in 1998.)	1.7.2 A 1.7.3 A 1.7.4 A 1.7.5 A
OUTPUTS 2 Hospital information network in CRH is upgraded.	2.1 Number of reference by request 2.2 Number of registered operators 2.3 Number of network computers	2. Data collected by ICR	2.1 No. reference by request increased from 30 in 1995 to 171 in 1998. 2.2 No. of registered operators was 112 in 1998 2.3 No. of network computers increased from 11 in 1995 to 67 in 1998.	2.1 A 2.2 A 2.3 A
OUTPUTS 3 Nursing service and nursing management in CRH is upgraded.	3.1 Score of annual examination 3.2 Ratio of nurses who can use modern medical equipment 3.3 Number of malpractice 3.4 Number of educational activities 3.5 Number of participants for educational activities 3.6 Number of nursing research 3.7 Number of temporary moved staff 3.8 Manual for ICU nursing	3 Data collected by nursing service department (NSD)	3.1 No. of qualified nurses with above 6 scores in annual examination increased from 81 % in 1995 to 90 % in 1998. 3.2 Skillful nurses who can operate and maintain basic medical equipment increased from 31 % in 1995 to 56 % in 1998 3.3 No. of malpractice reduced from 10 in 1995 to 6 in 1998. 3.4.1 2 inservice training courses were held in 1998 3.4.2 Training curriculum for ICU nursing was produced. 3.5 2,892 nurses attended to inservice education courses in 1998. 3.6 Nursing seminar organized by CRH was	3.1 A 3.2 A 3.3 A 3.4.1 A 3.4.2 A 3.5 A 3.6 -

1 NARRATIVE SUMMARY OF OBJECTIVES	2 OBJECTIVELY VERIFIABLE INDICATORS	3 MEANS OF VERIFICATION	4 ACTUAL PERFORMANCE OF OVIs	5 DEGREE OF ACHIEVEMENT
OUTPUTS 4 Clinical training skills on neurosurgery in CRH is upgraded.			not held in 1998. Because it was not planned at the beginning of the project. 3.7 69 staff moved temporary in 1998. 3.8 Manual for ICU nursing was produced.	3.7 A 3.8 A
	4.1 Contribution to SPs	4.1 Data by neurosurgery department	4.1.1 42 trainees from SPs attended training courses in 1998.	4.1.1 A
	4.1.1 The number of trainees from SPs		4.1.2 3,321 patients of head injury and 1,547 patients of CNS disease from SPs were accepted to CRH in 1998.	4.1.2 A
	4.1.2 The number of patients from SPs			
	4.2 Upgrading general hospital care		4.2.1 Mortality rate of head trauma (operation +) reduced from 1994 to 1998.	4.2.1 A
	4.2.1 Mortality of head trauma		4.2.2 Mortality rate of elective neurosurgery diseases (operation +) reduced from 7.8 % in 1994 to 7.6 % in 1998.	4.2.2 A
	4.2.2 Mortality of elective neurosurgery diseases		4.2.3 No. of complication which require another operation reduced from 8.25 % in 1994 to 6.2 % in 1998.	4.2.3 A
	4.2.3 Ratio of cases with complication which require another operation		4.2.4 Infection after shunt operation reduced.	4.2.4 A
	4.2.4 Infection after shunt operation		4.2.5 The average of mean hospital stay was reduced from 9.5 days in 1994 to 6.5 days in 1998.	4.2.5 A
	4.2.5 Mean hospital stay			
	4.3 Upgrading diagnosis		4.3.1 (a). No. of diagnosis using CT scan with contrast study significantly increased. (b). No. of diagnosis using seldinger increased from 31 in 1994 to 53 in 1998. (c). No. of diagnosis using stereotaxy increased from 0 in 1994 to 42 in 1998.	4.3.1 A
	4.3.1 Number of diagnosis procedure (a). CT scan with contrast study (b). Seldinger (c). Stereotaxy		4.3.2 No. of doctors who can perform stereotaxy diagnosis increased from 0 in 1994 to 10 in 1998.	4.3.2 A
	4.3.2 Number of doctors who can perform stereotaxy diagnosis.		4.4.1 Ratio of microneurosurgery for elective surgery increased from 0 in 1994 to 111 in 1998.	4.4.1 A
	4.4 Upgrading treatment			
	4.4.1 Ratio of microneurosurgery for elective surgery			

1 NARRATIVE SUMMARY OF OBJECTIVES	2 OBJECTIVELY VERIFIABLE INDICATORS	3 MEANS OF VERIFICATION	4 ACTUAL PERFORMANCE OF OVIS	5 DEGREE OF ACHIEVEMENT
	4.4.2 Number of new therapeutic technique		4.4.2 2 new therapeutic treatment were applied in 1998	4.4.2 A
	4.4.3 Number of doctors who can perform microneurosurgery		4.4.3 No. of doctors who can perform microneurosurgery increased from 0 in 1994 to 42 in 1998.	4.4.3 A
	4.5 Expanding research activities		4.5.1 30 scientific papers were presented by the staff of CRH in 1998.	4.5.1 A
	4.5.1 Number of scientific papers		4.5.2 42 scientific presentation were presented by the staff of CRH in 1998.	4.5.2 A
	4.5.2 Number of scientific presentations			
	4.6 Expanding educational activities		4.6.1 42 journal club were held in 1998.	4.6.1 A
	4.6.1 Number of journal club		4.6.2 24 mini-lecture were held in 1998.	4.6.2 A
	4.6.2 Number of mini-lecture		4.6.3 32 training course were held in 1998.	4.6.3 A
	4.6.3 Number of training courses		4.6.4 50 reading circle were held in 1998.	4.6.4 A
	4.6.4 Number of reading circle		4.6.5 90 clinical conference were held in 1998	4.6.5 A
OUTPUTS 5 Clinical training skill on digestive diseases in Cho Ray Hospital is upgraded.	4.7 Manual for emergency neurosurgery		4.7 Manual for emergency neurosurgery was published.	4.7 A
	4.8 Training curriculum for neurosurgery		4.8 Training curriculum for neurosurgery was produced.	4.8 A
	5.1 Contribution to SPs			
	5.1.1 The number of trainees from SPs	5.1 Data by GEHD and GSD	5.1.1 3 trainees from SPs attended training courses in 1998.	5.1.1 A
	5.1.2 The number of patients from SPs		5.1.2 2,193 patients from SPs were accepted to CRH in 1998.	5.1.2 A
	5.2 Upgrading general hospital care			
	5.2.1 Mortality of digestive diseases		5.2.1 Mortality rate of acute and chronic renal failure was 0 % in 1998. This is because Vietnamese wish to die in their residences so that the mortality rate in the hospital is quite less.	5.2.1 -
	5.2.2 Mean hospital stay		5.2.2 Mean hospital stay increased from 1995 to 1998. It was resulted from the increase	5.2.2 -

1	2	3	4	5
NARRATIVE SUMMARY OF OBJECTIVES	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ACTUAL PERFORMANCE OF OVIS	DEGREE OF ACHIEVEMENT
	5.3 Upgrading diagnosis 5.3.1 Number of endoscopic study 5.3.2 The number of doctors who can perform endoscopic study 5.3.3 Number of double contrast study 5.3.4 The number of staff who can perform contrast study 5.3.5 Misdiagnosis ratio 5.4 Upgrading treatment 5.4.1 Number of endoscopic treatment cases 5.4.2 The number of doctors who can perform endoscopic treatment 5.4.3 Number of new technique 5.4.4 Ratio of successful endoscopic treatment cases 5.4.5 Number of laparoscopic operation cases 5.4.6 The number of doctors who can perform laparoscopic surgery 5.4.7 The number of doctors who can perform systematic lymph nodes dissection 5.5 Expanding research activities 5.5.1 Number of scientific papers		<p>of severe cases of patients.</p> <p>5.3.1 Performance no. of endoscopic diagnosis significantly increased.</p> <p>5.3.2 Many doctors performed endoscopic diagnosis.</p> <p>5.3.3 100 % of double contrast studies have done in 1998.</p> <p>5.3.4 18 doctors performed UGI double contrast and 9 doctors performed LGI double contrast in 1998.</p> <p>5.3.5 Misdiagnosis ratio reduced from 17.8 % in 1994 to 8.1 % in 1998.</p> <p>5.4.1 No. of endoscopic treatment increased from 13 in 1995 to 175 in 1998.</p> <p>5.4.2 No. of doctors who performed endoscopic treatment increased from 3 in 1997 to 12 in 1998</p> <p>5.4.3 Before the extended period of Project was started, a lot of new technique were already introduced. These technique was well sustained in 1998.</p> <p>5.4.4 1 successful endoscopic treatment in 1998</p> <p>5.4.5 No. of laparoscopic operation cases increased from 120 cases in 1997 to 150 cases in 1998.</p> <p>5.4.6 No. of doctors who can perform laparoscopic surgery increased from 6 in 1994 to 20 in 1998.</p> <p>5.4.7 No. of doctors performed systematic lymph nodes dissection increased from 1 in 1996 to 7 in 1998.</p> <p>5.5.1 13 scientific papers were presented by the staff of CRH in 1998.</p>	<p>5.3.1 A</p> <p>5.3.2 A</p> <p>5.3.3 A</p> <p>5.3.4 A</p> <p>5.3.5 A</p> <p>5.4.1 A</p> <p>5.4.2 A</p> <p>5.4.3 A</p> <p>5.4.4 A</p> <p>5.4.5 A</p> <p>5.4.6 A</p> <p>5.4.7 A</p> <p>5.5.1 A</p>

1 NARRATIVE SUMMARY OF OBJECTIVES	2 OBJECTIVELY VERIFIABLE INDICATORS	3 MEANS OF VERIFICATION	4 ACTUAL PERFORMANCE OF OVIS	5 DEGREE OF ACHIEVEMENT
OUTPUTS 6 Clinical training skill on renal diseases in Cho Ray	5.5.2 Number of scientific presentations		5.5.2 12 scientific presentation were presented by the staff of CRH in 1998.	5.5.2 A
	5.6 Expanding educational activities			
	5.6.1 Number of journal club		5.6.1 40 journal club were held in 1998.	5.6.1 A
	5.6.2 Number of mini-lecture		5.6.2 10 mini-lecture were held in 1998.	5.6.2 A
	5.6.3 Number of training courses		5.6.3 Training course was held 3 times in 1998	5.6.3 A
	5.6.4 Number of clinical conferences		5.6.4 50 clinical conference were held in 1998	5.6.4 A
	5.7 Manual for endoscopic examination		5.7 Manual for endoscopic examination was produced.	5.7 A
	5.8 Manual for laparoscopic surgery		5.8 Manual for laparoscopic surgery was produced.	5.8 A
	5.9 Comprehensive training curriculum			
	5.9.1 Comprehensive training curriculum for endoscopic examination		5.9.1 Training course of endoscopic examination was held.	5.9.1 A
	5.9.2 Comprehensive training curriculum for laparoscopic surgery		5.9.2 Training course of laparoscopic surgery was held.	5.9.2 A
	6.1 Contribution to SPs			
	6.1.1 The number of trainees from SPs	6 Data by renal disease department	6.1.1 5 trainees from SPs attended training courses in 1998.	6.1.1 A
	6.2 Upgrading general hospital care			
	6.2.1 Mortality of acute and chronic renal failure cases		6.2.1 Mortality rate of acute and chronic renal failure was 0 % in 1998. This is because Vietnamese wish to die in their residences so that the mortality rate in the hospital is quite less.	6.2.1 -
	6.3 Upgrading diagnosis			
	6.3.1 Number of renal biopsy cases		6.3.1 101 renal biopsy cases were applied in 1998	6.3.1 A
	6.3.2 The number of doctors who can perform renal biopsy		6.3.2 All doctors (total no. of doctor was 8) perform renal biopsy in 1998.	6.3.2 A
	6.4 Upgrading treatment		6.4.1 285 patients have been treated by	6.4.1 A

1 NARRATIVE SUMMARY OF OBJECTIVES	2 OBJECTIVELY VERIFIABLE INDICATORS	3 MEANS OF VERIFICATION	4 ACTUAL PERFORMANCE OF OVI's	5 DEGREE OF ACHIEVEMENT
OUTPUTS 7 Clinical training skill on ICU in Cho Ray Hospital is upgraded.	6.4.1 Number of patients for hemodialysis		hemodialysis in 1998.	
	6.4.2 Total annual number of hemodialysis		6.4.2 12,848 hemodialysis in total were applied in 1998	6.4.2 A
	6.4.3 The number of staff who can perform hemodialysis		6.4.3 14 staff performed hemodialysis.	6.4.3 A
	6.5 Expanding research activities			
	6.5.1 Number of scientific papers		6.5.1 Scientific papers were not presented in 1998, because it was not planned in this period.	6.5.1 -
	6.5.2 Number of scientific presentations		6.5.2 Scientific presentations were not presented in 1998, because it was not planned in this period.	6.5.2 -
	6.6 Expanding educational activities			
	6.6.1 Number of journal club		6.6.1 50 journal club were held in 1998.	6.6.1 A
	6.6.2 Number of mini-lecture		6.6.2 4 mini-lecture were held in 1998.	6.6.2 A
	6.6.3 Number of training courses		6.6.3 6 training course were held in 1998.	6.6.3 A
	6.6.4 Number of reading circle		6.6.4 20 reading circle were held in 1998.	6.6.4 A
	6.6.5 Number of clinical conferences		6.6.5 Clinical conference were held everyday in 1998	6.6.5 A
	6.7 Manual for hemodialysis		6.7 Manual for hemodialysis was produced.	6.7 A
	6.8 Comprehensive training curriculum		6.8 Training course of hemodialysis was held.	6.8 A
	7.1 Contribution to SPs			
OUTPUTS 7 Clinical training skill on ICU in Cho Ray Hospital is upgraded.	7.1.1 The number of trainees from SPs		7.1.1 46 trainees from SPs attended training courses in 1998.	7.1.1 A
	7.1.2 The number of patients from SPs	7 Data provided by ICU	7.1.2 7,936 patients from SPs were accepted to CRH in 1998.	7.1.2 A
	7.2 Upgrading general hospital care			
	7.2.1 Mortality of each disease in ICU		7.2.1 Mortality of each disease in ICU increased due to the increase of sever cases of patients.	7.2.1 -
	7.2.2 Ratio of cases with complication after admitting ICU		7.2.2 Ratio of cases with complication after admitting ICU reduced.	7.2.2 A
	7.2.3 Survival rate of DOA patients		7.2.3 Ratio of survival rate of DOA patients increased from 0.03 % in 1994 to 40.83 %	7.2.3 A
	7.2.4 Mean stay in ICU			

1 NARRATIVE SUMMARY OF OBJECTIVES	2 OBJECTIVELY VERIFIABLE INDICATORS	3 MEANS OF VERIFICATION	4 ACTUAL PERFORMANCE OF OVI'S	5 DEGREE OF ACHIEVEMENT
			in 1998	7.2.4 -
	7.3 Upgrading diagnosis		7.2.4 Mean stay in ICU increased because of the increase of severe cases of patients.	
	7.3.1 Number of diagnostic procedure in ICU		7.3.1 No. of diagnostic procedure in ICU increased.	7.3.1 A
	7.3.2 The number of doctors who can perform diagnostic procedure		7.3.2 The number of doctors who can perform diagnostic procedure increased from 10 in 1994 to 19 in 1998.	7.3.2 A
	7.4 Upgrading treatment		7.4 The number of doctor who can perform therapeutic procedure slightly increased from 1994 to 1998.	7.4 A
	7.5 Expanding research activities		7.5.1 10 scientific papers were presented in 1998	7.5.1 A
	7.5.1 Number of scientific papers		7.5.2 39 scientific presentations were presented in 1998.	7.5.2 A
	7.5.2 Number of scientific presentations		7.6.1 104 journal club were held in 1998.	7.6.1 A
	7.6 Expanding educational activities.		7.6.2 52 mini-lecture were held in 1998.	7.6.2 A
	7.6.1 Number of journal club		7.6.3 More than 400 training course were held in 1998	7.6.3 A
	7.6.2 Number of mini-lecture		7.6.4 104 reading circle were held in 1998.	7.6.4 A
	7.6.3 Number of training courses		7.6.5 40 clinical conference were held in 1998	7.6.5 A
	7.6.4 Number of reading circle		7.7 ICU manual was produced.	7.7 A
	7.6.5 Number of clinical conferences		7.8 Comprehensive training curriculum for ICU was produced.	7.8 A
	7.7 Manual for ICU			
	7.8 Comprehensive training curriculum			

1 PLANNED ACTIVITIES	2 PLANNED INPUTS	3 ACTUAL INPUTS
<p>1-1 Experts provide consultation on planning skill for training activities.</p> <p>1-2 Organize training courses on clinical fields.</p> <p>1-3 Experts transfer maintenance skill for medical equipment to counterpart.</p> <p>1-4 Experts provide consultation on management of medical equipment.</p> <p>1-5 Study on patient satisfaction.</p> <p>1-6 Follow up the result of first 3 years cooperation.</p> <p>2-1 Expand the HIS to all the wards.</p> <p>2-2 Train every staff concerned with HIS how to use the system.</p> <p>2-3 Provide useful data for hospital management.</p> <p>2-4 Draw plan for future development of HIS.</p> <p>3-1 Experts provide consultation on nursing management.</p> <p>3-2 Draw a comprehensive staff training curriculum.</p> <p>3-3 Make out a standard nursing care plan.</p> <p>3-4 Undertake nursing research.</p> <p>3-5 Make out a manual for ICU nursing.</p> <p>4-1 Experts transfer clinical technique to counterpart.</p> <p>4-2 Experts provide consultation on neurosurgical training activities.</p> <p>4-3 Draw a comprehensive training curriculum.</p> <p>4-4 Make out a manual for neurosurgery.</p> <p>5-1 Experts transfer clinical technique to counterpart.</p> <p>5-2 Experts provide consultation on digestive disease training activities.</p> <p>5-3 Draw a comprehensive training curriculum.</p> <p>5-4 Make out a manual for digestive disease.</p> <p>6-1 Experts transfer clinical technique to counterpart.</p> <p>6-2 Experts provide consultation on renal disease training activities.</p> <p>6-3 Draw a comprehensive training curriculum.</p> <p>6-4 Make out a manual for renal disease.</p> <p>7-1 Experts transfer clinical technique to counterpart.</p> <p>7-2 Experts provide consultation on ICU training activities.</p> <p>7-3 Draw a comprehensive training curriculum.</p> <p>7-4 Make out a manual for ICU and ICU nursing.</p>	<p>Japanese Side</p> <p>1 Dispatch experts.</p> <p>(a) Long term experts</p> <p>-Chief Advisor</p> <p>-Coordinator</p> <p>-Medical Equipment</p> <p>-Nursing Management</p> <p>(b) Short term experts.</p> <p>-Hospital Management</p> <p>-Nursing Management</p> <p>-Neurosurgery</p> <p>-Digestive Diseases</p> <p>-Renal Diseases</p> <p>-ICU</p> <p>-ICU Nursing</p> <p>2 Counterpart training in Japan</p> <p>- ICU</p> <p>- Hemodialysis Nursing</p> <p>- Hospital Management</p> <p>- Histopathology</p> <p>- Nursing Management</p> <p>3 Provide equipment.</p> <p>4 Cost sharing for local</p> <p>Vietnamese Side</p> <p>1 Provision Vietnamese counterpart.</p> <p>2 Provision of office accommodation.</p> <p>3 Running expenses</p> <p>Budget was allocated to expand HIS and organize the training courses, etc.</p>	<p>Japanese Side</p> <p>1 Dispatch experts.</p> <p>4 long term experts.</p> <p>14 short term experts.</p> <p>2 Counterpart training in Japan</p> <p>Total 6 persons.</p> <p>3 Provide equipment.</p> <p>Total amount for providing equipment was 3,000,000 Japanese Yen (including requested amount for FY1998/99.)</p> <p>4 Cost sharing for local</p> <p>Total 17,223 US\$.</p> <p>(In addition to the above, printing cost for more 3 manuals are bearable.)</p> <p>Vietnamese Side</p> <p>1 Provision Vietnamese counterpart.</p> <p>All staff of relevant fields of the Project have been assigned.</p> <p>2 Provision of office accommodation.</p> <p>3 Running expenses</p> <p>Budget was allocated to expand HIS and organize the training courses, etc.</p>

EVALUATION BY FIVE CRITERIA **THE PROJECT FOR TECHNICAL COOPERATION IN THE SOCIALIST REPUBLIC OF VIET NAM**

Please mark the grade and raise the reason for that evaluation in the column of the check results.

Grading for each question: A: Good, B: Fair, C: Poor

1. EFFICIENCY EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
1.1 Appropriate of Inputs (Have the timing, quality, and quantity of inputs been necessary and sufficient to achieve outputs?)	(Japanese Side) 1.1.1 Was the dispatch of experts timely and appropriate in terms of number of persons and level of fields of specialization?	-Quantity, quality and timing of the dispatch of Japanese experts was appropriate on the whole, however -(timing) The dispatch of short-term experts was delayed; -(quality) Long-term experts for fields of medical management was not dispatched. -Japanese experts worked hard and very good.	1.1 Average score: A -Time: A -Quality: A -Quantity: B -JICA long-term and short-term experts were designed after having the enough discussion of the cooperation program.
Efficiency: High	1.1.2 Was the provision of equipment/machinery timely and appropriate in terms of volume, cost and degree of utilization?	-Equipment provided by Japanese side was appropriate on the whole.	-The project was supplied suitable equipment but it was not enough in terms of quantity for patients care.
	1.1.3 Was the counterparts training in Japan timely and appropriate in terms of number of persons and fields of specialization?	-The counterparts training in Japan was satisfactory conducted on the whole. -However, Program should have been arranged in order to cover all department of interest (Renal Diseases - Urology H.D)	-The time of training courses were adequate but CRH which to have more number of counterparts for training.
	1.1.4 Was the local cost sharing by Japan appropriate?	-The amount of budget was not a sufficient for conducting all activities.	
	(Viet Nam Side) 1.1.5 Was the assignment of counterpart personnel timely and appropriate in terms of number of persons and field of specialization?	-Assignment of C/P was in accordance with the plan of implementation/schedule of the dispatch of SEs. -Sufficient number of C/P were allocated for the produce of manuals and the training courses. -C/P from SPs should have been more allocated for the achievement of Overall Goal.	
	1.1.6 Was the project operational cost funded adequately by Viet Nam side?		
(General)			
	1.1.7 Have the Equipment / machinery been fully utilized?	-Operation ratio of equipment was increased (87 % in 1988). (MEMU) -All of PC have been fully utilized (HIS).	

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
1.2 Degree of achievement of outputs	Refer to ANNEX(H)	<ul style="list-style-type: none"> -Utilities of medical equipment is high (Nursing Management). -The number of microsurgical operations increases in the neurosurgery department. 	
1.3 Has the project supporting system functioned well?	1.3.1 Did the Joint Committee function? 1.3.2 Did the Weekly Meeting function? 1.3.3 Was there good support from other organizations concerned?	<ul style="list-style-type: none"> -Held one times (Number of participant was 24). -Held 47 times (No. of participants for each meeting was 6 - 7) -Weekly meeting between CRH and JICA helped to monitor the progress of each work week by week. -It is scheduled to resolve problems of individual activities. -There is no other supporting organization. -WHO helped to organize "Conference on prevention and treatment of head injury by traffic accident" with the cooperation of national committee for traffic safety in Viet Nam. -International Medical Center of Japan decide to support for sending Japanese experts in future. 	1.2 A The project has mostly fulfilled the outputs. 1.3 A -Weekly meeting is regularly held which is important for management of Project.
1.4 Was the linkage with other cooperation project appropriate?	1.4 How was the linkage with other project?	<ul style="list-style-type: none"> -There is no linkage with other organizations. - Technical exchange with Bach Mai Hospital will conduct in future. -CRH supported the study of Japanese researchers who were sent to Viet Nam by Ministry of Japan , etc. 	1.4 B -CRH has some linkage with other organizations but does not have proper cooperation program.

2. EFFECTIVENESS		POINTS TO BE CHECKED		RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
EVALUATION POINT					
2.1 Degree of achievement of project purpose?	2.1.1 To what degree has project purpose "The function of CRH as the top referral hospital in the Southern part of the country is improved" been achieved?			-No. of trainees from SPs has been increasing (331 trainees from SPs were accepted in 1998.) -No. of cases from SPs has been increasing (28,154 cases in 1998). -Manual on emergency management of head injury was set up in 1997 and sent to SPs. -CRH accept many trainees from SPs but it is not well planned.	2.1 A The role of CRH is improved in terms of -Increase of no. of trainees ; -Increase of no. of cases; -Increase of no. of information to SPs. It helps and promotes to improve the other departments.
2.2 Contribution of outputs to project purpose achievement	2.2.1 To what extent has output (improved hospital management) contributed to the project purpose?			-The average length of stay, average bed occupancy rate, average revenue per capita, collection ratio of uncollected fee, management of medical records/MES, library service all have been improving in 1998. -Computerization contributes to the improvement of management of medical record, patient fee, medicine and equipment. -CRH can organize many training activities and receive many trainees from SPs. -However, the linkage with SPs was not much made.	2.2. A In the field of hospital management -HIS, patients management and medical record are improved. In the field of training -Nurses skills in ICU and patient's care are improved. -Many manuals are published.
	2.2.2 To what extent has output (upgraded the clinical technique and skill) contributed to the project purpose?			-Training nursing skills contributes to ICU and some other departments in other hospitals. -Because disease care was upgraded, mortality rate decreased (Neurosurgery Department). -Staff in CRH can help provincial hospital effectively. -Many manual was published and distributed to SPs.	
2.3 Inhibiting factors	2.3.1 In case of non-achievement of project purpose, why not? 2.3.2 In case of non-achievement of project purpose, when is it likely to be achieved?			-1 or 2 staff cannot understand English completely (Renal diseases department). -Because manuals, training curriculum and training courses were just set up, these materials will be utilized in future. -Depends on 2.3.1.	2.3 - -Since staff is too busy for patient's care, some manual and training courses were not completed on time. -Some staff have difficulties in communication because of language barriers.

3. IMPACT	EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
3.1	Impact on project purpose level? (from technical, institutional, environmental or other viewpoints)	3.1.1 Apart from the improvement of the function of CRH, what positive impact did the project planners intend to produce as a consequence of project purpose?	-The most prominent positive impact is many counterparts in clinical departments can get statistics on their activities by themselves. So they will not depend on the reports from hospital statistics unit. It makes easier for clinical departments to set up the yearly plan in time. -Since HIS was established, data was provided with more accuracy. -The linkage with provincial hospitals was set up.	3.1 A -Because basic structures and management improved and manpower acquired more technique and knowledge, CRH become highly standardized center.
	Impact: High	3.1.2 Is there any unintended positive situation produced by project outputs?	-The emergency patient management has been set up.	
		3.1.3 Is there any unintended negative situation produced by project outputs?	-There is no unintended negative situation.	
3.2	Impact on overall goal level? (from technical, institutional, environmental or other viewpoints)	3.2.1 To what degree has overall goal "health services in Ho Chi Minh City and Southern Provinces is upgraded" been achieved?	-Neuro trauma services are started in 8 provincial hospitals of South part of Viet Nam. -Training activities and health services in provinces cannot improve. -Training courses on hemodialysis for young doctors in SPs was organized. -The judgement is difficult because actual figures are not available.	3.2 A CRH was approved as a good training center in terms of courses, local helps, curriculums and qualified certification. It results in good impact on provincial hospitals.
		3.2.2 Is there any unintended positive situation produced by project?	-It is expected that the role of CRH as a medical educational institution will be more recognized in future.	

4. RELEVANCE

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
4.1 Relevance of overall goal Relevance: High	<p>4.1.1 Is overall goal (health services in Ho Chi Minh City and Southern Provinces is upgraded) still consistent with the policy of MOH?</p> <p>4.1.2 Does overall goal still match the needs of Vietnamese?</p> <p>4.1.3 Is overall goal still consistent with Japan's aid policy?</p> <p>4.1.4 In case of low relevance, what are the reason?</p>	<p>-CRH is no exception of health service system in Viet Nam. So the overall goal is consistent with the policy of MOH.</p> <p>-MOH still have the policy to establish and/or improve the information system in hospitals.</p> <p>-MOH should reinforce to make the linkage among hospitals.</p> <p>-There is no low relevance at the time of evaluation.</p> <p>-MOH should enforce on the side of the role of educational institution of CRH.</p>	<p>4.1 A</p> <p>-High relevance of overall goal because the overall goal is still consistent with the policy of MOH and Japan's aid.</p>
4.2 Relevance of project purpose	<p>4.2.1 Is project purpose (The function of CRH as the top referral hospital in the Southern part of the country is improved) still consistent with the policy of MOH?</p> <p>4.2.2 Does project purpose still match the needs of Vietnamese?</p> <p>4.2.3 Is project purpose consistent with overall goal?</p> <p>4.2.4 In case of low relevance, what are the reason?</p>	<p>-No low relevance.</p>	<p>4.2 A</p> <p>-High relevance of project purpose because the project purpose is still consistent with the policy of MOH.</p>
4.3 Relevance of project design	<p>4.3.1 Was the process and content of project planning appropriate?</p> <p>4.3.2 In case of low relevance, what are the reason?</p>	<p>-Produce of manuals were well planned.</p> <p>-It takes long time regarding training courses.</p> <p>-There are difference of health services between Viet Nam and Japan.</p> <p>-Training department was just established recently, so time for supporting this activities was too short.</p>	<p>4.3 A</p> <p>-High relevance of project design because of appropriate process and contents of project planning.</p>

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
5.1 Organizational Sustainability	<p>5.1.1 Is Viet Nam Government likely to continue policy support to CRH?</p> <p>5.1.2 Is administrative and operational system of CRH well organized in CRH?</p> <p>5.1.3 Does CRH have the managing abilities?</p> <p>5.1.4 Does CRH have enough support of other concerned organizations?</p>	<p>-The system of CRH is much better than that of the past.</p> <p>-It is thought to be well organized year by year.</p> <p>-Institutional innovation is very progressed.</p> <p>-More support for nursing department is needed.</p> <p>-Management abilities are remarkably improved.</p> <p>-At present, CRH does not have any support from other organization. CRH always request the support in mainly through collaborative programmes.</p>	5.1 A -Vietnamese Government still support for CRH. -More support for nursing services and training activities are needed. -More support from collaborative programs is needed.
5.2 Financial Sustainability	<p>5.2.1 Is operating expenses securely acquired?</p> <p>5.2.2 Is the official financial support guaranteed?</p> <p>5.2.3 Does CRH have its own revenue source? Is it used for the operating expenses?</p>	<p>-CRH has tried to look for the source/budget to sustain the results of projects.</p> <p>-Revenue is appropriately used.</p>	5.2 B -The budget is limited. But CRH can look for other financial supports in future.
5.3 Material and Technical Sustainability	<p>5.3.1 Is the transferred technology properly utilized?</p> <p>5.3.2 Are the trained staff members appropriately posted?</p> <p>5.3.3 Are the facilities and equipment well maintained?</p>	<p>-Transferred technology is utilized directly and gradually.</p> <p>-No. of microsurgical operations increases in the departments.</p> <p>-All transferred technology have been used effectively.</p> <p>-All staff members have appropriate position.</p> <p>-Staff still work at CRH.</p> <p>-2 CPs are Deputy Chief and Senior Advisor now.</p> <p>-Trained staff are responsible for important roles in clinical and training activities.</p> <p>-More promotion for trained staff should be consider in future.</p> <p>-They are properly distributed and put under a plan of regular check-up and maintenance.</p> <p>-Some equipment are not maintained regularly.</p> <p>-Microscope is in good operation.</p> <p>-Microsurgical Instruments are in good condition.</p>	5.3 A -CRH have enough budget for maintenance service of medical equipment. -Staff in CRH can maintain and manage medical equipment.

A. CONTRIBUTION TO SOUTHERN PROVINCES

INDICATORS	DETAILS	u/s	1994		1995		1996		1997		1998	
			1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
1. No. of trainees from Southern Provinces	a total	i	85	81	166	79	159	96	112	109	155	176
	b doctor	i	66	64	130	65	114	75	93	83	114	139
	c nurse	i	7	2	9	5	22	1	2	12	18	28
	d pharmacist	i	0	1	1	0	3	1	0	2	0	1
	e engineer	i	0	1	1	0	1	1	1	2	2	0
	f technician	i	5	3	8	5	9	13	12	4	13	1
	g others	i	7	10	17	4	10	5	4	7	8	9
2. No. of cases from Southern Provinces	-1 inpatients											
	a total	i							11,899	13,246	13,293	14,861
	b percentage	i			71		70		67	71	69	69
	c total referred	i			7,155	4,161	8,212	2,977	7,401	7,044	5,980	3,502
	d % of referred	i			28	29	27	18	41	36	45	34
-2 outpatients	e No of hospitals	i										
	a total	s										
	b percentage	s			59		59		58	60	50	
3. No. of information for Southern Provinces	-1 general medical information (seminar brochure, etc)	i							6	8	14	5
	-2 informed referral cases' report	i			4		2	1	126	143	217	219
4. No. of dispatching medical advisory team	-1 times of dispatching the team	i			33		37	2	3	5	5	11
	-2 No. of treated patients by the team	i			315		207	4,608	555	479	633	759
5. No. of participants of seminar from S.Prov.	-1 No. of participants	i			1,800		2,800	600	1,820	2,900	1,540	1,920
	-2 No. of seminars involving S.Prov	i			9		14		7	10	11	8
	-3 at district auditorium	i										

s : data for statistics

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B. UPGRADING GENERAL HOSPITAL SERVICE

INDICATORS	DETAILS	s	1994		1995		1996		1997		1998	
			1st	2nd	total	1st	2nd	total	1st	2nd	total	1st
1 Average length of stay	-1 total	I	13.4	13.2	13.3	12.8	12.4	12.2	12.4	12.3	12.4	11.8
	-2 in each wards	S										
(need another table)												
2 Average length of preoperative stay	-1 total	I										
	-2 in each wards	S										
	a for all cases											
	b for elective surgery cases											
	a neurosurgery	S										
	b general surgery											
	c orthopedics											
	d urology											
	e ophthalmology											
	f ENT											
	g chest surgery											
3 Patients' Satisfaction	-1 No. of claims in Suggestion Box	I										
	-2 Satisfaction Study by questionnaire	I										
(need analysis of the result)												
4 Balance between revenue & expense	-1 Gross	S	22530	39617	62147	119607	243009	63320	63046	132205	98474	75885
	a revenue											
	b expense	S	16842	36147	52989	110788	230778	42176	52705	94881	63263	103071
	c profit (loss)	S	5688	3170	9158	9119	12231	20144	17240	37424	35208	24072
	d profit (loss) rate	S	33.77	9.6	17.28	8.23	5.3	47.76	32.79	39.44	55.65	27
	a operating revenue	S	9646	14869	24517	19417	25995	45412	42049	70450	43410	56535
	b operating expense	S	10450	17654	28004	23157	27882	51039	43951	79507	50530	64761
	c operating profit (loss)	S	-802	-2985	-3787	-3740	-1887	-7595	-12031	-4708	-7120	-6206
	d operating profit (loss) rate	S	-7.67	-16.72	-13.38	-16.145	-6.77	-11.02	-2.74	-10.94	-14.1	-9.63
5 Productivity	-1 average operating revenue per capita											
	a per staff	I	9.35	14.41	23.76	17.98	24.07	42.05	16.71	35.27	41.98	25.72
	b per doctor	I	35.6	54.87	90.47	60.96	89.64	150.59	70.81	102.52	170.33	104.35
	c per nurse	I	28.38	43.73	72.11	51.76	69.32	121.1	51.34	77.68	129.07	79.07
	-2 average daily revenue per capita											
	a per staff	I										
	b per doctor	I										
	c per nurse	I										

(t/s)

I : Indicator

S : data for statistics

AN8A-A.XISA 12-716/10/1998

B. UPGRADING GENERAL HOSPITAL SERVICE

INDICATORS	DETAILS	s	1994		1995		1996		1997		1998	
			1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
-3 average total periodical inpatient No. per capita	a per inpatient	s	0.03	0.05	0.05	0.1	0.11	0.12	0.12	0.15	0.16	0.22
	b per outpatient	s				0.01	0.01	0.01	0.01	0.02	0.03	0.05
-4 average total periodical specimen test No. per capita	a per inpatient wards' staff	s			430		472	222	480	276	571	572
	b per qualified technician	s			15137		26424	16000	36710	13108	24225	43079
-5 average total periodical X-ray film No. per capita	a per X-ray staff	s			7151		7542	4102	4748	4335	7054	7472
	b per nurse	s			917		1016	447	519	613	1234	1132
-6 average total periodical inpatient No. per capita of inpatients wards	a per pharmacist	s			31270		34085	16253	21219	16229	21805	39447
	b per nurse	s			2006		3255	1502	1813	1655	2272	4037
-7 average total periodical outpatient No. per capita of OPD	a per nurse	s							60	73.15	73.36	75.5
6 Dietary service												
-1 ratio of the dieted inpatients												
-2 satisfaction of inpatients												
7 Various statistics												
-1 patients	a No. of inpatient (admitted)	s	11904	13976	25880	14080	10245	10550	19483	17637	19408	405779
	b No. of outpatient (No. of exes)	s	93410	120151	213561	114547	145307	129225	285113	140577	175331	370120
-2 staff	a doctors	s	337		551			412	409	411	408	391
	b nurses	s	551		16			557	524	544	577	618
-3 Mortality rate	c pharmacists	s	16					16	16	16	15	14
	d engineers	s	23					24	24	26	28	25
within 24hrs. after admitt	e technicians	s	159					101	102	189	193	182
	f cleaners	s	227					238	244	272	244	249
within 48hrs after opera	g others	s	178					168	230	220	227	139
	a No. of death within 24 hrs.	s							620	294	585	633
total mortality cases	b total mortality cases	s							1206	537	606	1226
	c a/total inpatients No.	s							704	281	320	617
b/total inpatients No.	d b/total inpatients No.	s							502	256	288	609
	e total operation No.	s							15801	7861	10371	17509
-elective operation	f	s							8131	3721	4191	8544

(t/s)
1 : indicator
s: data for statistics

ANRA-A.NISA 12-716/10/1998

B. UPGRADING GENERAL HOSPITAL SERVICE

INDICATORS	DETAILS	s	1994		1995		1996		1997		1998	
			1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
	-emergency operation	s										
	b total operation death No.	s										
	-for elective cases	s										
	-for emergency cases	s										
	c death No. within 48hrs after	s										
	-for elective cases	s										
	-for emergency cases	s										
	d c/a (total) (%)	s										
	-for elective cases(%)	s										
	-for emergency cases (%)	s										
-4 Clinical conference	a No. of CPC	s										
	b No. of clinical consultation among more than 3 Depts.	s										
	c No. of clinical discussion out	s										
-5 Appropriate staffing	a total staff No. per inpatient	s										
	b total permanent staff No. per (average / day)	s										

(1/3)
 1 : indicator
 s: data for statistics

C. UPGRADING DEPARTMENT'S ACTIVITIES

	INDICATORS	DETAILS	1/5	1994		1995		1996		1997		1998		G. total
				1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	
I. Planning	(if suitable indicator)													
II. Coordination	1. No. of equipment cooperative used	a. kinds of equipment	i					11	107	118	6	5	7	12
	2. Bed occupancy rate	a. No. of > 140% Dept.	i	0	5	0	0	0	0	0	0	0		1
		b. No. of < 85% Dept.	i	9	4	11	7	6	3	4	5	3	1	1
	-2 standard deviations by each Dept.		i											
General Manage.	3. Coordinating occasions													
	-1 educational occasion	a. lecture	i							29	4	5	10	24
		b. seminar	i							5	7	10	17	23
	-2 managing	a. management meeting	i					12	11		12	17	10	22
III. Finance	1. No. of mis-operations													
		a. cashing	i	50	48	98	45	40	85	30	20	28	15	43
		b. reporting	i	20	15	35	5	4	9	3	3	2	1	3
	2. Amount of uncollected clinical fee (X1,000,000VND)		i	1,196	2,241	1,467	2,376	2,111	3,973	1,867	2,089	2,603	3,050	5,653
	3. Collection ratio of uncollected clinical fee		i	25.1	24.1	24.6	23.9	25.1	22.6	24.5	25.2	28.68	29.39	29.38
I. Medical Record	1. Utility													
	-1 total number of utility	a. users of MR.	i					3,888	2,220	4,545	2,315	2,419	2,180	5,036
		b. borrowed MR.	i					9,870	7,622	15,312	7,450	7,953	6,850	15,096
	2. Completeness													
Medical Record	-1 lost MR.	a. No. of lost MR.	i					552	339	663	435	212	105	203
		b. No. of found lost MR.	i					292	211	364	238	188	69	123
	2. No. of lost X-ray films	a. referral case to other Hos.	i										234	482
		b. actual lost	i										31	66

(1/5)

i indicators
s: data for statistics

Indica-1C 12-71999/1/27

C. UPGRADING DEPARTMENT'S ACTIVITIES

	INDICATORS	DETAILS	1st	1994		1995		1996		1997		1998		G. total
				1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	
		c keeping by doctor	i											
		d No of found lost x-ray film	i											
	-3 No. of incomplete data	a data of "false inpatient"	i					468	261	278	162	440	68	
III. Data Processing	1 Utility													
	-1 number of reference by request		i					30	48	55	60	115	99	171
	-2 number of registered operators		i											
	-3 number of networked computers		i					11	11	20	16	36	60+5	67
	-4 number of various statistical table by the database		i											
III. Library	1 Usage													
	-1 number of usage		i											
	a readers		i	254	257	511	337	615	306	432	557	978	474	1370
	b borrowers		i	17	19	36	59	88	59	4	114	121	153	221
	c users of Medlines		i											
	d usage of photocopy machi		i					0	1,353	2,281	3,294	5,399	1,538	12,558
2 Volume	-1 number of the stock		i											
	a books		i	628	160	788		1,407	337	349	686	1,123	710	1,833
	b kinds of medical journals		i	83	18	101		120	22	34	56	213	385	625
1 Utility	-1 operation ratio of medical equipment		i					75	78	82	86	84	86	87.56
	2 Efficiency		i											
	-1 successful ratio of repairing medical equipment		i					97	95	97	98	97	95	97
3 Inspection	-1 inspected equipment regularly by engineer		i											
	a No. of kinds of equipment		i					5					30	34
	b total No. of inspected equi		i					22	56	106	143	233	250	540
Maintenance	4 Regularly checking up by operators		i											
	a No. of kinds of equip.		i					5	7	5	5	26	32	35
	b total No. of checked equi		i					20	28	48	119	337	337	342

(7/s)

i : indicators
s: data for statistics

Indica-IC 12-71999/1/27

C. UPGRADING DEPARTMENT'S ACTIVITIES

	INDICATORS	DETAILS	1994		1995		1996		1997		1998		G. total
			1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	
5 Manual for operators	-1 Maintenance book	a No. of kinds of equipment											
		b total No. of equipment											
6 Management	-1 Useful statistics	a total repairing cost (x million VND)											
1 Knowledge	-1 Score of annual examination	a ratio of > 6 point nurses											
		b total average score											
2 Skill	-1 Ratio of nurses can use modern medical equipment	a operation & follow up											
		b operation only											
Nursing Service		c can't operate											
		d no experience											
3 Quality	-1 Number of Malpractice												
4 Education	-1 Inservice education	a No. of training course											
		b No. of attendees to T/C (nurses)											
		c No. of atts. to T/C (cleaners)											
		d No. of lectures											
		e Ratio of the attendance (nurse) among total nurses											
		a Seminar organized by CRH											
-2 Nursing research		b Number of Nursing seminar											
		c Number of presentations											
		d Seminar organized by others											

i: indicators
s: data for statistics

Indica-IC 12-71999/1/27

C. UPGRADING DEPARTMENT'S ACTIVITIES

	INDICATORS	DETAILS	i/s		1994		1995		1996		1997		1998		G. total
			1st	2nd	total	1st	2nd	total	1st	2nd	total	1st	2nd	total	
5 Coordination	Appropriate staffing	Number of Nursing seminar												1	1
		Number of presentations												0	0
		a number of temporary mov person x days			9	34	35	69	35	33	68	19	50	69	
		b number of T/M (cleaners) person x days			9	35	82	117	35	113	148	176	236	412	
		c Mean+SD, workload			0	0	12	12	34	15	49	14	25	39	
					0	0	12	12	34	15	49	31	25	56	

(i/s)
i: indicators
s: data for statistics

Indicators for Neurosurgery Disease

Category	Major Item	Minor Item	Concrete data	1994	1995	1996	1997	1998
Contribution to Southern Provinces	No. of Transes from Provinces No. of Patients from Provinces		Head Injury	20	14	24	30	42
			CNS Dis.	1738	2954	3483	4022	3321
Upgrading General Hospital Care	Mortality	Mortality of Head trauma		1218	1279	1146	1511	1547
			Op(+), < 24hrs	59	61	48	47	170
			Op(+), 24hrs <	216	213	211	142	113
			Op(-), < 24hrs	84	79	82	84	159
			Op(-), 24hrs <	400	386	29	371	621
			Op(+)	7.8%	8.10%	7.70%	7.60%	7.60%
			Op(-)	1.2	4	1	2	2%
			Number	8.25	6.1	6.2	6.2	6.2
			%					
				37	31	32	15	16
Upgrading Diagnosis	Mean Hospital Stay Patient's Satisfaction	Complications which require another operation Infections after shunt operation (days)		9.5	8.5	7.5	6.5	6.5
Upgrading Treatment	No. of diag. procedure No. of Drs (Diag.) Misdiagnosis	CT scan with contrast study Selling Stereotaxy Selling Stereotaxy Coincidence rate		3777	11152	12940	13400	14560
				31	29	20	42	53
				0	0	41		42
				2	30	5		
				0	0	7	10	10
				90	91	93	94	110
				86%	84%	88%	86%	86%
			Total					
			Brain tumor (Histo.)					
				118	150	162	312	643
Expanding Research	No. of treat. procedure No. of Drs (Treat.) Scientific paper Presentation	Neurosurg. Op. Microsurgery, Op. % of Microsurgery, Op. No of new technic Microsurgery		0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
Educational Activities	No. of Journal Club No. of Mini-Lecture No. of Training Course No. of Reading Circle No. of Clinical Conference	International Magazine In Vietnamese Magazine In Hospital Magazine International Conf. Vietnamese Conf. Hospital Conf.		0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
Preoperative Postoperative Others				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0
				0	0	0	0	0

x: refer the result of the questionnaire

Indicators for Gastro-Entero-Hepatology

Category	Major Item	Minor Item	Concrete data	1994	1995	1996	1997	1998
Contribution to Southern Provinces	No. of Trained from Provinces			4	4	4	28	3
Upgrading General Hospital Care	No. of Patients from Provinces			1433	1843	1769	1947	2193
	Mortality			0.8%	0.3%	0.2%	0.1%	0%
	Mean Hospital Stay				8.5	9.5	9.5	9.2
	Patient's Satisfaction							
Upgrading Diagnosis	No. of diag. procedure	Endoscopy	Upper GI	636	1380	2751	3141	5176
			Lower GI	0	93	458	573	881
			Rectoscopy	219	51	155	240	312
			ERCP	24	86	109	176	277
		PTC	Internal	6	8	12	16	2
			UGI double contrast	0	0	21	100	100%
		Radiological	LGI double contrast	0	0	21	100	100%
	No. of Drs (Diag.)	Endoscopy	Upper GI	6	7	13	18	18
			Lower GI	6	2	6	7	9
			ERCP	6	2	3	2	5
		Radiological	UGI double contrast	0	0	2	2	2
			LGI double contrast	0	0	2	2	2
	Misdiagnosis		Total	17.8%	13.9%	11.8%	9%	8.10%
			Emergency Op.	26.9%	13.6%	13.1%	5.7%	5.10%
			Elective Op.	13.4%	14%	11.5%	11%	9.30%
Upgrading Treatment	No. of treat. procedure	Endoscopic Treatment		13	172	172	211	175
		No. of new technic*			2*	4**	0	1
	No. of Drs (Treat.)	Endoscopic Treatment			3	6	12	12
		No. of new technic*			1	4	0	0
Expanding Research	Success procedure	Endoscopic Treatment			2	3	4	1
	Scientific paper	Internal	International Magazine	0	0	0	0	0
			In Vietnamese Magazine	0	0	2	2	2
			In Hospital Magazine	0	0	0	2	1
	Presentation	Internal	International Conf.		1	2	2	1
			Vietnamese Conf.		2	3	2	3
			Hospital Conf.		3	2	3	1
Educational Activities	No. of Journal Club				10	17	22	5
	No. of Mini-Lecture				0	4	10	4
	No. of Training Course				1	1	2	0
	No. of Reading Circle				0	10	12	3
	No. of Clinical Conference				4	5	10	18

* : Sclerotherapy, Removal of foreign bodies
 ** : EWL, Injection therapy, Polypectomy, Removal of CBD stones

Indicators for General Surgery Disease

Category	Major Item	Minor Item	Concrete data	1994	1995	1996	1997	1998
Contribution to Southern Provinces	No. of Trainee from Provinces	Surgery		12	10	16	22	4
	No. of Patients from Provinces	Surgery		2704	2621	2856	3010	3184
Upgrading General Hospital Care	Mortality	Surgery		0.80%	1.5%	1.1%	1.2%	2%
	Complication	Surgery	General*		3%	2.05%	2.00%	2%
	Survival rate	Surgery	Due to Op.**		0.5%	0.5%	0.75%	0.50%
	Mean Hospital Stay	Surgery	Total	10	7.5	9	9	7
	Patient's Satisfaction	Surgery	Preoperative			9.5	9.7	7.8
Upgrading Diagnosis	No. of diag. procedure	Endoscopy	Upper GI	0	150	148	300	441
			Lower GI	0	60	65	115	0
	PTC	Endoscopy	Rectoscopy	0	0	15	30	0
			ERCp	0	0	35	25	10
	No. of Drs (Diag.)	PTC	Surgery	6	160	168	362	432
		Endoscopy	Upper GI	0	3	0	4	2
	Misdiagnosis		Lower GI	0	0	0	4	0
			ERCp	0	0	0	0	2
			Total	17.8%	5%	3.5%	3%	22%
			linerg. Op.	26.9%	7%	4.1%	4%	2%
Upgrading Treatment	No. of treat. procedure	Laparoscopic Surg.	Elective Op.	13.4%	1%	0.5%	0.8%	1%
	No. of Drs (Treat.)	Systemic LN Dissection		235		108	120	150
		No of new technique#				103	78	60
Expanding Research	Scientific paper	Laparoscopic Surg.		6		5	2	3
		Systemic LN Dissection				10	14	20
	Presentation	Laparoscopic Surg.				1	2	7
		Systemic LN Dissection				4	3	3
		No of new technique#				5	0	0
Educational Activities	No. of Journal Club	Surgery	International Magazine	4	5	5	0	0
			Vietnamese Magazine		4	4	2	5
	No. of Mini-Lecture	Surgery	Hospital Magazine		1	1	4	8
			International Conf.		0	1	1	0
	No. of Training Course		Vietnamese Conf.		1	1	0	5
	No. of Reading Circle		Hospital Conf.		52	52	48	7
	No. of Clinical Conference	Preoperative			52	40	82	40
		Postoperative			100	100	90	10
	Others				100	110	95	3
					0	0	0	0
					52	42	50	40
					30	29	36	10
					40	50	50	0

*: General postoperative complications such as: Pneumonia, UTI, Sepsis, etc.
 **: Complication due to Operation such as: Leakage, Abscess, Wound Infection, etc.
 #: What kind of new technique?
 x: refer the result of the questionnaire

Indicators for Nephrology Hemodialysis

Category	Major Item	Minor Item	Concrete data	1994	1995	1996	1997	1998
Contribution to Southern Provinces	No. of Trainee from Provinces		Doctors	7	5	0	30	6
			Nurses	6	7	0	2	8
	No. of Patients from Provinces		Total	174	293	242	134	
	No. of Patients from Provinces		Chronic	93	95	35	54	65
	No. of Patients from Provinces		Acute	81	198	207	89	128
Upgrading General Hospital Care	Mortality	Acute renal failure		5%	4%	2.66%	3.01%	0
		Chronic renal failure		7%	11%	7.69%	15.00%	0
	Complications due to HD							
	Mean Survival Year of Chronic HD Cases after HD							
	Mean Hospital Stay for CHD Pts.							
Upgrading Diagnosis	Patient's Satisfaction			20	13			
	No. of renal biopsy cases							
	No. of Drs who can perform renal biopsy					9	0	101
						8/8	8/8	8/8
	No. of treat. procedure	No. of HD Pt		93	293	316	264	285
Upgrading Treatment			total					
			CRF		95	91	105	125
			ARF		198	225	159	160
		No. of HD	total	6614	8015	9037	11912	12848
			CRF		7817	8893	11518	12476
Expanding Research			ARF		343	414	394	422
	No. of Drs (Treat.)		Staff	8	10	10	7	7
			Contract	3	6	6	5	7
	Scientific paper		International Magazine	0	0	0	2	0
			In Vietnamese Magazine		0	0	0	0
Educational Activities			In Hospital Magazine		0	0	1	0
			International Conf.		0	1	1	0
			Vietnamese Conf.		0	1	1	0
			Hospital Conf.		0	0	4	0
	No. of Journal Club				0	2	24	50
	No. of Mini-Lecture				0	2	8	4
	No. of Training Course				0	1	4	6
	No. of Reading Circle				0	52	30	20
	No. of Clinical Conference				0		everyday	everyday

x: refer the result of the questionnaire

Indicators for ICU

Category	Major Item	Concrete data	1994	1995	1996	1997	1998
Contribution to Southern Provinces	No. of Trainee from Provinces		14	125	150	130	46
	No. of Patients from Provinces		6785	7301	8495	8034	7936
Upgrading General Health Care	Mortality	Critical cases*	10.0%	5.1%	6.5%	10%	8.50%
		Cardiovascular	8.7%	0.2%	0.05%	2%	10.30%
		Respiratory	26.7%	18%	16%	14%	14.70%
		Head injury	16.8%	19.2%	10.7%	9.3%	11.20%
			6.7%	6.0%	5.2%	5.3%	2%
Upgrading Diagnosis	Complications**		0.03%	0.02%	0.5%	0.5%	40.83%
	Survival rate of DOA Patients		32hrs	33hrs	36hrs	30 hrs	43.3hrs
	Mean Stay in ICU						
	Postoperative						
Upgrading Treatment	No. of diag. procedure***		2	3	5	6	8
	No. of Drs (Diag.)		10	12	16	20	19
Expanding Research	Misdiagnosis		0.02%	0.021%	0.01%	0.01%	0.02%
	No. of treat. procedure#	Total cases	6331	6863	7699	4533	7800
Educational Activities	No. of Drs (Treat.)		12	14	15	20	19
	Scientific paper	International Magazine	2	2	4	1	0
		In Vietnamese Magazine	4	4	6	6	3
		In Hospital Magazine	1	2	1	4	7
	Presentation	International Conf.	0	0	8	1	3
		Vietnamese Conf.	4	5	10	16	26
Educational Activities	No. of Journal Club	Hospital Conf.	11	11	15	2	10
	No. of Mini-Lecture		5	9	12	55	104
	No. of Training Course		18	18	49	35	52
	No. of Reading Circle		120	125	130	74	>400
Educational Activities	No. of Clinical Conference		20	20	24	45	104
			12	12	16	18	40

- * : It is necessary to make definition
 ** : Complications after admission to ICU
 *** : What procedure is suitable for indicator?
 # : What procedure is suitable for indicator?

List of Japanese Experts

Long Term Experts

Name	Field	Term
1. Dr.Minoru Akiyama	Chief Advisor	31/05/1995 - 31/03/1999
2. Mr.Mitsuhiko Iwashita	Coordinator	10/05/1995 - 09/05/1997
3. Mr.Akira Kodama	Coordinator	13/03/1997 - 31/03/1999
4. Mr.Kazuyuki Kobayashi	Medical Equipment Management	10/05/1995 - 31/03/1999
5. Ms.Keiko Hiraga	Nursing Management	18/05/1995 - 14/02/1997
6. Ms.Harumi Shimizu	Nursing Management	18/11/1996 - 31/03/1998
7. Ms.Noriko Kato	Nursing Management	16/03/1998 - 31/03/1999

Short Term Experts

F/Y 1995

Name	Field	Term
1. Mr.Hiromi Magusa	Hospital Management	15/09/1995 - 14/10/1995
2. Mr.Saburo Kanbayashi	Hospital Management	15/10/1995 - 25/10/1995
3. Mr.Shogo Nakamura	Hospital Management	21/10/1995 - 09/11/1995
4. Mr.Taneki Nakano	Hospital Management	21/10/1995 - 09/11/1995
5. Mr.Toshiro Takahashi	Hospital Management	21/10/1995 - 09/11/1995
6. Ms.Ayako Nakazawa	Hospital Management	15/08/1995 - 27/08/1995
7. Mr.Michio Hashimoto	Hospital Management	01/11/1995 - 07/11/1995
8. Mr.Ryoichi Watanabe	Hospital Management	28/03/1996 - 04/04/1996
9. Dr.Yoichi Horikoshi	Digestive Diseases	27/11/1995 - 26/03/1996
10. Dr.Akira Muraoka	Digestive Diseases	25/03/1996 - 24/04/1996
11. Dr.Tatsuya Kondo	Neurosurgery	24/02/1996 - 02/03/1996
12. Dr.Shigeki Asahi	Neurosurgery	24/02/1996 - 23/05/1996
13. Dr.Yoshihiro Yagishita	ICU doctor	05/04/1996 - 20/04/1996
14. Ms.Teruko Huchigami	ICU nursing	05/04/1996 - 20/04/1996

F/Y 1996

	Name	Field	Term
1.	Mr.Shingo Tsukada	Hospital Management	17/09/1996 - 26/11/1996
2.	Mr.Shogo Nakamura	Hospital Management	31/07/1996 - 31/08/1996
3.	Mr.Taneki Nakano	Hospital Management	06/08/1996 - 20/08/1996
4.	Mr.Toshiro Takahashi	Hospital Management	06/08/1996 - 20/08/1996
5.	Ms.Ayako Nakazawa	Nursing Management	10/01/1997 - 23/01/1997
6.	Dr.Ryoichi Watanabe	Hospital Management	31/07/1996 - 31/08/1996
7.	Dr.Yoichi Horikoshi	Digestive Diseases	01/11/1995 - 07/04/1996
8.	Dr.Daijo Hashimoto	Digestive Diseases	16/03/1997 - 03/04/1997
9.	Dr.Akira Muraoka	Digestive Diseases	25/03/1996 - 24/04/1996
10.	Dr.Hiroshi Matsuura	Digestive Diseases	01/07/1996 - 31/07/1996
11.	Dr.Yukio Saito	Digestive Diseases	22/05/1996 - 05/06/1996
12.	Dr.Kiyohiko Hanada	Digestive Diseases	21/09/1996 - 06/10/1996
13.	Dr.Shigeki Asahi	Neurosurgery	24/02/1996 - 13/05/1996
14.	Dr.Toshihiko Haisa	Neurosurgery	14/02/1997 - 07/03/1997
15.	Dr.Tetsuo Hara	Neurosurgery	07/03/1997 - 21/03/1997
16.	Dr.Yoshihiro Yagishita	ICU doctor	05/04/1996 - 23/04/1996
17.	Dr.Yoshihiro Yagishita	ICU doctor	14/12/1996 - 27/12/1996
18.	Ms.Teruko Huchigami	ICU nursing	05/04/1996 - 23/04/1996
19.	Ms.Sachiko Miyoshi	ICU nursing	18/11/1996 - 12/02/1997
20.	Dr.Shigeki Saima	Renal Diseases	14/09/1996 - 29/09/1996
21.	Dr.Hiroshi Omae	Renal Diseases	14/02/1997 - 11/04/1997
22.	Dr.Nobuharu Akatsuka	Cardiac Diseases	02/11/1996 - 10/11/1996
23.	Dr.Kazuhide Izumo	Cardiac Diseases	17/03/1997 - 03/04/1997
24.	Dr.Huancon Zuo	Neurosurgery	08/03/1997 - 15/03/1997

F/Y 1997

	Name	Field	Term
1.	Mr.Toshiro Takahashi	Hospital Management	01/05/1997 - 09/05/1997
2.	Mr.Toshiro Takahashi	Hospital Management	06/08/1997 - 17/08/1997
3.	Mr.Taneki Nakano	Hospital Management	06/08/1997 - 23/08/1997
4.	Mr.Toshiro Takahashi	Hospital Management	24/02/1998 - 04/03/1998
5.	Mr.Taneki Nakano	Hospital Management	24/02/1998 - 06/03/1998
6.	Mr.Shogo Nakamura	Hospital Management	24/02/1998 - 06/03/1998
7.	Dr.Ryoichi Watanabe	Hospital Management	24/04/1997 - 03/05/1997
8.	Dr.Ryoichi Watanabe	Hospital Management	04/08/1997 - 20/08/1997
9.	Dr.Kiyoshi Saito	Digestive Diseases	21/06/1997 - 05/07/1997
10.	Dr.Susumu Kurosawa	Digestive Diseases	05/01/1998 - 21/01/1998
11.	Dr.Toshihiko Haisa	Neurosurgery	09/12/1997 - 26/12/1997
12.	Dr.Tetsuo Hara	Neurosurgery	11/03/1998 - 27/03/1998
13.	Dr.Sosuke Kimura	Cardiovascular Diseases	06/07/1997 - 11/07/1997
14.	Dr.Kazuhide Izumo	Cardiovascular Diseases	13/11/1997 - 29/11/1997
15.	Dr.Kazutoshi Mitsuo	Cardiovascular Diseases	06/01/1998 - 19/01/1998
16.	Dr.Shigeki Saima	Renal Diseases	14/12/1997 - 20/12/1997
17.	Dr.Hiroshi Omae	Renal Diseases	19/11/1997 - 16/01/1998
18.	Dr.Yoshihiro Yagishita	ICU doctor	09/03/1998 - 18/03/1998
19.	Ms.Saeko Yamamoto	ICU nursing	27/02/1998 - 11/05/1998
20.	Ms.Noriko Kato	Cardiac nursing	05/11/1997 - 08/01/1998
21.	Ms.Ayako Nakazawa	Nursing Management	06/08/1997 - 20/08/1997
22.	Dr.Kenzo Kiikuni	Hospital Management	11/08/1997 - 19/08/1997
23.	Dr.Shigekoto Kaihara	Hospital Management	12/08/1997 - 17/08/1997
24.	Dr.Ryoichi Watanabe	Hospital Management	23/03/1998 - 03/04/1998
25.	Dr.Mitsuo Kashida	Cardiovascular Diseases	23/11/1997 - 29/11/1997
26.	Dr.Katsuhiro Yoshitake	Cardiovascular Diseases	23/11/1997 - 29/11/1997
27.	Dr.Hiroshi Omae	Renal Diseases	06/04/1998 - 22/04/1998

F/Y 1998

	Name	Field	Term
1.	Dr.Ryoichi Watanabe	Hospital Management	10/08/1998 - 26/08/1998
2.	Dr.Ryoichi Watanabe	Hospital management	21/02/1999 - 27/02/1999
3.	Ms.Yoko Konishi	Nursing Management	03/08/1998 - 14/08/1998
4.	Dr.Toshihiko Haisa	Neurosurgery	25/10/1998 - 08/11/1998
5.	Dr.Hiromasa Kahimura	Digestive Diseases	19/10/1998 - 04/11/1998
6.	Dr.Takanobu Hoshino	Digestive Diseases	28/09/1998 - 08/10/1998
7.	Dr.Shigeki Saima	Renal Diseases	26/08/1998 - 05/09/1998
8.	Dr.Yoshihiro Yagishita	ICU	13/09/1998 - 26/09/1998
9.	Dr.Takafumi Azami	ICU	20/09/1998 - 18/10/1998
10.	Ms.Saeko Yamamoto	ICU Nursing	13/08/1998 - 10/10/1998
11.	Dr. Kanehiro Hasuo	Digestive Diseases	26/08/1998 - 05/09/1998
12.	Dr.Akira Muraoka	Hospital Management	06/12/1998 - 23/12/1998
13.	Dr.Kiyoshi Kurata	Hospital Management	17/12/1998 - 28/12/1998
14.	Dr.Yutaka Tamura	Digestive Diseases	23/01/1999 - 03/02/1999
15.	Mr.Taneki Nakano	Hospital Management	08/03/1999 - 17/03/1999

List of Trainees of Counterpart Training Program

F/Y 1995

	Name	Field	Term
1.	Ms.Dang Minh Hien	Financial Management	28/03/1995 - 01/05/1995
2.	Ms.Phan Thi Xuan	ICU	07/03/1995 - 10/06/1995
3.	Dr.Vo Xuan Quang	Digestive Diseases	12/09/1995 - 10/02/1996
4.	Dr.Nguyen Phong	Neurosurgery	12/09/1995 - 09/12/1995
5.	Ms.Nguyen Hoang Thanh	Nursing Management	18/09/1995 - 15/09/1996

F/Y 1996

	Name	Field	Term
1.	Ms.Nguyen Thi Tham	ME Management	03/09/1996 - 09/12/1996
2.	Dr.Nguyen The Hiep	Hospital Management	04/03/1997 - 30/03/1997
3.	Dr.Nguyen Dinh Song Huy	Abdominal Surgery	30/07/1996 - 04/02/1997
4.	Dr.Do Kim Que	Cardiovascular Surgery	22/10/1996 - 31/03/1997
5.	Ms.Nguyen Thi Ngoc Hue	ICU Nursing	08/07/1996 - 06/07/1997

F/Y 1997

	Name	Field	Term
1.	Dr.Truong Van Viet	Hospital Management	03/06/1997 - 28/06/1997
2.	Dr.Tran Ngoc Phuc	Neurosurgery	03/06/1997 - 06/12/1997
3.	Dr.Nguyen Thi Thu Lanh	Renal Diseases	13/05/1997 - 15/11/1997
4.	Dr.Nguyen Thi Hau	Cardiology	12/05/1997 - 14/03/1998

F/Y 1998

	Name	Field	Term
1.	Dr.Pham Van Dong	ICU	11/05/1998 - 29/04/1999
2.	Mr.Nguyen Tran Duc	Hemodialysis Nursing	11/05/1998 - 29/04/1999
3.	Ms.Nguyen Thi Thah Thuy	Hospital Management	22/07/1998 - 15/09/1998
4.	Dr.Tran Minh Thong	Histopathology	18/08/1998 - 15/12/1998
5.	Dr.Hoang Hoa Hai	Hospital Management	10/01/1999 - 14/02/1999
6.	Ms.Thai Thi Kim Nga	Nursing Management	10/01/1999 - 11/04/1999

JICA Project Equipment

F.Y.1995

Name of Equipment	Q'ty	Delivery	Prices		Agency/Japan	Location
			Japanese Yen	US\$		
Operating Microscope OLIMPUS OME-5043	1	9702	5,850,000		Japan	Ope. Room
Video System for Microscope OTV-SX	1	9702	2,745,000		Japan	Ope. Room
Equipment for Microscopic Operation (Monitor, Camera...)	1	9702	621,900		Japan	Ope. Room
Sugita Clip D Set (07-953-00)	2	9702	3,000,000		Japan	Ope. Room
Microsurgery Instruments Set (07-860-00 ...)	1	9702	402,800		Japan	Ope. Room
Light Source OLIMPUS CLV-U20	2	9702	2,340,000		Japan	Functional Diagnostic
Gastrointestinal Fiberscope OLIMPUS GIF-XQ30	1	9702	1,530,000		Japan	Functional Diagnostic
Instruments for Endoscopy (Forceps...)	1	9702	250,000		Japan	Functional Diagnostic
Suction Unit OLIMPUS KV-4	2	9702	576,000		Japan	Functional Diagnostic
Accessories for Suction Unit (Filter...)	1	9702	25,200		Japan	Functional Diagnostic
Colon Fiberscope OLIMPUS CF-30L	1	9702	1,710,000		Japan	Functional Diagnostic
Instruments for Colon Fiberscope	1	9702	327,500		Japan	Functional Diagnostic
Duodeno Fiberscope OLIMPUS JF-1T30	1	9702	1,845,000		Japan	Functional Diagnostic
Instruments for Duodeno Fiberscope	1	9702	634,400		Japan	Functional Diagnostic
TV System OLIMPUS OTV-S5C (&Accessories)	1	9702	2,372,700		Japan	Functional Diagnostic
Colon Fiberscope OLIMPUS PCF-20	1	9702	1,440,000		Japan	Functional Diagnostic
Instruments for Endoscopy (Forceps...)	1	9702	175,000		Japan	Functional Diagnostic
Disinfecting Trolley OLIMPUS TD-20	1	9702	283,500		Japan	Functional Diagnostic
Instruments for Endoscopy (Forceps, Trocar...)	1	9702	1,623,200		Japan	Ope. Room
Electrosurgical Unit OLIMPUS UES-20	1	9702	1,620,000		Japan	Ope. Room
Imaging Trolley OLIMPUS TI-2	1	9702	238,500		Japan	Ope. Room
Working Trolley OLIMPUS MW-30, G-SET	1	9702	315,000		Japan	Ope. Room
Monitor Platform for MW-30 OLIMPUS MH-75	1	9702	54,000		Japan	Ope. Room
Equipment for TV System OLIMPUS (Camera...)	1	9702	1,633,000		Japan	Ope. Room
CO2 Insufflation Unit OLIMPUS UHI	1	9702	1,350,000		Japan	Ope. Room
Catheter for PTCD (22110350)	20	9704	279,000		Japan	Ope. Room
Catheter for ERBD (5824A-105)	10	9704	405,000		Japan	Ope. Room
Instruments for Biopsy (KURITA Silvermann Needles...)	3	9704	236,700		Japan	Ope. Room
Auto Suture Set (with Accessories)	10	9704	5,074,400		Japan	Ope. Room
Instruments for surgery (Overcoat, Forceps...)	1	9704	2,184,000		Japan	Ope. Room
Metal Support for Monitor, Accessory for Sams 8000	1	9704	270,000		Japan	Ope. Room
Battery Modular for Sams 8000 (16415)	1	9704	1,200,000		Japan	Ope. Room
Maxima Puls Oxygenator for Adult, MAX-PRF	5	9704	990,000		Japan	Ope. Room

JICA Project Equipment

Name of Equipment	Q'ty	Delivery	Prices Japanese Yen	US\$	Agency/Japan	Location
Maxima Puls Oxygenator for Infant, 3381	5	9704	990,000		Japan	Ope. Room
Sternum Saw Stryker System 2000	1	9704	1,750,500		Japan	Ope. Room
Monitor FUKUDA DS-3300 (with Recorder & Accessories)	1	9704	2,950,200		Japan	Ope. Room
Instruments for Cardiovascular Surgery (Cannule)	1	9704	173,760		Japan	Ope. Room
Ventilator BIRD 6400ST	2	9602		44,500	DAI/VIET	ICU
Recorder for Monitor FUKUDA AU-3320	1	9704	1,260,000		Japan	ICU
Monitor Accessories FUKUDA DS-3300 (BP Module...)	2	9704	2,682,000		Japan	ICU
Monitor FUKUDA DS-3140 with Accessories	4	9704	4,855,600		Japan	ICU
Infusion Pump ATOM P-600 (with Infusion Set)	4	9704	1,336,000		Japan	ICU
Ultrasound Tomographic Apparatus TOSHIBA SAL32B	1	9706	3,050,000		Japan	Emergency
Mobile X-ray Apparatus SHIMADZU MU-125P	1	9706	3,400,000		Japan	Radiology (X-ray)
Medical Books	60	9704	1,393,100		Japan	Library
Video Projector EIKI Model 120	1	9602		1,080		GPD
Document Projector EPILUX Direct Projector	1	9602		2,190		GPD
Projection Panel LCD Model 2080	1	9602		2,208		GPD
Photocopy Machine Photocopier FT-4215	1	9602		5,550		GPD

Total price for 1995 FY JP¥ US\$
67,442,960 55,528

JICA Project Equipment
F.Y.1996

Name of Equipment	Qty	Delivery	Prices Japanese Yen	US\$	Agency/Japan	Location
Stereo Observation tube OLIMPUS OME5-SVB1-2	1	9711		7,609	SANSHIN	Ope. Room
Instruments for Neurosurgery MIZUHO	1	9711		168,148	METRAN	Ope. Room
Adaptor for FM Fiberscope OLIMPUS A10-T2	1	9711		1,113	SANSHIN	Ope. Room
Basket Forceps OLIMPUS FG-24SX-1A	3	9711		1,302	SANSHIN	Ope. Room
Instruments & Parts for Cardiovascular Surgery	1	9710	4,787,000		Japan	Ope. Room
Water Treatment System RETOK RO-HD-05	1	9710		18,000	DAIVIET	Hemodialysis Unit
Infusion Pump IMED "GEMINI PC-1"	4	9710		8,808	SCHMIDT	ICU
Ventilator BIRD "T-Bird VSO2"	2	9710		44,000	DAIVIET	ICU
Suction Pump ESCHMANN VP-35	20	9710		37,760	Charles & W.	Some Depts.
Suction Pump MIZUHO MSP-207	20	9710	1,000,000		Japan	Some Depts.
Automatic Warmer for Transfusion ANIMECAM-2-13-S	5	9710	160,000		Japan	Some Depts.
Oxygen Flowmeter MADA 1445-3	20	9709		4,880	Charles & W.	Some Depts.
Emergency Cart HARLOFF 6301-1	11	9709		19,074	Charles & W.	Some Depts.
Endotracheal Set AIKA Endotracheal Set-A	11	9710	682,000		Japan	Some Depts.
Resuscitation Bag ATOM Jackson Rees Bag CF-57K	11	9710	363,000		Japan	Some Depts.
X-ray TV System SHIMADZU AX FASTE E	1	9710		123,135	SCHMIDT	Radiology (X-ray)
Portable Ultrasound Apparatus FUKUDA UF4500N	1	9710		26,730	METRAN	Functional Diagnostic
X-ray Film Duplicator NISHIMOTO FINEX	1	9710	1,065,000		Japan	Radiology (X-ray)
Dermatome MIZUHO 03-034-01, with Blades	2	9710	694,000		Japan	Ope. Room
Labo Equipment for Pathology						
Tissue Embedding center LEICA EG-1160	1	9710		11,132	SCHMIDT	Pathology
Automatic Tissue Processing LEICA TP-1010	1	9710		13,060	SCHMIDT	Pathology
Dyes & Reagents for Special Stains (Set)	1	9710		1,181	SANSHIN	Pathology
Water Bath (Tissue Floating Bath) LEICA HI-1210	1	9710		981	SCHMIDT	Pathology
Labo Equipment for Microbiology						
pH Meter METROHM Model 744	2	9710		1,520	SCHMIDT	Microbiology
Bio-Clean Bench (Aseptic Box) SANYO MCV-9BSU	1	9710		6,102	SCHMIDT	Microbiology
Colony Counter STUART SC 5 (CR 315-10)	2	9710		3,178	Charles & W.	Microbiology
Analytical Balance SHIMADZU AEG-220G	1	9710		3,051	SCHMIDT	Microbiology
Autoclave SANYO MAC-3700	1	9710		16,439	SCHMIDT	Microbiology
Labo Equipment for Hematology						
Blood Plate Preservation Chamber KAYAGAKI EKC-100	1	9710	1,725,000		Japan	Hematology

JICA Project Equipment

Name of Equipment	Q'ty	Delivery	Prices		Agency/Japan	Location
			Japanese Yen	US\$		
Auto Mini Washer "Easy Wash" Metertech M960-100	1	9710		6,495	Charles & W.	Immunology
Plate Mixer IKA MTS-2	1	9710		1,131	SCHMIDT	Biochemistry
Hemoglobin Meter HG-202	1	9710		733	Charles & W.	Blood Bank
Pipette Washer USA H-06185-00	2	9710		444	Charles & W.	Hematology
Pipette Washer-Fits Basket USA H-06150-00	2	9710		526	Charles & W.	Hematology
Blood Sedimentation Tubes "ACC" WITEG 4.220.005C	2	9710		346	SCHMIDT	Hematology
Labo Equipment for Biochemistry						
Micro-Centrifuge SANYO MSB010.CX2.5	1	9710		1,471	SCHMIDT	Biochemistry
Table-Top Centrifuge "Mistral 2000" SANYO MSB200.CX1.4	2	9710		6,888	SCHMIDT	Biochemistry
pH Meter METROHM Model 744	1	9710		760	SCHMIDT	Biochemistry
Medical Books	79	9710	2,406,209		Japan	Library
HIS Computer	1			28,559	Minh Yen	GPD
Megaohm Meter KIKUSUI TOS7100L	1	9707		1,106	SCHMIDT	Workshop (SMD)
Power Meter FLUKE 39	1	9707		1,230	SCHMIDT	Workshop (SMD)
Clamp Meter FLUKE 33	3	9707		864	SCHMIDT	Workshop (SMD)
Digital Multimeter FLUKE 79	5	9707		1,345	SCHMIDT	Workshop (SMD)
Scope Meter FLUKE 105B/008	1	9707		3,208	SCHMIDT	Workshop (SMD)
High Voltage Probe 1KV-48KV FLUKE 80K-40	3	9707		480	SCHMIDT	Workshop (SMD)
Digital Thermometer FLUKE 51	2	9707		418	SCHMIDT	Workshop (SMD)
Digital KVP Meter VICTREEN 07-494	1	9710	509,000		Japan	Workshop (SMD)
Digital X-ray Meter VICTREEN 07-457	1	9710	200,000		Japan	Workshop (SMD)
Digital mAs Meter VICTREEN 07-472	1	9710	107,000		Japan	Workshop (SMD)
X-ray Exposure Meter (RAD CHECK PLUS) VICTREEN 06-526	1	9710	349,000		Japan	Workshop (SMD)
Color Densitometer RMI 2-334	1	9710	245,000		Japan	Workshop (SMD)
DC High Voltage Power Supply VIELIN	1	9707		2,500	VIELIN	Workshop (SMD)
DC Low Voltage Power Supply KIKUSUI PAX-35-30	1	9707		6,618	SCHMIDT	Workshop (SMD)
DC High Voltage Digital Meter KIKUSUI 149-30A	1	9707		2,247	SCHMIDT	Workshop (SMD)
Function Generator KIKUSUI 459	2	9707		2,402	SCHMIDT	Workshop (SMD)
Signal Generator 9kHz-1040MHz, RODHE & SCHWARZ SMY01	2	9707		15,050	SCHMIDT	Workshop (SMD)
Tools for Equipment Maintenance	1	9707		10,888	Charles & W.	Workshop (SMD)

Total price for 1996 FY JP¥ 14,292,209 US\$ 582,325

JICA Project Equipment
F.Y.1997

Name of Equipment	Q'ty	Delivery	Prices Japanese Yen	US\$	Agency/Japan	Location
Instruments for Digestive Surgery 65 items B.BRAUN	1	9802		10,249	B.BRAUN	Ope. Room
Injector for Angiography NEMOTO 120S	1	9712		15,830	NISSHO Iwai	Radiology (X-ray)
Gastrointestinal Fiberscope OLIMPUS GIF-XQ40	1	9801		14,623	SANSHIN	Functional Diagnostic
OES Xenon Light Source OLIMPUS CLV-U40	1	9801		9,230	SANSHIN	Functional Diagnostic
Monitor 14 inches OLIMPUS OEI-142	1	9801		2,013	SANSHIN	Functional Diagnostic
TV System OLIMPUS OTV-S5	1	9801		9,167	SANSHIN	Functional Diagnostic
35mm SLR Camera OLIMPUS SC-35	1	9801		542	SANSHIN	Functional Diagnostic
OM Xenon Adapter OLIMPUS A10-M4	1	9801		597	SANSHIN	Functional Diagnostic
Holter ECG Analysis System FUKUDA QS-3300	1	9803		11,428	SANSHIN	CCU (7B3)
Holter ECG Recorder FUKUDA QR-1300	3	9803		4,200	SANSHIN	CCU (7B3)
Hemodialysis Machine BAXTER 1550	1	9803		22,000	OPV	Hemodialysis Unit
Dialyzer Reprocessing System Renatron II	1	9806		16,493	B.BRAUN	Hemodialysis Unit
TRIO System CVV-HD, Model 710620/3	1	9806		26,173	B.BRAUN	Hemodialysis Unit
Bedside Monitor NIHON KOHDEN MU-832RK	2	9712		17,480	NISSHO Iwai	ICU
Ventilator BIRD 8400ST-i	1	9801		27,293	DAIVIET	ICU
Ventilator DRAGER "EVITA 2"	1	9803		32,400	Europe Continents	ICU
Monitor for Operating Room NIHON KOHDEN MU-831RK	2	9712		35,730	NISSHO Iwai	Ope. Room
Ultrasound Apparatus SIEMENS AU3 PARTNER	2	9801		105,000	SIEMENS	Functional Diagnostic
X-ray Apparatus for General SHIMADZU UD 150-P	1	9802		29,900	SHIMADZU	Radiology (X-ray)
Microtome for Labo. Pathology SAKURA SRM-1	1	9802		8,350	BAYER	Pathology
Blood Gas Analyzer AVL "OMNI-4"	1	9803		25,520	AVL	Biochemistry
Surgical Instrument 15 items	1	9803		3,985	B.BRAUN	Ope. Room
HIS Computer System (Server x1, Workstation x25, etc)	1			28,435	Minh Yen	GPD
Medical Books	85	9802		11,115	Viet My Book Shop	Library
Medical Books	35	9802		1,520	Viet My Book Shop	Library
Infusion Pump Infusomat FM (with Infusion set)	11	9806		11,168	B.BRAUN	Some Depts.
Syringe Pump Perfusor Compact (with Syringe set)	11	9806		9,853	B.BRAUN	Some Depts.

JP¥ US\$
0 490,294

Total price for 1997 FY

JICA Project Equipment

F.Y.1998

Name of Equipment	Q'ty	Delivery	Prices Japanese Yen	Prices US\$	Agency/Japan	Location
Pulseoxymeter AVL Pulsox 5-SP	6			8,100	AVL	ICU, Ope. Room
Laparoscopic Surgical Instrument 17 items (Curved scissors...)	1			9,031	Jonson & Jonson	Opee. Room
Endoscopic accessories 5 items (Baloon catheter...)	1			4,439	SANSHIN	Opee. Room
Total price for 1998 FY			JP¥	US\$		
			0	21,570		

Proposal for the incountry training project of CHO RAY Hospital in the S R Viet Nam.

I. Background:

1.1 Current situation:

Choray hospital (CRH) is the referral -teaching hospital of the South of Viet Nam with 1050 beds; giving health services to 19 Southern provinces, including HoChiminh city with the total population around 35 millions. CRH is supervised by Ministry of Health, received 40.000 inpatients and 300.000 outpatients per year. On 27 February 1995, Minutes of Discussion was signed between Japanese Government and Vietnamese Government for The technical cooperation project-type of CRH in 3 years and after that 1 year extension have agreed from both governments, this project will finish on 30 March 1999.

1.2 Problems:

After 4 years of implementation of project, many results were achieved: the hospital management skills were upgraded; the ability of diagnosis, treatment and patient cares were upgraded, many new techniques were applied in the Cho Ray Hospital. In addition to the objective of our technical cooperation project at the beginning: "Improving the quality of diagnosis and treatment, give health care services to the people of the South of Viet Nam" So we would like to request the follow-up project in order to extend the results of this project to the Southern provincial hospital and to sustain the results of the project.

2. Objective and outline:

2.1 Objective:

2.1.1 Short-term:

- A. -To organizes the training course at CRH for the doctors and nurses from provincial hospital in different specialties.
- To organize the workshops and seminars for many advance techniques In different departments.

2.1.2 Long-term:

- To improve the quality of diagnosis and treatment skill of many hospital in the Southern Viet Nam.
- To do the professional guidance for the provincial hospital.

2.2 Outline:

2.2.1 Background:

-In the technical cooperation project, we held 5 seminar of Neurosurgery diseases, Hospital management, Renal diseases, ICU, Cardiology diseases, and Gastroenterology diseases. Training course in hemodialysis, ICU nursing, gastro- endoscopy , abdominal ultrasonography with the help of Japanese expert's 8 training manuals and curriculums were made.

2.2.2 Objectives:

-Upgrade the abilities of the doctors and nurses in diagnosis ,treatment and patient- cares from different provincial hospital.

2.2.3 Activities:

-Invite Japanese short-term experts as the lecturer, when we organize the training course, seminar,workshop.

-Organize the training courses,seminars,workshops for the provincial doctors,nurses:

-Lectures:from 1 to 3 weeks

-Practices: from 1 to 3 months.

-Send CRH staffs to train in Japan.

2.2.4 Expected Results:

Training courses:(for Drs.)

-Emergency neurosurgery.

-Abdominal ultrasound.

-Upper GI endoscopy

-Lower GI endoscopy.

-Laparoscopy surgery.

-Hemodialysis.

-ICU Dr.

Training course: (for Nrs.)

-ICU Nurse.

-Hemodialysis Nurse.

Approval
Ministry of Health

Ho Chi Minh city, 22 December 1998
Director of Cho Ray Hospital

Trương Văn Việt MD,PhD.

JICA