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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.

# 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
	100	ation Meeting
	Hospit	al 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
	Clinica	al 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
	500. <u>2</u> 5 (1104)	14:00	Visit Bach Mai Hoapital (Dr. Tran Quy - Director)
	Dec.24 (Thu)	Report	ting to Ministry of Health
		(Chair	man: 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
	en e	11:00	Comment by JICA Viet Nam Office
		11:15	Comment by Chairman, Ministry of Health
		11:30	End of the session
<i>:</i> :		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
1		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.

D. I. II. III. ChiefeffCII

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

Dr. Nguyen Mau ANH

Dr. Tran Ngoc SINH

Prof. Nguyen Doan HONG

Dr. Le Thi Thanh THAI

Dr. Phung Minh THUY

Dr. Nguyen Thu LIEN

Dr. Dang Thi Bach CUC

Mr. Le Xuan ANH

Dr. Le Thanh NI

Dr. Le Tuyet HOA

Dr. Nguyen Thi Thu LANH

Dr. Vo Xuan QUANG

Chief of General Surgery Dept.

Former Chief of General Surgery Dept.

Chief of Urology Dept.

Chief of Cardiosurgery Dept.

Chief of Cardiological Dept.

Chief of Pneumo-Nephrology Dept.

Chief of Gastro-Entero-Hepatology Dept.

International Relation Division

Supply and Material Dept.

Chief of HIS Unit

Training Dept.

Chief of Hemodialysis Unit

Gastro-Entero-Hepatology Dept.

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

Month  1. Chief Advisor  2. Coordinator  3. Medical Equip Management  4. Nursing Mana  1. Hospital Mana  2. Hospital Mana  2. Hospital Mana  3. Hospital Mana  4. Hospital Mana  6. Nursing Mana  7. Neurosurgery  8. Neurosurgery  9. Digestive Disc  10. Digestive Disc  11. Henal Dusea	Japanese Fiscal Year         Month         4         5         6         7         8         9         10         11         1         2         3	. Uspatch of Japanese Expert (Long Term)	1.Chief Advisor Actually Implemented	2. Coordinator	3. Medical Equipment %	4. Nursing Management		2. Dispatch of Japanese Expert (Short Term)  1. Hospital Management  2. Hospital Management  3. Hospital Management (HiS)  5. Hospital Management (HiS)  6. Nursing Management  7. Neurosurgery  8. Neurosurgery  8. Neurosurgery  9. Digestive Diseases	11. Kenal Duseases
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Tentative Schedule of Implementation For the Extended Period of Cho Ray Hospita Technical Cooperation Project

6			
			Delivery
C			
-	<b>7</b>		
e Fiscal Year	1998/99 12. ICU 13. ICU Nursing 14. ICU Nursing 15. Hospital Management 16. Hospital Management 16. Hospital Management	3. Iraining of Vietnamese Personnel in Japan 1. ICU 2. ICU Nursing 3. Hospital Management 4. Histopathology 5. Hospital Management (Training) 6. Nursing Management	Provision of Machinery and Equipment     Dispatch of Japanese Mission     Lealistion 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 C	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 Mihn City and Southern Provinces is upgraded.	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 CFH.	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 caferral hospital in the Southern part of the country is improved.	Cho Ray Hospital contributes the improvement of the medical situation of southern provinces.  No. of cases from southern provinces is increased.  No. of training courses involving southern provinces at CRH is increased.  No. of participants of SP hospitats in the training courses offered by CRH is increased.	Annual data by general planning department.	- CRH have financial sustainability after the project CRH have enough support from other organizations.
Ş <u>.</u>	spitat is 2)	Data collected by each department.  Defined:	Trained C/P stay working in CPH.
General hospital management in Cho Ray     Hospital is upgraded.     Hospital information network system in     Cho Ray Hospital is upgraded.	1-1 General hospital service is upgraded.  -No. of dains by patients is decreased.  -No. of uninees from SPs.  -1-2 General invancial management is comprehensive.  -Balance between revenue and expense is -Mortality rate is decreased.	study.	
	1-3 Coordination activity is improved. 1-3 Coordination activity is improved. 1-8 Coordination activity rate is decreased. 1-4 Financial management is upgraded. 1-5 Madical record management is upgraded. 1-5 Madical record management is upgraded. 1-6 Madical record management is upgraded. 1-7 Financial record management is upgraded. 1-8 Madical record management is upgraded. 1-9 Financial management is upgraded. 1-8 Madical record management is upgraded. 1-9 Financial management is upgraded. 1-1 Financial management is upgraded.		
The clinical technique and skill are upgraded.     Clinical training skill on neurosurgery in     Cho Ray Hospital is upgraded.	ineutra record is decreased.  ge of library is increased. upment management is upgraded. sected equipment is increased. 5 lactivities are strengthered.		
Clinical training skill on digestive diseases in     Cho Ray Hospital is upgraded.     Clinical training skill on renal diseases in     Cho Ray Hospital is upgraded.	-No. of clinical conference is increased.  2. No. of usage of data processing is increasedNo. of reference by request is increasedNo. of network computer is increased.		
7 Clinical training skill on ICU in Cho Ray Hospital is upgraded.	3 Nursing skills is upgradedRatio of nurses using modern medical equipment is increased.		

Contract states	STURNI		IMPORTANT ASSUMPTIONS
ACTIVITIES			
1)  1.1 Experts provide consultation on planning skill for training	1 Dispatch experts. 1 Provision Vietn	Provision Vietnamese counterpart.	1 The provision of equipment Is not
		-	delayed.
+ o Occapisa tesipina convene on Cinical fields	(a) Long term experts 2 Provision of offi	Provision of office accommodation.	<ol><li>The experts dispatch timely.</li></ol>
	-Chief Advisor		3 Staff who have received training
ביא ביא מווים ומווים מו היומיו ויומיווים מוויים בייוים בייוים בייוים בייוים בייוים בייוים בייוים בייוים בייוים	Coordinator 3 Running expenses	ses	remain at CRH.
Counterpart.	ipment		4 Attitude/cooperation of staff
באלפונס לינסגיקים כסויסתיישונטו כון וויימיומלים	-Nursing Management		remain positive.
equipment.	(h) Short term experts.		-
1-5 Study on patient satisfaction.			
1-6 Follow up the result of first 3 years couper arou-	-Nursing Management		
	Dispersion of the Control of the Con		
2-2 Train every staff concerned with HIS now to use the system.	Dispersion Dispersion		
2-3 Provide useful data for hospital management.	-renal Diseases		
2-4 Draw plan for future development of HIS.			
3-1 Experts provide consultation on nursing management.	1	-	
3-2 Draw a comprehensive staff training curriculum.	2 Counterpart training in Japan		
3-3 Make out a standard nursing care plan.	3		
3-4 Undertake nursing research.	- Hernodialysis Nursing		
3-5 Make out a manual for ICU nursing.	- Hospital Management		
	- Histopathology		
	- Nursing Management		
2)			
4-1 Expens manage consultation on neurosurgical training	3 Provide equipment.		
Seignification and an admitted of the seignification of the seigni			
A Decision comprehensive training curriculum	4 Cost sharing for local		
4-3 Litaw a comprehensive naming connection.		-	
4-4 Make out a manual for neurosougery.			
the Contract for elicipal technique to contract and an animal			
1.3-1 Expensionalistic control technique to commercialistic			
n o Dean, a comprehensive training curricultum			PRECONDITIONS
15-3 Lilew a comprehensive dealing conscious.			.,
2-4 Make out a tilding lot utgestyd diodese.			Ministry of Health accept and support
			the project.
6-1 Experts transfer clinical technique to countel part.			•
6-2 Experts provide consultation on renal disease dailing			
activities.			
6-3 Uraw a comprehensive training currenting			
6-4 Make out a manual lot lend uisease.			
7.1 Experts transfer clinical technique to counterpart.			
7-2 Experts provide consultation on ICU training activities.			
7-3 Draw a comprehensive training curriculum.			
7-4 Make out a manual for ICU and ICU nursing.			

1. Hospital Management Field (General)

	Olivery Washington		Means of Verification	Important Assumptions
Narralive Summary	Conjectively vermine more and		A STATE OF THE PARTY OF THE PAR	Colt and MOII engage dis contribution
Overall Goal		-	L. Annual health statistics oxist by MOH	CRIT and MORE Suppose the contribution
Hospital management in Ho Chi Minh City and				activities for southern provinces in the
Southern Provinces are upgraded.				nospirat nentregenera nere.
Project Purpose				CRH administrator pay more attention to
General Hospital management in Cho Ray Hospital is				the activities of nospital transpensent.
nbgraded				
Outputs	1. Contribution to southern provinces (Sps) 8. Medical	8. Medical equipment management	Data are collected by each department.	<ul> <li>Monitoring system of each</li> </ul>
I.Cho Ray Hospital contribute the improvement of the	1-1. Number of trainees from SPs	8-1. Operation ratio of ME		department's activities by the hospital
nedical situation in southern provinces.	1-2, Number of cases from SPs	8-2. Successful ratio of repairing		
2.General hospital service is apgended.	ns for SPs	8-3.Regular inspection		• Self-monitoring system by each
3. General farancial management is comprehensive.	3	8-4.Regular checking		department is established.
4. Coordination activity is improved.	••••	8-5, Number of manual		
5. Financial management is upgraded.	2-2. Panents Spisiocillon	A-0. Oxford states to a Nuclear appropriate		
o. Medical record management is upgraded.		Nursina Service		
/ T. Drary is upgranced.	Of a bac sugarana	O Educational activities		
6. Medical equipment transferrent is confinencial ve.		0-1 Number of seminars		
10 Character Industry Industrial Control Control	2	0-2. Number of training courses		
10 Executed to be resident System (FIIS) is appetibled	ctivity	0-3. Number of conference in		
	>140%, <80%, etc.	each department.		
		0-4. Number of conference among		
		some department		
	led hospital fee	0-5. Number of journal club		
		0-6. Number of reading circle		
	6. Medical record management, 10-7. Numb	0-7. Number of mini-lectures		
		0-8. Number of curriculums		
		0-9. Number of manuals		
	6-3. Number of incomplete data			
	7. Library			
	7-1. Utility			-
	7.2.Volume			
	-bxoks, kind of journals			
Activities		<u>Sindil</u>		The provision procedures are not
1. To accelerate training activities of CRH	ueder -			delayed.
2.To improve planing activities	1. Dispaich o			<ul> <li>The experts dispatch (invely.</li> </ul>
3.To analyze financial report in detail and make	2. Accepting	:		
reasonable financial plan				Pre-conditions
4. To manage medical equipment effectively	Viel Nam			
5.To follow up the result of 3 years cooperation	2 Maintagage and for the conformat			
6. Le establish evaluation system in Cikir	2 Supply of chart note and consumption cools			
2.10 happiove nursing namegenesis				
o. I.V. in Paracon				

2. HIS Field (Hospital Information System)

Important Assumptions	ok by CRII and MOH support the contribution activities for southern provinces in H1S field	CRII administrator supports the activities of HIS field.	Monitoring system of each department's activities by the huspital is established.     Self-monitoring system by each department is established.		The provision procedures are not delayed.     The experts dispatches timely.	Fre-conditions
Means of Verification	I Annual health statistics book by MOI <sup>§</sup>		1.4. Data provided by ICR			goods Lipmen
Objectively Verifiable Indicators			Number of reference by request     Number of registered operator     Number of network computers     Number of statistics table by the database		Japan Japan L Dispanch of expents 2. Equipment supply Vir. Nam	1. Counterpart 2. Maintenance cost for the equipment 3. Supply of spare parts and consumption goods 4. Taxes and transportation cost for the equipment
Narrative Commerce	Overall Goal Hospital Information System in Southern Provinces is	Project Purpose Hospital Information Network System in Cho Ray Hospital is uneraded	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 improvenent of hospital management.  5.Future extension plan for HINS is created.	Activities 1.To extend HINS to the wards 2.To natintain existing HINS 3.To output effective dain for hospital management	

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Name of the Constitution	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
A WITHING STREET		I Annual health statistics book by	CRH
Overall Goal			_
1 Nursing service in Southern Provinces is ungraded.		S O E	יירוואווורי וכו פיסקווירווו ליוסגווורים וויירוו
2 Narvine management in Southern Provinces is			nursing management field.
Particular in the second secon			
Designed Designed			CRH administrator supports the
Propagation in Charles Manager in contraction			activities of nursing service and nursing
C NORME SCAVICE IN CINE ROLD POSPINI IS UPBLICOUT			Political political political
2. Nursing management in Cho Ray Hospital is		:	Particular training and the second se
upgraded			
Outputs	1. Score of the annual examination 5. Number of narsing research	h 16.Data are collected by NSD.	• Monitoring system of each
I Knowledge of the nurses is upgraded.	2. Ratio of nurses who can use modern   6. Number of temporary moved staff,	noved staff,	department's activities by the thospital
2 Nursing skill is uppraded.	medical equipment.		is established.
A Continue of countries once in controlled	1 3 Number of majoractice		Self-monitoring system by each
Committee of ministrate care is which account.			descentivent to see bliched
4 Education activity is upgraded.	4-1. Number of coocalional activities		Colonia de Compressione
5. Nursing research activity is increased.	4-2. Number of participants for		
6. Nursing management is upgraded.	educational activities		
7. Manual for ICU nursing is published.			
Activities	STATU		The provision procedures are not
1. To undertake reasonable marsing management	neder		delayed.
2. To make comprehensive staff's training curriculum	L.Dispatch of experts		The experts dispareh timely.
3. To make standard nursing care plan	2. Equipment supply		
4.To undertake nursing research	Vict Nam		Pre-conditions
5.To make manual for ICU nursing	1.Counterpart		
	2. Maintenance cost for the equipment		
	3.Supply of spare parts and consumption goods		
	4 Taxes and transportation cost for the equipment		

4. Neurosurgical Disease Care Field	Field			
Narrative Summary	Objectively Verifiable Indicators	shle Indicators	Means of Verification	Important Assumptions
Overall Goal			Annual health statistics book by MOH	
Ho Cli Minh City and Southern Provinces				
are upgraden. Project Purpose				1, CRH administrator supports the activities
1. Neurosurgical technique of Cho Ray				2. CRH and MOH support the contribution activities
Hospital is upgraded  One Day Sosoiral contributes to the				for southern provinces
Southern Provinces in treatestitist y fields	1 Contribution to the southern	4. Upgrading treatment	1. Annual data by general planning	Monitoring system of each department's activities
1. Cho Ray hospital contribute for the	provinces	4-1.Rutio of microneurosurgery	department 2-1-2-5-3-8 Data by neurosurgery	by the nospital is esciolismed.  • Self-monitoring system by each denutional is
improvencen in neurosurgical disease care	1-1. The number of trainee from	4-2 Number of new therapeutic	department	established.
held to southern provinces.	2. Unerading general hospital care	technique	2-6. Patient's satisfaction study	
Encorporation obsesse care as care and basening is insuranced generally.	2-1, Mortality of head trauma	4-3. Number of doctors who can		
3 Neurosurgical diagnosis is upgraded	2-2. Mortality of elective	perform microneurosurgery		
4. Neurosurgical treatment is upgraded	neurosurgical diseases	5. Expanding research activities		
5. Research activity is increased.	2-3. Ratio of cases with complication	of scientific		
6.Educational activity is improved.	which require another operation	5-2. Number of scientific		
7 Manual for emergency neurosurgery is	2.5 Mean bosoital stav	6. Expanding educational activities		
Remarkensive Italiane curregium for	2-6. Patient satisfaction	6-1. Number of journal club		
neurosurgery is made.	3. Upgrading diagnosis	6-2, Number of mini-lecture		
		6-3. Number of training courses		
	-a. CT scan with contrast study	64. Number of reading circle (2.5 Number of reading circle		
	-b. Seldinger	5		
	3-2. Number of dectors who cam	7. Manual for envergency		
	73	Serv		
	-a. Seldinger	8. Training curriculum for		
	-b. Stereolaxy	Delitosurgery		•
	A.A. Misdiagnosis			
	-b. Brain tumor			
		londe		The provision procedures are not delayed.
Activities	,			<ul> <li>The expert disputches timely.</li> </ul>
1. To make comprendistive status transmig	1 Dispatch of experts			
7 To make manual for emergency	2. Exhiptivent supply			
discuses	Viet Nam			Pre-conditions
3. To undertake microneurosurgery training	1. Counterpart			
4. To hold regular educational activities	2. Statistic factors and construction goods	in a second		

5. Digestive Disease Care Field

1. Annual health statistics book by MOH  1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor support the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease care field. 1. CRH administruor supports the activities of digestive disease activities of activities of activities of activities of activities of activities of disease activities and activities activiti
4-1. Ratio of successful endoscopic LAnnual data by general vicationic cases and cases who are operated by systematic lymph nodes dissection s
4-1. Ratio of successful endoscopic I. Annual data by general reasuss 4-2. Number of laparoscopic operation 2-1-2-5. 3-9. Duta by GEHD and GSD 4-3. Number of cases who are operated by systematic lymph nodes dissection and GSD 2-4. Number of doctors who can perform systematic lymph nodes dissection systematic lymph nodes dissection systematic lymph nodes dissection systematic properations of securities and systematic properations of securities and systematic properations of securities and systematic processing and systematic process
4-1.Ratio of successful endoscopic T-Annual data by general recannent cases transmit cases who are operated by systematic lymph nodes dissertion 4-Number of dectors who can perform systematic lymph nodes dissertion and participated activities 5-2.Number of scientific papers 5-2.Number of scientific papers 5-2.Number of scientific papers 6-6. Expanding educational activities
4-3.Number of cases who are operated 2-4.Patient stitisfaction study by systematic lymph nodes dissection 4-4.Number of doctors who can perform laparoscopie sugery 4-5.Number of decays who can perform systematic lymph nodes dissection 5. Expanding research activities 5-1.Number of scientific papers 5-2.Number of scientific papers 6. Expanding educational activities
6-1 Number of invital Club
3-5. Number of PTC(D)  6-2. Number of mini-tecture  3-6. Misdiagnosis ratio  6-3. Number of training courses  6-4. Number of crading circle  6-5. Number of crading circle  6-5. Number of circles  6-5. Number of circles  6-6. Number of circles  6-7. Number of circles  6-7. Number of circles  6-8. Number of circles  6-9. Number of circles  6-
E S
i for laparmscopic surgery Inputs  • The provision procedures are not delayed. • The experts dispatch timely.
3. Equipment supply Viet Nam 1. Counterpart 2. Adminenance cost for the equipment 3. Supply of spare parts and consumption goods 4. Taxes and inassorption cost for the equipment
ion goods

	6. Renal Disease Carc Field				
	Section S. School S.	Objectively Verifiable Indicators	Fable Indicators	Means of Verification	Important Assumptions
	Overall Goal			1. Annual health statistics book by	
	Health service in the field of renal disease			MOE	
	care in Ho Chi Minh City and Southern Descriptions are returned to				
	Project Purpose				I. CRH administrator supports the activities of
	1. Diagnostic and treatment technique for				2. CRH and MOH support the contribution
	nowaked				activities for southern provinces
	2 Cho Ruy hospital contributes to the				
	improvement of medical situation of				
	southern provinces in renal disease care				
	Outbuts	1.Contribution to the southern provinces	4. Upgrading treatment	1. Annual data by general planning	· Monitoring system of each department's
	1.Cho Ray hospital contribute for the	1-1. The number of trainee from southern	4-1. Number of patients for hemodialysis	department	activities by the hospital is established.
	improvement in renal disease care field to	provinces	4.2. Total annual number of hemodialysis	2-1~2-4,,,-8. Data by each	Self-invarioring system by each department
	southern provinces.		4-3. The number of staff who can perform	department  2 & Dating entirefrantian engle	is established.
	2. Renal disease care in Cho Ray hospital is	2.1 Martality of acute and chronic renal	hemodialysis	Con Fallett Satisfied Stady	
	improved generally	allure cases 2.2 Pario of the cases with countlication	5-1 Number of scientific papers		
	3. Diagnosis for tenal discusses is upgranded.  4. Townwood for most discusse is mornalled.		5-2. Number of scientific presentations		
	5. Research activity is increased.	2-3. Longest survival year of hemodialysis	6. Expanding educational activities		
	6.Educational activity is improved.	patient	6-1. Number of journal club		
	7.Manual for hencelialysis is published.	2-4. Mean hospital stay of chronic renal	6-3 Number of training courses		
79	1	2-5. Patient's satisfaction study	6-4. Number of reading circle		
) —		3. Upgrading diagnosis	6-5. Number of clinical conferences		
		3-1 Number of renal biopsy cases 3-2 Number of decree upo one conform	7. Manual for hemodialisis  8. Composition tenining curriculum		٠.
	Activities		Inguis		
	1.To make comprehensive staff's training	Japan			<ul> <li>The expert dispatches timely.</li> </ul>
:	curriculum	L'Disparch of experts			
	2. To make manual for hemodialysis	2.Equipment supply			
	3.To undertake beginner's training course for	Viet Nam			Pre-conditions
	hemodialysis				
	4. To undertake refresher's training course for	2 Supply of speed and consumers	2000		
	hemodralysis	Cashphy of spare pairs and consumption group	r grous		-
	3, to note regular concational activities	4. Lakes and transpontation con the tree			

7. ICU Field

	Objectively Verifields Indicators	a Jadicatore	Means of Verification	Important Assumptions
Narraine Summary	William Charles Co.		the state of the s	
Overall Goal			NOH MOTOR SAUSINGS COOK BY	
Health service in the field of ICU in Ho Chi Minh City				
and sequential position of Project Purpose				1. CRH administrator supports the
1. Diagnostic and freatment technique for ICU in Cho				2 Civil and MOIR support the
Ruy Hospital is upgraded				activities for south
2. Cho Ray hospital contributes to the improvement of				
medical situation of southern provinces in 10.11 ficial.	F Switcher and the senting of a Simple of F	5 Execution research activities	1. Annual data by general planning	<ul> <li>Monitoring system of each</li> </ul>
Outputs		C. Dissipant of evidentifity property	the neutronic	S
1.Cho Ray hospital contribute for the improvenent in	1-1. The number of trainer from 1-1.	5-2 Number of scientific presentations	2,-8,Data provided by ICU	is established.
COntrol to Southern (Novinces,	ospital care	6. Expanding educational activities	•	<ul> <li>Self-monitoring system by each</li> </ul>
2 Dispussion ICI is ungraded	2	6-1 Number of journal club		department is established.
4 Tennom in ICU is upgraded	cases with complication	6-2.Number of mini-lecture		
S Research activity is increased.		6-3, Number of training courses		
6 Educational activity is improved.	OA patients	6-4. Number of reading circle		-
7 Manual for ICU is published.	+-	6-5. Number of clinical conferences		
a Comprehensive training curriculum for ICU is made.	7.	Manual for ICU		
	slic procedure in 8.	Comprehensive training curriculum		
	25			
	3-2.Number of doctors who can perform			
	diagnostic procedure			
	4. Upgrading treatment			
	4-1. Number of therapeutic procedure in		-	
	4-2. Number of doctors who can perform			
	sherapeutic procedure			
Activities		<u>smual</u>		• The provision procedures are not
1. To nake commehensive staff's training curriculum	Japan			cetayed.
2. To make manual for ICU	1. Dispatch of experts			<ul> <li>The experts dispatch timely.</li> </ul>
3.To undertake training course in ICU				
4.To hold regular educational activities	3. Equipment supply			Pre-conditions
	Vict Nam			****
	2 Majoranger cost for the conjugated			
	3. Supply of spare parts and consumption goods	spoo		
		pment		

### 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<sub>E</sub>).
- 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<sub>E</sub> (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.)

ЛСА 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

Dr. Nguyen Thi Thu LANH

Dr. Nguyen Thu LIEN

Dr. Vo Xuan QUANG

Urology Dept.

Chief of Hemodialysis Unit

Chief of Gastro-Entero-Hepatology Dept.

Gastro-Entero-Hepatology Dept.

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

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

REE C				Y	ભુ	4.5.A	1.4.3 A	1.5.1 A	1.5.2 A	1.6.1 A	1.6.2 A	1.7.1 A	
4 ACTUAL PERFORMANCE OF OVIS	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.	Average revenue per capita signiticantly increased from 1994 to 1998.		No. of miss-operations in cashing decreased from 98 cases in 1995 to 43 cases in 1998.		Amount of uncollected clinical fee increased from 2,241 to 5,653 million VND in 1998.	Collection ratio of uncollected fee increased from 24.6 % in 1994 to 29.38 % in 1998	Both total no. of users and borrowers of medical record increased.	No. of lost medical record decreased from 600 in 1994 to 203 in 1998.  No. of incomplete data decreased from	No. of readers and borrowers sharply increased.	No. of books and kinds of medical journals significantly increased.	Operation ratio of medical equipment	
4 ACTUA	1.2.1	1.2.2	E: .	1.4.1.1	1.4.1.2	1.4.2	1.4.3	1.5.1	1.5.2	1.6.1	1.6.2	1.7.1	
3 MEANS OF VERIFICATION	2 Data collected by financial department		* * .	<ul> <li>4 Data collected by financial department</li> </ul>				5 Data collected by GPD		6 Data collected by GPD		7 Data collected by	
1 NAPRATIVE SUMMARY OF OBJECTIVELY VERIFIABLE MI OBJECTIVES INDICATORS	General financial     management     L2.1 Balance between revenue     and expenses     and expenses     L2.2 Productivity			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			1.5 Medical record management 1.5	1.5.2 Lost medical record 1.5.3 Number of incomplete data	1.6 Library 1.6.1 Utility (readers, borrowers,	etc) 1.6.2 Volume (books, kind of journals)	1.7 Medical equipment	
1 NABRATIVE SUMMARY OF OBJECTIVES													

5 DEGREE OF ACHIEVEMENT	<b>d</b>	∢	4	∢	∢	∢	∢	∢	∢	∢	ধ	∢	∢	•
5 DEGREE OF ACHIEVEME	1.7.2	1.7.3	1.7.4	1.7.5	2.1	2.2		3.1	3.2	ო ო	3.4.1	3.4.2	3.5	3.6
4 ACTUAL PERFORMANCE OF OVIS	increased from 75 in 1995 to 87.56 in 1998. Successful ratio of repairing medical	equipment was well sustained in 1998.  Total no. of inspected equipment sharply increased from 22 in 1995 to 342 in	1998 Total no. of checked equipment sharply increased from 20 in 1995 to 342 in	Tays 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.)	No. reference by request increased	No. of registered operators was 112 in 1998	No. of network computers increased from 11 in 1995 to 67 in 1998.	No. of qualified nurses with above 6 scores in annual examination increased from at % in 1995 to 90 % in 1998.	Skillful nurses who can operate and maintain basic medical equipment increased from 31 % in 1995 to 56 % in	No. of malpractice reduced from 10 in 1995 to 6 in 1998.	2 inservice training courses were held in 1998	Training curriculum for ICU nursing was	produced. 2,892 nurses attended to inservice education courses in 1998.	Nursing seminar organized by CRH was
ACTU/	1.7.2	1.7.3	1.7.4	1.7.5	2.1	2.2	2.3		3.2	3.3	3.4.1	3.4.2		3.6
3 MEANS OF VERIFICATION	supply and materials	department and MEMU			2. Data collected by	5		3 Data collected by nursing service						
FIABLE	nent	1.7.2 Successful ratio of repairing 1.7.3 Regular inspection 1.7.4 Regular checking	1.7.5 Number of maintenance book		r of reference by	2.2 Number of registered	2.3 Number of network computers	examination tho can use		3.5 Number of participants for educational activities		3.8 Manual for ICU nursing		
1 NARRATIVE SUMMARY OF OBJECTIVELY VERI						Hospital information network in CRH is upgraded.		ursing	management in CHH is upgraded.					

5 DEGREE OF ACHIEVEMENT	∢∢	<b>4 4</b>	∢	∢	4	<b>«</b> «	∢ `	<b>4 4</b>
5 DEGREE OF ACHIEVEME	3.7	4.1.1	4.2.1	4.2.2	4.2.3	4.2.4	4.3.1	4.4.1
4 ACTUAL PERFORMANCE OF OVIS	not held in 1998. Because it was not planned at the beginning of the project. 69 staff moved temporary in 1998. Manual for ICU nursing was produced.	42 trainees from SPs attended training courses in 1998. 3,321 patients of head injury and 1,547 patients of CNS disease from SPs were	Mortality rate of head trauma (operation +) reduced from 1994 to 1998.	Mortality rate of elective neurosurgery diseases (operation +) reduced from 7.8 % in 1994 to 7.6 % in 1998.	No. of complication which require another operation reduced from 8.25 % in 1994 to 6.2 % in 1998.	Infection after shunt operation reduced. The average of mean hospital stay was reduced from 9.5 days in 1994 to 6.5 days in 1998.	<ul> <li>(a). No. of diagnosis using CT scan with contrast study significantly increased.</li> <li>(b). No. of diagnosis using seldinger increased from 31 in 1994 to 53 in 1998.</li> <li>(c). No. of diagnosis using stereotaxy increased from 0 in 1904 to 40 in 1908.</li> </ul>	No of doctors who can perform stereotaxy diagnosis increased from 0 in 1994 to 10 in 1998.  Ratio of microneurosurgery for elective surgery increased from 0 in 1994 to 111
4 ACTU	3.7	4.1.1	4.2.1	4.2.2	4.2.3	4.2.4	1.3.1	4.4.1
3 MEANS OF VERIFICATION		4.1 Data by neurosurgery department						
1 NARRATIVE SUMMARY OF OBJECTIVELY VERIFIABLE OBJECTIVES		4.1 Contribution to SPs 4.1.1 The number of trainees from SPs 4.1.2 The number of patients	4.2 Upgrading general hospital	4.2.1 Mortality of head trauma 4.2.2 Mortality of elective neurosurgery diseases	4.2.3 Ratio of cases with complication which require another operation	4.2.5 Mean hospital stay	4.3 Upgrading diagnosis 4.3.1 Number of diagnosis procedure (a). CT scan with contrast study (b). Seldinger (c). Stereotise who can	
NARRATIVE SUMMARY O		OUTPUTS 4 Clinical training skills on neurosurgery in CRH is upgraded.						

2 new therapic treatment were applied in 1998  No. of doctors who can perform  No. of doctors who can perform  In 1994 to 42 in 1998.  30 scientific papers were presented by  At socientific presentation were presented by  At scientific presentation were presented by  At scientific presentation were presented by  At socientific presentation were presented by  At socientific presentation were presented by  At socientific presentation were held in 1998.  At socientific presentation in 1998.  At socientific presented to a sociented to a sociented to a socien
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1998 It was resulted from the increase

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UMMAHY OF OB	NAHHATIVE SUMMAHY OF OBJECTIVELY VEHIFIABLE OBJECTIVES	VERIFICATION	ACTORL PE		ACHIEVEMENT	MENT
	This state of the		of se	of severe cases of patients.		
υ (	Upgrading diagnosis		5.3.1 Perfo	Performance no. of endoscopic diagnosis	5.3.1	∢
5.3.2	5.3.1 Number of endoscopic study 5.3.2 The number of doctors who can		5.3.2 Many	Many doctors performed endoscopic	5.3.2	∢
က <u>်</u> ဟဲ	perform enodoscopic study 5.3.3 Number of double contrast study		diagn 5.3.3 100 %	diagnosis. 100 % of double contrast studies have	5.3.3	∢
5.3.	5.3.4 The number of staff who can perform contrast study		5.3.4 18 dc	udie in 1950. 18 doctors performed UGI double contrast and 9 doctors performed LGI double	5.3.4	∢
	5.3.5 Misdiagnosis ratio		contr 5.3.5 Misdi in 19	contrast in 1998. Misdiagnosis ratio reduced from 17.8 % in 1994 to 8.1 % in 1998.	5.3.5	∢
ις. ι 4 .	Upgrading treatment		5.4.1 No. o	No. of endoscopic treatment increased	5.4.1	∢
ų r	cases		5.4.2 No. o	No. of doctors who performed enodoscopic restment increased from 3 in 1997 to 12 in	5.4.2	∢ .
74.0	perform enodoscopic treatment			1998	. v	
υ ιλ 4 4	5.4.3 Number of new recrinque 5.4.4 Ratio of successful enodoscopio freatment cases		starte	before fire extended period of 1 types that started, a lot of new technique were already introduced. These technique was well	o i	
n. 4.	5.4.5 Number of laparoscopic operation cases		5.4.4 1 succe	sustained in 1990.  I successful enodoscopic freatment	5.4.4	∢
8. R.	5.4.6 The number of doctors who can perform laparoscopic surgery 5.4.7 The number of doctors who can		5.4.5 No. o incre:	No. of laparoscopic operation cases increased from 120 cases in 1997 to	5.4.5	∢
	perform systematic lymph nodes dissection		5.4.6 No. o fapar fapar in to	No. of doctors who can perform laparoscopic surgery increased from 6	5.4.6	< <
			5.4.7 No. o node to 7 i	No. of doctors performed systematic lympth nodes dissection increased from 1 in 1996 to 7 in 1998.	5.4.7	∢
<u>ki ki</u> Ki Ki	Expanding research activities  1 Number of scientific papers		5.5.1 13 sc the si	13 scientific papers were presented by the staff of CRH in 1998.	5.5.1	∢

NOTIVITY OF GREAT CONTROL Y VEHIFICATION ACTUAL PERFORMANICE OF OVIS DECRRED TO THE CONTROL OF SECURITY OF SECURIT	ECTIVELY VERIFIABLE MEANS OF ACTUAL PERFORMANICE OF OVIS  CATORS  Number of scientific presentations  Number of scientific presentations  Number of calculations activities  Number of calculations activities  Number of calculations activities  Number of primal cub were beld in 1998.  5.6.1 4 0 prumal cub were beld in 1998.  5.6.2 10 mini-tecture were held in 1998.  5.6.3 1 Taining course was held 3 times in 1998.  Manual for endoscopic examination  Manual for laparoscopic surgery  Manual for laparoscopic surgery  Comprehensive training curriculum  Comprehensive training	ON y renal	anning	5.5.2 A S.6.1 A S.6.4 A S.6.4 A S.6.4 A S.6.4 A S.6.3 A S.6.4 A S.6.4 A S.9.2 A S.9.2 A S.9.2 A S.9.2 A S.9.2 A
5.5.2 Number of scientific presentations 5.6.2 Number of scientific presentations 5.6.3 Number of scientific presentations 5.6.4 Number of unitial cutes 5.6.4 Number of training courses 5.7 Manual for endoscopic examination 5.9 Comprehensive training curriculum 5.9 Comprehensive training curriculum 5.9 Comprehensive training curriculum 6.1 Computation to SPs 6.1 Comprehensive training curriculum 6.2 Comprehensive training curriculum 6.3 Comprehensive training curriculum 6.4 Upgrading general hospital 6.5 Upgrading deneral hospital 6.5 Upgrading deneral hospital 6.6 Upgrading deneral hospital 6.7 Mortality rate of acute and chronic renal 6.8 Mortality of eachie and chronic 6.9 Data by renat 6.1 The number of trainees 6.2 Upgrading deneral hospital 6.3 Upgrading deneral hospital 6.3 Number of renal biopsy cases 6.4 Upgrading diagnosis 6.5 Lypgrading diagnosis 6.6 Lypgrading diagnosis 6.7 Lypgrading deneral hospital 6.8 Lypgrading diagnosis 6.9 Lypgrading deneral diverses 6.1 Lypgrading deneral hospital 6.2 Lypgrading deneral hospital 6.3 Lypgrading deneral hospital 6.4 Lypgrading deneral hospital 6.5 Lypgrading deneral hospital 6.6 Lypgrading deneral hospital 6.7 Lypgrading deneral hospital 6.8 Lypgrading deneral hospital 6.9 Lypgrading deneral ho	5.5.2 Number of scientific presentations 5.5.2 Number of scientific presentation were presented 5.5.2 Number of purnal club. 5.6.3 humber of purnal club. 5.6.4 humber of purnal club. 5.6.5 Number of clinical conferences 5.6.3 humber of training courses of purnal club. 5.6.4 humber of training courses of purnal club. 5.6.5 Number of clinical conferences 5.6.4 humber of training courses of purnal club. 5.6.5 Number of training courses of purnal club. 5.6.4 humber of training curriculum 5.9.1 Comprehensive training curriculum 5.9.2 Comprehensive training curriculum 5.9.3 Comprehensive training curriculum 5.9.4 Contracting course of laparoscopic surgery was from 5.9.2 Comprehensive training curriculum 5.9.3 Comprehensive training curriculum 5.9.4 Contracting course of laparoscopic surgery was hard of radaroscopic surgery was 6.1. Contracting course of laparoscopic surgery was 6.1. Contracting desease 6.2.1 Mortality of acute and chronic renal laparoscopic surgery was 6.1. Contracting desease 6.2.1 Mortality rate of acute and chronic renal laparoscopic surgery was 100 general hospital 6.2.1 Mortality rate of acute and chronic renal laparoscopic surgery was 9. In the mortality rate in the hospital is quite ass. 10 general loopsy cases 6.2.1 Number of lendal biopsy cases 6.2.1 Number of lendal biopsy cases 6.2.2 All bodies (1.0 for contracting train in the hospital is quite ass. 10 general laparoscopic surgery was 9. In the laparosco	na .		5.5.2 5.6.1 5.6.2 5.6.3 5.6.4 5.6.3 A 5.9.2 A 6.1.1 A A A A A A A A A A A A A A A A A A A
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for laparoscopic surgery  6.1 Contribution to SPs  6.1 The number of trainees  6.2 Upgrading general hospital  6.2.1 Mortality rate of acute and chronic renal  6.2.1 failure was 0 % in 1998. This is because  7.2 Whormality of acute and chronic renal  6.3.1 Mortality rate of acute and chronic renal  6.3.1 failure was 0 % in 1998. This is because  8.3.2 failure was 0 % in 1998. This is because  8.3.3 that the mortality rate in the hospital  8.3.4 failure was 0 % in 1998.  9.3.5 failure was 0 % in 1998.  9.3.6 failure was 0 % in 1998.  9.3.7 formanness were applied in  9.3.8 failure was 8)  9.3.8 failure was 8)  9.3.9 failure was 8)  9.3.1 for renal biopsy cases were applied in  9.3.2 fail doctors (total no. of doctor was 8)  9.3.4 berform renal biopsy in 1998.  9.4 Upgrading treatment  9.4 Upgrading treatment  9.4.1 285 patients have been treated by  9.4.1 85 patients have been treated by	6.1.1 The number of trainees from SPs attended training disease disease from SPs attended training disease disease disease disease disease from SPs attended training disease disease disease disease disease from SPs attended training disease disease disease disease disease from SPs attended training disease		was itelu. 5 trainees from SPs attended training courses in 1998.	
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Upgrading treatment  Wight and chronic renal failure cases  Upgrading diagnosis Fig. 101 renal biopsy cases were applied in 6.3.1 Fig. 101 renal biopsy cases were applied in 6.3.2 Fig. 101 renal biopsy cases were applied in 6.3.2 Fig. 101 renal biopsy cases were applied in 6.3.2 Fig. 101 renal biopsy cases Fig. 101 renal biopsy cases were applied in 6.3.2 Fig. 101 renal biopsy cases were applied in 6.3.2 Fig. 102 renal biopsy cases Fig. 102 renal biopsy cases Fig. 103 renal biopsy cases were applied in 6.3.2 Fig. 103 renal biopsy cases were applied in 6.3.2 Fig. 103 renal biopsy cases were applied in 6.3.2 Fig. 103 renal biopsy cases were applied in 6.3.2 Fig. 103 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases were applied in 6.3.2 Fig. 104 renal biopsy cases Fig. 104 renal biopsy cases Fig. 105 renal biopsy cases Fig.	Vietnamese wish to die in their residences renal failure cases  Upgrading diagnosis 1 Viumber of renal biopsy cases who can perform renal biopsy in 1998  6.3.1 101 renal biopsy cases were applied in 6.3.1  6.3.2 All doctors (total no. of doctor was 8) perform renal biopsy in 1998 Upgrading treatment  6.4.1 285 patients have been treated by 6.4.1		failure was 0 % in 1998. This is because	
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Upgrading diagnosis  1 Upgrading diagnosis  1 Upgrading treatment  1 Upgrading diagnosis  1 Upgrading diagnosis  1 Upgrading diagnosis  1 Upgrading diagnosis  1 101 renal biopsy cases were applied in 6.3.1 6.3.1 6.3.1 101 renal biopsy cases  1 1998 6.3.2 All doctors (total no. of doctor was 8) perform renal biopsy in 1998.	Upgrading diagnosis  1 Upgrading diagnosis  1 Upgrading treatment  1 Upgrading diagnosis  1 Upgrading diagnosis  1 Upgrading diagnosis  1 Upgrading diagnosis  1 101 renal biopsy cases were applied in 6.3.1 6.3.1 6.3.1 101 renal biopsy cases  1 1998		Is done less.	,a, <u>u</u>
1998  1 Number of renal biopsy cases  1 Number of footor was 8)  2 The number of doctor was 8)  3 Perform renal biopsy  4 perform renal biopsy  4 perform renal biopsy  5 perform renal biopsy  6 perform renal biopsy  7 perform renal biopsy  8 perform renal biopsy  9 perform renal biopsy  10 perform renal biopsy  11 perform renal biopsy  12 perform renal biopsy  13 perform renal biopsy  14 perform renal biopsy  15 perform renal biopsy  16 perform renal biopsy  16 perform renal biopsy  16 perform renal biopsy  17 perform renal biopsy  18 perform renal biopsy  18 perform renal biopsy  18 perform renal biopsy  18 perform renal biopsy  19 perform renal biopsy  19 perform renal biopsy  10 per	1998 6.3.2 All doctors (total no. of doctor was 8) 2 The number of doctors who can perform renal biopsy perform renal biopsy Lupgrading treatment 6.4.1 285 patients have been treated by 6.3.2 6.3.2 All doctors (total no. of doctor was 8) perform renal biopsy perform renal biopsy perform renal biopsy in 1998. 6.4.1 285 patients have been treated by	6.3.1	101 renal biopsy cases were applied in	
6.3.2 All doctors (total no. of doctor was 8)  perform renal biopsy in 1998.  6.4.1 285 patients have been treated by 6.4.1	6.3.2 All doctors (total no. of doctor was 8) perform renal biopsy in 1998.  6.4.1 285 patients have been treated by 6.4.1	:	1998	
perform renal biopsy in 1998.  6.4.1 285 patients have been treated by 6.4.1	perform renal biopsy in 1998. 6.4.1 285 patients have been treated by 6.4.1	6.3.2	All doctors (total no. of doctor was 8)	
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6.4.1 285 patients nave been treated by	6.4.1 285 patients nave been treated by		1	
		6.4.1	285 patients have been treated by	

	1 NARRATIVE SUMMARY OF OBJECTIVELY VERIFIABLE NARRATIVES	3 MEANS OF VERIFICATION	4 ACTUA	4 ACTUAL PERFORMANCE OF OVIS	5 DEGREE OF ACHIEVEMENT	E OF ÆMEN
	f patients for hemodialysis		649	hemodialysis in 1998. 12 848 hemodialysis in total were annlied	6.42	<
	.4.Z Total amuar number of hemodialysis		4.	in 1998	! 5	:
9	6.4.3 The number of staff who can		6.4.3	14 staff performed hemodialysis.	6.4.3	∢
	perform hemodialysis					
	6.5 Expanding research activities		6.5.1	Scientific papers were not presented in	6.5.1	,
φ.	6.5.1 Number of scientific papers			1998, because it was not planned		
	and the many of project of the property of the property of the project of the pro		650	in this period . Scientific presentations were not	6.5	•
	.5.2 Number of scientific presentations		1	presented in 1998, because it was	!	
				not planned in this period .		
	6.6 Expanding educational activities		6.6.1	50 journal club were held in 1998.	6.6.1	∢
9	_		6.6.2	4 mini-tecture were held in 1998.	6.6.2	∢
9	6.6.2 Number of mini-lecture		6.6.3	6 training course were held in 1998.	6.6.3	4
	6.6.3 Number of training courses		6.6.4	20 reading circle were held in 1998.	6.6.4	∢
•			6.6.5	Clinical conference were held everyday in	6.6.5	∢
	6.6.5 Number of clinical conferences			000		
9	6.7 Manual for hemodialysis		6.7	Manual for hemodialysis was produced.	6.7	∢
•	6.8 Comprehensive training curriculum		6.8	Training course of hemodialysis was held.	8.8	∢
			,		ř	•
OUTPUTS 7	7.1 Contribution to SPs	/ Data provided by ICU	L.L.)	46 trainees from SPs attended training courses in 1998.	[.1.7]	∢
ly Hospital is	from SPs		7.1.2	7,936 patients from SPs were accepted to	7.1.2	∢
upgraded.	7.1.2 The number of patients from SPs					
	7.9 Unarading general hospital		7.2.1	Mortality of each disease in ICU increased	7.2.1	'
	Care			due to the increase of sever cases of		
	7.2.1 Mortality of each disease in ICU		0	patients.	100	• <
	7.2.2 Hatto of cases with complication		7.7.	hano or cases with complication after admitting ICU reduced.	7.7.	<
	7.2.3 Survival rate of DOA patients		7.2.3	Ratio of survival rate of DOA patients	7.2.3	∢

		·						
5 DEGREE OF ACHIEVEMENT	t	∢ ∢	∢ .	∢ ∢	বৰৰ	<b>4</b> 4	∢	4
5 DEGREE OF ACHIEVEME	7.2.4	7.3.1	7.4	7.5.1	7.6.1 7.6.2 7.6.3	7.6.4	7.7	7.8
4 ACTUAL PERFORMANCE OF OVIS	in 1998 Mean stay in ICU increased because of the increase of severe cases of patients.	No. of diagnostic procedure in ICU increased. The number of doctors who can perform diagnostic procedure increased from 10 in 1994 to 15 in 1998.	The number of doctor who can perform therapeutic procedure slightly increased from 1994 to 1998.	10 scientific papers were presented in 1998 39 scientific presentations were presented in 1998.	104 journal club were held in 1998. 52 mini-lecture were held in 1998. More than 400 training course were held in 1998.	104 reading circle were held in 1998. 40 clinical conference were held in 1998	ICU manual was produced.	Comprehensive training curriculum for ICU was produced.
4 ACTU	7.2.4	7.3.1	4.7	7.5.1	7.6.1 7.6.2 7.6.3	7.6.4	7.7	7.8
3 MEANS OF VERIFICATION								
1 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3		7.3 Upgrading diagnosis 7.3.1 Number of diagnostic procedure in ICU 7.3.2 The number of doctors who can	7.4 Upgrading treatment The number of doctor who can perform therapeutic procedure	7.5 Expanding research activities 7.5.1 Number of scientific presentations 7.5.2 Number of scientific presentations	7.6 Expanding educational activities. 7.6.1 Number of journal club 7.6.2 Number of mini-lecture	7.6.5 Number of clinical conferences	7.7 Manual for ICU	7.8 Comprehensive training curriculum
1 NABRATIVE SUMMARY COR IECTIVES								

7		2	8
	PLANNED ACTIVITIES	LANNED INPUTS	ACTUAL INPUTS
-	Expeds provide consultation on planning skill for training activities.	Japanese Side	Japanese Side
?	Organize training courses on clinical fields.	1 Dispatch experts.	Dispatch experts.
1 6		(a) Long term experts	4 long term experts.
	-	-Chief Advisor	14 short term experts.
4	Experts provide consultation on management of medical	-Coordinator	
	eculoment.		2 Counterpart training in Japan
τ̈́	Study on patient satisfaction.	-Nursing Management	Total 6 persons.
9	Follow up the result of first 3 years cooperation.		
			3 Provide equipment.
7		-Nursing Management	Total amount for providing equipment was 3,000,000
2		-Neurosurgery	Japanese Yen (Including requested amount for FY/1998/99.)
2.3		-Digestive Diseases	
2-4	Draw plan for future development of HIS.	-Renal Diseases	t Cost sharing for local
		-ICU	Total 17,223 US\$.
<del>ب</del>	Experts provide consultation on nursing management.	-ICU Nursing	(in addition to the above, printing cost for those 3 manuals
92	Draw a comprehensive staff training curriculum.		are bearable.)
ကို	Make out a standard nursing care plan.	2 Counterpart training in Japan	
9.4	Undertake nursing research.	no.	Vietnamese Side
3.5	Make out a manual for ICU nursing.	- Hemodialysis Nursing	Provision Vietnamese counterpart.
		- Hospitai Management	All stan of relevant herds of the Project have deen assigned.
4-1	Experts transfer clinical technique to counterpar	- Histopathology	and the second s
4.2		- Nursing Management	Provision of critica according to
4.3	:		Contraction of the second
4	Make out a manual for neurosurgery.	3 Provide equipment.	Budget was allocated to expand HIS and organize the training
	Tecopolism of annial today of the second	4 Cost sharing for local	Courses, etc.
- c			
7		Vietnamese Side	
4		1 Provision Vietnamese counterpart.	
4			
		2 Provision of office accommodation.	
9	Experts transfer clinical technique to counterpart.		
6-2	40.0	3 Running expenses	
93			
6-4			
7-1			
7.5			
7.3			
4-4	Make out a manual for ICC and ICC stotshing.		

# 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 FFEICHNOY			
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.	1.1 Average score: A -Time: A -Quality: A -Quantity: B -JICA long-term and short-term
Efficiency: High	1.1.2 Was the provision of equipment machinery timely and appropriate	Japanese experts worked hard and very goodEquipment provided by Japanese side was appropriate on the whole.	experts were designed after having the enough discussion of the cooperation program.
	in terms of volume, cost and degree of utilization? 1.1.3 Was the counterparts training in	The counterparts training in Japan was salisfactory conducted on the	equipment but it was not enough in terms of quantity for patients care.
	Japan timely and appropriate in terms of number of persons and fields of specialization?	whole. -However, Program should have been arranged in order to cover all department of interest (Renal Diseases - Urology H.D)	<ul> <li>The time of training courses were adequate but CRH which to have more number of counterparts for training.</li> </ul>
	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 SEsSufficient number of C/P were allocated for the produce of manuals and the training coursesC/P from SPs should have been more allocated for the achievement of	
	1.1.6 Was the project operational cost tunded adequately by Viet Nam side?	Overall Goal.	
	(General)		
	1.1.7 Have the Equipment / machinery been fully utilized?	<ul> <li>Operation ratio of equipment was increased (B7 % in 1998). (MEMU)</li> <li>All of PC have been fully utilized (HIS).</li> </ul>	

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
		-Utililes of medical equipment is high (Nursing Management)The number of microsurgical operations increases in the neurosurgery department.	
1.2 Degree of achievement Refer to ANNEX(H) of outputs	Refer to ANNEX(H)		1.2 A The project has mostly fulfilled the outputs
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?	-Held one times (Number of participant was 24)Held 47 times (No. of participants for each meeting was 6 - 7) -Weekly meeting between CFH and JICA helped to monitor the progress of each work week by weekit is scheduled to resolve problems of individual activities.	1.3 A -Weekly meeting is regularly held which is important for management of Project.
	1.3.3 Was there good support from other organizations concerned?	-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.	
1.4 Was the linkage with other cooperation project appropriate?	1.4 How was the linkage with other project?	-There is no linkage with other organizations Technical exchange with Bech Mai Hospital will conduct in futureCRH 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.

EVALUATION POINT	POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONINAIRE	COMMENTS FROM WORKSHOP
2.1 Degree of achievement of project purpose? Effectiveness: High	<u></u>	2.1 Degree of achievement of 2.1.1 To what degree has project purpose project purpose?  The function of CRH as the top referral hospital in the Southern part of the country is improved.  Effectiveness: High 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 SPsCRH accept many trainees from SPs but it is not well planned.	The role of CRH is improved in terms of trainees; -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? 2.2.2 To what extent has output (upgraded the clinical technique and skill) 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 1996. Computerization contributes to the improvement of management of medical records, 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.  -Training nursing skills contributes to ICU and some other departments in other hospitals.  -Because disease care was upgraded, mortality rate decreased (Newrosurgery Department).  -Staffrin CRH can help provincial hospital effectively.	1.2. A in the field of hospital management in the field of management and medical record are improved.  In the field of training -Nurses skills in ICU and patient's care are improved.  Alany manuals are published.
2.3 inhibiting factors	2.3.2	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 futureDepends on 2.3.1.	<ul> <li>2.3 -</li> <li>Since staff is too busy for patient's care, some manual and training courses were not completed on time.</li> <li>Some staff have difficulties in communication because of language barriers.</li> </ul>

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 yearty 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 Thealth services in Ho Chi Mihn City of Viet Namand Southern Provinces is upgraded* been achieved? Training configuration produced by project?  3.2.2 Is there any unintended positive situation produced by project?	Neuro trauma services are started in 8 provincial hospitals of South part of Viet Nam.  I remaining activities and health services in provinces cannot improve.  I raining courses on hemodialysis for young doctors in SPs was organized.  The judgement is difficult because actual figures are not available.  It is expected that the role of CRH as a medical educational institution will be more recognized in future.	5.2 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.
	-		

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

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
5.1 Organizational Sustainability	5.1.1 Is Viet Nam Government likely to continue policy support to CRH?		5.1 A -Vietnamese Government still support for CRH.
	5.1.2 Is administrative and operational	-The system of CRH is much better than that of the past.	-More support for nursing services
Sustainability: High	n system of CRH well organized in CRH?	-It is thought to be well organized year by yearInstitutional innovation is very progressedMore support for nursing department is needed.	and training activities are neededMore support from collaborative programs is needed.
	5.1.3 Dose CRH have the managing abilities?	-Management abilities are remarkably improved.	
	5.1.4 Dose CRH have enough support of other concerned organizations?	Dose CRH have enough support -At present, CRH dose not have any support from other organization. of other concerned organizations? CRH always request the support in mainly through collaborative programmes.	
5.2 Financial Sustainability	5.2.1 Is operating expenses securely acquired?	-CRH has tried to look for the source/budget to sustain the results of projects.	5.2 B -The budget is limited. But CRH can
	5.2.2 Is the official financial support guaranteed?		Total in difference supports in future.
	5.2.3 Dose CRH have its own revenue	-Revenue is appropriately used.	
	source? Is it used for the operating expenses?		
5.3 Material and Technical Sustainability	5.3.1 Is the transferred technology properly utilized?	-Transferred technology is utilized directly and gradually.  -No. of microsurgical operations increases in the departments.  -All transferred technology have been used effectively.	5.3 A -CRH have enough budget for maintenance service of medical
	5.3.2 Are the trained staff members appropriately posted?	-All staff members have appropriate positionStaff still work at CRH2 CPs are Deputy Chief and Senior Advisor nowTrained staff are responsible for important roles in clinical and training activitiesMore promotion for trained staff should be consider in future.	equipriteri. -Staff in CRH can maintain and manage medical equipment.
	5.3.3 Are the facilities and equipment well maintained?	-They are properly distributed and put under a plan of regular check-up and maintenanceSome equipment are not maintained regularlyMicroscope is in good operationMicroscope is in good operation.	

# A. CONTRIBUTION TO SOUTHERN PROVINCES

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: data for statistic

# B. UPGRADING GENERAL HOSPITAL SERVICE

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# B. UPGRADING GENERAL HOSPITAL SERVICE

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# B. UPGRADING GENERAL HOSPITAL SERVICE

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<u> </u>	•	=	0 0			=		<del></del>	اد	<u>-7</u>	25.1		2,220	7,622		339		225	136	1
1.70			0 0					86		3,843	26.7		3.888	9,870		552	:			i sa n
5661			0 7				:	8	2	2,376	29.5	1		ì		:	<u> </u>	569	991	
3	<u> </u>	Í	0 =			:		S	8	1,467	23.9						:			
			- n				:	:	i	2,241	24.6		2,939	8! 8!		9	<u> </u>		·. ·	14 44 1
1661	22		\v \ 4			ı			Ţ	961.1	24.1				!		:			
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s/i	+	:	***		1 ·→ _	100			1					: ' <b></b>	<u>·</u>			Hos		
DETAILS		kinds of equipment		rbt.		b seminar		a cashing			Ce		a users of MR.				a No. of tound lost MK.	a referral case to other Hos		
INDICATORS	1 Discourse (discussible indicator)	No.	2: Bed occupancy rate	General -2 standard deviations by each Dep	3. Coodinating occassions	Section Co.		I No. of mis-operations		2 Amount of uncollected clinical fee	3 Collection ratio of uncollected chirical fee	I, Medical Record	-1 total number of utility		2 Completeness		Medical Record	Data Processing -2 No. of lost X-ray films	Library	(1/s) i indicators s:data for statistics

	INDICATORS		DETAILS	S/1	\$2	1994		1995	5		1996			1997			8661		G. total
					181 2	2nd tot	iotal 1st	t 2nd	l rotal	<u> </u>	2nd	iotal	İsi	2mJ	total	181	2nd	lulos	
			c keeping by doctor	-				6		• •	4	6	2	0	7	0	0		
			d No of found lost x-ray film	-	:	·					:		0		9	9			
	-3 No. of incomplete data	1.1				<del></del>	<u> </u>			:									
			a data of "false inpatient"	-					468	561	506	467	378	162	₹	38		T	:
II. Data Pr	Data Processing			i					- : - :		.,			:					
	1 Utility							_	- 1										
:	-1 number of reference by request	nce by reque	35	·	!				e e	∞ 4	54	일	x	8	1.5	8	22	Ξ.	
· •	-2 number of registered operators	ered operator	S	-		·				:	:		!	•		<b>16</b>	71	일:	
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1	1	:	d usage of photocopy machi	·	-	: 	!	<u> </u>	0	1,353	2,281		3,294	2,105	5,399	1,538	11,020	12,558	
1				_	i	1		1	-					:					:
	2) Volume	· •	:					; - <u>†</u> -											
	- I bumper of the stock		- Poorks		628 16	160 788	-	<u>:</u>	1.407	337	349	98	322	107	424	210	1.123	(833	
			b kinds of medical journals	:		<del>-</del>	н		120		:	. <b>3</b> 6	115	213	328	385	540	625	: :
	1 Utility			;			:	. !	:	;		:							
•	-1 operation ratio of medical equip	f medical equ	uipment	-	<u>:</u> . i	- !	!		75	æ	8	8	£;	8	<b>%</b>	<b>%</b> .		87.56	:
	2 Elificiency				:			:	•	_									
	-1 successful ratio of repairing medical equipment	of repairing r	nedical equipment	***			•		٤,	8	2	જ	ક	85	<u>د</u>	\$6		76	
•	3 Inspection			i	- 1 t			<u> </u>		<u>:</u>	. :	:							•
! ! -	- I inspected equipment regularly t	nent regulari	y by engineer		<u> </u>		<u> </u>	; 	<u> </u>	:		!	-	!	;				
			a No. of kinds of equipmen	-	- 1	<del></del>	: :-		\$		<u>:</u>	9	72	٠	27	2		¥	•
Maintenance		i	b total No. of inspected equ		:		· · · ·		2	\$	જ	8	8	5.	233	250		\$ <del>.</del>	•
	4. Regrulairly checking up by operators	by operators				<del>:</del>		_ <u> </u>	_   	<u>!</u>	:			!	:				;
			a . No. of kinds of equip.			<del></del> -	· :		<b>S</b>			인	71	٠,	56	- 32		35	
			b total No. of checked equit				<u>.</u>		20	28	50	48	98	(11)	125	337	•	342	
	(1)	IS/																	

u/s) l :indicators s:data for statistics

SACTACION	DETAILS	S.S.	1994		_	1995			966		-	7661	-		8661		G. total
			Ist 2nd	. 60		2nd	total	<u> </u>	2nd	Iolai	Z	2nd	total	18	Zad	[EKO]	
S Manual (Dr. Orutal) CS		-											-				
Mod sourcestal Maria Mode				· 	-												
	n Mary of triansome of activities	•					×	30	4	24	29		42	90		33	
	b lotal No. of regions of						155	230	_ 2	38	182	<u> </u>	915	618		998	
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6 Management		:	: :	i !	-	:		:		:	;	•		:	!	-	:
-1 Useful statistics		; ;	1	1	:	•	: y	1 9	. 78	23.	3776	* 05%	- 120x	1775.5	:	1881	
	a total repairing cost		: 	} .:	1	:	3 .	?	3		?				-		:
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Knowledge	1	-	- <u> </u>		_	į	!	-	<del></del>					•	:		;
-1 Score of annual examination			-!	i 		; !			1		į			:			!
	a ratio of > 6 point nurses				* 8		\$18 818	96.7%		96.7%	93.5%	-	93.50%	91.80%		47.00%	* S
	_==	•	!	i 	96.98	· !	86.9	7.45		7.45	7.53		7.53	7.42%		\$.89%	6.86%
			<u>:</u> .	1	:	:			ĺ				•				
NINC 7		<u>.                                      </u>	<u>!</u>	<u> </u>	<u>;</u>	<u> </u>	į	!	1	:	:	•	:	:		•	:
-  Katto of nurses can use modern in	ern medical equipment	_	-	:	_	-		: !			?		ġ		è	1073	
	a joperation & follow up		-			*	* = =	47.7	*	<u> </u>	ę T		4.7.4 ×	ž.	2.75	ķ ģ	
Nursing Service	b operation only	,. <u>.</u>				89	80	& &	12%	80	%	ž	ž o	* 91	8°.		•
	c can't operate	. •				Š	%	*	86.	3%	3%	5%	3%	136	8	<u>8</u>	
		•	-	:	<u> </u>	58%	588	12%	43%	13%	4 %	35%	30%	29%	27%	28%	
	מיייים באוייים ווייים איייים וויייים איייים אייים איייים אייים איייים איייים אייים איייים איייים איייים איייים איייים אייים איייים איייים אייים אייים אייים אייים אייים אייים איייים אייים א	.:	:	!	1				:		•	÷					•
3 Quality						;	. :	: 9	: <	: 8		٠			-	•	:
-1 Number of Malpractice		-		1		2	2	2	20	₹.	۷.	1	o!	,	-	<b>.</b>	i
4-Education					•				-			-			-		
- I Inservice education					:							1.1					
	a No of training course	•			_	7	7	<u>ر</u>	7	v	7	e,	v.	CI	7	Сі	
				: :		230	230	. 5	783	953	753	1445	2198	1351	1551	2892	
	A No of our 10 TV feloson	· , ·-	!  -	_	<u> </u>				<u> </u>	-	0	0	0				
			-		:	: 	}	. "	7	7	ç	7	7.	الم	13	22	
	d No. of icclures		:					` .	·		2	:			;	;	
	¥	-,															
	Ratio of the attendance								61.2%	61.2%	54.6% #### 58.40%	****		60.45%	59.94% 60.19%	50.19%	
	(nurse) among total										•						
	านาระร		-														
-2 Nursing research	a Seminar organized by CRH	r			:											-	
	. Number of Nursing seminar	inar				:	ا	0	-!	-:	<del>-</del> :		~:	0	0	0	;
	i. Number of presentations						<b>o</b>	0	<u>-</u> .	-	۲,		۳,	0	0	_	
(5/1)	b Seminar organized by others	ers	-		_							-		-			

		INDICATORS	TORS	DETAILS	3	<u>\$</u>	1994	:	1995			9661			1997			8661		G. rotal	
					_	st 2n	<u>1</u>	la) Isı	2nd	1st 2nd total 1st 2nd total	1st 2nd		total lst	35	2nd total	- !	<u>18</u>	2nd	logo!		· · · ·
				. Number of Nursing seminar	inar					0	0	0	0	Çī	0	2	_	_			
				. Number of presentations				- <u> </u>		•	0	0	0	۳.	٥	er.	<b>-</b>		၁		
	3	Coordination																			
		Appro	ppropriate staffing	and the control of th	· ·		:			į	_							:	:		
		-		a number of temporary mov					ø	6		34 35 69		35	33		2	9	S		
				person x days	•		· !		σ	6	33	35 82 117		35	13	- <del>2</del>	176	236	412		
		-		~		· -	<u> </u>	<u> </u>	0	0	. 0	0 12 12		, Z.			<u> </u>	52	25		
-	<u>.</u>			person x days					0		. 0	0 0 12 12		Έ,		49	E	52	Se		
	 		3	c Meun+-SD, worklord									-						-		

## Indicators for Neurosurgery Disease

				1001	3000	1 /////	21/1/2	OUNT
Category	Major Ikm	Ninor liem	Concrete data	100		17.0	7 42	45
Contribution to Southern	No. of Trainee from Provinces			3	<u> </u>	7	2	*
Provinces	No. of Patients from Provinces		Head Injury	1738	205	7483	4022	3.721
			CNS Dis.	1218	1279	1146	1511	1547
Lower Line County	Maxishiv	Monality of Head trauma	On(+), < 24lurs	65	119	48	17	170
Classical Collectual			Option 2dies /	216	213	7	C# !	
Hospital Care			Ont. Cothrs	₹ 8	92	\$2	30	150
				900	305		:	109
	1		Op(-), 24nrs <	3	ò		136	3
		Mortality in NESID	(+)dO	7.8%	8.10%	7.0%	×09.7	7.60%
			Op(-)	1.2	7	=	2	78
	Mochidity	Complications which require	Number	8.25	ە.	6.2	6.2	6.2
		another overation	***			:		
		infections after shart operation		33	~	33	15	91
	Mana Hasniral Stay	(days)		9.5	- S	7.5	6.5	6.5
1	Painent's Satisfaction			1				:
Heartelfon Dinamosis	No of diss procedure	CT scan with contrast study		3777	11152	12940	13400	14560
9,000		Schinger		E	50	20	5	33
-		O. C.			-0	14	:	<b>Q</b>
		OKCIONAL TOTAL TOT		ŗ	, E			!
	No. of Drs (Drag.)	Sciolinger	• • • • • • • • • • • • • • • • • • • •	<b>4</b> 3	2 4	. (		92
		Stereotaxy	: :	3	5	-	2	2
	Misdiagnosis	Coincidence rate	Total	3	6	<u>e</u>	3	2
	:		Brain tumor (Histo.)	86%	84%	88%	86%	86%
Hoggadine Treatment	No. of freat, procedure	Neurosurg. Op.		81	150	162	312	Ê
		Microneurosurg. Op.		<b>၁</b>	3	9	\$3.	Ξ
		% of Microbentosury On	. , ! ! ! ! ! !	0	3		13.0%	16%
	***	No of one technic		5	-5	_		7
	No of Des (Team)	Microuningshipper		· 3	5	3	3	42
2	No. of the Charles	1.0.000	International Magazine	0	0	3	0	
Expanding Keseurch	Scientific paper			5.6				*
			In Vicinalities Magagine	5	7	5		r
			In Hospital Magagine			_	~	7
	Presentation		International Conf.	3	ਤ !	<del></del> -	15	7.
	_		Victnamese Conf.	٠,	7		7	9
			Hospital Conf.	к.	۲۷		7	12
Educational Activities	No of Portrad Club			3	٥	2	40	42
:	No of Minist scenes			•	٥	2	0.	24
	No. of Tables Control			1	[	:	15	32
	No. of Training Course	1	:	: c	T &	-	Ş	. 5
	No. of Kedaing Circle			2	5 %	- =	9	0,5
	No. of Clinical Conference	rreoperative		•	:		. ?	
		Postoperative		0	c	<u> </u>	₹.	7
		Oiners						

x: refer the result of the questionnaire

## Indicators for Gastro-Entero-Hepathology

Cafegory	Major Iten	Minor Hen	Concrete data	1994	1,005	1996	1997	18061
Contribution to Southern Provines	No. of Trance from Provinces			4	4	4	78	
	licuts			1433	1843	1769	1947	2193
Upgrading General Hospital Care	Mortality			0.8%	0.3%	0.7%	0.1%	%n
	Mean Hospital Stay				8.5	9.5	2.6	 
	Patient's Satisfaction			/	$\int$			
Upgrading Diagnosis	No. ol diag. procedure	Endoscopy	Upper GI	059	1380	2751	31411	5176
			Lower GI	<u>5</u>	<u>=</u>	458	573	881
			Rectoscopy	219	<u>.</u>	155	240	312
			ERCP	24	980	<u>3</u> 0.	176	277
	AND 100 100 100 100 100 100 100 100 100 10	PIC	Internal	9	3G	7.	91	2
		Radiological	UGI double contrast	<u>5</u>	3	21	001	*001 *
			LCI double contrast	; ;	<del>5</del>	7	001	·%001
	No. of Drs (Diag.)	Endoscopy	Upper CI	<del>ढ</del>		==	×	<u>×</u>
			Lower CI	9	7	•	7	<u>.</u>
				. <u>.</u>	<u>~</u>			S
		Radiological	UGI double contrast	<u>3</u>	5	. 5	7	21
			LGI double contrast	0. i	5	7	2	
	Misdiagnosis		Total	17.8%	3.9%	11.8%	7%	8.10%
	et a company design des		Limergensy Op.	26.9%	13.6%	13.1%	5.7%	5.10%
	The second of th		Elective Op.	13.4%	14%	11.5%	3 <sup>2</sup>	5.30%
Upgrading Treatment	No. of Ireal, procedure	Endoscopic Treatment	4			7/1	7117	57.
		No of new technic*			2*	*	5	-
	No. of Drs (Treat.)	Endoscopic Treatment			<del></del>	c	<u> </u>	12
		No of new technic*			_	4	<u> </u>	<b>5</b>
	Success procedure	Endoscopic Treatment			2	; · · ·	4	-
Expanding Research	Scientific paper	Internal	International Magagine	Ю	İn	0	lo	n ·
			In Vietnamese Magagine	<b>5</b>	3	C1	7	2
			In Hospital Magagine	<b>3</b>	<u> </u>	•	77	
	Presentation	Internal	International Conf.		_	7	7	=
•			Vietnamese Conf.			•	CI	<del>.</del>
			Hospital Conf.		<del></del>	C1	<del></del>	;
Educational Activities					01	1	22	ς.
	No. of Mini-Lecture				3	<del>प</del> :	9	4
	'nΩ				<del>-</del>	=	2	3
	-0				3	2	2	-
	No. of Clinical Conference				4	2	<b>1</b> 01	×

\*: Scierotherapy, Removal of Toreign bodies
\*\*: EVL, Injection therapy, Polypectomy, Removal of CBD stones

### Indicators for General Surgery Disease

Category	Major Item	Minor item	Concrete data	1991	1995	1996	1997	1998
Countibution to Southern Provinces	No. of Trainee from Provinces	Surgery		ᅼ	2	91	22	4
	No. of Patients from Provinces	Surgery		2704	2621	2856	3010	3184
Uperading General Hospital Care	Молаіну	Surgery		0.80x	1.5%	1.1%	1.2%	
	Complication	Surgery	General*		36	2.05%	2,00%	23
	The second secon		Due to Op. **		0.5%	0.5%	0.75%	0.50%
	Survival rate					:		
The state of the s	Mean Hospital Stay	Surgery	Total	2	7.5	Ŝ	5	~
	The second of the second secon		Preoperative			9.5	9.7	7.8
	Patient's Satisfaction				$\setminus$			
Operating Diagnosis	No. of diag. procedure	Endoscopy	Upper GI	0	051	148	300	174
	-		Lower GI	0	9	6.5	115	9
			Rectoscopy	0	0	ξ:	2	9
	to the manufacture of the contract of the cont		FRCP	3	<b>\$</b>	35		3
		mc	Surgery	•	295	168	362	432
	No. of Drs (Diag.)	Endiscopy	Upper G	3	· ·	3	7	2
			Lower GI	9	3	3	<b>₹</b>	3
			(E)(C)	•	9	\$	3	۲۷
	Misdiagnosis		Tional	7.8%	25	3.5%	3%	22%
			Emerg. Op.	26.9%	7,5	517	***	2%
			Blective Op.	13.4%	<del>2€</del>	0.5%	0.84	1%
Upgrading Treatment	No. of frest, procedure	Laparoscopic Surg.		235		ROT	120	150
		Systemic LN Dissection				103	32	99
		No of new technic#				v:		F.
	No. of Drs (Treat.)	Luparoscopic Surg.	The second control of the second control of	9 .		3	<u>z</u>	50
		Systemic LN Dissection		•		-	2	7
		No of new technical				7	г.	ñ
Expanding Research	Scientific paper	Surgery	International Magazine	7	'n	ς.	Ġ	5
			VictionicseMagazine		<b>T</b>	च	ત્ય	S
			Hospital Magazine	:	:	-	* <b>T</b>	<b>&gt;</b> 0
	Presentation	Surgery	International Conf.	:	0	<b>-</b>	<b>-</b> -	<b>5</b>
			Vietnaniese Conf.			-	Э	V.
			Huspital Conf.		52	S	48	7
Educational Activities	No. of Journal Club		The state of the s		52	4	23	40
	No. of Mini-Locture				001	90	ŝ	2
** * * * * * * * * * * * * * * * * * *	No. of Training Course				3	91	56	er i
The street of th	No. of Reading Circle				0	3	3	9
	No. of Clinical Conference	Preoperative			S	77	905	0
		Postoperative			2	श	38	92
		Others			O <del>r</del>	Š.	50	0
			The second secon					

\*; General postoperative complications such as; Preumonia, UTI, Sepsis, etc.

<sup>#:</sup> 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	9661	1607	1998
Contribution to Southern Provinces	No. of Trainee from Provinces	-	Doctors	7	ς,	<b>3</b>	2	9
			Nurses	Ÿ	L	5	ત	ж
	No. of Patients from Provinces		Total	174	293	242	134	
,	No. of Patients from Provinces		Chronic	66	95	35	ऊ	65
	No. of Patients from Provinces		Acute	30	861	207	<del>2</del> 6	128
Upgrading General Hospital Care	Munality	Acute renal failure		5%	4%	2.66%	3.01%	0
		Chronic renal failure		7%	1.98	7.69%	15.00%	0
	Complications due to HD	-		:				•
:	Mean Survival Year of Chronic HD Cases after HD					:	:	:
					93	-23	•	
			*****				$\setminus$	
Upgrading Diagnosis	No. of renal biopsy cases					\$	5	101
	No. of Drs who can perform renal biopsy					**************************************	8/8	8/8
Upgrading Treatment	No. of treat, procedure	No. of HD Pt	total	93	203	316	264	285
			CRF		SS	5	105	125
			ARF	•	801	225	159	36
		No. of HD	lotal	6614	8015	9037	11912	12848
			CRF		7817	8893	11518	12476
			ARF		343	414	765	422
	No. of Drs (Treat.)		Staff	∞	2	2	7	7
			Contract	~	9	•	S	7
Expanding Research	Scientific paper		International Magagine	0	0	9	CI	0
			In Vietnamese Magagine		0	<u>s</u>	0	3
			In Hospital Magagine	:	0	3		0
	Presentation		International Conf.		0		<b>-</b>	0
			Vietnamese Conf.	•	0		-	3
			Hospital Conf.		0	С	4	О
Educational Activities	No. of Journal Club				0	. 2	54	\$
	No. of Mini-Lecture	1			0	CI	эс	4
	No. of Training Course				0		4	<del>•</del>
	No. of Reading Circle		:		0	ಜ	2	200
	No. of Clinical Conference				<del>-</del>	<u>.s</u>	everyday e	everyday

x: refer the result of the questionnaire

### Indicators for ICU

Contribution to Southern Provinces No. (		Concrete data	1994	1995	1996	1997	8661
	No. of Truinee from Provinces		3	125	150	130	46
	No. of Patients from Provinces		6785	7301	8495	8034	7936
Upgrading General Health Care Mon	Monality	Critical cases*	10.0%	\$ 1%	6.5%	350	8.50%
		Cardiovascular	8.7%	0.2%	0.05%	2%	10.30%
		Respiratory	26.7%	%81	<b>%91</b>	14%	14.70%
		Head injury	16.8%	19.2%	10.7%	9.3%	1.20%
Com	Complications**		6.7%	6.0%	5.2%.	5.3%	7,50
Sur	Survival rate of DOA Pasients		0.03%	0.02%	0.5%	0.5%	40.83%
Mea	Mean Stay in ICU		32hrs	33hrs	361105	30 hrs	43.3hrs
Post	Postoperative			-			
Upgrading Diagnosis	No. of diag. procedure***		2	m	3	-0	3¢
	No. of Drs (Diag.)		2	12	91	20	61
Wisc	isdiagnosis		0.02%	0.021%	0.01%	0.01%	0.02%
Upgrading Treatment No. 1	rocedure#	Total cases	1889	£989	6692	4533	7800
			12	7	91	20	61
Expanding Research Scien	ientific paper	International Magagine	2	2	4	-	0
		In Vietnamese Magagine	4	4	3	- <b>a</b>	m
		In Hospital Magagine		7		₹.	7
Pres	esentation	International Conf.	0	0	*		<del></del>
		Vietnamese Conf.	<b>ਹ</b>	ν.	01	9	26
		Hospital Conf.	Ξ	=	15	2	01
Educational Activities No.	No. of Journal Club		5	5	12	55	101
No.	No. of Mini-Lecture		<u>2</u>	<del>2</del>	49	35	52
GZ	o. of Training Course		120	125	130	7.7	3
No.	No. of Reading Circle		20	20	24	45	3
No	o. of Clinical Conference		12	12	91	18	40

<sup>\*;</sup> It is necessary to make difinition

\*\*; 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	10/05/1995 - 31/03/1999
		Management	
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

			1 7 1 111
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

Field

Term

### 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

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
<b>7</b> . [	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

Field

Term

### List of Trainees of Counterpart Training Program

. 4	<i>F/Y 1995</i> Name	Pr-11	en en en <u>e</u> gen en
		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
<u> </u>	<i>F/Y 1996</i> 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
<u>F</u>	<u>VY 1997</u> 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
	<i>F/Y 1998</i> 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

'ty Delivery	Prices		Agency/Japan	Location
	Japanese Yen	ns\$	-	
1 9702	5,850,000		Japan	Ope. Room
1 9702	2,745,000		Japan	Ope. Room
1 9702	621,900		Japan	Ope. Room
2076 5	3,000,000		Japan	Ope. Room
1 9702	402,800		Japan	Ope. Room
2 9702	2,340,000		Japan	Functional Diagnostic
1 9702	1,530,000		Japan	Functional Diagnostic
1 9702	250,000		Japan	Functional Diagnostic
2 9702	576,000		Japan	Functional Diagnostic
1 9702	25,200		Japan	Functional Diagnostic
1 9702	1,710,000		Japan	Functional Diagnostic
1 9702	327,500		Japan	Functional Diagnostic
1 9702	1,845,000		Japan	Functional Diagnostic
1 9702	634,400	•	Japan	Functional Diagnostic
1 9702	2,372,700	et i	Japan	Functional Diagnostic
1 9702	1,440,000		Japan	Functional Diagnostic
1 9702	175,000		Japan	Functional Diagnostic
1 9702	283,500		Japan	Functional Diagnostic
1 9702	1,623,200		Japan	Ope. Room
1 9702	1,620,000		Japan	Ope. Room
1 9702	238,500	٠.	Japan	Ope. Room
1 9702	315,000		Japan	Ope. Room
1 9702	54,000		Japan	Ope. Room
1 9702	1,633,000		Japan	Ope. Room
1 9702	1,350,000		Japan	Ope. Room
	279,000		Japan	Ope. Room
	405,000		Japan	Ope. Room
3 9704	236,700		Japan	Ope. Room
10 9704	5,074,400		Japan	Ope. Room
1 9704	2,184,000		Japan	Ope. Room
1 9704	270,000		Japan	Ope. Room
1 9704	1,200,000		Japan	Ope. Room
5 9704	000,066		Ларап	Ope. Room
		Delivery Japanese 9702 9702 9702 9702 9702 9702 9702 9702	Delivery Prices Japanese Yen 9702 5,850,000 9702 2,745,000 9702 3,000,000 9702 402,800 9702 2,340,000 9702 2,340,000 9702 2,340,000 9702 1,530,000 9702 2,372,700 9702 1,623,000 9702 1,623,000 9702 1,623,000 9702 1,623,000 9702 1,623,000 9702 1,623,000 9702 1,623,000 9702 1,623,000 9702 1,624,000 9702 1,620,000 9702 1,620,000 9702 1,620,000 9702 1,620,000 9702 1,620,000 9704 238,700 9704 238,700 9704 236,700 9704 2,184,000 9704 2,184,000 9704 2,184,000 9704 2,184,000 9704 2,184,000 9704 2,184,000 9704 2,184,000	Delivery Prices Japanese Yen 9702 5,850,000 9702 2,745,000 9702 3,000,000 9702 402,800 9702 2,340,000 9702 2,340,000 9702 2,340,000 9702 1,530,000 9702 255,000 9702 1,710,000 9702 2,372,700 9702 1,440,000 9702 2,372,700 9702 1,440,000 9702 2,372,000 9702 1,623,000 9702 1,623,000 9702 1,633,000 9702 1,633,000 9702 1,633,000 9702 1,633,000 9704 405,000 9704 236,700 9704 236,700 9704 2270,000 9704 270,000 9704 270,000 9704 270,000 9704 270,000 9704 270,000 9704 270,000

JICA Project Equipment

	Olf	A Project	JICA Project Equipment			·
Name of Equipment	Q'ty	Q'ty Delivery	Prices		Agency/Japan	Location
			Japanese Yen	ns\$	1	
Maxima Puls Oxygenator for Infant, 3381	Ŋ	9704	000'066		Japan	Ope. Room
Sternum Saw Stryker System 2000	-	9704	1,750,500		Japan	Ope. Room
Monitor PUKUDA DS-3300 (with Recorder & Accessories)	-	9704	2,950,200		Japan	Ope. Room
Instruments for Cardiovascular Surgery (Cannule)	· <del>-</del>	9704	173,760		Japan	Ope. Room
Ventilator BIRD 6400ST	2	9602		44,500	DAIVIET	icn :
Recorder for Monitor FUKUDA AU-3320	-	9704	1,260,000		Japan	ICN
Monitor Accessories FUKUDA DS-3300 (BP Module)	2	9704	2,682,000		Japan	noi I
Monitor FUKUDA DS-3140 with Accessories	4	9704	4,855,600		Japan	Ŋ
Infusion Pump ATOM P-600 (with Infusion Set)	4	9704	1,336,000		Japan	3
Ultrasound Tomographic Apparatus TOSHIBA SAL32B		9206	3,050,000		Japan	Emergency
Mobile X-ray Apparatus SHIMADZU MU-125P	-	926	3,400,000		Japan	Radiology (X-ray)
Medical Books	09	9704	1,393,100		Japan	Library
Video Projector EIXI Model 120	-	9602		1,080		GPD
Document Projector EPILUX Direct Projector		9602		2,190		СРО
Projection Panel LCD Model 2080	-	9602		2,208	-	GPD
Photocopy Machine Photocopier FT-4215	-	9602		5,550		GPD
			±dΓ	\$SN		
Total price for 1995 FY			67,442,960	55,528		

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CA Project Equipment		i

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		Location		Ope. Room	Ope, Room	Ope. Room	Ope. Room	Ope. Room	Hemodialysis Unit	ICU	Ŋ	Some Depts.	Some Depts.	Some Depts.	Some Depts.	Some Depts.	Some Depts.	Some Depts.	Radiology (X-ray)	Functional Diagnostic	Radiology (X-ray)	Ope. Room		Pathology	Pathology	Pathology	Pathology		Microbiology	Microbiology	Microbiology	Microbiology	Microbiology	1	Hematology
		Agency/Japan		SANSHIN	METRAN	SANSHIN	SANSHIN	Japan	DAIVIET	SCHMIDT	DAIVIET	Charles & W.	Japan	Japan	Charles & W.	Charles & W.	Japan	Japan	SCHMIDT	METRAN	Japan	Japan	* :	SCHMIDT	SCHMIDT	SANSHIN	SCHMIDT		SCHMIDT	SCHMIDT	Charles & W.	SCHMIDT	SCHMIDT	<u>.</u>	Japan
1.3 4.			ns\$	609,7	168,148	1,113	1,302		18,000	8,808	44,000	37,760			4,880	19,074			123,135	26,730		1.		11,132	13,060	1,181	981		1,520	6,102	3,178	3,051	16,439		
quipment	96	Prices	Japanese Yen					4,787,000					1,000,000	160,000			682,000	363,000			1,065,000	694,000												( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	1,725,000
JICA Project Equipment	F.Y.1996	Delivery		9711	9711	9711	9711	9710	9710	9710	9710	9710	9710	9710	60/6	9709	9710	9710	9710	9710	9710	9710		9710	9710	9710	9710		9710	9710	9710	9710	9710	1	01/6
72		Q'ty			-	•	m		•	4	2	50	20	iss	20	11	=	11	***	<u>-</u>		. 5	-	_		-	7		2		N	-	-	•	_
		Name of Equipment	「 こう は	Stereo Observation tube OLIMPUS OMES-SVB1-2	Instruments for Neurosurgery MIZUHO	Adaptor for FM Fiberscope OLIMPUS A10-T2	Basket Forceps OLIMPUS FG-24SX-1A	Instruments & Parts for Cardiovascular Surgery	Water Treatment System RETOK RO-HD-05	Infusion Pump IMED "GEMINI PC-1"	Ventilator BIRD "T-Bird VSO2"	Suction Pump ESCHMANN VP-35	Suction Pump MIZUHO MSP-207	Automatic Warmer for Transfusion ANIMEC AM-2-13-5	Oxygen Flowmetr MADA 1445-3	Emergency Cart HARLOFF 6301-1	Endotracheal Set AIKA Endotracheal Set-A	Resuscitation Bag ATOM Jackson Rees Bag CF-57K	X-ray TV System SHIMADZU AX FASTE E	Portable Ultrasound Apparatus FUKUDA UF4500 N	X-ray Film Duplicator NISHIMOTO FINEX	Dermatome MIZUHO 03-034-01, with Blades	Labo Equipment for Pathology	Tissure Embedding center LEICA EG-1160	Automatic Tissue Processing LEICA TP-1010	Dyes & Reagents for Special Stains (Set)	Water Bath (Tissue Floating Bath) LEICA HI-1210	Labo Equipment for Microbiology	pH Mater METROHM Model 744	Bio-Clean Bench (Aseptic Box) SANYO MCV-9BSU	Colony Counter STUART SC 5 (CR 315-10)	Analytical Balance SHIMADZU AEG-220G	Autoclave SANYO MAC-3700	Labo Equipment for Hematology	Blood Plate Preservation Chamber KAYAGAKI EKC-100

	JICA	JICA Project Equipment	quipment				
Name of Equipment	Q'ty	Delivery	Prices		Agency/Japan	Location	
			Japanese Yen	US\$			
Auto Mini Washer "Easy Wash" Metertech M960-100	-	9710		6,495	Charles & W.	Immunology	
Plate Mixer IKA MTS-2	-	9710		1,131	SCHMIDT	Biochemistry	
Hemoglobine Meter HG-202		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	5	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	-	9710		1,471	SCHMIDT	Biochemistry	
Table-Top Centrifuge "Mistral 2000" SANYO MSB200.CX1.4	2	9710		6,888	SCHMIDT	Biochemistry	
ph Mater METROHM Model 744	-	9710		260	SCHMIDT	Biochemistry	
Medical Books	29	9710	2,406,209		Japan	Library	
HIS Computer	-	: .: : .: :		28,559	Minh Yen	GPD	
Megaohm Meter KIKUSUI TOS7100L		9707		1,106	SCHMIDT	Warkshop (SMD)	
Power Meter FLUKE 39	-	2026		1,230	SCHMIDT	Warkshop (SMD)	
Clamp Meter FLUKE 33	ю	9707		864	SCHMIDT	Warkshop (SMD)	
Digital Multimeter FLUKE 79	2	9707		1,345	SCHMIDT	Warkshop (SMD)	
Scope Meter FLUKE 105B/008	<del>, -</del>	9707		3,208	SCHMIDT	Warkshop (SMD)	
High Voltage Prove 1 kV-48kV FLUKE 80K-40	en	2026		480	SCHMIDT	Warkshop (SMD)	
Digital Thermometer FLUKE 51	7	2026		418	SCHMIDT	Warkshop (SMD)	
Digital KVP Meter VICTREEN 07-494	-	9710	209,000		Japan	Workshop (SMD)	
Digital X-ray Meter VICTREEN 07-457	-	9710	200,000		Japan	Workshop (SMD)	
Digital mAs Meter VICTREEN 07-472	-	9710	107,000		Japan	Warkshop (SMD)	
X-ray Exposure Meter(RAD CHECK PLUS) VICTREEN 06-526	<b>,</b>	9710	349,000		Japan	Workshop (SMD)	
Color Densitometer RMI 2-334	-	9710	245,000		Japan	Workshop (SMD)	
DC High Voltage Power SupplyVIELIN	· -	2026		2,500	VIELIN	Workshop (SMD)	
DC Low Voltage Power Supply KIKUSUI PAX-35-30	-	2026		6,618	SCHMIDT	Workshop (SMD)	
DC High Voltage Digital Meter KIKUSUI149-30A	•	2026		2,247	SCHMIDT	Workshop (SMD)	
Function Generator KIKUSUI 459	7	2026		2,402	SCHMIDT	Workshop (SMD)	
Signal Generator 9kHz-1040MHz, RODHE & SCHWARZ SMY01	2	9707		15,050	SCHMIDT	Warkshop (SMD)	
Tools for Equipment Maintenance		2026		10,888	Charles & W.	Workshop (SMD)	

US\$ 582,325

JP¥ 14,292,209

Total price for 1996 FY

JICA Project Equipment F.Y.1997

	4	F.1. 133	-			٠	
Name of Equipment	Q'ty	Delivery	÷	Prices		Agency/Japan	Location
	-		Japanese Yen	Yen	ns\$		
Instruments for Digestive Surgery 65 items B.BRAUN	-	9802			10,249	B.BRAUN	Ope. Room
Injector for Angiography NEMOTO 120S	•	9712			15,830	NISSHO IWA!	Radiology (X-ray)
Gastrointestinal Fiberscope OLIMPUS GIF-XQ40	-	9801			14,623	SANSHIN	Functional Diagnostic
OES Xenon Light Source OLIMPUS CLV-U40	-	9801			9,230	SANSHIN	Functional Diagnostic
Monitor 14 inches OLIMPUS OEV-142	·-	9801			2,013	SANSHIN	Functional Diagnostic
TV System OLIMPUS OTV-S5	—	9801			9,167	SANSHIN	Functional Diagnostic
35mm SLR Camera OLIMPUS SC-35	-	9801			542	SANSHIN	Functional Diagnostic
OM Xenon Adapter OLIMPUS A10-M4		1086			297	SANSHIN	Functional Diagnostic
Holter ECG Analysis System FUKUDA QS-3300	·	9803		6	11,428	SANSHIN	CCU (783)
Holter ECG Recorder FUKUDA QR-1300	ന	9803			4,200	SANSHIN	CCU (783)
Hemodialysis Machine BAXTER 1550	-	9803			22,000	OPV	Hemodialysis Unit
Dialyzer Reprocessing System Renatron II	-	9806			16,493	B.BRAUN	Hemodialysis Unit
TRIO System CVV-HD, Model 710620/3	· -	9806			26,173	B.BRAUN	Hemodialysis Unit
Bedside Monitor NIHON KOHDEN MU-832RK	2	9712	· .		17,480	NISSHO IWAI	5
Ventilator BIRD 8400ST-i	- -	9801			27,293	DAIVIET	5
Ventilator DRAGER "EVITA 2"	-	9803			32,400	Europe Continents	3
Monitor for Operating Room NIHON KOHDEN MU-831RK		9712			35,730	NISSHO IWA!	Ope. Room
Ultrasound Apparatus SIEMENS AU3 PARTNER	7	9801		٠	105,000	SIEMENS	Functional Diagnostic
X-ray Apparatus for General SHIMADZU UD 150-P	<b>-</b>	9802			29,900	SHIMADZU	Radiology (X-ray)
Microtome for Labo. Pathology SAKURA SRM-1	-	9802			8,350	BAYER	Pathology
Blood Gas Analyzer AVL "OMNI-4"	_	9803			25,520	AVL	Biochemistry
Surgical Instrument 15 items	<b>,</b>	9803			3,985	B.BRAUN	Ope. Room
HIS Computer System (Server ×1, Workstation ×25, etc)	<b>,</b>	:			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 Compaact (with Syringe set)	11	9086			9,853	B.BRAUN	Some Depts.
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Total price for 1997 FY

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Name of Equipment	Q'ty	2'ty Delivery	<b>a</b>	Prices		Agency/Japan	Location
			Japanese Yen	\$SN			
Pulseoxymeter AVL Pulsox 5-SP	ဖ			80	8,100	AVL	ICU, Ope. Room
Laparoscopic Surgical Instrument 17 items (Curved scissors)				ි	031	),031 Jonson & Jonson	Opee. Room
Endoscopic acsessories 5 items (Baloon catheter)	-			4	4,439	SANSHIN	Opee. Room
			₽ď	40	S\$		
Total price for 1998 FY				21,	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:

fter 4 years of implementation of project, many results were achieved: the inospital 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:

- -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.

