

2. 合同評価レポート

JOINT EVALUATION REPORT
ON THE JAPANESE TECHNICAL COOPERATION PROJECT FOR THE
IMPROVEMENT OF SETHATHIRATH HOSPITAL

Japan International Cooperation Agency
Japan

And

Ministry of Health
Lao People's Democratic Republic

July 5, 2002

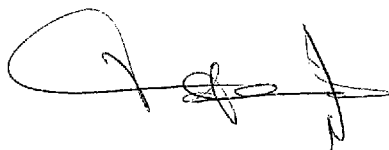


Table of Contents

1. Introduction

- 1.1 Project Title
- 1.2 Period of Cooperation
- 1.3 Executing Agency in the Lao PDR
- 1.4 Evaluation Period
- 1.5 PDM2

2. Inputs

3. Evaluation by 5 criteria

4. Recommendations

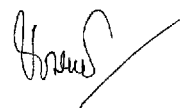
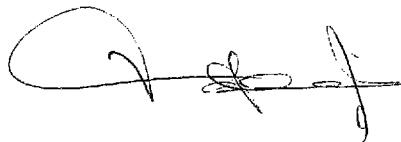
- 4.1 Necessity of planning budget for equipment updating and facility maintenance
- 4.2 Necessity of creating a plan for achieving the SH organization mission
- 4.3 Necessity of long-term plan for employee training
- 4.4 Alleviation of nurse shortage
- 4.5 Greater efficiency in administrative procedures
- 4.6 Input of experts necessary to achieve Project purpose
- 4.7 Greater efficiency in equipment procurement
- 4.8 Collaboration with senior volunteers and JOCV

ANNEXES

Annex 1: PDM2

Annex 2: List of inputs

Annex 3: Evaluation by 5 criteria



1. Introduction

1.1 Project Title

Project for Improvement of Sethathirath Hospital in Lao PDR

1.2 Period of Cooperation

October 1, 1999 – September 30, 2004

1.3 Executing Agency in the Lao PDR

Sethathirath Hospital, Public Health Department of Vientiane Municipality

1.4 Evaluation Period

From June 21 to July 7, 2002

1.5 PDM2

Through Mid-term Evaluation, both sides agreed to modify PDM1 which was agreed on May 10, 2002. The new PDM is called PDM2, and attached in Annex 1.

2. Inputs

Detailed information is provided in Annex 2

<Japanese side>

Dispatch of Experts:

Long term experts: 12

Short term experts: 14

Counterpart Training in Japan: 13

Provision of Equipment:

Total 1,016,971 dollar by the end of FY2002

Allocation of Expenses on Activities:

Total 176,352 dollar by the end of June 2002

<Laos side>

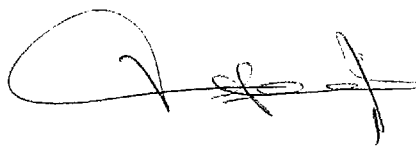
Counterpart Personnel: 55

Budget for Laos Personnel and Operation of the Project: (shared 29% of total cost, \$16,570)

Project offices and facilities

3 Evaluation by Five Criteria

See the Annex 3.



4 Recommendations

To the Laos side:

4.1 Necessity of planning budget for equipment updating and facility maintenance

Equipment maintenance is satisfactory at this point, and there is a high likelihood that equipment maintenance will be sustained at a certain level even after the Project is complete. However, it is essential that financial sources to upgrade equipment and purchase equipment in case of work expansion be secured. Funds to cover maintenance costs for aging facilities are also necessary. SH must anticipate Project completion and establish specific plans for a budget covering facility maintenance and equipment upgrades.

4.2 Necessity of creating a plan for achieving the SH organization mission


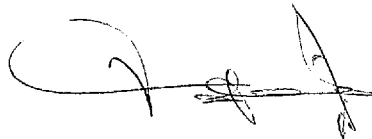
SH's four missions are to fulfill its roles as (1) a general hospital specializing in MCH, infectious disease, hematology, endocrinology, Gastroenterology and oncology, (2) a referral hospital that receives patients from district hospitals and provides training to the district hospitals' medical staff, (3) a training center to foster post-graduate doctors and (4) a university hospital that educate undergraduate students and conduct clinical studies. The Project prioritizes the (1) – (3) missions by providing maximum cooperation. The fourth mission falls outside of the Project's framework, so specific strategies remain obscure. Although the Japan side cannot spare the labor for efforts not encompassed by the Project's main intentions, SH should pursue this independently, and the Japan side will provide as much cooperation as possible. To fulfill the hospital's fourth mission, the kind of improvements desired for the future is currently studied, taking into account the capacity of SH doctors and nurses and the needs of the Ministry of Health.

4.3 Necessity of long-term plan for employee training

There are not enough middle-aged specialists, particularly in Pediatrics (neonatal care) at the hospital. A strategic plan for successors including acquiring degrees through study overseas is necessary.

4.4 Alleviation of nurse shortage

Currently, SH is in the process of fully introducing a two-shift rotation for nurses to improve its services as a modern hospital, but due to insufficient employees, as of yet the two-shift nurse



rotation has only been introduced to emergency section and the intensive care unit (ICU). An estimated 26 additional nurses are necessary to fully introduce this rotation system, and it should be facilitated as soon as possible by careful budgeting in other departments. SH should prepare a specific schedule for introduction immediately. Also, specific measures for improving work conditions, such as ensuring means of transport, should be encouraged, since the nursing shortage is due to the hard labor involved in the work, low salary and limited fringe benefits, pushing down the retention rate.

4.5 Greater efficiency in administrative procedures

Currently, the procedure for requesting purchase of new consumables is still too time-consuming. The requests must be filtered from the finance department to the board meeting, even for approval of the purchase of insignificant items. This results in various negative effects, such as preventing the purchase of reagents in a timely manner in technical transfer for laboratory techniques. There is also the risk that a delay in testing due to insufficient reagents will lower the faith customers place in SH's services. SH is planning to create a mechanism by which a list of items to be regularly purchased every month is prepared and approved in one batch; it is essential that a flexible system for speedily purchasing inexpensive supplies and consumables is put in place as soon as possible.

To the Japan side:

4.6 Input of experts necessary to achieve Project purpose

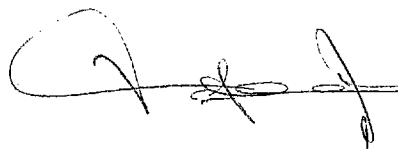
It is essential that the pediatric, and obstetrics and gynecology (OBGY) sections important as an SH feature raise their skill level. Input of short-term experts dispatched for more than six months is necessary for technical transfer in these sections, preparing manuals and holding technical seminars.

4.7 Greater efficiency in equipment procurement

As aforementioned, timely installation of equipment is essential for the effective implementation of the project; it is necessary to select a most efficient measure to ensure timely delivery of equipment.

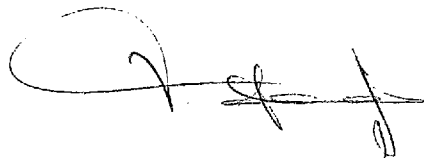
4.8 Collaboration with senior volunteers and JOCV

The Japanese volunteers dispatched to district hospitals play an important role in strengthening



referral systems, as well as helping improve medical service at their respective hospitals. Similarly, the volunteers dispatched to the maintenance section in the Ministry of Health provide good maintenance and repair service to the SH. Therefore, its is recommended that more volunteers be dispatched to further strengthen the referral systems between SH and district hospitals as well as further increase technical support in equipment maintenance.

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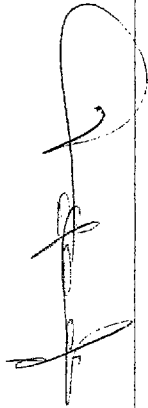

PROJECT DESIGN MATRIX (PDM2)

Project : Lao – Japan, Sethathirath Hospital Improvement Project (L-J SHIP)

Annex 1

Narrative Summary	Indicators	Means of Verification	Important Assumption
<p>Super Goal : Reduction of mortality rate in 3 Provinces (Vientiane Municipality, Vientiane Province, Bolikhamxay Province)</p>	<p>- Mortality rate in 3 Provinces - Life expectancy in 3 Provinces</p>	<p>Health data of 3 Provinces (Published once in 5 years)</p>	
<p>Overall Goal : 1. The SH's output, such as medical record system, computerization of patient's record, therapeutic meal, training for medical staff in district hospitals, produced through the Project are used by other hospitals in Lao PDR 2. No. of patients received diagnosis or treatment within Lao PDR is increased 3. No. of laboratory tests requested to SH is increased 4. Technical exchange activities with hospitals in neighboring countries are implemented</p>	<p>- No. of SH's output / No. of hospitals - No. of Lao patients received medical services in neighbor countries - No. of laboratory test requested from other medical facilities - No. of technical exchange activities between neighbor countries / No. of hospitals</p>	<p>Interview with hospitals in Lao PDR Interview with hospitals in neighboring countries Hospital record Hospital record</p>	
<p>Project Goal : Medical service and training capability of Sethathirath Hospital (SH) are improved</p>	<p>- Average No. of outpatient becomes over 300/day in 2004 - Average bed occupancy rate calculated by WHO standard becomes over 80% in 2004 - No. of personnel trained through the training course in SH becomes over 110/year or more in Sep.2004 (PMC training course : 100persons/year, Post-graduate training course : 10persons/year)</p>	<p>Medical Affair record Medical Affair record Record of training</p>	<p>Followings remain in the same level as the present : - No. of medical staff in rural area - Access to medical facilities in rural area - People's attitude toward traditional healing - People's capacity in payment - Equipment, facilities, drugs in local health facilities</p>
<p>Outputs : 1. Clinical skill and knowledge in following fields are improved : 1-1. Internal Medicine field (infectious disease, hematology, endocrinology) 1-2. Gastro intestinal (GI) endoscopic field 1-3. Pediatric field (especially neonatal care) 1-4. X-ray field (includes CT scanner, ultrasonography) 1-5. Obstetrics and Gynecology (OBGY) field (perinatal care, high risk pregnancy, oncology) 1-6. General Surgery field (particularly oncological diagnosis & therapy) 1-7. Other clinical fields (such as Emergency, ICU, Anesthesia, Ophthalmology, Dental care) 2. Skill and knowledge of Laboratory at SH are improved 3. Skill and knowledge of Pharmacy at SH are improved 4. Skill and knowledge of Nursing field at SH are improved 5. Functions in Hospital Administration at SH are improved</p>	<p>1-1. - More than 2 diagnostic / therapeutic methods are newly introduced in each year. - More than 200 patients receive new-introduced diagnostic / therapeutic method by Sep. 2004. - Doctors' understanding on diagnostic / therapeutic knowledge is evaluated as "B" or more in 2004. - Doctors' reliability on diagnostic / therapeutic skills is evaluated as "B" or more in 2004. 1-2. - More than 8 diagnostic / therapeutic methods are newly introduced by Sep. 2004. - More than 8 patients per day receive the new-introduced diagnostic / therapeutic method by Sep. 2004. - Doctors' understanding on diagnostic / therapeutic knowledge are evaluated as "B" or more in 2004. - Doctors' reliability on diagnostic / therapeutic skills are evaluated as "B" or more in 2004. 1-3. - More than 2 diagnostic / therapeutic methods are newly introduced in each year. - More than 100 patients receive new-introduced diagnostic / therapeutic method in 2004.</p>	<p>Quarterly report Record of Internal Medicine Report from Laboratory Evaluation of understanding Skill evaluation Introduction check list Record of endoscopy section Evaluation of understanding Skill evaluation Quarterly report Record of pediatric section Report from Laboratory</p>	<p>- Counterparts (C/P) at SH do not move other sections, organizations nor resign off from present post - System of Social Security Organization is not disadvantage to SH. - Support of Vientiane Municipality toward SH continues (particularly public utility charges)</p>

7

<p>6. Medical equipment and facilities can work on request at SH 7. Dietary service at SH is improved 8. Functions of training system for post-graduated doctors are improved at SH 9. Referral system between local health facilities in 3 Provinces (all district hospitals in Vientiane Municipality, Central and main district hospitals in other 2 Provinces) and SH is improved. 9-1. Skill and knowledge on Primary Medical Care (PMC) of medical staff at local health facilities are improved. 9-2. Health education toward people are promoted. 9-3. Introduction and transportation system for patients from local health facilities is improved.</p>	<ul style="list-style-type: none"> - Doctors' understanding on diagnostic / therapeutic knowledge is evaluated as "B" or more in 2004. - Doctors' reliability on diagnostic / therapeutic skills is evaluated as "B" or more in 2004. <p>1-4. - Newly-introduced diagnostic / therapeutic techniques are used more than 70 times per month by Apr. 2004. - Reliability on diagnostic skills are evaluated "B" or more by Apr. 2004 1-5. - More than 2 diagnostic / therapeutic methods are newly introduced in each year. - More than 100 patients receive the new-introduced diagnostic / therapeutic method in 2004. - Doctors' understanding on diagnostic / therapeutic knowledge are evaluated as "B" or more in 2004. - Doctors' reliability on diagnostic / therapeutic skills are evaluated as "B" or more in 2004.</p> <p>1-6. - Average No. of operation becomes over 60 cases/month by Sep. 2004. 1-7. - Understanding on instructed technique is evaluated as "B" or more in 2004.</p> <p>2. - Expenditure and cost status at Laboratory section is regularly reported by monthly. - Infection item data are regularly reported by quarterly. - All introduced items are constantly executed. - Reproducibility are beyond qualified level in all test items. - An internal training is held once a month.</p> <p>3. - Drug book is established. - No. of registered drugs becomes over 500 items by Apr. 2004. - Pharmacists' understanding on drugs is evaluated as "B" or more in 2004.</p> <p>4. - Quality of nursing evaluated as "B" or more in Apr. 2004. - Patients' satisfaction toward nursing results 70% or more in Jun. 2004. - Nurses' understanding on basic nursing scores over 80 points in Apr. 2004. - Evaluation on nursing record is evaluated as "B" or more by Apr. 2004.</p> <p>5. - Organization in administrative sections at SH are reformed. - Punctual ratio on working time becomes higher than 95% by Jun. 2004. - Ratio on appropriately-separated wastes becomes higher than 95% by Jun. 2004. - Medical income is constantly being higher than medical outgo until Sep. 2004. - Ratio on incorrect data inputting for patients' data system becomes lower than 5% by Jun. 2004. - Patients' satisfaction on hospital service results over 80% by Jun. 2004. - Issuing ratio of answer letter for patients introduced from district hospitals becomes higher than 95% by Jun. 2004.</p> <p>6. - Maintenance section is established. - Operation status of medical equipment becomes 95% or more by Sep. 2004. - Out-of-order status of constantly used facilities becomes lower than 5% by Sep. 2004.</p> <p>7. - More than 10 menus for special hospital meal are made by Aug. 2002. - Special hospital meals for Diabetes Mellitus and Hypertension are provided. - More than 95% of inpatients take hospital meal by Apr. 2004.</p> <p>8. - Trainees' understanding after training courses is evaluated as "B" or more by Sep. 2004. - Trainees' satisfaction toward training courses results 80% or more by Sep. 2004.</p> <p>9-1. - More than 18 PMC Training Courses are held by Sep. 2004. - Average score of post-evaluation at each hospital after courses becomes "B" or more.</p> <p>9-2. - No. of health promotion materials distributed is more than 20,000pcs per year. 9-3. - Patient's introduction & transfer system is established by Oct. 2002.</p>	<p>Evaluation of understanding</p> <p>Skill evaluation</p> <p>Record of X-ray section</p> <p>Quality evaluation Quarterly report Record of OBGY section</p> <p>Evaluation of understanding</p> <p>Skill evaluation</p> <p>Operation record Evaluation of understanding Text on instructed technique Monthly report of Laboratory Report files Monitoring sheet Monitoring sheet Record of training Drug book Drug register Evaluation of understanding Skill evaluation Satisfaction research Evaluation of understanding Evaluation of nursing record Organization chart Attendance book Waste report Account record of SH Patient record</p> <p>Satisfaction research Patient record</p> <p>Organization chart Operation status report Repair record Menu of meals Record of hospital meal Record of hospital meal Evaluation of understanding</p> <p>Satisfaction research Training program Annual report Record of pamphlet printing Instruction manual</p>	
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<p>Activities :</p> <p>(Up-grading of each clinical fields)</p> <p>1-1-1. To clarify and introduce appropriate diagnostic and therapeutic methods in Internal Medicine field</p> <p>1-1-2. To implement training for doctors</p> <p>1-1-3. To supplement necessary textbooks and international journals in library</p> <p>1-1-4. To make up manuals on appropriate methods</p> <p>1-2-1. To clarify and introduce appropriate diagnostic and therapeutic methods in gastro-intestinal endoscopy</p> <p>1-2-2. To implement practical training for doctors (including conference)</p> <p>1-2-3. To supplement necessary textbooks (including videos) in library</p> <p>1-2-4. To make up manuals on appropriate methods</p> <p>1-2-5. To hold a seminar by SH's sponsorship</p> <p>1-3-1. To clarify and introduce appropriate diagnostic and therapeutic methods in Pediatric field</p> <p>1-3-2. To implement training for doctors</p> <p>1-3-3. To supplement necessary textbooks and international journals in library</p> <p>1-3-4. To make up manuals on appropriate methods</p> <p>1-4-1. To up-grade the reliability on existing diagnostic methods</p> <p>1-4-2. To introduce new diagnostic methods (including CT scanner, ultrasonography)</p> <p>1-4-3. To establish a reporting system</p> <p>1-4-4. To supplement instruction manuals</p> <p>1-4-5. To implement conferences</p> <p>1-4-6. To make up evaluation standard</p> <p>1-5-1. To clarify and introduce appropriate diagnostic and therapeutic methods in OBGY field</p> <p>1-5-2. To implement training for doctors</p> <p>1-5-3. To supplement necessary textbooks, international journals in library</p> <p>1-5-4. To make up manuals on appropriate methods</p> <p>1-6-1. To introduce basic surgical techniques</p> <p>1-6-2. To clarify and introduce efficient usage of operational equipment</p> <p>1-6-3. To guide surgical treatments for tumors particularly from oncological view points</p> <p>1-7-1. Provision of necessary equipment</p> <p>1-7-2. To instruct on necessary techniques</p> <p>1-7-3. To provide necessary textbooks in library</p> <p>(Up-grading of Laboratory field)</p> <p>2-1. Administrative field of Laboratory</p> <p>2-1-1. To clarify accounts and management of equipment & reagents</p> <p>2-1-2. To sum up and display laboratory test data</p> <p>2-1-3. To strengthening capability of laboratory data judgment</p>	<p>2-2. Each laboratory field :</p> <p>Hematology, Chemistry, Microbiology, Parasitology, Serology</p> <p>2-2-1. To introduce new test method and to renew the existing test method</p> <p>2-2-2. To promote the capability on accuracy management</p> <p>(Up-grading of quality in Pharmacy)</p> <p>3-1. To improve drug classification method</p> <p>3-2. Supplement of necessary drugs and instruction on stock management</p> <p>3-3. To make up drug book</p> <p>3-4. To hold group study for pharmacists</p> <p>(Up-grading of Nursing field)</p> <p>4-1. Grasp actual situation and clarification of problems</p> <p>4-2. To reform management system in nursing section</p> <p>4-3. To implement regular trainings</p> <p>4-4. To make up nursing manual</p> <p>4-5. To monitor patients' satisfaction by researches</p> <p>4-6. To instruct sanitation management</p> <p>4-7. To renovate work system</p> <p>4-8. To reform nurse record</p> <p>4-9. To clarify nurses' roles and duties</p> <p>(Up-grading of Hospital Administration)</p> <p>5-1. To reform organization of administrative sections</p> <p>5-2. To renovate personnel management system</p> <p>5-3. To systemize and thorough infectious waste control</p> <p>5-4. To give instruction on accounting and finance</p> <p>5-5. To review a patient service</p> <p>5-6. To systemize patient transfer to/from other hospitals</p> <p>(Strengthening on Building & Facility Management)</p> <p>6-1. To introduce and utilize a equipment register</p> <p>6-2. To improve consumable management</p> <p>6-3. To strengthen function of maintenance</p> <p>6-4. To give instruction toward inpatient</p> <p>6-5. To improve hospital sanitation system</p> <p>(Up-grading of Hospital Meal Service)</p> <p>7-1. To review hospital meal service system</p> <p>7-2. To establish Hospital Meal Section</p> <p>7-3. To implement hospital meal service (normal & therapeutic meal)</p> <p>7-4. To provide sufficient information about nutrition toward patients</p> <p>7-5. To promote medical staff's understanding on hospital meal</p> <p>7-6. To monitor toward beneficiary of hospital meal</p>	<p>(Up-grading of Post-graduate Training Capability)</p> <p>8-1. To frame curriculum for post-graduate training (particularly in the field of internal medicine/hematology, gastro-intestinal endoscopy, anesthesia, pediatrics, OBGY)</p> <p>8-2. To implement post-graduate training</p> <p>(Up-grading of PMC in 3 Provinces)</p> <p>9-1. To implement PMC Training Courses</p> <p>9-2. To promote the health educational activities for people</p> <p>9-3-1. To improve the letter system for introduction of patient</p> <p>9-3-2. Provision of necessary equipment</p> <p>Assumptions :</p> <ul style="list-style-type: none"> - All staff in SH have understand sufficiently on the project activities & purpose - Medical staff in 3 Provinces can participate training course held by SH - Necessary drugs are provided <p>Condition :</p> <p>Japanese experts' newly-introduced techniques are approved by Ministry of Health</p>
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- Status of Input -
Dispatch of Japanese Experts

Field	Year Month	JFY 1999			JFY 2000			JFY 2001			JFY 2002														
		4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
Long-term Experts	Chief Advisor	Hiroyuki NOZAKI 01.Oct.'99 - 30.Sep.'01																							
	Coordinator	Kazuhiro OTSUKI 01.Oct.'99 - 30.Sep.'02																							
	Hospital Administration	Shigeo AZENISHI 01.Nov.'99 - 30.Jun.'02																							
	General Medicine	Hiroko MIYAGI 15.Jan.'00 - 14.Jan.'01																							
	Nursing	Chiyomi UEMA 01.Mar.'00 - 28.Feb.'01																							
	General Medicine	Kazuya MATAYOSHI 28.Mar.'00 - 27.Mar.'01																							
	Nursing	Sumie ODO 01.May.'01 - 30.Apr.'02																							
	General Medicine	Yoshiaki OKUDA 12.Jun.'01 - 30.Sep.'01																							
	Chief Advisor	Yoshiaki OKUDA 01.Oct.'01 - 11.Jun.'03																							
	General Medicine	Hiroyuki NOZAKI 01.Oct.'01 - 30.Sep.'03																							
	Laboratory	Isamu NAKASONE 23.Oct.'01 - 22.Oct.'02																							
	Nursing	Kazuko IWATA 01.Apr.'02 - 31.Mar.'03																							
Hospital Administration	Yoshimichi TOKUO 01.Jun.'02 - 31.May.'04																								

- Status of Input -
Dispatch of Japanese Experts

Field	Year Month	JFY 1999			JFY 2000			JFY 2001			JFY 2002																	
		4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3			
Short-term Experts	Pediatrics																										Hirohisa TAKETOMI 15.Jan.'00 - 14.Mar.'00	
	Hospital Administration																											Mitsuzo YOHENA 01.Nov.'00 - 30.Apr.'01
	Pharmacy																											Eriko GIBO 20.Nov.'00 - 30.Apr.'01
	Nursing																											Mitsue NAKAMURA 25.Feb.'01 - 31.Mar.'01
	Building Maintenance																											Kenichiro YAGYU 28.Apr.'01 - 27.Sep.'01
	Building Maintenance																											Shuzo ISHIKAWA 04.Jun.'01 - 03.Jul.'01
	Nutrition / Hospital Meal																											Kae IZENA 25.Jun.'01 - 24.Sep.'01
	Pediatrics																											Yoshihide ASATO 18.Sep.'01 - 17.Nov.'01
	Patients' Movement Analysis																											Dairiku HOZUMI 09.Oct.'01 - 25.Oct.'01
	X-ray																											Naofumi KATSUYAMA 06.Nov.'01 - 30.Nov.'01
	Internal Medicine - Endoscopy																											Nagisa KINJO 08.Jan.'02 - 07.Apr.'02
	Internal Medicine - Endoscopy																											Fukunori KINJO 01.Feb.'02 - 28.Feb.'02
	Obstetrics & Gynecology																											Makoto NOHARA 17.Mar.'02 - 27.Apr.'02
Building Maintenance																											Kenichiro YAGYU 10.Apr.'02 - 09.Oct.'02	

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Counterpart Training

Field (Organization)	Year Month	JFY 1999												JFY 2000												JFY 2001												JFY 2002																						
		4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3											
Counterpart Training in Japan	Hospital Administration (Ryukyu univ., Okinawa pref.)	—												Dr. Bouaphan PHANTHAVADY / 02.Nov'99 - 24.Nov'99 Director of SH																																														
	Hospital Administration (Ryukyu univ., Okinawa pref.)	—												Dr. Chanphomma VONGSAMPHANH / 02.Nov'99 - 24.Nov'99 Director of Vientiane Health Dept.																																														
	X-ray (Ryukyu univ.)	—												Dr. Vackaly BOUDTAVONG / 02.Nov'99 - 31.Jan'00 Chief of X-ray section, SH																																														
	Nursing (Ryukyu univ.)													—												Ms. Pindavone PHAXAYAVONG / 08.May'00 - 07.Feb'01 Chief Nurse of Pediatric section, SH																																		
	Pediatrics (Ryukyu univ.)													—												Dr. Khampe PHONGSAVAT / 11.Sep'00 - 10.Oct'00 Deputy Director & Head of Pediatric Dept. SH																																		
	Obstetrics & Gynecology (Ryukyu univ.)													—												Dr. Keokedthong PHONGSAVAN / 11.Sep'00 - 10.Dec'00 Doctor of OBGY section, SH																																		
	Internal Medicine - Endoscopy (Ryukyu univ.)																									—												Dr. Oukeo KHOUNTHALYVONG / 10.May'01 - 14.Aug'01 Doctor of Internal Medicine section, SH																						
	Nursing - Endoscopy (Ryukyu univ.)																									—												Ms. Khamla SIOUDOM / 10.May'01 - 14.Aug'01 Chief Nurse of Internal Medicine, SH																						
	Hospital Administration (Tomishiro central hosp.)																									—												Dr. Thongdy LUANGXAY / 13.Sep'01 - 09.Dec'01 Chief of General Affair section, SH																						
	Building Maintenance (Marusei Co.Ltd.)																									—												Mr. Sykhen SOULIPHONH / 15.Jan'02 - 02.Feb'02 Chief of Operation & Maintenance section, SH																						
Laboratory (Ryukyu univ.)																																					—												Dr. Saykham PHAXAYASENG / Jul'02 - Dec'02 (6 months) Deputy Chief of Laboratory, SH											
Pediatrics (Ryukyu univ.)																																					—												Dr. Ang SIHAVONG / Jul'02 - Dec'02 (6 months) Doctor of Pediatric section, SH											
Gynecology - Colposcopy (Ryukyu univ.)																																					—												Dr. Amphoy SIHAVONG / Sep'02 - Dec'02 (3 months) Chief of Gynecology, OPD Clinic, SH											

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163

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Counterpart Training

Field	Year Month	JFY 1999												JFY 2000												JFY 2001												JFY 2002											
		4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
Technical Exchange Program	Nursing													<p style="text-align: center;">—</p> 13 staff / 08.Oct'00 - 24.Oct'00 (Chiang Mai University Hospital, Thailand)																																			
	Hospital Administration													<p style="text-align: center;">—</p> 9 staff / 09.Oct'00 - 18.Oct'00 (Kalasin Provincial Hospital, Thailand)																																			
	ICU & ER																									<p style="text-align: center;">—</p> 4 staff / 01.Jul'01 - 31.Jul'01 (Kalasin Provincial Hospital, Thailand)																							
	CT Scanner																																					<p style="text-align: center;">—</p> 2 staff / Sep'02 (4 weeks) (Chiang Mai University Hospital, Thailand)											
	(Visitor from Vietnam)																																					<p style="text-align: center;">—</p> 8 visitors / 14.May'02 - 18.May'02 (from Bach Mai Hospital, Vietnam)											

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- Status of Input -
Provision of Equipment

JFY	No.	Equipment	Equipment	Qty	Total Price	Delivered on	Location	Total Budget	Remarks
99	1	Syringe pump	シリンジポンプ	2	\$2,820.00	00.03.13	OBGY, ICU		
99	2	Infusion pump	輸液ポンプ	2	\$3,720.00	00.02.01	ICU, NICU		
99	3	Suction unit	吸引器	2	\$1,942.00	00.03.02	Pediatrics, OBGY		
99	4	Nebulizer	超音波ネブライザー	2	\$3,700.00	00.01.24	Pediatric, Emergency		
99	5	Doppler sound detector	ドップラー胎児心拍検出器	2	\$3,000.00	00.03.20	OBGY, ICU		
99	6	Respirator	人工呼吸器	1	\$29,285.00	00.02.09	ICU		
99	7	Refrigerator	冷蔵庫	1	\$2,000.00	00.02.28	Pharmacy		
99	8	Otoscope	耳鏡	1	\$239.00	00.03.02	Internal Medicine		
99	9	Vacuum cleaner	掃除機	2	\$900.00	00.02.28	ICU, Secretary room		
99	10	Operation kit	手術用キット	1	\$4,481.26	00.01.11	OR		
99	11	Autoclave	滅菌器	1	\$4,350.00	00.02.01	CSSD		
99	12	Infant warmer	インファントウォーマー	1	\$7,825.00	00.04.25	OBGY		
99	13	Medical books	医学用図書	1	\$2,000.00	00.03.27	Library		
99	14	Medical video/CD	医学用ビデオ、CD	1	\$1,949.00	00.03.20	Library		
99	15	Slide projector	スライドプロジェクター	1	\$1,080.00	00.01.07	Project office		
99	16	LCD projector	液晶プロジェクター	1	\$7,140.41	00.04.25	Project office		
99	17	Visual presenter	ビジュアルプレゼンター	1	\$3,758.11	00.04.25	Project office		
99	18	Microphone system	マイクロフォンシステム	1	\$1,450.00	00.01.07	Conference room		
99	19	Video player set	ビデオシステム	1	\$550.00	99.12.14	Library		
99	20	Computer	パソコン	1	\$1,900.00	99.12.05	International Relation		
99	21	Computer	パソコン	2	\$3,200.00	99.12.16	Medical affair, Project office		
99	22	Vehicle 1	車両1	1	\$37,800.00	00.02.02	Project		
99	23	Vehicle 2	車両2	1	\$26,800.00	00.02.02	Project		
99	24	Fax	ファックス	1	\$1,150.00	99.12.10	Project office		
99	25	Telephone system	電話システム	1	\$652.00	00.01.27	Project office		
99	26	Printer (color)	プリンタ	1	\$650.00	99.12.16	Project office		
99	27	Printer	プリンタ	1	\$1,850.00	99.12.10	General affair		
99	28	Photocopy	コピー機	1	\$4,500.00	00.03.13	Project office		

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JFY	No.	Equipment	Equipment	Qty	Total Price	Delivered on	Location	Total Budget	Remarks
99	29	Office furniture	事務機器	1	\$2,936.00	00.01.28	Project office		
99	30	Syringe pump	シリンジポンプ	2	\$2,820.00	00.03.13	Pediatrics, NICU		Additionally provided
99	31	Infusion pump	輸液ポンプ	2	\$3,660.00	00.03.13	OBGY, Pediatrics		Additionally provided
99	32	Suction unit	吸引器	2	\$1,592.00	00.02.14	Pediatrics, Anesthesia		Additionally provided
99	33	Otoscope	耳鏡	5	\$880.00	00.03.14	Pediatrics, ENT, ER, OR		Additionally provided
99	34	Operation kit	手術用キット	1	\$6,720.00	00.03.27	OR		Additionally provided
99	35	Medical books	医学用図書	1	\$3,020.00	00.03.27	Library		Additionally provided
99	36	Medical video/CD	医学用ビデオ、CD	1	\$2,996.00	00.03.28	Library		Additionally provided
99	37	Fax	ファックス	1	\$1,150.00	00.02.15	Secretary room		Additionally provided
99	38	Computer	パソコン	2	\$3,200.00	00.02.25	Pharmacy, Finance		Additionally provided
99	39	Computer	パソコン	1	\$2,900.00	00.02.25	Project office		Additionally provided
99	40	Printer	プリンタ	2	\$1,034.00	00.02.24	Medical affair, Secretary room		Additionally provided
99	41	Photocopy	コピー機	1	\$4,520.00	00.03.10	Secretary room	\$198,119.78	Additionally provided
00	1	Mobile X-ray apparatus	移動式X線撮影装置	1	\$40,597.49	01.02.20	ICU		
00	2	Blood gas analyzer	血液ガス測定器	2	\$21,400.00	00.12.22	Laboratory, ICU		
00	3	Reception System (Computer 8 + Printer 3)	パソコンおよびプリンタ	8	\$26,000.00	01.02.05	Reception		
00	4	Embossing	エンボッサー	1	\$7,293.00	01.01.17	Reception		
00	5	Imprinter	インプリンター	33	\$6,319.86	01.01.17	Each clinical sections		
00	6	Cabinet set for medical records	カルテ管理用ラック	1	\$32,430.00	01.01.16	Reception		
00	7	Doppler sound detector	ドプラー胎児心拍検出器	1	\$2,258.03	01.02.20	OPD/MCH		
00	8	Oxygen saturation monitor	酸素飽和度モニタ	2	\$17,218.69	01.02.20	NICU, PICU		
00	9	Neonatal patient monitor	新生児モニタ	1	\$8,960.06	01.02.20	NICU		
00	10	Electrocardiograph monitor	心電図モニタ	1	\$9,575.02	01.02.20	ICU		
00	11	Cardiotocograph	分娩監視装置	1	\$14,364.92	01.02.20	Delivery room		
00	12	Bilirubinometer	ビリルビン・メータ	1	\$6,106.29	01.02.20	Laboratory		
00	13	Ultrasonic nebulizer	超音波ネブライザー	4	\$1,900.59	01.02.20	Internal medicine, ICU, etc.		
00	14	Infant scale	新生児体重計	2	\$288.26	01.02.20	OPD/MCH, NICU		
00	15	Pediatric scale	手動式身長計付体重計	2	\$5,765.19	01.02.20	ER, OPD/MCH		
00	16	Wasting box	足踏式汚物缶	10	\$1,345.21	01.02.20	Each sections		
00	17	Basin stand & bowl	手洗台・手洗鉢	10	\$1,354.82	01.02.20	Each sections		
00	18	Emergency cart	救急カート	3	\$7,898.31	01.02.20	ER, ICU, Internal medicine		

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JFY	No.	Equipment	Equipment	Qty	Total Price	Delivered on	Location	Total Budget	Remarks
00	19	Refrigerator	冷蔵庫	6	\$990.00	00.11.08	Pediatrics, ICU, Surgery, etc.		
00	20	Drug cabinet	薬品戸棚	5	\$1,000.00	01.01.11	Pharmacy, Surgery, etc.		
00	21	Normarski interference microscope	微分干渉顕微鏡	1	\$19,217.29	01.02.20	Laboratory		
00	22	Apparatus for photomicrography	顕微鏡写真撮影装置	1	\$4,756.28	01.02.20	Laboratory		
00	23	Film for X-ray	X線フィルム	1	\$3,010.00	00.12.12	X-ray section		
00	24	Medical books	医学用図書	1	\$3,992.74	01.02.15	Library		
00	25	Medical video/CD	医学用ビデオ、CD	1	\$3,654.00	00.12.25	Library		
00	26	Gastrointestinal fibroscope	上部消化管ファイバースコープ	1	\$24,450.00	01.01.31	Endoscopy room		
00	27	Blood sugar analyzer	ポータブル型血糖測定器	3	\$893.25	00.12.11	Laboratory		
00	28	Computer	パソコン	1	\$1,815.00	01.01.11	Library		Additionally provided
00	29	Printer	プリンタ	1	\$480.00	01.01.11	Library		Additionally provided
00	30	Cabinet set for medical records	カルテ管理用ラック	1	\$5,716.00	01.01.16	Medical affair		Additionally provided
00	31	Medical books	医学用図書	1	\$2,372.40	00.12.25	Library		Additionally provided
00	32	Accessories for Gastrointestinal Fiberscope	上部消化管スコープ用付属品	1	\$5,390.00	01.01.31	Endoscopy room	\$288,812.70	Additionally provided
01	1	Ultrasonography	超音波画像診断装置	1	\$100,980.00	02.01.10	Ultrasound room		
01	2	Colonofiberscope	大腸ファイバースコープ	1	\$29,848.31	02.01.11	Endoscopy room		
01	3	Colposcopy set	コルポスコピー	1	\$12,060.00	02.03.22	OPD/MCH		
01	4	Automatic immunoassay machine set	自動免疫フェシ測定装置	1	\$26,408.00	02.01.10	Laboratory		
01	5	Electrolyte analyzers	電解質分析装置	1	\$6,344.00	02.03.04	Laboratory		
01	6	Hemoglobin electrophoresis	電気泳動装置	1	\$13,300.00	01.12.26	Laboratory		
01	7	Blood coagulation analyzers	血液凝固分析装置	1	\$4,303.00	02.03.26	Laboratory		
01	8	Micro-pipetter set	マイクロピペットセット	1	\$1,192.00	01.12.06	Laboratory		
01	9	Resuscitator set	救急蘇生セット	1	\$2,399.16	02.03.22	Anesthesia, ICU, Pediatrics		
01	10	Thoracic surgery instrument set	胸部外科手術器具セット	1	\$2,130.00	01.11.14	OR		
01	11	Abdominal surgery instrument set	腹部外科手術器具セット	1	\$2,550.00	02.03.11	OR		
01	12	General surgery instrument set	外科一般手術器具セット	1	\$3,225.00	02.03.01	OR		
01	13	Vascular surgery instrument set	血管外科手術器具セット	1	\$2,900.00	02.03.11	OR		
01	14	Paranasal sinus operating instrument set	副鼻腔手術器具セット	1	\$1,210.00	02.03.06	ENT		
01	15	Tonsil operating instrument set	扁桃腺手術器具セット	1	\$1,590.00	02.03.06	ENT		
01	16	Gynecologic surgery instrument set	婦人科手術セット	1	\$2,953.29	02.03.11	OBGY operation		
01	17	Vaginal speculum set	陰鏡セット	1	\$1,585.00	02.03.11	OR		

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17

JFY	No.	Equipment	Equipment	Qty	Total Price	Delivered on	Location	Total Budget	Remarks
01	18	Uterine curette instrument set	子宮内搔爬セット	1	\$564.60	02.03.11	OBGY operation		
01	19	Hystero-salpingography	子宮卵管造影検査セット	1	\$470.00	01.11.14	X-ray		
01	20	Uterine biopsy instrument set	子宮生検セット	1	\$8,535.10	01.08.22	OR		
01	21	Medical stainless steel instrument set	診察用ステンレス製品キット	1	\$1,492.00	02.03.11	OR		
01	22	Tonometer	眼圧計	1	\$734.00	01.12.21	Ophthalmology section		
01	23	Auto ophthalmokerato refractometer	自動眼屈折計	1	\$11,939.33	01.11.02	Ophthalmology section		
01	24	Bipolar coagulator for ophthalmology surgery	眼科用電気メス	1	\$2,522.00	02.01.09	Ophthalmology section		
01	25	Wireless phone set for ambulance car system	救急車無線システム	1	\$9,985.00	02.01.11	DOH, Dist Hosp.		
01	26	Narcotic safe	麻薬金庫	1	\$376.00	02.03.19	Pharmacy		
01	27	Preparation table for medicine	調剤台	1	\$490.00	01.12.19	Pharmacy		
01	28	Sterilizing Locker	殺菌線ロッカー	1	\$3,487.42	01.08.22	ICU		
01	29	Medical books	医学用書籍	1	\$5,989.25	01.11.14	Library		
01	30	Medical video/CD	医学用ビデオ、CD	1	\$2,999.00	02.03.21	Library		
01	31	OA board	OAボード	1	\$3,078.32	01.08.22	Meeting room		
01	32	Conference discussion system	会議用マイクシステム	1	\$6,460.00	01.12.12	Conference room		
01	33	CT Scanner	CTスキャナー	1	\$250,339.16	Under shipment	X-ray		
01	34	Wireless phone set for ambulance car system	救急車無線システム	1	\$5,600.00	02.03.28	Sangthong, Pak-ngum		Additionally provided
		(Additional set)	(追加セット)					\$530,038.94	
Grand Total								\$1,016,971.42	

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- * ER = Emergency
- OR = Operation room
- OBGY = Obstetrics & Gynecology section
- CSSD = Central Sterile and Supply Department
- OPD/MCH = Mother & Child Health section in Out Patient Department
- ENT = Ear, Nose, Throat section (Otolaryngology)
- DOH = Department of Health, Vientiane Municipality
- Sangthong = Sangthong District Hospital, Vientiane Municipality
- Pak-ngum = Pak-ngum District Hospital, Vientiane Municipality

(17)

- Status of Input -
Operational Expenses on Local Activities

Purpose of Budget	Year	JFY 1999	JFY 2000	JFY 2001	JFY 2002
General		\$23,889.72	\$29,543.91	\$28,469.09	\$10,774.41
LLDC Local Cost		\$11,590.04	\$18,166.20	\$14,151.07	
Technical Exchange			\$11,861.94	\$4,241.71	
Technology Local Adaptation			\$11,574.11	\$10,316.38	\$1,773.29
Total Amount		\$35,479.76	\$71,146.16	\$57,178.25	\$12,547.70
Remarks					Status up to the 1st quarter only

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- Status of Input -
Counterparts' Allocation

No.	Name	Title	Remarks
1	Dr. Chanphomma VONGSAMPHANH	Director, Health Department, Vientiane Municipality	
2	Dr. Khamtanh BOUAPHAYVANH	Deputy Director, Health Department, Vientiane Municipality	
3	Dr. Bouaphan PHANTHAVADY	Director, SH	
4	Dr. SomOck KINGSADA	Deputy Director, SH	
5	Dr. Vanphenh PHOLSENA	Deputy Director, SH	
6	Dr. Khampe PHONGSAVAT	Deputy Director, SH	
7	Dr. Thongdy LUANGXAY	Chief, General Affair section, SH	
8	Dr. Sengthong BILAKHOUN	Chief, Personnel section, SH	
9	Dr. Vongphachanh PHONGSOUVANH	Chief, Internal Medicine unit, SH	
10	Dr. Panyavong CHITTAPHANYA	Chief, Internal Medicine section, SH	
11	Dr. Sinthavong PHYATHEP	Deputy Chief, Internal Medicine, SH	
12	Dr. Oukeo KHOUNTHALYVONG	Chief, Research section / Chief of Endoscopy room, SH	
13	Dr. Chanthone XAYSANAVONGSA	Staff Doctor, Internal Medicine section, SH	
14	Dr. Paliphonesouk INSISIENGMAY	Chief, Pediatric section, SH	
15	Dr. Premkanchana SAYKOSY	Deputy Chief, Pediatric section, SH	Resigned
16	Dr. Ang SIHAVONG	Doctor, Pediatric section, SH	
17	Dr. Vanthoula KHAYKHAMPHITHOUNE	Doctor, Pediatric section, SH	Resigned
18	Dr. Bounthieng APHAY	Chief, Obstetric & Gynecology section, SH	
19	Dr. Amphoy SIHAVONG	Chief, Gynecology, Outpatient dept., SH	
20	Dr. Keokedthong PHONGSAVAN	Chief, International Relation section/ Deputy Chief, OBGY section, SH	
21	Dr. Bounma SENETHAVY	Chief, Mother & Child Health section, SH	
22	Dr. Keomanychan OUPATHANA	Doctor, OBGY section, SH	

2

No.	Name	Title	Remarks
23	Dr. Onekham DOUANGBOUPHA	Chief, Surgical unit, SH	
24	Dr. Viengphouthong PHOMSAVANH	Deputy Chief, Surgery section, SH	
25	Dr. Vangyer NENGMANGVANG	Chief, Anesthesia section, SH	
26	Dr. Keo PHOMMALAT	Deputy Chief, Anesthesia section, SH	
27	Dr. Vackaly BOUDTAVONG	Chief, X-ray section, SH	
28	Dr. Ammaly PHONGSAVATH	Deputy Chief, X-ray section, SH	
29	Dr. Phiphop LUANGSIVILAY	Staff, X-ray section, SH	
30	Dr. Bounmy SOMSAMOUT	Chief of ICU, SH	Moved to other dept.
31	Dr. Phimseng PHITHANOUSONE	Staff, Emergency section, SH	
32	Mr. Kathin LOUNGPON	Chief, Laboratory section, SH	
33	Dr. Saykham PHAXAYASENG	Deputy Chief, Laboratory section, SH	
34	Dr. Manysone KHENNAVONG	Chief, Micro Biology unit, Laboratory section, SH	
35	Dr. Sengthong KHAMBOUTA	Chief, Pharmacy section, SH	
36	Dr. Volachit THIPHAKOUM	Deputy Chief, Pharmacy section, SH	
37	Ms. Boun PHITAKSOUNTHONE	Head nurse, Nursing section, SH	
38	Mr. Phonesavanh THAMMAVONGSA	Deputy Chief, Nursing section, SH	
39	Mr. Khampong SYBOUNTA	Deputy Chief, Nursing section, SH	
40	Ms. Khamla SIUDOM	Deputy Chief, Nursing section, SH	
41	Ms. Pindavone PASAYAVONG	Deputy Chief, Nursing section, SH	
42	Ms. Somchay SIHARATH	Staff Nurse, ICU, SH	On external Training
43	Dr. Bolisouth VIRAPHANH	Deputy Chief, General Affair section, SH	
44	Dr. Souphavanh PATHAMMAVONG	Chief, Medical Affair section, SH	
45	Dr. Somvandeng SILISOUK	Deputy Chief, Medical Affair section, SH	
46	Dr. Khounlathida SAYMONGKOUN	Deputy Chief, Medical Affair section, SH	

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71

No.	Name	Title	Remarks
47	Mr. Somsanouk VONGXAY	Chief, Finance section, SH	
48	Mr. Bounchanh PHANTALANSY	Deputy Chief, Finance section, SH	
49	Dr. Oukham APHAYARATH	Deputy Chief, International Relation section, SH	
50	Ms. Sililack BANOUVONG	Secretary of SH	
51	Ms. Manolom SOUVANNAPHOUSITH	Staff of Library, SH	
52	Mr. Sykhen SOULIPHONH	Head of Operation & Maintenance, Maintenance & Environment section, SH	
53	Mr. Somphavanh KINGSADA	Head of Engineering, Maintenance & Environment section, SH	
54	Ms. Fang PHOMMACHANH	Head of Logistic, Maintenance & Environment section, SH	
55	Mr. Soukhan KHANTHAVONG	Staff of Maintenance & Environment section, SH	

Number of C/P corresponding to fields of Japanese experts

Japanese Experts' Field	C/P	Japanese Experts' Field	C/P
Chief Advisor	4	Laboratory	3
Coordinator	3	Pharmacy	2
General Medicine	8	Nursing	5
Endoscope	3	Hospital Administration	12
Pediatrics	5	Building Maintenance	5
X-ray	3	Nutrition/Hospital Meal	2
OBGY	5	Others	4

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1. Effectiveness (Extent to which Project objective is achieved)

(○: Achievement is consistent with plan or exceeds plan; △: achievement is lower than plan; —: achievement cannot be measured at current point or data for indicators are not available.)

Project Purpose	Indicators	Status	Summary
Medical service and training capability of Sethathirath Hospital (SH) are improved.	An average number of outpatients becomes over 300/day in 2004.	○	Since Sethathirath Hospital (SH) newly opened, visitors from the three provinces have visited the hospital to take advantage of its up-to-date facilities, attained with Japan's aid. Since October 2000 the average number of outpatients each half period has steadily increased from 135, 157 and 191. With the introduction of a CT scanner, new diagnostic and therapeutic methods, the Project objective of an average of 300 outpatients per day can likely be achieved.
	An average bed occupancy rate becomes over 80% in 2004.	○	Although bed occupancy rate changes depending on the season, it has increased 20% since the hospital opened. During this year-long period, the bed occupancy rate was 71% from April to September in 2001 and 62% from October 2001 to March 2002. If this pace of improvement can be maintained, a rate of 80% is possible.
	Number of personnel trained through the training course in SH becomes over 110/year in Sep.2004	○	Since 2000, PMC training has been implemented four times a year for doctors at district hospitals, a total of 70 to 90 doctors have taken the training. SH currently accepts a few post-graduate doctors, yet as the hospital's technical level improves, the Ministry of Health is likely to request that SH accept even more post-graduate doctors in terms of fields and numbers. A total of 110 doctors completing PMC training and post-graduate doctors is a feasible figure for attainment.

Output	Indicators	Status	Summary
1. Clinical skill and knowledge in following fields are improved. 1.1 Internal Medicine field (infectious disease, hematology, endocrinology)	More than 2 diagnostic / therapeutic methods are newly introduced in each year.	○	Seven new items have been introduced as of this point.
	More than 200 patients receive the new-introduced diagnostic / therapeutic method by Sep. 2004.	○	In the year from 2001 to 2002, the total amounted to 424 people, making it likely that the goal will be well exceeded.
	Doctors' understanding on diagnostic / therapeutic knowledge is evaluated as "B" or more in 2004.	△	In the past three evaluations, doctors' understanding went from an evaluation of "D" to "C" in Infection, and remained at "D" in Hematology and Endocrinology, making it clear that doctors need further improvement in their knowledge.

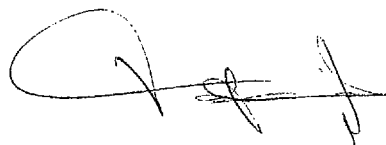

<p>1.2 Gastro intestinal (GI) endoscopic field</p>	<p>Doctors' reliability on diagnostic / therapeutic skills is evaluated as "B" or more in 2004.</p> <p>More than 8 diagnostic / therapeutic methods are newly introduced by Sep. 2004.</p> <p>More than 8 patients per day receive the new-introduced diagnostic / therapeutic method by Sep. 2004.</p> <p>Doctors' understanding on diagnostic / therapeutic knowledge are evaluated as "B" or more in 2004.</p> <p>Doctors' reliability on diagnostic / therapeutic skills are evaluated as "B" or more in 2004.</p>	<p>△</p> <p>○</p> <p>○</p> <p>△</p> <p>△</p>	<p>In the past three evaluations, doctors' reliability went from an evaluation of "D" to "C" in Infection, and remained at "D" in Hematology and Endocrinology, making it clear that doctors need further technical improvement in their knowledge.</p> <p>As of this point, two new diagnostic and therapeutic methods have been introduced. Input of short-term experts will help achieve goal.</p> <p>As of June 2002, an average of 2.2 people per day receive newly introduced diagnostic and therapeutic methods.</p> <p>Doctors' understanding in the past three evaluations was rated as "D;" doctors require further improvement in knowledge.</p> <p>Doctors' reliability in the past three evaluations was rated as "D;" doctors require further improvement in knowledge.</p>
<p>1.3 Pediatric field (especially neonatal care)</p>	<p>More than 2 diagnostic / therapeutic methods are newly introduced in each year.</p> <p>More than 100 patients receive the new-introduced diagnostic / therapeutic method by 2004.</p> <p>Doctors' understanding on diagnostic / therapeutic knowledge is evaluated as "B" or more in 2004.</p> <p>Doctors' reliability on diagnostic / therapeutic skills is evaluated as "B" or more in 2004.</p>	<p>○</p> <p>○</p> <p>○</p> <p>○</p>	<p>Three methods were introduced in the first year and two in the second year.</p> <p>As of this point, 31 patients are treated with the newly introduced diagnostic and therapeutic methods.</p> <p>Doctors' understanding in the past three evaluations improved from a rating of "D" to "C."</p> <p>Doctors' reliability in the past three evaluations improved from a rating of "D" to "C."</p>
<p>1.4 X-ray field (includes CT scanner, ultrasonography)</p>	<p>Newly-introduced diagnostic / therapeutic techniques are used more than 70 times per month by Apr. 2004.</p> <p>Reliability on diagnostic skills are evaluated "B" or more by Apr. 2004</p>	<p>△</p> <p>△</p>	<p>CT scanner is to have been used in the hospital from March 2002, but have not yet been introduced. In the five months up until May 2002, ultrasound imaging has been used with 472 people.</p> <p>CT scanner has not yet been introduced. In the past two evaluations, the ultrasound imaging technology has gone from a reliability evaluation of "D" to "C."</p>

<p>1.5 Obstetrics and Gynecology (OBGY) field (perinatal care, high risk pregnancy, oncology)</p> <p>1.6 General Surgery field I (particularly oncological diagnosis & therapy)</p> <p>1.7 Other clinical fields (such as Emergency, ICU, Anesthesia, Ophthalmology, Dental care)</p>	<p>More than 2 diagnostic / therapeutic methods are newly introduced in each year.</p> <p>More than 100 patients receive the new-introduced diagnostic / therapeutic method in Sep. 2004.</p> <p>Doctors' understanding on diagnostic / therapeutic knowledge are evaluated as "B" or more in 2004.</p> <p>Doctors' reliability on diagnostic / therapeutic skills are evaluated as "B" or more in 2004.</p> <p>Average number of operation becomes over 60 cases/month by Sep. 2004.</p> <p>Understanding on instructed technique is evaluated as "B" or more by Sep. 2004.</p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p>As of this point, five new methods have been introduced.</p> <p>As of May 2002, new diagnostic and therapeutic methods have been used with 110 patients.</p> <p>Doctors' understanding in Obstetrics and Prenatal improved from a rating of "D" to "C" over the past three evaluations.</p> <p>Doctors' reliability in OBGY improved from a rating of "D" to "C" over the past three evaluations.</p> <p>Planned for a July 2002 start date.</p> <p>Understanding in the emergency field is currently rated at level "C;" understanding in ICU improved from a rating of "D" to "C" over the past three evaluations; understanding in anesthesia improved from a rating of "D" to "C" over the past two evaluations.</p>
<p>2. Skill and knowledge of Laboratory at SH are improved</p>	<p>Expenditure and cost status at Laboratory section is regularly reported by monthly.</p> <p>Infection item data are regularly reported by quarterly.</p> <p>All introduced items are constantly executed.</p> <p>Reproducibility is beyond qualified level in all test items.</p> <p>An internal training is held once a month.</p>	<p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>	<p>Reports are submitted at the regular weekly meetings.</p> <p>Since March 2002 a "Susceptibility Report" has been presented every quarter term. Efforts need to be made so C/Ps can prepare these reports on their own by the time the Project is completed.</p> <p>Eighteen new items have been introduced and implemented. Currently, they are used in over 5,000 examinations per month.</p> <p>Qualified level has reached on 17 testing items on the Chemistry Quality Control's reproducibility test; also, results on the accuracy test are within acceptable levels.</p> <p>As of March 2002, 14 internal training sessions have been held.</p>

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<p>3. Skill and knowledge of Pharmacy at SH are improved</p>	<p>Drug book is established.</p> <p>No. of registered drugs becomes over 500 items by Apr. 2004.</p> <p>Pharmacists' understanding on drugs is evaluated as "B" or more in 2004.</p>	<p>△</p> <p>○</p> <p>△</p>	<p>As of June 2002, a draft for 319 out of the 390 drugs currently in use has been completed.</p> <p>Currently 319 drugs have been registered.</p> <p>Pharmacists' understanding has been rated at "D" over the past three evaluations, making it essential that knowledge of pharmacists be improved.</p>
<p>4. Skill and knowledge of Nursing field at SH are improved</p>	<p>Quality of nursing evaluated as "B" or more in Apr. 2004.</p> <p>Patients' satisfaction toward nursing results 70% or more in Jun. 2004.</p> <p>Nurses' understanding on basic nursing scores over 80 points in Apr. 2004.</p> <p>Evaluation on nursing record is evaluated as "B" or more by Apr. 2004.</p>	<p>---</p> <p>○</p> <p>○</p> <p>○</p>	<p>Evaluation has not been conducted. Criteria for the evaluation must be determined.</p> <p>Patients' satisfaction with nursing measured 70.8% according to the 2002 survey. (n = 107)</p> <p>Nurses scored an average of 85 points on the test of understanding given in March 2002.</p> <p>Nursing records have become more thorough. In the future, content of the records should be raised to include patient guidance.</p>
<p>5. Functions in Hospital Administration at SH are improved</p>	<p>Organization in administrative sections at SH are reformed.</p> <p>Punctual ratio on working time becomes higher than 95% by Jun. 2004.</p> <p>Ratio on appropriately separated wastes becomes higher than 95% by Jun. 2004.</p> <p>Medical income is constantly being higher than medical outgo until Sep. 2004.</p> <p>Ratio on incorrect data inputting for patients' data system becomes lower than 5% by Jun. 2004.</p> <p>Patients' satisfaction on hospital service results over 80% by Jun. 2004.</p>	<p>○</p> <p>○</p> <p>○</p> <p>○</p> <p>○</p> <p>○</p> <p>---</p>	<p>In February 2001, the organization was reformed and a responsibility system for each section was clarified.</p> <p>Work punctuality rate was 65% in a February 2002 survey, and had neared the goal at 88.4% in April 2002.</p> <p>Ratio was 50% in June 2001 survey, but reached 81% in October 2001 and had cleared the goal at 96% in March 2002.</p> <p>As of June 2002, medical revenue exceeded medical expenditures. In 2002, medical revenue was 1,455,702,390 Kip while medical outgo 1,147,708,210. Increases in prescription drugs, quantity of laboratory tests and items, introduction of new equipment and higher bed occupancy rates will lead to higher profitability in the hospital.</p> <p>In the July 2001 survey the ratio was 4.4% and fell widely to 0.3% in May 2002.</p> <p>Not yet implemented; survey design and methods must be examined as soon as possible.</p>

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	Issuing ratio of answer letter for patients introduced from district hospitals becomes higher than 95% by Jun. 2004.	—	Planned for implementation beginning in July 2002.
6. Medical equipment and facilities can work on request at SH	Maintenance section is established. Operation status of medical equipment becomes 95% or more by Sep. 2004. Out-of-order status of constantly used facilities becomes lower than 5% by Sep. 2004.	○ ○ ○	A Maintenance & Environment and Repair section was set up under the authority of the management department, and four engineers were appointed. Operability of hospital's total of 639 types of medical equipment was deemed favorable at 95.93%, according to an operability check (26 were inoperable). Operability of hospital's total of 5,491 facilities and supplies was deemed favorable at 98.67%, according to an operability check (103 were inoperable).
7. Dietary service at SH is improved	More than 10 menus for special hospital meal are made by Aug. 2002. Special hospital meals for Diabetes Mellitus and Hypertension are provided. More than 95% of inpatients take hospital meal by Apr. 2004.	○ — ○	As of this point, eight types have been prepared. In the next two-and-a-half years, doctors and the food preparation section need to work together to create a system to offer menus for a therapeutic diet. The usage rate was 60% last year but is approaching the 80% range this year.
8. Functions of training system for post-graduated doctors are improved at SH	Trainees' understanding after training courses is evaluated as "B" or more by Sep. 2004. Trainees' satisfaction toward training courses results 80% or more by Sep. 2004.	△ — —	There is not enough discussion of specific activities to improve training. It is essential that an activity plan be established as soon as possible.
9. Referral system between local health facilities in 3 Provinces (all district hospitals in Vientiane Municipality, Central and main district hospitals in other 2 Provinces) and SH is improved.			

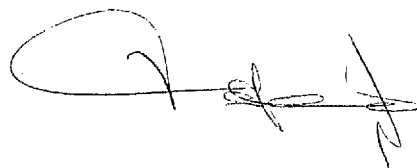
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<p>9.1 Skill and knowledge on Primary Medical Care (PMC) of medical staff at local health facilities are improved.</p>	<p>More than 18 PMC Training Courses are held by Sep. 2004.</p>	<p><input type="radio"/></p>	<p>Training is offered four times a year, for a total of nine times up until this point. More than 18 courses are expected to be held until Project completion.</p>
<p>9.2 Health education toward people is promoted.</p>	<p>Average score of post-evaluation at each hospital after the courses becomes "B" or more.</p>	<p><input type="radio"/></p>	<p>The average post-course evaluation for courses held before the end of 2001 was a "B" on a five-stage evaluation.</p>
<p>9.3 Introduction and transportation system for patients from local health facilities is improved.</p>	<p>Number of health promotion materials distributed is more than 20,000pcs per year.</p>	<p><input type="radio"/></p>	<p>Up until this point, 21 types of leaflets have been issued, distributed to residents primarily through SH and district hospitals. The total number of copies distributed has reached 46,000.</p>
	<p>Patient's introduction & transfer system is established by Oct.2002.</p>	<p><input type="radio"/></p>	<p>The system has been established. Close monitoring will be conducted on the functionality of the system.</p>

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2. Efficiency and relevance

2.1 The efficiency and relevance of training in Japan are highly evaluated in questionnaires given to counterpart personnel (C/P). The training is particularly effective when the C/P's training in Japan is followed by guidance provided by a short-term expert in Laos, since this boosts their confidence. An additional merit is that those receiving guidance from Japanese experts tend to receive high evaluations from the patients.

2.2 As of this point, 41 types of equipment were given in fiscal 1999, 32 types in fiscal 2000 and 34 types in fiscal 2001, for a total of US\$1,016,971 in input. All equipment is operational.

2.3 This project's approach involves technical transfer from experts to C/P and personnel training through internships in Japan. Not only is extensive skill improvement through technical transfer necessary, yet ongoing assistance from long-term experts is an appropriate method since it includes cooperation in launching the new hospital and building up operational systems within it.

2.4 The necessary equipment is introduced. In regards to the dispatch of experts and internships in Japan, dispatches are proceeding as planned in practically all fields. However, long-term experts were not dispatched in the fields of pediatrics (particularly, neonatal care) and OBGY and the brevity of the period for which short-term experts are dispatched impedes progress.

2.5 Facilitating Factors

- Two official coordinators were nominated by MOH, and International Relations Section (IRS) was established within the hospital when the Project started. Currently, the IRS has enabled experts to concentrate on technical transfer by preparing documents necessary for cooperation between the two countries and taking care of the logistics and organization for the internships, as well as training activities organized by the hospital.
- The same short-term experts are sent every year in fields such as the endoscopy. As a result, the experts have an understanding of the C/P's technical abilities and can provide ongoing, advanced technical transfer.
- The teams of experts and the Sethathirath Hospital (SH) side maintain extremely productive communication and share information. The regular meetings held on a weekly basis are an opportunity for examination of each week's activities as well as

for the SH side to report on basic data concerning the hospital, such as the number of outpatients and financial reports. As of June 2002, 32 in-hospital seminars had been held, each attended by 40 to 70 hospital staff, officials from the Ministry of Health and others related to medical services, senior volunteers from Japan and others from Japanese Overseas Cooperation Volunteers (JOCV). Experts and C/Ps give presentations, promoting technical exchanges. Presentations at these seminars are mandatory for C/Ps who had participated in internships in Japan and Thailand.

- C/Ps have an advanced understanding of Project Design Matrix (PDM). Furthermore, monitoring forms are utilized to facilitate precise progress management. The SH, with its initiative, holds PDM study sessions, while experts and C/Ps prepare monitoring forms and utilize them on a daily basis.
- Thorough cost sharing gives the SH side higher awareness of costs and improves their financial sustainability.
- The SH side revamps their own methods for hospital operation and management and proceeds with their own reforms. This includes reform of internal regulations related to rationalization of procedures for facility repair work.
- The expert team surveyed each section before the Project began and gave priority for training in Japan and introduction of new equipment to sections with employees that had a certain level of activity and well-maintained equipment. Consequently, the radiology department has already achieved a high level of activity.

2.6 Inhibiting Factors

- There is no ongoing support in pediatrics and obstetrics. Furthermore, the fields that are SH features particularly require sufficient effort to secure personnel.
- Inefficient procurement procedures of equipment cause delay in implementing some of the important activities. For instance, installation of a CT scanner has been delayed several months due to a change in procurement method. This compels the Project to reschedule the expert dispatch plan and the technical exchange activity with Chiang Mai University. Also, the change in procurement method causes substantial changes in specifications, leading to a shortage of necessary accessories, and an increased workload for the long-term experts to support site inspection.
- Experts and C/Ps will require higher communication skills as issues such as preparing manuals and developing systems increase. As guidance is delivered in English, C/Ps will need to take advantage as much as possible of the English learning opportunities

provided by the Project. Also, the SH should make further effort in upgrading the C/Ps' English ability. Because all experts must have good English communication ability, those who desire guidance in Japanese should make use of professional interpreters.

3. Prospects for sustainability

3.1 Organizational: Implementation of organizational changes such as the shift to a three-department system consisting of the Poly Clinic, Clinical Department and Management Department resulted in a more functional organizational structure, and is likely to help ensure secure organizational sustainability. Also, after the Project is completed, if the IRS coordinates and builds networks with overseas medical institutions and development agencies, SH will be able to maintain and improve its technology independently through this kind of technical exchange.

3.2 Personnel: Personnel are allocated to achieve optimum balance and employee retention is favorable. Although the number of doctors decreased from 100 in May 1999 to 90 in May 2002, the proportion of specialists increased from 7% (seven doctors) to 19% (17 doctors). Co-medical staff fell slightly, from 40 in May 1999 to 35 in May 2002, and the administrative section remained level at 40 employees. Since the C/Ps that boast the best understanding of facility maintenance are just employees on loan, the administrative section has an urgent need for recruiting a well experienced engineer. The nursing section increased from 109 employees in May 1999 to 118 in May 2002, and the proportion of registered nurses climbed from 18% to 39%. However, the hospital needs to make further effort in recruiting more nurses in order to fully introduce a two-shift rotation in due course. One future anxiety is the shortage of middle-aged specialists, making training of middle-aged specialists an important issue.

3.3 Financial: After the period from October 1999 through September 2000, medical revenue exceeded medical expenditures, exhibiting a tendency for increasing profits in the future from higher numbers of laboratory tests. As the hospital can use profits freely, they are utilized for consumables such as reagents, equipment parts, employing temporary workers, setting up a daycare center for employee use, meal allowances for doctors and nurses on night shifts, and other fringe benefits. A future problem will be whether the hospital can improve financial management capacity in order to secure a budget sufficient for facility maintenance and equipment upgrades once the Project is completed.

From the start, the Project has practiced thorough cost sharing, and up until this point, SH has taken responsibility for 29% of all expenses on items requested by SH, a total of US\$16,570 in expenditures for 24 items, including facility and equipment repairs and training expenses. This has the effect of lowering SH's sense of dependence on JICA budget.

4. Intended impact

- 4.1 The level at which the overall goal of the project design matrix (PDM1) lowering the mortality rate has been achieved is very hard to evaluate since statistical data is made public every five years and cannot be obtained on a yearly basis. Furthermore, even if the data could be obtained, it would be difficult to measure the Project's attribution.
- 4.2 SH currently maintains technical exchange with Kalasin Hospital and Chiang Mai University Hospital in Thailand and Bach Mai Hospital in Vietnam, and there is a possibility that cooperative relationships including assessment of diagnostic results could be built up even after the Project is finished. Technical exchanges with other overseas hospitals are also possible.
- 4.3 The ongoing training currently being implemented by SH for staff of district hospitals under SH's jurisdiction is very effective, and if these results were properly documented, the training could be proposed for use by the Ministry of Health as a model in strengthening referral systems. Also, if highly precise introduction manuals for medical chart management using computers and other functions are developed, they could be used as models. Similarly, there is a high likelihood that the results from each section in this Project could be used as a model to be suggested to other hospitals and the Ministry of Health.
- 4.4 There is a chance that SH's laboratory section will receive a growing number of orders and commissions from other hospitals and private companies since it is the only hospital in Laos offering some test items. Laos does not have a private laboratory company, so it is expected to function as a reference center in Vientiane.

