

付 属 資 料

1. ミニッツ(写) 合同評価報告書、合同調整委員会構成委員リストを添付)
2. 日本側投入実績
3. 成果別活動実績 1(実績データ)
4. 成果別活動実績 2(タイ側プレゼンテーション資料)
5. プロジェクト活動で作成された刊行物リスト
6. 質問表結果
7. 各機関の組織図(外傷センター、コンケン病院、保健省)

1. ミニッツ（写）（合同評価報告書、合同調整委員会構成委員リストを添付）

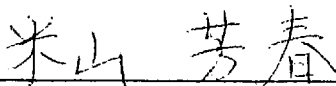
MINUTES OF MEETINGS
BETWEEN THE JAPANESE MID-TERM EVALUATION TEAM
AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE KINGDOM OF THAILAND
ON JAPANESE TECHNICAL COOPERATION
FOR
THE PROJECT FOR DEVELOPMENT OF TRAUMA CENTER COMPLEX

The Japanese Mid-term Evaluation Team (hereinafter referred to as “the Team”), organized by the Japan International Cooperation Agency (hereinafter referred to as “JICA”) and headed by Mr. Yoshiharu YONEYAMA, visited the Kingdom of Thailand from March 9 to 25, 2003. The purpose of the Team was to monitor the activities and evaluate the achievements so far made in the Project for Development of Trauma Center Complex (hereinafter referred to as “the Project”).

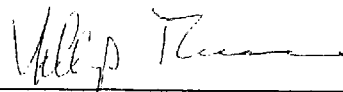
During its stay, both the Team and authorities concerned of the Kingdom of Thailand (hereinafter referred to as “both sides”) had a series of discussions and exchanged views on the Project. Both sides jointly monitored the activities and evaluated the achievement based on the Project Design Matrix (hereinafter referred to as “PDM”).

As a result of the discussions, both sides agreed to the matters referred to in the documents attached hereto.

Bangkok, March 24, 2003



Mr. Yoshiharu YONEYAMA
Leader
Mid-term Evaluation Team
Japan International Cooperation Agency
Japan



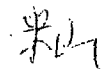
Dr. Vallop THAINEUA
Permanent Secretary
Ministry of Public Health
The Kingdom of Thailand

THE ATTACHED DOCUMENT 1

JOINT EVALUATION REPORT ON JAPANESE TECHNICAL COOPERATION FOR
THE PROJECT FOR DEVELOPMENT OF TRAUMA CENTER COMPLEX
IN THE KINGDOM OF THAILAND

THE ATTACHED DOCUMENT 2

FUNCTIONS AND MEMBERS OF JOINT COORDINATING COMMITTEE



ATTACHED DOCUMENT 1

**JOINT EVALUATION REPORT
ON
JAPANESE TECHNICAL COOPERATION
FOR
THE PROJECT FOR DEVELOPMENT OF TRAUMA CENTER
COMPLEX**

MARCH 2003

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1. INTRODUCTION

1.1 Preface

JICA dispatched the Mid-term Evaluation Team to the Kingdom of Thailand from March 9 to 25, 2003 for the Project for Development of Trauma Center Complex. The Team evaluated mid-term achievements of the Project jointly with the concerned authorities of Thailand. The Team was headed by Mr. Yoshiharu YONEYAMA, JICA Medical Cooperation Department.

1.2 Objectives and Methodology of Evaluation

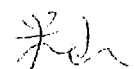
1.2.1 Objectives

The objective of mid-term evaluation is to assess if the Project is being implemented according to plan with expected results produced. After two and a half years of the project commencement, the Team aimed to i) clarify and evaluate the progress according to five evaluation criteria, and ii) make agreements on the orientation of project activities for the rest of the project term.

1.2.2 Methodology

Project Cycle Management (PCM) method was applied to the evaluation. First, the Team focused on the modification of the PDM in order to clarify the project activities and outputs in a more appropriate way. Secondly, the evaluation was conducted by comparing design and outcomes of the Project using the five evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability. Information was mostly taken from 3-day workshops, questionnaire and interviews with Thai counterpart personnel at the Khon Kaen Hospital as well as Japanese experts. The five evaluation criteria are:

- (1) **Relevance:** An overall assessment of whether the overall goal and the project purpose are in line with the recipient and the donor policies as well as with local needs and priorities.
- (2) **Effectiveness:** A measure of whether the project purpose has been achieved. This is then a question to the degree to which the outputs contribute towards achieving the intended project purpose.
- (3) **Efficiency:** A measure of the production of outputs/results of the Project in relation to the total resource inputs. In other words, how economically were the various inputs converted to outputs?
- (4) **Impact:** The positive and negative changes produced directly and indirectly as the result of the Project.
- (5) **Sustainability:** An overall assessment of the extent to which the positive changes achieved by the Project can be expected to last after the completion of the Project.



1.3 Main participants in the Joint Evaluation

(1) Japanese Evaluation Team

Mr. Yoshiharu YONEYAMA	Evaluation Team Leader Deputy Director, First Medical Cooperation Division, Medical Cooperation Department, JICA
Dr. Mitsuo SHINDO	Hospital Care Associate Professor, Department of General Medicine, Osaka City University Hospital
Mr. Yoshio YAMASHIRO	Pre-hospital Care Chief of Ambulance, Instruction Unit, Ambulance Section, Fire Defense Division, Osaka Municipal Fire Department
Mr. Atau KISHINAMI	Evaluation Team Member Senior Consultant, PADECO Co., Ltd.

(2) JICA Thailand Office

Mr. Yuichi OHASHI	Assistant Resident Representative
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(3) Japanese experts

Ms. Noriko ABE	Chief Advisor of the Project
Mr. Sinya IWAYANAGI	Coordinator of the Project

(4) Thai Team and officers in the Concerned Authorities

1) Ministry of Public Health

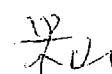
Dr. Vallop THAINEUA	Permanent Secretary
Dr. Sopida CHAVANICHKUL	Head of International Health Cooperating Group
Ms. Udomsiri PARNRAT	Coordinator, Bureau of Health Services System Development Department of Health Service Support

2) Khon Kaen Provincial Office

Mr. Vicharn JAYNANDANA	Governor of Khon Kaen Province
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3) Khon Kaen Hospital

Dr. Vithya JARUPOONPHOL	Director of Khon Kaen Hospital
Dr. Witaya CHADBUNCHACHAI	Head of Trauma and Critical Care Center, Deputy Director of Khon Kaen Hospital



Mr. Phaisal CHOTEKLOM	In-charge of Administration and Finance, Secretariat of Trauma Center Project
Ms. Sirikul KULLEAB	Nurse, In-charge of Injury Prevention, TCC, Secretariat of Trauma Center Project
Ms Sununta SRIWIWAT	In-charge of Policy and Planning, TCC, Secretariat of Trauma Center Project
Dr. Surachai SARANRITTICHAJ	Pediatrics Surgeon, In-charge of Injury Research, TCC
Dr. Aksorn PULNITIPORN	Head of Anesthesiology Department, In-charge of Training, TCC
Dr. Nakorn TIPSUNTHORNSAK	General Surgeon, Head of Emergency Room, TCC
Dr. Apinya AIUMTRAKARN	Head of Rehabilitation Department
Mrs. Khomnet TIANGPITAYAGORN	Assistant Hospital Director
Mrs. Chawewan JUKKOBOLLMAS	Assistant Director of Nursing Department
Mrs.Sompong JINATONGTHAI	Chief of Medical Technology Department
Dr. Pootipong RUENGJUICE	Assistant Chief of Emergency Department
Dr. Surachai SIRPORNADULSILP	General Surgeon
Dr. Wichial TEANJARUWATTANA	Plastic Surgeon
Dr. Tanin HOMPLOUM	Plastic Surgeon
Dr. Warawut KITTIWATANAKUL	Neurosurgeon
Dr. Somkit LERTSILUDOM	Orthopedic Surgeon
Dr. Panjai INPHUM	Anesthesiologist
Dr.Hathairawee HAWHARN	Anesthesiologist
Ms.Krongkaew KOATPHUVIENG	Chief Nurse of Operating Theater
Ms. Sudawadee HOMJOO	Chief Nurse, Emergency Room, TCC
Mrs.Tasanee KAEWSRI	Chief Nurse of Orthopedic Ward
Ms.Wallapa WEINGWONG	Chief Nurse of Burn Unit
Ms.Saranya MORAKOTSRIWAN	Chief Nurse of Intensive Care Unit
Ms.Udomluk TIASAWAS	Chief Nurse of Trauma Intensive Care Unit
Ms.Jongkolnee CHANTARASIRI	Chief Nurse of Orthopedic Ward
Ms.Anchalee SOPON	Chief Nurse of Trauma Private Ward
Mrs.Jureeporn BORVORNPADUNGKITTI	Assistant Chief Nurse of Operating Theater
Ms.Yupa PHONAMORNTHUM	Human Resource Development Department
Ms. Hathailat Tewela	Staff Nurse, Emergency Room, TCC
Ms. Watchara SRIHARAT	Staff Nurse, Emergency Room, TCC
Mrs.Kanittha JUMNONGNIT	Staff Nurse of Emergency Room, TCC
Mrs.Chittra AMARITTAWAN	Anesthesiologist Nurse
Mr. Weerapong KOTEPROMSRI	EMT, TCC
Mr. Yuttana WORABOOT	EMT, TCC

Mr. Atit SODA	EMT, TCC
Mr. Pompimon TEEKAYAUPHUN	Data Analyst, Staff of TCC, Secretariat of Trauma Center Project
Mr. Rewat TRIMURATI	Data Processing Officer, Staff of TCC, Secretariat of Trauma Center Project
Ms. Chaweewan SARTNOK	Secretary of Deputy Director, TCC, Secretariat of Trauma Center Project

2. BACKGROUND AND SUMMARY OF THE PROJECT

2.1 Background

In recent years in Thailand, the number of transport-related deaths and casualties has drastically increased and as a consequence, trauma has now become the second largest cause of death after heart diseases. The number of deaths from traffic injury reached 16 thousand in 1996 with the rapid economic growth and motorization in the 1990's. The figure is about double that of Japan's peak in the 1970's despite the population of Thailand being approximately half that of Japan. The decrease of traffic volume and stagnant vehicle increase rate caused by the economic crisis contributed to a temporary reduction of the death toll, which, however, has been increasing up to more than 10 thousand with the economic recovery. The younger population, in particular, has increasingly been the victims and the number of disabilities caused by traffic accidents has kept rising, which is now a serious social problem.

Khon Kaen Province has over 1.8 million people and is a political and economic center in the Northeast region, with many governmental organizations and universities. The number of motorbike registrations quintupled in Khon Kaen Province between 1992 and 1999. According to the statistics of the provincial public health office, the number of trauma injuries caused by traffic accidents was 20,909 with 527 fatalities (30.52 per 100 thousand). More than 80% of victims, either dead or injured, were motorbike drivers or passengers.

At the Thai government's request under these circumstances, Japan has been conducting the "Project for Development of Trauma Center Complex" since July 2000 with the Khon Kaen Regional Hospital as a counterpart organization. The construction of the Trauma and Critical Care Center (hereinafter referred as "the Center") was completed and it commenced its operations in 2001, and has divisions of i) 24-hour emergency trauma care, ii) pre-hospital care service, iii) information management and utilization, iv) emergency staff training and v) trauma research.

Two and one half years, or half of the duration of the cooperation, have passed since the project started. The Team was dispatched in order to i) clarify and evaluate the progress, and ii) make agreements on the orientation of project activities for the rest of the project term.

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2.2 Summary of the Project

The current Project Design is as follows.

- Overall Goal:**
1. Khon Kaen model of traffic injury care and prevention is applied in other provinces.
 2. Mortality rate from traffic injury in Thailand is reduced.

Project Purpose: Mortality rate from traffic injury is reduced in Khon Kaen Province

- Outputs**
1. Management for trauma patients in hospital is improved
 2. Pre-hospital trauma care becomes effective
 3. Prevention of traffic injury is promoted
 4. Training and research center is established in Khon Kaen Hospital
 5. Project activities are generalized as a model for other provinces

3. MID-TERM EVALUATION

3.1 Summary of findings

The Project activities have been conducted mostly as planned or even more advanced than originally planned by the efforts of both sides and they produced sufficient outputs with some modifications in several activities. As a consequence, the Project Purpose has been efficiently progressed with substantial reduction of the mortality rate in Khon Kaen Province.

3.2 Modification of PDM

As a result of workshops and discussions, PDM was modified as follows (refer to ANNEX 1).

(1) Indicators

- “Death rate by severity” is the indicator instead of “Preventable death rate” for the Output 1.

(2) Important Assumption

- “Continuous governmental policy support” is added to the Important Assumptions at the Output level.
- “Counterpart personnel continue to work at the Center” is added to the Important Assumption at the Project Purpose and Output levels.

3.3 Evaluation by five criteria

3.3.1 Efficiency

The inputs by both sides are summarized in ANNEX 2. The dispatch of Japanese experts, training of Thai counterpart personnel in Japan, and the provision of equipment by Japanese side were conducted as planned and considered appropriate in terms of timing, quality and quantity. Training courses both theories and practices by Japanese experts, in particular, were highly appreciated since they have directly related to the Thai counterpart daily tasks. In fact, staff who took training courses in Japan in 2000 and 2001 conducted training sessions in the

field of pre-hospital care.

The Thai side provided counterpart personnel, other relevant staff, office space and equipment, special training programs funded by the Ministry of Public Health (hereinafter referred to as "MOPH") and the local cost. The Thai inputs are also allocated according to the Project plan.

Overall, each input was effectively put into the Project and utilized in order to produce the outputs. Evaluation in terms of efficiency, therefore, is considered high.

3.3.2 Effectiveness

The Mortality rate from traffic injury in Khon Kaen province has been constantly reduced from 30.52/100 thousand in 1998 to 17.75/100 thousand in 2002 as shown in Table 1. After the Project commencement in 2000, a sharp decline in the number of deaths can be observed and effectiveness of the Project is considered high.

Table 1: Mortality rate from traffic injury

	1998	1999	2000	2001	2002
No. of Deaths	327	492	450	322	312
No. of Deaths per 100 thousand	30.52	28.30	25.00	18.42	17.75

Table 2 summarizes the major indicators and progress according to each Output. They clearly indicate that five Outputs are closely related and contributed to the achievement of the Project Purpose.

Table 2: Major indicators and progress

Output	Indicators	Progress
1	Death rate by severity	Death rate according to probability of survival (Ps) Ps 0-25(%): 72.97% in 2000, 70.00% in 2002 Ps 25-50(%): 65.83% in 2000, 58.06% in 2002 Ps 50-75(%): 49.19% in 2000, 35.46% in 2002 Ps 75-100(%): 2.62% in 2000, 2.67% in 2002
2	No. of ambulance calls	Increased from 1221 in 1999 to 2294 in 2001.
	No. of missions	Increased from 1803 in 2000 to 3085 in 2002.
	No. of patients seen on site	Increased from 1353 in 2000 to 2627 in 2002.
	Response time	83.3% in 2000 and 88.6% in 2002 responded within 1 minute
	Time to reach the site	45.6% in 2000 and 40.8% in 2002 reached within 5 minutes, 34.1% in 2000 and 41.5% reached between 6 and 10 minutes in 2002.
	Time in the field	87.3% in 2000 and 88.0% in 2002 stayed for 10 minutes or less in 2002.
	Time for traveling back	53.9% in 2000 and 57.0% in 2002 traveled back within 5 minutes in 2002.
	Organization (EMT/foundation/volunteer)	Observed overall increase (esp. increased by EMT: 917 in 2001 and 1330 in 2002)
Operations (airway care/bleeding/splinting/breathing)	Appropriate operations sharply increased between 2000 and 2002.	

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3	Traffic injury rate	Increased but the death rate decreased between the Thai New Year and New Year festival in 2002.
	Helmet wearing rate	Rate of motorcycle user wearing helmet increased from 49.5% in 2002 to 52.8% in 2002.
	Seatbelt wearing rate	Rate of seat belt use increased from 38.7% in 2001 to 41.0% in 2002.
4	No of training courses held	44 in 2000, 46 in 2001, 50 in 2002
	No. of trainees	1157 in 2000, 1297 in 2001 and 1312 in 2002 participated.
	No. of researches (No. of published ones)	Issued 9 reports in 2000, 14 in 2001 and 20 in 2002.
	Results of pre-and posttests	Average pretest score: 15.38, average posttest: 16.36 in academic year 2000. Average revised pretest score: 14.9, average revised posttest: 15.6 in academic year 2001.
5	No. of meetings	4 national seminars
	No. of visitors	44 times between 2000 and 2002

(1) Output 1

Overall death rate by severity has been gradually reduced, especially in the categories of the probability of survival between 0 and 75%, which indicates that more effective hospital care has been conducted. The rate in the category of 75-100% is already quite low and to further improve the situation, enhancement of personnel assignment may be required.

(2) Output 2

As the above table shows, various improvements have been observed regarding output 2. Every site activity, such as clear airway, stopping bleeding, and splinting, has been sharply increasing with the growing number of patients treated on sites. It can be said that pre-hospital care has made much progress with an obvious contribution to the achievement of the Project Purpose.

(3) Output 3

Many activities have been conducted and generated positive effects in the field of prevention. In 2002, for instance, 41 seminars/meetings were held with 2732 participants for schools, police stations, communities and so forth. The latest community survey witnessed higher rate of helmet and seatbelt use after some declines in recent years, as a result of public awareness efforts made by the Project through various medias. More public awareness campaigns, however, may be required in order to further improve the current rate of 52.8% and 41.0% respectively. Drinking drive is a serious problem that has made a certain improvement, yet further to be improved. Intensive campaigns in cooperation with the police are now being conducted and are expected to improve the current situation.

(4) Output 4

Regarding researches, the Annotated Bibliography on Road Traffic Injury in Thailand that contains titles, authors, years of publication and summaries of 150 relevant reports was prepared. In addition, "Khon Kaen Hospital Injury Research Bulletin", containing news and

activities in injury research is now issued three times a year. Coordination of research activities has also been strengthened by the Project. Training courses were held with budgets from both sides and 1297 people in 2001 and 1312 people in 2002 attended mostly from Khon Kaen Hospital. Since 2001, training programs have expanded with more medical personnel from other hospitals. Training sessions in the field of pre-hospital care have been carried out by the staff who took training courses in Japan in 2000 and 2001. The Center has made strong efforts to enhance training for other hospitals and related organizations despite the limited staff at the Center.

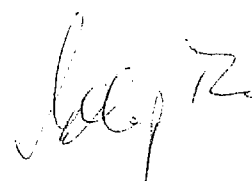
(5) Output 5

The second and third National Traffic Trauma Seminars were held by MOPH and the Khon Kaen Hospital, respectively in 2001 with about 500 attendants and in 2002 with 633 attendants. At the third seminar, operations at the Center were presented and various guidelines and activity reports were distributed to all the participants gathered. Deputy Prime Minister, H.E. Mr. Chaturon Chaisaeng, who has a great concern about the traffic accident issues, attended the fourth National Seminar held in Bangkok in February 2003. A short after the seminar, he visited the Center and stated that Khon Kaen can be a model for other provinces in tackling the traffic accident issues. Apart from the seminars, reports prepared by the Center have been distributed to hospitals, libraries, and schools and also often appeared in "Standard Medical Journal". The concept of the Khon Kaen model is gradually expanded throughout Thailand.

3.3.3 Impact

The Project has already generated expected/positive impacts and also created unexpected ones. The Center was selected as a Center of Excellence by MOPH and designated as a Collaborating Center by WHO with its high performances in conducting the Project activities. According to hearings, other hospitals refer many patients to the Center since the awareness regarding the Center's activities has rapidly been raised. This unexpected/positive impact is a result of the Project operations, however, at the same time, it indicates more workload of hospital staff. It may have some future personnel-related impacts caused by longer working time, as the activities of the Center get well known to the public.

A workshop regarding the functions and services of Centers of Excellence was held at MOPH in 2002 and operations of the Center were presented. At the workshop, a matrix that is quite similar to the Project's PDM, was prepared by the participants using the method applied at the Project's formulation, which indicates that participants acquired a new method of project planning. Furthermore, according to the counterpart personnel, the institutional capacities for coordination, systematic planning and evaluation have been strengthened as a result of the Project activities. These are considered unexpected/positive impacts.



3.3.4 Relevance

Various plans and policies emphasize the importance of Emergency Medical Services (hereinafter referred to as “EMS”). The 9th National Social and Economic Development Plan that started in 2002, for instance, includes the establishment of National-level EMS System, and also the Local Government Administration and Development Plan of Khon Kaen Province clearly states that the solution of traffic-related problems including EMS is one of the urgent policies. It is evident that the Project plan suits to the current governmental policy framework both at national, regional and provincial levels. Further, people in Khon Kaen clearly benefit from the Project as many indices shown in 3.3.2 clearly show. Relevance of the Project, therefore, is considered very high.

3.3.5 Sustainability

(1) Organizational Aspect

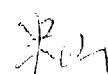
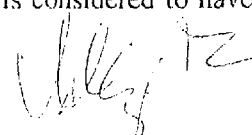
The Khon Kaen Hospital, where the Center belongs, was selected as a Center of Excellence by MOPH in 2002 and was also designated as a Collaborating Center by WHO in January 2003. Both events indicate it has provided high quality services. The Center has a relatively large number of 17 Emergency Medical Technicians (EMTs) and its activities have been rapidly recognized not only by the people in Khon Kaen but also the national and local governments. The current functions of the Center have been and are expected to augment with the enhancement of the public awareness with regard to its emergency medical services. With the high recognition by the governments and the public, the Center is considered to have high organizational sustainability. It should be added that the institutional capacities, in terms of systematic planning, training and evaluation, have also been strengthened as a result of the Project activities.

(2) Financial Aspect

MOPH approved the budget of 17 million Baht for EMS in Khon Kaen Province and a part of the allocation will be spent as the operating cost for Khon Kaen Hospital. Supplementary budget is also planned to be provided to the Centers of Excellence including the Center. Other financial supports are rendered at special occasions, for instance, for the New Year, the non-governmental Institute of Thai Health Promotion Foundation provided 1 million Baht for media materials to be distributed to schools, police stations and so forth. With its high performances and financial support by related-organizations, it is expected to keep obtaining stable financial resources. As the Director of the Center stated, however, the Center needs to make every effort to seek for its own financial resources.

(3) Technical Aspect

The counterpart personnel have been applying the skills and knowledge transferred by the Japanese experts to their current tasks. The majority of staff who attended the workshops stated that they desire to continue to work at the Center. Therefore, the Center is considered to have high technical sustainability.

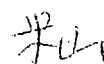
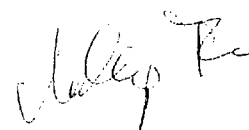


4. PLAN for REMAINING TERM

The Project will mostly be implemented in accordance with the Tentative Schedule of Implementation prepared and agreed when the R/D was signed in 2000. Regarding Safety House (Activity 3-5), however, a suitable location is presently sought within the Khon Kaen Hospital and a Safety Corner is now set up at the entrance of the hospital as an alternative. In addition, regarding sub-stations (Activity 2-3), three sub-stations were planned to be established when the Project started. One sub-station was already established in Samran in 2001 according to the plan, however, both sides agreed that the other two would not be established since seven organizations including district hospitals, NGOs, and private hospitals in the central district have started to provide some EMS due to the governmental policy. The Schedule of Implementation as of Mid-term Evaluation is shown in ANNEX 3

5. RECOMMENDATIONS

- (1) New indicators such as Triage Revised Trauma Score (T-RTS) should be introduced as a measure to assess the quality of pre-hospital treatment performances, especially for severely traumatized patients.
- (2) Peer-review system should be strengthened in order to assess the performances and therefore, to maintain the qualified medical services.
- (3) Issue of certificate should be considered for Advanced Cardiac Life Support (ACLS) courses in order to promote human resource development.
- (4) Personnel allocation should be enhanced especially for the surgical and nurse departments and concerned sections due to the demand increase as a result of the MOPH structural change.
- (5) Unified curricula, including guidelines and textbooks, should be prepared in order to provide the standardized training for Emergency Medical Technicians (EMTs).
- (6) More importance should be placed on generalization and application of the Khon Kaen model for other provinces in the remaining term of the Project.
- (7) The Issue on international training courses for the neighboring countries should further be discussed, considering applicability of Khon Kaen model as well as other countries' needs.



PDM_e

Title: Project for Development of Trauma Center Complex

Term of Cooperation: Five years from 1 July, 2000Japanese Implementing Agency: JICACounterpart Agency: The Ministry of Public Health and PopulationTarget group: People of Khon Kaen Province (direct beneficiary) and people in Thailand (ultimate beneficiary)

Narrative Summary	Verifiable Indicators	Means of verification	Important Assumptions
<p>Overall Goal</p> <ol style="list-style-type: none"> 1. Khon Kaen model of traffic injury care and prevention is applied in other provinces 2. Mortality rate from traffic injury in Thailand is reduced 	<ol style="list-style-type: none"> 1. Number of provinces that applied model: 46 (in 1999) 76 (all provinces) 2. Mortality rate from traffic injury in the whole country is reduced 	KKH-MOPH evaluation sheet	
<p>Project Purpose</p> <p>Mortality rate from traffic injury is reduced in Khon Kaen Province</p>	Mortality rate from traffic injury in Khon Kaen province is constantly reduced: 31/100 thousand (in 1998)	Hospital injury data	<p>Continuous governmental policy support</p> <p>Counterpart personnel continue to work at the Center</p>
<p>Outputs</p> <ol style="list-style-type: none"> 1. Management for trauma patients in hospital is improved 2. Pre-hospital trauma care becomes effective 3. Prevention of traffic injury is promoted 4. Training and research center is established in Khon Kaen Hospital 5. Project activities are generalized as a model for other provinces 	<ol style="list-style-type: none"> 1. Death rate by severity 2. No. of ambulance calls: no. of missions: no. of patients seen on site: type of patients (trauma/non-trauma); response time (time from getting call to ambulance start); time between call and reaching the site: time in the field: time for traveling back: total time: organization (EMT/foundation/volunteer): operation (air way care/bleeding/splinting/breathing) 3. Traffic injury rate: % of those wearing helmets: % of those using seatbelts 4. No. of training courses held: no. of trainees: no. of research: no. of published research: results of pre- and posttests 5. No. of meetings held for model distribution: no. of visitors for the model from other provinces 	Hospital data	<p>Continuous governmental policy support</p> <p>Counterpart personnel continue to work at the Center</p>

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MOPH

Activities	Input	
<p>1. (Activities for hospital care)</p> <p>1-1 Risk Management System</p> <p>1-2 Evaluation System</p> <p>1-3 Hospital Communication System</p> <p>1-4 Management Information System</p> <p>1-5 Standard guidance for trauma care</p> <p>1-6 Standard guidance for referral</p> <p>1-7 Mass casualty control system</p> <p>2. (Activities for pre-hospital care)</p> <p>2-1 Public Relations on 1669 and first aid</p> <p>2-2 Set up command control center</p> <p>2-3 Design and set up ambulance sub-stations</p> <p>2-4 Train EMT, EMTB, volunteers, foundation staff</p> <p>2-5 Produce guideline for function of EMS and rescue</p> <p>2-6 Evaluate EMS performance</p> <p>2-7 Plan and implement district-level pre-hospital improvement plan</p> <p>3. (Activities for prevention)</p> <p>3-1 Carry out public relation program</p> <p>3-2 Discuss with Province Safety Committee on car condition, environment, safety education and law enforcement</p> <p>3-3 Educate drivers, community leaders and students</p> <p>3-4 Carry out safety campaign</p> <p>3-5 Set up Safety House in KKH</p> <p>3-6 Safety network in the communities</p> <p>4. (Activities for Training and Research Center)</p> <p>4-1 Conduct research on traffic injury prevention and emergency medical services</p> <p>4-2 Conduct training</p> <p>4-3 Evaluate training</p> <p>5. (Activities for model-making)</p> <p>5-1 Have consultation with provincial governments, regional hospitals and MOPH</p> <p>5-2 Produce and distribute reports on KKH experiences</p> <p>5-3 Monitor and evaluate the model application and its effect</p>	<p>Thai side</p> <p>1) Personnel: Khon Kaen Hospital Staff (Trauma Center and other departments)</p> <p>2) Office space and equipment</p> <ul style="list-style-type: none"> - Office space - Equipment package <p>3) Special training program funded by MOPH</p> <ul style="list-style-type: none"> - For emergency nurses and volunteers (Rural Hospital Division, MOPII) - For EMT and nurses (Institute for Medical Injury and Disaster, MOPII) <p>4) Costs</p> <ul style="list-style-type: none"> - Recurrent costs - Rural injury prevention and control - budget from Medical Division, MOPH <p>Japanese side</p> <p>1) Personnel</p> <p>1-1) Long-term experts</p> <ul style="list-style-type: none"> - Chief Advisor/Information management - Coordinator <p>1-2) Long and Short-term experts</p> <ul style="list-style-type: none"> - Emergency medicine - Emergency nursing - Pre-hospital care - Injury prevention - Others <p>2) Equipment</p> <ul style="list-style-type: none"> - Equipment for hospital care, pre-hospital care, training & research <p>3) Counterpart training in Japan</p> <ul style="list-style-type: none"> - EMS (doctors, nurses, EMT) - Injury Prevention <p>4) Middle-level trainees training (budgetary assistance)</p> <p style="text-align: center;"><i>M. K. T.</i></p>	<p>(For outputs)</p> <p>Improved communication system (public phone, etc.)</p> <p>Improved socio-economic conditions of patients</p> <p>Law enforcement (traffic rules)</p> <p>Traffic engineering improvement</p> <p>Precautions</p> <p>Baseline data for project monitoring and evaluation is collected</p> <p>Organizations in charge of EMS and rescue (KKU hospital, municipality office, fire brigade, rescue organizations, foundations, VR volunteers) cooperate in project activities</p> <p>Trauma center starts operation as planned (in 2001)</p>

For

Input Record FY2000-2002

ANNEX 2

Category	PDM	Specification	FY2000	FY2001	FY2002	FY2003	FY2004	Total
Japanese Side								
Assignment of Experts	output 1	Emergency Medicine	1	1				2
		Emergency Nursing	1					1
		Emergency Medical System			1			1
		MIS		2				2
	output 2	EMT	1	2	2			5
		Mass casualty (triage)	1					1
	output 3	Educational Material Production		1				1
		Traffic Safety Education		1				1
output 4	Traffic Safety			1			1	
output 5	*1						0	
other	National Seminar	2	3	1			6	
	Chief Advisor	1		1			2	
	Coordinator	1		1			2	
(Unit: person)		Total	8	10	7			25
Equipment Supply	output 1	Ultrasound, Ventilator, ECG, Anesthesia	4,632,657	25,120,012	2,430,000			32,182,669
	output 2	Ambulance, Transceiver set	433,454	0	4,903,420			5,336,874
	output 3	Alcohol breathing testing machine	0	178,350				178,350
	output 4	Manikin For ACLS, BLS, First Aid, ALS	4,786,670	95,790	305,000			5,187,460
	output 5	Vehicle	1,080,000	0				1,080,000
	(Unit: Baht)		Total	10,932,781	25,394,152	7,638,420		
Counterpart Personnel Training	output 1	Emergency Medicine Service	2					2
		Emergency Medicine System			2			2
	output 2	Emergency Medicine Technician		3				3
	output 3	Traffic Injury Prevention			1			1
	output 4							0
	output 5							0
(Unit: person)		Total	2	3	3			8
Cost Support	output 1	Management System, MIS	457,862	575,300	90,000			1,123,162
	output 2	Command Control Center	15,000	436,900	110,000			561,900
	output 3	Public Relation, Education and Promotion	763,500	1,096,524	972,220			2,832,244
	output 4	Training, Annotated bibliography	1,293,591	1,561,633	1,074,700			3,929,924
	output 5	National Seminar, Publication	300,000	500,000	545,000			1,345,000
	(Unit: Baht)		Total	2,829,953	4,170,357	2,791,920		
Thai Side								
Personnel	output 1	Trauma Service	80	82	82 (ER only)			
	output 2	Pre-hospital Care	17	17	17			
	output 3	Prevention	15	20	30			
	output 4	Training-Research	36	36	36			
	output 5	Generalization	91	91	0			
	(Unit: Person)		Total	239	246	165		
Office Space	output 1	Trauma Service	1755	1755	1755 (ER only)			
	output 2	Pre-hospital Care	192	192	192			
	output 3	Prevention	36	36	36			
	output 4	Training-Research	279	279	279			
	output 5	Generalization	144	144	144			
	(Unit: m2)		Total	2406	2406	2406		
Equipment	output 1	Trauma Service	2,253,150	2,475,860	2,684,000 (ER only)			
	output 2	Pre-hospital Care	8,750,000	9,010,000	9,115,000			
	output 3	Prevention	120,000	135,000	141,000			
	output 4	Training-Research	450,150	501,000	512,000			
	output 5	Generalization	155,000	280,000	480,000			
	(Unit: Times)		Total	11,728,300	12,401,860	12,932,000		
Cost	output 1	Trauma Service	8,133,690	8,472,594	8,918,520 (ER only)			
	output 2	Pre-hospital Care	1,152,827	1,226,412	1,290,960			
	output 3	Prevention	4,437,244	4,622,130	4,865,960			
	output 4	Training-Research						
	output 5	Generalization	4,318,600	5,692,100	1,300,000			
			Total	18,042,361	20,013,236	16,374,880		

*1. : Japanese experts participated in activities at the training center, too

*(R) : Reprint

* Budget for 2002 is estimation

Output 1: Management for trauma patients in hospitals is improved

Activities	Expected Results	Timeframe (April to March)					Responsible Persons/ Posts	Inputs		Necessary Conditions
		2000/1	2001/2	2002/3	2003/4	2004/5		Thai side	Japanese side	
1-1 Design organization	Leadership Committee for:						Project Manager (PM) for risk management : Head, PM for evaluation: Head, Planning &	Personnel: (KKH staff) - Surgery - Orthopedic - Nurse	Short-term experts: (Doctor) - Emergency - Traumatology - Surgeon	
	- Risk management system (by May 2000)	Dec.								
	- System for evaluation (by March 2002)						Evaluation Dept. Dr. Witaya	- Anestheology - Academic - Trauma Center - Dept of policy & planning	- Anestheology (Nurse) - ER-OR - ICU	
	- Performance management system for effective trauma care (by March 2002)			Feb.						
1-2 Revise treatment guidelines:							Dr. Witaya	- Dept of Admin. - Lab - XR - Pathology (Others) - District hospital - Provincial Health - KKU Hospital	- Trauma (Others) - Commander - Technician - Medical equipment	
	1) Standard guidelines for patient information transmission	- Communication system (by March 2005) - MIS (by March 2002) - Equipment maintenance system (by 2004)			Feb.					
2) Standard guidelines for referral system	By March 2001		Mar.				Dr. Witaya and Head of Dept of Surgery, KKUH	Equipment package requested to MOPH	Long-term experts: - PM (person for information management)	
3) Cooperation with KKU	By March 2001									
1-3 Plan for patient flow control (triage)	- Referral system (by March 2001)		Mar.				Dr. Nakorn		Equipment	
	- Cooperation with KKU Hospital (by March 2001)									
	- Mass casualty system (by March 2001)		Dec.				Dr. Akson		C/P training in Japan: (KKH staff) - Doctors (surgery, orthopedic, anestheology) - Special nurses - Commanders (EMT) - Technicians (Lab, X-ray, pathology, educational personnel)	
1-4 Train hospital staff on trauma care										
1) Hospital training program	- Advanced Trauma Life Support - Basic Life Support - Advanced Cardiac Life Support, etc.									
	2) Training outside hospital (in country and abroad)	- Commander - Orthopedic - Anesthesiology - Traumatology - X-ray - Lab - EMT								

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Output 2: Pre-hospital trauma care becomes effective

Activities	Expected Results	Timeframe (April to March)					Responsible Persons/ Posts	Inputs		Necessary Conditions
		2000/1	2001/2	2002/3	2003/4	2004/5		Thai side	Japanese side	
(Time 1: between incidence & dial 191/1669)							NCD and KKH (Dr. Nakorn, Mrs. Hathairat, Ms. Sirikul)	Personnel: - Doctors - Nurses - EMT - Medical statisticians in Emergency Dept	Short-term experts: - Emergency care - Pre-hospital service - Equipment use & maintenance	Good cooperation from communities
2-1 Train people/ carry out public relation campaign on 1669 and first aid	Training of/ PR for community leaders from: - 53 communities in Municipality - 24 districts	PR	PR							
2-2 Set up command control center						Dr. Witaya, Mrs. Chawivan,	Special training program: - For emergency nurse & volunteers (Rural Hospital Division, MOPH) - For EMT & nurse (Institute for Medical Injury and Disaster, MOPH)	C/P training in Japan: - Nurse & EMT		
1) Train command control personnel										
2) Design and set up the center						Dr. Witaya, Mrs. Chawivan,	Equipment: - Communication network	Equipment: - Demonstration set for training/PR - Resuscitation machine - EMS equipment - Ambulances (for sub-stations) - Command control machine		
(Time 3: between 1669 & arrival at the site)										
2-3 Design and set up ambulance sub-stations										
1) Put detailed information of place in maps										
2) Train EMT on collecting information for mapping										
3) Map places of frequent traffic accidents										
4) Discuss with concerned organizations		6m					Budget: - Rural injury prevention and control budget from MOPH			
5) Design sub-stations		2m								
6) Prepare adequate equipment & ambulances										
			Samran Substation Dec.01							

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Activities	Expected Results	Timeframe (April to March)					Responsible Persons/ Posts	Inputs		Necessary Conditions
		2000/1	2001/2	2002/3	2003/4	2004/5		Thai side	Japanese side	
(Time 4: between site and hospital) 2-4 Train EMT, EMTB, volunteers, foundation staff							Dr. Surachai (Saran), Ms. Sudawadee, Mrs. Hathairat			C/Ps should be sent to Japan before start of activity 2-7 (2) (discussion on EMS functions) in 2000-2001
1) Training of trainers	TOT in Japan & Thailand (Nurse & EMT)	In Japan -	-	-	-	-				
2) Training of other EMS staff	Trainees (per year) - Nurses (100) - EMT (32) - Volunteers (10) - Foundations (100)									
2-5 Produce guidelines for function of EMS & rescue (for Municipality)							Dr. Nakorn			
1) Get all data (including foundations) on transport time		_____								
2) Discuss with concerned organizations & decide on functions		_____ 6m								
3) Produce guidelines		_____ Jul.								
4) Have regular consultation with volunteers										
(for Province)										
5) Produce guidelines										
2-6 Evaluate EMS			Feb.	Feb.						
(District-level pre-hospital care)				Oct.						
2-7 Plan and implement district-level pre-hospital care improvement plan										
1) Monitor district-level pre-hospital care				Oct.						
2) Make plan										
3) Implement the plan										
4) Have regular consultation with district-level hospitals										

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Output 3: Prevention of traffic accident is promoted

Activities	Expected Results	Timeframe (April to March)					Responsible Persons/ Posts	Inputs		Necessary Conditions
		2000/1	2001/2	2002/3	2003/4	2004/5		Thai side	Japanese side	
3-1 Carry out public relation program	<ul style="list-style-type: none"> - TV program - Radio program - Newspaper ads - Video program - Booklets 						Miss Siripom Ketdow, Health Education Office	Personnel: - Provincial Governor - Deputy Governor - Doctors - Nurses - Police - Transportation - Health educator - Public health personnel - Municipality - Highway Construction Office - Public Education - Public Relations - Social Medicine (province) - Mass media personnel	Short-term experts: - Prevention and safety	Provincial safety committee must be strengthened and cooperate
3-2 Discuss with Provincial Safety Committee on car condition, environment, safety education and law enforcement	One day meeting per month					Dr. Witaya and Committee				
3-3 Train drivers, community leaders and students	<ul style="list-style-type: none"> - 2 day training for 40 drivers/month - 1 day training for 30 community leaders/month - 1 day training for 100 students (1 school)/ month 					Miss Sirikul (Nurse in charge of prevention in Trauma Center)				
3-4 Carry out safety campaign	One day festival X 4 times/year					Miss Sirikul and Committee	Equipment: - Office room - Video - Tape cassette - Slides	Equipment: - Computer set - Safety equipment for demonstration at Safety House - Textbooks and other educational materials - Safety and prevention media - Car		
3-5 Set up Safety House for education, selling and demonstration	Safety House in KK Hospital					Dr. Surachai Miss Sirikul (Doctors and nurses in charge of prevention in Trauma Center)				
1) Study visit to Japan										
2) Work with experts										
3) Start Safety House										
3-6 Conduct safety research										
1) Set up policy committee	Policy committee					Same as 3-5	Budget: - From MOPH Medical Division			
2) Conduct research	Published prevention research at least once a year									

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Output 4: Training and research center is established in Khon Kaen Hospital

Activities	Expected Results	Timeframe (April to March)					Responsible Persons/ Posts	Inputs		Necessary Conditions
		2000/1	2001/2	2002/3	2003/4	2004/5		Thai side	Japanese side	
4-1 Design organization (personnel, room arrangement, etc.)	<ul style="list-style-type: none"> - Personnel plan - Room arrangement plan 						Dr. Surachai (Saran)		Middle-level manpower training (budgetary assistance)	
4-2 Prepare and conduct training and research	See activities: <ul style="list-style-type: none"> - 1-4 (training for hospital care) - 2-1 (training of people on pre-hospital care) - 2-2 (training of command control personnel) - 2-3 (training of EMT on collecting information) - 2-4 (training of EMS personnel) - 3-3 (safety training) - 3-6 (safety research) - 5-3 (model application and evaluation) 						Same as 4-1			
4-3 Evaluate training and research							Same as 4-1			

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Output 5: Project activities are generalized as a model for other provinces

Activities	Expected Results	Timeframe (April to March)					Responsible Persons/ Posts	Inputs		Necessary Conditions
		2000/1	2001/2	2002/3	2003/4	2004/5		Thai side	Japanese side	
5-1 Have consultation with provincial governments, regional hospitals and MOPH	<i>Handwritten signature</i>						Dr. Witaya (Trauma Center Office)		Middle level manpower training (budgetary assistance)	
5-2 Produce and distribute reports on KKH							Same as 5-1			
5-3 Monitor and evaluate the model application and its effects							Same as 5-1			

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ATTACHED DOCUMENT 2

**FUNCTIONS AND MEMBERS
OF
JOINT COORDINATING COMMITTEE**

MARCH 2003

Chaley TS

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With the restructuring of the Ministry of Public Health, members of the Joint Coordinating Committee will change as follows. The functions will remain the same.

Two types of Joint Coordinating Committee will be established for implementing the Project:

1. Directorate Board

(1) Functions

The Directorate Board will meet at least once a year and whenever necessity arises, and work:

- 1) To authorize the Annual Work Plan of the Project in line with the Tentative Schedule of Implementation formulated in accordance with the framework of the Record of Discussions
- 2) To review the progress of the Project
- 3) To discuss other major issues relevant to the Project

(2) Composition

- 1) Chairperson : Permanent Secretary
- 2) Secretary : Director, Khon Kaen Hospital
- 3) Members :

Thai Side

Governor, Khon Kaen Province
Director - General Department of Medical Service, MOPH
Director - General Department of Disease Control, MOPH
Director - General Department of Health Service Support, MOPH
Deputy Permanent Secretary in charge of International Cooperation, MOPH
Inspectorate General Region 6, MOPH
Director, Bureau of Health Service System Development, MOPH
Director, Bureau of Policy and Strategy, MOPH
Assistance Director, Bureau of Health Service System Development, MOPH
Provincial Chief Medical Officer, Khon Kaen Province
Head of Trauma and Critical Care Center
Deputy Director, Khon Kaen Hospital
Head, Surgical Department, Khon Kaen Hospital
Representative of Department of Technical and Economic Cooperation
Ms. Udomsiri Pamrat : Coordinator, Bureau of Health Service System Development, MOPH

Japanese Side

Chief Advisor
Coordinator
Japanese experts
Resident Representative of JICA in Thailand
Other personnel to be dispatched by JICA as necessary

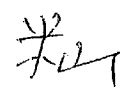
Note: Official(s) of the Embassy of Japan may attend the Joint Coordinating Committee as observer(s).



2. Task Force Committee

(1) Functions

The Task Force Committee will meet every four months and wherever necessity arises, and work:



- 1) To coordinate related organizations and make an effort to coordinate external organizations related to the Project
- 2) To formulate and submit the Annual Work Plan of the Project to the Project Directorate Board
- 3) To review the overall progress of implementation and measures taken by both Governments in line with the master Plan and the policy and recommendations of the Directorate Board
- 4) To coordinate day-to-day implementation of the Project
- 5) To monitor the progress of the Project
- 6) To evaluate the activities of the Project

(2) Composition

- 1) Chairperson : Deputy Permanent Secretary in charge of International Cooperation
- 2) Secretary : Head of Trauma and Critical Care Center
- 3) Members :

Thai Side

Director, Bureau of Health Service System Development, MOPH
 Provincial Chief Medical Officer, Khon Kaen Province
 Director, Khon Kaen Hospital
 Deputy Director, Khon Kaen Hospital
 Head, Surgical Department, Khon Kaen Hospital
 Director, Bureau of Epidemiology, MOPH
 Director, Bureau of Non-communicable Disease, MOPH
 Director of Bureau of Emergency Medical Service
 Director of Bureau of Inspection and Evaluation
 Head of International Health Cooperation Group
 Community Medical Center, Faculty of Medicine, Ramathibodi Hospital, Mahidol University
 Assistance Director, Bureau of Health Service System Development
 Dr.Chamaiparn Santikarn : Director of Thai Traditional Medicine
 Dr.TairJing Siriphanich : Head of Injury and Alcohol Related Problems,
 Prevention and Control Section
 Ms.Udomsiri Pamrat : Coordinator, Bureau of Health Service System Development

Japanese Side

Chief Advisor
 Coordinator
 Japanese experts
 Resident Representative of JICA in Thailand
 Other personnel to be dispatched by JICA as necessary

Note 1: Official(s) of the Embassy of Japan may attend the Joint Coordinating Committee as observer(s).

Note 2: A working group of the Project will be established under Task Force Committee, to manage day-to-day operation of the project in Khon Kaen

2. 日本側投入実績

Assignment of Japanese Expert

Jul 1, 2000 to March 31, 2001 (JFY 2000)

	Specialty	Expert's name	Organization	from	to	Main Activities
output 1	Emergency Medicine	Dr. Daisaku Urabe	St. Maries Hospital	06/11/00	19/11/00	Participate in trauma guideline workshop Presentation on Pediatric emergency medicine
	Emergency Nursing	Ms. Nobuko Takahoka	St. Mary's Hospital	06/11/00	19/11/00	participate in nursing workshop
output 2	EMT 1	Mr. Takeshi Terasawa	Osaka City Fire Dept.	09.01.01	06.02.01	EMT training course Observation and advice on Ambulance
	Emergency Medicine	Dr. Mituo Shindo	Oaska City Univ.	09.01.01	18.01.01	lecture on START triage method in mass casualty
output 3	* 1					
output 4	* 2					
output 5	Lecturers in National Seminar	Mr. Chiaki Takahashi	National Police Agency	13.03.01	19.03.01	Presentation on Traffic Safety Measures in Japan
	Lecturers in National Seminar	Mr. Hiromitsu Moro	National Fire and Disaster Management Agency	13.03.01	19.03.01	Emergency Medical Services in Japan
Other	Chief Advisor	Ms. Harumi Kitabayashi	JICA	01.07.00	30.06.02	Overall Management on Planning, Implementation and Evaluation
	Project Coordinator	Ma. Chihiro Uchiyama	Japan Overseas Cooperarion Association	01.07.00	30.06.02	Administrative Management and Facilitaion
total		10				

* 1 Mr. Tsubaki, an expert in traffic control system assigned to Metropolitan Poice Bureau visit Khon Kaen and made presentation on Oct. 17,2000.

* 2 Dr. Shindo and Mr. Terasawa participated in activities at the training center, too

April 1, 2001 - March 31, 2002 (JFY 2001)

	Specialty	Expert's name	Organization	from	to	Main Activities
output 1	Medical Information System	Dr. Daisaku Urabe	St.Mary's Hospital	16/10/01	27/10/01	Medical information system in the trauma center
	Medical Information System	Mr. Takao Sugimoto	St.Mary's Hospital	15/10/01	27/10/01	Cost Accounting and financial management
	Emergency Medicine	Dr. Mitsuo Shindo	Osaka City University	12.02.01	12.15.01	Lecture on Mass casualty and airway management Evaluation of Mass casualty exercise
output 2	EMT 2	Mr. Hiroshi Bodajji	Sapporo City	06.06.01	03.07.01	EMT training course Observation and advice on Ambulance service and EMT training system
	EMT 3	Mr. Nobuyuki Sumida	Osaka City Fire Dept.	10/01/02	07/02/02	EMT training course (BTLS) Observation and advise on ambulance service and communicaion center
output 3	Educational Material Production	Mr. Akio Taguchi	TSC International Inc.	13.08.01	13.10.01	Produce video programs on EMS, Prevention, and BLS
	Traffic Safety Education	Mr. Hiroaki Wada	Japan Traffic Safety Education Association	16/12/01	28/12/01	Presentation on traffic safety education at school Presentation in community volunteers training
output 4	*1					
	Ntioanal Seminar	Dr. Hiroyuki Nakano	St. Mary's Hospital	19/02/02	23/02/02	Participate in the joint coordinating committee and the national seminar

output 5	Ntioanal Seminar	Dr.Kazuyoshi Harano	St. Mary's Hospital	19/02/02	23/02/02	Participate in the joint coordinating committee and the national seminar
	Ntioanal Seminar	Mr. Kojin Ebara	National Fire and Disaster Management Agency	19/02/02	23/02/02	Participate in the joint coordinating committee and the national seminar
total		10				

*1 Mr. Bodajji and Mr. Sumida participated in activities at the training center, too

April 1, 2002 - Feb.20, 2003 (JFY2002)

	Specialty	Expert's name	Organization	from	to	Main Activities
output 1	Emergency Medical System	Dr. Hiroyuki Nakano	St. Mary's Hospital	12/08/02	25/08/02	ECG Monitoring and Defibrillation
output 2	EMT 4	Mr. Yasushi Sasaki	SapporoCity Fire Dept.	06/08/02	03/09/02	Improving and evaluating for EMTduties.
	EMT 5	Mr. Hajime Imai	Osaka City Fire Dept.	17/11/02	28/11/02	Infectious Control on the EMT activities
output 3	Trafic Safety	Mr. Tomoaki Tomita	National Police Agency	11/07/02	20/07/202	Presentation and advice on control methodology for drunken driving.
output 4						
output 5	Lecturerin Ntioanal Seminar	Mr. Kazushi Naniwa	National Police Agency	17/02/03	22/02/03	Prevention of motorcycle accidents
Other	Project Coordinator	Mr. Shinya Iwayanagi	TAC International Inc.	18/08/02	17/08/04	Administrative Management and facilaion
	Chief Advisor	Ms. Noriko Abe	Japan International Cooperation Publishing	11/12/02	10/12/04	Overall Management on Planning, Implementation and Evaluation
total		7				

*1 Mr. Sasaki and Mr. Imai participated in activities at the training center, too

Equipment Supply

Jul 1, 2000 to March 31, 2001 (JFY 2000)

	Price (Baht)	Main Items
output 1	4,632,657	Ultrasound, Operation light, defibrillator, Infant Warmer, Ventilator, Resuscitation Bed, ECG, portable blood gas analyzer
output 2	433,454	Stretcher, Scoop stretcher, Transceiver Set
output 3	0	
output 4	4,786,670	Manikin for ACLS, First Aid, Trauma, BLS, baby, ALS Baby, Bedside monitor, defibrillator, Ventilator, LCD Projector, Video Camera and projector, Notebook computer
output 5	0	
other	1,080,000	Vehicle

total 10,932,781

April 1, 2001 - March 31, 2002 (JFY 2001)

	Price (Baht)	Main Items
output 1	19,885,807	Operation Light ,Operation table, Anesthesia apparatus Portable blood gas analyzer, Electric cautery, Craniotome, Patient monitor, Ventilator, Burn bath, film processor,
output 2	-	
output 3	178,350	Alcohol breathing testing machine
output 4	95,790	personal computers
output 5	-	
other	-	

total 20,159,947

Second Purchase JFY 2001

	Price (Baht)	Main Items
output 1	5,234,205	Volume control ventilators, burn beds, Defibrillator
output 2	-	
output 3	-	
output 4	-	
output 5	-	
other	-	

total 5,234,205

April 1, 2002 - March 31, 2003 (JFY2002)

	Price (Baht)	Main Items
output 1	-	
output 2	4,620,420	Ambulance
output 3	-	
output 4	-	
output 5	-	
other	-	

total 4,620,420 (estimated)

Second Purchase JFY 2002

	Price (Baht)	Main Items
output 1	2,430,000	Volume control ventilators
output 2	283,000	Transceiver Set
output 3	305,000	Manikin for BLS
output 4	-	
output 5	-	
other	-	

total 3,018,000 (estimated)

Total of JFY2000/2001/2002

Baht 43,965,353.-

Counterpart Personnel Training in Japan

Jul 1, 2000 to March 31, 2001 (JFY 2000)

	Subject	Participant	from	to	Training organizations
output 1	-				
output 2	Emergency Medical Care System	Dr. Nakon Tipsunthornsak Head of Emergency Dept., Ms. Sudawadee Homjoo Chief Nurse of Emergency Dept.,	16/10/00	24/11/00	Osaka City Fire Department Osaka City University Hospital Osaka Medical Center St. Mary's Hospital
output 3	-				
output 4	-				
output 5	-				

total 2 persons

April 1, 2001 - March 31, 2002 (JFY 2001)

	Subject	Participant	from	to	Training organizations
output 1	-				
output 2	Emergency Medical Service (EMT)	Mr. Virapong Kotpromsri Mr. Yuthana Woorabut Mr. Akit Soda	18.10.02	29.11.02	Osaka City Fire Department Sapporo City Fire Department
output 3	-				
output 4	-				
output 5	-				

total 3 persons

April 1, 2002 - March 31, 2003 (JFY2002)

	Subject	Participant	from	to	Training organizations
output 1	Emergency Medical Services	Mr. Phaisal Chotiglom Head of Administration Unit	23.09.02	12.10.02	Osaka City Fire Department Osaka City University Hospital
	Emergency Medical System	Ms. Sriwivat Sununta Head of Policy and Planning,	23.09.02	26.10.02	Osaka City General Hospital St. Mary's Hospital
output 2	-				
output 3	Traffic Injury Prevention	Ms. Srikul Kulleab Head of Injury Prevention	23.09.02	12.10.02	Kyoto Drive License Center Traffic Safety Education Center Kyoto Police Department
output 4	-				
output 5	-				

total 3 persons

Cost Support Expenditure

Jul 1, 2000 to March 31, 2001 (JFY 2000)

	Expenditure	Main Activites
output 1	457,862	Risk Management System, trauma guideline, nursing standard of referral of head injury patient. communication system in the hospital.
output 2	15,000	
output 3	763,500	Education Courses for pupils, students, community leaders. Enforcement of " Do not drive drunk" campaign. Public Relations on traffic injury prevention and EMS.
output 4	1,293,591	Training on BLS,ACLS,Critical Care, EMT, EMS, First Responders. Annotated bibliography on traffic accidents
output 5	300,000	National seminar on traffic injury, publication
total	2,829,953	

April 1, 2001 - March 31, 2002 (JFY 2001)

	Expenditure	Main Activites
output 1	575,300	Emergency Registry system, Risk management system, Mass Casualty Contro system
output 2	436,900	Command Control Center
output 3	1,096,524	Education in schools, Safety Campaign, Public Relations
output 4	1,561,633	Training , Annotated bibliography
output 5	500,000	National Seminar on traffic injury, publication
total	4,170,357	

April 1, 2002 - March 31, 2003 (JFY2002)

	Expenditure	Main Activites
output 1	90,000	Emergency Registry system, Risk management system, Mass Casualty Contro system
output 2	110,000	Command Control Center
output 3	972,220	Education in schools, Safety Campaign, Public Relations
output 4	1,074,700	Training , Annotated bibliography
output 5	545,000	National Seminar on traffic injury, publication
total	2,791,920 (estimated)	