

1. ミニッツ(Joint Evaluation Report)

MINUTES OF MEETINGS
BETWEEN THE JAPANESE MID-TERM EVALUATION TEAM AND
THE AUTHORITIES CONCERNED OF
THE GOVERNMENT OF SOCIALIST REPUBLIC OF VIETNAM
ON JAPANESE TECHNICAL COOPERATION
FOR BACH MAI HOSPITAL PROJECT FOR FUNCTIONAL ENHANCEMENT

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 Dr. Kobori Oichiro, visited the Socialist Republic of Vietnam (hereinafter referred to as “Vietnam”) from November 17 to November 30, 2002. The purpose of the Team was to monitor the activities and evaluate the achievements made so far in the Bach Mai Hospital Project for Functional Enhancement (hereinafter referred to as “the Project”).

During its stay, the Team and authorities concerned of Vietnam 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 document attached hereto.

Hanoi, November 29, 2002

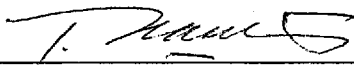


Dr. Kobori Oichiro
Leader
Mid-term Evaluation Team
Japan International Cooperation Agency
Japan



Prof. Tran Quy
Director
Bach Mai hospital
Ministry of Health
Vietnam

(witnessed by)



Ph.D. Tran Trong Hai
Director
Department of International Cooperation
Ministry of Health
Vietnam



**Joint Evaluation Report
On
The Japanese Technical Cooperation
For
The Bach Mai Hospital Project for
Functional Enhancement

Mid-Term Evaluation**

**Japan International Cooperation Agency (JICA)
And
Bach Mai Hospital
Vietnam**

November 29, 2002

[Handwritten signature]

T.A.

Index of Mid-Term Evaluation Report
Of the Bach Mai Hospital Project For Functional Enhancement

1. Introduction

1-1 Background – From Project Formulation to the Current Status

1-2 Definition of the Evaluation

- 1) Purpose and Activities
- 2) Summary of Joint Evaluation Team
- 3) Methodology of Evaluation

2. Evaluation

2-1 PDMe

2-2 Evaluation Criteria

2-3 Achievements of the Project

- 1) Inputs
- 2) Achievements
- 3) Implementation process

2-3 Evaluation by Five Criteria

3. Recommendations

ANNEXES

Annex 1: PDMe

Annex 2: PDM2

Annex 3: List of JICA experts

Annex 4: Equipment supplied

Annex 5: Equipment list

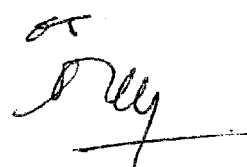
Annex 6: Operational Expenses on Local Activities

Annex 7: Counterparts allocation

Annex 8: Bach Mai Hospital - Budget allocation

Annex 9: List of training courses supported by JICA

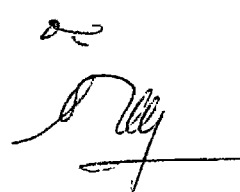
Annex10: Record of Workshops



ABBREVIATION

BMH	Bach Mai Hospital
DOHA	Direction Office of Healthcare Activities at Provincial and Lower Level
HIS	Health Information System
GPD	General Planning Department
ICU	Intensive Care Unit
IEC	Information, Education and Communication
MOH	Ministry of Health
JICA	Japan International Cooperation Agency
ODA	Official Development Aid
OPD	Out-patient Department
PCM	Project Cycle Management
PDM	Project Design Matrix

T. R



1 Introduction

1-1 Background – From Project Formulation to the Current Status

The Bach Mai Hospital Project for Functional Enhancement (the Project) is the technical cooperation project between the government of Social Republic of Vietnam and the government of Japan. The Project has been implemented jointly by Japan International Cooperation Agency (JICA) and the Bach Mai Hospital (BMH). The period of the Project is from January 10, 2000 to January 9, 2005.

In December 1998, the request for technical cooperation to the BMH was proposed to the Japanese government to cope with the increasing necessity to improve the function of the hospital to meet the important tasks that BMH assumes.

After a series of studies by Japanese mission, i.e. Basic study in August-September 1998, Preliminary study in March 1999, Short-term study in July-August 1999 and Implementation study in October, 1999, which involved discussions between Vietnamese and Japanese authorities, both sides finally reached agreement and the Record of Discussion (R/D), describing the outline and the measures to be taken by both governments for the successful implementation of the Project was signed.

The Project was started on January 10, 2000, following the establishment and operation of the new hospital building, which was granted by the government of Japan.

The Project has been implemented based on the Project Design Matrix (PDM) that was drawn up in Vietnam-Japan joint workshop in March 1999 and R/D. The Project comprises several fields, such as 1) hospital administration, 2) community medicine, 3) clinical medicine, 4) nursing management and 5) laboratory management.

Various activities, under the collaboration between BMH and JICA experts, have been carried out to achieve the objectives.

In November 2002, Vietnam-Japan Joint Evaluation Team (the Evaluation Team) conducted the mid-term evaluation of the Project.

This is the mid-term evaluation report made by the Evaluation Team.

T. R.

or

illy

1-2 Definition of the Evaluation

1) Purpose and Activities

This evaluation study was conducted from the following purposes.

- To assess project achievements and its effects on the project objective and goal with particular attention to the relevance and efficiency of resources allocation and activities in the Project.
- To elucidate the constraints which limit achievements of the project objective and goal.
- To assess the sustainability of the Project.
- To make recommendations on necessary actions for achieving the overall goal of the Project in the future.

2) Summary of the Joint Evaluation Team

[Vietnamese members]

Ministry of Health

Dr. Tran Trong Hai	Director General, Department of International Cooperation
Ms. Tran Thi Giang Huong	Expert, Department of International Cooperation

Bach Mai Hospital

Prof. Tran Quy	Director General
Assoc. Prof. Nguyen Chi Phi	Vice Director
Dr. Nguyen Quoc Tuan	Head of General Planning Department (GPD)
Dr. Tran Thuy Hanh	Head of Personnel Department
Dr. Nguyen Thi Nga	Head of Direction Office of Health care Activities at Provincial and Lower Levels (DOHA)
Mrs. Ngo Thi Ngoan	Head of Nursing Service Department
Dr. Dang Ngoc Dinh	Vice Head, Medical Equipment and Material Department
Mr. Nguyen Ngoc Hien	Head of Finance and Accounting Department
Dr. Nguyen Thu Ho	Head of Gastroenterology Department
Dr. Nguyen Dat Anh	Head of Emergency Department
Dr. Pham Thi Hong Hoa	Head of Endocrinology and Diabetes Department
Dr. Nguyen Gia Binh	Head of ICU Department
Ms. Nguyen Thi Huong	Staff of GPD (Group of secretariats and foreign affair)

[Japanese Side]

JICA Experts

Dr. Kanagawa Shuzo	Chief Advisor
Mr. Sumida Kazuaki	Information, Education and Communication
Ms. Miyoshi Sachiko	Nursing Management
Ms. Kawamura Keiko	Coordinator
Ms. Tanaka Masako	Public Health
Mr. Shirahama Kunitaka	Health Information System

JICA Evaluation Team

Dr. Kobori Oichiro	Leader
Dr. Tateno Seiki	Hospital Management
Ms. Yamanishi Fumiko	Nursing Management
Ms. Takeuchi Kiyoka	Cooperation Planning
Mr. Watanabe Hiroshi	Project Analysis

3) Methodology of Evaluation

Project Cycle Management (PCM) method was used for the mid-term evaluation of the Project. The method consists of two concepts: five evaluation criteria and the narrative summary for evaluation.

The necessary data for the analysis was collected by the following ways:

- (1) Questionnaire to the Project.
- (2) Site visit to BMH and Ha Nam provincial general hospital.
- (3) Data, prepared by the Project

PCM is the method to manage the project cycles (see Figure 1-2), such as plan, implementation and evaluation for the development assistance project, utilizing the logical framework named Project Design Matrix (PDM).

Characteristics of the PCM method are:

- Consistency: Whole project cycle can be managed consistently by utilizing PDM.
- Logic: Project status can be analyzed logically, for example, "Cause- Result", "Method-Purpose" relation,
- Participatory: All the concerned can participate in the process and opinions from donors, aid recipients, stakeholders are treated equally.

Benefits of PCM Method are:

- Suitable and efficient project management.
- Project planning on real demand
- Transparency of Official Development Aid (ODA)
- Utilization experiences

- Expedite communication among participants

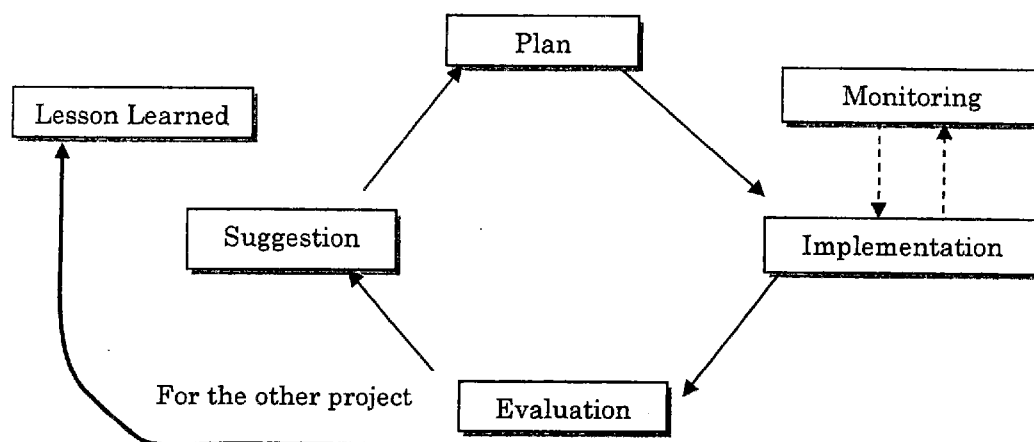


Figure 1.2 Project Cycle Management

2. Evaluation

2-1 PDMe

Following PDMs of the Project were developed based on PCM method.

- October 1999, PDM0 was applied to the Project.
- March 2001, PDM1 was developed after reviewing the objectively verifiable indicators.
- September 2002, PDM2 was developed to add IEC activities in Activities and modify indicators for Hospital management and clinical medicine.
- November 2002, PDMe – PDM2 was utilized as Project Design Matrix for evaluation (PDMe) for the mid-term evaluation of the Project and target group was put on PDMe.

Based on the collected data, all members of the Team discussed achievements, impacts, problems encountered and yet to be solved during the implementation stage, conditions for sustainability and the recommendations for the future action to be considered after the termination of the Project.

2-2 Evaluation Criteria

The evaluation was analyzed in terms of five evaluation criteria as follows:

(1) Relevance

Relevance is defined as the degree to which the rationale or objectives of a project remains pertinent, significant and worthwhile in relation to needs and concerns. The relevance means as an overall assessment

whether the overall goal and/or project goal is still in line with government policy of Vietnam and Japan as well as with needs of target group.

(2) Effectiveness

Effectiveness is the evaluation criterion on which concerns whether the target group received the benefit as a result of the Project implementation. Also it concerns whether the project purpose has been achieved in relation to the outputs produced by the Project. Furthermore, it evaluates how the Important Assumption affects the project purpose.

(3) Efficiency

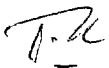
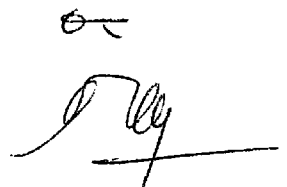
Efficiency is the criterion to evaluate whether inputs of the Project is utilized efficiently from the relation between input and output. It is the criterion to check whether the input cost is equivalent to the output and/or effectiveness of the Project.

(4) Impact

Impact is the criterion to evaluate the effect of the Project, which is expected and/or unexpected at the initial stage of the Project or the effect of long term or indirect changes, either positive or negative. The impact of the Project includes both the foreseen and unforeseen consequences for society. There are positive and negative impacts. Impact can be evaluated through reviewing whether overall goal were achieved, and whether it was because of the result of the achievement of project goal.

(5) Sustainability

Sustainability is the criterion referred as the maintenance of the program activities and project benefits after the external support has come to an end. To have a picture on the sustainability, it is needed to review the organization ability and the level of technology, considering the output, activity and input. Also, policy support, social, cultural aspect and environment factor shall be reviewed as well.



2-3 Achievements of the Project

1) Inputs

[Vietnamese Side]

- To appoint counterpart personnel
Project Director, Project Manager, technical counterparts, support staff including administrative staff and secretaries, total 67 counterpart personnel were appointed as per the plan and no shortage was observed.
- Budget
The counter budget to operate the Project was properly allocated by MOH.
- Facility
The necessary facilities were properly provided by BMH for the Project.

[Japanese side]

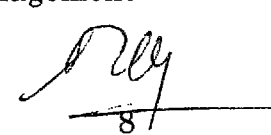
- Experts
Total 9 long-term experts of 217 Man-months (MM) and 50 short-term experts were dispatched by October, 2002.
- Provision of Equipments
The equipment provided by Japanese side was well planned and equipments equivalent to USD 2,264,741.75 were provided by October, 2002.
- Operational Expenses on Local Activities
Operational expenses on local activities in Vietnam was implemented by JICA at the amount of USD623, 657 by September 2002.
- Counterpart training in Japan
Vietnamese counterparts were dispatched to Japan for training. As of July 2002, total 12 personnel received training in Japan.

2) Achievements

2-2-2-1 Hospital Management

2-2-2-1-1 General Hospital Management

The improvement of hospital planning, information, financial management is projected so that the hospital can function more efficiently.



Because several activities to prevent nosocomial infection was commenced, the rate of surgical site infection was decreased from 9.6 in 1999 to 6.54 in 2001. Information, Education and Communication (IEC) Activities was introduced and 47 texts, 30 videos and 16 pamphlets was produced and utilized. Since the library was modernized, number of people accessed to the library was increased more than three times from 2,156 in 1999 to 6,922 in 2001. Study trips to other hospitals including Cho Ray hospital were conducted for exchanging technical cooperation experiences. General hospital management was improved. Grand seminar on hospital management was held in March 2001.

2-2-2-1-2 Health Information System (HIS)

Health information system was introduced in 4 departments; Out Patient, General Planning, Emergency and Finance. Total 133 personal computers were installed in BMH and 5 operators were assigned in HIS operation unit. The number of staff who received computer operation training became 194 against its target of 200. As the result of improvement of HIS, medical record forms and patient wards were improved so that they may fit current situation of the hospital and the number of missing medical record was decreased from 4,000 in 2000 to 2,600 in 2001. Also, the uncollected hospital fee was decreased VND 2,883 million in 2000 to 2,200 million in 2001. Hospital information system was improved.

2-2-2-1-3 Medical Materials and Equipments

JICA long term expert trained the staff and enhanced the computer system on material and equipment management. Central management system for equipment was implemented. The maintenance skill of engineers in the Medical Equipment and Material Department was improved under the supervision of JICA experts. As the result, the operation rate of material and equipment increased from 92 % in 1999 to 94 % in 2001 and the rate of good operation after completion from 92 % to 94 %.

2-2-2-1-4 Financial Management

JICA short-term experts trained staff on planning, monitoring, analysis and computer use in the Financial Department. 30 personal computers were installed. As per the result, financial management was improved, i.e. the financial analysis could be made and patients are informed their daily medical fees. Also, total amount of uncollected medical fees was reduced. Average annual income per bed was increased from VND 34,300,000 in 1999 to 39,600,000 in 2001 and per staff from VND 10,000,000 to 12,200,000.

T.R

or July

2-2-2-1-5 Pharmaceutical Management

BMH started pharmaceutical delivery management planning in accordance with total care activities.

2-2-2-2 Clinical Medicine

Techniques and skills of the areas of clinical medicine listed below, including diagnosis and treatment, are intended to upgrade through technical guidance.

Target areas:	Priority 1:	Gastroenterology, Emergency medicine/ICU, Pediatrics
	Priority 2:	Surgery (gastrointestinal), nephrourology, Pulmonology
	Priority 3:	Tropical & infectious diseases, Cardiology Neurology, Endocrinology & Diabetes

Gastroenterology and Endocrinology & Diabetes departments were selected as model wards for total care. Promotion committee for total care was established. Total care symposium and seminar for north Vietnam were held by the Project. Review on total care activities in BMH was conducted in July 2002.

2-2-2-2-1 Gastroenterology Medicine

JICA experts including three short term experts transferred clinical techniques, especially endoscopy, ultrasonograph in Gastroenterology medicine.

As the results, number of diagnostic procedures was increased from 6,396 in 1999 to 14,312 in 2001. Periodical journal club was organized from September, 2000. The number of scientific paper became 40 and clinical courses 9. The clinical techniques and skill in gastroenterology was upgraded.

2-2-2-2-2 Emergency Medicine/ICU

JICA experts including short term expert transferred clinical techniques, especially treatment for acute renal failure, endoscopy, ultrasound in Emergency medicine/ICU.

Emergency department was established in April 2001 separated from Department of Resuscitation and Emergency and emergency patients care was centralized. Trained counterpart held joint case conferences with other central level hospital staffs for exchanging techniques and knowledge. The number of emergency cases was increased from 2,785 in 1999 to 13,000 in 2001(April-December). Periodical journal club was organized from 2000. The number of scientific paper became 33 and clinical courses 40.

T.R

or Rly

New medical recording system was implemented in ICU. ICU is producing manual and protocol with support of JICA short term expert. The clinical techniques and skill in Emergency Medicine/ICU was upgraded.

2-2-2-2-3 Pediatrics

JICA experts including short term experts transferred clinical techniques, especially diagnosis and treatment for pulmonary infection, hematological ultrasound, pediatric ICU in Pediatrics.

As the results, number of diagnostic procedures was increased from 486 in 2000 to 2,047 in 2001. Periodical journal club was organized from 1999. The number of scientific paper became 13 and clinical courses 10. The clinical techniques and skill in Pediatrics was upgraded.

2-2-2-2-4 Surgery

Operation instrument sets were supplied to operation theaters and technical guidance regarding management and fundamental technique were provided along with equipments.

2-2-2-2-5 Nephrology

JICA experts transferred clinical techniques, especially peritoneal dialysis, renal biopsy, imaging diagnosis, cystoscopy in Nephrology.

As the results, number of diagnostic procedures became 7,213 from 1999 to 2001. Periodical journal club was organized from 1999. The number of scientific paper became 26 and clinical courses 7. The clinical techniques and skill in Nephrology was upgraded.

2-2-2-2-6 Pulmonology

In February, 2002, after the fact-finding of Pulmonology Department, the guidance on operation of the new ward was carried out for diagnosis, treatment of in-patient. Also, the discussion for future cooperation was held.

2-2-2-2-7 Infectious and Tropical Diseases

JICA experts transferred clinical techniques such as liver biopsy for patient care in Infectious and Tropical Diseases Medicine. As the results, number of diagnostic procedures was increased from 4,192 in 1999 to 6,883 in 2001. Periodical journal club was organized from 1999. The number of scientific paper became 43. The clinical techniques and skill in Infectious and tropical diseases was upgraded.

T.2

or [Signature]

2-2-2-8 Neurology

Management system for pediatric patients with epilepsy was coordinated between Pediatric and Neurology Department with support of JICA short term expert.

2-2-2-9 Endocrinology & Diabetes mellitus

As one of total care activities, the dietary therapy for diabetes mellitus patients was implemented with support of JICA short term experts. Collaboration was made with Nutrition Department. A leaflet for diabetes mellitus information was made and distributed. Video tape for diabetes mellitus patients was produced.

2-2-2-3 Nursing Management

The facilities and equipment for nursing management was improved. The re-training program for nurses, distribution of nurses and strengthen basic techniques in nursing care was improved with support of JICA experts. The out-patient's satisfaction test was conducted in January- March 2002 in collaboration with the Vietnam Nursing Association among 5 hospitals including BMH and the score of BMH was 82.21. It was relatively higher than the score of other hospitals.

In November 2000, nurse training committee was organized and totally 28 training courses were conducted. The nursing management and service were improved.


Videos of total care, safe injection and communication skill were produced and distributed.

2-2-2-4 Clinical Laboratories

JICA experts provided consultation on operational methods, improvement of recording, reporting system and quality control. Also the pathological techniques were transferred, particularly immuno-fluorescent staining method. Furthermore, JICA experts made out a manual for laboratory examination and provide guidance in effective use of angiography. Clinical laboratory department was established to centralize the laboratory function.

As per the result, quality of laboratory examination was improved to 99.75%, which is extra ordinal quality comparing to the other countries. The rate of re-examination was decreased from 5.0% in 1999 to 1.1% in 2001. The number of laboratory examinations was increased from 419,695 in 1999 to 871,534 in 2001. Also the number of examination requested by outside institute was increased from 840 in 1999 to 3,240 in 2001.

T.2

or 

Those figure shows that management and skill in clinical laboratories were improved.

2-2-2-5 Community Medicine

BMH has a mission as the top referral hospital for 28 provincial hospitals and 3 city hospitals in Hanoi and Hai Phong in north Vietnam. DOHA was established in August 1998 to directing toward the community, helping lower levels to improve the diagnosis and treatment and carry out primary health care activities in the community.

Currently, DOHA of BMH has 6 staff. DOHA established coordination mechanism in BMH with specialized departments to provide technical guidance and supports. Totally 229 training courses for provincial and lower level hospital staff were conducted and 9,756 trainees were participated. As per the result of survey, 99% of participants evaluate the training was useful. On-site technical supervision in lower level health facilities were conducted with collaboration with other departments. Medical books were distributed to provincial hospitals.

DOHA drew up an appropriate training plan and teaching materials for provincial and lower level institution staff and conduct training. The total number of trainers dispatched from BMH to provincial and lower level institutions became 1,237 from 1999 to 2001.

An efficient two-way information system of referral cases was established and the number of reporting of the results of medical care in BMH was increased from 735 in 2000 to 1,204 in 2001.

3) Implementation process

Joint meeting between BMH administrative staff and JICA experts was organized and regularly held weekly to discuss appropriate operation of the Project, hospital management, existing problems, etc. Each departments holds regular and/or ad hoc joint meeting between counterparts and JICA experts to discuss management and problem in each departments.

Monitoring of the Project was done by the established organization. In the progress of the Project, several activities were amended and added to cope with the change of the needs by the target group and so on, and it was reflected to PDM2 revision.

The necessity of the interpreter generated some frustration. However the communication between BMH administrative staff and JICA experts are smooth for the successful implementation of the Project.

T.R

13

The ownership of the Project is maintained by BMH, for example, BMH made great effort to obtain necessary budget to cover project activities.

Tia

α
Ray
14

2-3 Evaluation by Five Criteria

1) Relevance

Before the Project started, the situation of BMH was facing difficult situation as the top referral hospital due to the lack of equipment or modern techniques. Therefore it was meaningful that the modern necessary equipment was supplied and new technique was transferred by the Project following the establishment and operation of the new hospital building, which was granted by the government of Japan.

The results of evaluation show consistency between the Project and the Vietnam government policy on health and medical field as well as the ODA policy of Japanese government to assist Vietnam.

2) Effectiveness

Because of the modernization of equipments, improvement of operation and technique, the quality of medical service was upgraded and reliability and satisfaction rate of patients' was improved. The number of BMH patients was increased. The rate of nosocomial infection cases was decreased and other indicators for quality were improved as well. The project purpose was achieved through the outputs produced by the Project.

3) Efficiency

All the inputs were put in good timing by the Project. For an example, because video machines were supplied to 31 local hospitals prior to the video text production activities by IEC, the video text could be utilized by local hospitals.

The fact that no trainees who received training in Japan left BMH and trainees are transferring techniques they learned in Japan to their colleagues made the training activities very efficient. It is rare case no trainees left counterpart organization comparing with other JICA projects and is highly appreciated.

4) Impact

Catchments area of BMH is 31 provinces in northern Vietnam and population of area is 25 million, which is 51% of total provinces and 32% of country's population. Quality of medical care service in the north of Vietnam was improved through DOHA activities of BMH. The Project also contributed to the improvement of medical care service in the north through various activities, such as training, technical transfer and equipment provision for some pilot hospitals.

The Project contributed to impulse BMH staff by taking part in improvement of diagnosis and treatment quality as well as training activities.

To support the achievement of overall goal of the Project, i.e. Medical services in the north Vietnam are upgraded, pilot project on strengthening health system in provisional hospitals are proposed by the government of Vietnam.

5) Sustainability

Sustainability is the critical criterion for the mid-term evaluation because the Project is scheduled to terminate on January 9, 2005.

When this Project started in 2000, it was Vietnamese government policy to give the priority of enhancing the core hospitals. This policy is clearly stated in the 2001-2010 socio development strategy and 2001-2010 6th ten year strategy of health and medical sector. These policies are still effective and continued. The institutional support has been supplied sufficiently and it will be continued by relevant organization. Also, the budget from the government was secured.

After the Project started, the revenue exceeded medical expenditures, exhibiting a tendency for increasing profits in the future from higher numbers of patients and laboratory test. As the hospital can use profits freely, they are utilized for consumables such as reagents, equipment parts, employing temporary staff and other fringe benefits. It is a future theme to continue improvement financial management capacity in order to secure a budget sufficient after the Project.

The BMH management is smoothly and effectively operating the Project. Several committees were established for the improvement of BMH management. The voluntarily activities, for example journal club, were established to improve the technique and communize the knowledge among staffs.

T. A.

16

3. Recommendations

BMH Project has been conducted smoothly and several outputs have been achieved. However there exist certain points to be enhanced towards the end of the Project. There are recommendations as below;

- 1 The quality of medical service should be continuously improved in BMH emphasizing the view point of total care.
- 2 The Project should concentrate on further training of various kinds. The training system should be enhanced.
- 3 For the establishment of training center, the Project should discuss to identify its purpose and contents.
- 4 To make the hospital activities more effective, relationship between departments should be enhanced.
- 5 Function of Nursing Service Department, GPD and DOHA should be optimized and enhanced.
- 6 Standardization for examples, diagnosis, treatment, medical record management, nursing management and training curriculum should be continued.
- 7 Computerizations should be continued. HIS should be integrated among OPD, Emergency Dept. GPD and total care model patient wards. HIS management center should be established under Director of Hospital.
- 8 Further activities for Pharmaceutical Department should be implemented.
- 9 Further activities for Cardiology, Neurology and Surgery Departments are expected to be started.
- 10 Needs for equipments and techniques should be discussed between JICA experts and BMH, considering improvement of medical service in the north of Vietnam.
- 11 PDM shall be revised according to the requirements of the second half of the Project.

(Concluded)

T.R.

May 17

Annex 1: PDMe
Annex 2: PDM2
Annex 3: List of JICA experts
Annex 4: Equipment supplied
Annex 5: Equipment list
Annex 6: Operational Expenses on Local Activities
Annex 7: Counterparts allocation
Annex 8: Bach Mai Hospital - Budget allocation
Annex 9: List of training courses supported by JICA
Annex10:Record of Workshops

T.R

Reg ok

PdMe

Project Name : Bach Mai Hospital Project for Functional Enhancemant Duratio: 10 January 2000 - 9 January 2005

Location: Hanoi Vietnam Direct Target: Patient of BMH Final Target- Inhabitants in North Vietnam Date: November 29, 2002

[illegible]

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
2-5 Clinical techniques and skill in nephrology are upgraded 2-6 Clinical techniques and skill in pulmonology are upgraded 2-7 Clinical techniques and skill in infectious & tropical diseases are upgraded 2-8 Clinical techniques and skill in cardiology(internal) are upgraded 2-9 Clinical techniques and skill in neurology are upgraded are upgraded 2-10 Clinical techniques and skill in diabetes mellitus 3. Nursing care 3-1 Nursing management and service are improved# 3-2 Training function in collaboration with nursing school is improved 4. Clinical laboratories 4-1 Management and skill in clinical laboratories are improved# 5. Community medicine 5-1 DOHA activities function efficiently#	2-2 *Mortality rate within 24 hours after admission 2-2 *Mortality rate within 48 hours after operation 2-1~2-10 *Mortality rate, *No. of diagnostic procedures (total) *No. of diagnostic procedures (transferred by Japan) *Percentage of the patients with correct diagnosis *No. of referred cases from other hospitals *No. of scientific papers * No.of clinical courses *No. of journal club 3-1*Score of nursing care test, , *Results of patient's satisfaction test 3-2*No. of training courses for nurses 4-1* No. of examination request from outside institutions. *Total No. of laboratory examinations, *Rate of re-examination, *Results of quality control 5-1 *No. of reply to referral cases, *No. of training courses, *No. of trainees, *No. of trainers dispatched from BMH to provincial and lower level institutions, *No. of medical staff in provincial and lower level institutions applying the techniques and skill transferred by BMH	Record of each clinical dept. Record of general planning dept. Nursing care test Record of nursing dept. Recorded of each laboratory Annual report of DOHA Record of general planning dept.	*Trained counterparts continue working in BMH *Grant-aid project for the improvement of BMH by JICA is implemented as scheduled

Abbreviations:

MOH: Ministry of Health/Vietnam, BMH: Bach Mai Hospital, JICA: Japan International Cooperation Agency
DOHA: Direction office of healthcare activities at provincial and lower level HIS: Hospital Information System
ME: Medical equipment, ICU: Intensive care unit, ERCP: Endoscopic retrograde cholangio-pancreatography
CT: Computerized tomography, EMG: Electromyogram, EEG, Electroencephalogram
IEC: Information, education and communication

High priority is given

COOPERATION IN THE FIELD OF CLINICAL MEDICINE:

Grade 1: Gastroenterology, Emergency medicine/ICU, Pediatrics

Grade 2: Surgery, Nephrology, Pulmonology

Grade 3: Infectious & tropical medicine, Cardiology, Neurology, Diabetes

(Highest priority is given to Grade 1)

ACTIVITIES	ACTIVITIES	IMPORTANT ASSUMPTIONS
<p>1-1-1 Experts participate in planning and give advice</p> <p>1-1-2 Reform the administrative structure</p> <p>1-1-3 Improve the function of medical library</p> <p>1-1-4 Improve training curriculum</p> <p>1-1-5 Provide consultation on management of personnel affairs</p> <p>1-1-6 Make out a manual for nosocomial infection control</p> <p>1-1-7 Set up nosocomial infection control committee</p> <p>1-1-8 Operate the coordinating committee properly</p> <p>1-1-9 Train IEC staff</p> <p>1-1-10 Produce teaching materials and promote to use</p> <p>1-2-1 Improve the classification method of diseases</p> <p>1-2-3 Improve the medical record forms</p> <p>1-2-3 Prepare appropriate data-base for hospital function</p> <p>1-2-4 Introduce HIS to important sections</p> <p>1-2-5 Provide guidance in the technique of data base management</p> <p>1-2-6 Provide guidance in efficient operation of HIS</p> <p>1-3-1 Set up proper provision route of spare parts</p> <p>1-3-2 Train staff concerned with the maintenance and management of the equipment (engineers, etc.)</p> <p>1-3-3 Enhance computer system on material and equipment management</p> <p>1-3-4 Promote centralization and common use of equipment</p> <p>1-3-5 Provide up-to-date information and useful data on materials and equipment</p> <p>1-3-6 Give advice on the future plan of material and equipment purchase</p> <p>1-4-1 Train staff on planning, monitoring, analysis and computer use</p> <p>1-5-1 Experts provide guidance in appropriate monitoring method for purchase, preservation and usage of drugs</p> <p>2-1-1 Strengthen basic techniques in gastroenterology</p> <p>2-1-2 Experts transfer clinical techniques (esp. endoscopy, ultrasonography) to counterparts</p> <p>2-1-3 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-1-4 Draw up an appropriate training curriculum for post-graduates</p> <p>2-1-5 Hold training course for provincial and lower level institution staff members</p> <p>2-1-6 Make out a manual/textbook for gastroenterology</p> <p>2-1-7 Substantiate clinical research activities</p> <p>2-1-8 Hold a seminar on gastroenterology</p>	<p>2-2-1 Strengthen basic techniques in emergency medicine/ICU</p> <p>2-2-2 Experts transfer clinical techniques (esp. treatment for acute renal failure, endoscopy, ultrasound) to counterparts</p> <p>2-2-3 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-2-4 Draw up an appropriate training curriculum for post-graduates</p> <p>2-2-5 Hold training course for provincial and lower level institution staff members</p> <p>2-2-6 Make out a manual/textbook for emergency medicine</p> <p>2-2-7 Substantiate clinical research activities</p> <p>2-2-8 Hold a seminar on emergency medicine/ICU</p> <p>2-3-1 Strengthen basic techniques in pediatrics</p> <p>2-3-2 Experts transfer clinical techniques (esp. diagnosis and treatment for pulmonary infection, ultrasound, pediatric ICU) to counterparts</p> <p>2-3-3 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-3-4 Draw up an appropriate training curriculum for post-graduates</p> <p>2-3-5 Hold training course for provincial and lower level institution staff members</p> <p>2-3-6 Make out a manual/textbook for pediatrics</p> <p>2-3-7 Substantiate clinical research activities</p> <p>2-3-8 Hold a seminar on pediatrics</p> <p>2-3-9 Improve patient ward administration</p> <p>2-4-1 Strengthen basic techniques in gastro-intestinal surgery</p> <p>2-4-2 Experts transfer clinical techniques (esp. endoscopic and laparoscopic surgery, anesthesia) to counterparts</p> <p>2-4-3 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-4-4 Draw up an appropriate training curriculum for post-graduates</p> <p>2-4-5 Hold training course for provincial and lower level institution staff members</p> <p>2-4-6 Improve infection control and clean handling</p> <p>2-4-7 Substantiate clinical research activities</p> <p>2-4-8 Hold a seminar on gastroenterology</p> <p>2-4-9 Improve patient ward administration</p>	<p>•Counterparts show great zeal for the project</p> <p>•BMH staff members understand the aim and main point of the project well</p> <p>•BMH do its assignment in the project</p> <p>•English ability of BMH staff members are improved</p> <p>•Provincial and lower level institutions understand the aim and main point of the project well.</p> <p>•Provision, custom clearance and transportation of the equipment are not delayed</p>

ACTIVITIES	ACTIVITIES	INPUTS	IMPORTANT ASSUMPTIONS
<p>2-5-1 Strengthen basic techniques in nephrourology</p> <p>2-5-2 Experts transfer clinical techniques (esp. peritoneal dialysis, rena biopsy, imaging diagnosis, cystoscopy) to counterparts</p> <p>2-5-3 Build the basis of dietary therapy for chronic renal failure</p> <p>2-5-4 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-5-5 Draw up an appropriate training curriculum for post-graduates</p> <p>2-5-6 Hold training course for provincial and lower level institution staff members</p> <p>2-6-1 Strengthen basic techniques in pulmonology</p> <p>2-6-2 Experts transfer clinical techniques(esp. bronchoscopy, respiratory function tests, diagnosis and treatment of pulmonary infection) to counterparts</p> <p>2-6-3Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-7-1 Experts transfer clinical techniques (esp. ICU, viral hepatitis) to counterparts</p> <p>2-7-2 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-7-3 Hold training course for provincial and lower level institution staff members</p> <p>2-7-4 Hold a seminar on infectious & tropical diseases.</p> <p>2-7-5 Give proper advice on infectious disease control</p> <p>2-8-1 Experts transfer clinical techniques (esp. cardiac ultrasound)</p> <p>2-8-2 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-8-3 Hold training course for provincial and lower level institution staff members</p> <p>2-8-4 Make out a manual/textbook for cardiovascular diseases</p> <p>2-8-5 Hold a seminar on cardiovascular diseases</p> <p>2-9-1 Experts transfer clinical techniques (esp. EEG, EMG, imaging diagnosis by angiography and CT) to counterparts</p> <p>2-9-2 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-9-3 Draw up an appropriate training curriculum for post-graduates</p> <p>2-9-4 Provide up-to-date information (esp. metabolic disorders, Parkinson's disease, Alzheimer's disease)</p> <p>2-10-1 Experts transfer clinical techniques (esp. diagnosis and patient management of diabetes mellitus) to counterparts</p> <p>2-10-2 Substantiate the content of clinical conferences, journal club, etc.</p>	<p>3-1-1 Improve the facilities and equipment for nursing management</p> <p>3-1-2 Review and improve the re-training program for nurses</p> <p>3-1-3 Review and improve the distribution of nurses</p> <p>3-1-4 Strengthen basic techniques in nursing care</p> <p>3-1-5 Improve nursing record system</p> <p>3-1-6 Experts guide the operation of mixed patient ward</p> <p>3-1-7 Make out a manual for nursing care</p> <p>3-1-8 Substantiate the content of clinical conferences, etc.</p> <p>3-2-1 Improve the training program in cooperation with nursing school</p> <p>3-2-2 Improve the training materials</p> <p>4-1-1 Reform the administrative structure and distribution of equipment</p> <p>4-1-2 Experts transfer the techniques in quality control to counterparts</p> <p>4-1-3 Experts provide consultation on operational methods and personnel management</p> <p>4-1-4 Experts provide guidance in equipment maintenance and administration</p> <p>4-1-5 Improve the recording and reporting system</p> <p>4-1-6 Upgrade the techniques in laboratory examination (esp. biochemistry)</p> <p>4-1-7 Make out a manual for laboratory examination</p> <p>4-1-8 Experts provide guidance in effective use of angiography</p> <p>5-1-1 Train the DOHA staff in basic techniques</p> <p>5-1-2 Provide fundamental equipment for DOHA activities</p> <p>5-1-3 Organize training courses for provincial and lower level institution staff members at BMH</p> <p>5-1-4 Set up an efficient system for gathering medical information of catchment area</p> <p>5-1-5 Set up an efficient system for the acceptance of referral cases and reporting the results of medical care in BMH</p> <p>5-1-6 Set up an efficient system for coordination with relevant departments (institutes) in BMH</p> <p>5-1-7 Draw up an appropriate training curriculum for provincial and lower level institution staff members</p> <p>5-1-8 Hold a seminar on community medicine</p> <p>5-2-1 Summarize the results of DOHA activities periodically</p>	<p>[JAPANESE SIDE]</p> <p>1) Dispatch experts</p> <p>a Long term experts</p> <ul style="list-style-type: none"> • Chief advisor • Coordinator • Nursing management • Medical equipment <p>b Short term experts</p> <ul style="list-style-type: none"> • Medical information management • IEC • Medical record management • Financial management • Pharmaceutical management • Gastroenterology • Pediatrics • Emergency/ICU • Surgery (abdominal) • Pulmonology • Infectious & tropical diseases • Cardiology (internal) • Neurology • Nephrology • Diabetes • Nursing management • Laboratory management • Radiology • Community medicine <p>2) Counterpart training in Japan</p> <p>3) Provide equipment</p> <p>4) Cost sharing for local</p> <p>[VIETNAMESE SIDE]</p> <p>1) Provision of Vietnamese counterparts</p> <p>2) Provision of office accommodation</p> <p>3) Bearing running expenses</p> <p>4) Maintenance of equipment</p> <p>5) Measures for tax exemption</p>	<p>• Counterparts show great zeal for the project</p> <p>• BMH staff members understand the aim and main point of the project well</p> <p>• BMH do its assignemnt in the project</p> <p>• English ability of BMH staff members are improved</p> <p>• Provincial and lower level institutions understand the aim and main point of the project</p> <p>• Provision, custom clearance and transportation of the equipment are not delayed</p> <p>PRECONDITION</p> <p>• MOH supports the project</p>

Annex 2 PDM₂ Bach Mai Hospital Project for Functional Enhancement

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
OVERALL GOAL Medical services in the north of Vietnam are upgraded	* No. of medical staff members who were trained in BMH and are working in medical institutions in the north of Vietnam * No. of diagnostic and treatment procedures transferred by BMH * No. of reply to referred cases * Reliability of provincial hospital to BMH	Annual report of DOHA and general planning dept. Statistics in some designated hospitals	* Government policy on the health will not change * DOHA activities will not be stagnant
PROJECT PURPOSE The quality of medical services is improved in Bach Mai Hospital	* Cf. Attachment	Annual report of DOHA, Data of general planning dept. Patients' satisfaction study	* BMH have financial sustainability * Master plan of the improvement of BMH by MOH is implemented as scheduled
OUTPUTS <i>1. Hospital management</i> 1-1 General hospital management in BMH is improved# 1-2 Hospital information system is improved# 1-3 Management of medical materials & equipment is improved# 1-4 Financial management is improved 1-5 Pharmaceutical management is improved <i>2. Clinical medicine</i> 2-1 Clinical techniques and skill in gastroenterology are upgraded# 2-2 Clinical techniques and skill in emergency medicine/ ICU are upgraded# 2-3 Clinical techniques and skill in pediatrics are upgraded# 2-4 Clinical techniques and skill in surgery (abdominal) are upgraded 2-5 Clinical techniques and skill in nephrology are upgraded	1-1 *BMH general information (Average length of stay, etc.) *No. of people achieved diplomas * No. of people accessed to the library * Rate of nosocomial infection cases *No. of IEC products (video, pamphlet) *No. people accessed to the video library *No. of people accessed to the medical record storage 1-2 *No. of computer operators trained, *No. of missing medical record *Uncollected hospital fee *Patients' waiting time at OPD 1-3 *Operation ratio of ME *Rate of good operation after completion of repair *No. of inspected & checked ME 1-4 *Average annual income per bed (per staff), *Amount of uncollected hospital fee 1-5 *Amount of expired drugs 2-1-2-10 *Mortality rate, *No. of diagnostic procedures (total) *No. of diagnostic procedures (transferred by Japan) *Percentage of the patients with correct diagnosis *No. of referred cases from other hospitals *No. of scientific papers * No. of clinical courses *No. of journal club 2-2 *Mortality rate within 24 hours after admission 2-2 *Mortality rate within 48 hours after operation	Record of general planning dept. and other administrative depts. Record of each clinical dept. Record of general planning dept.	* Trained counterparts continue working in BMH * Grant-aid project for the improvement of BMH by JICA is implemented as scheduled

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	IMPORTANT ASSUMPTIONS
2-6 Clinical techniques and skill in pulmonology are upgraded	2-1~2-10		
2-7 Clinical techniques and skill in infectious & tropical diseases are upgraded	*Mortality rate, *No. of diagnostic procedures (total) *No. of diagnostic procedures (transferred by Japan) *Percentage of the patients with correct diagnosis *No. of referred cases from other hospitals *No. of scientific papers *No. of clinical courses *No. of journal club	Record of each clinical dept. Record of general planning dept.	*Trained counterparts continue working in BMH *Grant-aid project for the improvement of BMH by JICA is implemented as scheduled
2-8 Clinical techniques and skill in cardiology(internal) are upgraded			
2-9 Clinical techniques and skill in neurology are upgraded			
2-10 Clinical techniques and skill in diabetes mellitus			
3. Nursing care			
3-1 Nursing management and service are improved#	3-1*Score of nursing care test, , *Results of patient's satisfaction test	Nursing care test Record of nursing dept.	
3-2 Training function in collaboration with nursing school is improved	3-2*No. of training courses for nurses		
4. Clinical laboratories	4-1* No. of examination request from outside institutions. *Total No. of laboratory examinations, *Rate of re-examination, *Results of quality control	Record of each laboratory	
4-1 Management and skill in clinical laboratories are improved#	5-1 *No. of reply to referral cases, *No. of training courses, *No. of trainees, *No. of trainers dispatched from BMH to provincial and lower level institutions, *No. of medical staff in provincial and lower level institutions applying the techniques and skill transferred by BMH	Annual report of DOHA Record of general planning dept.	
5. Community medicine			
5-1 DOHA activities function efficiently#			

Abbreviations:

MOH: Ministry of Health/Vietnam, BMH: Bach Mai Hospital, JICA: Japan International Cooperation Agency
DOHA: Direction office of healthcare activities at provincial and lower level HIS: Hospital Information System
ME: Medical equipment, ICU: Intensive care unit, ERCP: Endoscopic retrograde cholangio-pancreatography
CT: Computerized tomography, EMG: Electromyogram, EEG, Electroencephalogram
IEC: Information, education and communication

High priority is given

COOPERATION IN THE FIELD OF CLINICAL MEDICINE:

Grade 1: Gastroenterology, Emergency medicine/ICU, Pediatrics

Grade 2: Surgery, Nephrology, Pulmonology

Grade 3: Infectious & tropical medicine, Cardiology, Neurology, Diabetes

(Highest priority is given to Grade 1)

ACTIVITIES	ACTIVITIES	IMPORTANT ASSUMPTIONS
<p>1-1-1 Experts participate in planning and give advice</p> <p>1-1-2 Reform the administrative structure</p> <p>1-1-3 Improve the function of medical library</p> <p>1-1-4 Improve training curriculum</p> <p>1-1-5 Provide consultation on management of personnel affairs</p> <p>1-1-6 Make out a manual for nosocomial infection control</p> <p>1-1-7 Set up nosocomial infection control committee</p> <p>1-1-8 Operate the coordinating committee properly</p> <p>1-1-9 Train IEC staff</p> <p>1-1-10 Produce teaching materials and promote to use</p> <p>1-2-1 Improve the classification method of diseases</p> <p>1-2-3 Improve the medical record forms</p> <p>1-2-3 Prepare appropriate data-base for hospital function</p> <p>1-2-4 Introduce HIS to important sections</p> <p>1-2-5 Provide guidance in the technique of data base management</p> <p>1-2-6 Provide guidance in efficient operation of HIS</p> <p>1-3-1 Set up proper provision route of spare parts</p> <p>1-3-2 Train staff concerned with the maintenance and management of the equipment (engineers, etc.)</p> <p>1-3-3 Enhance computer system on material and equipment management</p> <p>1-3-4 Promote centralization and common use of equipment</p> <p>1-3-5 Provide up-to-date information and useful data on materials and equipment</p> <p>1-3-6 Give advice on the future plan of material and equipment purchase</p> <p>1-4-1 Train staff on planning, monitoring, analysis and computer use</p> <p>1-5-1 Experts provide guidance in appropriate monitoring method for purchase, preservation and usage of drugs</p> <p>2-1-1 Strengthen basic techniques in gastroenterology</p> <p>2-1-2 Experts transfer clinical techniques (esp. endoscopy, ultrasonography) to counterparts</p> <p>2-1-3 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-1-4 Draw up an appropriate training curriculum for post-graduates</p> <p>2-1-5 Hold training course for provincial and lower level institution staff members</p> <p>2-1-6 Make out a manual/textbook for gastroenterology</p> <p>2-1-7 Substantiate clinical research activities</p> <p>2-1-8 Hold a seminar on gastroenterology</p>	<p>2-2-1 Strengthen basic techniques in emergency medicine/ICU</p> <p>2-2-2 Experts transfer clinical techniques (esp. treatment for acute renal failure, endoscopy, ultrasound) to counterparts</p> <p>2-2-3 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-2-4 Draw up an appropriate training curriculum for post-graduates</p> <p>2-2-5 Hold training course for provincial and lower level institution staff members</p> <p>2-2-6 Make out a manual/textbook for emergency medicine</p> <p>2-2-7 Substantiate clinical research activities</p> <p>2-2-8 Hold a seminar on emergency medicine/ICU</p> <p>2-3-1 Strengthen basic techniques in pediatrics</p> <p>2-3-2 Experts transfer clinical techniques (esp. diagnosis and treatment for pulmonary infection, ultrasound, pediatric ICU) to counterparts</p> <p>2-3-3 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-3-4 Draw up an appropriate training curriculum for post-graduates</p> <p>2-3-5 Hold training course for provincial and lower level institution staff members</p> <p>2-3-6 Make out a manual/textbook for pediatrics</p> <p>2-3-7 Substantiate clinical research activities</p> <p>2-3-8 Hold a seminar on pediatrics</p> <p>2-3-9 Improve patient ward administration</p> <p>2-4-1 Strengthen basic techniques in gastro-intestinal surgery</p> <p>2-4-2 Experts transfer clinical techniques (esp. endoscopic and laparoscopic surgery, anesthesia) to counterparts</p> <p>2-4-3 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-4-4 Draw up an appropriate training curriculum for post-graduates</p> <p>2-4-5 Hold training course for provincial and lower level institution staff members</p> <p>2-4-6 Improve infection control and clean handling</p> <p>2-4-7 Substantiate clinical research activities</p> <p>2-4-8 Hold a seminar on gastroenterology</p> <p>2-4-9 Improve patient ward administration</p>	<p>• Counterparts show great zeal for the project</p> <p>• BMH staff members understand the aim and main point of the project well</p> <p>• BMH do its assignment in the project</p> <p>• English ability of BMH staff members are improved</p> <p>• Provincial and lower level institutions understand the aim and main point of the project well.</p> <p>• Provision, custom clearance and transportation of the equipment are not delayed</p>

ACTIVITIES	ACTIVITIES	INPUTS	IMPORTANT ASSUMPTIONS
<p>2-5-1 Strengthen basic techniques in nephrourology</p> <p>2-5-2 Experts transfer clinical techniques (esp. peritoneal dialysis, rena biopsy, imaging diagnosis, cystoscopy) to counterparts</p> <p>2-5-3 Build the basis of dietary therapy for chronic renal failure</p> <p>2-5-4 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-5-5 Draw up an appropriate training curriculum for post-graduates</p> <p>2-5-6 Hold training course for provincial and lower level institution staff members</p> <p>2-6-1 Strengthen basic techniques in pulmonology</p> <p>2-6-2 Experts transfer clinical techniques(esp. bronchoscopy, respiratory function tests, diagnosis and treatment of pulmonary infection) to counterparts</p> <p>2-6-3Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-7-1 Experts transfer clinical techniques (esp. ICU, viral hepatitis) to counterparts</p> <p>2-7-2 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-7-3 Hold training course for provincial and lower level institution staff members</p> <p>2-7-4 Hold a seminar on infectious & tropical diseases.</p> <p>2-7-5 Give proper advice on infectious disease control</p> <p>2-8-1 Experts transfer clinical techniques (esp. cardiac ultrasound)</p> <p>2-8-2 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-8-3 Hold training course for provincial and lower level institution staff members</p> <p>2-8-4 Make out a manual/textbook for cardiovascular diseases</p> <p>2-8-5 Hold a seminar on cardiovascular diseases</p> <p>2-9-1 Experts transfer clinical techniques (esp. EEG, EMG, imaging diagnosis by angiography and CT) to counterparts</p> <p>2-9-2 Substantiate the content of clinical conferences, journal club, etc.</p> <p>2-9-3 Draw up an appropriate training curriculum for post-graduates</p> <p>2-9-4 Provide up-to-date information (esp. metabolic disorders, Parkinson' s disease, Alzheimer' s disease)</p> <p>2-10-1 Experts transfer clinical techniques (esp. diagnosis and patient management of diabetes mellitus) to counterparts</p> <p>2-10-2 Substantiate the content of clinical conferences, journal club, etc.</p>	<p>3-1-1 Improve the facilities and equipment for nursing management</p> <p>3-1-2 Review and improve the re-training program for nurses</p> <p>3-1-3 Review and improve the distribution of nurses</p> <p>3-1-4 Strengthen basic techniques in nursing care</p> <p>3-1-5 Improve nursing record system</p> <p>3-1-6 Experts guide the operation of mixed patient ward</p> <p>3-1-7 Make out a manual for nursing care</p> <p>3-1-8 Substantiate the content of clinical conferences, etc.</p> <p>3-2-1 Improve the training program in cooperation with nursing school</p> <p>3-2-2 Improve the training materials</p> <p>4-1-1 Reform the administrative structure and distribution of equipment</p> <p>4-1-2 Experts transfer the techniques in quality control to counterparts</p> <p>4-1-3 Experts provide consultation on operational methods and personnel management</p> <p>4-1-4 Experts provide guidance in equipment maintenance and administration</p> <p>4-1-5 Improve the recording and reporting system</p> <p>4-1-6 Upgrade the techniques in laboratory examination (esp. biochemistry)</p> <p>4-1-7 Make out a manual for laboratory examination</p> <p>4-1-8 Experts provide guidance in effective use of angiography</p> <p>5-1-1 Train the DOHA staff in basic techniques</p> <p>5-1-2 Provide fundamental equipment for DOHA activities</p> <p>5-1-3 Organize training courses for provincial and lower level institution staff members at BMH</p> <p>5-1-4 Set up an efficient system for gathering medical information of catchment area</p> <p>5-1-5 Set up an efficient system for the acceptance of referral cases and reporting the results of medical care in BMH</p> <p>5-1-6 Set up an efficient system for coordination with relevant departments (institutes) in BMH</p> <p>5-1-7 Draw up an appropriate training curriculum for provincial and lower level institution staff members</p> <p>5-1-8 Hold a seminar on community medicine</p> <p>5-2-1 Summarize the results of DOHA activities periodically</p>	<p>[JAPANESE SIDE]</p> <p>1) Dispatch experts</p> <p>a Long term experts</p> <ul style="list-style-type: none"> •Chief advisor •Coordinator •Nursing management •Medical equipment <p>b Short term experts</p> <ul style="list-style-type: none"> •Medical information management •IEC •Medical record management •Financial management •Pharmaceutical management •Gastroenterology •Pediatrics •Emergency/ICU •Surgery (abdominal) •Pulmonology •Infectious & tropical diseases •Cardiology (internal) •Neurology •Nephrology •Diabetes •Nursing management •Laboratory management •Radiology •Community medicine <p>2) Counterpart training in Japan</p> <p>3) Provide equipment</p> <p>4) Cost sharing for local</p> <p>[VIETNAMESE SIDE]</p> <p>1) Provision of Vietnamese counterparts</p> <p>2) Provision of office accommodation</p> <p>3) Bearing running expenses</p> <p>4) Maintenance of equipment</p> <p>5) Measures for tax exemption</p>	<p>•Counterparts show great zeal for the project</p> <p>•BMH staff members understand the aim and main point of the project well</p> <p>•BMH do its assignemnt in the project</p> <p>•English ability of BMH staff members are improved</p> <p>•Provincial and lower level institutions understand the aim and main point of the project</p> <p>•Provision, custom clearance and transportation of the equipment are not delayed</p> <p>PRECONDITION</p> <p>•MOH supports the project</p>

Annex 3

List of JICA experts			
<Long Term>			
No	Name	Expertise	Term
1	Dr. Hiroshi Ohara	Chief Advisor	Jan 10, 2000 to Jul 09, 2002
2	Mr. Kenji Ikari	Project Coordination	Jan 10, 2000 to Sep 09, 2002
3	Ms. Noriko Kato	Nursing Management	Jan 10, 2000 to Jan 09, 2002
4	Mr. Kazuyuki Kobayashi	Equipment Management	Jan 10, 2000 to Jan 09, 2002
5	Mr. Kazuaki Sumida	IEC	May 07, 2001 to May 06, 2003
6	Ms. Sachiko Miyoshi	Nursing Management	Apr 06, 2002 to Apr 10, 2003
7	Ms. Keiko Kawamura	Project Coordination	Aug 30, 2002 to Aug 29, 2004
8	Dr. Shuzo Kanagawa	Chief Advisor	Sep 9, 2002 to Jan 09, 2005
9	Ms. Masako Tanaka	Public Health	Sep 9, 2002 to Sep 08, 2004
<Short Term>			
No	Name	Expertise	Term
<2000>			
1	Ms. Sachiko Miyoshi	Nursing Management	May 10, 2000 to Aug 05, 2000
2	Mr. Takao Sugimoto	Hospital Management Finance	Jun 12, 2000 to Jul 07, 2000
3	Dr. Shigeki Hayashi	Infectious Diseases	Jun 25, 2000 to Jul 02, 2000
4	Dr. Kei Matsueda	Gastroenterology	Jul 08, 2000 to Jul 22, 2000
5	Mr. Toshimi Konosaki	Laboratory Management	Sep 25, 2000 to Nov 04, 2000
6	Dr. Takeji Matsushita	Pediatrics	Sep 25, 2000 to Nov 24, 2000
7	Mr. Kazuaki Sumida	IEC	Oct 03, 2000 to Jan 27, 2001
8	Dr. Akio Kimura	Emergency Medicine	Dec 10, 2000 to Dec 23, 2000
9	Ms. Toshiko Suzuki	Nursing Management	Feb 04, 2001 to Feb 11, 2001
10	Dr. Daisuke Koide	Hospital Management Information	Feb 07, 2001 to Feb 20, 2001
11	Dr. Yoshihiro Yagishita	ICU	Feb 12, 2001 to Feb 24, 2001
12	Dr. Akira Muraoka	Hospital Management Medical Record	Feb 25, 2001 to Mar 17, 2001
13	Mr. Michifumi Miyajima	Hospital Management General planning	Mar 04, 2001 to Mar 10, 2001
14	Dr. Kunihiro Hirabayashi	Hospital Management Community Health	Mar 04, 2001 to Mar 17, 2001
15	Mr. Shuzo Ishikawa	Hospital Facility Management	Mar 12, 2001 to Apr 17, 2001
16	Dr. Shigeki Saima	Nephrology	Apr 08, 2001 to Apr 17, 2001

Annex 3

No	Name	Expertise	Term
<2001>			
1	Mr. Motohiro Okada	Hospital Facility Management	Jun 03, 2001 to Jun 30, 2001
2	Mr. Takahisa Aoyama	Hospital Information System	Jul 02, 2001 to Sep 28, 2001
3	Dr. Daisuke Koide	Hospital Management Information	Aug 01, 2001 to Aug 14, 2001
4	Ms. Sachiko Miyoshi	Nursing Management	Aug 06, 2001 to Oct 05, 2001
5	Ms. Yuko Sasaki	Nursing Management	Sep 04, 2001 to Sep 28, 2001
6	Ms. Maki Shiomi	Nursing Management	Sep 04, 2001 to Sep 28, 2001
7	Dr. Shigeki Hayashi	Infectious Diseases	Sep 19, 2001 to Sep 29, 2001
8	Dr. Hirofumi Miyazawa	Pediatrics	Oct 01, 2001 to Oct 27, 2001
9	Mr. Hiroaki Kainuma	Laboratory Management	Oct 01, 2001 to Oct 31, 2001
10	Dr. Ryuichi Iwakiri	Gastroenterology	Nov 05, 2001 to Dec 01, 2001
11	Dr. Akio Kimura	Emergency Medicine	Nov 12, 2001 to Nov 29, 2001
12	Dr. Yoshihiro Yagishita	ICU	Nov 18, 2001 to Dec 01, 2001
13	Mr. Takao Sugimoto	Hospital Management Finance	Dec 16, 2001 to Dec 29, 2001
14	Dr. Kanahiro Hasuo	Angiography	Jan 22, 2002 to Feb 07, 2002
15	Dr. Koichiro Kudo	Pulmonology	Feb 25, 2002 to Mar 02, 2002
16	Dr. Akira Muraoka	Hospital Management Medical Record	Feb 25, 2002 to Mar 16, 2002
17	Dr. Shigeki Saima	Nephrology	Mar 17, 2002 to Apr 04, 2002
18	Mr. Takashi Yoza	Equipment Management	Mar 21, 2002 to Apr 03, 2002
19	Dr. Noriko Sekiguchi	Pediatrics	Apr 01, 2002 to Apr 26, 2002
<2002>			
1	Dr. Shuzo Kanagawa	Hospital Management Finance, General Planning	Jun 24, 2002 to Aug 03, 2002
2	Dr. Yoshihiro Yagishita	ICU, Anesthesiology	Jul 30, 2002 to Jul 13, 2002
3	Dr. Daisuke Koide	Hospital Management Information	Aug 01, 2002 to Aug 14, 2002
4	Ms. Mika Fujita	Nursing Management	Aug 01, 2002 to Oct 04, 2002
5	Dr. Hiroshi Ohara	Emergency Medicine	Aug 04, 2002 to Sep 27, 2002
6	Mr. Kenji Iijima	Laboratory Management	Sep 01, 2002 to Sep 28, 2002
7	Dr. Shigeki Hayashi	Infectious Diseases/Gastroenterology	Sep 09, 2002 to Sep 21, 2002
8	Ms. Mizuyo Ookura	Nursing Management/Surgery 1	Oct 01, 2002 to Oct 26, 2002
9	Mr. Kunitaka Shirahama	Hospital Management/ Information	Oct 13, 2002 to Jan 12, 2003
10	Dr. Kanahiro Hasuo	Angiography	Oct 29, 2002 to Nov 12, 2002
11	Dr. Akira Muraoka	Hospital Management/ Medical Record	Nov 30, 2002 to Dec 14, 2002
12	Dr. Ryuichi Iwakiri	Gastroenterology	Dec 02, 2002 to Dec 21, 2002
13	Dr. Akio Kimura	Emergency Medicine	Dec 14, 2002 to Jan 02, 2003

Annex 4

Equipment Supplied (1999 - 2002)

as of October 2002

Item	JFY 1999	JFY 2000	JFY 2001	JFY 2002(estimated)	Total
1) Medical Equipment	US\$60,759.96	US\$258,023.79	US\$738,489.29	US\$429,089.86	US\$1,486,362.90
2) Hospital Information System (HIS) Equipment	US\$93,119.50	US\$107,618.85	US\$189,785.00	US\$0.00	US\$390,523.35
3) Information Communication and Education (IEC) Equipment	US\$58,937.50	US\$37,651.55	US\$40,574.00	US\$0.00	US\$137,163.05
4) Vehicle	US\$94,000.00	US\$23,000.00	US\$0.00	US\$0.00	US\$117,000.00
5) Equipment for Japanese Expert	US\$25,633.61	US\$40,239.48	US\$36,928.36	US\$30,891.00	US\$133,692.45
Total	US\$332,450.57	US\$466,533.67	US\$1,005,776.65	US\$459,980.86	US\$2,264,741.75

Annex 5

ANNUAL SUPPLY EQUIPMENT LIST 1999 - 2002

Equipment of Annual Supply 1999

No	Equipment	Model	Q'ty	Unit Price (USD)	Total price (USD)	Allocation
1	Centrifuge	Kubota No.5100	1	5,190.00	5,190.00	Biochemistry-1
2	Infusion pump Accesaries	Terumo TE-112	6 1	1,676.19 502.86	10,057.14 502.86	OPD-1 Immunology-2 Cardiology-1 Pediatrics-2
3	Bedside monitor Accesaries Accesaries	NPB-4000PA	6 1 1	5,538.00 664.56 1,661.40	33,228.00 664.56 1,661.40	OPD-2,Immuno-2 Pediatrics-2
4	Patient care simulator Accesaries Accesaries	1000&1001	2 1 1	4,345.00 332.00 434.00	8,690.00 332.00 434.00	Nursing School-2
5	Computer	Fujitsu D5000	7	1,239.00	8,673.00	GPD-5 DOHA-1,Pediatrics-1
6	UPS	UP select 1000VA	7	143.00	1,001.00	GPD-5 DOHA-1,Pediatrics-1
7	Printer	HP-1100	10	445.50	4,455.00	GPD-3,ME-1,ND-1 DOHA-1,Pediatrics-1 JP-3
8	Computer (Note type)	Fujitsu C6530	6	3,097.50	18,585.00	JP-4 GPD-1,ME-1
9	Computer Soft Windows	Windows 98	4	330.00	1,320.00	JP-4
10	Computer Soft Office	Office 2000	4	737.00	2,948.00	JP-4
11	Card PCMCIA	PCMCIA for C6530	6	159.50	957.00	JP-4 GPD-1,ME-1
12	Printer	Canon BJC-50	2	473.00	946.00	GPD-1,ME-1
13	Server for HIS	Fujitsu G880i	1	13,965.00	13,965.00	OPD-1
14	UPS for HIS Server	APC	1	935.00	935.00	OPD-1
15	Computer	Fujitsu D5000	21	1,239.00	26,019.00	OPD-21
16	UPS for HIS	UP select 1000VA	21	143.00	3,003.00	OPD-21
17	Printer for HIS	HP-1100	7	445.50	3,118.50	OPD-7
18	Printer for HIS	Epson LQ-2180	4	654.50	2,618.00	OPD-4
19	Hub 16 outlets for HIS	24 ports 10 base-T	3	407.00	1,221.00	OPD-3
20	9.1 HDD SCA	9.1 HDD	1	660.00	660.00	OPD-1
21	D-LINK 24 Port	24 Port	1	1,265.00	1,265.00	OPD-1
22	Accesariesfor HIS		1	1,430.00	1,430.00	OPD-1

No	Equipment	Model	Q'ty	Unit Price (USD)	Total price (USD)	Allocation
23	Digital Camera	kodak DC215	3	836.50	2,509.50	ME-1,Admin-1 JP-1
24	Over Head Projector	3M-2770	5	650.00	3,250.00	ME-1,DOHA-1, ND-1,GPD-1,JP-1
25	Slide Projector	3M-5020	5	849.20	4,246.00	ME-1,DOHA-1, ND-1,GPD-1,JP-1
26	Screen	96x96	5	286.00	1,430.00	Admin-4,JP-1
27	Scanner	Fujitsu 6300C	2	517.00	1,034.00	GPD-1,JP-1
28	Video Projector	Fujitsu LPF6200	2	9,394.00	18,788.00	ME-1,JP-1
29	Photocopy Machine	Ricoh FT-5632	5	3,278.00	16,390.00	ME-1,Personnel-1, ND-1,GPD-1,JP-1
	Accessaries	Ricoh DF-64	5	1,485.00	7,425.00	
	Accessaries	Steel Stand	5	154.00	770.00	
	Accessaries		50	36.30	1,815.00	
30	FAX machine	Toshiba TF-428	2	640.00	1,280.00	GPD-1,JP-1
31	Vehicle (4WD)	Mitsubishi Pajero	2	47,000.00	94,000.00	Admin-1,JP-1
	Total				306,816.96	

Equipment of Annual Supply 2000

No.	Equipment	Model	Q'ty	Unit Price (USD)	Total Price (USD)	Allocation
1	Hematology Analyzer	Sysmex SF-3000	1	\$30,034.00	\$30,034.00	Hematology-1
2	Syringe Pump	Termo TE-311	6	\$1,080.00	\$6,480.00	Cardiology-4 Immunology-2
3	Infusion Pump	Termo TE-112	2	\$1,660.00	\$3,320.00	Cardiology-2
4	Life Scope	Nihon Kohden WEP-4204K	2	\$29,148.54	\$58,297.08	Tropical Med.-2
5	Oxygen Outlet	-	6	\$50.00	\$300.00	Patient Ward-6
6	Tool Kit	Hozan S-79-230	1	\$7,007.20	\$7,007.20	ME-1
7	Gastrointestinal Fiberscope set	Olympus GIF-IT30	1	\$28,636.20	\$28,636.20	Gastroenterology-1
8	Bronchofiberscope set	Olympus BF-IT40	1	\$14,739.83	\$14,739.83	Pulmonology-1
9	Medical Books (English)	-	1	\$15,321.02	\$15,321.02	GPD/Library-1
10	Practical Training Model	Adam AN-3111	1	\$6,638.13	\$6,638.13	Nursing School-1
11	Practical Training Model	Adam AR-1000	1	\$4,490.00	\$4,490.00	Nursing School-1
12	Stretcher	Paramount KK-715	11	\$3,420.00	\$37,620.00	Patient Ward-5 Emergency-2 OPD-2 Tropical Med.-1

No	Equipment	Model	Q'ty	Unit Price (USD)	Total price (USD)	Allocation
						Cardiology-1
13	Wheel chair	Paramount KK-331	11	\$720.00	\$7,920.00	Patient Ward-5 Pediatrics-1 OPD-2 Cardiology-1 Gastroenterology-1 Nephrology-1
14	ECG	Nihon Kohden ECG-6851K	1	\$1,114.00	\$1,114.00	Cardiology-1
15	Fetal Heart Detector	Oxford Sonicaid-121	3	\$500.00	\$1,500.00	Gynecology-3
16	Multiparameter Simulator	Bio-Tek LH-3	1	\$3,273.00	\$3,273.00	ME-1
17	Medelec Synergy EMG System	Oxford Synergy S-11	1	\$31,333.33	\$31,333.33	Neurology-1
18	Photocopy Machine	Ricoh FT-5632	4	\$4,917.00	\$19,668.00	GPD/Int'l Coop-1 DOHA-1 Nursing School-1 GPD/Library-1
19	Vehicle	Mitsubishi L-300XL	1	\$23,000.00	\$23,000.00	JP-1
20	PA System (Speaker) (Amplifier)	TOA TZ-205 A-1121	1	\$1,334.85	\$1,334.85	OPD-1
21	TV Monitor (29 inch)	Panasonic 29-S99	2	\$731.50	\$1,463.00	OPD-2
22	TV Monitor (21inch)	Sony KV-XF-21M83	1	\$473.00	\$473.00	OPD-1
23	Video Deck Cassette Player	Sony KF-297-MK2PS	1	\$231.00	\$231.00	OPD-1
24	VHS Cassette Tape	Kenwood 8,080.00	1	\$308.00	\$308.00	OPD-1
25	Video Camera	Sony DCR-TRV900E	2	\$2,860.00	\$5,720.00	GPD/IEC -1 JP-1
26	Computer (note type)	Fujitsu Lifebook C-6530	2	\$3,097.50	\$6,195.00	GPD/Int'l Coop-1 DOHA-1
27	Printer	Canon BJC-50	2	\$471.90	\$943.80	GPD/Int'l Coop-1 DOHA-1
28	Server for HIS	Fujitsu Primergy MS-380	1	\$5,114.55	\$5,114.55	Finance-1
29	Hard Disk Drive	9.1 HDD	1	\$1,449.00	\$1,449.00	Finance-1
30	Raid Card	Ultra widw 2	1	\$1,575.00	\$1,575.00	Finance-1
31	DAT unit	12/24 GB	1	\$892.50	\$892.50	Finance-1
32	Computer Soft	Windows 2000	1	\$1,144.00	\$1,144.00	Finance-1
33	UPS for Server	APC 1400VA	1	\$935.00	\$935.00	Finance-1
34	UPS for HIS	UP select 1000VA	10	\$143.00	\$1,430.00	Finance-10
35	D-Link Hab	24 ports	1	\$1,265.00	\$1,265.00	Finance-1

No	Equipment	Model	Qty	Unit Price (USD)	Total price (USD)	Allocation
		RJ45				
36	Computer (desk top type)	Fujitsu D5000	10	\$1,155.00	\$11,550.00	Finance-10
37	Accessories for HIS		1	\$935.00	\$935.00	Finance-1
38	Printer	HP-1100	4	\$445.50	\$1,782.00	Finance-4
39	Server for HIS	Fujitsu Primergy ES-320	3	\$6,851.00	\$20,553.00	Finance-2 GPD-1
40	UPS for Server	APC 1400VA	3	\$850.00	\$2,550.00	Finance-2 GPD-1
41	Back up Tape	-	1	\$1,750.00	\$1,750.00	Finance-1
42	Catridge	-	10	\$45.00	\$450.00	Finance-10
43	Computer (desk top type)	Fujitsu D5000	17	\$1,080.00	\$18,360.00	Finance-7 GPD-5,JP-3 ME-1 BOD-1
44	UPS for HIS	UP select 1000VA	17	\$130.00	\$2,210.00	Finance-7 GPD-5,JP-3 ME-1 BOD-1
45	Printer	HP-1100	2	\$2,450.00	\$4,900.00	GPD-2
46	D-Link Hub	24 ports RJ45	1	\$1,150.00	\$1,150.00	Finance-1
47	D-Link 16 Port	16 Port UTP	1	\$4,835.00	\$4,835.00	GPD-1
48	Accessories for HIS (LAN syatem)	-	1		\$10,150.00	OPD & Finance
49	Video Projector	Fujitsu LPF-4200	1	\$5,300.00	\$5,300.00	GPD/IEC-1
50	Computer (note type)	Fujitsu Lifebook C-6572	2	\$2,750.00	\$5,500.00	GPD/IEC-1 JP-1
51	Over Head Projector	3M-2770	3	\$661.10	\$1,983.30	GPD/Library-1 ICD-1, Admi-1
52	Slide Projector	Kodak-5020	1	\$844.80	\$844.80	GPD/Library-1
53	Screen	70"x70"	2	\$162.80	\$325.60	GPD/Library-1 ICD-1, Admi-1
	TOTAL				\$426,294.19	

Equipment of Annual Supply 2001

Annur	Equipment	Model	Qty	Unit Price	Total Price	Location
1	Patient Monitor	Kohden BSM-4101K	10	\$7,886.00	\$78,860.00	ME/PQ Building
2	Patient Monitor	Kohden BSM-2301K	6	\$6,710.00	\$40,260.00	ME/PQ Building
3	Suction unit	Atoms ZV-2	5	\$1,080.00	\$5,400.00	ME/PQ Building
5	Syringe Pump	Terumo	21	\$1,075.00	\$22,575.00	ME/PQ Building

No	Equipment	Model	Q'ty	Unit Price (USD)	Total price (USD)	Allocation
		TE-311				
6	Solution admin set	Terumo TS-PA200L	100	\$1.10	\$110.00	ME/PQ Building
7	Infusion Pump	Terumo TE-112	15	\$1,650.00	\$24,750.00	ME/PQ Building
4	Ventilator	Event Medical E-Med	2	\$17,800.00	\$35,600.00	Pediatrics
8	Spirometer for children	Cosmed Quark PFT-1	1	\$6,960.00	\$6,960.00	Pediatrics
9	Infant Incubator	Atom V-85	1	\$7,300.00	\$7,300.00	Pediatrics
10	Color Doppler Ultrasound	GE-Medical Logioq 500	1	\$117,910.00	\$117,910.00	FED
11	Endoscope Accessories	Fujinon EG-200FP	1	\$17,908.00	\$17,908.00	FED
12	Colonovideoscope	Olympus CF-Q160AI	1	\$41,247.50	\$41,247.50	FED
13	Mobile X ray unit	Shimazu MUX-10	1	\$20,000.00	\$20,000.00	Emergency
14	ICU Bed	Hill-Rom Dinamis bed 150	10	\$4,002.00	\$40,020.00	Emergency
15	Ultrasound(abdomen)	Aloka SSD-1400	1	\$33,920.00	\$33,920.00	Emergency
16	Stretcher	Paramount KK-715E	15	\$3,150.00	\$47,250.00	ME/PQ Building-8 Emergency-2 Anesthesia -1 Endocrinology-1 Gastro-entriology-1 OBGYN-1 X ray-1
17	Wheel chair	Paramount KK-331	15	\$580.00	\$8,700.00	ME/PQ Building-9 Enndocrinology-1 Gastro-entriology -2 Immunology-1 Tropical Institute-1 Gerontology-1
18	Gas Flow Analyzer	Gas Flow Analyzer	1	\$10,530.00	\$10,530.00	ME
19	Pressure Meter	Pressure Meter	1	\$1,290.00	\$1,290.00	ME
20	Oxygen Monitor	Oxygen Monitor	1	\$1,290.00	\$1,290.00	ME
21	Digital Tachnometer	Digital Tachnometer	1	\$807.00	\$807.00	ME
22	Urine Analyzer	Chiron M-644	1	\$6,800.00	\$6,800.00	Biochemistry
23	Blood Gas Analyzer	Radiometer ABL -77	1	\$12,525.00	\$12,525.00	Biochemistry
24	Respiraror	Siemens Servo-300A	1	\$26,790.00	\$26,790.00	Anesthesia
25	Surgical Instrument Set A	Braun	1	\$5,425.73	\$5,425.73	Anesthesia
26	Surgical Instrument Set B	Braun	5	\$2,649.57	\$13,247.85	Anesthesia

No	Equipment	Model	Q'ty	Unit Price (USD)	Total price (USD)	Allocation
27	Anesthetic Machine	Heyer Narkomat	1	\$36,592.00	\$36,592.00	Anesthesia
28	Electrode handle with accesory	ERBE/Electrode handl ERBE/Connecting cable	10	\$206.01	\$2,060.10	Anesthesia
29	Cystoscope	Richard Wolf	1	\$23,059.00	\$23,059.00	Nephro-urology
30	Electrosurgical Knife	ERBE	1	\$12,907.00	\$12,907.00	Nephro-urology
31	Digital Interface	Digital Interface for KJ	1	\$6,615.00	\$6,615.00	Imaging Diagnosis
32	Nursing Care Kit	Chiron/M-644 Chiron/M-644	25	\$661.45	\$16,536.25	PQ Building ward
33	Defibrillator	Kohden TEC-7531K	1	\$7,160.00	\$7,160.00	Cardiology
34	Medical Books	English version	1	\$6,083.86	\$6,083.86	GPD /Library
35	Desk Top type Computer	Fujitsu D-5000	23	\$950.00	\$21,850.00	FAD
36	UPS for computer	Upselec 1000VA	23	\$130.00	\$2,990.00	FAD
37	HIS Printer with card	HP Lazer Jet-5000	5	\$2,450.00	\$12,250.00	FAD
38	HIS Printer	HP Lazer Jet-5000	1	\$1,850.00	\$1,850.00	FAD
39	Back-up Device Driver	HP Tanberg NS-20	1	\$1,650.00	\$1,650.00	FAD
40	Desk Top type Computer	Fijitsu Deskpower 5000	20	\$1,100.00	\$22,000.00	OPD
41	UPS for computer	Upselec 1000VA	20	\$130.00	\$2,600.00	OPD
42	Computer Server	Fijitsu Primergy ES320	1	\$14,100.00	\$14,100.00	OPD
43	Computer Hub	Fijitsu D-LINK 24 PORT	2	\$820.00	\$1,640.00	OPD
44	Hub Switch, Fijitsu	cisco fast ethernet	2	\$1,350.00	\$2,700.00	OPD
45	HIS Printer	Epson Lazer Jet-2010	2	\$2,450.00	\$4,900.00	OPD
46	HIS Accesory	Accsesory/cable,plate, jack, cord, connector etc.	1	\$7,580.00	\$7,580.00	OPD
47	Desk Top type Computer	Fijitsu D-5000	30	\$1,100.00	\$33,000.00	OPD-18 Emergency-12
48	UPS for computer	Upselec 1000VA	30	\$130.00	\$3,900.00	OPD-18 Emergency-12
49	UPS for computer server	APC 2KVA	2	\$990.00	\$1,980.00	OPD-1 Emergency-1
50	HIS Printer with card	HP Lazer Jet-1100	2	\$2,450.00	\$4,900.00	OPD-1 Emergency-1
51	Surge Protector for LAN	APC 4-port	2	\$105.00	\$210.00	OPD-1 Emergency-1
52	Fiber switch	Surecom 24 port	2	\$4,035.00	\$8,070.00	OPD-1 Emergency-1

No	Equipment	Model	Q'ty	Unit Price (USD)	Total price (USD)	Allocation
53	HIS Accesory	Accsesory/cable,plate, jack,cord,connector etc.	1	\$6,525.00	\$6,525.00	OPD
54	Computer Server	Fijitsu Primergy ES320	1	\$6,800.00	\$6,800.00	Emergency
55	Device Driver	Auto Load back-up 12/24gb	1	\$1,650.00	\$1,650.00	Emergency
56	Computer Soft	Windows 2000	1	\$1,050.00	\$1,050.00	Emergency
57	HIS Printer	HP Lazer Jet-1100	6	\$410.00	\$2,460.00	Emergency
58	HIS Accesory	Accsesory/cable,plate, jack,cord,connector etc.	1	\$2,025.00	\$2,025.00	Emergency
59	Desk Top type Computer	Fijitsu D-5000	7	\$1,100.00	\$7,700.00	utrition-2 ME-2 GPD/Library-1 Pediatrics-1 BMHP-1
61	UPS for computer	Upselec 1000VA	7	\$130.00	\$910.00	utrition-2 ME-2 GPD/Library-1 Pediatrics-1 BMHP-1
62	HIS Printer	HP Lazer Jet-1100	4	\$410.00	\$1,640.00	Nutrition-1 ME-1 GPD/Library-1 BMHP-1
63	Microscanner TM Pro	Lan Tester		\$1,950.00	\$1,950.00	GPD
64	Reader Memory Card USB	Reader Memory Card		\$590.00	\$590.00	GPD
65	Hard Disk box External	Hard Disk box External		\$215.00	\$215.00	GPD
66	Printer	HP Lazer Jet-5000		\$2,450.00	\$2,450.00	GPD
67	External CD-R/RW Driver	External CD-R/RW Dr		\$550.00	\$550.00	GPD
68	Note type Computer	Fijitsu C-6631 D	2	\$2,550.00	\$5,100.00	BMHP
69	Photocopy Machine	Ricoh FT-5632	3	\$4,130.00	\$12,390.00	FAD-1 ICD-1 Administration-1
70	DV & VHS Deck	DV & VHS Deck	1	\$2,691.00	\$2,691.00	BMHP/IEC
71	Color Monitor	Color Monitor	1	\$1,115.00	\$1,115.00	BMHP/IEC
72	Cassette Tape Deck	Cassette Tape Deck	1	\$450.00	\$450.00	BMHP/IEC
73	VHS Player	Sony SLV-KF 297 MK2PS	2	\$246.00	\$492.00	BMHP/IEC
74	LCD Monitor 17"	Sumsong Monitor 17"	4	\$1,420.00	\$5,680.00	BMHP/IEC
75	VHS Recorder	VHS Recorder	1	\$1,265.00	\$1,265.00	BMHP/IEC

No	Equipment	Model	Q'ty	Unit Price (USD)	Total price (USD)	Allocation
76	Dynamic Microphone	Dynamic Microphone	1	\$170.00	\$170.00	BMHP/IEC
77	Lighting Head	Lighting Head	2	\$130.00	\$260.00	BMHP/IEC
78	Tripod	Tripod	1	\$385.00	\$385.00	BMHP/IEC
79	Video Projector	EPSON	5	\$3,010.00	\$15,050.00	GPD/international -1 NSD-1 DOHA-1 BMHP/IEC-2
80	IEC Accesory	AV-Cable,S-Cable	1	\$626.00	\$626.00	BMHP/IEC
	Total				\$968,848.29	

Equipment of Annual Supply 2002 (as of October 2002)

	Equipment	Model	Qty	Unit Price	Total Price	Location
1	Patient Monitor	Nihon Kohden, BSM-2	5	\$7,150.00	\$35,750.00	Wards/New Building
2	Ventilator		1	\$26,790.00	\$26,790.00	ICU
3	Ultrasound Diagnostic Apparatus		1	\$34,945.00	\$34,945.00	Central Examination Dept.
4	Pacemaker		5	\$2,850.00	\$14,250.00	Cardiology Dept.
5	Centrifuge		1	\$3,799.00	\$3,799.00	Biochemistry Dept.
6	Automatic Incubator		1	\$7,420.00	\$7,420.00	Biochemistry Dept.
7	Microscope		4	\$2,904.00	\$11,616.00	Biochemistry Dept.
8	Thracoscope		1	\$39,728.00	\$39,728.00	Pulmonology
9	Electro Surgical Knife		2	\$14,062.50	\$28,125.00	Anesthesiology Dept.
10	Anesthetic Machine		1	\$31,340.00	\$31,340.00	Anesthesiology Dept.
11	Medical books		1	\$7,287.00	\$7,287.00	Library
12	Patient Monitor	Nihon Kohden, BSM-2	10	\$7,150.00	\$71,500.00	Emergency/Anesthesiology
13	Ventilator	Bennett NPB760	1	\$21,820.00	\$21,820.00	ICU
14	ICU Bed	Paramount KA-5130E	2	\$4,860.00	\$9,720.00	Anesthesiology Dept.
15	Bed	Paramount KA-5140E	6	\$3,250.00	\$19,500.00	Anesthesiology Dept.
16	Duodenoscope	OLYMPUS,TJF-160R	1	\$29,943.00	\$29,943.00	Central Examination Dept.
17	Thoracic Suction Unit	Central UNI	1	\$1,100.00	\$1,100.00	Pulmonology

No	Equipment	Model	Q'ty	Unit Price (USD)	Total price (USD)	Allocation
18	Catalyzer	BIO RAD	1	\$22,000.00	\$22,000.00	Biochemistry Dept.
19	Intermittent Suction Unit	ATMOS, Model Recon	2	\$2,892.00	\$5,784.00	Emergency Dept.
20	Continuous Suction Unit	MIZUHO MSP-210	5	\$1,280.00	\$6,400.00	Emergency Dept.
	TOTAL				\$428,817.00	

ABBREVIATIONS

OPD: Out Patient Departmennt
 JHA: Direction Office of Health Care Activities
 GPD: General Planning Departmennt
 ME: Medical Equipment Departmennt
 JP: JICA Project office

Annex 6

Local Cost supported by JICA (as of September 2002)

F/Y	1999	2000	2001	2002
General Expenses	25,333	70,000	29,167	55,283
Middle Level Manpower Training	0	100,000	87,500	
Seminar/workshop/event	0	45,833	43,558	40,650
IEC	0	41,000	39,317	
LLDC supplement	0	12,683	33,333	
Total	25,333	269,516	232,875	95,933

ANNEX 7 :

ALLOCATION OF COUNTERPART

	<i>Name</i>	<i>Title</i>
Board of Director	Prof. Tran Quy	Director of Bach Mai hospital
	Assoc. Prof. Nguyen Chi Phi	Vice Director of Bach Mai hospital
	Dr. Tran Thi Thinh	Vice Director of Bach Mai hospital
	Eng. Bui Thanh Chi	Vice Director of Bach Mai hospital
	Dr. Nguyen Quoc Tuan	Head of General Planning department
	Ph.D. Tran Thuy Hanh	Head of Personnel department
	Dr. Nguyen Thi Nga	Head of DOHA
	Ms. Ngo Thi Ngoan	Head of Nursing service department
	Dr. Nguyen Thi Ngoc Tuong	Vice Director of Nursing school
	Eng. Do Trong Tai	Head of Administrative department
	Eng. Bui Xuan Vinh	Head of Medical equipment department
	Eng. Nguyen Ngoc Hien	Head of Finance and Account department
	Ms. Nguyen Thi Huong	Staff of General Planning department
	Ms. Dinh Dieu Tu	Staff of General Planning department
Head of departments	Prof. Nguyen Thu Ho	Head of Gastroenterology department
	Dr. Nguyen Gia Binh	Head of ICU
	Dr. Nguyen Dat Anh	Head of Emergency department
	Prof. Pham Gia Khai	Director of Cardiology institute
	Prof. Le Van Thinh	Head of Neurology department
	Dr. Dinh Kim Dung	Head of Nephro-urology department
	Dr. Pham Hong Hoa	Head of Endocrinology department
	Dr. Nguyen Quoc Anh	Head of Anesthesia department
	Ph.D. Ngo Quy Chau	Head of Pulmonology department
	Prof. Le Dang Ha	Director of Institute of Tropical medicine
	Ph.D. Nguyen Tien Dung	Vice head of Pediatrics department
	Dr. Vien Van Doan	Head of Out patient department
	Pham. Nguyen Van Tru	Vice head of Biochemistry department
	Dr. Pham Thi Binh	Head of Functional examination department
	Dr. Pham Minh Thong	Vice head of Imagining diagnosis department
	Prof. Nguyen Vuong	Head of Pathology department
	Dr. Nguyen Hai Duong	Head of Pharmacy department
	Dr. Nguyen Viet Hung	Head of Infection control department
	Assoc.Prof. Nguyen Ngoc Bich	Head of Surgery department
Counterpart training	Dr. Nguyen Xuan Hien	Staff of Imagining diagnosis department
	Dr. Vu Truong Khanh	Staff of Gastroenterology department
	Dr. Nguyen Thi Huong	Staff of Biochemistry department
	Dr. Vu Cong Khanh	Staff of Obstetric department
	Dr. Phan Hong Minh	Staff of Neurology department
	Dr. Pham Van Thuy	Staff of Surgery department
	Dr. Nguyen Quoc Thai	Staff of Cardiology institute
	Dr. Khong Nam Huong	Staff of Cardiology institute
	Dr. Le Thi Thanh Ha	Staff of Pediatrics department

GPD	Dr. Vu Xuan Buong			Vice head of General planning department
	Dr. Tran Long	02		Staff of General planning department
	Dr. Do Anh Nguyet			Staff of General planning department
	Ms. Nguyen Chau Minh			Staff of General planning department
	Ms. Dang Thi Van			Staff of General planning department
	Ms. Vu Thuy Ngan			Staff of General planning department
	Ms. Do Thu Hang			Staff of General planning department
	Ms. Dang Hoang Anh			Staff of General planning department
MED	Ms. Nguyen Thi Hang			Staff of Medical equipment management
	Mr. Nguyen Van Son			Staff of Medical equipment management
	Mr. Nguyen Huu Binh			Staff of Medical equipment management
	Mr. Pham Quoc Hung			Staff of Medical equipment management
	Ms. Nguyen Thi So	01		Staff of Medical equipment management
NSD	Ms. Nguyen Thi Kim Loan	02		Vice head of Nursing service department
	Ms. Hoang Kim Thanh			Staff of Nursing service department
	Ms. Nguyen Kim Phuong			Staff of Nursing service department
	Ms. Vu Thi Ngan			Staff of Nursing service department
	Ms. Do Xuan Quang			Staff of Nursing service department
	Ms. Luong Thi Trang			Head nurse of Gastroenterology department
	Ms. Nguyen Thi Lan			Head nurse of Emergency department
DOHA	Dr. Vu Tri Tien			Staff of DOHA
	Dr. Pham Van Thanh			Staff of DOHA
	Dr. Pham Bich Man			Staff of DOHA
	Dr. Pham Tuan Duong			Staff of DOHA

ANNEX 8: BACH MAI HOSPITAL - BUDGET ALLOCATION

Item	1999	2000	2001
Gross income	64,336,228,156	87,230,846,297	116,479,729,317
From MOH	24,464,000,000	34,754,700,000	44,160,460,000
Hospital fee	38,847,290,997	52,277,518,466	69,417,878,217
Donation	838,563,909	198,627,831	384,811,100
Others	186,373,250		2,516,580,000
Expenditure	64,133,564,906	86,316,823,068	114,824,378,172
Balance	202,663,250	914,023,229	1,655,351,145

Annex 9: List of Training Courses Supported by JICA

(1) List of Retraining Courses for Lower Level Health Staff held by DOHA

No	Name of training course	Duration	Place	Participant
(Training courses held in JFY 2000)				
1	Total care	Nov 27, 2000 to Dec 27, 2000	BMH	37
2	Training course for clinical biochemistry technician	Nov 21, 2000 to Dec 29, 2000 Feb	BMH	41
3	Retraining course on Pediatrics	Dec 5, 2000 to Jan 5, 2001	BMH	32
4	Retraining course on toxicology	Dec 5, 2000 to Jan 5, 2001	BMH	40
5	Retraining course on gastroenterology	Dec 5, 2000 to Jan 12, 2001 & Feb 6, 2001 to Mar 27, 2001	BMH	39
6	Training course on cardiology	Feb 21, 2001 to Mar 21, 2001	BMH	43
7	Retraining course on infectious disease	Feb 21, 2001 to Mar 21, 2001	BMH	43
8	Grand seminar on hospital management	Mar, 8, 2000 to Mar, 9, 2000	BMH	240
9	Retraining course on diagnostic ultrasonography	Feb 26, 2001 to Mar 23, 2001	Tuyen Quang hosp.	61
10	Training course on Cardiology	May 3, 2000 to May 5, 2000	Vinh Phuc hosp.	88
11	Training course on infectious disease	May 30, 2000 to June 2, 2000	Ha Tinh hosp.	100
12	Training course on infectious disease	Nov 26, 2000 to Nov 27, 2000	Vinh Phuc hosp.	100
13	Training course on gastroenterology	Nov 25, 2000 to Nov 30, 2000	Lai Chau hosp.	70
Total number of participants in JFY 2000				934
(Training courses held in JFY 2001)				
1	Training course on Emergency	Oct 1, 2001 to Nov. 16, 2001	BMH	40
2	Training course on Pulmonology and Nephrourology	Nov 13, 2001 to Jan 15, 2002	BMH	40
3	Training course on Clinical Biochemistry	Jan 14, 2002 to Jan 31, 2002	BMH	49
4	Training course on Nosocomial infection control	Dec 3, 2001 to Dec 21, 2001	BMH	66
5	Training course on nursing care of infectious disease	Nov 21, 2001 to Dec 21, 2001	BMH	41
6	Training course on Anesthesiology	Dec 24, 2001 to Jan 7, 2002	BMH	40
7	Training course for nurse on emergency	Nov 5, 2001 to Nov 10, 2001	Ha Tinh hosp.	100
8	Training course on Endocrinology	Sep 24, 2001 to Sep 28, 2001	Vinh phuc hosp.	70
9	Training course on Pediatrics and Neurology	Dec 9, 2001 to Dec 16, 2001	Lai Chau hosp.	70

No	Name of training course	Duration	Place	Participant
10	Training course on Internal medicine and Infectious disease	Nov 5, 2001 to Nov 9, 2001	Hoa Binh hosp.	80
11	Training course on Infectious disease	June 4, 2001 to June 7, 2001	Lai Chau hosp.	70
12	Training course on Emergency medicine and toxicology	June 25, 2001 to June 28, 2001	Hoa Binh hosp.	54
13	Training course on Endocrinology	Aug 13, 2001 to Aug 17, 2001	Ha Tinh hosp.	150
14	Training course on Infectious disease	Dec 25, 2001 to Dec 26, 2001	Bac Ninh hosp.	86
15	Training course on Endocrinology and Infectious	Mar 18, 2002 to Mar 22, 2002	Cao Bang hosp.	70
Total number of participants in JFY 2001				1,026
(Training courses held in JFY 2002)				
1	Training course on Rheumatology and	Jul. 1, 2002 to Aug. 30, 2002	BMH	40
2	Training course on Imaging diagnosis	Sep.3, 2002 to Oct. 3, 2002	BMH	40
3	Training course on Infectious disease	Jun. 3, 2002 to Jul. 6, 2002	Quang Ninh provincial hospital	60
4	Training course on Cardiology	Aug. 19, 2002 to Aug. 23, 2002	Lai Chau hospital	71
5	Training course on Emergency medicine	Jul. 23, 2002 to Jul. 28, 2002	Ha Tinh provincial hospital	106
6	Training course on Emergency medicine	Aug. 26, 2002 to Aug. 30, 2002	Tuyen Quang provincial hospital	104
7	Training course on Internal medicine	Sep. 23, 2002 to Sep. 27, 2002	Hoa Binh provincial hospital	70
8	Training course on Emergency	Sep. 23, 2002 to Sep. 27, 2002	Ha Giang provincial hospital	60
Total number of participants in JFY 2002 (as of Nov. 2002)				551

(2) List of In-hospital Training Courses held by GPD and NSD

No	Name of training course	Duration	Place	Participant
(Training courses held in JFY 2000)				
1	Training course for Maintenance staff, BachMai hospital	Sep 4, 2000 to Sep 24, 2000	BMH	26
2	Nursing care for HIV patient and how to prevent the	Mar 5, 2001 to Mar 27, 2001	BMH	246
3	Nosocomial Control	Nov 2, 2000 to Nov 3, 2000	BMH	67
3	Nosocomial Control	Nov 2, 2000 to Nov 3, 2000	BMH	67
3	Nosocomial Infection control seminar	Feb 13, 2000	BMH	57
Total number of participants in JFY 2000				463
(Training courses held in JFY 2001)				
1	Training course on ICU and Toxicology	Nov 19, 2001 to Nov 23, 2001	BMH	73
2	Training course on Cardiology, Gastroenterology and Endocrinology	Mar 5, 2002 to Mar 25, 2002	BMH	50

No	Name of training course	Duration	Place	Participant
3	Training course on Pediatrics	Mar 11, 2002 to Mar 22, 2002	BMH	52
4	Training course on Nursing care for HIV patients	Nov 19, 2001 to Dec 7, 2001	BMH	204
5	Total care symposium	Sep 13, 2001 to Sep 14, 2001	BMH	255
6	OPD -LAN training	Aug 27, 2001 to Aug 31, 2001	BMH	30
7	Nosocomial infection control	Dec. 2001	BMH	66
8	Communication skill for patients	Mar,18 2002 to Mar29, 2002	BMH	96
9	Desk top publishing	Mar,18 2002 to Mar29, 2002	BMH	3
Total number of participants in JFY 2001				829
(Training courses held in JFY 2002)				
1	Basic nursing skills	Aug, 2002	BMH	96
2	Training course on basic knowledge on clinical laboratory test for nurses	Oct, 2002	BMH	80
3	Training course on nursing management for head nurses	Oct ,2002	BMH	60
Total number of participants in JFY 2002 (as of Nov. 2002)				236

Annex 10

Record of Workshops

1. Attendants of Workshop 1 held November 20, 2002.

<i>No.</i>	<i>Name</i>	<i>Title</i>
1	Prof. Tran Quy	Director of Bach Mai hospital
2	Assoc. Prof. Nguyen Chi Phi	Vice Director of Bach Mai hospital
3	Mr. Watanabe	Consultant
4	Mr. Kanagawa	JICA chief advisor
5	Ms. Kawamura	JICA coordinator
6	Ms. Tanaka	JICA expert
7	Ms. Miyoshi	JICA expert
8	Mr. Sumida	JICA expert
9	Ph.D. Tran Thuy Hanh	Head of Personnel department
10	Dr. Nguyen Thi Nga	Head of DOHA
11	Ms. Ngo Thi Ngoan	Head of Nursing service department
12	Eng. Nguyen Ngoc Hien	Head of Finance and Account department
13	Dr. Nguyen Quoc Tuan	Head of General Planning department
14	Dr. Nguyen Gia Binh	Head of ICU
15	Dr. Dinh Kim Dung	Head of Nephro-urology department
16	Dr. Le Van Thinh	Head of Neurology department
17	Ph.D. Ngo Quy Chau	Head of Pulmonology department
18	Dr. Nguyen Quoc Anh	Head of Anesthesia department
19	Dr. Nguyen Dat Anh	Head of Emergency department
20	Dr. Vien Van Doan	Head, OPD
21	Dr. Pham Hong Hoa	Head of Endocrinology department
22	Ph.D. Nguyen Tien Dung	Vice head of Pediatrics department
23	Ms. Nguyen Thi Lan	Head nurse, ICU
24	Ms. Pham Kim Anh	Head nurse, Endocrinology department
25	Ms. Luong Thi Trang	Head nurse of Gastroenterology department
26	Ms. Le Thi Nguyen	Head nurse, Emergency Department
27	Mr. Do Xuan Quang	Staff, Nursing Department
28	Ms. Hoang Thi Kim Thanh	Staff, Nursing Department

2 Result of workshop 1

(1) HOSPITAL MANAGEMENT & DOHA GROUP

Morning session – Confirmation of Achievement

DOHA

- Fulfill the hospital's objectivities in coordinating DOHA activities
- Set up the model of DOHA activities
- Setting up the retraining cycle
- Identifying need on training equipments
- Survey on ideas of trainers and trainees has been done
- Modifying plan, method & cooperation to increase effectiveness of DOHA activities
- Study and evaluate the DOHA's potential of institutes and Depts.
- Generate and build up plans for techniques training and transferring for 5 years
- Build up the annual training plan that meets the needs of provinces
- Opening training course in BMH and lower level hospital base on plan
- Open the course on technique transferring (CT scanner and ultrasound ...
- Produce training books and training distributed
- Identifying DOHA objectives improving grass root healthcare service
- Do the survey on DOHA activities in 31 provinces
- Classify development of DOHA at each province
- Identify the areas (Discussion with expert)
- Building up the key training plan
- Setting up 2 ways- information system
- Providing many text books and magazine for lower level hospitals
- DOHA staffs working and learning at the same time that meet the requirement by JICA
- DOHA became to be able to work more effectively than before by using equipment
- Need more discussion
- Building up effective evaluation methods for training courses

Hospital Management Group

- Provided enough human resource
- Achieved economically sound condition
- Having better information analysis method
- Developing better financial plan
- Timely financial report
- More accurate implementation of financial plan
- Equipment donated by JICA are used well
- Calculating hospital fee more quickly & accurately
- Enhancing confidence of patient in the hospital
- Income of the hospital increased
- Medical basis equipment were provided in almost all Departments
- Conducted retraining courses for BMH doctors
- Foreign language ability was improved
- Regular maintenance and repair of equipment are conducted
- Being able to manage professional activities using GPD LAN
- Emergency LAN, OPD-LAN, GPD LAN were established
- Many books, medical magazine were provided to library
- Many equipment were provided to library
- Better management of medical record was introduced
- More computer user were trained
- IEC staffs were trained on IEC skill
- Staffs suitable qualifications were chosen in cooperation Dept.
- Information: Computer system is applied to manage hospital staffs
- Training of staffs was conducted.
- Conducting examination to choose staffs
- Making plan to save manpower
- Being able to report professional activities at any time
- IEC equipment and IEC expert support were done.
- Produced video tape Pamphlet & others

Hospital Management & DOHA Group PM session- Negative side of project

Lack

Lack of staff in DOHA
Training programs in hospital should be well observed
Budget of IEC products are insufficient
Re-plan the evaluation criteria for the qualities of technique training and transferring
Comprehensive teaching materials lacking
Lack facilities for HIS center
Lack IEC equipments
Lack Medical equipment
Budget for Medical books and magazines are insufficient
Lack Patient coding system
Need more Symposiums with the participation of Japanese doctors
Training staff for HIS staff is needed
More accounting and financial staff should be sent abroad for training
Lack medical coding system
Computer skills of nurses remains limited
More equipment for training and IEC activities are required.
Additional means of transport for DOHA is lacking

Problems

Coding system is not integrated
Lack close coordination between Departments
Lack facilities for LAN and Library
Too many visitors
Pharmacy management is not good
Future plan and expected
Need more long-term experts.
Need additional machines for equipment maintenance and repair
Expand two- way information system on patients
Set up training center
Set up retraining for doctors in BMH
Staff can use Internet through the HIS BMH
Computer network of Finance Dept. is not completed
IEC staff should be official employee to be counterparts
Training for IEC staff in terms of knowledge and skills

Disseminate the system for teaching materials which IEC products
 Library is expected to be expanded
 Increasing discussion between DOHA and counterparts (based on topics)
 Make plan for retraining for staff of BMH
 The record of outpatients should be managed
 Complete and upgrade the computer network of Finance Department
 DOHA scientific paper journals should be implemented
 Train DOHA staff in teaching methodology
 Innovate a visual material usage in BMH and provinces
 Improve quality of financial analysis activities
 To train DOHA staff in training needs assessment
 Increase books and materials for library
 + HIS development
 +GPD: improvement of HIS capacity
 Continue training for DOHA staff
 Training: Doctors, nurses, technical in Japan or the third countries
 To establish evaluation system on training which can be applied in other hospitals
 To conduct trainers training as a pilot
 To prepare standard training curriculum
 Standardize the training programs for doctors and nurses
 Functional Enhance for the General Planning Department
 Method to make project
 Manual books for DOHA activities
 Method to make plan

(2) Nursing management

Morning session: Achievement in nursing management

Quality of management of nursing care was improved

2 pilot department are established

Core group in pilot department

Nursing paper works is reduced by using computer system

Workshop on total care at pilot departments gave good result

Receiving many other hospital visiting Bach Mai hospital

Cooperation between doctors, nurses, patients and patient family is improved
Patients are monitored and cared better
Nursing process is followed strictly
Communication between nurses and patient became better
All nurses understood total care concept
Head nurses of pilot departments cooperated with experts to make recommendation
Patients were very satisfied with improvement of nursing care
Daily report on nursing manpower is improved
Cooperation between doctors nurses and medical staff became better
Cooperation between doctors and nurses in total care was set up
Total care symposium gave good results
Nursing manpower was supplemented
Nursing coordination was improved
Weekly head nurses meeting was organized
Management skill of head nurses was improved
Caring plan was made actively by nurses
Training-at-site was set up in cooperation with doctors
Survey on patient's satisfaction was carried out

Afternoon session – existing problems and orientation for next 2 years

Existing problems

English ability is very weak
Miscellaneous works of nurses must be changed
It take a long time to wait for drug delivery
It take time to pay hospital fee
Nurses have not yet been trained how to use computer
Nursing coordination ability is still limited
Cooperation among departments is still weak

Skill of nursing management of some head nurses is still limited
Cooperation between doctors and nurses is not good enough
It take a long time to receive consumable materials
Lack of budget for training at site
Teaching equipment is still lack such as: OHP, stimulator for practice
Referent documents for nurses is insufficient
Cooperation among administrative departments on total care is not good enough
Lack of nursing manpower for total care incase of patient overload

Orientation for next 2 years

Open training courses on computer for nurses
It is necessary to set up HIS among departments
Supplement basic equipment for total care
Standardize total care activities
Set up indicators to evaluate result and quality of care
Skill of nursing management should be improved
Make manuals for total care
Training nurses on foreign language is necessary
Training for nurses should be improved (sending nurses to attend in-country or out-country training courses)
Nursing manpower should be supplemented
Improvement of distribution of medicine, consumable materials and hospital fee collection is necessary
Organize seminar on quality of total care
Organize conference on nursing scientific research of nurses

(2) CLINICAL MEDICINE GROUP

MORNING SESSION- ACHIVEMENT

- Dept. of Neurology: It is beginning with the second stage of JICA.

- Good effectiveness: improvement of treatment quality, improvement of diagnostic quality.
- Techniques transferred by Japanese experts:
 - Transcutaneous tracheostomy: already applied
 - Diagnostic peritoneal dialysis: not applied yet.
 - Trauma score: not applied yet.
 - Opened heart massage: not applied yet.
 - Protocol for patient's triage: already applied.
- Short-term experts were dispatched to BMH.
- Experts presented update lectures.
- Nephrourology: appropriate with project purpose (enhancement of medical care service)
- Clinical conferences were made between Vietnamese and Japanese doctors
- Cooperation on scientific researches: chronic hepatitis, Aflatoxin in liver cancer.
- Pediatric dept.: experts transferred techniques which are appropriate and effective.
- Cooperation on training: conducting training courses for lower levels, training in Japan.
- Conducted training courses on endocrinology for provincial hospitals.
- Conducted scientific club at dept.
- Counterparts were trained in Japan.
- Good effectiveness: better diagnostic and treatment capacity.
- Gastroenterology: technical transfer on endoscopy (colonoscopy, ERCP), liver biopsy using biopsy gun.
- Clinical training courses have been conducted in several provinces.
- Basic equipments were almost installed.
- Quality of patient' care is upgraded.
- Sustainability: continue to improve update knowledge.
- 2 depts. started total care activities.
- ICU journal club: 2 times per week
- Number of trainees: 40/year
- Sustainability: being able to continue using transferred techniques.
- Endocrinology: techniques transferred aiming total care
- Setting up core group of total care.
- Some technical skills were upgraded
- ICU: Mortality rate: 12-15%
 - Techniques transferred: 02
 - Good diagnosis rate: 79%
 - Medical research study: 07

- Effectiveness: transferred techniques contribute to improve quality of diagnosis and treatment.
- Good effectiveness: diagnostic and treatment capacity is improved.
- Impact: good.
- Sustainability: yes
- Providing professional knowledge to other hospitals contributing to improve diagnostic and treatment quality at lower level hospitals.
- Japanese experts:
 - Are giving comments to improve medical record at Gastroenterology dept.
 - Are giving lectures: Chronic viral hepatitis, Metabolic disorders.
- Improvement of quality of patient care and treatment.
- Techniques transferred:
 - Ethanol injection in liver cancer.
 - RFA for treatment of liver tumors.
- High efficiency: using lectures and training documents.

PM session: insufficiency, obstacles

1. Training related:
 - Next 2 years: training in Japan
 - Number of short-term experts are not enough
 - Training in Japan should be increased.
 - Dept of Neurology: one or two trainees to study in Japan.
 - Definition of Generalist training is not clear.
 - Definition of specialist training is not clear.
 - BMH needs a training dept. for all kinds of training activities (pre- and post-graduate, co-medical...)
 - Development of training manuals is not completed.
 - Training on management and organization (OPD)
 - Increasing number of short-term experts dispatched to Vietnam (more specialized experts)
 - Respiratory dept.: training:
 - Short-term expert: 1
 - Training courses for Vietnamese doctors
 - Need to supplement: training in Japan (for staff at different depts.)

2. Coordination with others:

- Insufficiency: Pulmonology is not yet put into plan of cooperation → as soon as possible.
- Inter-department cooperation is insufficient.
- Need to supplement to the second stage: endocrinology, Neurology, Cardiology.
- Recognition of PDM meaning should be deepened.
- Apply informatics technology in management at depts. (computers – printers)

3. Clinical issues:

- Next two years: equipment
- Problems/obstacles: overload at departments → hospital.
- In the next 2 years, dept. of Neurology needs one Duplex scan for diagnosis and treatment of stroke patients.
- ICU: insufficiency of equipment (now: new equipment accounts for 1/3, old equipment: 2/3) → continue to supply in next 2 years.
- Dept. of Neurology: eager to need one Duplex scan for diagnosis and treatment of stroke.
- We do not have medical records for out-patients
- Patient ID number is not identical.
- Autopsy rate in BMH is still low.
- Thoracoscopy, videobronchoscopy, pulmonary function test with total lung capacity measurement.
- Emergency dept. propose for the second stage: equipment, short-term expert, techniques.
- During night, some examination is difficult to be done.
- Continue to supplement equipment serving diagnosis and treatment.
- Neonatal care is not performed yet.
- Lack of knowledge and skills in diagnosing and treating pediatric epilepsy.

4. Research related:

- Dept. of Neurology: Bilateral research on stroke (cerebrovascular accidents)
- Research cooperation in each clinical field.
- Research on genetic of COPD and sinobronchial syndrome.
- Cooperation of research on public.
- Hospital information system (hospital and dept.)
- Research cooperation on community health.

3 Conclusions

Almost all activities of the project were conducted smoothly and positive outputs were achieved in last three years.

However, still there exist many activities to be conducted in coming two years.

Obstacles project facing are as follows;

Communication:	Language ability is insufficient
Organization:	Scope of work of nursing department and others should be optimized
Equipment:	There is a need of new equipment and replacement of old equipment.
Finance:	Several departments mentioned insufficiency of finance.
Manpower	Several departments mentioned insufficiency of manpower allocation.
Technology	Several department especially clinical medicine point out the necessity of Continuous transfer of new technology
Standardization:	Standard and manual should be produced in some departments.
Computerization:	HIS was introduced but more computerization is required.
Training:	All departments mentioned about the necessity of training.

We assume the key words for next two years are “training” and “inputs”.

What kind of training is required and what for inputs are required were recommended to be discussed in workshop 2 on November 27, Wednesday.

(Concluded)

3 Attendants of Workshop 2 held November 27, 2002.

<i>No.</i>	<i>Name</i>	<i>Title</i>
1	Prof. Tran Quy	Director of Bach Mai hospital
2	Assoc. Prof. Nguyen Chi Phi	Vice Director of Bach Mai hospital
3	Ms. Hayashi	JICA Hanoi Office
4	Mr. Kobayashi	JICA Hanoi Office
5	Mr. Kanagawa	Project chief advisor
6	Ms. Kawamura	Project coordinator
7	Ms. Tanaka	JICA expert
8	Ms. Miyoshi	JICA expert
9	Mr. Sumida	JICA expert
10	Mr. Shirahama	JICA expert
11	Mr. Hiroshi Watanabe	Consultant
12	Dr. Nguyen Quoc Tuan	Head of General Planning department
13	Dr. Nguyen Thi Nga	Head of DOHA
14	Ph.D. Tran Thuy Hanh	Head of Personnel department
15	Eng. Nguyen Ngoc Hien	Head of Finance and Account department
16	Ms. Ngo Thi Ngoan	Head of Nursing service department
17	Prof. Nguyen Thu Ho	Head of GE Department
18	Dr. Nguyen Quoc Anh	Head of Anesthesia department
19	Dr. Vien Van Doan	Head, OPD
20	Dr. Nguyen Tien Dung	Vice Head, Pediatric Department
21	Dr. Nguyen Dat Anh	Head of Emergency department
22	Dr. Dinh Kim Dung	Head of Nephro-urology department
23	Dr. Nguyen Hong Hoa	Head of Endocrinology and Diabetes
24	Dr. Ngo Quy Chau	Vice Head, Pulmonology Department
25	Dr. Le Van Thinh	Head of Neurology department
26	Dr. Nguyen Gia Binh	Head of ICU
27	Ms. Hoang Kim Thanh	Staff, Nursing Service Department
28	Mr. Do Xuan Quang	Staff, Nursing Service Department
29	Ms. Nguyen Thi Lan	Head nurse ICU
30	Ms. Pham Kim Anh	Head nurse Endocrinology department
31	Ms. Luong Thi Trang	Head nurse of Gastroenterology department
32	Ms. Le Thi Nguyen	Head nurse, Emergency Department

4. Result of Workshop 2

Technique:

- For two coming years: technical transfer.
- Continue to transfer techniques for diagnosis and treatment.
- It is necessary to transfer techniques for lower levels to reduce overload for BMH.

Manpower:

- Appropriate distribution of nursing manpower.

Pharmaceutical:

- Dispatch long-term expert to support pharmaceutical management.
- Method of pharmaceutical and financial management at departments.
- Support pharmaceutical management in hospital.

Finance:

- Continue to support more budgets for in-hospital training for nurses, technicians.
- Budget plan for activities should be made with concrete contents and appropriate purposes.

Communication:

- Inter-department cooperation should be strengthened.
- Setting up two-way information system among BMH and pilot provincial hospitals.
- Further cooperation (more focus) to enhance GPD function.
- Drug management, financial and accounting management at departments.
- Improve total care skill for nurses.
- Horizontal communication.
- Vertical communication (top-down)
- "Patient-center" should be used to adjust activities of all departments/offices.
- Strengthen the function of GPD (Planning coordination).

Total nursing care:

- Departments should know more clearly about total care for further cooperation.
- Method of total care of nurses.
- Dispatch experts with high experiences in management and professional skill of total care to transfer techniques.

- Training doctors and nurses in Japan.
- Reducing miscellaneous works for nurses to spend more time for patient care.
- Improve nursing activities.

Policy

- Be more gentle with patient! Many people say that they do not want to come BMH because they are so scared of BMH staff.
- It is necessary for the project to revise PDM.
- Planning should be done by Evidence Based Method.
- Patient first!
- Strengthening power for Nursing Service dept.
- Strengthening management system in order to expand influence of BMH to health sector in the North.
- Giving power on nursing distribution to the Nursing Service Dept. in order to solve the problem of manpower shortage.
- BMH should submit recommendation to Vietnamese Government as achievement of the project.
- Follow strictly the project focus: technical cooperation has been started from the beginning.
- To set clear and concrete objectives of the project to be achieved by Dec 2004 for DOHA.
- Activities of the project should continue in the same extent after termination of the project.
- Strengthen the linkage to expand impact of the project + total care + DOHA.

Training:

- Training on management, organization, techniques.
- Training nurses at each specialty in hospital.
- For 2 coming years of the project: training activities.
- Training committee has to manage the training content.
- Build up a training committee and develop training materials.
- Training for financial staff.
- Head nurses should be trained or visit other hospitals in other countries.
- Gastroenterology dept.: training for doctors and nurses.
- Provide more books and document for reference for nurses.
- Dept. of Neurology: training for doctors and nurses to get new technique.

- Improve professional skill for nurses.
- Continue to support IEC.
- Support retraining for BMH staff.
- Strengthen training for nurses, provide equipment, training document, books, manuals etc for training.
- Training nurses on foreign language, computer skill.
- Provide books, document on nursing activities in total care.

Training center:

- Set up training center.
- Set up training center.
- It is necessary to establish training center in BMH.
- Establish training center.
- Continue to transfer techniques on hospital management.
- Set up training center.
- For the coming years: training is the most important (training center.)
- It is necessary to enhance the training role (with training center) of the hospital, serving doctors, nurses or managerial staff.
- Training center.
- Quality, capability of nurses, especially management ability of head nurses.
- Establish training center.
- Set up HIS in the whole hospital.

Equipment:

- Teaching equipment, transportation means (car).
- Doppler ultrasound (Gastroenterology dept.)
- Endoscopy apparatus (Gastroenterology dept.)
- Provide more equipment, especially equipment for treatment and patient monitoring.
- Duplex scan and computer EEG; because stroke and epilepsy patients are more and more increasing.
- Provide some equipment and reagents for laboratory to do special tests in diagnosing endocrinological diseases.

Computerization:

- For the two coming years of the project: development of HIS (belonging to the hospital management area).

- Set up computer network at departments.
- HIS system.
- Unifying the hospital computer network.
- Set up Internet gate.
- Establish HIS.
- Improve library.
- Set up HIS in the whole hospital.
- Patient code.
- Unify the function of HIS.
- Establish HIS supervision section, which is under the direct control of the Director.
- Enough computers for departments to link with HIS system
- Computer network to improve information exchange.