

プロジェクト要約	指標	指標データ入手手段	外部条件
2-4 外科（消化器）診療技術が向上する 2-5 腎臓内科診療技術が向上する 2-6 呼吸器内科診療技術が向上する 2-7 熱帯病・感染症科診療技術が向上する 2-8 循環器科診療技術が向上する 2-9 神経内科診療技術が向上する 2-10 糖尿病診療技術が向上する 3. 看護 3-1 看護学校・業務が改善される 3-2 看護学校との協力における研修機能が改善される 4. 検査 4-1 検査室管理・検査技術が改善される 5. 地域医療 5-1 地域医療指導が効率よく機能する#	2-2 *入院後 24 時間以内死亡率 2-2 *手術後 48 時間以内死亡率 2-1 ～2-10 *死亡率 *各種診断手技数（合計） *各種診断手技数（日本からの技術移転） *確定診断率、 *各種診断法に対する紹介患者数 *発表論文数 *研究発表数 *抄読会数 3-1:*看護ケア試験の点数、 患者満足度調査結果 3-2*看護における研修会数 4-1*外部からの検査依頼数、 *検査総数 *再検査率、 *精度管理の成績 5-1*地方からの紹介患者数、地方からの紹介患者に対する回答数 *研修会実施数・受講者数、 *地方派遣スタッフ数 *研修を受けた病院における新技術普及度	総合企画部および管理部 門各部の記録 看護ケア試験 看護部記録 臨床検査部記録 DOHA 年報 総合企画部資料	*技術移転の対象となった スタッフが引き続きバック マイ病院で勤務する *無償資金協力プロジェクト が予定どおり行なわれる

（凡例）BMH：バックマイ病院、 DOHA: Direction office of healthcare activities at provincial and lower level HIS: Hospital Information System
 ME: Medical Equipment, ICU: Intensive care unit, IEC: Information, education and communication

#: 高位優先順位

臨床医学分野の優先順位	1位	消化器内科、救急・ICU、小児科
	2位	腎臓内科、外科（消化器）、呼吸器内科
	3位	熱帯・感染症、神経内科、循環器内科、糖尿病科

活動(Activities)	活動(Activities)	外部条件
<p>1-1-1 病院企画に参画し助言を与える</p> <p>1-1-2 病院組織を適切にする</p> <p>1-1-3 図書館機能を改善する</p> <p>1-1-4 研修プログラムを改善する</p> <p>1-1-5 人事スタッフを訓練する</p> <p>1-1-6 院内感染対策マニュアルを作成する</p> <p>1-1-7 院内感染対策委員会を設置する</p> <p>1-1-8 Coördinating Committee を適切に運営する</p> <p>1-1-9 IEC 職員を訓練する</p> <p>1-1-10 教材を作成し、利用を促進する</p> <p>1-2-1 疾病の分類方法を改善する</p> <p>1-2-2 病歴フォームを改善する</p> <p>1-2-3 データベースを再構築する</p> <p>1-2-4 重要部署に HIS を導入する</p> <p>1-2-5 データベースの管理方法を指導する</p> <p>1-2-6 HIS の効率よい運営法を指導する</p> <p>1-3-1 スペアパーツの入手方法を改善する</p> <p>1-3-2 機材保守管理委員（エンジニア等）に訓練を行う</p> <p>1-3-3 コンピュータによる適切な機材管理法を指導する</p> <p>1-3-4 機材管理の中央化を進める</p> <p>1-3-5 新たな製品についての情報を更新する</p> <p>1-3-6 機材購入計画について助言を与える</p> <p>1-4-1 財務計画、モニタリング、分析、コンピュータ利用についてスタッフを訓練する</p> <p>1-5-1 薬剤購入、保存、利用状況を適切にモニターする</p> <p>2-1-1 消化器内科基本手技を充実させる</p> <p>2-1-2 消化器内科診療技術に移転する（特に内視鏡、ERCP、超音波）</p> <p>2-1-3 症例検討会・勉強会等の内容を充実させる</p> <p>2-1-4 卒後研修カリキュラムを整備する</p> <p>2-1-5 研修（卒後・地域医療）を実施する</p> <p>2-1-6 マニュアル（または教科書）を作成する</p> <p>2-1-7 臨床研究活動を充実させる</p>	<p>2-1-8 消化器疾患セミナーを開催する</p> <p>2-2-1 救急医学/ICU に関する基本手技を充実させる</p> <p>2-2-2 診療技術に移転する （特に急性腎不全に対する治療、救急医学における内視鏡・超音波診断治療技術）</p> <p>2-2-3 症例検討会・勉強会等の内容を充実させる</p> <p>2-2-4 卒後研修カリキュラムを整備する</p> <p>2-2-5 研修（卒後・地域医療）実施する</p> <p>2-2-6 マニュアル（または教科書）を作成する</p> <p>2-2-7 臨床研究活動を充実させる</p> <p>2-2-8 消化器疾患セミナーを開催する</p> <p>2-3-1 小児科基本手技を充実させる</p> <p>2-3-2 小児科診療技術に移転する（特に呼吸器感染症の診断治療、超音波検査、ICU）</p> <p>2-3-3 症例検討会・勉強会等の内容を充実させる</p> <p>2-3-4 卒後研修カリキュラムを整備する</p> <p>2-3-5 研修（卒後・地域医療）を実施する</p> <p>2-3-6 マニュアル（または教科書）を作成する</p> <p>2-3-7 臨床研究活動を充実させる</p> <p>2-3-8 小児疾患セミナーを開催する</p> <p>2-3-9 病院運営を適切にする</p> <p>2-4-1 消化器外科基本手技を充実させる</p> <p>2-4-2 消化器外科診療技術に移転する（特に内視鏡・腹腔鏡手術法、麻酔法）</p> <p>2-4-3 症例検討会・勉強会等の内容を充実させる</p> <p>2-4-4 卒後研修カリキュラムを整備する</p> <p>2-4-5 研修（卒後・地域医療）を実施する</p> <p>2-4-6 感染防御、清潔操作を改善する</p> <p>2-4-7 臨床研究活動を充実させる</p> <p>2-4-8 消化器疾患セミナーを開催する</p> <p>2-4-9 病棟、手術室運営を適切にする</p>	<p>1 カウンターパートのプロジェクトに対する熱意が大きい</p> <p>2 プロジェクトの趣旨が病院スタッフ全体に伝わる</p> <p>3 バックマイ病院がプロジェクトにおいて分担した役割を果たす</p> <p>4 バックマイ病院スタッフの英語力が向上する</p> <p>5 通関、輸送の手続きに遅れない</p> <p>6 地域病院がプロジェクトの趣旨をよく理解する</p>

活動(Activities)	活動(Activities)	投入(Inputs)	外部条件(Assumptions)
2-5-1 腎・泌尿器科基本手技を充実させる 2-5-2 腎・泌尿器科診療技術を移転する（特に腹膜透析術、腎生検、画像診断、膀胱鏡） 2-5-3 慢性腎不全に対する食事療法の基盤をつくる 2-5-4 症例検討会・勉強会等の内容を充実させる 2-5-5 卒後研修カリキュラムを整備する 2-5-6 研修（卒後・地域医療）を実施する 2-6-1 呼吸器内科基本手技を充実させる 2-6-2 呼吸器内科診療技術を移転する（特に気管支鏡、呼吸機能検査、感染症） 2-6-3 症例検討会・勉強会等の内容を充実させる 2-7-1 感染症・熱帯病科診療技術を移転する（特にICU、HIV/AIDS、ウイルス性肝炎） 2-7-2 症例検討会・勉強会等の内容を充実させる 2-7-3 研修（卒後・地域医療）を実施する 2-7-4 感染症・熱帯病セミナーを開催する 2-7-5 感染症対策に適切な助言を与える 2-8-1 循環器内科診療技術を移転する（特に超音波検査、Stress Test） 2-8-2 症例検討会・勉強会等の内容を充実させる 2-8-3 研修（卒後・地域医療）を実施する 2-8-4 循環器疾患マニュアル・テキストを作成する 2-8-5 循環器疾患セミナーを開催する 2-9-1 神経内科診療技術を移転する（特に脳波、筋電図、アンジオ画像による診断） 2-9-2 症例検討会・勉強会等の内容を充実させる 2-9-3 卒後研修カリキュラムを整備する 2-9-4 最新情報を充実させる（特に代謝性疾患、パーキンソン病、アルツハイマー病） 2-10-1 糖尿病診療技術を移転する（特に診断、患者管理） 2-10-2 症例検討会・勉強会等を充実させる	3-1-1 看護管理のための施設を改善する 3-1-2 看護婦の再教育プログラムを見直す 3-1-3 看護婦配置状況の把握・再配置方法を見直す 3-1-4 基本的看護技術の指導を実施する 3-1-5 看護記録法を改善する 3-1-6 混合病棟業務について指導する 3-1-7 看護マニュアルを作成する 3-1-8 症例検討会を充実させる 3-2-1 研修プログラムを改善する 3-2-2 研修機材を改善する 4-1-1 組織、機材配置を適正化する 4-1-2 精度管理技術を移転する 4-1-3 運営、人事管理を適切にする 4-1-4 機材の管理技術を指導する 4-1-5 検査記録、報告システムを改善する 4-1-6 検査技術を向上させる 優先度1：生化学 優先度2：微生物、血液、病理、放射線検査 4-1-7 検査室マニュアルを作成する 4-1-8 専門家がアンギオグラフィーの効果的な使用ガイダンスを行なう 5-1-1 DOHA スタッフに対し、基本的技術を指導する 5-1-2 DOHA 活動に必要な設備を整備する 5-1-3 バックマイ病院にて研修会を実施する 5-1-4 対象地域の医療情報収集を適正化する 5-1-5 Referral Case の受け入れ、回答を適正化する 5-1-6 関連部署との連絡協調体制を築く 5-1-7 研修カリキュラムを作成する 5-1-8 地域医療セミナーを開催する 5-2-1 DOHA 活動の結果を定期的に要約する	[日本側] 1 専門家派遣 1-a 長期専門家 チーフアドバイザー 調整員 看護管理 機材保守管理 1-b 短期専門家 医療情報管理 病歴管理、財務管理 薬剤管理 消化器内科、小児科 救急・ICU、消化器外科 呼吸器内科、神経内科 腎臓内科、糖尿病科 看護管理 検査室管理 地域医療指導 2 カウンターパート研修 3 機材供与 4 現地経費の負担 [ヴェトナム側] 1 カウンターパートを配置する 2 オフィスを提供する 3 ランニングコストを負担する 4 機材をメンテナンスする 5 免税措置を講ずる	1 カウンターパートのプロジェクトに対する熱意が大きい 2 プロジェクトの趣旨が病院スタッフ全体に伝わる 3 バックマイ病院がプロジェクトにおいて分担した役割を果たす 4 バックマイ病院スタッフの英語力が向上する 5 通関、輸送の手続きに遅れない 6 地域病院がプロジェクトの趣旨をよく理解する 前提条件(Precondition) 保健省がプロジェクトを支援する

3. 主な調査項目と情報・データ収集方法

評価項目	調査項目	必要なデータ	調査方法
実績	投入実績	<p><u>日本側</u></p> <ol style="list-style-type: none"> 1 専門家派遣 2 カウンターパート研修受け入れ 3 機材供与 4 プロジェクト経費 <p><u>ベトナム側</u></p> <ol style="list-style-type: none"> 1 カウンターパート配属 2 事務所設備 3 運営経費 4 機材保守管理 5 免税措置 	プロジェクト資料レビュー
	成果	<ol style="list-style-type: none"> 1 病院管理 平均入院日数、外来患者数、学位取得者数、図書館利用者数、病歴情報の活用者数、データ照会依頼者数、コンピュータオペレータ数、紛失病歴数、医療機材稼働率、点検機材総数、修理成功率、病床当たり年間平均収入、職員一人当たり平均収入、未回収診療費回収率、期限切れ薬剤数量、院内感染事故発生率 2 臨床医学 各科の死亡率、各科の治療率、合併症率、各科の診断手技数、各診断法に対する紹介患者数、確定診断数、各診断手技を実施できるスタッフ数、誤診率、発表論文数、研究発表数、研修会受け入れ数、研修会数、抄読会回数、カンファレンス数、入院後 24 時間死亡率、手術待機時間 3 看護管理 看護ケア試験の点数、医療機材を活用できる看護数、看護における研修会数 4 検査室管理 外部からの検査依頼数、検査総数、再検査率、精度管理の成績 5 地域医療指導 地方からの紹介患者数、地方からの紹介患者に対する回答数、研修会実施数、受講者数、地方派遣スタッフ数、研修を受けた病院における新技術普及度 	プロジェクト資料レビュー、インタビュー

実施のプロセス	活動の実施状況	活動実績	プロジェクト資料レビュー、インタビュー
	モニタリング	1 モニタリングの体制 2 PDM の変遷 3 前提条件、外部条件の変化への対応 4 ベトナム側とのコミュニケーション 5 共同運営 6 カウンターパートの独立性保持 7 参加型アプローチ	プロジェクト資料レビュー、インタビュー
	裨益者の参加	1 裨益者の納得性の確保 2 責任者の積極的なプロジェクトへの参加	プロジェクト資料レビュー、インタビュー
	オーナーシップ	1 予算 2 採算性 3 カウンターパートの能力 4 機器の円滑な引渡し 5 開発計画、戦略	プロジェクト資料レビュー、インタビュー
妥当性	上位目標はベトナムの国家政策と合致しているか	保険医療分野政策	保健省資料レビュー
	プロジェクト目標はターゲットグループのニーズに合致しているか	ターゲットグループのニーズ	保健省、BMH、地方病院インタビュー、プロジェクト資料
	プロジェクト目標は上位目標達成の為の適切な手段か	プロジェクト目標と状目標の関係	関係者への質問
	投入、活動は成果達成の為の有効な手段か	投入、活動と成果との関係 指標の妥当性	関係者への質問
	他ドナーによる援助との協調	他ドナーの援助状況	保健省、BMH への質問
有効性	プロジェクト目標の達成度	1 患者満足度調査 2 院内感染率 3 検査精度 4 コンピュータオペレータ数 5 機材の稼動状況 6 図書室の利用状況 7 地域病院の BMH に対する信頼度 8 地方病院からの患者紹介数 9 生化学検査依頼数 10 BMH 病院で研修を受けた地方病院スタッフ数	プロジェクト資料レビュー、インタビュー
	研修を受けたカウンターパートが BMH で勤務を継続しているか	研修生の勤務状況	インタビュー

	無償援助は予定どおり実施されたか。	無償資金協力プロジェクトの終了日	資料レビュー
	成果達成の適正度	達成された成果は適正なものであったか	ワークショップ
効率性	投入の実績	投入は有効に利用されたか	ワークショップ
	投入のタイミング	投入はタイミングよく実施されたか	ワークショップ
	カウンターパート	カウンターパートは引き続き BMH で勤務しているか	プロジェクト資料レビュー
	BMH で研修を受けたスタッフは北部ベトナムの病院で勤務を継続して行っているか	BMH で研修を受け北部ベトナムの病院スタッフ数	プロジェクト資料レビュー
インパクト	北部地域への波及	1 BMH から技術移転された診断手順数 2 他の病院からの紹介数 3 地方病院の BMH に対する信頼度 4 北部ベトナムの保健医療状況の改善度合い	プロジェクト資料レビュー
	カウンターパートの意識改善	BMH スタッフの意欲に変化があったか	インタビュー、ワークショップ
	他地域への波及	北部以外の地域や第三国にプロジェクト効果は波及したか?	インタビュー
	ジェンダー	BMH ではジェンダーに特段の配慮を行なっているか? (男女混合病棟の改善等)	インタビュー
	貧困削減・ソーシャルネット	BMH では貧困削減、ソーシャルネットに配慮を行なっているか?	インタビュー
	患者数の増加	BMH の整備に従い、患者が急増してことが、トップリフェラル病院としての活動の阻害要因になっているのではないか?	インタビュー
自立発展性	政策との一致	保健医療分野の政府政策の継続性	資料レビュー 厚生省インタビュー
	BMH の実施機関としての能力	カウンターパート数、スタッフ数は適正か?	資料レビュー インタビュー
		予算配分	資料レビュー 厚生省インタビュー
		収支バランス	BMH 財務諸表レビュー
	スタッフの技術能力	スタッフの技術レベル	専門家へのインタビュー
		機器の保守管理状況	インタビュー
		地方病院への技術移転スキーム	インタビュー
	自主的管理	小集団活動状況	インタビュー

Project: The Bach Mai Hospital Project for Functional Enhancement

Author: Mid-term evaluation team

Period: 10 January, 2000 – 9 January, 2005

Date: 29 November 2002

Criteria	Survey Item	Information	Resource	Information Method/Results
Achievements	Input	[JAPANESE SIDE] 1)Dispatch experts	Project report	<u>Long term experts</u> 9 personnel 222 Man-months <u>Short term experts</u> 1999 6 personnel 2000 16 personnel 2001 19 personnel 2002 10 personnel total 51 personnel Up to 30 November, 2002.
		2)Counterpart training in Japan	Project report	1999 3 personnel 2000 4 personnel 2001 5 personnel 2002 1 personnel (plus 4 planned) total 13 personnel Okinawa Training center 2001 1 personnel 2002 1 personnel Total 2 personnel Up to 30 November, 2002
		3)Provide equipment	Project report	Equipment provided 1999 30,021 thousand yen 2000 49,871 thousand yen 2001 54,045 thousand yen 2002 30,054 thousand yen total 163,991thousand yen Hand carried equipment 1999 3,300 thousand yen 2000 9,112 thousand yen 2001 6,531 thousand yen 2002 3,707 thousand yen total 22,650 thousand yen Up to 30 November 2002.
		4)Cost Sharing for local	Project report	Local administration fee etc. 1999 3,040 thousand yen 2000 32,342 thousand yen 2001 27,945 thousand yen 2002 11,080 thousand yen total 74,407 thousand yen Up to 30 November, 2002

Criteria	Survey Item	Information	Resource	Information Method/Results																																												
	[VIETNAMESE SIDE] 1)Provision of Vietnamese counterparts	Project report	Counterparts summary (personnel) <table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td></tr><tr><td>Management</td><td>14</td><td>14</td><td>14</td><td>14</td></tr><tr><td>Dept.Head</td><td>19</td><td>19</td><td>19</td><td>19</td></tr><tr><td>C/P training</td><td>7</td><td>7</td><td>9</td><td>9</td></tr><tr><td>GPD</td><td>8</td><td>8</td><td>10</td><td>10</td></tr><tr><td>Equipment</td><td>5</td><td>5</td><td>5</td><td>5</td></tr><tr><td>Nursing</td><td>7</td><td>7</td><td>9</td><td>9</td></tr><tr><td>DOHA</td><td>3</td><td>3</td><td>4</td><td>4</td></tr><tr><td>Total</td><td>65</td><td>65</td><td>70</td><td>70</td></tr></table>	Year	1999	2000	2001	2002	Management	14	14	14	14	Dept.Head	19	19	19	19	C/P training	7	7	9	9	GPD	8	8	10	10	Equipment	5	5	5	5	Nursing	7	7	9	9	DOHA	3	3	4	4	Total	65	65	70	70
				Year	1999	2000	2001	2002																																								
				Management	14	14	14	14																																								
				Dept.Head	19	19	19	19																																								
				C/P training	7	7	9	9																																								
	GPD	8	8	10	10																																											
	Equipment	5	5	5	5																																											
	Nursing	7	7	9	9																																											
	DOHA	3	3	4	4																																											
	Total	65	65	70	70																																											
2)Provision of office accommodation	BMH	Following building and facilities were prepared by Vietnamese side; 1 Sufficient space for the implementation of the Project 2 Offices and other necessary facilities for the Japanese experts 3 Facilities such as electricity, gas and water, sewage systems, telephones and furniture necessary for the activities of the Project. 4 Other facilities mutually agreed upon as necessary.																																														
3)Bearing running expenses	BMH	Project implementation is one of general activities of the hospital. The budget for ensuring these activities is mainly from Vietnamese government, health insurance, hospital fee and from project.																																														
4)Maintenance of equipment	BMH	Total budget for maintenance and repairing of equipment is VND2,750,000,000 in 2002.																																														
5)Measures for tax exemption	BMH	Following measures were taken by Vietnamese side; 1 Grant exemption from income tax 2 Grant exemption from customs duties with importation of personal effects by experts as well as machinery and equipment related to their activities. Questionnaire - Several cases of delay of customs clearance of equipments were reported. May we ask the possibilities to improve the situation? - Regarding to this matter, cooperation between project office and BMH was not close enough. Before experts' arrival, project office should inform BMH at least one month prior and cooperate with medical equipment department to clear customs procedure to avoid delay.																																														
Achievements of outputs	1)Hospital management 1-1. General hospital management in BMH is improved. * Average length of stay	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td></tr><tr><td>Days</td><td>12.2</td><td>11.7</td><td>12.4</td><td>12.17</td></tr></table> (As of June, 2002)	Year	1999	2000	2001	2002	Days	12.2	11.7	12.4	12.17																																			
	Year	1999	2000	2001	2002																																											
	Days	12.2	11.7	12.4	12.17																																											
	* No. of people achieve diplomas	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td><td>total</td></tr><tr><td>Personnel</td><td>10</td><td>13</td><td>8</td><td>Na</td><td>31</td></tr></table> (As of June, 2002)	Year	1999	2000	2001	2002	total	Personnel	10	13	8	Na	31																																	
	Year	1999	2000	2001	2002	total																																										
Personnel	10	13	8	Na	31																																											
* No. of people accessed to the library	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td><td>total</td></tr><tr><td>Personnel</td><td>2,156</td><td>2,320</td><td>6,922</td><td>5,478</td><td>16,876</td></tr></table> (As of June, 2002)	Year	1999	2000	2001	2002	total	Personnel	2,156	2,320	6,922	5,478	16,876																																		
Year	1999	2000	2001	2002	total																																											
Personnel	2,156	2,320	6,922	5,478	16,876																																											
* Rate of nosocomial infection cases	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td></tr><tr><td>Rate (%)</td><td>9.60</td><td>NA</td><td>6.54</td></tr></table> As of June, 2002	Year	1999	2000	2001	Rate (%)	9.60	NA	6.54																																						
Year	1999	2000	2001																																													
Rate (%)	9.60	NA	6.54																																													

Criteria	Survey Item	Information	Resource	Information Method/Results																								
		* No. of IEC products (video, pamphlet)	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td><td>total</td></tr><tr><td>Textbook -</td><td>0</td><td>19</td><td>21</td><td>7</td><td>47</td></tr><tr><td>Video</td><td>0</td><td>13</td><td>12</td><td>5</td><td>30</td></tr><tr><td>Pamphlet</td><td>4</td><td>3</td><td>5</td><td>4</td><td>16</td></tr></table> As of September, 2002.	Year	1999	2000	2001	2002	total	Textbook -	0	19	21	7	47	Video	0	13	12	5	30	Pamphlet	4	3	5	4	16
Year	1999	2000	2001	2002	total																							
Textbook -	0	19	21	7	47																							
Video	0	13	12	5	30																							
Pamphlet	4	3	5	4	16																							
		* No. of people accessed to the video library	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td><td>total</td></tr><tr><td>Personnel</td><td>NA</td><td>NA</td><td>26</td><td>46</td><td>72</td></tr></table> As of June, 2002.	Year	1999	2000	2001	2002	total	Personnel	NA	NA	26	46	72												
Year	1999	2000	2001	2002	total																							
Personnel	NA	NA	26	46	72																							
		* No. of people accessed to medical storage	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td><td>total</td></tr><tr><td>Person</td><td>506</td><td>550</td><td>982</td><td>310</td><td>2,348</td></tr></table> As of June, 2002	Year	1999	2000	2001	2002	total	Person	506	550	982	310	2,348												
Year	1999	2000	2001	2002	total																							
Person	506	550	982	310	2,348																							
		1-2 Hospital information system is improved * No. of computer operator trained	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td><td>total</td></tr><tr><td>Person</td><td>0</td><td>67</td><td>127</td><td>131</td><td>325</td></tr></table> As of June, 2002	Year	1999	2000	2001	2002	total	Person	0	67	127	131	325												
Year	1999	2000	2001	2002	total																							
Person	0	67	127	131	325																							
		* No. of missing medical record	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td><td>total</td></tr><tr><td>Records</td><td>NA</td><td>4,000</td><td>2,600</td><td>1,700</td><td>8,300</td></tr></table> As of June, 2002	Year	1999	2000	2001	2002	total	Records	NA	4,000	2,600	1,700	8,300												
Year	1999	2000	2001	2002	total																							
Records	NA	4,000	2,600	1,700	8,300																							
		* Amount of uncollected hospital fee	Project report	<table><tr><td>Year</td><td>VND</td></tr><tr><td>1999</td><td>1,862,671,000</td></tr><tr><td>2000</td><td>2,882,744,471</td></tr><tr><td>2001</td><td>2,200,000,000</td></tr><tr><td>Total</td><td>4,345,415,471</td></tr></table> As of December, 2002	Year	VND	1999	1,862,671,000	2000	2,882,744,471	2001	2,200,000,000	Total	4,345,415,471														
Year	VND																											
1999	1,862,671,000																											
2000	2,882,744,471																											
2001	2,200,000,000																											
Total	4,345,415,471																											
		* Patients' waiting time at OPD	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td></tr><tr><td>Minutes</td><td>NA</td><td>NA</td><td>77.381</td></tr></table> As of June, 2002	Year	1999	2000	2001	Minutes	NA	NA	77.381																
Year	1999	2000	2001																									
Minutes	NA	NA	77.381																									
		1-3 Management of medical materials * Operation ratio of ME	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td></tr><tr><td>Rate(%)</td><td>92</td><td>92</td><td>94</td><td>94.5</td></tr></table> As of June, 2002 <ul style="list-style-type: none">● It was pointed out there were misuse case of equipments due to the lack of manuals written in proper language Do BMH still has the similar cases?● At the first step of equipment provision, the request of providing manual from companyu was not considered therefore it causes disadvantages for some users. After that, this matter was overcome by BMH and project.	Year	1999	2000	2001	2002	Rate(%)	92	92	94	94.5														
Year	1999	2000	2001	2002																								
Rate(%)	92	92	94	94.5																								
		* No. of inspected and checked ME	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td><td>total</td></tr><tr><td>ME</td><td>NA</td><td>197</td><td>350</td><td>350</td><td>897</td></tr></table> As of June, 2002	Year	1999	2000	2001	2002	total	ME	NA	197	350	350	897												
Year	1999	2000	2001	2002	total																							
ME	NA	197	350	350	897																							
		* Rate of good operation after completion of repair	Project report	<table><tr><td>Year</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td></tr><tr><td>Rate (%)</td><td>92.0</td><td>92.9</td><td>94.2</td><td>97.0</td></tr></table> As of June, 2002	Year	1999	2000	2001	2002	Rate (%)	92.0	92.9	94.2	97.0														
Year	1999	2000	2001	2002																								
Rate (%)	92.0	92.9	94.2	97.0																								

Criteria	Survey Item	Information	Resource	Information Method/Results
		1-4 Financial management is improved * Average annual income per bed/staff	Project report	Year VND 1999 34,300,000 2000 35,400,000 2001 39,600,000 <u>2002 22,886,370</u> total 132,186,370 As of June, 2002
		* Average annual income per staff	Project report	Year VND 1999 10,000,000 2000 11,200,000 2001 12,200,000 <u>2002 6,400,000</u> total 39,800,000 As of June, 2002
		* Amount of uncollected hospital fee	Project report	Year VND 1999 1,862,671,000 2000 2,882,744,471 2001 2,200,000,000
		1-5 Pharmaceutical management is improved * Amount of expired drugs	Project report	There is no expired drug at the department of pharmacology.
		2. Clinical medicine 2-1 Clinical techniques and skills in gastroenterology are updated * Mortality rate	Project report	Year 1999 2000 2001 2002 Rate (%) 1.24 0.94 1.28 0.90 As of June, 2002.
		* Total No. of diagnostic procedures	Project report	Year 1999 2000 2001 2002 total Procedures 6,396 7,076 14,361 5,225 33,058 As of June, 2002.
		* No. of endoscopy examination	Project report	Year 1999 2000 2001 total Exam. 3,525 3,153 11,545 18,223 As of June, 2002
		* No. of liver biopsy	Project report	Year 1999 2000 2001 2002 total No. NA NA 34 7 41 As of June, 2002
		* Percentage of patient with correct diagnosis	Project report	Questionnaire Answer: 95% in 2000.
		* No. of referred cases from other hospitals	Project report	Year 1999 2000 2001 2002 total Cases 18 23 12 NA 53 As of June, 2002
		* No. of scientific papers	Project report	Year 1999 2000 2001 2002 total Papers 13 14 13 12 52 As of June, 2002
		* No. of clinical courses	Project report	Year 1999 2000 2001 2002 total Courses 4 2 3 2 11 As of June, 2002

Criteria	Survey Item	Information	Resource	Information Method/Results
		* No. of journal club	Project report	Year 1999 2000 2001 2002 total Journal 7 9 12 4 32 As of June, 2002
		2.2 Clinical techniques and skills in emergency medicine/ICU are upgraded. * Mortality rate	Project report	Year 1999 2000 2001 2002 Rate(%) NA NA 1.21 1.28 As of June, 2002
		* Total No. of diagnostic procedures	Project report	Year 1999 2000 2001 2002 total Procedure NA NA 7,983 7,537 15,520 As of June, 2002 Three techniques was introduced by Japanese expert - Diagnostic peritoneal lavage - Open heart massage - Application of traumatic score Experience exchanged; - Bedside X ray - Bedside ultrasonography - Emergent gastroendoscopy - Emergent bronchoscopy - Emergent pacemaker - Emergent defibrillation - Emergent tracheotomy
		* Total No. of emergency cases	Project report	Year 1999 2000 2001 2002 total Cases 2,785 5,604 9,436 4,045 21,870 As of June, 2002
		* Percentage of patient with correct diagnosis	Project report	Questionnaire Answer: Emergency syndromes ; 98% Diseases; 88%.
		* No. of referred cases from other hospitals	Project report	Year 1999 2000 2001 2002 total Cases NA NA 980 325 1,305 As of June, 2002
		* No. of scientific papers	Project report	Year 1999 2000 2001 2002 total Papers NA NA 14 9 23 As of June, 2002
		* No. of clinical cases	Project report	Year 1999 2000 2001 2002 total Cases NA NA 4 11 15 As of June, 2002
		* No. of journal club	Project report	Year 1999 2000 2001 2002 total Journal NA NA 32 31 63 As of June, 2002
		ICU * Mortality rate	Project report	Year 1999 2000 2001 2002 Rate(%) 9.10 8.67 12.55 9.09 As of June, 2002
		* Total No. of leading diagnostic and treatment procedures	Project report	Year 1999 2000 2001 2002 total Procedure 3,752 2,253 3,620 2,019 9,620 As of June, 2002
		* No. of diagnostic procedures (transferred by Japan)	Project report	Questionnaire Answer: 1 (Swan-Ganz catcher)

Criteria	Survey Item	Information	Resource	Information Method/Results
		* Percentage of patient with correct diagnosis	Project report	Questionnaire Answer: 79.48% (Jan 2001 – Sep 02)
		* No. of referred cases from other hospitals	Project report	Year 1999 2000 2001 2002 total Cases 233 217 558 NA 1,008 As of June, 2002
		* No. of scientific paper	Project report	Year 1999 2000 2001 2002 total Papers 9 NA 10 8 27 As of June, 2002.
		* No. of clinical courses	Project report	Year 1999 2000 2001 2002 total Courses 21 NA 15 8 44 As of June, 2002.
		* No. of journal club	Project report	Year 1999 2000 2001 2002 total Journal 50 50 40 20 160 As of June, 2002.
		2-3 Clinical techniques and skills in pediatrics are upgraded * Mortality rate	Project report	Year 1999 2000 2001 2002 Rate(%) 0.75 1.07 0.93 0.78 As of June, 2002
		* Total No. of leading diagnostic and treatment procedures	Project report	Year 1999 2000 2001 2002 total Procedure NA 486 2,047 934 3,467 As of June, 2002
		* No. of diagnostic procedures (transferred by Japan)	Project report	Questionnaire Answer: Renal biopsy using biopsy gun. Experience exchanged - techniques on diagnosis of cancer - acute leukemia in children - jaundice in neonates
		* Percentage of patient with correct diagnosis	Project report	Questionnaire Answer: Not available yet
		* No. of referred cases from other hospitals	Project report	Questionnaire Answer Year 1999 2000 2001 2002 total Patients NA 7 19 21 47 Rate(%) NA 0.5 0.97 1.3 --
		* No. of scientific paper	Project report	Year 1999 2000 2001 2002 total Papers 2 3 8 4 17 As of June, 2002.
		* No. of clinical courses	Project report	Year 1999 2000 2001 2002 total Courses NA 1 9 4 14 As of June, 2002.
		* No. of journal club	Project report	Year 1999 2000 2001 2002 total Journal 7 10 12 1 30 As of June, 2002.
		2.4 Clinical techniques and skills in surgery (abdominal) are upgraded	Project report	Questionnaire Answer: With support of equipment from JICA, techniques and skill of abdominal surgery was upgraded partly. However, there was not expert on abdominal surgery.

Criteria	Survey Item	Information	Resource	Information Method/Results
		2.5 Clinical techniques and skills in nephrourology are updated. * Mortality rate	Project report	Year 1999 2000 2001 2002 Rate(%) 0.70 0.90 0.84 0.62 As of June, 2002
		* Total No. of leading diagnostic and treatment procedures	Project report	Year 1999 2000 2001 2002 total Procedure 2,925 2,338 1,950 1,028 8,241 As of June, 2002
		* No. of kidney biopsy	Project report	Year 1999 2000 2001 2002 total No. NA NA 49 80 129 As of June, 2002.
		* No. of diagnostic procedures (transferred by Japan)	Project report	Questionnaire Answer: 1 (renal biopsy using gun under guidance of ultrasound) Experience exchanged - ultrasound, cyst aspiratain under guidance of ultrasound - cystoscopy - cystic biopsy - retrograde urographuy
		* Percentage of patient with correct diagnosis	Project report	Questionnaire Answer: NA
		* No. of referred cases from other hospitals	Project report	Year 1999 2000 2001 2002 total Cases 39 31 271 309 650 As of June, 2002
		* No. of scientific paper	Project report	Year 1999 2000 2001 2002 total Papers 3 5 18 6 32 As of June, 2002.
		* No. of clinical courses	Project report	Year 1999 2000 2001 2002 total Courses 2 3 2 1 8 As of June, 2002.
		* No. of journal club	Project report	Year 1999 2000 2001 2002 total Journal 10 12 12 4 38 As of June, 2002.
		2.6 Clinical techniques and skills in pulmonology are upgraded		Clinical technique and skill in pulmonology is updated. However, Japanese expert has just transferred some experiences in organization and management of pulmonology department
		* Total No. of leading diagnostic and treatment procedures	Project report	Year 1999 2000 2001 2002 total Procedure 1,288 1,276 2,523 1,586 6,773 As of June, 2002
		* No. of scientific paper	Project report	Year 1999 2000 2001 2002 total Papers NA NA NA 5 5 As of June, 2002.
		* No. of clinical courses	Project report	Year 1999 2000 2001 2002 total Courses NA NA NA 3 3 As of June, 2002.
		* No. of journal club	Project report	Year 1999 2000 2001 2002 total Journal NA NA NA 4 4 As of June, 2002.
		2.7 Clinical techniques and skills in infectious and tropical diseases are upgraded	Mortality rate	Year 1999 2000 2001 2002 Rate(%) 2.63 1.74 1.85 0.17 As of June, 2002

Criteria	Survey Item	Information	Resource	Information Method/Results
		* Total No. of leading diagnostic and treatment procedures	Project report	Year 1999 2000 2001 2002 total Procedure 4,192 4,539 6,883 4,501 20,115 As of June, 2002
		* No. of diagnostic procedures (transferred by Japan)	Project report	Questionnaire Answer: Liver biopsy in diagnosis of chronic hepatitis.
		* Percentage of patient with correct diagnosis	Project report	Questionnaire Answer: Not available
		* No. of referred cases from other hospitals	Project report	Year 1999 2000 2001 total Case As of June, 2002 The original data mentioned "62%, 70%, 76% 72%". This figure should be qualified.
		* No. of scientific paper	Project report	Year 1999 2000 2001 2002 total Papers 12 10 21 16 59 As of June, 2002.
		* No. of clinical courses	Project report	Year 1999 2000 2001 2002 total Papers NA NA NA 10 10 As of June, 2002. In the past 3 years, 7 clinical training courses for doctors and nurses of lower level hospitals were organized, of which 3 courses were supported by the project.
		* No. of journal club	Project report	Year 1999 2000 2001 2002 total Journal 8 6 7 3 24 As of June, 2002.
		2.8 Clinical techniques and skills in anesthesia are upgraded * total No. of leading diagnostic and treatment procedures	Project report	Year 1999 2000 2001 2002 total Procedure NA NA 4,155 3,095 7,250 As of June 2002.
		3. Nursing management 3.1 Nursing management and service are improved * Score of nursing care test (conducted at Gastroenterology dept)	Project report	Year 1999 2000 2001 Rate(%) NA NA 87 As of December, 2001 *What is the progress of establishing total nursing care in BMH? Answer: Total care becomes a policy of hospital. Department of Endocrinology and Gastroenterology were selected as 2 pilot departments. In total care model, nurses are more active in caring patient in cooperation with doctors to make the best caring plan; communication between nurses, doctors and patient family are getting better.
				*Does the scope of work of nursing department still include the pharmaceutical related activities? Answer The scopes of nurses' works still include pharmaceutical activities. Nursing department always pays attention to pharmaceutical activities concerning to treatment and patient care based on regulation of Ministry of Health. Recently, payment of hospital fee is upgraded through activities of Finance and Account department. Therefore, miscellaneous works that nurses used to do decreased remarkably now.
		* Result of patient's satisfaction test	Project report	Year 1999 2000 2001 Score NA NA 82.21 As of December, 2001

Criteria	Survey Item	Information	Resource	Information Method/Results
		3.2 Training function in collaboration with nursing school is improved * No. of training courses for nurses	Project report	Year 1999 2000 2001 2002 total Courses 7 11 19 7 44 As of June, 2002.
		4. Clinical laboratories 4.1 Management and skills in clinical laboratories are improved * No. of examination request from outside institutions	Project report	Year 1999 2000 2001 2002 total Request 840 1,440 3,240 1,850 7,370 As of June, 2002
		* Total No. of laboratory examination	Project report	Year 1999 2000 2001 2002 total Exam. 419,695 503,322 871,534 648,033 2,442,584 As of June 2002.
		* Rate of re-examination	Project report	Year 1999 2000 2001 2002 Rate(%) 5.0 4.0 1.1 0.63 As of June, 2002
		* Result of quality control	Project report	Year 1999 2000 2001 2002 Rate (%) NA NA 99.75 99.75 As of June, 2002
		5. Community medicine 5.1 MOH activities function * No. of reply to referral cases	Project report	Year 1999 2000 2001 2002 total Cases not started 735 1,204 344 2,283 As of June, 2002
		* No. of training courses	Project report	Year 1999 2000 2001 2002 total Courses 79 70 80 17 246 As of June, 2002
		* No. of trainees	Project report	Year 1999 2000 2001 2002 total Trainees 2,654 2,907 4,195 1,460 11,216 As of June, 2002
		* No. of trainees dispatched from BMH to provincial and lower level institutions	Project report	Year 1999 2000 2001 2002 total Trainees 412 375 450 92 1,329 Turns of staff. As of June, 2002
		* No. of medical staff in provincial and lower level institutions applying the techniques and skills transferred by BMH	Project report	Year 1999 2000 2001 2002 total Trainees 2,654 2,907 4,195 1,460 11,216 As of June, 2002
Implementation Process	Plan implementation &	* Master plan of improvement of BMH by MOH is implemented as scheduled.	Project report	Questionnaire Due to the delay of renovation of outpatient building, introduction of HIS in outpatient building was delayed. Did it affected to the overall schedule?
		* Organization for monitoring	Project team	Questionnaire May we have the monitoring organization and monitoring plan of the project ? As attached.

Criteria	Survey Item	Information	Resource	Information Method/Results
	Monitoring	* Revision of PDM.	Project report	PDM was revised as follows; PDM0: 22 October, 1999. The original PDM by the Implementation study team and BMH. PDM1: 26 March, 2001. The objectively verifiable indicators and means of verifications were revised. PDM2: 4 September, 2002. The slight modification was made on activities (IEC was added) and Indicators (hospital management & clinical medicine) by Project Management Committee.
		* Response to the changing of important assumption	Project team, BMH	Questionnaire/ project team/ BMH Answer: During implementation of project, if there are some important issues occurred detailed discussion will be done between BMH and experts, then discussion results will be submit to Ministry of Health, relevant ministries and JICA for approval Other small matters will be discussed by Japanese experts and Project standing board to find out solutions at regular meetings or ad-hoc meeting if necessary.
		* Sufficiency of communication	Expert /counterparts	Questionnaire/ Expert/ counterparts Answer: Relationship between experts and counterparts is good with close and effective cooperation.
	Communication between experts and counterparts	* Joint operation	Experts /counterparts	Questionnaire/Expert/counterparts 1 st Joint Coordination meeting September, 2000 2 nd Joint Coordination meeting, October, 2001 May we know the frequency of the operation committee? Every Monday afternoon.
		* Ensure independence of counterparts	Experts	Questionnaire/Expert/counterparts Answer Staff of BMH are taking part in implementing of the project. Chair man of the project steering committee is Director of hospital Many training courses and seminars were organized. Techniques transferred by Japanese experts can implement their work s smoothly by themselves.
		* Introduction of participatory approach	Project/BMH	Interview/ Project/BMH Answer: NA
	Participation of beneficiary	* Expedition of benefic ally's understanding	Project/BMH	Interview/Project/BMH Answer: Understanding on benefit of the project was implemented through various activities as follows; - Through hospital meetings for disseminating of hospital policy quarterly, annually and periodically. Besides that , at annual conference of all hospital staff members, projects activities and benefit are discussed and disseminated. - Through seminars or training courses organized by the project - Through IEC activities - Through DOHA activities of BMH
		* Participation of responsible person to the management	Project	Interview/Project Answer: Responsible persons are taking part in management of the project.
	Ownership	* Budget	MOH BMH	Questionnaire/ MOH, BMH
		*Communication between the departments	BMH	Questionnaire/BMH How the communication between the departments are ensured? Answer: The communication between departments in hospital are close, cooperative and responsible.
		* Capability of counterparts	Project	Interview/ Expert
		* Smooth acceptance of equipment	Project	Interview/ Project
				-

Criteria	Survey Item	Information	Resource	Information Method/Results
Relevance	* Is the overall goal is included in the development policies ?	* Development plan * Strategy	MOH	Questionnaire/MOH, BMH - Health sector strategic object - 2001-2020 Socio-economic development strategy - 2001-2005 7 th National development 5 year plan - 2001-2010 6 th Health medical sector 10 year strategy - Other related papers
	* Equal distribution of benefit	* Policy on medical service	MOH	Questionnaire/MOH - Poverty reduction strategy paper - Other related papers Answer: Project overall goal is included in development plan, strategy and policies.
	* Project goal is match to the needs of target group?	* Policy * Needs	MOH BMH Provincial hospital	Questionnaire/MOH/BMH/Provincial hospital - The project goal is match to the needs of target group? - Was there any change of the needs after project started? Answer - The purpose of the project matches the needs of target group.
	* Is the project goal appropriate method to achieve the overall goal?	* Plan	BMH	Questionnaire/BMH - Is the project goal appropriate to achieve the overall goal? Answer; - It is appropriate with overall goal.
	* Are the input or activities proper method to achieve the outputs?	* Input, Activities	BMH	Questionnaire/BMH - Are the input or activities proper method to achieve the outputs? Answer Inputs such as dispatching Japanese experts, provision of equipment, and provision of budget are appropriate to output of the project. However, project should consider supporting more counterparts of BMH to have chance studying in Japan because BMH is a high technical medical center in the North of Vietnam. Number of experts dispatched to BMH can be decreased, detailed working plant of short term experts should be informed to BMH in advance for discussing and reaching mutual agreement between both so that experts activities will be more effective.
	* Cooperation with other donors	* Other ODA project or foreign aid	BMH	Questionnaire/BMH - Please inform the ODA project or foreign aid other than JICA. Answer - United states, Australia, France, Germany
	* Amendment of outputs	* Outputs	BMH	Questionnaire/BMH - Is there any additional amendment is required to the output? Answer - It is necessary to have additional amendments to the output such as strict implementation of the project activities to obtain good results according to 5 fields listed in PDM. However, at the second half of the project, it is necessary to define focus of each field in PDM to finish project timely.
Effectiveness	* Achievement of project goal	* Target and relevance of Indicators	BMH, Project	Questionnaire, BMH, Project * May we know the numerical target of indicators? * May we know the relevance of the indicators?
		* Patient satisfaction test of in patients	Project report	Year 1999 2000 2001 Scores NA NA 82.21 As of June, 2002.
		* Patient satisfaction test of out patients.	Project report	Year 1999 2000 2001 Scores NA NA 73.1 As of June, 2002.
		* Rate of nosocomial infection	Project report	Year 1999 2000 2001 Rate(%) 9.6 NA 6.54 As of June, 2002.

Criteria	Survey Item	Information	Resource	Information Method/Results
		* Result of quality control	Project report	Year 1999 2000 2001 2002 Rate (%) NA NA 99.75 99.75 As of June, 2002
		* Result of nursing care test conducted in Gastroenterology dept	Project report	Year 1999 2000 2001 2002 Rate (%) NA NA 87.0 87.0 As of June, 2002
		* No. of computer operators	Project report	Year 1999 2000 2001 2002 Persons NA 67 127 31 As of June, 2002.
		* Operation ratio of medical equipment	Project report	Year 1999 2000 2001 2002 Rate(%) 92 92 94 94.5 As of June, 2002.
		* No. of people accessed to the library	Project report	Year 1999 2000 2001 2002 total Person 2,156 2,320 6,922 5,478 16,876 As of June, 2002.
		* No. of people accessed to the medical record storage	Project report	Year 1999 2000 2001 2002 total Person 506 550 982 310 2,348 As of June, 2002.
		* Reliability of provincial hospital staff to BMH	Project report	Year 1999 2000 2001 2002 Scores NA NA 81.7 85.0 (Tuyen Quan) As of June, 2002.
		* Questionnaire to outpatient asking impression of BMH	Project report	Year 1999 2000 2001 Scores NA NA 81.9 As of June, 2002.
		* No. of reply to referred cases	Project report	Year 1999 2000 2001 2002 total Reply Not started 735 1,204 344 2,283 As of June, 2002.
		* No. of examination request from outside institutions (Biochemistry)	Project report	Year 1999 2000 2001 2002 total Requests 840 1,440 3,240 1,850 7,370 As of June, 2002.
		* No. of medical staff members who were trained in Bach Mai hospital and working in medical institutions in the North	Project report	Year 1999 2000 2001 2002 total Staff 2,654 2,907 4,195 1,460 11,216 As of June, 2002.
	* Was the above mentioned project goal achievement by result of output?	* BMH	BMH	Workshop
	* Trained counterparts continue working in BMH	* Number of counterparts continue working in BMH	Project	Questionnaire/Project - We understood that no counterparts who received training in Japan left BMH. Are we correct ? Answer - Yes

Criteria	Survey Item	Information	Resource	Information Method/Results
	* Grant aid project for the improvement of BMH by JICA is implemented as scheduled	* Completion date of grant aid project	Project	Questionnaire/Project - We understood that no delay except below was observed. - Due to the delay of outpatients' building, introduction of HIS of outpatients were delayed. May we know what was the magnitude of delay? Answer: Almost plans were implemented as scheduled. Renovation of OPD was delayed for 10 months due to some difficulties on budget provision from Ministry of Health. However, OPD LAN still was implemented by writing software. Only installation of hardware was delayed because of renovation works. Up to now, the system has been installed completely and it will be put in to operation in next few weeks. Generally, delay of installation does not affect seriously to management activities of hospital because BMH HIS has just set up at the first step. The delay only affects partly to the project progress.
Efficiency	* How it was appropriate the achievement of output	* Achievement of output	BMH Project	Workshop - How do you evaluate the appropriateness of the achievement of output?
	* Utilization of input	* Achievement of input	BMH Project	Workshop - Did you utilize the input efficiently?
	* Timing of input	* Timing of input	BMH Project	Workshop - Was the input made at the right timing? Answer Almost inputs were made at the right timing. Some of them were exceeded in comparison with initial plan.
	* Trained counterparts continue working in BMH	* No. of trained counterparts continue working in BMH.	Project	Questionnaire/Project
Impact	* 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	Project report	Year 1999 2000 2001 2002 total Staff 2,654 2,907 4,195 1,460 11,216 As of June, 2002.
		* No. of diagnostic and treatment procedures transferred by BMH	Project report	Year 1999 2000 2001 2002 total Procedures 36 36 36 36 144 As of June, 2002.
		* No. of reply to referred case	Project report	Year 1999 2000 2001 2002 total Reply Not started 735 1,204 344 2,283 As of June, 2002.
		* Reliability of provincial hospital to BMH	Project report	Year 1999 2000 2001 2002 Score NA NA 81.7 85 (Tuen Quang Hosp.) As of June, 2002
		* Effect to the improvement of health condition in the north of Vietnam	DOHA	Questionnaire/DOHA - Did the project effect to the improvement of health condition in north of Vietnam? Answer - Quality of medical care service in the North of Vietnam is improved through DOHA activities of BMH. The project also contributes 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.
		* Change of the motivation of BMH staff	BMH	Questionnaire/BMH - Did the project change the motivation of BMH staff? If yes, how and in which field? Answer - Project contributes to impulse BMH staff by taking part in improvement of diagnosis and treatment quality as well as training activities. Staff of BMH is willing to receive new techniques and apply in the field of gastroenterology, ICU, Pediatrics and DOHA.

Criteria	Survey Item	Information	Resource	Information Method/Results																				
		* Effect to the other areas in Vietnam	BMH Project	Workshop - Did the project have effect to the other areas in Vietnam?																				
		* Gender	BMH	Questionnaire/BMH - Do you pay special attention to the gender issue in the operation of the project? For example to separate the room for male and female. Answer - Gender issue is reasonably paid attention in implementation of the project.																				
		* Poverty reduction	BMH	Questionnaire/BMH - We understood there is the medical support funding scheme for the poor. May we know the amount of the budget allocated to BMH for 2002 ? Answer - Grand total of medical support for the poor in the year 2002: 2,200,000,000 VND.																				
		* Increase of the number of patient of BMH	BMH Project	Questionnaire/ BMH, Project - We understood the number of patient of BMH was increased to become the obstacles for the top referrals hospital. Therefore, another function enforcement project for provincial hospitals was requested. Is it correct? Answer - Number of patient is increased and made some obstacles for BMH, but it is not minus impact. - Implementation of some projects for provincial hospitals is appropriate with target of decreasing overload for BMH. However, number of hospitals as candidates for implementation of this project is not small so selection should be done carefully.																				
Sustainability	* Continuation of the project as the part of the development policy	* Allocation of the project in the development policy	MOH	Questionnaire/MOH - May we know the allocation of the project in the development policy? Answer - In the development plan of hospital, project implementation is one of general activities of hospital.																				
	* Capability of implementation organization	* Appointment of counterparts and allocation of staff	BMH	Questionnaire/BMH/Project - Is the number of counterparts sufficient enough for the smooth implementation of the project? - Is the number of staff sufficient enough for the smooth implementation of the project ? Answer: - Almost counterparts dispatched here are capable to implement project. - Almost staff is capable enough to implement project.																				
		* Budget allocation	MOH	Questionnaire/MOH - May we know the budget allocation of 2001 and 2002? Answer <table><tr><td>Year</td><td>Budget</td><td>Other sources</td><td>Total</td></tr><tr><td>2000</td><td>34,754,700,000</td><td>52,476,164,297</td><td>87,230,846,297</td></tr><tr><td>2001</td><td>44,160,460,000</td><td>69,802,689,317</td><td>113,963,149,317</td></tr><tr><td>2002</td><td>46,750,000,000</td><td>40,904,620,930</td><td>87,654,620,930</td></tr><tr><td>Total</td><td>125,665,160,000</td><td>163,183,456,544</td><td>288,848,616,544</td></tr></table> * 2002 other source is upto June.	Year	Budget	Other sources	Total	2000	34,754,700,000	52,476,164,297	87,230,846,297	2001	44,160,460,000	69,802,689,317	113,963,149,317	2002	46,750,000,000	40,904,620,930	87,654,620,930	Total	125,665,160,000	163,183,456,544	288,848,616,544
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Total	125,665,160,000	163,183,456,544	288,848,616,544																					
* Financial statement	BMH	Questionnaire/BMH - May we have your financial statement of the year 2001 ? (Revenue, Expenses, Balance)																						
* Small group activity	BMH	Questionnaire/Project - Were small group activities, for example for quality control, introduced to BMH?																						
* Techniques of staff	* Grade of techniques of staff	Project	Questionnaire/Project - Please furnish us the evaluation of the grade of techniques of staff.																					

Criteria	Survey Item	Information	Resource	Information Method/Results
		* Status of operation and maintenance of equipment	BMH Project	Questionnaire/BMH/Project -(BMH) May we know the status of operation and maintenance of equipment? - (Project)Please furnish us the list of equipment with condition of operation and maintenance. Answer - Operation rate: 94.5% - Equipment maintenance has been done regularly .
		* Scheme to transfer techniques to provisional hospitals	BMH	Questionnaire/BMH(DOHA) - May we have your scheme to transfer techniques to provincial hospitals? Answer - Plan of technical transfer to provincial hospital from the year 2003 to the 2005 was provided.