# MINUTES OF DISCUSSIONS ON THE BASIC DESIGN STUDY ON THE PROJECT FOR IMPROVEMENT OF FACILITIES OF THE HUE CENTRAL HOSPITAL IN THE SOCIALIST REPUBLIC OF VIET NAM

(Explanation on Draft Report)

In June 2003, the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched a Basic Design Study Team on the Project for Improvement of Facilities of the Hue Central Hospital (hereinafter referred to as "the Project") to the Socialist Republic of Viet Nam (hereinafter referred to as "Viet Nam"), and through discussion, field survey, and technical examination of the results in Japan, JICA prepared a draft report of the study.

In order to explain and to consult the Viet Nam on the components of the draft report, JICA sent to Viet Nam the Draft Report Explanation Team (hereinafter referred to as "the Team"), which is headed by Shinji Totsuka, Deputy Director of the Second Grant Aid Management Division, Grant Aid Management Department, from September 28 to October 7.

As a result of discussions, both parties confirmed the main items described on the attached sheets. The Team will proceed to further works and prepare the Basic Design Study Report.

Hanoi, October 6, 2003

Mr. Shinji Totsuka

Leader

Draft Report Explanation Team

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Witnessed by

Dr. Ho Minh Chien

General Director of Labour, Culture and Social Affaires Department

Ministry of Planning and Investment

The Socialist Republic of Viet Nam

#### ATTACHMENT

1. Components of the Draft Report

The Government of Viet Nam agreed and accepted in principle the components of the draft report explained by the Team.

2. Japan's Grant Aid scheme

Viet Nam side understands the Japan's Grant Aid Scheme and the necessary measures to be taken by the Government of Viet Nam as explained by the Team and described in Annex-3 and Annex-4.

3. Schedule of the Study

JICA will complete the final report in accordance with the confirmed item and send it to the Government of Viet Nam by January 2004.

#### 4. Other relevant issues

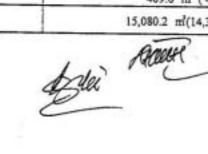
- 4-1. Both sides agreed the contents of the draft Basic Design Study Report. Both sides agreed that the construction of the facilities and procurement of necessary equipment described in Annex-1 and Annex-2 are included in the Project.
- 4-2. The Viet Nam side understands that CT and Angiography would not be included in the project.
- 4-3. The Viet Nam side confirmed to renovate the current neuro surgery or digestive surgery ward building to a training facility as the current ward would be transferred to the central examination building of the project.



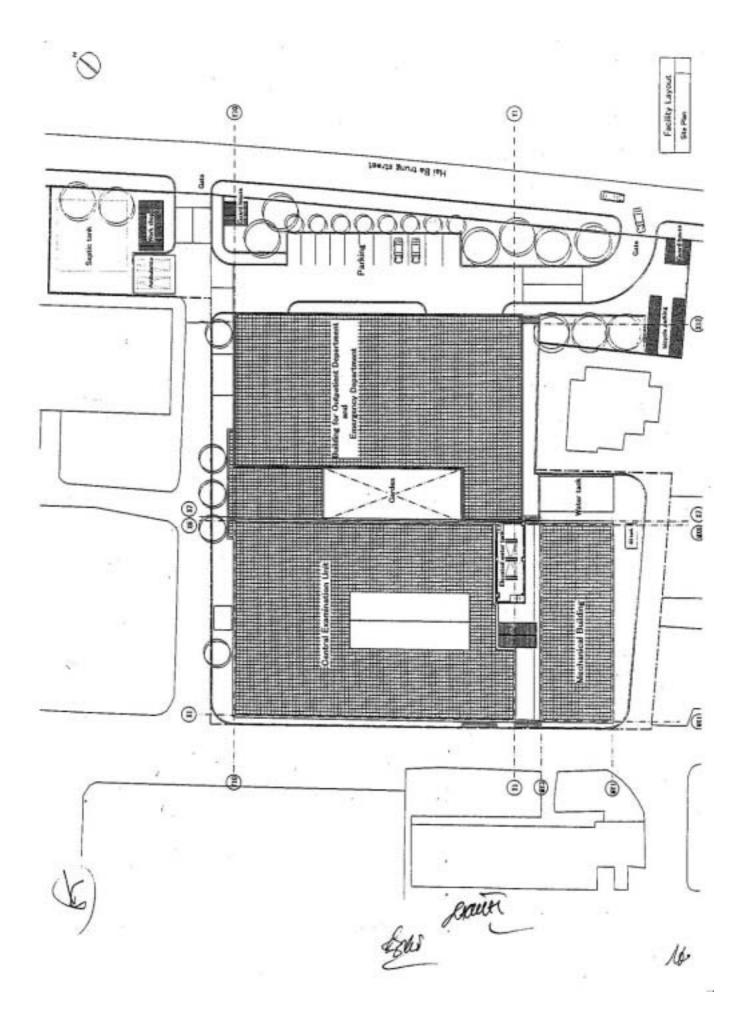
# ANNEX-1

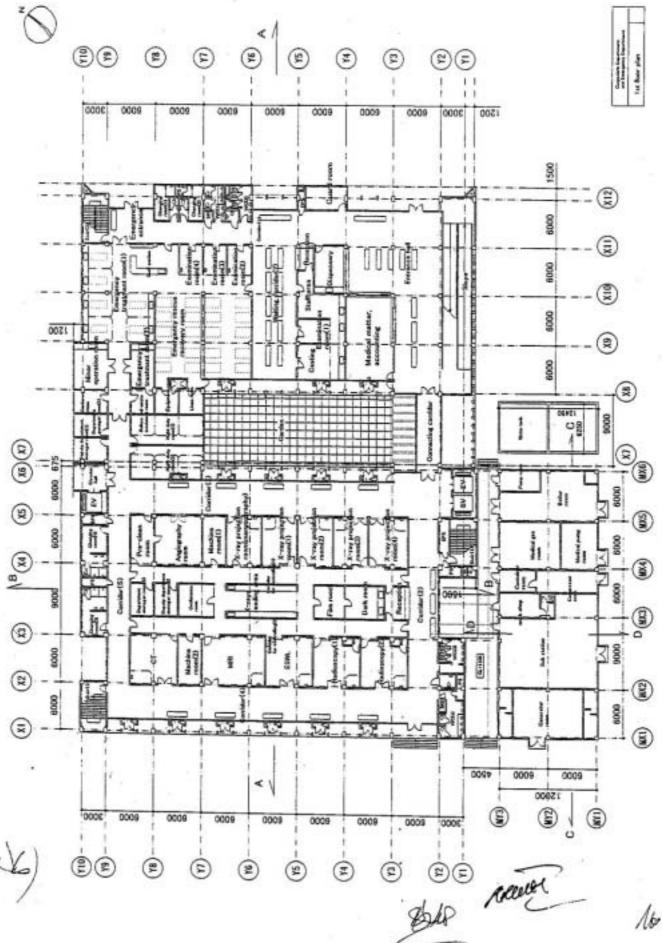
# Planned floor area of each facility

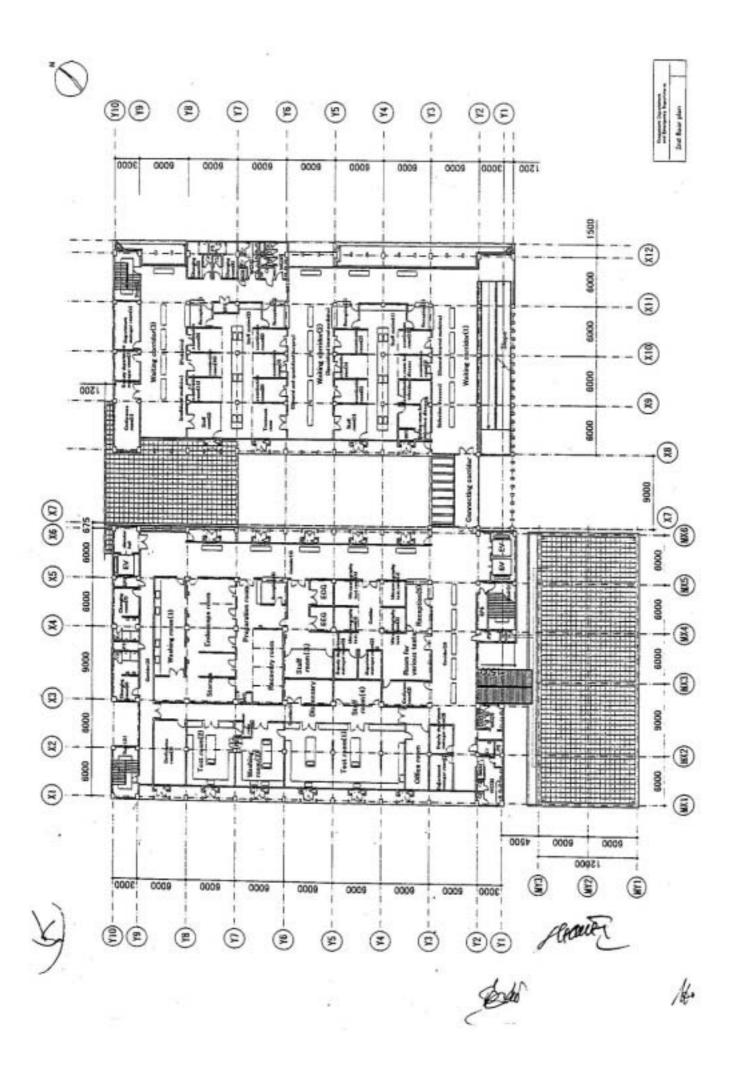
Building	Story	Planned floor area
Building for Outpatient	1st floor	1,380.1 m² (1,340.1 m²)
Department and Emergency Department	2nd floor	1,280.7 m² (1,149.2 m²)
cine geney Department	3rd floor	1,329.8 m² (1,214.7 m²)
	Total	3,990.6 m² (3,704.0 m²)
Central Examination Unit	1st floor	1,608.2 m² (1,501.6 m²)
	2nd floor	1,603.3 m² (1,486.7 m²)
	3rd floor	1,603.3 m² (1,486.7 m²)
	4th floor	1,616.0 m² (1,499.4 m²)
	5th floor	1,616.0 m² (1,499.4 m²)
	6th floor	1,516.2 m² (1,343.6 m²)
	7th floor	1,460.2 m² (1,343.6 m²)
	Roof	66.4 m² ( 47.0 m²)
	Total	11,089.6 m² (10,208.0 m²)
Mechanical Building	1st floor	409.6 ਜੀ ( 409.6 ਜੀ)
	Total	409.6 m² (409.6 m²)
Grand total		15,080.2 m2(14,321.6 m2)

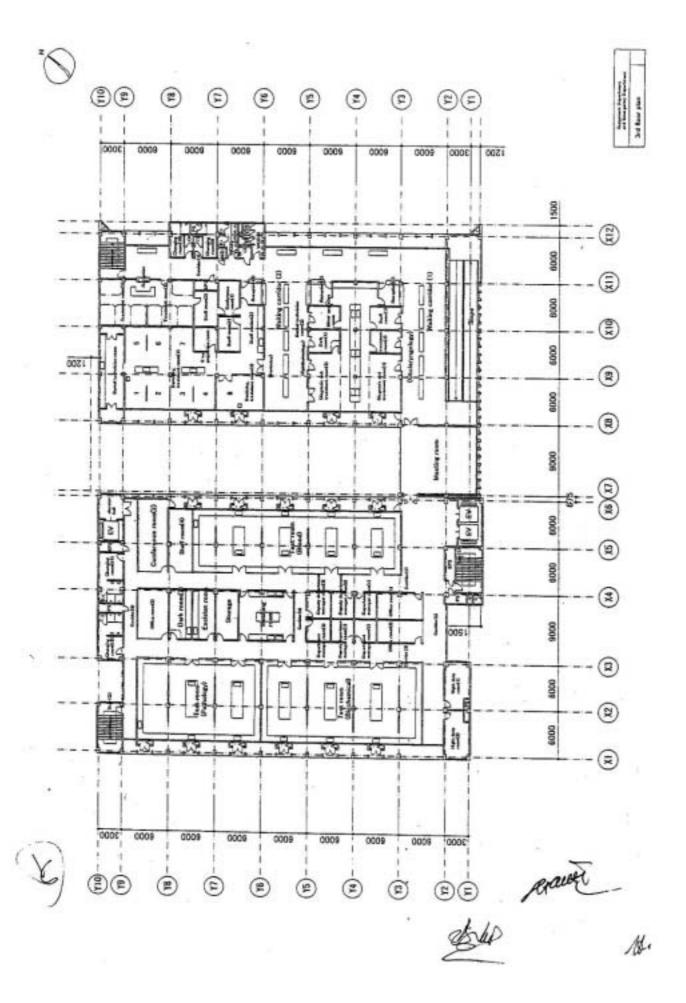


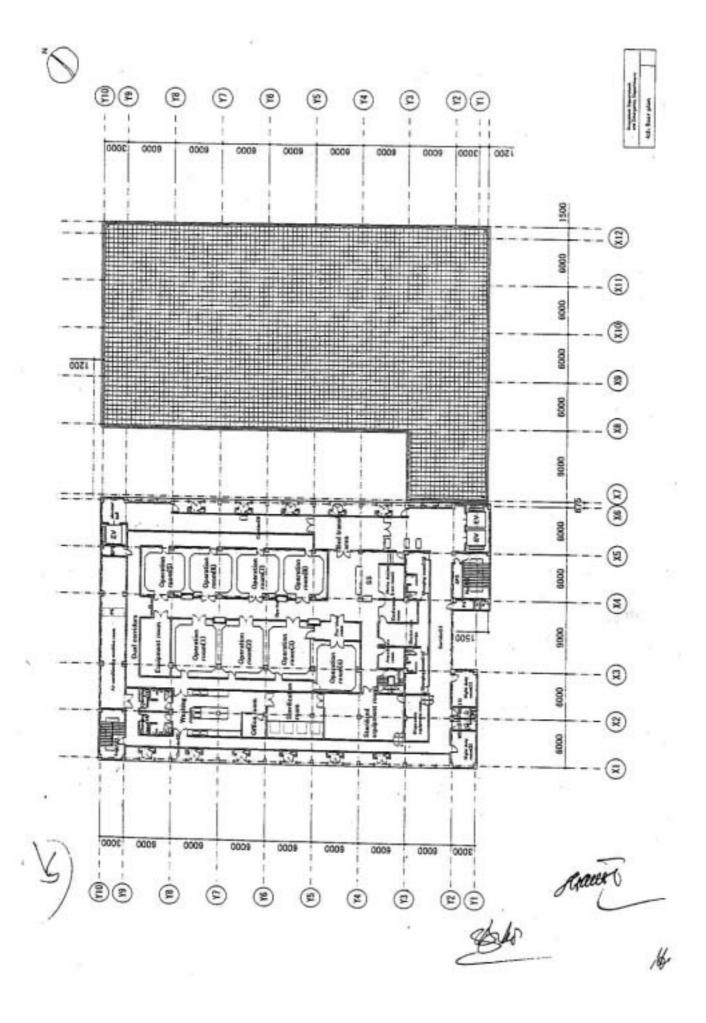


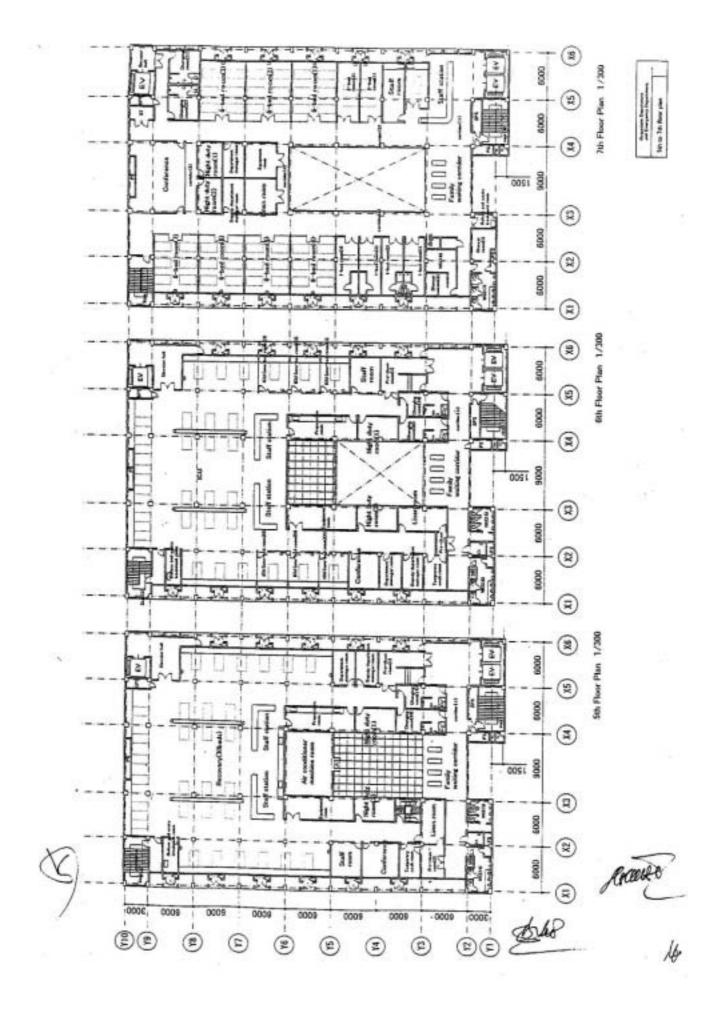












Term No. Bepartm	ent Name of Equipment	Gty
SMG - 1 Emergency Room	Treatment table	+
EMC - 1 Emergency Hoom	Operating Light, mobile	1
DAC - 3 Emergency Room	Defibrillator	1
DIG - 4 Emergency Room	Ultrasound Scanner	1
BMG - 1 Emergency Room	Ventilator	1
555 - 4 Emergency Room	ECG 8 Channels	1
DMG - 7 Emergency Spon	Infusion Pump	2
BAG - 8 Emergency Room	Winor Surgical Instrument Set	2
DMG - 9 Emergency Room	Table Top Steam Sterilizer	1
EMC - 10 Emergency Room	Ambulance Car	2
SRG - 1 Surgery	Plaster Sandage Table	1
DOC - 1 Dental Clinic	X-ray Unit for Sental	1
DOC - 2 Dental Clinic	Automatic File Processor	1
DTC - 1 Dental Clinic	Centrifugal Centing Machine	1
OffC - 4 Dental Clinic	Hydraulic Flank Press	11
OTC - 5 Dental Clinic	Model Trimmer	1
DTC - 6 Dental Clinic	Laboratory Micromoter	1
DTC - f Dental Clinic	Laboratory Lathe	11
DTC - 8 Dental Clinic	Table Top Steam Sterilizer	1
DTC - 9 Dental Clinic	Dental Chair Unit	8
DTC - 10 Dental Climic	Programmable Flastic Purnace	1
SPM - 1 Ophthalmology Clinic	Refracting Unit	1
99% - 2 Ophthalmology Clinic	Slit Leep Microscope	1
NPM - 1 Ophthalmology Climic	Parimeter	1
OPM - 4 Ophthalmology Clinic	Pundus Camera	1
Dr - 1 E.N.T. Clinic	ENT Treatment Unit	1 1
MT - Z E.N.T. Clinic	ENT Treetment Chair	1
DFT - 3 E.N.T. Clinic	Audiometer	1
DT - 4 E.K.T. Clinic	Ultrasonic Nebuliser	1
PT - 1 Operation Theater	C-arm X-ray Unit	+
PT - 2 Operation Theater	Universal Operating Table	8
PT - 3 Operation Theater	Orthopedic Operating Table	1
PT - 6 Operation Theater	Operating Light	8
FT - 8 Operation Theater	Electro Surgical Unit-	
PT - 6 Operation Theater	Patient Monitor	
FT - J Operation Theater	Anesthesia Apparatus with ventilator for adult	1
PT - 8 Operation Theater	Anasthesia Apparatus with ventilator for child	L
PT - 9 Operation Theater	Operating Microscope	ı
PT - 15 Operation Theater	Defibrillator	2
PT - II Operation Theater	BCG 6sh	1
PT - 12 Operation Theater	Digestive Instrument Set	2
T - 13 Operation Theater	Orthopedic Instrument, Set	2
PT - 14 Operation Theater	Neurosurgery Instrument Set	1 2

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Item No.	Gepartment	Name of Erralpmont	Gty
OPT - 16	Operation Theater	Urology Instrument Set	2
OPT - 16	Operation Theater	Pediatric Surgery Unstrument Set	2
OPT - 11	Operation Theater	Micro Surgary Instrument Set	2
OPT - 18	Operation Theater	Thoracic Surgery Instrument Set	2
OPT - 19	Operation Theater	General Surgery Instrument Set	1
OPT - 20	Operation Theater	Small Operating Instrument Set	7
0PT - 21	Operation Theater	Surgical Scrub Station	2
OPT - 22	Operation Theater	Section Unit	8
DG - 1	Imging	Fluoroscopic I-ray TV System	1
DMG - 2	Imaging	General X-ray System	4
DE - 3	Imaging	Mobile X-ray Unit	1
DAG - 4	Inaging	Automatic Film Processor	1
STR - 1	Sterilization Room	High Pressure Steem Starilizer	1 4
PMR - 1	Endoscopy + Punction Examination	Broncho Piberscope	1
PHE - 2	Endoscopy + Punction Esseinstion	Colono Fiberscope	1 1
PME - 3	Endoscopy + Punction Examination	Gastrointenstinal Fiberscope	1 1
FNE - 4	Endoscopy + Function Examination	EndoscopeTV System	2
FNE - I	Endoscopy + Function Examination	Sprirobeter	1
PRE - 6	Endoscopy + Function Examination	SCG 6 Channels	2
FNE - 7	Endoscopy * Function Examination	ESC	1
ME - 8	Endoscopy + Function Examination	Color Ultruscund	2
PTL - 1	Pathology	Rotary Microtome	1
PTL - 2	Pathology	Automatic Tissue Processor	1
SM2 - 1 1	Hemstalogy(Routine Exam)	Refrigerated Centrifuge	1
HMT - 2 3	Mematology(Noutine Exam)	Autoclave	1
HMT - 3 3	Rematology(Noutize Exam)	Water Distillation Apparatus	1
10KT - 4 H	Sematology(Routine Exam)	Orying Oven	3
MIC - 1 8	Biochemistry	Orying Oven	2
MC - 2 8	Rochesistry	Automatic Biochemical Analyzer	1
	ficrobiology	Vertical Sterilizar	2
KB - 2 N	ticrobiology	Water Distillation Apparatus	t
	disrobiology	Hot Air Steriliaar	3
	licrobiology	Table Top Centrifuge	3
	Herobiology	Electronic Balance	1
-	licrobialogy .	Water Bath	1
	harmacy	Precision Balance	1
	harmecy	Water Distillation Apparatus	1
-	CU	Central Monitor	ı
	au	Patient Monitor	12
-	OU	Defibrillator .	1
	au	806 6ch	1 1
-	OU	Ventilator .	8
CT - 6 1	OU .	Infusion Pump	5

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Item No.	Department	Name of Equipment	Ota
ICU - 7	ton	Syringe Pump	14
tou - e	tor	Ultrasonic Mebulizer	
ICU - 9	tar	CCU Bed	30
ICU - 10	ICO	Blood Gas Analyzer	1
3CV - 1	Recovery Room	Infant Incubator	1
RCV - 2	Recovery Room	Ventilator	6
RCV - 3	Recovery Room	Patient Monitor	1 9
RCV - 4	Recovery Room	Defibrillator	1
RCV - 5	Recovery Room	Syringe Pump	6
RCV - 6	Recovery Room	Infusion Pump	7
RCV - 7	Recovery Room	Infant Ventilator	1
PDT - L	Peadiatric	Infant Incubator	7
PDT - 2	Peadlatric	Phototherapy Unit	4
PDT - 3	Peadiatric	Patient Monitor	1
PDT - 4	Peadiatric	Pulse Oximeter	2
VCU - 1	NICU	Infant Ventilator	1
1CU - 2	NTCU	Patient Monitor	1
VCU - 3	NICU	Syringe Pump	1
XX8 - 1	Gynecology-Obstetric (New born)	Infant Incubator	3
08 - 2 0	Gynecology-Obstatric (New born)	Phototherapy Unit	1
208 - 3	Gynecology-Obstetric (New born)	Portable Suction Unit	1
08 - 4	Gymecology-Obstetric (Delivery room)	Fetal Coppler	2
XOB - 5	Cynecology-Obstetric (Delivery roca)	CTC Manitor	2
08 - 6	Gymecology-Costetric (Delivery roce)	Laryngoscope for Infant	1 2
08 - 7	Gymecology-Costetric (Delivery room)	Ambu beg	2
08 - 8	Gymecology-Costetric (Delivery room)	Infant Fermer	2
08 - 9	Gynecology-Obstetric (Delivery room)	Delivery Instrument set	- 1
08 - 10	Gynecology-Obstatric (Delivery room)	Yacuum Extractor	1 2
08 - 11	Gynecology-Obstetric (Delivery room)	Delivery Table	5
08 - 12	Gymecology-Obstetric (Consultation)	CTG Monitor	- 1
08 - 13	Gynecology-Obstetric (Consultation)	Portable Echo Machine	1



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- Grant Aid Procedure
- Japan's Grant Aid Program is executed through the following procedures.

Application (Request made by a recipient country)

Study (Basic Design Study conducted by JICA)

Appraisal & Approval (Appraisal by the Government of Japan and Approval by Cabinet)

Determination of

(The Notes exchanged between the Governments of Japan

Implementation ar

and the recipient country)

Firstly, the application or request for a Grant Aid project submitted by a recipient country is examined by the Government of Japan (the Ministry of Foreign Affairs) to determine whether or not it is eligible for Grant Aid. If the request is deemed appropriate, the Government of Japan assigns JICA to conduct a study on the request. If necessary, JICA send a Preliminary Study Team to the recipient country to confirm the contents of the request.

Secondly, JICA conducts the study (Basic Design Study), using Japanese consulting firms.

Thirdly, the Government of Japan appraises the project to see whether or not it is suitable for Japan's Grant Aid Programme, based on the Basic Design Study report prepared by JICA, and the results are then submitted to the Cabinet for approval.

Fourthly, the project, once approved by the Cabinet, becomes official with the Exchange of Notes signed by the Governments of Japan and the recipient country.

Finally, for the implementation of the project, JICA assists the recipient country in such matters as preparing tenders, contracts and so on.

- Basic Design Study
- 1) Contents of the Study
  The aim of the Basic Design Study (hereinafter referred to as "the Study"), conducted by
  JICA on a requested project (hereinafter referred to as "the Project"), is to provide a basic
  document necessary for the appraisal of the Project by the Government of Japan. The
  contents of the Study are as follows:
- confirmation of the background, objectives and benefits of the Project and also institutional capacity of agencies concerned of the recipient country necessary for the Project's implementation;
- evaluation of the appropriateness of the Project to be implemented under the Grant Aid Scheme from the technical, social and economic points of view;
- c) confirmation of items agreed on by both parties concerning the basic concept of the Project;
- d) preparation of a basic design of the Project; and
- e) estimation of costs of the Project.

The contents of the original request are not necessarily approved in their initial form as the contents of the Grant Aid project. The Basic Design of the Project is confirmed considering the guidelines of Japan's Grant Aid Scheme.

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The Government of Japan requests the Government of the recipient country to take whatever measures are necessary to ensure its self-reliance in the implementation of the Project. Such measures must be guaranteed even through they may fall outside of the jurisdiction of the organization in the recipient country actually implementing the Project. Therefore, the implementation of the Project is confirmed by all relevant organizations of the recipient country through the Minutes of Discussions.

Selection of Consultants

For the smooth implementation of the Study, JICA uses a consulting firm selected through its own procedure (competitive proposal). The selected firm participates the Study and prepares a report based upon the terms of reference set by JICA.

At the beginning of implementation after the Exchange of Notes, for the services of the Detailed Design and Construction Supervision of the Project, JICA recommends the same consulting firm which participated in the Study to the recipient country, in order to maintain the technical consistency between the Basic Design and Detailed Design as well as to avoid any undue delay caused by the selection of a new consulting firm.

Japan's Grant Aid Scheme

1) Grant Aid

The Grant Aid Program provides a recipient country with non-reimbursable funds to procure the facilities, equipment and services (engineering services and transportation of the products, etc.) for economic and social development of the country under principles in accordance with the relevant laws and regulations of Japan. Grant Aid is not supplied through the donation of materials as such.

- 2) Exchange of Notes (E/N)
  Japan's Grant Aid is extended in accordance with the Notes exchanged by the two
  Governments concerned, in which the objectives of the project, period of execution,
  conditions and amount of the Grant Aid, etc., are confirmed.
- "The period of the Grant" means the one fiscal year which the Cabinet approves the project for. Within the fiscal year, all procedure such as exchanging of the Notes, concluding contracts with consulting firms and contractors and final payment to them must be completed.

  However, in case of delays in delivery, installation or construction due to unforeseen factors such as weather, the period of the Grant Aid can be further extended for a maximum of one fiscal year at most by mutual agreement between the two Governments.
- Under the Grant, in principle, Japanese products and services including transport or those
  of the recipient country are to be purchased.

When the two Governments deem it necessary, the Grant Aid may be used for the purchase of the products or services of a third country.

However, the prime contractors, namely consulting, contracting and procurement firms, are limited to "Japanese nationals". (The term "Japanese nationals" means persons of Japanese nationality or Japanese corporations controlled by persons of Japanese nationality.)

Necessity of "Verification"

The Government of the recipient country or its designated authority will conclude contracts

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denominated in Japanese yen with Japanese nationals. Those contracts shall be verified by the Government of Japan. This "Verification" is deemed necessary to secure accountability of Japanese taxpayers.

- Undertakings required to the Government of the recipient country
- a) to secure a lot of land necessary for the construction of the Project and to clear the site;
- to provide facilities for distribution of electricity, water supply and drainage and other incidental facilities outside the site;
- to ensure prompt unloading and customs clearance at ports of disembarkation in the recipient country and internal transportation therein of the products purchased under the Grant Aid;
- to exempt Japanese nationals from customs duties, internal taxes and fiscal levies which
  may be imposed in the recipient country with respect to the supply of the products and
  services under the verified contracts;
- to accord Japanese nationals whose services may be required in connection with the supply
  of the products and services under the verified contracts such as facilities as may be
  necessary for their entry into the recipient country and stay therein for the performance of
  their work;
- f) to ensure that the facilities constructed and products purchased under the Grant Aid be maintained and used properly and effectively for the Project; and
- g) to bear all the expenses, other than those covered by the Grant Aid, necessary for the Project.
- 7) "Proper Use"

The recipient country is required to maintain and use the facilities constructed and equipment purchased under the Grant Aid properly and effectively and to assign the necessary staff for operation and maintenance of them as well as to bear all the expenses other than those covered by the Grant Aid.

- 8) "Re-export" The products purchased under the Grant Aid shall not be re-exported from the recipient country.
- Banking Arrangement (B/A)
- a) The Government of the recipient country or its designated authority should open an account in the name of the Government of the recipient country in an authorized foreign exchange bank in Japan (hereinafter referred to as "the Bank"). The Government of Japan will execute the Grant Aid by making payments in Japanese yen to cover the obligations incurred by the Government of the recipient country or its designated authority under the verified contracts.
- b) The payments will be made when payment requests are presented by the Bank to the Government of Japan under an Authorization to Pay (A/P) issued by the Government of recipient country or its designated authority.



# Major Undertakings to be taken by Each Government

No		To be covered by Grant Aid	To be covered by Recipient side
	To secure land		•
2	To clear, level and reclaim the site when needed		
3	To construct gates and fences in and around the site		
4	To construct the parking lot	•	
5	To construct roads		
- 1	1) Within the site		
	2) Outside the site		
6	To construct the building		
_	To provide facilities for the distribution of electricity, water supply, drainage and other incidental facilities		
	1)Electricity		
	The distributing line to the site		
	<ol> <li>The drop wiring and internal wiring within the site</li> </ol>		
	c. The main circuit breaker and transformer		
	2)Water Supply		
	a. The city water distribution main to the site		
	<ul> <li>The supply system within the site (receiving and/or elevated tanks)</li> </ul>		
	3)Drainage		
	a. The city drainage main ( for storm, sewer and others ) to the site		•
	<ul> <li>The drainage system ( for toilet sewer, ordinary waste, storm drainage and others ) within the site</li> </ul>	•	
_	4)Gas Supply		
	a. The city gas main to the site		
	b. The gas supply system within the site		
	5)Telephone System		-
	<ul> <li>The telephone trunk line to the main distribution frame / panel (MDF) of the building</li> </ul>		•
_	<ul> <li>The MDF and the extension after the frame / panel</li> </ul>	•	
- 6	5)Furniture and Equipment		
_	a. General furniture		•
_	b. Project equipment		
	To bear the following commissions to a bank of Japan for the banking services based upon the B/A		*
	) Advising commission of A/P	1	
	2) Payment commission		•
	To ensure prompt unloading and customs clearance at the port of disembarkation in recipient country		
_ 1	) Marine(Air) transportation of the products from Japan to the recipient country		
	disembarkation		•
_3	) Internal transportation from the port of disembarkation to the project site		
- 11	o accord Japanese nationals whose services may be required in connection with	-	
£	he supply of the products and the services under the verified contract such aculities as may be necessary for their entry into the recipient country and stay herein for the performance of their work		



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	Annex-4
To exempt Japanese nationals from customs duties, internal taxes and other fiscal levies which may be imposed in the recipient country with respect to the supply of the products and services under the verified contract	1
12 To maintain and use properly and effectively the facilities constructed and equipment provided under the Grant Aid	
13 To bear all the expenses, other than those to be borne by the Grant Aid, necessary for construction of the facilities as well as for the transportation and installation of the equipment	•

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#### 1. 対象事業名

ベトナム社会主義共和国 フエ中央病院改善計画

#### 2. 我が国が援助することの必要性・妥当性

#### (1) 我が国が当該国に対し援助することの必要性・妥当性

我が国は以下に記すような理由等により、ベトナムをアジアにおける我が国援助の重点国の一つ として位置付けている

ベトナムの安定はインドシナの平和と安定にとり極めて重要であること、人工約7,600万人を有し、また、一人当たり GNP は低く、援助需要が高いこと、更に、経済発展に伴いこの地域における重要性を増していくと考えられること、

1991 年 10 月のカンボジア和平合意を受け、我が国からベトナムへの円借款を再開したことを契機に、両国関係は将来を見据えた新たな発展段階に入り、政治面、経済面のみならず文化面等でも緊密化しつつあること、

ベトナムは、1986年より「ドイモイ(刷新)」路線の下市場経済化を推進するとともに、1995年には ASEAN 加盟、1998年には APEC 加盟を果たし、我が国を含む域内外諸国との関係改善・拡大を進めてきていること、また、アジア経済危機の影響が徐々に浸透し経済成長とドイモイ政策の維持に困難が生じていること等を踏まえ、援助を実施する。

#### (2) 当該プロジェクトを実施することの必要性・妥当性

ベトナムの保健指標は過去30年で大幅な改善が見られ、乳児死亡率30、平均余命69(2001年)と、同程度の所得水準の国々と比較しても良好な水準に達している。一方で栄養不良や感染症など貧困に起因する疾患が依然として多く、交通事故や薬物中毒など生活習慣に関連する症例が増加し、疾病構造の二極化が進んでいる。また栄養失調児は中部沿岸北部地域や中部高原地域に多いなど、概して所得レベルの低い地域ほど各種指標の水準が低くなっており、経済発展に伴い保健指標やサービス水準の地域格差が拡大しつつある。

ベトナムでは、これまでに我が国からの無償資金協力と技術協力によって、南部のチョーライ病院と北部のバックマイ病院が近代的な病院施設に整備され、それぞれの地域のトップリファラル病院として、地域保健の拡充発展に多大な貢献を果たしている。

しかしながら中部地域においては、その細長い国の形状や地勢条件などから、上記の拠点病院からの医療サービスを受けるのが難しい状況にある。保健医療水準も南部や北部と較べると、相対的に見劣りしているのが実状である。

中部地域におけるトップリファラル病院はティアティエンフ工省にあるフエ中央病院(HCH)であり、外科診療を中心とした高度医療を提供するとともに、中部地域の最終紹介病院としての高い臨床治療機能を有している。さらに、フエ医科大学の臨床教育や、中部地域各省の病院に対する技術指導、及び地域医療指導活動(DOHA)などの諸機能をも担っている。しかしながら、実態は

施設・機材の老朽化に加え、病院の検査部門が分散配置され医療サービスの低下が顕在化しており、増加する外来患者や規定数を超過する入院患者への対応が困難な状況を呈している。

このようなことから 2002 年 7 月~8 月にかけフエ中央病院を対象とする技術協力策定のため、プロジェクト形成調査が実施された。その結果、過去のチョーライ、バックマイに引き続き中部病院においても無償資金協力と技術協力を組み合わせた協力が妥当であるとの提言を得ている。

一方、無償資金協力に関しては 2003 年 1 月に当該病院の現状とともに、中部地域での拠点病院整備にかかる協力の可能性について、無償資金協力としての妥当性を検討するとともに、HCH における協力対象範囲及び協力内容を明確にすることを目的として予備調査を実施した。その結果、中部における保健医療サービス改善のためには当該地域の拠点病院である HCH を強化することが妥当であると判断された。これを受け本基本設計調査が実施されることとなった。

#### 3. 協力対象事業の目的(プロジェクト目標)

中部地域の拠点病院である、フエ中央病院の施設と関連医療機材を整備することにより、同地域における保健医療サービスの質を向上させることを目的とする

#### 4. 協力対象事業の内容

#### (1) 対象地域

フエ市を含むベトナム国中部地域

(2) アウトプット

フエ中央病院の施設及び医療機材が整備される

#### (3) インプット

#### 【日本国側】

- ・中央診療棟(検査部門、手術室部門、ICU、回復室、病棟等)と外来棟(内科・外科・眼科・ 耳鼻科・歯科、救急外来部門等)の新設
- ・上記新設施設、及び既存小児科、産婦人科を中心とした既存機材の更新および数量不足機材 の補充

#### 【相手国側】

- ・ 敷地の整地、既存施設の撤去(不発弾の撤去、既存建物解体等)
- ・ 電力、水道、電話幹線の計画地までの敷設

### (4) 総事業費

概算事業費 30.52 億円 (日本側 30.11 億円、ベトナム側 0.41 億円)

(5) スケジュール

詳細設計期間を含め約32ヶ月の工期を予定

#### (6) 実施体制

監督官庁:ベトナム国保健省(MOH) 実施機関:フエ中央病院(HCH)

#### 5. プロジェクトの成果

(1) プロジェクトの裨益対象範囲及び規模

直接受益者: ティアティエンフエ省住民(約100万人)

間接受益者: フエ中央病院の診療圏内の中部地域住民(約1,800万人)

- (2) 事業の目的(プロジェクト目標)を示す成果指標
  - 1) 3次医療サービスの強化

項目	2002 (実施前)	2007 (実施後)
手術件数(年間)が増加する	13,523	21,700

老朽化しているフェース病院の主要施設を建替え、需要の高い高度医療機能(手術室、検査部門、専門外来部門等)を充実させる。これにより3次医療施設としての機能を強化し、患者のニーズにより適切かつ迅速に応じることが可能になる。

#### 2) 病床占有率の改善

項目	2002 (実施前)	2007 (実施後)
病床占有率の改善	120.5%	114%

慢性的な病床不足で常に入院待ちが発生しているが、外科病棟の新設でベッド数が 50 増加 し、さらに施設の中央化などによるサービス効率化で平均在院日数の短縮も期待されるため、 病床占有率が改善され患者の入院待ち期間を短縮し、より多くの住民にサービスを提供できる ようになる。

#### 6. 外部要因リスク

- 1) 保健政策が継続される
- 2) フエ中央病院の運営・維持管理体制が確保される

## 7. 今後の評価計画

- (1) 事後評価に用いる成果指標 手術件数、病床占有率
- (2) 評価のタイミング 施設完工および機材据付完了後、5年後(2011年以降)

## 資料7. 収集資料リスト

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- 2. Health Services in Vietnam Today 保健省 1999
- 3. 保健統計 テュアティエンフ工省保健局 2002 (写し)
- 4.Project Appraisal document for Regional Blood Transfusion center project 世界銀行 2002年3月(写し)
- 5. Health Statistics Yearbook 2001
- 6. フエ中央病院既存施設設計図
- 7. フエ中央病院新施設設計図(小児病棟、循環器官センター)
- 8. フエ中央病院マスタープラン