1. Member List of the Survey Team

NAME	ROLE	INSTITUTION
Mr. Shinji TOTSUKA	Team Leader	Deputy Director Grant Aid Management Department, Japan International Cooperation Agency
Dr. Hiroshi OHARA	Technical Advisor	Senior Medical Officer, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health, Labour and Welfare
Mr. Masahiro IKAWA	Project Manager/ Architectural Planner	Nihon Sekkei, Inc.
Ms. Shiho SASADA	Health Sector Surveyor	Nihon Sekkei, Inc.
Mr. Hitoshi ITO	Architectural Designer	Nihon Sekkei, Inc.
Mr. Motohiro OKADA	Facility Planner	Nihon Sekkei, Inc.
Mr. Takashi YOZA	Equipment Planner	Medical Engineering & Planning Co. Ltd.
Mr. Kazunori SHIMIZU	Procurement and Cost Planner	Nihon Sekkei, Inc.
Mr. Kazunori KATO	Interpreter	Nihon Sekkei, Inc.
Mr. Akihiro TAKAGI	Facility Planner (Assistant)	Nihon Sekkei, Inc.
Mr. Sinichi SAKASHITA	Equipment Planner (Assistant)	Medical Engineering & Planning Co. Ltd.

Basic Design Survey (June 22 to July 10, 2003)

Explanation on Draft Report (September 28 to October 8, 2003)

NAME	ROLE	INSTITUTION
Mr. Shinji TOTSUKA	Team Leader	Deputy Director Grant Aid Management Department, Japan International Cooperation Agency
Dr. Hiroshi OHARA	Technical Advisor	Senior Medical Officer, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health, Labour and Welfare
Mr. Masahiro IKAWA	Project Manager/ Architectural Planner	Nihon Sekkei, Inc.
Ms. Shiho SASADA	Health Sector Surveyor	Nihon Sekkei, Inc.
Mr. Hitoshi ITO	Architectural Designer	Nihon Sekkei, Inc.
Mr. Motohiro OKADA	Facility Planner	Nihon Sekkei, Inc.
Mr. Takashi YOZA	Equipment Planner	Medical Engineering & Planning Co. Ltd.
Mr. Kazunori SHIMIZU	Procurement and Cost Planner	Nihon Sekkei, Inc.
Mr. Kazunori KATO	Interpreter	Nihon Sekkei, Inc.
Mr. Akihiro TAKAGI	Facility Planner (Assistant)	Nihon Sekkei, Inc.

2. Survey Schedule

Basic Design Survey (June 22 to July 11, 2003)

3 6/2 4 6/2 5 6/2	6/24	Mon. Tue.		Ho Chi Mih Hanoi							anoi
4 6/2 5 6/2		Tue.				Courtesy call to Embas	sy of	Japan (EOJ)/JICA, MOH			
5 6/2	6/25		Narita BKK Hanoi		Naria Bangkok Hanoi Courtesy call to Embassy of Japan (EOJ)/JICA, MOH Hanoi Hue Meeting with Huc Central Hospital (HCH) Meeting with HCH Meeting with HCH Discussion with HCH, Discussion on Minutes Team Meeting hue Hanoi Hue Site Survey (HCH) Intel Stee Survey (HCH) Meeting with HCH Site Survey (HCH) Intel Stee Survey (HCH)				Hanoi	Hue	
		Wed.	EOJ/JICA, MOH Hanoi Hue			Meeting with	нсн	ł			
6 6/	6/26	Thu.				Meeting with HCH					
	6/27	Fri.				Meeting with HCH					
7 6/3	6/28	Sat.			Discuss	ion with HCH, Discussion	on M	linutes			
8 6/2	6/29	Sun.			Hue Hanoi			Team Meeting	Narita Hano i	Hue	Hanoi
9 6/3	6/30	Mon.	На					Site Survey (HCH)	Hanoi Hue		
10 7/	7/1	Tue.	Hanoi Phnom Penh			Hanoi Hue		Site Survey (HCH)		Hanoi	Hue
11 7,	7/2	Wed.						Site Survey (HCH)			
12 7/	7/3	Thu.						Meeting with HCH			
13 7/	7/4	Fri.									
14 7/	7/5	Sat.									
15 7/	7/6	Sun.					Т	eam Meeting	Market Survey	Mee	ting
16 7/	7/7	Mon.					Mee	eting with HCH	Market Survey	Mee	ting
17 7/	7/8	Tue.				Με	eeting		ndum)		
18 7/	7/9	Wed.					Rep	ort to JICA/EOJ	Market	Survey	
19 7/	7/10	Thu.							·		
20 7/	7/11	Fri.						Narita			

Explanation on Draft Report (September 28 to October 8, 2003)

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1	9/28	Sun.	Narita (Bangkok) Hanoi					
2	9/29	Mon.	Courtesy call to Embassy of Japan (EOJ)/JICA, Ministry of Health (MOH), Ministry of Planning and Investment (MPI)					
3	9/30	Tue.	Hanoi Hue Explanation of Draft Report to Hue Central Hospital (HCH)					
4	10/1	Wed.	HCH (Design Conditions, Architectural Plan, Facility Plan, Equipment Plan, Scope of Works)					
5	10/2	Thu.	HCH (Operation & Maintenance Plan, Personnel Plan, Schedule after E/N)					
6	10/3	Fri.	Draft of Minutes of Meetings Varket Survey)					
7	10/4	Sat.	Discussion with HCH, Draft of Minutes of Meetings, Survey of Project Site Market Survey)					
8	10/5	Sun.	Hue Hanoi					
9	10/6	Mon.	Signing on Minutes of Meetings at MOH, Report to EOJ/JICA Varket Survey)					
10	10/7	Tue.	Hanoi (Bangkok)					
11	10/8	Wed.	Narita					

3. List of Party Concerned in the Recipient Country

1. Viet Nam Side

1-1.	Ministry of Planning and Investme	ent: MPI
	Mr. Ho Minh Chien	Deputy Director, Department of Labor and Social
		- Culture Affairs
	Mr. Tran Kim Nguyen	Senior Expert, Department of Labor and Social
		- Culture Affairs
	Mr.Nguyen Xuan Tien	Department of International Economic Relation

1-2. Ministry of Health: MOH
Tran Trong Hai MD. Ph. D
Dire
Tran Thi Giang Huong MD.
Dep
Dr. Do Khang Chien
Dep
Dr. Nguyen Minh Toan

Director General, Department of International Cooperation Deputy Director, Department of International Cooperation Deputy Director, Department of Therapy Deputy Director, Department of Medical Equipment & Construction

1-3. Institute of Metrorology and Hydrology Sub-Institute of Hydrometeorology of Thua Thien Hue
Ms. Dilong Lien Chan Deputy Chief
Mr. Nguyen Lan Chan Head of Precipitation Station
Mr. Nguyen Hui Hai Head of Mid- and Long-term Precipitation Station
Mr. Le Thanh Hai Head of Short-term Precipitation Station

1-4. People's of Committee of Thua Thien Hue Province Mr. Nguyen Van Me Chairman

1-5.	Hue Central Hospital	
	Prof. Pham Nhu The	Director of HCH
	Dr. Nguyen Ngoc Luyen	Vice Director of HCH
	Nguyen Duy Thang MD. Ph.D.	Vice Director of HCH
	Bui Duc Phu MD. Ph.D.	Vice Director of HCH
	Dr. Van Cong Trong	General Planning Department
	Mr. Hoang Ngoc Son	Directorial Secretariat & International Cooperation
	Mr. Nguyen Trung	Construction Department
	Mr. Hoang Xuan Thank	Equipment & Facility Department
	Mr. Camh Lam	Security Department

1-6.	Construction Bureau of Thua Thi	en Hue Province
	Mr. Nguyen Van Cao	Director
	Mr. Nguyen The Truyen	Vice Director
	Mr. Nguyen Duc Thang	
1-7.	Hue Medical School	
	Prof. Huynh Van Minh MD	Chief of Research & International Relations Department
	Nguyen Van Tap MD. Ph.D.	Chief of Research & International Relations Department
	Mr. Le Minh Dien	Chief of Foreign Language Department
1-8	Health Bureau of Thua Thien Hue	e Province
	Dr. Nguyen Duc Hue	Director
1-9	Hue City Hospital	
	Ks. Nguyen Guang Hien	Vice Director
1-10	Thua Thien Hue Construction Co	mpany
	Ks. Nguyen Thi Thuy Hoa	Director
	Eng. Le Quy Dinh	Deputy Director
2 .12	apanese Side	
2-1.		
2 1.	Takuya TAKIGAWA	Second Secretary
	Tukuyu Trincortori	Second Secretary
2-2.	JICA Vietnam Office	
	Fumio Kikuchi	Resident Representative
	Masato Togawa	Senior Deputy Resident Representative
	Yuki Hayashi	Deputy Resident Representative
	Kazuyuki Kobayashi	Senior Project Formulation Advisor
2-3.	Bach Mai Hospital Project for Fu	nctional Enhancement
	Shuzo Kanagawa	Chief Advisor
	Keiko Kawamura	Project Coordinator
	Sachiko Miyoshi	Expert on Nursing Management
	Masako Tanaka	Master of Health Sciences, Pharmacist

Appendices 4

4-1 MINUTES OF DISCUSSION

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

In response to a request from the Government of the Socialist Republic of Viet Nam (hereinafter referred to as "Viet Nam"), the Government of Japan decided to conduct a Basic Design Study on the Project for Improvement of Facilities of the Hue Central Hospital (hereinafter referred to as "the Project") and entrusted the study to the Japan International Cooperation Agency (hereinafter referred to as "JICA").

JICA has sent the Basic Design Study Team (hereinafter referred to as "the Team") headed by Mr. Shozo Matsuura, Managing Director of Grant Aid Management Department, JICA and is scheduled to stay in Viet Nam from June 22 to July 10, 2003.

The Team held discussions with the officials concerned of the Government of Viet Nam and conducted a site survey at the study area.

In the course of discussions and site survey, 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, June 30, 2003

Mr. Shozo Matsuura Leader Basic Design Study Team Japan International Cooperation Agency

Dr. Tran Trong Hai MD. PhD. Director Department of International Cooperation Ministry of Health The Socialist Republic of Viet Nam

Prof. Pham Nhu The MD. PhD. Director Hue Central Hospital Ministry of Health The Socialist Republic of Viet Nam

witnessed by

Dr. Duong Duc Ung Director General Foreign Economic Relations Department Ministry of Planning and Investment The Socialist Republic of Viet Nam

ATTACHMENT

1. Objective of the Project

The objective of the Project is to contribute for the improvement of the Hue Central Hospital, the top referral hospital with about 1,400 beds in the central region of Viet Nam, through (1)The centralization of examination units for effective operation, (2)The enhancement of the medical services.

2. Project Site

The site of the Project is the Hue Central Hospital, Hue City, Thua Thien-Hue Province.

3. Responsible and Implementing Agency

3-1. The Responsible Agency is the Ministry of Health.

3-2. The Implementing Agency is the Hue Central Hospital.

Items requested by the Government of Viet Nam.

After discussions with the Team, the facility described in Annex-1 and the equipment plan described in Annex-2 was finally confirmed as request by the Vietnamese side. JICA will assess the appropriateness of the request and will recommend it to the Government of Japan for approval.

5. Previous Minutes of Discussions

Both sides reconfirmed the Japan's Grant Aid Scheme of previous Minutes of Discussions of the Preparatory Study signed by the both sides on 21st January, 2003.

6. Schedule of the Study

- 6-1. The consultants of the Team will proceed to further studies in Viet Nam until July 10, 2003.
- 6-2. JICA will prepare the draft report in English and dispatch a mission in order to explain and discuss on its contents around September, 2003.
- 6-3. In case that the contents of the report is accepted in principle by the Government of Viet Nam, JICA will complete the final report and send it to the Government of Viet Nam around January 2004.

7. Other relevant issues

- 7-1. The both sides confirmed the master plan of Hue Central Hospital as described in Annex-3and the proposed construction site for the project.
- 7-2. The Vietnamese side understood that all requests would not be covered in this project because of budgetary constraints of Japanese side. The both sides

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confirmed that future extension of the facility should be taken into consideration. The Vietnamese side requested that the Japanese side make a basic design drawings of the targeted facility in accordance with the Vietnamese side's Master plan for the improvement of the hospital, and the team took note it.

- 7-3. The Vietnamese side agreed to secure and allocate the necessary budgets and personnel to operate and maintain the facility and the medical equipment to be supplied by the Grant Aid properly and effectively.
- 7-4. The both side confirmed the priority order of departments and/or functions to be included in the new facility.

1st priority: Central Examination Unit (including Operation Theater, ICU, Recovery Room, Laboratories and so on)

2nd priority: Outpatient Department and Emergency Department

3rd priority: Inpatient Ward

The Vietnamese side stressed that the necessity of total floor area more than 15,000 m² where could accommodate inpatient ward with 300 beds capacity and requested the Japanese side consider it if the budget permits.

- 7-5. Both sides agreed that the medical equipment would be further examined according to the selection criteria as listed in Annex-4.
- 7-6. The both sides confirmed that the Vietnamese side would prepare for the rooms for 'Direction Office of Healthcare Activity (DOHA)' by reallocation of the facilities after the completion of the project.
- 7-7. The both sides agreed that the Japanese side would inform the Vietnamese side of the contents of the basic design through JICA Viet Nam Office prior to the dispatch of the Draft Report Explanation Team.

Annex-1:Requested functions of the facility

Annex-2:Equipment lists

Annex-3: Master plan(overall facility plan of the hospital)

Annex-4: Selection criteria of equipment

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Annex - 1 Requested functions of the facility

Central Examination Unit

- Imaging Department
 - (General X-ray, Fluoroscopy etc.)
- Functional Examination (Ultra-sound, ECG, EEG, Spirometer, etc.)
- Endoscopy
- Laboratory
 - (Pathology, Hematology, Biochemistry, Microbiology)
- Operation Theater
- ICU
- Recovery Room
- Sterilization Room for Operation Theater

Outpatient Department

- Out-patient Clinic
- (Internal Medicine, Surgery, Ophthalmology, ENT, Dental)
- Emergency Department

In-patient Ward

- Surgical Ward (Neuro Surgery etc.)

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Department	NO		Q'ty
Imergency Room	1	Operating Table (B)	1
nargancy Room	2	Operating Light (B)	1
mergancy Room	3	Defibrillator	2
mergency Room	4	Ultrasound Scanner	t
mergency Room	5	Ventilator	1
margency Room	7	ECG	2
mergency Room	8	Blood Gas Analyzer	1
mergency Room	10	Infusion Pump	5
mergency Room	11	Minor Surgical Instrument Set	2
mergency Room	13	Suction Unit	4
Imergency Room	14	Table Top Steam Sterilizer	2
mergency Room	16	Ambulance Car	2
Surgery	7	Plaster Bandage Table	4
ental Clinic	1	X-ray Unit for Dental	1
Nental Clinic	2	Automatic Film Processor	1
Dental Clinic	5	Dental Laboratory Engine	4
Dental Clinic	6	Centrifugal Casting Machine	1
Dental Clinic	7	Dental Instrument Set	1
ental Clinic	8	Hydmulic Flask Press	1
ental Clinia	9	Model Trimmer	1
ental Clinic	10	Laboratory Micromoter	1
ental Clinic	11	Laboratory Lathe	1
ental Clinic	13	Boiling Sterilizer	1
	15	Destal Chair Unit	
ental Clinic	16	Parallel Manometer	15
ental Clinic	10		1
ental Clinic f:	18	Full Automatic Computed Plastic Furnace Amalgam Mixer	2
ental Clínic	10	Treatment Vaccum Motor	1
ental Clinic	20	Ultrasonio Scalar	1
phthalmology Clinic			1
phthalmology Clinic	1	Refracting Unit	1
	4	Cryosurgery Unit	1
phthalmology Clinic	8	Goniolees	3
phthalmology Clinic	10	Trial Lens Set	5
phthalmology Clinic	15	Slit Lamp Microscope	3
phthalmology Clinic	16	Ophthalmoscope	3
phthalmology Clinic	17	Optometer	3
phthalmology Clinic	18	Perimeter	2
phthalmology Clinic	19	Ophthalmoscope	2
phthalmology Clinic	20	Lensmeter	3
phthalmology Clinic	21	Fundus Camera	1
philalmology Clinic	22	Keratometer	1
N.T. Clinic	1	ENT Treatment Unit	3
N.T. Clinic	2	ENT Treatment Chair	3
N.T. Clinic	3	Audiometer	2
N.T. Clinic	6	Nebulizer Unit	3
N.T. Clinie	8	Sinuoscope	4
N.T. Clinic	9	Microscope for the ENT	1
N.T. Clinic	11	Stroboscope	2

Department	NO.	Equipment	Q'iy
E.N.T. Clinic	13	Exam and Treat Instrument Set	3
Operation Theater	1	C-arm X-ray Unit	1
Operation Theater	2	Universal Operating Table	8
Operation Theater	3	Orthopedic Operating Table	2
Operation Theater	4	Operating Light	8
Operation Theater	6	Electro Surgical Unit	8
Operation Theater	7	Patient Monitor	8
Operation Theater	8	Anesthesia Apparatus with ventilator	8
Operation Theater	10	Infant Ventilator	3
Operation Theater	11	Operating Microscope	3
Operation Theater	13	Defibrillator	8
Operation Theater	14	Cryosurgery Unit	4
Operation Theater	15	ECG 12ch	8
Operation Theater	16	Operating Instrument Set, in which;	
Operation Theater	17	Digestive Instrument Set	2
Operation Theater	18	Orthopedia Instrument Set	2
Operation Theater	19	Neurosurgery Instrument Set	2
Operation Theater	20	Urology Instrument Set	2
Operation Theater	21	Pediatrie Surgery Instrument Set	2
Operation Theater	22	Micro Surgery Instrument Set	2
Operation Theater	23	Thoracic Surgery Instrument Set	2
Operation Theater	24	General Surgery Instrument Set	2
Operation Theater	25	Small Operating Instrument Set	12
Operation Theater	26	Surgical Scrub Station for 8 O.R.	8
Operation Theater	27	Blosd Gua Analyzer	1
Operation Theater	29	Suction Unit	10
Ophthalmology Clinid	6	Ophthalmie YAO Laser System	1
Ophthalmology Clinic	7	Argon Laser Photocosgulator	1
Imaging	1	CT Scanner Multi Slice	1
Imaging	2	Fluoroscopia X-my TV System	2
Imaging	3	General X-ray System	.4
Imaging	4	Angiographic X-ray System	
Imaging	5	Mobile X-ray Unit	
	6	and a second	2
lmaging		Automatic Film Processor	4
Imaging	8	Cassette Pass Box	4
Imaging	10	Color Doppler Ultrasound	3
Imaging	11	Color Ultrasound (3 Transducers)	3
Sterilization Room	1	High Pressure Steam Sterilizer	4
Sterilization Room	2	Ultasonic Cleaner	1
Sterilization Room	3	Tube Washer	1
Sterilization Room	4	Jet Washer	1
Sterilization Room	9	Low Pressure Steam Sterilizer	1
Functional Examination*	1	Broncho Fiberscope	2
Endoscopy	2	Colono Fiberscope	1
Endoscopy	3	Gustrointenstinal Fiberscope	2
Endoscopy	6	Endoscope CCD Camera System	1
Endescopy	9	Endoscope Cabinet	1

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Department	NO.	Equipment	Q't
Endoscopy	11	Eeho Cardiograph 2D	2
Endoscopy	12	ECG 6 Channels	2
Endoscopy	13	ECG 2 Channels	3
Endoscopy	14	ECG 1 Channels	10
Endoscopy + Function Examination	15	EEG	1
Endoscopy	16	Electromyograph	1
Pathology	2	Rotary Microtome	1
Pathology	4	Automatic Tissue Processor	2
Pathology	6	Automatic Slide Stainer	1
Pathology	8	Slide Warmer	- 3
Pathology	9	Fluoresoent Microsoope	2
Pathology	11	Stereoscopic Microtome	2
Pathology	13	Electronic Balance	3
Hematology(Routine Exam)	8	Refrigerated Centrifuge	2
Hematology(Routine Exam)	9	Autoclave	2
Hematology(Routine Exam)	10	Incubator	2
Hematology(Routine Exam)	11	Water Distillation Apparatus	1
Hematology(Routine Exam)	12	Water Purifier	1
Hematology(Routine Exam)	15	Drying Oven	2
Biochemistry	1	Water Distillation Apparatus	2
Biochemistry	2	Deep Freezer	1
Biochemistry	3	Drying Oven	5
Biochemistry	9	Automatic Biochemical Analyzer	1
Biochemistry	11	Automatic Osmorneter	T
Microbiology	2	Safety Cabinet	1
Microbiology	4	High Pressure Steam Sterilizer	1
Microbiology .	5	Automatic Micropipette Set	1
Microbiology	6	Vertical Sterilizer	2
Microbiology	8	Water Distillation Apparatus	2
Microbiology	9	Hot Air Sterilizer	3
Microbiology	11	Table Top Centrifuge	3
Microbiology	12	Electronic Balance	4
Microbiology	13	Water Bath	
Pharmacy	13	Vertical Autoclave	3
Pharmacy	2	Hot Air Starilizer	
Pharmacy	5	Precision Balance	1
Pharmacy Pharmocy	6		4
ICU		Water Distillation Apparatus Central Monitor	1
100	- 1	Patient Monitor	1
100			18
icu	3	Pace Maker	2
icu	4	Defibrillator	2
icu icu	5	ECO	3
ICU	7	Venulator	10
	8	Pulse Oximeter	10
ICU	9	Infusion Pump	5
ICU		Syringe Pump	4
ICU ICU	11	Ultrasonic Nebulizer	4
icu		Autoclave, Table-top	

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Department	NO.	Equipment	Qʻty
Recovery Room	2	Saction Unit	5
Recovery Room	3	Infant Incubator	2
Recovery Room	5	Electric Suction Unit	5
Recovery Room	9	Ventilator	10
Recovery Room	10	Monitor	30
Recovery Room	11	Defibrillator	2
Recovery Room	12	Syrings Pump	30
Recovery Room	13	Infusion Pump	10
Recovery Room	14	Nebulizer	10
Recovery Room	15	Infant Ventilator	2
Hospital Bed	7	· Recovery Bed	30
Hospital Bed	8	• ICU Bed	30
Peadiatric	4	Infant Incubator	4
Peadiatric	5	Phototherapy Unit	4
Peadiatric	6	Neonatal Monitor	2
Peadiatric	8	Oxgen Monitor	4
Peadiatric	12	Bilirubin Azalyzer	2
NICU	3	Infant Ventilator	. 2
NICU	3	Patient Monitor	
NICU	6	Syringe Pump	4
Gynecology-Obstetric (New born).	1.	Infant Incubator	4
Gynscology-Obststric (New born)	3	Phototherapy Unit	2
Gynecology-Obstetric (New born)	4	Portable Suction Unit	4
Gynecology-Obstetric (New borz)	5	Infant monitor	2
Gynecology-Obstetric (New born)	7	Infusion Pump	4
Gynecology-Obstetric (New born)	8	Bilirubis Analyzer	1
Gynscology-Obstetrio*(Delivery room)	11	Doppler Eaho Sounder	2
Gynecology-Obstetric (Delivery room)	12	CTG Manitor	2
Gynecology-Obstetric (Delivery room)	13	Laryngoscope for Infant	3
Oyneoology-Obstetric (Delivery room)	14	Ambu bag	3
Gynecology-Obstetric (Delivery room)	15	Infant Warmer	2
Gynecology-Obstetric (Delivery room)	16	Delivery Instrument set	1
Gynnoology-Obstetric (Delivery room)	17	Vacuum Extractor	2
Gynecology-Obstetric (Delivery room)	18	Delivery Table	5
Gynecology-Obstetric (Delivery room)	19	Neonatal PH meter	1
Gynecology-Obstetric (Consultation)	20	Colposcope	1
Gynecology-Obstetric (Consultation)	21	Colour Ultrasoud Appratus	1
Oynecology-Obstetric (Consultation)	22	CTO Monitor	1
Gynecology-Obstetric (Consultation)	23	Portable Echo Machine	1

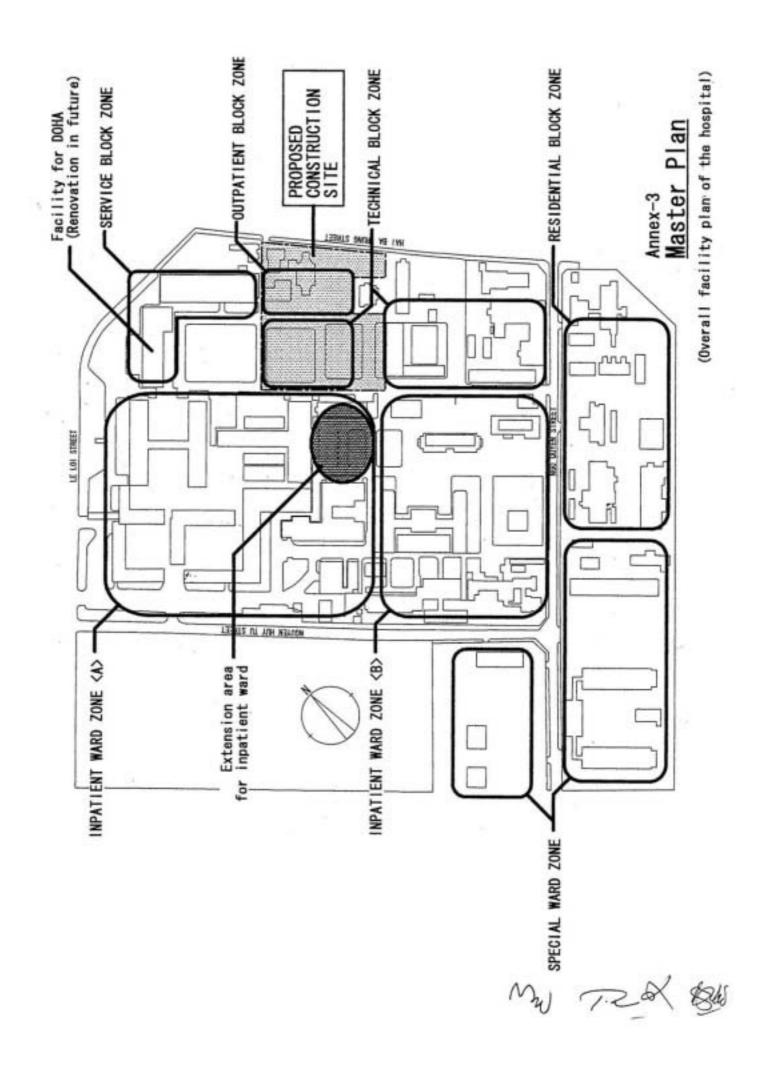
Priority A: Essential Equipment

B : Shall be continued further studied

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C : Better if it is available

2, 7.2 × 1



Planning of Medical Equipment shall be designed based on following Basic Criteria for Selecting the Equipment.

- 1. Criteria for giving High priority
- Equipment that is to be replaced for existing old/decrepit equipment.
- (2) Equipment that is to be supplement for the equipment lacking distinctly in its quantity.
 - (3) Equipment that is required for basic hospital treatment/diagnosis.
 - (4) Equipment that is easy to operate and maintain.
 - (5) Equipment that may give much benefit/effect to hospital.
 - (6) Equipment that is highly cost-effective.
 - (7) Equipment that is proven for its medical usefulness (necessity).
 - (8) Equipment that can be operated by hospital's current technical capabilities.
 - (9) Equipment that can be operated / maintained by hospital staff.
 - (10) Equipment that matches with hospital's social position / function (referral system, local needs).
 - (11) Equipment that can be expected to be useful with other donor's assistance.
 - 2. Criteria for giving Low priority
 - Equipment that required high operation and maintenance cost.
 - (2) Equipment that has limited benefit/effect to hospital.
- (3) Equipment that is lowly cost-effective.
- (4) Equipment that is not for treatment / diagnosis use, but for academic research purpose.
- (5) Equipment that can be substituted with a simple ones.
- (6) Equipment that may cause environmental pollution by its medical waste etc.
- (7) Equipment that is not proven for its medical usefulness (necessity).
- (8) Equipment that is for personal usage by hospital staff (not medical use).
- (9) Equipment that has than minimum required quantity (inefficient, repetitive equipment).
- (10) Equipment that is difficult to locally procure its spare parts and consumables.
- (11) Equipment that cannot be operated by hospital's current technical capability.
- (12) Equipment that seem to be difficult to operate / maintained by present hospital's staff.
- (13) Equipment that does not match with hospital's social position / function (referral system, local needs).
- (14) Equipment that requires large scope of infrastructure work (water, electricity supply, drain, etc.) for its installation.
- (15) Equipment that can be substituted by efficient usage of existing equipment.
- (16) The item, which is not considered as Medical Equipment.
- (17) The item, which can be purchased by the Recipient side.

Criteria when International Standard Exists

Standard of WHO (ex. X-ray equipment, etc) is applicable on case by case basis.

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