３．第２回事前評価調査団調査協力者報告（村上 仁 WHO ベトナム事務所 EPI 担当官）

１．背　景

当プロジェクトは2001年10月に派遣された「北部地域保健医療体制強化」プログラムに対するプロジェクト形成調査団において構想・提言され、2003年８～９月の事前評価調査に基づいて起案されたものであるが、前回調査のあと、日本国内で若干の改正点が提言されたことから、再度調査を行うこととなったものである。筆者の参加は派遣元である国立国際医療センター並びに国際協力機構の要請に基づくものである。

２．目　的

(1) 調査に同行し、必要な情報収集、分析の支援を行うこと。

(2) WHOベトナム事務所と調査団間の意見交換を促すこと。

３．活動内容

2004年３月１日：ハノイにおけるドナー及びバックマイ病院との協議

2004年３月２、４～５日：ホアビン省におけるＰＤＭ協議とフィールド視察

2004年３月９日：WHOベトナム事務所スタッフとの意見交換

４．調査結果

４－１　省保健行政体制

省保健局は組織行政室、医療業務室、薬剤管理室、総合企画室、会計財務室、医療調査室の6室からなる。省病院、郡病院等の医療機関はベトナム保健省治療局の下部機関であるが、省保健局の機構上はリファラルシステムを含め、医療業務室の所管である。郡保健局は組織行政室、総合企画室、会計財務室の３室からなり、それらが共同的に治療部門（郡病院）、予防部門（母子保健・家族計画、マラリア対策、予防医療）、さらにコミューン保健センターを統括している。省レベルでは治療部門の実施機関（病院）と保健局及び予防部門の実施機関（母子保健センター、マラリア寄生虫研究所等）が地理的にも分離しているが、郡レベルでは予防部門はすべて保健局内に置かれ、郡病院と同一の敷地内に存在する。コミューン保健センターでは、予防と治療が限られたスタッフにより分担制で同時に取り組まれている。

４－２　地域と保健医療施設における疾病パターン

４－２－１　地域における疾病パターン

各村において村落保健ワーカー（保健省管轄の保健システムのフロントラインワーカー）及び村落人口ワーカー（国家人口・家族・子供委員会のフロントラインワーカー）が平行的に出生、死亡をコミューンレベル（前者はコミューン保健センター、後者はしばしばコミューン人民委員会内に設置された委員会事務所）に月例報告している。しかしながら、死因については登録されないこと（仮にされたとしてもその正確性を確保するのはおそらく不可能）から、地域の全年齢層の死亡、罹患パターンを統計的に把握するのが困難な状況にある。16歳未満の人口に関しては、母子保健プログラムが死亡原因別の死亡報告を行っており、ホアビン省母子保健センターによれば、同省において2003年に以下のような死亡パターンが見られた。

総人口：約80万人
2003年出生数：１万1,701
2003年妊婦数：１万2,173

ホアビン省における16歳未満人口の死亡報告（2003年）

死亡の分類	2003年総数	
16歳未満児の死亡総数	375	肺炎、溺死、事故死、先天奇形（？）
乳児死亡（1歳未満）	228	肺炎
新生児死亡（1カ月未満）	136	未熟児、呼吸不全
周産期死亡	168	不明

ホアビン省ダバック郡（総人口5万1,000人）保健局母子保健課によれば、同郡の2003年の16歳未満児において以下のような死亡パターンが報告された。

ホアビン省ダバック郡における16歳未満人口の死亡報告（2003年）

分類	2003年総数
16歳未満死亡総数	38
早産、死産	20
肺炎	8
溺死	4
新生児呼吸不全	1
自殺	1
風邪、インフルエンザ	1

ダバック省トゥリー・コミューン（総人口5,300人）のコミューン保健センター（Commune Health Center：CHC）によれば、同コミューンにおいて2003年に35例の死亡が報告された。死亡場所別に見ると医療機関が７例、自宅が26例、その他が２例。死亡原因で２例以上が報告されているものは、小児死亡、気道炎・肺炎、腎不全、肺がん、乳がん、脳卒中・脳梗塞。同センターによれば、村落保健ワーカーから報告される村レベルの発生疾患で多いものは、下痢、気道感染症、胃痛、栄養不良。2003年の出産数は総計73例でそのうち43例がダバック郡病院にて、30例がCHCにて出産し、自宅分娩は０例であった。３～４年前までザオ族は自宅分娩することが多かったが、現在ではほとんど施設分娩となった。

[参考]
“Vietnam National Health Survey 2001-02”によれば、ベトナム全土を対象にした地域ベースの死亡調査の結果、死因の12%が感染症、47%が非感染性疾患、11%が外傷、事故、中毒等、23%が老衰とされている。しかしながら、小児、少数民族間では依然感染症が高い。小児死亡中、高い周産期死亡の割合も注目に値する。

B9.2 Cause of death by sex, age group, ethnicity, living standard quintile, region, topography and urban/rural residence.

Unit: %

	Proportion of deaths caused by:							
	Perinatal causes	Infectious diseases	Non-infectious diseases	Accident, injury, burn, electrical shock, poisoning	Old age	Other	Total	Number of deaths
Total	2.8	12.4	47.0	10.7	23.2	3.8	100.0	2481
Sex								2481
Male	2.6	14.7	50.2	13.7	15.2	3.6	100.0	1359
Female	3.1	9.7	43.2	7.1	32.9	4.1	100.0	1122
Age group								2479
0-4	38.6	24.9	17.2	10.4	-	8.9	100.0	200
5-19	-	14.8	29.5	46.7	-	9.0	100.0	108
20-59	-	15.8	54.7	24.4	-	5.1	100.0	599
60+	-	9.5	48.8	3.2	36.1	2.4	100.0	1572
Ethnicity								2481
Kinh-Hoa	2.4	10.0	50.1	11.1	23.7	2.8	100.0	2022
Ethnic minority	5.5	25.8	30.0	8.7	20.7	9.5	100.0	459
Residence								2481
Urban	1.9	10.0	54.7	11.2	21.3	0.9	100.0	788
Rural	3.1	13.1	44.8	10.6	23.8	4.7	100.0	1693

Notes: Death caused by old age is calculated for those of 70 years and older with unspecified causes of death. "Other" include those deaths less than 70 years old with specified causes but are not listed here, or other unspecified causes of death.

死亡前の受療行動については、約60%が何らかの医療サービスを死亡前に受けていること、小児、少数民族、貧者、外傷、事故、中毒等の受療率が低いことが特記される。

B9.1 Health seeking prior to death by sex, age group, ethnicity, living standard quintile, region, topography, urban/rural residence, cause of death.

Unit: %

	Proportion of people receiving medical care before death	Proportion of people had medical care at higher level before death	Proportion of people had medical care at basic level before death	Proportion of people had medical care at public facility	Proportion of people had medical care at non- public facility	Proportion of people had medical care at both public & nonpublic facility	Number of deaths
Total	62.6	32.1	30.5	17.3	11.6	1.6	2476
Sex							2476
Male	63.4	35.4	28.0	16.6	10.2	1.1	1355
Female	61.6	28.0	33.6	18.2	13.4	2.0	1121
Age group							2474
0-4	49.4	23.9	25.5	21.0	1.6	2.9	200
5-19	39.1	26.4	12.7	6.9	5.9	0.0	108
20-59	61.1	43.5	17.6	13.5	3.1	1.0	596
60+	66.2	29.1	37.1	19.1	16.4	1.7	1570
Ethnicity							2476
Kinh-Hoa	65.9	35.5	30.4	16.1	12.9	1.5	1976
Ethnic minority	45.8	14.7	31.1	23.6	5.8	1.6	500
Quintile							2471
Poor	44.2	15.1	29.1	21.9	5.9	1.3	539
Near Poor	57.6	22.7	34.9	20.0	12.6	2.4	403
Average	68.3	36.4	31.9	18.5	10.7	2.7	466
Better-off	67.8	33.1	34.7	17.5	15.3	1.9	528
Rich	71.8	48.8	23.0	10.0	13.2	-0.2	535

	Proportion of people receiving medical care before death	Proportion of people had medical care at higher level before death	Proportion of people had medical care at basic level before death	Proportion of people had medical care at public facility	Proportion of people had medical care at non- public facility	Proportion of people had medical care at both public & nonpublic facility	Number of deaths
Residence							2476
Urban	68.7	47.4	21.3	11.1	10.1	0.1	786
Rural	60.8	27.6	33.2	19.2	12.2	1.9	1690
Cause of death							
Infectious diseases	70.6	36.1	34.5	20.8	9.4	4.3	317
Non-infectious diseases	77.2	47.5	29.7	15.9	12.2	1.6	1142
Perinatal mortality	51.9	24.8	27.1	24.2	1.2	1.7	75
Accident	25.7	17.5	8.2	6.4	1.7	0.1	288
Old age	50.4	9.6	40.8	21.4	18.7	0.7	559

Notes: Basic level public health facility includes VHW, CHC, regional Polyclinic and District Hospital. Basic level private health facility includes private clinic, and home visit doctor. Higher level includes provincial hospital, regional/central hospital and private hospital.

4－2－2　保健医療施設における疾病パターン

ホアビン省病院は320床、医師70名、看護士150名を有する総合病院である。正確な病院統計は入手することができなかったが、以下に受診疾患、死亡疾患に関する情報をまとめる。

ホアビン省病院における主な受診疾患と死亡疾患

診療科	主な受診疾患	主な死亡疾患
ＩＣＵ	脳梗塞、脳卒中、虚血性心疾患、外傷、喘息、交通事故	脳卒中、感染性ショック、交通事故、小児の肺炎、小児の下痢
内科	（訪問できず）	（訪問できず）
外科	消化器疾患（腸閉塞、急性虫垂炎などの手術が多い）、外傷	死亡例ほとんどなし
産科	正常分娩（月間150出産例のほとんど。異常分娩は月間１～２例）。帝王切開月間40～50例。	死亡例なし
小児科	肺炎、下痢	死亡例ほとんどなし

ダバック郡病院は50床、医師７名、準医師25名、薬剤師２名、助産師３名（看護士数不明）を有する一般病院である。外来、産外科、小児・救急、内科・伝統医学、検査室、総合診療科の各部門を有する。ダバック郡病院における主な受診疾患は肺炎・気道炎、胃腸炎、神経炎（神経痛？）であり、2003年の病院死亡数はわずか９例（心筋梗塞、脳梗塞、心不全）であった。死亡数が低いのは、死亡直前に家族が患者を自宅に連れ帰る習慣のためもあるとのこと。実施している手術は緊急手術がほとんどで、2003年は112例の気管内全身麻酔手術のうち帝王切開が42例（注：帝王切開は通常我が国では脊椎麻酔により行われ、胎児に対する吸入麻酔剤の悪影響を避けるため、気管内麻酔は行わない。帝王切開時の全身麻酔は、東南アジア近隣国、南アジアでも報告されている）、残りのうち多いものは急性虫垂炎（これも我が国では脊椎麻酔の対象）並びにに婦人科の子宮外妊娠、子宮筋腫の手術とのこと。2003年の年間出産数は263例。

ダバック郡トゥリー・コミューンのコミューン保健センターは、病床数４床を有するものの、基本的に入院患者は受け入れていない（少数の入院患者はいる）。受診患者の主な疾病は、下痢と気道感染症。2003年の出産数は総計73例で、そのうち30例がCHCにて出産した。

４－３　医療財政の現状

ベトナムの公共医療サービスの医療財政は、原則的に下表に示す３つの制度より成る。これらのうち保険並びに貧者医療基金は、財政負担の平等性がより高く（保険は給与総額に応じた割合性の保険料、貧者基金は税を基本財源とし、等進性あるいは累進性が確保されている）、リスクプーリング機能があり、いわゆる破滅的医療支出(Catastrophic Medical Expenditure)を防止する意味で、社会保障政策上、受益者負担より望ましいといえる。受益者負担は最も逆進性が高く、かつリスクプーリング機能を有しないため、破滅的医療支出の原因となり得る。

ベトナムの公共医療サービスの医療財政制度

制度名	政策文書	概要
医療保険	政府法令58/1998/ND-CP号	公務員、企業労働者中心に拡大しつつあり、保険料は雇用主と被雇用者の共同負担。これら強制保険のほか、任意保険（商業ベースでない）の規定もあり。
貧者医療基金	首相決定139/2002/QD-TTg号	指定された貧困コミューンにおいて、貧者（規定は別文書で定義）を支払い免除。北部山岳６省（ホアビン省含まず）で少数民族を支払い免除。
受益者負担	政府法令10/2002/ND-CP号	保健セクターに限らず、自己歳入の可能な公的機関（公立病院を含む）を規定し、その長に歳入の自己管理（口座開設を含む）と支出配分（最低賃金の2.5倍以内までの職員の昇給を含む）権を認可。

今回の調査では、主に貧者医療基金の適用状況について聞き取りを行った。まずホアビン省では人口の70%以上が少数民族であるが、上表にあるように少数民族支払い免除条項は適応されないことが確認された。省保健局によれば、首相法令139号の適用コミューンは全214コミューン中93コミューンである。全省で貧者と規定される人口は43万5,000人（人口の約54%）であるが、貧者医療基金の適用はコミューンごとにされるため、実際の適用人口はこれを下回る。省病院では、2003年には受診患者の20%に無料診療が適用された。残りの患者の60%が保険に加入、40%は未加入（自費診療）であった。省病院の財政管理において、困難な点として、6歳以下の子供の診療は無料と規定されている一方、その費用の還付制度がないため、基本的に他の財政制度の利益分（実際利益を出せる財政制度は受益者負担しかない）でこれを埋める意外ないことである。財政的にはこの年齢層を対象とする診療が構造的に支出超過になっており、これは郡病院でも同様であるが、特に省病院において顕著である。

ダバック郡においては、21コミューン中16コミューンが貧者医療基金の対象となっていた。実際の貧困層の割合は人口の30%とのことであった。基金の導入後、医療施設利用率が変化したかを問うたところ、もともと貧者が多く、CHCからの招待状を持って無料診療を受ける制度の対象となっていたため、大きな変化はないとのことであった。

ダバック郡のコミューンのうち、今回訪問したトゥーリー・コミューンは、貧者医療基金の対象外で、CHCでの診療費は基本的に政府の規定によりもともと無料であるが、薬剤費が自己負担となっていた。CHCでは基本的に入院患者を受け付けていないが、まれに入院する場合があり、この場合薬剤費は免除されない。郡病院にリファーした場合は薬剤費が無料となる。

４－４　リファラルシステムの現状

ベトナム保健省では、各行政レベルの公共医療施設で行うべき医療行為の基準を設けており、それに則ってリファーを行う、いわゆるリファラル基準は制度的にはある程度明確に規定されている。例えば、訪問したCHCでは、陣痛発来より24時間以上の遷延分娩については、規定で郡病院に転送することになっており、そのように実施されていた。

省保健局との協議において、リファラルの問題認識としては、救急車の整備が急務であり、管理上の問題はないというホアビン省側の発言が終始聞かれた。実際リファラルの基準については、国政の規定に従うという以上の決定権が省保健局にあるかどうかは疑わしい。救急車等搬送手段については、医療保険及び貧者医療基金の支払い対象になっておらず、例えばダバック郡病院の一般者（救急車はない）で省病院に搬送する場合は、約30～40分の道のりで燃料台５万ドン（約3.3米ドル）が患者負担となっており、郡病院の車が使えない際は、患者が個人で車を約15万ドン（約９米ドル）で雇い上げて行くとのことであった。交通費が受療患者にとって最大の潜在費用になっているのは間違いなく、おそらく低い受診率や受診の遅れに直接影響している因子と思われるが、一方、この項目の査定の難しさを考えれば、将来にわたって保険、基金の支払い対象になる可能性は低いといえる。

４－５　トレーニングの現状

バックマイ病院からホアビン省病院への出張トレーニングは既に行われており、調査中にDOHA活動の訪問が行われた。また、省病院ではホアビン省中級医療学校生の臨床実習も行われていた。省病院による郡病院のトレーニングは、省病院院長によれば、現在のところ人材、能力、資金とも欠乏しているため、行われていないとのことであった。卒前教育に関しては、ホアビン省中級医療学校において、中級、初級（CHCレベル）の看護師、助産師育成を毎年行っており、さらに、アドホックに（ドナーの支援がある際）村落保健ワーカーのトレーニングを行っていた。

４－６　薬剤管理の現状

省病院における薬剤選択の実情については、調査する時間がなかったが、郡病院並びにCHCでは、医薬品リストが設定されており、そこから選択、処方されているとのことであった。

５．所見のサマリー

(1) プロジェクトが意図するように、省病院を主な介入点とした場合、地域保健、地域予防保健は、保健局の機構上困難で、省病院はこれらを実施する際に必要な行政権限を持たない。

(2) 16歳未満児の主な疾病に関しては、ホアビン省全体の報告（村落保健ワーカーからの月例報告に基づく）並びに、医療施設における受診のパターンから、以下のような疾病がプライオリティと思われた。

・新生児死亡
・急性気道感染症
・下痢性疾患
・外傷、不慮の事故

(3) 大人の疾病については、上記の小児のような地域ベースの報告システムがないため、全体像を把握するのはより困難だが、全国規模のサーベイの結果並びに、医療施設における受診のパターンから、以下のような疾病がプライオリティと思われた。

・脳血管障害
・虚血性心疾患
・外傷、不慮の事故

(4) ホアビン省においては、少数民族の医療へのアクセスバリアの問題は、キン族（ベトナムの主要民族）との相対比較で見て、それほど大きな問題ではないと感じられた。

(5) 医療保険並びに貧者医療基金制度の導入、拡大は、国家政策に従いスムーズに行われていた。６歳未満児の診療費は無料である一方、還付制度がないので、医療機関財政にとって脅威となっていた。

(6) リファラルシステムについては、既に国家レベルで各レベルの診療基準が設定されていた。患者搬送は、患者に大きな潜在費用を課しており、アクセスバリアの大きな一因であると思われた。

(7) 現状では、省病院は郡病院以下のトレーニングを行っていなかった。

(8) 公共医療施設（郡病院、CHC）においては、規定された医薬品リストに従った医薬品使用がなされていた。

6．提　言

(1) プロジェクトがバックマイ病院とホアビン省病院の連携を基軸にして展開するという構想の下に実施されるとすれば、いたずらに地域医療、地域予防医療を目指すよりも、主な介入点となる省病院の本来的所管事項である臨床診療において、地域全体に裨益するようなプロジェクトとするのが望ましい。ホアビン省で活動する他の国際機関（UNFPA、ADB、ベルギー技術協力）が郡、コミューンレベルを主なターゲットにしていることからも、この介入レベルに関しては妥当であると思われる（なぜ他省でなくホアビン省か、という点については、今回のミッションでは十分検討されていないが、ハノイから比較的近いわりに、北西山岳部特有の地理的、民族的特長を有していることから選択されたと理解する）。

(2) その際、省病院と地域社会の間に多様かつ多大なアクセスバリアが存在することを念頭に置くと、トレーニングによる下位機関（少なくとも郡病院）の能力向上と、リファラルシステム整備は不可欠である。そのためには、地域の疾病構造と受診パターンを考慮して、介入のプライオリティを絞り、省医療システム全体に波及性のある成果を達成することが重要である。「病院がよくなること、医療スタッフが技術を習得すること」が漠然と実質的プロジェクト目標化することは好ましくなく、あくまで、PDMにあるように、「ホアビン省保健医療システムの中で有効に機能する」病院が目指されるべきと考える。

(3) 省レベルを所管する援助機関として、PDMにあるように、省内ドナー間協調において積極的にイニシアチブを取ることは望ましい。

(4) 国家医療財政政策については、プロジェクトの意図とは別に、国家政策として着々と進められているところ、その公共政策的意図を汲み取りつつ、協調的にプロジェクトを進めることが望ましい。特に機材供与や技術移転にあたり、保険、貧者医療基金の支払い対象にならないような診療機器、技術の供与、移転は、医療費財源のバランス、患者負担、病院のリカレントコストへの負の影響が多大であるところ、慎重に考慮されたい。

(5) ホアビン省全体の保健医療支出は、外国援助を含め年間２億円相当と推定され、JICAプロジェクトの投入規模は大変大きな割合を占めるため、保健医療システムや財政に多大な影響を与え得る点を銘記すべきである。

(6) 医療財政政策を中心とした国家医療政策については、実際の医療機関でのサービス提供にどのような影響を及ぼしているかをモニターし、省政、国政にフィードバックすることも、プロジェクトの果たしうる大きな役割であると考える。WHOとしてもそのようなフィードバックを歓迎する。

(7) リファラルシステム構築に当たっては、JICAマダガスカル、マジャンガ大学病院総合改善プロジェクト*、並びにJICAパキスタン母子保健プロジェクトにおけるリファラルフォームの開発、活用の経験が参考になると思われる。

(8) トレーニング実施にあたっては、ニーズアセスメント、企画立案、実施、評価というマネージメントサイクルを重視し、医療施設職員からの「デマンド」だけでなく、地域疾病負担に基づく「ニーズ」に応えるものとされたい。

(9) 省病院、郡病院への介入の際、国家医薬品政策並びに必須医薬品リストに準拠する形で、でき

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* P 34-35, Patient referral system reinforcing strategies and activities based on a provincial hospital in Madagascar (Observation Report and Recommendations), N. Ikeda, 2004.

る限り後発必須薬品（パテントのない、いわゆるゾロ品）の使用を促し、病院医師による同化学名の高価な市場販売薬の使用が、医薬品費用の高騰並びに患者への不必要な費用負担をもたらすことがないよう、配慮いただければ幸いである。

添付資料：JICAホアビン保健システム強化プロジェクト（仮称）事前調査団とWHOベトナム事務所意見交換会　会議録

場所：WHOベトナム事務所
日時：2004年３月９日　９：00～11：00
参加者：
小原博調査団長
高島恭子団員
Dr. Thang, Director, DOHA, Bac Mai Hospital
Dr. Afsar Akal (Health System Development, WHO, Viet Nam)
Dr. Nguyen Thi Kim Phuong (Health System Development, WHO, Viet Nam)
Dr. Asja Lemke (Neonatal care/ IMCI, WHO, Viet Nam)
村上 仁（EPI、WHOベトナム事務所）

会議要旨：

(1) JICA調査団からの報告

最新のPDMドラフトに基づき、プロジェクトのコンセプトと枠組みについて説明あり。

(2) 新生児死亡について

ホアビン省で2003年に報告された16歳未満の死亡例375例のうち、228例が乳児死亡例、うち136例が新生児死亡。全体に過小報告であるのは間違いないものの、新生児死亡の重要性が認識された。Dr. Lemkeより、基本的な新生児ケア（保温、栄養、感染予防）に配慮する旨の提言に対し、プロジェクトとして積極的に考慮する旨、小原団長よりコメントあり。ただし、NICU等の高度新生児医療ではなく、あくまで基本的なサービスであることを双方確認。

(3) 保健財政面について

Dr. Phuongより、省病院が現在財政的自立を強いられる一方、財政管理面のスキルに欠けるため、この点での支援が有効である旨の提言に対し、プロジェクト内に財政管理の技術支援が含まれる旨調査団より説明あり。一方、Dr. Akalより、高額医療機器については、病院により患者からの自己支出の集金手段に使われかねず、WHOとしてはそのような動向に必ずしも賛同しないこと、したがって、保険適用となる適正技術レベルの機材供与を考慮するよう依頼あり。さらに、Dr. Akalより、①省の医療保険の実施母体と協働関係を持つことにより、財政措置に関してのみならず、医療保険の適用条件として一定の受診パターンを義務付けていることから、リファラルの現状を把握することも可能である、②計画投資省の下部機関を含む、貧困者のための保健基金運営委員会(Health Care for the Poor Board)と協働関係を持つことにより、さらに保健医療財政システムを包括的にモニターできるとの提案あり。これら財政措置が患者の満足度にどのように影響しているか、WHOとしてプロジェクトから情報を得たいとの申し入れあり、ベースラインサーベイを含め連絡を取っていくことを申し合わせた。紙の上ではきれいにできている保健財政システムも、実際の運用では様々な困難があるところ、これらにつきJICAプロジェクトより提言受けたいとの発言あり。また、成果の指標で「未回収支払い率の10%減」とあることの真意に

つき確認あり、小原団長より「計算間違いの10%減」である旨訂正説明あり。

(4) トレーニングについて

Dr. Phuongより、ニーズアセスメントの重要性が強調され、さらに村上より対象者の主観的なトレーニング要望のほかに地域の疾病パターンの分析に基づく客観的なトレーニングニーズの分析の必要性が強調された。これらはプロジェクト内でトレーニングのマネージメントサイクルの導入の中で考慮されていくことを確認。さらにDr. Phuong、Dr. Lemkeより、学術的な座学に重きを置いたトレーニングでなく、できれば実施レベルを講師が訪問の上、実技的な実習に重きを置いたトレーニングを考慮することが望ましい旨提言あり。これに対し、団より賛同あり。バックマイ病院DOHAからは、そのような実践主体のトレーニングへの意欲が示されたと同時に、ハノイで集団的に行われる研修についても、平行的に実施していく旨述べられた。

(5) リファラルシステムについて

既に「保健財政面について」の項でDr. Akalより示唆があったように、医療保険プログラムから情報を取ることにより、リファラルをモニターすることが提言された。同時に保険適用条件としてのリファラル要求は、一種の金銭的インセンティブとして、リファラルシステムの重要な一要素であることが確認された。プロジェクトは緊急を一つの重要なフォーカスと考えているが、緊急搬送についてはリファラルの規定が適用されない（どこのレベルにバイパスしても構わない)。搬送はリファラルの重要な一部で、患者に多大な間接費用の支出を強いているのが現状であるが、プロジェクトでは取り上げず、むしろ省病院の機能強化により中央病院へのバイパスを減少させることがリファラル強化の主眼である旨、小原団長より説明あり。Dr. Akalより、搬送が医療保険の支払い対象外である現状で搬送手段を提供すれば、それが病院により患者からの自己支出の集金手段に使われかねないことから、搬送手段供与に慎重な小原団長の考えに賛同するとの発言あり。Dr. Phuongより、搬送手段が万一供与される場合は、その用途の監視が必要である旨提言あり。

(6) Health System Development Groupについて

同グループは保健省内に設置されたグループで、保健システム開発の政策的側面にかなりの影響力を持って提言を行っている。今後、Dr. Phuongを通じて、同グループにアクセスすることが奨励され、今後も連絡を取っていくことで一致した。

4. 討議議事録 (Record of Discussions) 及び議事録 (Minutes of Meeting)

RECORD OF DISCUSSIONS
BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE SOCIALIST REPUBLIC OF VIETNAM
ON JAPANESE TECHNICAL COOPERATION PROJECT FOR
STRENGTHENING HEALTH SERVICES PROVISION
IN HOA BINH PROVINCE

The Japan International Cooperation Agency (hereinafter referred to as "JICA") exchanged views and had a series of discussions with the authorities concerned of the Government of the Socialist Republic of Vietnam with respect to desirable measures to be taken by JICA and the Vietnamese Government for the successful implementation of the above-mentioned Project.

As a result of the discussions, and in accordance with the provisions of the Agreement on Technical Cooperation between the Government of Japan and the Government of the Socialist Republic of Vietnam, signed on October 20, 1998 (hereinafter referred to as "the Agreement") and the Embassy of Japan's note No. J.D.49/2004 dated May 20, 2004, and the Ministry of Planning and Investment of Vietnam's Note No.3398 BKH/KTĐN dated June 4, 2004, the Resident Representative of JICA Vietnam Office and the authorities concerned of the Government of the Socialist Republic of Vietnam agreed on the matters referred to in the document attached hereto.

Hoa Binh, 3 December, 2004

Mr. Kikuchi Fumio
Resident Representative
JICA Vietnam Office
Japan International Cooperation Agency
Japan

Mr. Quach.The Tan
Deputy Chairperson
People's Committee of Hoa Binh Province
Socialist Republic of Vietnam

Dr. Tran Trong Hai
Director General
International Cooperation Department
Ministry of Health
Socialist Republic of Vietnam

Mr. Ho Minh Chien
Director General
Labour, Culture and Social Affairs Department
Ministry of Planning and Investment
Socialist Republic of Vietnam

Prof. Dr. Tran Quy
Director
Bach Mai Hospital
Ministry of Health
Socialist Republic of Vietnam

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND THE VIETNAMESE GOVERNMENT

1. The Government of the Socialist Republic of Vietnam will implement the Project for Strengthening Health Services Provision in Hoa Binh Province (hereinafter referred to as "the Project") in cooperation with JICA.

2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan and the provisions of Article III of the Agreement, JICA, as the executing agency for technical cooperation by the Government of Japan, will take, at its own expense, the following measures according to the normal procedures of its technical cooperation scheme.

1. DISPATCH OF JAPANESE EXPERTS

JICA will provide the services of the Japanese experts as listed in Annex II. The provision of Article III of the Agreement will be applied to the above-mentioned experts.

2. PROVISION OF MACHINERY AND EQUIPMENT

JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The provision of Article VIII of the Agreement will be applied to the Equipment.

3. TRAINING OF VIETNAMESE PERSONNEL IN JAPAN

JICA will receive the Vietnamese personnel connected with the Project for technical training in Japan

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE SOCIALIST REPUBLIC OF VIETNAM

1. The Government of the Socialist Republic of Vietnam will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through full and active involvement in the

Project by all related authorities, beneficiary groups and institutions.

2. The Government of the Socialist Republic of Vietnam will ensure that the technologies and knowledge acquired by the Vietnamese nationals as a result of the Japanese technical cooperation will contribute to the economic and social development of the Socialist Republic of Vietnam.

3. In accordance with the provisions of Article VI of the Agreement, the Government of the Socialist Republic of Vietnam will grant in the Socialist Republic of Vietnam privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families.

4. In accordance with the provisions of Article VIII of the Agreement, the Government of the Socialist Republic of Vietnam will take the measures necessary to receive and use the Equipment provided by JICA under II-2 above and equipment, machinery and materials carried in by the Japanese experts referred to in II-1 above.

5. The Government of the Socialist Republic of Vietnam will take necessary measures to ensure that the knowledge and experience acquired by the Vietnamese personnel from technical training in Japan will be utilized effectively in the implementation of the Project.

6. In accordance with the provision of Article V of the Agreement, the Government of the Socialist Republic of Vietnam will provide the services of Vietnamese counterpart personnel and administrative personnel as listed in Annex IV.

7. In accordance with the provision of Article V of the Agreement, the Government of the Socialist Republic of Vietnam will provide the buildings and facilities as listed in Annex V.

8. In accordance with the laws and regulations in force in the Government of the Socialist Republic of Vietnam, will take necessary measures to supply or replace at its own expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under II-2 above.

9. In accordance with the laws and regulations in force in the Socialist Republic of Vietnam, the Government of the Socialist Republic of Vietnam will take necessary measures to meet the running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. Leader of the People's Committee of Hoa Binh Province, as the Project Director, bears overall responsibility for the administration and implementation of the Project.

2. Leader of the Hoa Binh Provincial Health Service Department, as the Project Manager, is responsible for the managerial and technical matters of the Project.

3. Ministry of Health (Focal point is the International Cooperation Department) and Bach Mai Hospital are responsible for coordinating, giving guidance and monitoring for the successful implementation of the Project.

4. The Japanese Chief Advisor provides necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project.

5. The Japanese experts give necessary technical guidance and advice to Vietnamese counterpart personnel on technical matters pertaining to the implementation of the Project.

6. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee will be established whose functions and composition are described in Annex VI.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Vietnamese authorities concerned, at the middle and during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

In accordance with the provision of Article VII of the Agreement, the Government of the Socialist Republic of Vietnam undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Socialist Republic of Vietnam except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and Vietnamese Government on any major issues arising from, or in connection with this Attached Document.

VIII. MESURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of the Socialist Republic of Vietnam, the Government of the Socialist Republic of Vietnam will take appropriate measures to make the Project widely known to the people of the Socialist Republic of Vietnam.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be five (5) years from 3 December , 2004.

ANNEX I	MASTER PLAN
ANNEX II	LIST OF JAPANESE EXPERTS
ANNEX III	LIST OF MACHINERY AND EQUIPMENT
ANNEX IV	LIST OF VIETNAMESE COUNTERPART AND ADMINISTRATIVE PERSONNEL
ANNEX V	LIST OF BUILDINGS AND FACILITIES
ANNEX VI	JOINT COORDINATING COMMITTEE

ANNEX I. MASTER PLAN

1. OVERALL GOAL

Medical system which has its effectiveness verified in Hoa Binh Province is introduced and diffused to other provinces in Northern Vietnam.

2. PROJECT PURPOSE

Medical system in Hoa Binh Province is strengthened through establishment of Direction Office for Healthcare Activities (DOHA) and patient referral system.

3. TARGET GROUP

Direct Target Group is Health Personnel of Hoa Binh General Hospital and District Health Centers of Hoa Binh Province.

Indirect Target Group is Health services users in Hoa Binh Province.

4. OUTPUT OF THE PROJECT

(1) Management capacity of Hoa Binh Provincial Health Service (Hoa Binh PHS) is enhanced.

(2) Technical guidance system from Hoa Binh General Hospital to DHCs and lower levels can function effectively by collaboration with Bach Mai Hospital.

(3) Patient's referral system is established.

(4) Hoa Binh General Hospital can function effectively in the frame. of Provincial Referral system.

ANNEX II. LIST OF JAPANESE EXPERTS

1. Long-term experts

(1) Chief Advisor / Training Management

(2) Project Coordinator

(3) Others mutually agreed upon as necessary

2. Short-term experts

(1) Emergency System

(2) Health Planning

(3) Healthcare Network

(4) Nursing Management

(5) Training Management

(6) Project Cycle Management (Monitoring and Evaluation)

(7) Others mutually agreed upon as necessary

ANNEX III. LIST OF MACHINERY AND EQUIPMENT

1. Equipment for training activities
2. Equipment for capacity building for Hoa Binh General Hospital
3. Equipment for other related fields mutually agreed upon as necessary

ANNEX IV. LIST OF VIETNAMESE COUNTERPART AND ADMINISTRATIVE PERSONNEL

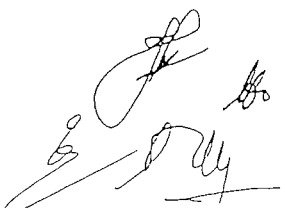
1. Project Manager: Director, Hoa Binh PHS

2. Counterpart personnel:
   (1) Deputy Director, Hoa Binh PHS
   (2) Head of Planning Division, Hoa Binh PHS
   (3) Head of Human Resource and Training Division, Hoa Binh PHS
   (4) Head of Medical Technical Department, Hoa Binh PHS
   (5) Director of Hoa Binh General Hospital

3. Administrative personnel
   (1) Project Coordinator
   (2) Interpreter (Vietnamese-English or Japanese - Vietnamese)
   (3) Accountant
   (4) Other supporting staff mutually agreed upon as necessary

ANNEX V. LIST OF BUILDINGS AND FACILITIES

1. Land
2. Building and facilities
   (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



ANNEX VI. JOINT COORDINATING COMMITTEE

1. Functions

The joint coordinating Committee will meet at least once a year and whenever necessity arises, and work:

(1) To formulate the annual work plan for the Project under the frame work of the Record of Discussions.

(2) To review the overall progress of the technical cooperation program as well as the achievements of the above-mentioned annual work plan.

(3) To discuss major issues arising from or related to the Project.

2. Composition

(1) Chairperson: Deputy Chairperson, People's Committee, Hoa Binh Province

(2) Vietnamese side:

a. Director of International Cooperation Department, Ministry of Health
b. Director of Department of Therapy, Ministry of Health
c. Director of Department of Science and Training, Ministry of Health
d. Director of Bach Mai Hospital
e. Director, Hoa Binh PHS
f. Director, Department of Finance, Hoa Binh Province
g. Deputy Director, Department of Planning and Investment, Hoa Binh Province

(3) Japanese side

a. Chief Advisor / Training Management
b. Project Coordinator
c. Policy Adviser to the Ministry of Health
d. Other experts mutually agreed on
e. Other personnel dispatched by JICA, as necessary
f. Resident Representative of JICA Vietnam Office

Note: Chairperson of the Joint Coordinating Committee can invite any relevant person to discuss specific issues.

MINUTES OF MEETING
BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE SOCIALIST REPUBLIC OF VIETNAM
ON JAPANESE TECHNICAL COOPERATION PROJECT FOR
STRENGTHENING HEALTH SERVICES PROVISION
IN HOA BINH PROVINCE

Resident Representative of the Japan International Cooperation Agency (hereinafter referred to as "JICA") Vietnam Office exchanged views and had a series of discussions with the authorities concerned of the Socialist Republic of Vietnam with respect to desirable measures to be taken by JICA and the Vietnamese Government for successful implementation of the above-mentioned Project.

As a result of discussions, both sides agreed upon the matters in the document attached hereto. This document is related to the Record of Discussions on the Project for Strengthening Health Services Provision in Hoa Binh Province.

Hoa Binh, 3 December, 2004

Mr. Kikuchi Fumio
Resident Representative
JICA Vietnam Office
Japan International Cooperation Agency
Japan

Mr. Quach The Tan
Deputy Chairperson
People's Committee of Hoa Binh Province
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Socialist Republic of Vietnam

Prof. Dr. Tran Quy
Director
Bach Mai Hospital
Ministry of Health
Social Republic of Vietnam

THE ATTACHED DOCUMENT

1. PROJECT DESIGN MATRIX

The Project Design Matrix (hereinafter related as "PDM") was elaborated through discussion by JICA and the Vietnamese authorities concerned. Both sides agreed to recognize PDM as the implementation tool for project management, and the bases of monitoring and evaluation of the Project. The PDM will be utilized by both sides throughout the implementation of the Project. The PDM is shown in Annex I.

The PDM will be subject to change within the framework of the Record of Discussions when necessity arises in the course of implementation of the Project by mutual consent.

2. TENTATIVE SCHEDULE OF IMPLEMENTATION

The Tentative Schedule of Implementation (hereinafter referred to as "TSI") has been formulated according to the record of Discussions, on condition the necessary budget will be allocated for the implementation of the Project by both sides. The schedule is subject to change within the scope of the Record of Discussions when necessity arises in the course of implementation of the Project. The TSI is shown in Annex II.

Annex I. PDM
Annex II. TSI

PROJECT DESIGN MATRIX(PDM): The Project f· ·Strengthening Health Services Provision in H Binh Province

Annex I

PROJECT NAME: Project for Strengthening Health Services Provision in Hoa Binh Province

TAREGET AREA: Hoa Binh Province

DURATION: 2004.12~2009.12

TARGET GROUP: Direct Target Group: Health personnel of Hoa Binh General Hospital and District Health Centers in Hoa Binh Province
Indirect Target Group: Health service users in Hoa Binh Province

VER. NO.: PDM-1

DATE: December 3, 2004

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
OVERALL GOAL: Medical system which has its effectiveness verified in Hoa Binh Province is introduced and diffused to other provinces in Northern Vietnam	OGI-1. Number of visitors from other province increases. OGI-2. Outputs of DOHA activities in Hoa Binh Province are utilized at DOHA in Bach Mai Hospital.	OGI-1. Reports by Hoa Binh Health Service Department (HBPHS) OGI-2. Project biannual and Annual Reports	Access to health service is not worsened.
PROJECT PURPOSE: Medical system in Hoa Binh Province is strengthened through establishment of DOHA and patient referral system	PPI-1. Provincial and District Hospitals holding special commendation as "Excellent Hospital" in treatment, environmental and service standards increase from four in 2003 to eight in 2009 in thirteen. PPI-2. Number of Hoa Binh General Hospital users increases.	PPI-1. Reports by HBPHS PPI-2. Records of General Hospital	Financial allocation to health sector by the Government does not decrease. Serious epidemic does not outbreak.
OUTPUTS: 1. Management capacity of Hoa Binh Provincial Health Service (HBPHS) is enhanced	OP1-1. Annual training plan and report for health personnel in Hoa Binh Province are made out.	OP1-1. Report by HBPHS	Master plan of development of health sector of Hoa Binh for period 2001-2010 is implemented.
2. Technical guidance system from Hoa Binh General Hospital to DHCs and lower levels can function effectively by collaboration with Bach Mai Hospital	OP2-1. Number of training courses conducted by General Hospital toward DHC increases.	OP2-1. Training Report	Training activities for DHCs and lower levels staff are conducted by ADB and BTC.
3. Patients' referral system is established	OP3-1. Make out guideline for patients' referral. OP3-2. Number of patients referred to upper medical institutions increases. OP2-2. Number of referral cases increases.	OP3-1. Project biannual and Annual Reports OP3-2. Statistical Report by HBPHS OP3-3. Statistical Report by HBPHS	Selected facilities are upgraded and essential medical equipment is provided to DHCs under the ADB-financed Rural Health Project.
4. Hoa Binh General Hospital can function effectively in the frame of Provincial Referral system	OP4-1. Provincial Hospital is upgraded from current "Fair" to "Excellent" in treatment, environmental and service standards holding special commendation by national criteria. OP4-2. Percentage of staff who can practice along the appropriate procedure in priority fields increases. OP4-3. By the end of the Project, awareness of health providers toward patients increases.	OP4-1. Report by HBPHS OP4-2. Observational check list OP4-3. Questionnaire Survey	UNFPA-funded Project continues to be implemented.

DOHA: Direction Office for Healthcare Activities

HBPHS: Hoa Binh Provincial Health Service

DHCs: District Health Centers

PROJECT DESIGN MATRIX(PDM): The Project for Strengthening Health Services Provision in Hoa Binh Province

Annex I

NARRATIVE SUMMARY	INPUTS	IMPORTANT ASSUMPTIONS
ACTIVITIES: 0-1. Project office is established in HBPHS 0-2. Collect necessary information and data and revise PDM (activities, indicators) 1-1. Conduct training for HBPHS managerial staff on 1) training management, 2) service management (healthcare service providers monitoring), 3) referral system 1-2. Identify needs for healthcare and technical guidance in the community based on the review of provincial and hospital statistical data and surveys 1-3. Conduct regular monitoring for healthcare service providers 1-4. Regular donor meeting is held by HBPHS 2-1. Review and identify needs and technical level of provincial health staff by collaboration with DOHA in Bach Mai Hospital 2-2. Provincial health needs reflect on planning / management and curriculum of training activities 2-3. Formulate annual training plan for General Hospital in collaboration with Bach Mai Hospital 2-4. Conduct regular meetings among MOH, BMH, HBPHS, General Hospital, DHCs and donors on technical guidance system 2-5. Conduct training for DOHA staff in Provincial Hospital on planning / management of training activities 2-6. Conduct trainers of training for Provincial Health Staff by Bach Mai Hospital 2-7. Review and identify needs and technical level of DHC staff 2-8. Formulate annual training plan for DHCs 2-9. Conduct training and evaluation for DHCs 3-1. Committees on referral system at provincial and district levels are established and hold regular meeting for further improvement of referral system 3-2. Conduct training for HBPHS staff and provincial and district health staff in Hoa Binh Province on referral system 3-3. Improve reporting and recording system on patient referral in Hoa Binh Province 3-4. Improve communication measures between General Hospital and DHCs (FAX machine etc,..) 3-5. Conduct regular meetings among MOH, BMH, HBPHS, General Hospital, DHCs and donors on referral system	INPUTS (JAPAN) 1. HUMAN RESOURCES 1-1. Long-term Experts and Project Personnel 1) Chief Advisor/Training Management (60MM: 2004~2009) 2) Project Coordinator (60MM:2004~2009) 1-2. Short-term Experts 1) Emergency System 2) Health Planning 3) Healthcare Network 4) Nursing Management 5) Training Management 6) Project Cycle Management (Monitoring & Evaluation) 2. FACILITIES AND EQUIPMENT 1) Necessary machinery, equipment and other materials for the implementation of the project 3. TRAINING IN JAPAN 1) Counterpart Training (2 persons/year) INPUTS (VIETNAM) 1. HUMAN RESOURCES 1) Project Manager 2) Project Coordinator 3) Translator (English – Vietnamese / Japanese - Vietnamese) 4) Accountant 2. FACILITIES AND EQUIPMENT 1) Office space for Project 2) Training Facilities 3. FINANCIAL RESOURCES 1) Necessary costs for project operation	Staff who obtained trainings does not transfer to other institutions.

PROJECT DESIGN MATRIX(PDM): The Project for Strengthening Health Services Provision in Hoa Binh Province

Annex I

NARRATIVE SUMMARY	INPUTS	IMPORTANT ASSUMPTIONS
4-1. Conduct trainings for General Hospital medical/ technical staff on priority areas: Emergency and other concerned area including nursing and total care 4-2. Conduct conference on emergency and its concerned area 4-3. Equip the library with essential materials 4-4. Install window for exclusive patients referred by other institutions 4-5. Conduct training for General Hospital managerial staff on 1) planning, 2) financial management, 3) management of medical equipment, 4) nursing management, 5) nosocomial infection control, 6) pharmaceutical management and, 7) medical record management 4-6. Establish nosocomial infection control division and make its guideline 4-7. Conduct daily and regular check-ups of medical equipment and make operational guideline 4-8. Conduct regular meeting among hospital managerial staff (dept. managers) on improvement of hospital environment, related information and other issues		PRECONDITIONS: Support from MOH and Bach Mai Hospital is obtained.

Tentative Schedule of Implementation

The Project for Strengthening Health Services Provision in Hoa Binh Province

Annex II

Japanese Fiscal Year	2004		2005				2006				2007				2008				2009			Note
Quarter	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	
Planned Activities																						
★Output 1	Management Capacity of Hoa Binh Provincial Health Service (HBPHS) is enhanced																					
0.1	Project office is established in HBPHS	★																				
0.2	Collect necessary information and data and revise PDM (activities, indicators)																					
1.1	Conduct training for HBPHS managerial staff on 1) training management, 2) service management (healthcare service providers monitoring) and 3) Referral system																					
1.2	Identify needs in the community based on the review of provincial and hospital statistical data and surveys																					
1.3	Conduct regular monitoring for healthcare service providers																					
1.4	Regular donor meeting is held by HBPHS																					
★Output 2	Technical guidance system from Hoa Binh Provincial Hospital to DHCs and lower) level can function effectively by collaboration with Bach Mai Hospital																					
2.1	Review and identify needs and technical level of provincial health staff by collaboration with DOHA in Bach Mai Hospital																					
2.2	Provincial health needs reflect on planning / management and curriculum of training activities																					
2.3	Formulate annual training plan for General Hospital in callaboration with Bach Mai Hospital																					
2.4	Conduct regular meetings among MOH, BMH, HBPHS, General Hospital, DHCs and donors on technical guidance system																					
2.5	Conduct training for DOHA staff in General Hospital on planning / management of training activities																					
2.6	Conduct trainers of training for Provincial Health Staff by Bach Mai Hospital																					
2.7	Review and identify needs and technical level of DHC staff																					
2.8	Formulate annual training plan for DHC																					
2.9	Conduct training and evaluation for DHC																					
★Output 3	Patient Transfer System in Hoa Binh Province is established																					
3.1	Committees on referral system at provincial and district levels are established and hold regular meeting for further improvement of referral system																					
3.2	Conduct training for HBPHS staff and provincial and district health staff in Hoa Binh Province on referral system																					
3.3	Improve reporting and recording system on patient referral in Hoa Binh Province																					
3.4	Improve communication measures between Provincial Hospital and DHCs (FAX machine etc...)																					
3.5	Conduct regular meetings among MOH, BMH, HBPHS, General Hospital, DHCs and donors on referral system																					
★Output 4	Hoa Binh General Hospital can function effectively in the frame of Provincial referral system																					
4.1	Conduct trainings for General Hospital medical/ technical staff on priority areas: 1) emergency; 2) paediatrics; 3) obstetrics; 4) clinical examination; and, 5) anaesthetics; 6) trauma/surgery; 7) nursing and 8) total care																					
4.2	Conduct conference on emergency and its concerned area																					
4.3	Equip the library with essential materials																					
4.4	Install window for exclusive patients referred by other institutions																					
4.5	Conduct training for General Hospital managerial staff on 1) planning, 2) financial management, 3) management of medical equipment, 4) nursing management, 5) nosocomial infection control, 6) pharmaceutical management and, 7) medical record management																					
4.6	Establish nosocomial infection control division and make its guideline																					
4.7	Conduct daily and regular check-ups of medical equipment and make operational guideline																					
4.8	Conduct regular meeting among hospital managerial staff (dept. managers) on improvement of hospital environment, related information and other issues																					
★Input	Japanese side																					
	1. Dispatch of Long-term Japanese Experts																					
	(1) Chief Advisor / Training Management																					
	(2) Project Coordinator																					
	2. Dispatch of Short-term Japanese Experts																					
	(1) Emergency System			—				—				—				—				—		
	(2) Health Planning			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	(3) Healthcare Network			—				—				—				—				—		
	(4) Nursing Management					—				—				—				—				
	(5) Training Management				—				—		—						—				—	
	(6) Project Cycle Management (Monitoring and Evaluation)				—				—				—				—				—	
	3. Provision of Equipment																					
	4. Training of Vietnamese personnel in Japan (2 persons/year)		—		—				—				—				—				—	
	5. Dispatch of Japanese Mission											★ (May)								★ (May)		

５．プロジェクト・ドキュメント

（Annex 1 の Record of Discussions 及び Annex 2 の Minutes of Meeting については、付属資料４と同一のため省略）

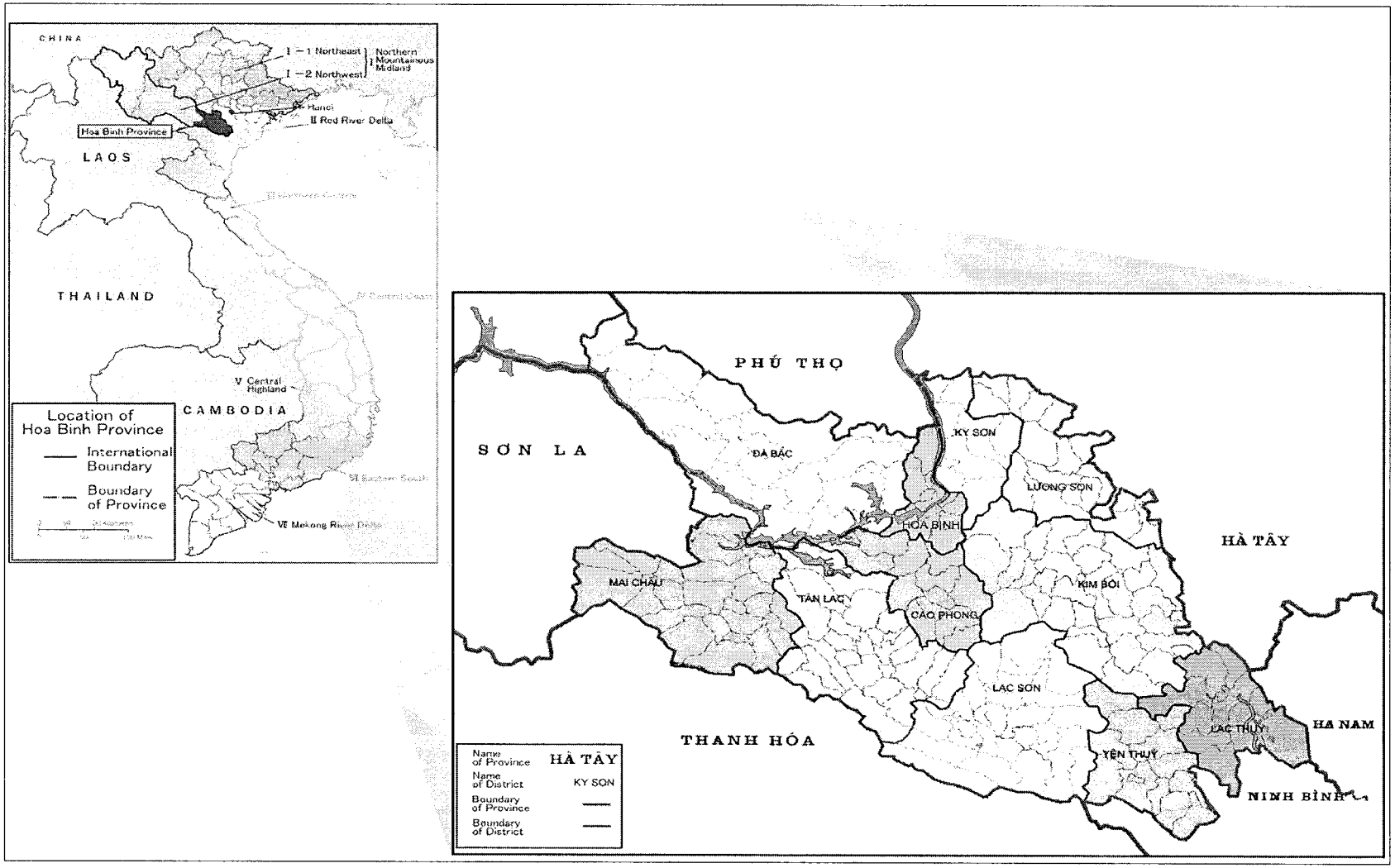
Technical Cooperation Project for Strengthening Health Services Provision in Hoa Binh Province

Project Document

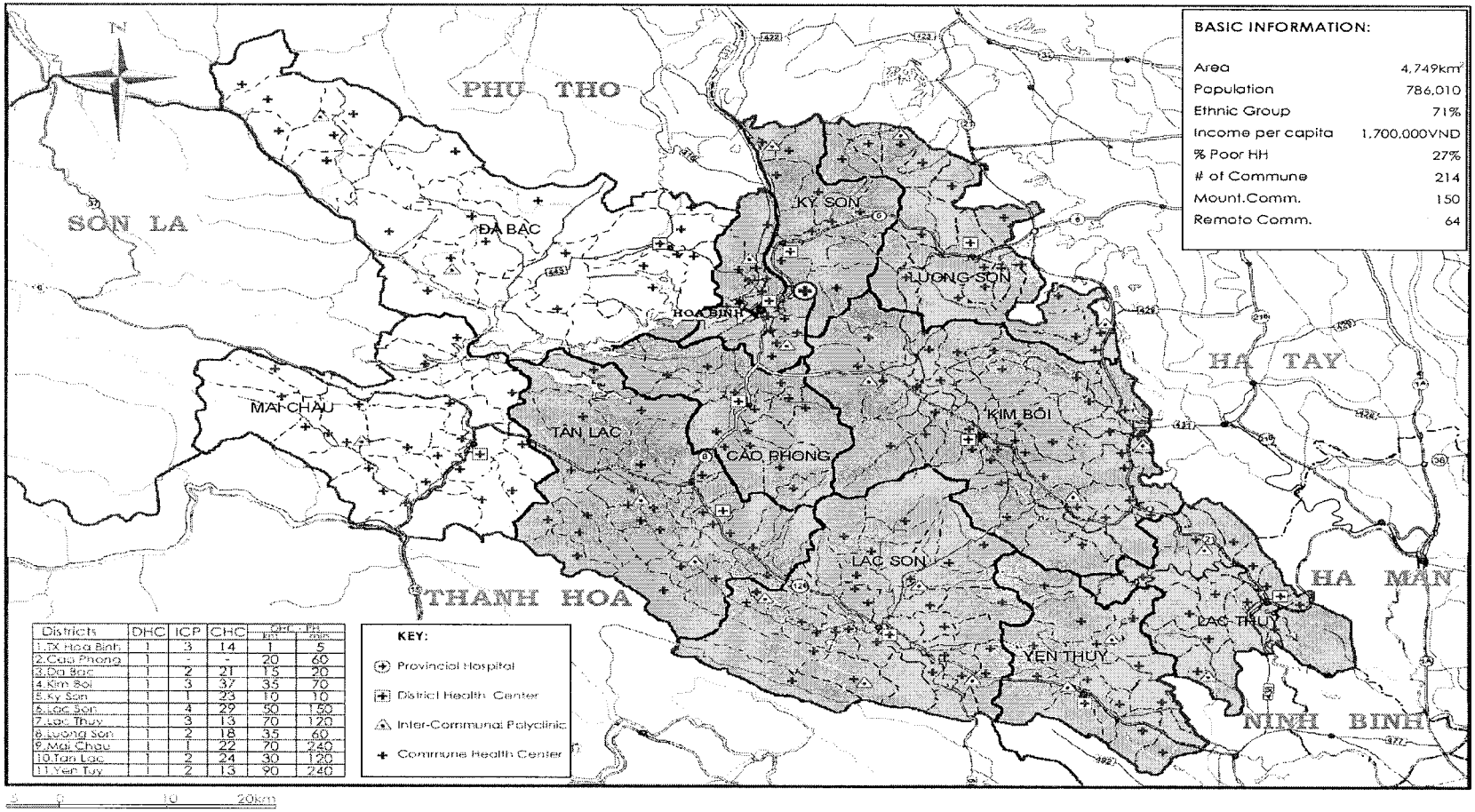
1 December 2004

Technical Cooperation
between
The Government of the Socialist Republic of Vietnam
and
Japan International Cooperation Agency (JICA)

地図１：ホアビン省の位置図



地図２：ホアビン省と保健医療施設位置図



Districts	DHC	ICP	CHC	DHC - PH	PH - DHC
				Km	min
1.TX Hoa Binh	1	3	14	1	5
2.Cao Phong	1	-	-	20	60
3.Da Bac	1	2	21	15	20
4.Kim Boi	1	3	37	35	70
5.Ky Son	1	1	23	10	10
6.Lac Son	1	4	29	50	150
7.Lac Thuy	1	3	13	70	120
8.Luong Son	1	2	18	35	60
9.Mai Chau	1	1	22	70	240
10.Tan Lac	1	2	24	30	120
11.Yen Tuy	1	2	13	90	240

Note) Table in the left bottom corner contains, from the left column: Name of District; Number of DHC; Number of ICP; Number of CHC; Distance (in kilometres) from each DHC to the Provincial Hospital; and, Distance (in minutes with bad weather conditions) from each DHC to the Provincial Hospital.

ABBREVIATIONS

ADB	Asian Development Bank
BTC	Belgian Technical Cooperation
CHC	Commune Health Center
CPRGS	Comprehensive Poverty Reduction and Growth Strategy Paper
DOHA	Direction Office of Healthcare Activity at provincial and lower levels
DHC	District Health Center
EPI	Expanded Program on Immunization
GOJ	Government of Japan
GOV	Government of the Socialist Republic of Vietnam
HBPHS	Hoa Binh Provincial Health Service
HBPPC	Hoa Binh Provincial People's Committee
HEPC	Health Education and Promotion Center
ICD	International Cooperation Department, Ministry of Health
ICP	Inter-Commune Polyclinic
JICA	Japan International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteers
MoH	Ministry of Health
PDM	Project Design Matrix
PMU	Project Management Unit
PHC	Primary Health Care
R/D	Records of Discussions
RH	Reproductive Health
RTI	Reproductive Tract Infections
UNFPA	United Nations Population Fund
VHW	Village Health Worker
VNĐ	Vietnamese Đong
WB	World Bank

TABLE OF CONTENTS

TABLES AND DIAGRAMS

Executive Summary

Name of the Project: Project for Strengthening Health Services Provision in Hoa Binh Province	
Country: Socialist Republic of Vietnam	**Target area:** Hoa Binh Province
Project duration: December 3, 2004 – December.2, 2009	

I. Background

Hoa Binh is a province in the mountainous northwest, bordering the Red River delta provinces. The economy of Hoa Binh province is growing at 6.7% annually. This rate is lower than the average rate of the country. The per capita income for 2000 was VND 1,700,000 (approximately 113.00 USD). This is double the figure for 1990. In general, Hoa Binh is still a poor province amongst the northern mountainous provinces. Different ethnic minority groups in the province along with traditional customs and lower educational standards in addition to rugged geographical conditions have presented difficulties for the provision of health care and medical activities.

In view of the above, the Hoa Binh Health Service (HBHS) has proposed a project, which aims at strengthening the HBHS. This project aims to improve the health status of residents in the Hoa Binh Province. The Project will place emphasis on the enhancement of the medical technical competency of Provincial Hospitals and the capacity to supply leadership and training facilities at the District level, in addition to areas yet to be covered by other Projects or addressed through local efforts (See Diagram 2 below). Furthermore, the Project will target the area of health education and promotion, in order to deal with the most critical issue -- that of health knowledge amongst the residents in the project area. This will be carried out by collaboration with the UNFPA, Belgian Technical Cooperation (BTC) and ADB-supported projects along with the aim to seek opportunities for more synergetic cooperation.

II. Agencies involved in project implementation

- □ Hoa Binh Provincial People's Committee, for overall project supervision
- □ Hoa Binh Provincial Health Service, for overall project management and implementation
- □ Hoa Binh Provincial Hospital, for implementation of hospital components

III. Brief description of project design

1. Objectives

1.1 Project purpose expected to be achieved by the end of the project:

Medical system in Hoa Binh Province is strengthened through establishment of DOHA and patient referral system

1.2 Overall goal expected to be achieved in the long term:

Medical system in Hoa Binh Province which has its effectiveness verified will be introduced and spread throughout other province in northern Vietnam

2. Outputs and activities

0-1. Project office is established in HBPHS

0-2. Collect necessary information and data and revise PDM (activities, indicators)

Output 1. Management capacity of Hoa Binh Provincial Health Service (HBPHS) is enhanced

1-1. Conduct training for HBPHS managerial staff on 1) training management, 2) service management (healthcare service providers monitoring), 3) referral system

1-2. Identify needs for healthcare and technical guidance in the community based on the review of provincial and hospital statistical data and surveys

1-3. Conduct regular monitoring for healthcare service providers

1-4. Regular donor meeting is held by HBPHS

Output 2. Technical guidance system from Hoa Binh General Hospital to DHCs and lower levels can function effectively by collaboration with Bach Mai Hospital

2-1. Review and identify needs and technical level of provincial health staff by collaboration with the DOHA in Bach Mai Hospital
2-2. Provincial health needs reflect on planning / management and curriculum of training activities
2-3. Formulate annual training plan for Provincial Hospital in collaboration with the Mach Mai Hospital
2-4. Conduct regular meetings among MoH, BMH, HBPHS, Hoa Binh General Hospital, DHCs and donors on technical guidance system
2-5. Conduct training for DOHA staff in Hoa Binh General Hospital on planning / management of training activities
2-6. Conduct teaching sessions for training (Trainers of Training:ToT) of Provincial Health Staff by the Bach Mai Hospital
2-7. Review and identify needs and technical competency of DHC staff
2-8. Formulate annual training plan for DHCs
2-9. Conduct training and evaluation for DHCs

Output 3. Patient's referral system is established

3-1. Committees on referral system at provincial and district levels are established and hold regular meeting for further improvement of referral system
3-2. Conduct training for HBPHS staff and health service providers in Hoa Binh Province on referral system
3-3. Improve reporting and recording system on patient referral in Hoa Binh Province
3-4. Improve communication measures between Provincial Hospital and DHCs (FAX machine etc...)
3-5. Conduct regular meetings among MoH, BMH, HBPHS, Hoa Binh General Hospital, DHCs and donors on the referral system

Output 4. Hoa Binh General Hospital can function effectively in the frame of Provincial Referral system

4-1. Conduct trainings for Provincial Hospital medical/ technical staff on priority areas: Emergency treatment and Total Care
4-2. Conduct conference on emergency care services
4-3. Equip the library with relevant textbooks and journals
4-4. Provide reception desk, which is specifically for patients referred by other institutions
4-5. Conduct training for Provincial Hospital managerial staff on 1) planning, 2) financial management, 3) management of medical equipment, 4) nursing management, 5) nosocomial infection control, 6) pharmaceutical management and, 7) medical record management
4-6. Establish nosocomial infection control[1] division and make its guideline
4-7. Establish an audit system for the regular evaluation of medical equipment and maintenance
4-8. Hold regular meetings for Hospital management staff with the goal of continuous service improvement

[1] Supports to conduct trainings/ guidance on activities concerning nocosomial infection control will be sought from Bach Mai Hospital. Advisory from Japanese experts can be considered as needed. Nocosomial infection control Team to be organised within the Hospital, to whom the training and guidance activities are targeted.

3. Planned inputs

3.1 Japanese inputs:

3.1.1. HUMAN RESOURCES

1-1.Long-term Experts and Project Personnel

Chief Advisor/Training Management (60MM: 2004~2009)

Project Coordinator (60MM: 2004~2009)

1-2.Short-term Experts

1) Training planning on Emergency Medicine
2) Health Planning
3) Healthcare Network
4) Nursing Management
5) Training Management
6) PCM (Monitoring & Evaluation)

3.1.2. MATERIAL RESOURCES

Necessary machinery, equipment and other materials for the implementation of the project

3.1.3. FINANCIAL RESOURCES

1) Trainings in Vietnam
2) Trainings in Japan (Counterparts Training: 2 persons/year)
3) Other costs relating to Project implementation

3.2 Vietnamese inputs:

3.2.1. HUMAN RESOURCES

1) Project Manager
2) Project Coordinator
3) Translator

3.2.2. MATERIAL RESOURCES

1) Office space for Experts
2) Training Facilities

3.2.3. FINANCIAL RESOURCES

Necessary costs for project operation

4. Organizational Structure

The Project Management Unit (PMU) will be established with essential counterpart personnel, including the Director of HBPHS as a Project Manager. The overall direction of the project implementation will be decided at the Joint Coordination Committee (JCC), which will be set up at the central level as a body to supervise PMU. The Vice Chairperson of the HBPPC is the Project Director, who will assume overall supervisory responsibility of the Project.

IV. Ex-ante assessment

Overall assessment concludes that the content of the Project is relevant, and its expected impacts and efficiency are potentially high, with a cautionary approach needed within the Project regarding financial

sustainability. Effectiveness is expected to improve to a good level after revision of indicators following the benchmarking of the current status through a series of assessments and proper target setting.

1. Relevance

The overall relevance of the Project is assessed to be high: The Project is consistent with Vietnam's national health strategy (2001-2010) and Japan's assistance policies in the sector such as "Country-specific Programs" and "Country Assistance Programs; the needs of the target groups are duly considered; and the design applies the past experiences and achievements of Japanese assistance to Viet Nam.

To set Hoa Binh Province as a target area is needed to establish a model for strengthening the referral system in northern Vietnam. It is chosen out of consideration for the priorities at the central level and for the DOHA of the Bach Mai Hospital.

2. Effectiveness

There is a high expectation that the quality of health care services at the provincial level in Hoa Binh province would be improved by strengthening the capacity of provincial health office (Output 1), making the provincial hospital functional in the provincial health system (Output 4), and improving Hoa Binh General Hospital by Grant Aid Project.

At the district level, it is necessary to improve guidance and training systems (Output 2) and to improve the referral system while lessons learned from the implementations at the provincial level are to be applied at the district level. The activities being implemented by other donors at the district level and below should be monitored. Additional activities will be planned if necessary.

3. Efficiency

The project was designed with due consideration for its efficiency. This is reflected in the Project's approach to encourage utilization of local resources, especially from Bach Mai Hospital, which has been receiving technical assistance from Japan. Adequate technical support from both Japanese and Vietnamese experts is planned, coupled with intensive financial management training to relevant personnel to promote the best use of the Project resources.

On the other hand, it is important to maintain close communication with other donors in order to improve efficiency of the Project at the district level and below because activities at this level are dependent on these agencies. Both Japanese and Vietnamese experts will assist the effective utilization of medical equipment, which will be provided by the Project. Training on financial management will be implemented for the personnel working for HBPHS and Hoa Binh General Hospital.

4. Impact

The possible positive impacts of the Project are expected as follows. Lessons learned from the Project will be applied to other northern provinces. Bach Mai Hospital, which is in charge of DOHA activities in 31 Northern provinces, will gain feedback from the field by providing training to Hoa Binh Hospital. The Project aims to improve health care systems from the provincial level to lower levels. At the same time, the Project advocates to the Ministry of Health through a health policy advisor that they will apply lessons learned from the Project to other provinces.

Given that the coverage rate of the health insurance for the poor people is approximately 33%, and there is limited consideration to promote their access to medical services, poor people would experience more difficulties to access medical services by the Project implementation. The Project will forestall such a negative impact by monitoring activities. It is necessary to pay attention to increased financial burden of the hospitals to improve their functions as well as decreased budget for the community health care services.

5. Sustainability

As the sense of ownership of the Vietnamese government to the Project is high, positive and flexible responses in improving health care provision systems are expected. The retention rate of the staff is satisfactory and application of the lessons learned is expected.

There is a barrier to financial sustainability. In a case of Bach Mai Hospital, service-related income was increased [as a result of the Project] and it was utilized to technical re-investment and increased allowance to the staff. However, since Hoa Binh province is one of the poor provinces in the country, there are unpredictable factors in financial aspects as follows; if improved quality of health care services will result in immediate increase in income, if financial allocation to health sector by the Government does not decrease from the current level after the Project is over. It is necessary to pay careful attention to these obstacles during the Project implementation and make efforts to improve them by strengthening the financial management capacity of the Ministry of Health and hospitals and maintaining close communications with Provincial People's Committee.

V. Risks (Important assumptions) in achieving the Project Purpose

Potential risks have been assessed and some possible mitigation measures incorporated into the project design. Nevertheless, the Project will cautiously monitor the following risks/assumptions and examine further mitigation measures as the Project develops. In so doing, the Project will also look into networking with other relevant programs and projects.

- □ Financial allocation to the health sector by the Government does not decrease.
- □ The master plan of development of Hoa Binh health sector for the period 2001-2010 is implemented.
- □ Training activities for DHCs and lower levels staff are conducted by ADB and BTC.
- □ Selected facilities are upgraded and essential medical equipment is provided to DHCs under the ADB-financed Rural Health Project.
- □ UNFPA-funded Project continues to be implemented.
- □ Staff who obtained trainings are not able to transfer to other institutions.

VI. Plans for future evaluation

1. Indicators to be used for evaluating the achievement of the Project Purpose

- □ Provincial and District Hospitals holding special commendation as "Excellent Hospital" in treatment, environmental and service standards increase from four in 2003 to eight in 2009 in thirteen.

2. Evaluation Schedule

- □ Mid-term Evaluation (Beginning 2007: 3rd year of Project duration).
- □ Final Evaluation (Mid 2009: 6 months prior to end of Project duration).