Technical Cooperation Project for Improvement of Medical Service in the Central Region

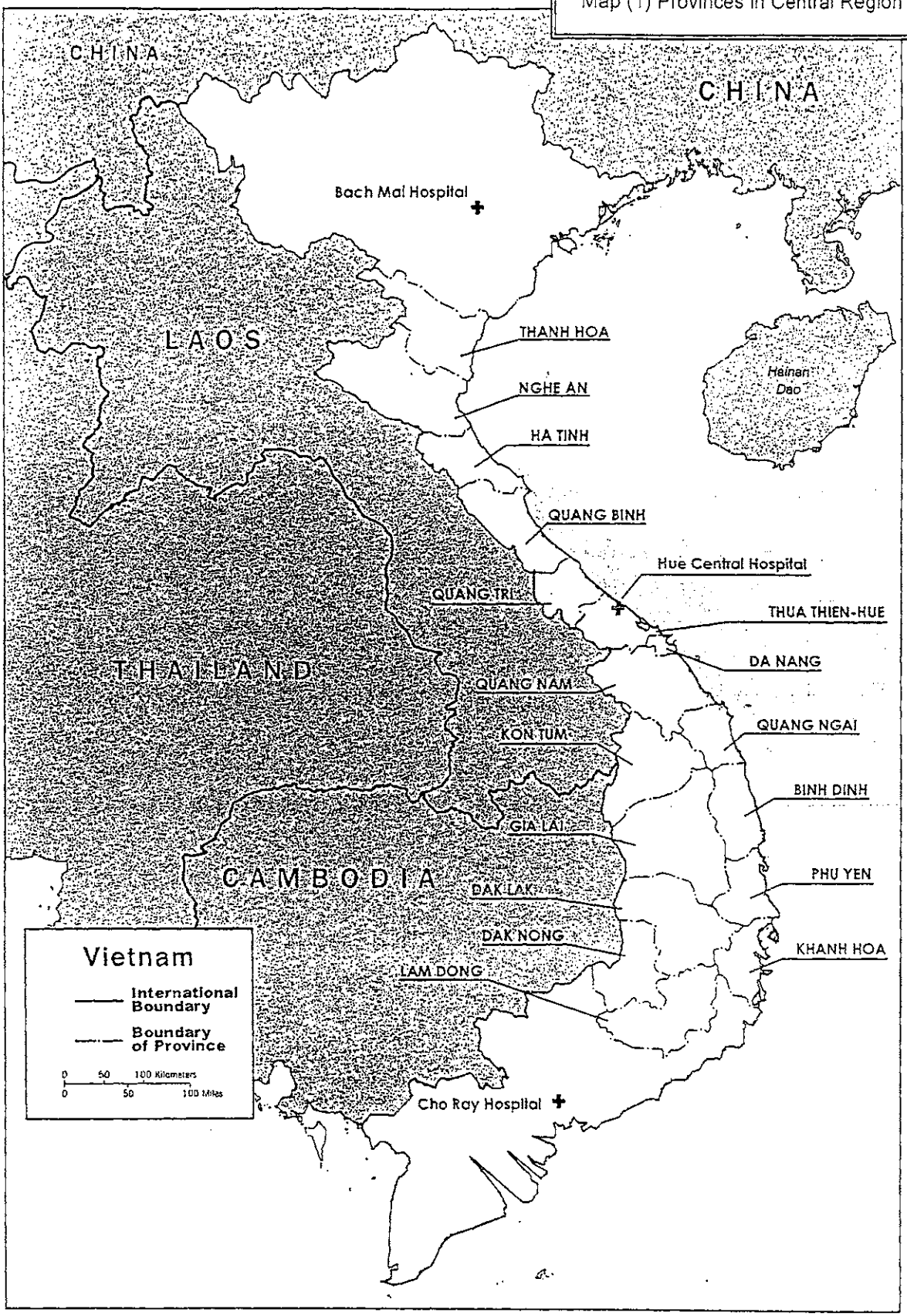
Project Document

April 2005

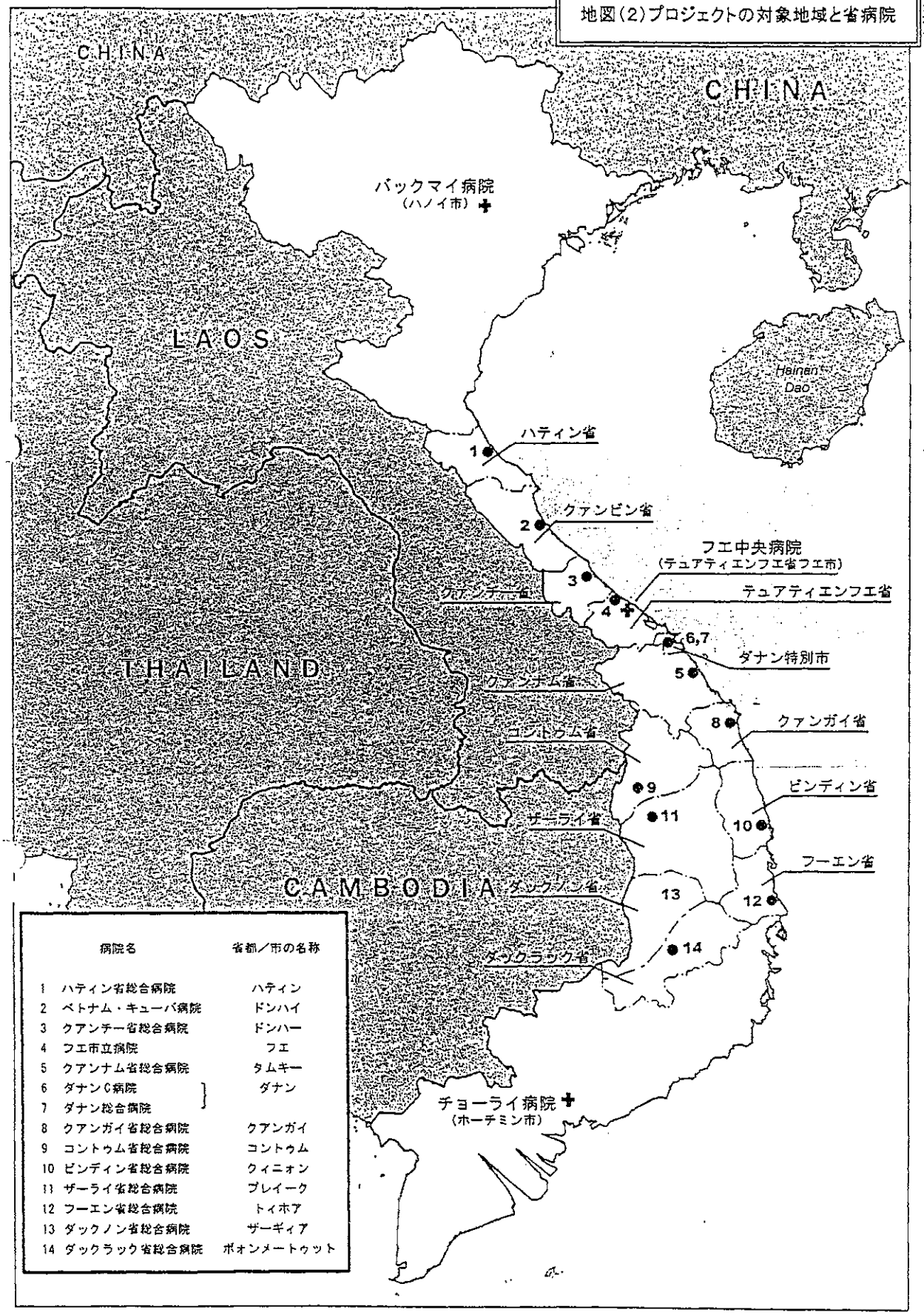
Technical Cooperation
Between
The Government of the Socialist Republic of Vietnam
And
Japan International Cooperation Agency (JICA)

TABLE OF CONTENTS

Map (1) Provinces in Central Region



地図(2)プロジェクトの対象地域と省病院



病院名	省都/市の名称
1 ハティン省総合病院	ハティン
2 ベトナム・キューバ病院	ドンハイ
3 クアンチー省総合病院	ドンハー
4 フエ市立病院	フエ
5 クアンナム省総合病院	タムキー
6 ダナンC病院	ダナン
7 ダナン総合病院	
8 クアンガイ省総合病院	クアンガイ
9 コントゥム省総合病院	コントゥム
10 ビンディン省総合病院	クィニョン
11 ザーライ省総合病院	プレイク
12 フーエン省総合病院	トゥホア
13 ダックノン省総合病院	ザーギィア
14 ダックラック省総合病院	ボォンメートゥット

ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
ARI	Acute Respiratory Infections
BMH	Bach Mai Hospital
CHC	Commune Health Center
CPRGS	Comprehensive Poverty Reduction and Growth Strategy
CRH	Cho Ray Hospital
CT scan	Computerized Tomography Scan
DOHA	Direction Office of Healthcare Activities (at provincial and lower levels)
EPI	Expanded Program on Immunization
FP	Family Planning
GDP	Gross Domestic Product
GSO	General Statistics Office
HCH	Hue Central Hospital
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information Systems
ICU	Intensive Care Unit
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
LEB	Life Expectancy at birth
MCH/FP	Maternal and Child Health/Family Planning
MDGs	Millennium Development Goal
MMR	Maternal Mortality Rate
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOH	Ministry of Health
MPI	Ministry of Planning and Investment
NGO	Nongovernmental organization
PDM	Project Design Matrix
PH	Provincial Hospital
PHC	Primary Health Care
PHD	Provincial Health Department
PPC	Provincial People's Committee
RH	Reproductive Health
RTI	Reproductive Tract Infections
STD	Sexually-Transmitted Diseases
TB	Tuberculosis
U5MR	Under-five Mortality Rate
VHW	Village Health Worker
VND	Vietnam Dong
WB	World Bank
WHO	World Health Organization

Executive Summary

In Charge of: Human Development Department

1. Project Title

Project for the Improvement of Medical Service in the Central Region in the Socialist Republic of Vietnam

2. Outline of the cooperation

(1) Outline of the project, objective and output

The objective of the Project is to expand and improve training activities of the Hue Central Hospital for fourteen provincial (city) hospitals in twelve provinces and one city in the Central Region, through three core activities: practicing a model medical service at the Hospital, monitoring the status of medical services at the provincial hospitals, and establishing a training management system and organization.

(2) Period of cooperation: from July 2005 to June 2010

(3) Implementing Agency of Partner Country: Ministry of Health, the Hue Central Hospital

(4) Cooperation Agency in Japan: Ministry of Health, Labour and Welfare, International Medical Center of Japan, etc.

(5) Target Group and Beneficiaries:

Target group: staff of the Hue Central Hospital (number: 1,710) and staff of the provincial (city) hospitals in the Central Region (estimated number: 6,800).

Ultimate beneficiaries: those who live in the project target area in the Central Region (estimated number: 12.2 million)

3. Project Necessity and positioning of the cooperation

(1) Current situation and problems

Economic growth spurred by the implementation of the Doi Moi policy in 1986 and various reforms in the health sector such as privatization of medical services and introduction of a health insurance system have greatly contributed to the improvement of health indicators in the Health Service Sector of Vietnam. However, new problems have emerged. Most serious among them are an expanding gap between the rich and poor and widening regional differences in the quality of medical services between rural and urban areas. Economic development of the Central Region has been slower than that in other regions. The proportion of households living under the poverty line in the Central Region is higher than that in other parts of the country, and health indicators in the region fall below the national average.

The Ministry of Health of Vietnam came up with a set of countermeasures to mitigate regional differences. Among them are a set of measures in human resource development which require the staff of higher-level health facilities to train those of lower-level health facilities. Under this system, each higher-level health facility (national center hospital, Provincial Hospital) sets up a "Direction Office of Healthcare Activities (DOHA) unit" to manage the training of this kind. A DOHA unit was set up at Hue Central Hospital, a national center hospital in the Central Region, in 1998. This unit has been overseeing the training of staff from provincial hospitals, but these training activities have not been sufficient.

To enable the provincial hospitals in the Central Region to provide the expected levels of medical service necessary for the improvement of the health standard of the Region as a whole, it will be urgent to strengthen their training institute function and expand their training activities.

(2) Positioning within the national policies of the government of Vietnam

The target of the health sector set in the "Strategy for Socio-Economic Development in the Period 2001-2010" is "to improve healthcare service quality at all levels." As for the "Health Care and Protection Strategy for the Period of 2001 to 2010," the Ministry of Health adopts a strategy of human resource development at all levels and invests in treatment systems in accordance with regional needs for access to and utilization of quality medical service by all people.

(3) Positioning within the Japanese foreign aid policy and JICA's plan for country-specific program implementation

JICA's plan for country-specific program emphasizes strengthening of functions of the tertiary level hospitals as core facilities and national center hospitals in the priority area, "improvement ofliving/social conditions." These are the same targets pursued under the country-specific ODA plan (April 2004). The concept of this Project to strengthen the human resource development of secondary level hospitals through training in tertiary hospitals is coherent with the Japanese ODA policy and JICA's plan for Vietnam.

4. Framework of the cooperation

(1) Objective of the cooperation (outcome)

1) Objective to be achieved at the end of the cooperation (Project Purpose)

"The training activities of the Hue Central Hospital for the provincial hospitals are expanded and improved."

<Indicators/targets>

Number of training participants by job category; Number of provincial hospitals submitting the results of the nosocomial infection surveillance

2) Objective expected to be achieved after the end of the cooperation (Overall Goal)

"Medical services provided by the provincial hospitals in the Central Region are improved."

<Indicators/targets>

Result of the hospital ranking of the provincial hospitals, mortality rate in the provincial hospitals

(2) Outputs and activities

Output 1: "Model medical service is practiced at the Hue Central Hospital."

Activities: To improve nursing management; To improve "total care"; To improve nosocomial infection control; To manage the medical equipment maintenance system

<Indicators/targets>

- Average hospital stay (days) in the model ward
- Result of patient satisfaction survey
- Proportion of equipment with regular maintenance record
- Proportion of functioning equipment
- Result of the evaluation of medical services in the Hue Central Hospital

Output 2: "A training management system and organization is established at the Hue Central Hospital."

Activities: To establish a Training Unit; To establish training cycle management (Planning, Implementation, and Evaluation); To organize a training coordinating committee; To develop training materials; To have Hue Central Hospital disseminate information on training to the provincial hospitals

(Priority training themes: emergency, pediatric care, obstetric care, anesthesiology, blood transfusion and nursing management)

<Indicators/targets>

- Number of provinces which have participated in training by the Hue Central Hospital
- Number and proportion of evaluated training courses
- Number of staff assigned to the Training Unit and their working time (days)

Output 3: "The Hue Central Hospital monitors the status of medical services at the provincial hospitals in the Central Region."

Activities: To maintain a provincial hospital database; To conduct training needs assessment; To survey the effects of the training

<Indicators/targets>

- Number of provinces reporting the survey results

(3) Planned Inputs

1) Japanese inputs

Experts

- Long-term: Chief Advisor, Project Coordinator, Nursing Management
- Short-term experts: Equipment Management, Training Management, Nosocomial Infection Control

Equipment Provision: Training equipment and materials, Vehicles, etc

Training of Vietnamese counterparts personnel in Japan: approximately four persons per year; Training Management, Nosocomial Infection Control, Nursing Management

Local cost: Proportion of allowance and accommodation for training participants, textbooks, materials, etc

2) Vietnamese inputs

Counterparts personnel

II

Land and Facilities: Office facilities, Office equipment, Stationary, Training facilities
Administration and Operational Cost: proportion of allowances and accommodation for training participants and lecturers, lecturer's honoraria, office maintenance expenses, etc.

(4) External factors (important assumptions that should come true)
Ministry of Health maintains its policy on the Direction Office of Healthcare Activities (training activities)

5. Evaluation results based on Five Evaluation Criteria

The overall assessment on the five evaluation criteria indicates that the implementation of the planned project is appropriate.

(1) Relevance

The relevance of the Project is highly assessed and concluded to be consistent with the policy of the Vietnamese Government, appropriate to the needs of the target region, and consistent with Japanese policy and the advantages gained through earlier projects involving Japanese health sector cooperation in Vietnam:

- The target of the health sector "Strategy for Socio-Economic Development in the Period 2001-2010" and "Health Care and Protection Strategy for the Period of 2001 to 2010" is "to improve healthcare service quality at all levels." The Project shares the direction of these strategies.
- As one of the strategies, the Ministry of Health puts priority on correction of regional disparities of medical staff and strengthens activities by the DOHA, an office which promotes the training of the staff of lower-level health facilities by those of higher-level health facilities. In line with this, the planned project aims to improve the quality of medical service of secondary and tertiary hospitals by expanding the training conducted in the Hue Central Hospital for provincial hospitals in the Central Region, a region with comparatively more people living under the poverty line. The planned project supports the policy of the Government of Vietnam.
- Education and health care are among the priority areas of Japanese assistance to Vietnam, and the Government of Japan places its focus on the establishment of a referral system that coordinates and promotes the division of labor among institutions at different levels. In addition, Japan has assisted the Cho Ray Hospital in the Southern Region and Bach Mai Hospital in the Northern Region and has an advantage of utilizing past experiences of human resource development by higher-level hospitals to lower level ones.

(2) Effectiveness

The effectiveness of the Project is high for the following reasons;
- The planned project combines all the indispensable elements to materialize the Project Purpose. A training management system is to be established under Output (2) and survey of medical services and training needs assessment of the provincial hospitals is conducted under Output (3). The combined efforts of these two outputs will lead to the establishment of an effective mechanism of training management. Next, the model medical services under Output (1) will be developed and practiced at the new ward of the Hue Central Hospital to provide the training participants from the provincial hospitals with a vivid example. Thereafter it will then be introduced to the provincial hospital staff through the training program.
- Grant Aid and Technical Cooperation have been extended to two national center hospitals, i.e., Cho Ray Hospital in the Southern Region and Bach Mai Hospital in the Northern Region. This planned project for the Central Region is to be implemented by the Program Approach, an approach which seeks to upgrade the health status of the whole country from the North, Center to South, and to enhance effectiveness through collaboration among the three Regions.

(3) Efficiency

Efficient implementation can be expected for the following reasons:
- Japan has been assisting with the construction of buildings of the central clinical departments and outpatient departments and the procurement of relevant medical equipment for the Hue Central Hospital under the Grant Aid "Project for Improvement of Facilities for the Hue Central Hospital" since 2004. Timely assistance under this planned project for human resource development will enhance outputs and promote efficient implementation.
- This planned project can apply experiences, lessons learned, and know-how from past technical cooperation extended to Cho Ray Hospital and Bach Mai Hospital.

- The spreading of effects to the provincial hospitals will be intended from the start of the planned project. This approach can contribute to direct/indirect advancement in knowledge and skills to staff of the provincial hospitals (the number of staff: approximately 6,800) as well as staff of the Hue Central Hospital (the number of staff: approximately 1,710). It also can serve as a cost-effective strategy.

(4) Impact
The impact of this Project is prospected as follows:
- As a result of the achievement of the Project Purpose, the number of trainees at the Hue Central Hospital is expected to increase and the capacity of staff and the quality of medical service of the provincial hospitals will be improved.
- Patients can receive appropriate medical service at nearer hospitals and their opportunity costs will decrease.

(5) Sustainability
The effect by implementation of this project is expected to be sustained even after the handover as follows:
1) Institutional Capacity:
- The Hue Central Hospital is positioned as a national center hospital in the Central Region and is clearly designated to function as a leading facility to improve the quality of medical service of provincial hospitals in the Central Region by the direction of Ministry of Health. Moreover, the Hue Central Hospital has experiences of DOHA activities and institutional sustainability can be enhanced through capacity development of training management.
2) Financial Conditions:
- The expenses for management of the whole Hue Central Hospital are to be ensured. Expenses for training by the Hue Central Hospital for the provincial hospitals have been borne by the Vietnamese side, but expenses which should be borne by each province have to be negotiated in the course of the implementation of the planned project for expanding training activities.
3) Social, Environmental and Technical Adaptability:
- Training of the staff lower-level health facilities by those of higher-level facilities is one of the most important policies of Ministry of Health. This policy is likely to continue or even be strengthened in the future.
- Staff of public hospitals are likely to remain long enough to transfer their knowledge and skills acquired through the Project implementation.

6. Consideration for poverty, gender and environmental issues
The Target area of this planned project includes poorer provinces in the Central Mountain Region. In addition, improvement of nursing management will contribute to enhancement of management capabilities of and empowerment of the nurses, who are mainly women.

7. Lessons learned from past experience
In the past projects conducted in Cho Ray Hospital and Bach Mai Hospital, the strong interest of the medical doctors in learning new medical technology delayed and prolonged the work required to establish human resource development systems and DOHA activities. Based on this experience, this project clearly aims at human resource development of provincial hospitals. In addition, the training to be offered by the Hue Central Hospital under the project is defined as follows and its focus is clear: (a) Training of personnel at the Hue Central Hospital as trainers of model medical service, (b) Training of staff from the provincial hospitals at the Hue Central Hospital, and (c) Training at the selected provincial hospital(s) by the Hue Central Hospital Team.

8. Future evaluation plan
- Mid-term evaluation (second half of the third year of the project)
- Final Evaluation (second half of the fifth year of the project)
- Ex-post Evaluation (3 years after project termination)

1 INTRODUCTION

Since the implementation of the Doi Moi policy in 1986, various reforms have been promoted in the Health Service Sector of Vietnam, most notably, the privatization of medical services and introduction of a health insurance system. These reforms have helped to greatly improve the quality of health services in this country. New problems have emerged during the same years, however, including a widening gap between the rich and the poor and widening regional differences in the quality of health services, especially between rural and urban areas. Under the grant aid and technical cooperation program, the Japanese government has supported Bach Mai Hospital (BMH) in the north and Cho Ray Hospital (CRH) in the south, facilities which serve as the national center hospitals in their regions. In order to upgrade the health services system of the long and large Vietnamese land stretched from north to south, it is also necessary to provide assistance to that of the Central Region, where economic development and social development have relatively slow compared with the other two regions.

The Vietnamese Government aims at universal access to quality health care under its Health Care and Protection Strategy for the period of 2001 to 2010. In this connection, the Government of the Socialist Republic of Vietnam requested the Government of Japan to conduct a technical cooperation project targeting at strengthening of the function of the Hue Central Hospital (hereinafter referred to as the "HCH") and thus improve the medical service of the Central Region as a whole. In connection with the said national strategy and request, the Medical Cooperation Project Formulation Study Team in the Central Region of Vietnam (hereinafter referred to as the "Formulation Study Team") was dispatched by the Japan International Cooperation Agency (hereinafter referred to as "JICA") in July 2002. The Formulation Study Team proposed a project to improve the health status of the people in the Central Region through strengthening of the HCH, the top referral hospital in the Region.

An expert was dispatched to the HCH by JICA in December 2003 to formulate a detailed plan of the Project in collaboration with relevant officials of the Government of the Socialist Republic of Vietnam. In 2004, an Exchange of Notes was signed and exchanged between the Government of the Socialist Republic of Vietnam and the Government of Japan on a Grant Aid Project for improvement of facilities of the HCH. In order to discuss the proposed plan in conjunction with the grant aid and to finalize the framework of the technical cooperation with the HCH and other authorities of Vietnam, the Preparatory Study Team was dispatched from November 29 to December 24, 2004.

This Project Document was prepared by both JICA and the Ministry of Health (MOH) of Vietnam based on the outcomes reported by the Preparatory Study Team. Information was collected and compiled through consultation and interviews with those concerned at the HCH, the MOH, Provincial Health Departments (hereinafter referred to as the "PHDs"), and the Provincial People's Committee (hereinafter referred to as the "PPC"), etc. During the same mission, a series of participatory workshops were also held with who

work for the HCH, Da Nang General Hospital, and other medical institutions in order to identify problems and discuss possible countermeasures to cope with them. After a series of consultations and discussions between the authorities of Vietnam and the mission, both sides agreed on the overall framework and outline of the Project as stipulated herein.

This project document consists of the following sections: The Executive Summary provides an overall picture of the Project in brief. This section, the Introduction, explains the context under which the Project was formulated. Section 2, Background of the Project, summarizes the socio-economic situation and the health sector in Vietnam, the health status of the people in the Central Region, the national health strategy, and the institutional framework of the health sector. Section 3, Project Justification and Problems to be Addressed, and Section 4, Project Strategy, discuss why and how this Project will be implemented. Section 5, Project Design, presents the project location, target beneficiaries, and a detailed design of the Project, as well as the organizational setup of project implementation. Section 6, Ex-ante Assessment, summarizes the preliminary assessment based on the information available at present. It also examines the value of the Project and its relevance for JICA assistance under the five evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability).

2 BACKGROUND OF THE PROJECT

2-1 Socio-economic Situation of Vietnam

Since the implementation of the Doi Moi policy in 1986, Vietnam has enjoyed rapid economic development through the implementation of a market economy open to foreign investors. The Asian economic crisis in 1997 temporarily hindered economic growth, but Vietnam promptly recovered and has maintained an annual economic growth of 6 to 7% since. The social and economic infrastructures such as transportation, electric power, and information and telecommunication have developed rapidly, and this remarkable change has been reflected in the Gross Domestic Product (GDP). The GDP per capita increased from VND5,220,000 (approximately US$374) in 1999 to VND6,724,000 (US$425) in 2002.[1] The proportion of people living under the poverty line has fallen, though there still exists some regional gap. In its "Strategy for Socio-Economic Development in the Period 2001 – 2010," the Government of Vietnam targets annual economic growth of 7.3% and a doubling of earnings over the coming 10 years in order to further promote economic growth and prosperity. A host of new issues and challenges have emerged, however, including widening regional differences between rural and urban areas, poverty of minorities, environment degradation, a vulnerable transportation system, an expanding gap between the rich and poor, and so on.

2-2 Health Sector in Vietnam[2]

Positive shifts in the economic structure of Vietnam have done much to improve the health of the people overall. As shown in Table 1, the Life Expectancy at Birth has increased from 65.2 in 1990 to 68.3 in 2000. Positive changes have also been identified in the Infant Mortality Rate, Under-five Mortality Rate, and Maternal Mortality Rate.

Table 1 Trends in major health indicators (1990-2000)

Major Health Indicators	1990	1995	2000
Life Expectancy at Birth (1)	65.2	65.9	68.3
Crude Birth Rate (CBR)	31	29	21
Crude Death Rate (CDR)	9	8	7
Infant Mortality Rate (2) (per 1,000 births)	44.2	43.3	36.7
Under Five Mortality Rate (2) (per 1,000 births)	55.4	50.0	42.0
Total Fertility Rate (3)	3.9	3.7	2.4
Maternal Mortality Rate (4) (per 100,000 births)	105	110	95

(1) Life Expectancy at Birth — National Census, 1989, 1993, 1999 (Vietnam Health Report 2002)
(2) Infant Mortality Rate, Under five Mortality Rate—General Statistical Office as of 1989-93, 1995, 2000, respectively (Vietnam Health Report 2002)
(3) Total Fertility Rate—National Committee for Population and Family Planning (Vietnam Health Report 2002)
(4) Maternal Mortality Rate—Vietnam health care statistical data, 1986-1990: Summary of data from census, National Committee for Population and Family Planning, 1998: General Statistical Office, 2000

In spite of these achievements, however, there remain prior and newly emerging challenges in the health

[1] Health Statistics Yearbook 2000, 2003 FX @13,891.- (1999), FX@15,799(2002) respectively
[2] This section is based on the information given "Improving Health Status and Reducing Inequalities," ADB, WHO, July 2002, "Vietnam Health Report 2002," MOH, Socialist Republic of Vietnam

sector. Vietnam is still faced with a high prevalence of chronic malnutrition among the under five population; a high prevalence of low-birthweight babies; and relatively high maternal and neonatal mortality rates, mainly among ethnic minorities and in remote areas. There has also been a steady increase in non-communicable diseases such as cardiovascular diseases, cancers, and diabetes; an increase in new or re-emerging diseases such as tuberculosis, HIV/AIDS, dengue fever, and Japanese encephalitis; and an increase in lifestyle-related diseases and accidents (e.g., tobacco-related diseases, alcohol and drug abuse, injuries from road accidents, violence, suicide, mental health). These characteristics conform to a polarized picture of disease prevalence consisting of persisting communicable diseases on one hand and non-communicable diseases on the other.

2-3 Health Situation of Central Region

The Central Region includes 15 provinces and 1 city, from Thinh Hoa province in the north to Dak Lak province in the south. The total area is 139,000 square kilometers, or approximately 42% of the total land mass of Vietnam.[3] The people of the Central Region sustained catastrophic damages during the Vietnam War, when the war faced them to take opposite sides and fight against each other. The economic development of the Central Region has been slow compared with that in the northern and southern regions.[4] The economic growth of the region has also often been hindered by a high vulnerability to natural disasters such as typhoons and floods, hot and humid climate conditions, and geographic disadvantages. As shown in Table 2, the population of the Central Region is 20.6 million, or approximately 27% of the entire nation, while the number of people living under the poverty line in the Central Region accounts for 40.5% of the total. The proportion of households living under the poverty line in the Central Region is much higher than that in the other two regions.[5] More specifically, the proportion of households living under the poverty line exceeds 20% in each in three divisions of the Central Region, attesting to the geographic prevalence of poverty throughout the region as a whole.

[3] Please refer to the map (1)
[4] Please refer to Annex 1 for administrative division and population statistics of Central Region.
[5] Health Statistics Yearbook 2000 and 2003, The MOH, the Government of Vietnam

Table 2 Population by region and proportion of households living under the poverty line (2000)

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Areas in Vietnam	Population (in million)	%	Area (in 1,000 km)	%	No. of households living under NPL	Percentage of households living under NPL in region	Percentage of households living under NPL at the National level
Whole Nation	76.3	100%	329.1	100%	2,800	17.2	100.0
North Region	38.7	51%	141.9	43%	994		35.4
Central Region	20.6	27%	139.0	42%	1,133		40.5
North central coast	10.0		51.5		554	25.6	19.8
South central coast	6.5		33.1		389	22.4	13.9
Central highlands	4.1		54.5		190	24.9	6.8
South Region	17.0	22%	48.2	15%	673		24.1

Reference: (a), (b), (c) & (d): National Census in 1999. In the above table, Lam Dong Province is included in the Central Region.
Reference: (e), (f), (g): National Program on Poverty Reduction, 2000 (Medical Cooperation File, Country-specific, July, 2003)

These socio-economic situations are reflected in the health indicators of the Central Region (Table 3). The total fertility rate and maternal mortality rate are both high notably high in the Central Region. The crude death rate and infant mortality rate are also high.

Table 3 Basic health indicators by region

	Crude Death Rate (2003)	Infant Mortality Rate (2003)	Total Fertility Rate (1992-1996)	Maternal Mortality Ratio (1984—1993)
Whole country	**5.8**	**21.0**	**2.67**	**110**
Northwest region	7.0	37.0	3.14	150
Northeast region	7.1	29.0		
Red river delta	6.2	15.0	2.28	50
North central coast	*6.7*	*22.0*	*3.26*	*120*
South central coast	*6.0*	*17.0*	*3.39*	*170*
Central highlands	*5.4*	*29.0*	*4.28*	*180*
Northeast south region	5.1	10.0	1.87	90
Mekong river delta region	4.9	13.0	2.31	100

(1) Crude death rate, Infant mortality rate Health Statistics Yearbook 2003; (2) Total fertility rate, National Committee for Population and Family Planning (Vietnam Health Report 2002); (3) Maternal mortality rate, General Statistical Office, 1994

The health situation of the Central Region can be characterized as follows. Pneumonia, acute bronchitis, acute pharyngitis, and tonsillitis are frequently diagnosed, as well as malaria and diarrheal disease (especially in mountainous areas). These diseases are listed among the ten (10) leading causes of hospitalization. Recent trends in morbidity show increases in traumatic injuries such as intracranial injuries and traffic accident injuries, and increasing incidences of non-communicable disease such as brain hemorrhage, cerebral stroke, and cardiac failure. In the Central Highland Region, malaria is the highest cause for hospitalization and is ranked as the fourth leading cause of hospital death. As a whole, the

proportion of people living under the poverty line is quite high and the health status of the people is below the average. Thus, much remains to be done to cope with the current problems in the health sector of the Central Region.[6]

2-4 National Strategy

In the "Strategy for Socio-Economic Development in the Period 2001-2010," the Government of Vietnam set out perspectives focused on the goals of "improving the quality of healthcare service at all levels" and "upgrading equity and efficiency." In the "Comprehensive Poverty Reduction and Growth Strategy Paper (CPRGS)," the poverty reduction strategies in the health sector include a "strengthening of the network at the grassroots level," a "strengthening of the healthcare services at commune levels," "prioritization of diseases heavily affecting the poor," "improved quality of health care," "security of health service for the poor," and "subsidy to the poor."

The Health Care and Protection Strategy for the period of 2001 to 2010 sets the following as overall goals for the health sector: 1) to ensure that all people receive primary health care; 2) to improve access to and use of qualified health services; and 3) to reduce morbidity rate, improve physical strength, and increase the average life expectancy. As more specific goals, the strategies seek to: 1) to reduce the morbidity and mortality rates due to epidemic diseases; 2) prevent, control and manage non-infectious diseases; 3) enhance equity in the access to and use of health care services; and 4) improve the quality of medical examination and treatment, functional rehabilitation and health at all medical levels. The target indicators to be achieved by the year 2010 are set as shown in Table 4.

Table 4 Specific Targets of the Health Strategy

Target Indicators	Unit	Achievement 2000	Target Value for 2010
Average Life Expectancy	Age	68	71
Infant Mortality Rate	Per 1,000 births	35	25
Under 5 Mortality Rate	Per 1,000 births	42	32
Maternal Mortality Rate	Per 100,000 births	100	70
Low Birthweight Rate	%	7	6
Malnutrition Rate for under five	%	33.8	20-22
Average Height of the Youth	cm	158	160
Number of doctors	Per 10,000 population	NA	4.5
Number of pharmacists	Per 10,000 population	NA	1.0

Source: Healthcare and Protection Strategy for the period of 2001 to 2010, MOH

Apart from the overall strategies, the MOH has also developed a set of operational plans, including a "Hospital Network Master Plan (2001 - 2010)" which lists up development targets that fit into the regional setting and cultural background of the region.

1) To ensure accessibility to quality health care for all the people (Target: 18 - 20 beds per 10,000)

2) To develop medical institutions which provide specialized medical service and comprehensive and

[6] This section is based on the information given "Report on the Medical Cooperation Project Formulation Study Team in the Central Part of Vietnam」 January 2002, JICA"

advanced health care that matches the needs of patients under systematic hospital management

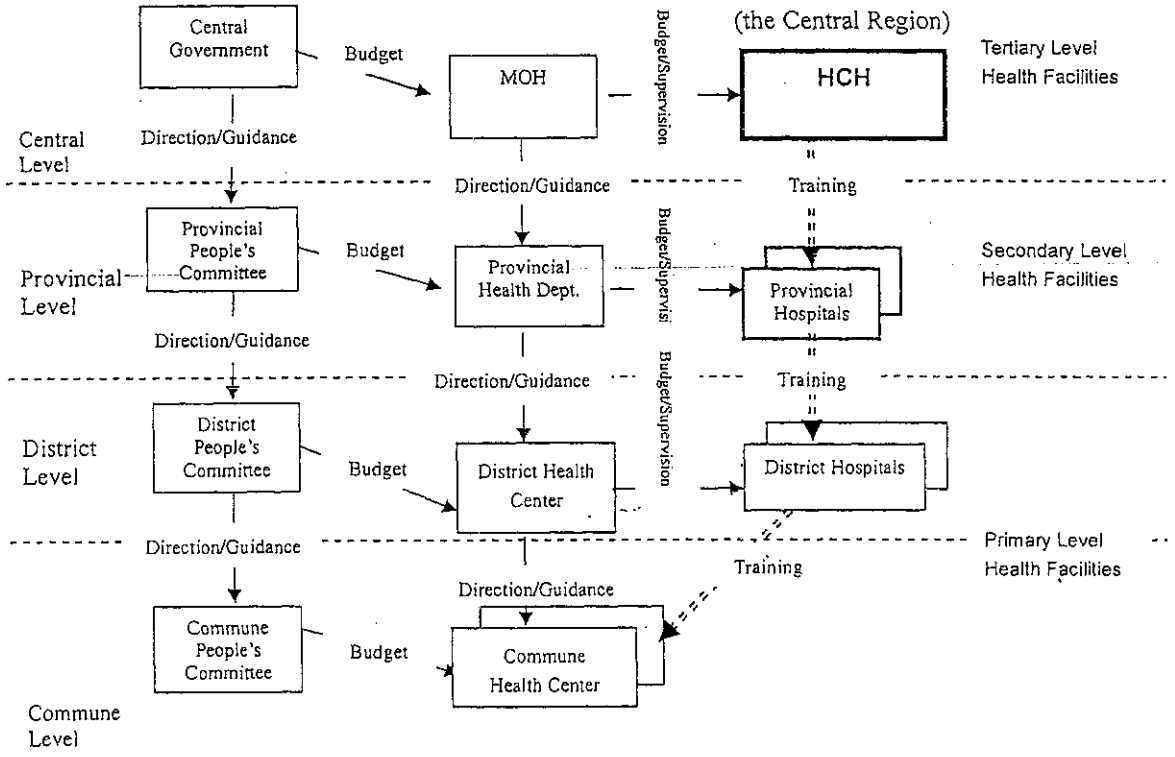
3) To establish a structural base upon which to build a framework for improving hospital management, budgetary control, human resource management, and training. The ultimate goal is to enhance the quality of hospital management (infrastructure, equipment, technology, specialization).

Considering the gap in medical service between rural and urban areas, and between the rich and the poor, much effort should be made to improve the quality of medical service at health facilities at each level, so that all people can enjoy the benefit of quality medical services.

2-5 Institutional Framework of Health Sector[7]

As shown in Figure 1, the health service system is organized in three layers from districts/communes, provinces, to national levels in order to provide standardized services for the population.

Figure 1 Institutional Framework of the Health Service System



[7] This section is based on the information given in "Report on the Medical Cooperation Project Formulation Study Team in the Central Part of Vietnam, January 2002, JICA, Medical Cooperation File, Country-specific, Vietnam, July, 2002, JICA, Report on Basic Design Study on the Project for Improvement of Facilities of the Hue Central Hospital in the Socialist Republic of Vietnam, December 2002, JICA

2-5-1 Health Administration

At the central level, the MOH is the key body involved in the direction of health administration and the development and implementation of health policy and strategies in collaboration with the people's committee at each administrative level.[8] Several medical institutions operate under the direct supervision of MOH, such as the research institutes, medical college, and the national center hospitals.

At the provincial level, the PHD, the internal subdivision of the PPC, provides health services and manages the health program. The authority of budget allocation in the province lies with the PPC.

At the district level, district health centers under the supervision of the PHD provide preventive care, family planning, and maternal and child health care. Meanwhile, the medical services are provided through district hospitals.

At the commune level, commune health centers (hereinafter referred to as "CHCs") provide primary health care services and manage the village healthcare workers.

2-5-2 Health Service Delivery System

National center hospitals are located in Hanoi, Ho Chi Minh, and Hue as tertiary level health facilities. Provincial Hospitals serve as secondary level health facilities, and district hospitals and commune health centers (CHCs) serve as primary level health facilities. Cases that cannot be treated at primary health facilities are referred to the secondary health facilities, and those that cannot be treated at the secondary health facilities are referred to the tertiary level. The referral function would be well supported if the health facilities at each level had sufficient resources and capacity (facility, equipment, personnel, and funds), if the transportation system functioned well in carrying the patients to the health facilities at the primary, secondary, and tertiary levels, and if the communication and collaboration mechanism among the health facilities worked well.

2-6 Institutional Framework of DOHA

The above-mentioned health service delivery system has some regional differences. The Formulation Study Team recommended that measures be taken to upgrade the referral system in order to resolve inequities among the different health facilities in the medical services they provide. The MOH came up with a set of countermeasures to cope with these inequities. One such measure is human resource development through the training of staff from the lower-level health facilities by those from the higher-level health facilities. Under this initiative, higher-level health facilities (national center hospitals, PHs) are called upon to set up a "Direction Office of Healthcare Activities (DOHA)" unit to manage this kind of training.

As listed below, the DOHA activities include two types of training and research activity assigned solely to the national center hospitals.

[8] See Annex 2 for the Organizational Structure of MOH

1) Training for hospital for doctors, nurses, and mid-wives and technicians (at the lower level) through lectures and practical training.
2) Training for doctors at the site (PHs or district hospitals) by the hospital team.
3) Surveys and site visits to the lower-level health facilities to monitor the quality of the health care provided.

While the MOH bears responsibility for directing the DOHA activities and monitoring progress at the administration level, the implementation itself is left to each health facility. This means that each health facility is given some freedom to organize the training in terms of its duration, type, subject, etc. This approach is unique in that it enables each facility to take advantage of its specialties to meet the demands of those who participate in the training.[9] Because of the flexibility in this implementation scheme, the progress and achievement of DOHA activities are not well monitored and have no systematic operational plan behind them. Some health facilities place DOHA activities as secondary agenda. The questionnaire survey conducted by the Preparatory Study Team revealed two core problems with the DOHA activities: firstly, the training subjects may not match the needs of those who work for the PHs; secondly, there are still too few opportunities for all of the staff working at the PHs, mainly due to the budgetary constraints.[10] DOHA has not yet been realizing the expected outcome, which is to upgrade the capabilities of the staff working at the lower-level health facilities.

In view of the current situation, the MOH issued new instructions calling for strengthening of DOHA (specifically, laboratory and diagnosis) in November 2004. Specifically, these instructions call for: 1) strengthening of the DOHA network, 2) promotion of activities based on the plan and priority subjects (emergency, ultrasound, obstetric care, prenatal care, and safe drug use), 3) due implementation of monitoring and evaluation of activities, 4) clarification of the role of health facilities at different levels, etc.

2-6-1 DOHA of Hue Central Hospital

The Hue Central Hospital, established in 1894, has now been in service for more than a century. It operates as a national center hospital under the direct control of the MOH, providing tertiary-level medical services as the top referral hospital in the Central Region.[11] The HCH also functions as a provincial hospital as the only provincial hospital in Thua Thien Hue Province. In this capacity it provides training for staff working in the district hospitals and commune health centers.

The DOHA unit was set up in 1998 at the HCH. Training has been conducted in collaboration with the Hue Medical College for the staff of the PHs and district hospitals. Doctors, nurses, midwives, technicians are

[9] This is based on the interviews from the concerned officers of the MOH
[10] See Annex 3 Results of questionnaire surveys conducted at the Preparatory Study Mission
[11] See Annex 4 and 5 for the details on the organizational structure and medical services of HCH

targeted trainees. The annual number of trainees has ranged from 360 - 450 in recent years. A half of the trainees are from PHs and another half from the district hospitals. The HCH Team provides on-site training for such provinces as Quang Tri, Quang Nam, Kontum, and Quang Binh. Those who complete the training are given certificates from HCH jointly signed by the MOH and HCH, authorizing the trainees to practice the acquired skills through the training. The trainees are selected by the PHD. First, the provincial hospitals and district hospitals prepare annual plans for staff training specifying the priority subjects, durations, and numbers of trainees, and submit them to the PHD (in some cases through the district health center to the PHD). Those plans are gathered at the PHD and carefully examined in line with its budget. The overall training plan for staff for health facilities in the province as a whole is prepared and submitted to HCH. The volume of training may differ in accordance with the results of interviews with PHD staff and budget allocation from the PPC, the body with authorization over budgetary issues. The training plan may also depend on the policy of each province. Some provinces cannot afford training health facility staff because of budgetary constraints, shortages of training facilities, and shortages of trainers.

The training for the staff from the lower-level health facilities generally falls short of the demand, both in terms of volume and training content.

2-7 Prior and Ongoing Assistance

Sweden became the first country to provide assistance to the health sector in Vietnam as bilateral ODA in 1973. Since the unification of North and South Vietnam in 1975 and the induction of the unified Vietnam into the WHO, a great deal of assistance has been extended from foreign aid agencies, international organizations, and NGOs. Grant assistance was a major form of ODA up until the early 1990s. But the structure of ODA to Vietnam has changed during the past years. There has been an increased share of credit loans as opposed to grant assistance. Credit loans by external donors constituted 49% of total development assistance in the year 2000. The rest of the assistance for the year came in the form of grant aid.[12] Projects have been increasing both in number and scale over the past several years. The total volume of assistance in 2001 fell sharply from US$700 million to US$60 million in 2002. Donor assistance is concentrated in the field of primary health care, such as health care for the prevention of communicable disease, especially malaria and dengue fever; the alleviation of malnutrition; and maternal and child health. More assistance has been received in these fields in the Central Region. Details of assistance are summarized in Annex 6. International organizations such as the WHO and bilateral donors such as France, Germany, Italy, Spain, and Korea have been providing assistance for the Hospital Services Program, the program in which the Project is categorized. In the field of human resources development, the World Bank and Asian Development Bank have been actively providing training for healthcare providers at district levels. It has been confirmed that there is no duplication of assistance in the strengthening of the DOHA activities through the strengthening of the national center hospital. Some PHs in the Central Region receive assistance in the form of equipment provision from Spain, Italy and Korea.

[12] See Annex 6 for the list of donor's assistance.

3 PROJECT JUSTIFICATION AND PROBLEMS TO BE ADDRESSED

3-1 Justification of the Project

As described in Chapter 2, the Central Region faces preexisting and newly emerging obstacles, including slow economic growth, an expanding gap between the rich and the poor, and widening regional differences in the quality of health services, especially between rural and urban areas. The HCH serves as the national center hospital covering more than 1.2 million people in the region.[13] It is getting more difficult for the HCH to cope with the increasing demand for health service and to improve the quality of health services in the region. The Formulation Study Team pointed out that the inequities among health facilities makes it difficult for the facilities to provide the medical services designated at their levels.

Several approaches could be applied to upgrade the level of health services designated in different health facilities, such as measures to improve the medical facilities and equipment, the management of the health facilities, the capacities of health staff, etc. Considering the Japanese advantages gained from earlier projects related to health sector cooperation in Vietnam, the Project is to focus on the goal of human resources development to fulfill the Project Purpose of improving the training activities of HCH for the PHs ("HCH provides improved and expanded Training Activities for the PHs.")

3-1-1 Problems in DOHA by HCH[14]

As described in the previous Chapter, HCH faces several issues and challenges in the training it provides for the health staff of lower-level health facilities. During the stay of the Preparatory Study Team, the workshop was held with 38 participants from HCH and other related medical institutions, in order to identify training problems. The results of workshops are summarized below.

[13] The number excludes the populations of Nghe An, Khanh Hoa, Thanh Hoa, and Lam Dong Provinces.
[14] See Annex 7 for the details of the workshop

Problems identified at the workshop

1. Lack of surveys and analysis on the needs and capacities of the hospitals at the lower levels

Training for provincial hospital staff conducted by HCH may not necessarily focus on multiple cases of disease patterns at the provincial levels. The disease pattern, medical service level, and training needs of staff have not been assessed by HCH.

2. Inadequate facilities and infrastructure for training

The HCH can not take in sufficient number of trainees at HCH due to the shortage of facilities.

3. Lack of standardized training system to conduct training at HCH.

Since DOHA unit does not have the personnel with appropriate knowledge and skills in training management, there is no standardized training system at HCH. And the collaboration between the DOHA unit and clinical departments is not effectively working.

4. Lack of close cooperation between HCH and PHs

Only a limited number of PHs have sent their staff to participate in the training at HCH in the past.

5. Lack of standardized training manuals, packages and teaching methods

The content of training is not standardized among given sessions. Therefore, the knowledge and skills acquired through the training are not equalized.

6. No training is held for the nurses from the provincial and district hospitals to enhance their knowledge and skills.

Nurses and midwives may not fully grasp the concepts of patient care. Furthermore, It is not well recognized that the quality care can be provided by building an effective medical team consisting of doctors, nurses and other relevant staff.

7. Technicians have insufficient knowledge in the maintenance of medical equipment.

Therefore, medical equipment is not well maintained.

This result shows a lot of room for training conducted in HCH to be improved.

3-1-2 Priority Issues in the Health Sector of the Central Regions

The Formulation Study Team identified the priority areas to fill in the gaps of medical services at different levels (i.e., between the urban and rural areas and between the central and provincial levels). More specifically, the medical services throughout the country should be uniformized by upgrading the technical skills of healthcare providers at the provincial level, improving the health facilities, and increasing the utilization level of medical equipment. In the mean time, the MOH has made it a priority to fill in the gap among areas and to instruct the higher-level hospitals to promote DOHA activities. The Preparatory Study Team confirmed the needs identified by the Formulation Study Team by examining the current situation of DOHA activities and confirming the areas of provincial hospital staff training most urgently requiring intervention.

3-1-3 Priority Areas of Japanese ODA to Health Sector in Vietnam

The country-specific ODA plan (April 2004) set up the following as priority areas for Japanese ODA to Vietnam: (1) promotion of economic growth, (2) improvement of living/social conditions, (3) institution improvement. In the health sector, JICA emphasizes a strengthening of the collaboration and cooperation

among health facilities at different levels. JICA will provide assistance to strengthen secondary- and tertiary-level health by facility renovation, equipment provision, and human resources development. The purpose of this Project is thus coherent with the Japanese ODA policy in Vietnam.

3-1-4 Comparative Advantages of Japanese Assistance

JICA's cooperation in the Vietnam Health Sector in the past has focused on 1) strengthening of collaboration among health facilities, 2) control of communicable diseases, and 3) public health.

Lessons learnt through the technical cooperation for CRH and BMH will provide effective approaches and knowledge to assist the HCH. In addition, those counterparts from previous projects can now be utilized as valuable resources. The training management system established at BMH is effectively providing DOHA activities. Another technical cooperation project newly started from December 2004 at Hoa Binh Province focuses on strengthening of the medical services of the PHs. This project will also provide useful information about the training needs and issues to be tackled at the provincial level.

3-2 Problems to be Addressed

Three key issues need to be addressed under the Project: (1) the status of medical services at the PHs and the training needs of their staff are not properly collected and analyzed, (2) training management is not functioning well at HCD, and (3) the content of training at HCH is not well developed to match the needs of the PHs.

(1) The status of medical services at the PHs and training needs of their staff are not properly collected and analyzed.

HCH has been training specific provincial hospital staff. It is quite difficult to maintain regular communication and cooperation among the PHs widely spread throughout the Central Region, and the mediocre transportation system cannot improve the poor accessibility to HCH. Many of the trainees trained so far have come from only the nearby PHs such as Quang Tri, Quang Binh, Quang Nam, Kontum, and Da Nang City. Some trainees have come from district hospitals in Hue City or Thian Thin Hue province. HCH has dispatched trainers to Quang Tri and Kontum to train staff at their sites. As for the training needs, each hospital is required to submit an annual report on their performance in medical services to the MOH through PHD, but this report does not include any training needs assessment by the staff. There is a need to examine the content of training and the persons to receive the training in each hospital.

(2) Training management is not functioning well at HCH.

Results of a workshop revealed the weaknesses of the current training management system of HCH. The DOHA unit is not currently functioning to manage the overall training flow, that is, planning, implementation, and evaluation. Furthermore, the clinical departments which provide the trainers and the

general planning department (GPD) which organizes the training courses do not properly coordinate with each other. To expand the training capability and improve the quality of training of HCH, it will be essential to establish an effective system in which coordination and collaboration among related departments are properly managed.

(3) The content of training at HCH is not well developed to match the needs of the PHs.

The contents of medical service in Vietnam may vary in accordance with its level. The PHs serve as secondary-level health facilities, while the district hospitals provide primary-level services. Therefore, the training for those provincial hospital staff should deal with multiple subjects to respond to specific disease patterns at the provincial level and specific service areas which need to be upgraded at each provincial hospital. The notice for the promotion of DOHA activities issued by the MOH in November 2004 instructs the national center hospitals to place priority on emergency care, ultrasonography, obstetric care, prenatal care, and safe drug use as priority training areas. It also emphasizes that there are pressing needs to improve the quality of nursing care and to provide total-care by building effective medical teams and practicing rigorous nosocomial infectious control. There is now no such training are available at HCH.

4 PROJECT STRATEGY

The Project aims to expand and improve training capabilities of the HCH, and thereby improve the medical services of the PHs.[15] The ultimate goal of the Project is to upgrade the health status of people in the Central Region. The concept of the project is described in Figure 2 (P.16).

Strategy A: Strategies to improve the quality of health services of the PHs to enable them to provide secondary-level medical services

1) Training will focus on the following subjects. These subjects have been identified based on the areas that require strengthening, particularly in the less advanced PHs.

- Training management, nursing management, "total care," equipment management and nosocomial infection control for HCH staff[16]
- Emergency care, obstetric care, pediatric care, anesthesiology, besides, as shown in the above mentioned, training management, nursing management blood transfusion, training management, "total care," equipment management and nosocomial infection control for PH staff.

[15] DOHA by definition does not limit the training offered by the higher-level health facilities to the staff working at the lower-level health facilities. It often implies other types of training, such as that for staff working at the higher-level health facilities. Therefore, in order to avoid the confusion in word usage, the Project will focus solely on training which falls into the categories specified in the Project Strategy.

[16] The MOH has instructed the national center hospitals to set up relevant committees specialized in both nosocomial infectious control and total-care, and to promote relevant activities for each purpose.

2) Training will be provided in the following three modalities, so as to meet the needs of health staff.

a) Training of HCH personnel as trainers of model medical services

b) Training of PH staff at the HCH

c) Training at the selected provincial hospital(s) by the HCH Team. Quang Tri Provincial Hospital will be the target hospital to receive the training by the HCH Team in the first year. The addition of other target hospital(s) will be decided in the second year, if appropriate.

3) The Project will focus on non-degree, short-term, and practical training for the PHs.[17]

- The Project aims at enhancing the capacity of the HCH (as a whole) as the training center for the PHs in the Central Region. It will not aim at enhancing the knowledge and skills of individual staff.
- The training aims at building an effective medical team consisting of doctors, nurses, and clerical officers.

4) The status of medical services at the PHs in the Central Region will be monitored.

- The HCH will maintain a database of medical services provided by the PHs and conduct training needs assessments of the provincial hospital staff. HCH will also examine the impact of training conducted at the HCH.
- The report of hospital ranking issued by the MOH will be used for monitoring the status of medical services of the PHs.

Strategy B: Strategies to strengthen the training capacity of the HCH

1) The HCH will set up a Training Unit and assign staff teams of doctors, nurses and clerical officers in order to conduct the training courses effectively and efficiently.

2) Special attention will be focused on the strengthening of nursing management and equipment management. The aim will be to establish model medical service at the new HCH ward to be constructed with Japanese Grant aid.

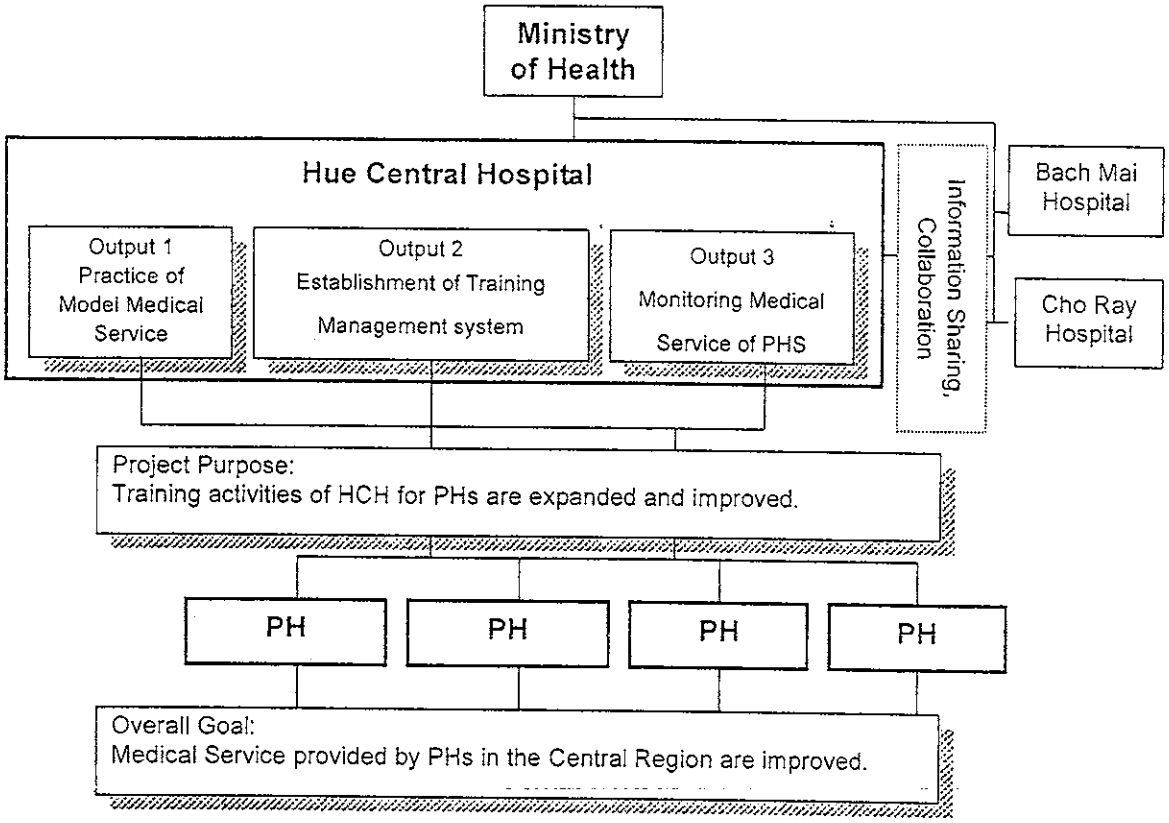
3) The HCH will actively participate in the cooperation and exchange among the three national center hospitals. In doing so, it will share the good practices of the Project and utilizing the training opportunities offered by the other two hospitals.

Strategy B will be effectively supported by establishing a collaboration mechanism among the MOH, PHs (including PHDs and PPCs), and two national center hospitals.

[17] The Hue Medical College, an institution which collaborates closely with HCH, trains students to enhance their individual capabilities in obtaining higher-level qualifications.

4-2 Project Concept Diagram

Figure 2 Project Concept Diagram



5 PROJECT DESIGN[18]

5-1 Target Area

The target area of the Project is twelve (12) provinces and one (1) city in the Central Region. The targeted hospitals under the Project exclude the hospitals currently being assisted by other national center hospitals, such as BMH in the north and CRH in the south. With this exclusion, the Project targets fourteen (14) hospitals spread throughout the twelve (12) provinces and one (1) city.[19]

[18] See Annex 8 or PDM and Annex 9 or Plan of Operation (PO)

[19] See Map (2) and Annex 10 for a list of the PHs to be covered under the Project.

5-2 Beneficiaries

5-2-1 Target Group

The target group under the Project consists of the staff from HCH and the provincial (city) hospitals in the Central Region who are to be trained as the trainers to provide the HCH training. According to the result of a questionnaire survey conducted during the Preparatory Study Mission, the total number of HCH staff is 1,710 and the aggregate number of staff of the targeted PHs is approximately 6,800.

5-2-2 Priority Provincial Hospital in Target Area

The targeted PHs differ in the quality of services they provide. Some have sufficient capacity to serve as secondary-level health facilities, while others do not. The Project will designate the less advanced PHs as "Priority Hospitals" for priority training. These hospitals will receive practical training on-site at their own facilities in addition to the training to be conducted at HCH for all 14 of the target hospitals of the Project.

The Quang Tri General Hospital has been identified as a priority hospital for the first year. While the Quang Tri General Hospital is not among the least advanced hospitals, it is located close to HCH and has a good relationship with HCH. In an October 2004 visit, the Minister of Health instructed the hospital to upgrade its medical services with the support and supervision of HCH.

5-2-3 Ultimate Beneficiaries

The ultimate beneficiaries of the Project are those living in the project targeted area in the Central Region. They will directly benefit by receiving improved medical services from HCH and the targeted PHs, or indirectly by receiving the medical services of the lower-level hospitals to be assisted by the PHs. The total population of the project targeted area is 12.2 million according to the national census of 1999.

5-3 Project Purpose

The duration of the Project is to be five years from 2005 to 2010. The expected and desirable condition to be attained through the Project implementation is described as follows: "The training management in HCH is well organized by the efficient control of the Training Unit under a smooth collaboration mechanism among the Training Unit and Clinical Departments. The content of each training is carefully developed to meet the current needs and demands of the PHs as identified through needs assessment surveys and other surveys conducted on a regular basis." The Project Purpose, and the indicators which will verify the level of achievement of the Project Purpose, read as follows:

- Project Purpose — Training activities of the HCH for the PHs are expanded and improved.

- Indicators of the Project Purpose
- 1-1 Number of training participants by job category
  1-2 Number of PHs reporting the results of nosocomial infection surveillance

The indicators of Project Purpose have the following meanings. The Vietnamese counterparts and Japanese experts are expected to further discuss the indicators to be used for the monitoring and evaluation of the Project at an early stage of project implementation.

1-1: Indicator "Number of training participants by job category" can measure the scale of expansion of training from a quantitative viewpoint.
1-2: Indicator "Number of PHs reporting the results of nosocomial infection surveillance" can be used as a qualitative means to measure whether the content learned through training is actually practiced at the hospitals.

5-4 Overall Goal and Super Goal

The overall goal states the desired situation, or positive impact, expected as a result of achieving the Project Purpose. The Overall Goal of the Project reads:

- Overall Goal: Medical services provided by the PHs in the Central Region are improved.
  Indicators: Result of the hospital ranking of the PHs
  Death rate in the PHs

Through the achievement of the Project Purpose, more PH staff are expected to receive high-quality training. This situation, in turn, should enable the PHs to provide better services to their patients. Hence, the overall Project goal is expected to be attained if the Project Purpose is achieved, provided that the following external conditions are met: the staff of the PHs trained by HCH continue working in the PHs and the facilities and equipment of the PHs are improved.

The super goal states the long-term direction of the Project. The Super Goal and its indicators read:

- Super Goal: The health of the people in the Central Region is improved.
  Indicators of Super Goal
  Crude death rate in the Central Region
  Infant Mortality Rate in the Central Region
  Maternal Mortality Ratio in the Central Region

The super goal implies the orientation of the Project. The achievement of the super goal will require that the following conditions be fulfilled: "collaboration between the provincial hospitals and hospitals at the lower level is strengthened"; "the socio-economic situation in the Central Region is improved"; and "public health activities in the Central Region are strengthened."

5-5 Outputs and Activities

The following three Outputs are set for the Project.

(1) Model medical service is practiced at HCH.
(2) A training management system and organization are established at HCH.
(3) HCH monitors the status of medical services at the provincial hospitals in the Central Region.

These three outputs are inclusively related among each other. At the beginning of the Project, the Training Unit will be set up in the HCH and activities to establish the training management system will be commenced. (Output 2). Along with activities under Output (2), the survey of medical services and training needs assessment of the PHs will be conducted by the Training Unit in collaboration and consultation with the departments concerned (Output 3). These two Outputs are closely linked, and some activities under each Output may be jointly conducted. Meanwhile, HCH staff will develop the model medical services and implement them in HCH under Output (2). Once the new ward is complete, the model medical services are to be practiced there and used as training subjects for the PH staff.

Output (1):

Model medical service is practiced at HCH.

In order to provide effective training for improved medical services at the PHs, the HCH, as a trainer, should develop and practice a model set of medical services encompassing total care, nosocomial infection control, nursing management, and management of the medical equipment maintenance system. The model services are to be practiced in the new ward constructed under the Japanese grant aid. Prior to the completion of the new ward, the development of these model medical services has to be conducted at existing facilities. Output (1) consists of the four groups of activities shown below.

21

Activities:

Activity 1-1 Improvement of nursing management
- To clarify the TOR of nursing staff
- To specify nursing management activities
- To organize an in-service training committee for nursing staff
- To implement in-service training for nursing staff
- To evaluate the in-service training of nursing staff
- To rotate nursing staff for the purpose of in-service training

Activity 1-2 Improvement of "total care"
- To organize a "total care" committee
- To clarify the concept of "total care"
- To specify the activities for "total care"
- To practice "total care" activities in the model ward
- To evaluate the implementation of "total care"

Activity 1-3 Improvement of nosocomial infection control
- To organize a Nosocomial Infection Control Committee
- To organize a Nosocomial Infection Control Team
- To develop a guideline for nosocomial infection control
- To establish a surveillance system for nosocomial infection
- To implement training for nosocomial infection control

Activity 1-4 Management of medical equipment maintenance system
- To specify activities of the Medical Equipment Dept.
- To develop a medical equipment database
- To specify a protocol for medical equipment maintenance
- To train staff for the Medical Equipment Dept.

Indicators to monitor the achievement of this Output (1) are: average days of hospital stay in the model ward, result of patient satisfaction survey, proportion of equipment with regular maintenance record, proportion of the functioning equipment necessary for defining the equipment list, results of the evaluation of medical services in the HCH.

Output (1) is expected to be fulfilled if all the activities under Output (1) are successfully conducted.

Output (2):

A training management system and organization are established at HCH.

In order to improve the training capacity at HCH, it will be essential to establish an organizational structure for training management in HCH in the early stage of the Project.

HCH will set up a Training Unit of doctors to work exclusively for the Unit with support from nurses and

clerical officers. The mandates of the Training Unit are to develop procedures for training cycle management (planning, implementation, evaluation), to train trainers, and to organize training for provincial hospital staff. The model medical services developed and practiced in HCH will be applied in this training. In addition, the Training Unit will disseminate information and announcements on training courses conducted at HCH targeting PH staff. The collaboration and cooperation among the Training Unit and relevant clinical departments will also be important factors to effectively conduct the training courses. A training coordination committee will be formed in HCH to enhance this collaboration and coordination.

Output (2) consists of the five groups of activities shown below. Output (2) is expected to be fulfilled if all the activities under Output (2) are successfully conducted, provided that "Trained staff continue working in HCH."

Activity:

Activity 2-1 Establishment of Training Unit
- To allocate staff to work exclusively for the Training Unit
- To allocate budget for the Training Unit

Activity 2-2 Establishment of training cycle management (Planning, Implementation, and Evaluation)
- To develop a training management manual
- To train trainers
- To implement training for medical staff from the PHs

Activity 2-3 To organize a training coordinating committee
- To coordinate a Training Unit and clinical departments in HCH

Activity 2-4 Development of training materials
- To develop training materials in HCH
- To share experiences in training material development with BMH and CRH
- To manage training materials and equipment

Activity 2-5 To disseminate information on training by HCH for the PHs

Indicators to monitor the achievement of Output (2) are: the number of provinces which have participated in HCH training, the number and proportion of evaluated training courses, and the number of staff assigned to the Training Unit and their total days of working.

Output (3)

HCH monitors the status of medical services at the provincial hospitals in the Central Region.

The activities of Output (3) are closely linked with those of Output (2). All information acquired through the surveys is to be maintained in the database so that the situation of the PHs can be properly monitored on a regular basis and reflected in the contents of the training. Since the information from training needs

assessment is a critical input in developing the training contents, activities under Output (3) should be initiated at an early stage of project implementation. Results of the training needs assessment will provide valuable input in the process of revising and improving the specific targets of the activities as well as the indicators of Outputs and the Project Purpose.

In August, 2004, the MOH instructed the three national center hospitals to conduct surveys on the quality of medical services at each provincial hospital and to develop work plans to improve their medical services. Output (3) is effectively linked to this new assignment by the MOH. The training needs assessment is not merely a "Wish List" of provincial hospitals. HCH will also transfer knowledge and skills in survey methods and approaches to the PHs during the Project. The Outputs and each indicator of the Project Purpose are expected to be revised based on the result of needs assessment. The activities under this Output consist of the following.

A

Activity 3-1 To maintain a provincial hospital database
Activity 3-2 To conduct training needs assessment
Activity 3-3 To survey the effect of training

One indicator will be used to monitor the achievement of Output (3) is: the number of provinces reporting survey results. The result of the questionnaire survey conducted by the Preparatory Study Team provides baseline data on the current level of medical service training.

Output (3) is expected to be fulfilled if all the activities under Output (3) are successfully conducted, provided that "The financial status of HCH remains stable."

5-6 Planned Inputs

Inputs required for the implementation of the Project are summarized in Table 5.

Table 5 Planned Inputs (draft plan)

Vietnamese Side (tentative)	Japanese Side (tentative)
Counterparts Director Vice Director (DOHA) Vice Director (Clinical) Vice Director (Co-clinical) Head of General Planning Department (GPD) Chief of Training Unit (Vice Head of GPD) Head of Nursing Vice Head of DOHA Head of Medical Equipment Dept. Relevant HCH staff who will participate in the Project as trainers	Expert (Long-term) Chief Advisor Coordinator Nursing Management (Short-term) Training Management Equipment Management Nosocomial Infection Control Training in Japan (approximately four trainees per year) Training management, Nursing management Nosocomial infection control
Equipment and materials for training Office facilities Office Equipment Stationery Training facilities	Equipment and materials for training (approximately 110 million yen over 5 years) Training equipment and materials Materials for practical training Maintenance equipment Vehicles
Local cost Proportion of allowances & accommodation of training participants and lecturers, lecturers' honoraria Proportion of office maintenance cost Management expense Training expense	Local cost (approximately 100 million yen over 5 years) Proportion of allowances & accommodation for training participants Textbooks and materials

It has not been determined whether additional budget will be allocated to HCH for training. The project team will discuss the training expenses to be born by the provincial hospital with the PHD and PPC of each province. The regional differences, e.g., the differences in the facilities, equipment, staff knowledge, and staff skills in the targeted provincial hospitals, will also have to be considered. The inputs should be determined with special attention to these points.

5-7 Important Assumptions and Risk Analysis

Important assumptions for the Project's success are summarized in the PDM (Annex-8). The Risk Analysis concerning these assumptions is presented in Table 6.

Table 6 Risk Analysis

Risks	Possible Risk Mitigation Measures
From Overall Goal to Super Goal: 1. The collaboration between the PHs and hospitals at the lower levels is not strengthened. 2. The socio-economic situation in the Central Region is not improved. 3. Public health activities in the Central Region are not strengthened Implication: =>1.There will only be limited improvement of the medical services of the hospitals at the lower levels. =>2.There will be no improvement in the accessibility to medical services for people in the Central Region. =>3.There will only be limited improvement of preventive health care services in the Central Region.	Prevention of risks: None at moment
From Project Purpose to Overall Goal: 1. The staff of the PHs trained by HCH leave their job in the PHs. 2. The facilities and equipment of the PHs are not improved. Implication: =>2.There will be delay in the improvement of medical services at the PHs.	1) There is little chance that the PH staff will leave or quit their present job in Vietnam. 2) Explore possibilities to utilize existing facilities and equipment.
From Outputs to Project Purpose: 1. The HCH is not financially stable. Implication: =>1.Due to financial difficulties, the medical services and training activities of HCH will neither be expanded nor improved.	1) Explore possibilities to increase revenues, such as curtailment of management expenses and increase of User Fee
From Activities to Outputs: 1. Staff trained as trainers leave their job or are transferred.	1) There is little chance that the PH staff will leave or quit their present job in Vietnam.

The risks are listed under the "Important Assumption" column of the PDM. By definition, the Important Assumptions in the PDM are conditions outside the control of the Project which must be fulfilled for the Project to succeed. Accordingly, the risks are written in positive terms. While described in different phrases, the issues covered are the same as the risks presented above.

Aside from the risk factors presented in Table 6, the following points need to be monitored throughout the project implementation period as they may have some influence on the Project.

(1) An international NGO (USA) has plans to support HCH by constructing facilities (Cardiovascular Center) and providing training for doctors, nurses, and technicians in related departments. Some hospital

staff may be sent to overseas institutions to receive training, which may result in the reallocation of staff in HCH.

(2) An international NGO (USA) has plans to support the Quang Tri General Hospital by constructing facilities and providing equipment. The progress of this support should be monitored as it also may generate synergy effects.

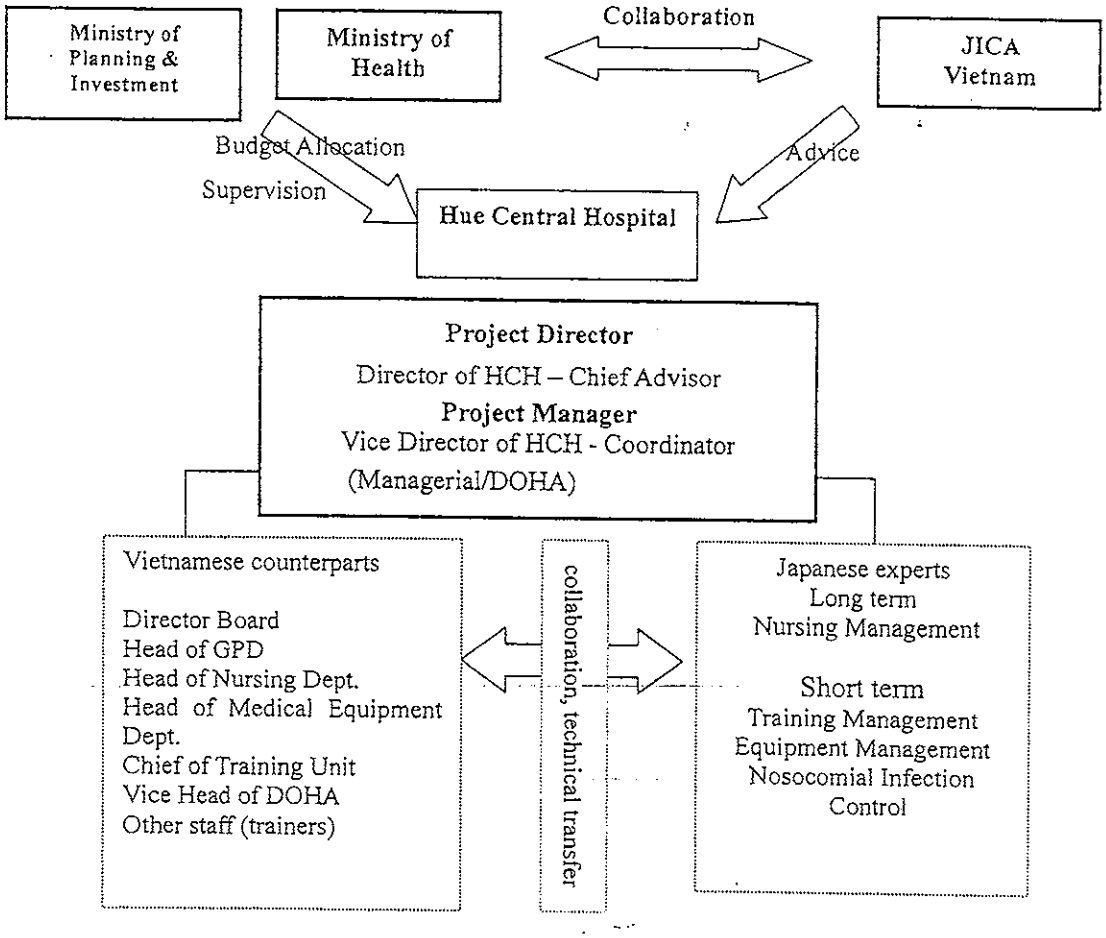
5-8 Pre-Conditions

The Project sets, as a pre-condition, that the "MOH continue its policy of DOHA activities."

5-9 Organizational Structure for Project Management and Implementation

The organizational structure for project management and implementation is presented in Figure 3.

Figure 3 Organizational Structure for Project Management and Implementation



The Project has its base at the HCH and focuses on training of provincial hospital staff. The Project Director (Director of HCH) will bear the overall responsibility for the Project implementation. He or she will manage and control the operation of the Project in consultation with those concerned at the MOH, Ministry of Planning and Investment, and the JICA Vietnam Office, and in collaboration with the Japanese experts. The Project Manger (Vice Director and Head of DOHA unit) will be responsible for project implementation and will conduct project activities together with the Japanese experts and other Vietnamese counterparts. The Government of Vietnam will be responsible for allocating the budget for the Vietnamese side.

6 EX-ANTE ASSESEMENT

Overall assessment on the five evaluation criteria indicates that the implementation of the planned project is appropriate.

6-1 Relevance

The relevance of the Project is highly assessed and concluded to be consistent with the policy of the Vietnamese Government, appropriate to the needs of the target region, and consistent with Japanese policy and the advantages gained from earlier projects involving Japanese health sector cooperation in Vietnam.

Consistency with the development policy of Vietnam

The target of the health sector "Strategy for Socio-Economic Development in the Period 2001-2010" is "to improve healthcare service quality at all levels." The Project is in line with this strategy, as it also aims to improve the quality of health care service from the secondary level to the tertiary level. The "Comprehensive Poverty Reduction and Growth Strategy Paper" (CPRGS) designates the priority diseases that heavily affect the poor. The training subjects prioritized by the Project (e.g., emergency care, pediatric care, obstetric care, anesthesiology, and blood transfusion) are all relevant in this context as they all affect the poor. Furthermore, the Health Care and Protection Strategy for the Period of 2001 to 2010 presents the overall goal of the health sector, which includes 1) provision of primary health care to all citizens; 2) improvement of access to and use of high-quality health services; and 3) reduction of morbidity rate and increase of average life expectancy. In order to meet the above goals, the MOH adopts a strategy of mitigating regional differences in the capacities of healthcare providers and requires the staff of higher-level health facilities to train those of lower-level health facilities. The Project supports this strategy by setting the objective of improved medical services at the PHs through expansions and improvements in the HCH training activities targeting provincial hospital staff. Overall, it can be said that the Project Purpose is highly consistent with the development policy of the Government of Vietnam.

National and local needs

As described in Chapter Two, the Central Region is growing somewhat more slowly economically than the other regions. It also has comparatively more people living under the poverty line and poorer health indicators overall. The health care problems stem from poverty, poor transportation, and the poor medical services provided at each health facility level. The Government of Vietnam is making much effort to upgrade the quality of medical services at all levels in the Central Region by strengthening the capacity of HCH. However, it is quite difficult for HCH alone to cope with the pressing demands. The Project will assist the HCH in its efforts to upgrade the quality of medical services of the PHs by expanding and improving the training capacity of the HCH. In this context, the Project is consistent with the national and local needs.

Consistency with the Japanese ODA policy

The country-specific ODA plan toward Vietnam states that the health referral system needs to be upgraded by improving the physical facilities and capacity of the health/medical staff, in view of the very unfavorable basic indicators such as infant mortality and average life expectancy in local communities. Education and health care are among the priority areas of assistance to Vietnam, and the Government of Japan focuses on measures to improve facilities and equipment and develop human resources at the tertiary (state)- and secondary (provincial)-level medical institutions. This assistance will be provided to support the Government's effort to establish a referral system that coordinates and promotes the division of labor among institutions at the primary (commune/district), secondary (provincial), and tertiary (state) levels in coordination with other donors. The Project is consistent with the Japanese ODA policy described above, as it contributes to the development of human resources and management at the tertiary- and secondary-level medical service delivery institutions.

Comparative advantages of Japanese experience

JICA has assisted the Cho Ray Hospital and Bach Mai Hospital in the past to strengthen their capacity. These experiences, especially the DOHA activities conducted by BMH, will give a valuable input to the Project. In addition, the newly started technical cooperation project, namely "the Project for Strengthening Healthcare Services Provision in Hoa Binh Province," will also serve to provide useful information about the medical services at provincial levels and the training needs of the PH staff. The Project has a great advantage, as it can make use of past experiences of JICA's assistance to hospitals and public health in Vietnam.

6-2 Effectiveness

A training management system is to be established under Output (2) and a survey of medical services and training needs assessment of the PHs is to be performed under Output (3). The combined efforts of these two outputs will establish an effective mechanism of training management. Next, model medical services under Output (1) will be developed and practiced at the new ward of the Hue Central Hospital to provide the training participants from the provincial hospitals with vivid examples. Thereafter, the model services will be introduced to the provincial hospital staff through the training program. In this way, the result of training needs assessment and the service quality assessment at the PHs will always be reflected in the contents of the training program. The Project is likely to be highly effective since it combines all the indispensable elements to materialize the Project Purpose. It should be noted, however, that several issues must be addressed to enhance the effectiveness of the Project further.

Priority subjects listed under Output (1) (such as nosocomial infectious control total care (comprehensive care)) and the activities under Output (3) (namely, monitoring of the medical service quality of the PHs) are

identified as the priority activities by the MOH. HCH has already set up a committee to cope with these issues. The Project can optimize these setups and make further progress. Ongoing efforts in these areas will further enhance the effectiveness of the Project.

Grant Aid and Technical Cooperation have been extended to two national center hospitals, i.e., Cho Ray Hospital in the Southern Region and Bach Mai Hospital in the Northern Region. This planned project for the Central Region is to be implemented by the Program Approach, an approach whichseeks to upgrade the health status of the whole country from the North and Center Regions to the Southern Region, and to enhance effectiveness through collaboration among the three Regions.

6-3 Efficiency

Efficient implementation can be expected for the following reasons.

Japan has been assisting with the construction of buildings of the central clinical departments and outpatient departments and the procurement of relevant medical equipment for HCH under the Grant Aid "Project for Improvement of the Hue Central Hospital" since 2004. Timely assistance under this planned project for human resource development will enhance outputs and promote efficient implementation.

This planned project can apply experiences, lessons learned, and know-how from past technical cooperation extended to Cho Ray Hospital and Bach Mai Hospital.

The dissemination of effects to the provincial hospitals will be intended from the start of the planned project. This approach can contribute to direct/indirect advancement in the knowledge and skills of the staff of the PHs (now numbering approximately 6,800) and HCH (now numbering approximately 1,710). It can also serve as a cost-effective strategy.

6-4 Expected Impacts

The following impacts are expected by the implementation of the Project.

Prospect for achieving the overall goal

The Project has a strong chance of attaining its overall goal of improved medical services from the PHs in the Central Region.

If the Project Purpose is attained, the number of trainees at HCH can be expected to increase and the contents of training can be expected to meet the needs of the PHs. These improvements, in turn, can be

expected to eventually improve the quality of the medical service provided by the PHs . Important assumptions for the overall goal, such as "the staff of the provincial hospitals trained by HCH continue working in the provincial hospitals" and "the facilities and equipment of the provincial hospitals are improved," are also likely to be met.

Prospect of impact in the socio-economic aspects (policy, institution, culture, and economy)

If the Project Purpose is achieved, the quality of medical services at the PHs is expected to be improved. This should encourage the patients to visit the PHs that now function as secondary health facilities instead of visiting HCH. Patients can receive appropriate medical service at hospitals located in closer proximity to their homes and their opportunity costs will decrease.

6-5 Sustainability

The following effects of the implementation of this project are expected to be sustained even after the handover.

Institutional Capacity:

HCH has maintained a good reputation as a national center hospital in the Central Region for more than 100 years. It has retained its position as the key institute of the Regional Medical Center in the Central Region under the Hospital Network Plan. The Hue Central Hospital is positioned as a national center hospital in the Central Region and is clearly designated to function as a leading facility to improve the quality of medical service of the provincial hospitals in the Central Region under the direction of the Ministry of Health. Moreover, the Hue Central Hospital has experiences with DOHA activities, and its institutional sustainability can be enhanced through capacity development of training management.

Financial Conditions:

The HCH and PHs must be financially stable to ensure the financial sustainability of the Project. The HCH budget from MOH is determined based on the total number of beds. In this sense, the HCH budget is expected to increase when the new ward is completed and the expenses for management of the whole Hue Central Hospital are ensured. Expenses for training by the Hue Central Hospital for the provincial hospitals have been borne by the Vietnamese side, but expenses which should be borne by each province have to be negotiated in the course of the implementation of the planned project for expanding training activities.

Technical Adaptability

Training of the staff of lower-level health facilities by those of higher-level facilities is one of the most important policies of Ministry of Health. This policy is likely to continue or even be strengthened in the future. Training currently conducted by HCH is well accepted by provincial hospital staff and district

hospital staff. Staff of public hospitals are likely to remain long enough to transfer the knowledge and skills they acquire through the Project implementation.

7 REFERENCE DOCUMENTS

#	Document Title	Year	Author / Publisher	Ref No.
1	Health Statistics Yearbook 2000	2000	HISC, Planning Dept., MOH	S-062
2	Health Statistics Yearbook 2003	2003	HISC, Planning Dept., MOH	NA
3	Health Policies & Guidelines, MOH (Health Policy Unit)	2003	Medical Publishing House,	H-147
4	Vietnam Health Report 2002, MOH	2002	Medical Publishing House	H-174
5	Health Care Financing for Viet Nam	June 2003	UN Country Team VN	H310
6	Improving Health Status and Reducing Inequalities	July 2002	ADB, WHO Poverty taskforce	H172
7	Health and Ethnic Minorities in Viet Nam	June 2003	WHO	H157
8	WHO Country Cooperation Strategy 2003-2006		WHO	H162
9	Strategy for Socio-Economic Development in the Period 2001-2010			NA
10	HCH Hospital Check-up of 2004	Nov. 2004	MOH	
11	Da Nang General Hospital Hospital Check-up of 2004	Nov. 2004	MOH	
12	Quang Tri General Hospital Hospital Check-up of 2004	Nov. 2004	MOH	
13	Fact-Finding Mission 1-12 September 2003 Asian Development Bank Health Care in the Central Highlands Project			
14	Results of the Survey on Healthcare Activities at PHs	2000	BMH, DOHA	
15	Report on the Medical Cooperation Project Formulation Study Team in the Central Part of Vietnam	Jan.	Regional Dept. Asia Group 1, JICA	
16	The Comprehensive Poverty Reduction and Growth Strategy (CPRGS)	May 2002	Government of Vietnam	
17	Distribution materials of supporting committees for the Bach Mai Hospital Project for Functional Enhancement			
18	Report on the Terminal Evaluation for the extended period of the Cho Ray Hospital Technical Cooperation Project	Dec. 1998	Medical Cooperation Dept. JICA	
19	Report on the Terminal Evaluation of the Cho Ray Hospital Technical Cooperation Project	Dec. 1997	Medical Cooperation Dept., JICA	
20	Report on the Basic Design Study on the Project for Improvement of Facilities of the Hue Central Hospital in the Socialist Republic of Vietnam	Dec. 2003	Grant Aid Dept. JICA	GrantAid2 JR
21	JICA Vietnam Office – Briefing on Activities	Jun 2004	JICA Vietnam Office	
22	Country-specific development plan for Vietnam	Apr. 2004	Ministry of Foreign Affairs, Japan	

8 ANNEXES

Annex 1:Administrative divisions and population statistics of the Central Region

Annex 2:Organizational Structure of the MOH

Annex 3:Results of questionnaire surveys conducted at the Preparatory Study Mission

Annex 4:Organizational Structure of the HCH

Annex 5:Details of medical services provided by HCH

Annex 6:Specifics on Donors and number of projects by programmes divided in Grants and Loans, 2000

Annex 7:Results of PCM workshop

Annex 8:Project Design Matrix issued on Dec. 14, 2004

Annex 9: Operation Plan prepared on Dec. 21, 2004

Annex 10:List of provinces / cities and hospitals targeted for training under the Project

Annex 11: Tentative Plan of TOR for Japanese experts

Annex—1

Administrative divisions and population statistics of Central Region

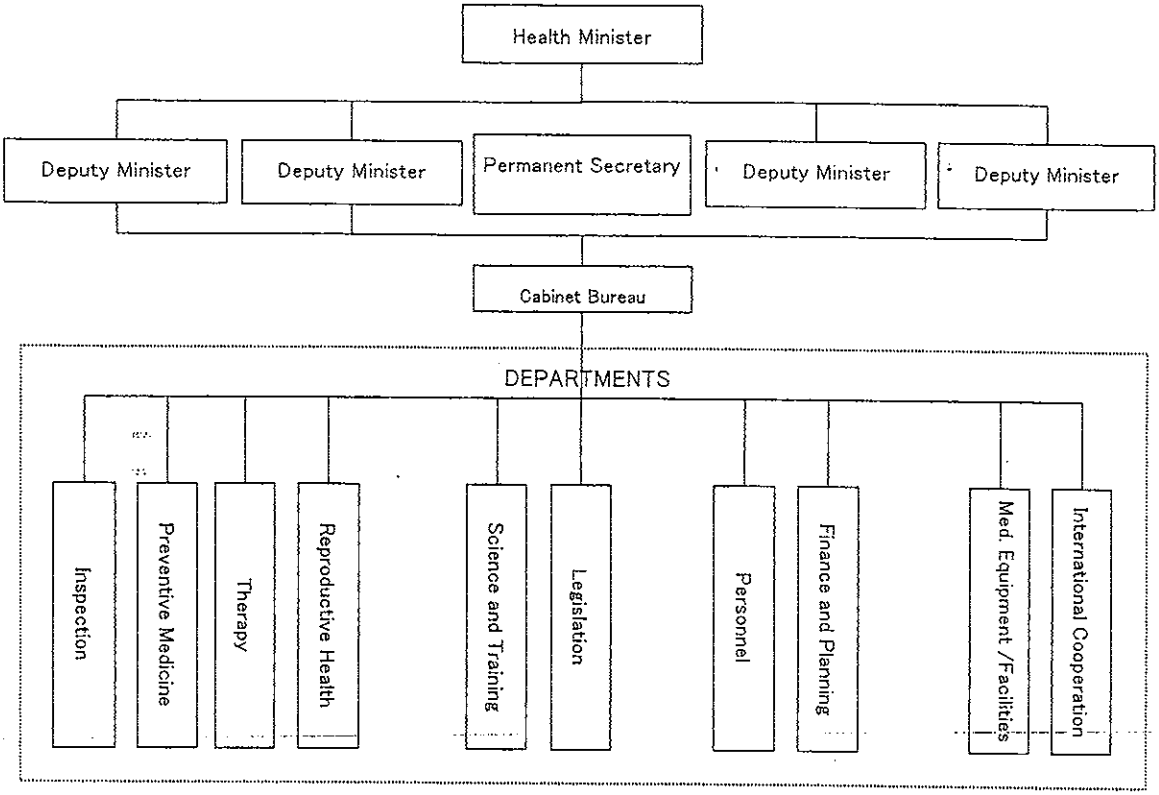
	Name of Province/city	a Population (National Census 1999))	b. Area (km)	c. No. of districts	d. No. of townships	e. No. of Communes	Capital of Province
1	Ha Tinh	1,269,013	6,056	12	8	241	Ha Tinh
2	Nghe An	2,858,265	16,487	17	17	434	Vinh
3	Quang Binh	793,863	8,052	8	12	141	Dong Hoi
4	Quang Tri	573,331	4,746	9	11	118	Dong Ha
5	Thanh Hoa	3,467,609	11,106	24	29	587	Thanh Hoa
6	Thua Thien Hue	1,045,134	5,054	9	20	121	Hue
	Central North Coastal Region	10,007,215	51,501	79	97	1,642	na
1	Binh Dinh	1,461,046	6,026	12	16	127	Quy Nhon
2	Da Nanang	684,131	1,256	0	33	14	Da Nang
3	Khanh Hoa	1,031,262	5,197	6	5	104	Nha Trang
4	Phu Yen	786,972	5,045	6	9	89	Tuy Hoa
5	Quang Nam	1,372,424	10,408	12	16	197	Tam Ky
6	Quang Ngai	1,190,006	5,135	10	8	162	Quang Ngai
	Central South Coastal Region	6,525,841	33,067	46	87	693	na
1	Dak Lak	1,776,331	13,062	13	13	139	Buon Me Thout
2	Dak Nong		6,514	5	0	47	Gia Nghia
3	Gia Lai	971,920	15,496	12	14	161	Pleiku
4	Kontum	314,042	9,615	6	10	76	Kontum
5	Lam Dong	996,219	9,765	9	11	113	Da Lat
	Central Highland Region	4,058,512	54,452	45	48	536	
	Total of Central Regions	20,591,568	139,020	170	232	2,871	
	Targeted Area	12,238,213					
Other Regions							
	Red River Delta	16,131,984	39,689	99	20	1505	
	North East	10,860,417	67,501	31	4	589	
	North West	11,712,663	34,733	95	17	2084	
	Total of North Region	38,705,064	141,923	225	41	4,178	
	North Eastern South Region	2,227,686	35,627	53	28	1,010	
	Mekong River Delta	14,800,066	12,618	113	27	2245	
	Total of South Region	17,027,752	48,245	166	55	3,255	
	National Total	76,324,384	329,188	561	328	10,304	

Source (a), (b) - General Statistical Office of the Socialist Republic of Vietnam
(c), (d), (e) - Table of lists and codes of administrative units of Vietnam (Decision No. 124/QD-TTg dated Aug. 7, 2004

Notes: (1) Dak Nong Province was separated as of July 2004. The population of Dak Nong Province is counted as part of the population of Dak Lak Province in the above list as of 1999.
(2) Lam Dong Province, a locality usually classified as part of the South Region, is included in the Central Highland Region in the above list.

Annex －2

Organizational Structure of the Ministry of Health



Results of Questionnaire Survey conducted at the Preparatory Study Mission

In order to review the current situation of medical services at provincial hospitals and the training needs of health personnel, the following questions were asked to each provincial hospital. Ten out of 14 provincial hospitals responded to the questionnaires.

Questions given:

1. Please provide us with the following data on the Provincial Hospital

- No. of health personnel (breakdown by profession, by educational attainment,, by volume of medical services; Organogram

2. What challenges and problems do you face in your efforts to further improve the medical services provided by they provincial hospital? How are you going to cope with them?

3. Please provide us with the following information on the training opportunities for health personnel (medical doctors, nurses, mid-wives, and medical technicians).

- Training opportunities (frequency, duration and field of training) , Training needs of health personnel

4. Please provide us with the following information on the training received through DOHA conducted by Hue Central Hospital.

- No of health personnel who received training at Hue Central Hospital, No. of health personnel who receiving training at Provincial hospitals, No. of health personnel who received training by staff of Hue Central Hospital assigned to work at the Provincial hospitals on a long-ferm basis

5. Please describe your working relationship with the Provincial health Bureau and Provincial Hospital in terms of training.

6. Please explain your working relationship with the Provincial Health Dept and Provincial Hospital in terms of training

- What procedures should you take with the provincial health dept. when applying for training from the Hue Central Hospital through DOHA?
- What procedures should you take with the Provincial People's Committee when applying for trainings from Hue Central Hospital through DOHA?

Summary of results of questionnaire:

No.	Questions		Answers
1	1-1		Summarized in Table 1-1, 1-2 and 1-3 of Annex 3-2
	What challenges and problems do you face in your efforts to further improve the medical services provided by they provincial hospital?	human resources	#NAME?
		medical equipment and facilities	-Budget constraint
		Others	- Epidemic diseases happening in the locality include dengue fever, diarrheas (cholera, dysentery, typhoid fever) viral hepatitis, HIV/AIDS - Environmental hygiene : the number of hygienic latrine is low, especially in suburban communes and poor residential areas. - Sewage has not been well treated: medical waste and Sewage have not been guaranteed as regulations. - Cardiovascular diseases- Malaria, Parasitoids - Injuries due to accidents of different kinds (traffic accidents, daily activity accidents, labor accidents, etc.) - The hospital is located in the residential area, therefore it has been prone to Malaria epidemics. - Public awareness of sanitation, disease prevention and treatment is still limited. There has been epidemics in the community every year. - Hospital management, planning, and staff training are of great concern.
2		human resources	- Train staff (post-graduate courses, short-term and academic courses) to meet increasing demands of people. - Strengthen DOHA activities (Dispatch leading staff to district health centers to train medical team of emergency, urgent operations in surgery and obstetrics. Regularly hold the general meeting on a monthly basis.) - Regularly conduct seminars and workshops to maintain two-way communication - Medical morality movement should be launched to improve staff's responsibility in medical care and services for patients.

No.	Questions		Answers
		medical equipment and facilities	- Upgrade the medical equipment - Purchase medical equipment (needs the donor's assistance) - Plan and refurnish the hospital's facilities -Make full use of supports from the provincial authorities and MOH and other organizations to gradually supplement medical equipment to the hospital. - Medical service inventory will be step by step developed and put into operation according to hospital ranks. - There should be procedures for medical equipment management.
	How are you going to cope with them?	Others	- Renovate administrative procedures, comprehensive care; improve the quality of health services and the morality of the medical staff.- improve the medical morality (hospital regulations should be regularly reviewed and checked.) - Staff's medical practice level should be improved. Medical staff should pursue further studying programs based on the Hospital's Plan of Technical-Scientific Development as of 2005-2010. - Develope modern medical techniques such as endoscopy, electrolyte analysis, ultrasonography, especially in cardiology and endocrinology. - Strengthen intensive care and resuscitation, develop more surgical and obstetrical operation techniques. - Hospital sanitation and environment should be improved. - Encourage the local people to build hygienic latrines. - Record the total number of accident injuries. (Public educational communication propagandas have not been conducted due to lack of financial sponser.) - Speed up administrative renovation and apply IT in hospital management. - Health communication and education center should be established in coordination with the project for consolidating and accomplishing grassroots level health network in order to actively disseminate and raise awareness of hygiene to all members of community. - There should be action plans to deal with patients' admission and treatment, nominating medical staff to higher-rank hospitals for professional re-training to prepare human resources for immidiate duti
3	Please provide us with the following information on the training opportunities for health personnel (medical doctors, nurses, mid-wives, and medical technicians.)		
	3-1 What are the training opportunities for health personnel in terms of frequency, duration of training, field of training?		-A state-subsidized training plan on medicine and management is set up. However, due to limited resources, only a few staff can be trained. Some staff have pursued further study on foreign languages and informatics to meet the demands of their work. - Only a few staff have been trained due to limited resources. - All health personnel have had equal opportunities and have been given encouragement to follow further study. -Trainees should be offered training allowances - Domestic training courses should be held. - Medical staff should be encouraged to pursue BA and postgraduate - Hospital staff have been sent to short-term training courses for the enhancement of medical skills. - Training sponsored by the health care projects is conducted by the MOH at the provincial hospitals.
	3-2 What kind of training is needed (by subject, type of training, etc.) to further improve the technical knowledge and skills of health personnel?	subject	- Clinical disciplines - Emergency, surgery, Obstetrics, Pediatrics, Internal Medicine, Endoscopy surgery, Psychology, Neurosurgery - Co-Clinical disciplines - CT Scanner operation, doctors in Imagery, BA in laboratory analysis, Anato-pathology - Nursing discipline - BA in nursing
		type of training	- On-spot training courses should be held to update staff 's knowledge and transfer medical technology (at provincial hospital, because the machinery of provincial hospital may be different from that of HCH) - Short-term training courses should be held according to specific specialties. These courses can be held at provincial hospitals, so that hospital staff can attend. - Central hospital should dispatch specialized doctors to provincial hospital to give lecture, guide technical practice on sport. - Staff should be assigned to follow specialized training courses (focus on practical skills) - Specialized and short-term (3-6 months) courses are necessary. - Training program should be based on hospital's actual needs. - Training courses should be long enough for trainees to acquire adequate knowledge and skills commonly used in clinical setting.
	3-3 Please list up the training required by medical doctors, nurses, mid-wives, and medical technicians, respectively:		- For Doctors: necessary specialties - resuscitation and ICU (cardiology and endocrinology), endoscopy surgery, specialized ultrasonography, neurosurgery, anatopathology, psychology - For Doctors, Nurses, and Midwives: Comprehensive care, standardization of the protocols for diagnosis and treatment, specialized techniques, enhancing manager capabilities in management and informatics - Hospital management, Hospital Finance, Planning and Evaluation, ICU, ICU in pediatrics, Postoperative and recovery care, Infertility treatment, Pediatric surgery, Eye operation with Phase method, Poisoning treatment in emergency - For medical equipment maintenance: on-the-spot (at provincial hospitals) training should be conducted since the equipment of the provincial hospital may differ from that of Hue Central Hospital.

No.	Questions	Answers
4	Please provide us with the following information on the training received conducted by Hue Central Hospital throuh DOHA.	
	4-1	Data is not obtained
	4-2 Please list up the training (by subject, type, duration, etc.) you would like to request from the Hue Central Hospital	- For doctors: chest surgery, orthopedics, cerebral operations, resuscitation and intensive care, endoscopy operations, neurosurgery, laboratory analysis, jospital data management Short-term training courses on special subjects or the field should be conducted to provide more opportunities. - For doctors: training for further familiarization with new techniques. Resuscitation and ICU in Internal Medicine, Cardiovascular Internal Medicine, Oncology, Surgery, Psychology, Anatopathology - For nurses: Knowledge and skills in patient care
	4-3 What kinds of training (subject) are needed most urgently? Why?	- Resuscitation and intensive care in internal medicine - Cardiovascular internal medicine - Oncology
5	Has the hospital been sponsored under any project/program from external donors?	JICA - medical equipment provision ENFANT ESPOIR Association from France - refurbish and upgrade Obstetrics Dept. American NGO - second-hand equipment Belgian Physician Organization - medical equipment. Swiss Red Cross Association - building a charitable kitchen for patients Smile Operation Group for lip cleft and palatine defect - assistance in medical techniques and budget for operation HIV/AIDS's Global Fund Germany - medical equipment.
6	Please explain about your working relationship with Provincial Health Dept and Provincial Hospital in terms of training	
	6-1 What procedures should you take with the provincial health dept. when applying for training from Hue Central Hospital through DOHA?	- Provincial Hospital makes a report to provincial health department at monthly meetings. - Hue Central Hospital should inform the Provincial health dept and City People Committee of the action plans in official letters and obtain approvals. - The provincial hospital is under the authority of the provincial health department, hence the relationship between the provincial hospital and other organizations from outside the province must be approved by the provincial health department. - When participating in DOHA programs at HCH, it is necessary to send official letters to the provincial health department and discuss the contents with the department.
	6-2 What procedures should you take with the Provincial People's Committee when applying for trainings from the Hue Central Hospital through DOHA?	- There is no requirement. - The contents of the program should be reported to the Provincial People's Committee so that they can assist when necessary. - If there are any formalities required, the provincial health department will report to the Provincial People's Committee for approval.

Table 1-1: Number of staff - breakdowm by profession (As of Dec., 2004)

Staff by profession	Hue Central Hospital	1 Ha Tinh	2 Quang Binh	3 Quang Tri	4 Hue City	5 Bin Dinh	6 DaNang C	7 Da Nang	8 Phu Yen	9 Quang Nam	10 Quang Ngai	11 Dak Lak	12 Dak Nong	13 Gia Lai	14 Kontum
medical doctors	317	112		89	23	161	65	260	74	103	134	164	16	109	74
phamacists	6	5		1	2	7	4	9	2	4	5	3		4	2
assistant doctors	7	72		0	9	37	1	5		3	12	103	5	15	
assistant pharmacists	33	6		7	2	18	11	27	5	13	7	4	2	15	5
mid-level midwives	136	22		18	8	29		72	12	35	46	21	8	28	12
mid-level laboratory technicians	109	20	Data is Not Available	20	5	56	21	80	7	37	4	33	3	30	7
mid-level nurses	433	156		111	13	236	122	294	62	161	256	111	38	143	62
primary-level pharmacist	18			8				33							
primary-level nurses	37			32									8	71	
primary-level midwives	3				8							12			
traditional healers		2			0	1			1						1
others	611	198		78	13	238	113	209	151	134	234	204	25	116	151
Total	1,710	593	na	364	83	783	357	989	314	490	698	655	105	531	314

Note : No data has been received from the Vietnam-Cuba hospital in Quang Binh Province.
There are slight differences between the total number of staff given in table 1-1 and table 1-2 for (1) Ha Tinh, (6) Danang C, (12) Dak Nong provincial hospitals

Table 1-2: Number of staff - breakdown by profession, educational attainment (As of Dec 2004)

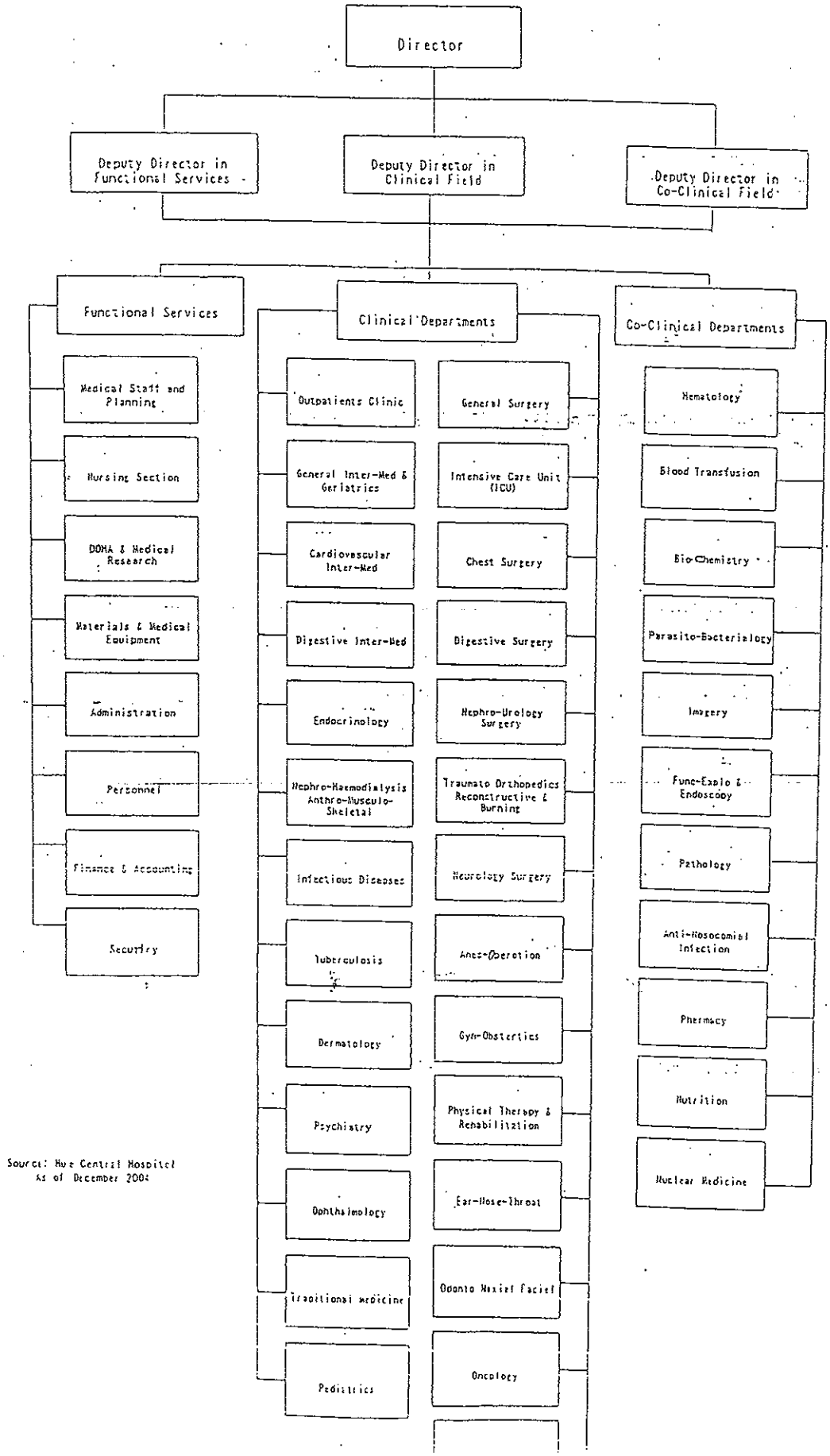
	Provincial Hospital	Phd	Master	Specialist II	Specialist I	University	Medical Professional School	Senior high school	Others	Total
	Hue Central Hospital	17	75	29	109	232	671	0	577	1,710
1	Ha Tinh	1	13	4	60	49	275	1	189	592
2	Quang Binh	Date is not available								NA
3	Quang Tri	1	2	1	36	69	148	40	67	364
4	Hue City	0	2	1	12	10	31	0	27	83
5	Binh Dinh	1	13	2	52	121	22	141	431	783
6	Da Nang C	1	11	3	43	55	173	0	81	367
7	Da Nang	2	43	11	134	113	476	41	169	989
8	Phu Yen	Breakdown of data is not available								314
9	Quang Nam	Breakdown of data is not available								490
10	Quang Ngai	0	20	6	50	79	75	0	468	698
11	Dak Lak	0	0	1	40	169	278	0	167	655
12	Dak Nong	0	0	0	8	28	82	0	0	118
13	Gia Lai	Breakdown of data is not available								531
14	Kontum	0	0	1	25	50	149	0	89	314

Table 1-3: Volume of medical services provided at provincial hospital (annual volume for the year 2003

Indicators	Unit	Hue Central Hospital	1 Ha Tinh	2 Quang Binh	3 Quang Tri	4 Hue City	5 Bin Dinh	6 DaNang C	7 Da Nang	8 Phu Yen	9 Quang Nam	10 Quang Ngai	11 Dak Lak	12 Dak Nong *	13 Gia Lai	14 Kontum
No. of beds	Planned	1,100	457	Data is not available	300	70	600	260	720	450	500	600	550	130	500	370
	Actual	1,550	535		320	70	600	269	700	477	617	712	600	103	500	410
No. of consultations	cases	214,804	94,010		143,402	211,340	245,684	113,107	179,352	146,078	166,541	158,478	193,844	25,113	190,650	104,988
Total admissions	person	48,869	19,056		14,216	4,810	29,319	6,970	50,342	24,708	22,934	35,441	27,831	5,118	41,236	13,783
Total outpatients	person	2,542	210		357	596	na	1,500	7,672	945	1,616	30,442	8,485	101	359	1,240
Total hospital days	days	495,820	195,598		105,780	22,176	264,251	98,060	357,632	174,203	225,182	242,044	207,268	25,142	235,687	149,796
Bed Occupancy rate	%	123.5	117.3		na	86.8	120.7	103.3	134.2	106.1	123.3	110.5	103.2	73.0	129.1	110.9
No. of referred patients	person	na	671		na	502	394	149	na	1,012	68	na	712	211	884	34
No. of operations	cases	13,996	2,749		2,769	719	8,171	1,141	10,115	5,931	9,571	6,551	11,965	621	10,297	2,417
No. of specimens	cases	510,434	484,321		825,467	38,305	658,969	108,404	850,364	720,443	340,719	766,587	849,075	24,934	370,461	134,105

Note : No data is received from the Vietnam-Cuba hospital in Quang Binh Province.
The figures shown the above for Dak Nong General Hospital are the medical service volume for the year 2004 (from July to Dec. 2004)

Organizational Structure of Hue Central Hospital



Source: Hue Central Hospital
As of December 2004

Trend in the volume of medical service provided by Hue Central Hospital from 1997 to 2004

Indicators	Year	1997	1998	1999	2000	2001	2002	2003	2004
No. of beds	Planned (bed	1,050	1,050	1,090	1,090	1,090	1,090	1,100	1,100
	Actual (bed)	1,297	1,321	1,330	1,376	1,405	1,550	1,550	1,567
No. of consultation	cases	203,666	158,909	189,068	193,149	186,659	206,942	214,804	209,000
Total admissions	person	35,160	41,173	39,321	37,426	43,442	43,679	48,869	50,901
Total outpatients	person	8,041	2,243	2,006	6,943	6,050	6,687	2,542	2,612
Hospital days	days	402,104	409,721	403,886	428,705	474,549	479673	495,820	553,228
Bed Occupancy rate	percentage	104.9	106.9	101.5	107.8	119.3	120,5	123,5	137,8
No. of operations	cases	8,737	8,421	10,288	9,600	13,510	13523	13,996	15,521
No. of specimens	cases	499,580	539,729	465,781	497,558	470,766	507,311	510,434	574,453

Source: Hue Central Hospital (Dec. 2004)

No. of trainees from Hue Medical University and other colleges of medical technology

Educational level	2000	2001	2002	2003	2004
Hue Medical University					
Medical Students	1,452	1,524	1,559	1,554	1,582
Master's program	125	139	123	148	154
Doctoral program	16	18	19	23	32
Medical Specialist I	195	194	197	198	214
Medical Specialist II	49	48	50	54	66
Resident	32	34	37	35	36
Sub-total	1,869	1,957	1,985	2,012	2,084
Other Professional School (college)					
Hue Medical College	482	495	574	584	612
Central College of Medical	17	25	31	11	15
Foreign students	42	46	51	45	55
Sub-total	541	566	656	640	682
Grand-total	2,410	2,523	2,641	2,652	2,766

Source: Hue Central Hospital (Dec. 2004)

Revenue of HCH

	2000		2001		2002		2003		2004	
	Mil VND	%	Mil VND	%	Mil VND	%	Mil VND	%	Mil VND	%
Details:										
Medical services	12,789	24.2%	16,937	27.7%	21,533	31.2%	25,733	32.7%	36,552	35.7%
Health insurance covera	6,567	12.4%	7,692	12.6%	10,997	15.9%	12,547	16.0%	17,405	17.0%
Subsidies from MOH	29,334	55.5%	31,469	51.5%	34,051	49.3%	37,456	47.7%	41,060	40.1%
Ohters, Misc.	4,211	8.0%	4,983	8.2%	2,492	3.6%	2,863	3.6%	7,498	7.3%
Total Income	52,901	100.0%	61,081	100.0%	69,073	100.0%	78,599	100.0%	102,515	100.0%

Source: Hue Central Hospital (Dec. 2004)

Details of revenue earned independently by HCH

	2000		2001		2002		2003		2004	
	Mil VND	%	Mil VND	%	Mil VND	%	Mil VND	%	Mil VND	%
Details										
Drugs	3,415	17.6%	5,106	20.7%	12,378	38.1%	16,277	42.5%	13,034	35.5%
Consultation	206	1.1%	262	1.1%	288	0.9%	301	0.8%	257	0.7%
Delivery	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Surgery	2,157	11.1%	4,943	20.1%	4,798	14.7%	4,337	11.3%	4,504	12.3%
Admission	4,224	21.8%	4,420	17.9%	4,241	13.0%	4,526	11.8%	3,347	9.1%
Others	9,356	48.3%	9,899	40.2%	10,825	33.3%	12,888	33.6%	15,565	42.4%
Total	19,358	100.0%	24,630	100.0%	32,530	100.0%	38,329	100.0%	36,707	100.0%

Source: Hue Central Hospital (Dec. 2004)

User fee

Currency : VND

	Items	Amount		Items	Amount
Diagnostic Tests	Urine test	8,000	OPD	Consultation	3,000
	Electrocardiog	10,000	Admission	Surgery Ward	80,000
	Ultrasonic	20,000 -			50,000 -
	X-ray	20,000 -			200,000
	CT	1,000,000	Surgery	Mild case	1,000,000 - 1,200,000
				Serious case	4,500,000 - 6,000,000

Source: Hue Central Hospital (Dec. 2004)

Specifics on Donors and number of projects by programmes divided in Grants and Loans, 2000

Programmes	Donors	Number of Projects	Committed budget (US$ grant/loan)	
Health policy, planning, management and evaluation	EC, the Netherlands, Sweden, UNFPA UNICEF, World Bank	13	Grant	14,399,391
		3	Loan	4,700,000
Primary health care	ADB, Australia, Canada, EC, France, the Netherlands, Sweden, UNICEF, World Bank	17	Grant	46,067,996
		2	Loan	165,400,000
Hospital services	EC, France, Germany, Italy, Japan, Republic of Korea, Spain, WHO	8	Grant	91,730,372
		2	Loan	3,843,000
Pharmaceutical and biological products	Japan, Spain, Sweden, WHO	3	Grant	2,294,647
		1	Loan	18,700,000
Traditional medicine	Spain	1	Grant	5,055,000
		1	Loan	3,000,000
Communicable disease	ADB, Australia, Belgium, EC, France, Japan, Netherlands, UNICEF, the United States, WHO, World Bank	56	Grant	151,254,189
		3	Loan	51,300,000
Non-communicable disease prevention and control	WHO	1	Grant	139,000
Mother and child health	ADB, Australia, EC, France, Germany, Japan, the Netherlands, UNFPA, United States, UNICEF WHO	45	Grant	91,705,096
		2	Loan	175,600,000
Nutrition	Australia, Belgium, Canada, France, the Netherlands, UNICEF WHO	18	Grant	24,967,321
Disability and rehabilitation	Germany, the Netherlands, the United States	3	Grant	7,118,511
Healthy environment	The Netherlands, UNICEF	2	Grant	8,800
Health Training	ADB, Canada, EC, France, the Netherlands, the United States, World Bank	8	Grant	13,945,611
		1	Loan	5,734,400
Equipment, new technology	Japan, Spain	1	Grant	500,000
		2	Loan	5,600,000
Total	合計	193		883,063,334

Source : Vietnam Health Report, 2002

Results of PCM workshop
(Identified problems and proposed measures)

1. DOHA

No.	Major problems identified	Measures to be taken
1	Lack of an official and standardized training system	1-1. Working out plans for training based on different specific training needs of provincial hospitals and the capacity of HCH. 1-2. Identifying different types of training. 1-3. Organizing different seminars and workshops. 1-4. Establishing a regular Monitoring and Evaluation mechanism for all training.
2	Lack of surveys and analyses on the needs and capacities of hospitals at the lower levels	2-1. Central Hospitals conduct surveys on the current situation and training needs of hospitals at the lower levels. 2-2. Hospitals at the lower levels should provide information on their current situations.
3	Inadequate facilities and infrastructure for training	3-1. Utilizing all facilities, equipment, and materials available. 3-2. Procuring facilities and equipment needed for training.
4	Lack of close cooperation between HCH and provincial hospitals	4-1. Sharing information and experience between the three Central hospitals and the hospitals at the lower levels.
5	Lack of standardized training manuals and packages	5-1. Designing standardized training manuals and materials. 5-2. Making the training materials used by the three Central Hospitals consistent.

2. Nursing

No.	Major problems identified	Measures to be taken
1	The training courses and formation courses are not held for the nurses from the provincial and district hospitals to enhance their knowledge (by HCH)	1-1. There should be close cooperation between the DOHA department and the nursing department to make plans for the training and education of the nurses from the provincial hospitals. 1-2. The Nursing, DOHA, and Planning Departments should find out the requirements of nursing training for the nurses from the provincial hospitals. 1-3. HCH should hold training courses for the nurses of the provincial hospitals to enhance their knowledge and then check how the nurses apply what they learn in their everyday working.
2	Lack of specialized lecturers for nursing training	2-1. The nurses of HCH should be trained to improve their abilities both qualitatively and technically. 2-2. HCH should refer to the lessons of experience from Cho Ray Hospital and Bach Mai Hospital regarding DOHA. 2-3. Specialized staff lecturers should be trained for nursing training.

3	The nurses are too overworked to find time for DOHA.	3-1. HCH should reduce the administrative load so that the nurses can concentrate on the care of the patients. (For example, hospital fee gaining) 3-2. HCH should increase the personnel source of nurses. 3-3. HCH should allocate the personnel (nurses) reasonably to each department. (concerning the responsibility of the Head nurse of each department)

3. Medical Equipment

No.	Major problems identified	Measures to be taken
1	Irrelevant equipment Equipment is lacking in quantity, poorly synchronized (different specifications), and obsolete (old, out of date).	1-1. Find out the methods of providing supplemental equipment to meet the basic demand. 1-2. Alley with other institutions. (such as, public organizations and private companies for repair) 1-3. Utilize the equipment currently available. 1-4. Procure relevant equipment suitable for the current needs. 1-5. Obtain cooperation of the internal and foreign organizations besides JICA.
2	Human resources problems They have insufficient knowledge in specific areas	2-1. Training courses have to be provided for HCH staff in the use of medical equipment. 2-2. Train those staff in provincial hospitals. 2-3. Training courses for specialized subjects should be conducted to update the skills of HCH staff.
3	Lack of equipment maintenance circle (or system)	3-1.Set up a group / team for maintenance and services. 3-2. Find the necessary materials / resources for maintenance.

Annex 8

Project Design Matrix (PDM)

Date: June 27, 2005

Project title: The Project for Improvement of Medical Service in the Central Region in the Socialist Republic of Vietnam

Target Area: Twelve (12) Provinces and one (1) City in the Central Region of Vietnam Target group: Staff of HCH and the provincial (city) hospitals in the Central Region

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Super Goal			
The health status of the people in the Central Region is improved.	· Crude death rate in the Central Region · Infant mortality rate in the Central Region · Maternal mortality ratio in the Central Region	Ministry of Health	
Overall Goal	· Result of the hospital ranking of the provincial hospitals · Death rate in the provincial hospitals	Ministry of Health	· The collaboration between the provincial hospitals and hospitals at the lower level is strengthened. · The socio-economic situation in the Central Region is improved · Public health activities in the Central Region are strengthened.
Medical Services provided by the provincial hospitals in the Central Region are improved.			
Project Purpose	· Number of training participants by job category · Number of the provincial hospitals reporting the results of nosocomial infection surveillance	Provincial Hospitals Hue Central Hospital	· The staff of the provincial hospitals trained by HCH continue working in the provincial hospitals · The facilities and equipment of the provincial hospitals are improved.
Training activities of the HCH for the PHs are expanded and improved.			
Outputs			
1 Model medical service is practiced at HCH.	· Average days of hospital stay in the model ward · Results of patient satisfaction survey · Proportion of equipment with regular maintenance record (necessary for defining equipment list) · Proportion of the functioning equipment necessary for defining equipment list) · Result of the evaluation of medical service in the HCH	Hue Central Hospital	· HCH is financially stable on a sustainable basis.
2 A training management system and organization is established at HCH.	· Number of provinces who have participated in HCH training · Number and proportion of evaluated training courses · Number of staff assigned to the Training Unit and their total days of working	Hue Central Hospital	
3 HCH monitors the status of medical services at the provincial hospitals in the Central Region.	· Number of the provinces reporting survey results	Hue Central Hospital Provincial Hospitals	

Note: HCH; Hue Central Hospital
BMH ; Bach Mai Hospital
CRH ; Cho Ray Hospital

Activities	Inputs		
	Japan	Vietnam	
1 A model medical service is practiced at HCH.	Experts <Long-term experts> *Chief Advisor *Expert in Nursing management *Project coordinator <Short-term experts> *Expert in Training management *Expert in Equipment management *Expert in Nosocomial infection Full-time project staff *Secretary *Interpreter *Clerk *Driver Part-time project staff *Clerk Training in Japan *Training management *Nursing management *Nosocomial infection Equipment and materials for training *Training equipment and materials *Materials for practical training *Maintenance equipment *Books *Vehicle Local cost *Part of allowance & accomodation for training participants *Seminars *Textbooks & materials *General expenses of the project office	Counterpart officers *Director *Vice Director (DOHA) *Vice Director (Clinical) *Vice Director (Co-clinical) *Head of GPD *Chief of Training Unit (Vice Head of GPD) *Head of Nursing *Vice-Head of DOHA *Head of Medical Equipment Dept. *Relevant HCH staff participating in the Project as trainers Full-time project staff *Training Unit staff *Other necessary staff Equipment and materials for training *Office facilities *Office Equipment *Stationary *Training Facilities Local cost *Part of the allowance & accommodation for training participants and lecturers *Office maintenance cost *Management expense *Training expense	· Trained staff continue working in HCH
1-1 Improvement of Nursing management · To clarify the TOR of nursing staff · To specify activities of nursing management · To organize in-service-training committee of nursing · To implement in-service training of nursing staff · To evaluate in-service-training of nursing staff · To rotate nursing staff for the purpose of in-service-training			
1-2 Improvement of "total care" · To organize a "total care" committee · To clarify the concept of "total care" · To specify the "total care" activities · To practice "total care" activities in the model ward · To evaluate the implementation of "total care"			
1-3 Improvement of nosocomial infection control · To organize a Nosocomial Infection Control Committee · To organize a Nosocomial Infection Control Team · To develop a guideline for nosocomial infection control · To establish a surveillance system for nosocomial infection · To implement training for nosocomial infection control			
1-4 Management of Medical Equipment maintenance system · To specify activities of Medical Equipment Dept. · To develop a medical equipment database · To specify protocol for medical equipment maintenance · To train the staff of the Medical Equipment Dept.			
2 A training management system and organization is established at HCH.			
2-1 Establishment of Training Unit · To allocate staff to work exclusively in the Training Unit · To allocate budget for the Training Unit			
2-2 Establishment of training cycle management (Planning, Implementation and Evaluation) · To develop a training management manual · To train trainers · To implement training for medical staff from the provincial hospitals			
2-3 To organize a training coordinating committee · To coordinate a Training Unit and clinical departments in HCH			Pre-conditions
2-4 Development of training materials · To develop training materials at HCH · To share experiences of training material development with BMH and CRH · To manage training materials and equipment			MOH continues its policy of promoting DOHA activities.
2-5 To disseminate information on training by HCH for the provincial hospitals			
3 HCH monitors the status of medical services at the provincial hospitals in the Central Region. 3-1 To maintain a provincial hospital database 3-2 To conduct training needs assessment 3-3 To survey the effects of the training			

IN THE CENTRAL REGION IN THE SOCIALIST REPUBLIC OF VIETNAM

PLAN OF OPERATIONS (TIMETABLE AND RESPONSIBLE PERSON IN THE PROJECT)

①Activities	②Targets	③VN 2005 / JP2005	2006	2007	2008	2009	2010	④Responsible Person in the Project		⑤Remarks
		I II III IV	I II III IV	I II III IV	I II III IV	I II III IV	I	VN	JP	
		4-6 7-9 10-12 1-3	4-6 7-9 10-12 1-3	4-6 7-9 10-12 1-3	4-6 7-9 10-12 1-3	4-6 7-9 10-12 1-3	4-6			
1-1 Improvement of Nursing management	Nursing management are improved							Vice-Director (Clinical Depts), Head of Nursing Dept.	Chief Advisor Expert in Nursing Mgt	
1-1-1 To clarify the TOR of nursing staff	Documents of TOR	← → ◇	◇	◇	◇	◇	→	Clinical Vice-Director, Head of Nursing Dept.	Chief Advisor, Expert in Nursing Mgt	
1-1-2 To specify activities of nursing management	Protocols of nursing management, Questionnaires, On-spot investigations	← → ◇	◇	◇	◇	◇	→	Clinical Vice-Director, Chief of Nursing Dept.	Chief Advisor, Expert in Nursing Mgt	
1-1-3 To organize in-service training committee of nursing	In-service training steering committee. Training programs and the list of nursing trainers for each course	◇	◇	◇	◇	◇	→	Clinical Vice-Director, Chief of Nursing Dept.	Chief Advisor, Expert in Nursing Mgt	
1-1-4 To implement in-service training of nursing staff	Plan of in-service training, Training courses. Dispatch to provincial hospitals. Pre-tests, mid-tests and post-tests	←	←	←	←	←	→	Clinical Vice-Director, Chief of Nursing Dept.	Chief Advisor, Expert in Nursing Mgt	
1-1-5 To evaluate in-service training of nursing staff	Questionnaires. Dispatch to provincial hospitals, On-spot investigation, Feedback information and data	◇	◇	◇	◇	◇	↔	Clinical Vice-Director, Chief of Nursing Dept.	Chief Advisor, Expert in Nursing Mgt	
1-1-6 To rotate nursing staff for the purspose of in-service training	Plans of nursing staff rotation, Dispatch in rotation to provincial hospitals	←	←	←	←	←	→	Clinical Vice-Director, Chief of Nursing Dept	Chief Advisor, Expert in Nursing Mgt	
1-2 Improvement of "Total Care"	Total Care activities are implemented and strengthened							Director Vice-head of Nursing Dept.	Chief Advisor	
1-2-1 To organize "Total Care" committee	Total Care Steering Committee	◇	◇	◇	◇	◇	→	Director, Heads of Nursing Dept.	Chief advisor	
1-2-2 To clarify the concept of "Total Care"	Documents of the concept of Total care	← → ◇	◇	◇	◇	◇	→	Director, Heads of Nursing Dept.	Chief advisor	
1-2-3 To specify the activities for "Total Care"	Documents of the contents/activities of "Total care" Researches on the activities of total care	← → ◇	◇	◇	◇	◇	→	Director, Heads of Nursing Dept	Chief advisor	
1-2-4 To practice "Total Care" activities in the model ward	Training courses of total care, Dispatch to provincial hospitals, Bulletins on total care	←	←	←	←	←	→	Director, Heads of Nursing Dept	Chief Advisor, Expert in Nursing Mgt	
1-2-5 To evaluate the implementation of "Total Care"	Questionnaires, Dispatch to provincial hospitals, On-spot investigation, Feedback information and data	◇	◇	◇	◇	◇	↔	Director, Heads of Nursing Dept.	Chief advisor	
1-3 Improvement of nosocominal infection control	Nosocomial infection is best controlled							Vice-Director (Clinical Depts.), Head of Anti-infection sterilization Dept.	Experts in the field of nosocomial infection control	
1-3-1 To organize Nosocominal Infection Control Committee	Nosocomial Infection Control Committee , Nosocomial Infection Control materials	◇	◇	◇	◇	◇	→	Clinical Vice-Director, Head of Nosocomial Infection Control Dept.	Experts in the field of Nosocomial infection control	
1-3-2 To organize Nosocominal Infection Control Team	Nosocomial Infection control team	◇	◇	◇	◇	◇	→	Clinical Vice-Director, Head of Nosocomial Infection Control Dept	Experts in the field of Nosocomial infection control	
1-3-3 To develop a quideline of Nosocominal Infection Control	Documents of the guideline of Nosocomial Infection Control	← → ◇	◇	◇	◇	◇	→	Clinical Vice-Director, Head of Nosocomial Infection Control Dept.	Experts in the field of Nosocomial infection control	

IN THE CENTRAL REGION IN THE SOCIALIST REPUBLIC OF VIETNAM

PLAN OF OPERATIONS (TIMETABLE AND RESPONSIBLE PERSON IN THE PROJECT)

①Activities	②Targets	③VN 2005 / JP2005	2006	2007	2008	2009	2010	④Responsible Person in the Project		⑤Remarks
		I II III IV (4-6 7-9 10-12 1-3)	I II III IV (4-6 7-9 10-12 1-3)	I II III IV (4-6 7-9 10-12 1-3)	I II III IV (4-6 7-9 10-12 1-3)	I II III IV (4-6 7-9 10-12 1-3)	IV (1-3)	VN	JP	
1-3-4 To establish surveillance system of Nosocominal Infection	Documents of Nosocomial Infection Control surveillance, Surveillance systems of Nosocomial Infection Control		⇔ →	⇔	⇔	⇔	→	Clinical Vice-Director, Head of Nosocomial Infection Control Dept.	Experts in the field of Nosocomial infection control	
1-3-5 To Implement training for Nosocominal Infection Control	Training programs , Training materials , Training courses, Questionnaires on training methods, On-spot evaluations, Feedback information and data		← →					Clinical Vice-Director, Head of Nosocomial Infection Control Dept	Experts in the field of Nosocomial infection control	
1-4 Management of medical equipment maintenance system	Medical equipment management is improved							Head or Vice head of Materials & Medical Equipment Dept.	Expert in Medical Equipment Maintenance	
1-4-1 To specify activities of Medical Equipment Department	Documents of the activities of Medical Equipment Department		← → ⇔	⇔	⇔	⇔	→	Vice-Head of Material & Medical Equipment Department	Expert in medical equipment management	
1-4-2 To develop a medical equipment database	Medical Equipment management software program		← →	⇔	⇔	⇔	→	Vice-Head of Material & Medical Equipment Department	Expert in medical equipment management	
1-4-3 To specify protocol for medical equipment maintenance	Documents of maintenance protocols of Medical Equipment		← →	⇔	⇔	⇔	→	Vice-Head of Material & Medical Equipment Department	Expert in medical equipment management	
1-4-4 To train the staff of Medical Equipment Department	Training plans and programs of Medical Equipment maintenance, Training courses, Questionnaires, On-spot evaluations, Feedback information and data		← →					Vice-Head of Material & Medical Equipment Department	Expert in medical equipment management	
2-1 Establishment of Training Unit	Training activities are planned and managed by a Training Unit at HCH							Director of HCH	Chief advisor	
2-1-1 To allocate staff exclusively working for Training Unit	Full-time staff	◇						Director of HCH	Chief advisor	
2-1-2 To allocate an office and its appropriate facilities for Training Unit.	Office, Interior facilities	◇						Director of HCH	Chief advisor	
2-1-3 To allocate budget for Training Unit	Budget for training activities	←	→					Director of HCH	Chief advisor	
2-2 Establishment of training cycle management (planning, implementation and evaluation)	Training management is strengthened							Vice-Director (co-clinical)	Experts in training management	
2-2-1 To develop training management manual	Training management manual		← → ⇔	⇔	⇔	⇔	→	Vice-Director (co-clinical)	Experts in training management	
2-2-2 To train trainers	List of trainers, Training manuals		← → →	→	→	→	→	Vice-Director (co-clinical)	Experts in training management	

THE PROJECT FOR IMPROVEMENT OF MEDICAL SERVICE
IN THE CENTRAL REGION IN THE SOCIALIST REPUBLIC OF VIETNAM
PLAN OF OPERATIONS (TIMETABLE AND RESPONSIBLE PERSON IN THE PROJECT)

①Activities	②Targets	③VN 2005 / JP2005 I (4-6)	II (7-9)	III (10-12)	IV (1-3)	2006 / 2006 I (4-6)	II (7-9)	III (10-12)	IV (1-3)	2007 / 2007 I (4-6)	II (7-9)	III (10-12)	IV (1-3)	2008 / 2008 I (4-6)	II (7-9)	III (10-12)	IV (1-3)	2009 / 2009 I (4-6)	II (7-9)	III (10-12)	2010 IV (1-3)	④Responsible Person in the Project VN	JP	⑤Remarks
2-2-3 To implement trainign for medical staff from the provincial hospitals	General plans, Detailed plans, Training courses, Pre-tests, mid-tests and post-tests, Questionnaires, Feedback information and data				◇	←	→		←	→		←	→		←	→		←	→		→	Vice-Director (co-clinical)	Experts in training management	
2-2-4 To carry out on-spot training and technical transfers for medical staff at provincial hospitals	General plans, Detailed plans , On-spot training courses, Training courses, Questionnaires, Feedback information and data				◇	←	→		←	→		←	→		←	→		←	→		→	Vice-Director (co-clinical)	Experts in training management	
2-3 To organize a training coordinating committee	Training coordinating committee is organized																					Director of HCH	Chief Advisor (& other experts if necessary)	
2-3-1 To coordinate Training Unit and clinical departments in HCH	Training Department, Database of training activities		←	→	◇	←															→	Director of HCH	Chief Advisor (& other experts if necessary)	
2-3-2 To involve all departments to training activities	Training tasks are official assigned to each department as regular duties		←	→		←	→			←											→	Director of HCH	Chief Advisor (& other experts if necessary)	
2-4 Development of training materials	Training materials are developed																					Vice Directors (Clinical / Co-Clinical)	Expert in Training Mgt, Nursing Mgt, others if necessary	
2-4-1 To develop training materials at HCH	Training materials					←		→		←											→	Vice-Director(co-clinical)	Experts in Training Mgt & Nursing Mgt, others if necessary	
2-4-2 To share experiences of training material development with BMH and CRH	Seminars on training material development					◇				◇				◇				◇			→	Vice-Director(co-clinical)	Experts in Training Mgt & Nursing Mgt, others if necessary	
2-4-3 To manage training materials and equipment	Database for training materials and equipment					←	→														→	Vice-Director(co-clinical)	Experts in Training Mgt & Nursing Mgt, others if necessary	
2-5 To disseminate information regarding training by HCH for the provincial hospitals	Effective information is disseminated.																					Vice-Director(co-clinical)	Chief-advisor	
2-5-1 To dispatch official documents and feedback information on training to provincial health departments and provincial hospitals	Dispatch and Feedback System		←																		→	Vice-Director(co-clinical)	Chief-advisor	
2-5-2 To conduct seminars/ workshops on training activities and annual sum-up meetings	Workshops on different fields, Seminars on training activities of different fields.		←																		→	Vice-Director(co-clinical)	Chief-advisor	
2-5-3 To disseminate bulletins/magazines on training activities to provincial hospitals	Disseminating system		←																		→	Vice-Director(co-clinical)	Chief-advisor	
3-1 To maintain a provincial hospital database	Provincial database is maintained																					Co-clinical Vice-Director - Head of GPD	Expert in training management	
3-1-1 To conduct surveys on personnel structure of provincial hospitals	Questionnaires, Software programs		←		◇				◇				◇				◇				↔	Co-clinical Vice-Director - Head of GPD	Expert in training management	
3-1-2 To conduct surveys on provincials' facilities by questionnaires and on-spot observation	Questionnaires, Software programs		←		◇				◇				◇				◇				↔	Co-clinical Vice-Director - Head of GPD	Expert in training management	

IN THE CENTRAL REGION IN THE SOCIALIST REPUBLIC OF VIETNAM

PLAN OF OPERATIONS (TIMETABLE AND RESPONSIBLE PERSON IN THE PROJECT)

①Activities	②Targets	③VN 2005 / JP2005	2006	2007	2008	2009	2010	④Responsible Person in the Project		⑤Remarks
		I II III IV (4-6 7-9 10-12 1-3)	I II III IV (4-6 7-9 10-12 1-3)	I II III IV (4-6 7-9 10-12 1-3)	I II III IV (4-6 7-9 10-12 1-3)	I II III IV (4-6 7-9 10-12 1-3)	IV (1-3)	VN	JP	
3-1-3 To conduct survey on medical practice abilities of provincial hospitals by questionnaires and on-spot observation	Questionnaires, Software programs	◆	◆	◆	◆	◆	◆	Co-clinical Vice-Director - Head of GPD	Expert in training management	
3-2-1 To conduct survey on training needs of provincial hospitals	Conducting surveys, Questionnaires	◆	◆	◆	◆	◆	◆	Co-clinical Vice-Director	Chief Advisor	
3-2-2 To organize seminars to identify essential training needs of provincial hospitals	Regional seminars on training needs	◆	◆	◆	◆	◆	◆	Co-clinical Vice-Director	Chief Advisor	
3-3 To survey effect of the training	Effect of the training is surveyed							Co-clinical Vice Director	Chief Advisor	
3-3-1 To conduct survey on the implementation of new medical techniques at provincial hospitals	Questionnaires, On-spot surveys, Investigations at all target provincial hospitals	◆	◆	◆	◆	◆	◆	Co-clinical Vice Director	Chief Advisor	
3-3-2 To hold seminars to evaluate the effect of training activities	Regional seminars	◆	◆	◆	◆	◆	◆	Co-clinical Vice Director	Chief Advisor	

Note: ⟷ Period for plan is developed

⟷ Period for plan is reviewed

<⋯⋯> Period for plan is advanced at any time

THE PROJECT FOR IMPROVEMENT OF MEDICAL SERVICE
IN THE C TRAL REGION IN THE SOCIALIST REPUBLIC OF TNAM
PLAN OF OPERATION (INPUT)

Annex 9

	Input (Person / Materials& Equipment)		④Remarks
	②Personnel	③Equipment	
1-1 Improvement of Nursing management 1-1-1 To clarify the TOR of nursing staff 1-1-2 To specify the activities of nursing management 1-1-3 To organize a committee for the in-service training of nursing staff 1-1-4 To implement the in-service training of nursing staff 1-1-5 To evaluate in-service training of nursing staff 1-1-6 To rotate nursing staff for the purpose of in-service training	Board of Directors; Relative committee's members, Chief-executive Officers from: Nursing Department, Training Unit, General Planning Department, DOHA, Personnel Department, Relative Department, Nursing trainers, Those who completed the JICA training course, Attendants from BMH, CRH, Attendants from provincial hospitals, Relative JICA Experts.	Reference documents, Kit, facilities & consumables for training, Materials and tools used in nursing management.	
1-2 Improvement of "Total Care" 1-2-1 To organize a "Total Care" committee 1-2-2 To clarify the concept of "Total Care" 1-2-3 To specify the activities for "Total Care" 1-2-4 To practice "Total Care" activities in the model ward 1-2-5 To evaluate the implementation of "Total Care"	Board of Directors; Relative committee's members, Chief-executive Officers from: Nursing Department, Training Unit, General Planning Department, DOHA, Personnel Department, Relative clinical department, Nursing trainers, Those who completed the JICA training course, Attendants from BMH, CRH, Attendants from provincial hospital, Relative JICA Experts.	Reference documents, Kit, facilities & consumables for training, Materials and tools used in total care.	
1-3 Improvement of nosocominal infection control 1-3-1 To organize a Nosocominal Infection Control Committee 1-3-2 To organize a Nosocominal Infection Control Team 1-3-3 To develop a guideline for Nosocominal Infection Control 1-3-4 To establish surveillance system for Nosocominal Infection 1-3-5 To Implement training for Nosocominal Infection Control	Board of Directors; Relative committee's members Chief-executive Officers from: Nosocomial Infection Control Department, Microbiology Department, Bio-chemistry Dept, Hemeto-transfusion Center, Patho-anatomy Dept, Nutrition Department, ICU&NICU, Infectious Disease Dept, Pediatrics, Emergency Ward, Poison Control Center, Nursing Department, Training Unit, General Planning Department, DOHA, Personnel Department, Relative clinical department, Those who completed the JICA training course, Attendants from BMH, CRH, Attendants from provincial hospital, Relative JICA Experts.	Reference documents, Kit, facilities & consumables for training, Materials and tools used in nosocomial infection control.	
1-4 Management of medical equipment maintenance system 1-4-1 To specify the activities of Medical Equipment Department 1-4-2 To develop a medical equipment database 1-4-3 To specify the protocol for medical equipment maintenance 1-4-4 To train the staff of the Medical Equipment Department	Board of Directors; Relative committee's members, Chief-executive Officers from: Materials & Medical Equipment Department, Training Unit, General Planning Department, DOHA, Personnel Department, Software programming designers, Users of relative departments, Those who completed the JICA training course, Attendants from BMH, CRH, Attendants from provincial hospital, Relative JICA Experts.	Reference documents, Kit, facilities & consumables for training, Materials and tools used in medical equipment maintenance.	

THE PROJECT FOR IMPROVEMENT OF MEDICAL SERVICE
IN THE CENTRAL REGION IN THE SOCIALIST REPUBLIC OF VIETNAM
PLAN OF OPERATION (INPUT)

	Input (Person / Materials& Equipment)		④Remarks
	②Personnel	③Equipment	
2-1 Establishment of Training Unit (TU) 2-1-1 To allocate staff to work exclusively for the Training Unit 2-1-2 To allocate an office and appropriate facilities for the TU 2-1-3 To allocate budget for the Training Unit	Board of Directors; Relative committee's members Chief-executive Officers from: General Planning Department, Personnel Department, Nursing Department, Materials & Medical Equipment Department, Relative clinical departments, Those who completed the JICA training course, Relative JICA Experts.	Full-time staff, Office, Facilities, Equipment, Stationery, Consumables for management.	
2-2 Establishment of training cycle management (planning, implementation and evaluation) 2-2-1 To develop a training management manual 2-2-2 To train trainers 2-2-3 To implement training for medical staff from the provincial hospitals 2-2-4 To carry out on-the-spot training and technical transfers for medical staff at provincial hospitals	Board of Directors; Relative committee's members, Chief-executive Officers from; Training Unit, General Planning department, DOHA, Personnel Department, Nursing Department, Materials & Medical Equipment Department, Nosocomial Infection Control Department, Relative clinical departments, Those who completed the JICA training course, Attendants from BMH, CRH, Attendants from provincial hospital, Relative JICA Experts.	Laptop PC, Workstation with printers, Photocopier; Reference documents, Facilities for workshops (Projector, Overhead projector, Screen, etc.). Stationery, Cost for developing training management, 24-seat car for travel to provincial hospitals.	
2-3 To organize a training coordinating committee 2-3-1 To coordinate Training Unit and clinical departments in HCH 2-3-2 To involve all departments to training activities	Board of Directors; Relative committee's members, Chief-executive Officers from: Training Unit, General Planning Department, DOHA, Personnel Department, Nursing Department, Materials & Medical Equipment Department, Nosocomial Infection Control Department, Relative clinical departments,	Materials and equipment for seminar organization, Stationery, Cost for meetings	
2-4 Development of training materials 2-4-1 To develop training materials at HCH 2-4-2 To share experiences of training material development with BMH and CRH 2-4-3 To manage training materials and equipment	Board of Directors; Relative committee's members, Chief-executive Officers from: Training Unit, General Planning Department, DOHA, Personnel Department, Nursing Department, Materials & Medical Equipment Department, Nosocomial Infection Control Department, Relative clinical departments, IEC (Information, Education and Communication), Attendants from BMH, CRH, Attendants from provincial hospital, Relative JICA Experts.	Library with reference books on training in relative fields, Cost for writing, printing, publishing and making training materials, Stationery Consumables for development, Facilities for keeping training material and equipment.	
2-5 To disseminate information on the training by HCH for the provincial hospitals 2-5-1 To dispatch official documents and feedback information on training to provincial health departments and provincial hospitals 2-5-2 To conduct seminars/ workshops on training activities and annual sum-up meetings 2-5-3 To disseminate bulletins/magazines on training activities to provincial hospitals	Board of Directors; Relative committee's members Chief-executive Officers from: Training Unit, General Planning Department, DOHA, Relative JICA Experts.	Cost for writing, printing, publishing and sending bulletins / magazines	

THE PROJECT FOR IMPROVEMENT OF MEDICAL SERVICE
IN THE C[illegible]TRAL REGION IN THE SOCIALIST REPUBLIC OF[illegible]TNAM
PLAN OF OPERATION (INPUT)

	Input (Person / Materials& Equipment)		④Remarks
	②Personnel	③Equipment	
3-1 To maintain a provincial hospital database 3-1-1 To survey the personnel structure of provincial hospitals 3-1-2 To surveys the provincial facilities by questionnaires and on-the-spot observation 3-1-3 To survey the medical practice abilities of provincial hospitals by questionnaires and on-the-spot observation	Board of Directors; Relative committee's members, Chief-executive Officers from: Training Unit, General Planning Department, DOHA, Personnel Department, Nursing Department, Materials & Medical Equipment Department, Nosocomial Infection Control Department, Relative clinical departments, Information Technology Unit, Attendants from BMH, CRH, Attendants from provincial hospital, Relative JICA Experts.	Cost for designing and writing software programs, Cost for information gathering, Cost for attendants from provincial hospitals, Cost for dispatch to provincial hospitals.	
3-2 To conduct training needs assessment 3-2-1 To survey training needs of provincial hospitals 3-2-2 To organize seminars to identify the essential training needs of provincial hospitals	Board of Directors; Relative committee's members, Chief-executive Officers from Training Unit, General Planning Department, DOHA, Personnel Department, Nursing Department, Materials & Medical Equipment Department, Nosocomial Infection Control Department, Relative clinical departments, Attendants from BMH, CRH, Attendants from provincial hospital, Relative JICA Experts.	Cost for information gathering, Cost for attendants from provincial hospitals, Cost for dispatch to provincial hospitals	
3-3 To survey the effects of the training 3-3-1 To survey the implementation of new medical techniques at the provincial hospitals 3-3-2 To hold seminars to evaluate the effects of training activities	Board of Directors; Relative committee's members Chief-executive Officers from: Training Unit, General Planning Department, DOHA, Personnel Department, Nursing Department, Materials & Medical Equipment Department, Nosocomial Infection Control Department, Relative clinical departments, Attendants from BMH, CRH, Attendants from provincial hospital, Relative JICA Experts.	Cost for information gathering, Cost for attendants from provincial hospitals, Cost for dispatch to provincial hospitals	

List of provinces/ cities and hospitals which are the targets of training under the Project

	Name of province/city	Name of city where the hospital is located	Supervisory authority	Name of hospital
1	Ha Tinh	Ha Tinh	Provincial Health Dept.	Ha Tinh General Hospital
2	Quang Binh	Dong Hoi	People's Committee	Viet Nam-CuBa Hospital, Dong Hoi
3	Quang Tri	Dong Ha	Provincial Health Dept.,	Quang Tri General Hospital
4	Thua Thien Hue	Hue	Provincial Health Dept.	Hue City Hospital
5	Quang Nam	Tam Ky	Provincial Health Dept.	Quang Nam General Hospital
6	Da Nang	Da Nang	Ministry of Health	C Hospital, Da Nang
7	Da Nang	Da Nang	City Health Dept.	Da Nang Hospital
8	Quang Ngai	Quang Ngai	Provincial Health Dept.	Quang Ngai General Hospital
9	Kontum	Kontum	Provincial Health Dept.	Kontum General Hospital
10	Binh Dinh	Quy Nhon	Provincial Health Dept.	Binh Dinh General Hospital
11	Gia Lai	Pleiku	Provincial Health Dept.	Gia Lai General Hospital
12	Phu Yen	Tuy Hoa	Provincial Health Dept.	Phu Yen General Hospital
13	Dak Nong	Gia Nghia	Provincial Health Dept.	Dak-Nong General Hospital
14	Dak Lak	Buon Me Thuot	Provincial Health Dept.	Dak Lak General Hospital

There are fifteen (15) provinces and one (1) city in the Central Region. All but two of the provinces /cities have one general hospital. The exceptions, Da Nang City and Binh Dinh Province, each has two general hospitals. The targeted hospitals under the Project exclude the hospitals currently being assisted by other central/provincial hospitals. With this exclusion, the Project targets fourteen (14) hospitals spread throughout the twelve (12) provinces and one (1) city.

- Nghe An General Hospital is assisted by Bach Mai Hospital.
- Quy Nhon City Hospital is categorized as a district hospital and assisted by Binh Dinh General Hospital.
- Khanh Hoa General Hospital is assisted by Cho Ray Hospital.
- Ninh Thuan General Hospital is assisted by Cho Ray Hospital.

All but three of these hospitals are under the authority of the provincial health departments. The exceptions are 2) Viet Nam-Cuba Hospital, Dong Hoi, which is directly under the People's Committee, 4) C Hospital, Da Nang, which is directly under the Ministry of Health, and 5) Da Nang Hospital, which is under the City Health Dept.

Tentative Plan of TOR for Japanese Experts[1]

1. Chief Advisor

Liaison: Director of HCH

Tasks:

1) To take responsibility for the planning and implementation of general management as a leader of the Japanese expert team.
2) To grasp the whole plan of the Vietnamese side regarding the achievement of the goal and sustainability, and to give advice to the Vietnamese side when necessary.
3) To discuss the progress and future plans for the management and technical transfer of the Project to the Vietnamese side through participation of the Joint Coordinating Committee.
4) To give advice on project management to the Hue Central Hospital.
5) To make a progress report every six months (or more frequently when necessary) with counterparts on the above-mentioned matters and submit it to the JICA Vietnam Office.
6) To prepare evaluations on the outputs of the Project with the Vietnamese side.
7) To revise the project plan and project schedule through discussion with the related Vietnamese organizations and the Japanese side, when necessary.
8) To collaborate with stakeholders such as other donors and international organizations.
9) Other overall matters related to the Project.

2. Project Coordinator

Liaison: Director of HCH, Director Board and officers responsible for the planning of day-to-day Project activities

Tasks:

1) To assist the Chief Advisor in the overall management of the Project and compile a cooperation plan based on the discussion with the Vietnamese side.
2) To manage the progress of an annual plan for each input.
3) To grasp the project implementation plan of the Vietnamese side, such as the project inputs and the project, by participating in the Joint Coordinating Committee or through a similar means.
4) To assist the Chief Advisor in preparing reports to be submitted.
5) To discuss the technical transfer plan with the Japanese experts and assist them in their implementation.
6) To manage official expenses, materials, administration and accounting for the Japanese expert team.
7) To promote efficient activities as a contact person and coordinator among the Vietnam side, JICA, and the Japanese expert team.
8) To pay attention to obstacles impeding the smooth implementation of the Project, to find solutions to such obstacles through discussion with Japanese experts, the Vietnamese side, and the JICA Vietnam Office, and to promote problem-solving measures.
9) To discuss a plan for technical transfer and to assist the Chief Advisor and Japanese experts.

[1] TORs of Japanese experts are based on the Plan of Operations agreed during the discussions between the Japanese Preparatory Study Mission and those concerned of the Hue Central Hospital in the preparatory study mission.

3. Expert in Training Management

Liaison: Director Board, Chief of Training Unit, Vice Head of DOHA, Head of GDP

Tasks:

1) Together with other experts, to help counterparts establish of training cycle management (planning, implementation, and evaluation).
2) Together with other experts, to help counterparts develop training materials.
3) To help counterparts construct and maintain a database on the medical services and training needs of provincial hospitals.

4. Expert in Nursing Management

Liaison: Director Board, Chief of Executives Officers of Nursing Dept.

Tasks:

1) Together with the Chief Advisor, to help counterparts improve nursing management and Total Care.
2) Together with an expert in Training Management, to help counterparts establish training cycle management (planning, implementation and evaluation) in the field of nursing management.
3) Together with an expert in Training Management, to help counterparts develop training materials in the field of nursing.

5 Expert in Equipment Maintenance

Liaison: Director Board, Head and Vice Head of Materials & Medical Equipment Dept.

Tasks:

1) To help counterparts manage the medical equipment maintenance system

Annex IV

THE IMPLEMENTATION STRUCTURE OF THE PROJECT