

73003476

REPORT U-446

PD-AAF-388-F1

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 730-11-530-347	2. PAR FOR PERIOD: 12-72 TO 10/73	3. COUNTRY Vietnam	4. PAR SERIAL NO. 730-74-059
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5. PROJECT TITLE

MEDICAL CARE

13

6. PROJECT DURATION: Began FY _____ Ends FY _____	7. DATE LATEST PROP	8. DATE LATEST PIP	9. DATE PRIOR PAR December 1972
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$	b. Current FY Estimated Budget: \$	c. Estimated Budget to completion After Current FY: \$
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
AMA	AID/vn-59
IRC	AID/vn-78
ROC	AID-2591

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
U.S. A.I.D.	A.I.D./W	HOST		
			<p>The Medical Care Project developed as a result of the war and the increased need for emergency civilian medical care in the mid-1960's. The chief input of the Project consisted of direct hire, U.S. military and Free-World Assistance medical teams to assist the GVN in the operation of it's medical facilities. In addition local currency, commodities, and training were provided under the Project.</p> <p>The Project is scheduled to terminate at the end of FY'74 and should terminate on schedule.</p> <p>In the course of terminating the Project ADLD/PH should be prepared to confirm the following for the final Project Completion Report:</p> <ol style="list-style-type: none"> 1. That the excess property and equipment (e.g. 35 vehicles) which were provided the MOH are being effectively utilized and that the MOH has provided/continues to provide adequate maintenance, repair, and spare parts. 2. That participants funded under the Project are being utilized effectively. 3. That funding arrangements are made to insure that the participants scheduled to begin prior to the end of the project are able to complete their studies after the project terminates. 4. That all residual activities in Health Administration (See condition 2.0 page 10) are transferred to the Health Advisory Services Project 730-11-530-348. 	

D. REPLANNING REQUIRES REVISED OR NEW:	<input type="checkbox"/> PROP	<input type="checkbox"/> PIP	<input type="checkbox"/> PROAG	<input type="checkbox"/> PIO/T	<input type="checkbox"/> PIO/C	<input type="checkbox"/> PIO/P	E. DATE REVIEW PANEL MET N.A
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PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE Isaiah A. Jackson, M.D. <i>I.A.J.</i> 280-73	TYPED NAME, SIGNED INITIALS AND DATE Ernest Kanrich <i>E.K.</i> 1/15/74
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CLEARANCE:

W. Oldham, ADLD/PH W. Oldham Date 14 Jan 14
W. Niblo, A/ADLD W. Niblo Date 14 Jan 74
O.J. Lustig. ADPROG/EVAL by Date 11/1/74

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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)				
	UNSATIS- FACTORY		SATISFACTORY			OUT- STANDING		LOW	MEDIUM		HIGH	
	1	2	3	4	5	6	7	1	2	3	4	5
1. AMA (AID/vn-59) (terminated)												
2. IRC (AID/vn-78)				X						X		
3. ROC (AID-2591) (terminated)												

Comment on key factors determining rating

(See pages 3 and 4)

4. PARTICIPANT TRAINING	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating

No Participants Funded FY 73 therefore no rating given.
2 Participants trained in Laboratory Technology returned in 1973,
and employed at National Laboratory Training School as instructors.

5. COMMODITIES	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating

No Commodities procured 12-1-72 to 9-18-73
Non-Expendables previously procured are being used for purpose intended.

6. COOPERATING COUNTRY	a. PERSONNEL	1	2	3	4	5	6	7	1	2	3	4	5
	b. OTHER		X									X	

Comment on key factors determining rating

- a. Hospital Administration is inadequate. Improved supervision, deployment and utilization of medical & paramedical personal needed.
- b. Maintenance of medical equipment, building and grounds varies from unsatisfactory to fair. Inadequate funding for sanitation and utilities. Data & statistics are unreliable.

7. OTHER DONORS	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating of Other Donors

(See page 4)

Contractor Inputs

AMA volunteer physicians for Vietnam. Contract terminated June 1973.
Fiscal Year.

IRC Contract	MAN MONTHS FY 73	MAN MONTHS FY 66 - FY 73
Physicians	20	363
Anesthesiologists	0	18
Nurses	42	413
Hospital Administrator	0	33
Medical Coordinator	12	64
Assist. Coordinator	1	8.2
Hand Surgeon	6	18
	81	917.2

Free World Assistance reduced the requirement for USAID funded personnel to assist the GVN in the operation of its medical facilities. The importance to the project of the individual teams is based primarily on the numbers of professional people provided. The following countries provided medical teams:

<u>Other Donors</u>	<u>Performance</u>							<u>Importance</u>				
	<u>Unsatisfactory</u>		<u>Satisfactory</u>			<u>Out- Standing</u>		<u>Low</u>	<u>Medium</u>			<u>High</u>
	1	2	3	4	5	6	7	1	2	3	4	5
Germany						X						X
*United Kingdom												
Canada					X						X	
Philippines					X				X			
*Australia												
New Zealand					X					X		
*Iran												
Japan					X							X
*Spain												
*Switzerland												
Korea					X				X			

As of September 1973. MOH facilities were assisted by the following FW medical Teams (civilian). (Others phased out.)

<u>Other Donor</u>	<u>Team(s)</u>	<u>People/Team</u>
New Zealand	2	16/2
Canada	2	6/2
Germany (Knights of Malta)	1	28/1
Korea	1	10/1
Japan	1	4/1

* Phased out end of calendar year 1972.

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III.A. KEY OUTPUT INDICATORS AND TARGETS - QUANTITATIVE				PERFORMANCE

1. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS	2. TARGETS (PERCENTAGE/ RATE/AMOUNT)						
	CATEGORY	CUMULATIVE PRIOR FY	CURRENT CY 73		FY 74	FY ____	END OF PROJECT
			TO DATE	TO END			
1. Increased utilization of laboratory services - volume of tests done.	PLANNED	X		2,239,698	1,231,834		June 74
	ACTUAL PERFORMANCE	2,219,038	X				
	REPLANNED			X	X	X	over 10000000
2. Lab. Technician (3 year school) opened 1971 and continuing (Enrolments)	PLANNED	90	45	45	45		Enrolled 115p.a.
	ACTUAL PERFORMANCE	64	51				
	REPLANNED						1st graduation 10/74
3. Assistant Lab. Technician (1 year school) trained annually	PLANNED		200	105	105		Enrolled 105p.a.
	ACTUAL PERFORMANCE	Graduated 462	102				
	REPLANNED						Graduated 577
4. Chief of Lab. (6 month courses) trained annually.	PLANNED	24	12	4	12		Enrolled 12 p.a.
	ACTUAL PERFORMANCE	15	8				
	REPLANNED			4	12		Completed 39
5. Refresher and inservice courses for technicians. (Trained annually)	PLANNED	40	40	40	40		Enrolled 40 p.a.
	ACTUAL PERFORMANCE	39	81				
	REPLANNED			X	80		Graduated 60
6. Nurse Technicians (3 year schools) trained annually.	PLANNED	1800	Enrolled 150	Graduated 60	Enrolled 150		Enrolled 150
	ACTUAL PERFORMANCE	Graduated 1467	Graduated 43				
	REPLANNED			103	Enrolled 150		Graduated 1570
7. Ass't Nurse Technicians (1 year school) trained annually.	PLANNED	X	Enrolled 600	Graduated 502	Enrolled 600		Enrolled 600
	ACTUAL PERFORMANCE	Graduated 4019	Graduated 298				
	REPLANNED			502	600		Graduated 4521
8. Nurse Anesthetists trained annually (1 year schools)	PLANNED	240	25	25	25		Enrolled 25
	ACTUAL PERFORMANCE	200	25				
	REPLANNED			X	X		Graduated 225

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III.B. KEY OUTPUT INDICATORS AND TARGETS - QUALITATIVE

1. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	2. COMMENT
<p>1. Nursing program improved.</p> <p>1.1. Operating room manual prepared and distributed.</p>	<p>1.1. Nursing advisor prepared a manual adapted from USAF Manual # 160-56. The purpose of the Manual is to "assist nurses to give the best possible care to patients before, during, and after surgery". Distribution was expanded in CY 73 from schools of nursing to the medical school library, midwifery schools, approved private nursing schools, and other health facilities in need of improved surgical and aseptic techniques. Completed.</p>
<p>1.2. Nursing seminars and formal meetings held.</p>	<p>1.2. National Nursing Seminar scheduled to be held Oct. 1973. 250 nurses are expected to participate. Regional Chief Nurse Seminars, educational and problem solving in content, continue to be held every six months. Hospital Chief Nurses and Faculties of schools of nursing hold annual specialized seminars. The Nurse advisor assists with the planning of all seminars and actively participates in them.</p>
<p>1.3. Nursing Service Evaluation System devised and implemented.</p>	<p>1.3. Procedures were developed for evaluation consisting of reporting, inspection, consultation, and implementation methods. Another system was developed to improve the care of patient. Both are now in effect.</p>
<p>1.4. Curriculum for nursing schools developed.</p>	<p>1.4. Revised three year curriculum has been in use since 1970. Two nurse training programs exist. A three year program for nurse technicians (equivalent to R.N. in the U.S.) and a one year program for assistant nurses (equivalent to practical nurse in U.S.). The entrance requirement for admission to the three year program was upgraded to improve the quality of the students admitted. 11 years of basic education are now required for nurse technicians and 9 years for assistant nurses. (Before the present three and one year courses were introduced there was no standardization of nursing education in Vietnam. Training was almost entirely on the job in hospitals and was highly varied in length of time, from three months to two years, and in content.)</p>

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III.B. KEY OUTPUT INDICATORS AND TARGETS - QUALITATIVE

1. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	2. COMMENT
1.4. Continued	<p>1.4. In addition to two three year programs in operation in Saigon and Hue, another was started in Can Tho in 1971. The first class will graduate in 1974.</p> <p>In 1973 the Saigon and Hue Assistant Nurse Schools (1 year) ceased to exist. Both schools will carry on the three year program only and enrollment will be increased.</p> <p>Plans call for the establishment ⁱⁿ 1974 of Assistant Nurse Schools in Qui Nhon and My Tho. A three year school will open in Nha Trang and the one year school there will be discontinued.</p>
1.5. Status of National Nurses upgraded.	1.5. Qualifying examinations for upgrading National Nurses given, March-April, in 1973. 596 nurses sat for the exam. 300 passed and were elevated to the Nurse Technician category. New system established and in operation.
1.6. Nursing schools built.	1.6. Completed.
2.0. Hospital Pharmacy program established.	
2.1 National formulary prepared.	2.1 A national formulary, a reference book listing all drugs maintained in the MOH's Medical Logistic System by category, composition, actions, and uses. has been completed and is currently under review.
3.0. Hospital Administration program developed.	3.0. One of the returned participants with a M.S. degree in hospital administration is now working at the National Center for Plastic and Reconstructive Surgery as Co-administrator. The other is serving as administrator of the Under Six Clinic program.
4.0. Laboratory Program established.	
4.1. National Medical Laboratory School built and equipped.	4.1. Construction completed.

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III.B. KEY OUTPUT INDICATORS AND TARGETS - QUALITATIVE

1. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	2. COMMENT
4.2. Lab manuals prepared for class A, B, and C labs.	4.2. Manuals for <u>Class A</u> prepared, published, and distributed. Volume I and Volume II of Class B published and distributed.
4.3. Curricula and syllabi developed for Laboratory Technician (3 years) and Assistant Laboratory Technician (1 year) course.	4.3. Completed.
4.4. Laboratory Technicians trained.	4.4. See Quantitative outputs.
4.5. Special lab seminars held.	4.5. See Quantitative Outputs Held regularly.
4.6. Refresher courses conducted.	4.6. See Quantitative Outputs Courses conducted regularly.
4.7. Survey inspections conducted for quality control of lab procedures.	4.7. Quality control surveys, including a check of the following: technicians attitudes, quality of technique, workload, maintenance and supply, and the relationship between lab and M.D., conducted, periodically. Unknown specimens are sent to all labs to check accuracy. System established.
5.0. Prime Ministerial decree enacted and implemented establishing a Joint Utilization (JU) program.	5.0. The program is designed to coordinate the use of civilian and military medical resources to expand the capability of the MOH to treat civilian war casualties. The decree was enacted in 1969. As a result, 26 provincial hospitals were put under the JU program and the Ministry of Defense supplied medical personnel to each hospital. Completed.

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged.

2. Same as in PROP? YES NO

To improve the quality and availability of medical care, emphasizing priority treatment of civilian war casualties, by providing expanded and improved facilities, professional personnel, and improved laboratory and other support services at national, regional, and provincial levels.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
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1.0. All persons, including Civilian War Casualties (CWC) requiring hospital inpatient medical care at Ministry of Health (MOH) or Joint Utilization (JU) facilities are receiving adequate treatment without external technical assistance.

Indicator:

1.1. Hospital admission records.

(Index of capability, utilization and capability to respond to fluctuations in volume.)

1.1. Hospital Admissions - All Causes ^{1/}

Year	Monthly		Annual Total
	High	Low	
'67-'71 *	47,800	36,800	526,000
'72	69,550	49,640	721,320
'73*1	79,030	58,036	470,627

^{1/} Includes Civilian War Casualties. Includes only MOH hospitals with civilian war casualty admissions. Does not reflect total MOH hospital admissions.

* 1971 figures are averages for 1967 through 1971.

*1 Through July, 1973.

Year	Civilian War Casualties Monthly		Annual Total
	High	Low	
'71*	6,200	3,400	53,400
'72	6,651	2,795	39,000
'73*1	5,506	2,919	28,185

* 1971 figures are averages for 1967 through 1971.

*1 Through July 1973.

1.2 Medical personnel/hospital bed ratio. *
(Index of relative quality of care WIC standard is 1:5).

* Medical personnel, both military and civilian, including physicians, dentists, pharmacists, nurses, midwives, technicians, managers

2.0. Hospital Administration improved.

2.1. Health commanding officials (medical chiefs, etc.) knowledge and skills in administration improved:

2.2. Administrative cadre trained in order to obtain administrative specialists who will share the duty of the commanding officials staff:

2.3. Standing instructions established for the management of facilities of the various echelons in order to simplify and standardize the managerial and administrative procedures governing every activity of the health system;

2.4. Better service to patients with less effort and reduced expenditures.

1.2 The following ratios are based on a personnel survey of 26 Joint Utilization (JU) Hospitals.

CY'70	1:4.96
CY'71	1:5.47
CY'72	1:5.52

2.0. The Camp report, containing recommendations and suggestions for implementing the four hospital administration goals of the Four-year Health Plan, was submitted to the GVN and favorably received. GVN asked Camp to assist in the implementation of these recommendations.

Camp has returned to Vietnam and programs for improving the administration of hospitals are being developed. The possibility of developing a National Institute for Health Care Administration is being explored.

3.0. A national laboratory system established providing effective diagnostic services in both curative medicine and public health areas, at central, regional, and provincial levels.

Indicators:

3.1. Diagnostic services at all levels meeting minimum quality standards as measured by quality control data.

3.2. Laboratory services fully utilized as indicated by the volume of lab tests performed.

3.1. Quality control procedures established. Two seminars on Quality Control were held in 1973. Participants included Chiefs of Laboratories and staffs of bacteriology and biochemistry laboratories.

3.2. Standard lab tests requisition forms are now in use. See Quantitative indicators #1 and Qualitative Indicator # 4.7.

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V. PROGRAMMING GOAL

A. Statement of Programming Goal

To improve the quality of life and well-being of the populace and help increase productivity.

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Explain.

Yes. Provision of medical facilities and personnel to meet the requirements for basic health services in Vietnam contributes directly to improved quality of life and well-being of the populace. Maintenance and restoration of the health of civilian war casualties and general public serves to assure a more productive life.

The contribution of this project to the sector goal can be measured by hospital admission statistics. A study of the civilian war casualty admissions in relation to total admissions to MOH hospitals during 1968 and the first seven months of 1973 are good indicators. During 1968 there were a number of direct hire, U.S. military and Free-World Medical Teams working in MOH hospitals. A number of U.S. military hospitals also accepted Vietnamese patients. In 1968 patients were not routinely accepted for elective surgery; only seriously ill medical cases were admitted.

Admissions data for 1968 reveals a monthly high of 42,000 admissions for all causes, including 12,000 CWCs. As of July, 1973 there was a monthly high of 79,030 admissions for all causes, including 5,506 for CWCs. This indicates that despite the withdrawal of a considerable number of Free World Assistance Medical Teams and medical facilities, during 1972, the MOH continued to demonstrate the capability to respond to the health care needs of the civilian populace.