

7300344 (B)
 PD-AAF-386-G-1
 REPORT U-446

TERMINAL

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 730-11-530-347	2. PAR FOR PERIOD: 10/73 TO 4/30/74	3. COUNTRY Vietnam	4. PAR SERIAL NO. 730-74-070
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5. PROJECT TITLE

MEDICAL CARE

6. PROJECT DURATION: Began FY <u>67</u> Ends FY <u>74</u>	7. DATE LATEST PROP -	8. DATE LATEST PIP -	9. DATE PRIOR PAR 10/73
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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.
American Medical Association (AMA)	AID/vn-59
International Rescue Committee (IRC)	AID/vn-78
Republic of China (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		

This project is scheduled to terminate June 30, 1974. Residual activities including (1) IRC contract for operation of Convalescent Center, (2) disposition of participants returning after June 30, and (3) renovation/construction of provincial medical rehabilitation units will be monitored by ADPH.

The narrative statement attached plus PAR 730-74-059 constitute final evaluative documentation of this activity.

CLEARANCES:

Thomas W. Thorsen, ADLD [Signature] Date 1-17/74
 William D. Oldham, ADPH [Signature] Date 5/15/74
 for

D. REPLANNING REQUIRES REVISED OR NEW: PROP PIP PROAG PIO/T PIO/C PIO/P

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE
 Isaiah A. Jackson (returned AID/W)

E. DATE REVIEW PANEL MET
 Not Panelled

Ernest Kanrich, ADPROG [Signature] Date 5/17/74

MEDICAL CARE
PROJECT NO. 347

1. Historical Summary

Military activity in the Republic of Vietnam during 1964-1965 resulted in increased numbers of civilian casualties and added to the burden of the severely taxed facilities of the Ministry of Health (MOH). To assist the MOH in the care of these civilian injured, the Government of Vietnam requested help from friendly nations. Initial assistance was provided in the form of medical personnel located at each province hospital and an administrative staff at the regional and national level. USAID provided medical teams for 21 province hospitals and the administrative staffs for the Regions and for Saigon.

In addition to augmentation of MOH personnel at province hospitals, a construction program was initiated that included: (1) construction of eight hospitals in province capitals that had inadequate facilities; (2) rehabilitation and/or renovation of most of the major medical facilities in Vietnam; and (3) construction and renovation of District, Village, and Hamlet maternity-infirmary-dispensaries or maternity-dispensaries in many areas of the country. USAID also provided the MOH with comprehensive A&E studies of all National, Regional, and Provincial hospitals including a proposal for future renovation and construction as resources became available.

In 1971, it was determined that the MOH had the capability to staff its national medical treatment service without significant augmentation by foreign personnel. As a result, all U.S. direct-hire personnel engaged in clinical care activities provided by this project were to be withdrawn by the end of FY 72 except for a small number of physicians (up to 13) provided by the American Medical Association/Volunteer Physicians for Vietnam contract (AMA/VPVN). However, the invasion by the North Vietnamese in April 1972 created a need for re-assessment of support requirements. As a result, 26 medical personnel were funded through contracts with the Governments of China and Korea to continue support at five civilian hospital facilities in Vietnam. By the end of FY 73, all medical teams supported directly by USAID, with the exception of the International Rescue Committee (IRC) group, were withdrawn and replaced by MOH personnel.

It was anticipated that the MOH would have an operating national laboratory in each province by the end of FY 73. However, due to changing priorities caused by enemy activities, some provinces have not been able to maintain expected progress in implementation of this program. All province hospitals have a functioning laboratory, although standards have not reached acceptable levels in all cases. Since the USAID advisor in this field has departed Vietnam, further assistance to provincial laboratories will be provided by the MOH. The National Laboratory

Director and his staff will continue training programs and will make periodic inspections to upgrade the system, making use of various technical manuals previously prepared in cooperation with a USAID advisor.

Project activities during FY 74 consist of limited advisory assistance to the Ministry of Health, Director of Curative Medicine and the Director of Nursing, including training, hospital administration, maintenance of facilities and budget requirements for operation of Vietnam's civilian hospital/health facility system. One of two remaining DH personnel departed Vietnam in Jan. 74; the last will depart by 1 June. The IRC contract funded under this project for operation of a Convalescent Center will be extended for 6 months beyond the June 30, 1974 termination date for Project No. 347. Contract monitoring responsibilities will be transferred to Health Advisory Services Project No. 348. This extension was necessary because of delays in the renovation of a new facility at the National Center for Plastic and Reconstructive Surgery (Barsky Unit) at Cho Ray Hospital in Saigon.

2. Major Accomplishments (see also PAR 74-059 for specifics)

- a. The GVN/MOH is able to respond to the medical needs of the civilian populace without direct US personnel assistance. This capability results for the most part from the development of a joint military/civilian medical resources utilization program, thereby increasing the staff and capabilities available at many hospital care facilities.
- b. A much improved training system has been developed and is operating in the areas of Nursing Education, Laboratory Science and Hospital/Health Care Administration. This system is graduating the needed technicians which will further expand and improve the level of care available.
- c. Hospital administration has improved. This area is relatively new and will be continued with contract support under Project No. 348 during FY 75.
- d. A national laboratory system has been established which provides effective diagnostic services in both curative medicine and public health areas at central, regional and provincial levels.

3. Major Constraints

- a. This assistance program was carried out in a war situation. Civilian war casualties were and still are generated, placing unusual demands upon MOH medical care facilities. Many health personnel who might otherwise be available to work at civilian facilities are diverted to the military sector. Though the joint utilization program helped alleviate this problem somewhat, it was not sufficient to allow

for acceptable levels of staffing at most health care facilities.

- b. The Vietnamese medical community has been slow to accept a qualified non-physician for administering a medical facility. Consequently, doctors who would otherwise be available for medical treatment have been tied down with administrative matters, in some instances on a full-time basis.
- c. Staff and operating/maintenance budgets have always been below desired levels; consequently, hospitals have been overcrowded, and maintenance and sanitation sometimes poor.
- d. Low civil service salary levels force health personnel to seek other employment to supplement their incomes; thereby reducing their effectiveness in their government assignments.

4. Disposition of Equipment/Commodities

- a. Medical equipment and supplies for GVN hospitals have been procured under another project (Health Logistics Support, #350).
- b. Excess property provided is being properly utilized, maintained and accounted for to the maximum extent possible by the MOH. Due to budget constraints, lack of parts, etc., some medical equipment and vehicles are deadlined for long periods of time. Continuous monitoring will be provided to the extent possible by USAID health sector personnel in other projects as well as by the GVN personnel in the GVN/MOH Directorate of Logistics.
- c. Maintenance of physical facilities (including those constructed by USAID funds) is part of the MOH National Budget. As previously noted, adequate amounts have never been provided. This situation is pervasive in Vietnam.

5. Participants

Training programs for participants which will extend into FY 75 have been adequately funded:

- a. One participant will return from 52 weeks of US training in Aug. 74. Funding was provided for in FY 72.
- b. A group of four participants will receive two months training beginning in Jan. 75. Obligations were made in FY 74.
- c. There are no other scholarships scheduled.

6. Local Currency (FAC)

Local Currency (AAC & FAC) in the amount of VN\$431 million has been

provided for project related activities, the majority of which (VN\$288 million) was obligated in CY 67. Funds were used to construct/renovate various health facilities throughout the country and for local production of laboratory manuals. (see PAR 73-026). The contribution to the project in upgrading the status of health facilities has been significant.

7. Planned Local Currency after Termination

An additional VN\$20 million FAC will be provided for CY 74 activities limited to the renovation/construction of 5 provincial medical rehabilitation units located at selected province hospitals.

8. Other Donor Interest/Involvement

- a. Refer to PAR's 73-026 and 74-059.
- b. Other Donor involvement will continue after project termination in the hospital construction/renovation areas (e.g. Korea, Japan) and in the provision of limited technical and professional assistance to hospitals (e.g. Canada, Korea, Australia, New Zealand).