

FINAL REPORT

“KICH” – Key Improvements in Community Health

VIE0402011

January 18th, 2011



Prepared and submitted by
THE PROJECT MANAGEMEN UNIT

ACKNOWLEDGEMENT

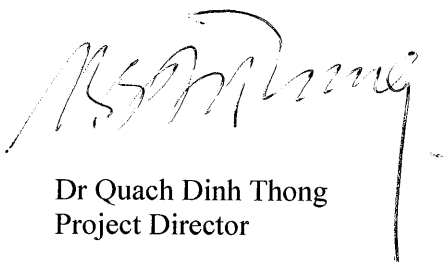
The Project Management Unit (PMU) of the Kich project would firstly like to thank the people in the pilot project area in Mai Chau and Tan Lac districts for our opportunity to try to assist them to have better access to good quality of first line health care. The PMU would secondly like to thank for the good support for the project planning and implementation, from the Hoa Binh People's Committee, provincial Health Bureau and other important provincial authorities for supporting the development of the project. Thirdly the PMU would like to thank the Vietnamese central level authorities as Ministry of Planning and Investment, Ministry of Finance, Ministry of Health and Vietnam Social Security for assuring the smooth running of the project. And finally the PMU would like to thank the people of Belgium, the Belgium Embassy and Belgium Technical Cooperation for giving valuable financial recourses and support the project.

We would like to tell two stories to remind us all about the essence of the Kich project. The first is from an experience the Kich project Chief Technical Advisor (CTA) had more than 25 years ago when working in Quang Ninh province at the commune level to improve Primary Health Care. The head of the local commune health station (CHS) Mr. Hung told the CTA about the worries he had for a coming planning visit that the Swedish Sida was going to make. The CTA agreed with the worries, as the Sida planners only have the "map" of what should be done, as plans and reports. In these "maps" it looks simple what we are trying to achieve. But when sitting here in the CHS trying to support local people with better health services things often happen to become quite complicated. The road that looks good on the "map" may be very bumpy and curvy in reality! The "reality" may look very different depending on from where you are looking at it!

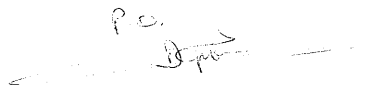
The second story is an old Chinese verse saying how a good leader should be towards the people. "Go in search of Your People, Love them, Learn from Them, Plan with Them, Serve Them, Begin with what They have, Build on what They Know - But of the best leaders, when their task is accomplished, their work is done, the People all remark, *We have done it Ourselves.*"

Both stories tell about the difficulties for local level realities to become central level policies. This is what the Kich project has tried to overcome!

The Project Management Unit hope that the lessons learned from the Kich experiences will be widely used for the benefit of people in Hoa Binh, Vietnam and may be in some other places in the world!



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I. Summary

Vietnam has very good health indicators, as well as well developed health care services. Still there are important questions to when trying to improve this system. This is why the Kich project is needed. The project tries to deal with some important questions facing the future Vietnamese health care?

One question is what people themselves think about their body functions and what is happening in their bodies when they get sick. Studies have revealed that people do not think that the body can cure itself. There is a need of some outside action to restore the balance in the body. One important mean is to take drugs, preferable strong foreign drugs. The project has supported health information to local people about their right and obligations related to health insurances, the important role of the local commune health station (CHS) when sick and chronic disease as hypertension and diabetes. Evaluation shows that many now understand these issues well.

Another question is where the primary curative care is in Vietnam today? The hospitals are overcrowded while the commune health stations are empty of patients. Then the health care pyramid, with primary, secondary and tertiary curative care, is not functioning well. The main effort of the Kich project has been to improve the functioning of the CHS. This has been done by upgrading the facilities, improve the curative staff capacity by mainly on the job training and increase the financial means to run the CHS. This comprehensive approach has resulted in an increased thrust among local people to use the local CHS also for curative care. The Kich project has also supported the upgrading of 40 CHS assistant doctors to become medical doctors by four years additional training. For the secondary level of care the district hospitals in the pilot area has been supported with improved nursing care as well as to develop quality standards for curative care. The district hospital pharmacies have all be upgraded in Hoa Binh up to "Good Pharmacy Standards".

A third important question is how professional the Vietnamese health workers are? The Indicator Report from the Kich project strongly indicates that the different health facilities are developing their own standards seldom based on evidence based clinical curative care standards. Consultancies reports have clearly documented that even basic diagnose and treatment procedures are not followed. By introducing clinical and therapeutic guidelines as well as support the curative care staff with on the job training the quality of curative care performance has improved.

A fourth question is how well the health insurance provider payment mechanisms are functioning at the local levels. The last years there have been large imbalances in the health insurance schemes as well as overuse of diagnostic and treatment procedures. A pilot effort using capitation at the commune level a mixed payment system for the district level has been tested. When the project started the commune level was not even considered to be used as an entry point for the health insurances schemes. Today 186 out of 210 CHS has introduced health insurances at this level! This has contributed to improve the access to local level health services.

A fifth question how the Vietnamese health care system should adopt to the rapidly emerging chronic diseases needing long term care. Chronic Disease Management programs for hypertension and diabetes have started to be developed in the pilot area.

A sixth question is how the health services are contributing to improved equity in health. This is still of great concerns. Large inequalities in access to health services could be found in Hoa Binh and is well documented in the Indicator Reports of the project. This is a question that has to be long term addressed.

A last question is how local realities could be used for central level policies. This process has started with some useful inputs for the new Health Insurance Law. Still this a main concern for a second phase.

A Final Evaluation of the project was done during May 2010. One of the main conclusions was that there is a strong need for a second phase to fully exploit the use of the Kich project!

II. Context

Best health in the world? – Many of the health indicators in Vietnam are much better than could be expected related to the economic level in the country. The infant mortality has decreased from 30% in 2001 to less than 15% in 2010, child malnutrition has decreased from 25% in 2005 to less than 20% in 2010, and life expectancy has increased to 73 years 2010. Some public health experts have stated that these health indicators may be among the best in the world related to the economic level. These are all signs of improved living conditions in Vietnam. Still there are great disparities related to regions. The richer urban delta regions are much better off than remote and contagious regions.

The health care system in place!? - The Vietnamese health care system is developed. A great number of health staff is today available everywhere down to every village. Health facilities have been constructed from the commune level and upwards. Drugs and equipment have been made available. Well functioning national preventive health programs have been put in place. Equity and efficiency have been set in focus. Priorities have been given to the basic levels, especially in remote and disadvantaged areas. See figure 1. The health care system is largely in place. The main problem is not lack of resources. The functioning of the health care system is still not satisfactory. Today the main question is how these existing health care resources could be better used! Need based planning, quality of curative care and health system management and financing adapted to the emerging chronic disease panorama are important areas to focus on in the future!

Some important questions!

- What do ***people*** know regarding their own body functions? What do people think is happening in their body when they get sick? What do people do when sick?
- What is the future role of the local ***Village Health Workers*** (VHW)?
- How much should the ***communal health station*** be developed to become the primary curative care?
- How well are the health care services functioning as a system looking at ***primary, secondary and tertiary diagnostic and treatment care***?
- Do the health workers have enough ***income and incentives*** to be able to do a good health care work?
- How could the increasing number of non-infectious ***chronic patients*** be long term cared for?
- Are there evidence based diagnoses and treatment standards used to assure good ***quality of care***?
- How could the health care services be ***fairly financed*** so the rich are subsidizing the poor, the healthy are subsidizing the sick and the working people are subsidizing the non working young and old?
- How could ***equity and efficiency*** be assured in health care?

These are some of the questions that the Belgium supported pilot health project in Hoa Binh has been trying to address.

TATE MANAGEMENT

PROFESSIONAL MANAGEMENT

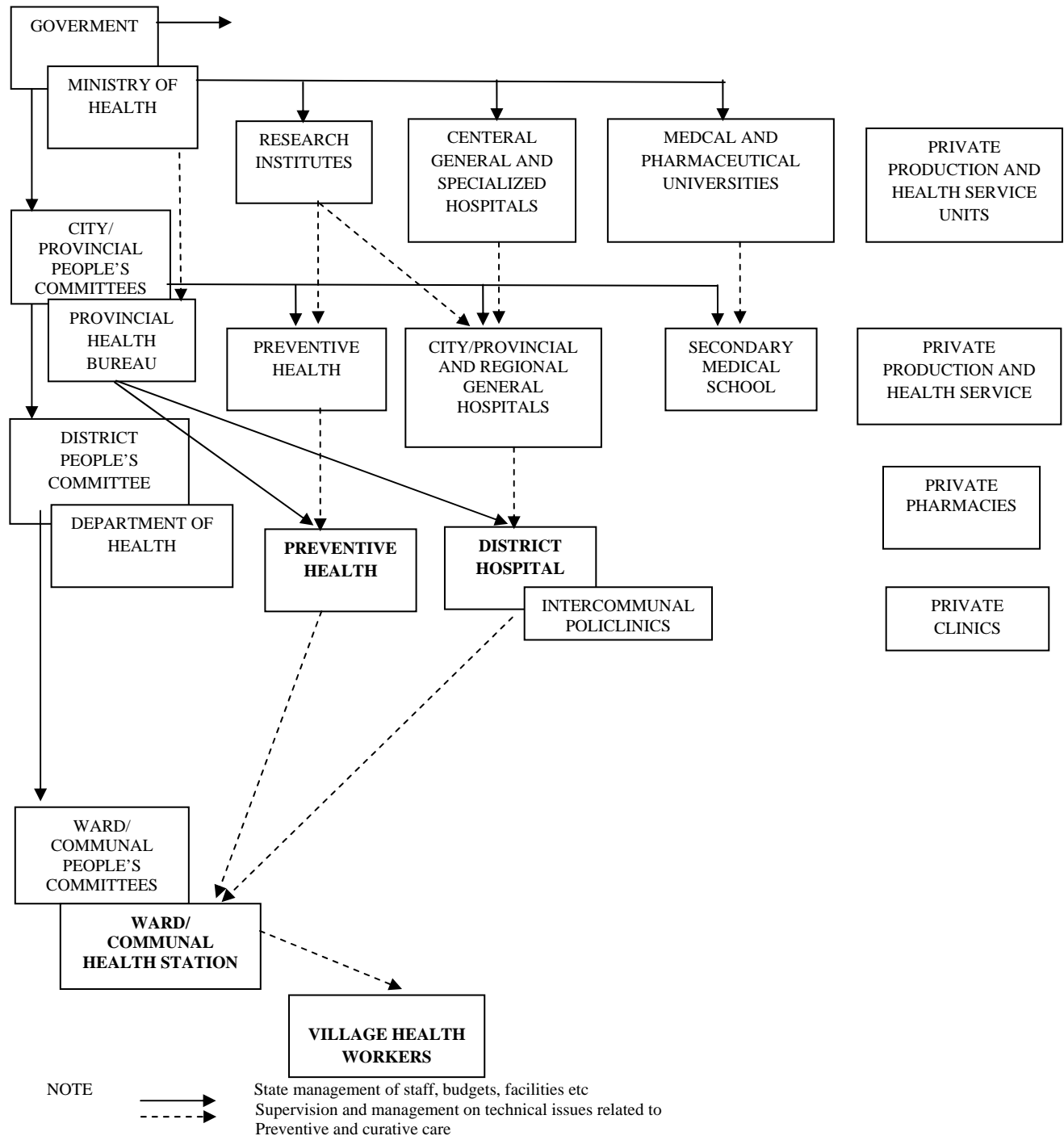


Figure 1: Organization chart of the health sector of Vietnam.

Hoa Binh province – Hoa Binh is one of the 63 provinces in Vietnam with a population of 800 000 people. It is a mountainous province less than two hours drive from Hanoi. The dominating ethnic minority is Muong, but there are also other minorities like Thai and Mong, making up for more than 70% of the population. The province is divided into 11 districts, 210 communes and more than 2 000 villages. About 20% of the households were considered poor 2009.

Malaria eradication successfully supported by BTC - Some years ago Belgium Technical Cooperation (BTC) assisted Hoa Binh in a successful malaria control program. It was decided that the cooperation should continue in a Specific Agreement dated 4 February 2005 with a project named “Upgrading of the Community Health Services in Hoa Binh Province” with the code name VIE0402011. Totally 2.5 million Euros was set aside for the project’s first three years phase. More specifications of the project could be found in the “Technical and Financial File”.

III. The Kich Project Setting

Aim and strategy - The main aim of the project is to improve the accessibility and the quality of basic health services in Hoa Binh province in a way that lessons learned could be used to enhance the capability for health policy making.

In the validation part of the project Technical and Financial File it is stated that “*the relative limited funds of Belgium should be focused on unmet needs, be well targeted, and be guided by good technical expertise and embrace a high degree of innovation. Such approach will allow the Project to develop a catalyst role that can enhance the ambitions of the Province of Hoa Binh and be useful on a wider scale*”.

An important strategy has been to develop project activities closely with the local stake holders and actors to better assure sustainable and realistic results in a Vietnamese remote setting. It has also become clear that changing people’s attitudes and behavior is an important part of this development work.

Piloting - The project Mid Term Review concluded that “*the project is a pilot project, which means that it must be flexible in what and how it does things, be much disciplined in monitoring and analysis, and very clear about purpose and objectives*”

“Kich” - The nick name assigned to the project became “Kich”. In Vietnamese this means a small gentle push in the right direction in Vietnamese, and in English “Key Improvements in Community Health”. A logo, that could be seen on the front page of this report, has been developed reminding everybody about the importance to develop good “primary curative care” as the base in the “health care pyramid”.

Pilot area – The pilot area was selected in three communes in two pilot districts;

	Population	Main ethnic group
Mai Chau district	50,739	Thai
Na Meo commune	1,389	Thai
Mai Ha commune	2,771	Thai
Pa Co commune	2,392	Mong
Tan Lac district	78,342	Muong
Ngoc My commune	5,786	Muong
My Hoa commune	3,308	Muong
Phu Coung commune	6,555	Muong

Project Management Unit integration - At the start of the project a project management unit (PMU) was set up in the provincial health bureau headed by the provincial health director. The director, together with the international Chief Technical Advisor, has been the main responsible managers of the project. There is always a major risk that the PMU will be a parallel management structure outside the local structure with its own management, staff, activities, monitoring and budget. The PMU management has during the project time become more and more integrated into the provincial health bureau management, as many of the planned project activities have been done together with the existing local management, especially in the pilot area. Here two district management groups (DMG) were set up with government staff from the local health management system. See Annex 4 – Personnel of the project.

Long term part time contracted technical staff for rural areas - A major problem at the start of the project was the lack of local Vietnamese technical project staff. The PMU government members could only spend some time for the project, as they had major management duties in the ordinary health care system. When advertised for work in the project no applicants would like to work in the rural remote areas. Another problem was the lack of English speaking capacity in the Hoa Binh health services. The project then took on the strategy to contract long term consultants working for some days per month up to half time. Some were retired former government staff. Others were present government staff working for the project in the weekends. The consultants made up a good technical project support team at the end. This project technical set up took two years. The project has also been blessed with good international consultants. See Annex 4.

Financial regulation and donor harmonization - Project financial regulations were set up in the beginning based on the EU and UN developed guidelines. These guidelines are a very good example of good “donor harmonization”. To set up guidelines take time that is usually not planned for.

Locked into a log frame - A problem for the project management was the use of the set up log frame from the original project plan. The log frame was sometimes too detailed and sometimes too general, as pointed out in the final evaluation. The log frame was revised 2009 on the recommendation from the BTC Resident Representative. Then the log frame became more logic

and better integrated into the project results to be achieved. The new log frame could be seen in annex 7.

Monitoring the monitoring system - A monitoring system has been developed for the project using locally collected data. For the indicators used see annex 9. Indicator reports have been presented the last two years. There are important questions to answer related to the quality of routine data collected. The figures have been inflated and sometimes adjusted to targets to be achieved. The data reported have often been filled in differently in different health facilities. The A1 book for reporting curative care at commune level has been re-entered by the project staff to ensure enough quality for project indicator analyzes. The project monitoring indicators have been related to **the access** for different groups of people to the local health service, as well as to what kind of health services people has got when they have arrived to a health facility – **the health care utilization**. The Final Evaluation Report stated that it is not likely that the Kich project could show much direct results after this short time. *“The KICH Project is an ambitious project even if the area of intervention is limited. After three years of operations, there are already some concretes results at grassroots level. Further, a dynamic is ongoing, with fewer skeptics in the field”*.

Spend the money or go home? – The financial disbursement is considered a strong criterion for the success of a development project. During a start-up phase, such targets are often very difficult to achieve, as local realities are likely to be much more complicated than considered in the project plan. For KICH, the demand for rational and sustainable spending brought the PMU in conflict with the disbursement targets. It appeared that caring for best achieving long-term results, appropriate outcomes and the desired impact with the available resources, was much less acknowledged than complying with spending targets.

As could be seen in the figure 2 below the project spending has steadily increased during the project period but only after assuring that the money could be spent well!

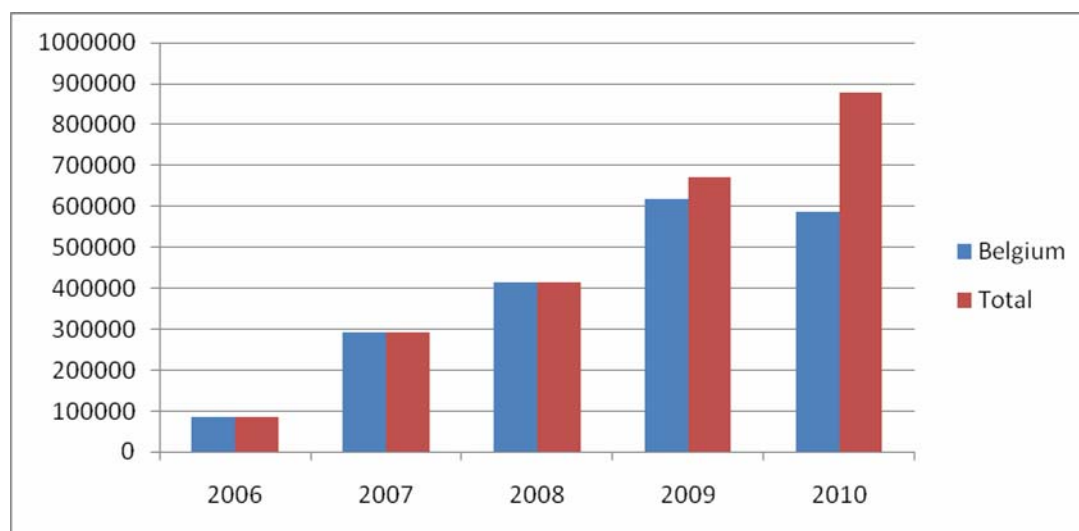


Figure 2: Money spent between 2006 and 2010 in Euros by the Kich project presented as the Belgium contribution alone and together with the counter value fund.

IV. Kich Concepts

“Primary Health Care – Now More Than Ever” (WHO 2008) - Vietnam was one of the model countries for WHO and UNICEF when the Primary Health Care (PHC) declaration was launched in Alma Ata 1978 as the strategy to reach “Health for All”. Since then many countries, including Vietnam, have largely forgotten the importance of this declaration. Thirty years after the PHC Declaration WHO once again strongly states that this Declaration still is valid, even if the context has changed, for both rich and poor countries. This was done in the World Health Report 2008 titled “Primary Health Care, Now More Than Ever”. WHO concludes that the challenges facing many health systems in the world today, including Vietnam, could be summarized in the following figure 3? Many health care systems have become hospital centered, commercialized and fragmented! The way back to health equity and universal access to health care is PHC!

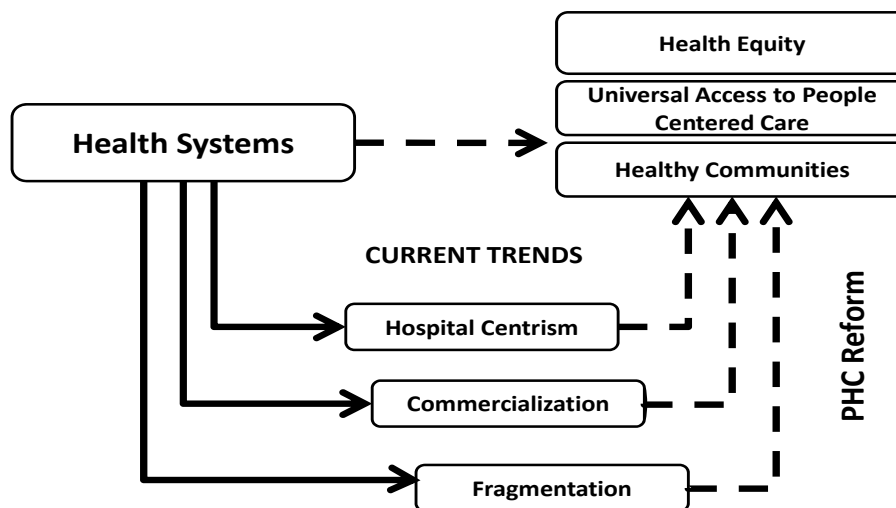
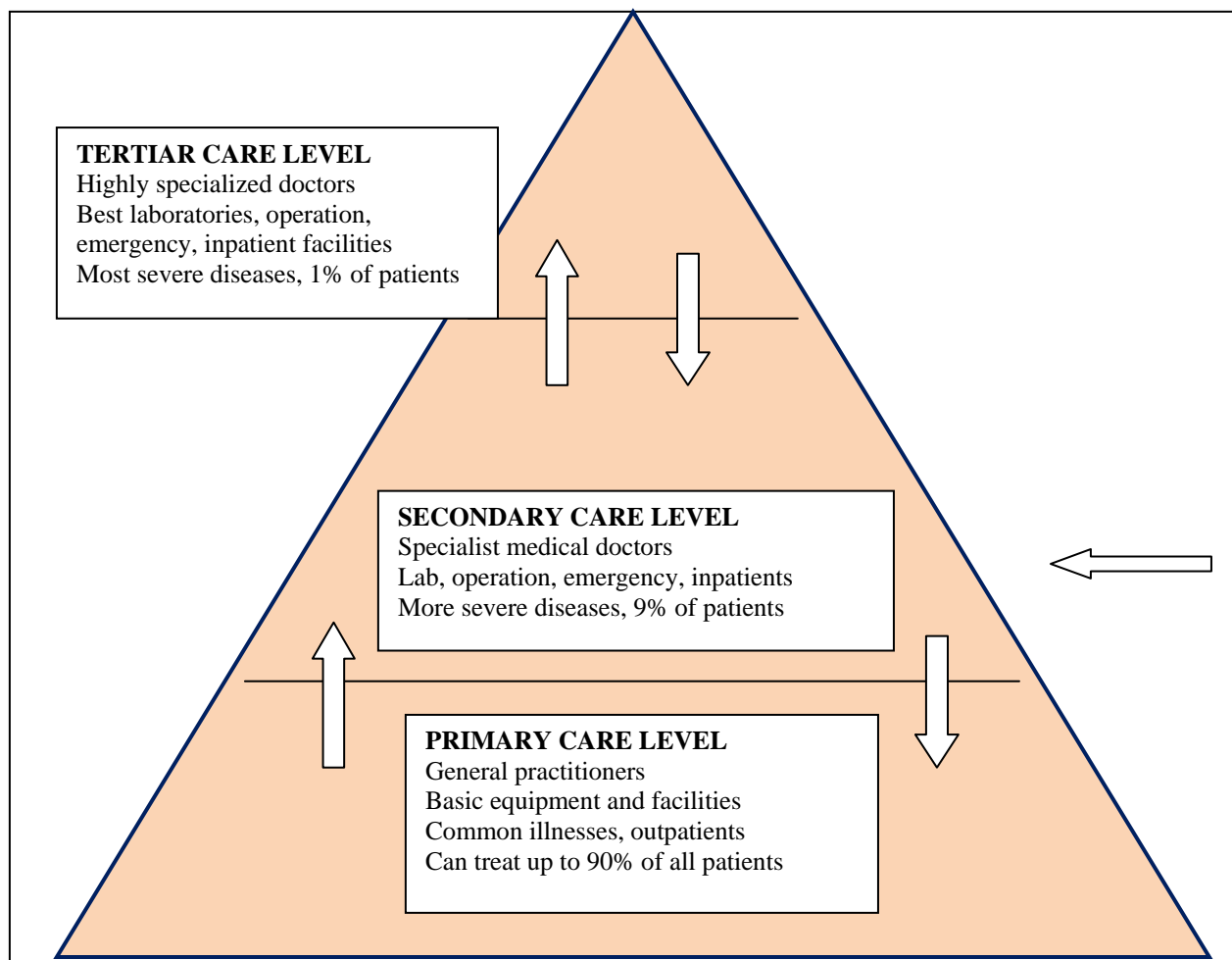


Figure 3: How health systems are diverted from PHC core values (WHO 2008)

Primary curative care as “the base” of the health care pyramid! - In most countries the health services are organized in primary, secondary and tertiary curative care levels. At the primary curative care health centers a general physician, or a family doctor, is often in charge of curative care. The doctor should know the local people and community to understand what kind of health problems are present, as well as how to prevent and treat these common illnesses. Patients are examined and treated as outpatients without high tech equipment. At this level 90% of common complaints as flue, fever, pain and minor accidents, could be treated. A primary curative health care centre could cover up to 10,000 people. See figure 4.

The “in-between” secondary curative care - If the disease could not be treated at the primary curative care level the patient should be referred to the hospital at the secondary curative care level. Here doctors are more specialized and have better examination and treatment facilities, as laboratories, surgery and emergency care. The patients could stay as inpatients for long term observation and treatment. Most of the remaining 10% of sick people, that could not be treated at the primary curative care level, could be treated at this level. A secondary care hospital could cover up to 100,000 people.

The “sharp” end of the health care pyramid! - If the patient still needs the best specialist care a referral could be made to the highest level of care, where the best specialists and diagnose and treatment recourses should be available. Only the most difficult and rare diseases should be cared for at this level.



** The arrow going up indicates the need for referral for non emergency patients. The arrows going down indicate the need for counter referral and feed-back information to lower level, especially for patients with chronicle illnesses. The arrow from the side indicates emergency patients going directly to the hospital emergency unit.

Figure 4: The levels of care in a functioning curative health care system

Health staff becoming professional and evidence based – The body itself is the best doctor! Most of the illnesses are cured without any intervention. Sometimes the body needs assistance from health care staff. If the health care staff claims that their care has brought health back when it has actually been the body itself then no additional benefits have been achieved. The health care could then even bring worse health, as many of the diagnose and treatment services have side effects as well. All medical interventions have to be based on evidence based scientifically proved effective diagnose and treatment care giving some health benefits to the patients. Then clinical diagnose and treatment standards are needed to be used in the everyday clinical work.

Chronic diseases become acute! – Chronic diseases have now become the major burden of diseases in Vietnam as could be seen in the figure 4a.

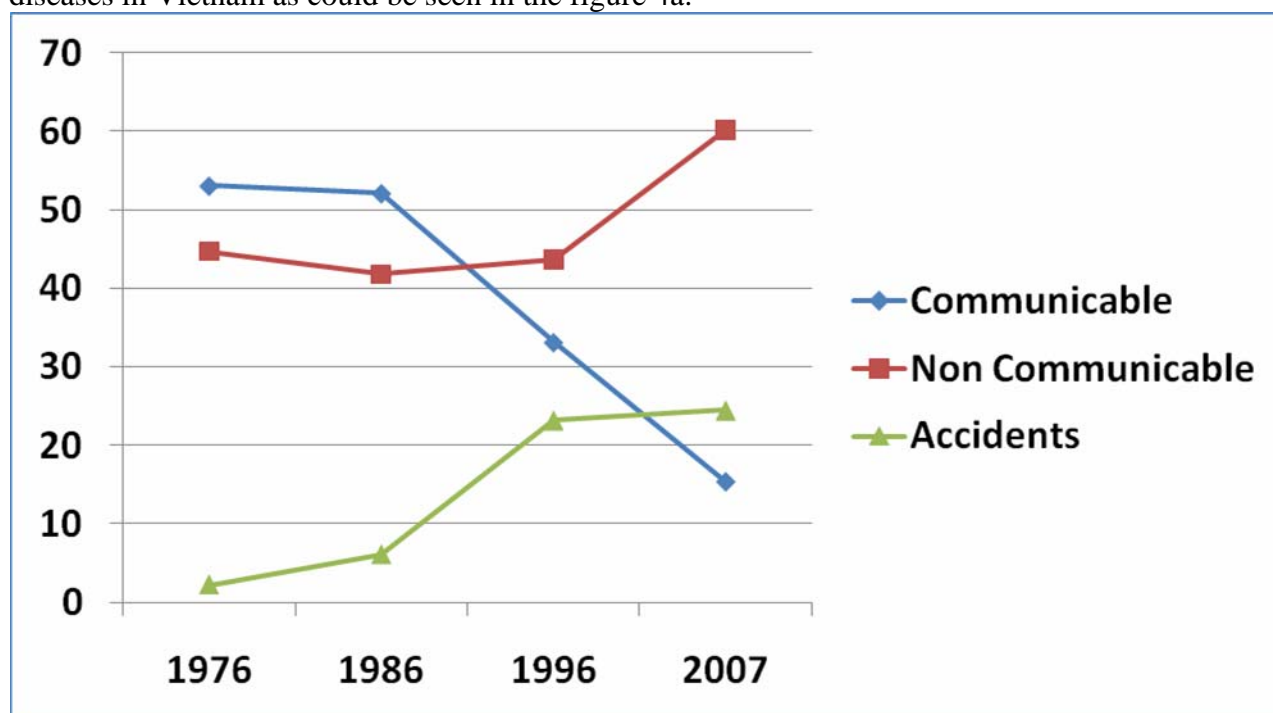


Figure 4 a: The epidemiologic transition in Vietnam from acute to chronic diseases (MoH Statistic Yearbook 2007).

Estimations made from available surveys in Vietnam have found that there would be about 10 million Vietnamese with hypertension, 10 million with mental problems, 2 million with diabetes and 150 000 new cases of cancer every year in Vietnam. Corresponding figures for Hoa Binh province would be 100 000 people with hypertension, 100 000 with mental problems, 20 000 with diabetes and 1 500 new cancer patients per year!

Chronic diseases need chronic care! - The growing trends for chronic diseases are seen in rich as well as in more poor countries. This has been recognized by WHO and a stronger effort to control these diseases has been made over the last ten years. There are some important differences between acute and chronic diseases that should be recognized before starting chronic disease management programs as could be seen in the table 1.

Table 1: Major differences between acute and chronic diseases

<i>Acute diseases</i>	<i>Chronic diseases</i>
Symptoms acute	Often no symptoms for a long time
Short episode	Life long, not be treated but controlled
Often care by health staff	Care by patients, relatives, supported by health staff
Primary prevention (before disease)	Secondary prevention (got disease but avoid future complications)
Well organized health service	Often not well organized health service for long term care
Sometimes poor when sick	Often get poor when chronically sick

The involved health care facilities in the health care pyramid have to be well coordinated for long term monitoring and treatment of chronic disease. The main responsibility and support must be given to the patients and their families. The focus should be on secondary prevention. To do this many countries develop chronic disease management programs with the following components.

- **Identification** of patients by screening or regular controls
- Develop **evidence based practical diagnose and treatment guidelines**
- Definition and coordinated **tasks and responsibilities** of the different health care facilities involved in care of chronic diseases
- Empowerment patients and relatives for **self management** of their chronic disease
- **Collect data** and analyzing data for monitoring and reporting

Provider payment mechanism provides money for whom? – Financing of health care could be done in different ways. It could be paid by the Government using taxation. It could be paid using health insurances. It could be done from “out of the pocket” of the patients. Commonly used financing mechanisms are budgeting, capitation or fee for service (see figure 5). Used budgets as provider payment mechanism, the health facility is limited to this budget and gets the payment paid as a lump sum, paid in one or more installments during a year. Using capitation the health facility get a specific amount of money, which is determined per person, or head, that the health facility takes care of. Using fee for service the health facility gets paid for services provided. In the first and the second case the health service providers tend to do less as there are no incentives for good quality and at an appropriate, bearing a risk of under provision of services. In the third case the situation is reversed.

The last ten years the health insurances in Vietnam have mainly used fee for services. This has led to a rapid increase in an over use of diagnostic and therapeutic procedures. The quality of care had become worse. The costs for the health care services have rapidly increased and most of the health insurance schemes have become heavily imbalanced every year.

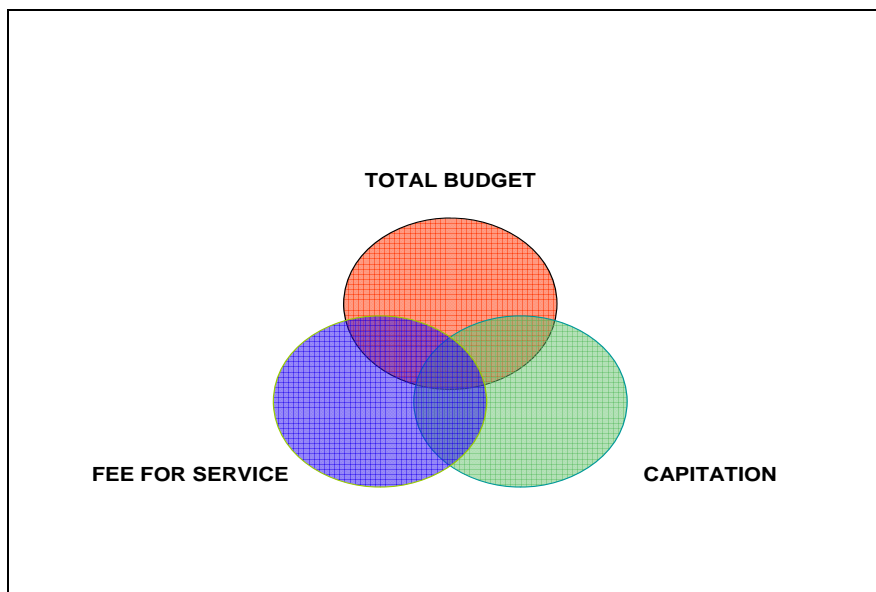


Figure 5: The most common provider payment mechanisms in poor countries

The different mechanisms have different effects on the health care providers' way of providing health care to people. The effect could be that the health care provider becomes more or less reluctant to provide services, improve or decrease the quality of curative care or tends to overuse or underuse the provided budget from the health insurances.

IV. KICH Activities and Results

The Kich project has set 5 results to be achieved:

- ❖ Result 1 – To set up uniform quality of primary health care services in selected pilot health districts
- ❖ Result 2 – To improve the quality of care in the district hospitals
- ❖ Result 3 – To strengthen the referral system between first line health services and the district hospitals
- ❖ Result 4 – To assure a functioning pro poor financing mechanism for the health services in the two pilot districts
- ❖ Result 5 – To share the field experiences of the project with the health authorities and the faculties of medicine and inspire health policy development

The following results and activities personated in the following section will follow these results, as well as the activity lines in the new log frame.

The content under each activity line will start with a section of questions that the Kich project has more or less tried to address. This part is called “context”. The next section “Kich interventions” will try to describe the main Kich interventions. The last section will try to highlight the main “Results achieved”.

Result 1. Primary curative care - Uniform quality primary health care services in selected pilot health districts are set up

Activity 1.1. Family level - to promote self care at home and the families to use the commune health stations as the first contact with the health services

1.1.1. Context

Some answers to the questions what people do when they get sick have been answered in a Kich supported anthropology survey “A Matter of Choice, People’s Perceptions of Health Care Options in Hoa Binh Province, Vietnam” . The following conclusions were made by the study.

The body can cure itself? - People feel that they needed something additional, preferably a substance, to be cured. They would give comments like: “One needs drugs to get better.” A group interviewed with about ten men may serve as an illustrative example. It appeared that none of them knew that normal cold is mainly cured by the body itself and not by drugs. The ability of the body to cure itself from e.g. a cold or stomach ache was largely neglected. It is evident that self-medication exists in all families. The doctors were confirming this when relating how patients would not accept a cure without drugs. There is a general preference for expensive foreign medicine among villagers and pharmacists. Partly along the same line and maybe for the same reasons, preventive care was not an explicit concept among patients and health staff.

Could the CHS be the first choice when sick? - The study investigated why people often prefer self-medication or the services provided by hospitals and private clinics rather than the local CHS. The study showed that the emerging rural middle class tend to neglect and bypass the CHS. They have a profound distrust of the CHS and its staff due to perceptions of low competence, narrow variety of drugs and outdated technical equipment. Hence, simple illnesses are treated by self-medication with drugs from the local pharmacies, and more serious cases are brought to the hospitals or, increasingly, to private clinics. The CHS is in the public perception mainly an institution for mother and child care. No one thought that high tech diagnostic services had any curative effect. However, it seemed to give a feeling of certainty, trust and belief that they have the best and most modern “treatment” available.

An increasing risk of medical commercialization? - That people know *about* new drugs and high tech does not mean that they know how to handle them. Instead of thriving on the fruits of more health care options, villagers seem to become a victim of them. The variety of drugs and high tech diagnostic equipment are not backed up with adequate knowledge. A faster growth in the number of options paired with slower growth in adequate information and health education tends to leave the villagers prey to TV-commercials and pharmacists biased by economic self-interest. Health education and training, as suggested in the report, have an obvious role to play.

Monitoring self health where? - No patient files were kept in the CHS. Patients buy a notebook at the CHS and take it with them every time they go to the CHS. However, people often forget it at home and buy a new one, which makes it difficult to follow up the patients previous illness and treatments.

The Kick project also made a survey to find out how well the present health information campaigns are done at the local level. The following conclusions were made:

Health information but is anyone listening? – Many health care staff has been appointed to do health communication at the local level. As all of them also have other work there is seldom time for health information work. The appointed are not able to plan this kind of work neither to perform the work in practice. If the health information is integrated in other important local meetings conducted by local leaders, as in village meetings, the efficiency of the information can be improved.

Counseling a part of the health examination? – Local health care staffs are not trained in counseling skills. Counseling is seldom done to patients regarding their health problems or how to care for their health, or what kind of drugs has been prescribed and how to take it.

1.1.2. Kich interventions

Health care books - The Kich project has developed and provided every person in the pilot area with a personal “health care book” following the decision made by the Ministry of Health. This health care book is now used for notes regarding health care provided when visiting health institutions. The book also contains health information related to the improved curative care in the CHS, the rights and obligations related to the health insurance as well as information regarding the chronic diseases hypertension and diabetes.

Health information by local leaders – People in the six pilot communes have got extensive health information from their local village health workers, local leaders as well as their local CHS staff during village meetings. The content of these meetings has covered the same three topics as in the health care books as well as other urgent issues as food safety. During these meetings pamphlets developed and printed by the project have been distributed to all participants.

Information in health information skills – The Kich project has provided training of trainers in health information skills. The staff at the Information, Education and Communication Center (IEC Center) in Hoa Binh has been trained by IEC professionals from Hanoi. Then the provincial IEC Center has trained local pilot area health care staff.

1.1.3. Results achieved

The use of the health care books as well as the new knowledge gained by local people from the project supported health information have been evaluated by the IEC Center. The following results were reported.

Precious personal health care books – Nearly all people asked used their health care book when they were sick. They considered the book important as it includes a summary of what health problems have been found and what treatment has been given.

Better health care knowledge – The surveyors asked local people about their new knowledge related to the important function of the local CHS when sick, the functioning of their health insurance as well as about hypertension and diabetes. The local people had achieved the new information well. The following figure 7 shows their knowledge related to the health insurances. Two third know their benefits from their health insurances, as well as where to go when sick and what documents’ to bring. Around 80% did know that they could not use another person’s health

insurance card or where to get more information about their health insurances. The same good knowledge had been achieved related to chronic diseases.

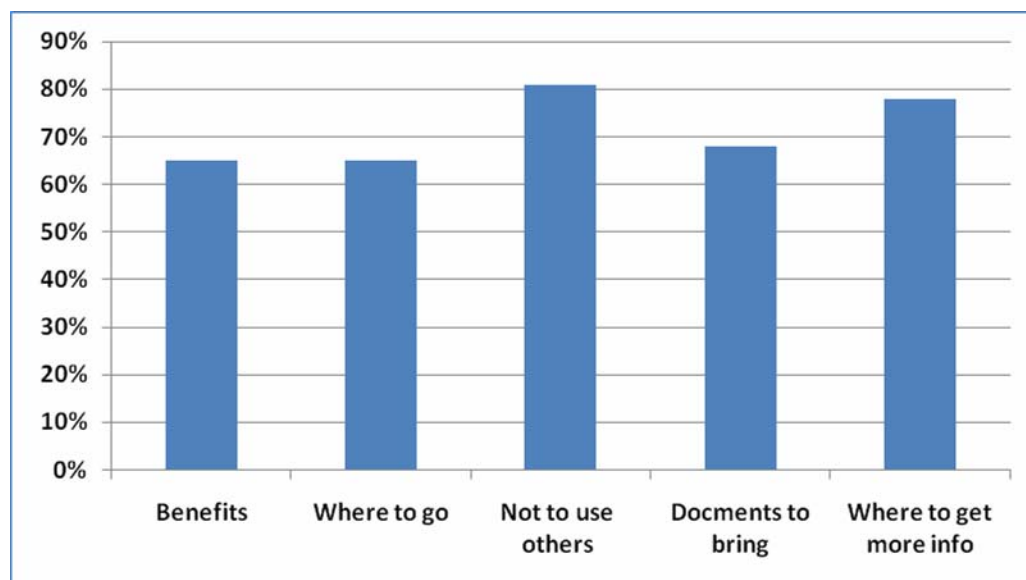


Figure 6: Local peoples understanding of the use of their health insurances. Based on 68 interviews 2010 in the Kich pilot area.

Pamphlets for the paper basket – The many delivered pamphlets on the three mentioned topics were not used well. People had not read them and did not know where the pamphlets were. The relatively large amount of money used for developing and printing the pamphlets could not be justified.

Activity 1.2. Village level - to support the village health workers to assist families in prevention and self care at home and use of the commune health station for care

1.2.1. Context

The actual functioning of the Village Health Workers has been evaluated by the Secondary Medical School in Hoa Binh during 2008. The following conclusions were made:

Functioning VHW? – Most of the villages had at least one VHW and many of them had got three months training already. But when asked about their tasks and functions as well as about their actual knowledge related to what they should do they had forgotten most of what they had learned or what they should do. It also became clear that many of the VHW did not perform their tasks or functions very well. When the surveyors summarized their evaluation of 100 VHW performances only 5 % did well or excellent, 50% did an ordinary work and 45% did not do well at all. This indicates that only 50% of the VHW are actually fulfilling their role properly. The survey also found that there is a strong need of regular better supervision and support from the CHS for the local VHWs.

1.2.2. Kich interventions

Basic VHW A, B, C training! - When starting to work in the two pilot district in Hoa Binh it was found that also here only 50% of the existing 300 VHW were functioning and had the required certified three months training. The Kich project took on to train the not certified 150 VHW. This was done under the responsibility and supervision of the Secondary Medical School. The training was decentralized to the district and village level to make it more convenient for the VHW to participate, as well as more relevant for practicing. The theoretical training was done during ten days, mostly by district level health care staff in the districts, followed by one month practice in their own village under the guidance of the local CHS staff. The training used active learning methods and was done in three blocks covering A - “Hygiene and Sanitation”, B - “Mother and Child Health” and C - “First Aid and Common Illnesses”. The material used has been developed in the Vietnam Sweden Health Cooperation and has been approved by MoH to be used in remote and disadvantaged areas. This training could assure 100% coverage of certified VHW. All VHW were retrained in health information skills after the training of the staff at the provincial IEC Center.

“Where There Is No Doctor” – All the 300 VHWs in the pilot district were equipped with new health bags, as well as some basic equipment and drugs - see annex 9. The cost for the bag and the content were 50 Euros. They were also supplied with the Vietnamese version of the book “Where There is no Doctor”.

1.2.3. Results achieved

VHW system is functioning at 100% - The two pilot districts are today covered with certified and well equipped VHW. They have been put into use by the Kich project to give health information related to the project activities as well as to becoming important in the chronic disease management programs when mentoring chronically ill people. In Na Meo commune they have also been important for piloting family folders to be used for the family health management in the CHS as being used in Korat Thailand.

Activity 1.3. Commune level - to improve the clinical skills of the curative staff in the Commune health stations, upgrade the facilities, as well as improve the financial situation

1.3.1. Context

Where to find primary curative care? - Today there is no defined primary curative level in Vietnam. People go directly to some of the 40,000 Vietnamese pharmacies for minor illnesses. Hospitals are used when people get more severely sick. The CHS is usually not an option.

No basic skills for basic health care workers! - The quality of the examination and treatment procedures done by the health workers at the commune level have been well documented in the Kich project by national and international consultants. It could not be enough stressed that it cannot be accepted how the curative health care staff act today. Not even the most basic principles are followed as could be seen in the following table 2:

Table 2: Improved performance at the pilot CHS after on the job training judged by Dr Tuan during 2008.

Contents	My Hoa			Ngoc My			Phu Coung			Mai Ha			Pa Co		Na Meo	
Supportive trip	1	2	3	1	2	3	1	2	3	1	2	3	1	2	1	2
1.Receiving patients	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
2.Respect for patients	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
3.Vital Signs taken	0	70	80	0	60	70	0	40	70	0	80	80	0	70	0	70
4.Vital Signs recorded	0	70	80	0	60	70	0	40	60	0	80	80	0	70	0	70
5.Patient history	40	70	80	40	70	80	30	60	70	40	70	80	40	70	40	70
6.General background	20	60	80	20	70	80	10	50	60	20	60	80	20	50	40	70
7.Basic examination	40	70	80	40	70	80	30	60	70	40	70	80	40	70	40	70
8.Diagnose of patient	50	60	70	50	60	70	40	50	60	50	60	70	50	70	50	60
9.Treatment of patient	40	60	70	40	60	70	40	60	60	40	60	70	40	70	40	60
10.Information to patient	20	60	70	20	60	80	10	50	60	20	60	80	20	60	20	70
11.Recording in A1 book	30	80	90	30	80	90	30	50	60	30	70	90	30	80	30	80
12.Recording in patient book	5	50	100	5	50	100	30	50	60	5	50	100	5	10	5	50
13.Privacy of patient	5	70	90	5	70	90	5	60	80	5	80	90	5	70	5	70
14.Staff hand washing	10	70	100	10	70	100	10	70	100	10	70	100	10	60	10	80

As could be seen vital signs were not taken. Patient's history, physical examinations, treatment and counseling were done badly. Other problem areas were reporting and hygiene and sanitation. The same low quality of curative care could partly be seen at the district hospital.

Commune health stations falling down? – Vietnam has developed CHS in nearly every commune since many years. Today many of them have got run down. Today it is often difficult to assure even basic functions in the health facilities, as hygiene and sanitation, drug storage or facilities for examination and treatment. People have often lost confidence to use the local CHS for curative health care.

How to make a decent living? – The salaries have increased steadily during the years. So has the cost for living. Today the commune health workers make around 2 million Vietnamese Dongs per months. This is still only covering 50% of the salary needs as expressed by the commune health workers. There is only an additional 10 million VND per year for the running of a CHS, for needs as repairs, buying additional equipment, travel costs and allowances.

No patients – lost knowledge? – In Vietnam the training in general is rather traditional. Active learning methods are not well known. Critical analytical thinking is not encouraged. Knowing by heart is more in favor. When the students are graduated there are few occasions for postgraduate

training. Especially in the commune health stations the medical doctors quickly lose their skills, as there are few patients coming, often only one or two per day.

Better figures also for local levels? - The management of the commune health stations has not been in focus of the project. Still some improved management has been done. Rooms have been re-arranged, job assignments developed and working plans prepared. Too much of the work in a health station is today related to reporting. Up to more than 50 reports a month have been asked for by the higher levels. Some years ago MoH introduced the present health management information system. The reporting at the CHS is done in different books named A1, A2 etc. For diagnose and treatment the A1 book is used. When looking into this book it was found that every CHS is reporting in their own way. Some are including pregnancy examinations and deliveries. Others are including the national vertical program activities or common health examinations. When re-enter data from the pilot CHS A1 books by project staff it was found that the reported data was inflated with about 100%. This has several negative consequences. The data becomes unreliable for local management. Comparisons between different health facilities could not be done.

A health worker “Like a mother to a child”? - The attitudes and behavior of the medical staff is also very important for the patient satisfaction. Bac Ho has stated very well how a health worker should be towards the patients:

“You should be devoted to care for patients like members of your own family, and consider their pain as yours. A good physician should be like a tender mother”
Ho Chi Minh 27th, February 1955

1.3.2. Kich interventions

The main aim of the Kich project is to improve the quality of the CHS curative care in a way that people’s confidence is restored for getting primary curative care at this level. The following three issues have been addressed by the Kich project, **figure 6b**:

- Upgrading the skills and capacity of the curative care staff, especially for doctors
- Upgrading the commune health station facilities and equipment
- Upgrading the financing of the health station through health insurances

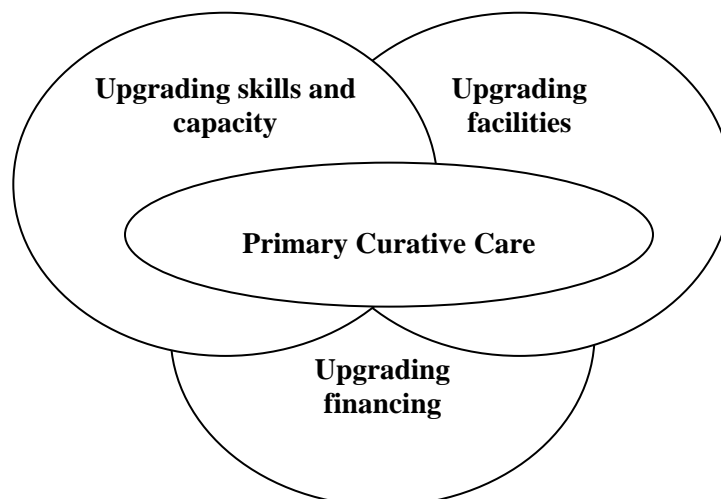


Figure 6b: The Kich project efforts to improve the situation for the general practitioners at the primary curative care level in commune health stations

Renovate CHS at a low cost - The existing 47 CHS in the pilot area have been upgraded by the project assistance to assure

- electricity
- running water (pumps, water reservoirs, water pipe systems to latrines, bathrooms and rooms needing extra good hygiene and sanitation)
- latrines for men and women
- bathroom with hot water
- re-structure walls and floor with new tiles in rooms needing good hygienic standards (the medical examination and treatment room, the delivery room and the women examination room)

This upgrading was first done in the six pilot communes. The quality of the upgrading work was not satisfactory as the constructor did not well follow the drawings made. Some additional upgrading work had to be done. The other 41 commune health stations in the two pilot districts were then upgraded. This time the contracting and supervision of the construction work was delegated to the “district management groups”. The primary supervision was also delegated directly to the local commune health station staff. These staffs were presented with the commune health station drawings. Comments for improvements were made. In this way the construction work was done with better quality. The average cost for the upgrading of the CHS was around 100 million Vietnamese Dongs corresponding to 4, 000 Euros!

To mobilize the commune people’s committees in the six pilot communes for better hygiene and sanitation latrine and bath rooms were also built for the commune People’s Committees for a cost of less than 50 million VND each.

Basic medical equipment for primary curative care - Additional medical equipment for diagnose and treatment were bought for the six pilot commune health stations. Most equipment needed was basic medical equipment like stethoscope, tongue depressors and kidney bowls. Some equipment was more sophisticated, as sterilizers, drying cabinets and Ear Nose and Tooth examination tools. Some additional items were bought after piloting. See list in annex 10. The average cost for the equipment was less than 50 million Vietnamese Dongs per CHS or less than 2,000 Euros.

Additional furniture was bought, as chairs, tables and drug cabinets, to facilitate the functioning of the CHS curative staff, as medical doctors and pharmacists. The total cost for these items were 25,000 000 VND or 1,000 Euros.

Learning by doing for better curative care - To improve the capacity of the CHS medical doctors a local Vietnamese long term consultant, with many years working as a general physician in Germany, has given regular on the job training to the local six pilot commune health station doctors. After only some few “on the job” visits the staff have improved well, as could be seen in table 2. To support the other 41 CHSs curative staff in the pilot area the two district hospitals have arranged in service training sessions for periods of two weeks focusing on the diagnose and examination process in the hospital outpatient department. This has been done for

three rounds for all the curative staff in the CHSs. An important question for the future is how re-training could be organized at the local levels in Hoa Binh.

Clinical standards on scientific grounds - As there are no curative care clinical standards at the local CHS level the Kich project was advised to develop clinical guidelines based on the most common complaints seen in the CHSs. This has been done in many counties in Africa, but also in Vietnam with the support from WHO and UNICEF. An international consultant came and gave training in the process to develop the guidelines. Then the six local medical doctors from the six CHSs started to develop the guidelines together with one medical supervisor from each pilot district hospital and the project CTA. The 40 most common complains seen at a commune health stations were defined. Then two groups of doctors in each district developed the decision trees for the complaints once a week. The whole group gathered monthly and a consensus was made between the groups. This process continued for ten months. Then the CTA took the clinical guidelines and synthesized the information with the information from already developed Vietnamese guidelines, as well as international guidelines. This draft was sent out for comments and a final draft was made. Therapeutic guidelines were supposed to be added but the local consultants claimed that these were already developed for Vietnam. Several medical doctors also complained that the guidelines were too simple. At last an international consultant finished the additional therapeutic guidelines. The guidelines are now reintroduced by local consultants for use in the six pilot communes. There are several good expected outcomes when using the guidelines;

- There will be some clinical quality standards developed for the primary curative care at the commune level in Hoa Binh province
- The guidelines could be used for technical supportive supervision
- The guidelines could be used for costing supervision by the VSI
- The guidelines could be used for reporting regarding the local disease panorama
- The development of the guidelines has created an atmosphere of team work and common trust among the involved local doctors

Medical books for medical doctors - Medical books were provided for all the 47 CHSs in the two pilot districts and the two district hospitals. The costs for medical books are low in Vietnam. The total costs for the supplied medical books, more than 50, were less than 1,500,000 VND, or a little more than 50 Euros.

Reporting books and for reporting - The Kich project has corrected the low quality of reporting in the A1 book by on the job training by the local long term consultant. The improvement could be seen in the table above. When the low quality of reporting was discovered the other commune health stations in Hoa Binh have been re-trained to report satisfactory by the provincial health bureau supported by the project. The project has also assured that reporting books are available to all 210 commune health stations for 2010.

Meetings for sharing medical experiences – The Kich project has reintroduced monthly technical meetings between the district hospital and the local CHS. During these meetings reports are made related to number of patients seen at the CHS, as well as number of referrals. Interesting cases where there are different diagnoses made at CHS and district hospitals or where there have been some problems during referrals are discussed. The meetings have been supported by long term local consultants. These meetings have been very appreciated by both commune and district level health care staff.

“Guide to curative care at commune level” – The Kich project has decided to gather all information and lessons learned from the piloting efforts in the CHS. These lessons learned have been compiled in a “Guide for CHS” by a local consultant. This Guide will be used for all 210 CHS in Hoa Binh. The Guide will also be an important reference document for the next ten year plan for the local level health services. At present the Guide is developed by the people’s committee in Hoa Binh.

1.3.3. Results achieved

Comprehensive support for comprehensive primary curative care – This comprehensive support to upgrade the commune health stations capacity in curative care has resulted in more patients coming to the six pilot CHS compared to six control CHS as could be seen in figure 9.

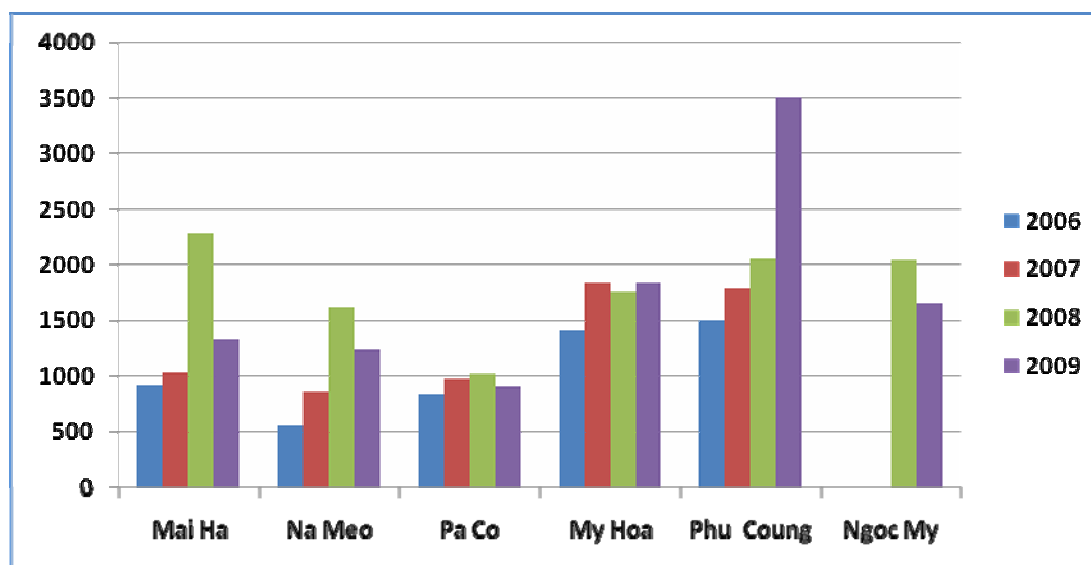


Figure 7: Number of visits to the six pilot CHS during 2006, 2007, 2008 and 2009 after adjustment for missing values

The number of patients coming to the CHS per day has in average increased from 4 to 7 from 2006 to 2009 in the six pilot communes. There are great variations in numbers of visits between the different CHS. In the control area the number of patients coming for curative care has increased from 3 patients to 5 patients per day during this period. Project visits to Thailand’s primary curative care shows that the work load of patients in a CHS could still increase up to five times more per day compared with the pilot area today!

These results have also been acknowledged in the Final Evaluation report.

Activity 1.4. To support the efforts to cover all the commune health stations in Hoa Binh with medical doctors.

1.4.1. Context

Becoming “real” doctors? - The staffs in charge of curative care in the commune health stations are medical doctors and assistant doctors. The assistant doctors are trained for three years in the provincial secondary medical schools. They are often from the local area and of the local minority group. The assistant doctors could be selected for further four years training to become certified medical doctors. The aim in Vietnam is to have all CHS covered by medical doctors in the next five years. At the start of the Kich project around 50% of the CHS had a medical doctor. At the health stations there are also primary health care staff, often trained for one year, and secondary staff trained for three years, as nurses, midwives and pharmacists. Most commune health stations have at least five health care staff.

1.4.2. Kich intervention

A Kich for more local doctors in primary curative care - The People’s Committee in Hoa Binh came with a request to the Kich project during 2008. They wished to get assistance in the training of 100 commune level assistant doctors becoming medical doctors. The project agreed to this. After great efforts to mobilize the present commune assistant doctors to apply for the training 44 did apply. Only 20 applicants passed the entrance examination for the training in Thai Nguyen Medical University. This result was disappointing. To prepare the next group of applicants the coming year the former retired head of training in the Hoa Binh secondary medical school was long term contracted by the project. In the first place she tried to find out the reasons why so few were applying for the training. The main reasons were the economic burden to take on for the student during four years even if the school fees were paid. Other reasons were difficulties to be away from their families for years and being afraid not to pass the entrance examinations. Still a new group was recruited and prepared for the entry examination by three month pre training in the province secondary medical school supported by Thai Nguyen Medical Faculty. Of the 33 new applicants 20 were also admitted this time. The Kick project has paid for the pre training as well as the school fee of 13 million, equivalent to 350 Euros, per year and student. As the project finish in December 2010 the Hoa Binh People’s Committee will take over the remaining costs for the medical training. The People’s Committee has made a recent plan to train totally 420 medical doctors and pharmacists for all health care levels in Hoa Binh from now on until 2020.

1.4.3. Results achieved

A functioning primary curative care? – The support for the present training of 40 additional medical doctors for the CHS in Hoa Binh together with the plan to train 420 more medical doctors and pharmacists for the coming 10 years will create a good base for a well functioning primary curative care level in Hoa Binh province in the near future.

Activity 1.5. To introduce and use decentralized management and implementation procedures to the pilot district level for the primary curative health care

1.5.1. Context

Vertical or split health care management at district level? - Before 2005 the preventive and curative health care was united in a district health center. This center was also responsible for the CHS care. After 2005 there was a split of management for prevention and curative care. The CHS management was transferred to the district People's Committee. The medical technical links were cut between the district hospital and the local CHS

1.5.2. Kich intervention

Local level management for local actions – In the two pilot districts two District Management Groups were set up with all the important local health care managers included as seen in annex 4. These groups met quarterly to review the project activities as well as planning for the coming three months activities. Then detailed monthly plans including budgets have been developed by the secretariat of the DMGs to be approved and monitored by the PMU.

1.5.3. Results achieved

Delegated health care responsibilities – When Kich pilot activities started up the main responsible for the planning, implementation and supervision was the project PMU. When the project pilot activities had been implemented for some time and started to run well more and more of them could be taken over by the District Management Groups. The function of the project PMU changed over time and more become of a supporter and a supervisor for the local level integrated health care support.

RESULT 2. Secondary curative care - The quality of care at the district hospitals are improved

Activity 2.1. To improve the quality of secondary curative care and hospital management

2.1.1. Context

Secondary or primary curative care? – Few patients trust and go to the local CHS for curative care. Most people go to the local pharmacy of the hospital care when sick. The health insurances have earlier not accepted CHS as the entry point for insured. The hospitals could only be used as the entry point for insured patients when the Kich project started. This has resulted in overcrowded hospital caring for minor illnesses that could be taken care of in the commune health stations. The only way to reduce the overcrowded hospitals will be to build up a comprehensive primary curative care at the commune level. Today Vietnam is building a lot of new hospitals to overcome the overcrowding. This will not succeed!

Trust in high tech or trust in basic care? – Several consultancy reports by national and international project consultants have found that the medical professions in the district hospitals prefer to send patients to extensive laboratory testing and expansive medical treatment often with excessive drug use. This is often done without doing the basic medical physical examinations.

Evidence based medicine also in hospitals? - The Kich indicator reports clearly show that there are no evidence based clinical standards used at present in the hospitals in Hoa Binh. All the hospitals have a huge variation in number of images and laboratory test used per patient when coming to their hospitals. An example is shown in figure 8. Every second patient coming to Mai Chau hospital got an image taken. Only every thirties got an image taken when coming to Cao Bang hospital!

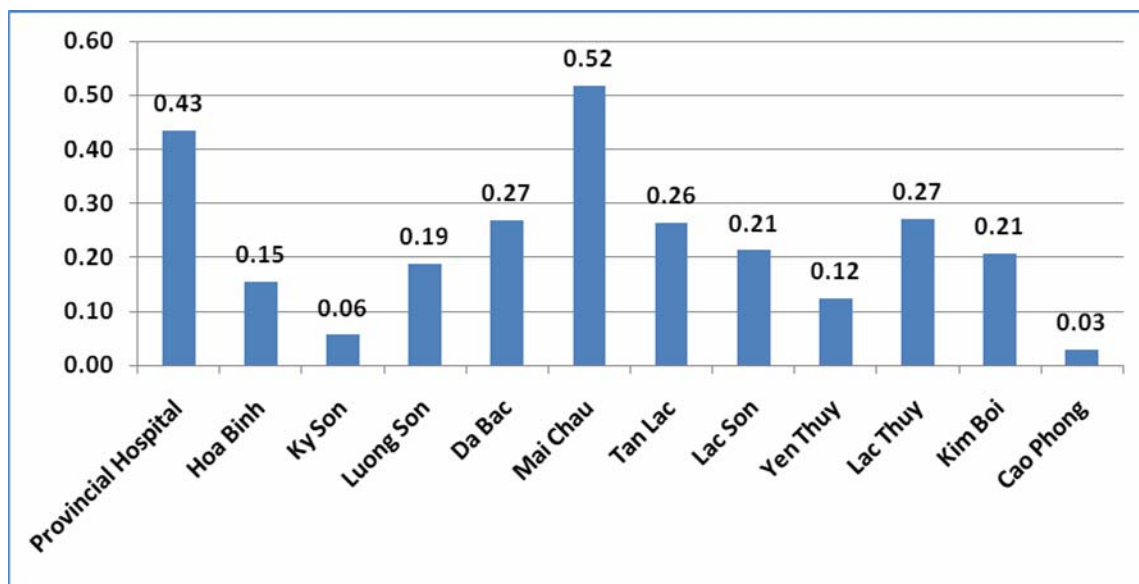


Figure 8: Images taken per patient during hospital visits in Hoa Binh during 2009

Doctors to managing hospitals or care for patients? – All hospital directors are medical doctors. They do not have specific management training skills for this work. The result is that they often care for what they have been trained for. Surgeons tend to be concerned about the operations theatre and operation techniques to use. Their management tasks will hinder them from doing their medical work. Many countries do not appoint doctors to be managers any more. When looking into the hospital management in the two pilot district hospitals it was for example found that the two hospital pharmacies were not run well. This became one of the Kich activities to look into.

Paper nursing or patient nursing? - Today the patient management requires a lot of paper work. It is not unusual to see the nurses sitting in the administrative room writing in different patient documents not being to care for the patients. When asking the nurses many of them have claimed that more than 50% of the working time is often spent on this time consuming administrative required work. Uong Bi general hospital has since many years introduced patient centered nursing care. The nurse becomes the main supporter of the patient and their family. The nurses then consult the doctors in medical questions often during the morning medical rounds. The Uong Bi hospital has also been allowed by MoH to radically reduce their paper work to set time free for their patient centered nursing duties.

2.1.2. Kich intervention

On the hospital job training – Several national long term consultants have been giving continuously on the job training in clinical diagnose and treatment skills, including rational use of essential drugs, for periods of several months in the two pilot district hospitals. The focus has been the outpatient department as this is the main contact area with the local CHS. In the last years of the project more and more on the job training has also been give with the support of Uong Bi general hospital.

To see is to believe! – Sweden has supported a general hospital in Uong Bi in Quang Ninh province during more than 25 years. Swedish advisors in areas as curative care, nursing, and management have been in the focus. Today this may be the best managed with the best quality of curative care and nursing at least in the north of Vietnam. Five different groups of visitors from the pilot area, as well as the rest of Hoa Binh, have visited this hospital and been on the job training. This has been good eye openers for the Hoa Binh participants.

Patient centered nursing care – The Uong Bi hospital has developed patient centered nursing care during the years. Nursing teams from Hoa Binh has been on the job training in Uong Bi hospital. Then nursing teams from Uong Bi hospital has repeatedly been in the two Kich pilot hospitals to support the introduction of patient centered nursing care. Several consultancy reports have confirmed that the pilot hospital managers believe in the new nursing care method and are introducing the same methods in their hospitals. Some promising results have already been achieved.

Clinical quality of standard development – Uong Bi general hospital has during the last ten years developed more than 200 quality of curative care standards for the most common diseases seen in the different departments. This has been done by the medical doctors themselves. Indicators have been used how to set a correct diagnose and how to give a correct treatment. Positive points have been set if there have been correct actions taken and negative points for non-correct actions, like unnecessary tests done or drug treatment given. The two pilot district hospitals have developed their own clinical quality standards for five common diseases as a pilot test. Mai Chau hospital has developed clinical. This is now evaluated. If the development of these five clinical standards is running well the hospitals will continue to develop more standards. This development work has continuously been done under the supervision and support from Uong Bi general hospital.

2.1.3. Results achieved

Links between hospitals and CHS – The medical technical links between the commune health stations and the district hospitals in the pilot area has been re-established. This has been done through the monthly technical meetings, the re-training sessions for CHS staff as well by the health insurance contracting.

Quality of curative care and nursing care – The two pilot district hospitals have started to work on quality standards for secondary curative care as well as patient centered nursing care. This is only in the beginning but so far the interest and the efforts are promising.

Activity 2.2. To introduce chronic disease management, starting with diabetes and hypertension

2.2.1. Context

Chronic disease management programs for Hoa Binh? – Chronic diseases are increasing rapidly also in Hoa Binh. The need to develop local level adopted chronic disease management programs was looked at by an international consultant. It was found that by systematically screening, or by routine examinations, it could be possible to detect and care for chronically ill.

The project decided to start with hypertension and diabetes. A long term local consultant was contracted to develop these programs.

2.2.2. Kich intervention

Clinical guidelines for chronic disease management – Guidelines were developed, including treatment, self care, monitoring and reporting, for hypertension and diabetes. This was done by a group of local level medical doctors as well as more senior central level medical doctors. The guidelines have then been tested and continuously adjusted during two years. Today there is an 8th draft clinical guideline developed. The guideline has been introduced in the pilot district true training sessions for the local health workers.

Screening at local level – In the six pilot communes screening for hypertension and diabetes was made. These patients have since then been followed as a cohort to see how they could be cared for including their compliance with the care.

Local mobilization for local care – Extensive training has been given to local level health care workers as VHW and CHS health workers. Intensive health education has also been given to the local people in the pilot area. Special local meeting have been held with patients and relatives to chronically ill. These efforts have resulted in a greater understanding of chronic diseases.

2.2.3. Results achieved

Local mobilization for chronic disease management – The people, the patients, the authorities as well as local level health care workers at village, commune and district level have been mobilized and become aware of chronic diseases, especially hypertension and to a certain extend diabetes. This will be a good platform for the local as well as provincial health managers to continue to work on. The guidelines developed will be one important part.

Activity 2.3. To upgrade the district hospitals facilities as pharmacies, water, sanitation and electricity

2.3.1. Context

Hospital infrastructure functioning - who is responsible? – Many local hospitals have great problems with water, sanitation, electricity as well as pharmacies. The two pilot district hospitals have fully or partly been supported by Asian Development Bank (ADB). Still there are unacceptable problems with infrastructure and building in the newly constructed hospitals. The Kich project was asked to assist the two hospitals to overcome these problems. Questions arise who should be responsible when one donor has supported a project and the next is asked to correct mistakes already done.

2.3.2. Kich intervention

ADB in need of infrastructure support – The Tan Lac district hospital has been supported by improved water supply, as well as built acceptable latrines for the patients. The Mai Chau hospital has got support for an emergency generator, as there are frequent and an increasing number electricity cuts, especially during the summer time.

Focus on pharmacies – One consultancy report found that the pharmacies in the two pilot hospitals were managed far below acceptable standards. The Kich project decided to upgrade the pilot district hospital pharmacies trying to reach “Good Pharmacy Standards”. The pharmacies were upgraded with renovated rooms, installed good climate and storage facilities for drugs and consumables, as well as good management of the drugs using IT support. Study tours were made to “good pharmacies” in Hanoi. The upgrading in the two pilot hospitals went very well. It was then decided that all the other district hospital pharmacies should be upgraded in the same way. Also these efforts went very well. This is now a very good accomplishment by the project. Pharmacy standards seem otherwise to be a forgotten issue in Vietnam today. The costs of the upgrading could be seen in annex 12.

2.3.3. Results achieved

“Good Pharmacy Standards” – Most of the upgraded district hospital pharmacies will most likely be awarded “good pharmacy standards” by MoH in the near future. The facilities are there. The main problem at present is to have enough qualified staff available.

RESULT 3. Referral - The referral system between first line health services and the district hospitals are strengthened.

Activity 3.1. To strengthen the referral and counter referral system, including an efficient evacuation system for emergency cases

3.1.1. Context

Bypassing or referral? – A functioning health care system with primary, secondary and tertiary curative care levels needs a functioning referral and counter referral system of good quality. This has not been the case in Hoa Binh. People have by passed the local levels, especially the commune level. People have also been able to register at any health facility as the entry point for their health insurance. More than 30 000 people were registered at the provincial hospital 2008! This is now changing. The intention is that the commune level should be the main entry point into the health care system.

3.1.2. Kich intervention

Refer to other donors - JICA has during some years supported the development of better referral routine, between the district and province levels. This has led to stricter and better referral and counter referral routines, between these two levels, as well as better emergency care. Experiences gained from the JICA supported project have been used by the Kich project when developing better routines between the commune and district levels. The long term contracted Vietnamese for this development was also the main responsible for the JICA referral improvement effort.

Refer to health insurances – Health insurances coverage of CHS services have first been introduced in the six pilot communes during the end of 2007, and then in 186 out of 210 CHS in Hoa Binh during 2010. The introduction of stricter referral routines has rapidly improved the referral routines between the commune and district level. Formats for referral and counter referrals with feed-back information about the patient situation have been developed and printed for use. Monthly medical technical meeting between the district hospitals and the CHS has been

supported. In these meetings a large part has been devoted to reporting about, and to discuss, specific cases related to referrals.

3.1.3. Results achieved

Less referred – The referral routines have been introduced and standardized between the commune and district levels starting with the six pilot CHS. The results are that the referrals from the six pilot CHS have become much more unified during 2009 compared to 2008 as could be seen in figure 9.

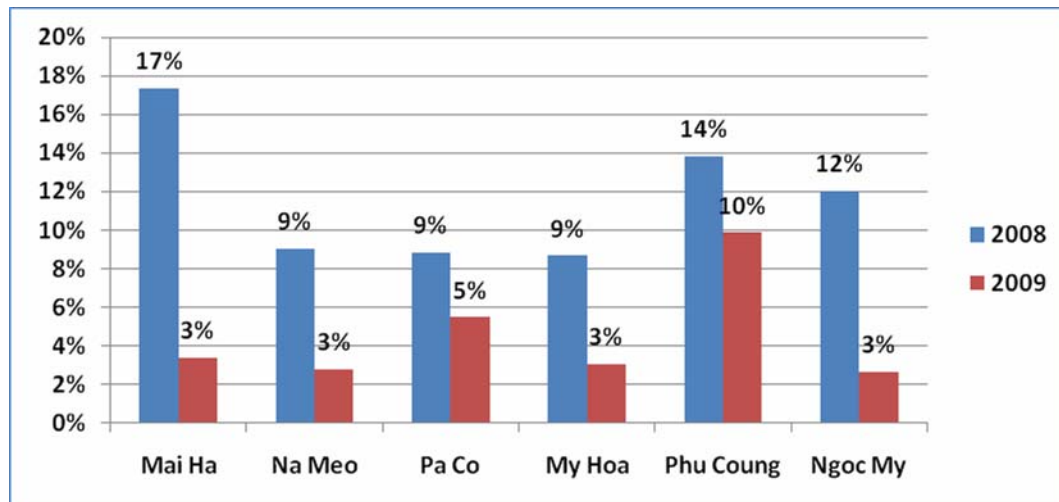


Figure 9: Percentage of referred patients of the patients coming to the six pilot CHS during 2008 and 2009 in Mai Chau and Tan Lac districts

RESULT 4. Health financing - A pro poor financing mechanism for the health services in the two pilot district are functioning

Activity 4.1. Pilot new provider payment mechanisms in the two pilot districts and accumulate experiences

4.1.1. Context

Health insurances for whom? – The introduced health insurance schemes in Vietnam during the last ten years have used fee for service as the main provider payment mechanism. Then a dangerous vicious circle has been created. People demand high tech examination and expensive foreign drugs. Decree 43 is allowing the hospitals to use a large share of their revenue for their own benefit. Fee for service pays whatever the provider produce. The result is that the patients get a lot of unnecessary examinations and treatments. The health facilities provide bad quality of curative care not scientific based. The health insurance schemes are running with larger and larger deficits. One of the most important tasks for the Vietnamese authorities in the near future is to break this vicious circle!

One, two or three patients per hospital bed? - One important result is an explosion of out and inpatient visits, as well as diagnostic and treatment procedures in the hospitals. One consequent is the overcrowded hospitals in Vietnam today. The situation is the same in Hoa Binh as seen in figure 10. By 2015 there will be three patients in every hospital bed if the current trend will continue!!

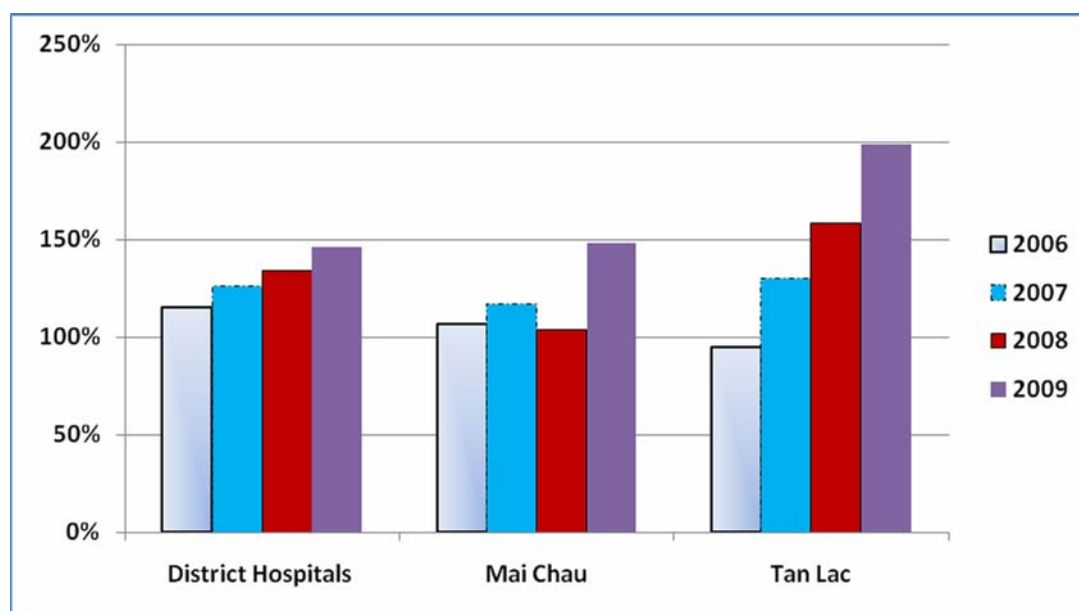


Figure 10: Bed occupancy for district hospitals in Hoa Binh, Mai Chau hospital and Tan Lac hospital for 2006 to 2009

“Fair financing” for the rich? – A good health insurance system should “pool” risks between the members in the insurance schemes. A good health insurance schemes should also redistribute the financial burden between different risk groups. Health should substitute the sick. The working should substitute the non working young and old. The rich should substitute the poor. Indicator reports are highlighting that the poor are actually subsidizing the rich! The present health financing is not encouraging health equity! The compulsory insured had 8 times better access to outpatient hospital care and 5.5 times better inpatient compared with the poor insured in Hoa Binh 2010. shows that the only health insurance that had a surplus during 2010 so far was the health insurance for the poor. This surplus is subsidizing the imbalances for the other.

Table 3: The expenditures as well as total expenditures per health insurance category and balances in Tan Lac during 2009 and the first two quarters 2010.

Figures in brackets are negative and figures without brackets are positive.

Tan Lac					
	HI Cards	Exp per HI	Relative cost	Expenditures	Balance
Compulsory	5,709	609,151	7.5	3,477,544,547	(1,952,321,531)
The poor	29,664	81,213	1.0	2,409,096,778	1,634,453,433
Pupils and students	2,262	120,753	1.5	273,142,992	(62,348,022)
Other voluntary beneficiaries	1,406	466,721	5.7	657,142,890	(446,787,130)
Total	39,043	174,603	2.1	6,817,027,207	(827,003,250)

Mai Chau					
	HI Cards	Exp per HI	Relative cost	Expenditures	Balance
Compulsory	3,944	979,194	7.1	3,861,941,371	(2,655,586,579)
The poor	18,708	138,819	1.0	2,597,022,421	2,726,481,574
Pupils and students	3,114	105,970	0.8	329,991,851	2,241,953
Other voluntary beneficiaries	1,316	521,044	3.8	685,693,448	(435,739,814)
Total	27,082	276,001	2.0	7,474,649,091	(2,816,436,283)

Good health care important in poverty eradicating? - In Vietnam it has been calculated that about two million become poor every year due to illnesses. Ill health is one of the main reason for poverty in rural areas. Vietnam has one of the highest level catastrophic household health expenditures in the world. The out of pocket spending for health care service is at present still high at a level of 50%.

4.1.2. Kich interventions

Piloting balanced health utilization – A piloting of new provider payment mechanism was developed for the Kich project by international consultants (ref xxx). The consultants proposed capitation to be piloted at the commune level. For the district level they proposed a mixed payment mechanism. 50% of the provider payment should come from capitation and 50% from fee for service. Then the tendency for “oversupply” of health care services with the fee for service payment mechanism could be balanced with the tendency of “undersupply” of services with the capitation payment mechanism. The piloting was heavily delayed due to need of permissions for the piloting. It could not start until the project long term contracted one consultant from Department of Health insurance in Ministry of Health and one long term consultant from central level Vietnam Social Insurance. These consultants have then technically supported as well as supervised the piloting.

Contracting local level – Contracts were made with the pilot district hospitals on behalf of the CHS. The contracts included lists of drugs and consumables that should be delivered monthly to the CHS. This list was adopted to fit to approve techniques that could be performed at the CHS. Biddings for drugs were done by the district hospitals. Forms to administer drugs and reporting were developed and introduced.

Mobilizing local people - Extensive training of local level VSI and health care staff in the pilot area were done by the province VSI and Health Bureau. Intensive health information to the local authorities and local people was done. People become well aware of their rights and responsibilities as has been presented under Activity 1.2.

A correct health insurance card to the right person at the right time – Many problems arise when trying to define and deliver health insurance cards to the people entitled to health insurances. The screening procedure was not easy. As many as 40% of the health insurance cards for the poor people in Tan Lac district were wrong when they were introduced. The cards were not printed in time. People did not understand their health insurance rights and responsibilities. Many went to the CHS to get their drugs even when they were not sick. Most of these problems have now been solved.

4.1.3. Results achieved

Capitation for CHS – Capitation has been shown to work at the commune level, especially in the six pilot CHS. This has now become the recommended provider payment mechanism at this level by the provincial health bureau.

Going on scale – The introduction of health insurances at commune level started in the six pilot communes in November 2007. Today 186 of the 210 CHS are covered by health insurances with the CHS as the entry point to the health services. **People have got better access to their local health services!!**

RESULT 5. Lesson learned - The field experiences of the project are shared with the health authorities and the faculties of medicine and inspire health policy development

Activity 5.1. To introduce and use decentralized management and implementation procedures for health services in Hoa Binh province

5.1.1. Context

PMU and PHB? – When the Kich project started a Project Management Unit was set up in the Province Health Bureau. Some of the staff was overlapping in the two management structures. Still little integration happened related to planning or involvement of staff. This has changed during the years. More and more of the health bureau staff has been involved in the project activities, as well as giving support to the Kich project.

Learning – eye openers needed? – “To see is to believe” is an important concept. It is one thing to have a work shop in Hanoi and a completely different thing to be able to see with one's own eyes how things work in reality. This is especially important in Vietnam where there is a huge bureaucracy including many meetings and many decisions that are often difficult, or even impossible to implement.

Province management performances? – The Kich project has already raised important questions related to the need to develop primary curative care, the whole health care structure, as well as the quality of curative care. These are all questions that the provincial health bureau has to deal with for the whole Hoa Binh. The management capacity of the Health Bureau has then to

be improved. Need based planning, good quality of health care data, statistic and epidemiology, support to management at each level of care, action oriented research and English are only some of the needed skills. The Kich project has started to support these skills.

5.1.2. Kich activities

Support to province level training – During the Kich project implementation period more and more training needs expressed by the province health bureau has been supported. Some of these needs have been defined by the project others by the health bureau. Some of the trainings supported are the following;

- Training in drug use at local level
- Improved reporting from CHS through the A1 book
- Provision of A1 books to all CHS in Hoa Binh
- Training in health insurance for all districts in Hoa Binh
- Printing and distribution of health insurance reporting formats
- Printing of health insurance cards

The provincial health bureau staff has also always participated in and conducted project trainings when relevant for their functions and tasks.

Advanced plans have been made but not yet implemented to train the province health bureau staff in “action oriented research”, management using available data better, as well as English training. These areas would be prioritized if a second phase should be decided.

Study tours for learning – Many international and national study tours have been arranged by the project related to the project activities. A lot of practical lessons could be brought home to Hoa Binh. These lessons have been documented in travel reports. The following study tours could be mentioned:

International study tours have been arranged to;

- Laos – Participating in a BTC sponsored seminar regarding District Health
- Belgium – Participating in a Primary Health Care seminar 30 years after Alma Ata held in Royal Tropical Institute in Antwerp. The other was a study tour to see the primary curative care in Belgium as well as the health insurances system. Totally ten people.
- Thailand – Two study tours have been made to Mahidol University in Bangkok with field visits to Korat. Primary health care has been studied including health insurance financing and chronic disease management. Totally nearly 60 participants have been there. These study tours have been real eye openers as the quality of primary curative care in Korat must be stated as excellent!

National study tours have been organized to:

- Moc Chau district in Son La province to study CHS that has achieved National Bench marks
- Yen Bai province to study decentralized management and village health workers training supported by Vietnam Sweden Health Cooperation
- Quang Nam province to study Information, Communication and Education efforts supported by Vietnam Sweden Health Cooperation
- Uong Bi general hospital in Quang Nam province supported by Sida Sweden during many years. Five different study and on the job training visits have been made to study hospital management, nursing care and quality of care assurance
- Nge Anh province to study CHS leaders achieving national hero status due to the good quality of care work at this level
- Lam Dong province to study drug bidding and health insurances

Infrastructure support – Also the provincial health bureau has been supported with some infrastructure upgrading. A large conference and training center has been fully equipped with furniture and air-conditioning. IT equipment has been bought. Two project cars, one Toyota Camry and one Toyota Prado have been bought and used extensively. A project office has been equipped and has been running well.

5.1.3. Results achieved

Mobilized for primary curative care – Nearly all health managers of the province has participated in national and international study tours to get good “eye openers” for the important role of primary curative care in a functioning health care system. This has been especially the case for the visits to Korat in Thailand.

Mobilized for the CHS as the entry point for health insurances – Both the provincial health bureau and the provincial Vietnam Social Insurance in Hoa Binh have been mobilized to support the CHS as the entry point to the health care system. This has made the local health services both more accessible and cheap for local people. This will also contribute to reduce the overload of the hospitals.

Mobilize for better quality of curative care, chronic disease management and nursing care – Many of the doctors and managers involved in the development of clinical guidelines are still not convinced or mobilized well enough to really get their heart into the quality of care improvement. This mobilization has just started as doctors are not easy to influence.

Activity 5.2. To formulate lessons learned for all pilot aspects of the project: health insurance, first line health services, and chronic disease management

5.2.1. Context

Develop before learning? – The final evaluation rightly conclude that pilot project activities have to be well developed before any lessons learned could be available. The final evaluation also concludes that the project is very ambitious and the time is still short. A second phase would be needed for more and better lessons learned.

5.2.2. Kich activities

Use what has been documented - Still lessons learned have been formulated in the many good consultancy reports and Steering Committee reports by the project. Many very important descriptive observations have been made that is seldom seen so far in Vietnam. These should be carefully analyzed for use in Hoa Binh, Vietnam and by donors. There is always a great risk that these important observations will be hidden in some book shelf and forgotten.

Some important lessons learned will be disseminated through the end seminar in November 2010. The seminar will focus on “the role of primary curative care in Vietnam”. In this seminar central level policy and decision makers from Ministry of Health and Vietnam Social Security are strongly represented. More than ten provinces situated in remote and mountainous areas are also participating. Also international donors in the health field will come.

5.2.3. Results achieved

Guide for CHS – The province health bureau has gathered the important contributors to the Kich development efforts as consultants and stake holders in the project area. The participants have, under the guidance of an experienced consultant, gathered valuable lessons learned. This is in the process of becoming a 50 page guide book for other CHS how to improve primary curative care in the many CHS in Hoa Binh in the near coming future.

Activity 5.3. To contribute to important health policy debates at national level

5.3.1. Context

Donor harmonization? – There have always been great problems to harmonize donors in the field of health in Vietnam. There are important reasons both on the Vietnamese side, as well as on the donor side. The main problem on the donor side is the different agendas different donors have as well the different management procedure. An important step to harmonize administration is the UN-EU guideline for levels of allowances and salaries for locally contracted and seconded staff.

Several efforts have been done during the years for donor harmonization. One is the Health Partnership Group managed with the MoH. This group is at present meeting every three months. The main problem with this group is the lack of standing secretariat to prepare the meetings as well as to make use of decisions taken during the meetings.

5.3.2. Kich interventions

Health Partnership Group (HPG) – The Chief Technical Advisor has participated and contributed to most of the meetings that the group has organized during the years. The CTA has also participated in the “Joint Annual Health Review” (JAHR) meeting. This group has annually looked into different health issues important for the functioning of the health care as financing, human resources and health care services delivery. EC has also had a health partnership group that often has met before the HPG meetings. MoH has arranged many seminars and workshops. The CTA has always participated in those when appropriate.

Long term consultants – Some of the long term contracted project consultants have also been central level policy and decision makers. These consultants have on their free time, often during the weekends, given technical advices as well as give supervision to the project. They have then been able to influence the pilot activities in their domain, as well as learnt from the results. These results could then be directly fed into the central level policy and decision making process.

5.3.3. Results achieved

The new health insurance law – Many of the Vietnamese involved central level policymakers have told the Kich project managers that the Hoa Binh health insurance piloting has been one important pilot experience for developing the new law on health insurance in Vietnam from 2009.

Future primary curative care in Hoa Binh – The responsible in the Hoa Binh's People's Committee has closely monitored the project lessons learned as well as the results, especially the last years. The People's Committee has decided that many of the achievement in the Kich project will be used for the coming ten year plan for the commune level health care services.

VI. Final Evaluation

Health service quantity but not quality – The evaluators found that existing health care infrastructure is in general adequate and up to standard in Hoa Binh. They also conclude that the CHS show obvious improvement in both quantitative and qualitative indicators.

A highly relevant demonstration project – The Final Evaluation (36) concluded that the Kich project is both highly valid in the Vietnamese present setting, as well as perfectly logic and therefore highly relevant. The evaluators found that the real objective of the project is to demonstrate. They were concerned about the health management split at the district level making it difficult to have strong curative care links between the CHS and the district hospitals.

A high level of efficiency– The evaluators were impressed by the good management as well as the technical support given to the piloting at present. They realized that it has taken time to achieve this when trying to contract people for work in rural areas. The project has actually only been in operation four years when the starting up phase has been ended.

But not yet effective - The consultants acknowledge that the Kich project is an ambitious comprehensive project but is has already achieved some interesting results and there is an ongoing good development dynamic. The most important result is that the project has shown that people could get back trust in the primary curative care in the local CHS. But to really make the Kich project there is a second phase needed with a better anchorage at the central level, better scientific set up, and a better dissemination mechanism for lessons learned.

Still donor support needed for sustainability – For many of the different intervention efforts in the pilot area there is a need for longer time. To set up a comprehensive chronic disease management program or a sustainable provider payment mechanism will require time. This is even more needed to achieve a sustainable primary curative care level receiving 50 patients per day at a CHS with evidence based curative care standards. But the people would get better access

to good quality of curative care at the same time as the overcrowding in the hospitals would be reduced.

A second phase is needed for impact! – The Final Evaluation report concludes that Kich is a sound project with an interesting approach. After three years of operation, already some interesting outcomes have been achieved. All stakeholders are positive towards the project which means that there are potentials for more learning.

The evaluators finally conclude that no project of this kind can have a long lasting impact after only three years of operations, neither direct nor indirect through lessons learned.

A SECOND PHASE IS NECESSARY AND THE CONSULTANTS RECOMMEND IT STRONGLY.

This was also how the project was set up from the beginning. There should be a first phase to set up the pilot project to have something to demonstrate. Then there should be a second phase to use lessons learned for provincial and central level policy and strategy formulation.

VII. Future recommendations

Use of a developed pilot for demonstration – In the future the pilot area should be used to demonstrate how a primary curative level could work in reality. This has been excellently done in Korat Thailand with the guidance of Mahidol University. This could also be done in the Kich pilot area.

Use of lessons learned for the whole Hoa Binh – Many of the lessons learned have already been used for other local areas in Hoa Binh as the introduction of health insurance at the commune level, improved reporting routines at the CHS and upgrading of district hospital pharmacies. This will continue and will be integrated in the coming 10 years development plan for the local health care levels presently under development by the Hoa Binh's People's Committee. One important guide will be the guidebook at present being developed by the project as a summary of lessons learned for a CHS.

Use of lessons learned for central level policy and strategy formulations – Some of the lessons learned has already been used by the central level for the formulation of the new Law on health insurance. More lessons learned could be used in the future policy formulation.

A Second Phase? – The PMU of the project also strongly recommend a second phase. The ground has been laid and the seeds have been planted. Now it is time to start to harvest lessons learned! But to be able to do this a possible second phase should be well planned and the PMU would like to do some recommendations as follows;

- ***The pilot approaches*** - all the involved stakeholders should as well as possible understand the nature of the Kich project as the focus on quality of curative care, the mobilizing bottom up approach, the analytic proactive way of working, learning by doing, importance of gaining lessons learned as well as to disseminate the lessons learned.

- ***Anchorage at central level*** – To be able to make a better use of lessons learned for policy formulations it is important that the project gets better anchored at the central level, as in Ministry of Health and Vietnam Social Insurance, in a second stage.
- ***Action research*** – The Kich project has a great potential for applied research in a second phase. There are well trained VHW in all the pilot area villages. This area could be used as a “field lab” in the same way as the neighboring Ba Vi district has been supported and used by the Sweden supported Sarec research. This project has supported a lot of Vietnamese students to gain Master and PhD degrees. The Kich pilot area could also be a good place to research how primary curative care could be further developed in rural areas in Vietnam.
- ***Dissemination of lessons learned*** – For a second phase there is a need to develop a clear strategy how to use the lessons learned by other provinces and central level in Vietnam for their development efforts of a sustainable primary curative care.

Limited funds used to develop a catalyst role - “The relative limited funds of Belgium should be focused on unmet needs, be well targeted, be guided by good technical expertise and embrace a high degree of innovation. Such approach will allow the Project to develop a catalyst role that can enhance the ambitions of the Province of Hoa Binh and be useful on a wider scale”. This section is from the validation part of the first phase Project Document. This is still valid for a second phase. Capacity quality development does not need large financial recourses. The first phase did not use the available recourses for the planned three years for the actual project time of five years!

FAS (FIT Accounting Statement) of VIE0402011

Overview Project Accounts

Closing n° : 62

Closing Period : 1/12/2010 - 31/12/2010

Closing Date P : 18/01/2011

Prepared by : Nguyen Thu Ha

Approved by 1) : Quach Dinh Thong

2) : Tran Le Nam

Closing Date RR :

Controlled by : Quach Thanh Truc

Validated by : Dirk Deprez

Closing Date HQ :

Validated by :

Account	Account number	# transactions	Beginning Balance	Amount IN	Amount OUT	Ending Balance
! (EUR)CO-BANK-0001	45510140000017	31	27.766,52	2,60	27.769,12	0,00
(EUR)CO-BANK-0004	123456	0	-1.397.500,00			-1.397.500,00
(EUR)CO-CASH-0006	123456	0	0,00			0,00
(EUR)RE-BANK-0005	123456	0	-559.008,21			-559.008,21
(VND)CO-BANK-0002	45510000013322	23	8.762.410,00	463.130.761,00	471.893.171,00	0,00
(VND)CO-BANK-0008	3007201000293	0	0,00			0,00
(VND)CO-BANK-0011	3004201000620	0	0,00			0,00
(VND)CO-CASH-0007	123456	63	631.700,00	141.120.600,00	141.752.300,00	0,00
(VND)CO-CASH-0009	12345	0	0,00			0,00
(VND)CO-CASH-0010	123456	0	0,00			0,00

x : account closed

! : main account



Budget vs Actuals (Year to Month, Last 5 Years) of VIE0402011

Project Title : **Upgrading of the community health services in Hoa Binh Province**

Budget Version : **G1**

Currency : **EUR**

YtM : **Report includes all closed transactions until the end date of the chosen closing**

Year to month : 31/12/2010

			Status	Fin Mode	Amount	Start to 2006	2007	2008	2009	Expenses	Total	Balance	% Exec
A UPGRADING OF COMMUNITY HEALTH SERVICES					532.674,32	25.799,00	62.781,98	218.459,99	293.612,69	0,00	600.653,67	-67.979,35	113%
01 R.1: Uniform quality first line health services					338.040,24	20.785,97	29.662,02	162.611,90	177.481,03	0,00	390.540,92	-52.500,68	116%
01	To analyse the problems of setting-up a			COGEST	3.806,31	3.536,06	270,25			0,00	3.806,31	0,00	100%
02	To formulate an action plan based on the			COGEST	1.386,37	1.386,37				0,00	1.386,37	0,00	100%
03	To provide training for general medical			COGEST	6.626,35		685,83	1.171,10	7.434,59	0,00	9.291,51	-2.665,16	140%
04	To organise overseas or regional study tours			COGEST	24.174,80	5.526,51	180,32	18.338,91	129,06	0,00	24.174,80	0,00	100%
05	To follow-up trained general practitioners on			COGEST	6.018,81			14,26	6.004,55	0,00	6.018,81	0,00	100%
06	To improve the diagnostic tools for primary			COGEST	17.913,75		1.881,11	15.299,89	762,60	0,00	17.943,60	-29,85	100%
07	To organise exchange workshops bi-			COGEST	0,01					0,00	0,00	0,01	0%
08	To conduct a comparative cost-effectiveness			COGEST	10.337,04	10.337,04	0,00			0,00	10.337,04	0,00	100%
09	To organise an evaluation workshop at			COGEST	0,01					0,00	0,00	0,01	0%
10	To motivate first line health personnellin			COGEST	0,01					0,00	0,00	0,01	0%
11	To ensure the coverage of Village Health			COGEST	79.906,85		8.549,19	59.560,59	12.609,77	0,00	80.719,55	-812,70	101%
12	To improve the access to clean water,			COGEST	131.179,84		18.095,32	44.579,64	110.249,76	0,00	172.924,73	-41.744,89	132%
13	To introduce and use decentralized			COGEST	17.325,44			8.475,14	13.027,83	0,00	21.502,97	-4.177,53	124%
14	To introduce decentralized need based			COGEST	8.509,50			7.332,87	1.175,63	0,00	8.508,50	1,00	100%
15	To strengthen a need base people centered			COGEST	27.503,29			7.839,49	22.386,81	0,00	30.226,31	-2.723,02	110%
16	Support to train additional 100 doctors			COGEST	3.351,86				3.700,42	0,00	3.700,42	-348,56	110%
				REGIE	569.900,00	37.386,20	169.974,04	123.146,27	152.036,08	76.465,62	559.008,21	10.891,79	98%
				COGEST	1.430.100,00	49.384,15	121.524,48	290.688,68	467.427,16	468.401,63	1.397.426,11	32.673,89	98%
				TOTAL	2.000.000,00	86.770,35	291.498,52	413.834,95	619.463,24	544.867,25	1.956.434,32	43.565,68	98%



Budget vs Actuals (Year to Month, Last 5 Years) of VIE0402011

Project Title : **Upgrading of the community health services in Hoa Binh Province**

Budget Version : **G1**

Currency : **EUR**

YtM : **Report includes all closed transactions until the end date of the chosen closing**

Year to month : 31/12/2010

	Status	Fin Mode	Amount	Start to 2006	2007	2008	2009	Expenses	Total	Balance	% Exec
02 R2: The quality of care at the district			136.672,51	5.013,03	2.180,76	39.326,18	103.541,44	0,00	150.061,41	-13.388,90	110%
01 To analyse the quality of care as well as the		COGEST	5.013,03	5.013,03				0,00	5.013,03	0,00	100%
02 To strengthen the administrative		COGEST	41.450,57			9.018,19	32.667,49	0,00	41.685,68	-235,11	101%
03 To strengthen the capacity of district		COGEST	14.426,58			13.238,53	1.188,05	0,00	14.426,58	0,00	100%
04 To intrduce decentralised strategies for care		COGEST	25.573,82			8.100,65	20.017,86	0,00	28.118,51	-2.544,69	110%
05 To organise exchange workshops between		COGEST	240,03			240,03		0,00	240,03	0,00	100%
06 To organise monthly staff meetings		COGEST	377,86			364,43	126,09	0,00	490,52	-112,66	130%
07 To organise 4 times a year exchange		COGEST	4.230,06		2.180,76	335,34	2.345,49	0,00	4.861,59	-631,53	115%
08 To introduce telemedicine between district		COGEST	0,01					0,00	0,00	0,01	0%
09 To organise regular visits of selected		COGEST	0,01					0,00	0,00	0,01	0%
10 To organise international and regional study		COGEST	36.947,59			8.029,02	38.783,51	0,00	46.812,52	-9.864,93	127%
11 To improved the infrastructure of the district		COGEST	8.412,95				8.412,95	0,00	8.412,95	0,00	100%
03 R3: The referral system between first line			242,65				242,61	0,00	242,61	0,04	100%
01 To provide appropriate means of		COGEST	0,01					0,00	0,00	0,01	0%
02 To support the organisation of an evacuation		COGEST	242,61				242,61	0,00	242,61	0,00	100%
03 To conduct a qualitative and quantitative		COGEST	0,01					0,00	0,00	0,01	0%
04 To establish a performance monitoring		COGEST	0,01					0,00	0,00	0,01	0%
05 To organise the counter-referral system		COGEST	0,01					0,00	0,00	0,01	0%
		REGIE	569.900,00	37.386,20	169.974,04	123.146,27	152.036,08	76.465,62	559.008,21	10.891,79	98%
		COGEST	1.430.100,00	49.384,15	121.524,48	290.688,68	467.427,16	468.401,63	1.397.426,11	32.673,89	98%
		TOTAL	2.000.000,00	86.770,35	291.498,52	413.834,95	619.463,24	544.867,25	1.956.434,32	43.565,68	98%



Budget vs Actuals (Year to Month, Last 5 Years) of VIE0402011

Project Title : **Upgrading of the community health services in Hoa Binh Province**

Budget Version : **G1**

Currency : **EUR**

YtM : **Report includes all closed transactions until the end date of the chosen closing**

Year to month : 31/12/2010

	Status	Fin Mode	Amount	Start to 2006	2007	2008	2009	Expenses	Total	Balance	% Exec
04 R4: Apro-poor financing mechanism for the			53.416,22		29.963,84	14.359,46	11.182,75	0,00	55.506,05	-2.089,83	104%
01 To analyse the existing financial flows with in		COGEST	0,01					0,00	0,00	0,01	0%
02 To identify and analyse existing experiences		COGEST	741,95			741,95		0,00	741,95	0,00	100%
03 To develop a research intervention protocol		COGEST	0,01					0,00	0,00	0,01	0%
04 To start-up a pilot initiative along the lines of		COGEST	52.674,24		29.963,84	13.617,51	11.182,75	0,00	54.764,10	-2.089,86	104%
05 To develop a collaborative link with national		COGEST	0,01					0,00	0,00	0,01	0%
05 R5: The field experiences of the project are			4.302,70		975,36	2.162,45	1.164,87	0,00	4.302,68	0,02	100%
01 To contribute to important health policy		COGEST	0,01					0,00	0,00	0,01	0%
02 To formulate lessons learned for all pilot		COGEST	3.176,19			2.162,45	1.013,74	0,00	3.176,19	0,00	100%
03 To organise a system of monitoring and		COGEST	151,13				151,13	0,00	151,13	0,00	100%
04 To organise 2 seminars to disseminate the		COGEST	975,36		975,36			0,00	975,36	0,00	100%
05 To set-up scientific guidance of the project		COGEST	0,01					0,00	0,00	0,01	0%
B UPGRADING OF COMMUNITY HEALTH SERVICES			633.325,67				122.453,20	432.003,45	554.456,67	78.869,00	88%
01 Primary curative care - Uniform quality			347.959,75				110.096,67	213.664,00	323.760,67	24.199,08	93%
01 Family level - To promote selfcare at home		COGEST	10.000,00				733,71	10.851,47	11.585,18	-1.585,18	116%
02 Village level - To support the village health		COGEST	15.000,00				160,22	8.458,71	8.618,93	6.381,07	57%
03 Commune level - To improve the clinical skills		COGEST	268.637,15				106.192,08	127.716,52	233.908,60	34.728,55	87%
04 To support the efforts to cover all the		COGEST	46.648,04				1.000,47	46.948,65	47.949,12	-1.301,08	103%
		REGIE	569.900,00	37.386,20	169.974,04	123.146,27	152.036,08	76.465,62	559.008,21	10.891,79	98%
		COGEST	1.430.100,00	49.384,15	121.524,48	290.688,68	467.427,16	468.401,63	1.397.426,11	32.673,89	98%
		TOTAL	2.000.000,00	86.770,35	291.498,52	413.834,95	619.463,24	544.867,25	1.956.434,32	43.565,68	98%



Budget vs Actuals (Year to Month, Last 5 Years) of VIE0402011

Project Title : **Upgrading of the community health services in Hoa Binh Province**

Budget Version : **G1**

Currency : **EUR**

YtM : **Report includes all closed transactions until the end date of the chosen closing**

Year to month : 31/12/2010

	Status	Fin Mode	Amount	Start to 2006	2007	2008	2009	Expenses	Total	Balance	% Exec
05 To introduce and use decentralized		COGEST	7.674,56				2.010,19	19.688,65	21.698,84	-14.024,28	283%
02 Secondary curative care - The quality of care			159.327,49				10.949,10	97.946,45	108.895,56	50.431,93	68%
01 To improve the quality of secondary curative		COGEST	135.314,26				1.154,51	29.809,01	30.963,52	104.350,74	23%
02 To introduce chronic disease management,		COGEST	12.426,18				1.525,08	26.264,20	27.789,28	-15.363,10	224%
03 To upgrade the district hospital facilities as		COGEST	11.587,05				8.269,52	41.873,24	50.142,76	-38.555,71	433%
03 Referral - The referral system between first			2.757,35					970,69	970,69	1.786,66	35%
01 To strengthen the referral and counter		COGEST	2.757,35					970,69	970,69	1.786,66	35%
04 Health financing - A pro-poor financing			61.583,78				1.407,44	69.230,07	70.637,51	-9.053,73	115%
01 Pilot new provider payment mechanism in the		COGEST	61.583,78				1.407,44	69.230,07	70.637,51	-9.053,73	115%
05 Lesson learned - The field experience of the			61.697,30					50.192,24	50.192,24	11.505,06	81%
01 To introduce and use decentralized		COGEST	40.024,63					39.846,52	39.846,52	178,11	100%
02 To formulate lesson learned for all pilot		COGEST	15.672,68					4.282,75	4.282,75	11.389,93	27%
03 To contribute to important health policy		COGEST	5.999,99					6.062,97	6.062,97	-62,98	101%
X GENERAL MEANS			207.513,30				24.250,64	112.405,04	136.655,67	70.857,63	66%
01 General means			207.513,30				24.250,64	112.405,04	136.655,67	70.857,63	66%
01 Steering committee		COGEST	1.911,22					583,29	583,29	1.327,93	31%
02 International Chief technical Advisor		REGIE	134.126,37				16.202,37	76.465,62	92.667,99	41.458,38	69%
03 Salaries/ Allowance		COGEST	37.762,54				2.503,31	60.296,23	62.799,54	-25.037,00	166%
		REGIE	569.900,00	37.386,20	169.974,04	123.146,27	152.036,08	76.465,62	559.008,21	10.891,79	98%
		COGEST	1.430.100,00	49.384,15	121.524,48	290.688,68	467.427,16	468.401,63	1.397.426,11	32.673,89	98%
		TOTAL	2.000.000,00	86.770,35	291.498,52	413.834,95	619.463,24	544.867,25	1.956.434,32	43.565,68	98%



Budget vs Actuals (Year to Month, Last 5 Years) of VIE0402011

Project Title :	Upgrading of the community health services in Hoa Binh Province		
Budget Version :	G1	Year to month :	31/12/2010
Currency :	EUR		
YtM :	Report includes all closed transactions until the end date of the chosen closing		

Year to month : 31/12/2010

YtM : **Report includes all closed transactions until the end date of the chosen closing**



KICH PROJECT ORGANIZATION CHART

Project Steering Committee

People's Committee – Ministries – Provincial Technical Agencies



Project Management Unit

Health Bureau Personnel - Contracted Staff



District Management Unit

People's committee – Health and Insurance Agencies

KICH PROJECT ORGANIZATION CHART

Project Steering Committee

People's Committee – Ministries – Provincial Technical Agencies

People's Committee
Mr. Cửu – Head of PSC

BTC Hanoi

Mr. Dirk

MPI

Mrs Anh

MOH

Mr. Bình

MOF

Ms. Nụ

Health Bureau

Dr. Thong

DPI

Mr. Quang

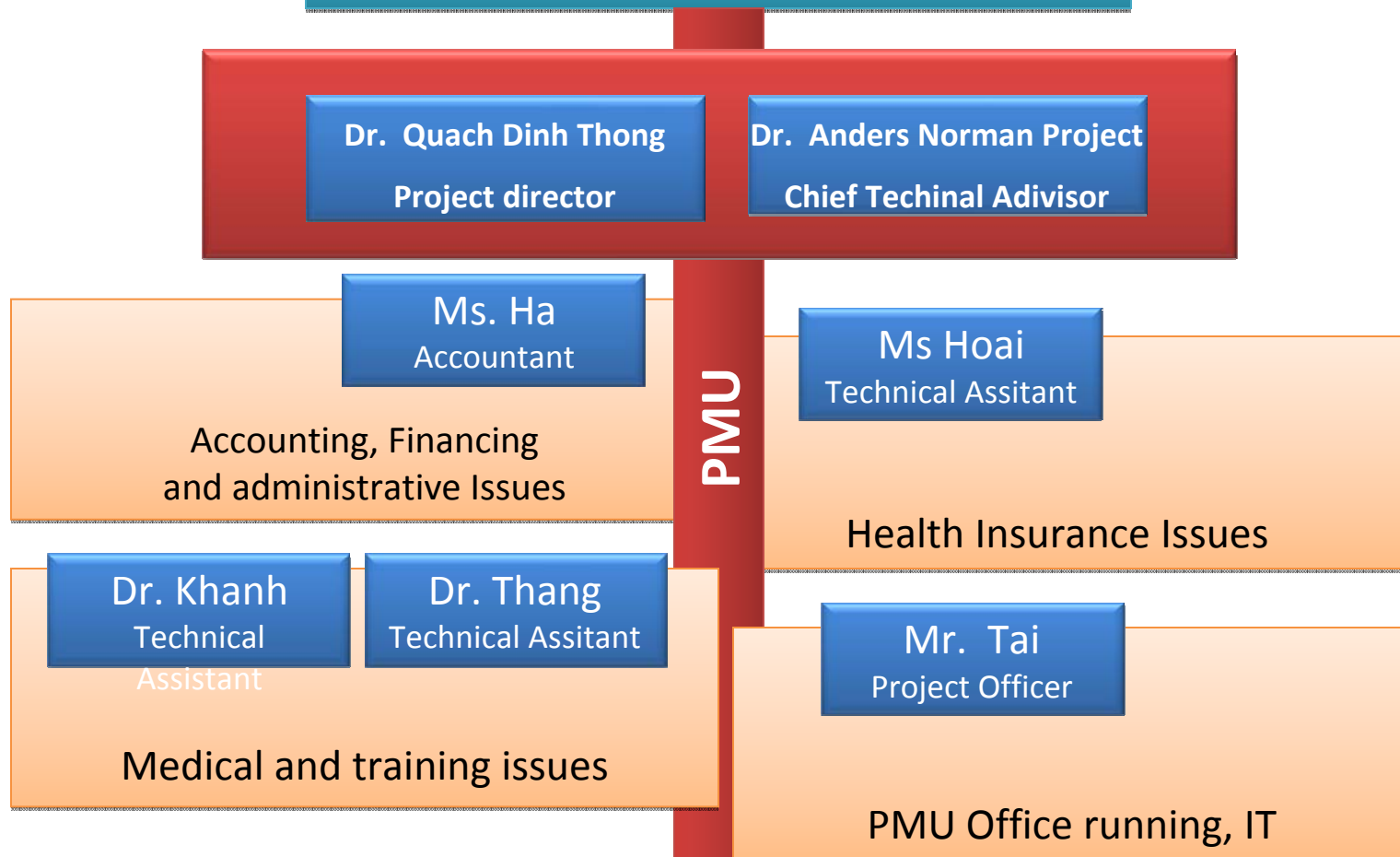
DOF

Ms. Lanh

People's
Committee
Of
Tan Lac Dist.

People's
Committee
Of
Mai Chau Dist.

KICH PROJECT ORGANIZATION CHART



Supported by various local and international consultants in health and medial insurance

District Management Groups

Mai Chau District

• Mr. Ha Viet Thua,	Vice chairman of People's committee	Head
• Mr. Lo Van Luan,	Chief of District Health Office	Vice Head
• Ms Hoang Thi Mai,	Staff of District Health Office	Secretary
• Mr. Loc Van Panh,	Accountant of District Health Office	Accountant
• Mr. Nguyen Van Cuong,	Dir of General District Hospital	Member
• Mr. Vi Van Ua,	Dir of District Preventive Health Center	Member
• Mr. Pham Khac Lien,	Dir of District Social Insurance Agency	Member

District Management Groups

Tan Lac District

• Mr. Bui Xuan Sach,	Vice chairman of People's committee	Head
• Mr. Bui Ngoc Phuong,	Chief of District Health Office	Vice Head
• Ms Nguyen Thi Huyen,	Staff of District Health Office	Secretary
• Ms. Nguyen Thi Ly,	Accountant of District Health Office	Accountant
• Mr. Bui Van Noi,	Dir of General District Hospital	Member
• Mr. Bui Van Hung,	Dir of District Preventive Health Center	Member
• Mr. Bui Duy Kien,	Dir of District Social Insurance Agency	Member

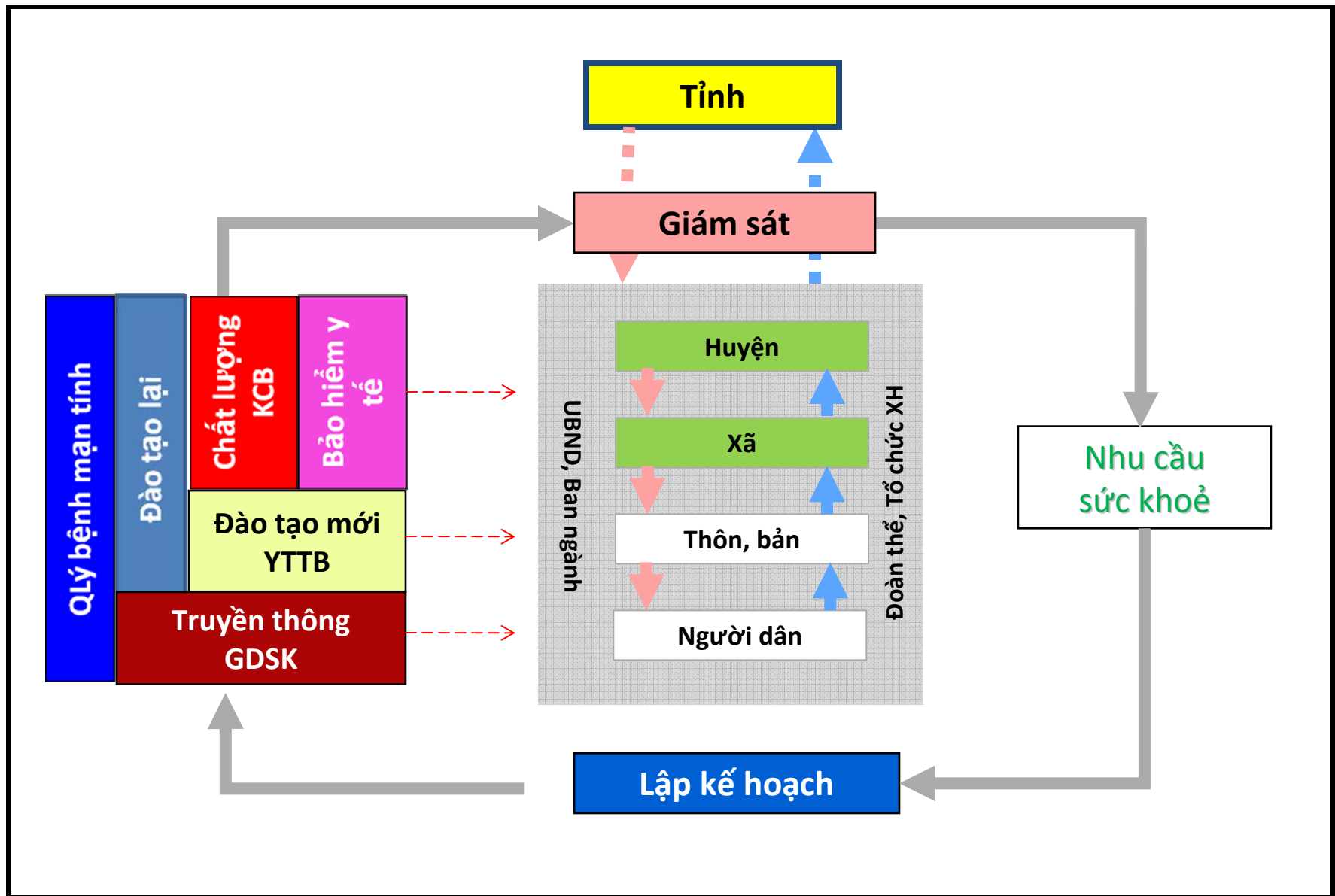
❑ Long Term Contracted Technical Staff for Kich

- | | |
|---------------------------------|---|
| 1.Dr. Hoang THi Hiep, 50% | Chronic Diseases Management |
| 2.Dr. Nguyen Huu Thanh, 50% | Health education/ training |
| 3.Dr .Vu Van Tuan, 10 days/m | Quality of Primary Curative Care |
| 4.Dr. Do Khan Chien, 10 days/m | Quality of Secondary Curative Care |
| 5.Mm Phuong Tram, 10 days/m | Rational and Safe use of drugs |
| 6.Dr. Bui Thi Binh, 50% | Training of VHWs and assistant doctors |
| 7.Dr. Ngien Tran Dung, 5 days/m | Health Insurance piloting |
| 8.Mr. Pham Luong Son, 5 days/m | Health Insurance piloting |
| 9.Dr. Dinh Quoc Thang, 2 days/m | Referral, head of DOHA at the provincial hospital |

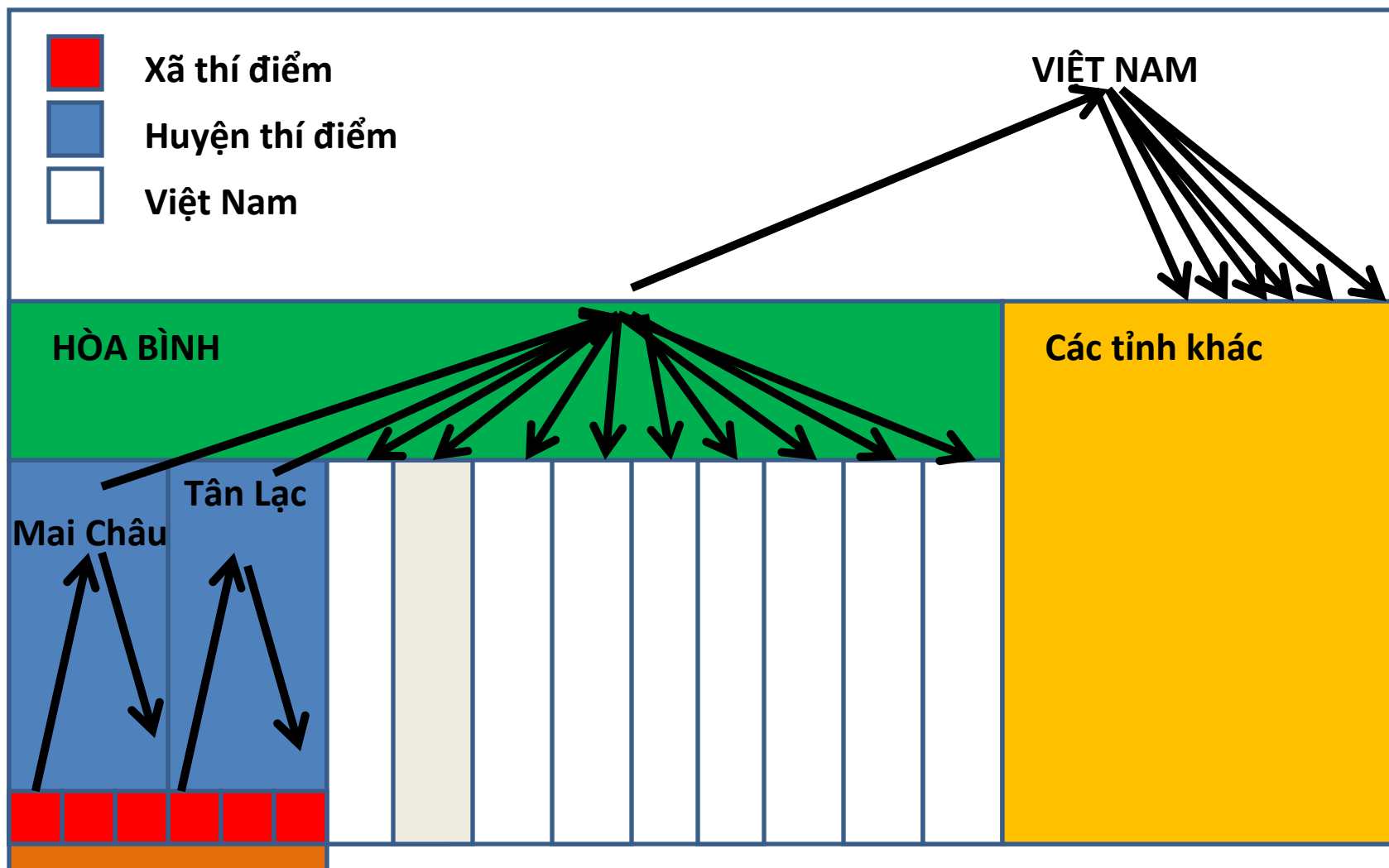
❑ International Consultants for Kich

- 1.Dr .Rolf Johansson – Primary and Secondary Curative Care
- 2.Mr. Jurgen Hohman – Health Care Financing
- 3.Dr. Steffen Hilfer - Chronic Disease Management
- 4.Mr. Bent Jurgensen – People’s perspective on health
- 5.Mr. Olivier Bathes - Final evaluation

Sơ đồ hoạt động can thiệp dự án KICH



Địa bàn hoạt động Dự án KICH





Project Contract follow up

VIE0402011

No.	Project Contract No.	Budget Line	Supplier (name, contact)	Contract title	Contract Date	Duration	Estimate complete date	Contract value	Currency	Amount paid	HI	VAT/PIT	Balance	Reference FIT (most recent)	on going
1	VIE0402011/2006/01	Z_01_04	Mr Nguyen Anh Tai, 13 group, Phuong Lam ward, Hoa Binh town, Hoa Binh province	Interpreter	09/03/2006	33 months	30-Sep-08	16,500.00	EUR	7,660.65	2,009.81	308.39	6,521.15	VIE0402011(VND)CO-CASH-0007 AT	Completed
2	VIE0402011/2006/02	Z_01_04	Ms Nguyen Thi Nhat Hoai, No 408, 77th Building, Thinh Hao lane, Ton Duc Thang street, Ha Noi	Interpreter	01/06/2006	28 months	1-Sep-08	9,800.00	EUR	4,196.16	1,030.84	61.71	4,511.29	VIE0402011(VND)CO-CASH-0007 AT	Completed
3	VIE0402011/2006/03	A_01_04	Mr Doan Duc Luu, Residential Area NCPFP, Nguyen Sac Phong street, Ha Noi	Interpreter	12/10/2006	3 days	1-Oct-06	1,500.00	USD	1,218.11			281.89	VIE0402011(USD)R)CO-BANK-0001 AT 103,	Completed
4	VIE0402011/2007/04	A_01_03	Dr Patrick Martiny, Avenue de l' Atlantique, nr 56, box 3, B 1150 Brussels, Belgium	Service contract for Consultancy		14 days	7-Apr-07	10,593.85	EUR	10,593.85				VIE0402011(EUR)R)CO-BANK-0001	Completed
5	VIE0402011/2007/05	A_04_04	GFA Consulting Group GmbH, Eulenkrugstrasse 82, 22359 Hamburg, Germany	Service contract for Consultancy	27/04/2007	14 days	28-May-07	23,599.00	EUR	23,536.26			62.74	VIE0402011(EUR)R)CO-BANK-0001 AT 201, 205	Completed
6	VIE0402011/2007/06	A_01_12	Tan Thai Construction consulting company	Consulting, construction design and cost estimation for New sanitation work and	26/06/2007	1 month	12-Jul-07	2,305,696.00	VND	2,096,086.00		209,610.00			Completed
7	VIE0402011/2007/07	Z_01_04	Dr Nguyen Huu Thang, No 14, Tenement house of Ha Tay economic Secondary School, Ha Tay province	Technical Advisor	01/07/2007	42	31-Dec-10	12,600.00	EUR	6,797.50	181.15		5,621.35	VIE0402011(EUR)CO-BANK-0001 AT 8290	Completed
8	VIE0402011/2007/08	Z_01_04	Mr Nguyen Anh Tai, 13 group, Phuong Lam ward, Hoa Binh town, Hoa Binh province	Program officer	01/06/2007	48 months	31-Dec-10	31,440.00	EUR	26,128.08	3,945.43	664.81	701.68	VIE0402011(EUR)CO-BANK-0001 AT 8278	Completed
9	VIE0402011/2007/09	Z_01_04	Ms Nguyen Thi Nhat Hoai, No 408, 77th Building, Thinh Hao lane, Ton Duc Thang street, Ha Noi	Technical assistant/Interpreter	01/06/2007	48 months	31-Dec-10	25,860.00	EUR	21,486.76	3,193.99	477.14	702.11	VIE0402011(EUR)CO-CASH-0007 AT 8254	Completed
10	VIE0402011/2007/10	A_01_12	Ha Cong Oan - Mai Chau district	Supervision consulting construction for New sanitation work and	12/07/2007	2 months	18-Sep-07	1,372,000	VND	1,372,000.00				VIE0402011(VND)CO-CASH-0007 AT 5411	Completed
11	VIE0402011/2007/11	A_01_12	Tuan Thanh construction company	Construction for new sanitation work and water system, upgrading	23/07/2007	2 months	18-Sep-07	65,876,800	VND	59,888,000.00		5,988,800.00		VIE0402011(EUR)CO-BANK-0001 AT 260	Completed
12	VIE0402011/2007/12	Z_01_05	Kartenex Joint Stock Company	Contract for supply of (two) units of Brand new vehicle for PMU of	14/09/2007	4 months	14-Aug-08	843,000,000	VND	843,000,000.00				VIE0402011(EUR)CO-BANK-0001	Completed
13	VIE0402011/2007/13	A_01_11	Bui Ngoc Hoa - Owner of Printing & photocopy shop	VHW training material photocopying	22/10/2007	1 month	12-Nov-07	22,740,000	VND	22,740,000.00				VIE0402011(EUR)CO-BANK-0001	Completed
14	VIE0402011/2007/14	A_2_7	Hoang Thi Hiep - Viet nam - Sweden Cooperation program	Training and making program, preparing document, whiting	20/11/2007	8 days	27-Nov-07	12,000,000	VND	10,800,000		1,200,000.00		VIE0402011(VND)CO-CASH-0007	Completed
15	VIE0402011/2007/15	A_04_04	Jurgen Hohmann	Training course of health financing in Hoa Binh	12/01/2007	12 days	12-Dec-07	6502.08	EUR	6,502.08				VIE0402011(EUR)CO-BANK-0001	Completed
16	VIE0402011/2007/16	A_01_12	Tuan Thanh construction company	Construction for new sanitation work and water system in Mai Chau & Tan Uyen district	11/12/2007	1 year	11-Dec-07	791,121,000	VND	719,200,800		71,920,100.00	100.00	VIE0402011(EUR)CO-BANK-0001 AT 030, 040	Completed

No.	Project Contract No.	Budget Line	Supplier (name, contact)	Contract title	Contract Date	Duration	Estimate complete date	Contract value	Currency	Amount paid	HI	VAT/PIT	Balance	Reference FIT (most recent)	on going
17	VIE0402011/2008/17	A_02_03	AOK-Consult GmbH Kortrijker Str.1 Germany	Consulting of Chronic Disease Management	07/01/2008	11 days	17-Jan-08	10,170.00	EUR	9,887.87			282.13	VIE0402011/2008/17 (EU R)CO-BANK-0001	Completed
18	VIE0402011/2008/18	A_01_12	Anh Ky furniture & nice house supermaket	Office furniture	28/01/2008	2 months	18-Mar-08	35,280,000	VND	35,280,000				VIE0402011/2008/18 (EU ro)CO-BANK-0001	Completed
19	VIE0402011/2008/19	A_02_02	Roff. Johansson - Consultant	Hospital management improvement	29/03/2008	14 days	11-Apr-08	8,046.00	EUR	6,933.00			1,113.00	VIE0402011/2008/19 (EU R)CO-BANK-0001	Completed
20	VIE0402011/2008/20	Z_01_04	Mr Tran Van Phe, Hoa Binh Health bureau	Driver	01/01/2008	36 months	31-Dec-10	8,240.00	EUR	8,240.00				VIE0402011/2008/20 (EU ro)CO-BANK-0001	Completed
21	VIE0402011/2008/21	Z_01_05	Tuoi tre - Co. Ltd	Furniture for meeting hall in Health bureau	16/04/2008	1 months	14-May-08	116,845,000	VND	106,222,680.00		10,622,320		VIE0402011/2008/21 (EU R)CO-BANK-0001	Completed
22	VIE0402011/2008/22	Z_01_05	Tuoi tre - Co. Ltd	Project office furniture	05/05/2008	9 days	13-May-08	66,070,000	VND	62,343,893		3,726,107		VIE0402011/2008/22 (EU R)CO-BANK-0001	Completed
23	VIE0402011/2008/23	Z_01_06	Thien Trang shop	Curtain installation	05/05/2008	15 days	20-May-08	51,343,600	VND	51,343,600.00				VIE0402011/2008/23 (EU R)CO-BANK-0001	Completed
24	VIE0402011/2008/24	A_02_04	Dr Hoang Thi Hiep, Ha Noi	Consultant for Chronical disease management	13/05/2008	8 months	31-Dec-08	5,760.00	EUR	5,034.98		383.81	341.21	VIE0402011/2008/24 (EU R)CO-BANK-0001	Completed
25	VIE0402011/2008/25	A_01_12	Viet nam health equipment Import_export joint-stock company	Equipment for commune health station	27/05/2008	1 month	28-Jun-08	254,550,000	VND	238,548,917		16,001,083		VIE0402011/2008/25 (EU R)CO-BANK-0001	Completed
26	VIE0402011/2008/26	A_02_02	Rolf W. Johansson	Consultant of Hospital management	28/05/2008	8 days	4-Jun-08	4,737.00	EUR	4,036.00			701.00	VIE0402011/2008/26 (EU R)CO-BANK-0001	Completed
27	VIE0402011/2008/27	A_04_04	Mr Pham Luong Son	Consultant for Piloting of health insurance mechanism	01/06/2008	3 years	31/12/2010	87,300,000	VND	80,750,000		6,550,000		VIE0402011/2008/27 (EU R)CO-BANK-0001	Completed
28	VIE0402011/2008/28	A_04_04	Nghiem Tran Dung	Consultant for Piloting of health insurance mechanism	01/06/2008	3 years	31/12/2010	102,300,000.00	VND	94,250,000.00		8,050,000.00		VIE0402011/2008/28 (EU R)CO-BANK-0001	Completed
29	VIE0402011/2008/29	A_05_02	Ms Nguyen Thi Phuong Lan	Consultant of Mid term Review	15/06/2008	2 months	15-Aug-08	1,930.00	EUR	1,315.22			614.78	VIE0402011/2008/29 (EU R)CO-BANK-0001	Completed
30	VIE0402011/2008/30	A_01_06	Dr Vu Van Tuan	Consultant for Curative care in CHS	01/08/2008	29 months	31-Dec-10	358,500,000	VND	325,150,000		33,350,000		VIE0402011/2008/30 (EU R)CO-BANK-0001	Completed
31	VIE0402011/2008/31	A_02_03	Dr Do Khang Chien	Consultant for improvement of quality of curative care at the basic level	01/08/2008	3 years	31/12/2010	58,500,000	VND	54,650,000		3,850,000		VIE0402011/2008/31 (EU R)CO-BANK-0001	Completed
32	VIE0402011/2008/32	A_02_03	Ms Nguyen Thi Phuong Cham	Consultant for improvement of quality of curative care at the basic level	01/08/2008	5 month	31-Dec-08	43,500,000	VND	41,150,000		2,350,000		VIE0402011/2008/32 (EU R)CO-BANK-0001	Completed
33	VIE0402011/2008/33	A_01_12	Viet nam health equipment Import_export joint-stock company	Equipment for commune health station	24/09/2008	1 month	10-Sep-08	207,129,000	VND	196,645,579		12,483,421	(2,000,000.00)	VIE0402011/2008/33 (EU R)CO-BANK-0001	Completed
34	VIE0402011/2008/34	A_01_15	Mr Bent Jorgensen - Kopingsgatan 52, 41871 Goteborg, Sweden	International consultant	04/11/2008	15 days	11-Aug-08	12,214.00	EUR	12,388.00			(174.00)	VIE0402011/2008/34 (EU R)CO-BANK-0001	Completed

No.	Project Contract No.	Budget Line	Supplier (name, contact)	Contract title	Contract Date	Duration	Estimate complete date	Contract value	Currency	Amount paid	HI	VAT/PIT	Balance	Reference FIT (most recent)	on going
35	VIE0402011/2008/35	A_01_15	Ms Do Phuong Thao - No 6, Ngo 97 Nguyen Chi Thanh - Ha Noi	Consultant	04/11/2008	15 days	18/11/2008	3,210.00	EUR	2,582.78			627.22	VIE0402011(EUR)CO-BANK-0001 AT 1232, 1234	Completed
36	VIE0402011/2008/36		Vimolsri Panichyanon - 420/6 Ratchawithi road, Ratchathewi bangkok 10400, Thailand	Study tour	22/10/2008	7 days	28/10/2008	10,036.88	EUR	10,036.88			(0.00)	VIE0402011(EUR)CO-BANK-0001 AT 918	Completed
37	VIE0402011/2008/37	A_02_04	Dr Hoang Thi Hiep, Ha Noi	Consultant for Chronical disease management	01/01/2009	24 months	31/12/2010	18,075.77	EUR	17,212.84	-	862.93		VIE0402011(EUR)CO-BANK-0001	Completed
38	VIE0402011/2009/38	A_01_04	Vimolsri Panichyanon - 420/6 Ratchawithi road, Ratchathewi bangkok 10400, Thailand	Study tour	15/03/2009	8 days	22/3/2009	12,500.00	EUR	12,110.31			389.69	VIE0402011(EUR)CO-BANK-0001 AT 1085, 1086, 1087	Completed
39	VIE0402011/2009/39	A_01_05	Rolf W. Johansson	Consultant of Hospital management	28/02/2009	8 days	3-Aug-09	4,759.00	EUR	4,000.00			759.00	VIE0402011(EUR)CO-BANK-0001	Completed
40	VIE0402011/2009/40	A_01_05	Rolf W. Johansson	Consultant of Hospital management	13/04/2009	8 days	24/4/2009	6,500.00	EUR	5,400.00			1,100.00	VIE0402011(EUR)CO-BANK-0001	Completed
41	VIE0402011/2009/41	A_02_02	Tuoi tre - Co. Ltd	Furniture for drug store department in Mai Chau district hospital	22/04/2009	1 month	27/5/2009	98,115,000	VND	90,219,563		7,895,437		VIE0402011(EUR)CO-BANK-0001	Completed
42	VIE0402011/2009/42	A_02_02	Hai Ha metal ware enterprise	Medical equipment for drug store department in Mai Chau district hospital	22/05/2009	2 months	7-Nov-09	207,280,000	VND	197,409,523		9,870,477		VIE0402011(EUR)CO-BANK-0001	Completed
43	VIE0402011/2009/43	A_01_11	Au Viet Company	Training model for medical school	21/05/2009	2 months	7-Feb-09	135,800,000	VND	129,333,333		6,466,667		VIE0402011(EUR)CO-BANK-0001	Completed
44	VIE0402011/2009/44	A_04_04	Tuoi tre - Co. Ltd	Computer set for Mai Chau and Tan Lac district hospital	17/06/2009	6 days	22/6/2009	56,954,000	VND	53,824,586		3,129,414		VIE0402011(EUR)CO-BANK-0001	Completed
45	VIE0402011/2009/45	A_01_12	Tan Thai Construction consulting company	Construction design and cost estimation	27/05/2009	1 month	25/6/2009	11,789,000	VND	10,717,330		1,071,670		VIE0402011(EUR)CO-BANK-0001	Completed
46	VIE0402011/2009/46	A_01_12	Thai Hoa, Hoang Anh, Duong Tien Phat, Thang Loan, Truong Phat construction work company	Construction work for Tan Lac CHS	01/07/2009	1 month	30/8/2009	1,432,781,458	VND	1,302,528,858		130,252,600		VIE0402011(EUR)CO-BANK-0008	Completed
47	VIE0402011/2009/47	A_01_12	Nhat Anh, Phu Loc, Giang chau, Duc Dung, Thanh Dat construction work company	Construction work for Mai Chau CHS	01/07/2009	3 months	30/9/2009	1,841,043,064	VND	1,673,675,464		167,367,600		VIE0402011(EUR)CO-BANK-0011	Completed
48	VIE0402011/2009/48	A_01_12	Tuoi tre - Co. Ltd	Electricity stabilizer and rechargable battery lamp for CHC	30/07/2009	1 month	19/8/2009	167,854,000	VND	152,594,512		15,259,488		VIE0402011(EUR)CO-BANK-0001	Completed
49	VIE0402011/2009/49	A_02_11	Nam Ninh services & contruction - Co. Ltd	Upgrading roof for pharmacy department in Tan Lac district hospital	07/08/2009	1 month	9-Oct-09	167,833,000	VND	152,575,500	15,257,500			VIE0402011(EUR)CO-BANK-0001	Completed
50	VIE0402011/2009/50	A_02_11	Nam Ninh services & contruction - Co. Ltd		07/08/2009	1 month	9-Oct-09	241,346,000	VND	219,405,500	21,940,500			VIE0402011(EUR)CO-BANK-0001	Completed
51	VIE0402011/2009/51	A_01_16	Thai Nguyen medical university	Reviewing exam fee for 100 doctor training	16/06/2009	1 month	20/7/2009	33,560,000	VND	33,560,000				VIE0402011(EUR)CO-CASH-0007	Completed
52	VIE0402011/2009/52	A_02_11	Minh Thuan one member Co_Ltd	Supervision of construction work in Tan Lac hospital	07/08/2009	1 month	9-Oct-10	9,124,000	VND	8,294,400		829,400	200.00	VIE0402011(EUR)CO-BANK-0001 AT 1287	Completed

No.	Project Contract No.	Budget Line	Supplier (name, contact)	Contract title	Contract Date	Duration	Estimate complete date	Contract value	Currency	Amount paid	HI	VAT/PIT	Balance	Reference FIT (most recent)	on going
53	VIE0402011/2009/53	A_01_12	Minh Thuan one member Co_Ltd	Upgrading of pharmacy department in Tan Lac district hospital	07/08/2009	1 month	9-Oct-09	37,864,000	VND	34,422,000		3,442,000		VIE0402011/2009/53 R)CO-BANK-0001	Completed
54	VIE0402011/2009/54	A_02_02	Tuoi tre - Co. Ltd	Furniture for drug store department in Tan Lac district hospital	01/09/2009	1 month	30/9/2009	98,115,000	VND	90,219,563		7,895,437		VIE0402011/2009/54 R)CO-BANK-0001	Completed
55	VIE0402011/2009/55	A_02_02	Hai Ha metal ware enterprise	Medical equipment for drug store department in Tan Lac district hospital	27/07/2009	2 months	30/9/2009	207,280,000	VND	197,409,523		9,870,477		VIE0402011/2009/55 R)CO-BANK-0001	Completed
56	VIE0402011/2009/56	A_01_11	Thang Viet _Co.Ltd	Essential medical apparatuses for commune health stations	27/10/2009	1 month	30/11/2010	1,635,553,000	VND	1,548,138,800		87,414,200		VIE0402011/2009/56 R)CO-BANK-0001	Completed
57	VIE0402011/2009/57	A_01_11	Hai Ha metal ware enterprise	Stainless steel equipments	27/10/2009	1 month	30/11/2010	887,830,000	VND	845,552,500		42,277,500		VIE0402011/2009/57 R)CO-BANK-0001	Completed
58	VIE0402011/2009/58	A_01_11	Tuoi tre - Co. Ltd	Wooden furniture	28/10/2009	15 days	12-Nov-09	571,208,000	VND	519,280,000		51,928,000		VIE0402011/2009/58 R)CO-BANK-0001	Completed
59	VIE0402011/2009/59	A_01_03	Rolf W. Johansson	Development of clinical guideline for CHS		15 days		5,976.00	EUR	4,140.80			1,835.20	VIE0402011/2009/59 R)CO-BANK-0001 GT	Completed
60	VIE0402011/2009/60	A_04_01	Jurgen Hohmann	Supervision of health insurance	13/12/2009	2 days	14/12/2009	1,189.00	EUR	937.40			251.60	VIE0402011/2009/60 R)CO-BANK-0001 AT	Completed
61	VIE0402011/2009/61	A_01_04	Dr Bui Thi Binh	Consultant for 100 doctor training	01/10/2009	15 months	31-Dec-10	126,750,000	EUR	114,075,000		12,675,000	-	VIE0402011/2009/61 R)CO-CASH-0007	Completed
62	VIE0402011/2010/62	A_04_01	H-MEDIA Joint-Stock companay	Form of payment health insurance	05/01/2010	15 days	1-Feb-10	66,012,100	VND	66,012,100			-	VIE0402011/2010/62 R)CO-BANK-0001	Completed
63	VIE0402011/2010/63	A_01_04	Thai Nguyen medical university	Doctor training	01/09/2009	2 years	31-Aug-11	520,000,000	VND	520,000,000			-	VIE0402011/2010/63 R)CO-BANK-0001	Completed
64	VIE0402011/2010/64	X_01_04	Nguyen Thi Nham	Cleaner	01/02/2010	10 months	31-Dec-10	8,400,000	VND	6,900,000			1,500,000	VIE0402011/Cash/VND-0007 GT 2637	Completed
65	VIE0402011/2010/65	B_01_04	Hoa Binh Medical school	Doctor training review exam	03/04/2010	2 Months	5-Apr-10	27,750,000	VND	27,750,000			-	VIE0402011-Bank - 0001 AT 1678.1679	Completed
66	VIE0402011/2010/66	B_01_03	Thang Viet _Co.Ltd	Medical equipment for Tan Dan CHS	24/2/2010	1 months	24/3/2010	78,227,000	VND	74,255,152		3,971,848	-	VIE0402011-Bank - Euro - 0001	Completed
67	VIE0402011/2010/67	B_05_01	Ms Dang Minh Ngoc	Final evaluation of project	11/04/2010	13 days	23/4/2010	2,650.00	EUR	1,996.42			653.58	VIE0402011-Bank/Eu-0001 GT: 1628.1629.1640	Completed
68	VIE0402011/2010/67	B_05_01	Oliver	Final evaluation of project	11/04/2010	13 days	23/4/2010	16,220.00	EUR	15,708.00			512.00	VIE0402011/Bank/Eu-0001 GT:1936.1937	Completed
69	VIE0402011/2010/68	B-04_01	Ha Phuong Joint_stock Company	Printing of brochures on health insurance	05/03/2010	10 days	15/3/2010	82,775,000	VND	75,250,000		7,525,000	-	VIE0402011-Bank_0001 AT 1571.1572	Completed
70	VIE0402011/2010/69	X_01_04	Toan Thinh services & trading company	Computer	25/1/2010	1 month	29/2/2010	31,750,000	VND	29,800,000		1,950,000	-	VIE0402011/Bank/Euro-0001 AT 1548.1549.1550	Completed

No.	Project Contract No.	Budget Line	Supplier (name, contact)	Contract title	Contract Date	Duration	Estimate complete date	Contract value	Currency	Amount paid	HI	VAT/PIT	Balance	Reference FIT (most recent)	on going
71	VIE0402011/2010/70	B_05_01	Nhat Trung services & trading Ltd_Com	Printing of health form	05/02/2010	10 Days	15/2/2010	127,799,100	VND	116,181,000		11,618,100	-	VIE0402011/Bank/Euro-0001 AT 1562,1563	Completed
72	VIE0402011/2010/71	B_01_03	Tuoi tre - Co. Ltd	Furniture for Tan Dan CHS	08/03/2010	15 days	22/3/2010	24,150,000	VND	21,954,545		2,195,455	-	VIE0402011/Bank/Euro-0001 AT 1575,1576	Completed
73	VIE0402011/2010/72	B_01_03	Hai Ha metal ware enterprise	Medical equipment for Tan Dan CHS	03/02/2010	1 month	31/3/2010	8,650,000	VND	8,238,095		411,905	-	VIE0402011/Bank/Euro-0001 AT 1579,1580	Completed
74	VIE0402011/2010/73	X_01_04	Tuoi tre - Co. Ltd	Color printing machine	29/3/2010	1 days	30/3/2010	22,500,000	VND	20,454,545		2,045,455	-	VIE0402011/Bank/Euro-0001 AT 1597,1598	Completed
75	VIE0402011/2010/74	B_01_05	Toan Thinh services & trading company	Computer machine for Mai Chau & Tan Lac health derpatment	15/3/2010	10 days	26/3/2010	86,850,000	VND	81,354,544		5,495,456	-	VIE0402011/Bank/Euro-0001 AT 1599,1600,1601	Completed
76	VIE0402011/2010/75	B_04_01	Mr Chu Minh To	Assistant Director	01/01/2010	13 months	31/12/2010	2,840.00	EUR	2,840.00		-	-	VIE0402011/Cash/VND-0007 GT: 8292	Completed
77	VIE0402011/2010/76	B_04_01	Ms Nguyen Thi Thuy	Technical assistant	01/01/2010	13 months	31/12/2010	2,130.00	EUR	2,130.00		-	-	VIE0402011/Cash/VND-0007 GT: 8292	Completed
78	VIE0402011/2010/77	B_01_05	Le Anh Ngoc - Shop	Document printing	01/02/2010	8 days	2-Aug-10	33,250,000	VND	33,250,000		-	-	VIE0402011/Bank/Euro-0001 AT 1530	Completed
79	VIE0402011/2010/78	B_01_03	TBC trading Co.,Ltd	Training model for medical school	31/3/2010	4 months	31/7/2010	243,159,000	VND	243,159,000		-	-	VIE0402011/Bank/Euro-0001 AT 1730,1731	Completed
80	VIE0402011/2010/79	B_02_01	Dr Rolf W. Johansson	Supervision and implementing curative care guildline standard for medical school	27/3/2010	15 days	13/4/2010	3,353.00	EUR	3,277.46		-	75.54	VIE0402011/Bank/Euro-0001 AT 1599,1600,1601	Completed
81	VIE0402011/2010/80	B_01_04	Thai Nguyen medical university	Review exam fee for doctor training in Hoa Binh medical school	08/02/2010	2 months	4-Jan-10	34,940,000	VND	34,940,000		-	-	VIE0402011/Bank/Euro-0001 GT1621	Completed
82	VIE0402011/2010/81	X_01_04	V'star Hotel	Rental of storage at the Hotel	02/01/2010	12 months	31/12/2010	600.00	EUR	400.00		-	200.00	VIE0402011/Bank/Euro-0001 AT 1763	Completed
83	VIE0402011/2010/82	B_01_04	Thai Nguyen medical university	Review exam fee for doctor training in Thai Nguyen University	05/04/2010	2 months	30/6/2010	25,740,000.00	VND	25,740,000.00		-	-	VIE0402011/Bank/Euro-0001 GT1621	Completed
84	VIE0402011/2010/83	B_02_01	Uong Bi hospital	Technical referral from Uong Bi to Tan Lac & Mai Chau hospital	01/03/2010	4 months	30/7/2010	103,175,000	VND	103,175,000		-	-	VIE0402011/Bank/Euro-0001 AT 1702_1719	Completed
85	VIE0402011/2010/84	B_03_01	Dinh Quoc Thang	Consultant for refferal system	01/03/2010	10 months	31/12/2010	19,000,000	VND	17,100,000		1,900,000	-	VIE0402011/Bank/Euro-0001 GT: 8284,8344	Completed
86	VIE0402011/2010/85	B_01_03	Nguyen Van Thoa	Consultant for quality curative care in CHS	01/04/2010	9 months	31/12/2010	16,000,000	VND	16,000,000		-	-	VIE0402011/Bank/Euro-0001 GT: 8285	Completed
87	VIE0402011/2010/86	B_02_03	Viet Nhat Construction work investment & consultant Jont-stock company	Upgrading of pharmacy department in Luong Son district hospital	21/7/2010	3 months	9-Sep-10	113,326,413	VND	113,326,413		-	-	VIE0402011/Bank/Euro-0001 GT: 8113,8114	Completed
88	VIE0402011/2010/87	B_02_03	Viet Nhat Construction work investment & consultant Jont-stock company	Upgrading of pharmacy department in Ky Son, Da Bac, Cao Phong, Lac Son, Lac Thu, Kien Bai	28/7/2010	3 months	30/9/2010	431,231,829	VND	431,231,829		-	-	VIE0402011/Bank/Euro-0001 GT: 8115;8116	Completed

No.	Project Contract No.	Budget Line	Supplier (name, contact)	Contract title	Contract Date	Duration	Estimate complete date	Contract value	Currency	Amount paid	HI	VAT/PIT	Balance	Reference FIT (most recent)	on going
89	VIE0402011/2 010/88	B_02_01	Thang Viet _Co.Ltd	Supporting equipments for 6 pilot CHS and 2 OPD hospital district	26/7/2010	3 weeks	30/8/2010	77,305,000	VND	77,305,000			-	VIE0402011/Bank/VND-0002 GT: 62,63	Completed
90	VIE0402011/2 010/89	B_02_01	Hai Ha metal ware enterprise	Supporting equipments for 6 pilot CHS and 2 OPD hospital district	18/8/2010	1 month	18/9/2010	228,000,000	VND	228,000,000			-	VIE0402011/Bank/VND-0002 GT: 1921,1922	Completed
91	VIE0402011/2 010/90	B_02_03	Tuoi tre - Co. Ltd	Supporting equipments for Ky Son pharmacy department	17/8/2010	05 days	21/8/2010	150,850,000	VND	150,850,000			-	CVF	Completed
92	VIE0402011/2 010/91	B_02_03	Hai Ha metal ware enterprise	Supporting equipments for Ky Son pharmacy department	17/8/2010	1 month	17/9/2010	251,040,000	VND	251,040,000			-	CVF	Completed
93	VIE0402011/2 010/92	B_02_03	Hai Ha metal ware enterprise	Supporting equipments for Luong Son pharmacy department	23/8/2010	1 month	23/9/2010	237,340,000	VND	237,340,000			-	CVF	Completed
94	VIE0402011/2 010/93	B_02_03	Tuoi tre - Co. Ltd	Supporting equipments for Luong Son pharmacy department	20/8/2010	5 days	25/8/2010	150,850,000	VND	150,850,000			-	CVF	Completed
95	VIE0402011/2 010/94	B_02_03	Tuoi tre - Co. Ltd	Supporting equipments for Lac Son pharmacy department	01/09/2010	5 days	9-May-10	150,850,000	VND	150,850,000			-	CVF	Completed
96	VIE0402011/2 010/95	B_02_03	Hai Ha metal ware enterprise	Supporting equipments for Lac Son pharmacy department	10/09/2010	1 month	10-Jan-10	209,990,000	VND	209,990,000			-	CVF	Completed
97	VIE0402011/2 010/96	B_02_03	Hai Ha metal ware enterprise	Supporting equipments for Yen Thuy pharmacy department	07/09/2010	1 month	10-Jul-10	247,740,000	VND	247,740,000			-	CVF	Completed
98	VIE0402011/2 010/97	B_02_03	Tuoi tre - Co. Ltd	Supporting equipments for Yen Thuy pharmacy department	07/09/2010	5 days	9-Nov-10	150,850,000	VND	150,850,000			-	CVF	Completed
99	VIE0402011/2 010/98	B_02_03	Tuoi tre - Co. Ltd	Electricity generator for Mai Chau district hospital	19/8/2010	25 days	14/9/2010	474,780,000	VND	474,780,000			-	CVF	Completed
100	VIE0402011/2 010/99	B_02_03	Tuoi tre - Co. Ltd	Supporting equipments for Cao Phong pharmacy department	01/10/2010	5 days	10-May-10	136,100,000	VND	136,100,000			-	CVF	Completed
101	VIE0402011/2 010/100	B_02_03	Tuoi tre - Co. Ltd	Supporting equipments for Kim Boi pharmacy department	05/10/2010	5 days	10-Oct-10	146,200,000	VND	146,200,000			-	CVF	Completed
102	VIE0402011/2 010/101	B_02_03	Tuoi tre - Co. Ltd	Supporting equipments for Da Bac pharmacy department	11/10/2010	5 days	16/10/2010	143,700,000	VND	143,700,000			-	CVF	Completed
103	VIE0402011/2 010/102	B_02_03	Tuoi tre - Co. Ltd	Supporting equipments for Lac Thuy pharmacy department	18/10/2010	5 days	22/10/2010	142,650,000	VND	142,650,000			-	CVF	Completed
104	VIE0402011/2 010/103	B_02_03	Hai Ha metal ware enterprise	Supporting equipments for Lac Thuy pharmacy department	24/9/2010	30 days	24/10/2010	167,610,000	VND	167,610,000			-	CVF	Completed
105	VIE0402011/2 010/104	B_02_03	Hai Ha metal ware enterprise	Supporting equipments for Cao Phong pharmacy department	24/9/2010	30 days	24/10/2010	170,810,000	VND	170,810,000			-	CVF	Completed
106	VIE0402011/2 010/105	B_02_03	Thai Nguyen University	Doctor training in 2010	15/10/2010	1 year	15/10/2011	273,000,000	VND	273,000,000			-	VIE0402011/bank/euro: GT 1903	Completed

No.	Project Contract No.	Budget Line	Supplier (name, contact)	Contract title	Contract Date	Duration	Estimate complete date	Contract value	Currency	Amount paid	HI	VAT/PIT	Balance	Reference FIT (most recent)	on going
107	VIE0402011/2010/106	B_02_02	OAK- Consult GmbH	Evaluation of Chronic disease management programs	05/11/2010	20 Days	20/11/2010	10,980.00	EUR	9,822.95			1,157.05	VIE0402011/Bank/Euro-0001 GT: 8271.8272.8272	Completed
108	VIE0402011/2010/107	B_05_02	Dr Nguyen Phien	Materials project development	21/7/2010	5 month	31/12/2010	75,000,000	VND	40,500,000			34,500,000	VIE0402011/Bank/Euro -0001 GT:8287	Completed
109	VIE0402011/2010/108	B_04_01	Dr Jurgen Hohmann	Final evaluation of HI piloting	06/11/2010	13 days	18/11/2010	8,868.00	EUR	8,237.15			630.85	VIE0402011/Bank/Euro -0001 GT	Completed
110	VIE0402011/2010/109	B_02_03	Viet Nhat Construction work investment & consultant Jont-stock company	Upgrading of pharmacy department in Yen Thuy district hospital	26/8/2010	35 days	30/9/2010	121,773,000	VND	121,773,000			-	VIE0402011/bank/euro-0001 GT: 8117:8118	Completed

Annex 5: Inventory and hand over Assets

Project Inventory of Fixed Assets



Project id.	VIE/04/020/11 - NI 12010	Controlled & approved by :
Project title	Upgrading of the community health services in Hoa Binh Province	Mr Quach Dinh Thong
Reporting period	from (DD/Mmm/YYYY) : 1/Jan/2006 to (DD/Mmm/YYYY 31/Dec/2010 Y) :	Revised by :
Category of Goods		Date : 31/12/2010
Reporting currency	Acquisition Currency (VND) and Euro (EUR)	

INVENTORY CODE	DATE OF PURCHASE	QUANTITY	DESCRIPTION	SERIAL N°	ACQUISITION COST			FAS Doc. N°	LOCATION	Remark	OBSERVATIONS (STATE or CONDITION)
					Currency	Amount	Value in EUR				
VIE0402011-44-003	22-May-2008	1	Air conditioner Carrier	82300965	VND	13,000,000	508.85	VIE0402011(Euro)CO-bank-0001 AT 563,654	Health bureau		75%
VIE0402011-44-004	22-May-2008	1	Table	Hoa Phat	VND	6,500,000	254.42	VIE0402011(Euro)CO-bank-0001 AT 563,654	Health bureau		63%
VIE0402011-44-005	22-May-2008	1	Vacuum cleaner	532596	VND	5,800,000	227.02	VIE0402011(Euro)CO-bank-0001 AT 563,654	Health bureau	Handing over after 30/6/2011	40%
VIE0402011-43-001	22-May-2008	1	Computer HP Pavition Desktop	CNC805QJ510	VND	14,700,000	575.41	VIE0402011(Euro)-bank-0001. AT 563	Health bureau		40%
VIE0402011-43-002	22-May-2008	1	Laser Printer HP 1320	CNRJ6CR055	VND	6,500,000	254.43	VIE0402011(Euro)-bank-0001. AT 563	Health bureau		40%
VIE0402011-42-002	30-Jun-2008	1	Toyota Prado	05848362TR/TEBL29 J885106620	VND	492,000,000	20,766.71	VIE0402011(EUR)CO-BANK-0001 AT 266, 359, 588	Health bureau		70%

VIE0402011-44-080	9-Dec-2009	1	Air conditioner Fujilux	ACIC 18000221	VND	12,900,000	470.68	VIE0402011(euro)CO-BANK_0001. AT	Health bureau		75%
VIE0402011-44-081	10-Dec-2009	1	Air conditioner Fujilux	ACIC 18000109	VND	12,900,000	470.68	VIE0402011(euro)CO-BANK_0001. AT	Health bureau		75%
VIE0402011-44-082	11-Dec-2009	1	Air conditioner Fujilux	ACIC 18000202	VND	12,900,000	470.68	VIE0402011(euro)CO-BANK_0001. AT	Health bureau		75%
VIE0402011-44-083	12-Dec-2009	1	Air conditioner Fujilux	ACIC 18000157	VND	12,900,000	470.68	VIE0402011(euro)CO-BANK_0001. AT	Health bureau		75%
VIE0402011-44-084	13-Dec-2009	1	Air conditioner Fujilux	ACIC 18000215	VND	12,900,000	470.68	VIE0402011(euro)CO-BANK_0001. AT	Health bureau		75%
VIE0402011-44-085	14-Dec-2009	1	Air conditioner Fujilux	ACIC 18000236	VND	12,900,000	470.68	VIE0402011(euro)CO-BANK_0001. AT	Health bureau		75%
VIE0402011-43-017	31-Mar-2010	1	Computer Dell Vostro 220MTe5300	DNCZ32S CN-OM875N-64180-9AF-051U	VND	14,000,000	551.31	VIE0402011(Eur)Co-bank-0001 AT:1599,1601	Health bureau		80%
VIE0402011-43-018	31-Mar-2010	1	Printer Laser HP 2035	CNC0422689	VND	7,500,000	295.35	VIE0402011(Eur)Co-bank-0001 AT:1599,1601	Health bureau		80%
VIE0402011-43-019	31-Mar-2010	1	Color printer HP 3525	CNCJ99J01S	VND	22,500,000	886.04	VIE0402011(Eur)Co-bank-0001 AT:1597,1598	Health bureau	Handing over after 30/6/2011	80%
VIE0402011-43-020	3-Jan-2010	1	Computer Dell Vostro 220MT	CN-OM875N-64180-99P-1Z1C/J9M132S	VND	17,600,000	685.81	VIE0402011(Eur)Co-bank-0001 AT:1550	Health bureau	Handing over after 30/6/2011	80%
VIE0402011-43-021	9-Jan-2010	1	Computer Dell optiplex 760	6X3732S	VND	24,100,000	1,279.78	VIE0402011/bank/VND -0002 AT: 60,61	Health bureau	Handing over after 30/6/2011	80%
VIE0402011-42-001	18-Sep-2007	1	Toyota Camry 2.4	6T1BE42K87X451940/2A ZA451865	VND	351,000,000	14,815.27	VIE0402011(EUR)CO-BANK-0001 AT 266, 359, 588	Health bureau	Handing over after 30/6/2011	60%
VIE0402011-44-028	14-Jul-2009	2	Heart & lung model	LF03714U	VND	65,400,000	2,498.47	VIE0402011(VND)CO-BANK-0001. AT 1167,1215	Hoa binh medical school		75%
VIE0402011-44-029	14-Jul-2009	2	Hand bandage model	LF01028U	VND	11,800,000	450.79	VIE0402011(VND)CO-BANK-0001. AT 1167,1215	Hoa binh medical school		75%
VIE0402011-44-030	14-Jul-2009	2	Leg bandage model	LF01024U	VND	17,600,000	672.37	VIE0402011(VND)CO-BANK-0001. AT 1167,1215	Hoa binh medical school		75%
VIE0402011-44-031	14-Jul-2009	2	Normal delivery model	PP00180U	VND	41,000,000	1,566.32	VIE0402011(VND)CO-BANK-0001. AT 1167,1215	Hoa binh medical school		75%

VIE0402011-44-089	30/6/2010	1	Anatomical model of body-39 parts	B53	VND	216,090,000	8,977.32	VIE0402011(euro)CO-BANK_0001. AT1618,1730,1731	Hoa binh medical school		88%
VIE0402011-44-090	30/6/2010	1	Half-length surgery model-18 parts	B19	VND	27,069,000	1,124.59	VIE0402011(euro)CO-BANK_0001. AT1618,1730,1731	Hoa binh medical school		88%
VIE0402011-44-022	25-Jun-2008	1	Power generator	XB260	VND	12,300,000	466.95	VIE0402011/maichau/bank -0011. doc in 37	Mai Chau PMU		63%
VIE0402011-44-039	12-Nov-2009	1	Honda future NEO FI Vanh dia	C35E-7025243/350691612661	VND	29,000,000	1,117.06	VIE0402011(VND)CO-BANK-0011. AT328,330	Mai Chau PMU		80%
VIE0402011-43-011	31-Jul-2009	1	HP Laser Jet Printer P2015	CNBW85Q2T4	VND	6,787,000	265.22	VIE0402011(VND)CO-BANK-0011. AT263,264	Mai Chau PMU		60%
VIE0402011-43-015	31/3/2010	1	Computer Dell Vostrol 220MTe5300	CN-OK437D-64180-9AC-06XL/HBBZ32S	VND	14,000,000	551.31	VIE0402011(Eur)Co-bank-0001 AT:1599,1601	Mai Chau PMU		83%
VIE0402011-44-021	25-Jun-2008	1	Power generator	EHM2900HL	VND	12,300,000	454.73	VIE0402011/Tanlac /bank -0008. doc in 47	Tan Lac PMU		63%
VIE0402011-44-038	19-Nov-2009	1	Honda future NEO FI Vanh duc	7025074/812585	VND	30,000,000	1,160.63	VIE0402011(VND)CO-BANK-0008. AT 262	Tan Lac PMU		80%
VIE0402011-43-012	17-Sep-2009	1	HP laser Jet Printer P2055D	CNCJH18155	VND	7,900,000	295.03	VIE0402011(VND)CO-BANK-0008. AT237,238	Tan Lac PMU		60%
VIE0402011-43-013	31/3/2010	1	Computer Dell Vostrol 220MTe5300	CN-OM875N-64180-9AF-04FU/BPC32S	VND	14,000,000	551.31	VIE0402011(Eur)Co-bank-0001 AT:1599,1601	Tan Lac PMU		80%
VIE0402011-44-024	15-May-2009	1	Panasonic Air condition KC 12JKH	CS7740102781 CU7828600325	VND	11,352,000	469.48	VIE0402011(VND)CO-BANK-0001. AT 1131,1132	Mai Chau hospital		75%
VIE0402011-44-025	15-May-2009	2	Panasonic Air condition KC 18JKH	CU7828700600 CU7828700410	VND	29,700,000	1,228.29	VIE0402011(VND)CO-BANK-0001. AT 1131,1132	Mai Chau hospital		75%
VIE0402011-44-026	15-May-2009	2	Uylux Dehumidifier U3401	WNX410000038 WNX410000121	VND	11,880,000	491.32	VIE0402011(VND)CO-BANK-0001. AT 1131,1132	Mai Chau hospital		60%
VIE0402011-44-027	14-Jul-2009	1	Hitachi Refrisgerator 250AGV7	46434HFC134A	VND	7,830,000	323.82	VIE0402011(VND)CO-BANK-0001. AT 1131,1132	Mai Chau hospital		60%
VIE0402011-43-003	15-May-2009	1	Computer HP Compaq DC7900-Win XP pro	SGH9040FT1	VND	16,870,000	697.68	VIE0402011(Euro)CO-BANK-0001. AT 1131,1132	Mai Chau hospital		60%
VIE0402011-43-004	15-May-2009	1	HP Laser Jet Printer P2015	CNBW87B2HB	VND	6,787,000	280.69	VIE0402011(Euro)CO-BANK-0001. AT 1131,1132	Mai Chau hospital		60%

VIE0402011-44-032	14-Jul-2009	20	Shelf for drug		VND	109,200,000	4,109.74	VIE0402011(VND)CO-BANK-0001. AT 1211	Mai Chau hospital		60%
VIE0402011-43-005	14-Jul-2009	1	Computer HP Compaq DC7900-Win XP pro	S6H9040FVG	VND	16,870,000	630.02	VIE0402011(Euro)CO-BANK-0001. AT 1206	Mai Chau hospital		60%
VIE0402011-43-006	14-Jul-2009	1	HP Laser Jet Printer P2015	CNBW 8792TG	VND	6,787,000	253.46	VIE0402011(Euro)CO-BANK-0001. AT 1206	Mai Chau hospital		60%
VIE0402011-44-033	8-Sep-2009	1	Panasonic Air condition KC 12JKH	CU7828621635	VND	11,352,000	404.36	VIE0402011(VND)CO-BANK-0001. AT1303	Tan Lac hospital		75%
VIE0402011-44-034	8-Sep-2009	2	Panasonic Air condition KC 18JKH	CU7828703086 CU7828703082	VND	29,700,000	1,057.92	VIE0402011(VND)CO-BANK-0001. AT1303	Tan Lac hospital		75%
VIE0402011-44-035	8-Sep-2009	2	Uylux Dehumidifier U3401	WNX4V50000208 WNX4V50000004	VND	11,880,000	423.17	VIE0402011(VND)CO-BANK-0001. AT1303	Tan Lac hospital		60%
VIE0402011-44-036	8-Sep-2009	1	Hitachi Refrisgerator 250AGV7		VND	7,830,000	278.91	VIE0402011(VND)CO-BANK-0001. AT1303	Tan Lac hospital		60%
VIE0402011-43-007	14-Jul-2009	1	Computer HP Compaq DC7900-Win XP pro	SGH9040FY7	VND	16,870,000	630.02	VIE0402011(Euro)CO-BANK-0001. AT 1206	Tan Lac hospital		60%
VIE0402011-43-008	14-Jul-2009	1	HP Laser Jet Printer P2015	CNBW82F6Y5	VND	6,787,000	253.46	VIE0402011(Euro)CO-BANK-0001. AT 1206	Tan Lac hospital		60%
VIE0402011-44-037	8-Sep-2009	20	Shelf for drug	Hai Ha	VND	109,200,000	3,976.11	VIE0402011(VND)CO-BANK-0001. AT 1306	Tan Lac hospital		75%
VIE0402011-43-009	8-Sep-2009	1	Computer HP Compaq DC7900-Win XP pro	SGH9270JHD	VND	16,870,000	600.91	VIE0402011(Euro)CO-BANK-0001. AT 1303	Tan Lac hospital		60%
VIE0402011-43-010	8-Sep-2009	1	HP Laser Jet Printer P2015	CNBW87963F	VND	6,787,000	241.75	VIE0402011(Euro)CO-BANK-0001. AT 1303	Tan Lac hospital		60%
VIE0402011-46-014	9-Dec-2009	1	Upgrading roof of pharmacy department in Tan Lac district hospital		VND	152,575,500	5,773.76	VIE0402011(Euro)Co-Bank-0001 AT 1273	Tan Lac hospital		80%
VIE0402011-46-015	30/12/2010	1	Upgrading of pharmacy department in Tan Lac district hospital		VND	241,940,500	8,324.41	VIE0402011(Euro)Co-Bank-0001 AT 1274	Tan Lac hospital		90%
VIE0402011-46-002	9-Jul-2008	1	Water system, sanitation		VND	101,622,204	4,172.20	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	Tan Lac hospital		80%
VIE0402011-46-047	30-Nov-2010	1	Upgrading of Luong Son Pharmacy department		VND	131,086,900	4,401.03	VIE0402011/bank/euro -0001, AT 7444, 8113,8114	Luong Son hospital		90%

VIE0402011-46-048	30-Nov-2010	1	Upgrading of Ky Son Pharmacy department		VND	100,825,000	3,214.10	VIE0402011/bank/euro -0001, AT 7474, 8115,8116	Ky Son hospital		90%
VIE0402011-46-049	30-Nov-2010	1	Upgrading of Da Bac Pharmacy department		VND	91,694,300	2,923.03	VIE0402011/bank/euro -0001, AT 7474, 8115,8116	Da Bac hospital		90%
VIE0402011-46-050	30-Nov-2010	1	Upgrading of Cao Phong Pharmacy department		VND	85,385,200	2,721.91	VIE0402011/bank/euro -0001, AT 7474, 8115,8116	Cao Phong hospital		90%
VIE0402011-46-051	30-Nov-2010	1	Upgrading of Lac Son Pharmacy department		VND	104,683,600	3,337.10	VIE0402011/bank/euro -0001, AT 7474, 8115,8116	Lac Son hospital		90%
VIE0402011-46-053	30-Nov-2010	1	Upgrading of Lac Thuy Pharmacy department		VND	90,258,500	2,877.26	VIE0402011/bank/euro -0001, AT 7474, 8115,8116	Lac thuy hospital		90%
VIE0402011-46-054	30-Nov-2010	1	Upgrading of Kim Boi Pharmacy department		VND	59,539,100	1,897.99	VIE0402011/bank/euro -0001, AT 7474, 8115,8116	Kim Boi hospital		90%
VIE0402011-46-052	30-Nov-2010	1	Upgrading of Yen Thuy Pharmacy department		VND	140,105,500	4,354.95	VIE0402011/bank/euro -0001, AT 8117,8118	Yen Thuy hospital		90%
VIE0402011-44-006	15-Jul-2008	1	Electric suction	30800001056	VND	7,350,000	282.62	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Pa Co CHS		63%
VIE0402011-44-023	10-Jun-2009	1	Electric drying	UNB200	VND	23,700,000	930.36	VIE0402011(VND)CO-BANK-0011. AT 185,210	Pa Co CHS		75%
VIE0402011-46-006	24-Dec-2008	1	Water system, bath room, sanitation and upgrade of consulting room		VND	76,952,668	3,159.37	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	Pa Co CHS		80%
VIE0402011-46-007	24-Dec-2008	1	Water system, sanitation		VND	58,764,699	2,412.64	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	Pa Co people's committee		80%
VIE0402011-44-007	15-Jul-2008	1	Electric suction	030700000750	VND	5,525,000	212.44	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Na Meo CHS		75%
VIE0402011-44-013	15-Jul-2008	1	Tradition drug cabinet		VND	11,450,000	440.27	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Na Meo CHS		75%
VIE0402011-44-018	15-Jul-2008	1	Electric drying	C2080182	VND	22,550,000	867.07	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Na Meo CHS		75%
VIE0402011-46-004	24-Dec-2008	1	Water system, bath room, sanitation and upgrade of consulting room		VND	66,000,117	2,709.70	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	Na Meo CHS		80%
VIE0402011-46-005	24-Dec-2008	1	Water system, sanitation		VND	79,187,118	3,251.10	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	Na Meo people's committee		80%

VIE0402011-44-008	15-Jul-2008	1	Electric suction	030700000721	VND	5,525,000	212.44	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Mai Ha CHS		75%
VIE0402011-44-016	15-Jul-2008	1	Electric drying	C2080508	VND	22,550,000	867.07	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Mai Ha CHS		75%
VIE0402011-46-001	27-Sep-2007	1	Construction for New sanitation and water system in Mai Ha commune		VND	65,876,800	2,794.40	VIE0402011(Euro)Co-Bank-0001 AT 269,275	Mai Ha CHS		60%
VIE0402011-46-003	24-Dec-2008	1	Water system, sanitation		VND	43,293,556	1,777.46	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	Mai Ha people's committee		70%
VIE0402011-44-040	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Hang Kia CHS		75%
VIE0402011-46-029	30-Nov-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	93,421,577	3,640.23	VIE0402011/bank/euro -0001 AT: 280, 1482,1483, 1772	Hang Kia CHS		90%
VIE0402011-44-041	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Nong Luong CHS		75%
VIE0402011-44-042	29-Dec-2009	1	Heart beat measuring machine		VND	20,979,000	794.39	VIE0402011(euro)CO-BANK_0001. AT	Nong Luong CHS		75%
VIE0402011-44-043	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Nong Luong CHS		75%
VIE0402011-46-034	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	53,328,805	2,076.25	VIE0402011/bank/euro -0001 AT: 279, 1484,1485, 1773	Noong Luong CHS		90%
VIE0402011-44-044	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Tan Son CHS		75%
VIE0402011-46-030	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	117,115,820	4,563.49	VIE0402011/bank/euro -0001 AT: 280, 1482,1483, 1772	Tan Son CHS		90%
VIE0402011-44-045	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Tong Dau CHS		75%
VIE0402011-46-039	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	110,075,000	5,120.52	VIE0402011/bank/euro -0001 AT: 281,43, 1771	Tong Dau CHS		90%
VIE0402011-44-046	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Chieng Chau CHS		75%
VIE0402011-44-047	29-Dec-2009	1	Heart beat measuring machine		VND	20,979,000	794.39	VIE0402011(euro)CO-BANK_0001. AT	Chieng Chau CHS		75%

VIE0402011-46-045	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	119,425,000	4,649.25	VIE0402011/bank/euro -0001 AT: 275, 1488,1489, 1774	Chieng Chau CHS		90%
VIE0402011-44-048	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Cun Pheo CHS		75%
VIE0402011-46-043	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	69,826,000	2,719.99	VIE0402011/bank/euro -0001 AT: 273, 1490,1491, 1775	Cun Pheo CHS		90%
VIE0402011-44-049	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Bao La CHS		75%
VIE0402011-44-050	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Bao La CHS		75%
VIE0402011-44-051	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Dong Bang CHS		75%
VIE0402011-46-031	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	144,441,503	5,628.25	VIE0402011/bank/euro -0001 AT: 280, 1482,1483, 1772	Dong bang CHS		90%
VIE0402011-44-052	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Ba Khan CHS		75%
VIE0402011-46-032	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	73,779,372	2,872.45	VIE0402011/bank/euro -0001 AT: 279, 1484,1485, 1773	Ba Khan CHS		90%
VIE0402011-44-053	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Mai Hich CHS		75%
VIE0402011-46-042	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	73,394,000	2,858.98	VIE0402011/bank/euro -0001 AT: 273, 1490,1491, 1775	Mai Hich CHS		90%
VIE0402011-44-054	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Thung Khe CHS		75%
VIE0402011-46-033	30-Dec-2010	1	Water system, bath room, sanitation and upgrade of consulting room		VND	68,104,253	2,651.56	VIE0402011/bank/euro -0001 AT: 279, 1484,1485, 1773	Thung Khe CHS		90%
VIE0402011-44-055	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Mai Chau CHS		75%
VIE0402011-44-087	31-Mar-2010	1	Electricity dry 53 litter		VND	30,000,000	1,169.04	VIE0402011(euro)CO-BANK_0001. AT1588,1589	Tan Dan CHS		88%
VIE0402011-44-088	30-Dec-2010	1	Heart beat measuring machine		VND	25,500,000	993.69	VIE0402011(euro)CO-BANK_0001. AT1588,1589	Tan Dan CHS		88%

VIE0402011-46-44	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	131,137,000	5,105.20	VIE0402011/bank/euro -0001 AT: 275, 1488,1489, 1774	Van Mai CHS		90%
VIE0402011-46-035	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	114,601,771	4,461.78	VIE0402011/bank/euro -0001 AT: 279, 1484,1485, 1773	Pu Bin CHS		90%
VIE0402011-46-036	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	81,920,452	3,189.40	VIE0402011/bank/euro -0001 AT: 279, 1484,1485, 1773	Mai Chau town CHS		90%
VIE0402011-46-037	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	151,129,000	7,030.29	VIE0402011/bank/euro -0001 AT: 281,43, 1771	Phuc San CHS		90%
VIE0402011-46-038	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	79,209,000	3,684.68	VIE0402011/bank/euro -0001 AT: 281,43, 1771	Tan Mai CHS		90%
VIE0402011-46-040	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	69,593,000	2,710.92	VIE0402011/bank/euro -0001 AT: 273, 1490,1491, 1775	Pieng Ve CHS		90%
VIE0402011-46-041	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	120,536,000	4,695.34	VIE0402011/bank/euro -0001 AT: 273, 1490,1491, 1775	Xam Khoe CHS		90%
VIE0402011-46-046	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	122,729,000	4,777.87	VIE0402011/bank/euro -0001 AT: 275, 1488,1489, 1774	Na Phon CHS		90%
VIE0402011-44-009	15-Jul-2008	1	Electric suction		VND	7,350,000	282.62	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Phu cuong		63%
VIE0402011-44-015	15-Jul-2008	1	Tradition drug cabinet		VND	11,450,000	440.27	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Phu cuong CHS		63%
VIE0402011-44-020	15-Jul-2008	1	Electric drying	C2081052	VND	22,550,000	867.07	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Phu cuong CHS		63%
VIE0402011-46-008	24-Dec-2008	1	Water system, bath room, sanitation and upgrade of consulting room		VND	74,979,222	3,078.34	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	Phu Cuong CHS		70%
VIE0402011-46-009	24-Dec-2008	1	Water system, sanitation		VND	42,087,529	1,727.94	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	Phu Cuong people's committee		70%
VIE0402011-44-010	15-Jul-2008	1	Electric suction		VND	7,350,000	282.62	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	My Hoa CHS		63%
VIE0402011-44-012	15-Jul-2008	1	Tradition drug cabinet		VND	11,450,000	440.27	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	My Hoa CHS		63%
VIE0402011-44-017	15-Jul-2008	1	Electric drying	C2080508	VND	22,550,000	867.07	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	My Hoa CHS		63%

VIE0402011-46-010	24-Dec-2008	1	Water system, bath room, sanitation and upgrade of consulting room		VND	78,835,629	3,236.67	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	My Hoa CHS		70%
VIE0402011-46-011	24-Dec-2008	1	Water system, sanitation		VND	43,124,120	1,770.50	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	My Hoa people's committee		70%
VIE0402011-44-011	15-Jul-2008	1	Electric suction		VND	7,350,000	282.62	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Ngoc My CHS		63%
VIE0402011-44-014	15-Jul-2008	1	Tradition drug cabinet		VND	11,450,000	440.27	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Ngoc My CHS		63%
VIE0402011-44-019	15-Jul-2008	1	Electric drying	C2081051	VND	22,550,000	867.07	VIE0402011(Euro)CO-bank-0001 AT 586,655,773,884	Ngoc My CHS		63%
VIE0402011-46-012	24-Dec-2008	1	Water system, bath room, sanitation and upgrade of consulting room		VND	84,976,269	3,488.78	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	Ngoc My CHS		70%
VIE0402011-46-013	24-Dec-2008	1	Water system, sanitation		VND	41,298,269	1,695.54	VIE0402011(Euro)Co-Bank-0001 AT 395,649,939,940	Ngoc My people's committee		70%
VIE0402011-44-056	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Phong phu CHS		63%
VIE0402011-46-022	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	101,337,682	4,022.50	VIE0402011(euro)CO-BANK_0001. AT 223, 1501,1502, 1767	Phong phu CHS		90%
VIE0402011-44-057	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Ngo Luong CHS		75%
VIE0402011-46-028	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	107,188,000.00	4,195.78	VIE0402011(euro)CO-BANK_0001. AT 228, 1494,1495, 1768	Ngo Luong CHS		90%
VIE0402011-44-058	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Quy Hau CHS		75%
VIE0402011-44-059	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Quy Hau CHS		75%
VIE0402011-46-018	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	102,493,000	4,063.72	VIE0402011(euro)CO-BANK_0001. AT 224 1503,1504,1766	Quy Hau CHS		90%
VIE0402011-44-060	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Gia Mo CHS		75%
VIE0402011-46-024	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	115,620,992	4,589.47	VIE0402011(euro)CO-BANK_0001. AT 223, 1501,1502, 1767	Gia Mo CHS		90%

VIE0402011-44-061	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Phu vinh CHS		75%
VIE0402011-44-062	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Dich Giao CHS		75%
VIE0402011-44-020	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	119,744,000	4,617.72	VIE0402011(euro)CO-BANK_0001. AT 225, 1456,1457, 1770	Dich Giao CHS		80%
VIE0402011-44-063	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Do Nhan CHS		75%
VIE0402011-46-023	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	106,530,104	4,228.61	VIE0402011(euro)CO-BANK_0001. AT 223, 1501,1502, 1767	Do Nhan CHS		90%
VIE0402011-44-064	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Lo Son CHS		75%
VIE0402011-44-065	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Tuan Lo CHS		75%
VIE0402011-44-066	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Dong Lai CHS		75%
VIE0402011-46-016	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	114,369,000	4,534.58	VIE0402011(euro)CO-BANK_0001. AT 224 1503,1504,1766	Dong lai CHS		90%
VIE0402011-44-067	29-Dec-2009	1	Heart beat measuring machine		VND	20,979,000	794.39	VIE0402011(euro)CO-BANK_0001. AT	Quy My CHS		75%
VIE0402011-46-021	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	109,787,000	4,233.74	VIE0402011(euro)CO-BANK_0001. AT 225, 1456,1457, 1770	Quy My CHS		90%
VIE0402011-44-068	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Quyet chien CHS		75%
VIE0402011-44-069	29-Dec-2009	1	Heart beat measuring machine		VND	20,979,000	794.39	VIE0402011(euro)CO-BANK_0001. AT	Quyet chien CHS		75%
VIE0402011-46-027	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	122,675,000.00	4,802.01	VIE0402011(euro)CO-BANK_0001. AT 228, 1494,1495, 1768	Quyet Chien CHS		90%
VIE0402011-44-070	29-Dec-2009	1	Heart beat measuring machine		VND	20,979,000	794.39	VIE0402011(euro)CO-BANK_0001. AT	Lung Van CHS		75%
VIE0402011-44-071	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Lung Van CHS		75%

VIE0402011-44-072	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Nam Son CHS		75%
VIE0402011-44-073	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Nam Son CHS		75%
VIE0402011-44-074	29-Dec-2009	1	Heart beat measuring machine		VND	20,979,000	794.39	VIE0402011(euro)CO-BANK_0001. AT	Nam Son CHS		75%
VIE0402011-44-075	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Trung Hoa CHS		75%
VIE0402011-44-076	29-Dec-2009	1	Electric drying 53 liter		VND	21,988,050	832.60	VIE0402011(euro)CO-BANK_0001. AT	Trung Hoa CHS		75%
VIE0402011-46-025	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	112,081,000.00	4,387.89	VIE0402011(euro)CO-BANK_0001. AT 227, 1492,1493,1769	Trung Hoa CHS		90%
VIE0402011-44-077	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Man Duc CHS		75%
VIE0402011-44-078	29-Dec-2009	1	Heart beat measuring machine		VND	20,979,000	794.39	VIE0402011(euro)CO-BANK_0001. AT	Man Duc CHS		75%
VIE0402011-46-019	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	71,484,000	2,756.65	VIE0402011(euro)CO-BANK_0001. AT 225, 1456,1457,1770	Man Duc CHS		90%
VIE0402011-44-079	29-Dec-2009	1	Electricity suction		VND	8,242,500	312.11	VIE0402011(euro)CO-BANK_0001. AT	Muong Khen CHS		75%
VIE0402011-46-017	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	103,935,000	4,120.89	VIE0402011(euro)CO-BANK_0001. AT 224 1503,1504,1766	Thanh Hoi CHS		90%
VIE0402011-46-026	30-Dec-2009	1	Water system, bath room, sanitation and upgrade of consulting room		VND	108,744,000.00	4,257.25	VIE0402011(euro)CO-BANK_0001. AT 227, 1492,1493,1769	Tu Ne CHS		90%
162 ITEMS TOTAL IT EQUIPMENT (162)						8,126,738,831	316,667.13				

Annex 6: Training activities – KICH project 2006-2010

Type (1)	Implementing persons/ agencies (2)	Number of participant s (3)	Days of training (4)	Contents (5)
I. VHW training and re-training				
Seminar	KICH consultants	42	8/11/2007	Training seminar for VHWs in remote and disadvantaged areas
Seminar	KICH consultants	9	9/12/2009	Training on development of training procedures and regulations related to VHW training
Training	Hoa Binh medical school KICH consultants	30	18-23/10/2007	Training on Active learning method
Training	Hoa Binh medical school KICH consultants	23	1-4/12/2007	Training on defining re-training needs
Training	Hoa Binh medical school KICH consultants	30	18-20/1/2008	Training on training supervision
Training	Hoa Binh medical school KICH consultants	22	27-28/10/2007	Instructions for use of the book “VHW training in disadvantaged areas” for Tan Lac district trainer group
Training	Hoa Binh medical school KICH consultants	19	3-4/11/2007	Instructions for use of the book “VHW training in disadvantaged areas” for Mai Chau district trainer group
Training	Hoa Binh medical school KICH consultants	26	11/7/2007	Instructions for use of the book “VHW training in disadvantaged areas” for Tan Lac 1 commune trainer group
Training	Hoa Binh medical school KICH consultants	26	11/14/2007	Instructions for use of the book “VHW training in disadvantaged areas” for Tan Lac 2 commune trainer group
Training	Hoa Binh medical school KICH consultants	40	11/17/2007	Instructions for use of the book “VHW training in disadvantaged areas” for Mai Chau commune trainer group
Training	Hoa Binh medical school Mai Chau hospital	23	30/11/2007 - 23/5/2008	VHW Training for disadvantaged areas in Mai Chau – ABC Blocks – 1 st course
Training	Hoa Binh medical school Mai Chau hospital	27	21/4/2008 - 18/9/2008	VHW Training for disadvantaged areas in Mai Chau – ABC Blocks – 2 nd course
Training	Hoa Binh medical school Tan Lac hospital	25	12/11/2007- 27/5/2008	VHW Training for disadvantaged areas in Tan Lac – ABC Blocks – 1 st course
Training	Hoa Binh medical school Tan Lac hospital	27	1/1/2008 - 21/6/2008	VHW Training for disadvantaged areas in Tan Lac – ABC Blocks – 2 nd course
Training	Hoa Binh medical school Tan Lac hospital	25	29/3/2008 - 7/8/2008	VHW Training for disadvantaged areas in Tan Lac – ABC Blocks – 3 rd course
Training	Hoa Binh medical school Tan Lac hospital	25	8/7/2008 - 16/1/2009	VHW Training for disadvantaged areas in Tan Lac – ABC Blocks – 4 th course
Training	Project consultant	10	24/9/2009	Family folder management, village mapping

Type (1)	Implementing persons/ agencies (2)	Number of participant s (3)	Days of training (4)	Contents (5)
Training	IEC center	22 23 19	28-29/7/2009 30-31/7/2009 5-6/8/2009	IEC skill (19 participants m Mai Chau, 40 participants from Tan Lac)
Training	Consultants	26 25 12 21	15-16/4/2010; 13-14/4/2010 8-9/4/2010 6-7/4/2010	Chronic management for commune health staffs and VHWs (6 pilot commune health stations: Ngoc My, Phu Cuong, Mai Ha, Na Meo, My Hoa, Pa Co)
Meeting	PMU Hoa Binh medical school	10	26/1/2008	Meeting on training contents and materials for upgrading VHWs to become primary nurses in disadvantaged areas
II. training, retraining for commune health staff				
Training	KICH consultants	12 22	28-29/10/2009 22-23/10/2009	Computer use (Tan Lac) Computer use (Mai Chau)
Training	KICH consultants	21+22 14	16-17+18- 19/11/2009 24/11/2009	Training on IEC planning for VHWs in 3 pilot communes in Tan Lac
Training	KICH consultants	24	19-20/9/2008	First aids in commune level
Training	KICH consultants	30 34 10	21/3/2010 9-10/3/2010 21-23/12/2009	Instructing examination procedures for ass. Doctors and doctors in commune level in Mai Chau;
Training	KICH consultants	18 12 17 11	29-30/8/2009 23-25/9/2009 7-9/10/2009 1-2/6/2009	Instructing examination procedures for ass. Doctors and doctors in commune level in Tan Lac
Training	KICH consultants	28	21/12/2009	Medical equipment use (Mai Chau)
Training	Planning Dept – HB Health Bureau	27+ 28 24+24	5/5/2009 +6/5/2009 21-24/9/2009	Instructing A1 recording in Mai Chau CHSs Instructing A1 recording in Tan Lac CHSs
Training	KICH consultants	20	5-6/11/2010	Use of the book “instructions for diagnosis and treatment of 40 most common diseases in commune level”
Training	Tan Lac hospital	10 10 10 13	17-27/5/2010 14-24/6/2010 11-22/7/2010 25/7-6/8/2010	Patient asking and examination skills (clinical practice round 1: 4 courses)
Training	Tan Lac hospital	12	9/8 -19/8/2010	Diagnosis skill (clinical practice round 2: 2 courses)

Type (1)	Implementing persons/ agencies (2)	Number of participant s (3)	Days of training (4)	Contents (5)
		12	6/9 -17/9/2010	
Training	Tan Lac hospital	13	27/9-8/10/2010	Treatment skill (clinical practice round 3: 1 courses)
Training	Mai Chau hospital	8 7 12	18-28/5/2010 13-23/7/2010 15-25/6/2010	Patient asking and examination skills (clinical practice round 1)
Training	Mai Chau hospital	11 10	9-19/8/2010 10-21/10/2010	Diagnosis skill (clinical practice round 2)
Training	Mai Chau hospital	15 11	27-29/9/2010 17-19/9/2010	Practical training for curative care skills regulated for commune level (2 courses)
Training	Tan Lac hospital	28 14	21-23/9/2010 28-30/9/2010	Practical training for curative care skills regulated for commune level (2 courses)
Training	IEC center HB	24	18-20/6/2009	IEC skills for commune health staffs, Mai Chau district
III. Training on pharmacy management				
Meeting	Hoa Binh Health Bureau	9	10/11/2007	Development of drug list
Training	Hoa Binh Health Bureau	28	17- 18/12/2009	Pharmacy management training for commune health staffs, Cao Pho g district
Training	Hoa Binh Health Bureau	30	22- 23/12/2009	Pharmacy management training for commune health staffs, Luong Son and Ky Son district
Training	Hoa Binh Health Bureau	20	29- 30/12/2009	Pharmacy management training for commune health staffs, Da Bac district
Training	Hoa Binh Health Bureau	29	05- 06/01/2010	Pharmacy management training for commune health staffs, Lac Son district
Training	Hoa Binh Health Bureau	28	07- 08/01/2010	Pharmacy management training for commune health staffs, Yen Thuy and Lac Thuy district
Training	Hoa Binh Health Bureau	28	12- 13/2010	Pharmacy management training for commune health staffs, Kim Boi district
Training	Hoa Binh Health Bureau – DA	22	12/2009	Use of questionnaire for doctor training need assessmenet
Seminar	Hoa Binh Health Bureau	26	26/11/2009	Support doctor training for commune level of Hoa Binh province and the project
Review training for ass. Doctor in Hoa Binh	Thai Nguyen Medical School; Hoa Binh Medical School; Hoa	34	3/3-28/4/2010	Review training for assisstant doctors who registered for doctor training examination

Type (1)	Implementing persons/ agencies (2)	Number of participant s (3)	Days of training (4)	Contents (5)
	Binh Department of Education and Training			
Review training for ass. Doctor in Hoa Binh	Thai Nguyen Medical School;	33	3/3-28/4/2010 5/5-7/2010	Review training for assistant doctors who registered for doctor training examination
Doctor training – 4 years	Thai Nguyen Medical School;	20 21	10/2009- 20013 10/2010- 2014	Upgrading doctor training
Seminar		48	4/3/2007	Development of clinical guideline for commune level in Hoa Binh
Seminar	Dr. Patrick Martiny	15	04-05/04/07	Development of clinical guideline for commune level In Hoa Binh
Meeting	Dr. Anders Norman	12	8/3/2007	Development of clinical guideline for commune level in Tan Lac
Meeting	PMU - Consultants	8	9/13/2007	Development of clinical guideline for commune level in Tan Lac
Meeting	PMU – Consultants	3	17,24,31/08/2007 05/10/2007	Development of clinical guideline for commune level in CHSs
Meeting	PMU – Consultants	3	21- 9.2007	Development of clinical guideline for commune level in CHSs
Meeting	PMU – Consultants	8	10/12/2007	Development of clinical guideline for commune level in Mai Chau
Meeting	PMU – Consultants	3	16/08/2007 20/09/2007 25/10/2007 27/11/2007	Development of clinical guideline for commune level in CHSs
Meeting	PMU – Consultants	3	23/08/2007 13/09/2007 29/09/2007 24/11/2007	Development of clinical guideline for commune level in CHSs
Meeting	PMU – Consultants	3	30/08/2007 07/10/2007 15/11/2007 20/10/2007	Development of clinical guideline for commune level in CHSs
Meeting	PMU – Consultants	8	11/8/2007	Development of clinical guideline for commune level in Tan Lac
IV. Training, seminar on health insurance				
Seminar	Intl consultants	40	27-28/5/2007	Payment mechanism for health insurance
Training	District hospital and district VSI	14	10/31/2007	Training on implementation of 139 and health insurance
Training	District hospital and district VSI	14	11/1/2007	Training on implementation of 139 and health insurance
Seminar	Consultants	30	12/6/2007	Training on implementation of 139 and health insurance

Type (1)	Implementing persons/ agencies (2)	Number of participant s (3)	Days of training (4)	Contents (5)
Training	Intl consultant, local cons consultants	26	17-21/12/2007	Health Insurance management
Training	Provincial VSI	28	1-2/6/2010	Health insurance implementation in commune level (Lac Son)
Training	Provincial VSI	34	8-9/6/2010	Health insurance implementation in commune level (Lac Son)
Training	Provincial VSI	26	10-11/6/2010	Health insurance implementation in commune level (Cao Phong)
Training	Provincial VSI	32	10-11/6/2010	Health insurance implementation in commune level (Lac Thuy)
Training	Provincial VSI	28	15-16/6/2010	Health insurance implementation in commune level (Lac Thuy)
Training	Provincial VSI	26	1-2/6/2010	Health insurance implementation in commune level (Yen Thuy)
Training	Provincial VSI	30	27-28/6/2010	Health insurance implementation in commune level (Ky Son)
Training	Provincial VSI	28	19-20/6/2010	Health insurance implementation in commune level (Da Bac)
Training	Provincial VSI	36	13-14/6/2010	Health insurance implementation in commune level (Hoa Binh town)
Training	Provincial VSI	30	25-26/6/2010	Health insurance implementation in commune level (Luong Son)
Training	Provincial VSI	20	18/4/2010	Health insurance law (Mai Chau)
Training	Provincial VSI	20	11/4/2010	Health insurance law (Mai Chau)
Training	Provincial VSI	18	25/4/2010	Health insurance law (Mai Chau)
Training	Provincial VSI	20	8/5/2010	Health insurance law (Mai Chau)
Training	Provincial VSI	20	9/5/2010	Health insurance law (Mai Chau)
Training	Provincial VSI	25	15/5/2019	Health insurance law (Mai Chau)
Training	Provincial VSI	40	30/7/2010	Instrutions of reimbursement (Mai Chau)
Training	Provincial VSI	26	15-16/8/2009	Health insurance law (Tan Lac)
Training	Provincial VSI	25	22-23/8/2009	Health insurance law (Tan Lac)
Training	Provincial VSI	24	3-4/10/2009	Health insurance law (Mai Chau)
		13	17/10/2009	Health insurance law (Tan Lac)
Training	Provincial VSI	21	10-11/10/2009	Health insurance law (Tan Lac)
Training	Provincial VSI	48	4-5/2/2010	Health insurance law (Tan Lac)
V. Study tours, others				
Seminar	Consultants – Hoa Binh health sectors	45	8/10/2007	Experiences of community-based health development
Training	Consultants – Hoa Binh health sectors	25	24-27/11/2007	Project management training
Training	Consultant	22	16-17/01/2008	Chronic disease management training
Study tour	Uong Bi hospital, Quang Ninh	30	2008/2009/2010	Comprehensive teamwork nursing care in district hospital
Study tour	Best-performed	20		Commune health station management, curative care implementation in

Type (1)	Implementing persons/ agencies (2)	Number of participant s (3)	Days of training (4)	Contents (5)
	Commune health stations			commune level, health insurance implementation in commune level
Study tour	Thailand	30	2009	Commune health station management, curative care implementation in commune level, health insurance implementation in commune level
Meeting	Pilot commune health stations	20-30	Once per month	Reporting performance + technical training for VHWs and commune health staffs
Meeting	Mai Chau and Tan lac district hospital	20-30	Once per month	Discussion on differential diagnosis between CHWs and DH
Study tour	Moc Chau, Son La	30	2007	Commune health station management, curative care implementation in commune level, health insurance implementation in commune level
Study tour	Yen Bai	25	2008	Decentralization and training of VHWs organized by VSHC
Study tour	Quang Nam	30	2008	IEC activities supported by VSHC
Study tour	Hai Duong	15	2008	Payment mechanism by capitation in district level
Study tour	Nghe An	30	2009	Best-performed commune health station
Study tour	Lam Dong	28	2010	Centralized drug bidding and health insurance implementation

Annex: 7 New log frame

Activity Code	Main Activities	Budget	Activities and Remarks
Result 1.	Primary curative care - Uniform quality primary health care services in selected pilot health districts are set up		
A.1.1	Family level - to promote self care at home and the families to use the commune health stations as the first contact with the health services		<i>Old Activity Code;</i> <i>A.1.15</i>
A.1.2	Village level - to support the village health workers to assist families in prevention and self care at home and use of the commune health station for care		<i>Old Activity Code;</i> <i>A.1.11</i>
A.1.3	Commune level - to improve the clinical skills of the curative staff in the commune health stations upgrade the facilities, as well as improve the financial situating.		<i>Old Activity Codes;</i> <i>A.1.1 to A.1.10, A.1.12, A.1.14</i>
A.1.4	To support the efforts to cover all the commune health stations in Hoa Binh with medical doctors.		<i>Old Activity Code;</i> <i>A.1.16</i>
A.1.5	To introduce and use decentralized management and implementation procedures to the pilot district level for the primary curative health care		<i>Old Activity Code;</i> <i>A.1.13</i>
Result 2.	Secondary curative care - The quality of care at the district hospitals are improved		
A.2.1	To improve the quality of secondary curative care and hospital management		<i>Old Activity Codes;</i> <i>A.2.1, A.2.2,A.2.3, A.2.5 to A.2.10</i>

A.2.2	To introduce chronic disease management, starting with diabetes and hypertension		<i>Old Activity Code;</i> <i>A.2.4</i>
A.2.3	To upgrade the district hospitals facilities as pharmacies, water, sanitation and electricity		<i>Old Activity Code;</i> <i>A.2.11</i>
Result 3.	Referral - The referral system between first line health services and the district hospitals are strengthened		
A.3.1	To strengthen the referral and counter referral system, including an efficient evacuation system for emergency cases		<i>Old Activity Codes;</i> <i>A.3.1 to A.3.5</i>
Result 4.	Health financing - A pro poor financing mechanism for the health services in the two pilot district are functioning		
A.4.1	Pilot new provider payment mechanisms in the two pilot districts and accumulate experiences		<i>Old Activity Codes;</i> <i>A.4.1 to A.4.5</i>
Result 5.	Lesson learned - The field experiences of the project are shared with the health authorities and the faculties of medicine and inspire health policy development		
A5.1	To introduce and use decentralized management and implementation procedures for health services in Hoa Binh province		<i>Old Activity Code;</i> <i>A.5.4 and A.5.5</i>
A.5.2	To formulate lessons learned for all pilot aspects of the project: health insurance, first line health services, chronic disease management		<i>Old activity Code;</i> <i>A.5.2, A.5.3</i>
A.5.3	To contribute to important health policy debates at national level		<i>Old Activity Code;</i> <i>A.5.1</i>

	General Means		
Z.1	Steering Committee		<i>Same Activity Code</i>
Z.2	International Chief Technical Advisor		<i>Same Activity Code and Z3</i>
Z.3	Salaries/allowances*		<i>Old Activity Codes; Z.4</i>
Z.4	PMU investments and operation		<i>Old Activity Code; Z.5, Z.6</i>
	Contingencies 5%		<i>Same Activity Code or Z.7</i>
	TOTAL		

Annex 8: Indicator list for the Project

Result 1

- By year (2006, 2007 and 2008), gender and CHS
 - Number of patient visits for curative care to the six pilot CHS related to the population in the catchment area – access to care
 - Total number of patient visits for curative care to the six pilot CHS
 - Episodes of curative care by preliminary diagnoses
 - Number of drugs used per curative episode
 - Percentage use of antibiotics for curative care
 - Percentage use of injections for curative care
 - Quality indicators for curative primary care

Result 2

- By year, hospital, (could not be analyzed by gender)
 - Number of outpatients, inpatients, curative services (tests, images, operations) related to the population in the catchment area – access to curative care
 - Total number of outpatient visits per hospital and changes over time
 - Total number of inpatient visits per hospital and changes over time
 - Average number of inpatient days per hospital and changes over time
 - Use of hospital beds
 - Total number of tests taken in hospitals and changes over time
 - Total number of images taken and changes over time
 - Total number of operations made in hospitals and changes over time
 - Total number of patients with hypertension and diabetes cared for

Result 3

- By year, hospital or CHS, (could not be analyzed by gender)
 - Percentage of referrals from district to higher levels
 - Percentage of referrals from the six pilot CHS to higher levels

Result 4

- By year (and quarter)
 - Total number of insured per category in the pilot area and in Hoa Binh
 - Curative care expenditures per insured category compared to cost for curative care per category – balance of the insurance funds
 - Outpatient visits and inpatient care for insured in the pilot area and in Hoa Binh province related to the number of insured – access to curative care for insured
 - Total number of curative care visits made for insured
 - Health care costs per visit related per health insurance category
 - Health expenditures per hospital for curative care services (outpatient, inpatient care) for insured
 - Utilization of services in hospitals for insured (use of drugs, images and others)
- For the six pilot CHS; also divided by gender
 - Number of drugs for insured and non insured per episode
 - Percentage getting antibiotic for insured and non insured
 - Percentage getting injections for insured and non insured
 - Percentage of preliminary diagnoses for insured and non insured

Background data

- Total population by area
- Total number of poor

Annex 9: LIST OF INSTRUMENTS AND COMMON DRUGS IN VILLAGE HEALTH WORKER BAG

No	Item	Quantity	Fixed asset	Consumable
1	Leather bag	01	X	
2	Torch + Battery	01 set	X	X
3	Curved scissors	01	X	
4	Straight scissors	01	X	
5	Compress (20x20)	10 pieces		X
6	PVP	01 bottle	X	
7	Tourniquet	01		X
8	Thermometer	01	X	
9	Bandages	20 rolls		X
10	Adhesive tape	01 roll		X
11	Cotton wool 100g	01 package		X
12	Green antiseptic alcohol 70°	01 bottle		X
13	Mercurochrome	01 bottle		X
14	Coffin reliever (traditional medicine) 20ml	30 bottle		X
15	Fever reliever (traditional medicine) 20 tablets	05 grills		X

Notes:

- Fixed assets items are subjected to annual inventory and will be replaced in case of broken based on receiving note of the head of CHS
- Consumable items are subjected to monthly inventory and replace (or circulate for expired drugs) based on inventory note of CHS

Annex 10: Cost for upgrading the Commune Health Stations in the Kich area

	MAI CHAU DISTRICT	Vietnamese Dong
1	Phuc San	134,912,810
2	Na Phon	121,334,347
3	Tan Mai	70,661,817
4	Noong Luong	42,181,977
5	Pieng Ve	57,804,840
6	Tan Son	110,862,299
7	Tong Dau	107,060,533
8	Thung Khe	38,957,679
9	Xam Khoe	116,141,658
10	Van Mai	628,782,923
11	TT Mai Chau	58,271,642
12	Mai Hich	62,745,022
13	Ba Khan	65,596,633
14	Cun Pheo	50,580,078
15	Chieng Chau	114,590,016
16	Bao La	137,631,703
17	Hang Kia	76,075,679
18	Pu Bin	110,630,659
19	Dong Bang	129,286,552
20	<i>Mai Ha pilot commune</i>	
21	<i>Na Meo pilot commune</i>	6,831,000,
22	<i>Pa Co pilot commune</i>	6,821,7000
	Average cost	87,800,000
	TAN LAC DISTRICT	
1	Man Duc	68,085,030
2	Dong Lai	109,507,422
3	Phong Phu	103,764,085
4	Quy Hau	103,272,231
5	Thanh Hoi	104,818,955
6	Tu Ne	106,798,155
7	Dich Giao	112,795,932
8	Quy My	110,336,095
9	Ngoi Hoa	59,680,465
10	Trung Hoa	107,078,188
11	Quyet Chien	124,268,947
12	Ngo Luong	110,435,417
13	Phu Vinh	110,320,473
14	Lo Son	62,410,896
15	Do Nhan	105,640,311
16	Gia Mo	101,999,348
17	<i>My Hoa pilot commune</i>	66,406,000
18	<i>Ngoc My pilot commune</i>	70,033,000
19	<i>Phu Coung pilot commune</i>	63,478,000
20	Thi Tran Muong Khen	135 commune
21	Tuan Lo	135 commune
22	Lung Van	135 commune
23	Nam Son	135 commune
24	Bac Son	135 commune
	Average cost	100,075,000

Annex 11: Medical equipment for commune health stations in the Kich area

	Item	Nr
1	Sphygmanometer, with “clock”	2
2	Stethoscope	2
3	Reflex hammer	2
4	Tongue depressor SS	8
5	Scale for 120 kg with height measure	1
6	Urethral catheter	10
7	Anal catheter	1
8	Kidney bowl 825 ml SS	2
9	Minor operation tools SS	1
10	ENT examination tools	1
11	Steam sterilizer 18 l SS	1
12	Drum box 24 cm diameter for steam sterilization SS	2
13	Box for boiling sterilizing SS	2
14	Electric suction	1
15	Manual suction adults	2
16	Manual suction children	2
17	Drying cabinet	1
18	Thermometer	5
19	Examination lamp SS	1
20	Examination table SS	1
21	Minor operation table SS	1
22	Examination bed SS	1
23	Revolving chair	2
24	Bed/table for newborn children	1
24	Electric stabilizer	1
25	Rechargeable lamp	1
26	Stretcher	2

Annex 12: Furniture for the commune health stations in the Kich area

	Item	Number	Cost VND
1	Chair for doctor	1	1,550,000
2	Table for doctor	1	2,700,000
3	Chair for patient	1	280,000
4	Waiting chairs for patients	1	1,350,000
5	Patient beds	4	10,380,000
6	Patient bed cabinets	4	3,040,000
7	Examination table	1	3,215,000
8	Drug cabinet	1	2,800,000
	TOTAL		25,315,000

Annex 13: Complains Covered by the Clinical Guidelines developed by Commune Level Doctors

<p><i>Abdominal Complains</i></p> <ol style="list-style-type: none"> 1 Diarrhea 2 Vomiting 3 Constipation 4 Yellow skin – citrus 5 Upper abdominal pain 6 Lower abdominal pain 7 Swollen belly 8 Pain when urinating 9 Vaginal bad smell – discharge 10 Vaginal bleeding 11 Pregnancy – pre delivery 12 After pregnancy <p><i>Thorax – Respiratory Complains</i></p> <ol style="list-style-type: none"> 1 Coughing 2 Running nose 3 Breathing difficulties 4 Chest pain 5 Soar trout <p><i>Skin Complains</i></p> <ol style="list-style-type: none"> 1 Itching 2 Skin infections 	<p><i>Others Common Complains</i></p> <ol style="list-style-type: none"> 1 Joint and muscular pain 2 Eye problems 3 Ear problems 4 Mouth and teeth problems 5 Head ace 6 Fever 7 Back pain 8 Tiredness 9 Dizziness 10 Weight losses 11 Nose bleeding 12 Unconsciousness 13 Trauma 14 Tumor 15 Mental confusion <p><i>Common Complains among Children</i></p> <ol style="list-style-type: none"> 1 Convulsions 2 Not eating 3 Vomiting 4 Diarrhea 5 High fever 6 Cough 7 Breathing problems
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Annex 14: List of books for CHS

Item	Name of book	Author	Unit price VND
1	Nutrition for pregnant mothers	Co-authors	31,000
2	Information to mothers for child caring	Ass Prof Le Diem Huong	15,000
3	Safe motherhood - mother and newborn care	Ass Prof Tran Phoung Mai	8,000
4	Antenatal and post-delivery protection	Co-authors	30,000
5	Prevention of five obstetric emergencies	Ass Prof Phan Truong Duyet	4,000
6	Treatment of complications during pregnancy and delivery	Ministry of Health	45,000
7	Treatment of obstetrics and gynecology emergencies	Prof Duong Thi Cuong, Dr Vu Ba Quyet	17,000
8	Delivery	Foreign books	29,000
9	Prevention and treatment of common mother and child diseases	Dr Duong Trong Hieu	15,000
10	Nutrition practice in community - guidelines	Hanoi Medical Faculty	28,500
11	Nutrition and food safety	Hanoi Medical Faculty	51,000
12	Q and A - food safety	Ministry of Health	11,000
13	First aid	Dr Le Van Tri	25,000
14	Emergency guidelines	Prof Vu Van Dinh	49,000
15	Recovery and emergency	Prof Vu Van Dinh et al	54,000
16	Emergency for intoxication	Prof Vu Van Dinh	17,000
17	Acute intoxication treatment guidelines	Ass Prof Nguyen Thi Du	13,000
18	Intoxication treatment	Foreign books	45,000
19	Emergency for obstetrics	Prof Phan Hieu	14,000
20	Emergency for pediatrics	Chu Van Tuong et al	32,500
21	Emergency for surgery	Foreign books	25,000
22	Emergency for intestinal system	Tran Tien Trung	40,000
23	Emergency for internal medicine	Foreign books	28,500
24	Treatment in internal medicine emergencies	Prof Vu Van Dinh, Dr Nguyen Thi Du	14,000
25	Emergency for ENT	Ass Prof Pham Khanh Hoa	15,000
26	Practical information for doctors Vol I	Co-authors	93,000

27	Practical information for doctors Vol II	Co-authors	97,000
28	Information about health and diseases Vol I	Co-authors	22,500
29	Information about health and diseases Vol II	Co-authors	22,500
30	Information about health and diseases Vol III	Co-authors	22,000
31	Treatment guidelines Vol I	Vietnam Social Insurance	26,000
32	Treatment guidelines Vol II	Vietnam Social Insurance	34,000
34	Information about child diseases	Prof Dang Phuong Kiet	20,000
35	Treatment of ARI	Prof Hounh Minh	15,000
36	Q and A - respiratory diseases	Prof Hoang Minh	29,600
37	Diarrhea	Ass Prof Phung Dac Cam	15,000
38	Epidemiology for infectious diseases	Hanoi Medical Faculty	13,500
39	Prevention and treatment of gynecological diseases	Co-authors	55,000
40	Some comments - cardiovascular patients	Dr Nguyen Thi Chinh	11,500
41	Stroke	Ass Prof Nguyen Van Dang	15,000
42	Diabetes - new understanding	Dr Nguyen Huy Cuong	19,000
43	Some comments - diabetes patients	Dr Ta Van Binh	14,500
44	Common eye diseases	Ass Prof Phan Dan	18,000
45	Q and A - STD	Institute of Dermatology	12,000
46	Drug treatment guidelines	Ministry of Health	20,500
47	Clinical pharmacology and treatment	Hanoi Medical Faculty	35,000
48	Antibiotic use guidelines	Ministry of Health	19,500
49	Dermatology drugs	Pharm. Tran Si Vien	42,000
50	Drug use for elderly	Prof Phan Hieu	9,500
51	Comments on traditional medicine	Co-authors	52,000
52	Use of essential traditional medicine	Co-authors	51,000
53	Traditional medicine - use of some effective substances	Hanoi Medical Faculty	55,000

Annex 15: Cost for upgrading of the pharmacy

TT	Name of district hospital	Cost in VND
1	Luong Son	131,086,983
2	Ky Son	100,825,195
3	Da Bac	91,694,382
4	Cao phong	85,385,209
5	Lac Son	104,683,627
6	Lac Thuy	90,258,469
7	Kim Boi	59,539,125
8	Yen Thuy	141,085,042
	Total	804,558,032

Annex 16: List of Kich Reports and Documents

1. Specific Agreement for the Kich Project, February 2005
2. Upgrading of the Commune Health Services in Hoa Binh Province”, Technical and Financial File, February 2005
3. “Vietnam Health Project Review”, Mission Report, Dr Bossyns, August 2006
4. “Report for the Steering Committee Hoa Binh – “Kich” Key Improvements in Community Health”, 22 November 2006
5. “Developing Clinical Guidelines for First Line Health Services”, Mission Report, Dr Patrick Martiny, April 2007
6. “Improving Payment for Health Care in Hoa Binh Province”, Mission Report, Dr Hoffman and Prof Obermann, May 2007
7. “Report for the Steering Committee Hoa Binh – “Kich” Key Improvements in Community Health”, 26 June 2007
8. Mission Report “Developing Management Programs for Chronic Diseases (DMP) for the Primary (and Higher) Curative Care Levels”, Dr Hilfer, January 2008.
9. “Report for the Steering Committee Hoa Binh – “Kich” Key Improvements in Community Health, 25 March 2008
10. “Hospital Management Development”, Consultancy Mission Report, Dr Johansson, April 2008
11. “Hospital Management Development, Improving Quality of Curative Care”, Consultancy Mission Report, Dr Johansson, June 2008
12. “Vietnam Project Health Review”, Mission Report, Dr Bossyns, June 2008
13. “Financial Regulations and Guidelines”, PMU, July 2008
14. “Mid Term Review, the Hoa Binh Health Project”, PPP as Debriefing, Mr Tamm and Dr Lan, July 2008
15. “Justification for an extension for one year of the health project “Upgrading of the Commune Health Services in Hoa Binh Province” – VIE/040/20/11, Dr Norman, August 2008
16. Thailand Visit, October 2008, Power Point Presentation
17. “Report for the Steering Committee IV”, November 2008, PMU
18. “Mission Reports from Local Long Term Consultants During 2008 and Beginning of 2009”, Consultancy Reports, Dr Chein. Mm Cham and Dr Tuan
19. “Village Health Worker Study”, Secondary Medical School, Hoa Binh 2008
20. “Assessment of Health Communication in Mai Chau and Tan Lac”, Consultancy Report, IEC Center, January 2009
21. “A Matter of Choice - People’s Perceptions of Health Care Options in Hoa Binh Province, Vietnam”, Consultancy Report, Bent and Thao Jörgensen, March 2009
22. “Quality of Primary Curative Care in the Pilot Communes in the Kich Project”, R Johansson, March 2009
23. “Framework for the Second Phase of the Kich Project”, PMU, April 2009
24. “VSI Training Material for the Commune Level”, VSI, April 2009
25. “Quality of District Curative Care in the Pilot Districts in the Kich Project”, Consultancy Report, R Johansson, April 2009
26. “Report on the Construction Work in the Six Pilot Communes, Mr Tai, PMU, April 2009
27. “Report to the Steering Committee V”, PMU, July 2009
28. “Patient Health Care Book”, PMU, August 2009
29. “Health Insurance Supervision Report from Mai Chau Hospital”, PMU, September 2009
30. “Report to the Steering Committee VI”, PMU, October 2009
31. “Indicator Report 2009”, PMU, October 2009
32. “Follow Up Quality of Curative Care”, R Johansson, November 2009
33. “Follow Up Health Insurance Piloting”, J Hoffaman, December 2009
34. “Review of Health Insurance Implementation”, PMU, December 2009
35. “Follow Up Quality of Curative Care”, R Johansson, April 2010
36. “Final Evaluation”, O Barthes et al, May 2010
37. “Report to Steering Committee VI”, PMU, July 2010
38. “Evaluation of IEC Activity Support”, IEC Center in Hoa Binh, September 2010
39. “Indicator Report 2010”, PMU, November 2010
40. “Clinical Guidelines for Commune Level”, PMU, November 2010
41. “Chronic Disease Management Guidelines”, PMU, Draft 8, November 2010