The Growth and Its Determinants in Bạch Mai Hospital

by PHẠM THỊ THU HƯƠNG

Abstract

The purpose of the article is to study the determinants for the growth of Bạch Mai Hospital (BMH), Hà Nội, Vietnam observing the JICA BMH project. The research method is qualitative method with typical techniques such as observation, documentary analysis, and interview. The narrative describes the reform process, which is significantly conducted in BMH and two typical roots for the growth– the financial support from the Ministry of Health,Vietnam and Japanese Government, and the efforts toward reform of staffs by enhancing training work. The research offers experience for evaluating international health development projects.

1.GENERAL INTRODUCTION ABOUT THE HOSPITAL

Vietnam is a tropical country locating in the Southeast Asia with the population of over 80 million people. Going in line with the economic reform, the Ministry of Health is making great efforts for the improvement of health condition of the Vietnamese people. BMH is the biggest hospital in Vietnam. It was built in 1911 as an infectious disease hospital, which was located far from Hà Nội City. Now it locates just in the center of the City as the biggest hospital in the North of Vietnam showing the great expansion of Hà Nội City as well. BMH is the biggest general hospital of Vietnam. It has about 1,800 staff consisting of professors, Ph.D., D.S.c and Master holders, doctors, pharmacists, engineers, nurses, co-medical workers, etc. The annual number of inpatients is 30,000 and the number of outpatients is 250,000. It has 1,400 bed capacity, 6 research institutes, 20 clinical departments, 8 Para clinic departments, 8 functional offices, and 1 nursing school.

2. ANALYSIS OF THE RELATIONSHIP BETWEEN INVESTMENT AND THE BMH GROWTH

2.1. Achievements in development: improvement of health services

The Director of the hospital showed some following statistics to confirm the effective growth rate of the hospital: Total number of consultation and number of inpatients increase steadily from 198,372 in 1995 to 295,663 in 2001, and from 22,287 in 1995 to 44,148 in 2001, respectively; bed occupancy continuously increases from about 810 in 1995 to about 1,600 in 2001; average annual income per staff increases from VND10,000,000 in 1999 to VND12,200,000 in 2001; average annual income per bed increases from VND34,300,000 in 1999 to VND39,600,000 in 2001. As we can see, all the statistics show good development processes. The director said all of these indexes were improved, and transparent. It may be able to come to the conclusion that thanks to the inputs in functional enhancement, the hospital system works better, resulting in better achievements and potential perspectives.

2.2 Financial matter

2.2.1. JICA project as a financial source for functional enhancement:

JICA is one of the three stakeholders of the institutional reform of BMH. The other two are the Ministry of Health, Vietnam and the BMH itself. Doctor Ohara, Ms. Miyoshi – chief consultants of the project welcome the study by saying that this is a grant project in the general ODA financing scheme from Japanese government to Vietnamese government. Different from other loan projects the hospital does not need to think about paying debt. They can allocate their income to the development of the hospital. This financial support of Japanese government is really a reason bringing the strength to the hospital.

The Ministry of Health and the BMH board of directors worked hard together and pointed out the following contents for the reform. This reform consists of five components, namely enhancing clinical techniques and skills in target departments; enhancing the hospital management work; enhancing nursing management; strengthening laboratory management; and enhancing network activities. The director says that the project was born because of the need for institutional reform. Vice versa, the project process enhances the continuous institutional development of the hospital. Regarding this reform, it may confirm that BMH has done a great load of work. All five-reform categories of the hospital, particularly, of the JICA project have been completed successfully.

The comment of the director makes us understood the meaning of "the financial matter". It is not only the transfer of money; it is also the effectiveness of money usage. How does this fund help to build up the capacity of the hospital? The best way is to analyze the success of the project. Doctor Ohara and Ms. Miyoshi confirm that the project has achieved its goal: to enhance health services in BMH, and in North Vietnam. The project achievements show the success in terms of efficiency, effectiveness, impact, relevance, and sustainability. Effectiveness of the project is considerably high: The project purpose is achieved to a large extent; all outputs significantly contribute to achievement of project purpose; however, some training manuals are not completed on time. The project impact is also considered high. They list the changes in hospital and changes in reputation of the hospital in North Vietnam. Relevance is considered high, too: Its appropriate process and contents of project planning, and consistency with policy of Ministry of Health, Vietnamese Government, and Japanese Government. Sustainability has some problems: Material and technical sustainability is good but financial sustainability is not so secured all the time.

Even though the project finished long time ago, the financial report has not been completed, so that the analysis of the cost-effect cannot be conducted. Confidentiality of the financial data is another difficulty. Some data are analyzed to see the effectiveness of financing [1]. Up to 29 November 2002 (half time because the project is from 1999 to 2005), the number of long-term experts is 222 man-month; the number of short-term experts is 51; number of counterpart training is 15; finance for equipment is 186,641 thousand yen; cost sharing for local administration is 74,407 thousand yen; provision of Vietnamese counterparts is 270 man-year; provision of office accommodation and running cost is done; equipment maintenance fee is VND 2,750,000,000 in 2002 (=205,224,389 yen) [2]. The only conclusion for effectiveness analysis at this stage is that all financial sources are allocated in time with the plan, and the size is so big. Other analyses can be made by the interview. Particularly, in term of finance, the structure of financing is good and financing scheme goes in line with the plan. In other projects, Vietnamese counterparts often face so many obstacles in land clearing and financing scheme is delayed many times, for example, the financing scheme of the Ha No drainage project was delayed 18-24 months, resulting in much higher payment of interest rate for the loan from the bank. In this project, all resources are mobilized on time to complete all the activities of the project. The director says that about half of the finance is for equipment and half is for everything, including training in Japan, foreign experts, local cost. The Vietnamese side provides counterparts, office accommodation, running expenses, and maintenance of equipment, measures for tax exemption. I really admire hospital staff that work in professional departments as well as in financial and administrative departments for their hard work.

2.2.2. Equipment facilitation

During previous 10 years, the hospital was facilitated with various kinds of equipment. The director said that the hospital has procured about US$3 million worth of equipment during the reform, from JICA finance and other financial sources. Various workshops for usage and maintenance have been organized. The facilitation of equipment should be analyzed in the part of finance because it is a direct determinant for the modernization of the hospital, promoting capacity building. Let us compare the equipment facilitation between the period before 1990 and the period after 1990; and let us compare this work of Japanese finance and French finance to see the difference. Before the project began, during 1980s, 1990s, the equipment of the hospital was poor. The hospital received some equipment from French government; however, later on the French – Vietnamese joint venture was established and gave priority to high-income population. Poor people hardly enjoy these modernized facilities and equipment. This matter showed the weak institutional ability of BMH in the last decade. During the late 1990s BMH recognized this problem and began to integrate the support of Japanese Government with the hunger alleviation and poverty reduction strategy of the Vietnamese Government. This policy is clearly written in all overall goal, objectives, outputs, inputs, activities, etc. The allocation of equipment and rules of utilities say the same thing. Different from the past, all equipment is centrally managed for better usage and maintenance. The equipment is the really needed ones.

Let us see the size and the structure of equipment. Total value of equipment as of October 2002 is US$2,264,741.75 (US$332,450.57 in 1999, US$466,533.67 in 2000, US$1,005,776.65 in 2001, US$2,264,741.75 in 2002) [3]. As it is observed, the size is big; the structure of equipment is good, too. The equipment is divided into 5 categories, the biggest one of which of course is the medical equipment (about 60%). The second category is hospital information system (HIS) equipment (about 30%). Information, education, and communication (IEC) equipment, vehicles, and equipment for Japanese experts are the other three equal parts [4]. Using

new medical equipment staffs say the quality of health service has been increased considerably. Particularly doctors are more confident in diagnosis and treatment.

As the analysis of equipment facilitation and usage shows, the facilitation has done a good job to bring the strength to the hospital.

2.2.3. Conclusion

These description achievements and lessons bring much reputation to the hospital. People come here to see the changes - the development of the hospital. We cannot say, for example, a finance of US$1 from the stakeholders brings an increase of US$0.3 in the hospital income. We just can say: the hospital gains much improvement in its indexes, as shown above and in this table [5]:

Item	1999	2000	2001
Gross income (VND)	64,336,228,156	87,230,864,297	116,479,729,317
Expenditure (VND)	64,133,564,906	86,316,823,068	114,824,378,172
Balance (VND)	202,663,250	914,023,229	1,655,351,145

2.3 Training focus

2.3.1. How is the training focus described in the reform design?

Everybody well understands that institutional reform is needed; what is the best content of the reform? The Ministry of Health and the BMH Board of Directors worked hard together and pointed out the following contents for the reform: Enhancing the hospital management work by facilitating equipment and training courses; intensifying clinical techniques and skills in target departments by facilitating equipment and training courses; enhancing nursing management by total care training; strengthening laboratory management by facilitating equipment and training courses; and promoting network activities by network training [6]. In all 5 items for the reform, we can see "training" as a highlighted factor. The analysis shows the finance they allocate to training, including training courses and training facilities, equipment, etc during previous five years is equal to one sixth of the total allocation to capacity building during previous 90 years [7]. Particularly, finance for training counts a major part in local cost supported by JICA as observed in the following table [8]:

2.3.2. How is the training focus reform conducted in reality?

Regarding this reform, the analysis shows that BMH has done a great load of work. The following paragraphs would be the detail description of training activities of the institutional reform. Why, how, where, when are these activities made? Surely, training focus investment brings fruitful results in the growth of the human resource. Regarding the growth of human resource in BMH, many kinds of expression may be analyzed. First we look at the quantity, later on we look at the quality. Going along with supplying equipment, many training courses have been organized to facilitate knowledge on equipment usage and maintenance, as well as to enhance professional skills of health staffs. Regarding the scope of the project, many training courses, workshops, and seminar has been organized to train and retrain about 3,000 staffs, including health staffs from other provinces. The total number of the hospital's staffs has reach 1,800 [9]. This growth rate is very high in comparison to average rate of the whole country. Some staffs say that this growth is the explanation of the public sector alone. If we include the growth of the joint ventures of the hospital, we can see a much bigger number because the privatization develops very rapidly during previous ten years, and unluckily, it is not captured in statistics books yet. It shows that BMH takes the leadership among all hospitals in Vietnam, in terms of both quantity and quality. Particularly, several major training courses, in which the author had a chance to attend, are a good source for the observation and analysis. It was really nice to look at smiling face of health workers, who came from various institutions to participate in these profound professional festivals. At first, they just sat down and listened and felt sleepy, some even began to snore. Later, when group discussion began, they became especially active; they laughed, quarreled for their

F/Y		1999	2000	2001	2002
General expenses		25,333	70,000	29,167	55,283
Training related expenses	Middle level manpower training	0	100,000	87,500	40,650
	Seminar, workshop, event	0	45,833	43,558	
	Information, education, communication	0	41,000	39,317	
	Supplement	0	12,683	33,333	
Total		25,333	269,516	232,875	95,933

own opinions, and raised discussion with the foreign experts. Interpreters seemed worked hard to support the discussion; one work they did was to clear all the desks to create more space for participants. The disarrangement of chairs, long papers with colorful opinion cards, letter full blackboards, various pens and full waste paper bins also showed the sign of active discussion, which I loved so much. Experts who work as workshop moderator must feel very happy and pleased for their leadership, which mobilized tens of people, hundreds of people work effectively for their purpose. The rooms were full of sunlight and eye light and smiling light. The author herself attended some training courses such as the first symposium on total care, organized in September 2001; the second symposium on total care, organized in January 2003; and some other workshops, such as training course on hospital management, workshop on project formulation, project design matrix workshops, etc.

The director introduces that the patient satisfactory test, which is done by nursing service department is a very good evidence to analyze the effectiveness of the training scheme. The hospital proposes to organize this symposium every year with the same scope of participants (100 people). It may confirm that the project has put initial brides to build the total care tower, which may stand firmly after ten years.

First, let us see the results of the survey on patient satisfaction conducted in 2002: (1) *The satisfaction of patients is not only due to professional matters, but also due to nonprofessional ones*. The complaints about matters, such as reception (16%), attitude (18%), facilities and equipment (13%) are various while the complaints about professional matters count for only 2 % and hospital fee 4%; (2) T*he explanation level of nurses is higher than that of doctor*. Particularly, patients receiving sufficient explanation from doctors satisfy 2.8 times more than patients who do not and patients receiving sufficient explanation from nurses satisfy 2.1 times more than patients who do not. Patients respected by doctors satisfy 2.2 times more than patients who do not and patients respected by nurses satisfy 2.7 times more than patients who do not; (3) *Patients complain less about waiting time;* and (4) There are many reasons for choosing BMH, top three reasons are highly professional faculty, good doctors and high level of insurance access (about 18%) while only about *6% of patients choose the reason "good nurses"*. This shows that by attending training, nurses show better performance (3 good points) and there is the necessity to enhance the sense of responsibility of nurses (one bad point) [10].

After observing effectiveness of the training scheme in the nursing department, let us move to the administrative department and meet Doctor Nguye Ch Phi, who is in charge of project evaluation. The hospital did a good job in training, by which Vietnamese staff could improve their skill and knowledge considerably. Doctor Phi was sent to Japan for a short-term counterpart-training course on planning, implementing, and evaluating reform programs, and he applies this analysis and management tool so much to hospital job. He says many things because I understand that he has strong impression in mind about his training scheme. The interviews with hospital staffs show the same ambition. They also compare that at present, the World Bank is conducting an effective distant learning program with its multifunctional room and modern communication equipment. Japanese project for human resource development that offers scholarship for Vietnamese students to study in Japan has similar training program, which allow Vietnamese students to communicate directly with Japanese Professors through on-line seminars. Moderators are sent to serve these training programs, too. Taking experience from these projects, BMH should promote more training courses, particularly, training on communication skill because they do not cost much while bring good results in enhancing coordination, cooperation among health staffs. He also says that BMH does joint research with foreign experts as well. One example is the third country cooperation program among Japan – Laos – Vietnam. The mission team of BMH and JICA visited Sethathirath hospital from March 14-19, 2002. Let us admire Doctor Phi for his ambition in leading the training scheme of the hospital.

2.3.3. Conclusion

These training courses are really valuable for enhancing the professional skills and communication skills of the hospital staffs. The training schemes are sure to create better incentives for all hospital staff to work better. They are sure to help to push the hospital on its growth path - to enhance the scope and quality of hospital services.

3. SIGNIFICANCE, IMPLICATION OF THE RESEARCH

During its 100 – year development history BMH has been witnessing many events of the country. Entering the new millennium BMH has found new energy to contribute to the growth of this country. Actually, the institutional development process is conducted smoothly in this hospital. All the related determinants have been making efforts to mobilize resources to maximize the efficiency, inside an or-

ganization and to mobilize outside factors to promote the development of the organization. This research may be a contributor to 100 year-old ceremony of Bạch Mai hospital – the only hospital fighting with SARS and bird flu in Vietnam, which helps Vietnam be recognized by the World Health Organization to be the first country, free of SARS.

As historians say "the history which remains is the history of the winner", what remains in the literature and in the memory of the following generations would be all of this appreciation.■

Notes:

[1] Some figures are not described in money terms; they are described in expense terms.

[2] Estimation from Japan International Cooperation Agency (2002)): page 129, 130

[3] Japan International Cooperation Agency (2002): page 89

[4] Estimation of the data from Japan International Cooperation Agency (2002))

[5] Japan International Cooperation Agency (2002): page 102

[6] Japan International Cooperation Agency (2002)

[7] Estimation of data from Japan International Cooperation Agency (2002)

[8] Japan International Cooperation Agency (2002): page 99

[9] Japan International Cooperation Agency (2002)

[10]Analysis of data from Japan International Cooperation Agency (2004)

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Risk Identification in Vietnam's Coffee Production and Export

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1. Facts of Vietnam's coffee production and export

Vietnam is the world's second biggest coffee exporter behind Brazil with its main staple as Robusta coffee, total farm area of 491,000 ha and an annual output of 785,500 tonnes of coffee beans (from 2001 to 2005). Most of products are used for export (accounting for 95%) and local consumption 5%. However, the export value remains low due to unprocessed products. Although the productivity is rather large, the domestic transaction floor has not yet been established. Therefore, Vietnam's coffee selling prices totally depend on the securities markets of London and New York. This causes disadvantages to local producers and traders and a downward trend in coffee growing areas and output, as indicated in the following tables:

2. Risk identification

The natural environment is one of determinants to coffee products. This environment contains high risks, but coffee producers may limit them at most. They are derived from the following conditions:

Growing and harvesting coffee has a seasonal feature, so it's very hard to balance the supply and demand. In addition, the yield of this product still depends on land, soil, pests and natural conditions including: climate, weather, destruction degree of pests, the soil fertility... As a result, the coffee production always faces high risks. Just because of this, the farmers must deal with the common events "higher yield, lower price and vice versa". Nevertheless, there are sometimes irregular fluctuations, so it's hard to forecast prices.

In Vietnam, the coffee crop lasts from October to September of the following year. It is harvested from early October to December annually. Major coffee growing areas of Vietnam have the tropical monsoon climate and two distinct seasons: rainy and sunny one. The rainy season starts from April and ends in November, and the following sunny season lasts from November to April of the next year. However, the rainy season is sometimes longer or shorter. Consequently, long-lasting rainy seasons cause bad effects on coffee output and quality due to inappropriate drying. Most of coffee planters are households with low productivity and less capital; thus, they cannot invest in post-harvest technologies and their product quality wholly