# Terminal Evaluation

## Asia

### 1. Outline of the Project

**Country:**
Vietnam

**Project title:**
Clinical Techniques and Hospital Management

**Issue/Sector:**
Health/Medical Care

**Cooperation scheme:**
In-country Training

**Division in charge:**

**Total cost:**
50 million yen (except dispatch of experts)

**Period of Cooperation** Fiscal Years 1999 - 2003

**Partner Country's Implementing Organization:**
Ministry of Health (MOH), Cho Ray Hospital (CRH)

**Supporting Organization in Japan:**

**Related Cooperation:**
Grant Aid: "Cho Ray Hospital Project"
Technical Cooperation: "Dispatch of Experts on Medical Technique Assistance" Project- type Technical Cooperation: "New Cho Ray Hospital Project "
Grant Aid: "Rehabilitation and Upgrading of the Cho Ray Hospital"
Project- type Technical Cooperation: --"Cho Ray Hospital Project "

#### 1-1 Background of the Project

In Vietnam, the lack of medicine, medical equipment and experience among doctors and nurses have resulted in insufficient medical services in quality and quantity, having serious effects on its people's health condition. The Ministry of Health in Vietnam allocated three general hospitals under its control in South, Central and North of Vietnam to improve the level of medical services. Cho Ray Hospital (CRH) is a hospital under the MOH in Southern Vietnam which functions as a training center for the lower-level hospitals in the area. It instructs medical students, treats local residents and performs scientific research.

The Government of Vietnam requested technical cooperation from the Government of Japan for CRH in the form of provision of medical equipment, dispatch of experts and acceptance of trainees. In 1966, the Government of Japan launched a ten-year technical cooperation program with the aim of improving brain surgery techniques. At the same time, a new hospital was constructed in 1970 through Grand Aid. The building was inaugurated in 1974. During the period between 1992 and 1995, the Japanese Government procured equipment and upgraded facilities through Grant Aid. In the National Strategy on Primary Health Care for the period 1996-2000, the Government of Vietnam made the improvement of the quality and network of healthcare as the prime task. It placed emphasis on the development of core hospitals to benefit its countryside. On April 1, 1995, JICA started to implement a Project-type Technical Cooperation Project to last a duration of 4 years.

Under these circumstances, upon the Vietnamese Government's request, the Government of Japan implemented In-country Training for clinical doctors and nurses in southern region at CRH to give instructions in the clinical medicine.

#### 1-2 Project Overview

The project provides the participants from various regions in Vietnam with opportunity to improve their knowledge and skills in the field of clinical techniques and hospital management.

(1) Overall Goal

The clinical techniques of the personnel working at lower-level hospitals in southern Vietnam are improved.

(2) Project Purpose

Clinical doctors and nurses deepen their understanding and improve their skills in each field (brain surgery, cardiovascular disease, intensive-care unit (ICU), patient treatment and nursing).

(3) Outputs

1) Participants enhance the skill of diagnosis in general ultrasonography.
2) Participants enhance the skill in nursing of ICU patients.
3) Participants enhance the ability of endoscopy diagnosis in digestive diseases.
4) Participants enhance the skill of hemodialysis.
5) Participants enhance the skill of laparoscopic surgery.
6) Participants enhance the skill of treatment of emergency neurosurgery.
7) Participants enhance the skill of treatment of ICU patient.
8) Participants enhance the skill of treatment of emergency cardiology.
9) Participants enhance the skill of hospital management.

(4) Inputs

| | |
|---|---|
| Japanese side: | |
| Short-term Experts | 10 |
| Local Cost | 50 million yen |
| Vietnamese Side : | |
| Counterparts | 87 |
| Land and Facilities | |
| Local Cost | approximate about 2.5 billion VND |

## 2. Evaluation Team

**Members of Evaluation Team** JICA Vietnam Office
(Commissioned to: Consultation of Investment in Health Promotion (CIHP))

**Period of Evaluation** January 2003 -March 2003 **Type of Evaluation:**
Terminal Evaluation by Overseas Office

## 3. Results of Evaluation

### 3-1 Summary of Evaluation Results

(1) Relevance

As described in a decree issued by the MOH in 1996, medical training for health staff was one of the main strategies and a core hospital in each region is expected to act as a center for training. According to an interview survey, all interviewed participants (247/247) and hospital managers (20/20) indicated that "since the project purpose was consistent with the needs of the hospital for clinical techniques and management," they "strongly supported it." Therefore, the implementation of the project was extremely relevant.

As for the contents of the training, almost all the participants (82.6% - 100%) and all hospital managers mentioned that "the training subjects and the curriculum were appropriate for daily work and for the upgrade of hospital quality." Some indicated that they would like it if training subjects included maintenance and management of medical equipment and/or kidney surgery.

(2) Effectiveness

The training was extremely effective in accomplishing the purpose of the project, improving techniques and knowledge of clinical skills and hospital management in each provincial hospital in the southern region. It was found that "the training improved the current knowledge and techniques of participants, thus they are able to demonstrate their best capacities in daily work," or "they could obtain up-to-date information on medical practices and improve their techniques." However, in some hospitals, the lack of equipment hampered participants from making the most of the project. Some indicated the number of person who is able to join the training was limited, and that the number of participants varied in different hospitals.

(3) Efficiency

The Japanese experts had sufficient specialized techniques, knowledge, and training experience. They contributed particularly to the enhancement of the implementation of training at CRH, the monitoring and the introduction of an evaluation system. The instructors from CRH were capable and appropriate, and their skills and capacities were effectively nurtured through their training in Japan. At each hospital, ex-participants utilized the textbooks and materials delivered at the training, offered information to appropriate personnel and utilized facilities and equipment very efficiently. The training proceeded without any delays and was on schedule. However, if more concrete plans had been made at the commencement of the project, the maximum number of participants, for example,--more efficient training management could have been implemented.

(4) Impact

As for the transfer of knowledge, 77.8% of trainee-respondents reported that they have exchanged knowledge and experiences with colleagues in their departments and/ or hospitals. However, this type of impact appeared to be limited, since these exchange activities would most likely happened on an ad-hoc basis and are implemented spontaneously at an individual level among trainees and colleagues in their daily work. As for activities in hospitals, 90% of hospital manager-respondents reported on their on-going expansion of health care services, including the establishment of new departments. They indicated that the knowledge and techniques of staff were improved as a whole, and that they have had positive impacts on hospitals where participants could offer new services to patients, helping to improve the quality of health care services and reduce the death rate.

(5) Sustainability

A large number of participants (91.5%) remained working at the same hospitals after the training, and most participants (94.2%) continued to work or continued activities related to the theme of the training. The training capability of CRH was improved and it is expected that the function of CRH as a core training centre will be further developed. Through CRH's continuous support and instruction to each provincial hospital, the effects of training could be made sustainable.

### 3-2 Factors that promoted realization of effects

(1) Factors Concerning the Planning

From a view that policies toward health care and medical sector of the Government of Vietnam put importance on the improvement of health services and the development of human resources, thus the project's results are highly appreciated by the Government of Vietnam.

(2) Factors concerning the Implementation Process

1) The experience of JICA experts was a great help to CRH in implementing training for technical and administrative aspects. Experienced personnel of the Project-type Technical Cooperation project repeatedly visited Vietnam as short-term experts, which contributed to the consistency of support.
2) The facilities and medical equipment at CRH were provided and training instructors and sections in charge of training greatly contributed to the training.

### 3-3 Factors that impeded realization of effects

(1) Factors Concerning the Planning

At the commencement of In-country Training in Vietnam, detailed overall plans based on the Project Design Matrix (PDM) were not developed, therefore it was difficult to create long-term strategies, implementation plans, and provide periodical monitoring during the training period or follow-up after the training. Moreover, as there were no data collected or surveys conducted during the training period, it was difficult to provide an accurate evaluation.

(2) Factors concerning the Implementation Process

1) Many regional hospitals joined the training program. However, there are existed various differences due to geographical conditions, disease patterns of patients, medical services and facility conditions, and it was difficult to achieve the project purpose.
2) Some hospitals were short of medical equipment and guidelines, which interfered with the application of acquired techniques and knowledge.

### 3-4 Conclusion

The training, as a whole, was successful as a first step in the process of improving clinical techniques and hospital management in southern regional hospitals and is a good example for similar training in the future. The remaining issues are the improvement of clinical techniques and hospital management of provincial hospital staff, and the improvement of training procedures by organizations such as CRH.

### 3-5 Recommendations

(1) CRH should strengthen its capacity of monitoring, supervising and evaluation (MSE) system that contains baseline data, appropriate indicators, plans for information collection, analyses and feedback.

(2) CRH should promote more involvement of provincial hospitals in monitoring, supervision and evaluation of the training program.

(3) CRH should consider updating the training curriculum with new subjects based on the results of situational analysis, and the needs assessment of provincial hospitals.

(4) JICA should consider giving further financial and technical support to CRH to expand training on clinical techniques and hospital management for provincial hospitals in the future.

### 3-6 Lessons Learned

To ensure effective implementation and management of a program, a comprehensive master plan including detailed project purpose, outputs, inputs and cost analysis to measure cost-benefit performance should be developed at the beginning of a program. It is desirable that many provincial hospitals join the development of the master plan.

### 3-7 Follow-up Situation

The training in the last fiscal year is now in progress, and at the end of the training, the total support to CRH (dispatch of experts and local training) will be evaluated. Through this process, a future cooperation policy will be considered.