

終了時評価調査結果要約表（英文）

I. Outline of the Project											
Country: Vietnam	Project title: The Project for Strengthening Health Services Provision in Hoa Binh Province										
Issue/Sector: Health	Cooperation scheme: Technical cooperation										
Division in charge : JICA Vietnam Office	Total cost: 250 Million Japanese Yen										
Period of Cooperation	Five Years R/D signed on December 4, 2004										
	Partner Country's Implementing agencies: Hoa Binh Provincial Department of Health (DOH) and Hoa Binh General Hospital (HGH)										
	Supporting Organization in Japan: International Medical Center of Japan										
Related Cooperation :											
<p>1. Background of the Project</p> <p>Although recent rapid economic growth in Viet Nam has contributed to the significant improvement of health indicators. Yet, medical services remain weak due to budgetary restrictions, administrative inefficiencies, and difficulties in handling regional disparities and diversities. In response to these challenges, JICA has formulated an assistance strategy to contribute to the strengthening of the referral system, focusing on enhancing the functions, step-by-step, of each vertical stratum of healthcare services providers, from top-referral level to the providers in lower strata, and also to strengthen the links between providers in different levels. In this context, the project to strengthen the Direction Office for Healthcare Activities (DOHA), focusing on the provincial level medical establishments was requested by the Vietnamese Government to the Japanese Government.</p> <p>2. Project Overview</p> <p>(1) Overall goal</p> <p>Medical system which has its effectiveness verified in Hoa Binh Province is introduced and diffused to other provinces in Northern Vietnam.</p> <p>(2) Project purpose</p> <p>Medical system in Hoa Binh Province is strengthened through establishment of DOHA and patient referral system.</p> <p>(3) Output</p> <ol style="list-style-type: none"> <li>1) Management capacity of Hoa Binh Provincial Health Service is enhanced.</li> <li>2) Technical guidance system from Hoa Binh General Hospital to District Hospitals and lower levels can function effectively through improving management capacity of DOHA department in HGH and collaboration with Bach Mai Hospital.</li> <li>3) Patients' referral system is established.</li> <li>4) Hoa Binh General Hospital can function effectively in the frame of Provincial Referral system.</li> </ol> <p>(4) Input</p> <p>Japanese side:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Long-term Experts: 2 (97M/M)</td> <td style="width: 50%;">Equipment: 9.31 Billion VND</td> </tr> <tr> <td>Short-term Experts: 11 (19.4M/M)</td> <td>Local cost: 5.60 Billion VND</td> </tr> <tr> <td colspan="2">Trainees received in Japan: 16</td> </tr> </table> <p>Vietnamese side:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Counterpart: 9 persons</td> <td style="width: 50%;">Local Cost: 1.23 Billion VND</td> </tr> <tr> <td colspan="2">Office space and facilities for the Japanese expert team</td> </tr> </table>		Long-term Experts: 2 (97M/M)	Equipment: 9.31 Billion VND	Short-term Experts: 11 (19.4M/M)	Local cost: 5.60 Billion VND	Trainees received in Japan: 16		Counterpart: 9 persons	Local Cost: 1.23 Billion VND	Office space and facilities for the Japanese expert team	
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II. Evaluation Team											
Members of Evaluation Team	<p>(1) Mr. Tojo Yasuhiro (Leader), Senior Representative, JICA Vietnam Office</p> <p>(2) Dr. Nakasa Tamotsu (Health System), Director, First Expert Service Division, Medical Cooperation Bureau, International Medical Center of Japan</p> <p>(3) Ms. Anazawa Sayuri (Medical Services), Vice Director, Nursing Department of Toyama Hospital, International Medical Center of Japan</p> <p>(4) Mr. Yanagawa Shinji (Cooperation Planning), Representative, JICA Vietnam Office</p> <p>(5) Mr. Ida Kaneyasu (Evaluation Analysis), Senior Consultant, Inter-works Co., Ltd</p>										

Period of Evaluation	June 17 – July 4, 2009	Type of Evaluation : Final evaluation
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### III. Results of Evaluation

#### 1. Summary of Evaluation Results

##### (1) Relevance:

The relevance of the Project is judged as high. Since the commencement of the Project, the Ministry of Health (MOH) has issued such orders as Instruction 09, Decision of the Minister of Health 1816 and Circular 07 in order to reinforce the DOHA policy. Therefore, the Project's objective is relevant to the policy of MOH. The Project's approach of targeting the provincial hospital and district hospitals in the Northwest region is valid because there is good potential that the Project's outputs could be rolled out to other economically disadvantaged provinces.

##### (2) Effectiveness

##### 1) Enhancement of the management capacity of DOH (Output 1)

The management capacity of DOH has been greatly enhanced. Through obtaining experiences and know-how in managing training activities, DOH is now able to guide training activities from planning to follow-up and evaluation. The newly developed strategic training plan, training related data and evaluation reports enables DOH to supervise training activities and advise DOHA staffs on how to improve training in a systematic manner. In the management of referral system, DOH is well organized to manage and facilitate monthly referral meetings on a regular basis, follow up on issues raised in these meetings and frequently consults with and gives advice to HGH, DHs and other organizations to tackle issues raised in the regular meetings. This strengthens the network and working relationship with HGH and DHs.

##### 2) Enhancement of training support of HGH to HGs (Output 2)

Through the project activities, the training management system has been introduced and entrenched, following the established training management cycle. One full-time staff in DOHA Department is assigned exclusively for training management. DOHA branches have been established in each clinical department that can develop training curriculums and 3 – 4 staffs in each department were trained to act as trainers. Now, the formal network (DOHA Department and DOHA branches of HGH and DOHA sub-committees of DHs) is functional to facilitate training. According to the results of pre/post tests conducted to the participants of the short and long-term training programs, their levels of understanding and skills were significantly improved. This indicates that the effectiveness of the training programs is very high. Based on the experiences gained through training activities, the Project developed a DOHA Guidebook in 2009 in order to roll out the outputs of the Project to other provinces as well as standardize DOHA activities in Hoa Binh.

##### 3) Development of the referral system (Output 3)

The referral system has been well reinforced through the project activities. At present, DOH organizes and facilitates monthly referral meeting, participated by DOHA department and clinical departments of HGH and all the DHs. Consolidated referral data and case reviews are presented at the meeting. This enables HGH and DHs to understand and discuss important issues related to the referral system, and identify the skills and techniques that need to be improved. The results of the meeting is compiled as a booklet and distributed to clinical departments of HGH and DHs after each meeting. The referral system is well managed, following the procedures and guidance specified in the DOHA guidebook. It is evident from referral data that the referral system has been well improved. The number of referral cases from DHs to HGH increased by more than four times over the last four years. The emergency cases sent from DHs to HGH with prior information doubled in 2008. Over 400 cases of incompatible diagnosis were reported in 2008 whereas no case was reported in 2006.

##### 4) Capacity development support to HGH (Output 4)

The organizational capacity of the priority areas (Emergency, Nursing, Medical equipment Management, NIC and Total care) has been well developed. The training management system has been well developed and DOHA Department and DOHA branches work closely to improve in-service training activities in HGH. In particular, the nursing department has played the lead role in the improvement of medical services of HGH. The nursing staffs supported by the HGH management have undertaken various activities. It organized head nurse meeting, total care meeting, meeting with cleaning staffs, patients' meeting on a regular basis, worked out the job description of nursing staffs and introduced an evaluation system to assess nursing skills and developed staff rotation plans. Through these activities, the nursing staffs have developed good communication skills, and their roles and

functions for the improvements of medical care have been greatly reinforced. The improvement of medical services of HGH is evident. The total number of referral patients from HGH to CHs has been increased four times from 2004 to 2008, yet the number of referral patients to CHs from HGH in the three priority areas (Emergency, Obstetrics and Pediatrics) was well controlled – slightly decreasing from 349 patients in 2004 to 324 in 2008. According to the results of hospital evaluations conducted by MOH, HGH was rated as “Fair” (or 74.5%) in 2006 on the parameters related to the Project activities. In 2008, HGH was rated as “Totally Excellent” (or 99.15%). Before the Project, HGH received a lot of complaints from the patients. After the building and facilities were upgraded by grant aid assistance and the medical services were improved through project activities, the situation has been drastically changed. Negative comments on HGH’s services and environment have been lessened while positive comments have been greatly increased, particularly on the patient care at patient’s meetings over the last three years.

#### 4) Project Purpose

The indicator to measure the extent to which the project objective has been achieved is the results of hospital evaluations. In 2006, only three hospitals were rated as “Excellent” on the criteria related to the project activities such as training, referral guidance, nursing and total care. In 2008, eight hospitals were rated as “Excellent” on the same criteria. Therefore, it is judged that the level of achievements is very high. At present, Hoa Binh is accepted by MOH as the most advanced province in the implementation of DOHA activities. Such central hospitals as BachMai hospital also highly acknowledge the DOHA activities in Hoa Binh as very advanced, particularly in its referral system and systematized training activities.

#### (3) Efficiency

Project progress was slow at an initial stage of the Project. Because there was no clear guideline about DOHA, the Project conducted DOHA activities by trial and error and learning by doing. The Japanese side also took the process-oriented approach in that the counterparts were encouraged to take initiative in implementing activities and produce outputs where experts supported their efforts rather than instructed them or directly produced results. This helped the counterparts gain a good sense of ownership of the Project. Through these exercises, DOH and HGH were getting clear and confident about the strategies and functional systems to run DOHA activities. At the latter stage of the Project, DOH and HGH took strong initiative in implementing and improving DOHA activities. At an earlier stage of the Project, unclear cost-sharing arrangements and the weak functionality of PMU (due to overlapping responsibilities of the members) and DOHA department (due to lack of full-time staffs) impeded project progress. Both sides continuously discussed and solved these problems by clarifying cost items to be shouldered by both sides, reorganizing PMU memberships and recruiting full-time staffs for DOHA activities. In the course of the Project period, exposure (e.g. study tours and receiving visitors from other provincial hospitals) proved to be very effective because such opportunities were few for the counterparts and gave a great impetus to them to excel in DOHA activities. The Project also took advantage of other donor assistance to upgrade the buildings and medical equipment of HGH and DHs and built DOHA activities and built DOHA on the improved infrastructure.

#### (4) Impact

The overall goal of the Project is “Medical system which has its effectiveness verified in Hoa Binh Province is introduced and diffused to other provinces in Northern Vietnam.” For this purpose, the Project produced DOHA Guidebook in March 2009. Copies of the guidebook were distributed to some other provincial hospitals and central hospitals as well as the Project’s main stakeholders. There is good potential that the “Hoa Binh Model” on DOHA developed by the Project can be rolled out as it has been already applied by other donors to reinforce the network between DHs and the communities. However, in order to have a greater impact, the guidebook needs to be officially endorsed by MOH and promotional activities to target provincial hospitals, DOH of provinces and DOHA related departments of the central hospitals need to be undertaken.

#### (5) Sustainability

The financial sustainability is judged as high. The HGH management is committed to providing 300 – 500 Million VND as its annual budget for education and training. Currently, Most of the DHs have increased their budget for education and training, ranging from 20 – 25 Million VND, with which the DH can organize 3 – 4 short-term group training courses or send 3 – 4 staffs for long-term training per year. Organizational sustainability will be likely ensured. DOHA Department is well organized, staffed by two full-time and four part-time staffs. DOHA branches of clinical departments can assess their specific needs, develop training curriculums in close relation with sub-committees of DHs. The roles

and responsibilities of the departments and sub-committees are also clarified. DOHA procedures are elaborated in the DOHA guidebook. For the technical sustainability, the Minister's decision 1816 provides good opportunities for HGH and DHs to receive On-the-Job training. Therefore, HGH and DHs will be able to upgrade technical capabilities after the Project.

## 2. Conclusion

The Project's validity is high because its objective is clearly in line with the MOH policy to upgrade the medical services of lower level hospitals through DOHA. Initially, Project progress was slow due to unsettled cost-sharing arrangements and weaknesses in the implementation structure. The Project took the process-oriented approach with learning by doing. This helped the counterparts develop a strong sense of ownership of the Project's outputs and confidence. The Project has almost achieved the project objectives and produced expected outputs. The referral system and training management system have been well reinforced and the DOHA activities of Hoa Binh are widely accepted as highly advanced. Through DOHA activities, the capacity of the HGH and DHs has been improved; 8 DHs and HGH are rated by the latest hospital evaluation conducted by MOH as "Totally excellent" on the criteria related to the Project activities. The results of the Project were compiled as the DOHA guidebook that elaborates practical methodologies and procedures with good experiences obtained in the Project. It is applied in other projects. Now, the issue is how to roll out the "Hoa Binh Model" to other provinces. The overall sustainability of the Project's outputs is judged as high; the DOHA system is entrenched and the HGH and DHs are committed to sustaining DOHA with good support of HBPPC and DOH.

## 3. Recommendations

To the Project:

- To analyze the results of the hospital evaluation conducted in 2008, discuss and take measures to improve the medical services of the DHs that were rated below "Excellent".
- To organize a seminar to present the outputs of the Project and discuss strategies on how to roll out the outputs to other provinces.
- To make an official request to MOH to make the DOHA guidebook an official document approved by MOH so that it can be widely distributed and applied by other provinces.
- To strengthen the capacity to analyze and interpret referral data so that the findings can be translated into policy or strategy of DOH, HGH and DHs.
- To redefine the roles and functions of the referral meeting, and discuss measures to improve its effectiveness.
- To closely monitor the DOHA activities of DHs and extend support to the DHs that face specific difficulties.

To MOH:

- To make good use of the DOHA guidebook to develop guidelines of MOH for the implementation of DOHA on the national level.

## 4. Lessons learned

- A DOHA department or unit well equipped with full-time staffs and a DOHA budget is necessary when implementing a DOHA focused project.
- The capacity development of nursing staffs is critical to improve the overall services of medical establishments. For this purpose, the nursing staffs and their department should be empowered to take the lead in the improvement of medical services.
- In order to properly and objectively assess an improved level of medical services, a standard social survey should be conducted at the beginning and end of the Project period.
- When planning a project in Vietnam, the planner should discuss with the implementing agency on the cost items to be shouldered by both sides because there is a large gap between the cost norms and the Government standards on cost items.