Country Name	•			
The Lao People's		Project for Medical Education and Research for the Setthathirath Hospital		
Democratic Republic				
I. Project Outline				
Background	and sup provide training 2004, 1 hospita Univers	e Setthathirath Hospital is a general hospital constructed in 2000 with a Japanese grant aid project oported through a technical cooperation project in 2000-2004. Besides being a central hospital that es tertiary curative care, the Hospital plays a role of teaching other hospitals by providing clinical g and education for both undergraduate medical students and postgraduate medical doctors. In the Setthathirath Hospital was upgraded from the Vientiane Municipality Hospital to a university of the Faculty of Medical Sciences of the National University of Laos (later changed to the sity of Health Sciences: UHS) therefore, there was a strong demand on the Hospital to educate ad medical doctors with ability to respond to the local needs and health issues.		
Objectives of the Project	2. Pro tho imp	erall Goal: Quality of clinical training for medical doctors in the Lao PDR is improved. oject Purpose: Quality of undergraduate clinical training and early postgraduate clinical training for use who graduate from Faculty of Medical Sciences within two years at Setthathirath Hospital is proved.		
Activities of the project	 Ma lea Tea (HI Ed (No pred Inp Japane Inp Japane Ex 2) Tr Ex 3) Ec cli 	bipect site: The Setthathirath Hospital and other teaching hospitals located in Vientiane Capital in activities: Activate the library, build Clinical Learning Center (CLC), provide training, develop rning materials, establish Teaching Management Committee (TMC), improve function of Medical aching Unit (MTU), promote project outputs through Human Resource Technical Working Group RH-TWG) of Ministry of Health, conduct training of trainers (TOT) workshops, organize Medical ucation Seminar for clinical trainers, etc. te) MTU: an approach to make examinations and treatment of patients by a team of me dical students, residents and ceptors as an educational and learning opportunity. uts (to carry out above activities) ese Side upipment: Training simulators, 2. Land and facilities: project office nical training instruments, medical rniture		
Ex-Ante Evaluation	2007	Project Period December 2007 to December 2010 Project Cost 301 million yen		
Implementing Agency		y of Health (MOH), Setthathirath Hospital		
Cooperation	Interna	tional Research Center for Medical Education, The University of Tokyo, and System Science		
Agency in Japan	Consul	tants Inc.		

II. Result of the Evaluation

1 Relevance

This project has been highly relevant with Lao PDR's development policy "strengthening the capacity of health staff in terms of attitudes, ethics, and technical skills" listed amongst the six key principles in the Health Strategy 2020, development needs "education for qualified medical doctors with ability to respond to the local needs and health issues" and "improvement of clinical training", as well as, JICA's Country Assistance Program (2006), at the time of both ex-ante evaluation and project completion. Therefore, relevance of this project is high.

2 Effectiveness/Impact

The project aimed to improve the quality of clinical training at the Setthathirath Hospital (project purpose) by producing outputs such as development of the facilities/tools (library, CLC, medical records, etc.), introduction of a clinical training system based on the approach of MTU, and training for clinical trainers (TOT) at the Setthathirath Hospital. Consequently, it was expected that other teaching hospitals improve the quality of their clinical training (overall goal) by applying the approach established at the Setthathirath Hospital.

The project purpose was achieved by the time of project completion. The above-mentioned outputs were all produced as planned except for the internal monitoring (assessments of quality control of clinical care by UHS), which was abandoned as the monitoring system of UHS had not been consolidated during the project implementation. A notable achievement was MTU, which had been first introduced by other cooperating partners but had not been functioning before this project due to poor understanding of actual operating procedures. By introduction of a MTU management body called TMC and other related mechanism through the project, MTU came to function as a tool to improve the quality of services and transfer knowledge to students. As a result, the indicators designated at the ex-ante evaluation (students' satisfaction with and outside recognition of the clinical training at the Setthathirath Hospital) were achieved.

After completion of the project, the Setthathirath Hospital kept using most of the facilities/tools/textbooks and teaching materials developed or improved by this project. No clear information was available on whether medical records were kept appropriately by using the format introduced by this project. Medical education seminars (MES) have continued, while TOT became provided by the Education Development Center (EDC) established in 2010 by UHS with support from WHO so that teaching hospitals could concentrate on clinical education. It was found from interviews that UHS and teaching hospitals see

the importance and effectiveness of MES and TOT as well. The MTU approach is still taken at the Setthathirath Hospital with continuing management by TMC, which is recognized as an effective stage for planning and review of the student supervision according to the Hospital, UHS and other teaching hospitals. In this way, the quality of clinical training at Setthathirath Hospital is kept highly recognized by medical doctors, students/trainees and concerned outside organizations.

As for the overall goal of improving the quality of clinical training in the whole country, the indicator designated at ex-ante evaluation, "achievement of undergraduate / Family Medicine Specialist Programs (a two-year post graduate program)" at the hospitals that provide those programs, was not verified as the test scores to assess clinical students' achievement were not available as they were kept confidential. Therefore, the ex-post evaluation collected qualitative information to show the improvement of clinical training at other hospitals than the Setthathirath Hospital. It was confirmed that other teaching hospitals have improved their clinical training by applying the MTU approach developed by this project. According to UHS, mainly four central hospitals and four provincial hospitals (Vientiane, Luangprabang, Champasack and Savannakhet provinces), which had received TOT during the project implementation, have introduced and functionalized MTU. It was observed at those hospitals that the MTU has become regular duty to fulfill the need of teaching hospitals. It is noteworthy that since project completion, such hospitals have regularly implemented MTU on their own effort despite the insufficient inputs such as finance for supplying some more teaching materials as well as number of preceptors¹.

In this way, this project has achieved the project purpose and the overall goal. Therefore, effectiveness/ impact of the project is high.

Aim	Indicators	Results
(Project Purpose)	Satisfaction of trainees	(Project Completion) Increased.
Quality of	who completed clinical	Based on interviews, satisfaction was generally favorable. A survey also showed
undergraduate clinical	training at the	increased satisfaction of clinical students of other teaching hospitals who took
training and early	Setthathirath Hospital	training at the Setthathirath Hospital.
postgraduate clinical	increases.	
training for those who		(Ex-post Evaluation) Still satisfied.
graduate from Faculty		Medical doctors and students of the Setthathirath Hospital commented that through
of Medical Sciences		the MTU, medical doctors/trainees could improve their knowledge through sharing
within two years at		experiences and learning new knowledge from the instructor or among trainees.
Setthathirath Hospital is	Evaluation (reputation) of	(Project completion) Highly valued.
improved.	clinical training at the	In particular, the Minister of Health and other important personnel at the central level
	Setthathirath Hospital	regarded MTU as being a common tool of clinical training of high quality.
	from the professional	
	organization is enhanced.	(Ex-post Evaluation) Still recognized.
		- The continuing approaches such as MES and MTU/TMC are highly recognized by
		UHS and other teaching hospitals. Also, Dept. of Health Care (DHC) and Dept. of
		Training and Research (DTR), in charge of technical training issue at MOH,
		recognize usefulness of clinical training after introduction of MTU.
(Overall goal)	Achievement of	(Ex-post Evaluation)
Quality of clinical	undergraduate / Family	The test scores to assess clinical students' achievement were not available as they were kept confidential.
training for medical	Medicine Specialist	
doctors in the Lao PDR	Programs increases.	
is improved.	(Supplementary	(Ex-post Evaluation)
	information) Improvement	- MTU has become regular duty of teaching hospitals including the Setthathirath Hospital, three other central hospitals and four provincial hospitals to fulfill their
	of clinical training at other	needs. Each hospital reports the progress of clinical training to MOH regularly.
	hospitals than the	- Medical doctors of the Vientiane Provincial Hospital commented that through the
	Setthathirath Hospital	MTU, doctors/trainees improved their knowledge through sharing experiences and
		learning new knowledge. DTR/MOH also commented that MTU supported
		comprehensive learning of doctors/trainees who received clinical training.

Achievement of project purpose and overall goal

Source : Terminal Evaluation Report; Final Report; interviews with doctors and students at the Setthathirath Hospital; interviews with UHS and other teaching hospitals.

3 Efficiency

Both the project cost and the project period were within the plan (ratio against the plan: 89% and 100% respectively). Therefore, efficiency of the project is high.

4 Sustainability

In the policy aspect, this project is still given importance in the current development policy as the Health Strategy 2020 is still effective and the Health Sector Development Plan (HSDP) 2015, a five-year plan developed in alignment with the Health Strategy 2020, is always referred to whenever in policy discussions on clinical training. Furthermore, Human Resource Development is the first priority program of the current Health Sector Reform Strategy 2011-2025.

In the institutional aspect, the organizational structure of UHS, which was not consolidated during the project period, has been improved, and all positions were filled. As mentioned in "2. Effectiveness/Impact", the newly developed EDC took over teaching hospitals' role of TOT and curriculums development/improvement. However, EDC is not well functioned since no budget allocation from the UHS/MOH, and the number of staff is limited. The organizational structure of the Setthathirath

¹ There had been one concern from the planning stage that too rapid increase of medical students would affect the quality of clinical education. So far, this concern has been well addressed: although the total number of medical students was not available, the number of students per preceptor decreased from 10-15 in 2010 and 2011 to 8-10 in 2012 thereafter, because provincial hospitals can provide clinical training by the time of the ex-post evaluation.

Hospital at the time of ex-post evaluation is same as the ones during the project implementation period. The Chair system (department-wise meetings across teaching hospitals to discuss clinical care and education), is mostly functioning. The number of preceptors is not enough, but lack of staff is a common problem in the public sector of Laos, and the teaching hospitals have managed to continue clinical training by applying MTU with the available human resources.

In the technical aspect, all ex-counterpart personnel are still working at the Setthathirath Hospital, and the curricula and reference materials developed by this project are still utilized. However, according to the Hospital, there are new generation of preceptors whose capacity needs to be improved more despite that they are being trained and working together with senior preceptors.

As for the financial aspect, information on budget amount was not available. The budget allocated by MOH covers only payrolls of the staff member (public servants), and other expenses are mostly to be financed from the revenue of hospitals. In general, it is difficult to allocate specific budget for each activity (e.g. training) of hospitals. For clinical education, as budget for teaching materials is difficult to secure, and therefore the existing materials need to be utilized for a long term. Nevertheless, after the project, the Setthathirath Hospital and other teaching hospitals have managed to secure budget to continuously carry out MES as their routine duty. No specific operation budget is necessary for implementing TMC. Some TOT workshops at EDC were held under financial support of external partners, but as mentioned above, the budget allocation to EDC is not enough for making it function as an education center to support clinical training by teaching hospitals.

From these findings, it is considered that the project has some problems in institutional, technical and financial aspects of the implementing agency; therefore, sustainability of the project is fair.

5 Summary of the Evaluation

This project has achieved the project purpose and the overall goal. For the project purpose, the quality of clinical training at the Setthathirath Hospital was improved through development of the facilities/tools (library, Clinical Learning Center, medical records, etc.), clinical training system using the approach of Medical Teaching Unit managed by TMC and TOT. For the overall goal, other teaching hospitals have introduced MTU/TMC for their clinical training. As for sustainability, this project is still given importance in the current development policy. However, there are problems in terms of institutional, technical and financial aspects such as insufficient function of EDC for improvement of curriculum and TOT, a need to improve capacity of new preceptors, and difficulties to secure budget for clinical education.

In the light of above, this project is evaluated to be highly satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

(1) To MOH: EDC should be strengthened as a center through which preceptors and students can access to the necessary knowledge. Explicit role/responsibility as well as operation budget and manpower should be allocated as necessity.

(2) To the teaching hospitals: maintenance of teaching materials needs to be improved so that they could be long used for education under the situation as there is no financial resource to reproduce them. For example, introduction of the 5-s concept of JICA could be one of the means for the improvement.

(3) To donors: further comprehensive support for medical education in Laos is needed in order to standardize of medical services. In addition, medical curriculum development/improvement also needs advices from the external experienced people.

Lessons learned for JICA

(1) The approach introduced by this project was firmly established not only in the Setthathirath Hospital but also in other teaching hospitals because it was strongly needed by them and in line with the health sector policy. To develop a project based on needs of recipient organizations and priority area stipulated in sector policies is important to encourage the counterpart's involvement in activities during and after cooperation period.

(2) To introduce concept/system (e.g. TMC; MTU in case of this project) which can be continued with available resource/efforts of recipient country as routine duty is important to maintain its sustainability even after cooperation period.

(3) In this ex-post evaluation, achievement of the overall goal was difficult to assess as data for the indicator were confidential and thus not available. When setting indicators, availability of data should be carefully examined even for the overall goal (that is expected to be achieved within 3-5 years after the project completion) so that ex-post evaluation could be properly conducted.



(Teaching materials at Vientiane Provincial hospital-library)

MTU I	MTU II	MTU 1: 221-222
Preceptors	Preceptors	Medical student
ละ บุมมิ	615 Ha In , as France	ร ม อีกก่ 2 เมษิป เพื่อ มากระสาวสมา 5 เกมษ์ เพื่อ
ດຈະເຫດງ ຄຳ ເວສະແວດຈາ	108 ควั 20 เรง และสิ่งสม เป็นรูชมอน 20	1. 11 A 10 A 10 A 13
Resident & Intern	Resident & Intern	MTUII: 215-216
sta illip R. 15. itanicual Idea	are ร้อมแห้ว Ri ศาร บุษณะมิลเฉกะเ Itere 1	Medical student

(Example of MTU at Internal Medicine Ward)