

Evaluation Summary

1. Outline of the Project	
Country: The Socialist Republic of Viet Nam	Project Title: The Project for Improvement of the Quality of Human Resources in the Medical Service System
Issue/Sector: Healthcare and medical treatment	Cooperation Scheme: Technical Cooperation Project
Division in charge: Health Team 3, Health Division 2, Human Development Department	Total Cost: 5.5 million JPY
Period of Cooperation	July 28, 2010- July 27, 2015
	Partner Country's Implementation Organization : Ministry of Health (Medical Services Administration, Administration of Science Technology and Training, International Cooperation Department, Department of Legislation and Department of Planning and Finance), Bach Mai Hospital, Hue Central Hospital, Cho Ray Hospital, other central hospitals and provincial hospitals
	Supporting Organization in Japan: Ministry of Health, Labour and Welfare, National Centre for Global Health and Medicine
	Other Related Projects: Project for Strengthening Medical Service in Northwest Provinces (Technical Cooperation)
<p>1-1 Background of the Project</p> <p>In the Socialist Republic of Viet Nam (hereinafter referred to as “ Viet Nam”), various reforms in health sector have been introduced and have greatly contributed to the improvement of health indicators since the implementation of the Doi Moi policy in 1986. However, in order to enhance better medical services, development of human resources is an urgent and rational matter. Therefore, the Ministry of Health (hereafter referred to as “MOH”) has been implementing reforms and revisions of regulations and policies on human resource of medical services through training activities in order to improve quality of health staff at different levels.</p> <p>Aiming to support MOH on human resources in medical service system (MSS) and utilize the past cooperation's achievement link to the national policy, the Project for Improvement of the Quality of Human Resource in Medical Services System (hereafter referred to as “the Project”) has been formulated and launched in 2010 with cooperation by the Japan International Cooperation Agency (hereafter referred to as “JICA”) based on the request from the Vietnamese Government.</p> <p>1-2 Project Overview</p> <p>(1) Project Purpose</p> <p>Activities for human resources development are implemented by MOH, three core hospitals, and the targeted hospitals based on human resource development policies and strategies in Medical Services System developed by MOH.</p>	

(2) Outputs

- 1) The Human Resource Development (HRD) plan in Medical Services System are developed and integrated to the Master plan.
- 2) Training curricula and materials are standardized and used by Training Center of Medical Service Administration (MSA), DOHA-Training Centers at three core hospitals and the targeted hospitals.
- 3) Training systems are strengthened and well operated at Training Center of MSA, three core hospitals and the targeted hospitals.
- 4) Mechanisms for Monitoring and Evaluating the quality of training for human resources in medical service system are developed and applied nationwide.

(3) Inputs (As of the Evaluation)

Japanese Side

Total Cost : 4.2 million JPY

Dispatch of JICA Experts : Total 9 Long-term Experts, 27 Short-term Experts

Training of Counterpart Personnel in Japan: 56 Counterparts have been trained.

Provision of Equipment: Approximately JPY 56,400,000 (=USD 468,000)

Local Operation Expense: USD 975,436

Vietnamese Side

Assignment of Counterpart Personnel : 100 personnel from MOH and three core hospitals

Project Director and Project Manager from MOH, Head of
Project Implementing Committee from three core hospitals

Provision of facility : Project offices at Bach Mai Hospital, Hue Central Hospital and Cho Ray
Hospital

Local Operation Expenses : USD 189,475

2. Terminal Evaluation Team

Members	Dr. Tomohiko Sugishita	Mission Leader	JICA Senior Advisor Human Development Department, JICA
	Dr. Chiaki Miyoshi	Technical Advisor to the Mission	Director, Department of Human Resources Development, Bureau of International Medical Cooperation National Center for Global Health and Medicine
	Ms. Momoko Nitta	Mission Planner	Deputy Director, Health Group 2, Human Development Department, JICA
	Ms. Kyoko Harada	Evaluation Analysis Consultant	Foundation for Advanced Studies on Development (FASID)
Period of Evaluation	January 5, 2015- January 24, 2015		Study Type: Terminal Evaluation

3. summary of Evaluation Results

3-1. Achievements

(1) Outputs

Output 1: Mostly achieved

While the indicator is “developed Human Resource Development (HRD) Plan”, the proposed plan in medical service system is under the approval process by the Minister of Health.

Output 2 : Achieved

While the indicator is “Number of standardized curricula and training materials that are used for the Project's training activities (expected 9 curricula)”, the planned training curricula and materials for Training of Trainer (TOT) and essential fields were approved as the National curricula by MOH at the time of this Mission.

Output 3 : Partially achieved

While the indicator 1 is “Number of training courses which are applied training management cycle over all training courses in three core hospitals, and targeted hospitals (expected 920 training courses)”, the number of training courses that applied the recommended training cycle was 524, based on the answers from the targeted hospitals to the questionnaire.

Concerning the indicator 2 which is “80% of three core hospitals and the targeted hospitals are increased the number of the CME courses”, the number of answers from targeted hospitals was very limited, thus level of achievement of this indicator is not measurable.

Concerning the indicator 3 which is “Number of TOT trainees trained by the project (expected more than 1,200 TOT trainees)”, 1,256 TOT trainees have been trained, so it is achieved.

As for the indicator 4, “Number of trainees trained by the project in Essential Fields (expected more than 1,500 trainees)”, there are 1,359 trainees trained. In addition, 390 trainees are planned to enroll in the training courses, so this indicators is expected to be achieved within the project period.

Output 4 : Partially Achieved

While the indicator 1 is “Standardized methods for monitoring and evaluation for training”, the draft Monitoring and Evaluation (M&E) check-lists are already developed and is now waiting for approval within MOH.

Concerning the indicator 2 “More than 80% of targeted hospitals apply standardized monitoring and evaluation methods after their training”, the M&E check-lists are expected to be applied as soon as they are approved.

(2) Project Purpose

The indicators “Number of the training courses that are conducted by the trainees of training courses organized by the Project” (Target: 270 trainings) and “Number of trainees who received trainings organized by the participation of trainings of the Project (Target: 1,350 trainees) have been achieved. Because training curricula and materials on TOT, NM and NIC fields were approved earlier than other

six remaining fields, the training courses on these three above mentioned fields were organized and covered most number of the result of the indicators.

3-2. Evaluation by Five Criteria

(1) Relevance : High

Five-Year Health Sector Development Plan (2011-2015) (hereafter “the Development Plan”) issued by MOH pursues both qualitative and quantitative improvement in medical human resource development. It is highly conformed to the project purpose as it aims to contribute to human resource development nationwide.

Japanese ODA policy toward Viet Nam emphasizes corresponding vulnerability through assistance for poverty reduction of poverty and correction of disparity. Health sector is one of the focal sectors to support these issues, thus, the Project also conforms to Japanese ODA policy. Furthermore, the Project utilizes human resource and experiences developed by previous JICA projects in Viet Nam. Also the Project follows dissemination method of training in a wise so the approach of the Project is adequate.

(2) Effectiveness : Mostly high

Nine curricula developed by the Project are approved and recognized as official national CME curricula and materials. Nine curricula are recognized their importance as MOH policy and had more attentions from health workers. Therefore, it can be said that the approval of nine curricula as the National curricula has been contributed to achieving the Project purpose.

The Project has made maximum effort to organize training activities as soon as the curricula were approved by MOH and the indicators of the Project purpose have been reached the targets at the time of the Mission. Although there are concerns about insufficient number of the training implementation for some curricula approved at latter stage as well as a lack of trainers on PS and HQM, it is assumed that Project is on appropriate pathway to achieve the Project purpose.

(3) Efficiency : Relatively high

While there was a substantial delay in the earlier time of the Project, at the Mid-term review, the MSA decided to make the Annual training contract with three core hospitals and it promoted advanced allocation of the budget in accordance with actual training activities. Moreover, communication among MSA, three core hospitals and Japanese experts has been improved after the Mid-term review and it accelerated progress of the Project implementation.

In another aspect, some of the staff particularly at training centers in each core hospital who had accumulated skills and knowledge by previous JICA project, assisted efficient training activities and understood the needs of provincial hospitals and regional medical demand. For this reason, the Project applied respective different dissemination methods for training as well as equipment allocation in each area.

(4) Impact : Partially high

It is presumed to take long time for the achievement of Overall goal however, there are some positive impacts produced by the Project.

On the other hand, TOT introduced by the previous JICA projects in Viet Nam has been disseminated in wide areas with good reputations by the Project. TOT is an innovative methodology based on Japanese adult learning experience for improving teaching skills so it can be utilized not only for medical fields but also other different fields in general purposes. In fact, ASTT of MOH considers utilizing TOT curriculum and material to produce qualified trainers for newly graduated medical students. Also, Except EMS course, most of trainees attended training courses under the Project were nurses. In Viet Nam, compare to medical doctors, seemingly there are less opportunities for nurse to improve their skills and knowledge. As the curricula provided by the Project rather focus on medical service improvement, eventually the Project brought more training opportunities for nurses. That is to say, it supports capacity building of nurses who play critical roles in order to improve quality of medical services in Viet Nam.

(5) Sustainability : Relatively high**1) Institutional aspect : High**

In the recent years, MOH is issuing several laws and circulars for capacity building of health workers. With such background, it is highly expected that the nine curricula are to be utilized among three core hospitals and provincial hospitals as a part of CME. Also, Decision 4858 issued in 2013, introduced new Hospital Quality Evaluation Indicators (hereafter referred to as "HQEI") which focus more on quality of medical services of hospitals. HQEI set up the curriculum of HQM as one of the compulsory training courses to satisfy the indicators. The eight fields under the Project except PS, are defined by specific Circulars guiding activities in the hospitals. In terms of institutional point of view, it is expected that the curricula and training activities supported by the Project would be utilized and disseminated within the system of CME and HQEI sustainably.

2) Financial aspect : Low

In the provincial level hospitals, there are not much financial resources available for essential fields. Normally they manage their training cost within the budget from the provincial government or hospital user fees which are severely limited in general.

3) Technical aspect : Relatively low

While the training courses are appreciated in the provincial hospitals, there is lack of qualified trainers due to limited number of manpower in three core hospitals which is likely to cause difficulty in the future to allocate appropriate number of trainers for provincial hospitals. In order to secure sustainability in technical aspect, it is required to train more qualified trainers at provincial level under partnership of MOH, three core hospitals and provincial hospitals urgently, especially for new fields as PS and HQM.

Although financial and technical sustainability seems to be insecure at this stage, the curricula and training activities would be secured institutionally with CME and Hospital Quality Evaluation Indicator. Therefore, the Sustainability of the project evaluated as relatively high.

3-3 Contributing factors for project effect

(1) Issues concerning the project plan

1) Development of the National training curricula and materials

The Project assisted to develop the national training curricula and materials, which contribute to improving medical services in Viet Nam. Those national curricula and materials enabled large number of health workers to access common curricula and accelerated widespread of dissemination. As a result, it urged training activities nationwide. This result is likely to depend on achievement of previous Japanese ODA projects in Viet Nam as well since it is rarely to develop national curricula by JICA technical cooperation projects in other countries. In other words, the Project was built on the long term partnership between Viet Nam and Japan and in fact it contributed to promoting implementation of the Project.

2) Setting up Annual training contract for counterpart budget

Before the Mid-term review, a serious delay of the project implementation affected on input of the activities. In order to improve the situation, annual training contract among MSA and three core hospitals has been made since 2013 fiscal year.

The contract was provided in prior year and followed annual training plan having consensus among MSA and three core hospitals. Then, training courses were organized following such plan. Obviously, the contract contributed to smooth budget allocation and implementation of the activities.

(2) Issues concerning the project implementation

1) Delegation of authority among MSA

At the Mid-term review, it was shared among the Project team members that streamlining of decision making process at MSA is one of the solutions to accelerate the implementation of the Project. Director of MSA strived for delegation of authorities to specific working staffs and accordingly it has reduced time of decision making process for the Project. It can be concluded that delegation of authority by MSA contributed to prompt procedures of approval for nine national curricula.

2) Utilization of adult-learning style TOT training from early stage

The Project has introduced adult-learning style TOT from Japan in early stage of the Project and modified it to fit the Vietnamese context as a national curriculum. Organizing Counterpart Training on TOT (clinical training management for CME) in Japan (sent 20 trainees) as well as inviting short term experts from Japan (invited 25 experts) contributed to strengthening the adult-learning style TOT trainers. Those former TOT trainees promoted to increase the number of clinical trainers in various clinical fields and contributed to providing quality of trainings.

(2) Obstacles against project effects

1) Issues concerning the project plan

None.

2) Issues concerning the project implementation

As much time was consumed for the operation at the initial period, the several training courses stagnated mainly by the process of the official approval. However, the project implementation has been accelerated dramatically under the current leadership and guidance by MOH. Due to the time limitation, optimal effectiveness of the Project progress is restricted.

3-4 Conclusion

Quality improvement of medical services is one of the prioritized issues for health sector in Viet Nam. Because the Project supported human resource development by implementation of the trainings nationwide, the Relevance of the Project is evaluated as high. Despite the delay of project implementation at the first half of the Project, all nine curricula were approved as the national curricula and started implementing trainings accordingly. Among the nine curricula, demands of PS and HQM by health workers even in provincial hospitals are particularly high in spite of the fact that PS and HQM are relatively new concepts in Viet Nam. If trainers trained by the Project disseminate more trainings with appropriate M&E mechanism, the project purpose is likely to be achieved after a certain period of time after the end of the Project. Because the training courses under the national curricula also met the needs of targeted hospitals, the Effectiveness of the Project is evaluated as almost high. Against the delay caused at the beginning of the Project, some countermeasures were taken by the Project team and led to significant improvement of the Efficiency. Nine fields provided by the Project became a part of CME so it will be possibly utilized continuously in the light of institutional aspect. Although both lack of trainers and limited financial resources for provincial hospitals are still issues to be solved in order to secure the Sustainability of the Project, it can be concluded that the Project has contributed to building foundation of useful training systems in Viet Nam that leads to quality improvement of medical services.

3-5 Recommendation for the Project

For Project Team

1. To implement training activities based on Training Contract for 2015 under cooperation of the Project team in order to develop sustainable training system.
2. To organize seminars or workshops for BOD of provincial hospitals in order to disseminate and utilize the curricula extensively since the curricula can contribute to improving their quality of medical services. In the workshop or seminar, good practices, positive impacts and concerns of the training activities by the Project should be shared.
3. To promote branding of the training mechanism introduced by the Project as a strategic direction of

human resource development. The mission recognized TOT with adult learning method jointly developed by Vietnamese and Japanese experts specially, from the Japanese Society for Medical Education is one of the greatest achievements. It is highly encouraged to mainstream this innovative training mechanism in the nationwide scale.

4. To accelerate the official approval process of HRD Plan (Output1) and M&E checklist (Output 4) as much as possible. Concerning the M&E activities under Output 4, to conduct activities proactively as much as possible.

For Ministry of Health

1. To monitor the progress of implementation of HRD Plan annually and reflect the monitoring results for further references.
2. To promote CME cord acquisition and high marking on Hospital Quality Evaluation Indicators for the purpose of sustainability of training for essential fields. In addition, while TOT contributes to mass production of qualified clinical trainers in this country, it can be scaled out to other CME trainings.
3. To train more trainers for “Patient Safety” and “Hospital Quality Management” in particular. Through the terminal evaluation mission activities, it has been recognized that there are large demands of training for these two curricula from the targeted hospitals since that those are very new to Vietnam. It is encouraged to identify and share good practices and innovative approaches in Patient Safety activities by all stakeholders.
4. To promote a significance of quality management in strengthening health system.

The project products should be disseminated through media (web site of MSA or provincial health offices) or dissemination seminars and other means of communication. MOH should integrate nine essential training curricula and materials developed by this Project to enable provincial and lower level hospitals to access more regular budget for training nine essential fields.

For Three Core Hospitals

1. To enable conducting CME trainings at provincial hospitals in a self-reliant manner. It is highly necessary to build technical and physical capacities at provincial hospitals for smooth and quality operation of training.
2. To articulate and compile lessens with the Japanese Experts concerning the tailor made training mechanism that reflect local contexts at each training DOHA center.

For Japanese Experts

1. To make good summaries of the project implementation and share those materials with relevant

stakeholders widely as an important reference of human resource development in Viet Nam.

2. In order to accelerate the remaining project activities, it is encouraged that the project has exit strategy to implement various activities to the maxim extent.

3-6 Lessen learned

1. Standard trainings in health sector of Viet Nam have to pay serious attention to the contextual issues and local needs for quality and sustainable human resource development.
2. In order to avoid delay, the project design should pay more attention to assumptions in national approval process and decision making with counterpart organization and stakeholders as much as possible.
3. Adult learning method can be an innovative training to promote creative thinking among project trainees. This is a strategic direction to promote transformative learning in human resource development for future resilient health systems.
4. In summary, the Project promoted three types of quality in the health sector in Viet Nam. Firstly, the project established quality training mechanism by the introduction of TOT with adult learning method. Secondly, the Project strengthened quality of human resource development by highlighting CME with essential fields. Thirdly, the Project promoted the significance of the quality of health services among health professionals. Now “Quality” stays at heart of hospital managers and health providers. These three quality promises inclusive and sustainable development in Viet Nam.