

Evaluation Summary

1. Outline of the Project		
Country : the Socialist Republic of Vietnam		Project Title : the Project for Strengthening Medical Services in Northwest Provinces
Issue/Sector : Healthcare and medical treatment		Cooperation Scheme : Technical Cooperation Project
Division in charge : Health Team 3, Health Group 2, Human Development Department		Total Cost : 250 million JPY (as of evaluation)
Period of Cooperation	(R/D) : 20/March/2013-19/March/2017	Partner Country’s Implementing Organization: the Medical Service Administration of the Ministry of Health (MSA-MOH), department of health (DOHs) and provincial general hospitals (PGHs) in six (6) targeted northwestern provinces (<i>Hoa Binh, Son La, Dien Bien, Lai Chau, Lao Cai</i> and <i>Yen Bai</i>) and subordinating district hospitals (DHs)
		Supporting Organization in Japan: The National Centre for Global Health and Medicine
1-1 Background		
<p>In the Socialist Republic of Vietnam (hereinafter referred to as “<i>Vietnam</i>”), the northwestern provinces with relatively high poverty ratio demonstrates lower health index than that of national average; therefore, the reinforcement of medical services through the capacity enhancement of health professionals is regarded as a matter of urgent issue in that area. Under the circumstances, JICA had implemented a technical cooperation project entitled “<i>the Project for Strengthening Health Service Provision in Hoa Binh Province</i>” (2004-2009), which aimed to strengthen the capacity of the provincial department of health (hereinafter referred to as “<i>DOH</i>”), the guidance and training from provincial general hospitals (hereinafter referred to as “<i>PGH(s)</i>”) to district hospitals (hereinafter referred to as “<i>DHs</i>”) and the referral system in the <i>Hoa Binh</i> province located in the northwestern region. The said project achieved to develop a model with high applicability especially in rural areas for the practice of the Direction of Healthcare Activities (hereinafter referred to as “<i>DOHA</i>”) and the referral system between the PGHs and the DHs.</p> <p>The Ministry of Health (hereinafter referred to as “<i>MOH</i>”) requested the Government of Japan to launch a technical cooperation to enhance the medical services in the northwestern provinces by establishing a complete referral system covering from the PGHs to the Commune Health Stations (CHSs) via DHs in the <i>Hoa Binh</i> province in parallel with the application of the achievements of the previous project in <i>Hoa Binh</i> province to other five (5) northwestern provinces (<i>Son La, Dien Bien, Lai Chau, Lao Cai</i> and <i>Yen Bai</i>). In response, JICA launched a four-year technical cooperation from March 2013, entitled “<i>the Project for Strengthening Medical Services in Northwest Provinces</i>” (hereinafter referred to as “<i>the Project</i>”) with the Medical Service Administration (hereinafter referred to as “<i>MSA</i>”) of the MOH, DOHs, PGHs and DHs in the said six (6) northwestern provinces as Vietnamese counterpart organizations.</p>		

1-2 Project Overview

(1) Overall Goal

The strengthened DOHA and referral system contribute to the sustainable improvements of medical services in Northern mountainous provinces.

(2) Project Purpose

DOHA and referral system in the target provinces are strengthened.

(3) Outputs

- 1) Managerial capacity of the MOH on DOHA is strengthened to expand the DOHA and referral model to target provinces.
- 2) Referral system from the commune to DHs and PGH in *Hoa Binh* province is established.
- 3) Managerial capacity on DOHA and referral system between the PGHs and DHs is strengthened in *Son La, Lai Chau, Dien Bien, Lao Cai* and *Yen Bai*.

(4) Input (as of the Evaluation)

The Japanese Side

- Dispatch of JICA Experts : Long-term Experts: a total of 4 persons (2 Chief Advisors and 2 training management / Project Coordinators, a total of 97 MM), Short-term Experts : a total of 2 persons (Nursing management and referral data management, a total of 2.3 MM)
- Provided Equipment : one vehicle for the implementation and monitoring / evaluation of project activities, personal computers, uninterruptible power-supply system (UPS), audiovisual aids for training and workshops, training materials for skill practice such as resuscitation simulators, medical equipment such as the sputum sucking system, etc.
- Training in Japan : a total of 39 persons (Community health and medical care / Community Health System)
- Local Cost : approx. USD 1,009,000)

The Vietnamese Side

- Allocation of Counterpart Personnel: a total of 70 persons (a Project Director (the Director of MSA, the MOH), a Project Manager (the Vice-director of the MSA, the MOH) and a total of 68 persons from the DOH, the PGHs, the DHs and other relevant parties)
- Local Costs: approx. 317,000 USD) (implementation amount as of September 2016) for domestic travel costs, costs for meetings and training, consumables such as stationery, etc.

2. Terminal Evaluation Team

Members	Mr. Tomoya YOSHIDA	Leader	Director, Health Team 3, Health Group 2, Human Development Department, JICA
	Dr. Yuriko EGAMI	Technical Advisor	Department of Human Resource Development, Bureau of International Health Cooperation, National Centre for Global Health and Medicine (NCGM)

	Ms. Sangnim LEE	Coordination Planning	Health Advisor, Health Team 3 & 4, Health Group 2, Human Development Department, JICA
	Dr. Yoichi INOUE	Evaluation and Analysis	Senior Consultant, Consulting Division, Japan Development Service Co., Ltd.
Period of Evaluation	23/Oct/2016 – 10/Nov/2016		Study Type: Terminal Evaluation
3. Summary of Evaluation Results			
3-1 Achievements			
(1) Output 1			
<p>The Project has achieved the enhancement of DOHA management capacity of the MOH through implementing the activities in the six (6) target provinces, such as the enactment of legislation including issue of the MOH’s Circular entitled “<i>Referral at Medical Facilities</i>” (14/2014/TT-BYT) (hereinafter referred to as “<i>the Referral Circular</i>”) and revision of the DOHA Decision, production and dissemination of the DOHA Handbook (guidelines for DOHA activities, case studies in the six target provinces as reference for effective implementation, case studies of local public health in Japan and so on), and developing and introducing the Referral Data Management System (RDMS). For these reasons, it is deemed that the Output 1 is fairly achieved as of the time of the Terminal Evaluation.</p> <p>However, it is required for the project to do stricter progress management all the planned project activities such as the development of RDMS, the development and subsequent distribution of the DHA Handbook to the relevant parties and the publication of the revised version of DOHA decision (as a circular) within the remaining project period.</p>			
(2) Output 2			
<p>In Hoa Binh Province, “<i>the Project for Strengthening Health Service Provision in Hoa Binh Province</i>” (2004 – 2009) was implemented previously and laid the foundations for activities in the Project. In addition to the DOHA, referral activities between the provincial DOH, PGHs and DHs have been appropriately continued according to the Referral Circular. Moreover, know-how concerning the management of referral information and operation of meetings in PGHs and DHs has been accumulated; also, concerning liaison between DHs and CHS that the Project intended to strengthen, referral meetings were introduced relatively smoothly under the initiative of DHs based on support from the provincial DOH and PGHs. For these reasons, the achievement level of the Output 1 is deemed to be appropriate in general at the time of the Terminal Evaluation.</p> <p>However, In the monitoring by the Project, it is observed that organizing of meetings (problem analysis and training needs assessment as countermeasures based on referral information, implementation of study sessions utilizing referral meeting opportunities, etc.) have generally been implemented appropriately, though yet ineffectively in a couple of districts. The provincial DOHs are the responsible agencies for implementing DOHA and referral activities in each province and they conduct monitoring visits as much as possible; however, it will be necessary to conduct appropriate follow-up in these districts by the end of the Project period.</p>			

(3) Output 3

At the beginning of the Project, provincial project management units (PPMUs) were officially established in the five targeted provinces successively from July 2013. Introductory training was implemented for the PPMU members who were newly appointed as DOHA in charge, and the five targeted provinces were able to smoothly introduce DOHA and referral activities through visiting and inspecting the *Hoa Binh* Province, where local medical care collaboration activities centered on the province (between PGHs and DHs) had been established through the DOHA and referral meetings.

At the time of the Terminal Evaluation, referral meetings were generally being managed appropriately in the five newly-targeted provinces), and it is thought that community health collaboration activities based on the said meetings are embedded. Further, after the provision of management training by the Project, PPMUs planned short-term training based on the solid basis such as the referral data analyses as well as the assessment of their available resources.

For these reasons, the achievement level of the Output 3 is deemed to be appropriate at the time of the Terminal Evaluation.

(4) Project Purpose

As aforementioned, it is considered that the Project has established the foundation to implement DOHA and referral activities in the northwestern provinces. In addition, efforts were given to build management capacity so that the officers in charge can appropriately operate and manage the DOHA and referral activities based on the implementation setup. Realizing the importance of management capacity building to enable appropriate operation and management, technical guidance was given in focus on the referral data analysis and its interpretation, and subsequent planning based on the evidences such as the results of analysis, available resources and so on. As a result, at the time of the Terminal Evaluation, the training being planned in each province was based on a solid basis to an extent.

Summing up, since the DOHA and referral systems in the target provinces have largely been strengthened to the expected level, it is considered that the Project Purpose is achieved.

3-2 Summary of Evaluation Results

(1) Relevance

The relevance of the Project is highly maintained as of the time of the Terminal Evaluation

The Socio-economic Development Strategy 2011-2020 indicate the significance not only of the fulfillment of specialist physicians but also of the enhancement of community health networking and the functional development of CHSs for the development of healthcare system and the medical services. Moreover, the MOH is strongly promoting DOHA as an effective and efficient approach to improve medical services on a limited resource. Especially after the effectuation of the Prime Minister's Office Decision "*Approval on scheme for reducing hospital overcrowding situation*" (2012-2020) that aims to provide appropriate medical services by mitigating over-concentration of higher-level medical facilities such as central hospitals, the MOH, pursuant to the Decision, published various decisions and circulars such as "*the Satellite Hospital Project 2013-2020*" (774/QD-BYT) and the Referral Circular. Since the Project is aiming to enhance the

managerial capacity of officers in charge for the effective implementation of DOHA, the Project Purpose is highly consistent with the health policies of the MOH.

Meanwhile, in the Japan's aid policy for Vietnam, the "*JICA Country Analysis Paper for Vietnam*" issued in March 2014 indicates the direction to promote lateral spread of Japan's past achievements such as human resource development as well as equipment improvement for provincial hospitals in rural areas in the section of "*Direction of Assistance according to the Program –Healthcare -*". Since the Project is to apply and further enhance the achievements gained in the previous technical cooperation entitled "*the Project for Strengthening Health Service Provision in Hoa Binh Province*" (2004-2009) to other provinces in the northwestern area, the concept and framework of the Project is highly consistent with the Japan's aid policies to Vietnam.

(2) Effectiveness

The effectiveness of the Project is high in general.

The Project has been working on the legislation for promoting DOHA (i.e. novel effectuation of the Referral Circular and revision of the DOHA Decision) with the initiative of the MOH under the activities of the Output 1, the reinforcement of referral system in the *Hoa Binh* province under the activities of the Output 2 and the application of DOHA and referral activities in the targeted five northwestern provinces under the activities of the Output 3. As a result, it is deemed that DOHA and referral system is fairly strengthened in the six northwestern provinces as expected.

In particular, the MOH has been putting significant efforts to promote the technical transfer of medical skills and technologies especially from central hospitals to PGHs under the "*Satellite Hospital Project*". Whereas the Project, in mutually complementary manner, has been targeting the PGHs, the DHs and the CHSs in the six target provinces to enhance the managerial capacity in consideration of the whole concept of DOHA for effective and efficient implementation of DOHA and referral activities. After the Mid-term Review, in particular, the Project has been focusing on the enhancement of implementation capacity of the DOHA staff members in referral data analyses and subsequent needs assessment in consideration of available resources and environment. Consequently, the Project succeeded in capacity building on planning (of training) based on the solid basis. Further, the findings and experiences gained from the project activities as well as its good practices are supposed to be presented as case studies in the Handbook geared to the officials in charge of DOHA to be used as a practical volume.

For these reason, it is expected that the Project Purpose is fairly achieved as expected by the end of the project period.

(3) Efficiency

The Efficiency of the Project is high in general.

The project management on the Vietnamese side is implemented under the initiative of the CPMU composed primarily of the DOHA unit of the MSA-MOH, supervising PPMUs established in the six target provinces.

They have managed implementation of the overall Project in cooperation with the JICA experts. In particular, the Project was required to manage the whole project matters efficiently since the Project has six provinces as

target widely located in northwestern region and the Project was required to organize them from Hanoi. Under such setting of project management, the Project developed an operational manual including the instruction of accounting procedures for the reference of the CPMU and the PPMUs at the initial phase of the Project, resulted in proper understanding of the counterpart organizations toward the “*project management*” through the implementation of a workshop. Unfortunately, the project office could not be established in the MOH headquarters; nevertheless, the overall project liaison and communication has properly been continued by means of regular project management meetings between the CPMU and JICA experts as well as regular visits (approx. once in two months’ interval) and daily-basis telephonic and/or email communications with PPMUs.

The Project focused on the capacity enhancement of persons in charge of DOHA and referral activities in management, which will contribute to training management of specific technical training. Technical transfer in specific fields was out of the scope of the Project, such as cardiovascular diseases and emergency medical services or in specific vocational fields such as nursing. It is notable that the Project covers the whole concept of DOHA with the MOH-organized “*Satellite Hospital Project*” as well as other assistances for medical skills and technologies by other development partners in mutually complementary manner. This is also considered as an indirect collaboration with other technical cooperation.

(4) Impact

The referral activities were legislated by the MOH (effectuation of the Referral Circular) and the circular of revision of DOHA Decision is anticipated to be revised by March 2017 (the end of the project period). Therefore, the implementation of the DOHA and referral activities had become the mandate of all health facilities nationwide, even in the remote areas such as the northern mountainous provinces as a matter of course. In light of this, the Project is working on the editing work of the DOHA Handbook to be disseminated to nationwide in addition to the northern mountainous provinces.

On the other hand, it is considered that the Project is just an approach for the achievement of the Overall Goal. In particular, since the Overall Goal of the Project is to achieve the “*sustainable improvement of medical services*” in the northern mountainous provinces, it cannot be achieved solely by the achievement of the project. Therefore, it is necessary to work continuously with the initiatives aiming the reinforcement of medical techniques and technologies (e.g. the Satellite Hospital Project organized by the MOH) in a collaborative manner for the achievement of the Overall Goal, since the Project is implemented in a mutually complementary manner with the said project and/or other technical assistances. Meanwhile the OVI for the measurement of achievement level of the Overall Goal is as follows: “*Improved evaluation results on DOHA and referral criteria in the Hospital Quality Evaluation Criteria Book for PGHs and DHs in the Northern Mountainous Provinces, 05-10 years after project completion*”, implying that this OVI cannot be achieved by the improvement of medical techniques and technologies solely, and the DOHA and referral meetings should be functioned as the local medical care collaboration meetings in other provinces. Given that both technical and managerial activities are maintained after the end of the project period, it is anticipated that the Overall Goal of the Project will be achieved to a certain extent as of the time of the Terminal Evaluation.

Meanwhile, the positive impacts derived from the Project are as follows: 1) Indirect collaboration with other

technical assistances; and 2) Functionality expansion of the DOHA and referral meeting as an opportunity of local medical care collaboration and staff education.

(5) Sustainability

A self-sustainability as well as a self-deployment of the benefits provided by the Project can be expected to some extent as of the time of the Terminal Evaluation.

Political and Institutional aspects: The MSA-MOH attaches great importance to DOHA for enhancing medical services in Vietnam, and strengthened their political efforts after the publication of the Prime Minister's Office Decision "*Approval on scheme for reducing hospital overcrowding situation*" (2012-2020) and the pursuant MOH Decision "*Satellite Hospital Project*" (2013-2020). In relation to the Project, the MOH issued the Referral Circular on the basis of the experiences of the previous project "*the Project for Strengthening Health Service Provision in Hoa Binh Province*" (2004-2009). Further, the MOH is working on the revision of the DOHA Decision as well as the Hospital Quality Evaluation Criteria Book as of the time of the Terminal Evaluation. For these reasons, the significance of DOHA in the health policies is highly expected to sustain even after the end of the project period.

Financial Aspect: The implementation of the DOHA and referral meeting had become mandatory of the medical facilities as stipulated in the Referral Circular. The Project provided financial assistances for the operation of the meetings in the first year of the introduction, and then the meetings between provincial DOH/PGHs and DHs have independently been organized by themselves from 2015 with their own budget. Further, as aforementioned, three out of five newly-targeted provinces have autonomously started the DOHA and referral meetings between DHs and CHSs with the financial support of the Project; however, the costs for the meeting is supposed to be handed over to the Vietnamese side by the end of the project period. Besides, some provincial DOH is planning to integrate the DOHA and referral meeting with routine meetings and/or utilizing the teleconference system in consideration of cost reduction; that is to say, efforts to enhance financial sustainability have been commenced in each province as of the time of the Terminal Evaluation.

Meanwhile, the officers in charge of DOHA and referral activities in each province explained to sustain training under the framework of the "*Continuing Medical Education (CME)*" by mobilizing other resources such as the MOH and other development partners; for these reasons, it is anticipated that the initiatives for the strengthening of medical services in the northwestern provinces (e.g. implementation of short-term trainings), from the financial aspect, will be sustained using know-hows, knowledge and experiences gained from the Project.

Technical Aspect: The six (6) target provinces have acquired enough level of capacity to run the DOHA and referral activities independently owing to the implementation of the Project. It is notable that the DOHA and referral meeting is functioned as a place of local medical care collaboration as well as staff education in addition to the original function of liaison and coordination of referral system, resulted in the enhancement of vertical and horizontal networking of medical facilities in each province. In three out of the five targeted provinces, autonomous activities such as the introduction of referral meetings between the DHs and CHSs have been implemented out of awareness of the importance for operational capacity building for DOHA and referral activities in the community levels. Given that these activities were continued with other initiatives

such as the “*Satellite Hospital Project*” run by the MOH, the improvement of medical services in whole provinces is anticipated in future. At the same time, nevertheless, it is suggested that further technical assistances will be necessary to consolidate the knowledge and techniques regarding the referral data analysis (including statistical analysis methods) and subsequent data interpretation, as well as the feasible planning based on the solid basis such as the analysis results.

3-3 Factors that promoted the attainment of the Project

(1) Concerning the project design

No major promoting factor have been observed as far as the project plan is concerned.

(2) Concerning the implementation process of the Project

The Project focused on the capacity enhancement of persons in charge of DOHA and referral activities in management, which will contribute to training management of specific technical training. Technical transfer in specific fields was out of the scope of the Project, such as cardiovascular diseases and emergency medical services or in specific vocational fields such as nursing.

It is notable that the Project covers the whole concept of DOHA with the MOH-organized “*Satellite Hospital Project*” as well as other assistances for medical skills and technologies by other development partners in mutually complementary manner. This is considered as an indirect collaboration with other technical cooperation, and it is considered that the collaboration enhanced the efficiency of the Project.

3-4 Factors that impeded the attainment of the Project

(1) Concerning the project design

In the mutually-agreed PDM, “*office space and basic office equipment*” were supposed to be provided as inputs from the Vietnamese side to the Project; however, it was revealed to be difficult to allocate the project office space in the MOH headquarters after the commencement of the Project. As a result of the discussions between the Vietnamese and Japanese sides, both side agreed upon that the Project would rent a room in an office building nearby the MOH to establish the project office, and all the costs for operation the office (including rental charge, basic office equipment, office supplies and utility) were covered by the Japanese side.

Favorable communication between the CPMU and JICA experts was maintained by any available means of regular meeting, telephonic and email communication under the joint efforts of the Vietnamese and Japanese sides; nevertheless, there were some cases that require longer-than-expected time to gain approvals by the MOH for some project activities as well as to conduct ad-hoc meetings when some issues raised. It is deemed that this had reduced the efficiency to a certain degree.

(2) Concerning the implementation process of the Project

No major obstacles have been observed as far as the project plan is concerned.

3-5 Conclusions

By strong commitments from both the Vietnamese and Japanese sides, the Project activities have been accelerated after the mid-term review and the Project Purpose is mostly achieved. Though some indicators are not achieved at the time of Final Evaluation, it is expected that those indicators such as issue of legal framework for DOHA operational management and the environment for operations including the RDMS and the Handbook will be completed by the end of the Project.

Relevance, Effectiveness, Efficiency, and Sustainability of the Project were considered to be high. Though some challenges are observed for sustainability, the benefits derived from the Project is anticipated to sustain. Achievement of the Project Overall Goal cannot be judged at the time of terminal evaluation but expected to be achieved within the set period. The Team observed many positive impacts of the Project.

3-6 Recommendations

(1) Expansion of the DOHA and Referral activities to all levels

As the DOHA and referral activities between district and commune level are targeted by the Project only in Hoa Binh province, it is recommended that MOH, DOH and DOHA unit in other 5 provinces are encouraged to expand the activity to the district and commune level.

(2) DOHA Circular and Hospital quality evaluation criteria book

MOH is currently finalizing (1) circular of revision of DOHA decision and (2) adding the proposed indicators on DOHA and referral system into Hospital quality evaluation criteria book for its functional evaluation. It is highly expected that these regulations will be finally approved by MOH as soon as possible under the continuous leadership of CPMU.

(3) RDMS

1) For the Project (CPMU, PPMU and JICA project team)

- Currently, pilot use of RDMS has been implemented in two provinces. Due to a range of hospital information management system (hereinafter referred to as “HIMS”), data input from these current HIMS into RDMS makes operation so complicated in some pilot hospitals. (* This is based on interviews with some users of RDMS in some pilot hospitals and JICA experts.) Therefore, it is necessary for PPMU under the instruction of the Project to modify the HIMS of hospitals concerned and to make decision of operational arrangement of the current HIMS for efficient data transportation from HIMS to RDMS.
- It is necessary 1) to complete bug- fix and operational modification of RDMS based on its functional evaluation by December 2016, and 2) to handover administration by March 2017 after finalizing the operational procedures to be managed continuously by the Vietnamese partners. Therefore, a total management of development and operation of RDMS (e.g. a precise timeline of RDMS development, reflection of end-line users’ opinions as much as possible.) is highly expected to be done by CPMU at their initiative.
- The function and roles of RDMS need to be handed down into any health information system

introduced in the future. Therefore, it is recommended to prepare and provide guidance for the contractor/contractee of future health information system development.

- In order to complete the handover of RDMS from the Project to MSA-MOH by the end of the Project period, it is necessary to establish a structure (e.g. allocation of budget, assignment of persons) in MOH to maintain RDMS by the end of December 2016.

2) For hospital directors and DOHs

- RDMS is currently at the final stage of development based on the discussion among the Project stakeholders. However, it is strongly recommended that DOH and hospital directors make an announcement once again on the operational direction of RDMS utilization to their staff members including those who administer its system for smooth introduction and operation.

3) For CPMU and JICA project team

- It is necessary to prepare guidance for introduction of RDMS in other provinces for the nationwide scale-up in the near future which is planned by the MSA-MOH. Therefore, it is recommended to prepare training manual of RDMS, train master trainers of RDMS in MOH and conduct cost analysis by the end of the Project period.

(4) Strengthening of DOHA and referral system

- 1) The foundation of DOHA and referral system between PGHs and DHs in the target provinces was confirmed at the time of the Terminal Evaluation. However, PPMU of Hoa Binh province still continues supporting for consolidating the DOHA and referral function between DHs and CHSs in some targeted districts. Therefore, it is expected that DOH of Hoa Binh further strengthen the monitoring and supervision with the support of the Project, and consolidates the DOHA and referral function in those districts.
- 2) In order to promote and maintain DOHA and referral activities including the meetings between DHs and CHSs in the target provinces (except for Hoa Binh), it is recommended to establish a supporting mechanism (e.g. setting the person in charge of it, clarifying their roles.) including technical support on the monitoring and operation by the medical services division of DOH and DOHA department of PGHs by utilizing existing provincial framework (e.g. integrating into regular meetings and monitoring mechanism).
- 3) Planning of DOHA should be evidence-based (evidences include discussed issues in the DOHA and referral meetings, and analyzed data). However, the terminal evaluation mission observed that there were some cases that DOHA planning capacities could be improved based on further data analysis, subsequent interpretation and available financial and human resources. Therefore, MOH and each DOH need to strengthen the system of providing technical advices and instructions with utilization of RDMS when they conduct monitoring activities so that officers in charge of DOHA can maintain and improve evidence-based planning capacities of DOHA.

(5) A handbook on DOHA and referral system

- The draft version of the DOHA handbook is being finalized by the editorial committee of MOH. The

mission team encourages the Project stakeholders to provide necessary inputs to make the handbook user-friendly.

- It is highly recommended this handbook be approved by MOH before the dissemination seminars of the Project held in December 2016 with the continuous leadership of CPMU.

(6) Impact of policy change on community health

- Regarding the new MOH Circular (40/2015/TT-BYT) issued in November 2015; that allow patients to visit DHs directly (not necessary to visit CHS first) without an increase of co-payment, and patients tends to go primarily to district hospital rather than going to CHS, therefore MOH and Province DOH and DOHA Unit needs to conduct further DOHA activities to strengthen the lower level health facilities. In addition to this, interviewees from almost all provinces expressed their concerns, which it would be difficult for DHs in grasping information of patients who chose extramural district hospitals.
- Grasping information of patients who chose extramural district hospitals was not included in the Project activity, because this policy change was not predicted at the time of launching the Project. However, the importance of capturing this kind of information would be useful in developing the medical care plan of the hospitals. Therefore, it is recommended to consider including these data in health information system when it will be newly developed or upgraded.

3-7 Lessons Learnt

Due to a range of hospital information management system, data input from these current system into new system developed by the project makes operation so complicated. The project needs to set and secure the sufficient period of system development in order to deal with necessary modification arrangement of current sysytem for smooth data input.

3-8 State of the follow-up

The progress of RDMS development needs to be followed-up by the end of the project.