

Country Name	<b>Project for Improvement of the Quality of Human Resources in the Medical Service System</b>
Socialist Republic of Viet Nam	

**I. Project Outline**

Background	<p>In Viet Nam, various reforms in the health sector had greatly contributed to improvement of health indicators since implementation of the Doi Moi policy in 1986. However, new problems emerged and some critical issues have remained such as widening the regional differences in health service quality, especially between rural and urban areas. Under such circumstances, development of human resources for health was an urgent and rational matter, which could serve to upgrade the overall quality of medical services. Therefore, the Ministry of Health (MOH) was implementing the reforms and revisions of regulations and policies on human resources of medical services through training activities in order to improve quality of health staff in different levels nationwide.</p>												
Objectives of the Project	<p>Through development of Human Resources Development Plan, standardized training curricula and teaching materials with focus on Continuous Medical Education (CME), the project aims to implement activities for human resources improvements, thereby improving the quality of health care services in all over Viet Nam.</p> <ol style="list-style-type: none"> <li>Overall Goal: The quality of health care services in Medical Services System in Viet Nam is improved.</li> <li>Project Purpose: Activities for human resources improvements are implemented by the MOH, three core hospitals, and the targeted hospitals* based on human resources development policies and strategies in Medical Services System developed by MOH.</li> </ol> <p>*Three core hospitals include Bach Mai Hospital (BMH) in North Region, Hue Central Hospital (HCH) in Central Region and Cho Ray Hospital (CRH) in South Region, and the targeted hospitals mainly include central and provincial level general hospitals nationwide according to the defined list by the Project.</p>												
Activities of the Project	<ol style="list-style-type: none"> <li>Project Site: All areas in Viet Nam</li> <li>Main Activities: (1) Develop the Human Resources Development (HRD) plan, (2) Revise training curricula and teaching materials with focus on CME for human resources, (3) Improve capacity of trainers and training management staff for Medical Service Administration (MSA) and Direction Office of Health Care Activities (DOHA)-Training Center, (4) Manage training activities in the essential fields by 9 training subjects, (5) Develop Monitoring and Evaluation (M&amp;E) methods, (6) Conduct M&amp;E regularly in MOH, three core hospitals and other targeted hospitals</li> <li>Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese side:</td> <td style="width: 50%;">Vietnamese side:</td> </tr> <tr> <td>1) Experts: (Long-term) 9 persons, (Short-term) 27 persons</td> <td>1) Staff allocated: 100 persons (MOH/MSA 12, BMH 32, HCH 29, CRH27)</td> </tr> <tr> <td>2) Trainees received: 59 persons</td> <td>2) Provision of facilities</td> </tr> <tr> <td>3) Equipment: Training Equipment</td> <td>3) Local Expenses</td> </tr> <tr> <td>4) Local Expenses</td> <td></td> </tr> </table> </li> </ol>			Japanese side:	Vietnamese side:	1) Experts: (Long-term) 9 persons, (Short-term) 27 persons	1) Staff allocated: 100 persons (MOH/MSA 12, BMH 32, HCH 29, CRH27)	2) Trainees received: 59 persons	2) Provision of facilities	3) Equipment: Training Equipment	3) Local Expenses	4) Local Expenses	
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Project Period	July 2010 - July 2015	Project Cost	(ex-ante) 550 million yen, (actual) 418 million yen										
Implementing Agency	Ministry of Health (MOH): Medical Service Administration (MSA), Administration of Science Technology and Training (ASTT), International Cooperation Department (ICD), Department of Legislation and Department of Planning and Finance, Bach Mai Hospital, Hue Central Hospital, Cho Ray Hospital												
Cooperation Agency in Japan	Ministry of Health, Labor and Welfare; National Center for Global Health and Medicine												

**II. Result of the Evaluation**

## &lt;Constraints on Evaluation&gt;

• Due to the time constraints of the ex-post evaluation study, there was a limitation of data collection. The study was based on the data collected from selected hospitals (3 core hospitals, 7 provincial hospitals and one central hospital).

## &lt;Special Perspectives Considered in the Ex-Post Evaluation&gt;

Evaluating Continuation Status of Project Purpose after the Project Completion (Continuation status of achievement for Project Purpose)

• Since it was not possible to collect the data in the same way as what was done by the project and there was no planned data after the project completion, the data comparison with the one at the project completion is not possible. Therefore, the ex-post evaluation study focused on the continuity of trainings by applying the supplementary information. In order to examine whether the trainings of all nine subjects introduced by the project have been continued, “the implementation status of trainings courses conducted at the target hospitals” is used as Supplementary Information 1, and “the status of participation of training courses conducted at the target hospitals” as Supplementary Information 2. Furthermore, in order to examine the qualitative aspect of training courses, “whether the targeted hospitals have continuously applied the standardized monitoring and evaluation methods since the project completion” is used as Supplementary Information 3.

Evaluating Achievement Status of Overall Goal

• In order to verify the achievement status of Overall Goal, “The quality of health care services in Medical Services System in Viet Nam is improved”, it is necessary to examine the technical aspect of health care service quality from the administrator’s view on whether the health care service quality at targeted hospitals have been appreciated by those administrators at MOH. The Hospital Quality Evaluation Indicators introduced in 2013 (MOH Decision No. 4858) was also used as the Supplementary Information 4 since the information was considered appropriate to objectively verify the quality of medical services by the hospitals.

## 1 Relevance

<Consistency with the Development Policy of Viet Nam at the Time of Ex-Ante Evaluation and Project Completion>

At the time of ex-ante evaluation, this project was consistent with “Ten-Year Social Economic Development Strategy (2001-2010)”, in which the Vietnamese government set the priority for improvement in quality of medical services. Under the Master Plan for the medical service system for the year 2010, the government set a policy to improve and standardize the capacity of healthcare professionals. The policy aimed to enforce the Law on Examination and Treatment in which qualifications of medical doctors and nurses, professional technical levels as well as the requirement of health care providers were clearly defined. At the time of project completion, the project was consistent with the development policy of the country, “Five-Year Health Sector Development Plan (2011-2015)”, which pursued both qualitative and quantitative improvement in human resources for health as one of the critical issues.

<Consistency with the Development Needs of Viet Nam at the Time of Ex-Ante Evaluation and Project Completion>

At the time of ex-ante evaluation, this project was consistent with Viet Nam’s development needs in the quality of medical services and for improvement of health professionals as described in “Background” above. At the time of project completion, there were continuing needs to further improve the medical service quality and capacity of health professionals.

<Consistency with Japan’s ODA Policy at the Time of Ex-Ante Evaluation>

According to the “Country Assistance Program for Viet Nam (2009)”, the Japanese government committed to support the four pillars of priority areas. One of them was “Improvements in Living and Social Conditions and Corrections of Disparities”, and under this pillar, “Improving Basic Social Services” was focused such as providing support to further improvements in medical services and their accessibility.

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement of the Project Purpose at the time of Project Completion>

At the time of project completion, the project partially achieved the Project Purpose, “Activities for human resources improvements are implemented by the MOH, three core hospitals, and the targeted hospitals based on human resources development policies and strategies in Medical Services System developed by MOH”. According to the data collected through the questionnaire survey conducted by the project at the terminal evaluation study, both the number of training courses and the number of trainees specified under Indicators 1 and 2 were achieved their targets respectively. However, it was identified by the ex-post evaluation study that the evaluation judgement was made based on the data for limited number of subjects. This was due to that the training courses for six out of nine training subjects started at the later stage because of the delay in training curriculum and training material approval. Furthermore, the data collected through the questionnaire survey included informal training cases, such as oral reporting or knowledge sharing among colleagues. The ex-post evaluation study identified that the definition of the indicators as well as their data collection processes should have been clearly defined at the time of terminal evaluation.

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

After the project completion, the project effects have partially continued. It was confirmed by the study, all of nine subjects of training curriculum and training materials were officially approved and the trainings of those subjects except one (Referral System) have been carried out since project completion. Questionnaire survey for 11 selected hospitals which account for 14% of targeted hospitals revealed that training courses of eight subjects have been mostly continued since project completion (Supplementary Information 1) The average number of trainings per year for all subjects combined was recorded as 112 training courses. Likewise, the participation of training courses of those eight subjects have been mostly continued (Supplementary Information 2). In average per year 5,869 participants have continuously received training for the same period. According to the interviews with core hospitals, some of training courses have still been held by trainees of trainings by the project. Interview with MSA and 7 hospitals including core hospitals revealed that all hospitals except Cho Ray hospital responded that they had continuously applied the standardized monitoring and evaluation methods since the project completion (Supplementary Information 3). This implies that the qualitative aspect of human resources capacity has been well monitored by the method introduced by the project.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

It is observed that the project has achieved its Overall Goal, i.e. “The quality of health care services in Medical Services System in Viet Nam is improved”. Patient satisfaction for all 11 hospitals has shown the improving trend up to the year 2018 when the satisfaction level achieved above 80% (Indicator 1)<sup>1</sup>. It was also confirmed by the study that the health care service quality at targeted hospitals had been appreciated by administrators of MOH. Furthermore, according to the report of MOH, the in-patient satisfaction for the 11 hospitals has been improving except CRH and the Hospital Quality Evaluation Result during 2015 to 2018 described on the above “Special Perspectives” has also shown the improving trend for most of 11 hospitals after the project completion (Supplementary Information 4) . Three core hospitals have been certified as “Special grade hospitals” and have played critical roles in provision of technical support and training for provincial and lower level hospitals in each region through the ‘Satellite Project<sup>2</sup>’ and the ‘1816 Project<sup>3</sup>’ initiated by MOH.

<Other Impacts at the time of Ex-post Evaluation>

Some ripple effects were identified during the ex-post evaluation study. Having been developed under close collaboration among MOH, three core hospitals and provincial hospitals, the training materials have been made as the national standardized materials for all hospitals to refer. The Training of Trainers (TOT) introduced by the project and TOT curriculum developed by the project along with the Decisions and Circulars issued by MOH have made the proper TOT system available for the hospitals nationwide. Under the Circular 22/2013/TT-BYT guiding CME activities for health professionals, it has become a rule that only trainers who have received trainings in medical teaching and learning methods are now allowed to train other health professionals, which may contribute to maintaining and further improving the quality of medical services.

<sup>1</sup>At the ex-post evaluation, only the data for in-patient satisfaction, which is often quoted as an important evidence of the improved quality, was available.

<sup>2</sup>“Satellite Project”: Approved in 2013 with an aim to enhance examination and treatment capabilities of provincial hospitals in 5 priority fields of oncology, trauma care, cardiology, obstetrics and pediatrics. Under this project, 9 central hospitals under MOH and 5 hospitals under Ho Chi Minh City DOH are playing the central role as “nuclear hospitals”, which provide training and technical transfer to 45 provincial hospitals nationwide.

<sup>3</sup>“1816 Project”: Approved in 2008 by Decision 1816 / QD-BYT under the title “Sending on rotation professional staff from upper hospitals (35 centrals under MOH, 25 under DOH in Ha Noi and Ho Chi Minh City) to lower hospitals for supporting in enhancing quality of medical service”.

<Evaluation Result>

Therefore, the effectiveness/impact of the project is fair.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results																																																																																																	
(Project Purpose) Activities for human resources improvements are implemented by the MOH, three core hospitals, and the targeted hospitals based on human resources development policies and strategies in Medical Services System developed by MOH.	Indicator 1: Number of the training courses that are conducted by the trainees of training courses organized by the Project (expected 270 training courses)	<p>Status of the Achievement: partially achieved (partially continued) (Project Completion)</p> <p>Number of trainings conducted by trainees of the projects</p> <table border="1"> <thead> <tr> <th></th> <th>Training Subject <sup>(1)</sup></th> <th>Planned</th> <th>Actual <sup>(2)</sup></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>TOT</td> <td></td> <td>968</td> </tr> <tr> <td>2</td> <td>Nursing Management</td> <td></td> <td>107</td> </tr> <tr> <td>3</td> <td>NIC</td> <td></td> <td>238</td> </tr> <tr> <td></td> <td>Total</td> <td>270</td> <td>1,313</td> </tr> </tbody> </table> <p>Note: (1) Data was limited to only three training subjects. (2) The figures include informal trainings, such as oral reporting or knowledge sharing among colleagues.</p> <p>(Ex-post Evaluation)</p> <p>Implementation status of training courses conducted by 11 targeted hospitals in the survey <sup>(3)</sup></p> <table border="1"> <thead> <tr> <th></th> <th>Training subjects</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019 Up to Oct.</th> <th>Average number of training courses per year<sup>(4)</sup></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>TOT</td> <td>12</td> <td>4</td> <td>4</td> <td>10</td> <td>7.50</td> </tr> <tr> <td>2</td> <td>Nursing Management</td> <td>3</td> <td>1</td> <td>12</td> <td>1</td> <td>4.25</td> </tr> <tr> <td>3</td> <td>NIC</td> <td>27</td> <td>14</td> <td>28</td> <td>20</td> <td>22.25</td> </tr> <tr> <td>4</td> <td>Training Management</td> <td>3</td> <td>0</td> <td>4</td> <td>1</td> <td>2.00</td> </tr> <tr> <td>5</td> <td>Hospital Quality Management</td> <td>3</td> <td>5</td> <td>7</td> <td>6</td> <td>5.25</td> </tr> <tr> <td>6</td> <td>Patient Safety</td> <td>9</td> <td>19</td> <td>8</td> <td>8</td> <td>11.00</td> </tr> <tr> <td>7</td> <td>Comprehensive Care</td> <td>4</td> <td>0</td> <td>2</td> <td>1</td> <td>1.75</td> </tr> <tr> <td>8</td> <td>Emergency</td> <td>41</td> <td>42</td> <td>68</td> <td>81</td> <td>58.00</td> </tr> <tr> <td>9</td> <td>Referral system</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0.50</td> </tr> <tr> <td></td> <td>Total</td> <td>104</td> <td>85</td> <td>133</td> <td>128</td> <td>112.50</td> </tr> </tbody> </table> <p>Note: (3) Targeted hospitals includes 3 core hospitals, 7 provincial hospitals and one central hospital. (4) Average number of training courses per year is shown as reference for the implementation status of the training courses conducted after the project completion. Those figures are not comparable with the planned data for project period of 5 years (270) shown under the Indicator 1.</p>		Training Subject <sup>(1)</sup>	Planned	Actual <sup>(2)</sup>	1	TOT		968	2	Nursing Management		107	3	NIC		238		Total	270	1,313		Training subjects	2016	2017	2018	2019 Up to Oct.	Average number of training courses per year <sup>(4)</sup>	1	TOT	12	4	4	10	7.50	2	Nursing Management	3	1	12	1	4.25	3	NIC	27	14	28	20	22.25	4	Training Management	3	0	4	1	2.00	5	Hospital Quality Management	3	5	7	6	5.25	6	Patient Safety	9	19	8	8	11.00	7	Comprehensive Care	4	0	2	1	1.75	8	Emergency	41	42	68	81	58.00	9	Referral system	2	0	0	0	0.50		Total	104	85	133	128	112.50
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		Total	6,084	4,671	7,706	5,013	5,869
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(Overall Goal) The quality of health care services in Medical Services System in Viet Nam is improved.	Indicator 1: 80% of hospitals are improved in the result of patient satisfaction study.	(Ex-post Evaluation) achieved					
		In-patient Satisfaction for 11 targeted hospitals					
		Name of the hospital	2015 Project Completion	2016	2017	2018	
		<b>Bach Mai Hospital (BMH)</b>	N/A	84%	88%	93%	
		-Ninh Binh Hospital	N/A	79%	81%	84%	
		-Yen Bai Hospital	92%	88%	100%	100%	
		<b>Hue Central Hospital (HCH)</b>	N/A	90%	97%	96%	
		-Quang Nam Central Hospital	N/A	N/A	80%	89%	
		-Da Nang C Hospital	N/A	94%	96%	97%	
		-Quang Tri Hospital	N/A	N/A	87%	92%	
		<b>Cho Ray Hospital (CRH)</b>	84%	85%	81%	85%	
		-Can Tho General Hospital	82%	87%	90%	88%	
	-Ben Tre Hospital	99%	90%	90%	95%		
	-Tien Giang hospital	N/A	82%	89%	89%		
	(Supplementary Information 4)	Hospital Quality Evaluation Result <sup>(7)</sup> of 11 targeted hospitals during 2015-2018 <sup>(9)</sup>					
		Name of the hospital	2015 Project Completion	2016	2017	2018	
		<b>Bach Mai Hospital (BMH)</b>	4.19	4.01	4.10	4.17	
		-Ninh Binh Hospital	3.38	3.08	3.28	3.31	
		-Yen Bai Hospital	N/A	3.32	3.67	3.73	
		<b>Hue Central Hospital (HCH)</b>	3.94	4.01	4.03	4.17	
-Quang Nam Central Hospital		3.32	3.18	3.54	3.85		
-Da Nang C Hospital		N/A	3.69	3.79	4.16		
-Quang Tri Hospital		N/A	3.36	3.39	3.59		
<b>Cho Ray Hospital (CRH)</b>		4.10	3.91	4.06	3.92		
-Can Tho General Hospital	3.26	3.28	3.50	3.60			
-Ben Tre Hospital	3.67	3.40	3.61	3.69			
-Tien Giang hospital	3.92	3.75	4.17	4.21			
Note: (9) Hospital Quality Evaluation Results show the quality assessment according to 83 criteria set by the Ministry of Health and examined with the scale of 5 levels.							

Source: Terminal Evaluation Report, JICA documents, Questionnaires and interviews with 11 targeted hospitals, MOH report

### 3 Efficiency

Both the project cost and the project period were within the plan (ratio against plan: 76% and 100%, respectively). The Outputs of the project were produced as planned. Therefore, the efficiency of the project is high.

### 4 Sustainability

#### <Policy Aspect>

Under “Five-Year Health Sector Development Plan (2016-2020)”, the Ministry of Health states that the quality of medical services should be urgently improved to cope with increasing needs for the people. In response to this, the MOH has issued several decisions, circulars and so on to further enhance the capacity development of medical professionals, such as “Circular 22/2013/TT-BYT” which is guiding compulsory medical knowledge updating through CME for health professionals.

#### <Institutional Aspect>

Medical Service Administration (MSA) under MOH consists of 9 departments and 2 units. According to the interviews with MSA, it is confirmed that the organizational settings and its manpower are sufficient to improve the medical services as well as to strengthen the capacity of health professionals. As for the training of health professionals, the Training Center of MSA has 15 staff to organize training in the fields of Nursing Management, Comprehensive Care, Hospital Quality Management, Infection Control, Patient Safety and Patient Referrals. There is a specific section in charge of training for each core hospital with 26 to 47 staff. BMH has 2,007 trainers of which 200 were trained by the project. HCH has 1,211 trainers of which 192 were trained by the project. No data on trainers is available for CRH. All three core hospitals have been organizing hundreds of training courses for health staff coming from provincial hospitals in 50 to 60 fields. According to the interviews with these core hospitals and MSA, the current structure and manpower in charge of training are relatively sufficient. However, during Ex-Post Evaluation study, there were some concerns on the handover work from those training managers who retired, to their successors on JICA related training activities should have been made better not to leave some vacancies, but to properly maintain the institutional memory.

#### <Technical Aspect>

At MSA and BMH, nearly half of the counterparts worked for the project were retired. As for HCH and CRH, the data is not available.

Most of equipment provided by the project has still been in operation except LCD Projectors that are left broken in the storage of three hospitals. Currently, the Visual Communication Systems have not been in use because they were replaced by TV conference system newly installed by themselves. As for the training in Hospital Quality Management and Patient Safety which are quite new fields, there are only some trainers in central hospitals, and no trainers available in many provincial hospitals. Therefore, MOH organizes training courses for these two fields at three regions every year for supporting training activities in provincial hospitals.

<Financial Aspect>

Though the total amount of MOH budget is not available, MOH allocates the total amount of 150 billion VND for specific projects every year with an aim to improve technical capacity to all hospitals focusing on priority fields such as cardiology, oncology, trauma surgery, pediatrics, obstetrics, intensive care, laboratory, hematology, blood transfusion and infectious diseases. Generally, budget for training is depended on the decision of management board and the allocated budget is given to priority areas, thus the amount allocated to the trainings in essential fields that have been focused by the project may fluctuate. Furthermore, if health professionals want to attend professional training in a specific specialty, they need to bear the cost by themselves.

Budget amounts of projects related to the training for health professionals conducted by MOH

	Categories	Amount
1	Satellite Project (2013-2020) approved by MOH	App 100 billion VND. No exact amount is mentioned in the Decision.
2	1816 Project	App 35 billion VND. No exact amount is mentioned in the Decision.
3	North East and Red River Delta Regions Health System Support Project (NORRED- WB Financed Project with an aim to increase the efficiency and equity in the use of hospitals services in 13 selected provinces of North East and Red River Delta.)	157 million USD 2013-2020

<Source: Interview with MSA/MOH >

<Evaluation Result>

In light of the above, some problems have been observed in terms of the technical and financial aspects of the implementing agency. Therefore, the sustainability of the effectiveness through the project is fair.

5 Summary of the Evaluation

The project partially achieved the Project Purpose “Activities for human resources improvements are implemented by the MOH, three core hospitals, and the targeted hospitals based on human resources development policies and strategies in Medical Services System developed by MOH”. The effects of the project have continued and further progressed after the project completion. The Overall Goal “The quality of health care services in Medical Services System in Viet Nam is improved” has been achieved. As for the sustainability, there are some problems in the technical and financial aspects but no problem in policy and institutional aspects.

Considering all of the above points, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency: MOH and 3 core hospitals

- The appointment of key counterparts for the Project should be considered to ensure continuation of the Project’s activities at least 5 years to cover the term of assignment. In addition, the substitute persons should be appointed to the vacant position to ensure the institutional aspect of the sustainability of the Project.
- The budget for implementing the training of essential fields in the hospitals should be constantly allocated by the Ministry of Health, Departments of Health Services and the leaders of hospitals even though it is unavoidable to adjust the budget by priority.

Lessons Learned for JICA:

- Due to the broad interpretation of “trainings” in some indicators, the collected data at the terminal evaluation ended up containing the informal type of training cases, which were not eligible to examine the achievements of the project. This was due to that some indicators had not been clearly defined and the data collection process had not been properly identified in the logical framework. Therefore, it is strongly recommended that the indicators to examine the achievement of the project should be clearly defined in terms of quantitative and qualitative aspects and their data collection processes should be available at the ex-post evaluation stage as well.

(Photo)



Emergency first-aid training on simulation for nurses in Tien Giang Hospital



TOT Training in Cho Ray Hospital

