

Country Name	Project for Strengthening Medical Services in Northwest Provinces
Socialist Republic of Viet Nam	

I. Project Outline

Background	<p>Most skillful health workers were concentrated in big cities and urban areas, while the remote and rural areas were lacking health professionals in both quality and quantity. Particularly, the Northwest Region, one of the poorest regions in Viet Nam, was facing an extreme shortage of medical staff, leading to the poor quality of medical services. Therefore, improvement of medical services at the region was considered as an urgent task of the sector.</p> <p>Under such circumstances, “The Project for Strengthening Health Provision in Hoa Binh Province (2004-2009)” supported by JICA made some achievements, which had set up the network of the Direction Office for Healthcare Activities (DOHA) at provincial and district level, and had made the referral system operated among the provincial and district hospitals through trainings to enhance the technical capacities of medical staff. It was then needed to build a complete cycle of DOHA and referral system from commune to provincial level in Hoa Binh Province, known as “the Hoa Binh model” and to disseminate this model to neighboring provinces, where improvement of medical service was urgently requested to respond the increasing needs of the people living in these areas. In parallel manner, the Japanese ODA Loan for “Regional and Provincial Hospital Development Project (2006-2011)” for the purpose of strengthening the hospital capacities in neighboring regions was implemented.</p>				
Objectives of the Project	<p>Through strengthening the managerial capacity of Ministry of Health (MOH) on DOHA, the establishment of referral system in Hoa Binh Province and the dissemination of the system to other five provinces, the project aimed to strengthen DOHA and referral system in the Northern mountainous provinces, thereby contributing to the improvement of the medical services in the target areas.</p> <ol style="list-style-type: none"> Overall Goal: The strengthened DOHA and referral system contribute to the sustainable improvements of medical services in Northern mountainous provinces. Project Purpose: DOHA and referral system in the target provinces are strengthened. 				
Activities of the Project	<ol style="list-style-type: none"> Project site: 6 Northwest Provinces (Hoa Binh Province, Son La Province, Dien Bien Province, Lai Chau Province, Lao Cai Province and Yen Bai Province) Main activities: (1) Strengthen the managerial capacity of MOH on DOHA, (2) Establish the referral system from the commune to District Hospitals (DHs) and Provincial General Hospitals (PGHs) in Hoa Binh Province, (3) Strengthen the managerial capacity on DOHA and referral system of other five provinces Inputs (to carry out above activities) *at the time of Terminal Evaluation <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Japanese Side</p> <ol style="list-style-type: none"> Experts: 6 persons (4 long-term, 2 short-term) Trainees received: 39 persons Provision of Equipment: Vehicle, office equipment, audiovisual equipment and resuscitation simulators for trainings of medical staff Local cost </td> <td style="width: 50%; vertical-align: top;"> <p>Vietnamese side</p> <ol style="list-style-type: none"> Staff allocated: 70 from Medical Service Administration (MSA), Provincial Department of Health (DOHs), PGHs and DHs of 6 provinces Land and facilities: Office space Local cost </td> </tr> </table> 			<p>Japanese Side</p> <ol style="list-style-type: none"> Experts: 6 persons (4 long-term, 2 short-term) Trainees received: 39 persons Provision of Equipment: Vehicle, office equipment, audiovisual equipment and resuscitation simulators for trainings of medical staff Local cost 	<p>Vietnamese side</p> <ol style="list-style-type: none"> Staff allocated: 70 from Medical Service Administration (MSA), Provincial Department of Health (DOHs), PGHs and DHs of 6 provinces Land and facilities: Office space Local cost
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Project Period	March 2013 – March 2017	Project Cost	(ex-ante) 254 million yen, (actual) 253 million yen		
Implementing Agency	Medical Service Administration (MSA) of Ministry of Health (MOH) Provincial Department of Health (DOHs), Provincial General Hospitals (PGHs), District Hospitals (DHs)				
Cooperation Agency in Japan	The National Center for Global Health and Medicine (NCGM)				

II. Result of the Evaluation

<Special Perspectives Considered in the Ex-Post Evaluation>

[Evaluating the Achievement of Project Purpose at the time of Project Completion]

• The number of referral patients used in the indicator 2 of the project purpose is not appropriate for measuring the achievement level of the Project Purpose because this number is heavily affected by other factors, such as the transfer of medical care technology, healthcare insurance, absolute number of patients rather than the contributions by the project such as DOHA unit management, referral activities and evidence-based planning, etc. This is also pointed out by the Terminal Evaluation Team. Moreover, the exact number of referral patients was not obtained during the Terminal Evaluation Study. Therefore, this ex-post evaluation study considered the achievement of this indicator as “not verifiable” at the time of project completion.

[Evaluating Continuation Status of Project Purpose after the Project Completion]

• The manner of assessment used at the Terminal Evaluation Study to examine the achievement of Indicator 1, “The operation of DOHA units is strengthened at PGHs and DHs in the target provinces. (to score maximum point of the Progress Evaluation Sheet for DOHA system)” could not be replicated and the judgmental standards used at the Terminal Evaluation Study were not available in the related documents. Therefore, this ex-post evaluation study examined the continuation status of the Project Purpose with alternative data, by focusing on the continuity of the operation of DOHA units and DOHA activities at PGHs and DHs in the target provinces. For this purpose, (i) the number of training on DOHA conducted per year, (ii) the number of participants of trainings per year, (iii) major referral activities (such as meetings) and its frequency and (iv) structures of DOHA establishment, were examined as Supplementary Information 1.

[Evaluating Achievement Status of Overall Goal]

• Since DOHA and referral criteria have not been reflected on the Hospital Quality Evaluation Criteria Book, it was not possible to use the Indicator 1, “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” to examine the achievement of the Overall Goal, “Strengthened DOHA and referral system are contributed to the sustainable improvements of medical services in Northern mountainous provinces”. Therefore, this ex-post evaluation study

examined the Overall Goal with currently available data, quantitatively and qualitatively, such as (i) improvement of medical services by referring to Hospital Quality Evaluation, (ii) Patient Satisfaction of selected hospitals in the target provinces, and (iii) the contribution of DOHA activities to the improvement of medical services by obtaining the evaluation of DOHA activities by each DOH via questionnaire, as Supplementary Information 2.

[Target year of Overall Goal]

• The indicator states that the target year of the Overall Goal is five to ten years after the project completion, which specifically means 2022 to 2027. Therefore, the achievement of the Overall Goal at the time of ex-post evaluation is analyzed based on the effects until the time of ex-post evaluation and assumed effects at the target year. To make an evaluation judgment, the demonstration of an upward trend of the indicator should be taken into account.

1 Relevance

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

At the time of ex-ante evaluation, under the “Comprehensive Development Design for the Health System in Viet Nam to 2010 and Vision by 2020”, known as the “Health Sector Master Plan for the year 2020”, the Government of Viet Nam (GOV) set its goal to strengthen the human resource development of health professionals, medical institutes from primary level to the tertiary level and to improve the quality of medical services. These goals were once set under the “Health Master Plan (2006-2010)” developed in 2006, but were not achieved. MOH considered that it was essential to strengthen the regional health service system in order to achieve those goals.

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

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.

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

According to the “Country assistance policy for the Socialist Republic of Viet Nam (2012)”, “Response to Fragility” was raised as one of the priority areas and Japanese Government committed the support to improve the social aspects and living, reduce poverty and correct disparity by developing the systems in the fields of health-care sector, social security and support to the socially disadvantaged etc, and developing rural areas. Assistance toward the six provinces targeted by the project, the ones of poorest areas and where their health indicators were unfavorable compared with that of national average, were thus relevant to the Japan’s policy.

<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, “DOHA and referral system in the target provinces are strengthened”. It was confirmed that the operation of DOHA units was strengthened in all six provinces. According to the Progress Evaluation Sheet for DOHA system, the score of DOHA system reached to the maximum point by the Terminal Evaluation as targeted. In respect of DOHA network and referral activities, the score also improved during the same period achieving 95% of the target (Indicator 1). On the other hand, how DOHA network and referral system implemented by the project actually contributed to the reduction of the number of referral patients (Indicator 2) could not be examined because of inappropriateness of the indicator, which was pointed out by the Terminal Evaluation Team. No exact data of referral patients’ number was obtained, either.

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

After the project completion, the project effects have partially continued. Hearings from the officials of MSA of MOH confirmed that DOHA has been functioning as one of hospital’s regular activities and so far, 32 out of 37 Central Hospitals have DOHA Training Unit and 51 out of 63 PGHs have DOHA Unit in nationwide. In case of the target provinces, the aggregated number of trainings on DOHA conducted and of those training participants have been steadily increasing. During three years after the project completion from 2017 to 2019, in an average, 77 trainings with 3,023 participants were annually conducted for the target provinces. The structure of DOHA has been established in each province and the referral activities in the form of periodical meetings have been maintained (Supplementary Information 1). DOHA, which means the activities such as technical training, technical guidance for enhancing capacity of medical staff in respective level of health facilities, has been sustained from provincial hospital to district hospital and further to the Commune Health Stations (CHSs) in the six provinces. The Central Hospitals (Bach Mai Hospital, Viet Duc Hospital etc.) have also been making great contributions by organizing a lot of trainings through MOH projects such as “1816 Project”¹ and “Satellite Project”² to the six provinces. Two-way communication sharing is active among the Central Hospitals, PGHs and DHs by using group chats, particularly in providing feedbacks on referral cases and on-line consultation when having difficulties in making diagnosis of severe cases.

On the other hand, in terms of the referral system in the lower level health facilities, with the effective of revised Health Insurance Law in 2016, the people have been allowed to directly access to the DHs passing the CHSs so that the referral system between commune to district level is no more active. MOH fully recognized the importance of CHSs particularly in the context of managing non-communicable diseases (NCDs) and has been putting a lot of efforts to enhance the service of CHSs. However, the utilization of CHSs does not improve because the CHSs mainly provide the day care services, such as immunization, health education, NCD related diseases management and their service on medical treatment is limited. Therefore, people who need the medical treatment want to go to the DHs to get more benefits. In terms of the Referral Data Management Software (RDMS) introduced by the project for the purpose of improving the monitoring referral activities has not been utilized because the RDMS could not be directly linked with their existing Hospital Information System (HIS) in which the current referral data is included. Then, the application of HIS was required to all hospitals by a decision of MOH in December 2017.<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

It is observed that the project has partially achieved its Overall Goal, i.e. “The strengthened DOHA and referral system contribute to the sustainable improvements of medical services in Northern mountainous provinces”. Since the indicator originally set to examine the achievement level is not verifiable as DOHA and referral criteria have not been reflected on the Hospital Quality Evaluation Criteria Book, the achievement level was examined by other source of information. According to the results of Hospital Quality Evaluation in

¹ “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 DOHs in Ha Noi and Ho Chi Minh City) to lower hospitals for supporting in enhancing quality of medical service”.

² “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. During 2013-2015, 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. By 2019, nuclear hospitals number increased from 14 to 23 that provided technical guidance and support to 130 satellite hospitals in 10 specialties of oncology, trauma care, cardiology, obstetrics, pediatrics, endocrinology, neurology, clinical hematology, ICU and poisoning prevention.

which DOHA and referral criteria is not included, four out of the six provinces have demonstrated the gradual improvement. Three provinces have achieved 3.0 point (60%) out of 5.0-point scale, but other three provinces have not yet. As for the patient satisfaction for both in-patient and out-patient, most of provinces have shown the improvement after the project completion. Furthermore, all DOHs/PGHs of the six provinces responded to the questionnaire that the contribution of DOHA activities to the improvement of medical services was “high”. This is because DOHA activities have enhanced the technical capabilities of medical staff through trainings, which eventually contributed to improving the medical services to attract more patients; DOHA activities have helped to tighten the connection between PGHs and DHs through two-way communication sharing (Supplementary Information 2).

It is stated in the original indicator that the target year of the Overall Goal is five to ten years after the project completion, which specifically means 2022 to 2027. It is assumed that the aim of Overall Goal has been steadily realized. At the same time, there are still some challenges, such as the referral system in lower level health facilities, etc.

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

No negative impacts were observed and no specific ripple effects were identified during the ex-post evaluation study.

<Evaluation Result>

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

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results																																																																				
(Project Purpose) DOHA and referral system in the target provinces are strengthened.	Indicator 1: The operation of DOHA units is strengthened at PGHs and DHs in the target provinces. (to score maximum point in the Progress Evaluation Sheet for DOHA system)	<p><u>Status of the Achievement: achieved</u> (Project Completion)</p> <ul style="list-style-type: none"> The indicator was examined according to the Progress Evaluation Sheet for DOHA system by applying two numerical data, (i) the score of which level of DOHA system is quantified (scored) by the project according to MOH standard such as Decision and Circulars, with maximum point as 10.0 (shown in upper cell of each province of the table) and (ii) the score of which level of DOHA network and referral activities are quantified by the project, with maximum point as 13.0 (shown in lower cell of each province of the table). As for DOHA system, the average score of the six provinces was 7.8 at the beginning of the Project in 2013, while it improved further up to the maximum point of 10.0 at the Terminal Evaluation in 2016. As for DOHA network and referral activities, the average score of the six provinces was 1.2 at the beginning of the Project in 2013, while it improved to 12.3 at the Terminal Evaluation in 2016, achieving 95% of the target. As a whole, it was confirmed that DOHA system as well as DOHA network and referral activities were improved as expected. <p style="text-align: center;">Status of DOHA system established in 6 targeted provinces (i) DOHA system and (ii) DOHA network and referral activities</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Province</th> <th>Data type</th> <th>At the beginning of the project in 2013⁽¹⁾</th> <th>2015</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Hoa Binh</td> <td>(i)</td> <td>9.5</td> <td>10.0</td> <td>10.0</td> </tr> <tr> <td>(ii)</td> <td>7.0</td> <td>12.0</td> <td>15.5⁽²⁾</td> </tr> <tr> <td rowspan="2">Son La</td> <td>(i)</td> <td>8.0</td> <td>9.0</td> <td>10.0</td> </tr> <tr> <td>(ii)</td> <td>0.0</td> <td>11.0</td> <td>13.0</td> </tr> <tr> <td rowspan="2">Dien Bien</td> <td>(i)</td> <td>7.0</td> <td>7.5</td> <td>10.0</td> </tr> <tr> <td>(ii)</td> <td>0.0</td> <td>5.0</td> <td>7.0</td> </tr> <tr> <td rowspan="2">Lai Chau</td> <td>(i)</td> <td>7.0</td> <td>10.0</td> <td>10.0</td> </tr> <tr> <td>(ii)</td> <td>0.0</td> <td>10.0</td> <td>13.0</td> </tr> <tr> <td rowspan="2">Lao Cai</td> <td>(i)</td> <td>7.0</td> <td>9.0</td> <td>10.0</td> </tr> <tr> <td>(ii)</td> <td>0.0</td> <td>11.0</td> <td>13.0</td> </tr> <tr> <td rowspan="2">Yen Bai</td> <td>(i)</td> <td>8.0</td> <td>10.0</td> <td>10.0</td> </tr> <tr> <td>(ii)</td> <td>0.0</td> <td>8.0</td> <td>12.0</td> </tr> <tr> <td rowspan="2">Average of the six provinces</td> <td>(i)</td> <td>7.8</td> <td>9.3</td> <td>10.0</td> </tr> <tr> <td>(ii)</td> <td>1.2</td> <td>9.5</td> <td>12.3</td> </tr> </tbody> </table> <p>Note: (1) The scores of (ii) DOHA network and referral activities (figures of lower cell) for provinces except Hoa Binh Province were marked “0” at the beginning of the Project. This is because no DOHA network and referral activities based on the Hoa Binh model were introduced to these five provinces before the project. (2) Maximum score of 15.5 is set for Hoa Binh Province which had been assisted by the previous technical cooperation project.</p>	Province	Data type	At the beginning of the project in 2013 ⁽¹⁾	2015	2016	Hoa Binh	(i)	9.5	10.0	10.0	(ii)	7.0	12.0	15.5 ⁽²⁾	Son La	(i)	8.0	9.0	10.0	(ii)	0.0	11.0	13.0	Dien Bien	(i)	7.0	7.5	10.0	(ii)	0.0	5.0	7.0	Lai Chau	(i)	7.0	10.0	10.0	(ii)	0.0	10.0	13.0	Lao Cai	(i)	7.0	9.0	10.0	(ii)	0.0	11.0	13.0	Yen Bai	(i)	8.0	10.0	10.0	(ii)	0.0	8.0	12.0	Average of the six provinces	(i)	7.8	9.3	10.0	(ii)	1.2	9.5	12.3
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Supplementary Information 1: Continuity of the operation of DOHA units and DOHA activities at PGHs and DHs to be measured by the followings: (i) the number of	Supplementary Information 1: Continuity of the operation of DOHA units and DOHA activities at PGHs and DHs to be measured by the followings: (i) the number of	<p><u>Status of the Achievement: partially continued</u> (Ex-post Evaluation)</p> <ul style="list-style-type: none"> The operation of DOHA unit has been maintained and trainings on DOHA have continued in all six provinces. Both aggregated number of trainings and the aggregated number of training participants for the six provinces have been steadily increasing. During three years after the project completion from 2017 to 2019, the averages of 77 trainings with 3,023 participants were annually conducted for the six provinces. 																																																																				

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	(ii)the number of participants of trainings on DOHA per year	Items	2016	Project Completion 2017	2018	2019	Average per year (2017-2019)																																									
		(i) the number of trainings on DOHA conducted, aggregated for the six provinces	34	83	62	86	77																																									
		(ii)the number of participants for the training on DOHA, aggregated for the six provinces	1,563	2,037	2,841	4,191	3,023																																									
	(iii) major referral activities (such as meetings) and its frequency	Supplementary Information 1-(iii) • It was confirmed by the questionnaire survey that all provinces have maintained the referral activities in the form of periodical meetings. It should be noted that with the effective of revised Health Insurance Law in 2016, the people have been allowed to directly access to the DHs passing the CHSs so that the referral system in the lower health facilities between commune to district level is no more active.																																														
	(iv) structures of DOHA establishment	Supplementary Information 1-(iv) • It was confirmed by the questionnaire survey that the structures of DOHA have been established in each province. Under DOHs, the Medical Professional Division is a focal point of DOHA and referral activities. In PGHs, DOHA -Training Unit was set up to overview all activities and has served as a hub to connect with Central Hospitals through conducting training and technical transfer activities. In DHs and other provincial specialized hospitals, DOHA unit is located inside of the General Planning Division. In CHSs, one staff is assigned to be in charge of DOHA.																																														
	Indicator 2: Reduced more than 10% of number of referral patients in the fields which technical transfer/training has been conducted for at PGHs and DHs in the target provinces.	<u>Status of the Achievement: not verifiable</u> (Project Completion) • As explained in the special perspective.																																														
(Overall Goal) The strengthened DOHA and referral system contribute to the sustainable improvements of medical services in Northern mountainous provinces.	Indicator 1: 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.	<u>Status of the Achievement: not verifiable</u> (Ex-post Evaluation) • As explained under the “Special Perspectives Considered in the Ex-Post Evaluation”, DOHA and referral criteria have not been reflected on the Hospital Quality Evaluation Criteria Book, it is not possible to examine the Overall Goal by this indicator. Therefore, the achievement level of Overall Goal is to be examined by the following supplementary information.																																														
	Supplementary Information 2: (i) improvement of medical services by referring to Hospital Quality Evaluation ⁽³⁾ <i>*the demonstration of an upward trend is to be examined.</i>	<u>Status of the Achievement: partially achieved</u> (Ex-post Evaluation) Supplementary Information 2-(i) - Average for all PGHs/DHs surveyed																																														
	(ii) patient satisfaction of selected hospitals in the target provinces <i>*the demonstration of</i>	<table border="1"> <thead> <tr> <th>Province</th> <th>Number of PGH/DH surveyed</th> <th>2017</th> <th>2018</th> <th>2019</th> <th>Status of change</th> </tr> </thead> <tbody> <tr> <td>Hoa Binh</td> <td>14</td> <td>2.89</td> <td>2.88</td> <td>3.05</td> <td>improved</td> </tr> <tr> <td>Son La</td> <td>20</td> <td>3.08</td> <td>3.25</td> <td>2.79</td> <td></td> </tr> <tr> <td>Dien Bien</td> <td>14</td> <td>2.37</td> <td>2.65</td> <td>2.77</td> <td>improved</td> </tr> <tr> <td>Lai Chau</td> <td>10</td> <td>na</td> <td>2.43</td> <td>2.56</td> <td>improved</td> </tr> <tr> <td>Lao Cai</td> <td>1</td> <td>3.50</td> <td>3.72</td> <td>3.59</td> <td></td> </tr> <tr> <td>Yen Bai</td> <td>15</td> <td>2.88</td> <td>3.01</td> <td>3.13</td> <td>improved</td> </tr> </tbody> </table> <p>Note: (3) Hospital Quality Evaluation shows the quality assessment of medical services according to 83 criteria set by MOH and examined with the scale of 5 levels as 5.0 being maximum point.</p>						Province	Number of PGH/DH surveyed	2017	2018	2019	Status of change	Hoa Binh	14	2.89	2.88	3.05	improved	Son La	20	3.08	3.25	2.79		Dien Bien	14	2.37	2.65	2.77	improved	Lai Chau	10	na	2.43	2.56	improved	Lao Cai	1	3.50	3.72	3.59		Yen Bai	15	2.88	3.01	3.13
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<p><i>an upward trend is to be examined.</i></p> <p>(iii) contribution of DOHA activities to the improvement of medical services</p>	Son La ⁽⁴⁾	20	86.00	90.50	95.20	improved	
	Dien Bien ⁽⁴⁾	14	91.50	98.11	91.90		
	Lai Chau	10	81.32	82.00	87.50	improved	
			89.30	83.85	83.38		
	Lao Cai	1	90.00	91.00	94.40	improved	
			86.00	85.00	93.10	improved	
	Yen Bai	15	92.39	94.10	97.30	improved	
			92.43	94.53	97.50	improved	
	<p>Note: (4) Patient Satisfaction for in-patient and out-patient are aggregated.</p> <p>Supplementary Information 2-(iii)</p> <p>*According to the questionnaire survey conducted by this study, all DOHs/PGHs responded that the level of contribution of DOHA activities toward the improvement of medical services was “high”.</p> <p>*There are several reasons. Main reasons are such that DOHA activities have enhanced the technical capabilities of medical staff through trainings, which eventually contributed to improving the medical services to attract more patients; DOHA activities have helped to tighten the connection between PGHs and DHs through two-way alternate communication, such as group chat; DOHA activities have made the referral data analyzed and reflected in designing training plan for DHs.</p>						

Source: Terminal Evaluation Report, JICA documents, Questionnaires for MSA of MOH, DOHs/PGHs of the target provinces, interview with MSA of MOH and DOHs/PGHs of Hoa Binh and Yen Bai Provinces

3 Efficiency

Both the project cost and the project period were as planned (ratio against plan: 100% 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 the “Five-Year Health Sector Development Plan (2016-2020)”, it is stated that the quality of medical services should be urgently improved to cope with increasing needs for the people. One of its objectives is the improvement of the quality and effectiveness of the service delivery network through ensuring the collaboration, linkage and integration among different levels of cares.

<Institutional/Organizational Aspect>

At the central level, in MOH, the DOHA Division was merged with the Hospital Quality Management Division to become the Hospital Quality Management - DOHA Division as of July 2018. At provincial level, DOHA is managed by the Professional Medical Division under the DOHs, which serves as a hub to supervise all DOHA and referral activities in the province. In PGH, there are 2 to 3 staff under the DOHA division supervised by the leadership of the Vice Director. Staff in charge of DOHA and referral activities most likely work in part-time and do the clinical works as well. At the district level, DOHA unit belongs to the General Planning Division under DHs and one person is assigned to coordinate the work with all those belonged to CHSs and DOHA staff. As for the referral meetings, they were integrated with regular review meeting (either online or face to face) which is periodically held by monthly or quarterly basis. In terms of the improvement of the quality and effectiveness of the service delivery, it still requires the skill transfer to lower levels through various forms such as to continue rotating health professionals between health facilities and across levels, to enhance DOHA through training and coaching and to provide remote health counselling. MOH has also issued several decisions, circulars to further enhance the capacity development of health professionals.

<Technical Aspect>

Technical skills and knowledge of medical staff have been well sustained through the on-the-job training among staff in charge of DOHA and referral activities. It was observed through the field visits that the core staff in charge of DOHA in Hoa Binh and Yen Bai Provinces have actively engaged in DOHA activities. The Handbook on DOHA and Referral developed by the project has been utilized in the respective target provinces. On the other hand, the Referral Data Management Software (RDMS) introduced by the project has not been utilized. Considering that DOHs and PGHs develop the training plans by analyzing the data on HIS to identify the strengths and weaknesses of the hospitals, the direct linkage with the RDMS which facilitates the monitoring referral activities should have been well coordinated.

<Financial Aspect>

MSA of MOH has secured about 3 billion VND per year for DOHA activities nationwide. The budget is used for training on annual review meeting of the “1816 Project” and “Satellite Project” as well as monitoring and supervising DOHA activities. In provinces, however, the budget for DOHA is very limited, thus each hospital has to arrange budget for training by themselves. Furthermore, an autonomous financial policy on regular expenditure of hospitals implemented in 2018 has posed a big challenge for all hospitals. Interviews with leaders of DOHs, PGHs and DHs of Yen Bai and Hoa Binh Provinces revealed that they have faced some difficulties, particularly to conduct trainings to lower level health facilities. At the same time, they remarked that they would do their best for capacity improvement of lower level health facilities.

<Evaluation Result>

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

5 Summary of the Evaluation

The project partially achieved the Project Purpose “DOHA and referral system in the target provinces are strengthened.” The effects of the project have partially continued after the project completion. The structure of DOHA establishment has been properly formed and DOHA and referral activities have been continued in the target provinces. DOHA has been functioned as one of hospital’s regular activities, but the referral system in the lower level health facilities needs further improvement. The Overall Goal “The strengthened DOHA and referral system contribute to the sustainable improvements of medical services in Northern mountainous provinces.” has been partially achieved. As for the sustainability, there are no problems in the policy aspect, but some problems in the technical and financial aspects of the implementing agency. Considering all of the above points, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency :

The MSA of MOH

• DOHA network and its activities have been operating quite well in the target provinces and each province has its own initiatives in promoting DOHA activities despite of budget limitation. Therefore, it would be highly expected that MSA/MOH can explore some opportunities, such as a cross study visit among provinces for a purpose of sharing good practices.

Lessons Learned for JICA:

- 1) In the process of project designing as well as during its implementation, a software should be carefully developed with sound consultation with IT Department of MOH and also leading IT companies, so that it can be effectively utilized to match the needs in the hospital management. The RDMS introduced by the project and was once planned to be officially deployed in the six target provinces, in order to facilitate the monitoring referral activities, has not been utilized. Because the RDMS could not be directly linked with their existing Hospital Information System (HIS) in which current referral data is included, thus it would hamper the conveniences for users.
- 2) It is important to set the indicators that can be examined by the available data even after the project is completed.
 - It was identified that the manner of assessment used at the Terminal Evaluation Study to examine the achievement of one of the indicators originally set for the Project Purpose could not be replicated and the judgmental standards were not clearly presented in the Terminal Evaluation Report, which made the data collection unavailable. The indicator to examine the achievement of the Overall Goal was identified as not verifiable at the time of ex-post evaluation due to the unavailability of data. This ex-post evaluation study examined the continuation status of the Project Purpose and the achievement of the Overall Goal by setting the Supplementary Information.
 - In case that an inappropriateness of indicator is identified during the project period, the modification of indicator should be carefully determined with counterparts before the project completion. One of the indicators to examine the achievement of the Project Purpose was identified as inappropriate at the time of Terminal Evaluation Study, but no alternative indicator was determined. The feasibility and appropriateness of the indicator should have been thoroughly examined at the time of project formulation and during the project implementation period.



A nurse of Yen Bai General Hospital performs CPR technique in a training.

(Photo)



An infection control training course organized in Luc Yen DH / Yen Bai Province