

付 属 資 料

1. ミニッツ・合同評価報告書
2. 中間評価の質問票
3. 評価グリッド

**MINUTES OF MEETINGS
BETWEEN THE JAPANESE MID-TERM EVALUATION TEAM AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE SOCIALIST REPUBLIC OF VIETNAM
ON JAPANESE TECHNICAL COOPERATION PROJECT
FOR STRENGTHENING HEALTH SERVICES PROVISION
IN HOA BINH PROVINCE**

The Japanese Mid-term Evaluation Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. NAKAGAWA Hiroaki, visited the Socialist Republic of Vietnam from May 12 to 25, 2007. The purpose of the Team was to monitor the activities and evaluate the achievements made so far in the Project for Strengthening Health Services Provision in Hoa Binh Province (hereinafter referred to as "the Project").

During its stay, both the Team and authorities concerned of the Socialist Republic of Vietnam (hereinafter referred to as "both sides") had a series of discussions and exchanged views on the Project. Both sides jointly monitored the activities and evaluated the achievement based on the Record of Discussions signed on December 3, 2004 (hereinafter referred to as "R/D") and the Project Design Matrix modified on May 11, 2006 (hereinafter referred to as "PDM-2").

As a result of the discussions, both sides agreed to the matters referred to in the documents attached hereto.

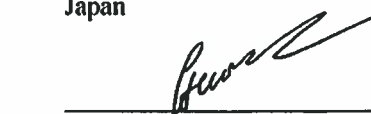
Hoa Binh City, May 24, 2007



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THE ATTACHED DOCUMENT

1. The agreed result of joint monitoring and mid-term evaluation of the Project is attached in this document as Joint Mid-term Evaluation Report in the Attachment 3.
2. As a result of the mid-term evaluation, indicators in PDM-2 are revised so that the effectiveness of the project can be appropriately measured in line with the Project's current directions and approaches. The revised PDM is shown in the Attachment 1, and explanation of revised indicators is shown in Attachment 2.

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PROJECT DESIGN MATRIX(PDM): The Project for Strengthening Health Services Provision in Hoa Binh Province

PROJECT NAME: Project for Strengthening Health Services Provision in Hoa Binh Province

TARGET AREA: Hoa Binh Province

DURATION: 2004.12-2009.12

TARGET GROUP: Direct Target Group: Health personnel of Hoa Binh General Hospital and District Hospitals in Hoa Binh Province

DATE: May 24, 2007

VER. NO.: PDM-3

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>OVERALL GOAL: Medical system which has its effectiveness verified in Hoa Binh Province is introduced and diffused to other provinces in Northern Vietnam</p>	<p>OGI-1. The MoH and Hoa Binh province disseminate project's outputs and experiences to relevant organizations and other provinces. OGI-2. Project's important outputs such as a guidebook for DOHA training and guideline or referral system are used as guide and referral by other provinces to strengthen their DOHA activities.</p>	<p>OGI-1. No. of promotional activities OGI-2. Project biannual Report</p>	<p>Access to health service is not worsened.</p>
<p>PROJECT PURPOSE: Medical system in Hoa Binh Province is strengthened through establishment of DOHA and patient referral system</p>	<p>PPI-1. 11 district hospitals (DHs) and HGH are all graded as "Excellent" on the criteria related to the project by annual evaluation of medical institutes conducted by the Ministry of Health.</p>	<p>PPI-1. Hospital evaluation</p>	<p>Financial allocation to health sector by the Government does not decrease. Serious epidemic does not outbreak.</p>
<p>OUTPUTS: 1. Management capacity of Hoa Binh Provincial Health Service (HBPHS) is enhanced 2. Technical guidance system from HGH to DHs and lower levels can function effectively through improving management capacity of DOHA department in HGH and collaboration with Bach Mai Hospital 3. Patients' referral system is established</p>	<p>OP1-1. HBPHS manages training and referral system and the joint final evaluation committee rates its performance "effective". OP2-1. By the end of the project, training support by the HGH to DHs is institutionalized, and its training system is rated by the joint final evaluation committee "effective". OP2-2. A practical guidebook for training by provincial hospital to DHs is produced and promoted to important stakeholders. OP3-1. A guideline on patients' referral for Hoa Binh province is produced and utilized by HGH and DHs. OP3-2. Monthly reports on referral patients from DHs is analyzed by HGH and feedback to DHs. OP3-3. Number of feedback of referral patients' information from HGH to DHs in case of diagnosis incompatibility between HGH and DHs increases. OP3-4. The percentage of the emergency cases in which DHs do not send patient's information prior to transportation to HGH significantly decreases. OP3-5. Number of patients without reference from district hospitals decreases. OP3-6. Regular meetings between DHs and HGH are organized monthly and case reviews are conducted.</p>	<p>OP1-1. Joint final evaluation committee OP2-1. Joint final evaluation committee OP2-2. Practical guidebook OP3-1. Guideline made by HBPHS / HGH OP3-2. Report by HGH OP3-3. Report by HGH OP3-4. Report by HGH OP3-5. Report by HGH OP3-6. Minutes of meeting</p>	<p>Master plan of development of health sector of Hoa Binh for period 2001-2010 is implemented. Selected facilities are upgraded and essential medical equipment is provided to DHs under the ADB-funded Project.</p>

PROJECT DESIGN MATRIX(PDM): The Project for Strengthening Health Services Provision in Hoa Binh Province

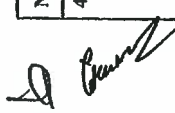
NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
4. Hoa Binh General Hospital can function effectively in the frame of Provincial Referral system	OP4-1. HGH is rated "Excellent" by annual evaluation of medical institutes of the Ministry of Health on the criteria related to the project. OP4-2. By the end of the Project, patients' dissatisfaction rate of HGH significantly decreases. OP4-3. By the end of the Project, training is institutionalized in the HGH and its training system is rated by the joint final evaluation committee "effective".	OP/4-1. Hospital evaluation OP/4-2. Patient dissatisfaction survey OP/4-3. Joint final evaluation committee	

DOHA: Direction Office for Healthcare Activities

HBPHS: Hoa Binh Provincial Health Service

HGH: Hoa Binh General Hospital

DHs: District Hospitals





PROJECT DESIGN MATRIX(PDM): The Project for Strengthening Health Services Provision in Ho Chi Minh Province

NARRATIVE SUMMARY	INPUTS		IMPORTANT ASSUMPTIONS
	INPUTS (JAPAN)	INPUTS (VIETNAM)	
<p>ACTIVITIES:</p> <p>1-1. Conduct training for HBPHS staff on management</p> <p>1-2. HBPHS supervises and takes leadership in the activities for strengthening DOHA and patient referral system</p> <p>1-3. Promote such project management cycle as planning, implementation, monitoring and evaluation</p> <p>1-4. Hold different kind of meeting for the Project coordination</p>	<p>1. HUMAN RESOURCES</p> <p>1-1. Long-term Experts and Project Personnel Chief Advisor (60MM: 2004-2009) Project Coordinator (60MM:2004-2009)</p> <p>1-2. Short-term Experts</p> <p>1) Referral System 2) Emergency Medical System 3) Nursing Management 4) Paediatric Medical System 5) Medical Equipment Management 6) Training Management</p> <p>2. FACILITIES AND EQUIPMENT</p> <p>1) Necessary machinery, equipment and other materials for the implementation of the project</p> <p>3. TRAINING IN JAPAN</p> <p>1) Counterpart Training (2 persons/year)</p>	<p>1. HUMAN RESOURCES</p> <p>1) Project Manager 2) Project Vice Manager 3) Technical staff 4) Administrative officer 5) Accountant</p> <p>2. FACILITIES AND EQUIPMENT</p> <p>1) Office space for Project 2) Training Facilities</p> <p>3. FINANCIAL RESOURCES</p> <p>1) Necessary costs for project operation</p>	<p>Staff who obtained trainings does not transfer to other institutions.</p>
<p>2-1. Conduct training for HBPHS and DOHA in HGH on training management</p> <p>2-2. Review and identify needs and technical level of provincial health staff in collaboration with Bach Mai Hospital and other central hospitals</p> <p>2-3. Promote such training management cycle as planning, implementation, monitoring and evaluation</p> <p>2-4. Review and identify needs and technical level of DHs' staff with HBPHS</p> <p>2-5. Formulate annual training plan for DHs with HBPHS</p> <p>2-6. Conduct training and evaluation for DHs with HBPHS</p> <p>2-7. Manage such concerning training information as training courses, trainees' information and training material...)</p> <p>2-8. Conduct training of trainers (TOT) for provincial health staff in collaboration with Bach Mai Hospital and other central hospitals (Priority areas: Emergency, Nursing, Medical equipment management, Nosocomial infection control, Total care)</p> <p>2-9. Conduct training in priority areas from HGH to DHs</p> <p>2-10. Make out curricula / teaching materials in priority areas</p> <p>2-11. Hold regular meeting among HBPHS, HGH and DHs on technical guidance system</p>			

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PROJECT DESIGN MATRIX(PDM): The Project for Strengthening Health Services Provision in Hoà Binh Province

NARRATIVE SUMMARY	INPUTS	IMPORTANT ASSUMPTIONS
<p>3-1. Conduct training on referral system for HBPHS, HGH and DHs 3-2. Committees on referral system at provincial and district levels are established and hold regular meeting for further improvement of referral system 3-3. Review patient referral criteria, recording / reporting system and identify the problems, and make out action plan 3-4. Implementation, evaluation and monitoring are conducted according to above action plan 3-5. Improve communication measures between General Hospital and DHs (FAX machine etc...) 3-6. Conduct meetings on referral system among MOH, Central Hospitals and related organizations in Hoa Binh Province</p>		
<p>4-1. Conduct trainings for General Hospital medical/ technical staff on priority areas: Emergency and other concerned area including nursing and total care 4-2. Conduct conference on emergency and its concerned area 4-3. Conduct training for General Hospital managerial staff on 1)planning, 2)financial management, 3)management of medical equipment, 4) nursing management, 5) Nosocomial infection control, 6)pharmaceutical management and 7)medical record management 4-4. Conduct daily and regular check-ups of medical equipment and make operational guideline 4-5. Planning, implementation and evaluation of in-hospital education are conducted in nursing department in collaboration with Hoa Binh Secondary Medical School. 4-6. Establish nosocomial infection control division and make its guideline 4-7. Equip the library with essential materials</p>		<p>PRECONDITIONS: Support from MOH and Bach Mai Hospital is obtained.</p>

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Explanation of revised indicators in PDM

No.	Indicators	Remarks
OG 1-1	The Ministry of Health and Hoa Binh province disseminate project's outputs and experiences to relevant organizations and other provinces.	Criteria include the number of promotional activities conducted via seminar, presentation, publication, web site , study tour to Hoa Binh, etc.
OG 1-2	Project's important outputs such as a guidebook for DOHA training and guideline of referral system are used as guide and reference by other provinces to strengthen their DOHA activities.	
PPI-1	11 district hospitals and HGH are all graded as "Excellent" on the criteria related to the project by annual evaluation of medical institutes conducted by the Ministry of Health.	The criteria include "Examination and treatment", "Training", "Referral Guideline", "Diagnosis, hospitalization, department transference, hospital transference and discharge", "Nursing and total care", "Medical ethics and professional culture", "Emergency department", "Medical equipment management", "Nosocomial infection control" and "Hospital management". Such evaluation is conducted in November. Results of evaluation will be available in December 2007, 2008 and 2009.
OPI-1	HBPHS manages training and referral system and the joint final evaluation committee rates its performance "effective".	The committee will consist of specialists in relevant fields from organizations such as the Ministry of Health, the Vietnamese Government, a university and JICA, etc. Criteria to be used for evaluation include the following: <ul style="list-style-type: none"> ■ Use of planning and M&E tools and formats introduced by the project ■ Level of information management and use of collected information ■ Frequency and contents of meetings organized by HBPHS ■ Quality of planning and monitoring documents
OP2-1	By the end of the project, training support by the HGH to district hospitals is institutionalized, and its training system is	The committee will consist of specialists in relevant fields from organizations such as the Ministry of Health, the Vietnamese Government, a university and JICA, etc. Criteria to be used

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	rated by the joint final evaluation committee "effective".	<p>for evaluation include the following:</p> <ul style="list-style-type: none"> ■ Functionality of training flow, procedures and system introduced by the project ■ Quality of the training programs, instructors and teaching materials ■ Methods of securing and training TOT trainer and the effectiveness of the methods ■ Level of planning and M&E activities of DOHA department of HGH and DOHA sub-committee of district hospitals ■ Quality of needs assessment and planning documents of district hospitals
OP2-2	A practical guide book for training by provincial hospital to district hospital is produced and promoted to important stakeholders.	
OP3-1	A guideline on patients' referral for Hoa Binh province is produced and utilized by HGH and district hospitals.	<p>Such a guideline includes the following contents:</p> <ul style="list-style-type: none"> ■ Objectives ■ Relevant policy and institutional framework ■ How to design a system and develop an implementation plan ■ How to build a referral system and important considerations for each step ■ How to collect, compile, analyze and feedback information of referred patients ■ Samples of different formats and how to fill out them ■ Necessary training to different actors
OP3-2	Monthly reports on referral patients from district hospitals is analyzed by HGH and feedback to district hospitals.	
OP3-3	Number of feedback of referral patients' information from HGH to district hospitals in case of diagnosis incompatibility between HGH and district hospitals increases.	
OP3-4	The percentage of the emergency cases in which district	Currently, data on the patients with prior notice is not available. The current procedures should

	hospitals do not send patient's information prior to transportation to HGH significantly decreases.	be reviewed and HGH should compile such data.
OP3-5	Number of patients without reference from district hospitals decreases.	From the current format, it is not possible to identify the actual number of by-pass patients. The format needs to be revised by adding an item which shows the reasons why they went to HGH without reference.
OP3-6	Regular meetings between district hospitals and HGH are organized monthly and case reviews are conducted.	The criteria include the number of meetings held and case reviews conducted, contents, quality and usefulness of case review for district and provincial hospital staff.
OP4-1	HGH is rated "Excellent" by annual evaluation of medical institutes of the Ministry of Health on the criteria related to the project	
OP4-2	By the end of the project, patients' dissatisfaction rate of HGH significantly decreases.	In order to assess progress, questionnaire survey should be conducted periodically by the project.
OP4-3	By the end of the project, training is institutionalized in the HGH and its training system is rated by the joint final evaluation committee "effective".	The committee will consist of specialists in relevant fields from organizations such as the Ministry of Health, the Vietnamese Government, a university and JICA, etc. Criteria to be used for evaluation include the following: <ul style="list-style-type: none"> ■ Functionality of training flow, procedures and system introduced by the project ■ Quality of the training programs, instructors and teaching materials ■ Methods of securing and training TOT trainer and the effectiveness of the methods ■ Level of planning and M&E activities of DOHA department ■ Quality of needs assessment and planning documents of district hospitals

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Joint Mid-term Evaluation Report
for
the Project for Strengthening Health Services Provision
in Hoa Binh Province

May 24, 2007

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ANNEX

Annex 1: Project Design Matrix (PDM) version 1 and version 2

Annex 2: Proposed Revision of Indicators in PDM

Annex 3: List of Interviewees

Annex 4: List of Questionnaire

Chapter I Introduction

1.1 Background of the Evaluation Study

Recent rapid economic growth in Viet Nam has contributed to development in rural infrastructure, decreases in hunger and poverty, and smaller household size. Such progress, combined with steady efforts by a comprehensive grassroots health network, contributed to significant improvement of health indicators. Nevertheless, there remain prior and newly emerging challenges in the sector that require further attention, but have not yet be addressed due to budgetary restrictions, administrative inefficiencies, and difficulties in handling regional disparities and diversities.

The Japan International Cooperation Agency (hereinafter referred to as "JICA") has provided assistance to Viet Nam's health sector to help enable the country to respond to those challenges. More specifically, JICA has formulated an assistance strategy to contribute to the strengthening of the referral system, focusing on enhancing the functions, step-by-step, of each vertical stratum of healthcare services providers, from top-referral level to the providers in lower strata, and also to strengthen the links between providers in different levels. In 2001, JICA organized the Project Formulation Study on Strengthening Healthcare Services Provision in Northern Part of Viet Nam, and as a result, the Study Team observed a major technical and resource gap between the top-referral and lower levels, and suggested that in order to strengthen the capacity of healthcare services providers at the provincial level and below, JICA's assistance should proceed step-by-step, with the first stage being the selection of a pilot province(s) for a trial project, with the decision on whether to pursue further projects, either through replication or scaling up, to follow.

Resulting from a series of discussions that took place during the Study, the request for technical cooperation on the "Project for Enhancement of Capacity of Hoa Binh Province's Healthcare Sector" was formulated by the Government of the Socialist Republic of Vietnam and forwarded to Government of Japan in August 2003. Through dispatch of two Preparatory Study Teams and signing of Record of Discussions on December 3, 2004, the Project for Strengthening Health Services Provision in Hoa Binh Province (hereinafter referred to as "the Project") was started from December 3, 2004 in order to strengthen medical system in Hoa Binh Province through establishment of Direction Office for Healthcare Activities (hereinafter referred to as "DOHA") and patient referral system..

About two and a half years have passed since the start of the Project, and the mid-term evaluation study is conducted in order to evaluate the achievement in the past two and a half years by the five evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability) and to consider necessary measures to be taken during the remaining cooperation period.

1.2 Objectives of the Evaluation Study

- (1) To review the progress of the Project and evaluate the achievement in accordance with the five evaluation criteria (relevance, effectiveness, efficiency, impact and sustainability)
- (2) To draw the factors to promote/impede the effects
- (3) To consider the necessary actions to be taken and make recommendations for the Project
- (4) To summarize the result of the study in a joint evaluation report

1.3 Member of Mid-term Evaluation

(1) Mr. NAKAGAWA Hiroaki (Leader)

Resident Representative, JICA Vietnam Office

(2) Dr. TATENO Seiki (Health System)

Director, First Expert Service Division, Medical Cooperation Bureau, International Medical Center of Japan

(3) Mr. DOI Masahiko (Community Health)

Technical Official, Second Expert Service Division, Medical Cooperation Bureau, International Medical Center of Japan

(4) Mr. ITO Kenichi (Cooperation Planning)

Health Personnel Development Team, Group IV (Health II), Human Development Department, JICA

(5) Mr. IDA Kaneyasu (Evaluation Analysis)

Senior Consultant, Human and Social Development Partnership, INTERWORKS Co., Ltd.

1.4 Schedule of the Evaluation Study

Date	Day	Place to visit			
		Mr. Nakagawa	Dr. Tateno & Mr. Doi	Mr. Ito	Mr. Ida
2007/5/13	Sun				Arrival in Hanoi
2007/5/14	Mon				8:00 Hanoi→Hoa Binh 10:00 Meeting with experts 13:30 Courtesy Call to Department of Health in Hoa Binh
2007/5/15	Tue				Survey at Hoa Binh General Hospital
2007/5/16	Wed				9:00 Survey at Lac Thuy District Hospital 13:30 Survey at Kim Boi District Hospital
2007/5/17	Thu			14:30 Arrival in Ho Chi Minh City 15:30 Visit Cho Ray Hospital	Survey at Department of Health Evaluation Analysis Survey
2007/5/18	Fri			7:00 Ho Chi Minh City→Hue 9:00 Visit Hue Central Hospital 14:00 Quan Tri Provincial Hospital	8:00 Regular Meeting of Provincial-District Hospitals 12:00 Hoa Binh→Hanoi 14:00 Survey at Ministry of Health 17:20 Meeting with JICA Office
2007/5/19	Sat		Arrival in Hanoi	13:50 Hue→Hanoi	Arrangement of Materials
2007/5/20	Sun		Hanoi→Hoa Binh		Making Report
2007/5/21	Mon	6:30 Hanoi→Hoa Binh 8:30 Advanced Conference with C/P PM Hoa Binh	8:30 Advanced Conference with C/P 14:00 Survey at Hoa Binh General Hospital		

		→Hanoi	
2007/5/22	Tue		8:50 Survey at Mai Chau Regional Hospital 11:00 Visit Commune Health Center 14:00 Survey at Tan Lac District Hospital Evaluation Analysis Survey
2007/5/23	Wed		8:00 Discussion with C/P
2007/5/24	Thu	AM Hanoi→Hoa Binh 14:00 Joint Coordinating Committee and Signing Minutes of Meeting Hoa Binh→Hanoi	AM Making Report PM Joint Coordinating Committee Hoa Binh→Hanoi
2007/5/25	Fri		Report for JICA Vietnam Office Report for Ministry of Health Visit Bach Mai Hospital Departure from Hanoi
2007/5/26	Sat		Arrival in Narita

1.5 Outline of the Project

The Project has been carried out since December 2004 for the period of five years. The expected overall goal, project purposes and outputs written in PDM are as follows:

Overall Goal:

Medical system which has its effectiveness verified in Hoa Binh Province is introduced and diffused to other provinces in Northern Vietnam.

Project Purpose:

Medical system in Hoa Binh Province is strengthened through establishment of DOHA and patient referral system.

Outputs:

- 1) Management capacity of Hoa Binh Provincial Health Service (hereinafter referred to as "HBPHS") is enhanced.
- 2) Technical guidance system from Hoa Binh General Hospital (hereinafter referred to as "HGH) to District Hospitals and lower levels can function effectively through improving management capacity of DOHA department in HGH and collaboration with Bach Mai Hospital.
- 3) Patients' referral system is established.
- 4) Hoa Binh General Hospital can function effectively in the frame of Provincial Referral system.

Chapter 2 Evaluation Process

2.1 Methodology of Evaluation

The Project was evaluated based on the Project Design Matrix (hereinafter referred to as "PDM") of this Project. The PDM is a summary table describing the outline of the Project. In view of the progress of the Project, the initial PDM (hereinafter referred to as "PDM-1") was revised as PDM-2

by discussions among related organizations. The mid-term evaluation was carried out based on this PDM-2.

2.2 Criteria for Evaluation

Achievement level and Implementation Process of the Project

The achievement level in terms of Inputs, Activities, Outputs, and Project Purpose was assessed in comparison with the Record of Discussions (hereafter referred to as "R/D"), PDM1 and other project documents. The implementation process of the Project was also confirmed from the various viewpoints.

Evaluation Criteria

The following five evaluation criteria are applied to the project evaluation.

- (1) **Relevance:** An overall assessment of whether the project purpose and overall goal are in line with policy of both sides and with partner countries' needs.
- (2) **Effectiveness:** A measure of whether the project purpose has been achieved. This is then a question to the degree to which the outputs contribute towards achieving the intended project purpose.
- (3) **Efficiency:** A measure of the production of outputs (results) of the Project in relation to the total resource inputs.
- (4) **Impact:** The positive and negative changes, produced directly and indirectly as the result of the Project.
- (5) **Sustainability:** An overall assessment of the extent to which the positive changes achieved by the Project can be expected to last after the completion.

Chapter 3 Achievement and Implementation Process

3.1 Inputs

3.1.1 Inputs from Japanese Side

In total, the Japanese side has allocated and appropriated necessary budget for the project activities and management as shown in the following table.

Unit: US dollars

	JFY2004	JFY2005	JFY2006	Total
Total Cost for Project Implementation	13,677	76,952	71,265	161,895

Below are the details regarding main inputs provided by JICA (all the numbers and figures below are as of March 2007).

(1) Dispatch of Japanese experts

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As of March 2007, the following numbers of experts were dispatched for the Project:

Long-term experts:

Fields	Number of experts	Total MM
Chief Advisor	1	28.0
Project coordination	1	24.0
Project coordination/Training management	1	4.0
Total	3	56.0

Short-term experts:

Fields	Number of experts	Total MM
Referral system	2	1.33
Emergency Medical system	2	0.60
Nursing Management	2	2.90
Pediatric Medical system	1	0.43
Medical equipment management	6	2.03
Training management	0	0
Total	13	7.30

(2) Counterpart Training in Japan

As of March 2007, in total 8 counterpart personnel has been sent to counterpart training in Japan as follows.

Fields	Number of trainees	Total MM
Hospital management	3	1.70
Training management	3	4.26
Nursing management	1	1.26
Nosocomial infection control	1	1.26
Total	8	8.49

(3) Provision of equipment

101 pieces of equipment have been provided for the project. Medical equipment include lung ventilators, bedside monitors, Bilirubin meter, doppler, stretchers and wheelchairs. Other equipment for project operation include vehicles, PCs, photocopier, fax machines, digital cameras, etc.

3.1.2. Inputs from the Vietnamese Side

(1) Counter budget

In total, the Vietnamese side has allocated and appropriated necessary budget for the project activities and management as shown in the following table.

In US dollars

	JFY2004	JFY2005	JFY2006	Total
Total Cost for Project Implementation	0	2,502	15,217	17,718

(2) Assignment of counterpart personnel

At present, 8 counterpart personnel (six from the provincial health department, two from HGH) assigned for the project. The staff of the provincial health department, HGH and district hospitals are direct target of the project.

3.2 Implementation Process

At an earlier stage of project implementation, there were difficulties in Project Management Unit (hereinafter referred to as “PMU”) management and cost sharing for project activities that had adverse affects on a smooth implementation of the project. These difficulties have been overcome by restructuring the PMU and clarifying respective member’s roles and responsibilities, and by assigning a staff in charge of financial and accounting management, clarifying ambiguity in cost sharing arrangements and facilitating necessary procedures.

Through the evaluation study, the staff of provincial health department and HGH showed a strong sense of commitment to the project and their respective roles and responsibilities. This appears to be attributed to the fact that they have been undertaking new tasks with “learning by doing” in close partnership with the Japanese experts, and gained confidence in their approach and producing good outputs.

Chapter 4 Evaluation by Five Criteria

4.1 Relevance

There have been no major changes in the Department of Health’s basic guidelines, such as the policy to strengthen the province and district hospitals’ referral system and reinforce DOHA activities. Accordingly, this project has a high validity. The division of responsibilities with other donors that was initially anticipated (strengthening at the commune level by Belgium, ADB’s efforts to set up medical facilities and provide equipment for district hospitals, Japan’s grant aid for providing facilities and equipment for HGH, etc.) remains clear. The extent to which use of the district hospitals by those holding health care card for the poor has access to quality medical care service must be monitored to ensure that the socially vulnerable are benefiting (to ensure equitable treatment).

4.2 Effectiveness

4.2.1 Project Purpose

The results of the most recent hospital evaluations are used to measure the extent to which the project objective has been achieved. For HGH, the results of evaluation of 2006 indicate that the HGH was rated “excellent” on parameters such as training, referral guidance, nursing and total care.

For district hospitals, DOHA committees have been set up in all of the 11 district hospitals targeted in the project. There is a good chance that district hospitals could earn higher evaluations if their capacity is reinforced through strengthening referral system and training by the HGH.

4.2.2 Outputs

Output 1: Strengthening Capacity of the Provincial Department of Health

The Health Department's capacity development aims to augment training activities and develop the organizational capacity necessary to establish and manage a referral system. Up until now, institutional support to strengthen the referral program has focused on administrative aspects to devise implementation plans, standardize report formats, compile and enter data, run regular meetings and share information at province and district hospitals and strengthen the system. In the training program, efforts have focused on compiling requests from the district hospitals and providing information on training, formulating training plans and amassing data on training results. Important achievements have been progressed in standardizing procedures and operations in keeping with the implementation cycle and the ability to transmit and share information at regular meetings. The next important step will be for the provincial health department to take a role in clarifying strategies to reinforce the capacity of the province and district hospitals based on the analysis of the accumulated data and the results of regular meetings. The provincial health department must also identify the problems and obstacles facing the district hospitals and propose solutions.

Output 2: Developing training capacity of the HGH for district hospitals

In the HGH's training support for district hospitals, thus far the HGH has provided training in emergency techniques on a trail basis, the processes and formats at each stage (planning, implementing and evaluating training) have been standardized, and the counterparts now understand the operations that attend each step in the training flow. Three different formats for training management and evaluation of training have been developed and training activities have been implemented, utilizing such formats. The curriculum and teaching materials for emergency care have been developed. Thirteen staff (7 doctors and 6 nurses) of the HGH has been trained in emergency care and become TOT trainers for district hospitals.

The training itself has been highly praised by participants, verifying its effectiveness. Three training courses (Training needs assessment, leadership skills and essential trauma care) were conducted. Eight OJT programs were also organized for 14 staff of district hospitals. According to the questionnaire survey to the participants of the emergency trauma care training course, 100 % of them rated the training contents suitable and comprehensive. 88% of them felt that they had obtained sufficient knowledge and skills through the training period.

The experiences with training trials up until now have highlighted the issues facing district hospitals and the HGH, particularly the gap between the reality and the current system under which the Department of Health carries out the DOHA policy for “provincial hospitals to provide training in accordance with district hospitals’ requests.” The issues that must be addressed from this point include preparing human resource training plans so that the district hospital staff learn the skills that the Department of Health requires, improving the quality of training instructors, including pedagogical methods as well as techniques, giving training instructors effective incentives and preparing efficient training programs that match the district hospitals’ actual conditions. The HGH’s attempts to tackle these issues would go a long way in fully institutionalizing training support by the HGH to district hospitals. It is also crucial that the training implementation process, issues and problems and the effect of remedial measures be documented so that this training system can become a model. Further support from the team of experts and efforts from the HGH will be needed to mobilize the resources needed for HGH to entrench training as a system in the district hospitals and reinforce guidance from experts.

Output 3: Strengthening the referral system

In efforts to strengthen the referral system, five types of data (referrals from district hospital to provincial hospital, provincial hospital to district hospital, provincial hospital to central hospital, district hospital to central hospital [patients that bypassed the provincial hospital and went straight to the central hospital] and feedback on diagnosis results from provincial hospital to district hospital) have already been collected, and the province HGH is now able to provide monthly data. This information is shared at regular meetings at district and provincial hospitals, and case reviews have also started.

Such regular meetings on referral patients have been organized eight times since September 2006. At the beginning, the number of the district hospitals that attended meetings was limited and no presentation or case study was given. Yet, since February 2007, meetings have been organized monthly with the participation of representatives from all the district hospitals. Also, a few presentations on technical issues and referred cases have been made by participants from district hospitals as well as the provincial hospital staff.

The effectiveness of the referral system’s adoption is highly praised in questionnaires given to the HGH and district hospitals. The respondents, on the average, give 3.3 on a scale from one to four for the effectiveness of the introduced referral system (1: Ineffective, 2: No so effective, 3: Effective to some extent, 4: Very effective). The number of referral patients has also increased sharply in the data due to the improvement of management. In 2005, the total number of the patients referred from district hospitals to HGH was 1,265. In 2006, the number increased to 2,040. (The figure for 2006

does not include the data for July 2006 as the data was lost.)

The issue now is to improve the efficiency of data collection, improve abilities to analyze data, and strengthen the province and district hospitals' ability to plan based on analysis and augment the content of case reviews. Overall, there has been very good progress with Output 3, and at this point we do not see any significant risk factors. As with Output 2, it is crucial that the experiences in introducing the referral system in the future for Output 3 be documented to enhance its usefulness as a model.

Output 4: Capacity development support to HGH

Staff training has been carried out in keeping with priority issues for capacity building of HGH via training (Output 4). As with Output 2, attempts were made to standardize the training flow and format. The training was also highly praised for its effectiveness. Interviews and questionnaires also indicated that the total care training and other sessions had changed the staff's perception of the patients. Future issues include improving the HGH staff's technical skills to match the needs of the district hospital and establishing a system for accepting training, the environment and training resources. Achieving Output 2 is indispensable for this purpose.

In order to set the baseline for improvements on total care, a questionnaire survey to patients at HGH and district hospitals was conducted during February 2005 – April 2006. Long waiting time, staff's technical reliability and attitudes towards patients and information given to patients, cleanness of the hospital and functionality of equipment were identified as the important areas for improvements. Level of patients' satisfaction (or dissatisfaction) should be surveyed periodically so that the project can identify shortcomings and take measures to tackle them.

4.3 Efficiency

In Hoa Binh Province, other donors provided aid on a number of occasions, and the Vietnamese side also had a good understanding of the various projects' aid and scope. There were no inefficient activities or overlap in activities at the local level.

It is widely felt that input for this project was extremely efficient. One distinctive feature of this project was the use of existing resources, for example sending HGH staff to Bach Mai Hospital for training and use of experts at Hue Central Hospital. Inputs provided by ADB to district hospitals and Japan's grant aid to HGH are effectively utilized for DOHA related training activities.

There is a chance that the project's efficiency will be severely impeded by the lack of clarity in the district hospitals' human resource training plans. Currently, it is difficult for district hospitals to

devise human resource training plans due to a lack of staff, and it is also difficult for the HGH to offer training courses in a timely manner. It is essential that the Department of Health clarify the ability required of district hospital staff so that district hospitals can then specify their training needs and training implementation plans can then be prepared along those lines.

4.4 Impact

If the district hospitals' capacity building achieved by strengthening the HGH's ability to provide support were to become a model, we can expect it to spread to other provinces. This strategy is consistent with the Ministry of Health's DOHA policy, and the "Hoa Binh model" specifically examined this policy, so translating this policy into reality would be an effective tool. However, it would not be persuasive unless the model's effectiveness could be presented to other provincial hospitals. Promotional materials such as a training practice guidebook at the province level and a guidebook for strengthening Two-way Information System (TWIS) should be prepared.

4.5 Sustainability

Although the budget of HGH has been significantly increased, the budget for training and O&M of equipment has not increased so much. In 2006, the expenditure on drug and reagents accounted for 51.9% of the total expenditure of HGH, followed by personnel expenses (38.4%). Education and training constituted 0.3% (72 Million Dong) and maintenance of equipment 1.4% (380 Million Dong). It is not clear that funding can be allocated on a continuous basis to technical and managerial training and equipment operation and maintenance, the project's priority areas. Along with monitoring the HGH's financial status, it should be discussed regularly by the Joint Coordinating Committee.

The DOHA department staff of HGH also have other responsibilities, but are guaranteed time to work on DOHA activities. Staff allocation would have high sustainability if this measure continued. District hospitals also have set up a DOHA sub-committee, consisting of the head of the hospital and two staff from the general planning department to take up DOHA activities.

Currently the question of whether Hoa Binh could be an effective model for the training system is being discussed, and at this point it is impossible to determine whether it could be institutionalized as a system. Resolving the issues raised regarding the effectiveness of Output 2 would help enhance sustainability. The province and district hospitals have both highly praised the effectiveness of the referral system, and it would likely be sustainable as the cost burden is low.

4.6 Conclusion

In conclusion, the project has made good progress in building managerial capacity of the provincial

health department and the HGH in implementing DOHA policy. The referral system has been well built. Information on referral data is shared with district hospitals and case reviews between the HGH and district hospitals have been conducted on monthly basis as part of skill development activities. All stakeholders concerned are well aware of the importance and positive effect of referral system. The cost of running the system is insignificant. Therefore, the prospect for sustainability of the referral system is very positive. As for training for DOHA and capacity development of the HGH to support district hospitals, training procedures have been standardized via planning, conducting and evaluating training programs. Through such trials, the project has identified good potentials as well as operational difficulties for institutionalizing training. The project needs to work closely with the district hospitals to overcome such difficulties. In order for this project to have good impacts, its experiences should be documented and the project needs to set a model for implementing DOHA policy at the provincial level.

Chapter 5 Recommendations

5.1 Recommendations to the Joint Coordinating Committee

- Financial sustainability will be critical to sustain DOHA activities after the completion of the project. It is recommended that the Joint Coordinating Committee will monitor whether sufficient financial resources are secured for DOHA activities by HGH and district hospitals.

5.2 Recommendations to counterpart organizations

- Department of Health should clarify capacity required of district hospitals and HGH should work together with district hospitals to create a training program.
- It is recommended that the project should support the provincial health department and HGH to improve their ability to analyze referral information. This will greatly help improve their planning capacities.
- The project should further strengthen efforts to institutionalize training in order to ensure its sustainability.
- The capacity development of the HGH's DOHA department will be critical to ensuring the sustainability of DOHA activities after the completion of the project. For this purpose, the following three measures should be taken to ensure financial and institutional sustainability of the DOHA department:
 - (1) Currently, some DOHA related training activities are conducted by other departments of

HGH. In order to avoid overlaps, it is suggested that the DOHA department will organize all DOHA related training activities for effective DOHA model.

(2) In order to ensure financial sustainability, it is recommended that the HGH's DOHA budget will be earmarked in the HGH's annual training and education budget. Also, HGH should try to find measure to generate financial resources. Such a measure may include collecting training fee from the user of HGH's training services.

(3) Currently, the DOHA department of HGH has no full-time staff, making it increasingly difficult to supervise and coordinate entire DOHA operations. Because the project will intensify its focus more on district hospitals, the role of the DOHA department needs to be expanded and its function enhanced accordingly. Therefore, it is recommended that the HGH will recruit full-time staff(s) to fulfill its increased responsibilities.

- Hoa Binh Province is a spearhead of implementing DOHA policy in the form of strengthening referral system and training. The project should begin efforts to prepare practical guidebooks for strengthening referral system as well as training at the provincial level through documenting experiences and lessons learned to enhance usefulness as model for other provinces.
- Based on discussions between the both sides, the indicators of the PDM should be revised as shown in Annex 2 so that the effectiveness of the project can be appropriately measured in line with the project's current directions and approaches.

PROJECT DESIGN MATRIX(PDM): The Project Strengthening Healthcare Services Provision Hoa Binh Province

PROJECT NAME: Project for Strengthening Healthcare Services Provision in Hoa Binh Province TARGET AREA: Hoa Binh Province DURATION: 2004.12-2009.12
 TARGET GROUP: Direct Target Group: Health personnel of Hoa Binh General Hospital and District Health Centers in Hoa Binh Province VER. NO.: PDM-1 DATE: December 3, 2004
 Indirect Target Group: Health service users in Hoa Binh Province

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
OVERALL GOAL: Model on medical system which has its effectiveness verified in Hoa Binh Province is introduced and diffused to other provinces in northern Vietnam	OGI-1. Number of visitors from other province increases. OGI-2. Outputs of DOHA activities in Hoa Binh Province are utilized at DOHA in Bach Mai Hospital.	OGI-1. Reports by HBPHS OGI-2. Project biannual and Annual Reports	Access to health service is not worsened.
PROJECT PURPOSE: Medical system in Hoa Binh Province is strengthened through establishment of DOHA and patient referral system	PPI-1. Provincial and District Hospitals holding special commendation as "Excellent Hospital" in treatment, environmental and service standards increase from four in 2003 to eight in 2009 in thirteen. PPI-2. Number of Provincial Hospital users increases.	PPI-1. Reports by HBPHS PPI-2. Records of Provincial Hospital	Financial allocation to health sector by the Government does not decrease. Serious epidemic does not outbreak.
OUTPUTS: 1. Management capacity of Hoa Binh Provincial Health Service (HBPHS) is enhanced 2. Technical guidance system from Hoa Binh Provincial Hospital to DHCs and lower levels can function effectively by collaboration with Bach Mai Hospital	OP1-1. Annual training plan and report for health personnel in Hoa Binh Province are made out. OP2-1. Number of training courses conducted by Provincial Hospital toward DHC increases.	OP1-1. Report by HBPHS OP2-1. Training Report	Master plan of development of health sector of Hoa Binh for period 2001-2010 is implemented. Training activities for DHCs and lower levels staff are conducted by ADB and BTC.
3. Patients' referral system is established	OP3-1. Make out guideline for patients' referral. OP3-2. Number of patients referred to upper medical institutions increases. OP2-2. Number of referral cases increases.	OP3-1. Project biannual and Annual Reports OP3-2. Statistical Report by HBPHS OP3-3. Statistical Report by HBPHS	Selected facilities are upgraded and essential medical equipment is provided to DHCs under the ADB-financed Rural Health Project.
4. Hoa Binh Provincial Hospital can function effectively in the frame of Provincial Referral system	OP4-1. Provincial Hospital is upgraded from current "Fair" to "Excellent" in treatment, environmental and service standards holding special commendation by national criteria. OP4-2. Percentage of staff who can practices along the appropriate procedure in priority fields increases. OP4-3. By the end of the Project, awareness of health providers toward patients increases.	OP4-1. Report by HBPHS OP4-2. Observational check list OP4-3. Questionnaire Survey	UNFPA-funded Project continues to be implemented.

DOHA: Direction Office for Healthcare Activities
 HBPHS: Hoa Binh Provincial Health Service
 DHCs: District Health Centers

(Annex 1)

PROJECT DESIGN MATRIX(PDM): The Project Strengthening Healthcare Services Provision Hoa Binh Province

NARRATIVE SUMMARY	INPUTS	IMPORTANT ASSUMPTIONS
<p>ACTIVITIES:</p> <p>0-1. Project office is established in HBPHS</p> <p>0-2. Collect necessary information and data and revise PDM (activities, indicators)</p> <p>1-1. Conduct training for HBPHS managerial staff on 1) training management, 2) service management (healthcare service providers monitoring), 3) referral system</p> <p>1-2. Identify needs for healthcare and technical guidance in the community based on the review of provincial and hospital statistical data and surveys</p> <p>1-3. Conduct regular monitoring for healthcare service providers</p> <p>1-4. Regular donor meeting is held by HBPHS</p>	<p>INPUTS (JAPAN)</p> <p>1. HUMAN RESOURCES</p> <p>1-1. Long-term Experts and Project Personnel</p> <p>1) Chief Advisor/Training Management (60MM:2004-2009)</p> <p>2) Project Coordinator (60MM:2004-2009)</p> <p>1-2. Short-term Experts</p> <p>1) Emergency System</p> <p>2) Health Planning</p> <p>3) Healthcare Network</p> <p>4) Nursing Management</p> <p>5) Training Management</p> <p>6) Project Cycle Management (Monitoring & Evaluation)</p> <p>2. FACILITIES AND EQUIPMENT</p> <p>1) Necessary machinery, equipment and other materials for the implementation of the project</p> <p>3. TRAINING IN JAPAN</p> <p>1) Counterpart Training (2 persons/year)</p>	<p>Staff who obtained trainings does not transfer to other institutions.</p>
<p>2-1. Review and identify needs and technical level of provincial health staff by collaboration with DOHA in Bach Mai Hospital</p> <p>2-2. Provincial health needs reflect on planning / management and curriculum of training activities</p> <p>2-3. Formulate annual training plan for Provincial Hospital in collaboration with Bach Mai Hospital</p> <p>2-4. Conduct regular meetings among MoH, BMH, HBPHS, Provincial Hospital, DHCs and donors on technical guidance system</p> <p>2-5. Conduct training for DOHA staff in Provincial Hospital on planning / management of training activities</p> <p>2-6. Conduct trainers of training for Provincial Health Staff by Bach Mai Hospital</p> <p>2-7. Review and identify needs and technical level of DHC staff</p> <p>2-8. Formulate annual training plan for DHCs</p> <p>2-9. Conduct training and evaluation for DHCs</p>	<p>INPUTS (VIETNAM)</p> <p>1. HUMAN RESOURCES</p> <p>1) Project Manager</p> <p>2) Project Coordinator</p> <p>3) Translator (English - Vietnamese)</p> <p>2. FACILITIES AND EQUIPMENT</p> <p>1) Office space for Project</p> <p>2) Training Facilities</p> <p>3. FINANCIAL RESOURCES</p> <p>1) Necessary costs for project operation</p>	
<p>3-1. Committees on referral system at provincial and district levels are established and hold regular meeting for further improvement of referral system</p> <p>3-2. Conduct training for HBPHS staff and provincial and district health staff in Hoa Binh Province on referral system</p> <p>3-3. Improve reporting and recording system on patient referral in Hoa Binh Province</p> <p>3-4. Improve communication measures between Provincial Hospital and DHCs (FAX machine etc...)</p> <p>3-5. Conduct regular meetings among MoH, BMH, HBPHS, Provincial Hospital, DHCs and donors on referral system</p>		

PROJECT DESIGN MATRIX(PDM): The Project **Strengthening Healthcare Services Provision in** **Da Binh Province**

NARRATIVE SUMMARY	INPUTS	IMPORTANT ASSUMPTIONS
<p>4-1. Conduct trainings for Provincial Hospital medical/ technical staff on priority areas: 1) emergency and other concerned area * and 2) total care</p> <p>4-2. Conduct conference on emergency and its concerned area</p> <p>4-3. Equip the library with essential materials</p> <p>4-4. Install window for exclusive patients referred by other institutions</p> <p>4-5. Conduct training for Provincial Hospital managerial staff on 1) planning, 2) financial management, 3) management of medical equipment, 4) nursing management, 5) nosocomial infection control, 6) pharmaceutical management and, 7) medical record management</p> <p>4-6. Establish nosocomial infection control division and make its guideline</p> <p>4-7. Conduct daily and regular check-ups of medical equipment and make operational guideline</p> <p>4-8. Conduct regular meeting among hospital managerial staff (dept. managers) on improvement of hospital environment, related information and other issues</p>		<p>PRECONDITIONS: Support from MoH and Bach Mai Hospital is obtained.</p>

* Other concerned area means 1) paediatrics; 2) obstetrics; 3) trauma surgery; 4) clinical examination; 5) anaesthetics; and 6) nursing.

PROJECT DESIGN MATRIX(PDM): The Project Strengthening Health Services Provision in Hoa Binh Province

DURATION: 2004.12-2009.12

TARGET AREA: Hoa Binh Province

PROJECT NAME: Project for Strengthening Health Services Provision in Hoa Binh Province

DATE: May 11, 2006

VER. NO.: PDM-2

TARGET GROUP: Direct Target Group: Health personnel of Hoa Binh General Hospital and District Hospitals in Hoa Binh Province
Indirect Target Group: Health service users in Hoa Binh Province

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>OVERALL GOAL: Medical system which has its effectiveness verified in Hoa Binh Province is introduced and diffused to other provinces in Northern Vietnam</p> <p>PROJECT PURPOSE: Medical system in Hoa Binh Province is strengthened through establishment of DOHA and patient referral system</p>	<p>OIG-1. Number of visitors from other provinces increases. OIG-2. Outputs of DOHA activities in Hoa Binh Province are utilized at DOIJA in Central level.</p> <p>PPI-1. Provincial and DHs holding special commendation as "Excellent Hospital" in treatment, environmental and service standards increase from six in 2003 to eight in 2009 in thirteen. PPI-2. Number of Hoa Binh General Hospital users increases.</p>	<p>OIG-1. Reports by HBPHS OIG-2. Project biannual Report</p> <p>PPI-1. Reports by HBPHS PPI-2. Records of General Hospital</p>	<p>Access to health service is not worsened.</p> <p>Financial allocation to health sector by the Government does not decrease. Serious epidemic does not outbreak.</p> <p>Master plan of development of health sector of Hoa Binh for period 2001-2010 is implemented.</p>
<p>OUTPUTS:</p> <p>1. Management capacity of Hoa Binh Provincial Health Service (HBPHS) is enhanced</p> <p>2. Technical guidance system from HGH to DHs and lower levels can function effectively through improving management capacity of DOHA department in HGH and collaboration with Bach Mai Hospital</p> <p>3. Patients' referral system is established</p> <p>4. Hoa Binh General Hospital can function effectively in the frame of Provincial Referral system</p>	<p>OP1-1. Effectiveness of the Project activities is analyzed and made use for the Project management OP1-2. Activities' plan / reports are made out in collaboration with related parties</p> <p>OP2-1. Training plans are made out by data analysis of collected information in HGH and DHs OP2-2. Training evaluation / monitoring sheets are made out OP2-3. Number of trainers in HGH increases OP2-4. Number of training implemented by HGH to DHs increases OP2-5. Number of training curriculum/ materials made by HGH increases</p> <p>OP3-1. Guideline on patients' referral in Hoa Binh province is made out OP3-2. Monthly report on referral patients from DHs is analysed in HGH and feedback to DHs OP3-3. Number of feedback of referral patients information from HGH to DHs increases in case of diagnosis incompatibility between HGH and DHs OP3-4. Number of emergency cases beforehand in sending patients' information from DHs to HGH increases</p> <p>OP4-1. Provincial Hospital is upgraded from "Fair" in 2003 to "Excellent" in 2009. OP4-2. By the end of the Project, awareness of health providers toward patients increases OP4-3. By the end of the Project, patient satisfaction rate to medical services in HGH increases</p>	<p>OP11-1. Project be-annual report OP11-2. Report by HBPHS</p> <p>OP12-1. Training plan by HGH OP12-2. Evaluation / monitoring sheets by DOHA in HGH OP12-3. Report by HGH OP12-4. Report by HGH OP12-5. Report by DOHA in HGH</p> <p>OP13-1. Guideline made by HBPHS / HGH OP13-2. Report by HGH OP13-3. Report by HGH OP13-4. Report by HGH</p> <p>OP14-1. Reports by HBPHS OP14-2. Questionnaire Survey OP14-3. Patient satisfaction survey</p>	<p>Selected facilities are upgraded and essential medical equipment is provided to DHs under the ADB-funded Project.</p>

DOHA: Direction Office for Healthcare Activities

HBPHS: Hoa Binh Provincial Health Service

HGH: Hoa Binh General Hospital

DHs: District Hospitals

PROJECT DESIGN MATRIX(PDM): The Project 1 Strengthening Health Services Provision in H. Sinh Province

NARRATIVE SUMMARY	INPUTS		IMPORTANT ASSUMPTIONS
	INPUTS (JAPAN)	INPUTS (VIETNAM)	
<p>ACTIVITIES:</p> <p>1-1. Conduct training for HBPHS staff on management</p> <p>1-2. HBPHS supervises and takes leadership in the activities for strengthening DOHA and patient referral system</p> <p>1-3. Promote such project management cycle as planning, implementation, monitoring and evaluation</p> <p>1-4. Hold different kind of meeting for the Project coordination</p>	<p>1. HUMAN RESOURCES</p> <p>1-1. Long-term Experts and Project Personnel Chief Advisor (60MM:2004-2009) Project Coordinator (60MM:2004-2009)</p> <p>1-2. Short-term Experts</p> <p>1) Referral System 2) Emergency Medical System 3) Nursing Management 4) Paediatric Medical System 5) Medical Equipment Management 6) Training Management</p> <p>2. FACILITIES AND EQUIPMENT</p> <p>1) Necessary machinery, equipment and other materials for the implementation of the project</p> <p>3. TRAINING IN JAPAN</p> <p>1) Counterpart Training(2 persons/year)</p>	<p>1. HUMAN RESOURCES</p> <p>1) Project Manager 2) Project Vice Manager 3) Technical staff 4) Administrative officer 5) Accountant</p> <p>2. FACILITIES AND EQUIPMENT</p> <p>1) Office space for Project 2) Training Facilities</p> <p>3. FINANCIAL RESOURCES</p> <p>1) Necessary costs for project operation</p>	<p>Staff who obtained trainings does not transfer to other institutions.</p>
<p>2-1. Conduct training for HBPHS and DOHA in HGH on training management</p> <p>2-2. Review and identify needs and technical level of provincial health staff in collaboration with Bach Mai Hospital and other central hospitals</p> <p>2-3. Promote such training management cycle as planning, implementation, monitoring and evaluation</p> <p>2-4. Review and identify needs and technical level of DHs' staff with HBPHS</p> <p>2-5. Formulate annual training plan for DHs with HBPHS</p> <p>2-6. Conduct training and evaluation for DHs with HBPHS</p> <p>2-7. Manage such concerning training information as training courses, trainees' information and training material...)</p> <p>2-8. Conduct training of trainers (TOT) for provincial health staff in collaboration with Bach Mai Hospital and other central hospitals (Priority areas: Emergency, Nursing, Medical equipment management, Nosocomial infection control, Total care)</p> <p>2-9. Conduct training in priority areas from HGH to DHs</p> <p>2-10. Make out curricula / teaching materials in priority areas</p> <p>2-11. Hold regular meeting among HBPHS, HGH and DHs on technical guidance system</p>			

PROJECT DESIGN MATRIX(PDM): The Project of Strengthening Health Services Provision in Hoa Binh Province

NARRATIVE SUMMARY	INPUTS	IMPORTANT ASSUMPTIONS
<p>3-1. Conduct training on referral system for HBPHS, HGH and DHs 3-2. Committees on referral system at provincial and district levels are established and hold regular meeting for further improvement of referral system 3-3. Review patient referral criteria, recording / reporting system and identify the problems, and make out action plan 3-4. Implementation, evaluation and monitoring are conducted according to above action plan 3-5. Improve communication measures between General Hospital and DHs (FAX machine etc...) 3-6. Conduct meetings on referral system among MOH, Central Hospitals and related organizations in Hoa Binh Province</p>		
<p>4-1. Conduct trainings for General Hospital medical/ technical staff on priority areas: Emergency and other concerned area including nursing and total care 4-2. Conduct conference on emergency and its concerned area 4-3. Conduct training for General Hospital managerial staff on 1)planning, 2)financial management, 3)management of medical equipment, 4) nursing management, 5) Nosocomial infection control, 6)pharmaceutical management and 7)medical record management 4-4. Conduct daily and regular check-ups of medical equipment and make operational guideline 4-5. Planning, implementation and evaluation of in-hospital education are conducted in nursing department in collaboration with Hoa Binh Secondary Medical School. 4-6. Establish nosocomial infection control division and make its guideline 4-7. Equip the library with essential materials</p>		<p>PRECONDITIONS: Support from MOH and Bach Mai Hospital is obtained.</p>

Proposed revision of indicators in PDM

No.	Indicators	Remarks
OG 1-1	The Ministry of Health and Hoa Binh province disseminate project's outputs and experiences to relevant organizations and other provinces.	Criteria include the number of promotional activities conducted via seminar, presentation, publication, web site, study tour to Hoa Binh, etc.
OG 1-2	Project's important outputs such as a guidebook for DOHA training and guideline of referral system are used as guide and reference by other provinces to strengthen their DOHA activities.	
PPI-1	11 district hospitals and HGH are all graded as "Excellent" on the criteria related to the project by annual evaluation of medical institutes conducted by the Ministry of Health.	The criteria include "Examination and treatment", "Training", "Referral Guideline", "Diagnosis, hospitalization, department transference, hospital transference and discharge", "Nursing and total care", "Medical ethics and professional culture", "Emergency department", "Medical equipment management", "Nosocomial infection control" and "Hospital management". Such evaluation is conducted in November. Results of evaluation will be available in December 2007, 2008 and 2009.
OPI-1	HBPMS manages training and referral system and the joint final evaluation committee rates its performance "effective"	The committee will consist of specialists in relevant fields from organizations such as the Ministry of Health, the Vietnamese Government, a university and JICA, etc. Criteria to be used for evaluation include the following: <ul style="list-style-type: none"> ■ Use of planning and M&E tools and formats introduced by the project ■ Level of information management and use of collected information ■ Frequency and contents of meetings organized by HBPMS ■ Quality of planning and monitoring documents
OP2-1	By the end of the project, training support by the HGH to district hospitals is institutionalized, and its training system is	The committee will consist of specialists in relevant fields from organizations such as the Ministry of Health, the Vietnamese Government, a university and JICA, etc. Criteria to be used

(Annex 2)

	rated by the joint final evaluation committee "effective".	<p>for evaluation include the following:</p> <ul style="list-style-type: none"> ■ Functionality of training flow, procedures and system introduced by the project ■ Quality of the training programs, instructors and teaching materials ■ Methods of securing and training TOT trainer and the effectiveness of the methods ■ Level of planning and M&E activities of DOHA department of HGH and DOHA sub-committee of district hospitals ■ Quality of needs assessment and planning documents of district hospitals
OP2-2	A practical guide book for training by provincial hospital to district hospital is produced and promoted to important stakeholders.	
OP3-1	A guideline on patients' referral for Hoa Binh province is produced and utilized by HGH and district hospitals.	<p>Such a guideline includes the following contents:</p> <ul style="list-style-type: none"> ■ Objectives ■ Relevant policy and institutional framework ■ How to design a system and develop an implementation plan ■ How to build a referral system and important considerations for each step ■ How to collect, compile, analyze and feedback information of referred patients ■ Samples of different formats and how to fill out them ■ Necessary training to different actors
OP3-2	Monthly reports on referral patients from district hospitals is analyzed by HGH and feedback to district hospitals.	
OP3-3	Number of feedback of referral patients' information from HGH to district hospitals in case of diagnosis incompatibility between HGH and district hospitals increases.	
OP3-4	The percentage of the emergency cases in which district	Currently, data on the patients with prior notice is not available. The current procedures should

	hospitals do not send patient's information prior to transportation to HGH significantly decreases.	be reviewed and HGH should compile such data.
OP3-5	Number of patients without reference from district hospitals decreases.	From the current format, it is not possible to identify the actual number of by-pass patients. The format needs to be revised by adding an item which shows the reasons why they went to HGH without reference.
OP3-6	Regular meetings between district hospitals and HGH are organized monthly and case reviews are conducted.	The criteria include the number of meetings held and case reviews conducted, contents, quality and usefulness of case review for district and provincial hospital staff.
OP4-1	HGH is rated "Excellent" by annual evaluation of medical institutes of the Ministry of Health on the criteria related to the project	
OP4-2	By the end of the project, patients' dissatisfaction rate of HGH significantly decreases.	In order to assess progress, questionnaire survey should be conducted periodically by the project.
OP4-3	By the end of the project, training is institutionalized in the HGH and its training system is rated by the joint final evaluation committee "effective".	The committee will consist of specialists in relevant fields from organizations such as the Ministry of Health, the Vietnamese Government, a university and JICA, etc. Criteria to be used for evaluation include the following: <ul style="list-style-type: none"> ■ Functionality of training flow, procedures and system introduced by the project ■ Quality of the training programs, instructors and teaching materials ■ Methods of securing and training TOT trainer and the effectiveness of the methods ■ Level of planning and M&E activities of DOHA department ■ Quality of needs assessment and planning documents of district hospitals

(Annex 3)

Name list of interviewee

Date	Time	Place	Participants	Position
14-May-07	14:00- 16:30	Department of Health	Mr. Quach Dinh Thong Mr. Nguyen Van Qua Ms. Bui Thu Hang	Director of DoH (Manager of PMU) Head of Manpower Organization Department of DoH (Member of PMU) Vice Head of Technical Medicine Department of DoH (Member of PMU)
15-May-07	8:30- 9:45	Hoa Binh General Hospital	Mr. Ha Trung Nghia Mr. Nguyen Van Qua Mr. Le Xuan Hoang Ms. Nguyen Thi My Ha Mr. Nguyen Xuan Hung Mr. Do Manh Hung	Vice Director of HGH Head of Manpower Organization Department of DoH (Member of PMU) Head of Technical Medicine Department of DoH (Member of PMU) Head of DOHA Department DOHA staff DOHA staff
	9:45- 11:45	Hoa Binh General Hospital	Mr. Le Xuan Hoang Ms. Nguyen Thi My Ha Mr. Nguyen Xuan Hung Mr. Do Manh Hung	Head of Technical Medicine Department of DoH (Member of PMU) Head of DOHA Department DOHA staff DOHA staff
	13:30- 16:30	Hoa Binh General Hospital	Mr. Tran Van Thang	Head of Medical Equipment Department of HGH
16-May-07	9:00- 11:00	Lac Thuy District Hospital	Mr. Nguyen Minh Toan Mr. Pham Minh Hien Mr. Le Xuan Hoang	Director of Lac Thuy District Hospital Vice Director of Lac Thuy District Hospital Head of Technical Medicine Department of DoH (Member of PMU)
	14:00- 16:00	Kim Boi District Hospital	Mr. Nguyen Quang Sinh Mr. Le Xuan Hoang	Director of Kim Boi District Hospital Head of Technical Medicine Department of DoH (Member of PMU)
17-May-07	15:30- 17:00	Project office	Mr. Nguyen Van Qua Mr. Le Xuan Hoang	Head of Manpower Organization Department of DoH (Member of PMU) Head of Technical Medicine Department of DoH (Member of PMU)
18-May-07	8:30-11:30	Referral Meeting in HGH	Department of Health HGH District Hospitals	
21-May-07	8:30-11:30	HGH	Mr. Quach The Tan Mr. Quach Dinh Thong Mr. Nguyen Van Qua Mr. Le Xuan Hoang Ms. Bui Thu Hang Ms. Bui Thi Hien Mr. Ha Trung Nghia Ms. Nguyen Thi My Ha	Deputy Chairperson of People's Committee of Hoa Binh Province Director of DoH (Manager of PMU) Head of Manpower Organization Department of DoH (Member of PMU) Head of Technical Medicine Department of DoH (Member of PMU) Vice Head of Technical Medicine Department of DoH (Member of PMU) Staff of Manpower Organization Department of DoH (Member of PMU) Vice Director of HGH Head of DOHA Department
	14:00-17:00	HGH	Mr. Ha Trung Nghia Ms. Nguyen Thi My Ha Mr. Dinh Quoc Thang Mr. Nguyen Xuan Hung Ms. Le Thi Sau Ms. Nguyen Thi Thanh Xuan Mr. Tran Van Thang Mr. Tran Hoang Duong Ms. Ban Thi Thanh Huyen	Vice Director of HGH Head of DOHA Department DOHA staff DOHA staff Head of Nursing Department of HGH Head Nurse of Pediatrics Department of HGH Head of Medical Equipment Department of HGH Staff of Emergency Department of HGH Head of Nosocomial Infection Control Department of HGH
22-May-07	08:50-11:00	Mai Chau District Hospital	Ms. Ha Thi Le	Vice Director of Mai Chau District Hospital
	11:00-12:00	Na Phon Commune	Mr. Khanh	Head of Na Phon Commune
	14:15-16:00	Tan Lac District Hospital	Mr. Doi Mr. Manh	Director of Tan Lac District Hospital Vice Director of Tan Lac District Hospital

DoH: Department of Health
HGH: Hoa Binh General Hospital

List of Questionnaire

- Questionnaire to the Provincial Department of Health
- Questionnaire to the Hoa Binh General hospital
- Questionnaire to the district hospitals
- Questionnaire to the participants of training programs in Japan
- Questionnaire to the counterpart personnel who have worked with short-term experts from Japan

2. 中間評価の質問票

< 郡病院用質問票 >

District Hospital: _____

Name of the respondent: _____

Q 1-1: How much do you think the Project has been effective in improving the overall performance of your hospital?

- (1) Very effective.
 (2) Effective to some extent.
 (3) Not yet so effective.
 (4) Not effective at all

Q 1-2: Please provide the main reason(s) for your judgment.

Q 2: How much have been the following activities of the project effective for your hospital? Please tick the appropriate box for each item (A – D) and provide reason(s) for your judgment.

A. Strengthening the two-way information system or referral system

- Very effective Effective to some extent not yet so effective ineffective

Please specify why you think so.

B. Improved medical care through training activities

- Very effective Effective to some extent not yet so effective ineffective

Please specify why you think so.

C. Improved communication and networks with other relevant organizations such as HBPHS, HGH, etc.

- Very effective Effective to some extent not yet so effective ineffective

Please specify why you think so.

D. If there are any other positive or negative effects of the project on your hospital. Please specify.

Q3: In order to further enhance the effectiveness and usefulness of the project to your hospital, please suggest the types of activities you wish to conduct or strengthen within the scope of this project.

Q4: If there are any other important issues and/or problems that need to be tackled by the project in order to improve the capacity of your hospital, please feel free to suggest in the box below.

<省保健局用質問票>

HBPHS

Name of respondent: _____

Q1: Management capacity of referral system

Q 1-1: How much do you think the Management capacity of HBPHS for improving referral system has been enhanced since the commencement of the project? Please tick the appropriate box below:

- (1) The capacity has been enhanced very much.
- (2) The capacity has been enhanced to some extent.
- (3) The capacity has not been enhanced so much.
- (4) The capacity has not been enhanced at all.

Q 1-2: Please provide the main reason(s) for your judgment.

Q 1-3: In order to further enhance the management capacity of HBPHS for improving referral system, how much do you think HBPHS has achieved in each capacity listed below? Please tick the appropriate box for each item (A – E) and provide reasons for your judgment (A – E).

A. Planning capacity (Developing annual plan, work plan, etc.)

- Well developed sufficient not so sufficient insufficient

Please specify why you think so.

B. Monitoring and evaluation (including supervision and providing guidance)

- Well developed sufficient not so sufficient insufficient

Please specify why you think so.

C. Coordination and facilitation skills

- Well developed sufficient not so sufficient insufficient

Please specify why you think so.

D. Data collection and analysis

- Well developed sufficient not so sufficient insufficient

Please specify why you think so.

E. Relevant knowledge and understanding on referral system, guideline and relevant policies
 well obtained sufficient not so sufficient insufficient

Please specify why you think so.

Q2: Management capacity of training

Q 2-1: How much do you think the Management capacity of HBPHS for facilitating training activities has been enhanced? Please tick the appropriate box below:

- (1) The capacity has been enhanced very much.
- (2) The capacity has been enhanced to some extent.
- (3) The capacity has not been enhanced so much.
- (4) The capacity has not been enhanced at all.

Q 2-2: Please provide reason(s) for your judgment.

Q 2-3: In order to further enhance the management capacity of HBPHS for enhancing training activities, how much do you think HBPHS has achieved and how much it needs to strengthen in each capacity listed below? Please tick the appropriate box for each item (A – D)

A. Planning capacity (Developing training plan, etc.)

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

B. Monitoring and evaluation

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

C. Coordination and facilitation skills

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

D. Data collection and analysis

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

Q3: Overall evaluation of the performance of the project

Q3-1: In your assessment, the project has:

- (1) been making good progress more than expected.
- (2) been making progress as expected.
- (3) not made as much progress as I expected.
- (4) not made progress at all.

Q3-2: Please provide reason(s) for your judgment.

Q4: Counterpart personnel

Q4-1: Since the commencement of the project, your workload has:

- (1) increased significantly.
- (2) increased to some extent.
- (3) remained the same.
- (4) decreased..

Q4-2: Do you think you will be able to maintain the current level of contributions and workload after the project?

- Yes.
- No.
- Don't know.

Q4-3: If your answer is NO, please give suggestions how to deal with this issue.

Q5: Prospects for sustainability

It is too premature to judge the sustainability of the project; yet, measures should be discussed at this stage to ensure the sustainability of the project's outputs. In this context, what factors do

you think will be likely critical to ensure the project's sustainability in the future?

(1) Allocation of sufficient number of staff

Very critical Critical to some extent Not so critical don't know

(2) Level of commitment of the staff

Very critical Critical to some extent Not so critical don't know

(3) Financial resources to continue project activities (training, meetings, traveling, etc.)

Very critical Critical to some extent Not so critical don't know

(4) Other factors (Please specify. _____)

Very critical Critical to some extent Not so critical don't know

Q6: Other issues

Q4: If there are any other important issues and/or problems that need to be tackled by the project in order to improve the management of HBPHS, please feel free to suggest in the box below.

<省病院用質問票>

DOHA department of HGH

Name of the respondent: _____

Q1: The overall management capacity of referral system

Q 1-1: How much do you think the Management capacity of HGH for improving referral system has been enhanced since the commencement of the project? Please tick the appropriate box below:

- (1) The capacity has been enhanced very much.
- (2) The capacity has been enhanced to some extent.
- (3) The capacity has not been enhanced so much.
- (4) The capacity has not been enhanced at all.

Q 1-2: Please provide the main reason(s) for your judgment.

Q 1-3: In order to further enhance the management capacity of HGH for improving referral system, how much do you think HGH has achieved in each capacity listed below? Please tick the appropriate box for each item (A – G) and provide reason(s) for your judgment.

A. Planning capacity (Developing implementation plan, preparation of guidance and other necessary documents, etc.)

- Well developed sufficient not so sufficient insufficient

Please specify why you think so.

B. Monitoring and evaluation (compilation of monthly reports, monitoring of the overall referral system and feedback, etc.)

- Well developed sufficient not so sufficient insufficient

Please specify why you think so.

C. Coordination and facilitation with HBPHS

- Well developed sufficient not so sufficient insufficient

Please specify why you think so.

D. Coordination and facilitation with Back Mai hospital

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

E. Coordination and facilitation with DHs

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

F. Data collection and analysis

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

G. Relevant knowledge on referral system

well obtained sufficient not so sufficient insufficient

Please specify why you think so.

Q2: The overall management capacity of training

Q 2-1: How much do you think the Management capacity of HGH for facilitating training activities has been enhanced? Please tick the appropriate box below:

- (1) The capacity has been enhanced very much.
- (2) The capacity has been enhanced to some extent.
- (3) The capacity has not been enhanced so much.
- (4) The capacity has not been enhanced at all.

Q 2-2: Please provide reason(s) for your judgment.

Q 2-3: In order to further enhance the management capacity of HGH for enhancing training activities, how much do you think HGH has achieved and how much it needs to strengthen in each capacity listed below? Please tick the appropriate box for each item (A – I) and provide

reason(s) for your judgment.

A. Planning capacity (Developing annual training plan and assessing training needs, etc.)

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

B. Monitoring and evaluation

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

C. Coordination and facilitation with Bach Mai Hospital and other training providers

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

D. Coordination and facilitation with HBPHS

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

E. Coordination and facilitation with DHs

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

F. Data collection and analysis

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

G. Standardization of the process and system of training activities

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

H. Trainers' ability (for training DH staff)

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

I. Training contents and teaching materials

Well developed sufficient not so sufficient insufficient

Please specify why you think so.

Q3: Overall evaluation of the performance of the project

Q3-1: In your assessment, the project has:

- (1) been making good progress more than expected.
- (2) been making progress as expected.
- (3) not made as much progress as I expected.
- (4) not made progress at all.

Q3-2: Please provide reason(s) for your judgment.

Q4: Awareness of health providers towards patients

Q4-1: Since the commencement of the project, the level of awareness of the staff towards patients has:

- (1) been raised significantly.
- (2) been raised to some extent.
- (3) remained the same.
- (4) decreased.

Q4-2. Please specify the reasons for your judgment in the box below.

Q5: Counterpart personnel

Q5-1: Since the commencement of the project, your workload has:

- (1) increased significantly.
- (2) increased to some extent.
- (3) remained the same.
- (4) decreased..

Q5-2: Do you think you will be able to maintain the current level of contributions and workload after the project?

- Yes.
- No.
- Don't know.

Q5-3: If your answer is NO, please give suggestions how to deal with this issue.

Q6: Prospects for sustainability

It is too premature to judge the sustainability of the project; yet, measures should be discussed at this stage to ensure the sustainability of the project's outputs. In this context, what factors do you think will be likely critical to ensure the project's sustainability in the future?

- (1) Allocation of sufficient number of staff
 Very critical Critical to some extent Not so critical don't know
- (2) Level of commitment of the staff
 Very critical Critical to some extent Not so critical don't know
- (3) Financial resources for the maintenance of equipment
 Very critical Critical to some extent Not so critical don't know
- (4) Financial resources to continue project activities (training, meetings, traveling, etc.)
 Very critical Critical to some extent Not so critical don't know
- (5) Other factors (Please specify. _____)
 Very critical Critical to some extent Not so critical don't know

Q7: Other issues

If there are any other important issues and/or problems that need to be tackled by the project in order to improve the management capacity of HGH, please feel free to suggest in the box below.

3. 評価グリッド

ホアビン省保健医療サービス強化プロジェクト評価グリッド

評価項目	評価設問		運用指標あるいは判断基準	必要な情報・データ	情報ソース	情報収集の方法
	大項目	小項目				
妥当性	本プロジェクトは現段階でも関係機関、受益者のニーズに合致しているか	上位計画(越側の国家保健戦略、日側の国別援助計画)との整合性は有効か	越側の国家保健戦略、日側の国別援助計画、その他プロジェクト開始後の政策動向との整合性	本プロジェクトの戦略的位置づけ	保健省担当者、「国家保健戦略」その他の政策文書 JICA、ODA タスク等、「国別援助計画」その他の政策文書	資料収集と責任機関への聞取調査
		ホアビン省内の保健医療機関のニーズに合致しているか	省保健局、省病院、郡病院の支援ニーズとその優先度の状況	関係機関の支援ニーズの概要、ニーズ優先度	省保健局、省病院、郡病院の担当者 省 10 年計画、省病院・郡病院計画文書	資料収集、聞取調査、質問票調査
有効性	社会配慮上の問題(公平性確保など)はないか。(プロ目) DOHA・患者リファラルシステムの確立を通して、ホアビン省内の地域医療システムが強化されたか	社会的弱者(貧困層、女性など)が排除されていないか	活動レベルでのターゲット層・地域の概要	社会的弱者の包括状況、手段	保健局、省病院報告書	資料収集
		「優良サービス提供病院」の「優」認定をうけた機関が増加したか	「優」の認定を受ける機関が2003年の6カ所から2009年には8カ所に増加する。	省内の医療機関の評価・認定結果	保健局報告書	資料収集
	(成果1) 省保健局の管理・指導能力は向上しているか	ホアビン省の保健医療機関利用者数は増加傾向にあるか	保健医療機関利用者数の増減	過去3年の省内の医療機関利用者推移	保健局報告書 省病院統計データ C/P	資料収集
		プロジェクト活動の結果、どのような管理・指導が可能になったか	C/Pの管理・運営能力の現状	求められる管理・運営能力規準と到達点	C/P	質問票調査、聞取調査
	(成果2) 省病院 DOHA 部が有効に機能し、省病院から郡病院に対する研修活動が強化されたか	(2.1) 省・郡病院の研修に関する情報の分析に基づき、研修計画が策定されているか	プロジェクト開始後に導入された制度・システムの有無	導入した制度・システムの状況と到達点	C/P、専門家	質問票調査、聞取調査
			研修情報のデータ蓄積状況	研修データベースの概要	研修担当 C/P、専門家	聞取調査
			研修計画書と計画作りのための仕組みの有無	研修実施計画書の概要	研修担当 C/P、専門家、「研修実施計画書」その他の文書	資料収集、聞取調査

	(2.2) 研修の評価・モニタリングが実施されているか	評価・モニタリングシート の作成状況	評価・モニタリングシート の概要	研修担当 C/P、専門家	聞取調査
	(2.3) 省病院で養成された研修講師は増えているか	研修講師の養成方法、 研修実績	研修実績表、研修計画 実施フロー	研修担当 C/P、専門家	資料収集、 聞取調査
	(2.4) 省病院から郡病院への研修は増加しているか	研修内容と研修実績	研修実績表、研修計画 実施フロー	研修担当 C/P、専門家、 郡病院研修参加者	資料収集、 聞取調査、 質問票調査
	(2.5) 研修カリキュラム・教材は整備されているか	実施された研修カリキュ ラムと教材の有無	実施された研修カリ キュラム、教材の概 要	研修担当 C/P、専門 家、郡病院研修参加者	資料収集、 聞取調査、 質問票調査
	(3.1) ホアビン省内の患者リ アラルのガイドラインが作 成されているか	ガイドラインの整備	ガイドラインの整備 状況	「ガイドライン」、 C/P、専門家	資料収集、 聞取調査
	(3.2) 郡病院からのリアラ ル患者の情報がまとめられ、郡 病院に提供されているか	リアラル患者情報が 整備され、郡病院に提 供される	リアラル患者情報 の整備状況 郡病院への情報提供 状況	「リアラルの実 績」、「郡病院への情報 提供実績」	資料収集
	(3.3) 郡病院から省病院に紹 介された診断が異なるケース の患者情報のフィードバック の数が増加したか	該当する事例のフィー ドバック数が増加する	該当する事例のフィー ドバック数の推移	省病院の報告書	聞取調査、 質問票調査
	(3.4) 郡病院から省病院に搬 送される救急患者に関する情 報が前もって省病院に送られ る数が増加したか	事前の搬送情報が伝達 される	事前の搬送情報の伝 達状況	省病院 DOHA 部、専 門家、郡病院の担当者	資料収集
	(4.1) 省病院が「優良サービス 提供病院（診療・環境・サービ ス）」の規定における現在の 「可」から向上しているか	認定状況、「優」に向け ての取り組みが進む	省内の医療機関の評 価・認定結果	省病院 DOHA 部、専 門家、郡病院の担当者 保健局報告書 保健局担当者	聞取調査、 質問票調査
	(4.2) サービス提供者の患者 に対する意識が向上している か	サービス提供者の意識 が向上する	職員の意識・態度変 化の推移（プロジェ クト前との比較）	質問票調査結果	質問票調査
(4.3) 患者の省病院医療サー ビスに対する満足度が向上し ているか	患者の提供サービスに 対する満足度が向上す る	患者の満足度のプロ ジェクト前後比較	満足度調査	資料収集 (既存資料)	

効率性	プロジェクトの投入は成果に対して有効か	JICAのリソース(機材、専門家、資金)の投入はタイムリングよく効果的にこなわれているか。投入が成果に直結するためにどのような方策を取っているか	成果に対して妥当な投入が行われている	計画と実績の比較 実施計画と投入のタイムリング 投入と成果との関連性	半期報告書 専門家、C/P	資料収集 聞取調査
	C/P機関の投入は成果に対して有効か	C/P機関の投入はタイムリングよく効果的にこなわれているか	成果のタイムリングに合わせて投入がこなわれている	計画と実績の比較 実施計画と投入のタイムリング	半期報告書 専門家、C/P	資料収集 聞取調査
インパクト	既存のリソースは有効に活用されているか。他の関連事業との重複はないか	中央病院との連携体制の構築は進んでいるか 他案件と他ドナー事業との連携・重複の回避はできているか	関連機関との連携の体制・仕組みができる 支援内容に重複がない	中央病院との研修連携計画と実績 中央病院とのリアル体制構築に向けた現状 他案件との連携状況(研修関連とリアル)と本プロジェクトへの影響把握状況 現地リソース活用の競合、重複のリスク	半期報告書、会議報告書、他案件情報等 専門家、C/P、他案件の担当者	資料収集 聞取調査
	「ホアビン省において有効性が実証された地域医療システマのモデルが北部地域に普及する」というシナリオの実現可能性はあるか	省内医療従事者への研修プログラムや研修計画の作り方がモデル化できるか 省内のリファラル体制の構築や緊急システマ構築について事例やモデル化が可能か	研修モデルが準備される リファラルモデルが準備される	本省内での研修モデルや先進事例へのニーズの有無、他省からの視察 本省での事例・モデルニーズの有無、他省からの視察	保健省担当者、C/P、専門家 半期報告書等 保健省担当者、C/P、専門家 半期報告書等	聞取調査 資料収集 聞取調査 資料収集
	貧困層の医療サービス利用が向上しているか		貧困層の医療サービスの利用、アクセスが向上する	貧困世帯への制度支援(貧困者保険カード)の現状、省内医療機関利用者の属性 関係機関、関係者に對する制度・組織・人的な貢献やマイナスの影響	保健局担当者、省病院DOHA部 省病院、郡病院の患者属性データ(貧困世帯の利用状況データ) 保健省、C/P機関、郡病院、専門家	聞取調査 資料収集
	上位目標以外で想定されるプラス・マイナスのインパクトの発現はあるか					聞取調査 質問票調査

自立発展性	「プロジェクト後」を想定して、自立発展性を高めるための方策は取られているか	省病院の財務的、人的、技術的（機材維持管理）での自律性は高いか 省病院のキヤパシティの見込みはどうか	省病院の財務的、人的、技術的（機材維持管理）での自律性を高める措置が取られる 省保健局がプロジェクト終了後も活動を維持発展するキヤパシティを持つ	省病院の DOHA 部の財務状況、人員配置と今後の見込み、機材維持管理・更新の現状と仕組み、職員へのインセンティブの有無 人員配置、活動継続のための予算確保の見込み、組織・個人レベルのインセンティブの有無	「財務報告書」「人員配置表」「機材維持管理実績」 省病院 DOHA 部署、人事部 「予算と実績報告書」、「人員配置表」 省保健局 C/P	資料収集 聞取調査、質問票調査 資料収集 聞取調査、質問票調査
実施プロセス	プロジェクトの促進・阻害要因は何か。どのように対応しているか。	プロジェクトを促進した要因は何か。どのような方法・手段を取ったか。 プロジェクトを阻害した要因は何か。どのような方法・手段を取ったか。		外部条件（上位機関からの予算措置と政府の策支援の状況、省の10年計画の策定状況、郡病院の整備進捗状況） その他プロジェクトで取っている（あるいは取れない）対応策等	5項目の調査を通して実施 5項目の調査を通して実施	5項目の調査を通して実施