

### Annex 3: Results of Activities

1	1-1 Conduct baseline survey on clinical training for medical doctors.	<ul style="list-style-type: none"> <li>The Project conducted baseline survey and completed its Report in March 2008.</li> </ul>
	1-2 Conduct training for evidence-based medicine in the fields of clinical pathology, pathognomy, symptomatology, etc. for trainers of clinical training in consideration of systematic clinical case presentations.	<ul style="list-style-type: none"> <li>Lectures to introduce EBM for developing countries were held in Training in Japan in April 2008 and in Medical Educational Seminar in September 2008 in Vientiane.</li> <li>Since some prerequisites for EBM are not fulfilled in Lao PDR, the Project provided textbooks and reference books, some in Lao (translated from Thai books, some in Thai, and others in easy English. It is expected that students/doctors will gain the habit to refer to such materials if necessary and pursue the core concept of EBM in the future.</li> </ul>
	1-3 Improve medical records from a viewpoint of follow-up/compiling of clinical cases.	<ul style="list-style-type: none"> <li>The counterpart voluntarily reformed the format of medical record to fill in patient's history and physical information and to use this information for clinical education. Such patient information is recorded by students to understand clinical cases. Also the Project had discussion in Teaching Management Committee (TMC) meetings and improved systems of filing patient's laboratory examination reports and storing X-ray films to keep in the hospital.</li> </ul>
	1-4 Compile clinical cases systematically for evidence-based medicine.	<ul style="list-style-type: none"> <li>To pursue the core concepts of EBM for the future, the Project provided various textbooks and reference books, and prepared the environment to learn from books when students/doctors seek for the medical solution.</li> </ul>
	1-5 Implement case conferences of clinical cases for trainees.	<ul style="list-style-type: none"> <li>The Project guided students/doctors to have activated discussion in the case conference in the Setthathirath Hospital. The Project developed the guideline for clinical presentation, and produced the guide book for it through the discussion and workshop with preceptors to standardize the contents of clinical presentation.</li> </ul>
	1-6 Prepare learning materials for case presentations/references for trainees.	<ul style="list-style-type: none"> <li>To obtain various learning materials, Thai books were purchased without much problem for students/young doctors to read. English books were also purchased to achieve the international standard of medical education for the future. Some existing textbooks were revised and translated into Lao, and delivered to preceptors and libraries. To utilize those books not only the counterparts in the Setthathirath Hospital but also University of Health Sciences (UHS) teaching staffs were involved in the activities.</li> </ul>
2	2-1 Develop concepts/philosophy of clinical training from a viewpoint of medical education at the Setthathirath Hospital.	<ul style="list-style-type: none"> <li>The Vision and Mission statements of clinical trainings for medical education in the Setthathirath Hospital were established. Medical Teaching Unit (MTU) became the core system to define clinical training through the discussion in TMC. Counterparts understand the concept of TMC and MTU, and how to manage MTU.</li> </ul>
	2-2 Establish a new committee in charge of clinical training.	<ul style="list-style-type: none"> <li>TMC was set up by the membership of 4 trainees who had training in Japan and preceptors in the Setthathirath Hospital.</li> </ul>
	2-3 Hold monthly meetings for clinical training.	<ul style="list-style-type: none"> <li>TMC has been held 30 times at the time of the Mid-Term Review.</li> </ul>
	2-4 Document process, experiences, outcomes, and lessons learned of the clinical training for medical students/doctors at the Setthathirath Hospital.	<ul style="list-style-type: none"> <li>Discussions in TMC include that each department of the Setthathirath Hospital has established its own MTUs, how to manage schedule of preceptors, program of clinical training and how to write medical records. All the contents were recorded in the minutes. These accumulated records are made up into the document.</li> </ul>

4

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	2-5 Hold seminars of clinical training in collaboration with four teaching hospitals, the Ministry of Health, and Faculty of Medical Science.	<ul style="list-style-type: none"> <li>Two seminars were held in September and October 2008 respectively. One seminar was cosponsored by Japanese experts and Calgary University and cooperated by the doctors in Setthathirath Hospital. The other seminar was held in UHS.</li> </ul>
	2-6 Arrange external audit.	<ul style="list-style-type: none"> <li>The word of "external audit" was re-defined as "internal monitoring" in the first JCC Meeting. The UHS and Setthathirath Hospital evaluated their own curricula, with the four teaching hospitals with the supervision of Ministry of Health on June 9 2009. As an international standard, "Basic Medical Education WFME Global Standards for Quality Improvement" by World Federation of Medical Education (WFME) was used for this internal monitoring.</li> </ul>
3	3-1 Draw up the programs and curriculums of trainings of trainers (TOT).	<ul style="list-style-type: none"> <li>The Lao and Japanese sides of the Project agreed that Training of Trainers (TOT) is basically designed as a 3 day program to avoid interference with their clinical services, and that the main goal is to acquire basic educational theories and skills. Two TOT workshops were conducted in November 2008 and March 2009. Participants were not only teaching staff in Setthathirath Hospital but also staff from other teaching hospitals and UHS.</li> </ul>
	3-2 Prepare teaching materials for TOT.	<ul style="list-style-type: none"> <li>After two TOT workshops were conducted, the counterparts understood the contents and the Project has started to develop teaching materials. Such contents will be published in the 3rd year of the Project. The TOT program will be revised in the first TOT workshop of the 3rd year.</li> <li>As three kinds of supplementary reasing materials for TOT, "Medical Ethics and Law", "Medical Teaching Theory" and "100 Words in Medical Education" have been translated into Lao from Thai. For each book, 500 copies were printed.</li> </ul>
	3-3 Conduct TOT for medical doctors working for four (4) teaching hospitals and provincial hospitals in the areas of pedagogy, problem-based learning clinical trainings, clinical presentations, training management by team approach and teaching system, self-learning, etc.	<ul style="list-style-type: none"> <li>Two TOT workshops were held for the participants, not only teaching staff in Setthathirath Hospital but also staff from other teaching hospitals and UHS.</li> <li>In the 3rd year of the Project, TOT activity will be expanded to provincial level. For this preparation, Japanese experts and counterpart went to site survey in the 2nd year.</li> </ul>
	3-4 Set up the monitoring criteria for trainers of clinical training.	<ul style="list-style-type: none"> <li>The self-administered questionnaire by the participants has been developed and applied to TOT workshops.</li> </ul>
	3-5 Monitor and evaluate trainers of clinical trainings.	<ul style="list-style-type: none"> <li>As monitoring and evaluation activities, two activities were set up. Medical students in four teaching hospitals were asked to evaluate their clinical trainers in the 2nd week of December 2008 and the 1st week of February 2009. External evaluation was carried out as a sub-contracted study by the Francophone Institute for Tropical Medicine.</li> </ul>

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# Annex 4: PDM1

Project Name : Project for Medical Education and Research for the Seththirath Hospital in the Lao PDR Target Group : Doctors involved in clinical training

Target Area : Seththirath Hospital

Project Period : 2007 – 2010 (3 years)

Date : 25 June, 2009

Version : No. 1

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p><b>Super Goal</b> Skills, knowledge, and attitude of medical doctors in the whole country are improved.</p>	<ol style="list-style-type: none"> <li>The number of patients coming to district hospitals increases.</li> <li>The number of medical doctors at district hospitals increases.</li> </ol>	<ol style="list-style-type: none"> <li>Annual Report from Ministry of Health</li> <li>Annual Report from Ministry of Health</li> </ol>	
<p><b>Overall Goal</b> Quality of clinical training for medical doctors in the Lao PDR is improved.</p>	<ol style="list-style-type: none"> <li>Achievement of undergraduate / Family Medicine Specialist Programs increases.</li> </ol>	<ol style="list-style-type: none"> <li>Comparison of baseline and end surveys</li> </ol>	<p>Family Medicine Specialist Program is continued</p>
<p><b>Project Purpose</b> Quality of undergraduate clinical trainings and early postgraduate clinical trainings for those who graduated from Faculty of Medical Sciences within two years at the Seththirath Hospital is improved.</p>	<ol style="list-style-type: none"> <li>Satisfaction of trainees who completed clinical trainings at the Seththirath Hospital increases.</li> <li>Evaluation (Reputation) of clinical training at the Seththirath Hospital from the professional organization is enhanced</li> </ol>	<ol style="list-style-type: none"> <li>Report of evaluation by medical students/ family medicine residents in issued by Academic Affair of University of Health Sciences</li> <li>Hearing survey from other teaching hospitals and MOH</li> </ol>	<p>The number of medical students are not increased drastically</p>
<p><b>Outputs</b></p> <ol style="list-style-type: none"> <li>Knowledge and know-how on clinical training of the Seththirath Hospital as a teaching hospital is expanded.</li> <li>The training management system is improved at the Seththirath Hospital.</li> </ol>	<ol style="list-style-type: none"> <li>1-1. The number of monthly book for loan in library (target: 4 books per student per year)</li> <li>1-2. Status of textbooks use in the clinical education</li> <li>1-3. Status of usage of Clinical Learning Center and simulators</li> <li>1-4. The percentage of blanks in the medical records decreases.</li> <li>2-1. The number of TMC meetings (target: 60)</li> <li>2-2. Frequency of re-write weekly schedule related with Medical Teaching Unit (MTU) (target: once a week)</li> <li>2-3. Medical students/family medicine residents feel that training by clinical trainers improved.</li> <li>2-4. Findings used for further improvement in Internal Monitoring</li> <li>2-5. Human Resource Technical Working Group (HR-TWG) recognizes the clinical education model in Seththirath Hospital as a model</li> </ol>	<ol style="list-style-type: none"> <li>1-1. List for loan-out books from the library</li> <li>1-2. Hearing from clinical trainers</li> <li>1-3. Hearing from clinical trainers</li> <li>1-4. Sampling survey results of medical record in four major departments</li> <li>2-1. Record of TMC meetings</li> <li>2-2. Frequency of re-writing schedule board</li> <li>2-3. Hearing from medical students/residents</li> <li>2-4. Minutes of Internal Monitoring</li> <li>2-5. Minutes of HR-TWG meetings</li> </ol>	<p>The MOH continues to secure the budget for the clinical trainings at the educational hospitals.</p>
<ol style="list-style-type: none"> <li>Capacities of trainers of clinical trainings for medical students/doctors are strengthened.</li> </ol>	<ol style="list-style-type: none"> <li>3-1. The number of Medical Education Seminars (target: 8 times)</li> <li>3-2. The number of TOT workshops (target: 15 times)</li> <li>3-3. The number of monitoring for clinical trainers (target: 8 times)</li> <li>3-4. Clinical trainers feel TOT has improved teaching skills</li> <li>3-5. The number of issued newsletters and posters (7 and 1 time respectively)</li> </ol>	<ol style="list-style-type: none"> <li>3-1. Programs of Medical Education Seminars and TOTs</li> <li>3-2. TOT programs</li> <li>3-3. Monitoring reports of clinical trainers</li> <li>3-4. Hearing from clinical trainers</li> <li>3-5. Newsletters and posters</li> </ol>	

<p><b>Activities</b></p> <p>1-1 Conduct baseline survey on clinical training for medical doctors.</p> <p>1-2 Produce textbooks to acquire standardized basic clinical competencies</p> <p>1-3 Activate the library to utilize reference books</p> <p>1-4 Build Clinical Learning Center and provide practical training using simulators</p> <p>1-5 Improve the contents and management system of medical records</p> <p>1-6 Develop learning materials for case conference or references for medical students/residents</p> <hr/> <p>2-1 Develop the mission of clinical training for medical education viewpoint at the Seththirath Hospital.</p> <p>2-2 Establish a new committee (Teaching Management Committee: TMC) in charge of clinical training.</p> <p>2-3 Hold monthly TMC meetings for clinical training.</p> <p>2-4 Accumulate the minutes of TMC meetings</p> <p>2-5 Improve the function of Medical Teaching Unit (MTU)</p> <p>2-6 Establish Internal Monitoring system.</p> <p>2-7 Promote project outputs through the Human Resource Technical Working Group organized by Ministry of Health</p> <hr/> <p>3-1 Develop the programs of trainings of trainers (TOT).</p> <p>3-2 Prepare teaching materials for TOT.</p> <p>3-3 Conduct TOT for medical doctors working for four teaching hospitals and provincial hospitals.</p> <p>3-4 Organize Medical Education Seminar for clinical trainers</p> <p>3-5 Set up the monitoring criteria for clinical trainers who participate in TOT.</p> <p>3-6 Monitor and evaluate clinical trainers who participated in TOT.</p> <p>3-7 Disseminate the idea of medical education through newsletters and a poster</p>	<p><b>Inputs</b></p> <p>Japanese side</p> <p>1. Experts</p> <ul style="list-style-type: none"> <li>- Chief Advisor</li> <li>- Medical Education</li> <li>- Pedagogy</li> <li>- Evidence Based Medicine</li> <li>- Epidemiology</li> <li>- Internal Medicine</li> <li>- Medical Record Management</li> <li>- Emergency Medicine</li> <li>- Clinical Laboratory</li> <li>- Clinical Pathology</li> <li>- Training Management and Evaluation</li> </ul> <p>Note: The number of experts will be smaller than the number of above-mentioned fields, because some experts will be in charge of several fields. At the moment, such envisaged examples are as follows:</p> <ul style="list-style-type: none"> <li>- Chief Advisor/ Medical Education/Pedagogy</li> <li>- Evidence Based Medicine/Epidemiology</li> </ul> <p>2. Training of counterpart personnel in Japan</p> <ul style="list-style-type: none"> <li>- Medical Education</li> </ul> <p>3. Equipment/materials</p> <ul style="list-style-type: none"> <li>- Equipment for Medical Education</li> <li>- Equipment for Clinical Medicine for Educational Purposes</li> </ul>	<p>Lao side</p> <p>1. Personnel</p> <ul style="list-style-type: none"> <li>- Project Director</li> <li>- Project Manager</li> <li>- Counterpart personnel</li> </ul> <p>2. Provision of the project office and facilities necessary for the implementation of the project</p> <p>3. Others</p> <ul style="list-style-type: none"> <li>- Administrative and operational costs</li> <li>- Running costs for electricity, water, etc.</li> </ul>	<p>1. Clinical trainers continue working as teaching doctors.</p> <p>2. The number of patients is not reduced drastically at the Seththirath Hospital.</p> <hr/> <p><b>Pre-conditions</b></p> <p>Cooperation and agreement on the project implementation are obtained from the MOH.</p>
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Annex 5: Schedule of Mid-Term Review Study

Mid-term Review on the Project for Medical Education and Research for the Setthathirath Hospital Schedule (tentative)

Date	Time	Official Member	Time	Consultant	Contact Person	Venue
6/10	Wed		21:30	NRT⇒BKK⇒VTE Hotel arrival, Meet up		
6/11	Thu		8:00-8:15	Mahosot HP Courtesy call	• Dr. Boungkong SYHAVONG (Deputy Director) • Dr. Douangkham, Dr. Sommanykhone	Mahosot H
			8:30-9:15	Mtg w JICA Office		JICA Office
6/12	Fri		9:30-11:00	Mahosot HP TOTparticipants Interview	• Ms. Osone, JICA Laos Office • Dr. Phouthone, Deputy Director of DOP (Chair of HR-TWG) • Project Team Member	Mahosot H
			13:00-	Courtesy Call to DOP, MOH		DOP, MOH
			14:00-	HR-TWG in MOH		Pjt Office, Settha H
			15:00-	Setthathirath HP		Settha H
6/13	Sat		9:00-12:00	Setthathirath HP observation	• Dr. Som Ock, Director of the hospital • TMC Member of CPs	Settha H
			10:00-11:00	Courtesy call to Director		
6/14	Sun		14:00-16:00	Training Management Committee (TMC) participation		
				Data correction and analysis		
6/15	Mon			Data correction and analysis		
			8:00-12:00	Setthathirath HP C/P interview	• Setthathirath HP CP (Dr. Khampe (Deputy Director), PJT experts, Dr. Bounthieng (Ob/Gyn)) interview • DR. Phouthone VANGKONEVILAY (Deputy Director) • Dr. Alongkone PHENGSAVANH	Settha H
			13:00-14:00	Personnelle Dept. MOH interview		DOP, MOH
14:00-15:00	UHS interview					
6/16	Tue		10:00-10:15	Mittaphab HP courtesy call	• Dr. Phoukhieng (Deputy Director) • Dr. Vongsin PHOTHISANSACK, Dr. Vangnakhone DITTAPHONG • Dr. Thavone (Surgery) • Dr. Sismphone (OPD) • Dr. Ketsomsouk (UHS, trainee in Japan) • Dr. Sing (UHS, Vice Director of Post Graduate), Dr. Oua (UHS, Trainee in Japan)	Mittaphab H
			10:30-11:30	Mittaphab HP TOTparticipants interview		ditto
			12:00-13:00	Setthathirath HP CP interview		Settha H
			13:00-14:00	UHS interview		
6/17	Wed		14:00-15:00	UHS interview	• Dr. Phouthone SITIDETH (Vice Director, Undergraduate) • Dr. Buon nack SAYSANASONGKHAM (Deputy Director) • Dr. Phongsy FONGSAMOD, Dr. Sivansay CHANTHAVONGSAK • Dr. Manivanh DOUPHANTHONG • Dr. Phimseng (ER) • Dr. Phouphet (Pediatrics)	MCH H
			8:00-9:00	UHS		ditto
			9:00-9:15	MCH HP courtesy call		Settha H
			9:30-11:30	MCH HP TOTparticipants interview		
6/18	Thu		11:00-12:00	UHS interview	• Dr. Christine (paediatrics) • Dr. Kongsinh (International relations)	Settha H
			13:00-14:00	Setthathirath HP CP, PJT interview		
			14:00-15:00	Setthathirath HP NGO Health Frontier interview		
6/19	Fri		10:00-	Data analysis, interview, JER preparation		
			All Day	Interview follow up and analysis		
6/20	Sat		14:00-16:00	TMC Meeting		Settha H
6/21	Sun			Data correction and analysis		
6/22	Mon		13:00	Internal Meeting (Mission members, PJT, JICA Office)		JICA Laos Office
			8:30	JICA Laos Office Meeting	Mr. Takashima, Mr. Takei, Ms. Osone, JICA Laos	JICA Office
6/23	Tue		9:30-11:30	C/P Group interview workshop		Mdm. Chanthanome, Director of Cabinet, Dr. Bounfeng, Deputy Director of Cabinet, Dr. Somphone, Director of DCM
			13:30-16:00	Setthathirath HP visit, Dinner Discussion w other JICA health projects	MOH	
6/24	Wed		18:30-	Dinner Discussion w Director of Setthathirath HP	Mdm. Chanthanome, Director of Cabinet, Dr. Bounfeng, Deputy Director of Cabinet, Dr. Somphone, Director of DCM	Mahosot H
			9:00-11:30 AM	Courtesy call & interview to MOH		
6/25	Thu		10:00-11:30 PM	Mahosot HP visit	CP, UHS, MOH (evaluators) Dr. Ketsomsouk BOUPHAVANH (UHS)	Mittaphab H
			10:00-11:30 AM	Internal mtg (drafting report)		Settha H
6/26	Fri		19:00-20:30	Dinner Discussion w Director of Setthathirath HP		
			10:00-11:30 PM	Discussion with CPs and MOH about JER		
6/27	Sat		16:00-17:00	UHS visit		
			10:00-12:00	JCC Meeting, Minutes signing		
6/28	Sun		12:00-13:30	Inagulation Ceremony		
			9:00-9:30	Reporting to JICA Laos Office	Mr. Takashima, Mr. Takei, Ms. Osone, JICA Laos Office Mr. Sugiyama, EOJ	JICA Laos Office
6/29	Mon		10:00-	Reporting to EOJ		Mr. Takashima, Mr. Takei, Ms. Osone, JICA Laos Office Mr. Sugiyama, EOJ
			17:50-	VTE departure (VN840) → Hanoi 18:50		
6/30	Tue		0:05-6:50	Hanoi (VN954) → NRT		

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## Attendant List 4 JCC

(Date:19 / 6 / 2009 )

MEETING:

Please fill in the blank with capital letter. Thank you.

No.	Name	Position/ Organization	Mobile phone	Signature
1	Mrs.Chanthanom MANODHAM	Director of Cabinet,MOH		
2	Professor Dr.Sommone PHOUNSAVATH	Director of Curative Dept,MoH		
3	Dr.Nao BOUTTA	Deputy Director of Cabinet, MoH		
4	Dr. Somchanh SAISIDA	Director of Personnel, MoH, DOP		
5	Dr. Phouthone VANGKONEVILAY	Deputy Director of Organization & Personnel Dept.MoH		
6	Dr.Khamphet MANIVONG	Acting Director of Planning Finance Dept,MoH		
7	Dr.Phisith PHOUTSAVATH	Technical Staff,Curative Dept,MOH		
8	Dr.Mrs.Bounheuang PHONGSAVATH	Technical Staff ,Organiz & Personel Dept, MoH		
9	Dr.Somphet VANITTHACHONE	Technical Staff ,P&F dept, MoH		
10	Assoc.Prof.Dr.SomOck KINGSADA	Dean of UHS, Director of Settha hospital		
11	Dr.Sing MENORATH	Deputy Dean of Medicine Dept. UHS		
12	Dr.Manivanh SOUPHANTHONG	Head,Faculty of Medicine, UHS		
13	Dr.Phouthone SITTHIDATH	UHS, Deputy Dean of Medicine Dept		
14	Dr.Bouthavong PHENGSIOMBOUN	UHS, Head of Academic Affairs		
15	Dr.Alounyadeth SITTHIPHAN	UHS,Deputy Dean		
16	Dr.Vongphet LOUANGXAY	UHS		
17	Dr.Ketsomsouk BOUPHAVANH	UHS,Dept of Medicine , Academic affair		
18	Dr.Oua PHIMMASARN	UHS, Postgraduate		
19	Assoc.Prof.Dr.Khampe PHONGSAVATH	Deputy Director,SH		
20	Dr.Vangyer NENGMONGVANG	Deputy Director,SH		
21	Dr.Phay DOUANGSY	Head of General affair ,SH		

No.	Name	Position/ Organization	Mobile phone	Signature
22	Dr.Onekham DOUANGBOUPHA	Head of Surgery,SH		
23	Mrs.Mimala PATHOUMXAD	Foreign Affair,SH		
24	Dr.Khamta LEARNKHAMMY	Head of Labo,SH		
25	Dr.Viengvansay NABANDITH	Deputy of Labo,SH		
26	Dr.Somchanh SOURALAY	Head of IM1, SH		
27	Dr.Bounmy SOMSAMOD	Deputy of IM1, SH		
28	Dr.Somphet CHANDAMANY	Anesth,SH		
29	Dr,Phouphet VISOUNNARATH	Head of Pedia, SH		
30	Dr.Phanh DAVONG	Head of MA, SH		
31	Dr.Choummaly	Personel Dept,SH		
32	Dr.Oukham APHAYYALATH	IM 2, SH		
33	Dr.Chanthone SAYSANAVONG	IM1,SH		
34	Dr.Phimseng	Head of ER, SH		
35	Dr.Thavone CHANTHASONE	Surgery,SH		
36	Dr.Bounthieng APHAY	Head of OB/GY,SH		
37	Dr.Sisomphone TANDAVONG	Head of OPD,SH		
38	Dr.Kongsinh AGKALATH	Deputy chief of Foreign Affair		
39	Prof.Dr.Chanpheng THAMMAVONG	Director of Mahosot Hospital		
40	Assoc.Prof.Dr.Boukong SIHAVONG	Vice Director of Mahosot Hospital		
41	Assoc.Prof.Dr.Vanliam BOUALAVONG	Director of Mittaphab Hospital		
42	Dr.Phoukieng DOUANGCHACK	Vice Director of Mittaphab Hospital		
43	Assoc.Prof.Dr.Bouavanh SANSATHITH	Director of MCH Hospital		
44	Dr.Bounleua PHILAVONG	Vice Director of MCH Hospital		
45	Mr.TAKASHIMA Hiroaki	Chief Representative of JICA Lao Office		

No.	Name	Position /Organization	Mobile phone	Signature
46	Ms.OSONE Kaori	Representative, JICA Lao Office		
47	Dr.Noda	JICA expert, CD- SWC		
48	Mr.Tsunoda	JICA expert, CD- SWC		
49	Ms.Sato	JICA expert Nursing Project		
50	Mr.Kojima	JICA expert Nursing Project		
51	Ms.Mizue Hiura	JICA expert Nursing Project		
52	Ms.Mayumi Hashimoto	JICA expert Nursing Project		
53	Dr.Christine Johns	Health Frontiers		
54	Dr.Hirotaka ONISHI	MESH Project		
55	Ms.Keiko MURAMATSU	MESH Project		
56	Mr.Toshiharu HATA	MESH Project		
57	Dr.Kiyoshi KITAMURA	MESH Project		
58	Dr.Akiteru TAKAMURA	MESH Project		
59	Mr.Mitsuhiro USHIO	JICA Mission		
60	Ms.Haruka SHINDO	JICA Mission		
61	Ms.Erika TANAKA	JICA Mission		
62	Assistance.Prof.Dr.Bounsai THOVISOUK	Local staff consultancy, MESH Project		
63	Mr.Phimmaha	Construction Company		
64	Assistances	Construction Company		
65	Dr.Khamphet	Chief of Maintenance, SH		



Agenda for the 5th Joint Coordination Committee  
of  
The Project for Medical Education and Research for  
the Setthathirath Hospital, Lao P. D. R.

1. Date: 9 March 2010
2. Time: 9:00 – 12:00
3. Venue: Seminar Room, Setthathirath Hospital
4. Agenda and Timetable

Time	Agenda	Care of
9:00	Opening remarks	Project Director Dr. Som Ock KINGSADA Senior Representative JICA Office Mr. Yoshiharu YONEYAMA
9:10	Introduction of Lao counterpart members for the Project and JICA Expert Team	Deputy Project Director Dr. Khampe PHONGSAVATH, Chief Advisor, JICA Expert Team Dr. Hirotaka ONISHI
9:20	Overview and achievement of the Project activities of April 2009 - March 2010	Chief Advisor, JICA Expert Team Dr. Hirotaka ONISHI
10:00	Questions, answers and discussion	Deputy Project Director Dr. Khampe PHONGSAVATH
10:20	Coffee break	
10:30	Evaluation survey results of MTU system in provincial hospitals	Expert, JICA Expert Team Dr. Akiteru TAKAMURA
11:00	Annual work plan for April - November 2010	Chief Advisor, JICA Expert Team Dr. Hirotaka ONISHI
11:30	Questions, answers and discussion	Deputy Project Director Dr. Khampe PHONGSAVATH
11:50	Closing remarks	Deputy Project Director Dr. Khampe PHONGSAVATH

\*Translation between English and Lao is provided by Dr. Keokethong PHONGSAVANH

## **The 5<sup>th</sup> JCC Record: Q&A, Discussion**

Date: 9 March 2010

Venue: Conference Room, Setthathirath Hospital

### **1. Opening Remark**

Dr. Vangyer NENGMONGVANG, the deputy director of Setthathirath Hospital, had a short speech. MESH project is achieving not only in medical education in Setthathirath Hospital but also in the whole country. Setthathirath Hospital is recognized as the university teaching hospital and they have to develop the hospital in that manner.

### **2. Overview and achievement of the Project activities of April 2009 - March 2010**

Dr. Hirotaka Onishi explained it. The slides are attached as ANNEX 1.

Comments:

Dr. Phay DOUANGSY: Medical Education Committee in UHS at a present exists just only one above all the 7 faculties. But each faculty should have its own medical education committee and representative of each faculty should become the member of Medical Education Committee.

Dr. Vanliam BOUALAVONG: A paediatric hospital in Mittaphab hospital should be one of the central educational hospitals in the near future.

Dr. Keoketthong PHONGSAVATH: When MESH project took PMEL member to province hospitals, it was very difficult time for other staffs to do daily work because the number of faculties in each central hospital is also short.

Dr. Sing MENORATH: Now PMEL members are officially approved by UHS to improve the quality of Medical Education in Laos. So we have to support them to improve our education in all Laos from next time. In addition, UHS will create Medical Education Centre and it should be implemented by mainly Academic Affair. PMEL had better talk with TMC in each central hospital, and supports and leads them. That is why we need more support from JICA project team.

### **3. Evaluation survey results of MTU system in provincial hospitals**

Dr. Akiteru Takamura showed the results of survey in Champasak, Savannakhet, and Luang Prabang hospitals. The handout was attached as ANNEX 2.

No discussion.

#### **4. Annual work plan for April - November 2010**

Dr. Hirotaka Onishi indicated the annual work plan for the final fiscal year of 2010. The slides are attached as ANNEX 3.

#### Comments or Q&A

D: The health service, especially in rural areas will become more important. At the same time, the quality of medical education also should be assured. Eventually sending medical professionals to rural areas would be also indispensable. Retention of medical professionals in rural areas is now common issue internationally. In a sense, D6 training in province hospital is a really good start.

D: Lao government has already identified the importance of sending doctors to rural areas. In terms of this problem, JICA MESH project is being wanted to continue this kind of work.

D: Staffs in province hospital should become a member of a faculty in UHS because their role for teaching in province hospital is really important. If possible, many international donors' support is needed. Of course, PMEL and MESH had better keep doing cooperative work.

Dr. Vongphet LOUANGSAY: About the contents of TOT, now the contents consist of theory centered topics. Topics should be more practical after we understand theory better. For example, Preceptors in province would like us to have a new topic for "How to lead Active Learners" or "How to treat with Difficult Learners". Therefore, the contents also should be developed.

Dr. Sing MENORATH: UHS is one of the most important decision makers for international cooperation. But it is very difficult for UHS to control systems in each training hospital. Therefore, JICA MESH project's support for constructing new degrees, Master course and Medical Education Centre is quite important.

#### **5. Closing Remark**

Mr. Yoneyama (Senior Representative of JICA Lao Office): It is a great honour to address my speech today. I would like to express my sincere appreciation to MOH, UHS and all other stakeholders who continuously support the Project. This JCC will be an important meeting for the goal. I will appreciate comments and suggestions. It was a pity that the part of CLC burnt down. But I hope everything will be fine.

Dr. Vangyer NENGMONGVANG: Patient care and medical education are both important. We need to extend our activities. I would like to thank JICA and all participants. It is time to close this meeting.

# Attendant List 5th JCC

(Date:9/ Mar / 2010 )

No.	Name	Position/Organization
1	Dr.Bounheuang PHONGSAVATH	Technical staff Pesonal Dept, MOH
2	Dr.Somphet VANITTHACHONE	Technical staff Pesonal Dept, MOH
3	A.Prof Dr.SomOck KINGSADA	President of UHS
4	A.Prof Dr.Khampe PHONGSAVATH	Director of Settha
5	Dr.Vangyer NENGMONGVANG	Vice Dicetor of Settha
6	Dr.Phay DOUANGSY	Chief of General Affair,SH
7	Mrs.Mimala PATHOUMXAD	Chief of Relation section,SH
8	Dr.Kongsin AGKHARATH	Deputy chief of Relation section
9	Dr.Phanh DAVONG	Chief of Medical Affair,SH
10	A.Prof.Dr.Onekham DOUANGBOUPHA	Chief of Surgery SH
11	Dr.Viengphouthong PHROMSAVANH	Deputy chief Surgery of SH
12	Dr.Somchanh SOULARAY	Chief of IM
13	Dr.Bounmy SOMSAMOUTH	Chief of Indocrinology, SH, PMEL member
14	Dr.Phoupnet VISOUNNARATH	Chief of Paediatrics
15	Dr.Bounthieng APHAY	Chief of OB/GYN,SH
16	Dr.Keoketthong PHONGSAVATH	Deputy Chief of OB/GY, SH
17	Dr.Keomanichanh OUPATHANA	PMEL Member OB/GY, SH
18	Dr.Somphet CHANDAMANY	Anesthetise, SH
19	Dr.Khamta LEUARNKHAMMY	Chief of Labo,SH
20	Dr.Viengvansay NABANDITH	Deputy Chief of Labo, SH

21	Dr.Sisomphone TANDAVONG	Chief of OPD
22	Dr.Phimseng CHANTHANOUSONE	Chief of ER,SH
23	A.Prof Dr.Bounkong SIHAVONG	Dean of Faculty of Medicine,& Vice Director of Mahosot,
24	Dr.Douangkham PHOMMACHANH	Pediatrics Mahosot & PMEL member
25	Dr.Khaysy RASSAVONG	Pediatrics Mahosot & PMEL member
26	Dr.Phoukhieng DOUANGCHACK	Vice Director of Mittaphab
27	Dr.Sinpasong SINVONGSA	Chief of Surgery, Mittaphab &
28	A.Prof.Dr.Bouavanh SENSATHITH	Vice President of UHS & Director of MCH
29	Dr.Sivansay CHANTHAVONGSACK	OB/GY, MCH & PMEL member
30	Ms. Yuki TOSHIMURA	JICA Lao office
31	Dr. Kenishiro NODA	JICA expert
32	Dr. Kenishi TUNODA	JICA expert
33	Dr. Sazumi SATO	JICA expert
34	Ms. Mizue HIURA	JICA expert
35	Dr.Christine JOHNS	Health Frontiers
36	Dr.Keiko YANO	MESH Project Member
37	Mrs.Keiko MURAMATSU	Vice Chief Advisor of MESH Project
38	Dr.Bounsai THOVISOUK	Local expert consultancy of MESH Project

The Project for Medical Education and Research for the Setthathirath Hospital

## Agenda for the 6th Joint Coordination Committee

of

The Project for Medical Education and Research for the Setthathirath Hospital, Lao P.D.R

1. Date: 8/7/2010
2. Time : 9:00 am ~ 12:00 noon
3. Venue: Conferences Room at Setthathirath Hospital
4. Agenda and Timetable

Time	Agenda	Care of
9:00~9:15	Opening Remark	1.Deputy Project Director, Assoc.Prof. Dr.Khampe PHONGSAVATH, Director of Setthathirath Hospital 2.JICA Lao Office,Chief Representative Mr. Masato TOGAWA
9:15~9:30	Introduction of Lao counterpart members for the Project and JICA Expert Team	1.Deputy Project Director, Assoc.Prof. Dr.Khampe PHONGSAVATH, Director of Setthathirath Hospital 2.Chief Advisor, JICA Expert Team Dr.Hirotaka ONISHI
9:30~10:00	Report of the Project Activities  in Semiaannual ( Dec.2009 ~ May.2010 )	By Chief Advisor, JICA Expert Team Dr.Hirotaka ONISHI
10:00 ~10:15	Question, Answers and Discussion	By Assoc.Prof. Dr.Khampe PHONGSAVATH Director of Setthathirath Hospital
10:15~10:30	Coffee break	
10:30~11:00	Overview and achievement of the Terminal Evaluation	Member of Terminal Evaluation Team, JICA
11:00~11:30	Question, Answers and Discussion	By Assoc.Prof. Dr.Khampe PHONGSAVATH Director of Setthathirath Hospital
11:30 ~ 11:45	Signing minute of Meeting	1.Assoc.Prof. Dr.Khampe PHONGSAVATH, Director of SH 2.Leader the Terminal Evaluation Term, JICA Dr. Mitsuhiro USHIO
11:45~12:00	Closing Remark	Assoc.Prof. Dr.Khampe PHONGSAVATH, Director

**MINUTES OF MEETINGS**  
**BETWEEN THE JAPANESE TERMINAL EVALUATION TEAM AND**  
**THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF**  
**THE LAO PEOPLE'S DEMOCRATIC REPUBLIC**  
**ON THE JAPANESE TECHNICAL COOPERATION**  
**FOR THE PROJECT FOR MEDICAL EDUCATION AND RESEARCH**  
**FOR THE SETTHATHIRATH HOSPITAL**

The Japanese Terminal Evaluation Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Mitsuhiro USHIO, visited the Lao People's Democratic Republic from June 22 to July 8, 2010. The purpose of the Team was to confirm the achievements made during the three year's cooperation period, and make the terminal evaluation for the Project for Medical Education and Research for the Setthathirath Hospital (hereinafter referred to as "the Project").

During its stay, both the Team and the authorities concerned of the Lao People's Democratic Republic (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 achievement based on the Record of Discussions (hereinafter referred to as "R/D") signed on October 8, 2007 and the Project Design Matrix (hereinafter referred to as "PDM").

As a result of the discussions, both sides agreed the matters referred to in the documents attached hereto, and the result of evaluation was complied in the Joint Evaluation Report with mutual understanding.

Vientiane, July 8, 2010

牛尾 光宏

\_\_\_\_\_  
**Dr. Mitsuhiro USHIO**  
Leader  
The Evaluation Team  
Japan International Cooperation Agency  
Japan

C. BOUTTA

\_\_\_\_\_  
**Dr. Nao BOUTTA**  
Acting Director of Cabinet,  
Ministry of Health  
Lao People's Democratic Republic



KHAMPE PHONGSAVATH

\_\_\_\_\_  
**Assoc. Prof. Dr. Khampe PHONGSAVATH**  
Director,  
Setthathirath Hospital,  
Ministry of Health  
Lao People's Democratic Republic



## THE ATTACHED DOCUMENT

### I. OUTLINE OF TERMINAL EVALUATION

The Team conducted Terminal Evaluation from June 22 to July 8, 2010 in order to review the achievements of the Project in terms of relevance, effectiveness, efficiency, impact and sustainability. Through discussion, interviews, questionnaire survey and field survey, the Team concluded the results on the Joint Review Report (see the Annex 1).

### II. RECOMMENDATIONS

<MOH<sup>1</sup>>

1. MOH should continue the policy to develop community-based medical education and allocate the necessary budget to expand the success of medical education in central hospitals to provincial hospitals.
2. MOH should promote discussion about medical education under HRH-TWG<sup>2</sup>, and invite related developing partners.
3. MOH should support UHS<sup>3</sup> to conduct TOT<sup>4</sup> by issuing the letter and making necessary arrangement to the teaching hospitals and provincial hospitals.

<UHS>

1. UHS should technically and financially support TOT activities by PMEL<sup>5</sup>, which is promoting MTU<sup>6</sup> and TMC<sup>7</sup> activities.
2. UHS should make technical advice to MTU and TMC activities in each teaching hospital and provincial hospital, and monitor these activities.
3. UHS should utilize teaching materials made by the Project.

<Teaching Hospitals>

1. Teaching Hospitals should establish and strengthen the management and operation of TMC
2. Teaching Hospitals should maintain management of clinical education through closer communication with UHS about MTU and TMC.
3. Teaching Hospitals should recognize the current situation of living and learning environment of medical students and improve them such as providing study space and

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improving accessibility to relevant information (Textbook, Internet etc.)

<The Project>

1. The Project should strengthen the capacity of PMEL to maintain MTU and TMC activities.
2. The Project should estimate the necessary cost of the TOT for the continuation.

Appendix 1: Terminal Evaluation Report

(END)

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<sup>1</sup> MOH: Ministry of Health

<sup>2</sup> HRH-TWG: Human Resource for Health-Technical Working Group

<sup>3</sup> UHS : University of Health Sciences

<sup>4</sup> TOT : Training of Trainers

<sup>5</sup> PMEL : Project for Medical Education in Laos

<sup>6</sup> MTU : Medical Teaching Unit

<sup>7</sup> TMC : Training Management Committee

4 6 5/



**JOINT TERMINAL EVALUATION REPORT**  
**ON**  
**THE JAPANESE TECHNICAL COOPERATION PROJECT**  
**FOR**  
**MEDICAL EDUCATION AND RESEARCH OF THE**  
**SETTHATHIRATH HOSPITAL**  
**IN THE LAO PEOPLE'S DEMOCRATIC REPUBLIC**

**Japan International Cooperation Agency (JICA)**

**and**

**Ministry of Health**  
**Lao People's Democratic Republic**

**8 July 2010**

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## TABLE OF CONTENTS

<b>ABBREVIATIONS</b> .....	3
<b>CHAPTER 1 SCOPE OF EVALUATION STUDY</b> .....	4
1.2 OBJECTIVES OF THE TERMINAL EVALUATION.....	4
1.3 JOINT EVALUATION TEAM .....	5
1.4 FRAMEWORK OF THE PROJECT .....	5
<b>CHAPTER 2 EVALUATION PROCESS</b> .....	7
2.1 METHODOLOGY OF EVALUATION .....	7
2.2 FIVE EVALUATION CRITERIA .....	7
<b>CHAPTER 3 PROJECT PERFORMANCE</b> .....	8
3.1 INPUTS .....	8
3.2 ACHIEVEMENTS OF THE PROJECT .....	8
3.3 IMPLEMENTATION PROCESS .....	18
<b>CHAPTER 4 EVALUATION RESULTS</b> .....	20
4.1 RELEVANCE .....	20
4.2 EFFECTIVENESS .....	22
4.3 EFFICIENCY.....	24
4.4 IMPACT .....	27
4.5 SUSTAINABILITY .....	29
4.6 CONCLUSION .....	32
<b>CHAPTER 5 RECOMMENDATIONS</b> .....	33

## ANNEX

Annex 1: PDM (Version 0), (Version 1)

Annex 2: Schedule of Terminal Evaluation

Annex 3: Persons Interviewed

Annex 4: List of Inputs

- 4-1 Counterpart Allocation
- 4-2 Dispatch of Japanese Experts
- 4-3 Counterpart Training
- 4-4 Provision of Equipment and Materials
- 4-5 Operational Expenses
- 4-6 Organization Chart

## ABBREVIATIONS

CHIPU	Complex of Hospital, Institute, Project and University
CLC	Clinical Learning Center
C/P	Counterpart
D6	6 <sup>th</sup> -year medical students
EBM	Evidence-based Medicine
HRH-TWG	Human Resource for Health- Technical Working Group
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteers
MOH	Ministry of Health
MTU	Medical Teaching Unit
ODA	Official Development Assistance
OJT	On -the Job Training
OVI	Objectively Verifiable Indicators
PCM	Project Cycle Management
PDM	Project Design Matrix
PDR	People's Democratic Republic
PMEL	Project for Medical Education in Laos
SWG	Sector Working Group
TMC	Training Management Committee
TOT	Training of Trainers
UHS	University of Health Sciences
WFME	World Federation for Medical Education
WHO	World Health Organization

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## CHAPTER 1 SCOPE OF EVALUATION STUDY

### 1.1 Background of the Terminal Evaluation

The Government of the Lao People's Democratic Republic (Hereinafter referred to as "Lao PDR") stated in "Health Strategy 2020" to ensure that all Lao people have access to health care services, and one of the important principles to achieve this goal is to improve the capacity of health staff at each level in order to ensure high quality services.

The Setthathirath Hospital is a general hospital with 186 inpatient beds and is a central hospital, which provides tertiary curative care in the country. At the same time, the Hospital plays a role of teaching hospital providing clinical training and education for both undergraduate medical students and postgraduate medical doctors. Japan provided support to the Setthathirath Hospital through grant-aid and technical cooperation projects to contribute to improve health and medical care services. In September 2004, the Setthathirath Hospital was ranked up from a Vientiane Municipality Hospital to a university hospital of the Faculty of Medical Sciences of the National University of Laos (now the University of Health Sciences).

On the other hand, there exists a problem of scarcity in number as well as insufficient technical skills of medical doctors in the country, especially in the rural areas. There is a strong demand to educate qualified medical doctors with ability to respond to the local needs and health issues. The Faculty of Medical Sciences of the National University of Laos started a two-year post-graduate program, namely Family Medicine Specialist Program to respond to such demand.

Under these circumstances, the Government of the Lao PDR has submitted a proposal to the Government of Japan for the Technical Cooperation Project for Medical Education and Research of the Setthathirath Hospital (hereinafter referred to as "the Project"), and the Project is now in practice.

As the Project is expected to be terminated within 6 months, the Terminal Evaluation was conducted in order to assess the achievements and draw lessons learned from the Project. The evaluation was jointly undertaken by the Lao and the Japanese sides.

### 1.2 Objectives of the Terminal Evaluation

The objectives of the Terminal Evaluation were:

- 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 identify the promoting factors and inhibitory factors of achievements of the Project,
- 3) To discuss the plan for the Project for the rest of the project period together with Lao PDR side based on the reviews and analysis results above, and
- 4) To summarize the results of the study in Joint Terminal Evaluation Report.

### 1.3 Joint Evaluation Team

Evaluation of the Project was jointly conducted with Two Lao members. The members of Joint Evaluation Team (hereinafter referred to as “the Team”) were indicated below.

<Japanese Side>

Name	Designation	Title and Affiliation	Duration of Survey
Dr. Mitsuhiro USHIO	Leader	Executive Technical Advisor to the Director General, Human Development Department, JICA	2010/6/30 ~ 2010/7/8
Ms. Ayumi MIZUNO	Cooperation Planning	Health Division 3, Human Development Department, JICA	2010/6/30 ~ 2010/7/8
Dr. Yoichi INOUE	Evaluation Analysis	Senior Consultant, Consulting Division, Japan Development Service Co., Ltd.	2010/6/22 ~ 2010/7/8

<Lao Side>

Name	Title and Affiliation
Dr. Bouphany PHAYOUPHORN	Deputy Chief of International Cooperation Division, Cabinet Office, MOH
Dr. Sipaseuth LADPAKDY	Technical staff, Division of Central Hospitals, Department of Health Care, MOH

The evaluation survey was conducted between the 21<sup>st</sup> of June 2010 and the 8<sup>th</sup> July 2010. The investigation period was used for site visits, interviews and scrutinizing various documents and data related to planning, implementation and monitoring processes of the Project.

### 1.4 Framework of the Project

The Project has been carried out since December 2007 for the period of three years based on the PDM Version 0. It was revised during the Mid-Term Review as PDM Version 1.

The expected Overall Goal, Project Purpose, Outputs and Activities written in PDM Version1 are described below.

Narrative Summary of the latest PDM (Version 1, Revised Date: June 25, 2009)

Overall Goal	Quality of clinical training for medical doctors in the Lao PDR is improved.
Project Purpose	Quality of undergraduate clinical training and early postgraduate clinical training for those who graduate from Faculty of Medical Sciences within two years at Setthathirath Hospital is improved.
Outputs	<u>Output 1</u> Knowledge and know-how on clinical training of the Setthathirath Hospital as a teaching hospital

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	<p>is expanded.</p> <p><u>Output 2</u> The training management system is improved at the Setthathirath Hospital.</p> <p><u>Output 3</u> Capacities of trainers of clinical training for medical students/doctors are strengthened.</p>
<p>Activities</p>	<p><u>Activities under Output 1</u></p> <ol style="list-style-type: none"> <li>1-1. Conduct baseline survey on clinical training for medical doctors.</li> <li>1-2. Produce textbooks to acquire standardized basic clinical competencies.</li> <li>1-3. Activate the library to utilize reference books.</li> <li>1-4. Build Clinical Learning Center and provide practical training using simulators.</li> <li>1-5. Improve the contents and management system of medical records.</li> <li>1-6. Develop learning materials for case conference or reference for medical students/residents.</li> </ol> <p><u>Activities under Output 2</u></p> <ol style="list-style-type: none"> <li>2-1. Develop the mission of clinical training for medical education viewpoint at the Setthathirath Hospital.</li> <li>2-2. Establish a new committee (Teaching Management Committee: TMC) in charge of clinical training.</li> <li>2-3. Hold monthly TMC meetings for clinical training.</li> <li>2-4. Accumulate the minutes of TMC meetings.</li> <li>2-5. Improve the function of Medical Teaching Unit (MTU).</li> <li>2-6. Establish Internal Monitoring System.</li> <li>2-7. Promote project outputs through the Human Recourse Technical Working Group (HRH-TWG) organized by MOH.</li> </ol> <p><u>Activities under Output 3</u></p> <ol style="list-style-type: none"> <li>3-1. Develop the programs of training of trainers (TOT).</li> <li>3-2. Prepare teaching materials for TOT.</li> <li>3-3. Conduct TOT for medical doctors working for four teaching hospitals and provincial hospitals.</li> <li>3-4. Organize Medical Education Seminar for clinical trainers.</li> <li>3-5. Set up the monitoring criteria for medical trainers who participate in TOT.</li> <li>3-6. Monitor and evaluate clinical trainers who participate in TOT.</li> <li>3-7. Disseminate the idea of clinical education through newsletters and a poster.</li> </ol>

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## CHAPTER 2 EVALUATION PROCESS

### 2.1 Methodology of Evaluation

The Terminal Evaluation was conducted in accordance with “the JICA Guidelines for Project Evaluations” issued in 2004. Achievements and implementation process were assessed based on the investigation results, which were consolidated in the evaluation grid, from the aspects of the five evaluation criteria of relevance, effectiveness, efficiency, impact, and sustainability, as well as the Verification of Implementation Process.

The Japanese Terminal Evaluation Team conducted surveys at the project sites through questionnaires and interviews to counterpart personnel, other related organizations, and the Japanese experts involved in the Project to review the Project on the basis of the evaluation grid.

Both Lao and Japanese sides jointly analyzed and reviewed the Project, based on the Project Cycle Management (PCM) concept. The evaluation was performed on the basis of PDM Version 1 (See Appendix 1 for more information), which was revised on the 25<sup>th</sup> of June 2009 from PDM Version 0. Both sides jointly analyzed the achievements of the Project, evaluated the Project based on the Five Criteria for Evaluation. Finally, both Lao and Japanese sides compiled this Joint Evaluation Report.

### 2.2 Five Evaluation Criteria

Description of the five evaluation criteria that were applied in the analysis for the Terminal Evaluation is given in Table 1 below.

Table 1: Description of Five Evaluation Criteria

Five Criteria	Description
Relevance	Relevance of the Project is reviewed by the validity of the Project Purpose and Overall Goal in connection with the government development policy and the needs in the Lao PDR.
Effectiveness	Effectiveness is assessed to what extent the Project has achieved its Project Purpose, clarifying the relationship between the Project Purpose and Outputs.
Efficiency	Efficiency of the Project implementation is analyzed with emphasis on the relationship between Outputs and Inputs in terms of timing, quality and quantity.
Impact	Impact of the Project is assessed in terms of positive/negative, and intended/unintended influence caused by the Project.
Sustainability	Sustainability of the Project is assessed in terms of political, financial and technical aspects by examining the extent to which the achievements of the Project will be sustained after the Project is completed.



## CHAPTER 3 PROJECT PERFORMANCE

### 3.1 Inputs

#### 1) Input from Japanese Side

The following are estimated inputs from Japanese side to the Project as of December 2010 (the end of the project period). See Annex 4 for more information.

Components	Inputs
Dispatch of Japanese Experts	69.93 M/M
Local costs	Approx. 18,811,000 JPY
Provision of Equipment	Approx. 35,000,000 JPY
Construction cost for CLC	Approx. 10,000,000 JPY

#### 2) Input from Lao Side

The followings are inputs from Lao side to the Project as of February 2010. See details on the Annex 4.

- Allocation of Counterparts
- Provision of land and facilities including office for the Project
- Appropriation of operational cost
- Preparation of Training and Seminar

### 3.2 Achievements of the Project

#### 1) Achievements of the Project Activities

Achievements of the Project Activities under Outputs are as indicated below.

Output 1 Knowledge and know-how on clinical training of the Setthathirath Hospital as a teaching hospital is expanded.	
Activities	Achievements
1-1. Conduct baseline survey on clinical training for medical doctors.	<ul style="list-style-type: none"> <li>● The Project implemented a Baseline Survey on their 1<sup>st</sup> year, and the report was compiled on March 2008.</li> <li>● The Project utilized the report for the determination of detailed action plan, purchase plan of equipment and materials for project activities.</li> </ul>

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<p>1-2.</p> <p>Produce textbooks to acquire standardized basic clinical competencies.</p>	<ul style="list-style-type: none"> <li>● The Project provided 582 of medical bibliotheca for the good reference on the clinical practice, and for the promotion of reading habits as a preliminary step toward Evidence-based Medicine (EBM).</li> <li>● Medical students are getting accustomed to utilize library for issues arising from their clinical training under the guidance of preceptors and clinical trainers.</li> <li>● Library users are not only for trainees but health personnel in the hospital, and the number of visitors is beyond 100 per month.</li> </ul>
<p>1-3.</p> <p>Activate the library to utilize reference books.</p>	<ul style="list-style-type: none"> <li>● The Project improved the operation of the library, through the series of discussions at TMC, by arranging book cabinets, encoding new and existing books, and introducing loaning system of bibliotheca.</li> <li>● The information on the number of library visitors, loaned books etc. was monitored monthly by TMC.</li> </ul>
<p>1-4.</p> <p>Build Clinical Learning Center and provide practical training using simulators.</p>	<ul style="list-style-type: none"> <li>● The Project constructed the Clinical Learning Center (CLC) equipped with training materials such as medical simulators, and provided guidance for operation and administration of CLC.</li> <li>● The Project produced textbooks of clinical training for the appropriate usage of those materials.</li> <li>● CLC is also utilized for case conference as well as study space for students. Consequently, learning environment for the students to obtain basic medical skills was consolidated.</li> </ul>
<p>1-5.</p> <p>Improve the contents and management system of medical records.</p>	<ul style="list-style-type: none"> <li>● The project modified the existing medical record forms by re-arranging items to be filled, which were in line with clinical practice in Lao PDR.</li> <li>● The Project introduced a medical chart that 6<sup>th</sup> year medical students (D6) medical students take progress notes under the supervision of preceptors, which enabled to commoditize treatment information and to improve contents of information.</li> </ul>
<p>1-6.</p> <p>Develop learning materials for case conference or reference for medical students/residents.</p>	<ul style="list-style-type: none"> <li>● The Project developed five learning materials as follows; "Guidebook for Case Presentation", "Study Guide for Basic Treatment, UHS", "Diagnostic Algorithm Handbook", "Humanistic Care" and "Basic Clinical Examination DVD vol. 1-5".</li> <li>● Several learning materials were developed by modifying and translating the contents of existing materials, in collaboration with the University of Health Sciences (UHS) and other preceptors.</li> </ul>

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