

Appendix 1

JOINT MID-TERM REVIEW REPORT
ON THE JAPANESE TECHNICAL COOPERATION PROJECT FOR
MEDICAL EDUCATION AND RESEARCH FOR THE SETTHATHIRATH HOSPITAL
IN THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

Ministry of Health
Lao People's Democratic Republic

and

Japan International Cooperation Agency (JICA)

June 25, 2009

4

Two handwritten signatures in black ink are located at the bottom right of the page. The first signature is a cursive name, and the second is a stylized monogram.

Table of Contents

1. Introduction
 - 1.1 Objectives of Mid-Term Review
 - 1.2 Composition of the Team
 - 1.3 Outline of the Project
 - 1.4 Methodology of Evaluation

2. Evaluation
 - 2.1 PDM for Evaluation
 - 2.2 Input
 - 2.3 Implementation Process
 - 2.4 Achievements
 - 2.5 Evaluation by Five Criteria

3. Revision of PDM

4. Recommendations

ANNEX

Annex 1: PDM Version 0

Annex 2: List of Inputs

- 2-1 Counterpart Allocation
- 2-2 Dispatch of Japanese Experts
- 2-3 Counterpart Training
- 2-4 Provision of Equipment and Materials
- 2-5 Project Cost

Annex 3: Results of Activities

Annex 4: Revised PDM (PDM 1)

Annex 5: Schedule of Mid-Term Review Study

1. Introduction

1.1 Objectives of the Mid-Term Review

The Government of the Lao People's Democratic Republic (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 175 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 post graduate 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 People's Democratic Republic 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 nearly one year and half have passed since the Project was launched, the Mid-Term Review Team was dispatched to achieve the objectives below.

The objectives of the Mid-Term Review are:

- 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 inhibiting factors of achievements of the Project
- 3) To discuss the future plan for the Project together with Lao side based on the review and analysis result above and to revise the Project Design Matrix (PDM)
- 4) To summarize the result of the study in Joint Mid-Term Review Report

✱



For the schedule of the Mid-Term Review Study, see Annex 5.

1.2 Composition of the Team

<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	2009/6/20 ~ 2009/6/26
Ms. Haruka SHINDO	Cooperation Planning	Health Human Resources Division, Health Human Resources and Infectious Disease Control Group, Human Development Department, JICA	2009/6/20 ~ 2009/6/26
Ms. Erika TANAKA	Evaluation Analysis	Researcher, Social Development Dept., Global Link Management	2009/6/10 ~ 2009/6/26

<Lao Side>

Name	Title and Affiliation
Dr. Phisith PHOUTSAVATH	Technical Staff, Department of Curative Medicine
Dr. Bounheuang PHONGSAVATH,	Technical Staff, Department of Organization & Personnel
Dr. Somphet VANITTHACHONE	Technical Staff, Department of Planning & Finance

1.3 Outline of the Project

The Project has been carried out since December 2007 for the period of three years. The expected Overall Goal, Project Purpose and Outputs written in PDM0 are as follows.

Overall Goal (a purpose which will be attained after the completion of the Project):
Quality of clinical training for medical doctors in the Lao PDR is improved.

The Project Purpose:

Quality of undergraduate clinical trainings and early postgraduate clinical trainings for those who graduated from Faculty of Medical Sciences within two years at the Setthathirath Hospital is improved.

4

Outputs

- (1) Knowledge and know-how on clinical training of Setthathirath Hospital as a teaching hospital is expanded.
- (2) The training management system is improved at the Setthathirath Hospital.
- (3) Capacities of trainers of clinical trainings for medical students/doctors are strengthened.

1.4 Methodology of Evaluation

The Japanese Mid-Term Review Team conducted surveys at the project sites through questionnaires and interviews to the counterpart personnel, other related organizations and the Japanese experts involved in the Project to review the Project.

Both Lao and Japanese sides jointly analyzed and reviewed the Project, based on the Project Cycle Management (PCM) concept. Evaluation is based on PDM Version 0 (Annex 1), which was developed in 8 October 2007. Both sides jointly analyzed the achievements of the Project, evaluated the Project based on the Five Criteria for Evaluation, and finally, made a set of recommendations, including revision of PDM. For the revised PDM (PDM1), see Annex 4.

Both sides reviewed all activities and achievements, and evaluated the Project based on the following five aspects.

Table 2: Five Evaluation Criteria

Criteria	Description
(1) 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.
(2) Effectiveness	Effectiveness is assessed to what extent the Project has achieved its Project Purpose, clarifying the relationship between the Project Purpose and Outputs.
(3) Efficiency	Efficiency of the Project implementation is analyzed with emphasis on the relationship between Outputs and Inputs in terms of timing, quality and quantity.
(4) Impact	Impact of the Project is assessed in terms of positive/negative, and intended/unintended influence caused by the Project.
(5) 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.

4

2. Evaluation

2.1 PDM for evaluation

Evaluation was conducted based on PDM Version 0 (PDM0). For PDM0, see Annex 1.

2.2 Input

Inputs are shown in Annex 2-1 to 2-5.

2.3 Implementation Process

The Project implementation Process has been generally smooth.

Activities have been implemented based on the Plan of Operation (PO). As description of some activities in the PDM was not clear, Japanese experts had discussions on the interpretation of PDM description and implement activities based on the agreed interpretation suitable in actual situation in the Lao PDR. For example, there is no internationally recognized definition of evidence-based medicine (EBM) and EBM can be interpreted in many ways. Therefore, the Project interpreted activities related to EBM as strengthening basic clinical abilities, and implemented activities based on this interpretation, for example, building up learning resources as reference basis for diagnosis and other clinical skills.

The implementation system of the Project is functioning well. The Project set up Training Management Committee (TMC). TMC is held regularly, once a week, and Lao counterparts and Japanese experts have discussions on Project implementation as well as technical matters on medical education. The Project held Joint Coordinating Committees (JCC) three times so far, where Lao counterparts and Japanese experts shared information and had discussion and agreement on the plan, progress, and achievements of the Project. It is expected that TMC and JCC will work as an opportunity to solve problems in Project implementation although the Project has not encountered a major obstacle in implementation so far.

The Project refers to PDM and PO as a framework of Project implementation. Japanese experts frequently review Project implementation based on PDM and PO and share interpretation of PDM description with Lao counterparts, therefore both sides have common understanding on Project implementation although the majority of counterparts do not see PDM very often.

The relations between Lao counterparts and Japanese experts have been very good. Communication is generally smooth although they sometimes have language difficulties. Local staff hired by the Project has made great contribution to establish favorable relations in the Project in that they work as interpreter and they are familiar with local situations including medical education.

Both sides have strong commitment to implement the Project. Japanese experts have adequate expertise and experiences to transfer knowledge and skills, while doctors and preceptors at the Setthathirath Hospital have high motivation to learn new education method. The Project

4



promotes involvement of the University of Health Sciences and three other teaching hospitals, namely, Mahosot, Mittaphab, and Mother and Child Health Hospital, which accelerated smooth and effective progress of the Project. Directors of all four teaching hospitals as well as staff of the University of Health Sciences provided favorable support to the Project. The Project invited some preceptors at other teaching hospitals to Training of Trainers (TOT) workshops, and they also show great understanding to the Project and actively utilize the results of the workshops.

Collaboration with related organizations is also good. At the Ministry of Health (MOH), Human Resource Technical Working Group (HR-TWG) was launched in March 2009, with participation of relevant personnel at MOH and assistance agencies. Japanese experts regularly attend the HR-TWG meeting and made presentation on the Project at the meeting held in June 2009. The Project attends meetings held among JICA's projects in health sector to share information useful in project implementation. In addition, the Project translated three medical textbooks from Thai to Lao through cooperation with the Medical Education Center of Khon Kaen Hospital in Thailand.

The Project also has collaborative relations with other assistance organizations that have cooperation programs at the Setthathirath Hospital and the University of Health Sciences. At the Setthathirath Hospital, Calgary University has provided assistance in the Family Medicine Specialist Program for ten years. The Project and Calgary University frequently have discussions to coordinate activities of both Canadian and Japanese cooperation. Their joint activities include workshop on medical education in September 2009 and revision of teaching materials. The Project also shares information and has discussions to coordinate activities with the World Health Organization (WHO), the World Bank, and Health Frontier, an American NGO.

To disseminate the information on the Project activities, the Project have issued newsletters, compiled with the initiative of the Lao counterparts.

2.4 Achievements

2.4.1 Results of Activities

Activities were implemented based on PDM. For details, see Annex 3.

2.4.2 Achievements of Outputs

Output 1: Knowledge and know-how on clinical training of the Setthathirath Hospital as a teaching hospital is expanded.

Output 1 is interpreted as building up foundations necessary for medical education, that is, enhancing human resources, learning resources, training opportunities, and training environment such as facilities. In this context, it can be said that the Output 1 is being achieved. The management system of the Hospital is being improved through better management of working

4



schedule of hospital staff and assignment of conference rooms. The format of clinical records has been revised to be better utilized in medical education. Materials on medical education were developed and translated. The library within the Hospital has been enhanced with teaching materials purchased and newly developed by the Project.

For the achievements of Objectively Verifiable Indicators for Output 1, see Table 3. It should be noted that the Objectively Verifiable Indicators for Output 1 do not fully reflect the results of activities of the Project. As the description of Objectively Verifiable Indicators of Output 1 and activities affiliated to Output 1 was not very clear, the Project discussed their meaning and reached a conclusion that Output 1 is to lay the foundation of medical education, as mentioned before. With this direction, the Project reviewed PDM and incorporated the agreed interpretation into the revised PDM (PDM1).

Table 3: Achievement of Output 1 Objectively Verifiable Indicators

Indicator	Achievement
1-1 The number of doctors who receive training for evidence-based medicine increases.	To build up foundation and environment to introduce evidence-based medicine (EBM), seminars on EBM were held during Training in Japan in April 2008 and at workshop on medical education in September 2008. A total of 43 doctors participated in them.
1-2 The number of pathological diagnosis increases.	Monthly average of cytology samples are 209 in 2007, 210 in 2008, and 210 in 2009 (as of May), respectively. Monthly average of histology samples are 21 in 2007, 12 in 2008, and 10 in 2009 (as of May). The number of pathological diagnoses stays at a constant level.
1-3 The number of transferred patients from other hospitals increases.	Monthly average of patients transferred to the Setthathirath Hospital from other hospitals are; 249 during the period from October 2006 to September 2007, 266 from October 2007 to September 2008, and 244 from October 2008 to May 2009. The average number of patients is rather stable. This is mainly because each hospital has its own specialty areas and patients are usually transferred to the hospital suitable to their conditions.
1.4 The number of compiled clinical cases increases.	Records of clinical cases are being accumulated. The significance of this indicator is not clear. The Project is reviewing this indicator.

Output 2: The training management system is improved at the Setthathirath Hospital.

The training management system is gradually being improved at the Setthathirath Hospital. The Project defined Medical Teaching Unit (MTU) as a basis of medical education. MTU existed already at the start of the Project but its role was not very clear and its activities were not highly

recognized. After the Project began, medical education through MTU is being strengthened. The Project newly set up TMC at the Setthathirath Hospital for medical training and smooth implementation of the Project. TMC is held regularly. Even in the period in which no Japanese expert is assigned, TMC was held with the initiative of Lao counterparts with discussion records completed. In the interview during the Mid-Term Review, some counterparts expressed that they learned the know-how of meeting management and their ability to operate meetings has been improved.

Details of indicators related to Output 2 are as follows.

Table 4: Achievement of Output 2 Objectively Verifiable Indicators

Indicator	Achievement
2-1 The number of monthly meetings for clinical training is increased.	MTU was defined as a unit of activities on clinical training. Currently 2 MTUs are set up for internal medicine, 3 for surgery, 2 for pediatrics, and 3 for Intensive Care Unit, respectively. Most MTUs have clinical training every day.
2-2 The number of seminars/meetings held among relevant organizations is increased.	Three days' TOT workshops were held in 2008 and 2009. A seminar on medical education was held in 2008. TMC was established as a core unit to manage training and related activities of the Project. At the time of Mid-Term Review, 30 TMC meetings were held and the records of discussions of each TMC were compiled.

Output 3: Capacities of trainers of clinical trainings for medical students/doctors are strengthened.

It is evaluated through interview and Project records that the capacities of doctors and preceptors on medical education are being enhanced. The Project conducted two TOT workshops and more than 50 doctors/preceptors participated in each course. Quite a few interviewed participants stated that they had not attended a similar workshop before and they saw improvement in their knowledge and skills on clinical education such as taking history, objectively structured clinical examination, and facilitation of small-group discussions. One preceptor commented that, after TOT, he can let his students participate in clinical practice and discussions more easily and actively. As a part of activities to strengthen capacities of trainers, the Project put emphasis on establishment of monitoring system of training.

For the details of indicators related to Output 3, see below.

Table 5: Achievement of Output 3 Objectively Verifiable Indicators

Indicator	Achievement
3-1 The levels of skills, knowledge and attitude of trainers of clinical	Preceptors at the Setthathirath Hospital and other three hospitals recognize that their knowledge and skills of

4

training at the Setthathirath Hospital are enhanced.	medical education have been improved and they are applying learned skills to their daily teaching. Some of them feel that they are ready to further enhance their knowledge utilizing learning resources in the library.
3-2 The number of trainers of clinical training for medical students/doctors who receive TOT at the Setthathirath Hospital increases.	52 doctors and preceptors participated in the first TOT workshop in November 2008 and 53 participated in the second TOT in March 2009.

2.4.3 Achievement of Project Purpose

Project Purpose: Quality of undergraduate clinical trainings and early postgraduate clinical trainings for those who graduated from Faculty of Medical Sciences within two years at the Setthathirath Hospital is improved.

It is considered that the quality of clinical training at the Setthathirath Hospital is being improved. According to the external evaluation conducted by the contracted professional organization, the performance of preceptors at the Setthathirath Hospital is evaluated higher than other training hospitals in some points, although the extent in which the Project directly contributed is not very clear at this moment.

The achievement of Objectively Verifiable Indicators for Project Purpose is as follows.

Table 6: Achievement of Project Purpose Objectively Verifiable Indicators

Indicator	Achievement
1. Satisfaction rate of trainees who completed clinical trainings at the Setthathirath Hospital increases.	Survey on the satisfaction rate of trainees is conducted every year with external professional organization. The results show that, at the Setthathirath Hospital and the Mother and Child Hospital, more preceptors are assigned to students than other two hospitals and the involvement of preceptors is stronger. In the evaluation on preceptors of each department, preceptors at the Setthathirath Hospital received higher marks in some evaluation items.
2. Evaluation (Reputation) of clinical training at the Setthathirath Hospital from the professional organization is enhanced.	At HR-TWG meeting held in June 2009, the Minister of Health mentioned that the experiences at the Setthathirath Hospital can be utilized as a model of medical education.

2.5 Evaluation by Five Criteria

2.5.1 Relevance

Relevance is high in terms of policy and needs in the Lao PDR, Japanese policy of Official

Development Assistance (ODA) to the Lao PDR, and project design.

Training of medical doctors is one of priority issues in the development policy of the Lao PDR. Health Strategy up to the Year 2020 by MOH defines human resources development at all levels in health sector as one of six priority areas. The paper on "Human Resources for Health" compiled by MOH in 2007 presents analysis and plan of assignment of human resources for health, including medical doctors. To realize the plan, training of doctors with high quality is an important issue.

The needs of improvement of the quality of undergraduate and early postgraduate clinical trainings at the Setthathirath Hospital are high. Although fostering medical doctors is one of priority areas in the development plan of health sector in the Lao PDR, there is a shortage of medical doctors of high quality. To meet the needs of primary health care especially in rural areas, the University of Health Sciences introduced the Family Medicine Specialist Program in 2005, where new graduates have two years' clinical training. It was first time to accept new graduates as residents at teaching hospitals although there has been residency program where experienced doctors have additional training to become specialist. Furthermore, the Setthathirath Hospital was designated as teaching hospital only in 2004 and its capacity to conduct clinical practice was relatively limited as compared to other three hospitals that have been functioning as teaching hospital for a long time. Interview with doctors at the Setthathirath Hospital reveals that only a few had a systematic training as preceptor before.

The Project is relevant in regard to Japanese ODA policy to the Lao PDR as well. Improvement of health and medical services is listed as one of six priority areas in Japanese ODA policy to the Lao PDR, where human resource development in health and medical services is given importance (ODA Country Databook 2008).

The approach to achieve Project Purpose is appropriate. The Project comprises of three components, namely, to lay foundations of medical education, to establish training system, and to improve capacity of preceptors. All these are essential to improve medical education. The Project considers that the approach by the Project to strengthen clinical training in general will contribute to the improvement of medical education whatever program is implemented. One concern is that the number of residents registered in the Family Medicine Specialist Program is decreasing. MOH and the University of Health Sciences plan to expand the Program, and the Program was officially approved as equivalent to master's degree level in April 2009.

2.5.2 Effectiveness

Effectiveness is generally high at this moment.

Three Outputs are being achieved in general. Foundations on medical education are being built up. For example, Clinical Learning Centre was constructed, simulators for clinical skill

training were introduced, and teaching materials were developed and translated. The training system is gradually being established at the Setthathirath Hospital. In addition, the capacity of trainers at the Setthathirath Hospital is being enhanced. Some Objectively Verifiable Indicators of Output 1 have not been achieved as expected. However, Indicators for Output 1 are not directly related to the activities of Output 1, therefore, the Project discussed the revision of PDM.

Project Purpose is expected to be achieved if the Project continues to make smooth and steady progress. According to the survey on the satisfaction level of trainees at the Setthathirath Hospital, the quality of medical education at the Hospital is higher than that of other teaching hospitals in some evaluation items. Some preceptors interviewed commented that the undergraduate students and residents that they teach show more satisfaction with their teaching, while others said that it is too early to see the enhancement of satisfaction of students/residents.

Contributing factors to achieve Outputs and Project Purpose are; strong commitment and adequate knowledge and experiences both Lao counterparts and Japanese experts, and strong support to the Project by MOH and the University of Health Sciences. Some inhibiting factors to achieve Outputs and Project Purpose can be pointed out. All counterpart members are busy with their clinical work in addition to clinical training to students/residents. If they do not allocate sufficient time for activities with Japanese experts, that may be an inhibiting factor to achieve Project Purpose. Decrease in the number of patients at the Setthathirath Hospital may affect the quality of clinical training.

All three Outputs are important to achieve Project Purpose and logically related to achieve Project Purpose. As to Important Assumptions to achieve Project Purpose, it is expected that necessary budget will be allocated to teaching hospitals though it may not be abundant.

2.5.3 Efficiency

Efficiency is high. Inputs are being implemented almost as planned and utilized to achieve Outputs.

The Japanese side dispatched experts with appropriate expertise as was planned and all the experts conducted their assigned activities with strong commitment. Four counterpart members were dispatched to Training in Japan. They acquired knowledge and skills necessary to improve clinical practice and successfully formulated a feasible action plan.

The Japanese side constructed Clinical Learning Center, provided equipment necessary for medical training, and developed textbooks and teaching materials. The construction of Clinical Learning Center was completed in March 2009. The Setthathirath Hospital does not have sufficient space for conference and clinical practice because it was not supposed to serve as teaching hospital at the time was construction. The Clinical Learning Center, coupled with a variety of simulators, is expected to provide opportunities for clinical practice for students before they start

bedside practice with actual patients. The Japanese side provided medical books to enhance the library at the Setthathirath Hospital. Some books were purchased from Thailand and translated into Lao. Thai books are quite useful and easy to understand as the language is similar to Lao language as well as the logic of thinking. Translation from Thai books is also efficient from the viewpoint of cost and workload.

The Lao side allocated sufficient number of experienced counterparts. The Lao side provided space for the Project office and for the construction of the Clinical Learning Center. In addition, the Lao side bears the cost for utilities such as water and electricity of the Project office and for other necessary expenses for Project activities. Lao contribution includes the cost to prepare land for the Clinical Learning Center suitable for construction and facilitation of procedure for tax exemption of provided equipment.

All the inputs are well utilized and contributed to produce outputs. The participants of Training in Japan served as lecturer and moderator at TOT workshops and play a key role in TMC meetings. Some of them made a great contribution in translating Thai books. According to interview, they share the benefits of Training in Japan with colleagues in the same department at the Hospital. Books translated, developed, and purchased by the Project have been already utilized. Currently the Project has discussions on the operation and maintenance of the Clinical Learning Center and library. It is expected that provided facility and equipment will be appropriately maintained by Lao side.

2.5.4 Impact

It is still difficult to judge the prospect of achievement of Overall Goal at the time of the Mid-Term Review.

To expand the benefit of the Project at the Setthathirath Hospital on a nation-wide scale, it is necessary to enhance the involvement of other hospitals and the University of Health Sciences as well as the support by MOH. With this viewpoint, the Project tries to strengthen the involvement of related organizations.

One concern in regard to achievement of Overall Goal is that the number of undergraduate students is sharply increasing. Some preceptors feel that it is difficult to conduct quality medical education appropriately with the increased number of students.

Some unexpected positive impacts are observed. The motivation of preceptors at the Setthathirath Hospital has been improved. At the TOT workshops, participants exchange information among four teaching hospitals. As a part of activities, the Project introduced a new clinical record system on a trial basis, where undergraduate students write clinical records and preceptors make correction. With this system, the time of preceptors to fill in clinical records is reduced, and their time to be allocated to consultation of patients increases.

No negative impact has been reported so far.

2.5.5 Sustainability

Sustainability is expected.

The policy to put importance on medical education is expected to continue as the needs of improvement of health status are high. It can be pointed out, however, that there are some uncertainties in specific plan of human resource development in health sector. At this moment, it is not clear whether the priority of human resource development will be placed on quality or quantity, as seen in the fact that the number of undergraduate students is increasing considerably. In addition, the whole academic system of the Lao PDR, including the University of Health Sciences, is in the process of reform.

The institutional capacity of the Setthathirath Hospital is quite high. MTU is strengthened and TMC is already functioning. When no experts were dispatched, TMC was held only among Lao counterparts, which is a positive sign in terms of sustainability. The operation and maintenance system of the Clinical Learning Center and library is under discussion. To sustain the activities introduced by the Project, it is still necessary to strengthen such management system.

Technical sustainability is expected to some extent but further enhancement is necessary. Teaching capacity of preceptors is being enhanced and many of them are implementing new education method by themselves. However, the majority of TOT participants feel that they need follow-up workshops.

Financial sustainability is not very high but expected to some extent. It is expected that the budget for medical education is continuously allocated, though it may not be abundant. The medical education methods introduced by the Project to establish basic clinical capacity do not need expensive equipment and can be implemented relatively easily at provincial and district hospitals as well.

Contributing factors to enhance sustainability is to establish a monitoring system to evaluate trainers of clinical training and to establish a system to share information and experiences among hospitals. Developing materials in Lao will facilitate continuous activities among Lao counterparts by themselves. If sufficient budget is not allocated to organize training and to maintain the Clinical Learning Center and library, that may be an inhibiting factor.

3. Revision of PDM

Through the process of the Mid-Term Review, PDM was revised on the mutual discussion and understanding. The main points of revision are shown in Table 7. The overall logic of PDM has not been changed although some expressions were modified to be clearer and better incorporate interpretation of PDM. For the revised PDM, see Annex 4.

Table 7: Revision of PDM

PDM element	Revision in PDM1
Overall Goal	Objectively Verifiable Indicators and Means of Verification are modified so that achievement of Overall Goal can be evaluated more clearly and necessary data can be collected.
Project Purpose	Means of Verification are modified so that necessary data can be collected.
Output	Objectively Verifiable Indicators are revised so that Indicators better reflect output of actual activities. Objectively Verifiable Indicators for Output 1 are completely revised as those in PDM0 were not very clear and they were not directly related to actual activities affiliated to Output 1. Indicators for Output 2 and 3 are modified as well. Means of Verification for Output 1 to 3 are also revised according to the revision of Indicators.
Activities	Activities affiliated to all three Outputs are modified, based on agreed interpretation of each Output and actual activities already taking place.
Important Assumptions	Important assumptions from Project Purpose to Overall Goal and from Overall Goal to Super Goal are revised, taking actual environment into consideration. Important Assumption to sustain Super Goal is eliminated as it is difficult to define Important Assumption at this moment.

4. Recommendations

Based on the results of the Mid-Term Review, the following recommendations are presented to further improve the Project during the remaining period.

To MOH

- MOH should ensure the allocation of necessary budget to the University of Health Sciences and teaching hospitals for sustainability of the Project.

To MOH and the University of Health Sciences

- MOH and the University of Health Sciences should make further effort to continue and expand the Family Medicine Specialist Program to improve community health care.

To the Setthathirath Hospital

- The Setthathirath Hospital should make continuous efforts to improve patient care and hospital management to ensure the quality of medical education.

To the Project

- The Project should establish operation and maintenance system of the Clinical Learning Center and the library, with involvement of the University of Health Sciences.
- The Project should further enhance activities of MTU and TMC with strong ownership of the Lao side.
- The Project should continuously enhance the involvement of the University of Health Sciences and all teaching hospitals to expand the activities at the Setthathirath Hospital, to enhance sustainability, and to achieve Overall Goal.
- The Project should actively promote its activities and achievements through a variety of opportunities so that the Setthathirath Hospital is functioning as a model of medical education.

4

Handwritten signature

Handwritten signature

Annex 1: PDM₀

Project Name : Project for Medical Education and Research of the Seththairath Hospital in the Lao PDR

Target Group : Trainers of clinical training for medical students/doctors

Target Area : Seththairath Hospital

Project Period : 2007 – 2010 (3 years)

Date : September 28, 2007

Version : No. 0

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Super Goal Skills, knowledge, and attitudes of medical doctors in the whole country are improved.</p>	<ol style="list-style-type: none"> The utilization rate of district hospitals increases. The number of medical doctors at district hospitals increases. 	<ol style="list-style-type: none"> Annual Report from Ministry of Health Annual Report from Ministry of Health 	<p>Medical doctors are appropriately deployed at district hospitals and health centers in line with the policy of the MOH.</p>
<p>Overall Goal Quality of clinical training for medical doctors in the Lao PDR is improved.</p>	<ol style="list-style-type: none"> Achievement of undergraduate / Family Medicine Specialist Programs increases. 	<ol style="list-style-type: none"> Academic report of completion by National University of Laos 	<p>Overseas study programs (Long-term training programs) for obtaining a master or doctoral degree are carried out.</p>
<p>Project Purpose Quality of undergraduate clinical trainings and early postgraduate clinical trainings for those who graduated from Faculty of Medical Sciences within two years at the Seththairath Hospital is improved.</p>	<ol style="list-style-type: none"> Satisfaction rate of trainees who completed clinical trainings at the Seththairath Hospital increases. Evaluation (Reputation) of clinical training at the Seththairath Hospital from the professional organization is enhanced. 	<ol style="list-style-type: none"> Trainee Assessment by Department of Personnel and Doctors' Committee at the Seththairath Hospital External audit from other teaching hospitals, Curative Department of MOH 	<p>The MOH improves clinical trainings based on the outcomes of this project.</p>
<p>Outputs</p> <ol style="list-style-type: none"> Knowledge and know-how on clinical training of Seththairath Hospital as a teaching hospital is expanded. The training management system is improved at the Seththairath Hospital. Capacities of trainers of clinical trainings for medical students/doctors are strengthened. 	<ol style="list-style-type: none"> 1-1. The number of doctors who receive training for evidence-based medicine increases. 1-2. The number of pathological diagnosis increases. 1-3. The number of transferred patients from other hospitals increases. 1-4. The number of compiled clinical cases increases. 2-1. The number of monthly meetings for clinical training is increased. 2-2. The number of seminars/meetings held among relevant organizations is increased. 3-1. The levels of skills, knowledge and attitude of trainers of clinical training at the Seththairath Hospital are enhanced. 3-2. The number of trainers of clinical training for medical students/doctors who receive TOT at the Seththairath Hospital increases. 	<ol style="list-style-type: none"> 1-1. Medical Records in Medical Affairs 1-2. Medical Records in Medical Affairs 1-3. Medical Records in Medical Affairs 1-4. Medical Records in Medical Affairs 2-1. Project Report 2-2. Project Report 3-1. Observation/Assessment by Doctors' Committee in charge, i.e. DTC (Drug Treatment Committee) 3-2. Project Report / Training Report 	<p>The MOH continues to secure the budget for the clinical trainings at the educational hospitals.</p>

<p>Activities</p> <p>1-1 Conduct baseline survey on clinical training for medical doctors.</p> <p>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.</p> <p>1-3 Improve medical records from a viewpoint of follow-up/compiling of clinical cases.</p> <p>1-4 Compile clinical cases systematically for evidence-based medicine.</p> <p>1-5 Implement case conferences of clinical cases for trainees.</p> <p>1-6 Prepare learning materials for case presentations/references for trainees.</p>	<p>Inputs</p> <p>Japanese side (tentative)</p> <p>1. Experts</p> <p>Chief Advisor, Medical Education, Pedagogy, Evidence Based Medicine, Epidemiology, Internal Medicine, Medical Record Management, Emergency Medicine, Clinical Laboratory, Clinical Pathology, Training Management and Evaluation</p> <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> <p>- Chief Advisor/Evidence Based Medicine/Epidemiology - Medical Education/Pedagogy)</p>	<p>Lao side</p> <p>1. Personnel</p> <p>Project Director</p> <p>Project Manager</p> <p>Counterpart personnel</p> <p>2. Provision of the project office and facilities necessary for the implementation of the project</p> <p>3. Others</p> <p>Administrative and operational costs</p> <p>Running costs for electricity, water, etc.</p>	<p>1. Trainers of clinical training continue working as teaching doctors.</p> <p>2. The number of patients is not reduced drastically at the Setthathirath Hospital.</p>
<p>2-1 Develop concepts/philosophy of clinical trainings from a viewpoint of medical education at the Setthathirath Hospital.</p> <p>2-2 Establish a new committee in charge of clinical trainings.</p> <p>2-3 Hold monthly meetings for clinical trainings.</p> <p>2-4 Document process, experiences, outcomes, and lessons learned of the clinical trainings for medical students/doctors at the Setthathirath Hospital.</p> <p>2-5 Hold seminars of clinical trainings in collaboration with four teaching hospitals, the Ministry of Health, and Faculty of Medical Science.</p> <p>2-6 Arrange external audit.</p>	<p>2. Training of counterpart personnel in Japan</p> <p>Medical Education</p>	<p>3. Equipment/materials</p> <p>Equipment for Medical Education, Equipment for Clinical Medicine for Educational Purposes</p>	<p>Pre-conditions</p> <p>Cooperation and agreement on the project implementation are obtained from the MOH.</p>
<p>3-1 Draw up the programs and curriculums 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 (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.</p> <p>3-4 Set up the monitoring criteria for trainers of clinical training.</p> <p>3-5 Monitor and evaluate trainers of clinical trainings.</p>			

Annex 2-1: Counterpart Allocation

Name	Title
Dr. SomOck KINGSADA	Director, University of Health Sciences (UHS) / Director, Setthathirath Hospital (SH)
Dr. Khampe PHONGSAVATH	Deputy Director, SH
Dr. Vangyer NENGMONGVANG	Deputy Director, SH
Dr. Kongsinh AGGHALATH	Coordinator, Int'l affair, SH
Dr. Phay DOUANGSY	Chief of General Affair, SH
Dr. Khamta LARNEKHAMMY	Chief of Laboratory, SH
Dr. Ouqueo KHOUNTHALIVONG	Chief of GI, SH
Dr. Viengvansay NABANDITH	Chief of Laboratory, SH
Dr. Soulideth SENGCHAN	Deputy chief Pediatric, SH/ Staff, UHS
Dr. Bounmy SOMSAMOUTH	Deputy chief of IM/SH
Dr. Somchanh SOULARAY	Chief of IM/SH
Dr. Thavone CHANTHASONE	Deputy chief Surgery, SH/ Staff, UHS
Dr. Khamsavanh KHOTSAY	Deputy chief Personal, SH
Dr. Somphet CHANDAMANY	Anesthesiology, SH
Dr. Sisomphone TANDAVONG	Chief of OPD, SH
Dr. Oukham APHAYYALATH	IM2, SH
Dr. Bounthieng APHAY	Chief of Ob/Gyn, SH
Dr. Phouphet VISOUNNARATH	Chief of Pediatrics, SH
Dr. Sing MENORATH	Vice Director, UHS
Dr. Phouthone SITTHIDETH	Vice Director, UHS
Dr. Alouyadeth SITTHIPHANH	Vice Director, UHS
Dr. Thongdy LOUANGLATH	Vice Director, UHS
Dr. Manivanh SOUPHANTHONG	Dean, Dept of Med, UHS
Dr. Vonphet LOUANGXAY	Vice Dean Dept of Med, UHS
Dr. Alongkone PHENGSAVANH	Deputy Director of Postgrad Center, UHS
Dr. Visanou HANSANA	Deputy Director of Postgrad Center, UHS
Dr. Ketsomsouk BOUPHAVANH	Deputy Head of Dept of Academic Affairs, UHS
Dr. Bouthavong PHENGSIOMBOUN	Head of Dept of Academic Affairs, UHS
Dr. Oua PHIMMASARN	Coordinator of Postgrad Center, UHS
Dr. Phetsamone ALOUNLONGSAY	Chief of Dept of Pathology, UHS
Dr. Aisouphanh LOUANGRATH	Deputy Head of Administration Division, UHS
Dr. Sommone PHOUNSAVATH	Director, Department of Curative , MOH
Dr. Somchanh SAYSIDA	Department of Personnel, MOH
Dr. Bounkong SIHAVONG	Deputy director, Mahosot Hospital
Dr. Vanliem BOUARAVONG	Director, Mittaphab Hospital
Dr. Bounleua PHILAVONG	Deputy Director, Maternal and Child Hospital

MOH Ministry of Health
 UHS University of Health Sciences
 SH Setthathirath Hospital
 IM Internal Medicine
 ER Emergency Room
 OBGY Obstetrics and gynecology
 OPD Outpatient Department
 MCH Mother and Child Health

4

Annex 2-2: Dispatch of Japanese Experts

No.	Expert	Subject	Period of dispatch	Days
1	Hirotaka ONISHI	Chief Advisor/Medical Education/Teaching Techniques (1)	13/12/2007 – 21/12/2007	9
			21/1/2008 – 1-2/2008	21
			18/2/2008 – 3/3/2008	15
			3/6/2008 – 8/7/2008	36
			25/9/2008- 20/10/2008	26
			18/11/2008 – 18/12/2008	31
2	Chuji KUROIWA	Medical Education/Teaching Techniques (1)	15/1/2009 – 10/2/2009	27
			2/3/2009- 16/3/2009	15
3	Takuya ADACHI	Medical Education (2)	3/6/2009 – 2/7/2009	30
			4/12/2007 – 9/4/2007	6
			12/2/2008 – 17/2/2008	6
4	Akiteru TAKAMURA	Medical Education (2)	29/2/2008 9/3/2008	10
			1/9/2008 – 30/9/2008	30
5	Takeo MORI	Teaching Techniques (2)/Hospital Management	17/10/2008 – 15/11/2008	30
			15/2/2009 – 16/3/2009	30
6	Keiichi YAMAMOTO	Supervision of Construction	21/6/2009 – 20/7/2009	30
			5/7/2008 – 24/7/2008	20
7	Shuji NOGUCHI	Training Management & Evaluation (1)	9/8/2008 – 21/8/2008	13
			2/11/2008 – 21/11/2008	17
8	Keiko MURAMATSU	Training Management & Evaluation (1) /Medical Laboratory	20/10/2008 – 29/11/2008	10
			8/2/2009 – 27/2/2009	20
9	Sakiko YAMAGUCHI	Training Management & Evaluation (2)	4/12/2007 – 20/12/2007	17
			18/1/2008 – 7/2/2008	21
			9/12/2007 – 29/12/2007	21
			27/5/2008- 20/6/2008	25
			5/7/2008 – 3/8/2008	30
10	Masamine JIMBA	EBM/ Epidemiology	1/9/2008 – 30/9/2008	30
			15/2/2009 – 16/3/2009	30
			13/5/2009 – 29/6/2009	48
			19/12/2007 – 19/1/2008	32
			26/2/2008 – 15/3/2008	19
11	Kiyoshi KITAMURA	Clinical Pathology/Medical Education (3)	2/8/2008 – 5/9/2008	35
			17/10/2008 – 8/11/2008	23
			7/12/2008 – 27/12/2008	21
			4/1/2009 – 29/1/2009	26
			12/12/2007 – 16/12/2007	5
12	Masaru SHIMIZU	Medical Record Management	20/12/2007 – 24/12/2007	5
			13/1/2008 – 19/1/2008	7
			21/2/2008 – 4/3/2008	13
			27/5/2008 – 10/6/2008	15
			11/9/2008 – 20/9/2008	10
			17/11/2008 – 26/11/2008	10
			7/3/2009 – 16/3/2009	10
13	Makoto TOBE	Medical Record Management	1/6/2009 – 10/6/2009	10
			24/12/2007 – 5/1/2008	13
			18/2/2008 – 28/2/2008	11
			11/6/2008 – 25/6/2008	15
			4/10/2008 – 18/10/2008	15
14	Toshiharu HATA	Medical Record Management	24/12/2008 – 7/1/2009	15
			18/6/2009 – 2/7/2009	15
15	Hiroshi NISHIGORI	Internal Medicine/Emergency	10/2/2008 – 24/2/2008	15
			8/9/2008 – 3/10/2008	26
16	Hiroshi NISHIGORI	Internal Medicine/Emergency	8/2/2009 – 13/3/2009	34
			3/6/2009 – 27/6/2009	25
			5/12/2007 – 11/12/2007	7
			27/1/2008 – 2/2/2008	7
			9/3/2008 – 15/3/2008	7
			30/6/2008 – 17/7/2008	18
17	Hiroshi NISHIGORI	Internal Medicine/Emergency	11/8/2008 – 20/8/2008	10
			3/11/2008 – 16/11/2008	14
			9/2/2009 – 26/2/2009	18

4

Hiroshi

M

Annex 2-3: Counterpart Training

Name	Title	Training subject	Period
Dr. Bounmy SOMSAMOUTH	Chief of Internal Medicine, Setthathirath Hospital	Overall Goal : to learn theories, methodologies, and skills of clinical training and to train medical education trainers who can engage in activities for the improvement of medical education Course Objectives : <ul style="list-style-type: none"> • To understand theory and methods of medical education • To understand basic clinical education methods • To demonstrate skills for clinical education methods • To observe clinical training in hospitals/clinics 	9/4/2008 – 1/5/2008
Dr. Sisomphone TANDAVOUNG	Chief of Out-patient Department, Setthathirath Hospital	Ditto	Ditto
Dr. Ketsomsouk BOUPHAVANH	Deputy Head of Academic Affairs, University of Health Sciences	Ditto	Ditto
Dr. Oua PHIMMASARN	Coordinator of Postgrad Center, University of Health Sciences	Ditto	Ditto

\$

Handwritten signature

Handwritten signature

Annex 2-4: Provision of Equipment and Materials

No.	Name	Purpose	Main Specification	Quantity	Installation
Training Center					
Training Simulator					
1	CPR model (Adult)	Training of artificial respiration and cardiac compression	full body, face mask, mannequin cleaner	4	Installed
2	Airway Management Trainer	Training of airway management, tracheal cannula and bronchoscopy examination	head to thorax adult model	2	Installed
3	Midwifery Practice Model	Training of conduct of labor and palpation	abdominal to external genitalia part model, fetal model	2	Installed
4	Vital Sign Infant Model	Training of detection of cardiac sound and sphygmopalpation	Newborn full body (approx. 50cm), control panel of cardiac sound and pulse	2	Installed
5	Male Catheterization Simulator	Learning of male urethral catheterization	amputation model for male lower half of the body	2	Installed
6	Female Catheterization Simulator	Learning of female urethral catheterization	amputation model for female lower half of the body	2	Installed
7	Simulator Intravenous Arm	Practice of blood sampling and intravenous injection	arm model, exchagable pad, blood circulation pump	4	Installed
8	Eye Examination Simulator	Practice of hemorrhage in the eye ground	adult head full-size model, exercise films for funduscopy	2	Installed
9	Ear Examination simulator	Practice of otoscopy	adult head full-size model, exercise films for tympanum	2	Installed
10	Suture Practice Simulator	Practice of trauma suture	skin model for suture	20	Installed
Clinical Training Instrument					
11	Minor Surgical Instrument Set	Equipment for the practice of minor surgery (suture and disinfecting)	Forceps, suture holder, scissors, handle scalpel, etc., in total 8 items, stainless	4	Bidding
12	Instrumental Tray	Equipment for instrument preparation and sanitation control	material: stainless, catheter tray, size: approx. W320xD80H50mm	8	Bidding
13	Instrument Set for Treatment of Ob/ Gyn	Practice for Ob/Gyn treatment such as detection of pregnancy, delivery and examination	vaginal retractor speculum, plastic surgery scalpel, tissue forcep, forceps (no hook) , lectructor, suture needle container, forcep case for autoclave, pelvimeter, etc. 23 items, stainless	2	Bidding
14	Stethoscope, adult	Auscultation of adult cardiac sound and cardiac murmur	material: stainless, for adult, dual type (bell or diaphragm type) chestpiece: aluminum or stainless	60	Bidding
15	Spygmomanometer, newborn/ infant	Auscultation of infant cardiac sound and cardiac murmur	material: stainless, for infant, dual type (bell or diaphragm type) chestpiece: aluminum or stainless	20	Installed
16	Electric Stethoscope System	Lecturer can allow students or colleagues to hear the patient's body sounds at the time the exam is performed	Master Elite Plus, Distributor & 5 Headsets	2	Installed
17	Universal Diagnostic Set	Practice of ENT consultation and treatment, and general medical examination	pharyngoscope, funduscope, pen light, head mirror, aural speculum, nasal speculum, tone depressor, etc. total item 9, stainless	8	Installed
18	Spygmomanometer, Table Top Type	Practice for sphygmomanometry	table top type, mercury type, bulb with valve, adult and child cuff with latex bag	40	Bidding
19	Clinical Thermometer	Practice for body temperature to diagnose	digital type, with case	40	Bidding
20	Timer/ Stop watch	Practice for pulsation and respiration suture	digital type, lap timer, 60 minutes measurement	20	Bidding
21	Hammer, Taylor Type	Practice of neuroreflex	Taylor type, material: handle- stainless or equivalent, head-rubber	20	Bidding
22	Intubation Set, adult	Training of maintenance of a patent airway for adult	pharyngoscope blade (adult) , cuff syringe, intubation tube, bite block, hemostasis forceps, etc.	2	Installed
23	Intubation Set, infant	Training of maintenance of a patent airway for infant	pharyngoscope blade (infant) , cuff syringe, intubation tube, bite block, hemostasis forceps, etc.	2	Installed
Medical Furniture					
24	IV Pole	Practice of intravenous drip infusion	height: 90-200 cm, material:stainless, with wheels attached, hook: 3-4	8	Bidding
25	Negatoscope (Stand Type)	Training of reading X-ray film and diagnosis	stand type with wheels attached film capacity:4 films (1 film size:14"x17")2 tepts Fluorescent lamp: 15W	8	Installed
26	Instrument Pushcart/Trolley	Organizing equipment for clinical training	material: stainless steel or equivalent, size:W450xD300xH800mm shelf: 2 shelves with guard rail, drawers: 2 or more, on casters	8	Installed
27	Folding Meeting Table	Table for practice of blood collection and suture	size: approx. W1800xD800xH715mm, frame: steel pipe, on casters, folding legs	8	Bidding
28	Round Chair with Caster	Chairs for clinical training such as consultalon and palpation	round chair without armrest and backrest, 360 degree round, height adjuster, on casters	100	Bidding
29	Examining Table	Practice of clinical training such as consultalon and palpation	size: approx. L180xW60xH50cm material: metal and urethane foam mattress (if possible, legs are foldable)	8	Bidding
30	Cabinet	Storage for equipment and simulators	size: approx.H180xW120xD40cm, shelf: 2 shelves or more, material: steel, with lock key	4	Installed
No.	Name	Purpose	Main Specification	Quantity	Installation

4

[Handwritten signature]

[Handwritten signature]

31	White Board (Wall Hung Type)	For lecture and conference	size: appr. W1700xH850mm, magnet correspondence, with marker pen (black, red, blue) each 10pcs, board eraser 5pcs	8	Installed
32	Air Conditioner	Temperature control for clinical training room with equipment	separate type, for room dimension:25m2, capacity: approx.3.0kW, power supply: single phase	8	Installed
33	Audio Visual Set	Learning through DVD and visual teaching material	LCD projector:16000 LMS, PC : notebook type, HD:160GB, OS:WindowXP or more, display:approx. 15inchs, memory size:2GB or more screen size:approx.2x1m with a tripod speaker:power amplifier, connection cable, speaker with wall bracket	4	Bidding
Hospital Main Building					
Equipment related to Medical Education					
34	Locker for Medical Students	Storage for medical student private properties	size: approx.H180xW120xD40cm, shelf: 3shelves, in total 12 lockers or more, material: stainless steel or wood	15	Installed
35	PC for EBM Data Research	Correcting information for medical treatment, practice and documents	desktop type, HD:160GB, OS:WindowXP, display:approx. 15inchs, memory size:2GB or more	10	Bidding
36	Shelf for Medical Record/ X-ray Film	Organizing and storage for medical records and X-ray films	size:approx.H180xW120xD40cm, shelf: 4 more more, material: steel	20	Bidding
Clinical Equipment					
37	Electric Cardio Graphy (ECG)	Practice for cardiovascular diseases and basic examination	Standards 12 leads, channel number:6ch, sensitivity:5, 10, 20mm/mV, display:LCD monitor, with carry cart, with rechargeable battery	3	Bidding
38	Fatal Doppler	Practice for detection of pregnancy and basic examination	united type of main unit and probe, flequency:2.5-3.0MH z , sinic output: under 10mW/cm2, with gel 5 pcs, battery chager	5	Bidding
39	Ventilator, Adult	Training for treatment of adult patients in severe condition under specialist	composition: main unit, air compressor, mobile type, for adult, patient's breathing circuit, reusable, ventilation mode:VCV, PCV, SIMV+PSV, tidal volume:50~2,000mL or wider, safety device:equipped	1	Bidding
40	Ventilator, Newborn-Infant	Training for treatment of pediatric patients in severe condition under specialist	composition: main unit, air compressor, mobile type, for infant, patient's breathing circuit, reusable, ventilation mode:CMV, IMV, PEEP/CPAP, tidal votume:50~2,000mL or wider, safety device:equipped, with heat humidifier or equivalent	1	Bidding
41	Ultrasound Appratus (B/W)	Training for diagnosis and examination of ultrasoundgraphy under specialist	scanning method: electronic convex, electronic linear, display mode:B, B/B, B/M, M or equivalent, display size: max. 24cm or bigger, application: abdominal, Ob/Gyn, pediatrics, urology, breast, vascular, cardiology, with printer	3	Bidding

7

[Handwritten signatures]

Annex 2-5: Project Cost

Japanese side

Operational cost

Japanese fiscal year*	2007	2008	2009 (Planned)
General budgets for local purchase	1,036,000	8,047,000	5,077,000
Special budgets to purchase equipment in Japan	3,600	1,585,000	484,000
Contract Fee for Local Consultants	1,519,000	1,144,000	1,175,000
Total	25,586,000	10,776,000	6,736,000

(Japanese yen**)

Facilities and equipment

Construction for Clinical Learning Center	
Construction fee	US\$ 85,617
Consultant fee	US\$ 4,770
Sub-total	(US\$90,387)
Provided equipment	
Equipment purchased at JICA in Thailand	US\$129,517***
Equipment purchased at JICA in Lao PDR	US\$ 31,803
Sub-total	(US\$161,320)
Total cost for facilities and equipment	US\$ 251,707

* April 1 to March 31

** 1US\$ = ¥98 (as of June 10, 2009)

*** US\$ equivalent to actual purchase cost in Bahts
(1US\$=B 34.4: as of June 10, 2009)

Lao side

Lao side provided land and installation work of electricity and water for Training Center, administrative work for tax exemption for provided equipment, and transportation service for site visits.

4

Annex 3: Results of Activities

1	1-1 Conduct baseline survey on clinical training for medical doctors.	<ul style="list-style-type: none"> The Project conducted baseline survey and completed its Report in March 2008.
	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"> 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. 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.
	1-3 Improve medical records from a viewpoint of follow-up/compiling of clinical cases.	<ul style="list-style-type: none"> 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.
	1-4 Compile clinical cases systematically for evidence-based medicine.	<ul style="list-style-type: none"> 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.
	1-5 Implement case conferences of clinical cases for trainees.	<ul style="list-style-type: none"> 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.
	1-6 Prepare learning materials for case presentations/references for trainees.	<ul style="list-style-type: none"> 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.
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"> 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.
	2-2 Establish a new committee in charge of clinical training.	<ul style="list-style-type: none"> TMC was set up by the membership of 4 trainees who had training in Japan and preceptors in the Setthathirath Hospital.
	2-3 Hold monthly meetings for clinical training.	<ul style="list-style-type: none"> TMC has been held 30 times at the time of the Mid-Term Review.
	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"> 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.

4

	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"> 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.
	2-6 Arrange external audit.	<ul style="list-style-type: none"> 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.
3	3-1 Draw up the programs and curriculums of trainings of trainers (TOT).	<ul style="list-style-type: none"> 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.
	3-2 Prepare teaching materials for TOT.	<ul style="list-style-type: none"> 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. 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.
	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"> Two TOT workshops were held for the participants, not only teaching staff in Setthathirath Hospital but also staff from other teaching hospitals and UHS. 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.
	3-4 Set up the monitoring criteria for trainers of clinical training.	<ul style="list-style-type: none"> The self-administered questionnaire by the participants has been developed and applied to TOT workshops.
	3-5 Monitor and evaluate trainers of clinical trainings.	<ul style="list-style-type: none"> 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.

9

Handwritten signature

Handwritten signature

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

<p>Activities</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>Inputs</p> <p>Japanese side</p> <p>1. Experts</p> <ul style="list-style-type: none"> - Chief Advisor - Medical Education - Pedagogy - Evidence Based Medicine - Epidemiology - Internal Medicine - Medical Record Management - Emergency Medicine - Clinical Laboratory - Clinical Pathology - Training Management and Evaluation <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"> - Chief Advisor/ Medical Education/Pedagogy - Evidence Based Medicine/Epidemiology <p>2. Training of counterpart personnel in Japan</p> <ul style="list-style-type: none"> - Medical Education <p>3. Equipment/materials</p> <ul style="list-style-type: none"> - Equipment for Medical Education - Equipment for Clinical Medicine for Educational Purposes 	<p>Lao side</p> <p>1. Personnel</p> <ul style="list-style-type: none"> - Project Director - Project Manager - Counterpart personnel <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"> - Administrative and operational costs - Running costs for electricity, water, etc. 	<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>Pre-conditions</p> <p>Cooperation and agreement on the project implementation are obtained from the MOH.</p>
---	--	---	---

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. Bounkong 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	Settha H
			13:00-	Courtesy Call to DOP, MOH		DOP, MOH
			14:00-15:00-	HR-TWG in MOH		Pjt Office, 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		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
6/17	Wed		13:00-14:00	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
			14:00-15:00	UHS interview		ditto
			9:00-10:00	Setthathirath HP NGO Health Frontier interview		Settha H
6/18	Thu		10:00-	Data analysis, interview, JER preparation	• Dr. Christine (paediatrics) • Dr. Kongsinh (International relations)	Settha H
			14:00-15:00			
6/19	Fri		All Day	Interview follow up and analysis		Settha H
6/20	Sat		14:00-16:00	TMC Meeting		
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	MOH
			13:30-16:00	Setthathirath HP visit, Dinner Discussion w other JICA health projects		Mahosot H
6/24	Wed		18:30-	Dinner Discussion w Director of Setthathirath HP	CP, UHS, MOH (evaluators) Dr. Ketsomsouk BOUPHAVANH (UHS)	Mittaphab H
			9:00-11:30 AM	Courtesy call & interview to MOH		Settha H
6/25	Thu		10:00-11:30	Mittaphab HP visit	• Mr. Takashima, Mr. Takei, Ms. Osone, JICA Laos Office • Mr. Sugiyama, EOJ	JICA Laos Office
			16:00-17:00	Discussion with CPs and MOH about JER		
6/26	Fri		10:00-11:30	UHS visit		
			10:00-12:00	JCC Meeting, Minutes signing		
6/27	Sat		12:00-13:30	Inagulation Ceremony		
			9:00-9:30	Reporting to JICA Laos Office		
6/28	Sun		10:00-	Reporting to EOJ		
			17:50-	VTE departure (VN840) →Hanoi 18:50		
6/29	Mon		0:05→6:50	Hanoi (VN954)→ NRT		

9

[Handwritten signature]

[Handwritten signature]

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 5th 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

<MOH¹>

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-TWG², and invite related developing partners.
3. MOH should support UHS³ to conduct TOT⁴ 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 PMEL⁵, which is promoting MTU⁶ and TMC⁷ 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

4. 0 C. 205

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)

¹ MOH: Ministry of Health

² HRH-TWG: Human Resource for Health-Technical Working Group

³ UHS : University of Health Sciences

⁴ TOT : Training of Trainers

⁵ PMEL : Project for Medical Education in Laos

⁶ MTU : Medical Teaching Unit

⁷ TMC : Training Management Committee

Handwritten marks at the bottom right of the page, including a vertical line, a circle, and some illegible scribbles.



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

Handwritten signatures and initials at the bottom right of the page.

TABLE OF CONTENTS

ABBREVIATIONS	3
CHAPTER 1 SCOPE OF EVALUATION STUDY	4
1.2 OBJECTIVES OF THE TERMINAL EVALUATION.....	4
1.3 JOINT EVALUATION TEAM	5
1.4 FRAMEWORK OF THE PROJECT	5
CHAPTER 2 EVALUATION PROCESS	7
2.1 METHODOLOGY OF EVALUATION	7
2.2 FIVE EVALUATION CRITERIA	7
CHAPTER 3 PROJECT PERFORMANCE	8
3.1 INPUTS	8
3.2 ACHIEVEMENTS OF THE PROJECT	8
3.3 IMPLEMENTATION PROCESS	18
CHAPTER 4 EVALUATION RESULTS	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
CHAPTER 5 RECOMMENDATIONS	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 th -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

f la 2.05 /

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 21st of June 2010 and the 8th 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

Handwritten marks and signatures at the bottom right of the page.

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

Handwritten signatures and initials at the bottom right of the page.