

CHAPTER 2 EVALUATION PROCESS

2.1 Methodology of Evaluation

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

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

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

2.2 Five Evaluation Criteria

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

Table 1: Description of Five Evaluation Criteria

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

CHAPTER 3 PROJECT PERFORMANCE

3.1 Inputs

1) Input from Japanese Side

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

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

2) Input from Lao Side

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

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

3.2 Achievements of the Project

1) Achievements of the Project Activities

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

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

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

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Output 2	
Capacities of trainers of clinical training for medical students/doctors are strengthened.	
Activities	Achievements
2-1. Develop the mission of clinical training for medical education viewpoint at the Setthathirath Hospital.	<ul style="list-style-type: none"> ● The mission of the clinical training at the Setthathirath Hospital was developed at the initiative of the participants of the training of Japan, which is regarded as the principle of the practical training. The mission of the clinical training was propagated to other teaching hospitals through TOT workshops. ● Recognition of the principle of the clinical training was shared amongst doctors concerned that learner-centered clinical education should be founded on patient-oriented medical care.
2-2. Establish a new committee (Teaching Management Committee: TMC) in charge of clinical training.	<ul style="list-style-type: none"> ● A TMC was established at the Setthathirath Hospital. The other 3 teaching hospitals are currently in the process of establishment of TMCs. ● Three out of four regional/provincial hospitals running MTU system under the TMCs, which were established after the TOT workshop.
2-3. Hold monthly TMC meetings for clinical training.	<ul style="list-style-type: none"> ● TMC was held within bi-weekly routinely and autonomously at the Setthathirath Hospital. The issues arising from clinical training are discussed appropriately at the right time. ● Usual agenda of TMC is set as follows; review of previous TMC minutes, reporting of MTU operation from each department, other training-related and/or administrative issues.
2-4. Accumulate the minutes of TMC meetings.	<ul style="list-style-type: none"> ● The progress of activities, experiences, results and lessons learned were accumulated as minutes of TMC by C/Ps autonomously. ● The minutes of TMC were distributed to each clinical department promptly for better information sharing and swift response to the issues.
2-5. Improve the function of Medical Teaching Unit (MTU).	<ul style="list-style-type: none"> ● The clinical training and medical practices were implemented on the basis of the concept of MTU (team organization, team activities, job description of team members, and schedule of program for duties and training), hence, it can be recognized that MTU is well functioning in clinical training at the Setthathirath Hospital. ● MTU activities are implemented under the administration of TMC. Countermeasures to the issues such as mal-functioning of schedule board are discussed arbitrarily at TMC. ● Other teaching hospitals including regional/provincial hospitals are providing clinical training for students under the concept of MTU through the implementation of the project activities.

<p>2-6. Establish Internal Monitoring System.</p>	<ul style="list-style-type: none"> ● UHS and the Setthathirath Hospital were jointly implemented internal monitoring for clinical training at Setthathirath Hospital in accordance with the criteria developed by World Federation of Medical Education (WFME) until July 2009.
<p>2-7. Promote project outputs through the Human Recourse Technical Working Group organized by MOH.</p>	<ul style="list-style-type: none"> ● HRH-TWG envisages MTU as one of the important elements for the reinforcement of health personnel. ● MTU is expected to be incorporated into "The 7th Five-Year Health Development Plan 2011-2015".

Output 3 The training management system is improved at the Setthathirath Hospital.	
Activities	Achievements
<p>3-1. Develop the programs of training of trainers (TOT).</p>	<ul style="list-style-type: none"> ● "Project for Medical Education in Laos (PMEL)" consisting of representatives from HDS and four teaching hospital takes initiative to develop TOT curriculum and organize TOT workshops. ● The MOH (MOH) and UHS officially approved the Medical Education Committee including PMEL members to pursue medical education continuously such as TOT.
<p>3-2. Prepare teaching materials for TOT.</p>	<ul style="list-style-type: none"> ● PMEL developed handouts and supplementary readers, and distributed them to participants. ● "Medical Ethics and Laws", "Keywords for Medical education 100" and "Theory of Medical Education" were developed as teaching materials.
<p>3-3. Organize Medical Education Seminar for clinical trainers.</p>	<ul style="list-style-type: none"> ● A total of 5 Medical Education Seminars were held as of the Terminal Evaluation. ● From 2010, the Project applied symposium style instead of seminar. The title was changed as 1st Medical Education Symposium (regarded as 4th Seminar). ● The Seminars were held for 6 times as of the Terminal Evaluation, and another 2 Seminars were being scheduled by the end of the project period. Hence, eight Seminars will be held by the end of the project period in total.

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<p>3-4. Conduct TOT for medical doctors working for four teaching hospitals and provincial hospitals.</p>	<ul style="list-style-type: none"> ● TOT workshops were held at 4 teaching hospitals for six times in 2nd and 3rd year of the project period. For regional/provincial hospitals, eight TOT ● As of the 3rd year of the project period, the Project invited other three teaching hospital to the Setthathirath Hospital to participate TOT workshop. At the 4th year, the Project conducted TOT workshops at Mahosot Hospital and Mitthphab Hospital for two and one time, respectively, according to the requests from those hospitals. ● The Project has provided TOT workshops in total of nineteen times.
<p>3-5. Set up the monitoring criteria for medical trainers who participate in TOT.</p>	<ul style="list-style-type: none"> ● The Project applied the triangulation method by combining medical trainers evaluation by students, direct observation by Japanese Experts and PMEL members, and progress monitoring by independent organizations, in accordance with standard procedure for monitoring.
<p>3-6. Monitor and evaluate clinical trainers who participate in TOT.</p>	<ul style="list-style-type: none"> ● The project is conducting regular monitoring of trainers in accordance with the procedure aforementioned. ● Monitoring results were fed back to PMEL, and utilized for the improvement of TOT implementation.
<p>3-7. Disseminate the idea of clinical education through newsletters and a poster.</p>	<ul style="list-style-type: none"> ● A poster regarding the idea of clinical education was developed and distributed to the MOH, UHS and training hospitals including regional/provincial hospitals. ● Five newsletters were published as of the Terminal Evaluation. Another 2 newsletters are scheduled to publish at the 4th year of the project period.

2) Achievements of the Outputs

a) Output 1

The Objectively Verifiable Indicators (OVIs) for Output 1 are generally achieved at the time of the Terminal Evaluation.

The Project focused their effort on expanding knowledge and know-how on clinical training by constructing CLC, establishing its operation system, improving access to medical information through the purchase of medical reference books and the improvement of library operation, and modifying medical record forms for better medical chart, as it turned out that the students are getting accustomed to utilize library for issues arising from their clinical training. Therefore, the Project attained certain progress in the advance of their knowledge and

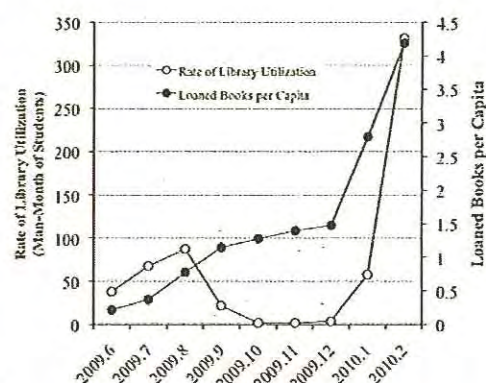


Fig. 1 Trend in Rate of Library Utilization

(Number of Subjective Students was regrded as 111)

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strengthening of problem-solving capacity.

Moreover, improvement of medical chart enabled to take better progress notes and to develop better treatment plans. Consequently, it is expected that the activities under Output 1 contributed for the improvement of medical services at Setthathirath Hospital indirectly.

Achievements of the Output 1 are as indicated below.

【Output 1】 Knowledge and know-how on clinical training of the Setthathirath Hospital as a teaching hospital is expanded.	
Objectively Verifiable Indicators	Achievements
1. The number of monthly book for loan in library. (Target: 4 books per student per year)	<ul style="list-style-type: none"> ● Rate of library utilization was reduced under the significant influences of SEA GAME and school holidays during July to December 2009. The rate posted a substantial gain after the recommencement of clinical training in 2010 (Fig. 1). ● Furthermore, Fig 1 shows that the library was used by students even in school holidays, and the loaned books per student was also significantly increased after the holidays. The OVI target of four books has been achieved as of February 2010 already.
2. Status of textbook use in the clinical education	<ul style="list-style-type: none"> ● Many students carry “Guidebook for Case Presentation” in their pockets for good references for case conferences and taking patients’ progress notes. ● Other textbooks developed by the Project are scheduled to be distributed to medical students and resident doctors hereafter. Explanation of these textbooks is incorporated into curriculum for TOT workshops held at teaching hospitals as well as regional/provincial hospitals. ● Eventually, students are getting accustomed to utilize standardized textbooks under the shortage of appropriate learning materials written in Lao language.
3. Status of usage of Clinical Learning Center and simulators	<ul style="list-style-type: none"> ● CLC was used 84 times from August 2009 to February 2010. Likewise the library use, there were significant increase of 38 times use only in February 2010. ● Albert-Ludwigs-Universität Freiburg uses CLC for their Obstetrics and Gynecology lectures and seminars by using equipment and materials provided by the Project. The Project has just introduced the facility to Health Frontier (NGO) for promotion of CLC usage. ● CLC is also used as study space for students.
4. The percentage of blanks in the medical records decreases.	<ul style="list-style-type: none"> ● Discovery rate of “whiteout” in randomly-selected 50 medical records was considerably reduced from 18% in 2008 to 2% 2009. ● Rate of countersign from preceptors to medical records that students took progress notes was substantially increased from 12% to 52%. ● There were no records and/or information about on-admission findings at the baseline survey. Rate of blanks in items for on

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	<p>admission findings was reduced from 98% to around 60%.</p> <ul style="list-style-type: none"> Hence, it can be said that there found improvement in contents of medical records and its handling to some extent.
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b) Output 2

The OVIs for Output 2 are generally achieved except for several indicators at the time of the Terminal Evaluation. It can be evaluated, in general, that fundamental management system for clinical training through TMC supervision of MTU and/or other training-related issues at the Setthathirath Hospital.

Other cooperating partner introduced the concept of MTU in 2005. However, MTU was not functioning due to a poor understanding of actual operating procedures as of the time of the commencement of the Project, one of which missions were supposed to directly provide assistance to activate MTU in clinical training in Lao PDR. After the commencement of the Project, the Project put clinical training into effect in the form of MTU under the administration of TMC, which have the function of progress monitoring of clinical training and problem-solving arising from the MTU operation.

For these reasons, fundamental management system for clinical training is established at the Setthathirath Hospital. Additionally, the Minister of Health as well as other important personnel at central level concerned highly valued the achievement of the Project especially for MTU as a tool for quality clinical training, and eventually, MTU is expected to be incorporated into next health related policies in the MOH and UHS action plan.

Currently, embedded ness of appropriate operation for MTU schedule control falls behind schedule, while TMC is in the process of taking countermeasures. Internal Monitoring (formerly "External Audit") also remains as a big issue to be solved, due to unconsolidated implementation structure for monitoring at UHS and priority of expansion and acceleration of TOT related activities to the foundation of internal monitoring system. Moreover, it will take more time to achieve a consolidated training system, since the achievement of the system will be nothing but a foundation. To achieve that goal, continuous progress for the consolidated system of clinical training should be made from the organizational and technical aspects by any means.

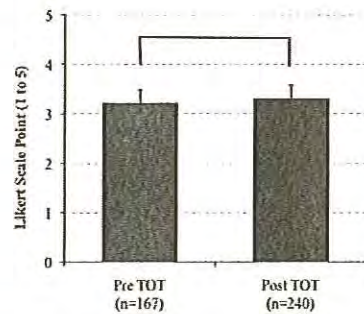


Fig. 2 Evaluation of Clinical Teachers' Educational Skills by Students

Achievements of the Output 2 are as indicated below.

[Output 2]	
The training management system is improved at the Setthathirath Hospital.	
Objectively Verifiable Indicators	Achievements
1. The number of TMC meetings (target: 60)	<ul style="list-style-type: none"> TMC, which was first held on June 2008, continued to be held weekly or biweekly and has counted up to 63 as of the Terminal Evaluation. Activities for introducing TMC were continued at other teaching hospitals including regional and provincial hospitals. Three out of four regional/provincial hospitals newly assigned as teaching hospitals

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	organized TMC after TOT workshops.
2. Frequency of re-write weekly schedule related with Medical Teaching Unit (MTU) (target: once a week)	<ul style="list-style-type: none"> ● Update frequency of schedule board has variety amongst departments. ● The issue aforementioned came up for discussion at TMC for effective countermeasures.
3. Medical students/family medicine residents feel that training by clinical trainers improved	<ul style="list-style-type: none"> ● The sub-contracted external monitoring survey shows the results that the clinical trainers have improved their guidance and instructions to students. ● There found significant difference statistically in evaluation score of clinical trainers from students before and after TOT workshops (Fig.2). Hence, TOT has slight but positive influence on trainers' pedagogy.
4. Findings used for further improvement in Internal Monitoring	<ul style="list-style-type: none"> ● Internal Monitoring (formerly "External Audit") also remains as a big issue to be solved, due to unconsolidated implementation structure for monitoring at UHS and priority of expansion and acceleration of TOT related activities to the foundation of internal monitoring system.
5. Human Resource technical Working Group (HRH-TWG) recognize the clinical education model in Setthathirath Hospital as a model	<ul style="list-style-type: none"> ● The Minister of Health as well as other important personnel at central level concerned highly valued the achievement of the Project especially for MTU as a tool for quality clinical training, and MTU comes to recognition as a common language for human resource development especially for medical doctors. ● MTU is applied as one of the indicators for "Improve availability of competent and committed health staff through education and training" under the "Sector Common Work plan and Monitoring Framework" in a preliminary draft of "The 7th Five-Year Health Development Plan 2011-2015".

c) Output 3

The OVI for Output 3 is generally achieved at the time of the Terminal Evaluation. As described above, fundamental management system of clinical training is basically established at the Setthathirath Hospital. Other teaching hospital, including regional/provincial hospitals where newly assigned as students receiving facilities, are currently in the process of reinforcement of capacity in terms of operational management for clinical training as well as clinical trainers' pedagogy at the initiative of PMEL under the indirect support from Japanese experts.

As for the "Medical Education Seminar", certain progress has been observed in terms of "technical sustainability". Initially, Japanese experts took the initiative in organizing the Seminars and delivered lectures. The Seminar changes its style from lecturing by instructors to workshop at the operational initiative of Lao C/Ps.

Meanwhile, in accordance with a strong request by the MOH, the Project provided TOT workshops at regional/provincial hospitals prior to receiving students, which was planned to deal with growing number of medical students. For this reason, the Project contributed the MOH and other relevant parties to maintain the quality of clinical training system in Lao PDR.

Achievements of the Output 3 are as indicated below.

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[Output 3] Capacities of trainers of clinical training for medical students/doctors are strengthened.	
Objectively Verifiable Indicators	Achievements
1. The number of medical Education Seminars (target: 8 times)	<ul style="list-style-type: none"> ● The Project convened 5 Seminars at their 2nd and 3rd year, and scheduling to convene another 3 Seminars at 4th year. The target number of 8 times is expected to be achieved by the end of the project period. ● Formerly, Japanese experts and Thai lecturer held the Seminars in the style of lecturing. From 2010, the style of the Seminars was changed to Symposia at the initiative of Lao C/Ps to share knowledge, experiences and achievements of clinical training in Lao PDR.
2. The number of TOT workshops (target: 15 times)	<ul style="list-style-type: none"> ● The Project embarked on development of Laotian TOT organizers who can deliver lectures at TOT workshops for future sustainability at 3rd year of the project period. Eventually, "Project for Medical Education in Laos: PMEL" was formulated for this purpose consisting of 10 representative from UHS and four teaching hospitals on July 2009. ● Results from functional assessment of TOT measured by 5-point scale from participants showed that TOT lecturers provided TOT at an appropriate quality in contents and pedagogy (evaluation point was over 4.5 on average). Hence, it is suggested that TOT workshops provided by PMEL maintain a certain level from the technical aspect.
3. The number of monitoring for clinical trainers (target: 8 times)	<ul style="list-style-type: none"> ● The effect of TOT was monitored by pre- and post tests at TOT workshops. PMEL and Japanese experts conducted direct observations jointly as well. The monitoring activities were conducted as of 3rd year of the project period, and another two monitoring is scheduled by the end of the period. Hence, the target of eight times is expected to be achieved by the end of the project period. ● UHS stated the necessity of evaluation of clinical trainers in the "UHS 5-year Action Plan" for maintaining quality of clinical training. In response to this, the Project is encouraging UHS to incorporate the monitoring activity into the Action Plan.
4. Clinical trainers feel TOT has improved teaching skills	<ul style="list-style-type: none"> ● Many clinical trainers expressed a feeling of significant improvement in their pedagogy after TOT workshops, since there was less opportunity for them to learn it. ● This result was also obtained from focal group discussion at the monitoring activities as well as interviews to C/Ps and TOT participants at the Terminal Evaluation Survey.
5. The number of issued newsletters and posters (7 and 1 time, respectively)	<ul style="list-style-type: none"> ● A poster for advocacy of clinical training was developed at the 3rd year of the project period, which was distributed to the MOH, UHS, teaching hospitals and other relevant parties. ● Five newsletters have been published as of the time of Terminal Evaluation. Another two newsletters are scheduled to be published by the end of the project period. Therefore, the target of seven issues is expected to be achieved by the end of the project period.

	<ul style="list-style-type: none"> ● The achievement of clinical training at the Setthathirath Hospital become widely-recognized by relevant parties such as medical doctors, students, MOH, UHS and other teaching hospitals. Eventually, unexpected positive impact was observed and the story goes as follows: the Minister of Health drew a picture of MTU concept and explained it to other cooperating partners with the picture.
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3) Achievements of the Project Purpose

The OVIs for the Project Purpose are generally achieved at the time of the Terminal Evaluation.

Though the results from the survey for students' and trainee doctors' satisfaction for clinical training showed the difficulty in quantitative assessment as mentioned in herein below, it is suggested that satisfaction from the trainees was generally favorable from the results of qualitative assessment such as interviews and direct observations. It is comprehensively evaluated that the Project Purpose is achieved since the foundation of the clinical training in Lao PDR is seemed to be established through the improvement of learning environment (Output 1), appropriate MTU operation under the administration of TMC (Output 2) and the improvement of clinical trainers' pedagogy (Output 3).

However, teaching hospitals including regional/provincial hospitals other than the Setthathirath Hospital are still in the initial phase of the actual operation of MTU-centered clinical training. It is, therefore, required to implement further training in continuous manner and further improvement in terms of the training system itself, to promote the training system mature and consolidate.

Achievements of the Project Purpose are as indicated below.

【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.	
Objectively Verifiable Indicators	Achievements
1. Satisfaction of trainees who completed clinical training at the Setthathirath Hospital increases.	<ul style="list-style-type: none"> ● Satisfaction survey results showed the difficulties in precise quantitative evaluation, since it was implied that actors, such as timing of the surveys and rapid increase of clinical students, might influence the satisfaction of trainees. ● However, it was considered that satisfaction of medical students were generally favorable from interview results conducted by the Project, to which the Terminal Evaluation Survey results also support, obtained from interviews and direct observations.
2. Evaluation (Reputation) of clinical training at the Setthathirath Hospital from the professional organization is enhanced.	<ul style="list-style-type: none"> ● MTU operation under the administration of TMC, which is put in practice at the Setthathirath Hospital, is highly evaluated by the Minister of Health, the MOH and UHS. And, it is highly expected that the concept of MTU be incorporated into health strategic plan of the MOH and UHS action plan. ● MTU became a common language for clinical training amongst the MOH, UHS and other teaching hospitals. The achievements regarding clinical training at the Setthathirath Hospital enjoy a high reputation from other cooperation partners.



	<ul style="list-style-type: none"> ● The Project has started on-site TOT workshops, pursuant to the strong requests from other teaching hospitals. ● Hence, it can be concluded that the Project significantly contributed to the reinforcement of doctors' pedagogy that have less experience of teaching.
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3.3 Implementation Process

1) Progress of Activities

Though the project activities have been implemented in accordance with the project annual action plan, several external factors affected its progress. It is particularly worth noting that curriculum for D6 medical students was postponed from September to December 2009, and one of the rooms with equipment in CLC, which was constructed by JICA, was damaged from fire. As for the CLC fire, actual operation was commenced prior to the official transfer by using undamaged rooms. The damaged room was already repaired by Lao side, and the administration of CLC is gradually transferred from the Project to the Setthathirath Hospital

Meanwhile, the concept of activities under Output 1 was to compile clinical cases systematically for the expansion of knowledge and know-how on clinical training at the initial phase of the project period. However, the results from baseline survey and understanding of real world with regard to clinical training in Lao PDR indicated the priority in improvement of information accessibility and learning environment for medical students as well as doctors. In response to this, the activities under Output 1 were modified in accordance to a series of discussions by mutual agreement at the time of the Mid-term Review survey. In consequence, the foundation of the clinical training in terms of learning environment was established through improvement of library operation, provision of learning and reference materials, construction of CLC, administrative assistance for CLC. On the other hand, no negative influence of such modification was observed for the achievement of the Output 1.

Activities for the foundation of the clinical training were conducted mostly at the Setthathirath Hospital. Then, the Project expanded their activities for other teaching hospitals and newly assigned hospitals as teaching facility at regional/provincial level. Since the expansion was strongly requested from such hospitals as well as the MOH, it is considered that the assistances provided by the Project flexibly met the diversified needs of beneficiaries.

2) Project Management

Progress management and administrative problems arising from MTU operation are appropriately discussed and controlled at TMC. TMC meeting is convened weekly or bi-weekly with 10 to 20 of participants including at least 1 representative from each department as core members, which enables timely information sharing and prompt countermeasures for the problems and difficulties. The Project gradually delegated authority to C/Ps from their 2nd year of the project period. As of the time of the Terminal Evaluation, it is considered that C/Ps have achieved at a sufficient level to organize TMC with administrative autonomy. Japanese experts are currently providing minimal and indirect assistance for TMC.

3) Communication amongst parties concerned

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Positive relationship between Japanese experts and Laotian C/Ps is maintained after the time of the Mid-term Review. English is used for linguistic communication, and both sides occasionally found linguistic barrier. The locally-hired consultant with liberal medical background and sufficient experiences for clinical training in Lao PDR greatly contributed to mutual understanding of the Project in detail by translating the languages and assisting the project daily activities.

As for the practical operation of clinical training at the Setthathirath Hospital, achievements and problems are regularly shared through TMC meetings. Frequent but occasional information sharing amongst the Project, the MOH, UHS, teaching hospitals and other cooperating partners contributed to efficient collaboration and avoidance of activity overlapping.

4) Ownership and Autonomy

Counterparts demonstrated a strong commitment to the project activities with high motivation for acquisition of knowledge and skills, as well as sufficient awareness of the importance of pre- and postgraduate education for the betterment of clinical services in Lao PDR.

The Project actively encouraged UHS, other teaching hospitals and relevant parties such as cooperation partners to be enrolled to the project activities for future sustainability, resulting in efficient expansion of the project activities such as development of teaching materials and efficient CLC utilization. Meanwhile, since other teaching hospitals including regional/provincial hospitals actively introduce MTU concept in clinical training and prepare to establish TMC for better coordination of the training.