

ベトナム社会主義共和国
北西部省医療サービス強化プロジェクト
終了時評価調査報告書

平成 29 年 6 月
(2017 年)

独立行政法人国際協力機構
人間開発部

人間
JR
17-072

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序 文

ベトナム社会主義共和国（以下、「ベトナム」と記す）では、特に貧困率の高い北西部で各種保健指標が全国平均を下回っており、保健人材育成を通じた保健医療サービスの強化が急務となっています。このような状況を受けて、JICAは同地域に位置するホアビン省をモデル省として、保健局スタッフの人材育成、省から郡への指導・研修及び患者リファラルシステムの強化を活動の核とする技術協力プロジェクト「ホアビン省保健医療サービス強化プロジェクト」（2004～2009年）を実施しました。その結果、プロジェクトは省総合病院から郡病院に至る地域医療指導活動（Direction of Healthcare Activities : DOHA）と省総合病院と郡病院間の患者リファラルシステムの実践のための、特に地方部で適用性の高いモデルをつくりました。

その後、保健省はホアビン省への継続的支援によって省病院～郡病院～コミュニオン・ヘルス・ステーション（CHSs）（一次医療施設）までに至るリファラルシステムを構築するとともに、同プロジェクトの成果を北西部の他5省へ普及させることにより、同地域の医療システムを更に向上するための支援をわが国に要請しました。これを受けて、保健省医療サービス局及びホアビン省を含む北西部6省（ホアビン、ソンラ、ライチャウ、ディエンビエン、ラオカイ及びイエンバイ）の省保健局、省総合病院及び郡病院をカウンターパート機関として、2013年3月から2017年3月まで「北西部省医療サービス強化プロジェクト」を実施しました。

プロジェクト終了を半年後に控え、これまでの進捗と成果を確認するとともに、評価5項目に基づき評価を行い、プロジェクトの残りの期間で取るべき措置を検討するため、終了時評価調査を実施しました。

本報告書は同調査の結果を取りまとめたものであり、プロジェクト終了後も幅広く類似事業に従事される皆様に活用されることを期待しております。

最後に、本調査にご協力を賜りました関係者各位に対し、心から感謝の意を表します。

平成29年6月

独立行政法人国際協力機構

人間開発部長 熊谷 晃子

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プロジェクト位置図



Eight socio-economic regions in Vietnam



対象の北西部 6 省

(上から、ライチャウ、ラオカイ、イェンバイ、ディエンビエン、ソンラ、ホアビン)

写

真



保健省医療サービス局長らとのレビュー



ホアビン省 Kim Boi 郡病院職員が
リファラルデータ管理システムを紹介する様子



ライチャウ省 Tam Duong 郡病院



ホアビン省 Kim Boi 郡
Vinh Donh コミューン・ヘルス・ステーション



Vinh Donh コミューン・ヘルス・ステーション



合同調整委員会の様子

略 語 表

略語	正式名称	和訳
ASTT	Administration of Science Technology and Training	保健省科学技術・研修局
CHSs	Commune Health Stations	コミュニオン・ヘルス・ステーション
CME	Continuing Medical Education	卒後継続教育
CPMU	Central Project Management Unit	中央プロジェクト管理ユニット
DHs	District Hospitals	郡病院
DOHA	Direction of Healthcare Activities	地域医療指導活動
DOHs	(provincial) Department of Health	(省) 保健局
HIMS	Health Information Management System	情報管理システム
JCC	Joint Coordinating Committee	合同調整委員会
JFY	Japanese Fiscal Year	日本の会計年度
JICA	Japan International Cooperation Agency	独立行政法人国際協力機構
MM	Man Month	人月
M/M	Minutes of Meetings	協議議事録
MOH	Ministry of Health	保健省
MSA	Medical Service Administration	(保健省) 医療サービス局
ODA	Official Development Assistance	政府開発援助
OVI	Objectively Verifiable Indicator	成果の指標
PCM	Project Cycle Management	プロジェクト・サイクル・マネジメント
PDM	Project Design Matrix	プロジェクト・デザイン・マトリックス
PGH(s)	Provincial General Hospital(s)	省総合病院
PMU	Project Management Unit	プロジェクト管理ユニット
PO	Plan of Operation	活動計画
PPMU	Provincial Project Management Unit	省プロジェクト管理ユニット
R/D	Record of Discussions	討議議事録
RDMS	Referral Data Management System	リファラルデータ管理システム
TOT	Training of Trainers	指導者養成研修
UHC	Universal Health Coverage	ユニバーサル・ヘルス・カバレッジ
USD	U.S. Dollar	アメリカ合衆国・ドル
VND	Vietnamese Dong	ベトナム・ドン (通過単位)

評価調査結果要約表

1. 案件の概要		
国名：ベトナム社会主義共和国	案件名：北西部省医療サービス強化プロジェクト	
分野：保健医療	援助形態：技術協力プロジェクト	
所轄部署：人間開発部 保健第2グループ保健第3チーム	協力金額：2.51 億円（評価時点）	
協力期間	(R/D) : 2013 年 3 月 20 日～ 2017 年 3 月 19 日	先方関係機関：保健省医療サービス局、北西部 6 省（ホアビン、ソンラ、ライチャウ、ディエンビエン、ラオカイ及びイエンバイ）の保健局、省総合病院、郡病院 日本側協力機関：国立国際医療研究センター
<p>1-1 協力の背景と概要</p> <p>ベトナム社会主義共和国（以下、「ベトナム」と記す）では、特に貧困率の高い北西部で各種保健指標が全国平均を下回っており、保健人材育成を通じた保健医療サービスの強化が急務となっている。このような状況を受けて、JICA は同地域に位置するホアビン省をモデル省として、保健局スタッフの人材育成、省から郡への指導・研修及び患者リファラルシステムの強化を活動の核とする技術協力プロジェクト「ホアビン省保健医療サービス強化プロジェクト」（2004～2009 年）を実施した。その結果、プロジェクトは省総合病院から郡病院に至る地域医療指導活動（Direction of Healthcare Activities : DOHA）と省総合病院と郡病院間の患者リファラルシステムの実践のための、特に地方部で適用性の高いモデル化を行った。</p> <p>その後、保健省はホアビン省への継続的支援によって省病院～郡病院～コミュニケーション・ヘルス・ステーション（CHSs）（一次医療施設）までに至るリファラルシステムを構築するとともに、同プロジェクトの成果を北西部のほか 5 省へ普及させることにより、同地域の医療システムを更に向上するための支援をわが国に要請した。これを受けて、保健省医療サービス局及びホアビン省を含む北西部 6 省（ホアビン、ソンラ、ライチャウ、ディエンビエン、ラオカイ及びイエンバイ）の省保健局、省総合病院及び郡病院をカウンターパート機関として、2013 年 3 月から 2017 年 3 月までの予定で「北西部省医療サービス強化プロジェクト」（以下、「本プロジェクト」と記す）が実施されている。</p>		
<p>1-2 協力内容</p> <p>(1) 上位目標</p> <p style="padding-left: 20px;">DOHA 及びリファラルシステムの強化により、北部山岳省における医療サービスの持続的な改善に寄与する。</p> <p>(2) プロジェクト目標</p> <p style="padding-left: 20px;">対象省の DOHA 及びリファラルシステムが強化される。</p>		

(3) 成果

- 1) DOHA 及びリファラルモデルを対象省に普及するために、保健省の DOHA に関するマネジメント能力が強化される。
- 2) ホアビン省においてコミューンから郡病院及び省総合病院に至るリファラルシステムが構築される。
- 3) ソンラ、ライチャウ、ディエンビエン、ラオカイ及びイエンバイの 5 省において、省総合病院と郡病院間の DOHA 及びリファラルシステムに関するマネジメント能力が強化される。

(4) 投入（評価時点）

日本側：

- ・ 専門家派遣：長期専門家 合計 4 名（チーフ・アドバイザー 2 名、業務調整／研修管理 2 名）（合計 97 人月）、短期専門家合計 2 名（看護管理、リファラルデータ管理）（2.3 人月）
- ・ 機材供与：プロジェクト活動実施・モニタリング評価のための車両 1 台、パーソナル・コンピュータ、無停電電源装置、研修用視聴覚機材、救急蘇生シミュレーター等の実技訓練用機材、喀痰吸引装置などの医療機器
- ・ 本邦研修：合計 39 名（地域保健医療／地域医療連携）（合計 3 回）
- ・ ローカルコスト負担 約 108,767 千円

ベトナム側：

- ・ カウンターパート配置：合計 70 名（プロジェクト・ダイレクター（保健省医療サービス局局長）、プロジェクト・マネージャー（同局 副局長）及び対象 6 省の保健局、省総合病院及び郡病院、その他関係機関より合計 68 名）
- ・ ローカルコスト負担：合計約 317,000USD）（2016 年 9 月までの執行額）（国内出張費、交通費、研修経費、会議費、文房具等）

2. 評価調査団の概要

調査者 (日本側)	吉田 友哉	団長・総括	JICA 人間開発部 保健第二グループ 保健第三チーム 課長
	江上 由里子	技術参与 (保健医療)	国立研究開発法人国立国際医療研究センター 国際医療協力局 人材開発部研修課
	李 祥任	調整・企画	JICA 人間開発部 保健第二グループ保健第三・第四チーム 特別嘱託
	井上 洋一	評価分析	(株)日本開発サービス 調査部 主任研究員
(ベトナム側)	Dr. Luong Ngoc Khue		保健省医療サービス局
	Mr. Cao Hung Thai		保健省医療サービス局 副局長
	Dr. Nguyen Thi Hong Yen		保健省医療サービス局 DOHA ユニット長
	Dr. Nguyen Viet Hung		保健省医療サービス局 DOHA ユニット スペシャリスト
	Mr. Tran Khuc Hoang		保健省医療サービス局 DOHA ユニット スペシャリスト

調査期間	2016年10月23日～11月10日	評価種類：終了時評価
3. 評価結果の概要		
3-1 実績の確認		
(1) 成果1		
<p>プロジェクトは、対象6省でのプロジェクト活動を通じて保健省通達「医療機関におけるリファラル業務（14/TT-BYT）」（以下、「リファラル通達」と記す）の発効（2014年4月）やDOHA決定の改定などの法令整備を進め、DOHAハンドブック（DOHA活動のガイドラインや、効果的な実施の参考となる6省での事例集、日本の地域保健の事例など）、リファラルデータ管理システム（RDMS）の開発・試験導入などを通して、保健省のDOHAに関するマネジメント能力強化はおおむね期待するレベルで強化されたと考えられる。よって、成果1は終了時評価時点でおおむね達成されたといえる。</p> <p>しかしながら、残りの期間でRDMS導入やDOHAハンドブックの完成と関係者への配布、DOHA決定の改定（通達の発効）を完了するには、より厳格な工程管理が求められる。</p>		
(2) 成果2		
<p>ホアビン省は本プロジェクトの活動の基礎となった先行プロジェクト「ホアビン省医療サービス強化プロジェクト」（2004～2009年）が実施されており、DOHA活動に加えて2014年に発効されたリファラル通達に従って省保健局、省総合病院及び郡病院間のリファラル活動が適切に継続されている。また、省総合病院と郡病院でのリファラル情報管理や会議運営の実施にかかるノウハウも蓄積されており、本プロジェクトで強化する郡病院-CHS間のリファラル会議も省保健局や省総合病院の支援のもとで、郡病院主導で比較的スムーズに導入された。以上のことから、終了時評価時点での成果2の達成度はおおむね適切であると考えられる。</p> <p>しかしながら、プロジェクトのモニタリングでは多くの郡ではおおむね適切に会議運営（リファラル情報に基づく課題分析や対応（研修ニーズアセスメントなど）、会議機会を活用した勉強会の実施など）がなされているが、2、3の郡ではまだ効果的な会議運営となっていないことが観察されている。省保健局は省内のDOHA活動やリファラル活動実施の責任機関であり、可能な限りモニタリング訪問を行っているが、プロジェクト期間終了までにこれらの郡に対しては適切なフォローアップが必要である。</p>		
(3) 成果3		
<p>プロジェクト開始当初、2013年7月から順次、新規対象5省で省プロジェクト管理ユニット（PPMU）が公式に設置され、新規にDOHA担当に任命されたPPMUメンバーに対して導入研修を実施するとともに、新規対象の5省はDOHAやリファラル会議を通じた省を起点とした地域医療連携活動（省総合病院—郡病院間）が確立したホアビン省に視察を行うことで、円滑にDOHA・リファラル活動が導入された。</p> <p>終了時評価時点では、新規対象5省においてリファラル会議はおおむね適切に運営管理されており、同会議を通じた地域医療連携活動はおおむね定着していると考えられる。また、プロジェクトが提供した研修等の支援により、PPMUが計画する短期研修はリファラルデータ解析や利用可能なリソースなどの根拠に基づいて計画されるようになった。</p>		

以上のことから、成果3の達成度は適切であると考えられる。

(4) プロジェクト目標

プロジェクトの実施によって北西部省における DOHA・リファラル活動の実施基盤はおおむね確立できたと考えられる。プロジェクト目標の指標である DOHA 実施体制のスコアはすべての対象省で保健省の定める基準を満たしており、おおむね望ましいレベルに達している。プロジェクトではこのような実施体制基盤構築に加え、それらを適切に運営管理できるマネジメント能力強化に取り組んだ。プロジェクトは根拠に基づいた計画策定能力向上をマネジメント能力強化の重要な要素と認識し、特にリファラルデータの分析や解釈、分析結果や利用可能なリソースなどを考慮した計画作りに関する技術指導を実施した。このことによって、終了時評価時点では各省で計画されている研修は、根拠に基づいたものになっている。

以上により、プロジェクトを通して対象省の DOHA 及びリファラルシステムはおおむね期待されるレベルで強化されたと考えられるため、プロジェクト目標は達成されたといえる。

3-2 評価結果の要約

(1) 妥当性

本プロジェクトの妥当性は終了時評価時点で高く維持されている。

ベトナムの社会経済発展 10 年戦略（2011～2020 年）では、ヘルスケアシステムの発展と医療サービスの向上に向けて、専門医療の充実だけでなく、CHS の能力強化や地域医療のネットワーク強化の重要性を示している。また、保健省は限られたリソースの中で効率的、効果的な医療サービスの向上に向けたアプローチとして DOHA を強力に推進している。特に、中央病院などの上位医療機関の患者集中を解消し、適切な医療サービスを提供することを目指した首相府決定「病院過剰混雑状況緩和のための事業計画（92/QD-TTg）」（2013～2020 年）が発効されて以降は、その目的達成に向けて「サテライト病院プロジェクト（774/QD-BYT）」（2013～2020 年）やリファラル通達などの決定文書、通達文書を発効させている。本プロジェクトは DOHA の効果的な実施に向けたマネジメント能力強化を支援するものであることから、ベトナム政府、保健省の政策との整合性は高い。

他方、わが国の対ベトナム援助方針においても、「JICA 国別分析ペーパー」（2014 年 3 月）の「プログラム別の強力の方向性 保健医療」で「日本の協力の成果を活用し、地方部省病院に対する人材育成や機材の整備等、水平展開を図る」ことを示している。本プロジェクトは先行の「ホアビン省医療サービス強化プロジェクト」（2004～2009 年）の成果を他の北西部省に適用・発展させるものであることから、本プロジェクトのコンセプトや枠組みはわが国の対ベトナム援助方針とも整合性が高い。

(2) 有効性

プロジェクトの有効性はおおむね高い。

プロジェクト目標の達成度でも示したとおり、成果 1 で DOHA 実施管理をベトナムで担当する保健省医療サービス局が主導で、DOHA 推進のための法令整備（リファラル通達の新規発効や DOHA 決定の改定）を行い、成果 2 でホアビン省内のリファラルシステムの強化、成果 3 で

新規対象の北西部 5 省での DOHA・リファラル活動の導入を行うことで、北西部省の DOHA・リファラルシステムはおおむね期待した程度に強化されたと考えられる。

特に、保健省では「サテライト病院プロジェクト」のもとで中央病院から省病院に対する医療技術移転に焦点を当てた取り組みを 2013 年から強力で進めており、プロジェクトは DOHA 全体のコンセプトの観点から同プロジェクトと相互補完的に省以下の医療施設で効果的・効率的に DOHA 活動やリファラルシステムが機能するよう、マネジメント能力強化を支援してきた。特に、中間レビュー以降はリファラルデータ分析や環境を考慮したニーズアセスメント等の実施能力強化に注力し、根拠に基づく（研修）計画策定を行う基盤が確立されたと考えられる。また、これらの達成事項やプロジェクト活動を通じて得られた知見、優良事例は、特に地方部の DOHA 担当者が実用書として使用することを念頭に置いたハンドブックで紹介されることになっている。

以上のことから、プロジェクト期間終了までにプロジェクト目標がおおむね望ましいレベルで達成されることが見込まれる。

(3) 効率性

本プロジェクトの効率性はおおむね高い。

ベトナム側のプロジェクト運営は、保健省医療サービス局の DOHA ユニットが中心となって構成される中央プロジェクト管理ユニット（CPMU）が対象 6 省に設置された PPMU をリードする形で実施され、JICA 専門家と協力してプロジェクト全体の運営管理がなされた。特に、本プロジェクトは広範囲にまたがる北西部の 6 省を保健省のあるハノイで管理する体制であることから、効率的なプロジェクト管理が求められた。これに対しプロジェクトは、プロジェクトの導入段階で CPMU や PPMU の参考資料となる運営マニュアル（会計手続き方法を含む）を作成し、ワークショップの開催を通してカウンターパート機関の「プロジェクト運営」に関する正確な理解を得ることができた。プロジェクト事務所は保健省本省内に設置できなかったが、CPMU と JICA 専門家は定例のプロジェクト運営管理会議を開催し、PPMU とも 2 カ月に一度程度の訪問と日常的な電話や email でのコミュニケーションが継続されたため、プロジェクト全体としての連絡調整はおおむね効率的に実施されたといえる。

本プロジェクトは DOHA の実践として特定のテーマ（心臓血管系疾患や救急医療などの診療科、看護や検査などの職種など）に限定した支援は行わず、それらの支援が効果的、効率的に運用されるための DOHA・リファラル活動の担当者に向けたマネジメント能力の向上を支援した。特に保健省の運営する「サテライト病院プロジェクト」とは相互補完的に DOHA 全体をカバーするものであり、その他の開発パートナー機関による技術支援とも本プロジェクトの支援が間接的な連携と考えることができる。

(4) インパクト

上位目標は「持続的な医療サービスの改善」を北部山岳省で実現しようとするものであることから、本プロジェクト単独での上位目標達成は現実的ではない。特に本プロジェクトでは、他の支援と相互補完的な役割を果たすものとして実施されてきたため、保健省が DOHA の中で推進しているサテライト病院プロジェクトによる医療技術の向上と効果的な連携のうえで取り組む必要がある。他方、上位目標達成度測定のための指標は「北部山岳省において、省総合病院と郡

病院の病院質評価基準書の DOHA 及びリファラルにかかる評価結果が改善される」であることから、逆に医療技術の向上のみでは達成は困難であり、本プロジェクトで強化された DOHA・リファラル会議が他の地域でも地域医療連携会議として適切に機能することが必要である。これらの活動がプロジェクト終了後も継続すれば、上位目標が達成することは一定程度期待できる。

リファラル活動は保健省によって制度化（通達発効）され、DOHA 活動に関してもプロジェクト期間終了までに 2010 年の保健省決定が改定される見込みである。このことによって、DOHA 活動及びリファラル活動の実施は全国の医療機関の責務となり、北部山岳省でも「実施すべきこと」こととなった。本プロジェクトは北部山岳省を含む地方部への本プロジェクトの達成事項の普及を念頭に、DOHA・リファラルハンドブックの作成を進めており、省保健局や省、郡の DOHA 担当者により DOHA 実践のための実用書として活用されることを想定している。

このほか、プロジェクトを通して確認、期待される正のインパクトとして、① 他の技術支援との間接的な連携、② DOHA・リファラル会議の機能拡張（地域医療連携やスタッフ教育の場として）、が挙げられる。

(5) 持続性

プロジェクトによって生み出された便益の自立発展、自己展開は終了時評価時点においても一定程度見込まれる。

政策的・制度的側面：保健省医療サービス局はベトナムの医療サービス向上のために DOHA を重視し、首相府決定「病院（患者）過剰混雑状況緩和のための事業計画」（2012-2020）（92/QD-TTg）や、同決定に基づく保健省決定「サテライト病院プロジェクト」（2013-2020）の発効以降、その取り組みを強化している。本プロジェクトとの関連では、「ホアビン省医療サービス強化プロジェクト（2004-2009）」の経験に基づき、2014 年にリファラル通達が発効された。さらに、終了時評価時点では DOHA 決定の改定や病院質評価基準評価書の改訂が進められている段階である。したがって、プロジェクト期間終了後もベトナムの保健政策の中で DOHA の重要性は維持されることが強く見込まれる。

財政的側面：DOHA・リファラル会議の実施はリファラル通達によって義務化されている。プロジェクト開始当初は省総合病院-郡病院間のリファラル会議費用をプロジェクトで支援したが、2015 年からは各省で会議費用が予算化され、自立的に運営されている。上述のとおり、新規対象の 5 省中 3 省で郡病院-CHS 間のリファラル会議が開始され、プロジェクトは会議費用の財政支援を行っている。プロジェクト期間終了までには、会議費用負担がベトナム側に引き継がれる予定である。なお、一部の省保健局では TV 会議システムの活用や定例の定例会議への統合などの検討を開始しており、財政的持続性向上のための取り組みが各省で実施されているといえる。

また、各省の保健局や省総合病院の DOHA 担当者は他の支援（保健省、開発パートナー機関など）のリソース等を考慮して研修計画を行うことを想定しており、本プロジェクトによるノウハウを活用して財政的にも北西部省の医療サービス強化に向けた短期研修実施などの取り組みの持続性を担保していると考えられる。

技術的側面：プロジェクトの実施によって対象 6 省では DOHA・リファラル活動が自立的に維持・管理できるレベルに達している。特に、DOHA・リファラル会議はリファラルシステムの効果的な運用だけでなく、地域医療連携活動や教育活動としての機能も果たしており、省内の医療

機関の縦の連携、横の連携の確立にも大きく貢献している。新規対象となった5省のうち3省は郡病院やCHSでのDOHA・リファラル活動の運営管理能力強化の重要性を認識し、自助努力で郡病院－CHS間のリファラル会議を導入するなど、自立的な活動も開始されている。このような取り組みが継続することにより、将来的には他の支援（保健省による「サテライト病院プロジェクト」など）と連動しながら、省全体の医療サービスの向上も期待できる。

しかしながら、リファラルデータの分析（統計学的解析手法など）や結果の解釈、分析結果に基づく実現可能性のある計画作りなどの能力が定着するには更なる技術支援も考慮する必要があるものと考えられる。

3-3 効果発現に貢献した要因

(1) 計画内容に関すること

特になし。

(2) 実施プロセスに関すること

本プロジェクトはDOHAの実践として特定のテーマ（心臓血管系疾患や救急医療などの診療科、看護や検査などの職種など）に限定した支援は行わず、それらの支援が効果的、効率的に運用されるためのDOHA・リファラル活動の担当者に向けたマネジメント能力の向上を支援した。

特に保健省の運営する「サテライト病院プロジェクト」とは相互補完的にDOHA全体をカバーするものであり、その他の開発パートナー機関による技術支援とも本プロジェクトの支援が間接的な連携になったと考えることができるため、本件はプロジェクトの効率性を高めたと考えられる。

3-4 問題点及び問題を惹起した要因

(1) 計画内容に関すること

PDMではベトナム側投入として「プロジェクト事務スペースと基本的事務用品」と記載され、この内容については日越で合意されている。しかしながら、プロジェクト開始後にベトナム側で保健省内にプロジェクトのための事務スペースを確保することが困難であることが明らかとなった。この件について日越間で協議を行った結果、日本側で保健省近くに事務所スペースをレンタルし、事務用品や水道光熱費等も含め事務所運営にかかわる経費は日本側プロジェクト経費から支出することで合意された。JICA専門家やCPMUスタッフは定期的な会議機会や電話、email等、双方の努力により良好なコミュニケーションが維持されたが、特に保健省内の承認取り付けや問題が生じた際などの協議実施に想定以上の時間と労力をかける結果となった。

(2) 実施プロセスに関すること

特になし。

3-5 結論

ベトナム側・日本側の強いコミットメントにより、プロジェクト目標の指標はおおむね達成されている。成果については、RDMS・DOHAハンドブックなどは終了時評価の際にはまだ完了してい

なかったが、準備が進んでおりプロジェクト終了時までには完了する見込みである。

妥当性、有効性、効率性、持続性についてはおおむね高い。持続性については課題はあるものの、プロジェクトにより得られた便益は持続することが見込まれている。上位目標の達成については終了時評価時には確認できなかったが想定された時期には達成されることが見込まれる。調査団は多くの正のインパクトを確認した。

3-6 提言（当該プロジェクトに関する具体的な措置、提案、助言）

(1) DOHA 及びリファラル活動のすべての医療機関レベルへの拡大

郡及びコミュニケーションレベル間における DOHA 及びリファラル活動は、本プロジェクトではホアビン省のみを対象とした。よって、他の 5 省においては、保健省、省保健局、DOHA ユニットにより、郡及びコミュニケーションレベルへ本活動が拡大されることを奨励する。

(2) DOHA 通達及び病院質評価基準書

保健省通達「DOHA 決定の改定」や、DOHA 及びリファラルシステム機能評価のための指標の病院質評価基準書への反映は、保健省内での承認手続き中である。しかし、中間レビュー時の承認の想定時期よりも時間を要しているために、できる限り早急に保健省の承認がされるよう CPMU が継続的なリーダーシップを発揮することが推奨される。

(3) RDMS

1) プロジェクト（CPMU・PPMU・JICA プロジェクトチーム）

- RDMS は終了時評価調査時点で 2 省での試験導入が行われている段階である。本終了時調査において、既存の病院情報管理システム（HIMS）が多様であるため、使用しているシステムの出力機能によって RDMS へのデータ入力が大変煩雑になる例が確認された（*実際に利用したパイロット省の一部ユーザーや JICA 専門家からの聞き取りに基づく）。よって、HIMS から RDMS への効率的なデータ移行のために、プロジェクトの指導のもとで PPMU は該当する病院の HIMS の修正や運用の工夫にかかる方針を決定する必要がある。
- RDMS の機能評価後のシステム・運用の修正作業等を 2016 年 12 月までに終了し、ベトナム側による継続的な運用法の確定を含む完全引き渡しを 2017 年 3 月のプロジェクト終了時までに完了する必要がある。そのためには、CPMU のイニシアティブによる RDMS の開発・運用にかかる全体管理（厳密な工程管理、ユーザーの意見を可能な限り RDMS 開発へ反映、など）の実行が高く期待される。
- 将来、病院が現在使用する病院情報管理システムが変更あるいは更新される場合には、RDMS の機能と役割がどのシステムでも継承される必要がある。そのためには、システム開発の発注者・受注者向けのガイダンスの作成・共有が推奨される。
- プロジェクト終了時まで、プロジェクトから保健省医療サービス局への RDMS の完全引き渡しを完了するには、2016 年 12 月末までに保健省による RDMS の維持管理体制（予算、人員など）を確定する必要がある。

2) 院長及び省保健局

- 現在、RDMS は関係者間での協議に基づき最終段階の開発が進められている。しかし、各

病院における RDMS の円滑な導入・活用のためには、省保健局及び各院長によって再度、RDMS 利用にかかる実施方針を RDMS のシステム管理者を含む関係者へ指示・伝達する必要がある。

3) CPMU・JICA プロジェクトチーム

- 保健省医療サービス局は将来的には RDMS の全国適用のアイデアをもっており、他省における RDMS の導入のためにガイダンスを用意する必要がある。よって、本プロジェクトの終了時までには、RDMS の研修マニュアルの作成や保健省内のマスタートレーナーの養成、必要経費の分析を行うことが推奨される。

(4) DOHA・リファラルシステムの強化

- 1) 終了時調査では、対象省における省総合病院・郡病院間の DOHA・リファラルシステムの基盤の確立が確認された。しかし、ホアビン省の一部地域では、郡病院・CHS 間の DOHA・リファラル機能を更に強固にするために PPMU が現在も支援を継続中である。よって、プロジェクトの支援のもとで、ホアビン省保健局はモニタリング及び supervision を強化し、該当する郡における DOHA・リファラル機能を更に強固にすることが期待される。
- 2) 今後、郡病院－CHS 間など新規に DOHA・リファラル活動の促進やその機能の確立・維持を図るためには、既存の省内の枠組み（例：定例の会議やモニタリングメカニズムへの統合）を活かしつつ、省保健局医療業務部、省病院 DOHA 部等によるモニタリングや運営に関する技術支援等のメカニズムを構築（担当者の設定、役割などを明確化）することが望ましい。
- 3) 根拠（DOHA・リファラル会議での検討事項や分析データなどの）に基づく DOHA の活動計画の立案が期待されるが、データ分析やその解釈、利用可能なリソースを踏まえた計画立案能力が十分でないケースが終了時評価調査団の面談調査で散見されたため、改善の余地がある。保健省や各省保健局は（DOHA 担当者）がこのような能力を確実に維持・向上するよう、モニタリングを行う際に、技術的な助言や指導を行う体制を更に強化すること。

(5) DOHA ハンドブックの作成について

- 終了時評価調査時点では最終化のためのドラフト修正作業が編集委員会により行われている。引き続き、ユーザーフレンドリーな「実用書」となるよう、プロジェクト関係者により必要なインプットがされることが推奨される。
- 2016 年 12 月に開催される普及セミナー前までに、DOHA ハンドブックの保健省承認がなされるよう CPMU が継続的なリーダーシップを発揮することが推奨される。

(6) 政策変更に伴う地域医療への影響

- 2015 年 11 月に発布された保健省通達（40/2015/TT/BYT）（リファラルレターなしでも患者が選択した郡病院を患者の自己負担の増加なしに受診可能）について、本終了時調査の対象省との面談では、ほぼすべての対象省から懸念（①CHS の患者数の更なる減少及び郡病院の患者集中を促進する要因となること、②各郡における住民の郡を超えた医療機関選択に関する情報の把握が困難となること）が確認された。
- プロジェクト開始時にはこの政策改定を見込んでいなかったため、郡を超えた患者の郡病

院受診にかかる情報把握は活動に含めていなかった。しかし、今後はこうした情報の把握が病院の医療サービス計画の改善において重要性が増すことから、病院情報管理システムを構築する際には、こうした情報を把握できるようにすることが推奨される。

3-7 教訓

医療機関において既存の情報管理システムが多様であるため、使用しているシステムの出力機能によってプロジェクトで開発するシステムへのデータ入力が大変煩雑になる例が確認された。よって、既存の情報管理システムから開発するシステムへ効率的にデータを移行するために、対象のシステムの開発だけを検討するのではなく、データの移行などの観点から連携する情報システムについても必要な修正を行うための開発時間を考慮して計画すべきである。

3-8 フォローアップ状況

RDMS 開発の進捗を事業終了時まで確認していく。

Evaluation Summary

1. Outline of the Project		
Country : the Socialist Republic of Vietnam		Project Title : the Project for Strengthening Medical Services in Northwest Provinces
Issue/Sector : Healthcare and medical treatment		Cooperation Scheme : Technical Cooperation Project
Division in charge : Health Team 3, Health Group 2, Human Development Department		Total Cost : 250 million JPY (as of evaluation)
Period of Cooperation	(R/D) : 20/March/2013- 19/March/2017	Partner Country's Implementing Organization: the Medical Service Administration of the Ministry of Health (MSA-MOH), department of health (DOHs) and provincial general hospitals (PGHs) in six (6) targeted northwestern provinces (<i>Hoa Binh, Son La, Dien Bien, Lai Chau, Lao Cai</i> and <i>Yen Bai</i>) and subordinating district hospitals (DHs)
		Supporting Organization in Japan: The National Centre for Global Health and Medicine
<p>1-1 Background</p> <p>In the Socialist Republic of Vietnam (hereinafter referred to as “<i>Vietnam</i>”), the northwestern provinces with relatively high poverty ratio demonstrates lower health index than that of national average; therefore, the reinforcement of medical services through the capacity enhancement of health professionals is regarded as a matter of urgent issue in that area. Under the circumstances, JICA had implemented a technical cooperation project entitled “<i>the Project for Strengthening Health Service Provision in Hoa Binh Province</i>” (2004-2009), which aimed to strengthen the capacity of the provincial department of health (hereinafter referred to as “<i>DOH</i>”), the guidance and training from provincial general hospitals (hereinafter referred to as “<i>PGH(s)</i>”) to district hospitals (hereinafter referred to as “<i>DHs</i>”) and the referral system in the <i>Hoa Binh</i> province located in the northwestern region. The said project achieved to develop a model with high applicability especially in rural areas for the practice of the Direction of Healthcare Activities (hereinafter referred to as “<i>DOHA</i>”) and the referral system between the PGHs and the DHs.</p> <p>The Ministry of Health (hereinafter referred to as “<i>MOH</i>”) requested the Government of Japan to launch a technical cooperation to enhance the medical services in the northwestern provinces by establishing a complete referral system covering from the PGHs to the Commune Health Stations (CHSs) via DHs in the <i>Hoa Binh</i> province in parallel with the application of the achievements of the previous project in <i>Hoa Binh</i> province to other five (5) northwestern provinces (<i>Son La, Dien Bien, Lai Chau, Lao Cai</i> and <i>Yen Bai</i>). In response, JICA launched a four-year technical cooperation from March 2013, entitled “<i>the Project for Strengthening Medical Services in Northwest Provinces</i>” (hereinafter referred to as “<i>the Project</i>”) with the Medical Service Administration (hereinafter referred to as “<i>MSA</i>”) of the MOH, DOHs, PGHs and DHs in the said six (6) northwestern provinces as Vietnamese counterpart organizations.</p>		

1-2 Project Overview

(1) Overall Goal

The strengthened DOHA and referral system contribute to the sustainable improvements of medical services in Northern mountainous provinces.

(2) Project Purpose

DOHA and referral system in the target provinces are strengthened.

(3) Outputs

- 1) Managerial capacity of the MOH on DOHA is strengthened to expand the DOHA and referral model to target provinces.
- 2) Referral system from the commune to DHs and PGH in *Hoa Binh* province is established.
- 3) Managerial capacity on DOHA and referral system between the PGHs and DHs is strengthened in *Son La, Lai Chau, Dien Bien, Lao Cai* and *Yen Bai*.

(4) Input (as of the Evaluation)

The Japanese Side

- Dispatch of JICA Experts : Long-term Experts: a total of 4 persons (2 Chief Advisors and 2 training management / Project Coordinators, a total of 97 MM), Short-term Experts : a total of 2 persons (Nursing management and referral data management, a total of 2.3 MM)
- Provided Equipment : one vehicle for the implementation and monitoring / evaluation of project activities, personal computers, uninterruptible power-supply system (UPS), audiovisual aids for training and workshops, training materials for skill practice such as resuscitation simulators, medical equipment such as the sputum sucking system, etc.
- Training in Japan : a total of 39 persons (Community health and medical care / Community Health System)
- Local Cost : approx. USD 1,009,000)

The Vietnamese Side

- Allocation of Counterpart Personnel: a total of 70 persons (a Project Director (the Director of MSA, the MOH), a Project Manager (the Vice-director of the MSA, the MOH) and a total of 68 persons from the DOH, the PGHs, the DHs and other relevant parties)
- Local Costs: approx. 317,000 USD) (implementation amount as of September 2016) for domestic travel costs, costs for meetings and training, consumables such as stationery, etc.

2. Terminal Evaluation Team

Members	Mr. Tomoya YOSHIDA	Leader	Director, Health Team 3, Health Group 2, Human Development Department, JICA
	Dr. Yuriko EGAMI	Technical Advisor	Department of Human Resource Development, Bureau of International Health Cooperation, National Centre for Global Health and Medicine (NCGM)

	Ms. Sangnim LEE	Coordination Planning	Health Advisor, Health Team 3 & 4, Health Group 2, Human Development Department, JICA
	Dr. Yoichi INOUE	Evaluation and Analysis	Senior Consultant, Consulting Division, Japan Development Service Co., Ltd.
Period of Evaluation	23/Oct/2016 – 10/Nov/2016		Study Type: Terminal Evaluation
3. Summary of Evaluation Results			
3-1 Achievements			
(1) Output 1			
<p>The Project has achieved the enhancement of DOHA management capacity of the MOH through implementing the activities in the six (6) target provinces, such as the enactment of legislation including issue of the MOH’s Circular entitled “<i>Referral at Medical Facilities</i>” (14/2014/TT-BYT) (hereinafter referred to as “<i>the Referral Circular</i>”) and revision of the DOHA Decision, production and dissemination of the DOHA Handbook (guidelines for DOHA activities, case studies in the six target provinces as reference for effective implementation, case studies of local public health in Japan and so on), and developing and introducing the Referral Data Management System (RDMS). For these reasons, it is deemed that the Output 1 is fairly achieved as of the time of the Terminal Evaluation.</p> <p>However, it is required for the project to do stricter progress management all the planned project activities such as the development of RDMS, the development and subsequent distribution of the DHA Handbook to the relevant parties and the publication of the revised version of DOHA decision (as a circular) within the remaining project period.</p>			
(2) Output 2			
<p>In <i>Hoa Binh</i> Province, “<i>the Project for Strengthening Health Service Provision in Hoa Binh Province</i>” (2004 – 2009) was implemented previously and laid the foundations for activities in the Project. In addition to the DOHA, referral activities between the provincial DOH, PGHs and DHs have been appropriately continued according to the Referral Circular. Moreover, know-how concerning the management of referral information and operation of meetings in PGHs and DHs has been accumulated; also, concerning liaison between DHs and CHS that the Project intended to strengthen, referral meetings were introduced relatively smoothly under the initiative of DHs based on support from the provincial DOH and PGHs. For these reasons, the achievement level of the Output 1 is deemed to be appropriate in general at the time of the Terminal Evaluation.</p> <p>However, In the monitoring by the Project, it is observed that organizing of meetings (problem analysis and training needs assessment as countermeasures based on referral information, implementation of study sessions utilizing referral meeting opportunities, etc.) have generally been implemented appropriately, though yet ineffectively in a couple of districts. The provincial DOHs are the responsible agencies for implementing DOHA and referral activities in each province and they conduct monitoring visits as much as possible; however, it will be necessary to conduct appropriate follow-up in these districts by the end of the Project period.</p>			

(3) Output 3

At the beginning of the Project, provincial project management units (PPMUs) were officially established in the five targeted provinces successively from July 2013. Introductory training was implemented for the PPMU members who were newly appointed as DOHA in charge, and the five targeted provinces were able to smoothly introduce DOHA and referral activities through visiting and inspecting the *Hoa Binh* Province, where local medical care collaboration activities centered on the province (between PGHs and DHs) had been established through the DOHA and referral meetings.

At the time of the Terminal Evaluation, referral meetings were generally being managed appropriately in the five newly-targeted provinces), and it is thought that community health collaboration activities based on the said meetings are embedded. Further, after the provision of management training by the Project, PPMUs planned short-term training based on the solid basis such as the referral data analyses as well as the assessment of their available resources.

For these reasons, the achievement level of the Output 3 is deemed to be appropriate at the time of the Terminal Evaluation.

(4) Project Purpose

As aforementioned, it is considered that the Project has established the foundation to implement DOHA and referral activities in the northwestern provinces. In addition, efforts were given to build management capacity so that the officers in charge can appropriately operate and manage the DOHA and referral activities based on the implementation setup. Realizing the importance of management capacity building to enable appropriate operation and management, technical guidance was given in focus on the referral data analysis and its interpretation, and subsequent planning based on the evidences such as the results of analysis, available resources and so on. As a result, at the time of the Terminal Evaluation, the training being planned in each province was based on a solid basis to an extent.

Summing up, since the DOHA and referral systems in the target provinces have largely been strengthened to the expected level, it is considered that the Project Purpose is achieved.

3-2 Summary of Evaluation Results

(1) Relevance

The relevance of the Project is highly maintained as of the time of the Terminal Evaluation

The Socio-economic Development Strategy 2011-2020 indicate the significance not only of the fulfillment of specialist physicians but also of the enhancement of community health networking and the functional development of CHSs for the development of healthcare system and the medical services. Moreover, the MOH is strongly promoting DOHA as an effective and efficient approach to improve medical services on a limited resource. Especially after the effectuation of the Prime Minister's Office Decision "*Approval on scheme for reducing hospital overcrowding situation*" (2012-2020) that aims to provide appropriate medical services by mitigating over-concentration of higher-level medical facilities such as central hospitals, the MOH, pursuant to the Decision, published various decisions and circulars such as "*the Satellite Hospital Project 2013-2020*" (774/QD-BYT) and the Referral Circular. Since the Project is aiming to enhance the

managerial capacity of officers in charge for the effective implementation of DOHA, the Project Purpose is highly consistent with the health policies of the MOH.

Meanwhile, in the Japan's aid policy for Vietnam, the "*JICA Country Analysis Paper for Vietnam*" issued in March 2014 indicates the direction to promote lateral spread of Japan's past achievements such as human resource development as well as equipment improvement for provincial hospitals in rural areas in the section of "*Direction of Assistance according to the Program –Healthcare –*". Since the Project is to apply and further enhance the achievements gained in the previous technical cooperation entitled "*the Project for Strengthening Health Service Provision in Hoa Binh Province*" (2004-2009) to other provinces in the northwestern area, the concept and framework of the Project is highly consistent with the Japan's aid policies to Vietnam.

(2) Effectiveness

The effectiveness of the Project is high in general.

The Project has been working on the legislation for promoting DOHA (i.e. novel effectuation of the Referral Circular and revision of the DOHA Decision) with the initiative of the MOH under the activities of the Output 1, the reinforcement of referral system in the *Hoa Binh* province under the activities of the Output 2 and the application of DOHA and referral activities in the targeted five northwestern provinces under the activities of the Output 3. As a result, it is deemed that DOHA and referral system is fairly strengthened in the six northwestern provinces as expected.

In particular, the MOH has been putting significant efforts to promote the technical transfer of medical skills and technologies especially from central hospitals to PGHs under the "*Satellite Hospital Project*". Whereas the Project, in mutually complementary manner, has been targeting the PGHs, the DHs and the CHSs in the six target provinces to enhance the managerial capacity in consideration of the whole concept of DOHA for effective and efficient implementation of DOHA and referral activities. After the Mid-term Review, in particular, the Project has been focusing on the enhancement of implementation capacity of the DOHA staff members in referral data analyses and subsequent needs assessment in consideration of available resources and environment. Consequently, the Project succeeded in capacity building on planning (of training) based on the solid basis. Further, the findings and experiences gained from the project activities as well as its good practices are supposed to be presented as case studies in the Handbook geared to the officials in charge of DOHA to be used as a practical volume.

For these reason, it is expected that the Project Purpose is fairly achieved as expected by the end of the project period.

(3) Efficiency

The Efficiency of the Project is high in general.

The project management on the Vietnamese side is implemented under the initiative of the CPMU composed primarily of the DOHA unit of the MSA-MOH, supervising PPMUs established in the six target provinces.

They have managed implementation of the overall Project in cooperation with the JICA experts. In particular, the Project was required to manage the whole project matters efficiently since the Project has six provinces as

target widely located in northwestern region and the Project was required to organize them from Hanoi. Under such setting of project management, the Project developed an operational manual including the instruction of accounting procedures for the reference of the CPMU and the PPMUs at the initial phase of the Project, resulted in proper understanding of the counterpart organizations toward the “*project management*” through the implementation of a workshop. Unfortunately, the project office could not be established in the MOH headquarters; nevertheless, the overall project liaison and communication has properly been continued by means of regular project management meetings between the CPMU and JICA experts as well as regular visits (approx. once in two months’ interval) and daily-basis telephonic and/or email communications with PPMUs.

The Project focused on the capacity enhancement of persons in charge of DOHA and referral activities in management, which will contribute to training management of specific technical training. Technical transfer in specific fields was out of the scope of the Project, such as cardiovascular diseases and emergency medical services or in specific vocational fields such as nursing. It is notable that the Project covers the whole concept of DOHA with the MOH-organized “*Satellite Hospital Project*” as well as other assistances for medical skills and technologies by other development partners in mutually complementary manner. This is also considered as an indirect collaboration with other technical cooperation.

(4) Impact

The referral activities were legislated by the MOH (effectuation of the Referral Circular) and the circular of revision of DOHA Decision is anticipated to be revised by March 2017 (the end of the project period). Therefore, the implementation of the DOHA and referral activities had become the mandate of all health facilities nationwide, even in the remote areas such as the northern mountainous provinces as a matter of course. In light of this, the Project is working on the editing work of the DOHA Handbook to be disseminated to nationwide in addition to the northern mountainous provinces.

On the other hand, it is considered that the Project is just an approach for the achievement of the Overall Goal. In particular, since the Overall Goal of the Project is to achieve the “*sustainable improvement of medical services*” in the northern mountainous provinces, it cannot be achieved solely by the achievement of the project. Therefore, it is necessary to work continuously with the initiatives aiming the reinforcement of medical techniques and technologies (e.g. the Satellite Hospital Project organized by the MOH) in a collaborative manner for the achievement of the Overall Goal, since the Project is implemented in a mutually complementary manner with the said project and/or other technical assistances. Meanwhile the OVI for the measurement of achievement level of the Overall Goal is as follows: “*Improved evaluation results on DOHA and referral criteria in the Hospital Quality Evaluation Criteria Book for PGHs and DHs in the Northern Mountainous Provinces, 05-10 years after project completion*”, implying that this OVI cannot be achieved by the improvement of medical techniques and technologies solely, and the DOHA and referral meetings should be functioned as the local medical care collaboration meetings in other provinces. Given that both technical and managerial activities are maintained after the end of the project period, it is anticipated that the Overall Goal of the Project will be achieved to a certain extent as of the time of the Terminal Evaluation.

Meanwhile, the positive impacts derived from the Project are as follows: 1) Indirect collaboration with other

technical assistances; and 2) Functionality expansion of the DOHA and referral meeting as an opportunity of local medical care collaboration and staff education.

(5) Sustainability

A self-sustainability as well as a self-deployment of the benefits provided by the Project can be expected to some extent as of the time of the Terminal Evaluation.

Political and Institutional aspects: The MSA-MOH attaches great importance to DOHA for enhancing medical services in Vietnam, and strengthened their political efforts after the publication of the Prime Minister's Office Decision "*Approval on scheme for reducing hospital overcrowding situation*" (2012-2020) and the pursuant MOH Decision "*Satellite Hospital Project*" (2013-2020). In relation to the Project, the MOH issued the Referral Circular on the basis of the experiences of the previous project "*the Project for Strengthening Health Service Provision in Hoa Binh Province*" (2004-2009). Further, the MOH is working on the revision of the DOHA Decision as well as the Hospital Quality Evaluation Criteria Book as of the time of the Terminal Evaluation. For these reasons, the significance of DOHA in the health policies is highly expected to sustain even after the end of the project period.

Financial Aspect: The implementation of the DOHA and referral meeting had become mandatory of the medical facilities as stipulated in the Referral Circular. The Project provided financial assistances for the operation of the meetings in the first year of the introduction, and then the meetings between provincial DOH/PGHs and DHs have independently been organized by themselves from 2015 with their own budget. Further, as aforementioned, three out of five newly-targeted provinces have autonomously started the DOHA and referral meetings between DHs and CHSs with the financial support of the Project; however, the costs for the meeting is supposed to be handed over to the Vietnamese side by the end of the project period. Besides, some provincial DOH is planning to integrate the DOHA and referral meeting with routine meetings and/or utilizing the teleconference system in consideration of cost reduction; that is to say, efforts to enhance financial sustainability have been commenced in each province as of the time of the Terminal Evaluation.

Meanwhile, the officers in charge of DOHA and referral activities in each province explained to sustain training under the framework of the "*Continuing Medical Education (CME)*" by mobilizing other resources such as the MOH and other development partners; for these reasons, it is anticipated that the initiatives for the strengthening of medical services in the northwestern provinces (e.g. implementation of short-term trainings), from the financial aspect, will be sustained using know-hows, knowledge and experiences gained from the Project.

Technical Aspect: The six (6) target provinces have acquired enough level of capacity to run the DOHA and referral activities independently owing to the implementation of the Project. It is notable that the DOHA and referral meeting is functioned as a place of local medical care collaboration as well as staff education in addition to the original function of liaison and coordination of referral system, resulted in the enhancement of vertical and horizontal networking of medical facilities in each province. In three out of the five targeted provinces, autonomous activities such as the introduction of referral meetings between the DHs and CHSs have been implemented out of awareness of the importance for operational capacity building for DOHA and referral activities in the community levels. Given that these activities were continued with other initiatives

such as the “*Satellite Hospital Project*” run by the MOH, the improvement of medical services in whole provinces is anticipated in future. At the same time, nevertheless, it is suggested that further technical assistances will be necessary to consolidate the knowledge and techniques regarding the referral data analysis (including statistical analysis methods) and subsequent data interpretation, as well as the feasible planning based on the solid basis such as the analysis results.

3-3 Factors that promoted the attainment of the Project

(1) Concerning the project design

No major promoting factor have been observed as far as the project plan is concerned.

(2) Concerning the implementation process of the Project

The Project focused on the capacity enhancement of persons in charge of DOHA and referral activities in management, which will contribute to training management of specific technical training. Technical transfer in specific fields was out of the scope of the Project, such as cardiovascular diseases and emergency medical services or in specific vocational fields such as nursing.

It is notable that the Project covers the whole concept of DOHA with the MOH-organized “*Satellite Hospital Project*” as well as other assistances for medical skills and technologies by other development partners in mutually complementary manner. This is considered as an indirect collaboration with other technical cooperation, and it is considered that the collaboration enhanced the efficiency of the Project.

3-4 Factors that impeded the attainment of the Project

(1) Concerning the project design

In the mutually-agreed PDM, “*office space and basic office equipment*” were supposed to be provided as inputs from the Vietnamese side to the Project; however, it was revealed to be difficult to allocate the project office space in the MOH headquarters after the commencement of the Project. As a result of the discussions between the Vietnamese and Japanese sides, both side agreed upon that the Project would rent a room in an office building nearby the MOH to establish the project office, and all the costs for operation the office (including rental charge, basic office equipment, office supplies and utility) were covered by the Japanese side.

Favorable communication between the CPMU and JICA experts was maintained by any available means of regular meeting, telephonic and email communication under the joint efforts of the Vietnamese and Japanese sides; nevertheless, there were some cases that require longer-than-expected time to gain approvals by the MOH for some project activities as well as to conduct ad-hoc meetings when some issues raised. It is deemed that this had reduced the efficiency to a certain degree.

(2) Concerning the implementation process of the Project

No major obstacles have been observed as far as the project plan is concerned.

3-5 Conclusions

By strong commitments from both the Vietnamese and Japanese sides, the Project activities have been accelerated after the mid-term review and the Project Purpose is mostly achieved. Though some indicators are not achieved at the time of Final Evaluation, it is expected that those indicators such as issue of legal framework for DOHA operational management and the environment for operations including the RDMS and the Handbook will be completed by the end of the Project.

Relevance, Effectiveness, Efficiency, and Sustainability of the Project were considered to be high. Though some challenges are observed for sustainability, the benefits derived from the Project is anticipated to sustain. Achievement of the Project Overall Goal cannot be judged at the time of terminal evaluation but expected to be achieved within the set period. The Team observed many positive impacts of the Project.

3-6 Recommendations

(1) Expansion of the DOHA and Referral activities to all levels

As the DOHA and referral activities between district and commune level are targeted by the Project only in Hoa Binh province, it is recommended that MOH, DOH and DOHA unit in other 5 provinces are encouraged to expand the activity to the district and commune level.

(2) DOHA Circular and Hospital quality evaluation criteria book

MOH is currently finalizing (1) circular of revision of DOHA decision and (2) adding the proposed indicators on DOHA and referral system into Hospital quality evaluation criteria book for its functional evaluation. It is highly expected that these regulations will be finally approved by MOH as soon as possible under the continuous leadership of CPMU.

(3) RDMS

1) For the Project (CPMU, PPMU and JICA project team)

- Currently, pilot use of RDMS has been implemented in two provinces. Due to a range of hospital information management system (hereinafter referred to as “HIMS”), data input from these current HIMS into RDMS makes operation so complicated in some pilot hospitals. (* This is based on interviews with some users of RDMS in some pilot hospitals and JICA experts.) Therefore, it is necessary for PPMU under the instruction of the Project to modify the HIMS of hospitals concerned and to make decision of operational arrangement of the current HIMS for efficient data transportation from HIMS to RDMS.
- It is necessary 1) to complete bug- fix and operational modification of RDMS based on its functional evaluation by December 2016, and 2) to handover administration by March 2017 after finalizing the operational procedures to be managed continuously by the Vietnamese partners. Therefore, a total management of development and operation of RDMS (e.g. a precise timeline of RDMS development, reflection of end-line users’ opinions as much as possible.) is highly expected to be done by CPMU at their initiative.
- The function and roles of RDMS need to be handed down into any health information system

introduced in the future. Therefore, it is recommended to prepare and provide guidance for the contractor/contractee of future health information system development.

- In order to complete the handover of RDMS from the Project to MSA-MOH by the end of the Project period, it is necessary to establish a structure (e.g. allocation of budget, assignment of persons) in MOH to maintain RDMS by the end of December 2016.

2) For hospital directors and DOHs

- RDMS is currently at the final stage of development based on the discussion among the Project stakeholders. However, it is strongly recommended that DOH and hospital directors make an announcement once again on the operational direction of RDMS utilization to their staff members including those who administer its system for smooth introduction and operation.

3) For CPMU and JICA project team

- It is necessary to prepare guidance for introduction of RDMS in other provinces for the nationwide scale-up in the near future which is planned by the MSA-MOH. Therefore, it is recommended to prepare training manual of RDMS, train master trainers of RDMS in MOH and conduct cost analysis by the end of the Project period.

(4) Strengthening of DOHA and referral system

- 1) The foundation of DOHA and referral system between PGHs and DHs in the target provinces was confirmed at the time of the Terminal Evaluation. However, PPMU of Hoa Binh province still continues supporting for consolidating the DOHA and referral function between DHs and CHSs in some targeted districts. Therefore, it is expected that DOH of Hoa Binh further strengthen the monitoring and supervision with the support of the Project, and consolidates the DOHA and referral function in those districts.
- 2) In order to promote and maintain DOHA and referral activities including the meetings between DHs and CHSs in the target provinces (except for Hoa Binh), it is recommended to establish a supporting mechanism (e.g. setting the person in charge of it, clarifying their roles.) including technical support on the monitoring and operation by the medical services division of DOH and DOHA department of PGHs by utilizing existing provincial framework (e.g. integrating into regular meetings and monitoring mechanism).
- 3) Planning of DOHA should be evidence-based (evidences include discussed issues in the DOHA and referral meetings, and analyzed data). However, the terminal evaluation mission observed that there were some cases that DOHA planning capacities could be improved based on further data analysis, subsequent interpretation and available financial and human resources. Therefore, MOH and each DOH need to strengthen the system of providing technical advices and instructions with utilization of RDMS when they conduct monitoring activities so that officers in charge of DOHA can maintain and improve evidence-based planning capacities of DOHA.

(5) A handbook on DOHA and referral system

- The draft version of the DOHA handbook is being finalized by the editorial committee of MOH. The

mission team encourages the Project stakeholders to provide necessary inputs to make the handbook user-friendly.

- It is highly recommended this handbook be approved by MOH before the dissemination seminars of the Project held in December 2016 with the continuous leadership of CPMU.

(6) Impact of policy change on community health

- Regarding the new MOH Circular (40/2015/TT-BYT) issued in November 2015; that allow patients to visit DHs directly (not necessary to visit CHS first) without an increase of co-payment, and patients tends to go primarily to district hospital rather than going to CHS, therefore MOH and Province DOH and DOHA Unit needs to conduct further DOHA activities to strengthen the lower level health facilities. In addition to this, interviewees from almost all provinces expressed their concerns, which it would be difficult for DHs in grasping information of patients who chose extramural district hospitals.
- Grasping information of patients who chose extramural district hospitals was not included in the Project activity, because this policy change was not predicted at the time of launching the Project. However, the importance of capturing this kind of information would be useful in developing the medical care plan of the hospitals. Therefore, it is recommended to consider including these data in health information system when it will be newly developed or upgraded.

3-7 Lessons Learnt

Due to a range of hospital information management system, data input from these current system into new system developed by the project makes operation so complicated. The project needs to set and secure the sufficient period of system development in order to deal with necessary modification arrangement of current system for smooth data input.

3-8 State of the follow-up

The progress of RDMS development needs to be followed-up by the end of the project.

第1章 終了時評価の概要

1-1 調査団派遣の経緯

ベトナム社会主義共和国（以下、「ベトナム」と記す）では、特に貧困率の高い北西部で各種保健指標が全国平均に劣っており、保健人材育成を通じた保健医療サービスの強化が急務となっている。このような状況を受けて、JICA は同地域に位置するホアビン省をモデル省として、保健局スタッフの人材育成、省から郡への指導・研修及び患者リファラルシステムの強化を活動の核とする技術協力プロジェクト「ホアビン省保健医療サービス強化プロジェクト」（2004～2009年）を実施した。その結果、プロジェクトは省総合病院から郡病院に至る地域医療指導活動（Direction of Healthcare Activities : DOHA）と省総合病院と郡病院間の患者リファラルシステムの実践のための、特に地方部で適用性の高いモデル化を行った。

保健省は、ホアビン省への継続的支援によって省病院～郡病院～コミュニン・ヘルス・ステーション（Commune Health Stations : CHSs）（一次医療施設）までに至るリファラルシステムを構築するとともに、同プロジェクトの成果を北西部のほか5省へ普及させることにより、同地域の医療システムを更に向上するための支援をわが国に要請した。これを受けて、保健省医療サービス局及びホアビン省を含む北西部6省（ホアビン、ソンラ、ライチャウ、ディエンビエン、ラオカイ及びイエンバイ）の省保健局、省総合病院及び郡病院をカウンターパート機関として、2013年3月から2017年3月までの予定で「北西部省医療サービス強化プロジェクト」（以下、「本プロジェクト」と記す）が実施されている。

今回実施する終了時評価調査は、本プロジェクトのこれまでの投入、各活動の実績、成果を確認、評価するとともに、今後のプロジェクト活動に対する提言及び今後の類似事業の実施にあたっての教訓を導くことを目的とする。

1-2 終了時評価の目的

終了時評価の目的は以下に示すとおりである。

- (1) 最新プロジェクト・デザイン・マトリックス（Project Design Matrix : PDM）（version 3）¹に基づいてプロジェクトの全体の進捗をレビューし、評価5項目の評価基準に従って評価時点でのプロジェクト成果を評価する。
- (2) プロジェクトの成果及び目標に対する促進要因及び阻害要因を検討する。
- (3) 上記の分析結果に基づいてベトナム側と共同で残りのプロジェクト期間での活動方針について協議する。
- (4) プロジェクト期間終了までのプロジェクト目標の着実な達成に向けた提言を行うとともに、必要に応じてPDMの見直しを行う。
- (5) 合同終了時評価報告書に調査結果を取りまとめる。

1 「Joint Terminal Evaluation Report（英文）」のAnnex 1を参照のこと。

1-3 合同終了時評価チームのメンバー

合同終了時評価チーム（以下、「評価チーム」と記す）の構成は以下のとおりである。

<日本側>

氏名	担当業務	所属	現地派遣期間
吉田 友哉	団長・総括	JICA 人間開発部 保健第二グループ 保健第三チーム 課長	2016年10月29日～ 11月10日
江上 由里子	技術参与 (保健医療)	国立研究開発法人国立国際医療研究センター 国際医療協力局 人材開発部研修課	11月6日～11月10日
李 祥任	調整・企画	JICA 人間開発部 保健第二グループ保健 第三・第四チーム 特別嘱託	10月29日～11月10日
井上 洋一	評価分析	(株)日本開発サービス 調査部 主任研究員	10月23日～11月10日

<ベトナム側>

氏名	役職及び所属
Dr. Luong Ngoc Khue	保健省医療サービス局
Mr. Cao Hung Thai	保健省医療サービス局 副局長
Dr. Nguyen Thi Hong Yen	保健省医療サービス局 DOHA ユニット長
Dr. Nguyen Viet Hung	保健省医療サービス局 DOHA ユニット スペシャリスト
Mr. Tran Khuc Hoang	保健省医療サービス局 DOHA ユニット スペシャリスト

現地調査は2016年10月23日から11月10日に実施し、サイト視察、インタビュー、プロジェクト報告書等の関連文書レビューを実施した²。

1-4 プロジェクトの枠組み

プロジェクトの実施機関及び関連機関、対象地域、受益者は、以下のとおりである。また、最新PDM である version 3 に示されるプロジェクトの要約（プロジェクト目標、成果、活動）及び DOHA について以下に示す。

【実施機関】

保健省医療サービス局及び以下の対象地域の省保健局、省総合病院、郡病院

【対象地域】

北西部6省（ホアビン、ソンラ、ライチャウ、ディエンビエン、ラオカイ及びイエンバイ）

【プロジェクト期間】

2013年3月20日から2017年3月19日まで（4年間）

2 「Joint Terminal Evaluation Report（英文）」のAnnex 2を参照のこと。

【最新の PDM (2016 年 4 月 8 日、version 3)】

上位目標	DOHA 及びリファラルシステムの強化により、北部山岳省 ³ における医療サービスの持続的な改善に寄与する。
プロジェクト目標	対象省の DOHA 及びリファラルシステムが強化される。
成果	<p><u>成果 1</u> DOHA 及びリファラルモデルを対象省に普及するために、保健省の DOHA に関するマネジメント能力が強化される。</p> <p><u>成果 2</u> ホアビン省においてコミュンから郡病院及び省総合病院に至るリファラルシステムが構築される。</p> <p><u>成果 3</u> ソンラ、ライチャウ、ディエンビエン、ラオカイ及びイエンバイの 5 省において、省総合病院と郡病院間の DOHA 及びリファラルシステムに関するマネジメント能力が強化される。</p>
活動	<p><u>活動 0</u> 0-1. R/D に署名し、PDM を必要に応じて改訂する。 0-2. プロジェクト事務所を設置する。 0-3. プロジェクト・ドキュメントを作成し、承認する。 0-4. プロジェクト管理ユニット (Project Management Unit : PMU) を設置する。</p> <p><u>活動 1</u> 1-1. プロジェクトの年間実施計画を保健省が作成し、承認する。 1-2. ベースライン調査を実施する。 1-3. DOHA 及びリファラルシステムに関する通達文書を策定する。 1-4. IT 調査結果によってリファラルデータ管理用ソフトウェア開発の可能性が確認された後、当該ソフトウェアを導入する。 1-5. 対象省の DOHA ユニットのスタッフに対して、DOHA、リファラルシステム及びリファラル情報に関するマネジメント研修を実施する。 1-6. DOHA 及びリファラルシステムのハンドブックを作成し、普及する。 1-7. 対象省における DOHA 活動とリファラルシステムの実施状況をモニタリング・評価する。</p> <p><u>活動 2</u> 2-1. DOHA ユニット⁴にスタッフを任命し、DOHA ユニットの機能と業務に関する規則を作成することによって DOHA を制度化する。 2-2. DOHA ユニットに任命されたスタッフに対して、計画策定、DOHA 及びリファラルシステムにかかる研修を行う。</p> <p><u>活動 3⁵</u> 3-1 対象省を交えたキックオフ・ミーティングを開催する。 3-2 各省において DOHA 部⁶を設置する。 3-3 各省において DOHA 部の担当者を任命し、DOHA 部の機能と業務に関する規則を作成する。</p>

3 北部山岳省：北西部省及び北東部省（フートー、ハザン、トゥエンクアン、カオバン、バックカン、タイグエン、ランソン、バクザン及びクアンニン）

4 DOHA 部、DOHA 部支局、郡の DOHA オフィス及び CHS の担当者

5 ホアビン省も 3-1 から 3-10 までの活動を行う。

6 省総合病院の DOHA 及びリファラルシステムの担当部署

	<p>3-4 省総合病院の臨床科に DOHA 部支局⁷、郡病院に郡 DOHA オフィス⁸を設置し、それぞれに担当者を任命する。</p> <p>3-5 省総合病院及び郡病院の DOHA ユニットの担当者に対して、DOHA とリファラルシステムに関する研修を実施する。</p> <p>3-6 省の年間計画を作成する。</p> <p>3-7 省の年間計画を実施する。</p> <p>3-8 省 PMU によって作成された省の年間計画の結果について、モニタリング及び評価を行う。</p> <p>3-9 定期的にリファラル会議を実施する。</p> <p>3-10 対象省間で相互訪問、相互 PMU 会議⁹を実施する。</p>
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1-5 DOHA・リファラル会議について

【DOHA】

- ・ “地域医療指導活動（Direction of Healthcare Activities : DOHA）”とは、医療サービスの公平性を基本理念とし、異なるレベルの医療機関の間*で協調し、各レベルの医療機関の役割分担の明確化と医療連携の強化を図ることで、効率的・効果的に医療サービスの向上を目指す活動である。
- ・ 具体的な活動として、医療人材の能力向上のための研修の実施、リファラル通達 No.14 に基づいたリファラル情報管理や DOHA・リファラル会議の運営等、がある。

*基本的に、中央病院－省病院、省病院－郡病院、郡病院－CHS の、隣接する上位と下位レベルの医療機関間を指す。

【DOHA・リファラル会議】

- ・ リファラル通達 No.14 に基づいて行う隣接する上位レベル医療機関と下位レベル医療機関が中心となり実施する“異なる医療機関レベル間の会議”である。各レベルの医療機関の役割分担の明確化と医療連携の強化の観点から、各医療機関で収集されるリファラル情報の分析結果などをもとに、必要な活動の検討・議論に基づき医療サービスの改善にかかる活動計画を立案し実施することを目的に実施する。
- ・ （対象 6 省で共通して実施している）会議の具体的な内容は、リファラル情報報告（リファラルの実施・受入れ動向、レベル間の情報共有を実施したリファラル患者症例など）とともに、リファラル情報の分析結果に基づき上位から下位レベル医療機関の医療従事者に対して行う研修計画の策定（根拠に基づく計画）、リファラル症例検討会の実施、必要性に応じたセミナーの実施（テーマを選択し各専門分野の医師・看護師が講師となって行う勉強会）等を行っている。

7 省総合病院における各診療科の DOHA 及びリファラル活動担当部署（1名の医師と看護師を含む）

8 郡病院における DOHA とリファラル活動の担当ユニット（2名のスタッフを含む）

9 省 PMU 間でお互いの経験を共有するための会議

第2章 終了時評価の方法

終了時評価は「JICA 事業評価ガイドライン第2版」(2014年5月)及び「JICA 事業評価ハンドブック (version 1)」(2015年8月)に沿って実施された。実績・実施プロセスの確認と5項目評価を行うための具体的な方法を検討するため、評価設問、必要な情報・データ、情報源、データ収集方法について一覧表で示した評価グリッド¹⁰を作成した。

評価チームのメンバーは評価グリッドに基づき、カウンターパートや各関係機関、JICA 専門家に対して質問票やインタビューを実施し、プロジェクトのレビューを実施した。(主要面談者は、付属資料2の Annex 4「主要面談者リストを参照」)

調査結果は日本-ベトナム合同でPCMの常法にのっとり、最新のPDM version 3に基づいてプロジェクト成果の到達度の確認及び評価5項目での分析を実施し、合同終了時評価報告書に取りまとめた。

本終了時評価に用いた評価5項目の概説を以下に示す。

評価5項目	概説
妥当性	プロジェクトの目標(PDMのプロジェクト目標、上位目標)が、受益者のニーズと合致しているか、援助国側の政策と日本の援助政策との整合性はあるかなど、「援助プロジェクトの正当性」を検討する。終了時評価での妥当性評価は、現状・実績に基づいて検証作業を行う。
有効性	PDMの「プロジェクトの成果」の達成度合いと、それが「プロジェクト目標」の達成にどの程度結びついたかを検討する。終了時評価での妥当性評価は、現状・実績に基づいて検証作業を行う。
効率性	プロジェクトの「投入」から生み出される「成果」の程度を把握する。各投入のタイミング、量、質の適切度を検討する。終了時評価での効率性評価は、現状・実績に基づいて検証作業を行う。
インパクト	プロジェクトが実施されたことにより生じる直接・間接的な正負の影響を検討する。終了時評価でのインパクトは、予測・見込みに基づいて検証作業を行う。
持続性	援助が終了した後も、プロジェクト実施による便益が持続されるかどうか、自立発展に必要な要素を見極めつつ、プロジェクト終了後の自立発展の見通しを検討する。終了時評価での持続性評価は、予測・見込みに基づいて検証作業を行う。

10 「Joint Terminal Evaluation Report (英文)」の Annex 3 を参照のこと。

第3章 プロジェクトの実績と実施プロセス

3-1 投入

(1) 日本側投入実績

終了時評価調査時点のプロジェクトに対する日本側からの投入を以下に示す。付属資料2の「Joint Terminal Evaluation Report (英文)」のAnnex 5を参照のこと。なお、以下に示した金額は2016年10月時点のJICA 予算統制レート¹¹を用いて換算した。

構成	投入
JICA 専門家派遣	長期専門家：合計4名、合計97.0MM（チーフ・アドバイザー：2名、業務調整／研修管理：2名） 短期専門家：合計2名（看護管理、リファラルデータ管理）、合計2.3MM
資機材提供	総額（円）：約21,600千円 内容：プロジェクト活動実施・モニタリング評価のための車両1台、パーソナル・コンピュータ、無停電電源装置、研修用視聴覚機材、救急蘇生シミュレーター等の実技訓練用機材、喀痰吸引装置などの医療機器 供与先：保健省、対象省6省の省保健局、省総合病院及び郡病院
本邦研修	参加者数：39名 研修内容：地域保健医療／地域医療連携（合計3回） 延べ期間：39日
在外事業強化費	総額（円）：合計108,767,000円（プロジェクト全期間） （約1,009,000USD、約21,365,000,000VND） ・2013年度：8,314,000円 ・2014年度：22,999,000円 ・2015年度：35,562,000円 ・2016年度：41,892,000円（見込額）

(2) ベトナム側投入実績

2016年9月末時点のプロジェクトに対するベトナム側からの投入を以下に示す。詳細は「Joint Terminal Evaluation Report (英文)」のAnnex 5を参照のこと。

構成	投入
カウンターパート配置	プロジェクト・ディレクター：1名（保健省医療サービス局 局長） プロジェクト・マネージャー：1名（保健省医療サービス局 副局長） その他カウンターパート：合計68名 ・保健省医療サービス局：7名 ・省保健局：29名 ・省総合病院：15名 ・郡病院：11名 ・その他（省人民委員会、省専門病院）：6名
施設及び資機材	特になし。
現地活動費	合計 約317,000USD（2016年9月までの執行額） ・CPMU：約143,672USD ・PPMU：約179,000USD 内容：PPMUの人件費、国内出張費、交通費、研修経費、会議費、文房具等

¹¹ 1 USD = 107.7839 JPY、1 VND = 0.005091 JPY、1 USD = 21,589 VND

3-2 プロジェクトの実績

(1) プロジェクト活動の実績

成果にかかるプロジェクト活動実績を以下に示す。

活動	達成事項
0-1. R/D に署名し、PDM を必要に応じて改訂する。	<ul style="list-style-type: none"> ・ 討議議事録 (R/D) は 2012 年 10 月 25 日、JICA ベトナム事務所所長と保健省医療サービス局長との間で署名された。 ・ PDM については、本 R/D に添付されたものを version 1 として、2013 年 3 月のプロジェクト開始以降、2015 年 1 月 20 日に version 2、2016 年 4 月 8 日に version 3 として、2 回の改訂を行った。 ・ PDM の修正は指標の入手手段などの問題を考慮して、成果の達成度が測定可能と成るように修正を行った。 ・ なお、version 2 から version 3 への修正は、中間レビューから 1 年近く経過していたが、指標等の修正が主だったために、プロジェクト活動は PDM の修正が遅れたことによって影響を受けることはなかった。
0-2. プロジェクト事務所を設置する。	<ul style="list-style-type: none"> ・ プロジェクト事務所は、プロジェクト開始日 (2013 年 3 月 20 日) に保健省の横に位置するハノイ公衆衛生大学の敷地内に開設し、その後、2014 年 4 月 1 日に保健省近隣のオフィスビルに移動した。 ・ PDM では保健省がプロジェクト事務所スペースや事務所運営のための投入を行うことが合意されていたが、保健省内に事務所スペースを確保できず、外部施設に事務所を設置、運営費は日本側プロジェクト経費より支出している。
0-3. プロジェクト・ドキュメントを作成し、承認する。	<ul style="list-style-type: none"> ・ 本プロジェクトを開始するためのプロジェクト・ドキュメント (保健省決定: Decision No.5229/QD-BYT) は保健省によって、プロジェクト開始前の 2012 年 12 月 28 日に発効した。
0-4. プロジェクト・マネジメント・ユニット (PMU) を設置する。	<ul style="list-style-type: none"> ・ CPMU (中央プロジェクト管理ユニット) は、2013 年 3 月 29 日、保健省副大臣 (Decision No.988/QD-BYT) によって設置が承認され、保健省医療サービス局 (Medical Service Administration : MSA) 局長 (Decision No. 36/QD-KCB) によってメンバーが指名された。 ・ 対象省 6 省の PPMU (省プロジェクト管理ユニット) は、2013 年 7 月から 2014 年 3 月の間に順次設置された。各省の PPMU 設置承認機関、設置月日及び承認文書は以下のとおり。 <ul style="list-style-type: none"> ➢ イエンバイ省: 省人民委員会、2013 年 7 月 3 日、Decision No.78/QD-UBND ➢ ディエンビエン省: 省人民委員会、2013 年 7 月 17 日、Decision No.494/QD-UBND ➢ ライチャウ省: 省人民委員会、2013 年 8 月 16 日、Decision No.8781/QD-UBND ➢ ソンラ省: 省人民委員会、2013 年 10 月 24 日、Decision No.2494/QD-UBND ➢ ラオカイ省: 省人民委員会、2013 年 10 月 24 日、Decision No.1001/QD-UBND ➢ ホアビン省: 省保健局、2014 年 3 月 13 日、Decision No.137/QD-SYT

<p>成果 1</p> <p>DOHA 及びリファラルモデルを対象省に普及するために、保健省の DOHA に関するマネジメント能力が強化される。</p>	
活動 Activities	達成事項 Performances
<p>1-1. プロジェクトの年間実施計画を保健省が作成し、承認する。</p>	<ul style="list-style-type: none"> プロジェクト全体の年間実施計画書は、中央プロジェクト管理ユニット (Central Project Management Unit : CPMU) と JICA 専門家が協力して作成し、プロジェクト・ダイレクター (保健省 MSA 局長) とプロジェクト・チーフ・アドバイザーによって承認された。対象省 6 省の活動については、各省の PPMU が計画書案を作成し、CPMU に提出され、CPMU の実施計画書案との調整などプロジェクト事務所と CPMU による協議・検討を経て、プロジェクト・ダイレクターとチーフ・アドバイザーによって承認される。
<p>1-2. ベースライン調査を実施する。</p>	<ul style="list-style-type: none"> ベースライン調査は、2013 年 10 月 22 日から 2013 年 11 月 18 日までの期間、現地コンサルタントを備上し、実施した。調査対象機関、調査内容、調査手法は以下のとおり。 <ul style="list-style-type: none"> 調査対象機関：(中央レベル) バックマイ病院、国立眼科病院、(省レベル) 対象省 6 省及びタイグエン、ランソン、バクザン省の比較対象省 3 省における医療機関、(郡レベル) 各省からそれぞれ 2 郡病院 調査目的：各医療機関における DOHA 活動、研修管理、リファラルシステムの実施状況及び実施管理体制の把握、並びに本プロジェクトによる効果的な DOHA 及びリファラルシステム強化のための方策案の提示 調査方法：データ収集、アンケート、インタビューによる定性・定量調査 ベースライン調査によって対象 6 省の DOHA 実施体制や実施状況が明らかとなり、プロジェクト活動を各省レベルで実施する具体的な取り組みの内容検討に役立てられた。ただし、成果やプロジェクト目標達成度測定に有効な指標等の設定に役立つ情報は、ベースライン調査からは得られなかった。
<p>1-3. DOHA 及びリファラルシステムに関する通達文書を策定する。</p>	<ul style="list-style-type: none"> 「ホアビン省医療サービス強化プロジェクト (2004-2009)」で得られた DOHA 及びリファラルシステム強化に関する成果を本プロジェクトで新たに対象となった北西部の 5 省を含む他省に適用するために、通達として発効されることを目的としている。 プロジェクト開始後の 2014 年 4 月に、上記プロジェクトに基づいて保健省通達「医療機関におけるリファラル業務 (14/TT-BYT)」(以下、「リファラル通達」と記す) が発布された。通達は、リファラル患者情報管理やリファラル会議 (地域医療連携会議) の実施要領、リファラル患者の安全な搬送・受入れなどを規定したものである。本通達は保健局 (Department of Health : DOH) に対して各省内の医療施設のリファラル情報に関する四半期報告書の提出を求めているが、提出率は全国 63 省のうち 50 省程度である。 他方、DOHA については 2010 年に各医療施設に対して DOHA の実施を義務づける保健省決定「DOHA 活動の範囲」(4026/2010/QD-BYT) (以下、「DOHA 決定」と記す) は発効していたが、内容は概念的なものであり、具体的な実施のための要領は示されていなかった。プロジェクトでは DOHA の具体的な実施要領を提示するような取り組みを行ってきた。当初は 2015 年内には通達の改定が発効できるよう作業を進めていたが、保

	<p>健省内の人事異動等の影響により承認プロセスに想定以上の時間と労力を要したため、終了時評価時点では最終化を行っている段階である。保健省は 2016 年内の発布を目指している。</p>
<p>1-4. IT 調査結果によってリファラルデータ管理用ソフトウェア開発の可能性が確認された後、当該ソフトウェアを導入する。</p>	<ul style="list-style-type: none"> ・プロジェクトで開発・導入を行っているリファラルデータ管理システム (RDMS) の主たる目的は、各医療施設のリファラル情報の集計機能と省レベル (省保健局) 及び国レベル (保健省) での一元的な集計・グラフ作成機能により、様々な集計表やグラフに基づいてリファラル活動の実施状況や評価を行い、分析結果に基づいて各医療施設や省のリファラル会議、MSA の DOHA ユニットにおいて活動のレビューやパフォーマンス評価に基づく計画策定に活用されることを念頭に置いたシステムとして開発が進められている。 ・ソフトウェアの開発はプロジェクトとの契約のもとでベトナムの民間企業が担当し、2016 年 1~3 月に対象省 6 省を対象に各医療施設で使用している医療情報システム (ソフトウェア) の状況や IT インフラにかかる現状等の調査 (IT 調査) を実施した。調査結果に基づいて、開発するソフトウェアの機能の範囲 (仕様書) を JICA 専門家と CPMU が協力して作成した。同年 5 月より具体的なソフトウェアの開発フェーズが開始され、10 月より 2 省でソフトウェアの試験導入が開始されている。試験導入の結果に基づいたソフトウェアの改良を経て、11 月までにはすべての対象省に導入を完了する計画となっている。
<p>1-5. 対象省の DOHA ユニットのスタッフに対して、DOHA、リファラルシステム及びリファラル情報に関するマネジメント研修を実施する。</p>	<ul style="list-style-type: none"> ・マネジメント研修の実施にあたっては、他の JICA 技術協力プロジェクト「ベトナム医療従事者の質の改善プロジェクト (2010-2015)」と協力し、「DOHA・リファラル活動能力強化研修」としてカリキュラム開発、研修教材の開発を行った。本研修のカリキュラムは、保健省科学技術・研修局 (Administration of Science Technology and Training : ASTT) によって「ナショナル・カリキュラム」として 2013 年 11 月に認定された。 ・2013 年 9 月に CPMU と JICA 専門家が研修講師となり、対象 6 省の PPMU メンバー合計 58 名に対して「DOHA マネジメント能力強化ワークショップ」を実施した。 ・2015 年 1 月に CPMU と JICA 専門家が研修講師となり、対象 6 省の PPMU メンバー合計 30 名に対して「研修管理サイクルとリファラルデータ分析に関する詳細研修ワークショップ」を実施した。 ・2014 年 8 月にバックマイ病院が研修講師となり各省の DOHA ユニット及び DOH の担当官を対象 (各省から 5 名ずつ、合計 30 名) に「DOHA とリファラル管理に関する研修」を実施した ・ホアビン省以外の 5 省に対して、上記研修の参加者が研修講師となり、プロジェクトで開発したカリキュラムに沿って 2015 年までに全省総合病院 (5)、全郡病院 (48) の DOHA ユニットに対する「DOHA・リファラル活動能力強化研修」(3 日間) を実施した (対象者全 246 名中 221 名、カバー率: 90%)。なお、JICA 専門家は「集計したデータをどう読み取るか (分析)」→「データの解釈」に基づいたニーズアセスメント」→「予算や人材、機材のリソースを勘案して、実現可能なニーズの選択と計画策定」を「マネジメント能力強化」としての重要性を認識し、保健省 MSA と相談のうえで、JICA 専門家が本件を同研修の一コマとして講義した。
<p>1-6. DOHA 及びリファラルシステムのハンドブックを作成し、普及する。</p>	<ul style="list-style-type: none"> ・2016 年 7 月にハンドブック作成に向けて、内容に関する下協議を DOHA ユニット及び JICA 専門家で実施、リファラルシステムや地域医療連携活動を含む DOHA 活動の実践を担当する保健行政官や医療従事者が DOHA の実践や向上のために具体的な手順等を示したユーザー・フレンドリーな

	<p>内容とすることで合意した。具体的な構成は以下のとおりである</p> <ul style="list-style-type: none"> ➤ 第1章：DOHA 実践ガイドライン ➤ 第2章：プロジェクト対象6省でのDOHA及びリファラルの実施事例集 ➤ 第3章：日本での地域医療の実践 <p>なお、ハンドブックの構成、執筆分担、作成スケジュール、印刷配布、費用担当等に関する合意内容を記載した作成計画書は、MSAの局長により承認（署名）されている。</p> <ul style="list-style-type: none"> ・2016年9月に第1回の保健省内に設置された「DOHA ハンドブック編集委員会」を開催し、JICA 専門家とCPMU が作成した初稿を元に作成を開始した。編集員は以下のとおりである。 <ul style="list-style-type: none"> ➤ MSA 局長 ➤ DOHA ユニット長及びDOHA ユニットメンバー ➤ プロジェクトがハンドブック作成のために雇上した外部コンサルタント（前ユニット長） ➤ JICA 専門家 ➤ 3中央病院（バックマイ病院、ベトドク病院及び国立小児病院）の代表者 ・終了時評価時点では、JICA 専門家とCPMU が作成した初稿を基に、外部コンサルタントが中心に保健省の規定等に従った修正作業を実施しており、本ドラフト（第二稿に対して）関係者のコメントを収集している段階である。 ・2016年11月中旬に予定されている編集委員会にて、保健省の承認が得られる見込みである。承認が得られ次第、保健省MSAが省総合病院の研修を担当する中央病院及び全63省の関係者（省保健局、省総合病院、郡病院など）に印刷、配布する予定である。 ・2016年12月より、プロジェクト成果の普及セミナーを北・中・南部の3カ所で実施予定であり、本ハンドブックはその際に全国の関係者に配布する予定である。
<p>1-7. 対象省におけるDOHA活動とリファラルシステムの実施状況をモニタリング・評価する。</p>	<ul style="list-style-type: none"> ・CPMUは、各省プロジェクト管理ユニット（Provincial Project Management Unit：PPMU）から提出される年間計画書及び年次活動報告書を精査・レビューし、技術的なコメント、修正提案などを行っている。 ・JICA 専門家とCPMUは約2カ月に一度の頻度で各省を訪問し、各PPMUが実施する四半期ごとのDOHA・リファラル会議や聞き取り調査によりDOHA活動やリファラルシステムの状況をモニタリング・評価し、適宜、助言等のフィードバックを行っている。 ・保健省MSAのDOHAユニットは年に1回の頻度で全63省にDOHA実施状況に関するアンケート調査を実施しており、結果を全国セミナーで共有している。本プロジェクトの対象6省ではDOHAの実践体制は確立しており、プロジェクトで実施したような頻回のモニタリング評価は、上記のような頻度のモニタリングで維持可能なレベルに到達している。

成果 2 ホアビン省においてコミューンから郡病院及び省総合病院に至るリファラルシステムが構築される。	
活動	達成事項
2-1. DOHA ユニットにスタッフを任命し、DOHA ユニットの機能と業務に関する規則を作成することによって DOHA を制度化する。	<ul style="list-style-type: none"> ・2010年にDOHA実施の方針を示したDOHA決定に従って、ホアビン省保健局は2013年6月にDOHAユニットの具体的な機能・業務に関する規則を作成し、それに従ってユニットのスタッフを任命した。 ・ホアビン省保健局は、「ホアビン省医療サービス強化プロジェクト(2004-2009)」が作成した「DOHAガイドブック」を参考に、DOHAユニットの機能や業務の中にリファラル活動や地域医療連携活動の実施管理を行うことを規定した。 ・なお、2014年4月に発効されたリファラル通達は、ホアビン省保健局副局長や省総合病院の院長が保健省による通達作成に主体的に協力した。
2-2. DOHA ユニットに任命されたスタッフに対して、計画策定、DOHA 及びリファラルシステムにかかる研修を行う。	<ul style="list-style-type: none"> ・2016年9月時点、ホアビン省には11郡210のコミューンがあり、2014年に2郡53コミューン、2015年に残りの9郡157コミューンすべてを対象にDOHA・リファラル研修を実施した。なお、省総合病院のDOHA担当者に対しては、上記した先行プロジェクトで研修が提供されており、今回の郡病院やCHSに対する研修は省保健局と省病院が研修講師として実施している。 ・ホアビン省においては、郡レベルスタッフに対する「DOHA・リファラル活動能力強化研修」(3日間)を2015年までに全11郡210コミューンに対して実施した(対象者全246名中221名、カバー率:90%)。研修は活動1-5で受講したPPMUが講師となり、実施された。なお、活動1-5で示したデータ分析や解釈に基づく計画作りに向けた講義も、研修教材に沿ってPPMUが実施している。

成果 3 ソンラ、ライチャウ、ディエンビエン、ラオカイ及びイエンバイの5省において、省総合病院と郡病院間のDOHA及びリファラルシステムに関するマネジメント能力が強化される。	
活動	達成事項
3-1. 対象省を交えたキックオフ・ミーティングを開催する。	<ul style="list-style-type: none"> ・2013年6月12日と13日の2日間、プロジェクトはホアビン省ホアビン市においてキックオフ・ミーティングを開催し、プロジェクトの枠組みや目標達成に向けた支援アプローチ等を関係者と共有した。 ・主な参加者は、保健省副大臣はじめ、カウンターパートである保健省MSA対象省6省の保健局、省総合病院の代表者の計80名である。
3-2. 各省においてDOHA部を設置する。	<ul style="list-style-type: none"> ・ラオカイ省(2013年10月)、イエンバイ省(2013年12月)、ライチャウ省及びソンラ省(2014年4月)の4省でDOHA部の設置が承認され、活動が開始された。 ・ディエンビエン省は2013年11月、一旦DOHA部設置が省人民委員会から承認されたが、DOHA部の設置はレベル1の病院に義務づけられているがディエンビエン省病院はレベル2の病院であるため撤回された。しかしながら、同省では総合企画部がDOHA活動管理を実施しており、プロジェクト活動の実施に支障は生じなかった。 ・ディエンビエン省は2017年にレベル1の病院に昇格することを計画しており、その際に現在省病院の総合企画部内に設置されているDOHAユニットをDOHA部へ格上げする予定となっている。
3-3. 各省においてDOHA部の担当	<ul style="list-style-type: none"> ・ディエンビエン省を除く4省で、2015年までにDOHA部の機能や業務規

<p>者を任命し、DOHA 部の機能と業務に関する規則を作成する。</p>	<p>則、担当者の任命などにかかわる公文書が省保健局より発効されている。</p> <ul style="list-style-type: none"> ・ディエンビエン省でも、2017 年以降に省総合病院がレベル 1 に昇格され次第、同文書が作成される見込みである。
<p>3-4. 省総合病院の臨床科に DOHA 部支局、郡病院に DOHA オフィスを設置し、それぞれに担当者を任命する。</p>	<ul style="list-style-type: none"> ・2014 年までに、5 省すべての省総合病院の臨床科に DOHA 支部局 (DOHA 活動の各診療科での担当者が任命されている) が設置された。同様に、郡病院でも総合企画担当者が DOHA 活動の担当を兼務するかたちで、DOHA オフィスとして活動が運営管理されている。
<p>3-5. 省総合病院及び郡病院の DOHA ユニットの担当者に対して、DOHA とリファラルシステムに関する研修を実施する。</p>	<ul style="list-style-type: none"> ・5 省において、2015 年、2016 年において、省総合病院及び郡病院の DOHA 管理担当者を対象に「DOHA・リファラル活動能力強化研修」を実施した。終了時評価時点で 5 省の対象者 246 中 221 名 (89.8%) が研修を受講している。
<p>3-6. 省の年間計画を作成する。</p>	<ul style="list-style-type: none"> ・各省総合病院の DOHA 部はリファラル会議での問題分析やニーズアセスメントの結果 (根拠) に基づいて総合的な年間研修計画を策定している。
<p>3-7. 省の年間計画を実施する。</p>	<p>DOHA・リファラル活動の年間計画には、研修内容や対象郡、実施に必要なリソース (人材、実施期間、材料、予算等) が根拠に基づいて計画されており、これらの情報は別添資料として全体計画に添付されている。</p> <ul style="list-style-type: none"> ・プロジェクトの実施管理として、各 PPMU が年間計画書を作成し CPMU に提出し、CPMU は JICA 専門家と協力して上記の規定に従って計画内容をレビューし、必要に応じて修正等アドバイス等を行ったうえで、規定に合致した研修を承認している。このようなプロセスを踏むことで、特に中間レビュー以降に実施されたプロジェクトで支援した研修は、各省のニーズや環境を考慮して選定・実施されたものと考えられる。
<p>3-8. PPMU によって作成された省の年間計画の結果について、モニタリング及び評価を行う。</p>	<ul style="list-style-type: none"> ・CPMU 及び JICA 専門家とともに、特に中間レビュー以降は頻回 (おおむね 2 カ月に 1 回) に PPMU を訪問し、プロジェクトの実施管理の観点でプロジェクト活動のモニタリング・評価を行っている。PPMU はモニタリング評価の結果も含め、プロジェクトの支援する DOHA・リファラル活動の結果を年間報告書としてまとめ、CPMU に報告している。 ・なお、省総合病院の DOHA 部は郡病院等に対する研修等を実施した際には、その効果について評価するように保健省から指導されている。しかしながら、具体的な実施方法が規定されているわけではないため、プロジェクトは研修そのものの評価 (Pre-Post Test)、研修員の能力向上評価 (中長期のアウトカム評価の実施方法など) を「DOHA・リファラル活動能力強化研修」で指導している。なお、研修を計画する際には研修の求められる成果だけでなく、中長期評価管理も計画されるように指導している。また、研修内容を講師が計画する際は、一般目標 (General Instructional Objective : GIO) に加え、研修で学習したことがどのように日常業務に活用されたかを意識して設定される「到達目標 (Specific Behavioral Objectives : SBOs) を策定するよう指導されている。 <p>なお、PPMU と研修を担当した人材、JICA 専門家は、研修効果測定を行い、評価結果に基づいた次期研修計画立案等に役立っている。</p>
<p>3-9. 定期的に関リファラル会議を実施する。</p>	<ul style="list-style-type: none"> ・リファラル通達 (No.14) において四半期ごとのリファラル会議が義務づけられた。同通達に従って、プロジェクトが会議費用 (交通費等) を支援して 2014 年より 5 省において省総合病院と郡病院間のリファラル会議が開始された。 ・リファラル会議ではリファラルデータの分析結果の共有・検討や個別の課題の共有、対応策の協議を行うことに加え、ニーズに基づいたミニレクチャー等も実施され、地域医療連携活動だけでなく、教育機会の場としても活用されている。

	<ul style="list-style-type: none"> ・リファラル会議開始後に、会議開催の有効性を参加者が認識し、2015 年からは各省で会議実施の予算化されるようになり、2016 年からは完全に独自予算による開催が実現している。 ・ライチャウ省、ソンラ省、ラオカイ省の3省ではリファラル会議の実施を年4回のうち1回を省総合病院、残りの3回を郡病院で実施している。なお、この3省ではリファラル会議での課題分析、ニーズアセスメントの結果に基づき郡病院－CHS 間の連携強化の必要性を認識し、2016 年から独自に郡レベルのリファラル会議の開催を決定した。終了時評価時点ではプロジェクトによる会議費用（他郡からの参加者の旅費費）支援のもとで研修を併せたリファラル会議を行った段階である。今後は漸次、独自予算に切り替えていく方向である。 ・ディエンビエン省では予算の制限から TV 会議などを活用して適切に実施されている。
3-10. 対象省間で相互訪問、相互 PMU 会議を実施する。	<ul style="list-style-type: none"> ・プロジェクト開始当初はホアビン省の DOHA・リファラル活動の実践を学習するための視察や新規導入された省に対する視察（相互訪問）を活発に行った。中間レビュー以降の2015 年にも3省（ライチャウ省、ソンラ省、ラオカイ省）で相互訪問を行い、視察結果に基づく協議・意見交換を実施している。 ・2016 年には、6省の南部地域（チョーライ病院や近隣の省総合病院、カントー市立病院と近隣の総合病院）への視察とワークショップを行い、6省での DOHA・リファラル活動に実施状況や、南部での医療サービス管理（病院質の管理・医療安全、看護管理等）に関する技術交流を行った。

(2) 成果の達成

1) 成果 1

成果 1 の指標の達成度を以下に示す。

<p>【成果 1】 DOHA 及びリファラルモデルを対象省に普及するために、保健省の DOHA に関するマネジメント能力が強化される。</p>	
<p>指標</p>	<p>達成度</p>
<p>1-1. IT 調査結果によってリファラルデータ管理用ソフトウェア開発の可能性が確認された後、当該ソフトウェアが対象省に導入され、活用される。</p>	<ul style="list-style-type: none"> ・ソフトウェアの開発はプロジェクトとの契約のもとでベトナムの民間企業が担当し、2016 年 1～3 月に対象省 6 省を対象に各医療施設で使用している病院情報システム（ソフトウェア）の状況や IT インフラにかかる現状等の調査（IT 調査）を実施した。調査結果に基づいて、開発するソフトウェアの機能の範囲（仕様書）を JICA 専門家と CPMU が協力して作成した。 ・同年 5 月より具体的なソフトウェアの開発フェーズが開始され、10 月より 2 省でソフトウェアの試験導入が開始されている。試験導入の結果に基づいたソフトウェアの改良を経て、12 月までにはすべての対象省に導入を完了する計画となっている。 ・また、運用開始 1 カ月後を目途に、MSA、6 省の関係者を交えて RDMS の活用度、有効性等を評価し、プロジェクト終了後の継続性についても検討を行う計画である。
<p>1-2. DOHA 及びリファラルシステムに関する通達が保健省 MSA によって発布され、対象</p>	<ul style="list-style-type: none"> ・2014 年 4 月、ホアビン省での先行プロジェクトの経験に基づき、通達「リファラルに関する活動」（14/2014/TT-BYT）が発布された。これにより、各レベルの医療施設でのリファラルシステムのあり方（紹介状の様式、リファ

<p>省において完全に実施される。</p>	<p>ラル情報の収集と報告、紹介元の医療機関へのフィードバック、不適切に紹介された患者情報の報告、年4回のリファラル会議の義務づけなど）が規定された。</p> <p>同通達が発効して以降は、対象6省で通達に沿ったリファラル情報管理や報告業務、リファラル会議の開催などが実施されている。</p> <ul style="list-style-type: none"> また、保健省は2016年12月のDOHA決定の改定発効に向けて作業の最終化を行っている。ただし、DOHA活動における人材育成のための研修（サテライト病院プロジェクト、医師のローテーション活動、卒後継続教育（Continuing Medical Education : CME）研修等）は6省すべてで実施されている。 <p>なお、今回の主な改定は、1) 医療技術移転における中央病院の担当割り振りの明確化、2) DOHA部設置をレベル1病院に加えてレベル2病院でも対象とする、3) リファラル会議等を通じた各レベルの医療機関間のネットワーク強化、である。また、2016年10月時点での改定案では、リファラル通達の遂行が明記されていることから、これが発効されればリファラル業務は保健省が定義するDOHAの一部となる。</p>
<p>1-3. DOHA及びリファラルシステムのハンドブックが作成され、普及する。</p>	<ul style="list-style-type: none"> 2010年に発効されたDOHA決定はDOHAの具体的な実施のための指針等は示されていないことから、プロジェクトは特に対象6省のような地方部におけるリファラル活動や地域医療連携活動の事例を含むDOHAの実践例を紹介し、政府や医療施設のDOHA担当者などのユーザーがDOHAの具体的な活動のイメージができるようなハンドブックの作成を進めている。 <p>CPMUとJICA専門家が初稿を作成し、保健省内の編集委員会で外部コンサルタント、MSAのDOHAユニットを中心に最終化に向けた改訂作業が進められている。</p> <ul style="list-style-type: none"> DOHAハンドブックは11月末までに最終化・承認される見込みである。年末から2017年2月にかけて、プロジェクト成果の普及セミナーを3回予定しており、本ハンドブックはその際に全国の省に向けて配布する予定である。

2008年の保健省決定1816/2008/QD-BYTで上位の医療機関は下位の医療機関の医療サービス向上のための技術指導を行うことが制度化され、2010年の保健省決定4026/QD-BYTでDOHA活動の範囲が規定されたものの、DOHAやリファラル活動に関する具体的な実施要領は示されていなかった。このような状況のもとでプロジェクトは、成果1として対象6省でのプロジェクト活動を通じてリファラル通達の発効やDOHA決定の改定などの法令整備を進めることや、DOHAハンドブック（DOHA活動のガイドラインや、効果的な実施の参考となる6省での事例集、日本の地域保健の事例など）、リファラルデータ管理システム（Referral Data Management System : RDMS）の開発・導入などを通して保健省のDOHAに関するマネジメント能力強化を目指した。

他方、保健省はプロジェクト開始年の2013年にDOHAの方向性を打ち出した首相府決定「病院過剰混雑状況緩和のための事業計画」（2012-2020）（92/QD-TTg）や、同決定に基づく保健省決定「サテライト病院プロジェクト」（2013-2020）で、DOHAでの取り組みが上位病院の患者集中の軽減に向けた、医師を主要な対象者とする医療技術移転（特に中央病院から省病院へ技術の導入を行うことにより、省病院での対応能力強化を図る）を優先的に取り組んでいる。これに対し、本プロジェクトでは省保健局や省総合病院を中心に省総合病院-郡病院間や郡病院

—CHS 間のリファラル会議等を通じたネットワーク強化や、リファラル情報等の分析（根拠）に基づく計画策定能力強化を行うことで、省全体の医療サービス強化に向けた支援を実施している。保健省でのこれらの取り組みは MSA 内の DOHA ユニットが運営管理を行っているため非常に業務量が多いが、十分に本プロジェクトの活動を実施している。

しかしながら、ホアビン省での知見・経験に基づいて作成されたリファラル通達は 2014 年に発効されたものの、DOHA 決定の改定や RDMS の導入は保健省内の手続き等の問題により、予定より大幅に遅れており、終了時評価時点で完了できていない。対象省 6 省においては、特に中間レビュー以降は MSA によるプロジェクト活動モニタリングのための訪問や省からの報告書を通じた指導も強化されており、DOHA 決定の改定を待たずして、MSA の指導に沿った活動が実施されている。保健省 MSA は DOHA 決定の改定を「通達」の形式で 2016 年 12 月中に発効するべく、手続きを進めている。また、RDMS は終了時評価調査時点で 2 省での試験導入が行われている段階である。導入計画では運用トレーニングと実際の導入を 2016 年内に実施することを予定している。2017 年には導入後のシステムエラーの点検や運用性の検証などの RDMS 機能評価を実施する予定であるが、評価後のシステム・運用の修正作業等を 2017 年 3 月までに終了し、ベトナム側による継続的な運用法の確定を含む完全引き渡しを完了するには、厳密な工程管理が必要である。

DOHA ハンドブックの作成については、終了時評価時点では保健省内でドラフトの最終化を進めている段階であり、プロジェクト期間終了までには北部、中部、南部の 3 カ所でのセミナーを通じて全国に紹介・配布される予定である。本ハンドブックは DOHA 活動実施管理の実用的なガイドラインとしての要素が大きく、特に地方部の省の DOHA 担当者が効果的に DOHA 活動の実施管理を行うための実用書とするために、本プロジェクトで支援した 6 省での経験に基づいた多くの事例も紹介されている。終了時評価調査時点では最終化のためのドラフト修正作業が行われているが、「実用書」としてユーザーフレンドリーな内容や表現になっているか、再度確認することが望ましい。

以上のとおり、保健省はプロジェクト期間終了までに DOHA 運営管理に資する法令整備や RDMS、ハンドブックなどを通じた運営管理のための環境も整えられることが見込まれることから、成果 1 の達成度はおおむね達成されたと考えられる。

2) 成果 2

成果 2 の指標の達成度を以下に示す。

【成果 2】 ホアビン省においてコミューンから郡病院及び省総合病院に至るリファラルシステムが構築される。	
指標	達成度
2-1. 全ての郡病院に DOHA ユニットが設置され、機能する。	<ul style="list-style-type: none"> ・2013 年 6 月までにホアビン省のすべての郡病院で DOHA ユニットが設置され、DOHA 活動の運営管理が開始されている。 ・研修は活動 1-5 で受講した PPMU が講師となり、実施された。なお、活動 1-5 で示したデータ分析や解釈に基づく計画作りに向けた講義も、研修教材に沿って PPMU が実施している。
2-2. ホアビン省の全てのコミューン・ヘルス・ステーションにリファラル活動の担当者が任命される。	<ul style="list-style-type: none"> ・中間レビューまでに 11 郡の 210 すべての CHS でリファラル担当者（通常は所長）が任命されている。

2-3. 全ての郡においてコミュニケーション・ヘルス・ステーションと郡病院間の年4回のリファラル会議が開催される。	<ul style="list-style-type: none"> ・2015年10月から11月にかけて、全11郡の郡病院とCHS間でリファラル会議が開始された。 ・2016年の第1及び2四半期において、全11郡でリファラル会議が実施されている（ラクトゥイ郡、ルオンソン郡の2郡は毎月実施している）。
2-4. 全ての郡病院のDOHAユニットに任命されたスタッフの100%がDOHA及びリファラルシステムの研修を受講する。	<ul style="list-style-type: none"> ・2014年に2郡、2015年に残りの9郡に対して実施、最終的に全体で82.8%（24/29）のスタッフが研修を受講した。 ・スタッフの交代やスタッフが複数配置されている郡病院は代表者が研修を受講していることから、資格のあるスタッフに対する研修のカバー率は100%とはなっていないが、研修参加者が不参加のスタッフに研修で学んだ内容を共有しているため、郡病院でのDOHA・リファラル活動はおおむね適切に実施されている。
2-5. ホアビン省の全てのコミュニケーション・ヘルス・ステーションの担当者の100%がDOHA及びリファラルシステムの研修を受講する。	<ul style="list-style-type: none"> ・省保健局や省総合病院が研修講師となり、「DOHA・リファラル活動能力強化研修」（3日間）を2015年までに全11郡210のCHSに対して実施した。 ・指標2-4と同様に、カバー率は約90%（246名中221名）であるが、全CHSに対して少なくとも施設ごとに1名の担当者に対して研修を実施している。

ホアビン省は本プロジェクトの活動の基礎となった先行プロジェクト「ホアビン省医療サービス強化プロジェクト」（2004-2009）が実施されており、DOHA活動に加えて2014年に発効されたリファラル通達に従って省保健局、省総合病院及び郡病院間のリファラル活動が適切に継続されている。また、省総合病院と郡病院でのリファラル情報管理や会議運営の実施にかかるノウハウも蓄積されており、本プロジェクトで強化する郡病院-CHS間のリファラル会議も省保健局や省総合病院の支援のもとで、郡病院主導で比較的スムーズに導入された。

しかしながら、郡病院-CHS間のリファラル会議が本格的に開始されたのはプロジェクトによる導入研修が終了した2015年末であり、終了時評価時点までの期間では各省3回程度の実施経験に止まっている。プロジェクトのモニタリングでは多くの郡ではおおむね適切に会議運営（リファラル情報に基づく課題分析や対応（研修ニーズアセスメント等）、会議機会を活用した勉強会の実施など）がなされているが、2、3の郡ではまだ効果的な会議運営となっていないことが観察されている。省保健局は省内のDOHA活動やリファラル活動実施の責任機関であり、可能な限りモニタリング訪問を行っているが、プロジェクト期間終了までにこれらの郡に対しては適切なフォローアップが必要である。

他方、このようにホアビン省では省総合病院を中心とした郡病院間のネットワーク、郡では郡病院を中心としたCHSのネットワークが構築されたことによって、リファラル会議を通じた地域医療活動の縦の連携、横の連携が構築されたといえる。また、結果として上位医療施設への患者紹介（リファー）の実施についてもリファラル通達に従って運用の改善が観察されているが、保健省が重視する患者集中の緩和については、リファー患者の絶対数に影響するファクターが多様にあるため、評価できていない。

以上のことから、終了時評価時点での成果2の達成度はおおむね適切であると考えられる。

3) 成果3

成果3の指標の達成度を以下に示す。

【成果3】	
ソンラ、ライチャウ、ディエンビエン、ラオカイ及びイエンバイの5省において、省総合病院と郡病院間のDOHA及びリファラルシステムに関するマネジメント能力が強化される。	
指標	達成度
3-1. DOHA ユニットに任命されたスタッフの90%がDOHA及びリファラルシステムの研修を受講する。	<ul style="list-style-type: none"> 5省の研修受講状況は表3-1のとおりである。終了時評価時点では、全体の約89.9%が研修を受講している。 全体としては若干目標値の90%に到達しなかったが、これはディエンビエン省のDOHA担当者数が他省と比較して多いためであり、「DOHA・リファラル活動能力強化研修」を同省のみ省保健局からの要請に基づいて2回実施しているためである。
3-2. DOHA 及びリファラルシステムの研修を受講した研修生の100%が研修コースに合格し、そのうちの90%の研修生が70%以上を得点する。	<ul style="list-style-type: none"> 5省の研修生191名すべてが研修コースに合格（スコア50%以上）している。 そのうち70%以上得点した者の割合は91.4%である（表3-2）。
3-3. 全ての対象省がリファラルデータ分析を含んだ研修ニーズアセスメントに基づいて研修計画を作成する。	<ul style="list-style-type: none"> 特に中間レビュー以降、リファラルデータ分析や根拠に基づいた計画作りに関する講義をJICA 専門家が中心となって実施し、プロジェクトで各省から申請された技術研修は、リファラルデータ分析やニーズアセスメントに基づいて計画されたものであるかをプロジェクトで審査したうえで選定した。 「サテライト病院プロジェクト（2013-2015）」のフェーズ2（2016-2020）では6省すべてが複数分野の研修に参加することが決定しているが、研修分野の選定は、プロジェクトを通して学んだリファラルデータ分析やニーズアセスメント等に基づいて実施している。
3-4. 年4回リファラル会議が開催される。	<ul style="list-style-type: none"> 5省におけるリファラル会議実施状況は表3-3のとおりである。5省平均では80%以上の実施率である。

表3-1 省総合病院及び郡病院におけるDOHA担当者の研修受講率

省	ソンラ省	ディエンビエン省	ライチャウ省	ラオカイ省	イエンバイ省	合計
研修時期	8/2015	1/2016 5/2016	1/2016	1/2016	3/2016	
DOHA 担当者数	39	79	49	60	19	246
研修受講者数	39	59	44	60	19	221
研修カバー率 (%)	100.0	74.7	89.8	100.0	100.0	89.8

プロジェクト開始当初、2013年7月から順次、新規対象5省でPPMUが公式に設置され（活動0-4参照）、新規にDOHA担当に任命されたPPMUメンバーに対して導入研修を実施するとともに、新規対象の5省はDOHAやリファラル会議を通じた省を起点とした地域医療連携活動（省総合病院—郡病院間）が確立したホアビン省に視察を行うことで、円滑にDOHA・リファラル活動が導入された。

各省総合病院のDOHA部はリファラル会議での問題分析やニーズアセスメントの結果（根拠）に基づいて総合的な年間研修計画を策定している。本プロジェクトではDOHA・リファラル活動運営に関するマネジメント能力強化や根拠に基づいた計画作りなどの分野横断的能力強化研

修に加え、DOHA・リファラル活動強化の観点で PPMU が計画した技術研修合計 193 コース¹² (医療従事者の CME 研修の一部として) の実施を財政的に支援 (協力金額 : 7,497,285,200 VND、約 343,461 USD) ¹³した。

しかしながら、中間レビュー時には、PPMU から要請された研修のうち技術研修に十分な選定理由が示されないケースをいくつか確認し、合同評価チームからはより詳細な分析や根拠に基づいた研修計画の立案及び実施が提言されていた。この提言に対応する形で JICA 専門家は「DOHA・リファラル活動能力強化研修」の中でリファラル情報分析に基づく研修ニーズアセスメントの実践に関する講義を実施した (表 3-1 及び表 3-2)。また、2016 年は、PPMU が研修実施支援をプロジェクトに申請する際は、選定根拠を明確に示すとともに、研修コストや利用可能な人材リソースなども考慮することを規定した文書を作成し、計画査定方法を指導した。このことにより、中間レビュー以降にプロジェクトで財政支援した CME 研修は根拠に基づいて計画されたものとなった。また、リファラルデータ分析や各省の環境や利用可能なリソースを考慮した計画作りのノウハウは、保健省による「サテライト病院プロジェクト」や他の開発パートナー機関による支援の研修内容選定などにも活用されており、省全体の研修活動の効果的・効率的実施に貢献していると考えられる (保健省による「サテライト病院プロジェクト」の詳細や他の開発パートナー機関による支援は、付属資料 2 の Annex 6 を参照のこと)。

表 3-2 省の研修後テスト結果

省	ソンラ省	ディエンビエン省	ライチャウ省	ラオカイ省	イエンバイ省
受講者数	39	59	44	60	32
研修後テスト合格基準 (50%以上の正解) 以上の受講者数 (割合)	39 (100%)	59 (100%)	44 (100%)	60 (100%)	32 (100%)
研修後テストで望ましいレベル (70%以上の正解) のスコアを出した受講者数 (割合)	36 (100%)	49 (83%)	40 (91%)	60 (100%)	29 (91%)

終了時評価時点では、新規対象 5 省においてリファラル会議はおおむね適切に運営管理されており (表 3-3)、同会議を通じた地域医療連携活動はおおむね定着していると考えられる。また、本プロジェクトでは成果 3 として省総合病院—郡病院間の DOHA・リファラル活動のマネジメント能力強化を対象としているが、ライチャウ省、ソンラ省、ラオカイ省の 3 省では下位レベルの医療施設での能力強化必要性の認識から、プロジェクトの側面支援を受けながら独自に郡病院—CHS 間のリファラル会議を導入するなど、活動の広がりも確認されている。

成果 3 の達成度は適切であると考えられる。

12 プロジェクト期間終了時点での見込み

13 「Joint Terminal Evaluation Report (英文)」の Annex 5 を参照のこと。

表 3-3 省での DOHA・リファラル会議実施率

時期	ソンラ省	ディエンビエン省	ライチャウ省	ラオカイ省	イエンバイ省	合計
2014 (Q2, Q3, Q4)	3/3 (100%)	2/3 (67%)	3/3 (100%)	3/3 (100%)	2/3 (67%)	13/15 (87%)
2015 (Q1, Q2, Q3, Q4)	3/4 (75%)	2/4 (50%)	4/4 (100%)	3/4 (75%)	3/4 (75%)	15/20 (75%)
2016 (Q1, Q2)	2/2 (100%)	2/2 (100%)	2/2 (100%)	2/2 (100%)	1/2 (100%)	9/10 (90%)
合計	8/9 (89%)	6/9 (75%)	9/9 (100%)	6/9 (89%)	6/9 (67%)	37/45 (82%)

(3) プロジェクト目標の達成度

プロジェクト目標の指標の達成度を以下に示す。

【プロジェクト目標】	
対象省の DOHA 及びリファラルシステムが強化される。	
指標	達成度
1. 対象省の省総合病院と郡病院の DOHA ユニットの運営が強化される。(DOHA システム進捗評価表で満点を得点する)	<ul style="list-style-type: none"> 表 3-4 では、(1) 保健省の基準（決定、通達など）に沿ってプロジェクトが DOHA の体制作りのレベルを点数化したもの、(2) はプロジェクトで設定した総合的な DOHA・リファラル活動レベルを点数化したものである。 (1) の保健省の基準に沿った評価では、プロジェクト開始の 2013 年には先行プロジェクトの実施サイトであったホアビン省以外は 10 点満点中 7 点もしくは 8 点であったが、2016 年時点では 6 省すべてで満点を獲得しており、保健省の定める基準がすべて満たされた状態に到達した。 (2) の総合的な DOHA・リファラル活動レベルについても、プロジェクト開始時の 2013 年ではホアビン省以外は 0 点であったが、2016 年では 4 省で満点を得点している。満点でない 2 省の理由として、イエンバイ省は「リファラル会議の郡病院での実施回数」が目標値に達していないこと、ディエンビエン省は同様の理由に加え、DOHA ユニットの設置できていないことである。
2. 対象省の省総合病院と郡病院において、技術移転／研修が実施された分野にかかるリファラル患者数が 10%以上減少する。	<ul style="list-style-type: none"> 指標はプロジェクトの介入効果を測定できるものであることが必要であるが、本指標で使用されているリファラル患者数は、本プロジェクトで支援した DOHA・リファラル活動の実施運営管理や根拠に基づいた計画策定以外の要素（医療技術移転や医療保険、患者の絶対数など）に大きく影響するため、本指標はプロジェクト目標達成度の測定には使用できない。 なお、リファラル患者数の集計方法が実際には省ごとで異なっており、データの信頼性にも問題がある省があることが明らかとなったため、本調査では正確なリファラル患者数のデータも入手できなかった。

表 3-4 対象全 6 省における DOHA 実施体制の構築状況

スコア分類	最大スコア	ホアビン省			ソンラ省			ディエンビエン省			ライチャウ省			ラオカイ省			イエンバイ省		
		2013	2015	2016	2013	2015	2016	2013	2015	2016	2013	2015	2016	2013	2015	2016	2013	2015	2016
(1) 保健省の規制等に従ってプロジェクトが点数化	10	9.5	10	10	8	9	10	7	7.5	10	7	10	10	7	9	10	8	10	10
(2) プロジェクトが DOHA 実施体制の望ましい形を点数化	13*	7	12	15.5	0	11	13	0	5	7	0	10	13	0	11	13	0	8	12

* : ホアビン省のみ 15.5 点満点

指標 1 では、DOHA・リファラル活動のための組織作りや活動実施レベルを測定しているが、プロジェクトの実施によってすべての対象省で保健省の定める実施体制の基準を満たしていることが確認され、活動状況もおおむね望ましいレベルに達していると考えられる（表 3-4）。

指標 2 は、技術移転／研修が実施された分野でリファラル患者が 10%以上減少することを設定しているが、プロジェクトで行った介入以外の要素が大きく影響するために、プロジェクト成果の達成度測定には適切でないことが明らかとなった。

しかしながら、プロジェクトは成果 1 として DOHA・リファラル活動をより具体的に推進するための法整備やハンドブックの策定、効果的な情報管理・分析のための IT 技術整備が保健省を中心実施され、成果 2 では省からコミューンに至るリファラルシステムとリファラル会議を通じた縦横の連携体制の構築が実現し、成果 3 では新規対象 5 省で DOHA・リファラル実施の基盤が整えられるとともに、新規導入活動を通じて多くの知見・経験・教訓が得られた。これらはハンドブックに事例として使用されていることから、ハンドブックの実用書としての質を高めていると考えられた。

このように、プロジェクトの実施によって北西部省における DOHA・リファラル活動の実施基盤はおおむね確立できたと考えられる。他方、プロジェクトではこのような実施体制基盤構築に加え、それらを適切に運営管理できるマネジメント能力強化に取り組んだ。プロジェクトは根拠に基づいた計画策定能力向上をマネジメント能力強化の重要な要素と認識し、特にリファラルデータの分析や解釈、分析結果や利用可能なリソース等を考慮した計画作りに関する技術指導を実施した。このことによって、終了時評価時点では各省で計画されている研修は、何かしらの根拠に基づいたものになっている。

他方、このように本プロジェクトによって省保健局や省総合病院では、根拠に基づく計画策定が実施され、その効果は郡病院、CHS にも波及しつつある。根拠に基づく計画策定は本プロジェクトで支援した研修だけではなく、保健省や他の開発パートナー機関の活動にも正の影響をもたらすものと期待できるが、根拠に基づいて研修計画を行っても、データ分析や解釈、利用可能なリソースを踏まえた計画作りの能力、経験が十分でないケースも散見される。このような取り組みは特に中間レビュー以降に強化された分野であり、より経験を積ませる必要がある。したがって、継続的にフォローアップがなされる何らかのメカニズムが構築される必要がある。

以上により、プロジェクトを通して対象省の DOHA 及びリファラルシステムはおおむね期待されるレベルに強化されたと考えられるため、プロジェクト目標は達成されたといえる。

3-3 実施プロセスの検証

(1) プロジェクト・マネジメントと関係者間のコミュニケーション

ベトナム側のプロジェクト運営は、保健省 MSA の DOHA ユニットが中心となって構成される CPMU が対象 6 省に設置された PPMU をリードする形で実施され、JICA 専門家と協力してプロジェクト全体の実施管理がなされた。

プロジェクト開始にあたっては保健省内にプロジェクト事務スペースを設置することが合意されていたが、種々の理由により実現せず、保健省近隣のオフィスビルに JICA 専門家とプロジェクト・ローカルスタッフの事務所を開設することとなった。このことによって日常的な物理的コミュニケーションは困難であったものの、CPMU とは週に 1 回程度の頻度で実務者レベルの連絡

調整を継続しており、プロジェクト・ダイレクター（保健省 MSA 局長）、プロジェクト・マネージャー（同副局長）ともプロジェクト全体の運営管理に関する協議を 1～2 カ月に一度の頻度で継続している。このほかにも、必要に応じて実務者レベルでは電話や email 等によりプロジェクト運営にかかわる必要なコミュニケーションは取れていたと考えられる。

他方、PPMU は省保健局の局長もしくは省総合病院院長・副院長がユニット長を務め、省保健局、省総合病院、郡病院の DOHA 担当者によって構成されている。PPMU は省人民委員会もしくは保健局から正式な承認を受けている。上述のとおりプロジェクト事務所はハノイの保健省近くに設置されているが、CPMU 及び JICA 専門家と PPMU 間のプロジェクト運営にかかわる連絡調整は良好に継続されたといえる。特に、中間レビュー以降は、JICA 専門家は可能な限り CPMU メンバーとともに少なくとも 2 カ月に 1 回の頻度で 6 つの対象省を訪問し、活動のモニタリングや支援型監督指導、研修などを実施した。

以上のことから、プロジェクト期間を通してプロジェクト運営はおおむね適切に実施され、関係者間のコミュニケーションも良好に維持されたと考えられる。

(2) オーナーシップ及び自立性

CPMU でベトナム側の実質的なプロジェクト運営を取り仕切る保健省 MSA の DOHA ユニットは、本プロジェクトで主に扱う省以下のレベルでの DOHA・リファラル活動推進だけでなく、ベトナム全体の DOHA 活動の運営管理を行っている。特に、保健省では「サテライト病院プロジェクト」において中央病院など上位レベルの医療機関の患者集中の軽減に向けて、特に省レベルの病院の機能強化、特に医師への医療技術移転の促進を技術的にも財政的にも強力に推進している。そのような環境のなかで DOHA ユニットは必ずしもマンパワーに恵まれていない状況でも、業務量が多い「サテライト病院プロジェクト」のような医師への医療技術移転の運営管理をしながら、マネジメント能力強化を行う本プロジェクトに対しても、可能な限りの協力をプロジェクト期間全体を通して継続した。

他方、本プロジェクトでは都市部に比較して利用できるリソースが限られている地方部の省を対象としており、対象 6 省の PPMU は医師への医療技術移転と同様に限られたリソースを最大限に活用することが省全体の医療サービス向上に不可欠であることをよく認識し、主体性をもって本プロジェクトを実施している。特に、新規対象となった 5 省のうち 3 省は郡病院や CHS での DOHA・リファラル活動の運営管理能力強化の重要性を認識し、自助努力で郡病院－CHS 間のリファラル会議を導入するなど、自立的な活動も開始されている。

第4章 評価結果

4-1 妥当性

以下に示す理由から、本プロジェクトの妥当性は終了時評価時点で高く維持されている。

(1) ベトナムにおける保健政策及びターゲットグループのニーズ、日本の援助方針とプロジェクト目標の一致性

妥当性についてはプロジェクト初期より、前フェーズのプロジェクトからの実績があることから関係者間で非常に高いと認識されていた。2015年3月～4月に実施された中間レビューでも確認されたとおり、ベトナムの社会経済発展10カ年戦略（2011～2020年）では、ヘルスケアシステムの発展と医療サービスの向上に向けて、専門医療の充実だけでなく、CHSの能力強化や地域医療のネットワーク強化の重要性を示している。また、同戦略の中期計画である社会経済開発5カ年計画（2016～2020年）でも、北西部の少数民族の生活水準の向上、貧困削減、医療サービスの改善が前計画から引き継がれている。また、保健省は限られたリソースの中で効率的、効果的な医療サービスの向上に向けたアプローチとしてDOHAを強力に推進している。特に中央病院などの上位医療機関の患者の集中を解消し、適切な医療サービスを提供することを目指した首相府決定「病院過剰混雑状況緩和のための事業計画（92/QD-TTg）」（2013-2020）が発効されて以降は、その目的達成に向けて「サテライト病院プロジェクト（774/QD-BYT）」（2013-2020）や「医師のローテーション制度（14/QD-TTg）」、リファラル通達¹⁴などの決定文書、通達文書を発効させている。本プロジェクトはDOHAの効果的な実施に向けたマネジメント能力強化を支援するものであることから、ベトナム政府、保健省の政策との一致性は高い。

他方、わが国の対ベトナム援助方針においても、「JICA 国別分析ペーパー」（2014年3月）の「プログラム別の強力の方向性 保健医療」で「日本の協力の成果を活用し、地方部省病院に対する人材育成や機材の整備等、水平展開を図る」ことを示している。本プロジェクトは先行の「ホアビン省医療サービス強化プロジェクト」（2004-2009）の成果を他の北西部省に適用・発展させるものであることから、本プロジェクトのコンセプトや枠組みはわが国の対ベトナム援助方針とも一致性が高い。

(2) 実施方法の適切性

1) 本プロジェクトで採用した支援アプローチの適切性

上述したとおり、保健省は限られたリソースの中で効率的、効果的な医療サービスの向上に向けたアプローチとしてDOHAを推進している。成果1の達成度で示したように、保健省はプロジェクト開始年の2013年にDOHAの方向性を打ち出した首相府決定「病院過剰混雑状況緩和のための事業計画」（2012-2020）や、同決定に基づく保健省決定「サテライト病院プロジェクト」（2013-2020）で、DOHAでの取り組みが上位病院の患者集中の軽減に向けた、医師を主要な対象者とする医療技術移転（特に中央病院から省病院へ技術の導入を行うことにより、省病院での対応能力強化を図る）を優先的に取り組んでいる。

これに対し、本プロジェクトでは省保健局や省総合病院を中心に郡病院やCHSとのリファラル会議等を通じたネットワーク強化や、リファラル情報等の分析（根拠）に基づく計画策定能力

14 「ホアビン省医療サービス強化プロジェクト」の成果が政策として反映された通達である。

強化を行うことで、省全体の医療サービス強化に向けた支援を実施していることから、「サテライト病院プロジェクト」と相互補完的な位置づけで本プロジェクトは実施されているといえることから、本プロジェクトで採用した支援アプローチは適切であったと考えられた。

2) ジェンダーや民族、社会的階層、貧困、環境等に対する配慮

プロジェクトの対象サイトである北西部山岳地域は特に少数民族の多い地域で、貧困割合が高く経済的に厳しい状況の地域である。省以下の DOHA の実施を担う省総合病院も医療施設の独立採算が求められる状況であり、医療の公平性を基本理念に据えた地域医療サービスの向上に資する DOHA の推進を行うためには、限られたリソースを最大限に活用するマネジメント能力を強化することは有効であり、本プロジェクトで北西部省を支援することは、このような北西部省の環境に配慮したといえる。

4-2 有効性

以下の理由から、本プロジェクトの有効性はおおむね高い。

(1) プロジェクト目標の達成見込み

プロジェクト目標の達成度でも示したとおり、成果 1 で DOHA 実施管理をベトナムで担当する保健省 MSA が主導で、DOHA 推進のための法令整備（リファラル通達の新規発効や DOHA 決定の改定）を行い、成果 2 でホアビン省内のリファラルシステムの強化、成果 3 で新規対象の北西部 5 省での DOHA・リファラル活動の導入を行うことで、北西部省の DOHA・リファラルシステムはおおむね期待した程度に強化されたと考えられる。

特に、保健省では「サテライト病院プロジェクト」の元で中央病院から省病院に対する医療技術移転に焦点を当てた取り組みを 2013 年か強力に推し進めており、プロジェクトは DOHA 全体のコンセプトの観点から同プロジェクトと相互補完的に省以下の医療施設で効果的・効率的に DOHA 活動やリファラルシステムが機能するよう、マネジメント能力強化を支援してきた。特に中間レビュー以降は、リファラルデータ分析や環境を考慮したニーズアセスメント等の実施能力強化に注力し、根拠に基づく（研修）計画策定を行う基盤が確立されたと考えられる。また、これらの達成事項やプロジェクト活動を通じて得られた知見、優良事例は、特に地方部の DOHA 担当者が実用書として使用することを念頭に置いたハンドブックに紹介されることになっている。ハンドブックは終了時評価時点でまだ内容の最終化の段階であるが、プロジェクト期間終了までに全国の省に配布されることが計画されている。

以上のことから、プロジェクト期間終了までにプロジェクト目標がおおむね望ましいレベルで達成されることが見込まれる。

他方、上記のとおり、プロジェクトを通じて得られた重要な達成事項の 1 つに、リファラルデータの分析と解釈、分析結果や利用可能なリソース等の環境を考慮した実現可能性の高い計画作成（根拠に基づく計画作り）のノウハウや経験を対象 6 省が獲得したことが挙げられる。これによって、終了時評価時点では、CME 研修の実実施計画作りに活かされている。しかしながら、ある省では根拠に基づいて計画したにもかかわらず、予算不足のために計画した研修が完了できない事態も発生している。このことは、プロジェクトにより根拠に基づく計画作りを継続する土壌が整備されたとはいえ、DOHA 担当者は更に経験を積む必要があることを示唆するものと考えられる。6 省間でも省と郡の間でも理解度の差が生じていることも十分推察されることから、獲得した知識・技術をより Consolidate するために保健省 MSA や省保健局は本件にかかわる何らかのフ

フォローアップメカニズムの構築に向けた方策を考慮することが望ましい。

また、リファラルデータの分析を効率的に実施できるよう、データ集計や分析結果の視覚化を補助する RDMS の導入をプロジェクトは支援しているが、RDMS 開発にかかわる保健省 MSA-JICA 間の協議や開発業者選定のための入札に想定以上の時間を要したため、本件にかかわるプロジェクト活動は当初の計画からおよそ 3 カ月程度遅延し、終了時評価時点では 2 省での試験導入を行っている段階である。プロジェクトは 2016 年中に対象 6 省に導入を完了し、2017 年より本格運用を開始、更に 1 カ月後に最終的な運用性の評価を行うとしている。協力期間は 2017 年 3 月までの本プロジェクト協力期間終了までに予定した活動とベトナム側への完全引き渡しを完遂するには厳密な工程管理を行うことが求められる。また、DOH 決定の改定や、DOHA 及びリファラルシステム機能評価のための指標の設定とそれに伴う病院質評価基準書の改訂は保健省内での承認手続き中（2016 年の病院質評価プロセスにおける施行を含む）であることから、プロジェクト期間終了までにプロセスが完了されるよう必要に応じてプロジェクトは支援することが望ましい。

(2) 成果及びプロジェクト目標達成のための外部条件

1) プロジェクト目標達成のための外部条件「保健省の DOHA 及びリファラルシステム強化に対する一貫した支援」の現状

保健省 MSA の DOHA ユニットは国全体の DOHA 活動を強力に推し進めている。DOHA やリファラルシステム強化に向けたマネジメント能力強化を支援する本プロジェクトの運営管理も、非常に多忙な中でも可能な限り協力したことから、本指標は満たされた。

2) プロジェクト目標達成のための外部条件「郡病院から省総合病院に至るリファラルシステムが継続的に（持続的に）前プロジェクトの成果として運営されている」の現状

本プロジェクトの新規対象 5 省は先行プロジェクトのホアビン省の経験やノウハウを活用して実施された。特に 2014 年に発効されたリファラル通達は先行プロジェクトの成果を政策として反映された結果であることから、本指標も満たされたといえる。

3) 成果達成のための外部条件「特に研修活動に関して、他の関係機関（例：中央の病院及び専門病院）との調整・協力が必要」の現状

中央病院はサテライト病院プロジェクトや 1816/DOHA 研修などの国家予算で実施する研修を年間研修計画に基づいて提供していることから、省病院からアドホックな要請に必ずしも対応できない場合がある。一部、中央病院のアレンジが難しく実施できなかった研修があったが、概して中央病院は非常に協力的に 6 省からの研修要請に対応してくれたことから、本指標は満たされたといえる。

4) 成果達成のための外部条件「対象省の省政府機関による予算配分についてのコミットメントと支援が必要」の現状

新規対象となった 5 郡のうち 1 郡はカウンターパート予算が満額支払われなかった。また、もう 1 郡はカウンターパート予算が全く支払われなかったが、省内で計画したプロジェクトに関連する短期研修講師謝金等は省保健局や省総合病院の予算で賄われたため、本プロジェクト実施に負の影響は生じていない。

(3) 有効性への促進要因

2013年に首相府決定「病院（患者）過剰混雑状況緩和のための事業計画（2013-2020）」が発効され、以降 DOHA に関連する決定や通達が多く発効された。本決定の傘下にある 2013 年の保健省決定「サテライト病院プロジェクト（2013-2020）」では、同プロジェクトによる技術移転型の研修の指標の 1 つに介入前後の「リファラル率の変化」を使うことが定められている。このことは、2014 年のリファラル通達の発効とともに、全国レベルでリファラル情報管理や分析が推進される一助となった。

(4) 有効性に対する阻害要因

特になし。

(5) その他

郡病院に医療保険を保持する住民が受診する際には、CHS の紹介状を持参しなければ保険診療の自己負担額が増加する仕組みであったが、保健省は 2015 年 11 月に通達「医療サービスにおける医療保険の初回受診医療機関の登録とリファラル」(40/2015/TT-BYT) を発効した。これによって、医療保険保持者は 2016 年 1 月から CHS の紹介状を持参する必要なく、居住する郡以外にある施設でも直接郡病院を受診できるようになった。

本プロジェクトではマネジメントの観点から DOHA 及びリファラル活動を支援しているため、本件がプロジェクト活動実施そのものに影響を及ぼすことなく、本件は有効性の阻害要因とはならない。しかしながら、保健省 MSA は下位の医療施設で取り扱える医療技術を増やすことで、上位医療機関への患者集中を軽減させることに大きな労力と予算をかけているが、終了時評価調査団の対象省との面談調査では、同保健省通達が発効されて以降、CHS の患者数が減少傾向にあるとの訴えが聞かれている。

4-3 効率性

以下の理由から、本プロジェクトの効率性はおおむね高い。

(1) プロジェクト活動の進捗管理

「実施プロセスの検証」で述べたとおり、ベトナム側のプロジェクト運営は、保健省 MSA の DOHA ユニットが中心となって構成される CPMU が対象 6 省に設置された PPMU をリードする形で実施され、JICA 専門家と協力してプロジェクト全体の実施管理がなされた。

特に、本プロジェクトは広範囲にまたがる北西部の 6 省を保健省のあるハノイで管理する体制であることから、効率的なプロジェクト管理が求められた。これに対しプロジェクトは、プロジェクトの導入段階で CPMU や PPMU の参考資料となる運営マニュアル（会計手続き方法を含む）を作成し、ワークショップの開催を通してカンターパート機関の「プロジェクト運営」に関する正確な理解を得ることができた。プロジェクト事務所は保健省本省内に設置できなかったが、CPMU と JICA 専門家は定例のプロジェクト運営管理会議を開催し、PPMU とも 2 カ月に一度程度の訪問と日常的な電話や email でのコミュニケーションが継続されたため、プロジェクト全体としての連絡調整はおおむね適切に実施されたといえる。プロジェクト活動実施のために保健省内でのプロジェクト活動にかかわる意思決定や承認手続きに想定以上の時間と労力を要するケースも認められたが、進捗管理も含めたプロジェクト運営管理自体はおおむね適切に実施されたと

考えられる。

(2) 提供された機器及び材料の有効利用

プロジェクトは省総合病院の研修計画に沿って、研修用視聴覚教材や救急蘇生用シミュレーター等の実技訓練用機材、喀痰吸引装置などの医療機器を供与した。これらの機器等は研修活動等に有効に活用されるとともに、医療機器に関しては実地医療に有効活用されている。

また、終了時評価時点での聞き取り、観察では、供与機器は適切に維持管理されている。

(3) 本邦研修で獲得した知識・技能の有効利用

終了時評価までに本邦研修（地域保健医療／地域医療連携）が実施され、合計 39 名のベトナム人カウンターパートが参加した。

研修から帰国した後は、日本滞在中に作成した活動計画に沿って、JICA 専門家や CMPU の側面指導のもと、ベトナム側機関が主導となってプロジェクト活動が実施されており、本邦研修で獲得した知識・技能はベトナムでのプロジェクト活動の基礎、出発点として有効に活用されている。

一例として、ソンラ省総合病院は本邦研修で学んだ地域医療の知見に基づいてソンラ省のリファラル情報や地域の特性を分析し、ソンラ省に必要な活動として CHS の強化を挙げ、CHS を支援・指導する任務のある郡病院に対して地域に求められる医療サービスの展開を指導した。この活動はプロジェクトの DOHA ハンドブックにソンラ省の地域医療活動の事例として掲載される予定である。

(4) 効率性に対する促進要因

1) ホアビン省でのスタディツアーの実施

そもそも、本プロジェクトは先行の「ホアビン省医療サービス強化プロジェクト」（2004-2009）の達成事項を更に省内で発展させるとともに、他の北西部 5 省に適用させるコンセプトとなっている。

プロジェクトの導入時に PPMU を中心とした新規対象 5 省のカウンターパートはホアビン省のリファラル会議での地域保健医療の連携にかかわる協議やデータに基づく問題分析や対応にかかわる協議など見学し、同省のリファラル会議運営等の活動を実例として活用したことで、新規対象 5 省でのプロジェクト活動の円滑な導入に貢献したと考えられる。

2) 他の技術支援との間接的な連携

「有効性」項で示したとおり、本プロジェクトは DOHA の実践として特定のテーマ（心臓血管系疾患や救急医療などの診療科、看護や検査などの職種など）に限定した支援は行わず、それらの支援が効果的、効率的に運用されるための DOHA・リファラル活動の担当者に向けたマネジメント能力の向上を支援した。

特に保健省の運営する「サテライト病院プロジェクト」とは相互補完的に DOHA 全体をカバーするものであり、その他の開発パートナー機関による技術支援とも本プロジェクトの支援が間接的な連携と考えることができる。

(5) 効率性に対する阻害要因

「プロジェクトの進捗管理」で示したとおり、PDM ではベトナム側投入として「プロジェクト事務スペースと基本的事務用品」と記載され、この内容については日越で合意されている。しかしながら、プロジェクト開始後にベトナム側で保健省内にプロジェクトのための事務スペースを確保することが困難であることが明らかとなった。この件について日越間で協議を行った結果、日本側で保健省近くに事務所スペースをレンタルし、事務用品や水道光熱費等も含め事務所運営にかかわる経費は日本側プロジェクト経費から支出することで合意された¹⁵。

前述したとおり、JICA 専門家や CPMU スタッフは定期的な会議機会や電話、email 等、双方の努力により良好なコミュニケーションが維持されたが、特に保健省内の承認取り付けや問題が生じた際などの協議実施に想定以上の時間と労力をかける結果となった。プロジェクトの効率性は双方の投入が成果やプロジェクト目標に転化されたかとの視点で評価するが、本件は①ベトナム側の投入がなされなかったこと、②その結果として日本側プロジェクト予算を使用したこと、③運営管理そのものは適切に実施されたが、そのために想定以上の時間と労力を要したことなどから、本件は一定程度、プロジェクトの効率性を阻害したと考えられる。

4-4 インパクト

プロジェクトの実施によって、以下に示す正のインパクトが確認または期待されている。

(1) 上位目標達成の可能性

本プロジェクトでは、「DOHA 及びリファラルシステムの強化により、北部山岳省における医療サービスの持続的な改善に寄与する」ことをプロジェクト期間終了後 5~10 年のうちに達成すべき上位目標として設定している。北部山岳省も北西部省と同様に貧困率が比較的高く、地理的にも保健サービスへのアクセスが困難な地域である。本プロジェクトは利用可能なリソースが限られているなかで、それらのリソースを最大限に活用できるようマネジメントの観点から DOHA 活動やリファラルシステムの強化を北西部の 6 省支援してきた。「有効性」の項で示したとおり、プロジェクトの実施によってホアビン省での経験やノウハウをもとに、新規対象 5 省で DOHA 及びリファラルシステム運用を適切に管理できる基盤が整備されるとともに、省から郡を経てコミューンに至る縦のネットワーク、省、郡、コミューンにおける横のネットワークが本プロジェクトの管理会議や省及び郡レベルでの DOHA・リファラル会議を通して確立した。

「DOHA・リファラル会議」は単に患者リファラルについての連絡調整を行っているのではなく、レベルの異なる医療機関が連携して地域医療の向上を行うための「地域医療連携会議」として機能しており、リファラルデータの分析を活用した問題分析、ニーズアセスメントなどから、研修計画の策定だけでなく、課題に応じたミニレクチャーなどの実施機会としても有効に活用されている。このような活動と並行し、プロジェクトは保健省が主体となり、DOHA 決定の改定やリファラル通達などの発効など法整備、効果的な DOHA リファラル活動実施のためのハンドブック作成など、北西部省、北部山岳省だけでなく全国の省の指針となる取り組みを行ってきた。このことにより、北部山岳省が DOHA・リファラル活動を推進するための基盤、環境は整備されたと考えられる。

他方、本プロジェクトは上位目標達成に向けた 1 つのアプローチとして考える必要がある。特

¹⁵ PDM は本合意に伴う修正はなされなかった。

に上位目標では「持続的な医療サービスの改善」を北部山岳省で実現しようとするものであることから、本プロジェクト単独での上位目標達成は現実的でない。特に本プロジェクトでは、同プロジェクトや他の支援と相互補完的な役割を果たすものとして実施されてきたため、保健省がDOHAの中で推進しているサテライト病院プロジェクトによる医療技術の向上と効果的な連携の上で取り組む必要がある。他方、上位目標達成度測定のための指標は「北部山岳省において、省総合病院と郡病院の病院質評価基準書のDOHA及びリファラルにかかる評価結果が改善される」であることから、逆に医療技術の向上のみでは達成は困難であり、本プロジェクトで強化されたDOHA・リファラル会議が他の地域でも地域医療連携会議として適切に機能することが必要である。これらの活動がプロジェクト終了後も継続すれば、上位目標が達成することは一定程度期待できる。

上述のとおり、リファラル活動は保健省によって制度化（通達の発効）され、DOHA活動に関してもプロジェクト期間終了までに2010年の保健省決定が改定¹⁶される見込みである。このことによって、DOHA活動及びリファラル活動の実施は全国の医療機関の責務となり、北部山岳省でも「実施すべきこと」こととなった。そこで本プロジェクトは北部山岳省を含む地方部への本プロジェクトの達成事項の普及を念頭に、DOHA・リファラルハンドブックの作成を進めている。本プロジェクトは省保健局や省、郡のDOHA担当者がDOHA実践のための実用書として活用されることを想定している。そのようなコンセプトのもとでハンドブックは、DOHAやリファラル活動に関連する決定文書や通達文書を図表等を用いてわかりやすく示したガイドライン（第1章）に加え、対象6省での経験や教訓を紹介した事例集（第2章）と日本の地域保健医療の実践（第3章）で構成されている。

しかしながら、適切なDOHA運営管理を行うには、実践的なリファラル会議運営のノウハウや、リファラルデータ等の分析方法、分析に基づいた実現可能性の高い計画作りなどについては、本プロジェクトで作成するハンドブックを参考に技術的な導入支援やフォローアップが必要と考えられることから、そのようなメカニズムの構築について、保健省や省保健局等の担当部局で検討されることが望ましい。現在改訂作業が進められている病院質評価基準書については、DOHA及びリファラルに関する評価指標が追加される見込みであり、2017年の評価基準から使用される見込みである。そのことによって、DOHA及びリファラルに関する政策がより具体的に推進される要因となるものと考えられる。

(2) その他の正のインパクト

1) 他の技術支援との間接的な連携

「効率性への促進要因」と同様に、本プロジェクトはDOHAの実践として特定のテーマ（心臓血管系疾患や救急医療などの診療科、看護や検査などの職種など）に限定した支援は行わず、それらの支援が効果的、効率的に運用されるためのマネジメント能力の向上を支援した。

獲得した知識や技術の定着に更なる経験やフォローアップが必要な将来の課題は残されているものの、本プロジェクトで学んだデータ分析等に基づいた実現可能性のある計画作りなどは他の支援で行う研修テーマの選定や実施計画策定に活用されている。本件は本プロジェクトで学んだノウハウや知識、技術、優良事例が本プロジェクトで支援したCME研修だけでなく、他の支

16 「保健省決定」の改定であるが、「保健省通達」として発布されるよう手続きが進められている。

援による研修等に対しても正の影響を及ぼしているものと推察される。

2) DOHA・リファラル会議の機能拡張（地域医療連携やスタッフ教育の場として）

DOHA・リファラル会議は、適切な患者リファラルや適切なリファラルシステム運用のための省総合病院一郡病院間、郡病院—CHS 間の連絡調整を行うことを目的としていたが、実際にはリファラルデータの分析結果の共有・検討や個別の課題の共有、対応策の協議を行うことに加え、ニーズに基づいたミニレクチャー等も実施され、地域医療連携活動だけでなく、教育機会の場としても活用されている。

(3) 負のインパクト

本事業の実施に起因する負のインパクトは、終了時評価時点において確認されない。

4-5 持続性

プロジェクトによって生み出された便益の持続性は、終了時評価時点において一部課題が認められるものの、一定程度期待できる。

(1) 政策的、制度的側面

保健省 MSA はベトナムの医療サービス向上のために DOHA を重視し、首相府決定「病院（患者）過剰混雑状況緩和のための事業計画」（2012-2020）（92/QD-TTg）や、同決定に基づく保健省決定「サテライト病院プロジェクト」（2013-2020）の発効以降、その取り組みを強化している。本プロジェクトとの関連では、「ホアビン省医療サービス強化プロジェクト（2004-2009）」の経験に基づき、2014年にリファラル通達が発効された。さらに、終了時評価時点では DOHA 決定の改定や病院質評価基準評価書の改訂が進められている段階である。したがって、プロジェクト期間終了後もベトナムの保健政策の中で DOHA の重要性は維持されることが強く見込まれる。

前述のとおり、保健省 MSA は上記政策によって上位医療機関への患者集中を緩和し、適切な医療サービスを提供しようと政策的努力を継続している。しかしながら、「有効性」の「(5) その他」で示したとおり、これまでは郡病院に医療保険を保持する住民が受診する際には、CHS の紹介状を持参しなければ保険診療の自己負担の割合が高くなる仕組みであったが、2015年11月に発効された保健省通達「医療サービスにおける医療保険の初回受診医療機関の登録とリファラリル」（40/2015/TT-BYT）によって、2016年1月より医療保険保持者は CHS での紹介状なしで直接郡病院に受診しても保険診療の自己負担が増額されなくなった。今後はこの保険診療の方針は省病院まで適用することが計画されている。今回の終了時評価での対象省での面談調査でも、①CHS 患者の受診者減少や、②各郡における住民の郡を超えた医療機関選択に関する情報の把握が困難になった、などの変化が聞き取られている。つまり、今後はより省病院、郡病院を直接受診する患者数は増加することが予測されることから、「患者集中緩和」の観点からは DOHA の推進による医療機関の機能強化を一層推進することのほかにも、上位の医療機関から下位医療機関にリファラルが適切に行われることや、CHS 管轄域の地域住民に CHS や郡病院で提供可能な医療サービスを正確に知ってもらうことなど CHS を中心とした地域医療の更なる強化などの重要性がより高まると考えられ、このような視点からの政策的取り組みが必要となるものと考えられる。ただし、病院の独立採算が求められている中で患者数の増加は直接的な収入の増加にもつながらることから、下位病院への患者紹介を実施することへのインセンティブ（診療報酬への加算等）を考慮する必要性も示唆される。

(2) 技術的側面

これまで示してきたとおり、プロジェクトの実施によって対象 6 省では DOHA・リファラル活動が自立的に維持・管理できるレベルに達している。特に、DOHA・リファラル会議はリファラルシステムの効果的な運用だけでなく、地域医療連携活動や教育活動としての機能も果たしており、省内の医療機関の縦の連携、横の連携の確立にも大きく貢献している。新規対象となった 5 省のうち 3 省は郡病院や CHS での DOHA・リファラル活動の運営管理能力強化の重要性を認識し、自助努力で郡病院—CHS 間のリファラル会議を導入するなど、自立的な活動も開始されている。このような取り組みが継続することにより、将来的には他の支援（保健省による「サテライト病院プロジェクト」など）と連動しながら、省全体の医療サービスの向上も期待できる。しかしながら、リファラルデータの分析（統計学的解析手法など）や結果の解釈、分析結果に基づく実現可能性のある計画作りなどの能力が定着するには更なる技術支援も考慮する必要があるものと考えられる。

なお、「DOHA・リファラル活動能力強化研修」で指導している DOHA ユニットの業務として、医師の医療技術向上のための活動運営管理（サテライト病院プロジェクトや保健省決定 1816 の実施）やリファラルシステムの強化に加え、CME も含んでいる。「DOHA・リファラル活動能力強化研修」はナショナル・カリキュラムに指定されたが、このカリキュラムを用いて公式な研修として実施するには、DOH や PGHs が保健省による研修実施機関として CME コードを取得する必要がある。保健省 ASTT はすべての省で CME 研修実施認定施設を設置するように指導していたが、2015 年 8 月時点では 6 省中 4 省のみであった（全国：63 省中 55 省は取得）。DOHA 部の機能の確立に必要であるとともに、プロジェクト期間終了後の機能維持、向上のためには DOHA 活動を含む CME が適切に継続することが求められる。この必要性から JICA 専門家は保健省と協力して認証に必要な研修の提供や取得手続きにかかわるガイダンスを実施した。これにより、2015 年 12 月には 6 省すべてが認証を取得している。なお、保健省 MSA が推進するサテライト病院プロジェクトや保健省決定 1816 の実施は中央病院から PGHs の医療技術移転が主であるが、省レベルの DOHA 活動を確立することで、省以下の医療サービスの向上に向けた取り組みが継続的に実施されることを一定程度担保するものである。

(3) 財政的側面

DOHA・リファラル会議の実施はリファラル通達によって義務化されている。プロジェクト開始当初は省総合病院—郡病院間のリファラル会議費用をプロジェクトで支援したが、2015 年からは各省で会議費用が予算化され、自立的に運営されている。上述のとおり、新規対象の 5 省中 3 省で郡病院—CHS 間のリファラル会議が開始され、プロジェクトは会議費用の財政支援を行っている。プロジェクト期間終了までには、会議費用負担がベトナム側に引き継がれる予定である。なお、一部の省保健局では TV 会議システムの活用や定例の定例会議への統合などの検討を開始しており、財政的持続性向上のための取り組みが各省で実施されているといえる。

他方、本プロジェクトでは DOHA・リファラル活動運営に関するマネジメント能力強化や根拠に基づいた計画作りなどの分野横断的能力強化研修に加え、DOHA・リファラル活動強化の観点で PPMU が計画した技術研修 193 コース（医療従事者の CME 研修の一部として）の実施を財政的に支援した。プロジェクト期間終了後はこの支援はなくなるが、各省で計画される研修等はニーズアセスメントの結果だけでなく、利用可能なリソース（これまではプロジェクトによる財政

支援)を考慮して計画されてきた。終了時評価時の面談調査において、各省の保健局や省総合病院の DOHA 担当者は他の支援(保健省、開発パートナー機関など)のリソース等を考慮して研修計画を行うことを想定しており、本プロジェクトによるノウハウを活用して財政的にも北西部省の医療サービス強化に向けた取り組みの持続性を担保していると考えられる。

(4) 総合的持続性

このように、一部課題が認められるものの、プロジェクトの実施によって得られた便益は一定程度持続されることが見込まれる。

4-6 結 論

ベトナム側・日本側の強いコミットメントにより、プロジェクト目標の指標はおおむね達成されている。成果については、RDMS・DOHA ハンドブックなどは終了時評価の際にはまだ完了していなかったが、準備が進んでおりプロジェクト終了時までには完了する見込みである。

妥当性、有効性、効率性、持続性についてはおおむね高い。持続性については課題はあるものの、プロジェクトにより得られた便益は持続することが見込まれている。上位目標の達成については終了時評価時には確認できなかったが、想定された時期には達成されることが見込まれる。調査団は多くの正のインパクトを確認した。

第5章 提言と教訓

5-1 提言

(1) DOHA 及びリファラル活動の全ての医療機関レベルへの拡大

郡及びコミュニケーションレベル間における DOHA 及びリファラル活動は、本プロジェクトではホアビン省のみを対象とした。よって、他の5省においては、保健省、省保健局、DOHA ユニットにより、郡及びコミュニケーションレベルへ本活動が拡大されることを奨励する。

(2) DOHA 通達及び病院質評価基準書

保健省通達「DOHA 決定の改定」や、DOHA 及びリファラルシステム機能評価のための指標の病院質評価基準書への反映は、保健省内での承認手続き中である。しかし、中間レビュー時の承認の想定時期よりも時間を要しているために、できる限り早急に保健省の承認がされるよう CPMU が継続的なリーダーシップを発揮することが推奨される。

(3) RDMS

1) プロジェクト (CPMU・PPMU・JICA プロジェクトチーム)

- ・RDMS は終了時評価調査時点で2省での試験導入が行われている段階である。本終了時調査において、既存の病院情報管理システム (Health Information Management System : HIMS) が多様であるため、使用しているシステムの出力機能によって RDMS へのデータ入力が大変煩雑になる例が確認された (*実際に利用したパイロット省の一部ユーザーや JICA 専門家からの聞き取りに基づく)。よって、HIMS から RDMS への効率的なデータ移行のために、プロジェクトの指導のもとで PPMU は該当する病院の HIMS の修正や運用の工夫にかかる方針を決定する必要がある。
- ・RDMS の機能評価後のシステム・運用の修正作業等を2016年12月までに終了し、ベトナム側による継続的な運用法の確定を含む完全引き渡しを2017年3月のプロジェクト終了時まで完了する必要がある。そのためには、CPMU のイニシアティブによる RDMS の開発・運用にかかる全体管理 (厳密な工程管理、ユーザーの意見を可能な限り RDMS 開発へ反映、など) の実行が高く期待される。
- ・将来、病院が現在使用する病院情報管理システムが変更あるいは更新される場合には、RDMS の機能と役割がどのシステムでも継承される必要がある。そのためには、システム開発の発注者・受注者向けのガイダンスの作成・共有が推奨される。
- ・プロジェクト終了時までには、プロジェクトから保健省 MSA への RDMS の完全引き渡しを完了するには、2016年12月末までに保健省による RDMS の維持管理体制 (予算、人員など) を確定する必要がある

2) 院長及び省保健局

- ・現在、RDMS は関係者間での協議に基づき最終段階の開発が進められている。しかし、各病院における RDMS の円滑な導入・活用のためには、省保健局及び各院長によって再度、RDMS 利用にかかる実施方針を RDMS のシステム管理者を含む関係者へ指示・伝達する必要がある。

3) CPMU・JICA プロジェクトチーム

- ・保健省 MSA は将来的には RDMS の全国適用のアイデアをもっており、他省における RDMS

の導入のためにガイダンスを用意する必要がある。よって、本プロジェクトの終了時までには、RDMS の研修マニュアルの作成や保健省内のマスタートレーナーの養成、必要経費の分析を行うことが推奨される。

(4) DOHA 及びリファラル活動のすべての医療機関レベルへの拡大

- 1) 終了時調査では、対象省における省総合病院・郡病院間の DOHA・リファラルシステムの基盤の確立が確認された。しかし、ホアビン省の一部地域では、郡病院・CHS 間の DOHA・リファラル機能を更に強固にするために PPMU が現在も支援を継続中である。よって、プロジェクトの支援のもとで、ホアビン省保健局はモニタリング及び supervision を強化し、該当する郡における DOHA・リファラル機能を更に強固にすることが期待される。
- 2) 今後、郡病院—CHS 間など新規に DOHA・リファラル活動の促進やその機能の確立・維持を図るためには、既存の省内の枠組み（例：定例の会議やモニタリングメカニズムへの統合）を活かしつつ、省保健局医療業務部、省病院 DOHA 部等によるモニタリングや運営に関する技術支援等のメカニズムを構築（担当者の設定、役割などを明確化）することが望ましい。
- 3) 根拠（DOHA・リファラル会議での検討事項や分析データなどの）に基づく DOHA の活動計画の立案が期待されるが、データ分析やその解釈、利用可能なリソースを踏まえた計画立案能力が十分でないケースが終了時評価調査団の面談調査で散見されたため、改善の余地がある。保健省や各省保健局は（DOHA 担当者）がこのような能力を確実に維持・向上するよう、モニタリングを行う際に、技術的な助言や指導を行う体制を更に強化すること。

(5) DOHA ハンドブックの作成について

- 1) 終了時評価調査時点では最終化のためのドラフト修正作業が編集委員会により行われている。引き続き、ユーザーフレンドリーな「実用書」となるよう、プロジェクト関係者により必要なインプットがされることが推奨される。
- 2) 2016 年 12 月に開催される普及セミナー前までに、DOHA ハンドブックの保健省承認がなされるよう CPMU が継続的なリーダーシップを発揮することが推奨される。

(6) 政策変更に伴う地域医療への影響

- 1) 2015 年 11 月に発布された保健省通達（40/2015/TT/BYT）（リファラルレターなしでも患者が選択した郡病院を患者の自己負担の増加なしに受診可能）について、本終了時調査の対象省との面談では、ほぼすべての対象省から懸念（①CHS の患者数の更なる減少及び郡病院の患者集中を促進する要因となること、②各郡における住民の郡を超えた医療機関選択に関する情報の把握が困難となること）が確認された。
- 2) プロジェクト開始時にはこの政策改定を見込んでいなかったため、郡を超えた患者の郡病院受診にかかる情報把握は活動に含めていなかった。しかし、今後はこうした情報の把握が病院の医療サービス計画の改善において重要性が増すことから、病院情報管理システムを構築する際には、こうした情報を把握できるようにすることが推奨される。

5-2 教訓

医療機関において既存の情報管理システムが多様であるため、使用しているシステムの出力機能に

よってプロジェクトで開発するシステムへのデータ入力が大変煩雑になる例が確認された。よって、既存の情報管理システムから開発するシステムへ効率的にデータを移行するために、対象のシステムの開発だけを検討するのではなく、データの移行などの観点から連携する情報システムについても必要な修正を行うための開発時間を考慮して計画すべきである。

第6章 所感

6-1 団長所感

人間開発部保健第二グループ保健第3チーム課長 吉田友哉

中間レビューに引き続き団長として参団したが、同レビュー時の提言についてはおおむね取り入れられており、進捗している様子が確認できた。

終了時評価時点でも DOHA にかかる保健省令、DOHA/リファラルに関する指標の病院の質評価への取り入れなどについては実現していないが、近い将来実現するであろう見通しは立っている。

本終了時評価時点で最大の懸案としては、RDMS の導入であった。2015 年より調査・開発が進み、終了時評価時点では2省においてパイロット導入がなされているところであり、郡病院にて使い勝手について視察することができた。同システムは既存の病院情報管理システムからの情報を極力活用することを意図して設計されたが、既存のシステムが多岐にわたることから、データのやり取りについては一度既存システムから表計算形式で出力し、これを RDMS 側で取り込むことになっているが、今回の視察先では、出力されたデータを RDMS 側に取り込むために、複数の出力データを必要としたり、足りない情報を追加するなどの手間が発生していることが確認された。視察できなかった多省のように、既存システム側を改編して、出力データと入力データの形式を同一にできる場合は問題ないものの、既存システムに手を付けることが難しい。またはコストがかかる場合などは、手作業でのデータ整理が必要となる。このため、データ入力する職員に対しては、業務が増えることも考えられ、それでも RDMS による効果が大いであるということを病院のリーダーがきちんと認識し指導する必要がある、これを提言とした。また、将来的に病院のシステムを導入・アップグレードする際に RDMS との連携を視野に行うことも必要である。

RDMS の継続的な活用のために何よりも重要であることは、今回開発されたシステムがそのまま活用されることではなく、今回開発されたシステムにより実現される機能を活用し、より効果的・効率的な DOHA 活動を行うことであり、このことが広く認識されれば、将来どのようなシステムに変わったとしても RDMS の機能は継承されていく。プロジェクトには短い期間ではあるものの、こうした RDMS の活用について関係者の深い理解を得るよう活動いただきたい。

6-2 技術参与所感

国立国際医療研究センター 国際医療協力局人材開発部研修課 江上由里子

2004～2009 年にホアビン省をモデル省として実施した「ホアビン省保健医療サービス強化プロジェクト」の成果として、DOHA・患者搬送システムが確立され、省内の地域医療システムが大幅に強化された。その経験・教訓を「DOHA ガイドブック」としてまとめ研修活動の標準化を進めることで、省病院による郡病院向けの研修支援能力も大幅に向上した。省病院から郡病院に至る DOHA と患者搬送システムは「ホアビンモデル」と称されている。

ホアビン省では郡より更に下位の行政単位であるコミューンレベルまでの一貫した DOHA と患者搬送システムを構築する必要性を認識し、同時に、保健省は同モデルの成果を踏まえ、ホアビン省の関係者の協力のもとで同モデルを、貧困率が高い、医療人材の不足や技能が低いなど課題の多い北西部地域全体に展開する意向をもった。

当プロジェクトは、ベトナム保健省が保健医療サービス提供の公平性を軸とし、保健システム上の課題の1つである上位病院への患者集中への対応の一環として、2013年3月から実施されてきた。

2015年4月の中間レビューでは、リファラル通達が保健省から出されて制度化され、対象5省での体制も整っていたが、リファラルデータの分析やそれを研修計画に反映させるDOHA研修サイクルの確立が今後の課題とされ、同時にホアビン省での11郡病院とCHSのネットワーク化への注力が必要とされた。

中間レビューから1年半が経過し、プロジェクト終了まで4カ月を残すこの時期に終了時評価調査を実施し、この1年半での確実な進捗とプロジェクトとしての成果が評価された。評価全体については他報告に譲り、当職の所感を述べる。

(1) プロジェクトの意義：DOHA・リファラルシステムの地域保健システム強化

2004～2009年のホアビン省でのプロジェクトに引き続き当プロジェクトは、DOHAの、特に省病院から郡病院、更にCHSまでの地域のDOHA・患者搬送システムの改善への取り組みを行うとともに、ホアビンモデルを他省に展開した。

ベトナム政府は2013年からの患者集中緩和プロジェクトの一環として省病院・郡病院の施設整備・機材の強化・改善を行っており、このプロジェクトはそれに続く医療機関の保健人材強化、ひいては地域の医療レベルの向上を目指すものである。当プロジェクトの患者搬送情報と研修管理を通じた地域医療連携の強化は、保健行政と医療機関双方に介入することでより良い成果が得られている。

プロジェクトによる調査では、コミュニティから最終的に中央病院まで行く患者数は実はそれほど多くなく、中央の病院の集中は実は都市化による人口集中に対して医療機関が都市周辺に少ないことが主な理由ではないかと分析されている。当プロジェクトは、中央病院の患者集中の緩和よりもむしろ省病院の患者集中緩和、更には地域保健医療の強化に資するものであり、ひいてはユニバーサル・ヘルス・カバレッジ（Universal Health Coverage：UHC）達成に貢献するものとして意義のあるものであろう。

(2) 研修サイクル

中間レビュー後、患者搬送データを集計・分析し、研修ニーズを把握し、次の研修計画に反映する、エビデンスに基づく研修計画策定への指導・支援が行われた。下位レベルの保健医療機関及び保健行政のスタッフがデータ分析し、分析結果から地域のニーズを理解し必要な投入計画に自ら反映させることで、地域のニーズと必要な投入を自分たちで計画する。地域のスタッフがこれらサイクルを実施する能力を獲得することで、当該地域の医療の向上が期待できる。

(3) DOHAの今後の展開について

DOHAは1990年代後半よりベトナム保健省が政策として進めてきたものである。DOHAを推進するために保健省は政策文書を発出してきたが、活動は限定的で地域差が大きい。今回の評価調査においては、リファラルデータの分析に基づく研修計画策定は必ずしもまだ円滑に行われている郡ばかりではなかったが、JCCにおいて北西部の対象省が積極的にDOHA・リファラルを進めていこうとしている意向が伝わった。

ベトナムは政府のトップダウンの保健システムの基盤が構築されており、DOHAの展開に必要な

なのはおそらく組織体制を整え財源を確保することであろう。その意味では、財源の少ない北西部省で、自己資金を含め財源確保が課題になると思われ、パートナーや関係者へのアドボカシーも必要であろう。今後は、全国セミナーなどでプロジェクトの取り組みを紹介し、その中で関心のある省がホアビン省などで実際に視察をし、導入していくことになる。今回プロジェクトで、保健省内に、他省に指導していく人材を十分に育成できていないことは課題であるが、言い換えれば中央の指導を仰がずとも省同士の情報共有で自律的に展開していくことができれば、ベトナムの地域保健医療の強化は高く期待できる。

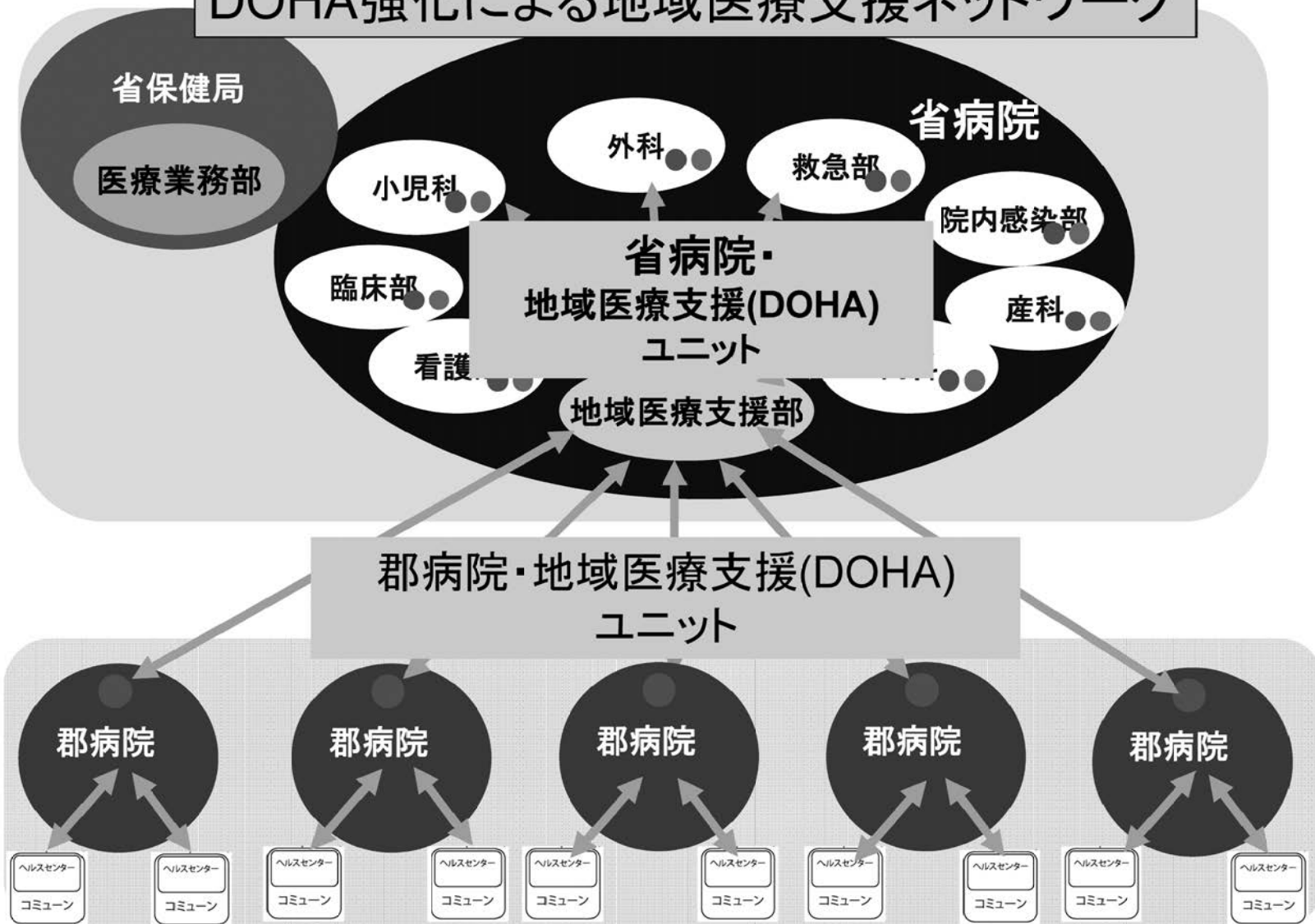
さらに、ベトナムにおいてある程度の成果を出すことができれば、その成果を発信し、他国に応用し展開することも将来的に期待したい。

最後に、この場を借りて、当プロジェクトに携わられた関係者の皆様、特に現地で日々活動された専門家の皆様のご健闘に心から敬意を表したいと思います。

付 属 資 料

1. DOHA 強化による地域医療支援ネットワーク
2. 終了時評価調査協議議事録 (M/M) 及び「Joint Terminal Evaluation Report (英文)」
(Annex 含む)

DOHA強化による地域医療支援ネットワーク



2. 終了時評価調査協議議事録 (M/M) 及び「Joint Terminal Evaluation Report (英文)」(Annex 含む)

**MINUTES OF MEETING
OF
THE 4th JOINT COORDINATING COMMITTEE
ON
THE PROJECT FOR STRENGTHENING MEDICAL SERVICES IN
NORTHWEST PROVINCES**

The Project for Strengthening Medical Service in Northwest Provinces (hereinafter referred to as “the Project”) supported by Japan International Cooperation Agency (hereinafter referred to as “JICA”) has come into the final year’s operation since its commencement on March 20, 2013.

The 4th meeting of the Joint Coordinating Committee (hereinafter referred to as “JCC”) was held on November 9, 2016 for the purposes of confirming the results of Terminal Evaluation Report as conducted by the Terminal Evaluation mission and approving an activity plan for the last 4 months of the remaining implementation of the Project.

As a result of discussion, JICA Vietnam Office and authorities concerned of the Government of the Socialist Republic of Vietnam (hereinafter referred to as “Vietnamese side”) have mutually agreed upon the discussed issues and the activity plan for the period from November 2016 to March 2017, the end of the Project attached hereto.

Hanoi, November 9, 2016



Mr. MASUDA Chikahiro
Senior Representative
Vietnam Office
Japan International Cooperation Agency
Japan



Msc. Cao Hung Thai
Vice Director
Medical Service Administration
Ministry of Health
The Socialist Republic of Vietnam

I. GENERAL INFORMATION

1. Time: 09:00 – 12:00, November 9, 2016
2. Venue: Meeting Hall No. E2, La Thanh Hotel, 218 Doi Can, Ba Dinh District, Hanoi
3. Chairperson: Msc. Cao Hung Thai, Vice Director of Medical Service Administration (MSA), Ministry of Health (MOH), Project Manager.
4. Meeting Agenda: *Refer to Annex I for detail.*
5. List of participants: *Refer to Annex II for detail.*

II. OPENING AND PRESENTATION

Msc. Cao Hung Thai, Vice Director of MSA, MOH, made an opening remark to kick off the 4th JCC meeting, which was organized with purposes of circulating, collecting comments and approving the Terminal Evaluation Report and confirming the action plan for wrapping up the remaining activities from now until the end of the Project (March of 2017).

The following points have been addressed:

- The Project started in March 2013 and will be finished in March of 2017. In the Project implementation period, Central Project Management Unit (CPMU), Provincial Project Management Unit (PPMU), JCC member of MOH and the Project office have been cooperated one another actively and reached good achievement despite the limited budget as well as socio-economic and geographical hard conditions.
- Training courses for medical staffs of Provincial General Hospital (PGH) and District Hospitals (DHS) which are the main Project activities lead by PPMU have been successfully organized based on the needs survey and planning conducted by PPMUs.
- DOHA network has been established in 6 provinces. Five provinces except Hoa Binh province have covered from provincial level to district level while Hoa Binh province has covered from the provincial level to the commune level.
- Some legal documents on DOHA and referral data management have been adopted and issued, i.e. the Circular 14/2014/TT-BYT dated on 14/04/2014; and the Circular on DOHA activities will be adopted in early 2017.
- The referral data management software (RDMS) has been developed and now under deployment in a piloting phase. It will be deployed in 6 target provinces soon as well as expanded at nationwide scale in the future.
- DOHA handbook is being compiled as practical guideline and reference for medical staffs in implementation of the DOHA activities.

III. MAIN CONTENTS

1. Report on the Project progress until October 2016:

On behalf of the CPMU, Msc. Nguyen Viet Hung, officer of DOHA office, MSA, MOH summarised the report on the Project progress from the beginning of the Project until October 2016. (*Refer to Annex III for detail*)

2. Project Implementation Plan from November 2016 to March 2017

Msc. Nguyen Thi Hong Yen, head of DOHA office, MSA, MOH presented the Project activity plan to be carried out for achieving the set-out targets for the remaining period from November 2016 until the end of the Project (19th March 2017). (*Refer to Annex IV for detail*)

3. Results of the Terminal Evaluation:

The evaluation team presented the summaries of the terminal evaluation report. (*Refer to Annex V for detail*)

4. Discussion and Recommendations

- Discussion on Terminal Evaluation Report and Action Plan:
 - All of participants agreed to the evaluation report and the action plan as presented by the evaluation team and CPMU.
 - Representative from 6 PPMUs highly recommended CPMU and MOH to consider the extension of the Project activities and allocation of the budget source, working with the provincial authorities for enhancing its sustainability after the Project termination.
 - Representative from Lai Chau and Lao Cai provinces suggested for CPMU and the Project office to continue monitoring and supervising the Project activities in the targeted provinces.
 - Representative from Dien Bien and Lao Cai provinces recommended CPMU to accelerate the deployment of RDMS and DOHA handbook for supporting referral data management and DOHA activities in the target provinces.
 - Mr. YOSHIDA Tomoya, leader of the terminal evaluation team commented that the team understood the hard condition in implementing the Project activities on strengthening DOHA and referral system in 6 target provinces, especially with mountainous characteristic and variety of ethnic minorities. Referral data management and analysis are necessary for recognizing training needs of lower level health facilities. It is useful for strengthening DOHA activities. He also emphasized the importance of sustaining the outputs of the Project as well for further strengthening of DOHA and referral system.
 - Mr. YOSHIDA Tomoya recommended CPMU that appropriate relevant

Circular on DOHA and referral activities should be developed for legal framework on implementing DOHA and referral activities at health facilities. The Circular 14/2014/TT-BYT that regulates referral activities and now, DOHA Circular is under development. Besides that, monitoring and evaluation should be organized regularly for supporting local health facilities.

5. Speech of representative from JICA Vietnam Office

Mr. MASUDA Chikahiro – Senior Representative of JICA Vietnam Office delivered the closing remark of the meeting. He highlighted that thanks to strong leadership and commitment of MSA/CPMU and effective support from central hospitals, almost planned activities on DOHA and referral system have been carried out smoothly and effectively at both provincial and district level.

The remark also acknowledged utmost effort of MSA in developing and issuing relevant decision and circular such as Circular 14 and soon-to-be approved Circular and Guidebook on DOHA.

With remaining 4 months prior to the Project termination, Mr. MASUDA called for special attention and further effort, particularly from MSA and CPMU, in finalizing: 1) DOHA Circular and Guidebook, 2) Add indicator on DOHA and referral into the revised hospital quality evaluation criteria, and 3) put RDMS into operation effectively.

IV. CONCLUSION AND CLOSING MEETING

Msc. Cao Hung Thai, Vice Director of MSA, MOH, made a conclusion of the 4th JCC meeting:

- All of participants strongly agreed to the terminal evaluation report and the activity plan for the remaining period of the Project.

- CPMU and PPMUs should invest more resources for wrapping up the remaining activities of the Project during last 4 months for the sake of target achievements.

- CPMU affirmed to make efforts to disseminate the Project results and advocate with MSA/MOH leaders to promote further strengthening of DOHA and referral activities including necessary amendments to the related legal documents in accordance with the actual situation in the health sector.

ANNEXES

- Annex I: Meeting agenda
- Annex II: List of participants
- Annex III: Report on the Project progress until October 2016
- Annex IV: Activity plan (November 2016 – March 2017)
- Annex V: Terminal evaluation report



AGENDA

THE 4TH JOINT COORDINATING COMMITTEE MEETING

Time: 8:30 – 11:45, Wednesday, 9 November 2016

Venue: Meeting Hall E2, La Thanh Hotel, Hanoi

(Facilitator: CPMU)

No.	Time	Content	Person in charge
1	8:30 – 9:00	Registration	Organizer
2	9:00 – 9:05	Participant Introduction	Msc. Bui Quoc Vuong – Officer of DOHA Office, MSA, MOH
3	9:05 – 9:25	Opening Remark	Msc. Cao Hung Thai – Vice Director of MSA, MOH
4	9:25 – 9:35	Review report on the Project progress until October 2016	Msc. Nguyen Viet Hung – Officer of DOHA Office, MSA, MOH
5	9:35 – 9:45	Project Implementation Plan from November 2016 to March 2017	Msc. Nguyen Thi Hong Yen – Head of DOHA Office, MSA, MOH
6	9:45 – 10:10	Presentation on the result of the final evaluation	Final evaluation team
7	10:10 – 10:20	Tea break	
8	10:20 – 11:20	Discussion and comment on the result of the final evaluation	All participants
9	11:20 – 11:30	Speech of Representative from JICA Vietnam	Mr. MASUDA Chikahiro – Senior Representative, JICA VN
10	11:30 – 11:45	Conclusion	Msc. Cao Hung Thai – Vice Director of MSA, MOH
11	11:45	Lunch	All participants

Project for strengthening medical service in Northwest Provinces

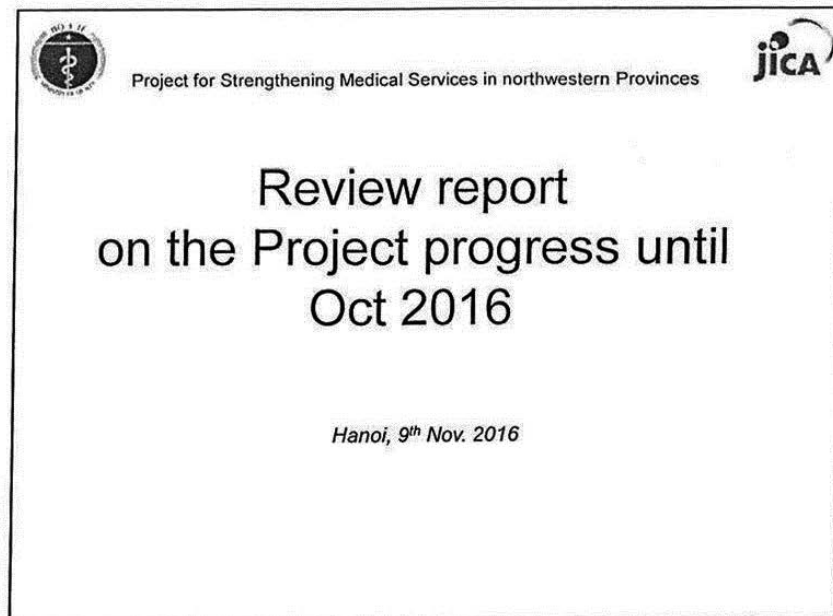
4th Joint Coordinating Committee Meeting

Date: 9 November 2016

LIST OF PARTICIPANTS

NO.	PROVINCE	NAME	TITLE & ORGANIZATION
1	MOH	Msc. Cao Hưng Thái	Vice Director of MSA - MOH/ Manager of Central Project Management Unit (CPMU)/ JCC member
2		Mr. Nguyễn Nam Liên	Director of Department of Finance and Planning - MOH/ JCC member
3	DOHA office- MSA, MOH	Msc. Nguyễn Thị Hồng Yến	Head of DOHA office, Medical Service Administration - MOH/ JCC member
4		Msc. Bùi Quốc Vương	Officer of DOHA office, Medical Service Administration - MOH
5		Mr. Nguyễn Việt Hùng	Officer of DOHA office, Medical Service Administration - MOH
6		Mr. Khúc Trần Hoàng	Officer of DOHA office, Medical Service Administration - MOH
7		Ms. Đỗ Thị Diệp	Officer of DOHA office, Medical Service Administration - MOH
8	Central Hospitals	Dr. Trịnh Hồng Sơn	Vice Director - Viet Duc Hospital/ JCC member
9		Dr. Nguyễn Văn Uy	Head of DOHA and Training Center - Viet Duc Hospital
10		Dr. Hoàng Long	Vice Director of DOHA and Training Center - Viet Duc Hospital
11		Dr. Nguyễn Minh Sơn	Officer of DOHA and Training Center - National Obstetrics Hospital
12		Dr. Lê Minh Hương	Vice Director - National Pediatrics Hospital
13		Dr. Hồ Anh Tuấn	Head of DOHA and Training Center - National Pediatrics Hospital
14		Dr. Phó Đức Thúy	Officer of DOHA and Training Center - National Pediatrics Hospital
15	Hoa Binh	Dr. Bùi Thu Hằng	Vice Director of Hoa Binh Provincial Department of Health/ Director of Hoa Binh Provincial Project Management Unit (PPMU)/ JCC Member
16	Son La	Mr. Nguyễn Tiến Sơn	Head of Medical Service Division - Son La Provincial Department of Health/ Member of Son La PPMU
17		Dr. Lò Thị Bích Ngọc	Vice Head of DOHA Department - Son La Provincial General Hospital/ Member of Son La PPMU
18	Điện Biên	Dr. Lương Đức Sơn	Vice Director of Dien Bien Provincial Department of Health/ Director of Dien Bien PPMU/ JCC member
19		Dr. Lương Văn Long	Head of Training and General Department - Dien Bien Provincial General Hospital/ Member of Dien Bien PPMU
20		Ms. Lê Thị Tuyền	Officer of Training and General Department - Dien Bien Provincial General Hospital/ Secretary of Dien Bien PPMU
21	Lai Châu	Dr. Đỗ Văn Giang	Vice Director of Lai Chau Provincial Department of Health; Director of Lai Chau Provincial General Hospital/ Director of Lai Chau PPMU/ JCC member
22		Dr. Vũ Bằng Phi	Vice Head of Medical Service Division - Lai Chau Provincial Department of Health/ Secretary of Lai Chau PPMU
23		Ms. Vũ Thị Ngọc Oanh	Officer of DOHA Department - Lai Chau Provincial General Hospital

24	Lào Cai	Dr. Hoàng Văn Hiếu	Vice Director of Lao Cai Provincial General Hospital/ Vice Director of Lào Cai PPMU
25		Dr. Phạm Bích Vân	Vice Head of Medical Service Division - Lao Cai Provincial Department of Health/ Secretary of Lao Cai PPMU
26		Ms. Nguyễn Thị Hồng Anh	Staff of DOHA Office - Lao Cai Provincial General Hospital
27	Yên Bái	Dr. Trần Lan Anh	Vice Director of Yên Bái Provincial Department of Health; Director of Yên Bái Provincial General Hospital/ Director of Yên Bái PPMU/ JCC member
28		Dr. Diêm Sơn	Head of DOHA Office - Yên Bái Provincial General Hospital/ Member of Yên Bái PPMU
29	Terminal Evaluation Mission Members	Mr. YOSHIIDA Tomoya	Leader of Terminal Evaluation Team/ Director, Health Team 3, JICA Headquarters
30		Ms. LEE Sangnim	Member of Terminal Evaluation Team for Coordination Planning/ Health Team 3, JICA Headquarters
31		Dr. EGAMI Yuriko	Member of Terminal Evaluation Team for Technical Advice/ National Center for Global Health and Medicine (NCGM)
32		Dr. INOUE Yoichi	Member of Terminal Evaluation Team for Evaluation Analysis/ Senior Consultant, Japan Development Service Co., Ltd.
33	JICA Vietnam Office	Mr. MASUDA Chikahiro	Senior Representative of JICA Vietnam Office/ JCC member
34		Ms. SADAMOTO Yutori	Representative of JICA Vietnam Office
35		Ms. Chu Xuân Hoa	Senior Program officer of JICA Vietnam Office
36	Project Team	Ms. TAKASHIMA Kyoko	Chief Advisor, JICA Project for Strengthening Medical Services in Northwest Provinces/ JCC member
37		Mr. KUNIMOTO Kazuhiko	Coordinator, JICA Project for Strengthening Medical Services in Northwest Provinces
38		Ms. Trần Thị Thu Hương	Project Officer
39		Ms. Từ Thị Hường	Project Officer
40	Other JICA Experts	Dr. USHIO Mitsuhiro	Health Policy Advisor, Ministry of Health
41		Ms. SUGITA Shio	Chief Advisor, JICA Project for Strengthening Clinical Training System for New Graduate Nurses
42		Ms. DE SILVA Tomomi	Coordinator, JICA Project for Strengthening Clinical Training System for New Graduate Nurses



PROJECT PURPOSE:

Strengthened DOHA and Referral Activities in 06 target provinces:

Hòa Bình
Sơn La,
Điện Biên
Lai Châu
Lào Cai
Yên Bái

Duration: 4 years
(Mar.20th 2013 - Mar. 19th 2017)

The map shows the geographical location of the six target provinces in the northwestern region of Vietnam. The provinces are labeled: LAI CHAU, LAO CAI, YEN BAI, HOA BINH, SON LA, and HO LUU. A north-south axis is also indicated on the map.

IMPLEMENTING AGENCIES

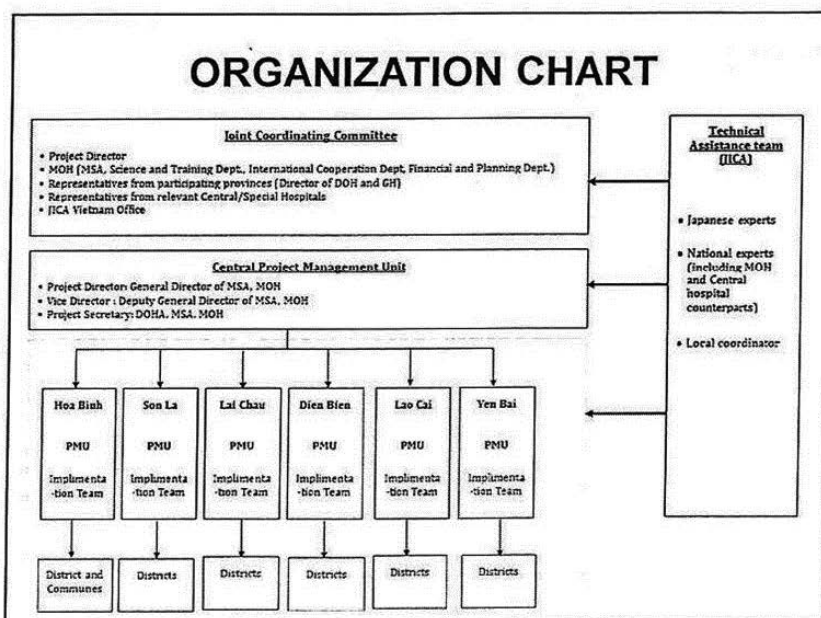
Central level:

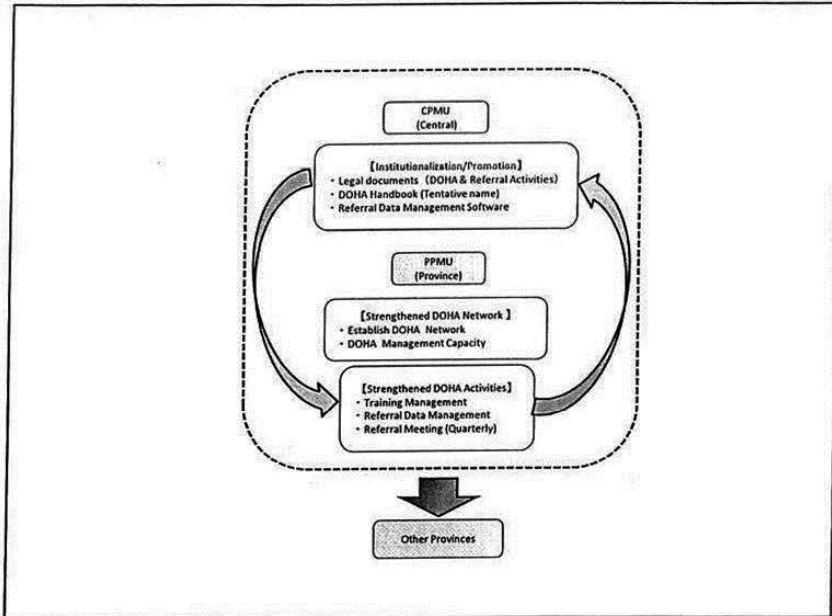
- Medical Service Administration (MSA-MOH)

Provincial level:

- Provincial Department of Health (DOH)
- Provincial General Hospitals (PGHs)
- District Hospitals (DHs)

ORGANIZATION CHART





Achievements of the Project

Output 1 (1)

Managerial capacity of the MOH on DOHA is strengthened to expand the DOHA and referral model to target provinces

- Project Annual Activities Plan was made by CPMU and 6 PPMUs and approved by MSA director and project chief advisor.
- Project base-line survey was conducted by Vietnamese consultants in 2013 for the elaboration of the project framework.
- Circular 14/2014/TT-BYT on referral implementation was made and issued.
- After the promulgation of circular No.14, DOHA unit-MSA receives quarterly referral report from health organizations.
- DOHA circular has been drafted and improved. It is for finalization based on the collected comments from national seminar last July.

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- Circular 14/2014/TT-BYT on referral implementation was made and issued.
- After the promulgation of circular No.14, DOHA unit-MSA receives quarterly referral report from health organizations.
- DOHA circular has been drafted and improved. It is for finalization based on the collected comments from national seminar last July.

Output 1 (2)

RDMS has been developed and deployed to MOH and target provinces.

- After confirmation of necessity and feasibility of Referral Data Management Software (RDMS) through situational survey in 6 target provinces and central hospitals, it has been developing in terms of better referral data management based on Circular No. 14.
- Trial use of RDMS is implementing in 2 provinces (Hoa Binh and Lao Cai) and the results will be reflected for further improvement of RDMS. RDMS will be deployed in all 6PPMUs and MSA by the end of November.
- Aiming for further capacity improvement for 6PPMUs, DOHA/referral training was conducted.

Output 1 (3)

DOHA handbook has been developed

- Compiling committee on DOHA handbook was established in MOH and it is elaborating by members for finalization in Nov.
- M & E has been conducted in 6PPMUs by CPMU and project experts. Periodically visit quarterly referral meeting and discussions about progress of the project activities with PPMUs.
- National review meeting on one year implementation on circular No.14 and five years implementation on DOHA circular for further improvement in DOHA and referral activities.
- Criteria for DOHA and referral system has been made and submitted to HQM unit-MSA.

Output 2 (1)

Referral system from the commune to DHs and PGH in Hoa Binh province is established.

- Staff was assigned in DOHA unit in DHs and CHSs and responsibility and duty of DOHA unit as well as DOHA staff were regulated.
- Training on DOHA and referral management has been done by lecturers in DOH and PGH for 2 districts in 2014 and for remaining 9 districts in 2015.
- DOH and PGH contributed opinions on the circular (14/2014/TT-BYT)

Output 3. (1)

Managerial capacity on DOHA and referral system between between the PGHs and DHs is strengthened in Son La, Lao Cai, Lai Chau, Dien Bien and Yen Bai.

- Project kick-off meeting was held in Hoa Binh city in order for all CPMU and PPMUs members to clarify the project goal and the framework.
- DOHA dept. was established in Lao Cai (Oct.2013), Yen Bai (Dec. 2013), Son La and Lai Chau (Apr. 2014). Dien Bien-PPMU has got approval once for DOHA establishment by PPC (Nov. 2013), but withdrew it later. However it doesn't affect any progress of the project activities.
- DOHA branch in clinical dept. and district DOHA offices were set up and staff was designated.

Output 3. (2)

Managerial capacity on DOHA and referral system between between the PGHs and DHs is strengthened in Son La, Lao Cai, Lai Chau, Dien Bien and Yen Bai.

- National curriculum on "Training on DOHA/referral capacity improvement" was made in collaboration with "Project for Improvement of the Quality of Human Resources in Medical Services System" supported by JICA.
- All 6PPMUs got CME code under the circular "CME instruction" (22/2013/TT-BYT) by Dec. 2015. It contributes proactive efforts and quality of training implementation in 6 provinces.
- "Training on DOHA/referral capacity" was conducted for DOHA staff in PGH as well as DHs in 5 provinces in 2015 and 2016. Total 221/246 staff (89.8%) participated in the training as at Final Evaluation Mission.

Output 3. (3)

Managerial capacity on DOHA and referral system between between the PGHs and DHs is strengthened in Son La, Lao Cai, Lai Chau, Dien Bien and Yen Bai.

- PPMUs develop project annual plan and summarize annual report with guidance and periodical monitoring by CPMU and project experts.
- Training evaluation was conducted by PPMUs for measuring effectiveness of the training and further improvement of the training.
- DOHA/referral meeting among health organizations at provincial and district levels has been organized under the circular 14/2014/TT-BYT since 2014.

Output 3. (4)

Managerial capacity on DOHA and referral system between between the PGHs and DHs is strengthened in Son La, Lao Cai, Lai Chau, Dien Bien and Yen Bai.

- Quarterly referral report is submitted and discussion among health facilities is made based on the result of the referral data analysis prepared by DOHA dept./office in PGH and DHs. Case conference or mini lecture are organized for capacity improvement toward medical service improvement and patient safety.
- Quarterly referral meeting is held at provincial level as well as DHs in rotating manner in order to improve district capacity and create opportunities to know and understand provincial health situation each other.

Output 3. (4)

Managerial capacity on DOHA and referral system between the PGHs and DHs is strengthened in Son La, Lao Cai, Lai Chau, Dien Bien and Yen Bai.

- Tour to Hoa Binh province to learn their experiences was conducted for 5PPMUs in the beginning stage of the project.
- Cross-visitations among 6PPMUs each other were conducted to learn experiences each other.
- Study tour to southern regions (Cho Ray hospital, Can Tho city hospital, Long An/Ben Tre/Don Thap/An Giang provinces) was conducted and discussed DOHA/referral activities as well as medical service management fields.

PROJECT PURPOSE (1)

DOHA and referral system in the target provinces are strengthened.

【Project Purpose Indicator-1】

The operation of DOHA units is strengthened at PGHs and DHs in the target provinces (to score maximum point of the progress evaluation sheet for DOHA system)

PROJECT PURPOSE													
Province	Max Score	Hòa Bình		Sơn La		Điện Biên		Lai Châu		Lào Cai		Yên Bái	
		2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016
(1) Based on the Ministry of Health's regulations	10	10	10	9	10	7.5	10	10	10	9	10	10	10
(2) Based on the Project criteria	13 (15.5 for HB)	12	15.5	11	13	5	7	10	13	11	13	8	12

PROJECT PURPOSE (2)

DOHA and referral system in the target provinces are strengthened.

【Project Purpose Indicator-II】

Reduced more than 10% of number of referral patients in the fields with technical transfer/training has been conducted for at PGHs and DHs in the target provinces.

Collected data from 6PPMUs is in different definitions (e.g. count No. of out-patient) and have a problem in terms of accuracy of data.

PICTURES OF PROJECT ACTIVITIES



Baseline survey



Training activity



Referral meeting in Lai Chau
(Provincial – District level)



Referral meeting in Mai Châu district, Hòa
Bình province
(District – Commune level)

PICTURES OF PROJECT ACTIVITIES



Study tour to the south (Can Tho City Hospital)



Meeting of the Compiling Committee in Hanoi
for collecting comments on the Draft 1





IT meeting for collecting comments on RDMS development



Evaluation team working in Tam Duong
district, Lai Chau province

Thank you very much.

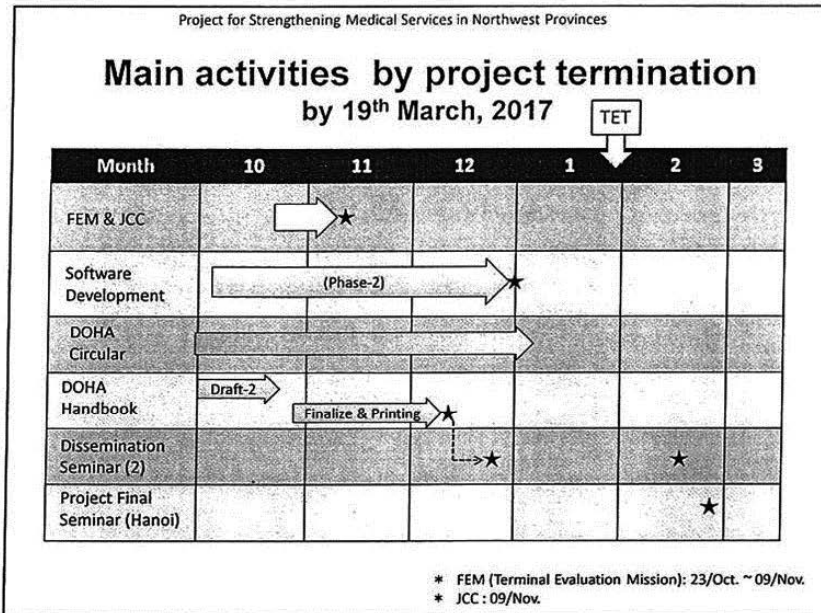


ACTION PLAN
PROJECT FOR STRENGTHENING MEDICAL
SERVICES IN NORTHWESTERN PROVINCES
FROM NOVEMBER 2016 TO MARCH 2017

Msc. Nguyễn Thị Hồng Yến,
Head of DOHA Office, MSA, MOH

MAIN ACTIVITIES
(NOVEMBER 2016 TO MARCH 2017)

1. FEM and 4th JCC
2. RDMS development
3. DOHA Circular
4. DOHA Handbook
5. Project Final Seminar



DOHA CIRCULAR

- DOHA circular is being finalized (draft 6)
- DOHA circular was revised regarding the comments of DOH and hospitals under MOH.
- DOHA Dept. worked with specialized leading hospital on DOHA scope assignment for central hospitals.
- Collected the stakeholders opinion on DOHA scope assignment
- Expected to be approved by Vice Minister on early Dec.2016.
- Expected to be approved and issued by Minister on the Dec.2016.

DOHA INDICATORS

- 83 HQM indicators were issued and continued using for hospital evaluation in the hospital in 2016.
- Some indicators will be used in a trial period, then expected to be applied in 2017 for Hospital Quality Criteria Book.
- 2 indicators on DOHA and referral activities is proposed for pilot using by DOHA dept. MSA, including: Referral indicator and patient transfers; DOHA activities, staffs alternate, training and technology transfers aim at reducing patient overload of upper level.

RDMS DEVELOPMENT (1)

1. RDMS has been developed and finalized basing on comments of the stakeholders by official letter and IT workshop.
2. User training has been done in prior pilot 2 provinces in Oct.
3. Now users' comments in 2 provinces are collecting for further improvement of RDMS.
4. Training in remaining 4 provinces will be organized and completed within Nov.
5. Nationwide expansion of the software to other provinces will be considered by MSA

RDMS DEVELOPMENT (2)

6. Official final acceptance the software is made by the Project after the final workshop for evaluating the software after one-month use organized in Dec. for necessary modification and finalization of the software.
7. Complete handover of RDMS from the Project to MSA-MOH is done by the end of the Project.
8. Responsibility in each organization and maintenance and back-up supporting system are clarified.

RDMS DEVELOPMENT (3)

9. PPMUs take responsibility for negotiating with IT company provided for HIMS to modification and operational arrangement for data transportation in user-friendly manner.
10. DOH or hospital leaders take responsibility for smooth introduction and maximum utilization of the software in their hospitals.

RDMS DEVELOPMENT SCHEDULE

No	Work items									
		1	2	3	4	5	6	7	8	
		November				December				
DEPLOYMENT OF THE OFFICIAL VERSION OF THE SOFTWARE										
1	Deployment of the official version of the Software onto the ABD server system									
2	Conduct trainings for end-users in 4 remaining provinces: (1) Direct training; (2) Remote training									
3	Handover training documents, operation manual, user manual...									
4	Handover administration accounts of the Software									
5	One-month pilot use in 6 provinces									
6	Prepare report and organize workshop for evaluating the Software after 1-month operation									
7	End-users input referral data into the RDMS Software (FTL support if needed)									
APPROVAL, FINAL ACCEPTANCE OF THE SOFTWARE BY CPMU AND JICA										
WARRANTY (12 MONTHS) FROM FINAL ACCEPTANCE AND HAND-OVER										

DOHA HANDBOOK

1. For strengthening capacity of staffs of DOHA, MSA has proposed to develop DOHA handbook basing on the support of the JICA project.
2. Objective of DOHA handbook:
 - Providing DOHA and referral information to DOHA staffs in health facilities, particularly sharing experience of 6 PPMUs and Japan on DOHA activities
 - Users: DOHA staffs in health facilities.

DOHA HANDBOOK

3. DOHA handbook has 3 parts:

- Part 1: General information of DOHA (DOHA, referral activities, CME)
- Part 2: Sharing project experience: Introduction on Project framework, DOHA network, Referral meeting, patient transfers ...
- Part 3: Japanese experience.

4. Compiling committee on DOHA Handbook was established by MSA. Draft version of DOHA Handbook is being finalizing toward the final approval

5. Expected to get final approval and printing on Dec. 2016.

PROJECT DISSEMINATION SEMINAR/PROJECT CLOSING CEREMONY

- Project final seminars are planned in the 3 areas such as in the North, Central and South of Vietnam in order to share project experiences of strengthening DOHA.
- DOHA Handbook will be distributed to participants from provinces and cities.
- Case study articles and experiences in 6 target provinces are shared in this occasion.

JOINT TERMINAL EVALUATION REPORT
ON
THE JAPANESE TECHNICAL COOPERATION
FOR
THE PROJECT FOR STRENGTHENING MEDICAL SERVICES IN
NORTHWEST PROVINCES

Japan International Cooperation Agency (JICA)

and

Authorities concerned in the Socialist Republic of Vietnam

9 November 2016

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Abbreviations

CHSs	Commune Health Stations
DHs	District Hospitals
DOHA	Direction of Healthcare Activities
DOHs	(provincial) Department of Health
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
JFY	Japanese Fiscal Year
M/M	Minutes of Meetings
MOH	Ministry of Health
MSA	Medical Service Administration
ODA	Official Development Assistance
OVI	Objectively Verifiable Indicator
PCM	Project Cycle Management
PDM	Project Design Matrix
PGH(s)	Provincial General Hospital(s)
PMU	Project Management Unit
PO	Plan of Operation
R/D	Record of Discussions
RDMS	Referral Data Management System
TOT	Training of Trainers
USD	U.S. Dollar
VND	Vietnamese Dong

CHAPTER 1 SCOPE OF TERMINAL EVALUATION

1.1 Background of the Terminal Evaluation

In the Socialist Republic of Vietnam (hereinafter referred to as “Vietnam”), the northwestern provinces with relatively high poverty ratio demonstrates lower health index than that of national average; therefore, the reinforcement of medical services through the capacity enhancement of health professionals is regarded as a matter of urgent issue in that area. Under the circumstances, the Japan international Cooperation Agency (hereinafter referred to as “JICA”) had implemented a technical cooperation project entitled “*the Project for Strengthening Health Service Provision in Hoa Binh Province*” (2004 – 2009), which aimed to strengthen the capacity of the provincial department of health (hereinafter referred to as “DOH”), the guidance and training from a provincial general hospital (hereinafter referred to as “PGH(s)”) to district hospitals (hereinafter referred to as “DHs”) and the referral system in the *Hoa Binh* province located in the northwestern region. The said project achieved to develop a model with high applicability especially in rural areas for the practice of the Direction of Healthcare Activities (hereinafter referred to as “DOHA”) and the referral system between the PGHs and the DHs.

The Ministry of Health (hereinafter referred to as “MOH”), requested the Government of Japan to launch a technical cooperation to enhance the medical services in the northwestern provinces by establishing a complete referral system covering from the PGHs to the Commune Health Stations (CHSs; previous English name was ‘Commune health center’) via DHs in the *Hoa Binh* province in parallel with the application of the achievements of the previous project in *Hoa Binh* province to other five (5) northwestern provinces (*Son La, Dien Bien, Lai Chau, Lao Cai* and *Yen Bai*). In response, JICA launched a five-year technical cooperation from March 2013, entitled “*the Project for Strengthening Medical Services in Northwest Provinces*” (hereinafter referred to as “*the Project*”) with the Medical Service Administration (hereinafter referred to as “MSA”) of the MOH, DOHs, PGHs and DHs in the said six northwestern provinces as Vietnamese counterpart organizations.

As the Project is reaching at the halfway point of the project period, JICA dispatched the Terminal Evaluation Mission to review the project performances (inputs, activity results, achievement of Outputs and the Project Purpose) and evaluate the Project by the “*Five Evaluation Criteria*” (*Relevance, Effectiveness, Efficiency, Impact and Sustainability*), jointly with Vietnamese authority/-ies concerned. On the basis of the review/evaluation results, the Joint Terminal Evaluation Team (hereinafter referred to as “*the Team*”) will provide recommendations to the Project for the steady achievement of the Outputs and the Project Purpose by the end of the project period.

1.2 Objectives of the Terminal Evaluation

The objectives of the Terminal Evaluation are as follows:

- 1) To review the overall progress of the Project and evaluate the achievement as of the time of the Terminal Evaluation in accordance with the five evaluation criteria on the basis of latest version of Project Design Matrix (hereinafter referred to as ‘PDM’) version 2 (Annex 1);
- 2) To discuss the contributing and hindering factors for the achievements of the Outputs and the Project Purpose;
- 3) To discuss the plan for the Project for the rest of the project period together with the Vietnamese side based on reviews and analysis of the project performances;
- 4) To make recommendations in order to ensure the steady achievement of the Project Purpose

by the end of the project period, and to revise the PDM as necessary; and

- 5) To summarize the results of the review and evaluation in the Joint Terminal Evaluation Report.

1.3 Joint Terminal Evaluation Team

The members of the Joint Terminal Evaluation Team are indicated below.

<The Japanese Side

Name	Designation	Title and Affiliation	Duration of Survey
Mr. Tomoya YOSHIDA	Leader	Director, Health Team 3, Health Group 2, Human Development Department, JICA	29/Oct/2016 – 10/Nov/2016
Dr. Yuriko EGAMI	Technical Advisor	Department of Human Resource Development, Bureau of International Health Cooperation, National Centre for Global Health and Medicine (NCGM)	6/Nov/2016 – 10/Nov/2016
Ms. Sangnim LEE	Coordination Planning	Special Advisor, Health Team 3 & 4, Health Group 2, Human Development Department, JICA	29/Oct/2016 – 10/Nov/2016
Dr. Yoichi INOUE	Evaluation Analysis	Senior Consultant, Consulting Division, Japan Development Service Co., Ltd.	23/Oct/2016 – 10/Nov/2016

<The Vietnamese Side>

Name	Title and Affiliation
Dr. Luong Ngoc Khue	Director General, the MSA, the MOH
Mr. Cao Hung Thai	Vice-Director General, the MSA, the MOH
Dr. Nguyen Thi Hong Yen	Head, DOHA unit, the MSA, the MOH
Dr. Nguyen Viet Hung	Specialist, DOHA unit, the MSA, the MOH
Mr. Tran Khuc Hoang	Specialist, DOHA unit, the MSA, the MOH

Not according to seniority

The field review work was conducted from the 24th of October to the 9th of November 2016 in Vietnam. This review work included site visits, interviews and scrutinizing various documents and data related to planning, implementation and monitoring processes of the Project (Annex 2).

1.4 Framework of the Project

Implementing and related agencies, target areas and beneficiaries are described below. The Narrative Summary of the Project (Project Purpose, Outputs and Activities) set in the latest PDM (version 3) is described below.

【Implementing Agencies】

- the MSA of the MOH;

- PGHs ; and
- DHs

【Target Areas】

Six (6) northwest provinces (*Son La, Dien Bien, Lai Chau, Lao Cai and Yen Bai*)

【Project Period】

Four (4) years from the 20th of March, 2013 to the 19th of March, 2017

【Narrative Summary of the latest PDM (version 3, Date: the 8th of April, 2016) 】

Overall Goal	The strengthened DOHA and referral system contribute to the sustainable improvements of medical services in Northern mountainous provinces ¹ .
Project Purpose	DOHA and referral system in the target provinces are strengthened.
Outputs	<p><u>Output 1</u> Managerial capacity of the MOH on DOHA is strengthened to expand the DOHA and referral model to target provinces</p> <p><u>Output 2</u> Referral system from the commune to DHs and PGH in <i>Hoa Binh</i> province is established.</p> <p><u>Output 3</u> Managerial capacity on DOHA and referral system between the PGHs and DHs is strengthened in <i>Son La, Lai Chau, Dien Bien, Lao Cai and Yen Bai</i>.</p>
Activities	<p><u>Activities under Output 0</u></p> <p>0-1. Signing RD and revise PDM (if necessary)</p> <p>0-2. Establish the Project Office</p> <p>0-3. Project document is prepared and approved.</p> <p>0-4. Establish the Project Management Unit (PMU).</p> <p><u>Activities under Output 1</u></p> <p>1-1. The project implementation plan for annual plan is developed and approved by MOH.</p> <p>1-2. Conduct baseline survey.</p> <p>1-3. Develop Circulars on DOHA and referral system.</p> <p>1-4. Introduce software of referral data management after confirmation of the feasibility based on the results of IT survey.</p> <p>1-5. Conduct training on DOHA management, referral system and information management for staff of DOHA unit in target provinces.</p> <p>1-6. Produce and disseminate Handbook on DOHA and referral system.</p> <p>1-7. Conduct M&E on implementation of DOHA activities and referral system in target provinces.</p>

¹ Northern mountainous provinces are defined as Northwest provinces and Northeast provinces (*Phu Tho, Ha Giang, Tuyen Quang, Cao Bang, Bac Kan, Thai Nguyen, Lang Son, Bac Giang and Quang Ninh*).

	<p><u>Activities under Output 2</u></p> <p>2-1. Institutionalize DOHA through assigning staff and creating regulation on function and task of DOHA unit².</p> <p>2-2. Train staff assigned in DOHA units on planning, DOHA and referral system.</p> <p><u>Activities under Output 3³</u></p> <p>3-1. Organize joint kick-off meeting with target provinces.</p> <p>3-2. Establish DOHA department⁴ in each province.</p> <p>3-3. Assign personnel and create regulations on function and task of the DOHA department in each province.</p> <p>3-4. Establish a DOHA branch⁵ in clinical department of PGH and district DOHA offices⁶ in DHs, and assign personnel.</p> <p>3-5. Conduct training for DOHA unit staff in PGHs and DHs on DOHA and referral system.</p> <p>3-6. Develop a provincial annual plan.</p> <p>3-7. Implement the provincial annual plan.</p> <p>3-8. Monitor and evaluate the results of the provincial annual plan by provincial PMU.</p> <p>3-9. Organize regular referral meetings.</p> <p>3-10. Organize cross-visitation and inter-PMU meetings⁷.</p>
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² Each unit of DOHA Department, DOHA branch and person-in-charge at the CHSS

³ The *Hoa Binh* Province also conducts activities 3.1 – 3.10.

⁴ Unit in charge of DOHA and referral activity in the PGHs

⁵ Unit in charge of DOHA and referral activity at each clinical department in the PGHs (consisting of one doctor and one nurse)

⁶ Unit in charge of DOHA and referral activity in the DHs (consisting of leaders of the hospital, head of GPD and GPD staff)

⁷ inter-PMU meeting: meeting for sharing experience among provincial PMU

CHAPTER 2 REVIEW PROCESS

The Terminal Evaluation was performed in accordance with the latest “*JICA Guidelines for Project Evaluation Second Edition*” and “*JICA Handbook for Project Evaluation (Ver. 1)*” issued in May 2014 and August 2015, respectively. Achievements and implementation process were assessed based on the investigation results, which are consolidated in the evaluation grid (Annex 3), from the aspects of the five evaluation criteria of relevance, effectiveness, efficiency, impact, and sustainability, as well as the Verification of Implementation Process.

The Team conducted surveys at the project sites through questionnaires and interviews to counterpart personnel, other related organizations, and the JICA experts engaged in the Project to review the Project on the basis of the evaluation grid. See Annex 4 “*List of Interviewees*” for more information.

Both the Vietnamese and Japanese sides jointly analyzed and reviewed the Project based on the Project Cycle Management (PCM) concept. The review work was performed on the basis of PDM version 3. Both sides jointly analyzed the achievements of the Project, evaluated the Project based on the five evaluation criteria, and consolidated the findings in this Joint Terminal Evaluation Report.

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

Five Criteria	Description
Relevance	Relevance of the Project was reviewed by the validity of the Project Purpose and the Overall Goal in connection with the government development policy and the needs in the Vietnam. Relevance of the Project was verified on the basis of facts and achievements at the time of the Terminal Evaluation.
Effectiveness	Effectiveness was assessed as to what extent the Project has achieved its Project Purpose, clarifying the relationship between the Project Purpose and the Outputs. Effectiveness of the Project was verified on the basis of facts and achievements at the time of the Terminal Evaluation.
Efficiency	Efficiency of the project implementation was analyzed with emphasis on the relationship between the Outputs and the Inputs in terms of timing, quality and quantity. Efficiency of the Project was verified on the basis of facts and achievements at the time of the Terminal Evaluation.
Impact	Impact of the Project was assessed in terms of positive/negative, and intended/unintended influence caused by the Project. Impact of the Project was verified on the basis of extrapolation and expectation at the time of the Terminal Evaluation.
Sustainability	Sustainability of the Project was 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. Sustainability of the Project was verified on the basis of extrapolation and expectation at the time of the Terminal Evaluation.

CHAPTER 3 PROJECT PERFORMANCE

3.1 Inputs

1) Inputs from the Japanese Side

The following are inputs from the Japanese side to the Project as of the time of the Terminal Evaluation. See Annex 5 for more information. Values are calculated based on the JICA's Transaction Rate in October 2016⁸.

Components	Inputs
Dispatch of JICA experts	Long-term Experts: a total of 4 persons (2 chief advisors and 2 training management / project coordinators), a total of 97.0 M/M Short-term Experts: a total of 2 persons (Nursing management and referral data management), 2.3 M/M Project Consultation Mission: a total of 6 persons, 3.1 M/M
Provision of Equipment	Grand Total: approx. 21,600,000 JPY (approx. 200,000 USD, approx. 4,243,000,000 VND) Contents: one vehicle for the implementation and monitoring / evaluation of project activities, personal computers, uninterruptible power-supply system (UPS), audiovisual aids for training and workshops, training materials for skill practice such as resuscitation simulators, medical equipment such as the sputum sucking system, etc. Recipients: the MSA-MOH, six targeted provincial DOH, PGHs and DHs
Training in Japan	Number of participants: a total of 39 persons / 4 visits in four years Contents: Community health and medical care / Community Health System Total days: a total of 39 days
Overseas Activities Costs	Grand total: 108,767,000 JPY (estimated amount in whole project period) (approx. 1,009,000 USD and approx. 21,365,000,000 VND) – JFY 2013: 8,314,000 JPY – JFY 2014: 22,999,000 JPY – JFY 2015: 35,562,000 JPY – JFY 2016: 41,892,000 JPY (estimated amount)

2) Inputs from the Vietnamese Side

The followings are inputs from the Vietnamese side to the Project as of the end of September 2016. See details on the Annex 5.

Components	Inputs
Allocation of Counterpart Researchers	Project Director: 1 person (the Director of the MSA-MOH) Project Managers: 1 persons (the Vice-director of the MSA-MOH) Other counterpart personnel: a total of 68 persons. The breakdown is as follows: – 7 persons from the MSA-MOH; – 29 persons from the provincial DOH; – 15 persons from the PGHs; – 11 persons from the DHs; and – 6 persons from other relevant parties such as the provincial people's

⁸ 1 USD = 107.7839 JPY, 1 VND = 0.005091 JPY, 1 USD = 21,589 VND

	committees and provincial specialized hospitals.
Facilities, Equipment and Materials	Not applicable
Local costs	<p>Grand total: 7,100,000,000 VND (approx. 317,000 USD) (implementation amount as of September 2016)</p> <ul style="list-style-type: none"> ● CPMU: approx. 3,200,000,000 VND (approx. 143,672 USD) ● PPMU: 3,857,425,778 VND (approx. 179,000USD) <p>Contents: personnel costs for the PPMU, domestic travel costs, costs for meetings and training, and consumables such as stationery</p>

3.2 Performance and Achievements of the Project

1) Performance of the Project Activities

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

Activities	Performances
0-1. Signing RD and revise PDM (if necessary)	<ul style="list-style-type: none"> ● The Record of Discussions (R/D) was signed by the Chief Representative of the JICA Vietnam Office and the Director of the MSA-MOH on October 25, 2012. ● The PDM version 1 is attached to this R/D. Following the start of the Project in March 2013, two revisions were made: version 2 on January 20, 2015, and version 3 on April 8, 2016. ● The PDM was subjected to the corrections in consideration of the means of obtaining indicators and so on, in order to measure the degree of achievement of outputs. ● Concerning correction from version 2 to version 3, almost one year had passed following the mid-term review, however, since the corrections mainly targeted the indicators, etc., the Project activities were not affected by the delay in corrections to the PDM.
0-2. Establish the Project Office	<ul style="list-style-type: none"> ● The Project Office was established on the campus of Hanoi University of Hygiene adjoining the MOH on the day of Project commencement (March 20, 2013), but it was relocated to an office building near the MOH on April 1, 2014. ● In the PDM, it was agreed that the MOH would conduct the inputs for securing the Project Office space and operating the office, however, it was unable to secure office space inside the Ministry, so the office had to be established in external facilities with the operating costs paid out of the Project expenses on the Japanese side.
0-3. Project document is prepared and approved	<ul style="list-style-type: none"> ● The Project Document for initiating the Project (MOH Decision No.5229/QD-BYT) was issued by the MOH before the start of the Project on December 28, 2012.
0-4. Establish PMU.	<ul style="list-style-type: none"> ● Establishment of the CPMU (Central Project Management Unit) was approved by the MOH (Decision No.988/QD-BYT) on March 29, 2013, and the members were appointed by the Director of the MSA-MOH (Decision No. 36/QD-KCB). ● The PPMUs (Provincial Project Management Units) in the six target provinces were successively established between July 2013 and March 2014. The approving agencies for establishment, the dates of establishment, and the approval documents for each PPMU were as follows: <ul style="list-style-type: none"> ➢ The <i>Yen Bai</i> Province: Provincial People's Committee, July 3, 2013, Decision No.78/QD-UBND ➢ The <i>Dien Bien</i> Province: Provincial People's Committee, July 17, 2013, Decision No.494/QD-UBND ➢ The <i>Lai Chau</i> Province: Provincial People's Committee, August 16, 2013, Decision No.8781/QD-UBND ➢ The <i>Son La</i> Province: Provincial People's Committee, October 24,

	<p>2013, Decision No.2494/QD-UBND</p> <p>➤ The <i>Lao Cai</i> Province: Provincial People's Committee, October 24, 2013, Decision No.1001/QD-UBND</p> <p>➤ The <i>Hoa Binh</i> Province: Provincial Department of Health, March 13, 2014, Decision No.137/QD-SYT</p>
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Output I	
Managerial capacity of the Ministry of Health on DOHA is strengthened to expand the DOHA and referral model to target provinces.	
Activities	Performances
1-1. The project implementation plan for annual plan is developed and approved by MOH.	<ul style="list-style-type: none"> The CPMU and the JICA experts compiled the annual implementation plan for the overall Project, and it was approved by the Project Director (Director of the MSA-MOH) and the Project Chief Advisor. <p>Concerning activities in the six target provinces, each PPMU created a draft plan, and following review and discussion between the Project Office and the CPMU (modification of the drafts in accordance with the CPMU draft implementation plans, etc.), the plans were approved by the Project Director and the Project Chief Advisor.</p>
1-2. Conduct baseline survey.	<ul style="list-style-type: none"> The baseline survey was implemented between October 22, 2013 and November 18, 2013 upon recruiting local consultants. The surveyed agencies, surveyed contents and survey methods were as follows: <ul style="list-style-type: none"> ➤ Target agencies: (Central level) the Bach Mai Hospital, the National Eye Hospital, (provincial level) medical institutions in the six target provinces and three comparative provinces of <i>Ty Guen, Lan Son</i> and <i>Bac Zan</i>, and (district level) two DHs from each province; ➤ Objectives of the survey: 1) Grasping the current situation of DOHA activities, training management, and implementation status and the implementation management setup of the referral system, and 2) proposal of draft measures for effective DOHA and referral system strengthening under the Project; and ➤ Survey method: Qualitative and quantitative survey by means of data collection, questionnaires and interviews. The baseline survey clarified DOHA implementation setup and implementation conditions in the six target provinces, and the information was used for examining the contents of specific initiatives for implementing the project activities on the level of each province. However, useful information for setting effective indicators, etc. for measuring the degree of achievement of the Outputs and the Project Purpose was not acquired from the baseline survey.
1-3. Develop Circulars on DOHA and referral system.	<ul style="list-style-type: none"> In order to apply the achievements concerning strengthening of the DOHA and referral system obtained in "<i>the Project for Strengthening Health Service Provision in Hoa Binh Province</i>" (2004 – 2009) to other provinces including the five additional northwestern provinces, it is intended to issue them as Circulars. In April 2014, following the start of the Project, the Circular entitled "<i>Referral at Medical Facilities</i>" (14/2014/TT-BYT) (hereinafter referred to as "<i>the Referral Circular</i>") was issued based on the abovementioned Project. The Circular prescribed the implementation guidelines for management of information on referred patients and referral meetings (local medical liaison conferences) and the safe transportation and acceptance of referred patients. This Circular requires submission by the DOH of quarterly reports on referral information from health and medical facilities in each province, and reports have been forthcoming from 50 out of 63 provinces in the country.

	<ul style="list-style-type: none"> On the other hand, concerning DOHA, the MOH Decision “<i>the Scope of DOHA (4026/2010/QĐ-BYT)</i>” (hereinafter referred to as “<i>the DOHA Decision</i>”, making it compulsory for health and medical facilities to implement DOHA, was issued in 2010; however, this only indicated conceptual contents without giving clear guidelines for implementation. In the Project, initiatives that indicate concrete guidelines for implementation have been implemented. Originally, work was advanced with a view to issuing revision of the Circular during 2015; however, because more time and effort than expected was required for the approval process due to the impact of personnel reshuffling, etc. inside the MOH, finalization is being conducted at the time of the Terminal Evaluation. The MOH intends to realize issuance during 2016.
<p>1-4. Introduce software of referral data management after confirmation of the feasibility based on the results of IT survey.</p>	<ul style="list-style-type: none"> The main objectives of the Referral Data Management Software (RDMS), which it is intended to develop and introduce in the Project, are to assess the status of implementation of referral activities based on various spreadsheets and graphs of referral information at each medical and health facility utilizing the referral information totaling function at each facility and the unified totaling and graph production functions on the provincial level (the DOHs) and national level (the MOH), and, based on the results of analysis, to utilize information in the development of plans based on the review of activities and evaluation of performance in the referral meetings in each medical and health facility and province and the DOHA units of the MSA-MOH. System development is being advanced with these objectives in mind. A Vietnamese private sector enterprise is working for software development under the contract. Survey of the conditions of the medical information systems (software) used in each medical and health facility in the six target provinces and current conditions of IT infrastructure (IT survey) was implemented from January to March 2016. Based on the survey findings, the JICA experts and the CPMU cooperated in formulating the scope (specifications) of the developed software. The concrete software development phase was started in May that year, and trial introduction of the software was started in two provinces from October. Upon making improvements to the software based on the results of the trial introduction, it is planned to complete introduction to all target provinces by November.
<p>1-5. Conduct training on DOHA management, referral system and information management for staff of DOHA unit in target provinces.</p>	<ul style="list-style-type: none"> In implementing the management training, curriculum and teaching materials were developed for “<i>the Training on the Capacity Strengthening of DOHA and Referral Management</i>” in cooperation with the other JICA technical cooperation project “<i>The Project to Improve the Quality of Medical Care Workers in Vietnam</i>” (2010-2015). This curriculum was recognized as a “<i>National Curriculum</i>” by the Administration of Scientific Technology and Training (ASTT) of the MOH in November 2013. In September 2013, the CPMU and JICA experts acted as lecturers in conducting “<i>the Workshop for strengthening DOHA management capacity</i>”, which was attended by a total of 58 PPMU members from the six target provinces. In January 2015, the CPMU and JICA experts acted as lecturers in conducting “<i>the In-depth training workshop on training management cycle and analytical skills for referral data</i>”, which was attended by a total of 30 PPMU members from the six target provinces. In August 2014, staff of the <i>Bach Mai Hospital</i> acted as lecturers in conducting “<i>the Training on DOHA and referral management</i>” for responsible supervisors of DOHA units and the DOH in each province (total 30 members, five from each province). In the five newly-targeted provinces (hereinafter referred to as “the five targeted provinces”) apart from the <i>Hoa Binh Province</i>, participants in the above training acted as lecturers in conducting a 3-day training entitled “<i>the Training on the Capacity Strengthening of DOHA and Referral Management</i>” for the DOHA unit in 5 PGHs and all 58 DHs according to the curriculum that was developed in the

	<p>Project. (With participation by 221 out of 246 targeted personnel, this achieved coverage of 90%). Moreover, realizing the importance of “How to decipher totaled data (analysis)” → “Needs assessment based on data interpretation” → “Selection needs and feasible planning in consideration of available budget, human resources and equipment resources”, the JICA experts conducted lectures on this topic as an element of this training upon discussing the matter with the MSA-MOH.</p>
<p>1-6. Produce and disseminate Handbook on DOHA and referral system.</p>	<ul style="list-style-type: none"> ● The DOHA units and JICA experts conducted preliminary discussions on the contents with a view to creating the handbook in July 2016 based on the decision to produce the handbook in project document, and it was agreed to adopt user-friendly contents to enable public health officers and medical care workers in charge of DOHA activities (including the referral system and local medical care collaboration activities) to practice and improve DOHA activities. Specifically, the envisaged contents of the Handbook are as follows: <ul style="list-style-type: none"> ➢ Chapter 1: Guidelines of Practical DOHA Activities; ➢ Chapter 2: DOHA and Referral Implementation Case Studies in the Six Target Provinces; and ➢ Chapter 3: Practice of Community Healthcare in Japan. <p>Moreover, the production plan, which describes the composition of the Handbook, respective drafting responsibilities, production schedule, printing and distribution, cost sharing and so on, has been approved (signed) by the Director of the MSA-MOH.</p> ● The DOHA Handbook editing committee, established in the MOH held its first meeting, commencing production based on the initial draft prepared by the CPMU and JICA experts, in September 2016. The committee members are as follows: <ul style="list-style-type: none"> ➢ the Director of MSA; ➢ DOHA Unit Manager and DOHA Unit members; ➢ an external consultant employed by the Project for handbook production (previous Unit manager); ➢ JICA experts; and ➢ National Pediatric Hospital) の代表者 Representatives of three central hospitals (the <i>Bach Mai</i> Hospital, the <i>Viet Doc</i> Hospital and the National Pediatric Hospital) ● At the time of the Terminal Evaluation, based on the initial draft prepared by the CPMU and JICA experts, correction work according to the MOH’s regulations, etc. is being primarily conducted by the external consultant, and comments are being collected from related persons for this draft (the second draft). ● Approval from the MOH is expected to be given at the editing committee meeting that is scheduled for November 2016. Once approval is obtained, the MSA-MOH is scheduled to print for distribution to central hospitals in charge of training for PGHs, and related officials (provincial DOH, PGHs, DHs and so on) in all 63 provinces. ● From December 2016, it is scheduled to implement project achievements dissemination seminars in three locations, namely the north, center and south of the country, and the Handbook will be distributed to related officials from all over the country at this time.
<p>1-7. Conduct M & E on implementation of DOHA activities and referral system in target provinces.</p>	<ul style="list-style-type: none"> ● The CPMU scrutinizes and reviews the annual plans and activity reports from each PPMU, gives technical comments and makes proposals for corrections. ● The JICA experts and CPMU visit each province roughly once every two months to monitor and evaluate conditions of the DOHA activities and referral systems and offer advice and other feedback via the quarterly DOHA and referral meetings implemented by each PPMU. ● The DOHA Unit in the MSA-MOH implements a questionnaire survey on DOHA implementation conditions in all 63 provinces once a year, and it shares the findings in the National Seminar. In the six target provinces in the Project, the DOHA implementation setup is

	established and monitoring and evaluation can be implemented with the frequency that was exhibited in the Project.
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Output 2 Referral system from the commune to DHs and PGH in <i>Hoa Binh</i> province is established.	
Activities	Performances
2-1. Institutionalize DOHA through assigning staff and creating regulation on function and task of DOHA unit.	<ul style="list-style-type: none"> ● In accordance with the DOHA Decision (4026/2010/QĐ-BYT) of 2010 that stipulated the policy of DOHA implementation, the <i>Hoa Binh</i> Province DOH prepared rules concerning the concrete functions and duties of the DOHA unit in June 2013 and appointed unit staff in line with them. ● Referring to the DOHA Guide Book compiled in “<i>the Project for Strengthening Health Service Provision in Hoa Binh Province</i>” (2004 – 2009), the <i>Hoa Binh</i> Province DOH prescribed implementation of referral activities and local medical care collaboration activities within the functions and duties of the DOHA unit. ● Also, the Deputy Director of the <i>Hoa Binh</i> Province DOH and director of the PGH cooperated the MOH in preparing the Referral Circular that was issued in April 2014.
2-2. Train staff assigned in DOHA units on planning, DOHA and referral system.	<ul style="list-style-type: none"> ● As of September 2016, the <i>Hoa Binh</i> Province has 210 communes in 11 districts. In 2014, the Project implemented DOHA and referral training for 53 communes in two districts, while in 2015 it implemented training for the remaining 157 communes in nine districts. Training for the DOHA officers in the PGH was conducted in the previous project mentioned above, while the provincial DOH and provincial hospitals acted as lecturers in conducting the training for the DHs and GHS here. ● In the <i>Hoa Binh</i> Province, the Project implemented the 3-day training entitled “<i>the Training on the Capacity Strengthening of DOHA and Referral Management</i>”, targeting district level staff in all 210 communes in 11 districts by 2015 (With participation by 221 out of 246 targeted personnel, this achieved coverage of 90%). The training was implemented by staff of the PPMU who received training in Activity 1-5. Moreover, the PPMU has implemented lectures geared to planning based on the data analysis and interpretation indicated in Activity 1-5 according to the training materials.

Output 3 Managerial capacity on DOHA and referral system between the PGHs and DHs is strengthened in <i>Son La, Lai Chau, Dien Bien, Lao Cai</i> and <i>Yen Bai</i> .	
Activities	Performances
3-1. Organize joint kick-off meeting with target provinces.	<ul style="list-style-type: none"> ● On June 12 and 13, 2013, the project kick-off meeting was held in the <i>Hoa Binh</i> City, the <i>Hoa Binh</i> Province to share the project framework and assistance approaches to achieve the Project Purpose with the stakeholders of the Project as indicated below. ● There were 80 main participants including the Vice Minister of Health, and representatives of the MSA-MOH and the DOH and PGHs from the six target provinces (the counterparts).
3-2. Establish DOHA department in each province.	<ul style="list-style-type: none"> ● Establishment of DOHA departments was approved and activities were commenced in four provinces: the <i>Lao Cai</i> Province (October 2013); the <i>Yen Bai</i> Province (December 2013); the <i>Lai Chau</i> Province and the <i>Son La</i> Province (April 2014). ● In <i>Dien Bien</i> Province, establishment of the DOHA department was approved by the Provincial People’s Committee in November 2013, however, this was rescinded because in the <i>Dien Bien</i> PGH is ranked amongst a level-2 facility whereas it is required for the DOHA

	<p>department to be established in a level-1 hospital. However, since the General Planning Department in this hospital implements management of DOHA activities, no impediment was caused to implementation of the project activities.</p> <p>The <i>Dien Bien</i> Province plans to elevate the status of its hospital to a level-1 facility in 2017. At this time, it is scheduled for the DOHA unit in the General Planning Department of the PGH to be raised in status to a DOHA department.</p>
3-3. Assign personnel and create regulations on function and task of the DOHA department in each province.	<ul style="list-style-type: none"> ● In the four provinces apart from the <i>Dien Bien</i> Province, official documents concerning DOHA department functions and duties and the appointment of officers were issued by the provincial DOHs. ● In the <i>Dien Bien</i> Province, too, it is expected that a similar document will be created as soon as the PGH is raised in status to a level-1 hospital.
3-4. Establish a DOHA branch in clinical department of PGH and district DOHA offices in DHs, and assign personnel.	<ul style="list-style-type: none"> ● DOHA branches (assigned with officers for conducting DOHA activities in each clinical department) were established in the clinical departments of PGHs in all five provinces by the year of 2014. Similarly, general planning officers concurrently serve as DOHA officers to operate and manage DOHA activities in DHs.
3-5. Conduct training for DOHA unit staff in PGHs and DHs on DOHA and referral system.	<ul style="list-style-type: none"> ● In the five targeted provinces, “<i>the Training on the Capacity Strengthening of DOHA and Referral Management Training on the Capacity Strengthening of DOHA and Referral Management</i>”, targeting officers in charge of DOHA in the PGHs and the DHs, were implemented in 2015 and 2016. At the time of the Terminal Evaluation, the training had been received by 221 out of 246 target personnel (89.8%) in the five-targeted provinces.
3-6. Develop a provincial annual plan	<ul style="list-style-type: none"> ● The DOHA departments in the PGHs compile comprehensive annual training plans based on the results (evidences) of problem analysis and needs assessment in the referral meetings. The annual plans of DOHA and referral activities describe the training contents, target districts, and the necessary resources (human resources, implementation period, materials, budget, etc.) for implementation, and these contents are attached to overall plans as appendices.
3-7. Implement the provincial annual plan.	<ul style="list-style-type: none"> ● Concerning the operational management of the Project, each PPMU compiles its annual plan and submits it to the CPMU; the CPMU cooperates with the JICA experts in reviewing the contents of plans and offering advice on making necessary corrections according to the above regulations; and approval is given for training that complies with the regulations. Through following such a process, it is thought that the training, especially the training that received support in the Project following the Mid-term Review, was selected and implemented in consideration of each province’s needs and environment.
3-8. Monitor and evaluate the results of the provincial annual plan by PPMU.	<ul style="list-style-type: none"> ● Particularly following the intermediate review, the CPMU and JICA experts have visited the PPMUs to conduct monitoring and evaluation of the Project activities frequently (roughly once every two months). The results of the DOHA and referral activities supported by the Project including the results of monitoring and evaluation are compiled into an annual report for submission to the CPMU. ● Moreover, the MOH instructs the DOHA departments of PGHs to assess effects when they implement training and so on for DHs, etc. However, since no specific implementation methods have been prescribed, the Project offers guidance on the training evaluations (Pre-Post Test) and trainee capacity building evaluations (medium- and long-term outcome evaluation implementation methods, etc.) in “<i>the Training on the Capacity Strengthening of DOHA and Referral Management Training on the Capacity Strengthening of DOHA and Referral Management</i>”. Moreover, when planning training, it instructs that not only the required outputs of training but also the medium- and long-term outcome evaluation be planned. Moreover, when instructors plan the contents of training, it is instructed that in addition to the General Instructional Objectives (GIO), the Specific Behavioral Objectives (SBOs), which are set with a view to determining how the

	<p>contents of training are utilized in everyday activities, are compiled. Moreover, the PPMUs, trainers and JICA experts measure the effects of training and utilize the findings in compiling subsequent training plans.</p>
3-9. Organize regular referral meetings.	<ul style="list-style-type: none"> Quarterly referral meetings are deemed to be compulsory in Referral Circular. According to this Circular, referral meetings in the PGHs and the DHs were started with project support for meeting expenses (travel expenses, etc.) in five provinces from 2014. In the referral meetings, in addition to sharing and discussion of the results of referral data analysis, sharing of individual issues, and discussion of countermeasures, mini-lectures are implemented based on needs. Thus the meetings are utilized as opportunities for conducting local medical care collaboration activities as well as education. Following the start of the referral meetings, the participants realized its effectiveness; and from 2015, each province compiled budgets for meetings, and they came to be implemented entirely on autonomous budgets from 2016. Moreover, in three provinces (the <i>Lai Chau</i> Province, the <i>Son La</i> Province, and the <i>Lao Cai</i> Province), out of four referral meetings implemented each year, one is held in the respective PGHs, and the remaining three are held in DHs. In these three provinces, realizing the importance of strengthening links between the DHs and CHS based on the results of issue analysis and needs evaluation in the referral meetings, the decision was made to hold referral meetings specific to the district level from 2016. At the time of the Terminal Evaluation, training has been conducted by implementing practical referral meetings with the Project's financial support (travel costs for participants from other districts) to cover the meeting expenses. Moving forward, implementation of such meetings will be gradually transferred to autonomous budgets. In the <i>Dien Bien</i> Province, meetings are conducted by utilizing TV conferencing and so on due to budget constraints.
3-10. Organize cross-visitation and inter-PMU meetings.	<ul style="list-style-type: none"> At the start of the Project, study tours for learning about the DOHA and referral activities in the <i>Hoa Binh</i> province and the newly-introduced provinces (mutual visits), were actively implemented. Following the Mid-term Review too, mutual visits have been conducted in the three provinces (the <i>Lai Chau</i> province, the <i>Son La</i> province, the <i>Lao Cai</i> province), and discussions and exchanges of opinions have been conducted based on the results of observation. In 2016, study tours and workshops were conducted in the southern parts of the six provinces (the <i>Cho Ray</i> Hospital and nearby PGHs, the <i>Can Tho</i> Municipal Hospital and nearby general hospitals) and technical exchanges have been conducted concerning implementation of DOHA and referral activities in the six provinces and medical service management (hospital quality control, medical care safety, nursing management, etc.) in the south.

2) Achievements of the Outputs

a) Output 1

Achievements of the Objectively Verifiable Indicators (OVIs) for Output 1 are as indicated below.

<p>[Output 1] Managerial capacity of the Ministry of Health on DOHA is strengthened to expand the DOHA and referral model to target provinces.</p>	
OVIs	Achievements

<p>1-1. Software on referral data management is introduced and utilized in the target provinces after the feasibility is confirmed based on the result of IT survey.</p>	<ul style="list-style-type: none"> ● A Vietnamese private enterprise is working software development under the contact with the Project. An IT Survey of the conditions of the hospital information systems (software) used in each health and medical care facility in the six target provinces and current conditions of IT infrastructure was implemented from January to March 2016. Based on the survey findings, the JICA experts and CPMU cooperated in formulating the scope (specifications) of the developed software. ● In May 2016, the concrete software development phase was commenced, and trial introduction of software was started in two provinces from October. It is planned to complete the introduction of the software to all the target provinces by December after improvements of the software is made based on the results of the trial implementation. ● Also, around one month after the start of practical operation, it is planned to assess the degree of utilization, effectiveness, etc. of the RDMS and examine continuity of RDMS after completion of the Project together with officials of the MSA and six target provinces.
<p>1-2. Circulars on DOHA and referral system are issued by MSA-MOH and fully implemented in the target provinces.</p>	<ul style="list-style-type: none"> ● In April 2014, the Circular entitled “Referral-related Activities” (14/2014/TT-BYT) was issued based on the preliminary Project implemented in the <i>Hoa Binh</i> province. The Circular prescribed the desired approach to the referral system in medical care facilities at each level (referral letter formats, collection and reporting of referral information, feedback to the health care facility that referred the patient, reporting of information on improperly referred patients, compulsory staging of referral meetings four times a year). Following issuance of the Circular, referral information management and reporting have been implemented and the referral meetings have been staged according to the Circular in the six target provinces. ● Moreover, the MOH is currently finalizing revision work geared to issuing the DOHA Decision during 2016, however, since the approval process in the ministry is taking longer than expected, it isn’t possible to forecast when the Circular will be issued at the time of the Terminal Evaluation. However, training for the development of human resources in DOHA activities (satellite hospital projects, rotation of physicians, CME training, etc.) is being implemented in the six target provinces. The main revisions on this occasion are: 1) clarification of the division of roles of the central hospitals in the transfer of medical care technology, 2) designation of establishment of DOHA departments to level-2 hospitals in addition to level-1 hospitals, and 3) strengthening of networking between healthcare facilities at each level via referral meetings, etc. Moreover, in the draft revision as of October 2016, since execution of the Referral Circular is specified, referral work will become a part of DOHA, which is defined by the MOH, once the Circular is issued.
<p>1-3. Handbook on DOHA and referral system is produced and disseminated.</p>	<ul style="list-style-type: none"> ● Since the DOHA Decision issued in 2010 did not indicate any clear guidelines, etc. for implementation. In the Project, therefore, has been working on the production of the Handbook to assist users such as government officials and health professionals engaged in DOHA to image the practice of DOHA especially in rural areas by introducing the practical examples of referral activities and local medical care cooperation activities such as the six target provinces. CPMU and the JICA experts prepared the initial draft, and revision work geared to finalization is currently being implemented in the MOH editorial committee centering on the external consultants and the MSA DOHA unit. ● It is expected that the DOHA Handbook will be finalized and approved by the end of November. Between the end of 2016 and February 2017, it is scheduled to implement three seminars for the dissemination of the achievements of the Project, and the Handbook will be distributed to all provinces in the country in these seminars

The MOH Decision 1816/2008/QD-BYT issued in 2008 institutionalized the provision of technical guidance by higher health facilities for lower level health facilities. The MOH Decision 4026/QD-BYT issued in 2010 prescribed the scope of DOHA activities; however, it did not provide

any specific guidelines for implementing DOHA and referral activities. In these circumstances, as Output 1, the Project aimed to achieve DOHA management capacity building of the MOH through implementing the activities in the six target provinces, promoting the enactment of legislation including issue of the referral Circular and revision of the DOHA Decision, production and dissemination of the DOHA Handbook (guidelines for DOHA activities, case studies in the six target provinces as reference for effective implementation, case studies of local public health in Japan and so on), and developing and introducing RDMS and so on.

On the other hand, based on the Prime Minister’s Office Decision “*Approval on scheme for reducing hospital overcrowding situation*” (2012-2020) and the pursuant MOH Decision “*Satellite Hospital Project*” (2013-2020), the MOH has been giving priority to initiatives for the transfer medical care technology mainly to doctors with a view to mitigating the over-concentration of patients at upper level hospitals (in particular, it is striving to build the capacity of provincial hospitals through introducing technology from central hospitals to provincial hospitals). In the Project, on the other hand, assistance (1) for strengthening province-wide medical care services has been implemented through strengthening networking based on referral meetings, etc. between the DOHs, the PGHs, DHs and CHS, and (2) for strengthening of planning capacity based on analysis of referral information, etc. In the MOH, these initiatives entail a massive workload because administration is conducted by the DOHA Units of the MSA, however, the MOH is implementing the project activities sufficiently.

Concerning production of the DOHA Handbook, at the time of the Terminal Evaluation, the MOH is finalizing the draft version and it is scheduled to introduce and disseminate the Handbook in three locations ; the northern, central and southern part of Vietnam, by the end of the Project. Since the Handbook is largely intended to provide practical guidelines for the implementation and management of DOHA and act as a practical guide for officials engaged in DOHA, especially in rural provinces, it introduces case studies that are based on experiences in the six target provinces. At the time of the Terminal Evaluation, draft correction work for finalization is being carried out; however, it will preferably be necessary to recheck the contents and expressions to make sure to be user-friendly.

Summing up, since it is expected that the MOH will prepare the legal framework for DOHA operational management and the environment for operations including the RDMS and the Handbook by the time the Project is completed, it is deemed that Output 1 is fairly achieved at the time of the Terminal Evaluation.

b) Output 2

Achievements of the OVI for Output 2 are as indicated below.

【Output 2】 Referral system from the commune to DHs and PGH in <i>Hoa Binh</i> province is established.	
OVI	Achievements
2-1. DOHA units in all DHs are established and functioned.	<ul style="list-style-type: none"> ● By June 2013, DOHA units were established and management of DOHA activities were started in all district hospitals in the <i>Hoa Binh</i> Province. ● The training was implemented by the PPMU who received training in Activity 1-5 as trainers. Moreover, the PPMU has implemented lectures geared to planning based on the data analysis and interpretation indicated in Activity 1-5 according to the training materials.

2-2. All commune health center in <i>Hoa Binh</i> Province assigns staff for referral activity.	<ul style="list-style-type: none"> Persons in charge of Referral activities (usually the station managers) were appointed at the CHS in all 210 communes in 11 districts by the time of the Mid-term Review.
2-3. Referral meeting between commune health center and DH in all districts is held 4 times annually.	<ul style="list-style-type: none"> Referral meetings were started between the DHs and CHS in all 11 districts from October to November 2015. Referral meetings were implemented in all districts in the first and second quarters of 2016 (meetings are conducted every month in the <i>Lac Thuy</i> District and the <i>Luong Son</i> District).
2-4. 100% of staff assigned in DOHA unit in all DHs attend the training on DOHA & referral system.	<ul style="list-style-type: none"> Training was implemented for two districts in 2014 and nine districts in 2015, and it was eventually received by 82.8% (24/29) of all the eligible staff. Since the DHs that have staff turnover and multiple staff assignments send representative members to receive the training, the training coverage among eligible staff is not 100%; however, because the training participants share the contents they learn with the staff members who couldn't attend, the DOHA and referral activities are generally being implemented in DHs appropriately.
2-5. 100% of person-in-charge at all commune health center in <i>Hoa Binh</i> Province attend the training on DOHA & referral system.	<ul style="list-style-type: none"> Staff of the provincial DOH and PGHs acted as trainers in conducting the 3-day training of "Training on the Capacity Strengthening of DOHA and Referral Management" for all 210 CHS in 11 districts by 2015. As with the OVI 2-4, the coverage has been approximately 90% (participation by 221 out of 246 eligible personnel), with the training received by at least one staff member at all CHS.

In *Hoa Binh* Province, "the Project for Strengthening Health Service Provision in *Hoa Binh* Province" (2004 – 2009) was implemented previously and laid the foundations for activities in the Project. In addition to the DOHA, referral activities between the provincial DOH, PGHs and DHs have been appropriately continued according to the Referral Circular. Moreover, know-how concerning the management of referral information and operation of meetings in PGHs and DHs has been accumulated; also, concerning liaison between DHs and CHS that the Project intended to strengthen, referral meetings were introduced relatively smoothly under the initiative of DHs based on support from the provincial DOH and PGHs.

However, the referral meetings between DHs and CHSs were fully started at the end of 2015 after completion of introduction training, and only around three meetings were held in each province by the time of the Terminal Evaluation. In the monitoring by the Project, it is observed that organizing of meetings (problem analysis and training needs assessment as countermeasures based on referral information, implementation of study sessions utilizing referral meeting opportunities, etc.) have generally been implemented appropriately, though yet ineffectively in a couple of districts. The provincial DOHs are the responsible agencies for implementing DOHA and referral activities in each province and they conduct monitoring visits as much as possible; however, it will be necessary to conduct appropriate follow-up in these districts by the end of the Project period.

Meanwhile, in the *Hoa Binh* Province, owing to the networking of the DHs centered on the PGHs, and the networking of CHS centered on DHs in districts, it can be said that the vertical linkage and horizontal linkage of local medical care activities have been constructed through the referral meetings. Moreover, concerning the resulting referral of patients to higher level medical care facilities, improvements are observed in operation according to the Referral Circular; however, concerning the mitigation of over-concentration of patients that the MOH regards as important, it has not been possible to evaluate due to the existence of various factors that influence the absolute numbers of referred patients.

For these reasons, the achievement level of the Output 1 is deemed to be appropriate in general at the

time of the Terminal Evaluation.

c) Output 3

Achievements of the OVIs for Output 3 are as indicated below.

【Output 3】 Managerial capacity on DOHA and referral system between the PGHs and DHs is strengthened in <i>Son La, Lai Chau, Dien Bien, Lao Cai and Yen Bai</i> .	
OVIs	Achievements
3-1. 90% of staff assigned in DOHA unit attend the training on DOHA and referral system.	<ul style="list-style-type: none"> The situation regarding the coverage of training in the five targeted provinces is as described in the Table 1. Overall, approximately 89.9% of staff members have received training as of the time of the Terminal Evaluation. Overall, actual performance was slightly less than the target value of 90%; however, this can be explained by the fact that the “<i>Training on the Capacity Strengthening of DOHA and Referral Management</i>” was implemented for only twice in <i>Dien Bien</i> province, because this province has more number of DOHA officers than the other provinces.
3-2. 100% of trainees participated in the training on DOHA and referral system meet requirements of the course (5/10), in which 90% of trainees are ranked at 7/10 and above.	<ul style="list-style-type: none"> All 191 trainees in the five targeted provinces have passed the training course (with a score of 50% or higher). Of these, 91.4% of the trainees scored 70% or higher (see Table 2).
3-3. All target provinces make an annual training plan based on the needs assessment including the analysis of referral data.	<ul style="list-style-type: none"> Particularly following the Mid-term Review, lectures concerning referral data analysis and evidence-based training were primarily carried out by the JICA experts, and technical training that was requested by each province was selected to confirm that it was planned based on referral data analysis and needs assessment after the Mid-term review. In Phase 2 (2016-2020) of “<i>the Satellite Hospital Project</i>” (2013-2015), it was decided that all of the six target provinces should participate in training in multiple fields; however, the training fields are selected based on referral data analysis and needs assessment, etc. as learned in the Project.
3-4. Referral meeting is held 4 times annually.	<ul style="list-style-type: none"> The situation regarding the implementation of referral meetings in the five targeted provinces is shown in the Table 3. On average, the implementation rate has been 80% or higher in the five targeted provinces.

At the beginning of the Project, PPMUs were officially established (see Activity 0-4) in the five targeted provinces successively from July 2013. Introductory training was implemented for the PPMU members who were newly appointed as DOHA in charge, and the five targeted provinces were able to smoothly introduce DOHA and referral activities through visiting and inspecting the *Hoa Binh* Province, where local medical care collaboration activities centered on the province (between PGHs and DHs) had been established through the DOHA and referral meetings.

The DOHA departments in the PGHs compile comprehensive annual training plans based on the results of problem analysis and needs assessment in the referral meetings. In addition to the cross-cutting capacity building trainings (e.g. managerial capacity building related to operation of DOHA and referral activities and evidence-based planning), the Project financially assisted the PPMU to organize a total of 193 technical training courses with various themes⁹ (grant amount: 7,497,285,200 VND, approximately 343,461 USD) as a part of the Continuing Medical Education

⁹ Estimation as of the time of the Terminal Evaluation.

(CME) for medical professionals, from the viewpoint of strengthening DOHA and referral activities (see the Annex 5-4).

However, the Mid-term Review team found that, among training requested by the PPMUs, there were some cases that sufficient reasons for selecting the area of medical training weren't clearly indicated. The Team recommended that training be planned and implemented based on more detailed analysis and solid basis. In response to this recommendation, the JICA experts gave lectures on the practice of training needs assessment based on referral information analysis in *"the Training on the Capacity Strengthening of DOHA and Referral Management"* (see Tables 1 and 2). Moreover, in 2016, the Project prepared a document geared to the PPMUs that stipulate the methods of application for training, for example, clearly specifying the basis for selection, consideration of the training cost and available human resources and so on. As a result, it is considered that all CME trainings, which were financially assisted by the Project, were planned based on a clear data analysis after the Mid-term Review. Moreover, know-hows on planning on the basis of referral data analysis, the environment and available resources in each province are also utilized for selecting training contents of the Satellite Hospital Project by the MOH and that of other development partner agencies as well. In this way, the know-how has made a contribution to the effective and efficient implementation of training activities in the provinces overall (see Annex 6 for details of the Satellite Hospital Project and other assistance from development partner agencies).

At the time of the Terminal Evaluation, referral meetings were generally being held appropriately in the five targeted provinces (Table 3), and it is thought that local medical care collaboration activities based on the said meetings are embedded. Incidentally, in the Project, the Output 3 targeted the management capacity building of DOHA and referral activities between PGHs and DHs. However, in the three provinces of the *Lai Chau*, the *Son La*, and the *Lao Cai*, out of awareness of the need for capacity building in lower level medical care facilities, there has been a widening of the scope of activities with the introduction of referral meetings between DHs and CHSs while receiving indirect support from the Project.

For these reasons, the achievement level of the Output 3 is deemed to be appropriate at the time of the Terminal Evaluation.

3) Achievements of the Project Purpose

Achievements of the OVIs for Project Purpose are as indicated below.

【Project Purpose】 DOHA and referral system in the target provinces are strengthened	
OVIs	Achievements
1. The operation of DOHA units is strengthened at PGHs and DHs in the target provinces (to score maximum point of the Progress Evaluation Sheet for DOHA System) .	<ul style="list-style-type: none"> ● In Table 4, (1) shows scores for the level of DOHA system building according to the MOH standard (Decisions and Circulars), and (2) shows scores for the general DOHA and referral activities level as set in the Project. ● In the evaluation according to the MOH standard in (1), in 2013 when the Project was started, the provinces other than the <i>Hoa Binh</i> Province, where the previous project had already been implemented, scored 7 or 8 out of 10; however, by 2016, all of the six target provinces scored 10 out of 10, demonstrating that the MOH standard had been fully satisfied. ● Concerning the level of general DOHA and referral activities in (2), in 2013 when the Project was started, the provinces other than the <i>Hoa Binh</i> Province scored lower level, however, four of the six provinces achieved the top score by 2016. Concerning the reasons for two

	provinces that didn't achieve the top score. in <i>Yen Bai</i> , the number of referral meetings implemented in DHs did not reach the target value. while in <i>Dien Bien</i> , in addition to the same reason, the DOHA unit has not been established due to the level of provincial hospital (level-2), which cannot establish the unit.
2. Reduced more than 10% of number of referral patients in the fields which technical transfer/training has been conducted for at PGHs and DHs in the target provinces.	<ul style="list-style-type: none"> Concerning OVIs, it is necessary to be able to measure the project intervention effect; however, since the number of referral patients used in this indicator is largely impacted by factors such as the transfer of medical care technology, healthcare insurance, absolute number of patients and so on, other than the project assistances such as the management of DOHA and referral activities and evidence-based planning, this OVI cannot be used for measuring the degree of achievement of the Project Purpose. Further, the team confirmed that the methods for data collection are different in each province, and also, reliability of the data cannot be secured through the detailed inspection of the low data provided by the Project. For this reason, the Team could not obtain precise data for the number of the referral patients for evaluation.

In OVI 1, the level of organization and activities implementation for DOHA and referral activities is measured. It has been confirmed that the standard established by the MOH for the DOHA implementation setup has been satisfied in all provinces as shown in the Table 4, and it is thought that activities have generally achieved a desirable level with the support of the Project.

OVI 2 required that there be a reduction of more than 10% in the number of referral patients in the fields where technical transfer/training has been conducted, however, since factors other than project intervention greatly influence this, it became clear that this indicator is not appropriate to measure the degree of achievement in the Project.

The Project has resulted in the followings:

- 1) establishment of legislation, production of a Handbook and introduction of IT technology for effective information management and analysis centered on the MOH for realizing more concrete promotion of DOHA and referral activities as Output 1,
- 2) realization of vertical and horizontal collaboration based on the referral system and referral meetings from CHSs to PGHs via DHs as Output 2, and
- 3) establishment of the foundation for implementing DOHA and referral in five new target provinces as Output 3.

Moreover, numerous knowledge, lessons and experiences were acquired through the project activities such as the application of HOHA and referral activities in the newly-targeted five provinces and these have beneficially been used as case studies in the Handbook, it is thought that the Project has also enhanced the quality of the Handbook as a practical volume.

As aforementioned, it is considered that the Project has established the foundation to implement DOHA and referral activities in the northwestern provinces. In addition, efforts were given to build management capacity so that the officers in charge can appropriately operate and manage the DOHA and referral activities based on the implementation setup. Realizing the importance of management capacity building to enable appropriate operation and management, technical guidance was given in focus on the referral data analysis and its interpretation, and subsequent planning based on the evidences such as the results of analysis, available resources and so on. As a result, at the time of the Terminal Evaluation, the training being planned in each province was based on a solid basis to an extent.

Owing to the Project, the effects of evidence-based planning in the provincial DOH and provincial

general hospitals are expanding to DHs and even to CHSs. It is anticipated that evidence-based planning will have a positive impact on not only training supported by the Project, but also the activities supported by the MOH and other development partners. The team finds, on the other hand, cases with insufficient ability and experience for preparing plans based on analysis and interpretation of data and available resources even though trainings are planned based on a solid basis. Since these initiatives were particularly bolstered after the Mid-term Review, they need to gain more experience in this area. It is necessary to build some kind of mechanism for conducting ongoing follow-up.

Summing up, since the DOHA and referral systems in the target provinces have largely been strengthened to the expected level, it is considered that the Project Purpose is achieved.

3.3 Implementation Process

1) Project Management and Communication Amongst Parties Concerned

Project management on the Vietnamese side is implemented under the initiative of the CPMU composed primarily of the DOHA unit of the MSA-MOH by supervising PPMUs established in the target the six target provinces, and they have managed implementation of the overall Project in cooperation with the JICA experts.

In commencing the Project, it was agreed that the MOH would secure the project office space within its own facilities; however, it was unable to do this for various reasons, so the office had to be established by the JICA experts and Project local staff in a nearby office building. Although this created physical difficulties in conducting routine communications, working-level liaison and coordination meetings have been maintained with the CPMU around once per week, and meetings to discuss overall project operation and management have been maintained with the Project Director (the Director of the MSA-MOH) and the Project Manager (Vice-Director of the MSA-MOH) once every one or two months. In addition, necessary communications concerning project operation are routinely conducted on the working level by means of telephone, email, etc.

Meanwhile, the PPMUs are headed by the directors of the provincial DOH or directors and vice-directors of PGHs, and officers in charge are assigned from the provincial DOH, PGHs and DHs. The PPMUs receive official approval from the provincial People's Committees or DOH. As was described above, even though the project office was established close to the MOH, liaison and coordination concerning Project operation have been sustained at a satisfactory level between the CPMU, JICA experts and PPMUs. The JICA experts and CPMU members have tried to visit each of the six target provinces at least once every two months to monitor the activities and conduct supportive supervisory guidance, training and so on.

Summing up, Project operation has on the whole been appropriately implemented and good communications have been maintained between related officials throughout the project period.

2) Ownership and Autonomy

The DOHA unit of the MSA-MOH, which have de facto responsibility for operating the Project on the Vietnamese side, not only promote DOHA and referral activities within the provincial level of the target provinces, but they also operate and manage DOHA activities over the whole of Vietnam. In particular, in the "*Satellite Hospital Project*", the MOH has been giving priority to initiatives for strengthening the functions of provincial hospitals and transferring medical technology to medical doctors at the provincial level with a view to mitigating the over-concentration of patients at central

and other upper level hospitals. In such circumstances, despite the fact that the DOHA unit is putting efforts to the said project that requires massive workload though they do not have abundant manpower, they have continued to offer cooperation throughout the term of the Project, even when the Project has strived to conduct management capacity building under the concept of the DOHA.

On the other hand, the Project has targeted rural provinces that do not have as many available resources as in urban areas, and the PPMUs in the six target provinces have displayed initiative in implementing the activities, realizing that it is imperative for improving the level of medical care services to make full use of limited resources. In particular, in three out of the five targeted provinces, autonomous activities such as the introduction of referral meetings between the DHs and CHSs have been implemented out of awareness of the importance for operational capacity building for DOHA and referral activities in the community levels.

DRAFT

CHAPTER 4 EVALUATION RESULTS

4.1 Relevance

The relevance of the Project is highly maintained as of the time of the Terminal Evaluation

1) Consistencies of the Project Purpose with the Vietnamese Health Policies and the Needs of Target Groups

At the beginning of the Project, the relevance was considered high among the stakeholders of the Project due to the continuation of the project from the previous phase. As was confirmed at the Mid-term Review conducted from March to April 2015, the Socio-economic Development Strategy 2011-2020 indicate the significance not only of the fulfillment of specialist physicians but also of the enhancement of community health networking and the functional development of CHSs for the development of healthcare system and the medical services. The Socio-economic Development Plan 2016 – 2020, pursuant to the said Strategy, is also taking over the priorities such as the improvement of living standards, poverty reduction and medical care service provision to ethnic minorities in northwestern provinces, from the previous plan. Moreover, the MOH is strongly promoting DOHA as an effective and efficient approach to improve medical services on a limited resource. Especially after the effectuation of the Prime Minister's Office Decision "*Approval on scheme for reducing hospital overcrowding situation*" (2012-2020) that aims to provide appropriate medical services by mitigating over-concentration of higher-level medical facilities such as central hospitals, the MOH, pursuant to the Decision, published various decisions and circulars such as "*the Satellite Hospital Project 2013 – 2020*" (774/QD-BYT), "*the institution of the rotation of medical doctors*" (14/QD-TTg) and the Referral Circular. Since the Project is aiming to enhance the managerial capacity of officers in charge for the effective implementation of DOHA, the Project Purpose is highly consistent with the health policies of the MOH.

Meanwhile, in the Japan's aid policy for Vietnam, the "*JICA Country Analysis Paper for Vietnam*" issued in March 2014 indicates the direction to promote lateral spread of Japan's past achievements such as human resource development as well as equipment improvement for provincial hospitals in rural areas in the section of "*Direction of Assistance according to the Program –Healthcare –*". Since the Project is to apply and further enhance the achievements gained in the previous technical cooperation entitled "*the Project for Strengthening Health Service Provision in Hoa Binh Province*" (2004-2009) to other provinces in the northwestern area, the concept and framework of the Project is highly consistent with the Japan's aid policies to Vietnam.

2) Appropriateness of Implementation Method

① Appropriateness of Assistance Approach

As was just described above, the MOH is promoting DOHA as an effective and efficient approach for the enhancement of medical services using limited resources. As was also described in the Achievement of the Output 1, based on the Prime Minister's Office Decision "*Approval on scheme for reducing hospital overcrowding situation*" (2012-2020) and the pursuant MOH Decision "*Satellite Hospital Project*" (2013-2020), the MOH has been giving priority to initiatives for the transfer of medical care technology mainly to doctors with a view to mitigating the over-concentration of patients at upper level hospitals (in particular, it is striving to build the capacity of provincial hospitals through introducing technology from

central hospitals to provincial hospitals).

The Project, in this regard, has been working on the reinforcement of medical services in whole province through the networking among DHs as well as CHSs centered on the provincial DOHs and PGHs. The Project is also strengthening the capacity of officials in charge of DOHA and referral activities for planning based on the solid basis (evidences) such as analyzing results of referral data. Thus, it is considered that the Project has been implemented in a mutually complementary manner with the “*Satellite Hospital Project*”, which puts the priority to strengthening medical skills and technologies in medical doctors. For this reason, the assistance approach of the Project is deemed to be appropriate.

- ② Special consideration for gender issues, social grades, environment, poverty, ethnic groups, etc.

The mountainous areas in the northwestern provinces, the target sites of the Project, are suffering from economic quandary with relatively high number of ethnic minorities as well as higher poverty rate. Under the circumstances that health facilities such as provincial DOHs and PGHs with the responsibility to promote DOHA are required to run on a self-accounting system, it is deemed to be effective for enhancing the managerial capacity that enables the maximum use of limited resources to proceed DOHA in such areas from the viewpoint of the improvement of medical services based on the fundamental principles of the health equity. For this reason, it can be said that the Project put the consideration of such environments in the northwestern provinces to a certain extent.

4.2 Effectiveness

The effectiveness of the Project is high in general.

1) Probability of Achievement of Project Purpose

As was described in the “*Achievement of the Project Purpose*” section, the Project has been working on the legislation for promoting DOHA (i.e. novel effectuation of the Referral Circular and revision of the DOHA Decision) with the initiative of the MOH under the activities of the Output 1, the reinforcement of referral system in the *Hoa Binh* province under the activities of the Output 2 and the application of DOHA and referral activities in the newly-targeted five northwestern provinces under the activities of the Output 3. As a result, it is deemed that DOHA and referral system is fairly strengthened in the six northwestern provinces as expected.

In particular, the MOH has been putting significant efforts to promote the technical transfer of medical skills and technologies especially from central hospitals to PGHs under the “*Satellite Hospital Project*”. Whereas the Project, in mutually complementary manner, has been targeting the PGHs, the DHs and the CHSs in the six target provinces to enhance the managerial capacity in consideration of the whole concept of DOHA for effective and efficient implementation of DOHA and referral activities. After the Mid-term Review, in particular, the Project has been focusing on the enhancement of implementation capacity of the officials in charge of DOHA and referral activities in referral data analyses and subsequent needs assessment in consideration of available resources and environment. Consequently, the Project succeeded in capacity building on planning (of training) based on the solid basis. Further, the findings and experiences gained from the project activities as well as its good practices are supposed to be presented as case studies in the Handbook geared to the

officials in charge of DOHA to be used as a practical volume. The Project plans to distribute the Handbook to all provinces in Vietnam by the end of the project period, though it is still in the process of finalization.

For these reasons, the Project Purpose is fairly achieved as expected by the end of the project period.

Meanwhile, the important achievements of the Project are that the target six (6) provinces have acquired know-hows and experiences in referral data analyses and interpretation, and subsequent development of feasible plans based on the solid basis in consideration of analyses results as well as available resources. These are effectively utilized to develop plans of training courses in the framework of the CME as of the time of the Terminal Evaluation. However, the Project encountered a case in a target province that the planned training courses could not be completed due to the budget shortage even though the courses were planned based on the solid basis. This case implies the needs of more experiences of the officials in charge to achieve a desirable level of planning capacity, though the ground of evidence-based planning capacity is considered to be established owing to the Project. Since it is suggested that the level of achievement varies in each province, it is desirable that the MSA-MOH and the PGHs will take measures to develop a follow-up mechanism for better consolidation of knowledge and techniques acquired through the implementation of the Project.

On the other hand, the development and installation of the RDMS, which will allow the officials in charge of DOHA and referral activities to analyze the referral data efficiently by visualizing collected data and analysis results, is lagging behind schedule by approx. three (3) months since it took longer-than-expected time for the discussion of the rationale of its development between the MSA-MOH and JICA as well as tender procedure for selecting a system developer. Thus, the Project is still doing trial-based installation in two model provinces as of the time of the Terminal Evaluation. The Project plans to complete the installation of RDMS in all six (6) target provinces within the year of 2016, followed by the full-scale operation of RDMS from January 2017 and subsequent comprehensive evaluation of its operability in one month after the full operation. Under such a tight schedule, the Project should perform stricter progress management to complete all the introduction process including total handover of it to the Vietnamese side by the end of cooperation period (March 2017). Meanwhile, the revisions of the DOHA Decision as well as the Hospital Quality Evaluation Criteria Book in accordance with the development of indicators for the evaluation of the function of referral system are still in the process of official approval including piloting in the 2016 evaluation process as of the time of the Terminal Evaluation. The Project, therefore, is expected to support the MSA-MOH to complete the process by the end of the project period as the need arises.

2) Important Assumptions for the Achievement of Outputs and Project Purpose

- ① Current status of the important assumption of “*Consistent support of MOH to strengthen DOHA and referral system*” for the achievement of the Project Purpose

The DOHA unit of the MSA-MOH is strongly promoting DOHA nationwide. Since they had been contributing to implement the Project aiming to enhance managerial capacity for strengthening DOHA and referral activities as much as possible though they are very busy, it is considered that this important assumption has been fulfilled throughout the project period.

- ② Current status of the important assumption of “*Referral system from DHs to PGH has been operating continuously (sustainably) as the output of previous project*” for the achievement of the Project Purpose

The project activities were conducted in the newly-targeted five provinces on the basis of

experiences and know-hows gained from the previous project done in the *Hoa Binh* province. It is notable that the Referral Circular issued in 2014 was developed on the basis of the achievements of the previous project. For this reason, it is considered that this important assumption has also been fulfilled as of the time of the Terminal Evaluation.

- ③ Current status of the important assumption of “*Coordination and cooperation with other stakeholders (e.g. central and special hospitals), particularly on training activities are required*” for the achievement of the Outputs

Since the central hospitals are providing training courses, which are financially supported by the national budgets from the “*Satellite Hospital Project*” and the DOHA 1816, in accordance with the annual training plan, there were some cases that ad-hoc request from the provinces for providing training could not be accepted. Having said that the central hospitals have generally been cooperative to the Project as well as the PGHs to provide training courses based on the request. For this reason, it is considered that this important assumption has fairly been fulfilled throughout the project period.

- ④ Current status of the important assumption of “*Commitments and support of the Provincial Governments of the target provinces on resource allocation are required*” for the achievement of the Outputs.

One province out of five newly-targeted provinces could not receive the full amount of the counterpart budget, and another one could not be allocated any counterpart budget at all. However, a part of operational costs for the project-related activities were covered by the budget of the provincial DOH and/or PGHs. For this reason, though this important assumption was not fulfilled, no negative influence on the progress of the project was observed.

3) Contributing Factors for Effectiveness

After the effectuation of the Prime Minister’s Office Decision “*Approval on scheme for reducing hospital overcrowding situation*” (2012-2020), various DOHA-related decisions and circulars were issued. The pursuant MOH Decision “*Satellite Hospital Project*” (2013-2020) issued in 2013 where the referral rate is applied as one of the indicators to measure the performance of the technical transfer trainings under the said project by investigating its changes before and after the trainings. This also contribute to promote the awareness of the significance of referral data management and analyses nationwide, together with the publication of the Referral Circular in 2014.

4) Hindering Factors Against Effectiveness

No major hindering factor against the Effectiveness of the Project has not been observed during the project period.

5) Others

In November 2015, the MOH decision “*Registration and Referral of First-visit Medical Facilities for Medical Service Provision in the Health Insurance System*” (40/2015/TT-BYT) was issued. This new decision allows, since January 2016, the community residents covered by the health insurance to directly visit the DHSs without consulting CHS and getting referral letters as they used to do otherwise they had to bare the cost of self-payment.

As the Project assists the DOHA and referral activities from the aspect of the capacity building of operational management, no significant negative influence of the abovementioned decision is

observed so far on project activities itself. Therefore, this cannot be regarded as a hindering factor to the effectiveness of the Project. Having said that, the MSA-MOH puts massive efforts and budget for the technical transfer of medical skill and technologies from higher to lower medical facilities in order to mitigate the over-concentration of patients in higher-level facilities by increasing the variety of medical services provided at lower-level. On contrary to such initiatives unfortunately, the Team was explained by the interviewees at provinces that the number of patients visiting CHSs was on a decreasing trend after the publication of the said MOH decision in January 2016.

The use of the Project vehicle was limited to some extent due to the regulation of the Project, which could have limited the transportation of CPMU staff to the field. Clear understanding and agreement on the regulation was necessary.

4.3 Efficiency

The Efficiency of the Project is high in general.

1) Progress Management of the Project Activities

As was described in the “*Verification of the Implementation Process*” section, the project management on the Vietnamese side is implemented under the initiative of the CPMU composed primarily of the DOHA unit of the MSA-MOH, supervising PPMUs established in the six target provinces. They have managed implementation of the overall Project in cooperation with the JICA experts.

In particular, the Project was required to manage the whole project matters efficiently since the Project has six provinces as target widely located in northwestern region and the Project was required to organize them from Hanoi. Under such setting of project management, the Project developed an operational manual including the instruction of accounting procedures for the reference of the CPMU and the PPMUs at the initial phase of the Project, resulted in proper understanding of the counterpart organizations toward the “*project management*” through the implementation of a workshop. Unfortunately, the project office could not be established in the MOH headquarters; nevertheless, the overall project liaison and communication has properly been continued by means of regular project management meetings between the CPMU and JICA experts as well as regular visits (approx. once in two months’ interval) and daily-basis telephonic and/or email communications with PPMUs. Though the Project sometimes encountered cases that require additional time and efforts for decision-makings and/or getting approval for the implementation of project activities in the MOH, the operational management including progress management of the Project itself is deemed to be appropriate on the whole.

2) Beneficial Utilization of Provided Equipment and Materials

The Project provided audiovisual aids for training and workshops, training materials for skill practice such as resuscitation simulators, medical equipment such as the sputum sucking system, etc. in accordance with the training plan of the PGHs. These are utilized in proper manner for training as well as clinical practices for some items.

Further, at the time of the terminal Evaluation, the Team found through the interviews and direct observations that these equipment and materials provided by the Project have been maintained properly.

3) Beneficial Utilization of Knowledge and Skills Acquired at The Training In Japan

As of the time of the Terminal Evaluation, a total of 39 Vietnamese counterpart personnel participated trainings in Japan in the theme of the Community Health and Medical Care as well as the Community Health System.

After coming back from the Training in Japan, the participants took initiative to promote the project activities with indirect support from JICA experts in accordance with the plan of actions developed by them. Thus, the knowledge and techniques obtained in Japan are effectively utilized as a basis and even a starting point for the project activities in Vietnam.

For instance, the *Son La* PGH, on the basis of the findings and knowledge of community healthcare system gained at the Training in Japan, analyzed the referral data and regional characteristics, and consequently, pointed out the capacity enhancement of CHSs as necessary actions to be taken by themselves. According to this analysis result, they have started to mobilize DHs with the responsibility of supervising CHSs for better medical service provision in communities. This is planned to be put in the Handbook as an example of community healthcare activities in the *Son La* province.

4) Contributing Factors for Efficiency

① Study Tour in the *Hoa Binh* province

As a basic concept of the Project, the achievements of the previous cooperation “*the Project for Strengthening Health Service Provision in Hoa Binh Province*” (2004–2009) are supposed to be applied in the newly-targeted five provinces and further enhanced in the *Hoa Binh* province.

At the introduction phase of the Project, the counterpart personnel of the newly-targeted five provinces visited the *Hoa Binh* province and observed the practice of local medical care collaboration through the implementation of the DOHA and referral meetings, including data analyses and subsequent problem assessment, and development of countermeasures based on the solid basis. Those who have participated the study tour in the *Hoa Binh* province beneficially utilized what they had learnt for their daily duties as well as the project activities as practical examples. For this reason, this has contributed to smooth introduction of project activities in the newly-targeted five provinces.

② Indirect collaboration with other technical cooperation

As was described in the “*Effectiveness*” section, the Project focused on the capacity enhancement of persons in charge of DOHA and referral activities in management, which will contribute to training management of specific technical training. Technical transfer in specific fields was out of the scope of the Project, such as cardiovascular diseases and emergency medical services or in specific vocational fields such as nursing.

It is notable that the Project covers the whole concept of DOHA with the MOH-organized “*Satellite Hospital Project*” as well as other assistances for medical skills and technologies by other development partners in mutually complementary manner. This is also considered as an indirect collaboration with other technical cooperation.

5) Inhibitory Factors against Efficiency

As was described in the “*Progress Management of the Project Activities*” above, in the mutually-agreed PDM, “*office space and basic office equipment*” were supposed to be provided as

inputs from the Vietnamese side to the Project; however, it was revealed to be difficult to allocate the project office space in the MOH headquarters after the commencement of the Project. As a result of the discussions between the Vietnamese and Japanese sides, both side agreed upon that the Project would rent a room in an office building nearby the MOH to establish the project office, and all the costs for operation the office (including rental charge, basic office equipment, office supplies and utility) were covered by the Japanese side.

As was described above, favorable communication between the CPMU and JICA experts was maintained by any available means of regular meeting, telephonic and email communication under the joint efforts of the Vietnamese and Japanese sides. Nevertheless, there were some cases that require longer-than-expected time to gain approvals by the MOH for some project activities as well as to conduct ad-hoc meetings when some issues raised. Since the “*efficiency*” of the Project is evaluated from the viewpoint that whether the inputs from both sides were efficiently turned into the achievement of the Outputs and the Project Purpose, it is deemed that this had reduced the efficiency to a certain degree for following reasons: 1) the office space and basic office equipment has not been provided; 2) this resulted in spending a part of project budget for rent; and 3) unexpected time and efforts were spent for appropriate project operation though the project management itself.

4.4 Impact

The following positive impacts are confirmed and/or expected by the implementation of the Project.

1) Probability of Achievement of the Overall Goal

The Project sets the Overall Goal of “*the strengthened DOHA and referral system contribute to the sustainable improvements of medical services in Northern mountainous provinces*”, which is supposed to be achieved in five to ten years after the termination of the Project. Likewise the northwestern provinces of the project target areas, the northern mountainous provinces are also of high poverty rate and geographically difficult to access health services. The Project has been assisting the six target provinces to maximize limited but available resources for the reinforcement of DOHA and referral activities from the perspective of management. As was described in the “*Effectiveness*” section, the management capacity for proper operation of DOHA and referral activities in the newly-targeted five provinces was conducted utilizing the know-hows and experiences of the previous project conducted in the *Hoa Binh* province. Moreover, the vertical network from provincial level to commune level via district level as well as horizontal network at each provincial, district and commune level are established through the project management meeting with PPMU at central level and the DOHA and referral meetings in each province. The DOHA and referral meeting has been enhanced its original function of liaison and coordination of patient referring to a local health care collaboration meeting, which aims to improve community health through medical facilities at different levels working in tandem. It also functions as an opportunity of staff education by implementing mini lectures on top of the original function as planning of training and countermeasures to cope with the issues based on the solid basis such as problem analysis using referral data as well as needs assessment. In parallel with these activities, the Project, with the initiative of the MSA-MOH, has been working on the development of legislations (e.g. revision of the DOHA Decision and effectuation of the Referral Circular) as well as of the Handbook for effective implementation of DOHA, aiming nationwide use. For these reasons, it is deemed that the foundation and environment for promoting DOHA and referral activities in the northern

mountainous provinces are developed.

On the other hand, it is considered that the Project is just an approach for the achievement of the Overall Goal. In particular, since the Overall Goal of the Project is to achieve the “*sustainable improvement of medical services*” in the northern mountainous provinces, it cannot be achieved solely by the achievement of the project. Therefore, it is necessary to work continuously with the initiatives aiming the reinforcement of medical techniques and technologies (e.g. the Satellite Hospital Project organized by the MOH) in a collaborative manner for the achievement of the Overall Goal, since the Project is implemented in a mutually complementary manner with the said project and/or other technical assistances. Meanwhile the OVI for the measurement of achievement level of the Overall Goal is as follows: “*Improved evaluation results on DOHA and referral criteria in the Hospital Quality Evaluation Criteria Book for PGHs and DHs in the Northern Mountainous Provinces, 05-10 years after project completion*”, implying that this OVI cannot be achieved by the improvement of medical techniques and technologies solely, and the DOHA and referral meetings should be functioned as the local medical care collaboration meetings in other provinces. Given that both technical and managerial activities are maintained after the end of the project period, it is anticipated that the Overall Goal of the Project will be achieved to a certain extent as of the time of the Terminal Evaluation.

As was just described above, the referral activities were legislated by the MOH (effectuation of the Referral Circular) and the circular of revision of DOHA Decision is anticipated to be revised by March 2017 (the end of the project period). Therefore, the implementation of the DOHA and referral activities had become the mandate of all health facilities nationwide, even in the remote areas such as the northern mountainous provinces as a matter of course. In light of this, the Project is working on the editing work of the DOHA Handbook to be disseminated to nationwide in addition to the northern mountainous provinces. The Project also envisages that the Handbook will be used by the officials in charge at provincial DOHs, PGHs, DHs and CHSs for DOHA and referral activities as a practical volume. Under such concept, the Handbook is composed of three chapters as follows: *Chapter 1* Guidelines for the practical implementation of DOHA and referral activities in accordance with the related decisions and circulars in a visually user-friendly manner; *Chapter 2* DOHA and referral activities case studies in the six target provinces; and *Chapter 3* Practice of community healthcare in Japan. However, in order to appropriately manage DOHA, technical assistances is considered to be essential for its introduction and follow-up, especially for the know-hows of practically organizing DOHA and referral meetings and referral data analysis methods, for the department in charge in the MOH as well as the provincial DOH. They are in charge to commence discussions for establishing a mechanism to introduce support and technical follow-up. Regarding the revision of the Hospital Quality Evaluation Criteria Book, several indicators for evaluating the performance of DOHA and referral activities are expected to be included, and it will be practically used for the quality evaluation of hospitals from the year of 2017 after the pilot introduction in 2016. This revision can be a factor to accelerate the promotion of policies related to DOHA and referral activities.

2) Other Positive Impacts

① Indirect collaboration with other technical assistances

Likewise the description in the “*Contributing factor for Efficiency*” section, the technical transfer in specific academic fields and in specific vocational was out of the scope of the Project, whereas, the Project focused on the capacity enhancement of persons in charge of DOHA and referral activities in management, which will contribute effective and efficient of

technical training in such fields.

Though the Project remains several future challenges regarding the consolidation of knowledge and techniques acquired from the Project, which needs further experiences as well as follow-up assistances, the know-hows of feasible planning based on the solid basis are effectively utilized for selecting the theme of training and its implementation planning of other assistance schemes. For this reason, know-hows, knowledge, and techniques and good practices acquired from the Project are used not only for planning CME training of the Project but also trainings supported other assistance schemes; therefore, this can be recognized as a positive impact of the Project.

② **Functionality expansion of the DOHA and referral meeting as an opportunity of local medical care collaboration and staff education**

The DOHA and referral meeting was initially supposed to function of liaison and coordination between PGHs and DHs as well as between DHs and CHSs for smooth operation of referral system and appropriate patient referral. In reality in the six targeted provinces, the meetings are used for sharing and discussing referral data analysis results, specific issues related to DOHA and/or referral activities and its countermeasures in addition to the original purpose. Further, the meetings are also used for providing mini-lectures in needs in the previous meetings.

3) **Negative Impact**

No negative impact attributed to the implementation of the Project was observed as of the time of the Terminal Evaluation.

4.5 Sustainability

Though several challenges are observed, the benefits provided by the Project are expected to sustain to a certain extent as of the time of the Terminal Evaluation.

1) **Political and Institutional Aspects**

The MSA-MOH attaches great importance to DOHA for enhancing medical services in Vietnam, and strengthened their political efforts after the publication of the Prime Minister's Office Decision "*Approval on scheme for reducing hospital overcrowding situation*" (2012-2020) and the pursuant MOH Decision "*Satellite Hospital Project*" (2013-2020). In relation to the Project, the MOH issued the Referral Circular on the basis of the experiences of the previous project "*the Project for Strengthening Health Service Provision in Hoa Binh Province*" (2004-2009). Further, the MOH is working on the revision of the DOHA Decision as well as the Hospital Quality Evaluation Criteria Book as of the time of the Terminal Evaluation. For these reasons, the significance of DOHA in the health policies is highly expected to sustain even after the end of the project period.

As aforementioned, the MSA-MOH puts efforts to mitigate over-concentration of patients as a priority, especially of upper-leveled hospitals for appropriate medical services through the said initiatives above. However, as was described in the "5. Others" under the "*Effectiveness*", In November 2015, the MOH decision "*Registration and Referral of First-visit Medical Facilities for Medical Service Provision in the Health Insurance System*" (40/2015/TT-BYT) was issued. This

new decision allows, since January 2016, the community residents covered by the health insurance to directly visit the DHs without consulting CHS and getting referral letters as they used to do otherwise they had to bare the cost of self-payment. Further, this policy will be applied to provincial hospitals in future. The Joint Terminal Evaluation Team heard several changes from the interviewees (officers in charge of DOHA and referral activities at province, district and commune levels) as follows: 1) decreasing the number of patients in CHSs; and 2) difficulty in grasping the patient information who chose extramural medical facilities. That is to say, it is estimated the number of patients who visit DHs and even PGHs will be increased hereafter; therefore, the enhancement of community healthcare centered on CHSs will be more significant, and more political effort should be done from such point of view. Enhancing proper understanding of community residents regarding the function (medical services that can be provided, etc.) of the CHSs and DHs as well as promoting patient referral from higher- to lower-level medical facilities in accordance of the criteria can be possible options from the viewpoint of the “*mitigation of over-concentration of patients*”. Contrary to this, there can be another side (benefit) of the increase of the number of patients in terms of hospital income, under the situation that the hospitals are requested to run on a self-supporting accounting system; therefore, it is suggested that some incentives (adding certain amount of medical service fee, etc.) should be considered for referring patients from higher- to lower-level medical facilities.

2) Technical Aspects

As has been described, the six target provinces have acquired enough level of capacity to run the DOHA and referral activities independently owing to the implementation of the Project. It is notable that the DOHA and referral meeting is functioned as a place of local medical care collaboration as well as staff education in addition to the original function of liaison and coordination of referral system, resulted in the enhancement of vertical and horizontal networking of medical facilities in each province. In three out of the five targeted provinces, autonomous activities such as the introduction of referral meetings between the DHs and CHSs have been implemented out of awareness of the importance for operational capacity building for DOHA and referral activities in the community levels. Given that these activities were continued with other initiatives such as the “*Satellite Hospital Project*” run by the MOH, the improvement of medical services in whole provinces is anticipated in future. At the same time, nevertheless, it is suggested that further technical assistances will be necessary to consolidate the knowledge and techniques regarding the referral data analysis (including statistical analysis methods) and subsequent data interpretation, as well as the feasible planning based on the solid basis such as the analysis results.

Duties of the DOHA units that receive guidance in the Training on the Capacity Strengthening of DOHA and Referral Management comprise: administration of activities for improving the medical technology capacity of physicians (implementation of satellite hospital projects and MOH Decision 1816), strengthening of the referral system, Continuing Medical Education (CME) after graduation. This training was designated in the National Curriculum, however, in order to implement official training using this curriculum, the DOH and PGHs need to acquire a CME code as training implementing agencies from the MOH. The MOH ASTT instructed all provinces to establish certified agencies for implementing CME training, however, only four out of the six targeted provinces had done so by August 2015 (55 out of 63 provinces nationwide had acquired certification). The appropriate continuation of CME including DOHA activities is required in order to establish functions of the DOHA department and also to sustain and improve functions following completion of the Project period. In view of this necessity, the JICA experts implemented guidance in cooperation with the MOH concerning provision of the necessary training and acquisition procedures for certification. Incidentally, implementation of the satellite hospital project being

promoted by the MSA-MOH as well as Decision 1816 of the MOH primarily consist of technology transfer from the central hospitals to the PGHs, but it is also guaranteed that the establishment of DOHA activities on the provincial level will entail the continued implementation of initiatives for enhanced medical services on the provincial level and below.

3) Financial Aspects

The implementation of the DOHA and referral meeting had become mandatory of the medical facilities as stipulated in the Referral Circular. The Project provided financial assistances for the operation of the meetings in the first year of the introduction, and then the meetings between provincial DOH/PGHs and DHs have independently been organized by themselves from 2015 with their own budget. Further, as aforementioned, three out of five newly-targeted provinces have autonomously started the DOHA and referral meetings between DHs and CHSs with the financial support of the Project; however, the costs for the meeting is supposed to be handed over to the Vietnamese side by the end of the project period. Besides, some provincial DOH is planning to integrate the DOHA and referral meeting with routine meetings and/or utilizing the teleconference system in consideration of cost reduction; that is to say, efforts to enhance financial sustainability have been commenced in each province as of the time of the Terminal Evaluation.

On the other hand, on top of the cross-cutting trainings for managerial capacity enhancement of DOHA and referral activities as well as for the evidence-based planning, the Project provided financial assistances for a total of 193 training courses (as a part of CME training for health professionals) with the themes related to the implementation of DOHA and/or referral activities, which were planned by the PPMUs. These financial supports will be ended in accordance of the end of the project period; however, those trainings were planned on the basis not only of results of needs assessments but also of available resources including costs for the trainings (the Project had supported this so far). At the time of interviewing, the officers in charge of DOHA and referral activities in each province explained to sustain CME training by mobilizing other resources such as the MOH and other development partners; for these reasons, it is anticipated that the initiatives of the northwestern provinces for the strengthening of medical services, from the financial aspect, will be sustained using know-hows, knowledge and experiences gained from the Project.

4) Comprehensive Sustainability

As has been described above, the benefits derived from the Project is anticipated to sustain to a certain extent though several challenges remain at the time of the Terminal Evaluation.

4.6 Conclusion

By strong commitments from both the Vietnamese and Japanese sides, the Project activities have been accelerated after the mid-term review and the Project Purpose is mostly achieved. Though some indicators are not achieved at the time of Final Evaluation, it is expected that those indicators such as issue of legal framework for DOHA operational management and the environment for operations including the RDMS and the Handbook will be completed by the end of the Project.

Relevance, Effectiveness, Efficiency, and Sustainability of the Project were considered to be high. Though some challenges are observed for sustainability, the benefits derived from the Project is anticipated to sustain. Achievement of the Project Overall Goal cannot be judged at the time of

terminal evaluation but expected to be achieved within the set period. The Team observed many positive impacts of the Project.

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CHAPTER 5 RECOMMENDATIONS

1) Expansion of the DOHA and Referral activities to all levels

As the DOHA and referral activities between district and commune level are targeted by the Project only in *Hoa Binh* province, it is recommended that MOH, DOH and DOHA unit in other 5 provinces are encouraged to expand the activity to the district and commune level.

2) DOHA Circular and Hospital quality evaluation criteria book

MOH is currently finalizing (1) circular of revision of DOHA decision and (2) adding the proposed indicators on DOHA and referral system into Hospital quality evaluation criteria book for its functional evaluation. It is highly expected that these regulations will be finally approved by MOH as soon as possible under the continuous leadership of CPMU.

3) RDMS

● For the Project (CPMU, PPMU and JICA project team)

- Currently, pilot use of RDMS has been implemented in two provinces. Due to a range of hospital information management system (hereinafter referred to as “HIMS”), data input from these current HIMS into RDMS makes operation so complicated in some pilot hospitals. (* This is based on interviews with some users of RDMS in some pilot hospitals and JICA experts.) Therefore, it is necessary for PPMU under the instruction of the Project to modify the HIMS of hospitals concerned and to make decision of operational arrangement of the current HIMS for efficient data transportation from HIMS to RDMS.
- It is necessary 1) to complete bug- fix and operational modification of RDMS based on its functional evaluation by December 2016, and 2) to handover administration by March 2017 after finalizing the operational procedures to be managed continuously by the Vietnamese partners. Therefore, a total management of development and operation of RDMS (e.g. a precise timeline of RDMS development, reflection of end-line users’ opinions as much as possible.) is highly expected to be done by CPMU at their initiative.
- The function and roles of RDMS need to be handed down into any health information system introduced in the future. Therefore, it is recommended to prepare and provide guidance for the contractor/contractee of future health information system development.
- In order to complete the handover of RDMS from the Project to MSA-MOH by the end of the Project period, it is necessary to establish a structure (e.g. allocation of budget, assignment of persons) in MOH to maintain RDMS by the end of December 2016.

● For hospital directors and DOHs

- RDMS is currently at the final stage of development based on the discussion among the Project stakeholders. However, it is strongly recommended that DOH and hospital directors make an announcement once again on the operational direction of RDMS utilization to their staff members including those who administer its system for smooth introduction and operation.

● For CPMU and JICA project team

- It is necessary to prepare guidance for introduction of RDMS in other provinces for the nationwide scale-up in the near future which is planned by the MSA-MOH. Therefore, it is recommended to prepare training manual of RDMS, train master trainers of RDMS in MOH and conduct cost analysis by the end of the Project period.

- 4) Strengthening of DOHA and referral system
- The foundation of DOHA and referral system between PGHs and DHs in the target provinces was confirmed at the time of the Terminal Evaluation. However, PPMU of *Hoa Binh* province still continues supporting for consolidating the DOHA and referral function between DHs and CHSs in some targeted districts. Therefore, it is expected that DOH of *Hoa Binh* further strengthen the monitoring and supervision with the support of the Project, and consolidates the DOHA and referral function in those districts.
 - In order to promote and maintain DOHA and referral activities including the meetings between DHs and CHSs in the target provinces (except for *Hoa Binh*), it is recommended to establish a supporting mechanism (e.g. setting the person in charge of it, clarifying their roles.) including technical support on the monitoring and operation by the medical services division of DOH and DOHA department of PGHs by utilizing existing provincial framework (e.g. integrating into regular meetings and monitoring mechanism).
 - Planning of DOHA should be evidence-based (evidences include discussed issues in the DOHA and referral meetings, and analyzed data). However, the terminal evaluation mission observed that there were some cases that DOHA planning capacities could be improved based on further data analysis, subsequent interpretation and available financial and human resources. Therefore, MOH and each DOH need to strengthen the system of providing technical advices and instructions with utilization of RDMS when they conduct monitoring activities so that officers in charge of DOHA can maintain and improve evidence-based planning capacities of DOHA.
- 5) A handbook on DOHA and referral system
- The draft version of the DOHA handbook is being finalized by the editorial committee of MOH. The mission team encourages the Project stakeholders to provide necessary inputs to make the handbook user-friendly.
 - It is highly recommended this handbook be approved by MOH before the dissemination seminars of the Project held in December 2016 with the continuous leadership of CPMU.
- 6) Impact of policy change on community health
- Regarding the new MOH Circular (40/2015/TT-BYT) issued in November 2015; that allow patients to visit DHs directly (not necessary to visit CHS first) without an increase of co-payment, and patients tends to go primarily to district hospital rather than going to CHS, therefore MOH and Province DOH and DOHA Unit needs to conduct further DOHA activities to strengthen the lower level health facilities. In addition to this, interviewees from almost all provinces expressed their concerns; which it would be difficult for DHs in grasping information of patients who chose extramural district hospitals.
 - Grasping information of patients who chose extramural district hospitals was not included in the Project activity, because this policy change was not predicted at the time of launching the Project. However, the importance of capturing this kind of information would be useful in developing the medical care plan of the hospitals. Therefore, it is recommended to consider including these data in health information system when it will be newly developed or upgraded.

END

Project Design Matrix (PDM)

Project title: The Project for Strengthening Medical Services in Northwest Provinces*

Implementing agencies: Medical Service Administration-Ministry of Health (MSA-MOH), Department of Health (DOHs),
Provincial General Hospitals (PGHs) and District Hospitals (DHs) of the target provincesTarget Provinces: 6 provinces (*Hoa Binh, Son La, Dien Bien, Lai Chau, Lao Cai and Yen Bai*)

Project Duration: From 20th March 2013 to 19th March 2017 (4 years)

Version 3 (revised on 08 April 2016)

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal		<ul style="list-style-type: none"> Improved evaluation results on DOHA and referral criteria in the Hospital Quality Evaluation Criteria Book for PGHs and DHs in the Northern Mountainous Provinces, 05-10 years after project completion. 	<ul style="list-style-type: none"> Results of annual hospital quality evaluation in the Hospital Quality Evaluation Criteria Book for PGHs and DHs 	
The strengthened DOHA* and referral system contribute to the sustainable improvements of medical services in Northern mountainous provinces*				
Project Purpose		<ul style="list-style-type: none"> The operation of DOHA units* is strengthened at PGHs and DHs in the target provinces (to score maximum point of the Progress Evaluation Sheet for DOHA System) Reduced more than 10% of number of referral patients in the fields which technical transfer/training has been conducted for at PGHs and DHs in the target provinces 	<ul style="list-style-type: none"> Progress Evaluation Sheet for DOHA System Results of annual hospital quality evaluation in the Hospital Quality Evaluation Criteria Book for PGHs and DHs Annual report of PGHs on referral activity following circular 14/2014/TT-BYT Quarterly and annual reports of PPMU of the target provinces 	<ul style="list-style-type: none"> Budget allocation and revenue structure of the public hospitals are not significantly changed.
DOHA and referral system in the target provinces are strengthened				
Outputs		1-1. Software on referral data management is introduced and utilized in the target provinces after the feasibility is confirmed based on the result of IT survey. 1-2. Circulars on DOHA and referral system are issued by MSA-MOH and fully implemented in the target provinces 1-3. Handbook on DOHA and referral system is produced and disseminated.	<ul style="list-style-type: none"> Survey report and alternative development plan on IT Evaluation report on referral data management software after 1 month deployment Circulars on DOHA and referral system issued Annual and quarterly reports on referral data Reports on DOHA Guidelines on DOHA for 6 target provinces Handbook on DOHA and referral system Project reports Year-end review report of CPMU 	Consistent support of MOH to strengthen DOHA and referral system
1	Managerial capacity of the Ministry of Health on DOHA is strengthened to expand the DOHA and referral model to target provinces			

2	Referral system from the commune to DHs and PGH in Hoa Binh province is established.	<p>2-1. DOHA units in all DFIs are established and functioned*.</p> <p>2-2. All commune health center in Hoa Binh Province assigns staff for referral activity.</p> <p>2-3. Referral meeting between commune health center and DH in all districts is held 4 times annually.</p> <p>2-4. 100% of staff assigned in DOHA unit in all DHs attend the training on DOHA & referral system.</p> <p>2-5. 100% of person-in-charge* at all commune health center in Hoa Binh Province attend the training on DOHA & referral system.</p>	<ul style="list-style-type: none"> • Official decision on DOHA unit establishment at DLIs and person-in-charge* assignment at commune health centers • Annual reports of PPMU at Hoa Binh Province • Report of referral meeting of all DHs • Report on trainings on DOHA & referral system in Hoa Binh Province 	<ul style="list-style-type: none"> • Referral system from DHs to PGH has been operating continuously (sustainably) as the output of previous project.
3	Managerial capacity on DOHA and referral system between the PGHs and DHs is strengthened in Son La, Lai Chau, Dien Bien, Lao Cai and Yen Bai.	<p>3-1. 90% of staff assigned in DOHA unit attend the training on DOHA and referral system.</p> <p>3-2. 100% of trainees participated in the training on DOHA and referral system meet requirements of the course (5/10), in which 90% of trainees are ranked at 7/10 and above.</p> <p>3-3. All target provinces make an annual training plan based on the needs assessment including the analysis of referral data.</p> <p>3-4. Referral meeting is held 4 times annually.</p>	<ul style="list-style-type: none"> • Annual reports of PPMUs • Training need assessment report and annual training plan • Training plan and report, post-training test results • Plan, report and minutes of meeting of referral meeting 	
Activities		Inputs		Important Assumptions
		The Japanese side	The Vietnamese side	
0-1	Signing RD and revise PDM (if necessary)	1. Long-term experts: Chief Advisor	1. Counterpart personnel Project Director Project Manager Other counterpart personnel	Coordination and cooperation with other stakeholders (e.g. central and special hospitals), particularly on training activities are required.
0-2	Establish the Project Office	Project Coordinator / Training Management		
0-3	Project document is prepared and approved	2. Short-term experts: Nursing Management Referral data management Others (as required)	2. Facility and equipment Office space and basic office equipment	Commitments and support of the Provincial Governments of the target provinces on resource allocation are required.
0-4	Establish PMU	Short-term experts are mutually agreed between Japan and Vietnam side		
1-1	The project implementation plan for annual plan is developed and approved by MOH		3. Necessary expenses Project utility costs for Project Office Domestic travel expenses Transportation costs Training expenses	* Cost sharing of facility and equipment and necessary expenses are subject to change due to conditions of counterpart budget and mutual agreement between Vietnamese and Japanese sides.
1-2	Conduct baseline survey	3. Training in Japan Trainings in Japan are mutually agreed between Japan and Vietnam side		
1-3	Develop Circulars on DOHA and referral system			
1-4	Introduce software of referral data management after confirmation of the feasibility based on the results of IT survey	4. Equipment Office equipment Training equipment Medical equipment Other equipment mutually agreed on as necessary		
1-5	Conduct training on DOHA management, referral system and information management for staff of DOHA unit in target provinces			
1-6	Produce and disseminate Handbook on DOHA and referral system	5. Necessary expenses Administration costs Domestic travel expenses Transportation costs Training expenses		
				Pre-conditions
				Assignments of appropriate PMU members for field operations. A sufficient budget from MOH, PMU, DH and DIs for equipment

1-7	Conduct M & E on implementation of DOHA activities and referral system in target provinces.	* Cost sharing of necessary expenses are subject to change due to budgetary conditions of Japanese side.	DOHA, GH and DHS for personnel expenses.
2-1	Institutionalize DOHA through assigning staff and creating regulation on function and task of DOHA unit		
2-2	Train staff assigned in DOHA units on planning, DOHA and referral system		
	<i>*The Hoa Binh Province also conducts activities 3.1 – 3.10</i>		
3-1	Organize joint kick-off meeting with target provinces.		
3-2	Establish DOHA department in each province		
3-3	Assign personnel and create regulations on function and task of the DOHA department* in each province.		
3-4	Establish a DOHA branch* in clinical department of PGH and district DOHA offices* in DHs, and assign personnel.		
3-5	Conduct training for DOHA unit staff in PGHs and DHs on DOHA and referral system		
3-6	Develop a provincial annual plan		
3-7	Implement the provincial annual plan.		
3-8	Monitor and evaluate the results of the provincial annual plan by PPMU		
3-9	Organize regular referral meetings		
3-10	Organize cross-visitation and inter-PMU meetings		

*DOHA: Direction of Health Care Activities

*Northern mountainous provinces : Northwest provinces and Northeast provinces

*Northwest provinces: Target 6 provinces (Hoa Binh, Son La, Dien Bien, Lai Chau, Lao Cai and Yen Bai)

*Northeast provinces: Phu Tho, Ha Giang, Tuyen Quang, Cao Bang, Bac Kan, Thai Nguyen, Lang Son, Bac Giang and Quang Ninh Province

*DOHA unit: Each unit of DOHA Department, DOHA branch and person-in-charge at commune health station

*DOHA Department: Unit in charge of DOHA and referral activity in PGHs

*DOHA Branch: Unit in charge of DOHA and referral activity at each clinical department in PGHs (consisting of one doctor and one nurse)

*district DOHA Office: Unit in charge of DOHA and referral activity in DHs (consisting of leaders of the hospital, head of GPD and GPD staff)

*person-in-charge: Person in charge of referral activity at commune health station

*inter-PMU meeting: meeting for sharing experience among provincial PMU

*functioned: 1) number of the staff assigned in DOHA unit, 2) number of the staff participated in the training on DOHA/Referral, 3) performance of quarterly referral meeting

Annex 2 Schedule of the Terminal Evaluation

Day	Date	Time	Mission Member			JICA Vietnam Office	JICA Expert (Project Office)	Actual working place
			Consultant	Official members				
				Dr. INOUE - Evaluation and Analysis	JICA Mr. YOSHIDA - Team Leader Ms. LEE - Cooperation Planning			
1	23-Oct	Sun	10:00 - 13:25	Arrive in Hanoi at 13:25 by air				
2	24-Oct	Mon	8:00 - 9:00	Interview with the DOHA office of the MSA-MOH			Ms. TAKASHIMA Mr. KUNIMOTO	Hanoi
			10:00 - 11:00	Meeting w/ the JICA Vietnam office			Ms. TAKASHIMA Mr. KUNIMOTO	
3	25-Oct	Tue	9:00 - 10:30	Meeting w/ the JICA experts				Hanoi
			12:30 - 13:40	Move to the Dien Bien province by air			Ms. TAKASHIMA Ms. Huong	
4	26-Oct	Wed	08:00 - 11:00	Interview with DOH & PGH of the Dien Bien province			Ms. TAKASHIMA Ms. Huong	Dien Bien
			13:00 - 17:00	Move to the Son La province by land (4 hours)				
5	27-Oct	Thu	09:00 - 11:30	Interview with DOH & PGH of the Son La province			Ms. TAKASHIMA Ms. Huong	Son La
			13:00 - 17:00	Move from Son La city to Nghia Lo district in the Yen Bai province by land (4 hours)				
6	28-Oct	Fri	10:00 - 12:00	Move from Nghia Lo district to Yen Bai city by land (2 hours)				
			14:00 - 16:00	Observation and interview with DOH & PGH of the Yen Bai province				
			16:00 - 18:30	Back to Hanoi by land (2.5 hours)				
7	29-Oct	Sat		Preparation of evaluation report PM: Internal meeting	- Mr. YOSHIDA arrives in Hanoi from Tokyo at PM 22:15 by JL751. - Ms. LEE arrive in Hanoi from Colombo at 11:40AM by SQ 176. Internal meeting			Hanoi
8	30-Oct	Sun	08:00 - 16:00	Preparation of evaluation report	Move to the Lai Chau province by land (8 hours including lunch at Lao Cai)		Ms. TAKASHIMA Ms. Tu Huong	Lai Chau
9	31-Oct	Mon	08:30 - 11:30	Preparation of evaluation report	Interview with DOH & PGH of Lai Chau province		Ms. TAKASHIMA Ms. Tu Huong	Lai Chau
			13:00 - 14:00		Move to Tam Duong district hospital by land (1 hour)			
			14:00 - 15:30		Observation and Interview at the Tam Duong district hospital			
			15:30 - 18:00		Move to Lao Cai city by land (2.5 hours)			
10	1-Nov	Tue	10:00 - 12:00	Move from Hanoi to Hoa Binh province (2 hours)	Move from the Lao Cai city to the Hoa Binh province by land (5 hours)		Ms. TAKASHIMA Ms. Tu Huong	Hoa Binh
			14:00 - 16:30	Interview with DOH & PGH of the Hoa Binh province, Internal meeting				
11	2-Nov	Wed	08:00-11:00	Move to the Kim Boi district in the Hoa Binh province	9:00- Observation and Interview (Kim Boi district hospital)		Ms. TAKASHIMA Ms. Tu Huong	Hoa Binh
			13:00 - 15:30	Move to Vinh Dong CHS in Kim Boi district - Observation and Interview				
			15:30 - 17:30	Back to Hanoi by land (2 hours)				
12	3-Nov	Thu	8:30 - 11:30	Internal meeting within the mission members (09:00-11:00: Mr. YOSHIDA have another duty in MOH.)			Ms. TAKASHIMA Mr. KUNIMOTO	Hanoi
			13:30 - 19:30	11:20-15:30, 17:30-19:30 Internal meeting at the project office. (Mr. YOSHIDA partly joins due to other task.)				
13	4-Nov	Fri	9:30 - 11:30	Discussion on the Terminal Evaluation Report (the summary of evaluation report and recommendation) w/ the Project director, the Project Manager and other Vietnamese project			Ms. TAKASHIMA Mr. KUNIMOTO	Hanoi
			13:30 - 16:30	Preparation of evaluation report, send the draft to VN side				
14	5-Nov	Sat		Preparation of evaluation report				Hanoi
15	6-Nov	Sun		Preparation of evaluation report Internal meeting	Dr. EGAMI (NCGM) arrives in Hanoi by air			Hanoi
16	7-Nov	Mon	8:30 - 11:30	Internal Meeting and Preparation of the evaluation report			All members	Hanoi
			13:30 - 16:30	Internal meeting & Finalizing the evaluation report (E version) Discussion on the evaluation report between VN and JPN side (15:30~17:30)			All members	
17	8-Nov	Tue	8:30 - 11:30	Finalizing the evaluation report (Vietnamese translation version as a reference)			All members	Hanoi
			13:30 - 16:30	Finalizing the evaluation report (E&V version and preparation for the 4th JCC meeting)			All members	
18	9-Nov	Wed	8:30 - 11:30	The 4th JCC Meeting and signing of MM of Terminal Evaluation		Mr. MASUDA Ms. SADAMOTO Ms. Hoa	All members	Hanoi
			15:00 - 15:40 16:10 - 17:00	Embassy of Japan (Mr. MOMOI - First secretary) Report to the JICA Vietnam office		Mr. MASUDA Ms. SADAMOTO Ms. Hoa	Ms. TAKASHIMA Mr. KUNIMOTO	

Annex 3-1 Evaluation Grid (Verification of Implementation Process)

Evaluation Item	Evaluation Classification		Criteria	Necessary data and Information	Data Source	Means of Verification
	Major	Small				
Probability of achievement of the Project	Project Purpose	Whether the Project Purpose of “DOHA and referral system in the target provinces are strengthened” is expected to be achieved by the end of the project period.	① Degree of achievement of Objectively Verifiable Indicators (OVIs) ② Comprehensive analysis	① Achievements of OVIs ② Views of related players	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire ③ Interview
	Outputs	Whether the Output 1 of “Managerial capacity of the Ministry of Health on DOHA is strengthened to expand the DOHA and referral model to target provinces” is achieved or expected to be achieved by the end of the project period.	Degree of achievement of OVIs	① Achievements of OVIs ② Views of related players	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire ③ Interview
		Whether the Output 2 of “Referral system from the commune to DHs and PGH in Hoa Binh province is established” is achieved or expected to be achieved by the end of the project period.		① Achievements of OVIs ② Views of related players	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire ③ Interview
		Whether the Output 3 of “Managerial capacity on DOHA and referral system between the PGHs and DHs is strengthened in Son La, Lai Chau, Dien Bien, Lao Cai and Yen Bai” is achieved or expected to be achieved by the end of the project period.		① Achievements of OVIs ② Views of related players	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire ③ Interview
Inputs	Inputs from the Japan Side	Whether JICA Experts were dispatched as scheduled.	Comparison of plan with actual result	Results of Input	① Input records ② Project reports	Document review
		Whether equipment for project activities was provided as planned.		Results of Input (incl. Information for status of utilization)	① Input records ② Project reports	① Document review ② Direct observation
		Whether C/Ps’ training in Japan and/or third countries were implemented as planned.		Results of acceptance of trainees	① Input records ② Project reports	Document review
		Whether local cost from JICA side were implemented as scheduled.		Budget and implementation result	① Input records ② Project reports	Document review
	Inputs from the Vietnamese side	Whether C/Ps were appropriately allocated enough to implement project activities.		① Achievement of Input ② Views of related players	① Input records ② Experts, C/P	① Document review ② Interview
		Whether office space for JICA experts was provided.		Achievement of Input	① Input records ② Experts, C/P	① Document review ② Interview
		Whether local cost from the Vietnamese side were implemented appropriately.		① Achievement of Input ② Views of related players	① Input records ② Experts, C/P	① Document review ② Interview
Implementation Process	Planned activities	Whether the project activities were implemented as scheduled.	Comparison of plan with actual result	Accomplishment of project activities	Project reports	① Document review ② Questionnaire
		Whether the PDM was updated in accordance with surroundings of the Project under the agreement amongst relevant parties.		Vicissitude of PDMs and its reasons for modification	Meeting minutes of the Joint Coordinating Committee (JCC)	① Document Review ② Questionnaire ③ Interview
	Technical transfer	Whether methods and/or approaches of technical transfer were appropriate.		Methods and contents of technical transfer	① Project reports ② Experts, C/P	① Document review ② Interview
	Management system	Who, how and how often the progress of the Project was monitored, and consequent findings were reflected to the operation of the Project.		① Progress monitoring system ② Feedback system	① Project reports ② Experts	① Document review ② Questionnaire
		How the decision-making process for modification of the project activities, assignment of personnel, etc was.		Process for decision-making	① Project reports ② Experts	① Document review ② Questionnaire

Annex 3-1 Evaluation Grid (Verification of Implementation Process)

Evaluation Item	Evaluation Classification		Criteria	Necessary data and Information	Data Source	Means of Verification
	Major	Small				
		How the communication and cooperative relationship amongst players in the Project was.		JCC and other meeting	① Project reports ② Views of related players	① Document review ② Questionnaire
		Whether Project information was effectively shared.		JCC and other meetings minutes	① Project reports ② Views of related players	① Document review ② Questionnaire
	Ownership and Autonomy	How ownership and autonomy of implementing bodies including C/Ps and beneficiaries were.		Contribution, attitude, etc. for the project activities.	① Project reports ② Views of related players ③ Interview	① Document review ② Questionnaire ③ Interview
	Problems on implementation process	Whether there were obstacles or problems for the implementation of the project activities.		Contributing and inhibitory factors	① Project reports ② Views of related players ③ Interview	① Document review ② Questionnaire ③ Interview
	Measures taken by the Project for the Recommendations at the Mid-term Review	【Recommendation 1 to the Project】 Completion of DOHA training geared to DOHA staff members of remaining Provincial General Hospitals (PGHs) and District Hospitals (DHs)		Countermeasures taken by the Project and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		【Recommendation 2 to the Project】 Enhancement of project activities at the target provinces for strengthening referral system between health facilities at different level (especially for between DHs and Commune Health Stations (CHSs) in the Hoa Binh province) through regular supervisory visits		Countermeasures taken by the Project and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		【Recommendation 3 to the Project】 Collection and analyses of information over existing IT system for the development of a software for the management and the reporting of referral data		Countermeasures taken by the Project and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		【Recommendation 4 to the Project】 Improvement of referral meeting through mutual visits, etc.		Countermeasures taken by the Project and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		【Recommendation 5 to the Project】 Enhancement of communication with persons in charge for strengthening DOHA and referral system in non-targeted provinces		Countermeasures taken by the Project and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		【Recommendation 1 to the Central Project Management Unit (CPMU)】 The issue of a circular on the DOHA by the end of 2015		Countermeasures taken by the CPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		【Recommendation 2 to the CPMU】 Development of indicators to evaluate the performance of the DOHA and referral activities and consequent revision of the Hospital Quality Evaluation Criteria by the year of 2015		Countermeasures taken by the CPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		【Recommendation 3 to the CPMU】 Development of software for the management and reporting of referral system		Countermeasures taken by the CPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		【Recommendation 4 to the CPMU】 Frequent CPMU/JICA experts visits to target provinces for the monitoring of project activities and the development of the national handbook on DOHA and referral system		Countermeasures taken by the CPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
	【Recommendation 5 to the CPMU】 Information sharing with eight (8) non-targeted northern provinces through national and regional conferences at the initiative of the CPMU		Countermeasures taken by the CPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview	

Annex 3-1 Evaluation Grid (Verification of Implementation Process)

Evaluation Items	Evaluation Classification		Criteria	Necessary data and Information	Data Source	Means of Verification
	Major	Small				
		<p>【Recommendation 1 to the Provincial Project Management Unit (PPMU)】 The development of annual plan by the DOHs and the PGHs on the basis of the analyses results of referral data</p>		Countermeasures taken by the PPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		<p>【Recommendation 2 to the PPMU】 Monitoring of the results and impacts of clinical trainings by the DOHA departments in the PGHs, and subsequent reflection of monitoring results on annual planning for training</p>		Countermeasures taken by the PPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		<p>【Recommendation 3 to the PPMU】 Implementation of training for the implementation of scientific research geared to the DOHs and the PGHs</p>		Countermeasures taken by the PPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		<p>【Recommendation 4 to the PPMU】 Planning of training contents/themes by the DOHA departments, which meets the enabling environments at each health facilities</p>		Countermeasures taken by the PPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		<p>【Recommendation 5-1 to the PPMU】 The establishment of DOHA implementation system at each PGH (e.g. the retention of trained and/or experienced DOHA staffs)</p>		Countermeasures taken by the PPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		<p>【Recommendation 5-2 to the PPMU】 (for the Dien Bien province) the increase of the number of the General Planning Department or the establishment of a DOHA department in the PGH</p>		Countermeasures taken by the PPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview
		<p>【Recommendation 6 to the PPMU】 (for the Hoa Binh province) the implementation of training on the referral system for CIISs and DIIs with minimum time lag</p>		Countermeasures taken by the PPMU and current status	Information from parties and/or persons concerned	① Questionnaire ② Interview

Annex 3-2 Evaluation Grid (Five Evaluation Criteria)

Five Criteria	Evaluation Classification			Criteria	Necessary data and Information	Data Source	Means of Verification	
	Major	Middle	Small					
Relevance	Priority	Consistency of the Project Purpose with related policies with regard to health and medical services in Vietnam		Comparison with Vietnamese policies	Related policies in Vietnam	① Document for related policies ② Relate national departments of the Ministry of Health (MOH) such as the Medical Service Administration (MSA)	① Document review ② Interview ③ Questionnaire	
		Consistency with Japan's ODA policies and JICA's aid policies	Relativity with prioritized area in Japan's ODA policies		Comparison with Vietnamese health related policies	Prioritized area in Japan's ODA policies for Vietnam	① Japan's ODA policies for Vietnam ② Basic Design for Piece and Health (Global Health Cooperation)	Document review
			Relativity with prioritized area in JICA's aid policies		Comparison with Vietnamese health related policies	Place of health assistance in the JICA's aid policies	JICA Country Analysis Paper for Vietnam	Document review
	Necessity	Relevance of target group	Consistency of needs of target group with the Project Purpose			① Experiences and capacity of counterpart organizations (C/Ps) ② Current status of medical service provision in the target 6 provinces	① Project documents ② JICA Experts, C/P ③ Health statistics reports	① Document review ② Interview
	Appropriateness of implementation method	Appropriateness of selected assistance approaches				Background and/or process for determining the assistance approaches	① JICA ex-ante evaluation report ② JICA Experts, C/P	① Document review ② Questionnaire ③ Interview
		Special consideration	Special assiduties for gender issues, environment, social grades, environment, ethnic groups, etc.			Views of related players	① JICA Experts ② JICA HQ	① Document review ② Interview
		Japan's technical superiority				① Assistance record of Japan in health sector ② Skills and experiences of JICA experts	① Project documents ② JICA HQ ③ JICA Experts	① Document review ② Interview
Effectiveness	Achievements	Status of the achievements of Outputs	<Output 1> Whether it can be said that managerial capacity of the MOH on DOHA is strengthened or anticipated to be strengthened at an expected level by the end of the project period, regardless of the achievement levels of OVIs.			Outputs other than the scope of the project activities	① Project reports ② JICA Experts, C/P	① Document review ② Interview ③ Direct observation
			<Output 2> Whether it can be said that referral system from the commune to DHs and PGH is established or anticipated to be established in Hoa Binh province at an expected level by the end of the project period, regardless of the achievement levels of OVIs.			Outputs other than the scope of the project activities	① Project reports ② JICA Experts, C/P	① Document review ② Interview ③ Direct observation
			<Output 3> Whether it can be said that managerial capacity on DOHA and referral system between the PGHs and DIIs is strengthened or anticipated to be strengthened in Son La, Lai Chau, Dien Bien, Lao Cai and Yen Bai at an expected level by the end of the project period, regardless of the achievement levels of OVIs.			Outputs other than the scope of the project activities	① Project reports ② JICA Experts, C/P	① Document review ② Interview ③ Direct observation

Annex 3-2 Evaluation Grid (Five Evaluation Criteria)

Five Criteria	Evaluation Classification			Criteria	Necessary data and Information	Data Source	Means of Verification
	Major	Middle	Small				
		Probability of the achievement of the Project Purpose	Whether it can be said that DOHA and referral system is strengthened or anticipated to be strengthened in the target 6 provinces at an expected level by the end of the project period, regardless of the achievement levels of OVIs.	Comprehensive judgment	Outputs other than the scope of the project activities	① Project reports ② JICA Experts, C/P	① Document review ② Interview ③ Direct observation
	Cause-and-effect relationship	Whether the Project Purpose was attained as a result of the achievements of Outputs	Whether there was no logical error from the aspect of cause-and-effect relationship.	Verification of logical relationship	Verification by Evaluation Team	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire ③ Interview
			Whether there was any other effective approaches for the achievement of the Project Purpose	Verification of implementation approaches	① Verification by Evaluation Team ② Views of related parties	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire ③ Interview
	Contributing and inhibitory factors	Appropriateness of the important assumptions	Whether important assumptions are appropriate from aspects of current situation.	Confirmation current situation	Verification by Evaluation Team	① Project documents ② JICA Experts, C/P	① Document review ② Interview
			Whether important assumptions are appropriate from aspects of current situation and logical relationship	Verification of logical relationship	Verification by Evaluation Team	① Project document ② JICA Experts, C/P	① Document review ② Interview
		Whether important assumptions are fulfilled.	Confirmation of the current status of “ <i>Coordination and cooperation with other stakeholders (e.g. central and special hospitals), particularly on training activities</i> ”, which is necessary for the achievement of Outputs		Records of communications and collaborations with the said external supporters	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire
			Confirmation of the current status of “ <i>Commitments and support of the Provincial Governments of the target provinces on resource allocation</i> ”, which is necessary for the achievement of the Outputs		inputs from the Vietnamese side to the project	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire
			Confirmation of the current status of “ <i>Consistent support of MOH to strengthen DOHA and referral system</i> ”, which is necessary for the achievement of the Project Purpose		Commitment of the Vietnamese counterparts to the project	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire
			Confirmation of the current status of “ <i>Referral system from DHs to PGH has been operating continuously (sustainably) as the output of previous project</i> ”, which is necessary for the achievement of the Project Purpose	<i>This important assumption cannot be confirmed due to the inappropriate expression.</i>	<i>Ditto</i>	<i>Ditto</i>	<i>Ditto</i>
			Confirmation of the current status of “ <i>Budget allocation and revenue structure of the public hospitals are not significantly changed</i> ”, which is necessary for the achievement of the Overall Goal		inputs from the Vietnamese side to the project	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire
			Other unexpected factors such as the turnover of Vietnamese counterpart personnel		① Views of related players ② Other expected and/or unexpected external factors	① JICA Experts, C/P ② Project documents	① Document review ② Questionnaire ③ Interview
	Efficiency	Time resource	Whether Outputs were attained as scheduled.		Progress control of the project activities	① Project documents ② Views of related players	① Document review ② Questionnaire ③ Interview
		Quality, quantity and timing of inputs	Whether quality, quantity and timing of inputs were appropriate.	Whether the number and period, areas of expertise and timing of dispatch of JICA expert were appropriate.	Comparison of results and plan	① Record of dispatch of experts ② Attitude and performance of experts	① Input records ② Project documents ③ JICA Experts, C/P
Whether types, quantity and timing of installation were appropriate.	① Record of equipment provision ② Utilization status of equipment			① Input records ② JICA Experts, C/P		① Document review ② Questionnaire	

Annex 3-2 Evaluation Grid (Five Evaluation Criteria)

Five Criteria	Evaluation Classification			Criteria	Necessary data and Information	Data Source	Means of Verification	
	Major	Middle	Small					
							③ Direct observation	
			Whether timing, contents and duration of training in Japan and/or third countries were appropriate, and how the training contributed for the achievement of Outputs.		① Acceptance of trainees ② Views of related parties	① Input records ② Trainees ③ JICA Experts	① Document review ② Questionnaire	
			Whether timing, contents, duration follow-up of on-site trainings were appropriate.		① Records of on-site trainings ② Accomplishments of trainings	① Project documents ② JICA Experts, C/P	① Document review ② Questionnaire	
			Whether the budget for local costs was appropriate.		Local costs from Japan side	① Input records ② JICA Experts	① Document review ② Questionnaire	
			Whether allocation of Vietnamese C/Ps and budget for the Project were appropriate.		Local costs from the Vietnamese side	① Input records ② JICA Experts, C/P	① Document review ② Questionnaire	
			Collaboration with other resources	Whether there were any collaboration with other resources contributed for the achievement of Outputs.		Benefits derived from collaborative activities with other development partners.	① Project documents ② JICA Experts ③ Other development partners	① Document review ② Questionnaire
			Whether there were any contributing factors to efficiency.		Views of related parties	① Project documents ② JICA Experts, C/P	① Document review ② Interview	
			Whether there were any inhibitory factors to efficiency.		Views of related parties	① Project documents ② JICA Experts, C/P	① Document review ② Interview	
Impact	Cause-and-effect relationship	Whether there is any discrepancy between Overall Goal and Project Purpose. (OVIs for Overall Goal will be verified.)		Verification of logical relationship	Vietnamese health related policies, etc.	① Health related policies ② Verification by Evaluation Team	① Document review ② Interview	
	Probability of achievement of the Overall Goals	Whether the improvement of DOHA and referral system is realized in non-targeted provinces such as Northern mountainous provinces on the basis of the outcome and achievements of the Project, 5 to 10 years after the end of the project period by the self-help efforts of the Vietnamese side.		Exploration based on the current status	① Degree of achievement of the Project Purpose ② Verification of Sustainability	① Project documents ② Views of related players	① Document review ① Questionnaire ② Interview	
	Other impacts	Whether there are any positive and/or negative impacts confirmed and/or expected to be generated other than Overall Goal	Positive impacts			Other necessary information	① Project reports ② JICA Experts, C/P ③ Views of related players	① Document review ② Questionnaire ③ Interview
Negative impacts				Other necessary information	① Project reports ② JICA Experts, C/P ③ Views of related players	① Document review ② Questionnaire ③ Interview		
Sustainability	Probability of maintaining the benefits derived from the Project	Political and institutional aspects	Whether the policies related to the reinforcement of medical services would be maintained and/or enhanced.			Vietnamese related policies	① Related authorities such as the MSA-MOH ② JICA Experts, C/P ③ Views of related players	① Document review ② Questionnaire ③ Interview
		Financial aspect	Whether the budget for benefits derived from the Project will be maintained in the south regions.			Vietnamese related policies and budget	① Related authorities such as the MSA-MOH ② JICA Experts, C/P ③ Views of related players	① Document review ② Questionnaire ③ Interview
			Whether the budget and personnel for the enhancement of the benefit will be allocated.			Vietnamese related policies and budget	① Related authorities such as the MSA-MOH ② JICA Experts, C/P ③ Views of related players	① Document review ② Questionnaire ③ Interview
		Technical aspect	Whether the techniques provided by the Project will be			① Presence of maintenance	① Project reports	① Document review

Annex 3-2 Evaluation Grid (Five Evaluation Criteria)

Five Criteria	Evaluation Classification			Criteria	Necessary data and Information	Data Source	Means of Verification
	Major	Middle	Small				
			maintained and enhanced autonomously.		mechanism for of technical benefits ② Opportunities to update technical skills	② JICA Experts, C/P ③ Views of related players	② Questionnaire ③ Interview
		Contributing and inhibitory factors	Whether countermeasures against envisaged inhibitory factors for sustainability were discussed by the Project and C/Ps.		Views of related players	① Project reports ② JICA Experts	① Questionnaires ② Interview
	Comprehensive sustainability	Whether the comprehensive sustainability is secured or not, in the view of above-mentioned aspects.			Views of related players	① Project documents ② JICA Experts, C/P ③ Views of related players	Analytical evaluation by the Evaluation Team

Annex 4 Persons Interviewed

Hanoi/ Province	Institution	CPMU/PPMU Position	Name	Position	Date of Interview
	JICA		MS.Takashima Kyoko	Project Chief Advisor	25/10/2016
	JICA		MR. Kunimoto Kazuhiko	Project Coordinator	26/10/2016
Hanoi	MSA, MOH	CPMU Director	MR. Luong Ngoc Khuc	Director General	4/11/2016
Hanoi	MSA, MOH	CPMU Manager	MR. Cao Hung Thai	Vice Director General	4/11/2016
Hanoi	MSA, MOH	CPMU Member	MS. Nguyen Thi Hong Yen	Head of DOHA office	24/10/2016
Hoa Binh	DOH		Mr. Nguyen Quang Tu	Officer, Medical Service Division	1/11/2016
Hoa Binh	PGH	PPMU Vice Director	MR. Truong Quy Duong	Director	1/11/2016
Hoa Binh	PGH	PPMU Member	MR. Do Dinh Van	Vice Director	1/11/2016
Hoa Binh	DH	PPMU Member	MR. Nguyen Hai Thanh	Director	1/11/2016
Son La	DOH	PPMU Director	MR. Pham Quang Phuoc	Vice Director	27/10/2016
Son La	PGH		MR. Nguyen Duc Toan	Director	27/10/2016
Son La	PGH		MS. Cam Huong	Vice director	27/10/2016
Dien Bien	DOH	PPMU Director	MR. Luong Duc Son	Vice Director	26/10/2016
Dien Bien	PGH	PPMU Vice Director	MR. Pham Van Man	Director	26/10/2016
Dien Bien	PGH	PPMU Member	MR. Pham Anh Tien	Officer, Medical Service Division	26/10/2016
Dien Bien	PGH	PPMU Member	MR. Luong Van Long	Head, General Planning Department	26/10/2016
Dien Bien	PGH	PPMU Secretary	MS. Tran Thi Kim Tuyen	Officer, General Planning Department	26/10/2016
Lai Chau	DOH, PGH	PPMU Director	MR. Do Van Giang	Vice Director	30/10/2016
Lai Chau	DOH	PPMU Vice Director	MR. Hoang Van Thang	Head, Medical Service Division	30/10/2016
Lai Chau	DOH	PPMU Secretary	MR. Vu Bang Phi	Vice Head, Medical Service Division	30/10/2016
Lai Chau	PGH		MR. Bui Duoc Vuong	Head of General Planning Department	30/10/2016
Lai Chau	PGH		MS. Vu Thi Ngoc Oanh	Officer, DOHA Department	30/10/2016
Yen Bai	DOH	PPMU Secretary	MR. Tran Trung Thanh	Vice Head, Medical Service Division	28/10/2016
Yen Bai	PGH	PPMU Member	MR. Dang Dinh Thang	Vice Director	28/10/2016
Yen Bai	PGH		MR. Cao Ngoc Thang	Vice Director	28/10/2016

Annex 5-1 List of Project Members

No.	Hanoi/ Province	Institution	Name	Position	Area of Specialty	Assigned Period
1	Hanoi	MSA, MOH	MR. Luong Ngoc Khue	Director General, MSA, MOH/ CPMU Director	Doctor	4 years (2013-2017)
2	Hanoi	MSA, MOH	MR. Cao Hung Thai	Vice Director General/ CPMU Manager	Doctor	4 years (2013-2017)
3	Hanoi	MSA, MOH	MR. Tran Quang Thang	Accountant, MSA, MOH/ CPMU Accountant	Accounting	4 years (2013-2017)
4	Hanoi	MSA, MOH	MS. Nguyen Thi Hong Yen	Head of DOHA office, MSA, MOH/ CPMU Member	Doctor	4 years (2013-2017)
5	Hanoi	MSA, MOH	MR. Hoang van Truong	Officer, DOHA Office, MSA, MOH/ CPMU Member	Doctor	3 years (2013-2016)
6	Hanoi	MSA, MOH	MR. Nguyen Viet Hung	Officer, DOHA Office, MSA, MOH/ CPMU Member	Doctor	4 years (2013-2017)
7	Hanoi	MSA, MOH	MR. Khuc Tran Hoang	Officer, DOHA Office, MSA, MOH/ CPMU Member	Public Health	2 years (3/2015 - 3/2017)
8	Hanoi	MSA, MOH	MS. Nguyen Thi Bich Hue	Officer, DOHA Office, MSA, MOH/ CPMU Member	Public Health	2 years (3/2013 - 2/2015)
9	Hanoi	MSA, MOH	MS. Do Thi Diep	Officer, DOHA Office, MSA, MOH/ CPMU Member	Public Health	2 years (3/2015 - 3/2017)
10	Hoa Binh	DOH	MS. Bui Thu Hang	Vice Director, Hoa Binh DOH/ Hoa Binh PPMU Director	Doctor	4 years (2013-2017)
11	Hoa Binh	PGH	MR. Truong Quy Duong	Director, Hoa Binh PGH/ Hoa Binh PPMU Vice Director	Doctor	4 years (2013-2017)
12	Hoa Binh	DOH	MR. Nguyen Quoc Tien	Officer, Medical Service Division, Hoa Binh DOH/ Hoa Binh PPMU Secretary	Doctor	4 years (2013-2017)
13	Hoa Binh	DOH	MS. Nguyen Thi Thu Ha	Accountant, Finance-accounting Dept, Hoa Binh DOH/ Hoa Binh PPMU Accountant	Accounting	4 years (2013-2017)
14	Hoa Binh	PPC	MR. Nguyen Van Thoa	Vice Head, Dept of Society and Culture, Hoa Binh PPC/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
15	Hoa Binh	DH	MR. Bui Van Noi	Director, Tan Lac DH/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
16	Hoa Binh	DH	MR. Bui Van Vanh	Director, Lac Son District Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
17	Hoa Binh	PGH	MR. Do Dinh Van	Vice Director, Hoa Binh PGH/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
18	Hoa Binh	DH	MR. Dinh Cong Luong	Vice Director, Luong Son District Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
19	Hoa Binh	DH	MS. Ha Thi Le	Vice Director, Mai Chau District Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
20	Hoa Binh	DH	MR. Luong Van Thinh	Director, Da Bac District Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
21	Hoa Binh	PH	MS. Nguyen Thi Kim Hoa	Vice Director, Endocrine Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
22	Hoa Binh	PH	MR. Bui Van Cuong	Director, Traditional Medicine Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
23	Hoa Binh	DH	MR. Duong Hai Thanh	Vice Director, Kim Boi District Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
24	Hoa Binh	DH	MS. Nguyen Thi Hoa	Vice Director, Cao Phong District Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
25	Hoa Binh	DH	MR. Duong Van Tien	Director, Yen Truy District Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
26	Hoa Binh	DH	MR. Pham Minh Hien	Director, Lac Thuy District Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
27	Hoa Binh	DH	MR. Pham Ky Son	Director, Hoa Binh City Hospital/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
28	Hoa Binh	DOH	MR. Ha The Son	Vice Head, Medical Service Division, Hoa Binh DOH/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
29	Hoa Binh	DOH	MS. Dang Tran Huyen Thuong	Officer, Medical Service Division, Hoa Binh DOH/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
30	Hoa Binh	PGH	MR. Dinh Quoc Thang	Head of DOHA Department, Hoa Binh PGH/ Hoa Binh PPMU Member	Doctor	4 years (2013-2017)
31	Son La	DOH	MR. Pham Quang Phuoc	Vice Director, Son La DOH/ Son La PPMU Director	Doctor	4 years (2013-2017)
32	Son La	DOH	MR. Vi Hong Ky	Head of Medical Service Division, Son La DOH/ Son La PPMU Vice Director	Doctor	1 years (2013-2014)
33	Son La	DOH	MR. Nguyen Tien Son	Head of Medical Service Division, Son La DOH/ Son La PPMU Vice Director	Doctor	3 years (2015 - 2017)
34	Son La	DOH	MS. Bui Thi Hoa	Accountant, Accounting Division, Son La DOH/ Son La PPMU Accountant	Accounting	4 years (2013-2017)
35	Son La	DOH	MS. Nguyen Thi Kim An	Head, Human Resources Division, Son La DOH/ Son La PPMU Member	Public Health	4 years (2013-2017)
36	Son La	PGH	MR. Nguyen Duc Toan	Director, Son La PGH/ Son La PPMU Member	Doctor	4 years (2013-2017)
37	Dien Bien	DOH	MR. Luong Duc Son	Vice Director, Dien Bien DOH/ Dien Bien PPMU Director	Doctor	4 years (2013-2017)

Annex 5-1 List of Project Members

No.	Hanoi/ Province	Institution	Name	Position	Area of Specialty	Assigned Period
38	Dien Bien	PGH	MR. Pham Van Man	Director, Dien Bien PGH/ Dien Bien PPMU Vice Director	Doctor	4 years (2013-2017)
39	Dien Bien	DOH	MR. Truong Ky Phuong	Head, Medical Service Division, Dien Bien DOH/ Dien Bien PPMU Member	Doctor	1 year (3/2013 - 3/2014)
40	Dien Bien	PGH	MR. Pham Anh Tien	Officer, Medical Service Division, Dien Bien DOH/ Dien Bien PPMU Member	Doctor	3 years (4/2014 - 3/2017)
41	Dien Bien	PGH	MR. Le Nguyen Luong	Head, General Planning Department, Dien Bien PGH/ Dien Bien PPMU Member	Doctor	1 year (3/2013 - 3/2014)
42	Dien Bien	PGH	MR. Luong Van Long	Head, General Planning Department, Dien Bien PGH/ Dien Bien PPMU Member	Doctor	3 years (4/2014 - 3/2017)
43	Dien Bien	DOH	MR. Pham The Xuyeu	Head, Accounting Division, Dien Bien DOH/ Dien Bien PPMU Member	Accounting	4 years (2013-2017)
44	Dien Bien	DOH	MS. Tran Thi Huong	Accountant, Accounting Division, Dien Bien DOH/ Dien Bien PPMU Accountant	Accounting	4 years (2013-2017)
45	Dien Bien	DOH	MR. Le Van Thanh	Head, Medical Examination Dept., Dien Bien PGH/ Dien Bien PPMU Secretary	Doctor	1 year (3/2013 - 3/2014)
46	Dien Bien	PGH	MS. Tran Thi Kim Tuyen	Officer, General Planning Dept, Dien Bien PGH/ Dien Bien PPMU Secretary	Nurse	3 years (4/2014 - 3/2017)
47	Lai Chau	DOH, PGH	MR. Do Van Giang	Vice Director of DOH, Director of PGH/ Lai Chau PPMU Director	Doctor	4 years (2013-2017)
48	Lai Chau	DOH	MR. Hoang Van Thang	Head, Medical Service Division, Lai Chau DOH/ Lai Chau PPMU Vice Director	Doctor	4 years (2013-2017)
49	Lai Chau	DOH	MR. Vu Bang Phi	Vice Head, Medical Service Division, Lai Chau DOH/ Lai Chau PPMU Secretary	Doctor	4 years (2013-2017)
50	Lai Chau	DOH	MS. Nguyen Thi Thu	Officer, Planning and Financing Division, Lai Chau DOH/ Lai Chau PPMU Accountant	Accounting	4 years (2013-2017)
51	Lai Chau	DOH	MS. Nguyen Thi Hoang Anh	Chief Nurse, Lai Chau DOH/ Lai Chau PPMU Member	Nurse	4 years (2013-2017)
52	Lai Chau	PGH	MR. Ta Xuan Dong	Vice Director, Lai Chau PGH/ Lai Chau PPMU Member	Doctor	4 years (2013-2017)
53	Lai Chau	PPC	MR. Duong Diah Mai	Officer, People's Committee Office/ Lai Chau PPMU Member	Doctor	4 years (2013-2017)
54	Lao Cai	DOH	MS. Dam Thi Lien	Vice Director, Lao Cai DOH/ Lao Cai PPMU Director	Doctor	4 years (2013-2017)
55	Lao Cai	PGH	MR. Nguyen Ba Hue	Director, Lao Cai PGH/ Lao Cai PPMU Vice Director	Doctor	1 year (3/2013 - 3/2014)
56	Lao Cai	PGH	Hoang Van Hieu	Vice Director, Lao Cai PGH/ Lao Cai PPMU Vice Director	Doctor	3 years (2014-2017)
57	Lao Cai	PH	Hoang Thi Nguyet	Director, Obstetrics and Pediatrics hospital/ Lao Cai PPMU Member	Doctor	4 years (2013-2017)
58	Lao Cai	PGH	Nguyen Thi Khang Lieu	Vice Director, Lao Cai PGH/ Lao Cai PPMU Accountant	Doctor	4 years (2013-2017)
59	Lao Cai	DOH	Pham Bich Van	Vice Head, Medical Service Division, Lao Cai DOH/ Lao Cai PPMU Member	Doctor	4 years (2013-2017)
60	Lao Cai	PGH	Nguyen Duc Diep	Vice Head, General Planning Dept., Lao Cai PGH/ Lao Cai PPMU Member	Doctor	4 years (2013-2017)
61	Lao Cai	PH	Tran Hoang Kien	Head, General Planning Dept, Obstetric and Pediatric hospital/ Lao Cai PPMU Member	Doctor	4 years (2013-2017)
62	Yen Bai	DOH	Luong Van Hom	Director, Yen Bai DOH/ Yen Bai PPMU Director	Doctor	2 years (2013-2015)
63	Yen Bai	DOH	Tran Lan Anh	Vice Director, Yen Bai DOH/ Yen Bai PPMU Vice Director	Doctor	4 years (2013-2017)
64	Yen Bai	PGH	Vang A Sang	Director, Yen Bai PGH/ Yen Bai PPMU Vice Director	Doctor	3 years (2013-2016)
65	Yen Bai	DH	Dang Dinh Thang	Director, Van Yen District hospital/ Yen Bai PPMU Member	Doctor	4 years (2013-2017)
66	Yen Bai	DOH	Nguyen Van Ha	Vice Head, Planning-finance Division, Yen Bai DOH/ Yen Bai PPMU Member	Accounting	4 years (2013-2017)
67	Yen Bai	DOH	Mai Long Son	Head, Medical Service Division, Yen Bai DOH/ Yen Bai PPMU Member	Doctor	4 years (2013-2017)
68	Yen Bai	DOH	Lai Manh Hung	Head, Human Resources Division, Yen Bai DOH/ Yen Bai PPMU Member	Doctor	4 years (2013-2017)
69	Yen Bai	DOH	Tran Thi Thanh Hien	Officer, Accounting Division, Yen Bai DOH/ Yen Bai PPMU Member	Accounting	4 years (2013-2017)
70	Yen Bai	DOH	Tran Trung Thanh	Vice Head, Medical Service Division, Yen Bai DOH/ Yen Bai PPMU Secretary	Doctor	4 years (2013-2017)

Abbreviations CPMU: Central Project Management Unit; DH: District Hospital; DOH: (provincial) Department of Health; MOH: Ministry of Health; MSA: Medical Service Administration; PGH: Provincial General Hospitals; PH: Provincial Specialized Hospital; and PPMU: Provincial Project Management Unit.

Annex 5-2 Dispatch of JICA Experts

No.	Name	Field	Assignment Duration	Affiliation
1	Mr. Masahiko DOI	Chief advisor	12 Apr 2013 - 19 Aug 2015 28 months	National Center for Global Health and Medicine (NCGM)
2	Ms. Miho KYOGUCHI	Coordinator/Training management	20 Mar 2013 - 21 Apr 2015 25 months	N/A
3	Ms. Kyoko TAKASHIMA	Chief advisor	28 Jul 2015 - 19 Mar 2017 20 months	N/A
4	Mr. Kazuhiko KUNIMOTO	Coordinator/Training management	17 Mar 2015 - 19 Mar 2017 24 months	N/A
5	Ms. Yumiko HANEISHI	Nursing Management	16 Feb - 12 Apr 2014 56 days	National Center for Global Health and Medicine (NCGM)
6	Mr. Masahiko DOI	Referral Data Management	21 Feb - 04 Mar 2016 13 days	National Center for Global Health and Medicine (NCGM)

Annex 5-3 Training in Japan

Fiscal Year*	No.	Name	Position	Affiliation	Title of Training Course	Duration**	Recipient Institutes
JFY2014	1	Mr. Cao Hung Thai	Vice Director	Medical Service Administration, MOH	Rural Health and Medical System	15-23 June 2014	National Center for Global Health and Medicine (NCGHM)
	2	Mrs. Nguyen Thi Hong Yen	Head	DOHA/1816 Office, Medical Service Administration, MOH	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	3	Mr. Nguyen Viet Hung	Specialist	DOHA/1816 Office, Medical Service Administration, MOH	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	4	Mrs. Bui Thi Hung	Vice Director	Hoa Binh Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	5	Ms. Dang Tran Huyen Thuong	Specialist	Medical Service Division, Hoa Binh Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	6	Mr. Pham Quang Phuoc	Vice Director	Son La Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	7	Mrs. Bui Thi Hoa	Head	Financial Division, Son La Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	8	Mr. Luong Duc Son	Vice Director	Dien Bien Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	9	Mr. Tuong Ky Phong	Head	Medical Service Division, Dien Bien Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	10	Mr. Hoang Van Thang	Head	Medical Service Division, Lai Chau Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	11	Mr. Ta Xuan Dong	Head	General Planning Division, Lai Chau Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	12	Ms. Pham Bich Van	Vice Head	Medical Service Division, Lao Cai Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	13	Mr. Nguyen Duc Diap	Vice Head	DOHA Department, Lao Cai Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	14	Ms. Tran Lan Anh	Vice Director	Yen Bai Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	15	Mr. Cao Ngoc Thang	Vice Director	Yen Bai Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
JFY2015	1	Mr. Tran Quy Tuong	Vice Director	Medical Service Administration, MOH	Regional Health Training	4th - 17th October 2015	National Center for Global Health and Medicine (NCGHM)
	2	Mr. Hoang Van Truong	Specialist	DOHA/1816 Office, Medical Service Administration, MOH	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	3	Mr. Nguyen Quoc Hien	Vice Head	Medical Service Division, Hoa Binh Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	4	Mr. Do Dinh Van	Vice Director	Hoa Binh Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	5	Ms. Nguyen Thi Kim An	Head	Human Resource Division, Son La Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	6	Ms. Cam Thi Huong	Vice Director	Son La Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	7	Ms. Tran Thi Huong	Vice Head	Planning and Finance Division, Dien Bien Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	8	Mr. Pham Van Man	Director	Dien Bien Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	9	Mr. Vu Van Phi	Vice Head	Medical Service Division, Lai Chau Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	10	Mr. Do Van Giang	Director	Lai Chau Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	11	Mr. Hoang Van Hieu	Vice Director	Lao Cai Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	12	Mrs. Hoang Thi Nguyet	Director	Obstetrics and Pediatrics Hospital in Lao Cai	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	13	Mr. Luong Van Hom	Director	Yen Bai Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	14	Mr. Tran Trung Thanh	Vice Head	Medical Service Division, Yen Bai Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
JFY2016	1	Khac Tran Hoang	Specialist	DOHA/1816 Office, Medical Service Administration, MOH	Community Health	12th - 25th June 2016	National Center for Global Health and Medicine (NCGHM)
	2	Nguyen Thuy Nguyen	Vice Head	Administration Division, Medical Service Administration, MOH	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	3	Truong Nhu Hien	Vice Head	DOHA Department, Hoa Binh Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	4	Nguyen Tien Son	Vice Head	Medical Service Division, Son La Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	5	Pham Anh Tien	Specialist	Medical Service Division, Dien Bien Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	6	Luong Van Long	Head	General Planning Department, Dien Bien Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	7	Bui Tien Thanh	Vice Director	Lai Chau Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	8	Nguyen Thi Khang Lieu	Vice Director	Lao Cai Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	9	Nguyen Van Tuyen	Director	Yen Bai Provincial Department of Health	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>
	10	Diem Son	Head	DOHA Department, Yen Bai Provincial General Hospital	<i>ditto</i>	<i>ditto</i>	<i>ditto</i>

* JFY stands for "Japanese Fiscal Year", starting from the 1st of April and ending on the 31st of March.

** "Duration": from the date of arrival in Japan to the date of departing from Japan.

Annex 5-4 List of Training conducted in Vietnam

Executive Summary of Project Activities (JFY2013-JFY2016): Trainings, Seminars and Workshops

	No. of Courses	Total Number of Participants
Training organized by the PPMU under the financial support of the Project	193	4,785
The training directly organized by the Project (JICA Experts and CPMU)	27	1,635
Total	220	6,420

Details of Project Activities (JFY2013-JFY2016): Trainings, Seminars and Workshops

No	QUARTER				Title of Activities	Central/Province	Contact	Level/Lecturer	Location of activity	Start (D-M-Y)	Finish (D-M-Y)	Duration (days)	# of Trainees	# of courses	Position of Trainees/Participants	Cost (VND)	Equivalent Cost (USD)	Note
	I	II	III	IV	Central activities													
1		II			Workshop on strengthening DOHA management capacity for 06 provinces	PJ, CPMU	WS	Central	Lao Cai	4-Sep-13	6-Sep-13	3	58	1	PPMUs, DOHA staffs	142,500,000	6,770.84	
2				IV	Workshop on introduction and training for the project operation manual and financial cost-over guidance	PJ, CPMU	WS	Central	La Thanh Hotel	16-Jan-14	16-Jan-14	1	30	1	PPMUs, DOHA staffs	87,640,000	4,162.43	Cost is sum of both JCC and workshop
3	I				Training course on Patient Safety for 3 days	PJ, CPMU	MD	Central	VDEI	14-May-14	16-May-14	3	30	1	Nurses of PGI and DIs	136,967,710	6,467.76	Done
4	I				CP training in Japan (Rural Health and Medical System)	PJ	MG	JICA/ NCGM	Japan	15-Jun-14	28-Jun-14	14	15	1	CPMU, PPMU	-	-	Done
5		II			Training course on Obstetric Emergency in National Obstetric Hospital	PJ, CPMU	MD	Central	NOH	26-May-14	26-Aug-14	90	10	1	Doctors of PGH and DHs	231,320,000	10,923.20	Done
6		II			Training course on Pediatric emergency in National Pediatric Hospital	PJ, CPMU	MD	Central	NPH	23-Jun-14	23-Sep-14	90	10	1	Doctors & Nurses of PGH and DHs	505,824,965	23,885.58	Done
7		II			Training course on DOHA and referral Management	PJ, CPMU	DOHA & referral	Central	BMTI	13-Aug-14	15-Aug-14	3	30	1	Officer of DOLL, DOLA staff of PGH and DHs	142,761,090	6,741.33	Done
8		II			Training course on Nursing Management	PJ, CPMU	MD	Central	BMTI	19-Aug-14	27-Aug-14	9	30	1	Chief Nurse of PGH and DHs	213,181,840	10,066.67	Done
9				IV	16-day training workshop on training management cycle and analytical skills for referral data	PJ, CPMU	WS	Central	La Thanh Hotel	28-Jan-15	28-Jan-15	1	28	1	PPMUs, DOHA staffs	79,688,500	3,762.97	Cost is sum of both 2014 Review Meeting and workshop
10	I				2nd JCC Meeting	PJ, CPMU	WS	-	La Thanh	17 Apr 15	17 Apr 15	1	40	0	JCC member, CPMU and PPMU	69,140,000	3,331.77	Done
11			III		Review Workshop on 5-year DOHA activities and 1-year implementation of Circular 14	CPMU	WS	-	Kim Lien hotel	15 Dec 15	15 Dec 15	1	20	1	PPMU	36,386,000	1,648.14	JICA supported PPMU members only
12			III		TOT Training for Doctors of target provinces (Hoi Binh, Son La, Dien Bien)	PJ, CPMU	MG	Central Hospital	Bach Mai	19 Oct 15	23 Oct 15	5	30	1	Doctors of PGI and DIs	247,175,000	11,196.04	Done
13			III		TOT Training for Doctors of target provinces (Lai Chau, Lao Cai, Yen Bai)	PJ, CPMU	MG	Central Hospital	Bach Mai	26 Oct 15	30 Oct 15	5	30	1	Doctors of PGH and DHs	-	-	Done
14			III		CP training in Japan (Regional Health Training)	PJ	MG	JICA/ NCGM	Japan	4-Oct-15	17-Oct-15	14	14	1	CPMU, PPMU	-	-	Done
15				IV	1st Consultative meeting for development of RDMS	PJ, CPMU, FTL	WS	-	La Thanh	9 Mar 16	9 Mar 16	1	40	1	CPMU and PPMU	41,325,000	1,871.86	Done
16				IV	3rd JCC Meeting	PJ, CPMU	WS	-	La Thanh	10 Mar 16	10 Mar 16	1	40	0	JCC member, CPMU and PPMU	57,462,000	2,602.80	Done
17	I				Study tour to the southern region (Group 1: HCM City, Long An and Ben Tre provinces)	PJ, CPMU	WS	Destination province	HCM, Long An, Ben Tre	19-Apr-16	23-Apr-16	5	35	1	CPMU (MSA-DOH) and PGH & DI of 3 target province	394,349,000	17,705.25	Done
18	I				Study tour to the southern region (Group 2: Dong Thap, An Giang and Cao Thue City)	PJ, CPMU	WS	Destination province	Dong Thap, An Giang, Cao Thue	9-May-16	14-May-16	6	40	1	CPMU (MSA-DOH) and PGH & DI of 3 target province	453,400,000	20,356.49	Done
19	I				CP training in Japan (Community Health)	PJ	MG	JICA/ NCGM	Japan	12-Jun-16	25-Jun-16	14	10	1	CPMU and PPMU	-	-	Done
20		II			Workshop for DOHA circular development	CPMU	WS	CPMU	Thanh Hoa	8-Jul-16	8-Jul-16	1	290	1	Representatives of medical related agencies and facilities nationwide	44,720,000	2,007.81	Done
21		II			1st Consultative meeting for collecting comments on basic design of RDMS	PJ, CPMU, FTL	WS	-	Hanoi	10-Aug-16	10-Aug-16	1	50	1	MOH, CPMU, PPMU, DOHA staff of Central Hospitals and 6 target provinces	30,108,000	1,351.77	Done
22			III		1st training for pilot user on RDMS (Hoi Binh and Lao Cai province)	PJ, CPMU, FTL	WS	FTL	Hoi Binh & Lao Cai	11-Oct-16	14-Oct-16	4	133	1	DOH officers, DOHA staffs of PGI and DIs	125,700,000	5,673.60	Done
23			III		4th Joint Coordinating Committee Meeting (JCC)	PJ, CPMU	WS	-	Hanoi	9-Nov-16	9-Nov-16	1	50	1	MOH, CPMU, JICA, PPMU	72,595,000	3,259.33	Not yet estimated cost

Annex 5-4 List of Training conducted in Vietnam

No	QUARTER			Title of Activities	Central/Province	Content	Level/Lecturer	Location of activity	Start (D-M-Y)	Finish (D-M-Y)	Duration (days)	# of Trainees	# of courses	Position of Trainees/Participants	Cost (VND)	Equivalent Cost (USD)	Note
24			III	IT training for end-users in remaining 4 target provinces	PJ, CPMU, PJI	WS	FIL	Yen Bai, Sou. La, Dien Bien, Lai Chau	14-Nov-16	25-Nov-16	12	280	1	DOH officers, DOHA staffs of PGH and DHs	178,560,000	8,007.90	Not yet, estimated cost
25			III	PPMU Cross visitation (5 PPMU visit Yen Bien province) -> cancelled	PJ, CPMU, PPMU	WS	-	Yen Bai	15-Dec-16	16-Dec-16	2	60	1	CPMU, PO, PPMU	0	-	Not yet, estimated cost
26			III	Workshop for review and evaluation after 1 month development of RDMS	PJ, CPMU, PJI	WS	FIL	Hanoi or other province	12-Dec-16	16-Dec-16	1	71	1	DOH officers, DOHA staffs of PGH and DHs	91,756,000	4,119.61	Not yet, estimated cost
27			III	Workshop for disseminating the Project outputs in the southern region	PJ, CPMU	WS	-	Ho Chi Minh city	21-Dec-16	21-Dec-16	1	72	1	CPMU, PO, PPMU and Northern provinces	311,072,800	13,956.36	Not yet, estimated cost
28			IV	Workshop for disseminating the Project outputs in the central region	PJ, CPMU	WS	-	Da Nang city	To be determined	To be determined	1	42	1	CPMU, PO, PPMU and Central provinces	253,612,800	11,359.62	Not yet, estimated cost
29			IV	Workshop for disseminating the Project outputs in the northern region	PJ, CPMU	WS	-	Ho Chi Minh city	To be determined	To be determined	1	87	1	CPMU, PO, PPMU and Northern provinces	212,450,000	9,538.45	Not yet, estimated cost
				Total:								1635	27		4,158,956,305	190,547.58	
PPMU activities																	
	I	II	III	IV													0.00
1	I				Hoa Binh	MD	Central	VGH	14-May-14	16-May-14	3	5	1	Nurses of PGH	10,840,000	511.88	Done
2	I				Hoa Binh	Nursing activity	Provincial	PGH	22-Apr-14	22-Apr-14	1	20	1	Chief Nurse of PGH and DHs	12,867,000	607.59	Done
3	I				Hoa Binh	MD	Central	NPH	23-Jun-14	23-Sep-14	90	2	1	Doctor&Nurses	45,944,000	2,169.52	Done
4	I				Hoa Binh	MD	Central	NOH	26-May-14	26-Aug-14	90	2	1	Doctors of PGH (1) and DH (1)	46,455,000	2,193.65	Done
5	I				Hoa Binh	MD	Provincial	Nursing College	24-Jul-14	30-Oct-14	90	15	1	Chief Nurse of PGH and DHs	213,622,000	10,659.12	Done
6		II			Hoa Binh	DOHA& referral	Central	BMI	13-Aug-14	15-Aug-14	3	5	1	Officer of DOIH, DOHA staff of PGH and DHs	10,463,000	494.97	Done
7		II			Hoa Binh	MD	Central	BMI	19-Aug-14	27-Aug-14	9	5	1	Chief Nurse of PGH (3) and DHs (4)	25,398,000	1,199.52	Done
8		II			Hoa Binh	DOHA& referral	Provincial	Hoa Binh	27-Aug-14	29-Aug-14	3	15	1	DOHA staffs of PGH and DHs	39,664,000	1,872.98	Done
9		II			Hoa Binh	DOHA& referral	Provincial	Hoa Binh (Tan Lap)	8-Sep-14	8-Sep-14	1	27	1	Head of CHSs	27,277,000	1,288.05	Done
10		II			Hoa Binh	DOHA& referral	Provincial	Hoa Binh (Lao Son)	9-Sep-14	9-Sep-14	1	32	1	Head of CHSs	36,182,000	1,708.55	Done
11		II			Hoa Binh	Nursing activity	Provincial	PGH	16-Jul-14	16-Jul-14	1	20	1	Chief Nurse of PGH and DHs	12,238,000	582.61	Done
12			III		Hoa Binh	Nursing activity	Provincial	PGH	13-Oct-14	13-Oct-14	1	18	1	Chief Nurse of PGH and DHs	9,831,000	464.23	Done
13	I				Hoa Binh	DOHA& referral	PPMU, DOHA, PGH	Hoa Binh	22 Jun 15	22 Jun 15	1	37	5	GPD and DOHA staffs in DHs and CHSs	34,675,000	1,570.64	Done
14	I				Hoa Binh	DOHA& referral	PPMU, DOHA, PGH	Hoa Binh	23 Jun 15	23 Jun 15	1	37	5	GPD and DOHA staffs in DHs and CHSs	28,575,000	1,294.33	Done
15	I				Hoa Binh	DOHA& referral	PPMU, DOHA, PGH	Hoa Binh	24 Jun 15	24 Jun 15	1	30	5	GPD and DOHA staffs in DHs and CHSs	16,370,000	741.50	Done
16	I				Hoa Binh	DOHA& referral	PPMU, DOHA, PGH	Hoa Binh	25 Jun 15	25 Jun 15	1	34	5	GPD and DOHA staffs in DHs and CHSs	25,645,000	1,161.62	Done
17	I				Hoa Binh	DOHA& referral	PPMU, DOHA, PGH	Hoa Binh	26 Jun 15	26 Jun 15	1	37	5	GPD and DOHA staffs in DHs and CHSs	29,167,000	1,321.15	Done
18		II			Hoa Binh	MD	PGH, Medical College	Hoa Binh	15 Jul 15	17 Jul 15	3	28	1	(Chief) Nurses of 14 hospitals, DOHA and PPMU	80,428,000	2,281.19	Done
19		II			Hoa Binh	MD	PGH, Medical College	PGH	27 Jul 15	2 Aug 15	7	28	1	In-charge staffs of 14 DHs	89,160,000	4,038.59	Done
20		II			Hoa Binh	MD	PGH, Central Hospital	Hoa Binh	7 Sep 15	11 Sep 15	5	30	1	Doctor&Nurses of DHs	97,340,000	4,469.11	Done
21		II			Hoa Binh	MD	PGH, Central Hospital	PGH, Central Hospital	25 Aug 15	27 Aug 15	3	27	1	Doctors and Asst. Doctors in CHSs	51,235,000	2,325.27	Done

Annex 5-4 List of Training conducted in Vietnam

No	QUARTER	Title of Activities	Central/Province	Content	Level/Lecturer	Location of activity	Start (D-M-Y)	Finish (D-M-Y)	Duration (days)	# of Trainees	# of courses	Position of Trainees/Participants	Cost (VND)	Equivalent Cost (USD)	Note
22	II	Training course on Basic resuscitation Lac Son District	Hoa Binh	MD	PGH	PGH, Central Hospital	18 Aug 15	20 Aug 15	3	27	1	Doctors and Asst Doctors in CHSs	74,030,000	3,353.26	Done
23	III	Training course on Nutrition and Diet for some common diseases	Hoa Binh	MD	Nat. Nutrition Institute	Hoa Binh	12 Oct 15	16 Oct 15	5	28	1	In-charge staffs of 14 DHs	121,485,700	5,502.82	Done
24	III	TOT Training course	Hoa Binh	MD	BMH	BMH	19 Oct 15	23 Oct 15	5	10	1	Doctor&Nurses of PGH, Specialize Hospital and DHs	28,020,000	1,269.19	Done
25	IV	Study tour to Ha Tinh province	Hoa Binh	MG	Destination province	Hoa province	2 Mar 16	5 Mar 16	3	23	1	Nurses of 14 hospitals, DOHA and PPMU	72,300,000	3,274.90	Done
26	IV	Training course on stroke emergency (course 1)	Hoa Binh	MD	PGH	Hoa Binh	14 Mar 16	15 Mar 16	2	28	1	Doctor&Nurses of PGH, Specialize Hospital and DHs	19,740,000	894.14	Done
27	IV	Training course on stroke emergency (course 2)	Hoa Binh	MD	PGH	Hoa Binh	16 Mar 16	17 Mar 16	2	28	1	Doctor&Nurses of PGH, Specialize Hospital and DHs	31,200,000	1,417.31	Done
28	I	Training on basic resuscitation for commune level (course 1 for Kim Boi DI)	Hoa Binh	MD	PGH and HB Medical College	PGH	9-May-16	11-May-16	3	28	1	In-charge staffs of District Medical Office and CHs	46,830,000	2,102.55	Done
29	I	Training on basic resuscitation for commune level (course 2 for Du Bac, Lac Thuy DI)	Hoa Binh	MD	PGH and HB Medical College	PGH	12-May-16	14-May-16	3	36	1	In-charge staffs of District Medical Office and CHs	75,900,000	3,407.71	Done
30	II	Training on basic resuscitation for commune level (course 3 for Mai Chau & Yen Thuy DI)	Hoa Binh	MD	PGH and HB Medical College	PGH	22-Jun-16	24-Jun-16	3	38	1	In-charge staffs of District Medical Office and CHs	78,580,000	3,528.04	Done
31	II	Training on basic resuscitation for commune level (course 4 for Ky Son & Luong Son DH)	Hoa Binh	MD	PGH and HB Medical College	PGH	11-Jul-16	13-Jul-16	3	32	1	In-charge staffs of District Medical Office and CHs	52,270,000	2,316.79	Done
32	II	Training on basic resuscitation for commune level (course 5 for Cao Phong & Hoa Binh city DI)	Hoa Binh	MD	PGH and HB Medical College	PGH	14-Jul-16	16-Jul-16	3	30	1	In-charge staffs of District Medical Office and CHs	32,980,000	1,480.72	Done
33	III	Training evaluation for Mai Chau & Cao Phong DI	Hoa Binh	MG	DOH and PGH	DI	26-Sep-16	27-Sep-16	2	13	1	Officer of DOH and DOHA-PGH, Nurses (ex-trainees)	995,000	44.67	Done
34	IV	Monitoring of Referral activities with IT in DHs	Hoa Binh	MD	DOH and PGH	DH			7	22	1	DOHA staffs of DHs	11,000,000	493.87	Not yet estimated cost
		Total:								797	54		1,558,396,700	71,413.94	
1	I	Training course on Patient Safety	Son La	MD	Central	VDH	14-May-14	16-May-14	3	5	1	Nurses of PGH and Rehabilitation Hospital	15,150,000	715.40	Done
2	I	Field trip to Hoa Binh to share and learn experiences on DOHA and referral management	Son La	DOHA& referral	Provincial	Hoa Binh	5-Jun-14	6-Jun-14	4	12	1	PPMU staffs	40,282,000	1,902.16	Done
3	I	Regular referral meeting	Son La	DOHA& referral	Provincial	Hoa Binh	14-Jul-14	16-Jul-14	3	41	1	Leaders and DOHA staff of DOH, PGH and DHs	40,980,000	1,935.12	Done
4	II	Training course on DOHA and referral Management	Son La	DOHA& referral	Central	BMI	13-Aug-14	15-Aug-14	3	5	1	DOH staff (1) DOHA staff of PGH (1) and Specialized Hospital (2), DI (1)	15,150,000	715.40	Done
5	II	Training course on Nursing Management	Son La	MD	Central	FMH	19-Aug-14	27-Aug-14	7	5	1	Nurses of PGH (2), Specialized Hospital (1) and DH (2)	32,250,000	1,522.88	Done
6	II	Training on DOHA for staffs of district hospital at provincial level	Son La	DOHA& referral	Provincial	PGH	24-Sep-14	26-Sep-14	3	41	1	DOHA Staff of PGH and DHs	71,658,000	3,383.77	Done
7	II	Regular referral meeting	Son La	DOHA& referral	Provincial	Hoa Binh	28-Aug-14	28-Aug-14	1	41	1	Leaders and DOHA staff of DOH, PGH and DHs	27,174,000	1,283.18	Done
8	III	Training on CPR - Life support	Son La	MD	Provincial	PGH	17-Dec-14	21-Dec-14	5	41	1	Doctor&Nurses of PGH and DHs	112,306,000	5,303.21	Done
9	III	Regular referral meeting	Son La	DOHA& referral	Provincial	Hoa Binh	28-Aug-14	28-Aug-14	1	41	1	Leaders and DOHA staff of DOH, PGH and DHs	30,732,000	1,451.26	Done
10	I	Training on management of medical equipment	Son La	MG	Central	PGH	14 Jul 15	16 Jul 15	3	30	1	Pharmacy staff and medical technicians of DOH, PGH, Specialize Hospital and DHs	62,148,000	2,815.06	Done
11	II	TOT training course	Son La	MD	BMI	BMI	19 Oct 15	23 Oct 15	5	10	1	Doctors and Nurses of PGH	39,660,000	1,796.41	Done
12	II	Training course on Referral management, DOHA, planning method	Son La	DOHA& referral	Central	PGH	22 Aug 15	24 Aug 15	3	30	1	DOHA staff of PGH and DHs	52,116,000	2,360.65	Done

Annex 5-4 List of Training conducted in Vietnam

No	QUARTER	Title of Activities	Central/Province	Content	Level/Lecturer	Location of activity	Start (D-M-Y)	Finish (D-M-Y)	Duration (days)	# of Trainees	# of courses	Position of Trainees/Participants	Cost (VND)	Equivalent Cost (USD)	Note
13	II	Training course on basic emergency	Son La	MD	PGH	Huong Sen Hotel	21 Sep 15	25 Sep 15	5	30	1	Doctor, Nurses and Technicians of DHs	98,068,000	4,442.09	Done
14	II	Training on maintenance and repair for popular medical equipments	Son La	MG	Equip. Institute MOH	PGH	10 Sep 15	19 Sep 15	10	30	1	Technicians of DHs	186,278,000	8,437.65	Done
15	II	Field trip to Lao Cai	Son La	MG	Destination province	Lao Cai	12 Aug 15	16 Aug 15	2	12	1	PPMU members	38,472,000	1,712.63	Done
16	II	Referral Meeting in Moc Chau DH plus PPMU cross-visitation	Son La	Mtg	PPMU, DOHA	Moc Chau	25 Jun 15	25 Jun 15	1	50	1	PPMU staffs, PGH, PSHs, DHs, 5 PPMUs, CPMU	26,036,000	1,179.96	Done, Additional support
17	III	Referral Meeting in the 3rd quarter in Quynh Nhai DH	Son La	Mtg	PPMU, DOHA	Quynh Nhai	20 Dec 15	29 Dec 15	1	69	1	Leaders and DOHA staff of DOH, PGH and DHs	55,130,000	2,497.17	Done, Additional support
18	I	Training on hypertension: diagnosis and treatment; health education and communication on hypertension (Course 1)	Son La	DOHA& referral	DOH and PGH, Health communication	PGH	13-Jun-16	15-Jun-16	3	39	1	Doctor, assistant doctor in DH and CHS	97,360,000	4,371.21	Done
19	I	Training on hypertension: diagnosis and treatment; health education and communication on hypertension (Course 2)	Son La	DOHA& referral	DOH and PGH, Health communication	PGH	20-Jun-16	22-Jun-16	3	39	1	Doctor, assistant doctor in DH and CHS	93,560,000	4,200.66	Done
20	II	Training on diagnosis and treatment of diabetes; Guidance on diabetes prevention and management of diabetes patients	Son La	MD	DOH and PGH, Health communication	PGH	1-Aug-16	3-Aug-16	3	39	1	Doctor, assistant doctor in CHS	80,302,000	3,605.35	Done
21	II	Organize Referral Meeting for districts - commune level (1st time in Moc Chau district)	Son La	DOHA & referral	DOH and PGH	DH	24-Aug-16	24-Aug-16	1	48	1	Leaders of DOH, PGH, Moc Chau DH, DHs and CHSs	57,727,000	2,591.79	Done
22	II	Training on communication skill for medical staff	Son La	MG	DOH	PGH	25-Jul-16	26-Jul-16	2	39	1	Doctors and Nurses of Specialized (Hospitals and DHs)	46,442,000	2,085.13	Done
23	II	Training on early diagnosis and rehabilitation techniques in the community	Son La	MD	Reha. hospital and MSA	Huong Sen Hotel	12-Sep-16	16-Sep-16	5	39 -->33	1	Doctors, assistant doctor in CHS	105,708,000	4,746.02	Done
24	II	Organize Referral Meeting for districts - commune level (2nd time in Thuan Chau district)	Son La	DOHA & referral	DOH and PGH	DH	22-Sep-16	22-Sep-16	1	48	1	Leaders of DOH, PGH, Thuan Chau DH, DHs and CHSs	49,600,000	1,917.63	Done
25	II	Training evaluation for Moc Chau, Thao Nguyen, Yen Chau and Mai Son DH	Son La	MG	DOH and PGH	DH	11-Sep-16	13-Sep-16	3	20	1	Officer of DOH and DOHA-PGH, Nurses (ex-grammes)	5,400,000	242.45	Done
26	IV	Monitoring of Referral activities with IT in DHs	Son La	MD	DOH and PGH	DH	To be determined	To be determined	7	22	1	DOHA staffs of DHs	11,000,000	493.87	Not yet, estimated cost
Total:													1,493,683,000	67,732.12	
1	IV	Training course for provincial trainers (TOT)	Dien Bien	MD	Provincial	PGH	2-Mar-14	4-Mar-14	3	24	1	Doctors&Nurses of PGH and DHs	55,973,000	2,658.42	Done
2	IV	Field trip to Hoa Binh to share and learn experiences on DOHA and referral management	Dien Bien	DOHA& referral	Hoa Binh	Hoa Binh	5-Mar-14	7-Mar-14	3	6	1	PPMU staffs	20,445,000	971.03	
3	I	Training course on Patient Safety	Dien Bien	MD	Central	VHL	14-May-14	16-May-14	3	5	1	Nurses of PGH	15,500,000	731.93	Done
4	I	Regular referral meeting	Dien Bien	DOHA& referral	Provincial	PGH	11-Jul-14	11-Jul-14	1	101	1	Leaders and DOHA staff of DOH, PGH and DHs	23,068,000	1,089.29	Done
5	I	Training course on Pediatric emergency in National Pediatric Hospital	Dien Bien	MD	Central	NPH	23-Jun-14	23-Sep-14	90	2	1	Doctor&Nurse of PGH	58,933,000	4,530.06	Done
6	II	Training course on DOHA and referral Management	Dien Bien	DOHA& referral	Central	BMH	13-Aug-14	15-Aug-14	3	5	1	DOHA staff of PGH	26,360,000	1,244.75	Done
7	II	Training course on Nursing Management	Dien Bien	MD	Central	BMI	19-Aug-14	27-Aug-14	7	5	1	Nurses of PGH	33,750,000	1,593.71	Done
8	II	Training course on DOHA and referral management	Dien Bien	DOHA& referral	Provincial	PGH	5-Sep-14	5-Sep-14	3	26	1	DOHA staffs of PGH and DHs	55,612,000	2,626.06	Done
9	II	Training course on Nursing management	Dien Bien	MD	Provincial	PGH	15-Sep-14	19-Sep-14	5	26	1	Nurses of PGH, Specialized Hospital and DHs	87,456,500	4,129.79	Done
10	III	Training course on Patient safety in replacement for Hospital Management	Dien Bien	MG	Provincial	PGH	8-Dec-14	12-Dec-14	5	26	1	Nurses of PGH, Specialized Hospital and DHs	55,302,000	2,611.42	Done
11	III	Regular referral meeting	Dien Bien	DOHA& referral	Provincial	PGH	24-Dec-14	24-Dec-14	1	35	1	Leaders and DOHA staff of DOH, PGH and DHs	17,891,000	811.83	Done
12	II	Training course for reading Electrocardiogram results	Dien Bien	MD	Hanoi Heart Hospital	PGH	24 Aug 15	7 Sep 15	15	15	1	Doctors, Provincial (5) and District Hosp. (10)	130,275,500	5,900.96	Doctors from Internal and Cardio-vascular
13	II	Regular referral meeting	Dien Bien	DOHA & referral	PGH	PGH	23 Jun 15	23 Jun 15	1	35	1	Leaders and DOHA staff of DOH, PGH and DHs	36,212,000	1,640.26	Done
14	III	TOT training	Dien Bien	MG	EMI	EMI	19 Oct 15	23 Oct 15	5	10	1	Doctors of PGH, Specialized Hospital, DHs	39,120,000	1,771.98	Done
15	III	Patient Safety	Dien Bien	MD	PGH	PGH	19 Nov 15	21 Nov 15	3	28	1	Nurses of PGH and DHs	53,252,000	2,412.10	Done
16	III	Hospital Quality Management Course	Dien Bien	MG	Central/MSA	PGH	4 Dec 15	6 Dec 15	3	30	1	Chief Nurse of PGH and DHs	69,834,000	3,163.20	Done
17	III	Training on testing and examination	Dien Bien	MD	PGH	PGH	7 Dec 15	18 Dec 15	10	20	1	Technicians of PGH, Specialized Hospital, DHs	130,141,500	5,894.89	Done

Annex 5-4 List of Training conducted in Vietnam

No	QUARTER	Title of Activities	Central/Province	Content	Level/Lecturer	Location of activity	Start (D-M-Y)	Finish (D-M-Y)	Duration (days)	# of Trainees	# of courses	Position of Trainees/Participants	Cost (VND)	Equivalent Cost (USD)	Note	
18		IV	DoLA & referral course	Diem Bien	DOHA& referral	PGII	PGII	19 Jan 16	20 Jan 16	2	27	1	DOHA staff of PGI and DLIs	44,528,000	2,016.94	Done
19		IV	Field trip to Hai Phong and Hai Duong provinces	Diem Bien	MG	Hai Duong and Hai Phong	Hoi Phong	25 Jun 16	30 Jun 16	6	23	1	PPMU members, Doctors and Nurses of PGI and DLIs	87,730,500	3,973.84	Done
20		IV	Training on basic resuscitation	Diem Bien	MD	PGII	PGII	14 Mar 16	18 Mar 16	5	32	1	Doctors of PGI	84,184,000	3,813.20	Done
21	I		Training on DOHA/referral management	Diem Bien	MG	PGH	PGH	17-May-16	19-May-16	3	32	1	DOHA staffs of PGI, Specialized Hospitals and DLIs	53,478,000	2,401.02	Done
22	II		Training on basic ultrasound	Diem Bien	MD	PGII	PGII	4-Jul-16	13-Jul-16	10	32	1	Doctors of PGH, Specialized Hospitals and DLIs	151,722,000	6,811.92	Done
23	II		Training on quality assurances for testings	Diem Bien	MD	PGH	PGH	8-Aug-16	12-Aug-16	5	32	1	Doctor & Technicians of PGH, Specialized Hospitals and DLIs	83,756,000	3,760.43	Done
24	II		Training on communication skills	Diem Bien	MG	PGII	PGII	12-Sep-16	16-Sep-16	5	32	1	Doctor&Nurses of PGI, Specialized Hospitals and DLIs	82,850,000	3,719.75	Done
25	II		Training evaluation for Diem Bien Dong, Muong Nhe, Nam To, Muong Ang and Tui Chau DH	Diem Bien	MG	DOH and PGH	DE	6-Sep-16	21-Sep-16	16	28	1	Officer of DOLI and DOHA-PGH, Nurses (ex-terminus)	5,500,000	276.94	Done
26		III	Training on nutrition for ICU patient	Diem Bien	MD	PGII	PGII	12-Oct-16	16-Oct-16	5	32	1	Doctor&Nurses of PGI, Specialized Hospitals and DLIs	82,804,000	3,717.69	Done
27		IV	Monitoring of Referral activities with IT in DHs	Diem Bien	MD	DOH and PGH	DE	To be determined	To be determined	7	20	1	DOHA staffs of DHs	11,000,000	493.87	Not yet estimated cost
Total:													1,633,678,000	74,770.28		
1		IV	Training on Patient safety, Safe injection, Infection control at district and commune level (2nd course)	Lai Chau	MD	Provincial	PGH	2-Feb-14	4-Feb-14	3	40	1	Doctor & Nurses of DHs and CHSs	70,035,000	3,326.29	Done
2		IV	Field trip to Hoa Binh to share and learn experiences of DOHA and referral management	Lai Chau	DOHA & referral	Hoa Binh	Hoa Binh	5-Mar-14	6-Mar-14	2	12	1	PPMU & PGH staffs	28,160,000	1,337.45	
3	I		Training course on Patient Safety	Lai Chau	MD	Central	VDU	14-May-14	16-May-14	3	5	1	Nurses of PGI	13,010,000	614.55	Done
4	I		Training course on Scientific Research	Lai Chau	SS	Provincial	PGH	11-Jun-14	13-Jun-14	3	18	1	Doctor & Nurses of DHs	55,470,000	2,619.55	Done
5	I		Training course on Pediatric emergency in National Pediatric Hospital	Lai Chau	MD	Central	NPH	23-Jun-14	23-Sep-14	90	2	1	Doctor & Nurse of PGH	57,500,000	2,715.21	Done
6	I		Training on Patient safety for provincial and district level staffs (1st course)	Lai Chau	MD	Provincial	PGH	25-Jun-14	27-Jun-14	3	40	1	Doctor & Nurses of DLIs and CHSs	64,567,500	3,048.94	Done
7	I		Regular referral meeting	Lai Chau	DOHA & referral	Provincial	PGH	14-Jul-14	14-Jul-14	1	40	1	Leaders and DOHA staff of DOLI, PGI and DLIs	22,550,000	1,064.83	Done
8	II		Training course on DOHA and referral Management for 03 days	Lai Chau	DOHA & referral	Central	BMH	13-Aug-14	15-Aug-14	3	5	1	DOHA staff of PGH	16,280,000	768.76	Done
9	II		Training course on Nursing Management	Lai Chau	MD	Central	BMH	19-Aug-14	27-Aug-14	7	5	1	Nurses of PGH and DHs	27,130,000	1,281.11	Done
10	II		Training course on Nursing management and training management trainings	Lai Chau	MD	Provincial	PGII	15-Sep-14	19-Sep-14	5	45	1	Doctor & Nurses of PGH and DLIs	94,155,000	4,445.15	Done
11	II		Training on DOHA and referral management training course in the provincial hospital	Lai Chau	DOHA & referral	Provincial	PGH	27-Aug-14	25-Aug-14	3	35	1	DOHA staffs of PGH and DHs	47,900,000	2,261.80	Done
12	II		Regular referral meeting	Lai Chau	DOHA & referral	Provincial	PGH	25-Sep-14	25-Sep-14	1	40	1	Leaders and DOHA staff of DOH, PGH and DHs	29,503,000	1,393.16	Done
13		III	Regular referral meeting	Lai Chau	DOHA & referral	Provincial	PGII	30 Dec 14	30 Dec 14	1	40	1	Leaders and DOHA staff of DOLI, PGI and DLIs	35,240,000	1,664.07	Done
14	II		Field trip to Lao Cai	Lai Chau	MG	Lao Cai	Lao Cai Pro.	27 Aug 15	29 Aug 15	3	12	1	PPMU, Doctor & Nurses of PGI, Specialized Hospital and DLIs	42,873,000	1,941.98	Done, Additional support
15		III	TOT training	Lai Chau	MG	Central	BMH	26 Oct 15	30 Oct 15	5	10	1	Doctors of PGH and Specialized Hospitals	38,980,000	1,765.64	Done
16		III	Training course on resuscitation skills	Lai Chau	MD	BMH	BMH	2 Aug 15	4 Nov 15	90	2	1	Doctors of resuscitation Dept. in PGI	115,590,000	5,235.77	Done
17		III	Training course on caring skills for post-surgery patients with drainage tubes	Lai Chau	MD	VDU	PGII	2 Nov 15	21 Nov 15	20	22	1	Doctor & Nurses of PGI and DLIs	171,705,000	7,777.55	Done
18		III	Training course on first resuscitation skills in health facilities: External, Obstetrics, Pediatrics, Internal, other independent departments	Lai Chau	MD	PGH	PGH	30 Nov 15	31 Dec 15	32	15	1	Doctor & Nurses of PGI, Specialized Hospitals and DLIs	139,050,000	6,297.50	Done
19		III	Training course on Nosocomial infection control	Lai Chau	MD	PGH	PGH	14 Dec 15	25 Dec 15	10	10	1	Doctor & Nurses of DHs	50,555,000	2,289.03	Done
20		IV	Training course on DOHA and referral management	Lai Chau	DOHA & referral	PGH	PGH	7 Jan 16	8 Jan 16	2	38	1	DOHA staff of PGI, Specialized Hospital and DLIs	61,170,000	2,770.76	Done

Annex 5-4 List of Training conducted in Vietnam

No	QUARTER	Title of Activities	Central/Province	Content	Level/Lecturer	Location of activity	Start (D-M-Y)	Finish (D-M-Y)	Duration (days)	# of Trainees	# of courses	Position of Trainees/Participants	Cost (VND)	Equivalent Cost (USD)	Note	
21	II	Organize Referral Meeting for districts - commune level (1st time in Nam Ninh district)	Lai Chau	DOHA & referral	DOH and PGH	DI	8-Jul-16	8-Jul-16	1	55	1	Leaders of DOH, PGH, Nam Ninh, DH, CHS, CHSs	51,890,000	2,329.73	Done	
22	II	Organize Referral Meeting for districts - commune level (2nd time in Tan Uyen district)	Lai Chau	DOHA & referral	DOH and PGH	DI	16-Jul-16	16-Jul-16	1	55	1	Leaders of DOH, PGH, Tan Uyen, DI, CHS, CHSs	45,690,000	2,051.36	Done	
23	II	Training on basic resuscitation	Lai Chau	MD	PGH	PGH	25-Jul-16	21-Aug-16	31	14	1	Doctor & Nurses of DHs	166,680,000	7,483.50	Done	
24	II	Training on patient safety and safe patient transfer for provincial and district level	Lai Chau	MD	PGH	PGH	15-Aug-16	26-Aug-16	12	14	1	In-charge staff of DHs	80,800,000	3,627.71	Done	
25	II	Training on patient safety and safe patient transfer for commune level	Lai Chau	MD	PGH	PGH	8-Aug-16	12-Aug-16	5	20	1	CHS staffs	101,090,000	4,537.33	Done	
26	II	Training on nursing management	Lai Chau	MD	PGH	PGH	2-Sep-16	19-Sep-16	8	36	1	Nurses of PGH and DHs	83,105,000	3,731.20	Done	
27	II	Training evaluation for Tan Uyen, Thu Uyen and Tam Dong, DI	Lai Chau	MG	DOH and PGH	DI	14-Sep-16	20-Sep-16	7	238	1	Officer of DOH and DOHA, PGH, Nurses (ex-trainees)	5,000,000	224.49	Done	
28		Monitoring of Referral activities with 11 in DIIs	Lai Chau	MD	DOH and PGH	DI	To be determined	To be determined	7	18	1	DOHA staffs of DIIs	11,000,000	493.87	Not yet, estimated cost	
		Total:								886	28		1,726,588,500	79,097.96		
1		IV	Training course on DOHA and referral management for staffs in general hospital	Lao Cai	DOHA & referral	Provincial	PGH	8-Jan-14	8-Jan-14	1	52	1	DOHA staffs of PGH	6,786,000	322.90	
2	I		Training course on Patient Safety	Lao Cai	MD	Central	VHL	14-May-14	16-May-14	3	5	1	Nurses of PGH	15,090,000	712.57	Done
3	I		Training course on Patient Safety at provincial level	Lao Cai	MD	Provincial	PGH	26-May-14	28-May-14	3	33	1	Nurses of DHs	23,498,000	1,109.60	Done
4	I		Field trip to Hoa Binh to share and learn experiences on DOHA and referral management	Lao Cai	DOHA & referral	Hoa Binh	Hoa Binh	2-Jun-14	3-Jun-14	2	12	1	PPMU & PGH staffs	25,400,000	1,189.41	Done
5	I		Training course on Pediatric emergency in National Pediatric Hospital	Lao Cai	MD	Central	NPH	23-Jun-14	23-Sep-14	90	2	1	Doctors of PGH (1) and Pediatric Hospital (1)	48,025,000	2,267.79	Done
6	I		Training course on Obstetric Emergency in National Obstetric Hospital	Lao Cai	MD	Central	NOH	26-May-14	26-Aug-14	90	2	1	Doctors of PGH (1) and Obstetric Hospital (1)	49,465,000	2,335.79	Done
7	I		Regular referral meeting	Lao Cai	DOHA & referral	Provincial	PGH	31-Jul-14	31-Jul-16	1	25	1	Leaders and DOHA staff of DOH, PGH and DIIs	7,800,000	368.52	Done
8	II		Training course on DOHA and referral Management for 03 days]	Lao Cai	DOHA & referral	Central	BMH	13-Aug-14	15-Aug-14	3	5	1	DOHA staff of PGH	17,090,000	807.01	Done
9	II		Training course on Nursing Management	Lao Cai	MD	Central	BMH	19-Aug-14	27-Aug-14	7	5	1	Chief of Nurse	31,900,000	1,506.35	Done
10	II		Training course on DOHA and referral management at provincial level	Lao Cai	DOHA & referral	Provincial	PGH	22-Sep-14	24-Sep-14	3	25	1	DOHA staffs of PGH and DIIs	25,395,000	1,199.18	Done
11	II		Regular referral meeting	Lao Cai	DOHA & referral	Provincial	PGH	26-Sep-14	26-Sep-14	1	25	1	Leaders and DOHA staff of DOH, PGH and DIIs	8,037,000	379.52	Done
12	II		Nursing regular meeting btw PGH and DIIs	Lao Cai	Nursing activity	Provincial	PGH	29-Aug-14	29-Aug-14	1	18	1	Chief Nurses of PGH and DIIs	6,215,000	293.48	Done
13		III	Training course on Nursing management at provincial level	Lao Cai	MD	Provincial	PGH	8-Dec-14	12-Dec-14	5	35	1	Nurses of DHs	75,872,000	3,582.75	Done
14		III	Training course on Obstetric Emergency and External Emergency at provincial level	Lao Cai	MD	Provincial	P. Obstetric Hospital	8-Dec-14	8-Jan-15	30	10	1	Doctors of DIIs and city	110,770,000	5,230.67	Done
15		III	Regular referral meeting	Lao Cai	DOHA & referral	Provincial	PGH	19-Dec-14	19-Dec-14	1	25	1	Leaders and DOHA staff of DOH, PGH and DIIs	11,165,000	527.22	Done
16		III	Nursing regular meeting btw PGH and DIIs	Lao Cai	Nursing activity	Provincial	PGH	29-Dec-14	29-Dec-14	1	18	1	Chief Nurses of PGH and DIIs	4,090,000	193.12	Done
17		IV	Training course on Pediatric Emergency in the GH and Pediatrics and Obstetrics Hospital	Lao Cai	MD	Provincial	P. Obstetric Hospital	19-Jan-15	19-Feb-15	30	9	1	Doctor/Assistant doctors of DIIs	102,775,000	4,833.14	Done
18	I		Training course on Clinical Nutrition in central level	Lao Cai	SS	NNI	NNI	23 Jun 15	23 Sep 15	30	5	1	Nutrition Staffs: 1 PGH, 1 Pediatrics & Obstetrics Hospital	111,790,000	5,063.64	Done
19	II		Training course on safety for patient resuscitation and transfer activities	Lao Cai	MD	PGH	PGH	4 Sep 15	18 Sep 15	5	30	1	Doctors and Nurses of PGH and DIIs	61,490,000	2,785.25	Done
20	II		Training course on resuscitation for common diseases at lower levels	Lao Cai	MD	PGH	PGH	21 Sep 15	23 Sep 15	3	30	1	Doctor/Assistant doctors of PGH, Specialist Hospitals and DIIs	39,380,000	1,783.76	Done
21	II		Training course on Infection Control in provincial level	Lao Cai	MD	PGH	PGH	28 Sep 15	30 Sep 15	3	30	1	Staff in charge of DHs	36,795,000	1,666.67	Done
22		IV	Training course on Infection Control in central level	Lao Cai	MD	BMH	BMH	6 Jan 16	8 Jan 16	3	5	1	PGH (2); Pediatrics & Obstetrics Hospital (2)	14,600,000	661.32	Done
23		IV	Training course on DOHA & Referral	Lao Cai	DOHA & referral	PGH	PGH	11 Jan 16	12 Jan 16	2	30	1	DOHA staffs of PGH and DIIs	45,920,000	2,079.99	Done
24		IV	Training course on Clinical Nutrition in provincial level	Lao Cai	SS	PGH	PGH	18 Jan 16	22 Jan 16	5	30	1	Nutrition Staffs of PGH and DIIs	76,140,000	3,448.84	Done

Annex 5-4 List of Training conducted in Vietnam

No	QUARTER	Title of Activities	Central/Province	Content	Level/Lecturer	Location of activity	Start (D-M-Y)	Finish (D-M-Y)	Duration (days)	# of Trainees	# of courses	Position of Trainees/Participants	Cost (VND)	Equivalent Cost (USD)	Note
25		Regular referral meeting	Lao Cai	DOHA & referral	PGII	PGII	28-Jan-16	18-Jan-16	1	65	1	Leaders and DOHA staff of DOH, PGH and DHs	36,940,000	1,673.23	Done
26	I	Training on injection safety (course 1)	Lao Cai	MD	PGII	PGII	23-May-16	25-May-16	3	30	1	Nurses and Midwife of PGII, Specialized Hospitals and DHs	48,710,000	2,186.95	Done
27	I	Training on hospital quality management	Lao Cai	MG	Central lecturer + PGH	PGH	3-Jun-16	5-Jun-16	3	30	1	Staff in charge HQM of PGH, Specialized Hospitals and DHs	51,710,000	2,321.65	Done
28	II	Training on infection control	Lao Cai	MD	PGII	PGII	26-Sep-15	30-Sep-16	5	30	1	Doctors and Nurses of PGII, Specialized Hospitals and DHs	72,200,000	3,241.59	Done
29		Training on injection safety (course 2)	Lao Cai	MD	PGH	PGH	12-Oct-16	14-Oct-16	3	30	1	Nurses and Midwife of PGII, Specialized Hospitals and DHs	51,700,000	2,321.20	Done, Not yet settlement, estimated cost
30		Training on basic resuscitation	Lao Cai	MD	PGII	PGII	24-Oct-16	28-Oct-16	5	30	1	Doctors and Nurses of specialized Hospitals and DHs	72,200,000	3,241.59	Done, Not yet settlement, estimated cost
31		Organize Referral Meeting for districts - commune level in Simacai DI	Lao Cai	DOHA & referral	DOI and PGII	DI	28-Oct-16	28-Oct-16	1	94	1	Leaders of DOI, PGII, Simacai DH, DHs, CHNs	51,995,000	2,334.44	Done, Not yet settlement, estimated cost
32		Training evaluation for Bat Xeu and Bao Thung	Lao Cai	MG	DOI and PGII	DI	27-Sep-15	30-Sep-16	4	10	1	Office of DOI and DOHA-PGH, Nurses (ex-trainees)	5,400,000	242.45	Done
33		Monitoring of Referral activities with II in DIs	Lao Cai	MD	DOI and PGII	DI		To be determined	7	18	1	DOHA staffs of DIs	11,000,000	493.87	Not yet, estimated cost
			Total:							803	33		1,357,343,000	62,434.67	
1		Field trip to Hoa Binh to share and learn experiences on DOHA and referral management	Yen Bai	DOHA & referral	Ho Binh	Ho Binh	28-Oct-13	29-Oct-13	2	11	1	PPMU & PGII staffs	8,550,000	406.08	
2	I	Training course on Patient Safety	Yen Bai	MD	Central	VDI	14-May-14	16-May-14	3	5	1	Nurses of DIs	8,895,000	420.03	Done
3	II	Training course on DOHA and referral Management for 03 days	Yen Bai	DOHA & referral	Central	BMI	13-Aug-14	15-Aug-14	3	5	1	DOHA staff of PGII	12,910,000	609.62	Done
4	II	Training course on Nursing Management	Yen Bai	MD	Central	BMI	19-Aug-14	27-Aug-14	7	5	1	Chief Nurse of PGII, City Hospital and DHs	31,210,000	1,473.77	Done
5	II	Training on DOHA and Referral management in provincial level	Yen Bai	DOHA & referral	Provincial	PGH	10-Sep-14	12-Sep-14	3	34	1	DOHA staffs of PGH and DHs	49,210,000	2,323.75	Done
6	II	Training course on Patient safety for provincial and district staffs	Yen Bai	MD	Provincial	PGH	24-Sep-14	26-Sep-14	3	22	1	Nurses of PGH and DHs	53,655,000	2,533.64	Done
7		Training course on Obstetric Emergency at provincial level	Yen Bai	MD	Provincial	PGH	28-Jan-15	30-Jan-15	3	20	1	Doctors and Nurses of PGII and DIs	38,940,000	1,838.79	Done
8		Training course on Pediatric Emergency at provincial level	Yen Bai	MD	Provincial	PGH	28-Jan-15	30-Jan-15	3	20	1	Doctors of DHs	41,580,000	1,963.45	Done
9		Training course on External Emergency at provincial level	Yen Bai	MD	Provincial	PGH	9-Feb-15	11-Feb-15	3	20	1	Doctors of DHs	42,070,000	1,986.59	Done
10		Regular referral meeting	Yen Bai	DOHA & referral	Provincial	PGII	18-Dec-14	18-Dec-14	1	38	1	Leaders and DOHA staff of DOH, PGH and DHs	5,800,000	462.77	Done
11		Field trip to Cao Bang province to share experiences on DOHA and referral management, hospital management and patient transfer	Yen Bai	DOHA & referral	Provincial	Cao Bang Pro	26-Jan-15	28-Jan-15	3	12	1	PPMU and DOHA staffs	23,450,000	1,107.33	Done
12	I	Training course on Infection control	Yen Bai	MD	PGII	Hoi An mang son	22-Jul-15	24-Jul-15	3	62	1	Nurses of PGII and DIs	103,140,000	4,672.40	Done
13	II	Regular Referral meeting	Yen Bai	Mtg	PPMU	PGH	21-Jul-15	21-Jul-15	1	45	1	Leaders and DOHA staff of DOI, PGII and DHs	10,465,000	474.02	Done
14	II	Training course on Hypertension and Medication	Yen Bai	MD	PGH	PGH	16-Sep-15	18-Sep-15	3	32	1	Doctors of DHs	63,655,000	2,883.32	Done
15	II	Training course on Injection safety (1st course)	Yen Bai	MD	PGH	PGH	21-Sep-15	23-Sep-15	3	62	1	Nurses of DHs	92,607,000	4,194.73	Done
16	II	Training course on Injection safety (2nd course)	Yen Bai	MD	PGH	Trong Son Hotel	24-Sep-15	26-Sep-15	3	62	1	Nurses of DHs	106,417,000	4,548.49	Done
17		Training course on Referral management, DOHA, painting method	Yen Bai	DOHA & referral	PGII	PGII	15-Mar-16	16-Mar-16	3	32	1	DOHA staffs of Specialized hospitals and DHs	46,046,000	2,085.70	Done
18	I	Organize Referral Meeting in Nghia Lu DH (inviting Cao Bang & Vinh Phuc Provinces)	Yen Bai	DOHA & referral	DOI and PGII	DI	15-Apr-16	15-Apr-16	1	71	1	Leaders and DOHA staff of DOI, PGII and DHs	37,285,000	1,674.00	Done
19	I	Training on infection control (course 1)	Yen Bai	MD	PGII	PGII	27-Apr-16	29-Apr-16	3	64	1	Doctors and nurses of PGII and DIs	91,496,000	4,108.07	Done
20	II	Training on infection control (course 2)	Yen Bai	MD	PGII	PGII	17-Aug-16	19-Aug-16	3	64	1	Doctors and nurses of PGII and DIs	106,351,000	4,774.88	Done
21	II	Training evaluation for Van Yen and Luc Yen DI	Yen Bai	MG	DOI and PGII	DI	22-Sep-15	23-Sep-16	2	12	1	Office of DOI and DOHA-PGH, Nurses (ex-trainees)	5,500,000	246.94	Done

Annex 5-4 List of Training conducted in Vietnam

No	QUARTER	Title of Activities	Central/ Province	Content	Level/ Lecturer	Location of activity	Start (D-M-Y)	Finish (D-M-Y)	Duration (days)	# of Trainees	# of courses	Position of Trainees/ Participants	Cost (VND)	Equivalent Cost (USD)	Note
22	II	Training on patient safety	Yen Bai	SS	PGII	PGII	28 Sep 16	30 Sep 16	3	32	1	Nurses of PGII and DIs	80,613,000	3,619.31	Done
23		Update training course on treatment for respiratory diseases	Yen Bai	MD	PGII	PGII	To be determined	To be determined	3	30	1	Doctors	67,570,000	3,033.72	Not yet, estimated cost
24		Training on hospital quality management and improvement	Yen Bai	MD	DOH + PGH	PGH	To be determined	To be determined	3	45	1	Doctors and Nurses	81,855,000	3,809.77	Not yet, estimated cost
25		Monitoring of Referral activities with IT in DIs	Yen Bai	MD	DOII and PGII	DI	To be determined	To be determined	7	18	1	DOIIA staffs of DIs	11,000,000	493.87	Not yet, estimated cost
Total:										823	25		1,221,279,000	55,744.74	

Note: MD: Medical skills, SS: service skills, MG: Management skills, WS: workshop/meeting

Annex 5-5 List of Equipment Provided

As of 31 October 2016

No.	Name of Equipment	Maker	Model	Qty	Purchased Price			Purpose of Use	Location (Delivery Place)	Date of Delivery (D/M/Y)	Supplier	Condition as of 31st of October 2016	Remarks	
					VND	Equivalent USD	Equivalent JPY							
1	Laptop	Lenovo	Lenovo Thinkpad L440	3	59,627,750	2,815.68	295,873	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
2	Desktop (CPU and screen)	Lenovo	Desktop Lenovo ThinkCentre M72e	6	124,056,060	5,858.96	615,556	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
3	Antivirus software	Kaspersky	Kaspersky Internet Security (ba may ai dang nam)	3	1,768,620	83.52	8,776	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Expired	
4	External Hard disk	Seagate	HDD Seagate External 1TB 2.5	5	9,138,925	452.47	4,547	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	using 2, not using 3	Under repair
5	WiFi router	Linksys	Linksys Smart Wi-Fi Router EA6300	1	3,326,690	157.09	16,307	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Not use	Under repair
6	Projector	Sony	Sony VPL-EX3272	1	15,370,150	725.79	76,267	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
7	Printer	Yesine	Yesine VP101	2	1,571,935	16.90	1,776	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
8	Screen	Regent	NT7650	1	7,118,700	338.04	35,521	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
9	Camera	Canon	Canon EOS 700D	1	15,896,525	750.65	7,839	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
10	Voice recorder	Sony	Sony Voice Recorder ICS543	1	2,642,355	90.44	10,134	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
11	Multi-function printer	Canon	MF 8380CJW	1	24,195,774	1,142.55	120,899	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
12	Photocopy machine	Canon	CANON IR 2520	2	88,262,560	4,167.85	427,939	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
13	Fax machine	Panasonic	PANASONIC KX-MB2030	1	6,211,225	293.30	30,820	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
14	Shredder	Silicon	Shredder Silicon PS-890C	1	2,421,325	114.34	12,015	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
15	UPS	ZI Power	ZI Power UPS 500VA	5	3,474,075	164.05	172.38	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Not use	Under repair
16	White board	Tân Hồng Hà	0.9 m x 1.2 m	2	1,684,400	79.54	8,358	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Good	
17	Portable printer	PEXMA	PEXMA-4100	3	17,559,870	829.20	87,132	DOHA Administration	MSA, MOH	Ha Noi	03/04/2014	KDDI Vietnam Corp	Not use	
18	Vehicle (Pro ext car)	TOYOTA	Toyota Land Cruiser PRADO 2014 model	1	882,196,920	39,960.90	4,171,548	DOHA Administration	MSA, MOH	Ha Noi	08/09/2014	KDDI Vietnam Corp	Good	
19	Safety box	Das Phat	KA 40	1	1,750,000	82.64	8,664	DOHA Administration	DOHA Office, PGH	Hou Binh	06/03/2014	Cong ty TNHH Hhat Day	Good	with TAX
20	Laptop	Lenovo	Lenovo Thinkpad L440	1	19,875,920	938.56	9,824	DOHA Administration	PMU	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
21	Desktop (CPU and screen)	Lenovo	Lenovo ThinkCentre M72e	2	41,322,020	1,922.69	205,189	DOHA Administration	DOHA Office, PGH	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
22	Anti-virus software	Kaspersky	2014	1	599,540	27.84	2,925	DOHA Administration	PMU	Hou Binh	07/04/2014	KDDI Vietnam Corp	Expired	
23	Projector	Sony	Sony VPL-EX3272	1	15,370,150	725.79	7,627	DOHA Administration	DOHA Office, PGH	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
24	Printer	Yesine	Yesine VP101	1	1,781,968	84.5	888	DOHA Administration	DOHA Office, PGH	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
25	Screen	Regent	MS180V	1	7,118,700	338.04	35,521	DOHA Administration	DOHA Office, PGH	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
26	Camera	Canon	Canon EOS 700D	1	15,896,525	750.65	7,839	DOHA Administration	DOHA Office, PGH	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
27	Photocopy machine	Canon	CANON IR 2520	1	44,131,280	2,083.93	218,979	DOHA Administration	DOHA Office, PGH	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
28	Fax machine	Panasonic	PANASONIC KX-MB2030	1	6,211,225	293.30	30,820	DOHA Administration	DOHA Office, PGH	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
29	UPS	ZI Power	ZI Power UPS 500VA	1	694,815	32.81	3,448	DOHA Administration	PMU	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
30	UPS	ZI Power	ZI Power 500VA	3	2,084,445	98.43	10,343	DOHA Administration	DOHA Office, PGH	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
31	White board	Tân Hồng Hà	0.9 m x 1.2 m	1	842,200	39.77	4,179	DOHA Administration	DOHA Office, PGH	Hou Binh	07/04/2014	KDDI Vietnam Corp	Good	
32	Respiratory Control Simulator	Laerdal Norway	Airway Management Trainer 2500093	1	95,340,000	4,306.46	52,288	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	PMES Co., Ltd	Good	
33	Infant Respiratory Control Simulator	Laerdal Norway	Infant Airway Management System 250-00250	1	34,092,000	1,544.23	18,770	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	PMES Co., Ltd	Good	
34	Full-Body Basic CPR simulator for infant	Laerdal Norway	163-01250	1	22,175,000	1,004.44	12,184	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	PMES Co., Ltd	Good	
35	Full-Body Basic CPR simulator for Adult	Laerdal Norway	171-01250	1	98,285,000	4,451.92	54,074	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	PMES Co., Ltd	Good	
36	Portable Mask	Laerdal	8200 L13	1	620,000	28.08	3,408	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
37	Disposable Resuscitator	Laerdal	845011	1	635,000	28.76	3,490	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
38	Head Immobilizer w/ Straps for adult	Gima-Italy	84239	1	825,000	14.72	1,786	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
39	Neck Immobilizer w/ Straps for adult	Laerdal-China	980010	1	590,000	27.09	3,287	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
40	Head Immobilizer w/ Straps for Lid	Laerdal-China	980029	1	590,000	26.72	3,243	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
41	Immopage medical syndrom	Laerdal-China	BLS7382	1	8,590,000	385.02	4,676	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
42	Head Immobilizer w/ Straps	Laerdal-China	Head Immobilizer with Straps	1	3,560,000	161.25	19,556	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
43	Laryngoscope Macintosh Set with 4 Blades	Gima-Italy	34303	1	4,980,000	226.57	27,370	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
44	Larynged Airway Mask size L2,3,4	Fleceaire	038-94-330/038-94-320/038-94-330/038-94-340	1	850,000	38.50	4,672	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
45	Disposable face mask with check valve	Gima-Italy	34440/34441/34442/34443/34444/34445	1	950,000	43.03	5,221	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
46	Spinal protector monitor for patient	ECOHLEN Japan	PVM-2701	1	123,800,000	5,607.63	69,045	Medical Skill-up Training	DOHA Office, PGH	Hou Binh	04/2015	QCL Production - Trading Co., Ltd	Good	
47	Desk op Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF-70071320 Model: 3250SF1	1	23,196,300	1,041.45	11,173	Referral Data Management	Ky Son DH	Hou Binh	10/2016	Herg Duc Trading Company	Good	with TAX
48	UPS	Santak	1000VA/600W -TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Ky Son DH	Hou Binh	10/2016	Herg Duc Trading Company	Good	with TAX
49	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF1-70071320 Model: 3250SF1	1	23,196,300	1,041.45	11,173	Referral Data Management	Kim Boi DH	Hou Binh	10/2016	Herg Duc Trading Company	Good	with TAX
50	UPS	Santak	1000VA/600W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Kim Boi DH	Hou Binh	10/2016	Herg Duc Trading Company	Good	with TAX
51	Desk op Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF1-70071320 Model: 3250SF1	1	23,196,300	1,041.45	11,173	Referral Data Management	Luc Duy DH	Hou Binh	10/2016	Herg Duc Trading Company	Good	with TAX
52	UPS	Santak	1000VA/600W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Luc Duy DH	Hou Binh	10/2016	Herg Duc Trading Company	Good	with TAX
53	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF1-70071320 Model: 3250SF1	1	23,196,300	1,041.45	11,173	Referral Data Management	Cao Phong DH	Hou Binh	10/2016	Herg Duc Trading Company	Good	with TAX
54	UPS	Santak	1000VA/600W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Cao Phong DH	Hou Binh	10/2016	Herg Duc Trading Company	Good	with TAX
55	Desk op Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF1-70071320 Model: 3250SF1	1	23,196,300	1,041.45	11,173	Referral Data Management	Du Bac DH	Hou Binh	10/2016	Herg Duc Trading Company	Good	with TAX
56	UPS	Santak	1000VA/600W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Du Bac DH	Hou Binh	10/2016	Herg Duc Trading Company	Good	with TAX
57	Safety box	Das Phat	KA 40	1	1,800,000	85.00	8,952	DOHA Administration	Finance Dept, DOH	San Lu	12/3/2014	Cong ty TNHH Tin Ngiam	Good	with TAX
58	Laptop	Lenovo	Lenovo Thinkpad L440	1	19,875,920	938.56	9,824	DOHA Administration	PMU1	San Lu	06/04/2014	KDDI Vietnam Corp	Good	
59	Desktop (CPU and screen)	Lenovo	Lenovo ThinkCentre M72e	2	41,322,020	1,922.69	205,189	DOHA Administration	DOHA Office, PGH1	San Lu	06/04/2014	KDDI Vietnam Corp	Good	
60	Antivirus software	Kaspersky	2014	1	599,540	27.84	2,925	DOHA Administration	DOHA Office, PGH1	San Lu	06/04/2014	KDDI Vietnam Corp	Expired	
61	Projector	Sony	Sony VPL-EX3272	1	15,370,150	725.79	7,627	DOHA Administration	DOHA Office, PGH1	San Lu	06/04/2014	KDDI Vietnam Corp	Good	
62	Printer	Yesine	Yesine VP101	1	1,781,968	84.5	888	DOHA Administration	DOHA Office, PGH1	San Lu	06/04/2014	KDDI Vietnam Corp	Good	
63	Screen	Regent	NT7650	1	7,118,700	338.04	35,521	DOHA Administration	DOHA Office, PGH1	San Lu	06/04/2014	KDDI Vietnam Corp	Good	
64	Camera	Canon	Canon EOS 700D	1	15,896,525	750.65	7,839	DOHA Administration	DOHA Office, PGH1	San Lu	06/04/2014	KDDI Vietnam Corp	Good	
65	Photocopy machine	Canon	CANON IR 2520	1	44,131,280	2,083.93	218,979	DOHA Administration	Admin Dept, PGH1	San Lu	06/04/2014	KDDI Vietnam Corp	Good	
66	Fax machine	Panasonic	PANASONIC KX-MB2030	1	6,211,225	293.30	30,820	DOHA Administration	DOHA Office, PGH1	San Lu	06/04/2014	KDDI Vietnam Corp	Good	

Annex 5-5 List of Equipment Provided

No.	Name of Equipment	Maker	Model	Qty	Purchased Price		Purpose of Use	Location (Delivery Place)			Date of Delivery (DMM)	Supplier	Condition as of 31st of October 2016	Remarks
					VND	Equivalent USD		Equivalent JPY						
67	UPS	ZI Power	UPS 500VA	2	1,889,640	65.62	6,895	DOHA Administration	DOHA Office, PCH	Sen La	06/04/2014	KDD Vietnam Corp	Good	
68	UPS	ZI Power	UPS 500VA	1	694,815	22.81	3,448	DOHA Administration	Admin Dept, PCH	Sen La	06/04/2014	KDD Vietnam Corp	Good	
69	UPS	ZI Power	UPS 500VA	1	694,815	22.81	3,448	DOHA Administration	PPMU	Sen La	06/04/2014	KDD Vietnam Corp	Good	
70	White board	Tin Trong Ha	6.9 x 1.2 m	1	842,200	29.77	4,179	DOHA Administration	DOHA Office, PCH	Sen La	06/04/2014	KDD Vietnam Corp	Good	
71	Respiratory Control Simulator	Laerdal	Airway Management Trainer 25000033	1	95,140,000	4,309.16	522,889	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	PMES Co., Ltd	Good	
72	Infant Respiratory Control Simulator	Laerdal	Infant Airway Management System 250-0250	1	34,092,000	1,544.23	18,730	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	PMES Co., Ltd	Good	
73	Full-Body Bone CTB simulator for infant	Laerdal	160-01259	1	22,175,000	1,004.44	12,174	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	PMES Co., Ltd	Good	
74	Full-Body Bone CPR simulator for Adult	Laerdal	171-01259	1	98,283,000	4,451.92	50,174	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	PMES Co., Ltd	Good	
75	Multipurpose Injection Area Simulator, vein, muscle and bone-skin infiltration	GAUMARD-USA	S401-100	1	13,900,000	629.61	76,994	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	PMES Co., Ltd	Good	
76	Tube Feeding Simulator NG, OG and PEG	RAKAMOTO- Japan	M190	1	16,600,000	2,110.79	25,611	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	PMES Co., Ltd	Good	
77	Portable Mack	Laerdal	82001133	1	620,000	28.08	3,408	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	QCL Production - Trading Co., Ltd	Good	
78	Disposable Resuscitator	Laerdal	843011	1	635,000	28.76	3,490	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	QCL Production - Trading Co., Ltd	Good	
79	Crield Airway Kit	Gima-Lab	3449	1	325,000	14.72	1,726	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	QCL Production - Trading Co., Ltd	Good	
80	Neck Immobilizer w/ Straps for adult	Laerdal-China	980010	1	598,000	27.09	3,287	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	QCL Production - Trading Co., Ltd	Good	
81	Neck Immobilizer w/ Straps for kid	Laerdal-China	980020	1	550,000	25.72	3,243	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	QCL Production - Trading Co., Ltd	Good	
82	Limacaps medical sphygmomanometer	Laerdal-China	B3-702	1	8,500,000	385.02	46,710	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	QCL Production - Trading Co., Ltd	Good	
83	Head Immobilizer w/ Straps	Laerdal-China	Head Immobilizer with Straps	1	3,500,000	161.25	19,566	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	QCL Production - Trading Co., Ltd	Good	
84	Laryngoscope Mounted Set with 4 Blades	Gima-Lab	34303	1	4,990,000	225.57	27,370	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	QCL Production - Trading Co., Ltd	Good	
85	Laryngeal Airway Mask sized 2,3,4	Hesicare	038-94-310/38-94-320/38-94-430/38-94-440	1	850,000	38.50	4,672	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	QCL Production - Trading Co., Ltd	Good	
86	Disposable laryngeal mask with chest valve	Gima-Lab	34490/34441/34442/34443/34444/34445	1	950,000	42.65	5,221	Medical Skill-up Training	DOHA Office, PCH	Sen La	04/2015	QCL Production - Trading Co., Ltd	Good	
87	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF-70071320 Model: 3250SF	1	23,196,300	1,044.45	11,173	Referral Data Management	Sop Cop DH	Sen La	10/2016	Hong Duc Trading Company	Good	with TAX
88	UPS	Santak	H00VA/660W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Sop Cop DH	Sen La	10/2016	Hong Duc Trading Company	Good	with TAX
89	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF-70071320 Model: 3250SF	1	23,196,300	1,044.45	11,173	Referral Data Management	Quyet Nhat DH	Sen La	10/2016	Hong Duc Trading Company	Good	with TAX
90	UPS	Santak	H00VA/660W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Quyet Nhat DH	Sen La	10/2016	Hong Duc Trading Company	Good	with TAX
91	Safety box	Hoa Phat	KA 54	1	2,180,000	102.04	10,917	DOHA Administration	Admin Dept, DOH	Dien Bien	13/3/2014	Donk nghiep to anh Eri Hn	Good	with TAX
92	Laptop	Lenovo	Lenovo ThinkPad T440	1	19,875,920	938.56	98,624	DOHA Administration	PPMU	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
93	Desktop (CPU and server)	Lenovo	Lenovo ThinkCentre M72c	2	41,352,020	1,952.69	205,189	DOHA Administration	PGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
94	Antivirus software	Kaspersky	2014	1	589,540	27.84	2,925	DOHA Administration	PGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Expired	
95	Projector	Sony	Sony VPL-EX272	1	15,370,150	725.79	76,267	DOHA Administration	DGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
96	Printer	Veeme	Veeme VP101	1	178,968	8.45	888	DOHA Administration	DGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
97	Scanner	Regant	MS200V	1	7,158,700	338.04	35,521	DOHA Administration	DGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
98	Camera	Canon	Canon ICR 7000	1	15,896,525	751.65	78,879	DOHA Administration	DGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
99	Fluorcopy machine	Canon	CANON IR 2520	1	44,131,280	2,083.93	218,979	DOHA Administration	DGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
100	Fix machine	Panasonic	PANA S.M.I.N.C. KR-M0509	1	6,211,225	293.40	30,820	DOHA Administration	DGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
101	UPS	ZI Power	UPS 500VA	1	694,815	22.81	3,448	DOHA Administration	PGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
102	UPS	ZI Power	UPS 500VA	1	694,815	22.81	3,448	DOHA Administration	PGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
103	White board	Tin Trong Ha	6.9 x 1.2 m	1	842,200	29.77	4,179	DOHA Administration	PGH	Dien Bien	05/04/2014	KDD Vietnam Corp	Good	
104	Spameter monitor for patient	KOHDEN Japan	PYM-2701	1	123,800,000	5,667.65	59,521	Medical Skill-up Training	Emer. Dept, PCH	Dien Bien	04/2015	QCL Production - Trading Co., Ltd	Good	
105	Electrical Injection Syringes	TERUMO	TE-SS700	1	31,800,000	1,449.41	153,149	Medical Skill-up Training	Emer. Dept, PCH	Dien Bien	04/2015	QCL Production - Trading Co., Ltd	Good	
106	Stethium sctum action	Gima-Lab	Clinic Plus 28194	1	28,700,000	1,360.00	13,819	Medical Skill-up Training	Emer. Dept, PCH	Dien Bien	04/2015	QCL Production - Trading Co., Ltd	Good	
107	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF-70071320 Model: 3250SF	1	23,196,300	1,044.45	11,173	Referral Data Management	Muong Nhe DH	Dien Bien	10/2016	Hong Duc Trading Company	Good	with TAX
108	UPS	Santak	H00VA/660W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Muong Nhe DH	Dien Bien	10/2016	Hong Duc Trading Company	Good	with TAX
109	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF-70071320 Model: 3250SF	1	23,196,300	1,044.45	11,173	Referral Data Management	Muong Ang DH	Dien Bien	10/2016	Hong Duc Trading Company	Good	with TAX
110	UPS	Santak	H00VA/660W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Muong Ang DH	Dien Bien	10/2016	Hong Duc Trading Company	Good	with TAX
111	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF-70071320 Model: 3250SF	1	23,196,300	1,044.45	11,173	Referral Data Management	Dien Bien Dong DH	Dien Bien	10/2016	Hong Duc Trading Company	Good	with TAX
112	UPS	Santak	H00VA/660W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Dien Bien Dong DH	Dien Bien	10/2016	Hong Duc Trading Company	Good	with TAX
113	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF-70071320 Model: 3250SF	1	23,196,300	1,044.45	11,173	Referral Data Management	Nam Tu DH	Dien Bien	10/2016	Hong Duc Trading Company	Good	with TAX
114	UPS	Santak	H00VA/660W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Nam Tu DH	Dien Bien	10/2016	Hong Duc Trading Company	Good	with TAX
115	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SF-70071320 Model: 3250SF	1	23,196,300	1,044.45	11,173	Referral Data Management	Tha Chua DH	Dien Bien	10/2016	Hong Duc Trading Company	Good	with TAX
116	UPS	Santak	H00VA/660W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Tha Chua DH	Dien Bien	10/2016	Hong Duc Trading Company	Good	with TAX
117	Safety box	Hoa Phat	KA 10	1	1,900,000	89.72	9,128	DOHA Administration	Accounting Dept, DOH	Lai Chau	17/3/2014	Donk nghiep to anh Hoàng Nam	Good	with TAX
118	Laptop	Lenovo	Lenovo Thinkpad T440	1	19,875,920	938.56	98,624	DOHA Administration	PPMU	Lai Chau	04/04/2014	KDD Vietnam Corp	Good	
119	Desktop (CPU and server)	Lenovo	Lenovo ThinkCentre M72c	2	41,352,020	1,952.69	205,189	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Good	
120	Antivirus software	Kaspersky	2014	1	589,540	27.84	2,925	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Expired	
121	Projector	Sony	Sony VPL-EX272	1	15,370,150	725.79	76,267	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Good	
122	Printer	Veeme	Veeme VP101	1	178,968	8.45	888	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Not use	Under repair
123	Scanner	Regant	MT8484	1	7,158,700	338.04	35,521	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Good	
124	Canon	Canon ICR 7000	1	15,896,525	751.65	78,879	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Good		
125	Fluorcopy machine	Canon	CANON IR 2520	1	44,131,280	2,083.93	218,979	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Not use	Under repair
126	Fix machine	Panasonic	PANA S.M.I.N.C. KR-M0509	1	6,211,225	293.40	30,820	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Good	
127	UPS	ZI Power	UPS 500VA	1	694,815	22.81	3,448	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Not use	Under repair
128	UPS	ZI Power	UPS 500VA	1	694,815	22.81	3,448	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Good	
129	White board	Tin Trong Ha	6.9 x 1.2 m	1	842,200	29.77	4,179	DOHA Administration	DOHA Office, PCH	Lai Chau	04/04/2014	KDD Vietnam Corp	Good	
130	Respiratory Control Simulator	Laerdal	Airway Management Trainer 25000033	1	95,140,000	4,309.16	522,889	Medical Skill-up Training	DOHA Office, PCH	Lai Chau	04/2015	PMES Co., Ltd	Good	
131	Infant Respiratory Control Simulator	Laerdal	Infant Airway Management System 250-0250	1	34,092,000	1,544.23	18,730	Medical Skill-up Training	DOHA Office, PCH	Lai Chau	04/2015	PMES Co., Ltd	Good	

Annex 5-5 List of Equipment Provided

No.	Name of Equipment	Maker	Model	Qty	Purchased Price			Purpose of Use	Location (Delivery Place)	Date of Delivery (DMMV)	Supplier	Condition as of 31st of October 2016	Remarks	
					VND	Equivalent USD	Equivalent JPY							
132	Full-Body Basic CPT simulator for infant	Laerdal Norway	160-01250	1	22,175,000	1,691.44	121,874	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	PMES Co., Ltd	Good	
133	Full-Body Basic CPT simulator for Adult	Laerdal Norway	J71-01250	1	98,285,000	4,451.92	540,174	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	PMES Co., Ltd	Good	
134	Tubo Feeding Simulator NG, OG and PEG	SAKAMOTO-Japan	ST190	1	46,600,000	2,110.79	256,114	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	PMES Co., Ltd	Good	
135	Multisource Half-body Delivery Simulator	GAUMARD-USA	8552	1	72,455,000	3,281.92	398,213	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	PMES Co., Ltd	Good	
136	Portable Mask	Laerdal	820011E3	1	620,000	28.08	3,108	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	QCL Production - Trading Co., Ltd	Good	
137	Disposable Resuscitator	Laerdal	845011	1	635,000	28.76	3,490	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	QCL Production - Trading Co., Ltd	Good	
138	Ouedal Airway Kit	Grim-Italy	5439	1	325,000	14.72	1,796	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	QCL Production - Trading Co., Ltd	Good	
139	Neck Immobilizer w/ Straps for adult	Laerdal-China	980010	1	598,000	27.08	3,287	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	QCL Production - Trading Co., Ltd	Good	
140	Neck Immobilizer w/ Straps for kid	Laerdal-China	980020	1	590,000	26.72	3,243	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	QCL Production - Trading Co., Ltd	Good	
141	Emergency medical spineboard	Laerdal-China	BD7B2	1	8,500,000	385.02	467.16	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	QCL Production - Trading Co., Ltd	Good	
142	Head Immobilizer w/ Straps	Laerdal-China	Head Immobilizer with Straps	1	3,560,000	161.25	19,566	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	QCL Production - Trading Co., Ltd	Good	
143	Laryngoscope Macintosh Set with 4 Blades	Grim-Italy	54303	1	4,980,000	225.52	27,370	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	QCL Production - Trading Co., Ltd	Good	
144	Laryngeal Airway Mask size 1,2,3,4	Flexicare	638-94-310338-94-320338-94-330338-94-340	1	850,000	38.50	4,672	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	QCL Production - Trading Co., Ltd	Good	
145	Disposable face mask with check valve	Grim-Italy	54440-34441-34442-34443-34444-34445	1	950,000	43.03	5,221	Medical Skill-up Training	DOHA Office, PCH	Lu Chau	04/2015	QCL Production - Trading Co., Ltd	Good	
146	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SFF-70071320 Model: 3250SFF	1	23,196,300	,044.43	111,713	Referral Data Management	Thong Te DH	Lu Chau	10/2016	Hong Duc Trading Company	Good	with TAX
147	UPS	Santak	1000VA/600W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Thong Te DH	Lu Chau	10/2016	Hong Duc Trading Company	Good	with TAX
148	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SFF-70071320 Model: 3250SFF	1	23,196,300	,044.43	111,713	Referral Data Management	Nam Nhan DH	Lu Chau	10/2016	Hong Duc Trading Company	Good	with TAX
149	UPS	Santak	1000VA/600W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Nam Nhan DH	Lu Chau	10/2016	Hong Duc Trading Company	Good	with TAX
150	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SFF-70071320 Model: 3250SFF	1	23,196,300	,044.43	111,713	Referral Data Management	Thong Te DH	Lu Chau	10/2016	Hong Duc Trading Company	Good	with TAX
151	UPS	Santak	1000VA/600W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Thong Te DH	Lu Chau	10/2016	Hong Duc Trading Company	Good	with TAX
152	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SFF-70071320 Model: 3250SFF	1	23,196,300	,044.43	111,713	Referral Data Management	Thun Uyen DH	Lu Chau	10/2016	Hong Duc Trading Company	Good	with TAX
153	UPS	Santak	1000VA/600W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Thun Uyen DH	Lu Chau	10/2016	Hong Duc Trading Company	Good	with TAX
154	Safety belt	Tan A	K36	1	1,450,000	68.47	7,195	DOHA Administration	DOHA Office, PCH	Lao Cai	11/30/2014	Cua hang noi thui Nghe Dore	Good	with TAX
155	Laptop	Lenovo	Lenovo Thinkpad L440	1	19,875,920	938.50	98,624	DOHA Administration	DOHA Office, PCH	Lao Cai	03/04/2014	KDD Vietnam Corp	Good	
156	Desktop (CPU and screen)	Lenovo	Lenovo ThinkCentre M720	2	41,852,020	,952.69	205,180	DOHA Administration	DOHA Office, PCH	Lao Cai	03/04/2014	KDD Vietnam Corp	Good	
157	Antivirus software	Kaspersky	2014	1	589,540	27.85	2,923	DOHA Administration	DOHA Office, PCH	Lao Cai	03/04/2014	KDD Vietnam Corp	Expired	
158	Projector	Sony	Sony V17-EX272	1	15,370,150	725.79	76,207	DOHA Administration	DOHA Office, PCH	Lao Cai	02/04/2014	KDD Vietnam Corp	Good	
159	Printer	Yosnie	Yosnie YP101	1	178,968	8.45	888	DOHA Administration	DOHA Office, PCH	Lao Cai	03/04/2014	KDD Vietnam Corp	Good	
160	Screen	Regent	M79696	1	7,158,700	338.06	35,521	DOHA Administration	DOHA Office, PCH	Lao Cai	03/04/2014	KDD Vietnam Corp	Good	
161	Camera	Canon	Canon EOS 700D	1	15,896,525	750.65	78,879	DOHA Administration	DOHA Office, PCH	Lao Cai	03/04/2014	KDD Vietnam Corp	Not use	Under repair
162	Photocopy machine	Canon	CANON IR 2520	1	44,131,280	2,083.93	218,979	DOHA Administration	DOHA Office, PCH	Lao Cai	03/04/2014	KDD Vietnam Corp	Good	
163	Fax machine	Panasonic	PANASONIC KX-MB2030	1	6,211,225	293.30	30,820	DOHA Administration	DOHA Office, PCH	Lao Cai	03/04/2014	KDD Vietnam Corp	Not use	Under repair
164	UPS	ZLPower	UPS 500VA	4	2,779,260	131.26	13,791	DOHA Administration	DOHA Office, PCH	Lao Cai	03/04/2014	KDD Vietnam Corp	Good	
165	Waic board	Tin Hong Ha	6,9 m x 1,2 m	1	842,200	39.77	4,179	DOHA Administration	DOHA Office, PCH	Lao Cai	03/04/2014	KDD Vietnam Corp	Good	
166	Respiratory Control Simulator	Laerdal Norway	Airway Management Trainer 250/0003	1	95,140,000	4,309.46	522,889	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	PMES Co., Ltd	Good	
167	Infant Respiratory Control Simulator	Laerdal Norway	Infant Airway Management System 250/00750	1	34,092,000	544.23	187,370	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	PMES Co., Ltd	Good	
168	Full-Body Basic CPT simulator for infant	Laerdal Norway	160-01250	1	22,175,000	1,694.44	121,874	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	PMES Co., Ltd	Good	
169	Full-Body Basic CPT simulator for Adult	Laerdal Norway	J71-01250	1	98,285,000	4,451.92	540,174	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	PMES Co., Ltd	Good	
170	Multisource Injection Arm Simulator: vein, muscle and below-skin injection	GAUMARD-USA	8401-100	1	15,900,000	629.61	76,394	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	PMES Co., Ltd	Good	
171	Tubo Feeding Simulator NG, OG and PEG	GAUMARD-USA	8552	1	72,455,000	3,281.92	398,213	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	PMES Co., Ltd	Good	
172	Portable Mask	Laerdal	820011E3	1	620,000	28.08	3,108	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	QCL Production - Trading Co., Ltd	Good	
173	Disposable Resuscitator	Laerdal	845011	1	635,000	28.76	3,490	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	QCL Production - Trading Co., Ltd	Good	
174	Ouedal Airway Kit	Grim-Italy	5439	1	325,000	14.72	1,796	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	QCL Production - Trading Co., Ltd	Good	
175	Neck Immobilizer w/ Straps for adult	Laerdal-China	980010	1	598,000	27.08	3,287	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	QCL Production - Trading Co., Ltd	Good	
176	Neck Immobilizer w/ Straps for kid	Laerdal-China	980020	1	590,000	26.72	3,243	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	QCL Production - Trading Co., Ltd	Good	
177	Emergency medical spineboard	Laerdal-China	BD7B2	1	8,500,000	385.02	467.16	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	QCL Production - Trading Co., Ltd	Good	
178	Head Immobilizer w/ Straps	Laerdal-China	Head Immobilizer with Straps	1	3,560,000	161.25	19,566	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	QCL Production - Trading Co., Ltd	Good	
179	Laryngoscope Macintosh Set with 4 Blades	Grim-Italy	54303	1	4,980,000	225.52	27,370	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	QCL Production - Trading Co., Ltd	Good	
180	Laryngeal Airway Mask size 1,2,3,4	Flexicare	638-94-310338-94-320338-94-330338-94-340	1	850,000	38.50	4,672	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	QCL Production - Trading Co., Ltd	Good	
181	Disposable face mask with check valve	Grim-Italy	54440-34441-34442-34443-34444-34445	1	950,000	43.03	5,221	Medical Skill-up Training	DOHA Office, PCH	Lao Cai	04/2015	QCL Production - Trading Co., Ltd	Good	
182	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SFF-70071320 Model: 3250SFF	1	23,196,300	,044.43	111,713	Referral Data Management	Trong Khung DH	Lao Cai	10/2016	Hong Duc Trading Company	Good	with TAX
183	UPS	Santak	1000VA/600W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Trong Khung DH	Lao Cai	10/2016	Hong Duc Trading Company	Good	with TAX
184	Desktop Computer (including Keyboard, Mouse, Monitor, OS, Microsoft Office, Security software)	Dell	Dell Vostro 3250SFF-70071320 Model: 3250SFF	1	23,196,300	,044.43	111,713	Referral Data Management	Van Ban DH	Lao Cai	10/2016	Hong Duc Trading Company	Good	with TAX
185	UPS	Santak	1000VA/600W - TG 1000	1	2,668,050	119.79	12,849	Referral Data Management	Van Ban DH	Lao Cai	10/2016	Hong Duc Trading Company	Good	with TAX
186	Safety belt	Viet Tap	K30	1	1,680,000	79.55	8,336	DOHA Administration	MSD, DCH	Yen Bai	11/3/2014	Comp ty TNHH May tre th Sudioo	Good	with TAX
187	Laptop	Lenovo	Lenovo Thinkpad L440	1	19,875,920	938.50	98,624	DOHA Administration	MSD, DCH	Yen Bai	02/04/2014	KDD Vietnam Corp	Good	
188	Desktop (CPU and screen)	Lenovo	Lenovo ThinkCentre M720	2	41,852,020	,952.69	205,180	DOHA Administration	DOHA Office, PCH	Yen Bai	02/04/2014	KDD Vietnam Corp	Good	
189	Antivirus software	Kaspersky	2014	1	589,540	27.85	2,923	DOHA Administration	DOHA Office, PCH	Yen Bai	02/04/2014	KDD Vietnam Corp	Expired	
190	Projector	Sony	Sony V17-EX272	1	15,370,150	725.79	76,207	DOHA Administration	Admin Dept, PCH	Yen Bai	02/04/2014	KDD Vietnam Corp	Not use	Under repair
191	Printer	Yosnie	Yosnie YP101	1	178,968	8.45	888	DOHA Administration	Admin Dept, PCH	Yen Bai	02/04/2014	KDD Vietnam Corp	Not use	Under repair
192	Screen	Regent	M8180V	1	7,158,700	338.06	35,521	DOHA Administration	Admin Dept, PCH	Yen Bai	02/04/2014	KDD Vietnam Corp	Not use	Under repair
193	Camera	Canon	Canon EOS 700D	1	15,896,525	750.65	78,879	DOHA Administration	DOHA Office, PCH	Yen Bai	02/04/2014	KDD Vietnam Corp	Good	
194	Photocopy machine	Canon	CANON IR 2520	1	44,131,280	2,083.93	218,979	DOHA Administration	DOHA Office, PCH	Yen Bai	02/04/2014	KDD Vietnam Corp	Good	
195	Fax machine	Panasonic	PANASONIC KX-MB2030	1	6,211,225	293.30	30,820	DOHA Administration	DOHA Office, PCH	Yen Bai	02/04/2014	KDD Vietnam Corp	Not use	Under repair
196	UPS	ZLPower	UPS 500VA	3	2,084,445	98.43	10,343	DOHA Administration	DOHA Office, PCH	Yen Bai	02/04/2014	KDD Vietnam Corp	Good	

Annex 5-5 List of Equipment Provided

No.	Name of Equipment	Maker	Model	Qty	Purchased Price			Purpose of Use	Location (Delivery Place)		Date of Delivery (D/M/Y)	Supplier	Condition as of 31st of October 2016	Remarks
					VND	Equivalent USD	Equivalent JPY							
197	UPS	Zi-Power	UPS 500VA	1	691,815	32.83	3,438	DOHA Administration	PMU	Yen Bai	02/03/2014	KIDJ Vietnam Corp	Good	
198	White board	Tân Hoàng Hà	0,9 m x 1,2 m	1	842,200	39.77	4,179	DOHA Administration	DCHA Office, PGH	Yen Bai	02/04/2014	KDEI Vietnam Corp	Good	
199	Respiratory Control Simulator	Laerdal -Norway	Airway Management Trainer 250/0033	1	9,534,000	4,369.46	522,889	Medical Skill-up Training	DCHA Office, PGH	Yen Bai	04/2015	PMES Co., Ltd	Good	
200	Infant Respiratory Control Simulator	Laerdal -Norway	Infant Airway Management System 250-00250	1	34,092,000	1,544.23	187,370	Medical Skill-up Training	IXHA Office, PGH	Yen Bai	04/2015	PMES Co., Ltd	Good	
201	Full-Body Basic CPR simulator for infant	Laerdal -Norway	16001259	1	22,175,000	1,004.14	121,874	Medical Skill-up Training	IXHA Office, PGH	Yen Bai	04/2015	PMES Co., Ltd	Good	
202	Full-Body Basic CPR simulator for Adult	Laerdal -Norway	17101259	1	98,285,000	4,451.92	240,174	Medical Skill-up Training	DCHA Office, PGH	Yen Bai	04/2015	PMES Co., Ltd	Good	
203	Portable Mask	Laerdal	82001133	1	620,000	28.08	3,408	Medical Skill-up Training	DCHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
204	Disposable Resuscitator	Laerdal	845011	1	635,000	28.76	3,490	Medical Skill-up Training	IXHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
205	Oral Airway Kit	Gima-Italy	34139	1	325,000	14.72	1,785	Medical Skill-up Training	IXHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
206	Neck Immobilizer w/ Straps for adult	Laerdal-China	980010	1	395,000	17.99	3,287	Medical Skill-up Training	DCHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
207	Neck Immobilizer w/ Straps for kid	Laerdal-China	980020	1	390,000	16.72	3,243	Medical Skill-up Training	DCHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
208	Emergency medical sphygmomanometer	Laerdal-China	103-7182	1	8,500,000	383.02	46,716	Medical Skill-up Training	IXHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
209	Head Immobilizer w/ Straps	Laerdal-China	Head Immobilizer with Straps	1	3,560,000	161.25	19,566	Medical Skill-up Training	IXHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
210	Laryngoscopy/Mucintendy Set with 4 Blades	Gima-Italy	34303	1	4,989,000	225.57	27,370	Medical Skill-up Training	DCHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
211	Laryngeal Airways Mask size 1, 2, 3, 4	Flexicare	038-04-3310/038-04-320/038-04-330/038-04-340	1	850,000	38.50	4,672	Medical Skill-up Training	DCHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
212	Disposable nose mask with cheek valve	Gima-Italy	34440/34441-34442/34443/34444/34445	1	950,000	43.03	5,221	Medical Skill-up Training	IXHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
213	Sputum vacuum suction	Gima-Italy	Clinic Plus -28194	1	28,700,000	1,300.00	157,745	Medical Skill-up Training	IXHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
214	Obstetric Monitor	Colin - Japan	MT-516	1	119,800,000	5,426.46	658,421	Medical Skill-up Training	Obstetrics-Gynecology Hospital	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
215	Fetal heart Dopler	Colin - Japan	FD-390	1	32,688,000	1,480.64	17,9653	Medical Skill-up Training	IXHA Office, PGH	Yen Bai	04/2015	QCL Production - Trading Co., Ltd	Good	
Total:					4,779,100,894	218,828.49	24,442,350							

All items of equipment listed below were provided with TAX exemption except otherwise indicated in Remarks.

BUA regulated exchange rate	Average of FY2014	Average of FY2015	Average of FY2016
VND=US\$	21,177	22,077	22,273
VND=JPY	0.004962	0.005496	0.004816

Annex 5-6 Overseas Activities Costs (the Japanese side)

Expenditure Item (JFY 2013 - JFY2015)	Expenditure Item (JFY2016)		JFY2013	JFY2014	JFY2015	JFY2016 (Estimated)	Total
1 General operating expenses	General operating expenses		42,990	25,859	39,308	191,791	446,273
2 Travel expenses (Others)			12,337	8,114	21,293		
3 Fee and honorarium			19,621	31,296	39,365		
4 Meeting expenses			8,271	357	5,672		
5 Travel expenses (Air fare)	Travel expenses (Air fare)		242	1,202	4,188	31,104	36,737
6 Contract with local based consultant	Commission Contract (others)	PPMU Activiti Cost	0	153,483	156,045	121,895	431,422
		IT Development Cost	0	0	29,977	47,842	77,819
		Equipment Provision with TAX	0	0	0	20,910	20,910
Total (USD)			83,461	220,312	295,847	413,541	1,013,161

Annex 5-7 Local Costs (the Vietnamese side)

No.	Expenditure Item	CPMU (MSA-MOH) ¹	Hoa Binh	Son La	Dien Bien	Lai Chau	Lao Cai	Yen Bai ²
1	Allowance for PPMU members		781,286,000	252,778,050	73,036,500	829,278,000	382,091,000	0
2	Remuneration for local trainers		0	51,000,000	1,800,000	19,296,000	0	0
3	Transportation fee		17,480,000	226,562,944	0	70,000,000	0	0
4	Reception expenses ³		30,976,400	0	0	25,000,000	0	0
5	Meeting expenses ⁴		0	186,496,000	0	15,000,000	0	0
6	Monitoring and evaluation expenses		24,000,000	38,438,000	0	7,000,000	0	0
7	Stationery		25,829,000	365,827,300	0	15,000,000	54,399,000	0
8	Other expenses (if any) ⁵		41,543,600	303,307,984	0	20,000,000	0	0
Total (VND)		3,200,000,000	921,115,000	1,424,410,278	74,836,500	1,000,574,000	436,490,000	0
Total (Equivalent USD)⁶		143,672	41,356	63,952	3,360	44,923	19,597	0

1: Figure for each expenditure item used by CPMU are not provided.

2: Yen Bai PPMU has not been provided counterpart budget by the provincial government.

3: Reception expenses: Cost for lunch and dinner for the guests and project activity (e.g. meeting, training) participants.

4: Meeting expenses: Cost for organizing meeting except 'reception expenses' such as rental fee of meeting hall, cost for tea break and materials for hand-out and accommodation for the participants, etc.

5: Other expenses: Cost for electricity, water, telephone, post service, maintenance/ repair of office equipment, etc.

6: Average of JICA regulated exchange rate of JFY2016: 1 USD = 22273 VND

Annex 6 Details of the Satellite Hospital Project and a list of Assistances from Other Development Partners

	Fields	<i>Hoa Binh</i>	<i>Lai Chau</i>	<i>Lao Cai</i>	<i>Son La</i>	<i>Yen Bai</i>	<i>Dien Bien</i>
Foreign assistance	Human Development	Health system support: NORRED** (WB 2013-2019)		Capacity building for medical staff-DHs (KOICA, 2014-2017)		Health system support: NORRED** (WB 2013-2019)	
	Medical Equipment	– Non-project grant aid-DHs (Japan, 2015) – Saudi Arabia - PGH (Saudi Arabia, 2016)	Non-project grant aid-PGH & DHs (Japan)		Non-project grant aid-PGH & DHs (Japan)		
	Prevention/ Others	Healthcare improvement at grass root level (GAVI, 2012-2016)		– Child (UNICEF 2012-2016) – Healthcare improvement at grass-roots level (GAVI 2012-2016)		Mother to children transmission of HIV (Save The Children)	– Child & Maternal Health – (UNICEF, 2012-2016) – •Community rehabilitation (Holland, 2010-2016)
Satellite Hospital Project* (2013-2020)	Trauma/Surgery		2016-2020	2013-2020	2016-2020	2016-2020	2013-2020
	Cardiology	2013-2020		2013-2020	2016-2020	2016-2020	2015-2020
	Oncology/Surgery	2013-2020	2016-2020	2013-2020	2016-2020	2016-2020	2016-2020
	Obstetrics			2015-2020		2016-2020	
	Pediatrics			2015-2020			
	Endocrinology	2016-2020			2016-2020		

* The Satellite Hospital Project is implemented in two phased as follows: Phase 1 started from 2013 and ended in 2015, targeting 20 provincial hospitals; and Phase 2 started from 2016 and will be ended in 2020, of which target provincial hospitals are doubled as 43 provincial hospitals.

** NORRED: North-East and Red River Delta Regions Health System Support Project

