

FINAL
EVALUATION

VIE/027

Supporting Health Care Policy for the Poor
in Cao Bang and Bac Kan

PROJECT SUMMARY DATA

Country	Viet Nam
Long project title	Supporting Health Care Policy for the Poor in Cao Bang and Bac Kan
Short project title	Final Evaluation Mission to Cao Bang and Bac Kan
LuxDev Code	VIE/027
Version of the Report	February 2016

RATING OF THE PROJECT BY THE EVALUATION MISSION

Global rating (Effectiveness)	2 On a scale of 1 (excellent results, significantly better than expected) to 6 (the project was unsuccessful, or the situation has deteriorated on balance)
Rating using other evaluation criteria	Relevance: 2 Efficiency: 3 Sustainability: 4

EXECUTIVE SUMMARY

The final evaluation analysed the result and specific objectives reached of the VIE/027 project – supporting Health Care Policy for the Poor in Cao Bang and Bac Kan – as compared with the anticipated results from the project documentation with respect to capacity development; management and monitoring; using the Development Assistance Committee evaluation criteria of relevance; effectiveness, efficiency and sustainability while taking into consideration cross cutting aspects of governance for development, gender equality and environment and climate change.

The expert team comprised of Dr. Kassem Kassak and Dr. Ngo Le Thu

The methodology of the final evaluation team was to study the related documents, interview with stakeholders and compare what was being observed to the team's expert knowledge base. In this way, triangulation of information was achieved for most points of interest.

By the midterm evaluation, the project had reached a number of key achievements. The project offices had been established, study tours had been undertaken, the Provincial Health Accounts had been developed, an exercise to develop Performance Indicators had been completed, equipment for electronically producing Health Insurance cards had been distributed and clinical staff training had been provided. Despite these accomplishments, during the 2012 midterm evaluation, the project was behind schedule, with only 20% of the planned activities successfully completed.

However, in the months after the evaluation, several activities have been completed, contributing to the achievement of the results.

Result 1: Performance based plans and guidelines to improve access of the poor to health care services are prepared, implemented and monitored. Advanced training on health care financing and National Health Accounts was provided to stakeholders who have an understanding of the context of the areas covered by the project. The design of the Provincial Health Accounts was completed by an international consultant, capacity-building workshops on Provincial Health Accounts data were conducted and the indicator related to Provincial Health Accounts was achieved. With regards to the Basic Health Service Package, the Basic Health Service Package was successfully completed with the aid of an international consultant.

Result 2: Health financing for the poor is better managed, more efficient and with better coverage in the six pilot districts. The outcome indicator pertaining to the completion of the Performance Based Financing pilot model was achieved, ensuring local contribution and ownership. The Performance Based Financing pilot was carried out in 18 Commune Health Centres starting April 2013, and in another 18 Commune Health Centres starting January 2015. Relevant stakeholders in the Performance Based Financing system (Department of Health, District Health Centres, Commune Health Centres) were trained to understand the Performance Based Financing and build skills, through hands on exercises, to implement the pilot model. With respect to the health insurance cards under the Vietnam Social Security, in Bac Kan, the number of poor and ethnic people who received health cards increased in the second half of the project, from 275 955 in 2013 to 307 229 in 2014. All 52 of the provinces underwent Information, Education and Communication campaigns and end-line surveys indicate that there has been tremendous improvement in Health Seeking Behaviours after the intervention in 2014. Additionally, Village Health Workers and Commune Health Centres staff demonstrated knowledge regarding common diseases, prenatal and postnatal care and family planning and an ability to communicate this information to patients.

Result 3: Technical and managerial capacity of selected Commune Health Centres is reinforced to provide better services to the poor in the two provinces. Twelve new Commune Health Centres for Cao Bang and Bac Kan were completed and are currently under the authority of the district health boards. Fifty-five Commune Health Centres in Cao Bang province and 47 Commune Health Centres in Bac Kan were equipped with necessary medical equipment. A model on medical waste management and promoting the usage of green technology was created in collaboration with the Health Environment Management Agency - Ministry of Health. However, challenges such as a lack of a clear understanding regarding the rules and regulations of waste management, continue to exist.

The VIE/027 achieved its objective of improving access and utilisation of health care for the poor in Cao Bang and Bac Kan, however, gaps in the health status of the poor, particularly as a result of inaccessibility to Primary Health Care services in some geographic locations, continue to exist.

One of the major accomplishments of the VIE/027 project, which varied from the results of the mid-term evaluation, was the enhanced ownership of the project activities by local staff and management. This enhanced ownership of project activities is indicative of good governance practices and increases the likelihood of the sustainability beyond the project's scope.

Although the project's activities have been mostly successful in achieving the results, the main issue of concern is the sustainability of the activities. The following key recommendations are provided to address the issue of sustainability beyond the scope of the project:

- The development of the Provincial Health Accounts in the provinces and its role as a policy making tool needs to be emphasised and communicated to relevant stakeholders in order to scale up this successful initiative;
- The capacity of decision makers and provincial experts, under the Provincial Health Accounts structure, and those who are involved in building the Basic Health Service Package and improving its responsiveness to health, needs to be developed
- Verification needs to be made into an essential component of Performance Based Financing functioning. Internal periodic validation by the provider to ensure correctness is important, as well as external validation by a third-party consultant for objective reporting;
- There is a need for increased awareness campaigns targeted at different groups including youths, elderly, farmers etc., on the services available at the Commune Health Centres. Counselling sessions need to be promoted in the Commune Health Centres and public health messages have to go beyond Mother and Child Health preventive services;
- Clear operating procedures are extremely important for the success of any project. With regards to materials management operating procedures, feasibility studies and a needs assessment for medical equipment need to be conducted at the Commune Health Centres level before procurement of any medical equipment. Where equipment is introduced into a Commune Health Centres, appropriate technical capacity building workshops to enhance staffs ability to maintain and manage the equipment is necessary;
- And for any project to be sustainable, continuing education programmes to ensure awareness and skills development towards continuous improvement are necessary at all levels of the project's intervention areas.