

## MID-TERM EVALUATION

**VIE/027**

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

### PROJECT SUMMARY DATA

Country	Vietnam
Long project title	Supporting Health Care Policy for the Poor in Cao Bang and Bac Kan
Short project title	Health Care Policy
LuxDev Code	VIE/027
Version of the Report	January 2013

### RATING OF THE PROJECT BY THE EVALUATION MISSION

Global rating (Effectiveness)	<b>4</b> 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: <b>3</b> by design <b>5</b> by execution Efficiency: <b>3</b> by execution Sustainability: <b>5</b> by execution

## EXECUTIVE SUMMARY

The mid-term evaluation reviewed the three components (performance-based plans and guidelines, health financing, technical and managerial capacity) of the project VIE/027 - Supporting Health Care Policy for the Poor in Cao Bang and Bac Kan, within the context of the Ministry of Health strategy and the Vietnam Development Goals, by analysing: (i) results and specific objectives reached compared with those anticipated in the project documentation; (ii) results in terms of capacity development; (iii) management and monitoring, using the Development Assistance Committee evaluation criteria of relevance, effectiveness, efficiency and sustainability with consideration for the cross-cutting aspects of governance for development, gender equality and environment and climate change; (iv) specific questions (e.g. macro issues of the national policy interpretation, alignment and improving quality issues plus counterpart contribution status).

The expert team comprised of Mr Wayne Murray, a primary health care expert with 25 years of experience in primary health care, public health, and health financing, and Dr Mai Hien Nguyen, a medical doctor who holds a Ph.D. in preventive health and health management and has extensive experience in public and preventive health and research.

The methodology of the mid-term evaluation was to study the related documents, listen to the stakeholder's responses to specific question lines and to compare what was observed to the team's expert knowledge base. Through this method a triangulation of information was achieved for most points of interest.

After a shaky start the project VIE/027 "Supporting Health Care Policy for the Poor in Cao Bang and Bac Kan" progressed past the half-way point and has now 12 months of implementation time to undertake the pledged activities that should lead to the achievement of project objectives. The project has several achievements in the implementation of its tasks and activities. The project offices have been established, study tours have been undertaken, a model for the provincial health accounts has been developed, an exercise to develop performance indicators has been completed, equipment for electronically producing health insurance cards has been distributed and now contributes to better quality cards plus clinical staff training has been provided, among other initiatives.

After three and a half years of project implementation, an estimated 20% of planned activities have been completed with a disbursement rate of around 24%. Procurement of several other activities due to commence in 2013 has commenced (baseline for health seeking behaviours, construction) and the agreement for disbursing funds for performance is now completed. As explained to the evaluation team, the delay has been attributed to the issues faced in the project's inception phase and the time taken for revising the project document.

At the time of the evaluation the expected project results have not yet been achieved because: (i) few activities have been completed; (ii) the outputs of several completed activities have not contributed to the achievement of the results.

**Result 1:** Performance-based plans and guidelines by government departments to improve access of the poor to health care services have yet to be prepared and are therefore not implemented nor monitored. Activities such as project steering committee meetings, workshops, meetings, study tours, logistics support to the project management unit and the provincial health accounts development without application have not contributed to the expected achievements of this result.

**Result 2:** There is no evidence that the health financing for the poor is better managed, more efficient and with a better coverage in the six pilot districts of Bac Kan and Cao Bang because of the project VIE/027 interventions. Activities such as providing the equipment for the Vietnam social security in printing the health insurance cards have made it more convenient for the Vietnam social security to print health insurance cards, and correct the health insurance cards with wrong information in a timely manner rather than extend the coverage or the use. Direct costs for the health care of the poor are covered by the health insurance scheme. The health financing for the poor is managed under the contractual relationship between the Vietnam social security and the health service delivery facilities. No direct project interventions contributed towards this.

Result 3: There is no evidence that the technical and managerial capacity of the selected commune health centres is reinforced to provide better services to the poor. Activities such as professional training courses to the commune health centres staff and village health workers have only recently been completed. No on-going supervision and mentoring has been conducted to ensure the learnt knowledge and skills would be applied appropriately.

No evidence on better services to the poor has been seen to be provided yet. Of importance is the outstanding need to introduce a maintenance system to ensure the project investment in infrastructure and equipment is sustainable.

The project's specific objectives are to improve the access to the primary health care services and the utilisation of those services. These have not been achieved at the time of the evaluation as the rebuilding or refurbishing had not been completed, the equipment had not been installed, the incentive schemes had not been introduced, the strengthened "Pro-Poor" health planning had not been introduced. While the project has been active in a number of activities, although far less than planned, and these activities have improved the process, knowledge and understanding, there is no evidence that they have directly contributed to the improved access or utilisation to date. The review found it quite onerous to reach these conclusions as there were no formal baseline studies undertaken in the key areas, which would have provided the foundation for the developing of plans to address the identified needs and set realistic targets for their achievement.

The VIE/027 project goal and objectives remain relevant: to improve access and utilisation of health care for the poor given that Cao Bang and Bac Kan are among the poorest provinces of Vietnam. There are still big gaps in the health status of the poor in these target provinces as compared to an average level of the country. The effectiveness of the individual investments varies across the project. Few activities have been completed to a point of contributing to a better health system responsiveness. The procurement has been finalised for some interventions but the application and institutionalisation is lacking. These will have no noticeable impact on either access or utilisation unless further action is supported to complete to the point of acceptance and use. As the majority of project activity has been drive by procurement, from experts to equipment, and that procurement has followed the LuxDev system, and can therefore be noted as being an efficient implementation. This cannot be said for the timing of interventions. The project is far behind its initial schedule.

A constant response across those engaged by the mid-term evaluation was the lack of ownership of the project activities. By applying a procurement approach to the project management, from within the LuxDev team, the members of the project management unit considered they had been excluded from meaningful inputs in the design, management and monitoring of the project activities. This will seriously affect the sustainability of the project investments. Several project interventions are designed to strengthen government decision - making especially in the areas of "Pro-Poor" resource allocation, understanding of the health accounts and improved infrastructure. The project will need to ensure that all existing activities are carried out to completion and institutionalised, before any positive comment can be made on any potential impact on good governance. With a focus on improved maternal health (midwifery training) and reducing barriers to health services, the project will have some positive impact on those who will utilise the primary health care services in the future.

The current record of the project fails its own expectations as articulated in the project work plan and budget. The following key recommendations are provided to address weakness in the project design and management:

- serious consideration be given to identifying and addressing barriers to reasonable access aside from finances and ill equipped facilities and infrastructure ;
- consideration be given to creating a well-documented holistic primary health care model for addressing the health and well-being for the targeted communities (to provide a meaningful contribution to the national dialogue) ;
- project management is refocused toward achieving the project objectives through a synergy of parts rather than implementing discrete project activities (will require public health expert with health sector reform experience to work directly with the project management unit and the districts) ;

- a full time and locally deployed public health specialist is employed by the project to provide professional support to the project management unit on strengthening the public health interventions ;
- that consideration be given to extending the project for a no - cost period to make up for the time lost in the early stages of the project establishment ;
- that consideration be given to a full support of a further stage for the project to ensure a functioning holistic primary health care is developed, implemented and monitored as a model for future replication within the provinces and elsewhere.