

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: SESS

TA No., Country and Name TA 3337-VIE: Capacity Building for Rural Health			Amount Approved: \$600,000.00	
			Revised Amount: ---	
Executing Agency Ministry of Health	Source of Funding \$600,000 from the JSF	Amount Undisbursed \$70,125.60	TA Amount Utilized \$529,874.40	
Date			TA Completion Date	
Approval	Signing	Fielding of first consultant	Original: 28 Feb 2002	Actual: 31 March 2004
14 Dec 1999	29 May 2000	16 October 2000	Account Closing Date	
			Original: 21 February 2002	Actual: 30 Sep 2005
Description (Background and Rationale):				
<p>In 1998, ADB's country strategy for Viet Nam identified improving the quality of human resources as a key objective for ADB operations. Addressing the barriers that exist to health care access, especially by the poor in remote and rural areas, was determined to be a critical component of that effort. While the overall health status in Viet Nam is better than other Asian countries of a comparable per capita income, people living in rural areas experience much poorer health status than those in urban areas.</p> <p>The health system in Viet Nam has the basic building blocks for effective service delivery; however, the quality of services is limited by constraints in the physical infrastructure, available medical equipment and the skills of health workers. Government policies support the provision of "health for all" with emphasis on the health needs of the poor and disadvantaged but this has failed to deliver appreciable improvements in the divide between the quality of health, and health care services, accessible to poor rural populations. The rural poor bear a burden of disease as much as three times greater than the urban non-poor. Once sick, the poor are less likely to seek health care services and when they do, must face the constraints in service availability and quality described above.</p>				
Expected Impact, Outcome and Outputs:				
<p>The goal of the technical assistance (TA) was to improve the health status of rural people, especially the poor, the disadvantaged, women, and children, through strengthening the policy-making and management capacity of the Ministry of Health (MOH) for providing and financing health services. Specific objectives were to (i) strengthen the capacity of MOH to efficiently and effectively manage the basic health care delivery system in rural areas, and (ii) help develop appropriate management skills and mechanisms for equitable and sustainable health financing.</p> <p>The TA was intended to support the development of management and financing capacity for purposes of policy development and project administration in particular, for the administration of Loan 1777, Rural Health, approved on 9 November 2000. For the management aspects (Component 1), the TA was designed to strengthen capabilities in the provincial and district offices to plan, supervise, administer, and support rural health services. For the financing aspects (Component 2), the TA was designed to help MOH (i) develop voluntary health insurance models, (ii) implement and evaluate health financing policies for the poor, and (iii) improve financial management skills.</p> <p>The TA design was relevant to the intended purpose with appropriate objectives and terms of reference for consultants. The executing arrangements were appropriate in design as they were intended to involve and build capacity among the staff of the PMU for Loan 1777 as a long term investment in health services administration capacity in Viet Nam and for the medium term purpose of supporting and expediting Loan 1777 implementation. While the implementation schedule was reasonable in design, and indeed entirely as it had to be if project was to have its desired impact, it proved to be unworkable in practice as Loan 1777 experienced significant delays in establishing effectiveness and any significant level of project management unit (PMU) activity – the exact situation the TA sought to help avoid occurring. The TA was developed in close consultation with the Ministry of Health, other concerned Government ministries and various multilateral and bilateral organizations. These consultations appear to have been adequate and appropriate.</p>				
Delivery of Inputs and Conduct of Activities:				
<p>The planned TA inputs were: for component (1) 18 months of international consultant inputs and 28 months of domestic consultant inputs along with support for studies, surveys and website development; and for component (2) 6 months of international consultant inputs and 4 months of domestic consultant inputs along with support for studies and surveys.</p> <p>TA inputs, as planned and provided, were of a high quality and appreciated by the MOH as noted in report reviews by the Ministry. Terms of reference for consultants were clear and comprehensive and appropriate according to the TA's objectives. While relative costs for some input provisions, in particular international consultants, were high they reflected the high quality expected by client and delivered. These inputs are assessed to have been appropriate given the design and objectives. Government (MOH) inputs such as office space and facilities were of satisfactory quality and provided in a timely manner. Government inputs of counterpart staff time and support for project activities were not timely or sufficient to maximize the opportunities provided by the TA, thus diminishing the value of the TA.</p>				

