



Project Data Sheet

Project 40019-013

Project Name Health Care in the South Central Coast Region Project

Project Number 40019-013

Country / Economy Viet Nam

Project Status Closed

Project Type / Modality of Assistance Loan

Source of Funding / Amount **Loan 2468-VIE: Health Care in the South Central Coast Region Project**

Asian Development Fund

US\$ 72.00 million

Strategic Agendas Environmentally sustainable growth

Drivers of Change Gender Equity and Mainstreaming
Governance and capacity development

Sector / Subsector **Health** / Health sector development and reform

Gender Gender equity

Description The Project will improve the health status of the poor, women and children in eight provinces in the SCCR towards achieving the millennium development goals by 2015. The outcome is strengthened provincial health systems in the eight provinces with a focus on health care for the poor, women and children. This includes (i) upgraded hospital services providing expanded and better quality health services; (ii) improved provincial capacity for human resource development (HRD), better skilled staff and more staff from ethnic minorities; (iii) improved access to quality health care for the remote poor; and (iv) improved management of the provincial health system in terms of equity, efficiency, and effectiveness. The eight provinces are Da Nang, Quang Nam, Quang Ngai, Binh Dinh, Phu Yen, Khanh Hoa, Ninh Thuan, and Binh Thuan. The Project will support the Government's efforts to develop a comprehensive and well managed provincial health system.

Project Rationale and Linkage to Country/Regional Strategy

Impact The Project will improve the health status of the population in the South Central Coast Region (SCCR), in particular the poor, women and children, and ethnic groups

Project Outcome

Description of Outcome

The outcome will be more comprehensive, well-managed, and better-used provincial health systems with a focus on health care for the poor, women and children, and ethnic minorities, including reproductive health care, in Da Nang City and Quang Nam, Quang Ngai, Binh Dinh, Phu Yen, Khanh Hoa, Ninh Thuan, and Binh Thuan provinces.

Progress Toward Outcome	<p>Achievements of outputs are detailed below.</p> <p>Project implementation has been physically completed in June 2015. Closing of loan account is ongoing.</p>
Implementation Progress	
Description of Project Outputs	<p>Output 1: Improved Health Facilities</p> <p>1.1 New and upgraded health facilities and equipment</p> <p>1.2 Improved water, sanitation, and waste management</p> <p>Output 2: Strengthened Provincial HRD</p> <p>2.1 Improved provincial human resource planning and management</p> <p>2.2 Improved provincial training capacity</p> <p>2.3 Improved quality and availability of staff</p> <p>2.4 HRD provincial studies are used in policy formulation</p> <p>Output 3: Improved Access to Health Care for the Poor</p> <p>3.1 Better village health care in remote communes</p> <p>3.2 Health and nutrition promoted in ethnic minority communes.</p> <p>3.3 Reduced barriers to health care funds for the poor</p> <p>Output 4: Strengthened Provincial Health Systems</p> <p>4.1 Strengthened provincial health systems management</p> <p>4.2 Strengthened hospital management</p> <p>4.3 Better health management information systems</p> <p>4.4 Effective project management support</p>

Status of Implementation
Progress (Outputs, Activities,
and Issues)

All 25 health facilities meet MOH service standards.
Eight (8) new and 17 upgraded new facilities
The change in the number of district hospitals with capacity for EMOC in SCCR provinces from 2009 to 2013:
Da Nang =
Data not available
Quang Nam
2009 = 3 district hospitals
2014 = 4 district hospitals
Quang Ngai
2009 = 1 district hospitals
2014 = 4 district hospitals
Binh Dinh
2009 = 3 district hospitals
2014 = 8 district hospitals
Phu Yen
2009 = 2 district hospitals
2014 = 8 district hospitals
Khanh Hoa
2009 = 1 district hospitals
2014 = 6 district hospitals
Ninh Thuan
2009 = 0 district hospitals
2014 = 1 district hospitals
Binh Thuan
2009 = 2 district hospitals
2014 = 8 district hospitals
8 provinces developed by 2013 HRD plans. Of these:
" 5 provinces had their HRD plan approved by the PPC
" 6 provinces' plans included targets for training of EM CHW and VHW
" 6 provinces' plans included targets for training of female CHWs and VHWs.
The project trained:
" 739 master trainers in the Medical Pedagogy (47% female; 2% EM).
" 375 core trainers in TOT for various topics (54% female; 1% EM).
86% of master trainers apply skills based training techniques.
100% CHS have had at least trained female staff.
The number of female health care professionals participating in the Project's short term trainings was 19,074 (69% of total participants).
The number of EM health care professionals participating in the Project's short term trainings was 3,196 (12% of total participants).
7 studies conducted by MOH/Provinces, including 2 focusing on gender and ethnic minority issues.
In addition 2 HRD studies focusing on (i) staff retention; (ii) improving the competency of female and EM health staff.
18/18 (100%) of poor communes in endline survey had at least 1 female staff trained by the project.
83% of VHW apply 7 or more activities from the standard reproductive health care package (10 activities).
VHWs conducted health and nutrition campaigns to 302 ethnic minority communes.
By 2014:
" 81% of EM women and 79% of poor women accessed information on health care from VHWs.
" 44% of EM women received information on health care in EM language.
" 72% of both EM and poor women accessed information on HI from VHWs.
" 34% of EM women received information on health care in EM language.
By 2014:
" provinces prepare annual provincial health plans and budgets.
" provinces developed HRD plans (5 approved by the PPC).
" 8 provinces developed Gender Action Plans and Ethnic Minority Action Plans for the period 2015-2017.
The percentage of hospital managers in SCCR provinces that are female (and percentage of these who attended training):
Da Nang = 8% (23%)
Quang Nam = 17% (100%)
Quang Ngai = not available
Binh Dinh = 13% (75%)
Phu Yen = 22% (20%)
Khanh Hoa = 21% (79%)
Ninh Thuan = 45% (21%)
Binh Thuan = 21% (86%)
Under the Project's short course training program 405 managers participated in management training of which 23% were female.
The Project fielded 16 postgraduate candidates in Master of Hospital and Master of Public Management of which 75% were female.
The percentage of district hospitals in SCCR provinces applying MIS (at endline):
Da Nang = not available
Quang Nam = 7%
Quang Ngai = not available
Binh Dinh = 75%
Phu Yen = 57%
Khanh Hoa = 100%
Ninh Thuan = 50%
Binh Thuan = 25%
Project procurement and financial management met ADB's standards.

Geographical Location	Cam Ranh, Da Nang, Huyen Ba To, Huyen Bac Binh, Huyen Bac Tra My, Huyen Dien Ban, Huyen Dong Giang, Huyen Hoa Vang, Huyen Mo Duc, Huyen Phu My, Huyen Son Tay, Huyen Tay Tra, Huyen Tra Bong, Huyen Tuy An, Huyen Tuy Hoa, Huyen Van Ninh, Phan Thiet, Qui Nhon, Thanh Pho Da Nang, Thi Xa Ninh Hoa, Thi Xa Song Cau, Tinh Binh Dinh, Tinh Binh Thuan, Tinh Khanh Hoa, Tinh Ninh Thuan, Tinh Quang Nam, Tinh Quang Ngai
-----------------------	---

Safeguard Categories

Environment	B
Involuntary Resettlement	A
Indigenous Peoples	A

Summary of Environmental and Social Aspects

Environmental Aspects	<p>The Project will help safeguard the environment by upgrading or constructing water, sanitation, and medical waste management systems and training hospital staff in waste management theory and practice, thereby significantly improving the handling and disposal of medical wastes in these facilities and reducing environmental threats to their surrounding communities. In addition to disturbance and resettlement during construction, the new and upgraded health facilities may pose future health hazards due to poor maintenance, lack of supplies and other reasons. The Project will support the development of environmental plans and a waste management plan for each hospital.</p>
Involuntary Resettlement	<p>The Project is expected to acquire 186,141 square meters of land, excluding the sites for 5 DPMCs, which will be identified during implementation. At the assessed sites, 112 households (499 people) will be affected by the Project, 52 households will lose more than 10% of their productive land, and 32 households will be required to relocate. A full resettlement plan has been prepared for the subprojects where sites have been identified, and a resettlement framework has been prepared to guide any resettlement or land acquisition that may occur for the DPMCs and any other subprojects identified during implementation (Supplementary Appendix D). The base cost of land acquisition and resettlement activities is estimated at \$0.86 million. All households will be compensated for their losses at full replacement costs and current market value. Residential and employment arrangements will be restored to pre-project standards, if not better. As detailed designs of civil works are finalized and approved, MOH, with the assistance of the PHBs, will be required to revise and update the resettlement plans for all civil works. MOH will be responsible for approving the resettlement plans and supervising all resettlement-related issues.</p>

Indigenous Peoples	<p>The Project falls into indigenous people impact category A. Specific activities directly targeting ethnic groups as beneficiaries have been mainstreamed in the Project, which therefore serves as the ethnic minority development plan. An ethnic minority strategy (Appendix 12) has been developed to (i) ensure that ethnic minorities are consulted, participate, and benefit from the project throughout project implementation; and (ii) guide the implementation of information, education, and participation methodologies so that they are sustainable and appropriately targeted to ethnic minority needs. The ethnic minority strategy is based on (i) consultations with ethnic minorities, government officials, local organizations, and other key stakeholders; and (ii) secondary sources and past ADB projects. The strategy is in accordance with current Viet Nam regulations and complies with ADB's Policy on Indigenous Peoples (1998).</p>
--------------------	---

Stakeholder Communication, Participation, and Consultation

During Project Design	Consultation undertaken with stakeholders
During Project Implementation	Consultation undertaken with stakeholders

Business Opportunities

Consulting Services	<p>The Project required 9 international consultants for a total of 70 person-months, 12 national consultants for a total of 302 person-months, a nongovernment organization for 48 months, and short-term national consultants for a total of 12 person-months. MOH recruited as individual consultants one international engineering and environmental specialist; national experts in project management, resettlement, environmental and waste management, and HMIS; and the short-term consultants. All other consultants were hired through three firms in accordance with ADB's Guidelines on the Use of Consultants (2007, as amended from time to time), using a simplified technical proposal and quality and cost-based selection. Capacity building of counterparts was included in the assignment of consultants.</p>
Procurement	<p>Each participating province prepared an annual procurement plan and submit it for the Ministry of Health's (MOH) approval before the start of the fiscal year. All ADB-financed procurement was undertaken in accordance with ADB's Procurement Guidelines (2007, as amended from time to time). Procurement of goods will use international competitive bidding procedures if over \$1 million, national competitive bidding if \$1 million or less, or shopping if less than \$100,000. Civil works used international competitive bidding procedures if over \$4 million, national competitive bidding if \$4 million or less, or shopping if less than \$100,000. Vehicles were procured through the United Nations, using procurement procedures acceptable to ADB.</p>
Responsible ADB Officer	Sato, Azusa
Responsible ADB Department	Southeast Asia Department
Responsible ADB Division	Human and Social Development Division, SERD

Executing Agencies

Ministry of Health
Dr. Nguyen Doan Tu
Tudoanguyen@gmail.com
Ministry of Health, Viet Nam

Timetable

Concept Clearance	07 Sep 2006
Fact Finding	30 Jul 2007 to 10 Aug 2007
MRM	31 Oct 2007
Approval	07 Nov 2008
Last Review Mission	-
PDS Creation Date	19 Feb 2008
Last PDS Update	30 Sep 2016

Loan 2468-VIE

Milestones

Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
07 Nov 2008	16 Dec 2008	20 Mar 2009	30 Jun 2014	30 Jun 2015	28 Sep 2016

Financing Plan

Loan Utilization

Total (Amount in US\$ million)			Date	ADB	Others	Net Percentage
Project Cost	80.00	Cumulative Contract Awards				
ADB	72.00	17 Jun 2022	68.85	0.00		100%
Counterpart	8.00	Cumulative Disbursements				
Cofinancing	0.00	17 Jun 2022	68.85	0.00		100%

Status of Covenants

Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	Satisfactory	Satisfactory	-	Satisfactory

© 2023 Asian Development Bank

This page was generated from /projects/40019-013/main on 06 June 2023