

People and Organisation

RTCCD

Strengthening In-Service Training Systems in Vietnam: The potential Contributions of Professional Health Associations

Final Report

Pathfinder International-Vietnam

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List of Acronyms

ADR	Adverse Drug Reaction Center of Vietnam
ASEAN	Association of South East Asian Nations
CIOPF	International Conference of French-speakers Pharmacists
CBO	Community Based Organisation
CME	Continuous Medical Education
CPRGS	Comprehensive Poverty Reduction and Growth Strategy
CPV	Communist Party of Vietnam
CSO	Civil Society Organisation
CT	Computerised tomography (reference to CT scanners)
DOF	Department of Finance
DOHA	Department of Home Affairs
DOH	Department of Health
FIP	International Pharmaceutical Federation
HCMC	Ho Chi Minh City
HSPH	Hanoi School of Public Health
INGO	International Non Governmental Organisation
IST	In-Service Training
JHMA	Journal of Ho Chi Minh City Medical Association
JICA	Japan International Cooperation Agency
MASEAN	Medical Association of South East Asia
MO	Mass Organisation
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MSC	Management Steering Committee
NA	National Assembly
NGO	Non Governmental Organization
PAR	Public Administration Reform
PI	Pathfinder International
PMPA	Professional Medical and Pharmaceutical Association
PnO	People and Organisation
PPC	Provincial People's Committee
RTCCD	Research and Training Centre for Community Development
ToT	Training of Trainers
VMA	Vietnamese Medical Association
VND	Vietnamese Dongs
VNGO	Vietnamese Non Governmental Organisation
VUSTA	Vietnamese Union of Science and Technology Associations
WB	World Bank
WHO	World Health Organization

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1 About the Project

The mission of Pathfinder International (PI) in Vietnam is to support the Government to improve the reproductive health status of the Vietnamese population. In order to achieve this, PI works in collaboration with the Government, as well as selected national and international agencies, to improve reproductive health care through comprehensive initiatives that build capacity and respond to the needs of the community.

In Vietnam, professional medical and pharmaceutical associations (PMPAs) are recognised to have an important role in the development of the health sector in the country, as well as supporting the growing private sector providers that usually have less access to training and development. In this context PI believes that strengthening these associations through improved collaboration and mutual understanding should result in stronger In-Service Training (IST) and better advocacy capacity, thereby benefiting the people of Vietnam.

As part of the current initiatives to provide support to the PMPAs, PI commissioned an Organisational Assessment of eight medical associations and a selection of their provincial chapters. The assessment and analysis was conducted from 18th June to 8th August 2007, by People and Organisation (PnO) and Research and Training Centre for Community Development (RTCCD).

1.1 Objectives

The main objective of the Organisational Assessment is to achieve a common understanding of the current and potential roles and functions of the PMPAs, as well as identifying the needs for strengthening the institutional and organisational capacity of associations to play these roles.

The results of the assessment should provide sufficient evidence based information for PI to write a proposal for a long-term project, with a focus on strengthening the capacity of these associations. The expected outcomes of the proposed project include enhanced organisational capacity of selected associations to meet IST and continuous medical education (CME) needs, as well to provide advise to the Ministry of Health (MoH) on policy, training and quality of care.

Specific objectives of the Organisational Assessment are:

- To identify the current environment of PMPAs in Vietnam
- To measure the current situation and existing capacity of eight PMPAs and a selection of their provincial chapters
- To identify expected changes for the associations' development including legal environment, capacity needs and changes to structure/function/service
- To provide recommendations for PI to respond to the capacity building needs of the assessed associations.

1.2 Scope

The project scope covers the following activities:

1. Reviewing, adapting and finalizing existing organisational assessment tools provided by PI
2. Assessing eight medical associations' managerial, organisational and technical capabilities and develop recommendations for a technical assistance intervention (TAI) plan
3. Assisting in a stakeholder workshop to explore a shared understanding of potential roles, responsibilities and interests of the PMPAs
4. Assisting in a dissemination workshop to share initial findings, and highlight the potential of the PMPAs to key stakeholders.

2 Methodology

The methodology was envisaged as a participatory and comprehensive exercise in order to obtain detailed information about the environment and capacity of the PMPAs.

The areas of assessment were broadly divided in two parts:

1. **Institutional Capacity:** based on the situation analysis of the Policy, Economical, Socio-cultural and Technological environment that has an impact over the performance and role of the medical associations
2. **Organisational Capacity:** based on an assessment of the current governance, management systems and organisational structures of the PMPAs.

2.1 Assessment tools

The assessment tool resulted from the integration and adaptation of two different assessment tools provided by the client:

- *Organization Capacity Assessment Tool (OCAT) and Organization Capacity Assessment Framework (OCAF) from the SOGC Partnership Program (1998 – 2006)*
- *Organizational Capacity Assessment Tool (OCAT), which PI adapted from a tool originally developed by Pact.*

A revised and enhanced assessment tool¹ was designed to meet the needs and reality of the PMPAs. The assessment was then carried out using both quantitative and qualitative methods as follows:

- *Quantitative method:* Using a structured questionnaire with scores ranging between 0-6; the questionnaire was designed to assess 7 aspects of organisation development: Governance, Management Systems, Human Resources, Financial Management, Service Delivery, External Relations, Sustainability
- *Qualitative method:* Group discussion of their current situation, expectation of legal and policy changes, expected organisational and services changes and capacity-

¹ Please refer to Annex 1

building needs, as well as the potential scope of a capacity-building programme with PI.

The data collection procedures used for the assessment were as follows:

- Each association agreed on a group of representatives from the Management Steering Committee (MSC) to take part in the assessment process
- Selected participants received a covering the seven aspects of organisational development. They were expected to complete them individually
- Associations were posted or emailed the questionnaires, together with a “Guide for Self Assessment”. Selected participants from the MSC produced a set of individual scores that were then discussed and agreed to produce group scores²
- Once the group scores were ready, the associations received a visit from the assessment team, who facilitated group discussions following the main areas of the qualitative method; at the same time, participant members of the MSC together with the assessment team reviewed the quantitative questionnaire and the agreed scores to assure full understanding of each question’s content and scope as well as facilitating further accuracy of the results. In some cases and as a result of the discussion, members of the MSC decided to change or adapt their scores
- For the desk research, the consultancy team received relevant documentation from the associations including their charter, annual plans, activities and publications (when available, the information was received either during the assessment visit or by post).

² This was only possible in those associations where more than one member of the Management Steering Committee was available to take part in the exercise; in the rest of the cases the group scoring was replaced by that of only one member of the committee, usually the Chairman.