

REPRODUCTIVE HEALTH PROJECTS: Innovation – Quality – Reach





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1 INTRODUCTION

This paper summarizes experience from the Reproductive Health Projects (RHPs), a partnership of the Ministry of Health, provincial health institutions in Viet Nam and three NGOs – Pathfinder International, EngenderHealth (then AVSC) and IPAS- as the international partners. Pathfinder became the managing partner in 1999.

The project is highly unusual in that it benefited from continuous support from two donors – the Royal Netherlands Embassy and an anonymous foundation– for 12 and 16 years respectively. In 2008-2009, two additional donors – The Ford Foundation and The Atlantic Philanthropies – contributed to specific, complementary objectives. This paper attempts to share lessons learned, drawing heavily from the results of two independent evaluations conducted in 2008/9 and 2010.

In 1994, when the RHPs partnership first began in Viet Nam, the country was emerging from a period of enduring difficulties. Reproductive health care services were provided through a vast network of government clinics which while functional, were highly degraded and lacking in basic equipment and supplies. Family planning services were available but heavily biased towards the promotion of longer term methods. Abortions were provided using outdated techniques and infection prevention practice was very poor. Counselling was not valued as a basic service, and unmarried youth were turned away from getting services in most settings. It was in this context that the RHPs set out to improve the quality and range of reproductive health services in Viet Nam's public health sector.

Initially focused on public Reproductive Health Care Centers (RHCC) in four provinces, over its life, the project expanded to cover a network of close to 2000 facilities (including hospitals and clinics at central, provincial, district and commune level) in 17 provinces, located throughout the country. The RHPs combined rigorous clinical and management training with strategic planning and policy support in order to ensure sustainable improvements in provincial health systems. Policy support offered by the Ministry of Health has allowed products and lessons from the project to benefit the reproductive health network in 63 provinces nation-wide.

Designed in four distinct phases, each phase built on the successes of the previous period. As such, the project evolved in an organic way, permitting the consolidation of experience moving forward. Key results of the RHPs include:

- Dramatic improvements in the quality of reproductive health services institutionalized
- Introduction of a range of new reproductive health services
- Key approaches and technical material of the RHPs approved and disseminated nationally
- Institutionalization of a sustainable clinical training network in reproductive health

Underlying these achievements are seven inter-related strategies pursued by the project. These strategies offer lessons for future health sector programming in Viet Nam. They include:

- Strategic partnerships embedded in the MOH system
- A conscious partnership approach designed to build capacity and ownership
- A rigorous training methodology, including skills-based training and systematic training follow up
- Management and material support directly linked to training and quality of care objectives
- High quality, needs-based technical assistance
- Rigorous piloting of innovations including timely evaluation
- Advocacy to sustain achievements and scale up good practice

Funding for the project totalled over 20 million dollars, or an average of approximately \$1,25 million/year over its 16-year life. Average provincial grants ranged from approximately \$10,000 per year to approximately \$65,000 year. From 2007 onwards, provincial governments contributed an average of 24% of the total annual budgets to cover training and material costs which had earlier been provided by the project.

Finally, as the project comes to its conclusion, the paper also offers some perspectives on continuing challenges in reproductive health in Viet Nam.

2 RESULTS

2.1 Dramatic improvements in the quality of reproductive health services institutionalized

The RHPs provided focused clinical support to improve the quality of services at the province, district and commune levels. Clinical settings were transformed through renovations to facilities, the reorientation of client flow to facilitate comfort and privacy, and the provision of basic equipment such as autoclaves, dry heaters, gooseneck lamps and quality instruments. Over the life of the project, approximately 11,000 health care workers were trained including about 10,300 who received clinical training (comprehensive RH, infection prevention, family planning counseling, clinical services, safe abortion, services for HIV prevention, counseling and testing, etc.), as well as about 300 who received training on various management topics (strategic planning, advocacy, BCC, social marketing, etc.) and about 350 who became trainers. Key clinical priorities included infection prevention, counseling, family planning, safe motherhood and safe abortion. Youth friendly services and HIV prevention, counseling and testing services were added beginning in 2004 and 2008 respectively.

Quality of care was monitored on a regular basis, initially through external monitoring visits and training follow up, and, over time, through the institutionalization of an integrated supervision approach which was also introduced by the project. A mid-term evaluation conducted in 2000-2001 noted "remarkable achievements in quality of care" (Kane et al., 2002), and the 2008-2009 evaluation of the RHPs observed that by the end of Phase I and the beginning of Phase II, between 95 and 100% of the trained centers and clinics in the RHP provinces were following proper sterilization procedures. By the year 2000, infection transmission in the RHPs-supported facilities had decreased to [negligible] levels (Kline et al., 2010).

The final project evaluation, conducted in 2010, confirmed high standards of clinical care throughout RHPs-supported provinces. Observation of a total of 186 cases by a team of experts in 9 provinces revealed that 90% of clinical services comply with national standards and guidelines. Observations were conducted on a wide range of services including counseling in all RH topics, pelvic examination, prenatal examination, STI/RTI screening, PAP smear, acetic acid application, medical abortion provision, manual vacuum aspiration, IUD insertion, monitoring labor, and normal vaginal delivery. IEC materials were readily available in significant quantities in project sites, as were flipcharts and other educational aids (Ozek et al., 2010).



Clinical coaching during an integrated supervision for quality of care



Integrated counseling on family planning

The evaluation further noted that project-supported Centers provide HIV/AIDS counseling, “paying full attention to privacy and client’s rights”. Service providers offer counseling to couples, as appropriate, and offer a quick test as requested. The availability of quality HIV/AIDS counseling and services is unique to RHPs-supported centers, as HIV/AIDS programming has focused on the Government’s network of preventive medicine centers without sufficient recognition of opportunities to offer integrated services through the reproductive health care network. All RHCCs have high quality laboratory services, and the strong counseling capacity of RHPs-supported centers allowed for the efficient integration of HIV/AIDS-related services. Clients who test positive for HIV are referred to tertiary level care and support services.

“Earlier, before [RHPs] training, only about 45% of abortion clients accepted family planning. Today, with the new counseling skills and approach, 85% of abortion clients leave the Center with a family planning method. It took a lot of close supervision and nurturing of counseling skills to achieve this level, as well as changing staff attitudes towards clients. The [counselors] have to dispel myths about family planning, such as the idea that intra-uterine devices cause headaches. The number of abortions has gone down from 600 per month to 600 per quarter due to counseling and increased use of family planning.”

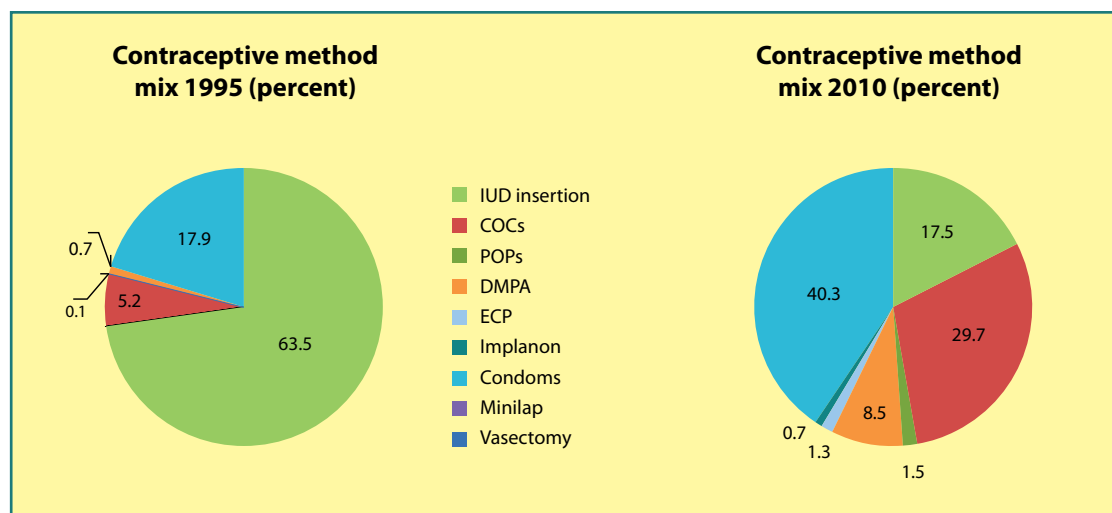
Staff member at Quang Ninh Reproductive Health Care Center

Two indicators were used to routinely monitor quality of care over the life of the RHPs – contraceptive method mix and post abortion family planning acceptance. Contraceptive method mix offers a useful indicator of quality because clients who have the opportunity to freely decide on a method of family planning typically choose a wide variety of different methods. Method mixes which are heavy skewed towards one or two methods often reflect either that a full range of methods is not available, or that provider or management preferences may be biasing clients' selection. In the mid-1990s, when the RHPs began working with the government to improve the quality of services, only 10% of family planning users nationally were using short term modern methods of family planning (oral contraceptives, DMPA, condoms).



A staff at the Green Question Site of Quang Ninh Reproductive Health Center

Evaluation of the RHPs experience demonstrates that partners significantly broadened the range of contraceptives distributed. While the IUD still is the most preferred method for family planning clients, substantial proportions of women also opted for DMPA, condoms, and combined oral contraceptives.

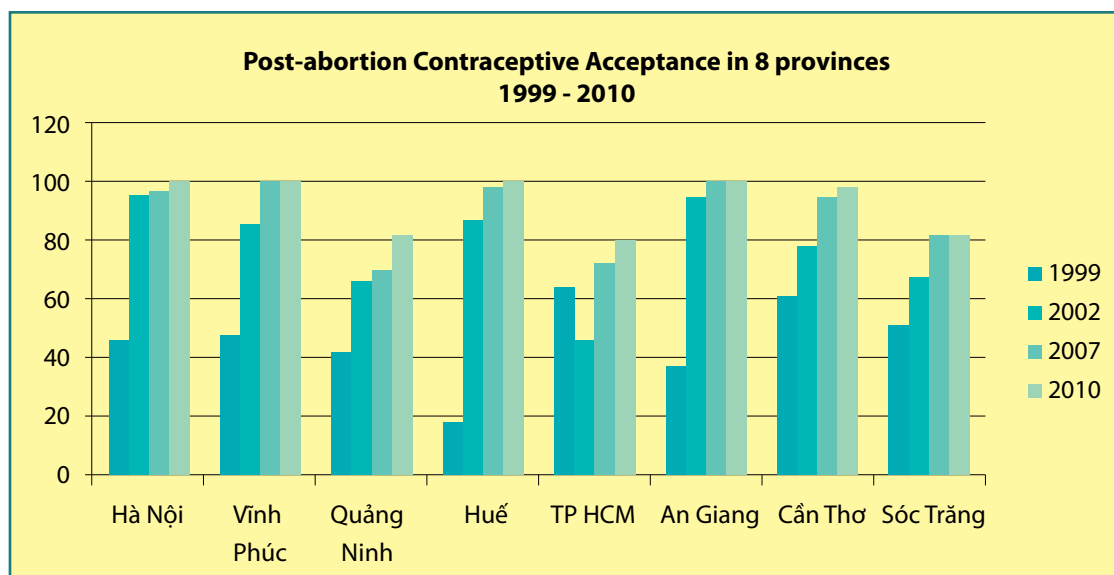


Post abortion family planning acceptance was routinely monitored by the project as an indicator of quality of care. Use of family planning post abortion is considered a useful indicator of quality because it captures attention to counseling as a specialized skill, and because clients who accept family planning following an abortion are less likely to have a repeat abortion. It also connotes a comprehensive approach to service delivery that requires the integration of services that are often offered separately (abortion and family planning).

Data on post abortion family planning acceptance are illustrated below. According to the 2008-2009 evaluation of the RHPs, data from the initial eight RHPs-supported provincial sites indicate overall



improvement in the post-abortion contraceptive rate —from 1999 to 2002 and 2002 to 2007. In 2007, five out of eight sites recorded levels exceeding 90 percent acceptance, including Hanoi, Vinh Phuc, Hue, An Giang, and Can Tho.



Improved quality of care creates powerful positive incentives for providers and managers. Clinic personnel take significant pride in the improvement of their services and in the recognition they have received from the project and from the Government. Over the past several years, each of the project's long term Reproductive Health Care Center partners received an award of excellence by the MOH, some receiving the award multiple times. In addition, two outstanding provincial Centers received the State Labor Medal (grade 3) and two Centers received recognition from the Prime Minister.

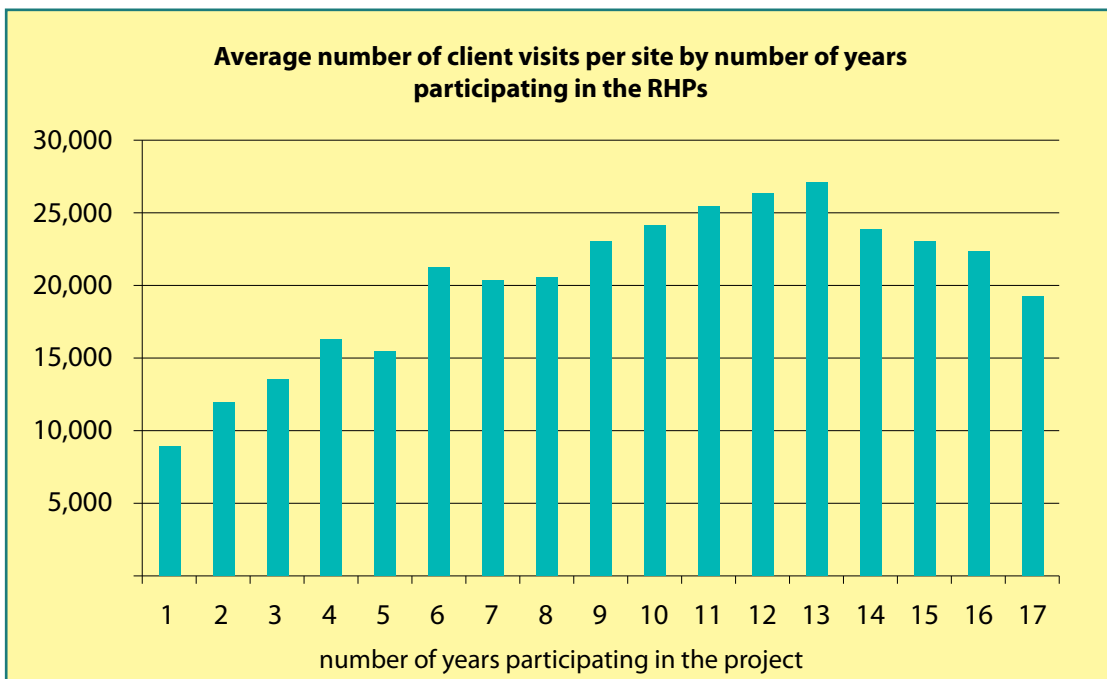
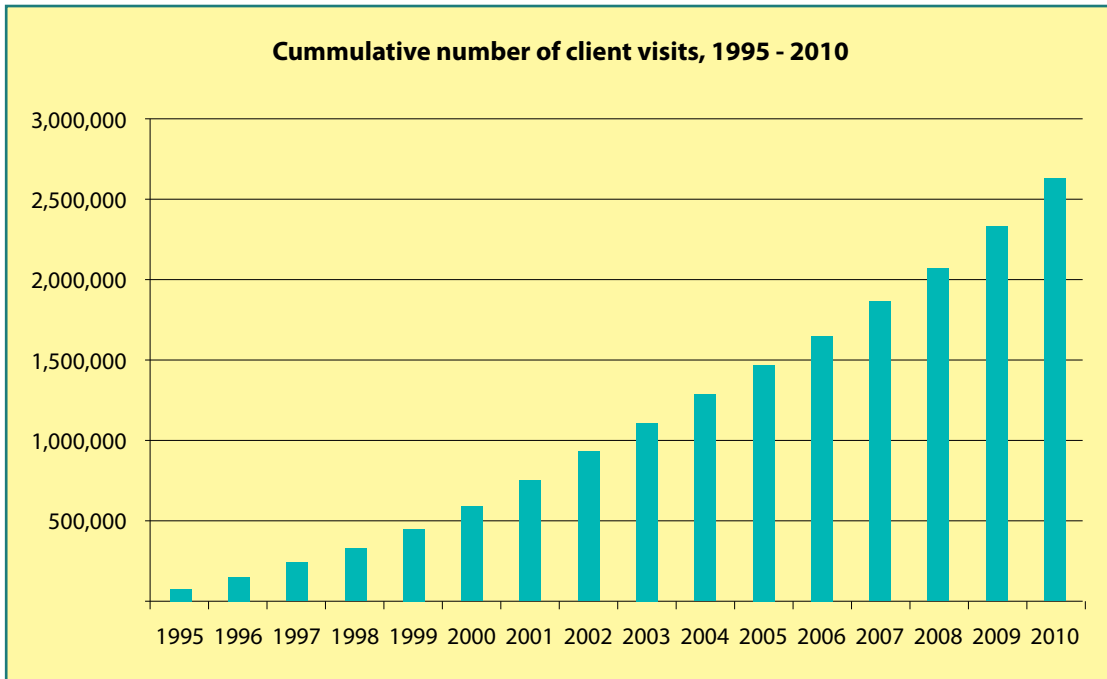
"Before the training course in Hue, I could only advise my patients to use intra-uterine devices as a mean for family planning, but now I get to know other means which I can list for them to choose. In doing so, I feel that my patients pay me better respect and they feel more comfortable using contraceptive measures."

Group discussion with RH providers in Le Thuy District, Quang Binh Province, who participated in a training course by the Thua Thien - Hue RH Center, 2009.

"Before the training course in Vinh Phuc, we only conducted manually vacuum aspiration abortions with single-valve syringes, and I myself never conducted abortions but only assisted my doctors. After the training course, our facility can now conduct abortions with double-valve syringes, and I can do it skillfully."

Group discussion with RH staff in Vo Nhai District, Thai Nguyen Province, who participated in a training course by Vinh Phuc RH center, 2009.

High quality of care has translated into significantly increased service volume in most centers. This is true at the province level, as well as at the district and commune levels. Routine reporting of service volume (counting visits, not cases) shows dramatic increases in total service visits over the period 1995 – 2010.



In addition to monitoring data collected and reported to the RHPs, RHPs-supported Reproductive Health Care Centers and district hospitals regularly collected data on client satisfaction as a way of monitoring client perspectives on the quality of care received. Client satisfaction is collected by means of a exit questionnaire asking scaled rating questions on a five-point Likert scale [1-5 with 5=maximum] about six aspects of clinic services: overall satisfaction, waiting time, cleanliness,



politeness of the provider, time spent with the provider, and privacy. Consistently high ranking of client satisfaction rendered quantitative analysis of the data only marginally useful - ratings hovered between 4.3 and 4.8. However, the data offered a crude indication of client perspectives useful for management decision making, and the practice of asking for client feedback is considered an important commitment to client-centered care in and of itself.

"It is the first time I could talk like this. I didn't think that this information would be provided here. I just thought that I came here for a clinical procedure like other hospitals. Even in a private health clinic, they won't provide counseling like this"

Abortion client, age 20, Ha Noi

2.2 Introduction of a range of new reproductive health services

In addition to the improvement of the basic constellation of reproductive health services, the RHPs took a lead role in supporting the Ministry of Health to introduce a number of new services and technologies in RH care settings in Viet Nam. From the beginning of the project, with technical assistance from Ipas, the RHPs systematically introduced use of the Ipas manual vacuum aspiration (MVA) syringe® and Karman cannulae to replace unnecessary reliance on dilation and curettage for first trimester abortion procedures. Clinical training in abortion counseling and service provision was an integral part of the comprehensive RH training offered. Funding for instruments was initially provided by the project, but later, with strong support from provincial authorities, absorbed into provincial budgets. By the mid-term evaluation in 2000, the quality of abortion services offered through RHPs-supported clinics was widely recognized. Similarly, with the approval of medical abortion in 2003, the RHPs were among the first to introduce the new service in project-supported provinces.



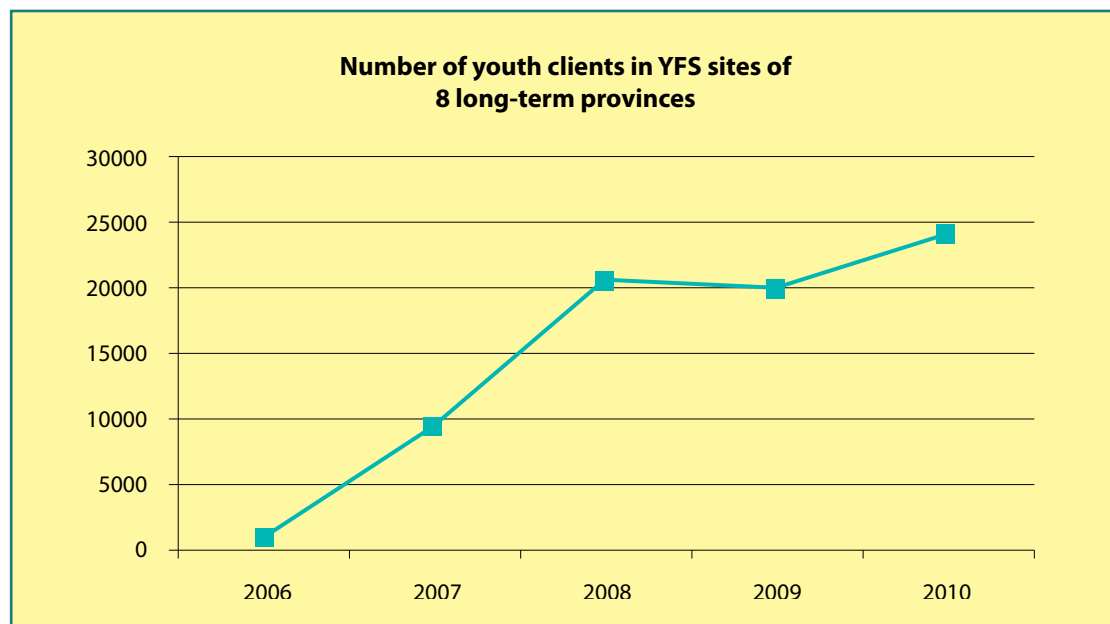
Social marketing volunteers at Ho Chi Minh City Green Question Club.

Establishment of youth-friendly reproductive health services, and introduction of Voluntary Counseling and Testing (VCT), were also notable RHPs contributions. Both of these approaches built firmly on the solid foundation of quality counseling offered in RHPs-supported service delivery settings.

Beginning in 2004, the RHPs pioneered the introduction of youth-friendly reproductive health services (YFS). The YFS model emphasized a non-judgmental approach to sexual health counseling and service provision coupled with attention to anonymity and confidentiality of youth clients. Outreach to schools, pharmacies, bookstores and community centers, and use of media for social marketing of the new services were components of the project.

Youth friendly services were first introduced in six clinical sites in three provinces. As a pilot, services were tested at province, district and commune levels. Based on a successful independent review undertaken in 2007 by the Population Council, the MOH approved the expansion of YFS among 17 RHPs-supported provinces, by the end of 2010, the RHPs supported 29 service delivery

sites in 17 provinces. Service statistics show that the YFS sites of eight long-term provinces alone serve an average of 2,342 adolescents and youth per year per site, for a cumulative total of approximately 75,000 adolescents and youth.



Finally, in an effort to embrace a broader sexual health paradigm and counter fragmentation in the service delivery system, HIV/AIDS counseling and VCT services were introduced at the province and district levels in 2009. The introduction of the new services was consistent with the MOH's commitment to offering a comprehensive service delivery package and recognition that with HIV becoming a priority within general populations, that the Reproductive Health Care network could play an important complementary role in service provision. The RHPs' experience supporting high quality training and services, together with strong commitment to quality counseling, allowed for the swift integration of new services.

2.3 Key approaches and technical material of the RHPs approved and disseminated nationally

Achievements at the province level were recognized and disseminated through MOH-led policy initiatives. In particular, once effectiveness was demonstrated at provincial levels, the RHPs worked with MOH and other development partners to embed the experience in national policies and technical guidance on reproductive health. The RHPs directly supported the MOH to officially approve and nationally disseminate the following technical guidance, based on the RHPs development and pilot testing:

Training curriculum on Integrated Supervision for Quality Reproductive Health Care

A methodology developed and extensively piloted by the RHPs in 8 provinces. The IS/RHC methodology helps service providers to continuously and comprehensively improve quality of care through development of skills in meeting facilitation; using checklists to observe service providers; use of service statistics; conducting client interviews; action planning and collective problem solving; and giving constructive feedback and coaching. MOH approved the curricula for national use in 2005.

Basic and Advanced Training of Trainers Curricula: These curricula were developed and used throughout the project for training clinical trainers. The curricula were approved by MOH in 2009.



Guidelines on Standards for Continuing Medical Education Facilities in Reproductive Health Care. This document defined technical requirements for training centers, covering space, equipment, and norms for clients' interaction as a supplement to circular 07/2008/TT-BYT of the Ministry of Health. It also defines pedagogic standards about training, which include use of participatory methods and follow up and an appropriate balance of skill-based and didactic sessions. The Guidelines also describe how the trainers are to be officially certified for TOT and clinical skills.

In addition, the following guidance promulgated by MOH incorporated experience from the RHPs:

The National Standards and Guidelines on Reproductive Health Care. These guidelines utilized good practice from the RHPs in sections on infection prevention, counseling, family planning, safe abortion, STIs, and other topics.

The National Reproductive Health Training Curriculum. The National Training Curriculum on RH similarly integrated training topics from the RHPs, including those mentioned above, as well as adolescent reproductive health.

The National Guidelines on the Provision of Adolescent and Youth Friendly Health Services. The RHPs' pioneering experience in YFS was incorporated into National Guidelines on Youth Friendly Services, developed and disseminated by MOH in 2007.

2.4 Institutionalization of a sustainable clinical training network in reproductive health

Another critical achievement of the RHPs was the institutionalization of the first accredited provincial training network in Viet Nam. Prior to the existence of this network, only two national teaching hospitals in Obstetrics and Gynecology were recognized as providers of reproductive health training. These hospitals' training programs were severely over-extended and under-resourced.



Training on neonatal care at Quang Ninh Reproductive Health Center

The RHPs' effort to accredit skilled trainers and training sites aligned with MOH's initiative to develop the Law on Examination and Treatment in 2008-2009. The Law set out to provide an updated legal framework for the protection of people's health by regulating the health professions and strengthening patient rights. Issues of licensing, re-licensing, continuous medical education (CME) for health staff, and complaints management were particularly crucial elements of the new legislation. In the Law on Examination and Treatment, Pathfinder saw the potential to contribute to the establishment of a continuing medical education system in reproductive health that would recognize and indeed institutionalize the high quality training capacity of the RHPs-trained trainers. Licensing, and CME requirements in particular, would create incentives for ongoing clinical training in reproductive health that had been developed through the RHPs.

As such, the evolving legal framework created the opportunity to sustain the RHPs' significant achievements in high-quality training in reproductive health care. These achievements included the development of a highly skilled cadre of clinical trainers capable of providing training in a variety of RH topics, support for the development of national reproductive health clinical standards and related training curriculum, and basic training infrastructure (training facilities and equipment). Accreditation for the training network could be a means of distinguishing high quality clinical training that could be accessed by MOH and provinces and would contribute to a broad system of licensing and continuing medical education in Viet Nam.



A happy mother after giving birth

In 2007, the RHPs set out to replicate its training strategy and demonstrate the feasibility of the training network. Using project funds, it established a training partnership between each of the eight long-term provincial partners and a neighboring province. Evaluation of the training provided through the network led to the accreditation of RHPs long term provincial partners as continuing medical education centers. To date, six RHPs supported Reproductive Health Care Centers – including Can Tho, Thua Thien-Hue, Quang Ninh, Vinh Phuc, HCMC and An Giang - have been accredited by MOH as continuing medical education centers. In addition, sixty-six RHPs-supported provincial trainers have been nationally certified as clinical trainers.

The nationalization of the in-service training network will dramatically affect the availability and affordability of high quality RH training in Viet Nam in the long term. Pathfinder estimates that it cost the project approximately \$1,632 for each trainee to successfully complete the 3-week comprehensive clinical skills course (excluding project management costs). For the provincial training centers supported by the project, it cost approximately \$448, a reduction of 73%. This cost will very likely be further reduced when training is contracted through the provincial training centers.

The contribution of the RHPs to training policy is noted in the 2008/9 evaluation. According to the team:

The accomplishments [in training capacity building] are impressive, and represent notable successes of the RHPs. However, the RHPs went further to ground these accomplishments in MOH policies, systems and certifications. With the legitimacy that comes from a long partnership with provincial authorities in the field, and by working closely with the central MOH, the RHPs have contributed substantially to a set of training-related policy and technical decisions that have been officially made by the MOH.

Kline et al., 2009



3 STRATEGIES

Over the life of the RHPs, a number of strategies were used to achieve the intended outcomes, and particularly to ensure that the technical successes of the RHPs would be sustained over time. The following cross-cutting strategies were critical to the RHPs' success:

3.1 Strategic partnerships embedded in the MOH system

The structure of the partnership was a critical factor in the project's success. Initially focused at the province level, the project began by building capacity of provincial Reproductive Health Care Centers to offer high quality services and to train and support district level trainers and providers. The district level in turn, trained commune level providers, with support from provincial trainers. In this way, the project reflected the institutional structures of the national reproductive health care system.

As the RHPs partnerships grew in number (1994: 4 provinces, 1998: 8 provinces, 2007: 11 provinces, 2009: 17 provinces) and the project sought ways to sustain achievements, the role of the MOH became paramount. As such, the project supported an ongoing dialogue between the provincial partners and MOH which helped to highlight the good practices supported by the project, and provided a framework through which provinces could advocate for policy guidance and other support from MOH. The fact that RHPs partner provinces were some of the largest and most influential in Viet Nam made that dynamic very significant.

Similarly, when the RHPs moved to put in place its training replication strategy by supporting long term provincial partners to train neighboring provinces, the approach was acceptable to the new partner provinces in no small part because of the status of the original eight partners. Coordinated oversight and technical assistance from the two national Obstetrics and Gynecology teaching hospitals helped to further embed the new training structure within the MOH system, adding to the credibility and acceptability of the approach.



Role playing in a training workshop on advocacy

3.2 A conscious partnership approach designed to build capacity and ownership

As a matter of working method, and with the intention of promoting the sustainability of project outcomes, the RHPs approached partnership in a very deliberate way. Partnership practice emphasized government ownership of project products and approaches. Government partners directly executed project budgets and workplans, relying on the RHPs primarily for technical support. The RHPs deliberately avoided paying salaries to project staff, and worked collaboratively with government managers to advocate for resources to be made available locally to support recognized improvements. As noted above, each provincial partner made a financial contribution to the project, ensuring government resources for sustaining the quality of clinical services.



Representative of Soc Trang Provincial Health Services facilitating the Annual Partnership Meeting 2008.

Regular partners' meetings provided a forum to develop joint work plans, share experience across the provinces, and celebrate project successes. In 2007, a partners' consultative group was set up with senior representation from each province and MOH, with the intention of making decisions that would support the sustainability of the project. Good partnership relations over so many years undoubtedly contributed to an important level of trust.

Below, one partner relates how the partnership relationship cultivated a strong sense of ownership of the RHPs:

When we carry out the RHPs, we ask for support where we need it. We ask the RHPs to help train our staff, to organize workshops but we don't just sit and wait for support. We are always in an active position to work with RHPs staff to achieve our goals and to implement the substance of the project. We are eager to receive RHPs resources and training so that we can more effectively carry out our work. We are eager to learn and respond to the project's work.

Senior Manager, Thua Thien Hue Provincial Reproductive Health Care Center

While the RHPs carefully aligned efforts to institutionalize results within the MOH vision for improved RH care generally, it also benefited from a solid and robust partnership to advance new ideas and approaches. According to the final evaluation (2008/9) report:

Overall, the breadth and depth of the RHPs' engagement in Vietnam reflects the government's high level of satisfaction and trust in the RHPs staff. While respondents indicated there have been differences of opinion between RHPs and MOH, they also noted that these are usually quickly resolved. As a senior MOH respondent said, "There have been points of disagreement, which sometimes required prolonged discussions, but eventually we found common ground and resolved our differences."

Kline et al., 2009



3.3 A rigorous training approach, including skills-based training and systematic training follow up

The RHPs implemented, promoted and protected a rigorous training approach. This approach included systematic needs assessment, a balance of classroom-based and clinic-based training as well as the development of standardized training material including clearly elaborated methodological processes. Strong clinical training capacity was developed through the training activities, and checklists were promoted to standardize achievement of clinical capacity. All training courses were evaluated and evaluation results were used for updating curricula and teaching approaches.

Most importantly, however, an outstanding feature of the RHPs training approach was the significant investment made in training follow up. A team of RHPs staff and provincial trainers followed each trainee on-site within a few months of the completion of training, in order to provide coaching and feedback on the required skill. In addition, the team used the training follow up visits to engage with clinic management about supervisory and facility support required to reinforce the practice of the new skills. Rigorous attention to training follow up is considered central to the success of the RHPs.

3.4 Management and material support directly linked to training and quality of care objectives

Management and supervision capacity was developed as a critical complement to training activities. In particular, the RHPs developed and piloted an innovative approach to improving quality of care, incorporating and expanding on the EngenderHealth experience in COPE. The approach, Integrated Supervision for quality Reproductive Health Care (IS/RHC), involves all staff in self- assessment, problem identification, analysis of causes, and joint solution development. The approach builds and relies on the supportive attitude of supervisors and their skills in coaching and giving feedback

to providers, as well as in guiding all staff in a process of action planning to improve quality of services on an ongoing basis at their clinic. The approach has been approved by MOH for national use.

Clinical training is most effective when providers have the support to apply their new skills when they return to their clinical settings. This requires that clinics have the necessary supplies and equipment and that managers are supportive of the changes in practice. The RHPs worked to ensure alignment of training objectives with facility and infrastructure support. Renovations and facility upgrades supported by the RHPs were directly linked to particular skills imparted through training. Training follow up and IS/RHC were used to approach clinic managers about needed changes and support required for trainees to practice effectively. As such, once trainees returned to their clinics, they were better able to effectively practice at the level of that they were trained.



Participants of a training course practicing clinical skills on model



Adolescent at a secondary school during an RH Talk

3.5 High quality, needs-based technical assistance

Whether for clinical training, strategic planning or a range of other interventions, the RHPs invested intensively in high quality technical assistance. Needs assessments were routinely conducted to better understand current practice and gaps, and to design technical approaches. Initially, technical assistance relied heavily on international trainers and consultants, with a deliberate and gradual phase over to national technical assistance providers, including project partners, over the life of the project.

3.6 Rigorous piloting of innovations including timely evaluation

Given resources and strategic positioning, innovation was a critical element of the RHPs. The project developed and piloted a number of approaches within its partnerships, which were later adopted at the national level. Approaches to delivery of youth friendly health service delivery, and introduction of the training system model were clear innovations of the project, that were rigorously tested and evaluated prior to institutionalization and national replication. Systematic evaluation by independent, credible research organizations was an important strategy to demonstrate the effectiveness of the models. According to the 2008/9 evaluation of the RHPs:

“Over time, the RHPs have emerged as a sort of incubator or laboratory for developing and testing RH programs and policies that can be adapted, or adopted, and diffused by the MOH. The RHPs have tested and refined approaches and tools in the eight RHP provinces, which then were used to inform national standards, and to develop strategies and tools implemented by the Ministry. The RHPs are credited with being an active stakeholder in RH in Vietnam providing guidance and support for a number of important MOH strategies and guidelines.”

Kline et al., 2009



3.7 Advocacy to sustain achievements and scale up good practice

Finally, advocacy was used extensively as a tool to promote sustainability of the RHPs. Provincial partners were trained in advocacy techniques and provided with funds to advocate local authorities to include necessary funds in local budgets to continue high quality programming and service delivery. For many managers, this was the first time they had utilized advocacy in a formal way to achieve policy or resource mobilization objectives. Advocacy interventions towards increasing RH budgets at the province level were quite successful, with a number of provinces noting significant increases in government contributions to reproductive health care province wide.

4 CONCLUSION AND CONTINUING CHALLENGES

There is no turning back for provinces supported by the RHPs. Leaders consistently report that they are managing health programs and clinical services in fundamentally different ways than they did before the project. The RHPs strengthened existing systems and approaches while also serving as a catalyst for introducing new approaches to high quality reproductive health care in Viet Nam. A number of these innovations have been sustained at the local levels and diffused through national policies and systems.

In addition to lessons learned from its programming as such, the RHPs holds lessons for donor practice. The longevity of the RHPs in particular contributed in innumerable ways to its success. Flexibility in objectives and the facility to build on its own strengths and accomplishments are important attributes of the project. While financial investment was modest overall for a project of this size, the commitment of sufficient resources to implement in a quality way and the ability to work at scale offered the RHPs a “seat at the table” which was critical to its positioning for sustainability and scale up.



Closing session of the training for village ethnic midwives in Quang Ninh Province

Continuing Challenges

As Viet Nam moves to become a middle income country, the reproductive health needs of the population remain a critical concern. Even while overall health indicators show marked improvement, these indices mask growing disparities, particularly between urban and rural areas, mountainous and lowland regions, and between different population groups. These challenges will require greater levels of targeting, cultural adaptation and resource intensity.

While the Law on Examination and Treatment, and the recognition of MOH RHC Centers as accredited CME providers for reproductive health training are critical steps forward, important questions remain about how the MOH will support the costs of training over time. The national health budget is low overall and national budget priorities tend towards economic and infrastructure development. As noted in the 2010 evaluation of the RHPs, the RH training system can play a critical role in disadvantaged areas, but will need significant advocacy and financial support from MOH to do so.

Other important emerging priorities include the scale up of youth friendly services nationally, the expansion of work to integrate HIV prevention and case management into RH services (and vice versa), and the expansion of cancer prevention awareness raising and scening. Supporting the quality of RH services offered through Viet Nam's rapidly expanding private sector is also a growing concern. Finally, both behavior change approaches and policy solutions are needed to address widespread son preference and the growing practice of sex selective abortion in Viet Nam.

In each of these areas, Pathfinder looks forward to continued close partnership with the MOH and provincial partners throughout Viet Nam.

ⁱ Wilder, J. Field Notes, Pathfinder International, April 2006