

Project Document

**AMENDED VERSION
As of 9 February 2015**

Country: Viet Nam

Project Title: An Innovative E Learning Approach for Health: *A pre- and in-service training for the health workforce to improve coverage and quality of health services in the Northern Coastal Region of Viet Nam*

UNDAF Outcome(s): Access to Quality Essential Services and Social Protection¹

Expected CP Outcome(s): Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups.²

Expected Output(s): This project will contribute to the following outputs under the One Plan: Output 2.2.1 - Policy advice and technical support provided to strengthen the building blocks of human and animal health systems, including information and the generation of evidence, at national and subnational levels; Output 2.2.2 - Policy advice and technical support provided to improve evidence, prevent and effectively manage non-communicable conditions at national and sub-national level; Output 2.2.3 – National and sub-national capacities enhanced to improve evidence, about, prevent and control communicable diseases of human and animals and Output 2.2.4- national and sub-national capacities enhanced to strengthen evidence, improved universal access to, and utilization of, a quality and gender-sensitive package of nutrition and sexual, reproductive, adolescent, maternal and child health services.

The achievement of the above outputs rests on a well-trained, strong, competent and motivated health workforce, which is a crosscutting and critical issue for improving the quality and coverage of health services, especially for the most vulnerable and disadvantaged groups.

Executing Entity: World Health Organization (WHO) Country Office in Viet Nam

Implementing Agencies and Partners: Haiphong Medical University, Ministry of Health of Viet Nam

¹ The One UN Plan 2012-2016 was signed by the Government of Viet Nam and the One UN on 27 March 2012. The outcomes agreed under the One Plan are group into 3 *Focus Areas*. This proposal is covered under Focus Area II: Access to Quality Essential Social Services and Social Protection.

² Outcome 2.2 under Focus Area II, One Plan, 2012-2016, www.un.org.vn

Brief Description

Viet Nam is currently undergoing the process of reforming the grassroots health network as a part of its commitment the attainment of the Millennium Development Goals (MDG's), address the rising burden of non-communicable diseases and the continuing threat of communicable diseases and to move towards universal health coverage and ensure equitable access to health services. These reforms have been contained in the recently approved decisions of the Prime Minister which includes These actions were expressed through policy documents, such as the Prime Minister Decision No. 122/QD-TTg dated January 2013, approving the national strategy for the protection, care and promotion of the people's health for the period of 2011-2020; Prime Minister Decision No. 317/QD-TTg in 2013 approving the Project on Health development for islands and coastal areas by 2020m and recently the Resolution to accelerate action for the (MDG's).

A strong health workforce is critical to the achievement of these goals. The Ministry of Health (MOH) has then placed as one of its priority agenda the strengthening of the health workforce particularly at the grassroots level. There are however several constraining factors, such as the lack of resources to cover the training of all health workers nationwide, the limited number of government institutions to provide the training, and the limited access to up-to-date evidence-based learning modules and training approaches.

One of the key directions undertaken by the MOH is to empower the local universities and enhance their potential to develop and implement innovative approaches for training future and current members of the health workforce.

Haiphong Medical University is one of the key training institutions for health workforce in Viet Nam. It provides training to healthcare professionals, including pre- and in-service training of health care workers deployed at community and district level in the northern area of Viet Nam. However, the quality of programs and training is suboptimal. This can be partly attributed to the lack access to regular/continuous medical education for the lecturers and inadequate teaching and learning materials and methods to ensure adequate, effective and continuous academic learning and clinical skills development.

This project is then envisaged to develop an implement an innovative approach for learning and improving the competence of the health workforce at the grassroots level, in particular, the Northern Coastal Region of Viet Nam. Its overall objective is to develop and implement a model e-learning system that will cover both pre-service and in-service training of human resources for health, with the adequate and appropriate technological infrastructure and teaching methodologies, that can optimize the exchange of scientific and technical information among medical research and healthcare training institutions in Viet Nam as well as in IBSA countries. This e-learning model will help strengthen the capacity and competence of healthcare professionals at the district and community level of Haiphong and other northern coastal provinces of Viet Nam.

This project will directly contribute to the health outcomes and outputs that have been agreed by the government and the UN under the One Plan 2012-2016. In particular, it will help improve access to quality and equitable health services at the grassroots level, – especially the poor, the ethnic minorities and those living in hard to reach areas.

The over-arching goal of this project is to Improve coverage, equal access to, and quality of health care services for the poorest and most vulnerable population groups in the Northern Coastal Region of Viet Nam, in the area of noncommunicable diseases and marine health.

The specific objectives of this project include;

- 1) Develop an e-learning program for both pre- and in-service medical training in the Northern Coastal Region of Viet Nam, starting with e-modules on the topics of;
- 2) Facilitate the access of Haiphong Medical University's students to health information through the digital learning resources center and other learning resources from clinical skills training labs;

- 3) Develop and test an electronic training program module (together with its materials and tools) on the prioritized areas of non-communicable diseases and marine medicine;
- 4) Build capacity of at least 20 university-provincial based trainers, 40 district trainers, 80 district health staff and 160 commune health staff in selected areas, to apply e- learning on the prioritized issues of non-communicable diseases and marine medicine.
- 5) Review, evaluate and disseminate lessons learnt and plan to scale up the model to other hospital settings and commune health stations in the region.
- 6) Promote South-South cooperation through exchange of knowledge between Haiphong Medical University and institutes in the IBSA countries.

This project will include the following components:

Component 1: Needs assessment and IT platform design for e-learning based on the needs assessed

Component 2: Design the e-learning model and content development.

Component 3: Installation of IT equipment at Haiphong Medical University digital learning resource center and remote locations in Northern Coastal Region

Component 4; Roll-out, adjust and improve model for up-scaling

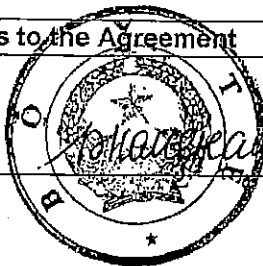
Component 5: Project management, monitoring and evaluation, dissemination of lessons learned

Programme Period:	2015-2018
Key Result Area (Strategic Plan)	Focus Area II under the One Plan 2012-2016
Atlas Award ID:	
Start date:	2015
End Date	2018
PAC Meeting Date	
Management Arrangements	WHO and Haiphong University

Total resources required	990,000 USD
Total allocated resources:	
• Regular	_____
• Other:	
o IBSA	990,000 USD
o Inclusive of	
o UNOSSC SC (3%)	28,834 USD
o WHO SC (7%)	62,880 USD
Unfunded budget:	0 USD
In-kind Contributions	100 000 USD

Parties to the Agreement

Agreed by Ministry of Health of Viet Nam:



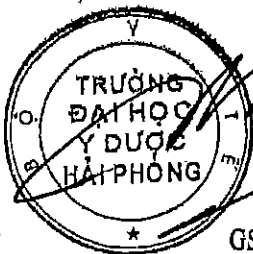
For Vice Minister of Health

Ass. Prof. Nguyen Thi Xuyen

Dr. Phan Le Thu Hang

Vice Director of Department of Planning & Finam

Agreed by Haiphong Medical University:



HIỆU TRƯỞNG

GS.TS. *Pham Van Chiro*

Agreed by UN in Viet Nam / WHO Representation to Viet Nam:



Ag. NR

Agreed by UNOSSC Director

Yiping Zhou

30 March 2015

I. SITUATION ANALYSIS

Viet Nam is facing many challenges in health. The economic development in recent years has brought about changes in lifestyles which have partly contributed to the increasing burden of non-communicable diseases (NCD's). A report on NCD's in Viet Nam released in 2010 showed that The burden of noncommunicable diseases in Viet Nam continues to grow, causing an estimated economic loss equivalent to US\$ 20 million or 0.33% of GDP.³ The same report estimated accumulated economic losses between 2006 and 2015, if no intervention is made, are US\$ 270 million. This situation is expected to aggravate in the ensuing years as the demography is shifting towards an aging population. The risk of NCD's increases with age, and thus populations with older age structures has higher risks of deaths due to NCDs.⁴

In 2013, Viet Nam has reported an very good progress towards the achievement of the MDG's. MDG 4 and 5 have been achieved, and the other health-related MDG's are on tract of being achieved. However, an equity analysis led by the One UN in Viet Nam in 2013, showed persistent disparities in health outcomes and inequalities across the regions, particularly affecting the poor, ethnic minorities and those living in the hard to reach areas. The report showed that maternal mortality rate was 5 times higher than the national average in the 62 poorest districts and infant mortality rate was 3-4 times higher than the national average among ethnic minorities.⁵

In order to address these challenges, the government of Viet Nam has initiated focused and targeted actions to achieve universal health coverage and ensure equitable access to health services to the poor, ethnic minorities and those living in hard to reach areas, including the coastal and island villages. These actions were expressed through policy documents, such as the Prime Minister Decision No. 122/QD-TTg dated January 2013, approving the national strategy for the protection, care and promotion of the people's health for the period of 2011-2020; Prime Minister Decision No. 317/QD-TTg in 2013 approving the Project on Health development for islands and coastal areas by 2020; the reform of the grassroots health network, and recently the Prime Minister Resolution to accelerate action for the Millennium Development Goals

All these policies are putting emphasis on the need to strengthen primary health care and health service delivery at the grassroots level as mechanisms to ensure equitable access to health services by the poor and ethnic minorities and for those who are living in hard to reach areas including the coastal and island villages. The attainment of these goals depends to a significant extent on the quality of the health workforce delivering these services. Training is important, however, the government has been facing many constraints in improving the training curriculum in the undergraduate level and in providing continuous training for the health workforce at the local level.

Haiphong Medical University is one of the key training institutions for health workforce in Viet Nam. It provides training to healthcare professionals, including pre- and in-service training of health care workers deployed at community and district level in the northern area of Viet Nam. However, the quality of programs and training is suboptimal. This can be partly attributed to the lack access to regular/continuous medical education for the lecturers and inadequate teaching and learning materials and methods for the continuous, efficient and effective teaching and learning programmes to improve health workforce capacity.

Haiphong Medical University plays a key role in strengthening the health in the Northern coastal area of Viet Nam, as it s only the medical institution providing training for the health workforce in that area. Haiphong, situated 120 km away from Viet Nam's capital, is considered the centre of the Northern Coastal Region of Viet Nam.

³ Viet Nam Noncommunicable Disease Prevention and Control Programme 2002-2010, Implementation Review Report, August 2011.

⁴ Population Ageing and Non-Communicable Diseases, Population facts No. 2012/1, United Nations, April 2012, http://www.un.org/esa/population/publications/popfacts/popfacts_2012-1.pdf

⁵ Health-related Millennium development Goals, Viet Nam 2013: Equity Analysis, MOH, June 2013

To respond to the country's changing epidemiological profile as well as health issues specific to seamen, fishermen and inhabitants living by the sea, on nearby islands and in remote areas, a medical training institution was founded in 1979. Initially a branch of Hanoi Medical University, in 1999 it was declared an independent medical school.

In order to meet the increasing needs of the population served by the University's medical graduates, in 2006, the Ministry of Health approved the development strategy plan by which Haiphong Medical School has been taking form as a Medical University. In addition to the existing program for medical students and specialized doctors, newly developed faculties include the Faculty of Pharmacy, Faculty of Dentistry, Faculty of Nursing, and Faculty of Public Health to provide more training opportunities in the health sciences. Beside the regular medical training curricula, Haiphong Medical University is a forerunner among medical universities, with regards to building and carrying out the special graduate training curricula (in-service medical training) to train doctors who have already received junior medical formation, in order to respond to the urgent demand for healthcare services in district and community levels.

In order for health workers to effectively implement prevention, management and treatment of various health they would need to undertake refresher training programs/continuous medical education. However, many medical doctors and health workers, especially those working at the primary care level (in commune health stations), do not have the opportunity to access appropriate and high quality training courses. Building the knowledge and skills of medical staff at primary care levels is the most effective way to provide opportunities for poorer segments of the population to access quality health care that responds to the specific health needs.

In terms of medical training, gaining access to scientific, technical, managerial and health information is essential to increase the quality of medical education enhance the knowledge and competencies, and ultimately improve local, regional health outcomes. Responding to the growing demand for up-to-date scientific information and medical knowledge and skills from the communities of medical professionals and students will help to design new and efficient methods and contents to create functional continuing medical education networking, and a remote medical training and advisory system (a type of tele-medicine system) as well as to build up the qualified undergraduate and postgraduate programs in public health and clinical branches that are linked to medical research activities and community-based studies.

Strengthening materials and expanding the dynamic flow of scientific and technical health information to and from medical university staff and students, healthcare researchers, medical professionals across the region by fostering continuous medical training, professional work at district and community levels should, therefore contribute to advancing health outcomes and ultimately reducing poverty and hunger. In line with strategies issued by Ministry of Health of Viet Nam, the application of communication and information technology is a cost-effective way to improve the coverage and quality of human resources for health.

For these reasons, with the aid of the IBSA Trust Fund, capacities and expertise in the field from IBSA countries, Haiphong Medical University plans to develop and implement a model of e-learning in pre- and in-service training of human resources for health to improve coverage and quality of primary care services in the Northern coastal region.

The communication and information technology based network will be integrated into the existing facilities of Haiphong Medical University and its local partners, in order to improve the overall capacity, and to strengthen regular and continuing training programs for medical students and health workers, especially those working at primary care levels and in disadvantaged areas. The purpose of establishing this network is in accordance with national, regional and institutional policies on science, technology and health care, and would be to have a local and regional impact.

The experience of this collaboration will also generate analytical work that can contribute to building a base of evidence of effective examples of South-South Cooperation in the area of e-learning (medical and otherwise), and in the broader context of development cooperation effectiveness, in the fight against poverty and hunger.

II. STRATEGY

This project will be carried out under the umbrella of the One Plan Fund, contributing in particular to **Outcome 2.2** which is to improve quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups by 2016. WHO will serve as the over-all implementing agency within the One UN.

The project will be implemented through the following strategies:

1. **Alignment with the key directions and priorities of the government:** The project will be aligned, developed and implemented based on the key reforms, policies and national health objectives of the Government of Viet Nam, as expressed in the policies mentioned in the previous part of the paper. To ensure this alignment, Haiphong University will work under the over-all supervision of the Ministry of Health in the implementation of the project;
2. **Coordination among key stakeholders and other development partners:** The Project Board will ensure the coordination of the activities among the stakeholders at the local and national level as well as ensure key reporting mechanisms with the IBSA partners.
3. **Utilization of technical expertise and support from WHO and technical institutions in the IBSA countries:** WHO will provide support to Haiphong University to link and draw the expertise on health human resource training, research and e-learning models from selected WHO Collaborating Centres that are existing in IBSA Countries. These centres can provide a robust mechanism for cross-teaching and learning, transfer of technology and knowledge and strengthen south-south cooperation in health between Viet Nam and the IBSA Countries.

The project will also be implemented based on the following strategic principles of the IBSA cooperation programmes:

1. Reducing poverty and hunger

Despite Viet Nam's significant improvements to reach the MDGs, poverty and hunger reduction remains an important priority in the northern part of the country. Today, poverty rates¹ in Northern Viet Nam still range from 24 % in the North-East to nearly 40 % in the North-West poorest districts. Poverty, both as a cause and a consequence, is a determinant of poor health. Improving access to healthcare services for all and health systems strengthening is therefore a key pillar to reducing poverty in North Viet Nam and improve economic growth. Efforts to improve the health of Viet Nam's population – and in the case of this initiative, the health of the poor and vulnerable in hard to reach areas served by the graduates of Haiphong Medical University – contribute to poverty alleviation.

2. National ownership and leadership

The Ministry of Health has given its full support to the project, and it will be managed and led by the Medical University in Haiphong, which is endorsed by Ministry of Health. Haiphong Medical University and its national and local partners commit to manage and maintain the project outcomes in a sustainable manner to improve the quality of health care for all people, especially the poor and vulnerable groups.

The project is also fully aligned with Focus Area II of 2012-2016 One-UN Plan for Viet Nam. The model of e-learning for medical training will contribute to increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups, but also to increased quality and effective management of education and training systems, and increased access to pre-primary,

primary, and continuing education, particularly for the most vulnerable and disadvantaged groups.

4. South-South Collaboration, strengthened local capacity and immediate impact: Mutual exchange between developing countries, best practices

South-South cooperation is a fairly new concept to Viet Nam. But through this project Viet Nam would like to take the opportunity to improve cooperation with the IBSA countries and learn more about how it can contribute itself to other countries in the South. On the receiving end, Viet Nam will heavily draw upon technical know-how and capacities available in IBSA countries for the development of the e-learning module for medical training (see point 4 below). On the other end, Viet Nam hopes the opportunity to collaborate with IBSA countries will not only be limited to the project. Haiphong is the third largest city of Vietnam and northern Vietnam's most important seaport with its deep-water anchorage and large maritime facilities and thus the project can be a vector for cooperation with IBSA countries in other domains. In collaborating with the IBSA embassies in Hanoi, Haiphong invites institutes from the IBSA countries to visit the university and to explore collaborating mechanisms in different sectors.

4. Use of IBSA country capacities

The project will draw on the capacities, expertise and experiences of IBSA countries by making use of WHO collaborating centres with expertise in medical education and human resources for health development, online and distance learning modules, as well as noncommunicable diseases and marine medicine. A preliminary list of these identified partner institutions in IBSA countries is attached as Annex 2.

The IT platform for this initiative will be modelled on/based on the experience of the Pacific Open Learning Health Net (POLHN), developed by WHO and Pacific ministries of health, and which offers a variety of online and self-paced courses on a number of different topics.

The content to be offered through this platform would be developed based on best practices and IBSA experiences adapted to the specific needs of medical students and doctors affiliated with Haiphong Medical University, for strengthened local capacity, and immediate impact, within the context of a broader reform of the medical curriculum. The aim is for the initiative is to be replicable, for scaling up in other areas.

Study tours to IBSA countries aim at visits and extended direct discussion with the actors of similar e-learning-mediated continuous medical training programs. This activity might be organized before and during the project implementation and for each of work parts where professional experiences and expertise are important and required.

The partners from IBSA countries would be introduced and assigned via mediated role of IBSA Embassies.

5. Use of IBSA country capacities

The project will draw on the capacities, expertise and experiences of IBSA countries by making use of WHO collaborating centres with expertise in medical education and human resources for health development, online and distance learning modules, as well as noncommunicable diseases and marine medicine. A preliminary list of these identified partner institutions in IBSA countries is attached as Annex 1.

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The partners from IBSA countries would be introduced and assigned via mediated role of IBSA Embassies.

6. Strengthening local capacity

Within the scope of the project a capacity of at least 20 university-provincial based trainers, 40 district trainers, 80 district health staffs and 160 commune health staffs in the Northern Coastal regional in Viet Nam will be developed. But because of a Trainers of Trainers (ToT) approach, the local capacity in the Northern Coastal region can be improved further outside of the project. Moreover, with the support of the Ministry of Health the local capacity can also be expanded to other parts of Viet Nam.

7. Ownership

The project involves stakeholders from national, provincial, district and commune level to ensure ownership and participation. Haiphong Medical University deems it essential that the e-learning content as well as the modules to deliver the content will be developed in close consultation with representatives from all the different levels. The involvement of stakeholders in all stages of the project will foster ownership and allow for the production of recognizable outputs for the stakeholders.

8. Sustainability

The project will contribute to the development of a new, but essential part, of the university's curriculum and teaching strategy. Through free updates, the IT platform will be kept up to date after the project. Furthermore, it will be possible for the University to expand the model developed in the field of noncommunicable diseases and marine medicine to other disciplines. Related departments of the University will be responsible for the operation of the digital learning centre, the IT platform and the continuing medical education program. As such, the University has the capacity and resources to maintain the facility.

WHO will also link Haiphong Medical University to its HINARI services of free online access to scientific journals and advise Haiphong Medical University on other continuous learning programmes and programmes such as Coursera, Kahn Academy or others.

In addition, networking with relevant universities worldwide, especially those in IBSA countries will be established and maintained after the project for the need of our University and health workers as well as for mutual interests.

9. Identifiable impact

The project management unit will carry out frequent monitoring and supervision during project implementation and after its completion, to ensure the project's progress, purpose and effectiveness. Please see section 5 for more information on monitoring and evaluation and dissemination.

10. Replicability

The IT-platform in combination with the model for teaching a curriculum electronically can be replicated in other universities in the country and in the IBSA countries. To make the model replicable Haiphong University will put the technology used for the IT-platform available to interested institutes at no cost. It will also compile a set of guidelines and best

practices and dissemination workshops on how to develop and implement an electronic curriculum will be organized.

The model developed for use in this project will be evaluated and examined during the project implementation to allow for easy replicability and scaling-up to meet evolving health needs and developments in different countries. Proactively Haiphong will promote replicability by reinforcing existing networks with Vietnamese Medical Universities. Networking with relevant universities worldwide, especially those in IBSA countries will be established during the project implementation and maintained thereafter.

11. Innovation

Delivering pre and in- service medical training through a model of e-learning is a first in Viet Nam. However, to ensure effectiveness the project draws on the successful e-learning approach of the Pacific Open Learning Health Net (POLHN), as developed by WHO and Pacific ministries of health. The participating WHO Collaborating centres in the IBSA countries will also be encouraged to share innovate and replicable content with Haiphong Medical University for the development of the e-learning curriculum.

III. RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the Country Programme Results and Resource Framework:

Focus Area II of the 2012-2016 One-UN Plan for Viet Nam. More specifically to the following outcomes:

- 2.1: A more effective national social protection system provides increased coverage, quality, and equitable access for the most vulnerable and disadvantaged groups;
- 2.2: Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups;
- 2.3: Increased quality and effective management of education and training systems, and increased access to pre-primary, primary, and continuing education, particularly for the most vulnerable and disadvantaged groups;

Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:

Indicator 1 : Proportion of children under age 1 who are fully immunized against BCG, DPT-HepB-Hib (3 doses), OPV (3 doses) and measles (1st dose) (disaggregated by sex, age, ethnicity, urban/rural, region, province and district)

Baseline (2011): 90%

Target (2015): 95% (EPI MYP 2011-15)

MoV: MOH: Annual report of EPI programme

Indicator 3: Proportion of deliveries attended by trained health personnel (disaggregated by province and region)

Baseline (2009): 94.38%

Target (2016): 96%

MoV: Health Statistics Year Book (for national statistics) and MNCH Department reports (disaggregated by province and region)

Applicable Key Result Area (from 2008-11 Strategic Plan):

Partnership Strategy

Project title and ID (ATLAS Award ID):

INTENDED OUTPUTS	OUTPUT TARGETS FOR (YEARS)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
Specify each output that is planned to help achieve the outcome. For each output, include a baseline with associated indicators and targets to facilitate monitoring of change over time. Each output shall ultimately become	Use this column for more complex projects where an output takes more than one year to produce.	List activity results and associated actions needed to produce each output or annual output targets. Each activity result shall ultimately become an Activity ID in Atlas. 3.1.1. Inception workshop	Specify parties that have been engaged by the executing entity to carry out these activities Haiphong Medical	Specify the nature and total costs of the WHO inputs needed to produce each output. Technical support by WHO Viet Nam, WHO

<p><i>a Project ID in Atlas.</i></p> <p>Output 1: Needs assessment and blueprint of the e-learning IT platform</p> <p>Baseline: N/A</p> <p>Indicators: Needs assessment and blueprint IT-platform report approved by WHO.</p>		<ul style="list-style-type: none"> ▪ Organisation of inception workshop 3.1.2. Needs assessment / Baseline survey conducted <ul style="list-style-type: none"> ▪ Conducting needs assessment ▪ Baseline survey report outlining survey questions, methodology, list of stakeholders to be questioned, reporting method and results 3.1.3. Design the e-learning IT platform <ul style="list-style-type: none"> ▪ Consult the Pacific Open Learning Health Network / WHO ▪ Consult with WHO Collaborating Centres in IBSA countries ▪ Desktop research ▪ Draft blueprint e-learning IT platform 	<p>University, WHO Viet Nam, WHO Pacific Open Learning Health Network, WHO Collaborating Centres in IBSA countries, MOH, Provincial, District, commune health facilities</p>	<p>Pacific Open Learning Health Network, WHO CC in IBSA countries.</p>
<p>Output 2: Educational e-learning model has been developed as well as the training/educational content to be delivered for pre- and in-service medical training</p> <p>Baseline: N/A</p> <ul style="list-style-type: none"> ▪ Indicators: Report providing an outline of which subjects will be taught and which educational model will be used to teach them ▪ Report of tele- and videoconferences and possibly study tours ▪ Training curriculum for both topics developed by Haiphong Medical University and approved by WHO 		<ul style="list-style-type: none"> 3.2.1. Design the educational e-learning model <ul style="list-style-type: none"> ▪ Draft a blueprint of the educational e-learning model indicating how training content will be delivered to different target groups ▪ Consult with IBSA-experts on the design of the e-learning model (via various options, study tours, video, teleconference) ▪ Consult the Pacific Open Learning Health Network / WHO 3.2.2. Design the training curriculum <ul style="list-style-type: none"> • Consult with WHO Collaborating Centers in IBSA countries • Draft a curriculum for the courses offered on noncommunicable diseases and marine medicine • Develop in cooperation with 	<p>Haiphong Medical University, WHO Viet Nam, WHO Pacific Open Learning Health Network, WHO Collaborating Centres in IBSA countries.</p>	<p>Technical support by WHO Viet Nam, WHO Pacific Open Learning Health Network, WHO CC in IBSA countries.</p>

	<p>national, international, WHO and IBSA-experts the curriculum</p>		
<p>Output 3: Equipment in place for the delivery of e-learning for pre- and in-service medical training to improve coverage and quality of health care services in the Northern coastal region of Vietnam Baseline: N/A Indicators:</p> <ul style="list-style-type: none"> ▪ Equipment has been procured and purchased ▪ IT Equipment installed and operational at Haiphong Medical University Digital Resource Center ▪ Selected staff trained ▪ Installation and guidance on the use of equipment at remote locations in the Northern Coastal region ▪ Equipment is maintained 	<p>3.3.1. Procurement of equipment</p> <ul style="list-style-type: none"> • Purchase server • Purchase desktop pc's • Purchase videoconferencing facility <p>3.3.2. Installation and guidance on the use of equipment at Haiphong Medical University</p> <ul style="list-style-type: none"> • Services providers to install software, hardware and provide training to selected staff at Haiphong Medical University to operate and maintain IT equipment and IT platform. <p>3.3.3. Installation and guidance on the use of equipment at remote locations in the Northern Coastal region</p> <ul style="list-style-type: none"> • Services providers to install equipment and provide training to selected staff <p>3.3.4. Maintenance of equipment Equipment to be maintained by staff and if necessary a service provider</p>	<p>Year 2: Target: 10 university-provincial and 20 district trainers trained. 40 district health and 80 commune health staff trained Year 3: Target: Additional 10 university-provincial trainers and 20 district trainers</p>	<p>Output 4: 20 university-provincial based trainers, 40 district health staffs and 160 commune health staffs in the Northern Coastal region in Viet Nam trained on noncommunicable and marine medicine through e-learning methods. Baseline: N/A</p>
<p>Haiphong Medical University, WHO Viet Nam, Provincial, District, commune health facilities, Third party suppliers</p>			<p>WHO to provide financial oversight over procurement and purchasing.</p>
<p>Haiphong Medical University, WHO Viet Nam, WHO Pacific Open Learning Health Network, Collaborating Centres in IBSA countries, MOH, Provincial, commune health facilities</p>			<p>Technical support and oversight by WHO. 200.000 USD</p>

<p>Indicators:</p> <ul style="list-style-type: none"> TOT organised for 10 university-provincial based trainers and 20 district trainers for blending learning courses Self-paced automatic e-learning courses for students, 40 district health and 80 commune health staff up and running Up-scaled e-learning courses to another 10 university-provincial based trainers, 20 district trainers, 40 district health staffs and 80 commune health staffs in the Northern Coastal regional in Viet Nam. 	<p>trained. Students, 40 district health and 80 commune health staff trained through self-paced courses.</p>	<p>revision of educational e-learning model</p> <ul style="list-style-type: none"> Organise revision workshop with all relevant stakeholders Revision of curriculum and e-learning model (if needed) <p>3.4.4. Up-scaling the e-learning courses to another 10 university-provincial based trainers, 20 district trainers, 40 district health staffs and 80 commune health staffs in the Northern Coastal regional in Viet Nam.</p>		
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IV. ANNUAL WORK PLAN

Year: 1 (start date 1 March 2015 – ends 28 February 2016)

The planned budget includes programme support costs (7% WHO, 3% UNDP).

EXPECTED OUTPUTS <i>And baseline, indicators including annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount
Output 1: Needs assessment and blueprint of the e-learning IT platform Baseline: N/A Indicators: Needs assessment and blueprint IT-platform report approved by WHO. Targets: N/A Related CP outcome: Increased quality and effective management of education and training systems, and increased access to pre-primary, primary, and continuing education, particularly for the most vulnerable and disadvantaged groups	1. Inception workshop organised • Organisation of inception workshop • Drafting of inception workshop report 2. Needs assessment / Baseline survey conducted • Conducting needs assessment • Develop methodology • Stakeholder selection • Reporting and analysis 3. Blueprint of IT-platform designed (on basis of needs assessment) • Consult with WHO Pacific Open Learning Health Network • Consult with WHO Collaborating Centres in IBSA countries • Desktop research • Draft blueprint of e-learning IT platform	X				HMU	IBSA	Inception workshop	5510.5 USD
		X				HMU (with support of WHO)	IBSA	Needs assessment	19,837,8 USD
		X				HMU (with support of WHO)	IBSA	IT-platform blueprint	11,021 USD
Output 2: Educational e-learning model has been developed as well as the training/educational content to be delivered for pre- and	1. Educational e-learning model blueprint report • Consult with IBSA-experts on the design of the e-learning model (via		X			HMU (with support of WHO, IBSA institutes)	IBSA	E-learning model blueprint	67,779.15 USD

<p>in-service medical training <i>Baseline: N/A</i></p> <ul style="list-style-type: none"> ▪ <i>Indicators:</i> Report providing an outline of which subjects will be taught and which educational model will be used to teach them ▪ Report of tele- and videoconferences and possibly study tours ▪ Training curriculum for both topics developed by Haiphong Medical University and approved by WHO <p><i>Targets: N/A</i> <i>Related CP outcome:</i> Increased quality and effective management of education and training systems, and increased access to pre-primary, primary, and continuing education, particularly for the most vulnerable and disadvantaged groups</p>	<p>various options, video, teleconference, study tours)</p> <ul style="list-style-type: none"> • Consult with WHO Pacific Open Learning Health Network <p>2. Training curriculum for both noncommunicable diseases and marine medicine developed</p> <ul style="list-style-type: none"> • Consult with IBSA-experts on the design of the e-learning model (via various options, video, teleconference, study tours) • Desktop research • Drafting of training curriculum 	<p>X</p>	<p>X</p>	<p>X</p>	<p>WHO</p>	<p>IBSA</p>	<p>98,086.9 USD</p>
<p>Output 3: Equipment in place for the delivery of e-learning for pre- and in-service medical training to improve coverage and quality of health care services in the Northern coastal region of Vietnam <i>Baseline: N/A</i></p> <p><i>Indicators: Related CP outcome:</i> Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and</p>	<p>1. IT Equipment procured</p> <ul style="list-style-type: none"> • Purchase server • Purchase desktop pc's • Purchase videoconferencing facility <p>2. IT Equipment installed and selected staff at Haiphong Medical University Trained to use of equipment</p> <ul style="list-style-type: none"> • Training for selected staff • Installation of IT equipment <p>3. IT Equipment installed and selected staff at remote locations in Northern Coastal region trained to use of</p>	<p>X</p>	<p>X (+Y2/Q1)</p>	<p>X (+Y2/Q1)</p>	<p>WHO</p>	<p>IBSA</p>	<p>109,107.9 USD</p>
							<p>2204,2 USD</p>
							<p>3306,3 USD</p>

disadvantaged groups; Targets:	equipment • Training for selected staff • Installation of IT equipment														
TOTAL															= 316,853.8 USD

Year: 2 (start date 1 March 2016 – ends 28 Feb 2017)

EXPECTED OUTPUTS And baseline, indicators including annual targets	PLANNED ACTIVITIES List activity results and associated actions	TIMEFRAME				RESPONSIBLE PARTY	Funding Source	PLANNED BUDGET	
		Q1	Q2	Q3	Q4			Budget Description	Amount
Output 3: Equipment in place for the delivery of e-learning for pre- and in-service medical training to improve coverage and quality of health care services in the Northern coastal region of Vietnam Baseline: N/A Indicators: Related CP outcome: Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups; Targets:	1. IT Equipment maintained • Maintenance of IT equipment	X				HMU/ Third party providers	IBSA	IT maintenance	29,756.7 USD
Output 4: 20 university-provincial based trainers, 40 district trainers, 80 commune health staffs in the Northern Coastal regional in Viet Nam trained on noncommunicable and marine medicine through e-learning methods. Baseline: N/A Indicators: • E-learning for pre- and in-service medical training introduced at inception workshop	1. Inception workshop introduced the e-learning for pre- and in-service medical training • Organisation of inception workshop 2. TOT for 10 university-provincial based trainers and 20 district trainers for blending learning courses organized • Training for 10 university-provincial based trainers • Training for 20 district trainers	X				HMU, WHO, IBSA institutes	IBSA	Roll out inception workshop	11,021 USD
			X	X		HMU	IBSA	Initial phase	51798.7 USD

<ul style="list-style-type: none"> ▪ TOT organised for 10 university-provincial based trainers and 20 district trainers for blending learning courses ▪ Self-paced automatic e-learning courses for students, 40 district health and 80 commune health staff up and running ▪ Revision workshop held ▪ Modified e-learning courses and revised educational e-learning model 	<p>3. Self-paced automatic e-learning courses for students, 40 district health and 80 commune health staff organised</p> <ul style="list-style-type: none"> • Self-paced course made available 	X	X	X		HMU	IBSA	Initial self-paced learning phase	27,552.5 USD
	<p>4. Modified e-learning courses and revised educational e-learning model (if needed)</p> <ul style="list-style-type: none"> • Revision workshop • Revision of curriculum and e-learning model (if needed) 			X		HMU, WHO	IBSA		24,246.2 USD
TOTAL									
									144,375.1 USD

Year: 3 (start date 1 March 2017 – ends 28 Feb 2018)

EXPECTED OUTPUTS And baseline, indicators including annual targets	PLANNED ACTIVITIES List activity results and associated actions	TIMEFRAME				RESPONSIBLE PARTY	Funding Source	PLANNED BUDGET Budget Description	Amount
		Q1	Q2	Q3	Q4				
<p>Output 4: 20 university-provincial based trainers, 40 district trainers, 80 commune health staffs and 160 commune health staffs in the Northern Coastal regional in Viet Nam trained on noncommunicable and marine medicine through e-learning methods. (Baseline: N/A</p> <p>Indicators: Up-scaled e-learning courses to another 10 university-provincial based trainers, 20 district trainers, 40 commune health staffs in the Northern Coastal regional in Viet Nam.</p> <p>Related CP outcome: Increased quality and effective management of education and training systems, and increased access to pre-primary, primary, and continuing education, particularly for the most vulnerable and disadvantaged groups</p> <p>A more effective national social protection system provides increased coverage, quality, and equitable access for the most vulnerable and disadvantaged groups</p>	<p>Up-scaling the e-learning courses to another 10 university-provincial based trainers, 20 district trainers, 40 commune health staffs in the Northern Coastal regional in Viet Nam.</p> <ul style="list-style-type: none"> • Training for 10 university-provincial based trainers • Training for 20 district trainers • Improved self-paced course available • Dissemination/awareness raising/promotion activities 	X	X	X	X	HMU with Technical support from WHO and IBISA partner institutes	IBISA	Upscaling of elearning	110,210 USD
TOTAL									
= 110,210 USD									

Project management, monitoring & Evaluation, dissemination (years 1,2,3)

EXPECTED OUTPUTS including baseline, indicators and annual targets	PLANNED ACTIVITIES List activity results and associated actions	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET	
		Q1	Q2	Q3	Q4		Funding Source	Budget Description
<p>Project Management Baseline: N/A Indicators: N/A Related CP outcome: Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups; Targets: Annual reports</p>	<p>1. Support provided to Haiphong Medical University for the administrative and financial management of the project</p>	Y1 - Q1				HMU/Ministry of Health/WHO	IBSA	16,531.5 USD
<p>WHO Technical assistance Baseline: N/A Indicators: N/A Related CP outcome: Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups; Targets: Annual review report and annual project review</p>	<p>1. Technical assistance provided by WHO throughout all stages of the project</p> <ul style="list-style-type: none"> • Financial management • Administration • Technical backstopping • Facilitation between WHO Collaborating Centres in IBSA countries and Haiphong Medical University • Facilitation between WHO Pacific Open Learning Network and Haiphong Medical University • HINARI scientific journal database access 	Y1/2/3 Q1- Q2- Q3- Q4	Y1/2/3 Q1- Q2- Q3- Q4	Y1/2/3 Q1- Q2- Q3- Q4	WHO	IBSA	Technical assistance WHO	165,315 USD

<p>Monitoring and Evaluation <i>Baseline: N/A</i> <i>Indicators: Annual cycle monitoring completed and annual reporting completed</i> <i>Related CP outcome: Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups.</i></p>	<p>1. Annual cycle monitoring conducted</p> <ul style="list-style-type: none"> quality assessment issue Log activated and updated A risk log shall be activated and regularly updated Project Progress Reports (PPR) shall be submitted by the Project Manager to the Project Board through Project Assurance Project Lesson-learned log shall be activated and regularly updated Monitoring Schedule Plan shall be activated and updated to track key management actions/events 	<p>Y1/2/3 Q1- Q2- Q3- Q4</p>	<p>Y1/2/3 Q1- Q2- Q3- Q4</p>	<p>Y1/2/3 Q1- Q2- Q3- Q4</p>	<p>WHO</p>	<p>IBSA</p>	<p>Monitoring and Evaluation</p>	<p>209,399 USD</p>
<p>Lessons learned <i>Baseline: N/A</i> <i>Indicators: Lessons learned report produced</i> <i>Related CP outcome:</i></p>	<p>2. Annual reporting conducted</p> <ul style="list-style-type: none"> Annual review report Annual project review 	<p>Y1/2/3 -Q4</p>	<p>Y1/2/3 -Q4</p>	<p>Y1/2/3 -Q4</p>	<p>HMU (with technical support backstopping of WHO)</p>	<p>IBSA</p>	<p>Lessons learned and dissemination</p>	<p>5510,5 USD</p>
<p>Dissemination <i>Baseline: N/A</i> <i>Indicators: Dissemination kit produced, publication of findings in scientific journal,</i> <i>Related CP outcome: Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups.</i></p>	<p>3. Audit conducted</p> <ul style="list-style-type: none"> Audit <p>1. Compilation of Lessons learned</p> <ul style="list-style-type: none"> Lessons learned report Dissemination and lessons learned workshop <p>2. Dissemination of project findings and lessons learned</p> <ul style="list-style-type: none"> Development of dissemination material kit Publication of articles in scientific journals Dissemination and lessons learned workshop 	<p>Y3 Q4</p>	<p>Y3 Q4</p>	<p>Y3 Q4</p>	<p>HMU with support of all stakeholders involved</p>	<p>IBSA</p>	<p>Lessons learned and dissemination</p>	<p>21,805.05 USD</p>

TOTAL		418,561=
		USD

V. MANAGEMENT ARRANGEMENTS

Establishment of the Project Management Board

Once the project is approved, a Project Management Board (PMB) will be established to monitor, evaluate and supervise the project.

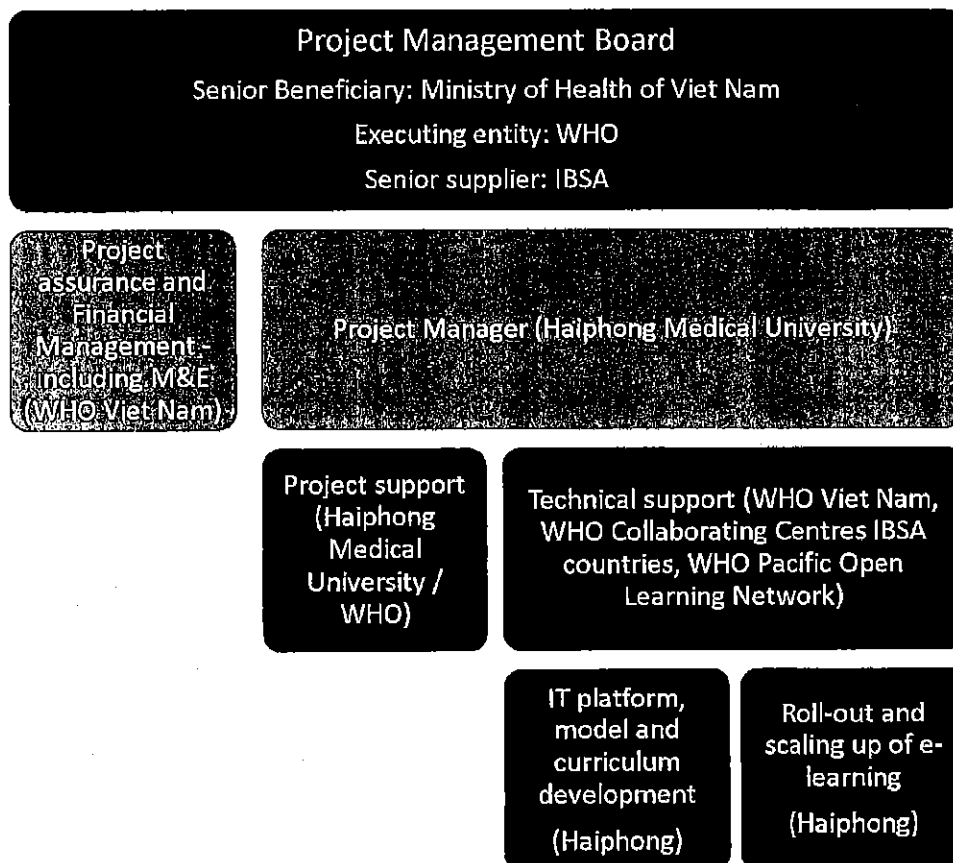
The Project Management Board will consist of:

- Ministry of Health of Viet Nam (national beneficiary)
- Haiphong Medical University (implementing partner)
- WHO Viet Nam (executing entity)

The Project Management Board will appoint a project manager who will be responsible for the day-to-day execution and follow-up of the project. The project manager will be stationed at Haiphong Medical University but will work under the over-all guidance of the Project Management Board and Haiphong University. He will also work in close cooperation with WHO Viet Nam for technical assistance and guidance, including the implementation of the activities indicated in the work-plan.

The PMB will conduct regular meetings to assess the progress and ensure timely and effective implementation of the project. The over-all framework for the project management is illustrated in Fig. 1 below.

Fig. 1. Framework for project management



Responsibilities and duties of different entities

Role	Responsible partner	staff
Project Management Board Senior Beneficiary	Ministry of Health of Viet Nam	TBA
Project Management Board Executive	WHO	Senior staff member
Project Management Senior Supplier	IBSA	Technical officer
Project Manager	Haiphong Medical University	Senior staff member
Project Support	WHO	Administrative staff
Project Support	Haiphong Medical University	Administrative staff

Project Management Board

The project management board is a group responsible for making decisions by consensus, management decisions for a project when guidance is required by the Project Manager, including recommendation for WHO approval of project plans and revisions.

The Project Management Board will:

- Provide overall guidance and direction to the project
- Appoint a senior National Project Manager;
- Address project issues as raised by the Project Manager;
- Provide guidance and agree on possible countermeasures/management actions to address specific risks;
- Review the Project Progress Report and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans.
- Will be accountable to the IBSA partners in terms of the delivery of results and financial efficiency

Project Manager

The Project Manager (PM) will run the project on a day-to-day basis on behalf of the Implementing Partner based on the terms of reference and scope of duties and responsibilities that will be laid down by the Project Board. He will be responsible for day-to-day management and decision-making for the project. The project manager will be a senior staff of Haiphong Medical University.

In particular, the project manager will:

- Over-see the over-all implementation and monitor progress of the work plan ensuring that the implementation meet the quality criteria.
- Work closely together with the Project assurance staff to ensure transparency, accountability and efficiency in the financial management of the project
- Over-see the procurement and mobilization of goods and services, including drafting TORs and work specifications;
- Monitor events as determined in the Project Monitoring Schedule Plan, and update the plan as required;

- Manage and monitor the project risks initially identified, submit new risks to the Project Board for consideration and decision on possible actions if required; update the status of these risks by maintaining the Project Risks Log;
- Be responsible for managing issues and requests for change by maintaining an *Issues Log*;
- Prepare the Project Progress Report (progress against planned activities, update on Risks and Issues, expenditures) and submit the report to the Project Board and Project Assurance;
- Prepare the Annual review Report, and submit the report to the Project Board and the Outcome Board;
- Prepare the AWP for the following year, as well as Quarterly Plans if required;
- Handle any other request of the Project Management Board

Project assurance / financial management

The over-all project assurance and accountability is the responsibility of the Project Board. It may however delegate this function to a local entity, or partner. The project assurance role supports the Project Board and Project Manager through independent project oversight and monitoring functions.

Project Assurance will:

- Ensure that funds are made available to the project;
- Manage requests for the provision of financial resources to the project, using advance of funds, direct payments, or reimbursement in accordance with WHO's financial guidelines;
- Ensure that risks and issues are properly managed, and that the logs are regularly updated;
- Ensure that critical project information is monitored and updated.
- Ensure that Project Progress Reports are prepared and submitted on time, and according to standards in terms of format and content quality;
- Ensure that financial reports are submitted to the United Nations office for South-South Cooperation on time;
- Perform oversight activities, such as periodic monitoring visits and "spot checks".
- Monitor financial resources and accounting to ensure accuracy and reliability of financial reports;
- Responsible for preparing and submitting financial reports to United Nations office for South-South Cooperation on time on a quarterly basis;
- Provide technical assistance to the project manager.

Project support

The Project Support team provides support in the project administration, management and technical support to the Project Manager as required by the needs of the project or Project Manager and/or Project assurer. There will be both a project support at Haiphong Medical University for the day-to-day operations at Haiphong Medical University and also for the financial management of the project with WHO:

- Set up and maintain project files
- Collect project related information data
- Update plans
- Administer Project Board meetings
- Administer project revision control
- Establish document control procedures
- Compile, copy and distribute all project reports
- Assist in the financial management tasks under the responsibility of the Project Manager

- Provide support for monitoring and reporting
- Review technical reports
- Monitor technical activities carried out by responsible parties

VI. MONITORING FRAMEWORK AND EVALUATION

In accordance with the programming policies and procedures outlined by the United Nations office for South-South Cooperation, Haiphong Medical University as the implementing partner will strictly monitor the project. WHO, as executing agency with accountability and responsibility for the project's outcomes and resources and technical and financial management partner, will ensure oversight and support Haiphong Medical University with the monitoring and evaluation. The monitoring and evaluation framework of WHO will be used and will include the following key components at two levels:

Annual cycle monitoring

- On a quarterly basis, a quality assessment shall record progress towards the completion of key results, based on quality criteria and methods captured in the Quality Management table (See table under point 3.1; 3.2; 3.3; 3.4).
- An Issue Log shall be activated and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.
- Based on the initial risk analysis (see below), a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- Based on the above information recorded, Project Progress Reports (PPR) shall be submitted by the Project Manager to the Project Board through Project Assurance, using the standard report format available in the Executive Snapshot.
- a project Lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project
- a Monitoring Schedule Plan shall be activated and updated to track key management actions/events

Annual review and reporting

- **Annual Review Report.** An Annual Review Report shall be prepared by the Project Manager and shared with the Project Board and the United Nations office for South-South Cooperation. As minimum requirement, the Annual Review Report shall consist of WHO's standard format for the Quarterly Progress Report covering the whole year with updated information for each above element of the Quarterly Progress Report as well as a summary of results achieved against pre-defined annual targets at the output level.
- **Annual Project Review.** Based on the above report, an annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. This review is driven by the Project Board and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

WHO will closely work with Haiphong Medical University to ensure the Monitoring and Evaluation requirements by the United Nations office for South-South Cooperation are strictly met.

Lessons learned and dissemination

The project results will be extensively disseminated through various channels.

- *Dissemination workshop:* In the last quarter of the project a dissemination workshop will be organized. The dissemination workshop will bring together all stakeholders and present the lessons learned of the project. The dissemination workshop will also provide Haiphong Medical University and the Ministry of Health with the opportunity to present its future plans for a sustainable growth of e-learning in the Northern Coastal region.

- *Dissemination via various channels from WHO, United Nations office for South-South Cooperation, IBSA institutions:* Haiphong Medical University will develop a kit with dissemination materials for all partners involved, including a press release, pictures, and a report with the lessons learned.
- *Scientific article dissemination:* A number of scientific articles will be written and published in relevant medical journals.
- Upon invitation, Haiphong Medical University will present the projects findings during national and international workshops

Credits

IBSA partners will be provided with visibility and recognition for their instrumental role supporting this project. Credit will be given to IBSA partners during public engagements by the project, particularly in interactions with the media, public and academic appearances and presentations, relations with the local community, the government of Viet Nam, project visitors and other institutions. Other efforts will be made where appropriate to provide visibility to IBSA and the South-South cooperation elements of this project.

Moreover, Haiphong Medical University will place a Commemorative Plaque on its premises possibly and a reference to IBSA will be put in the name of the digital resource learning centre. All project documents will prominently feature the IBSA logo and all IT hardware purchased during the project will carry a sticker with the IBSA logo.

VII. LEGAL CONTEXT

This document together with the CPAP signed by the Government and UNDP which is incorporated herein by reference, constitute together a Project Document as referred to in the Standard Basic Assistance Agreement (SBAA); as such all provisions of the CPAP apply to this document. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner", as such term is defined and used in the CPAP and this document.

Consistent with the Article III of the Standard Basic Assistance Agreement (SBAA), the responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP's property in the Implementing Partner's custody, rests with the Implementing Partner. To this end, the Implementing Partner shall:

- a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
- b) assume all risks and liabilities related to the implementing partner's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the Implementing Partner's obligations under this Project Document [and the Project Cooperation Agreement between UNDP and the Implementing Partner]⁶.

The Implementing Partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under/further to this Project Document".

⁶ Use bracketed text only when IP is an NGO/IGO

VIII. ANNEXES

Annex 1: Project Operational Plan

Annex 2: WHO Collaborating Centres in IBSA Countries

Annex 3: Stakeholder information

References

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¹ World Bank, 2012 Vietnam poverty assessment