

CHAPTER 2

PROFILES OF VERY HIGH PRIORITY PROGRAMMES

The profiles of the very high priority programmes are compiled in this chapter. The profiles include the following items:

- (1) Programme Number
- (2) Programme Title
- (3) Programme Location/ Level
- (4) Target Beneficiaries
- (5) Programme Duration
- (6) Implementation Agency/ Body
- (7) Project Priority
- (8) Rationale
- (9) Objectives
- (10) Expected Benefits/ Outputs
- (11) Related Programmes/ Related Sectors
- (12) Major Programme Components
- (13) Major Input
- (14) Time Frame

2.1 SECTOR-WIDE COORDINATION PROGRAMME (PM-1)

(1) Programme Number: PM-1

(2) Programme Title: Sector-Wide Coordination Programme

(3) Programme Location/ Level

National and Provincial Levels

(4) Target Beneficiaries

Cabinet and Department of Planning and Finance, Ministry of Health

Provincial Health Offices

(5) Programme Duration

Relatively intensive coordination should be promoted for establishing a substantial coordination mechanism, based on the Lao Master Plan Study, for at least 3 years at the national level.

5 years at the provincial level.

(6) Implementation Agency/ Body

The Cabinet and Department of Planning and Finance, Ministry of Health, should be responsible for this programme. For the provincial level, Provincial Health Offices should be major actors.

At the national level, a supporting group, consisting of MOH members and donor members, is needed for promoting sector-wide coordination. Within the MOH, the Technical Working Group for the JICA Study should be kept to promote sector-wide coordination.

(7) Project Priority: Very high

(8) Rationale

In the last ten years, various health programmes and projects have been implemented by MOH, PHOs, international donors and NGOs, resulting in an accumulation of substantial experience. However, these efforts have been made on an ad hoc basis with little coordination and in limited geographical areas. It is time that concerted and systematic efforts were started for covering the whole country step by step and from strategic and long-term perspectives. In order to initiate and sustain such efforts, it is essential to coordinate policy formation, planning and programming, and

programme implementation between MOH departments/centres, PHOs, DHOs and such donors/NGOs from sector-wide perspectives.

At the same time, it is considered that fewer resources will be available to Lao PDR from international donors and NGOs in the future, although the Lao health sector needs more external assistance for sustaining improvements to the health status of the Lao people. Under these circumstances, it is necessary to increase the efficiency and effectiveness of resource utilisation from international donors/NGOs by promoting such sector-wide coordination both at the national and provincial levels.

(9) Objectives

- To promote coordination of policy formulation, planning and programming, and programme implementation at the national and provincial levels by avoiding overlapping and by promoting integration among different projects/ activities
- To exchange information on on-going projects/ activities among major health partners
- To share experiences of implementing projects for improving future actions among major health partners
- To continue to organise national health forums
- To start provincial health forums in a cycle of 5 years for 5-year planning and programme implementation

(10) Expected Benefits/ Outputs

Working consensus on the health master plan and priority programmes/projects is established.

A wide network of health sector coordination centred on the Ministry of Health is established.

(11) Related Programmes/ Related Sectors

All programmes and health sub-sectors are related to PM-1.

(12) Major Programme Components (with Some Explanation on Objectives and Activities)

1) Sector-Wide Coordination at the National Level

To continue coordination of policy formation, planning and programming from sector-wide perspectives by continuing national health forums and at the same time by promoting more informal interaction between MOH and international donor/NGOs.

Activities

Firstly, a group of concerned people shall be organised for supporting and promoting sector-wide coordination in the health sector.

Then the following meetings shall be organised for three years.

- Ad hoc meetings for informal interaction of the supporting group members.
- Bi-monthly coordination meetings (half-day meetings) of the supporting group members, for sharing information on MOH's decisions and various donor/NGO project activities, and for discussing various issues.
- Six-monthly coordination meetings (one-day meetings) involving MOH officials and donors/NGOs (40 participants only from the central level), for discussing specific topics in relation to the MOH master plan and for coordinating activities to promote the overall basic strategies of the MOH master plan.
- Annual health forums (two-day workshops) involving 200 participants including MOH officials, donor/NGO people, for continuing nation-wide discussion about overall health strategies and coordinated implementation of priority programmes/projects.

2) Sector-Wide Coordination at the Provincial Level

To start provincial health forums in a cycle of 5 years for 5-year planning and programme implementation.

Activities

Pilot phase (for two years)

Provincial health forums (annual three-day workshops) for five provinces, inviting all districts, for sharing information and opinions about various issues and for discussing provincial plans, which could lead to the preparation of 5-year health development plans.

Expansion phase (for three years)

Provincial health forums (annual three-day workshops) for 18 provinces, inviting all districts and donor/NGO persons.

(13) Major Input

Administration costs: a hired permanent secretary, who partly works for the supporting group of sector-wide coordination. (30% of the secretary's salary and other office costs, including communications and photocopying, should be covered by this project.)

Per diems and transportation costs for MOH coordinators (3 persons) to support the provincial health forums.

Ad hoc meetings

Half-day meeting

Input will be shared by the supporting group members.

Bi-monthly coordination meetings

Duration of meeting: half a day

Number of meetings: 6 a year

Participants: supporting group members

Printed materials: 10-page discussion paper for all participants

Six-monthly coordination meetings

Duration of meeting: one day

Number of meetings: twice a year

Participants: MOH officials and donors/NGOs (40 participants only from the central level)

Printed materials: 20-page discussion paper for all participants

Coffee and break

Annual health forums

Duration of meeting: two days

Number of meetings: once a year

Participants: 200 persons including MOH officials, donor/NGO people

Per diems for participants from provinces and districts

Simultaneous translators

Printed materials: 30-page discussion paper for all participants

Coffee and lunch break

Provincial health forums

Duration of meeting: three days

Number of meetings: once a year

Participants: 10 provincial persons + 3 persons from each of up to 8 districts + 6 donor/NGO persons = 40 persons

(14) Time Frame

Activities	Years					
	1	2	3	4	5	6
(1) Sector-Wide Coordination at the National Level						
(2) Sector-Wide Coordination at the Provincial Level	Intensive Coordination					
a) Pilot Phase						
b) Expansion Phase						

2.2 CAPACITY BUILDING PROGRAMME FOR HEALTH MANAGEMENT AND HEALTH INFORMATION SYSTEM (PM-2)

(1) Programme Number: PM-2

(2) Programme Title: Capacity Building for Health Management and Strengthening of Information System

(3) Programme Location/ Level

Central MOH, Provincial Health Offices (PHOs), and District Health Offices (DHOs).

(4) Target Beneficiaries

- Central MOH: selected officers and staff
- PHO and DHO management teams
(Note: Capacity building for hospitals management teams is covered under Program No. HS-3)

(5) Programme Duration

Total of 10 years

- Phase 1 for 5 years: components on Capacity Building for Central MOH as well as Study and Initial Project for Selected PHOs and DHOs
- Phase 2: component on Capacity Building for All PHOs and DHOs

(6) Implementing Agency/ Body

- Department of Planning and Finance (DPF)
- Department of Organization and Personnel (DOP)
- National Institute of Public Health (NIOPH)

(7) Project Priority: Very high

(8) Rationale

- The following trends necessitate a more effective and efficient system of managing resources for health:
 - Rising costs in health care;
 - Expanding needs and expectations from government in general and from health system in particular;
 - Limits on the capacity to pay the costs of health care; and
 - Leakages in management of available resources.

(9) Objectives

- To start building **basic management capacities** of selected key personnel at the Central MOH, management teams of PHOs and of DHOs emphasising on attitudinal re-orientation and skills enhancement in the following areas:
 - Basic participatory and integrated planning (annual and five-year; including budgeting), coordination, monitoring and evaluation with the use of data and information;
 - Basic management of personnel (initiating incentive system locally), finance (bookkeeping), logistics/supplies (minimising leakages in the system), building and grounds (preventive maintenance), and information (use of information in making decisions); and
 - Management of special projects (e.g. donor-sponsored, construction);
- To further develop management capacities of key personnel at the Central MOH to **advance or expert** levels and build their capacities as **trainers**.

(10) Expected Benefits/ Outputs

- More effective and efficient resource allocation and utilization by key personnel at the Central MOH as well as by management teams of PHOs and DHOs
- Better mobilization of resources for health
- Management systems (e.g. bookkeeping, use of information in making decisions) developed, operating manuals distributed, and systems implementation regularly monitored and evaluated
- Pool of management experts and trainers developed to continue the capacity building beyond the programme duration

(11) Related Programmes/ Related Sectors

- HR-3 Programme of Reforming Titles and Job Descriptions of Health Workers
- HF-1 Financial Management Improvement Programme for the Health Sector
- HF-2 Programme for Reforming Revolving Drug Fund and User Fee Systems
- PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Developing PHC Systems at the District Level
- PH-3 Programme for PHC System Development at the District Level
- HS-1 District Hospital Improvement Programme
- HS-3 Hospital Management Improvement Programme

(12) Major Programme Components

1) Capacity Building on Health Management at the Central MOH

Objective:

- To build competencies of a few Central MOH officers and staff as master trainers in health management covering basic skills for planning as well as management of personnel, finance, logistics/supplies, and maintenance; and
- To build basic, advance and expert level competencies in health management of key Central MOH officers and staff

Activities:

1. Defining specific roles, responsibilities and authorities (including decision-making on resources) of key Central MOH Offices [by consultant and DOP, which is currently conducting workshops to formulate job descriptions]
2. Selection of key management systems and Central MOH management posts that require further strengthening [by Minister with recommendation from the Department of Organization and Personnel]
3. Assessment/review [by consultants] of the following
 - 3.a. Management systems (including that for health policy) of key Central MOH Offices
 - 3.b. Core competencies (including skills from basic up to experts level) in management of key Central MOH officers and staff
 - 3.c. Past and on-going projects to improve management and policy processes at Central MOH
 - 3.d. Information needs of key Central MOH Offices
4. Formulation of
 - 4.a. Memorandum of Understanding among Ministries of Health, National Statistics Centre and other agencies on health, nutrition and population data [by Department of Planning and Finance]
 - 4.b. Guidelines on use of health information/data [by a HIS Coordination Committee which should be established within the MOH and chaired by the head of the HIS Division]
 - 4.c. Guidelines on use of participation and performance in management courses as basis for granting incentives (e.g. promotion)
 - 4.d. System and guidelines (stating career path and other incentives) for MOH management experts [by NIOPH and DOP] – There will be two

types of experts: master trainers to be based at the NIOPH and systems analysts at respective offices.

4.e. Draft Central MOH Management Manual [by consultant]

4.f. Training design, module, manual, and other aids for basic, advance and experts level courses on management [by consultant]
- includes printing or reproducing

5. Basic training [by consultants]

- During all training activities, adult learning principles and techniques will be adopted and employed. The aim is for the participants to acquire skills that will enhance the performance of their management responsibilities. Training venue will be the MOH or NIOPH. Depending on the results of activities 1 and 3, basic skills may include the following in:

- ✧ planning: formulation of annual and 5-year plans (including setting of vision & mission);
- ✧ management of personnel: formulation of organizational structure & job description; motivational skills
- ✧ management of finance: basic bookkeeping; preparation and analysis of budget and other financial statements
- ✧ management of medicines & other supplies: identifying leakages & options to manage them
- ✧ maintenance of equipment and infrastructure: preventive maintenance of common equipment
- ✧ monitoring & evaluation: formulating indicators of management systems & competencies
- ✧ information management: collection, processing, presenting, and using information; record-keeping
- ✧ providing technical assistance to sub-national levels, and facilitation

6. Advance training of selected Central MOH officials and staff [by consultants]

– This course, which will be offered to graduates of basic training, may include:

- ✧ Advance skills in planning: strategic planning; use of Project Cycle Management &/or Logical Framework
- ✧ Advance skills in proposal writing and other resource mobilization skills
- ✧ Skills in coordination, advocacy, social mobilization and IEC
- ✧ Advance skills in monitoring & evaluation: formulation of tools and instruments

- ✧ Management strategies for efficiency vis-à-vis for coverage and equity
 - ✧ Management of special projects: e.g. donor-supported, construction
 - ✧ Management by objectives and participatory management
 - ✧ Policy processes: formulation and enforcement of policy instruments (e.g. decree, regulation, guideline)
7. MOH management experts training
- 7.a. Nomination of experts-candidates
 - Selection may be based on nature of work (as reflected in the job description), assessment of core competencies, and performance during basic and advance training courses
 - 7.b. Training of systems analysts to improve Central MOH management systems [by consultants]
 - 7.b.1. Workshop 1: Introduction to analysis of management systems
 - 7.b.2. Workshop 2: Review of existing systems
 - 7.b.3. Workshop 3: Further enhancement of existing systems
 - 7.b.4. Workshop 4: Development of management manuals
 - 7.c. Training of management master trainers [by consultants]
 - 7.c.1. Workshop 1: On training of trainers using Adult Learning Techniques
 - 7.c.2. Workshop 2: Development of training manuals
 - 7.c.3. Workshop 3: Development of other learning/teaching materials for adult learners
8. Institutionalisation
- 8.a. Finalization and dissemination of Central MOH Management Manual [by MOH management experts and consultants]
 - 8.b. Annual review and/or revision of management manual/systems [by MOH experts]
 - 8.c. Refresher training for graduates of basic level courses [by MOH management experts]
 - 8.d. Refresher training for graduates of advance level courses [by MOH management experts]
 - 8.e. Refresher training for experts/master trainers [by consultants]
9. Monitoring and evaluation [by DPF]

- 9.a. Periodical monitoring of progress - including implementation of guideline on use of information/data
- 9.b. Interim evaluation - using indicators of management competencies and systems
- 9.c. Monitoring of use of management and training manuals for new personnel occupying key posts at the Central MOH
- 9.d. Monitoring of use of attendance and performance in management courses as bases for granting incentives like promotion [by DOP]

2) Study and Initial Project: On-site Capacity Building on Health Management for Selected PHOs and DHOs

Objectives:

- To study existing management systems and improved management under donor projects at PHOs and DHOs; and
- To pilot-test capacity building strategies for more effective and efficient management at the PHOs and DHOs

Activities:

1. Selection and orientation of 5 PHOs and 2-3 DHOs per province as initial project sites [by DPF]
 - The PHOs may be those in the regional centres (i.e. Oudomxay, Luangphrabang, Vientiane Municipality, Savannakhet, and Champasak. On the other hand, the DHOs should represent different types of districts (e.g. remote and not; fully functional and not; providing medium surgery or not) within a province.
2. Defining roles, responsibilities and authorities (including decision-making on resources) of PHO and DHO management teams in general and, in particular, in initial project sites [by consultant and DOP]
3. Assessment/review [by consultants] of
 - 3.a. past and on-going projects of the MOH and donors aimed at improving management at PHOs and DHOs all over the country
 - 3.b. management systems (including that for policy-making) at the initial project sites
 - 3.c. core competencies of management teams at the initial project sites
 - 3.d. information needs of management teams at the initial project sites
4. Formulation of

- 4.a. Memorandum of Understanding among local authorities and other sub-national agencies on health, nutrition and population data [by PHOs and DHOs with the assistance of the consultant]
- 4.b. Guideline on use of health information/data [by consultant]
- 4.c. Draft Provincial Health System Management Manual and draft District Health System Management Manual [by consultant]
- 4.d. Training design, module, manual, and other aids [by consultant]
 - The goal of the training is to enable PHOs and DHOs management teams to further enhance their management competencies, including analysing and reforming their existing systems using the draft new manual on management of PHOs, DHOs and other health facilities as reference. This activity includes production of the materials, too.
5. Basic training to improve competencies and systems
 - 5.a. Management teams of 1 PHO and 2-3 of its DHOs [by consultant with the MOH management experts as observers]
 - 5.b. Management teams of 4 PHOs and 2-3 of their DHOs [by MOH management experts with consultant as adviser]
6. Advance Training
 - 6.a. Management teams of 1 PHO and 2-3 of its DHOs [by consultant with the MOH management experts as observers]
 - 6.b. Management teams of 4 PHOs and 2-3 of their DHOs [by MOH management experts with consultant as adviser]
7. Monitoring and evaluation of initial project sites – using indicators of management competencies and systems
 - 7.a. Periodical monitoring – to oversee progress of project [by DPF]
 - 7.b. Evaluation at project completion – to identify lessons useful for expansion of capacity building to other PHOs and DHOs [by DPF, DOP, NIOPH, consultant]
8. Institutionalisation
 - 8.a. Revision, finalization and distribution of Provincial and District Management Manuals to all initial project sites [by MOH management experts with support of the consultant; the DPF will be responsible for the distribution]
 - 8.b. Revision and finalization of training design, module, manuals, and other aids [by MOH management experts with support of consultant]

- 8.c. Supporting initiatives of management teams to reform management systems [by consultant]
 - provision of financial and technical support
- 8.d. Documentation of the programme, the reforms undertaken and their impact on overall effect on health and health system [by NIOPH]
 - the documentation should include both components of the Phase. As such, it will be about the reforms and benefits of programme for the Central MOH as well as for the PHOs and DHOs that served as initial project sites.

3) Capacity Building on Health Management for All PHOs and DHOs

Objective: To further enhance capacities of management teams of all the PHOs and DHOs

Activities:

1. Printing of final Provincial and District Management Manuals for distribution to all PHOs and DHOs [by DPF]
 - To be distributed during capacity building in each province
2. Development of 5 initial project sites as Learning Centres for health management [by MOH management experts]
 - 2.a. As co-trainer for MOH master trainers
 - 2.b. As assistant for MOH systems analysts
3. Capacity building in other DHOs under the 5 initial project provinces [by Learning Centres with support of MOH management experts]
4. Capacity building of 1 province by each one [by MOH management experts and members of Learning Centres]
 - 4.a. Basic training – include site visits to Learning Centres
 - 4.b. Advance training
5. Capacity building for all provinces [by MOH management experts and members of Learning Centres]
 - 5.a. Basic training – include site visits to Learning Centres
 - 5.b. Advance training
6. Monitoring and evaluation of reforms in management systems and performance of PHOs and DHOs management teams [by DPF]

(13) Major Input for Phase 1 Only

CODE	BUDGET ITEMS
1.0	TRAINING FOR CENTRAL MOH
1.1	Workshops/Meetings: 50 pax (or participants) X 45 days
1.2	Publication: Central MOH Management Manual (final)
1.3	Publication: Central MOH Management Manual (draft)
1.4	Publication: Central MOH Training Manual (final)
1.5	Publication: Central MOH Training Manual (draft)
2.0	TRAINING FOR PROVINCES AND DISTRICTS
2.01	Airfare for IC
2.02	Airfare for master trainers
2.03	Airfare for monitors
2.04	Per Diem for master trainers & monitors (30 days/trip X 6 trips/district X 15 districts)
2.05	Vehicle rental: 5 provinces X 60 days/province/year
2.06	Publication: Provincial Management Manual (final: 18 provinces X 20 copies)
2.07	Publication: Provincial Management Manual (draft: 5 provinces X 6 copies)
2.08	Publication: Provincial Training Manual (final: 5 provinces X 6 copies)
2.09	Publication: Provincial Training Manual (draft: 5 provinces X 6 copies)
2.10	Publication: District Management Manual (final: 134 districts X 3 copies)
2.11	Publication: District Management Manual (draft: 15 districts X 5 copies)
2.12	Publication: District Management Training Manual (final: 134 districts X 3 copies)
2.13	Publication: District Management Training Manual (draft: 15 districts X 5 copies)
3.0	TRAINING EQUIPMENT/SUPPLIES
3.1	Training equipment & supplies (lump sum)
4.0	CONSULTANT
4.1	International consultant (IC) for health management
4.2	IC for financial management
4.3	IC for logistics management
4.4	IC for information management
4.5	Local consultant
5.0	PROGRAMME MANAGEMENT
5.1	Local interpreter/translator (includes overtime)
5.2	Office Staff (includes overtime)
5.3	Vehicle (including gas, maintenance, repair, registration)
5.4	Driver (includes overtime)
5.5	Counterpart Per Diem
5.6	Office equipment (lump sum)
6.0	CONTINGENCY
6.1	Lump sum

(14) Time Frame

Programme Components and Main Activities	Year 1				Year 2				Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1) Capacity Building on Health Management at the Central MOH																				
1	Defining roles, responsibilities, and authorities																			
2	Selection of key management systems and post																			
3	Assessment /review of management systems, core competencies in management, past/on-going projects and information needs																			
4	Formulation of Memorandum of Understanding, guidelines, systems, management manuals, training design, module, manuals, and other aids, etc.																			
5	Basic training																			
6	Advance training																			
7	Experts training																			
8	Institutionalisation																			
	- Finalization and dissemination of MOH management manual																			
	- Annual review/revision																			
	- Refresher training																			
9	Monitoring and evaluation																			

Programme Components and Main Activities	Year 1				Year 2				Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2) Study and Initial Project: On-site Capacity building on Health management for selected PHOs and DHOs																				
1	Selection and orientation of initial project sites																			
2	Defining roles, responsibilities, and authorities																			
3	Assessment/review of past/on-going projects, management systems, core competencies and information needs																			
4	Formulation of memorandum, guidelines, management manuals, training design, module, and manuals, etc.																			
5	Basic Training																			
6	Advance training																			
7	Monitoring and evaluation																			
8	Institutionalisation																			
	- Revision, finalization of Provincial and District Management Manuals																			
	- Revision and finalization of training design, module, manuals, and other aids																			
	- Supporting reform initiatives of trained management teams																			
	- Documentation and reporting of programmes components																			

2.3 PROGRAMME FOR IMPROVING MANAGEMENT, ALLOCATION, AND MOTIVATION OF HEALTH PERSONNEL (HR-2)

(1) Programme Number: HR-2

(2) Programme Title: Programme for Improving Management, Allocation and Motivation of Health Personnel

(3) Programme Location/ Level

Department of Organisation and Personnel/ Central level

(4) Target Beneficiaries

- All departments, hospitals, schools, centres/institutes, and offices at all levels (especially District Health Offices and Hospitals, and Health Centres)
- Especially health personnel working in the districts

(5) Programme Duration

5 years

(6) Implementation Agency/ Body

Department of Organisation and Personnel

Provincial and District Health Offices

(7) Project Priority: Very high

(8) Rationale

1. On-going nationwide public service reform restricts the potential increase of health personnel so more efforts are required to improve the efficiency of personnel management and to reconsider personnel allocation. In order to establish an effective and efficient district health system, it is especially important that more personnel should be allocated to districts.
2. The disparity between rural and urban areas in terms of the distribution of health personnel is still large because staff are not willing to work in remote rural areas. The reasons for unwillingness are 1) fewer income generation opportunities to supplement their salary, 2) socio-cultural difficulties in adjusting to a rural lifestyle, 3) lack of necessary social services for family members (e.g. schooling), and 4) fear of being excluded from information, training and promotion opportunities at higher levels. It is, therefore, necessary to consider how to motivate health personnel to work in rural areas.

(9) Objectives

- To allocate more health personnel to districts (District Health Offices, District Hospitals, and Health Centres)
- To encourage health workers who are working in districts to maintain high motivation towards their jobs

(10) Expected Benefits/ Outputs

- More health personnel will be deployed in remote rural areas
- The uneven distribution of health personnel between rural and urban areas will be mitigated
- In consequence, the district health system will work more effectively and efficiently

(11) Related Programmes/ Related Sectors

HR-3: Programme of Reforming Job Descriptions and Titles of Health Personnel and Organisation Structure of the Government Health Sector

PH-2: Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach

(12) Major Programme Components

- Personnel are assigned to the Working Group (WG) and the Steering Committee (SC).
- The WG and SC are established.
 - The overall role of the WG is to implement the programme.
 - The overall role of the SC is to supervise and give advice to the WG and to take care of necessary formal procedures for each activity of the programme.
- A foreign Advisor is assigned (**the same as for HR-3**).
 - The overall role of the foreign advisor is to give advice to DOP.

1) To formulate the health personnel distribution and allocation plan

- The WG of **HR-3** proposes a new health personnel distribution and allocation plan in accordance with the reformed organisation structure of the Ministry of Health.
- Based on the above proposal, the Department of Organisation and Personnel (DOP) finalises the new health personnel distribution and allocation plan.
- The plan is approved by the Ministry of Health.

2) To implement the Decree on “Promoting Health Personnel in Remote Rural Areas” and personnel re-allocation

2)-1 Preparation to implement the Decree and personnel re-allocation

The Decree is now under examination by the Prime Minister’s Office. The Decree defines the increase of salary for health personnel posted in 3 different types of areas; 15% increase for remote areas; 20% for remote mountainous areas; and 25% for remote areas with special difficulties.

- The WG develops a guideline to implement the Decree and personnel re-allocation. The guideline contains:
 - Criteria for defining the 3 types of area
 - How to prepare budget plans
 - How to monitor salary delivery
 - How to follow up when personnel move to new areas
 - The penalties for disobedience to the order of transfer
 - How to monitor personnel transfer
 - Reporting system from district to province, from province to DOP
 - Demarcation of responsibilities between the central departments, the provincial health office and the district health office.
- The SC approves the guideline.
- The WG conducts a workshop in each province.

Objectives	<ul style="list-style-type: none"> • To notify participants of the decree • To notify participants of the plan for new personnel allocation for each district • To explain the guideline to enable participants to understand how to implement the decree and re-allocation of the personnel
Participants	<ul style="list-style-type: none"> • Director and Deputy Director in charge of administration from Provincial Health Office and Hospital, and District Health Office and Hospital
Place	Each province
Duration	2 days / province

2)-2 Implementation of re-allocation of health personnel

- Each province implements re-allocation of its health personnel
- The WG members visit each province to monitor progress.

3) To develop other schemes to improve the motivation of health personnel

- The WG studies various kinds of motivation system and schemes and extracts lessons learnt.
 - To assess systems and schemes in the other developing countries

- To assess systems and schemes implemented in donor projects within the country in the past
 - To visit districts and interview health personnel working at district and health centre levels to understand their needs and demands
 - The WG organises a series of consultation meetings to listen to opinions and ideas from resource persons such as relevant health personnel, personnel in the other ministries (e.g. teachers), and foreign experts.
 - Based on the result of the study and meetings, the WG drafts the motivation scheme.
 - The SC approves the draft motivation scheme.
- 4) To implement the pilot project
- The WG identifies a pilot province for implementation of the motivation scheme.
 - The Provincial Health Office and WG identify 2 or 3 pilot districts for implementation.
 - The pilot project is implemented.
- 5) To evaluate the pilot project
- The Provincial Health Office and District Health Office in the pilot province evaluate the results of the pilot project in cooperation with the WG.
 - Based on feedback from the evaluation, the WG modifies the motivation scheme and the SC gives initial approval.
 - The WG and SC organise a workshop to disclose the outcome and evaluation of the pilot project for stakeholders, to listen to their opinions.
 - The WG finalises the motivation scheme and the SC works on obtaining formal approval from the Ministry.
- 6) To implement the motivation scheme nation-wide.
- The WG develops the guideline to implement the motivation scheme.
 - The WG conducts a workshop to notify province and district health personnel of the motivation scheme and to explain how to implement the scheme.
 - The WG hands over the task of implementing the scheme to the DOP.
 - The DOP monitors the implementation of the scheme.

(13) Major Input

(1) Activities		Programme Components	Activities	Staff in charge	Major input items
(1)	Formulation of health personnel distribution and allocation plan		<ul style="list-style-type: none"> • Reporting 	WG of HR-3, DOP, FE	<ul style="list-style-type: none"> • Printing • Communication
(2)	Implementation of the Decree and personnel re-allocation		<ul style="list-style-type: none"> • Developing guideline • Workshop • Monitoring 	WG, FE	<ul style="list-style-type: none"> • Document printing • Communication • Workshop preparation • Transportation • Per diem & accommodation
(3)	Development and implementation of motivation scheme		<ul style="list-style-type: none"> • Survey • Meeting • Pilot project • Workshop 	Consultant (sub-contracted), WG, FE	<ul style="list-style-type: none"> • Hiring consultants • Transportation • Accommodation & per diem • Document collection • Communication • Workshop & meeting preparation • Pilot project

WG: Working Group, DOP: Department of Organisation and Personnel (MOH), FE: Foreign Expert

(II) Personnel Input (Local & Contract basis)

	Number	Qualification	Working Duration
Working Group Member	5 persons / permanent	<ul style="list-style-type: none"> • MOH personnel 	52 months/person
Local Consultant	Hired on contract basis	<ul style="list-style-type: none"> • Working experience in health sector • Within / Outside MOH 	34 M/M
International Consultant	1 person (Hired on contract basis)	<ul style="list-style-type: none"> • Working experience in health sector • Working experience in Lao PDR • Proficiency in Lao language 	10 months/person
Assistant for Foreign Expert	1 person/ permanent	<ul style="list-style-type: none"> • Proficiency in Foreign language • Working experience in health sector 	24 months/person

(III) Foreign experts

Title	Assignment	Number	Working Duration
Long-term Expert	Personnel management	1 person	24 months/person

(IV) Others

Other necessities	<ul style="list-style-type: none"> • Stationery and other office consumables • Necessary costs for Foreign Expert (Office space, furniture and office supply, Car, etc.)
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(14) Time Frame

Activities	2004												2005												2006												2007												2008												2009		
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3												
(1) To formulate the health personnel distribution and allocation plan	█																																																														
(2) To implement the Decree and personnel re-allocation																																																															
1) Preparation	█																																																														
2) Implementation																									█																																						
(3) To develop and implement the motivation scheme																																																															
1) To develop the scheme to improve the motivation of health personnel													█																																																		
2) To implement the pilot project																																					█																										
3) To evaluate the pilot project																																																															
4) To implement the motivation scheme nation-wide																																																															
Assignment of Foreign Expert																																																															

2.4 PROGRAMME OF REFORMING JOB DESCRIPTIONS AND TITLES OF HEALTH PERSONNEL AND ORGANIZATION STRUCTURE OF THE GOVERNMENT HEALTH SECTOR (HR-3)

(1) Programme Number: HR-3

(2) Programme Title: Programme of Reforming Job Descriptions and Titles of Health Personnel and the Organisation Structure of the Government Health Sector

(3) Programme Location/ Level

Department of Organisation and Personnel/ Central level

(4) Target Beneficiaries

All health personnel

All departments, hospitals, schools, centres/institutes at central level, Provincial Health Offices and Hospitals, District Health Offices and Hospitals, and Health Centres

(5) Programme Duration

3 years

(6) Implementation Agency/ Body

A special working group should be formed in the Ministry of Health to examine and develop the titles and job descriptions of health workers, and the organisation structure of the government health sector. The working group shall consist of representatives from relevant departments, health facilities and institutes in the MOH. Department of Organisation and Personnel will chair the committee and coordinate its work.

(7) Project Priority: Very high

(8) Rationale

1. Currently, the same titles are used for different ranks of health worker, such as nurses, pharmacists, and laboratory technicians trained at both middle- and low-level. It obscures the kind of services the health worker is able and obliged to provide.

2. There are no clearly defined job descriptions for health workers based on qualifications, working position, and facility. This hampers appropriate

evaluation of health workers' performance so there is little motivation to perform high quality work.

3. On-going nationwide public service reform restricts increases in the number of health personnel so more efforts are required to improve the efficiency of the services provided by health personnel. Therefore, organisation structure and personnel allocation need to be reconsidered for all departments, hospitals, centres/institutes, and Provincial and District Health Offices in the government health sector.

(9) Objectives

- To redefine the titles of health workers to clarify their ability
- To ensure health workers have a clear understanding of their own duties and responsibilities.
- To encourage health workers to have a high sense of responsibility and motivation towards their work.
- To facilitate fair and precise evaluation of health workers' performance
- To maintain quality of health workers
- To increase efficiency of the services provided by all departments, hospitals, centres/institutes, and Provincial and District Health Offices.

(10) Expected Benefits/ Outputs

- Health workers will have higher motivation and a greater sense of responsibility.
- All departments, hospitals, centres/institutes, and Provincial and District Health Offices under the Ministry of Health can increase the efficiency of their work.
- In consequence, the quality of services will improve.

(11) Related Programmes/ Related Sectors

HR-2: Programme for Improving Management, Allocation, and Motivation of Health Personnel

(12) Major Programme Components

A. Components already implemented by July 2002

- 1) The Department of Organisation and Personnel (DOP) has developed "Job Description and Organisation Structure Development Guideline".

- 2) DOP has conducted workshops in 8 provinces (Phongsaly, Huaphanh, Xayaboury, Vientiane, Vientiane Municipality, Bolikhamxay, Bokeo, and Khammuane) to explain how to write a job description and organisation structure.
 - Duration: 5 days/province
 - Participants: Director and Deputy Directors of Provincial and District Health Offices
Director, Deputy Director and each section chief of Provincial and District Hospitals
Provincial and District Governor's Office staff in charge of personnel management
 - Instructors: Director of DOP, Chief of Personnel Division of DOP

B. Proposed components to be implemented from now

- (1) To develop job descriptions and health workers' titles
- 1) To conduct workshops to explain how to write a job description and organisation structure
 - DOP conducts workshops in the remaining 10 provinces and special zone.
 - DOP conducts workshops for all departments, hospitals, and centres/institutes under the Ministry of Health at central level
- 2) To follow up the process of job description and organisation structure writing and collect completed documents from all offices and hospitals at provincial and district levels, and all departments, hospitals, and centres/institutes under the Ministry of Health.
 - DOP assigns one of the Deputy Directors of the Provincial Health Offices to be a Provincial Coordinator to follow up the process of job description and organisation structure writing.
 - DOP assigns one of the Deputy Directors of each department, hospital, and centre/institute under the Ministry of Health at central level to be Central Coordinators.
 - DOP conducts TOT (Training of Trainers) for the Provincial and Central Coordinators.
 - The Provincial Coordinators visit all provincial and district hospitals and district health offices to carry out follow-up guidance for job description and organisation structure writing, and to collect completed documents while the Central Coordinators do the same for their own organisations.
 - The Provincial and Central Coordinators submit collected documents to DOP.

- 3) To establish a working group and a steering committee to take over the results of components 1) and 2) and to continue to implement the programme
 - The personnel are assigned to the Working Group (WG).
 - The WG is established.
 - The overall role of the WG is to implement the programme.
 - A foreign advisor is assigned (**He/she will also take care of HR-2**).
 - The overall role of the foreign advisor is to give advice to WG.
- 4) To examine the collected job description and organisation structure documents.
 - The WG examines all the collected documents.
 - If clarification and confirmation is required, the WG members visit departments, offices, hospitals, centres/institutes, and schools at central, provincial and district levels to conduct a follow-up survey.
- 5) To develop the title of each health worker
 - The WG develops draft titles of health workers according to their education background.
- 6) To revise and finalise the job descriptions
 - The WG revises the job descriptions with newly proposed health workers' titles.
 - The WG organises a series of consultation meetings to get advice from relevant health personnel and foreign experts.
 - The WG finalises the job descriptions and titling of health workers.
- 7) To complete the process of reforming job descriptions and the titling of health workers
 - The new job descriptions and organisation structures, and the titling of health workers are formally approved by the Ministry of Health.
- (2) To reformulate organisation structure in the government health sector
 - 1) To reconsider the formulation of the organisation structure
 - The WG reconsiders the overall organisation structure of the Ministry of Health based on each organisation structure submitted from all departments, offices, hospitals, centres/institutes, and schools at central, provincial and district levels.
 - The WG drafts the reformulation of the overall organisation structure of the Ministry.
 - The WG proposes a new health personnel distribution and allocation plan in accordance with above reformed organisation structure.

- **This activity is a component of HR-2. Please refer to the HR-2 programme profile.**
 - The WG organises a series of consultation meetings to get advice from relevant health personnel and foreign experts.
 - The WG finalises the reformulation of the overall organisation structure in the Ministry.
- 2) To complete the process of reforming organisation structures
- The new organisation structures are formally approved by the Ministry of Health.
- (3) To establish the system to monitor the performance of health personnel
- 1) To develop the monitoring system
- The WG develops monitoring system of health workers' performance according to the job descriptions.
 - The WG designs training in order to disseminate the job descriptions and to implement monitoring.
 - The monitoring system and training design are formally approved by the Ministry of Health.
- 2) To establish the monitoring system
- Based on the formal approval, the Ministry assigns personnel to be in charge of monitoring at each level.
 - The personnel at central level supervise the overall monitoring system (nominally the Chief of the personnel division in the Dept. of Organisation and Personnel)
 - The Director and one Deputy director of:
 - Departments, hospitals, schools, and centres/institutes at central level
 - Provincial Health Offices and Provincial Hospitals
 - District Health Offices and District Hospitals (District Health Office will also monitor the health centre staff)
- 3) To implement the training
- The WG conducts the training.
(Draft outline of the training)
 - The training consists of initial training, 3 months' monitoring practice, and feedback and follow-up training as follows.

Trainee	The director and deputy director assigned above (of all dept./institutes/hospitals/offices/schools at all levels)			
Component of the training and time schedule	Initial training	1	Explanation of the job description	1 day
		2	Explanation of monitoring system	1 day
		3	Explanation of how to monitor staff performance according to job description <ul style="list-style-type: none"> • Using monitoring format • Asking staff to write reports (reporting format) • Reporting the result of monitoring to the higher level 	1 day
		4	Case study	2 days
	Monitoring practice	5	Monitoring practice at each trainee's working place (Implementing actual monitoring)	3 months
	Feedback and follow-up training	6	Feedback and follow-up after the practice	3 days

4) To obtain feedback from the training

- The WG obtains feedback from above training and makes necessary modifications to the monitoring system.

5) To regularise the system

- The WG hands over the tasks to the Department of Organisation and Personnel.
- The Department of Organisation and Personnel carries out necessary follow up and monitoring for smooth implementation and the former WG members provide support and advice if necessary.

(13) Major Inputs

(1) Activities

Programme Components	Activities	Staff in charge	Major input items
(1) Development of job descriptions and health workers' titles	<ul style="list-style-type: none"> • Workshop • Training • Supervising • Reporting • Meeting 	DOP, WG FE	<ul style="list-style-type: none"> • Document printing • Communication • Workshop & Training preparation • Transportation • Per diem & accommodation
(2) Reformulation of organisation structure in the government health sector	<ul style="list-style-type: none"> • Reporting • Meeting 	WG, FE WG of HR-2	<ul style="list-style-type: none"> • Document printing • Communication • Meeting preparation
(3) Establishment of the system to monitor the performance of health personnel	<ul style="list-style-type: none"> • Survey • Reporting • Training 	WG, FE	<ul style="list-style-type: none"> • Training preparation • Transportation • Accommodation & per diem • Document collection • Communication • Workshop & meeting preparation • Pilot project

WG: Working Group, DOP: Department of Organisation and Personnel (MOH), FE: Foreign Expert

(II) Input of domestic personnel

- Secretariat of WG is based in the Dept. of Organisation and Personnel.

		Number	Note	Working Duration
Working Group	Member	5 persons / permanent	MOH staff	26 months/person
	Secretary	1 person / permanent	Staff in the Dept. of Organisation & Personnel	26 months/person
Supporting Personnel		(Depending on needs)	Invited from the relevant dept./institutes/offices to develop each job description. (e.g.) For the job description of Medical Doctor in the provincial hospital, supporting personnel are invited from: - Central hospital - Provincial hospital - Dept. of Curative - Faculty of Medical Science	(Depending on needs)
Assistant for Foreign Expert		1 person/ permanent	<ul style="list-style-type: none"> • Proficiency in Foreign language • Working experience in health sector 	24 month/person

(III) Input of the foreign expert

Title	Assignment	Number	Working Duration
Foreign Advisor	Public Administration and Personnel management	1 person (same expert working for HR-2)	24 months/person

(IV) Others

Other necessities	<ul style="list-style-type: none"> • Stationery and other office consumables • Necessary costs for Foreign Expert (Office space, furniture and office supply, Car, etc.)
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(14) Time Frame

Activities	Year																								
	2002			2003			2004			2005															
Month	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	
A (already implemented by July 2002)																									
B (to start implementation as continuing activities of A)																									
(1) To develop job descriptions and health workers' titles																									
1) To conduct workshop for job description & organisation structure writing																									
2) To follow up the job description & organisation structure writing																									
3) To establish WG & SC																									
4) To examine job descriptions & organisation structure written																									
5) To develop health worker's titles																									
6) To revise & finalize job descriptions																									
7) To complete the process of job description reform																									
(2) To reformulate organisation structure																									
1) To reconsider the formation of organisation structure																									
2) To complete the process of organisation structure reform																									
(3) To establish the system to monitor the performance of health personnel																									
1) To develop monitoring system																									
2) To establish monitoring system																									
3) To implement the training																									
4) To obtain feedback from the training																									
5) To regularise the system																									
Assignment of Foreign Expert																									

(15) Initial Examination of Title and Job Description of Health Workers

The present titling system and proposed new titles are shown in Table A. Table B exemplifies the tasks for each health workers in hospitals as a reference for developing job descriptions.

Table A: Title of Health Workers

Present System

Ranking	Title	Education Background
Postgraduate level	Specialist	Post Graduation Programme
High level	Medical Doctor Pharmacist Dentist	Medical education / FMS Bachelor of Pharmacy / FMS Bachelor of Dentistry / FMS
Middle level	Medical Assistant Nurse Hygiene Inspector Laboratory Assistant Assistant Pharmacist Physical-Therapist	Diploma of Medical education Diploma of Nursing & Midwifery / CHT Diploma of Hygiene Inspector / CHT Diploma of Medical Science / CHT Diploma of Pharmacy / CHT Diploma of Physiotherapy-Rehabilitation / CHT
Low level	Auxiliary Nurse Pharmacy Technician Laboratory Technician	Auxiliary Nursing School Pharmacy Technician Laboratory Technician

Proposed System

Ranking/Title	Requirement
Professor of Hospital	Medical Doctor + clinical teacher
Specialist	Doctor + Post Graduate Education
Doctor	Medical Doctor
(Medical Assistant)	(Medical Assistant)
Dental Doctor	Dentist + Post Graduate Education
Dentist	Dentist Bachelor
Pharmacist	Pharmacist Bachelor
Laboratory Technologist	Laboratory Technologist Bachelor
Physical-Therapist	Physical-Therapist Bachelor
Professional Nurse	Nurse Bachelor
Technical Nurse	Nurse Diploma
Auxiliary Nurse	3 years Nurse education (with 8 years GE)
Paramedical Assistant	Hygiene Inspector Laboratory Assistant Assistant Pharmacist Physical-Therapist Assistant Dentist
Medical Technician	Nurse with less than 11 years GE and less than 2 years Nurse education Pharmacy Technician Laboratory Technician
Primary Health Care Workers	3 years PHC Worker education (with 8 years GE)
Medical Engineer	Faculty of Engineering

Alleviation: FMS = Faculty of Medical Science; CHT = College of Health Technology;
GE = General Education

**Table B: Proposed Division of Tasks in the hospital
for the Health Worker's Job Description**

	Medical Doctors	Medical	Medical	Nurse		Pharmacist	Dentist
	Physician Surgeon	Student 5-7th year	Assistant	Adults Paediatrics	Midwife		
Patient							
Interview							
Clinical Examination							
Severity Evaluation							
Hygiene							
Consultation							
Follow Up							
Chart Recording							
Chart Checking							
Good Practices							
Diagnostic							
Preliminary							
Full Diagnostic							
Paraclinical Tests							
Ordering							
Interpretation							
Checking Values							
Therapy							
Ordering							
Checking Posology							
Drug Distribution							
Pregnancy							
Prenatal Care							
Delivery							
Post Natal Care							
Birth Spacing							
Dietetics							
Medical Education							
Health Workers							
Public							
Contents							
Managing							
Records							
Material & Equipment							
Notifying Cases							
Epidemic Alert							

2.5 PROGRAMMES FOR STRENGTHENING REGIONAL AND PROVINCIAL EDUCATION AND TRAINING INSTITUTIONS FOR HEALTH WORKERS (HR-4)

(1) Programme Number: HR-4

(2) Programme Title: Programme for Strengthening Regional and Provincial Education and Training Institutions for Health Workers

(3) Programme Location/ Level

Existing Public Health Schools in Champasak, Savannakhet, Luangphrabang and Oudomxay / Regional and Provincial level

Nursing Schools in Khammuane and Vientiane province / Regional and Provincial level

Provincial Hospitals where above schools are located / Regional and Provincial level

(4) Target Beneficiaries

Pre-service health workers who are primarily nursing school students

In-service health workers at provincial, district and village levels (both government and private sectors)

(5) Programme Duration

8 years

(6) Implementation Agency/ Body

Department of Organization and Personnel

Public Health Schools and Nursing Schools

Provincial Hospitals where above health and nursing schools are located nearby

(7) Project Priority: Very high

(8) Rationale

1. Currently, there are two types of nurse: the middle-level nurse educated for 3 years and the low-level nurse educated for 2 years where both have completed senior high school as a prerequisite. Since the middle-level nurse can be educated only at the College of Health Technology in Vientiane Municipality which tends to

narrow education opportunities for people in provinces to be middle-level nurses. Moreover, once they come to study in Vientiane Municipality, many of them are reluctant to go back to their locality. In consideration of the present situation which demand high quality health care are increasing in rural areas of the country and the nurses are the front runners to extend health care services to people, it is worth upgrading existing Public Health Schools and Auxiliary Nursing Schools to provide quality “technical” nurse education¹.

2. Deploying qualified personnel to remote health centres is very difficult because the staff do not want to be stationed in remote areas where they have insufficient access to quality social services and activities such as education, communication with local people due to language barrier and less income generation opportunities to supplement their salary. Although local people should be more encouraged to be health workers to serve their community, high enrolment requirements for medical education institutions (senior high school graduation is a prerequisite) tend to reduce opportunities for people in remote areas who are disadvantaged, in terms of access, to better general education. The “PHC worker” is a new profession which the Ministry of Health decided to establish in order to allocate local staff who live in their communities and those who exclusively work for PHC at their health centre. Existing 4 Public Health/Nursing Schools are planned to implement PHC worker training course², so it is an urgent requirement for these schools to enhance their capacity.
3. Especially for health workers serving in provinces, opportunities to refresh and brush up their knowledge and skills are quite limited. It is essential to provide routine training opportunities and have access to medical reference material such as textbooks, manuals, and up-to-date periodicals for all in-service health workers at provincial and district levels. Existing Public Health Schools and Nursing Schools and provincial hospitals, where better physical and human resources are available, have a potential to become a resource centre and also to host in-service training courses.

¹ Educational system and title of the nurse called by rank (high, middle and low) are now under re-consideration in the Ministry of Health. In the future, the nurse with bachelor and higher degree will be defined as “professional nurse”, those with 2(+ several months) years education after upper secondary school completion will be entitled “technical nurse”, and those with 3 year education after lower secondary school completion can serve as “auxiliary nurse”.

² The first batch of students will be selected and begin study from September 2002 at Oudomxay and Luangphrabang Public Health School.

(9) Objectives

- To provide quality pre-service nurse education at regional and provincial level
- To improve quality of services provided by nurses to local people
- To increase opportunities of pre-service health worker education for students from remote rural areas
- To improve quality of services provided at health centre level
- To provide more opportunities and to have easier access to in-service training for health workers at provincial, district and village levels
- To improve quality of health workers serving at provincial, district and village levels

(10) Expected Benefits/Outputs

- The number of better-trained nurses working at provincial, district and village levels will be increased.
- Appropriate staff is deployed more for health centre.
- The knowledge and skills of in-service health workers serving at provincial, district and village level will be improved.
- As a whole, quality of services provided by health workers at provincial, district and village levels are improved.

(11) Related Programmes/ Related Sectors

HR-5: Programme for Reformulating Nurse Education Policies

HR-13: Textbook Development Programme for Nurse Education in Lao Language

PH-3: Programme of Implementing the PHC Approach to Strengthen District Health Systems

(12) Major Programme Components

1) Upgrading of existing Public Health Schools and Auxiliary Nursing Schools

- To establish a working group to improve pre-service nurse education in MOH.
- To review the current curriculum of nurse education and capacity of Public Health Schools and Auxiliary Nursing Schools.
- To train personnel to be capable of teaching technical and professional nurse education curricula. The personnel could be from existing teaching and technical staff in Public Health Schools, Nursing Schools, the College of Health Technology, Faculty of Medical Science, and other staff under MOH.

- To expand/renovate existing infrastructure in the Public Health Schools and Nursing Schools to facilitate lecture, demonstration and practicum.
 - To provide teaching devices, models, and instruments for lecture, demonstration, practice, and also expanding by distribution teaching materials to the Public Health Schools and Nursing Schools.
- 2) Development and production of textbooks for nurse education in Lao language
- (This is an activity in HR-13. Please refer to the HR-13 programme profile.)**
- 3) Establishment of PHC Worker Training Course at Public Health Schools and Auxiliary Nursing Schools
- To define status and job description of PHC Workers, and to develop curriculum for training of PHC workers.
 - To develop textbook and teaching materials for PHC Workers. The textbooks can be used as reference manual in actual practice at Health Centres and villages. (This is also a part of activities in HR-13)
 - To train and teach technical staff in the Public Health Schools and Auxiliary Nursing Schools to coordinate PHC worker training course.
 - To develop a system to select candidates for PHC workers and scholarship program.
 - To prepare a Health Centre Kits which will facilitate all PHC workers after their graduation to be used daily at their stationed health centres
- 4) Establishment of Resource Centres at the Public Health Schools and Auxiliary Nursing Schools
- To assess the Public Health Schools or Nursing Schools for their capabilities to be a resource centre.
 - To construct new building or renovate existing facilities to be a resource centre at Public Health Schools or Nursing Schools
 - To procure medical reference manuals, textbooks, models and specimens and periodicals and to arrange for regular delivery.
 - To set necessary arrangement for resource centre management
- 5) Establish of In-Service Training Courses based at the Public Health Schools or Auxiliary Nursing Schools
- To develop a standardized framework of in-service training which can be routinely held
 - To develop curriculum and teaching materials

- To train staff in the Public Health Schools, Nursing Schools, in provincial hospitals and provincial health offices where the schools are located in order that they will be able to take care of their own in-service training courses.
- To formulate mobile teams from the central and above provincial hospitals which will periodically provide on-the-job training to district hospital staff on a routine basis.

(13) Major Input

(I) Activities

Programme Components	Activities	Staff in charge
(1) Upgrading of existing Public Health Schools and Auxiliary Nursing Schools	<ul style="list-style-type: none"> • Survey • Training • Construction • Device/Instrument procurement 	WG, FE, Contractor
(2) Development of textbooks for nurse education in Lao language	(Refer to HR-13)	(Refer to HR-13)
(3) Establishment of PHC Worker Training Course at Public Health Schools and Auxiliary Nursing Schools	<ul style="list-style-type: none"> • Textbook development (Refer to HR-13) • System development • Training • Material procurement 	WG, FE, Contractor
(4) Establishment of Resource Centres at the Public Health Schools and Auxiliary Nursing Schools	<ul style="list-style-type: none"> • Survey • Construction • Material/Device/Instrument procurement 	WG, FE, Contractor
(5) Establishment of In-Service Training Courses based at the Public Health Schools or Auxiliary Nursing Schools	<ul style="list-style-type: none"> • System development • Training 	WG, FE

WG : Working Group, FE: Foreign Expert

Improvement of infrastructure and equipment of Public Health Schools and Nursing School related to the above mentioned activities will be integrated as summarised as follows.

	Building	Equipment
Savannakhet Public Health School	Construction of classrooms and training rooms, administration bldg., dormitory for students, trainees and trainers.	Procurement of equipment for; -demonstration/practice, -practice for physical check, emergency treatment, ob/gyn., laboratory test, -audio visual, -teaching material production, -transportation for on the job training of community health.
Champasak Public Health School	Construction of classrooms, training rooms, dormitory for students, trainees and trainers.	
Luangphrabang Public Health School	Construction of the classrooms. Renovation of classrooms, hall, and demonstration rooms.	
Khammuane Nursing School	Construction of classrooms, dormitory for students, trainees and trainers.	
Oudomxay Public Health School	Construction of classrooms, training rooms, dormitory for trainees and trainers.	

(II) Personnel Input (Local & Contract basis)

	Number	Qualification
Working Group Member	5 persons	<ul style="list-style-type: none"> • MOH personnel
Local Consultant	Hired on contract basis	<ul style="list-style-type: none"> • Working experience in health sector • Within / Outside MOH
International Consultant	Hired on contract basis	<ul style="list-style-type: none"> • Working experience in health sector • Working experience in Lao PDR • Proficiency in Lao language

(III) Foreign experts

Title	Assignment	Number	Working Duration
Senior Advisor	Nurse Education	1 person	30 months/person
Volunteer	Nurse Education	5 person (one for each school)	24 months/person

(14) Time Frame

Activities	Year																																									
	2003			2004			2005			2006			2007			2008			2009			2010																				
Month	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12			
Upgrading of existing (1) PHS Schools & AN Schools																																										
Development of (2) textbooks for nurse education in Lao (HR-13)																																										
Establishment of PHC (3) Worker training course at PH Schools & AN Schools																																										
Establishment of (4) Resource Centres at PH Schools & AN Schools																																										
Establishment of In- (5) service training courses based at PH Schools & AN Schools																																										

2.6 PROGRAMME FOR REFORMULATING NURSE EDUCATION POLICIES (HR-5)

(1) Programme Number: HR-5

(2) Programme Title: Programme for Reformulating Nurse Education Policies

(3) Programme Location/ Level

Department of Organisation and Personnel / Central level

(4) Target Beneficiaries

Nurses throughout the country

(5) Programme Duration

27 months (2 years and 3 months)

(6) Implementation Agency/ Body

A working group and a steering committee shall be formed for implementing the programme. The working group and steering committee shall consist of representatives from relevant departments and agencies under the Ministry of Health such as Department of Curative Medicine, Department of Hygiene and Disease Prevention, MCH Centre, the College of Health Technology, the Public Health Schools, Auxiliary Nursing Schools, and Central and Teaching Hospitals. The Department of Organisation and Personnel will chair the committee and coordinate its work.

(7) Project Priority: Very high

(8) Rationale

1. Nursing (currently practised by both middle-level and low-level nurses) is a profession with many challenges in Laos. At community level, nurses provide various types of direct health care services, ranging from basic diagnosis and treatment for diseases, to disease prevention activities including MCH and health education. However, current nurse education does not cover all these aspects sufficiently, especially midwifery, PHC, and nutrition, which are the most problematic issues for people in rural areas.
2. At hospitals, nurses are not currently recognised as practising a professional and independent occupation but just as an assistant of doctors and other paramedical technicians. In practice however, nurses have various tasks in a hospital. For example, a nurse has to collect information from patients, analyse patients'

problems, make nursing plans, nurse patients, and evaluate processes and results. These are not yet recognised as important tasks of a nurse.

3. Although the current nurse education curriculum requires all students to attend practice both in a hospital and a community, these practical components are not appropriately implemented. In reality, some existing nurses, who instruct students, lack even basic knowledge of hygiene/sanitation and communication skills with people. As a result, students cannot learn how a nurse should work.
4. In current nurse education, midwifery is not taught sufficiently although students are supposed to be trained as a midwife as well as a nurse. For example, the students have almost no chance to attend a delivery during hospital practice so they cannot handle even a normal delivery after graduating.
5. In rural areas, where more than 80% of the entire population of the country live, major diseases are infectious diseases that are both preventable and curable by basic health services. It means that nurses can play an essential role in improving people's health status, especially at district and village levels, by providing basic treatment and prevention services. However, current nurse education inclines more towards nursing at hospital rather than community nursing. It is necessary to reorient nurse education with a greater emphasis on community health.

For all above reasons, it is time to reconsider and reformulate overall policies of nurse education in the country.

(9) Objectives

- To reconsider the role of the nursing profession in the country: should it remain as a multi-domain profession or should it be separated into, for example, hospital nurse, community nurse, and midwife?
- To reorient nurse education with more emphasis on community health
- To reformulate the system of nurse education
- To formulate an action plan for improving nurse education

(10) Expected Benefits/Outputs

- The nurse education system will be improved to meet the people's needs.
- A policy and action plan will be developed in order to improve nurse education.
- Nurses are recognised as performing a professional occupation.

(11) Related Programmes/ Related Sectors

HR-3: Programme of Reforming Job Descriptions and Titles of Health Personnel and Organisation Structure of the Government Health Sector

HR-13: Textbook Development Programme for Nurse Education in Lao Language

PH-3: Programme of Implementing the PHC Approach to Strengthen District Health Systems

MC-2: Programme for Strengthening and Promotion of MCH

NT-3: Nutrition Information/Education Programme

(12) Major Programme Components

To form a working group and a steering committee for implementing the programme

- Personnel are assigned to the Working Group (WG) and the Steering Committee (SC).
- The WG and SC are established.
- The Foreign Advisor (FA) is assigned.
 - The overall role of the WG is to implement the programme.
 - The overall role of the SC is to supervise and give advice to the WG and to take care of necessary formal procedures for each activity of the programme.
 - The overall role of the FA is to give advice and technical support to the WG.

1) To assess the present situation and redefine the role of nurses

- The WG assesses the present situation of nurses working at provincial hospitals, district hospitals and health centres.
 - Actual duties and responsibilities
 - Actual level of knowledge and skills
 - Opinions of other medical staff (problems with current nurses, expectations of nurses)
 - Opinions of patients and people in communities (problems with current nurses, expectations of nurses)
 - Opinion of foreign experts who have worked in the concerned areas.
- Based on the above assessment, the WG prepares the draft proposal for restructuring the nurse profession.
- After the SC examines the proposal, the SC and WG hold a series of small consultation meetings to listen to various opinions of relevant personnel from hospitals, schools, MOH's Dept., provincial and district staff, and foreign experts.
- Based on the results of the consultation meetings, the WG finalise the proposal.

- The SC approves the proposal.
 - The SC works to get formal approval from the Ministry of Health and relevant government agencies.
- 2) To define the job description of nurse
- (This part will be one component of HR-3. Please refer to the profile of HR-3)**
- 3) To reformulate the system of nurse education
- The WG drafts the new system of nurse education.
 - The SC approves the draft.
 - The SC works to get formal approval for the new system from Ministry of Health, Ministry of Education, and other relevant government agencies.
- 4) To formulate a policy and action plan toward 2020
- The WG formulates a policy and action plans for the new system of nurse education.

(Draft TOR of policy and action plans)

Contents of the policy and action plans

- Overall policy
- Target number of nurses to be educated up to 2020
- Action plan for improving nurse education
 - Improvement of curriculum and subject contents of nurse education
 - Development of standard guideline and manual for hospital and community practice in nurse education
 - Improvement of quality of teaching staff
 - School improvement (including new school establishment)

(Actual implementation will partly start under HR-4. Please refer to the profile of HR-4)
 - Development of Lao language textbooks

(Actual implementation will start under HR-13. Please refer to the profile of HR-13)
 - Implementation of in-service training for existing nurses
- Investment plan for action plans

Working procedure

- A series of seminars and workshops will be held to involve stakeholders in the policy and action plan formulation.
- The SC will supervise, advise and give necessary approval to the WG.

- Appropriate foreign experts will be recruited.
- The SC gives final approval to the policy and action plans.
- The SC works to get formal approval from the Ministry of Health.
- The WG and SC conduct a seminar to notify all stakeholders of the policy and action plans for nurse education toward 2020.

(13) Major Input

(I) Activities

Programme Components	Activities	Staff in charge	Major input items
(1) Assessment of the present situation and redefinition of the roles of nurses	<ul style="list-style-type: none"> • Survey • Reporting • Meeting 	Consultant (sub-contracted), WG, SC	<ul style="list-style-type: none"> • Hiring consultants • Transportation • Accommodation & per diem • Communication • Document printing • Meeting preparation
(2) Defining the job description of nurses	(Refer to HR-3)	(Refer to HR-3)	(Refer to HR-3)
(3) Reformulation of the nurse education system	<ul style="list-style-type: none"> • Survey • Reporting 	Consultant (sub-contracted), WG, SC FE	<ul style="list-style-type: none"> • Hiring consultants • Document printing • Communication
(4) Formulation of a policy and action plan toward 2020	<ul style="list-style-type: none"> • Survey • Reporting • Workshop & seminar 	Consultant (sub-contracted), WG, SC FE	<ul style="list-style-type: none"> • Hiring consultants • Document printing • Communication • Transportation • Accommodation & per diem • Workshop preparation

WG: Working Group, SC: Steering Committee, FE: Foreign Expert

(II) Personnel Input (Local & Contract basis)

	Number	Note	Working Duration
Working Group Member	5 persons / permanent	<ul style="list-style-type: none"> • MOH personnel 	27 months/person
Local Consultant	Hired on contract basis	<ul style="list-style-type: none"> • Working experience in health sector • Within / Outside MOH 	26 M/M
International Consultant	Hired on contract basis	<ul style="list-style-type: none"> • Working experience in health sector • Working experience in Lao PDR • Proficiency in Lao language 	10 M/M

(III) Foreign experts

Title	Assignment	Number	Working Duration
Long-term Expert	Nurse Education	1 person	12 months/person
Short-term Expert	Policy Planning	1 person	9 months/person

(IV) Others

Other necessities	<ul style="list-style-type: none"> • Stationery and other office consumables • Necessary costs for Foreign Expert (Office space, furniture and office supply, Car, etc.)
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(14) Time Frame

Activities	Year	2002			2003												2004												2005								
		10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3						
(1) Assessment of the present situation & redefinition of the roles of nurses					■																																
(2) Defining the job description of nurses (HR-3)																																	
(3) Reformulation of the nurse education system																	■																				
(4) Formulation of a policy and action plan toward 2020																																					
Assignment of Foreign Expert																■																					

2.7 PROGRAMME FOR IMPROVING QUALITY OF TEACHERS FOR HEALTH WORKER EDUCATION/TRAINING (HR-9)

(1) Programme Number: HR-9

(2) Programme Title: Programme for Improving Quality of Teachers for Health Worker Education/Training

(3) Programme Location/ Level

Central level

(4) Target Beneficiaries

(Direct) Existing teaching staff in the Faculty of Medical Science, the College of Health Technology, Public Health Schools, and Auxiliary Nursing Schools, and prospective teachers and trainers among capable health workers

(Indirect) Pre-service and in-service health workers

(5) Programme Duration

6years (as an initial stage of implementation)

(6) Implementation Agency/ Body

In order to formulate a policy and action plan, a working group (WG) and a steering committee (SC) shall be formed. The WG and SC shall consist of representatives from relevant department and agencies, centres/institutes under the Ministry of Health. The WG shall collaborate with the WGs of HR-5 and HR-10 in order to make the programme be consistent with the reformed education system for the health workers.

After the policy and action plan formulated, the Department of Organisation and Personnel shall be chiefly responsible for their implementation.

(7) Project Priority: Very high

(8) Rationale

In order to improve the quality of health workers, teachers/trainers who instruct them should be qualified. Currently however, the quality of existing teachers/trainers is not sufficient. For example, significant numbers of teaching staff, who teach middle-level health workers, only possess middle-level professional education background. Some teaching staff has not taken any education/training course of teaching and has no clinical experience at hospital. Even after they start their teaching career, they have

few chances to receive education and training to brush up their knowledge or to acquire up-to-date information and technology. Therefore, improvement of quality of teachers is urgent necessity to improve quality of health workers as a whole.

(9) Objectives

- To formulate and implement a policy and action plan for improving quality of teachers for the health worker education/training
- To provide more education and training opportunities inside/outside the country for both the existing teaching staff in the health worker education institutes and prospective teachers and trainers in order to improve their professional knowledge and teaching skills
- To encourage qualified health workers to be a teacher or trainer

(10) Expected Benefits/Outputs

- The level of teachers for health workers would be enhanced.
- The number of high-quality teachers for health workers would increase.
- The number of health workers trained by high-quality teachers would increase.

(11) Related Programmes/ Related Sectors

HR-4: Programmes for Strengthening Regional and Provincial Education and Training Institutions for Health Workers

HR-5: Programme for Reformulating Nurse Education Policies

HR-10: Programme for Reformulating Medical Doctor Education Policies

ML-1: Programme for Strategy Formulation and Capacity Building for Health Technology-Based Medicine

(12) Major Programme Components

- (1) To formulate a policy and action plan for improving quality of teachers for health worker education institutes toward 2020
 - 1) To form a working group and a steering committee for a policy and action plan formulation
 - Personnel are assigned to the Working Group (WG) and the Steering Committee (SC).
 - The WG and SC are established.
 - 2) To assess the present situation of teaching staff in the health worker education institutes

- The WG assesses the present situation of teaching staff (both full-time and part-time) and the health worker education institutes (the Faculty of Medical Science, the College of Health Technology, Public Health Schools, Auxiliary Nursing Schools, and National Institute of Public Health)

(Each teaching staff)

- Formal professional education background
- Working and teaching experience
- Experience of training received
- Further training/education needs
- Opinion on the present working condition
- Actual level of knowledge and skills (test)

(Education institutes)

- Needs of improvement of existing staff
- Needs of new teaching staff
- Opinion of foreign experts who have worked with teaching staff

3) To formulate a policy and action plan

- Based on the above assessment, the WG drafts a policy and action plan to improve the quality of teachers
- After the SC examines the draft policy and action plan, the SC and WG hold a series of small consultation meetings to listen to various opinions of relevant personnel from hospitals, schools, MOH's Dept., provincial and district staff, and foreign experts.
- Based on the results of the consultation meetings, the WG finalises the policy and action plan.
- The SC approves the policy and action plan.
- The Ministry of Health gives final approval for the policy and action plan.

(2) To start implementation of the policy and action plan

(Followings are possible actions to be taken. However, the actual implementation shall depend on what are proposed in the above policy and action plan.)

	Type of education/training	Personnel to be educated/trained	Purpose / Subject
1	Upgrade training	High-level teaching staff / health workers	To obtain Master or Ph.D. for his/her own speciality (outside the country)
		Middle-level teaching staff / health workers	To obtain Bachelor Degree for his/her own speciality (inside/outside the country)
		Low-level teaching staff	To obtain Diploma for his/her own speciality (outside the country)
2	Special training for teaching	Middle-level teaching staff / health workers	To obtain knowledge and skills to teach in school/hospital (outside the country)
		High-level teaching staff / health workers	
3	Postgraduate training for sub-speciality	High-level teaching staff / health workers	To obtain professional knowledge and skills for specific professional subject in addition to his/her own speciality To obtain professional knowledge and skills for interdisciplinary subjects such as primary health care, public health management (inside/outside country)
4	Hospital training	Middle-level teaching staff / health workers	To obtain clinical experience (inside/outside the country)
		High-level teaching staff / health workers	
5	Short-term training	High-, Middle-, and Low-level teaching staff	To refresh and brush up on his/her knowledge and skills as well as to obtain new concepts and technologies (inside/outside the country)

(13) Major Input

(I) Activities

Programme Components	Activities	Implementation body
(1) Formulating a policy and action plan for improving quality of teachers for health worker education	<ul style="list-style-type: none"> • Survey • Planning 	WG, Consultant (sub-contracted)
(2) Starting implementation of the policy and action plan	<ul style="list-style-type: none"> • Education & training 	DOP, HI

WG: Working Group, FE: Foreign Expert, DOP: Department of Organization and Personnel

HI: Health Worker Education Institutes in the country

(II) Personnel Input (Local & Contract basis)

	Number	Qualification
Working Group Member	5 persons	<ul style="list-style-type: none"> • MOH personnel
Local Consultant	Hired on contract basis	<ul style="list-style-type: none"> • Working experience in health sector • Within / Outside MOH
International Consultant	Hired on contract basis	<ul style="list-style-type: none"> • Working experience in health sector • Working experience in Lao PDR • Proficiency in Lao language

(14) Time Frame

- (1) Formulation of policy and action plan: 1 year (Between Year 2003 and 2004)
- (2) Starting implementation (including preparation period):

From Year 2004 to 2008

2.8 PROGRAMME FOR REFORMULATING MEDICAL DOCTOR EDUCATION POLICIES (HR-10)

(1) Programme Number: HR-10

(2) Programme Title: Programme for Reformulating Medical Doctor Education Policies

(3) Programme Location/ Level

Department of Organisation and Personnel / Central level

(4) Target Beneficiaries

Medical Doctors throughout the country

(5) Programme Duration

2 years

(6) Implementation Agency/ Body

A working group and a steering committee should be formed for implementing the programme. The working group and steering committee shall consist of representatives from relevant departments and agencies under Ministry of Health such as Department of Curative Medicine, Central and Teaching Hospitals, National Institute of Public Health, and those under the Ministry of Education such as the Faculty of Medical Science in the National University of Laos. The Department of Organisation and Personnel of MOH will chair the committee and coordinate its work.

(7) Project Priority: Very high

(8) Rationale

1. The level of knowledge and skills of medical doctor in the country is not sufficiently high yet. As medical students, their academic achievement is not strictly examined and hospital based clinical practice is not adequately provided in limited time. After they start working as a doctor, they rarely exchange experiences or teach and learn mutually in order to refresh and brush up on their knowledge and skills.
2. Improvement of health status in rural area, where the major diseases are infectious diseases and needs and demand for modern healthcare are not clearly recognized, is an urgent issue in the country. It suggests that a medical doctor as “highly qualified generalist” is more needed now.

3. In order to provide high quality education for medical students, specialists in different medical science subjects and clinical practitioners are necessary as a teacher. Especially, good physicians and practitioners are needed to instruct medical students both in classroom and in clinical practice in hospitals. Currently however, there are a limited number of specialists as a teacher in the country and practitioners are not sufficiently encouraged to participate in teaching and training.

For all above reasons, it is time to reconsider and reformulate overall policies of medical doctor education in the country.

(9) Objectives

- To reformulate the system of medical doctor education
- To formulate an action plan for improving medical doctor education

(10) Expected Benefits/Outputs

- Medical doctor education system will be improved.
- A policy and action plan will be developed in order to improve medical doctor education at all level.

(11) Related Programmes/ Related Sectors

HR-3: Programme of Reforming Job Descriptions and Titles of Health Personnel and Organisation Structure of the Government Health Sector

PH-3: Programme of Implementing the PHC Approach to Strengthen District Health Systems

(12) Major Programme Components

To form a working group and a steering committee for implementing the programme

- The personnel are assigned for the Working Group (WG) and the Steering Committee (SC).
- The WG and SC are established.
- The Foreign Advisor (FA) is assigned.
 - The overall role of the WG is to implement the programme.
 - The overall role of the SC is to supervise and give advice to the WG and to take care of necessary formal procedure for each activity of the programme.
 - The overall role of the FA is to give advice and technical support to the WG.
- If needs arise, the personnel from Department of Higher, Technical and Vocational Education in the Ministry of Education will be invited as an advisor for WG and SC.

- 1) To assess the present situation of medical doctors
 - The WG studies the present problems with and needs for medical doctors working at central, provincial and district hospitals.
 - Duties and responsibilities that medical doctors actually perform
 - Actual level of knowledge and skills
 - Opinions of other medical staff (problems with current medical doctors, expectations for medical doctors)
 - Opinions of patients (problems with current medical doctors, expectations for medical doctors)
 - Opinion of foreign experts who have worked in the concerned areas.
 - The SC and WG hold a series of small consultation meetings to listen to various opinions of relevant personnel from hospitals, schools, MOH's Dept., provincial and district staff, and foreign experts.
 - The WG writes a study report.
 - After SC examines and accepts the study report

- 2) To define the job description of medical doctor

(This part will be the one component of HR-3. Please refer to the profile of HR-3)

- 3) To reformulate the system of medical doctor education
 - The WG drafts the new system of medical doctor education.
 - The SC approves the draft.
 - The SC works to get formal approval for the new system from Ministry of Health, Ministry of Education, and other relevant government agencies.
- 4) To formulate a policy and action plan toward 2020
 - The WG formulate a policy and action plans for the new system of medical doctor education.

(Draft TOR of policy and action plans)

Contents of the policy and action plans

- Overall policy
- Target number of medical doctors educated up to 2020
- Action plan for improving medical doctor education
 - Improvement of curriculum and subject contents of medical doctor education
 - Development of the standard guideline and manual for hospital and community practice in medical education
 - Improvement of quality of teaching staff
 - Establishment of hospital internship system
 - Establishment of Medical Doctor licensing system
 - Development of continuing education system
 - International and domestic learning and exchange programme
 - Activating medical doctors' participation in teaching and training health workers
 - School improvement
- Investment plan for action plans
- Proposal for the Memorandum of Understanding (MOU) between MOH and MOE

Working procedure

- A series of seminars and workshops will be held to involve stakeholders into a policy and action plan formulation.
- The SC will supervise, advice and give necessary approval to the WG.
- Appropriate foreign experts will be hired.
- The SC gives final approval to the policy and action plans.
- The SC works to get formal approval from the Ministry of Health.
- The MOU is concluded between MOH and MOE.
- The WG and SC conduct a seminar to notify all stakeholders of “the policy and action plans for medical doctor education toward 2020”.

(13) Major Input

(I) Activities

Programme Components	Activities	Staff in charge	Major input items
(1) Assessment of the present situation of medical doctors	<ul style="list-style-type: none"> • Survey • Reporting • Meeting 	Consultant (sub-contracted), WG, SC	<ul style="list-style-type: none"> • Hiring consultants • Transportation • Accommodation & per diem • Communication • Document printing • Meeting preparation
(2) Defining the job description of medical doctors	(Refer to HR-3)	(Refer to HR-3)	(Refer to HR-3)
(3) Reformulation of the medical doctor education system	<ul style="list-style-type: none"> • Survey • Reporting 	Consultant (sub-contracted), WG, SC FE	<ul style="list-style-type: none"> • Hiring consultants • Document printing • Communication
(4) Formulation of a policy and action plan toward 2020	<ul style="list-style-type: none"> • Survey • Reporting • Workshop & seminar 	Consultant (sub-contracted), WG, SC FE	<ul style="list-style-type: none"> • Hiring consultants • Document printing • Communication • Transportation • Accommodation & per diem • Workshop preparation

WG: Working Group, SC: Steering Committee, FE: Foreign Expert

(II) Personnel Input (Local & Contract basis)

	Number	Note	Working Duration
Working Group Member	5 persons / permanent	<ul style="list-style-type: none"> • MOH personnel 	24 months/person
Local Consultant	Hired on contract basis	<ul style="list-style-type: none"> • Working experience in health sector • Within / Outside MOH 	28 M/M
International Consultant	Hired on contract basis	<ul style="list-style-type: none"> • Working experience in health sector • Working experience in Lao PDR • Proficiency in Lao language 	13 M/M

(III) Foreign experts

Title	Assignment	Number	Working Duration
Long-term Expert	Medical Doctor Education	1 person	12 months/person
Short-term Expert	Policy Planning	1 person	9 months/person

(IV) Others

Other necessities	<ul style="list-style-type: none"> • Stationery and other office consumables • Necessary costs for Foreign Expert (Office space, furniture and office supply, Car, etc.)
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(14) Time Frame

Activities	Year	2002			2003												2004												2005									
		10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	
(1) Assessment of the present situation of medical doctors																																						
(2) Defining the job description of medical doctors (HR-3)																							
(3) Reformulation of the medical doctor education system																																						
(4) Formulation of a policy and action plan toward 2020																																						
Assignment of Foreign Expert																																						

2.9 TEXTBOOK DEVELOPMENT PROGRAMME FOR NURSE EDUCATION IN LAO LANGUAGE (HR-13)

(1) Programme Number: HR-13

(2) Programme Title: Textbook Development Programme for Nurse Education in Lao Language

(3) Programme Location/ Level

Central level

(4) Target Beneficiaries

(Direct) Students in medical education schools in the country

(Indirect) In-service health workers

(5) Programme Duration

6 years

(6) Implementation Agency/ Body

A special committee and a working group should be formed to implement the programme. The committee shall consist of representatives from relevant departments and agencies under Ministry of Health such as the College of Health Technology, the Public Health Schools, Auxiliary Nursing Schools, Central and Teaching Hospitals, and the National Institute of Public Health, and those under the Ministry of Education (if necessary). The Department of Organisation and Personnel will chair the committee and coordinate its work.

(7) Project Priority: Very high

(8) Rationale

1. In general, the foreign language proficiency of students in medical and health education schools is not sufficient. Textbooks and reference books written in foreign languages, which are available to a limited degree in school libraries, are not fully utilised. Some schools have made efforts to translate textbooks and reference books into Lao. However, they have been printed in limited numbers so that there are not enough for all schools and students. As a result, teachers in each school have to extract necessary contents from books written in foreign languages and dictate to the students in classes.

2. Due to the lack of textbooks and reference books in Lao, in-service health workers also have difficulty in continuing to learn by themselves to brush up their knowledge and skills.
3. Pre-service and in-service health workers in Vientiane such as students of the Faculty of Medical Science and the College of Health Technology, and health personnel working at central level, have many more opportunities to learn foreign languages than those in provinces. Nurse students in Public Health Schools and Auxiliary Nursing School, for instance, have to study various professional subjects intensively within a limited period and start working immediately after graduation so that they have no additional time to study foreign languages. Therefore, it is more urgent for students at regional schools and in-service health workers at provincial and district levels to have access to textbooks in Lao.

(9) Objectives

- To improve the efficiency of pre-service nurse education
- To publish and distribute sufficient numbers of textbooks and reference books for the use of in-service health workers

(10) Expected Benefits/Outputs

- Nurse students will understand and absorb subject contents much more easily and comprehensively.
- The efficiency of pre-service nurse education will increase.
- In-service health workers can refer to the textbooks easily.
- Health workers, after they graduate, can learn by themselves with the use of Lao medical documents while they work in the health sector.
- In consequence, the quality of services provided by health workers will improve.

(11) Related Programmes/ Related Sectors

HR-4: Programmes for Strengthening Regional and Provincial Education and Training Institutions for Health Workers

HR-5: Programme for Reformulating Nurse Education Policies

PH-3: Programme of Implementing the PHC Approach to Strengthen District Health System

(12) Major Programme Components

Textbook development for students in nursing course

- Personnel are assigned to the Working Group (WG) and Steering Committee (SC).
- The WG and SC are established.
 - The overall role of the WG is to implement the programme.
 - The overall role of the SC is to supervise and give advice to the WG and to take care of necessary formal procedures for each activity of the programme
- Long-term foreign experts (FE) are assigned.
 - The overall role of the FE is to give advice and to help the activities of the WG.

(1) Revising and printing existing textbooks written in Lao in sufficient numbers

- The WG reviews existing textbooks and reference books in Lao
- The WG drafts a policy on how to revise existing textbooks.
- The SC approves the above policy.
- Based on the results of the review and on the revision policy, the WG and SC organise workshops to listen to the opinions of relevant health personnel and foreign experts in the country.
- The WG studies textbooks and reference books written in foreign languages and selects appropriate textbooks and reference books written in foreign language as resource books for revising textbooks.
- The SC approves the selection of resource books.
- The WG works on revising textbooks.
 - The WG is entitled to contract textbook writing out to Lao professionals who are specialised in certain subjects.
- The SC works on getting necessary approval for completed textbooks from the Ministry of Education.
- The WG and SC make necessary arrangements for publishing and printing textbooks (in cooperation with a state or private printing company).
- The state or private printing company prints the first impression and distributes to:
 - Library of Public Health Schools, Auxiliary Nursing Schools and the College of Health Technology
 - Teaching staff of above schools
 - Central and Teaching Hospitals

- Provincial Hospitals
 - District Health Office and Hospitals
 - Manuscripts for printing are transferred to the Public Health Schools, Auxiliary Nursing Schools and the College of Health Technology.
 - For the second impression, the above schools have a right to print and sell the textbooks.
- (2) Publishing new textbooks and reference books written in Lao
- The WG identifies the kind of new textbooks necessary in Lao.
 - The SC approves the above identification.
 - Based on the above identification, the WG studies textbooks and reference books written in foreign language and selects appropriate textbooks and reference books written in foreign languages as resource books for developing new textbooks.
 - The SC approves the selection of resource books.
 - The WG works on textbook development.
 - The WG is entitled to contract textbook writing out to Lao professionals who are specialised in certain subjects.
 - The SC works on getting necessary approval for completed textbooks from the Ministry of Education.
 - The WG and SC make necessary arrangements for publishing and printing textbooks (in cooperation with a state or private printing company).
 - The state or private printing company prints the first impression and distributes to:
 - Library of Public Health Schools, Auxiliary Nursing Schools and the College of Health Technology
 - Teaching staff of above schools
 - Central and Teaching Hospitals
 - Provincial Hospitals
 - District Health Office and Hospitals
 - Manuscripts for printing are transferred to the Public Health Schools, Auxiliary Nursing Schools and the College of Health Technology.
 - For the second impression, the above schools have a right to print and sell the textbooks.

(13) Major Input

(1) Activities

	Programme Components	Activities	Staff in charge	Input item
(1)	<ul style="list-style-type: none"> - To review existing textbooks and reference books in Lao - To decide a policy on how to revise existing textbooks - To identify what kind of new textbooks are necessary in Lao 	<ul style="list-style-type: none"> • Document collection • Survey • Reporting • Workshop 	WG, SC, FE	<ul style="list-style-type: none"> • Document copying • Document purchase • Communication • Transportation • Accommodation & per diem • Document printing • Workshop preparation
(2)	<ul style="list-style-type: none"> - To study textbooks and reference books written in foreign languages - To select appropriate textbooks and reference books written in foreign languages as resource books for both revising textbooks and developing new textbooks 	<ul style="list-style-type: none"> • Document collection • Studying 	WG, SC, FE	<ul style="list-style-type: none"> • Document copying • Document purchase • Communication • Transportation
(3)	<ul style="list-style-type: none"> - To make necessary revisions of existing textbooks - To develop textbooks in Lao 	<ul style="list-style-type: none"> • Provisional translation • Writing textbooks • Editing 	WG, Contract staff	<ul style="list-style-type: none"> • Hiring contract staff • Typing & copying (including colour copy) • Translation • Communication • Editing
(4)	To publish and print textbooks	<ul style="list-style-type: none"> • Publishing & Printing 	Sub-contractor	<ul style="list-style-type: none"> • Publishing & Printing
(5)	To distribute textbooks in sufficient numbers to medical education schools and major health facilities	<ul style="list-style-type: none"> • Distributing textbooks 	WG, Sub-contractor	<ul style="list-style-type: none"> • Transportation • Communication

WG: Working Group, SC: Steering Committee, FE: Foreign Expert

(II) Input of domestic personnel

Office of Working Group	Number	Qualification	Working Duration
Working Group Member	7 persons / permanent	<ul style="list-style-type: none"> • MOH personnel 	160 M/M
Translator	Hired on contract basis	<ul style="list-style-type: none"> • Working experience in health sector • Proficiency in foreign language • Within / Outside MOH 	15 M/M
Textbook writer	Hired on contract basis	<ul style="list-style-type: none"> • Health sector professionals • Proficiency in foreign language • Within / Outside MOH 	70 M/M
Typist	Hired on contract basis	-	12 M/M
Editor	Hired on contract basis	-	15 M/M
Secretary	1 person / permanent	<ul style="list-style-type: none"> • Private (hired exclusively for the programme from outside MOH) 	72 months/person
Assistant for Foreign Expert	1 person /permanent	<ul style="list-style-type: none"> • Proficiency in foreign language • Working experience in health sector 	36 months/person

(III) Input of foreign experts

Title	Assignment	Number	Necessary Cost
Senior Advisor	Nursing Education	1 person	30 months/person
Long-term Expert	Teaching & Learning Material Development in Nursing Education	1 person	36 months/person
Short-term Expert	Subject specialists (Upon the request according to each subject)	(Upon the request)	12 M/M

(IV) Others

Office Equipment	1 Laptop computer, 5 Desktop computers, 1 B& W printer, 1 Colour printer, 1 Copy machine 10 desks & chairs, 1 meeting table & 10 chairs, 5 bookshelves
Other necessities	<ul style="list-style-type: none"> • Stationery and other office consumables • Internet connection fee • 2 telephone lines (1 for internet connection & fax, 1 for telephone) • Necessary costs for Foreign Expert (Office space, furniture and office supply, Car, etc.)

(V) Initial numbers for printing

	Subject	Priority	No. of books to be printed / distributed for the first print				Total No
			(1) For school library (donation)	(2) For health facilities (donation)	(3) For student and health workers (sale)	(4) Others For teachers, MOH, committee members, etc. (donation & sale)	
1	Nursing (basic)	☆☆☆	140	870	800	190	2000
2	Community Health Nursing	☆☆☆	140	870	800	190	2000
3	Basic Treatment	☆☆☆	140	870	800	190	2000
4	Primary Health Care	☆☆☆	140	870	800	190	2000
5	<i>“Where There is No Doctor”</i>	☆☆☆	140	870	800	190	2000
6	Mother and Child Health	☆☆☆	140	870	800	190	2000
7	Obstetric Nursing / Midwifery (basic)	☆☆☆	140	870	800	190	2000
8	Communication in Nursing	☆☆☆	140	870	800	190	2000
9	Nursing (advanced)	☆☆☆	140	870	800	190	2000
10	Obstetric Nursing / Midwifery (advanced)	☆☆☆	140	870	800	190	2000
11	Nutrition	☆☆☆	140	870	800	190	2000
12	Nursing Ethics	☆☆☆	140	870	800	190	2000

Place to be distributed		Number of textbooks to be printed and distributed
First Print		
(1)	College of Health Technology	20
	Public Health School (3 places)	30*3
	Nursing School (3 places)	10*3
	Sub-Total	140
(2)	Central and Teaching Hospitals (3 places)	10*3
	Provincial Hospitals (18 places)	5*18
	District Health Office / Hospitals (150 places)	5*150
	Sub-Total	870
(3)	For sale	800
(4)	Others	190
Grand Total		2000
Second Print and onwards		
(1)	Schools (revised version: every 5 years)	140
(2)	Main health facilities (revised version: every 5 years)	870
(3)	For sale (every year)	500
(4)	Others (every year)	On demand

(14) Time Frame

- Programme Duration: From January 2003 to December 2008
- Textbooks for eight subjects with first priority should be published and distributed within 5 years after the programme starts (see (16)).
- Textbooks for four subjects with second priority should be published and distributed within 6 years after the programme starts (see (16)).

(15) Initial examination of textbook needs and the present situation

The subjects that need textbooks are proposed in the table below. The textbook for Primary Health Care should be developed first for both nurse education and PHC worker training. The book “Where There is No Doctor” already has a Lao version, so it could be revised soon according to the latest edition.

	Subject which needs textbook	Priority
1	Primary Health Care (both for Nurse students and PHC worker students)	☆☆☆
2	Nursing (basic)	☆☆☆
3	Community Health Nursing	☆☆☆
4	Basic Treatment	☆☆☆
5	“Where There is No Doctor”	☆☆☆
6	Mother and Child Health	☆☆☆
7	Obstetric Nursing / Midwifery (basic)	☆☆☆
8	Communication in Nursing	☆☆☆
9	Nursing (advanced)	☆☆
10	Obstetric Nursing / Midwifery (advanced)	☆☆
11	Nutrition	☆☆
12	Nursing Ethics	☆☆
13	Anatomy & Physiology	☆☆
14	Microbiology & Parasitology	☆☆
15	Pathology	☆
16	Pharmacology	☆
17	Psychology	☆
18	Adult Nursing	☆

Timeframe of programme implementation

- From No. 1 to 8 (3 stars) should be developed within 5 years from now.
- From No.9 to 12 (2 stars) should be developed within 6 years from now.

How the proposed textbooks relate to the current curriculum and the present situation of textbook development is shown in the following figure.

education course	Subjects in the curriculum of nursing / midwifery education	Textbook availability
2 yr 3 yr	General knowledge	
	Psychology	y
	General psychology	
	Development psychology	
	Sociology / Politics	y
	Communication	y
	Mathematics	y
	Chemistry	y
	Physics	
	Foreign language 1	
	Foreign language 2	
n	Sport	
	Professional (basic)	
	Anatomy & Physiology	y
	Microbiology & Parasitology	y
	Pathology	y
	Pharmacology	y
	Nutrition	y (I & II)
	Diet therapy	
n	Statistics	
	Professional nursing	
	Nursing	
	Nursing 1	y
	Nursing 2	y
	Primary nursing practice	
	Community health Nursing	y
	Community health nursing 1	
	Community health nursing 2	
	Community Health Nursing Practice	
	Obstetric Nursing	y
	Obstetrics nursing 1	
	Obstetrics nursing 2	
	Obstetrics nursing 3	
	Obstetrics nursing 4	
n	Paediatrics Nursing	y
	Paediatrics nursing 1	
n	Paediatrics nursing 2	
	Adult Nursing	
	Adult nursing 1	y (I ~ IV)
	Adult nursing 2	
	Mental Health & Psychiatric Nursing	
	Nursing Ethics	y
	Public Health science	
n	Health education	
	Basic Treatment	
	Nursing Administration	y
	Nursing Development	y
	Team work	

Subject which needs textbook	Priority	Existing textbook	Faculty of Medical Science
1 Primary Health Care	☆☆☆	There is a Lao version of "Primary Child Care: A Manual for Health Workers" (WHO, 1978)	
2 Nursing (basic)	☆☆☆		
3 Community Health Nursing	☆☆☆		
4 Basic Treatment	☆☆☆		
5 "Where There is No Doctor"	☆☆☆	There is a Lao version. It is very useful if revised according to latest edition and printed	
6 Mother and Child Health	☆☆☆	Book for Paediatric Nursing is developed recently by Champasak Public Health School	
7 Obstetric Nursing / Midwifery (basic)	☆☆☆	Developed recently by Champasak Public Health School	
8 Communication in Nursing	☆☆☆		
9 Nursing (advanced)	☆☆		
10 Obstetric Nursing / Midwifery (advanced)	☆☆		
11 Nutrition	☆☆		
12 Nursing Ethics	☆☆		
13 Anatomy & Physiology	☆☆	Book for Anatomy is developed recently by Champasak Public Health School	Y
14 Microbiology & Parasitology	☆☆		
15 Pathology	☆☆		
16 Pharmacology	☆☆		Y
17 Psychology	☆☆		Y
18 Adult Nursing	☆☆	Developed recently by Champasak Public Health School	

Note:

Education Course: " n " means that subject is not in the curriculum in that course.

Textbook availability: " y " means that subject has a textbook, published in 1993.

Existing textbook: information is obtained by MOH-JICA Master Planning Study Team.

Faculty of Medical Science: MOH-JICA Master Planning Study Team found that some relevant Lao textbooks are available in the Faculty of Medical Science, NUOL (in above table, indicated as " y " (yes), but further examination is required). Therefore, it could be utilized when developing textbooks for nurse education course.

2.10 FINANCIAL MANAGEMENT IMPROVEMENT PROGRAMME FOR THE HEALTH SECTOR (HF-1)

- (1) **Programme Number:** HF-1
- (2) **Programme Title:** Financial Management Improvement Programme for the Health Sector

(3) **Programme Location/ Level**

National, Provincial and District Levels

(4) **Target Beneficiaries**

Finance Division of Department of Planning and Finance, Ministry of Health

Finance Sections of Provincial Health Offices

(5) **Programme Duration**

5 years

(6) **Implementation Agency/ Body**

Department of Planning and Finance, Ministry of Health

Provincial Health Offices

(7) **Project Priority:** Very high

(8) **Rationale**

Among the various frameworks of the health sector, health finance and human resource development cross cut with most other issues in the health sector in Lao PDR. Health finance and human resources are essential for supporting health sector development and reform.

First of all, allocation of more of the government budget to the health sector as a whole is required for achieving the goals and objectives of health sector development and reform. It is necessary for the Ministry of Health together with health partners to appeal to higher ranking decision-makers that health sector development contributes to poverty reduction, as well as increasing the economic productivity of the people.

With limited resources available to the health sector of Lao PDR, it is essential to improve the efficiency of utilising financial and human resources for sustaining health development. It is necessary to pay attention to promoting the financially efficient

and effective utilisation of already hired health staff, training, building construction and equipment purchases. The adequate allocation of money (operation budgets or recurrent costs) for utilising such invested resources efficiently and effectively is essential. The increased recurrent costs should cover the routine follow-up of health staff and their activities, and the maintenance of infrastructure and equipment invested in health facilities.

At the same time, new investment in building, equipment, training and health staff should be seriously examined in terms of efficiency and effectiveness (cost-effectiveness).

The present health budget allocation responds poorly to issues of how to protect vulnerable groups (especially the urban poor and ethnic minority people) from ill health. At present, it is even difficult to know how much of the budget is actually spent for the poor and at district levels.

In order to improve the efficient use of money in the health sector, it is necessary to develop adequate systems of health accounting, financial management and capacity for the financial management systems at the national, provincial and district levels.

(9) Objectives

- To improve the system of budgeting and recording expenditure at the national, provincial and district levels;
- To enhance the capacity for budgeting and recording expenditure at the national, provincial and district levels;
- To improve the system of health financial management at the national, provincial and district levels;
- To improve the capacity for health financial management at the national, provincial and district levels.

(10) Expected Benefits/ Outputs

- Improved financial data is obtained.
- Based on the improved financial data, efficient utilisation of funds is achieved, and a better allocation of budgets for those who need more public funds is attained.
- Improved cost-effectiveness of health intervention.

(11) Related Programmes/ Related Sectors

PM-2: Capacity Building Programme for Health Management and Health Information System

HF-2: Programme for Reforming the Revolving Drug Fund and User Fee Systems

(12) Major Programme Components

1) Study of Cost-Effectiveness of Health Interventions

For rationalising and selecting health interventions in Lao PDR under financial and human resource constraints, the cost-effectiveness of different health interventions should be understood in Lao setting.

Activities

- Study by an international consultant (four months) with three national consultants (four months each).
- Seminars (one central seminar and three regional seminars) for disseminating the study results to MOH officials and donors/NGOs. (one-day central seminar of 50 participants and one-day regional seminars of 30 participants per seminar)

2) MOH Financial Management System Improvement and Capacity Building Project

a) MOH financial management system to be designed and MOH decision makers and staff to be trained.

Activities

- Design of MOH financial management system (e.g. annual budgeting, daily accounting, monthly monitoring/reporting and annual auditing) based on studying current financial management methods (four-month study)
- Presentation of the newly designed financial system to MOH decision-makers
- Purchase of computers for the finance division of MOH (two units)
- Training for financial staff of the finance division of MOH, including using computer software
- Training for directors and deputy directors of MOH departments and centres (3-day training with 30 trainees)
- Introduction of the new financial management system and training of trainers (two MOH trainers), together with one international advisor (four-month work) and three national consultants (four-month work)

- b) Financial coordination among MOH departments/centres and donors/NGOs for sharing financial information between vertical programmes.

Activities

- Discussing the possibility of better coordination of the process of informing provinces and districts of the amount and timing of budget allocation
- Establishment of a coordination system for budget allocation of vertical programmes.

3) Provincial Financial Management System Improvement and Capacity Building Project

PHO financial management system to be designed and PHO decision makers and staff to be trained.

Activities

a) Pilot Phase

- Design of PHO financial management system (e.g. annual budgeting, daily accounting, monthly monitoring/reporting and annual auditing) based on the case studies of current financial management methods in three (3) provinces (one international advisor and three national consultants, four-month study)
- Presentation of the newly designed financial system to decision-makers of MOH and PHOs
- Purchase of computers for the financial units (two units each) of PHOs
- Training for financial staff of the financial units of PHOs, including using computer software
- Training on how to use the new financial management system for decision-making for health management, as well as how to comply with the new financial management system, for directors and deputy directors of PHOs and provincial hospitals
- Introduction of the new financial management system, together with three national consultants (four-month work) covering three provinces

- b) Expansion Phase (6-month work for each province, introducing the new system to three provinces at one time; that is, more than 30 months in total for covering the remaining 15 provinces)

- Training for financial staff of the financial units of PHOs for remaining 15 provinces

- Training for directors and deputy directors of PHOs and provincial hospitals in 15 provinces
- Purchase of computers for the financial unit of PHOs
- Introduction of the new financial management system, together with three national consultant (30 months each)

4) District Financial Management System Improvement and Capacity Building Project

DHO financial management system to be designed and DHO decision makers and staff to be trained.

Activities

- Design of DHO financial management by conducting case studies of current financial management methods (two-month study by one international advisor and three national consultants)
- Training for basic skills in financial management (e.g. recording, budgeting, accounting, and reporting) (5-day training in three regions to 3 persons of all districts of 18 provinces, by three national consultants)

5) Project of Developing a simplified National Health Account System

Simplified national health account system to be designed and training for introducing the system to be done at the national, provincial and district levels. (See the appendix of this profile.)

Activities

- Short-term overseas training of national coordinators (two staff of MOH)
- Study for the design of a simplified national health account system by an international consultant (6 person-months) with two national consultants (12 person-months)
- Seminar in Vientiane for presenting the study results (one-day seminar, 50 participants)
- Training in Vientiane on the Simplified National Health Account for staff of financial divisions of MOH and PHOs (5-day training, 70 trainees in total)

(13) Major Input

1. Study of Cost-Effectiveness of Health Interventions

Four-month study by an international consultant and three national consultants
One central seminar and three regional seminars

2. MOH Financial Management System Improvement and Capacity Building Project

Four-month study by an international consultant and three national consultants

Four-month training of trainers by an international consultant and three national consultants

3. Provincial Financial Management System Improvement and Capacity Building Project

Pilot Phase

Four-month study by an international consultant and three national consultants

Four-month work by three national consultants

Expansion Phase

30-month work each by three national consultants

4. District Financial Management System Improvement and Capacity Building Project

Two-month study by an international advisor and three national consultants

Five-day training each to three regions by three national consultants

5. Project of Developing a simplified National Health Account System

6-month study by an international consultant

(14) Time Frame

Programme Components and Main Activities	Year 1												Year 2												Year 3												Year 4												Year 5												
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
1) Study of Cost-Effectiveness of Health Interventions																																																													
2) MOH Financial Management System Improvement and Capacity Building Projects																																																													
a) MOH financial management system to be designed and MOH decision makers and staff to be trained																																																													
b) Financial coordination among MOH departments/ centres and donors/ NGOs for sharing financial information between vertical programmes																																																													
3) Provincial Financial Management System Improvement and Capacity Building Project																																																													
a) Pilot Phase																																																													
b) Expansion Phase																																																													
4) District Financial Management System Improvement and Capacity Building Project																																																													
5) Project of Developing a Simplified National Health Account System																																																													

Appendix to HF-1

JUSTIFICATION

The Government of Lao PDR seeks to improve the comprehensiveness and reliability of information on expenditure in the health sector, in such a way as to permit a reliable estimate of the consolidated expenditure on health in the country and its analysis from different perspectives. At present, partial information is available from a variety of sources, including the Ministry of Finance, the Ministry of Health, Provincial Governments and Districts, international donors and NGOs, as well as household surveys. This situation prevents the Ministry of Health from knowing with reasonable precision the actual flow of funds within the health sector, key information for the correct design and implementation of health policies.

OBJECTIVES

The objective of this study is to develop a strategy for the gradual implementation of a National Health Account for the Lao PDR, allowing analysis of health expenditure in the country by source of finance, type of use or function, and level or type of facility. This methodology will consolidate information from all financing sources in the country.

STEPS

- 1) Analyse the different approaches to NHA and choose the one best suited to Lao needs and constraints;
- 2) Detail the chosen methodology;
- 3) Proceed to apply the methodology to a particular recent year; this implies the following activities:
 - a. Identify and classify the sources of finance;
 - b. Identify and classify the different uses – by type or level of care, type or level of facility, etc...
 - c. Identify the different providers, both public and private;
 - d. Collect detailed data according to the classification defined above;
 - e. Identify and analyse the flows of funds between the different sources, intermediary agencies, uses, and providers;
 - f. Consolidate the data, taking care to exclude double counting;
- 4) Submit the proposed methodology for approval;
- 5) Evaluate the results and revise the methodology as needed;
- 6) Train MOH personnel in the use of this methodology;
- 7) Define a chronogram for implementation;
- 8) Implement;
- 9) To the extent possible, follow the above procedures for other years.

REQUISITES

The main requisites for developing a National Health Account are:

- Expenditure data available or obtainable from the different sources;
- At least one technical staff member committed to the project full-time;
- Administrative and computer support.

Several reports have attempted to systematise information on health expenditure (see, for example, the ADB Feasibility Study for Laos Primary Health Care Expansion Project, 1999). The results, however, fall short of what a National Health Account framework could achieve.

2.11 PROGRAMME FOR REFORMING THE REVOLVING DRUG FUND AND USER FEE SYSTEMS (HF-2)

(1) Programme Number: HF-2

(2) Programme Title: Programme for Reforming the Revolving Drug Fund and User Fee/Exemption Systems

(3) Programme Location/ Level

MOH, PHO, DHO, All levels of health facilities

(4) Target Beneficiaries

Users of hospitals and health centres

(5) Programme Duration

3 years

(6) Implementation Agency/ Body

- Food and Drug Department, and Planning and Finance Department, Ministry of Health
- Food and Drug Section of PHO
- Food and Drug Section of DHO

(7) Project Priority: Very high

(8) Rationale

In the last 10 years, facility-based revolving drug funds (RDFs) have increased both in terms of number and size of funds administered at central, provincial and district hospitals, and health centres. Although a national guideline for Revolving Drug Fund has established in 1997, in practice there are various ways of managing hospital RDFs and of making RDF records. Moreover, since the management of RDFs cannot be separated from the exemption system of user fees, and standardised systems of financial reporting do not exist, it is difficult to understand the actual operating situation of RDFs and exemption policies at health facilities.

Meanwhile management and supervision of RDFs by PHOs/DHOs is weak. Especially a standardised system of drug supply and purchase including pricing rules is needed. MOH is trying to introduce the system nationally such that drug supply and purchase are to be centralized at PHO as a focal point through the vertical line. In the system, PHO collect requests from all levels of RDFs and purchase necessary amount of drugs

for whole province. Accordingly, district hospitals, health centres, and VHV have to procure drugs from DHO or Health Centres, and Provincial Hospitals and DHOs have to procure drugs from PHO. The system aims to control quality of drugs and to apply same prices of drugs throughout a province. MOH has been implementing pilot projects in some provinces, however there are difficulties to operate the system, because of lack of provincial budget for drug purchase, delay of drug supply, lack of warehouse of PHO, etc.

The user fees (including RDFs) at health facilities should be standardised and used properly and transparently. Also the exemption policies and system should be revised and standardised in order to prioritise clearly the poor over other categories. For example, civil servants should not be exempted because they are already covered by the Ministry of Labour's Social Security scheme.

Since the capacities of MOHs, PHOs and DHOs to conduct training and monitoring for RDFs/User Fees/Exemptions are limited, it is necessary to improve the capacities of MOHs, PHOs and DHOs. The managers of RDFs/User Fee/Exemption at health facilities consequently need to receive appropriate training.

(9) Objectives

- To establish a standardised management system for Revolving Drug Funds
- To revise and standardise Revolving Drug Fund and user fee/exemption policies and systems at health facilities

(10) Expected Benefits/ Outputs

- RDFs and user fees/exemptions at health facilities are operated transparently through making records systematically.
- The RDF and user fee/exemption systems at health facilities are standardised so that health facilities can have a clear idea of operating the systems.
- Government funds allocated for exemption for the poor are used properly at health facilities according to the standardised system.
- Food and Drug department of MOH, PHO, DHO manage/supervise the RDF system properly.

(11) Related Programmes/ Related Sectors

DR-4 Village-Level Revolving Drug Fund Programme

Re-designed RDF (especially drug supply and purchase system) will be a basis for the Village-Level Revolving Drug Funds.

(12) Major Programme Components

- 1) Establishment of a Task Force for Reforming Revolving Drug Fund and User Fee/Exemption Systems

This task force should be formed of members from the Food and Drug Department and Planning and Finance Department to coordinate with provinces and districts and implement the programme components below.

- 2) Study Project for Re-Designing RDF Systems and User Fee/Exemption Policies/Systems

This study should cover the following:

- a) Re-design and standardisation of the RDF management system covering all levels (central, provinces, districts, health centres, and villages)
 - System of drug supply and purchase
 - Government budget and donor supplies allocation system
 - RDF management structure (including the roles/responsibilities of MOH, PHOs, DHOs, Provincial Hospitals, District Hospitals, health centres)
- b) Improvement and standardisation of the Revolving Drug Fund and user fee/exemption policies/systems at health facilities
 - The use of profits from RDF and other user fees
 - User fee standards for different services such as examination fees, laboratory fees, etc.
 - Exemption system including identification of the poor
 - Recording/information system for RDF and user fees/exemptions at health facilities
 - How to increase transparency in the management of RDFs and user fee/exemption systems at health facilities.
 - Government budget allocation system to health facilities for exemptions

Activities for a) and b):

- Select consultants to re-design and standardise the RDF system, and user fee/exemption policies/systems.
- Review the existing policies and guidelines on RDFs, user fees/exemption.

- Conduct surveys of health facilities at central, provincial, district and health centre levels on: 1) practice of user fees and exemption and operation of RDFs, and 2) Drug supply/purchase system.
 - Conduct surveys of management/supervision system of RDFs at PHOs, DHOs and health centres in selected provinces and districts.
 - Organise workshops to discuss the reform of RDF and user fee/exemption systems with MOH, PHOs, DHOs, Provincial Hospitals, and District hospitals.
 - Redesign the system of RDF management as a whole, and the system of RDF and user fee/exemption at health facilities.
 - Revise the policies/guidelines on RDF and user fees/exemptions.
- 3) Implementation of the Revised Policies and Standardised Systems of RDF and User Fees/Exemptions
- a) Curriculum and manual development
- Activities:
- Select consultants.
 - Curriculum development for MOH, PHOs and DHOs for supervising/monitoring the RDFs, user fees/exemptions (including manual development)
 - Curriculum development for managers of RDFs, user fees/exemption at health facilities (including manual development).
- b) Capacity building for PHOs and DHOs for supervising/monitoring and providing training to managers of RDF, user fees/exemption of health facilities.
- Training implementation to PHOs (trainers and supervisors of RDF, user fees/exemptions at provincial level) by MOH.
 - Training implementation to DHOs (trainers and supervisors of RDF, user fees/exemptions at district level) by PHOs with the support of MOH
- c) Capacity building of managers of RDFs, user fees/exemptions at health facilities
- Training implementation to central and provincial hospitals by MOH and PHOs
 - Training implementation to district hospitals and health centres by DHOs with the support of PHOs

(13) Major Input

1. Study Project for Re-Designing RDF Systems and User Fee/Exemption Policies/Systems

Nine-month study by two international consultants (for five months) and two national consultants (for nine months).

Surveys of health facilities at central, provincial, district and health centre levels

- All central hospitals, 6 provincial hospitals, 12 district hospitals, 24 health centres

Surveys of management/supervision system of RDFs

- 6 PHOs, 12 DHOs, 12 Health Centres

Workshops to discuss the reform of RDF and user fee/exemption systems

- 2-day workshop at Vientiane
- Participants from MOH, 6 PHO, 12 Districts, all central hospitals, 6 provincial hospitals, 12 district hospitals

2. Implementation of the Revised Policies and Standardised Systems of RDF and User Fees/Exemptions

a) Curriculum and manual development

One international consultant and one national consultant for three months

Printing of manuals

b) Capacity building for PHOs and DHOs for supervising/monitoring and providing training to managers of RDF, user fees/exemption of health facilities.

8 days' training at Northern, Central and Southern Regions for all the provinces (PHOs)

10 days' training at provinces for all the districts (DHOs)

c) Capacity building of managers of RDFs, user fees/exemptions at health facilities

5 days' training at Vientiane for central and provincial hospitals

5 days' training at districts for district hospitals and health centres

(14) Time Frame

Year	1	2	3
1) Establishment of a Task Force	■		
2) Study Project for Re-Designing RDF Systems and User Fee/Exemption Policies/Systems			
a) Re-design and standardisation of the RDF management system covering all levels			
b) Improvement and standardisation of the Revolving Drug Fund and user fee/exemption policies/systems at health facilities			
- Select consultants	■		
- Review existing policies and guidelines on RDFs, user fees/exemption.	■		
- Conduct surveys of health facilities at central, provincial, district and health centre levels	■		
- Conduct surveys of management/supervision systems of RDFs at PHOs, DHOs	■		
- Organise workshops to discuss the reform of RDF and user fee/exemption systems	■		
- Redesign the system of RDF management as a whole, and the system of RDF and user fees/exemptions at health facilities.	■		
- Revise the policies/guidelines on RDF and user fees/exemptions.		■ (approval)	
3) Implementation of the Revised Policies and Standardised Systems on RDF and User Fees/Exemptions			
a) Curriculum development and manual development			
- Select consultants		■	
- Curriculum development for MOH, PHOs and DHOs for supervising/monitoring the RDFs, user fees/exemptions (including manual development).		■	
- Curriculum development for managers of RDFs, user fees/exemptions at health facilities (including manual development).		■	
b) Capacity building of PHOs and DHOs for supervising/monitoring and providing training to managers of RDF, user fees/exemptions of health facilities.			
- Training implementation to PHOs by MOH		■	
- Training implementation to DHOs by PHOs with the support of MOH		■	
c) Capacity building of PHOs and DHOs for supervising/monitoring and providing training to managers of RDF, user fees/exemptions of health facilities.			
- Training implementation to central and provincial hospitals by MOH and PHOs			■
- Training implementation to district hospitals and health centres by DHOs with the support of PHOs			■

2.12 RADIO BROADCASTING PROGRAMME FOR HEALTH EDUCATION (ED-1)

(1) Programme Number : ED-1

(2) Programme Title : Radio Broadcasting Programme for Health Education

(3) Programme Location /Level

Centre of Information and Education for Health (CIEH), Ministry of Health.

(4) Target Beneficiaries

All villagers, especially in rural areas.

(5) Programme Duration

3 years.

(6) Implementation Agency/ Body

Working Group for the Radio Broadcasting Programme for Health Education to be established at the central level, consisting of members from the following organisations:

- CIEH, MOH
- Lao National Radio Station (LNR), Ministry of Information and Culture (MIC)
- Department of Non- Formal Education (NFE), Ministry of Education (MOE)

A network of sub-working groups comprising Provincial Information and Health Education Units (PIEU), Local Radio Stations (LRS) and Provincial Education Offices (PEO) should be developed to facilitate the operation of activities in provincial and village level.

(7) Project Priority: Very high

(8) Rationale

In Lao PDR, the mountainous terrain and low population density makes it difficult for MOH to travel to all villages to conduct health education activities.

Moreover, language differences among ethnic minorities also constitute a constraint on communicating with people in those areas. Therefore, existing print media are not accessible to many people in rural areas since there is a low level of literacy in Lao.

Presently, Lao National Radio has two transmitters (50 KW for SW and 200 KW for MW), covering approximately 80-85% of the total area of the country, and also broadcasts in the two main minority languages of Khmu and Hmong. In addition, LRS cover a large area of each province (except Phongsaly and Salavan) using common minority languages in each.

(9) Objectives

- To develop radio broadcasting programmes for delivering health messages in order to encourage people's behavioural changes.
- To develop key health messages which will be disseminated through radio spots

(10) Expected Benefits/ Outputs

- Access to health information will be increased (including people in remote rural areas and ethnic minority people) through the frequent promotion of health issues by national and local radio both in Lao and ethnic minority languages.
- Consequently, health protection behaviour will be gradually improved and participation in health activities will increase.

(11) Related Programmes/ Related Sectors

ED-3: Programme for Promotions IEC Activities at District Hospitals

PH-2: Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach

PH-3: Programme of Implementing the PHC Approach to Strengthen District Health Systems

(12) Major Programme Components

1. Establish Working Group (WG)

- To conduct meetings with related organisations to introduce the programme and remit of the WG. The WG for National Radio Broadcasting consists of members from the following organisations:
 - CIEH (MOH): the overall role is a programme coordinator, and to act as a technical body to develop key health messages, and take care of necessary formal procedures for each programme activity.
 - LNR (MIC): the overall role is to act as a health message sender to target audiences through radio channel via both LNR and LRS, and to provide technical support.
 - NFE (MOE): the overall role is to encourage audiences to listen to the radio through Community Learning Centre activities.

In addition, the development of a network at provincial and district levels to facilitate the operation of Local Radio Stations is essential. At those levels, the PIEU will be an active coordinator between the Local Radio Station (LRS) and Provincial Education Office.

- A Long term technical advisor with experience of radio programme production is assigned
 - The overall role of the technical advisor is to give advice and assist the activities of the WG.
- 2. Formulate regulations on coordination between the WG and the Sub-working group for National Radio Broadcasting.
 - The Regulation is to be formulated by the WG.
 - To identify the tasks of each member.
 - Each section (of each ministry) should directly coordinate the tasks of its subsidiary bodies (for instance, CIEH coordinate directly with PIEU; LNR with Local Radio Stations; and NFE with Provincial Education Offices (PEO) and Community Learning Centres (CLC)).
- 3. Identify key health messages.
 - To review the existing material on health information and health education for identifying useful health messages and methods of delivering health messages
 - To organise a workshop on key health message development with all health programme individually at central level
 - To pre-test all designed key health messages
 - To conduct a workshop for finalisation and adaptation of key health messages
 - To develop guidelines for key health message utilisation
- 4. Training activities
 - To develop training modules
 - Training on health knowledge and introducing key health messages will be conducted by the WG at central level for LNR, LRS, NFE, and PEO staff.
- 5. Procurement of wire-radio for villages where radios are not available and tape recorders for CLCs where radio reception is difficult.
- 6. Production of health radio programmes by LNR, LRS.

- To select the types of radio programmes (news, entertainment, spot, short drama, etc.) and broadcasting times which are most appropriate to the various target groups (men, women, elderly people, children, etc.)
- To create question guides for audience competitions for a monthly “Excellent Listener Award”.
- To broadcast health messages in other radio programmes (for instance in entertainment or drama performances.)
- To record Radio programmes for CLCs in those villages without radios or outside reception areas.
- To evaluate the quality of production of radio programmes and the promotion of radio listening through CLC activities

7. Radio Outreach Activities

This activity should be carried out for some villages in remote areas which are too remote for information from government centres to reach. Some main activities are identified below:

- To conduct a workshop on developing methods to identify areas without access to health information, to be targeted through LRS of each province or LNR.
- To conduct a workshop on how to organise outreach activities with the participation of people and village authorities
- To develop guidelines for outreach activities
- To procure outreach kit (including music instruments, prizes such as T-shirts, soap, washing powder, etc.) for mobilising villages for radio programme activities.
- To implement outreach activities in each province for carrying out the outside studio recording as an interpersonal approach for transferring health information. Together with this activity, a quiz show will be developed to promote the participation of village authorities and villagers.
- Evaluation

(13) Major Input

Personnel:

- WG team including MOE, MIC, CIEH staff at central level; POE, LRS, PHO staff at provincial level; and CLC, DHO staff at district level.
- Full time JOCV for the first two years of the programme.

Technical Assistance:

- From all health programmes
- From POE, LRS at provincial level
- From CLC at district and village levels.

Workshops and meetings:

- Per diems for participants and facilitators.
- Cost of travel

Documentation:

- Translation and back translation of output documents (English/minority languages)
- Reproduction/printing

Equipment

- Wire-radio (with solar battery)
- Musical instruments for LRS.
- Tape recorders
- Cassette tape recorders

Operating costs:

- Expenses for meetings
- Cost of distribution of cassette tape recorders to CLC
- Prizes.

(14) Timetable: National Radio Broadcasting

Programme Components and Main Activities	Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Establishment of WG	■											
2. Formulation of regulations	■											
3. Identifying key health messages												
- Workshop on key health message development		■										
- Pre-test key health messages		■										
- Workshop for finalisation and adaptation		■										
- Develop guideline for key message utilisation		■										
4. Training												
4.1 Develop training module.			■									
4.2 Conduct training and introduce key health messages.			■									
5. Procurement			■					■				
6. Produce health radio programmes.												
6.1 Select target radio programme and create question guide.			■									
6.2 Broadcasting				■	■	■	■	■	■	■	■	■
6.3 Produce cassette tape for CLC				■								
6.4 Evaluation							■					■
7. Radio outreach Activities												
7.1 Workshop for identifying target areas.				■								
7.2 Workshop for developing mechanism of implementation				■								
7.3 Procure outreach kit				■								
7.4 Conduct outreach activities					■	■	■	■	■	■	■	■
7.5 Evaluation.							■					■

2.13 PROGRAMME FOR PROMOTING IEC ACTIVITIES AT DISTRICT HOSPITALS (ED-3)

- (1) Programme Number:** ED-3
- (2) Programme Title:** Programme for Promoting IEC Activities at District Hospitals
- (3) Programme Location /Level**
District Hospitals
- (4) Target Beneficiaries**
People who live in those districts
- (5) Programme Duration**
4 years
- (6) Implementation Agency/ Body**
District Hospitals
- (7) Project Priority:** Very high
- (8) Rationale**

Presently, there are on average 2 or 3 remote district hospitals in each province which become totally cut off during the rainy season. Moreover, a lack of skilled staff and medical equipment, non-availability of electricity and inadequate water resources lead the hospitals to function poorly. In addition, those hospitals are located in areas with acute health problems and regular disease outbreaks.

Generally, the major functions of district hospitals are curative care and health promotion. Normally, the health promotion function has centred on MCH activities (including ANC, Birth Spacing, and EPI in zone zero) to the exclusion of either health education activities within the facility or IEC outreach activity. As a result, people do not have access to health information and suffer frequently from the same diseases.

District hospitals are the primary higher facility that local villagers come to for health care service and also the primary unit responsible for the management of disease outbreaks, but health education activities in the facilities are not available. It is important to strengthen the functioning of IEC activities along with other improvements to facilities. Conducting frequent health education sessions within

facilities and organising varied outreach activities will help people look after their own health and seek proper health care when they get sick.

(9) Objectives

- To create a functional IEC unit within district hospitals in order to increase the utilisation of health care service.
- To establish IEC mobile teams for carrying out health education activities in communities surrounding district hospitals for the purpose of outbreak disease surveillance and preventing the common causes of diseases.

(10) Expected Benefits/ Outputs

- Functional IEC units will be established within each district hospital.
- Health education and communication skills of staff will be improved.
- The availability of technical and IEC materials resources for these activities will be ensured.
- The utilisation of health care service at those facilities will be increased.
- IEC mobile teams for outbreak response will be developed at district hospitals.
- In parallel with curative services, people will get more health information on rational drug use and advice on how to maintain their health.

(11) Related Programmes/ Related Sectors

HS-1: District Hospital Improvement Programme

PH-3: Programme of Implementing the PHC Approach to Strengthen District Health Systems

(12) Major Programme Components

In practice, the promotion of IEC activities at district hospital should be implemented together with district hospital improvement since the two are closely related. The core organisation of IEC at central level (CIEH) should also be improved, so that it will be able to provide technical support and material service to district hospitals.

1) To strengthen CIEH to supervise district hospitals

- Improvement of skills of CIEH staff (including IEC, graphic design, planning, monitoring, supervision, and evaluation.)
- Workshop to develop the monitoring and supervision scheme and tools.
- Workshop to design the mobile team, develop guideline, mobile team kit, IEC materials/tools.

- 2) An international expert is to be assigned periodically. The overall role of the international expert will include the following
 - Giving advice and helping local staff to implement the programme.
 - Helping local staff to conduct a small KAP survey for identify people's health problems, communication problems, and suitable remedies before starting the programme.
 - Helping local staff to develop the guideline for IEC operations both in the facility and in the community.
- 3) Conduct KAP surveys
 - Design target area for survey implementation (workshop organised at district level with participation of DHO, DH and CIEH staff.) and develop questionnaire for survey.
 - Training for DH and DHO staff on how to use the questionnaire
 - Pre-test of questionnaire.
 - Conduct the survey at district and village level.
 - Data input/ Analysis
- 4) Develop IEC unit within facilities
 - Staff are assigned to IEC group, including at least 3-4 persons with education background of medical doctor or medical assistant and nurse.
 - Workshop to develop training manual and guideline for materials to be used for training.
 - Produce the training manual and materials used guideline by CIEH.
 - Conduct training for IEC and other district hospital staff (including health education, communication, planning, monitoring, supervision, and evaluation, maintenance of IEC equipment.) by CIEH.
 - Organise workshop for the following purposes:
 1. Identify space within facilities for the IEC group office, and further room for use for face-to-face discussion/counselling/demonstration.
 2. Identify suitable place for giving health education to outpatients.
 3. Identify locations for hospital notices to be displayed, both within facilities and in the community, where more people are likely to be concentrated (for instance, markets, bus stations, and main roads).
- 5) IEC material production

Prior to the IEC material production, it is necessary to review the existing material for examining what material are appropriate, accepted and popular.

Given the insufficient capacity of district hospitals to produce IEC materials, CIEH is required to assist in carrying out these activities:

- Workshop on graphic design for noticeboards and some printed media with participation of district hospital staff.
 - Pre-test, finalisation and production/printing of noticeboards and printed media.
 - Produce IEC materials (audiocassettes, printed media, noticeboards, and posters) for district hospitals.
- 6) Purchase of necessary equipment for IEC activities (TV, video player, tape recorder, slide projector, screen, flannel graph, necessary stationery, etc.)
- 7) Set up a hydro powered generator (Dynamo)/ solar panels for providing electricity for facilities.
- 8) Water supply (at least 2 sources)
- 9) Operation of IEC activities
- Create action plan for IEC activities within facilities
 - Set up board for hospital notices.
 - Modify existing key health messages to fit local conditions.
 - Workshop for adaptation of suitable key health messages and set a package of it.
 - Conduct routine IEC activities within facility based on action plan.
 - Evaluation

10) Special campaign on IEC

For common diseases

- Workshop for identification of common health problem (diseases) and location of patients.
- Develop plan for mobile team activities
- Orientation workshop for staff on outreach activities and distribution of kit using the CIEH guideline
- Carry out IEC outreach activities.

For surveillance purposes

- Workshop for identification of high season for common diseases (participants from DH, DHO, and District Governor's Office.)
- Develop plan for special campaign.
- Orientation workshop for staff on special campaign and IEC materials kit preparation
- Carry out special campaign with participation of community.

11) Evaluation

(13) Major Input

Personnel:

- CIEH staff at central level and district hospital staff
- Periodic assignment of International Expert during programme implementation

Technical Assistance:

- From all health programmes (health information for developing key health messages)
- From DHO
- From CIEH

Infrastructure

- Designated space within facilities, for use as IEC office/ room for counselling, discussion, and demonstration.
- Renovation of those places.

Workshop and meeting:

- Per diems for participants and facilitators.
- Cost of travel

Documentation:

- Translation and back translation of output documents (English/minority languages (audio-cassette))
- Reproduction/printing

Equipment

- TV, video, Tape recorder, Slide Projector, Screen, audiocassettes.
- Stationery (A4 paper, Large paper, Markers, fiberboard, color large paper.)

Supply

- Electricity
- Water

Operating costs:

- Expenses for meeting
- Cost of transportation of noticeboards.

(14) Time Frame

Components/Activities	Year 1				Year 2				Year 3				Year 4			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1. Strengthening CIEH																
- Improvement of CIEH staff?	■															
- Workshop to develop monitoring & supervision	■															
- Workshop to design mobile team	■															
2. International Expert assigned	■		■	■	■					■			■			■
3. KAP survey																
- Design target areas/develop questionnaire		■														
- Training on how to use questionnaire		■														
- Pre-test of questionnaire		■														
- Finalise/print questionnaire			■													
- Conduct survey			■													
- Data input /Analysis			■	■												
4. Develop IEC unit in DH																
- staff assigned			■													
- Workshop to develop training manual			■													
- produce training manual			■													
- conduct training				■												
- workshop for designating suitable place for IEC			■													
5. IEC materials production																
- Workshop for graphic design of noticeboard/printed materials				■												
- Pre-test, finalise, and produce materials				■	■											
6. Purchase of necessary equipment																
7. Set up hydro powered generator/ Solar cell Generator.	■															
8. Water supply	■															
9. Operation of IEC activities					■	■	■	■	■	■	■	■	■	■	■	■
10. Special campaign																
- for common diseases					■	■	■	■	■	■	■	■	■	■	■	■
- for surveillance purposes					■	■	■	■	■	■	■	■	■	■	■	■
11. Evaluation				■						■				■		■

2.14 PROGRAMME OF IMPROVING SKILLS IN DIAGNOSIS AND CARE/TREATMENT OF INFECTIOUS DISEASES AT DISTRICT HOSPITALS AND HEALTH CENTRES (ID-2)

- (1) **Programme Number:** ID-2
- (2) **Programme Title:** Programme Improving Skills in Diagnosis and Care/Treatment of Infectious Diseases at District Hospitals and Health Centres

(3) **Programme Location/ Level**

Provincial level (Training of the trainer)

District and Health Centre level (trainee)

(4) **Target Beneficiaries**

(Direct) In-service Nurses, Laboratory Technicians and, Medical Doctors

(Indirect) In-service Village Health volunteers, pharmacists and, other paramedical professionals

(5) **Programme Duration**

5 years

(6) **Implementation Agency/ Body**

Special committee and working group should be formed to develop and follow up on the programme. The Curative Department (Ministry of Health) will chair the committee and coordinate its work.

The committee shall consist of representatives from relevant departments and agencies under the Ministry of Health (Faculty of Medical Science, National University, College of Health Technology, Auxiliary Nursing Schools, Central and Teaching Hospitals, National Institute of Public Health, Institut de Médecine Tropicale, Centre of Laboratories and Epidemiology). In addition and when required, consultants will be invited to the working committee such as the Ministry of Education (i.e.: on specific of fundamental and social sciences issues), donors already involved in training and teaching on public health worker programs (WHO, Embassy Cultural Services, Non Profit Organisations), as well as other members from the Ministry of Health (i.e.: Rehabilitation Centre, Ophtalmogy Centre, Hygiene and Water management Center, Water supply and environmental Hygiene, Public Sanitation)

(7) Project Priority: Very high

(8) Rationale

- The programme aims to develop a Continuous Medical Education system at the District and infra district levels targeted on the improvement of diagnostic and consequently better treatment and patient management.
- Working Diagnosis using an approach by syndromes appears the most appropriate strategy in the framework of the actual medical facilities at the District level; It does not imply sophisticated biological or paramedical tests but needs the most accurate knowledge on clinical diagnosis, and semiological and epidemiological approaches of the diseases.
- Continuous medical education, CME, has been delivered unequally to in-service health workers of different levels of responsibility and also unevenly overall the country. In-service, health workers have also to overcome the difficulties (time and material) in pursuing independently their education and continue to learn by themselves in order to improve their professional knowledge and skills. CME has been also limited due to lack of specific funding, necessary material and logistics, dedicated trainers
- Etiological diagnosis is seldom reached in particular at the district level and below, and, consequently specific care/treatment as a result of a positively diagnosed syndrome are of rare occurrence.

(9) Objectives

- Curriculum Development for Training for Skill Improvement in Making Working Diagnosis targeted at District Hospitals and Health Centres
- Curriculum Development for Training for Skill Improvement for Care/Treatment targeted at District Hospitals and Health Centres
- Training of Trainers for Skill Improvement both in Making Working Diagnosis and Care/Treatment targeted at District Hospitals and Health Centres
- Training for Skill Improvement both in Making Working Diagnosis and Care/Treatment targeted at District Hospitals and Health Centres

(10) Expected Benefits/Outputs

- Improvement of overall patient management will be provided by health workers at the national level
- Efficiency and Quality of Patient Care and Treatment will be obtained by a Working Diagnosis which applied to an identified clinical picture (syndrome / aetiology) at District Hospitals and Health Centres
- Care and Treatment will be applied in an optimal manner, more efficiently saving drug consumption and hospitalization time
- Public trust will be directly encouraged by the improvement of service quality provided by health workers

- Precise report (etiological diagnostic) on incidence and prevalence of infectious diseases will participate in the national permanent survey for epidemiological survey and medical awareness (outbreak early detection)

(11) Related Programmes/ Related Sectors

- ID-6 Programme
- HRD Framework

(12) Major Programme Components

1) Curriculum Development for Training for Skill Improvement

Curriculum Development for Training for Skill Improvement in Making Working Diagnosis targeted at District Hospitals and Health Centres and Curriculum Development for Training for Skill Improvement for Care/Treatment targeted at District Hospitals and Health Centres. It will be done by the Special Committee and Working Group based on the target group, identification of trainers, identifications of topics of interest, potential source of funding outside the MOH, agenda and calendar for the year. The Committee will:

- Define topics of practical interest for public health concern in Lao (i.e.: diseases, syndromes, therapy, patient management)
- Prioritize selected topics regarding diseases (etiological diagnostic) or a syndromic approach regarding the immediate need of Lao
- Define necessary human resources and tools to provide training and knowledge for skill improvement
- Organize and schedule Seminars for trainers (Training Of Trainers)

2) Training of Trainers for Skill Improvement both in Making Working Diagnosis and Care/Treatment targeted at District Hospitals and Health Centres

Seminars on the state of the art on medical questions of major importance (i.e.: Actual situation country and international level; Available diagnostic tools Appropriate for the country (feasibility) and training/teaching sessions pedagogically oriented will be organized

Trainers will be identified according to their domain of expertise and qualifications will identify trainers. A calendar and agenda will be developed in order to reach a sustainable continuous medical education at all targeted levels

3) Training for Skill Improvement both in Making Working Diagnosis and Care/Treatment

Training (techniques) and teaching (theory and basics) session will be organised at the district level and in-situ to targeted health workers.

Seminar will be organised at the regional and district level with a content on one or several thematic related to infectious disease of importance for Laos and the available diagnostic strategies and tools (i.e.: Identification of diseases of major importance and patient management, review the literature (international), decide on the most relevant approach for the country).

Participants: medical doctors, health directors, nurses district level

Length: one or two days and frequency: Semester

Training and teaching session (diagnostic, care and treatment oriented – practical and technical approaches) will be performed in-situ (District hospital, Health centres) and delivered by habilitated trainers or experts (national, foreign, private)

(13) Major Input

Foreign (i.e.: Thai) professors, teachers in specific subjects when not covered by the domain of competence of the national experts.

Information for Cost Estimation 18 Provincial Hospitals will be the locations for training of the trainers (TOT) and seminars.

150 District Health Offices & Hospitals will be the locations for in-situ sessions of training and teaching.

Health centres will beneficiate of one time (a year) special training delivery.

Estimates of a Total number of potential trainees are as follows:

- The District Hospital: 3,000 trainees
- The District Health Office: 2,400 trainees
- The Health Centre: 1,000 trainees

Estimates of a Total number of potential trainers are as follows:

- Potential Trainers for the trainees from Provincial Health Office (1,200) and the Provincial Hospital Staff (2,200 or between 50 and 250 by province)
- Trainers for trainers (High level and post graduate level) from the MOH Central Office: 644

Potential estimate of human resources for Continuous Medical Education

Trainees		Trainers**		Trainers of Trainers*	
DH	3,000	PHO	1,200	Central MOH	647
DHO	2,500	PH	2,200	-	-
HC	1,000	-	-	-	-
Total	6,500	-	3,400	-	647
Rate	1.8 trainees for a trainer		5.3 trainer to be trained by a trainer		

* when necessary trainers can be hired from foreign agencies

Available potential of HR (trainers) for TOT of specific field from the MOH

Expertise Present at the MOH		Required Fields			
Domain	No	Diagnosis	Clinic	Therapy	Communication
Curative	18			18	
Inspection	2				2
Hygiene and prevention	18				18
NIH	20	20			
Centre for Health Information	17				17
Mother and Child	34	34	34	34	34
Medicine and Food	30				30
Rehabilitation	22		22	22	
Dermatology	15	15	15	15	
Traditional Medicine	15			15	
Sanitation and Water supply	8				8
Laboratory & Epidemiology	15	15			15
EPI	14	14			14
HIV/AIDS	13	13	13	13	
Ophthalmology	7	7	7	7	
Tuberculosis	20	20	20	20	
Malaria	40	40	40	40	
Mother and Child Clinic	26			26	26
Hospital Practitioner (Mahosot + Friendship)	277	277	277	277	
Kindergarten	2				
CHT	24				

Necessary fields to be covered by the Seminars and Training Sessions

	Subject	specifics	Target group
1	Infectious diseases (basics)	Epidemiology, Principle of working diagnosis, patient management, therapy	Trainers
2	Infectious Disease Etiological approach including ID of major importance	Physiopathology	All Health Worker Trainees
		Clinics	All Health Worker Trainees
		Epidemiology	All Health Worker Trainees
		Therapy	All Health Worker Trainees
		Patient management	All Health Worker Trainees
		Laboratory	All Health Worker Trainees
3	Adult medicine	Working & positive diagnosis	MD
4	Paediatrics	Working & positive diagnosis	MD & Nurses
5	Nursing	Working diagnosis and nursing	Nurses
6	Paramedical	When necessary (domains of speciality, rehabilitation, first aid)	All Health Worker Trainees
7	Laboratory	Techniques for the positive diagnostic and biological tests	Laboratory technicians and responsible

Necessary human resources (National personnel)

Personals	Person Number	Qualification
Working Group	<ul style="list-style-type: none"> • 5 members • Consultant (To be defined) • 1 Secretary 	<ul style="list-style-type: none"> • MOH personnel Upon interest and topic <ul style="list-style-type: none"> • Medical background
Trainers for Trainers	<ul style="list-style-type: none"> • 5 • Contractual Experts 	<ul style="list-style-type: none"> • Working and Teaching experience in health sector
Trainers (Seminar)	<ul style="list-style-type: none"> • 20 • Contractual Experts 	<ul style="list-style-type: none"> • Working and Teaching experience in health sector
Trainers (sessions)	<ul style="list-style-type: none"> • 20 • Contractual Experts 	<ul style="list-style-type: none"> • Working experience in health sector
Total	<ul style="list-style-type: none"> • 51 permanent 	-

Necessary human resources (Foreign expert)

Title	Assignment	Number	Note
Senior Advisor	Developing installing and evaluating curriculum	1	<ul style="list-style-type: none"> One year: 2 months for development, 4 for instalments, 6 evaluation and recommendations
Short-term Expert	Upon a request according to the necessity of a subject		<ul style="list-style-type: none"> Question of the Lao language Private (i.e.: pharmaceutical industry) or governmental (i.e.: University)

TOT: Based on 3 seminars (of two days each) a year for the Trainers/experts of the Trainers (first year only, reduced by 2 seminars on the second year and by one on after)

Formal Training: 2 seminars (of two days each) a year

In-situ training: 4 sessions (one day) for the trainees a year

One trainee will participate to one seminar and 2 training sessions a year

- Estimate number of Trainers of Trainers: 4-10
- Estimate number of Trainers: 14-20
- Estimate number of trainees: 6000 trainees total , and for the four first years it will be 1500 trainees / year.
- Number of participants: Seminar 30 trainees, sessions including

(14) Time Frame

Programme Components and Main Activities	Year 1				Year 2				Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1) Curriculum Development for Training for Skill Improvement	■	■	■	■																
2) Training of Trainers for Skill Improvement both in Making Working Diagnosis and Care/ Treatment targeted at District Hospitals and Health Centres					■	■	■	■												
3) Training for Skill Improvement both Making Working Diagnosis and Care/ Treatment									■	■	■	■	■	■	■	■	■	■	■	■

2.15 PROGRAMME FOR INTEGRATING EPI AND OTHER HEALTH SERVICES (ID-4)

(1) Programme Number: ID-4

(2) Programme Title: Programme for Integrating EPI and Other Health Services

(3) Programme Location/ Level

National, Provincial and District Levels

(4) Target Beneficiaries

District Health Offices

(5) Programme Duration

5 years for a study and pilot projects

10 years for gradual expansion of the programme coverage after the pilot projects

(6) Implementation Agency/ Body

Ministry of Health

Selected PHOs and DHOs

(7) Project Priority: Very high

(8) Rationale

The Primary Health Care (PHC) concept and approach should be supported by horizontal coordination functions of PHOs and DHOs rather than vertical management of programmes.

Strong vertical programmes have deprived PHOs and DHOs of opportunities to plan, manage and deliver integrated health services. As a result, PHOs and DHOs have poorly developed horizontal coordination. It is difficult to replace vertical programmes with integrated service delivery in one go for all districts in the country. However, it is important to begin testing methods of integrating health services at the district level by promoting capacity building to promote the PHC concept and approach in district health system development.

(9) Objectives

- To study the possibility of integrating EPI and other health activities,
- To pilot-test alternative methods of implementing the integrated activities of EPI and other health services,
- To design methods of implementing the integrated activities of EPI and other health services, and
- Capacity building for implementing the integrated activities of EPI and other health services.

(10) Expected Benefits/ Outputs

Enhanced capacity of DHOs and PHOs for delivering integrated health services,

Methods for conducting integrated health activities examined

Methods of capacity building for planning and managing integrated health activities tested

(11) Related Programmes/ Related Sectors

ID-7: Programme for Strengthening Malaria Control and other PHC Activities

PH-1: Programme for Supporting the Operationalisation of the “Policy of Primary Health Care”

PH-2: Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach

PH-3: Programme of Implementing the PHC Approach to Strengthen District Health systems

(12) Major Programme Components

- 1) Study for Assessment and Improvement of the Present Immunisation Programme (EPI)

This study shall be conducted in several selected provinces with differing organisational management capacities, in order to consider the feasibility of implementing integrated activities of EPI and other health services.

In this study, the following health services should be considered for integration with EPI:

- Health education (hygiene and nutrition)
- Monitoring VHVs with drug kits and village-level revolving drug funds
- Other vertical programmes, such as malaria control and family planning.

The following aspects should be covered by the study:

- How a health worker visits villages for EPI activities
- Any actual cases in which EPI activities are integrated with other health services or government services
- The time management implications of integrating EPI activities with other health activities
- How to design the integration of EPI activities with other health services

2) Pilot Project for Integration of EPI with other Health Services

In selected provinces whose PHOs and DHOs have better developed organisational capacities, pilot projects shall test the integration of EPI and other health services. Such pilot provinces might include the following:

- Vientiane municipality
- Xayaboury province
- Bolikhamxay province
- Savannakhet province

For this purpose, EPI and other health service delivery programmes should put their budgets into a common DHO budget, and DHOs should prepare a plan for integrated activities. Under the pilot projects, capacity building for activity planning and management should also be conducted for district health officers.

Activities

- Basic design of integration of EPI and other health services
- Capacity building for managing the integration of EPI and other health services
- Technical training for providing integrated services of EPI and other health services
- Activity Planning for integration of EPI and other health services

- Budget planning for integration of EPI and other health services
- Monitoring and reporting of integrated activities for EPI and other health services

(13) Major Input

1) Study for Assessment and Improvement of the Present Immunisation Programme

6-month study by an international consultant and three national consultants

2) Pilot Project for Integrating of EPI and other Health Services

2-year work by an international consultant and three national consultants

(14) Time Frame

Programme Components and Main Activities	Year 1				Year 2				Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1) Study for Assessment and Improvement of the Present Immunisation Programme (EPI)																				
2) Pilot Project for Integration of EPI with other Health Services																				

2.16 PROGRAMME OF STRENGTHENING CONTROL OF HIV/AIDS AND STDs (ID-6)

(1) Programme Number: ID-6

(2) Programme Title: Programme of Strengthening Control of STDs including HIV-AIDS

(3) Programme Location/ Level

National

(4) Target Beneficiaries

National Committee for the Control of AIDS Bureau (NCCA)

Health workers from programme areas

High risk population in programme areas

STD/HIV-AIDS clients from programme areas

(5) Programme Duration

5 years

(6) Implementation Agency/ Body

NCCA

Department of Hygiene and Prevention

(7) Project Priority: Very high

(8) Rationale

While the prevalence of HIV-AIDS in the entire country is estimated to be low the same could not be said of other sexually transmitted infections with high incidence among population groups at risk for STDs.

The high incidence of STDs warrants fast and intensive interventions. In addition, STDs is an established co-factor in facilitating and amplifying HIV transmission. With a rapidly increasing cross-border population movement and the high prevalence of HIV/AIDs in neighbouring countries, there is a great danger of an HIV/AIDs epidemic.

Continuing surveillance to guide STD and HIV/AIDs control measures and the immediate improvement in services to address the treatment and prevention of STDs are priority areas for interventions.

STDs and HIV Infection and AIDS remain also poorly documented for the general population favouring misplaced fears and hidden behaviour.

(9) Objectives

- To continue and strengthen the surveillance of STDs including HIV-AIDS
- To train health workers on detection and treatment of STD
- To include STD drugs in the drug revolving fund and make them available to all STD cases
- To pilot special STD services to service women
- To develop a communication strategy

(10) Expected Benefits/Outputs

- Improved quality of services for STDs
- Improved access of the population especially service women to STD services in pilot areas
- Prevention and/or early detection and prompt response to outbreaks
- Better understanding of the diseases by the population

(11) Related Programmes/ Related Sectors

MC-1 MCH Networking and Coordination Programme

MC-3 Programme for Strengthening Family Planning

ED-1 Radio Broadcasting Programme for Health Education

ED-3 Programme for Promoting IEC Activities at District Hospital

ID-2 Programme of Improving Skills in Diagnosis and Care/Treatment of Infectious Disease at District Hospitals and Health Centres

(12) Major Programme Components

1) HIV/AIDS and STD Surveillance

The incidence of STDs and prevalence of HIV/AIDS among population groups who are more at risk to these infections will be monitored. Behavioural surveys will also be conducted.

The surveillance will be conducted every 2 years in 4 provinces namely Champasak in the south, Savannakhet and Vientiane in the central region and Luang Prabang in the south.

The findings of the surveillance will be used to guide development/changes in programme policies and guidelines as well as specific programme actions.

Main Activities:

- 1.1 Organizing a technical committee for the surveillance
- 1.2 Development of survey design/s and questionnaires including pre-testing and printing
- 1.3 Pre-test and finalization of questionnaires
- 1.4 Training of interviewers and laboratory technicians
- 1.5 Training of supervisors
- 1.6 Conduct of interviews and collection of laboratory specimen
- 1.7 Data analysis and report writing
- 1.8 Dissemination of survey results

2) Training of Health Workers on STDs

Training will be organized and conducted to improve the capability of health workers in government facilities to recognize and manage STDs and to promote safer sexual behaviours.

A standard protocol on the detection and management of STDs have already been developed, tested and finalized including training guides and materials. The training will include the promotion of safer sexual behaviour and privacy and confidentiality in dealing with clients.

Anecdotal reports reveal that persons with symptoms suggesting STD are likely to consult private clinics or directly purchase drugs from private pharmacies. Therefore training for private clinic physicians will also be conducted to improve case detection and management. Private pharmacists will also be trained on STD drugs and referral of STD cases to health facilities.

The following training courses will be conducted:

- Training of Health workers from District and Health Centres on STD Case Management (Syndromic Approach)
- Training of physicians in secondary and tertiary hospitals on clinical management of STIs (with laboratory support)
- Training of Laboratory technicians in secondary and tertiary hospitals on laboratory support for STI services
- Training of private clinic physicians
- Training of Pharmacists

The initial training will be done in 5 selected provinces namely; Vientiane Municipality, Vientiane Province, Champassak, Saravane and Luang Namtha.

Main Activities:

- 2.1 Detailed planning for training
- 2.2 Identification of core trainers
- 2.3 Training of core trainers for 5 provinces
- 2.4 Identification of private clinic physicians and pharmacists to be trained from 5 provinces
- 2.5 Training of Health Workers and private clinic physicians from 5 provinces
- 2.6 Training of private pharmacists from 5 provinces
- 2.7 Monitoring and Evaluation
- 2.8 Training of core trainers for expansion provinces

2.9 Identification of private clinic physicians and pharmacists to be trained from expansion provinces

2.10 Training of health workers and private clinic physicians from expansion provinces

2.11 Training of private pharmacists from expansion provinces

2.12 Monitoring and Evaluation

3) Ensuring the Availability of STD Drugs

A primary consideration in the treatment of STDs is the availability of appropriate drugs at health facilities. It will be ensured that the drugs recommended for treatment in the protocols is included in the essential drug list and will be made available as part of the drugs for the revolving drug fund in the district and provincial hospitals.

A pilot to include STD drugs in the revolving drug fund will be implemented. This will be closely coordinated with the Food and Drug Department. This piloting will be implemented to coincide with the training in Vientiane Municipality, Vientiane Province, Champassak, Saravan and Luang Namtha. An initial stock for the revolving drug fund will be made available in the provincial and district hospitals.

Main Activities:

3.1 Coordination meetings with Department of Food and Drugs

3.2 Setting-up details of the inclusion taking into account, capitalization, sourcing of drugs, pricing, replenishment, inventory, monitoring and other related concerns and development of guidelines for implementation

3.3 Orientation of health workers/pharmacists responsible for RDF in the provincial and district hospitals in the pilot provinces

3.4 Implementation and monitoring

3.5 Evaluation

3.6 Presentation of results of pilot

3.7 Expansion of pilot to other provinces or change in strategy if a failure

4) Piloting Special Services for Service Women

Asymptomatic STD is a common occurrence among women. In addition the stigma attached to STDs discourages service women from seeking care in health facilities.

With the high incidence of STDs among service women and the danger of the amplification of the transmission of HIV/AIDS, aggressive action is required to reach these women for STD treatment and other services.

Presumptive treatment of service workers will be piloted in selected areas. This activity will be closely collaborated with the local Lao Women's Union.

Main Activities:

- 4.1 Feasibility study on site and approach options for special STD services for service women
 - 4.2 Establishment of service design, sites and approaches for special STD services
 - 4.3 Development of guidelines for special STD services for service women including presumptive treatment
 - 4.4 Organizing team for special STD services in pilot areas
 - 4.5 Training of special STD service team
 - 4.6 Procurement of drugs, supplies and other materials
 - 4.7 Implementation and documentation
 - 4.8 Monitoring and Evaluation
 - 4.9 Presentation of results of pilot
 - 4.10 Re-design of approaches and services if necessary
 - 4.11 Expansion of pilot to other areas where the concentration of service women is high
- 5) Strengthening Information/Education on STDs and HIV-AIDS

Development and dissemination of information and education activities on STDs and HIV-AIDS are going on. However there is a need to develop a more comprehensive approach to particularly reach the high risk groups.

The communication approach should be dedicated to inform and favour prevention and access to treatment and counselling for both partners.

Specialized means to reach specific high risk group will be explored. This is important as the means to access service women are different from that of accessing migrant workers or government workers.

The communication approaches shall be based on the behavioural survey results and

Main Activities:

- 5.1 Development of approach for each of the main target groups
- 5.2 Development of guidelines for each of the approach
- 5.3 Development of tools and materials for the each of the approach
- 5.4 Testing of each of the approach covering guidelines and tools
- 5.5 Finalization of the guidelines and tools
- 5.6 Training of Implementors
- 5.7 Implementation

6) Voluntary HIV Testing

Current HIV-AIDS surveillance is already doing HIV testing. However there is a need to further the campaign for voluntary HIV testing among high risk groups and pregnant women.

This is intended to improve the accuracy of surveys and guide the design of preventive and promotive activities.

Selected hospitals will be chosen as HIV testing sites for pregnant women. As the population at risk may not favour HIV-testing in hospitals, sites and timing of testing will be set according to what is favourable to the risk groups.

Main Activities:

- 6.1 Designation of testing sites
- 6.2 Training of staff in the testing sites both laboratory technicians and counsellors
- 6.3 Information campaign on HIV testing in the selected areas
- 6.4 Implementation

(13) Major Input

- Technical assistance
- Training workshops/meetings
- Printing of questionnaires, related survey materials, guidelines and forms
- Transport cost and per diem for survey and training
- Printing and dissemination of survey results, training documents and reproduction of training devices
- Purchase of drugs, laboratory supplies
- Technical assistance in the feasibility study, development of service and information/education design and approaches, initial training of special STD service team and evaluation of pilot study and approaches
- Expansion of pilot programme
- Development and reproduction of information/education guidelines and materials

(14) Time Frame

Programme Components and Main Activities	Year 1				Year 2				Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. STD and HIV/AIDS surveillance																				
1.1 Organizing a committee for the surveillance				■								■								
1.2 Development of survey design/s and questionnaires				■								■								
1.3 Pre-test and finalization of questionnaires				■								■								
1.4 Training of interviewers and laboratory technicians					■								■							
1.5 Training of supervisors					■								■							
1.6 Conduct of interviews and collection of specimens					■								■							
1.7 Data analysis and report writing					■								■							
1.8 Dissemination of survey results					■								■							
2. Training of health workers																				
2.1 Planning for training	■																			
2.2 Identification of core trainers	■																			
2.3 Training of core trainers from 5 provinces		■																		
2.4 Training of health workers and private clinic physicians from 5 provinces			■	■	■	■	■	■												
2.5 Training of private pharmacists from 5 provinces			■	■	■	■	■	■												
2.7 Monitoring and Evaluation			■	■	■	■	■	■												
2.8 Identification of core trainers for expansion provinces										■										
2.9 Training of core trainers for expansion provinces											■									
2.10 Training of health workers and private clinic physicians from expansion provinces												■	■	■	■	■	■	■	■	■
2.11 Training of pharmacists from expansion provinces												■	■	■	■	■	■	■	■	■
2.12 Monitoring and evaluation												■	■	■	■	■	■	■	■	■

Programme Components and Main Activities	Year 1				Year 2				Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
3. Ensuring the availability of STD drugs																				
3.1 Coordination meetings with FDD																				
3.2 Setting-up details of inclusion of STD drugs in DRF																				
3.3 Orientation of health workers/pharmacists in hospitals of pilot provinces																				
3.4 Implementation and documentation																				
3.5 Monitoring and Evaluation																				
3.6 Dissemination of results of pilot																				
3.7 Expansion of pilot to other provinces or change in strategy if failure																				
4. Piloting special services for service women																				
4.1 Feasibility study on site and approaches for special services																				
4.2 Establishment of service design, sites and approaches for special services																				
4.3 Development of guidelines for special services																				
4.4 Organizing teams for special services in pilot areas																				
4.5 Training of special STD service team																				
4.6 Procurement of drugs, supplies and other materials																				
4.7 Implementation and documentation																				
4.8 Monitoring and Evaluation																				
4.9 Presentation of results of pilot																				
4.10 Re-design of approaches and services if necessary																				
4.11 Expansion of pilot to other areas																				

Programme Components and Main Activities	Year 1				Year 2				Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5. Strengthening Information/ Education on STDs and HIV-AIDS																				
5.1 Development of approach for each of the main target groups																				
5.2 Development of guidelines for each of the approach																				
5.3 Development of tools and materials for the each of the approach																				
5.4 Testing of each of the approach covering guidelines and tools																				
5.5 Finalization of the guidelines and tools																				
5.6 Training of Implementors																				
5.7 Implementation																				
6. Voluntary HIV-AIDS Testing																				
6.1 Designation of testing sites																				
6.2 Training of staff in the testing sites both laboratory technicians and counsellors																				
6.3 Information campaign on HIV testing in the selected areas																				
6.4 Implementation																				

**2.17 PROGRAMME FOR STRENGTHENING MALARIA CONTROL AND OTHER
PHC ACTIVITIES (ID-7)**

(1) Programme Number: ID-7

**(2) Programme Title: *Programme for Strengthening and expanding malaria control
and integration with Primary Health Care***

(3) Location/ Level: National

(4) Target Beneficiaries:

National Malaria Control Programme (NMCP)

(5) Programme Duration:

5 years

(6) Implementation Agency/ Body:

MOH

National Malaria Control Programme

Malariology, Parasitology and Entomology Center, MPEC

(7) Project Priority: Very High Priority

(8) Rationale:

Malaria is one of the major communicable diseases, which critically affect the development process, and has a high rate of both morbidity and mortality. It affects all age groups of rural communities and recently multi-drug resistance has complicated first and second line treatment policies.

The country forms part of the greater Mekong sub-region where a great deal of inter-country co-ordination and collaboration in malaria education and other activities takes place as part of the Roll Back Malaria (RBM) campaign.

The EC has had a Regional Malaria Control Project in the region since 1997, which covers the three countries of Vietnam, Cambodia and Lao PDR. The Lao PDR component of that programme has instituted since 1999 a malaria control project based on impregnated bed-nets (IBN) and early diagnosis and treatment (EDAT) in 39 districts of 7 provinces and covers just under one million people at risk. Donors such as World Bank, Vietnam, JICA, AusAid and etc support similar projects, in other provinces. Generally speaking, the impact has been good and malaria mortality and morbidity has dramatically declined in some places.

Nonetheless, there is a need to continue the strengthening of the NMCP as well as its expansion. The target is to cover, with IBN and EDAT, all 3.5 million people at risk

to malaria by the end of 2006. It is expected that this project will follow the Lao-EU Malaria Control Project pattern of implementation which will be supported by funding from the Global Fund for HIV/AIDS, Malaria and TB.

(9) Objectives

- To strengthen the actual NMCP especially in areas of management and infrastructure
- To expand the NMCP activities until they cover the total population at risk
- To train health workers in essential tasks such as accurate diagnosis and treatment
- To monitor programme activities especially the *Plasmodium falciparum* drug resistance situation

(10) Expected Benefits/Outputs

- Continued reduction in morbidity and mortality due to malaria disease
- Greater awareness, and action, by communities at risk on the causes and ways of avoiding (preventing) malaria disease

(11) Related Programmes/ Related Sectors

- Profiles ID-4 and ID-6
- Department of Hygiene and Prevention
- Curative Department
- Central Hospitals
- Centre for Laboratory and Epidemiology
- Centre for Maternal and Child Health
- Food and Drug Department
- Medical Supplies Department
- IEC Department
- Finance Department, MOH
- Health Sciences Training School
- Lao Women's Union (LWU)
- Youth League (YL)
- National Front for Reconstruction (NFR)
- Ministry of Education
- Ministry of Defence
- Ministry of Agriculture

- Province and District (and Village) Health Services

(12) Major Programme Components

1. Extending Positive Diagnostic delivery

- Improvement of management and infrastructure at Central, Province, District and Village levels
- Improving diagnostic methods: Training for microscopists will be expanded and integrated with other diagnosis procedure from other programmes in order to assure the etiological diagnosis
- Standardised monitoring and supervision including drug resistance monitoring, following WHO standards

2. Expanding the Vector control strategy

- Strengthening the vector control strategy through improved monitoring of vector behaviour
- Permanent survey can be developed using the existing GIS system (rainfall follow up) and adding ground survey (immature and adult anopheles), active control will be decided upon
- Although Malaria and Dengue vectors have different bio ecology, in some instances control strategies can be fruitfully applied for one to another including insecticide use and community based Vector Control and both need to be always considered. Integration, where feasible and appropriate, with other vector control strategies

3. Sustaining Community based control

- Sustaining community based control activities including IEC and other methodologies involving communities
- Integration with other PHC activities wherever feasible and appropriate Community based control needs to be integrated with the PHC including the use of Impregnated bed net programme, hygiene (i.e.: clearing and cleaning mosquito breeding sites), personal protection, diagnostic and treatment seeking.
- It recommended also to developing special communication strategy for targeted populations from remote area and hills, where incidence is low and mortality high.

(13) Major Input

Component	Activities	Target for Activities
Expending Positive diagnostic	Training HW for Working diagnosis CME (CME)	HW, VHV
	Training for microscopists	Lab.Tech. DH,PH
	Parasite drug resistance survey	Lab. Tech., CH, PH
Vector control strategy	Field survey (mobile team) – upgrading equipments	Survey team (entomology)
	GIS survey (rainfall)	MOH EPI dpt.; CLE, CMP
Sustaining Community based control	Integrated with other disease control and Dengue Vector Control	CMP
	Integrating with other PHC Activities	General population
	Communication	Minorities, migrants
TOTAL		

(14) Time Frame

Activities	Year				
	1st	2nd	3rd	4th	5th
Positive diagnostic to all Provinces					
Vector control to all Provinces					
Community based control of 11 remaining Provinces					

2.18 PROGRAMME FOR SUPPORTING THE OPERATIONALISATION OF THE “POLICY OF PRIMARY HEALTH CARE” (PH-1)

(1) **Programme Number:** PH-1

(2) **Programme Title:** Programme Supporting the Operationalisation of the “Policy on Primary Health Care”

(3) **Programme Location/ Level**

Central MOH, Provincial and District Levels

(4) **Target Beneficiaries**

Selected decision-makers and staff of the Central Ministry of Health (MOH), Provincial Health Offices (PHOs), District Health Offices (DHOs), and those of the provincial and district governments

(5) **Programme Duration**

3 years

(6) **Implementing Agency/ Body**

- Primary Health Care and Rural Development Division of the Central MOH (**PHC and RD Division**)
- Centre of Information and Education for Health (**CIEH**)

(7) **Project Priority:** Very high

(8) **Rationale**

In January 2000, the Ministry of Health of the Lao People’s Democratic Republic adopted the “Policy on Primary Health Care (PHC)” as an instrument “to Guide and orient its implementation at the grass root level”. The Policy stipulated the approaches to, principles of, and basic components of PHC. It outlined the strategy as well as the organizational and management structures for its implementation. In its foreword, the Policy document clearly stated the challenge at present: “to implement and apply the PHC policy to effectiveness participation of the community and responsiveness of the authority”. Herein lies the importance of this programme.

In parallel with the MOH’s activities to promote PHC, the MOH-JICA Study Team has been conducting the Lao Health Master Planning Study. The study has clarified how to strategically implement the PHC approach to strengthen the District Health Systems, in order to achieve the initial steps in developing the Lao health sector. The

basic strategies identified in the plan should be widely diffused from central level through to district level in order to operationalise the PHC policy.

(9) Objectives

- To reorient the attitudes of key decision-makers at the Central MOH, PHO, DHO, and those at the provincial and district governments in their approach, from a welfare to a more developmental one, from providing all the services required to helping people to do more for themselves.
- To formulate the MOH Strategic Plan to Operationalise PHC

(10) Expected Benefits/ Outputs

- Attitudes of MOH decision-makers and staff are re-oriented toward the developmental approach of PHC.
- Decision-makers at the central, provincial and district levels are inspired to promote PHC.
- The MOH Strategic Plan to Operationalise PHC is formulated and used.
- Investments for PHC are managed more effectively and efficiently.
- Consequently, PHC succeeds as a strategy to enable Lao people, families and communities to access health services and to participate in their delivery.

(11) Related Programmes/ Related Sectors

- PM-1 Sector-Wide Coordination Programme
- PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening the District Health Systems based on PHC Approach
- PH-3 Programme of Implementing PHC Approach to Strengthen the District Health System
- MC-1 MCH Networking and Coordination Programme
- NT-1 Programme of Developing Core Organizations Providing Support and Oversight to Nutrition Activities

(12) Major Programme Components

1) Reorientation of Attitudes toward the More Developmental Approach of PHC

Objective:

- To reorient the attitudes of decision-makers at the Central MOH, PHO, DHO as well as those of the Provincial and District Governors, and donors and NGOs toward the more developmental approach of PHC
 - by diffusing the basic strategies and frameworks identified in the Lao Health Master Planning Study so as to strengthen the District Health Systems based on the PHC approach
 - by sharing experiences of donors and NGOs in implementing PHC.

Activities:

1. MOH Steering Committee at National Level Establishment of the Special Steering Committee (**SSC**) on PHC that will be composed of representatives from various departments of the MOH and mandated with the following authorities:
 - ✧ To organize a Technical Working Group (**TWG**) that will include members from the Technical Working Group of the MOH-JICA Health Master Planning Study and all divisions/units of the Central MOH related to implementation of the Policy on PHC
 - ✧ To appoint the PHC and RD Division as the secretariat for the activities of the SSC and the TWG
 - ✧ To guide the KAP Survey, focus groups discussions, and development of audio-visual materials
 - ✧ To deliberate on the draft MOH Strategic Plan to Operationalise PHC and make recommendations to the Minister
 - ✧ To oversee the evaluation of this Programme
2. KAP Survey [by consultant]
 - Survey on the knowledge, attitudes, practices of decision-makers at the Central MOH, PHO, DHO as well as those of the Provincial and District Governors, donors and NGOs
 - Objective: to identify the facilitating and hindering factors to full operationalisation of the Policy on PHC
3. Focus groups discussions (FGDs) [by TWG and consultant]
 - at least seven groups: a) directors of the Central MOH; b) divisional heads of Central MOH; c) decision-makers of vertical programmes and other units (e.g. NAMSAAAT) related to the components of PHC; d) management teams of PHOs; e) management teams of DHOs; f) provincial governors; g) district governors; and h) donors and NGOs.

- Objectives: a) to further analyse the facilitating and hindering factors to full operationalisation of PHC; b) to assess potential interventions to overcome the KAP gaps/barriers; c) to solicit opinions of the discussants toward key strategies to implement PHC identified in the Lao Health Master Planning Study.
 - TWG will be facilitator of the discussions.
4. Production of informational and inspirational materials [by CIEH with the cooperation of PHC and RD Division, and consultant]
 - Production of at least five master videotapes on strategies to operationalise PHC. A cassette version of the videotapes will be produced, too. Copies of these tapes will be distributed to all PHOs and DHOs.
 - Note: pre-testing of materials will have to be conducted prior to final production.
 5. Series of symposia on PHC [by TWG and PHC and RD Division, with technical support from consultant]
 - Objective: to inspire the participants on the benefits and feasibility of operationalising PHC in Lao PDR by addressing the KAP gap/barriers identified in the survey
 - Participants: decision-makers at the Central MOH, PHO, DHO as well as those of the Provincial and District Governors, and donors and NGOs; guests will include members of the Central Health Committee and other political leaders
 - Structure for each symposium: starts with audio-visual presentation followed by small group discussions facilitated by members of the TWG
 6. KAP Survey (Post-test) [by consultant]
 - Objective: to assess the impact of the activities on attitudes of decision-makers at the Central MOH, PHO, DHO as well as those of the Provincial and District Governors, and donors and NGOs
 - The results and recommendations will be an input to the MOH Strategic Plan to Operationalise PHC

2) Formulation of the MOH Strategic Plan to Operationalise PHC

Objective:

- To formulate and adopt the MOH Strategic Plan to Operationalise PHC at the central, provincial and district levels

Activities:

1. Formulating the MOH Strategic Plan to Operationalise PHC (or the Strategic Plan)
 - The Plan will be a statement to indicate the directions in which MOH will act in order to prepare a base for operationalising PHC and to support the strengthening of district health systems based on the PHC approach.

- 1.a. Meetings with TWG to discuss the key issues and directions [by consultant]
 - will be based on the KAP Survey (both the pre and post-test) and assessment of on-going and past PHC projects conducted in the PH-2 programme.
- 1.b. Formulation of the draft Strategic Plan [by consultant]
- 1.c. Meetings to consult with Central MOH officials and donors, at least 10 members from multilateral and bilateral agencies and non-governmental organizations involved in PHC projects [by consultant, TWG, and PHC and RD Division]
- 1.d. Regional consultation workshops (three), each with 40 participants coming from within and outside of the health sector [by consultant, TWG, and PHC and RD Division]
 - There will be a multi-media presentation on the results of the KAP survey, focus groups discussions, and assessment of on-going and past PHC projects in Lao PDR conducted in the PH-2 programme.
- 1.e. Deliberation and approval of the Strategic Plan [by SSC and finally the Minister]
- 1.f. Reproduction and distribution of MOH Strategic Plan to Operationalise PHC to at least all the participants in the consultation process

(13) Major Input

CODE	BUDGET ITEMS
1.0	REORIENTATION OF ATTITUDES TOWARD PHC
1.1	KAP (knowledge, attitudes & practices) Survey
1.2	FGD (focus group discussion): per diem (for 4 groups from provinces X 10 pax)
1.3	FGD: airfare (for 4 groups from provinces X 10 pax)
1.4	Production & distribution of informational/inspirational materials (lump sum)
1.5	Symposia: per diem (for 5 symposia X 100 pax)
1.6	Symposia: airfare (for 5 symposia X 100 pax)
1.7	Symposia: other expenses (lump sum)
2.0	FORMULATION & MONITORING OF MOH STRATEGIC PLAN
2.1	Regional consultation workshops: per diem for participants (3 regions X 50 pax)
2.2	Regional consultation workshops: airfare for participants (3 regions X 40 pax)
2.3	Regional consultation workshops: per diem for MOH (3 regions X 10 pax)
2.4	Regional consultation workshops: airfare for MOH (3 regions X 10 pax)
2.5	Regional consultation workshops: airfare for international consultants (3 regions X 3 pax)
2.6	MOH Strategic Plan [draft: (18 provinces X 20 copies) + (7 departments X 15 copies)]
2.7	MOH Strategic Plan [final: (18 provinces X 20 copies) + (7 departments X 16 copies)]
3.0	CONSULTANT
3.1	International consultant (IC) for PHC
3.2	IC for information, education and communication (IEC)
3.3	Local consultant for KAP and FGD
4.0	PROGRAMME MANAGEMENT
4.1	Local interpreter/translator (includes overtime)
4.2	Office Staff (includes overtime)
4.3	Vehicle (including gas, maintenance, repair, registration)
4.4	Driver (includes overtime)
4.5	Counterpart Per Diem
4.6	Office equipment (lump sum)
5.0	CONTINGENCY
5.1	Lump sum

(14) Time Frame

Programme Components and Main Activities	Year 1				Year 2				Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1) Reorientation of Attitudes toward the More Developmental Approach of PHC																				
1	Establishment of the Special Steering Committee (SSC) on PHC																			
2	KAP survey																			
3	Focus groups discussions																			
4	Productions of informational/inspirational materials on PHC																			
5	Series of symposia																			
6	KAP survey (post-test)																			
2) Formulation of the MOH Strategic Plan to Operationalise PHC																				
1	formulating the MOH Strategic Plan to Operationalise PHC																			
1a	Meetings with TWG to discuss the key issues and directions																			
1b	Formulation of the draft Strategic Plan																			
1c	Meetings with Central MOH officials & donors																			
1d	Regional consultation workshops																			
1e	Deliberation & approval																			
1f	Reproduction & distribution of Strategic Plan																			