2.19 PROGRAMME TO DEVELOP AND ADAPT FLEXIBLE NATIONAL GUIDELINES AND REGULATIONS FOR STRENGTHENING DISTRICT HEALTH SYSTEMS BASED ON THE PHC APPROACH (PH-2)

(1) Programme Number: **PH-2**

(2) Programme Title: **Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach**

(3) Programme Location/ Level

MOH, PHO, DHO

(4) Target Beneficiaries

Direct Beneficiaries: District Health Offices/District Hospitals in charge of developing District Health Systems based on a PHC approach

Indirect Beneficiaries: Especially people in remoter areas where basic health services are not sufficient.

(5) Programme Duration

2 Years

(6) Implementation Agency/ Body

The PHC and Rural Development Division of MOH

(7) Project Priority: Very high

(8) Rationale

The ways of developing District Health Systems based on the PHC approach may differ between districts or provinces by reflecting various local conditions, for instance the socio-cultural situation, population density, geographical features, economic/financial conditions, development conditions of health facilities and health workers, the composition of ethnic groups, and people's needs. Therefore, a single model cannot generate a district health system suitable for the whole country. Even several models of district health system would not be enough, if they are applied too rigidly.

Conversely, too much flexibility or too many patterns of district health systems would be inefficient in terms of administration and training of health staff.

Therefore, MOH should have flexible models and apply them flexibly, dependent on local conditions. In view of this, flexible national guidelines and regulations for the development of the PHC approach for district health systems should be developed.

(9) Objectives

- To assess on-going and past PHC projects in order to identify the lessons learned and strategies used in some areas of Lao PDR and to help formulate the necessary guidelines and regulations for strengthening District Health Systems based on the PHC approach.
- To provide flexible guidelines at national level in order to support and facilitate the strengthening of District Health Systems based on the PCH approach.
- To regulate health facilities, health workers, VHVs/TBAs and private health providers, which constitute the District Health System.

(10) Expected Benefits/ Outputs

- District Health Office/District Hospital have a basic understanding of the PHC approach to make plans and take actions to strengthen District Health System.
- Health workers, VHVs/TBAs and private health providers provide appropriate/safe health services based on the PHC approach.
- People are empowered in the District Health Systems by using developed guidelines and regulations.

(11) Related Programmes/ Related Sectors

Outputs of the activities of PH-1 (Programme for Supporting the Operationalisation of the "Policy of Primary Health Care") will be the necessary conditions for the implementation of PH-2.

The guidelines and regulations will be a base for strengthening District Health Systems through the following programmes:

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

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

HS-1 District Hospital Improvement Programme

DR-4 Village-Level Revolving Drug Fund (RDF) Programme

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

ID-4 Programme of Integrating EPI and Other Health Services

ID-7 Programme for Implementing Malaria Control with other PHC Activities

MC-2 MCH Promotion Programme

MC-3 Birth Spacing Promotion Programme

NT-3 Nutrition Information/Education Programme

The guidelines and regulations to be developed in this programme should be coordinated or, if necessary, incorporated with other related guidelines and regulations. The following programmes are related in terms of guidelines/regulations for strengthening District Health Systems based on a PHC approach.

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

HS-1 District Hospital Improvement Programme

MC-6 Programme of TBA and VHV Training for MCH

DR-4 Village-Level Revolving Drug Fund (RDF) Programme

(12) Major Programme Components

The Special Steering Committee on PHC and the Technical Working Group established for PH-1 (Programme for Supporting the Operationalisation of the "Policy of Primary Health Care") will also work for PH-2. The Technical Working Group should include members from the Technical Working Group for the MOH-JICA Health Master Planning Study and all the departments of MOH related to implementation of PHC at District level. The PHC and Rural Development Division will work as the secretariat for the Special Steering Committee and the Technical Working Group.

The tasks of the Special Steering Committee are as follows:

- To oversee the process of implementation of the programme components listed below.
- To approve the guidelines and regulations for strengthening District Health Systems based on a PHC approach.

The tasks of the Technical Working Group are as follows:

- To conduct a study to assess on-going and past PHC projects.
- To develop guidelines and regulations for strengthening District Health Systems based on a PHC Approach

1) Assessment of On-Going and Past PHC Projects in the last ten years

Activities:

1. Select consultants and conduct the study project to assess on-going and past PHC projects in the last ten years.
2. Organise workshop for MOH departments and donors/NGOs to discuss lessons learned from the on-going and past experience of PHC projects based on the findings of the study, and to discuss what is required to achieve the implementation of PHC approaches at different levels within the health system.

2) Development of Flexible National Guidelines and Regulations for Strengthening District Health Systems based on a PHC Approach

The report of the health master planning study and the results of the study of on-going and past PHC projects mentioned above will contribute to clarifying necessary guidelines and regulations to be developed. The guidelines will provide flexible models of district health systems applicable to different local conditions.

The guidelines and regulations should cover the following components of the District Health System.

- District Health Offices and District Hospitals
  - Roles and responsibilities of DHOs and District Hospitals as a base of the District Health System
  - Planning guidelines for developing district health systems
  - Management guidelines for district health systems (facility-based activities, mobile teams, planning and management of horizontally integrated health activities, training/monitoring of health centre staff, VHVs/TBAs, and private health providers, etc.)
  - Necessary numbers, types and skills of staff at District Health Offices and District Hospitals to implement PHC approach to strengthen District Health System. (To be coordinated with HR-3, Programme of Reforming Job Descriptions and Titles of Health Personnel and Organisation Structure of the Government Health Sector)
  - The standards of District Hospitals (To be coordinated with the Initial Standards for District Hospitals established by HS-1: District Hospital Improvement Programme)
  - Exemption at District Hospitals
- District Health Committees
  - Roles and responsibilities of District Health Committees
  - Members of District Health Committees

- Guidelines for management of district health systems for District Health Committees

- Health Centres and Health Centre Networks
  - Roles and responsibilities of Health Centres in the District Health System
  - Activities of Health Centres (facility-based activities, out-reach, planning and management of horizontally integrated health activities, training/monitoring of VHVs/TBAs and private health providers, etc.)
  - Roles and activities of Health Centre networks in the District Health System
  - Necessary numbers, types, and skills of health staff at health centres (To be coordinated with HR-3: Programme of Reforming Job Descriptions and Titles of Health Personnel and Organisation Structure of the Government Health Sector)
  - The services that Health Centre staffs can/cannot provide (Regulation)
  - The standards of Health Centres (Building, Vehicles, equipment and supplies, etc.)
  - Required coverage of Health Centres and locations
  - Management of health centres (by establishing Health Centre Board)
  - Exemption at health centres

- VHVs/TBAs and VHVs/TBAs' networks (To be coordinated with "Manual for VHV for Village Revolving Drug Fund" and "Temporary Guideline for VHV on Basic Principle of Implementing Village Revolving Drug Fund" established in May 2002)
  - Roles and responsibilities of VHVs and TBAs
  - Roles and activities of VHVs/TBAs' networks in the District Health System
  - Minimum skills requirements and minimum services
  - Necessary training and certification for VHVs/TBAs
  - The services that VHVs can/cannot provide (Regulation)
  - The method of selection for VHVs and TBAs

- Village Health Committees (To be coordinated with "Manual for VHV for Village Revolving Drug Fund" and "Temporary Guideline for VHV on Basic Principle of Implementing Village Revolving Drug Fund" established in May 2002)
  - Roles and responsibilities of village health committees
  - Necessary training for village health committees
  - How to select village health committee members
  - The basic idea of giving incentives to VHVs and TBAs
  - Exemption at villages

- Village Health Providers

- Roles and responsibilities of village health providers in the District Health System
- Minimum skills requirements and minimum services
- Necessary training and certification for Village Health Providers
- The services that Village Health Providers can/cannot provide (Regulation)
- The basic idea of giving incentives to Village Health Providers

Activities:

1. Select consultants to develop guidelines and regulations, and develop a training curriculum and manuals.
2. Review all existing related policies and guidelines.
3. Review documents of past/on-going projects and studies related to District Health Systems.
4. Conduct surveys/hearings on the existing state of District Health Systems including DHOs/District Hospitals, District Health Committees, Health Centres, VHVs/TBAs and Village Health Committees, and Private Health Providers in selected districts.
5. Organise regional workshops to discuss the necessary/appropriate guidelines and regulations based on the surveys and study results, inviting PHOs, DHOs, and donor and NGOs with experience in District level health projects.
6. Develop guidelines and regulations.
7. Authorise the developed guidelines and regulations.
8. Develop a training curriculum and manuals according to the guidelines and regulations for the training at different levels: PHOs, DHOs/District Hospitals/District Health Committees, Health Centres, Village Health Committes/VHVs/TBAs, and Private Health Providers.

(13) Major Input

1. Assessment of On-Going and Past PHC Projects in the last ten years

Six-month study by one international consultants (for three months) and two national consultants (for six months).

Workshops

- 2-day workshop in Vientiane,
- Participants: 60 persons including MOH officials from all departments and donor/NGO people

2. Development of Flexible National Guidelines and Regulations for Strengthening District Health Systems based on a PHC Approach

2 international consultants for 6 months and 2 national consultants for 15 months

Surveys/ hearings on the existing state of District Health Systems

- 12 districts in 6 provinces

Regional Workshops

- 2-day workshop at one place each in central, northern and southern provinces
- Participants from MOH, PHO staff from all provinces, DHO staff from 2 districts of each province

Printing of manuals

(14) Time Frame

Year	1	2
1) Assessment of On-Going and Past PHC Projects in the last ten years		
1. Select consultants and conduct the study project to assess the on-going and past PHC projects in the last ten years.		
2. Organise workshops for MOH departments and donors		
2) Development of Flexible National Guidelines and Regulations for Strengthening District Health Systems based on PHC Approach		
1. Select consultants		
2. Review all existing related policies and guidelines.		
3. Review documents of projects/ studies related to District Health Systems.		
4. Conduct surveys/hearings on existing state of District Health Systems		
5. Organise regional workshops to discuss necessary/ appropriate guidelines and regulations		
6. Develop guidelines and regulations.		
7. Authorise the developed guidelines and regulations.		
8. Develop curriculum and manuals according to the developed guidelines and regulations		

2.20 PROGRAMME OF IMPLEMENTING THE PHC APPROACH TO STRENGTHEN DISTRICT HEALTH SYSTEMS (PH-3)

(1) Programme Number: **PH-3**

(2) Programme Title: **Programme of Implementing the PHC Approach to Strengthen District Health Systems**[1]

(3) Programme Location/ Level

District and village levels

(4) Target Beneficiaries

- District Health Services
- Local authorities
- Community health workers

(5) Programme Duration

- Phase 1 (Initial Project): 4.5 years
- Phase 2 (Nationwide Implementation of PHC): 10 years

(6) Implementing Agency/ Body

- Primary Health Care and Rural Development Division (PHC/RD D)

(7) Project Priority: Very high

(8) Rationale

PHC has been implemented over a number of years in the Lao PDR, but not uniformly and not throughout the country. There has been significant physical development (i.e., local health facility construction), but facility networks in districts may not reflect the most rational placement of the facilities (based, for example, on population and accessibility criteria). Software development (mainly human resources), however, and the development of the district as a health delivery system have lagged behind. While

[1] For this programme profile, the district health system (DHS) is composed of three main components, namely, the district health service, the community, and the community health workers (CHW). The district health service, or health service for short, consists of the district health office (DHO), district hospital (DH), health centres (HC), and drug kits. As used in this document, the "community" may refer to various administrative levels from the provincial, district, and sub-district (often referring to villages but in some areas of the country may also include village cluster). The CHW, as the third component of the DHS, serves as the bridge between the community and the health service. Operationally, the CHW may be village health volunteers (VHV), traditional birth attendants (TBA), traditional healers/herbalists, and private medical practitioners (PMP). In the communities, there are illegal PMPs but also legitimate PMPs (e.g. private health professionals or PHPs, village health providers or VHPs).

the hardware is necessary, more awareness and skills are needed if the PHC approach is to be implemented successfully. Moreover, in the light of decentralisation policies, the District takes on new significance as a planning and budgeting unit in the Lao PDR.

An important issue that has not yet been sufficiently addressed is how to achieve greater involvement of communities in the delivery of health services. The overall improvement of health service requires full participation from both health workers and the communities they serve. In this way, there is still an urgent need to develop health delivery systems (not only curative but also increasing preventive and promotive services) in the districts, using PHC as their foundation. The problem of the health services is even more acute in remote, less accessible districts where health services are poorly developed in the district centre itself, making support to outlying Health Centres even more difficult. PHC requires a coordinated, sector-wide and even multi-sectoral approach to be implemented successfully-the District is the most practical level at which this coordination can take place.

(9) Objectives

- To apply and institutionalise flexible models of implementing the PHC approach to strengthen district health systems nationwide

(10) Expected Benefits/ Outputs

- The district health system as a whole is rationalized and made more cost-effective, accessible and equitable through PHC approach.
- Differentiated strategies to implement PHC approach in different types of districts have been developed.
- Delivery of health services by HCs and DHs are more responsive to people's needs, and utilization rates of these facilities go up to acceptable levels.
- Performance of personnel at the district level are enhanced, recognized, rewarded, and further challenged.
- Quality and equity of clinical, preventive and promotive services improved.
- Patients are referred as necessary by VHW, HC staff and DH staff to appropriate health facilities.
- Cost-effective strategies found to provide services to remote populations, ethnic minority groups and urban poor.
- General health status of communities—including both remoter and poorer communities—improves sustainably, and communities are more actively involved in determining the type of health services they receive.
- Health status of vulnerable groups, especially of women and children, improves sustainably.

- Local communities' greater involvement in district health system planning and implementation increases effectiveness of health delivery service system.
- Networks of male and female CHWs gain more knowledge and support via their health centre catchment networks, and can apply the knowledge in their respective villages.
- Cooperation of non-health stakeholders with District/Health Centre programmes improves implementation of health programmes.

(11) Related Programmes/ Related Sectors

- PM-2 Capacity Building Programme for Health Management and Health Information System
- 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
- ID-2 Programme of Improving Skills in Diagnosis and Care/Treatment of Infectious Diseases at District Hospitals and Health Centres
- PH-1 Programme for Diffusing PHC Concept and Approach at the National, Provincial and District Levels
- PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on PHC Approach
- MC-2 MCH Promotion Programme
- MC-3 Birth Spacing Promotion Programme
- NT-3 Nutrition Information/Education Programme
- HS-1 District Hospital Improvement Programme
- HS-2 National Programme of Establishing Provincial Maintenance Units
- HS-3 Hospital Management Improvement Programme
- DR-2 Rational Use of Drug Programme
- DR-4 Village-Level Revolving Drug Fund (RDF) Programme

(12) Major Programme Components

1) Initial Project to Strengthen District Health Systems (Phase 1)

Objective:

- To compare the effectiveness and efficiency of models of implementing the PHC approach
  - ➢ in strengthening district health systems to provide people, particularly the underserved and un-served, with access to regularly available, appropriate, affordable and good quality essential health services that are responsive to their needs and expectations
  - ➢ in empowering people, through the local authorities and community health workers, to be responsible for their own health

Activities:

1. Initiation of initial project

   1.a. Formulation (include pre-testing) of slogan/s to popularise the flexible models to laymen and to make PHC and DHS hit core issues [by CIEH]

   1.b. Formulation of terms of reference for consultants to the initial project [by PHC/RD D and the consultants of first programme component]

   1.c. Selection of 5 provinces and at least 3 districts per province as sites for initial project [by PHC/RD D]

   1.d. Selection of consultants[2] [by PHC/RD D and DPF]

   1.e. Mobilisation of consultants [by consultants with PHO cooperation]

   1.f. Intensive training on PHC and district health system development for selected PHO decision makers and staff so that they can provide support to DHOs [by consultants]

2. **Strengthening the district health service**

   2.a. **Preliminary assessment of current situation**
   - Objectives: a) to describe interaction among components of the DHS; b) to identify weaknesses, opportunities, and threats to the DHS; and c) to assess enabling and limiting factors for integration of health services, management functions, and organisational units
   - Method: one workshop per district
   - Participants: Total of 20 per workshop representing the PHO, DHO,

[2] Consultants may be non-governmental organisations or consultancy groups. However, the consultants involved in the formulation of models are disqualified from participating in the initial project.

DH, HC, provincial authorities, district authorities, village authorities, and local organisations

2.b. **Re-orientation of attitudes** of all staff at the DHO, DH and health centres

2.b.1. **Orientation meeting** [by PHC/RD D and consultants]

- to present political and legal mandate (such as policies or guidelines on PHC, decentralisation and integration) for implementing the PHC approach to strengthen the DHS
- to present the project model of the district health system and the broad outline of the project plan with the end in view of clearly defining the project direction
- to mobilise everyone's support

2.b.2. **Informal but considered conversations** with staff [by consultants] to solicit candid feedback about the project, in general, and about critical issues such as the

- enabling and limiting factors to implementation of the PHC approach
- challenge of providing better health services through the PHC approach without large increases in budget

2.b.3. **Monthly staff meetings** [by consultants], during the first 12 months, to serve as venues for building confidence of staff in adopting the developmental approach of PHC by including the following in the agenda:

- presentation and discussion with audio-visual materials about operationalisation of PHC overseas or locally *(refer to PH-1)*
- distribution and discussion of PHC Journal *(refer to PH-1)*
- popularising the slogans formulated in the first programme component *(refer to PH-1)*

2.c. **Rationalization of the district health service and DHS networks**

2.c.1. **Review of documents and workshop** to determine the package of **essential health services** responsive to people's needs and expectations, and to discuss the factors that influence common health service-seeking **behavioural patterns and patient referral** [by consultants]

2.c.2. **Mapping** (either simple or using GIS) of network of health infrastructure, personnel (including CHW), equipment, financial, population, and utilisation rates [by consultants]

2.c.3. **Analysis of alternative networks and strategies** (e.g. outreach services) that optimise the use of existing resources in order to provide universal access to the package of essential health services while meeting national standards (e.g. DH providing a healthy workplace for staff and a health-promoting physical environment for patients and their families, and providing services for health promotion and disease prevention) [by consultants]

2.c.4. **Selection of the best network/strategies** and taking of appropriate actions (e.g. transfer of equipment, closure of chronically under-utilised facilities) to achieve the best network [by MOH and local authorities]

2.c.5. Memorandum to all staff and local authorities **announcing the rationalised district health service networ**k, specifying the catchment areas and/or population [by PHO and provincial authorities]

2.d. **Clarifying the district health service organisation**

2.d.1. **Integration of organisational components**

2.d.1.a. Setting up of the Integrated PHO in which the PH is an integral part of the provincial health service [by DPO]

2.d.1.b. Setting up of the Integrated DHO in which the DH is an integral part of the district health service [by DPO]

2.d.1.c. Putting in place coordinating mechanisms, if possible using existing institutions, (see 3.b.2) [by consultants]

2.d.2. **Formulation of an organisational structure** for the district health service and the district health system [by consultants based on existing guidelines] that clearly delineates the

- ✧ lines of authority and communication within the district health service
- ✧ linkage between the district health service and the local authorities and development committees, health committees, other sectors, donors/nongovernmental organisations, and mass organisations (e.g. Lao Women's Union)
- ✧ linkage between the district health service and the village health providers.

2.d.3. For all health personnel, **defining and discussing job descriptions** (including responsibilities, authorities and privileges), performance **evaluation indicators and tools**, salary/benefit **package** including incentives, and a **code of conduct** [by consultants during the first year only, and by DHO during subsequent years]

2.e. **Boosting effectiveness and efficiency in management**

2.e.1. **Improvement in management systems** [by consultants]

2.e.1.a. Review of existing management systems for the entire district health services to identify the strengths, weaknesses, opportunities, and threats towards achieving effectiveness and efficiency through participant observation and workshop

2.e.1.b. Within the context of decentralisation and PHC, formulation of a simple, transparent and integrated district management system for at least the following: a) planning, finance, logistics, maintenance, and information systems; b) maintenance of equipment, transportation, and infrastructure; c) education and training; d) monitoring and evaluation; e) patient and/or specimen referral system; and f) soliciting feedback from and reporting to patients, village authorities, CHW, donors, and other clients

2.e.2. Development of management tools

2.e.2.a. Development of DHS Management Manual [by consultants] *(refer to PM-1 and HS-3)*

2.e.2.b. Formulation of annual plans before the start of the new fiscal year [by DHS with technical assistance from consultants during the first 4 years, afterwards only by DHS]

2.e.2.c. Distribution of memorandum to PHO, DH/DHO, HC as well as to local authorities (provincial/district/village) on annual schedule activities and important health events [by DHO]

2.e.2.d. Development of monitoring checklists [by consultants]

2.e.2.e. Monitoring using the checklists [by consultants with the management teams]

2.e.3. Annual **management audit** of the district health service [by consultants and PHO for the first year, and by PHO assisted only by consultants for subsequent years]

2.e.4. Annual **district staff meeting** to discuss the results of management audit (see 2.h.3) [by DHO, with assistance from consultants only during the first two years of initial project]

2.e.5. Annual **inter-sectoral meeting** (see 3.g.4) to evaluate performance of the district health system to start on the third year of initial project and to be held at the DH, where an exhibition will be organised and participants can avail themselves of a free medical check up [by DHO with assistance from consultants]

2.f. Further enhancement of competencies required for implementation of PHC

2.f.1. Competencies in conducting training

2.f.1.a. Identifying staff of the PHO and the district health service whose job description includes training of other staff, CHW and village authorities or community organisations [by PHO]

2.f.1.b. Training of trainers [by consultants]

2.f.2. Team leadership and management competencies

2.f.2.a. Training of management teams of DHO and DH on basic management skills (e.g. planning, budgeting, defending budget, advocacy, managing information) *(refer to PM-2 and HS-3)* [by consultants]
- using the DHS Management Manual, which describes systems and procedures, developed in item 2.d.2.a of this programme component

2.f.2.b. Training in skills of HC management [by consultants initially, then by DHO/DH]

2.f.3. Clinical and public health competencies

2.f.3.a. Assessment of training needs for provision of integrated and comprehensive essential clinical *(refer to ID-2)* and public health services that meet initial standards [by consultants]
- Objective: staff of the district health services must be generalist (meaning, able to provide comprehensive and integrated package), must adopt a holistic perspective (meaning, must concern itself with the whole person in the context of the family and community), and must have a continuing approach to health care (meaning, must be involved in activities for regular follow-up and monitoring)
- Training needs assessment must be based on the job description and existing standards of services. Skills in working with communities as well as in planning and constructing water supply and sanitation facilities are examples for public health.

2.f.3.b. Formulation of new and/or adaptation of existing technical skills training designs, modules, manuals and other aids so that the staff can provide standard facility-based and community-based services through the PHC approach by

- Adapting integrated programmes for children (i.e. IMCI) seen at DH, HC and communities [by consultants in cooperation with the DHDP]

- Formulating integrated programmes for pregnant women seen at DH, HC and communities [by consultants]

- Formulating integrated programmes for women in general, male adults, the elderly, and others [by consultants]

2.f.3.c. Training of staff of the DH [by consultants]

2.f.3.d. Training of staff of the HC [by consultants initially, then by DH afterwards]

2.f.3.e. Daily medical rounds at the DH [by consultants]

2.f.3.f. Monthly medical audit at the DH [by consultants]
- The participation of HC mid-level staff is highly recommended.

2.f.3.g. Refresher courses [by consultants]

2.g. **Provision of essential health services**

2.g.1. Regular provision of facility-based health services that meet initial standards, guidelines, regulations, and people's expectations through an integrated and comprehensive approach [by district health service and consultants]

2.g.2. Regular provision of outreach services to remote communities that supports the district/village health plan (refer to item 3.e of this programme component) and that integrates promotive (e.g. health education, primary eye care), preventive (e.g. immunisation), curative (e.g. consultation, minor surgeries, tooth care and extraction), rehabilitative (e.g. for physically challenged, for substance abusers), and/or palliative (e.g. for terminally-ill patients) services [by district health service and consultants]

2.g.3. Provision of health services to support activities of the CHW such as those in items 4.d of this programme component [by district health service]

2.g.4. Provision of health services to support village authorities and other sectors in promoting healthy villages such as those activities for healthy schools, markets, food stalls or restaurants, workplaces (farms) [by district health service and consultants]

2.g.5. Monitoring and evaluation of provision of health services [by PHO]

- This has to be coordinated with Community Monitoring and Evaluation as described in item 3.g of this programme component.

2.h. **Maintenance** of equipment, vehicle, infrastructure and grounds

2.h.1. Annual inventory of equipment and vehicles, taking appropriate action for losses, breakage, or malfunction due to negligence [initially by consultants and DHO; later with representatives from local authorities]

2.h.2. Annual district staff meeting (refer to 2.3.4) to include the topic of "Simple Maintenance by All Staff" in the agenda [by DHO with the cooperation of the Provincial Maintenance Unit- *refer to HS-2*]
- The use of audio-visual materials and skill-acquisition techniques (e.g. demonstration, simulation) are encouraged.

2.h.3. Community cleaning of health infrastructure and grounds at least once a year at the start of the dry season [initially, by district health service and consultants; later, with the cooperation of the district and village authorities/organisations]

2.i. Guaranteeing **supply and rational use of good quality essential drugs** (in cooperation with DR-4)

2.i.1. Meeting with village authorities to assess the need for village-based RDF/drug kits (including the types of drugs) in areas where there are none and to assess the services of existing kits [by consultants, DHO & HC]

2.i.2. Adoption of appropriate measures consistent with national guidelines (e.g. pricing policy change, stocking essential drugs only, practising rational drug dispensing, national/provincial/district/village subsidies for poor people who cannot afford to pay) to further strengthen existing village-based and facility-based RDF/drug kits and/or introduction of new ones [by consultants & district health system]

2.i.3. Annual training or refresher course on drugs, drug supply management, and rational drug use for operators of all drug outlets [by consultants and provincial pharmacists initially, by provincial & district pharmacists later]
- Encouragement of private drug outlets to participate in the course [by HC with the cooperation of village authorities].
- Participants will receive certificates, which they can display in their drug outlets. The local authorities will be informed about those who attended the course.

3. **Empowering communities and/or community organisations** to be responsible for their own health
- Objective: to promote inter-sectoral collaboration and community

participation in the planning (including situational analysis), delivery and evaluation of a comprehensive package of services

3.a. Study on **appropriate and cost-effective methods and technology** in working with communities [by consultants]

3.a.1. Development of culturally appropriate methods and technology to mobilise communities, community organisations, families, and individuals for health action

3.a.2. Adaptation of existing qualitative and participatory data collection methods and technology, such as PRA tools, which can be used by district health service staff together with villagers

3.b. **Community advocacy, organisation and capacity-building** [by DHO with the cooperation of the consultants]

3.b.1. **Orientation** of community (provincial, district and sub-district) authorities and leaders, representatives of community organisations and other influential members on the PHC approach and district health system development

3.b.2. Systematically **organising structures for coordination** (e.g. village health committees) or, if applicable, mobilising existing District or Village Development Committees by using process-oriented methodologies

3.b.3. **Building the capacity** of district/village authorities and/or other appropriate community organisations/structures
a) to actively participate in health problem identification (including community diagnosis), planning, implementation, monitoring and evaluation (using simple checklists of what a healthy individual, healthy household, and healthy village should be/have); and
b) to effectively represent (by equipping them with skills to advocate for support from provincial and central governments) and mobilise communities for health

3.c. **Community diagnosis** through survey of baseline situation [by trained local authorities and/or community organisations]
- Objective: to identify the health and health-related needs, problems, resources, and opportunities for formulation of community health plan

3.d. **Community dialogue** at least two times a year [by local authorities, district health service, and consultants] for exchange of information and networking of resources among various sectors
- Participants: Local authorities at the village, district, and provincial levels; donors and mass organisations; other influential community members

3.e. **Community planning** to formulate integrated district health plans [by trained local authorities and/or community organisations] and incorporate these plans into the district development plan
- An integrated plan has the following characteristics: a) it links district plans to national programmes outside the health sector, for example rural development; b) it links district health activities to other community development initiatives, such as education, recreational and sporting facilities and the creation of employment opportunities; and c) it links the results of monitoring and evaluating the plans

3.f. **Community action** towards healthy communities [by trained local authorities &/or community organisations]
- The starting point, scope and depth of the following may vary according to local situations:

3.f.1. Organizing the community for activities (e.g. introduction of sustainable technology/system for water supply and sanitation; outreach; immunization) initiated by the district health service or related sectors

3.f.2. Identifying, prioritising and referring needs and expectations of communities to the district health service

3.f.3. Participation in planning for health

3.f.4. Integrating health plans into the community development plan

3.f.5. Mobilising community resources to support the district health system, in general, and to support district members who cannot pay for essential health services [by village authorities or organisation]

3.g. **Community monitoring and evaluation** [by trained local authorities &/or community organisations]

3.g.1. Collection of reliable and up-to-date data for the district health service

3.g.2. Establishment, use and maintenance of a Community Information System
- For example, a community health data board may be constructed and its data updated regularly by the community.

3.g.3. Where applicable, monitoring of reports including those on village drug kits

3.g.4. Monitoring and evaluation of own actions (including resource mobilisation and allocation) to promote healthy communities

3.g.5. Participation in monitoring and evaluation of the district health system in general, and of the district health service in particular

4. **Building community health workers (CHW) as the bridge** between the health service and the communities

- **Community health workers** include VHV, TBA, traditional healers, and private health professionals (PHP).

4.a. **Study on CHW** in initial project communities

4.a.1. Survey to generate profiles of different types of CHW [by consultants and DHO]

4.a.2. Focus group discussions to determine the KAP of CHWs about their practices, their opinions about being part of the DHS, and the factors that may motivate them to refer patients or clients as early as possible [by consultants]

4.a.3. Assessment [by consultants and district health service]

4.a.3.a. of need for additional CHWs based on access to health facilities and other factors

4.a.3.b. of previous experiences (including cost-benefit) in training and getting CHWs to be part of the DHS

4.a.3.c. of factors that influence the drop out or retention of CHWs, and that inhibit trained TBAs and PHPs from adopting good practices,

4.a.4. Referral of some practices of traditional healers for further scientific investigation [by PHC/RD D]

4.a.5. Meetings to discuss and decide on mechanisms to regulate without constraining the practice of private health professionals and other CHWs [by DPF]

4.b. **Motivation of CHWs** to be an active part of the DHS

4.b.1. Dialogue between district health service and local authorities [by DHO and HC]

- Objective: a) to clarify roles (temporary or permanent), responsibilities and incentives for different types of village health providers based on existing policies and guidelines *(refer to PH-2)*; b) to mobilise concrete community support, in kind or in cash, for CHWs, particularly the VHVs; and c) to identify CHWs who will be recognised by the DHS and invited for membership into the CHW Association (or Union or Group). It is suggested that at least one of the VHVs is a female so that she can assist deliveries.
- Examples of roles: a) to communicate health messages and feedback from and to villagers; b) to mobilise village members for specific health activities; and c) to provide basic health services according to standards, or otherwise to refer patients who need further investigation or management

4.b.2. Meeting among district health services, district/village authorities, and CHWs to motivate the latter to be effective members of the DHS [by DHO and HC]

4.b.3. Organizing a sustainable and functioning network of CHWs (may be called the CHW Association, Union or Group), assigning household coverage for each CHW, and conducting regular meetings between the CHW network and HC staff to maintain the partnership as well as to gain new or fine-tune previously learned skills [by HC]

4.c. **Competency-building** for CHWs and CHW Association (or Union or Group) [by consultants, PHO, DHO, and some HCs]

4.c.1. Assessment of training needs for each category of CHW to be role models who practise a healthy lifestyle (i.e. takes care of own body by not smoking and not abusing any substance), to be caretakers of their own families, or to be caretakers of a cluster of families

4.c.2. Adaptation of existing training programmes and aids to build the skills of each type of CHW
- It is suggested that the training be geared towards producing generalist and holistic CHWs. It is preferable to train at least one female CHW who can attend to women's needs.

4.c.3. Development of training programmes and aids to build the skills (including advocacy) of CHW Association (or Union or Group)

4.c.4. Training of CHWs and the CHW Association (or Union or Group)

4.d. **Provision of services to communities and families** based on guidelines *(refer toPH-2)* [by CHW with support from village authorities and staff of HC]
- Examples of services are as follows:

- Identification, motivation, mobilising and/or referral of community members who are the target beneficiaries of specific health programmes (e.g. under-five children for immunisation; suspected cases of TB, malaria, leprosy; pregnant women for maternal care)

- Conducting health education for his/her catchment households with the aim of distingiushing facts from fallacies such as those about the care of young children and pregnant women, good dietary practices, and simple home remedies for common ailments.

- As the need arises, home visits directed to achieve specific objectives previously agreed upon with the HC staff

- As the need arises, provision of first-aid and other essential health services according to capacity of CHW

- Coordination with village authorities and/or community organisations for health action

4.e. **Monitoring, recognising and encouraging the performance** of individual CHWs and the CHW network [initially by consultants, and later by HC and village authorities]

5. **Financing** the District Health System

5.a. Budgeting for medium-term (5 years) and short-term (yearly) [by consultant for the first 2 years only, then by DHO thereafter]

5.b. Mobilizing resources

5.b.1. Annual advocacy to central and provincial authorities for them to reallocate resources, particularly for districts which cannot balance their revenues and expenditures in providing for comprehensive primary health care [by DPF and DHOs]

5.b.2. Annual fundraising (like income-generating projects) for poorer households [by district and village authorities]
- During this activity, the poorer households will be encouraged to contribute their time, skills, and local knowledge.

5.b.3. Annual advocacy to managers and supporters (i.e. donors) of vertical programmes to allocate funds for strengthening the DHS [by PHC/RD D]

5.b.4. Establishment of an MOH Equity Fund for Health [by Cabinet and DPF]
- Fund will be mobilised from all sources to support poorer districts, poorer villages, poorer households, and poorer individuals. It will be managed by a Board of Trustees who will be representing the MOH and major contributors. The Fund will be subjected to annual audit.

5.b.5. Establishment of sustainable and progressive financing scheme beneficial to the district health services and the communities [by DHS with technical support from consultants]

5.c. Managing DHS revenues

5.c.1. Analysis or adaptation of existing studies of cost-effectiveness of health interventions [by consultants]

5.c.2. Use of cost-effective health interventions, strategies and technologies [by DHS]

6. **Monitoring and evaluation** of the initial project

6.a. Monthly report monitoring [by consultants, PHO, and PHC/RD D]

6.b. Quarterly monitoring through visits [by PHC/RD D]

6.c. Annual assessment [by consultants and MOH Steering Committee]
- includes the economics of each type of model

6.d. Interim evaluation of project through a field survey [by consultants not involved in the project implementation]

6.e. Symposium to present and discuss results of interim evaluation [by DPF and PHC/RD D]

6.f. Evaluation at project completion [by consultants]

6.g. Evaluation at project completion through 5 provincial workshops, each having a total of 40 representatives from the participating DHS & PHO as well as those PHOs from within the region [by DPF & PHC/RD D]

6.h. Formulation of strategies or approaches that will be used for nationwide implementation of the PHC approach to strengthen DHS [by consultants and PHC/RD D]

2) Institutionalisation of District Health Systems Nationwide (Phase 2)

Objective:

- To apply and institutionalise flexible models of implementing the PHC approach to strengthen district health systems nationwide

Activities:

1. **Preparation** for nationwide strengthening of the DHS

1.a. Formulation and adoption of additional policy or legal **framework,** if necessary, in order to fully implement the PHC and the DHS nationwide [by PHC/RD D and DPF]

1.b. **Development and publication of a "Manual on Implementing the PHC Approach to Strengthen DHS"** [by PHC/RD D with technical assistance from a professional writer]

1.c. **Establishment of** initial project districts as **Learning Centres** for Strengthening of DHS [by PHOs]
- providing Centres with audio-visual equipment and materials, which were produced in the Second Programme Component.

1.d. **Revision and production of initial project training design**, module, manuals, and other materials [by PHC/RD D and Learning Centres]

1.e. Training of representatives from all 18 PHOs as **master trainers**, and from participants in initial project districts as co-trainers using the training design and other materials developed in the First Programme Component [by PHC/RD D]

2. **Phased nationwide implementation** [by PHOs with the support of PHC/RD D and Learning Centres]
   - Assessment of district situation will be undertaken by master trainers and co-trainers during the first months of implementation using indicators, tools and processes developed in the initial project with the intention of determining the most suitable model.

   2.a. Year 2009-2013 for Group 1 (Three districts in the thirteen provinces not included in the initial project)

   2.b. Year 2009-2013 for Group 2 (Further two districts in the five provinces included in the initial project)

   2.c. Year 2012-2016 for Group 3 (Remaining districts in the five provinces included in the initial project)

   2.d. Year 2013-2016 for Group 4 (Further two districts in the thirteen provinces not included in the initial project)

   2.e. Year 2014-2017 for Group 5 (Remaining districts in the thirteen provinces not included in the initial project)

3. **Monitoring, evaluation, recognition, and documentation**

   3.a. Mobilising Support for "Minister's Award for Best District Health Systems" [by PHC/RD D]
   - This Award will be part of the Minister's Award for Best Practices of Hospitals *(refer to HS-3)*. As such, it will require a minimum of $100,000 Trust Fund that will be mobilised and managed with the assistance of donors in Lao PDR. Institutional categories are: Healthiest village; Healthiest district; Healthiest province; Healthiest HC; Healthiest DH/DHO or IDHO; Healthiest PH/PHO or IPHO. Awards will be handed to staff, too, whose exemplary performance advanced the implementation of PHC.

   3.b. Annual monitoring and evaluation – will be part of the screening and selection process for the Minister Award; will use the DHS indicators [by PHC/RD D]

   3.c. Interim evaluation

   3.d. Evaluation of project at completion

   3.e. Publication of a book as well as production of additional audio-visual and other learning materials. [by PHC/RD D with the cooperation of PHOs and Learning Centres as well as with technical assistance from a professional writer and CIEH]

(13) Major Input for Phase 1

CODE	BUDGET ITEMS
1.0	**PROJECT INITIATION**
1.01	FGD (focus group discussion) to pretest slogan/s: per diem (for 3 groups X 8 pax)
1.02	Training of PHOs: per diem (5 provinces X 6 pax)
1.03	Training of PHOs: air fare (5 provinces X 6 pax)
1.04	Training of PHOs: aids and other expenses (lump sum)
2.0	**STRENGTHENING THE DISTRICT HEALTH SERVICES**
2.01	District workshops for preliminary assessment: per diem (15 districts X 20 pax)
2.02	Monthly staff meetings: airfare for consultant & MOH (5 provinces X 2 pax)
2.03	Training of management trainers from PHO (5 provinces X 2 pax)
2.04	Training of management teams: per diem for trainers from PHOs (5 provincex X 2 pax)
2.05	Training of staff of DH and HC: per diem (15 districts X 40 pax)
2.06	Provision of essential health services (15 districts - lump sum)
2.07	Training of operators of all drug outlets (15 districts X 10 pax)
2.08	Repair & maintenance of infrastructure & equipment, lump sum (15 districts)
2.09	Facility revolving drug fund initial stock (15 districts X 7 facilities)
2.10	Village revolving drug fund initial stock (15 districts X 85 villages)
2.11	Equipment for health education, office, hospital & HC (lump sum)
2.12	Motorbike (15 districts X 6)
2.13	Communication system (15 districts X 6)
3.0	**EMPOWERING COMMUNITIES &/OR COMMUNITY ORGANISATIONS**
3.1	Training of district/village authorities (15 districts X 20 pax)
3.2	Household survey (15 districts X 20 villages X 60 households)
3.3	Establisment of community information system (15 districts X 85 villages)
3.4	Support fund for empowerment of communities (lump sum)
4.0	**BUILDING CAPACITIES OF VHV, TBA/TH & PMP**
4.1	Survey on CHWs (15 districts)
4.2	FGD: per diem of CHWs (15 districts X 10 pax)
4.3	FGD: air fare for local consultant (5 provinces)
4.4	Support fund for CHW networks (15 districts)
4.5	Training: CHW and CHW networks (15 districts X 85 villages X 2 pax)
4.6	CHW first aid kits (15 districts X 85 villages X 2 pax)
4.7	Health education materials (15 districts X 85 villages X 2 pax)
5.0	**FINANCING THE DHS**
5.1	Audit of MOH Equity Fund for Health
5.2	Support for establishment of sustainable & progressive financing scheme

CODE		BUDGET ITEMS
6.0		**CONSULTANT**
	6.01	International consultant (IC) for PHC
	6.02	IC for district health service organisation
	6.03	IC for development of management systems & tools, and management audit
	6.04	IC for enhancement of management competencies
	6.05	IC for enhancement of clinical competencies
	6.06	IC for enhancement of public health competencies
	6.07	IC for information, education and communication (IEC)
	6.08	IC for cost-effectiveness analysis
	6.09	Local consultant for KAP and FGD
	6.10	Local consultant for interim evaluation of project
7.0		**PROGRAMME MANAGEMENT**
	7.1	Local interpreter/translator, includes overtime (main office & 5 provinces)
	7.2	Office Staff, includes overtime (main office & 5 provinces)
	7.3	Vehicle, including gas, maintenance, repair, registration (main office & 5 provinces)
	7.4	Driver, includes overtime (main office & 5 provinces)
	7.5	Counterpart Per Diem
	7.6	Office equipment (lump sum)
	7.7	Symposium on interim evaluation: airfare (5 provinces X 8 districts X 10 pax)
	7.8	Symposium on interim evaluation: per diem (5 provinces X 8 districts X 10 pax)
	7.9	Workshop on final evaluation: airfare (5 provinces X 8 districts X 10 pax)
	8.0	Workshop on final evaluation: airfare (5 provinces X 8 districts X 10 pax)
	8.1	Workshop on final evaluation: airfare (5 provinces X 8 districts X 10 pax)
	8.2	Workshop on final evaluation: airfare (5 provinces X 8 districts X 10 pax)
	8.3	Workshop on final evaluation: airfare (5 provinces X 8 districts X 10 pax)
	8.4	Workshop on final evaluation: airfare (5 provinces X 8 districts X 10 pax)
8.0		**CONTINGENCY**
	8.1	Lump sum (5 provinces X 3 districts)

(14) Time Frame

Programme Components and Main Activities	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
1 Initial Project to Strengthen District Health Systems (DHS)										
1.1 Initiation of initial project										
1.2 Strengthening DHS										
1.3 Empowering communities and/or community organisations										
1.4 Building CHW as the bridge between communities and health services										
1.5 Financing the DHS										
1.6 Monitoring and evaluation										
2 Institutionalisation of DHS Nationwide										
2.1 Preparation for nationwide strengthening of the DHS										
2.2 Phased nationwide implementation										
2.3 Monitoring, evaluation, recognition and documentation										

2.21 MCH NETWORKING AND COORDINATION PROGRAMME (MC-1)

(1) Programme Number: MC-1

(2) Programme Title: MCH Networking and Coordination Programme

(3) Programme Location/ Level

National

(4) Target Beneficiaries

Department of Hygiene and Prevention (DHP),

Centre for Maternal and Child Health (CMCH) and

Donors

Provincial and District Hospitals and Offices and Health Centres

(5) Programme Duration

3 years

(6) Implementation Agency/ Body

Department of Hygiene and Prevention (DHP),

Centre for Maternal and Child Health (CMCH) and

(7) Project Priority: Very high

(8) Rationale

MCH programmes are generally represented as separate sections within CMCH that are independently linked from the national level to implementing units vertically. Although steps to integrate activities by way of improving communication, consolidating plans and coordinating activities have already been employed, more intensive activities to harmonize and streamline programmes are needed to produce results.

Donors on the other hand provide technical assistance and logistical support in different forms which is funneled directly DHP, CMCH, provincial or district units or health centers or indirectly through various non-government organizations (NGO).

The present set-up needs to be improved to maximize the use of scarce resources, to enhance the productivity of health workers and facilities, to propagate experiences of good MCH practice, to enable MOH to extend services to areas where there are no donor support and to hasten the development of MCH services so that it is able to respond to the needs of mothers, children and their families.

(9) Objectives

- To strengthen and maintain a functional network between CMCH, DHP, and all donor agencies
- To create venues for coordination and integration of the different MCH programmes within CMCH
- To establish activities and/or processes that will facilitate communication, coordination and/or integration among the members in the network
- To clarify and transmit MCH goals, objectives, strategies, policies and plans to donor agencies

(10) Expected Benefits/Outputs

- Focused efforts on critical MCH activities and ensured technical and material resources for these activities
- Project gains from areas with significant donor assistance are extended to areas with no or very limited external support
- Clear courses of action on MCH Programme
- Avoidance of unnecessary duplication of efforts
- Expertise/contribution of assisting organizations are recognized and fully utilized

(11) Related Programmes/ Related Sectors

PM-1 Sector Wide Coordination Programme

NT-1 Programme of Developing a Core Organization for Providing Support and Oversight to Nutrition Activities

(12) Major Programme Components

1) Networking and Coordination between Donors and MOH/MCH

With DHP taking the lead and CMCH functioning as the secretariat, a set-up to open and maintain communication, strengthen coordination and foster active involvement of MCH program players in MCH development will be established. The secretariat will be a working body which will serve as the focal point of the network.

Opportunities for coordination and integration of MCH programmes will be explored. An environment that will promote discussion of plans and activities, identifying points of integration and translating them into concrete integrated actions will be created.

Improvement of individual vertical programmes will continue. However, efforts to ensure that priorities for MCH service development remains within focus will be advanced and special project outputs will eventually be used to enrich MCH service.

Main Activities:

1. Identification, designation and organizing the secretariat
2. Inventory of all MCH projects/programmes and activities (including outputs), key project/programme persons, donors whether national, provincial and district
3. Planning of networking/coordination activities, coordination agenda, schedule
4. Launching of the MCH Coordination and Networking Programme
5. Organizing task groups among CMCH programmes and assisting organizations to work on particular issues and details of coordination and/or integration as well as on other MCH concerns deemed important and raised by DHP, CMCH or donors
6. Synthesizing lessons learned from MCH projects and activities and converting the lessons into concrete actions for MCH programme/services
7. Annual MCH-Donor Meetings/Workshops for feedback and coordinated planning and allocation of resources

2) Establishment of a Coordination Centre for MCH

Different kinds of information are available at the different units of CMCH, donor organizations and other government departments such as the Statistics Centre and the National Institute of Public Health. Training materials and tools are also available. All

these resources can be put together in one location where interested individuals and organizations may go to when information and/or training materials are needed.

As important as the sharing of information for MCH is the establishment of a physical structure where members of MCH network and other interested individuals and organizations can communicate and refer to when needed.

At present CMCH has a library where books, some journals, articles and variety of publications are available. This library will be expanded to include also policies, tools, information on MCH donors, training materials including soft copies of documents including updates when available.

The CMCH library will be developed to become the coordination centre for MCH. Apart from its library function it will also become the communication centre and a focal point for the MCH network and the office of the MCH Coordinator.

Main Activities:

1. Designation of an MCH Coordinator, Assistant MCH Coordinator, one full time librarian and one full time clerical staff (the MCH coordinator and assistant should be members of the secretariat)
2. Identification of a suitable location, and refurbishing of the library with an office space for the MCH coordinator and assistant
3. Inventory and purchase of necessary equipment for the library/coordination centre
4. Solicitation of books, MCH documents and other materials from donor agencies and other offices
5. Setting-up internet facility within the library
6. Setting up an income-generating mechanism to support maintenance of the library (photocopy, binding, etc…)
7. Training of staff on library maintenance (classifying, coding, filing, and retrieving materials, both manual and on computer) and internet use

(13) Major Input

Manpower:

- Secretariat with 4-6 active members coming from DHP and CMCH
- Staff for Library/Coordination Centre composed of 1 MCH Coordinator, 1 Assistant MCH Coordinator, 1 Librarian and 1 Clerical Staff

- Coordination Adviser/Consultant (12 man-months)
- Short term consultants
  - to facilitate organization and setting-up of the network and help conduct and synthesize initial coordination meetings including documentation
  - to facilitate improvement of library set-up and organization of coordination centre
  - to train Librarian and clerical staff on library procedures and management and in the use of the internet

Infrastructure:

- Designated space within CMCH or MOH which can be used as Library/Coordination Centre
- Refurbishing of the designated space as Library/Resource Centre
- Setting-up an internet facility

Equipment:

- Computers/printers/photocopy machine to serve both the library and the secretariat
- Shelves, tables for library and office
- Printing machine (Riso)

Operations:

- Documentation including translation and back translation
- Reproduction/printing
- Office supplies
- Expenses for meetings

(14) Time Frame

Programme Components and Main Activities	Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Networking and Coordination between Donors and MOH/MCH												
1.1 Organizing the secretariat												
1.2 Inventory of all MCH projects/programmes												
1.3 Planning of activities												
1.4 Launching of MCH Coordination/ Networking Programme												
1.5 Organizing task groups												
1.6 Synthesizing lessons learned from MCH projects/activities												
1.7 Annual MCH-Donor Meetings/Workshops												
2. Establishment of a Coordination Centre for MCH												
2.1 Designation of an MCH Coordinator and staff												
2.2 Establishment and refurbishing of the library/office												
2.3 Inventory and purchase of equipment												
2.4 Solicitation of books and other materials for the library												
2.5 Setting-up internet facility												
2.6 Training of staff												

2.22 PROGRAMME FOR STRENGTHENING AND PROMOTION OF MCH (MC-2)

(1) Programme Number: MC-2

(2) Programme Title: Programme for Strengthening and Promotion of MCH

(3) Programme Location/ Level

2 Districts each in the provinces of Vientiane, Oudomxay and Sekong

(4) Target Beneficiaries

MCH staff in involved district health facilities

Women and children from programme areas

(5) Programme Duration

5 years

(6) Implementation Agency/ Body

District Health Office, District Hospital and Health Centres of Involved Districts with assistance and involvement of Provincial Health Office and Provincial Hospital

(7) Project Priority: Very high

(8) Rationale:

As health facilities and services are slowly being upgraded, measures to encourage the population to avail of these services should go hand-in-hand. Services although limited will nonetheless be able to help respond to the basic health needs of the population.

The maternal and child care programme aims to deliver basic services that will be able to impact on the health of mothers and children. Barriers to the delivery and utilization of these services are many and daunting. The health ministry and its facilities need to exert extra effort to overcome these barriers and reach out to women, children and their families.

An important step to overcome these barriers is for health facilities to go beyond the usual facility based services and instead go out to bring services to communities. This implies more than just bringing services to women and children but also packaging these services so that women and families will be attracted to accept/use the services.

In conjunction with the delivery of the service package an information/education campaign for MCH care and services will be simultaneously done to draw women and their families to health facilities.

Unless health workers actively promote MCH services to communities and communities are attracted to use these services, improvements in the health condition of women and children will remain far-off.

(9) Objectives

- To set a minimum standard package of MCH service and make this available at zone-zero facilities
- To extend MCH services outside health facilities through an intensified antenatal care campaign in zone-zero areas
- To review and improve outreach service outside zone-zero areas
- To promote MCH services through an information/education campaign

(10) Expected Benefits/ Outputs

- Increased utilization of MCH services at zone-zero facilities
- Improved outreach service with increased coverage
- Improved quality of MCH services

(11) Related Programmes/ Related Sectors

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

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

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

HR-5 Programme for Reformulating Nurse Education Policies

HF-1 Financial Management Improvement Programme for the Health Sector

HF-2 Programme for Reformulating the Drug Revolving Fund and User Fee System

ED-1 Radio Broadcasting Programme for Health Education

ED-3 Programme for Promoting IEC Activities in District Hospitals

ID-4 Programme of Integrating EPI and other Health Services

ID-6 Programme of Strengthening Control of HIV/AIDS and STDs

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

MC-1 MCH Networking and Coordination Programme

MC-3 Programme for Strengthening Family Planning

NT-3 Nutrition Information/Education Programme

HS-1 District Hospital Improvement Programme

HS-3 Hospital Management Improvement Programme

DR-4 Village Level Revolving Drug Fund Programme

(12) Major Programme Components

1) Expanding the Zone-0 Strategy from Immunization to MCH

The Zone-0 Strategy was envisioned as a means to mobilize communities surrounding a health facility (within 3 km radius) to inform, invite and motivate women and families to attend the MCH clinic for immunization, child growth monitoring, antenatal, delivery and postpartum care and health education.

The Zone-0 strategy is being implemented in areas where the health facility is able to provide immunization services 5 days a week. These facilities are referred to as fixed centres. The Expanded Programme of Immunization provided logistic and technical support to fixed centres.

Success in the immunization programme was realized but the same could not be said of other maternal and child health care services particularly antenatal, delivery and postpartum care.

At CMCH, activities are going on to define a standard package of MCH services at each level of care. This will be adapted and used as a basis for improving and expanding the Zone-zero strategy and for the training of health workers.

The expansion of service shall start in the district hospitals. Once the package of services is established and district hospital staff is trained then expansion to health centres follows.

With the on-going development to improve maternal and other child care services, and with the lessons learned from the implementation of the strategy, it is timely to ensure a package of MCH services and not immunization alone at fixed centres.

Main Activities:

1. Organizing a team in the province who will coordinate and facilitate MCH activities
2. Organizing an MCH team in each district who will be responsible to manage MCH activities
3. Workshops to adapt and set a package of services at fixed centres and to identify resource requirements
4. Workshops to adapt a service guideline/manual to implement package of services
5. Pre-testing, finalization and printing of service guideline/manual
6. Workshops to review of the performance of the Village Commission for Mothers and Children (VCMC) and finding ways on how social mobilization can be improved
7. Workshops to develop monitoring and supervision scheme and tools
8. Staff orientation on the standard package of MCH services and the monitoring and supervision scheme
9. Implementation of the standard package of MCH services

2) Intensified Antenatal Care Campaign

In addition to having MCH services at fixed centres and Village Health Volunteers (VHV) encouraging and motivating women to attend MCH clinic, health workers will go out to communities and not just wait for clients to come to the facilities.

The pregnancy period provides a generous time for health workers to have contact with women. With the help of the village volunteers and traditional birth attendants, pregnant women will be identified and visited by health workers in their homes where they can discuss with the women and their families about maternal health care, encourage them to visit the MCH clinic and provide services that can be brought to the homes such as health education and iron supplementation.

Women who are already using ANC services will be closely monitored for regularity of facility visits. Drop-outs will be traced and followed-up.

The antenatal care encounter is intended to build and enhance the relationship between the health worker and the community and to provide health workers the opportunity to offer other MCH services and earn the trust of communities.

Activities should start in a few selected villages which are within the jurisdiction of the district hospital and are not very distant or difficult to reach. Once health workers are already adept with conducting home visits and working closely with village health volunteers and traditional birth attendants, other villages should also be covered.

Main Activities:

1. Workshops to improve and/or develop mechanisms to identify and locate pregnant women in villages within Zone-0 areas who do not submit to antenatal care and to trace antenatal care drop-outs
2. Orientation of health staff and VHVs on the purpose of the intensified ANC campaign and their roles and tasks by the PHO and District MCH Teams
3. Meetings with Village Health Committees of Zome-0 villages on the intensified antenatal care campaign and how this can be facilitated by the villages, to be conducted by District Health and Health Centre Teams
4. Conduct of ANC home visits

3) Improvement of MCH Outreach Service

Few women and children from Zones 1, 2 and 3 are utilizing MCH services at health facilities. Visit to these areas by the district outreach team is currently able to bring immunization services once in a quarter if the conditions for travel are favourable and when transportation budget is available.

The current immunization outreach will be expanded to include other MCH services that can practically be brought to the villages. The health information/education function of the outreach will also be strengthened. This will be done by focusing on specific health messages, preparing ways to make information/education sessions or contacts more interactive and developing and/or using appropriate tools to enhance the transfer of information.

Villagers will be involved in the planning and implementation of outreach activities in their respective communities. Tasks will be identified and volunteers will be recruited.

The health centre staff will gradually be trained to do the outreach especially in areas where there is enough qualified staff to perform the service.

Main Activities:

1. Workshops to review current EPI outreach activity and analysis of what other MCH services can be delivered by the mobile team.

2. Workshops to develop an outreach protocol and kit including a service guideline, composition of the team, tasks of the team members and health information/education tools
3. Workshops to develop a guide for health workers on how to mobilize communities
4. Graphic design and printing of outreach protocol/guideline and production of outreach kits
5. Orientation of health workers on the improved outreach service
6. Meetings in villages (for social preparation)
7. Launching of initial outreach service in villages involving village officials and religious leaders
8. Regular conduct of outreach service

4) Training for MCH

Simultaneous with the introduction of the MCH service package at fixed centres and during outreach, training for health providers will be conducted.

The training will include antenatal, delivery and postpartum care, neonatal care and communication. A modular approach will be used to allow the lessons to be taken in staggered basis. The duration for training for each module is two weeks.

Appropriate adult teaching methods will be used to maximize learning and sufficient supervised practice will be provided to ensure that trainees will be able to perform expected tasks once they are back in their posts.

Main Activities:

1. Workshops to develop training guides and devices
2. Pre-testing, revision and finalization of training guides and devices
3. Graphic design and printing of training materials and procurement of training devices
4. Identifying and training trainers, both didactics and practicum
5. Establishing training areas
6. Training of health providers
7. Follow-up of trainees and evaluation of training module

5) MCH Information/education campaign

MCH services will be actively promoted in villages through VCMC, VHVs and health staff. This information/education campaign will be incorporated in community meetings and village outreach. Person-to-person campaign will also be made an important activity of health staff and VHVs during the intensified ANC campaign.

The theme of information/education messages will be focused on MCH services and their benefits. Messages will be designed and timed according to the services. Example, messages on the benefits of ANC will be timed with the start of the intensified ANC campaign. Ways to make information/education encounters interactive and devices will be used to enhance the passing on of information.

This component will require technical assistance from the Centre of Health Information and Education.

Main Activities:

1. Workshops to develop key MCH messages
2. Workshops to develop MCH health information/education guide and other related tools for health workers and village health volunteers
3. Pre-testing of MCH messages and other health information/education devices
4. Graphic design and printing of MCH Information/education guide and development of other health information/education devices
5. Conduct of health information/education sessions

6) Programme Management

Considering the amount of work needed, the technical inputs that are very necessary, the numerous activities to be coordinated, the intensive monitoring, supervision and guidance needed by the districts a programme management component is needed to facilitate the operation of the programme.

A team at the central level will facilitate the activities at the districts. It shall be composed of 5-6 persons from the central MOH; 1 from DHP, 1 from CHIE, 2-3 staff from CMCH and one international consultant who will act as an adviser in the first 2 years of the programme.

A programme office will be established either at the DHP or CMCH.

Main Activities:

1. Establishment of a programme office
2. Official designation of team members
3. Recruitment of programme adviser and office staff
4. Recruitment of short term consultants
5. Regular programme monitoring
6. Programme evaluation

(13) Major Input

Manpower:

- MCH Team comprised by MCH staff in the district and the provincial MCH and EPI coordinators, one team in each district
- A national programme team comprised of staff from CMCH mainly from the safe motherhood project, the Reproductive Health Programme, EPI and from the Centre of Health Information and Education
- Full time Programme Adviser in the first 2 years of the programme
- Clerical support staff and driver at the national level
- Short term consultants
  - Development of training guides and devices including pre-testing and finalization
  - Development of outreach protocol and kits and the guideline on mobilizing villages for MCH
  - Development of key MCH Promotion messages and health information/education devices including pre-testing and finalization of messages

Infrastructure

- Improvement of MCH outpatient areas and delivery rooms in 6 districts
- Refurbishing of an office for programme adviser at CMCH or DHP

Training

- Participants and Trainers Per diem
- Travel
- Training materials

Supplies and equipment

- Computers/Printers
- Photocopy machine
- Drugs and medical supplies
- Outreach kits

Operations:

- Documentation including translation and back translation
- Reproduction/printing of guidelines and protocols
- Office supplies
- Expenses for meetings

(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. Expanding Zone-0 Strategy																				
1.1 Organizing Provincial MCH Team																				
1.2 Organizing District MCH Team																				
1.3 Setting a standard package of services at fixed centres																				
1.4 Adapting service guideline on standard service																				
1.5 Pre-testing, finalization and printing of guideline																				
1.6 Review of VCMC; improving social mobilization																				
1.7 Development of monitoring and supervision scheme																				
1.8 Staff Orientation on package of services																				
1.9 Implementation of package of services																				
2. Intensified Antenatal Care Campaign																				
2.1 Development of mechanism to locate pregnant women																				
2.2 Orientation of Health Staff and VHVs																				
2.3 Meetings with Village Committees																				
2.4 Conduct of ANC home visits																				
3. Improvement of Outreach Service																				
3.1 Review of EPI Outreach																				
3.2 Development of Outreach Protocol and Kit																				
3.3 Development of community mobilization guide																				
3.4 Design/ printing of guides and procurement of kits																				
3.5 Orientation of health workers																				
3.6 Village meetings																				
3.7 Launching of initial outreach service																				
3.8 Conduct of regular outreach																				

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
4. Training for MCH																				
4.1 Development of training guides and devices																				
4.2 Pre-testing and finalization of training guides/devices																				
4.3 Design/printing of guides and procurement of devices																				
4.4 Training of core trainers																				
4.5 Establishment of training area/s																				
4.6 Training of health providers																				
4.7 Follow-up of trainees and evaluation of each module																				
5. MCH Information/Education Campaign																				
5.1 Development of key MCH messages																				
5.2 Development of information and education guide/tools																				
5.3 Pre-testing of messages and MCH education tools																				
5.4 Design/printing of guide and MCH education tools																				
5.5 Conduct of information education sessions																				
6. Programme Management																				
6.1 Establishment of a programme office																				
6.2 Designation of team members																				
6.2 Recruitment of programme adviser and office staff																				
6.3 Recruitment of short term consultants																				
6.4 Regular programme monitoring																				
6.5 Programme Evaluation																				

2.23 PROGRAMME FOR STRENGTHENING FAMILY PLANNING (MC-3)

(1) Programme Number: MC-3

(2) Programme Title: Programme for Strengthening Family Planning

(3) Programme Location/ Level

National level at the Department of Hygiene and Prevention (DHP) and Centre for Maternal and Child Health (CMCH)

2 District Health Units and Health Centres within those districts in the provinces of Champasak, Bolikhamxay and Luang Prabang

(4) Target Beneficiaries

FP/RH officials and programme managers

FP/MCH staff

(5) Programme Duration

5 years

(6) Implementation Agency/ Body

DHP

CMCH

District Health Units and Health Centres in programme areas

Selected villages in programme areas

(7) Project Priority: Very high

(8) Rationale:

The provision of reproductive health services particularly family planning services is a major factor in the reduction of maternal and child mortality.

The reproductive health programme has gained vigorous development in the past few years. For the family planning component, facilities are generally able to provide from two contraceptive methods in most health centres to five in provincial hospitals. Contraceptive use is increasing. However, there is a need for vigorous efforts to fill the unmet contraceptive needs of the country.

Factors that unnecessarily restrict clients from getting services have to be confronted and addressed more persistently. Among the most important are the availability of contraceptive commodities and the range of contraceptive choices at service points and making contraceptive methods more easily available by ensuring women-friendly programme policies and clinic procedures.

There is also a big room for improving the quality of family planning services. While use of services is increasing, its quality should be ensured to further its acceptance and improve client satisfaction.

(9) Objectives

- To improve the quality of family planning services
- To ensure a steady supply of contraceptives
- To develop approaches to extend family planning service to villages

(10) Expected Benefits/Outputs

- Increased contraceptive use rate
- Improved client satisfaction

(11) Related Programmes/ Related Sectors

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

HF-1 Financial Management Improvement Programme for the Health Sector

HF-2 Programme for Reformulating the Drug Revolving Fund and User Fee System

ID-4 Programme of Integrating EPI and other Health Services

ID-6 Programme of Strengthening Control of HIV/AIDS and STDs

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

MC-1 MCH Networking and Coordination Programme

MC-2 Programme for Strengthening and Promotion of MCH

HS-1 District Hospital Improvement Programme

HS-3 Hospital Management Improvement Programme

DR-4 Village Level Revolving Drug Fund Programme

(12) Major Programme Components

1) Ensuring a steady supply of contraceptive commodities

With the increasing use of contraceptive methods, it is essential that contraceptive commodities are also made available. Government health facilities as the main providers of family planning services should be able to ensure a steady supply of contraceptives to their clients.

Overstocking, under-supply and stock-outs have been observed in health facilities in the past few years. Improvement in the contraceptive logistics management is necessary for programme managers to enable them to forecast needs and procure and distribute contraceptives more equitably and timely. Problems at each level of care should be identified and solutions established.

CMCH is expecting insufficient supply of contraceptives in the coming years. Both short term and long term solutions will be explored to avoid a crisis.

Main activities:

1. Conduct of donors' meeting/s to present, discuss and find solutions to the problem of contraceptive supply
2. Creation of a logistics committee comprised by MOH and Donors who will ensure that contraceptive supply is stable
3. Review and analysis of the current logistics system
4. Development of an improved and simple logistics system including guidelines and tools
5. Pre-testing of draft guidelines and tools and subsequent revision
6. Development of a training guide to train provincial and district programme coordinators
7. Reproduction of guidelines, tools and training materials
8. Training of provincial programme coordinators on the new logistics system
9. Orientation of FP staff on the new logistics system
10. Implementation and Monitoring
11. Evaluation

2) Improvement in the training for family planning service

The family planning/reproductive health training curriculum and the conduct of training will be improved in terms of content, training methodologies and the quality of training materials and devices.

Past reviews and evaluation of actual training and training materials will be used as basis for the revision as well as feedback from trainers and trainees.

There are components of reproductive health that overlaps with other programmes such as maternal care and management of abortion (with Safe Motherhood Programme), recognition and treatment of reproductive tract infections (with National Centre for the Control of HIV/AIDS. Coordination with other programmes will be done to clarify tasks and responsibilities including training coverage.

Main Activities:

1. Review of past training and related literature
2. Coordination meetings with related programmes to clarify subject matter and coverage for training
3. Revision/development of family planning curriculum
4. Development of training guide/manual and devices
5. Pre-testing of training manual and devices
6. Reproduction of training manual and devices
7. Re-orientation/training of trainers
8. Training of FP staff and monitoring
9. Evaluation

3) Liberalizing procedures to facilitate service delivery

Although family planning services are already available in almost all government health facilities, there are specific policies and procedures that deter the further development of the family planning programme and unnecessarily restricts clients from getting services. The National Birth Spacing Policies of 1995 will be reviewed and revised including service procedures to make them more women friendly.

A study of the factors in health facilities that encourage/discourage clients to use service will be done. An evaluation of the current family planning clinic procedures particularly on the steps on how to avail of the contraceptive methods will be included. This will provide the basis for the changes that will be made and enforced. Amendments on the current service manuals will also be made to reflect these changes.

Main Activities:

1. Review of the National Birth Spacing Policy and related literature in preparation for the study of the factors that encourage/discourage clients from availing of contraceptive methods from service points including the procedures/steps clients have to undergo when availing of services
2. Development of study design and tools
3. Pre-testing of study tools and finalization
4. Conduct of the study
5. Analysis of study
6. Presentation of study results with clear recommendations on how procedures can be improved
7. Drafting of amended family planning policies and clinic procedures
8. Presentation of the draft policies and proposed changes in clinic procedures to national and district RH coordinators for comments and suggestions
9. Redrafting of policies and proposed changes in clinic procedures to incorporate comments and suggestions from RH coordinators
10. Presentation of draft policies and changes in clinic procedures to CMCH, related programmes and DHP for final comments
11. Endorsement of final draft to MOH Steering Committee for approval
12. Diffusion of policy and FP clinic procedure changes to provincial, district and health centre level

4) Piloting the inclusion of family planning commodities in the Village Drug Revolving Fund

Although contraceptive use is increasing there is a need to bring services and contraceptive commodities closer to the villages so that these are more easily accessible when desired.

A pilot to include combined and progestin only pills and condom in the village drug revolving fund will be implemented. This will be closely coordinated with the Food and Drug Department.

Main Activities:

1. Coordination meetings with Department of Food and Drugs
2. Setting-up details of the inclusion taking into account, capitalization, sourcing of contraceptives, pricing, replenishment, inventory, monitoring and other related concerns and development of guidelines for implementation
3. Orientation of health workers, village health volunteers and village health committee
4. Implementation and monitoring
5. Evaluation
6. Presentation of results of pilot
7. Expansion of pilot province-wide or shifting to other strategies if a failure
8. Re-evaluation

5) Piloting the inclusion of the Injectable Hormonal Contraceptive Method in MCH Outreach

The injectable method will be introduced as a part of the service of the MCH mobile team. The mobile team should be able to provide information/education regarding the method, perform client screening and give injections. Follow-up doses should coincide with the quarterly visits of the mobile team and will then be provided.

It is best if this pilot can be scheduled to coincide with component 3 of the MC-2 Programme entitled Improving Outreach Service and therefore can be integrated with the other MCH outreach services.

Main Activities:

1. Coordination meetings with other MCH programmes
2. Setting-up the details of the inclusion and development of guidelines for implementation
3. Procurement of contraceptives, supplies and information/education materials
4. Training of the mobile team
5. Community preparation
6. Implementation and Monitoring
7. Evaluation
8. Presentation of results of pilot
9. Expansion of pilot province-wide or shifting to other strategies if a failure
10. Re-evaluation

(13) Major Input

Manpower:

- The existing reproductive health committee within CMCH with representation from DHP
- Short term consultants
  - for the development of the revised logistic system including the development of instruments and guidelines
  - for the improvement of the FP/RH training curriculum including the development of training tools and materials
  - for the packaging of the pilot studies and how these will be evaluated

Training

- Participants and Trainers Per diem
- Travel
- Training materials

Supplies and equipment

- Outreach kits
- Village Drug Revolving Fund Kits

Operations:

- Documentation including translation and back translation
- Reproduction/printing of guidelines and protocols
- Office supplies
- Expenses for meetings

(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. Ensuring a steady supply of contraceptives																				
1.1 Conduct of FP/MCHC-Donors' meetings																				
1.2 Organizing a logistics committee																				
1.3 Review and analysis of the current logistics system																				
1.4 Development of improved and simple logistics system																				
1.5 Pre-testing of draft guidelines and tools																				
1.6 Development of training guide for coordinators																				
1.7 Reproduction of training guides and tools																				
1.8 Training of programme coordinators																				
1.9 Re-orientation/training of FP staff																				
1.10 Implementation and Monitoring																				
1.11 Evaluation																				
2. Improvement in the Training for FP Services																				
2.1 Review of past training and related literature																				
2.2 Coordination meetings																				
2.3 Revision/development of family planning curriculum																				
2.4 Development of training guide/manual and devices																				
2.5 Pre-testing of training manual and devices																				
2.6 Reproduction of training manual and devices																				
2.7 Re-orientation/training of trainers																				
2.8 Training of FP Staff and Monitoring																				
2.10 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. Liberalizing regulations to facilitate service delivery																				
3.1 Review of the National BS Policy and related literature																				
3.2 Development of study design and tools																				
3.3 Pre-testing of study tools and finalization																				
3.4 Conduct of the study																				
3.5 Analysis of study																				
3.6 Presentation of study results																				
3.7 Drafting of amended FP policies and procedures																				
3.8 Presentation draft policies and changes in procedures to RH coordinators																				
3.9 Redrafting of policies and changes in procedures to incorporate comments																				
3.10 Presentation of draft policy and changes in procedures to CMCH, other programmes and DHP																				
3.11 Endorsement of final draft to MOH SC for approval																				
3.12 Diffusion of policy and procedures to FP service points once approved																				
4. Piloting the inclusion of contraceptives in the VDRF																				
4.1 Coordination meetings with DFD																				
4.2 Planning the details of the inclusion																				
4.3 Orientation of health workers, VHVs and VC																				
4.4 Implementation and Monitoring																				
4.5 Evaluation																				
4.6 Presentation of results of pilot																				
4.7 Expansion province-wide or shifting to other strategies																				
4.8 Re-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
5. Piloting the inclusion of injectable contraceptive method in MCH outreach																				
5.1 Coordination meetings with other MCH programmes																				
5.2 Planning the details of inclusion																				
5.3 Procurement of contraceptives, supplies and other materials																				
5.4 Training of the mobile team																				
5.5 Community preparation																				
5.6 Implementation and Monitoring																				
5.7 Evaluation																				
5.8 Presentation of results of pilot																				
5.9 Expansion of pilot province-wide or shifting to other strategies																				
5.10 Re-evaluation																				

2.24 PROGRAMME OF DEVELOPING A CORE ORGANISATION FOR PROVIDING SUPPORT AND OVERSIGHT TO NUTRITION ACTIVITIES (NT-1)

(1) Programme Number: NT-1

(2) Programme Title: Programme of Developing a Core Organisation for Providing Support and Oversight to Nutrition Activities

(3) Programme Location/ Level

National level

(4) Target Beneficiaries

DHP

CMCH

Food and Drug Department (FDD)

Planning Department

(5) Programme Duration

2 years

(6) Implementation Agency/ Body

DHP

CMCH

(7) Project Priority: Very high

(8) Rationale

The nutritional status of Lao PDR is poor. General malnutrition and micro-nutrient deficiencies is pervasive. This nutritional situation renders the population, particularly children and women, very vulnerable to infectious diseases.

In the health field, different departments/units are currently responsible for different nutrition activities. This facilitates integration of nutrition in particular situations such as the success of Vitamin A supplementation among children during immunization rounds and the provision/prescription of iron to women during antenatal care. However, this has led to less focus on the over-all activities for nutrition, limited technical assistance or guidance and poor coordination.

There is a need for an active key organization and coordination venues to bring nutrition issues and actions into the health frontline.

(9) Objectives

- To establish a focal point for nutrition activities at MOH
- To establish venues for coordination of various nutrition activities

(10) Expected Benefits/Outputs

- Efficient use of resources for nutrition activities
- Improved technical and logistics support to nutrition activities
- Improved quality of nutrition services

(11) Related Programmes/ Related Sectors

PM-1 Sector Wide Coordination Programme

MC-1 MCH Networking and Coordination Programme

MC-2 Programme for Strengthening and Promotion of MCH

NT-3 Nutrition Information/Education Programme

(12) Major Programme Components

1) Development of a Core Organization for Nutrition within MOH

MOH has already taken steps to organize a nutrition committee who will coordinate and monitor nutrition activities. On December 27, 2001, an MOH meeting for nutrition has recommended DHP as the focal point for the coordination and other vital nutrition activities.

For the focal point to be relevant within the MOH organizational setting it will be organized in a such a way that it will be able to provide technical inputs and facilitate logistics support to the development and integration of nutrition into health services. It will also be responsible for policy development, developing/formalizing guidelines, ensuring that nutrition activities are integrated with health services, monitoring and coordination of activities. The committee will also serve as the representative of MOH to intersectoral organizations.

With DHP as the focal point for nutrition coordination, DHP will also be the secretariat for the committee. This requires permanent full time staff and office.

Main Activities:

1. Re-establishment of the MOH Nutrition committee
2. Finalization of membership and terms of reference of the Nutrition Committee for submission and approval of the Minister of Health
3. Development of a proposal for the nutrition coordination office with one full time coordinator, one assistant nutrition coordinator and a support staff for submission and approval of the Minister of Health
4. Recruitment and staffing of the nutrition coordination office
5. Organizing the physical set-up of the office
6. Planning for the activities of the nutrition coordination office
7. Identifying and prioritizing nutrition issues for resolutions
8. Organizing task groups to deal with specific issues
9. Coordinated planning for Nutrition Programme

(13) Major Input

Manpower:

- Full time nutrition coordination staff; one nutrition coordinator, one assistant nutrition coordinator, one support staff
- Short term consultant to facilitate re-organizing and setting up of the nutrition committee and the nutrition coordination office

Supplies and equipment

- 2 computers and 2 printers
- Tables, chairs and book shelves

Operations:

- Documentation including translation and back translation
- Reproduction/printing of documents
- Office supplies
- Expenses for meetings

(14) Time Frame

Programme Component and Main Activities	Year 1				Year 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Development of a core organization for Nutrition within MOH								
1.1 Re-establishment of the MOH Nutrition committee								
1.2 Finalization of membership and TOR of Nutrition Committee								
1.3 Development of a proposal for the nutrition coordination office								
1.4 Recruitment and staffing of the nutrition coordination office								
1.5 Organizing the physical set-up of the office								
1.6 Planning of activities for the nutrition coordination office								
1.7 Identifying and prioritizing issues for resolutions								
1.8 Organizing tasks groups to deal with specific issues								
1.9 Coordinated planning for nutrition programme								

2.25 NUTRITION INFORMATION/EDUCATION PROGRAMME (NT-3)

(1) Programme Number: NT-3

(2) Programme Title: Nutrition Information/Education Programme

(3) Programme Location/ Level

Provincial and selected District and Health Centres in Huaphan, Khammuane and Saravane

(4) Target Beneficiaries

Health Workers and Village Health Volunteers in programme areas

Women, children and families in selected villages in the programme areas

(5) Programme Duration

3 years

(6) Implementation Agency/ Body

DHP

CMCH

Provincial Health Units

(7) Project Priority: Very high

(8) Rationale

The nutrition problem in Lao PDR is serious. Protein-energy malnutrition is prevalent and micronutrient deficiency is rampant.

Knowledge on good nutrition and the special nutritional needs of pregnant and lactating women, children and the elderly and those who are sick, will allow individuals and families to take actions on their own.

Propagating knowledge on good nutrition is however widely hindered. Within the health sector nutrition education needs to be strengthened. Health workers need to have sufficient knowledge on good nutrition and communication skills to allow them to become transmitters of health information and education.

Village health volunteers by the nature of their work have large community contacts, have ample opportunities to impart health information/education to the population, and function as extension of health workers. It is important that they are equipped with basic knowledge on nutrition that will allow them to propagate nutrition information and education as well.

(9) Objectives

- To equip health workers and village volunteers with knowledge on basic nutrition and skills in providing nutrition information and counselling
- To ensure that nutrition information/education becomes an integral part of health services particularly MCH

(10) Expected Benefits/Outputs

- Training curriculum for nutrition developed for health workers, teachers and village health volunteers
- Core trainers organized and developed
- Training sites established
- Training courses conducted
- Evaluation reports

(11) Related Programmes/ Related Sectors

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

ED-1 Radio Broadcasting Programme for Health Education

ED-3 Programme for Promoting IEC Activities in District Hospitals

ID-4 Programme of Integrating EPI and other Health Services

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

MC-2 Programme for Strengthening and Promotion of MCH

NT-1 Programme of Developing a Core Organization for Providing Support and Oversight to Nutrition Activities

(12) Major Programme Components

1) Nutrition Training for Health Workers

The training curriculum for health workers will focus on basic nutrition information and messages that will be very useful in the delivery of MCH services. This will include general nutrition, nutrition during pregnancy, postpartum and lactation, during infancy and early childhood and during illness, common nutrition deficiency problems and important sources of food and nutrients.

The nutrition messages within the curriculum should be made simple and direct and easy for health workers to relay to clients. Citing of food examples should ensure that these are easily available and affordable.

Main Activities:

1. Training needs assessment and prioritizing nutrition focus
2. Development of training curriculum
3. Development of training modules and training devices
4. Pre-testing and finalization of training modules and devices
5. Reproduction of modules and training devices
6. Training core trainers from central level and the three pilot provinces
7. Setting up training areas in the three pilot provinces
8. Training of health workers
9. Monitoring and Evaluation

2) Training on Nutrition for Village Volunteers

CMCH in collaboration and with support from UNICEF is already conducting training for village health volunteers with an established curriculum and training devices. This will be adapted for implementation in the pilot provinces unless nutrition authorities want to address more specific concern that is not within its scope.

The training sites will be at the district. The trainers may not only come from the district. Provincial trainers may facilitate the trainings and health centre staff with potential may be also recruited to become trainers.

Main Activities:

1. Review of existing training materials and revision/addition if necessary
2. Reproduction of modules and training devices
3. Selecting core trainers from pilot provinces
4. Training of core trainers
5. Selecting and setting up districts as training sites
6. Training of village health volunteers
7. Monitoring and Evaluation

3) Implementation of Nutrition Information/Education activities

Training of health workers and village health volunteers on nutrition is expected to help in the regular performance of health workers' and VHVs' duties but will not automatically ensure that nutrition information/education will be made a routine service by health workers and VHVs.

It is important that activities to promote nutrition information/education in health facilities and villages are established. Activities may include regular nutrition advice and counselling during antenatal, postpartum and child care visits, conduct of health information education sessions in health facilities and villages.

Main Activities:

1. Gathering of baseline nutrition data in programme areas
2. Establishing regular activities for nutrition information/education
3. Developing nutrition information education tools and devices
4. Monitoring and supervision of nutrition information activities
5. Evaluation

(13) Major Input

Manpower:

- Nutrition team from DHP and CMCH
- Short term consultant for the development of training curriculum, training modules and devices for health worker's and VHV's training and for the conduct of health information/education activities

Training

- Participants and Trainers Per diem
- Travel
- Training materials

Operations:

- Documentation including translation and back translation
- Reproduction/printing of modules and materials
- Office supplies
- Expenses for meetings
- Per diem and travel cost of health workers
- Per diem and travel cost of central office and provincial staff for pre-testing of modules and monitoring and evaluation

(14) Time Frame

Programme Component and Main Activities	Year 1				Year 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Nutrition Training for Health Workers								
1.1 Training needs assessment and prioritizing nutrition focus								
1.2 Development of training curriculum								
1.3 Development of training modules and training devices								
1.4 Pre-testing and finalization of training modules and devices								
1.5 Reproduction of modules and training devices								
1.6 Training core trainers from central level and the three pilot provinces								
1.7 Setting up training areas in the three pilot provinces								
1.8 Training of health workers								
1.9 Monitoring and Evaluation of Health Workers Training								
2. Training on Nutrition for Village Health Volunteers								
2.1 Review of existing training materials and revision/addition if necessary								
2.2 Reproduction of modules and training devices								
2.3 Selecting core trainers from pilot provinces								
2.4 Training of core trainers								
2.5 Selecting and setting up districts as training sites								
2.6 Training of village health volunteers								
2.7 Monitoring and Evaluation of VHVs Training								
3. Implementation of Nutrition Information/Education Activities								
3.1 Gathering of data								
3.2 Establishing regular activities for nutrition information/education								
3.3 Developing nutrition education tools and devices								
3.4 Monitoring and supervision of information/education activities								
3.5 Evaluation								

2.26 DISTRICT HOSPITAL IMPROVEMENT PROGRAMME (HS-1)

(1) Programme Number: HS-1

(2) Programme Title: District Hospital Improvement Programme

(3) Programme Location/ Level

District Hospitals in all provinces / District Level

(4) Target Beneficiaries

District Hospitals

(5) Programme Duration

15 years (5 years for each phase)

(6) Implementation Agency/ Body

1) Establishment of Initial Standards for District Hospitals:
Focal Group for Implementation will be established with staff of related organisations.
Responsible Department: Department of Curative Medicine

2) Initial Package Project for District Hospital Improvement: Department of Curative Medicine, Provincial Health Offices

3) Contracting out project of Understaffed Poor-Performing District Hospitals: Department of Curative Medicine, Provincial Health Office

(7) Project Priority: Very high

(8) Rationale

- District Hospitals are expected to have an important role as the core of the District Health System as well as a frontline provider of hospital services. There are 133 district hospitals in total, and several projects have been conducted to upgrade district hospitals. However, the levels of services provided, staffing, and infrastructure capacity differ among different district hospitals, and some of them do not function to the level or capacity expected.
- The service provision of District Hospitals should be upgraded to proper standards. District Hospitals in remote areas especially should be upgraded to initial standards, since people in remote areas have difficulty in accessing provincial hospitals.

(9) Objectives

- To improve the quality of services in district hospitals by introducing a progressive approach to achieve a comprehensive service standard which is basic and responsive to people's needs and expectations.
- To improve health services in district hospitals so as to attract people and strengthen district hospitals as the core of the District Health System.

(10) Expected Benefits/Outputs

- Quality of service provided in district hospitals will be improved and all district hospitals will provide initial standard service.
- District Hospitals will be function as the core of the District Health System, and patients' satisfaction with the District Health Service will increase.

(11) Related Programmes/ Related Sectors

PH-3 Programme of Implementing PHC Approach to Strengthen District Health System
HS-3 Hospital Management Improvement Programme

(12) Major Programme Components

1) Establishment of Initial Standards for District Hospitals and Formulation of Initial Package Project

To organise Focal Group for the establishment of Initial Standards for District Hospitals under the Department of Curative Medicine. This Focal Group is to be composed of staff from the Department of Curative Medicine, Primary Health Care and Rural Development Division, Personnel and Organisation Division, Drug Division of Food and Drug Department, MCH Division, Laboratory and Epidemiological Centre, Malariology, Parasitology and Entomology Centre, and Health Property Management and Maintenance Unit.

To clarify definitions and criteria for allocation of District Hospital Type-A, Type-B, and Type-C, and Inter-District Hospital by studying health service networks among health facilities within each province.

Proposed basic criteria for each district hospital are as follows.

Classification of District Hospitals

	Category	Criteria
I-DH	Inter-District Hospital	District Hospitals located at the node of transportation network, which will provide services to several districts.
DH-A1	District Hospital Type-A1	District Hospitals located in remote area, which will not be covered by the Inter-District Hospital.
DH-A2	District Hospital Type-A2	District Hospitals located in remote area, which will be covered by the Inter-District Hospital.
DH-B	District Hospital Type-B	District Hospitals located in non-remote and non-urban area.
DH-C	District Hospital Type-C	District Hospitals in urban area or near Provincial or Central Hospitals.

To establish initial standards for District Hospitals Type-A, Type-B, and Type-C, and Inter-District Hospitals based on the identification of initial, minimum, and comprehensive service standards for each health facility in the referral system. The standard for District Hospitals should cover health services to be provided, drugs, organisation and human resources, infrastructure, and equipment.

To formulate the Initial Package Project for district hospital improvement according to the initial standards, which will consist of human resources development, hospital management improvement, drug supply, building improvement, and equipment procurement.

2) Initial Package Project for District Hospital Improvement

To prioritise district hospitals to be upgraded with initial packages in each province, and make phasing plans by province. Priority will be given to the Inter-District Hospital and District Hospital Type-A1. The prioritisation will depend on the condition of each province; the planned development of infrastructure, such as roads and electricity, will also be taken into consideration for classification.

To prepare training materials and organise training for district hospital staff.

To upgrade priority district hospitals with the following packages, and to be implemented progressively according to the availability of medical doctors. District Hospitals without medical doctors should start with the Pre-initial package as a preliminary stage, which aims to introduce services that respond to people's needs and expectations. After a medical doctor is assigned, the district hospital will be upgraded with the Initial Package.

Pre-initial Package (for all District Hospitals: these components should be reviewed in each province based on local conditions)

- Services: Traditional medicine, herbal massage and sauna, nutrition education including cooking; well-baby clinic (e.g. growth monitoring, EPI, promotion of breastfeeding), safe motherhood etc.
- Infrastructure: Electricity and water supply system: All District Hospitals should have electricity (generator or solar system) and water supply system (at least two sources). Space for health education, massage, sauna, and herbal garden. Improvement of building to be "Patient Friendly".
- Equipment: Microscope, child weight scale, child height scale, television and video player, communication method, transportation (e.g. health bus, "tuktuk") etc.

Initial Package for District Hospital Type-A

- Human Resource Development:
  Training for medical doctors in the hospital on modern and appropriate management of priority diseases, on minor surgeries requiring local anaesthesia, and on other common emergencies.
- Mobile teams will be organised from the Provincial Hospital to support District Hospital Type-A regularly.
- Infrastructure: (additional items to Pre-initial Package)
  Construction of minor operation theatre and laboratory etc.
- Equipment: (additional items to Pre-initial Package)
  Instruments for minor operations, microscope, stethoscope, and blood pressure measurement etc. are to be provided.

Initial Package for Inter-District Hospital

- Human Resource Development: (additional items to Initial Package for DH-A)
  Training for medical doctors in the hospital on modern and appropriate management of priority communicable and non-communicable diseases, on medium surgeries requiring spinal anaesthesia (e.g. appendectomy, Caesarean section and open fracture), and on other common emergencies and image diagnosis by using X-ray and ultrasound equipment.
  Training for other health staff on using X-ray and ultrasound equipment.
- Mobile team will be organised from Provincial Hospital or Central Hospital to support Inter-District Hospital regularly.
- Infrastructure: (additional items to Initial Package for DH-A)
  Construction of operation theatre, X-ray room etc.
- Equipment: (additional items to Initial Package for DH-A)
  Equipment for X-ray and ultrasound diagnostics, instruments for medium operations, and Dental chair etc. are to be provided.

3) Contracting-out project of Understaffed Poor-Performing District Health System

To strengthen the management of poorly performing District Health Systems by contracting-out of management and system development including management of District Health Offices, District Hospitals and Health Centres to non-government organisations or consultancy groups.

Contractors will support hospital management including human resource development, promotion of health information system, procurement of supplies and drugs, improvement of facilities, and provision of equipment etc.

- Establishment of Implementation Group
- Guidelines for Contract-out system will be developed by the Implementation Group
- Organising the Project Coordination Unit in PHO
- Establishment of baseline indicators and selection of contractors
- Management by contractor – including management of human resource, expansion of facilities, provision of equipment, supplies and drugs, and promotion of use of information (HIS) in management of hospitals and patients
- Monitoring by Project Coordination Unit

(13) Major Input

1) Establishment of Initial Standards for District Hospitals and Formulation of Initial Package Project

- Technical Advisor: 4 persons
  2 advisors for health service, drug, and health personnel: 1 year
  1 advisor for infrastructure: 6 months
  1 advisor for equipment: 6 months
- Consultation Workshop to establish Initial Standards
  Participants (50 persons, 2 times): Staff of Central Hospitals, all Provincial Hospitals, and selected District Hospitals (5 DHs)

2) Initial Package Project for District Hospital Improvement

- Technical Advisor for development of Initial Package and Training: 2 Advisors, 2 years and 6times
- Production of training manuals in Lao language for distribution to trainees.
- Training of trainers (trainers will be assigned from the central hospitals): 4 in Mahosot Hospital, 4 in Friendship Hospital, 4 in Sethathirath Hospital
- Training and Investigations for each hospital

Proposed Input for each package

	Training	Infrastructure	Equipment
Initial Package for Inter-District Hospitals : 16 DHs (Additional items to Initial Package for DH-A)	• Training for Medical Doctors on Medium Surgery (2MDs/DH, 6 months, Mahosot Hospital or Friendship Hospital) • Training for Medical Doctors on management of priority communicable disease(2MDs/DH, 6 months, Mahosot or Friendship Hospital) • Training for Operation Nurses, Anaesthetists (2/DH, 6 months) • Training for Laboratory, Radiology technologists (2/DH, 6 months)	• Construction of operation theatre, recovery room, ICU, X-ray room, central supply unit etc.	• Procurement of equipment for X-ray diagnostics, instruments for medium operations, blood transfusion and Dental chair etc.
Initial Package for DH-A : 19 DHs (DH-A1:19DH DH-A2:10DH) (Additional items to Pre-initial Package)	• Training for Medical Doctors on Minor Surgery and image diagnosis (2MDs/DH, 6months, Mahosot Hospital or Friendship Hospital) • Training for Medical Doctors on management of priority communicable disease (2MDs/DH, 6 months, Mahosot or Friendship Hospitals) • Training for Laboratory, Radiology technologists (2/DH, 6months)	• Construction of minor operation theatre, laboratory, and central supply room etc.	• Procurement of instruments for minor operations, microscope, stethoscope, and blood pressure measurement etc.
Pre-initial Package	• Training for Medical Assistants and Nurses on Health Education and Promotion, MCH (2MA or Nurses/DH, 3 months, Provincial Hospital)	• Construction of space for health education, massage, sauna, and herbal garden. • Improvement of building to be "Patient Friendly". • Installation of Electricity and Water supply system.	• Procurement of microscope, child weight scale, child height scale, television, and video player, communication method, transportation, etc.

3) Contracting-out project of Understaffed Poor-Performing District Health System Input

- Technical Advisor to formulate guidelines, and establish Project Coordination Unit in PHO: 1 person- 2years
- Production of Guidelines: 20 pages x 100 sets

(14) Time Frame

1) Establishment of Initial Standards for District Hospitals and Formulation of Initial Package Project : 1 year

2) Initial Package Project for District Hospital Improvement

- Prioritising district hospitals and formulation of development programme: 6 months
- Training of trainers: 2 months
- Initial Package Project
  Inter-District Hospitals: 16 DH in 14 provinces, 5 provinces/phase, 2 years/phase x 3 phases
  District Hospital-A1: 19 DH in 12 provinces, 4 provinces/phase, 2 years/phase x 3 phases
  District Hospital-A2: 6 DH, 2 years
  District Hospital-B and District Hospital-C: 5 years

3) Contracting-out Project of Understaffed Poor-Performing District Health System Input

- Formulation of guidelines, and establishment of Project Coordination Unit: 1year
- Establishment of baseline indicators:2months
- Selection of Contractors:4months
- Management by contractor and monitoring by Project Coordination Unit:3years

Proposed Project Schedule (First 10years)

	1st year	2nd year	3rd year	4th year	5th year	6th year	7th year	8th year	9th year	10th year
1) Standard and Initial Package										
Standard										
Initial Package										
Advisors										
2) Initial Package Project										
Prioritisation&Programming										
Training manuals										
Training of trainers										
Project for I-DH										
Training										
Upgrading Infrastructure										
Procurement of Equipment										
Project for DH-A1										
Training										
Construction										
Equipment										
Project for DH-A2										
Training										
Construction										
Equipment										
Advisors										
3) Contracting-out Project										
Formulation of guidelines										
Baseline indicators										
Selection of Contractors										
Management by Contractor										
Monitoring						△	△	△	△	

2.27 NATIONAL PROGRAMME FOR STRENGTHENING THE MAINTENANCE SYSTEM OF HEALTH FACILITIES BY ESTABLISHING PROVINCIAL MAINTENANCE UNITS (HS-2)

(1) Programme Number: HS-2

(2) Programme Title: National Programme for Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units

(3) Programme Location/ Level

Provincial Health Office / Provincial Level

(4) Target Beneficiaries

All health facilities within each province

(5) Programme Duration

5 years

(6) Implementation Agency/ Body

Health Property Management and Construction Unit / Medical Equipment Service Centre / Department of Curative Medicine

(7) Project Priority: Very High

(8) Rationale

- Under severe constraints of financial resources, it is essential to utilize effectively existing and planned infrastructure and equipment in health facilities.
- Trained maintenance engineers/technicians are needed in or close to health facilities in order to keep the existing as well as newly-acquired infrastructure and equipment functional.
- Therefore, the establishment of a Provincial Maintenance Unit for covering all health facilities in each province is appropriate from viewpoints of promptness, cost and availability of engineers/technicians

(9) Objectives

- To ensure that existing/newly-introduced infrastructure and medical/non-medical equipment are functional.
- To strengthen management systems for health property, which includes buildings, infrastructure, medical/non-medical equipment, and vehicles.
- To reduce possible risks to patients caused by the malfunction of infrastructure and equipment

- To prolong the life of infrastructure and equipment through preventive maintenance

(10) Expected Benefits/Outputs

- Infrastructure and medical as well as non-medical equipment are well managed and functional so as to provide better medical care services.
- Enhancement of patient safety is expected through planned preventive maintenance and prompt response at the time of failure.
- The down-time of infrastructure and medical/non-medical equipment is reduced.

(11) Related Programmes/ Related Sectors

HS-3 Hospital Management Improvement Programme

(12) Major Programme Components

Central Level

1) Formulation of Action Plan to strengthen the property management and maintenance systems and to establish Provincial Maintenance Units

a. Establishment of an implementation group

- Establishing an implementation group comprised of staff of the Health Property Management and Construction Unit, the Medical Equipment Service Centre (MES), and the Department of Curative Medicine.

b. Formulation of an action plan to establish a national system for property management and maintenance support, and to establish Provincial Maintenance Units.

The implementation group shall design a system of property management and a maintenance system for infrastructure and medical equipment under the MOH, and an Action Plan to establish Provincial Maintenance Units. The following points should be considered in formulating the action plan:

- Provincial Maintenance Units may be organised under Provincial Health Office or Provincial Hospital and based in Provincial Hospitals.
- Provincial Maintenance Units will cover all health facilities within each province, including provincial hospitals, district hospitals and health centres.
- Decide on responsible party who will bear operating costs of Provincial Maintenance Units and maintenance/repair.
- The Central MES Centre is to work as a training centre, as well as a higher level service centre.
- The possibility of establishing regional centres of MES and establishing a system for the Regional MES Centre to repair non-functional equipment used by health facilities within the region.

- An information network including all Provincial Maintenance Units, MES, and Maintenance Section of Central Hospitals is to be established to share the information on availability of spare parts, technical assistance etc.
- Establishment of a storage system for non-functional equipment. Non-functional equipment in every health facility is to be collected and stored and to be used for spare parts.
- Monitoring of Provincial Maintenance Units by the Implementation Group at central level is to be included in the system.

2) Formulation of Guidelines/Standards for the Provincial Maintenance Unit and Job Descriptions for the Maintenance Engineers/Technicians

Guidelines/Standards for the Provincial Maintenance Unit are to be formulated by the implementation group to serve as a model for Provincial Maintenance Units. Consultation workshops will be organised to formulate the Guidelines/Standards. The following aspects should be considered:

- Job Descriptions for the engineers/technicians are to be formulated by the implementation group
- Guidelines/Standards on how to secure and keep information regarding the manufacturer and maintenance/service when a hospital is given new or second hand medical equipment.
- Guidelines/Standards on how to fully use after-sales services of agents/distributors as well as annual maintenance/service contracts of agents/distributors considering the complexity of some infrastructure and equipment
- Guidelines/Standards to formulate policies and strategies to address issues specifically on second-hand medical equipment, since this sort of equipment can cause serious problems for maintenance due to the fact that maintenance/service manuals are not available.
- Guidelines/Standards will include the required staffing for the Provincial Maintenance Units.
- Guidelines/Standards for Provincial Maintenance Units will include reporting systems.
- The responsibility of the Provincial Maintenance Unit and maintenance engineers/technicians, including all stages of facility procurement/construction, which may include the following:
  - Planning for procurement/construction (including technical advice on facility procurement and construction)
  - Procurement/construction
  - Incoming Inspection
  - Inventory and documentation
  - Commissioning and acceptance

- ➢ Monitoring of use and performance
- ➢ Planned preventive maintenance (including safety check, calibration of equipment, maintenance history keeping etc.)
- ➢ Repair work (including spare parts procurement, and repair coordination, repair record keeping etc.)

- A Consultation Workshop will be organised to formulate Guidelines/Standards.

3) Curriculum Development and Implementation of Training for the Provincial Maintenance Engineers/Technicians

a. Development of Curriculum and Manuals for trainings.

- In curriculum development, theory and practice (hands-on training) to be included, with emphasis on practice
- Curriculum has to emphasise patient safety aspects as well as technical/engineering training under the concept of IEC-60601.
- Manuals for training to be developed.

b. Training of Trainers

- Training of Trainers to be conducted by Technical Advisors.
- Trainers are to be staff of the Health Property Management and Construction Unit and MES Centre.

c. Implementation of Pilot Projects in 3 provinces

- Training of technical staff in selected Provincial Maintenance Units is to be implemented by trained trainers.
- Practice of provincial maintenance system in the pilot provinces.
- Monitoring and Review System of Provincial Maintenance Unit.

d. Full Implementation of Training of technical staff of Provincial Maintenance Units in other provinces

- Training of technical staff in Provincial Maintenance Units is to be implemented by trainers.
- Practice of provincial maintenance system in all provinces.

e. Monitoring of Provincial Maintenance Units

- Provincial Maintenance Unit established in each province to be monitored by Implementation Group once a year.

<u>Provincial Level</u>

4) Establishment of Provincial Maintenance Unit

- Provincial Maintenance Unit is to be established by PHO in each province.
- Necessary engineers/technicians are to be recruited.

- The Provincial Maintenance Unit is to be a section in charge of the property management, as well as of maintenance for infrastructure and equipment covering the whole health facilities in the provinces.
- Contracting of outside engineers/technicians who maintain and repair specific infrastructure and equipment on on-call basis are considered to recruit competent engineers/technicians and to reduce indirect costs.
- Engineers/technicians recruited may be trained at the central level.
- Budgets of recurrent cost for operating Provincial Maintenance Units are to be secured/prepared in each province (or provincial hospital).
- A workshop for the Provincial Maintenance Unit in Provincial Hospital is to be constructed or renovated.
- Procurement of a set of tools and test equipment for maintenance and repair is needed.
- Procurement of basic and common spare parts are needed for simple repair work.

(13) Major Input

1)–3) Central Level

- 4 technical advisers (5 years)
- Consultation Workshop to formulate Guidelines/Standards: 2 times total Participants for Workshop: Provincial Hospital Directors/PHO Directors, Maintenance Staff from each Provincial Hospital (2 technical staff per hospital), and Maintenance Staff from Central Hospitals (2 technical staff per hospital)
- Construction of Storage for non-functional equipment (e.g. 200 m^2)
- Preparation of Guidelines/Standards to be distributed
  Printing: Approximately 100 pages, 50 sets
- Preparation of training materials to be distributed to participants (Approximately 50 pages, 50sets)
- Training of Trainers
  Trainers: 3 persons from Construction Unit and 3 persons from Medical Equipment Service Centre
- Training of technical staff in Provincial Maintenance Unit
  - Training for management of Provincial Maintenance Unit:
    1 month training x 18 persons x 2 times
  - Training for maintenance of infrastructure (building works, electrical works, and plumbing works): 1 month training x 18 persons x 3 times
  - Training for maintenance of Medical Equipment:
    12 month training x 18persons x 2 times

- Monitoring Provincial Maintenance Units
  2 members of Implementation Group x 18 provinces x 1 time/year
- Maintenance tools and testing equipment/materials for training (for Trainers and Trainees)
- A set of maintenance tools and test devices to be provided to the trainees (1 set/province: a set of Tools, Tester, Oscilloscope, High Potential Tester, Leakage Tester, Pressure Gauge, Oxygen Monitor, Recorder, ECG Simulator, etc.)

4) Provincial Level : Establishment of Provincial Maintenance Unit

- Recruiting technical staff for maintenance
  (10 provinces with no technical staff for maintenance are to recruit at least 2 technical staff, 2 provinces with only one technical staff are to recruit at least 1 technical staff)
- Sending technical staff to training at central level
- Construction/renovation of workshop for maintenance (e.g. 50m^2)
- Maintenance tool set for each Provincial Maintenance Unit
  (Oscilloscope, Megohm, Multi Test Meter, Pressure Gauge, Oxygen Meter etc.)
- Basic and common spare parts for provincial hospitals

(14) Time Frame: Total 5 years

- Formulation of Action Plan: 3 months
- Formulation of Guidelines / Standards : 6 months
- Development of Curriculum for Training : 3 months
- Training of Trainers : 3 months
- Pilot Project (Training of technical staff and practice in each province): 1.5 years
- Training of Technical staff in Provincial Maintenance Units : 1.5 years

Proposed Schedule

	1st year	2nd year	3rd year	4th year	5th year
Central Level					
1) Formulation of Action Plan for Provincial Maintenance Unit					
2) Formulation of Guidelines/Standards and Job Description for Maintenance Staff					
3a) Curriculum and Manual Development					
3b) Training to Trainers					
3c) Pilot Project:					
Training for Management					
Training for Infrastructure					
Training for Medical Equipment					
Monitoring and Review					
3d) Full Implementation:					
Training for Management					
Training for Infrastructure					
Training for Medical Equipment					
3e) Monitoring					
Advisors					
Provincial Level					
4) Establishment of Provincial Maintenance Unit					

2.28 HOSPITAL MANAGEMENT IMPROVEMENT PROGRAMME (HS-3)

(1) Programme Number: HS-3

(2) Programme Title: Hospital Management Improvement Programme

(3) Programme Location/ Level

Central, Provincial, and District Hospitals.

(4) Target Beneficiaries

Hospital system in general and hospital management teams in particular.

(5) Programme Duration

Total of 13 years (8 years for initial phase including study project; 5 years for the expansion phase).

(6) Implementing Agency/ Body

- Curative Department
- National Institute of Public Health

(7) Project Priority: Very high

(8) Rationale

The Ministry of Health has a nationwide network of 8 central, 17 provincial, and 133 district hospitals that allocate one bed for every 1,000 population.

Many of the existing hospitals seem not to use available resources optimally. Among the provincial hospitals, for example, only the one in Luangphrabang had a bed occupancy rate of at least 80% and 10 hospitals had a rate of less than 40% in 2000. Shortage of some essential medicines has been reported while some types of medicines are overstocked. In some hospitals, patients complain of waiting for a long time before they could be attended to by staff. These are but three examples that reflect the need for improving hospital management.

In cooperation with its partners, the Ministry of Health has built, upgraded and equipped hospitals all over the country. It has organized capacity building programmes to upgrade the technical skills of its staff. It has also trained some heads of hospitals in the field of management. However, implementation of management reforms in hospitals face difficulty partly because other members of the hospital management team do not have the competencies to carry out these reforms. In a few

cases when the trained heads of hospitals are transferred, continuity of reforms becomes a more pressing problem.

As such, there seems to be a need for further improvement in hospital management but the intervention should be targeted to all members of a hospital management team.

(9) Objective

- To increase efficiency in utilization of resources by further enhancing capacities of hospital management teams in responding to needs and expectations of patients and other clients

(10) Expected Benefits/ Outputs

- Management systems and guidelines formulated for each hospital level that leave room for innovation and adaptation by individual management teams
- Management teams, not individuals, in all hospitals trained so that they would have acquired knowledge on basic principles of hospital management and competencies in reforming management systems
- In all hospitals, appropriate management systems are operational and management teams monitor/evaluate these systems for further development.
- Patient satisfaction is augmented.

(11) Related Programmes/ Related Sectors

- PM-2 Capacity Building for Health Management and Health Management Information System Strengthening Programme
- HR-3(1) Study Project on Job Description, Certification and Legislation 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
- HS-1 District Health Improvement Programmed
- HS-2(2) Job Description of the Provincial Maintenance Unit and Maintenance Engineers

(12) Major Programme Components

There are four components – Establishment of Minister Award, Formulation of Job Description, Study Project on Hospital Management Improvement, and Project of Enhancing Management Capacity of Hospitals. While the first component can stand alone, the rest are inter-related. The second component is a precedence of the third, which is in turn a precedence of the fourth. The first three components are part of the Initial Phase of this PM-2.

1) Establishment of Minister Awards for Best Practices of Hospitals

Objectives:

- To reward hospitals that initiate reforms, which may be considered as "best practices" in hospital management,
- To identify and document innovative reforms or interventions that may be useful for other facilities and
- To extend financial assistance to health facilities that are facing unusual and grave difficulties (e.g. disasters, extreme resource constraints) in carrying out their activities
- Activities:

    1. Establishment of Minister Award Circle of Donors or MAC Donors, which will be responsible for mobilizing and managing the Minister Award Fund
    2. Formulation of rules and regulations governing the Minister Award
    3. Inaugural promotion of Minister Award – during National Staff Meeting
    4. Inaugural screening and selection of awardees - This will be the responsibility of the master trainers and the MAC Donors. Initial screening will be based on applications. Actual field visits will be conducted among top contenders. Three types of awards are suggested: best overall performance, most improved, and innovative management interventions.
    5. Inaugural awarding ceremony and presentation by awardees – during the National Staff Meeting
    6. Initial documentation (multi-media) of good practices in hospital management – This will be the responsibility of the master trainers.
    7. Annual audit of Minister Award Fund – for subsequent years
    8. Annual promotion of Minister Award – for subsequent years
    9. Annual screening and selection of awardees – for subsequent years; this will be the responsibility of the master trainers and the MAC Donors.

10. Annual awarding ceremony and presentation by awardees – for subsequent years

11. Annual documentation of good practices in hospital management - This will be the responsibility of the master trainers.

2) Formulation of Standard Services for All Health Facilities and Job Description for All Staff

Objective: To formulate job description for all staff that is based on national standards of services

Activities:

1. Review of existing standards for health facilities and job description for all staff

2. Formulation of missions and standard services for each level and type of hospital

3. Formulation of organizational structure and staffing pattern to achieve the missions and standard services – requirement for administrative position will be defined

4. Consultation on and approval of facility mission, standard and organization – consultations could be conducted during the regular National Staff Meeting

5. Formulation by bottom-up approach, consultation, testing, and approval of job description for each type of personnel - consultations could be conducted during the regular National Staff Meeting

3) Study Project on Hospital Management Improvement Efforts

Objective:

- To review alternative ideas on hospital management including hospital management teams;
- To select some ideas for pilot testing; and
- To pilot test selected ideas.

Activities:

1. Development of master trainers

1.a. Development of a new system for fulltime master trainers in hospital management – The master trainers should have actual experience in the MOH planning, finance, logistics, personnel, and information systems. Because of the need for stability, the master trainers should be regular

staff of the MOH. The National Institute of Public Health is the natural base for them.

1.b. Selection of master trainers in hospital management

1.c. Basic capacity building of master trainers

1.d. Advance capacity building of master trainers

1.e. Courses for master trainers (upgrading on evaluation and refresher)

2. Review of practices on hospital management by master trainers and consultant

2.a. Comparison of past or current programs aimed at improving hospital management

2.b. Selection of ideas for pilot testing

3. Preparation for pilot testing by master trainers and consultant

3.a. Orientation of management teams of selected hospitals on pilot test

3.b. Review of hospital management performance and systems of pilot facilities (baseline)

3.c. Assessment of hospital management capacities and training needs in pilot facilities (baseline)

3.d. Development of pilot hospitals management manuals – includes institutionalising management systems

3.e. Development of pilot training design, manuals and other materials

4. Pilot Testing Proper: Capacity Building and Systems Development

4.a. University hospital (1)

4.b. Special treatment centres (2)

4.c. Provincial hospitals (5) and two district hospitals per pilot province

4.d. Supporting reforms initiated by management teams

5. Monitoring and evaluation of pilot-tested training programs and management systems

5.a. Periodical monitoring - monthly review of reports and quarterly site visits

5.b. Interim evaluation 1 –compare with standards or targets

5.c. Interim evaluation 2 – compare with standards or targets and baseline

5.d. Project evaluation at completion – compare with standards or targets, with baseline, and with non-pilot facilities

6. Consolidation of study findings

    6.a. Formulation of final guidelines in improvement of hospital management – include in monitoring or evaluation indicators

    6.b. Revision of pilot hospital management manual

    6.c. Revision of pilot training design, module, manuals and other materials

4) Project of Enhancing Management Capacity of Hospitals through Team Approach

Objective: To further enhance capacities of hospital management teams in utilizing resources for improvement of service quality and responding to clients' needs and expectations

Activities:

1. Preparation for nationwide enhancement of hospital management

    1.a. Training of participants in pilot study as co-trainers (to support the master trainers)

    1.b. Assessment of hospital management by master trainers and co-trainers using indicators developed during pilot study

    1.c. Publication of final training design, module, manuals, and other materials

2. Management improvement: Capacity Building (include field visits) and Systems Development

    2.a. University hospitals (remaining 2)

    2.b. Special treatment centres (remaining 4)

    2.c. Provincial hospitals (remaining 12) and district hospitals (remaining ones)

3. Documentation, monitoring and evaluation

    3.a. Monitoring and evaluation – will be part of the screening and selection process for the Minister Award; will use the hospital management indicators

    3.b. Documentation and publication of program impact on overall health and health system

(13) Major Input for Initial Phase Only

CODE	BUDGET ITEMS
1.0	**MINISTER'S AWARD**
1.1	Trust Fund (minimum to yield $1,500 per annum assuming 1.5% interest rate)
1.2	Inaugural promotion
1.3	Inaugural screening: airfare for master trainers & staff
1.4	Inaugural screening: airfare for international consultant
1.5	Inaugural screening: per diem for field inspection
1.6	Inaugural awarding ceremony & presentation by awardees
1.7	Writeshop to document good practices: per diem for master trainers
1.8	Annual audit of Trust Fund
2.0	**TRAINING FOR CENTRAL MOH**
2.1	Workshops/Meetings: 50 pax (or participants) X 45 days
2.2	Publication: Central MOH Management Manual (final)
2.3	Publication: Central MOH Management Manual (draft)
2.4	Publication: Central MOH Training Manual (final)
2.5	Publication: Central MOH Training Manual (draft)
3.0	**TRAINING FOR PROVINCES AND DISTRICTS**
3.01	Airfare for international consultants (IC)
3.02	Airfare for master trainers
3.03	Airfare for monitors
3.04	Per Diem for master trainers & monitors (30 days/trip X 6 trips/district X 15 districts)
3.05	Vehicle rental: 5 provinces X 60 days/province/year
3.06	Publication: Provincial Management Manual (final: 18 provinces X 20 copies)
3.07	Publication: Provincial Management Manual (draft: 5 provinces X 6 copies)
3.08	Publication: Provincial Training Manual (final: 5 provinces X 6 copies)
3.09	Publication: Provincial Training Manual (draft: 5 provinces X 6 copies)
3.10	Publication: District Management Manual (final: 134 districts X 3 copies)
3.11	Publication: District Management Manual (draft: 15 districts X 5 copies)
3.12	Publication: District Management Training Manual (final: 134 districts X 3 copies)
3.13	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	**CONSULTANTS**
4.01	International consultant (IC) for health management
4.02	IC for financial management
4.03	IC for logistics management
4.04	IC for information management
4.05	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			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1) Establishment of Minister Awards for best Practices of Hospitals																
1 Establishment of Minister Award Circle of Donors (MAC Donors)																
2 Formulation of rules and regulations governing the Minister Award																
3 Inaugural promotion of Minister Award																
4 Inaugural screening and selections of awardees																
5 Inaugural awarding ceremony and presentation by awardees																
6 Inaugural documentation of good practices by master trainers																
7 Annual audit																
8 Annual promotion of Minister Award																
9 Annual screening and selection of awardees																
10 Annual awarding ceremony																
11 Annual documentation of good practices by master trainers																
2) Formulation of Standard Services for All Health Facilities and Job Description for All Staff																
1 Review of existing standards and job description																
2 Formulation of missions and standards services for each level and type of hospital																
3 Formulation of organisational structure to achieve the missions and standard services																
4 Consultation on an approval of facility mission, standard and organisation																
5 Formulation, consultation, testing and approval of job description for each type of personnel																

Programme Components and Main Activities	Year 1				Year 2				Year 3				Year 4			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
3) Study Project on Hospital Management Improvement Efforts																
1 Development of master trainers																
1a Development of a new system for fulltime master trainers in hospital management																
1b Selection of master trainers in hospital management																
1c Basic capacity building of master trainers																
1d Advance capacity building of master trainers																
1e Course for master trainers																
1f Refresher course for master trainers																
2 Review of practices on hospital management by master trainers and consultant																
2a Comparison of past or current programmes																
2b Selection of ideas for pilot testing																
3 Preparation for pilot testing																
3a Orientation of management terms of selected hospitals on pilot testing																
3b Review of hospital management performance and systems of pilot facilities (baseline)																
3c Assessment of hospital management capacities and training needs in pilot facilities (baseline)																
3d Development of pilot hospitals management manuals																
3e Development of pilot training design, manuals and other materials																
4 Pilot Testing Proper: Capacity Building and Systems Development																
5 Monitoring and evaluation																
6 Consolidation																
4) Project of Enhancing Management Capacity of Hospitals through Team Approach																

Programme Components and Main Activities	Year 5				Year 6				Year 7				Year 8			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1) Establishment of Minister Awards for best Practices of Hospitals																
1 Establishment of Minister Award Circle of Donors (MAC Donors)																
2 Formulation of rules and regulations governing the Minister Award																
3 Inaugural promotion of Minister Award																
4 Inaugural screening and selections of awardees																
5 Inaugural awarding ceremony and presentation by awardees																
6 Inaugural documentation of good practices by master trainers																
7 Annual audit																
8 Annual promotion of Minister Award																
9 Annual screening and selection of awardees																
10 Annual awarding ceremony																
11 Annual documentation of good practices by master trainers																
2) Formulation of Standard Services for All Health Facilities and Job Description for All Staff																
1 Review of existing standards and job description																
2 Formulation of missions and standards services for each level and type of hospital																
3 Formulation of organisational structure to achieve the missions and standard services																
4 Consultation on an approval of facility mission, standard and organisation																
5 Formulation, consultation, testing and approval of job description for each type of personnel																

Programme Components and Main Activities	Year 5				Year 6				Year 7				Year 8			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
3) Study Project on Hospital Management Improvement Efforts																
1 Development of master trainers																
1a Development of a new system for fulltime master trainers in hospital management																
1b Selection of master trainers in hospital management																
1c Basic capacity building of master trainers																
1d Advance capacity building of master trainers																
1e Course for master trainers																
1f Refresher course for master trainers																
2 Review of practices on hospital management by master trainers and consultant																
2a Comparison of past or current programmes																
2b Selection of ideas for pilot testing																
3 Preparation for pilot testing																
3a Orientation of management terms of selected hospitals on pilot testing																
3b Review of hospital management performance and systems of pilot facilities (baseline)																
3c Assessment of hospital management capacities and training needs in pilot facilities (baseline)																
3d Development of pilot hospitals management manuals																
3e Development of pilot training design, manuals and other materials																
4 Pilot Testing Proper: Capacity Building and Systems Development																
5 Monitoring and evaluation																
6 Consolidation																
4) Project of Enhancing Management Capacity of Hospitals through Team Approach																

2.29 PROGRAMME FOR STRATEGY FORMULATION AND CAPACITY BUILDING FOR HEALTH TECHNOLOGY-BASED MEDICINE (ML-1)

(1) Programme Number: ML-1

(2) Programme Title: Programme for Strategy Formulation and Capacity Building for Health Technology-Based Medicine

(3) Programme Location/ Level

Department of Curative Medicine
Department of Hygiene & Disease Prevention

(4) Target Beneficiaries

Nationwide health facilities including Central, Regional, Provincial, and District Hospitals and Health Centres

(5) Programme Duration

4 years

(6) Implementation Agency/ Body

Focal Group for Health Technology-Based Medicine is to be organised in the Ministry of Health, consisting of members from the following Departments/Sections.

- Department of Curative Medicine
- Laboratory and Epidemiological Centre
- Malariology, Parasitology, and Entomology Centre
- Department of Food and Drug
- College of Health Technology
- Laboratory Section of Central Hospitals
- Faculty of Medical Science in the National University of Laos

(7) Project Priority: Very high

(8) Rationale

- In regard to health facilities in the Lao PDR at present, health workers still rely on working diagnosis for most of their curative activities. Central hospitals, provincial hospitals and some district hospitals carry out medical laboratory testing and radiological as well as other imaging examinations. However, at present, the capacity both to carry out medical tests and examinations and to make

definitive diagnoses based on those tests and examinations is insufficient to practise evidence-based medicine.

- More importantly, policies and strategies for utilising health technology such as laboratory technology and radiological and other diagnostic imaging technology and for capacity building of Health Technologists have not been discussed substantially in the Lao PDR.
- In order to facilitate the utilisation of heath technologies such as medical laboratory technology and diagnostic imaging technology, it is appropriate to establish a Focal Group within MOH to formulate policies and strategies for Health Technology.
- The formulation of strategies for health technology would contribute to the upgrading and modernisation of Medical Laboratory and radiological imaging as well as other diagnostic imaging services at each health facility in accordance with their service standards.

(9) Objectives

- To clarify the roles of health technology, such as medical laboratory tests or diagnostic imaging examinations at central, regional, provincial, and district hospitals and health centres for more accurate diagnosis
- To clarify the roles and responsibilities of Health Technologists in health facilities
- To formulate policies and strategies to address the following issues:
  - How to encourage each health facility to seek better management of health technology including standardised procedures and record keeping both technically and financially
  - How to promote quality assurance of laboratory tests and radiological imaging as well as other diagnostic imaging examinations by conducting internal and external evaluations.
  - How to upgrade the level of skills and knowledge of Health Technologists by conducting regular refresher training courses.
  - How to establish and disseminate the concept and importance of health technology-based medicine using medical laboratory tests and diagnostic imaging examinations among Lao medical practitioners by improving the quality of pre-service and in-service training.
  - How to promote the utilisation of research activities for responding to emergency out-breaks in order to promote preventive medicine.
  - How to prepare an environment conducive to better practice of health technology for laboratory, X-ray, ultrasound etc.
- To promote health technology-based medicine at health facilities of all levels.

(10) Expected Benefits/Outputs

- Realistic strategies on Health Technology-Based Medicine to achieve the following situations should be clarified:
  - Health Technologies such as Medical Laboratory Testing and Radiography, as an additional diagnostic tool to physical examination, will contribute to more focused diagnoses.
  - Accurate and fast diagnosis will lead to shorter periods of treatment and/or hospitalisation of patients, resulting in less cost to both patients and health facilities.
  - The reliability of health technology test results will be improved by strengthening the capability of health technologists, equipment, and the supply of consumables.
  - The quality of health technology, especially of laboratory tests in terms of accuracy and promptness, will be improved by the use of standardised procedures. Thus, the inter-facility fluctuation of control (unclear), and consequently errors in laboratory test results will be minimised.
  - A contribution to the diffusion of the concept of evidence-based medicine is expected.
  - Good record keeping will improve inventory management of consumables, reagents etc.

(11) Related Programmes/ Related Sectors

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

ID-6 Programme for Strengthening Control of HIV/AIDS including STD

ID-7 Programme for Implementing Malaria Control with other PHC Activities

HS-1 District Hospital Improvement

(12) Major Programme Components

1) Establishment of a Focal Group for Health Technology in MOH

- A Focal Group will be established under the Department of Curative Medicine, MOH.
- The Focal Group will be composed of staff from the Curative Medicine Department, the Laboratory and Epidemiological Centre, and the Malariology, Parasitology and Entomology Centre, clinicians, experienced laboratory technologists, radiologists in the hospitals, teaching staff of the Faculty of Medical

Science in the National University of Laos and the College of Health Technology, nurses, midwives and maintenance engineers.

- Maintenance engineers are expected to work as consultants for the planning of procurement, procurement, operation and maintenance of medical laboratories and diagnostic imaging equipment.
- Lines of communication and coordination among organisations related to health technology are to be defined.

2) Formulation of Strategies for Health Technology-Based Medicine

- Policy and Strategies are to be formulated by the Focal Group
- Essential health technologies, such as for laboratory tests and radiographic as well as other diagnostic imaging examinations are to be standardised for each level of health facility and in accordance with Standards of Services by Facility and referral system among facilities at all levels. Selection of essential tests and procedures is to be made from a variety of laboratory tests and diagnostic imaging examinations.
- Treatment Guidelines including health technology-based medicine and job descriptions for health technologists, and guidelines for health facilities are to be formulated by the Focal Group.
- A research system is to be established for emergency out-break cases including a user fee exemption system of laboratory tests at provincial hospitals.
- Quality control systems will be strengthened and evaluation systems of health technology, especially rapid tests using appropriate technology, will be introduced.

3) Training for Health Technology-Based Medicine utilizing Health Technologies

- Health Technology-Based Medicine is to be emphasised in the refresher training of health workers on the Medical Laboratory Technology or Radiography.
- Training for the concept of Health Technology-Based Medicine is to be provided to health technologists as well as to all medical staff including medical doctors, medical assistants and nurses.
- The reliability of results will be improved by strengthening the capability of health technologist, equipment and facilities, and the supply of consumables.
- The training manual (in Lao) will be developed by the Technical Adviser and Focal Group members.
- The training of trainers will be conducted by the Technical Advisers and Focal Group members. Trainers are to be Medical Laboratory Technologists and Medical Doctors in Mahosot, Sethathirat and Friendship Hospitals, staff of Laboratory and Epidemiological Centre, staff of Malariology, Parasitology, and Entomology Centre, teachers at College of Health Technology.
- Training for the staff of central and provincial hospitals will be conducted by the trainers.

- Some of the Provincial Hospital staff will be trained as trainers, and training for district hospitals will be organised at each provincial hospital.
- Periodic monitoring is to be carried out by central hospitals and PHO to provide quality assurance and record keeping.

(13) Major Input

1) Technical Adviser: 2 Technical Advisers for Health Technology-Based Medicine and Medical Laboratory Technology (4 years)

2) Development and publication of Policy and Strategies (250 sets)

3) Development and publication of Job Description of Medical Laboratory Technologists (1,000 sets)

4) Development and Preparation of Training Manuals in Lao language.

5) Training of Trainers:
Participants: Health Technologists, Radiologists and Medical Doctors in Mahosot Hospital and Friendship Hospital, staff of Laboratory and Epidemiological Centre, staff of Malariology, Parasitology and Entomology Centre, teachers of College of Health Technology. (2 persons from each department/organisation, 10 persons in total)
Training Term: 1 month

6) Training of Central Hospital Staff:
Participants: Health Technologists (Medical Laboratory Technologist, Radiographic Technologist) and Medical Doctors in central hospitals
(3 MDs and 3 Health Technologists/Central Hospital) x 2 times x 3 Central Hospital
Training Term: 1 month, 2 times

7) Training of Provincial Hospital Staff:
Participants: Health Technologists and Medical Doctors in each provincial hospital
(1MD and 1 Health Technologist/Provincial Hospital) x 3 times x 18 Provincial Hospital
Training Term: 1 month, 3 times

8) Training of Trainers in Provincial Hospitals:
Participants: Medical Laboratory Technologist and Medical Doctors, trained by the trainers above, in each Provincial Hospital
(1 MD and 1 Medical Laboratory Technologist /Provincial Hospital) x 18 Provincial Hospital
Training Term: 2weeks

9) Training of District Hospital Staff at Provincial Hospitals
Participants: Medical Doctors or Medical Assistants and Medical Laboratory Technologists (or staff in charge of Laboratory Test) in each District Hospital.
(1 MD or MA and 1 Laboratory Staff /District Hospital x all District Hospitals)
Trainers: Medical Laboratory Technologist and Medical Doctors trained above.

Central level trainers will also join as advisors (1 Health Technologist and 1MD)
Training Term: 1 month, 2 times

10) Procurement of equipment, samples, reagents and other consumables to be used in the training.

(14) Time Frame : Total 4 years

	1st year				2nd year				3rd year				4th year			
■ Establishment of a Focal Group																
■ Formulation of Policies/Strategies																
■ Formulation of Job Descriptions																
■ Training																
Development of Training Manuals																
Training of Trainers																
Training of Central Hospital Staff																
Training of Provincial Hospital Staff																
Training of Trainers in PH																
Training of District Hospital Staff																

2.30 RATIONAL USE OF DRUG PROGRAMME (DR-2)

(1) Programme Number: DR-2

(2) Programme Title: Rational Use of Drugs Programme

(3) Programme Location/ Level

National, Provincial and District Level

(4) Target Beneficiaries

Direct beneficiaries are health workers.

Indirect beneficiaries are patients who visit health facilities and those who use medicinal drugs for self-medication.

(5) Programme Duration

5 years

(6) Implementation Agency/ Body

- Department of Food and Drugs, MOH
- PHO and DHO

(7) Project Priority: Very high

(8) Rationale

Since hospital-based Revolving Drug Funds (RDFs) were introduced, the supply and availability of drugs has been greatly improved.

However, the irrational use of drugs has become prevalent, be it by medical doctors at central and provincial hospitals, medical doctors and medical assistants in district hospitals and health workers at health centres, as well as informal health providers and village health volunteers.

This is partly because all kinds of health workers lack knowledge of the danger of improper use of drugs, especially antibiotics and injections, but also because a culture conducive to rational drug use has not yet been developed.

MOH has tried to enhance the availability and affordability of essential drugs by promoting village-level Revolving Drug Funds through training village health volunteers. This effort might, however, increase the danger of irrational drug use at

the community level. It is an appropriate time therefore for the introduction of programmes for the further promotion of rational drug use.

(9) Objectives

- To create conditions in which the rational use of drugs is promoted.
- To prepare essential drug lists and treatment guidelines that are suitable for health workers of different levels.
- To train health workers in terms of the rational use of drugs (potential danger of antibiotic drugs and injections).
- To train health workers on how to detect false or poor quality drugs.
- To provide appropriate information on rational drug use to drug consumers.

(10) Expected Benefits/ Outputs

Certain conditions under which the rational use of drugs can be promoted or implemented are met, including the following:

- Essential drug lists and treatment guidelines for health workers of different levels are prepared.
- Health workers are equipped with knowledge on the rational use of drugs.
- Information on rational drug use is provided to drug consumers.

(11) Related Programmes/ Related Sectors

ED-1 Radio Broadcasting Programme for Health Education
ED-3 Programme for Promoting IEC Activities at District Hospitals

(12) Major Programme Components

Sida and other international donor agencies have been working on issues of rational drug use by supporting the National Drug Policy Programme since 1992. To implement the programme components below, it is recommended to review and make use of the findings of the National Drug Policy programme.

1) Establishment of Essential Drug Lists and Treatment Guidelines varying according to Qualifications of Health Workers and Village Health Volunteers

At present, only one essential drug list and one treatment guideline are available. For the purpose of promoting the rational use of drugs, different kinds of essential drug lists and treatment guidelines for different levels of health workers and village health volunteers shall be prepared by a working group under the Department of Food and Drugs, MOH.

Essential drug lists and treatment guidelines are needed for the following levels:

- Medical doctors at central and provincial hospitals
- Medical doctors and medical assistants at district hospitals
- Medical assistants at health centres
- Professional nurses at health centres
- Middle-level nurses at health centres
- Low-level nurses at health centres

Activities

- Establishment of a working group consisting of knowledgeable medical doctors and pharmacists,
- Making an implementation plan by the working group,
- Preparation of different kinds of essential lists and treatment guidelines by those commissioned by the working group,
- Authorisation of those essential drug lists and treatment guidelines, and
- Training of different levels of health workers using the different kinds of essential drug lists and treatment guidelines.

2) Diffusion of Knowledge and Information on Rational Drug Use to Medical Doctors, Other Health Workers, Pharmacy Staff and Health Volunteers

Training of health workers including medical doctors shall be conducted in order to diffuse knowledge and information on rational drug use, ranging from basic knowledge on how to keep drugs and how to detect poor quality or false drugs, to the dangerous use of certain drugs and injections. Such training should cover not only medical doctors and medical assistants at hospitals of all levels, and nurses of all levels, especially those working at health centres, but also informal health providers, village health volunteers, and pharmacists.

Activities

- Curriculum development
- Development of manuals for different levels of health workers, village health volunteers, informal health providers and pharmacists.
- Training for different levels of health workers in conjunction with the training in programme component 1.
- Training for informal health providers, village health volunteers, and pharmacists.

3) Diffusion of Knowledge and Information on Rational Drug Use to Drug Consumers

Diffusing knowledge and information on rational drug use, especially basic knowledge on the dangerous use of antibiotics and injections, is necessary for drug consumers.

In this programme component, IEC materials will be designed for use at district hospitals/health centres and through radio programmes. Effective methods, approaches, messages and target people will be identified, based on the review of past studies and experiences regarding this issue in Lao PDR. The output of this programme component will be an input for the programmes of ED-1 (Radio Broadcasting Programme for Health Education) and ED-3 (Programme for Promoting IEC Activities at District Hospitals) to produce the IEC materials and radio programmes.

Activities

- Review of past studies and experiences regarding rational drug use
- Identification of messages and target people
- Study to clarify effective methods and approaches to reach target people to provide messages on rational drug use
- Design of IEC materials and radio programmes in cooperation with the Centre of Information and Education for Health (CIEH)
- Production of designed IEC materials and radio programmes (covered by ED-1 and ED-3)

4) Strengthening of Supervision of the Prescription of Drugs by Health Centre Staff

District staff should supervise the prescription and sale of drugs by health centre staff. Training of district staff for this supervision shall be conducted by provincial health officers.

5) Strengthening of Law Enforcement on Those Prescribing and Selling Drugs

A study and pilot project is needed on how to strengthen law enforcement on those prescribing and selling drugs. The study will cover the public sector from central level to health centre level, and village health volunteers and informal health providers, as well as the private sector including pharmacies, drug peddlers and markets, etc.

(13) Major Input

1) Establishment of Essential Drug Lists and Treatment Guidelines varying according to Qualifications of Health Workers and Village Health Volunteers

   Study by a working group under the guidance of an international advisor (6 months)

2) Diffusion of Knowledge and Information on Rational Drug Use to Medical Doctors, Other Health Workers, Pharmacy Staff and Health Volunteers

   Training by a group of trainers under the guidance of an international advisor (2 years and 6 months)

3) Diffusion of Knowledge and Information on Rational Drug Use to Drug Consumers

   Production of IEC material by a group of workers under the guidance of an international advisor (2 years)

4) Strengthening of Supervision of the Prescription of Drugs by Health Centre Staff

   Training of district staff by a working group under the guidance of an international advisor (2 years)

5) Strengthening of Law Enforcement on Those Prescribing and Selling Drugs

6) Study and pilot project by a working group under the guidance of an international advisor (2 years)

(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) Establishment of Essential Drug Lists and Treatment Guidelines varying according to Qualifications of Health Workers and Village Health Volunteers																				
2) Diffusion of Knowledge and Information on Rational Drug Use to Medical Doctors, Other Health Workers, Pharmacy Staff and Health Volunteers																				
3) Diffusion of Knowledge and Information on Rational Drug Use to Drug Consumers																				
4) Strengthening of Supervision of the Prescription of Drugs by Health Centre Staff																				
5) Strengthening of Law Enforcement on Those Prescribing and Selling Drugs																				

2.31 VILLAGE-LEVEL REVOLVING DRUG FUND (RDF) PROGRAMME (DR-4)

(1) Programme Number: DR-4

(2) Programme Title: Village-Level Revolving Drug Fund (RDF) Programme

(3) Programme Location/ Level

Villages, Health Centres, District Health Offices

(4) Target Beneficiaries

Village people without easy access to drugs at health facilities/private pharmacies

(5) Programme Duration

7 years

(6) Implementation Agency/ Body

- Food and Drug Department and PHC and Rural Development Division of MOH
- Food and Drug Section of PHO
- Food and Drug Section of DHO

(7) Project Priority: Very high

(8) Rationale

Village-level RDFs (V-RDFs) in Lao PDR have been introduced and expanded since the middle of 1990s by donor projects. In the areas with donor support, access to drugs even in areas without health facilities has been improved and the system is enduring somehow. However, in expanding the village-level RDFs, issues have appeared such as: weak supervision/management by districts because of lack of budgets/ vehicles, and staff capacity; irrational use of drugs/injections at villages; management capacity of VHVs and village health committees/village authorities; VHVs' incentives; the drug supply system at district level; higher drug prices in remoter areas.

The donor projects have developed their own independent systems of V-RDF so that there are various practices and standards in the country. In July 2002, MOH started a project to unify the system and to expand village-level RDFs nationally, targeting 5,400 villages by 2005. MOH's unified system has been drafted based on UNICEF's system and the training for Provincial and District staff has been carried out by MOH.

It seems that implementing the PHC approach alone will not enable adequate health services to reach every remote village in the near future. Expanding the coverage of V-RDFs prior to providing the complete package of PHC services is therefore one strategy for improving the present situation in remote areas. However, it is important to assess and redesign the village-level RDF system at an early stage of the project in order to improve the already begun village-level RDFs, to continuously support the Districts in management and VHVs, and to expand the V-RDFs gradually to remoter areas. In the future, village RDFs should be integrated as part of PHC activities in the District Health System.

(9) Objectives

- To review the system of village-level RDFs
- To strengthen the system of supervising village-level RDFs from the district level by increasing DHO capacity and the number of trainers and supervisors of village-level RDFs
- To enhance the capacity of VHVs and Village Health Committees in management of village-level RDFs

(10) Expected Benefits/ Outputs

- DHO/health centres supervise village-level RDFs properly
- VHVs have enough knowledge/skills to provide drugs and to manage RDFs
- Village health committee/village authority have enough knowledge to supervise village-level RDFs
- Poor people will have secure access to essential drugs

(11) Related Programmes/ Related Sectors

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

The RDF system as a whole including facility-based RDFs will be the basis for the system of village-level RDFs. Therefore HF-2 should be implemented in parallel and village-level RDFs system should be coordinated within the system as a whole.

(12) Major Programme Components

1) Establishment of a Task Force for Village-Level RDFs

The task force consisting of members from Food and Drug Department, PHC and Rural Development Division of MOH, Curative Department, and Hygiene and Preventive Health Department of MOH will be established in order to work together continuously to improve and promote village-level RDFs. The roles of the task force are the following:

- Coordination among MOH departments.
- Implementation of the programme components shown below.
- Guiding the Food and Drug sections of PHOs and DHOs in implementing the programme components shown below.
- Coordinating with donors in improving Village-Level RDF system and expanding Village-Level RDFs.

2) Review of Existing Village-Level RDFs and Redesign of the Village-Level RDF system

The system of village-level RDFs will be redesigned by reviewing MOH's on-going projects and donors' projects for village-level RDFs.

Even if some V-RDFs seem to have succeeded, there is a possibility that those village-level RDFs have been sustained through irrational drug use. For example, some V-RDFs have purchased and used cheap and false drugs. In the review of the on-going V-RDFs, it is necessary to check not only the sustainability of the RDFs (i.e. whether funds have been used properly), but also the rational use of drugs (whether the drugs have been used rationally).

The review of existing village-level RDFs will cover the following points:

PHOs' and DHOs' management capacity

- Activities in supervising Village-Level RDFs
- Records of Village-Level RDFs
- Drug supply

Health Centres' management capacity

- Activities in supervising Village-Level RDFs (Existing and potential capacity)
- Records of Village-Level RDFs
- Drug supply

Sustainability of Village-Level RDFs

- Value of RDFs
- Management capacity of VHVs for RDFs (Recording and Reporting)
- People's drug use (Frequency)
- Drug prices

Rational Drug Use

- Whether the drugs have been used rationally
- Place of drug purchase by VHVs
- People's knowledge on rational drug use

VHVs' skills

- VHVs' skills in prescribing drugs
- Existence of irrational drug/injection use
- VHVs' activities in health promotion
- People's confidence in VHVs

Function of Village Health Committees

- Village Health Committees' activities for supervising Village-Level RDFs
- Villagers' commitment to sustaining Village-Level RDFs

Needs of Additional Support

- Kinds of drugs that people use (demand for different kinds of drugs)
- Needs for additional training of PHOs, DHOs and VHVs
- Needs for support to VHVs

The difficulties of sustaining RDFs in poorer villages will be explored through the review of existing V-RDFs. The results of the review should be used for further study, to find other measures to support those villages, such as user fee exemption systems at health centres. This issue should be coordinated with HF-2 (Programme for Reforming the Revolving Drug Fund and User Fee/Exemption Systems).

Activities:

- Select consultants to review and redesign the system of Village-Level RDFs
- Conduct surveys of operation of Village-Level RDFs in selected provinces, districts and villages
- Organise workshops to discuss problems and needs for additional support in implementing Village-Level RDFs with MOH, PHOs and DHOs
- Improve/redesign the system of Village-Level RDFs

3) Capacity Building for improving the Village-Level RDF System

According to the review/redesign of village-level RDFs system, a continuing training curriculum for district /health centre staff, and VHVs/village health committees will be developed and the training carried out.

Activities:

- Select consultants to develop curriculum and revise the manual for Village-Level RDFs.
- Curriculum development
- Development of revised manual for Village-Level RDFs for different levels: PHOs, DHOs, health centres, VHVs and village health committees

- Additional training of PHOs (trainers and supervisors of Village-Level RDFs) by MOH.
- Additional training of DHOs (trainers and supervisors of Village-Level RDFs) by PHOs with the support of MOH
- Additional training of health centre staff, VHVs and Village Health Committees by DHOs with the support of PHOs
- Establish continuing training courses for VHVs and Village Health Committees by DHOs (twice a year for all the VHVs and Village Health Committees which have Village-Level RDFs)

4) Improvement of Existing Village-RDFs and Expansion to Remoter Areas

In addition to the training of VHVs and Village Health Committees, necessary supports will be given to the failed V-RDFs to revitalise them if the villages have the potential to sustain V-RDFs.

The improved system will be expanded to remoter areas gradually by strengthening the capacity of district/health centres in supervision/management.

Activities:

- Decide criteria for selecting villages to expand/improve RDFs and target number of villages. (by MOH)
- Select villages which need additional support for RDFs.
  - Surveys and planning by DHOs with the support of PHOs
  - Collection of requests from DHOs and reporting by PHOs
- Re-introduce RDFs or input additional supports to the villages after the assessment of the villages' potential for sustaining RDFs.
- Select target villages to expand Village-Level RDFs.
  - Surveys and planning by DHOs with the support of PHOs
  - Collection of requests from DHOs and reporting by PHOs
- Introduce RDFs to the villages.

(13) Major Input for Programme Component 1 - 3

Review of Existing Village-Level RDFs/Redesign of the Village-Level RDF system

One year study by one international consultants (for 6 months) and 2 national consultants (for 8 months)

Surveys of operation of Village-Level RDFs

- 6 provinces, 12 districts, 24 Health Centres, 36 villages

Workshops

- 2-day workshop at 6 provinces
- Participants from MOH, PHO and all DHOs in a province

Capacity Building for improving the Village-Level RDF System

Curriculum development and manual revision: One international consultant and one national consultant for 6 months

Printing of manuals

5 days training at Northern, Central and Southern Regions for PHOs from all the provinces

5 days training at provincial level for DHOs from all the districts

10 days training at district level for health centre staff, VHVs and Village Health Committees

(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) Establishment of a Task Force																				
2) Review of Existing Village-Level RDFs and Redesign of Village-Level RDF System																				
- Select consultants																				
- Conduct surveys in selected Provinces, Districts and villages																				
- Organise workshops to discuss problems and needs for additional support in implementing Village-Level RDFs																				
- Improve/redesign the system of Village-Level RDFs																				
3) Capacity Building for improving the Village-Level RDF System																				
- Select consultants																				
- Curriculum development																				
- Development of revised manual for Village-Level RDFs																				
- Additional training of PHOs																				
- Additional training of DHOs																				
- Additional training of Health Centre staff, VHVs and Village Health Committees																				
- Establish continuing training courses for VHVs and Village Health Committees																				
4) Improvement of Existing Village-RDFs and Expansion to Remoter Areas																				
- Decide criteria for selecting villages to expand/improve RDFs and target number of villages.																				
- Selection of villages which need additional support for RDFs.																				
- Re-introduce RDFs or input additional supports to the villages																				
- Selection of target villages to expand Village-Level RDFs.																				
- Introduce RDFs to the villages.																				