

4. 第二次事前評価調査ミニッツ

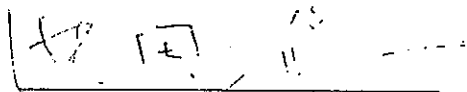
MINUTES OF MEETINGS BETWEEN
THE JAPANESE 2nd PRELIMINARY STUDY TEAM
AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT
OF LAO PEOPLE'S DEMOCRATIC REPUBLIC
ON THE JAPANESE TECHNICAL COOPERATION
FOR THE PROJECT FOR HUMAN RESOURCES DEVELOPMENT
OF NURSING/MIDWIFERY

The Japanese 2nd Preliminary Study Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. Shuichi Ikeda visited the Lao People's Democratic Republic from March 7 to March 26, 2005 for the purpose of conducting a complementary study of the 1st preliminary study which was conducted from September 27 to November 6, 2004 on the Project for Human Resources Development of Nursing/Midwifery (hereinafter referred to as "the Project").

During its stay in the Lao People's Democratic Republic (hereinafter referred to as "LPDR"), the Team had a series of discussions with the Lao authorities concerned on the matters related to the Project.

As a result of the discussions, both sides reached common understandings concerning the matters referred to in the document attached hereto.

Vientiane City, 25 March, 2005



Mr. Shuichi Ikeda
Leader,
The 2nd Preliminary Study Team
Japan International Cooperation Agency
Japan



Mrs. Chanthanom Manodham
Director of Cabinet,
Ministry of Health
Lao People's Democratic Republic

The Attached Document

I Project Summary

1. Project Title

The Project for Human Resources Development of Nursing/Midwifery

2. Term of Cooperation

Five (5) years from the date specified in the Record of Discussions

3. Master Plan of the Project

(1) Overall Goal

The holistic system for development of nursing/midwifery personnel is established.

(2) Project Purpose

The basis for development of nursing/midwifery personnel is improved, and nursing/midwifery education system is strengthened.

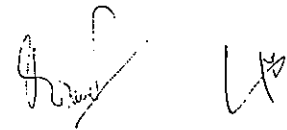
(3) Outputs

(Component One(1)) Governmental Administration for Nursing/Midwifery

- 1) Functions of governmental administration of nursing/midwifery for clinical and human resources development are unified.
- 2) Regulation for nurse/midwife is established and implemented.
- 3) Information management system for human resources in nursing/midwifery is strengthened by utilizing database.
- 4) Feasible health manpower plan for nursing/midwifery is formulated.
- 5) Project monitoring and evaluation are implemented for effective project management.

(Component Two(2)) Nursing/Midwifery Education

- 6) Capacity of nursing/midwifery leaders is enhanced
- 7) School administration of personnel and equipment data is improved at the model school.
- 8) Lecture, demonstration and clinical training are implemented at the selected school and hospital based on the detailed



educational plan.

4. Implementing Organization of the Project

Ministry of Health, LPDR (hereinafter referred to as "MOH") is the organization responsible for the Project implementation. (Please refer to ANNEX III for the officials responsible for the Project and ANNEX VII for the project implementation structure for Component One (1)).

5. Joint Coordinating Committee of the Project

Joint Coordinating Committee will be organized to authorize an annual work plan, review the overall progress and the achievements of the Project, and review and exchange views on major issues arising from or in connection with the Project (Please refer to ANNEX IV for the members).

II Project Design Matrix

A draft Project Design Matrix (PDM) for the Project was prepared after a project cycle management workshop and a series of discussions and consultations (Please refer to ANNEX V).

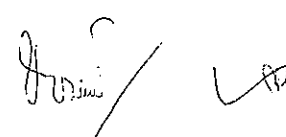
The both sides agreed that the PDM will become a management tool for the Project, and its contents can be modified as required, with participation from the both sides.

III Project Document

The Team will draft a Project Document that contains necessary information for effective and efficient implementation of the Project, including background, objectives, strategies and other relevant matters. Upon its completion, a copy will be sent to the MOH through the JICA Laos Office for its comments and eventual finalization.

IV Record of Discussions

Further discussions and consultations will take place between the MOH and the JICA Laos Office in order to finalize the PDM and the Project Document. Once these documents are finalized, a Record of Discussions will be signed between the MOH and the JICA in order to



enable the commencement of the Project.

V Monitoring and Evaluation

The Project is divided into two (2) components and will be subject to monitoring and evaluation for the entire term of cooperation. The Project is expected to undertake the monitoring in accordance with the PDM.

A joint Lao and Japanese mid-term project evaluation will take place in the middle of the cooperation term. The achievement level of Component One (1) will be evaluated using the bench mark indicators marked with # in the PDM. According to the mid-term evaluation results, the both sides will discuss as to whether the Project proceeds into the Component Two (2).

A joint Lao and Japanese project final evaluation will be scheduled in the 5th year, six months prior to the completion of the Project.

VI Others

- (1) The Project will select and strengthen one (1) public health school and clinical training hospital based upon the results of the joint mid-term project evaluation with an expectation that the Lao side will replicate it to other schools and hospitals in the country.
- (2) Both sides agreed that, for the effective implementation of the Project, it is necessary to construct a training facility with an adequate capacity for holding seminars, workshops and other activities of the Project. Lao side assured of providing and leveling a land for the facility and taking necessary measures for the construction. JICA will consider funding the construction.



List of ANNEXES

ANNEX I: LIST OF JAPANESE EXPERTS

ANNEX II: TENTATIVE LIST OF MACHINERY AND EQUIPMENT

ANNEX III: LIST OF LAO COUNTERPARTS AND ADMINISTRATIVE
PERSONNEL

ANNEX IV: JOINT COORDINATING COMMITTEE

ANNEX V: PROJECT DESIGN MATRIX (PDM0)

ANNEX VI: PLAN OF OPERATION (PO)

ANNEX VII: PROJECT IMPLEMENTATION STRUCTURE FOR
COMPONENT ONE (I)

Handwritten signature

180

ANNEX I
LIST OF JAPANESE EXPERTS

1. Long-term Experts

- (1) Chief Advisor
- (2) Project Coordinator
- (3) Nursing Education
- (4) Experts in other fields mutually agreed upon as needed

2. Short-term Experts

- (1) Nursing Administration
- (2) Nursing Education
- (3) Regulations for Nurse/Midwife
- (4) Information Management System for Human Resources
- (5) Monitoring and Evaluation
- (6) Experts in other fields mutually agreed upon as needed

Yoshi

Leo

ANNEX II
TENTATIVE LIST OF MACHINERY AND EQUIPMENT

1. Educational Materials in Nursing/Midwifery
2. Vehicles
3. Office Equipment
4. Audiovisual Equipment
5. Other equipment mutually agreed upon as needed

[Handwritten signature]

[Handwritten signature]

ANNEX III

LIST OF LAO COUNTERPARTS AND ADMINISTRATIVE PERSONNEL

1. Project Director:
Director of Cabinet
2. Deputy Project Director:
Director, Department of Organization and Personnel
3. Project Managers:
Deputy Chief, Division of Education and Training, Department of Organization and Personnel
Chief, Division of Nursing, Department of Curative Medicine
4. Project Team Members (Counterparts):
Full-time members:
Two (2) Project Managers
One (1) person from Department of Organization and Personnel
One (1) person from Department of Curative Medicine
One (1) person from College of Health Technology
One (1) person from the selected Public Health School
(for Component Two (2) only)
One (1) person from the selected Provincial Hospital
(for Component Two (2) only)
Part-time members:
One (1) person from College of Health Technology
One (1) person each from five (5) Public Health Schools
One (1) person from Nursing Technical School Vientiane Province
One (1) person each from seven (7) Clinical Training Hospitals
(Five (5) Provincial Hospitals, Mahosot Hospital and Setthathirath Hospital)
5. Other personnel mutually agreed upon as needed

Handwritten signatures

ANNEX IV
JOINT COORDINATING COMMITTEE

1. Functions

The Joint Coordinating Committee will meet at least once a year and whenever necessities arise, and work:

- (1) To authorize an Annual Work Plan of the Project
- (2) To review the overall progress of the Project as well as the achievements of the above-mentioned Annual Work Plan
- (3) To review and exchange views on major issues arising from or in connection with the Project

2. Composition

(1) Chairperson

Director of Cabinet, MOH

(2) Members

⟨Lao Side⟩

Director, Department of Organization and Personnel, MOH

Director, Department of Curative Medicine, MOH

Chief, Division of Education and Training, Department of
Organization and Personnel, MOH

Deputy Chief, Division of Education and Training, Department of
Organization and Personnel, MOH

Chief, Division of Nursing, Department of Curative Medicine, MOH

Director of a selected Public Health School (for Component Two (2) only)

Director of a selected Provincial Hospital (for Component Two (2) only)

⟨Japanese Side⟩

Chief Adviser

Project Coordinator

Japanese Experts

Resident Representative of the JICA Laos Office

JICA Expert assigned as Advisor for Health and Medical

Cooperation Planning in the Ministry of Health

3. Other members mutually agreed upon as needed

[Handwritten signature]

[Handwritten initials]

ANNEX V

Project Design Matrix (PDM0)

Project Title: Project for Human Resources Development of Nursing/Midwifery

Duration: May 2005 ~ April 2010

Target Area: Whole Country (Lao P.D.R.)

Target Group: Counterparts at Dept. of Organization & Personnel (DOP) and Dept. of Curative Medicine (DOC) in the MOH, 5 Public Health Schools (PHS), College of Health Technology (CHT), Nursing Technical School (NTS), and clinical training hospitals

Date : Mar. 25, 2005.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal</p> <p>The holistic system for development of nursing/midwifery personnel is established.</p>	<ol style="list-style-type: none"> Number of nurses/midwives trained by the project trained trainers for clinical trainings Employment rate of graduates from the Public Health Schools, College of Health Technology, and Nursing Technical School in Vientiane 	<p>5PHS, CHT, NTS and MOH</p>	
<p>Project Purpose</p> <p>The basis for development of nursing/midwifery personnel is improved, and nursing/midwifery education system is strengthened.</p>	<ol style="list-style-type: none"> Number of qualified nurses/midwives graduated from the model school Rate of nurses/midwives who work according to the regulation for nurse/midwife at the model hospital 	<p>Model school</p> <p>Model hospital for clinical training</p>	<ul style="list-style-type: none"> * Government does not drastically change the Health Policy. * Health manpower plan for nursing/midwifery is implemented. * Financial condition of the MOH does not deteriorate.
<p>Outputs</p> <p><Component 1 > <i>Governmental Administration for Nursing/Midwifery</i></p> <ol style="list-style-type: none"> Functions of governmental administration of nursing/midwifery for clinical and human resources development are unified. Regulation for nurse/midwife is established and implemented. Information management system (IMS) for human resources in nursing/midwifery is strengthened by utilizing database. Feasible health manpower plan for nursing/midwifery is formulated. Project monitoring and evaluation are implemented for effective management. 	<ol style="list-style-type: none"> 1-1 Number of personnel assigned to the proposed structure 1-2 Contents of document for job description of personnel assigned to the proposed structure 1-3 Frequency of regular meetings and the contents of minutes of the meetings (#) 2-1 Draft of regulation for nurse/midwife (such as job frame, title-qualification, classification, job description, etc.) is approved by the regulation committee. (#) 2-2 Enactment of the regulation (#) 3-1 Constructed system and manuals (#) 3-2 Number of trained personnel for operating the IMS for human resources in nursing/midwifery (#) 3-3 Nursing/midwifery personnel records generated by IMS (number, content, frequency of data updates) (#) 4-1 Submitted document of health manpower plan for nursing/midwifery for the year 2011 to 2015 5-1 Record of changes in project activities as a result of monitoring and evaluation <p>(At the mid-term evaluation, achievement level of Component 1 will be evaluated using the bench mark indicators marked with "#")</p>	<p>MOH</p> <p>MOH</p> <p>MOH</p> <p>Project</p> <p>MOH</p> <p>MOH</p> <p>Project</p>	<ul style="list-style-type: none"> * Health manpower plan for nursing/midwifery is authorized by the government. * The number of enrolled students of Public Health Schools and College for Health Technology does not exceed the designated maximum number. * Regulation for nurse/midwife is authorized by the Minister of Health without undue delay.

<p><Component 2> Nursing/Midwifery Education</p> <p>6 Capacity of nursing/midwifery leaders is enhanced.</p> <p>7 School administration of personnel and equipment data is improved at the model school.</p> <p>8 Lecture, demonstration and clinical training are implemented at the selected school and hospital based on the detailed educational plan.</p>	<p>6-1 Number of leaders who completed the trainings of ① administration for nursing/midwifery, ② nursing/midwifery education, ③ clinical trainings.</p> <p>6-2 Evaluation of training courses given to leaders on ① administration for nursing/midwifery ② nursing/midwifery education, ③ clinical trainings</p> <p>7-1 Constructed system and manuals</p> <p>7-2 Number of trained personnel for operating the personnel and equipment data in nursing/midwifery</p> <p>7-3 Personnel and equipment data generated by the system (number, content, frequency of data updates)</p> <p>8-1 Syllabus of the model school</p> <p>8-2 Availability of students' clinical performance evaluation sheets</p> <p>8-3 Score of evaluation on students' clinical performance</p>	<p>Model school</p> <p>Model school</p> <p>Model school</p>	
<p>Inputs</p>			
<p><Component 1 >- Governmental Administration for Nursing/Midwifery</p> <p>Functions of governmental administration of nursing/midwifery for clinical and human resources development are unified.</p> <p>1-1 Analyze the tasks of governmental administration for nursing/midwifery in clinical and human resources development (HRD)</p> <p>1-2 Identify the tasks required in the administration of nursing/midwifery in clinical and HRD</p> <p>1-3 Assign the project activities to the CPs</p> <p>1-4 Execute the activities as assigned</p> <p>1-5 Organize the consulting meetings to promote the collaboration between PHS/CH/NTS and hospitals for clinical trainings</p> <p>1-6 Work as a team in the Project Office to enhance the collaboration</p> <p>1-7 Consider the tasks and staffing of proposed structure</p> <p>1-8 Document the results of activity (7), and submit the official request for realizing the proposed structure</p>	<p>Japanese Side</p> <p>1 Experts</p> <p><Long-term Experts></p> <p>1) Chief Advisor</p> <p>2) Project Coordinator</p> <p>3) Nursing Education</p> <p>4) Experts in other fields mutually agreed upon as needed</p> <p>2 <Short-term Experts></p> <p>1) Nursing Administration</p> <p>2) Nursing Education</p> <p>3) Regulations for Nurse/Midwife</p> <p>4) Information Management System for Human Resources</p> <p>5) Monitoring and Evaluation</p> <p>6) Experts in other fields mutually agreed upon as needed</p>	<p>Lao Side</p> <p>1 Counterparts</p> <p>- Project Director: Director of Cabinet</p> <p>- Deputy Project Director : Director, Department of Organization and Personnel (DOP)</p> <p>- Project Managers:</p> <p>* Deputy Chief, Division of Education and Training, DOP</p> <p>* Chief, Division of Nursing, DOC</p>	<p>* Counterparts are not transferred.</p> <p>* Trainers of nursing/midwifery in public health schools and hospitals for clinical training who received trainings by the Project are continuously working as trainers.</p> <p>* The MOH and provincial government continuously provides the salary, equipment, and consumables to the model school as well as model hospital for clinical trainings.</p> <p>* Doctors at hospitals for clinical training are cooperative to the Project</p>

Handwritten signature

2	<p>Regulation for nurse/midwife is established and implemented.</p> <p>2-1 Collect/classify the information & data on current regulation for nurse/midwife</p> <p>2-2 Form the working group to formulate the regulation</p> <p>2-3 Working group discusses the framework of regulation and prepares the outline</p> <p>2-4 Confirm the process of enactment</p> <p>2-5 Study and collect the information on formulation of the regulation</p> <p>2-6 Form a regulation committee to formulate the regulation</p> <p>2-7 Regulation committee discusses /examines / agrees on the outline of the regulation</p> <p>2-8 Draft the contents of the regulation</p> <p>2-9 Linguistically scrutinize and verify the draft of regulation</p> <p>2-10 Submit the draft of regulation to the regulation committee for approval</p> <p>2-11 Regulation committee examines and approves the draft regulation</p> <p>2-12 Proceed for authorization and implementation of the regulation</p> <p>2-13 Disseminate the implemented regulation to all concerned by organizing meetings.</p>	3 Training in Japan	2 Land, facilities
3	<p>Information management system (IMS) for human resources in nursing/midwifery is strengthened by utilizing database.</p>	4 Equipment and Materials	3 Equipment
3-1	Organize the working group to develop the IMS	1) Educational Materials in Nursing/Midwifery	
3-2	Study the current situation of the IMS for human resources in nursing/midwifery at the MOH	2) Vehicles	
3-3	Consider the purpose/ method/ data items to be included in the IMS	3) Office Equipment	
3-4	Prepare the detailed design and construct the IMS	4) Audiovisual Equipment	
3-5	Make the training plan for the IMS (MOH, 2 Model Provincial Health Offices.)	5) Other equipment mutually agreed upon as needed	
3-6	Conduct the training for the IMS (MOH, 2 Model Provincial Health Offices)	5 Local cost	
3-7	Implement the IMS (MOH, 2 Model Provincial Health Offices)		
3-8	Monitor the progress (MOH, 2 Model Provincial Health Offices)		

Handwritten signature

4	Feasible health manpower plan for nursing/midwifery is formulated.
4-1	Study the current status of health manpower plan at the MOH
4-2	Collect the data on activities of other donors in regard to health manpower plan (such as WHO)
4-3	Monitor the current deployment of nurse/midwife by utilizing the implemented IMS
4-4	Feedback the findings of monitoring to concerned Departments of the MOH
4-5	Conduct the training for formulation of health manpower plan
4-6	Prepare the draft of feasible health manpower plan for nursing/midwifery for the year 2011-2015 by utilizing the IMS
4-7	Submit the final draft of feasible health manpower plan for nursing/midwifery for the year 2011-2015
5	Project monitoring and evaluation are implemented for effective management.
5-1	Prepare the format of the monitoring and evaluation (M/E) report
5-2	Conduct M/E
5-3	Prepare M/E report
5-4	Report the result of M/E to the Joint Coordinating Committee
5-5	Revise the Plan of Operation reflecting the result of the evaluation
<Component 2> - Nursing/Midwifery Education	
6	Capacity of nursing/midwifery leaders is enhanced.
6-1	Conduct the trainings for administrators in nursing/midwifery
6-2	Conduct the trainings for nursing/midwifery education
6-3	Conduct the trainings for clinical trainers
6-4	Evaluate the conducted trainings

Handwritten signature

<p>7 School administration of personnel and equipment data is improved at the model school (MS).</p> <p>7-1 Conduct survey on current situation of personnel (# of students, # of teachers, etc.) as well as equipment data</p> <p>7-2 Design the required database (# of students, teachers, enrollments, graduates, employed, training materials, and books), construct the database for personnel equipment management; and implement it</p> <p>7-3 Conduct the trainings to operate the system</p> <p>7-4 Utilize the developed system</p> <p>7-5 Supervise /monitor the progress of utilization</p> <p>8 Lecture, demonstration and clinical training are implemented at the selected school and hospital based on the detailed educational plan.</p> <p>8-1 Conduct trainings for teachers at PHS</p> <p>8-1-1 Clarify the problems of nursing/midwifery education through survey on the PHS and the clinical training hospital</p> <p>8-1-2 Assess and prioritize the training needs</p> <p>8-1-3 Confirm the priority and training contents</p> <p>8-1-4 Prepare the training plan (including teaching materials)</p> <p>8-1-5 Conduct the trainings</p> <p>8-2 Select the model school</p> <p>8-3 Prepare the syllabus to be used at the model school</p> <p>8-4 Conduct the trainings for teachers on preparation of lecture plan</p> <p>8-5 Conduct the trainings for teachers on teaching methodologies</p> <p>8-6 Conduct lectures / practices according to the syllabus</p> <p>8-7 Strengthen the system to conduct the clinical trainings at the hospital</p> <p>8-7-1 Appoint the coordinator of clinical trainings at the PHS (MS)</p> <p>8-7-2 Appoint the trainers of clinical trainings at the clinical training hospital (MS)</p> <p>8-7-3 Promote the collaboration / cooperation between the PHS (MS) and the clinical training hospital (MS)</p> <p>8-7-4 Conduct the clinical training at model ward of the clinical training hospital (MS) according to the syllabus</p>	<p>Pre-Conditions</p> <p>* Counterparts are assigned as planned.</p> <p style="text-align: right;"><i>[Signature]</i></p>
--	---

ACTIVITIES	Y 2005			Y 2006			Y 2007			Y 2008			Y 2009			Y 2010			Responsible Persons						
	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10		11	12	1	2	3	4
OUTPUT 1. Functions of governmental administration of nursing/midwifery for clinical and human resources development are unified.																									
1-1 Analyze the tasks of governmental administration for nursing/midwifery in clinical and human resources development (HRD)																									CA
1-2 Identify the tasks required in the administration of nursing/midwifery in clinical and HRD																									CA
1-3 Assign the project activities to the CPs																									CA
1-4 Execute the activities as assigned																									CA
1-5 Organize the consulting meetings to promote the collaboration between PHS/CH/NTS and hospitals for clinical trainings																									CA
1-6 Work as a team in the Project Office to enhance the collaboration																									CA
1-7 Consider the tasks and staffing of proposed structure																									CA
1-8 Document the results of activity (7), and submit the official request for realizing the proposed structure																									CA
OUTPUT 2. Regulation for nurse/midwife is established and implemented.																									
2-1 Collect / classify the information & data on current regulation for nurse/midwife																									CA
2-2 Form the working group to formulate the regulation																									CA
2-3 Working group discusses the framework of regulation and prepares the outline																									CA
2-4 Confirm the process of enactment																									CA
2-5 Study and collect the information on formulation of the regulation																									CA
2-6 Form a regulation committee to formulate the regulation																									CA
2-7 Regulation committee discusses / examines / agrees on the outline of the regulation																									CA
2-8 Draft the contents of the regulation																									CA
2-9 Linguistically scrutinize and verify the draft of regulation																									CA
2-10 Submit the draft of regulation to the regulation committee for approval																									CA
2-11 Regulation committee examines and approves the draft regulation																									CA

CA : Chief Advisor, PC : Project Coordinator, NSEP : Nursing Expert

ACTIVITIES	Y 2005			Y 2006			Y 2007			Y 2008			Y 2009			Y 2010			Responsible Persons									
	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10		11	12	1	2	3	4	Lao	JP	
2-12 Proceed for authorization and implementation of the regulation.																												
2-13 Disseminate the implemented regulation to all concerned by organizing meetings																												
OUTPUT 3. Information management system (IMS) for human resources in nursing/midwifery is strengthened by utilizing database.																												
3-1 Organize the working group to develop the IMS																												CA
3-2 Study the current situation of the IMS for human resources in nursing/midwifery at the MOH																												CA
3-3 Consider the purpose/ method/ data items to be included in the IMS																												CA
3-4 Prepare the detailed design and construct the IMS																												CA
3-5 Make the training plan for the IMS (MOH, 2 Model Provincial Health Offices)																												CA
3-6 Conduct the training for the IMS (MOH, 2 Model Provincial Health Offices)																												CA
3-7 Implement the IMS (MOH, 2 Model Provincial Health Offices)																												CA
3-8 Monitor the progress (MOH, 2 Model Provincial Health Offices)																												CA
OUTPUT 4. Feasible health manpower plan for nursing/midwifery is formulated.																												
4-1 Study the current status of health manpower plan at the MOH																												CA
4-2 Collect the data on activities of other donors in regard to health manpower plan (such as WHO)																												CA
4-3 Monitor the current deployment of nurse/midwife by utilizing the implemented IMS																												CA
4-4 Feedback the findings of monitoring to concerned Departments of the MOH																												CA
4-5 Conduct the training for formulation of health manpower plan																												CA
4-6 Prepare the draft of feasible health manpower plan for nursing/midwifery for the year 2011-2015 by utilizing the IMS																												CA
4-7 Submit the final draft of feasible health manpower plan for nursing/midwifery for the year 2011-2015																												CA

[Handwritten signature]

Plan of Operation (PO)
The Project for Human Resources Development of Nursing/Midwifery

Date: Mar. 25, 2005

ACTIVITIES	Y 2005		Y 2006		Y 2007		Y 2008		Y 2009		Y 2010		Responsible Persons													
	5	6	7	8	9	10	11	12	1	2	3	4		5	6	7	8	9	10	11	12	1	2	3	4	Lao
OUTPUT 5. Project monitoring and evaluation are implemented for effective management.																										
5-1	Prepare the format of the monitoring and evaluation (M/E) report																									PC
5-2	Conduct M/E																									PC
5-3	Prepare M/E report																									PC
5-4	Report the result of M/E to the Joint Coordinating Committee																									CA
5-5	Revise the Plan of Operation reflecting the result of the evaluation																									CA
OUTPUT 6. Capacity of nursing/midwifery leaders is enhanced.																										
6-1	Conduct the trainings for administrators in nursing/midwifery																									CA
6-2	Conduct the trainings for nursing/midwifery education																									CA
6-3	Conduct the trainings for clinical trainers																									NSEP
6-4	Evaluate the conducted trainings																									NSEP
OUTPUT 7. School administration of personnel and equipment data is improved at the model school.																										
7-1	Conduct survey on current situation of personnel (# of students, # of teachers, etc.) as well as equipment data																									NSEP
7-2	Design the required database (# of students, teachers, enrollments, graduates, employed, training materials, and books), construct the database for personnel equipment management; and implement it																									NSEP
7-3	Conduct the trainings to operate the system																									NSEP
7-4	Utilize the developed system																									NSEP
7-5	Supervise /monitor the progress of utilization																									NSEP

CA : Chief Advisor, PC : Project Coordinator, NSEP : Nursing Expert

Handwritten signature

Plan of Operation (PO)
The Project for Human Resources Development of Nursing/Midwifery

Date: Mar. 25, 2005

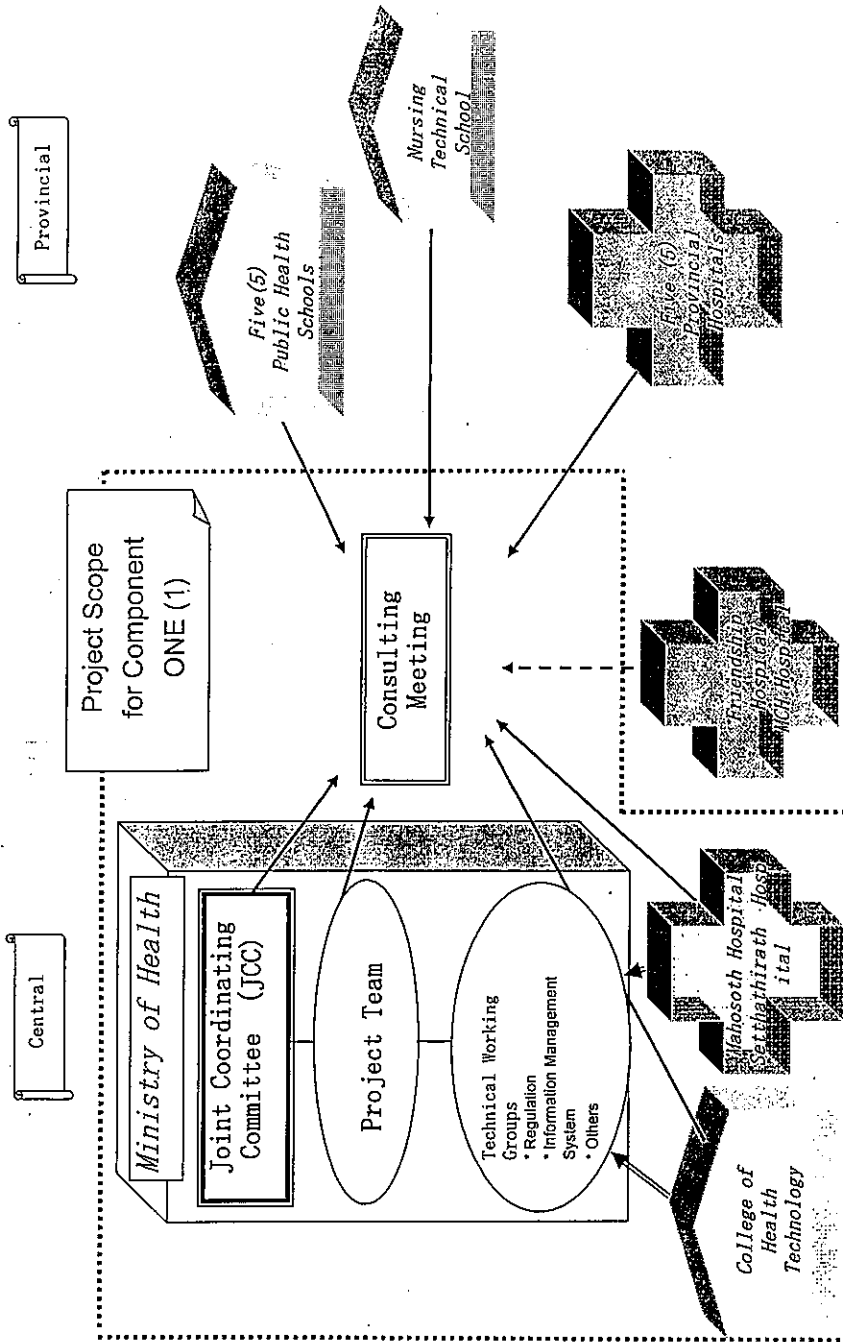
ACTIVITIES	Y 2005			Y 2006			Y 2007			ME			Y 2008			Y 2009			Y2010			Responsible Persons
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
	4	5	6	4	5	6	4	5	6	4	5	6	4	5	6	4	5	6	4	5	6	
<p>OUTPUT 8. Lecture, demonstration and clinical training are implemented at the selected school and hospital based on the detailed educational plan.</p>																						
8-1. Conduct trainings for teachers at PHS																						
8-1-1 Clarify the problems of nursing/midwifery education through survey on the PHS and the clinical training hospital																						NSEP
8-1-2 Assess and prioritize the training needs																						NSEP
8-1-3 Confirm the priority and training contents																						NSEP
8-1-4 Prepare the training plan (including teaching materials)																						NSEP
8-1-5 Conduct the trainings																						NSEP
8-2. Select the model school																						NSEP
8-3. Prepare the syllabus to be used at the model school																						NSEP
8-4. Conduct the trainings for teachers on preparation of lecture plan																						CA
8-5. Conduct the trainings for teachers on teaching methodologies																						CA/NSEP
8-6. Conduct lectures / practices according to the syllabus																						CA/NSEP
8-7. Strengthen the system to conduct the clinical trainings at the hospital																						CA/NSEP
8-7-1 Appoint the coordinator of clinical trainings at the PHS (MS)																						NSEP
8-7-2 Appoint the trainers of clinical trainings at the clinical training hospital (MS)																						NSEP
8-7-3 Promote the collaboration / cooperation between the PHS (MS) and the clinical training hospital (MS)																						NSEP
8-7-4 Conduct the clinical training at model ward of the clinical training hospital (MS) according to the syllabus																						NSEP

[Handwritten signature]

CA : Chief Advisor, PC : Project Coordinator, NSEP : Nursing Expert

[Handwritten mark]

ANNEX VII Project Implementation Structure
(for Component 1)



Handwritten signature or initials.

Handwritten mark or signature.

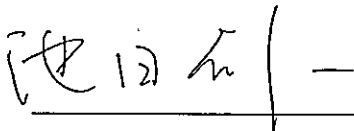
RECORD OF DISCUSSIONS BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY AND
AUTHORITIES CONCERNED OF
THE GOVERNMENT OF THE LAO PEOPLE'S DEMOCRATIC REPUBLIC
ON JAPANESE TECHNICAL COOPERATION FOR
THE PROJECT FOR HUMAN RESOURCES DEVELOPMENT
OF NURSING/MIDWIFERY

In response to the request of the Government of the Lao People's Democratic Republic (hereinafter referred to as the Lao P.D.R.), the Government of Japan has decided to conduct the technical cooperation program concerning the Project for Human Resources Development of Nursing/Midwifery in the Lao P.D.R..

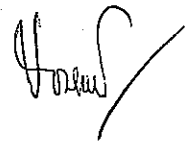
The Japanese 2nd Preliminary Study Team organized by Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. Shuichi IKEDA, Deputy Resident Representative of JICA Laos Office, exchanged views and had a series of discussions with the Lao authorities concerned with respect to desirable measures to be taken by JICA and the Lao Government for the successful implementation of the above-mentioned Project.

As a result of the discussions, and in accordance with the provisions of the Agreement on Technical Cooperation between the Government of Japan and the Government of the Lao P.D.R., signed in Tokyo on December 12, 2003 (hereinafter referred to as "the Agreement"), the JICA and the Lao authorities concerned agreed on the matters referred to in the document attached hereto.

Vientiane city, May 10, 2005



Mr. Shuichi IKEDA
Leader
The 2nd Preliminary Study Team
Japan International Cooperation
Agency
Laos Office



Mrs. Chanthanom MANODHAM
Director of Cabinet
Ministry of Health
Lao People's Democratic Republic

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA and the Lao Government

1. The Government of the Lao P.D.R. will implement the Project for Human Resources Development of Nursing/Midwifery (hereinafter referred to as "the Project") in cooperation with JICA.
2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan and the provisions of Article III of the Agreement, JICA, as the executing agency for technical cooperation by the Government of JAPAN, will take, at its own expense, the following measures according to the normal procedures of its technical cooperation scheme.

1. DISPATCH OF JAPANESE EXPERTS

JICA will provide the services of the Japanese experts as listed in Annex II. The provision of Article V of the Agreement will be applied to the above-mentioned experts.

2. PROVISION OF MACHINERY AND EQUIPMENT

JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The provision of Article VII of the Agreement will be applied to the Equipment.

3. TRAINING OF THE LAO PERSONNEL IN JAPAN

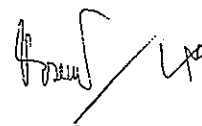
JICA will receive the Lao personnel connected with the Project for technical training in Japan.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE LAO P.D.R.

1. The Government of the Lao P.D.R. will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the

period of Japanese technical cooperation, through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.

2. The Government of the Lao P.D.R. will ensure that the technologies and knowledge acquired by the Lao nationals as a result of the Japanese technical cooperation will contribute to the economic and social development of the Lao P.D.R..
3. In accordance with the provisions of Article V of the Agreement, the Government of the Lao P.D.R. will grant in the Lao privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families.
4. In accordance with the provisions of Article VII of the Agreement, the Government of the Lao P.D.R. will take the measures necessary to receive and use the Equipment provided by JICA under II-2 above and equipment, machinery and materials carried in by the Japanese experts referred to in II-1 above.
5. The Government of the Lao P.D.R. will take necessary measures to ensure that the knowledge and experience acquired by the Lao personnel from technical training in Japan will be utilized effectively in the implementation of the Project.
6. In accordance with the provision of Article V of the Agreement, the Government of the Lao P.D.R. will provide the services of the Lao counterpart personnel and administrative personnel as listed in Annex IV.
7. In accordance with the provision of Article V of the Agreement, the Government of the Lao P.D.R. will provide the buildings and facilities as listed in Annex V.
8. In accordance with the laws and regulations in force in the Lao P.D.R., the Government of the Lao P.D.R. will take necessary measures to supply or replace at its own expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under II-2 above.
9. In accordance with the laws and regulations in force in the Lao P.D.R., the Government of the Lao P.D.R. will take necessary measures to meet the running expenses necessary for the implementation of the Project.



IV. ADMINISTRATION OF THE PROJECT

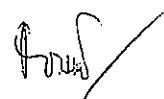

1. The Director of the Cabinet, the Ministry of Health, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.
2. The Director of the Department of Organization and Personnel, the Ministry of Health, as the Deputy Project Director, will assist the Project Director for the administration and implementation of the Project.
3. The Deputy Chief of the Division of Education and Training, the Department of Organization and Personnel and the Chief of the Division of Nursing, the Department of Curative Medicine, the Ministry of Health, as the Project Managers, will be responsible for the managerial and technical matters of the Project.
4. The Japanese Team Leader will provide necessary recommendations and advice to the Project Director, the Deputy Project Director and the Project Managers on any matters pertaining to the implementation of the Project.
5. The Japanese experts will give necessary technical guidance and advice to the Lao counterpart personnel on technical matters pertaining to the implementation of the Project.
6. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee will be established whose functions and composition are described in Annex VI.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Lao authorities concerned, at the middle and during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

In accordance with the provision of Article VI of the Agreement, the Government

of the Lao P.D.R. undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Lao P.D.R. except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Lao Government on any major issues arising from, or in connection with this Attached Document.

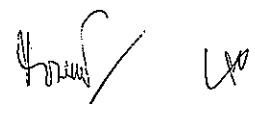
VIII. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of the Lao P.D.R., the Government of the Lao P.D.R. will take appropriate measures to make the Project widely known to the people of the Lao P.D.R..

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be five years from May 12, 2005.

- ANNEX I MASTER PLAN
- ANNEX II LIST OF JAPANESE EXPERTS
- ANNEX III LIST OF MACHINERY AND EQUIPMENT
- ANNEX IV LIST OF LAO COUNTERPART AND ADMINISTRATIVE PERSONNEL
- ANNEX V LIST OF BUILDINGS AND FACILITIES
- ANNEX VI JOINT COORDINATING COMMITTEE



ANNEX I
MASTER PLAN

1. Overall Goal

The holistic system for development of nursing/midwifery personnel is established.

2. Project Purpose

The basis for development of nursing/midwifery personnel is improved, and nursing/midwifery education system is strengthened.

3. Outputs of the Project

<Component 1 > Governmental Administration for Nursing/Midwifery

- (1) Functions of governmental administration of nursing/midwifery for clinical and human resources development are unified.
- (2) Regulation for nurse/midwife is established and implemented.
- (3) Information management system (IMS) for human resources in nursing/midwifery is strengthened by utilizing database.
- (4) Feasible health manpower plan for nursing/midwifery is formulated.
- (5) Project monitoring and evaluation are implemented for effective management.

<Component 2> Nursing/Midwifery Education

- (6) Capacity of nursing/midwifery leaders is enhanced.
- (7) School administration of personnel and equipment data is improved at the model school.
- (8) Lecture, demonstration and clinical training are implemented at the selected school and hospital based on the detailed educational plan.

4. Activities of the Project

- 1-1 Analyze the tasks of governmental administration for nursing/midwifery in clinical and human resources development (HRD)
- 1-2 Identify the tasks required in the administration of nursing/midwifery in clinical and HRD
- 1-3 Assign the project activities to the CPs
- 1-4 Execute the activities as assigned



LPO

- 1-5 Organize the consulting meetings to promote the collaboration between PHS/CHT/NTS and hospitals for clinical trainings
- 1-6 Work as a team in the Project Office to enhance the collaboration
- 1-7 Consider the tasks and staffing of proposed structure
- 1-8 Document the results of activity (7), and submit the official request for realizing the proposed structure

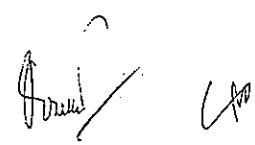
- 2-1 Collect /classify the information & data on current regulation for nurse/midwife
- 2-2 Form the working group to formulate the regulation
- 2-3 Working group discusses the framework of regulation and prepares the outline
- 2-4 Confirm the process of enactment
- 2-5 Study and collect the information on formulation of the regulation
- 2-6 Form a regulation committee to formulate the regulation
- 2-7 Regulation committee discusses /examines / agrees on the outline of the regulation
- 2-8 Draft the contents of the regulation
- 2-9 Linguistically scrutinize and verify the draft of regulation
- 2-10 Submit the draft of regulation to the regulation committee for approval
- 2-11 Regulation committee examines and approves the draft regulation
- 2-12 Proceed for authorization and implementation of the regulation
- 2-13 Disseminate the implemented regulation to all concerned by organizing meetings.

- 3-1 Organize the working group to develop the IMS
- 3-2 Study the current situation of the IMS for human resources in nursing/midwifery at the MOH
- 3-3 Consider the purpose/ method/ data items to be included in the IMS
- 3-4 Prepare the detailed design and construct the IMS
- 3-5 Make the training plan for the IMS (MOH, 2 Model Provincial Health Offices.)
- 3-6 Conduct the training for the IMS (MOH, 2 Model Provincial Health Offices)
- 3-7 Implement the IMS (MOH, 2 Model Provincial Health Offices)
- 3-8 Monitor the progress (MOH, 2 Model Provincial Health Offices)

- 4-1 Study the current status of health manpower plan at the MOH

Handwritten signature and initials

- 4-2 Collect the data on activities of other donors in regard to health manpower plan (such as WHO)
 - 4-3 Monitor the current deployment of nurse/midwife by utilizing the implemented IMS
 - 4-4 Feedback the findings of monitoring to concerned Departments of the MOH
 - 4-5 Conduct the training for formulation of health manpower plan
 - 4-6 Prepare the draft of feasible health manpower plan for nursing/midwifery for the year 2011-2015 by utilizing the IMS
 - 4-7 Submit the final draft of feasible health manpower plan for nursing/midwifery for the year 2011-2015
-
- 5-1 Prepare the format of the monitoring and evaluation (M/E) report
 - 5-2 Conduct M/E
 - 5-3 Prepare M/E report
 - 5-4 Report the result of M/E to the Joint Coordinating Committee
 - 5-5 Revise the Plan of Operation reflecting the result of the evaluation
-
- 6-1 Conduct the trainings for administrators in nursing/midwifery
 - 6-2 Conduct the trainings for nursing/midwifery education
 - 6-3 Conduct the trainings for clinical trainers
 - 6-4 Evaluate the conducted trainings
-
- 7-1 Conduct survey on current situation of personnel (# of students, # of teachers, etc.) as well as equipment data
 - 7-2 Design the required database (# of students, teachers, enrollments, graduates, employed, training materials, and books) , construct the database for personnel equipment management ; and implement it
 - 7-3 Conduct the trainings to operate the system
 - 7-4 Utilize the developed system
 - 7-5 Supervise /monitor the progress of utilization
-
- 8-1 Conduct trainings for teachers at PHS
 - 8-2 Select the model school
 - 8-3 Prepare the syllabus to be used at the model school

Two handwritten signatures in black ink, one larger and more stylized, and one smaller and simpler.

8-4 Conduct the trainings for teachers on preparation of lecture plan

8-5 Conduct the trainings for teachers on teaching methodologies

8-6 Conduct lectures / practices according to the syllabus

8-7 Strengthen the system to conduct the clinical trainings at the hospital

Handwritten signature and initials

ANNEX II
LIST OF JAPANESE EXPERTS

1. Long-term Experts

- (1) Chief Advisor
- (2) Project Coordinator
- (3) Nursing Education
- (4) Experts in other fields mutually agreed upon as needed

2. Short-term Experts

- (1) Nursing Administration
- (2) Nursing Education
- (3) Regulations for Nurse/Midwife
- (4) Information Management System for Human Resources
- (5) Monitoring and Evaluation
- (6) Experts in other fields mutually agreed upon as needed

Handwritten signature/initials

ANNEX III
LIST OF MACHINERY ANDEQUIPMENT

1. Educational Materials in Nursing/Midwifery
2. Vehicles
3. Office Equipment
4. Audiovisual Equipment
5. Other equipment mutually agreed upon as needed

Handwritten signature *Handwritten initials*

ANNEX IV

LIST OF LAO COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director:

Director of Cabinet

2. Deputy Project Director:

Director, Department of Organization and Personnel

3. Project Managers:

Deputy Chief, Division of Education and Training, Department of Organization
and Personnel

Chief, Division of Nursing, Department of Curative Medicine

4. Project Team Members (Counterparts):

Full-time members:

Two (2) Project Managers

One (1) person from Department of Organization and Personnel

One (1) person from Department of Curative Medicine

One (1) person from College of Health Technology

One (1) person from the selected Public Health School
(for Component Two (2) only)

One (1) person from the selected Provincial Hospital
(for Component Two (2) only)

Part-time members:

One (1) person from College of Health Technology

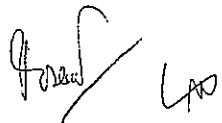
One (1) person each from five (5) Public Health Schools

One (1) person from Nursing Technical School Vientiane Province

One (1) person each from seven (7) Clinical Training Hospitals

(Five (5) Provincial Hospitals, Mahosot Hospital and Setthathirath Hospital)

5. Other personnel mutually agreed upon as needed



ANNEX V
LIST OF LAND, BUILDINGS AND FACILITIES

1. Land for a newly constructed building for training and implementation of the Project
2. Offices with necessary furniture and facilities for the Japanese experts
3. Facilities such as electricity, gas, water, sewerage, telephone and furniture necessary for the Project activities and operational expenses for utilities
4. Other facilities mutually agreed upon as needed

 40

ANNEX VI
JOINT COORDINATING COMMITTEE

1. Functions

The Joint Coordinating Committee will meet at least once a year and whenever necessities arise, and work:

- (1) To authorize an Annual Work Plan of the Project .
- (2) To review the overall progress of the Project as well as the achievements of the above-mentioned Annual Work Plan
- (3) To review and exchange views on major issues arising from or in connection with the Project

2. Composition

(1) Chairperson

Director of Cabinet, MOH

(2) Members

⟨Lao Side⟩

Director, Department of Organization and Personnel, MOH

Director, Department of Curative Medicine, MOH

Chief, Division of Education and Training, Department of Organization and
Personnel, MOH

Deputy Chief, Division of Education and Training, Department of Organization
and Personnel, MOH

Chief, Division of Nursing, Department of Curative Medicine, MOH

Director of a selected Public Health School (for Component Two (2) only)

Director of a selected Provincial Hospital (for Component Two (2) only)

⟨Japanese Side⟩

Chief Adviser

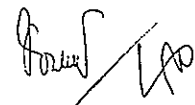
Project Coordinator

Japanese Experts

Resident Representative of the JICA Laos Office

JICA Expert assigned as Advisor for Health and Medical
Cooperation Planning in the Ministry of Health

3. Other members mutually agreed upon as needed



MINUTES OF MEETING BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE LAO PEOPLE'S DEMOCRATIC REPUBLIC
ON JAPANESE TECHNICAL COOPERATION
FOR THE PROJECT FOR HUMAN RESOURCES DEVELOPMENT
OF NURSING/MIDWIFERY


Resident Representative of the Japan International Cooperation Agency (hereinafter referred to as "JICA") in the Lao People's Democratic Republic had series of discussions with the Lao authorities concerned with respect to desirable measures to be taken by JICA and the Government of the Lao People's Democratic Republic for the successful implementation of the above-mentioned project (hereinafter referred to as "the Project").

As a result of the discussions, both sides reached common understandings concerning the details of the Project as written in the Project Document attached hereto. This document is related to the Record of Discussions for the Project signed on May 10, 2005.

Vientiane, November 3, 2005



Mr. Senya MORI
Resident Representative
JICA Laos Office
Japan International Cooperation Agency
Japan



Mrs. Chanthanom MANODHAM
Director of Cabinet
Ministry of Health
Lao People's Democratic Republic

**Technical Cooperation Project for Human Resources Development
of Nursing/Midwifery in Lao PDR**

Project Document

November 3, 2005

**Technical Cooperation
Between
Lao People's Democratic Republic
And Japan International Cooperation Agency (JICA)**



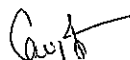
A handwritten signature in black ink, appearing to be 'H. Smith', is located in the lower right quadrant of the page.

TABLE OF CONTENTS

ABBREVIATIONS

EXECUTIVE SUMMARY

1 INTRODUCTION	1
2 BACKGROUND OF THE PROJECT	2
2-1 Socio-economic situation.....	2
2-2 Health Sector in Lao PDR.....	2
2-3 National Strategy and Health Policy.....	3
2-4 Institutional Framework of Health Sector and Roles of Nurse/Midwife.....	3
2-4-1 Health Administration.....	4
2-4-2 Health Service Delivery System.....	4
2-4-3 Governmental Administration of Human Resources Development for Nursing/Midwifery.....	5
2-4-4 Current Status of Human Resources Development for Nursing/Midwifery.....	6
2-5 International Assistance.....	8
3 PROJECT JUSTIFICATION AND PROBLEMS TO BE ADDRESSED	9
3-1 Justification of the Project.....	9
3-1-1 Problems to be addressed in Nursing/Midwifery Education.....	9
3-1-2 Priority Issues in Health Sector of Lao PDR.....	10
3-1-3 Priority Areas of Japanese ODA to Health Sector in Lao PDR.....	11
3-1-4 Comparative Advantages of Japanese Assistance.....	11
3-2 Problems to be addressed.....	11
4 PROJECT STRAGETY	12
4-1 Overall strategy of the Project.....	12
4-2 Project Concept Diagram.....	15
5 PROJECT DESIGN	16
5-1 Target Area.....	16
5-2 Target Group.....	16
5-3 Project Purpose.....	16
5-4 Overall Goal.....	17
5-5 Outputs and Activities.....	17

5-5-1 Component 1 :Improvement of Governmental Administration	18
5-5-2 Evaluation of the Achievement level of the Component 1 at the mid-term evaluation ..	21
5-5-3 Component 2 : Strengthening of Nursing/Midwifery Education.....	21
5-6 Inputs.....	24
5-7 Important Assumptions and Risk Analysis	25
5-8 Pre-Conditions	26
5-9 Organizational Structure for Project Management and Implementation.....	27
6 EX-ANTE ASSESSMENT	28
6-1 Relevance	28
6-2 Effectiveness	28
6-3 Efficiency	29
6-4 Impact.....	29
6-5 Sustainability	29
7 REFERENCE DOCUMENTS	31
8 ANNEXES.....	32


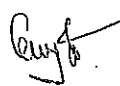
LIST OF TABLES AND FIGURES

Table 1 Trend in Major Health Indicators (1995~2000)	2
Table 2 Specific Targets of the Health Strategy 2020	3
Table 3 Health Facilities of Lao PDR.....	4
Table 4 Overview of Current Nursing/Midwifery Education System	7
Table 5 Project Purpose and Outputs by Each Component	17
Table 6 Planned Inputs	24
Table 7 Risk Analysis	25
Figure 1 Administrative Framework for Human Resources Development of Nursing/Midwifery	5
Figure 2 Project Concept Diagram	15
Figure 3 Organizational Structures for Project Management and Implementation.....	27

[Handwritten signature]

Abbreviations

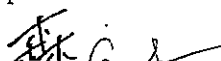
AIDS	Acquired Immunodeficiency Syndrome
ARI	Acute Respiratory Infections
BHN	Basic Human Needs
CBR	Crude Birth Rate
CDR	Crude Death Rate
CHT	College of Health Technology
DH	District Hospital
DHO	District Health Office
DOC	Department of Curative Medicine
DOP	Department of Organization & Personnel
EPI	Expanded Program on Immunization
GDP	Gross Domestic Product
HC	Health Center
HIV	Human Immunodeficiency Virus
HMP	Health Manpower Plan
HRD	Human Resources Development
HRM	Human Resources Management
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteer
Lao PDR	Lao People's Democratic Republic
LEB	Life Expectancy at birth
LLDC	Least among Less-Developed Countries
MA	Medical Assistant
MCH	Maternal and Child Health
MD	Medical Doctor
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MOH	Ministry of Health
NGO	Nongovernmental Organization
NGPES	National Growth and Poverty Eradication Strategy
NTS	Nursing Technical School (Vientiane)
ODA	Official Development Assistance
PCM	Project Cycle Management
PDM	Project Design Matrix
PH	Provincial Hospital
PHC	Primary Health Care
PHCW	Primary Health Care Worker
PHO	Provincial Health Office
PHS	Public Health School
RH	Reproductive Health
STD	Sexually-Transmitted Diseases
SV	Senior Volunteer
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
U5MR	Under-five Mortality Rate
VHV	Village Health Volunteer
WB	World Bank
WHO	World Health Organization

Executive Summary

In charge of: Human Development Department Group III
Health Personnel Development Team

<p>1. Project Title: Project for Human Resources Development of Nursing/Midwifery</p>
<p>2. Outline of the Cooperation</p> <p>(1) Outline of the project objective and outputs</p> <p>In Lao PDR, the nurse/midwife plays an important role as a provider of health care services. But the quality of governmental administration of nursing/midwifery and of nursing/midwifery education is low and improvement is needed. This Project aims to strengthen the administration of human resources development for nursing/midwifery and to improve the quality of education at Public Health Schools (PHS). As a result, it is expected that nurses/midwives trained under the Project will be posted to the health facilities and provide appropriate health care services.</p> <p>(2) Period of cooperation: from May 2005 to April 2010</p> <p>(3) Total amount of cooperation (Japan) : 380 million yen</p> <p>(4) Implementing Agency: Ministry of Health of Lao PDR, Public Health Schools (PHS), College of Health Technology (CHT) and hospitals for clinical training</p> <p>(5) Target Group: Administrators in MOH and in POH, teachers at educational institutions and trainers at hospitals and nursing students (approximate number is 1,600)</p>
<p>3. Project Necessity and Positioning of the Cooperation</p> <p>(1) Current situation and problems</p> <p>In the Lao PDR, health care services are mainly provided by nurses/midwives. But due to limited knowledge and skills, the quality of their services is low. In order to improve their skills, it is necessary to improve the education of nurses/midwives, including improvement of clinical training. Also, it is essential to strengthen nursing/midwifery administration which is critical to implementation of effective education: clarification of job description, feedback of the contents (curriculum, syllabus, etc.), implementation of health manpower plan and strengthening of the function of administration.</p> <p>(2) Positioning within national policies of the government of Lao PDR</p> <p>In the Health Strategy up to the year 2020, the Government of the Lao PDR emphasizes the development of health care by presenting six major principles. Among those principles, "to strengthen the capability of health staff in terms of attitudes, ethics, and technical skills" is included. The Lao Health Master Plan proposes the human resources development of health care providers as one of the very high priority programs. Furthermore, the National Growth and Poverty Eradication Strategy (NGPES) ranks the capacity development of healthcare providers such as nurses/midwives as a high priority issue.</p> <p>(3) Positioning within the Japanese foreign aid policy and JICA's plan for country-specific program implementation</p> <p>The country-specific ODA plan sets up the cooperation to basic human needs (BHN) as one of priority issues, and lists "development of an equitable and healthy society" as one of five challenges to cope with the problems. In concrete terms, Japan supports the improvement of health public administration and management by strengthening of capacity of those public administrators and, thus, to increase and improve the capacity of doctors and nurses/midwives.</p>
<p>4. Framework of the Cooperation</p> <p>(1) Objective of the cooperation (Outcome)</p> <p>① Objective to be achieved by the end of the cooperation (Project Purpose)</p> <p>The basis for development of nursing/midwifery personnel is improved, and nursing/midwifery education system is strengthened.</p> <p>< Indicators/targets ></p> <ul style="list-style-type: none">• Number of qualified nurses/midwives graduated from the model school• Proportion of nurses/midwives who work according to the regulation for nursing/midwifery at the model hospital <p>② Objective expected to be achieved after the end of the cooperation (Overall Goal)</p> <p>A holistic system for development of nursing/midwifery personnel is established.</p>



< Indicators/targets >

- The number of nurses/midwives trained by the Project-trained trainers for clinical training
- Employment rate of graduates from the Public Health School, College of Health Technology and Nursing Technical School in Vientiane.

(2) Outputs and activities

Output 1 : Functions of governmental administration of nursing/midwifery for clinical and human resources development are unified.

< Indicators/targets >

- ① the number of personnel assigned to the proposed structure,
- ② contents of document for job description of personnel assigned to the proposed structure,
- ③ frequency of regular meetings and the contents of minutes of the meetings

Activities : comprehend the administrative work on nursing/midwifery; hold the meeting and consulting seminars among schools and hospitals, document the job description of assigned personnel and request the approval of proposed administrative structure.

Output 2 : Regulation for nursing/midwifery is established and implemented.

< Indicators/targets >

- ① draft of the regulation for nursing/midwifery is approved by the regulation committee
- ② enactment of the regulation

Activities : consolidate the nursing/midwifery regulations, form the working group, draft the nursing/midwifery regulation, establish the regulation committee, scrutinize the process, enact, disseminate and apply the regulation

Output 3 : Information management system (IMS) for human resources in nursing/midwifery is strengthened by utilizing database.

< Indicators/targets >

- ① constructed system and manuals,
- ② the number of trained personnel for operating the IMS for human resources in nursing/midwifery,
- ③ nursing/midwifery personnel records generated by IMS

Activities : form the working group, conduct the survey on current status on IMS for human resources, construct database, conduct training for administrators of provincial health offices, implement the IMS and monitor the progress.

Output 4 : Feasible health manpower plan for nursing/midwifery is formulated.

< Indicators/targets >

- ① submitted document of health manpower plan for nursing/midwifery for the year 2011 to 2015

Activities : Conduct the survey on current status of health manpower plan for nursing/midwifery, exchange information with other donors, draft the plan of health manpower plan applied IMS, conduct training for personnel in charge, submit the draft plan of health manpower plan, etc.

Output 5 : Project monitoring and evaluation are implemented for effective management

< Indicators/targets >

- ① record of changes in project activities as a result of monitoring and evaluation

Activities : prepare the monitoring format, monitor the progress, prepare and present the reports to JCC, apply findings for modification of the project activities, etc.

Output 6 : Capacity of nursing/midwifery leaders is enhanced.

< Indicators/targets >

- ① the number of leaders who completed the training of administration for nursing/midwifery, nursing/midwifery education, clinical training,
- ② evaluation of such training courses

Activities : conduct training on nursing/midwifery administration, nursing/midwifery education and clinical training, evaluate each training course

Output 7 : School administration of personnel and equipment data is improved at the model school.

< Indicators/targets >

- ① constructed system and manuals,
- ② the number of trained personnel for operating the personnel and equipment data in nursing/midwifery,
- ③ personnel and equipment data generated by the system(number, content and frequency of data updates)

Activities : Study on personnel and equipment data of PHS, construct the database, conduct training for personnel in charge, implement the data management and supervise the process.

Output 8 : Lecture, demonstration and clinical training are implemented at the selected school and hospital based on the detailed educational plan.

< Indicators/targets >

- ① syllabus of the model school,
- ② availability of students' clinical performance evaluation sheets,
- ③ score of evaluation on students' clinical performance

Activities : conduct training for trainers and teachers, study on current problems in nursing/midwifery education, review the training program and prepare the lecture plan, select the model school, conduct the training of formulation of teaching plan and teaching methodologies, implement the lectures, demonstrations based on the syllabus, and strengthen the clinical trainings, etc.

(3) Planned Inputs

- ① Japanese side (approximate amount: 380 million yen)
 - Long-term experts: Chief Advisor, Project Coordinator, Technical expert on Nursing Education
 - Short-term experts: Nursing Management, Nursing Education, Legal Matters, Information Management System for Human Resources Development, Monitoring & Evaluation)
 - Equipment Provision
 - Training equipment for nursing/midwifery, audio visuals, vehicle, office equipment, equipment for database of information management system
 - Counterpart Trainings: 3 counterparts per year in the field of Nursing Administration, Nursing Management, Nursing Education
 - Local Cost: Educational materials, fact-finding studies and evaluation, renovation for training facilities
- ② Laotian side
 - Counterparts personnel
 - Land and Facilities
 - Local Cost
 - Others

(4) External factors (Important Assumptions that should be met)

- Counterparts are not transferred.
- Trainers of nursing/midwifery in public health schools and hospitals for clinical training who received training by the Project are continuously working as trainers.
- Doctors at hospitals for clinical training are cooperative to the Project.
- PHS maintains accepting only designated number of enrollment.

5. Ex-ante Assessment

(1) Relevance

- The Health Strategy to 2020 by the government of the Lao PDR has emphasized the capacity development of health care providers. Also, in the Lao Health Master Plan, human resources development of health care providers is listed as one of the very high priority programs. Furthermore, the NGPES places considerable emphasis on strengthening and improving the capacity of health care providers.
- Japan sets up the priority issues under the cooperation to the BHN to achieve "development of an equitable and healthy society". Japan supports the improvement of health public administration and management by strengthening of the capacity for those public administrators, and thus to increase and improve the capacity of doctors and nurses/midwives.
- In order to improve the quality of nurses/midwives, it is necessary to clarify job description of nurse/midwife and to implement the health manpower plan as well as to improve nursing/midwifery education. This Project takes the effective approach of combining such activities as mentioned above.

(2) Effectiveness

- The effectiveness of the Project is likely to be high in the respect that it combines all the necessary components from human resources development to human resources management comprehensively.
- The Project also takes the innovative approach by setting the midterm evaluation as key milestone to evaluate the achievement of the improvement on governmental administration during the first half of the Project, and thus to modify the activities of second half of the Project. This serves to bring out the self-supporting efforts of the Laotian side.

(3) Efficiency

- In the human resources development of nursing/midwifery, WHO has been assisting the formulation of health manpower plan as well as the development of a curriculum. Also, the Luxemburg Development Agency has been assisting the Nursing Technical School (Vientiane Province) and Vientiane Provincial Hospitals in the form of technical and financial support. The Project will proceed in collaboration with these external donors.
- Since 2003, the Japanese government has been renovating five public health schools and College of Health Technology by way of a grant aid project. Renovation of such facilities will facilitate the improvement of school management and educational environment.
- Japan Overseas Cooperation Volunteers (JOCVs) and Senior Volunteers (SVs) are now assigned to CHT, PHS and hospitals for clinical training. They work in collaboration with a Japanese expert on nursing education to improve the quality of nursing services by holding nursing seminars and meetings, etc. The Project will continue the collaboration with those JOCVs and SVs to efficiently expand the scope of activities.

(4) Impact

Implementation of this Project will lead to improvement of the management and of the education of nurses/midwives. As a result, the number of nurses/midwives with appropriate knowledge and techniques increases, leading to achievement of the overall goal.

(5) Sustainability

- Institutional Sustainability
- The Project covers the field of governmental administration as well as school education and clinical training and thus sustainability of the Project could be high. Also, the Project plans to establish an effective collaboration and coordination mechanism among those stakeholders including government officials at the DOP and DOC, administrators and teachers at PHS, CHT and NTS and the trainers at hospitals by holding meetings and consulting seminars on a regular basis. If such a mechanism will continue even after the termination of the Project, the sustainability in the aspect of institutional capacity will be enhanced.
- Policy
- In the Health Strategy to 2020 and the NGPES, development of nursing/midwifery personnel is listed as one of the high priority programs. So that it could be said that after the end of the Project, political support will continue.
- Financial Conditions
- It was pointed out by the previous studies that some PHS have accepted more students than the designated number in order to finance schools operations by way of tuitions. Thus, implementation of the health manpower plan will cut the budget of the PHS temporarily.

6. Consideration for poverty, gender and environmental issues

More than half of nurses/midwives are estimated as female, and have been treated as assistant to doctors. The Project will contribute to improve the management capacity of nursing/midwifery and thus to promote their empowerment.

7. Lessons learned from past experience

In case of the Nursing Education Project, Sri Jayewardenapur in Sri Lanka (Oct. 1996 – Sep. 2001), the project outcomes were not effectively replicated throughout the country due to the fact that the governmental administration function had not been well-established. The Project will take lessons from this project and firstly strengthen the capacity of governmental administration for nursing/midwifery in order to build up the framework for increasing the scope of work.

8. Future evaluation plan

- Midterm evaluation (2nd half of 2007)
- Final Evaluation (1st half of 2010)
- Ex-post Evaluation (3 years after project termination)

A handwritten signature in black ink, appearing to be 'A. C. ...', is written over the page.

1 INTRODUCTION

In the Lao PDR, health care services are mainly provided by nurses/midwives. But as the level of these services is low, there is an urgent need to develop nurses/midwives with appropriate knowledge and techniques and to improve the services.

Under these circumstances, the Lao PDR requested the Government of Japan to provide a Technical Cooperation Project targeting improvement of the nursing/midwifery education system and development of nurses/midwives with adequate knowledge and techniques. In response, the Japan International Cooperation Agency (hereinafter called as "JICA") dispatched the Preparatory Study Missions.

Firstly, the Lao PDR requested the Project aimed to improve the education system of Public Health Schools (PHS). However, an expert on nursing education dispatched to the Ministry of Health (MOH) by JICA encountered a major problem: without a feasible health manpower plan, the newly trained nurses/midwives who would be going through the improved education process would not be posted to health facilities properly. Therefore, the cooperation approach had been carefully re-examined.

Also, Preliminary Study pointed out that it is necessary to strengthen governmental administration; such as improvement of nursing/midwifery education system, definition of job description, formulation of health man-power plan, and strengthening administrative function.

Based on these findings, it was discussed between authorities of the Lao PDR and the mission that the Project takes two Components in a phased arrangement. Component 1 focuses on the improvement of governmental administration of human resources development for nursing/midwifery, while Component 2 moves to the strengthening of the nursing/midwifery education system through the practice at a model school. Both sides also agreed that prior to Component 2, they evaluate the achievement level of Component 1 and discuss on which activities they emphasize in Component 2.

This project document consists of the following six sections: Section 1-5 explain background of the Project, the socio-economic situation, national health strategy and institutional frame work of health sector in Lao PDR. Section 6 explains the five evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability).

Handwritten signature and initials in black ink, located at the bottom center of the page. The signature appears to be 'Aurb' and there are some initials above it.

2 BACKGROUND OF THE PROJECT

2-1 Socioeconomic situation¹

The kingship was abolished in 1975 and the Lao Peoples' Democratic Republic (Lao PDR) was founded under the leadership of the Lao People's Revolution Party. Since then, the Lao PDR has channeled a great deal of effort into developing a socialistic economy. However, the collapse of the planned economic system forced the government to introduce an economic open-door policy in 1986. As a result, the economy of the country had shown great progress from 1988 up to 1997, with an average annual growth rate at 7 percent. However, the Asian economic crisis in 1997 did affect and stagnate its economic growth to 5.2 percent in 2001. The GDP per capita is recorded as US\$331 as of 2002, lowest in the ten-country ASEAN ranking. What's more, the Lao PDR is still ranked as one of the least-developed among the less-developed countries. More than 80 percent of the workforce is engaged in agricultural production. The social and economic infrastructures, such as irrigation systems, have not been developed yet. Thus, high proportions of those in the rural areas live on subsistent farming. This has resulted in a growing gap in the standard of living between those who live in urban areas and those who live in rural areas, which represents 80 percent of the total population of 5.52 million.²

2-2 Health Sector in Lao PDR

Considerable progress has been made in the health sector of the Lao PDR, and it has been reflected in the major health indicators. As shown in Table 1, below, the life expectancy at birth improved from 51 to 58.7 from 1995 to 2000. The maternal mortality ratio was reduced from 560 out of 100,000 births to 530, and the under five-mortality rate (U5MR) improved from 170 out of 1,000 births to 107 during the same period.

Table 1 Trend in Major Health Indicators (1995~2000)

Major health indicators		1995 (1)	2000 (2)	
1	Life expectancy at birth (years)	51	58.7	
2	Under five mortality (per 1,000 live births)	170	107	
3	Maternal mortality (per 100,000 live births)	560	530	
4	Crude birth rate (per 1,000 population)	na	34.0	
5	Crude death rate (per 1,000 population)	na	6.3	
6	Total Fertility Rate	na	4.9	
7	% of villages covered by EPI (%)	na	87	
8	% of pregnant women covered by immunization of TT (%)	24.6	45.9	
9	% of households with access to PHC (%)	na	75	
10	% of villages located more than 8 hours away from nearest health facilities (%)	na	8	
11	Morbidity rate of Malaria (per 1,000 population)	na	55	
12	% of population served with safe water	15	Urban	75.5
			Rural	37.6
13	% of population with adequate sanitary facilities	na	Urban	67.1
			Rural	19.0

Source: NHDR 2001; NSC 2000

(1) Indicators of 1995 are from National Growth and Poverty Eradication Strategy (NGPES) p.34

¹ This section is based on information given in "Health Sector Overview 2005, Lao PDR" by Dr. Miyoshi

² Information is extracted from content of <http://WWW.WPRO.WHO.int/chips/chip04/lao.htm>

(2) Indicators of 2000 (4)~(6) and (12), (13) are extracted from content of <http://www.wpro.who.int>, others from NGPES, p.34

Growing gap in the standard of living standard between urban and rural areas has also influenced the health service standard. These trends are exemplified in indicators 12 and 13 of Table 1.

2-3 National Strategy and Health Policy

In the Fifth Five-Year Socioeconomic Development Plan (2001-2005) and the Socioeconomic Development Strategy up to 2020, Lao PDR sets the major goal of social development as "to free the country from the status of the least developed country by the year 2020 and ensure that all Lao people have access to health care services". The Health Strategy to 2020 has emphasized the development of health care by presenting six key principles. Among those principles, "to strengthen the capability of health staff in terms of attitudes, ethics, and technical skills" and "to improve community-based health promotion and disease prevention" are listed in order to ensure high quality services. The target indicators to be achieved by the year 2020 are set as shown in Table 2.

Table 2 Specific Targets of the Health Strategy 2020

Target Indicators	Unit	Target value For 2005	Target Value For 2020
Crude Birth Rate	Per 1,000 population	36.5	31
Crude Death Rate	Per 1,000 population	13.5	11
Infant Mortality Rate	Per 1,000 live births	75	20
Under Five Mortality Rate	Per 1,000 live births	100	30
Maternal Mortality Ratio	Per 100,000 live births	355	130
Life Expectancy at Birth	years	55	63
Population growth rate	%	2.3	2.0
Contraceptive Prevalence Rate	%	35	60-65
Immunization coverage	%	80	90
% of population served with safe water	%	55	60-75
% of population with adequate sanitary facilities	%	46	70
% of population with access to PHC	%	75	90

Source: "Health Strategy up to the year 2020", MOH 2000

In the light of these national strategies, the Lao Health Master Plan proposes different levels of priority programs to strengthen the health care system with the target year of 2020. The human resources development of health care providers is listed as one of the very high priority programs. The National Growth and Poverty Eradication Strategy (NGPES)³ places considerable emphasis on the development of the health sector, especially on strengthening and improving the quality of health care services at rural areas.

2-4 Institutional Framework of Health Sector and Roles of Nurse/Midwife⁴

³ This is the Poverty Reduction Strategic Paper (PRSP) of Lao PDR which was published once in 2003 as the National Poverty Eradication Programme (NPEP) then renamed NGPES after re-examination by the National Assembly and stakeholders.

⁴ This section is based on the information given in "Status Report on Human Resources Development of Nursing/Midwifery in the Lao PDR" prepared by First Preparatory Study Team member, Ms. Takaoka and "Report on Basic Study on the Project for Improvement of Facilities of the Training Institutes in the Lao PDR".

2-4-1 Health Administration

At the central level, the MOH is the key body to direct the health administration and implement the health policy and strategies.⁵ At the MOH, each department independently promotes its designated services and the Cabinet acts to control and coordinate the overall services. However, coordination and collaboration among these departments under the MOH does not necessarily take place efficiently. Under the control of the MOH are directly affiliated research institutes, central hospitals, colleges, public health schools and pharmaceutical factories. At the provincial level, the Provincial Health Office (PHO) and at district level, the District Health Office (DHO) provide health services and manage the health program of the corresponding level in collaboration with the Provincial Hospital (PH) and District Hospital (DH), respectively. The heads of PHOs and PHs are appointed by the Health Minister, and the heads of DHOs and DHs by the head of the PHO.

2-4-2 Health Service Delivery System

As shown in Table 3, the health service system is organized into three layers. Health centers serve at the community level as the primary level health facilities while district hospitals serve as the secondary level health facilities. Those serving as the tertiary level health facilities are provincial hospitals, regional hospitals and central hospitals. There is no accreditation standard for health facilities at each level, and the referral system among different levels of health facilities has not functioned effectively.

Table 3 Health Facilities of Lao PDR

Level of Health Facilities	Type of hospital	# of hospitals	# of beds	Details
Tertiary Level Health Facilities	Central Hospitals	7	995	3 general hospitals and 4 specialized hospitals are located in Vientiane City. They also serve as hospitals for medical-university clinical training.
	Regional Hospitals	4	na	4 provincial hospitals in Louangphrabang, Oudomzai, Savannakhet, and Champasak serve as regional hospitals as well as hospitals for clinical training.
	Provincial Hospitals (PH)	13	1,844	A PH is located in each province as a general hospital.
Secondary Level Health Facilities	District Hospitals (DH)	126	2,366	A DH located in each district, except the districts with PHs, provides medical services and preventive care (PHC). Doctors and nurses/midwives are in short supply, and facilities are poorly equipped. Therefore, the quality of service is usually low.
Primary Level Health Facilities	Health Centers (HC)	704	1,554	A HC is positioned as a primary level health facility. There are nurses/midwives and PHCWs posted. Equipment is not sufficient and the services provided at HC are limited.

Source: "Health Sector Overview 2005, the Lao PDR" by Dr. Miyoshi

In order to improve the health services in the rural areas, it is necessary to improve the quality of health care providers, especially those nurses/midwives who play a vital role at this level. What makes the problems more complicated are; the actual number of health care providers working for each health

⁵ See Annex-1 for the Organizational Chart of the MOH

facility is not known, nor does an information management system exist. In other words, it is impossible to figure out the posting plan of the health care providers.

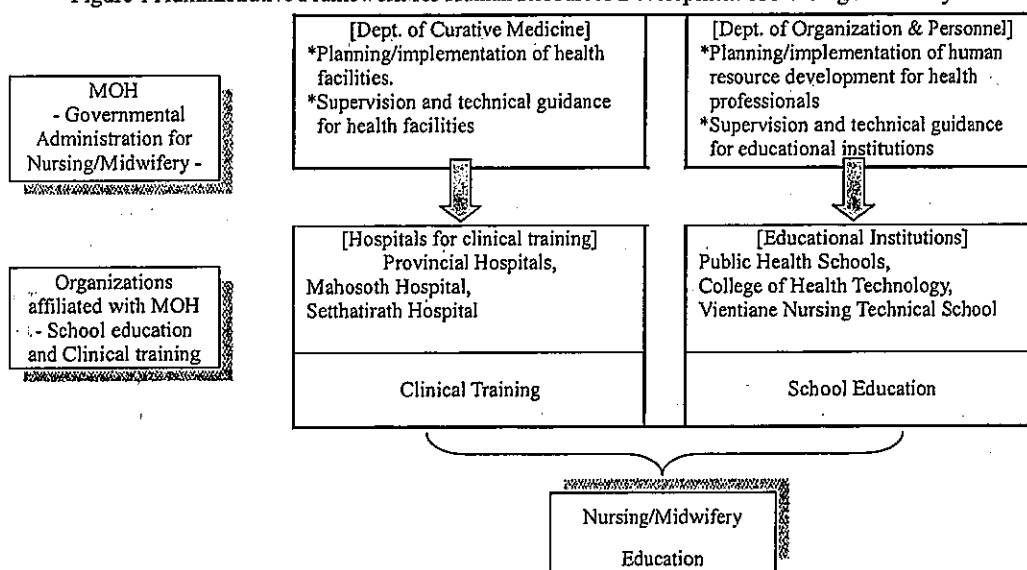
2-4-3 Governmental Administration of Human Resources Development for Nursing/Midwifery

The following explains the current status of the governmental administration for education and deployment of nursing/midwifery.

1) Administrative Function at the Ministry of Health

As shown in the Figure 1 below, both the Department of Organization and Personnel (DOP) and the Department of Curative Medicine (DOC) are responsible for the human resources development of nursing/midwifery at the central level.

Figure 1 Administrative Framework for Human Resources Development of Nursing/Midwifery



Mandates of the DOP are to plan and to implement the human resources development of health care providers. The College of Health Technology (CHT), five Public Health Schools (PHS) and a Nursing Technical School (NTS) are under the supervision of the DOP. On the other hand, the DOC supervises the health facilities, such as central hospitals, provincial hospitals that serve for clinical training of students for PHS/CHT/NTS. In this connection, the overall responsibilities for clinical training of students at health facilities lie with the DOC.⁶ The cooperation and coordination between the two departments has not been efficient.

2) Classification of Nurse/Midwife

⁶ Managerial responsibilities of health facilities are very complicated. Although, the DOC bears the overall responsibilities of health facilities, their personnel management lies with the DOP.

Government employees are classified according to their educational attainment, such as high-level government administrators, mid-level government administrators and low-level government administrators. This classification is also applied for nurses/midwives. High-level nurses/midwives are those who have completed a bachelor's degree program, mid-level nurses/midwives are those who have completed nursing/midwifery education of more than three years after graduating a senior high school, and low-level nurses/midwives are those who have completed nursing/midwifery education of more than two years after graduating junior high school.⁷ In the Lao PDR, the functions of the nurse/midwife cover both the work of a nurse and a midwife, therefore, the collective term nurse/midwife is used.

3) Regulation of Nurse/Midwife

There are no regulations established for Doctors, Nurses/Midwives and Public Health Nurses.⁸ As such, a legal system for medical services needs to be developed. Without regulating the nurse/midwife profession, the job frame, job description and qualifications of a nurse/midwife are not officially defined, leading to largely varying nursing services among hospitals. In some situations, nurses/midwives perform minor surgical procedures and diagnoses.

4) Personnel Management and Health Manpower Plan for Nursing/Midwifery

The DOP manages the personnel data of health care providers including nurses/midwives, but there is no database system for management. Since 1999, WHO has been assisting the MOH to develop a health manpower plan which utilizes a method to calculate which one doctor, three medical assistants and five nurses/midwives are allocated per 4,000 members of the population. The current employment rate of nurse/midwife graduates is quite low as the number of new recruits is very limited, and the number of nurses/midwives has over time exceeded supply.⁹ The MOH is now planning to increase the number of primary health care workers (low-level) up to 1,000 to be posted at health centers. This plan will even further limit the number of new nurse/midwife recruits.¹⁰

2-4-4 Current Status of Human Resources Development for Nursing/Midwifery

In order to become a nurse/midwife, the person is expected to take part in lectures and demonstrations at school as well as clinical training at hospitals. For the improvement of nursing/midwifery education, it is imperative to upgrade the combination of school education and clinical training at hospitals.

1) Educational system for Nursing/Midwifery¹¹

⁷ There are some cases in which those who received training for three years after the completion of junior high school have been assigned as a mid-level nurse/midwife. As such, those who received training for less than two year after the completion of junior high school have been assigned as a low-level nurse/midwife.

⁸ Only three regulations are put into practice in the field of medical services. They are the Drug and Medical Equipment Law, practiced in 2000, the Hygiene, Prevention and Health Promotion Law, 2002, and the Food Law, 2004. The Curative Medical Law is in the preparatory stage.

⁹ It cannot be judged how much the number exceeds supply as a feasible number has never been worked out.

¹⁰ The number of nurses/midwives newly employed by MOH is 123 as of 2003. Among those, 105 are Low-level and 18 are Mid-level. Provided that they are all new recruits, the employment rate for a low-level nurse/midwife is 31.5% and a Mid-level nurse/midwife is 12.5%. It is rare for a new nurse/midwife recruit to be employed. Many graduates first serve as volunteers at health facilities for several years and then serve as temporary contract employees for another several years.

¹¹ See Annex -2-1 and 2-2 for the History of Nursing/Midwifery Education

Nursing/Midwifery education started with the training of Auxiliary Nurse/Midwife in 1960 in the Lao PDR. Since then, several different courses have been introduced. As shown in Table 4, three different levels of courses are currently in practice:

Table 4 Overview of Current Nursing/Midwifery Education System

	Low-Level	Mid-Level	High-Level
Classification	Low-Level Nurse/Midwife	Mid-Level Nurse/Midwife	High-Level Nurse/Midwife
Level of Health Facilities to be assigned	Health Centers / District Hospitals	District Hospitals, Provincial Hospitals, Central Hospitals	Provincial Hospitals, Central Hospitals, Nursing School
Scope of services	Regulation of Nurse/Midwife does not exist.		
Registered license	There is no regulation for scope of services, job description for nursing/midwifery.		
Education Programs	There is no system of license registration		
Education Programs	Education Program for Primary Health Care Worker	Education Program for Diploma Nurse/Midwife Technicians	Continuing Education Program for Bachelor Nurse
Curriculum	This is a 3-year course started in 2003 at 5 PHS. It also emphasizes and devotes more time to clinical training.	The curriculum of this course was developed with the technical assistance of WHO. It was first offered in 2003 at CHT, PHS and NTS. This is a 2-year, 6-month course. It devotes a substantial amount of time to "Maternal Child Nursing /Technology, Community Nursing.	This is a 2year, 4-month course. It emphasizes clinical training and is offered only at CHT.
Qualification for enrollment	Junior high school for PHCW	Senior high school graduates	Mid-level Nurse/Midwife
Duration of Training	3 years	2 years and 6 months	2 years and 4 months
Educational Institutions	5PHS, CHT Practical nursing schools (in Xieng Khouang and in Saravane)	5 PHS, NTS CHT	CHT
Certification to be obtained	Primary Health Care Worker	Mid-level Nurse/Midwife	High-level Nurse/Midwife

Source: "Status Report on Human Resources Development for Nursing/Midwifery in the Lao PDR", by Ms. Takaoka, a mission member of 1st Preparatory Study Team

They are the Primary Health Care Worker Course, which produces low level primary health care workers; the Technical Diploma Nurse/Midwife Course, which produces mid-level nurses/midwives,¹² and the Bridge Bachelor Nurse/Midwife Course which produces the high-level nurses/midwives.¹³

2) Profiles of Educational Institutions for Nursing/Midwifery

Educational institutions for nursing/midwifery include the College of Health Technology (CHT) in Vientiane, Nursing Technical School (NTS) in Vientiane Province, and Public Health Schools (PHS) located at five provinces.¹⁴ Each PHS has an educational division and administrative division headed by the director and sub-directors. The total number of staff for each PHS is approximately twenty (20).¹⁵ The CHT consists of seventy-one (71) members of staff, including fifty (50) teachers and twenty-one

¹² It started in 2004 at NTS. CHT may specialize in Bridge Bachelor Nurse/Midwife in the future. New enrollment for Technical Diploma Nurse/Midwife course at CHT will be completed as of 2005.

¹³ See Annex 3 for Overviews of Educational Institutions for Nursing/Midwifery.

¹⁴ See the map for the location of each school.

¹⁵ See "Report on Basic Study on the Project for Improvement of Facilities of the Training Institutes in the Lao PDR" for the details of school facilities and management. There is only seven (7) staff for the newly opened Oudomxai PHS.

The CHT consists of seventy-one (71) members of staff, including fifty (50) teachers and twenty-one (21) administrators. The nursing unit consists of thirteen (13) teachers including those with a master's degree and those with overseas experience. With the assistance of the Luxemburg Development Agency, the NTS was constructed next to the Vientiane provincial hospital in October 2004. Its staff consists of six (6) teachers and offers a Technical Diploma Nurse/Midwife course with the financial assistance of the Luxemburg Development Agency.

3) Current Status of Clinical Training at Hospitals

Educational institutions of nursing/midwifery have their designated hospitals where students can receive clinical training. The provincial hospitals located next to each PHS and NTS play such roles for PHS and NTS. Both Mahosoth Hospital and Setthatirath Hospital serve as clinical training hospitals for the CHT.¹⁶ According to the interviews by the expert on nursing education to those at provincial hospitals, each school makes up its own plan for the curriculum, the lectures and instructors in each school and hospital for clinical training. However, clinical training is not properly conducted with collaboration and coordination through a focal person assigned at a school as well as at a hospital. A JOCV who works at a provincial hospital has the view that students are considered as the workforce at hospitals and they actually provide care for the patients instead of receiving clinical training.

In summary, there are many problems and issues to be addressed in the educational system for nursing/midwifery, especially in the aspect of governmental administration as well as clinical training at hospitals.

2-5 International Assistance¹⁷

Many external donors provide technical and financial assistance to the health sector in the Lao PDR. In the field of human resources development for nursing/midwifery, WHO, the Luxembourg Development Agency, the Asian Development Bank, the World Bank and the Government of Belgium are providing assistance.

WHO assists in the development and revision of curriculum and formulation of health manpower plan. It also provides technical assistance by inviting trainers from Thailand to conduct training and workshop sessions for those teachers of PHS for quality improvement of nursing education. The Asian Development Bank (ADB) has implemented the Primary Health care (PHC) Extension Project II, which aims to strengthen the institutional capacities that promote PHC at the Oudoxmai and Luangphrabang PHS. Currently, ADB provides assistance in training of PHCW who will be assigned to health centers. The World Bank has implemented the Health System Reform and Malaria Control Project. It aims to strengthen the basic health services, capacity of health care providers, health education to the communities, and improvement of the health facilities at district levels. Furthermore, it will provide

¹⁶ See Annex -5-1 and 5-2 for Overviews of Medical Services of Hospitals for Clinical Training

¹⁷ This section is based on the information given in "Report on Basic Study on the Project for Improvement of Facilities of the Training Institutes in Lao PDR" See Annex 6 for the list of donor's assistance.

assistance to retrain the staff at district hospitals, and to strengthen the network of health volunteers. The Luxemburg Development Agency has provided assistance through the project for improvement of health care services at Vientiane province, which aims at strengthening the provincial hospital management and improving the capacity of health care providers at district level, as well as traditional birth attendants and health volunteers. With the purpose of strengthening of the health care service system, the Belgium Government has supported in-service training for health center staff, upgrading district hospitals and health centers and strengthening the referral system at the district level. The Japanese government, prior to the implementation of the technical cooperation project, has provided grant aid to renovate the CHT and five PHS as well as to improve the equipment for these schools.

3 PROJECT JUSTIFICATION AND PROBLEMS TO BE ADDRESSED

3-1 Justification of the Project

As described in the Chapter 2, in order to improve the health services, there is a pressing need to improve the skill level of health care providers, especially the nurses/midwives, who play a vital role in rural areas. However, human resources development as well as the education system of nurses/midwives are not sufficiently developed to address various problems. Studies revealed that problems need to be addressed in a comprehensive manner. First, the nursing/midwifery education system should be improved and strengthened, so that the graduates from nursing schools can provide quality nursing services. Second, the governmental administration system for nursing/midwifery should be improved to create an environment enabling graduates from schools to be properly posted to health facilities as a valuable workforce. Taking these factors into consideration, the Project focuses on establishing a holistic system for human resources development of nursing/midwifery by improving the governmental administration system as well as strengthening the educational system.

3-1-1 Problems to be addressed in Nursing/Midwifery Education

Based on the findings of previous studies, the PCM workshop was held during the second preliminary study, with approximately thirty (30) participants including directors and teachers of PHS and CHT, clinical training instructors at provincial hospitals and central hospitals and government officials in charge of human resources development for nursing/midwifery. This is to further explore and analyze the problems in several pertinent areas, such as school management, nursing/midwifery education and clinical training. The results of the workshop are summarized below.

Problems in school management :

(Discussion results among directors of PHS and officials of concerned departments of the MOH)

1. School administration is not properly managed as directors and other administrative staff do not receive any training before being assigned. There is no system to exchange information within school and with other schools.
2. There is no survey on the needs of a training course. There is no assessment/evaluation for training courses.
3. Government has limited budget and international organizations provide less assistance.
4. Basic training equipment and supplies are not sufficient.
5. There is not a sufficient number of teachers. And they do not have sufficient knowledge; also, they are not given the training on a regular basis.

Problems in Nursing/Midwifery Education

(Discussion results among teachers on nursing/midwifery education at PHS/CHT and government officials of concerned departments of the MOH)

1. There are not enough teachers who are well-qualified.
 - Teachers are lacking clinical experience and teaching methods. There is a knowledge gap between teachers at schools and trainers at hospitals, and the teaching methods of teachers at school and trainers at hospitals differ. Furthermore, a teacher has too many subjects to teach.
2. There are not enough textbooks and teaching materials
 - There is not a sufficient number of textbooks, demonstration materials for students and teaching materials for teachers.
 - The library is open only for a limited time and there is a shortage of computers and vehicles for conducting study tours.
3. Problems in Evaluation and Monitoring
 - The curriculum is not assessed or evaluated. The procedure for setting student grades is not standardized.
4. Problems in clinical training at hospitals
 - Doctors do not encourage students to practice at hospitals and cooperation between trainers and students at hospital is not good.
5. Problems in teachers incentives
 - There is no supervision/follow-up from higher institutions, such as provincial health offices, and there is no systematic planning for allocating teachers
 - Teachers do not receive adequate incentives and do not receive training on a regular basis.
6. Problems with students
 - Student knowledge levels vary (class/ levels are different) at the time of enrollment.
 - The number of enrolled students exceeds planned enrollment.

Problems in Clinical Training at Hospitals

(Discussion results among trainers for clinical training at hospitals and officials of concerned department of MOH)

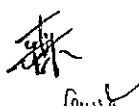
1. No effective system exists for conducting clinical training at hospitals.
 - Trainers at hospitals do not have a teaching plan for students and no orientation is provided for students.
 - Coordination and collaboration between schools and hospitals is not smooth and trainers in charge of students do not closely monitor students at practice.
2. Trainers at hospitals do not have sufficient ability to train students.
 - Trainer clinical experience is limited. Trainers do not know how to transfer the knowledge to students, and hospitals and schools have a different teaching plan.
 - The number of clinical trainers and clinical lessons is limited.
3. Training equipment and medical supplies are limited.
 - Hospitals have a shortage of classrooms, libraries, equipment for demonstration, medical equipment and textbooks.
4. Problems with students
 - There are too many students for practice at hospitals and some students do not follow hospital regulations s.
5. Problems on trainers for clinical training

As shown above, the PCM workshop revealed not only a more detailed picture of the issues concerned, but also different aspects from those previously known.¹⁸

3-1-2 Priority Issues in Health Sector of Lao PDR

The Health Strategy to 2020 has emphasized the development of health care through strengthening of the capability of health staff in terms of attitudes, ethics, and technical skills in order to ensure high

¹⁸ See Annex 7-1 to 7-3 for the detailed results of PCM workshop.



quality services. In the Lao Health Master Plan, the human resources development of health care providers is listed as one of the very high priority programs. Furthermore, the NGPES places considerable emphasis on the development of the health sector, especially strengthening and improvement of the quality of health care services in rural areas, ranking the human resources development of health care providers as a priority issue.

3-1-3 Priority Areas of Japanese ODA to Lao PDR

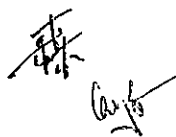
The Japanese government has been supporting the policy of the Lao PDR "to free the country from the status of the least-developed country by the year 2020". Priority areas in the country-specific ODA plan to the Lao PDR are (1) human resources development, (2) cooperation to the basic human needs (including environmental issues), (3) Agriculture and forestry, (4) Infrastructure building and energy development. Among the five priority issues, JICA considers the health sector as one of the targeted areas to achieve "development of an equitable and healthy society". Under these policies, the Japanese government is to provide assistance in capacity development of administration of health service management as well as to improve the quantity and quality of health care providers such as doctors and nurses/midwives at provincial levels. The purpose of this project is, thus, consistent with the Japanese ODA policy to the Lao PDR

3-1-4 Comparative Advantages of Japanese Assistance

JICA's cooperation in the field of human resources development for the nursing/midwifery in the past is focused on technical cooperation by Japan Overseas Cooperation Volunteers (JOCVs) and Senior Volunteers (SVs). JOCVs are working at provincial hospitals, provincial health offices, district hospitals, and Public Health Schools. SVs are mainly supporting capacity development through working at central hospitals (Mahosoth hospital), the College of Health Technology and the Medical Equipment Maintenance Center. Lessons learnt through these experiences will provide the effective ways and knowledge in implementing the Project. In addition, the collaboration and coordination with JOCVs and SVs currently posted in related institutions is considered. This is expected to increase the efficiency of Project implementation. The Project can also utilize lessons learnt from projects on nursing education in other countries, such as Egypt, Honduras and Sri Lanka.

3-2 Problems to be addressed

The Project focuses on establishing a holistic system for human resources development of nursing/midwifery by improving the governmental administration system as well as strengthening the education system for nursing/midwifery in both school education and clinical training. The key issues that need to be addressed are: (1) problems of the governmental administration system, (2) problems of nursing/midwifery education at schools, (3) problems of clinical training at hospitals. The Project takes a comprehensive approach toward these issues which are closely linked.



(1) Problems of the governmental administration system

The current governmental administration system of human resources development for nursing/midwifery has not functioned effectively.

- There is no regulation of nurses/midwives, so the scope of their work, responsibilities, job descriptions and qualifications is not officially defined.
- There is no plan of human resources deployment of nursing/midwifery. PHS accepts more students than the number of designated enrollment and the number of graduates exceeds the number of new recruits.
- Two departments are assigned to deal with human resources development as well as human resources management of nursing/midwifery. The collaboration and coordination between the two departments is insufficient.

As a result, many of the PHS/CHT/NTS graduates, even though they have acquired the necessary skills and knowledge as nurses/midwives, are not given the opportunities to work at public health facilities. And the scope of work for nurses/midwives at health facilities is not standardized.

(2) Problems of the nursing/midwifery educational system : School education at PHS, CHT, NTS

The current nursing/midwifery education system has not functioned effectively, so that the quality of education itself is low. Teachers at the schools do not have the appropriate skills to teach students and their teaching methods are not standardized. The contents of the curriculum are not properly evaluated. Textbooks are not standardized for all schools. And school facilities and teaching equipment and materials are insufficient.

(3) Problems of the nursing/midwifery educational system : Clinical training at hospitals

Hospitals for clinical training do not have a proper system to accept and train students at hospitals. This prevents students from gaining experiences in practical skills. Trainers at hospitals do not have the appropriate skills to train students and their training methods are not standardized. Facilities and training equipment and materials are insufficient at hospitals.

4 PROJECT STRATEGY

In this Project, we aim to improve the quality of human resources of nursing/midwifery and public health service in the Lao PDR through developing governmental administration of nursing/midwifery and strengthening its education system.

4-1 Overall strategy of the Project

The following key strategies are adopted by the Project in order to fulfill its objective.

Strategy A:

The project will take a holistic approach in intervening in the following three key areas for improving human resource development of nursing/midwifery: governmental administration, nursing education at schools and clinical training at hospitals, so that improvement of nursing education and clinical training will directly lead to improvement of health care services at health facilities.

- 1) Improve the governmental administration system at the MOH for human resources development of nursing/midwifery
 - In terms of human resource development of nursing/midwifery, the Project will integrate the administrative function of the DOP and the DOC, and reorganize the roles and responsibilities of assigned personnel.
 - The Project will introduce effective communication mechanisms, such as regular meetings to facilitate the collaboration and coordination and sharing of information between the two departments.

- 2) In order to define the scope of work and qualifications of nurses/midwives, nurse/midwife regulation will be formulated. In order to balance the demand and supply of nurses/midwives, a feasible health manpower plan will be formulated.
 - The Project will scrutinize the legal matters on nursing/midwifery, draft the nurse/midwife regulation and put it into practice.
 - The Project will construct the database for personnel management, establish the information management system and formulate the manpower plan for nursing/midwifery.

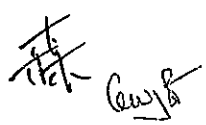
- 3) In order to strengthen the nursing/midwifery education system (both at the model school and model hospital), implement nursing/midwifery education utilizing improved governmental administration system.
 - The Project focuses on pre-service education, especially on the Technical Diploma Nurse/Midwife course which is to bring up the mid-level nurse/midwife.
 - The target group for the technical transfer under the Project is governmental officials at the MOH as well as PHO, teachers and administrators at targeted schools and trainers for clinical training at targeted hospitals.
 - The Project may consider assistance for in-service training for existing nurses/midwives based on mid-term evaluation results.

- 4) Establish the system of collaboration and coordination among stakeholders to facilitate sharing information and exchanging communications.
 - Officials at the MOH take initiatives to enhance collaboration among stakeholders which include five PHS, CHT, NTS and pertinent hospitals for clinical training.

Strategy B :

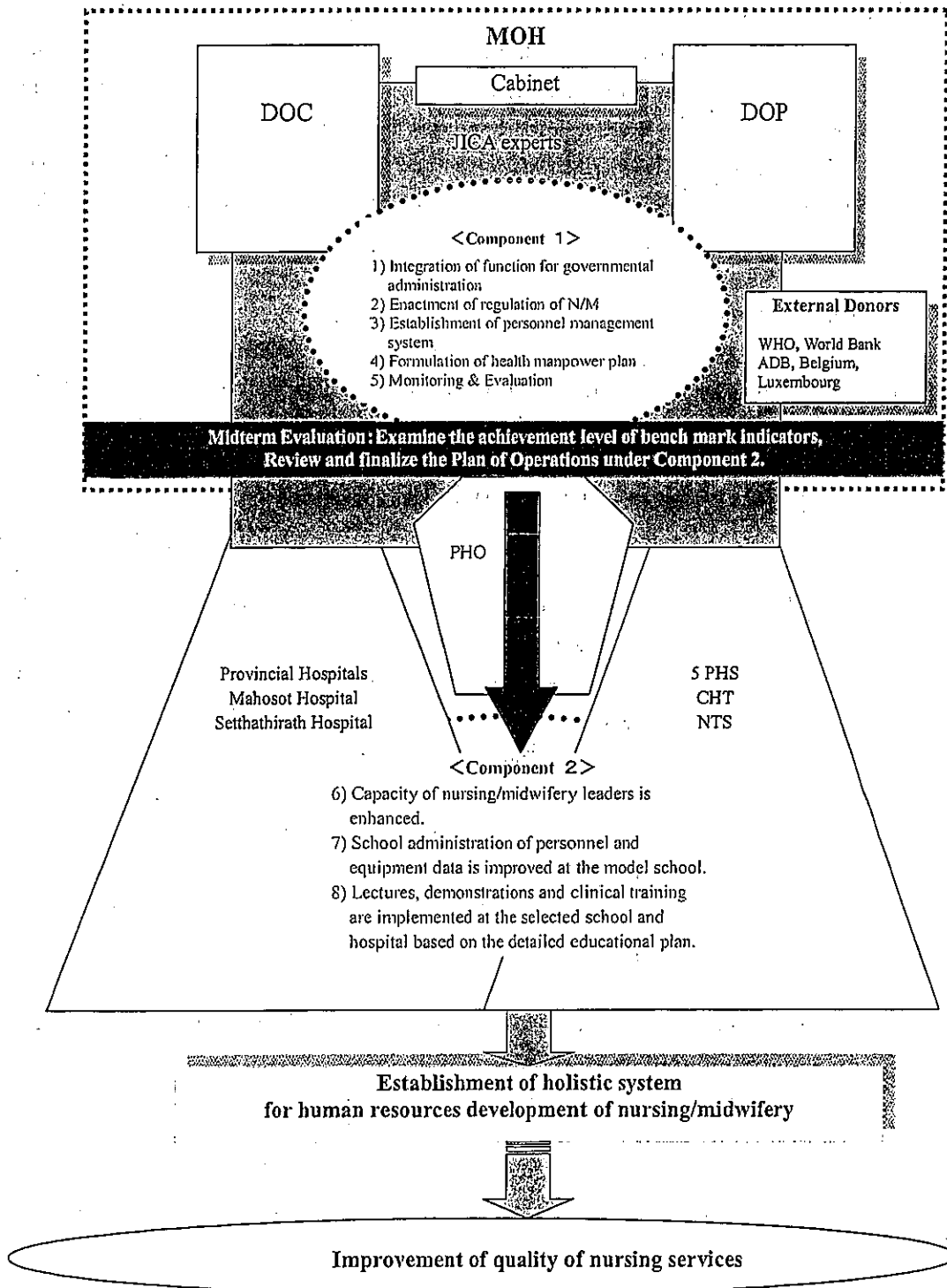
In order to encourage the self-supporting efforts on the Laotian side, the Project will provide assistance in a phased manner by dividing outputs into two components.

- 1) Component 1 aims to establish the effective governmental administration system.
- Five outputs under Component 1 are closely related, so that combination of those outputs enables generation of the expected outcomes under Component 1.
- 2) At the Mid-term evaluation, the achievement level of all outputs under Component 1 are carefully examined. According to the evaluation results, the plan of operations for the latter half of the project period will be modified, if necessary.
- In order to examine the achievement level of Component 1, benchmark indicators, which are set based on the agreement of both the Laotian and Japanese side at the beginning of the Project implementation, will be used.
 - An effective system to monitor the progress of the Project on a regular basis needs to be established.
- 3) Component 2 aims to put into practice effective nursing/midwifery education at the model school and hospital and to ensure that the introduced education system can be replicated at other schools and hospitals.
- The practice of improved nursing education at the model school and hospital is to be shared, and to be enriched through the collaboration mechanism. That will make replication of effective nursing/midwifery education at other nursing schools and hospitals easy and efficient.



4-2 Project Concept Diagram

Figure 2 Project Concept Diagram



Handwritten signature and initials

5 PROJECT DESIGN¹⁹

5-1 Target Area

The target facilities of the Project are five Public Health Schools (PHS), five Provincial hospitals, College of Health Technology (CHT), Mahosoth Hospital, Setthatirath Hospital, Nursing Technical School (NTS) and Vientiane Provincial Hospital. In Component 1, activities concerning the management information system will be implemented in two model provinces selected from those five provinces. Also, activities concerning improvement of the school administration, education and clinical training of the PHS, will be implemented in a model school selected from those five (5) PHSs. So that these provinces are main target areas.

5-2 Target Group

The target group of the Project is officers in central and provincial administration concerned with the Project, teachers and students of five PHS, CHT, and NTS, and instructors of five provincial hospitals, Mahosoth Hospital and Setthatirath Hospital. The total number of the target group is estimated to be 1,600. Among those, students, teachers and administrators at the model school as well as trainers of the model hospital will be the focus of the second half of the project period.

5-3 Project Purpose

The duration of the Project is five years from 2005 to 2010. The expected outcome of the Project is described as follows: a solid foundation of governmental administration for nursing/midwifery has been established; as such, regulation of nursing/midwifery is established and implemented, and the health manpower plan for nursing/midwifery is formulated utilizing the information management system. Effective nursing education has been put into practice at model school and hospital.

- Project Purpose The basis for development of nursing/midwifery personnel is improved, and nursing/midwifery education system is strengthened.
- Indicators
 - 1-1 Number of qualified nurses/midwives graduated from the model school
 - 1-2 Rate of nurses/midwives in the model hospital who work according to the regulation for nurses/midwives at the model hospital.

Indicator 1-1 : Number of qualified nurses/midwives graduated from the model school

This indicator is to quantitatively examine the achievement level of the Project Purpose by the number of those nurses/midwives who has acquired a satisfactory level of knowledge and skills at the time of graduation from the model school.

Indicator 1-2 : Proportion of nurses/midwives in the model hospital who are working according to the regulation for nurses/midwives at the model hospital.

¹⁹ See Annex -9 for PDM and Annex-10 for Plan of Operation (PO)



The Project is expected to contribute to establishing a solid foundation of governmental administration for nursing/midwifery. Therefore, this indicator is to qualitatively examine whether the regulation of nurse/midwife, that is expected to be developed and implemented during the project period, is effective at hospitals and whether nurses/midwives work according to the regulation.

5-4 Overall Goal

The Overall Goal states the desirable situation, or the positive impact, which is expected as a result of achieving the Project Purpose.

Overall Goal The holistic system for development of nursing/midwifery personnel is established.

Indicators 1-1 Number of nurses/midwives trained by the project-trained trainers for clinical training
1-2 Employment rate of graduates from the Public Health Schools, College of Health Technology, and Nursing Technical School in Vientiane

It is expected that the Overall Goal of the Project will be attained if the Project Purpose is achieved, provided that the following external conditions are met; the government does not drastically change the national health policy, health manpower plan for nursing/midwifery is implemented, and the financial condition of the MOH does not deteriorate.

5-5 Outputs and Activities

Eight Outputs of the Project are divided into two components. Activities of the Project are divided into two components. Component 1 consists of five Outputs focusing on the improvement of governmental administration for nursing/midwifery that are mainly to be implemented in the first half of the project period. The component 2 consists of three Outputs focusing on strengthening nursing/midwifery education that are to be implemented after the mid-term evaluation. Table 5 shows all the Outputs to be achieved by the Project.

Table 5 Project Purpose and Outputs by each component

Project Purpose: The basis for development of nursing/midwifery personnel is improved, and nursing/midwifery education system is strengthened.		
<Component 1> Improvement of Governmental Administration for Nursing/Midwifery	Mid-term Evaluation	<Component 2> Strengthening of Nursing/Midwifery Education through practices at the Model School and Model Hospital
1) Functions of governmental administration of nursing/midwifery for clinical and human resources development are integrated. 2) Regulation for nurse/midwife is	* Achievement level of each output under Component (1) will be examined with	6) Capacity of nursing/midwifery leaders is enhanced. 7) School administration of personnel and equipment data is improved at the model school.

<p>established and implemented.</p> <p>3) Information management system (IMS) for human resources in nursing/midwifery is strengthened by utilizing database.</p>	<p>reference to the bench mark indicators</p>	<p>8) Lectures, demonstrations and clinical training are implemented at the selected school and hospital based on the detailed educational plan.</p>
<p>4) Feasible health manpower plan for nursing/midwifery is formulated.</p>	<p>* Activities for Outputs 6~8 will be reviewed and revised if necessary.</p>	
<p>5) Project monitoring and evaluation are implemented for effective management.</p>		

At the midterm evaluation, achievement level of all Outputs will be reviewed, however, the evaluation will focus on the achievement level of five Outputs under Component 1. The result of midterm evaluation will serve as the basis to determine whether the Project will proceed into Component 2 as it is originally planned, or some alternative plan is applied, (such as to focus more on clinical training or school education, etc.) Benchmark indicators will be used to evaluate the governmental administration system for nursing/midwifery.

The five outputs under component 1 are interrelated, and are expected to be achieved in the following operational sequence. At the early stage of project implementation, the function of public administration of nursing/midwifery for clinical training and pre-service education will be integrated. To facilitate this process, personnel from the DOC and the DOP will be recommended to work together in the same project office (Output 1). The personnel, with the support from the Project, will also draft the nurse/midwife regulation and facilitate processing for its enactment (Output 2). Then, the database of information management system for personnel management is constructed and will be utilized by the administrative personnel (Output 3). A realistic and practical health manpower plan will be formulated utilizing reports generated by the information management system (Output 4). The Project will regularly monitor the progress of these activities based on the Plan of Operation (Output 5).

5-5-1 Component 1: Improvement of Governmental Administration

Output (1):

Functions of governmental administration of nursing/midwifery for clinical training and human resources development are unified.

Under Output (1), personnel of the DOC in charge of clinical training at hospitals, and personnel of the DOP in charge of school education at PHS/CHT/NTS will work together in terms of development and management of human resources for nursing/midwifery. In order to develop human resources of nursing/midwifery, it is necessary to integrate the functions of both departments, to share information smoothly and to establish a system for good collaboration between both departments.

Handwritten signature and initials

Activities:

- 1-1 Analyze the tasks of governmental administration for nursing/midwifery in clinical and human resources development (HRD)
- 1-2 Identify the tasks required in the administration of nursing/midwifery in clinical and HRD
- 1-3 Assign the project activities to the CPs
- 1-4 Execute the activities as assigned
- 1-5 Organize the consulting meetings to promote the collaboration between PHS/CHT/NTS and hospitals for clinical training
- 1-6 Work as a team in the Project Office to enhance the collaboration
- 1-7 Consider the tasks and staffing of proposed structure
- 1-8 Document the results of activity (7), and submit the official request for realizing the proposed structure

Indicators to monitor the achievement of Output (1) are: the number of personnel assigned to the proposed structure, the contents of document for job description of personnel assigned to the proposed structure and the frequency of regular meetings and the contents of minutes of the meetings.

Output (2):

Regulation for nurse/midwife is established and implemented.

Under Output (2), the Project will conduct studies and surveys to collect information on current regulations of nursing/midwifery. A working group will be set up to draft the Regulation of nursing/midwifery. Separately, the Regulation committee will also be formed to examine and to scrutinize the draft of the regulation. Ultimately, the draft of the regulation will be enacted and be familiar to all those concerned. Output (2) consists of the 13 activities shown below.

Activities:

- 2-1 Collect/classify the information and data on current regulation for nursing/midwifery.
- 2-2 Form the working group to formulate the regulation
- 2-3 Working group discusses the framework of regulation and prepares the outline
- 2-4 Confirm the process of enactment
- 2-5 Study and collect the information on formulation of the regulation
- 2-6 Form a regulation committee to formulate the regulation
- 2-7 Regulation committee discusses/examines/agrees on the outline of the regulation
- 2-8 Draft the contents of the regulation
- 2-9 Linguistically scrutinize and verify the draft regulation
- 2-10 Submit the draft of the regulation to the regulation committee for approval
- 2-11 Regulation committee examines and approves the draft regulation
- 2-12 Proceed for authorization and implementation of the regulation
- 2-13 Disseminate the implemented regulation to all concerned by organizing meetings

Indicators to monitor the achievement of the Output (2) are: the draft of the regulation for nurses/midwives (such as job frame, title-qualification, classification and job description, etc.) is approved by the regulation committee, enactment of the regulation.

Output (3)

Information Management System (IMS) for human resources in nursing/midwifery is strengthened by utilizing database.



Under the Output (3), the working group to establish IMS will be formed. Trainings of IMS are to be conducted to those who will utilize IMS in the concerned departments under the MOH and selected provincial health offices on a trial basis. The utilization level of IMS is regularly monitored to make sure that the IMS is firmly established as a built-in self-help system for management of health personnel. Output (3) consists of the eight activities below.

Activities:

- 3-1 Organize the working group to develop the IMS
- 3-2 Study the current situation of the IMS for human resources in nursing/midwifery at the MOH
- 3-3 Consider the purpose/method/data items to be included in the IMS
- 3-4 Prepare the detailed design and construct the IMS
- 3-5 Make the training plan for the IMS (MOH, 2 Model Provincial Health Offices)
- 3-6 Conduct the training for the IMS (MOH, 2 Model Provincial Health Offices)
- 3-7 Implement the IMS (MOH, 2 Model Provincial Health Offices)
- 3-8 Monitor the progress (MOH, 2 Model Provincial Health Offices)

Indicators to monitor the achievement of the Output (3) are: constructed system and manuals, the number of trained personnel for operating the IMS for human resources in nursing/midwifery, nursing/midwifery personnel records generated by IMS (number, content and frequency of data updates). Output (3) serves to create the enabling environment for Output (4), so that the achievement level of Output (3) can also be evaluated by the achievement of Output (4).

Output (4)

Feasible health manpower plan for nursing/midwifery is formulated.

Output (4) aims to formulate the health manpower plan by fully utilizing the IMS established under Output (3). First, the study is conducted to collect data on current deployment plan for nurses/midwives and other pertinent information. In collaboration with concerned departments, the draft plan of health manpower plan is to be prepared for the years from 2011 to 2015. Training is also offered to those in charge of these issues. Output (4) consists of the seven activities below.

Activities:

- 4-1 Study the current status of health manpower plan at the MOH
- 4-2 Collect the data on activities of other donors in regard to health manpower plan (such as WHO)
- 4-3 Monitor the current deployment of nurse/midwifery by utilizing the implemented IMS
- 4-4 Feedback the findings of monitoring to concerned Departments of the MOH
- 4-5 Conduct the training for formulation of health manpower plan
- 4-6 Prepare the draft of feasible health manpower plan for nursing/midwifery for the years 2011-2015 utilizing the IMS
- 4-7 Submit the final draft of feasible health manpower plan for nursing/midwifery for the years 2011-2015

The Indicator to monitor the achievement of Output (4) is formulation of health manpower plan for nursing/midwifery for the years 2011 to 2015.

Output (5)

Project monitoring and evaluation are implemented for effective management.

As explained in the previous parts, five Outputs under Component 1 are closely related, and their achievement levels will be enhanced if each output is accomplished with the expected sequence of operation. Thus, Output (5) is to monitor the progress against the plan for effective management of the Project. In combined effort with counterpart personnel, it is required that the monitoring results of the project will be completed and submitted to the JICA Laos Office. Output (5) consists of the five activities below.

Activities:

- 5-1 Prepare the format of the monitoring and evaluation (M/E) report
- 5-2 Conduct M/E
- 5-3 Prepare M/E report
- 5-4 Report the result of M/E to the Joint Coordinating Committee
- 5-5 Revise the Plan of Operation reflecting the result of the evaluation

The indicator to monitor the achievement of Output (5) is the number of cases of changes in project activities as a result of monitoring and evaluation.

5-5-2 Evaluation of the achievement level of Component 1 at the midterm evaluation

Achievement levels of five outputs under Component 1 will be carefully examined at the midterm evaluation. (tentatively scheduled in October, 2007). The benchmark indicators shown below, set out at the beginning of the Project based on the agreement by both the Lao and Japanese sides, will be applied.

Benchmark Indicators

- 1-3 Frequency of regular meetings and the contents of minutes of the meetings
- 2-1 Draft of regulation for nursing/midwifery (such as job frame, title-qualification, classification, job description, etc.) is approved by the regulation committee.
- 2-2 Enactment of the regulation
- 3-1 Constructed system and manuals
- 3-2 The Number of trained personnel for operating the IMS for human resources in nursing/midwifery
- 3-3 Nursing/midwifery personnel records generated by IMS (number, content, frequency of data updates)

If it is confirmed that achievement levels of Component 1 is satisfactory fulfilling the targeted levels of benchmark indicators, and if it is ensured that the governmental administration system is duly improved, the focus will be shifted to the three Outputs under Component 2. It is also examined whether the focus of nursing/midwifery education should be put on either the school education, or on the clinical training. Project activities may be modified according to the result of the midterm evaluation.

5-5-3 Component 2 : Strengthening of Nursing/Midwifery Education

Output (6)

Capacity of nursing/midwifery leaders is enhanced.

Output (6) aims to enhance the capacity of nursing/midwifery teachers and trainers. Training for the teachers and trainers would have started at the earlier stage of the project implementation, so that the trained teachers and trainers are assigned to the model school and hospital to train other trainers after the midterm evaluation. Output (6) consists of the four activities below.

Activities:

- 6-1 Conduct the training for administrators in nursing/midwifery
- 6-2 Conduct the training for nursing/midwifery education
- 6-3 Conduct the training for clinical trainers
- 6-4 Evaluate the conducted training

Indicators to monitor the achievement of Output (6) are: the number of leaders who completed the training of (1) administration for nursing/midwifery, (2) nursing/midwifery education, and (3) clinical training.

Output (7)

School administration of personnel and equipment data is improved at the model school (MS).

Output (7) aims to establish the effective system to manage the personnel and equipment data at the model school. The database itself and the process to establish the IMS as developed under Output (3) will be replicated. Output (7) consists of the five activities below.

Activities:

- 7-1 Conduct survey on current situation of personnel (number of students, number of teachers, etc.) as well as equipment.
- 7-2 Design the required database (number of students, teachers, enrollments, graduates, employed, training materials and books), construct the database for personnel equipment management and implement it.
- 7-3 Conduct the training to operate the system.
- 7-4 Utilize the developed system.
- 7-5 Supervise /monitor the progress of utilization.

Indicators to monitor the achievement of Output (7) are the state of the constructed system and manuals, the number of trained personnel for operating the personnel and equipment data in nursing/midwifery, personnel and equipment data generated by the system (the number, content, and frequency of data updates).

Output (8)

Lecture, demonstration and clinical training are implemented at the model school and hospital based on the detailed educational plan.

Output (8) aims to implement the effective education in the model school and hospital. In this respect, the Project clarifies problems of PHS, CHT and NTS as well as hospitals by conducting studies during the first half of the project period. Reflecting findings of these studies, the program of the effective education system should be carefully constructed with active participation of concerned teachers and

trainers.

Activities:

- 8-1 Conduct training for teachers at PHS.
 - 8-1-1 Clarify the problems of nursing/midwifery education through survey on the PHS and the clinical training hospital
 - 8-1-2 Assess and prioritize the training needs
 - 8-1-3 Confirm the priority and training contents
 - 8-1-4 Prepare the training plan (including teaching materials)
 - 8-1-5 Conduct the training

- 8-2 Select the model school
- 8-3 Prepare the syllabus to be used at the model school
- 8-4 Conduct the training for teachers on preparation of lecture plan
- 8-5 Conduct the training for teachers on teaching methodologies
- 8-6 Conduct lectures / practices according to the syllabus

- 8-7 Strengthen the system of the clinical training at the hospital
 - 8-7-1 Appoint the coordinator of clinical training at the PHS (MS)
 - 8-7-2 Appoint the trainers of clinical training at the clinical training hospital (MS)
 - 8-7-3 Promote the collaboration /cooperation between the PHS (MS) and the clinical training hospitals (MS)
 - 8-7-4 Conduct the clinical training at model ward of the clinical training hospital (MS) according to the syllabus

Indicators to monitor the achievement of Output (8) are: syllabus of the model school, availability of students' clinical performance evaluation sheets, and score of evaluation on student's clinical performance.

It is expected that the Project Purpose will be fulfilled if all the activities under the above eight Outputs are successfully conducted, provided that "Health manpower plan for nursing/midwifery is authorized by the government", "The number of enrolled students of Public Health Schools and College of Health Technology does not exceed the quota" and "Regulation for nursing/midwifery is authorized by the Minister of Health without undue delay".



5-6 Inputs

Inputs required for the implementation of the Project are summarized in Table 6.

Table 6 Planned Inputs

Lao Side (Tentative)	Japanese Side (Tentative)
<p>Counterparts</p> <p>Director of Cabinet Director, Dept. of Organization and Personnel(DOP) Deputy Chief, Division of Education and Training, DOP Chief, Division of Nursing, Dept. of Curative Medicine 1 person from DOP 1 person from DOC 1 person from College of Health Technology</p> <p>Following two counterparts will be added when the Project proceeds into Component (2) 1 person from model school 1 person from model hospital</p>	<p>Experts (Long-term)</p> <p>Chief Advisor Coordinator Technical experts in Nursing Education Experts (Short-term) in the field of: Nursing Management, Nursing Education, Legal Matters (in Nursing/Midwifery) Information Management System (on HRD) Monitoring and Evaluation</p> <p>Training in Japan Nursing Administration Nursing Management Nursing Education</p>
<p>Facilities</p> <p>Land for training facilities</p>	<p>Provision of Equipment and Materials</p> <p>Training equipment and materials for nursing/midwifery Vehicle Office equipment Audio visual equipment, etc.</p>
<p>Local Cost</p>	<p>Local cost</p> <p>Cost for developing teaching materials/textbooks Survey expenses for monitoring/evaluation Renovation expense for the Project Office</p>

Human resource inputs from the Japanese side include three long-term experts: Chief Advisor, Project Coordinator, and Technical Expert on Nursing Education (to be dispatched from the second year), and short-term experts in the fields of Nursing Management, Nursing Education, Legal Matters, Information Management System and Monitoring and Evaluation. There is no facility for seminars and workshops for construction of collaboration system and the Lao side requests the Japanese side to construct a facility for project management and seminars/workshops.

5-7 Important Assumptions and Risk Analysis

Important assumptions for Project's success are summarized in the PDM (Annex 9), and the Risk Analysis concerning these assumptions is presented in Table 7.

Table 7 Risk Analysis

Risks	Possible Risk Mitigation Measures
<p>From Project Purpose to Overall Goal:</p> <ol style="list-style-type: none"> 1. Health Policy is drastically changed by the government. 2. Health manpower plan for nursing/midwifery is not implemented. 3. Financial condition of the MOH deteriorates. <p>Implication:</p> <p>⇒ 1. The improvement of governmental administration system for human resources of nursing/midwifery will be stagnated.</p> <p>⇒ 2. Nurses/midwives are not posted to health facilities properly.</p> <p>⇒ 3. The budget of PHS as well as hospitals for clinical training is cut.</p>	<ol style="list-style-type: none"> 1) Maintain close communication with counterparts and propose measures to minimize the negative impact of the drastic change of health policy on the Project activities. 2) Review the process of implementation of health manpower plan and cope with inhibiting factors. 3) Discuss and implement the possible measure for cost curtailment for PHS/CHT/ NTS and targeted hospitals.
<p>From Outputs to Project Purpose:</p> <ol style="list-style-type: none"> 1. Health manpower plan for nursing/midwifery is not authorized by the government. 2. The number of enrolled students of PHS/CHT/NTS exceeds the designated maximum number. 3. Authorization of the regulation of nursing/midwifery is delayed. <p>Implication:</p> <p>⇒ 1. Nurses/midwives will not be posed properly.</p> <p>⇒ 2. Improvement of the quality of education at PHS/CHT/NTS becomes difficult.</p> <p>⇒ 3. Job description of nurses/midwives is not clarified and it becomes difficult to execute the nursing/midwifery education properly.</p>	<ol style="list-style-type: none"> 1) Review the inhibiting factors of approval and make every effort to the authorization thinking of circumstances of the Lao side. 2) Advocate the importance of maintaining the designated number of enrollment to each PHS/CHT/NTS at the regular consulting meetings and seminars. 3) Review the process of the authorization of regulation for nurses/midwives and cope with inhibiting factors.
<p>From Activities to Outputs:</p> <ol style="list-style-type: none"> 1. Counterparts are transferred. 2. Trainers of nursing/midwifery in PHS and hospitals for clinical training who received trainings by the Project do not continue working as trainers. 3. Provision of salary, equipment, and consumables to the model school and model hospital by administration has been interrupted. 4. Doctors at hospitals for clinical training are not cooperative to the Project. <p>Implication:</p> <p>⇒ 1. Continuity of the activities is impaired and the activities will not be implemented effectively.</p> <p>⇒ 2. As for development of human resources of nurses/midwives, the outcome of the project may not be shared effectively.</p> <p>⇒ 3. At model school and model hospital for clinical training, education of nurses/midwives is not implemented smoothly.</p> <p>⇒ 4. Clinical training of nurses/midwives is interrupted.</p>	<ol style="list-style-type: none"> 1) Obtain mutual agreement with Lao authorities to avoid the transfer of counterparts to other assignments during the project period. 2) Impart the importance of continuous service of trainers at the regular consulting meetings and seminars. 3) Regularly alert the MOH and PHO on the matter and to make an effort to improve administration of model school. 4) Hold consulting meetings and seminars involving doctors of the model hospitals and to enable them to understand more about the Project.

In the PDM, the risks the project faces are listed under the column "Important Assumption". They are written in positive terms, because by definition Important Assumptions in the PDM are the conditions

required for the success of the project but that exist outside of the project. While it is described in different phrases, the issues covered are the same as the risks presented above.

Aside from the risk factors presented in Table 7, the following points need to be monitored throughout the project period as they may influence the Project.

1) Commitment of the government of the Lao PDR to achieve the Component 1

In order to achieve Outputs under Component 1, the strong commitment of the Lao PPDR. would be critical as issues to be dealt with have various conceivable ramifications in the process of enactment of the regulation and health manpower plan. Therefore, it is imperative to maintain strong cooperation through close communication with counterparts.

2) Influence of external donor's assistance toward the human resources development of nursing/midwifery

As explained in 2-5 of Chapter 2, many external donors have been assisting to the field of human resources development of health care providers. It is recommended that the Project maintain the regular contacts and information exchange with WHO, the Luxemburg Development Agency, and other donors as the progress of their activities may generate synergy effects.

3) Roles and responsibilities of stakeholders in relation to the logistic support of collaboration mechanism

The planned activities involve various stakeholders both central and provincial levels. Inputs of long-term experts from the Japanese side will include Chief Advisor, Project Coordinator, and Technical Expert on Nursing Education (to be dispatched from the second year), and also their counterparts are in both central and provincial levels. So that it is important to establish collaboration with these stakeholders as for the logistics support system.

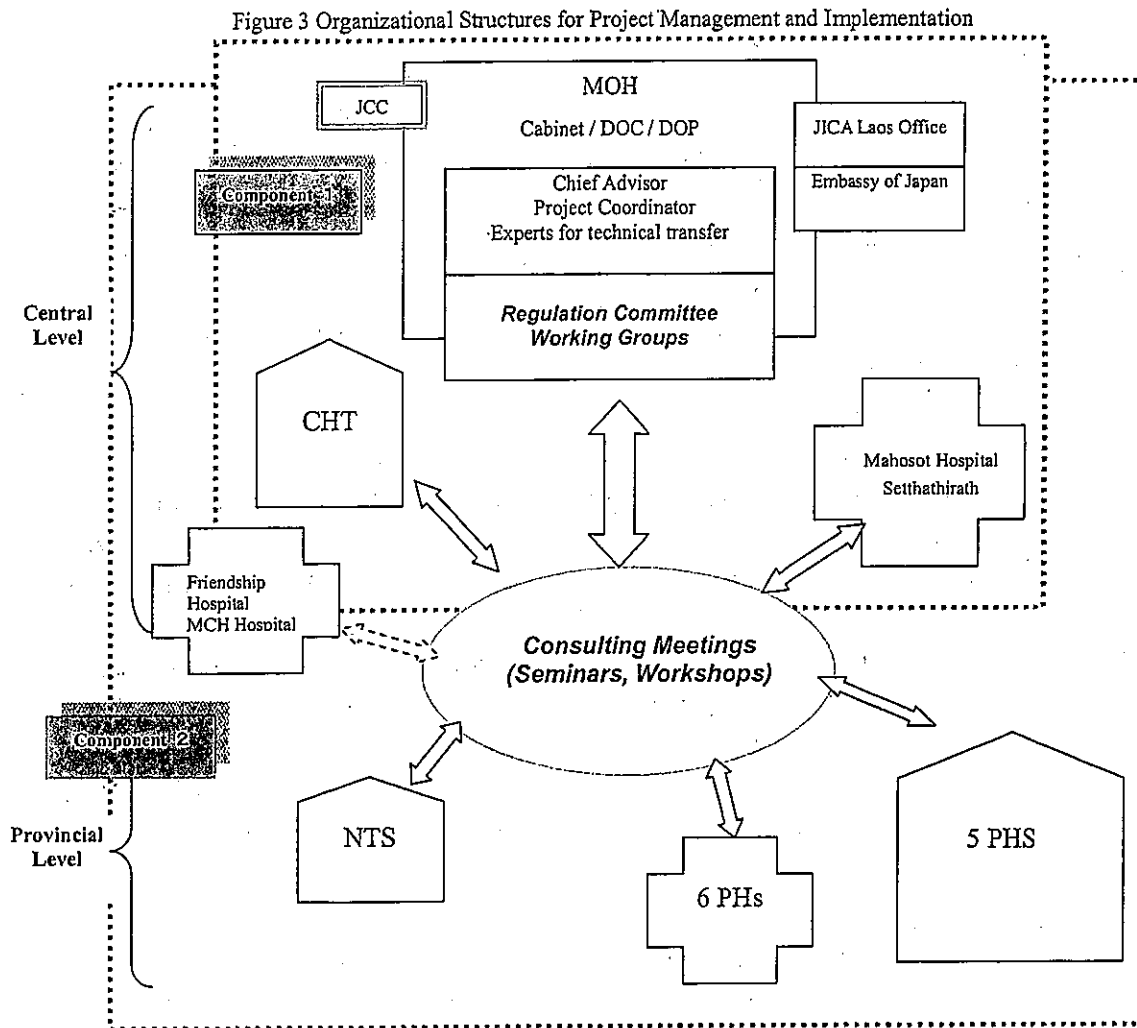
5-8 Pre-Conditions

The Project sets the pre-condition as "Counterparts are assigned as planned."

[Handwritten signature]

5-9 Organizational Structure for Project Management and Implementation

The organizational structure of project management and implementation is presented in Figure 3.



The Project activities will be conducted at the MOH and will focus on governmental administration under Component 1. The Project Director (Director of Cabinet) and the Deputy Director (Director of the DOP) will bear the overall responsibility of the project implementation. They are to manage and control the operation of the Project, in consultation with those concerned at the MOH, the JICA Laos Office, and the Embassy of Japan, and in collaboration with Japanese experts. Project Managers (Deputy Chief, Division of Education and Training, DOP, and Chief, Division of Nursing, DOC) are responsible for project implementation, and will conduct project activities together with Japanese experts and other Laotian officers.

[Handwritten signature]

6 EX-ANTE ASSESSMENT

6-1 Relevance

Consistency with the development policy of Lao PDR

The Health Strategy to 2020 has emphasized an enhanced health care system through strengthening of the capability of health staff in terms of attitudes, ethics, and technical skills in order to ensure high quality services. In the Lao Health Master Plan, the human resources development of health care providers is listed as the one of the high priority programs. Furthermore, the NGPES ranks the capacity development of health care providers such as nurses/midwives as a high priority. The Project supports these policies of the Lao PDR by setting objectives for human resources development of nursing/midwifery that takes a major role to improve the health care services at the primary and secondary level health facilities.

National and local needs

In order to improve the quality of health care service, it is imperative to focus on the human resources development for nursing/midwifery. Special consideration should be made to the existing nurses/midwives who are not properly posted to health facilities and are a workforce without a feasible manpower plan.

The Project first aims to improve the governmental administration system of human resources development for nursing/midwifery, then to strengthen the nursing/midwifery education system. Ultimately, the Project will provide assistance to produce qualified nurse/midwives as well as to create an enabling environment so that those qualified nurses/midwives can be utilized as a workforce at health facilities at various levels. In this context, the Project is consistent with the national and local needs.

Consistency with Japanese ODA policy

The country-specific ODA plan toward the Lao PDR sets up cooperation to basic human needs in order to achieve "development of an equitable and healthy society". The Japanese government has adopted the strategy to provide assistance in capacity development of administration of health service management as well as to increase the quantity and quality of health care providers such as doctors and nurses/midwives at the provincial level. The purpose of this Project is, thus, consistent with the Japanese ODA policy to the Lao PDR.

6-2 Effectiveness

The effectiveness of the Project is likely to be high in that it combines all of the necessary components from human resources development to human resources management comprehensively. In addition, the Project also takes an innovative approach in monitoring progresses by setting the midterm evaluation as the key milestone to move into the second half of the Project. This approach aims not only to bring out the self-supporting efforts of the Laotian side, but also to make the project management even more

effective by setting midterm goals (outputs) in a phased manner under the two components.

6-3 Efficiency

In the human resources development of nursing/midwifery, WHO has been assisting the formulation of a health manpower plan as well as the development of a curriculum. Also, the Luxemburg Development Agency has been assisting the Nursing Technical School (Vientiane Province) and Vientiane Provincial Hospitals in the form of technical and financial support. The Project will proceed in collaboration with these external donors. Since 2003, the Japanese government has been renovating five public health schools and the College of Health Technology by way of a grant aid project. Renovation of such facilities will facilitate the improvement of school management and educational environment. Japan Overseas Cooperation Volunteers (JOCVs) and Senior Volunteers (SVs) are now assigned to CHT, PHS and hospitals for clinical training. They work in collaboration with a Japanese expert on nursing education to improve the quality of nursing services through nursing seminars, etc. The Project will continue the collaboration with those JOCVs and SVs to efficiently expand the scope of activities.

6-4 Impact

Prospect of impact in the socioeconomic aspects (policy, institution, culture, and economy)

Implementation of this Project will lead to improvement of the management and of the education of nurses/midwives. Also, educated nurses/midwives will be posted to the health facilities based on the health manpower plan. As a result, people can receive high-quality health care services even at provincial, district, and community levels. It will help people to recognize the roles of nurses/midwives as professional health care providers, and it will encourage nurses/midwives themselves to enhance their willingness to serve as well as to boost their work ethic.

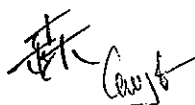
6-5 Sustainability

Institutional Sustainability

The Project covers the field of governmental administration as well as school education and clinical trainings and thus sustainability of the Project could be high. Also, the Project plans to establish an effective collaboration and coordination mechanism among those stakeholders including government officials at the DOP and DOC, administrators and teachers at PHS, CHT and NTS and the trainers at hospitals by holding meetings and consulting seminars on a regular basis. If such a mechanism continues even after the termination of the Project, the sustainability in terms of institutional capacity will be enhanced.


Policy

In the Health Strategy to 2020 and the NGPES, development of nursing/midwifery personnel is listed as one of the high priority programs. So that it could be said that after the end of the Project, political support will continue.



Financial Conditions

It was pointed out by the previous studies that some PHS have accepted more students than the designated number in order to finance schools operation by way of tuitions. Thus, implementation of the health manpower plan will cut the budget of the PHS temporarily.

A handwritten signature in black ink, appearing to be 'Ceyth' or similar, with a stylized initial or mark to the left.

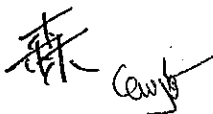
7 REFERENCE DOCUMENTS

#	Document Title	Year	Author / Publisher
1	Report on Nursing Management Workshop in Lao PDR	November 2003	Senior Volunteers, Japan Overseas Cooperation Volunteers
2	Report on Basic Study on the Project for Improvement of Facilities of the Training Institutes in Lao PDR"	March, 2004	JICA Pacific Consultants Co. Ltd.,
3	Summary of Nursing Seminar in Champasack and Luangprabang Province	July, 2004	Noriko Mochizuki Japanese Expert on Nursing Education
4	Study Result of Employment Status for Nursing Students in Lao PDR	September 2004	Noriko Mochizuki Japanese Expert on Nursing Education
5	Summary Report on First Preparatory Study for Human Resources Development of Nursing/Midwifery in Lao PDR	November 2004	Kaoru Tanno Mission member of First Preliminary Study
6	Status Report on Human Resources Development of Nursing/Midwifery in Lao P.D.R. (Draft)	November 2004	Nobuko Takaoka Mission member of First Preliminary Study
7	Monthly Progress Report on the Project for Improvement of Facilities of the Training Institutes in Lao PDR"	February 2005	Pacific Consultants Co. Ltd.,
8	Summary Report of Technical Cooperation	March 2005	Dr. Tomoaki Miyoshi Japanese Expert on Medical Cooperation Planning
9	Overviews of Health Sector in Lao PDR, 2005 (Attached Documents)	March 2005	Dr. Tomoaki Miyoshi Japanese Expert on Medical Cooperation Planning
10	National Growth and Poverty Eradication Strategy (NGPES)	January 2004	Lao People's Democratic Republic
11	Strategic Directions for Strengthening Nursing and Midwifery Services	2002	World Health Organization

Handwritten signature/initials

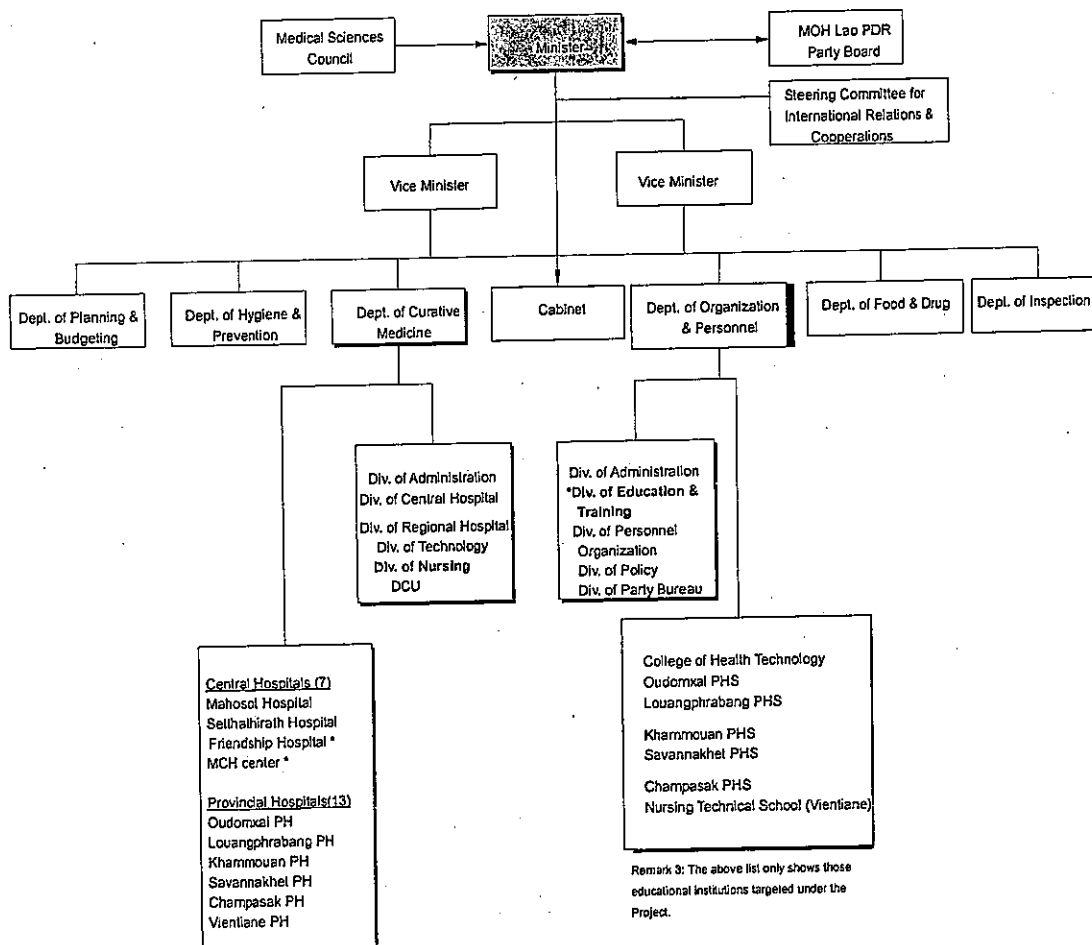
8 ANNEXES

- Annex 1 Organization Chart of the Ministry of Health
- Annex 2-1 History of Nursing/Midwifery Education
- Annex 2-2 History of Nursing/Midwifery Education by Educational institution
- Annex 3 Overviews of Educational Institutions for Nursing/Midwifery, Administrations (number of staff), Outline of Currently Offered Training Courses
- Annex 4-1 Curriculum for Bachelor Nurse (Continuing Education Course)
- Annex 4-2 Curriculum for Diploma Nurse/Midwife Technicians
- Annex 4-3 Curriculum for Primary Health Care Worker
- Annex 5-1 Overviews of Medical Services of Hospitals for Clinical Training
- Annex 5-2 Coordination system on Clinical Trainings between Educational Institutions and Hospitals
- Annex 6 List of Donor's Assistance to the Human Resources Development in Health Sector
- Annex 7-1 Member List for Group Discussion of PCM Workshop
- Annex 7-2 List of Problems Identified through Group Discussion
- Annex 7-3 Solutions for Identified Problems
- Annex 8 Project Design Matrix (PDM0)
- Annex 9 Plan of Operation (PO)

A handwritten signature in black ink, appearing to be 'Cawb' or similar, is written over the list of annexes.

Organization Chart: Ministry of Health

Annex -1



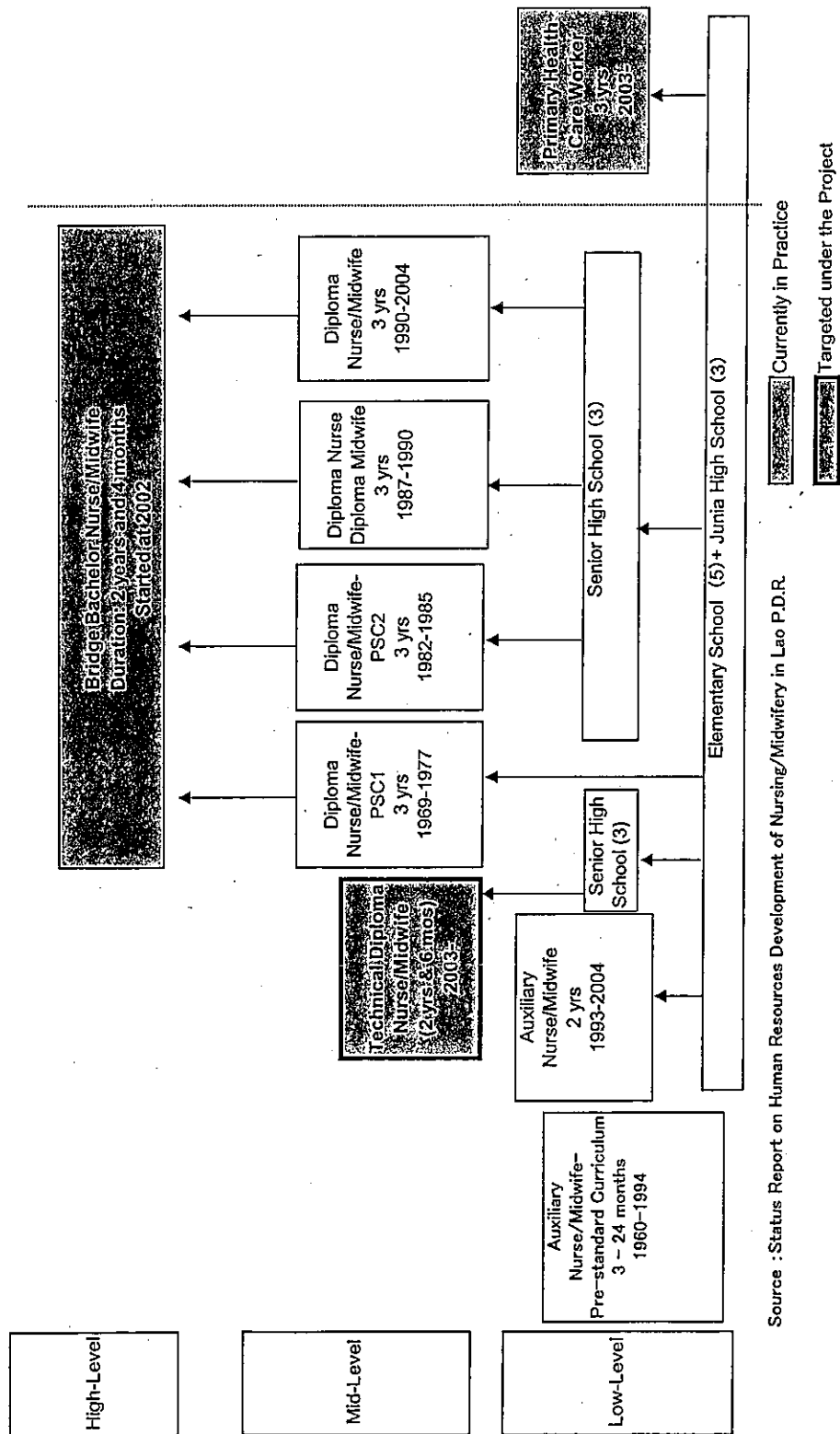
Remark 1: Number in parentheses indicates the number of hospitals of the same category. Among those, hospitals targeted under the Project are listed the above.

Remark 2: Hospitals with (*) mark indicates such hospitals that are not directly targeted under the Project but they are expected to attend the consulting seminar to share and exchange information and comments.

Remark 3: The above list only shows those educational institutions targeted under the Project.

[Handwritten signature]

History of Nursing/Midwifery Education



Source : Status Report on Human Resources Development of Nursing/Midwifery in Lao P.D.R.

Handwritten signature/initials

History of Nursing/Midwifery Education by educational institutions
(including currently designated number of students and actual number of students)

Type of institutions	Name of Institutions	Training Courses	Started	Closed	Designated number	Actual number	2000	2001	2002	2003	2004	2005	2006	Remarks	
Public Health Schools	Louangphrabang	Auxiliary Nurse/Midwife - PSC	1967	1994	40(20)	94								Up to 1994, training course for medical assistant was offered.	
		Auxiliary Nurse/Midwife	1993	2004	60(30-40)	65									
		Technical Diploma Nurse/Midwife	2003			49									
		Primary Health Care Worker	2003		50	0									
	Savannakhet	Auxiliary Nurse/Midwife - PSC	1967	1994											Up to 1994, training course for medical assistant was offered.
		Auxiliary Nurse/Midwife	1993	2004	40(20)	125									
		Technical Diploma Nurse/Midwife	2003		60(30-40)	133									
		Primary Health Care Worker	2003		30	30									
	Champasak	Auxiliary Nurse/Midwife - PSC	1967	1994		45	0								
		Auxiliary Nurse/Midwife	1993	2004	40(20)	150									Up to 1994, training course for medical assistant was offered.
		Technical Diploma Nurse/Midwife	2003		60(30-40)	105									
		Primary Health Care Worker			30-40	0	0								
Oudomxai	Auxiliary Nurse/Midwife - PSC	19xx	1994												
	Technical Diploma Nurse/Midwife			60(30-40)										In 2003, it was upgraded to PHS	
	Primary Health Care Worker	2003		40	40										
	Auxiliary Nurse/Midwife - PSC	197x	1994	40	90										
Khammouan	Auxiliary Nurse/Midwife	1993	2004												
	Technical Diploma Nurse/Midwife	2003		60(30-40)	120									In 2003, it was upgraded to PHS	
	Primary Health Care Worker			30-60	0										
	Auxiliary Nurse/Midwife - PSC	19xx	1994											Since 2002, supported by Luxembourg Development	
Nursing Technical School (Vientiane Province)	Auxiliary Nurse/Midwife	1993	2002	25	25										
	Technical Diploma Nurse/Midwife	2004													
	Diploma Nurse/Midwife - PSC1	1989	1977											* Training Course for MA was offered from 1975 to 1985.	
	Diploma Nurse/Midwife - PSC2	1982	1985	(at Mahoseth Hospital)										* DNM-PSC Course was suspended from 1978 to 1985.	
	Diploma Nurse	1987	1990											* BBNM Course will be continued to generate 120 graduates.	
	Diploma Nurse/Midwife	1987	1990												
	Technical Diploma Nurse/Midwife	1990	2004			122									
	Primary Health Care Worker	2003	20057			119									
	Bridge Bachelor Nurse/Midwife	2002		30(30)	33										
	Bachelor Nurse/Midwife (Planned)	To be advised	20087			30									

Source: Status Report on Human Resources Development of Nursing/Midwifery in Lao P.D.R. Quota () Currently in Practice

[Handwritten signature]

Overviews of Educational Institutions for Nursing/Midwifery

① Administration (number of staff)

Type of Institutions	Public Health School						College of Health Technology*	Nursing Technical School (Vientiane Province)	PHC Worker Training Center		Remarks
	Oudomxal	Louangphrabang	Khammouan	Savannakhet	Champasak	Xiang Khouang			Saravane		
Administrator / Officers	0	1	2	1	1	1	4	1			Administrators are included in the number of Teachers (Director/Deputy-Director)
	2	1	1	1	1	0	0	0			
Teachers	0	0	0	0	0	0	0	1			
	2	5	2	2	6	4	4	1			
	2	3	1	7	4	0	0	0			
	0	2	1	2	2	13	0	0			
	6	6	17	7	11	2	6	6			
Auxiliary Nurse	2	0	0	0	0	0	0	0			
Sub-total	8	16	21	18	23	19	6	6			
Others	12	12	8	10	18	11	1	1			Finance, Secretary, Personnel, Drivers, Cook, etc.
Grand-Total	20	28	29	28	31	30	7	7			

Source : MOH (DOP) as of March, 2005 (Number of staff for CHT is to be advised)

② Outline of currently offered training courses

Type of Institutions	Public Health School						College of Health Technology	Nursing Technical School (Vientiane Province)	PHC Worker Training Center		Remarks
	Oudomxal	Louangphrabang	Khammouan	Savannakhet	Champasak	Xiang Khouang			Saravane		
Diploma Nurse/Midwife Technicians	Plan	0	0	0	0	0	0	0			
	Actual	0	0	0	0	0	0	0			
	Plan	60	60	60	60	60	not known	0			
	Actual	0	65	120	133	105	199	0			
2004	Plan	60	60	60	60	60	to be advised	25			
Actual							to be advised	25			
Funding	Government	Government	Government	Government	Government	Government	Luxembourg				
Continuing Education Course for Bachelor Nurse											
2002	Plan					30					
Actual						33					
2003	Plan					30					
Actual						30					
2004	Plan					30					
Actual						30					
Funding						Government					
Primary Health Care Worker											
2002	Plan	0	0	0	0	0	0	0	0	0	
Actual	0	0	0	0	0	0	0	0	0	0	
2003	Plan	40	50	30-60	30	30-40	30	40	20	20	
Actual	40	49	0	30	0	0	30	40	40	40	
2004	Plan	0	0	30-60	0	30-40	0	0	0	0	
Actual											
Funding	ADB	ADB	ADB	To be advised	Province	To be advised		To be advised	ADB	Province	

Source : Status Report on Human Resources Development of Nursing/Midwifery in Lao P.D.R.

Curriculum for Diploma Nurse/Midwife Technician : 2.5-year course of study

Subject Categories	Subjects	Year					Total Hours	Credits	
		Semester		II					
		1	2	3	4	5			
No. of Weeks		20	20	20	20	20			
General Education Subjects	1 Politics/Sociology	2	2	2	2		160	8	
	2 Foreign Language: English	4	4				160	8	
	3 Mathematics	2					40	2	
	4 Chemistry	2	2				80	4	
	5 General Psychology	2					40	2	
	6 Sport Activities (outside of class hours)								
Total		12	8	2	2	0	480	24	
Professional Subjects									
Basic Professional Subjects	1 Anatomy and Physiology	5					100	5	
	2 Nutrition	1					20	1	
	3 Developmental Psychology	2					40	2	
	4 Pharmacology		2				40	2	
	5 Microbiology and Parasitology	2					40	2	
	6 Public Health Science				2		40	2	
	7 Pathology			2			40	2	
Total		10	4	0	2	0	320	16	
Professional Subjects	1 Fundamental Nursing 1	3					60	3	
	2 Fundamental Nursing 2		3				60	3	
	3 Maternal and Child Health Nursing-1		3				60	3	
	4 Maternal and Child Health Nursing-2			3			60	3	
	5 Pediatric Nursing 1		2				40	2	
	6 Pediatric Nursing 2			2			40	2	
	7 Adults and Geriatric Nursing 1			3			60	3	
	8 Adults and Geriatric Nursing 2				2		40	2	
	9 Community Health Nursing 1	2					40	2	
	10 Community Health Nursing 2			2			40	2	
	11 Psychiatric Nursing				1		20	1	
	12 Nursing Administration				2		40	2	
	13 Diet Therapy				1		20	1	
	14 Basic Medical Care			4			80	4	
	15 Nursing Ethics	2					40	2	
	16 Nursing Development			1			20	1	
Total		7	9	14	6	0	720	36	
Practice Section	Practical Nursing (Within School)								
	1 Practice on Fundamental Nursing	4	4				160	4	
	2 Practice on Maternal and Child Health Nursing		2	2			80	2	
	3 Project Study				3		60	1	
	Total		4	6	2	3	0	300	7
	Practical Nursing (Outside School)								
	1 Practice on Fundamental Nursing		4				80	1	
	2 Practice on Maternal and Child Health Nursing			4	4		160	2	
	3 Practice on Pediatric Nursing			4	4		160	2	
	4 Practice on Adults and Geriatric Nursing			4	4		160	2	
	5 Practice on Community Health Nursing				4		80	1	
Total		0	4	12	16	0	640	8	
Selective Subjects	1 Practice on Maternal and Child Health Nursing					16	320	4	
	2 Practice on Community Health Nursing					16	320	4	
	3 Computer					3	60	3	
	4 French Language								
Total		0	0	0	0	35	700	11	
Grand Total		33	31	30	29	35		102	

Source :Ministry of Health

"Status Report on Human Resources Development of Nursing/Midwifery in Lao P.D.R. "

Curriculum for Bachelor Nurse (Continuing Education Course) : 2 years and 4 months study course

Subject	credit
General Education:18credits	
Lao Study	2(2-0-0)
Mathematics	2(2-0-0)
Chemistry	5(4-0-3)
Physics	2(2-0-0)
Biology	5(4-0-3)
Foreign Language	2(0-4-0)
Fundamental Professional Education:40credits	
Microbiology/Parasitology	1(0-2-0)
Physiopathology	3(3-0-0)
Diet Therapy	1(1-0-0)
Developmental Psychology	2(2-0-0)
Educational Psychology	2(2-0-0)
Politics	3(3-0-0)
Foreign Language 1	2(0-4-0)
Foreign Language 2	2(0-4-0)
Introduction to Guidance	1(1-0-0)
Nursing Theory	3(2-0-3)
Nursing Ethics	2(1-2-0)
Basic Medical Care	2(2-0-0)
Nursing Administration	4(2-0-6)
Leadership in Nursing	1(1-0-0)
Problem in Nursing	2(1-0-3)
Trend in Nursing Profession	2(2-0-0)
Nursing Research	3(3-0-0)
Project Study	2(0-0-6)
Method of Seminar in Nursing	2(2-0-0)
Professional Nursing Education:50credits	
Obstetric Nursing	2(2-0-0)
Practice in Obstetric Nursing	2(0-0-6)
Pediatric Nursing	2(2-0-0)
Practice in Pediatric Nursing	2(0-0-6)
Adult Nursing	2(2-0-0)
Practice in Adult Nursing	2(0-0-6)
Geriatric Nursing	2(2-0-0)
Psychiatric Nursing	2(2-0-0)
Community Health Nursing	2(2-0-0)
Practice in Community Health Nursing	2(0-0-6)
Curriculum and Educational Measurement	5(5-0-0)
Teaching-Learning in Nursing	3(3-0-0)
Practice in Teaching-Learning in Nursing	5(0-10-0)
Elective Course:3credits	
Computer	3(0-6-0)
Introduction of Economics	3(3-0-0)

Remarks:

A(X-Y-Z) = A: Number of Credit, X: lecture hours / week, Y: demonstration hours / week, Z: clinical training hours / week

Number of hours for 1 credit = lecture: 16 hours, demonstration : 32 hours, clinical training : 48 hours

Proportion in 1 credit = lecture: demonstration: clinical training = 1:2:3

Source: College of Health Technology

"Status Report on Human Resources Development of Nursing/Midwifery in Lao P.D.R."

[Handwritten signature]

Curriculum for Primary Health Care Worker : 3-year course of study

Subject Categories	Subjects	Year		I		II		III		Total Hours
		Semester		1	2	3	4	5	6	
		No. of Weeks		16	16	16	16	16	16	
General Education Subjects	1	Politics		2	2	2	2	2	2	192
	2	Foreign Language		2	2	2	2	2	2	192
	3	Lao Language		2	2	2	2			128
	4	Mathematics		2						32
	5	Basic Chemistry		2						32
	6	Sociology		2						32
	7	Human Relation		2						32
		Total		14	6	6	6	4	4	640
Basic Professional Subjects	1	Anatomy/Physiology		4						64
	2	Nutrition		2						32
	3	Pharmacology		4						64
	4	Knowledge on Community		4						64
	5	Community Hygiene Promotion		4						64
		Total		18						288
Professional Subjects	1	Concept of Primary Health Care			2					32
	2	Fundamental of Nursing		2	2	2	2	3	3	224
	3	First Aid			4					64
	4	Mother and Child Health Care			2	2	2	2	2	160
	5	Treatments and common symptoms			4					64
	6	Health management & Drug Revolving Fund			1	1	1	1	1	80
		Total		2	15	5	5	6	6	624
Practices	1	Practical Nursing (Within School)		2	8	3	3	3	3	352
	2	Hospital, Health Center, Community (Outside School)			8	24	24	24	24	1,664
	3	School Activities		2	2	2	2	2	2	192
		Total		4	18	29	29	29	29	2,208
		Grand Total		38	39	40	40	38	39	3,760

Source: Status Report on Human Resources Development of Nursing/Midwifery in Lao P.D.R.

[Handwritten signature]
[Handwritten signature]

Overviews of Medical Services of Hospitals for Clinical Training

Hospitals	Oudomxal PH *	Luangphrabang PH*	Khammouan PH*	Savannakhet PH*	Champasak PH*	Mahosoth Hospital	Setthathirath Hospital	Lux-Vientiane Provincial Hospital
Educational Institutions	Oudomxal PHS	Luangphrabang PHS	Khammouan PHS	Savannakhet PHS	Champasak PHS	College of Health Technology		Nursing Technical School (Vientiane Province)
Number of beds	82	196(200)	150(70)	160(200)	250	450	175	60
Outpatients (annual)	11,404	32,594	29,700	34,226	64,143	63,386	About 30,000	70-100(Occupancy rate)
In-patients (annual)	3,457	8,421	17,143	11,405	14,339	88,646	About 20,000	80-20/Day
Operations (annual)	439	3,114	3,948	2,947	2,863	2,388(CS)	-	-
Deliveries (annual)	505	1,283	643	1,662	1,186	2,196	-	-
Number of specialities	11	15	12	5	17	17	-	-
Doctors	21	31	33	46	47	-	-	planned to add 30 beds
Medical Assistants	20	99	48	72	52	-	-	3
Sub-total	54	103	83+40	145	99	248	134	60
High-Level	0	Not known	0	0	0	9	5	0
Mid-Level	13	Not known	4	9	17	156	44	21
Low-Level	14	Not known	79	136	82	83	74	39
Others	unqualified:27	Not known	(Volunteer:40)	0	0	0	M.A.:11	-
Others	23	54	34	9	80	-	-	Volunteer:16
Grand- Total	118	287	198	278	278	608	(inc. contract base)350	-
Age of retirement						55 years old	55 years old	
Database for personnel management						Hand written materials are available		
Working Form	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	In principle, 24 hours rotate on two shifts for exceptional cases (1) In case of ER, rotate on two shifts	24 hours
Trainings (in-service)	once every 1 or 2 months	not available	not available	not available	not available	Every Thursday	Every Wednesday	Every Monday
Other Remarks						Training for trainers to improve the quality of clinical trainings	Technical Training, Prevention of infectious diseases, etc.	OJT
								Prepared and used basic nursing procedure

Remarks :
 Data with (*) are based on the study done by a Japanese expert on nursing education (as of Jan. 2004)
 Other information was obtained through interviews
 Number of beds in () was given by the MOH as of June, 2004.
 Annual number is for the year 2003 (Jan to Dec.) except Khammouan Province (Jan to Nov.)
 Source : Status Report on Human Resources Development of Nursing/Midwifery

[Handwritten signature]

① Coordination system on Clinical Trainings between Public Health Schools and Provincial Hospitals

		Provincial Hospitals					
		Louangphrabang	Savannakhet	Champasak	Oudomxai	Khammouan	
Responsible person in the hospital		assigned	assigned	assigned	assigned	assigned	
Responsible person at ward		assigned	assigned	assigned	assigned	assigned	
Clinical Training Schedule		available	available	available	available	available	
Method of Clinical Training		1 Nurse/Midwife trains 3 students	Head of Nurse/Midwife trains students	responsible person at ward trains students	1 Nurse/Midwife trains 3 students	1 Nurse/Midwife trains 3 students	
		Public Health Schools					
		Louangphrabang	Savannakhet	Champasak	Oudomxai	Khammouan	
Coordinator	Number	0	1	0	4	2	
Coordination Meeting	Internal	Annual	Weekly	Monthly	Weekly	Weekly	
	External	Annual	Quarterly	Weekly	Semi-annually	2~3 times a year	

Remarks : According to JOCVs, the coordination meetings has been planned, but rarely been held. Contents of clinical trainings vary in every institutions.

Source: Status Report on Human Resources Development of Nursing/Midwifery in Lao P.D.R.

② Lecture Plan

		Public Health Schools					
		Louangphrabang	Savannakhet	Champasak	Oudomxai	Khammouan	
Lecture Plan		Available	Available	available	Available	Available	
Time Schedule		Available	Available	available	Available	Available	
	For teachers	Available	Not available	Not available	Not available	Not available	
Textbooks		Available	Not available	Not available	Not available	Not available	
	For students	Available	Not available	Not available	Not available	Not available	
Evaluation for achievement		Periodical Examination	Periodical Examination	Regular examination Evaluation by 6 levels	Periodical Examination	Periodical Examination	

Source: Status Report on Human Resources Development of Nursing/Midwifery in Lao P.D.R.

List of Donors' Assistances to the Human Resources Development in Health Sector

Organization Name	Project Name	Period of Cooperation	Target Areas	Amount of Cooperation	Major Activities
World Bank	Health System Reform and Malaria Control Project	1995~2004	10 provinces in southern area	NA	Capacity development for healthcare providers Health education for communities, renovation of health facilities and equipment provision
	Health Services Support Project : HSSP	2004.10~2010.10	8 provinces and central area	20 million US Dollars	8 Provinces : Renovation of provincial hospitals, district hospitals and health centers Trainings for health staff of provincial hospitals and district hospitals Network building for health volunteers, Strengthening of cost recovery system at hospitals Central : Renovation for Medical University, Training of instructors, Strengthening of clinical training system at hospitals
WHO	Nursing Education Quality Assurance System Project	Trainings and workshops for teachers/instructors of Public Health Schools (by instructors of Thai universities) Equipment provision to the Public Health Schools			
	Support to the Human Resources Development : Financial support to the overseas studies, Skill-up trainings in the short-term basis, Curriculum development / revision of training courses for healthcare providers, Technical support to the formulation of health manpower plan				
Asian Development Bank	Primary Health Care Expansion Project Phase II	2000~2006	8 provinces in the northern area	NA	Trainings for Primary Health Care Workers, Strengthening of Health Centers Function Renovation and Equipment Provision for Public Health Schools Financial support to the students
Luxemburg Development Agency	Integrated Health Care Project in Vientiane Province	2000.11~2004.9	Vientiane Province	0.32 million EURO	Vientiane Province : Strengthening of provincial hospital Trainings of healthcare providers at district level, traditional birth attendance, village health volunteers Renovation of Vientiane provincial hospital, Nursing Technical School Boikhamxai Province : Equipment Maintenance Management Project for provincial hospital (Feb. 2004)
Belgian Technical Cooperation	Support to Health Sector Reform in the Provinces of Vientiane and Savannakhet	2004.2~2008.1	Vientiane Province Savannakhet Province	5 million EURO	Vientiane province : Renovation of district hospitals, health centers, Trainings of health staff Savannakhet province : Strengthening of district hospitals, Trainings of health staff for district hospitals, health centers Strengthening of referral system to provincial hospital

Source: Report on Basic Study on the Project for Improvement of Facilities of the Training Institutes in Lao P.D.R., March 2004

Member list for group discussions of PCM Workshop (Mar. 14~15, 2005)

Group A:

	Position	Name	
1	Head of Education & Training Div. DOP	Ms Somchan Saisida	
2	Head of Personnel Div. DOP	Dr. Loun Manivong,	
3	Deputy Director of CHT	Ms. Chanhame Songnavong	
4	Director of Oudomxay PHS	Mr. Kuen Panyalay	
5	Director of Luangprabang PHS	Mr. Siengkeo Lattanavongsa	
6	Director of Khammuane PHS	Ms. Bounma Kingsalath	
7	Director of Savannakhet PHS	Ms. Sounthorn Phothisane	
8	Director of Champasack PHS	Mr. Sipaserth Silaphet	
9	Vice head of Nursing Sec. CHT	Mr. Souksavan Phanpaserth	Group Leader
	JICA Expert (Observer)	Ms. Noriko Mochizuki	
	National Staff, JICA Lao Office (Recorder)	Mr. Sophonh	

Group B:

1	Vice head of Training Div., DOP	Ms. Mimala Pathoumxad	
2	Cabinet, MOH		
3	Head of Nursing Section, CHT	Ms. Nouman, Keomanivan	
4	Nursing Unit, Luangprabang PHS	Mr. Phaserth Bupha	
5	Nursing Unit, Khammuane PHS	Ms. Amala Sorsanavongsa	
6	Nursing Unit, Savannakhet, PHS	Mr. Nakhonekham Siengchan	
7	Nursing Unit, Champasack PHS	Ms. Khamphet Malayvong,	
8	Nursing Unit, Mahoshot Hospital	Ms. Aphone, Visathap	Group Leader
9	JOCV, Luangprabang PHS	Ms. Kumiko Shinohara	
10	JOCV, Khammuane PHS	Ms. Yoko Yasukawa	
	JICA Mission (Observer)	Ms. Nobuko Takaoka	
	Senior Volunteer, CHT (Observer)	Ms. Mineko Inoue	
	Interpreter (Recorder)	Mr. Kamura	

Group C:

1	Head of Nursing Div. DOC	Ms. Phengdy Inthaphanith	Group Leader
2	Nursing Unit, Mittaphap Hospital,	Ms. Manichan Chanthamath	
3	Nursing Unit, Mahoshot Hospital	Ms. Bounthan Oudom	
4	Nursing Unit, Setthathirath Hospital	Ms. Somchai Sihalath	
5	Nursing Unit, Mother & Child Hospital	Ms. Somphone Panyalai	
6	Nursing Unit, Oudomxay PH	Mr. Thongsai Phengsavai	
7	Nursing Unit, Luangprabang PH	Ms. Keo Sisaitong	
8	Nursing Unit, Khammuane PH	Ms. Yoma Soullivan	
9	Nursing Unit, Savannakhet PH	Ms. Monmany Singphoungphet	
10	Nursing Unit, Champasack PH	Mr. Noukhone Lathsavong	
	Senior Volunteer, Mahoshot Hospital (Observer)	Ms. Eiko Koharazawa	
	Secretary to Ms. Mochizuki (Recorder)	Ms. Phet	

PCM Workshop
On the Project for Human Resources Development of Nursing/Midwifery

<Identified Problems>

Group A (Directors of PHS and CHT)

Discussion Topic on School Management

No	Listed problems
	Quality of Administration is not good enough Administrators do not have enough experience in administration
1	<ul style="list-style-type: none"> • There are no trainings for directors and administrators before being assigned to the position. • Teaching system is not standardized. • There is no survey on the needs of training course. There is no assessment/evaluation for training courses.
2	<p>The school management system is not appropriate.</p> <ul style="list-style-type: none"> • There is no system to exchange information within school and with other schools. • Current school management system is not appropriate.
3	<p>Budget Supply is not low.</p> <ul style="list-style-type: none"> • Government has limited budget • International organization provides less assistance
	<ul style="list-style-type: none"> • Basic training equipment supplies is not sufficient
	<ul style="list-style-type: none"> • Teacher have low knowledge • Teachers do not received training on a regular basis
	<ul style="list-style-type: none"> • There is no sufficient number of teachers • Curriculum of training has a lot of volume

Group B: (Nursing Section for PHS and CHT)

Discussion Topic on Nursing/Midwifery Education

No	Listed Problems
1	<p>Teachers problem - There is not enough teachers who are qualified</p> <ul style="list-style-type: none"> • A teacher has too many subjects to teach • Lacking of trainers at hospitals • There is a knowledge gap between teachers at school and trainers at hospitals • Some teachers did not have the teaching knowledge before becoming teachers • Teachers are lacking clinical experience and teaching method • Teaching method is not up to data • Teaching techniques of teachers at school and trainers at hospitals are different. • Teachers at school only read lecture/handout without explanation
2	<p>Problems on Materials / textbooks</p> <ul style="list-style-type: none"> • Textbooks are not available in Lao language • There are not sufficient number of textbooks for students • There are not sufficient number of teaching materials • Library opens only for the limited time • Lacking of demonstration materials • Contents of textbooks are not standardized • Lacking of computers • Lacking of vehicles for conducting study tour

Handwritten signature

3	Problems on Evaluation / Monitoring <ul style="list-style-type: none"> • Lacking of assessment on curriculum • There is a plan for the training courses but only come are • Principle for setting grade for students is not standardized • Implementation plan is not matched to the curriculum • Contents of lessons are too long, so teacher can not teach all in a given timeframe
	Training at hospitals <ul style="list-style-type: none"> • Doctors do not encourage students for practice at hospitals • Cooperation between trainers and students at hospitals is not good.
	Incentives for teachers <ul style="list-style-type: none"> • There is no supervision/follow-up from higher institution (Dept. of health, provincial level) • Lacking of incentives for teachers (low salary) • Lacking of systematic planning for allocating teachers • There is no training for teachers before being assigned to the position • There is no plan for upgrading teachers • Training for teachers are not provided on a regular basis
	Students problems <ul style="list-style-type: none"> • Students' knowledge level varies (class/level are different) • Some students are not satisfied to learn nursing subject, and would like to give it up • Number of enrolled students are more than planned • Knowledge of students are different • Students are from different levels and classes

Group C: (Nursing Unit of Hospitals for Clinical Training)
Discussion Topic on Clinical Training

No	Listed Problems
1	System to conduct clinical training <ul style="list-style-type: none"> • Hospital staff does not have the teaching plan for students • There is no plan for students to do on daily basis • Shortage of orientation • Teachers in charge of students do not closely monitor students at practice • Coordination between hospitals and schools should be improved • Job description of each work should be identified • There is no encouragement for trainers • Shortage of middle-level staff (nurse/midwife) • Most of the chiefs of section are low level staff
2	Knowledge and ability of trainers <ul style="list-style-type: none"> • Staff has limited knowledge • Clinical teachers do not have enough experience • Clinical teacher do not understand how to give score to students • No system for upgrading the level of nurses • Clinical trainers do not have enough experience • Clinical trainers do not know how to transfer the knowledge to students • Shortage of training for trainers • Hospitals and school have different teaching plan • All trainers should be under the common system for teaching • There is only limited time for clinical training

Handwritten signature/initials

3	Medical Supply <ul style="list-style-type: none">• Hospital has a shortage of classroom, library, equipment for demonstration• Each hospital suffers from shortage of textbooks• Shortage of medical equipment• There is no classroom, or meeting room in the hospital
	Students <ul style="list-style-type: none">• Students do not follow the regulation strictly• There are too many students for practice
	Teachers (trainers) <ul style="list-style-type: none">• Shortage of trainers for clinical training at hospitals• Trainers for clinical training do not monitor the students regularly• Request trainers to observe when students practice

[Handwritten signature]

PCM Workshop
On the Project for Human Resources Development of Nursing/Midwifery

<Solutions for identified problems>

Group A (Directors of PHS and CHT)
 Discussion Topic on School Management

No	Three major problems	Solutions
1	There are no trainings for directors and administrators before being assigned to the position.	1-1 Establish the decree for conducting the trainings before their being assigned and submit it to Minister for approval. 1-2 Conduct the needs assessment of training on administration for drafting the curriculum for training on administration 1-3 Make the curriculum for administrators (directors, administrative staff) for the duration of 3 months in minimum. 1-4 Conduct the training for administrators 1-5 Conduct the study tours for administrators for exchanging lessons with other countries' experts or staff who have good experiences. 1-6 Conduct evaluation/monitoring for each training course 1-7 Follow-up of all above activities
2	The school management system is not appropriate.	2-1 Organize the working group to draft up the regulation for school management 2-2 Send administrators abroad to study on school management 2-3 Implement the regulation on school management 2-4 Organize the workshop annually for exchange information/lessons 2-4-1 Implement the system in which study at school and clinical trainings has to be coordinated through workshop. 2-4-2 Minutes of workshop should be approved by authorities.
3	Budget Supply is not sufficient	3-1 Make detailed and suitable plan for requesting budget 3-2 Request assistance for donors

Group B: (Nursing Section for PHS and CHT)
 Discussion Topic on Nursing/Midwifery Education

No	Three major problems	Solutions
1	There is not enough teachers who are qualified	Increase the number of teachers and improve their quality and knowledge. 1-1 One teacher has many subject to teach at school 1-1-1 Select teachers among those with less qualities and train them to re-assign them at school 1-1-2 Make plan to request for teachers to MOH/MOE 1-1-3 Conduct the training for new teachers 1-1-4 Conduct the workshop for learning / teaching for teachers 1-1-5 Monitor and evaluate the learning / teaching activities 1-1-6 Provide good incentives to teachers (promotion, award, certificate of further study) 1-2 Trainers at hospitals should have sufficient knowledge 1-2-1 Make plan for trainings for trainers at hospitals 1-2-2 Monitor and evaluate the trainers 1-2-3 Provide good incentives to trainers (promotion, award, certificate of further study) 1-2-4 Conduct the short-term training course regularly for trainers. 1-2-5 Conduct assessment of their knowledge level.

Handwritten signature

2	Lacking of textbooks and materials	2-1 Make plan to request for budget for translation and textbooks 2-2 Purchase additional textbooks for other subjects 2-3 Print textbooks in Lao language. 2-4 Maintain equipment and teaching materials 2-5 Rearrange the layout of classroom, demonstration room, and conference room 2-6 Maintain the facilities and equipment 2-7 Purchase equipment for teaching 2-8 Purchase equipment for demonstration room
	Lacking of assessment of curriculum	3-1 Exchange information for implementing the curriculum with other schools (so that they can have the common understandings) 3-2 Organize the committee for using the curriculum 3-3 Monitor these activities 3-4 Evaluate the implementation of teaching curriculum each term Within the school.

Group C: (Nursing Unit of Hospitals for Clinical Training)
Discussion Topic on Clinical Training

No	Three major problems	Solutions
1	Lacking of system to conduct clinical trainings at hospitals	1.1 Organize the committee to be responsible for students 1.2 Hospital and School should make a plan together. 1.3 Explain about clinical trainings to nurses clearly 1.4 Make plan for orientation together 1.5 Organize the orientation in each ward. 1.6 Make a teaching plan for students clinical trainings 1.7 Give the appropriate responsibility to each person 1.8 Evaluate students' knowledge and skills before they are leaving hospitals 1.9 There should be at least 4 nurses with bachelor degree at the hospitals for clinical training.
2	Lacking of knowledge of trainers(teachers) at hospitals for clinical training	1.1 Upgrade the low level of nurse to become higher level nurse (= Give the chances for lower level of nurses for further trainings) 1.2 Provide them training continuously 1.3 Study tour should be conducted in wards they are assigned as well as other wards every Sunday. 1.4 Systematically conduct training for the trainers for clinical training 1.5 Discuss about the system for giving score to students 1.6 Have a monthly meeting among those involved 1.7 Organize to have the nursing management training twice a year in domestic or abroad. 1.8 Should have the evaluation meeting on nursing once a year 1.9 Should have the evaluation before and after the implementation
3	Shortage of equipment	1.1 Prepare the meeting room or classroom for students at hospitals 1.2 Request to have all medical equipment supply. 1.3 Should have suitable textbooks and library.

[Handwritten signature]

Narrative Summary Overall Goal	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>The holistic system for development of nursing/midwifery personnel is established.</p> <p>The basis for development of nursing/midwifery personnel is improved, and nursing/midwifery education system is strengthened.</p> <p>Outputs</p> <p><Component 1 >- Governmental Administration for Nursing/Midwifery</p> <p>1 Functions of governmental administration of nursing/midwifery for clinical and human resources development are unified.</p> <p>2 Regulation for nurse/midwife is established and implemented.</p> <p>3 Information management system (IMS) for human resources in nursing/midwifery is strengthened by utilizing database.</p> <p>4 Feasible health manpower plan for nursing/midwifery is formulated.</p> <p>5 Project monitoring and evaluation are implemented for effective management.</p> <p><Component 2> Nursing/Midwifery Education</p> <p>6 Capacity of nursing/midwifery leaders is enhanced.</p> <p>7 School administration of personnel and equipment data is improved at the model school.</p> <p>8 Lecture, demonstration and clinical training are implemented at the selected school and hospital based on the detailed educational plan.</p>	<p>1 Number of nurses/midwives trained by the project (trained trainers for clinical trainings)</p> <p>2 Employment rate of graduates from the Public Health Schools, College of Health Technology, and Nursing Technical School in Vientiane</p> <p>1 Number of qualified nurses/midwives graduated from the model school</p> <p>2 Rate of nurses/midwives who work according to the regulation for nurse/midwife at the model hospital</p>	<p>SPHS, CHT, NTS and MOH</p> <p>Model school</p> <p>Model hospital for clinical training</p>	<p>* Government does not drastically change the Health Policy.</p> <p>* Health manpower plan for nursing/midwifery is implemented.</p> <p>* Financial condition of the MOH does not deteriorate. *</p>
<p><Component 1 >- Governmental Administration for Nursing/Midwifery</p> <p>1 Functions of governmental administration of nursing/midwifery for clinical and human resources development are unified.</p>	<p>1-1 Number of personnel assigned to the proposed structure</p> <p>1-2 Contents of document for job description of personnel assigned to the proposed structure</p> <p>1-3 Frequency of regular meetings and the contents of minutes of the meetings (M)</p>	<p>MOH</p>	<p>* Health manpower plan for nursing/midwifery is authorized by the government.</p> <p>* The number of enrolled students of Public Health Schools and College for Health Technology does not exceed the designated maximum number.</p> <p>* Regulation for nurse/midwife is authorized by the Minister of Health without undue delay.</p>
<p>2 Regulation for nurse/midwife is established and implemented.</p>	<p>2-1 Draft of regulation for nurse/midwife (such as job frame, title-qualification, classification, job description, etc.) is approved by the regulation committee.</p> <p>2-2 Enactment of the regulation</p>	<p>MOH</p>	
<p>3 Information management system (IMS) for human resources in nursing/midwifery is strengthened by utilizing database.</p>	<p>3-1 Constructed system and manuals</p> <p>3-2 Number of trained personnel for operating the IMS for human resources in nursing/midwifery</p> <p>3-3 Nursing/midwifery personnel records generated by IMS (number, content, frequency of data updates)</p>	<p>MOH Project</p>	
<p>4 Feasible health manpower plan for nursing/midwifery is formulated.</p>	<p>4-1 Submitted document of health manpower plan for nursing/midwifery for the year 2011 to 2015</p>	<p>MOH</p>	
<p>5 Project monitoring and evaluation are implemented for effective management.</p>	<p>5-1 Record of changes in project activities as a result of monitoring and evaluation</p> <p>(At the mid-term evaluation, achievement level of Component 1 will be evaluated using the benchmark indicators marked with)</p>	<p>MOH Project</p>	
<p><Component 2> Nursing/Midwifery Education</p> <p>6 Capacity of nursing/midwifery leaders is enhanced.</p>	<p>6-1 Number of leaders who completed the trainings of ①administration for nursing/midwifery, ② nursing/midwifery education, ③clinical trainings.</p> <p>6-2 Evaluation of training courses given to leaders on ①administration for nursing/midwifery ② nursing/midwifery education, ③clinical trainings</p>	<p>Model school</p>	
<p>7 School administration of personnel and equipment data is improved at the model school.</p>	<p>7-1 Constructed system and manuals</p> <p>7-2 Number of trained personnel for operating the personnel and equipment data in nursing/midwifery</p> <p>7-3 Personnel and equipment data generated by the system (number, content, frequency of data updates)</p>	<p>Model school</p>	
<p>8 Lecture, demonstration and clinical training are implemented at the selected school and hospital based on the detailed educational plan.</p>	<p>8-1 Syllabus of the model school</p> <p>8-2 Availability of students' clinical performance evaluation sheets</p> <p>8-3 Score of evaluation on students' clinical performance</p>	<p>Model school</p>	

Activities	Japanese Side	Lao Side	
<p><Component 1 >- Governmental Administration for Nursing/Midwifery</p> <p>1 Functions of governmental administration of nursing/midwifery for clinical and human resources development are unified.</p> <p>1-1 Analyze the tasks of governmental administration for nursing/midwifery in clinical and human resources development (HRD)</p> <p>1-2 Identify the tasks required in the administration of nursing/midwifery in clinical and HRD</p> <p>1-3 Assign the project activities to the CPs</p> <p>1-4 Execute the activities as assigned</p> <p>1-5 Organize the consulting meetings to promote the collaboration between PHS/CHTANTS and hospitals for clinical trainings</p> <p>1-6 Work as a team in the Project Office to enhance the collaboration</p> <p>1-7 Consider the tasks and staffing of proposed structure</p> <p>1-8 Document the results of activity (7), and submit the official request for realizing the proposed structure</p> <p>2 Regulation for nurse/midwife is established and implemented.</p> <p>2-1 Collect/classify the information & data on current regulation for nurse/midwife</p> <p>2-2 Form the working group to formulate the regulation</p> <p>2-3 Working group discusses the framework of regulation and prepares the outline</p> <p>2-4 Confirm the process of enactment</p> <p>2-5 Study and collect the information on formulation of the regulation</p> <p>2-6 Form a regulation committee to formulate the regulation</p> <p>2-7 Regulation committee discusses /examines / agrees on the outline of the regulation</p> <p>2-8 Draft the contents of the regulation</p> <p>2-9 Linguistically scrutinize and verify the draft of regulation</p> <p>2-10 Submit the draft of regulation to the regulation committee for approval</p> <p>2-11 Regulation committee examines and approves the draft regulation</p> <p>2-12 Proceed for authorization and implementation of the regulation</p> <p>2-13 Disseminate the implemented regulation to all concerned by organizing meetings.</p> <p>3 Information management system (IMS) for human resources in nursing/midwifery is strengthened by utilizing database.</p> <p>3-1 Organize the working group to develop the IMS</p> <p>3-2 Study the current situation of the IMS for human resources in nursing/midwifery at the MOH</p> <p>3-3 Consider the purpose/ method/ data items to be included in the IMS</p> <p>3-4 Prepare the detailed design and construct the IMS</p> <p>3-5 Make the training plan for the IMS (MOH, 2 Model Provincial Health Offices.)</p> <p>3-6 Conduct the training for the IMS (MOH, 2 Model Provincial Health Offices)</p> <p>3-7 Implement the IMS (MOH, 2 Model Provincial Health Offices)</p> <p>3-8 Monitor the progress (MOH, 2 Model Provincial Health Offices)</p> <p>4 Feasible health manpower plan for nursing/midwifery is formulated.</p> <p>4-1 Study the current status of health manpower plan at the MOH</p> <p>4-2 Collect the data on activities of other donors in regard to health manpower plan (such as WHO)</p> <p>4-3 Monitor the current deployment of nurse/midwife by utilizing the implemented IMS</p> <p>4-4 Feedback the findings of monitoring to concerned Departments of the MOH</p> <p>4-5 Conduct the training for formulation of health manpower plan</p> <p>4-6 Prepare the draft of feasible health manpower plan for nursing/midwifery for the year 2011-2015 by utilizing the IMS</p> <p>4-7 Submit the final draft of feasible health manpower plan for nursing/midwifery for the year 2011-2015</p>	<p>1 Experts</p> <p><Long-term Experts></p> <p>1) Chief Advisor</p> <p>2) Project Coordinator</p> <p>3) Nursing Education</p> <p>4) Experts in other fields mutually agreed upon as needed</p> <p>2 <Short-term Experts></p> <p>1) Nursing Administration</p> <p>2) Nursing Education</p> <p>3) Regulations for Nurse/Midwife</p> <p>4) Information Management System for Human Resources</p> <p>5) Monitoring and Evaluation</p> <p>6) Experts in other fields mutually agreed upon as needed</p> <p>3 Training in Japan</p> <p>4 Equipment and materials</p> <p>1) Educational Materials in Nursing/Midwifery</p> <p>2) Vehicles</p> <p>3) Office Equipment</p> <p>4) Audiovisual Equipment</p> <p>5) Other equipment mutually agreed upon as needed</p> <p>5 Local cost</p>	<p>1 Counterparts</p> <p>- Project Director: Director of Cabinet</p> <p>- Deputy Project Director : Director, Department of Organization and Personnel (DOP)</p> <p>- Project Managers:</p> <p>• Deputy Chief, Division of Education and Training, DOP</p> <p>• Chief, Division of Nursing, DOC</p> <p>2 Land, facilities</p> <p>3 Equipment</p> <p>4 Local cost</p>	<p>• Counterparts are not transferred.</p> <p>• Trainers of nursing/midwifery in public health schools and hospitals for clinical training who received trainings by the Project are continuously working as trainers.</p> <p>• The MOH and provincial government continuously provides the salary, equipment, and consumables to the model school as well as model hospital for clinical trainings.</p> <p>• Doctors at hospitals for clinical training are cooperative to the Project</p>

<p>Project monitoring and evaluation are implemented for effective management.</p> <p>5-1 Prepare the format of the monitoring and evaluation (M/E) report</p> <p>5-2 Conduct M/E</p> <p>5-3 Prepare M/E report</p> <p>5-4 Report the result of M/E to the Joint Coordinating Committee</p> <p>5-5 Revise the Plan of Operation reflecting the result of the evaluation</p> <p><Component 2> - Nursing/Midwifery Education</p> <p>6 Capacity of nursing/midwifery leaders is enhanced.</p> <p>6-1 Conduct the trainings for administrators in nursing/midwifery</p> <p>6-2 Conduct the trainings for nursing/midwifery education</p> <p>6-3 Conduct the trainings for clinical trainers</p> <p>6-4 Evaluate the conducted trainings</p> <p>7 School administration of personnel and equipment data is improved at the model school (MS).</p> <p>7-1 Conduct survey on current situation of personnel (# of students, # of teachers, etc.) as well as equipment data</p> <p>7-2 Design the required database (# of students, teachers, enrollments, graduates, employed, training materials, and books), construct the database for personnel equipment management; and implement it</p> <p>7-3 Conduct the trainings to operate the system</p> <p>7-4 Utilize the developed system</p> <p>7-5 Supervise/monitor the progress of utilization</p> <p>8 Lecture, demonstration and clinical training are implemented at the selected school and hospital based on the detailed educational plan.</p> <p>8-1 Conduct trainings for teachers at PHS</p> <p>8-1-1 Clarify the problems of nursing/midwifery education through survey on the PHS and the clinical training hospital</p> <p>8-1-2 Assess and prioritize the training needs</p> <p>8-1-3 Confirm the priority and training contents</p> <p>8-1-4 Prepare the training plan (including teaching materials)</p> <p>8-1-5 Conduct the trainings</p> <p>8-2 Select the model school</p> <p>8-3 Prepare the syllabus to be used at the model school</p> <p>8-4 Conduct the trainings for teachers on preparation of lecture plan</p> <p>8-5 Conduct the trainings for teachers on teaching methodologies</p> <p>8-6 Conduct lectures / practices according to the syllabus</p> <p>8-7 Strengthen the system to conduct the clinical trainings at the hospital</p> <p>8-7-1 Appoint the coordinator of clinical trainings at the PHS (MS)</p> <p>8-7-2 Appoint the trainers of clinical trainings at the clinical training hospital (MS)</p> <p>8-7-3 Promote the collaboration / cooperation between the PHS (MS) and the clinical training hospital (MS)</p> <p>8-7-4 Conduct the clinical training at model ward of the clinical training hospital (MS) according to the syllabus</p>	<p style="text-align: center;">Pre-Conditions</p> <p>* Counterparts are assigned as planned.</p>
---	---

Plan of Operation (PO)
The Project for Human Resources Development of Nursing/Midwifery

ACTIVITIES	Y 2005					Y 2006					Y 2007					Y 2008					Y 2009					Y 2010					Responsible Persons																					
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	Lao	JP										
1-1 Analyze the tasks of governmental administration for nursing/midwifery in clinical and human resources development (HRD)																																																				
1-2 Identify the tasks required in the administration of nursing/midwifery in clinical and HRD																																																				
1-3 Assign the project activities to the CPs																																																				
1-4 Execute the activities as assigned																																																				
1-5 Organize the consulting meetings to promote the collaboration between PHIS/CHT/NTS and hospitals for clinical trainings																																																				
1-6 Work as a team in the Project Office to enhance the collaboration																																																				
1-7 Consider the tasks and staffing of proposed structure																																																				
1-8 Document the results of activity (7), and submit the official request for realizing the proposed structure																																																				

OUTPUT 1. Functions of governmental administration of nursing/midwifery for clinical and human resources development are unified.

OUTPUT 2. Regulation for nurse/midwife is established and implemented.

2-1 Collect / classify the information & data on current regulation for nurse/midwife																																										
2-2 Form the working group to formulate the regulation																																										
2-3 Working group discusses the framework of regulation and prepares the outline																																										
2-4 Confirm the process of enactment																																										
2-5 Study and collect the information on formulation of the regulation																																										
2-6 Form a regulation committee to formulate the regulation																																										
2-7 Regulation committee discusses / examines / agrees on the outline of the regulation																																										
2-8 Draft the contents of the regulation																																										
2-9 Linguistically scrutinize and verify the draft of regulation																																										
2-10 Submit the draft of regulation to the regulation committee for approval																																										
2-11 Regulation committee examines and approves the draft regulation																																										

ACTIVITIES	Y 2005			Y 2006			Y 2007			Y 2008			Y 2009			Y 2010			Responsible Persons						
	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10		11	12	1	2	3	4
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6		7	8	9	10	11	12
2-12	Proceed for authorization and implementation of the regulation																								CA
2-13	Disseminate the implemented regulation to all concerned by organizing meetings																								CA
OUTPUT 3. Information management system (IMS) for human resources in nursing/midwifery is strengthened by utilizing database.																									
3-1	Organize the working group to develop the IMS																								CA
3-2	Study the current situation of the IMS for human resources in nursing/midwifery at the MOH																								CA
3-3	Consider the purpose/ method/ data items to be included in the IMS																								CA
3-4	Prepare the detailed design and construct the IMS																								CA
3-5	Make the training plan for the IMS (MOH, 2 Model Provincial Health Offices)																								CA
3-6	Conduct the training for the IMS (MOH, 2 Model Provincial Health Offices)																								CA
3-7	Implement the IMS (MOH, 2 Model Provincial Health Offices)																								CA
3-8	Monitor the progress (MOH, 2 Model Provincial Health Offices)																								CA
OUTPUT 4. Feasible health manpower plan for nursing/midwifery is formulated.																									
4-1	Study the current status of health manpower plan at the MOH																								CA
4-2	Collect the data on activities of other donors in regard to health manpower plan (such as WHO)																								CA
4-3	Monitor the current deployment of nurse/midwife by utilizing the implemented IMS																								CA
4-4	Feedback the findings of monitoring to concerned Departments of the MOH																								CA
4-5	Conduct the training for formulation of health manpower plan																								CA
4-6	Prepare the draft of feasible health manpower plan for nursing/midwifery for the year 2011-2015 by utilizing the IMS																								CA
4-7	Submit the final draft of feasible health manpower plan for nursing/midwifery for the year 2011-2015																								CA

Plan of Operation (PO)
The Project for Human Resources Development of Nursing/Midwifery

ACTIVITIES	Y 2005			Y 2006			Y 2007 ME			Y 2008			Y 2009			Y 2010			Responsible Persons							
	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10		11	12	1	2	3	4	Lao
OUTPUT 5. Project monitoring and evaluation are implemented for effective management.																										
5-1	Prepare the format of the monitoring and evaluation (M/E) report																									
5-2	Conduct M/E																									
5-3	Prepare M/E report																									
5-4	Report the result of M/E to the Joint Coordinating Committee																									
5-5	Revise the Plan of Operation reflecting the result of the evaluation																									

OUTPUT 6. Capacity of nursing/midwifery leaders is enhanced.

6-1	Conduct the trainings for administrators in nursing/midwifery																										CA
6-2	Conduct the trainings for nursing/midwifery education																										CA
6-3	Conduct the trainings for clinical trainers																										NSEP
6-4	Evaluate the conducted trainings																										NSEP

OUTPUT 7. School administration of personnel and equipment data is improved at the model school.

7-1	Conduct survey on current situation of personnel (# of students, # of teachers, etc.) as well as equipment data																										NSEP
7-2	Design the required database (# of students, teachers, enrollments, graduates, employed, training materials, and books), construct the database for personnel equipment management; and implement it																										NSEP
7-3	Conduct the trainings to operate the system																										NSEP
7-4	Utilize the developed system																										NSEP
7-5	Supervise /monitor the progress of utilization																										NSEP

ACTIVITIES	Y 2005			Y 2006			Y 2007			ME			Y 2008			Y 2009			Y2010			Responsible Persons				
	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	Lao	JP
OUTPUT 8. Lecture, demonstration and clinical training are implemented at the selected school and hospital based on the detailed educational plan.																										
3-1 Conduct trainings for teachers at PHS																										
8-1-1 Clarify the problems of nursing/midwifery education through survey on the PHS and the clinical training hospital																										
8-1-2 Assess and prioritize the training needs																										
8-1-3 Confirm the priority and training contents																										
8-1-4 Prepare the training plan (including teaching materials)																										
8-1-5 Conduct the trainings																										
3-2 Select the model school																										
3-3 Prepare the syllabus to be used at the model school																										
3-4 Conduct the trainings for teachers on preparation of lecture plan																										
3-5 Conduct the trainings for teachers on teaching methodologies																										
3-6 Conduct lectures / practices according to the syllabus																										
3-7. Strengthen the system to conduct the clinical trainings at the hospital																										
8-7-1 Appoint the coordinator of clinical trainings at the PHS (MS)																										
8-7-2 Appoint the trainers of clinical trainings at the clinical training hospital (MS)																										
8-7-3 Promote the collaboration / cooperation between the PHS (MS) and the clinical training hospital (MS)																										
8-7-4 Conduct the clinical training at model ward of the clinical training hospital (MS) according to the syllabus																										