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GAVI ALLIANCE

Health Systems Funding Platform (HSFP)

Health Systems Strengthening (HSS) Support

COMMON PROPOSAL FORM

This common proposal form is for use by applicants seeking to request Health Systems Strengthening (HSS) Support from GAVI and/or the Global Fund.

HSS Funding requests to the Global Fund using the Common Proposal Form and Guidelines can only be made when the application materials are launched on 15 August 2011

This form is structured in three parts:

- Part A - Summary of Support Requested and Applicant Information
- Part B - Applicant Eligibility
- Part C - Proposal Details

All applicants are required to read and follow the accompanying guidelines in order to correctly fill out this form.

Part A - Summary of Support Requested and Applicant Information

Applicant:	The Ministry of Health (MoH) of the Government of Lao People's Democratic Republic (Lao PDR)			
Country:	Lao People's Democratic Republic (Lao PDR)			
WHO region:	WPRO			
Proposal title:	"2012-2015 GAVI-Health System Strengthening support to MNCH/EPI in 3 districts (Say, Namor and La) in Oudomsay and 2 Districts (Sangthong and Pak Ngeum) in Vientiane Capital of Lao PDR"			
Proposed start date:	01- July - 2012			
Duration of support requested:	3 and half years (42 Months). From July 2012 to December 2015			
Funding request:	**Amount requested from GAVI:**	**2,100,218**	**Amount requested from Global Fund:**	
Currency:	☒ USD		☐ EUR	

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Executive Summary

→ *Please provide an executive summary of the proposal.*

Introduction

The Ministry of Health (MOH) of the Government of Lao People's Democratic Republic (Lao PDR) seeks support from the GAVI Alliance for Health Systems Strengthening (HSS) for the amount of US$ 2,100,218 over a period of three and half years (42 months). This proposal, the **"2012-2015 GAVI Alliance Health System Strengthening (HSS) support to MNCH/EPI in 3 Districts in Oudomsay and 2 Districts in Vientiane Capital of Lao PDR",** is built on and will be the continuation of the previously approved GAVI-HSS proposal (currently being implemented) from September 2009. Funding is requested to implement and strengthen the "Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services 2009-2015", taking the EPI as the nucleus of the intervention. The aim is to improve the capacity of country staff and to establish the MNCH/EPI package of services in five selected districts of two provinces with increased utilization and with additional efforts to create a supportive environment through community participation, by the end of 2015. This proposal is in line and embedded with the goal of the new VIIth Five Year National Health Sector Development Program 2011-2015 (NHSDP) and with the newly comprehensive Multi Year Plan (cMYP) for the period 2012-2015 for the National Immunization Program.

Selected Geographical Area

This GAVI HSS initiative will support five selected districts as follows: Say, La and Namo districts in Oudomsay (OUD) Province, Sangthong and Pak Ngeum districts in Vientiane Capital. All the districts were selected based on considerations of health status, immunization coverage, ethnic diversity, and existence of adequate infrastructure, as well as to be complementary with other external support. The three districts from OUD Province in the North were selected based on poverty incidence, health status (IMR), service coverage (DPT3) and also to complement the existing efforts by other partners in these districts, such as the PHC service strengthening project being implemented by the Asian Development Bank (ADB). In addition, the quantity of support given to the North is generally smaller than in the South where the support agencies are more active. It was also decided to support two districts from the Vientiane Capital where the poverty density is high and service coverage is observed to be poor. The wide diversity of ethnic minorities was considered for all the districts selected, as they represent most of the remote and underserved population.

Goal

Contribute to reaching Millennium Development Goals 4 and 5 targets in Lao PDR by 2015 by supporting implementation of the Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services (2009-2015), taking the EPI as the nucleus of the intervention.

Overall objectives

By the end of 2015: (1) Improve the capacity of central, provincial, district and health centre staff to plan, implement and monitor MNCH/EPI services; (2) Establish the MNCH/EPI package of services in five selected districts with increased utilization and (3) Increase

community mobilization and participation for MNCH/EPI activities including immunization at district, health centre and community level.

MOH will support the selected districts for the GAVI HSS support through the following thirteen strategic approaches:

Management Approaches:
(1) Establish a MNCH/EPI monitoring team consisting of central, provincial, district and WHO staff that will make regular visits to all levels to monitor implementation and provide supportive supervision; (2) Support adaption and use of simplified guidelines and integrated supervisory checklist (focusing on a few key indicators from different programs) in order to facilitate monitoring and supervision at all levels; (3) Establish a District Management Team for MNCH/EPI and other health services that will work to set priorities; budget planning and supply management necessary for integrating services; problem solving through analysis of district situation using health management and information system; make decisions necessary to improve services; coordinate training and other activities; and advocate for essential resource mobilization. International partners will provide technical assistance to this team to enable the team to function; (4) Assist with the development of standardized integrated MNCH/EPI micro-planning at district and health centre levels.

District Centred Approaches:
(5) Facilitate the creation of a referral system between health centre, district and Province levels; (6) Assist with the incorporation of the Skilled Birth Attendance (SBA) and other competency based training for district and health centre staff as identified by the monitoring team and national programs; (7) Assist the district management team with implementation of the unified supply and logistics management system; (8) Provide funding and technical support for supervision.

Monitoring and Evaluation:
(9) Implement use of a simplified health information and monitoring system for the district and province level; (10) Support training of village leaders and health volunteers to collect and report information about number of newborns, new pregnant women, childhood and maternal deaths to health centres/outreach teams visiting villages.

Financing Approaches:
(11) Initiate health worker incentives and user fee exemptions for certain key MNCH/EPI interventions. These will be based on the government policy and initially could be subsidized by partners until government finds other resources; (12) Facilitate use of health equity funds for key MNCH/EPI interventions if existing in the selected districts.

Community Demand Approaches:
(13) Facilitate awareness and create demand through coordination with mass organizations such as Lao Women's Union to make IEC materials for MNCH/EPI activities available at the community level.

Part C - Proposal Details

1. Process of developing the proposal

1.1 Summary of the proposal development process

→ Please indicate the roles of the HSCC and CCM in the proposal development process. Also describe the supporting roles of other stakeholder groups, including civil society, the private sector, key populations and currently unreached, marginalised or otherwise disadvantaged populations. Describe the leadership, management, co-ordination, and oversight of the proposal development process.

This proposal, the **"2012-2015 GAVI-Health System Strengthening support to MNCH/EPI in 3 districts (Say, Namor and La) in Oudomxay and 2 Districts (Sangthong and Pak Ngeum) in Vientiane Capital of Lao PDR**" is built on the previous proposal submitted to GAVI on September 2009. It is worth being reminded that the 2009 proposal was accepted, but largely because of the delays on the GAVI side between conducting and finalizing the Financial Management Assessment and releasing the funds (almost one year) but also due to internal issues to the Ministry of Health this grant started to implement its activities only in November 2011. The end of the grant period will be July 2012. The MoH Department of Planning and Budgeting coordinated and provided oversight to the overall proposal development process. The drafting of the application was led by a **core team** composed by: (i) staff of MoH Department of Planning and Budgeting; (ii) the director of Laos EPI program MOH in collaboration with staff of the National MCH; (iii) with technical assistance provided from WHO country office and WHO regional office in Manila.

This proposal was also built upon various consultations and feedback from health stakeholders including the provincial and district health authorities of the selected districts, health services providers and civil societies. The proposal is aligned with the approved integrated **MNCH Strategy 2009 – 2015**, the newly **comprehensive Multi Year Plan (cMYP)** for the period of 2012-2015 for the National Immunization Program and with the overall national efforts and framework for implementation of the MNCH/EPI strategy. All key stakeholders were consulted in informal meetings by the core team drafting the application and subsequently formally through the Technical Working Group of the Sector Wide Coordination mechanism meetings.

In Laos, since 2007, the **correspondent of the HSCC** is the **Sector-Wide Coordination Mechanism for Health (SWC).** Members of this group as well as members of the MNCH/EPI and Health Planning and Financing Technical Working Groups (TWG) participated in the development of the application and agreed to support implementation of the strategy and planning framework for the integrated package of MNCH/EPI services and the skilled birth attendance development plan for Lao PDR on which this application is based. In addition, the proposal development team had a number of informal meetings with key partners to receive specific feedback and to ensure that all the activities are aligned with the efforts of other partners. The country had received financial support from WHO for proposal development which was used for technical assistance and extensive consultation process, on which this revised proposal is based.

The SWC implements its role at three different levels: (**i) Policy dialogue:** the SWC is facilitated in the Sector Government – Development Partner Coordination Meeting on Health, which is called "Sector Working Group in Policy Level/SWG (P)" (Minister of Health, Representatives of Development Partners, Ambassadors and Representatives and Advisors). The MOH steering committee includes the Minister and vice-ministers of Health, Directors and Deputy Directors of the MOH, and it is the only decision-making body of the sector coordination mechanism. For inter-sector policy dialogue, the Development Partners' Round Table meeting, including Ambassadors, representatives and advisors, is held annually.

(ii) At the **Operational level** the "Sector Working Group for Health/SWG (O)" (Vice Minister/

Director of the Cabinet/ Director Planning and Budget, Deputy Directors of MoH, Representatives of Development Partners and other stakeholders such as the Ministry of Labour and Social Welfare, the Ministry of Finance and the Ministry of Planning and Investment and others) is responsible for strategic implementation and practical coordination towards health system strengthening in Lao PDR; **(iii) At Technical level** the Technical Working Groups (TWG) for Health Planning and Financing, Human Resources and Programs, which includes MNHC/EPI conduct research and provide technical advice for sector coordination and decision making at higher levels. The TWGs have permanent members selected from related areas.

1.2 Summary of the decision-making process

→ *Please summarise how key decisions were reached for the proposal development.*

The first intention of the LAO PDR's MoH was to propose a joint GFATM/GAVI HSS proposal under the umbrella of Health Systems Funding Platform (HSFP). After the cancellation of GFATM Round 11 in November 2011 MoH (Ministry of Health) therefore decided to redirect possible available funds in presenting this GAVI proposal. This proposal retains the approach, geographical locations, objectives and major contents of the 2009 GAVI/HSS proposal. The objective's activities have been reshaped and better adapted. The gap analysis also provides strong support for this choice.

The key decisions for the proposal developments were reached firstly between MoH and WHO and then shared with main stakeholders at the end of November. They were based upon the reasons and evidences of LAO PDR's slow pace in achieving the MDGs related to MNHC/EPI. This choice was also made in order to provide continuity to the integrated package of MNCH/EPI services at provincial, district and community level throughout the MNCH/EPI strategy for Lao PDR 2009-2015. Additionally this decision was taken in order to enhance and strengthen ongoing (or completed) synergy and similar successful activities of other implementing partners, such as: (i) Save the Children Australia; (ii) Belgium Technical Cooperation; (iii) WHO; (iv) ADB; (v) Lux-Development and (vi) World Bank.

Members of the SWC and TWG were consulted in the course of this application, who supported and endorsed its content (as shown in the **minutes of the 23rd meeting of the HP&F TWG**) Additionally the SWC's and TWG's members also participated in the development and agree to support implementation of the strategy and planning framework for the integrated package of MNCH/EPI services 2009-2015 and the skilled birth attendance development plan for Lao PDR on which this application is based.

As above-mentioned, first the document was reviewed internally by MOH and WHO before being shared with the other key stakeholders and partners. The application was first endorsed by the SWC/TWG, and then followed by the Ministers of Health and Finance as well as the key international partners on the SWC such as JICA, UNICEF, Lux-Development and WHO.

2. National Health System Context

2.1 a) National Health Sector

→ Please provide a concise overview of the national health sector, covering both the public and private sectors at the national, sub-national and community levels.

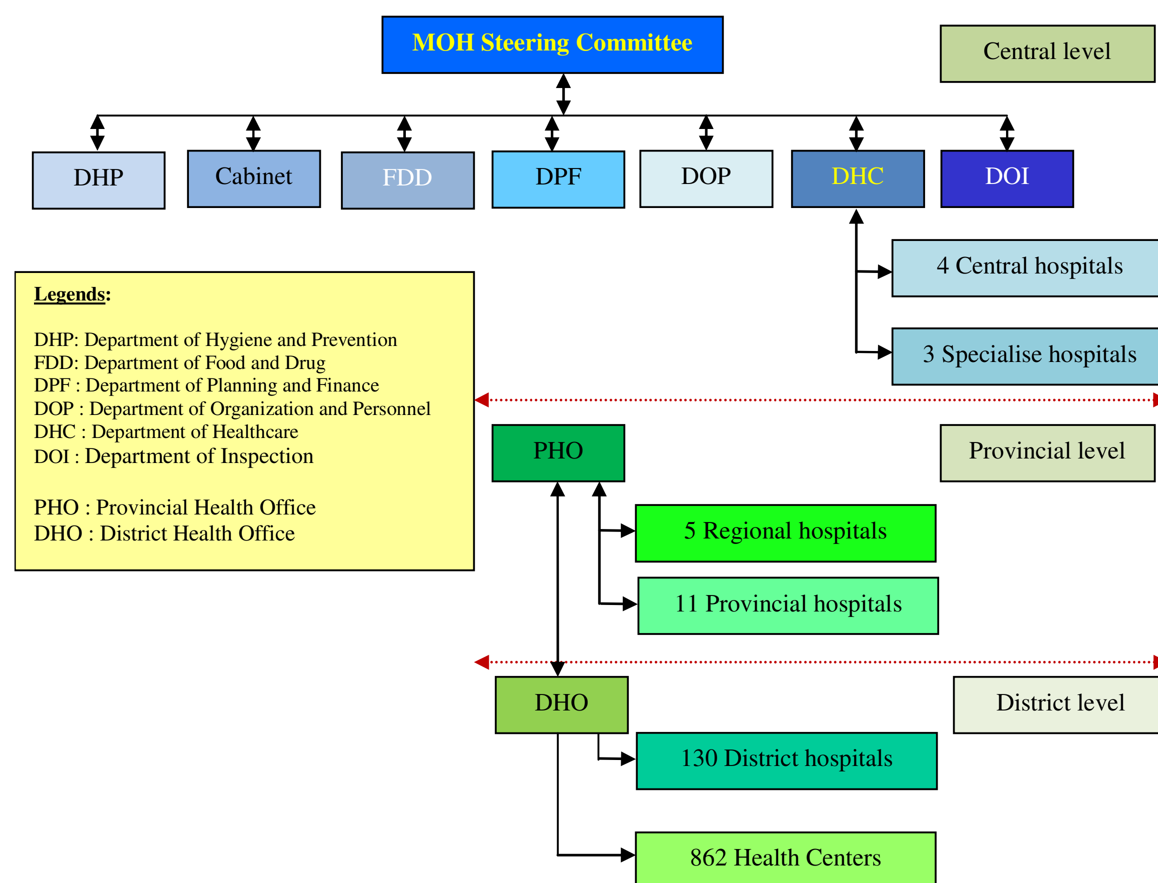
2.1 b) National Health Strategy or Plan

→ Please highlight the goals and objectives of the National Health Strategy or Plan.

2.1 c) Health Systems Strengthening Policies and Strategies

→ Please describe policies or strategies that focus on strengthening specific components of the health system that are relevant to this proposal (e.g. human resources for health, procurement and supply management systems, health infrastructure development, health management information systems, health financing, donor coordination, community systems strengthening, etc.)

The National Health Sector: The LAO PDR's health-care delivery system is essentially a public system, with government owned and -operated health centres and district and provincial hospitals. The public health sector is mainly divided under the three branches of (a) health care; (b) prevention, promotion and disease control and (c) health management and administration with traditionally a strong vertical structure. The public health network is graphically represented in figure below.



The Ministry of Health is responsible for both public health and curative service delivery. The Lao People's Democratic Republic currently has seven central-level hospitals (three of them are specialized centres), five regional hospitals, 11 provincial hospitals, 130 district hospitals and 862 health centres with total of 6707 inpatient beds. There are 254 registered private clinics and another 647 that have requested for authorization. Health

utilization, especially in rural areas, is low due to poor geographical access to health facilities with only 8% of villages having their own health centre. Nationwide, the hospital bed occupancy rate is 47.7% (much lower than the standard 80.0%), with the lowest rate (13.4%) in the mountainous Huaphanh province, and the highest rate (78.0%) in Xiengkhouang province. Other reasons for low utilization are the lack of staff and drugs, and associated costs of accessing health care. Overall, supply of health services does not meet the increasing demand for health care, and there is insufficient outreach service, monitoring and supervision. Planning and management of service delivery is still weak at the operational level, including the lack of a systematic approach to programme integration and coordination among health care facilities vertically and among facilities at the same level. The quality assurance system of health service is insufficient, with more qualified staff at central and regional levels. This imbalance has led to an unequal utilization of health facilities, putting more pressure on the already stretched central and regional hospitals.

The health network covers 93 per cent of population at an average walk of 90 minutes to a health facility. There are, however, major differences between urban/ rural and rich/poor villages as shown in the Lao Expenditure and Consumption Survey 2007/2008: 108 minutes for rural residents to 19 minutes for urban residents; three hours to reach a health facility in the highlands compared to an average of 48 minutes in the lowland areas. One quarter of the poor live in villages with a medical practitioner, against one half of the non-poor. Those figures represent the correlation between poverty and geographic location or ethnicity. Concerning health personnel, there are about 18,000 public sector health workers of which 70 per cent are MOH (Lao) staff and 30 per cent are from the ministries of National Security and National Defence. Low salaries and low levels of basic training inhibit health system efficiency. Staffing is urban-biased; there is often low motivation, conflict of interests and a lack of training and career development opportunities. Only 63 per cent of the medical staff work at health facilities.

The private and Non-Governmental sectors for health: is expanding, mainly in urban areas with over 2,000 private pharmacies, about 500 private clinics and 600 traditional medicine practitioners. Currently, the first private hospitals are about to start operating. Implementation and enforcement face typical challenges including conflicts of interest, as most of the senior public health personnel are directly or indirectly involved in private health practice after official working hours. In addition, mass organizations, like the Lao Women's Union, the Lao Red Cross, and faith based organisations are involved in specific health activities, especially in promotion and prevention at the grass-roots level. There are around 50 international non-governmental organizations working in the health sector. There is fragmentation among health programmes supported by donors and lack of coordination among them. However, some progress in coordination between the MOH (Lao) and donors is underway in line with the Paris Declaration and the **Vientiane Declaration on aid effectiveness**.

Poverty continues to have a distinctly rural face, with half of the rural poor living in seven chronically poor provinces. Women and girls still face the challenges of stereotypical attitudes on traditional gender roles, unplanned childbirths, heavy workload, and restricted opportunities for better education, especially in rural areas. ***Access to health care remains the biggest challenge***; with women having greater inequity regarding family planning and maternal health. Women of reproductive age face very high risk during childbirth; the maternal mortality ratio (MMR) is estimated to be 405 per 100 000 live births in 2005. Malnutrition is widespread, with an estimated 37% of children under 5 years of age underweight. Malnutrition affects the growth of children, their potential to learn and their overall health condition later on, particularly for girls. Lao People's Democratic Republic remains the most per capita bombed country in the Region. The vast amount of unexploded ordnances (UXOs) left over since the war still adversely affects the health of a significant part of the population. The national health indicators of the Lao People's Democratic Republic have been improving steadily over the past three decades. The crude

death rate declined from 15.1 to 8.0 deaths per 1000 inhabitants between 1995 and 2010. At the same time, life expectancy at birth rose by more than 10 years, from 51 years in 1995 to 65 in 2010. The main cause of mortality and morbidity are communicable diseases, and the main cause of death for children under 5 year-old is lower respiratory infections. The Lao People's Democratic Republic is undergoing an epidemiological transition with the incidence of non-communicable diseases (NCDs) and injuries increasing and posing a major challenge to an already overstretched health system. The Ministry of Health remains the sole provider of health services to the country. In recent years, the Ministry has made significant progress in terms of health policy development and decentralization of health services to provincial, district and health centre levels. However, investment in health is still low (total health expenditure is 4.1% of GDP), out–of–pocket spending is above 62.6% and social health protection coverage is 12.5% of the total population.

The health system still relies heavily on external donor support. Health service provision is strained by a lack of qualified, adequately distributed staff, adequate infrastructure and affordable drug supply. The Lao People's Democratic Republic finished implementing its 6th National Health Sector Development Plan (NHSDP) in 2010 and has developed the **7th NHSDP for 2011–2015**. In the past five years, the Ministry of Health with the development partners (DPs) have made significant progress in strengthening the country's health system. The establishment and function of the sector working group (SWG) for health, chaired by MOH and co-chaired by WHO and the Embassy of Japan, has been the core mechanism for effective coordination and cooperation in health, thus enhancing aid effectiveness. The various technical working groups (TWGs) and task forces formed under this mechanism have drafted major policies and strategies for sector development in areas such as human resource for health (HRH) and health financing (HF); maternal, neonatal and child health (MNCH/EPI); emerging infectious disease (EID); HIV/AIDS, malaria and tuberculosis (TB) control. WHO, with other DPs, continues its commitment to support the government of the Lao People's Democratic Republic to implement its 7th NHSDP as the contribution of the health sector towards the **7th National Socio Economic Development Plan (NSEDP)** for the period 2011 – 2015. As a United Nations agency, WHO operates within the **United Nations Development Assistance Framework (UNDAF) for 2012 – 2015**, and works with other international agencies to support the Government of Lao PDR to achieve the development goals.

In 2009, the average ***Total Health Expenditure*** (THE) of the Lao People's Democratic Republic was 4.1% of GDP, equivalent to US$ 36 per capita. Also in 2009, the general government expenditure on health (GGHE) accounted for 19.4% of the total expenditure in health. This means GGHE made up just 0.8% of GDP, a very low level of public expenditure on health. Moreover, public funding was mainly used to support recurrent costs such as salaries, administrative costs of the state health system, and costs associated with disease control. Social health protection schemes took up 12.1% of GGHE. Funding for health from external donors made up 16% of THE in 2008. Health services in the Lao People's Democratic Republic are provided mainly by the Government but are financed largely by household out-of-pocket (OOP) payments. In 2008, private health expenditure (PvTHE) made up 81.5% of THE, with 19.9% coming from private health insurance and 62.6% coming from OOP spending. OOP payments are a heavy burden for households, particularly for the poor who may be at risk of incurring catastrophic expenditure and falling further into poverty. Many households are not able to access basic health care service because of the cost of care.

Community participation and primary health care (PHC): In communities, health care is provided by health volunteers and managed by a village health committee. Most of the services delivered at this level are dependent on mobile outreach services. There is a lack of sufficient community health education and awareness-raising activities, which hinders community mobilization for health. With the move to change health volunteers to health workers at the village level, hopefully awareness on health issues and services will be

increased, and with it, more involvement of the community in health-related activities. ***Implementation of the integrated MNCH/EPI service package creates an excellent opportunity for involving the community in health promotion and use of services.*** The 7th five-year NHSDP sets one of its eight priorities as "strongly promoting and expanding **Model Healthy Villages**", meaning that more effort and resources will be put into community participation in health care at the primary level. With the new policy on PHC, there will be a call for more community involvement in preventive actions to health. Mass organizations in the Lao People's Democratic Republic have actively participated in health related activities, especially mobilizing communities and conveying health educational messages. The key active mass organizations are the Lao Women's Union and the Lao People's Democratic Republic Youth Union. Involvement of these organizations, together with other civil society members such as nongovernmental organizations (NGOs), both national and international, professional associations and the private sector, play a crucial role in the so far success of health-related programme implementation, and to some extent, health-related service delivery, especially at the grass-roots level.

The VIIth Five – Years National Health Sector Development Plan (2011-2015)

The 7th NHSDP for 2011–2015 has been developed and approved. The plan aims to strengthen the existing health system, particularly at the primary health care level, to ensure access to good quality health services to the poor and vulnerable populations in remote areas. ***The goals of the 7th NHSDP are as follows:*** (i) create basic material and technological health infrastructure in order to bring the country out of the LDC status by 2020; (ii) expand and strengthen the health system in order to meet the needs of the people, especially the poor and vulnerable in synergy with the rapid industrialization and modernization of the country; and (iii) contribute to eradicating poverty to improve the Lao people's quality of life, aiming to achieve the five health-related MDGs. ***The NHSDP underlines seven (7) health sector specific priority (direction)*:** (i) strengthening the health system; (ii) improvement of organization; (iii) improve quality and expand the health service capacity; (iv) improvement of the health production force; (v) improvement of health services; (vi) enhance the health sector humanitarian potential and (vii) development of sustainable health financing package. ***The Objectives of the NHSDP are:*** (i) develop infra-structure for a stronger disease prevention system; (ii) provide modern equipment to support diagnosis and treatment at central and then at regional level and (iii) increase the promotion and mobilization for more private social investment in country and abroad. (iv) MDG#1: Eradicate the poverty and hunger; (v) MDG#4: Reduce child mortality; (vi) MDG#5: Improve maternal health; (vii) MDG#6: Combat HIV/AIDS, Malaria and other diseases and (viii) MDG#7: Ensure environmental sustainability. Accompanying this overall plan, a series of **sub-sectoral plans and strategies** have been developed or are currently in the development process (e.g. **Health Information Systems; Human Resources for Health; Health Financing Strategy; Reproductive Health Strategy**) (many are being developed for the first time).

Health System Strengthening and Strategies

The Government of the Lao People's Democratic Republic, in collaboration with DPs, has formulated a number of overall national policy documents, under which the health sector has developed a legal framework to address key health issues in the country. There have been some major achievements following the implementation of these strategies and plans.

The **National Growth and Poverty Eradication Strategy (NGPES)**, which was finalized in 2003, is the overarching document that guides and sets long term targets for country planning and policy development until 2020. In 2004, the Government set up its localized targets and relevant indicators within the framework of the MDGs and published its first National **MDG Report**, which went a long way in establishing solid baselines to track the country's progress towards the achievement of the MDGs by 2015. The five-years National Socio-Economic Development Plan 2006–2010 (NSEDP), which incorporates the key

elements of NGPES and MDGs, was implemented by the Government, who then reported to the National Assembly on its progress. The Lao People's Democratic Republic has recently finished the implementation of the 6th NSEDP 2006–2010, and the 7th cycle plan for 2011–2015 has been approved and started. The Seventh National Health Sector Development Plan 2011-2015 (NHSDP) falls under this overall national plan as the framework for health sector development and forms the basis for health-related targets in NSEDP. The 6th NHSDP for the same period has also been finalized.

Nevertheless, the main Health System Strengthening Strategy related and linked to this proposal – and to which the proposal is aligned in content and time- is undoubtedly the ***"Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services 2009-2015".*** Under this MCH policies and strategies, maternal and newborn care, child health, immunization, nutrition and other reproductive health care were integrated at the point of service delivery under strong government leadership. Health systems strengthening and community mobilization are the main areas of focus to achieve rapid and equitable scale up for delivery of essential, cost-effective and evidence based interventions. The priority areas of work and strategic approaches in this Strategy are aligned with the country's overall policies including the NHSDP and the Health Sector Development Plan.

There is widespread support for the integrated package of MNCH/EPI services 2009-2015 and the related **Skilled Birth Attendance Development Plan 2008-2012** within the MOH and in the development partner community. The MNCH/EPI package is a key focus for this GAVI HSS application; its main goal is to reduce maternal neonatal and child mortality and maternal and child malnutrition by 2015. Its three strategic objectives are: (i) Improving leadership, governance and management capacity for programme implementation; (ii) Strengthening efficiency and quality of health service provision; (iii) Mobilizing individuals, families and communities for maternal, neonatal and child health

The priorities and strategic directions identified include: (i) Strengthening leadership and governance for MNCH/EPI; (ii) Develop financing mechanism for increasing access to MNCH/EPI services; (iii) Improve health information for better planning, monitoring and evaluation of MNCH/EPI and related services; (iv) Strengthening the delivery of MNCH/EPI services; (v) Develop sufficient and skilled health workforce for the provision of MNCH/EPI integrated services; (vi) Improve the management of medical products and technology for MNCH/EPI services; (vii) Create a supportive environment for the involvement of individuals, families and communities in MNCH/EPI; (viii) Develop community participation mechanisms for better MNCH/EPI.

2.2 Key Health Systems Constraints

→ Please describe key health systems constraints at national, sub-national and community levels preventing your country from reaching the three health MDGs (4, 5 and 6) and from improving immunisation, and from improving outcomes in reducing the burden of (two or more of) HIV/AIDS, tuberculosis and malaria. Include constraints particular to key populations and other unreached, marginalised, or otherwise disadvantaged populations (including gender related barriers).

Maternal, neonatal and child health (MNCH/EPI) is improving in the Lao People's Democratic Republic. The coverage of antenatal care with at least one visit has increased from 35% in 2006, to 71% in 2009–2010. For the same period, the proportion of births assisted by skilled birth attendants has increased slightly from 20% to 37%. Despite progress made in the last decade, MMR remains very high in the country – estimated to be 405 per 100 000 live births (2005, National Census). Most of the maternal deaths happen in rural, hard-to-reach areas of the Lao People's Democratic Republic. Most child deaths in the Lao People's Democratic Republic are due to common preventable and treatable conditions (34% neonatal conditions, 19% pneumonia, 16% diarrhoea, 6% measles). The infant mortality rate (IMR) has been reduced significantly in the last 10 years in the whole

country, but there are reports of IMR increases in some remote areas. The National Immunization Programme has achieved significant progress in increasing coverage of basic vaccinations (vaccination for diphtheria–tetanus–pertussis -DTP increased from 49% in 2005 to 74% in 2010; vaccination for measles climbed from 41% in 2005 to 64% in 2010). The provision of vitamin A for children under 5 years old through the Expanded Programme on Immunization (EPI) has contributed to the reduction of childhood mortality as well as the prevention of blindness due to vitamin A deficiency, which is most often caused by measles. With 55% of the population under 20 years of age 5 adolescent health is growing in importance, especially in terms of reproductive health and HIV prevention. Latest figures show that the adolescent fertility rate is 110 per 1000 girls aged 15–19 years. Of girls aged 15–19 years, 8.8% have begun childbearing in urban areas, and 20.5% have done so in rural areas. No official data exist regarding the status of abortions for unwanted pregnancies because abortion is legally restricted in the Lao People's Democratic Republic.

Despite these achievements the latest available assessments and reports provide information on the health system barriers to improving MNCH/EPI and EPI coverage. They can be summarised as follows:

- Data quality is not uniform and varies from provinces to provinces and districts to districts even within the same province due to access constraints at the provider as well as the client side according to the Data Quality Assessment (DQS) 2008 conducted by the national immunization program with assistance by WHO.
- Ineffective and irregular monitoring and supervision at implementing levels (province, district and health centres)
- Vacancy or understaffing at implementing levels (districts and health centres)
- High drop-out due to irregular service delivery
- Fragmented integration with other MCH interventions that could be delivered with EPI
- Inadequate inventory of cold chain, no replacement plan, and poor maintenance of equipment
- Little or no community-based surveillance for VPDs
- Weak vaccine supply logistics
- Complicated and incomplete reporting system and lack of validity of data (over-reporting and under-reporting)
- Unsatisfactory quality of the service due to poor training and poor support from province and districts
- Insufficient partnership between health workers and community authorities
- Not enough health education delivered to communities, resulting in low demand for immunization
- Limited accessibility to the service due to geographical barrier and only few regular contacts available for outreach and mobile villages and lack of consistency; poor communication about the outreach sessions to the target groups
- Lack of data base for planning, monitoring and supervision

Additionally, and in general, health systems constraints at national, sub-national and community levels - preventing the country from reaching the three health MDGs (4, 5 and 6) and from improving immunisation, and from improving outcomes in reducing the burden of diseases – are linked to weak management capacity of the health system but particularly at the district level and below along with those barriers in the areas of health information, financing, workforce and others. The key health systems bottlenecks in delivering effective and efficient MNCH/EPI and EPI services are summarized as per the WHO - defined six health systems building blocks, as below:

1. Leadership and Governance

- Ineffective planning and budgeting process (policy level)
- Lack of coordinated and harmonized budget

- Inadequate efforts in decentralization of health services to provincial, district and health centre levels
- Limited coordination and little systematic approach to program integration
- Lack of coordination and standardisation of service delivery and development activities within and between districts

2. Health Care Financing
- Very low level of public expenditure and overall insufficient budget
- Lack of sufficient resources at health facilities facing recurrent budget constraints
- Poor social protection coverage and geographical access: high level of out of pocket expenditure by the patients & low health insurance coverage
- Low utilization of services due to financial barriers

3. Information
- Poor vital registration system
- Unreliable health data recording and reporting
- Absence of unified national health statistics database
- Lack of effective analysis and use of data for planning

4. Health Services Delivery
- Limited planning and management capacity (operational level)
- Low quality and unequal distribution of both public health and clinical services
- Overall supply of health services not meeting increasing demand
- Poor geographical accessibility of health infrastructure
- Lack of sufficient outreach services, monitoring and supervision

5. Human Resources for Health
- Lack in staff quantity and skill mix and medicalization of staff
- Poor geographical distribution, especially in remote areas
- Professional, practical and clinical skills do not meet standards
- Lack of staff motivation due to poor incentive especially in rural areas
- Staff remuneration not linked to performance with no accountability mechanism in place

6. Medical Products, Vaccines and Technologies
- Insufficient quality of services due to lack of necessary commodities
- Lack of unified logistics and supply systems

7. Community Participation (Health Systems Enabling Factor)
- Poor community mobilization and linkages in health
- Insufficient partnership between health care providers and village health committees
- Lack of sufficient community health education and awareness raising activities

Additionally specific barriers of civil society and the private sector in delivering MNCH/EPI services and strengthening health systems or becoming part of the national process has been identified as follow. There is a vast network of community organisation at each level of the society. None of them are directly involved in immunization delivery, or MNCH activities however, the Lao Women's Union, Mother and Child Committee and village volunteers are instrumental to community mobilization for MNCH services including immunization. Although these groups are enthusiastic and present at every level in Lao PDR, they face some barriers including : (i) Lack of funding for health related activities; (ii) Little or no IEC materials for health education and community mobilization; (iii) Inadequate amount of training on immunization and other health related topics; (iv) No incentives for carrying out their work, all done on a purely volunteer basis; (v) Local NGOs and other private organizations are only starting in Lao PDR and their role is not yet well understood by all government sectors and (vi) Lack of education and information in remote areas and related inadequate health seeking behaviour.

2.3 Current HSS Efforts

→ Please describe current HSS efforts in the country, supported by local and/or external resources, aimed at addressing the key health systems constraints.

The Ministry of Health has made significant progress in terms of health policy development and decentralization of health services to provincial, district and health centre levels. However, government spending on health is still very low and there are still considerable inefficiencies in how resources are allocated within the sector and how services are organized. A more coordinated and harmonized health budget is strongly needed. Health interventions are delivered to a large extent through vertical programmes, leaving ample scope for integration at the service delivery level and higher management levels.

The MOH in 2009 has endorsed the strategy and framework to implement the integrated MNCH/EPI package throughout the country. Some international partners including a **Joint UN MNCH programct** commenced rolling out the integrated package of MNCH/EPI services. The SWC is coordinating those initiatives and activities at a national level. To make the implementation of the MNCH/EPI strategy more effective, the MOH urgently needs to coordinate, harmonise and integrate existing initiatives and activities within and between districts.

The Government of Lao PDR, with support of international Development Partners, is addressing the systemic barriers in the health system with a series of health systems strengthening projects supported by different partners as below:

1. **Asian Development Bank (ADB) – Health System Development Project(HSDP)**

ADB is funding the improvement of primary health care (PHC) delivery, including MNCH/EPI and immunization services, in 8 northern provinces (including Oudomsay and therefore complementing the GAVI-HSS supported districts) and the strengthening in the capacity of MOH in planning, budgeting, financing, human resource development (HRD). The PHC delivery project focuses to improve all health services such as remote village with drug kit, health centre for group of villages, district hospital A or B and provincial hospital.

The GAVI HSS Initiative could strengthen and complement this training with MNCH/EPI application at the district level. On health financing, the roll-out of Health Equity Fund (HEF) in Oudomsay is planned for 2011. The GAVI HSS Initiative could look into the HEF eligibility criteria and synchronize with the free delivery and basic MNCH/EPI services to help with access and equity issues. HSDP is also supporting Health Management Information Systems (HMIS) training at provincial level and computerization in selected districts.

2. **World Bank – Health Services Improvement Project (Additional Funding)**

The World Bank Health Services Improvement Project (HSIP) has been implemented over a 5-year period (2006-2010). During this phase, it funds activities to improve the quality and utilization of health services, strengthening institutional capacity for health service provision and improve the equity, efficiency, and sustainability of health financing in 5 provinces in the south of the country. The development objectives were to assist the Lao PDR to improve the health status of its population, particularly the poor and rural population, in Project Provinces. This has been accomplished by (i) expanding access to and improving the delivery of a basic package of health services including MNCH/EPI and immunization services in five southern and central Provinces through an improved planning, budgeting and performance orientation of the District health system; (ii) building institutional capacity, both technical and managerial, in the health workforce at all levels; and (iii) improving the equity, efficiency and sustainability of health care financing. The

Project had to: (a) apply flexible financing at District and Provincial health office levels annually, and respond to local priorities; and (b) establish performance measures for program implementation and financial management, and apply them as two of several criteria for providing the annual levels of support to Districts and Provinces. The Health Equity Fund has been initiated in 5 districts in 4 southern provinces.

Negotiations with the MoH for an additionally three years extension at the total cost of US$12.4 million have been finalized. The development objective of the extension phase will be: To assist Lao PDR to increase utilization and quality of health services, particularly **for poor women and children** in rural areas in Project Provinces. The Additional Funding will support the following activities: (a) scaling up of programs to reduce financial barriers to health services; (b) continued financing of recurrent costs at province, district and health facility level; (c) focused investment in human resource development; and (d) support to equipment and facility upgrading at district hospital and health center level. These activities are expected to contribute to increased utilization and quality of essential maternal, neonatal and child health services and, over the longer term, to improved health outcomes.

3. **LuxDevelopment – Lao-Luxemburg health Initiative Support Programme**

The Luxembourg Government has been strengthening health care services delivery in Vientiane province since 1999 through the capacity building of the provincial hospital. Since 2003, the "Health in Vientiane project" is supporting the Provincial Health Department in delivering preventive, promotive and curative healthcare including MNCH/EPI and immunization services through intensified health staff training and decentralized health care throughout the province including the establishment of health insurances schemes targeting the poor. Human resource development has been strengthened since 2005 in Vientiane province through the Nursing Training project the "Lao-Luxembourg Health Initiatives Support Programme" for the improvement of the medical equipment management at provincial hospital level as well as the strengthening of the national Extended Programme of immunisation in the provinces of Vientiane, Bolikhamsay and Khammouane has started in 2009. This initiative promotes better integration in the Lao health system and the ongoing decentralization process of health-care delivery. In addition to this Luxembourg has provided cold chain equipment for 450 health centers and vaccines for the whole EPI program. Negotiations with MoH are ongoing for an additional extension.

4. **World Health Organization (WHO) – Integrated MNCH package implementation based on district health system perspective**

In order to assist the country's effort in implementing the national integrated MNCH/EPI strategy, WHO is working with the Ministry of Health to carry out an Initiative in selected districts of Saravane, Xiengkhouang and Houaphan provinces to get practical experience while supporting nationwide implementation. The first pilot initiative started in two districts in December 2009 and the expansion of the same program by the MoH and the WHO is now ongoing in fifteen more districts as of December 2011. In addition, the WHO is working with UNICEF, UNFPA and WFP to support the MoH's implementation of the MNCH package in other eighteen districts as a joint UN program from May 2011. This implementation includes 1) Governance and management capacity building at district level, 2) Better information systems at the local level, 3) Standardized trainings to improve quality, 4) Integrated outreach services, 5) Improvement of infrastructure of district hospitals and health centres, 6) Voucher for free maternity service, 7) Empowerment of the village health volunteers and 8) Community mobilization.

In addition, WHO provides technical support to the government of Lao for strengthening the health system with attention to each of the six building blocks: leadership and governance; health financing; health workforce; health information; medical products,

vaccines and technologies; and service delivery.

5. **United Nations Children's Fund (UNICEF) Country Programme 2012-2015 – Health, Nutrition and WASH Components**

UNICEF is working towards improving the health and nutrition status of mothers and children by increasing access to basic health care and nutrition services with focus on poor and hard to reach communities. UNICEF plays a key role in strengthening health systems for improved management of vaccines including procurement, logistics and cold chain management, nationwide, This provides a support function for the delivery of the package of integrated MNCH/EPI and nutrition services. Implementation of the MNCH package requires targeted support to the health system at decentralised levels. UNICEF is working to strengthen evidence-based provincial and district health planning processes and support provincial authorities in Luangnamtha and Phongsaly to undertake bottleneck analysis on both the supply and the demand side of the health system, including analysis of the transition from national EPI program delivery to integrated MNCH / EPI and nutrition. UNICEF provides technical support to strengthen local health authorities to engage and coordinate with a range of development partners in support of the principle of one district annual operating plan. In terms of data collection, UNICEF provides technical support to HMIS at national levels as well as data collection systems at local levels. In two target provinces, UNICEF supports health staff to deliver and monitor integrated MNCH services at fixed sites and through outreach, and build the capacity of health authorities to generate lessons learned that can feed back into the planning, budgeting and decision making process. Some assistance will be given to upgrade facilities and staff capacities, including provision of comprehensive emergency obstetric care, and equipping health centres with appropriate facilities. UNICEF supports community empowerment activities through strengthening the capacity of the multi-sectoral provincial and district commissions for mothers and children, who can lead and coordinate community mobilisation efforts from a range of actors within and outside the health sector, including the Lao Women's Union, Kum Ban level authorities and village committees. This strengthens the linkages between the health sector and other rural development initiatives including WASH, for greater harmonisation, more effective use of resources and consolidation of key messages. UNICEF works with civil society partners to support community engagement on key behaviour change interventions such as infant and young child feeding and promotes improved linkages between communities and health service providers.

6. **United Nations Population Fund (UNFPA)**

The Reproductive Health (RH) programme of UNFPA is a major contributor to the implementation of the MNCH/EPI Strategy. To address acute shortages of Skilled Birth Attendants in the country - without whom the delivery of the MNCH/EPI package, reducing maternal mortality and further reducing infant mortality is difficult - UNFPA supported the MoH to develop the Skilled Birth Attendance Development Plan. It now supports its implementation through its RH component programme as well as by mobilizing coordinated support by other development partners. UNFPA is also supporting and strengthening the drug logistic system through a logistic information system in order to reduce stock-outs and wastage, to improve storage conditions and to rationalize transport and quality drugs and supplies in order to better deliver the MNCH/EPI package. To strengthen the Family Planning (FP) component of the MNCH/EPI package, UNFPA provides contraceptives nationwide, IUD counseling skills for health care provides, support to integrate FP services into the MNCH/EPI outreach services, and expanding the community based provision of FP commodities into the village drug kit. UNFPA supports community empowerment activities in three poor southern provinces, working through existing structures including the provincial and district governor administrations, health departments, mass organizations (Lao Women's Union), village health committees, village volunteers and community motivators by increasing their knowledge and awareness on the facts and benefits of family planning and skilled care before, during and after the childbirth.

The activities under the GAVI HSS Initiative will complement the efforts of UNFPA in various synergistic areas including unification of multiple logistic systems for MNCH/EPI commodities including contraceptives, health promotion activities through trained village volunteers and use of home visits and EPI outreach teams for provision of MNCH/EPI services including FP, and community empowerment and mobilization activities.

7. **Japan International Cooperation Agency (JICA)**

JICA has been assisting the MOH with health sector wide coordination mechanism since 2005. JICA also engaged in technical cooperation for strengthening health services for children (KIDSMILE Project) from 2002 to 2007. The project strengthened managerial capacities of both Provincial Health Departments (PHDs) and all District Health Offices (DHOs) in Vientiane Province and Oudomsay Province by introducing hospital self-management system called Minimum Requirement (MR) and promoting supervisory visit and regular joint meeting among PHD and DHOs. The project also strengthened the capacity of the DHOs and District Hospitals to conduct a health promotion event for child health. Another project more focusing on health infrastructure development was the Project for for Improvement of District Hospitals from 2006-2008. The project constructed six district hospitals and installed medical equipments in ten district hospitals. In Oudomsay Province, the buildings of Houn District Hospital were expanded and equipped. The project installed various medical equipments in Santhong District Hospital, Vientiane Capital. The GAVI HSS will benefit from these upgraded hospital equipments and build on it by supporting provision of staff development and training. The future plans of JICA include support to the MNCH/EPI Strategy implementation through the Project for Maternal and Child Health Services Integration, planned from 2010 to 2014. It aims to support MOH to implement the MNCH/EPI Package in four Southern Provinces, Champasak, Saravane, Sekong and Attapeu focusing on strengthening managerial capacity of Provincial and District Health Departments.

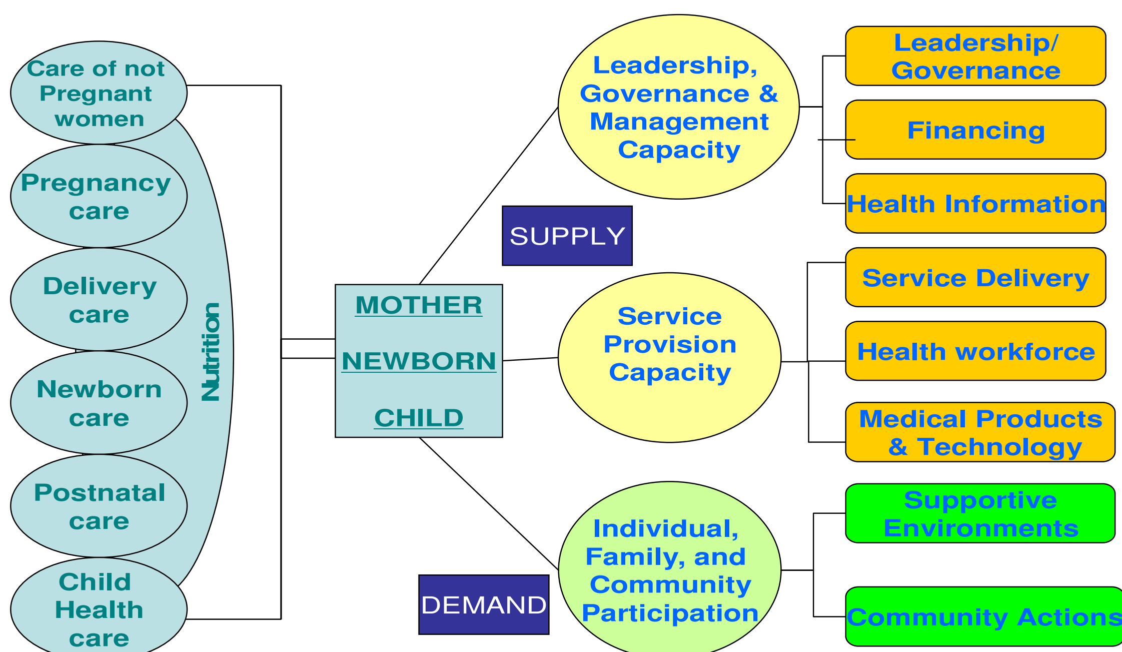
8. Health systems strengthening support by other Development Partners

Smaller scale but significant projects have been funded to strengthen health systems and implemented by INGOs as Medecin du Monde, Save the Children and Plan International, specifically at local levels. These include Health Centre primary health care capacity building in 13 Health Centres in Vientiane Province by the Lao-Belgian Health Project. Save the Children Australia has undertaken a health strengthening project at the Health Centre level in Sayaboury province and now enlarging their activities to adjacent provinces. For more in depth information please refer to the attached **2010 development Partner Profile**.

3. Health Systems Strengthening Objectives
3.1 HSS objectives addressed in this proposal *→ Please describe the HSS objectives to be addressed by this proposal and explain how they relate to, and flow from, the information provided in section 2 (National Health System Context). Please demonstrate how the objectives proposed to GAVI will improve health outcomes related to immunisation, and how the objectives proposed to the Global Fund will improve health outcomes for (two or more of) HIV/AIDS, tuberculosis and malaria.*

This GAVI HSS Initiative will continue to contribute to the nationwide implementation of the MNCH package leading to achievement of the MDG 4 and 5 in 2015. This initiative is strongly corresponding to the mandate of the GOL to improve health and well being of population especially women and children. The GAVI HSS initiative will also assist the GOL to interpret the IX Party Congress's into the action. It will serve the National Health Plans for 2011-2015 to ensure implementation of the integrated package of MNCH by supporting coordination and integration of MNCH service delivery activities and strengthening MNCH and EPI service delivery capacity within and between health centres, districts and provincial levels. This initiative supports the strengthening of mother and child health service delivery in rural areas and complements ongoing efforts of GOL and support of other development partners.

Through the implementation of this initiative, authorities at all levels will be more engaged and thus provides a strong support to the programme. As health workers are better trained and appropriate equipments are provided, they will be more confident to provide services and eventually gain good reputation from community. Once this momentum is in place, more pregnant women will come for ANCs and give births at health facilities and for other MCH related services. With this phenomenon, mothers will bring their children for vaccination once they gain more understanding and they see their benefits from this practice. In the long run, people will gradually change their traditional behaviour towards pregnancy and birth practices. As a result, high coverage of ANC visits, high coverage of institutional deliveries lead to high immunization coverage.



This initiative will continue focusing to support a number of major bottlenecks identified

within all the six health systems building blocks. The MNCH Strategy has also structured and presented their three strategic objectives, i.e. *Leadership, Governance and Management Capacity*, *Service Provision Capacity at the districts, health centres and communities*, and *Individual, Family and Community Participation* in association with the six building blocks**.** While the first two objectives are predominantly addressing supply side of health systems, the third area is rather addressing the demand side of health services through considering the importance of creating a supportive environment by supporting more active community participation and mobilization. This GAVI HSS proposal also stands on the same view that community participation and mobilization is a critical enabling factor for health systems strengthening. Within the time frame of this proposal, the efforts should be made available to mobilize a local political will to support the implementation of the MNCH package, strengthen community leadership and support to mothers and children in accessing to a quality care and treatment including vaccination. With the supply side, this initiative will ensure a capacity development for health staff at the districts and health centres, improve working facilities to meet qualified hygiene practices, provide essential medical equipment and medicines for mother and child health services including EPI. With this initiative the service deliveries will be provided by two strategies: fixed site (facility based) and outreach service deliveries (details will be described hereafter).

3.2 a) Narrative description of programmatic activities

→ *Please provide a narrative description of the goals, objectives, Service Delivery Areas (SDAs) and key activities of this proposal.*

3.2 b) Logframe → *please present a logframe for this proposal as Attachment 2.*

3.2 c) Evidence base and/or lessons learned

→ *Please summarise the evidence base and/or lessons learned related to the proposed activities. Please provide details of previous experience of implementing similar activities where available.*

In combination with the efforts to strengthen the central and the provincial levels, this GAVI HSS initiative will support five selected districts as follows: Say, La and Namo districts from Oudomsay (OUD) Province Sangthong and Pak Ngeum districts from the Vientiane Capital. All the districts were selected based on the considerations on health status, immunization coverage, ethnic diversities, and existence of adequate infrastructure as well as complementarity with other external support.

Goal

Contribute to reaching Millennium Development Goals 4 and 5 targets in Lao PDR by 2015 by supporting implementation of the Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services (2009-2015), taking the EPI as the nucleus of the intervention.

Overall objectives

By the end of 2015:

1. Improve the capacity of central, provincial and district staff to plan, implement and monitor MNCH/EPI services
2. Establish the MNCH/EPI package of services in five selected districts with increased utilization
3. Increase community mobilization and participation for MNCH/EPI activities including immunization at district level

Expected Results

Objective 1:

- Strengthened MNCH/EPI staff capacity on management and supervision of

MNCH/EPI services at central, provincial, district and health centre levels,

- Improved supportive supervision through establishment of an MNCH/EPI monitoring and supervision team with participation from central, province, district staff together with local authorities and health stakeholders,
- Standardized provincial and district plans and budget for MNCH/EPI service delivery
- Effective financial support systems established such as user fee exemption for certain critical MNCH/EPI interventions
- Increased use of the integrated health information system and data management for MNCH/EPI in the district, health centres and communities.

Objective 2:

- Increased coverage of vital MNCH/EPI services such as births by skilled birth attendants, antenatal care, children receiving Integrated Management of Childhood illness, immunization coverage, nutrition and family planning services
- Improved home visits and outreach services to reach the most remote populations
- Better functioning of a referral system between health centres, district and provincial hospitals in the selected districts
- Improved service capacity of health workers through staff incentive system based on utilization of selected MNCH/EPI services and provision of Skilled Birth Attendant (SBA) and other competency based training
- Ensured regular supply and availability of essential equipments and drugs, vaccines and other commodities for MNCH/EPI services including improvement of delivery facilities (water supply, electricity, sanitation, delivery room and supporting facilities)

Objective 3:

- Greater community participation in promoting MNCH/EPI care through training, regular meetings, IEC materials and campaigns
- Enhancing of community based vital statistic collection mechanism through community mobilization
- Better awareness and demand created for the use of MNCH/EPI services through community mobilization

Description of activities:

Objective 1. Improve the capacity of central, provincial, district and health centres staff to plan, implement and monitor MNCH/EPI services

SDA 1.1: Stewardship and Governance

Activity 1.1.1. Detailed Province, District and health centres MNCH/EPI Planning and review

Provincial, district health department/division and health centres will develop detailed plans for the implementation of the MNCH/EPI Strategy, accompanied by the realistic budget, with the involvement of district and village group health committees. The annual plan (meeting) will set clear targets of MNCH/EPI for each year, describe interventions and activities with a clear timeline, responsible unit/persons and related costs. Provincial and district health department and office will mobilize and coordinate the use of health funds from government and all donors in planning and implementation stages. All sources of funding will be put into one plan for the implementation of the MNCH/EPI Strategy.

Activity 1.1.2. Objective oriented contracting.

To ensure implementation of the agreed plan and achievement of the targets, the MOH will sign a contract with provincial health director, then the provincial health director will sign a contract with district health director, who will in turn signs a contract with every Health Centre director. HC director will also sign a contract with every village head. The

implementation plan with clear targets and indicators will be attached to the contract. This will be linked to recognized honours, for instance issuance of certifications.

Activity 1.1.3. Supportive supervision and monitoring.

A supervision team will be supported at the central, provincial, district and health centre level with clearly defined regular supervision tasks, composition and timelines. A new integrated supervision tool and procedures being developed by MOH will be applied to maximize synergies and avoid duplication. Supervision to health centres by a joint provincial and district team will be conducted quarterly. Supervision team will report findings to local government committees. District health office will conduct regular meeting with Health Centers and Health Center will conduct regular meeting with village representatives to: (a) check and update reporting data; (b) review implementation progress; (c) analyze issues and exchange experiences; and (d) provide thematic training.

SDA 1.2: Health Financing

Activity 1.2.4. Financial support for delivery and MNCH/EPI services.

Promoting the provision of free basic services, particularly safe delivery at health centre, district hospital and referral to provincial hospital, antenatal and postnatal care, immunization, family planning and nutrition through mechanisms such as user fee exemption or Health Equity Fund (HEF) or Village Fund where such scheme is already operating, or other means of support as per the government guidance. This includes support for referral transportation for Emergency Obstetric and Neonatal Care (EmNOC).

Activity 1.2.5. Maternal and child deaths review.

The provincial and district teams will review all cases of maternal and child (under 5 years old) deaths - especially neonatal death possibly linked to tetanus - submit report and present findings and recommendations to the quarterly meetings and annual review and planning for the improvement of services.

<u>Objective 2.</u> Strengthen the MNCH/HEPI package of services in five selected districts with increased utilization

SDA 2.1: Health Workforce

Activity 2.1.1. Integrated MNCH/EPI outreach visits with promotion of facilities utilisation

Planned outreach visits on integrated MNCH/EPI care and other services will be improved according to the catchments assignment of all health centres. The District Hospital will cover villages which have not been assigned to centres. An integrated home booklet developed by the MOH will be used for recording services. The post-natal visit will include hepatitis B birth dose plus vitamin A for the mother and registration of the newborn with the village leader and the health centre and family will receive a certificate. Weekly iron supplementation for women of child baring age will be distributed through outreach visits and to middle and secondary school.

Activity 2.1.2. Non financial Incentives for health care facilities.

The quarterly supervisions and annual review will assess the progress of district and health centres as well as individuals against the stated objectives in the contract, the annual plan and the agreed MNCH/EPI indicators. Incentives will be designed by provincial and district health authority for those health centres which reached the annual objectives and achieved targets. Rewards the best performing facilities intends to play the role of incentives under the form of in kind collective awards for the facility and in kinds individual items to motivate the personnel.

Activity 2.1.3. Skilled Birth Attendance (SBA) and MNCH/EPI skills training.

(a) Develop a training plan for workers at health centres and district MCH unit on the basis of needs assessment; (b) implement the National SBA Development Plan with the five core

modules (described *below*); (c) provide training on other skills needed for the delivery of MNCH package according to the training plan, with emphasis on safe delivery, antenatal and postnatal care and child health; and (d) District health office will establish a data base on the implementation of training plans and human resources. The National SBA Development Plan[1] has identified five core MNCH modules for the training: (a) Basic emergency obstetric and newborn – life saving skills, compulsory foundation, 5 days; (b) Antenatal and postnatal care, 5 days; (c) Essential newborn care, 5 days; (d) Family planning, 5 days; and (e) Integrated management of children Illness, 5 days. Following training plan has been budgeted and additional training needs of the selected districts will be met by the Initiative.

Activity 2.1.4. Sharing of best practices

The MNCH/EPI staff from province, districts, health centres and communities will be taken to other places to perform study exchange where appropriate

Activity 2.1.5. Interpersonal communication training.

This will focus on basic skills of inter-personal and behaviour change communications. Much of this training will be provided through the SBA development plan.

SDA 2.2: Infrastructure

Activity 2.2.6. *Supporting supply management for MNCH/EPI commodities and technologies*

Ensuring regular supplies and commodities availability of essential commodities for MNCH/EPI services and health promotion including essential equipment and drugs, vaccines, contraceptives, nutrition supplements (Vit. A, Iron etc.). This will include: (a) District health office will develop a plan for supplies and essential equipment needed for delivering the MNCH/EPI package; (b) Provincial health department will coordinate with donor on the provision of supplies and essential equipments for district hospital and health centres; (c) District health office will keep a data base of supplies and equipment deployment and utilization; and (d) Facilitate use of standardized and unified procurement mechanism and disbursement mechanism so that the materials are ordered and delivered in a timely fashion.

Activity 2.2.7. *Renovation of delivery rooms including water supply, electricity, sanitation and other supporting facilities.*

Based on assessment, delivery rooms including water supply, electricity, sanitation and other supporting facilities will be provided at health centre and district hospital if necessary.

Activity 2.2.8. Provision of transportation facilities for health workers to provide regular outreach MNCH/EPI services and carry out regular supervision.

The central and provincial management units will be equipped with transportation facilities for a regular visit and supervision for districts, health centres and communities. The districts and health centres will conduct their regular outreach services by using motorbikes accordingly.

<u>Objective 3.</u> Increase community mobilization and participation for MNCH activities including immunization at district level and health centres level

SDA 3.1: Building Community linkages, Collaboration and Coordination

Activity 3.1.1. Training village health volunteers and village leaders for vital statistics

Training village volunteers and leaders to report newborns and new pregnant women to the health centre who in turn will come to the village to provide hepatitis B birth dose, post-natal/antenatal visits and assist the village leader with birth registration. They also will be

[1] Skilled Birth Attendance Development Plan, Lao PDR 2008-2012. Revised February 2009. Page 54-55.

trained to report deaths of children and mothers and to collect the village population data annually. This will be done with technical assistance from WHO.

Activity 3.1.2. Training village health volunteers and committee members on promoting MNCH/EPI care. (a) MOH will review existing health education materials; (b) Provincial and district health authorities will assist health centres in training village health volunteers, health committee members and traditional birth attendants on promoting the provision and utilization of MNCH/EPI services; (c) village health volunteers, committee members and traditional birth attendants will disseminate health information and education materials to community and target groups.

Activity 3.1.3. Strengthening use of the Child Health Days for all villages.

The existing Child Health Days mandated by the government twice a year will be used to provide MNCH/EPI services at remote villages not regularly visited. District health office will organize technical support to health centres in planning and providing services, health education campaigns and awareness raising activities on the day. Additional transport and social mobilization in remote areas will be supported.

Activity 3.1.4. Providing non financial incentive for village health volunteers particularly for remote and disadvantage area.

Village Health Volunteers will receive training, basic equipment and official recognition from authorities.

Objectives 1 and 2 will also facilitate the introduction of new vaccines: (i) In 2012 Measles and Rubella; (ii) In 2013 the Pneumococcal Conjugate Vaccine - PCV and (iii) In the last quarter of 2012 and then from 2013 as routine the Japanese Encephalitis – JE vaccine.

Evidence based:

The MOH with support from the UNICEF, UNFPA, WFP, WHO, WB, ADB, Lux-Dev, JICA, Global Fund and other partners has implemented the integrated MNCH/EPI package in selected districts focussing on poor and marginalized communities and plans to expand nation-widely by 2015. The first pilot initiative started in two districts in December 2009 and the expansion of the same approach is now ongoing in remaining districts. The activities in this GAVI HSS proposal are almost same with what MOH is supporting to those districts, which includes 1) Governance and management capacity building at district level, 2) Better information systems at the local level, 3) Standardized trainings to improve quality, 4) Integrated outreach services, 5) Improvement of infrastructure of district hospitals and health centres, 6) Voucher for free maternity service, 7) Empowerment of the village health volunteers and 8) Community mobilization. According to health facility's routine report, the proportion of pregnant women who received antenatal care and delivered their babies with skilled birth attendants and immunization coverage have increased gradually after those interventions. The first two pilot districts have demonstrated better performance as below.

Table. Performance indicators in two districts between 2009 and 2010

Indicators	Year 2009		Year 2010	
	Khongxedon	Khoune	Khongxedon	K
Antenatal care at least one time	45.2%	16.0%	64.3%	3
Births attended by skilled birth attendants	24.7%	9.5%	29.8%	2
BCG vaccination	49.9%	26.6%	70.3%	5

Lessons learned:

The national sector-wide coordination mechanism and existing national programs are essential conditions. The MCH-EPI TWG has provided coordinated national guidelines and training modules. Community midwife training has ensured essential human resources to

the districts and health centres. National Immunization program gave operational experience to integrated outreach service. With these conditions, the important next step is a single district MNCH/EPI plan and the health centre micro-plans. The plan, including all activities supported by several agencies, is the first step of the integrated service delivery and a critical tool for the districts' ownership and leadership because it becomes their own plan, not other agencies' separated plans.

A comprehensive approach to strengthen district health system by catalyzing existing activities and filling in gaps is also important. This includes strengthening planning and management capacity, improving the health information system, developing a subsidy scheme, training health staff, providing supplies, supporting outreach services, conducting a Health Day campaign and mobilizing village health volunteers. It is recognized that achieving the MDGs 4 and 5 targets is largely dependent on the health system strengthening, particularly at the primary and secondary level. Increased community involvement is another success factor. Health service utilization has increased in rural and ethnic villages since health workers convinced ethnic and village leaders on the benefits of MNCH/EPI services such as vaccination, antenatal care and facility delivery. Also, strengthening the role of village health volunteers has helped to get reliable data, provide basic information and increase health services utilization.

Lastly, the leadership of the central government is another valuable factor for success and for further scaling-up. Now, not only district and provincial health officials but also central officials have gotten practical experience in implementing the integrated MNCH/EPI strategy, which will serve the nationwide scaling-up in the end.

3.3 Main Beneficiaries

→ Please describe how the proposed activities under each objective contribute to equity (e.g., gender, geographic, economic), reach the unreached, underserved and marginalised populations with health services, and benefit the poorest and other disadvantaged populations, including any measures to reduce stigma and discrimination that these populations may face.

The proposal's **Direct Beneficiaries** will be: (i) Central, provincial, district and health centres health staff at different levels; (ii) Community Leaders and Village Health Volunteers; (iii) Women, pregnant women and Children under 5 years of age. The **Indirect Beneficiaries** will be: (i) The overall population; (ii) Community; and (iii) Health centres staff.

This GAVI HSS initiative is promoting the health and well being of mothers and children in 5 districts through the improvement of comprehensive health services in the area of mothers and children. The health system particularly at the provinces, districts and health centers will receive a great benefit from implementing the activities proposed through the 3 objectives of the project. As stated in this proposal, 3 main objectives are clearly described (1) Improve the capacity of central, provincial, district and health centres staff to plan, implement and monitor MNCH/EPI services. Resulting from the implementation of activities serving for the first objective, the doctors, nurses and village health volunteers at the different levels will gain more skills in the area of mothers and children health including obstetrics and gynaecology. Additionally, the health care providers will have an opportunity to develop their managerial skills such as problem identification, cause analysis, problem prioritization, planning, implementations, monitoring and evaluations. (2) Establish the MNCH/EPI package of services in five selected districts with increased utilization. Through implementation of the activities of the objective 2: mothers and children, pregnant women in the remote communities who live far be hide and low economic status, ethnic minorities will receive the direct benefits from this project. Regular MNCH/EPI services will be organized at the health facilities nearby and through the outreach services delivery. Pregnant women will attend at least 4 antenatal cares, arrange for deliveries, referral systems, access to financial support, use family planning, nutrition package, post partum visits, children will receive full vaccination before 12 months of age including Hepatitis Birth dose. Thus their

health status will improve and progressively graduate from poverty status. In connection to this, an improved health care system with upgraded infrastructures and new medical technology will result in great improvement of the quality of MNCH/EPI services. (3) Increase community mobilization and participation for MNCH/EPI activities including immunization at district level. This initiative will develop a momentum that will lead to create a stronger partnership between local authorities at different levels, community leaders, community members and health care providers. With implementations of the objective's 3 activities, communities will become more involved, responsible, participative, supportive and contributable in enhancing the health situation of mothers and children in the communities.

4. Performance Monitoring and Evaluation

4.1 National Monitoring and Evaluation (M&E) Plan and Performance Framework

→ *Please present your National M&E Plan as Attachment 3, and the Performance Framework for this proposal (using prescribed template) as Attachment 4.*

4.2 a) M&E arrangements

→ *Please describe how the Performance Framework in this proposal uses existing national indicators, data collection tools and reporting systems.*

4.2 b) Strengthening M&E systems

→ *Please describe the M&E systems strengthening activities to be funded through this proposal.*

The national M&E plan is attached (Attachment 3, 37-39 page of national MNCH strategy), and the Performance Framework for this proposal is attached also (Attachment 4).

This GAVI HSS Initiative will support joint monitoring and annual progress assessment by national and local health authorities with participation of all related international partners, based on the defined M&E framework for the MNCH Strategy at the national level (Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services 2009-2015, p.38). Some disaggregated data for districts will be collected to monitor the implementation of the GAVI HSS support.

All of impact and outcome indicators in the Performance Framework are selected from the national MNCH strategy M&E plan and three mandatory indicators for the GAVI HSS. Output indicators are selected according to the key interventions which are highlighted in the national MNCH strategy. National HMIS (health management information system) and national survey (Lao social indicator survey which is the combination of the Multiple Indicator Cluster Survey and Lao reproductive health survey) will be used as data collection tools and reporting systems.

The baselines and targets of the impact/outcome indicators are as follows:

Indicator	Baseline Value	Date of Baseline	Target	Date for Target
Maternal mortality ratio (100,000)	405	2005	260	2015
Infant mortality rate (1,000)	70	2005	45	2015
Under five mortality rate (1,000)	98	2005	55	2015
Percentage of children who received DTP3	74%	2010	90%	2015
Drop out between DTP1 and DTP3 coverage	8%	2010	7%	2015
Equity in immunisation coverage	10%	2010	7%	2015
Percentage of women with at least 1 ANC consultation from skilled health personnel	29%	2005	60%	2015

Percentage of live births attended by skilled health personnel	21%	2005	50%	2015

Additionally, the implementation of the activities in this proposal will help improve national HMIS by providing village-based data collection system and strengthening vital statistics from village level. Many health centre staff didn't know the exact numbers of pregnancies, births and deaths in their catchment area, but villagers knew them well. The problem was lack of routine communication between a health centre and the villages. Therefore, the proposal will provide a village-based data collection system. Village health volunteers got training in basic MNCH/EPI data collection and vital statistics in their village and reported to a health centre regularly. Regular health centre meetings with village health volunteers were organized to get the information and to conduct ad hoc training for village health volunteers. The information gathered will support evaluation and provide objective evidence of impacts and change in availability and quality of MNCH/EPI services after interventions.

Monitoring and Evaluation needs to be strengthened throughout the Health Sector. The MOH, with the support of Development Partners, is undertaking extensive development work to address this deficiency and has just published the **National Health Information System Strategic Plan 2009-2015** which is expected to accelerate the collective efforts to improve health management information system. The GAVI HSS Support Initiative will complement these activities by improving collection, management and use of data at the district, health centre and village levels; and promoting integration of information systems such as EPI, family planning and commodity logistics and planning in the district level coordination meetings and in the village level problem recognition and response meetings. The GAVI HSS Support Initiative will explicitly improve capacity to collect basic demographic data at the village level in planned skills development and evaluation activities.

5. Gap Analysis, Detailed Work Plan And Budget

5.1 Detailed work plan and budget

→ *Please present a detailed work plan and budget as Attachment 5.*

5.2 Financial gap analysis

→ *Please present a financial gap analysis (and counterpart financing table for Global Fund applicants).*

5.3 Supporting information to explain and justify the proposed budget

→ *Please include additional information on the following:*

- *Efforts to ensure Value For Money*
- *Major expenditure items*
- *Human Resources costs and other significant institutional costs*

5.1 Work Plan

The total budget of the GAVI HSS proposal is US$ 2,100,218 over a period of three and half years, i.e. 2012-2015 till the end year of the current national health plan. Among the total amount requested, US$ 1,327,172 is for objective 1, US$ 722,080 is for objective 2 and US$ 50,966 is for objective 3 respectively.

Activiity		Total amount Year 1	Total amount Year 2	Total amount Year 3	Total amount Year 4	Total of amount 3.5 Years
OBJECTIVE 1	Improve the capacity of staff at all level	131,074	359,891	418,212	417,996	1,327,172
		28,714	114,657	123,188	111,992	378,551
Activity 1.1.1	Detailed Province, District and health centres MNCH/EPI Planning and R	0	25,977	29,188	29,188	84,354
Activity 1.1.2	Objective oriented contracting	0	26,211	27,784	29,451	83,446
Activity 1.1.3	Supportive supervision and monitoring	28,714	62,468	66,216	53,353	210,751
		102,360	245,234	295,024	306,004	948,621
Activity 1.2.4	Financial support for delivery and MNCH/EPI services	96,000	231,751	280,136	305,335	913,222
Activity 1.2.5	Maternal and child death review	6,360	13,483	14,888	669	35,399
OBJECTIVE2	Strengthen the MNCH/EPI package of services	165,062	221,354	165,665	169,999	722,080
		165,062	221,354	165,665	169,999	722,080
Activity 2.1.1	Integrated MNCH/EPI outreach visits with promotion of faci	14,984	31,766	33,672	36,098	116,521
Activity 2.1.2	Non financial incentives for health care facilities	10,706	11,348	12,029	12,751	46,835
Activity 2.1.3	Skilled Birth Attendant (SBA) and core MNCH/EPI skills tr	-	15,011	15,912	16,867	47,790
Activity 2.1.4	Sharing of best practices	-	7,685	8,146	8,635	24,465
Activity 2.1.5	Interpersonal communication training	2,976	3,155	0	0	6,130
Activity 2.2.6	Supporting supply management for MNCH/EPI commoditie	8,798	17,528	5,240	1,515	33,081
Activity 2.2.7	Renovation of delivery rooms including water supply, electr	69,298	47,894	83,520	94,133	294,845
Activity 2.2.8	Provision of transportation facilities for health workers to pr	58,300	86,967	7,146	0	152,413
OBJECTIVE3	Increase community mobilization	5,913	16,030	16,991	12,031	50,966
		5,913	16,030	16,991	12,031	50,965
Activity 3.1.1	Training village health volunteers and village leaders for vital	2,337	4,978	5,276	5,593	18,183
Activity 3.1.2	Training village health volunteers and committee members	2,516	5,322	5,641	0	13,479
Activity 3.1.3	Strengthening use of the Child Health Days for remote villag	-	4,607	4,883	5,176	14,666
Activity 3.1.4	Providing non financial incentive for village health volunteers	1,060	1,124	1,191	1,262	4,637
	Grand total	302,049	597,275	600,868	600,026	2,100,218

5.2 Financial Gap Analysis

In recent years, the Ministry of Health (MOH) of Lao PDR, with the support of international agencies, has undertaken a series of sector and sub-sector costing exercises with different purposes and different methodologies. To finalize the costing of the 5-year National Health Sector Development Plan (NHSDP) for the period of 2011-15, and in order to consolidate the several costing exercises, to ensure the consistency and get an overall view of the public financial needs for the next 5 years, MoH, with WHO support, performed a rapid exercise during the month of July 2011.

The main objectives of this consolidated costing exercise were: (i) To estimate the public health funding needs for the health sector for the 5 years 2011/2015; (ii) To compare and ensure consistency with the 5-year National Socio-Economic development Plan (NSEDP) for its health component and the Millennium Development Goals (MDGs) costing for health; (iii) To compare with the current public funding for the health sector and (iv) To assist in the prioritization and policy decision-making.

The consolidated cost for the health sector comes to a total of 1,208 million US$ (US$36/capita) for the period of 2011 to 2015, starting with 205 million US$ for the first year. Specifically for – sub-sectors related to the proposal (MNCH and EPI) – the following data - from MoH/GAVI and WHO sources - are provided: (i) MNCH 95 U$ Million for 5 years; (Year 1= 14.9 U$ Million or 8 % of the overall health budget) and (ii) EPI 29 U$ Million for 5 years; (Year 1 = 6.5 U$ Million or 2% overall health budget). Of the overall health budget 63% of the total costs are for the strengthening of the health systems, 9% to expand the social health protection, 23% are directly linked to the health related MDGs and 5% for non-communicable diseases.

The newly proposed implementation of the policy for free maternal and under five services and the request for expansion of the social health protection coverage is a key priority for the MOH at the current stage of the preparation of the financial budget 2011/12.

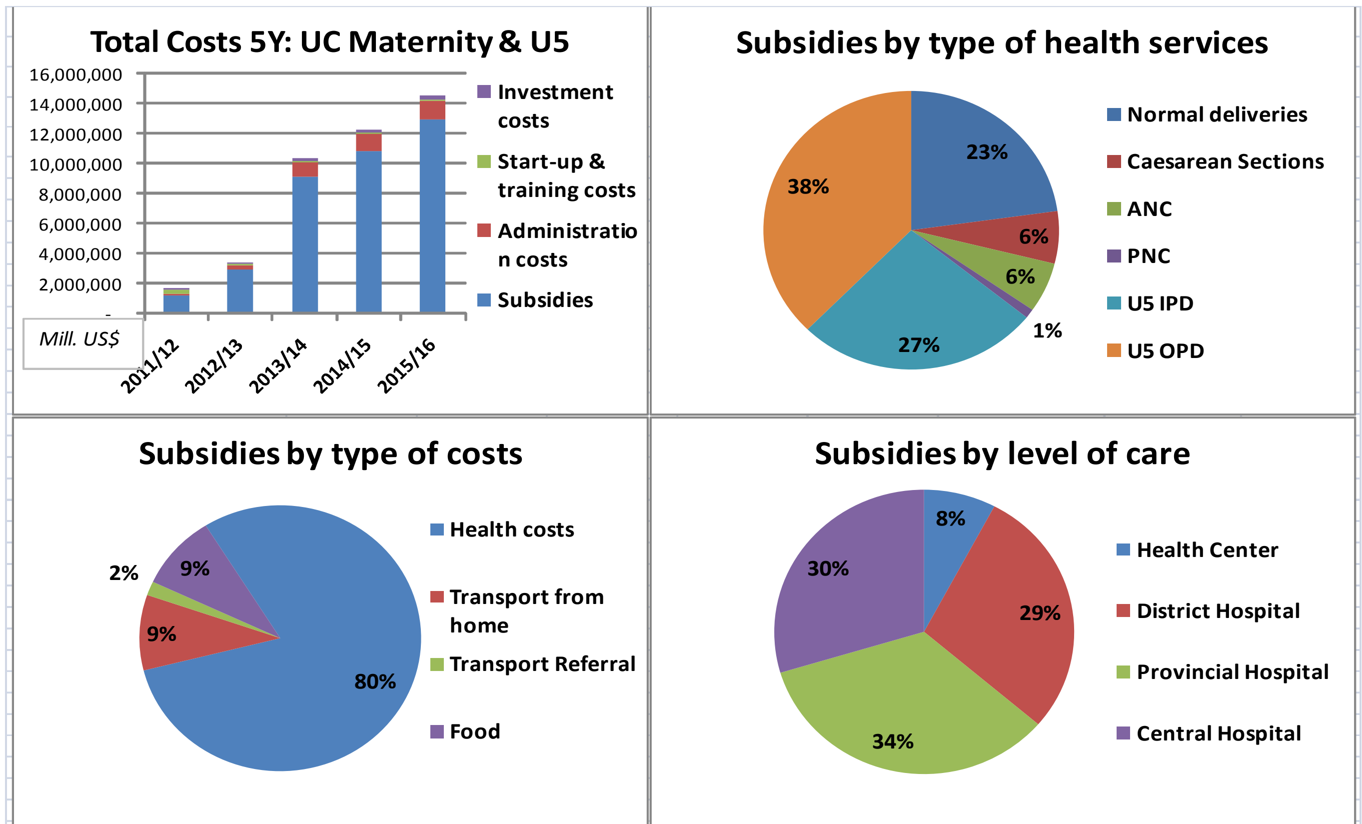
Free Services for Maternity and Children under 5 years old
The implementation of the policy of free health services for all pregnant women and under five children is estimated at 42 million US$ for the five year period. This is based on a progressive implementation starting for all pregnant women and children under 5 years old in remote areas in the first two years extended to the whole country. Subsidy costs to ensure enforcement of free access and compensate health providers for uncollected revenues reaches 88%.

Free Maternity & U5 (Remote => UC)	2011/12	2012/13	2013/14	2014/15	2015/16	Total 5 Y	%
	Remote (47)	Remote (72)	UC	UC	UC		
Subsidies	**1.2**	**2.9**	**9.1**	**10.9**	**12.9**	**37.1**	**88%**
Administration costs	**0.1**	**0.3**	**0.9**	**1.1**	**1.3**	**3.7**	9%
Start-up & training costs (*)	**0.2**	**0.1**	**0.1**	**0.1**	**0.1**	**0.6**	1%
Investment costs	**0.0**	**0.1**	**0.2**	**0.2**	**0.3**	**0.7**	2%
Total costs	**1.6**	**3.4**	**10.3**	**12.3**	**14.5**	**42.1**	**100%**
(*) Included in Human resources Strategy costing							

Source: MOH/WB-AFD adjusted by MOH costing team based on MOH choice of Scenario

Public subsidies required are incremental, starting at less than 2 million US$ in year 1 to over 14 million in year 5.

Costs for free of charge services to children under 5 years old represent a high 65% of total while free delivery reaches 29% and 6% for ante-natal (ANC) and post-natal care (PNC). 80% of the subsidies will pay health facilities for health services, 11% for transport and 9% for food allowances for women delivering in public health facilities. The expected allocation of subsidies by level of care shows a substantial proportion of the subsidies to the provincial hospitals and central hospitals.



5.3 Supporting information to explain and justify the proposed budget

The proposed budget underline the 3 main proposal objectives and the following summarizes the percentage of the major budget lines expenditure of this GAVI-HSS support: (i) Living Support to Clients/Target Population 1,065,143 U$ (51%); (ii) Infrastructures and other equipment 459,877U$ (22%); (iii) Technical and Management Assistance 210,751 U$ (10%); (iv) Training 110,048 (5%); (v) Planning and Administration 84,353 (4%); (vi) Human Resources 83,446 U$ (4%); (vii) Communication Materials14,666U$ (1%), (viii) Pharmaceutical Products (Medicines) 20,462 U$ (1%); (ix) Procurement and Supply Management Costs 4,637 U$ (.2%) and (x) Other 46,835 U$ (2%).

Living support to clients / target population, representing 51%, includes financial support for delivery and MNCH services which would contribute to remove the financial barrier for Mother and Children to use the services by subsidizing the free delivery and health services for children under-five years for those most needed, particularly for the Mother and children from remote areas. Infrastructure and Equipment represent 22% of total investment by category items. As mentioned in activities 2.6 and 2.7 above, the infrastructure and equipment is necessary to upgrade the district hospitals and health centres in the same target area, to strengthen the working environment for the health personnel with the goal of improving overall service delivery in these areas.

6. Implementation Arrangements, Capacities, and Programme Oversight

6.1 a) Lead Implementers (LI)

-> For each LI, please list the objectives they will be for responsible to implement. Please describe what lead to their selection, including their technical, managerial and financial capacities to manage and oversee implementation of objectives, including previous experience managing Global Fund and/or GAVI grants. Describe any challenges that could affect performance (refer to any current assessments of capacity if available) as well as mitigation strategies to address this.

→ Please copy and paste the tables below if there are more than two Lead Implementers (LI). Where a LI will act for more than one objective, list all objectives.

Lead Implementer:	
Objective (1): **Improve the capacity of central, provincial and district staff to plan, implement and monitor MNCH services**	At Central level 1) The MOH Steering Committee 2) Department of Hygiene, Preventive and Promotive (DHP), MCHC 3) Department of Planning and Finance (DPF), Division of Health Insurance and Health Equity Fund 4) Department of Organization and Personnel (DOP) 5) Department of Healthcare (DHC) At local levels 5) Provincial Health Officer (PHO) and District Health Officer (DHO), 6) PHO and DHO Technical Teams; 7) Village Health Committees (VHCs) and VHVs, CBDs
Objective (2): **Establish the MNCH package of services in five selected districts with increased utilization**	At Central level 1) Department of Hygiene, Preventive and Promotive (DHP), MCHC 2) Department of Organization and Personnel (DOP) 3) Department of Planning and Finance (DPF), Division of Public Property 4) Department of Healthcare (DHC) At local levels 4) Provincial Health Officer (PHO) and District Health Officer (DHO) 5) PHO and DHO Technical Teams 6) Village Health Committees (VHCs) and VHVs, CBDs
Objective (3): **Increase community mobilization and participation for MNCH activities including immunization at district level**	At Central level 1) Department of Planning and Finance, Division of Health Statistic 2) Department of Hygiene, Preventive and Promotive (DHP), MCHC 3) Department of Organization and Personnel (DOP) 4) Department of Healthcare (DHC) **At local levels** 4) Provincial Health Officer (PHO) and District Health Officer

	(DHO) and Technical Teams 5) Village Health Committees (VHCs) and VHWs, CBDs

→ *Description of the Lead Implementer's technical, managerial and financial capabilities.*
The technical, managerial and financial Lead Implementer of this proposal will be the Lao Ministry of Health and its selected departments. The table below provide an overview of those capabilities

Name	Technical	Managerial	Financial
Pr. Dr. Ecksavang Vongvichit Minister of Ministry of Health	NO	Chair of the MOH Steering Committee Ministerial Oversight and personal support for the activities	Grant management, authorized and approved budget, transfer budget to local levels
MOH Steering Committee Members (Vice-Ministers, seven Departmental Director Generals)	NO	Coordinating all activities on their own areas of responsibility within the MOH	Grant management
Dr. Khamphet Manivong, Acting Director of Department of Planning and Finance, MOH	Oversight the health financing, consolidating, reporting the HMIS	Oversight GAVI HSS initiative including planning, monitoring, budgeting; Coordinate the implementation of free MNCH policy and routine data analysis, reports to Steering Committee and SWG	Grant management, authorized and approved budget, transfer budget to MNCH/EPI center and to local authorities (PHO)
Dr. Somchit AKKHAVONG Deputy Director General (DDG) of Hygiene & Prevention Dept., MOH; Vice Chair of GAVI HSS	Oversight the technical aspects of MNCH/EPI services	Oversight GAVI HSS initiative including planning, monitoring, budgeting	Grant management, approve the implementation plan prepared by MCH/EPI center
Assoc. Prof. Dr. Chanphomma VONGSAMPHANH DDG of Healthcare Dept.	Leading in health technical aspects	Oversight the aspect of hospital management	Grant management, Oversight, coordinate, control of budget for healthcare facilities
Dr. Phouthone VANGKONEVILAY DDG of Personnel Dept	Leading in Human resource development, organising, distributing and controlling, implement the incentive for healthcare providers	Oversight all training plan, particularly the SBA and MNCH core package of services	Grant management, Oversight, coordinate, control of training budget by the training institutions.
Dr. Savengvong DOUANGSAVANH DDG of Food & Drug Dept	Leading in Pharmaceutical Products (Medicines)	Manage the procurement of Pharmaceutical Products (Medicines)	Grant management, Involving in Drug revolving funds mechanism
Dr. Founkham Rattanavong, Planning Division, DPF	Leading in planning and budgeting	Oversight GAVI HSS initiative including planning, monitoring, budgeting	Grant management, Coordinate with other funding sources
Dr. Kaisone Chounlamany Director of MCH Center	Lead in MNCH action plan, Chief of Secretariat supporting development of the proposal Participated in TWG MNCH/EPI plan and MNCH Package development	Manage, oversight the MNCH implementation	Grant management, Coordinate with other funding sources
Dr. Khampiew SIHAKHANG	Support the Director of MCH Center,	Manage, oversight the MNCH implementation	Grant management, Coordinate with other

Deputy Dir. Of MCH Center	Secretariat upporting development of the proposal Participated in TWG MNCH/EPI plan and MNCH Package development		funding sources, control
Dr. Anonh Xeuathvongsa Director of EPI program	Support the director of MCH centre, Secretariat supporting development of the proposal Participated in TWG MNCH/EPI plan and MNCH Package development, provide technical data, information and guidance	Manage MNCH/EPI project, coordination with other stakeholder to implement the MNCH/EPI policies	Grant management, Coordinate with other funding sources, control
Dr. Sengthong Bilangkhoun, Director of Vientiane Capital Health Office	Provide guidance in planning, supervision and implementation of MNCH/EPI package in their areas	Coordinate all activities in their own areas	Grant management, authorized and approved budget, transfer budget to PH and DHO, report the previous expenditure and request the replenishment for next quarter to DPF.
Dr. Thongchanh Chanthaphone, Director of DHO Sangthong	Provide guidance in planning, supervision and implementation of MNCH/EPI package in their areas	Coordinate all activities in their own areas, as well as with the Community	Grant management, authorized and approved budget, transfer/disburse budget to HC and Community level, report the previous expenditure and request the replenishment for next quarter to PHO.
Mr. Sounet Inthapaya, head of DH, Sangthong District	Provide technical guidance in MNCH/EPI service delivery for HC	Coordinate all activities in their own areas	Grant management, authorized and approved budget, disburse budget to target population, report the previous expenditure and request the replenishment for next quarter to DHO.
Dr. Khamla Phetlavanh, Director of DHO Pargneum	Provide guidance in planning, supervision and implementation of MNCH/EPI package in their areas	Coordinate all activities in their own areas, as well as with the Community	Grant management, authorized and approved budget, transfer/disburse budget to HC and Community level; report the previous expenditure and request the replenishment for next quarter to PHO.
Ms. Bouaphanh Sithideth, head of DH, Pargueum District	Provide technical guidance in MNCH/EPI service delivery for HC	Coordinate all activities in their own areas	Grant management, authorized and approved budget, disburse budget to target population, report the previous

			expenditure and request the replenishment for next quarter to DHO.
Dr. Khamphanh Xayavong, Director of PHO, Oudomxay	Provide guidance in planning, supervision and implementation of MNCH/EPI package in their areas	Coordinate all activities in their own areas	Grant management, authorized and approved budget, transfer budget to PH and DHO, report the previous expenditure and request the replenishment for next quarter to DPF.
Dr. Kingphet Sayalat, Director of PH, Oudomxay	Provide technical guidance in MNCH/EPI service delivery for DH	Coordinate all activities in their own areas	Grant management, authorized and approved budget, disburse budget to target population, report the previous expenditure and request the replenishment for next quarter to DHO.
Dr. Khampheng Inthavong, Director of DHO, Xay District	Provide guidance in planning, supervision and implementation of MNCH/EPI package in their areas	Coordinate all activities in their own areas, as well as with the Community	Grant management, authorized and approved budget, transfer/disburse budget to HC and Community level, report the previous expenditure and request the replenishment for next quarter to PHO.
Ms. Kenekham, Head of DH, Xay District	Provide technical guidance in MNCH/EPI service delivery for HC	Coordinate all activities in their own areas	Grant management, authorized and approved budget, disburse budget to target population; report the previous expenditure and request the replenishment for next quarter to DHO.
Dr. Khampheng Oravong, Director of DHO, La District	Provide guidance in planning, supervision and implementation of MNCH/EPI package in their areas	Coordinate all activities in their own areas, as well as with the Community	Grant management, authorized and approved budget, transfer/disburse budget to HC and Community level, report the previous expenditure and request the replenishment for next quarter to PHO.
Ms. Somkhit Thanichanh, head of DH, La District	Provide technical guidance in MNCH/EPI service delivery for HC	Coordinate all activities in their own areas	Grant management, authorized and approved budget, disburse budget to target population, report the previous expenditure and request the replenishment for next

			quarter to DHO.
Dr. Ounkham Losavatdy, Disrector of DHO Namo District	Provide guidance in planning, supervision and implementation of MNCH/EPI package in their areas	Coordinate all activities in their own areas, as well as with the Community	Grant management, authorized and approved budget, transfer/disburse budget to HC and Community level; report the previous expenditure and request the replenishment for next quarter to PHO.
Mr Khamsai Phongsavath, Head of DH, Namo District	Provide technical guidance in MNCH/EPI service delivery for HC	Coordinate all activities in their own areas	Grant management, authorized and approved budget, disburse budget to target population, report the previous expenditure and request the replenishment for next quarter to DHO.
Representative from Development partners			
WHO; JICA; ADB; WB; UNICEF/UNFPA nominated Representatives on Health Sector Wide Coordination Mechanism	Provide technical guidance, coordinate the GAVI HSS initiative with their responsible program		

The Provincial Health Officer (PHO) and District Health Officer (DHO) are responsible for overall implementation and coordination of the GAVI HSS initiative within their province and below levels. PHO and DHO Technical Teams are responsible to supervise and facilitate of the activity implementation in their authority areas.

Village Health Committees (VHCs) and VHWs, CBDs are responsible to coordinate, participate with PHO, DHO teams to deliver MNCH services at the community level. They will play important role in mobilizing community to use the service delivered by the health professionals.

6.1 b) Coordination between and among implementers

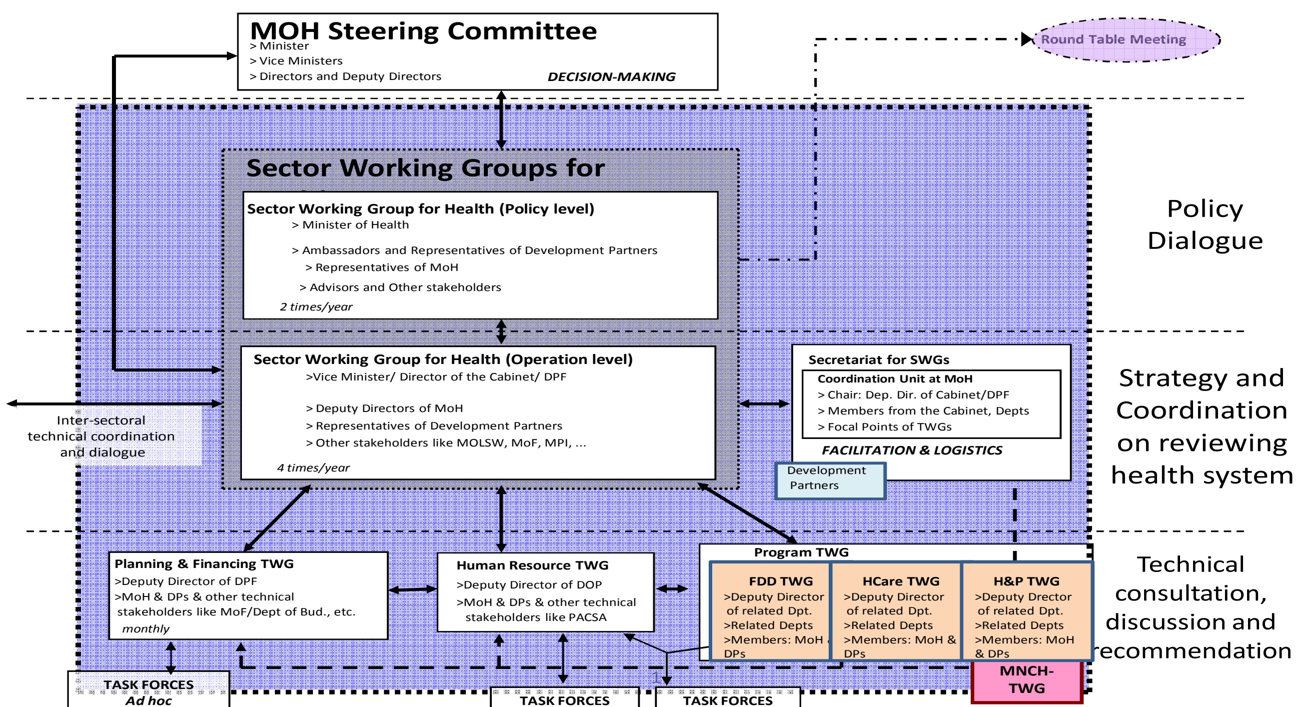
→ Please describe how coordination will be achieved (a) between multiple Lead Implementers, if there is more than one nominated for the proposal; and (b) between each nominated Lead Implementer for the proposal and its respective Sub-Implementers.

The coordination mechanism for the proposed GAVI HSS support in between and among implementers will be articulated through the Sector Wide Coordination Mechanism for Health. This mechanism operates on three levels: (1) **Policy Level** – the members are the Minister for Health, Representatives of Development Partners, Ambassadors, Representatives, and Technical Advisors; (2) **Operational level** – Vice Minister/Director of the Cabinet/Director Planning and Budgets, Deputy Directors of MOH, Representatives of Development Partners and other stakeholder such as the Ministry of Labor and Social Welfare, the Ministry of Finance, the Ministry of Planning and Finance, and others; (3) **Technical levels** – Technical Working Groups for Health Financing, Human Resources, and Programs. At the national level, the MOH Steering Committee, which also steers the SWC mechanism, will over-see the GAVI HSS and ongoing M&E activities. This addresses coordination of activities within and between MOH programs.

The SWC mechanism is used to align and direct the contribution and activities of the Development Partners in achieving GOL and MOH health objectives, and specifically will be used in achieving the objectives of the GAVI HSS Initiative. MOH plays a central role as a technical advisor to the Provincial Health Departments and the District Health Offices. The DHOs are the keys actor for activities implementation. At health facilities and community level. Between central and peripheral level (provincial, district and health centres) coordination will be provided by the Department of Planning and Budgeting and the PHO. At the District Level and sub-district levels, the coordination functions of the District Health Administration Unit will be strengthened as part of the GAVI HSS initiative.

The different bodies of the coordination mechanism at central level meet with the following frequency: (i) Sector Working Group for Health (Policy Level) twice (2) a year; (ii) Sector Working Group for Health (Operational Level) four times a year; (iii) Technical working Groups on a monthly base (12 time a year); (iv) the SWC Taskforce and Secretariat as required.

Structure of Lao Sector Coordination Mechanism for Health (Revised June 2011)



6.1 c) Sub-Implementers (Not Applicable for GAVI applicants)	
(i) Will other departments, institutions or bodies be involved in implementation as Sub-Implementers?	☐ Yes → *go to section 6.1 c) (iii) and 6.1 c) (iv)* ☒ No → *go to section 6.1 c) (ii)*
(ii) If no, why not?	
HALF-PAGE MAXIMUM	
(iii) List the identified Sub-Implementers and, for each Sub-Implementer, describe: • The roles and responsibilities to be fulfilled; • Past implementation experience; • Geographic coverage and a summary of the technical scope; • Challenges that could affect performance and mitigation strategies to address these challenges.	
TWO PAGES MAXIMUM	
iv) If the private sector and/or civil society are not involved as Sub-Implementers or only involved in a limited way, explain why.	
HALF-PAGE MAXIMUM	

6.1 d) Strengthening implementation capacity(Not Applicable for GAVI applicants)

(a) Applicants are encouraged to include a funding request for technical assistance to achieve strengthened capacity and high quality services, supported by a summary of a technical assistance (TA) plan. In the table below, please provide a summary of the TA plan.

→ *Please refer to the Strengthening Implementation Capacity information note for further background and detail.*

Management and/or technical assistance **objective**	Management and/or technical assistance **activity**	**Intended beneficiary** of management and/or technical assistance	Estimated timeline	Estimated cost → *same as proposal currency*
→ *add extra rows as needed*				

(b) Describe the process used to identify the assistance needs listed in the above table.

HALF-PAGE MAXIMUM

(c) If no request for technical assistance is included in the proposal, provide a justification below.

HALF-PAGE MAXIMUM

6.2 Financial management arrangements

➔ *Please describe:*

a) The proposed financial management mechanism for this proposal;

b) The proposed processes and systems for ensuring effective financial management of this proposal, including the organisation and capacity of the finance department and the proposed arrangements for planning and budgeting, treasury (fund management and disbursement), accounting and financial reporting, internal control and internal audit, procurement, asset management and external audit.

c) Technical Assistance (TA) proposed to strengthen the financial management capacities in order to fulfil the above functions.

(A) Government Channels will be used to channel funds. The MOH bank account will be used to channel the money into Lao PDR. To facilitate management and auditing, GAVI HSS Initiative expenditures will be recorded in a separate sub-account.

(B) Planning, strategic coordination and budgeting: The MOH has set up a GAVI HSS Steering Committee chaired by the head of the Setthathilath Hospital. The committee combines technical staff from the Department of Hygiene and Prevention and the Department for Curative Services. A detailed implementation plan will be prepared by the GAVI HSS Steering Committee for approval first by the Department of Hygiene and Prevention and secondly by the Cabinet. This is required within 3 months of signing this Aide Memoire. A HSS Coordinating Office has been provided at the Setthathilath Hospital and an accountant and an administrator have been recruited for this office to assist with the coordination of programme implementation and monitoring. Programme implementation management will be performed by the EPI director who reports to the Director of the MCH Hospital and is the Chair of the GAVI HSS Steering Committee. Grant management will be provided by the MOH Department of Planning and Finance (DPF).Budget Execution: The Government Accounting Regulations, 1301/MOF will be the guiding document for budget execution. Rule 0008/MOF sets out government allowance rates to be applied for payments to staff on official duties. Disbursement of Funds: The proposed mechanism is to provide HSS funding through a MOH managed special account using a vertical financing mechanism. On approval of an annual plan and budget GAVI will deposit the grant in a MOH special account managed by the Department of Planning and Finance (details are provided in the "Banking arrangement for Lao PDR HSS programme" section below). On approval of the implementation plan by the Department of Hygiene and Prevention and the cabinet, the funds would be transferred to a project account managed by the MNCH/EPI programme. The MNCH/EPI programme office will manage the transfers of funds to provincial and district levels to implement planned activities. Funds will be channelled to the Provincial Health Offices (PHO) on a quarterly basis by bank transfer to the PHO bank account and they will be responsible for managing cash transfers to District Health Offices and Health Centres. The HSS Coordination Office will make the necessary fund releases by bank transfers to PHOs based on approved funding requests. Transfers will be made to general bank accounts held by the PHO. The PHO will be responsible for onward disbursement to District Health Offices (DHO) and health centres. For activities planned to be implemented at the district level, the EPI Programme Manager will arrange for cash to be collected from the PHO. Health Centres will receive cash from the district on a monthly basis to implement planned activities for that month, and they will account for that expenditure back to the district office on a monthly basis. Procurement: Procurement will be in accordance with the 2004 Procurement Decree and its implementing rules and regulations, and in compliance with applicable obligations deriving from national and international standards. Accounting & reporting: At Health Centres the accounting transactions will be accumulated monthly using activity reports and accompanied by a financial statement for the use of funds. Evidence of the activity taking place will rely on the signature of the village authorities verifying the presence of health centre staff taking part in outreach activities. For activities planned to be implemented at the district level, the DHO will make detailed costed activity plans incorporating physical targets (micro-plans) for presentation to the PHO. Following implementation the DHO will collect expenditure information from Health Centres, and consolidate them monthly in a District level report. The PHO will be responsible for the preparation of consolidated quarterly plans and monitoring reports reporting use of funds. The use of funds would be reported to the Department of Hygiene in quarterly reports consolidated by the Provincial Health Offices prior to subsequent fund disbursements. The Department of Hygiene will

consolidate the reports quarterly to the HSS Steering Committee. Annual performance reports, including financial statements, will be drafted by the Department of Hygiene and submitted to the HSS Steering Committee and the Sector Working Group for approval and revision, and then submitted to GAVI along with the APR. A suggested format for financial statements is included in GAVI's APR template and guidelines. Internal & external audit: The monitoring and supervision of activity implementation and the financial resources employed will be performed jointly by the MNCH/EPI programme and the PHOs. Specific arrangements will be made for programme monitoring by WHO, which is already providing technical support to the MNCH Technical Working Group (TWG) in the health sector. External audits of the programme will be conducted at the end of the grant year in compliance with GAVI's standard Audit Terms of Reference, provided in ANNEX 2 of this Aide Memoire. In the absence of an Internal Audit section in the MoH, the audit ToRs are enhanced and require the auditor to give an opinion on the internal controls in the MoH in place to govern GAVI cash grants. The audit reports shall be submitted to GAVI no later than six (6) months after the end of the grant year. The costs associated with the annual external audit will be met through approved GAVI HSS funds or other Government sources. Additional Conditions and Assurances: WHO representation will be added to the GAVI HSS Steering Committee. A detailed budget will be provided to GAVI in advance of funds disbursement, in an agreed format showing the economic breakdown of expenditure in each activity. Financial reports should also be prepared using economic codes. The Government Chart of Accounts should be adopted. A copy of the detailed financial process for the management of the HSS funds prepared by MOH technical staff will be provided with the signed Aide Memoire. National accounting procedures will be used and accounting records and physical records maintained at all levels of the health sector including at district level. Where banking facilities are available at district level and below, they will be used to safeguard funds received. Where banking facilities are not available, government financial procedures relating to cash management, including limits on amount of cash allowed to be held and length of time cash can be held prior to disbursement, will be followed. For additional information please refer to the **"Financial Management Assessment Report"** of October 2010 as well as at the **"GAVI Aide Memoire"** updated in April 2011 provided as attachments.

(C) Not Applicable for GAVI

6.3 Governance and oversight arrangements

➔ *Please describe:*

a) *The committee(s) responsible for the governance of the HSS support in the country (this should include the roles of the HSCC and the CCM, including how the roles of these bodies are aligned with Global Fund or GAVI requirements);*

b) *The mechanisms for coordinating the proposed HSS support with other health system strengthening activities and programs;*

c) *Plans (where appropriate) to strengthen governance and oversight;*

d) *Technical Assistance (TA) requirements to enhance the above governance processes.*

(A) Overall role and function: The purpose of the Health Sector Coordination Mechanism (HSCM) is to "promote the achievement of the Goal and the Objectives of Five-Year Health Sector Development Plans under **Health Strategy up to the Year 2020** through effective utilization of the Sector Coordination Mechanism" (Terms of Reference, SWG Mechanism, Annex 1.2). It is based on the overarching goal to "free the health care service in Lao PDR from the state of underdevelopment, ensure full health care service coverage, justice and equity in order to increase the quality of life of all Lao ethnic groups" as stated in the Health Strategy up to the Year 2020 (Annex 1.3).

Roles of HSCC and CCM

- Joint formulation and management of the policy agreed among the MOH and DPs;
- Regularly conducted sound, transparent, and effective discussions and dialogues among MOH and DPs; such as, Regular sector-wide information exchange, consultation, planning

and monitoring through MoH Steering Committee, SWG (P) and (O) levels, TWGs on HPF, HRH & MNCH with multiple Task forces;

- Integrated, collective, effective and sustainable interventions, efforts made by the partnership towards the Goals and Objectives expected.\
- Rolling out of SWC mechanism to provincial level

Members of the SWG and TWG were consulted in the course of this application and endorsed the application. Members of the SWG and TWG also participated in the development and agree to support implementation of the strategy and planning framework for the integrated package of MNCH services 2009-2015 and the skilled birth attendance development plan for Lao PDR on which this application is based.

(B) Harmonized with other Country Coordination Mechanism (CCM of GFATM, GAVI and SWC)

(C) Continuous to strengthen the SWG/TWG by:

- Revising TOR, the annual work plan
- Developing the guidelines, tools for better planning, for monitoring and supervision, for financial management, etc.
- Improve sector common work plan and monitoring framework;
- Enhance health resources mapping and costing;
- Delegation of responsibility and authority to PHO, DHO.
- Close collaboration with other Ministries and agencies on Cross-cutting issues

Towards a Programme-based approach: all the above activities are to gradually facilitated to this approach.

7. Risks and Unintended Consequences	
7.1 Major risks ➔ *Please describe any major "internal" risks (within the control of those managing the implementation of the HSS support) and "external" risks (beyond the control of those managing the implementation of the HSS support) that might negatively affect the implementation and performance of the proposed activities.*	
Risks	**Mitigating strategies**
Internal Risk Low acceptance and adhesion to the MNCH Strategy from MoH Provincial, district and Health centres personnel Local and political leaders, authorities, religious leaders, community responsible do NOT accept the intervention which touch sensible aspects (contraception, HIV/AIDS, Sexually transmitted diseases, etc) Availability of qualified health staff High Turnover of health personnel Weak/inefficient IEC campaign at health centres and community level Insufficient synergy with other EPI and MNCH projects	The main pillars and strategies on which the proposal is based are: (1) The 7th NHSDP for 2011–2015 has been developed and approved. The plan aims to strengthen the existing health system, particularly at the primary health care level, to ensure access to good quality health services to the poor and vulnerable populations in remote areas. (2) "Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services 2009-2015" This strategy has been implemented country wide by MoH and implementing partners for a few years. So far, no major risks have been reported. Low quantity and quality of qualified staff – especially in remote areas - still remain a concern. (3) The Ministry of Health of Lao PDR developed the comprehensive Multi Year Plan (cMYP) for the period of 2012-2015 for the National Immunization Program to as a guide to ensure high quality immunization service and un-interrupted financial support. The mission of the National Immunization Program is to provide optimal immunization services against vaccine preventable diseases in order to improve child survival and mother and child health throughout the country. It is aligned and complements the 7th 5-Years Health Development Plan (2011-2015) and The Strategy and Planning Framework for the Integrated Package of Maternal and Neonatal and Child Health Services 2009-2015.
External Risk Delay of funds approval and disbursement	
7.2 Unintended consequences ➔ *Please describe any possible unintended consequences that might occur as a result of implementing the proposal and the strategies to mitigate these unintended consequences.*	
Funding for this proposal has been being requested to implement the "Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services 2009-2015". The aim is to improve the capacity of country staff and to establish the MNCH/EPI package of services in five selected districts of two provinces with increased utilization and with additional efforts to create a supportive environment through community participation by the end of 2015. The approach and content of this proposal is in line and fully integrated with the country major health sector policies and strategies, therefore no unintended consequences are foreseen, that might occur as a result of implementing this proposal/ activities. In addition as an integral part of the nationwide implementation of MNCH/EPI	

Strategy, this GAVI HSS Initiative will strictly adhere to the following four principles:

1. **Follow ONE MNCH/EPI Strategy**. All interventions and activities to be supported by the GAVI HSS Initiative are in line with and selected from the Strategy through participatory analysis of health systems barriers and priority bottlenecks.

2. **Support ONE implementation plan and budget** in each district/province. The GAVI HSS Initiative will assist provinces, districts and health centres to develop an MNCH/EPI Strategy Implementation Plan through micro-planning process with accompanying budgeting exercise. The plan should coordinate and incorporate all sources of funding and support for delivering the MNCH/EPI Package.

3. **Adopt ONE monitoring and evaluation framework**. The defined national framework of scorecard on MNCH/EPI Progress and the indicators for monitoring the Integrated MNCH/EPI Package will be used to monitor intervention delivery and outcomes, supplemented with disaggregated data for the selected GAVI HSS districts for monitoring the implementation. The GAVI HSS Initiative will support joint monitoring and annual progress assessment by national and local health authorities with participation of all related international partners. Some disaggregated data for districts will be collected to monitor the implementation.

4. **Abide by ONE coordination mechanism**. Existing health sector wide coordination mechanism on MNCH/EPI at the national, provincial and district levels will oversee and coordinate the MNCH/EPI Strategy implementation with financial support from various sources including the GAVI HSS Initiative to maximize a synergy.

Mandatory Attachments → *Please tick when the attachment is included*		
No.	*Attachment*	✓
1	National policy, national strategy, or other documents attached to this proposal, which highlight strategic HSS interventions (7th Five-Year Health Sector Development Plan)	X
2	Logframe	X
3	National M&E Plan	X
4	Performance Framework	X
5	Detailed work plan and detailed budget	X
6	GAVI Common Proposal Form Application Supplement	X
7	HSCC signatures	X

Optional Attachments → *Please tick when the attachment is included*		
No.	*Attachment*	✓
	National Health Sector Strategic Plan (or equivalent) and other MNCH/EPI related policies	X
8	Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services	X
9	SWC Mechanism for Health, Terms of Reference	X
10	Vientiane Declaration	X
11	7th National Socio-Economic Development Plan	X
12	United Nations Development Assistance Framework (UNDAF) for 2012 – 2015	X
13	Draft Summary of Model Healthy Village Program	X
14	National Policy on Human Resources for Health	X
15	National Health Information System Strategic Plan	X
16	Draft Health Financing Strategy	X
17	National Reproductive Health Strategy	X
18	Skilled Birth Attendance Development Plan	X
19	Health Strategy up to the Year 2020	X

	cMYP[2]	
20	Comprehensive Multi-Year Plan for the National Immunization Program	X
	PRSP[8]	
21	National Growth and Poverty Eradication Strategy	X
22	MDG Report	X
23	Poverty Reduction Support Operation	X
	Recent Health Sector Assessment documents	
24	Assessment of Skilled Birth Attendance in Lao PDR	X
25	Report of Assessment of MCH/EPI service synergies along life-course of mothers and children in Lao PDR	X
26	2008 Lao PDR Data Quality Self Assessment (DQS) [PPT presentation]	X
27	A Review of Expanded Programme on Immunization in Lao PDR	X
28	Multi-Cluster Indicator Survey	X
29	Lao Reproductive Health Survey	X
30	National Health Statistics Report 2009-2010	X
	HSCC minutes, signed by Chair of HSCC	
31	Minutes of HPF/MCH TWG, with a list of participants	X
	Others – MNCH/HSS support work by Development Partners	
32	Joint UN MNCH project (funded by Luxembourg)	X
33	Health System Development Project (ADB)	X
34	Health Services Improvement Project AF (World Bank)	X
35	Lao-Luxembourg health Initiatives support programme (Luxembourg)	X
36	WHO Country Cooperation Strategy	X
37	CPD Summary Results Matrix, Government of Lao PDR – UNICEF Country Programme, 2012 – 2015	X
38	Health, Nutrition and WASH extract of the CPD for GAVI	X

[2] **If available – and if not, the National Immunisation Plan plus Financial Sustainability Plan**

39	Young Child Survival and Development program Summary (UNICEF)	*X*
40	First-line Health Care: The Integrated Community Health Centers (Belgium)	*X*
41	Save the Children	*X*
42	2010 Development Partner Profiles	*X*
	Others – Government and GAVI financial regulations and agreements	
43	Government Accounting Regulations, Ministerial Decision No.1301/MOF, 28 June 2002	*X*
44	GAVI Aide Memoire	*X*