Draft Design and Monitoring Framework

Project Number: 41376-02
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LAO: Health Sector Development Program

A design and monitoring framework is an active document, progressively updated and revised as necessary, particularly following any changes in project design and implementation. In accordance with ADB's public communications policy (2005), it is disclosed before appraisal of the project or program. This draft framework may change during processing of the project or program, and the revised version will be disclosed as an appendix to the report and recommendation of the President.

Asian Development Bank

PRELIMINARY DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets/Indicators	Data Sources/ Reporting Mechanisms	Assumptions and Risks
Impact Reduced maternal, infant mortality, and child malnutrition by 2015	• Infant mortality rate reduced from 60 to 40 per 1,000 live births by 2015; and from 90 to 60 among the poor and small ethnic groups • Maternal mortality ratio reduced from 300 to 200 by 2015, and from 500 to 300 among the poor and small ethnic groups Child • Child malnutrition reduced from 30% to 25% by 2015	• Lao Reproductive Health Survey • Multiple Indicator Cluster Survey	**Assumptions** • Increased use of health services and VHVs improves health status • The poor, women and infants, and ethnic groups benefit more from services. • Village conditions can be improved with limited investments **Risk** • Socio-economic factors affect health and malnutrition
Outcome Improved primary health care, in particular for the poor, women and children, and small ethnic groups by 2015	• Use of health services by women, the poor, women and children, and small ethnic groups increased to twice the baseline by 2015 • Consultations of VHVs increased to twice the baseline by 2015 • The number of poor and women accessing health equity funds increases by 10% each year	• Household survey • Health services survey	**Assumptions** • Improved quality and affordability stimulates demand, in particular by the poor, women and infants, and ethnic groups **Risks** • Persistent physical and social barriers to using health services • Limited funds to scale up HEFs and the Model Healthy Village
Outputs 1. Strengthened planning and financing capacity	Program and Project: • Planning and financing mechanism in place to provide recurrent budget support by 2010 • Provinces submit provincial annual plans that meet minimum standards by 2011 • Provincial recurrent budgets are doubled between 2008/09 and 2010/11	• MOH Department of Planning and Finance report • Health equity fund reports and surveys	**Assumptions** • Provinces are committed to improving planning and financial management • Provinces have adequate revenue and support to increase recurrent budget **Risk** • Provincial and district capacity constraints
2. Increased access to MNCH care	Program and Project: • Health services meeting 75% of MNCH standards increases by 5% each year • Health facilities with sufficient amenities for privacy needs of women increases by 5% each year. • Percent of deliveries by SBAs increases by 5% each year, including for the poor and ethnic groups. • Number of certified model healthy village increases as targeted by ethnic group.	• Household surveys • Service surveys	**Assumptions** • Provincial authorities give priority to MNCH and make efforts to improve services • SBAs are sufficiently skilled and prepared to work in rural areas • Rural women increasing want to deliver in health facilities • VHVs refer patients in time **Risk** • Other constraints that delay referral such as transport

Design Summary	Performance Targets/Indicators	Data Sources/ Reporting Mechanisms	Assumptions and Risks
3. Improved quality of human resources for health	Program and Project: • At least one staff trained as SBAs per district per year • At least 50% of trained staff are female • At least 75% of trained staff achieve basic skills • University and college master plans are approved and include specific actions to improve educational attainment for females and ethnic minority students.	• MOH Department of Organization and Personnel report • Training institutions staff assessments	**Assumptions** • Staff have capacity for learning satisfactory skills • Institutions have capacity to achieve accreditation **Risk** • Training capacity is limited and takes time to improve

Activities and Milestones	Inputs ($000)
For Program Output 1: 1.1 Establish funds flow mechanism for recurrent budget support by August 2009 1.2 MOH approves the national HIS strategic plan by August 2009 1.3 The Government commits to double domestic non-wage recurrent spending by December 2010/11 compared to 2008/09, by August 2009 1.4 Provincial Governments, at aggregate level, commit to increase domestic non-wage recurrent spending by 50% compared to 2008/2009 level, by December 2011. 1.5 Provincial Governments prepare and approve results-based annual operational plans and budgets that meet minimum MOH standards by December 2011. 1.6 MOH issues a Decision approving standards, guidelines and terms of reference for district hospitals by December 2011. For Project Output 1: 1.7 Training in strategic and operational planning 2010-2013 1.8 Consult women and ethnic groups on provincial health plans in all provinces. 1.9 Strengthen capacity in financial management 2010-2013 1.10 Build HEF management capacity of MOH and provinces by June 2011 1.11 Prepare national guidelines and scaling up for HEF by December 2011 1.12 Implement the Gender and Ethnic Group Action Plan throughout the program	Program 10.0 Project 10.8 ADB 10.0 Government 0.8 **Total 20.8**
For Program Output 2: 2.1 MOH issues a Decree approving the National Strategy for Maternal, Newborn and Child Health by August 2009. 2.2 MOH issues a Decision on the concept and piloting of the Model Healthy Village by June 2009. 2.3 MOH issues a Decree approving the roll out of the mother and child friendly health facilities, providing a minimum package of MNCH services by December 2011. 2.4 MOH issues a Decree approving the strategic plan and guidelines for the Model Healthy Village by December 2011. For Project Output 2: 2.5 MOH upgrades or renovated 4 hospitals and 45 health centers, including adequate facilities for women's privacy needs June 2010-June 2012 2.6 MOH supports scaling up of model healthy villages 2011-2013	
For Program Output 3: 3.1 MOH submits the National Policy for Human Resources in Health for approval to the Prime Minister by August 2009. 3.2 The Government approves a detailed national implementation plan for skilled birth attendance and the plan has been funded for at least 50% by December 2011. For Program Output 3: 3.3 In-service training for SBA by June 2010-June 2013 3.4 Studies on strengthening training institutions, including specific actions to target improved educational attainment of female and ethnic students. by June 2012 3.5 Upgrading training of faculty members, with at least 40% female participation.	

AOP = annual operational plan; HEF = Health Equity funds; HIS = Health Information System; MNCH = maternal, newborn, and child health; MOH = Ministry of Health; SBA = skilled birth attendance; VHV = village health volunteer.