

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: Social Sectors Division

TA No. Country and Name TA 3478-LAO: Capacity Building for Primary Health Care			Amount Approved: \$800,000	
			Revised Amount: \$800,000	
Executing Agency: Ministry of Health		Source of Funding: TASF	TA Amount Undisbursed \$47,525.89	TA Amount Utilized \$752,474.11
Date			TA Completion Date	
Approval	Signing	Fielding of Consultants	Original	Actual
10 Aug 2000	29 Aug 2000	09 Oct 2000	31 Dec 2002	28 Feb 2003
			Account Closing Date	
			Original	Actual
			28 Feb 2003	30 Nov 2003
Description				
<p>In February 2000, the Ministry of Health (MOH) introduced the first Primary Health Care (PHC) policy, which proposed PHC as the core strategic approach for health sector development. The TA aimed at developing PHC delivery system in accordance to the socio-economic situation and health status in Lao PDR. Based on the 2000 National Health Survey, the infant mortality rate, under-5 mortality rate, and maternal mortality rate were respectively at 82.2, 106.9, and 530, per 1,000 live births. The fully immunized child rate was only 32.4%. The PHC delivery system intends to make essential care, including first referral care, available to the entire population, with a special emphasis on women, children, and the poor. The TA would boost the implementation of the PHC Expansion Project (PHCEP) through the establishment of PHC coordination units in all provincial health offices; these are to strengthen provincial PHC planning, budgeting, management, and monitoring. The units' primary tasks was to integrate and prioritize PHC activities in the provinces provided by the various services, programs, and projects. To achieve greater participation, the district and community levels would be given increasing responsibility to implement the rolling plans and five-year targets. Increasing focus will be given to areas with ethnic minorities.</p>				
Objectives and Scope				
<p>The main objective of the TA is to build MOH capacity for PHC development, in particular to improve and increase accessibility of health services for the poor and ethnic minorities. The TA will support MOH to (i) develop national plans for PHC development based on the PHC policy. This component will assist MOH to develop the national and provincial strategic and investment plans and guidelines for implementation of PHC policy, (ii) build provincial capacity in PHC planning and budgeting by building capacity for planning, budgeting, management, and monitoring in the provinces; strengthening PHC coordination units, and strengthen the provincial health annual planning and budgeting cycle based on the rolling plans guided by five-year targets. The PHC guidelines would be disseminated to the districts and build up capacity in PHC management; (iii) develop management system designs; including evaluation, selection, and adaptation of the most suitable management system, and development of training programs to disseminate the product to the users. A participatory, consensus-building approach would be used with the stakeholders from vertical programs, projects, provincial health services, NGOs, and funding agencies. The high priority areas would include planning and budgeting, organizing services and supervision, financial management, and monitoring and evaluation; and (iv) develop health sector financing studies by conducting a situation analysis and design three studies to test innovative strategies for health services financing. The studies would be implemented under the PHCEP. At the initial TA implementation, a fifth component was added to the TA, linking the TA to the PHCEP.</p>				
Evaluation of Inputs				
<p>The design and objectives of the TA were appropriate, the terms of reference were adequate, and were successfully implemented by the consultants, Coffey Philippines Ltd, and their government counterparts. The TA was implemented in close consultation with key stakeholders, including provincial government staff, health institutions, NGOs, funding agencies, women's groups, private sector providers, and potential beneficiaries. The TA implementation carried out by three international consultants originally planned for 26 person-months, and extended to 28 person-month: (i) health management specialist/team leader, 18 person-months extended to 22 person-months; (ii) strategic planning and budgeting specialist, 3 person-months, extended to 4 person-months; and (iii) health sector financing specialist, 5 person-months reduced to 2 person-months. The TA was implemented by the PHC and Rural Development Division (PHC & RDD), and two counterparts staff from MOH.</p>				

The consultancy inputs, and the outputs of the TA had facilitated implementation of PHCEP, in particular overcoming start-up activities, monitoring of project activities and establishing BME. The TA was supervised through review missions. The consultants' overall performance was satisfactory. The commitment and support of MOH for the TA was high.

Evaluation of Outputs

The TA has assisted MOH in health sector development through strengthening of the PHC & RDD of MOH, and established PHC Coordination Units in the provinces. Under the planning for PHC development, the TA assisted MOH in preparation of the national and provincial strategic investment plans, PHC policy implementation guidelines, and health zoning. The TA assisted the provincials in capacity building for planning, budgeting, management, and monitoring, and strengthen the annual planning and budgeting cycle using a rolling plan guided by 5-year targets. The TA designed the PHC management systems comprising planning and budgeting, financial management, supervision, monitoring and evaluation systems. The TA also designed the following financing studies: (i) village drug revolving fund study; (ii) risk pooling study; and (iii) cost recovery study. Under the planning for PHCEP, the TA completed the following (i) project implementation procedures manual; (ii) PHCEP annual operational plans of action for year 1-2-3 project implementation; (iii) procurement actions for consulting services, civil works, goods; and (iv) project quarterly activity reports. The MOH developed consensus and obtain approval for the draft Guideline of the PHC implementation through the National PHC Meeting in February 2003.

Overall Assessment and Rating

A tripartite meeting held on 26 March 2003 concluded that TA has linked well to the PHCEP, and has contributed significantly to the project implementation. The TA has achieved its development objectives and its implementation is considered as highly successful.

Major Lessons Learned

A clear National PHC Policy provides a clear direction for PHC development, and contributes to an enabling environment. Linking an advisory TA to a project (PHCEP) could be more effective if the consulting services for project implementation are already recruited. The PHC & RDD of MOH, strategically located as the center of the network for PHC delivery, coordinates effectively with PHC coordination units at provincial levels and centrally the assistance provided by the development partners. The TA has provided an overall support to the PHC Expansion Project and facilitated project implementation by laying the groundwork, particularly preparation of investment plans, including annual operation plans, and capacity building for PHC management systems at provincial levels.

Recommendations and Follow-Up Actions

Under the PHCEP, MOH will (i) continue to strengthen the annual planning and budgeting cycle using a rolling plan (strategic planning and investment plan for 2006–2010), as guided by five years targets; (ii) conduct health zoning for all 8 northern provinces, establish PHC management systems, and the innovative financing studies; and (iii) carry out evaluation as part of the PHC Monitoring and Evaluation System and training program for PHC management systems. The National PHC Meeting recommended that the PHC & RDD should be upgraded to Department of MOH to coordinate all PHC and PHC-related activities.