



Technical Assistance Report

Project Number: 40433-01
Capacity Development Technical Assistance (CDTA)
December 2009

Lao People's Democratic Republic: Building Capacity for the Health Sector Program Approach (Financed by the Japan Special Fund)

CURRENCY EQUIVALENTS

(as of 3 December 2009)

Currency Unit	–	kip (KN)
KN1.00	=	\$0.00012
\$1.00	=	KN8,489

ABBREVIATIONS

ADB	–	Asian Development Bank
HSDP	–	Health Sector Development Program
Lao PDR	–	Lao People's Democratic Republic
MNCH	–	maternal, neonatal, and child health
MOF	–	Ministry of Finance
MOH	–	Ministry of Health
PHC	–	primary health care
TA	–	technical assistance

TECHNICAL ASSISTANCE CLASSIFICATION

Type	–	Capacity development technical assistance (CDTA)
Targeting classification	–	Targeted intervention—non-income Millennium Development Goal (TI-M)
Sector (subsector)	–	Health and social protection (health systems)
Themes (subthemes)	–	Social development (human development), gender equity (human capabilities), governance (public administration [national, decentralized, and regional]), capacity development (organizational development)
Location impact	–	National (high)

NOTE

In this report, "\$" refers to US dollars.

Vice-President	C. Lawrence Greenwood, Jr., Operations 2
Director General	A. Thapan, Southeast Asia Department (SERD)
Director	S. Lateef, Social Sectors Division, SERD
Team leader	V. de Wit, Principal Health Specialist, SERD
Team members	I. Ahsan, Counsel, Office of the General Counsel H. Win, Social Sector Specialist, Lao Resident Mission, SERD

In preparing any country program or strategy, financing any project, or by making any designation of or reference to a particular territory or geographic area in this document, the Asian Development Bank does not intend to make any judgments as to the legal or other status of any territory or area.

I. INTRODUCTION

1. The Government of the Lao People's Democratic Republic (the Lao PDR) has requested capacity development technical assistance (TA) from the Asian Development Bank (ADB) for the health sector program approach. The TA will develop the program planning and funding mechanism and improve financial management for the sector program approach at the provincial and district levels, including for ADB's Health Sector Development Program (HSDP).¹ The country operations business plan, 2009–2011 includes a grant of \$500,000 in 2009 for the TA project.² The ADB fact-finding mission for the TA was fielded from 27 April to 1 May 2009. The government has confirmed the proposed TA scope and implementation arrangements.³ The design and monitoring framework is in Appendix 1.⁴

II. ISSUES

2. The Lao PDR has made substantial progress in health-related Millennium Development Goals. The child mortality rate dropped from 170 to 98 per 1,000 live births between 1990 and 2005, and the maternal mortality ratio fell from 750 to 405 per 100,000 live births in the same period. However, about 30% of children are still underweight, and progress in communicable disease control including of HIV/AIDS has been steady but slow.

3. The 6th National Socio-Economic Development Plan (2006–2010)⁵ of the Lao PDR has identified the health sector as one of four priority sectors to reduce poverty and achieve the Millennium Development Goals by 2015. The Ministry of Health (MOH) is committed to provide all citizens access to primary health care (PHC) and has built a substantial PHC network since 2000.

4. However, use of the PHC network remains low. Total outpatient visits are only one third of the expected demand for services, and the bed occupancy rate averages about 40%. The MOH is facing major challenges in improving the return on past investments by increasing the use of the PHC network, and thereby making it more efficient and effective. Access and affordability problems for the poor, and the quality of care, are some of the factors responsible for the low demand. The PHC network has become more accessible by upgrading hospitals, adding health centers, training village health volunteers, providing revolving drug kits, and developing model healthy villages.⁶ The acceptability of services, in particular for women and ethnic groups, is improving through training of, for example, skilled birth attendants and PHC workers from ethnic groups. However, the quality and working conditions of health workers needs major improvement, and a policy on human resources for health has been drafted. High out-of-pocket payments and transport costs also make the network unaffordable for many. Health equity funds are being piloted, but coverage remains limited. Overall, staff and budget constraints seriously hamper the quality and affordability of health services.

¹ ADB. 2009. *Report and Recommendation of the President to the Board of Directors: Proposed Grants to the Lao People's Democratic Republic for the Health Sector Development Program*. Manila.

² ADB. 2008. *Country Operations Business Plan: Lao People's Democratic Republic, 2009–2011*. Manila.

³ The Ministry of Health confirmed the aide memoire on 20 October 2009.

⁴ The TA first appeared in the business opportunities section of ADB's website on 29 April 2009.

⁵ Government of the Lao PDR, Committee for Planning and Investment. 2006. *6th National Socio-Economic Development Plan (2006–2010)*. Vientiane.

⁶ A model healthy village is defined as a village that maintains basic conditions needed to lead a healthy life.

5. With high levels of poverty, public spending on health is critical. However, domestic spending on salaries and non-wage recurrent costs has been low, constraining the delivery of PHC and burdening the poor. Based on 2005 data, only about 30% of the \$19 per person per year spent on health care is financed by the government and its partners, while the remainder is out-of-pocket. The government's fiscal situation will remain tight and will require bridge funding until revenue from hydropower and other sources becomes substantial by about 2020.

6. Several underlying factors contribute to substandard sector performance: (i) past investments focused on infrastructure rather than service delivery, and generally were input-rather than results-driven; (ii) projects and vertical programs were not integrated or adapted to local capacity, and used different indicators and reporting and financial systems, thereby demanding a disproportionate share of staff time; and (iii) management responsibilities were typically fragmented, with local health officers lacking the authority to make adjustments in implementing these programs according to local needs and conditions.

7. The government has begun to address these challenges at several levels. ADB, the World Bank, and other development partners are supporting macroeconomic stability and public expenditure reforms. Public sector fundamentals are being improved, such as through the passage of the Budget Law, 2006 and support for the medium-term expenditure framework.⁷ The Poverty Reduction Strategic Operations of the World Bank and other partners provide budget support for poverty reduction.⁸

8. Within the sector, the MOH is implementing the Sixth Health Sector Development Plan (2006–2010) and is preparing the Seventh Health Sector Development Plan (2011–2015). These plans are based on the strategic directions of the Central Committee, and incorporate all district and provincial 5-year plans through a bottom-up planning process. The seventh plan will be based on the eight sector priorities identified during the midterm review of the sixth plan. In addition, the MOH has prepared a wide range of subsector policies with considerable technical and financial implications. Provincial 5-year plans, prepared under earlier assistance, were initially based on need. These plans must be prioritized, clearly linked with available resources, and implemented through results-based annual operational plans and budgets.

9. Under the Minister of Health's leadership, external aid has also been aligned. For example, ADB, Lux-Development, and the World Bank are supporting provincial health services and health financing with similar interventions in, respectively, the northern, middle, and southern provinces. To improve sector efficiency further and identify funding gaps, the Japan International Cooperation Agency and the World Health Organization are leading the partners in developing sector-wide coordination. A coordination framework is in place with policy, operational, and technical working groups. The MOH has set up technical working groups for health financing, human resources for health, and PHC to help formulate reforms.

10. In line with the Vientiane Declaration on Aid Effectiveness,⁹ the MOH is developing the sector program approach to improve sector performance and financing further. The Seventh Health Sector Development Plan will serve as a platform for program support. The annual planning cycle will drive the implementation of the program approach. ADB, Lux-Development, the Japan International Cooperation Agency, the World Health Organization, and the World

⁷ ADB. 2008. *Technical Assistance to the Lao People's Democratic Republic for Strengthening Public Financial Management*. Manila.

⁸ World Bank. 2007. *Lao PDR Third Poverty Reduction Strategic Operations (PRSO-3)*. Washington, DC.

⁹ Government of the Lao PDR. 2006. *Vientiane Declaration on Aid Effectiveness*. Vientiane.

Bank are assisting the government in developing program funding. ADB's Health System Development Project,¹⁰ approved in 2007, is helping the MOH to make the building blocks for a sector program, including the preparation of largely need-based 5-year plans at central, provincial, and district levels. However, the program support mechanism has just been initiated.

11. Under the decentralized system introduced in 2000, provincial authorities are responsible for financing recurrent health expenditures from provincial revenues. Most provincial authorities face serious fiscal constraints, and their allocations for recurrent spending on health are low and largely absorbed by salaries. External demand for staff increases and counterpart funding for investment further reduced provincial spending on health services delivery. MOH wants to increase recurrent budget support for the sector. This requires a new flow of funds mechanism between the Ministry of Finance (MOF) and MOH, as well as greater capacity of the provincial and district authorities in program planning and financial management.

12. The recently approved HSDP provides policy and project support in three areas: planning and financing; maternal, neonatal, and child health (MNCH); and human resources for health (footnote 1). In addition, the MOF and MOH have agreed to pass on program funds for recurrent budget support to the provincial and district health offices, allowing provincial and district authorities flexibility in spending based on certain procedures to be followed. For example, the provincial authorities may decide to use program funds to improve service delivery, or to roll out MNCH services, the health equity funds, and the model healthy village. The program funds will double the non-salary recurrent budget for the provinces, which constitutes a substantial challenge for the provincial authorities.

13. Three challenges need to be addressed jointly to introduce provincial program funding. First, the capacity of provincial teams will need to be strengthened to set provincial priorities based on policies and resources, improve annual operational plans and budgets, and request for program support to help fill financing gaps. Second, a flow of funds mechanism needs to be established for program support from MOF to the provincial and district health offices, based on certain eligibility criteria and budget norms. While MOF has agreed to the mechanism, the details of the flow of funds need to be prepared. Third, while provincial and district health offices have build up capacity in financial management of projects, this needs to be improved further for the program approach.

14. ADB's support for the Lao PDR health sector is in line with Strategy 2020¹¹ and the operational plan for health,¹² supporting program-based sector support, sector reforms, and partnerships. Improved provincial and district health planning and financial management have many benefits, including greater transparency and accountability in the sector, more efficiency and effectiveness, and better targeting of vulnerable groups. The program funding mechanism will facilitate more supplementary funding for operations and maintenance, and the rollout of pro-poor interventions such as MNCH-friendly services, health equity funds, and the model healthy village.

¹⁰ ADB. 2007. *Report and Recommendation of the President to the Board of Directors: Proposed Grant to the Lao People's Democratic Republic for the Health System Development Project*. Manila.

¹¹ ADB. 2008. *Strategy 2020: The Long-Term Strategic Framework of the Asian Development Bank, 2008–2020*. Manila.

¹² ADB. 2008. *Operational Plan for Health under Strategy 2020*. Manila.

III. THE TECHNICAL ASSISTANCE

A. Impact and Outcome

15. The overall impact of the TA will be greater efficiency of targeted health services in three pilot provinces.¹³ The outcome will be improved availability and allocation of funds for provincial health services.¹⁴ The three outputs will be (i) stronger provincial and district health office capacity in program planning, (ii) an operational funds flow mechanism, and (iii) better financial management at provincial and district health offices.

B. Methodology and Key Activities

16. The TA will develop the details of the program approach, which will be piloted in three provinces. Under the first output, provincial and district planning and budgeting will be strengthened. As shown in Appendix 2, the TA will support the provinces to move from needs-based 5-year plans to policy and resource-based 5-year plans, annual plans and budgets, and programs. Appendix 2 further shows the complementarity of the TA with the Health System Development Project and the HSDP. The TA will engage a consulting firm to work with government counterparts to (i) conduct a desk review and summarize the quality, applicability, and use of current provincial health plans; (ii) consult provincial authorities and other stakeholders on any program planning issues; (iii) develop draft provincial and district health program planning guidelines and standards based on government requirements; (iv) seek support from stakeholders through consultations and a national workshop; (v) finalize the program planning design for the health sector; (vi) design, prepare, and implement a training program for provincial health planners in three provinces; and (vii) monitor program planning performance in the three provinces.

17. Under the first tranche release policy actions of the HSDP, the MOF approved a memorandum of understanding with the MOH, providing the overall mechanism for the flow of program funds from the MOF to the provincial and district health offices using the conditional grant system. This flow of funds mechanism needs to be developed and operationalized. The consultant and counterpart will (i) review and validate the assessment of financial management capacity of the provincial and district health offices initiated under the project preparatory TA;¹⁵ (ii) review relevant laws, policies, and guidelines of the MOF and others regarding the flow of funds to provinces and districts; (iii) develop a draft design for the flow of funds, including the approval process, eligibility criteria, and budget norms; (iv) seek support from stakeholders through consultations and a national workshop; (v) finalize the flow of funds mechanism; (vi) facilitate MOF approval of the flow of funds mechanism; and (vii) facilitate and supervise implementation in three provinces.

18. A detailed assessment of the provincial and district financial management capacities was carried out under the project preparatory TA for the HSDP. This assessment showed several weaknesses in financial management in the health sector. The consultant and counterpart will (i) validate this assessment through selective field visits; (ii) review relevant laws, policies, and guidelines of MOF and others, and ongoing TA for capacity building for provincial and district financial management; (iii) identify key issues and gaps that need to be addressed in financial management in the health sector; (iv) develop draft provincial and district financial management practices and standards based on government requirements and international

¹³ Representing northern, central, and southern Lao PDR, and different planning capacities and funding sources.

¹⁴ ADB. 2008. *Country Operations Business Plan: Lao People's Democratic Republic, 2009–2011*. Manila.

¹⁵ ADB. 2009. *Technical Assistance to the Lao People's Democratic Republic for Preparing the Health Sector Development Program*. Manila.

standards; (v) seek support from stakeholders through consultations and a national workshop; (vi) finalize the financial management design for the health sector; (vii) facilitate MOF approval of the financial management standards; (viii) design, prepare, and implement a training program for financial management staff in three provinces; and (ix) monitor financial management performance in these three provinces.

C. Cost and Financing

19. The TA is estimated to cost \$520,000. ADB will finance the equivalent of \$500,000. The TA will be financed on a grant basis by the Japan Special Fund, funded by the Government of Japan. The government will contribute \$20,000 in kind for counterpart staff, office space, and local transport. The cost estimates and financing plan are in Appendix 3.

D. Implementation Arrangements

20. The MOH, through the Department of Planning and Finance, will be the executing agency, responsible for overall TA implementation and coordination. The MOH steering committee headed by the Minister of Health will direct TA implementation and will ensure that the MOF and the Ministry of Planning and Investment are kept informed and involved, as needed. The project director will provide overall leadership and chair weekly team meetings to guide and coordinate TA activities. The deputy project director will provide day-to-day guidance and arrange consultations with ministries, provincial authorities and health offices, and partners. The MOH has offered adequate office space and utilities for the TA project.

21. The TA project will require 11 person-months of international consulting services and 40 person-months of national consulting services. The international consultants will include a health planning expert (6 person-months) and a financial management expert (5 person-months). The national consultants will include a public health expert (10 person-months), and three financial management experts (10 person-months each). The consultants will be engaged through a firm using the biodata technical proposal and fixed budget selection method in accordance with ADB's Guidelines on the Use of Consultants (2007, as amended from time to time). The outline terms of reference for consultants is in Appendix 4. The MOH will procure equipment for the TA project in accordance with ADB's Procurement Guidelines (2007, as amended from time to time). The equipment will be retained by the MOH on completion of the TA project. Funds will be disbursed in accordance with ADB's *Technical Assistance Disbursement Handbook*.¹⁶

22. The TA will be implemented from 1 January 2010 to 31 December 2010. The MOH, MOF, and ADB will conduct joint monitoring at the inception, midterm, and final stages of the TA project. The consultants will provide the MOH and ADB with an inception report after 1 month, a midterm report after 5 months, a draft final report after 11 months, and a final report upon completion of the TA project. The consultants will also submit monthly progress reports stating past and proposed activities.

IV. THE PRESIDENT'S DECISION

23. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of \$500,000 on a grant basis to the Government of the Lao People's Democratic Republic for Building Capacity for the Health Sector Program Approach, and hereby reports this action to the Board.

¹⁶ ADB. 2008. *Technical Assistance Disbursement Handbook*. Manila.

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets and/or Indicators	Data Sources and/or Reporting Mechanisms	Assumptions and Risks
Impact Greater efficiency of targeted health services in three pilot provinces	Use of targeted health services disaggregated by gender and ethnic group increased by 20% between FY2011 and FY2012	MOH HMIS report	Assumptions Funding targeted for quick improvement of services Public recognizes improved services
Outcome Improved availability and allocation of funds for provincial health services	Non-wage recurrent budget of provincial health services increased by 40% between FY2010 and FY2011	Provincial health budget reports	Assumption Quick central evaluation, disbursement, and liquidation of program grant funds
Outputs 1. Stronger provincial capacity in planning sector AOPs and program support in three pilot provinces 2. Operational flow of funds mechanism in three pilot provinces 3. Better financial management of provincial and district health offices staff in three pilot provinces	Provincial AOPs and grant requests are satisfactory by September 2010. Flow of funds established by October 2010 Tested staff performance in financial management improved by 50% by October 2010	AOPs and requests for program support from provincial authorities MOF letter confirming disbursement of funds Pre- and post-test evaluations Assessment of staff in the field	Risk Transfer of staff Assumptions MOF approves flow of fund mechanism Sufficient staff can be identified for training
Activities with Milestones 1.1 Conduct a desk review and summarize the quality, applicability, and use of current provincial and district strategic health plans by March 2010. 1.2 Consult provincial authorities on potential planning issues by March 2010. 1.3 Help develop national guidelines and standards for resource-based, 5-year and annual plans and budgets and program support by April 2010. 1.4 Provide orientation to stakeholders through a national workshop by April 2010. 1.5 Design, prepare, and implement a training program for provincial health planners in three provinces and all their districts by August 2010. 1.6 Support resource-based, provincial and district 5-year and annual health planning and budgeting and program support in three provinces by October 2010. 2.1 Review relevant laws, policies, and guidelines of the MOF and others regarding the flow of funds to provinces and districts by March 2010. 2.2 Develop a draft design for the flow of funds to provincial and district health offices, including the approval process, eligibility criteria, and budget norms by April 2010. 2.3 Seek support from stakeholders through a national workshop by April 2010. 2.4 Finalize the flow of fund mechanism by July 2010. 2.5 Facilitate MOF approval of the flow of funds mechanism by August 2010. 2.6 Facilitate and supervise implementation in three provinces by October 2010. 3.1 Review and validate the assessment of provincial and district financial management capacity in the sector initiated under the previous project by March 2010. 3.2 Review relevant laws, policies, and guidelines of the MOF, and ongoing TA for capacity building for provincial and district financial management by March 2010. 3.3 Identify issues and gaps to be addressed in financial management by March 2010. 3.4 Develop draft provincial and district financial management practices and standards based on government requirements and international standards by April 2010. 3.5 Seek support from stakeholders through a national workshop by April 2010. 3.6 Finalize the financial management design for the health sector by May 2010. 3.7 Facilitate MOF approval of the financial management standards by August 2010. 3.8 Design, prepare, and implement a training program for financial management staff in three provinces by August 2010. 3.9 Monitor financial management performance in three provinces by October 2010.			Inputs Total: \$520,000 ADB: \$500,000 Consulting services: \$350,000 Equipment: \$10,000 Training, workshops, and meetings: \$40,000 Surveys and studies: \$20,000 Miscellaneous: \$20,000 Representation: \$5,000 Contingencies: \$55,000 Government: \$20,000 (in kind) Counterpart staff and other MOH support: \$10,000 Office accommodation and transport: \$10,000

ADB = Asian Development Bank, AOP = annual operational plan, FY = fiscal year, HMIS = health management information system, MOF = Ministry of Finance, MOH = Ministry of Health, TA = technical assistance.
 Sources: MOH and ADB.

SUMMARY OF RELATED TECHNICAL ASSISTANCE 2007–2011

Support of ADB and Partners	Health System Development Project	TA: Building Capacity for Health Sector Program Approach	Health Sector Development Program	Support of Partners
Subsectors				
Sector coordination				JICA, WHO
National planning	Preparation of 5-year plan (2 person-months)			JICA, WHO
Planning and budgeting	Provincial and district capacity building and support for preparing needs-based 5-year plans at all levels (2 person-months)	Support for resource-based, 5-year and annual plans and budgets, and programs (6 person-months)		World Bank, Lux-Development
Flow of funds		Flow of funds design (3 person-months)		World Bank, Lux-Development
PHC policy, integration, and standard setting	PHC standard setting (2 person-months)			
PHC system development	PHC system (21 person-months)		Program manager (20 person-months)	
Financial management		Financial management training (3 person-months)		
Human resource development	HRD policy and plan Capacity building- Department of Organization and Personnel MOH workforce survey HRD management (9 person-months)		Medical education development (8 person-months)	JICA (Nursing), UNFPA (SBA), WHO (overall)
MNCH			MNCH specialist (3 person-months)	JICA, UNFPA, UNICEF, WHO
Model healthy village			Community health development expert (12 person-months)	JFPR
Gender and ethnic group support	Social development expert (3 person-months)		Gender specialist (6 person-months)	
Health equity funds	Health equity fund planning expert (4 person-months)		Health equity fund adviser (3 person-months)	World Bank, Lux-Development
Health sector financing	Health financing assessment and budgeting expert (4 person-months)			World Bank, WHO, UNDP

ADB = Asian Development Bank; HRD = human resource development; JFPR = Japan Fund for Poverty Reduction; JICA = Japan International Cooperation Agency; MNCH = maternal, neonatal, and child health; MOH = Ministry of Health; PHC = primary health care; SBA = skilled birth attendance; TA = technical assistance; UNDP = United Nations Development Programme; UNFPA = United Nations Population Fund; UNICEF = United Nations Children's Fund; WHO = World Health Organization.

Source: ADB.

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Total Cost
A. Asian Development Bank Financing^a	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	220.00
ii. National consultants	80.00
b. International and local travel	40.00
c. Reports and communications	10.00
2. Equipment ^b	10.00
3. Training, workshops, and meetings	40.00
4. Surveys and studies	20.00
5. Miscellaneous administration and support costs	20.00
6. Representative for contract negotiations	5.00
7. Contingencies	55.00
Subtotal (A)	500.00
B. Government Financing	
1. Office space, utilities, and local transport	10.00
2. Counterpart staff and other Ministry of Health support	10.00
Subtotal (B)	20.00
Total	520.00

^a Financed by the Japan Special Fund, funded by the Government of Japan.

^b Computers, printers, photocopy, and fax.

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. Team Leader and Health Planning Expert (international, 6 person-months)

1. The team leader and health planning expert is a public health specialist or equivalent with at least 10 years of international experience and at least 5 years experience in sector planning and budgeting and the sector program approach. The expert will

- (i) as team leader, plan and coordinate the technical assistance (TA) work to achieve expected outcome, guide consultants to ensure that the terms of references are implemented, and serve as a liaison person for the TA work with ministries and partners;
- (ii) assess current need-based, strategic 5-year plans, identify issues and requirements for improvement, and discuss these with stakeholders;
- (iii) through workshops and training activities, help develop guidelines and build the capacity of the Ministry of Health (MOH) and three provincial and district health offices and authorities for resource-based, 5-year and annual planning and budgeting and program support within the resource envelop;
- (iv) work closely with three provinces and all districts in these provinces to improve the planning of 5-year and annual operational plans and budgets and program support based on government policies, priorities, and the resource envelop; and
- (v) ensure on-time submission of reports, including monthly reports, the inception report after 1 month, the midterm report after 5 months, the draft final report after 11 months, and a final report upon completion of the TA project.

B. Financial Management Expert (international, 5 person-months)

2. The financial management expert has a financial management degree or equivalent with at least 10 years experience. The expert will

- (i) assist the team leader in the assessment of provincial health planning and budgeting capacity, and improving standards and guidelines;
- (ii) work with the Ministry of Finance and the MOH in designing the detailed flow of funds arrangements for the program support, including eligibility criteria, budget norms, and approval and reimbursement processes;
- (iii) help finalize the assessment of financial management capacity at provincial and district health offices;
- (iv) develop the financial management training and tools for provincial and district health offices using gender-responsive budgeting where possible; and
- (v) pilot and evaluate the financial management training, and tools and plan to scale up training to cover all provinces and districts.

C. Public Health Expert (national, 10 person-months)

3. The expert has a master in public health or equivalent and at least 5 years experience in health systems management, with good English and computer skills. The expert will assist the team leader in

- (i) assessing provincial health planning and budgeting capacity, and reviewing provincial health plans to assess their overall quality and prepare a comprehensive report on the findings;
- (ii) providing orientation for the sector program approach for the MOH, and all provincial and district health offices and authorities;

- (iii) preparing better standards and guidelines for the provincial and district health planning and program support processes;
- (iv) working closely with three provinces and all districts in these provinces to improve the 5-year and annual plans and budgets and program support; and
- (v) any coordination, fieldwork, follow-up, and reporting.

D. Financial Management Experts (national, 3 persons, 10 person-months each)

4. The financial management experts will have at least 5 years experience in financial management and good English writing and computer skills. The experts will

- (i) complete the financial management assessment of provincial and district health offices;
- (ii) help formulate a province-based, 1-week training package for financial management and planning and budgeting skills in the health sector based on the public financial management program of the Ministry of Finance and government instructions using a participatory approach and gender-responsive budgeting, where possible;
- (iii) conduct pilot training in three provinces for provincial and district health office staff, and will present and discuss findings at a meeting in Vientiane; and provide basic financial management training to all other provinces and districts within the 1-year contract period; and
- (iv) evaluate training outcome in each province and help prepare a completion report, including the results of the training, lessons learned, and recommendations.