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Aide- memoire
Lao PDR
Health Governance and Nutrition Development Project (HGNDP)
Implementation Support Mission
June 6-15, 2016
and
International Symposium on Universal Health Coverage (UHC)
June 13-14, 2016

I. Key Project Data and Performance Rating

Key Project Data		Key Performance Rating		
			Previous Rating	Current Rating
Board Approval	June 23, 2015	Progress towards achievement of Project Development Objectives	Satisfactory	Satisfactory
Effectiveness date	October 12, 2015	Overall Implementation Progress	Satisfactory	Satisfactory
Closing Date	December 31, 2020	Disbursed	US$5.3 million	US$7.0 million
Total Project Cost (Grant)	US$26.4 million (total, of which US$13.2 million grant and US$13.2 million credit)	% disbursed	41% of Grant; 21% of overall project cost	53% of Grant; 26% of overall project cost

II. Introduction

1. A World Bank (WB) mission met in Vientiane from June 6-15, 2016 with the following objectives: (i) to work with the Ministry of Health (MOH) structure to review progress of project implementation, address challenges and identify solutions, and agree on the next steps; (ii) to co-organize and participate in the Symposium on Universal Health Coverage (UHC). In addition, some members of the WB team participated in field visits to Xiengkhuang. As discussed and agreed with the government counterparts in the MOH, this Aide Memoire will be made available publicly.

2. The mission was co-led by Somil Nagpal (Senior Health Specialist and Task Team Leader) and Sutayut Osornprasop (Human Development Specialist and Co-Team Leader). The core team members in the mission include: Nkosinathi Mbuya (Senior Nutrition Specialist), Emiko Masaki (Senior Economist), Tomo Morimoto (Senior Operations Officer), Banthida Komphasouk (Health Specialist), Sophavanh Thitsy (Operation Analyst), Chanhsom Manythong (Agriculture Specialist), Eko Pambudi (Research Analyst), Wei Aun Yap (Consultant), Birte Sørensen (Consultant), and Jutta Krahn (Consultant), and Boualamphanh Phouthavisouk (Team Assistant).

Component 1: Health Sector Governance Reform

3. A firm contract to support operation and management of District Health Information System (DHIS2) was approved by the WB on Feb 9, 2016 and signed by MOH on March 31. Another contract to support operation and maintenance of the Health Management Information Systems (HMIS) server will expire on June 30 2016 so contract renewal n effective before that date. Training of additional staff as well as updating of DHIS2 to include most of the DLIs have started. WHO continues to provide technical support to DHIS2 development and incorporation of additional vertical databases (malaria, tuberculosis, HIV) into DHIS2. Dashboards to facilitate review and monitoring of DLI progress at both central and provincial levels have been developed. While there is an interest in further developments such as a personnel information system, a modern supply chain management information system and birth notification as part of Civil Registration (birth registration), current budget allocation is insufficient to support all these activities.

4. During supervisory visits to the provinces, it was apparent that there are issues related to data accuracy. Inaccuracies were especially found when data was copied from log books to tally sheets and to summary report form before it was entered in the DHIS2 data base (hmis.gov.la). These relatively minor inaccuracies will be reduced with increased internet connectivity at the district level since data can be entered into laptops at health center level off line and then uploaded into the system automatically when the computer is connected to the internet during monthly meetings in the district. Direct uploading of data from health centers has also been explored on a trial basis and is promising but will have to await improved nationwide internet connectivity[1]. Possibility of making DHIS2 guidelines more user-friendly using instructive videos or mobile applications using the model of Safe Delivery App will be explored and discussed with DHIS2 consultants and relevant center in MOH. At the same time, intensive monitoring of data accuracy by the NPCO office should be continued.

5. There is a need to print new maternal and child health (MCH) forms for the HMIS system[2]. Final contract for printing is yet to be signed. The revised version of the form will be updated to separately seek information on growth monitoring and provision of counselling to parents/guardians of children (see details under Provincial DLI 4). In the interim, provinces were advised to print their own forms using DLI funds. The mission recommended that contract for printing should be finalized and signed by end June 2016.

6. New IT equipment is being procured for NPCO. Re-bidding is required as the specifications first drafted were found to be limited to a specific supplier. Contract signing is expected by July 2016.

7. NPCO has completed the National Health Statistics Report and expects to hold a dissemination workshop in early July 2016.

[1]A cost estimate to ensure reliable internet connection in all district health offices has been obtained: initial cost is US$ 120,000 with a subsequent annual cost of US$ 50,000. With the current budget allocation of US$ 50,000 the NPCO will proceed to cover as many districts as possible (starting with larger districts which at present do not have connectivity) and negotiate with other DPs to cover other districts. DHIS2 training guidelines have been updated and training of NPCO and provincial staff is ongoing; staff from 5 provinces have completed this training.

[2] Use of environmentally friendly paper will be explored for this purpose.

Component 2: Service Delivery

8. The details of status and issues arising from review of Year 1 DLI achievement and proposed activities to achieve Year 1 DLI targets are described in Annex 2.

9. Below are a number of observations from the field visits:

- While it was anticipated that the target provinces would receive annual allocations from the Asian Development Bank (ADB) credit similar to the DLI amount, ADB funds have as yet not reached the provincial health accounts and the detailed plans developed by the provinces have therefore not been executed as planned. They are therefore inclined to use DLI funds to finance those plans (including Health Equity Funds) rather than activities directly leading to achievement of the next year's DLIs. This may negatively affect Central DLI 4 and a number of provincial DLIs next year, since the provinces were expecting to use ADB funds for continued provision of free MCH. The project has sent official instructions to all provinces on the use of the DLI budget to achieve the DLI target, aside from DLI guideline distributed to all target provinces during project launching in January 2016.

- In all districts visited it was apparent that while children are being weighed and measured for reporting purposes, this did not constitute 'growth monitoring' since growth charts are not routinely filled, mothers not informed on the adequacy of their child's growth and counselling was not being provided. The understanding of the health staff of their role and responsibility and of the importance of child growth monitoring seems incomplete. These findings are in line with the findings from the Study of Health Center Workers (2013 – 2014) and the Rapid Assessment of Nutrition Counselling and Growth Monitoring (2015). The anthropometric measurement was available in facilities visited, but it is bulky and not fit for carrying on a motorcycle for outreach clinics. There has been a major effort in the beginning of the year to weigh and measure children and to provide them supplementary feeding for three months. It was unclear what impact this special activity from the MOH may have or if impact will be monitored. The team recommended that: (i) the Nutrition Center or the provinces make available locally-produced tools appropriate for weighing and measuring children during outreach, to all health facilities responsible for outreach; and (ii) urgent attention to upgrading the skills of health workers is essential not only to achieve provincial DLI 4, but to provide diagnostics for all multisector nutrition activities.

- This information necessitates reassessing the baseline for DLI 4, wherein the four provinces identified for DLI 4 will revise their baseline information to include only children who have had their growth chart filled and whose parents have received nutrition counselling. The mission also appreciates MOH's attention to strengthen health workers' capacity in nutrition counseling, and their initiative to use DLI resources to engage the Institute of Nutrition/Mahidol University to support the capacity building and tool development for nutrition counseling for health center staff in priority project areas. The government team is in discussion with Mahidol University team. The mission also advised that the project should consider using Component 3 funds for training after Mahidol University has submitted their proposal. Initially, Mahidol University aims to train four provinces and conduct training of trainers, with a view to subsequently scaling this intervention nation-wide using these trainers.

- Regarding provincial DLI 5, it was confirmed during the field visit that outreach visits to nearby villages (zones 0 and 1) are likely to include most or all elements of 'comprehensive outreach'[3], but that this does not appear to be the case with outreach to villages in zones 2 and 3. For such villages outreach is most often limited to EPI. It is therefore important that the provinces be informed to provide a revised baseline for DLI 5, provide revised data for Year 1 performance and make efforts to provide comprehensive outreach to villages in zones 2 and 3.

10. Some specific recommendations are provided by the WB team based on the field visit:

- In addition to frequent monitoring visits from the NPCO, district and provincial health officers must undertake frequent field visits and compare data entered into the HMIS with the records and the relevant log books at the facility; it is also important to regularly review data to identify and question 'outliers'.
- NPCO to have quarterly meetings with all provinces starting in early September to go through their DLI performance in Year 1, and discuss with them how best they can achieve DLIs for Year 2.
- Similarly, provinces should have monthly meetings with district health officers to review data and discuss how best to improve both accuracy of data entry and performance on the DLIs.
- Letter to be issued explaining activities under integrated outreach and what needs to be done by the outreach workers as well as their supervisors to ensure the same.
- Quarterly provincial meeting to be organized by NPCO. The Bank team will join alternate meetings, during Implementation Support Mission.
- The NPCO requested to start compilation and sharing of the ISM Mission objectives and briefing in advance- including in Laotian, which will be shared with provinces. (action for WB, ADB and NPCO)
- Each field visit by Bank team needs to be well planned and thematic- informed in advance and this clear theme and briefing about the same should be shared with the provinces (action for WB and ADB).
- Inventory management in excel sheets has commenced to make sure this will become provinces' responsibility. NPCO will get compiled information by the end of this month for the current round. In due course, to consider m-Supply integration for automated updates.

[3] The integrated outreach package of services includes EPI, FP, ANC, PNC, growth monitoring and nutrition counselling

Table1: Agreed next steps for Component 1 and 2

Action	Target Date	Responsible
Renew contract for maintenance and hosting of DHIS2Server	End July, 2016	NPCO
Ensure that provinces and health facilities have adequate supply of growth monitoring formats; if they are not available then procurement is required	End July 2016	NPCO/MCH Center/Nutrition Center
Finalize contract for printing MCH forms	End July 2016	NPCO/MOH
Develop locally appropriate tools for weighing and measuring children available to all health facilities responsible for outreach	August 2016	Nutrition Center/Province
Finalize procurement and contract signing of IT equipment	Mid July 2016	NPCO/MOH
4 Provinces to provide a revised DLI 4 baseline	End July, 2016	NPCO/Provinces
14 Provinces to provide a revised DLI 5 baseline and ask them to provide revised data for Y1.	End July, 2016	NPCO/Provinces
NPCO to organize quarterly meetings with all provinces to go through their DLI performance in Year 1, and discuss with them how best they can achieve DLIs for Year 2. WB to join these meetings in Sep and March during ISM missions.	End Sept. 2016	MOH/NPCO
Provinces to organize monthly review meetings with district health officers to review data	Starting July 2016	Provinces
Explore the possibility if Mahidol University can support the capacity building in nutrition counseling for health center staff in priority nutrition provinces. The issue will be discussed with Mahidol University team	July-Aug. 2016	NPCO/MOH
NPCO to hold dissemination workshop for National Health Statistics Report	July 2016	NPCO

Component 3: Nutrition Social and Behavior Change Communication

11. There is significant progress in the implementation of Component 3 since the last mission. The roles and responsibilities of NPCO and Department of Hygiene and Health Promotion (DHHP) in managing Component 3 have been discussed and clarified. There is improved coordination and collaboration among MOH personnel in charge of managing Component 2 and Component 3, particularly on how to obtain and plan the use of DLI money to support the development of a Lao approach on and training of nutrition counseling for health staff and conduct integrated outreach to villages, which are needed to support village-level SBCC interventions under Component 3. The first-year workplan and budget were finalized. The Task Team particularly appreciates the collaboration between the MOH and the Ministry of Agriculture and

Forestry (MAF) in successfully organizing orientation workshops for provincial health offices (PHOs) and district health offices (DHOs) as well as for staff from PAFO and DAFO: May 3-7 in Xieng Khouang and Houaphan and May 23-28 in Oudomxay and Phongsaly provinces. The concerned provinces and districts expressed commitment to support the implementation and the collaboration between HGNDP and the Strategic Support for Food Security and Nutrition Project (SSFSNP) on the roll-out of multisectoral SBCC for improved nutrition.

12. Nevertheless, given the largely mountainous terrains of these four provinces, some officials raised concerns about the challenges to reach target population in remote areas due to lack of road access, and highlighted the urgent needs for the roads to be improved and that appropriate vehicles are made available to health center staff to access remote villages. All the provinces agreed with the plan for SBCC interventions to be rolled out to 10 villages in each district in the first year of intervention (total 120 villages in 12 districts).[4]

13. While progress has been made on several activities, the Task Team noticed delays in the recruitment of consultants (one SBCC Specialist, one Project Management Specialist) and a firm to conduct a Nutrition KAP Survey as a baseline for component 3, and urged MOH to finalize the selection as soon as possible. While the Standard Operating Procedures (SOP), previously called the mini-guidelines, for Provincial Health Offices (PHOs), District Health Offices (DHOs), health center staff has been prepared, it was also agreed that MOH will also prepare an SOP and a technical guidelines for village communicators as soon as possible.

14. MOH has started to broadcast on TV channels the 15-minute stunting documentary video developed by the World Bank in February 2016. The video has also been translated into Hmong and Khmu language versions with support from UNICEF, and will be used during village-level SBCC interventions in areas inhabited by Hmong and Khmu ethnic groups. As agreed with the WB team and with support from UNICEF, MOH has completed the development of four 1-minute video spots (four episodes based on the 15-minute stunting video), and these videos have now been broadcast on TV channels: Lao national TV station, Lao Star Channel, Police station and 17 provinces TV stations. 1,500 copies of video have been made (each video included 15 minutes documentary plus four spots in above) and were distributed to health centers, districts health offices, and health education division in 18 provincial health offices.

15. The development of the national SBCC Strategic Action Plan (SAP) is underway. A consultation workshop on the development of SBCC SAP was held on April 1, 2016. The newly formed SBCC Taskforce had its first meeting on May 18 during which the development of the new IEC tools for the WSP was agreed to be a leading example to add “communication for social change” to “communication for behavior change”. A partnership with Alive & Thrive[5], including a study tour to Viet Nam, is currently also discussed with MOH.

16. Given the lack of alternative training model options, cascade training will be used for the first year of SBCC capacity building. It is expected that master trainers will be drawn from MOH, PHOs and DHOs, and these master trainers will in turn train health center staff and village communicators. Nevertheless, it was agreed that a new model of training needs to be explored for

[4] The total coverage of SSFSNP is smaller, and will cover 5 villages out of 400 villages in each district in year one.
[5] Alive & Thrive is funded by the Bill & Melinda Gates Foundation and the governments of Canada and Ireland and is managed by FHI 360

the subsequent years, as the number of trainers at the central level and at province/district level is limited and also to make the trainings more effective.

Table2: Agreed next steps for Component 3

Action	Target date	Responsible
Finalize SOP for PHO, DHO and health center staff, IEC materials, and training manuals for village SBCC facilitators	July 2016	NPCO
Develop a workplan for each province on the implementation of half-day HGNDP orientation meeting at village level, selection of village facilitators, development of annual SBCC plan at village level.	End July, 2016	DHHP
MOH to further discuss with Mahidol University to support the capacity building in nutrition SBCC for village communicators. The issue will be discussed with Mahidol University team	Mid-August, 2016	DHHP and NPCO
Hire local SBCC consultant (without waiting for UNICEF consultant to be contracted)	End July 2016	NPCO and Bank
Hiring of a project management specialist and 4 provincial coordinators	Mid July 2016	NPCO
Coordinate with UNICEF for final stages of layout/ design of IEC materials and training manuals and ownership thereof	End July 2016	CIEH/NPCO and Bank

Component 4: Project Management, Monitoring and Evaluation

17. Recruitment of key NPCO staff including two Deputy Directors for Component 2 and 3, an administrative assistant, procurement officer, an accountant, cashier, two national consultants to support the center and provinces in DLI implementation and monitoring has been completed. Four provincial consultants for Component 3 have signed contracts and national level consultants are being interviewed. The international consultant to be contracted by UNICEF has been identified but not contracted due to lack of funds. Evaluation of expression of interest for KAP survey has been submitted to the Bank for no objection. Procurement of scales and height board is being processed for 120 villages.

18. While it has been agreed that ADB under their Technical Assistance (TA) component would support capacity building on financial management (FM) for both ADB and WB funds at central and provincial levels, the recruitment process for the FM Firm is not yet completed. The contract for the accountant to support NPCO has been extended to end June 2017; the FM Specialist proposed to support the NPCO is also yet to be contracted. It is however necessary for NPCO and MOH FM staff to fully understand the FM arrangements for the WB funds. It was agreed that the contract for the accountant be extended for another year and a FM specialist should be contracted as early as possible.

Table3: Agreed next steps for Component 4

Action	Target date	Responsible
Contract FM specialist	Mid July 2016	NPCO

Financial Management (FM)

19. The mission was pleased to note that the first interim financial report (IFR) covering the period from effectiveness to March 31, 2016, has been submitted on time. The WB team has reviewed the IFR and found it to be well prepared. Specific comments will be provided in a separate communication. Disbursement of the grant (D0730) is at approximately 53%. The project is currently preparing a withdrawal application for documentation of prior advance. It should be noted that reporting of payments made from designated account is quarterly.

Others

20. NPCO suggested that the WB Health Specialist or Operations Analyst could join the weekly project meetings and flag issues as and when due, and this was accepted by the Bank team.

21. Joint arrangement with ADB. In view of enhancing synergies and ensuring close coordination with ADB, it was agreed that in addition to the common FM arrangements the two institutions would conduct joint implementation support missions on a semi-annual basis. It was agreed that there will be a joint official implementation support mission starting on September 19, 2016.

22. Sections of this aide-memoire pertaining to procurement as well as environmental and social safeguards will be updated during the next supervision mission to be conducted in September, 2016.

III. Symposium on Universal Health Coverage (UHC).

23. The WB co-sponsored and participated at the International Symposium on Universal Health Coverage (UHC) held in Vientiane from June 13-14, 2016. The symposium was opened by the Vice Minister Associate Prof. Som Ock Kingsada and closed by Vice Minister Associate Prof. Dr. Phouthone Muongpak. The symposium was also presided over by Professor Seiichi Matsuo, President of Nagoya University, Japan. This was the first international symposium on UHC held in Lao PDR and participated by more than 200 participants from Japan, South Korea, China, and the ASEAN region as well as many MOH staff from the provinces. Speakers and participants presented and deliberated on various issues and experiences related to UHC. DPs from major multilateral and bilateral agencies were also involved. The World Bank was represented by the Country Manager, Sally Burningham. Somil Nagpal presented the keynote address on 'Going Universal: How 24 countries are implementing universal health coverage from the bottom up" and delivered closing discussion remarks; Eko Pambudi presented on "Government expenditure on health in Lao PDR: Overall trends and findings from a health center survey"; and Wei Aun Yap presented on "The supply-side perspective in UHC: Findings from a survey of frontline health workers at health centers in Lao PDR" and "Maternal health out-of-pocket expenditure and service readiness in Lao PDR: Are financing interventions alone adequate to expand effective and equitable coverage". Sutayut Osornprasop and Emiko Masaki moderated sessions on "Moving

health systems toward universal health coverage to ensure accessibility, quality, and financing aspects" and "Generating evidence to support UHC in Lao PDR" respectively. These presentations are linked to the existing Lao PDR PAAA and the seminar was an opportunity to disseminate the findings at an international setting while also presenting to the large Lao audience thereby supporting the current health engagement in health in Lao PDR.

List of Annexes:

Annex 1: People met

Annex 2: Status of achievement of Year 1 DLIs (Component 2)

Annex 1: People met

Name	Position	Organization
Government		
Dr. Prasongsidh Boupha	Director General, DPIC	MOH
Dr. Founkham Rattanavong	Deputy Director General, DPIC	MOH
Dr. Pavith Khemanith	Administrative, DPIC	MOH
Dr. Khamphithoun Somsamooth	Deputy Director, CIEH	MOH
Dr. Bouapath Phanvisay	Deputy Director, Cabinet, NHIB	MOH
Dr. Somvang Bouphaphanh	Head of Administration, MCHC	MOH
Dr. Kongmany Souphamixay	Deputy Head of Division, DHHP	MOH
Ms. Many Thammavong	Vice Director, MPSC	MOH
Ms. Khonesavanh Inthavong	Technical Officer, MSPC	MOH
Dr. Phisith Phoutsaveth	Deputy Director General, DHC	MOH
Dr. Olaphin Phouthavong	Deputy Head of Division, DHC	MOH
Dr. Bouthavong Phengsisomboun	Deputy Director General, DTR	MOH
Dr. Thongphouth Saysana	Head of Administration, DTR	MOH
Soutthida Vongsavath	Technical Officer, FPP	MOH
Dr. Viengxay Viravong	Deputy Head of HFPD, DOF	MOH
Dr. Chanlap Luanglath	Head of Division, CIEH	MOH
Dr. Alain Noel	CTA, HGNDP	MOH
Dr. Chansaly Phommavong	Deputy Director, HGNDP	MOH
Dr. Southanou Nanthanontry	Deputy Director, HGNDP	MOH
Mr. Phanthanou Luangxay	Procurement, HGNDP	MOH
Mr. Khamsouk	Planning M&E, HGNDP	MOH
Mr. Vilaysack Sayamas	Accountant, HGNDP	MOH
Ms. Phouthalaty Sihapanya	Admin. HGNDP	MOH
Mr. Bounmy Phantavong	Head of Division, Personnel Department	MOH
Ms. Kongvilone Phanchanthala	Technical Officer	MOH
Dr. Khamphet	Head of PHO	Xiengkhuang Province
Dr. Ninthone	Head of Finance, PHO	Xiengkhuang Province
Dr. Daoleuane	Technical Officer, PHO	Xiengkhuang Province
Ms. Dockeo	PHO	Xiengkhuang Province
Dr. Sengchanh Ngoysaikham	Head of Division, DHO	Xiengkhuang Province
Ms. Chanthala	Head of Inspection Division, DHO	Xiengkhuang Province
Dr. Bounpheng	Director of Cabinet, DHO	Xiengkhuang Province
Ms. Sychan	Director, MCH, Kham District	Xiengkhuang Province
Dr. Vansy	Head of Administrative	Xiengkhuang Province
Ms. Loune	Technical Officer, Hospital Kham District	Xiengkhuang Province
Dr. Bounpheng	Director of Cabinet, Kham HC	Xiengkhuang Province
Dr. Inpane	Director, District Health Insurance Bureau, Kham HC	Xiengkhuang Province
Dr. Bounpheng	PHO	Xiengkhuang Province
Ms. Somboun Lokhamvong	Technical Officer, MCH	Xiengkhuang Province
Ms. Vilay Manivong	Director, Napa HC	Xiengkhuang Province
Mr. Phikkhanya	Technical Officer, Napa HC	Xiengkhuang Province
Ms. Phaivone	Technical Officer, Napa HC	Xiengkhuang Province
Ms. Vilanda	Technical Officer, Napa HC	Xiengkhuang Province

Dr. Bounpheng Sinnavong	Chief of Administrative	Xiengkhuang Province
Mr. Yengtha	Technical Officer, Nammun HC	Xiengkhuang Province
Ms. Saysamone	Technical Officer, Nammun HC	Xiengkhuang Province
Dr. Boualoy	DH	Xiengkhuang Province
Mr. Minou Lorvangsay	Technical Officer, DH	Xiengkhuang Province
Ms. Ounekeo	Technical Officer, DH	Xiengkhuang Province
Ms. Malayphone	Technical Officer, DH	Xiengkhuang Province
Dr. Seulee	Technical Officer, District Hospital	Xiengkhuang Province
Ms. PhoxayXayyavong	Project Officer	ADB
Mr. Gerard Servais	Team Leader	ADB
Ms. Federica Meijer	Country Representative	UNFPA
Ms. Oulayvanh Savarath	National Program Officer	UNFPA
Ms. Siriphone Sakulku	SRH Project Coordinator	UNFPA
Ms. Viorica Berdaga	Chief, Health & Nutrition	UNICEF
Dr. Vilay Phoutalath	C4D Officer	UNICEF
Dr. Chu Hong Anh	HIS Officer, Health System	WHO

Annex 2: Status of achievement of Year 1 DLIs (Component 2)

Central DLIs

C DLI 1 – The percentage of HMIS data reports from the target provinces provided on time and fully complete in accordance with the National Guidelines for DHIS2 implementation has increased 10% over the baseline thereby meeting the agreed indicator.

Table 1: CDLI1-DHIS2 report completeness and timeliness of HMIS data

	Province	Complete reported				Need to report				Time line reported				Baseline		Current (9 M)		Target		Gap	
		7-9	10-12	1-3	Average	7-9	10-12	1-3	Average	7-9	10-12	1-3	Average	Completeness	Timeliness	Completeness	Timeliness	Completeness	Timeliness	Completeness	Timeliness
1	Phongsaly	332	351	359	347	378	378	378	378	245	171	295	237	84.1%	66.1%	91.9%	62.7%	93%	73%	1%	10.1%
2	Luangnamtha	411	413	412	412	414	414	414	414	375	356	409	380	91.1%	65.2%	99.5%	91.8%	100%	72%	0%	-20.0%
3	Oudomxay	503	502	497	501	504	504	504	504	366	262	391	340	92.1%	25.0%	99.3%	67.4%	100%	28%	1%	-39.9%
4	Bokeo	382	380	349	370	396	396	396	396	287	121	277	228	71.5%	31.6%	93.5%	57.7%	79%	35%	-15%	-22.9%
5	Luangprabang	828	837	819	828	837	837	837	837	751	573	776	700	97.9%	78.9%	98.9%	83.6%	100%	87%	1%	3.1%
6	Huaphanh	667	693	691	684	693	693	693	693	519	337	642	499	81.4%	42.5%	98.7%	72.1%	90%	47%	-9%	-25.3%
7	Xayabury	783	781	780	781	783	783	783	783	605	306	708	540	99.5%	50.4%	99.8%	68.9%	100%	55%	0%	-13.4%
8	Xiengkhuang	512	513	512	512	513	513	513	513	272	223	514	336	63.6%	25.9%	99.9%	65.6%	70%	28%	-30%	-37.1%
9	Savannakhet	1408	1388	1414	1,403	1494	1494	1490	1493	1315	1046	1376	1,246	90.5%	70.0%	94.0%	83.5%	100%	77%	6%	-6.4%
10	Saravane	630	639	597	622	639	639	639	639	499	351	365	405	95.4%	48.9%	97.3%	63.4%	100%	54%	3%	-9.6%
11	Sekong	228	210	236	225	285	288	288	287	173	124	186	161	70.4%	44.4%	78.3%	56.1%	77%	49%	-1%	-7.2%
12	Champasack	661	695	703	686	699	708	708	705	573	516	622	570	94.5%	50.3%	97.4%	80.9%	100%	55%	3%	-25.6%
13	Attapeu	324	324	306	318	324	324	324	324	307	188	267	254	94.2%	62.6%	98.1%	78.4%	100%	69%	2%	-9.6%
14	Xaysomboun	180	174	119	158	189	189	189	189	136	96	96	109	91.7%	57.8%	83.4%	57.8%	100%	64%	17%	5.7%
	Total	**7,849**	**7,900**	**7,794**	**7,848**	**8,148**	**8,160**	**8,156**	**8,155**	**6,423**	**4,670**	**6,924**	**6,006**	**88.8%**	**54.1%**	96.2%	73.6%	97.7%	59.5%	1%	-14.2%

C DLI2- For Year 1 the indicator is the baseline for availability of Essential Family Planning and Nutrition Commodities recorded by MOH.

A two day consultative workshop with 18 provincial food and drug staff was conducted to explain the details of the Central DLI 2 conditions and to discuss how to apply existing supply chain management systems in each province (excel system and M-supply system) to report on stock availability of Essential Family Planning and Nutrition Commodities. Training on data collection, reporting, and forecasting was also conducted for central and provincial staff who are responsible for reporting on stock availability.

The data shows that no provinces have Zinc tablets; Vitamin A is not available in eight provinces; Iron and Folic Acid is not available in 6 provinces; implants are not available in eight provinces. The Committee for monitoring and forecasting will now be addressing having adequate supply for the coming year and look into having improved supply management systems in place

Table 2 supply of family planning and nutrition commodities (as of April 2016)

Name of Provinces	Nutrition comodities						Family Planning Comodities						
	VTMA 100,000 IU< 1 Y	VTMA 200,000 IU< 5 Y	Mebendazloe 500 mg	Iron Folic Acid 200mg/ Week/tablet	Iron Folic Acid 30-60mg/Day/tablet	Zinc Sulfate 20mg	Mini Pills	Combined Pills	Injectable	IUDs	Condom	Implant	Syringe 1cc
Phongsaly	-	-	-	-	-	-	144	645	209	-	370	48	-
Luangnamtha	-	-	-	-	33.500	-	5.710	4.258	4.920	78	3.960	326	4.920
Oudomxay	-	500	1.300	216.000	260.000	-	10.080	20.127	7.725	100	25.920	-	7.725
Bokeo	500	1.000	2.000	-	553.000	-	10.674	8.157	30	366	6.912	-	2.649
Luangprabang	-	-	15.000	-	15.000	-	10.547	47.520	22.920	600	38.251	-	22.920
Huaphanh	-	-	-	150.000	-	-	11.490	21.600	18.025	321	7.200	-	18.025
Xayabury	-	21.000	180.000	36.000	664.000	-	7.923	45.036	7.185	115	16.854	144	7.185
Xiengkhuang	-	9.000	8000	-	57.000	-	13.333	3.540	15.825	186	2.880	0	15.825
Savannakhet	-	-	-	-	-	-	6.940	79.936	124	-	182.896		99.735
Saravane	-	3.000	2.500	550.000	-	-	2.940	1.440	11.300	3.600	24.480	-	11.200
Sekong	1.000	2.000	200	324.000			15.129	30.711	6.322	100	29.664	-	14.600
Champasack	-	-	-	19.100	-	-	792	6.900	10.375	430	5.040	106	9.400
Attapeu	-	6.000	1.200	-	176.000	-	16.497	6.978	-	100	5.472	-	600
Xaysomboun	-	-	-	-	-	-	316	99	191	24	84	-	-

C DLI 3- Most of the target provinces (except for two) have reduced the number of health centers without a community midwife by 20%; the overall target has therefore been achieved. During the field visit it was very visible that a large number of health center which had only male staff now have a community midwife. This achievement is highly likely to impact a number of other DLIs as well as overall service delivery in the future.

Table 3: Number of Health center with at least 1 community Midwife by province reported (as of February 2016, compared to target)

N0	Province name	Total HC	Number of HC have at least 1 CMW				Target June,2016 20% increased	Balance	Remark
			Report as June, 2015	%	Report as February, 2016	%			
1	Phongsaly	29	22	75.9%	28	96.6%	26	2	Achieved
2	Luangnamtha	39	36	92.3%	37	94.9%	39	-2	not achieved
3	Oudomxay	49	31	63.3%	44	89.8%	37	7	Achieved
4	Bokeo	38	24	63.2%	25	65.8%	29	-4	not achieved
5	Luangprabang	77	24	31.2%	50	64.9%	29	21	Achieved
6	Huaphanh	62	16	25.8%	37	59.7%	19	18	Achieved
7	Xayabury	76	29	38.2%	43	56.6%	35	8	Achieved
8	Xiengkhuang	49	20	40.8%	43	87.8%	24	19	Achieved
9	Savannakhet	148	70	47.3%	98	66.2%	84	14	Achieved
10	Saravane	58	15	25.9%	34	58.6%	18	16	Achieved
11	Sekong	24	6	25.0%	15	62.5%	7	8	Achieved
12	Champasack	65	26	40.0%	45	69.2%	31	14	Achieved
13	Attapeu	31	4	12.9%	10	32.3%	5	5	Achieved
14	Xaysombonn	17	9	52.9%	14	82.4%	11	3	Achieved
	Total	**762**	**332**	**43.6%**	**523**	**68.6%**	**398**	**129**	

C DLI 4 The indicator for Year 1 is to establish a baseline for the number of women receiving free maternal health care services in the 14 target provinces.

[6]Table 4: Calculated baseline for number of women receiving free maternal health care services (ANC, Delivery care, PNC) in 14 target provinces from June 2015 to May 2016 by province

	ANC								Sum 8 M	Baseline 12 M
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**		
02 Phongsaly	224	182	242	292	289	362	442	521	2.554	3.831
03 Luangnamtha	341	585	668	537	564	695	683	687	4.760	7.140
04 Oudomxay	1.648	1.144	1.712	1.749	1.596	1.792	1.498	1.626	12.765	19.148
05 Bokeo	525	561	559	490	545	859	758	264	4.561	6.842
06 Luangprabang	729	902	1.145	1.249	1.717	1.442	1.352	1.200	9.736	14.604
07 Huaphanh	221	263	391	600	709	586	1.030	1.002	4.802	7.203
08 Xayabury	289	411	859	1.181	1.335	1.325	1.157	1.180	7.737	11.606
09 Xiengkhuang	1.108	834	997	931	881	799	789	907	7.246	10.869
13 Savannakhet	3.870	4.356	4.662	4.205	5.315	4.290	4.825	1.642	33.165	49.748
14 Saravane	1.198	2.225	2.029	1.820	2.518	2.189	1.902	1.635	15.516	23.274
15 Sekong	810	716	903	893	761	1.154	871	752	6.860	10.290
16 Champasack	1.841	2.434	2.877	2.888	3.423	3.152	3.117	2.572	22.304	33.456
17 Attapeu		30	131	20	13	209	89	157	649	974
18 Xaysomboun	94	43	286	295	339	284	214	274	1.829	2.744
	12.898	14.686	17.461	17.150	20.005	19.138	18.727	14.419	134.484	201.726

	Delivery								Sum 8 M	Baseline 12 M
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**		
02 Phongsaly	30	27	43	69	94	37	86	105	491	737
03 Luangnamtha	59	98	98	125	99	96	95	131	801	1.202
04 Oudomxay	188	451	253	309	305	286	230	246	2.268	3.402
05 Bokeo	121	111	103	135	141	101	134	29	875	1.313
06 Luangprabang	462	527	513	505	566	566	564	487	4.190	6.285
07 Huaphanh	150	129	226	182	244	221	295	276	1.723	2.585
08 Xayabury	92	70	266	305	268	341	222	211	1.775	2.663
09 Xiengkhuang	250	223	265	294	269	285	276	120	1.982	2.973
13 Savannakhet	952	971	1.321	1.191	1.110	861	1.008	419	7.833	11.750
14 Saravane	390	365	458	521	309	464	475	371	3.353	5.030
15 Sekong	163	148	139	156	143	144	160	126	1.179	1.769
16 Champasack	649	641	1.046	710	610	676	739	394	5.465	8.198
17 Attapeu	209	136	154	175	116	136	146	112	1.184	1.776
18 Xaysomboun	20	27	65	74	66	92	90	69	503	755
	3.735	3.924	4.950	4.751	4.340	4.306	4.520	3.096	33.622	50.433

[6] According to the guideline payment is provided for ANC and PNC in facility or during outreach; for delivery payment is only provided for institutional delivery.

	PNC								Sum 8 M	Baseline 12 M
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**		
02 Phongsaly	48	42	66	69	58	62	86	98	529	794
03 Luangnamtha	130	136	210	201	181	168	172	207	1.405	2.108
04 Oudomxay	202	376	292	338	253	265	292	348	2.366	3.549
05 Bokeo	99	139	138	189	203	178	205	92	1.243	1.865
06 Luangprabang	457	519	468	463	376	599	689	488	4.059	6.089
07 Huaphanh	143	160	216	195	221	217	278	249	1.679	2.519
08 Xayabury	51	70	225	278	322	354	269	212	1.781	2.672
09 Xiengkhuang	246	208	226	186	172	162	202	35	1.437	2.156
13 Savannakhet	1.033	1.167	1.356	1.256	1.432	1.577	1.286	590	9.697	14.546
14 Saravane	273	549	606	526	521	516	329	401	3.721	5.582
15 Sekong	166	207	218	208	190	188	206	161	1.544	2.316
16 Champasack	549	435	499	451	529	434	528	568	3.993	5.990
17 Attapeu	84	57	75	74	156	133	97	83	759	1.139
18 Xaysomboun	17	40	54	80	65	79	86	49	470	705
	3.498	4.105	4.649	4.514	4.679	4.932	4.725	3.581	34.683	52.025

Table 4a, b and c show the number of women receiving free maternal health care services including (at least one) ANC, delivery care and PNC in the 14 target provinces. It has been agreed that all these 3 services will be monitored for the purposed of tracking performance. Table 4 below provides information on the monthly number of women receiving free maternal care. Data is not available for July to September 2015. Therefore, the baseline has been calculated based on 8 months data. The missing information from June to September 2015 on free delivery was due to old MCH forms that did not record number of free maternal health care services.

Under this DLI is was agreed in Year 0 to add funds to reimburse the cost of free maternal and child health of five HSIP-AF project provinces from January 2014 to December 2015 for which health facilities had spent money but not been reimbursed. The five project provinces were Savanakhet, Salavan, Champasack, Sekong and Attapue. The project received guidance from DoF and DPIC that before reimbursement it would be necessary to verify documentation of services provided at the health facilities. A team of technical staff including DOF, NHIB, DHHP, MCH and DPIC conducted verification at all provincial hospitals, two district hospital of each provinces and three health centers of each provinces to verify data with the registration books at health facilities. As a result four provinces have been found to provide adequate documentation; in Salavan province, the provincial hospital was not be able to provide adequate evidence. The province will revised request based on services that have supporting documents; other provinces will be reimbursed.

Provincial DLIs

P DLI 1-Number of women who deliver with a skilled birth attendant (SBA). The indicator for this DLI for 2015-2016 is for the number of women who deliver with a skilled birth attendant to increase by 10% over the baseline.

Table 6: PDLI1- Number of women who deliver with a skilled birth attendant (SBA) from June 2015 to March 2016 (11 months) by province.

	Provinces	Estimate total number of pregnant women 2015	Baseline	DLI 1: Delivery by SBA												Number		Progress to	
				2015							2016					Total	Target	Target 10% over baseline	Total pregnant women
				Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May				
1	Phongsaly	**4,949**	1,374	140	109	114	111	168	136	147	149	137	115	161		**1,487**	1,511	98%	30%
2	Luangnamtha	**4,873**	2,406	205	215	175	243	241	221	216	227	228	196	224		**2,391**	2,647	90%	49%
3	Oudomxay	**10,299**	3,715	362	399	408	372	464	416	430	437	466	411	401		**4,566**	4,087	112%	44%
4	Bokeo	**5,210**	1,821	202	181	179	208	284	260	283	226	256	220	257		**2,556**	2,003	128%	49%
5	Luangprabang	**12,574**	6,943	517	547	511	532	631	622	593	608	542	546	555		**6,204**	7,637	81%	49%
6	Huaphanh	**9,705**	2,814	351	382	329	337	391	387	448	408	375	392	382		**4,182**	3,095	135%	43%
7	Xayabury	**8,298**	5,757	370	405	437	434	549	489	502	565	519	506	462		**5,238**	6,333	83%	63%
8	Xiengkhuang	**8,697**	3,951	329	391	385	392	457	393	389	410	439	423	383		**4,391**	4,346	101%	50%
9	Savannakhet	**28,226**	16,276	1,388	1,410	1,458	1,426	1,438	1,501	1,639	1,545	1,404	1,480	1,400		**16,089**	17,904	90%	57%
10	Saravane	**15,262**	5,558	479	326	448	443	534	566	536	560	451	495	488		**5,326**	6,114	87%	35%
11	Sekong	**5,113**	1,655	136	146	153	161	165	139	142	165	148	163	172		**1,690**	1,821	93%	33%
12	Champasack	**23,701**	8,731	701	823	784	761	1,107	988	973	848	811	793	825		**9,414**	9,604	98%	40%
13	Attapeu	**5,716**	1,234	96	144	136	125	118	137	159	130	144	161	167		**1,517**	1,357	112%	27%
14	Xaysomboun		1,145	98	89	92	124	105	134	126	114	121	141	137		**1,281**	1,260	102%	
	Total	**142,625**	63,380	**5,374**	**5,567**	**5,609**	**5,669**	**6,652**	**6,389**	**6,583**	**6,392**	**6,041**	**6,042**	**6,014**		**66,332**	69,718	95%	47%

4 provinces are likely not to achieve the target by end of May 2016; these are Luangprabang, Xayabury, Saravan, and possibly Savannakhet. They will however all reach 60% of the target and be eligible for 50% payment.

The reason for this is perhaps (i) new MCH forms has not been well informed and proper training to all health facilities staff on how to fill the form, tally, and monthly summary forms before data could be entered into DHIS2 system, (ii) there is no internal verification system in place to compare data from DHIS2 system with registration book and consolidate report forms before enter data into web base online system, (iii) staff who has been trained in how to fill the MCH forms and enter data into DHIS2 system in many health facilities are transferred and replaced by untrained staff; and (iv) some provinces have a very high baseline – which may not be correct.

The discrepancy between the number of women who deliver with a SBA and the number who is receive free maternal care are: (i) mothers who deliver with a SBA at home do not qualify for free maternity care; (ii) some women have health insurance and therefore are not registered as receiving free maternity care; (iii) the provinces have been cash strapped and do not have money to pay for the free maternity care.

P DLI 2-The number of women who receive four Ante Natal Care contacts. The indicator for DLI Year 1 an increase of 10% over target province baseline.

Table 7 – The number of women who receive four Ante Natal Care contacts from June 2015 to March 2016 (11 months) by province

	Provinces	Estimate total number of pregnant women 2015	Baseline	DLI2 ANC4												Number		Progress to	
				2015							2016					Total	Target	Target 10% over baseline	Total pregnant women
				Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May				
1	Phongsaly	4,949	2,120	211	165	201	144	222	302	218	175	195	226	163		2,222	2,332	95%	45%
2	Luangnamtha	4,873	2,911	207	301	333	346	273	179	208	208	188	196	242		2,681	3,202	84%	55%
3	Oudomxay	10,299	3,980	450	457	436	459	579	536	561	516	516	461	446		5,417	4,378	124%	53%
4	Bokeo	5,210	1,207	187	188	185	225	305	227	223	162	192	244	197		2,335	1,328	176%	45%
5	Luangprabang	12,574	5,519	528	472	542	615	602	502	534	355	440	329	465		5,384	6,071	89%	43%
6	Huaphanh	9,705	3,414	501	499	485	458	458	375	502	314	359	302	354		4,607	3,755	123%	47%
7	Xayabury	8,298	8,545	698	725	620	559	566	532	567	529	482	612	421		6,311	9,400	67%	76%
8	Xiengkhuang	8,697	4,012	308	388	348	363	455	340	313	328	248	386	309		3,786	4,413	86%	44%
9	Savannakhet	28,226	13,406	1,529	1,348	1,448	1,196	1,456	1,515	1,579	1,499	1,658	1,629	1,381		16,238	14,747	110%	58%
10	Saravane	15,262	3,283	391	211	486	388	362	629	496	479	419	451	314		4,626	3,611	128%	30%
11	Sekong	5,113	1,496	118	148	158	210	156	186	193	149	186	160	145		1,809	1,646	110%	35%
12	Champasack	23,701	7,727	716	717	886	916	872	785	826	745	651	623	559		8,296	8,500	98%	35%
13	Attapeu	5,716	1,287	133	94	134	133	180	169	191	172	146	131	127		1,610	1,416	114%	28%
14	Xaysomboun		1,053	70	75	87	230	211	166	263	244	170	143	123		1,782	1,158	154%	
	Total	142,625	59,960	6,047	5,788	6,349	6,242	6,697	6,443	6,674	5,875	5,850	5,893	5,246		67,104	65,956	102%	47%

Table 7 indicates that there may be 4 provinces that may not achieve their target by the end of May 2016; they are Luangnamtha, Luangprabang, Xayabury and Xiengkhuang. These provinces will however most likely achieve 60% of the target and be eligible for 50% payment. The baseline numbers may however be too high and the provinces will be requested to review their baseline numbers. (one province reports more ANC visits that the total female population). Some provinces have exceeded the target with more than 100% especially Bokeo and Saravan provinces reaching 150% and 123% respectively. In these provinces it is possible that they report any ANC rather than 4 ANC visits. Verification of data is therefore required by comparing reported data with the numbers recorded in facility log books.

P DLI3- The number of new women 15-49 adopting long term/permanent methods of contraception. The indicator for Year 1 is an increase of 10% over baseline in the number new women 15-49 adopting long term/permanent methods of contraception.

Table 8 – The number of new women 15-49 adopting either long term/permanent methods of contraception from June 2015 to March 2016 (11 months) by province

	Provinces	Estimate total number of women 15-49 year old	Baseline	Family Planning												Number		Progress to	
				2015							2016								
				Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total	Target	Target 10% over baseline	Total pregnant women
1	Phongsaly	41,726	3,425	96	185	118	162	512	451	230	216	213	266	192		2,641	3,767	70%	6%
2	Luangnamtha	46,758	5,399	538	205	282	326	321	177	247	567	70	451	157		3,341	5,938	56%	7%
3	Oudomxay	78,651	1,626	250	192	221	325	322	285	247	304	243	204	203		2,796	1,789	156%	4%
4	Bokeo	46,018	881	191	200	151	396	175	176	191	194	247	189	158		2,268	969	234%	5%
5	Luangprabang	110,045	2,597	276	271	359	402	323	216	301	265	153	169	142		2,877	2,856	101%	3%
6	Huaphanh	69,885	3,684	578	378	213	178	120	122	193	170	290	209	273		2,724	4,052	67%	4%
7	Xayabury	100,087	2,585	215	161	193	174	318	356	173	261	239	206	177		2,473	2,843	87%	2%
8	Xiengkhuang	61,693	2,256	159	307	354	512	251	214	223	278	250	172	235		2,955	2,482	119%	5%
9	Savannakhet	255,865	12,735	1695	1291	1512	1479	835	753	877	776	1850	1713	718		13,499	14,009	96%	5%
10	Saravane	95,636	3,176	188	175	224	377	626	330	406	399	366	479	382		3,952	3,493	113%	4%
11	Sekong	27,347	1,559	339	193	269	363	176	122	164	210	114	132	115		2,197	1,714	128%	8%
12	Champasack	179,601	13,532	955	1370	1351	1543	1149	1065	781	739	1246	744	670		11,613	14,885	78%	6%
13	Attapeu	35,718	798	101	129	268	292	56	80	121	123	98	128	92		1,488	878	170%	4%
14	Xaysomboun		320	86	44	70	45	52	91	39	94	52	63	43		679	351	193%	
	Total	**1,149,030**	**54,569**	**5667**	**5101**	**5585**	**6574**	**5236**	**4438**	**4193**	**4596**	**5431**	**5125**	**3557**	**0**	**55,503**	60,025	92%	5%

Table 8 indicates that four provinces (Phongsaly, Luangnantha, Huaphan, Champasack) are at risk of not achieving their target by June 2016 while 8 provinces are surpassing the target with more than 100%. Only one province appears at risk of not achieving 60% of the target. Bokeo, Attapue and Xaysomeboune provinces have a very low baseline compared to Sekong with a similar population size; and the baseline for Luangnamtha is quite high compare to other provinces with similar population size such as Udomsay, Xayabury and Xiengkhuang. The baseline data needs to be verified.

P DLI4 –The number of Children < 5 year with an updated growth chart and who's guardians have received nutrition counselling. Condition for this year is to establish baseline number at 4 target provinces. Data is reported in the DHIS2 for all 14 provinces while the DLI will only monitor performance in the four provinces targeted for nutrition interventions. The baseline will be updated after the full meaning of this indicator has been clarified with the provinces.

As is mentioned in the main aide memoire, an earlier field study found that health center staff are not trained in diagnosing children with – or at risk of –undernutrition or in counselling. This was also found during the field visit during which it was also noted that the health centers do not have adequate equipment for outreach growth monitoring. Data reported is therefore highly likely to represent records of weight and height of children only. In addition, there are large variations in numbers over time – likely to reflect outreach activities during National EPI campaign, National Health days and activities funded from NTPC funds. Data therefore will have to be revised. Provinces will be informed accordingly.

P DLI5 – The number of villages in zones 2 and 3 in the catchment areas of Health facilities in which integrated outreach sessions are conducted at least four times during the year. The indicator for this DLI is a 10% increase in the number of villages in zones 2 and 3 where integrated outreach sessions were held in the previous year.

It has become clear that the baseline recorded represents EPI visits and not integrated[7] outreach; four provinces have reported 0 because they are not doing integrated outreach in zones 2 and 3 villages.

All provinces will be informed that they have to revise their baseline as well as revise their reporting for the past year and that only 'stamp' villages – not EPI villages should be included.

To undertake true field level growth monitoring the health centers will need additional transportation (MCs); 'baby pants' for weighing; and a different instrument for measuring the height of the child – since they cannot carry the bulky equipment on their MC.

P DLI6 – The percentage of health centers and district hospitals which score more than 50% on the Standard Supervisory Checklist for every quarter of the Year. The indicator for Year 1 DLI is (1) Training of at least 2 health facility staff in each district of the target provinces in the use of Standard Supervisory Checklists completed; and (2) Standard Supervisory Checklist scores for all health centers and district hospitals in Target Province for two quarters of the Year completed and recorded by PHO.

Table10: Progress of training and application of standard quality checklist by 14 target provinces

No.	Provinces	No. of participants have been trained in Standard Q-Checklist			Date of Training	Total Number of Health Facilities		Number of Health Facilities had been operated by using Q-Checklist in 2015-2016			
								District Hospital		Health Center	
		Provincial	District	Total		District Hospital	Health Center	No.	Averaged Score (%)	No.	Averaged Score (%)
1	Phongsaly	-	-	-	-	7	35	-	-	-	-
2	Luangnamtha	18	14	32	3/31/2016	5	40	-	-	-	-
3	Oudomxay	-	14	14	28-29/3/2016	7	49	7	86	9	66
4	Bokeo	4	12	16	23-24/3/2016	5	38	5	59	-	-
5	Luangprabang	4	36	40	23-24/2/2016	12	79	9	74	26	55
6	Huaphanh	13	39	52	5-6/4/2016	9	67	9	87	67	66
7	Xayabury	18	21	39	2-4/2/2016	10	76	10	60	74	50
8	Xiengkhuang	17	30	47	4/6/2016	7	50	7	-	50	-
9	Savannakhet	-	-	-	21-22/4/2016	14	149	-	-	-	-
10	Saravane	13	22	35	4/28/2016	7	62	-	-	-	-
11	Sekong	-	-	-	-	3	29	-	-	-	-
12	Champasack	15	34	49	22-25/3/2016	10	68	-	-	-	-
13	Attapeu	5	15	20	-	4	33	4	96	33	65
14	Xaysomboun	-	-	-	-	4	17	-	-	-	-
Total:		**107**	**237**	**344**		**104**	**792**	**51**	**462**	**259**	**302**

All provinces have completed the training (but may not yet have reported that); application of the supervisory checklist has however been delayed due to (i) late transfer of DLI Year 0 fund (by mid-February) for this task which was to be completed by end May and (ii) reluctance to use the DLI funds by provinces which have not fully understood the DLI concept.

It is most likely that most provinces will not complete this activity before the end of May, 2016 - especially the large provinces such as Savannakhet and Champasack which have more than 10 district and over 100 health centers.

[7] Integrated outreach includes EPI, ANC, PNC, FP, growth monitoring and nutrition counselling

P DLI7 – The indicator for this DLI for Year 1 is a 5% increase over baseline in Target Province non-salary health recurrent expenditure allocated to the districts.

Due to very late availability of expenditure data this indicator records expenditures prior to the start of the HGNDP; it was expected that availability of expenditure data would improve with the financial management activities supported through the ADB project. Non availability of the ADB 2015 tranche at the MOH and in the provinces has however delayed any work on improvement of financial management practices and recording of expenditure data. Expenditure reports for year 2014 – 2015 are not yet available from the Department of Finance while information is available in the provincial health offices. NPCO may have to collect this data directly from the provinces.