

## MID-TERM EVALUATION

**LAO/027**

Lao Luxembourg Health Sector Support  
Programme – Phase II

### PROGRAMME SUMMARY DATA

Country	Lao People's Democratic Republic
Long programme title	Lao-Luxembourg Health Sector Support Programme – Phase II
Short programme title	LL-HSSP II
LuxDev Code	LAO/027
Version of the Report	November 2019

### RATING OF THE PROGRAMME BY THE EVALUATION MISSION

Global rating (Effectiveness)	<b>2</b> On a scale of 1 (excellent results, significantly better than expected) to 6 (the project was unsuccessful, or the situation has deteriorated on balance)
Rating using other evaluation criteria	Relevance: <b>2</b> Efficiency: <b>2</b> Sustainability: <b>3</b>

## EXECUTIVE SUMMARY

The evaluation of LAO/027, the Lao Luxembourg-Health Sector Support Programme Phase II (LL-HSSP II), gives attention to the programmes intervention points: governance, service delivery and human resources development as they are realised in the three central provinces within the period of implementation of the Programme from 2014 to 2019. There have been adjustments in strategy and operations during the course of implementation specifically following the Focus Assessment Mission of November 2015.

This is a mid-term evaluation carried out by an EPOS Health Management evaluation team to: analyse results to date against specific objectives and project plan; analyse results achieved in terms of capacity strengthening; analyse project's management and monitoring framework; confirm validity of project focus and alignment; comment on specific evaluation, analysis and recommendation areas; and, establish lessons learned and give recommendation for continuation. The evaluation methodology included document review, focus interviews and field visits.

The specific objective of the project is to support the Ministry of Health in implementing the Health Sector Reform Framework 2013-2025, prioritizing access to quality Maternal, Newborn and Child Health Services through the strengthening of health districts in the three central provinces of Bolikhamxay, Khammouane and Vientiane Province. At the time of the evaluation mission targets towards achieving this objective were exceeded for two of the three indicators, ratio of outpatient consultations and ratio of hospitalizations. The third indicator on increasing institutional deliveries has plateaued in the last two years. Moving forward further activities under task 10 for the Project Document may explore the reasons for this change along with the changing nature of health seeking behaviour in the Lao People's Democratic Republic.

The overall evaluation scoring by the evaluation team for effectiveness of the project is *two (2) - above average results, performance in certain areas better than expected against the project indicators*. For relevance and efficiency, the scoring is also 2. However, the overall evaluation scoring by the evaluation team for sustainability of the project is *3 - expected results, but there is clear need for improvement* in order to ensure sustainable change and protect the Luxembourg investment into the future. A strong focus needs to be maintained on human resource capital development, adding value to the capital wealth in the health sector through targeted and long-term investments in human resources. Both at the national level and the province level, the project team is increasingly noting that the retention of government counterparts, newly skilled through project activities, are lost as they are moved to new positions, often not related to those newly acquired skill areas.

The evaluation team identified the following features for ongoing support in the next Luxembourg

- human resource capital development is everybody's responsibility;
- Joint Participatory Mechanism is a multi-pronged strategy to improve governance and responsibility at all levels of healthcare delivery;
- the need for stewardship\* is core and involves balancing competing influences and demands in health;
- standards set out incremental and achievable goals for health services delivery;
- quality health care means doing the right things right the first time;
- sustainable gain of health sector reform is achieved by consistent longer-term inputs.

\* Stewardship - improving overall levels of population health in terms of equity, coverage, access, and quality as well as national policy that defines the relative roles and responsibilities of the public, private and voluntary sectors.

The project is a solid example of how to effectively move in a stepwise manner towards health sector reform in Lao People’s Democratic Republic. The programme has worked in a carefully considered way to implement Government of Lao People’s Democratic Republic and Ministry of Health’s policies, strategies and procedures in the three central Provinces of Vientiane, Bolikhamxay and Khammouane. The project has demonstrated the process of reform requires sustained and consistent engagement to show results.

The following 17 recommendations by the project evaluation team relate to the overall future direction for the project, its specific complementary areas and the Government of Lao People’s Democratic Republic health sector policy and priorities described in the Health Sector Reform Framework.

**Overall future direction of the project**

	<i>Timeline</i>
<p><i>Recommendation 1:</i> During the transition period while developing a new health program, the current support provided under the project continues in order to maintain the investment and the gains from the last five years. The next project phase includes a funding increase toward sustainable health sector change.</p>	2020-2022
Develop the next phase of the project.	Q2-Q3 2020
Extend current project staff contracts.	2021-2022
Continue Joint Participatory Mechanism and scholarships.	2020 to end of 2022
<p><i>Recommendation 2:</i> As a minimum, continue and scale up the current project activities, in addition undertake an investigation into the changing nature health seeking behaviours within the community, specifically focusing on understanding how to improve uptake of institutionalized deliveries. The next project phase should appropriately increase the operations research focus.</p>	2020-2022
Continue all other activities for human resources capacity development, service delivery and health information interventions.	2020 to end of 2022
Conduct operations research on health seeking behaviours to guide new programme interventions.	Q1-Q3 2020

## Specific Areas of Recommendation

<i>Governance, Quality and Performance</i>	<i>Responsible agency</i>	<i>Timeline</i>
<p><i>Recommendation 3: Support increased health activity portfolio at provincial level.</i></p> <p>Review and as necessary increase the Joint Participatory Mechanism funding in the new Indicative Cooperation Programme to increase the health activity portfolio at provincial level.</p>	<p><b>Lux Ministry of Foreign and European Affairs</b></p> <p>Ministry of Health, Ministry of Planning and Investment</p>	2020-2024
<p><i>Recommendation 4: Extend the inter-ministerial collaboration started under the Joint Participatory Mechanism National Council mechanism.</i></p> <p>Include other appropriate ministries both in-country and bilaterally (cross ministry collaboration is essential to achieve Universal Health Coverage and the Sustainable Development Goals).</p>	<p><b>Joint Participatory Mechanism National Council, Joint Participatory Mechanism Secretariat</b></p>	2022-2024
<p><i>Recommendation 5: Recruit a communication specialist.</i></p> <p>The project should consider recruiting an innovative communications specialist to develop key toolkits and policy briefs for scaling up the activities such as proactive use of data and information, and, promoting Joint Participatory Mechanism. This could be a national expert, if available, or a short-term international expert position or a Luxembourg Volunteer.</p>	<p><b>Project</b></p> <p>Joint Participatory Mechanism Secretariat</p>	2020
<p><i>Recommendation 6: Strengthen province and district health management.</i></p> <p>Scale up initiatives that support robust subnational health systems, including strengthening the District Health Management team.</p>	<p><b>Provincial Health Department</b></p> <p>Department of Planning and Cooperation</p>	2020 onwards
<p><i>Recommendation 7: Introduce new innovations and technologies.</i></p> <p>Encourage new innovations and technologies within the scope of the overall objective of the project, e.g. telemedicine, climate change resilience in the health sector, leaving no one behind.</p>	<p><b>Joint Participatory Mechanism Secretariat, Department of Planning and Cooperation, Provincial Health Department</b></p>	2022-2024
<p><i>Recommendation 8: Increase operational research budget.</i></p> <p>Operations research techniques will guide the programme implementation to achieve best results. Identify the needs and a research plan in order to strengthen monitoring and evaluation.</p>	<p><b>Joint Participatory Mechanism Secretariat, Provincial Health Department</b></p>	2020 onwards

<i>Human resource capital development</i>	<i>Responsible agency</i>	<i>Timeline</i>
<p><i>Recommendation 9: Increase province level technical capital.</i></p> <p>Technical proposals from the Provinces to include plans that build on the previous training and articulate to higher levels technical specifications. This could be initiated by the Technical Coordinator and then moved as the province-based facility for training is developed.</p>	<p><b>Provincial Health Department</b> Department of Health Personnel, Department of Health Professional Education, University of Health Sciences</p>	2020-2024
<p><i>Recommendation 10: Build province HR management capacity.</i></p> <p>There is an urgent need to increase the human resources capacity within the Provincial and District Management to undertake institutional forecasting of the human resources. It is recommended that a long-term international human resources advisor be appointed alongside a national consultant to oversee human resources capacity building within the Provinces.</p>	<p><b>Provincial Health Department, Project</b> Department of Health Personnel, Department of Health Personnel, Department of Health Professional Education</p>	2020-2024
<p><i>Recommendation 11: Develop province level training capacities.</i></p> <p>Within each of the Provinces and as part of planned upgrade of facilities provision being made for the incorporation of a training centre in each Province with supporting facilities. This should not only include information technology facilities to accommodate telemedicine but the provision of additional staff accommodation for external students to be housed for the duration of their training. The centres should also provide English Proficiency support for scholarship candidates.</p>	<p><b>Provincial Health Department</b> University of Health Sciences, Department of Health Personnel, Department of Health Professional Education</p>	2020 onwards
<p><i>Recommendation 12: Support provincial model centres of practice excellence.</i></p> <p>Within these training centres support should be provided to developing and supporting Family Medicine to create Centres of Excellence that can act as a model for undergraduates and postgraduate staff to see good practice.</p>	<p><b>Provincial Health Department, University of Health Sciences</b> Department of Health Personnel, Department of Health Professional Education</p>	2021 onwards

<i>Health Service Delivery Strengthening</i>	<i>Responsible agency</i>	<i>Timeline</i>
<p><i>Recommendation 13: Benchmark for quality Maternal, Newborn and Child Health service delivery.</i></p> <p>Look at the relative investment to get the best value for money in the broad area of Maternal, Newborn and Child Health service delivery. For example, going beyond Basic Emergency Obstetric Care and Comprehensive Emergency Obstetric and Neonatal Care towards quality clinical service delivery that may be benchmarked favourably within the region.</p>	<p><b>Provincial Health Department, Maternal and Child Health Centre</b></p> <p>Department of Health Care</p>	2020-2022
<p><i>Recommendation 14: Scale up province level health service specialities.</i></p> <p>Consider increasing the portfolio of the embedded nurses in provincial level health service specialities such as Adult and Paediatric Intensive Care, Accident and Emergency and include an embedded clinical peer at the Provincial level.</p>	<p><b>Provincial Health Department, Project</b></p> <p>Joint Participatory Mechanism Secretariat</p>	2020-2022
<p><i>Recommendation 15: Develop a simple accreditation process.</i></p> <p>Develop a simple accreditation process for the Provincial and District Hospitals in the three central provinces that supports streamlining operations, improving quality of care and building trust with patients and the community. Use this process to benchmark the facilities in the three central provinces of the Project and focus the follow up interventions, staffing etc.</p>	<p><b>Provincial Health Department, Department of Health Care</b></p> <p>Provincial Health Department, Joint Participatory Mechanism Secretariat</p>	2020-2021
<i>Health Information Systems Development</i>	<i>Responsible agency</i>	<i>Timeline</i>
<p><i>Recommendation 16: Strengthen the use of health information.</i></p> <p>Go beyond the use of data for reporting to the proactive conversion of data into information for use in evidence-based decision making and linking the District Health Information System 2 and the planning cycle more effectively.</p>	<p><b>Department of Planning and Cooperation, Provincial Health Department</b></p>	2020-2022
<p><i>Recommendation 17: Introduce an Electronic Medical Record.</i></p> <p>Rollout the Electronic Medical Record in the three Provincial Hospitals that is compatible with other in-country systems and links to the District Health Information System 2.</p>	<p><b>Department of Planning and Cooperation, Provincial Health Department</b></p> <p>Department of Health Care</p>	2020-2022