# Health and Nutrition Services Access Project Phase 2 (HANSA2)

CCM Meeting
17 May 2023

# HANSA2 Project

**Project Development Objective:**

To improve access to quality health and nutrition services in targeted areas of Lao PDR

**Project Coverage:** Nationwide

**Project Fund:** US$ **44.5** million incl. IDA credit and grants from GF, DFAT and Gavi (tbc)

**Project Duration:** January 2024 to December 2028

**Implementing Agency:** Ministry of Health (MOH)

# HANSA2: Improving quality and access to essential health services through integrated PHC service delivery

## Strengthening PHC system

Improving quality of primary health care using QPS as management tools

Supply of essential drugs and supplies at Health Center

Deployment of trained clinical health worker at Health Center

Financial management for Health Center (planning, reporting, and evaluation)

dhis2 Data for Planning and Management

Health security and pandemic preparedness

## People Centered PHC Services

**Delivery of Quality Essential Health Services Package**

Aligned with:
Essential Health Service Package 2018/20
Policy on PHC 2019
Model Healthy Village 2018
Integrated Community Health 2021

**Financing PHC using NHI system**

**Performance payment linked to verified QPS score by 3 party**

**Direct facility transfer to Health Centers using NHI**

## PHC Service Delivery

**Ensuring access to PHC services by the poor**

Implementation of Integrated Social and Behavioral Change Communication

Integrated outreach services (EPI, FP, ANC, PNC, GMP, HIV, TB) in rural and remote villages

**Immunization focusing on lowest performing districts and deliveries with SBA**

Notified TB cases of all forms

HIV testing among key populations (FSW &MSM) and HIV treatment

**Governance and accountability**: **Local health governance**: (i) Province and District Integrated Planning and Budgeting; (ii) management of health program (i.e. improvement of HC using QPS)
**Community engagement**: village-level participatory planning for health services, management of community-based services

# Strengthening PHC Systems

## Strengthening PHC system

Improving quality of primary health care using QPS as management tools

Supply of essential drugs and supplies at Health Center

Deployment of trained clinical health worker at Health Center

Financial management for Health Center (planning, reporting, and evaluation)

dhis2
Data for Planning and Management

Health security and pandemic preparedness

- ✓ **Strengthening PHC Systems** is to ensure delivery of quality PHC services through a people-centered approach at frontline service delivery level.

  **Key interventions under HANSA2:**
- ✓ Ensuring HCs have sufficient stock of essential drugs and supplies.
- ✓ Ensuring HCs have at least 5 staff with proper mix of staff and skills.
- ✓ Building HC staff capacity on financial management including planning, budgeting, and financial reporting.
- ✓ Ensuring availability of disaggregated data for micro and micro-planning.
- ✓ Implementing integrated planning and budgeting from all sources at provincial, district and HC level
- ✓ Strengthening health security and pandemic preparedness.

# Integrated Service Delivery

## Integrated Service Delivery

Free MCH => Ensuring access to PHC services by the poor

Implementation of Integrated Social and Behavioral Change Communication

Integrated outreach services (EPI, FP, ANC, PNC, GMP, HIV, TB) in rural and remote villages

Immunization focusing on lowest performing districts and deliveries with SBA

Notified TB cases of all forms

HIV testing among key populations (FSW &MSM) and HIV treatment

- ✓ **Delivering Integrated Services for PHC:** aims to increase access to quality PHC services through a people-centered approach
- ✓ Redefining integrated outreach and SBCC package (RMNCAH, TB, HIV) and supportive supervision system.
- ✓ Building capacity of HC staff and VHVs/VFs on redefined packages (integrated outreach & SBCC) and incentivization.
- ✓ Extending existing information system required for monitoring integrated outreach and SBCC implementations.
- ✓ Increasing HC capacity on TB&HIV counseling, TB&HIV screening and HIV testing in high incidence areas.
- ✓ Increasing access to HIV services among key populations and people living with HIV.
- ✓ Establishing referral system to refer patients from community to the frontline HF.
- ✓ Increasing utilization of health services by the poor and vulnerable.

# HANSA2 Project Components

- **Component 1: Financing for PHC services using NHI payments ($20 million)**
- **Component 2: Integrated PHC Service Delivery ($19.5 million)**
- **Component 3: Adaptive Learning and Project Management ($5 million)**
- **Component 4: Contingent Emergency Response ($0)**

# HANSA2 Project Cost by Component

*Unit: Million US$*

| | Scenario 1 (Baseline) | Scenario 2* |
|---|---|---|
| Component 1: Financing for PHC services using NHI payments | 20.0 | 20.0 |
| Component 2: Integrated Service Delivery | 19.5 | 21.5** |
| Component 3: Adaptive Learning and Project Management | 5.0 | 5.0 |
| Component 4: Contingency Emergency Response Component | 0.0 | 0.0 |
| **Total** | **44.5** | **46.5** |
| GOL | 0.0 | 0.0 |
| WB | 25.0 | 25.0 |
| GF | 15.5 | **17.5** |
| DFAT | 4.0 | 4.0 |
| GAVI (tbc) | 0.0 | 0.0 |

***Note:***

**Scenario 2 includes 2M (GF matching fund)*

# Component 1: Financing for PHC services using NHI payments

- ✓ **QPS implementation** will continue and scaled up under HANSA2
  - Review QPS tool (indicators) and guideline (android system)
  - Include GESI-responsive care
  - Include TB and HIV data element
  - Conduct QPS assessment 2 round per year by district assessors at all HCs
- ✓ **Verification.**
  - NHIB and TPV to support capacity development of national teams to ensure transferring of knowledge to the NHIB.
  - QPS score will be reviewed by DHO, PHO and endorsed by central QHC subcommittee
- ✓ **QPS fund management**:
  - funds flow (include QPS payment and activities related to QPS implementation), capacity building for financial recording and reporting of QPS will continue
- ✓ **Sustainability and institutionalization.** QHC governance to sustain its benefits beyond the project.

# Component 1 Proposed budget allocation

| Component/Activities | | Responsible Unit | Total |
|---|---|---|---|
| **Component 1: Integrating Service Delivery Performance with National Health Insurance Payments** | | | **20,000,000** |
| 1.1 | Implementing quality performance-linked payments to HC nationwide | NHIB | 17,855,000 |
| 1.2 | Implementing QPS assessments using the revised QPS tool and vignettes | DHR/DHO | 925,000 |
| 1.3 | Updating the QPS tools and clinical vignettes integrating TB&HIV component, and QPS FM guideline | DHR/DHP/Cabinet /CHAS/NTC/DPF | 270,000 |
| 1.4 | Implementing QPS verification by selecting HCs and using the revised QPS tool and vignettes | TPV/NHIB | 500,000 |
| 1.5 | Building capacity of the district level on QPS assessments | DHR/PHO/DHO | 250,000 |
| 1.6 | Building the NHI capacity on verification, payment and monitoring for quality improvement | NHIB | 200,000 |

- All HCs across the country (1,075 HCs) will be eligible for 2 rounds of QPS payment. The maximum payment for HC-A (173 HCs) and HC-B (902 HCs) will be different due to differences in the number of HCWs, OPD visits, IPD admissions etc.
- Transition of QPS verification from TPV to NHIB will fully complete in Year 3.

# Component 2: Proposed PBCs

| | Proposed PBC | Responsible Unit | Total |
|---|---|---|---|
| **Sub-Component 2.1: Strengthening PHC system for delivering integrated services** | | | **9,341,694** |
| PBC 1 | Improving Integrated planning, budgeting and financial reporting for integrated PHC services | DPF | 3,113,694 |
| PBC 2 | Increase HCs' availability and readiness in providing quality integrated PHC services | DHP, FDD | 6,228,000 |
| **Sub-Component 2.2: Delivering Integrated Services for PHC.** | | | **13,209,313** |
| PBC 3 | Improve integrated service delivery through integrated outreach | DHHP | 3,700,340 |
| PBC 4 | Strengthen the delivery of integrated SBCC at the village level to improve health and nutrition behavior | DHHP | 3,668,720 |
| PBC 5 | Reaching the unreached to End TB | NTC | 2,969,621 |
| PBC 6 | Key populations and people living with HIV/AIDS access to HIV services | CHAS | 2,870,632 |
| **Total** | | | **22,551,007** |

| PBC 1: Improving Integrated planning, budgeting and financial reporting for integrated PHC services | | | | | |
|---|---|---|---|---|---|
| **Implementing Agency (ies)** | Year 1 target | Year 2 target | Year 3 target | Year 4 target | Year 5 target |
| **Department of Planning and Finance**<br><br>**Total PBC value: 3,113,694US$** | 1. Health center Financial Management (FM) Guidelines revised to include the standard template of integrated planning, budgeting and reporting field tested and approved by MoH<br><br>2. Health center FM training curriculum and materials revised based on the approved FM guidelines, field tested and finalized as standard training package for trainers | 1. At least 20% of districts nationwide that at least 90% of health centers timely submitted the integrated plan and budget of all funding sources as per defined in the health center FM guidelines<br><br>2. At least 20% of districts nationwide that at least 90% of health centers timely submitted the financial reports for all incomes and expenditure of all funding sources as per defined in the health center FM guidelines | 1. At least 40% of districts nationwide that at least 90% of health centers timely submitted the integrated plan and budget of all funding sources as per defined in the health center FM guidelines<br><br>2. At least 40% of districts nationwide that at least 90% of health centers timely submitted the financial reports for all incomes and expenditure of all funding sources as per defined in the health centers FM guidelines | 1. At least 60% of districts nationwide that at least 90% of health centers timely submitted the integrated plan and budget of all funding sources as per defined in the health center FM guidelines<br><br>2. At least 60% of districts nationwide that at least 90% of health centers timely submitted the financial reports for all incomes and expenditure of all funding sources as per defined in the health center FM guidelines | 1. At least 85% of districts nationwide that at least 90% of health centers timely submitted the integrated plan and budget of all funding sources as per defined in the health center FM guidelines<br><br>2. At least 85% of districts nationwide that at least 90% of health centers timely submitted the financial reports for all incomes and expenditure of all funding sources as per defined in the health center FM guidelines |
| **PBC value** | 1. 356,905US$<br>2. 282,493 US$ | 1. 234,611US$<br>2. 283,611US$ | 1. 283,611US$<br>2. 336,611US$ | 1. 305,258US$<br>2. 351,258US$ | 1. 320,669US$<br>2. 358,669US$ |
| **Eligible expenditures** | Training, workshops, semi/annual reviews, reporting, and supervisions /monitoring, printing, fixing IT equipment, operation, qualified consultants to support the revision of the guidelines, reporting forms | | | | |

| PBC 2: Increase HCs' availability and readiness in providing quality integrated PHC services | | | | | |
|---|---|---|---|---|---|
| **Implementing Agency (ies)** | Year 1 target | Year 2 target | Year 3 target | Year 4 target | Year 5 target |
| **Department of Health Personnel and Department of Food and Drugs**<br><br>**Total PBC value:**<br>1. **2,878,000US$**<br>2. **3,350,000US$** | 1.XX % of health centers with proper mix of staff categories/skills (clinical, nurse, midwife) increased from the baseline (4 nutrition convergence provinces)<br><br>2.At least 85% of all health centers in all provinces have 85% of 30 days' supply of essential drugs and supplies according to the agreed list | 1.XX % of health centers with proper mix of staff categories/skills (clinical, nurse, midwife) increased from the baseline (6 Provinces (4 + Luangnamtha + Bokeo??)<br><br>2. At least 85% of all health centers in all provinces have 85% of 30 days' supply of essential drugs and supplies according to the agreed list | 1.XX % of health centers with proper mix of staff categories/skills (clinical, nurse, midwife) increased from the baseline provinces)<br><br>2.At least 85% of all health centers in all provinces have 85% of 30 days' supply of essential drugs and supplies according to the agreed list | 1.XX % of health centers with proper mix of staff categories/skills (clinical, nurse, midwife) increased from the baseline (12 provinces)<br><br>2.At least 85% of all health centers in all provinces have 85% of 30 days' supply of essential drugs and supplies according to the agreed list | 1.XX % of health centers with proper mix of staff categories/skills (clinical, nurse, midwife) increased from the baseline 18.provinces)<br><br>2. At least 85% of all health centers in all provinces have 85% of 30 days' supply of essential drugs and supplies according to the agreed list |
| **PBC value** | 1. 482,500US$<br>2. 670,000US$ | 1. 650,900US$<br>2. 670,000US$ | 1. 654,100US$<br>2. 670,000US$ | 1. 526,800US$<br>2. 670,000US$ | 1. 563,700US$<br>2. 670,000US$ |
| **Eligible expenditures** | 1. Training, workshops, semi/annual reviews, reporting, and supervisions /monitoring, printing, fixing IT equipment, operation, qualified consultants to support the revision of the guidelines, reporting forms<br>2. Training, workshops, semi/annual reviews, reporting, and supervisions /monitoring, printing, fixing IT equipment, operation, qualified consultants to support the revision of the guidelines, list of medicines, reporting forms, m-supply data base, Vigiflow up data base, procurement of medicines and supplies | | | | |

## PBC 3: Improve integrated service delivery through integrated outreach

| Implementing Agency (ies) | Year 1 target | Year 2 target | Year 3 target | Year 4 target | Year 5 target |
|---|---|---|---|---|---|
| **Department of Health Hygiene and Promotion, National Nutrition Center, Maternal and Child Health Center**<br><br>**Total PBC value: 3,700,340US$** | 1.Up to xx villages in Zone 2 and Zone 3 in nutrition convergence Provinces conducted at least three (3) quarterly Integrated Outreach Sessions in a year<br><br>2.MCH and Nutrition integrated outreach service package guidelines revised to include HIV/TB education and services. | 1.Up to xx villages in Zone 2 and Zone 3 in nutrition convergence provinces conducted at least three (3) quarterly Integrated Outreach Sessions in a year (using the current MCH and Nutrition outreach service package guidelines that include HIV and TB education and services).<br><br>2.Training provided to HC staff on the revised MCH and Nutrition integrated outreach service guidelines | 1.Up to xx villages in Zone 2 and Zone 3 in nutrition convergence provinces conducted at least three (3) quarterly Integrated Outreach Sessions in a year (using the revised MCH and Nutrition outreach service package guidelines that include HIV and TB education and services).<br><br>2.Up to xx villages in Zone 2 and Zone 3 in xx new selected districts of xx Province conducted at least three (3) quarterly Integrated Outreach Sessions in a year (using the revised MCH and Nutrition outreach service package guidelines that include HIV and TB services. | 1.Up to xx villages in Zone 2 and Zone 3 in nutrition convergence provinces conducted at least three (3) quarterly Integrated Outreach Sessions in a year (using the revised MCH and Nutrition outreach service package guidelines that include HIV and TB education and services).<br><br>2.Up to xx villages in Zone 2 and Zone 3 in xx new selected districts of xx Province conducted at least three (3) quarterly Integrated Outreach Sessions in a year (using the revised MCH and Nutrition outreach service package guidelines that include HIV and TB services. | 1.Up to xx villages in Zone 2 and Zone 3 in nutrition convergence provinces conducted at least three (3) quarterly Integrated Outreach Sessions in a year (using the revised MCH and Nutrition outreach service package guidelines that include HIV and TB education and services).<br><br>2.Up to xx villages in Zone 2 and Zone 3 in xx new selected districts of xx Province conducted at least three (3) quarterly Integrated Outreach Sessions in a year (using the revised MCH and Nutrition outreach service package guidelines that include HIV and TB services. |
| **PBC value** | 1. 356,421 USD<br>2. 677,206 USD | 1. 583,623 USD<br>2. 340,056 USD | 1. 356,421 USD<br>2. 134,303 USD | 1. 409,882 USD<br>2. 134,303 USD | 1. 573,824 USD<br>2. 134,303 USD |
| **Eligible expenditures** | Eligible expenditures: Training, workshop, semi/annual reviews, printing and dissemination, translation, contracting consultants to support the revision of the guidelines, reporting forms, nutrition and family communities,<br>Activities: review and revise guidelines; referral guidelines; training on revised guidelines; training PHO, DHO, HC staff on IMAM, M3; training HC staff on EMCTC for pregnant women, training on HIV and TB screening and counseling; monitoring and support supervision; developing/revising IEC materials | | | | |

| PBC 4: Strengthen the delivery of integrated SBCC at the village level to improve health and nutrition behavior | | | | | |
|---|---|---|---|---|---|
| Implementing Agency (ies) | Year 1 target | Year 2 target | Year 3 target | Year 4 target | Year 5 target |
| Center of Statistic and Health Information<br>Total PBC value: 3,668,720US$ | 1.Up to XX villages in nutrition convergence districts have conducted at least ten 10 monthly SBCC sessions in the past twelve (12) months with a prescribed set of activities including Growth Monitoring and Promotion; and have reported said sessions in DHIS2.<br><br>2.Develop new SBCC modules on HIV and TB health and education information | 1.Up to XX villages in nutrition convergence districts have conducted at least ten 10 monthly SBCC sessions in the past twelve (12) months with a prescribed set of activities including Growth Monitoring and Promotion; and have reported said sessions in DHIS2.<br><br>2.xx% of severe acute malnourished children identified referred to health facilities for treatment | 1.Up to XX villages in nutrition convergence districts have conducted at least ten 10 monthly SBCC sessions in the past twelve (12) months with a prescribed set of activities including Growth Monitoring and Promotion; and have reported said sessions in DHIS2.<br><br>2.xx% of severe acute malnourished children identified referred to health facilities for treatment | 1.Up to XX villages in nutrition convergence districts have conducted at least ten 10 monthly SBCC sessions in the past twelve (12) months with a prescribed set of activities including Growth Monitoring and Promotion; and have reported said sessions in DHIS2.<br><br>2.xx% of severe acute malnourished children identified referred to health facilities for treatment | 1.Up to XX villages in nutrition convergence districts have conducted at least ten 10 monthly SBCC sessions in the past twelve (12) months with a prescribed set of activities including Growth Monitoring and Promotion; and have reported said sessions in DHIS2.<br><br>2.xx% of severe acute malnourished children identified referred to health facilities for treatment |
| PBC value | 1. 871,060US$<br>2. 241,500US$ | 1. 503,320US$<br>2. 105,720US$ | 1. 623,320US$<br>2. 105,720US$ | 1. 503,320US$<br>2. 105,720US$ | 1. 503,320US$<br>2. 105,720US$ |
| Eligible expenditures | Expenditures: Contracting of qualified consultants to support the development of new SBCC modules (HIV and TB), referral guidelines logbook/reporting forms; Expenditure associated with refresher training, workshops, semi/annual reviews, reporting, and supervisions /monitoring of central, PHO, DHO, HC; Allowance, fuel, equipment to carry out the SBCC; Expenditure associated with development, printing, translating (in ethnic languages) and dissemination of IEC materials; video in ethnic languages; Procurement of office equipment and supplies for implementing project activities | | | | |

| PBC 5: Reaching the unreached to End TB | | | | | |
|---|---|---|---|---|---|
| **Implementing Agency (ies)** | Year 1 target June 2024-May 2025 | Year 2 target June 2025- May 2026 | Year 3 target June 2026 – May 2027 | Year 4 target June 2027 – May 2028 | Year 5 target June 2028 – May 2029 |
| **National Tuberculosis Center**<br><br>**Total PBC value: 2,969,621US$** | 1.At least 8,725 number of notified TB cases of all forms (new and relapse)<br><br>2.At least 50% of number of household contact children under 5-year-old* received Tuberculosis Preventive Treatment | 1.At least 8,647 number of notified TB cases of all forms (new and relapse)<br><br>2.At least 60% of number of household contact children under 5-year-old received Tuberculosis Preventive Treatment | 1.At least 8,569 number of notified TB cases of all forms (new and relapse)<br><br>2.At least 70% of number of household contact children under 5-year-old received Tuberculosis Preventive Treatment | 1.At least 8,302 number of notified TB cases of all forms (new and relapse)<br><br>2.At least 80% of number of household contact children under 5-year-old received Tuberculosis Preventive Treatment | 1.At least 7,945 number of notified TB cases of all forms (new and relapse)<br><br>2.At least 90% of number of household contact children under 5-year-old received Tuberculosis Preventive Treatment |
| **PBC value (not including domestic co-financing)** | 1. 819,431 US$<br>2. 204,858 US$ | 1. 755,787 US$<br>2. 188,947 US$ | 1. 800,478 US$<br>2. 200,120 US$ | | |
| **PBC Eligible expenditures** | NSP related priority activities to: Support integration of TB activities at PHC level: Build capacity for provision of patient centred and integrated TB, TB/HIV services at provincial, district, HC, VHV, VHW, Village levels; Training pediatricians and OPD/IPD physicians on lung health and TB including clinical diagnosis in adult and children; Household contact TB screening and referral; Treat all TB cases and provide TPT at least to children under 5 after excluding active TB; Active case finding (ACF) to reach the unreached in remote areas and in prisons; Increase MDR/RR-TB treatment coverage; TB/HIV collaborative activities; Community TB care delivery; Laboratory system strengthening (LSS) including transportation of specimens, expand molecular testing capacity and other laboratory main functions; Monitoring/reporting and data use for action with TB tracker; and contracting of qualified consultants or CSO (national/international) | | | | |
| **Input based** | Procurement of TB diagnostics and medicines (US$4,511,793 for 3 years); Technical assistance for TB and HIV and laboratory (US$606,900 for 3 years). Total input based US$5,118,694 for 3 years (excluding domestic co-financing): US$2,931,920.89 in Y1; $1,749,605.47 in Y2; $1,776,839.87 in Y3 | | | | |

| PBC 6: Key populations and people living with HIV/AIDS access to HIV services | | | | | |
|---|---|---|---|---|---|
| Implementing Agency (ies) | Year 1 target | Year 2 target | Year 3 target | Year 4 target | Year 5 target |
| **Center for HIV/AIDS and STI**<br><br>**Total PBC value: 2,870,632US$** | 1.At least 93% HIV testing coverage among the estimated female service women, based on Asia Epidemic Model, during the past 12 months 5 target sites: Vientiane Capital City, Vientiane Province, Khammouan, Savannakhet, Champasack<br>2.At least 57% HIV testing coverage among the estimated MSM, based on Asia Epidemic Model, during the past 12 months 5 target sites: Luangprabang, Xayabouli, Vientiane Prov., Bolikhamsay, Khammouane.<br>3.At least 78% of estimated number of PLHIV, based on Asia Epidemic Model, enrolled to ART nationwide | 1.At least 94% HIV testing coverage among the estimated female service women, based on Asia Epidemic Model, during the past 12 months 5 target sites: Vientiane Capital City, Vientiane Province, Khammouan, Savannakhet, Champasack<br>2.At least 70% HIV testing coverage among the estimated MSM, based on Asia Epidemic Model, during the past 12 months 5 target sites: Luangprabang, Xayabouli, Vientiane Prov., Bolikhamsay, Khammouane.<br>3.At least 81% of estimated number of PLHIV, based on Asia Epidemic Model, enrolled to ART nationwide | 1.At least 95% HIV testing coverage among the estimated female service women, based on Asia Epidemic Model, during the past 12 months 5 target sites: Vientiane Capital City, Vientiane Province, Khammouan, Savannakhet, Champasack<br>2.At least 84% HIV testing coverage among the estimated MSM, based on Asia Epidemic Model, during the past 12 months 5 target sites: Luangprabang, Xayabouli, Vientiane Prov., Bolikhamsay, Khammouane.<br>3.At least 83% of estimated number of PLHIV, based on Asia Epidemic Model, enrolled to ART nationwide | 1.At least 95% HIV testing coverage among the estimated female service women, based on Asia Epidemic Model, during the past 12 months 5 target sites: Vientiane Capital City, Vientiane Province, Khammouan, Savannakhet, Champasack<br>2.At least 95% HIV testing coverage among the estimated MSM, based on Asia Epidemic Model, during the past 12 months 5 target sites: Luangprabang, Xayabouli, Vientiane Prov., Bolikhamsay, Khammouane.<br>3.At least 86% of estimated number of PLHIV, based on Asia Epidemic Model, enrolled to ART nationwide | 1.At least 95% HIV testing coverage among the estimated female service women, based on Asia Epidemic Model, during the past 12 months 5 target sites: Vientiane Capital City, Vientiane Province, Khammouan, Savannakhet, Champasack<br>2.At least 95% HIV testing coverage among the estimated MSM, based on Asia Epidemic Model, during the past 12 months 5 target sites: Luangprabang, Xayabouli, Vientiane Prov., Bolikhamsay, Khammouane.<br>3.At least 89% of estimated number of PLHIV, based on Asia Epidemic Model, enrolled to ART nationwide |
| **PBC value** | 1. 190,838 US$<br>2. 210,405 US$<br>3. 556,578 US$ | 1. 190,838 US$<br>2. 205,025 US$<br>3. 553,980 US$ | 1. 190,838 US$<br>2. 212,345 US$<br>3. 559,785 US$ | | |
| **Eligible expenditures** | Expenditure associated with activities under NSAP 2024-2026. Which will include the update/development of essential HIV guidelines/SOPs, workshops, trainings, meetings, online and social media interventions, supervisions, outreach activities for HIV case finding, procurement of essential health products, contracting, running cost, office supplies to strengthen and improve access to HIV services for key populations and people living with HIV/AIDS, to support HIV program planning, to build capacity of healthcare and community health workers, to improve and monitor program implementation and to strengthen strategic information; and contracting of qualified consultants or CSO (national/international). | | | | |
| **Input-based activities** | Procurement of essential health products for HIV prevention, diagnosis, and treatment: 4,569,385.22 $ (Y1-Y3)<br>Activities: Governance, management; Update law, policies, guidelines/SOPs; Capacity building, institutional strengthening; Strengthening strategic information; Supervision and monitoring; Input based value (HANSA 2 funding not including domestic co-financing of GF FR) | | | | |

# Component 2 Integrated Service Delivery (Non-PBCs)

| Component 2: Integrated Service Delivery (none-PBC) | | Responsible Units | Total |
|---|---|---|---|
| 2.7 | Improving coverage of SBA and Immunization | DHHP/MCHC | 5,895,000 |
| 2.8 | Strengthening pandemic preparedness and response capacity | DCDC | |
| 2.9 | Improving access to PHC services by the poor | NHIB | 2,674,231 |
| 2.1 | Ensuring access to essential medicines and supplies for HIV and TB | CHAS/NTC | 10,000,000 |
| 2.11 | Strengthening laboratory capacity | NCLE | 2,000,000 |

# Component 3: Adaptive Learning and Project Management

**Project Management and M&E**

- ✓ DPF will be responsible for project management
- ✓ Strengthening in house capacity of DPF to performance FM, Procurement, Accounting, Planning, M&E including ESF compliance.
- ✓ Verification for PBCs and QPS: Transition to MOH in house capacity e.g. NHIB or Department of Inspection.
- ✓ HMIS/DHIS2: Enhance capacity of planning division under DPF to use ensure the data accuracy for PBC results and use data for sector planning and budgeting
- ✓ Strengthening monitoring, evaluation system,
- ✓ Conducting program evaluations, surveys and research

**Gender and social inclusion**

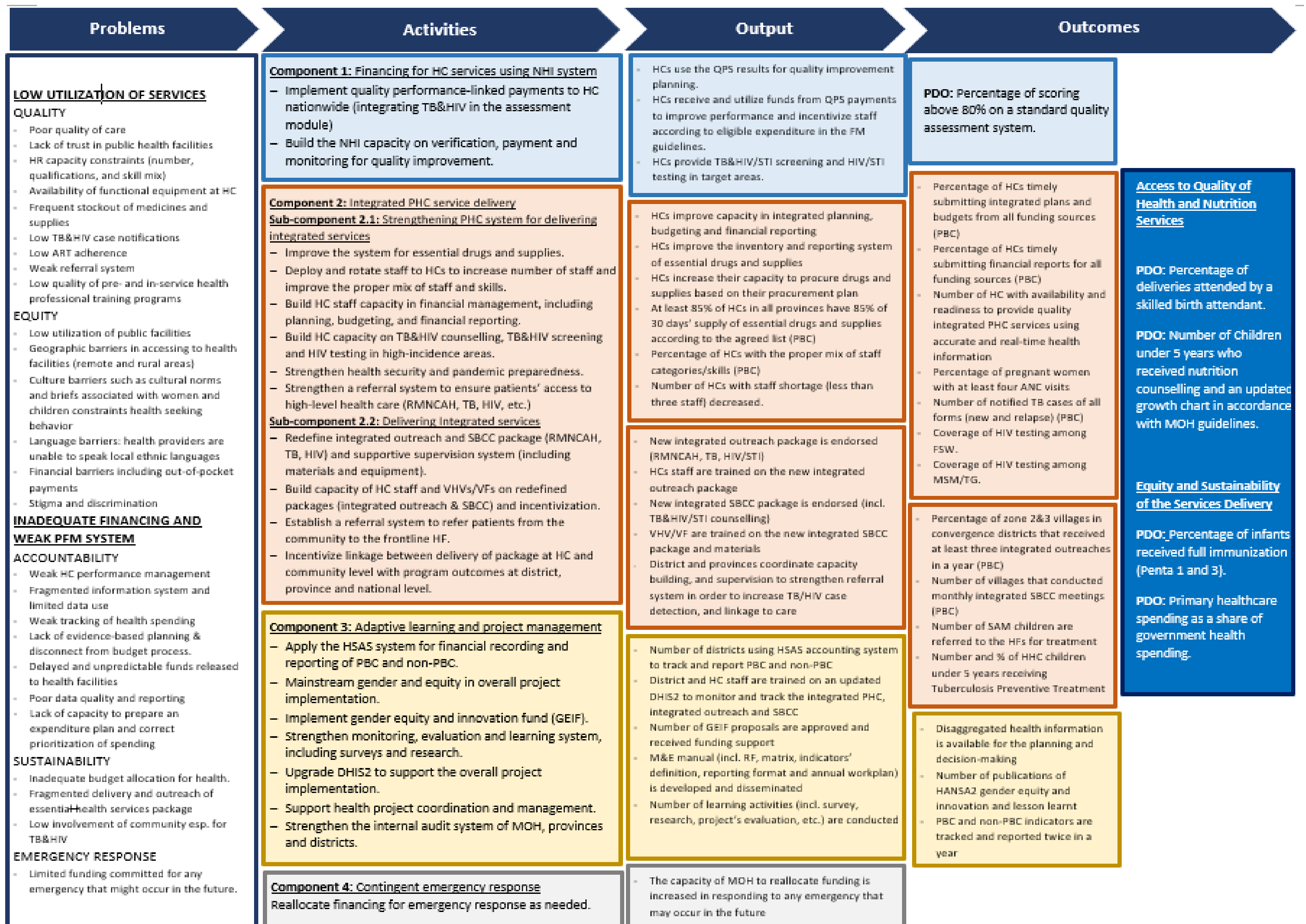
- ✓ Refresh the HANSA Gender Assessment conducted in 2020 and revise the Gender Action Plan
- ✓ Gender and Equity Innovation Fund

# Component 3 proposed budget allocation

| Component 3: Adaptive Learning and Project Management and M&E | | | 5,000,000 |
|---|---|---|---|
| 3.1 | Project Management | NPCO | 1,500,000 |
| 3.2 | Verification for PBCs (IAI) | IAI/NPCO | 1,000,000 |
| 3.3 | MHIS/DHIS2 | DPF/Cabinet | 500,000 |
| 3.4 | Implementing monitoring & evaluation system | NPCO | 500,000 |
| 3.5 | Conducting program evaluations, surveys and research | NPCO | 500,000 |
| 3.6 | Gender and social inclusion | Cabinet | 750,000 |
| 3.7 | Environmental and social framework | NPCO | 250,000 |

# Project monitoring and Evaluation

# Project Theory of Change



# Project Development Objectives (PDO) indicators

**PDO** is to improve access to quality health and nutrition services in target areas of Lao PDR and to provide immediate response in case of an eligible health emergency or crisis.

## PDO Indicators

- ✓ Percent of deliveries (disaggregated by age and ethnicity) attended by a skilled birth attendant **(access)**
- ✓ Percent of children under 5 (disaggregated by sex and ethnicity) receiving an updated growth chart and nutrition counselling in accordance with MoH guideline **(nutrition)**
- ✓ Percentage of children received Penta3 vaccine (disaggregated by sex and ethnicity) **(equity)**
- ✓ Number of health centers scoring above 80% on a standard quality assessment system **(quality)**
- ✓ Percentage of PHC health spending as a share of government health spending **(sustainability)**

* indicators are disaggregated by sex, age and ethnicity

# Intermediate Results Indicators

**Component 1: Financing for HC services using NHI system**

- ✓ Percentage of HCs received QPS payments twice a year.

**Component 2: Integrated PHC Service Delivery**

- ✓ Percentage of pregnant women in nutrition convergence districts with at least four ANC visits
- ✓ Percentage of districts with at least 90% of health centers timely submitted the integrated plan and budget of all funding sources **(PBC)**
- ✓ Percentage of districts with health centers timely submitted the financial reports for incomes and expenditures of all funding sources **(PBC)**
- ✓ Percentage of health centers with the proper mix of staff categories or skills **(PBC)**
- ✓ At least 85% of HCs in all provinces have 85% of 30 days' supply of essential drugs and supplies according to the agreed list **(PBC)**
- ✓ Percentage of NHI beneficiaries from poor households accessing to health care services
- ✓ Number of villages in Zone 2 and Zone 3 in nutrition convergence Provinces conducted at least three (3) quarterly Integrated Outreach Sessions in a year **(PBC)**

# Intermediate Results Indicators (Cont.)

**Component 2: Integrated PHC Service Delivery**

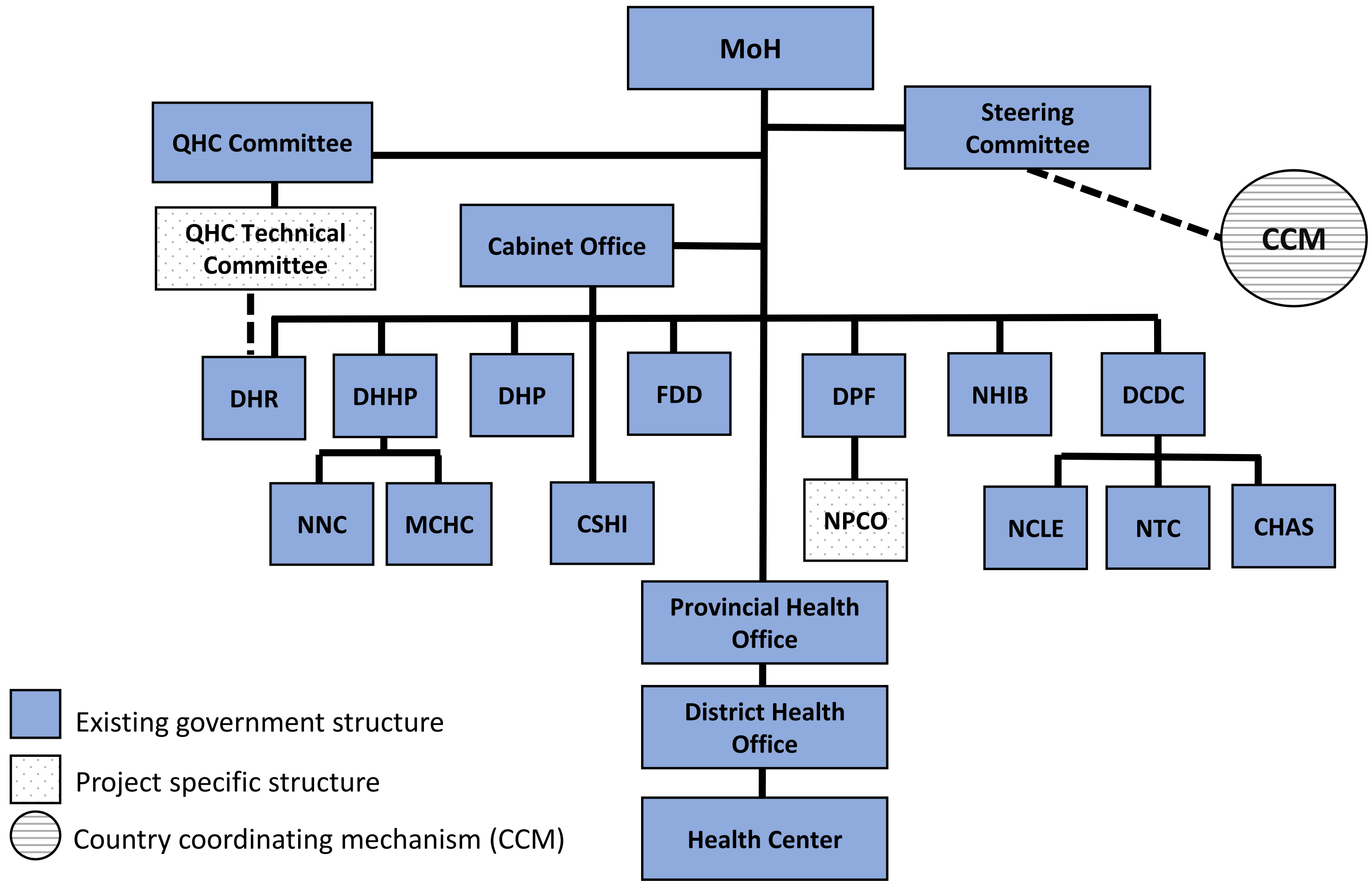
- ✓ Number of villages in nutrition convergence districts have conducted monthly integrated SBCC **(PBC)**
- ✓ Number of deliveries attended by a skilled birth attendant in MCH priority districts
- ✓ Number of infant children who received the Penta3 vaccine in MCH priority districts
- ✓ Number of notified TB cases of all forms (new and relapse) **(PBC)**
- ✓ Percentage of households that contact children under five years received Tuberculosis Preventive Treatment **(PBC)**
- ✓ Percentage of HIV testing coverage among the estimated female servicewomen, based on Asia Epidemic Model, during the past 12 months **(PBC)**
- ✓ Percentage of HIV testing coverage among the estimated MSM, based on Asia Epidemic Model, during the past 12 months **(PBC)**
- ✓ Percentage of the estimated number of PLHIV, based on Asia Epidemic Model, enrolled on ART nationwide **(PBC)**
- ✓ Percentage of infants received Penta 1 vaccine
- ✓ People who have received essential health, nutrition, and population (HNP) services

# Intermediate Results Indicators (Cont.)

**Component 3: Adaptive learning and project management**

- ✓ Number of approved gender innovative fund projects
- ✓ Reduction in the variance of disaggregated and aggregated data of the PHC services reported in the DHIS2 (percentage)
- ✓ Percentage of queries and grievances received that have been addressed

# HANSA 2 Implementation Arrangements



# Next Steps

DPF to organize internal meetings

✓ Revise and confirm the Project Costs by Component by May 22

✓ Finalize the PBC values and costs of input-based activities under Component 2 by May 23

NTC and CHAS to

✓ Prepare an Annex on priority activities/interventions for HIV and TB (non-PBCs) by May 19

✓ Confirm the cost of health products by May 19

DPF and WB to

✓ Update the PAD reflecting the above by May 25

✓ DPF to submit the revised PAD for CCM endorsement by May 26

# THANK YOU