Lessons learned on Rural Health Development from Ethnical Consultation: A Case study of Health Services Improvement Project-Additional Financing

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Abstract

The Government of Lao PDR has formulated a National Growth and Poverty Eradication Strategy (NGPES) that links sustainable economic growth, human development, reduced vulnerability and poverty alleviation; and addresses the key issues of public sector governance and public sector management. Implementation of the overall strategy focuses on rural Districts and relies on decentralized authority and beneficiary participation. Health services are a vital component of the NGPES, which reiterates the Government's commitment to achieving the Millennium Development Goals (MDGs) and identifies improved access, equity, quality and strengthening the health workforce as key goals. Ministry of Health (MOH) supported by the World Bank (WB) is implementing the Health Services Improvement Project-Additional Financing (HSIP-AF) with the objective to increase utilization and quality of health services, particularly for the poor women and children in rural areas. The consultations with ethnic groups during project implementation is necessary in order to assess whether the design of the HSIP-AF is succeeding in responding to the needs for MNCH services of ethnic groups in project provinces, understand the extent to which free delivery, and outreach activities impact health seeking behaviour of pregnant women and new-born children from ethnic groups and ascertain based on the result of such consultations, broad community support to project activities. The principle of SWOT Analysis was adapted in the consultation methodology. The Consultations however, indicated that ethnic communities were not fully informed of and understood project benefits available to them and requirements for participation. Communication is often particular problematic in areas with language barriers. A higher degree of inclusion in terms of community participation in the identification of problems and ways of solving them would demand bottom-up implementation mechanisms and more flexibility to adapt project activities and supplied resources to local needs. The health service providers should preferably be female and members of local communities in order to overcome cultural and language barriers.

Keywords: Health Services Improvement Project-Additional Financing, Ethnic, Consultations

Introduction

The Lao People's Democratic Republic (Lao PDR) is one of the most ethnically and culturally diverse countries in the world. Its population is comprised of a total of 49 officially recognized ethnic groups and over 160 sub-groups. Ethnic groups living in rural and remote areas, generally have higher incidence of poverty than the Lao-Tai groups. Lao-Tai villages are usually sedentary, located in the river valley floors and often larger and relatively wealthier than

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those of other ethnic groups. People belonging to the Mon-Khmer, Sino-Tibetan, and Hmong-Mien ethnic groups thus have been found to have incidence of poverty that is two-and-a-half times higher than the Lao-Tai groups. Food poverty, the ability to ensure the supply of food to meet daily nutritional needs, is double the rate amongst the Mon-Khmer and Hmong-Mien ethnic groups, suggesting that these ethnic groups are more vulnerable to food insecurity and malnutrition (ADB, 1999; MOH 2005).

Furthermore, health indicators for non-Ethnic Lao groups are low compared to the rest of the country, due to the fact that non-Ethnic Lao groups typically face significant health-care-related disadvantages: they live in remote, isolated areas not readily accessible to the formal health system; they are often poorer; have a lower literacy rate in the Lao language; and generally lack access to roads, schools, markets, and other services (MOH, 2005; MOH/WB, 2012).

In this content, the Lao Ministry of Health (MOH) supported by the World Bank (WB) is implementing the Health Services Improvement Project-Additional Financing (HSIP-AF) with the objective to increase utilization and quality of health services, particularly for the poor women and children in rural areas.

The Project is a continuation of the Health Services Improvement Project (2006-2012) (WB, 2011). Specifically, the HSIP-AF supports the following 4 activities, assumed to have a positive impact for local villagers and in particular ethnic minorities:

1. Scale up of program to reduce financial barriers to health services.
2. Continued financing of recurrent costs at provincial, district and health centre levels.
3. Focused investment in human resource development.
4. Health care facility upgrading.

Geographically the Project covers 42 Districts in the five southern Provinces including, Attapeu, Champasak, Salavan, Savannakhet and Xekong and thereby remote areas with large numbers of minority populations and limited access to either public or private health facilities (MOH, 2005).

Objectives and Scope of Works

Objectives

The main objectives of this study are as follows:

1. To assess whether the design of the HSIP-AF is succeeding in responding to the needs for MNCH services of ethnic groups in project provinces;
2. To understand the extent to which free delivery, and outreach activities impact health seeking behaviour of pregnant women and new-born children from ethnic groups;
3. To understand whether the free delivery for pregnant women and their new-born children under five years old approach is the right approach to promote MNCH information to ethnic groups;
4. To ascertain, based on the result of such consultations, broad community support to project activities.

Scope of Works

In order to ensure community support and that the Project succeeds in responding to the needs of non-Ethnic Lao groups, the HSIP AF, MOH**,** were required to carry out free, prior and informed consultations with a selected sample of affected non-Ethnic Lao groups in the

catchment areas of six intervention health centres in two districts of Champasack and Savannakhet provinces. These Consultations were conducted during a two-week period in February 2014, approximately one year into the project implementation.

The Consultations were carried out through the use of a participatory, process-oriented and culturally sensitive methodology developed and implemented with the assistance of a Consultant Team consisting of one international and one Lao consultant. The Consultations pertained mainly to beneficiaries' experiences of the implementation of free delivery of maternal health care services.

Literature Review

There are a lot of case studies related to the health Development assessment. In general, most researches had applied the SWOT analysis instrument. A SWOT analysis of a health plan examines the plan's key strengths, weaknesses, opportunities and threats to drive management action. Once these factors have been studied, the leadership of the company considering a health plan should create a plan to improve on the strengths using ideas generated when looking at opportunities. Management should also address weaknesses and plan for possible threats (Stewart Gandolf February, 2013). The "focus organization" for the SWOT analysis was a "virtual organization" made up of the local health care "system"-the hospital, physicians, long-term care providers, public health, etc. in the community even though they are likely part of multiple corporations(Tim Size at RWHC with eleven "rural health expert respondents 2003). A successful business needs realistic and strategic planning to reach its goals continually and avoid backsliding. Strategic planning demands regular and consistent SWOT analysis at least twice every year. This allows you, as a medical practice, to discover internal and external issues that are the key to moving forward and continuing or improving your success. This is fundamental to achieving any goals and assessing any risk you may have to encounter. The temptation to USE SWOT quickly or even casually will result in unfortunate events that cause backslides(James Dreesen). A SWOT analysis of a health plan examines the plan's key strengths, weaknesses, opportunities and threats to drive management action. Once these factors have been studied, the leadership of the company considering a health plan should create a plan to improve on the strengths using ideas generated when looking at opportunities. Management should also address weaknesses and plan for possible threats. (Kevin O'Flynn)

Research Methodology

The Consultations were carried out over a 4 months period from January to April 2014. The process included 5 Steps.

1. Development of methodology and other preparations including 'Training of Trainers'
2. Training of Consultation Volunteers
3. Consultations with project beneficiaries from various ethnic groups
4. Analysis workshops
5. Further analysis and Reporting

Development of Methodologies and other Preparations including Training of Trainers

Based on these criteria, and lessons learnt during the implementation of similar Consultations with Ethnic Groups during Implementation of the Community Nutrition Project

(CNP) (MOH/WB) in 2012, it was recommended to base the consultation methodology on the principles of a SWOT analysis. Following this methodology, consultation participants are asked to:

1) Identify positive impacts of the Project (Strengths);

2) Identify negative impacts and other problems related to project implementation (Weaknesses);

3) Make suggestions for project improvements (Opportunities); and finally

4) Discuss issues related to project sustainability and community participation (Threats).

The implementation schedule was likewise developed in close coordination with the NPCO, who independently selected six intervention health centres for the Consultations. These included: Thongkalong, Houaykong and Pakbong health centres in Paksong district, Champasack province and Nayom, Nasienglae and Muangvang health centres in Vilabouli district, Savannakhet province.

It is generally recommended that the number of participants in a focus group do not exceed 12 persons (Bernard 1995). Therefore, 6 villages from each catchment area were selected, by the NPCO in consultation with the District Health Departments, to participate in the Consultations, and a total of 10 participants from each village.

Training of Consultation Volunteers

In order to facilitate the Consultations in local languages, 3 Volunteers, including the Village Chief, Village Health Volunteer and a Lao Women's Union (LWU) representative, from each of the targeted villages were asked to assist.

The training consisted of a short introduction to the background and objectives of the Consultations after which the participants practiced the methodology by going through each step of the Consultation process. Guided by the Team of Trainers, the participants were asked to identify what they, themselves, considered 'Strengths', 'Weaknesses', 'Opportunities' and 'Threats' of the implementation of the HSIP-AF.

Consultations with project beneficiaries from various ethnic groups

A total of six Consultations were carried out. Three in selected health centres in Paksong district, Champasak province, and three in selected health centres in Vilabouli district, Savannakhet province.

Further to the Consultation Volunteers, 10 persons from each of the selected villages were invited to participate in the Consultations. These included: 2 pregnant women, 2 mothers of children aged 0-5 years, 2 expecting fathers and/or fathers of children aged 0-5 years, 2 grandparents of children aged 0-5 years and 2 representatives of the village leadership (e.g. Lao Front, Lao Women's Union representative, the Vice Chief, the Third Chief etc.) in order to ensure that primary users of the provided services (women who have given birth within the lifetime of the Project) as well as their husbands and other members of their support network who are likely to influence women's health seeking behaviours, were invited to share their experiences of the Project implementation.

As mentioned above, the consultation methodology was built on the principles of a basic SWOT Analysis. Divided into sub-groups of 1) Pregnant women; 2) Mothers of children aged 0-5 years; 3) Expecting fathers and/or fathers of children aged 0-5 years; 4) Grandparents of children aged 0-5 years; and 5) Village leadership representatives, project beneficiaries discussed

and identified what they considered 'Strengths', 'Weaknesses', 'Opportunities' and 'Threats' of the Project.

Analysis Workshops

In order to involve district and provincial project coordinators in the initial steps of analysis of findings and discussion of their interpretation; a 1/2-day Analysis Workshop followed the completion of the Consultations in each of the two target districts/provinces.
The Workshops furthermore provided project coordinators with an opportunity to give feedback and share experiences of their participation in the Consultations.

Further Analysis and Reporting

The reports of findings, summarized during the Analysis Workshops, were translated into English before further analysis and reporting was carried out. The Draft Report in English language was presented to the NPCO and other implementing partners who provided their comments to the report content. In consideration of these discussions and comments, the report was finalized and translated into Lao language.

Findings

The main objectives of the Consultations with Ethnic Groups were to ensure community support, while assessing whether the designs of the HSIP-AF is succeeding in responding to the needs for MNCH services among non-Lao ethnic groups in the Project areas and the degree to which full and informed inclusion of ethnic groups is being achieved.

Table 1 Analytic categorization and number of sub-groups in the Consultations

Sub-group/district	Paksong/ Champasack	Vilabouli/ Savannakhet	Total
'Primary Users':			
Pregnant women	3	3	6
Mothers of children aged 0-5 years	3	3	6
'Primary Users' total	**6**	**6**	**12**
'Users' Support Network':			
Expecting fathers and fathers of children aged 0-5 years	3	3	6
Grandparents of children aged 0-5 years	3	3	6
Village leaders	3	3	6
Village chiefs	1	1	2
Village health volunteers	1	1	2
LWU representatives	1	1	2
'Users' Support Network' total	**12**	**12**	**24**
Grand total	**18**	**18**	**36**

Table 2 Overview of identified Strengths by groups of 'Primary Users' and 'User's Support Network' in each district

	Paksong district			Vilabouli district		
Identified Strengths related to: Free Service Delivery for women and children	**Primary User Groups**	**Support Network Groups**	**Total of Groups**	**Primary User Groups**	**Support Network Groups**	**Total of Groups**
Number of sub-groups	**6 (100%)**	**12 (100%)**	**18 (100%)**	**6 (100%)**	**12 (100%)**	**18 (100%)**
Free antenatal care	2 (33%)*	5 (42%)*	7 (39%)*	6 (100%)*	10 (83%)*	16 (89%)*
Free tetanus vaccinations for women	6 (100%)	8 (67%)	14 (78%)	2 (33%)	4 (33%)	6 (33%)
Free delivery in health facility	2 (33%)	6 (50%)	8 (44%)	6 (100%)	11 (92%)	17 (94%)
Patient cash and transport allowances	0 (0%)	0 (0%)	0 (0%)	6 (100%)	8 (67%)	14 (78%)
Free postnatal care	0 (0%)	2 (17%)	2 (11%)	2 (33%)	3 (25%)	5 (28%)
Free immunization for children	3 (50%)	2 (17%)	5 (28%)	6 (100%)	10 (83%)	16 (89%)
Free health checks for children	0 (0%)	0 (0%)	0 (0%)	6 (100%)	9 (75%)	15 (83%)
Identified Strengths related to: Improved Service Delivery	**Primary User Groups**	**Support Network Groups**	**Total of Groups**	**Primary User Groups**	**Support Network Groups**	**Total of Groups**
Number of sub-groups	**6 (100%)**	**12 (100%)**	**18 (100%)**	**6 (100%)**	**12 (100%)**	**18 (100%)**
Improved health facility buildings	4 (67%)	8 (67%)	12 (67%)	3 (50%)	11 (92%)	14 (78%)
Improved equipment	2 (33%)	3 (25%)	5 (28%)	3 (50%)	10 (83%)	13 (72%)
Improved medicine supply	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Improved staff availability	2 (33%)	3 (25%)	5 (28%)	0 (0%)	2 (17%)	2 (11%)
Improved staff skills	2 (33%)	3 (25%)	5 (28%)	4 (67%)	8 (67%)	12 (67%)
Identified Strengths related to: Information sharing	**Primary User Groups**	**Support Network Groups**	**Total of Groups**	**Primary User Groups**	**Support Network Groups**	**Total of Groups**
Number of sub-groups	**6 (100%)**	**12 (100%)**	**18 (100%)**	**6 (100%)**	**12 (100%)**	**18 (100%)**
Information about benefits of Project	2 (33%)	4 (33%)	**6 (33%)**	4 (67%)	9 (75%)	**13 (72%)**

Table 3 Overview of identified Major Weaknesses by groups of 'Primary Users' and 'User's Support Network' in each district

	Paksong district			**Vilabouli district**			**Total**
Identified Major Weaknesses	Primary User Groups	Support Network Groups	**Total of Groups**	Primary User Groups	Support Network Groups	**Total of Groups**	**Number of groups**
Total number of groups	6 (100%)	12 (100%)	**18 (100%)**	6 (100%)	12 (100%)	**18 (100%)**	**36 (100%)**
1) Services are not provided for free and allowances are not paid to service users	1 (17%)*	0 (0%)*	**1 (6%)***	3 (50%)*	2 (17%)*	**5 (28%)***	**6 (17%)***
2) Quality of services provided is low due to shortcomings of staff	4 (67%)	3 (33%)	**7 (39%)**	4 (67%)	10 (83%)	**14 (78%)**	**21 (58%)**
3) Quality of services provided is low due to shortcomings of facilities and/or medical equipment	2 (33%)	0 (0%)	**2 (11%)**	2 (33%)	6 (50%)	**8 (44%)**	**10 (28%)**
4) Beneficiaries lack information about the Project	1 (17%)	3 (25%)	**4 (22%)**	0 (0%)	0 (0%)	**0 (0%)**	**4 (11%)**
5) Poverty and lack of transport options prevent utilisation of services	2 (33%)	7 (58%)	**9 (50%)**	2 (33%)	8 (67%)	**10 (56%)**	**19 (53%)**
6) Lack of understanding, traditions and fear among beneficiaries prevent utilisation of services	4 (67%)	10 (83%)	**14 (78%)**	5 (83%)	5 (42%)	**10 (56%)**	**24 (67%)**

* Percentages indicate the proportion of groups in each category who mentioned the specific point as a Weakness of the Project (number of the groups in the category mentioning the point divided by the total number of groups in the category times 100%).

Some of the groups prioritized more than one problem within the same Weakness area as a Major Weakness. These groups are however only counted once for each weakness area.

Based on the 'Three Major Weaknesses' by voting in the sub-groups, participants proposed their suggestions for how to overcome these prioritised problems

1. **'Opportunities' identified for ensuring free services and payments of cash allowances according to Project guidelines.**

Project contributions:

1) Provide clear information about what services are fee and what services users have to pay for.

2) Check health care staffs do not charge for services that should be provided for free.

3) Provide more money to cover transport costs and cash allowances.

4) Check users receive what they are entitled to.

2. **'Opportunities' identified for overcoming staff limitations**

Project contributions:

1) Ensure that sufficient staff at all health centres, including midwives.

2) Provide training in how to give good services and how to talk to people nicely.

3) Staff should care more about the patient and provide services without prejudice.

4) Health centre should have an opinion box where users can leave their feedback to the staff anonymously.

5) Ensure female staffs are available at the health facilities.

6) Health centre staff should communicate clearly to women when to come back for postnatal care.

7) Health centre staff and village authorities should work closely together to coordinate outreach activities.

3. 'Opportunities' identified for overcoming facility and equipment limitations

Project contributions:

1) Health centre should be adjust and improve the working and waiting areas

2) Keep the facilities clean, especially the restroom, delivery room and in-patient room.

3) Ensure that there is enough medical equipment and medicine available

4) Health centre staff should find money to buy new delivery bed or repair old one.

4. 'Opportunities' identified for improvements of information sharing

Project contributions:

1) Health centre staff should provide information about the Project benefits in the communities.

2) The Project should support information sharing activities twice a year.

5. 'Opportunities' identified for overcoming transport issues

Project contributions:

1) Provide a car for each health centre.

2) Transport to the health centre should be organized by the health centre and free.

3) The Project should provide money for transportation.

4) The Project should provide transport allowances to women utilising antenatal care services.

Community contributions:

1) When people get sick they should contact village authorities and ask for help to be taken to the health facility.

2) The villages should make a fund to help women and children in case of emergencies.

6. 'Opportunities' identified for overcoming barriers to utilisation of maternal and child health care services including lack of understanding, traditions and fears

Project contributions:

1) Supporting the information of delivery about the importance of maternal health, postnatal care to women, expecting parents, their husbands and their parents.

2) Supporting the promotion of facility-based deliveries and delivery of information about the risks of giving birth at home to expecting parents.

3) Supporting the delivery of information about the importance of child immunization.

4) Health centre staff should give more information about the importance of antenatal care, tetanus vaccinations, facility based deliveries, postnatal care and child immunization.

Community contributions:

1) Village authorities including LWU and village elders should work together to encourage women to utilise services.

2) Village elders should encourage parents to have their children immunized.

3) Maternal and child health care services should be promoted during village meetings and at least once per month.

4) Village authorities and health centre staff should work together to educate people in the communities about the importance of maternal and child health care.

Finally, All the sub-groups were asked to identify project 'Threats' in terms of 1) sustainability of service utilisation after the Project's ending and 2) issues related to of villages' participation in the Project.

1) Issues related to the sustainability of MNCH utilisation: The vast majority of sub-groups in both districts reported that the number of women and children utilising health care services has increased over the time of the Project's life. With regards to the sustainability of this improvement, the groups were divided.

In Paksong, 11 (61%) of the 18 sub-groups, including 5 (83%) of the primary user groups and 6 (50%) of the users' support network groups, reported to believe that women and children will continue to utilize the services after the Project support is completed.

This opinion was shared with a total of 10 (56%) of the 18 sub-groups in Vilabouli, including 3 (17%) of the primary user groups and 7 (39%) of the users' support network groups. In total 10 (56%) of the 18 sub-groups, in Vilabouli, were sceptical about the sustainability of service utilisation beyond Project support, including 4 (67%) groups of primary users and 6 (50%) groups of the users' support network groups. The majority of these groups stated that they believe that women and children in poorer households will stop using the services if free service delivery is not continued after the life of the Project. One group of mothers, however, mentioned that women who do not experience any medical difficulties will stop utilising services, while one group of village leader said that only people who understand the importance of maternal and child health care will continue using services.

In Paksong, a total of 4 (22%) of the 18 sub-groups, including one group (17%) of primary users and 2 groups (17%) of the users' support network groups stated that they fear less women and children will be using services as they will not be able to afford it.

Some groups furthermore mentioned that project closure may lead to increase in health problems among women who will risk their lives giving birth at home as well as among children if they do not get immunized.

2) Issues related to the participation in the Project: None of the sub-groups in either district described any difficulties experienced by communities related to their participation in the Project. On the contrary many sub-groups mentioned their satisfaction with being included in the Project. One group of fathers in Paksong stated that they would like the Project to continue forever.

Recommendations

The main objectives of the Consultations with Ethnic Groups were to ensure community support, while assessing whether the designs of the HSIP-AF is succeeding in responding to the needs for MNCH services among ethnic groups in the Project areas and the degree to which full and informed inclusion of ethnic groups is being achieved.

Community Support

The overall high level of participation in the Consultations together with the identified 'Strengths', 'Weaknesses', 'Opportunities' and 'Threats', all reflect the communities' interest in the services provided by the Project and overall agreement with Project objectives and implementation strategy. Ensuring continued community support, by giving voice to

beneficiaries is, however, in the longer term, dependent on the level to which communities experience their opinion having influenced the way the Project is implemented, and in the case of the HSIP-AF, how MNCH services are provided. It is highly recommended that project implementers pay attention to the issues raised in the Consultations and the suggestions for improvements made by the participants and provide feedback to the communities of how this will be reflected in future implementation.

Appropriateness of Free MNCH and Suggestions for Project Improvements

The findings of the Consultations generally indicate a good understanding among the beneficiaries of what the HSIP-AF is trying to do and that people generally agree to these interventions. The participants, clearly value the financial benefits related to free service delivery and payments of cash and transport allowances.

In order to improve the implementation of the Free MNCH Delivery it is recommended that the Project:

1) Ensure that qualified staffs, including skilled birth attendants, are available at the health centres. These staff should preferably be female and members of local communities in order to overcome cultural and language barriers;

2) Ensure high that quality of service is provided to all users;

3) Ensure that the physical conditions of health centres are appropriate in order to accommodate for up take in maternal and child health care services including antenatal checks, deliveries, post-natal checks and immunization.

4) Phase implementation to allow establishment of delivery structures and long-term capacity building.

Impacts of the HSIP-AF on health seeking behaviours

Whereas the majority of Consultation participants agreed that the Project had increased utilisation of MNCH services in target areas, the participants were divided with regards to their opinion about the sustainability of the utilisation of services after Project closure. Approximately half of the groups mentioned that utilisation rates would remain the same, while the other half were of the opinion that the most vulnerable, the poor, would not be able to continue MNCH health care utilisation if service fees where to be re-established.

Majority of Consultation Participants explained people's reluctance to service utilisation in terms of peoples' lack of understanding. This point of view was clearly shared by the Project Coordinators, participating in the Analysis Workshops, and so was the opinion that education and information sharing about the importance of health care is the solution to this problem. This point of view however, fails to assess how the Project can succeed in meeting people's needs.

Antenatal and postnatal care can easily be provided in the home by travelling community midwives. Such service provision would help create linkages between health care facility and the communities. Of course the outreach services would have to be of high quality and well coordinated.

In order to increase the HSIP-AF impact on health seeking behaviours, it is recommended that the Project:

1) Ensure continuation of free delivery of MNCH services in Project areas.

2) Ensure high quality of services is continuously provided at the health care facilities as well as in the communities.

3) Consider people's needs in health service development and planning.

Degree of Full and Informed Inclusion of Ethnic Groups

The success of participatory development projects aimed at changing behaviours is often considered a result of the degree of community inclusion in the entire project process. The Consultations confirmed that the inclusion of ethnic groups in the HSIP-AF has been achieved by the selection of intervention areas including areas with high population of ethnic minorities. It has also been achieved by including equally all districts, all health centres and all villages of the health centre catchments in the targeted provinces. The Consultations however, indicated that ethnic communities, especially in Paksong district, were not fully informed of and understood project benefits available to them and requirements for participation. Communication is often particular problematic in areas with language barriers. There was however, no feedback that indicated that the consulted communities did not want to participate in the Project or that they found their participation problematic.

The Consultations, however, made it clear that the Project is designed as a 'one-for-all-model' and that the implementation is carried out through top-down mechanisms within existing government structures. There are obvious advantages to this, in particular when considering the size of the Project and available resources. On the other hand, the disadvantage is that the project coordinators are not able to respond to context specific needs for successful local implementation.

A higher degree of inclusion in terms of community participation in the identification of problems and ways of solving them would demand bottom-up implementation mechanisms and more flexibility to adapt project activities and supplied resources to local needs.

In order to ensure a higher degree of inclusion of ethnic communities in the HSIP-AF it is recommended that the Project:

1) Adopt bottom-up strategies for planning and implementation of the programme components in order to meet existing demands of beneficiaries.

References

ADB. 2001. **Participatory Poverty Assessment.** Manila: Asian Development Bank.

Dreesen, J. n.d. **SWOT Analysis in Healthcare-How to Make Your Practice More Profitable.** Retrieved from www.jdmediasurge.com/swot-analysis-in-healthcare.

Gandolf, S. 2013. **The High-Level Self-Exam that Boosts Your Bottom Line on February 28, 2013 in CASE STUDIES, MEDICAL ADVERTISING AGENCY, SWOT.** Retrieved from www.healthcaresuccess.com/.../medical-advertising-agency/.

HSIP AF. 2014. "Consultation with Ethnic Groups during project Implementation." **Health Services Improvement Project Additional Financing.**

Lao DoS. 2010. **Poverty in Lao PDR 2008: Lao Expenditure and Consumption Survey 1992/93-2007/08.** Vientiane: Ministry of Planning and Investment, Department of Statistics.

MOH. 2005. "Ethnic Group Development Plan for Health Services Improvement Project." **Health Services Improvement Project.** Vientiane: Ministry of Health.

MOH. 2012. "Interim Operational Guidelines for Free Maternal Health." **Health Services Improvement Project (Additional Financing).** Vientiane: Ministry of Health.

MOH. 2013. **Semi-annual report Project Progress report Health Services Improvement Project-Additional Financing (HSIP-AF) April-September, 2013.** Vientiane: Ministry of Health.

MOH/WB. 2012. **Ethnic Group Development Plan for the Community Nutrition Project.** Vientiane: Ministry of Health/World Bank.

O'Flynn, K. n.d. **Health Plan SWOT Analysis.** Retrieved from smallbusiness.chron.com.

Size, T. 2003. **Rural Health SWOT Analysis results.** Retrieved from www.rwhc.com/papers/swot.rural.health.pdf.

WB. 2011. "Project Paper on a proposed additional grant in the amount of SDR 6.4 million (US$ 10 million equivalent) to the Lao People's Democratic Republic for a Health Services Improvement Project." **World Bank, East Asia & Pacific Region, Human Development Sector Unit (Report No.: 60066-LA).**

WHO. 2010. **Working with Individuals, Families and Communities to Improve Maternal and Newborn Health.** Geneva: Department of Making Pregnancy Safer, World Health Organisation.